

**PORT OF PALM BEACH DISTRICT
REQUEST FOR DISCUSSION AND
COMMISSION ACTION**

**NEW BUSINESS
ITEM H-4**

PREPARED BY: Paul Zielinski Chief Financial Officer August 16, 2018

SUBJECT: Consideration and Selection of Group Health Insurance Providers & Broker of Record

BACKGROUND: The Port's current group Health Insurance agreements with United Healthcare; MetLife for Dental; Guardian for Long Term Disability, Short Term Disability and Life Insurance; and Humana Specialty Benefits for Vision insurance all end on September 30, 2018. Port Management recommends for FY 2019 that the Port continues Medical Insurance with United Healthcare and remains with the present carriers for all other insurance needs.

ADDITIONAL INFORMATION ATTACHED: No _____ Yes X
Attached is a briefing document concerning the insurance proposals, physician directories, and drug formularies from the highest-rated companies.

FISCAL IMPACT: Over the next fiscal year, the recommended policies' financial impact – with United Healthcare, MetLife, Guardian and Humana Specialty Benefits providing the same level of coverage – reflects an increase of approximately \$62,000 for all policies.

RECOMMENDATIONS:

- A. The Board of Commissioners is respectfully requested to approve Klif Gehring Insurance to place the above referenced insurance policies.
 - B. The Board of Commissioners is respectfully requested to authorize the Executive Director to sign the contracts with United Healthcare - Plan AHJ3 w/120; MetLife for Dental; Guardian for Long Term Disability, Short Term Disability and Life Insurance; and Humana Specialty Benefits for Vision insurance.
 - C. The Board of Port Commissioners is respectfully requested to approve Klif Gehring Insurance to be the Port's Broker of Record for the Employee Group Insurance for FY 2020.
-

Respectfully Submitted By:



Manuel Almira, Executive Director

DATE ACTION TAKEN: _____
Approved: _____
Disapproved: _____
Deferred To: _____
Incorporated into Minutes: _____

Motion By: _____
Seconded By: _____
Unanimous: Yes _____ No _____
By: _____



**Group Insurance
Evaluation**

2018-2019 Plan Year

Presented by:

Klif Gehring, Agent of Record





The following carriers were invited to submit proposals to provide insurance coverage for the Port of Palm Beach District for an October 1, 2018 effective date:

- | | | |
|----------------|-----------------------|-----------------------------|
| ❖ Aetna | ❖ The Hartford | ❖ Renaissance |
| ❖ Ameritas | ❖ Humana | ❖ Security Mutual Life Ins. |
| ❖ Assurant | ❖ Lincoln Financial | ❖ Standard Insurance |
| ❖ AvMed | ❖ MetLife | ❖ Sun Life |
| ❖ Cigna | ❖ Mutual of Omaha | ❖ United Healthcare |
| ❖ Delta Dental | ❖ Neighborhood Health | ❖ Unum |
| ❖ Florida Blue | ❖ Principal | |
| ❖ Guardian | ❖ Reliance Standard | |

The following carriers have elected to submit proposals to provide insurance coverage for the Port of Palm Beach District:

- | | | |
|----------------|---------------------|---------------------|
| ❖ Aetna | ❖ Florida Blue | ❖ MetLife |
| ❖ Ameritas | ❖ Guardian | ❖ United Healthcare |
| ❖ Cigna | ❖ Humana | ❖ Unum |
| ❖ Delta Dental | ❖ Lincoln Financial | ❖ Standard |

The following carriers have declined to submit proposals to provide insurance coverage for the Port of Palm Beach District:

- | | | |
|-------------------|-----------------------|---------------------|
| ❖ Assurant | ❖ SunLife | ❖ Reliance Standard |
| ❖ AvMed | ❖ Neighborhood Health | ❖ Renaissance |
| ❖ Mutual of Omaha | ❖ Principal | ❖ The Hartford |



Recommendations

Port of Palm Beach District

Medical Insurance Analysis - Effective October 1, 2018

Schedule of Insurance	United Healthcare <i>Current</i>		United Healthcare <i>Renewal</i>		<i>Recommended</i> United Healthcare <i>Negotiated Renewal</i>	
	AHJ3 w/ 120		AHJ3 w/ 120		AHJ3 w/ 120	
Plan Name	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Physician Services						
Primary Care Office Visit	\$25 copay	30% after PYD	\$25 copay	30% after PYD	\$25 copay	30% after PYD
Specialist Office Visit	\$50 copay	30% after PYD	\$50 copay	30% after PYD	\$50 copay	30% after PYD
Inpatient Hospital Services						
Inpatient Per Admission	10% after PYD	30% after PYD	10% afer PYD	30% after PYD	10% afer PYD	30% after PYD
Outpatient Care						
Outpatient Surgery (hos/ASC)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Diagnostic (Lab / Xrays)	\$0	30% after PYD	\$0	30% after PYD	\$0	30% after PYD
Dia Svcs: (MRI,CAT, etc.)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Mammograms	\$0	30% after PYD	\$0	30% after PYD	\$0	30% after PYD
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay
Urgent Care Facility	\$75 copay	30% after PYD	\$75 copay	30% after PYD	\$75 copay	30% after PYD
Physician Services- Hospital & ER	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Physician Services Not In Office/Hosp/ER						
Primary Care Physician	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Specialists	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Prescription Drug Benefits						
Tier 1	\$10 copay		\$10 copay		\$10 copay	
Tier 2	\$35 copay		\$35 copay		\$35 copay	
Tier 3	\$60 copay		\$60 copay		\$60 copay	
Tier 4	\$100 copay		\$100 copay		\$100 copay	
Plan Year Deductible						
Individual	\$250	\$750	\$250	\$750	\$250	\$750
Family	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Maximum Out-of-Pocket						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$2,000	\$6,000
Included in Out-of-Pocket Max.:	Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates	Preventive Services Covered at 100%		Preventive Services Covered at 100%		Preventive Services Covered at 100%	
Single (16)	\$775.94		\$869.05		\$822.50	
EE and Spouse (11)	\$1,660.51		\$1,859.77		\$1,760.14	
EE and Child(ren) (10)	\$1,582.91		\$1,772.85		\$1,677.88	
Employee and Family (15)	\$2,374.37		\$2,659.29		\$2,516.83	
Monthly Total	\$82,125.30		\$91,980.12		\$87,052.79	
Annual Total	\$985,503.60		\$1,103,761.44		\$1,044,633.48	
\$ Increase			\$118,257.84		\$59,129.88	
% Increase			12.0%		6.0%	

Port of Palm Beach District
Dental Insurance Analysis - Effective October 1, 2018

Dental PPO Insurance Benefits	MetLife		MetLife	
Plans	<i>Current</i>		<i>Negotiated Renewal</i>	
	<i>Implants Covered</i>		<i>Implants Covered</i>	
<u>Deductible</u>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>
Individual	\$50	\$75	\$50	\$75
Family	\$150	\$225	\$150	\$225
Annual Maximum Per Person	\$3,000	\$3,000	\$3,000	\$3,000
Preventative Services	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%
Major Services	60%	50%	60%	50%
<i>Deductible waived for preventive?</i>	Yes		Yes	
<i>Waiting period for major services?</i>	Late entrants		Late entrants	
ORTHODONTIA	Yes (to age 26)		Yes (to age 26)	
Ortho. Lifetime Maximum Per Person	50% up to \$1,500		50% up to \$1,500	
<i>Rate Guarantee</i>	1 Year		1 Year	
* Out of Network Reimbursement	90th percentile		90th percentile	
<u>Rates</u>				
Single (17)	\$31.48		\$33.37	
EE + Spouse (16)	\$65.49		\$69.42	
EE + Children (11)	\$75.37		\$79.89	
Family (12)	\$117.50		\$124.55	
Total Monthly Premium	\$3,822.07		\$4,051.40	
Total Annual Premium	\$45,864.84		\$48,616.80	
\$ Increase			\$2,751.96	
% Increase			6.0%	

Coverage for white fillings & crowns Coverage for white fillings & crowns

Port of Palm Beach District
Life Insurance Analysis - Effective October 1, 2018

Life and AD&D Insurance Benefits	Guardian Current	Guardian <i>Negotiated Renewal</i>
Employee Benefit Amount	2xAnnual (\$100,000 max)	2xAnnual (\$100,000 max)
Age Reduction	35% @ age 65; 50% @ age 70	35% @ age 65; 50% @ age 70
Rate Guarantee	1 Year	1 Year
LIFE Rate per \$1,000	\$0.310	\$0.310
AD&D Rate per \$1,000	\$0.020	\$0.020
Total Life and AD&D Rate	\$0.330	\$0.330
Based on volume of	\$3,982,550	\$3,982,550
Total monthly premium	\$1,314.24	\$1,314.24
Total annual premium	\$15,770.90	\$15,770.90
\$ Increase		\$0.00
% Increase		0%

No Increase

Port of Palm Beach District

Voluntary Life Insurance Analysis - Effective October 1, 2018

Employee paid voluntary life

Guardian - Current	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Guardian - Negotiated Renewal	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

0% - No Increase

Guardian - Current	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Cigna - Alternate Plan 1	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Port of Palm Beach District
Short-Term Disability Insurance Analysis - Effective
October 1, 2018

Benefit Schedule	Guardian - Current	Guardian - Renewal
STD Weekly Benefit	60%	60%
Maximum Weekly Benefit	\$1,200	\$1,200*
Minimum Weekly Benefit	\$25	\$25
Accident Benefits Begin on day	8	8
Sickness Benefits Begin on day	8	8
Maximum Benefit Period	26 weeks	26 weeks
Employer Contribution	100%	100%
Weekly volume	\$30,076.00	\$30,076.00
Rate per \$10 of Benefit	\$0.47	\$0.42
Monthly premium	\$1,413.57	\$1,263.19
Annual premium	\$16,962.86	\$15,158.30
\$ Increase		-\$1,804.56
Percentage Increase %		-11%

***Will enhance benefit up to \$2,300 staying at current \$.42/\$10 of benefit**

Decrease in rate

Benefit Schedule	Guardian - Current	Cigna - Alternate Plan 1
STD Weekly Benefit	60%	60%
Maximum Weekly Benefit	\$1,200	\$2,300
Minimum Weekly Benefit	\$25	\$25
Accident Benefits Begin on day	8	8
Sickness Benefits Begin on day	8	8
Maximum Benefit Period	26 weeks	26 weeks
Employer Contribution	100%	100%
Weekly volume	\$30,076.00	\$33,481.00
Rate per \$10 of Benefit	\$0.47	\$0.19
Monthly premium	\$1,413.57	\$636.14
Annual premium	\$16,962.86	\$7,633.67
\$ Increase		-\$9,329.20
Percentage Increase %		-55%

Port of Palm Beach District
Vision Insurance Analysis - Effective October 1, 2018

Humana Specialty Benefits - <i>Current Plan</i>			
Service Frequency			
Vision Exams		Once every 12 months	
Lenses		Once every 12 months	
Frames		Once every 24 months	
Copayments			
Exam		\$10	
Materials		\$15	
Current Monthly Rates:	Employee	17	\$3.89
	Emp./Spouse	11	\$7.79
	Emp./Child(ren)	11	\$7.40
	Emp./Family	15	\$11.63

*\$130 allowance for elective contact lenses

Monthly Total: \$407.67
Annual Total: \$4,892.04

Humana Specialty Benefits - <i>Renewal</i>			
Service Frequency			
Vision Exams		Once every 12 months	
Lenses		Once every 12 months	
Frames		Once every 24 months	
Copayments			
Exam		\$10	
Materials		\$15	
Renewal Monthly Rates:	Employee	17	\$3.89
	Emp./Spouse	11	\$7.79
	Emp./Child(ren)	11	\$7.40
	Emp./Family	15	\$11.63

*\$130 allowance for elective contact lenses

Monthly Total: \$407.67
Annual Total: \$4,892.04

0% No Increase



Medical Insurance

Port of Palm Beach District

Medical Insurance Analysis - Effective October 1, 2018

Schedule of Insurance	United Healthcare <i>Current</i>		United Healthcare <i>Renewal</i>		<i>Recommended</i> United Healthcare <i>Negotiated Renewal</i>	
	AHJ3 w/ 120		AHJ3 w/ 120		AHJ3 w/ 120	
Plan Name	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Physician Services						
Primary Care Office Visit	\$25 copay	30% after PYD	\$25 copay	30% after PYD	\$25 copay	30% after PYD
Specialist Office Visit	\$50 copay	30% after PYD	\$50 copay	30% after PYD	\$50 copay	30% after PYD
Inpatient Hospital Services						
Inpatient Per Admission	10% after PYD	30% after PYD	10% afer PYD	30% after PYD	10% afer PYD	30% after PYD
Outpatient Care						
Outpatient Surgery (hos/ASC)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Diagnostic (Lab / Xrays)	\$0	30% after PYD	\$0	30% after PYD	\$0	30% after PYD
Dia Svcs: (MRI,CAT, etc.)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Mammograms	\$0	30% after PYD	\$0	30% after PYD	\$0	30% after PYD
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay
Urgent Care Facility	\$75 copay	30% after PYD	\$75 copay	30% after PYD	\$75 copay	30% after PYD
Physician Services- Hospital & ER	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Physician Services Not In Office/Hosp/ER						
Primary Care Physician	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Specialists	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Prescription Drug Benefits						
Tier 1	\$10 copay		\$10 copay		\$10 copay	
Tier 2	\$35 copay		\$35 copay		\$35 copay	
Tier 3	\$60 copay		\$60 copay		\$60 copay	
Tier 4	\$100 copay		\$100 copay		\$100 copay	
Plan Year Deductible						
Individual	\$250	\$750	\$250	\$750	\$250	\$750
Family	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Maximum Out-of-Pocket						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$2,000	\$6,000
Included in Out-of-Pocket Max.:	Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates	Preventive Services Covered at 100%		Preventive Services Covered at 100%		Preventive Services Covered at 100%	
Single (16)	\$775.94		\$869.05		\$822.50	
EE and Spouse (11)	\$1,660.51		\$1,859.77		\$1,760.14	
EE and Child(ren) (10)	\$1,582.91		\$1,772.85		\$1,677.88	
Employee and Family (15)	\$2,374.37		\$2,659.29		\$2,516.83	
Monthly Total	\$82,125.30		\$91,980.12		\$87,052.79	
Annual Total	\$985,503.60		\$1,103,761.44		\$1,044,633.48	
\$ Increase			\$118,257.84		\$59,129.88	
% Increase			12.0%		6.0%	

Port of Palm Beach District

Medical Insurance Analysis - Effective October 1, 2018

Schedule of Insurance	United Healthcare <i>Proposed</i>		United Healthcare <i>Proposed</i>		Cigna <i>Negotiated Proposal (With Ancillary Savings)</i>	
Plan Name	AHJ3 w/ 120		AHJ3 w/ 120		OAP #7704308 - Participating	
Network Participation	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Physician Services						
Primary Care Office Visit	\$25 copay	30% after PYD	\$25 copay	30% after PYD	\$25 copay	30% after PYD
Specialist Office Visit	\$50 copay	30% after PYD	\$50 copay	30% after PYD	\$50 copay	30% after PYD
Inpatient Hospital Services						
Inpatient Per Admission	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Outpatient Care						
Outpatient Surgery (hos/ASC)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Diagnostic (Lab / Xrays)	\$0	30% after PYD	\$0	30% after PYD	\$0	30% after PYD
Dia Svcs: (MRI,CAT, etc.)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Mammograms	\$0	30% after PYD	\$0	30% after PYD	\$0	30% after PYD
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay
Urgent Care Facility	\$75 copay	30% after PYD	\$75 copay	30% after PYD	\$75 copay	30% after PYD
Physician Services- Hospital & ER	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Physician Services Not In Office/Hosp/ER						
Primary Care Physician	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Specialists	10% after PYD	30% after PYD	10% after PYD	30% after PYD	10% after PYD	30% after PYD
Prescription Drug Benefits						
Tier 1	\$10 copay		\$10 copay		\$10 copay	50% coinsurance
Tier 2	\$35 copay		\$35 copay		\$35 copay	50% coinsurance
Tier 3	\$60 copay		\$60 copay		\$60 copay	50% coinsurance
Tier 4	\$100 copay		\$100 copay		\$100 copay	50% coinsurance
Plan Year Deductible						
Individual	\$250	\$750	\$250	\$750	\$250	\$750
Family	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Maximum Out-of-Pocket						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$2,000	\$6,000
Included in Out-of-Pocket Max.:	Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates	Preventive Services Covered at 100%		Preventive Services Covered at 100%		Preventive Services Covered at 100%	
Single (16)	\$775.94		\$869.05		\$810.70	
EE and Spouse (11)	\$1,660.51		\$1,859.77		\$1,734.89	
EE and Child(ren) (10)	\$1,582.91		\$1,772.85		\$1,653.80	
Employee and Family (15)	\$2,374.37		\$2,659.29		\$2,480.71	
Monthly Total	\$82,125.30		\$91,980.12		\$85,803.64	
Annual Total	\$985,503.60		\$1,103,761.44		\$1,029,643.68	
\$ Increase			\$118,257.84		\$44,140.08	
% Increase			12.0%		4.5%	

*This is not a contract and benefits subject to change. Rates may vary based on medical underwriting and final enrollment.

Port of Palm Beach District

Medical Insurance Analysis - Effective October 1, 2018

Schedule of Insurance	United Healthcare <i>Proposed</i>		United Healthcare <i>Proposed</i>		Florida Blue <i>Alternate Plan 2</i>	
Plan Name	AHJ3 w/ 120		AHJ3 w/ 120		Blue Options PPO 03768	
Network Participation	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Physician Services						
Primary Care Office Visit	\$25 copay	30% after PYD	\$25 copay	30% after PYD	\$20 copay	50% after PYD
Specialist Office Visit	\$50 copay	30% after PYD	\$50 copay	30% after PYD	\$45 copay	50% after PYD
Inpatient Hospital Services						
Inpatient Per Admission	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$700 copay	50% after PYD
Outpatient Care						
Outpatient Surgery (hos/ASC)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$300/ \$200 copay	50% after PYD
Diagnostic (Lab / Xrays)	\$0	30% after PYD	\$0	30% after PYD	\$0 / \$50	50% after PYD
Dia Svcs: (MRI,CAT, etc.)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$200 copay	50% after PYD
Mammograms	\$0	30% after PYD	\$0	30% after PYD	\$0	50% coinsurance
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$200 copay	\$200 copay
Urgent Care Facility	\$75 copay	30% after PYD	\$75 copay	30% after PYD	\$50 copay	\$50 copay+PYD
Physician Services- Hospital & ER	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$50 copay	50% after PYD
Physician Services Not In Office/Hosp/ER						
Primary Care Physician	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$50 copay	50% after PYD
Specialists	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$50 copay	50% after PYD
Prescription Drug Benefits						
Tier 1	\$10 copay		\$10 copay		\$10 copay	50% coinsurance
Tier 2	\$35 copay		\$35 copay		\$50 copay	50% coinsurance
Tier 3	\$60 copay		\$60 copay		\$80 copay	50% coinsurance
Tier 4	\$100 copay		\$100 copay		Subject to cost share	Subject to cost share
Plan Year Deductible						
Individual	\$250	\$750	\$250	\$750	\$250	\$1,000
Family	\$500	\$1,500	\$500	\$1,500	\$750	\$3,000
Maximum Out-of-Pocket						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$3,000	\$6,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$6,000	\$12,000
Included in Out-of-Pocket Max.:	Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates	Preventive Services Covered at 100%		Preventive Services Covered at 100%		Preventive Services Covered at 100%	
Single (16)	\$775.94		\$869.05		\$821.31	
EE and Spouse (11)	\$1,660.51		\$1,859.77		\$1,954.71	
EE and Child(ren) (10)	\$1,582.91		\$1,772.85		\$1,511.21	
Employee and Family (15)	\$2,374.37		\$2,659.29		\$2,562.48	
Monthly Total	\$82,125.30		\$91,980.12		\$88,192.07	
Annual Total	\$985,503.60		\$1,103,761.44		\$1,058,304.84	
\$ Increase			\$118,257.84		\$72,801.24	
% Increase			12.0%		7.4%	

*This is not a contract and benefits subject to change. Rates may vary based on medical underwriting and final enrollment.

Port of Palm Beach District

Medical Insurance Analysis - Effective October 1, 2018

Schedule of Insurance	United Healthcare <i>Proposed</i>		United Healthcare <i>Proposed</i>		Florida Blue <i>Alternate Plan 3</i>	
Plan Name	AHJ3 w/ 120		AHJ3 w/ 120		Blue Options PPO 03559	
Network Participation	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Physician Services						
Primary Care Office Visit	\$25 copay	30% after PYD	\$25 copay	30% after PYD	\$20 copay	40% after PYD
Specialist Office Visit	\$50 copay	30% after PYD	\$50 copay	30% after PYD	\$40 copay	40% after PYD
Inpatient Hospital Services						
Inpatient Per Admission	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$600 copay	40% after PYD
Outpatient Care						
Outpatient Surgery (hos/ASC)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$200/ \$100 copay	40% after PYD
Diagnostic (Lab / Xrays)	\$0	30% after PYD	\$0	30% after PYD	\$0 / \$50	40% after PYD
Dia Svcs: (MRI,CAT, etc.)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$150 copay	40% after PYD
Mammograms	\$0	30% after PYD	\$0	30% after PYD	\$0	40% coinsurance
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$100 copay	\$100 copay
Urgent Care Facility	\$75 copay	30% after PYD	\$75 copay	30% after PYD	\$45 copay	\$45 copay+PYD
Physician Services- Hospital & ER	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	40% after PYD
Physician Services Not In Office/Hosp/ER						
Primary Care Physician	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	40% after PYD
Specialists	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	40% after PYD
Prescription Drug Benefits						
Tier 1	\$10 copay		\$10 copay		\$10 copay	50% coinsurance
Tier 2	\$35 copay		\$35 copay		\$50 copay	50% coinsurance
Tier 3	\$60 copay		\$60 copay		\$80 copay	50% coinsurance
Tier 4	\$100 copay		\$100 copay		Subject to cost share	Subject to cost share
Plan Year Deductible						
Individual	\$250	\$750	\$250	\$750	\$500	\$750
Family	\$500	\$1,500	\$500	\$1,500	\$1,500	\$2,250
Maximum Out-of-Pocket						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$2,500	\$5,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$5,000	\$10,000
Included in Out-of-Pocket Max.:	Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates	Preventive Services Covered at 100%		Preventive Services Covered at 100%		Preventive Services Covered at 100%	
Single (16)	\$775.94		\$869.05		\$818.37	
EE and Spouse (11)	\$1,660.51		\$1,859.77		\$1,947.71	
EE and Child(ren) (10)	\$1,582.91		\$1,772.85		\$1,505.79	
Employee and Family (15)	\$2,374.37		\$2,659.29		\$2,553.30	
Monthly Total	\$82,125.30		\$91,980.12		\$87,876.13	
Annual Total	\$985,503.60		\$1,103,761.44		\$1,054,513.56	
\$ Increase			\$118,257.84		\$69,009.96	
% Increase			12.0%		7.0%	

*This is not a contract and benefits subject to change. Rates may vary based on medical underwriting and final enrollment.

Port of Palm Beach District

Medical Insurance Analysis - Effective October 1, 2018

Schedule of Insurance	United Healthcare <i>Proposed</i>		United Healthcare <i>Proposed</i>		Florida Blue <i>Alternate Plan 4</i>	
Plan Name	AHJ3 w/ 120		AHJ3 w/ 120		Blue Options PPO 03769	
Network Participation	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Physician Services						
Primary Care Office Visit	\$25 copay	30% after PYD	\$25 copay	30% after PYD	\$25 copay	50% after PYD
Specialist Office Visit	\$50 copay	30% after PYD	\$50 copay	30% after PYD	\$60 copay	50% after PYD
Inpatient Hospital Services						
Inpatient Per Admission	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Outpatient Care						
Outpatient Surgery (hos/ASC)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Diagnostic (Lab / Xrays)	\$0	30% after PYD	\$0	30% after PYD	\$0 / \$50	50% after PYD
Dia Svcs: (MRI,CAT, etc.)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Mammograms	\$0	30% after PYD	\$0	30% after PYD	\$0	50% coinsurance
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$300 copay	\$300 copay
Urgent Care Facility	\$75 copay	30% after PYD	\$75 copay	30% after PYD	\$65 copay	\$65 copay+PYD
Physician Services- Hospital & ER	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Physician Services Not In Office/Hosp/ER						
Primary Care Physician	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Specialists	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Prescription Drug Benefits						
Tier 1	\$10 copay		\$10 copay		\$10 copay	50% coinsurance
Tier 2	\$35 copay		\$35 copay		\$50 copay	50% coinsurance
Tier 3	\$60 copay		\$60 copay		\$80 copay	50% coinsurance
Tier 4	\$100 copay		\$100 copay		Subject to cost share	Subject to cost share
Plan Year Deductible						
Individual	\$250	\$750	\$250	\$750	\$500	\$1,500
Family	\$500	\$1,500	\$500	\$1,500	\$1,500	\$4,500
Maximum Out-of-Pocket						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$3,000	\$6,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$6,000	\$12,000
Included in Out-of-Pocket Max.:	Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates	Preventive Services Covered at 100%		Preventive Services Covered at 100%		Preventive Services Covered at 100%	
Single (16)	\$775.94		\$869.05		\$811.48	
EE and Spouse (11)	\$1,660.51		\$1,859.77		\$1,931.32	
EE and Child(ren) (10)	\$1,582.91		\$1,772.85		\$1,493.12	
Employee and Family (15)	\$2,374.37		\$2,659.29		\$2,531.81	
Monthly Total	\$82,125.30		\$91,980.12		\$87,136.55	
Annual Total	\$985,503.60		\$1,103,761.44		\$1,045,638.60	
\$ Increase			\$118,257.84		\$60,135.00	
% Increase			12.0%		6.1%	

*This is not a contract and benefits subject to change. Rates may vary based on medical underwriting and final enrollment.

Port of Palm Beach District

Medical Insurance Analysis - Effective October 1, 2018

Schedule of Insurance	United Healthcare <i>Proposed</i>		United Healthcare <i>Proposed</i>		Aetna <i>Alternate Plan 5</i>	
Plan Name	AHJ3 w/ 120		AHJ3 w/ 120		HMOption 500 80/50 Rx 11	
Network Participation	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Physician Services						
Primary Care Office Visit	\$25 copay	30% after PYD	\$25 copay	30% after PYD	\$20 copay	50% after PYD
Specialist Office Visit	\$50 copay	30% after PYD	\$50 copay	30% after PYD	\$40 copay	50% after PYD
Inpatient Hospital Services						
Inpatient Per Admission	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Outpatient Care						
Outpatient Surgery (hos/ASC)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$150/ \$100 copay	50% after PYD
Diagnostic (Lab / Xrays)	\$0	30% after PYD	\$0	30% after PYD	\$0/\$40 copay	50% after PYD
Dia Svcs: (MRI,CAT, etc.)	10% after PYD	30% after PYD	10% after PYD	30% after PYD	\$300 copay	50% after PYD
Mammograms	\$0	30% after PYD	\$0	30% after PYD	\$0	50% coinsurance
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$300 copay	\$300 copay
Urgent Care Facility	\$75 copay	30% after PYD	\$75 copay	30% after PYD	\$75 copay	50% after PYD
Physician Services- Hospital & ER	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Physician Services Not In Office/Hosp/ER						
Primary Care Physician	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Specialists	10% after PYD	30% after PYD	10% after PYD	30% after PYD	20% after PYD	50% after PYD
Prescription Drug Benefits						
Tier 1	\$10 copay		\$10 copay		\$10 copay	50% coinsurance
Tier 2	\$35 copay		\$35 copay		\$30 copay	50% coinsurance
Tier 3	\$60 copay		\$60 copay		\$60 copay	50% coinsurance
Tier 4	\$100 copay		\$100 copay		Subject to cost share	Not covered
Plan Year Deductible						
Individual	\$250	\$750	\$250	\$750	\$500	\$3,000
Family	\$500	\$1,500	\$500	\$1,500	\$1,000	\$6,000
Maximum Out-of-Pocket						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$3,500	\$6,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$7,000	\$12,000
Included in Out-of-Pocket Max.:	Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays		Ded., coinsurance, med. & Rx copays	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates	Preventive Services Covered at 100%		Preventive Services Covered at 100%		Preventive Services Covered at 100%	
Single (16)	\$775.94		\$869.05		\$984.02	
EE and Spouse (11)	\$1,660.51		\$1,859.77		\$2,105.80	
EE and Child(ren) (10)	\$1,582.91		\$1,772.85		\$2,007.39	
Employee and Family (15)	\$2,374.37		\$2,659.29		\$3,011.09	
Monthly Total	\$82,125.30		\$91,980.12		\$104,148.37	
Annual Total	\$985,503.60		\$1,103,761.44		\$1,249,780.44	
\$ Increase			\$118,257.84		\$264,276.84	
% Increase			12.0%		26.8%	

*This is not a contract and benefits subject to change. Rates may vary based on medical underwriting and final enrollment.



Ancillary Coverage

(Dental, Life, Voluntary Supplemental Life, Short-Term Disability, Voluntary Long-Term Disability & Vision Insurance)

Port of Palm Beach District
Dental Insurance Analysis - Effective October 1, 2018

Dental PPO Insurance Benefits	MetLife		MetLife	
Plans	<i>Current</i>		<i>Negotiated Renewal</i>	
	<i>Implants Covered</i>		<i>Implants Covered</i>	
<u>Deductible</u>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>
Individual	\$50	\$75	\$50	\$75
Family	\$150	\$225	\$150	\$225
Annual Maximum Per Person	\$3,000	\$3,000	\$3,000	\$3,000
Preventative Services	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%
Major Services	60%	50%	60%	50%
<i>Deductible waived for preventive?</i>	Yes		Yes	
<i>Waiting period for major services?</i>	Late entrants		Late entrants	
ORTHODONTIA	Yes (to age 26)		Yes (to age 26)	
Ortho. Lifetime Maximum Per Person	50% up to \$1,500		50% up to \$1,500	
<i>Rate Guarantee</i>	1 Year		1 Year	
* Out of Network Reimbursement	90th percentile		90th percentile	
<u>Rates</u>				
Single (17)	\$31.48		\$33.37	
EE + Spouse (16)	\$65.49		\$69.42	
EE + Children (11)	\$75.37		\$79.89	
Family (12)	\$117.50		\$124.55	
Total Monthly Premium	\$3,822.07		\$4,051.40	
Total Annual Premium	\$45,864.84		\$48,616.80	
\$ Increase			\$2,751.96	
% Increase			6.0%	

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Port of Palm Beach District
Dental Insurance Analysis - Effective October 1, 2018

Dental PPO Insurance Benefits	MetLife		MetLife		Cigna	
Plans	<i>Current</i>		<i>Renewal</i>		<i>Alternate Plan 1</i>	
	<i>Implants Covered</i>		<i>Implants Covered</i>		<i>Implants Covered</i>	
<u>Deductible</u>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>
Individual	\$50	\$75	\$50	\$75	\$50	\$75
Family	\$150	\$225	\$150	\$225	\$150	\$225
Annual Maximum Per Person	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Preventative Services	100%	100%	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%	90%	80%
Major Services	60%	50%	60%	50%	60%	50%
<i>Deductible waived for preventive?</i>	Yes		Yes		Yes	
<i>Waiting period for major services?</i>	Late entrants		Late entrants		Late entrants	
ORTHODONTIA	Yes (to age 26)		Yes (to age 26)		Yes (to age 26)	
Ortho. Lifetime Maximum Per Person	50% up to \$1,500		50% up to \$1,500		50% up to \$1,500	
<i>Rate Guarantee</i>	1 Year		1 Year		1 Year	
* Out of Network Reimbursement	90th percentile		90th percentile		90th percentile	
<u>Rates</u>						
Single (17)	\$31.48		\$33.37		\$34.05	
EE + Spouse (16)	\$65.49		\$69.42		\$70.84	
EE + Children (11)	\$75.37		\$79.89		\$81.52	
Family (12)	\$117.50		\$124.55		\$127.10	
Total Monthly Premium	\$3,822.07		\$4,051.40		\$4,134.21	
Total Annual Premium	\$45,864.84		\$48,616.80		\$49,610.52	
\$ Increase			\$2,751.96		\$3,745.68	
% Increase			6.0%		8.2%	

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Port of Palm Beach District
Dental Insurance Analysis - Effective October 1, 2018

Dental PPO Insurance Benefits	MetLife		MetLife		Unum	
Plans	<i>Current</i>		<i>Renewal</i>		<i>Alternate Plan 2</i>	
	<i>Implants Covered</i>		<i>Implants Covered</i>		<i>Implants Covered</i>	
<u>Deductible</u>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>
Individual	\$50	\$75	\$50	\$75	\$50	\$75
Family	\$150	\$225	\$150	\$225	\$150	\$225
Annual Maximum Per Person	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Preventative Services	100%	100%	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%	90%	80%
Major Services	60%	50%	60%	50%	60%	50%
<i>Deductible waived for preventive?</i>	Yes		Yes		Yes	
<i>Waiting period for major services?</i>	Late entrants		Late entrants		Late entrants	
ORTHODONTIA	Yes (to age 26)		Yes (to age 26)		Yes (to age 19)	
Ortho. Lifetime Maximum Per Person	50% up to \$1,500		50% up to \$1,500		50% up to \$1,500	
<i>Rate Guarantee</i>	1 Year		1 Year		2 Year	
* Out of Network Reimbursement	90th percentile		90th percentile		90th percentile	
<u>Rates</u>						
Single (17)	\$31.48		\$33.37		\$28.33	
EE + Spouse (16)	\$65.49		\$69.42		\$58.94	
EE + Children (11)	\$75.37		\$79.89		\$67.83	
Family (12)	\$117.50		\$124.55		\$105.75	
Total Monthly Premium	\$3,822.07		\$4,051.40		\$3,439.78	
Total Annual Premium	\$45,864.84		\$48,616.80		\$41,277.36	
\$ Increase			\$2,751.96		-\$4,587.48	
% Increase			6.0%		-10.0%	

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Port of Palm Beach District
Dental Insurance Analysis - Effective October 1, 2018

Dental PPO Insurance Benefits	MetLife		MetLife		Standard	
Plans	<i>Current</i>		<i>Renewal</i>		<i>Alternate Plan 3</i>	
<u>Deductible</u>	<i>Implants Covered</i>		<i>Implants Covered</i>		<i>Implants Covered</i>	
	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>
Individual	\$50	\$75	\$50	\$75	\$50	\$75
Family	\$150	\$225	\$150	\$225	\$150	\$225
Annual Maximum Per Person	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Preventative Services	100%	100%	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%	90%	80%
Major Services	60%	50%	60%	50%	60%	50%
<i>Deductible waived for preventive?</i>	Yes		Yes		Yes	
<i>Waiting period for major services?</i>	Late entrants		Late entrants		Late entrants	
ORTHODONTIA	Yes (to age 26)		Yes (to age 26)		Yes (to age 19)	
Ortho. Lifetime Maximum Per Person	50% up to \$1,500		50% up to \$1,500		50% up to \$1,500	
<i>Rate Guarantee</i>	1 Year		1 Year		1 Year	
* Out of Network Reimbursement	90th percentile		90th percentile		90th percentile	
<u>Rates</u>						
Single (17)	\$31.48		\$33.37		\$33.21	
EE + Spouse (16)	\$65.49		\$69.42		\$64.20	
EE + Children (11)	\$75.37		\$79.89		\$76.32	
Family (12)	\$117.50		\$124.55		\$107.31	
Total Monthly Premium	\$3,822.07		\$4,051.40		\$3,719.01	
Total Annual Premium	\$45,864.84		\$48,616.80		\$44,628.12	
\$ Increase			\$2,751.96		-\$1,236.72	
% Increase			6.0%		-2.7%	

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Port of Palm Beach District
Dental Insurance Analysis - Effective October 1, 2018

Dental PPO Insurance Benefits	MetLife		MetLife		Lincoln Financial	
Plans	<i>Current</i>		<i>Renewal</i>		<i>Alternate Plan 4</i>	
	<i>Implants Covered</i>		<i>Implants Covered</i>		<i>Implants Covered</i>	
<u>Deductible</u>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>
Individual	\$50	\$75	\$50	\$75	\$50	\$75
Family	\$150	\$225	\$150	\$225	\$150	\$225
Annual Maximum Per Person	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Preventative Services	100%	100%	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%	90%	80%
Major Services	60%	50%	60%	50%	60%	50%
<i>Deductible waived for preventive?</i>	Yes		Yes		Yes	
<i>Waiting period for major services?</i>	Late entrants		Late entrants		Late entrants	
ORTHODONTIA	Yes (to age 26)		Yes (to age 26)		Yes (to age 26)	
Ortho. Lifetime Maximum Per Person	50% up to \$1,500		50% up to \$1,500		50% up to \$1,500	
<i>Rate Guarantee</i>	1 Year		1 Year		1 Year	
* Out of Network Reimbursement	90th percentile		90th percentile		90th percentile	
<u>Rates</u>						
Single (17)	\$31.48		\$33.37		\$29.91	
EE + Spouse (16)	\$65.49		\$69.42		\$62.22	
EE + Children (11)	\$75.37		\$79.89		\$71.60	
Family (12)	\$117.50		\$124.55		\$111.63	
Total Monthly Premium	\$3,822.07		\$4,051.40		\$3,631.15	
Total Annual Premium	\$45,864.84		\$48,616.80		\$43,573.80	
\$ Increase			\$2,751.96		-\$2,291.04	
% Increase			6.0%		-5.0%	

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Coverage for white fillings & crowns

Port of Palm Beach District
Life Insurance Analysis - Effective October 1, 2018

Life and AD&D Insurance Benefits	Guardian Current	Guardian <i>Negotiated Renewal</i>
Employee Benefit Amount	2xAnnual (\$100,000 max)	2xAnnual (\$100,000 max)
Age Reduction	35% @ age 65; 50% @ age 70	35% @ age 65; 50% @ age 70
Rate Guarantee	1 Year	1 Year
LIFE Rate per \$1,000	\$0.310	\$0.310
AD&D Rate per \$1,000	\$0.020	\$0.020
Total Life and AD&D Rate	\$0.330	\$0.330
Based on volume of	\$3,982,550	\$3,982,550
Total monthly premium	\$1,314.24	\$1,314.24
Total annual premium	\$15,770.90	\$15,770.90
\$ Increase		\$0.00
% Increase		0%

No Increase

Port of Palm Beach District
Life Insurance Analysis - Effective October 1, 2018

Life and AD&D Insurance Benefits	Guardian Current	Cigna Alternate Plan 1
Employee Benefit Amount	2xAnnual (\$100,000 max)	2xAnnual (\$100,000 max)
Age Reduction	35% @ age 65; 50% @ age 70	35% @ age 65; 50% @ age 70
Rate Guarantee	1 Year	2 Year
LIFE Rate per \$1,000	\$0.310	\$0.210
AD&D Rate per \$1,000	\$0.020	\$0.020
Total Life and AD&D Rate	\$0.330	\$0.230
Based on volume of	\$3,982,550	\$3,982,550
Total monthly premium	\$1,314.24	\$915.99
Total annual premium	\$15,770.90	\$10,991.84
\$ Increase		-\$4,779.06
% Increase		-30%

Port of Palm Beach District
Life Insurance Analysis - Effective October 1, 2018

Life and AD&D Insurance Benefits	Guardian Current	Unum Alternate Plan 2
Employee Benefit Amount	2xAnnual (\$100,000 max)	2xAnnual (\$100,000 max)
Age Reduction	35% @ age 65; 50% @ age 70	35% @ age 65; 50% @ age 70
Rate Guarantee	1 Year	2 Year
LIFE Rate per \$1,000	\$0.310	\$0.320
AD&D Rate per \$1,000	\$0.020	\$0.020
Total Life and AD&D Rate	\$0.330	\$0.340
Based on volume of	\$3,982,550	\$3,982,550
Total monthly premium	\$1,314.24	\$1,354.07
Total annual premium	\$15,770.90	\$16,248.80
\$ Increase		\$477.91
% Increase		3%

Port of Palm Beach District
Life Insurance Analysis - Effective October 1, 2018

Life and AD&D Insurance Benefits	Guardian Current	Standard Alternate Plan 3
Employee Benefit Amount	2xAnnual (\$100,000 max)	2xAnnual (\$100,000 max)
Age Reduction	35% @ age 65; 50% @ age 70	35% @ age 65; 50% @ age 70
Rate Guarantee	1 Year	3 Years
LIFE Rate per \$1,000	\$0.310	\$0.280
AD&D Rate per \$1,000	\$0.020	\$0.030
Total Life and AD&D Rate	\$0.330	\$0.310
Based on volume of	\$3,982,550	\$3,982,550
Total monthly premium	\$1,314.24	\$1,234.59
Total annual premium	\$15,770.90	\$14,815.09
\$ Increase		-\$955.81
% Increase		-6%

Port of Palm Beach District
Life Insurance Analysis - Effective October 1, 2018

Life and AD&D Insurance Benefits	Guardian Current	Lincoln Financial Alternate Plan 4
Employee Benefit Amount	2xAnnual (\$100,000 max)	2xAnnual (\$100,000 max)
Age Reduction	35% @ age 65; 50% @ age 70	35% @ age 65; 50% @ age 70
Rate Guarantee	1 Year	2 Year
LIFE Rate per \$1,000	\$0.310	\$0.300
AD&D Rate per \$1,000	\$0.020	\$0.020
Total Life and AD&D Rate	\$0.330	\$0.320
Based on volume of	\$3,982,550	\$3,982,550
Total monthly premium	\$1,314.24	\$1,274.42
Total annual premium	\$15,770.90	\$15,292.99
\$ Increase		-\$477.91
% Increase		-3%

Port of Palm Beach District

Voluntary Life Insurance Analysis - Effective October 1, 2018

Employee paid voluntary life

Guardian - Current	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Guardian - Negotiated Renewal	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

0% - No Increase

Guardian - Current	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Cigna - Alternate Plan 1	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Port of Palm Beach District

Voluntary Life Insurance Analysis - Effective October 1, 2018

Guardian - Current	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Standard - Alternate Plan 2	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Guardian - Current	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

Lincoln Financial - Alternate Plan 3	
Age Brackett	Per \$1,000
0-19	\$0.084
20-24	\$0.084
25-29	\$0.084
30-34	\$0.091
35-39	\$0.120
40-44	\$0.193
45-49	\$0.304
50-54	\$0.471
55-59	\$0.804
60-64	\$1.311
65-69	\$2.115
70-74	\$2.115
75-79	\$2.115
80-84	\$2.115
85+	\$2.115
Child	\$2.000

Port of Palm Beach District
Voluntary Life Insurance Analysis - Effective October 1, 2018

Guardian - Current	
Age Brackett	Per \$1,000
0-19	\$0.038
20-24	\$0.038
25-29	\$0.038
30-34	\$0.041
35-39	\$0.054
40-44	\$0.087
45-49	\$0.137
50-54	\$0.212
55-59	\$0.362
60-64	\$0.590
65-69	\$0.952
70-74	\$0.952
75-79	\$0.952
80-84	\$0.952
85+	\$0.952
Child	\$0.161

- Alternate Plan 4	
Age Brackett	Per \$1,000
0-19	
20-24	
25-29	
30-34	
35-39	
40-44	
45-49	
50-54	
55-59	
60-64	
65-69	
70-74	
75-79	
80-84	
85+	
Child	\$0.161

Port of Palm Beach District
Short-Term Disability Insurance Analysis - Effective
October 1, 2018

Benefit Schedule	Guardian - Current	Guardian - Renewal
STD Weekly Benefit	60%	60%
Maximum Weekly Benefit	\$1,200	\$1,200*
Minimum Weekly Benefit	\$25	\$25
Accident Benefits Begin on day	8	8
Sickness Benefits Begin on day	8	8
Maximum Benefit Period	26 weeks	26 weeks
Employer Contribution	100%	100%
Weekly volume	\$30,076.00	\$30,076.00
Rate per \$10 of Benefit	\$0.47	\$0.42
Monthly premium	\$1,413.57	\$1,263.19
Annual premium	\$16,962.86	\$15,158.30
\$ Increase		-\$1,804.56
Percentage Increase %		-11%

*Will enhance benefit up to \$2,300 staying at current \$.42/\$10 of benefit

Decrease in rate

Benefit Schedule	Guardian - Current	Cigna - Alternate Plan 1
STD Weekly Benefit	60%	60%
Maximum Weekly Benefit	\$1,200	\$2,300
Minimum Weekly Benefit	\$25	\$25
Accident Benefits Begin on day	8	8
Sickness Benefits Begin on day	8	8
Maximum Benefit Period	26 weeks	26 weeks
Employer Contribution	100%	100%
Weekly volume	\$30,076.00	\$33,481.00
Rate per \$10 of Benefit	\$0.47	\$0.19
Monthly premium	\$1,413.57	\$636.14
Annual premium	\$16,962.86	\$7,633.67
\$ Increase		-\$9,329.20
Percentage Increase %		-55%

Port of Palm Beach District
Short-Term Disability Insurance Analysis - Effective
October 1, 2018

Benefit Schedule	Guardian - Current	Unum - Alternate Plan 2
STD Weekly Benefit	60%	60%
Maximum Weekly Benefit	\$1,200	\$1,200
Minimum Weekly Benefit	\$25	\$25
Accident Benefits Begin on day	8	8
Sickness Benefits Begin on day	8	8
Maximum Benefit Period	26 weeks	25 weeks
Employer Contribution	100%	100%
Weekly volume	\$30,076.00	\$30,076.00
Rate per \$10 of Benefit	\$0.47	\$0.43
Monthly premium	\$1,413.57	\$1,293.27
Annual premium	\$16,962.86	\$15,519.22
\$ Increase		-\$1,443.65
Percentage Increase %		-9%

Benefit Schedule	Guardian - Current	Standard - Alternate Plan 3
STD Weekly Benefit	60%	60%
Maximum Weekly Benefit	\$1,200	\$1,200
Minimum Weekly Benefit	\$25	\$25
Accident Benefits Begin on day	8	8
Sickness Benefits Begin on day	8	8
Maximum Benefit Period	26 weeks	180 days
Employer Contribution	100%	100%
Weekly volume	\$30,076.00	\$30,076.00
Rate per \$10 of Benefit	\$0.47	\$0.37
Monthly premium	\$1,413.57	\$1,112.81
Annual premium	\$16,962.86	\$13,353.74
\$ Increase		-\$3,609.12
Percentage Increase %		-21%

Port of Palm Beach District
Short-Term Disability Insurance Analysis - Effective
October 1, 2018

Benefit Schedule	Guardian - Current	Lincoln Financial-Alternate Plan 4
STD Weekly Benefit	60%	60%
Maximum Weekly Benefit	\$1,200	\$1,200
Minimum Weekly Benefit	\$25	20??
Accident Benefits Begin on day	8	8
Sickness Benefits Begin on day	8	8
Maximum Benefit Period	26 weeks	26 weeks
Employer Contribution	100%	100%
Weekly volume	\$30,076.00	\$30,076.00
Rate per \$10 of Benefit	\$0.47	\$0.42
Monthly premium	\$1,413.57	\$1,263.19
Annual premium	\$16,962.86	\$15,158.30
\$ Increase		-\$1,804.56
Percentage Increase %		-11%

Port of Palm Beach District
Voluntary Long-Term Disability Insurance Analysis -
Effective October 1, 2018

Employee Paid Benefit

Benefit Schedule	Guardian Current	Guardian <i>Negotiated Renewal</i>
LTD Monthly Benefit	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000*
Elimination Period	180 days	180 days
Benefit Duration	To age 65 adea	To age 65 adea
Employer Contribution	0%	0%
Rate guarantee	1 year	1 year
Participation minimum	Greater of 40% or 10 enrolled	Greater of 40% or 10 enrolled
Age	Rate per \$100 of payroll	Rate per \$100 of payroll
0-24	\$0.170	\$0.170
25-29	\$0.240	\$0.240
30-34	\$0.280	\$0.280
35-39	\$0.360	\$0.360
40-44	\$0.620	\$0.620
45-49	\$1.150	\$1.150
50-54	\$1.650	\$1.650
55-59	\$1.860	\$1.860
60-64	\$1.230	\$1.230
65-69	\$1.230	\$1.230
70-99	\$1.230	\$1.230

***Will enhance benefit to \$10,000 at current rates per \$100 of payroll**

0% - No Increase

Port of Palm Beach District
Voluntary Long-Term Disability Insurance Analysis -
Effective October 1, 2018

Benefit Schedule	Guardian Current	Cigna Alternate Plan 1
LTD Monthly Benefit	60%	60%
Maximum Monthly Benefit	\$5,000	\$10,000
Elimination Period	180 days	180 days
Benefit Duration	To age 65 adea	SSNRA
Employer Contribution	0%	0%
Rate guarantee	1 year	2 years
Participation minimum	Greater of 40% or 10 enrolled	25% of eligible employees
Age	Rate per \$100 of payroll	Rate per \$100 of payroll
0-24	\$0.170	\$0.170
25-29	\$0.240	\$0.240
30-34	\$0.280	\$0.280
35-39	\$0.360	\$0.360
40-44	\$0.620	\$0.620
45-49	\$1.150	\$1.150
50-54	\$1.650	\$1.650
55-59	\$1.860	\$1.860
60-64	\$1.230	\$1.230
65-69	\$1.230	\$1.230
70-99	\$1.230	\$1.230

Port of Palm Beach District
Voluntary Long-Term Disability Insurance Analysis -
Effective October 1, 2018

Benefit Schedule	Guardian Current	Unum Alternate Plan 2
LTD Monthly Benefit	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Elimination Period	180 days	90 days
Benefit Duration	To age 65 adea	To age 65 RDB adea
Employer Contribution	0%	0%
Rate guarantee	1 year	2 years
Participation minimum	Greater of 40% or 10 enrolled	Greater of 20% or 10 enrolled
Age	Rate per \$100 of payroll	Rate per \$100 of payroll
0-24	\$0.170	\$0.150
25-29	\$0.240	\$0.230
30-34	\$0.280	\$0.280
35-39	\$0.360	\$0.360
40-44	\$0.620	\$0.850
45-49	\$1.150	\$1.250
50-54	\$1.650	\$1.720
55-59	\$1.860	\$2.000
60-64	\$1.230	\$1.230
65-69	\$1.230	\$1.230
70-99	\$1.230	\$1.230

Port of Palm Beach District
Voluntary Long-Term Disability Insurance Analysis -
Effective October 1, 2018

Benefit Schedule	Guardian Current	Standard Alternate Plan 3
LTD Monthly Benefit	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Elimination Period	180 days	180 days
Benefit Duration	To age 65 adea	To age 65
Employer Contribution	0%	0%
Rate guarantee	1 year	2 years
Participation minimum	Greater of 40% or 10 enrolled	Greater of 25% or 10 enrolled
Age	Rate per \$100 of payroll	Rate per \$100 of payroll
0-24	\$0.170	\$0.170
25-29	\$0.240	\$0.240
30-34	\$0.280	\$0.280
35-39	\$0.360	\$0.360
40-44	\$0.620	\$0.620
45-49	\$1.150	\$1.150
50-54	\$1.650	\$1.650
55-59	\$1.860	\$1.860
60-64	\$1.230	\$1.230
65-69	\$1.230	\$1.230
70-99	\$1.230	\$1.230

Port of Palm Beach District
**Voluntary Long-Term Disability Insurance Analysis -
 Effective October 1, 2018**

Benefit Schedule	Guardian Current	Lincoln Financial Alternate Plan 4
LTD Monthly Benefit	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Elimination Period	180 days	180 days
Benefit Duration	To age 65 adea	To age 65 or SSNRA
Employer Contribution	0%	0%
Rate guarantee	1 year	2 years
Participation minimum	Greater of 40% or 10 enrolled	Greater of 46% or 10 enrolled
Age	Rate per \$100 of payroll	Rate per \$100 of payroll
0-24	\$0.170	\$0.289
25-29	\$0.240	\$0.289
30-34	\$0.280	\$0.337
35-39	\$0.360	\$0.433
40-44	\$0.620	\$0.746
45-49	\$1.150	\$1.384
50-54	\$1.650	\$1.985
55-59	\$1.860	\$2.238
60-64	\$1.230	\$1.480
65-69	\$1.230	\$1.480
70-99	\$1.230	\$1.480

Port of Palm Beach District
Vision Insurance Analysis - Effective October 1, 2018

Humana Specialty Benefits - <i>Current Plan</i>			
Service Frequency			
Vision Exams			Once every 12 months
Lenses			Once every 12 months
Frames			Once every 24 months
Copayments			
Exam			\$10
Materials			\$15
Current Monthly Rates:	Employee	17	\$3.89
	Emp./Spouse	11	\$7.79
	Emp./Child(ren)	11	\$7.40
	Emp./Family	15	\$11.63

*\$130 allowance for elective contact lenses

Monthly Total: \$407.67
Annual Total: \$4,892.04

Humana Specialty Benefits - <i>Renewal</i>			
Service Frequency			
Vision Exams			Once every 12 months
Lenses			Once every 12 months
Frames			Once every 24 months
Copayments			
Exam			\$10
Materials			\$15
Renewal Monthly Rates:	Employee	17	\$3.89
	Emp./Spouse	11	\$7.79
	Emp./Child(ren)	11	\$7.40
	Emp./Family	15	\$11.63

*\$130 allowance for elective contact lenses

Monthly Total: \$407.67
Annual Total: \$4,892.04

0% No Increase

Port of Palm Beach District
Vision Insurance Analysis - Effective October 1, 2018

Cigna - Alternate Plan 1			
Service Frequency			
Vision Exams			Once every 12 months
Lenses			Once every 12 months
Frames			Once every 24 months
Copayments			
Exam			\$10
Materials			\$15
Proposed Monthly Rates:	Employee	17	\$5.61
	Emp./Spouse	11	\$11.24
	Emp./Child(ren)	11	\$10.67
	Emp./Family	15	\$16.78

*\$130 allowance for elective contact lenses

Monthly Total: \$588.08
Annual Total: \$7,056.96

Unum - Alternate Plan 2			
Service Frequency			
Vision Exams			Once every 12 months
Lenses			Once every 12 months
Frames			Once every 24 months
Copayments			
Exam			\$10
Materials			\$25
Proposed Monthly Rates:	Employee	17	\$4.50
	Emp./Spouse	11	\$9.00
	Emp./Child(ren)	11	\$9.65
	Emp./Family	15	\$15.23

*\$130 allowance for contact lenses

Monthly Total: \$510.10
Annual Total: \$6,121.20

Port of Palm Beach District
Vision Insurance Analysis - Effective October 1, 2018

Standard - Alternate Plan 3			
Service Frequency			
Vision Exams			Once every 12 months
Lenses			Once every 12 months
Frames			Once every 24 months
Copayments			
Exam			\$10
Materials			\$10
Current Monthly Rates:	Employee	17	\$5.50
	Emp./Spouse	11	\$10.97
	Emp./Child(ren)	11	\$10.11
	Emp./Family	15	\$15.58

*\$130 allowance for elective contact lenses

Monthly Total: \$559.08
Annual Total: \$6,708.96

Lincoln Financial - Alternate Plan 4			
Service Frequency			
Vision Exams			Once every 12 months
Lenses			Once every 12 months
Frames			Once every 24 months
Copayments			
Exam			\$10
Materials			\$25
Proposed Monthly Rates:	Employee	17	\$5.62
	Emp./Spouse	11	\$10.69
	Emp./Child(ren)	11	\$12.52
	Emp./Family	15	\$17.62

*\$125 allowance for elective contact lenses

Monthly Total: \$615.15
Annual Total: \$7,381.80

All benefit programs presented within this booklet are subject to change without notice. This is only a benefits highlight and not a contract. All benefits are subject to the provisions, limitations, and exclusions detailed within the Certificates of Coverage. If any part of this booklet disagrees with the Certificate, the Certificate document will govern.

