

City of Coral Gables

Insurance Advisory Committee

Humana Renewal Information

City of Coral Gables

Effective Date: 7/1/2010

Rating Exhibit - Fully Insured

Situs State: Florida

HUMANA
Guidance when you need it most

COMMISSIONS: **0.00%**

RENEWAL INCREASE: **-4.00%**

Renewal Plan One:

Product: HMO 75-02
Network: CHO

Coins par/non par	100%
Individual par Deductible	\$0
Family par Deductible	\$0
Individual par MOOP	\$1,500
Family par MOOP	\$3,000
Non par Multiplier	n/a
Lifetime Max	\$5,000,000

PCP Copay	\$15
SPC Copay	\$25
Hospital IP Copay	\$250 x 3 days
Hospital OP Copay	\$200
Emergency Room Copay	\$75
Rx Plan	10/30/50/25%
Mail Order Multiplier	2x

Additional Information:

	Subscribers	Current Rates	Renewal Rates
Employee	349	\$588.33	\$564.80
Employee/Spouse	29	\$1,018.64	\$975.97
Employee/Child(ren)	57	\$920.15	\$883.34
Family	52	\$1,197.26	\$1,149.37

	Subscribers	Current Rates	Renewal Rates
Employee	18	\$876.75	\$849.68
Employee/Spouse	1	\$1,169.43	\$1,122.65
Employee/Child(ren)	2	\$1,029.88	\$982.92
Family	5	\$1,377.19	\$1,322.10

Renewal Plan Three:

Product: NPOS
Network: NPOS

Coins par/non par	90/70
Individual par Deductible	\$500
Family par Deductible	\$1,500
Individual par MOOP	\$2,000
Family par MOOP	\$6,000
Non par Multiplier	3x
Lifetime Max	\$5,000,000

PCP Copay	\$25
SPC Copay	\$35
Hospital IP Copay	\$250
Hospital OP Copay	\$300
Emergency Room Copay	\$100
Rx Plan	10/30/50/25%
Mail Order Multiplier	2x

Additional Information:

PLAN ID: FLIAH1043

	Subscribers	Current Rates	Renewal Rates
Employee	14	\$771.92	\$741.04
Employee/Spouse	2	\$1,334.03	\$1,280.67
Employee/Child(ren)	2	\$1,207.90	\$1,159.68
Family	3	\$1,570.46	\$1,507.64

	Subscribers	Current Rates	Renewal Rates
Employee	18	\$876.75	\$849.68
Employee/Spouse	1	\$1,169.43	\$1,122.65
Employee/Child(ren)	2	\$1,029.88	\$982.92
Family	5	\$1,377.19	\$1,322.10

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Large Claimants:

	Dollar Amount:
1)	\$100,568
2)	\$98,375
3)	\$98,490
4)	\$75,752

Description:
Diabetes, Broken Leg, Rehab
Mitral Valve Disorder
Breast Cancer
Colon Cancer

Underwriting Caveats/Assumptions:

MEDICAL

- The benefits outline in this exhibit represent a high level benefit summary, please refer to the Certificate of Coverage for a full description of benefits.
- For plan effective dates of 11/1/2009 and beyond: Limits on Mental Health services may appear in this proposal. These limits will not be applied to claims in order to comply with Federal Mental Health Parity legislation.
- If enrollment changes by more than +/-10%, from quoted enrollment, Underwriting reserves the right to re-evaluate the rates.
- The minimum employer contribution for all full time employees is 50% of the single premium.
- Minimum participation required is 100% of all eligible employees if employer contributes 100% of the single premium, or 75% of all eligible employees (less those opting out due to spousal coverage) if the employer contributes less than 100% of premium. If the group meets the 75% participation requirement, minimum enrollment must equal 50% or greater of all eligible employees.
- Rates assume the employer will not fund an employee spending account at a level that exceeds 50% of the plan's deductible.

City of Coral Gables

Hurmana
February Billing

		Effective <u>7/1/2009</u>	Effective <u>7/1/2010</u>	
HMO	Employee	\$ 588.33	\$ 205,327.17	349
	Employee & Spouse	1,016.64	30,499.20	30
	Employee & Child(ren)	920.15	50,608.25	55
	Family	1,197.26	62,257.52	52
OA-HMO	Employee	\$ 676.75	\$ 12,181.50	18
	Employee & Spouse	1,169.43	1,169.43	1
	Employee & Child(ren)	1,023.88	2,047.76	2
	Family	1,377.19	6,885.95	5
NPOS	Employee	\$ 771.92	\$ 10,806.88	14
	Employee & Spouse	1,334.03	2,668.06	2
	Employee & Child(ren)	1,207.90	2,415.80	2
	Family	1,570.46	4,711.38	3
	Total		391,578.90	533
				375,916.45

Retirees/COBRA			
HMO	Employee	Employee & Spouse	Employee & Child(ren)
	37	\$ 588.33	\$ 21,768.21
	5	1,016.64	5,083.20
	2	920.15	1,840.30
	5	1,197.26	5,986.30
Family			

OA HMO	Employee	Employee & Spouse	Employee & Child(ren)	Family
	9	\$ 771.92	\$ 6,947.28	
	2	1,334.03	2,668.06	
	1	1,207.90	1,207.90	
	1	1,570.46	1,570.46	
Total	62	47,071.71		62
				43,688.42

	Total	Total	Total
Employee	\$ 438,650.61	\$ 419,604.87	\$ 419,604.87
Annual	\$ 5,263,807	\$ 5,035,258	\$ 5,035,258

City's Portion	Employees	Annual	Annual	Savings
	533	\$ 588.33	\$ 313,579.89	\$ 301,038.40
			\$ 3,762,959	\$ 3,612,461
				\$ 150,498

City of Coral Gables

Insurance Advisory Committee

Blue Cross Blue Shield Renewal Information



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

Post Office Box 45132
Jacksonville, FL 32232
904/425-5800
FAX: 904/425-7180

January 27, 2010

Maria Milian
City of Coral Gables
2801 Salzedo Street, Suite #200
Coral Gables, FL 33134

RE: Group Policy Numbers:
15Y0009 (Choice Plus PPO)
26550 (Care PS220)

Renewal Date: July 1, 2010

Dear Ms. Milian:

Thank you for choosing Florida Combined Life Insurance Company, an Independent Licensee of the Blue Cross Blue Shield Association, for your group Dental Insurance benefits. We value you as a customer and appreciate your business.

Your Group Dental Insurance Plan is about to renew. We have completed our annual review of your coverage with FCL, taking into account a variety of factors that affect rate development. After careful consideration and analysis, we have established your renewal rates for the next plan year. Your current and renewal rates are shown below. The renewal rates will take effect on your renewal date and are guaranteed for the following 24 months, subject to the terms and conditions of your group contract.

BlueDental Choice Plus Voluntary PPO – 15Y0009

	<u>Current Rates</u>	<u>New Rates</u>
Employee	\$ 48.17	\$ 48.17
Employee + Spouse	\$ 98.20	\$ 98.20
Employee + Child(ren)	\$ 87.39	\$ 87.39
Employee + Family	\$119.74	\$119.74

BlueDental Care PS220 – 26550

	<u>Current Rates</u>	<u>New Rates</u>
Employee	\$ 13.14	\$ 13.14
Employee + Spouse	\$ 27.01	\$ 27.01
Employee + Child(ren)	\$ 21.82	\$ 21.82
Employee + Family	\$ 38.22	\$ 38.22

We look forward to continuing our relationship well into the future. Should you have any questions regarding this letter please contact your local Blue Cross and Blue Shield sales representative or telephone our office at 1-800-772-8244 ext. 7145.

Sincerely,

Karen D. Allen, FLM
Group Dental Underwriting

cc: Sales Rep: Wendy Emerson

City of Coral Gables

Insurance Advisory Committee

Standard Life Renewal Information



February 16, 2010

The City of Coral Gables
Attn: Benefits Manager
2801 Salzedo Street FL 2
Coral Gables FL 33134

Group Number 133788

Thank you for allowing Standard Insurance Company to provide quality products to support your employees' insurance needs. We are pleased to renew your policy with continued coverage and services.

We have carefully reviewed the current composition of your organization, evaluating age, occupation, gender and salary of your insured employees. Based upon this review and application of rate factors appropriate for your industry classification, we are renewing your policy at existing premium rates as indicated in the chart below. These rates are guaranteed until July 1, 2012.

Insurance Coverage	Through 06/30/10	Effective 07/01/10
Basic Term Life	\$0.18 Per \$1000 of Benefit	\$0.18 Per \$1000 of Benefit
Basic AD&D	\$0.03 Per \$1000 of Benefit	\$0.03 Per \$1000 of Benefit

If you have any questions about your rates or our review process, the Tampa Employee Benefits Sales and Service Office at (800) 530-2291 is available to serve your needs. We value your business and welcome the opportunity to provide continued assistance to you.

Sincerely yours,

Sandy Furrer
Eastern Risk Team 4
Employee Benefits Division
Standard Insurance Company

cc: Tampa Employee Benefits Sales and Service Office
Contract file
Premium file

Return Address
1301 International Pkwy, Suite 250
Sunrise FL 33323
tel 954.771.6828 800.530.2291
fax 954.771.7086