

City of Coral Gables

Insurance Advisory Committee

Humana Renewal Information

City of Coral Gables

Effective Date: 7/1/2010

Rating Exhibit: Fully Insured

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%	PCP Copay	\$15
Individual par Deductible	\$0	SPC Copay	\$25
Family par Deductible	\$0	Hospital IP Copay	\$250 x 3 days
Individual par MOOP	\$1,500	Hospital OP Copay	\$200
Family par MOOP	\$3,000	Emergency Room Copay	\$75
Non par Multiplier	n/a	Rx Plan	10/30/50/25%
Lifetime Max	\$5,000,000	Mail Order Multiplier	2x
Additional Information:			

Renewal Plan Two:		Product:	OA HMO
		Network:	PMM
Coins par/non par	100%	PCP Copay	\$20
Individual par Deductible	\$0	SPC Copay	\$35
Family par Deductible	\$0	Hospital IP Copay	\$100 per admit
Individual par MOOP	\$1,500	Hospital OP Copay	\$100
Family par MOOP	\$3,000	Emergency Room Copay	\$100
Non par Multiplier	n/a	Rx Plan	10/30/50/25%
Lifetime Max	\$5,000,000	Mail Order Multiplier	2x
Additional Information:			
PLAN ID: FICCGHMO			

	Subscribers	Current Rates	Renewal Rates
Employee	18	\$876.75	\$849.88
Employee/Spouse	1	\$1,169.43	\$1,122.65
Employee/Child(ren)	2	\$1,023.88	\$982.82
Family	5	\$1,377.19	\$1,322.10

Renewal Plan Three:		Product:	NPOS
		Network:	NPOS
Coins par/non par	90/70	PCP Copay	\$25
Individual par Deductible	\$500	SPC Copay	\$35
Family par Deductible	\$1,500	Hospital IP Copay	\$250
Individual par MOOP	\$2,000	Hospital OP Copay	\$300
Family par MOOP	\$6,000	Emergency Room Copay	\$100
Non par Multiplier	3x	Rx Plan	10/30/50/25%
Lifetime Max	\$5,000,000	Mail Order Multiplier	2x
Additional Information:			
PLAN ID: FLAH043			
	Subscribers	Current Rates	Renewal Rates
Employee	14	\$771.82	\$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

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Rating Exhibit - Fully Insured

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HUMANA
Guidance when you need it most

Large Claimants:

	Dollar Amount:	Description:
1)	\$100,568	Diabetes; Broken Leg, Rehab
2)	\$98,375	Mitral Valve Disorder
3)	\$96,480	Breast Cancer
4)	\$75,752	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

Humana
February Billing

		Effective 7/1/2009			Effective 7/1/2010
HMO					
	Employee	349	\$ 588.33	\$ 205,327.17	\$ 564.80
	Employee & Spouse	30	1,016.64	30,499.20	975.97
	Employee & Child(ren)	55	920.15	50,608.25	883.34
	Family	52	1,197.26	62,257.52	1,149.37
					\$ 197,115.20
					29,279.10
					48,583.70
					59,767.24
OA-HMO					
	Employee	18	\$ 676.75	\$ 12,181.50	\$ 649.68
	Employee & Spouse	1	1,169.43	1,169.43	1,122.65
	Employee & Child(ren)	2	1,023.88	2,047.76	982.92
	Family	5	1,377.19	6,885.95	1,322.10
					\$ 11,694.24
					1,122.65
					1,965.84
					6,610.50
NPOS					
	Employee	14	\$ 771.92	\$ 10,806.88	\$ 741.04
	Employee & Spouse	2	1,334.03	2,668.06	1,280.67
	Employee & Child(ren)	2	1,207.90	2,415.80	1,159.58
	Family	3	1,570.46	4,711.38	1,507.64
					\$ 10,374.56
					2,561.34
					2,319.16
					4,522.92
	Total	533		391,578.90	533
					375,916.45

Retirees/COBRA

HMO

Employee	37	\$ 588.33	\$ 21,768.21	37	\$ 564.80	\$ 20,897.60
Employee & Spouse	5	1,016.64	5,083.20	5	975.97	4,879.85
Employee & Child(ren)	2	920.15	1,840.30	2	883.34	1,766.68
Family	5	1,197.26	5,986.30	5	1,149.37	5,746.85

OA HMO

Employee	9	\$ 771.92	\$ 6,947.28	9	\$ 649.68	\$ 5,847.12
Employee & Spouse	2	1,334.03	2,668.06	2	1,122.65	2,245.30
Employee & Child(ren)	1	1,207.90	1,207.90	1	982.92	982.92
Family	1	1,570.46	1,570.46	1	1,322.10	1,322.10
Total	62		47,071.71	62		43,688.42

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

City's Portion

Employees

533	\$ 588.33	\$ 313,579.89	533	\$ 564.80	\$ 301,038.40
	Annual	\$ 3,762,959		Annual	\$ 3,612,461
				Savings	\$ 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 Millan
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. Millan:

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, FLMI
Group Dental Underwriting

cc: Sales Rep: Wendy Emerson

City of Coral Gables

Insurance Advisory Committee

Standard Life Renewal Information



The Standard®

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

Standard Insurance Company

EMPLOYEE BENEFITS