

City of Coral Gables



RFP # 2019-019

Group Medical Insurance

Appendix B

Overall Cost Review

City of Coral Gables

RFP 2019-019
 Group Medical Insurance
 RFP Premium Recap
 Requested Plan Designs

Premium Rate Structure		Current Premium Rates		Cigna		Florida Blue		Humana	
Type of Coverage	# Employees	Current Rates	Annual Premium	Premium Rates	Annual Premium	Premium Rates	Annual Premium	Premium Rates	Annual Premium
HMO Coverage - Base Plan (Plan 57)									
Employee	325	\$ 780.21	\$ 3,042,819	\$ 893.56	\$ 3,484,884	\$ 912.85	\$ 3,560,115	\$ 875.62	\$ 3,414,918
Employee & Spouse	29	1,348.19	469,170	1,544.06	537,333	1,577.38	548,928	1,514.81	527,154
Employee & Child(ren)	44	1,220.25	644,292	1,397.53	737,896	1,427.69	753,820	1,365.95	721,222
Family	41	1,587.72	781,158	1,818.39	894,648	1,857.63	913,954	1,777.50	874,530
Total	439								
		Total	\$ 4,937,439	Total	\$ 5,654,761	Total	\$ 5,776,818	Total	\$ 5,537,823
HMO Coverage - Buy up Plan (Plan 56)									
Employee	11	\$ 920.23	\$ 121,470	\$ 1,053.92	\$ 139,117	\$ 1,075.67	\$ 141,988	\$ 877.95	\$ 115,889
Employee & Spouse	1	1,590.16	19,082	1,821.18	21,854	1,860.49	22,326	1,518.84	18,226
Employee & Child(ren)	1	1,392.22	16,707	1,594.48	19,134	1,628.90	19,547	1,369.59	16,435
Family	1	1,872.66	22,472	2,144.72	25,737	2,191.01	26,292	1,782.23	21,387
Total	14								
		Total	\$ 179,731	Total	\$ 205,842	Total	\$ 210,153	Total	\$ 171,937
PPO Coverage - (Plan 03559)									
Employee	12	\$ 1,034.05	\$ 148,903	\$ 1,184.28	\$ 170,536	\$ 1,209.84	\$ 174,217	\$ 917.41	\$ 132,107
Employee & Spouse	2	1,786.82	42,884	2,046.42	49,114	2,090.58	50,174	1,587.12	38,091
Employee & Child(ren)	0	1,618.05	-	1,853.12	-	1,893.12	-	1,431.17	-
Family	1	2,104.27	25,251	2,409.98	28,920	2,462.00	29,544	1,862.35	22,348
Total	15								
		Total	\$ 217,038	Total	\$ 248,570	Total	\$ 253,935	Total	\$ 192,546
		Combined Total	\$ 5,334,208	Combined Total	\$ 6,109,173	Combined Total	\$ 6,240,906	Combined Total	\$ 5,902,307
				Transitional Premium Credit**	773,304				
				Annual Total	\$ 5,335,869				

** Premium rates for the first month and a half will be reduced by \$773,304 for a transitional relief credit.

City of Coral Gables

RFP 2019-019
 Group Medical Insurance
 RFP Premium Recap
 Alternate Plan Designs

Premium Rate Structure		Current Premium Rates		Cigna		Florida Blue		Humana	
Type of Coverage	# Employees	Current Rates	Annual Premium	Premium Rates	Annual Premium	Premium Rates	Annual Premium	Premium Rates	Annual Premium
HMO Coverage - Base Plan (Plan 57)								<u>No Quotation on Alternate Plan Design</u>	
Employee	325	\$ 780.21	\$ 3,042,819	\$ 864.09	\$ 3,369,951	\$ 902.63	\$ 3,520,257		\$ -
Employee & Spouse	29	1,348.19	469,170	1,493.12	519,606	1,559.73	542,786		-
Employee & Child(ren)	44	1,220.25	644,292	1,351.43	713,555	1,411.72	745,388		-
Family	41	1,587.72	781,158	1,758.39	865,128	1,836.85	903,730		-
Total	439								
		Total	\$ 4,937,439	Total	\$ 5,468,240	Total	\$ 5,712,161	Total	\$ -
HMO Coverage - Buy up Plan (Plan 56)						No buy-up plan offered (Plan 56)			
Employee	11	\$ 920.23	\$ 121,470	\$ 1,030.65	\$ 136,046	\$ 920.23	\$ 121,470		\$ -
Employee & Spouse	1	1,590.16	19,082	1,780.94	21,371	1,590.16	19,082		-
Employee & Child(ren)	1	1,392.22	16,707	1,559.25	18,711	1,392.22	16,707		-
Family	1	1,872.66	22,472	2,097.34	25,168	1,872.66	22,472		-
Total	14								
		Total	\$ 179,731	Total	\$ 201,296	Total	\$ 179,731	Total	\$ -
PPO Coverage - (Plan 03559)									
Employee	12	\$ 1,034.05	\$ 148,903	\$ 1,182.69	\$ 170,307	\$ 1,194.17	\$ 171,960		\$ -
Employee & Spouse	2	1,786.82	42,884	2,043.67	49,048	2,063.51	49,524		-
Employee & Child(ren)	0	1,618.05	-	1,850.63	-	1,868.60	-		-
Family	1	2,104.27	25,251	2,406.74	28,881	2,430.11	29,161		-
Total	15								
		Total	\$ 217,038	Total	\$ 248,236	Total	\$ 250,646	Total	\$ -
		Combined Total	\$ 5,334,208	Combined Total	\$ 5,917,772	Combined Total	\$ 6,142,538	Combined Total	\$ -
				Transitional Premium Credit**	749,366				
				Annual Total	\$ 5,168,406				

** Premium rates for the first month and a half will be reduced by \$749,366 for a transitional relief credit.

City of Coral Gables
RFP 2019-019
Group Medical Insurance
Overall Costs
City Contribution Analysis - Requested Plans

Premium Rate Structure		Current Premium Rates			Cigna			Florida Blue			Humana		
Type of Coverage	# Employees	Current Rates	City Contribution	Annual Contribution	Premium Rates	City Contribution	Annual Contribution	Premium Rates	City Contribution	Annual Contribution	Premium Rates	City Contribution	Annual Contribution
HMO Coverage - Base Plan (Plan 57)													
Employee	325	\$ 780.21	\$ 780.21	\$ 3,042,819	\$ 893.56	\$ 893.56	\$ 3,484,884	\$ 912.85	\$ 912.85	\$ 3,560,115	\$ 875.62	\$ 875.62	\$ 3,414,918
Employee & Spouse	29	1,348.19	1,064.54	370,460	1,544.06	1,177.89	409,906	1,577.38	1,197.18	416,619	1,514.81	1,159.95	403,663
Employee & Child(ren)	44	1,220.25	1,000.49	528,259	1,397.53	1,113.84	588,108	1,427.69	1,133.13	598,293	1,365.95	1,095.90	578,635
Family	41	1,587.72	1,184.44	582,744	1,818.39	1,297.79	638,513	1,857.63	1,317.08	648,003	1,777.50	1,279.85	629,686
Total	439			Total \$ 4,524,282			Total \$ 5,121,410			Total \$ 5,223,030			Total \$ 5,026,902
HMO Coverage - Buy up Plan (Plan 56)													
Employee	11	\$ 920.23	\$ 780.21	\$ 102,988	\$ 1,053.92	\$ 893.56	\$ 117,950	\$ 1,075.67	\$ 912.85	\$ 120,496	\$ 877.95	\$ 875.62	\$ 115,582
Employee & Spouse	1	1,590.16	1,064.54	12,774	1,821.18	1,177.89	14,135	1,860.49	1,197.18	14,366	1,518.84	1,159.95	13,919
Employee & Child(ren)	1	1,392.22	1,000.49	12,006	1,594.48	1,113.84	13,366	1,628.90	1,133.13	13,598	1,369.59	1,095.9	13,151
Family	1	1,872.66	1,184.44	14,213	2,144.72	1,297.79	15,573	2,191.01	1,317.08	15,805	1,782.23	1,279.85	15,358
Total	14			\$ 141,981			\$ 161,024			\$ 164,265			\$ 158,010
PPO Coverage - (Plan 03559)													
Employee	12	\$ 1,034.05	\$ 780.21	\$ 112,350	\$ 1,184.28	\$ 893.56	\$ 128,673	\$ 1,209.84	\$ 912.85	\$ 131,450	\$ 917.41	\$ 875.62	\$ 126,089
Employee & Spouse	2	1,786.82	1,064.54	25,549	2,046.42	1,177.89	28,269	2,090.58	1,197.18	28,732	1,587.12	1,159.95	27,839
Employee & Child(ren)	0	1,618.05	1,000.49	-	1,853.12	1,113.84	-	1,893.12	1,133.13	-	1,431.17	1,095.9	-
Family	1	2,104.27	1,184.44	14,213	2,409.98	1,297.79	15,573	2,462.00	1,317.08	15,805	1,862.35	1,279.85	15,358
Total	15			\$ 152,112			\$ 172,515			\$ 175,988			\$ 169,286
				Annual Total \$ 4,818,376			Annual Total \$ 5,454,950			Annual Total \$ 5,563,282			Annual Total \$ 5,354,199
							Less Transitional Premium Credit**	773,304					
								\$ 4,681,646					
							% to Current	-2.8%			% to Current		11.1%

** Premium rates for the first month and a half will be reduced by \$773,304 for a transitional relief credit.

City of Coral Gables

RFP 2019-19
 Medical
 Overall Costs
 City Contribution Analysis - Alternate Plans

Premium Rate Structure		Current Premium Rates			Cigna			Florida Blue		
Type of Coverage	# Employees	Current Rates	City Contribution	Annual Contribution	Premium Rates	City Contribution	Annual Contribution	Premium Rates	City Contribution	Annual Contribution
HMO Coverage - Base Plan (Plan 57)										
Employee	325	\$ 780.21	\$ 780.21	\$ 3,042,819	\$ 864.09	\$ 864.09	\$ 3,369,951	\$ 902.63	\$ 902.63	\$ 3,520,257
Employee & Spouse	29	1,348.19	1,064.54	370,460	1,493.12	1,148.42	399,650	1,559.73	1,186.96	413,062
Employee & Child(re	44	1,220.25	1,000.49	528,259	1,351.43	1,084.37	572,547	1,411.72	1,122.91	592,896
Family	41	1,587.72	1,184.44	582,744	1,758.39	1,268.32	624,013	1,836.85	1,306.86	642,975
Total	439			Total \$ 4,524,282			Total \$ 4,966,162			Total \$ 5,169,191
HMO Coverage - Buy up Plan (Plan 56)										
Type of Coverage	# Employees	Current Rates			Premium Rates			Premium Rates		
Employee	11	\$ 920.23	\$ 780.21	\$ 102,988	\$ 1,030.65	\$ 864.09	\$ 114,060	\$ 920.23	\$ 902.63	\$ 119,147
Employee & Spouse	1	1,590.16	1,064.54	12,774	1,780.94	1,148.42	13,781	1,590.16	1,186.96	14,244
Employee & Child(re	1	1,392.22	1,000.49	12,006	1,559.25	1,084.37	13,012	1,392.22	1,122.91	13,475
Family	1	1,872.66	1,184.44	14,213	2,097.34	1,268.32	15,220	1,872.66	1,306.86	15,682
Total	14			\$ 141,981			\$ 156,073			\$ 162,548
No buy-up plan offered (Plan 56)										
PPO Coverage - (Plan 03559)										
Type of Coverage	# Employees	Current Rates			Premium Rates			Premium Rates		
Employee	12	\$ 1,034.05	\$ 780.21	\$ 112,350	\$ 1,182.69	\$ 864.09	\$ 124,429	\$ 1,194.17	\$ 902.63	\$ 129,979
Employee & Spouse	2	1,786.82	1,064.54	25,549	2,043.67	1,148.42	27,562	2,063.51	1,186.96	28,487
Employee & Child(re	0	1,618.05	1,000.49	-	1,850.63	1,084.37	-	1,868.60	1,122.91	-
Family	1	2,104.27	1,184.44	14,213	2,406.74	1,268.32	15,220	2,430.11	1,306.86	15,682
Total	15			\$ 152,112			\$ 167,211			\$ 174,148
				Annual Total \$ 4,818,376			Annual Total \$ 5,289,446			Annual Total \$ 5,505,887
					Less Transitional Premium Credit**		749,366			
							\$ 4,540,080			
						% to Current	-5.8%		% to Current	14.3%

** Premium rates for the first month and a half will be reduced by \$749,366 for a transitional relief credit.