

City of Coral Gables



RFP # 2019-020

Group Dental Insurance

Appendix B

Overall Cost Review

City of Coral Gables

RFP 2019-020
 Group Dental Insurance
 RFP Premium Recap
 Requested Plan Designs

Premium Rate Structure		Current/Renewal Premium Rates	Cigna	Florida Combined	Humana	MetLife		Solstice	Standard
DHMO Coverage - Low Option Plan						Low DHMO			
<u>Type of Coverage</u>	<u># Employees</u>	Current/Renewal Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates
Employee	204	\$ 13.14	\$ 53.77	\$ 50.09	\$ 50.06	\$ 12.77		\$ 44.74	\$ 26.98
Employee & Spouse	26	27.01	109.62	102.11	102.04	22.35		91.20	62.09
Employee & Child(ren)	41	21.82	97.56	90.88	90.82	26.82		81.17	68.87
Family	29	38.22	133.67	124.52	124.44	37.68		111.21	100.53
Total	300								
DPPO Coverage - High Plan						Low DPPO	High DPPO		
<u>Type of Coverage</u>	<u># Employees</u>	Current/Renewal Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates
Employee	86	\$ 50.27	\$ 66.00	\$ 65.00	\$ 56.32	\$ 43.35	\$ 51.32	\$ 56.04	\$ 38.71
Employee & Spouse	16	102.47	134.54	132.50	114.81	85.69	103.58	114.24	92.22
Employee & Child(ren)	7	91.20	119.73	117.93	102.18	90.79	113.55	101.68	87.55
Family	22	124.96	164.06	161.58	140.01	144.05	177.13	139.31	119.96
Total	131								

** The Dental Coverage is Voluntary and 100% employee paid via payroll deduction

City of Coral Gables

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 Group Dental Insurance
 RFP Premium Recap
 Alternate Plan Designs

Florida Combined's Alternate is the renewal of the current program

Humana is offering a Triple Option Alternate of a High & Low DPPO along with a Low Option DHMO

Premium Rate Structure		Current/Renewal Premium Rates	Cigna	Humana		MetLife
DHMO Coverage - Low Option Plan				Low DHMO		
<u>Type of Coverage</u>	<u># Employees</u>	Current/Renewal Rates	Premium Rates	Premium Rates		Premium Rates
Employee	204	\$ 13.14	\$ 13.47	\$ 13.01		\$ 12.77
Employee & Spouse	26	27.01	27.68	26.74		22.35
Employee & Child(ren)	41	21.82	22.36	21.60		26.82
Family	<u>29</u>	38.22	39.17	37.84		37.68
Total	300					
DPPO Coverage - High Plan				Low DPPO	High DPPO	
<u>Type of Coverage</u>	<u># Employees</u>	Current/Renewal Rates	Premium Rates	Premium Rates	Premium Rates	Premium Rates
Employee	86	\$ 50.27	\$ 51.89	\$ 34.76	\$ 56.32	\$ 47.94
Employee & Spouse	16	102.47	105.77	70.86	114.81	97.72
Employee & Child(ren)	7	91.20	94.14	63.07	102.18	86.97
Family	<u>22</u>	124.96	128.99	86.41	140.01	119.17
Total	131					

** The Dental Coverage is Voluntary and 100% employee paid via payroll deduction