



**\*\*\* AGENDA FOR RALSTON CITY COUNCIL SPECIAL MEETING \*\*\***  
**Ralston City Hall, 5500 South 77<sup>th</sup> Street**  
**Tuesday, July 23, 2019 at 5:30 PM**

**CALL TO ORDER**

1. Pledge of Allegiance
2. Invocation
3. Recognition of Guests & Press
4. Open Meeting Law Posting Acknowledgement: "This meeting is subject to the Nebraska Open Meetings Act. A copy of this act is posted at the rear of the Council Chamber."
5. Roll Call

**DISCUSSION ITEMS**

1. Medical and other insurance renewals – SilverStone Group

**ADJOURN**

Next Regular Meeting Tuesday, August 6, 2019 at 5:30 PM



**City of Ralston**

**Current vs. Renewal Employee/Dependent Premium Breakdown**

Renewal Date: September 1, 2019

	BlueCross/BlueShield BluePride - Option 5 (CURRENT PLAN)		BlueCross/BlueShield BluePride - GPA 19 Gold (RENEWAL PLAN)	
	NETWORK BLUE		NETWORK BLUE	
<b>Calendar Year Deductible</b>	PPO / NON-PPO		PPO / NON-PPO	
Individual	\$1,000	\$2,000	\$1,000	\$2,000
Family	\$2,000	\$4,000	\$2,000	\$4,000
<b>Coinsurance</b>	80% / 60%		70% / 50%	
<b>Out of Pocket Maximum</b>	\$2,000 / \$5,000 \$4,000 / \$10,000		\$4,000 / \$8,000 \$8,000 / \$16,000	
<b>Physician Office Visit (PCP)</b>	\$30 copay / 60%		\$30 copay / 50%	
<b>Employees</b>	<b>Monthly Employee Premium Network Blue</b>	<b>Monthly Dependent Premium Network Blue</b>	<b>Monthly Employee Premium Network Blue</b>	<b>Monthly Dependent Premium Network Blue</b>
FEMALE (EE)	\$1,256.78	\$0.00	\$1,011.31	\$0.00
MALE (EE)	\$285.27	\$0.00	\$471.19	\$0.00
MALE (ES)	\$1,558.58	\$1,011.19	\$1,245.38	\$884.30
MALE (EF)	\$897.36	\$1,365.41	\$808.44	\$1,280.07
MALE (EE)	\$613.99	\$0.00	\$708.74	\$0.00
MALE (EE)	\$2,030.87	\$0.00	\$1,300.44	\$0.00
MALE (EF)	\$410.43	\$1,109.89	\$536.65	\$871.72
FEMALE (ES)	\$1,487.73	\$1,558.58	\$1,300.44	\$1,300.44
MALE (ES)	\$1,558.58	\$1,256.78	\$1,176.46	\$1,128.34
MALE (EF)	\$897.36	\$1,719.63	\$884.30	\$1,687.53
MALE (ES)	\$1,180.74	\$1,256.78	\$1,104.50	\$1,056.39
MALE (ES)	\$1,180.74	\$1,256.78	\$1,011.31	\$1,128.34
FEMALE (EF)	\$789.21	\$1,180.74	\$553.99	\$1,588.70
MALE (ES)	\$1,180.74	\$1,011.19	\$966.66	\$884.30
FEMALE (EE)	\$802.90	\$0.00	\$485.06	\$0.00
MALE (EE)	\$263.07	\$0.00	\$420.47	\$0.00
MALE (EE)	\$472.30	\$0.00	\$553.99	\$0.00
MALE (EE-COBRA)	\$1,558.58	\$0.00	\$1,218.08	\$0.00
MALE (EE)	\$344.30	\$0.00	\$519.31	\$0.00
MALE (EC)	\$410.43	\$708.44	\$529.71	\$663.22
MALE (EC)	\$344.30	\$708.44	\$519.31	\$663.22
MALE (EF)	\$897.36	\$1,719.63	\$925.48	\$1,687.53
MALE (EF)	\$344.30	\$1,535.90	\$519.31	\$1,507.64
FEMALE (EF)	\$886.97	\$1,605.80	\$774.19	\$2,020.01
MALE (ES)	\$613.99	\$886.97	\$625.94	\$677.53
FEMALE (EF)	\$802.90	\$639.49	\$443.88	\$775.49
FEMALE (EE)	\$1,487.73	\$0.00	\$1,245.38	\$0.00
MALE (EE)	\$410.43	\$0.00	\$547.05	\$0.00
FEMALE (EE)	\$1,011.19	\$0.00	\$925.48	\$0.00
MALE (ES)	\$1,180.74	\$1,256.78	\$1,104.50	\$1,056.39
MALE (ES)	\$2,030.87	\$1,889.19	\$1,300.44	\$1,300.44
MALE (EE)	\$472.30	\$0.00	\$574.36	\$0.00
<b>Total Monthly Cost</b>	<b>\$29,663.04</b>	<b>\$23,677.61</b>	<b>\$26,311.75</b>	<b>\$22,161.60</b>
<b>Total Annual Cost</b>	<b>\$355,956.48</b>	<b>\$284,131.32</b>	<b>\$315,741.00</b>	<b>\$265,939.20</b>
<b>Percent Change from Current</b>				<b>-9.1%</b>



**City of Ralston**  
**Premium Breakdown**

Renewal Date: September 1, 2019

	BlueCross/BlueShield BluePride - Option 5 (CURRENT PLAN)	BlueCross/BlueShield BluePride - GPA19 Gold (RENEWAL PLAN)
<b>Calendar Year Deductible</b>	PPO / NON-PPO Individual Family	PPO / NON-PPO Individual Family
	\$1,000 / \$2,000 \$2,000 / \$4,000	\$1,000 / \$2,000 \$2,000 / \$4,000
<b>Coinsurance</b>	80% / 60%	70% / 50%
<b>Out of Pocket Maximum</b>	Individual Family	Individual Family
	\$2,000 / \$5,000 \$4,000 / \$10,000	\$4,000 / \$8,000 \$8,000 / \$16,000
<b>Physician Office Visit (PCP)</b>	\$30 copay / 60%	\$30 copay / 50%
<b>Employees</b>	<b>Current Rates</b>	<b>Renewal Rates</b>
	<b>Network Blue</b>	<b>BlueChoice</b>
FEMALE (EE)	\$1,256.78	\$1,011.31
MALE (EE)	\$285.27	\$471.19
MALE (ES)	\$2,569.77	\$2,129.68
MALE (EF)	\$2,262.77	\$2,088.51
MALE (EE)	\$613.99	\$708.74
MALE (EE)	\$2,030.87	\$1,300.44
MALE (EF)	\$1,520.32	\$1,408.37
FEMALE (ES)	\$3,046.31	\$2,600.88
MALE (ES)	\$2,815.36	\$2,304.80
MALE (EF)	\$2,616.99	\$2,571.83
MALE (ES)	\$2,437.52	\$2,160.89
MALE (ES)	\$2,437.52	\$2,139.65
FEMALE (EF)	\$1,969.95	\$2,142.69
MALE (ES)	\$2,191.93	\$1,850.96
FEMALE (EE)	\$802.90	\$485.06
MALE (EE)	\$263.07	\$420.47
MALE (EE)	\$472.30	\$553.99
MALE (EE-COBRA)	\$1,558.58	\$1,218.08
MALE (EE)	\$344.30	\$519.31
MALE (EC)	\$1,118.87	\$1,192.93
MALE (EC)	\$1,052.74	\$1,182.53
MALE (EF)	\$2,616.99	\$2,613.01
MALE (EF)	\$1,880.20	\$2,026.95
FEMALE (EF)	\$2,492.77	\$2,794.20
MALE (ES)	\$1,500.96	\$1,303.47
FEMALE (EF)	\$1,442.39	\$1,219.37
FEMALE (EE)	\$1,487.73	\$1,245.38
MALE (EE)	\$410.43	\$547.05
FEMALE (EE)	\$1,011.19	\$925.48
MALE (ES)	\$2,437.52	\$2,160.89
MALE (ES)	\$3,920.06	\$2,600.88
MALE (EE)	\$472.30	\$574.36
<b>Total Monthly Cost</b>	<b>\$53,340.65</b>	<b>\$48,473.35</b>
<b>Total Annual Cost</b>	<b>\$640,087.80</b>	<b>\$581,680.20</b>
<b>Percent Change from Current</b>	<b>-9.1%</b>	<b>-15.5%</b>
		<b>Blueprint Health</b>
		\$869.72
		\$405.22
		\$1,831.52
		\$1,796.11
		\$609.51
		\$1,118.37
		\$1,211.21
		\$2,236.74
		\$1,982.14
		\$2,211.77
		\$1,858.36
		\$1,840.10
		\$1,842.72
		\$1,591.82
		\$417.15
		\$361.61
		\$476.43
		\$1,047.54
		\$446.60
		\$1,025.93
		\$1,016.98
		\$2,247.19
		\$1,743.18
		\$2,403.02
		\$1,120.98
		\$1,048.67
		\$1,071.03
		\$470.46
		\$795.91
		\$1,858.36
		\$2,236.74
		\$493.95
		\$41,687.04
		\$500,244.48
		-21.8%

**NOTES:**

Final rates are subject to change based on actual enrollment and age on the effective date.



**City of Ralston  
Premium Breakdown**

Renewal Date: September 1, 2019

	BlueCross/BlueShield BluePride - Option 5 (CURRENT PLAN)	BlueCross/BlueShield BluePride - GPA19 Gold (RENEWAL PLAN)	BlueCross/BlueShield BluePride - SHA19 HSA Silver
<b>Calendar Year Deductible</b>	PPO / NON-PPO \$1,000 / \$2,000 \$2,000 / \$4,000	PPO / NON-PPO \$1,000 / \$2,000 \$2,000 / \$4,000	PPO / NON-PPO \$3,000 / \$6,000 \$6,000 / \$12,000
<b>Coinsurance</b>	80% / 60%	70% / 50%	70% / 50%
<b>Out of Pocket Maximum</b>	\$2,000 / \$5,000 \$4,000 / \$10,000	\$4,000 / \$8,000 \$8,000 / \$16,000	\$6,000 / \$12,000 \$12,000 / \$24,000
<b>Physician Office Visit (PCP)</b>	\$30 copay / 60%	\$30 copay / 50%	70% / 50%
<b>Premium by Tier</b>	<b>Current Rates Network Blue</b>	<b>Renewal Rates Network Blue</b>	<b>Alternate Option Network Blue</b>
Employee	AGE RATED 13	\$843.01	\$724.99
Employee & Spouse	AGE RATED 9	\$1,686.02	\$1,449.98
Employee & Child(ren)	AGE RATED 2	\$1,559.57	\$1,341.23
Family	AGE RATED 8	\$2,402.58	\$2,066.22
	32		\$1,963.28
<b>Total Monthly Cost</b>	\$53,340.65	\$48,473.09	\$39,610.03
<b>Total Annual Cost</b>	\$640,087.80	\$581,677.08	\$475,320.36
<b>Percent Change from Current</b>		-9.1%	-25.7%

**NOTES:**  
Final rates are subject to change based on actual enrollment and age on the effective date.



**City of Ralston  
Premium Breakdown**

Renewal Date: September 1, 2019

	<b>BlueCross/BlueShield BluePride - Option 5 (CURRENT PLAN)</b>	<b>UnitedHealthcare BI5S Gold INS CHOICE PLUS w/ Rx-941</b>	<b>UnitedHealthcare BI5F Gold INS CHOICE PLUS w/ Rx-646</b>	<b>UnitedHealthcare BI5B Silver Choice Plus HSA w/ Rx-941</b>
<b>Calendar Year Deductible</b>	PPO / NON-PPO \$1,000 / \$2,000 \$2,000 / \$4,000	PPO / NON-PPO \$1,000 / \$7,500 \$2,000 / \$15,000	PPO / NON-PPO \$1,500 / \$5,000 \$3,000 / \$10,000	PPO / NON-PPO \$3,000 / \$5,000 \$6,000 / \$10,000
<b>Coinsurance</b>	80% / 60%	80% / 50%	80% / 50%	80% / 50%
<b>Out of Pocket Maximum</b>	\$2,000 / \$5,000 \$4,000 / \$10,000	\$6,000 / \$15,000 \$12,000 / \$30,000	\$6,000 / \$10,000 \$12,000 / \$20,000	\$4,500 / \$10,000 \$9,000 / \$20,000
<b>Physician Office Visit (PCP)</b>	\$30 copay / 60%	\$15 copay / 50%	\$0 copay / 50%	80% / 50%
<b>Premium by Tier</b>	<b>Current Rates Network Blue</b>			
Employee	AGE RATED 13	\$817.61	\$782.83	\$774.30
Employee & Spouse	AGE RATED 9	\$1,635.22	\$1,565.66	\$1,548.60
Employee & Child(ren)	AGE RATED 2	\$1,512.58	\$1,448.24	\$1,432.46
Family	AGE RATED 8	\$2,330.19	\$2,231.07	\$2,206.76
	32			
<b>Total Monthly Cost</b>	\$53,340.65	\$45,377.37	\$43,447.11	\$42,973.70
<b>Total Annual Cost</b>	\$640,087.80	\$544,528.44	\$521,365.32	\$515,684.40
<b>Percent Change from Current</b>		-14.9%	-18.5%	-19.4%

**NOTES:**  
Final rates are subject to change based on actual enrollment and age on the effective date.



**City of Ralston**  
Medical Market Analysis

Renewal Date: September 1, 2019

Carrier	BlueCross/BlueShield BluePride - Option 5 (CURRENT PLAN) PPO		BlueCross/BlueShield BluePride - GPA19 Gold (RENEWAL PLAN) PPO		BlueCross/BlueShield BluePride - SHA19 HSA Silver PPO		BlueCross/BlueShield Non-PPO	
	Embedded	Separate	Embedded	Separate	Embedded	Separate	Embedded	Separate
<b>Calendar Year Deductible</b>								
Individual	\$1,000	\$2,000	\$1,000	\$2,000	\$3,000	\$6,000	\$6,000	\$12,000
Family	\$2,000	\$4,000	\$2,000	\$4,000	\$6,000	\$12,000	\$12,000	\$24,000
<b>PPO &amp; Non-PPO Accumulation</b>								
Individual	80%	60%	70%	50%	70%	50%	70%	50%
Family	\$2,000	\$5,000	\$4,000	\$10,000	\$6,000	\$12,000	\$12,000	\$24,000
<b>Coinsurance (after deductible is met)</b>								
Individual	80%	60%	70%	50%	70%	50%	70%	50%
Family	\$2,000	\$5,000	\$4,000	\$10,000	\$6,000	\$12,000	\$12,000	\$24,000
<b>Out-of-Pocket Maximum</b>								
Individual	\$2,000	\$5,000	\$4,000	\$10,000	\$6,000	\$12,000	\$12,000	\$24,000
Family	\$4,000	\$10,000	\$8,000	\$16,000	\$12,000	\$24,000	\$12,000	\$24,000
<b>Physician Office Services</b>								
Primary Care Physician (PCP)	\$30 copay	60%	\$30 copay	60%	70%	50%	70%	50%
Specialist	\$45 copay	60%	\$60 copay	60%	70%	50%	70%	50%
Telemedicine	\$10 copay	n/a	\$10 copay	n/a	70%	n/a	70%	n/a
Preventive Services	100% (ded/coins waived)	60%	100% (ded/coins waived)	60%	100% (ded/coins waived)	50%	100% (ded/coins waived)	50%
Pediatric Vision	100% Exam (ded/coins waived)	60%	70% exam, 50% coins lenses/frames	50%	70% exam, 50% coins lenses/frames	50%	70% exam, 50% coins lenses/frames	50%
Pediatric Dental	Not covered	Not covered	70% Orthodontics: 30%	50%	70% Orthodontics: 30%	50%	70% Orthodontics: 30%	50%
<b>Lab / X-ray Services</b>								
Physician Office	80%	60%	70%	50%	70%	50%	70%	50%
Outpatient	80%	60%	70%	50%	70%	50%	70%	50%
Advanced Imaging / Major Diagnostics	80%	60%	70%	50%	70%	50%	70%	50%
<b>Hospital Services</b>								
Physician Charges	80%	60%	70%	50%	70%	50%	70%	50%
Facility Charges	80%	60%	70%	50%	70%	50%	70%	50%
<b>Prescription Drugs</b>								
Generic, Formulary, Non-Formulary:	Generic: \$10 copay	Generic, Formulary, Non-Formulary:	Preferred Generic: \$10 copay	Generic: \$30 copay	70% coins	In-network level of benefits + 25% penalty	70% coins	In-network level of benefits + 25% penalty
Formulary: \$35 copay	Formulary: \$35 copay	In-Network benefits + 25% penalty	Preferred Brand: \$50 copay	Brand: \$125 copay	70% coins	In-network level of benefits + 25% penalty	70% coins	In-network level of benefits + 25% penalty
Non-Formulary: \$60 copay	Non-Formulary: \$60 copay	Specialty: \$300 copay + 25% penalty	Preferred Specialty: Deductible + 40%	Non-Preferred Specialty: Deductible + 50%	70% coins	In-network level of benefits + 25% penalty	70% coins	In-network level of benefits + 25% penalty
Specialty: \$80 copay	Specialty: \$80 copay				70% coins	In-network level of benefits + 25% penalty	70% coins	In-network level of benefits + 25% penalty
<b>Mental/Nervous &amp; Alcohol/Drug</b>								
Inpatient	80%	60%	70%	50%	70%	50%	70%	50%
Outpatient - Office Services	\$30 copay	60%	70%	50%	70%	50%	70%	50%
Outpatient - All other Services	80%	60%	70%	50%	70%	50%	70%	50%
<b>Emergency Facility</b>								
Emergency Facility	\$100 copay	Valid Emergency - Same as In-Network	70%	Valid Emergency - Same as In-Network	70%	Valid Emergency - Same as In-Network	70%	Valid Emergency - Same as In-Network
Urgent Care Center	\$45 copay	60%	\$60 copay	50%	70%	50%	70%	50%



**City of Ralston**  
Medical Market Analysis

Renewal Date: September 1, 2019

Carrier	UnitedHealthcare BI5S Gold INS CHOICE PLUS w/ Rx-941 Non-PPO		UnitedHealthcare BI5F Gold INS CHOICE PLUS w/ Rx-646 Non-PPO		UnitedHealthcare BI5B Silver Choice Plus HSA w/ Rx-941 Non-PPO	
	Embedded	Separate	Embedded	Separate	Embedded	Separate
<b>Calendar Year Deductible</b>						
Individual	\$1,000	\$7,500	\$1,500	\$5,000	\$3,000	\$5,000
Family	\$2,000	\$15,000	\$3,000	\$10,000	\$6,000	\$10,000
PPO & Non-PPO Accumulation						
Coinsurance (after deductible is met)	80%	50%	80%	50%	80%	50%
<b>Out-of-Pocket Maximum</b>						
Individual	\$6,000	\$15,000	\$6,000	\$10,000	\$4,500	\$10,000
Family	\$12,000	\$30,000	\$12,000	\$20,000	\$9,000	\$20,000
<i>w/ ded, coinsurance, copays for med / Rx</i>						
<b>Physician Office Services</b>						
Primary Care Physician (PCP)	\$0, Kid Copay <19	50%	\$0 copay	50%	80%	50%
Specialist	\$15 copay	50%	\$100 copay	50%	80%	50%
Telemedicine	\$50 copay* or \$100 copay	50%	\$0 copay	50%	80%	50%
Preventive Services	100% (ded/coins waived)	50%	100% (ded/coins waived)	50%	100% (ded/coins waived)	50%
Pediatric Vision	Exam \$10 copay, various copays/coins all other services	50%	Exam \$10 copay, various copays/coins all other services	50%	100% exam, then 80% coins	50%
Pediatric Dental	100% / 80% / 50%	50%	100% / 80% / 50%	50%	100% / 80% / 50%	50%
<b>Lab / X-ray Services</b>						
Physician Office	80%	50%	80%	50%	80%	50%
Outpatient	80%	50%	80%	50%	80%	50%
Advanced Imaging / Major Diagnostics	80%	50%	80%	50%	80%	50%
<b>Hospital Services</b>						
Physician Charges	80%	50%	80%	50%	80%	50%
Facility Charges	80%	50%	80%	50%	80%	50%
<b>Prescription Drugs</b>						
Deductible applies first, then:						
Tier 1: \$10 copay			Annual Rx Deductible (applies to Tiers 3 & 4)			
Tier 2: \$35 copay			Individual Rx Deductible: \$250			
Tier 3: \$70 copay			Family Rx Deductible: \$500			
Tier 4: \$200 copay			Tier 1: \$5 copay			
			Tier 2: \$50 copay			
			Tier 3: \$100 copay			
			Tier 4: \$250 copay			
<b>Mental/Nervous &amp; Alcohol/Drug Inpatient</b>						
80%	50%	80%	50%	80%	50%	
<b>Outpatient - Office Services</b>						
\$15 copay	50%	100%	50%	80%	50%	
80%		80%				
<b>Emergency Facility</b>						
\$300 copay + ded/coins	Valid Emergency - Same as In-Network	\$250 copay + ded/coins	Valid Emergency - Same as In-Network	80%	Valid Emergency - Same as In-Network	
\$25 copay	50%	\$50 copay	50%	80%	50%	
<b>Urgent Care Center</b>						



**City of Johnston**  
**Basic Life and AD&D Analysis**

Renewal Date: September 1, 2019

Carrier	American United Life Current & Renewal	
Life & AD&D Amount	\$50,000	
Guarantee Issue Limit	\$50,000	
Benefit Reduction	to: 65% at age 65 to: 50% at age 70	
Benefits Terminate Upon Retirement	Yes	
Waiver of Premium	Included	
Accelerated Benefit	Included	
Conversion	Included	
Actively at Work	Provision applies	
Employer Contribution	100%	
Participation Requirement	100%	
Rate Guarantee	1 year	
	<b>Current Rates</b>	<b>Renewal Rates</b>
Benefit Volume	\$1,615,000	\$1,615,000
Basic Life Rate per \$1,000	\$0.17	\$0.17
AD&D Rate per \$1,000	\$0.02	\$0.02
Total Monthly Cost	\$306.85	\$306.85
Total Annual Cost*	\$3,682.20	\$3,682.20
Percent Change from Current		0.0%

Lincoln Financial - Declined to Quote  
Mutual of Omaha - Declined to Quote  
Principal Financial - Not Competitive

[www.silverstonegroup.com](http://www.silverstonegroup.com)

This schedule is provided for convenience in comparing proposed coverage. In the event of inconsistency between the schedule and the policy, the policy governs.





**City of Aston**  
**Long Term Disability Analysis**

Renewal Date: September 1, 2019

Carrier	One America Current & Renewal	One America
<b>Classes</b>	Police Officers All Other Employees	Police Officers All Other Employees
Class 1	60%	60%
Class 2		
<b>Monthly Benefit</b>		
<b>Maximum Monthly Benefit</b>		
Class 1	\$2,000	\$5,000
Class 2	\$5,000	\$5,000
<b>Minimum Monthly Benefit</b>	Greater of 10% or \$100	Greater of 10% or \$100
<b>Elimination Period</b>	90 days	90 days
<b>Definition of Disability</b>		
<b>Own Occupation Period</b>		
Class 1	2 years	2 years
Class 2	2 years	2 years
<b>Partial Disability</b>	Included	Included
<b>Residual Disability</b>	Included	Included
<b>Duration of Benefits</b>	Reducing Benefit Duration	Reducing Benefit Duration
<b>Mental &amp; Nervous</b>	24 months	24 months
<b>Survivor Benefit</b>	3 months	3 months
<b>Social Security Integration</b>	Full Family	Full Family
<b>Preexisting Conditions</b>	3 months prior / 12 months insured	3 months prior / 12 months insured
<b>Actively at Work</b>	Provision applies	Provision applies
<b>Employer Contribution</b>	100%	100%
<b>Participation Requirement</b>	100%	100%
<b>Rate Guarantee</b>	1 year	2 years
<b>Insurable Monthly Payroll</b>		
Rate per \$100	\$125.317	\$146.303
Total Monthly Cost	\$0.28	\$0.32
Total Annual Cost*	\$350.89	\$468.17
Percent Change from Current	\$4,210.65	\$4,915.77
	0.0%	16.7%
		33.4%

Lincoln Financial - Declined to Quote  
Mutual of Omaha - Declined to Quote  
Principal Financial - Not Competitive

www.silverstonegroup.com

This schedule is provided for convenience in comparing proposed coverage. In the event of inconsistency between the schedule and the policy, the policy governs.



**City of Boston  
Group Dental Analysis**

Renewal Date: September 1, 2019

Carrier	Humana		Humana	
	Current & Renewal	Non-PPO	Renewal Option to Include Implants	Non-PPO
	PPO	90%	PPO	90%
<b>Usual &amp; Customary Percentile</b>				
<b>Deductible</b>				
Single	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150
Waived for Preventive Services	Yes	Yes	Yes	Yes
<b>Coinsurance</b>				
Preventive	100%	100%	100%	100%
Basic	100%	80%	100%	80%
Major	60%	50%	60%	50%
<b>Endodontics</b>	Major	Major	Major	Major
<b>Periodontics</b>	Major	Major	Major	Major
<b>Implants</b>	Not Covered	Not Covered	Major	Major
<b>Orthodontics</b>	Possible 20% Discount depending on provider			
<b>Maximums</b>	Unlimited			
Preventive, Basic, Major - Annual	Unlimited			
<b>Waiting Periods (New Hires)</b>	0/0/0/0			
Preventive/Basic/Major/Ortho	0/0/0/0			
<b>Employer Contribution</b>	100%			
Eligible employees	0%			
Eligible dependents	100%			
<b>Participation Requirement</b>	100%			
Eligible employees	N/A			
Eligible dependents	N/A			
<b>Rate Guarantee</b>	1 year			
	<b>Current Rates</b>	<b>Renewal Rates</b>	<b>Renewal Option Including Implants</b>	
Single	\$29.02	\$31.49	\$34.45	
Employee & Spouse	\$58.04	\$62.98	\$68.89	
Employee & Child (ren)	\$74.00	\$80.30	\$87.84	
Family	\$103.02	\$111.79	\$122.28	
<b>Total Monthly Cost</b>	<b>\$1,897.90</b>	<b>\$2,059.45</b>	<b>\$2,252.81</b>	
<b>Total Annual Cost*</b>	<b>\$22,774.80</b>	<b>\$24,713.40</b>	<b>\$27,033.72</b>	
<b>Percent Change from Current</b>		<b>8.5%</b>	<b>18.7%</b>	

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**City of Boston  
Vision Renewal**

Renewal Date: September 1, 2019

Carrier	Humana Current & Renewal	Non-PPO
Vision Network	Humana	
<b>Copays</b>	\$10	
<b>Exam</b>	\$15	
<b>Materials</b>		
<b>Service - Maximum Covered Expense</b>		Reimbursed up to:
Annual Exam	\$10 copay	\$30
Frames	\$130 allowance / 20% off balance over \$130	\$65
Single Lenses	\$15 copay	\$25
Bifocal Lenses	\$15 copay	\$40
Trifocal Lenses	\$15 copay	\$60
Lenticular Lenses	\$15 copay	\$100
Lens Add Ons**	Varies by type	N/A
Contact Lenses - Medically Necessary	\$0 copay - paid in full	\$200
Contact Lenses - Elective	\$15 copay - \$130 allowance	\$104
Contact Lenses - Evaluation	Standard - Up to \$55 copay	Standard - Up to \$30 copay
Fit & Follow Up	Premium - 10% off retail	Premium - Not covered
<b>Frequency Allowance</b>		
Exam	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
<b>Employer Contribution</b>		
Eligible Employees	90%	
Eligible Dependents	80%	
<b>Participation Requirement</b>	N/A	
<b>Rate Guarantee</b>	1 year	
	<b>Current Rates</b>	<b>Renewal Rates</b>
Single Employee & Spouse	\$7.65	\$7.65
Employee & Child(ren)	\$15.31	\$15.31
Family	\$14.54	\$14.54
Total Monthly Cost	\$22.85	\$22.85
Total Annual Cost	\$396.42	\$396.42
Percent Change from Current	\$4,757.04	\$4,757.04
		0.0%

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**Client Name**

**Voluntary Life Analysis**

Renewal Date: January 1, 2015

Carrier	One America
<b>Schedule</b>	
Employee	5x annual base salary in \$10,000 increments up to a \$500,000 maximum
Spouse	\$5,000 increments up to a \$250,000 maximum not to exceed 50% of employee's benefit
Children	6 months to age 19 or 25 (FTS) - \$5,000 or \$10,000 Birth to 6 months - \$1,000
<b>Guarantee Issue Limit</b>	Employee - \$50,000 Spouse - \$25,000 Children - \$10,000
<b>Age Reduction Schedule</b>	Reduce to 50% of benefit at age 70 Spouse benefits terminate at age 70
<b>Portability</b>	Included
<b>Conversion</b>	Included
<b>Living Benefit</b>	Included
<b>Waiver of Premium</b>	If totally disabled prior to age 60 for 9 months terminates at age 65
<b>Voluntary AD&amp;D Election</b>	Same amount as Voluntary Life Automatically Included
<b>Age Band Adjustments</b>	Occur on policy renewal date
<b>Spouse Benefit Rate Calculation</b>	Spouse benefits and rates are based on Employee's age
<b>Actively at Work</b>	Provision applies
<b>Participation Requirement</b>	25%
<b>Rate Guarantee</b>	2 years
<b>Monthly Rates</b>	Employee Cost      Spouse Cost per \$1,000      per \$1,000
0-29	\$0.079      \$0.079
30-34	\$0.089      \$0.089
35-39	\$0.115      \$0.115
40-44	\$0.189      \$0.189
45-49	\$0.295      \$0.295
50-54	\$0.481      \$0.481
55-59	\$0.723      \$0.723
60-64	\$0.861      \$0.861
65-69	\$1.357      \$1.357
70-74	\$3.046      N/A
75+	\$3.046      N/A
	AD&D: \$0.041 per \$1,000 / Children - \$0.185 per \$5,000 Life rate for Child(ren) per \$5,000 - \$1.08 per family

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