

Finance Committee Meeting

AGENDA

March 1, 2011

I. <u>CALL TO ORDER</u>

II. MATTERS BEFORE COMMITTEE

- 1. <u>Renewal Health & Dental Insurance</u>
- 2. <u>Renewal Property & Casualty Insurance</u>

III. <u>ADJOURN</u>



Finance Committee Meeting

AGENDA

March 1, 2011

Item:
Renewal - Health & Dental Insurance Department:
Additional Information:
Financial Impact:
Budgeted Item:
Recommendation / Request:

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Attachments / click to download

- Health Insurance Info
- Dental Insurance Letter
- Dental Insurance Info

Cover Memo



Renewal Administrative Services & Reinsurance Proposal For City of Monroe





City of Monroe

April 1, 2011

Administrative Services

Medical Administration Pharmacy Benefit Manager Pre-Cert - UR Management		WHI	Administrat Nanaged Ca			
PPO Networks		First Health				
Employee Count	EE			Family	Total	
	119			91	210	
			Mor	nthlv	Ann	nual
				ative Fees		ative Fees
<u>Covenant Administrative Fees</u>			Current	Renewal	Rene	ewal
Medical Administration			\$24.60	\$24.60		\$61,992.00
Pharmacy Administration			Included	Included		
Dental Administration						
Disability Administration						
Vision Administration						
COBRA Administration			Included	Included		
HIPAA Administration			Included	Included		
<u>Medical Management Adminis</u>	tration Fees					
PreCert/UR Administration			\$2.50	\$2.50		\$6,300.00
MehraVista Health						
Primary Care Management						
PPO Network Access Fees						
First Heatlh			\$4.20	\$4.35		\$21,506.40
<u>Broker Management Fees</u>						
Total Administrative Fees			<u>\$31.30</u>	<u>\$31.45</u>		\$79,254.00
Stop Loss Management Fee						
			¢10 55	61C FF		ć04 022 24
			\$16.55	\$16.55		\$81,823.20
Current Annual Administration			<u>\$</u>	160,699.20		
<u>Renewal Annual Administratio</u>	<u>n Costs</u>				<u>\$</u>	161,077.20
			A	djustment		0.2%





Stop Loss Coverage

	Current	Renewal
SL Market	SLG Benefits	SLG Benefits
SL Market Rating	A+	A+
SL Carrier	QBE	QBE
Maximum LT Reimbursement	\$960,000	\$960,000
Specific Deductible	\$40,000	\$40,000
Aggregating Specific Deductible	\$80,000	\$80,000
Specific Basis	Paid	Paid
Aggregate Basis	Paid	Paid
Succific Store Loss Courses		
<u>Specific Stop Loss Coverage</u> Employee	\$66.37	\$105.48
Family	\$161.56	\$250.58
<u>Aggregate Stop Loss Coverage</u> Aggregate Aggregate Accommodation Terminal Liability	\$5.31	\$5.31
<u>Aggregate Attachment Factors</u> Employee	\$488.90	\$524.38
Family	\$1,217.49	\$1,344.73
Specific S/L Premium	\$271,200	\$424,259
Aggregate S/L Premium	\$13,381	\$13,381
Aggregate Attachment	\$2,027,648	\$2,217,260





Financial Summary

	Current	Renewal	
SL Market	SLG Benefits	SLG Benefits	
SL Market Rating	A+	A+	
SL Carrier	QBE	QBE	
Maximum LT Reimbursement	\$960,000	\$960,000	
Specific Deductible	\$40,000	\$40,000	
Aggregating Specific Ded	\$80,000	\$80,000	
Specific Basis	Paid	Paid	
Aggregate Basis	Paid	Paid	
Administrative Costs	\$160,699	\$161,077	
Specific Premium	\$271,200	\$424,259	
		56% \$153,059	
Aggregate Premium	\$13,381	\$13,381	
		0% \$0	

Total Fixed Costs	\$445,280	\$598,718	
		34% \$153,437	
Expected Claims	\$1,622,119	\$1,773,808	
Maximum Claims	\$2,027,648	\$2,217,260	
		9% \$189,61 2	
Total Expected Costs	\$2,067,399	\$2,372,526	
		15% \$305,127	
<u>Total Maximum Costs</u>	\$2,472,929	\$2,815,978	
		14% \$343,049	





Stop Loss Coverage Options

	Option 1	Option 2	
SL Market	SLG Benefits	SLG Benefits	
SL Market Rating	A+	A+	
SL Carrier	QBE	QBE	
Annual Reimbursement	\$950,000	\$925,000	
Run - In Limited To	-	-	
Specific Deductible	\$50,000	\$75,000	
Aggregating Specific Ded	\$80,000	\$80,000	
Specific Basis	Paid	Paid	
Aggregate Basis	Paid	Paid	
<u>Specific Stop Loss Coverage</u>			
Employee	\$83.89	\$55.10	
	6000 FC	6400 70	
Family	\$202.56	\$138.73	
Aggregate Stop Loss Coverage			
Aggregate	\$6.25	\$8.27	
Aggregate Accommodation	70.25	<i>40.27</i>	
Terminal Liability			
Aggregate Attachment Factors			
Employee	\$550.59	\$582.07	
Family	\$1,411.96	\$1,492.66	
		4000 400	
Specific S/L Premium	\$340,990	\$230,176	
Aggregate S/L Premium	\$15,750	\$20,840	
Aggregate S/ E F lennam	Ψ Ι 3,730	γ∠0,0 40	
Aggregate Attachment	\$2,328,103	\$2,461,181	
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Financial Summary Options

	Op	otion 1	Op	tion 2
SL Market	SLG	Benefits	SLG	Benefits
SL Market Rating		A+		A+
SL Carrier		QBE	(QBE
Maximum LT Reimbursement	\$9.	50,000	\$92	25,000
Specific Deductible	\$5	50,000	\$7	/5,000
Aggregating Specific Ded	\$8	30,000	\$8	30,000
Specific Basis		Paid		Paid
Aggregate Basis		Paid		Paid
Administrative Costs	\$1	61,077	\$1	61,077
Specific Premium		40,990		30,176
	26%	\$69,791	-15%	-\$41,024
Aggregate Premium		15,750		20,840
	18%	\$2,369	56%	\$7,459
Total Fixed Costs	\$5	17,818	\$4	12,094
	16%	\$72,538	-7%	-\$33,186
		. ,	-	,
			_	
Expected Claims	\$1,8	362,482	\$1,9	968,945
Maximum Claims	\$2.3	328,103	\$2.4	1 61,181
	15%	\$300,455	21%	
Total Expected Costs		380,300		381,039
<u>Total Maximum Costs</u>	\$ <u>2,</u> 8	845,921	\$2,8	373,275
	15%	\$372,992	16%	\$400,346
		,,		



Omega Benefit Group, LLC

Suite 400 745 North Brown Road Lawrenceville, GA 30043

www.omegabenefitgroup.com

February 24, 2011

Renee L. Prather Finance Director, The City of Monroe 215 North Broad Street Monroe, Georgia 30655

Re: April 1, 2011 Dental Plan Renewal

Dear Renee:

The Dental 2011 Renewal rates have been reviewed by our team here at Omega. The original renewal increase came in at 38%. After negotiations the renewal amount was decreased to 24.5%. Below are the renewal rates effective April 1, 2011.

	<u>Current</u>	<u>Renewal</u>
<u>Low Plan</u>		
Employee	\$ 16.88	\$ 21.04
Employee/Spouse	\$ 32.04	\$ 39.92
Employee/Child	\$ 32.20	\$ 40.12
Family	\$ 47.36	\$ 59.00
<u>High Plan</u>		
Employee	\$ 26.80	\$ 33.36
Employee/Spouse	\$ 51.88	\$ 64.60
Employee/Child	\$ 43.64	\$ 54.32
Family	\$ 68.72	\$ 85.56

The reason for this increase was due to the overall utilization of the plan. The City of Monroe paid \$106,304.00 in premiums in 2010. The claims incurred were \$160,438.34. Page Two Renee L. Prather February 25, 2010

The plan was shopped with 4 dental insurance carriers to offer competitive bids. The carriers approached by Omega were Metlife, Lincoln Financial, American General, and Prudential. All carriers were provided with the same information that Standard provided.

We appreciate your continued trust in Omega Benefit Group and we look forward to continuing our relationship for years to come.

If you have any questions concerning this information, please feel free to contact our office.

Sincerely,

Joel C. Ballew Sales Executive

Enclosures



2011 Benefits Renewal Package

For City Of Monroe

February 9, 2011

The Last Word in Benefits.



High Plan Dental Renewal

	CURRENT	RENEWAI
CARRIER	Standard	Standard
RATING	A	A

ligh Plan Rates			% Change
Employee	\$26.80	\$33.36	24.5%
Empoyee + Spouse	\$51.88	\$64.60	24.5%
Employee + Child(ren)	\$43.64	\$54.32	24.5%
Family	\$68.72	\$85.56	24.5%

	Plan Design
Annual Benefit Maximum	\$1,000.00
Deductible	\$50 Type 2 &3
Family Deductible	No Maximum
Preventative Services	100%
Basic Services	80%
Major Services	50%
Periodontic Services	Major
Entodontic Services	Major
Office Visit Copay	\$0 Copay
Ortho.	N/A
Adult Coverage	N/A
Deductible	N/A
Lifetime Maximum	N/A

Financial Summary

		Monthly	Annual	%
Current	A case of company	\$6,089.84	\$73,078.08	24.5%
Renewal		\$7,581.85	\$90,982.20	24.5%
	1			



Low Plan Dental Renewal

	CURRENT	RENEWAL	
CARRIER	Standard	Standard	
RATING	A	А	

ligh Plan Rates			% Change
Employee	\$16.88	\$21.04	24.6%
Empoyee + Spouse	\$32.04	\$39.92	24.6%
Employee + Child(ren)	\$32.20	\$40.12	24.6%
Family	\$47.36	\$59.00	24.6%

	Plan Design
Annual Benefit Maximum	\$1,000.00
Deductible	\$50 Type 2
Family Deductible	No Maximum
Preventative Services	100%
Basic Services	80%
Major Services	N/A
Periodontic Services	N/A
Entodontic Services	N/A
Office Visit Copay	\$0 Copay
Ortho.	N/A
Adult Coverage	N/A
Deductible	N/A
Lifetime Maximum	N/A

Financial Summary

		Monthly	Annual	%	
Current		\$1,505.00	\$18,060.00	24.5%	Charles and the
Renewal		\$1,874.00	\$22,488.00	24.5%	
	2				



Finance Committee Meeting

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March 1, 2011

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Additional Information:
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Budgeted Item:
Recommendation / Request:

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Attachments / click to download

Property & Casualty Insurance Info

Cover Memo

City of Monroe 2011-12 Premium Summary

COVERAGE	EXPIRING PREMIUM	ANNUALIZED PREMIUM	PROPOSED PREMIUM	CARRIER	EXPIRING LIMITS	PROPOSED LIMITS	NOTES	EXPIRING DEDUCTIBLE	PROPOSED DEDUCTIBLE
GENERAL LIABILITY	\$55,776	\$57,459	\$57,459	Travelers	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000	Each Occurrence/General Aggregate	\$10,000	\$10,000
Products & Completed Operations	Included	Included	Included	Travelers	\$2,000,000	\$2,000,000	Aggregate Limit	\$10,000	\$10,000
Personal & Advertising Injury Liability	Included	Included	Included	Travelers	\$1,000,000	\$1,000,000	Any One Person or Organization Limit	\$10,000	\$10,000
Damage to Premises Rented to You Limit	Included	Included	Included	Travelers	\$100,000	\$100,000	Any One Premises	\$10,000	\$10,000
Medical Expense Limit	Not Requested	Not Requested	Not Requested	Travelers	Not Requested	Not Requested	Any One Premises	Not Requested	Not Requeste
Sewer Backup	Included	Included	Included	Travelers	\$500,000	\$500,000	Resulting From Negligence	\$10,000	\$10,000
Failure To Supply	Not Requested	Not Requested	Not Requested	Travelers	Not Requested	Not Requested	Sublimit	Not Requested	Not Requeste
EMPLOYEE BENEFITS LIABILITY Retro Date: None - Claims Made	\$381	\$381	\$381	Travelers	\$1,000,000/\$3,000,000	\$1,000,000/\$3,000,000	Each Employee Limit/Aggregate Limit	\$1,000	\$1,000
AUTOMOBILE LIABILITY	\$74,136	\$75,953	\$75,998	Travelers	\$1,000,000	\$1,000,000	Any Auto	\$10,000	\$10,000
Medical Payments	574,136 Included	\$75,953 Included	\$75,998 Included	Travelers	\$1,000,000	\$1,000,000 \$5,000	Any Auto Owned Autos Only	\$10,000	\$10,000 \$0
Uninsured/ Underinsured Motorist	Included	Included	Included	Travelers	\$75,000	\$75,000	Owned Autos Only Owned Autos Subject to Compulsory U/M Law	\$0	\$0
Total Number of Units with Liability	Included	Included	Included	Travelers	204	209	Includes 8 Trailers	-	-
UTOMOBILE PHYSICAL DAMAGE	\$23,218	\$23,355	\$23,479	Travelers					
Comprehensive/Collision	Included	Included	Included	Travelers	\$6,326,359	\$6,363,737	Actual Cash Value	\$2,000/\$2,000	\$2,000/\$2,00
Hired Car Physical Damage	Included	Included	Included	Travelers	-		includi ousii vulue	\$250/\$250	\$250/\$250
Total Number of Units with APD	Included	Included	Included	Travelers	151	149			-
RIME	\$1,676	\$1,693	\$1,693	Travelers	_			_	
Employee Theft	Included	Included	Included	Travelers	\$200,000	\$200,000	Per Loss	\$2,500	\$2,500
Forgery or Alteration	Included	Included	Included	Travelers	\$200,000	\$200,000		\$2,500	\$2,500
On Premises (Money & Securities)	Included	Included	Included	Travelers	\$50,000	\$50,000		\$2,500	\$2,500
Outside Premises (Money & Securities)	Included	Included	Included	Travelers	\$50,000	\$50,000		\$2,500	\$2,500
Computer Fraud	Included	Included	Included	Travelers	\$200,000	\$200,000		\$2,500	\$2,500
Faithful Performance of Duty	Included	Included	Included	Travelers	Included	Included		-	-
ROPERTY	\$51,301	\$51,542	\$55,285	Travelers	-	-		-	-
Blanket Building & Personal Property	Included	Included	Included	Travelers	\$37,611,080	\$37,811,080	Replacement Cost/90% Coinsurance	\$5,000	\$5,000
Specified Building & Personal Property	Included	Included	Included	Travelers	\$5,040,077	\$5,040,077	Replacement Cost/100% Coinsurance	\$5,000	\$5,000
Valuable Papers	Included	Included	Included	Travelers	\$100,000	\$100,000		\$5,000	\$5,000
LOOD ARTHQUAKE	Included Included	Included Included	Included Included	Travelers Travelers	\$1,000,000/\$1,000,000 \$1,000,000/\$1,000,000	\$1,000,000/\$1,000,000 \$1,000,000/\$1,000,000	Excludes Zones A & V	\$25,000 \$25,000	\$25,000 \$25,000
	Included	Included	Included	Travalara	¢42 6E1 1E7	¢42.051.157	*Cubicat to unonontrucalized	¢5 000	¢F 000
EQUIPMENT BREAKDOWN Spoilage	Included Included	Included Included	Included Included	Travelers Travelers	\$42,651,157 \$250,000	\$42,851,157 \$250,000	*Subject to property values	\$5,000 \$5,000	\$5,000 \$5,000
Ammonia Contamination	Included	Included	Included	Travelers	\$250,000	\$250,000		\$5,000	\$5,000
Hazardous Substance	Included	Included	Included	Travelers	\$250,000	\$250,000		\$5,000	\$5,000
NLAND MARINE	\$11,718	\$11,788	\$11.800	Travelers	_			_	
Electronic Data Processing Equipment (EDP)	Included	Included	Included	Travelers	\$161,151	\$161,151		\$1,000	\$1,000
Scheduled Contractors Equipment	Included	Included	Included	Travelers	\$2,630,061	\$2,647,152		\$1,000	\$1,000
Scheduled Property	Included	Included	Included	Travelers	\$75,083	\$75,083		\$1,000	\$1,000
AW ENFORCEMENT LIABILITY Occurrence Form	\$39,355	\$39,355	\$37,317	Travelers	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000	Each Wrongful Act Limit/Aggregate Limit	\$25,000	\$25,000
PUBLIC ENTITY MANAGEMENT LIABILITY Retro Date: 04/06/2000 - Claims Made	\$7,014	\$7,073	\$7,073	Travelers	\$1,000,000/\$1,000,000	\$1,000,000/\$1,000,000	Each Wrongful Act Limit/Aggregate Limit	\$25,000	\$25,000
EMPLOYMENT PRACTICES LIABILITY Retro Date: 04/06/2000 - Claims Made	\$33,495	\$33,495	\$33,008	Travelers Travelers	\$2,000,000/\$2,000,000	\$2,000,000/\$2,000,000	Each Wrongful Offense Limit/Aggregate Limit	\$25,000	\$25,000
CYBERFIRST	\$1,679	\$1,679	\$1,676	Travelers	\$1,000,000/\$1,000,000	\$1,000,000/\$1,000,000	Each Wrongful Act Limit/Aggregate	\$5,000	\$5,000
Crisis Management Service	Included	Included	Included	Travelers	\$25,000	\$25,000	Expenses Limit	\$5,000	\$5,000
Security Breach Notification	Included	Included	Included	Travelers	\$25,000	\$25,000	Expenses Limit	\$5,000	\$5,000
Retro Date: 04/06/2009 - Claims Made & Reported									
JMBRELLA Occurrence Form	\$26,772	\$26,772	\$26,279	Travelers	\$1,000,000/\$1,000,000	\$1,000,000/\$1,000,000	Each Occurrence Limit/General Aggregate	\$10,000	\$10,000
EXCESS WORKER'S COMPENSATION	\$66,153	\$66,153	\$65,403	Safety National	\$500,000/\$500,000	\$500,000/\$500,000	Per Occurrence/Aggregate	\$350,000 SIR	\$350,000 SIF
IRPORT LIABILITY	\$5,950	\$5,950	\$5,950	Catlin Insurance	\$5,000,000/\$10,000,000	\$5,000,000/\$10,000,000	Per Occurrence/Aggregate	\$0	\$0
Personal Injury & Advertising Injury	Included	Included	Included	Catlin Insurance	\$5,000,000	\$5,000,000	Aggregate Limit	\$0	\$0
TERRORISM	Included	Included	Included						
OSS CONTROL FEE	\$10,000 \$408.624	\$10,000	\$10,000					Publi	
		\$412,648	\$412,801					Publi Risk	



