Medical Renewal Analysis July 1, 2023

July 1, 2023			
		Λο	tna
		Ac	Ciia
		НМО	POS
Plan Name		HNOnly	OAMC
Danido Notacido		Aetna Health Network	Open Access Managed
Provider Network		Only (HNOnly)	Choice POS (OAMC)
In-Network Benefits			
Office Visits (PCP/Specialist)		\$25 / \$35	\$25 / \$40
Deductible	Single	\$1,000	\$1,000
	Family	\$2,000	\$2,000
Coinsurance		90%	90%
Out of Pocket Maximum	Single	\$3,500	\$4,500
Hamilton d For an area	Family	\$7,000	\$9,000
Hospital and Emergency			<b>.</b>
Inpatient Hospital Copay		Ded + coins	Ded + coins
Outpatient Hospital Copay Urgent Care		Ded + coins \$50	Ded + coins \$50
Emergency Room		\$250	\$250
Prescription Drugs		<b>Ş250</b>	\$230
Rx Deductible		None	None
Tier 1 (Preferred Value/Generic)		\$10	\$10
Tier 2 (Preferred Brand)		\$25	\$25
Tier 3 (Nonpreferred)		\$50	\$50
Tier 4 (Preferred Specialty)		25% to \$300	25% to \$300
Out of Network Benefits			
Deductible		No benefit	\$2,000 / \$4,000
Out of Pocket Maximum		No benefit	\$9,000 / \$18,000
Coinsurance		No benefit	60%
		НМО	POS
		\$821.56	\$905.45
		\$1,593.81	\$1,756.61
		\$1,998.17	\$2,191.22



Dental Renewal Analysis July 1, 2023

July 1, 2023		
	Aet	ina
	Renewal	
	DMO	DPPO
Deductible		
Individual	\$0	\$50
Family	\$0	\$150
Office Visit Copay		
Individual	\$5	\$0
Coinsurance		
Type A: Preventive Services	Based on schedule	100%
Type B: Basic Services	Based on schedule	80%
Type C: Major Services	Based on schedule	55%
Type D: Orthodontia	Based on schedule	50%
Maximums		
Annual Per Member	No maximum	\$1,000
Lifetime Orthodontia	\$3,000 copay	\$1,000
Procedures		
Oral Exams	Based on schedule	Type A
Oral Exam frequency	2 per year	2 per year
Bitewing X-rays	Based on schedule	Type A
Bitewing X-rays frequency	pending	2 per year
Full Mouth/Panoramic X-rays	Based on schedule	Type A
Full Mouth/Panoramic X-rays frequency	pending	1 in 3 Years
Fluoride	Based on schedule	Type A
Fluoride Age Limit	pending	Under age 19
Sealants	Based on schedule	Type A
Sealants Age Limit	pending	Under age 16
Space Maintainers	Based on schedule	Type A
Simple Extractions	Based on schedule	Type B
Complex Extractions	Based on schedule	Type C
Simple Periodontics	Based on schedule	Type C
Periodontal Surgery	Based on schedule	Type C
Simple Endodontics	Based on schedule	Type C
Complex Endodontics	Based on schedule	Type C
Crown Fraguency	Based on schedule	Type C
Crown Frequency	Based on schedule	1 in 8 Years
Implants Orthodontics (Child and/or Adult)	Adult & Child	Not covered
•		Child only
UCR Percentage	Scheduled	90%
Waiting Periods	N.	NI-
Current	None	None
Late Entrants	Annual OE	Annual OE
Employer Contribution	None	None
Participation Requirement	30%	30%
	Aet	
	DMO	DPPO
	\$12.12	\$24.79
	\$21.87	\$46.96
	\$30.19	\$80.98



Voluntary Vision Marketing Analysis July 1, 2023

	Aetna
	Proposed
Plan Name	
Fidit Name	
Network	Aetna Vision
	(EyeMed)
In Network Benefit	
Copays (Exams/Materials)	\$10 / \$20
Exam	\$10 copay
Eyeglass Lenses (Single/Bifocal/Trifocal)	\$20 copay
Frame Allowance	\$130
Frequency	
Exams	Every 12 months
Lenses or Contact Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses	
Contact Lens Fit & Follow Up (Std/prem)	\$40 / 10% off
Contact Lenses - Elective	\$130
Contact Lenses - Medically Necessary	Covered in full
Out of Network Reimbursement	
Exam	\$32
Lenses (Single/Bifocal/Trifocal)	\$15 / \$30 / \$60
Frames	\$90
Elective Contact Lenses	\$90 / \$104
Necessary Contact Lenses	\$200
ER Contribution	Voluntary
Participation Requirement	15%
	Aetna
	\$5.26
	\$10.00
	\$14.60



Basic Life Renewal Analysis July 1, 2023

	New Yo	
	Current /	
Eligibility	FT Ees working 30+ hours	
Class 1	Mayor, Council, Polic	
	Department Hea	
Class 2	All Other E	:mployees
Life and AD&D Amounts	i .	
Employees - Class 1	\$25,	
Employees - Class 2	\$12,	
Additional AD&D - Emergency Disaster Team	200% of princi	pal to \$50,000
Additional AD&D - Law Enforcement	200% of princi	pal to \$50,000
<b>Guaranteed Issue</b>		
Employees	Full benefit	
Reduction Schedule		
Benefits Reduced to	Percentage	Age
	65%	65
	50%	70
Coverage Termination		
Employee	Retire	ment
Plan Provisions		
Waiver of Premium	Elig to 60, t	erms at 65
Living Benefit Rider	Included	
Portability	Included	
Conversion	Inclu	ıded
Participation Requirement	100%	
Rate Guarantee	Until 2024	
Employee Rate per \$1,000	Current	Renewal
Basic Employee Life	\$0.130	\$0.130
Basic Employee AD&D	\$0.020	\$0.020
Living Benefit Rider Portability Conversion Participation Requirement Rate Guarantee Employee Rate per \$1,000 Basic Employee Life	Included Included 100% Until 2024  Current Renewal \$0.130 \$0.130	



Voluntary Term Life and AD&D Renewal Analysis July 1, 2023

			ork Life / Renewal	
Eligibility	ET E		0+ hours per v	wook
Benefit Amount	116	es working s	o+ nours per v	WEEK
	<b>61</b>	0.000 increm	onts to CEOO	000
Employee	ŞΙ		ents to \$500,0	000
Additional Line of Duty AD&D benefit		Not ir	ncluded	
Spouse	\$10,000 inc	rements to \$	300,000 or 10	0% of Ee amt
Children (15 days to 26 years)*		\$10	0,000	
Guarantee Issue				
Employee	\$150	0,000	\$150	0,000
Spouse		\$50	0,000	
Children		\$10	0,000	
Reduction Schedule				
	Perce	ntage	A	ge
Benefits Reduced To	65	5%	6	55
	50	)%	7	0
Coverage Termination				
Employee		Retir	ement	
Spouse		Employee	retirement	
Contract Features				
Waiver of Premium		Elig to 60,	terms at 65	
Accelerated Benefit	Included			
Portability		Incl	luded	
Conversion	Included			
True Open Enrollment?	Not included			
Annual Increase Available without EOI	2 increments for Ee and Spouse to GI			
Electronic EOI / SSO with bswift?	Yes			
Rate Based on Spouse Age	Employee age (rate and reductions)			
Eligible Child Age			26	
Employee Life Rates per \$1,000		rent		ewal
	Employee	Spouse	Employee	Spouse
< 25	\$0.083	\$0.083	\$0.083	\$0.083
25-29	\$0.083	\$0.083	\$0.083	\$0.083
30-34	\$0.091	\$0.091	\$0.091	\$0.091
35-39	\$0.116	\$0.116	\$0.116	\$0.116
40-44	\$0.191	\$0.191	\$0.191	\$0.191
45-49	\$0.323	\$0.323	\$0.323	\$0.323
50-54	\$0.497	\$0.497	\$0.497	\$0.497
55-59	\$0.813	\$0.813	\$0.813	\$0.813
60-64	\$1.285	\$1.285	\$1.285	\$1.285
65-69	\$2.081	\$2.081	\$2.081	\$2.081
70-74	\$3.383	\$3.383	\$3.383	\$3.383
75+	\$3.383	\$3.383	\$3.383	\$3.383
AD&D Rate per \$1,000		IA		IA
Child Life Coverage	Life	AD&D	Life	AD&D
Child Rates	\$0.200	NA	\$0.200	NA
Participation Requirement Current				



Employer-Paid Short Term Disability Renewal Analysis July 1, 2023

		ork Life ' Renewal
Eligibility FT Ees working 30+ I		ng 30+ hours
Definition of Earnings	Base	salary
Benefit Percentage		
Core Benefit	40%	
Optional Benefit	60	)%
Weekly Maximum		
Core Benefit	\$500	
Optional Benefit	\$500	
Elimination Period		
Accident	45 days	
Illness	45 days	
Hospitalization	45 days	
Benefit Duration	20 weeks	
Benefit Offset by Sick Leave?	Yes	
Contract Features		
Employer Contribution	Base 100%, buy up 0%	
Pre-Existing Condition Limits	None	
24 Hour Coverage	Non-occupational only	
SSO with bswift?	Yes	
One Time Open Enrollment	Not included	
Participation Requirement	Current	
Monthly Rate (per \$10 / weekly benefit)		
Core Benefit	\$0.219	\$0.219
Optional Benefit	\$0.273 \$0.273	



Employer-Paid Long Term Disability Renewal Analysis July 1, 2023

	New Yo	
	Current /	
Eligibility	FT Ees working 30+ hours	
Definition of Earnings	Base s	salary
Benefit Outline		
Benefit Percentage		
Core Benefit	40.0	
Optional Benefit	60.0	00%
Maximum Benefit	\$6,0	000
Minimum Benefit	\$1	00
Elimination Period	180	Days
Own Occupation Period	Max Benef	it Duration
Benefit Duration	SSNRA	
Benefit Offset by Sick Leave?	Yes	
Contract Features		
Pre-Existing Condition Limits	3 / 12	
Mental & Nervous	24 months	
Alcohol & Drug	24 months	
Specified Conditions Limitation	No limitation	
Return to Work	Included	
Survivor Benefit	Included	
Waiver of Premium	Included	
Conversion	Not included	
Contribution	100% Core, 20% buy up	
24-Hour Coverage	Non-occupa	ational only
One Time Open Enrollment	Not in	cluded
SSO with bswift?	Yes	
Participation Requirement	Current	
Rates		
Monthly Rate / \$100 payroll		
Core Benefit	\$0.220	\$0.220
Optional Benefit	\$0.423	\$0.423



Group Accident Summary July 1, 2023

	Aflac
Benefit Summary	Group Accident Custom High
Emergency and Initial Care Doctor's Office Initial Visit	¢100
	\$100
Emergency Room Treatment	\$200
Diagnostic Exam	\$200
Follow Up Doctor Visits	\$50 (6 max)
Ambulance	4400
Ambulance Ground	\$400
Ambulance Air	\$1,200
Hospitalization	4
Hospital Admission	\$1,500
Hospital Admission (Intensive Care)	\$1,500
Hospital Stay	\$300 per day
Hospital (Intensive Care)	\$800 per day
Maximum Benefit Period	365 days (30 ICU)
Fractures	Up to \$8,000
Wellness	\$50 (Ee, spouse, child)
Contract Provisions	
Age Reduction	None
Portability	2019 Portability
SSO with bswift?	Yes
Participation Requirements	25 lives
Rate Guarantee	1 Year
Monthly Rate	Aflac
Employee	\$15.98
Employee + Spouse	\$26.93
Employee + Child(ren)	\$34.57
Family	\$45.52



Critical Illness Summary July 1, 2023

	Af	lac
Benefit Summary		
Issue Age/Attained Age	Attain	ed Age
Benefit Amount		
Employee	Up to \$	30,000
Spouse	50	)%
Child(ren)	50%	
Guaranteed Issue	\$30,000 Ee / \$15,000 Spou	
Guaranteed Issue Term	GI for	2 years
Recurrence Benefit	Included	
Separation Period for Additional Diag	6 months (12 mo	onths for Cancer
Lifetime Maximum Benefit	No	ne
Contract Provisions		
Benefit Reduction	No	ne
Portability	2019 Pc	rtability
Pre-Existing Condition	No	ne
New Employee Waiting Period	No	ne
Waiver of Premium	Not in	cluded
SSO with bswift?	Ye	es
Wellness Benefit		
Employee	\$7	
Spouse	\$7	
Child		enefit
Hospital Stay Benefit		enefit
Ambulance Benefit	No be	enefit
Standard Covered Conditions		
Cancer	10	0%
Carcinoma in Situ	25%	
Skin Cancer	\$250	
Heart Attack	100%	
Sudden Cardiac Arrest	100%	
Coronary Artery Bypass Surgery	25%	
Stroke	100%	
End Stage Renal Failure	100%	
Major Organ Transplant	100%	
Bone Marrow/Stem Cell Transplant	10	0%
Minimum Enrollment	25	ivos
Rate Guarantee	1 Y	
tate Guarantee		
Monthly Rates	EE Rates with Ca	
Wontiny Nates		
Within Nates	(for compa	rison only)
Age	(for compa	Tobacco
Age	Non-Tobacco	Tobacco
<b>Age</b> <25	Non-Tobacco \$5.400 \$6.770 \$7.650	<b>Tobacco</b> \$6.840 \$8.720 \$10.610
<b>Age</b> <25 25-29	\$5.400 \$6.770 \$7.650 \$9.610	<b>Tobacco</b> \$6.840 \$8.720
<b>Age</b> <25 25-29 30-34	Non-Tobacco \$5.400 \$6.770 \$7.650	<b>Tobacco</b> \$6.840 \$8.720 \$10.610
<b>Age</b> <25 25-29 30-34 35-39	\$5.400 \$6.770 \$7.650 \$9.610	Tobacco \$6.840 \$8.720 \$10.610 \$13.980
<b>Age</b> <25 25-29 30-34 35-39 40-44	\$5,400 \$6,770 \$7,650 \$9,610 \$11,370	Tobacco \$6.840 \$8.720 \$10.610 \$13.980 \$16.620
<b>Age</b> <25 25-29 30-34 35-39 40-44 45-49	\$5,400 \$6,770 \$7,650 \$9,610 \$11,370 \$13,360	<b>Tobacco</b> \$6.840 \$8.720 \$10.610 \$13.980 \$16.620 \$19.670
Age <25 25-29 30-34 35-39 40-44 45-49 50-54	\$5,400 \$6,770 \$7,650 \$9,610 \$11,370 \$13,360 \$20,040	Tobacco \$6.840 \$8.720 \$10.610 \$13.980 \$16.620 \$19.670 \$30.400
Age <25 25-29 30-34 35-39 40-44 45-49 50-54 55-59	\$5,400 \$6,770 \$7,650 \$9,610 \$11,370 \$13,360 \$20,040 \$19,560	Tobacco \$6.840 \$8.720 \$10.610 \$13.980 \$16.620 \$19.670 \$30.400 \$30.710
Age <25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64	\$5,400 \$6,770 \$7,650 \$9,610 \$11,370 \$13,360 \$20,040 \$19,560 \$39,150	Tobacco \$6.840 \$8.720 \$10.610 \$13.980 \$16.620 \$19.670 \$30.400 \$30.710 \$60.380
Age <25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69	\$5.400 \$6.770 \$7.650 \$9.610 \$11.370 \$13.360 \$20.040 \$19.560 \$39.150 \$68.400	Tobacco \$6.840 \$8.720 \$10.610 \$13.980 \$16.620 \$19.670 \$30.400 \$30.710 \$60.380 \$103.490
Age <25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74	Non-Tobacco \$5.400 \$6.770 \$7.650 \$9.610 \$11.370 \$13.360 \$20.040 \$19.560 \$39.150 \$68.400 \$68.400	Tobacco \$6.840 \$8.720 \$10.610 \$13.980 \$16.620 \$19.670 \$30.400 \$30.710 \$60.380 \$103.490 \$103.490

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and Conditions shown are a summary of covered benefits only. See carrier proposal for complete list of covered conditions.



Standalone Cancer Summary July 1, 2023

Plan Name	Aflac Cancer	
Coverage Type	Individual	
Guaranteed Issue	Not included	
Spouse Coverage	Up to 100% of Ee amount	
Issue Ages	Age 18 - 75	
Guaranteed Renewable	No	
Waiver of Premium	Included	
Pre-Existing Limitation	NA	
SSO with bswift?	No	
Coverage Type	-	
Coverage Type	Cancer	
Benefit Highlights	64 000 (60 000 LULI)	
Initial Diagnosis	\$4,000 (\$8,000 child)	
Ambulance	\$250 land / \$2,000 air	
Ambulatory Surgical Center	See individual benefits	
Anesthesia	25% of surgery benefit	
Anti-Nausea Benefit	\$100 per month	
Blood, Plasma & Platelets	\$50 per day IP / \$175 per day OP	
Bone Marrow or Stem Cell Transplant	\$7,000	
Cancer Screening	\$75	
Extended-Care Facility	\$100 per day (30 days max)	
Home Health Care	\$100 per day (30 days max)	
Hospice	\$50 per day (\$1,000 day 1)	
Hospital Confinement	\$200 / \$400 (after 31 days)	
Intensive Care	Not included	
Medical Imaging	Not included	
Non-Local Transportation	\$0.40 per mile up to \$1,200	
Outpatient Lodging	\$65 per day (up to 90 days per year)	
Physical or Speech Therapy	Not included	
Private Duty Nursing	\$100 per day	
Prosthesis	\$2,000	
Radiation and Chemotherapy	Up to \$1,200 per month	
Reconstructive Surgery	Up to \$2,000 per day	
Second Surgical Opinion	\$300 (once per lifetime)	
Surgery	Up to \$4,250 per day	

Monthly Premiums	
	Aflac Cancer
Employee	\$39.46
Employee + Spouse	\$71.70
Employee + Child	\$39.46
Family	\$71.70



Voluntary Group Hospital Indemnity Summary July 1, 2023

	Aflac
	Proposed
Hospital Confinement	\$1,000
Confinement Limit	Once per accident/sickness per year
Daily Hospital Confinement	\$200 per day (maximum 31 days per accident/sickness)
Hospital Intensive Care	\$400 per day (maximum 10 days) per accident/sickness
Emergency Room*	Not included
Surgical Benefit*	Not included
Extended Benefit Rider*	Not included
Lab Test and X-Ray*	Not included
Medical Diag and Imaging*	Not included
Ambulance*	
Ground	Not included
Air	Not included
Pregnancy Covered	Yes with complications
Mental Illness Covered	Yes
Drug Addiction and Alcoholism Covered	Yes
Monthly Rates**	Aflac
Employee	\$16.22
Employee + Spouse	\$32.64
Employee + Child	\$26.12
Family	\$42.54

