

City of Maricopa

Medical

Effective 7/1/2012



		Current		Current			Current	
United Health Care - Includes wellness plan/EAP 3 tier rx	#	Choice Plus Z4P-P \$500/80/50% Base	#	Choice Plus 7MR-P \$250/90/50% Buy-up	#	HSA City Contribution Assumption	7PF-P \$3,000 Embedded Ded HSA	RX \$10/30/50
Employee Only	31	\$342.77	13	\$369.71	5	\$55.51	\$287.26	
Employee + Spouse	5	\$719.81	14	\$776.39	1	\$116.57	\$603.24	
Employee + Child(ren)	11	\$651.26	4	\$702.45	0	\$105.47	\$545.79	
Employee + Spouse & Child(ren)	37	\$1,028.31	60	\$1,109.13	8	\$166.54	\$861.77	
TOTAL COST (MONTHLY)	84	\$59,436.25	91	\$85,033.29	14	\$1,726.44	\$8,933.70	
TOTAL COST (ANNUALLY)	189	\$713,235.00		\$1,020,399.48		\$20,717.28	\$107,204.40	\$1,861,556.16

		Renewal		Renewal			Renewal	
United Health Care - Includes wellness plan/EAP 3 tier rx	#	Choice Plus Z4P-P \$500/80/50% Base	#	Choice Plus 7MR-P \$250/90/50% Buy-up	#		7PF-P \$3,000 Embedded Ded HSA	RX \$10/30/50
Employee Only	31	\$407.55	13	\$439.59	5		\$341.55	
Employee + Spouse	5	\$855.85	14	\$923.13	1		\$717.25	
Employee + Child(ren)	11	\$774.35	4	\$835.21	0		\$648.94	
Employee + Spouse & Child(ren)	37	\$1,222.66	60	\$1,318.76	8		\$1,024.64	
TOTAL COST (MONTHLY)	84	\$70,669.57	91	\$101,104.93	14		\$10,622.12	
TOTAL COST (ANNUALLY)	189	\$848,034.84		\$1,213,259.16			\$127,465.44	\$2,213,392.56 18.90%

		Revised Renewal		Revised Renewal			Revised Renewal	
United Health Care 12 month contract	#	Choice Plus Z4P-P \$500/80/50% Base	#	Choice Plus 7MR-P \$250/90/50% Buy-up	#		7PF-P \$3,000 Embedded Ded HSA	RX \$10/30/50
Employee Only	31	\$380.47	13	\$410.38	5		\$318.86	
Employee + Spouse	5	\$798.99	14	\$861.79	1		\$669.60	
Employee + Child(ren)	11	\$722.90	4	\$779.72	0		\$605.83	
Employee + Spouse & Child(ren)	37	\$1,141.42	60	\$1,231.13	8		\$956.56	
TOTAL COST (MONTHLY)	84	\$65,973.96	91	\$94,386.68	14		\$9,916.38	
TOTAL COST (ANNUALLY)	189	\$791,687.52		\$1,132,640.16			\$118,996.56	\$2,066,320.08 11.00%

City of Maricopa

Dental

Effective 7/1/2012



	Census	Current	Renewal	Revised Renewal
Guardian	#	Plan 1 J1 with Max Rollover		
Employee Only	44	\$27.88	\$31.50	\$29.55
Employee + Spouse	23	\$56.57	\$63.92	\$59.96
Employee + Child(ren)	11	\$75.13	\$84.90	\$79.64
Employee + Spouse & Child(ren)	111	\$103.81	\$117.31	\$110.04
TOTAL COST (MONTHLY)	189	\$14,877.17	\$16,811.47	\$15,769.76

TOTAL COST (ANNUALLY)

\$178,526.04

\$201,737.64

\$189,237.12

13.00%

6.00%

Met Life	#	High plan \$5,000 100/80/50%	Low plan \$2,500 100/100/60%
Employee Only	44	\$28.10	\$26.76
Employee + Spouse	23	\$57.03	\$54.31
Employee + Child(ren)	11	\$75.73	\$72.12
Employee + Spouse & Child(ren)	111	\$104.64	\$99.66
TOTAL COST (MONTHLY)	189	\$14,996.16	\$14,282.15

TOTAL COST (ANNUALLY)

\$179,953.92

\$171,385.80

0.80%

-4.00%

City of Maricopa

Vision

Effective 7/1/2012



		Current	Renewal
Ameritas - VSP	#	Ameritas - VSP	Ameritas - VSP
Employee Only	45	\$6.00	\$6.24
Employee + Spouse	23	\$9.60	\$10.00
Employee + Child(ren)	11	\$9.80	\$10.20
Employee + Spouse & Child(ren)	110	\$15.80	\$16.44
TOTAL COST (MONTHLY)	189	\$2,336.60	\$2,431.40
TOTAL COST (ANNUALLY)		\$28,039.20	\$29,176.80
			4.06%

City of Maricopa

Side-by-Side Comparison Basic Life and AD&D

Effective 7/1/2012

Benefits	CSA - Fort Dearborn		CSA/Fort Dearborn Modified age reduction
	Current	Renewal	
Covered Employees	189		
Face Amount	\$25,000	\$25,000	\$25,000
Current Rates			
Life rate per \$1000	\$0.100	\$0.120	\$0.110
Current AD&D rate per \$1000	\$0.020	\$0.020	\$0.020
Monthly Premium (per EE)	\$3.00	\$3.50	\$3.25
Monthly Premium	\$567.00	\$661.50	\$614.25
Annual Premium	\$6,804.00	\$7,938.00	\$7,371.00
Benefit Reduction Schedule	35% at age 65, to 50% at age 75	35% at age 65, to 50% at age 75	No reduction at 65, Benefits term at age 70
Rate Guarantee		1 year	1 year

[Please refer to the plan summary for specific benefits and limitations.](#)

City of Maricopa
 Side-by-Side Comparison
 Short Term Disability



Employer Contribution Level 100% (Employee)
 Effective 7/1/2012

	Lincoln Current/Renewal
<u>ELIGIBILITY</u>	
Full Time Employees	
189	
<u>BENEFITS</u>	
Elimination Period	15 Days
Benefit Duration	24 Weeks
Weekly Benefit	60% Salary
Maximum	\$1,000
Minimum	\$20
Pre-Existing Conditions Clause	N/A
	<u>Current</u>
Rate Per \$10 of Covered Benefits	0.190
Weekly Covered payroll	
\$124,004.00	
Monthly cost	\$2,356.08
Annual Cost	\$28,272.91
Rate Guarantee	1 year

Please refer to the plan summary for specific benefits and limitations.