NORTH MIAMI
FLORIDA
776 N.E. 125 Street, North Miami, Florida 33161

Council Report

To: The Honorable Mayor and City Council

From: Guithele Ruiz-Nicolas, Personnel Administration Manager

Date: October 14, 2014

RE: RESOLUTION AUTHORIZING THE CITY MANAGER TO SIGN A CONTRACT EXTENDING HEALTH INSURANCE COVERAGE WITH UNITED HEALTHCARE (UHC) FOR PLAN YEAR 2015.

RECOMMENDATION

The City Council adopts the attached resolution authorizing the City Manager to sign a contract to extend the employee health insurance coverage with UHC (medical, dental and vision) for the 2015 plan year.

BACKGROUND

The City entered into a contract with United Healthcare for health insurance coverage for City employees, officials and retirees in 2001.

As noted by the attached September 18th memo, Sapoznik, the City's Insurance Agent of Record puts out a bid for proposals for companies to provide employee insurance coverage. Aside from UHC, two other companies placed bids: Aetna and Blue Cross Blue Shield. Humana, Avmed and Cigna declined to submit a proposal since their rates were not competitive with the renewal rates submitted by UHC.

The Agent provided an in-depth comparison and analysis of all the plans. Upon review it was determined that since no company offered a significant decrease in premiums for the same or comparable plan, it would be in the best interest of the City to remain with UHC. After reviewing competitive bids from Sapoznik, the City Manager was able to finalize negotiation for this year's final rates as proposed.

UHC presented the 2015 rates with a 9.8% increase for Neighborhood Health Plan (NHP) for medical coverage. Other plans costs changed as per the attached illustrations. UHC kept the rates the same for the vision and added a comparable dental plan 4.3% below the rate with the current carrier.

Attachment

Analysis Memo and rates

RESOLUTION NO. _____

A RESOLUTION OF THE VICE MAYOR AS ACTING MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA, APPROVING THE RENEWAL OF HEALTH INSURANCE COVERAGE FOR THE 2015 PLAN YEAR WITH UNITED HEALTHCARE, AS THE HEALTHCARE INSURANCE PROVIDER FOR CITY OF NORTH MIAMI EMPLOYEES, AND AUTHORIZING THE CITY MANAGER TO EXECUTE ALL NECESSARY DOCUMENTS TO EFFECTUATE SAID COVERAGE; PROVIDING FOR AN EFFECTIVE DATE AND FOR ALL OTHER PURPOSES.

WHEREAS, the City of North Miami ("City") employee health care coverage, currently provided by United Healthcare, will expire on December 31, 2014; and

WHEREAS, the insurance agent of record, Sapoznik Insurance & Associates, LLC ("Insurance Agent"), solicited insurance plan proposals from healthcare insurance providers, on behalf of the City; and

WHEREAS, in response to the Insurance Agent's request, insurance plan proposals were received from the following health insurance providers: 1) United Healthcare, 2) Aetna, and 3) Blue Cross Blue Shield; and

WHEREAS, the Insurance Agent provided an in-depth comparison and analysis of the available insurance plans to the City Manager and Personnel Administration Manager; and

WHEREAS, upon their comprehensive review, it was determined that the proposal from the current healthcare provider, United Healthcare, was the most advantageous to the City; and

WHEREAS, because of the rising costs of healthcare coverage, the United Healthcare insurance plan offers less of an increase in premiums than comparable plans; and

WHEREAS, City administration respectfully recommends to the Vice Mayor as Acting Mayor and City Council to continue the health insurance coverage with United Healthcare and authorize the City Manager to renew said coverage with United Healthcare; and

WHEREAS, the Vice Mayor as Acting Mayor and City Council find the renewal of the employee health insurance coverage with United Healthcare, as the health insurance provider for the 2015 plan year, to be in the best interest of the City.

NOW THEREFORE, BE IT RESOLVED BY THE VICE MAYOR AS ACTING MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA:

Section 1. **Authority of City Manager.** The Vice Mayor as Acting Mayor and City Council of the City of North Miami, Florida, hereby approve the renewal of health insurance coverage for 2015 plan year with United Healthcare, as the healthcare insurance provider for City of North Miami employees, and authorize the City Manager to execute all necessary documents to effectuate said coverage.

Section 2. **Effective Date.** This Resolution shall become effective immediately upon adoption.

PASSED AND ADOPTED by a _____ vote of the Vice Mayor as Acting Mayor and City Council of the City of North Miami, Florida, this _____ day of October, 2014.

_____
PHILIPPE BIEN-AIME
VICE MAYOR AS ACTING MAYOR

ATTEST:

_____
MICHAEL A. ETIENNE, ESQ.
CITY CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

_____
REGINE M. MONESTIME
CITY ATTORNEY

SPONSORED BY: CITY ADMINISTRATION

Moved by: _____

Seconded by: _____

Vote:

Vice Mayor as Acting Mayor Philippe Bien-Aime	_____ (Yes)	_____ (No)
Councilperson Scott Galvin	_____ (Yes)	_____ (No)
Councilperson Carol Keys, Esq.	_____ (Yes)	_____ (No)
Councilperson Marie Erlande Steril	_____ (Yes)	_____ (No)

NORTH MIAMI
FLORIDA
PERSONNEL ADMINISTRATION

MEMORANDUM

To: Aleem Ghany, City Manager

From: Guithele Ruiz-Nicolas, Personnel Administration Manager

Date: September 18, 2014

Subject: 2015 Benefit Year

Pursuant to our September 11th meeting with the City's Agent of Record, Sapoznik Insurance, and representatives from United Health Care (UHC), new rates were provided for consideration for the 2015 insurance plans. As they advised, the Affordable Care Act (ACA) has new tax requirements which impact the cost of insurance nationwide. Furthermore, due to last year's claims incurred from the City's employees and their covered dependants, an increase was inevitable. Sapoznik worked with UHC to get "best and final" revised renewal and also went to market and requested proposals from all viable carriers in our market. A summary comparing this years insurance expenses to what is available for 2015 for comparable benefits is as follows: Aetna's proposal showed a 28.66% increase; Blue Cross Blue Shield's proposal showed a rate increase is 28.26%; lastly Humana, Avmed and Cigna declined to submit a proposal as their rates were not competitive with the renewal from UHC as well Humana's network deficiency with the loss of Baptist Hospital and Baptist Providers. UHC's renewal proposal initially required a rate increase of 21.66%. Sapoznik successfully negotiated that increase down to 14.6% with no changes to benefits.

In an effort to further reduce cost, we were able to successfully negotiate an arrangement where by moving our dental plans to UHC we would receive another 1% decrease to medical rates and a $5 per subscriber credit amounting to approximately $26.000. Our current dental provider, MetlLife required a DHMO increase of 15%, compared to United Health Care's decrease of 4.30%, This further reduced the City's cost as well as that for the employees on the DHMO.

Further renegotiations combined with some plan modifications and the bundling of dental resulted in a final increase of 9.8% to the City's cost for medical coverage. Other plan cost changed as per the attached illustrations. Our annual budget cost currently is $2,533,116. If recommendations are adopted City cost would increase to $2,782,579, or an annual increase of $249,463 based on enrollment counts illustrated in attachments.

Attached are the 2015 plan features as well as a fiscal analysis which reflects the cost of current and proposed plans. As noted, it also includes three alternatives to address the employees' level of contributions: 1) Keep employee deductions the same for single NHP base plan coverage; 2) share 50% of the base plan single increase with employees; 3) employees pay 100% of the increase. In all illustrations the employees pay 100% of the cost increase for covered dependants. The fiscal impact will be based on the alternative selected.

It is our objective to place this item on the October 14, 2014 Council Agenda. Please advise if you need additional information or questions regarding this packet. Thank you.

Attachments

Pay Periods 52

NHP / UHC

Current

NHP HMO OA 3U2 - HMO

	Number of Employees	Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	279	$482.84	$134,712.36	$ 439.50	91%	$ 10.00	$43.34	$ 122,620.50
ES	32	$1,033.30	$33,065.60	$ 589.50	57%	$ 102.42	$443.80	$ 18,864.00
EC	43	$963.28	$41,421.04	$ 589.50	61%	$ 86.26	$373.78	$ 25,348.50
FA	27	$1,456.76	$39,332.52	$ 689.50	47%	$ 177.06	$767.26	$ 18,616.50
MONTHLY EMPLOYER CONTRIBUTION								$ 185,449.50
TOTAL MONTHLY PREMIUM								$ 248,531.52
TOTAL MONTHLY DEDUCTIONS								$ 63,082.02
ANNUAL PREMIUM								$ 2,982,378.24
TOTAL PARTICIPANTS								381

NHP / UHC

Payroll Deduction Remains the Same for EE / Base Plan

NHP HMO OA 3U2 - HMO

	Number of Employees	UHC/NHP Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	279	$530.74	$148,076.46	$ 487.40	92%	$ 10.00	$43.34	$ 135,984.60
ES	32	$1,135.81	$36,345.92	$ 637.40	56%	$ 115.02	$498.41	$ 20,396.80
EC	43	$1,058.84	$45,530.12	$ 637.40	60%	$ 97.26	$421.44	$ 27,408.20
FA	27	$1,601.28	$43,234.56	$ 737.40	46%	$ 199.36	$863.88	$ 19,909.80
MONTHLY EMPLOYER CONTRIBUTION								$ 203,699.40
TOTAL MONTHLY PREMIUM								$ 273,187.06
TOTAL MONTHLY DEDUCTIONS								$ 69,487.66
ANNUAL PREMIUM								$ 3,278,244.72
TOTAL PARTICIPANTS								381

Current

UHC CHOICE 0NB - HMO

	Number of Employees	Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	35	$667.23	$23,353.05	$ 439.50	66%	$ 52.55	$227.73	$ 15,382.50
ES	6	$1,427.89	$8,567.34	$ 589.50	41%	$ 193.47	$838.39	$ 3,537.00
EC	7	$1,331.13	$9,317.91	$ 589.50	44%	$ 171.15	$741.63	$ 4,126.50
FA	1	$2,013.07	$2,013.07	$ 689.50	34%	$ 305.44	$1,323.57	$ 689.50
MONTHLY EMPLOYER CONTRIBUTION								$ 23,735.50
TOTAL MONTHLY PREMIUM								$ 43,251.37
TOTAL MONTHLY DEDUCTIONS								$ 19,515.87
ANNUAL PREMIUM								$ 519,016.44
TOTAL PARTICIPANTS								49

Payroll Deduction Remains the Same for EE / Base Plan

UHC CHOICE 0NB M2 - HMO

	Number of Employees	UHC/NHP Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	35	$711.30	$24,895.50	$ 487.40	69%	$ 51.67	$223.90	$ 17,059.00
ES	6	$1,522.20	$9,133.20	$ 637.40	42%	$ 204.18	$884.80	$ 3,824.40
EC	7	$1,419.05	$9,933.35	$ 637.40	45%	$ 180.38	$781.65	$ 4,461.80
FA	1	$2,146.03	$2,146.03	$ 737.40	34%	$ 325.07	$1,408.63	$ 737.40
MONTHLY EMPLOYER CONTRIBUTION								$ 26,082.60
TOTAL MONTHLY PREMIUM								$ 46,108.08
TOTAL MONTHLY DEDUCTIONS								$ 20,025.48
ANNUAL PREMIUM								$ 553,296.96
TOTAL PARTICIPANTS								49

Current

UHC CHOICE PLUS 0NM MOD - POS

	Number of Employees	Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	3	$875.45	$2,626.35	$ 439.50	50%	$ 100.60	$435.95	$ [illegible]
ES	1	$1,873.49	$1,873.49	$ 589.50	31%	$ 296.31	$1,283.99	$ 589.50
EC	0	$1,746.54	$0.00	$ 589.50	34%	$ 267.01	$1,157.04	$ -
FA	0	$2,641.28	$0.00	$ 689.50	26%	$ 450.41	$1,951.78	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ 1,908.00
TOTAL MONTHLY PREMIUM								$ 4,499.84
TOTAL MONTHLY DEDUCTIONS								$ 2,591.84
ANNUAL PREMIUM								$ 53,998.08
TOTAL PARTICIPANTS								4

Payroll Deduction Remains the Same for EE / Base Plan

UHC CHOICE PLUS 0NM MOD - POS

	Number of Employees	UHC/NHP Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	3	$1,003.27	$3,009.81	$ 487.40	49%	$ 119.05	$515.87	$ 1,462.20
ES	1	$2,147.03	$2,147.03	$ 637.40	30%	$ 348.38	$1,509.63	$ 637.40
EC	0	$2,001.54	$0.00	$ 637.40	32%	$ 314.80	$1,364.14	$ -
FA	0	$3,026.92	$0.00	$ 737.40	24%	$ 528.35	$2,289.52	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ 2,099.60
TOTAL MONTHLY PREMIUM								$ 5,156.84
TOTAL MONTHLY DEDUCTIONS								$ 3,057.24
ANNUAL PREMIUM								$ 61,882.08
TOTAL PARTICIPANTS								4

Current

UHC CHOICE PLUS 0E4 MOD - PPO

	Number of Employees	Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	2	$976.62	$1,953.24	$ -	0%	$ 225.37	$976.62	$ -
ES	0	$2,089.96	$0.00	$ -	0%	$ 482.30	$2,089.96	$ -
EC	0	$1,948.35	$0.00	$ -	0%	$ 449.62	$1,948.35	$ -
FA	0	$2,946.47	$0.00	$ -	0%	$ 679.95	$2,946.47	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ -
TOTAL MONTHLY PREMIUM								$ 1,953.24
TOTAL MONTHLY DEDUCTIONS								$ 1,953.24
ANNUAL PREMIUM								$ 23,438.88
TOTAL PARTICIPANTS								2

Payroll Deduction Remains the Same for EE / Base Plan

UHC CHOICE PLUS 0E4 MOD - PPO

	Number of Employees	UHC/NHP Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	2	$1,119.21	$2,238.42	$ -	0%	$ 258.28	$1,119.21	$ -
ES	0	$2,395.10	$0.00	$ -	0%	$ 552.72	$2,395.10	$ -
EC	0	$2,232.82	$0.00	$ -	0%	$ 515.27	$2,232.82	$ -
FA	0	$3,376.67	$0.00	$ -	0%	$ 779.23	$3,376.67	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ -
TOTAL MONTHLY PREMIUM								$ 2,238.42
TOTAL MONTHLY DEDUCTIONS								$ 2,238.42
ANNUAL PREMIUM								$ 26,861.04
TOTAL PARTICIPANTS								2

TOTAL MONTHLY EMPLOYER CONTRIBUTION	$ 211,093.00
TOTAL PREMIUM	$ 298,235.97
% OF EMPLOYER CONTRIBUTION	71%
TOTAL EMPLOYER COST ANNUALLY	$ 2,533,116.00

TOTAL MONTHLY EMPLOYER CONTRIBUTION	$ 231,881.60
TOTAL PREMIUM	$ 326,690.40
% OF EMPLOYER CONTRIBUTION	71%
TOTAL EMPLOYER COST ANNUALLY	$ 2,782,579.20

NHP / UHC

Increase for EE Base Plan Split between Employer and Employee

NHP HMO OA 3U2 - HMO

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	279	$530.74	$148,076.46	$ 463.45	87%	$ 15.53	$67.29	$ 129,302.55
ES	32	$1,135.81	$36,345.92	$ 613.45	54%	$ 120.54	$522.36	$ 19,630.40
EC	43	$1,058.84	$45,530.12	$ 613.45	58%	$ 102.78	$445.39	$ 26,378.35
FA	27	$1,601.28	$43,234.56	$ 713.45	45%	$ 204.88	$887.83	$ 19,263.15
MONTHLY EMPLOYER CONTRIBUTION								$ 194,574.45
TOTAL MONTHLY PREMIUM								$ 273,187.06
TOTAL MONTHLY DEDUCTIONS								$ 78,612.61
ANNUAL PREMIUM								$ 3,278,244.72
TOTAL PARTICIPANTS								381

NHP / UHC

Employer Contribution Remains the Same

NHP HMO OA 3U2 - HMO

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	279	$530.74	$148,076.46	$ 439.50	91%	$ 21.06	$91.24	$ 122,620.50
ES	32	$1,135.81	$36,345.92	$ 589.50	57%	$ 126.07	$546.31	$ 18,864.00
EC	43	$1,058.84	$45,530.12	$ 589.50	61%	$ 108.31	$469.34	$ 25,348.50
FA	27	$1,601.28	$43,234.56	$ 689.50	47%	$ 210.41	$911.78	$ 18,616.50
MONTHLY EMPLOYER CONTRIBUTION								$ 185,449.50
TOTAL MONTHLY PREMIUM								$ 273,187.06
TOTAL MONTHLY DEDUCTIONS								$ 87,737.56
ANNUAL PREMIUM								$ 3,278,244.72
TOTAL PARTICIPANTS								381

Increase for EE Base Plan Split between Employer and Employee

UHC CHOICE 0NB M2 - HMO

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	35	$711.30	$24,895.50	$ 463.45	65%	$ 57.20	$247.85	$ 16,220.75
ES	6	$1,522.20	$9,133.20	$ 613.45	40%	$ 209.71	$908.75	$ 3,680.70
EC	7	$1,419.05	$9,933.35	$ 613.45	43%	$ 185.91	$805.60	$ 4,294.15
FA	1	$2,146.03	$2,146.03	$ 713.45	33%	$ 330.60	$1,432.58	$ 713.45
MONTHLY EMPLOYER CONTRIBUTION								$ 24,909.05
TOTAL MONTHLY PREMIUM								$ 46,108.08
TOTAL MONTHLY DEDUCTIONS								$ 21,199.03
ANNUAL PREMIUM								$ 553,296.96
TOTAL PARTICIPANTS								49

Employer Contribution Remains the Same

UHC CHOICE 0NB M2 - HMO

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	35	$711.30	$24,895.50	$ 439.50	66%	$ 62.72	$271.80	$ 15,382.50
ES	6	$1,522.20	$9,133.20	$ 589.50	41%	$ 215.24	$932.70	$ 3,537.00
EC	7	$1,419.05	$9,933.35	$ 589.50	44%	$ 191.43	$829.55	$ 4,126.50
FA	1	$2,146.03	$2,146.03	$ 689.50	34%	$ 336.12	$1,456.53	$ 689.50
MONTHLY EMPLOYER CONTRIBUTION								$ 23,735.50
TOTAL MONTHLY PREMIUM								$ 46,108.08
TOTAL MONTHLY DEDUCTIONS								$ 22,372.58
ANNUAL PREMIUM								$ 553,296.96
TOTAL PARTICIPANTS								49

Increase for EE Base Plan Split between Employer and Employee

UHC CHOICE PLUS 0NM MOD - POS

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	3	$1,003.27	$3,009.81	$ 463.45	46%	$ 124.57	$539.82	$ 1,390.35
ES	1	$2,147.03	$2,147.03	$ 613.45	29%	$ 353.90	$1,533.58	$ 613.45
EC	0	$2,001.54	$0.00	$ 613.45	31%	$ 320.33	$1,388.09	$ -
FA	0	$3,026.92	$0.00	$ 713.45	24%	$ 533.88	$2,313.47	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ 2,003.80
TOTAL MONTHLY PREMIUM								$ 5,156.84
TOTAL MONTHLY DEDUCTIONS								$ 3,153.04
ANNUAL PREMIUM								$ 61,882.08
TOTAL PARTICIPANTS								4

Employer Contribution Remains the Same

UHC CHOICE PLUS 0NM MOD - POS

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	3	$1,003.27	$3,009.81	$ 439.50	50%	$ 130.10	$563.77	$ 1,318.50
ES	1	$2,147.03	$2,147.03	$ 589.50	31%	$ 359.43	$1,557.53	$ 589.50
EC	0	$2,001.54	$0.00	$ 589.50	34%	$ 325.86	$1,412.04	$ -
FA	0	$3,026.92	$0.00	$ 689.50	26%	$ 539.40	$2,337.42	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ 1,908.00
TOTAL MONTHLY PREMIUM								$ 5,156.84
TOTAL MONTHLY DEDUCTIONS								$ 3,248.84
ANNUAL PREMIUM								$ 61,882.08
TOTAL PARTICIPANTS								4

Increase for EE Base Plan Split between Employer and Employee

UHC CHOICE PLUS 0E4 MOD - PPO

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	2	$1,119.21	$2,238.42	$ -	0%	$ 258.28	$1,119.21	$ -
ES	0	$2,395.10	$0.00	$ -	0%	$ 552.72	$2,395.10	$ -
EC	0	$2,232.82	$0.00	$ -	0%	$ 515.27	$2,232.82	$ -
FA	0	$3,376.67	$0.00	$ -	0%	$ 779.23	$3,376.67	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ -
TOTAL MONTHLY PREMIUM								$ 2,238.42
TOTAL MONTHLY DEDUCTIONS								$ 2,238.42
ANNUAL PREMIUM								$ 26,861.04
TOTAL PARTICIPANTS								2

Employer Contribution Remains the Same

UHC CHOICE PLUS 0E4 MOD - PPO

Number of Employees		Current Premium	Total Monthly Premium	Employer's Contribution	%	Weekly Deductions	Total Monthly Deductions	Total Employer's Monthly Contribution
EE	2	$1,119.21	$2,238.42	$ -	0%	$ 258.28	$1,119.21	$ -
ES	0	$2,395.10	$0.00	$ -	0%	$ 552.72	$2,395.10	$ -
EC	0	$2,232.82	$0.00	$ -	0%	$ 515.27	$2,232.82	$ -
FA	0	$3,376.67	$0.00	$ -	0%	$ 779.23	$3,376.67	$ -
MONTHLY EMPLOYER CONTRIBUTION								$ -
TOTAL MONTHLY PREMIUM								$ 2,238.42
TOTAL MONTHLY DEDUCTIONS								$ 2,238.42
ANNUAL PREMIUM								$ 26,861.04
TOTAL PARTICIPANTS								2

TOTAL MONTHLY EMPLOYER CONTRIBUTION	$ 221,487.30
TOTAL PREMIUM	$ 326,690.40
% OF EMPLOYER CONTRIBUTION	68%
TOTAL EMPLOYER COST ANNUALLY	$ 2,657,847.60

TOTAL MONTHLY EMPLOYER CONTRIBUTION	$ 211,093.00
TOTAL PREMIUM	$ 326,690.40
% OF EMPLOYER CONTRIBUTION	65%
TOTAL EMPLOYER COST ANNUALLY	$ 2,533,116.00

October 9, 2014

SAPOZNIK
HEALTH & WELLNESS

Mr. Aleem Ghany
City Manager
City of North Miami
776 NE 125 Street
North Miami, FL 33161

Dear Aleem:

I have prepared this summary booklet pursuant to our meeting on September 11, 2014 in the City Managers conference. In attendance at that meeting were City Manager, Personnel Administration Manager, Personnel Administrator, myself and for the first hour, two United HealthCare representatives, Terry Jones-Director of Key Account Management and Phillip Edwards-Strategic Account Executive.

In this meeting we reviewed the renewal presentation booklet which contained full detail on both the renewal proposals for all benefit lines of coverage as well as all other carrier responses to the request for proposals. As you know we discussed in full detail for over two hours these responses and best strategies for moving forward, meeting both the City's financial requirements as well as those of all the employees.

After careful deliberation it was decided to move forward with renewing our long standing relationship with United HealthCare. It was also decided that we would be changing the base HMO Medical Plan to an alternate plan in order to meet the City's budget while being mindful to have as little impact as possible on the employees out of pocket expenses when they utilize the plan. Additionally, the decision was made to move the Dental program to United HealthCare. The combination of the increase to the incumbents plan cost as well as additional discounts offered to medical plan cost by United HealthCare made this the most appealing way to proceed.

As reviewed and discussed in detail in our meeting as well as addressed in Guithele's memo, two other carriers submitted medical proposals, Aetna and Florida Blue. Both these proposals were considerably higher in cost and would also cause disruption for the employees. All other viable carriers that service our region declined to quote due to not being competitive with the renewal proposal from United HealthCare as well as network issues (Aetna, Coventry, AvMed and Cigna).

Contained in the summary booklet you will find full detail on renewal actions, financial data as well as a year in review of the City and Sapoznik Insurances continued partnership, services added and paid for by our company on your behalf and our daily interaction. If adopted as proposed the medical cost increase to the City budget based on enrollment count as of date of proposal would be approximately, $259,000 while maintaining the employee's base single payroll deduction to the current $10 per paycheck.

As always, at your discretion I am available to meet with you as well as any Council Member as is allowed to discuss, review and present any additional facts needed. You are one of our most valued clients and we look forward to continuing our successful relationship for many years to come.

Sincerely,

Andrew Goodman
Vice President

SAPOZNIK

Group Name: City of North Miami
Effective Date: January 1, 2015

Company/Plan		NHP HMO OA 3U2 $15/25/500/100%					UHC- Choice 0NB					UHC-Choice Plus 0NM Mod					UHC-Choice Plus 0E4 MOD			
												In-Network		Out-Network			In-Network		Out-Network	
Physician		$15 CO-PAY					$15 CO-PAY					$15 CO-PAY		DED & 70%			$15 CO-PAY		DED & 70%	
Specialist		$25 CO-PAY					$30 CO-PAY					$30 CO-PAY		DED & 70%			$15 CO-PAY		DED & 70%	
Adult & Child Wellness Adult Wellness Max		COVERED 100% (NO MAX)					COVERED 100% (NO MAX)					COVERED 100% (NO MAX)		Adult: Not Covered Child: DED & 70%			COVERED 100% (NO MAX)		Adult: Not Covered Child: DED & 70%	
Mammograms		COVERED 100%					COVERED 100%					COVERED 100%		DED & 70%			COVERED 100%		DED & 70%	
Emergency Room - Waived if Admitted		$150 CO-PAY					$150 CO-PAY					$150 CO-PAY					$100 CO-PAY			
Urgent Care		$25 CO-PAY					$35 CO-PAY					$35 CO-PAY		DED & 70%			$50 CO-PAY		DED & 70%	
Independent Clinical Lab		COVERED 100%					COVERED 100%					COVERED 100%		Prev: Not Covered All Other Labs: DED & 70%			COVERED 100%		Prev: Not Covered All Other Labs: DED & 70%	
Diagnostic Testing / MRI, CAT Scans		COVERED 100%					$250 CO-PAY					$250 CO-PAY		DED & 70%			DED & 90%		DED & 70%	
Outpatient Surgery - Ambulatory Surgical Center		COVERED 100%					DED THEN 100%					DED & $250 CO-PAY		DED & 70%			DED & 90%		DED & 70%	
Provider Services Ambulatory Surgery Center (ASC)		COVERED 100%					DED THEN 100%					DED THEN 100%		DED & 70%			DED & 90%		DED & 70%	
Outpatient Surgery - Hospital		COVERED 100%					DED THEN 100%					DED & $250 CO-PAY		DED & 70%			DED & 90%		DED & 70%	
Inpatient Hospital		$500 PER ADMISSION					DED THEN 100%					DED & $500 CO-PAY		DED & 70%			DED & 90%		DED & 70%	
Provider Services Hospital		COVERED 100%					DED THEN 100%					DED THEN 100%		DED & 70%			DED & 90%		DED & 70%	
Home Health		COVERED 100% 60 VISITS					DED THEN 100% 60 VISITS					DED THEN 100% 60 VISITS		DED & 70% 60 VISITS			DED & 90% 60 VISITS		DED & 70% 60 VISITS	
Outpatient Therapy		COVERED 100% 20 VISITS					$15 CO-PAY 20 VISITS					$15 CO-PAY 20 VISITS		DED & 70% 20 VISITS			$15 CO-PAY 20 VISITS		DED & 70% 20 VISITS	
Deductible		NONE					$1500/$3000					$1500/$3000		$2500/$5000			$250/$500		$500/$1000	
Deductible Included in Out of Pocket Max		N/A					YES					YES					YES			
Co-Insurance		100%					100%					100%		70%			90%		70%	
Maximum Out of Pocket		$1500/$3000					$2000/$4000					$2000/$4000		$5000/$10000			$2250/$4500		$4500/$9000	
Out of Pocket Includes		DED, CO-PAY, CO-INS & RX CO-PAYS					DED , CO-PAY & CO-INS					DED, CO-PAY & CO-INS					DED, CO-PAY & CO-INS			
Prescription		Current $10/$35/$50/20% **Renewal: $10/$35/$50 SMCS: $10/$25/$250**					$10/$30/$70					$10/$30/$50					$10/$30/$50			
Lifetime Maximum		UNLIMITED					UNLIMITED					UNLIMITED					UNLIMITED			
Premium Breakdown		**Current**	**Renewal**	**Negotiated**	**Re-Negotiated**		**Current**	**Renewal**	**Negotiated**	**Re-Negotiated**		**Current**	**Renewal**	**Negotiated**	**Re-Negotiated**		**Current**	**Renewal**	**Negotiated**	**Re-Negotiated**
Employee	279	$482.84	$587.13	$577.48	$553.33	35	$667.23	$811.35	$798.01	$764.65	3	$875.45	$1,064.55	$1,047.04	$994.51	2	$976.62	$1,187.57	$1,168.04	$1,109.44
Employee/Spouse	32	$1,033.30	$1,256.49	$1,235.83	$1,184.15	6	$1,427.89	$1,736.31	$1,707.76	$1,636.37	1	$1,873.49	$2,278.17	$2,240.70	$2,128.28	0	$2,089.96	$2,541.39	$2,499.60	$2,374.19
Employee/Child(ren)	43	$963.28	$1,171.34	$1,152.09	$1,103.91	7	$1,331.13	$1,618.65	$1,592.04	$1,525.48	0	$1,746.54	$2,123.80	$2,088.87	$1,984.07	0	$1,948.35	$2,369.19	$2,330.23	$2,213.32
Employee/Family	27	$1,456.76	$1,771.41	$1,742.30	$1,669.43	1	$2,013.07	$2,447.89	$2,407.64	$2,306.99	0	$2,641.28	$3,211.80	$3,158.98	$3,000.49	0	$2,946.47	$3,582.91	$3,523.99	$3,347.19
Comments	**381**	Current	Increase 21.60%	Increase 19.60%	Increase 13.60%	**49**	Current	Increase 21.60%	Increase 19.60%	Increase 13.60%	**4**	Current	Increase 21.60%	Increase 19.60%	Increase 13.60%	**2**	Current	Increase 21.60%	Increase 19.60%	Increase 13.60%
Monthly Total		**$248,531.52**	**$302,212.64**	**$297,245.45**	**$284,814.61**		**$43,251.37**	**$52,593.55**	**$51,728.83**	**$49,566.32**		**$4,499.84**	**$5,471.82**	**$5,381.82**	**$5,111.81**		**$1,953.24**	**$2,375.14**	**$2,336.08**	**$2,218.88**

****This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier****

Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission.

SAPOZNIK

Group Name: City of North Miami
Effective Date: January 1, 2015

Medical Proposed Renewal Plans

Company/Plan		NHP HMO OA 3U2 $15/25/500/100%		NHP HMO OA 3U2 M2 $15/25/500/100%		UHC- Choice 0NB		UHC- Choice 0NB M2		UHC-Choice Plus 0NM Mod In-Network	UHC-Choice Plus 0NM Mod Out-Network		UHC-Choice Plus 0E4 MOD In-Network	UHC-Choice Plus 0E4 MOD Out-Network
Physician		$15 CO-PAY		$15 CO-PAY		$15 CO-PAY		$15 CO-PAY		$15 CO-PAY	DED & 70%		$15 CO-PAY	DED & 70%
Specialist		$25 CO-PAY		$25 CO-PAY		$30 CO-PAY		$30 CO-PAY		$30 CO-PAY	DED & 70%		$15 CO-PAY	DED & 70%
Adult & Child Wellness Adult Wellness Max		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%		COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%
Mammograms		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%	DED & 70%		COVERED 100%	DED & 70%
Emergency Room - Waived if Admitted		$150 CO-PAY		**$250 CO-PAY**		$150 CO-PAY		$150 CO-PAY		$150 CO-PAY			$100 CO-PAY	
Urgent Care		$25 CO-PAY		**$35 CO-PAY**		$35 CO-PAY		$35 CO-PAY		$35 CO-PAY	DED & 70%		$50 CO-PAY	DED & 70%
Independent Clinical Lab		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%	Prev: Not Covered All Other Labs: DED & 70%		COVERED 100%	Prev: Not Covered All Other Labs: DED & 70%
Diagnostic Testing / MRI, CAT Scans		COVERED 100%		**$200 CO-PAY**		$250 CO-PAY		$250 CO-PAY		$250 CO-PAY	DED & 70%		DED & 90%	DED & 70%
Outpatient Surgery - Ambulatory Surgical Center		COVERED 100%		**DED THEN 100%**		DED THEN 100%		DED THEN 100%		DED & $250 CO-PAY	DED & 70%		DED & 90%	DED & 70%
Provider Services Ambulatory Surgery Center (ASC)		COVERED 100%		**DED THEN 100%**		DED THEN 100%		DED THEN 100%		DED THEN 100%	DED & 70%		DED & 90%	DED & 70%
Outpatient Surgery - Hospital		COVERED 100%		**DED THEN 100%**		DED THEN 100%		DED THEN 100%		DED & $250 CO-PAY	DED & 70%		DED & 90%	DED & 70%
Inpatient Hospital		$500 PER ADMISSION		**DED & $500 PER ADMISSION**		DED THEN 100%		DED THEN 100%		DED & $500 CO-PAY	DED & 70%		DED & 90%	DED & 70%
Provider Services Hospital		COVERED 100%		**DED THEN 100%**		DED THEN 100%		DED THEN 100%		DED THEN 100%	DED & 70%		DED & 90%	DED & 70%
Home Health		COVERED 100% 60 VISITS		**DED THEN 100% 60 VISITS**		DED THEN 100% 60 VISITS		DED THEN 100% 60 VISITS		DED THEN 100% 60 VISITS	DED & 70% 60 VISITS		DED & 90% 60 VISITS	DED & 70% 60 VISITS
Outpatient Therapy		COVERED 100% 20 VISITS		COVERED 100% 20 VISITS		$15 CO-PAY 20 VISITS		$15 CO-PAY 20 VISITS		$15 CO-PAY 20 VISITS	DED & 70% 20 VISITS		$15 CO-PAY 20 VISITS	DED & 70% 20 VISITS
Deductible		NONE		**$250/$500**		$1500/$3000		**$2000/$4000**		$1500/$3000	$2500/$5000		$250/$500	$500/$1000
Deductible Included in Out of Pocket Max		N/A		**YES**		YES		YES		YES			YES	
Co-Insurance		100%		100%		100%		100%		100%	70%		90%	70%
Maximum Out of Pocket		$1500/$3000		$1500/$3000		$2000/$4000		**$3000/$6000**		$2000/$4000	$5000/$10000		$2250/$4500	$4500/$9000
Out of Pocket Includes		DED, CO-PAY, CO-INS & RX CO-PAYS		DED, CO-PAY, CO-INS & RX		DED , CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX		DED, CO-PAY & CO-INS			DED, CO-PAY & CO-INS	
Prescription		Current $10/$35/$50/20% **Renewal: $10/$35/$50 SMCS: $10/$25/$250**		**$10/$35/$50 SMCS: $10/$25/$250**		$10/$30/$70		$10/$30/$70		$10/$30/$50			$10/$30/$50	
Lifetime Maximum		UNLIMITED		UNLIMITED		UNLIMITED		UNLIMITED		UNLIMITED			UNLIMITED	
Premium Breakdown		Current	Re-Negotiated			Current	Re-Negotiated			Current	Re-Negotiated		Current	Re-Negotiated
Employee	279	$482.84	$553.33	$530.74	35	$667.23	$764.65	$711.30	3	$875.45	$994.51	2	$976.62	$994.51
Employee/Spouse	32	$1,033.30	$1,184.15	$1,135.81	6	$1,427.89	$1,636.37	$1,522.20	1	$1,873.49	$2,128.28	0	$2,089.96	$2,128.28
Employee/Child(ren)	43	$963.28	$1,103.91	$1,058.84	7	$1,331.13	$1,525.48	$1,419.05	0	$1,746.54	$1,984.07	0	$1,948.35	$1,984.07
Employee/Family	27	$1,456.76	$1,669.43	$1,601.28	1	$2,013.07	$2,306.99	$2,146.03	0	$2,641.28	$3,000.49	0	$2,946.47	$3,000.49
Comments	**381**	Current	Increase 14.60%	Increase 9.28%	**49**	Current	Increase 14.60%	Increase 6.60%	**4**	Current	Increase 13.60%	**2**	Current	Increase 13.60%
Monthly Total		**$248,531.52**	**$284,814.61**	**$273,187.06**		**$43,251.37**	**$49,566.32**	**$46,108.08**		**$4,499.84**	**$5,111.81**		**$1,953.24**	**$1,989.02**

****This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier****

Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission.

SAPOZNIK

Group Name: City of North Miami

Effective Date: January 1, 2015

Dental and Vision - Proposed Renewal Plans

Company/Plan		Metlife DHMO MET185A Plan		UHC - DHMO D0070 Plan
Deductible		NONE		NONE
Co-Insurance		100%		100%
Dentist		$5 CO-PAY		COVERED 100%
Specialist		CO-PAY APPLIES		CO-PAY APPLIES
Cleanings		1 EVERY 6 MONTHS		1 EVERY 6 MONTHS
Preventive **Network** **Non Network**		MOST PROCEDURES COVERED 100% SOME PROCEDURES HAVE CO-PAYS		MOST PROCEDURES COVERED 100% SOME PROCEDURES HAVE CO-PAYS
Basic Coverage **Network** **Non Network**		SOME PROCEDURES COVERED 100% MOST PROCEDURES HAVE CO-PAYS		SOME PROCEDURES COVERED 100% MOST PROCEDURES HAVE CO-PAYS
Major Coverage		CO-PAY APPLIES		CO-PAY APPLIES
Orthodontic Coverage **Orthodontic Maximum** **(Age Limits)**		CO-PAY APPLIES		CO-PAY APPLIES
Rate Guarantee		1 YEAR		1 YEAR
Annual Maximum		NONE		NONE
Dependent Child/Student Age		UP TO AGE 26		UP TO AGE 26
Premium Breakdown		Current	Renewal	
Employee	198	$16.40	$18.86	$16.02
Employee+1	65	$28.70	$33.01	$28.03
Employee+2 or more	57	$45.09	$51.85	$41.38
Comments	**320**	Current	Increase 15%	Decrease 4.30%
Monthly Total		**$7,682.83**	**$8,835.38**	**$7,352.57**

****This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier****

Company/Plan		MetLife PPO Plan		UHC PPO Plan
Deductible		IN: $25/$75 OUT: $50/$150		IN: $25/$75 OUT: $50/$150
Co-Insurance		IN: 100%/90%/60% OUT: 100%/80%/50%		IN: 100%/90%/60% OUT: 100%/80%/50%
Dentist		IN: DED & CO-INS OUT: DED & CO-INS		IN: DED & CO-INS OUT: DED & CO-INS
Specialist		IN: DED & CO-INS OUT: DED & CO-INS		IN: DED & CO-INS OUT: DED & CO-INS
Cleanings		1 EVERY 6 MONTHS		1 EVERY 6 MONTHS
Preventive Coverage		IN/OUT: DED WAIVED, COVERED 100%		IN/OUT: DED WAIVED, COVERED 100%
Basic Coverage		IN: DED & 90% OUT: DED & 80%		IN: DED & 90% OUT: DED & 80%
Major Coverage		IN: DED & 60% OUT: DED & 50%		IN: DED & 60% OUT: DED & 50%
Periodontic & Endodontic Coverage		Basic Coverage		Basic Coverage
Orthodontic Coverage **Orthodontic Maximum** **(Age Limits)**		50% CO-INS ADULT/CHILD $1000 LIFETIME MAX		**NOT COVERED**
Rate Guarantee		1 YEAR		1 YEAR
Annual Maximum		IN: $5,000 OUT: $2,500		**IN/OUT: $2,500**
Dependent Child/Student Age		UP TO AGE 26		UP TO AGE 26
Reimbursement Level		OON- UCR		**OON- FEE**
Premium Breakdown		Current	Renewal	
Employee	90	$51.31	$90.37	$60.78
Employee+1	29	$102.44	$170.10	$121.35
Employee+2 or more	22	$157.15	$260.95	$186.15
Comments	**141**	Current	Increase 70.26%	Increase 18.46%
Monthly Total		**$35,705.47**	**$59,583.09**	**$42,296.46**

Company/Plan		UHC - Vision SPECTERA V1005	
Exam		**$10 CO-PAY (EVERY 12 MONTHS)	
Materials		**$10 CO-PAY Lenses: (EVERY 12 MONTHS) Frames: (EVERY 12 MONTHS)	
Maximum Allowances		**NETWORK DOCTOR**	**NON-NETWORK DOCTOR REIMBURSEMENT**
Eye Exam		PAID IN FULL AFTER CO-PAY	$40 REIMBURSEMENT
Lenses		PAID IN FULL AFTER CO-PAY	UP TO $40 SINGLE $60 BIFOCAL $80 TRIFOCAL $80 LENTICULAR
Contacts-Necessary (Legally Blind)		PAID IN FULL AFTER CO-PAY	UP TO $210 REIMBURSEMENT
Contacts-Elective		UP TO $105 ALLOWANCE	UP TO $105 REIMBURSEMENT
Frames		UP TO $130 ALLOWANCE + 30% DISCOUNT ON ANY OVERAGE	UP TO $45 REIMBURSEMENT
		Current / Renewal	
Employee	137	$7.38	
Employee Spouse	35	$14.79	
Employee Children	23	$15.50	
Employee Family	27	$19.49	
Comments	**222**	**Next Renewal: 01/01/2016**	
Total Monthly		**$2,411.44**	

Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission.

SAPOZNIK

Group Name: City of North Miami
Effective Date: January 1, 2015

Life & Disability

Company/Plan	LINCOLN	
Life Amount	Class 1 / 9: 2 x Annual Class 2 / 4: $50,000 Class 3 / 7: 1 x Annual Class 5 / 6: $5,000 Class 8: $176,000	
Maximum Benefits	Class 1 / 9:$300,000 Class 2 / 4: $50,000 Class 3 / 7: $100,000 Class 5 / 6: $5,000 Class 8: $176,000	
Reduction Factor	35% @ AGE 65 15% @ AGE 70 15% @ AGE 75	
Guaranteed Issue Amount	Class 1 / 9:$300,000 Class 2 / 4: $50,000 Class 3 / 7: $100,000 Class 5 / 6: $5,000 Class 8: $176,000	
Class Definition	Class 1 / 9: Directors / Director Who Retired on or After 12/31/06 Class 2 / 4: Director Not Wanting to be Subject to Inputted Income. / All Other Full-Time Employees Not Wanting to be Subject to Inputted Income. Class 3 / 7: All Others Full-Time Employees / Member Who Retired on or After 4/1/01 Excluding Retired Council Members / Class 5 / 6: Council Members / Members Who Retired Before 4/1/01 & All Retired Council Members Regardless of Retirement Date Class 8: Retirees With Approved Life Insurance Amount As of 12/31/06	
Rate Guarantee	**Next Renewal: 1/1/2016**	
Premium Breakdown	**Current**	**Renewal**
Life	$0.220	$0.297
AD&D	$0.040	$0.040
Life Volume	$27,219,450	$27,219,450
AD&D Volume	$19,954,150	$19,954,150
Life Approx. Monthly Premium	$5,988.28	$8,084.18
AD&D Approx. Monthly Premium	$798.17	$798.17
Approx. Monthly Premium	**$6,786.45**	**$8,882.34**

Company/Plan	LINCOLN	
Maximum Weekly Benefit Amount	60% TO $1500	
Elimination Period Accident	30 DAYS	
Elimination Period Sickness	30 DAYS	
Maximum Benefit Period	9 WEEKS	
Rate Guarantee	**Next Renewal: 1/1/2016**	
Premium Breakdown	**Current**	**Renewal**
Rate Per $10 of Benefit	$0.270	$0.297
Comment		
Volume	$61,238	$61,238
Approx. Monthly Premium	**$1,653.43**	**$1,818.77**

Company/Plan	LINCOLN
Maximum Benefit Amount	60% TO $8000
Guaranteed Issue Amount	$8,000
Benefit Period	LATER OF AGE 65/SSNRA
Elimination Period	90 DAYS
Own Occupation	2 YEARS
Pre-Existing Period	3/12
Rate Guarantee	**Next Renewal: 1/1/2016**
Premium Breakdown	**Current / Renewal**
Rate Per $100 of Monthly Income	$0.650
Comment	
Volume	$582,795
Approx. Monthly Premium	**$3,788.17**

Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission.

SAPOZNIK

City of North Miami

January 1, 2015

Current			
Plan Name	#	Monthly Premium	Annual Premium
NHP HMO OA 3U2 $15/25/500/100%	381	$248,531.52	$2,982,378.24
UHC- Choice 0NB	49	$43,251.37	$519,016.44
UHC-Choice Plus 0NM Mod	4	$4,499.84	$53,998.08
UHC-Choice Plus 0E4 MOD	2	$1,953.24	$23,438.88
Total	436	$298,235.97	$3,578,831.64
Current			

Renewal			
Plan Name	#	Monthly Premium	Annual Premium
NHP HMO OA 3U2 $15/25/500/100%	381	$302,212.64	$3,626,551.68
UHC- Choice 0NB	49	$52,593.55	$631,122.60
UHC-Choice Plus 0NM Mod	4	$5,471.82	$65,661.84
UHC-Choice Plus 0E4 MOD	2	$2,375.14	$28,501.68
Total	436	$362,653.15	$4,351,837.80
% Increase		21.60%	

Negotiate			
Plan Name	#	Monthly Premium	Annual Premium
NHP HMO OA 3U2 $15/25/500/100%	381	$297,245.45	$3,566,945.40
UHC- Choice 0NB	49	$51,728.83	$620,745.96
UHC-Choice Plus 0NM Mod	4	$5,381.82	$64,581.84
UHC-Choice Plus 0E4 MOD	2	$2,336.08	$28,032.96
Total	436	$356,692.18	$4,280,306.16
% Increase		19.60%	

Re-Negotiated			
Plan Name	#	Monthly Premium	Annual Premium
NHP HMO OA 3U2 $15/25/500/100%	381	$284,814.61	$3,417,775.32
UHC- Choice 0NB	49	$49,566.32	$594,795.84
UHC-Choice Plus 0NM Mod	4	$5,111.81	$61,341.72
UHC-Choice Plus 0E4 MOD	2	$2,218.88	$26,626.56
Total	436	$341,711.62	$4,100,539.44
% Increase		14.58%	

Aetna			
Plan Name	#	Monthly Premium	Annual Premium
Aetna HnOnly	381	$319,939.90	$3,839,278.80
Aetna HnOnly $1500	49	$55,678.67	$668,144.04
Aetna HnOptions $1500	4	$5,566.83	$66,801.96
Aetna HnOptions $250	2	$2,514.44	$30,173.28
Total	436	$383,699.84	$4,604,398.08
% Increase		28.66%	

BCBS			
Plan Name	#	Monthly Premium	Annual Premium
BCBS BlueCare 55	381	$340,647.35	$4,087,768.20
BCBS BlueCare 45	49	$36,706.40	$440,476.80
BlueOptions 03564 LG	4	$3,716.60	$44,599.20
BlueOptions 03768 LG	2	$1,370.26	$16,443.12
Total	436	$382,440.61	$4,589,287.32
% Increase		28.23%	

SAPOZNIK

Group Name: City of North Miami
Effective Date: January 1, 2015

AETNA HMO's

Company/Plan		NHP HMO OA 3U2 $15/25/500/100%		Aetna HnOnly		UHC- Choice 0NB		Aetna HnOnly $1500
Physician		$15 CO-PAY		$15 CO-PAY		$15 CO-PAY		$15 CO-PAY
Specialist		$25 CO-PAY		$25 CO-PAY		$30 CO-PAY		$30 CO-PAY
Adult & Child Wellness Adult Wellness Max		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)
Mammograms		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%
Emergency Room - Waived if Admitted		$150 CO-PAY		$150 CO-PAY		$150 CO-PAY		$150 CO-PAY
Urgent Care		$25 CO-PAY		$25 CO-PAY		$35 CO-PAY		$35 CO-PAY
Independent Clinical Lab		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%
Diagnostic Testing / MRI, CAT Scans		COVERED 100%		COVERED 100%		$250 CO-PAY		$250 CO-PAY
Outpatient Surgery - Ambulatory Surgical Center		COVERED 100%		COVERED 100%		DED THEN 100%		DED THEN 100%
Provider Services Ambulatory Surgery Center (ASC)		COVERED 100%		COVERED 100%		DED THEN 100%		DED THEN 100%
Outpatient Surgery - Hospital		COVERED 100%		COVERED 100%		DED THEN 100%		DED THEN 100%
Inpatient Hospital		$500 PER ADMISSION		$500 CO-PAY PER ADMISSION		DED THEN 100%		DED THEN 100%
Provider Services Hospital		COVERED 100%		COVERED 100%		DED THEN 100%		DED THEN 100%
Home Health		COVERED 100% 60 VISITS		COVERED 100% 60 VISITS		DED THEN 100% 60 VISITS		COVERED 100% 60 VISITS
Outpatient Therapy		COVERED 100% 20 VISITS		$25 CO-PAY 30 VISITS		$15 CO-PAY 20 VISITS		$30 CO-PAY 30 VISITS
Deductible		NONE		NONE		$1500/$3000		$1500/$3000
Deductible Included in Out of Pocket Max		N/A		N/A		YES		YES
Co-Insurance		100%		100%		100%		100%
Maximum Out of Pocket		$1500/$3000		$1500/$3000		$2000/$4000		$2000/$40000
Out of Pocket Includes		DED, CO-PAY, CO-INS & RX CO-PAYS		DED, CO-PAY, CO-INS & RX		DED , CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX
Prescription		Current $10/$35/$50/20% **Renewal: $10/$35/$50 SMCS: $10/$25/$250**		$10/$35/$50		$10/$30/$70		$10/$30/$60
Lifetime Maximum		UNLIMITED		UNLIMITED		UNLIMITED		UNLIMITED
Premium Breakdown		**Current**	**Re-Negotiated**			**Current**	**Re-Negotiated**	
Employee	279	$482.84	$553.33	$621.57	35	$667.23	$764.65	$858.94
Employee/Spouse	32	$1,033.30	$1,184.15	$1,330.19	6	$1,427.89	$1,636.37	$1,838.17
Employee/Child(ren)	43	$963.28	$1,103.91	$1,240.05	7	$1,331.13	$1,525.48	$1,713.61
Employee/Family	27	$1,456.76	$1,669.43	$1,875.32	1	$2,013.07	$2,306.99	$2,591.48
Comments	**381**	Current	Increase 14.60%	Increase 28.73%	**49**	Current	Increase 14.60%	Increase 28.73%
Monthly Total		**$248,531.52**	**$284,814.61**	**$319,939.90**		**$43,251.37**	**$49,566.32**	**$55,678.67**

Employees in Monreo, FL (33041, 33070) Wakulla, FL (32327) & North Carolina (28787) Will need to enroll in an Aetna OA MC plan

****This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier****

11:42 AM Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission. 10/9/2014

SAPOZNIK

Group Name: City of North Miami

Effective Date: January 1, 2015

AETNA POS

Company/Plan		UHC-Choice Plus 0NM Mod		Aetna HnOptions $1500			UHC-Choice Plus 0E4 MOD		Aetna HnOptions $250	
		In-Network	Out-Network	In-Network	Out-Network		In-Network	Out-Network	In-Network	Out-Network
Physician		$15 CO-PAY	DED & 70%	$15 CO-PAY	DED & 70%		$15 CO-PAY	DED & 70%	$15 CO-PAY	DED & 70%
Specialist		$30 CO-PAY	DED & 70%	$30 CO-PAY	DED & 70%		$15 CO-PAY	DED & 70%	$15 CO-PAY	DED & 70%
Adult & Child Wellness Adult Wellness Max		COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%	COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%		COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%	COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%
Mammograms		COVERED 100%	DED & 70%	COVERED 100%	DED & 70%		COVERED 100%	DED & 70%	COVERED 100%	DED & 70%
Emergency Room - Waived if Admitted		$150 CO-PAY		$150 CO-PAY			$100 CO-PAY		$100 CO-PAY	
Urgent Care		$35 CO-PAY	DED & 70%	$35 CO-PAY	DED & 70%		$50 CO-PAY	DED & 70%	$50 CO-PAY	DED & 70%
Independent Clinical Lab		COVERED 100%	Prev: Not Covered All Other Labs: DED & 70%	Lab: COVERED 100% X-Ray: $30 CO-PAY	DED & 70%		COVERED 100%	Prev: Not Covered All Other Labs: DED & 70%	COVERED 100%	DED & 70%
Diagnostic Testing / MRI, CAT Scans		$250 CO-PAY	DED & 70%	$250 CO-PAY	DED & 70%		DED & 90%	DED & 70%	DED & 90%	DED & 70%
Outpatient Surgery - Ambulatory Surgical Center		DED & $250 CO-PAY	DED & 70%	DED & $250 CO-PAY	DED & 70%		DED & 90%	DED & 70%	DED & 90%	DED & 70%
Provider Services Ambulatory Surgery Center (ASC)		DED THEN 100%	DED & 70%	DED THEN 100%	DED & 70%		DED & 90%	DED & 70%	DED & 90%	DED & 70%
Outpatient Surgery - Hospital		DED & $250 CO-PAY	DED & 70%	DED & $250 CO-PAY	DED & 70%		DED & 90%	DED & 70%	DED & 90%	DED & 70%
Inpatient Hospital		DED & $500 CO-PAY	DED & 70%	DED & $500 CO-PAY	DED & 70%		DED & 90%	DED & 70%	DED & 90%	DED & 70%
Provider Services Hospital		DED THEN 100%	DED & 70%	DED THEN 100%	DED & 70%		DED & 90%	DED & 70%	DED & 90%	DED & 70%
Home Health		DED THEN 100% 60 VISITS	DED & 70% 60 VISITS	COVERED 100% 60 VISITS	DED & 70% 60 VISITS		DED & 90% 60 VISITS	DED & 70% 60 VISITS	COVERED 100% 60 VISITS	DED & 70% 60 VISITS
Outpatient Therapy		$15 CO-PAY 20 VISITS	DED & 70% 20 VISITS	$30 CO-PAY 30 VISITS	DED & 70% 30 VISITS		$15 CO-PAY 20 VISITS	DED & 70% 20 VISITS	$15 CO-PAY 30 VISITS	DED & 70% 30 VISITS
Deductible		$1500/$3000	$2500/$5000	$1500/$3000	$2500/$5000		$250/$500	$500/$1000	$250/$500	$500/$1000
Deductible Included in Out of Pocket Max		YES		YES			YES		YES	
Co-Insurance		100%	70%	100%	70%		90%	70%	90%	70%
Maximum Out of Pocket		$2000/$4000	$5000/$10000	$2000/$4000	$5000/$10000		$2250/$4500	$4500/$9000	$2250/$4500	$4500/$9000
Out of Pocket Includes		DED, CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX			DED, CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX	
Prescription		$10/$30/$50		$10/$30/$50	NOT COVERED		$10/$30/$50		$10/$30/$50	NOT COVERED
Lifetime Maximum		UNLIMITED		UNLIMITED			UNLIMITED		UNLIMITED	
Premium Breakdown		Current	Re-Negotiated				Current	Re-Negotiated		
Employee	3	$875.45	$1,003.27	$1,083.03		2	$976.62	$1,119.21	$1,257.22	
Employee/Spouse	1	$1,873.49	$2,147.03	$2,317.74		0	$2,089.96	$2,395.10	$2,690.52	
Employee/Child(ren)	0	$1,746.54	$2,001.54	$2,160.68		0	$1,948.35	$2,232.82	$2,508.20	
Employee/Family	0	$2,641.28	$3,026.92	$3,267.58		0	$2,946.47	$3,376.67	$3,793.13	
Comments	**4**	Current	Increase 14.60%	Increase 23.71%		**2**	Current	Increase 14.60%	Increase 28.74%	
Monthly Total		**$4,499.84**	**$5,156.84**	**$5,566.83**			**$1,953.24**	**$2,238.42**	**$2,514.44**	

Employees in Monreo, FL (33041, 33070) Wakulla, FL (32327) & North Carolina (28787) Will need to enroll in an Aetna OA MC plan

****This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier****

11:42 AM Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission. 10/9/2014

SAPOZNIK

Group Name: City of North Miami

Effective Date: January 1, 2015

BCBS HMO's

Company/Plan		NHP HMO OA 3U2 $15/25/500/100%		BCBS BlueCare 55		UHC- Choice 0NB		BCBS BlueCare 45
Physician		$15 CO-PAY		$15 CO-PAY		$15 CO-PAY		$30 CO-PAY
Specialist		$25 CO-PAY		$25 CO-PAY		$30 CO-PAY		$55 CO-PAY
Adult & Child Wellness Adult Wellness Max		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)		COVERED 100% (NO MAX)
Mammograms		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%
Emergency Room - Waived if Admitted		$150 CO-PAY		$100 CO-PAY		$150 CO-PAY		$250 CO-PAY
Urgent Care		$25 CO-PAY		$25 CO-PAY		$35 CO-PAY		$60 CO-PAY
Independent Clinical Lab		COVERED 100%		COVERED 100%		COVERED 100%		COVERED 100%
Diagnostic Testing / MRI, CAT Scans		COVERED 100%		$50 CO-PAY		$250 CO-PAY		$250 CO-PAY
Outpatient Surgery - Ambulatory Surgical Center		COVERED 100%		$100 CO-PAY		DED THEN 100%		$200 CO-PAY
Provider Services Ambulatory Surgery Center (ASC)		COVERED 100%		$15/$25 CO-PAY		DED THEN 100%		$30/$55 CO-PAY
Outpatient Surgery - Hospital		COVERED 100%		$150 CO-PAY		DED THEN 100%		$400 CO-PAY
Inpatient Hospital		$500 PER ADMISSION		$250 CO-PAY PER ADMISSION		DED THEN 100%		DED & 90%
Provider Services Hospital		COVERED 100%		COVERED 100%		DED THEN 100%		DED & 90%
Home Health		COVERED 100% 60 VISITS		COVERED 100% 60 VISITS		DED THEN 100% 60 VISITS		COVERED 100% 20 VISITS
Outpatient Therapy		COVERED 100% 20 VISITS		$25 CO-PAY 30 VISITS		$15 CO-PAY 20 VISITS		$55 CO-PAY 35 CO-PAY
Deductible		NONE		NONE		$1500/$3000		$1500/$4500
Deductible Included in Out of Pocket Max		N/A		N/A		YES		YES
Co-Insurance		100%		100%		100%		90%
Maximum Out of Pocket		$1500/$3000		$2500/$7500		$2000/$4000		$4000/$8000
Out of Pocket Includes		DED, CO-PAY, CO-INS & RX CO-PAYS		DED, CO-PAY, CO-INS & RX		DED , CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX
Prescription		Current $10/$35/$50/20% **Renewal: $10/$35/$50 SMCS: $10/$25/$250**		$10/$30/$50		$10/$30/$70		$10/$30/$50
Lifetime Maximum		UNLIMITED		UNLIMITED		UNLIMITED		UNLIMITED
Premium Breakdown		**Current**	**Re-Negotiated**			**Current**	**Re-Negotiated**	
Employee	279	$482.84	$553.33	$656.96	35	$667.23	$764.65	$562.29
Employee/Spouse	32	$1,033.30	$1,184.15	$1,563.57	6	$1,427.89	$1,636.37	$1,338.26
Employee/Child(ren)	43	$963.28	$1,103.91	$1,208.81	7	$1,331.13	$1,525.48	$1,034.62
Employee/Family	27	$1,456.76	$1,669.43	$2,049.72	1	$2,013.07	$2,306.99	$1,754.35
Comments	**381**	Current	Increase 14.60%	Increase 37.06%	**49**	Current	Increase 14.60%	Decrease 15.13%
Monthly Total		**$248,531.52**	**$284,814.61**	**$340,647.35**		**$43,251.37**	**$49,566.32**	**$36,706.40**

****This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier****

11:42 AM Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission. 10/9/2014

SAPOZNIK

Group Name: City of North Miami

Effective Date: January 1, 2015

BCBS POS

Company/Plan		UHC-Choice Plus 0NM Mod		BlueOptions 03564 LG			UHC-Choice Plus 0E4 MOD		BlueOptions 03768 LG	
		In-Network	Out-Network	In-Network	Out-Network		In-Network	Out-Network	In-Network	Out-Network
Physician		$15 CO-PAY	DED & 70%	$25 CO-PAY	DED & 60%		$15 CO-PAY	DED & 70%	$20 CO-PAY	DED & 50%
Specialist		$30 CO-PAY	DED & 70%	$50 CO-PAY	DED & 60%		$15 CO-PAY	DED & 70%	$45 CO-PAY	DED & 50%
Adult & Child Wellness Adult Wellness Max		COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%	COVERED 100% (NO MAX)	60% (NO MAX)		COVERED 100% (NO MAX)	Adult: Not Covered Child: DED & 70%	COVERED 100% (NO MAX)	50% (NO MAX)
Mammograms		COVERED 100%	DED & 70%	COVERED 100%	DED & 60%		COVERED 100%	DED & 70%	COVERED 100%	DED & 50%
Emergency Room - Waived if Admitted		$150 CO-PAY		$150 CO-PAY			$100 CO-PAY		$200 CO-PAY	
Urgent Care		$35 CO-PAY	DED & 70%	$55 CO-PAY	DED & 60%		$50 CO-PAY	DED & 70%	$50 CO-PAY	DED & 50%
Independent Clinical Lab		COVERED 100%	Prev: Not Covered All Other Labs: DED & 70%	COVERED 100%	DED & 60%		COVERED 100%	Prev: Not Covered All Other Labs: DED & 70%	COVERED 100%	DED & 50%
Diagnostic Testing / MRI, CAT Scans		$250 CO-PAY	DED & 70%	DED THEN 100%	DED & 60%		DED & 90%	DED & 70%	$200 CO-PAY	DED & 50%
Outpatient Surgery - Ambulatory Surgical Center		DED & $250 CO-PAY	DED & 70%	DED THEN 100%	DED & 60%		DED & 90%	DED & 70%	$200 CO-PAY	DED & 50%
Provider Services Ambulatory Surgery Center (ASC)		DED THEN 100%	DED & 70%	DED THEN 100%	DED & 60%		DED & 90%	DED & 70%	$20/$45 CO-PAY	DED & 50%
Outpatient Surgery - Hospital		DED & $250 CO-PAY	DED & 70%	DED THEN 100%	DED & 60%		DED & 90%	DED & 70%	$300 / $600 CO-PAY	DED & 50%
Inpatient Hospital		DED & $500 CO-PAY	DED & 70%	DED THEN 100%	DED & 60%		DED & 90%	DED & 70%	$700 / $1000 CO-PAY	DED & 50%
Provider Services Hospital		DED THEN 100%	DED & 70%	DED THEN 100%			DED & 90%	DED & 70%	$50 CO-PAY	
Home Health		DED THEN 100% 60 VISITS	DED & 70% 60 VISITS	DED THEN 100% 20 VISITS	DED & 60% 20 VISITS		DED & 90% 60 VISITS	DED & 70% 60 VISITS	DED THEN 100% 20 VISITS	DED & 50% 20 VISITS
Outpatient Therapy		$15 CO-PAY 20 VISITS	DED & 70% 20 VISITS	$50 CO-PAY 35 VISITS	DED & 60% 35 VISITS		$15 CO-PAY 20 VISITS	DED & 70% 20 VISITS	$45 CO-PAY 35 VISITS	DED & 50% 35 VISITS
Deductible		$1500/$3000	$2500/$5000	$2000/$6000			$250/$500	$500/$1000	$250/$750	$1000/$3000
Deductible Included in Out of Pocket Max		YES		YES			YES		YES	
Co-Insurance		100%	70%	100%	60%		90%	70%	100%	50%
Maximum Out of Pocket		$2000/$4000	$5000/$10000	$2000/$6000	$6000/$12000		$2250/$4500	$4500/$9000	$3000/$6000	$6000/$12000
Out of Pocket Includes		DED, CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX			DED, CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX	
Prescription		$10/$30/$50		$10/$30/$50	50%		$10/$30/$50		$10/$30/$50	50%
Lifetime Maximum		UNLIMITED		UNLIMITED			UNLIMITED		UNLIMITED	
Premium Breakdown		**Current**	**Re-Negotiated**				**Current**	**Re-Negotiated**		
Employee	3	$875.45	$1,003.27	$690.82		2	$976.62	$1,119.21	$685.13	
Employee/Spouse	1	$1,873.49	$2,147.03	$1,644.14		0	$2,089.96	$2,395.10	$1,630.62	
Employee/Child(ren)	0	$1,746.54	$2,001.54	$1,271.10		0	$1,948.35	$2,232.82	$1,260.65	
Employee/Family	0	$2,641.28	$3,026.92	$2,155.34		0	$2,946.47	$3,376.67	$2,137.62	
Comments	**4**	Current	Increase 14.60%	Decrease 17.41%		**2**	Current	Increase 14.60%	Decrease 29.85%	
Monthly Total		**$4,499.84**	**$5,156.84**	**$3,716.60**			**$1,953.24**	**$2,238.42**	**$1,370.26**	

****This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier****

11:42 AM Information provided by Sapoznik Insurance is proprietary. It may not be copied, emulated or distributed without express permission. 10/9/2014

CITY OF NORTH MIAMI

2015 RENEWAL

RATE HISTORY & LARGE CLAIMS AND LOSS RATIO

2015 United Healthcare / Neighborhood Partnership						
	NHP HMO 3U2	UHC Choice 0NB	UHC Choice Plus 0NM Mod	UHC Choice Plus 0E4 MOD	% CHANGE TO BASE PLAN	LARGE CLAIMS AND LOSS RATIO
EE	$ 553.33	$ 764.65	$ 994.51	$ 1,109.44	9.28% Increase 2014-2015	2014-2015 81.9% 5 CLAIMS
ES	$ 1,184.15	$ 1,636.37	$ 2,128.28	$ 2,374.19		
EC	$ 1,103.91	$ 1,525.48	$ 1,984.07	$ 2,213.32		
EF	$ 1,669.43	$ 2,306.99	$ 3,000.49	$ 3,347.19		

2014 United Healthcare / Neighborhood Partnership						
	NHP HMO EVA	UHC Choice FH1 M3	UHC Choice Plus FXM M3 New COC	UHC Choice Plus 7GG	% CHANGE TO BASE PLAN	LARGE CLAIMS AND LOSS RATIO
EE	$ 491.83	$ 679.20	$ 890.61	$ 991.95	9% Increase -2013-2014	2013-2014 87% 5 CLAIMS
ES	$ 1,052.53	$ 1,453.51	$ 1,905.93	$ 2,122.76		
EC	$ 981.22	$ 1,355.01	$ 1,776.78	$ 1,978.93		
EF	$ 1,483.88	$ 2,049.18	$ 2,687.02	$ 2,992.72		

2013 United Healthcare / Neighborhood Partnership						
	NHP HMO EVA	UHC Choice FH1 M3	UHC Choice Plus FXM M3 New COC	UHC Choice Plus 7GG	% CHANGE TO BASE PLAN	LARGE CLAIMS AND LOSS RATIO
EE	$ 451.24	$ 505.48	$ 706.01	$ 775.12	0% Increase -2012-2013	2012-2013 84.1% 6 CLAIMS
ES	$ 965.67	$ 1,081.74	$ 1,510.88	$ 1,658.75		
EC	$ 900.24	$ 1,008.44	$ 1,408.50	$ 1,546.36		
EF	$ 1,361.42	$ 1,525.06	$ 2,130.07	$ 2,338.54		

2012 United Healthcare / Neighborhood Partnership						
	NHP HMO EVA	UHC HMO 7JA-Mod	UHC Choice Plus 6FD MOD3	UHC Choice Plus 7GG	%	LARGE CLAIMS AND LOSS RATIO
EE	$ 451.24	$ 481.48	$ 706.01	$ 646.47	8% DECREASE FROM 2011-2012	2011-2012 68.7% 5 CLAIMS
ES	$ 965.67	$ 1,030.68	$ 1,510.87	$ 1,383.44		
EC	$ 900.24	$ 960.56	$ 1,408.49	$ 1,289.70		
EF	$ 1,361.42	$ 1,452.65	$ 2,130.04	$ 1,950.40		

2011 United Healthcare / Neighborhood Partnership						
	NHP HMO EVA	UHC HMO 7JA-Mod	UHC Choice Plus 6FD MOD3	UHC-Choice Plus 7GG	%	LARGE CLAIMS AND LOSS RATIO
EE	$ 501.38	$ 534.98	$ 784.45	$ 718.30	0% INCREASE FROM 2010-2011	2010-2011 71.8% 10 CLAIMS
ES	$ 1,072.97	$ 1,144.87	$ 1,678.74	$ 1,537.16		
EC	$ 1,000.27	$ 1,067.29	$ 1,564.99	$ 1,433.00		
EF	$ 1,512.69	$ 1,614.05	$ 2,366.71	$ 2,167.11		

5 YEAR AVERAGE INCREASE OF 2.06% ANNUALLY