Prepared for:

Village of Cambridge

October 21, 2014

Health Life Dental Short-term Disability Long-term Disability Vision Voluntary Plans Section 125 Plans

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This review is intended to summarize various proposals and is not an offer or guarantee of coverage. Rates and coverage are subject to final approval of the insurance companies. In case this review conflicts with a carrier's materials or contracts, the contract/material shall prevail.
We reserve the right to correct any errors found.
Note: Rates may have been averaged for comparison purposes.
Because all contracts differ, no warranty is made of plan duplication.

BENEFIT COST COMPARISON FOR:

Village of Cambridge

October 21, 2014

Prepared by:

Innovation. Dedication. Knowledge. Purpose. Integrity. Vision. Talent. Results.

Effective Date: December 1, 2014

Village of Cambridge

Medical Cost Comparison

2014 Employee Contribution: $50 / Paycheck

		Current Plan:	Renewal Plan:	Dean Option II:	Dean Option III:	Dean Option IV:
Carrier:		Dean Health Plan	Dean Health Plan	Dean Health Plan	Dean Health Plan	Dean Health Plan
Annual Change from Current:			$14,120.52	-$10,982.52	-$16,304.04	-$22,912.56
Annual Change from Renewal:				-$25,103.04	-$30,424.56	-$37,033.08
		In-Network	In-Network	In-Network	In-Network	In-Network
Single Deductible:		$0	$0	$0	$500	$1,000
Family Deductible:		$0	$0	$0	$1,000	$2,000
Coinsurance:		100% / 0%	100% / 0%	90% / 10%	90% / 10%	100% / 0%
Single Out-of-Pocket Max:		$0	$0	$1,000	$1,000	$1,000
Family Out-of-Pocket Max:		$0	$0	$2,000	$2,000	$2,000
Office Visit Copay:		$30	$30	$30 PCP $60 Specialist	$30 PCP $60 Specialist	$30 PCP $60 Specialist
Urgent Care Copay:		$60	$60	$60	$60	$60
ER Copay:		$125	$125	$200	$200	$200
In-Patient / Out-Patient:		$300 Copay per Admission; $600 Single / $1200 Family Max	$300 Copay per Admission; $600 Single / $1200 Family Max	10% Coinsurance up to OOP Max	Deductible then 10% Coinsurance up to OOP Max	Deductible then 10% Coinsurance up to OOP Max
Pharmacy Copay:		$10 / 30% / 50%	$10 / 30% / 50%	$10 / 30% / 50%	$10 / 30% / 50%	$10 / 30% / 50%
	Census	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
	1	$2,166.23	$2,424.35	$1,977.66	$1,879.77	$1,758.21
	1	$1,777.76	$1,989.59	$1,713.37	$1,628.56	$1,523.25
	1	$2,174.31	$2,433.47	$2,119.39	$2,014.50	$1,884.22
	1	$2.166.23	$2,424.35	$1,950.55	$1,854.00	$1,734.11
	1	$1,590.19	$1,779.67	$1,198.54	$1,139.22	$1,065.55
Monthly Total:	4/5	$9,874.72	$11,051.43	$8,959.51	$8,516.05	$7,965.34
Annual Total:		$118,496.64	$132,617.16	$107,514.12	$102,192.60	$95,584.08
Plan/Network:		HMO 220A	HMO 220A	HMO 220A	HMO 220A	HMO 220A

Effective Date: December 1, 2014

Village of Cambridge

Medical Cost Comparison

2014 Employee Contribution: $50 / Paycheck

		Current Plan:	Renewal Plan:	Alternative:	Alternative:
Carrier:		Dean Health Plan	Dean Health Plan	PPlus	PPlus
Annual Change from Current:			$14,120.52	-$11,005.80	-$16,834.80
Annual Change from Renewal:				-$25,126.32	-$30,955.32
		In-Network	**In-Network**	**In-Network**	**In-Network**
Single Deductible:		$0	$0	$250	$1,000
Family Deductible:		$0	$0	$500	$2,000
Coinsurance:		100% / 0%	100% / 0%	80% / 20%	80% / 20%
Single Out-of-Pocket Max:		$0	$0	$1,000	$2,000
Family Out-of-Pocket Max:		$0	$0	$2,000	$4,000
Office Visit Copay:		$30	$30	$25 PCP $50 Specialist	$25 PCP $50 Specialist
Urgent Care Copay:		$60	$60	$50	$50
ER Copay:		$125	$125	$250	$250
In-Patient / Out-Patient:		$300 Copay per Admission; $600 Single / $1200 Family Max	$300 Copay per Admission; $600 Single / $1200 Family Max	Deductible then 20% up to OOP Max	Deductible then 20% up to OOP Max
Pharmacy Copay:		$10 / 30% / 50%	$10 / 30% / 50%	$10 / $25 / 50% / 10%	$10 / $25 / 50% / 10%
	Census	Age Rated	Age Rated	Age Rated	Age Rated
	1	$2,166.23	$2,424.35	$2,005.26	$1,896.52
	1	$1,777.76	$1,989.59	$1,737.30	$1,643.08
	1	$2,174.31	$2,433.47	$2,021.97	$1,912.33
	1	$2,166.23	$2,424.35	$1,977.77	$1,870.52
	1	$1,590.19	$1,779.67	$1,215.27	$1,149.37
Monthly Total:	4 5	$9,874.72	$11,051.43	$8,957.57	$8,471.82
Annual Total:		$118,496.64	$132,617.16	$107,490.84	$101,661.84
Plan/Network:		HMO 220A	HMO 220A	Wise Choice Platinum 250	Platinum 4 HMO

Effective Date: December 1, 2014

Village of Cambridge

Medical Cost Comparison

2014 Employee Contribution: $50 / Paycheck

		Current Plan:	Renewal Plan:	Alternative:	Alternative :
Carrier:		Dean Health Plan	Dean Health Plan	GHC	GHC
Annual Change from Current:			$14,120.52	-$6,940.08	-$7,174.08
Annual Change from Renewal:				-$21,060.60	-$21,294.60
		In-Network	**In-Network**	**In-Network**	**In-Network**
Single Deductible:		$0	$0	$500	$250
Family Deductible:		$0	$0	$1,000	$500
Coinsurance:		100% / 0%	100% / 0%	80% / 20%	80% / 20%
Single Out-of-Pocket Max:		$0	$0	$1,500	$2,000
Family Out-of-Pocket Max:		$0	$0	$3,000	$4,000
Office Visit Copay:		$30	$30	$20 PCP $20 Specialist	$20 PCP $20 Specialist
Urgent Care Copay:		$60	$60	$20	$20
ER Copay:		$125	$125	$100	$100
In-Patient / Out-Patient:		$300 Copay per Admission; $600 Single / $1200 Family Max	$300 Copay per Admission; $600 Single / $1200 Family Max	Deductible then 20% up to OOP Max	Deductible then 20% up to OOP Max
Pharmacy Copay:		$10 / 30% / 50%	$10 / 30% / 50%	$0 / $30 / $60 / $100	$0 / $30 / $60 / $100
	Census	Age Rated	Age Rated	Age Rated	Age Rated
	1	$2,166.23	$2,424.35	$2,081.11	$2,076.75
	1	$1,777.76	$1,989.59	$1,803.00	$1,799.22
	1	$2,174.31	$2,433.47	$2,098.46	$2,094.03
	1	$2,166.23	$2,424.35	$2,052.58	$2,048.28
	1	$1,590.19	$1,779.67	$1,261.23	$1,258.60
Monthly Total:	~~4~~ 5	$9,874.72	$11,051.43	$9,296.38	$9,276.88
Annual Total:		$118,496.64	$132,617.16	$111,556.56	$111,322.56
Plan/Network:		HMO 220A	HMO 220A	4600 Platinum Preferred	4603 Platinum Preferred

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Village of Cambridge

Medical Cost Comparison

2014 Employee Contribution: $50 / Paycheck

		Current Plan:	Renewal Plan:	Alternative :	Alternative :
Carrier:		Dean Health Plan	Dean Health Plan	Unity	Unity
Annual Change from Current:			$14,120.52	$10,796.88	-$9,599.76
Annual Change from Renewal:				-$3,323.64	-$23,720.28
		In-Network	In-Network	In-Network	In-Network
Single Deductible:		$0	$0	$500	$750
Family Deductible:		$0	$0	$1,000	$1,500
Coinsurance:		100% / 0%	100% / 0%	80% / 20%	70% / 30%
Single Out-of-Pocket Max:		$0	$0	$1,250	$5,400
Family Out-of-Pocket Max:		$0	$0	$2,500	$10,800
Office Visit Copay:		$30	$30	$15 PCP $50 Specialist	$25 PCP $85 Specialist
Urgent Care Copay:		$60	$60	$50	$85
ER Copay:		$125	$125	$100	$200
In-Patient / Out-Patient:		$300 Copay per Admission; $600 Single / $1200 Family Max	$300 Copay per Admission; $600 Single / $1200 Family Max	Deductible then 20% up to OOP Max	Deductible then 30% up to OOP Max
Pharmacy Copay:		$10 / 30% / 50%	$10 / 30% / 50%	$4 / $26 / $60 / $100	$4 / $26 / $60 / $100
	Census	Age Rated	Age Rated	Age Rated	Age Rated
	1	$2,166.23	$2,424.35	$2,412.00	$2,031.49
	1	$1,777.76	$1,989.59	$2,089.68	$1,760.02
	1	$2,174.31	$2,433.47	$2,432.08	$2,048.42
	1	$2,166.23	$2,424.35	$2,378.93	$2,003.64
	1	$1,590.19	$1,779.67	$1,461.77	$1,231.17
Monthly Total:	AS	$9,874.72	$11,051.43	$10,774.46	$9,074.74
Annual Total:		$118,496.64	$132,617.16	$129,293.52	$108,896.88
Plan/Network:		HMO 220A	HMO 220A	Platinum 4 HMO	Gold 2 HMO

Effective Date: January 1, 2015

Village of Cambridge

Dental Cost Comparison

		Current Plan:		Renewal Plan:		Alternative:
Carrier:		Delta Dental		Delta Dental		United Healthcare
Annual Change from Current:				$118.08		-$1,793.64
Annual Change from Renewal:						-$1,911.72
		In-Network	Non-Network	In-Network	Non-Network	In-Network
Deductible:		$50	$50	$50	$50	$50
Ded. Waived on Preventitive:		Yes	Yes	Yes	Yes	Yes
Preventive Service:		100%	100%	100%	100%	100%
Basic Services:		80%	80%	80%	80%	80%
Major Services:		50%	50%	50%	50%	50%
Endo/Perio:		50%	50%	50%	50%	50%
U&C Non-Network:		***PPO***	***Premier***	***PPO***	***Premier***	***In-Network Only***
Annual Maximum:		$1,500	$1,500	$1,500	$1,500	$1,500
	Census					
Single:	0	$39.70		$40.49		$28.09
Employee/Spouse:	3	$78.23		$79.79		$56.18
Employee/Child(ren):	0	$73.85		$75.33		$56.70
Family:	2	$129.05		$131.63		$87.39
Monthly Total:	5	$492.79		$502.63		$343.32
Annual Total:		$5,913.48		$6,031.56		$4,119.84
Plan Notes:		No waiting periods for New Hires		No waiting periods for New Hires		No waiting periods for New Hires Requries minimum 2 enrolled

Effective Date: January 1, 2015

Village of Cambridge

Dental Cost Comparison

		Current Plan:		Alternative:		Alternative:	
Carrier:		Delta Dental		MetLife		Humana	
Annual Change from Current:				$187.80		$933.24	
Annual Change from Renewal:				$69.72		$815.16	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible:		$50	$50	$50	$25	$50	$25
Ded. Waived on Preventitive:		Yes	Yes	Yes	Yes	Yes	Yes
Preventive Service:		100%	100%	100%	100%	100%	100%
Basic Services:		80%	80%	80%	80%	80%	80%
Major Services:		50%	50%	50%	50%	50%	50%
Endo/Perio:		50%	50%	50%	50%	50%	50%
U&C Non-Network:		***PPO***	***Premier***	***90%***		***90%***	
Annual Maximum:		$1,500	$1,500	$1,500	$1,500	$1,500	$1,500
	Census						
Single:	0	$39.70		$40.21		$43.13	
Employee/Spouse:	3	$78.23		$79.50		$97.50	
Employee/Child(ren):	0	$73.85		$87.00		$83.05	
Family:	2	$129.05		$134.97		$139.03	
Monthly Total:	5	$492.79		$508.44		$570.56	
Annual Total:		$5,913.48		$6,101.28		$6,846.72	
Plan Notes:		No waiting periods for New Hires		No waiting periods for New Hires		No waiting periods for New Hires	