



**City of Marco Island
Renewal Recommendation
Plan Year Effective Date: November 1, 2022**

October 3, 2022



BACKGROUND

The City of Marco Island currently offers a comprehensive employee benefits program to its employees, and retirees and their dependents (subject to eligibility guidelines). The program includes group medical, dental, vision, employee assistance program and flexible spending account administration. In addition, employees have the option to purchase basic life and accidental death & dismemberment, supplemental life, short-term and long-term disability insurance as well as supplemental worksite products.



MARKETING SUMMARY

The cost of health care remains a major concern for employer groups. In July 2020, Gehring Group released a Request for Proposal (RFP) for medical, dental and vision insurance. Based on the Committee Recommendation, the City changed medical, dental and vision carriers for the 2020-21 plan year with an overall 10.8% reduction in benefits costs.



MEDICAL / PRESCRIPTION

In preparation for the 2022-23 renewal, Gehring Group analyzed the City's medical claims and prepared an independent cost projection that generated an annual increase over current plan spend of 9.6% based on the City's historical claims utilization. Medical cost trends in the State of Florida have been increasing from 8% to 10% on an annual basis. Additionally, increased prescription costs (especially specialty medications) in the market are driving higher plan spend, absent higher utilization.

The first renewal offer from Cigna, was at a 10.3% increase over current. Gehring Group was able to negotiate with Cigna to reduce the 10.3% to a 3.0% renewal increase which results in an annual dollar increase of \$99,990 for the plan year. City staff and Gehring Group are recommending the continuation of the current medical program at a 3% increase.



DENTAL

The City's dental coverage is with The Standard and the initial renewal offer was a 9% increase for 12 months. Gehring Group was able to negotiate with The Standard to 7% and with an additional 12-month rate guarantee through October 31, 2024. City staff and Gehring Group are recommending the continuation of the current dental program at a 7% increase.



VISION

The City's vision coverage is with The Standard on the VSP network, and the initial renewal offer was a 7% increase for 12 months. Gehring Group was able to negotiate with The Standard to 5% and with an additional 12-month rate guarantee through October 31, 2024. City staff and Gehring Group are recommending the continuation of the current vision program at a 5% increase.



LIFE AND DISABILITY

The City's basic life and accidental death & dismemberment, supplemental life and short and long-term disability benefits are provided through The Standard. The Standard coverage is in a rate guarantee through October 31, 2023. City staff and Gehring Group are recommending continuation of the current life and disability benefits with no change in rates or benefits.



EMPLOYEE ASSISTANCE PROGRAM

The current Employee Assistance Program (EAP) provider, Health Advocate through The Standard is in a rate guarantee through October 31, 2023. City staff and Gehring Group are recommending continuation of the current EAP with no change in rates or benefits.



RECOMMENDATION

City staff and Gehring Group are recommending the following:

Coverage	Current Carrier	Recommended Carrier	Cost Impact
Medical	Cigna	Cigna	3%
Dental	The Standard	The Standard	7%
Vision	The Standard / VSP	The Standard / VSP	5%
Life Basic and Voluntary	The Standard	The Standard	0%
Short-Term / Long-Term Disability	The Standard	The Standard	0%
Employee Assistance Program	The Standard / Health Advocate	The Standard / Health Advocate	0%

City of Marco Island
Employee Benefits Executive Summary
Effective Date: November 1, 2022



Current						Renewal				Renewal		
		2021-2022				2022-2023				2022-2023		
MEDICAL		Cigna				Cigna - Return to Formula				Per Pay (24)		
Open Access Plus		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Employee Only	73	\$734.44	\$631.48	86%	\$102.96	\$756.45	\$642.98	85%	\$113.47	\$321.49	\$56.74	\$5.26
Employee + Spouse	34	\$1,633.71	\$1,404.69	86%	\$229.02	\$1,682.68	\$1,430.28	85%	\$252.40	\$715.14	\$126.20	\$11.69
Employee + Child(ren)	23	\$1,375.72	\$1,182.86	86%	\$192.86	\$1,416.95	\$1,204.41	85%	\$212.54	\$602.21	\$106.27	\$9.84
Employee + Family	60	\$2,260.26	\$1,943.40	86%	\$316.86	\$2,328.01	\$1,978.81	85%	\$349.20	\$989.41	\$174.60	\$16.17
Monthly Premium	190	\$276,417	\$237,667		\$38,750	\$284,702	\$241,997		\$42,705			
Annual Premium		\$3,317,009	\$2,852,007		\$465,002	\$3,416,429	\$2,903,965		\$512,464			
\$ Increase / \$ Decrease		-	-		-	\$99,420	\$51,958		\$47,462			
% Increase / % Decrease		-	-		-	3.0%	1.8%		10.2%			
MotiveMe Incentive Program		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
PEPM	190	\$2.50	\$2.50	100%	\$0.00	\$2.75	\$2.75	100%	\$0.00	\$1.38	\$0.00	\$0.00
Monthly Premium		\$475	\$475		\$0	\$523	\$523		\$0			
Annual Premium		\$5,700	\$5,700		\$0	\$6,270	\$6,270		\$0			
\$ Increase / \$ Decrease		-	-		-	\$570	\$570		\$0			
% Increase / % Decrease		-	-		-	10.0%	10.0%		0.0%			
Monthly Premium		\$276,892	\$238,142		\$38,750	\$285,225	\$242,520		\$42,705			
Annual Premium		\$3,322,709	\$2,857,707		\$465,002	\$3,422,699	\$2,910,235		\$512,464			
\$ Increase / \$ Decrease		-	-		-	\$99,990	\$52,528		\$47,462			
% Increase / % Decrease		-	-		-	3.0%	1.8%		10.2%			
DENTAL		The Standard				The Standard						
DPPO		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Employee Only	64	\$23.48	\$3.52	15%	\$19.96	\$25.12	\$3.77	15%	\$21.35	\$1.89	\$10.68	\$0.70
Employee + Spouse	50	\$49.98	\$7.50	15%	\$42.48	\$53.48	\$8.02	15%	\$45.46	\$4.01	\$22.73	\$1.49
Employee + Child(ren)	12	\$52.98	\$7.95	15%	\$45.03	\$56.68	\$8.50	15%	\$48.18	\$4.25	\$24.09	\$1.57
Employee + Family	57	\$101.98	\$15.30	15%	\$86.68	\$109.12	\$16.37	15%	\$92.75	\$8.19	\$46.38	\$3.04
Monthly Premium	183	\$10,450	\$1,568		\$8,883	\$11,182	\$1,677		\$9,504			
Annual Premium		\$125,404	\$18,813		\$106,591	\$134,180	\$20,128		\$114,052			
\$ Increase / \$ Decrease		-	-		-	\$8,776	\$1,315		\$7,461			
% Increase / % Decrease		-	-		-	7.0%	7.0%		7.0%			
Rate Guarantee		Expires 10/31/2022				Expires 10/31/2024						
VISION		The Standard				The Standard						
VSP Choice		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Employee Only	41	\$5.11	\$0.00	0%	\$5.11	\$5.36	\$0.00	0%	\$5.36	\$0.00	\$2.68	\$0.12
Employee + Spouse	32	\$9.43	\$0.00	0%	\$9.43	\$9.92	\$0.00	0%	\$9.92	\$0.00	\$4.96	\$0.24
Employee + Child(ren)	7	\$9.58	\$0.00	0%	\$9.58	\$10.04	\$0.00	0%	\$10.04	\$0.00	\$5.02	\$0.23
Employee + Family	43	\$17.18	\$0.00	0%	\$17.18	\$18.04	\$0.00	0%	\$18.04	\$0.00	\$9.02	\$0.43
Monthly Premium	123	\$1,317	\$0		\$1,317	\$1,383	\$0		\$1,383			
Annual Premium		\$15,805	\$0		\$15,805	\$16,598	\$0		\$16,598			
\$ Increase / \$ Decrease		-	-		-	\$794	\$0		\$794			
% Increase / % Decrease		-	-		-	5.0%	0.0%		5.0%			
Rate Guarantee		Expires 10/31/2022				Expires 10/31/2024						

City of Marco Island
Employee Benefits Executive Summary
Effective Date: November 1, 2022



	Current				Renewal				Renewal		
	2021-2022				2022-2023				2022-2023		
	The Standard				The Standard						
LIFE and AD&D	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee			
Life/AD&D											
Life Rate / \$1,000	\$0.240	\$0.000	0%	\$0.240	\$0.240	\$0.000	0%	\$0.240			
AD&D Rate / \$1,000	\$0.040	\$0.000	0%	\$0.040	\$0.040	\$0.000	0%	\$0.040			
Total Life and AD&D Rate	\$0.280	\$0.000	0%	\$0.280	\$0.280	\$0.000	0%	\$0.280			
Estimated Life Volume	\$6,702,500	\$0		\$6,702,500	\$6,702,500	\$0		\$6,702,500			
Monthly Premium	\$1,877	\$0		\$1,877	\$1,877	\$0		\$1,877			
Annual Premium	\$22,520	\$0		\$22,520	\$22,520	\$0		\$22,520			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2023				Expires 10/31/2023						
LTD	The Standard				The Standard						
Class 2 (Police) & Class 3 (All Other)	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee			
LTD Rate / \$100	\$0.540	\$0.540		\$0.540	\$0.540	\$0.540		\$0.540			
Class 2 Estimated LTD Volume	\$177,087	\$177,087	100%	\$0	\$177,087	\$177,087	100%	\$0			
Class 3 Estimated LTD Volume	\$360,326	\$0	0%	\$360,326	\$360,326	\$0	0%	\$360,326			
Monthly Premium	\$2,902	\$956		\$1,946	\$2,902	\$956		\$1,946			
Annual Premium	\$34,824	\$11,475		\$23,349	\$34,824	\$11,475		\$23,349			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2023				Expires 10/31/2023						
EAP	The Employee Assistance Program Services				The Standard						
Employee Assistance Program	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
PEPM Enrolled in LTD 100	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	\$0.00
PEPM Not Enrolled in LTD 113	\$0.35	\$0.35	100%	\$0.00	\$0.35	\$0.35	100%	\$0.00	\$0.18	\$0.00	\$0.00
Monthly Premium 213	\$40	\$40		\$0	\$40	\$40		\$0			
Annual Premium	\$475	\$475		\$0	\$475	\$475		\$0			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2023				Expires 10/31/2023						
Total Monthly Premium	\$293,478	\$240,706		\$52,772	\$302,608	\$245,193		\$57,415			
Total Annual Premium	\$3,521,737	\$2,888,471		\$633,267	\$3,631,297	\$2,942,313		\$688,984			
\$ Increase / \$ Decrease	-	-		-	\$109,560	\$53,843		\$55,717			
% Increase / % Decrease	-	-		-	3.1%	1.9%		8.8%			

City of Marco Island
Medical Insurance Evaluation
Effective Date: November 1, 2022

	Current		Renewal	
SCHEDULE OF BENEFITS	Cigna Open Access Plus		Cigna Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$500	\$1,000	\$500	\$1,000
Family	\$1,000	\$2,000	\$1,000	\$2,000
Annual Out of Pocket Maximum				
Single	\$2,500	\$5,000	\$2,500	\$5,000
Family	\$5,000	\$10,000	\$5,000	\$10,000
Coinsurance (Member Responsibility)	10%	30%	10%	30%
Office Visits				
Primary Care Physician Office Visit	\$20	30% after CYD	\$20	30% after CYD
Specialist Office Visit	\$40	30% after CYD	\$40	30% after CYD
TeleHealth Services	\$20	Not Covered	\$20	Not Covered
Preventive Care Visit	\$0	30% after CYD	\$0	30% after CYD
Non Hospital Services				
Independent Clinical Lab	\$0	30% after CYD	\$0	30% after CYD
X-rays	\$0	30% after CYD	\$0	30% after CYD
Advanced Imaging (CT, PET, MRI)	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Urgent Care Center	\$50	30% after CYD	\$50	30% after CYD
Outpatient Surgery at Surgical Center	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Physician Services at Surgical Center	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Hospital Services				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Physician Services at Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room	\$150	\$150	\$150	\$150
Mental Health/Substance Abuse Svcs				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Facility	10%	30% after CYD	10%	30% after CYD
Outpatient Office Visit	\$20	30% after CYD	\$20	30% after CYD
Prescription Drug Benefit				
Tier 1 Drugs - Generic	\$10	50%	\$10	50%
Tier 2 Drugs - Preferred	\$35	50%	\$35	50%
Tier 3 Drugs - Non Preferred	\$60	50%	\$60	50%
Specialty Drugs & Injectables	\$10 / \$35 / \$60	50%	\$10 / \$35 / \$60	50%
90 Day Supply - Home Delivery/Retail	\$25 / \$88 / \$150	50%	\$25 / \$88 / \$150	50%
Monthly Rates			Initial Renewal	Negotiated Renewal ¹
Employee Only 73	\$734.44		\$809.96	\$756.45
Employee + Spouse 34	\$1,633.71		\$1,801.70	\$1,682.68
Employee + Child(ren) 23	\$1,375.72		\$1,517.18	\$1,416.95
Employee + Family 60	\$2,260.26		\$2,492.67	\$2,328.01
Monthly Premium 190	\$276,417		\$304,840	\$284,702
Annual Premium	\$3,317,009		\$3,658,083	\$3,416,429
\$ Increase / \$ Decrease	-		\$341,074	\$99,420
% Increase / % Decrease	-		10.3%	3.0%

¹Monthly rate excludes incentive program of \$2.75 per employee per month

City of Marco Island
Dental Insurance Evaluation
Effective Date: November 1, 2022

		Current		Renewal	
SCHEDULE OF BENEFITS		The Standard Plan 3 - 90th/Max		The Standard Plan 3 - 90th/Max	
Plan Basics		In-Network	Non-Network	In-Network	Non-Network
Deductible Type		Calendar Year		Calendar Year	
Expenses Apply to Benefit Maximum		Type 1, 2, 3		Type 1, 2, 3	
Benefit Maximum		\$1,500 with MaxBuilder \$250 Carryover		\$1,500 with MaxBuilder \$250 Carryover	
Deductibles					
Single		\$50		\$50	
Family		\$150		\$150	
Benefit Payable					
Type 1 – Diagnostic & Preventive					
Routine Oral Exam (2 Per Year)		100% No Deductible	100% No Deductible	100% No Deductible	100% No Deductible
Routine Cleanings (2 Per Year)					
Bitewing X-rays (1 Per Year)					
Complete X-rays (1 Set Every 5 Years)					
Type 2 – Basic Restorative					
Fillings		80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
Simple Extractions					
Endodontics					
Periodontal					
Oral Surgery					
Anesthesia					
Type 3 – Major Restorative					
Crowns		50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Bridges					
Dentures					
Type 4 – Orthodontia					
Benefit (Child Only - Up to age 19)		50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Lifetime Maximum Benefit					
		\$1,000		\$1,000	
Service Information					
Waiting Period - Timely Entrants		None		None	
Waiting Period - Late Entrant		Type 2, 3, 4: 12 Months		Type 2, 3, 4: 12 Months	
Out of Network Reimbursement Level		90th Percentile		90th Percentile	
Rate Guarantee Period		Expires 10/31/2022		Expires 10/31/2024	
Employee Only	64	\$23.48		\$25.12	
Employee + Spouse	50	\$49.98		\$53.48	
Employee + Child(ren)	12	\$52.98		\$56.68	
Employee + Family	57	\$101.98		\$109.12	
Monthly Premium	183	\$10,450		\$11,182	
Annual Premium		\$125,404		\$134,180	
\$ Increase / \$ Decrease		-		\$8,776	
% Increase / % Decrease		-		7.0%	

City of Marco Island
Voluntary Vision Evaluation
Effective Date: November 1, 2022

		Current		Renewal	
SCHEDULE OF BENEFITS		The Standard VSP Choice Network		The Standard VSP Choice Network	
Examination		In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam		\$10	Up to \$45, after \$10	\$10	Up to \$45, after \$10
Contact Lens Exam (Standard Fit/Follow)		Up to \$60	Not Covered	Up to \$60	Not Covered
Retinal Imaging		Up to \$39	Not Covered	Up to \$39	Not Covered
Frequency					
Examination		12 months		12 months	
Lenses		12 months		12 months	
Frames		24 months		24 months	
Contact Lenses		12 months		12 months	
Lenses		Copay	Reimbursement	Copay	Reimbursement
Single		\$0	Up to \$30	\$0	Up to \$30
Bifocal		\$0	Up to \$50	\$0	Up to \$50
Trifocal		\$0	Up to \$65	\$0	Up to \$65
Lentical		\$0	Up to \$100	\$0	Up to \$100
Standard Progressive		Difference between Base & Progressive	Up to \$50	Difference between Base & Progressive	Up to \$50
Polycarbonate (up to age 19)		\$0	Not Covered	\$0	Not Covered
Frames					
Retail		\$150 allowance, then 20% discount	Up to \$70	\$150 allowance, then 20% discount	Up to \$70
Contacts Lenses		<i>In lieu of eyeglasses</i>		<i>In lieu of eyeglasses</i>	
Conventional		\$150 allowance	Up to \$120	\$150 allowance	Up to \$120
Disposable		\$150 allowance	Up to \$120	\$150 allowance	Up to \$120
Non-Elective (Medically Necessary)		No Charge	Up to \$210	No Charge	Up to \$210
Rate Guarantee Period		Expires 10/31/2022		Expires 10/31/2024	
Employee Only	41	\$5.11		\$5.36	
Employee + Spouse	32	\$9.43		\$9.92	
Employee + Child(ren)	7	\$9.58		\$10.04	
Employee + Family	43	\$17.18		\$18.04	
Monthly Premium	123	\$1,317		\$1,383	
Annual Premium		\$15,805		\$16,598	
\$ Increase / \$ Decrease		-		\$794	
% Increase / % Decrease		-		5.0%	

City of Marco Island
Basic Life/AD&D Insurance Evaluation
Effective Date: November 1, 2022

	Current/Renewal
	The Standard
Basic Life/AD&D Benefit	
Class 2 Eligibility: All Full - Time Employees regularly working at least 30 hours per week	\$50,000
Core Benefits	
Waiver of Premium	Included
Accelerated Benefit	Up to 75% of benefit
Age Reduction Schedule	65% at Age 65 50% at Age 70 35% at Age 75
Required Participation	Current Enrollment
Rate Guarantee Period	Expires 10/31/2023
Estimated Benefits Volume	\$6,702,500
Basic Term Life Rate / \$1,000	\$0.240
AD&D Rate / \$1,000	\$0.040
Total Rate / \$1,000	\$0.280
Monthly Premium	\$1,877
Annual Premium	\$22,520
\$ Increase / \$ Decrease	-
% Increase / % Decrease	-

City of Marco Island
Supplemental Life Insurance Evaluation
Effective Date: November 1, 2022

Current/Renewal

	The Standard	
Employee Formula	Increments of \$10,000 up to \$300,000	
Guarantee Issue	\$80,000	
Spouse Formula	Increments of \$5,000 up to \$150,000	
Guarantee Issue	\$10,000	
Child Formula	\$10,000	
Guarantee Issue	\$10,000	
Minimum Participation	N/A	
Rate Guarantee Period	Expires 10/31/2023	
Employee/Spouse Life Rates Per \$1,000	Age Bracket	Rate/\$1,000
	Up to 34	\$0.080
	35-39	\$0.100
	40-44	\$0.160
	45-49	\$0.260
	50-54	\$0.400
	55-59	\$0.540
	60-64	\$0.820
	65-69	\$1.380
	70-74	\$2.480
	75+	\$9.360
	Child(ren)	\$0.100

City of Marco Island
Short Term Disability Insurance Evaluation
Effective Date: November 1, 2022

Current/Renewal

	The Standard	
Core Benefit		
Eligibility	Class 2: All Active Full-Time Employees, working at least 30 hours each week	
Weekly Benefit	60%	
Weekly Maximum Benefit	\$1,000	
Partial Disability	Included	
Elimination Period	29 Days	
Duration of Benefit	180 days	
Rate Guarantee Period	Expires 10/31/2023	
Voluntary STD Rate / \$10 of Benefit	<i>Age Bracket</i>	<i>Rate / \$10</i>
	Up to 29	\$0.340
	30-34	\$0.380
	35-39	\$0.340
	40-44	\$0.360
	45-49	\$0.464
	50-54	\$0.556
	55-59	\$0.778
	60+	\$0.940

City of Marco Island
Long Term Disability Insurance Evaluation
Effective Date: November 1, 2022

Current/Renewal

	The Standard
Core Benefit	
Class 2: Police Officers, Lieutenants, Investigators, and Captains	Non-Contributory
Class 3: All Other Full Time Employees	Voluntary
Elimination Period	180 Days
Monthly Benefit	60%
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100
Own Occupation Period	2 Years
Duration of Benefit	To Age 65
Survivor Benefit	3 x LTD Benefit
Rate Guarantee Period	Expires 10/31/2023
Rate / \$100 of Payroll	\$0.540
Estimated Class 2 Volume	\$177,087
Estimated Class 3 Volume	\$360,326
Monthly Premium	\$2,902
Annual Premium	\$34,824
\$ Increase / Decrease	-
% Increase / Decrease	-

City of Marco Island
Employee Assistance Program Evaluation
Effective Date: November 1, 2022

Current/Renewal

EAP Services		The Standard	
		HealthAdvocate	
Eligibility		Employees and household family members	
Dedicated Account Manager		Yes	
Number of Sessions per Employee or Member		3 Face-To-Face Sessions per Issue	
Telehealth / Virtual Visits		Included in Face-to-Face Sessions	
Training Hours: Manager, Supervisor, and/or Employee		2 hours Management/Supervisor Orientation Add'l Sessions: \$275/hour plus \$75 travel	
Management Referrals		Included	
Critical Incident Response Debriefing		10 hours Add'l Sessions: \$275/hour plus travel	
Minimum Level of Intake Staff Education		Master's	
Frequency of Reporting		Upon Request	
Mobile App		No	
Telephonic Consultation and Support		24/7/365 access	
Telephonic Work Life Support (i.e., child/elder care, convenience svcs)		Included	
Legal Services		30-minute consultation, then 25% discount on services	
Financial Services		30-minute consultation, then 25% discount on services	
Rate Guarantee		Expires 10/31/2023	
Per Employee Per Month Rate	213	Enrolled in LTD \$0.00 100	Not Enrolled in LTD \$0.35 113
Monthly Premium		\$40	
Annual Premium		\$475	
\$ Increase / \$ Decrease		-	
% Increase / % Decrease		-	

City of Marco Island
COBRA Administration Evaluation
Effective Date: November 1, 2022

Current/Renweal

Core Features	Employee Benefits Corporation
Plan Basics	
Notices for all Covered Lines	All COBRA-Eligible Plans
Dedicated Account Manager	Included
Electronic Eligibility File Fees	Included
Web Administration	Included
Notice Fees	
Initial Notice to New Hires (Rate Per Notice)	\$0.00
Blanket Initial Notice to ALL Employees (Rate Per Notice)	\$2.75
Qualifying Event Notices (Rate Per Notice)	\$0.00
Implementation/Renewal Fees	
Cost/packet for Printed Open Enrollment Kits	\$15/Kit
Implementation Fee	\$0.00
Renewal Fee	\$0.00
Takeover fee (0 EEs)	N/A
Monthly Rates	
Per Employee Per Month	\$0.79
Monthly Premium Minimum	\$60
Rate Guarantee	Expires 10/31/2023
Monthly Premium (213 EEs)	\$168
Annual Premium	\$2,019
\$ Increase / \$ Decrease	-
% Increase / % Decrease	-