Life Insurance RFP Analysis 2015

****AMENDED****

Rates and Scoring Sheet

Vendor Name	Total In-Force		Reliance Standard - Current	Dearborn National	AIG	Lincoln Financial Group	MetLife	Minnesota Life	The Standard	UNUM
	Lives	Volume (as of Aug 2014)	(Failed to Quote during Bid Process)	RECOMMENDED						
Basic Life (City Paid)			Cost per $1,000	Cost/$1,000	Cost/$1,000	Cost/$1,000	Cost/$1,000	Cost/$1,000	Cost/$1,000	Cost/$1,000
Basic Life Monthly Rate (City Paid)	1144	128,790,000	$0.12	$0.069	$0.12	$0.16	$0.105	$0.105	$0.12	$0.115
Est. Monthly Cost			*$15,455*	*$8,887*	*$15,455*	*$20,606*	*$13,523*	*$13,523*	*$15,455*	*$14,811*
Employee Optional Life Age Band			Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000
Less than age 25	unknown	unknown	0.06	0.06	0.03	0.06	0.084	0.05	0.06	0.04
25 - 29	76	7,189,000	0.07	0.06	0.03	0.06	0.084	0.05	0.06	0.04
30 - 34	76	10,302,000	0.07	0.07	0.04	0.07	0.104	0.06	0.07	0.05
35 - 39	77	12,400,000	0.09	0.09	0.06	0.09	0.114	0.07	0.09	0.07
40 - 44	120	18,969,000	0.15	0.15	0.12	0.15	0.124	0.12	0.15	0.13
45 - 49	112	15,989,000	0.25	0.25	0.22	0.25	0.174	0.2	0.25	0.23
50 - 54	59	7,447,000	0.41	0.41	0.38	0.41	0.254	0.33	0.41	0.39
55 - 59	33	4,200,000	0.66	0.66	0.63	0.66	0.454	0.53	0.66	0.64
60 - 64	21	2,366,000	1.03	1.03	1.00	1.03	0.754	0.82	1.03	1.01
65 - 69	4	584,000	1.78	1.78	1.75	1.78	1.341	1.42	1.78	1.76
70 - 74	2	49,000	3.39	3.39	3.36	3.39	2.554	2.71	3.39	3.37
75 and over	0	0	3.39	3.39	3.36	3.39	3.364	2.71	3.39	3.37
Est. Monthly Cost			*18,651*	*18,579*	*16,194*	*18,579*	*14,714*	*14,905*	*18,579*	*16,989*
Spouse Life - Age Band			Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000
Less than age 25	0	0	0.06	0.06	0.03	0.06	0.077	0.05	0.06	0.04
25 - 29	29	2,103,000	0.07	0.06	0.03	0.06	0.077	0.05	0.06	0.04
30 - 34	47	3,979,000	0.07	0.07	0.04	0.07	0.097	0.06	0.07	0.05
35 - 39	40	3,367,000	0.09	0.09	0.06	0.09	0.107	0.07	0.09	0.07
40 - 44	59	4,919,000	0.15	0.15	0.12	0.15	0.117	0.12	0.15	0.13
45 - 49	63	4,451,000	0.25	0.25	0.22	0.25	0.167	0.2	0.25	0.23
50 - 54	50	2,879,000	0.41	0.41	0.38	0.41	0.247	0.33	0.41	0.39
55 - 59	26	1,449,000	0.66	0.66	0.63	0.66	0.447	0.53	0.66	0.64
60 - 64	9	330,000	1.03	1.03	1.00	1.03	0.747	0.82	1.03	1.01
65 - 69	7	245,000	1.78	1.78	1.75	1.78	1.334	1.42	1.78	1.76
70 - 74	2	42,000	3.39	3.39	3.36	3.39	2.547	2.71	3.39	3.37
75 and over	0	0	3.39	3.39	3.36	3.39	3.357	2.71	3.39	3.37
Est Monthly Cost			*$5,634*	*$5,613*	*$4,901*	*$5,613*	*$4,266*	*$4,510*	*$5,613*	*$5,138*
Child Life			Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per Child Unit	Per $1,000	Per $1,000	Per $1,000
Per Child	422	7,693,000	0.08	0.08	0.08	0.20	0.08	0.08	0.08	
Est. Monthly Cost			*$615*	*$615*	*$615*	*$1,539*	*$615*	*$615*	*$615*	*$0*
Voluntary AD&D			Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000	Per $1,000
Employee	624	123,393,000	0.025	0.02	0.03	0.03	0.028	0.025		0.02
Spouse	235	25,877,000	0.07	0.02	0.03	0.05	0.036	0.07		0.02
Estimated Monthly Cost			*$4,896*	*$2,985*	*$4,478*	*$4,996*	*$4,387*	*$4,896*	*$0*	*$2,985*
Rate Guarantees				4 Years	3 Years	2 Years	3 Years	3 Years	3 Years	2 Years
Estimated Annual Premiums - 2015			*$45,252*	$440,157	$499,716	$615,997	$450,058	$461,405	$483,152	$479,082
Estimated Annual Premiums - 2016			NA	$440,157	$499,716	$615,997	$450,058	$461,405	$483,152	$479,082
Estimated Annual Premiums - 2017			NA	$440,157	$499,716	$677,596	$450,058	$461,405	$483,152	$526,990
Estimated Annual Premiums - 2018			NA	$440,157	$549,687	$677,596	$495,064	$507,545	$531,467	$526,990
Total Contract over 4 Years			FAILED TO QUOTE	$1,760,628	$2,048,835	$2,587,186	$1,845,237	$1,891,758	$1,980,922	$2,012,143
SCORING										
Services Offered (Scale of 1 - 5) - 40 pts				4	4	4	4	4	4	3
References (Scale of 1-5) - 20 pts				3	3	2	3	3	3	3
Fees (Scale of 1 - 5) - 40 pts				5	2	1	4	4	2	3
OVERALL SCORE				4.20	3.00	2.40	3.80	3.80	3.00	3.00

Long Term Disability (LTD)
2015 RFP Analysis
Benefits, Rates and Scoring Summary
****AMENDED****

Benefits	Reliance Standard - Current	Dearborn National RECOMMENDED	AIG	Lincoln Financial Group	MetLife	The Standard	UNUM
Monthly Benefit Percentage	50%	50%	50%	50%	50%	50%	50%
Maximum Monthly Benefit	$5,500	$5,500	$5,500	$5,500	$5,500	$5,500	$5,500
Minimum Monthly Benefit	Greater of $100 or 10% of Benefit	Greater of $100 or 10% of Benefit	Greater of $100 or 10% of Benefit	Greater of $100 or 10% of Benefit	Greater of $100 or 10% of Benefit	Greater of $100 or 10% of Benefit	Greater of $100 or 10% of Benefit
Elimination Period	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days
Benefit Duration	SSNRA	SSNRA	SSNRA	Later of Age 65 or SSNRA	The Greater of RBD or SSNRA	SSNRA	SSNRA
Definition of Eligibility	All Active Full-time Employees	All Active Full-time Employees	All Active Full-time Employees	All Active Full-time Employees	All Active Full-time Employees	All Active Full-time Employees	All Active Full-time Employees
Definition of Earnings	Included	Included	Included	Included	Included	Included	Included
Actively at Work Provision	Included	Included	Included	Included	Not Included	Included	Included
Social Security offset integration (i.e. Family, Primary)	Family	Family	Family	Primary & Family	Family	Family	Primary & Family
Regular (Own) Occupation Period	24 Months	24 Months	24 Months	24 Months	24 Months	24 months	24 Months
Residual Disability	Included	Included	Included	Included	Included	Included	Included
Return to Work Incentive	Included	Included	Included	Included	Included	Included	Included
Rehabilitation Requirement (mandatory or voluntary)	Mandatory	Voluntary	Mandatory	Mandatory	Voluntary	Mandatory	voluntary
Conversion	Not Included	Not Included	Not Included	Included	Included	Included	Not Included
Benefit Taxation	Taxable	Taxable	Taxable	Taxable	Taxable	Taxable	Taxable
	Benefit Amount/Limits	Benefit Amount/Limits	Benefit Amount/Limits	Benefit Amount/Limits	Benefit Amount/Limits	Benefit Amount/Limits	Benefit Amount/Limits
Pre-Existing Condition Limitation	3/12 Pre Ex	3/12 Pre Ex	3/12 Pre Ex	3/12 Pre Ex	3/12 Pre Ex	24 Months Lifetime	3/12 Pre Ex
Mental & Nervous	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime
Drug & Alcohol	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime
Self Reported Symptoms	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime	24 Months Lifetime
Survivor Benefit	3 Months Lump Sum	3 Months Lump Sum	3 Months Lump Sum	3 Months Lump Sum	3 Months Lump Sum	3 Month Lump Sum	3 Months Lump Sum
Spousal Rehabilitation Benefit	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Child Care Benefit	Included	Included	Included	Not Included	Included	Included	Included
Elder Care Benefit	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Family Care Benefit	Not Included	Not Included	Not Included	Included	Included	Not Included	Included
Activities of Daily Living (ADL) Benefit	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Cola	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Please list and describe additional benefits included at no additional	Benefit	Benefit	Benefit	Benefit	Benefit	Benefit	Benefit
1 Catastrophic Disability Benefit	Not Included	Included	Included	Not Included	Included	Not Included	Not Included
2 EAP		Included	Included			Included	Included
3 FICA services with W2 Prep			Included				
4 Travel							Included
Please list and describe additional benefits that may be included for an	Benefit/Cost	Benefit/Cost	Benefit/Cost	Benefit/Cost	Benefit/Cost	Benefit/Cost	Benefit/Cost
1 EAP with Face-to-Face Visits			PEPM			Family Care Benefit can be added for an increase of 0.01 to rate.	
	Per $100 of Covered Payroll	Per $100 of Covered Payroll	Per $100 of Covered Payroll	Per $100 of Covered Payroll	Per $100 of Covered Payroll	Per $100 of Covered Payroll	Per $100 of Covered Payroll
Rate Guarantee		3 Years + Rate Cap Year 4	3 Years	3 Years	3 Years	3 years	2 years
Volume	5,389,488	5,389,488	5,389,488	5,389,488	5,389,488	5,389,488	5,389,488
Monthly Rate	$0.125	$0.123	$0.125	$0.120	$0.125	$0.125	$0.125
Monthly Premiums	$6,737	$6,629	$6,737	$6,467	$6,737	$6,737	$6,737
Estimated Annual Premiums - 2015	$80,842	$79,549	$80,842	$77,609	$80,842	$80,842	$80,842
Estimated Annual Premiums - 2016	DID NOT QUOTE	$79,549	$80,842	$77,609	$80,842	$80,842	$80,842
Estimated Annual Premiums - 2017	DID NOT QUOTE	$79,549	$80,842	$77,609	$80,842	$80,842	$88,927
Estimated Annual Premiums - 2018	DID NOT QUOTE	$86,708	$88,927	$85,369	$88,927	$88,927	$97,819
Total Contract over 4 Years		$325,355	$331,454	$318,195	$331,454	$331,454	$348,430
				Orange Font represents a defaulted 10% increase since they did not quote that year's cost			
SCORING							
Services Offered (Scale of 1 - 5) - 40 pts		4	3	3	4	3	3
References (Scale of 1-5) - 20 pts		3	3	2	3	3	3
Fees (Scale of 1 - 5) - 40 pts		4	3	4	3	3	2
OVERALL SCORE		3.80	3.00	3.20	3.40	3.00	2.60

CITY OF GRAND PRAIRIE
EMPLOYEE INSURANCE FUND SUMMARY
2014/2015

		1 2012/2013 ACTUAL	2 2013/2014 APPR/MOD	3 2013/2014 As of 7.14.14	4 2013/2014 PROJECTION	5 2014/2015 PROPOSED
1	**Beginning Resources**	$3,113,234	$2,961,752	$2,961,752	$2,961,752	$2,870,655
2	**REVENUES**					
3	Employer Contributions Actives	$8,364,695	$10,809,640	$8,093,736	$9,908,837	$11,146,950
4	Employer Contributions Retirees	1,500,000	1,726,241	1,294,682	1,726,241	2,194,388
5	Employee Medical Contributions	2,459,263	2,646,895	1,958,994	2,657,895	2,712,469
6	Retiree Medical Contributions	456,649	546,104	385,082	511,904	511,904
7	Retiree Drug Subsidy	22,392	0	0	0	0
8	QCD Dental	3,104	2,974	2,300	4,450	2,936
9	Employee Life Insurance Contributions	348,616	353,162	273,959	370,498	394,675
10	Employee/Retiree Dental PPO Contributions	623,553	623,971	519,416	702,371	759,215
11	Employee/Retiree DHMO Dental	51,949	51,260	39,605	53,256	53,256
12	Employee/Retiree Vision Contributions	107,801	107,118	84,921	114,102	119,653
13	Reinsurance Reimbursement	285,128	0	0	0	0
14	Stop/Loss Reserve	0	0	0	1,000,000	0
15	Misc Reimbursements	4,310	0	4,288	3,146	0
17	RX Rebates	8,191	0	6,204	6,204	0
25	**TOTAL REVENUES**	$14,235,651	$16,867,365	$12,663,187	$17,058,904	$17,895,446
26						
27	Transfer from General Fund	1,000,000	0	0	0	0
28	Stop/Loss Reserve	0	1,000,000	1,000,000	0	0
30	Reserve for Contingency	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
31	Reserve for Future Claims	1,270,223	1,394,934	1,394,934	1,394,934	1,394,934
33						
34	**TOTAL RESOURCES**	$21,619,108	$24,224,051	$20,019,873	$23,415,590	$24,161,035
35						
36	**EXPENDITURES**					
37	Personal Services	$82,064	$86,142	$67,165	$87,395	$89,108
38	Supplies	3,843	4,596	975	4,596	4,596
39	Other Services & Charges	66,236	68,884	43,324	68,884	68,665
41	Employee Medical Claims/RX	10,086,701	11,682,516	7,799,471	11,106,280	12,192,033
45	Retiree Medical Claims/RX	1,834,891	2,154,995	2,243,077	3,159,674	2,309,689
46	Premiums-Life Insurance	439,642	444,132	436,390	527,890	574,523
48	Vision Premiums	108,088	107,118	85,142	114,031	119,653
50	DHMO Dental	49,571	51,260	42,890	51,019	53,256
51	QCD Dental	3,028	2,974	2,524	3,009	2,936
52	Dental PPO	630,178	623,971	583,913	707,096	759,215
53	Reinsurance	331,437	352,935	251,462	302,019	83,980.0
54	Admin/Utilization Fees	446,729	464,325	398,199	479,642	506,585
55	Conexis Card Admin Fees	20,867	25,000	13,831	25,000	25,000
56	Preventative/Wellness Program	19,027	100,000	18,631	100,000	100,000
58	Miscellaneous Services	39,539	63,050	39,530	63,050	51,500
59	Medical Reimbursements/Optouts	47,888	0	11,160	11,160	0
60	Health Care Reform (HCR) Stop/Loss	2,550	147,470	0	5,400	155,117
61	Compass Program Fee (Medical Srv Provider)	10,262	133,000	100,583	128,406	133,000
62	Empl. Assistance Prog. Services	20,040	20,064	20,024	20,064	20,064
64	Long Term Disability Program	75,835	76,869	66,585	80,024	84,507
66	IBNR	90,022	0	0	0	0
68	Transfer to GF-Salary Reimb.	68,209	72,512	54,383	72,512	74,874
69	Audit Adjustments	(270,772)	0	0	0	0
71						
72	**TOTAL EXPENDITURES**	$14,205,875	$16,681,813	$12,279,259	$17,117,151	$17,408,301
75	Naturally Slim	36,190	0	17,850	17,850	28,050
76	Medical Home Pilot	20,357	0	0	0	35,000
77	CVE Equipment Repair/Replace	0	15,000	7,475	15,000	15,000
78						
79	**TOTAL APPROPRIATIONS**	$14,262,422	$16,696,813	$12,304,584	$17,150,001	$17,486,351
80						
81	Reserve for Contingency	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
82	Stop/Loss Reserve	1,000,000	1,000,000	1,000,000	0	0
83	Reserve for Future Claims (IBNR)	1,394,934	1,394,934	1,394,934	1,394,934	1,394,934
86	**Ending Resources**	$2,961,752	$3,132,304	$3,320,355	$2,870,655	$3,279,750
88	**Operating Imbalance**	29,776	185,552	383,928	(58,247)	487,145
90						
91	**45 day fund balance req.**	1,751,409	2,056,662	1,513,881	2,110,334	2,146,229
92	**Balance Above 45 Days**	1,210,343	1,075,642	1,806,474	760,321	1,133,521