

City of Frisco

Preliminary Marketing Analysis

Effective January 1, 2012

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Carrier Responses

Carrier Name	Coverages	Response	Comments
1 Alliance Work Partners	EAP	Quoted	Not rated by A.M. Best
2 Colonial	Voluntary Products	Quoted	A.M. Best: A
3 Deer Oaks	EAP	Quoted	Not rated by A.M. Best
4 Humana	EAP, Voluntary Products	Quoted	Not rated by A.M. Best (EAP) A.M. Best: B++(Voluntary Products)
5 LifeSynch	EAP	Quoted	Not rated by A.M. Best
6 MetLife	Voluntary Products	Quoted	A.M. Best: A-
7 Reliance Standard	AD&D	Quoted	A.M. Best: A-
8 The Standard	AD&D, STD	Quoted	A.M. Best: A
9 United Healthcare (UHC)	EAP	Quoted	A.M. Best: A
10 UNUM	EAP, STD, Voluntary Products	Quoted	A.M. Best: A

DTQ = Decline to quote

EAP -- Proposed Plan Design

	UNUM (Ceridian)	Alliance	Deer Oaks	Humana (LifeSynch)	LifeSynch	UHC
	Enhanced Benefit	Benefit	Benefit	Benefit	Benefit	Benefit
Corporate Office Location	Bloomington, MN	Austin, TX	San Antonio, Texas	Irving, Texas	Irving, Texas	Minnetonka, MN 55343
Number of Years Providing EAP Services	Since 1974.	33 years	19 years	21 years	21 years	32 years
Plan Design / Number of Visits	3 per Issue	AWP offers 3- and 6-visit options	3 visits per employee or household member per Issue per year	Duplicate existing / three-session face-to-face EAP model	Duplicate existing / 3-session face-to-face EAP model	3-visit face-to-face EAP with NurseLine: \$2.16 PEPM; Unlimited EAP telephonic support; 5-visit face to EAP with NurseLine: \$2.56 PEPM; Unlimited EAP telephonic support. (Note: The City is already paying UnitedHealthcare for NurseLine services on UHC-covered employees, so the Care24 services we are proposing would include the NurseLine in a bundled Care24 EAP/NurseLine product.)
Legal/Financial Assistance	Included	Yes	Included	Confirmed	Confirmed	Included
Types of Legal/Financial Assistance, i.e., face-to-face, telephonic	Financial is telephonic, legal is telephonic or face to face	Face-to-face, telephonic and online included	Face-to-face, telephonic, and on-line resources	Telephonic and face-to-face with 25% discount	Telephonic & face-to-face with 25% discount	Free 60-minute telephonic consult with a credentialed financial counselor.
Child/Elder Care	Included with confirmed matched referrals	Included	Included	Confirmed	Confirmed	Included
Telephone Counseling	Included	Included	Included	Confirmed	Confirmed	Unlimited
How many hours of CISD are included?	Unlimited incidents per year for enhanced	Unlimited included	Unlimited CISDs Included	Four hours combined with training	Four hours combined with training	Annual bank of six hours for CISD and/or on-site training.
What is the rate to purchase additional CISD hours?	\$225/hour; \$350/hour for enhanced	N/A	N/A- Unlimited	\$200 per hour	\$200 per hour	\$225/hour plus \$100/hour for travel if indicated.
Optional Available Riders						
Please list						
1	N/A	Work-Life Premium: Convenience Services	DOT SAP Evaluations (fee-for-service): \$550 per eval	Fees include monthly training webinars and a bank of four on-site orientation, training, and CISD hours	Fees include monthly training webinars and a bank of four on-site orientation, training, and CISD hours	N/A
2	N/A	HelpNet Premium: Added Online Services	Additional Training/On-site Services beyond the 12 hours included in quoted fees: \$150 per hour	CISD hours: additional hours are available at \$200 per hour	CISD hours: additional hours are available at \$200 per hour	N/A
3	N/A	WellCoach: Unlimited access to health coaches	Health Risk Assessments (fee-for-service): \$5.00 per assessment	N/A	N/A	N/A
4	N/A	N/A	CORE Managed Mental Health Gateway Program: Level 1: \$0.50 PEPM; Level 2: \$1.00 PEPM	N/A	N/A	N/A
5	N/A	N/A	Fitness-for-Duty Evaluations: \$850.00 per eval	N/A	N/A	N/A
24/7 Toll-Free Access	Yes	Yes, 24/7/365 live answer with trained counselors	Included	Confirmed	Confirmed	Yes
Online Capabilities	Yes.	Yes, comprehensive online services	Included	Confirmed	Confirmed	Yes
Directory for the Dallas area -- Included?	Yes <input type="radio"/> No <input checked="" type="checkbox"/> We provide Counselor Search online.	No, directory. Instead, real client/counselor matching services.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes

EAP-- Proposed Fees

EE Counts	UNUM		Alliance	Deer Oaks	Humana (LifeSynch)	LifeSynch	UHC	
	Current EAP Fees	Enhanced EAP Fees	Proposed EAP Fees	Proposed EAP Fees	Proposed EAP Fees	Proposed EAP Fees	Proposed EAP Fees*	
Monthly Fee (3 sessions)	805	Included in LTD Plan	\$1.31	\$1.28	\$1.58	\$1.19	\$1.19	\$2.16
Monthly Fee (6 sessions)				\$1.61				\$2.56
Optional Rider Fees								
PEPM Fee								
Monthly Premiums (3 visits)		Included in LTD Plan	\$1,055	\$1,030	\$1,272	\$958	\$958	\$1,739
Monthly Premiums (6 visits)		N/A	N/A	\$1,296	N/A	N/A	N/A	\$2,061
Annual Premiums (3 visits)		Included in LTD Plan	\$12,655	\$12,365	\$15,263	\$11,495	\$11,495	\$20,866
Annual Premiums (6 visits)		N/A	N/A	\$15,853	N/A	N/A	N/A	\$24,730
3 Visit Difference Percentage (+/-)				(2.29%)	20.61%	(9.16%)	(9.16%)	64.89%
Assumptions								
Employer Contribution (i.e., 75%, 50%)		N/A	100% ER PAID LTD	100%	100%	100%	100%	100%
Participation Requirements		N/A	100%	100%	0%	100%	100%	100%
Rate Guarantee		N/A	Until 1/1/2013	36 months	36 months; A maximum of a 5% increase will be applied to the PEPM for each option year.	36 months	36 months	For years 2 and 3, we can offer a not to exceed 3% rate increase.
Commissions		N/A	Net	Net	Net	Net	Net	Net
Other								*5 sessions (not 6); Note - the City's current medical ASO Admin. Fee PEPM includes \$1.00 pepm. The increase to the medical fee would be \$1.16. The fee for any non-medical employees would be \$2.16 pepm

EAP -- Proposed Geo Access

Measurement	UNUM		Alliance		Deer Oaks		Humana (LifeSynch)		LifeSynch		UHC	
	Providers - Urban Areas	Providers - Rural Areas	Providers - Urban Areas	Providers - Rural Areas	Providers - Urban Areas	Providers - Rural Areas	Providers - Urban Areas	Providers - Rural Areas	Providers - Urban Areas	Providers - Rural Areas	Providers - Urban Areas	Providers - Rural Areas
# of Employees / Zip Codes Evaluated	77	503	801	11	81/41	731/67	312	500	312	500	312	500
Providers												
# of Providers	7,873	7,873	262	29	665	814	31,779	31,779	31,779	31,779	19514	19514
# of Locations	9,688	9,688	262	29	427	535	17,491	17,491	17,491	17,491	13271	13271
X Providers within X Miles	1 / 15	1 / 30	1 / 15	1 / 30	1 / 15	1 / 30	1 / 15	1 / 30	1 / 15	1 / 30	1 / 15	1 / 30
% of Employee WITH access	100%	99.80%	99.1 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	99.8 %
# of Employees WITH access	77	502	794	11	81	731	312	500	312	500	312	499
% of Employee WITHOUT access	0%	0.20%	0.9 %	100 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0.2 %
# of Employees WITHOUT access	0	1	7	0	0	0	0	0	0	0	0	1
Average miles to 2 providers for employees WITH desired access	2.1	6.7	2.1	11.9	1.62	7.5	2.8	5.9	2.8	5.9	3.2	6.8
Average miles to 2 providers for employees WITHOUT desired access	-	32.6	16.2	N/A	N/A	N/A	0	0	0	0	N/A	51.2

Police/Fire AD&D-- Proposed Plan Design

	The Standard	Reliance Standard
	Current & Renewal	Option #1
Class 1 Description	Active Police and Fire	Active Police Officers & Firefighters
Class 2 Description	N/A	Volunteer Firefighters
Class 3 Description	Volunteer Firefighters and Auxiliary Police Officers	Auxiliary Police Officers
Eligibility	Class 1 - 30 hours Class 3 - no hourly requirement	Matching current eligibility with Standard (30 hours per week).
Definition of Earnings	Base salary	Matching current definition of earnings with Standard.
Basic AD&D Amount for Class 1, 2 & 3 Employees		
Maximum Benefit	\$100,000	\$100,000
Minimum Benefit	\$100,000	\$100,000
Guarantee Issue	\$100,000	\$100,000
Age Reduction Schedule	ADEA reduction schedule beginning at age 70	Matching current age-reduction with Standard.
Actively at Work Provision	Yes	Yes, included
AD&D Benefits		
Seat Belt Benefit	10%	10%
What are your standard AD&D insurance exclusions?	War or act of war, Suicide or self-inflicted injuries, Committing or attempting to commit an assault or felony or active participation in a violent disorder or riot, the voluntary use or consumption of drugs, Heart attack or stroke, Sickness, illness, disease, pregnancy, childbirth, or related medical conditions existing at the time of the accident, Medical or surgical treatment of the above, Travel or flight in or descent from any type of aircraft, as a pilot or crew member, Travel in or descent from any type of aircraft operated by or for the employer, except as a passenger.	War, suicide, Intentionally self-inflicted injuries, Intoxication, drug use, some aircraft (please see proposal for full details)

Police/Fire AD&D-- Proposed Rates

	The Standard	Reliance Standard
	Current & Renewal AD&D Rates	Proposed Life & AD&D Rates
Volume	\$1,761,983	\$1,761,983
AD&D Monthly Rate	\$0.07	\$0.055
Monthly Premiums	\$123	\$97
Annual Premiums	\$1,480	\$1,163
Difference Percentage (+/-)		(21.43%)
Assumptions		
Employer Contribution (i.e., 75%, 50%)	100%	100%
Participation Requirements	100%	100%
Rate Guarantee	24 months	36 months
Commissions	Net	Net

Voluntary Group STD -- Plan Design

	UNUM	The Standard
	Current & Renewal Plan	Benefits
Class Description	All Full-time employees	All Employees
Definition of Eligibility	All Full-time employees	30 hours
Describe Definition of Disability	You are disabled when Unum determines that: you are limited from performing the material and substantial duties of your reg occ due to your sickness or injury; and you have a 20% or more loss in wky earnings due to the same sickness or injury. You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.	Loss of earnings
Definition of Earnings	Your gross weekly income from your Employer including overtime pay but does not include commissions, bonuses, any other extra compensation or income received from sources other than your Employer.	Base salary
Benefit Duration	9 weeks	90 days total
Weekly Benefit Percentage	60%	60%
Maximum Benefit Amount	\$2,500	\$2,500
Minimum Benefit Amount	\$25	\$15
What are your benefit offsets?	Retirement plan payments, "No Fault" vehicle plan, and 3rd party judgements	Full family
Illness Elimination Period	30 days	31 days
Accident Elimination Period	30 days	31 days
Partial Disability Benefit	We will send you the weekly payment if you are disabled and your weekly disability earnings, if any, are less than 20% of your weekly earnings. If you are disabled and your weekly disability earnings are from 20% through 80% of your weekly earnings, you will receive payments based on the percentage of income you are losing due to your disability.	Included
Pre-Existing Condition Limitation	N/A	No Pre-X. A Late Enrollment Penalty (LEP) is Included where the benefit waiting period for Illness is 60 days for the 1st 12 months on the plan for all late entrants.
Residual Disability	Please refer to Definition of Disability above.	If the employee can return to work part-time and still meet the definition of disability we will allow them to earn up to 100% of their PDE.
How are W2's processed for employees?	Yes, W-2's are processed for any claimant that received benefit dollars under the STD.	Standard will Process

	UNUM	The Standard
	Current & Renewal Plan	Benefits
Do you pay the Employer's portion of FICA? Do you expect reimbursement of FICA payments from the Employer?	Unum pays the employer portion of FICA on fully-insured LTD contracts only.	Standard will Process. Included in the rating.
Benefit Taxation	Tax free	Tax free benefit is paid with after tax dollars
Portability	N/A	Not included
Actively at Work Provision	If an employee is absent from work due to injury, sickness, temporary layoff or leave of absence on the effective date of the plan, coverage will begin on the date he or she returns to active employment. An employee's normal vacation time is considered actively at work.	Included
Claim Payment Metrics (both decisional accuracy and timeliness)	Unum's standards are as follows: STD claims will reflect a determination to pay, pend or deny within five business days following receipt of a complete claim. An STD claim is considered complete when Unum has received all required employer, employee and attending physician information required to initiate claim processing. Benefit amounts will be calculated and paid in accordance with plan provisions.	Clean claims are paid within an average of 3-7 days (also see performance guarantees)
How does integration work with the with a different LTD carrier?	Unum is currently the Inforce carrier for both STD and LTD for the City, a different LTD carrier is not applicable at this time.	STD payments end when LTD payments begin

Voluntary Group STD -- Rates

	UNUM	The Standard*
	Current & Renewal Rates	Option #1
Volume	\$110,006	
Monthly Rate	\$0.290	
Monthly Premiums	\$3,190	\$2,376
Annual Premiums	\$38,282	\$28,509
Difference Percentage (+/-)		(25.53%)
Assumptions		
Employer Contribution (i.e., 75%, 50%)	0%	0%
Participation Requirements	25%	25%
Rate Guarantee	24 months	24 months
Commissions	Net	Net
Other		RG tied to AD&D; *Premiums from age banded rates

Voluntary Group STD -- Age Banded Rates

Voluntary Life	Total Lives	Volume	The Standard
			Employee Rate Per \$100 of Weekly Benefit
<= 29	19	\$7,603	\$0.300
30 - 34	28	\$14,570	\$0.320
35 - 39	34	\$19,592	\$0.210
40 - 44	42	\$25,181	\$0.160
45 - 49	30	\$16,456	\$0.190
50 - 54	21	\$10,658	\$0.220
55 - 59	11	\$5,296	\$0.290
60+	10	\$4,622	\$0.360
Monthly Premium			\$2,375.77
Annual Premium			\$28,509.29
Assumptions			
Employer Contribution (i.e., 75%, 50%)			0%
Participation Requirements			25%
Rate Guarantee			24 months
Commissions			Net
Other			

Proposed Cancer -- Plan Design

	AFLAC *	Colonial	MetLife (Trustmark)
	Current	Benefit	Benefit
Group/Individual		Individual	Individual
Benefit Waiting Period		30 Days following each Insured's coverage effective date	None - as long as application is taken 30 days prior to effective date
Reimbursement/Lump Sum Benefits		Lump Sum Benefits	Lump Sum
Spouse/Dependent Amounts		Benefits same as for employee; varies by coverage level	\$5,000 - \$100,000
Definition of Dependent		Natural children; step-children; grandchildren who are his dependents for federal income tax purposes; adopted children; child(ren) for whom he has filed a suit seeking the adoption of the child(ren); children whom he is required to insure under a medical support order; or children in his custody under a temporary court order that grants him conservatorship of the child(ren). Such children must be: unmarried; dependent on you or your spouse for support; and younger than age 25.	Eligible Dependent: A person who is: Your legally married spouse; Your newly born child, Your unmarried natural or legally adopted child, stepchild or child for whom you become a party in a suit for adoption, under age 25, Your grandchild who is dependent for federal income tax purposes; Your unmarried child for whom a court has issued a medical support order which decrees that You must provide medical coverage, Child as used above includes adopted children and stepchildren.
Maximum Age to Enroll		69 for both employee and spouse	Employee & Spouse - age 70; Child age 24
Reduction Schedule		Benefits in the plan do not reduce at a certain age.	None
State Approved		Yes - Texas	All except CT
Guarantee Issue		No	N/A
Increment Amounts		Yes - Varies by level of coverage	Minimum of \$5,000 benefit - based on premium purchase amount.
Maximum Benefits		Varies by level of coverage and benefit category;	\$100,000
List Critical Illnesses Covered		Cancer Only	100% - Invasive Cancer; 25% Carcinoma in situ
Participation Requirements		3 eligible participants apply	Modified Guaranteed Issue requires a minimum of 20 applications.
Evidence of Insurability		Please see Product Description section.	Modified Guaranteed Issue - requires 3 questions; Simplified Issue - requires 3 additional questions
Pre-Existing Conditions Limitations		N/A	12/12
Portable		Yes	Yes
Wellness Benefit		Yes - Varies by level of coverage; please see attached product description	Available / Not proposed
Monthly Cost: EXAMPLE RATES		*Base Plan Only/Level 2	
Individual / Age 30	\$15.47	\$20.65	\$14.27
Individual / Age 45	\$22.04	\$20.65	\$25.88
Family / Age 30	\$29.64	\$34.30	\$38.86
Family / Age 45	\$40.43	\$34.30	\$62.30

*Did not turn in renewal before cut off

Proposed Hospital Confinement -- Plan Design

	AFLAC *	Colonial	Humana
	Current	Benefit	Benefit
Group/Individual		Individual	Group
Benefit Waiting Period		N/A - See Pre-Existing below	None
Reimbursement/Lump Sum Benefits		Lump Sum Benefits	Humana pays indemnity benefits for hospitalization, emergency room, doctor visits, ICU, surgery, lab, x-ray, and wellness.
Spouse/Dependent Amounts		Benefits same as for employee; varies by plan;	The spouse and dependents are eligible for the same benefit as the employee.
Definition of Dependent		Natural children; step-children; grandchildren who are his dependents for federal income tax purposes; adopted children; child(ren) for whom he has filed a suit seeking the adoption of the child(ren); children whom he is required to insure under a medical support order; or children in his custody under a temporary court order that grants him conservatorship of the child(ren). Such children must be: unmarried; dependent on you or your spouse for support; and younger than age 26.	Dependent means a spouse, his or her child(ren) and the child(ren) of an eligible employee.
Maximum Age to Enroll		74 for both employee and spouse	64 years old
Reduction Schedule		N/A	None
State Approved		Yes - Texas	Yes
Guarantee Issue		Based on Participation	Yes, with 15 percent participation.
Increment Amounts		Yes - Varies by plan; please see attached product description	Hospital indemnity, hospital first occurrence, health screening, and outpatient office visits are all covered. Please see attached for additional plan details.
Maximum Benefits		Yes - Varies by plan;	Maximum benefits vary based on plan usage.
List Critical Illnesses Covered		N/A	N/A
Participation Requirements		3 eligible participants apply	Humana requires two applications.
Evidence of Insurability		Please see Product Description section.	With guarantee issue, employees are not subject to EOI but if participation is not met, EOI may be required.
Pre-Existing Conditions Limitations		12/12; Pre-Existing Condition is a sickness or physical condition, for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of the policy.	Any condition for which medical advice, consultation or treatment was obtained within 12 months before the effective date, and any corresponding claims filed within the first 12 months of coverage.
Portable		Yes	Not Available
Monthly Cost: EXAMPLE RATES		*Plan 1/\$1,000 Hosp. Conf. AB	Rates include Outpatient Office Visit and \$50 Health Screening
Individual / Age 30		\$13.50	\$22.62 non-tobacco / \$27.73 tobacco
Husband Wife / Age 30		\$29.00	\$42.99 non-tobacco / \$50.09 tobacco
One Parent Family / Age 30		\$23.15	\$39.82 non-tobacco / \$44.89 tobacco
Two Parent Family / Age 30		\$35.20	\$52.09 non-tobacco / \$59.19 tobacco

*Did not turn in renewal before cut off

Proposed Accident Indemnity -- Plan Design

	AFLAC *	Colonial	Humana	MetLife (Trustmark)
	Current	Benefit	Benefit	Benefit
Group/Individual	Individual	Individual	Group	Individual
Benefit Waiting Period		Applies to Health Screening benefit (30 days) and Catastrophic Accident benefits (365 days)	None	None - 60 day waiting period on Health Screening Rider only.
Reimbursement/ Lump Sum Benefits		Lump Sum Benefits	Members are reimbursed for expenses up to the maximum benefit amount based on the plan chosen.	Reimbursement based off a schedule of benefits
Spouse/Dependent Amounts		Benefits same as for employee except for AD&D benefit; varies by plan and benefit category;	The spouse and dependants are eligible for the same benefit as the employee.	Same as employee
Definition of Dependent		Natural children; step-children; grandchildren who are his dependents for federal income tax purposes; adopted children; child(ren) for whom he has filed a suit seeking the adoption of the child(ren); children whom he is required to insure under a medical support order; or children in his custody under a temporary court order that grants him conservatorship of the child(ren). Such children must be: unmarried; dependent on you or your spouse for support; and younger than age 26.	Dependent means a spouse, his or her child(ren) and the child(ren) of an eligible employee.	Eligible Dependent: A person who is: Your legally married spouse; Your newly born child, Your unmarried natural or legally adopted child, stepchild or child for whom you become a party in a suit for adoption, under age 25; Your grandchild who is dependent for federal income tax purposes; Your unmarried child for whom a court has issued a medical support order which decrees that You must provide medical coverage; Child as used above includes adopted children and stepchildren.
Maximum Age to Enroll		80 for both employee and spouse; varies for children	67 years old	Employee & Spouse 80 Child 24
Reduction Schedule		The Catastrophic Accident benefit decreases at age 65 and then again at age 70	None	None
State Approved		Yes - Texas	Yes	Not approved in HI
Guarantee Issue		Base Plans are Guaranteed Issue	Yes	Yes
Increment Amounts		Varies by plan and benefit category	Humana's proposed Accident coverage levels include a \$1,000 benefit for level two and a \$2,000 benefit for level four.	N/A
Maximum Benefits		Varies by plan and benefit category	Level two offers a \$1,000 benefit and level four offers a \$2,000 benefit per accident.	N/A
List Critical Illnesses Covered		N/A	N/A	N/A
Participation Requirements		3 eligible employees apply	Humana requires five participants.	20 applications
Evidence of Insurability		Please see Product Description section.	N/A	No
Pre-Existing Conditions Limitations		12 months	None	None
Portable		Yes	Yes	Yes
Monthly Cost: EXAMPLE RATES		*Base Plan Only/Preferred	Rates Include \$750 Bone Fracture and \$150 Hospital ICU	
Individual / Age 30	\$10.79	\$19.00	\$13.69 Level 2 / \$17.59 Level 4	\$3.86
Husband Wife / Age 30	\$15.28	\$25.67	\$27.34 Level 2 / \$35.14 Level 4	\$6.23
One Parent Family/ Age 30	\$17.49	\$30.52	\$32.24 Level 2 / \$43.72 Level 4	\$10.34
Two Parent Family / Age 30	\$22.75	\$37.18	\$45.89 Level 2 / \$61.27 Level 4	\$12.71

*Did not turn in renewal before cut off

Proposed Accident Indemnity -- Plan Design

	AFLAC *	UNUM
	Current	Benefit
Group/Individual	Individual	Individual
Benefit Waiting Period		Will be determined upon a formal offer.
Reimbursement/Lump Sum Benefits		Lump sum
Spouse/Dependent Amounts		Benefits are lump sum and payable according to the Benefits Schedule. Please see the attached Benefits Schedule.
Definition of Dependent		The contract states the following: "Spouse, the person lawfully married to You and named on the application; Any dependent child, which means any natural child, stepchild, legally adopted child or child placed into Your custody for adoption, who is (a) unmarried; (b) at least 14 days of age and under age 25; and (c) dependent upon You for at least 50% of His support as of the policy effective date."
Maximum Age to Enroll		Employee and Spouse: 17-64 Child: 14 days up to age 25
Reduction Schedule		None
State Approved		All states except Connecticut. State variations may apply.
Guarantee Issue		Yes. The Base plan provides Guaranteed Issue. Disability riders require evidence of insurability.
Increment Amounts		N/A.
Maximum Benefits		N/A.
List Critical Illnesses Covered		N/A.
Participation Requirements		10 applications to establish billing
Evidence of Insurability		Evidence of insurability is only required for disability riders.
Pre-Existing Conditions Limitations		The base plan and Accident Only Disability Income Rider do not include a pre-existing condition limitation. The Sickness Hospital Confinement and Accident/Sickness Disability Income Rider include a 12-month pre-existing condition limitation and 9-month pregnancy exclusion.
Portable		Yes
Monthly Cost: EXAMPLE RATES		
Individual / Age 30	\$10.79	On/Off Job: \$16.38
Husband Wife / Age 30	\$15.28	On/Off Job: \$23.40
One Parent Family / Age 30	\$17.49	On/Off Job: \$31.20
Two Parent Family / Age 30	\$22.75	On/Off Job: \$38.22

*Did not turn in renewal before cut off

Proposed Critical Illness -- Plan Design

	AFLAC *	Colonial	Humana	MetLife (Trustmark)
	Current	Benefit	Benefit	Benefit
Group/Individual		Individual	Group	Individual
Benefit Waiting Period		N/A - See Pre-Existing below	Humana's critical illness product has a 30-day waiting period on the cancer benefit, and a 90-day waiting period from the effective date on the health screening benefit.	None - as long as application is taken 30 days prior to effective date
Reimbursement/Lump Sum Benefits		Lump Sum Benefits	25 percent benefit for coronary artery bypass surgery and carcinoma in situ. Remaining illnesses pay 100 percent benefit.	Lump Sum
Spouse/Dependent Amounts		Benefits same as for employees	Spouse: \$2,500 to \$25,000. The spouse coverage benefit is equal to half of the employee's coverage; Child: \$2,500 to \$5,000 for each eligible child	\$5,000 - \$100,000
Definition of Dependent		Natural children; step-children; grandchildren who are his dependents for federal income tax purposes; adopted children; child(ren) for whom he has filed a suit seeking the adoption of the child(ren); children whom he is required to insure under a medical support order; or children in his custody under a temporary court order that grants him conservatorship of the child(ren). Such children must be: unmarried; dependent on you or your spouse for support; and younger than age 26.	Dependent means a spouse, his or her child(ren) and the child(ren) of an eligible employee.	Eligible Dependent: A person who is: Your legally married spouse; Your newly born child, Your unmarried natural or legally adopted child, stepchild or child for whom you become a party in a suit for adoption, under age 25; Your grandchild who is dependent for federal income tax purposes; Your unmarried child for whom a court has issued a medical support order which decrees that You must provide medical coverage; Child as used above includes adopted children and stepchildren.
Maximum Age to Enroll		70 for both employee and spouse	69 years old	Employee & Spouse - age 70 Child age 24
Reduction Schedule		The Face Amount(s) will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75.	Vascular, cancer and other critical illness benefits reduce by 50 percent at age 70.	None
State Approved		Yes - Texas	Yes	All except CT
Guarantee Issue		Post Enrollment Guaranteed Issue may be available: 50 enrolled employees or 50 percent- Maximum \$5,000 face amount for the employee.	Yes, a \$10,000 benefit is available with 20 percent participation	
Increment Amounts		Face amounts range from \$5,000-\$100,000 in \$1,000 increments	\$5,000 to \$50,000 in \$5,000 increments for employees	Minimum of \$5,000 benefit - based on premium purchase amount.
Maximum Benefits		Vary based on face amounts chosen and benefit coverage %	\$50,000 for employees	\$100,000
List Critical Illnesses Covered		Heart Attack (Myocardial Infarction), Stroke, Major Organ Failure, End Stage Renal (Kidney) Failure, Cancer (if selected by Employee), Permanent Paralysis due to a Covered Accident, Coma, Blindness, Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D, Coronary Artery Bypass Graft Surgery and Carcinoma in Situ (if selected by Employee)	Heart attack, heart transplant, stroke, coronary artery bypass, -Cancer, malignant melanoma, carcinoma in situ first diagnosis, -End-stage renal failure, -Loss of sight, speech, or hearing, -Major organ transplant, other than heart, -Severe burns, coma, -Permanent paralysis due to an accident, -Occupational HIV	100% - Heart Attack; Stroke; Renal (Kidney) Failure; Major Organ Transplant; Paralysis of two or more limbs; Blindness; ALS *Lou Gehrig's Disease); 25% Coronary Artery Bypass Surgery
Participation Requirements		Three eligible applicants	Humana requires 20 percent participation for guarantee issue.	Modified Guaranteed Issue requires a minimum of 20 applications.

	AFLAC *	Colonial	Humana	MetLife (Trustmark)
	Current	Benefit	Benefit	Benefit
Evidence of Insurability		Please see Product Description section.	With guarantee issue, employees are not subject to EOI. If participation is not met, EOI is required.	Modified Guaranteed Issue - requires 3 questions; Simplified Issue - requires 3 additional questions
Pre-Existing Conditions Limitations		Yes - Means having a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the Policy Coverage Effective Date of the policy (or six months if any covered person is age 65 or older on the Policy Coverage Effective Date of the policy).	12/12	12/12
Portable		Yes	Yes	Yes
Wellness Benefit		Yes - if selected by Employer	Yes, Humana's proposed plan includes an annual health screening benefit of \$50 per Insured.	Available / Not proposed
Cancer Rider Available (Yes/No)		Yes - Cancer Coverage is Available with this policy	Humana's Critical Illness coverage was quoted with and without the Cancer rider.	Yes
Monthly Cost: EXAMPLE RATES		*CI w/Sub Diag./Non-Tobacco/\$25,000	Rates below are non-tobacco and represent a \$10,000 benefit	
Individual / Age 30	\$9.38	\$9.75	\$8.15 without cancer / \$12.96 with cancer	N/A
Individual / Age 45	\$13.85	\$27.25	\$11.27 without cancer / \$19.33 with cancer	\$26.10
Individual + Spouse / Age 30	\$18.14	\$15.25	\$11.87 without cancer / \$19.33 with cancer	\$16.53
Individual + Spouse / Age 45	\$24.83	\$41.75	\$16.73 without cancer / \$29.25 with cancer	\$43.23
One Parent Family / Age 30	\$15.28	\$9.75	\$10.31 without cancer / \$16.12 with cancer	\$14.93
One Parent Family / Age 45	\$18.79	\$27.25	\$13.43 without cancer / \$22.49 with cancer	\$28.00
Two Parent Family / Age 30	\$20.35	\$15.25	\$15.12 without cancer / \$22.49 with cancer	\$19.36
Two Parent Family / Age 45	\$27.17	\$41.75	\$18.89 without cancer / \$32.41 with cancer	\$45.13

*Did not turn in renewal before cut off

Proposed Critical Illness – Plan Design

	UNUM
	Benefit
Group/Individual	Group
Benefit Waiting Period	30 days
Reimbursement/Lump Sum Benefits	Lump sum and based on the amount of coverage in effect on the date of diagnosis or treatment of a covered specified critical illness.
Spouse/Dependent Amounts	Spouse: With an approved enrollment strategy and 20% employee participation up to \$5,000 of Guaranteed Issue coverage is available. \$6,000 to \$30,000 of coverage is available with Tier 1 Underwriting. Child: Child coverage is automatically included at 25% of the employee benefit amount.
Definition of Dependent	*Spouse means Your lawful Spouse, including a legally separated Spouse or legal domestic partner as defined by the policy. Dependent child(ren) means Your unmarried children from live birth but less than age 25. Dependent Children include Your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on You for main support and living with You in a regular parent-child relationship. A child will be considered adopted on the date of placement in Your home.
Maximum Age to Enroll	Employee/Spouse: 64 Child: 24
Reduction Schedule	Yes. Any coverage in force prior to the insured's 70th birthday will be reduced on the policy anniversary date following the insured's 70th birthday. The insured's benefit amount will be reduced to 50% of the face amount prior to the policy anniversary date. Any coverage in force after the policy anniversary date following the insured's 70th birthday will not be subject to a benefit reduction on subsequent policy anniversary dates.
State Approved	All states except CT, FL, HI, MT, NJ and NY
Guarantee Issue	With an approved enrollment strategy and 20% employee participation up to \$10,000 GI is available to the employee; up to \$5,000 for the spouse; and child coverage is GI at 25% of the employee benefit amount.
Increment Amounts	\$1,000
Maximum Benefits	Employee: \$50,000 Spouse: \$30,000 Child: 25% of employee amount
List Critical Illnesses Covered	As defined by the policy: Covered conditions: blindness, benign brain tumor, coronary artery bypass surgery, end-stage renal (kidney) failure, heart attack, major organ failure, and stroke. Covered conditions due to injury: coma, permanent paralysis and occupational HIV. Optional cancer coverage: cancer and carcinoma in situ. Specific childhood conditions: cerebral palsy; cleft lip or palate; cystic fibrosis; down syndrome and spina bifida
Participation Requirements	2% employee participation. For Guaranteed Issue: 20% employee participation

	UNUM
	Benefit
Evidence of Insurability	Our proposed Group Critical Illness product is fully-underwritten. Tier I medical questions must be answered by all employees. Tier II medical questions must also be answered for amounts above \$30,000. However, if 20% employee participation is achieved, Guaranteed Issue is available and answers to medical questions will be ignored.
Pre-Existing Conditions Limitations	12/12
Portable	Yes.
Wellness Benefit	Yes. Our GCI proposal includes the Wellness Benefit. This benefit pays a flat \$75 benefit per calendar year per insured if a covered health screening test is performed.
Cancer Rider Available (Yes/No)	Yes
Monthly Cost: EXAMPLE RATES	
Individual / Age 30	Lump Sum benefit with Cancer Non-Tobacco: \$0.81/Tobacco: \$1.46
Individual / Age 45	Lump Sum benefit with Cancer Non-Tobacco: \$2.16/Tobacco: \$4.33
Individual + Spouse / Age 30	Same as above
Individual + Spouse / Age 45	Same as above
One Parent Family / Age 30	N/A
One Parent Family / Age 45	N/A
Two Parent Family / Age 30	N/A
Two Parent Family / Age 45	N/A

Proposed Voluntary Individual STD -- Plan Design

	Colonial Benefit
Group/Individual	Individual
Benefit Waiting Period	N/A
Reimbursement/Lump Sum Benefits	Flat Benefit Amount
Elimination Period	0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 60/60, 90/90 and 180/180
Minimum Weekly Benefit	\$400
Maximum Weekly Benefit	\$5,000
Maximum Age to Enroll	69
State Approved	Yes - Texas
Guarantee Issue	No
Increment Amounts	Benefit Amounts of \$400-\$5,000 (offered in \$100 increments)
Participation Requirements	3 eligible applicants
Evidence of Insurability	Benefit-eligible employees that meet a 20% participation requirement with our short term disability plan, Colonial Life will offer Post Enrollment Guaranteed Issue up to 66 2/3% of income for up to \$3,000 in monthly benefits.
Pre-Existing Conditions Limitations	Yes - Means you have a sickness or physical condition for which you were treated, received medical advice, or had taken medication within 12 months before the effective date of the policy. If the policyholder becomes disabled because of a pre-existing condition, the policy does not pay for any disability period if it began during the first 12 months (6 months if you are age 65 or older on the effective date of the policy) the policy is in force.
Portable	Yes
Monthly Cost: EXAMPLE RATES	*6 Mo. Bnft. Pd./\$2,000 Mo. Bnft.
Age 30 / 30 day elim/ \$500 weekly benefit	\$34.00
Age 40 / 30 day elim/ \$500 weekly benefit	\$34.00
Age 55 / 30 day elim/ \$500 weekly benefit	\$52.00