

---

**NOTICE OF SPECIAL GOVERNING BODY MEETING**  
**OFFICE OF THE CITY CLERK**  
**MISSION, KANSAS**

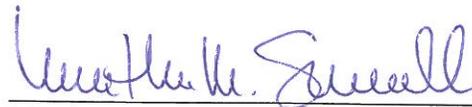
TO: Steve Schowengerdt, Mayor

You are hereby notified that there will be a special meeting of the Governing Body at 6:00 p.m., Wednesday, August 31, 2016 at Mission City Hall, 6090 Woodson for the purpose of considering the following items:

1. 2017 Employee Health Insurance Renewals

Witness my hand and the seal of said city this 23rd day of August 2016.

State of Kansas        )  
Johnson County ss. )  
City of Mission        )

  
\_\_\_\_\_  
Martha M. Sumrall, City Clerk

---

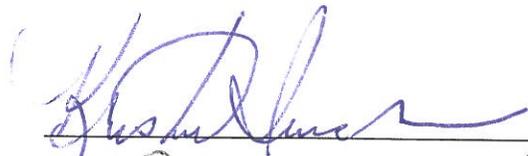
## NOTICE FOR SPECIAL GOVERNING BODY MEETING

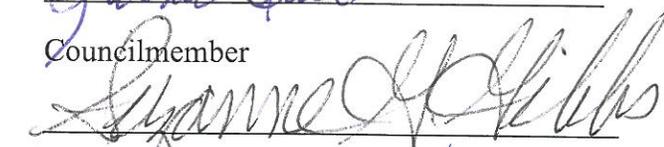
**TO:** Steve Schowengerdt, Mayor

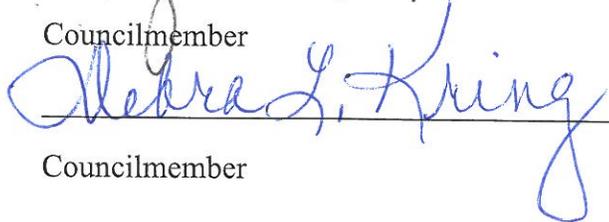
You are hereby requested, in accordance with K.S.A. 14-111, to call a special meeting of the Governing Body of Mission, Kansas, to be held at Mission City Hall, 6090 Woodson at 6:00 p.m., Wednesday, August 31, 2016, for the purpose of discussing the item listed below:

1. 2017 Employee Health Insurance Renewals

Dated this 23rd day of August 2016.

  
\_\_\_\_\_  
Councilmember

  
\_\_\_\_\_  
Councilmember

  
\_\_\_\_\_  
Councilmember

**City of Mission  
Special City Council Meeting  
Wednesday, August 31, 2016  
6:00 p.m.**

**AGENDA**

- 1. 2017 Employee Health Insurance Renewals**
- 2. Adjournment**

<b>City of Mission</b>	Item Number:	1.
<b>ACTION ITEM SUMMARY</b>	Date:	August 26, 2016
<b>Administration</b>	From:	Brian Scott

Action items require a vote to recommend the item to full City Council for further action.

**RE:** Engagement with Cigna HealthCare for provision of employee health insurance benefits effective October 1, 2016.

**RECOMMENDATION:** Approve an engagement with Cigna HealthCare for provision of the employee health insurance benefits effective October 1, 2016.

**DETAILS:** The City of Mission currently offers health insurance benefits for its employees through Aetna health insurance company. This relationship has been in place since 2008. The City utilizes a traditional, fully-insured plan that covers a group of approximately 65 employees and their dependents. Each year the group is rated based on a composite of demographics, past medical experience and recent claims. This rating methodology determines the premiums that the City/Employee will pay for the following plan year. The plan year is the calendar year.

Last year a pending change in the definition of “small groups” under the Affordable Care Act would have resulted in the City being rated on a “community basis” instead of the traditional, composite basis. This could have resulted in potentially higher premiums. To avoid this, Aetna proposed renewing the City’s health insurance plan effective October 1st with no increase in premiums, which the City opted to do. This year Aetna is offering a renewal effective October 1st that would result in a 22% increase in costs.

Based on the proposed increase, the City has sought bids from the market for comparable health insurance plans. Three carriers - Blue Cross / Blue Shield, Cigna, and United Healthcare - submitted bids. Staff, working with the City’s broker, Lockton Benefits, has reviewed the bids and conducted interviews with Blue Cross / Blue Shield and Cigna. After submitting a bid, United Healthcare advised they could not meet an October 1st renewal schedule, so they were not interviewed. Through this process staff has determined that Cigna HealthCare offers the best and most affordable health insurance plan.

Cigna’s Plan will provide access to generally the same network of hospitals and care providers that Aetna’s plan has provided. Cigna’s plan does have a higher out-of-pocket maximum for individual and family co-pays than what the Aetna plan currently offers. However, Aetna’s proposed renewal would have had the same higher out-of-pocket maximums. Cigna, as a provider, places a strong emphasis on wellness, and to this end they emphasize wellness programs and initiatives to their clients as part of their plan. They also provide an annual report with aggregate information on the plan’s utilization. Cigna’s premiums (including brokerage and administrative fees for Lockton) were the lowest of the three submittals. And, Cigna is willing to provide a 15

Related Statute/City Ordinance:	
Line Item Code/Description:	01-XX-102-01 Health Welfare/Benefits (Account Varies by Dept.)
Available Budget:	\$831,000 (2017 Budget)

<b>City of Mission</b>	Item Number:	1.
<b>ACTION ITEM SUMMARY</b>	Date:	August 26, 2016
<b>Administration</b>	From:	Brian Scott

Action items require a vote to recommend the item to full City Council for further action.

month plan, which will get the City back on a calendar year cycle. For these reasons, staff is recommending that the City engage with Cigna Healthcare for the provision of employee health insurance benefits effective October 1st.

Upon approval, the City will initiate an open enrollment process with city employees during the week of September 12th. Several meetings will be scheduled at various times to accommodate work shifts. Representatives from Cigna will be present at these meetings to review the plan, the process for the switch from Aetna to Cigna, and answer any questions. The health insurance premiums are currently paid 80% by the City and 20% by the employee. Staff recommends leaving maintaining this cost-sharing arrangement through 2017.

In this process, the City has also marketed its other health benefits (dental, vision, and life insurance). These have renewal dates of January 1, so they will be brought forth to the City Council at a later date for consideration. Based on a preliminary review of the results, the 2017 budget contains sufficient funding to keep a comprehensive and competitive benefit program in place for our employees.

Related Statute/City Ordinance:	
Line Item Code/Description:	01-XX-102-01 Health Welfare/Benefits (Account Varies by Dept.)
Available Budget:	\$831,000 (2017 Budget)



# City of Mission Renewal and Marketing Results

August 19, 2016



L O C K T O N C O M P A N I E S



# Medical Renewal and Marketing Results



## Medical Markets

Carrier	AM Best Rating	Status	Comments
Aetna	A	Current Carrier	Current contract cannot be extended through 12/31/16. The plan may renew for 12 months at a 22% rate increase or renew for 15 months at a 24% rate increase.
Blue KC	Not Rated	Received Quote	Provided 15 month rates for 10/1/16 through 12/31/17.
United Healthcare	A	Received Quote	Unable to write a 15 month contract. There will be a maximum 3% increase for 1/1/17 – 12/31/17.
Cigna	A	Received Quote	Provided 15 month rates for 10/1/16 through 12/31/17.

Lockton Companies does not guarantee, or make any representation in regard to, and expressly disclaims responsibility for, the financial condition of insurance companies with which we place business. Any rating information contained in this document has been obtained by a third-party rating agency, and we do not represent or warrant its accuracy.

# Aetna Current and Renewal Benefit Comparison

Benefit Feature	Aetna - Current		Aetna - Renewal	
	KS (PPO \$1000 80/60)		KS (PPO \$1000 80/50)	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible:</b>				
<b>Individual</b>	\$1,000	\$2,000	\$1,000	\$3,000
<b>Family</b>	\$2,000	\$4,000	\$2,000	\$6,000
<small>Deductible applies to all services unless indicated otherwise.</small>				
<b>Coinsurance</b>	80%	60%	80%	50%
<b>Out of Pocket Maximum:</b>				
<b>Individual</b>	\$3,000	\$6,000	\$3,500	\$12,000
<b>Family</b>	\$6,000	\$12,000	\$7,000	\$24,000
<b>Preventive Services</b>	100%	60%	100%	50%
<b>Physician Office Visits</b>	\$20 Copay	60%	\$25 Copay	50%
<b>Specialist Office Visits</b>	\$40 Copay	60%	\$50 Copay	50%
<b>Diagnostic Lab</b>	100%	60%	\$25 Copay (no deductible)	50%
<b>X-Ray</b>	80% (no deductible)	60%	80% (no deductible)	50%
<b>Complex Imaging</b>	80%	60%	80%	50%
<b>Inpatient Hospital</b>	80%	60%	80%	50%
<b>Outpatient Hospital</b>	80%	60%	80%	50%
<b>Urgent Care</b>	\$40 Copay (no deductible)	60%	\$50 Copay (no deductible)	50%
<b>Emergency Room</b>	80% after \$150 Copay	80% after \$150 Copay	\$300 Copay (no deductible)	\$300 Copay (no deductible)
<b>Prescription Drugs:</b>				
<b>Retail Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$15/\$40/\$75	\$30/\$75/\$150	\$10/\$45/\$75	\$10/\$45/\$75
<b>Mail Order Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$30/\$100/\$225	\$60/\$200/\$450	\$25/\$112.50/\$187.50	\$25/\$112.50/\$187.50
Tier Level	Enrollment	Current Rates	Renewal Rates Effec 10/1/16 - 9/30/17	
Employee Only	20	\$553.00	\$675.00	
Employee + Spouse	12	\$1,162.00	\$1,417.00	
Employee + Child(ren)	12	\$996.00	\$1,214.00	
Employee + Family	21	\$1,660.00	\$2,024.00	
<b>Monthly Total</b>	<b>65</b>	<b>\$71,816</b>	<b>\$87,576</b>	
<b>Annual Total</b>		<b>\$861,792</b>	<b>\$1,050,912</b>	
<b>Difference from Current (\$)</b>		<b>N/A</b>	<b>\$189,120</b>	
<b>Difference from Current (%)</b>		<b>N/A</b>	<b>21.9%</b>	
Commission		\$29 PEPM	\$31 PEPM	

# Medical Carriers Benefit Comparison

Benefit Feature	Aetna - Current		Blue KC - Proposed Plan	
	KS (PPO \$1000 80/60)		Preferred-Care Blue PPO A High KS A30PBK	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible:</b>				
<b>Individual</b>	\$1,000	\$2,000	\$1,000	\$1,000
<b>Family</b>	\$2,000	\$4,000	\$3,000	\$3,000
Deductible applies to all services unless indicated otherwise.				
<b>Coinsurance</b>	80%	60%	80%	60%
<b>Out of Pocket Maximum:</b>				
<b>Individual</b>	\$3,000	\$6,000	\$4,000	\$8,000
<b>Family</b>	\$6,000	\$12,000	\$8,000	\$16,000
<b>Preventive Services</b>	100%	60%	100%	60%
<b>Physician Office Visits</b>	\$20 Copay	60%	\$30 Copay	Deductible then 60%
<b>Specialist Office Visits</b>	\$40 Copay	60%	\$30 Copay	Deductible then 60%
<b>Diagnostic Lab</b>	100%	60%	80%	Deductible then 60%
<b>X-Ray</b>	80% (no deductible)	60%	80%	Deductible then 60%
<b>Complex Imaging</b>	80%	60%	80%	Deductible then 60%
<b>Inpatient Hospital</b>	80%	60%	80%	Deductible then 60%
<b>Outpatient Hospital</b>	80%	60%	80%	Deductible then 60%
<b>Urgent Care</b>	\$40 Copay(no deductible)	60%	\$30 Copay	Deductible then 60%
<b>Emergency Room</b>	80% after \$150 Copay	80% after \$150 Copay	\$100 Copay	\$100 Copay then deductible and 80%
<b>Prescription Drugs:</b>				
<b>Retail Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$15/\$40/\$75	\$30/\$75/\$150	\$15/\$70/\$110	\$15/\$70/\$110
<b>Mail Order Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$30/\$100/\$225	\$60/\$200/\$450	\$37.50/\$175/\$275	\$37.50/\$175/\$275
<b>Tier Level</b>	<b>Enrollment</b>	<b>Current Rates</b>	<b>Firm Rates</b>	
Employee Only	20	\$553.00	\$571.77	
Employee + Spouse	12	\$1,162.00	\$1,200.72	
Employee + Child(ren)	12	\$996.00	\$1,029.19	
Employee + Family	21	\$1,660.00	\$1,715.32	
<b>Monthly Total</b>	<b>65</b>	<b>\$71,816</b>	<b>\$74,216</b>	
<b>Annual Total</b>		<b>\$861,792</b>	<b>\$890,592</b>	
<b>Difference from Current (\$)</b>		<b>N/A</b>	<b>\$28,800</b>	
<b>Difference from Current (%)</b>		<b>N/A</b>	<b>3.3%</b>	

Commission

\$29 PEPM

Sliding scale - approx \$13,000 annually

# Medical Carriers Benefit Comparison

Benefit Feature	Aetna - Current		Cigna - Proposed Plan	
	KS (PPO \$1000 80/60)		Open Access Plus Q8 FI Facets OAP	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible:</b>				
Individual	\$1,000	\$2,000	\$1,000	\$3,000
Family	\$2,000	\$4,000	\$2,000	\$6,000
Deductible applies to all services unless indicated otherwise.				
<b>Coinsurance</b>	80%	60%	80%	50%
<b>Out of Pocket Maximum:</b>				
Individual	\$3,000	\$6,000	\$3,500	\$12,000
Family	\$6,000	\$12,000	\$7,000	\$24,000
<b>Preventive Services</b>	100%	60%	100%	50%
<b>Physician Office Visits</b>	\$20 Copay	60%	\$25 Copay	70%
<b>Specialist Office Visits</b>	\$40 Copay	60%	\$50 Copay	70%
<b>Diagnostic Lab</b>	100%	60%	100%	70%
<b>X-Ray</b>	80% (no deductible)	60%	100%	80%
<b>Complex Imaging</b>	80%	60%	80%	50%
<b>Inpatient Hospital</b>	80%	60%	80%	50%
<b>Outpatient Hospital</b>	80%	60%	80%	50%
<b>Urgent Care</b>	\$40 Copay(no deductible)	60%	\$50 Copay	70%
<b>Emergency Room</b>	80% after \$150 Copay	80% after \$150 Copay	\$300 Copay then 80%	\$300 Copay then 80%
<b>Prescription Drugs:</b>				
<b>Retail Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$15/\$40/\$75	\$30/\$75/\$150	\$10/\$45/\$75	60%
<b>Mail Order Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$30/\$100/\$225	\$60/\$200/\$450	\$20/\$125/\$215	60%
<b>Tier Level</b>	<b>Enrollment</b>	<b>Current Rates</b>	<b>Rates effective 10/1/16 - 9/30/17</b>	
Employee Only	20	\$553.00	\$534.75	
Employee + Spouse	12	\$1,162.00	\$1,122.44	
Employee + Child(ren)	12	\$996.00	\$962.02	
Employee + Family	21	\$1,660.00	\$1,603.71	
<b>Monthly Total</b>	<b>65</b>	<b>\$71,816</b>	<b>\$69,386</b>	
<b>Annual Total</b>		<b>\$861,792</b>	<b>\$832,637</b>	
<b>Difference from Current (\$)</b>		<b>N/A</b>	<b>-\$29,155</b>	
<b>Difference from Current (%)</b>		<b>N/A</b>	<b>-3.4%</b>	

Commission

\$29 PEPM

No Commission  
\$2,000 Wellness Fund

# Medical Carriers Benefit Comparison

Benefit Feature	Aetna - Current		United Healthcare - Proposed Plan	
	KS (PPO \$1000 80/60)		Choice + 2T4 MCP1-Premier Rx IU	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible:</b>				
<b>Individual</b>	\$1,000	\$2,000	\$1,000	\$5,000
<b>Family</b>	\$2,000	\$4,000	\$2,000	\$10,000
<small>Deductible applies to all services unless indicated otherwise.</small>				
<b>Coinsurance</b>	80%	60%	80%	50%
<b>Out of Pocket Maximum:</b>				
<b>Individual</b>	\$3,000	\$6,000	\$4,000	\$10,000
<b>Family</b>	\$6,000	\$12,000	\$8,000	\$20,000
<b>Preventive Services</b>	100%	60%	100%	50%
<b>Physician Office Visits</b>	\$20 Copay	60%	\$25 Copay	50%
<b>Specialist Office Visits</b>	\$40 Copay	60%	\$50 Copay	50%
<b>Diagnostic Lab</b>	100%	60%	80%	50%
<b>X-Ray</b>	80% (no deductible)	60%	80%	50%
<b>Complex Imaging</b>	80%	60%	80%	50%
<b>Inpatient Hospital</b>	80%	60%	80%	50%
<b>Outpatient Hospital</b>	80%	60%	80%	50%
<b>Urgent Care</b>	\$40 Copay(no deductible)	60%	\$75 Copay	50%
<b>Emergency Room</b>	80% after \$150 Copay	80% after \$150 Copay	\$250 Copay then 80%	\$250 Copay then 80%
<b>Prescription Drugs:</b>				
<b>Retail Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$15/\$40/\$75	\$30/\$75/\$150	\$15/\$40/\$75	\$15/\$40/\$75
<b>Mail Order Copays:</b>				
Generic/Preferred Brand/Non-Preferred Brand	\$30/\$100/\$225	\$60/\$200/\$450	\$37.50/\$100/\$187.50	N/A
Tier Level	Enrollment	Current Rates	Rates effective 10/1/16 - 9/30/17	
Employee Only	20	\$553.00	\$545.81	
Employee + Spouse	12	\$1,162.00	\$1,145.90	
Employee + Child(ren)	12	\$996.00	\$982.06	
Employee + Family	21	\$1,660.00	\$1,637.43	
<b>Monthly Total</b>	<b>65</b>	<b>\$71,816</b>	<b>\$70,838</b>	
<b>Annual Total</b>		<b>\$861,792</b>	<b>\$850,053</b>	
<b>Difference from Current (\$)</b>		N/A	<b>-11,739</b>	
<b>Difference from Current (%)</b>		N/A	<b>-1.4%</b>	

Commission

\$29 PEPM

No Commission

# 12 Month Financial Summary

	<b>Aetna - Current (PPO \$1000 80/60)</b>	<b>Aetna - Renewal (PPO \$1000 80/50)</b>	<b>Cigna Open Access Plus Q8 FI Facets OAP</b>	<b>UHC Choice+ 2T4 MCP1 Premier Rx IU</b>	<b>Blue KC* PCB PPO A High KS A30PBK</b>
<b>Annual Cost</b>	<b>\$861,792</b>	<b>\$1,050,912</b>	<b>\$832,637</b>	<b>\$850,053</b>	<b>\$890,592</b>
<b>Carrier Commissions (Included in Premium)</b>	<b>\$22,620</b>	<b>\$24,180</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,000</b>
<b>Lockton Consulting Fee</b>	<b>\$20,000</b>	<b>\$20,000</b>	<b>\$40,000</b>	<b>\$40,000</b>	<b>\$9,500</b>
<b>Total 12 Month Premium/Fee</b>	<b>\$881,792</b>	<b>\$1,070,912</b>	<b>\$872,637</b>	<b>\$890,053</b>	<b>\$900,092</b>
<b>\$ Impact to Current</b>	<b>N/A</b>	<b>\$189,120</b>	<b>-\$9,155</b>	<b>\$8,261</b>	<b>\$18,300</b>
<b>% Impact to Current</b>	<b>N/A</b>	<b>21%</b>	<b>-1%</b>	<b>1%</b>	<b>2%</b>
<b>\$ Impact to Renewal</b>	<b>N/A</b>	<b>N/A</b>	<b>-\$198,275</b>	<b>-\$180,859</b>	<b>-\$170,820</b>
<b>% Impact to Renewal</b>	<b>N/A</b>	<b>N/A</b>	<b>-19%</b>	<b>-17%</b>	<b>-16%</b>

\*Note: BlueKC is the only carrier that offers a bonus program that can be proactively projected. In addition to the mandatory front-side base commissions, Lockton would also receive an Administrative Service Fee (ASF) of 2% of premium, which equates to roughly \$16,500. We typically do not offset base commission/fee with bonus compensation, but have assumed that in the illustration above. Therefore, instead of illustrating a \$26,000 fee for us to arrive at the \$40,000 target compensation, we have reduced it by the \$16,500 projected bonus amount.

# 15 Month Financial Summary

	<b>Illustrative Aetna - Current (PPO \$1000 80/60)</b>	<b>Aetna - Renewal (PPO \$1000 80/50)</b>	<b>Cigna Open Access Plus Q8 FI Facets OAP</b>	<b>UHC Choice+ 2T4 MCP1 Premier Rx IU</b>	<b>Blue KC* PCB PPO A High KS A30PBK</b>
<b>10/1/16 - 12/31/16</b>	<b>\$1,077,240</b>	<b>\$1,339,913</b>	<b>\$1,082,698</b>	<b>\$212,513</b>	<b>\$1,113,240</b>
<b>1/1/17 - 12/31/17</b>				<b>\$875,555</b>	
<b>Carrier Commissions (Included in Premium)</b>	<b>\$28,275</b>	<b>\$30,225</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,250</b>
<b>Lockton Consulting Fee</b>	<b>\$21,725</b>	<b>\$20,000</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$13,125</b>
<b>Total 15 Month Premium/Fee</b>	<b>\$1,098,965</b>	<b>\$1,359,913</b>	<b>\$1,132,698</b>	<b>\$1,138,068</b>	<b>\$1,126,365</b>
<b>\$ Impact to Current</b>	<b>N/A</b>	<b>\$260,948</b>	<b>\$33,733</b>	<b>\$39,103</b>	<b>\$27,400</b>
<b>% Impact to Current</b>	<b>N/A</b>	<b>24%</b>	<b>3%</b>	<b>4%</b>	<b>2%</b>
<b>\$ Impact to Renewal</b>	<b>N/A</b>	<b>N/A</b>	<b>-\$227,215</b>	<b>-\$221,845</b>	<b>-\$233,548</b>
<b>% Impact to Renewal</b>	<b>N/A</b>	<b>N/A</b>	<b>-16.7%</b>	<b>-16.3%</b>	<b>-17.2%</b>

\*Note: BlueKC is the only carrier that offers a bonus program that can be proactively projected. In addition to the mandatory front-side base commissions, Lockton would also receive an Administrative Service Fee (ASF) of 2% of premium, which equates to roughly \$20,625. We typically do not offset base/fee agreements with bonus compensation, but we have assumed that in the illustration above. Therefore, instead of illustrating a \$33,750 fee for us to arrive at a target compensation of \$50,000, we have reduced it by the projected \$20,625 bonus amount.

# Aetna Current & Alternate Benefit & Rate Comparison

Benefit Feature	Aetna - Current		Aetna - Alternate Plan 1		Aetna - Alternate Plan 2	
	KS (PPO \$1000 80/60)		In Network	Out of Network	In Network	Out of Network
	In Network	Out of Network				
<b>Deductible:</b>						
<b>Individual</b>	\$1,000	\$2,000	\$1,500	\$4,500	\$2,000	\$6,000
<b>Family</b>	\$2,000	\$4,000	\$3,000	\$9,000	\$4,000	\$12,000
Deductible applies to all services unless indicated otherwise.						
<b>Coinsurance</b>	80%	60%	70%	50%	80%	50%
<b>Out of Pocket Maximum:</b>						
<b>Individual</b>	\$3,000	\$6,000	\$6,550	\$18,000	\$6,000	\$12,000
<b>Family</b>	\$6,000	\$12,000	\$13,100	\$36,000	\$12,000	\$24,000
<b>Preventive Services</b>	100%	60%	100%	50%	100%	50%
<b>Physician Office Visits</b>	\$20 Copay	60%	\$35 Copay	50%	\$35 Copay	50%
<b>Specialist Office Visits</b>	\$40 Copay	60%	\$75 Copay	50%	\$75 Copay	50%
<b>Diagnostic Lab</b>	100%	60%	\$35 Copay (no deductible)	50%	\$35 Copay (no deductible)	50%
<b>X-Ray</b>	80% (no deductible)	60%	70% (no deductible)	50%	\$35 Copay (no deductible)	50%
<b>Complex Imaging</b>	80%	60%	70%	50%	80%	50%
<b>Inpatient Hospital</b>	80%	60%	70%	50%	80%	50%
<b>Outpatient Hospital</b>	80%	60%	70%	50%	80%	50%
<b>Urgent Care</b>	\$40 Copay(no deductible)	60%	\$75 Copay (no deductible)	50%	\$75 Copay (no deductible)	50%
<b>Emergency Room</b>	80% after \$150 Copay	80% after \$150 Copay	70%	70%	\$300 Copay (no deductible)	\$300 Copay (no deductible)
<b>Prescription Drugs:</b>						
<b>Retail Copays:</b>						
Generic/Preferred Brand/Non-Preferred Brand	\$15/\$40/\$75	\$30/\$75/\$150	\$12/\$45/\$75	\$12/\$45/\$75	\$12/\$45/\$75	\$12/\$45/\$75
<b>Mail Order Copays:</b>						
Generic/Preferred Brand/Non-Preferred Brand	\$30/\$100/\$225	\$60/\$200/\$450	\$30/\$112.50/\$187.50	\$30/\$112.50/\$187.50	\$30/\$112.50/\$187.50	\$30/\$112.50/\$187.50
Tier Level	Enrollment	Current Rates	Rates effective 10/1/16 - 9/31/17		Rate effective 10/1/16 - 9/31/17	
Employee Only	20	\$553.00	\$588.00		\$596.00	
Employee + Spouse	12	\$1,162.00	\$1,234.00		\$1,252.00	
Employee + Child(ren)	12	\$996.00	\$1,058.00		\$1,073.00	
Employee + Family	21	\$1,660.00	\$1,763.00		\$1,789.00	
<b>Monthly Total</b>	<b>65</b>	<b>\$71,816</b>	<b>\$76,287</b>		<b>\$77,389</b>	
<b>Annual Total</b>		<b>\$861,792</b>	<b>\$915,444</b>		<b>\$928,668</b>	
<b>Difference from Current (\$)</b>		<b>N/A</b>	<b>\$53,652</b>		<b>\$66,876</b>	
<b>Difference from Current (%)</b>		<b>N/A</b>	<b>6.2%</b>		<b>7.8%</b>	
Commission		\$29 PEPM	\$31 PEPM		\$31 PEPM	

# Aetna Renewal Rate History

<b>Year</b>	<b>Increase</b>
2009	19%
2010	15%
2011	9%
2012	15%
2013	1.93%
2014	9.97%
2015	-.06%
<b>Average</b>	<b>10%</b>

# Inpatient Hospital Carrier Comparison

Provider Name	Provider City	BlueKC	Cigna	UHC	Aetna
SAINT LUKES HOSPITAL	Kansas City	Yes	Yes	Yes	Yes
RESEARCH MEDICAL CENTER	Kansas City	Yes	Yes	Yes	Yes
NORTH KANSAS CITY HOSPITAL	Kansas City	Yes	Yes	Yes	Yes
MENORAH MEDICAL CENTER	Leawood	Yes	Yes	Yes	Yes
SAINT LUKES EAST HOSPITAL	Lee's Summit	Yes	Yes	Yes	Yes
ST JOSEPH MEDICAL CENTER	Kansas City	No	Yes	Yes	Yes
LEES SUMMIT MEDICAL CENTER	Lee's Summit	Yes	Yes	Yes	Yes
UNIVERSITY OF KANSAS HOSPITAL	Kansas City	Yes	Yes	Yes	Yes
ST JOHN HOSPITAL-PSYCH	Leavenworth	Yes	Yes	Yes	Yes
SAINT LUKES HOSPITAL REHABILITATION UNIT	Kansas City	Yes	Yes	Yes	Yes
BELTON REGIONAL MEDICAL CENTER	Belton	Yes	Yes	Yes	Yes
OVERLAND PARK REGIONAL MEDICAL CENTER	Lenexa	Yes	Yes	Yes	Yes
LIBERTY HOSPITAL	Liberty	Yes	Yes	Yes	Yes
KINDRED HOSPITAL NORTHLAND	Kansas City	Yes	Yes	Yes	Yes
BARNES JEWISH HOSPITAL	Saint Louis	Yes	Yes	Yes	Yes
SAINT LUKES NORTHLAND	Kansas City	Yes	Yes	Yes	Yes
ST JOSEPH MEDICAL CENTER REHAB UNIT	Kansas City	No	Yes	Yes	Yes
CENTERPOINT MEDICAL CENTER	Independence	Yes	Yes	Yes	Yes
PROVIDENCE MEDICAL CENTER	Kansas City	Yes	Yes	Yes	Yes
SHAWNEE MISSION MEDICAL CENTER	Overland Park	Yes	Yes	Yes	Yes
CHILDRENS MERCY HOSPITAL	Kansas City	Yes	Yes	Yes	Yes
NORTH KANSAS CITY HOSP REHAB UNIT	Kansas City	Yes	Yes	Yes	Yes
KANSAS CITY TRANSITIONAL CARE CENTER	Kansas City	Yes	Yes	Yes	Yes
NORTH KANSAS CITY HOSPITAL HHA	Kansas City	Yes	Yes	Yes	Yes
JOHN KNOX VILLAGE CENTER	Lee's Summit	Yes	Yes	Yes	Yes
SAINT LUKES NORTHLAND PSYCHIATRIC UNIT	Kansas City	Yes	Yes	Yes	Yes
REHABILITATION HOSPITAL OF OVERLAND PARK	Overland Park	No	Yes	No	No
GOOD SAMARITAN SOCIETY - OLATHE	Olathe	Yes	Yes	Yes	Yes
JOHN KNOX HHA	Lee's Summit	Yes	Yes	Yes	Yes
HIDDEN LAKE CARE CENTER	Kansas City	Yes	No	Yes	Yes
SIGNATURE PSYCHIATRIC HOSPITAL	Kansas City	Yes	Yes	Yes	No

# SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.

City of Mission  
Open Access Plus



General Services	In-Network	Out-of-Network
<b>Physician office visit – Primary Care Physician (PCP)</b>	You pay \$25 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Physician Office Visit – Specialist</b>	You pay \$50 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Urgent care visit</b> <ul style="list-style-type: none"> <li>All services including Lab &amp; X-ray</li> </ul>	You pay \$50 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Preventive Care</b>	Plan pays 100%, no copay, no deductible	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Preventive Services</b>	Plan pays 100%, no copay, no deductible	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Immunizations</b> <b>Birth through age 5</b>	Plan pays 100%, no copay, no deductible	Plan pays 100%, no copay, no deductible
<b>Ages 6 and older</b>	Plan pays 100%, no copay, no deductible	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Advantage pharmacy plan</b> <ul style="list-style-type: none"> <li>Includes contraceptives</li> <li>If a Brand name drug is requested when there is a Generic equivalent, member must purchase the Generic drug, or pay 100% of the difference between the Brand name price and the Generic price, plus the appropriate brand-name copay (unless the physician indicates "Dispense As Written" DAW)</li> <li>Cigna National Pharmacy Network</li> <li>Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to myCigna.com.</li> <li>Specialty medications are limited to a 30-day supply</li> <li>Specialty Drugs provided at Home Delivery at the Retail cost share</li> </ul>	<b>Retail</b> - (per 30 day supply) Tier 1: \$10 Tier 2: \$45 Tier 3: \$75 <b>Home Delivery</b> - (per 90 day supply) 3x Retail Copay less \$10 90-day Retail supply at 3x retail copay for Non-Specialty medications	You pay 60% Plan pays 40%
<b>Coinsurance</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%

10/1/2016  
KS

Open Access Plus - Copy of OAP Plan - 5757862. Version# 8

General Services	In-Network	Out-of-Network
<b>Calendar year deductible</b> <ul style="list-style-type: none"> <li>Benefits for an individual within a family are paid once the individual deductible has been met.</li> <li>In-network and out-of-network expenses do not cross accumulate.</li> <li>Copays always apply before plan deductible and coinsurance.</li> </ul>	Individual: \$1,000 Family: \$2,000	Individual: \$3,000 Family: \$6,000
<b>Out-of-pocket annual maximum</b> <ul style="list-style-type: none"> <li>Medical copays apply towards the out-of-pocket maximums</li> <li>Medical deductibles apply towards the out-of-pocket maximums</li> <li>Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums</li> <li>Pharmacy copays and coinsurance apply towards the out-of-pocket maximums</li> </ul>	Individual: \$3,500 Family: \$7,000	Individual: \$12,000 Family: \$24,000
<b>Lifetime maximum</b>	Unlimited Per individual	
<b>Out-of-network annual maximum</b>		Unlimited Per individual
<b>Emergency room care</b> <ul style="list-style-type: none"> <li>All services rendered apply to ER benefit including Lab &amp; X-ray</li> </ul>	You pay \$300 per visit copay (waived if admitted) and 20%, then plan pays 80%	
<b>Ambulance</b>	After the in-network plan deductible is met, You pay 20% Plan pays 80%	
<b>Office surgery – PCP</b>	You pay \$25 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Office surgery – Specialist</b>	You pay \$50 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Other office services – laboratory</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services
<b>Other office services – radiology</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services
<b>Outpatient lab</b>	Plan pays 100%, no deductible	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Outpatient radiology</b>	Plan pays 100%, no deductible	After the plan deductible is met, You pay 20% Plan pays 80%
<b>Independent lab</b>	Plan pays 100%, no deductible	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Office advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%

10/1/2016

KS

Open Access Plus - Copy of OAP Plan - 5757862. Version# 8

General Services	In-Network	Out-of-Network
<b>Outpatient advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Includes external prosthetic appliances</li> <li>Does accumulate towards the out-of-pocket maximum</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Breast Feeding Equipment and Supplies</b> <ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies</li> </ul>	Plan pays 100%, no copay, no deductible	After the plan deductible is met, You pay 50% Plan pays 50%

Benefits	In-Network	Out-of-Network
<b>Hospital Services</b>		
<b>Inpatient hospital services</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Inpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists, Anesthesiologists, and Hospital Based Physician</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Outpatient hospital services</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Outpatient professional services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists, Anesthesiologists</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Skilled nursing facility care</b> <ul style="list-style-type: none"> <li>60 days per calendar year maximum</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Hospice care</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Home health care</b> <ul style="list-style-type: none"> <li>60 visits per calendar year maximum</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Mental Health and Substance Use Disorder</b>		
<b>Inpatient mental health</b> <ul style="list-style-type: none"> <li>When there is a per admission or per day deductible, the plan deductible (if applicable) will apply only to Professional Services and not to the Facility charges.</li> <li>Includes Residential Treatment</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Outpatient mental health – Physician’s Office</b> <ul style="list-style-type: none"> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	You pay \$50 copay	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Outpatient mental health – all other services</b> <ul style="list-style-type: none"> <li>Includes Partial Hospitalization</li> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	You pay 20% Plan pays 80%	After the plan deductible is met, You pay 30% Plan pays 70%

10/1/2016

KS

Open Access Plus - Copy of OAP Plan - 5757862. Version# 8

Benefits	In-Network	Out-of-Network
<b>Inpatient substance use disorder</b> <ul style="list-style-type: none"> <li>When there is a per admission or per day deductible, the plan deductible (if applicable) will apply only to Professional Services and not to the Facility charges.</li> <li>Includes Residential Treatment</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Outpatient substance use disorder – Physician’s Office</b> <ul style="list-style-type: none"> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	You pay \$50 copay	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Outpatient substance use disorder – all other services</b> <ul style="list-style-type: none"> <li>Includes Partial Hospitalization</li> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	You pay 20% Plan pays 80%	After the plan deductible is met, You pay 30% Plan pays 70%
<b>Therapy Services</b>		
<b>Outpatient physical therapy</b> <ul style="list-style-type: none"> <li>20 visits per calendar year</li> </ul>	Covered same as plan's Physician Office Visit – Specialist	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Outpatient speech therapy, hearing therapy and occupational therapy</b> <ul style="list-style-type: none"> <li>20 visits per calendar year</li> </ul>	Covered same as plan's Physician Office Visit – Specialist	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Chiropractic services</b> <ul style="list-style-type: none"> <li>20 visits per calendar year</li> </ul>	Covered same as Specialist's Office Visit	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Additional Services</b>		
<b>Medical Specialty Drugs Inpatient Facility</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Medical Specialty Drugs Outpatient Facility</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Medical Specialty Drugs Physician’s Office</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of targeted Infusion Therapy drugs administered in the Physician’s Office. This benefit does not cover the related Office Visit or Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>Medical Specialty Drugs Home</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of targeted Infusion Therapy drugs administered in the patient’s home. This benefit does not cover the related Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%
<b>PPACA Women’s Health</b> <ul style="list-style-type: none"> <li>Includes surgical services, such as tubal ligation (excludes reversals)</li> <li>Contraceptive devices are included.</li> </ul>	Plan pays 100%, no copay,no deductible	Varies based on place of service

Benefits	In-Network	Out-of-Network
<b>Family planning</b> <ul style="list-style-type: none"> <li>Includes surgical services, such as vasectomy (excludes reversals)</li> </ul>	Varies based on place of service	Varies based on place of service
<b>Infertility</b>	Not Covered	Not Covered
<b>Abortion Rider</b> <ul style="list-style-type: none"> <li>Includes non-elective procedures and elective procedures</li> </ul>	Varies based on place of service	Varies based on place of service
<b>TMJ</b>	Not Covered	Not Covered
<b>Organ transplant</b> <ul style="list-style-type: none"> <li>Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities</li> <li>Travel maximum Unlimited</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 50% Plan pays 50%

## Additional Information

**Selection of a Primary Care Provider-** Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.myCigna.com](http://www.myCigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists-** You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [www.myCigna.com](http://www.myCigna.com) or contact customer service at the phone number listed on the back of your ID card.

### Out of Pocket Maximum

Once you reach the individual or family out-of-pocket maximum (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.

- Medical copays apply towards out-of-pocket maximums
- Deductibles apply towards out-of-pocket maximums

### Plan Coverage for Out-of-Network Providers

- The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or at 110% of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or supply or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations.

### Precertification Penalty

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, a \$250 penalty will be applied.

### General Notice of Preexisting Condition Exclusion

- Not applicable

## Exclusions

### What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any Worker's Compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Sex transformation
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

### These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

*All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.*

EHB State: KS

Total Premium (Includes Commission and Administrative Fee)

**Aetna's Current Plan**

Aetna's Current Plan			Without Wellness Incentive		With Wellness Incentive	
Tier Level	Total Monthly Premium	Employer Contribution	Monthly Employee Contribution	Per Payroll	Monthly Employee Contribution	Per Payroll
Employee Only	\$ 566.48	\$ 453.18	\$ 113.30	\$ 56.65	\$ 83.30	\$ 41.65
Employee + Spouse	\$ 1,188.96	\$ 951.17	\$ 237.79	\$ 118.90	\$ 207.79	\$ 103.90
Employee + Child	\$ 1,022.01	\$ 817.61	\$ 204.40	\$ 102.20	\$ 174.40	\$ 87.20
Employee + Family	\$ 1,701.92	\$ 1,361.54	\$ 340.38	\$ 170.19	\$ 310.38	\$ 155.19

Includes Commission and Administrative Fee

**Aetna's Proposed Renewal**

Aetna's Proposed Renewal			Without Wellness Incentive		
Tier Level	Total Monthly Premium	Employer Contribution	Monthly Employee Contribution	Per Payroll	
Employee Only	\$ 700.64	\$ 560.51	\$ 140.13	\$ 70.06	24%
Employee + Spouse	\$ 1,442.64	\$ 1,154.11	\$ 288.53	\$ 144.26	21%
Employee + Child	\$ 1,239.64	\$ 991.71	\$ 247.93	\$ 123.96	21%
Employee + Family	\$ 2,049.64	\$ 1,639.71	\$ 409.93	\$ 204.96	20%

Includes Commission and Administrative Fee

**Blue Cross / Blue Shield's Proposed Plan**

Blue Cross / Blue Shield's Proposed Plan			Without Wellness Incentive		
Tier Level	Total Monthly Premium	Employer Contribution	Monthly Employee Contribution	Per Payroll	
Employee Only	\$ 583.95	\$ 467.16	\$ 116.79	\$ 58.40	3%
Employee + Spouse	\$ 1,212.90	\$ 970.32	\$ 242.58	\$ 121.29	2%
Employee + Child	\$ 1,041.37	\$ 833.10	\$ 208.27	\$ 104.14	2%
Employee + Family	\$ 1,727.50	\$ 1,382.00	\$ 345.50	\$ 172.75	2%

Includes Commission and Administrative Fee

**Cigna's Proposed Plan**

Tier Level	Total Monthly Premium	Employer Contribution	Without Wellness Incentive		
			Monthly Employee Contribution	Per Payroll	
Employee Only	\$ 584.75	\$ 467.80	\$ 116.95	\$ 58.48	3%
Employee + Spouse	\$ 1,172.44	\$ 937.95	\$ 234.49	\$ 117.24	-1%
Employee + Child	\$ 1,012.02	\$ 809.62	\$ 202.40	\$ 101.20	-1%
Employee + Family	\$ 1,653.71	\$ 1,322.97	\$ 330.74	\$ 165.37	-3%

Includes Commission and Administrative Fee