

City Of Riviera Beach

Contact Information

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Assumptions

Contract State: FL
 Medical Pooling Level: \$175,000
 Producer Service Fee: 3.50%
 Health Insurance Provider Fee%*: 0.65%

Lives: 484
 Sic Code: 9199
 Mem/EE Ratio: 1.96

Proposed Rates **Effective Date:** October 1, 2018 **End Date:** September 30, 2019

Total Amount Due Includes 3.5% Producer Service Fee**

All rates provided assume the purchase of Aetna dental plans and plan changes as outlined below.

Coverage	Lives	Current Rates	2018 Sold Billing Rates	Illustrative Rates after Premium Holiday	Illustrative % Change after Premium Holiday
HNOnly					
Health Network Only					
EE	269	\$836.92	\$890.63	\$878.68	4.99%
EE + 1	75	\$1,171.70	\$1,246.90	\$1,230.17	4.99%
Family	102	\$1,322.33	\$1,407.20	\$1,388.31	4.99%
Total	446	\$447,886.64	\$476,632.74	n/a	4.99%
HNOOption					
Health Network Option					
EE	17	\$878.75	\$951.21	\$922.60	4.99%
EE + 1	9	\$1,230.28	\$1,331.73	\$1,291.67	4.99%
Family	5	\$1,388.43	\$1,502.92	\$1,457.71	4.99%
Total	31	\$32,953.42	\$35,670.71	n/a	4.99%
OAMC					
Open Access Managed Choice					
EE	4	\$928.98	\$1,005.59	\$975.34	4.99%
EE + 1	3	\$1,300.59	\$1,407.84	\$1,365.49	4.99%
Family	0	\$1,466.71	\$1,587.65	\$1,539.90	4.99%
Total	7	\$7,617.69	\$8,245.85	n/a	4.99%

Total Medical Lives	484
Current Monthly Total Amount Due	\$488,457.75
Proposed Monthly Total Amount Due	\$520,549.30
Proposed 2018 - 2019 Premium Holiday	\$92,609.59
Total % Change	4.99%
Proposed Annual Total Amount Due	\$6,153,982.01

HNOnly Proposed Plan Change:

- * Change ER copay to \$250
- * Change Specialist copay to \$35
- * Change RX copays to \$5/\$35/\$75

HNOOption Proposed Plan Change:

- ** Change RX copays to \$5/\$35/\$75

OAMC Proposed Plan Change:

- *** Change RX copays to \$5/\$35/\$75

Clarifications

*The Affordable Care Act imposed the health insurance provider fee effective January 1 2014. This rate quote includes, where permitted, an estimate proportionate allocation of expenses associated with these fees.

**The proposed rates include our premium and Producer Service Fee as requested. Producer Service Fee will be removed from Total Amount Due if Policyholder and/or Producer do not elect our company to serve as billing and collection agent. Total Amount Due will reflect executed Billing & Collection Agreement.

The Medical Pooling Level indicated in the assumptions above represents what was used in your pricing based on company