

**Prepared for:**



**Presented by:**

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City of North Royalton

Effective Date: 1/01/2023

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## Medical & Pharmacy

### Fully Insured

City of North Royalton

Effective Date: 1/01/2023

		Current		Renewal Revised		Option 1	
		MMO - OGBC		MMO - OGBC		UHC	
		\$2500 H.S.A.		\$2500 H.S.A.		\$2500 H.S.A.	
		NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Deductible							
	Single	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
	Family	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Coinsurance %		100%	60%	100%	60%	100%	70%
OOP Max	Single	\$2,500	\$10,000	\$2,500	\$10,000	\$2,500	\$10,000
	Family	\$5,000	\$20,000	\$5,000	\$20,000	\$5,000	\$20,000
Preventative Exam		100%	60%	100%	60%	100%	70%
Office Visit	PCP	100% after Ded	60% after Ded	100% after Ded	60% after Ded	100% after Ded	70% after Ded
	Specialist	100% after Ded	60% after Ded	100% after Ded	60% after Ded	100% after Ded	70% after Ded
Diagnostic Lab and X ray		100% after Ded	60% after Ded	100% after Ded	60% after Ded	100% after Ded	70% after Ded
Emergency Room		100% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded
Urgent Care		100% after Ded	60% after Ded	100% after Ded	60% after Ded	100% after Ded	70% after Ded
Rx:		Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
	Rx Deductible	N/A		N/A		N/A	
	Tier One						
	Tier Two						
	Tier Three	Covered under the major medical		Covered under the major medical		Covered under the major medical	
	Tier Four						
	Day Supply						
Notes				\$5,000 wellness credit		\$5,000 wellness credit	
Employee	37	\$691.30		\$744.53		\$731.31	
Family	110	\$1,857.72		\$2,000.76		\$1,965.24	
Monthly		\$229,927		\$247,632		\$243,235	
Annual		<b>\$2,759,128</b>		<b>\$2,971,580</b>		<b>\$2,918,818</b>	
	Annual Total Fixed Cost	\$2,759,128		\$2,971,580		\$2,918,818	
	\$ Adjustment			\$212,453		\$159,691	
	% Adjustment			<b>7.7%</b>		<b>5.8%</b>	
	Estimated H.S.A. Liability	\$469,900		\$457,050		\$457,050	
	Annual Total Estimated Cost	<b>\$3,229,028</b>		<b>\$3,428,630</b>		<b>\$3,375,868</b>	
	\$ Adjustment			\$199,603		\$146,841	
	% Adjustment			<b>6.2%</b>		<b>4.5%</b>	
Rate Guarantee / Rate Cap		N/A		12 months		UHC is including a 2nd year Loss Ratio schedule to determine 2nd year increase. Max Increase is a 19.9% based on loss ratio	
Notes		H.S.A. liability estimate is using EE contribution of \$1700 and FAM contribution of \$3700.		Reduced therapy visits. Changed 2023 employer HSA contribution amounts to Employee \$1,650 and Family \$3,600.		\$25,000 implementaton credit included.	

(Based on current enrollment)

City of North Royalton 01/01/2023									
<b>Dental</b>	AM Best A+		AM Best A+		AM Best A+				
	INCUMBENT		RENEWAL		QUOTE				
	PPO - All Full-Time Employees		PPO - All Full-Time Employees		PPO - All Full-Time Employees				
<b>FINANCIAL</b>									
<b>Annual Premium</b>	\$143,406		\$156,416		\$126,751				
<b>Percent Change</b>			9.07%		-11.61%				
<b>Rate Guarantee</b>	n/a		12		12				
<b>Dental Rate</b>	Per employee per month		Per employee per month		Per employee per month				
	<i>EE</i>	32	\$31.940	<i>EE</i>	32	\$34.840	<i>EE</i>	32	\$28.600
	<i>FAM</i>	115	\$95.030	<i>FAM</i>	115	\$103.650	<i>FAM</i>	115	\$83.890
<b>NETWORK</b>									
<b>Network</b>	Sun Life PPO		Sun Life PPO		MetLife PPO				
<b>Usual &amp; Customary (UCR)</b>	Propriety schedule		Propriety schedule		Propriety schedule				
<b>ANNUAL DEDUCTIBLE</b>									
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>			
<b>Individual</b>	\$50	\$50	\$50	\$50	\$50	\$50			
<b>Family</b>	\$150	\$150	\$150	\$150	\$150	\$150			
<b>Waived for Type 1</b>	Yes	Yes	Yes	Yes	Yes	Yes			
<b>MAXIMUM</b>									
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>			
<b>Annual Maximum</b>	\$1500	\$1500	\$1500	\$1500	\$1500	\$1500			

City of North Royalton 01/01/2023						
<b>Dental</b>	AM Best A+		AM Best A+		AM Best A+	
	INCUMBENT		RENEWAL		QUOTE	
	PPO - All Full-Time Employees		PPO - All Full-Time Employees		PPO - All Full-Time Employees	
<b>DIAGNOSTIC &amp; PREVENTIVE</b>						
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Oral Exams</b>	100%	100%	100%	100%	100%	100%
<b>Full Mouth X-rays</b>	100%	100%	100%	100%	100%	100%
<b>RESTORATIVE SERVICES</b>						
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Amalgam (Silver) Fillings</b>	80%	80%	80%	80%	80%	80%
<b>Composite (White) Fillings</b>	80%	80%	80%	80%	80%	80%
<b>SURGICAL SERVICES</b>						
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Endodontics</b>	80%	80%	80%	80%	80%	80%
<b>Periodontics (Surgical)</b>	80%	80%	80%	80%	80%	80%
<b>Oral Surgery</b>	80%	80%	80%	80%	80%	80%
<b>ORTHODONTIA SERVICES</b>						
<b>Orthodontia Eligibility</b>	Adult & child		Adult & child		Adult & child	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Orthodontia Services</b>	50%	50%	50%	50%	50%	50%
<b>Orthodontia Lifetime Max</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

City of North Royalton 01/01/2023

FEDELI THE GROUP	Sun Life Financial	Sun Life Financial	MetLife
<b>Vision</b>	AM Best A+ INCUMBENT	AM Best A+ QUOTE	AM Best A+ QUOTE
	Plan - PPO	Plan - PPO	Plan - PPO
<b>FINANCIAL</b>			
<b>Annual Premium</b>	\$25,274	\$31,764	\$20,503
<b>Percent Change %</b>	n/a	<b>25.68%</b>	<b>-18.88%</b>
<b>Rate Guarantee</b>	n/a	12	48
<b>Vision Rate</b>	Per employee per month	Per employee per month	Per employee per month
	<i>EE</i> 32 \$6.260	<i>EE</i> 32 \$7.790	<i>EE</i> 32 \$5.580
	<i>FAM</i> 116 \$16.430	<i>FAM</i> 116 \$20.670	<i>FAM</i> 116 \$13.190
<b>NETWORK</b>			
<b>Network</b>	VSP Choice	VSP Choice	VSP Choice
<b>EXAMS</b>			
<b>Exam Frequency</b>	1 per 12 mo	1 per 12 mo	1 per 12 mo
	<b>In-Network</b> <b>Out-of-Network</b>	<b>In-Network</b> <b>Out-of-Network</b>	<b>In-Network</b> <b>Out-of-Network</b>
<b>Exam</b>	100% after \$10 copay Up to \$45	100% after \$10 copay Up to \$45	100% after \$10 copay Up to \$45
<b>LENSES</b>			
	<b>In-Network</b> <b>Out-of-Network</b>	<b>In-Network</b> <b>Out-of-Network</b>	<b>In-Network</b> <b>Out-of-Network</b>
<b>Single Vision</b>	Covered in full Up to \$30	Covered in full Up to \$30	Covered in full Up to \$30
<b>Bifocal</b>	Covered in full Up to \$50	Covered in full Up to \$50	Covered in full Up to \$50
<b>Trifocal</b>	Covered in full Up to \$60	Covered in full Up to \$60	Covered in full Up to \$60
<b>FRAMES</b>			
<b>Discount Beyond Allowance</b>	20%	20%	20%
<b>Frame Frequency</b>	1 per 12 mo	1 per 12 mo	1 per 12 mo
	<b>In-Network</b> <b>Out-of-Network</b>	<b>In-Network</b> <b>Out-of-Network</b>	<b>In-Network</b> <b>Out-of-Network</b>
<b>Retail Allowance</b>	Up to \$130 Up to \$70	Up to \$130 Up to \$70	Up to \$130 Up to \$70

City of North Royalton 01/01/2023						
<b>Vision</b>	AM Best A+ INCUMBENT		AM Best A+ QUOTE		AM Best A+ QUOTE	
	Plan - PPO		Plan - PPO		Plan - PPO	
<b>CONTACT LENSES</b>						
<b>Lens Frequency</b>	1 per 12 mo		1 per 12 mo		1 per 12 mo	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Conventional</b>	Covered in Full (medically Necessary) & \$0 copay with an allowance of up to \$130 (Elective Contacts)	Up to \$210 (Medically Necessary) & Up to \$105 (Elective Contacts)	Covered in Full (medically Necessary) & \$0 copay with an allowance of up to \$130 (Elective Contacts)	Up to \$210 (Medically Necessary) & Up to \$105 (Elective Contacts)	Covered in Full (medically Necessary) & \$0 copay with an allowance of up to \$130 (Elective Contacts)	Up to \$210 (Medically Necessary) & Up to \$105 (Elective Contacts)
<b>Disposable</b>	Covered in Full (medically Necessary) & \$0 copay with an allowance of up to \$130 (Elective Contacts)	Up to \$210 (Medically Necessary) & Up to \$105 (Elective Contacts)	Covered in Full (medically Necessary) & \$0 copay with an allowance of up to \$130 (Elective Contacts)	Up to \$210 (Medically Necessary) & Up to \$105 (Elective Contacts)	Covered in Full (medically Necessary) & \$0 copay with an allowance of up to \$130 (Elective Contacts)	Up to \$210 (Medically Necessary) & Up to \$105 (Elective Contacts)

## Group Life and AD&D

### City of North Royalton

Effective Date: 1/01/2023

		Current	Renewal	Option 1
		Sunlife	Sunlife	Metlife
Class I - All FT Police and Fire Fighters	Life	\$15,000	\$15,000	\$15,000
	AD&D	\$30,000	\$30,000	\$30,000
Class II - All Other Active Full Time EE's	Life	\$15,000	\$15,000	\$15,000
	AD&D	\$15,000	\$15,000	\$15,000
Earnings Definition				
Age Reduction Schedule		At age 65: 33% reduction Age 75: 50%	At age 65: 33% reduction Age 75: 50%	At age 65: 33% reduction Age 75: 50%
Accelerated Death Benefit		75% to \$500,000	75% to \$500,000	75% to \$500,000
Conversion Provision		Included	Included	Included
Waiver of Premium		Included	Included	Included
Participation Requirement		100%	100%	100%
Rate Guarantee			12 months	36 months
		Current	Renewal	Option 1
Estimated Volume		\$2,425,050	\$2,425,050	\$2,425,050
Life Rate/\$1,000		\$0.240	\$0.240	\$0.218
AD&D Rate/\$1,000		\$0.035	\$0.035	\$0.035
Monthly		\$667	\$667	\$614
Annual		\$8,003	\$8,003	\$7,362
Adjustment			0.0%	-8.0%



## Compensation Disclosure - How We Get Paid

The Fedeli Group is committed to evaluating, developing, and executing strategy based on your specific needs. This includes providing insurance placement, communications, compliance, advocacy and other related services to you, our client. For our efforts, we are compensated in a variety of ways, primarily in the form of commissions paid by insurance companies and, sometimes, fees paid by clients.

### **Commission Income:**

Commission, calculated as a percentage of the premium paid or PEPM, is paid to us by the insurer for the sale and servicing of an insurance policy. Our commission is included in the premium paid by you.

### **Indirect Compensation:**

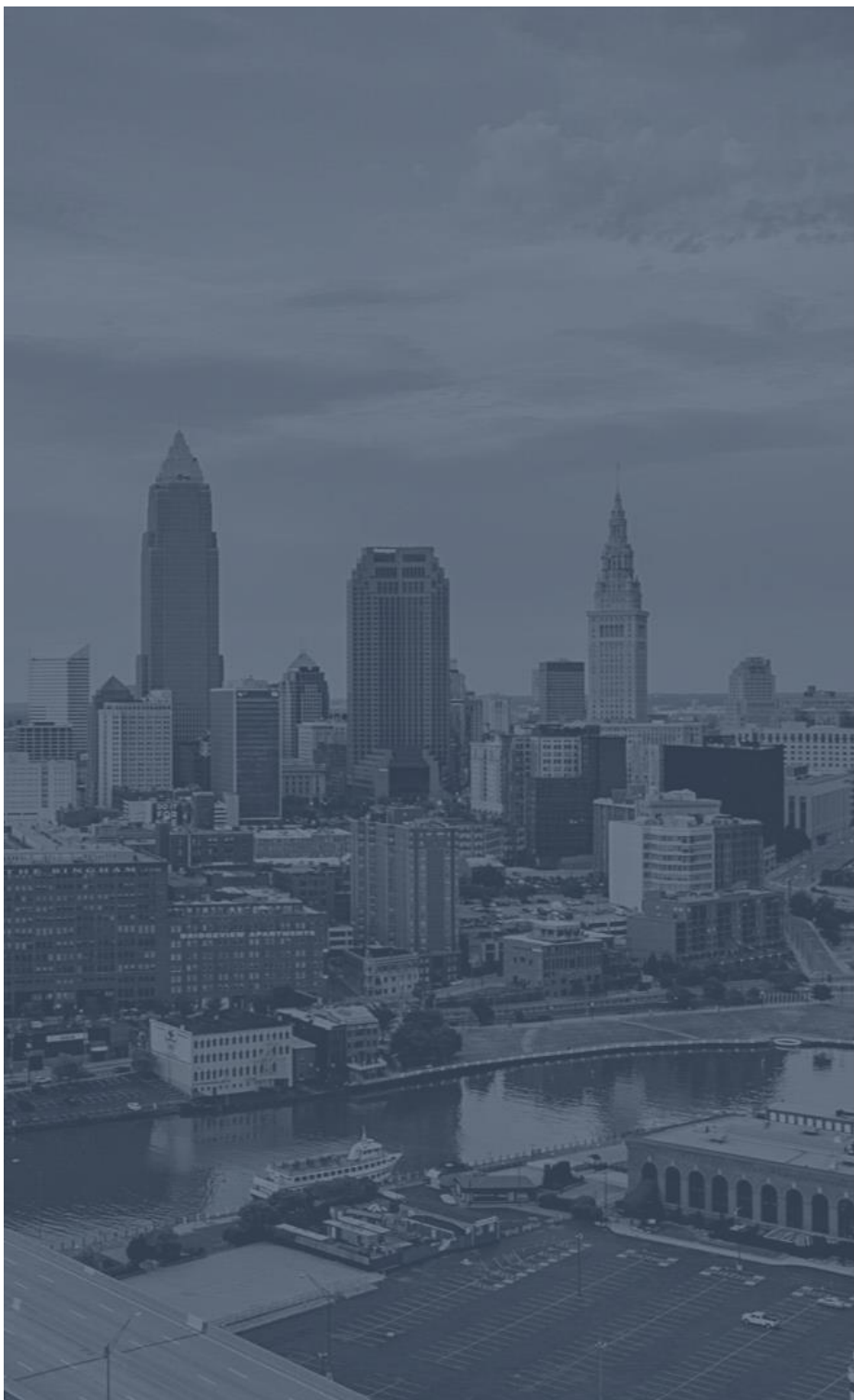
On occasion, we may be eligible for indirect compensation in the form of override income and other benefits. These forms of compensations are not guaranteed and will change based on the ongoing fluctuation of overall books of business with each unique carrier.

*Override Income:* These commissions, in fixed amounts, are established annually in advance based on historical performance measured by criteria comparable to those by which contingent commissions are calculated. We refer to these commissions as overrides or guaranteed supplemental commissions. **Override income does not impact your premiums.**

*Other Compensation and Benefits:* We may receive revenue or further benefits from our insurance activities in other ways, including, but not limited to, insurance company promotional events, payment from insurers for promotional marketing and/or employee training and development, fees or a percentage of the interest paid to us for the administration of premium finance contracts and interest paid to us by financial institutions earned on accounts in which we hold your premium payments pending remittance to the insurance company. **Any other compensation or benefits will not impact your premiums.**

### **Fees Paid by Clients:**

Any fee charged for the placement of insurance, or any other consulting service(s), will be detailed in our agreed to Scope of Service prior to engagement of the project. **Any direct fees paid will not impact your premium.**



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