



Marketing Analysis

Presented by...


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July 9, 2019



<div><div><div>TriNet</div><div></div></div><div>Tri Net Medical Plans (PEO)</div></div>						
	Aetna PPO 750		Aetna PPO 2000		Aetna HDHP 3000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Office Copay (PCP/Specialist)	\$25 / \$40	70% After Deductible	\$30 / \$60	60% After Deductible	90% After	70% After Deductible
Prescription Drugs						
Deductible	N/A		N/A		Medical Deductible Applies	
Tier 1	\$10		\$10		\$10 (after deductible)	
Tier 2	\$35		\$35		\$35 (after deductible)	
Tier 3	\$60		\$60		\$60 (after deductible)	
Mail Order (90 Day Supply)	Unknown		Unknown		Unknown	
Annual Deductible						
Individual	\$750	\$2,250	\$2,000	\$6,000	\$3,000	\$3,000
Family	\$2,250	Unkown	\$4,000	Unknown	\$6,000	\$6,000
Coinsurance	90%	70%	80%	60%	90%	70%
Out-of-Pocket Maximum	Includes Deductible		Includes Deductible		Includes Deductible	
Individual	\$2,500	\$8,000	\$6,350	\$9,000	\$5,000	\$8,000
Family	\$7,500	Unknown	\$12,700	Unknown	\$10,000	\$16,000
Emergency Room	\$250		\$250		90% After Deductible	
Urgent Care	Unkown	70% After Deductible	Unknown	60% After Deductible	Unknown	70% After Deductible
Inpatient Hospital	90% After	70% After Deductible	80% After	60% After Deductible	90% After	70% After Deductible
Outpatient Facility	90% After	70% After Deductible	80% After	60% After Deductible	90% After	70% After Deductible
Preventive						
Physical (Adult)	Plan Pays 100%	70% After Deductible	Plan Pays 100%	60% After Deductible	Plan Pays 100%	70% After Deductible
Well Child		70% After Deductible		60% After Deductible		70% After Deductible
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Rates	PEO		PEO		PEO	
	\$582.00		\$475.00		\$403.00	
	\$1,344.00		\$1,097.00		\$931.00	
	\$1,187.00		\$969.00		\$822.00	
	\$1,763.00		\$1,439.00		\$1,221.00	
Est. Monthly Premium	\$16,602.00		\$21,863.00		\$4,868.00	
Est. Total Annual Premium	\$519,996.00					
Enrollment Summary						
Employee Only	12		16		8	
Employee/Spouse	1		2		0	
Employee/Child(ren)	4		8		2	
Family	2		3		0	
Employer Contribution	TMSA		TMSA		TMSA	
	\$410.00		\$410.00		\$410.00	
	\$725.00		\$725.00		\$725.00	
	\$725.00		\$725.00		\$725.00	
	\$900.00		\$900.00		\$900.00	
TriNet EE Premiums	EE Cost		EE Cost		EE Cost	
Employee (EE) only	\$172.00		\$65.00		-\$7.00	
Employee + Spouse	\$619.00		\$372.00		\$206.00	
Employee + Children	\$462.00		\$244.00		\$97.00	
Family	\$863.00		\$539.00		\$321.00	

Cigna Medical Plan Options						
	Cigna 750		Cigna 2000		Cigna HDHP 3000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Office Copay (PCP/Specialist)	\$25 / \$40	70% After Deductible	\$30 / \$60	60% After Deductible	90% After Deductible	70% After Deductible
Prescription Drugs						
Deductible	N/A		N/A		Medical Deductible Applies	
Tier 1	\$10		\$10		\$10 (after deductible)	
Tier 2	\$35		\$35		\$35 (after deductible)	
Tier 3	\$60		\$60		\$60 (after deductible)	
Mail Order (90 Day Supply)	\$20 / \$95 / \$170		\$20 / \$95 / \$170		\$20 / \$95 / \$170 (after deductible)	
Annual Deductible						
Individual	\$750	\$2,250	\$2,000	\$6,000	\$3,000	\$6,000
Family	\$2,250	\$6,750	\$4,000	\$12,000	\$6,000	\$12,000
Coinsurance	90%	70%	80%	60%	90%	70%
Out-of-Pocket Maximum	Includes Deductible		Includes Deductible		Includes Deductible	
Individual	\$2,500	\$8,000	\$6,350	\$9,000	\$5,000	\$12,000
Family	\$7,500	\$16,000	\$12,700	\$18,000	\$10,000	\$24,000
Emergency Room	\$250		\$250		90% After Deductible	
Urgent Care	\$75	70% After Deductible	\$75	60% After Deductible	90% After Deductible	70% After Deductible
Inpatient Hospital	90% After Deductible	70% After Deductible	80% After Deductible	60% After Deductible	90% After Deductible	70% After Deductible
Outpatient Facility	90% After Deductible	70% After Deductible	80% After Deductible	60% After Deductible	90% After Deductible	70% After Deductible
Preventive						
Physical (Adult)	Plan Pays 100%	70% After Deductible	Plan Pays 100%	60% After Deductible	Plan Pays 100%	70% After Deductible
Well Child		70% After Deductible		60% After Deductible		70% After Deductible
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Rates	CIGNA		CIGNA		CIGNA	
	\$513.96		\$442.98		\$396.74	
	\$1,187.22		\$1,023.28		\$916.47	
	\$1,048.46		\$903.68		\$809.35	
	\$1,557.27		\$1,342.22		\$1,202.14	
Est. Monthly Premium	\$14,663.10		\$20,390.30		\$4,792.65	
Est. Total Annual Premium	\$478,152.54					
Est. Total TriNet Annual	\$519,996.00					
Est. Total Annual Savings w/	(\$41,843.46)					
Enrollment Summary						
Employee Only	12		16		8	
Employee/Spouse	1		2		0	
Employee/Child(ren)	4		8		2	
Family	2		3		0	
Employer Contribution (No Change)	TMSA		TMSA		TMSA	
	\$410.00		\$410.00		\$410.00	
	\$725.00		\$725.00		\$725.00	
	\$725.00		\$725.00		\$725.00	
	\$900.00		\$900.00		\$900.00	
Cigna EE Premium	EE Cost		EE Cost		EE Cost	
Employee (EE) only	\$103.96		\$32.98		-\$13.26	
Employee + Spouse	\$462.22		\$298.28		\$191.47	
Employee + Children	\$323.46		\$178.68		\$84.35	
Family	\$657.27		\$442.22		\$302.14	
TriNet EE Premium	EE Cost		EE Cost		EE Cost	
Employee (EE) only	\$172.00		\$65.00		-\$7.00	
Employee + Spouse	\$619.00		\$372.00		\$206.00	
Employee + Children	\$462.00		\$244.00		\$97.00	
Family	\$863.00		\$539.00		\$321.00	
Difference in Monthly Premium Rates - TriNet vs Cigna	Cigna Savings Below		Cigna Savings Below		Cigna Savings Below	
	\$68.04		\$32.02		\$6.26	
	\$156.78		\$73.72		\$14.53	
	\$138.54		\$65.32		\$12.65	
	\$205.73		\$96.78		\$18.86	

Ancillary Carrier and Plan Options #1

Dental	Base Plan	Buy-Up Plan
Network	Cigna	Cigna
UCR Percentile	90th	90th
Annual Max	\$2,500	\$2,500
Individual Deductible	\$100	\$50
Family Deductible	\$300	\$150
Type 1 Preventive		
Cleaning	100%	100%
Exam	No Deductible	No Deductible
Bitewing X-Rays		
Type 2 Basic		
Fillings	80%	80%
Extractions	After Deductible	After Deductible
Endo & Perio		
Type 3 Major		
Crowns	50%	50%
Bridges	After Deductible	After Deductible
Complex Surgery		
Orthodontics	50%	50%
Ortho Lifetime Max	\$2,000	\$2,000
Premium Before TMSA Contribution		
Nationwide/Carrington Dental Pla	Current Rate	Current Rate
Employee	\$29.06	\$36.63
Employee + 1 Dependent	\$64.09	\$80.78
Family	\$92.41	\$116.49
Estimated Annual Premium	\$35,681.76	
Cigna Dental Plan	Cigna Rate	Cigna Rate
Employee	\$33.22	\$41.86
Employee + Spouse	\$84.81	\$109.23
Employee + Child(ren)	\$74.91	\$96.46
Family	\$111.26	\$143.27
Estimated Annual Premium	\$40,785.48	
Difference in Annual Premium	\$5,103.72	

Cigna Vision Savings	Difference in Dental Premium	
\$ (3.96)	\$ 4.16	\$ 5.23
\$ (2.83)	\$ 20.72	\$ 28.45
\$ (7.98)	\$ 18.85	\$ 26.78

Vision	In-Network	Out-of-Network
Network	Cigna	N/A
Exam (1 per 12 months)	\$10 Copay	Negotiated Allowance
Frames (1 per 24 months)	\$130 Allowance	Negotiated Allowance
Lenses (1 per 12 months)	\$20 Copay	Negotiated Allowance
Contacts (1 per 12 months)	\$130 Allowance	Negotiated Allowance
Premium Before TMSA Contribution		
Nationwide/VSP	Current Rate	
Employee	\$10.67	
Employee + 1 Dependent	\$15.14	
Family	\$27.15	
Estimated Annual Premium	\$8,173.92	
Cigna Vision Plan	Current Rate	
Employee	\$6.71	
Employee + Spouse	\$12.31	
Employee + Child(ren)	\$12.43	
Family	\$19.17	
Estimated Annual Premium	\$5,567.76	
Difference in Annual Premium	(2,606.16)	

Group Life/AD&D		
Employee Benefit	2 x Annual Salary Up To \$250,000	
Convertible	Yes	
Portable	No	
Accelerated Death Benefit	75% of Benefit Up To \$250,000	
Age 65 Reduction	35%	
Age 70 Reduction	50%	
Premium Paid In Full By TMSA		
Carrier	Volume	Rate
Nationwide	\$7,726,000	\$0.08
Estimated Annual Premium	\$7,416.96	
Carrier	Volume	Rate
Cigna	\$7,726,000	\$0.08
Estimated Annual Premium	\$7,416.96	
Difference in Annual Premium	\$0.00	

Short-Term Disability	Benefits	
Elimination Period	7 Days Accident; 7 Days Sickness	
Percent of Income	60%	
Max Weekly Benefit	1,000	
Min. Weekly Benefit	\$25	
Benefit Period	12 Weeks	
Pre-Existing Condition	No	
Maternity	Yes	
Portable	No	
Premium Paid In Full By TMSA		
Carrier	Volume	Rate
Nationwide	\$43,742	\$0.325
Estimated Annual Premium	\$17,059.38	
Carrier	Volume	Rate
Cigna	\$43,742	\$0.325
Estimated Annual Premium	\$17,059.38	
Difference in Annual Premium	\$0.00	

Long-Term Disability	Benefits	
Elimination Period	7 Days Accident; 7 Days Sickness	
Percent of Income	60%	
Max Weekly Benefit	1,000	
Min. Weekly Benefit	\$25	
Benefit Period	12 Weeks	
Pre-Existing Condition	No	
Maternity	Yes	
Portable	No	
Premium Paid In Full By TMSA		
Carrier	Volume	Rate
Nationwide	\$320,783	\$0.25
Estimated Annual Premium	\$9,623.49	
Carrier	Volume	Rate
Cigna	\$320,783	\$0.25
Estimated Annual Premium	\$9,623.49	
Difference in Annual Premium	\$0.00	

Est. Annual Savings In Medical Premium With Cigna vs. TriNet/Nationwide	(\$41,843.46)
Est. Annual Savings For Ancillary Premium With Cigna	\$2,497.56
Total Est. Annual Savings With Cigna vs. TriNet/Nationwide	(\$39,345.90)

Ancillary Carrier and Plan Options #2

Dental	Base Plan	Buy-Up Plan
Network	Cigna	Cigna
UCR Percentile	90th	90th
Annual Max	\$2,500	\$2,500
Individual Deductible	\$100	\$50
Family Deductible	\$300	\$150
Type 1 Preventive Cleaning Exam Bitewing X-Rays	100% No Deductible	100% No Deductible
Type 2 Basic Fillings Extractions Endo & Perio	80% After Deductible	80% After Deductible
Type 3 Major Crowns Bridges Complex Surgery	50% After Deductible	50% After Deductible
Orthodontics	50%	50%
Ortho Lifetime Max	\$2,000	\$2,000
Premium Before TMSA Contribution		
Nationwide/Carrington Dental Plan	Current Rate	Current Rate
Employee	\$29.06	\$36.63
Employee + 1 Dependent	\$64.09	\$80.78
Family	\$92.41	\$116.49
Estimated Annual Premium	\$35,681.76	
Cigna Dental Plan	Cigna Rate	Cigna Rate
Employee	\$33.22	\$41.86
Employee + Spouse	\$84.81	\$109.23
Employee + Child(ren)	\$74.91	\$96.46
Family	\$111.26	\$143.27
Estimated Annual Premium	\$40,785.48	
Difference in Annual Premium	\$5,103.72	

Vision Savings	
\$ (3.64)	
\$ (1.93)	
\$ (8.35)	

Difference in Dental		
\$ 4.16	\$ 5.23	
\$ 20.72	\$ 28.45	
\$ 18.85	\$ 26.78	

Short-Term Disability	Benefits	
Elimination Period	7 Days Accident; 7 Days Sickness	
Percent of Income	60%	
Max Weekly Benefit	1,000	
Min. Weekly Benefit	\$25	
Benefit Period	12 Weeks	
Pre-Existing Condition	No	
Maternity	Yes	
Portable	No	
Premium Paid In Full By TMSA		
Carrier	Volume	Rate
Nationwide	\$43,742	\$0.325
Estimated Annual Premium	\$17,059.38	
Carrier	Volume	Rate
Met Life	\$43,742	\$0.279
Estimated Annual Premium	\$14,644.82	
Difference in Annual Premium	(\$2,414.56)	

Vision	In-Network	Out-of-Network
Network	Met Life	N/A
Exam (1 per 12 months)	\$10 Copay	Negotiated Allowance
Frames (1 per 24 months)	\$130 Allowance	Negotiated Allowance
Lenses (1 per 12 months)	\$20 Copay	Negotiated Allowance
Contacts (1 per 12 months)	\$130 Allowance	Negotiated Allowance
Premium Before TMSA Contribution		
Nationwide/VSP	Current Rate	
Employee	\$10.67	
Employee + 1 Dependent	\$15.14	
Family	\$27.15	
Estimated Annual Premium	\$8,173.92	
Met Life Vision Plan		
Employee	\$7.03	
Employee + 1 Dependent	\$13.21	
Family	\$18.80	
Estimated Annual Premium	\$5,927.88	
Difference in Annual Premium	(2,246.04)	

Group Life/AD&D		
Employee Benefit	2 x Annual Salary Up To \$250,000	
Convertible	Yes	
Portable	No	
Accelerated Death Benefit	75% of Benefit Up To \$250,000	
Age 65 Reduction	35%	
Age 70 Reduction	50%	
Premium Paid In Full By TMSA		
Carrier	Volume	Rate
Nationwide	\$7,726,000	\$0.08
Estimated Annual Premium	\$7,416.96	
Carrier	Volume	Rate
Met Life	\$7,726,000	\$0.098
Estimated Annual Premium	\$9,085.78	
Difference in Annual Premium	\$1,668.82	

Long-Term Disability	Benefits	
Elimination Period	7 Days Accident; 7 Days Sickness	
Percent of Income	60%	
Max Weekly Benefit	1,000	
Min. Weekly Benefit	\$25	
Benefit Period	12 Weeks	
Pre-Existing Condition	No	
Maternity	Yes	
Portable	No	
Premium Paid In Full By TMSA		
Carrier	Volume	Rate
Nationwide	\$320,783	\$0.25
Estimated Annual Premium	\$9,623.49	
Carrier	Volume	Rate
Met Life	\$320,783	\$0.149
Estimated Annual Premium	\$5,735.60	
Difference in Annual Premium	(\$3,887.89)	

Est. Annual Savings In Medical Premium With Cigna vs. TriNet/Nationwide	(\$41,843.46)
Est. Annual Savings For Ancillary Premium With Cigna/Met Life	(\$1,775.95)
Total Est. Annual Savings With Cigna/Met Life vs. TriNet/Nationwide	(\$43,619.42)

	TMSA Vision Contributions	TMSA Dental Contributions
Employee	\$5.00	\$35.00
Employee + Spouse	\$10.00	\$65.00
Employee + Child(ren)	\$10.00	\$65.00
Employee + Family	\$10.00	\$90.00