

**CITY OF WILLCOX
REQUEST FOR COUNCIL ACTION**

Agenda Item 13
Tab Number 9
Date: 06/05/2014

Date Submitted: <p style="text-align: center;">June 3, 2014</p>	Action: <p style="text-align: center;"><input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Decision</p>	Subject: <p style="text-align: center;">APPROVE BLUE CROSS/BLUE SHIELD OF ARIZONA FY15 HEALTH INSURANCE CONTRACT</p>
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TO: Mayor and Council
FROM: Human Resources – Sherry Lynn Van Allen

DISCUSSION:

Staff recommends renewing the contract with Blue Cross/Blue Shield of Arizona (BC/BS) for medical insurance coverage for City employees for the FY15. The plan provides a good range of benefits as well as an enhanced on-line wellness program.

The City has been with BC/BS since July 1, 2013. Our benefit brokers, ESG Corp., explored coverage options with several medical insurance carriers. BC/BS offered the best health insurance rates for the City. The BC/BS renewal rate reflects an 8.69% increase over FY14 rates. The City will absorb the 8.69% rate increase and keep our employees at the same contribution rates that have been in place since FY12. Staff recommends that the City not elect dental or eyewear coverage with BC/BS as those coverage's are available through other carriers.

The proposed BC/BS PPO policy and Health Reimbursement Arrangement will allow City employees to have continued coverage without additional out of pocket expense. The deductible will remain at \$5,000.00 per person for up to two members per family, with a \$10,000.00 family maximum. Under the proposed City budget for FY 15 the City will continue to offer a Health Reimbursement Arrangement (HRA) that will reimburse employees for up to \$4,500.00 per covered individual for out of pocket deductible expense. After the HRA reimbursement, the employee's share of out of pocket expense will continue to be \$500.00.

The overall cost is an estimate; the total cost will depend on the number of employees covered and the types of coverage elected.

RECOMMENDATION:

Approve the contract with Blue Cross/Blue Shield of Arizona for City employee health insurance coverage for FY 15.

FISCAL IMPACT: ~\$386,964

Submitted by:


Sherry Lynn Van Allen, Human Resources

Approved by:


Ted Soltis, City Manager



An Independent Licensee of the Blue Cross and Blue Shield Association

CITY OF WILLCOX Company Health Insurance Renewal, BCBSAZ Policy #030209

Dear Valued Customer,

Blue Cross® Blue Shield® of Arizona (BCBSAZ) appreciates your business. As a name you know and trust, we look forward to continuing to be your trusted healthcare partner. In an effort to provide better service and greater convenience, BCBSAZ has simplified the renewal process.

Your rate increase will be **8.69%**

If you would like to renew your health coverage simply complete, sign and return the following:

- Intent to Renew, Renewal Plan Selections
- Intent to Renew, Group Size Questions (if included in your renewal packet)

You may email or fax the signed documents to 602-864-5800 or smgrp@azblue.com.

If you do not renew with grandfathered health plans, when you renew in 2014, the Affordable Care Act (ACA) requires you to choose from plans that comply with certain ACA requirements, and this proposal offers you a best-in-market selection of new medical plan options that satisfy those requirements. Because we can no longer offer our \$10,000 and \$7,500 member deductibles, \$5,000 will be the highest deductible option available. Besides updated deductibles and out-of-pocket maximums, however, you'll find only minor benefit changes have been made to our 2013 plans. Once we receive your Benefit Selection Form and Group Size Questions (if not already received) we will begin processing your renewal.

Founded in 1939, BCBSAZ serves nearly 1.3 million individuals in Arizona. We are focused on providing the best value and service to our members and a true partnership with our clients.

The Value of Blue® – we offer innovative ways to save you more, including:

HSAs:

- Replace your existing offering with a standalone HSA plan to take advantage of significantly discounted rates which are reflected in the "HSA Plans as Standalone Option" section of your Intent to Renew Group Rate Proposal.
- Add value to your HSA plan(s) with fully integrated claims and new lower monthly administration fees through HealthEquity®.

Dental: BluePreferred® dental group rates start as low as \$18.13

Plus, you may receive an approximate 1% discount on medical premiums when you enroll your group in our dental plan.

Eyewear: BluePreferred® Eyewear group rates start as low as \$2.91

A separate benefit plan that covers glasses or contacts, and complements the routine vision exam covered by our ACA compliant benefit plans.

As a business owner, you have an office full of issues to deal with every day. BCBSAZ knows managing your health plan shouldn't be one of them. That's why in a 2012 survey, 97% of our employers reported they were satisfied or very satisfied with BCBSAZ. Our goal is 100%.

If you have any questions, are interested in additional services, or want to look at alternate plans, please contact your broker or our small group renewal team.

Small Group Renewals

Fax: 602-864-5800

smgrp@azblue.com

Note: All fully completed renewal paperwork must be received by BCBSAZ no later than 10 days following your renewal date to ensure there will be no lapse in coverage.



**Intent to Renew Renewal Group Rate Proposal
Renewal Information Page**

Legal Company Name: CITY OF WILLCOX

Name of Group Health Plan: CITY OF WILLCOX GROUP HEALTH PLAN

Group Number: 030209

Broker: INSIGHT RISK ADVISORS INC

Policy Period: 7/1/2014 - 6/30/2015

Group HQ: Arizona

CSM: Cynthia Bates - K

Group Rating Area: Cochise

Group Inc: Arizona

CSM Phone #: 520-400-1732

AHP Eligible: 62

Health Enrolling: 55

Age Summary - Members

Age	This Year at Renewal		Last Year at Renewal		Variance	
	Male	Female	Male	Female	Male	Female
0 to 18	19	14			19	14
19 to 24	8	7	4	1	4	6
25 to 29	5	3	4	3	1	
30 to 34	3	1	13	1	(10)	
35 to 39	4		3	1	1	(1)
40 to 44	3	1	10		(7)	1
45 to 49	5	4	16	9	(11)	(5)
50 to 54	5	7	8	9	(3)	(2)
55 to 59	6	5	12	4	(6)	1
60 to 64	7	3	7	1		2
65 to 99		1	1		(1)	1
Total	65	46	78	29	(13)	17

Area Summary - Members

Area	This Year at Renewal		Last Year at Renewal		Variance
	Number of Mems	%	Number of Mems	%	Number of Mems
Cochise	109	98.20%	107	100.00%	2
New Mexico	2	1.80%			2
Total	111	100.00%	107	100.00%	4

Renewal Summary

Category	Change	Description
1. Annual Pool Change	-2.65%	Change due to medical and Rx trends.
2. Demographic Changes	5.08%	Demographic changes (See Age & Area Summary above).
3. Health Risk Adjustmer	1.95%	Change due to groups medical experience and/or ongoing medical conditions.
4. Plan Factor Changes	2.62%	Change due to benefit pricing adjustments and ACA requirements.
5. PPACA Fees	1.57%	Change due to reinsurance and insurer PPACA fees.
Subtotal	8.69%	= 0.9735 * 1.0508 * 1.0195 * 1.0262 * 1.0157 - 1.

Contract Distribution

Health Plan	Employee Only	Employee +Spouse	Employee +Child	Employee +Children	Family	Total
PPO \$5,000/\$25/\$40 (100%/50%) - HCR	23	10	9	12	1	55
Total	23	10	9	12	1	55

Caveats

1. This Renewal Increase/Decrease Summary is illustrative. Final rates will be determined by the Renewal package.
2. Final rate change may differ slightly from what is calculated in this explanation due to rounding.
3. Renewal Summary is based on the census of the group at the time the renewal was processed.
4. This explanation refers to the policyholder's group medical and Rx coverage, not ancillary products such as life or dental.
5. If there are questions regarding this renewal, please contact your BCBSAZ Client Service Manager or call your broker.



Intent to Renew Renewal Group Rate Proposal
Benefit Selection Form

Legal Company Name: CITY OF WILLCOX
Name of Group Health Plan: CITY OF WILLCOX GROUP HEALTH PLAN

Group Number: 030209
Policy Period: 7/1/2014 - 6/30/2015
Group Rating Area: Cochise
Broker: INSIGHT RISK ADVISORS INC
Group HQ: Arizona
Group Inc: Arizona
CSM: Cynthia Bates - K
CSM Phone #: 520-400-1732
AHP Eligible: 62
Health Enrolling: 55

Current Monthly Premium Rates

Table with 5 columns: Health Plans, Employee Only, Employee +Spouse, Employee +Child, Employee +Children, Family. Row: PPO \$5,000/\$25/\$40 (100%/50%) - HCR

Renewal Elections

Please check the plan(s) below that you elect to offer upon renewal. Groups with less than 10 enrolled employees may offer up to two plans. Companies with at least 10 enrolled employees may offer any three plans to their employees. Employer MUST contribute a minimum of 50% of the employee's health premium for selected plans.

Current Plans

Because we can no longer offer our \$10,000 and \$7,500 member deductibles, \$5,000 will be the highest deductible option available for non-grandfathered health plans. The plan(s) displayed below represent the available plans that most closely match the health plans and benefits currently offered.

Table with 5 columns: Renew plan below, Cancel plan below, Employee Only, Employee +Spouse, Employee +Child, Employee +Children, Family. Row: PPO \$5,000/\$25/\$40 (100%/50%) - 2014

Total Premium: \$31,229.69

New or Additional Health Plan Selections effective 7/1/2014

These plans are considered non-grandfathered for the purposes of the health care reform law.

- List of health plan options including BlueAlliance, HSA Plus, and PPO plans with various deductibles and co-insurance rates for 2014.

Waiting Period Verification: The ACA prohibits waiting periods in excess of 90 days. By signing below you represent that you do not impose a waiting period which is longer than 90 days and that you have made all necessary changes to bring all waiting periods for your plan into compliance with the ACA requirements.

I want to add BluePreferred Eyewear, BluePreferred Dental, and/or HealthEquity Integration

Table for selecting additional benefits: Health Plans, Add HealthEquity Integration, Add Blue Preferred Eyewear, Add BluePreferred Dental.

Please cancel all coverage with BCBSAZ effective 7/1/2014

The benefit and rates available may change if you are a small employer for purposes of the Affordable Care Act (ACA) or Arizona law. The rates and benefits in this proposal are not intended for groups considered small under the ACA or Arizona law and do not meet requirements necessary for that market.

Once completed and signed, the Intent to Renew (including Group Size Questions and Caveats) shall become part of Employer's Group Master Contract with BCBSAZ. Employer represents and warrants that all information included in the Intent to Renew is complete and accurate.

EMPLOYER PAID DENTAL ONLY: If BluePreferred Dental is selected, health rates will be reduced by approximately 1% while BluePreferred Dental remains in effect. If BluePreferred Dental is terminated during the contract period, health rates will revert to the rates shown above effective the date BluePreferred Dental is terminated.

Authorized Signature, Please Print, Date

IMPORTANT NOTICE: BCBSAZ has made benefit modifications effective 1/1/2014. Please see Benefit Change Sheet.

* Groups selecting HealthEquity administration (including integration) services for HSA, HRA, and/or FSA products hereby direct BCBSAZ to collect the HealthEquity administration fees and forward them to HealthEquity, along with the required personal health information.



**Intent to Renew Renewal Group Rate Proposal
Defined Contribution Selection Form**

Legal Company Name: CITY OF WILLCOX
Name of Group Health Plan: CITY OF WILLCOX GROUP HEALTH PLAN

Group Number:	030209	Broker:	INSIGHT RISK ADVISORS INC		
Policy Period:	7/1/2014 - 6/30/2015	Group HQ:	Arizona	CSM:	Cynthia Bates - K
Group Rating Area:	Cochise	Group Inc:	Arizona	CSM Phone #:	520-400-1732
				AHP Eligible:	62
				Health Enrolling:	55

If you chose to move to the defined contribution platform this will cause loss of Grandfather status.

Renewal Elections

Please renew my coverage and move our group to the Defined Contribution platform with the plan option(s) listed below:

New Health Plan Selections and Employer Contributions effective 7/1/2014

Please allow my employees to choose from all 10 plans listed below
 - Or - Please allow my employees to choose from the plans checked below

Code	Plan Description	Employee Only	Employee +Spouse	Employee +Child	Employee +Children	Family
<input type="checkbox"/>	EV * BlueAlliance \$5,000/\$20/\$50 (70%/50%) - 2014	\$249.17	\$548.17	\$473.42	\$473.42	\$797.34
<input type="checkbox"/>	EU * BlueAlliance \$3,000/\$20/\$50 (70%/50%) - 2014	\$275.10	\$605.22	\$522.69	\$522.69	\$880.32
<input type="checkbox"/>	RR HSA Plus \$5,000 (100%/50%) - 2014	\$292.05	\$642.51	\$554.90	\$554.90	\$934.56
<input type="checkbox"/>	RL HSA Plus \$2,600 (100%/50%) - 2014	\$361.28	\$794.82	\$686.43	\$686.43	\$1,156.10
<input type="checkbox"/>	GP PPO \$1,500/\$25/\$40 (80%/60%) - 2014	\$415.76	\$914.67	\$789.94	\$789.94	\$1,330.43
<input type="checkbox"/>	GL PPO \$1,000/\$25/\$40 (80%/60%) - 2014	\$434.38	\$955.64	\$825.32	\$825.32	\$1,390.02
<input type="checkbox"/>	GG PPO \$500/\$25/\$40 (80%/60%) - 2014	\$469.08	\$1,031.98	\$891.25	\$891.25	\$1,501.06
<input type="checkbox"/>	G8 PPO \$5,000/\$25/\$40 (100%/50%) - 2014	\$354.48	\$779.86	\$673.51	\$673.51	\$1,134.34
<input type="checkbox"/>	GV PPO \$2,500/\$25/\$40 (100%/50%) - 2014	\$417.32	\$918.10	\$792.91	\$792.91	\$1,335.42
<input type="checkbox"/>	GJ PPO \$1,000/\$25/\$40 (100%/50%) - 2014	\$471.91	\$1,038.20	\$896.63	\$896.63	\$1,510.11

* The Alliance network covers Maricopa County, with only a few providers located outside Maricopa County. Please ask for more details.

Amount of ER Contributions (\$):	Employee Only	Employee +Spouse	Employee +Child	Employee +Children	Family
Class I:	_____	_____	_____	_____	_____
Class II:	_____	_____	_____	_____	_____

Waiting Period Verification: The ACA prohibits waiting periods in excess of 90 days. By signing below you represent that you do not impose a waiting period which is longer than 90 days and that you have made all necessary changes to bring all waiting periods for your plan into compliance with the ACA requirements. You agree to promptly advise BCBSAZ of any change which may impact the accuracy of this representation. You agree to provide BCBSAZ with timely and accurate information regarding enrollee effective dates and shall ensure such effective dates comply with applicable laws.

- I want to add BluePreferred Eyewear, BluePreferred Dental, and/or HealthEquity Integration
- I want to add HealthEquity Integration*
- Add HSA Integration with all HSA Plus plans offered to my employees
- Add HRA Integration with the following Medical plan(s): _____

Once completed and signed, the Intent to Renew (including Group Size Questions and Caveats) shall become part of Employer's Group Master Contract with BCBSAZ. Employer represents and warrants that all information included in the Intent to Renew is complete and accurate. Outside of the federally designated annual enrollment period, renewal of the Employer's contract is contingent on Employer meeting BCBSAZ's participation requirements. Rates are based upon the information contained in the Renewal Information Page. The benefit and rates available must change if you are a small employer for purposes of the Affordable Care Act (ACA) or Arizona law. The rates and benefits in this proposal are not intended for groups considered small under the ACA or Arizona law and do not meet requirements necessary for that market.

Authorized Signature _____ Please Print _____ Date _____

IMPORTANT NOTICE: BCBSAZ has made benefit modifications effective 1/1/2014. Please see Benefit Change Sheet.

* Groups selecting HealthEquity administration (including integration) services for HSA, HRA and/or FSA products hereby direct BCBSAZ to collect the HealthEquity administration fees and forward those fees to HealthEquity, along with the required personal health information. BCBSAZ is collecting the HealthEquity administration fees as a courtesy and is not responsible for any reconciliation, recoupment or adjustments to payments received and forwarded to HealthEquity on behalf of Employer. If Employer and HealthEquity negotiate alternative fees, Employer shall notify BCBSAZ. For a copy of the rates please contact your Account Manager. Employer agrees to pay charges for HealthEquity administration services. For HSAs and HRAs, those charges apply to all employees enrolled in a health plan the group has paired with a HealthEquity account. For FSAs, those charges apply to any employee for whom an FSA election has been sent to BCBSAZ by the employer.

Eyewear, Dental & Account Administration: The Perfect Match for Your BCBSAZ Health Plan

Offer a convenient, total Blue experience to your employees and see it all on one monthly bill



An Independent Licensee of the Blue Cross and Blue Shield Association

BluePreferred Eyewear

- A separate benefit plan that covers glasses or contacts, and complements the routine vision exam covered by most standard BCBSAZ health plans
- Provides access to thousands of in-network retail locations nationwide and in Arizona
- Offers choice – benefits can be applied to virtually any glasses or contacts in the store. (Benefits cannot be applied to otherwise excluded items, such as safety glasses or glasses without prescriptions.)

Coverage Type <small>(book rates for small employers 2-99)</small>	In-network Allowance for Frames or Contacts				In-network Eyeglass Lens Copay	Frame Benefit Period
	\$150	\$130	\$120	\$100		
	Plan 1	Plan 2	Plan 3	Plan 4	\$10	12 months
Employee Only	\$5.35	\$4.84	\$4.63	\$4.09		
Employee & Spouse	\$11.18	\$10.05	\$9.60	\$8.40		
Employee & Child(ren) Family	\$9.72 \$16.03	\$8.75 \$14.39	\$8.36 \$13.73	\$7.32 \$11.99		
	Plan 5	Plan 6	Plan 7	Plan 8	\$10	24 months
Employee Only	\$4.47	\$4.05	\$3.88	\$3.42		
Employee & Spouse	\$9.22	\$8.31	\$7.93	\$6.92		
Employee & Child(ren) Family	\$8.03 \$13.19	\$7.25 \$11.86	\$6.92 \$11.31	\$6.05 \$9.84		
	Plan 9	Plan 10	Plan 11	Plan 12	\$25	12 months
Employee Only	\$4.66	\$4.19	\$4.05	\$3.48		
Employee & Spouse	\$9.66	\$8.62	\$8.31	\$7.05		
Employee & Child(ren) Family	\$8.41 \$13.82	\$7.51 \$12.30	\$7.25 \$11.86	\$6.16 \$10.03		
	Plan 13	Plan 14	Plan 15	Plan 16	\$25	24 months
Employee Only	\$3.85	\$3.46	\$3.32	\$2.91		
Employee & Spouse	\$7.88	\$7.01	\$6.71	\$5.79		
Employee & Child(ren) Family	\$6.87 \$11.23	\$6.12 \$9.97	\$5.87 \$9.54	\$5.07 \$8.20		

BluePreferred Dental

- Choose from 14 unique plan options, including voluntary benefits
- Dental care doesn't just improve dental health, it can also impact employees' general health and wellness
- Contact your broker or BCBSAZ sales representative for rates – and to learn more about a one-percent discount on health plan premiums for employers who offer both BCBSAZ dental and health plans

HSA, HRA & FSA Administration by HealthEquity

- Includes seamless integration of the BCBSAZ health plan and HealthEquity account
- Simplifies the employer experience and gives employees the ability to pay providers directly from a secure HealthEquity website – or use a debit card provided at no extra charge
- Keeps employees informed with 24/7/365 customer service to answer questions about HealthEquity accounts

	Account Pricing <small>(billed monthly by BCBSAZ*)</small>	Set-up Fee Pricing <small>(billed annually by HealthEquity)</small>
Health Savings Account (HSA)	\$2.70 PAPM (per account per month)**	No set-up fee
Health Reimbursement Arrangement (HRA), and/or Health Care Flexible Spending Account (FSA), and/or Dependent Care Flexible Spending Account (DCFSA)	\$3.50 per account holder per month (for one, two, or all three types of accounts)	\$250 (for up to 499 HRAs & FSAs combined)
Limited Purpose Flexible Spending Account (LPFSA)	\$1.95 PAPM (per account per month)	

*When a DCFSA results in an additional charge, that charge is billed by HealthEquity. **The HSA administrative fee is, effective 3/1/2013, \$2.70 PAPM.

**Questions? Call your broker or BCBSAZ sales representative at
(602) 864-5792 or 1-800-232-2345, ext 5792.**

EyeMed Vision Care is an independent company contracted to administer BluePreferred Eyewear benefits.

HealthEquity, Inc. is an independent and separate company contracted with BCBSAZ to administer health savings accounts (HSAs), health reimbursement arrangements (HRAs), and flexible spending accounts (FSAs)

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**Intent to Renew Renewal Group Rate Proposal
Renewal Group Rate Proposal**

Legal Company Name: CITY OF WILLCOX

Name of Group Health Plan: CITY OF WILLCOX GROUP HEALTH PLAN

Group Number: 030209

Broker: INSIGHT RISK ADVISORS INC

Policy Period: 7/1/2014 - 6/30/2015

Group HQ: Arizona

CSM: Cynthia Bates - K

Group Rating Area: Cochise

Group Inc: Arizona

CSM Phone #: 520-400-1732

AHP Eligible: 62

Health Enrolling: 55

Plans ending with ' - 2014' are considered non-grandfathered for the purposes of the Health Care Reform Law.

Code	Non-Grandfathered Benefits (These plans are considered non-grandfathered for the purposes of the health care reform law.)	Monthly Premium Rates (\$'s)				
		EE Only	EE+Sp	EE+Ch	EE+Chren	Family
BlueAlliance - Narrow Network Option*						
EV	BlueAlliance \$5,000/\$20/\$50 (70%/50%) - 2014	\$249.17	\$548.17	\$473.42	\$473.42	\$797.34
EU	BlueAlliance \$3,000/\$20/\$50 (70%/50%) - 2014	\$275.10	\$605.22	\$522.69	\$522.69	\$880.32
ET	BlueAlliance \$1,500/\$20/\$50 (70%/50%) - 2014	\$310.89	\$683.96	\$590.69	\$590.69	\$994.85
* The Alliance network covers Maricopa County, with only a few providers located outside Maricopa County. Please ask for more details.						
HSA Plans as Standalone Option						
BQ	HSA Plus \$4,000 (70%/50%) - 2014	\$257.24	\$565.93	\$488.76	\$488.76	\$823.17
BO	HSA Plus \$3,000 (70%/50%) - 2014	\$266.08	\$585.38	\$505.55	\$505.55	\$851.46
BM	HSA Plus \$2,600 (70%/50%) - 2014	\$281.52	\$619.34	\$534.89	\$534.89	\$900.86
BP	HSA Plus \$4,000 (80%/50%) - 2014	\$260.41	\$572.90	\$494.78	\$494.78	\$833.31
BN	HSA Plus \$3,000 (80%/50%) - 2014	\$273.22	\$601.08	\$519.12	\$519.12	\$874.30
BL	HSA Plus \$2,600 (80%/50%) - 2014	\$290.89	\$639.96	\$552.69	\$552.69	\$930.85
RQ	HSA Plus \$4,000 (90%/50%) - 2014	\$267.34	\$588.15	\$507.95	\$507.95	\$855.49
RO	HSA Plus \$3,000 (90%/50%) - 2014	\$284.02	\$624.84	\$539.64	\$539.64	\$908.86
RM	HSA Plus \$2,600 (90%/50%) - 2014	\$304.26	\$669.37	\$578.09	\$578.09	\$973.63
HSA Plans As Multiple Option						
BQ	HSA Plus \$4,000 (70%/50%) - 2014	\$279.51	\$614.92	\$531.07	\$531.07	\$894.43
BO	HSA Plus \$3,000 (70%/50%) - 2014	\$289.29	\$636.44	\$549.65	\$549.65	\$925.73
BM	HSA Plus \$2,600 (70%/50%) - 2014	\$306.39	\$674.06	\$582.14	\$582.14	\$980.45
BP	HSA Plus \$4,000 (80%/50%) - 2014	\$283.02	\$622.64	\$537.74	\$537.74	\$905.66
BN	HSA Plus \$3,000 (80%/50%) - 2014	\$297.19	\$653.82	\$564.66	\$564.66	\$951.01
BL	HSA Plus \$2,600 (80%/50%) - 2014	\$316.75	\$696.85	\$601.83	\$601.83	\$1,013.60
RQ	HSA Plus \$4,000 (90%/50%) - 2014	\$290.69	\$639.52	\$552.31	\$552.31	\$930.21
RO	HSA Plus \$3,000 (90%/50%) - 2014	\$309.14	\$680.11	\$587.37	\$587.37	\$989.25
RM	HSA Plus \$2,600 (90%/50%) - 2014	\$331.54	\$729.39	\$629.93	\$629.93	\$1,060.93
HSA Plans As Standalone or Multiple Option						
RR	HSA Plus \$5,000 (100%/50%) - 2014	\$292.05	\$642.51	\$554.90	\$554.90	\$934.56
RP	HSA Plus \$4,000 (100%/50%) - 2014	\$307.55	\$676.61	\$584.35	\$584.35	\$984.16
RN	HSA Plus \$3,000 (100%/50%) - 2014	\$331.90	\$730.18	\$630.61	\$630.61	\$1,082.08
RL	HSA Plus \$2,600 (100%/50%) - 2014	\$361.28	\$794.82	\$686.43	\$686.43	\$1,156.10
BluePreferred (PPO)*						
RD	PPO \$5,000/\$25/\$40 (70%/50%) - 2014	\$276.60	\$608.52	\$525.54	\$525.54	\$885.12
G7	PPO \$4,000/\$25/\$40 (70%/50%) - 2014	\$290.51	\$639.12	\$551.97	\$551.97	\$929.63
G3	PPO \$3,000/\$25/\$40 (70%/50%) - 2014	\$306.09	\$673.40	\$581.57	\$581.57	\$979.49
GY	PPO \$2,500/\$25/\$40 (70%/50%) - 2014	\$315.45	\$693.99	\$599.36	\$599.36	\$1,009.44
GU	PPO \$2,000/\$25/\$40 (70%/50%) - 2014	\$327.83	\$721.23	\$622.88	\$622.88	\$1,049.06
GQ	PPO \$1,500/\$25/\$40 (70%/50%) - 2014	\$346.75	\$762.85	\$658.83	\$658.83	\$1,109.60
GM	PPO \$1,000/\$25/\$40 (70%/50%) - 2014	\$359.69	\$791.32	\$683.41	\$683.41	\$1,151.01
GH	PPO \$500/\$25/\$40 (70%/50%) - 2014	\$425.40	\$935.88	\$808.26	\$808.26	\$1,361.28
GD	PPO \$250/\$25/\$40 (70%/50%) - 2014	\$436.41	\$960.10	\$829.18	\$829.18	\$1,396.51

* On all 70%/50% plans, 3 PCP and Specialist visits at copay, then deductible/co-insurance.



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Group HQ: Arizona

CSM: Cynthia Bates - K

Group Rating Area: Cochise

Group Inc: Arizona

CSM Phone #: 520-400-1732

AHP Eligible: 62

Health Enrolling: 55

Plans ending with '- 2014' are considered non-grandfathered for the purposes of the Health Care Reform Law.

		Monthly Premium Rates (\$'s)				
		EE Only	EE+Sp	EE+Ch	EE+Chren	Family
RC	PPO \$5,000/\$25/\$40 (80%/60%) - 2014	\$341.42	\$751.12	\$648.70	\$648.70	\$1,092.54
G6	PPO \$4,000/\$25/\$40 (80%/60%) - 2014	\$359.01	\$789.82	\$682.12	\$682.12	\$1,148.83
G2	PPO \$3,000/\$25/\$40 (80%/60%) - 2014	\$379.19	\$834.22	\$720.46	\$720.46	\$1,213.41
GX	PPO \$2,500/\$25/\$40 (80%/60%) - 2014	\$390.94	\$860.07	\$742.79	\$742.79	\$1,251.01
GT	PPO \$2,000/\$25/\$40 (80%/60%) - 2014	\$401.70	\$883.74	\$763.23	\$763.23	\$1,285.44
GP	PPO \$1,500/\$25/\$40 (80%/60%) - 2014	\$415.76	\$914.67	\$789.94	\$789.94	\$1,330.43
GL	PPO \$1,000/\$25/\$40 (80%/60%) - 2014	\$434.38	\$955.64	\$825.32	\$825.32	\$1,390.02
GG	PPO \$500/\$25/\$40 (80%/60%) - 2014	\$469.08	\$1,031.98	\$891.25	\$891.25	\$1,501.06
GC	PPO \$250/\$25/\$40 (80%/60%) - 2014	\$487.41	\$1,072.30	\$926.08	\$926.08	\$1,559.71
G9	PPO \$5,000/\$25/\$40 (90%/70%) - 2014	\$351.44	\$773.17	\$667.74	\$667.74	\$1,124.61
G5	PPO \$4,000/\$25/\$40 (90%/70%) - 2014	\$376.57	\$828.45	\$715.48	\$715.48	\$1,205.02
G1	PPO \$3,000/\$25/\$40 (90%/70%) - 2014	\$384.97	\$846.93	\$731.44	\$731.44	\$1,231.90
GW	PPO \$2,500/\$25/\$40 (90%/70%) - 2014	\$407.79	\$897.14	\$774.80	\$774.80	\$1,304.93
GS	PPO \$2,000/\$25/\$40 (90%/70%) - 2014	\$422.23	\$928.91	\$802.24	\$802.24	\$1,351.14
GO	PPO \$1,500/\$25/\$40 (90%/70%) - 2014	\$438.92	\$965.62	\$833.95	\$833.95	\$1,404.54
GK	PPO \$1,000/\$25/\$40 (90%/70%) - 2014	\$457.11	\$1,005.64	\$868.51	\$868.51	\$1,462.75
GF	PPO \$500/\$25/\$40 (90%/70%) - 2014	\$492.48	\$1,083.46	\$935.71	\$935.71	\$1,575.94
GB	PPO \$250/\$25/\$40 (90%/70%) - 2014	\$508.34	\$1,118.35	\$965.85	\$965.85	\$1,628.69
G8	PPO \$5,000/\$25/\$40 (100%/50%) - 2014	\$354.48	\$779.86	\$673.51	\$673.51	\$1,134.34
G4	PPO \$4,000/\$25/\$40 (100%/50%) - 2014	\$383.54	\$843.79	\$728.73	\$728.73	\$1,227.33
GZ	PPO \$3,000/\$25/\$40 (100%/50%) - 2014	\$408.01	\$897.62	\$775.22	\$775.22	\$1,305.63
GV	PPO \$2,500/\$25/\$40 (100%/50%) - 2014	\$417.32	\$918.10	\$792.91	\$792.91	\$1,335.42
GR	PPO \$2,000/\$25/\$40 (100%/50%) - 2014	\$436.93	\$961.25	\$830.17	\$830.17	\$1,398.18
GN	PPO \$1,500/\$25/\$40 (100%/50%) - 2014	\$453.16	\$996.95	\$861.00	\$861.00	\$1,450.11
GJ	PPO \$1,000/\$25/\$40 (100%/50%) - 2014	\$471.91	\$1,038.20	\$896.63	\$896.63	\$1,510.11
GE	PPO \$500/\$25/\$40 (100%/50%) - 2014	\$510.09	\$1,122.20	\$969.17	\$969.17	\$1,632.29
GA	PPO \$250/\$25/\$40 (100%/50%) - 2014	\$519.73	\$1,143.41	\$987.49	\$987.49	\$1,663.14
BlueSelect HMO Plus						
RT	HMO Plus \$25/\$40 - 2014	\$510.30	\$1,122.66	\$969.57	\$969.57	\$1,632.96

Total Health Contracts:	EE Only: 23	EE+Sp: 10	EE+Ch: 9	EE+Chren: 12	Family: 1
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Small Businesses with at least 10 enrolled employees may offer any three plans to their employees.

EMPLOYER PAID DENTAL ONLY: If BluePreferred Dental is selected, health rates will be reduced by approximately 1% while BluePreferred Dental remains in effect. If BluePreferred Dental is terminated during the contract period, health rates will revert to the rates shown above effective the date BluePreferred Dental is terminated. There is no reduction for Voluntary dental.



**BlueCross
BlueShield
of Arizona**

**Intent to Renew Renewal Group Rate Proposal
Dental Group Rate Proposal**

Legal Company Name: CITY OF WILLCOX

Name of Group Health Plan: CITY OF WILLCOX GROUP HEALTH PLAN

Group Number: 030209

Broker: INSIGHT RISK ADVISORS INC

Policy Period: 7/1/2014 - 6/30/2015

Group HQ: Arizona CSM: Cynthia Bates - K

Group Rating Area: Cochise

Group Inc: Arizona CSM Phone #: 520-400-1732

AHP Eligible: 62

Dental Enrolling: 0

Monthly Premium Rates (\$'s)

Employer Paid BluePreferred Dental Plans					EE Only	EE+Sp	EE+Ch	EE+Chren	Family
Code	Ded. S/F	In-Net	Out-Net	Ann. Max					
1A	\$50/\$150	100/80/0	80/60/0	\$500	\$18.13	\$38.07	\$43.51	\$43.51	\$63.45
2A	\$50/\$150	100/50/50	80/40/40	\$500	\$20.89	\$43.88	\$50.15	\$50.15	\$73.13
3A	\$100/\$200	100/80/50	80/60/40	\$1,000	\$31.36	\$65.85	\$75.26	\$75.26	\$109.75
4A	\$100/\$200	100/80/50	80/60/40	\$1,500	\$32.60	\$68.45	\$78.23	\$78.23	\$114.09
5A	\$50/\$150	100/80/50	80/60/40	\$1,000	\$33.27	\$69.86	\$79.84	\$79.84	\$116.43
5P	\$50/\$150	100/80/50	100/80/50	\$1,000	\$36.16	\$75.94	\$86.79	\$86.79	\$126.57
6A	\$50/\$150	100/80/50	80/60/40	\$1,500	\$34.56	\$72.58	\$82.95	\$82.95	\$120.97
6P	\$50/\$150	100/80/50	100/80/50	\$1,500	\$37.60	\$78.96	\$90.24	\$90.24	\$131.59
7A	\$25/\$75	100/90/60	80/70/40	\$2,000	\$43.05	\$90.40	\$103.31	\$103.31	\$150.66
7P	\$25/\$75	100/90/60	100/90/60	\$2,000	\$47.38	\$99.51	\$113.72	\$113.72	\$165.85

Voluntary BluePreferred Dental Plans									
Code	Ded. S/F	In-Net	Out-Net	Ann. Max					
3V	\$100/\$200	100/80/50	80/60/40	\$1,000	\$27.88	\$58.55	\$66.92	\$66.92	\$97.59
4V	\$100/\$200	100/80/50	80/60/40	\$1,500	\$29.94	\$62.88	\$71.86	\$71.86	\$104.80
5V	\$50/\$150	100/80/50	80/60/40	\$1,000	\$29.46	\$61.87	\$70.71	\$70.71	\$103.12
6V	\$50/\$150	100/80/50	80/60/40	\$1,500	\$31.64	\$66.44	\$75.93	\$75.93	\$110.73

Orthodontic Plan Riders									
Code	Description								
O1	Child(ren) only; 50%; \$1,000 Lifetime Max.			\$0.00	\$0.00	\$6.26	\$6.26	\$7.37	
O2	Child(ren) only; 50%; \$1,500 Lifetime Max.			\$0.00	\$0.00	\$9.59	\$9.59	\$11.28	
O3	Child(ren) only; 50%; \$2,000 Lifetime Max.			\$0.00	\$0.00	\$12.79	\$12.79	\$15.04	
O4	Adult & Child(ren); 50%; \$1,000 Lifetime Max.			\$1.86	\$3.42	\$4.10	\$4.10	\$6.32	
O5	Adult & Child(ren); 50%; \$1,500 Lifetime Max.			\$2.37	\$4.88	\$5.87	\$5.87	\$9.03	
O6	Adult & Child(ren); 50%; \$2,000 Lifetime Max.			\$3.21	\$6.60	\$7.93	\$7.93	\$12.21	

Total Dental Contracts:	EE Only: 0	EE+Sp: 0	EE+Ch: 0	EE+Chren: 0	Family: 0
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Plan Design Footnotes:

- If you choose a BluePreferred Dental Plan, a minimum of 70% of total eligible employees excluding those with other qualifying coverage, must participate in the BCBSAZ dental plan. If you choose a Voluntary BluePreferred Dental Plan, a minimum of 25% of total eligible employees excluding those with other qualifying coverage, must participate in the BCBSAZ dental plan.
- Employer must contribute at least 50% of employee premium if an Employer Paid BluePreferred Dental Plan is chosen. There is no contribution requirement if a Voluntary BluePreferred Dental Plan is chosen.
- Employers with 10 or more enrolled employees may select a dual option (2 dental plans), except:
 - If you choose Plan 1A, you can have only that one dental plan.
 - If you choose Plan 2A, you can have only that one dental plan.
 - If you choose a Voluntary BluePreferred Dental Plan, you can have only that one dental plan.
- Orthodontic riders are limited to groups with at least 10 enrolled employees.
- A 12 month waiting period applies for all Type III services and orthodontic coverage. At the time of initial enrollment of the group with BCBSAZ, waiting periods will not apply for employees that were on the prior carrier's last billing if the group had comparable group dental coverage with the prior carrier. All subsequent enrollees are subject to a 12-month waiting period for major restorative and orthodontic coverage (if applicable).
- Waiting period buy-out options are available only to groups with at least 10 eligible employees. Options to purchase dental coverage without waiting periods ("buy-out options") are available at increased rates. Waiting period buy-out options are not available for the Voluntary BluePreferred Dental Plans or Orthodontic Riders.

* - Please contact your Client Service Manager listed above for details on buy-out options or any questions related to dental benefits.



Intent to Renew Renewal Group Rate Proposal
Caveats

Legal Company Name: CITY OF WILLCOX

Name of Group Health Plan: CITY OF WILLCOX GROUP HEALTH PLAN

Group Number: 030209	Broker: INSIGHT RISK ADVISORS INC	CSM: Cynthia Bates - K
Policy Period: 7/1/2014 - 6/30/2015	Group HQ: Arizona	CSM Phone #: 520-400-1732
Group Rating Area: Cochise	Group Inc: Arizona	AHP Eligible: 62
		Health Enrolling 55

Employer Guidelines:

- The following ACA related fees have been considered in the quoted rates: Health Insurer fee and the Transitional Reinsurance Fee.
- BCBSAZ reserves the right to re-rate retroactive to the first day of any billing month in which the contribution changes.

Employer Participation/Contribution Guidelines and Other Requirements:

- Where the employer does not contribute 100% of the premium cost, BCBSAZ may adjust rates if at least 70% of all eligible employees do not participate.
- Where the employer contributes 100% of the premium cost, BCBSAZ may adjust rates unless 100% of the eligible employees participate.
- Where the employer contributes less than 50% of the premium cost, BCBSAZ may adjust rates.
- Rates assume Blue Cross Blue Shield of Arizona is the sole carrier.
- Health rates include 0.00% Negotiated Commissions.
- Dental Rates include 7.00% Commissions.
- Renewal Rates assume all benefit options remain the same, if available.
- If any information on this Form is inaccurate, please provide the correct information on this Form.
- In the event of a discrepancy between the caveat page and the contract, the contract prevails.
- BCBSAZ reserves the right to re-evaluate and change the rates if CITY OF WILLCOX adds or deletes a benefit eligible class that will have BCBSAZ medical coverage.
- BCBSAZ coverage is not available in all 50 states. BCBSAZ does not cover any employee who resides in a state whose state laws do not contain clear and express authority for BCBSAZ to issue coverage.
- Quote is based on group's headquarters in Arizona.
- BCBSAZ reserves the right to adjust the rates if the government imposes a new tax or fee on insurers or requires coverage of additional benefits.
- BCBSAZ does not require any affiliation period.
- BCBSAZ will create the Uniform Summaries of Coverage (SBC) for coverage provided by BCBSAZ. BCBSAZ will not create SBCs for any coverage the Group provides through a third-party or for health reimbursement arrangements, flexible spending accounts or health savings accounts provided by the Group. Unless directed by the Group, BCBSAZ will provide SBCs to Subscribers, as required by PPACA, except that the Group is solely responsible for delivering SBCs in accordance with PPACA: (i) to Subscribers during open enrollment; (ii) to newly eligible individuals; and (iii) to special enrollees.

PPO

Important Information about Changes to Your Health Plan Effective on Plan Years on or After January 1, 2014

Out-of-Pocket Limits

Currently, your benefit plan has two out-of-pocket coinsurance maximums, one for in-network services and the other for out-of-network services. Your benefit plan will now have an out-of-pocket limit. An out-of-pocket limit is the most you could pay during a calendar year for your share of the cost of covered services. The following do not apply to the out-of-pocket limits: premiums, precertification charges, balance-bills, and costs for health care this plan doesn't cover. **Please see your SBC for the amount of your in-network out-of-pocket limit and out-of-network out-of-pocket limit.**

Your benefit book refers to an out-of-pocket limit as an out-of-pocket maximum.

Pre-existing Condition Exclusion Waiting Periods

Your plan currently excludes pre-existing conditions for members age 19 and older. Your plan will no longer exclude pre-existing conditions for members of any age. All other exclusions and limitations will still apply.

Cancer Clinical Trials

This benefit plan currently covers services directly associated with cancer clinical trials conducted in Arizona and meeting the requirements of Arizona law. The cancer clinical trials coverage in this benefit plan may need to be amended in 2014 to comply with the Affordable Care Act (ACA). The government has not yet issued guidance on this ACA requirement. If changes to your benefit plan are required, you will receive a notice explaining the details of those changes.

Contacts Following Cataract Surgery

Currently, there is a \$250 maximum per member, per six (6) month period for eyeglasses and contacts following cataract surgery. There will no longer be a maximum benefit for contacts following cataract surgery. There will continue to be a \$250 maximum per member, per six (6) month period for eyeglasses following cataract surgery. Both eyeglasses and contacts must still be prescribed and purchased within six (6) months of the cataract surgery.

Specialty Self-Injectable Medications

Currently, your benefit plan has a specialty self-injectable medication benefit. Your benefit plan will now have one benefit for all specialty medications obtained from specialty pharmacies. Additional medications have been identified by BCBSAZ as specialty medications, including medications that are given orally and by other routes. You will still be required to obtain specialty medications only from in-network specialty pharmacies. Certain specialty medications will only be available from one specialty pharmacy identified by BCBSAZ. Your cost-share for certain specialty medications may change depending on whether your medications are dispensed by a specialty pharmacy or under your home health or other medical benefits. For a list of specialty medications including those specialty medications that must be obtained from one specialty pharmacy, or for a list of in-network specialty pharmacies, or for more information regarding cost-share for covered medications, please go online at azblue.com or call the BCBSAZ Pharmacy Benefit Customer Service department at 866-325-1794.

Transplant Travel & Lodging Reimbursement

Currently, there is a \$10,000 per member, benefit plan maximum on reimbursement for travel and lodging expenses related to a covered transplant procedure. There will now be a \$10,000 per member, per transplant maximum on reimbursement for travel and lodging expenses related to a covered transplant procedure. Distance traveled to receive treatment and other limitations will continue to apply to this benefit.

Please call BCBSAZ Customer Service if you have any questions regarding these changes to your plan.



An Independent Licensee with the Blue Cross and Blue Shield Association

18795 0114

**CITY OF WILLCOX
REQUEST FOR COUNCIL ACTION**

Agenda Item 14
Tab Number 9
Date: 06/05/2014

Date Submitted:	Action:	Subject:
June 3, 2014	<input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Decision	APPROVE MET LIFE FY14-15 LIFE INSURANCE CONTRACT

TO: Mayor and Council
FROM: Human Resources – Sherry Lynn Van Allen

DISCUSSION:

Staff recommends continuing the contract with MetLife for City paid employee life insurance. This costs the City approximately \$9.74 per month per employee. The insurance coverage provides a \$25,000.00 life insurance policy for each employee, \$5,000.00 for the employee's spouse, and \$2,000.00 for each child of the employee. If an employee wishes to secure additional coverage through MetLife, an option is available for coverage up to \$100,000.00, at the employee's expense.

MetLife has been the City's life insurance carrier since July 1, 2007.

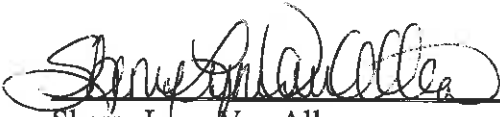
Rates did not increase for FY 15.

RECOMMENDATION:

Approve the contract renewal with MetLife for employee life insurance coverage.

FISCAL IMPACT: ~\$8,000.00

Submitted by:


Sherry Lynn Van Allen
Human Resources

Approved by:


Ted Soltis, City Manager

Metropolitan Life Insurance Company
 4150 N Mulberry Drive, Suite 300
 Kansas City, MO 64116



April 22, 2014

BENEFITS ADMINISTRATOR
 CITY OF WILLCOX
 101 S. RAILROAD AVENUE
 SUITE B
 WILLCOX, AZ 85643

Re: Customer # 05594367

Dear Benefits Administrator:

We have completed our annual renewal evaluation of your group coverage with MetLife or its affiliates. Our analysis takes into consideration a variety of elements that include overall industry trends in claims incidence, shifts in employee composition as well as other financial or premium related issues that have a bearing on our cost structure.

After careful consideration of the above factors, we have established our pricing for the upcoming policy year. Following are both your current and renewal rates, which will be effective on July 1, 2014.

<u>Coverage</u>	<u>Current Rates</u>	<u>Renewal Rates</u>	<u>Rate Basis</u>
LIFE	\$0.280	\$0.280	per \$1000 of insurance
AD&D	\$0.043	\$0.043	per \$1000 of insurance

Billing statements on and after July 1, 2014 will reflect the renewal rates. Rates are guaranteed for twelve (12) months subject to the terms, conditions and provisions of your group insurance policy. Any additional coverages not specifically mentioned in this letter that are active at the time of the renewal will have their rates continued through the coming year.

It is our expressed intent to provide the best possible relationship of benefit costs to the products we provide to your group. Please be assured that our analysis has been completed with this in mind. We appreciate the opportunity to provide your employee benefits and look forward to continuing our relationship. If you have any questions regarding our assessment, please do not hesitate to contact us at 800 ASK-4-MET.

Sincerely,

MetLife Renewal Underwriting

cc: ALAN W THUNBERG
 PHOENIX SALES OFFICE

* Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc. a California corporation in CA; SafeGuard Health Plans, Inc. a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation, in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies.

If you are a customer with employees working in the State of Connecticut, please review the "CT Employee Terminations" topic found in MetLife's online Administration Manual under the appropriate coverage section (www.whymetlife.com/adminmanual).

INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products in force through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling (866) 796-1800.

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