

Excess Loss Renewal & Marketing Analysis Prepared for

CITY OF SPARKS

Presented By

L/P Insurance Services, Inc. Employee Benefits Division

Effective: July 1, 2020

CITY OF SPARKS

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Response to Bid

CARRIERS CONTACTED	BID RESPONSE	% Compared to Current
EXCESS LOSS		
Voya	Current/Renewal Presented	15.8%
Fidelity Security	Not Presented - Not Competitive	81.3%
Anthem	Declined to Quote - Not Competitive	-
Companion Life	Declined to Quote - Not Competitive	-
Garden State	Declined to Quote - Not Competitive	-
Gerber Life	Declined to Quote - Not Competitive	-
HCC/Tokio Marine	Declined to Quote - Not Competitive	-
HM Life	Declined to Quote - Not Competitive	-
Pan American	Declined to Quote - Not Competitive	-
Standard Life	Declined to Quote - Not Competitive	-
Sun Life	Declined to Quote - Not Competitive	-
Symetra	Declined to Quote - Not Competitive	-
Westport/Swiss Re	Declined to Quote - Not Competitive	-

CITY OF SPARKS

Excess Loss - \$300K, \$325K & \$350K Specific Deductible Options

Effective: July 1, 2020

	Current	Renewal
CARRIER	Voya	Voya
EXPOSURES:		
Single	225	225
Family	461	461
SPECIFIC STOP LOSS:		
Stop Loss Level	\$300,000	\$300,000
Contract Basis	24/12	24/12
Benefits Covered	Medical/Rx	Medical/Rx
Annual Limit of Liability	Unlimited	Unlimited
Lifetime Limit of Liability	Unlimited	Unlimited
Reimbursement Percent	100%	100%
Specific Advancement	Included	Included
Actively at Work Waived	Waived w/disclosure	Waived w/disclosure
Retirees	Included	Included
SPECIFIC STOP LOSS RATES:		
Single	\$28.63	\$32.05
Family	\$69.58	\$81.15
ESTIMATED ANNUAL COSTS		
Single	\$77,301	\$86,535
Family	\$384,917	\$448,922
SPECIFIC STOP LOSS	\$462,218	\$535,457
% over/(under) current		15.8%
\$ over/(under) current		\$73,239
LASERS		
Claimant # 1	-	\$1.62M
Claimant # 2	-	\$500K - dialysis or transplant
Claimant # 3	\$500K if Transplant	\$500K - dialysis or transplant
Claimant # 4	-	\$500K - dialysis or transplant
Claimant # 5	\$350K if Transplant	None
Total Laser Liability Above Spec	\$250K	\$1.92M
Contingencies		
Firm and Final	-	Yes
Proposal Expiration Date	-	5/29/20
Signed Disclosure Statement Required	-	Email Acceptance
Plus = Ingressed Panelit / Pad = Degreesed Par		

Option 1	Option 2
Voya	Voya
225	225
225 461	225 461
401	401
\$325,000	\$350,000
24/12	24/12
Medical/Rx	Medical/Rx
Unlimited	Unlimited
Unlimited	Unlimited
100%	100%
Included	Included
Waived w/disclosure	Waived w/disclosure
Included	Included
\$28.78	\$25.61
\$72.75	\$64.65
4=====	400 445
\$77,706	\$69,147
\$402,453 \$480,159	\$357,644 \$426,791
3.9%	-7.7%
\$17,941	-\$35,427
417,511	+ + + + + + + + + + + + + + + + + + +
\$1.62M	\$1.62M
\$500K - dialysis or transplant	\$500K - dialysis or transplant
\$500K - dialysis or transplant	\$500K - dialysis or transplant
\$500K - dialysis or transplant	\$500K - dialysis or transplant
None	None
\$1.82M	\$1.72M
Yes	Yes
5/29/20	5/29/20
Email Acceptance	Email Acceptance

Blue = Increased Benefit / Red = Decreased Benefit