

Renewal / Marketing Analysis

Prepared for

CITY OF SPARKS

Presented By

L/P Insurance Services, Inc. Employee Benefits Division

Effective: July 1, 2015

CITY OF SPARKS Response to Bid

CARRIERS CONTACTED	INTERMEDIARY	BID RESPONSE	% Compared to Current
EXCESS LOSS			
Companion Life	IISI	Incumbent - Current/Renewal Presented	9.01%
National Union Fire	AIG	Quotes Presented	37.60%
Optum	ı	Quotes Presented	38.73%
HCC Life	ı	Declined to Quote - Not Competitive	1
Prodigy	1	Declined to Quote - Not Competitive	1
Voya	ı	Declined to Quote - Not Competitive	ı
US Fire	ARS	Declined to Quote - Not Competitive	1
Partner Re	ARS	Declined to Quote - Not Competitive	ı
American National	ARS	Declined to Quote - Not Competitive	1
HM Life	ARS	Declined to Quote - Not Competitive	1
Swiss Re	ARS	Declined to Quote - Not Competitive	
Sun Life	ARS	Declined to Quote - Not Competitive	1
Transamerica/Munich Re	ARS	Declined to Quote - Not Competitive	•
Reliance Standard	ARS	Declined to Quote - Not Competitive	

CITY OF SPARKS
Excess Loss - \$225K Specific Deductible
Effective: July 1, 2015

CARRIER	Current Companion Life	Kenewal Companion Life	Z
INTERMEDIARY	IISI	IISI	
EXPOSURES:			
Single	167	167	Decree Constitu
Family	452	452	
SPECIFIC STOP LOSS:			dividua ant
Stop Loss Level	\$225,000	\$225,000	dentskirtek
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 Worked Waived	Waived w/disclosure	Waived w/disclosure	<
Retirees	Included	Included	
SPECIFIC STOP LOSS RATES:			
Single	\$21.00	\$22.75	**********
Family	\$49.91	\$54.46	***********
ESTIMATED ANNUAL COSTS			
Single	\$42,084	\$45,591	
Family	\$270,712	\$295,391	
SPECIFIC STOP LOSS	\$312,796	\$340,982	
% over/(under) current	0.00%	9.01%	
\$ over/(under) current	\$0	\$28,186	
Contigencies			
Lasers	Claimant 1 - \$340K	None	
Rate Lock	3	60 days	
Signed Disclosure Statement Required	\$	No .	
Signed plan document	¥	No	

Yes	Yes	60 days	None	\$117,604	37.60%	\$430,400	\$384,128	\$46,272	\$70.82	\$23.09	Included	Waived w/disclosure	Included	100%	Unlimited	Unlimited	Medical/Rx	24/12	\$225,000	452	167	AIG	National Union Fire	Option 1
Yes	Yes	60 days	None	\$121,132	38.73%	8433,928	\$378,758	\$55,170	\$69.83	\$27.53	Included	Waived w/disclosure	Included	100%	Unlimited	Unlimited	Medical/Rx	24/12	\$225,000	452	167	N/A	Optum	Option 2

Blue = Increased Benefit / Red = Decreased Benefit