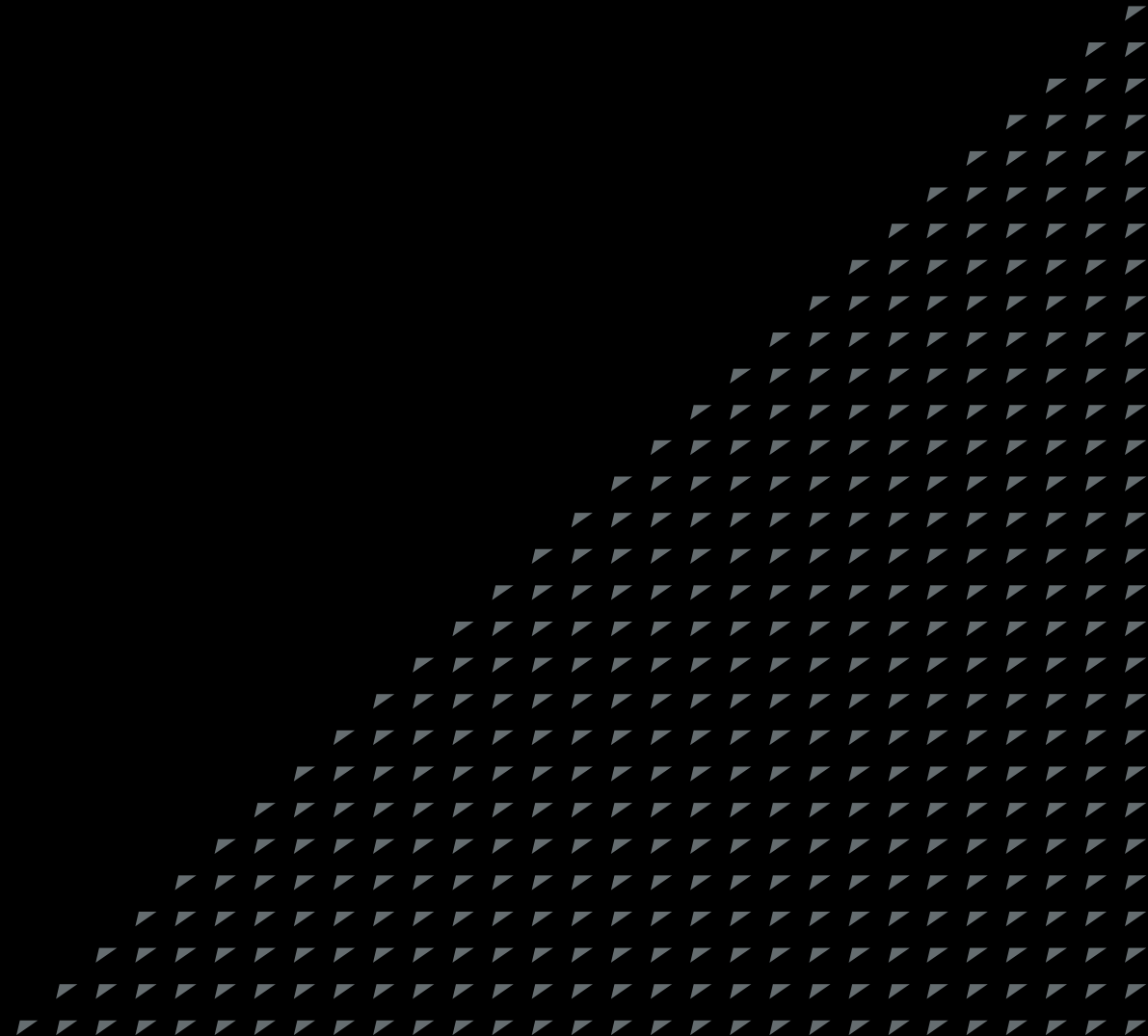


# 2024 Renewal Rates & Benefits



# Medical Plans





# Medical Renewal - Financial Overview

Line of Coverage		Current	Renewal	\$ Δ	% Δ
Kaiser (PRISM): HMO	362	\$4,559,220	\$4,915,608	\$356,388	7.8%
Anthem (PRISM): HMO Traditional	159	\$2,237,760	\$2,412,120	\$174,360	7.8%
Anthem (PRISM): HMO Select	58	\$705,336	\$760,116	\$54,780	7.8%
Anthem (PRISM): PPO	16	\$269,484	\$290,484	\$21,000	7.8%
Kaiser (PRISM): HMO - Early Retiree	17	\$222,324	\$239,580	\$17,256	7.8%
Anthem (PRISM): HMO Traditional - Early Retiree	4	\$82,812	\$89,256	\$6,444	7.8%
Anthem (PRISM): HMO Select - Early Retiree	3	\$38,448	\$41,436	\$2,988	7.8%
Anthem (PRISM): PPO - Early Retiree	1	\$21,960	\$23,676	\$1,716	7.8%
<b>TOTAL ANNUAL PREMIUM</b>		<b>\$8,137,344</b>	<b>\$8,772,276</b>		
<b>ANNUAL DOLLAR CHANGE</b>			<b>\$634,932</b>		
<b>ANNUAL PERCENTAGE CHANGE</b>			<b>7.8%</b>		



# Medical Renewal - Anthem Traditional HMO

Medical Plan Benefits		Anthem (PRISM): Traditional HMO Current / Renewal	
Calendar Year Deductible Individual / Family Embedded / Aggregate		None N/A	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate		\$1,500 / \$3,000 Embedded	
Physician Office Visit		\$20 / Visit	
Specialist Copay		\$20 / Visit	
Preventative Care		No Charge	
Virtual Physician Visit		\$20 / Visit	
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests		No Charge No Charge	
Hospitalization Inpatient Outpatient		No Charge No Charge	
Emergency Room		\$50 / Visit (waived if admitted)	
Urgent Care Services		\$20 / Visit (waived if admitted)	
Chiropractic Care		\$10 / Visit (30 visit limit combined with acupuncture)	
Acupuncture Care		\$10 / Visit (30 visit limit combined with chiropractic)	
<b>PRESCRIPTION DRUGS</b>		<b>Tier 1a / Tier 1b / Tier 2 / Tier 3 / Tier 4 <sup>1,2</sup></b>	
Retail - 30 day supply		\$5 / \$15 / \$25 / \$45 / 30% with \$250 max	
Mail Order - up to 90 day supply		\$12.50 / \$37.50 / \$75 / \$135 / 30% with \$250 max	
<b>ACTIVE MONTHLY RATES</b>		<b>Current</b>	<b>Renewal</b>
EE Only	80	\$684.00	\$737.00
EE + 1	22	\$1,341.00	\$1,446.00
EE + Family	57	\$1,794.00	\$1,934.00
<b>MONTHLY PREMIUM</b>		<b>\$186,480</b>	<b>\$201,010</b>
<b>ANNUAL PREMIUM</b>		<b>\$2,237,760</b>	<b>\$2,412,120</b>
<b>EARLY RETIREE MONTHLY RATES</b>		<b>Current</b>	<b>Renewal</b>
EE Only	3	\$1,223.00	\$1,318.00
EE + 1	0	\$2,411.00	\$2,599.00
EE + Family	1	\$3,232.00	\$3,484.00
<b>MONTHLY PREMIUM</b>		<b>\$6,901</b>	<b>\$7,438</b>
<b>ANNUAL PREMIUM</b>		<b>\$82,812</b>	<b>\$89,256</b>
<b>ACTIVE / EARLY RETIREE TOTAL</b>		<b>Current</b>	<b>Renewal</b>
<b>TOTAL MONTHLY PREMIUM</b>		<b>\$193,381</b>	<b>\$208,448</b>
<b>TOTAL ANNUAL PREMIUM</b>		<b>\$2,320,572</b>	<b>\$2,501,376</b>
<b>ANNUAL DOLLAR CHANGE</b>		<b>\$180,804</b>	
<b>ANNUAL PERCENT CHANGE</b>		<b>7.8%</b>	



# Medical Renewal - Anthem Select HMO

Medical Plan Benefits		Anthem (PRISM): Select Network HMO Current / Renewal	
Calendar Year Deductible Individual / Family Embedded / Aggregate		None N/A	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate		\$2,000 / \$4,000 Embedded	
Physician Office Visit		\$20 / Visit	
Specialist Copay		\$40 / Visit	
Preventative Care		No Charge	
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests		No Charge No Charge	
Hospitalization Inpatient Outpatient		\$250 / Admit \$125 / Admit	
Emergency Room		\$50 / Visit (waived if admitted)	
Urgent Care Services		\$20 / Visit (waived if admitted)	
Chiropractic Care		\$10 / Visit (30 visit limit combined with acupuncture)	
Acupuncture Care		\$10 / Visit (30 visit limit combined with chiropractic)	
PRESCRIPTION DRUGS		Tier 1a / Tier 1b / Tier 2 / Tier 3 / Tier 4 <sup>1,2</sup>	
Retail - 30 day supply		\$5 / \$20 / \$30 / \$50 / 30% up to \$250 max	
Mail Order - up to 90 day supply		\$12.50 / \$50 / \$90 / \$150 / 30% up to \$250 max	
ACTIVE MONTHLY RATES		Current	Renewal
EE Only	EEs	\$596.00	\$642.00
EE + 1	31	\$1,170.00	\$1,261.00
EE + Family	5	\$1,566.00	\$1,688.00
MONTHLY PREMIUM		\$58,778	
ANNUAL PREMIUM		\$705,336	
EARLY RETIREE MONTHLY RATES		Current	Renewal
EE Only	EEs	\$1,068.00	\$1,151.00
EE + 1	3	\$2,103.00	\$2,267.00
EE + Family	0	\$2,820.00	\$3,040.00
MONTHLY PREMIUM		\$3,204	
ANNUAL PREMIUM		\$38,448	
ACTIVE / EARLY RETIREE TOTAL		Current	Renewal
TOTAL MONTHLY PREMIUM	3	\$61,982	\$66,796
TOTAL ANNUAL PREMIUM		\$743,784	\$801,552
ANNUAL DOLLAR CHANGE		\$57,768	
ANNUAL PERCENT CHANGE		7.8%	



# Medical Renewal - Anthem PPO

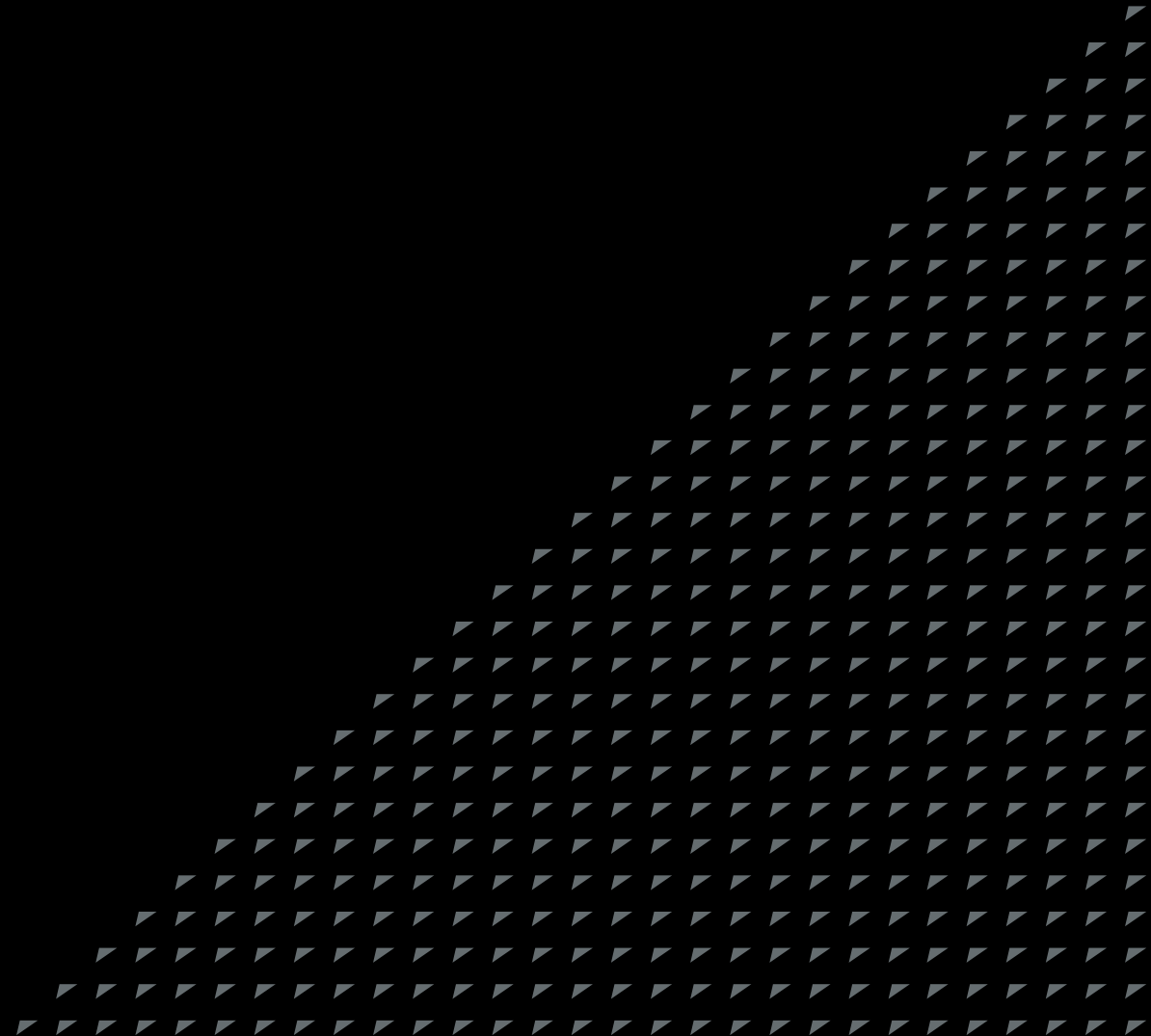
Medical Plan Benefits		Anthem (PRISM): Medical PPO Current / Renewal	
		In-Network	Out-of-Network
Calendar Year Deductible Individual / Family Embedded / Aggregate		\$500 / \$1,000 Embedded	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate		\$2,000 / \$4,000 Embedded	
Physician Office Visit		\$20 (ded waived)	40%
Specialist Copay		\$20 (ded waived)	40%
Preventative Care		No charge (ded waived)	40%
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests		10% 10%	40% (limited to \$800 max/test) 40% (limited to \$350 max/day)
Hospitalization Inpatient Outpatient		10% 10%	40% (limited to \$600 max/day; copay) 40% (limited to \$350 max/day)
Emergency Room		\$50 + 10% (Copay Waived if Admitted)	
Urgent Care Services		\$20 / Visit (ded waived)	40%
Chiropractic Care		10% (24 visits per calendar year)	40%
Acupuncture Care		10% (12 visits per calendar year)	40%
<b>PRESCRIPTION DRUGS</b>		<b>Tier 1 / Tier 2 / Tier 3</b>	
Retail - 30 day supply		\$10 / \$20 / \$35	\$10 / \$20 / \$35
Mail Order - 90 day supply		\$15 / \$30 / \$50	Not Covered
<b>ACTIVE MONTHLY RATES</b>		<b>Current</b>	<b>Renewal</b>
EE Only	12	\$1,028.00	\$1,108.00
EE + 1	1	\$2,018.00	\$2,175.00
EE + Family	3	\$2,701.00	\$2,912.00
<b>MONTHLY PREMIUM</b>		<b>\$22,457</b>	<b>\$24,207</b>
<b>ANNUAL PREMIUM</b>		<b>\$269,484</b>	<b>\$290,484</b>
<b>EARLY RETIREE MONTHLY RATES</b>		<b>Current</b>	<b>Renewal</b>
EE Only	1	\$1,830.00	\$1,973.00
EE + 1	0	\$3,608.00	\$3,889.00
EE + Family	0	\$4,835.00	\$5,212.00
<b>MONTHLY PREMIUM</b>		<b>\$1,830</b>	<b>\$1,973</b>
<b>ANNUAL PREMIUM</b>		<b>\$21,960</b>	<b>\$23,676</b>
<b>ACTIVE / EARLY RETIREE TOTAL</b>		<b>Current</b>	<b>Renewal</b>
<b>TOTAL MONTHLY PREMIUM</b>		<b>\$24,287</b>	<b>\$26,180</b>
<b>TOTAL ANNUAL PREMIUM</b>		<b>\$291,444</b>	<b>\$314,160</b>
<b>ANNUAL DOLLAR CHANGE</b>			<b>\$22,716</b>
<b>ANNUAL PERCENT CHANGE</b>			<b>7.8%</b>



# Medical Renewal - Kaiser HMO

Medical Plan Benefits		Kaiser (PRISM): Medical HMO Current / Renewal	
Calendar Year Deductible Individual / Family Embedded / Aggregate		None N/A	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate		\$1,500 / \$3,000 Embedded	
Physician Office Visit		\$20 / Visit	
Specialist Copay		\$20 / Visit	
Preventative Care		No Charge	
Virtual Physician Visit		No Charge	
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests		No Charge No Charge	
Hospitalization Inpatient Outpatient		No Charge \$20 / Procedure	
Emergency Room		\$50 / Visit (waived if admitted)	
Urgent Care Services		\$20 / Visit	
Chiropractic Care		\$15 / Visit (20 visits per calendar year)	
Acupuncture Care		\$20 / Visit (Physician referred; Nausea & pain only)	
PRESCRIPTION DRUGS		Generic / Brand / Specialty	
Retail - 30 day supply		\$10 / \$30 / 20% up to \$150	
Mail Order - up to 100 day supply		\$20 / \$60 / Not Covered	
ACTIVE MONTHLY RATES		Current	Renewal
EE Only	EEs 198	\$650.00	\$701.00
EE + 1	67	\$1,277.00	\$1,377.00
EE + Family	97	\$1,708.00	\$1,841.00
	362		
MONTHLY PREMIUM ANNUAL PREMIUM		\$379,935 \$4,559,220	\$409,634 \$4,915,608
EARLY RETIREE MONTHLY RATES		Current	Renewal
EE Only	EEs 16	\$1,031.00	\$1,111.00
EE + 1	1	\$2,031.00	\$2,189.00
EE + Family	2	\$2,721.00	\$2,933.00
	17		
MONTHLY PREMIUM ANNUAL PREMIUM		\$18,527 \$222,324	\$19,965 \$239,580
ACTIVE / EARLY RETIREE TOTAL		Current	Renewal
TOTAL MONTHLY PREMIUM		\$398,462	\$429,599
TOTAL ANNUAL PREMIUM		\$4,781,544	\$5,155,188
ANNUAL DOLLAR CHANGE			\$373,644
ANNUAL PERCENT CHANGE			7.8%

# Dental Plans







# PRISM Dental Renewal - DeltaCare DHMO

Dental Plan Benefits		Delta Dental (PRISM): Dental HMO	
Diagnostic and Preventive		Current	
Periodic Oral Evaluation	120	No Charge	
X-Rays	210	No Charge	
Teeth Cleaning	1110	No Charge	
Topical Fluoride	1208	No Charge	
Sealants - per tooth	1351	\$10	
Restorative			
Amalgam Filling 1-4 Surfaces	2140-61	\$0	
Resin - one surface, anterior	2330	\$0	
Endodontics (Root Canal Therapy)			
Pulp Cap	3110	No Charge	
Therapeutic Pulpotomy	3220	\$0	
Root Canal Therapy - anterior	3310	\$55	
Periodontics			
Gingivectomy - per quadrant	4210	\$130	
Osseous Surgery - per quadrant	4260	\$280	
Scaling and Root Planning - per quadrant	4341	\$25	
Oral Surgery			
Extractions - Impacted tooth: soft tissue	7220	\$50	
Extractions - Impacted tooth: partial bony	7230	\$70	
Extractions - Impacted tooth: full bony	7240	\$90	
Prosthodontics			
Complete - Upper or Lower	5110-20	\$145	
Immediate - Upper or Lower	5130-40	\$165	
Partial Denture - Upper or Lower	5213-14	\$160	
Crown and Bridge			
Inlay / Onlay	2510-30	\$0	
Crown - Porcelain/Ceramic Substrate	2740	\$240	
Crown - Porcelain Fused to High Noble Metal	2750	\$240	
Crown - Full Cast High Noble Metal	2790	\$210	
Orthodontics - comprehensive			
Child to age 19	8080	\$1,700	
Member over age 19	8090	\$1,900	
RATE GUARANTEE		2 Years	
MONTHLY RATES		(1/1/2023 - 12/31/2024)	
Employee Only		Current	
Employee + 1 Dependent		\$16.80	
Employee + Family		\$29.90	
TOTAL MONTHLY PREMIUM		\$43.80	
TOTAL ANNUAL PREMIUM		\$3,605	
		\$43,262	

EE's  
69  
32  
34  
135

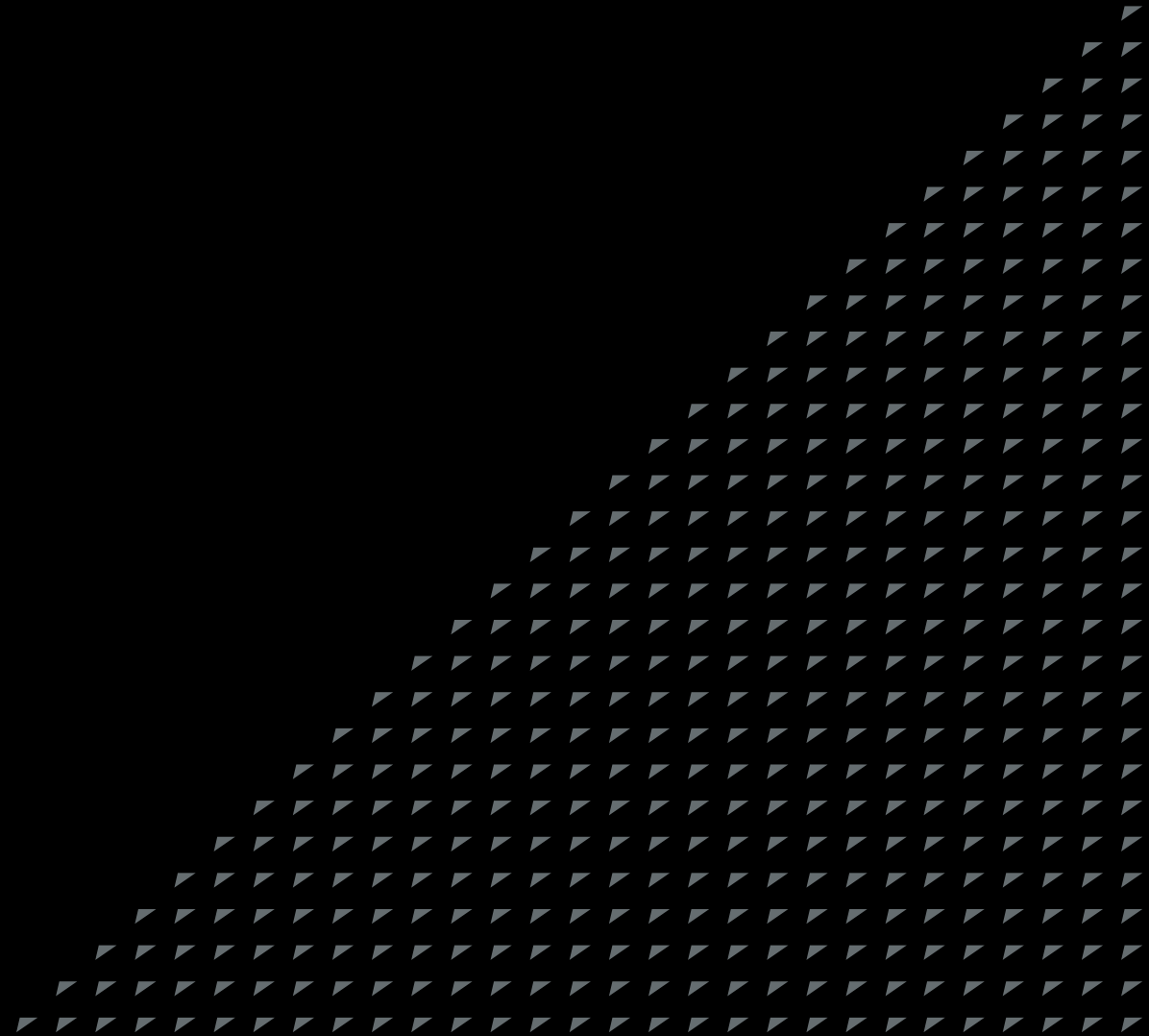


# PRISM Dental Renewal - Delta Dental PPO

Dental Plan Benefits		Delta Dental (PRISM): Dental PPO- Core Current / Renewal		Delta Dental (PRISM): Dental PPO- Buy Up Current / Renewal	
Calendar Year Maximum		In-Network	Out-of-Network	In-Network	Out-of-Network
Per Member		\$1,000		\$2,000	
Calendar Year Deductible					
Individual / Family		\$50 per person (Waived for Diagnostic & Preventive)		\$50 per person (Waived for Diagnostic & Preventive)	
Diagnostic and Preventive					
Oral Exam X-Rays Teeth Cleaning Fluoride Treatment		100%      80%		100%      80%	
Basic Services					
Fillings Periodontics (Gum disease) Routine Extractions Endodontics (Root Canal) Oral Surgery		80%      80%		80%      80%	
Major Services					
Surgical Extractions Bridgework Dentures Crowns		50%      50%		50%      50%	
Orthodontics		Adult & Child		Adult & Child	
Benefit Percentage Lifetime Maximum		80% \$2,000		80% \$2,000	
Rate Guarantee		1 Year (1/1/2024 - 12/31/2024)		1 Year (1/1/2024 - 12/31/2024)	
MONTHLY RATES		Current	Renewal*	Current	Renewal*
Employee Only		\$30.00	\$30.00	\$37.00	\$37.00
Employee + 1 Dependent		\$64.70	\$64.70	\$80.50	\$80.50
Employee + Family		\$88.50	\$88.50	\$110.30	\$110.30
TOTAL MONTHLY PREMIUM		\$11,517	\$11,517	\$16,106	\$16,106
TOTAL ANNUAL PREMIUM		\$138,204	\$138,204	\$193,270	\$193,270
ANNUAL DOLLAR CHANGE		\$0		\$0	
ANNUAL PERCENT CHANGE		0.0%		0.0%	

\*Assumes using a portion of the stabilization fund to buy down the renewal from 11.5% to a rate pass

# Vision Plans





# PRISM Vision Renewal - VSP Vision Plan

Vision Plan Benefits		PRISM VSP: Vision- Core Renewal		PRISM VSP: Vision- Buy Up Renewal	
		In-Network	Non-Network	In-Network	Non-Network
Exam		Copay \$10	Plan pays up to: \$45	Copay \$10	Plan pays up to: \$45
Lenses					
Single		\$10	\$30	\$10	\$30
Bifocal		\$10	\$50	\$10	\$50
Trifocal		\$10	\$65	\$10	\$65
Contact Lenses*		\$130 Allowance	\$105	\$150 Allowance	\$105
Frames		\$130 Allowance + 20% discount	\$70	\$175 Allowance +20% discount	\$70
Frequency of Services					
Eye Examination		12 months		12 months	
Lenses		12 months		12 months	
Frames		12 months		12 months	
Contact Lenses*		12 months		12 months	
* In lieu of frames					
Rate Guarantee		2 Years (1/1/2024 - 12/31/2025)		2 Years (1/1/2024 - 12/31/2025)	
MONTHLY RATES		Renewal		Renewal	
Employee Only	116	\$8.60		\$10.30	
Employee + 1 Dependent	29	\$16.20		\$19.50	
Employee + 2 or More Dependents	72	\$23.80		\$28.50	
TOTAL MONTHLY PREMIUM		\$3,181		\$3,821	
TOTAL ANNUAL PREMIUM		\$38,172		\$45,857	

# Life And Disability Plans





# Life and Disability Renewal - Lincoln Basic Life and AD&D

Basic Life and AD&D Plan Benefits	
Eligibility	
Class 1-10: Actives	
Class 11-16: Retirees	
Life Benefits	
Class 1: EDA Employees	
Class 2: Full-Time Elected Officials	
Class 3: City Council Members	
Class 4: Mgmt. Employees	
Class 5: Confidential Employees	
Class 6: General Unit & Middle Mgmt. Employees	
Class 7: All Other Mgmt. & Police Mgmt. Employees	
Class 8: Police Safety Employees	
Class 9: Part-Time Elected Officials	
Class 10: Executive Mgmt Employees	
Class 11: Retirees in Mgmt, Police Mgmt, & Fire Mgmt	
Class 12: Retirees in Confidential & Police Safety	
Class 13: Retirees in General & Mid Mgmt	
Class 14: Retirees in Fire Safety	
Class 15: Grandfathered Retirees	
Class 16: Grandfathered Retirees Electing Dependent coverage in the amount of \$250	
Benefit Reduction Formula	
Benefit Reduction Formula	
Additional Benefits: Actives Only	
Waiver of Premium	
Seat Belt Provision (AD&D)	
Air Bag Provision (AD&D)	
Self Bill or List Bill	

PRISM Lincoln Financial Current / Renewal		
You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.		
An eligible Retiree will become insured on the day the Retiree becomes eligible, subject to certain conditions (as described in the When Insurance Begins provision in the Certificate).		
Life Benefits	AD&D Benefits	Dependent Life
\$50,000	Same as Life	\$1,000
1 x Salary to \$250,000	Same as Life	\$1,000
\$75,000	Same as Life	\$1,000
\$75,000	Same as Life	\$1,000
\$50,000	Same as Life	\$1,000
\$10,000	\$25,000	\$1,000
\$50,000	Same as Life	\$1,000
\$25,000	Same as Life	\$1,000
\$75,000	Same as Life	\$1,000
1 x Salary to \$250,000	Same as Life	\$1,000
\$50,000	Not Covered	Not Covered
\$25,000	Not Covered	Not Covered
\$10,000	Not Covered	Not Covered
\$5,000	Not Covered	Not Covered
\$6,400	Not Covered	\$1,000
\$10,000	Not Covered	\$250
Age		% of Original Benefit
70		50%
75		25%
Included		
10% insured's Principal Sum		
10% insured's Principal Sum		
Self Bill		

Basic Life and AD&D Rates	
Rate Guarantee	
MONTHLY RATES	
Active & Retirees: Basic Life	
Class 1-15: Basic Life Benefit Volume	
Class 1-15: Basic Life Rate per \$1,000	
Basic Life Monthly Premium	
Actives: Basic AD&D	
Class 1-10: Basic AD&D Benefit Volume	
Class 1-10: Basic AD&D Rate per \$1,000	
Basic AD&D Monthly Premium	
Spouse and Dependent Child(ren) Life	
Class 1-8, 10-15: Dependent Life Units	
Class 1-8, 10-15: Dependent Life Rate	
Class 9: Dependent Life Units	
Class 9: Dependent Life Rate	
Dependent Life Premium	
Grandfathered Life	
Classic 16: Retiree Life	
Classic 16: Retiree Life Rate per \$1,000	
Class 16: Spouse & Child(ren) Rate	
Class 16: Spouse & Child(ren) Rate	
Grandfathered Life Monthly Premium	
MONTHLY PREMIUM	
ANNUAL PREMIUM	

PRISM Lincoln Financial	
3 Years (1/1/2024-12/31/2026)	
Current / Renewal	
\$22,893,750	
\$0.260	
\$5,952	
\$22,992,500	
\$0.030	
\$690	
321	
\$0.39	
0	
\$0.34	
\$125	
\$1,356,000	
\$0.09	
0	
\$0.100	
\$122	
\$6,889	
\$82,673	



# Life and Disability Renewal - Lincoln Short Term Disability

Short Term Disability Plan Benefits	PRISM Lincoln Financial Current / Renewal
<b>Eligibility</b>	
Eligibility Classes	All Eligible Management, Middle Management, Confidential Police Management, and Elected Officials except Council Members working 30 hours per week
<b>STD Benefits</b>	
Maximum Weekly Benefit	\$1,250
Weekly Benefit Percentage	60%
Maximum Benefit Duration	17 Weeks
Elimination Period - Accident	30 Days
Elimination Period - Sickness	30 Days
Elimination Period - Maternity	30 Days
Elimination Period - 1st Day Hospitalization	30 Days
<b>Administration</b>	
FICA Match	Included
W-2 Reporting	Included
Self Bill or List Bill	List Bill
<b>Rate Guarantee</b>	
<b>MONTHLY RATES</b>	<b>3 Years (1/1/2024-12/31/2026)</b>
Rate per \$100 of Monthly Covered Payroll	<b>Current / Renewal</b>
<b>INSURANCE VOLUME</b>	\$0.125
Monthly Covered Payroll	\$1,084,544
<b>MONTHLY PREMIUM</b>	<b>\$1,356</b>
<b>ANNUAL PREMIUM</b>	<b>\$16,268</b>



# Life and Disability Renewal - Lincoln Paid Family Leave

PFL Benefits		PRISM Lincoln Financial PFL	
Eligibility			
Eligibility		All Eligible Full-Time Employees	
Paid Family Leave (PFL)			
Benefit Duration		8 Weeks	
Benefit Amount		Ranges between 60% to 70% of your weekly wages earned in the highest quarter of base period, up to \$1,540	
Covered Members		Child, Spouse, Domestic Partner, Parent, Grandparent, Grandchild, In-Laws, and Siblings	
Elimination Period		Benefits are payable immediately	
Rate Guarantee		1 Year (1/1/2024-12/31/2024)	
MONTHLY RATES			
Rate per \$100 of Monthly Covered Payroll		\$0.380	
INSURANCE VOLUME			
Monthly Covered Payroll		\$5,059,626	
MONTHLY PREMIUM		\$19,227	
ANNUAL PREMIUM		\$230,719	

715





# Life and Disability Renewal - Lincoln Long Term Disability

Long Term Disability Plan Benefits	PRISM Lincoln Financial Current / Renewal
<b>Eligibility</b>	
Class 1	All Eligible Management, Police Management, Middle Management, and Confidential with the Exception of Council Members and EDA working a min of 30 Hours per Week
Class 2	All Eligible Employees Classified as General Unit regularly working a min of 30 Hours per Week
Class 3	All Eligible Elected Officials working a min of 30 hours per week
Elimination Period	Class 1: 180 Days Class 2: 90 Days Class 3: 180 Days
Monthly Benefit Percentage	Class 1: 60% Class 2: 50% Class 3: 60%
Maximum Monthly Benefit	Class 1-3: \$5,000
Own Occupation Definition	1 Year
Maximum Benefit Duration	RBD to age 65, or SSNRA
Pre-Existing Condition	3/12
Mental & Substance Abuse	24 months
FICA Match	Included
W-2 Production	Included
Self Bill or List Bill	Self Bill
<b>Rate Guarantee</b>	<b>3 Years (1/1/2024-12/31/2026)</b>
<b>MONTHLY RATES</b>	<b>Current / Renewal</b>
Rate per \$100 of Monthly Covered Payroll	\$0.158
<b>INSURANCE VOLUME</b>	
Monthly Covered Payroll	\$2,359,594
<b>MONTHLY PREMIUM</b>	<b>\$3,728</b>
<b>ANNUAL PREMIUM</b>	<b>\$44,738</b>



# Life and Disability Renewal - Lincoln Supplemental Life

Voluntary Life Plan Benefits
Eligibility
Employee Life Benefit
Maximum
Minimum
Increments of:
Guaranteed Issue Amount
Spouse Life Benefit
Maximum
Minimum
Increments of:
Guaranteed Issue Amount
Dependent Life Benefit
Maximum
Minimum
Increments of:
Guaranteed Issue Amount
Benefit Reduction Schedule
Waiver of Premium
Portability
Self Bill or List Bill

PRISM Lincoln Financial Current / Renewal	
All full-time active employees working at least 30 hours each week	
4x annual salary \$500,000	
1x annual salary or \$10,000	
1x annual salary	
4x annual salary \$350,000	
100% of EE's benefit, up to \$250,000	
\$5,000	
\$5,000	
100% of EE's benefit, up to \$50,000	
\$10,000	
\$2,000	
\$1,000	
\$10,000	
Age	% of Original Benefit
70	50%
75	25%
Included	
Included	
List Bill	

Rate Guarantee
Monthly Rates per \$1,000
Under age 20
Age 20-24
Age 25-29
Age 30-34
Age 35-39
Age 40-44
Age 45-49
Age 50-54
Age 55-59
Age 60-64
Age 65-69
Age 70-74
Age 75+
Child Rate per \$1,000

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

3 Years (1/1/2024-12/31/2026)
Current / Renewal
Employee & Spouse
\$0.042
\$0.042
\$0.042
\$0.050
\$0.070
\$0.139
\$0.202
\$0.406
\$0.518
\$1.021
\$1.021
\$1.021
\$1.021
\$0.100



# Life and Disability Renewal - Lincoln Supplemental AD&D

Voluntary AD&D Plan Benefits
Eligibility
Employee Life Benefit
Minimum
Maximum
Increments of:
Benefit Reduction Schedule

Rate Guarantee
Monthly Rate per \$1,000
Employee Only
Employee + Family

PRISM Lincoln Financial Current / Renewal			
All full-time active employees working at least 30 hours each week			
Employee	Family Plans		
	Spouse & Child(ren)	Spouse Only	Child(ren) Only
\$25,000	Spouse Benefit: 40% of Employee's benefit  Child Benefit: 10% of Employee's benefit	50% of Employee's benefit	15% of Employee's benefit
\$250,000			
Employee may select a Principal Sum equal to \$25,000; \$50,000; \$75,000; \$100,000; \$150,000; \$200,000 or \$250,000.			
Age		% of Original Benefit	
65		65%	
70		40%	
75		25%	
80		15%	

3 Years (1/1/2024-12/31/2026)
Current / Renewal
\$0.030
\$0.033

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# Voluntary Benefits Plan





# Colonial Life - Accident Coverage

Accident Plan Benefits	
Company Rating	
<b>Plan Design Options</b>	
Portability	
Employee Eligibility	
Participation Requirements	
<b>Benefits</b>	
Emergency Room Treatment	
Fractures	
Dislocation	
Hospital Admission	
Hospital Confinement	
Accident Follow-Up Treatment	
Ambulance	
Blood/Plasma/Platelets	
Burns, 2nd Degree	
Burns, 3rd Degree	
Coma	
Concussion	
Emergency Dental Work	
Eye Injury	
Knee Cartilage- Torn	
Laceration	
Lodging	
Prosthetic Device/Artificial Limb	
Ruptured Disc	
Surgery	
Tendon/Ligament/Rotator Cuff	
Transportation	
<b>Rate Guarantee</b>	
<b>MONTHLY RATES</b>	
Employee	
Employee + Spouse	
Employee + Child(ren)	
Family	
<b>MONTHLY PREMIUM</b>	
<b>ANNUAL PREMIUM</b>	

EE'S  
33  
6  
7  
30  
76

Colonial - Basic Plan	
<b>Current</b>	
A.M. Best A	
Yes, after first payroll deduction	
Employees working at least 30 hours per week	
None	
\$100	
Up to \$4,500	
Up to \$4,000	
\$750	
\$175/day (up to 365 days)	
\$50/visit 3 visits per covered accident / 12 per year	
\$200 (Ground) \$1,000 (Air)	
\$300	
\$750	
\$1,500-\$12,000	
\$7,500 (Duration of 14 or more consecutive days)	
\$275	
\$150 (repaired with crown) \$50 (resulting in extraction)	
\$200	
\$500	
\$50 - \$600	
\$150 (per day up to 30 days)	
\$750 (1 device) \$1,500 (2 or more devices)	
\$600	
Open Abdominal or Thoracic - \$1,000 (Exploratory \$150)	
\$600 (1 device) \$1,200 (2 or more devices)	
\$400 (up to 3 trips per accident)	
<b>1/1/2023 - 12/31/2023</b>	
<b>Current</b>	
\$15.27	
\$25.90	
\$25.62	
\$36.25	
<b>\$1,926</b>	
<b>\$23,114</b>	



# Colonial Life - Critical Illness

Critical Illness
Benefit Amounts
Guaranteed Issue
Spouse Coverage
Dependent Coverage

POLICY BENEFITS
Cancer
Coronary Artery Bypass Graft Surgery
Heart Attack
Major Organ Transplant
Blindness
Stroke

Enrollment
Current participation

Rate Guarantee
MONTHLY RATES: NON-TOBACCO
Benefit Amount (\$10,000)
16-29
30-39
40-49
50-59
60-64
Benefit Amount (\$25,000)
16-29
30-39
40-49
50-59
60-64

Colonial Life: Critical Illness Current
\$5,000 - \$100,000 in \$1,000 increments
Up to \$50,000
Up to 50% of Employees Coverage
Up to 50% of Employees Coverage

POLICY BENEFITS
100%
25%
100%
100%
(Major Organ Failure)
100%
100%

POLICY BENEFITS
49

1/1/2023 - 12/31/2023			
EE	EE + SP	EE + Child(ren)	Family
\$14.96	\$24.62	\$15.70	\$25.46
\$18.76	\$30.42	\$19.60	\$31.16
\$27.16	\$42.92	\$28.00	\$43.86
\$40.56	\$63.82	\$41.50	\$64.76
\$58.56	\$91.32	\$59.50	\$92.26
\$20.96	\$33.47	\$22.45	\$35.21
\$30.46	\$47.97	\$32.20	\$49.46
\$51.46	\$79.22	\$53.20	\$81.21
\$84.96	\$131.47	\$86.95	\$133.46
\$129.96	\$200.22	\$131.95	\$202.21



# Pet Benefit Solutions - Pet Insurance

Benefits
Benefit Limits
Deductibles
Reimbursements
Network
Wellness
Pre-Exisitng Conditions
Telehealth
Claim Turn around
Deduction Method
Other

Rate Guarantee
----------------

Monthly Rates*
1 Pet
2 + Pets

MONTHLY PREMIUM
ANNUAL PREMIUM

\*Wishbone rates are based on breed and zip code

Ees  
10  
7  
17

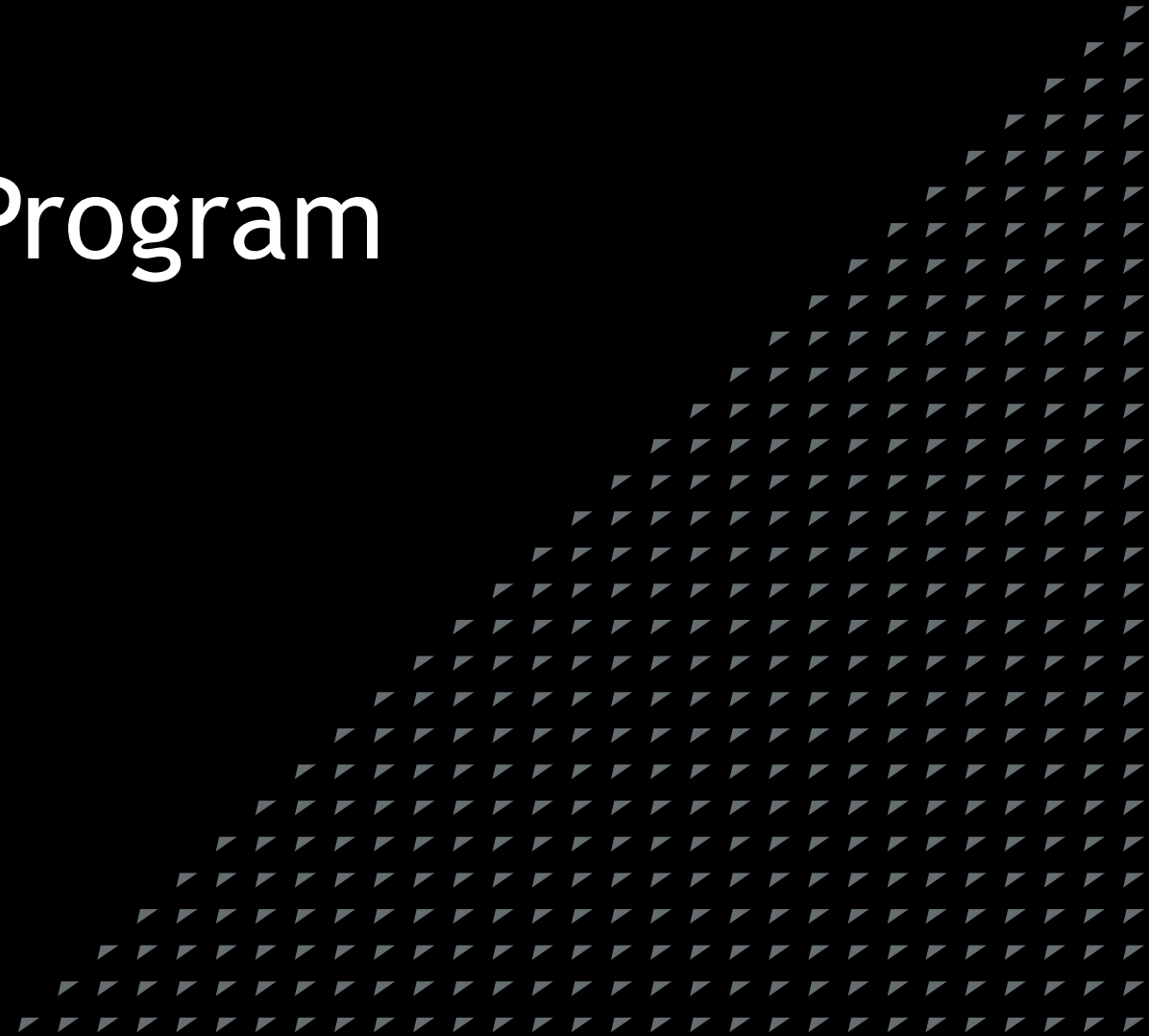
Wishbone / Total Pet	
Current / Renewal	
\$25,000	N/A
250	N/A
90%	25%
Any Licensed Vet	In-Network Only
Wellness Buy-Up	Discount Included
Not Covered	Covered
Yes	
< 5 days	Discount at Checkout
Direct Bill / Payroll	Payroll
Lost Pet Recovery	Member-only pricing (40% off) on brand name prescriptions, products, food, treats, and toys and free shipping from petcarex.com
Lost Pet Recovery	

1 Year (1/1/2023-12/31/2023)	1 Year (1/1/2024-12/31/2024)
---------------------------------	---------------------------------

Total Pet
Current / Renewal
\$11.75
\$18.50

\$247
\$2,964

# Employee Assistance Program







# Employee Assistance Program - PRISM Concern

<b>EAP Plan Benefits</b>
<b>Sessions</b>
Face-to-Face
Telephonic Consultation (24/7)
<b>Employee Services</b>
Legal
Financial
Dependent Care
Identity Theft Monitoring
Mobile App
<b>Employer Services</b>
Management Consultations
CISM (Critical Incident Stress Management)
Training / Workshops
Internet Services
EAP Promotional Materials

<b>RATE GUARANTEE</b>
<b>MONTHLY RATES</b>
Per Employee Per Month

<b>MONTHLY PREMIUM</b>
<b>ANNUAL PREMIUM</b>

EE's  
634

<b>PRISM Concern Renewal</b>
6 sessions per issue
Included
30-minute consultation per issue
<b>Two 30-minute consultations per issue</b>
Unlimited Consultations / Online Self-Search
Included
Mobile Compatible Website Included
Unlimited Telephonic
<b>PRISM Pooled Hours</b>
<b>PRISM Pooled Hours</b>
Included
Included

<b>3 Years (7/1/23 - 6/30/26)</b>
<b>Renewal</b>
\$3.67

<b>\$2,327</b>
<b>\$27,921</b>



# PRISM ConcernPlus First Responder Program (Rates Pending)

When First Responders  
need help, they deserve  
to work with counselors  
who understand them!

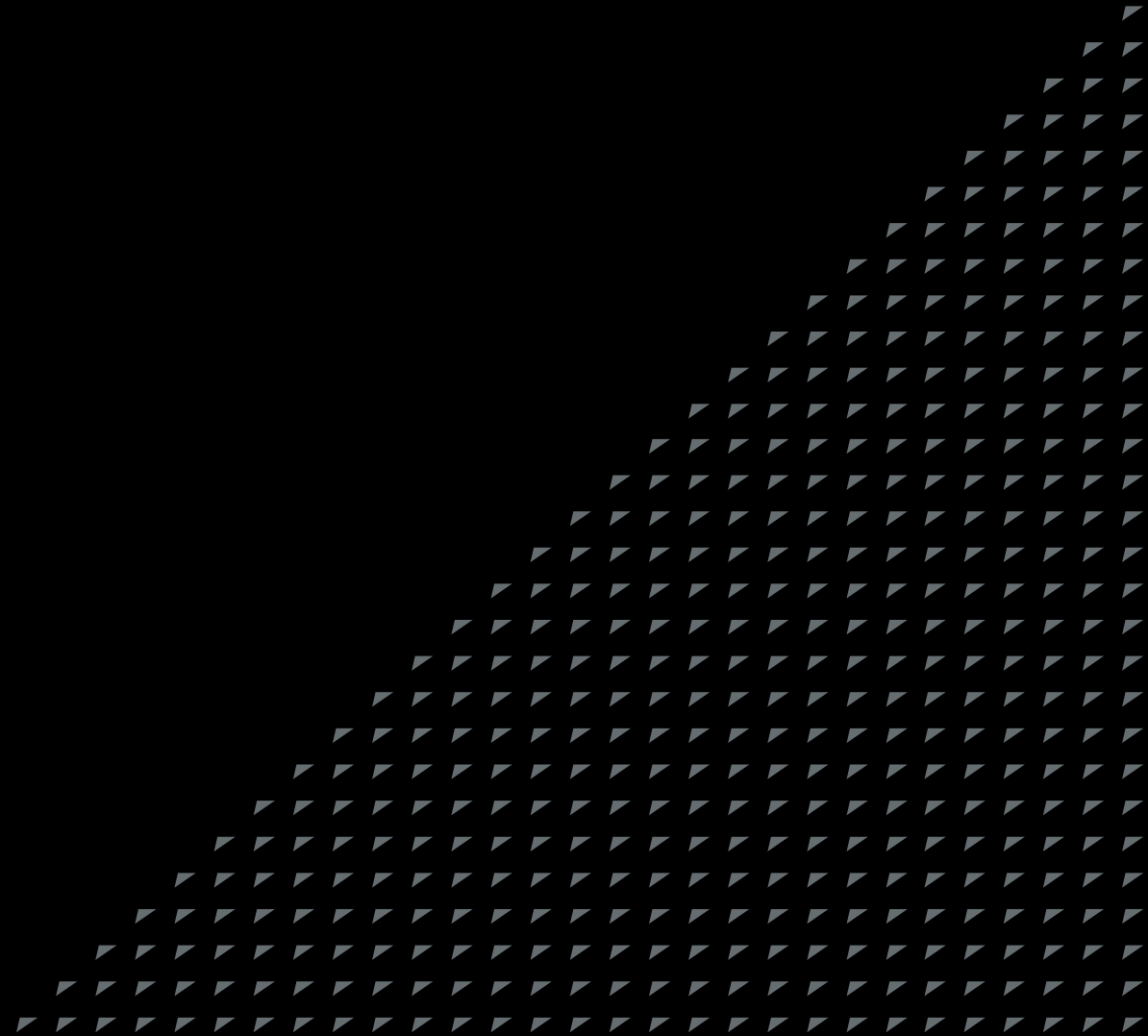


- First Responders often face extreme stressors in the course of their duties, which can result in profound, long-lasting effects that can take a toll on mental health and emotional wellbeing
- To address the unique needs of First Responders, **PRISM created a Public Safety Support Task Force (PSSTF)** comprised of PRISM member agencies, active-duty law enforcement employees, PRISM staff, mental health clinicians experienced in treating First Responders and Alliant Consultants
- The Task Force created a **Culturally Competent Program** that will overlap, complement or replace existing services offered to First Responders and their family members to include:
  - Rapid access to culturally competent mental health providers
  - Enhanced EAP sessions – 8, 10 or 15
  - Additional EAP sessions once session limit has been met (if clinically appropriate)
  - Specialized First Responder Training Programs
  - Specialized First Responder Critical Incident services
  - Preventive services, screenings and support
  - Culturally competent Peer Support training and guidance

## What is a Culturally Competent Provider?

- **Culturally Competent Providers** consider values, beliefs and culture when providing care. They build trust, understand the demands of the job, are licensed, and *specifically trained to treat the unique needs of first responders and their families*
- **Trauma Trained** - EMDR, Brainspotting, CISM, CBT with trauma focus

# Disclosure





# Disclosures

Alliant embraces a policy of transparency with respect to its compensation from insurance transactions. Details on our compensation policy, including the types of income that Alliant may earn on a placement, are available on our website at [www.alliant.com](http://www.alliant.com). For a copy of our policy or for any inquiries regarding compensation issues pertaining to your account you may also contact us at: Alliant Insurance Services, Inc., Attention: General Counsel, 701 B Street, 6th Floor, San Diego, CA 92101.

Plans and rates presented are generally effective 01/01/2022 through 12/31/2022.

Rates quoted assume current employer contribution levels and participation levels unless otherwise stated. Final rates will be based on final enrollment underwriting. Updated claims experience or other information may be required to finalize rates. If group demographics, enrollment levels or employer contributions change, rates may change or the quote may be withdrawn.

In general, employees must be actively at work on the effective date of the plan. When implementing new coverage, employees who are not actively at work will not be covered under the plan until they return to active state. It may be possible to waive the actively at work provision.

This proposal should not be interpreted as inclusive of all plan provisions and limitations. For further details, refer to the insurance carrier proposals and carrier plan documents. Benefit coverage and eligibility provisions for fully insured health plans may vary from state to state, based on state mandates. Illustrated enrollment is based on the information provided (employee census, current premium statement and or carrier renewal).

Coverage is not in effect until it is approved by the insurance carrier's underwriter.

Analyzing insurers' over-all performance and financial strength is a task that requires specialized skills and in-depth technical understanding of all aspects of insurance company finances and operations. Insurance brokerages such as Alliant typically rely upon rating agencies for this type of market analysis. A.M. Best has been an industry leader in this area for many decades, utilizing a combination of quantitative and qualitative analysis of the information available in formulating their ratings. Alliant's standard protocol is to only place coverage with carriers with no less than an "A-" rating from A.M. Best. However, where Alliant determines that it is prudent to consider coverage with a lower rated carrier, the financial rating of the carrier is to be disclosed to the client. Should Alliant become aware of a carrier's rating dropping below "A-" mid-policy period we will review and advise you of the situation and consider if an alternative carrier can be reasonably provided prior to renewal.

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