BENEFITS PROPOSAL

Effective: 01/01/2020

Prepared for:

CBIZ ESO™

Smart People. Smart Technology.

MEDICAL		Inforce Humana PPO 08 Coins		Renewal Humana PPO 08 Coins
		(In/Out of Network)		(In/Out of Network)
Individual Deductible		$5,000/15,000		$5,000/15,000
Family Deductible		$10,000/30,000		$10,000/30,000
Coinsurance		100/70%		100/70%
Out-Of-Pocket (Inc. Ded.)		$5,000/23,000		$5,000/23,000
Family OOP (Inc. Ded.)		$10,000/46,000		$10,000/46,000
In Network Physicians Svcs.		Deductible then Coinsurance		Deductible then Coinsurance
Specialist Services		Deductible then Coinsurance		Deductible then Coinsurance
Emergency Room		Deductible then Coinsurance		Deductible then Coinsurance
Inpatient Hospital Services		Deductible then Coinsurance		Deductible then Coinsurance
Outpatient Surgery		Deductible then Coinsurance		Deductible then Coinsurance
Preventative Care		100%/Ded then 30%		100%/Ded then 30%
Rx Copay		$15/30/50		$15/30/50
EE:	12	$586.98	12	$609.84
EE+Sp:	1	$1,291.35	1	$1,341.64
EE+Ch:	0	$1,115.26	0	$1,158.69
Family:	2	$1,819.63	2	$1,890.49
Total Monthly	**15**	**$11,974.37**	**15**	**$12,440.70**
Total Annually		**$143,692.44**		**$149,288.40**
				Vs Inforce
Annual Difference				**$5,595.96**
Percent Difference				**3.89%**
Annual Difference				
Percent Difference				

*This spreadsheet is for comparison purposes only. Refer to your contract for actual benefits

CBIZ has made every effort to supply you with an accurate and comprehensive proposal, however, we will not be bound by any typographical errors or omissions contained herein.

	Inforce		Renewal	
Dental	**SunLife PPO Plan**		**SunLife PPO Plan**	
	(In/Out of Network)		(In/Out of Network)	
Individual Deductible	$50/50		$50/100	
Family Deductible	$150/150		$150/300	
Waived for preventive?	Yes		Yes	
Preventive	100/100%		100/100%	
Basic	100/80%		100/80%	
Major	60/50%		60/50%	
Endo/Periodontics	60/50%		60/50%	
Calendar Year Maximum	$1,000		$1,000	
	PPO Plan		**PPO Plan**	
EE:	12	$26.67	12	$28.86
EE+Sp:	1	$53.60	1	$58.00
EE+Ch:	0	$70.30	0	$76.07
Family:	1	$97.23	1	$105.20
Total Monthly	14	$470.87	14	$509.52
Total Monthly		**$470.87**		**$509.52**
Total Annually		**$5,650.44**		**$6,114.24**
Annual Difference				**$463.80**
% of Change				**8.21%**
Rate Guarantee				**1/1/2020**

Inforce/Renewal

Vision		Humana	
		(In Network)	(Out of Network)
Eye Exams			
Frequency		12 Months	
Benefit		$10 Copay	Up to $35
Lenses			
Frequency		12 Months	
Single Vision		$15 Copay	Up to $25
Bifocal		$15 Copay	Up to $40
Trifocal		$15 Copay	Up to $60
Contact Lenses			
Frequency		12 Months	
Elective		Up to $150	Up to $150
Medically Necessary		Covered in Full	Up to $210
Frames			
Frequency		24 Months	
Benefit		$50 Wholesale	$40 Retail
	EE's	Inforce/Renewal	
Employee	11	$6.14	$6.51
Employee & Spouse	1	$12.28	$13.02
Employee & Child(ren)	0	$11.67	$12.37
Family	2	$18.34	$19.44
Total Monthly	**14**	**$116.50**	**$123.51**
Total Annually		**$1,398.00**	**$1,482.12**
Annual Difference			**$84.12**
% of Change			**6%**
Rate Guarantee		**1 Year**	

	Current/ Renewal	
	Principal	
Life & AD&D	$50,000	
Volume	$750,000	
Total Employees	15	
Life/AD&D Rate	$0.261	$0.289
Total Monthly	**$195.75**	**$216.75**
Total Annually	**$2,349.00**	**$2,601.00**
Annual Difference		**$252.00**
% of Change		**11%**
Rate Guarantee	1 Year	

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