

RESOLUTION No. 2009-184-1130

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AWARDED A BID FOR LONG AND SHORT TERM DISABILITY SUPPLEMENTAL INSURANCE TO THE STANDARD INSURANCE COMPANY; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE

WHEREAS, the City would like to offer short and long term disability insurance benefits to its employees, and

WHEREAS, City staff prepared specifications for short and long term disability benefits, and advertised the same in accordance with RFP #08-09-003 on May 12, 2009, and

WHEREAS, six proposals were received and publically opened and read on June 4, 2009, and

WHEREAS, a staff committee reviewed the proposals and based on the evaluation have determined that Standard Insurance Company provides the best benefit at the best cost to the employees, and

WHEREAS, city employees will have the option of selecting long and/or short term disability benefits and the cost of all coverage shall be borne by the individual employee,

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AS FOLLOWS:

Section 1. ADOPTION OF REPRESENTATIONS: The foregoing Whereas paragraphs are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

Section 2. AWARD: The City Council of the City of Miami Gardens hereby awards a bid for long term and short term disability supplemental insurance benefits to the Standard Insurance Company in accordance with RFP #08-09-003. The City Manager is hereby authorized to execute any and all agreements necessary in order to provide said insurance coverage to the City's employees.

Section 3. EFFECTIVE DATE: This Resolution shall take effect immediately upon its final passage.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS AT ITS REGULAR MEETING HELD ON OCTOBER 14, 2009.


SHIRLEY GIBSON, MAYOR

ATTEST:


RONETTA TAYLOR, MMC, CITY CLERK

PREPARED BY: SONJA KNIGHTON DICKENS, ESQ.
CITY ATTORNEY

SPONSORED BY: DANNY CREW, CITY MANAGER

MOVED BY: Councilwoman Watson
SECOND BY: Vice Mayor Gilbert

VOTE: 7-0

Mayor Shirley Gibson	<u> X </u> (Yes)	<u> </u> (No)
Vice Mayor Oliver Gilbert, III	<u> X </u> (Yes)	<u> </u> (No)

Resolution No. 2009-184-1130

Councilman Melvin L. Bratton
Councilman Aaron Campbell
Councilwoman Barbara Watson
Councilwoman Sharon Pritchett
Councilman André Williams

X (Yes) ___ (No)
X (Yes) ___ (No)
X (Yes) ___ (No)
X (Yes) ___ (No)
X (Yes) ___ (No)



City of Miami Gardens Agenda Cover Memo

Council Meeting Date:	October 14, 2009		Item Type: <i>(Enter X in box)</i>	Resolution	Ordinance	Other	
				X			
Fiscal Impact: <i>(Enter X in box)</i>	Yes	No	Ordinance Reading: <i>(Enter X in box)</i>	1st Reading		2nd Reading	
		X		Public Hearing: <i>(Enter X in box)</i>	Yes	No	Yes
		X			X		
Funding Source:	N/A		Advertising Requirement: <i>(Enter X in box)</i>	Yes		No	
						X	
Contract/P.O. Required: <i>(Enter X in box)</i>	Yes	No	RFP/RFQ/Bid #:	<i>RFP#08-09-003 Supplemental Insurance Benefits</i>			
	X						
Sponsor Name	Dr. Danny Crew		Department:	<i>Human Resources Department</i>			

Short Title:

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AWARDING A BID FOR LONG AND SHORT TERM DISABILITY SUPPLEMENTAL INSURANCE TO THE STANDARD INSURANCE COMPANY; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE

Staff Summary:

Background

The City recognizes the importance of a comprehensive employee benefits portfolio. Employees have requested additional benefits to supplement the benefits currently being offered by the City. These additional benefits are long term disability (LTD) and short term disability (STD) insurance. The employees will be offered the option of selecting LTD and/or STD insurance benefits. The employee will be responsible for the entire cost of the additional benefits.

City staff prepared specifications for a model program for LTD, STD and other supplemental benefits, i.e. accident, hospitalization, cancer, etc. and advertised RFP#08-09-003 on May 12, 2009. A broadcast notice was sent to 716 suppliers, twenty-nine proposals were requested. Six proposals were received and publically opened and read on June 4, 2009. A copy of the proposal document and submittals are available at the Assistant to the Mayor and Council's office for review.

**ITEM J-8) CONSENT AGENDA
RESOLUTION
Awarding a bid to
The Standard Insurance Company**

In order to evaluate each proposals submitted, City staff requested the outside professional services of Silver Insurance Consultants to review the proposals and provide the evaluation committee with a detailed comparison of each proposer's program(s). Silver Insurance Consultants is an independent firm specializing in employee insurance benefits, located in St. Petersburg, Florida.

A selection/evaluation committee consisting of Taren Kinglee, Human Resources Director, Traneka Taylor, Benefits Coordinator, Ronald McKenzie, Information Technology Director, and Diane Hendricks, Police Officer were provided an evaluation ranking sheet, proposals, copy of the solicitation, detailed comparison prepared by Silver Insurance and instructions as to the ranking process. An evaluation meeting was held on July 23, 2009 to discuss the different models. Representatives from Silver Insurance attended the meeting via telephone conference. The committee had several questions for the representatives from Silver Insurance. The evaluation ranking sheets were combined and totaled. A second meeting was held on August 15, 2009 where the committee members reviewed the scores and agreed that The Standard Insurance Company was the top ranked company for both LTD and STD supplemental insurance benefits. The top ranked compies are as follows:

<u>Long Term Disability Insurance</u>		<u>Short Term Disability Insurance</u>	
Standard Insurance Co	144	Standard Insurance Co	142
Aflac	112	Alfac	110
Lincoln Financial	73	Lincoln Financial	104
Mutual of Omaha	90	Mutual of Omaha	96
Hartford Insurance	93	Hartford Insurance	76
Unum	93	Unum	81

Proposed Action:

That the City Council approve the attached resolution awarding the LTD and STD Supplemental Insurance Benefits to The Standard Insurance Company, located in Tampa, Florida with the agent of record of LB Bryan & Company, located in St. Augustine, Florida and McKinley Financial Services, Inc., located in Ft. Lauderdale, Florida in accordance with RFP#08-09-003.

Attachment:

- Exhibit A: LTD & STD Comparisions prepared by Silver Insurance Consultants
- Exhibit B: LTD & STD References
- Exhibit C: Evaulation Ranking Sheets

LTD COVERAGE

CITY OF MIAMI GARDENS
Long Term Disability Proposal Review

Insurer		Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Representative		Tim Rappold	Daniel Rood	Chris Dudley	Jarod Hayer	Logan Mulcrone
Title of Representative			National Sales Director	Account Executive	Senior Employee Benefits Consultant	Senior Sales Consultant
Insurer Rating (A.M. Best)		A+ XV (negative outlook)	A+ XIII (stable)	A XV (negative outlook)	A XII (stable)	A- XIII (stable)
Telephone Number		954-894-0077 ext. 109	407-420-6755	954-771-5221 ext. 65142	813-878-0273	954-916-6813
Fax Number		954-689-6590	407-420-6759	954-771-5530	813-785-7822	954-916-6868
Email		tim.rappold@lfg.com	dan.rood@mutualofomaha.com	Not provided	jhayer@standard.com	lmulcrone@unum.com
AGENT		McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
COVERAGE QUESTIONS						
Line #						
1	Is there a minimum participation?	25% of eligible group	25% of eligible group	25%	Paper enrollment = 25%; Electronic enrollment = no minimum participation	25% for each plan offered ; *Note - There are higher rates available if lower participation standards wanted
2						
3	Employee Eligibility Requirement?	"Minimum requirement of 30 hours"	"Working a minimum of 30 hours per week"	"All active Full-time and Part-time employees; Minimum eligibility - 20 hours per week"	"An active employee of the Employer working 20 hours per week"	"All active full-time" employees working 30 hours or more"
4						
5	If participation falls below the minimums, indicate what will happen.	Affected lines of coverage will terminate at renewal	We reserve the right to re-rate the coverage	If, after an aggressive enrollment campaign, minimum participation is still less than 25%, we will negotiate with you to either reduce the rate guarantee period, alter the benefit structure or re-rate the plan.	If participation falls under 25% from paper enrollment then we can terminate the contract	We may cancel or offer to modify the policy or plan if there is less than 25% participation of those eligible employees who pay for all or part of their premium for a plan
6						
7	1 Upon termination of the proposed contract, does the proposal provide for employees who are not at work on the contract termination date due to approved sick leave but who have not applied for benefits due to disability?	No	Yes	Yes, for disability coverage, employees will not ordinarily lose coverage due to a change in carriers but a possible medical leave could signal the beginning of a disability claim which would be the liability of the prior carrier.	Yes, if the individual was covered as a member at the time they went out on sick leave prior to the termination of the City's contract with The Standard	Yes
8						
9	a Does the proposal provide coverage for employees who have applied for benefits due to disability but have not been approved?	No	No	No, employees who have applied for benefits before our benefit effective date will be the responsibility of the prior carrier	N/A	Yes
10						
11	b Does the proposal provide coverage for employees who are on approved leave due to disability?	Yes	No	Yes	No, require an Active Work Requirement (AWR) that requires employees to be capable of active work on the day before the effective date of takeover coverage. An employee on vacation but capable of work would be covered under The Standard's policy on the effective date	Yes
12						
13	2 List "Other Income Benefits" which the plan does not integrate.	Individual LTD coverage	Information not provided	Individual disability policies	Cost of living increase, Reimbursement for hospital, medical or surgical expense, Reasonable attorney fees, Benefits from any individual disability policy, Early retirement benefits under Social Security which are not actually received, Group credit or mortgage disability insurance benefits, Accelerated death benefits under a life insurance policy, and others (see proposal)	401k plans, Profit sharing plans, Thrift plans, Tax sheltered annuities, Stock ownership plans, Non-qualified plans of deferred compensation, Pension plans for partners, Military pension and disability income plans, Credit disability insurance, Franchise disability income plans, Retirement from another employer, IRAs, Individual disability income plans, No-fault motor vehicle plans, Salary continuation or accumulated sick leave plans
14						

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AGENT		McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
COVERAGE QUESTIONS						
Line #						
15	3	Identify the benefit integration sources				
16	a	-Primary Social Security	Yes	Yes	Yes	Yes
17	b	-Full Family Social Security	Yes	Yes	Yes	Yes
18	c	-Gov't pension/retirement plan	Yes	Yes	Yes	Yes
19	d	-Employer group pension/retirement plan	Yes	Yes	Yes	Yes
20	e	-Group disability income plan	Yes	Yes	Yes	Yes
21	f	-Gov't disability plan including Workers' Comp	Yes	Yes	Yes	Yes
22	g	-Individual disability income plan	No	Yes	No	No
23	h	-Other	N/A	Any amount from a third party. Any amount payable as salary continuance, sick leave or severance allowance	N/A	Please refer to sample contract for wording of "Deductible Income"
24	4	Optional benefit riders included in the rate:	Progressive Income Benefit, LINKS program, FICA match service, EAP, Dedicated Account Manager	Information not provided	N/A	Assisted Living Benefit, Reasonable Accommodation Benefit
25						Accelerated elimination period, Work incentive benefit, Work-Life balance, Worldwide emergency travel assistance program, Dependent care benefit, Full maternity benefits, Indexed pre-disability earnings, Waiver of premiums, 12 month re-hire provision
26	5	Optional benefit riders not included in the rate:	Third Party Subrogation, EAP Plus	Information not provided	N/A	N/A
27						
28	6	Proposed plan benefits:				
29	a	-Elimination period	90 and 180 day options	90 and 180 day options	120 and 180 day options	90 days
30	b	-Minimum monthly benefit	\$100	\$100	\$50	\$100
31	c	-Maximum benefits	\$5,000	\$5,000	\$5,000	\$5,000
32	d	-Own occupation period	24 months	24 months	24 months	24 months
33	e	-Pre-existing condition period prior to effective date	12 months	3 months	6 months	3 months
34						
35	f	-Pre-existing condition period after effective date	12 months	12 months	12 months	12 months
36	g	-Social security integration method	Primary	Family	Family	Full Family
37	h	-Premium waiver	6 months before waiver begins	"Included" but does not state terms	6 months	3 months
38	i	Age wavier of premium ceases	When benefits are no longer payable	Information not provided	Standard to normal retirement age if disabled prior to age 60	N/A
39	j	Reduced benefit duration begins	Age 65	Age 62	Enhanced ADEA1 with SSRNA	N/A
40	k	24 hour coverage?	Yes	Information not provided	Yes	Yes
41	l	Per occurrence mental or nervous coverage?	Yes	Yes	No	Yes
42	m	Pregnancy covered as any other illness?	Yes	Information not provided	Yes	Yes (Lifetime benefit)
43	n	Alcoholism and substance abuse covered as any other illness?	Yes	Information not provided	No	Yes
44	o	Partial/residual benefits?	Yes	Yes	Yes	No (Lifetime benefit)
45						Yes

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COVERAGE QUESTIONS							
Line #	7	Definition of Disability	Total Disability - insured person's inability, due to sickness or injury, to perform the material and substantial duties of his/her regular occupation during the first 12 months of disability and any work or occupation for which he/she is reasonably qualified or trained after 12 months of disability	Information not provided	Terms of disability and disabled: During the elimination period, the claimant cannot perform one or more of the essential duties of his/her occupation; For the next 24 months following the elimination period, the claimant cannot perform one or more of the essential duties of his/her occupation as a result the current monthly earnings are less than 60-80% indexed pre-disability earnings; After that, the claimant is prevented from performing one or more of the essential duties of any occupation	(Paraphrased) Cannot perform the material duties of your own occupation and suffer a 20% earnings loss	
47	8	General policy exclusions and limitations	War, Self-inflicted injury, Not under the regular care of a physician	War, Participation in a riot, Commission of a felony, Self-inflicted injury, Suicide, Alcohol and drug abuse except as specifically provided in the schedule of benefits, Mental disorders except as provided in the schedule of benefits	Must be under care of a physician, War, Commission of a felony, Engaged in an illegal occupation, Self-inflicted injury	War, Self-inflicted injury, Pre-existing, Commission of a felony, Mental Disorder other than in schedule of benefits, Substance abuse other than in schedule of benefits, Must be under care of a physician, Foreign residency, Imprisonment	
49	9	Additional Information to consider?	Sample program announcement letter, Payroll stuffers, Posters, Enrollment materials, Online services for the employer and employee	Information not provided	Hartford's Rehabilitation Program	The Standard will pay an 80% benefit in the event of a loss of two of six activities of daily living or a severe cognitive impairment (Assisted Living Benefit)	
51	DEVIATIONS FROM PROGRAM						
53		<u>Will Comply</u>	<u>Will Not Comply</u>	<u>Will Comply</u>	<u>Will Not Comply</u>	<u>Will Comply</u>	<u>Will Not Comply</u>
54	Prohibition of Warranty		N/A		N/A		N/A
55	Rerating Endorsement		N/A		N/A		N/A
56	Termination of Adverse Change Endorsement		N/A		N/A		N/A
57	Sole Agent Endorsement		N/A		N/A		N/A
58	Contract Period	X		X		X	
59	Rate Guarantee Period	X		X		X	
60	Scope of Coverage		Not Provided	X		X	
61	Eligibility			X	X	X	X
62	Coverage Requirements	X		X		X	
63	Service Requirements		Not Provided	X		X	
64	Comments on Deviations:					Need to discuss Active at Work and we will not cover currently disabled employees	

LONG TERM DISABILITY COSTS

CITY OF MIAMI GARDENS
Long Term Disability Proposal Review

		Lincoln Financial Group Tim Rappold	Mutual of Omaha Daniel Rood National Sales Director	The Hartford Chris Dudley Account Executive	The Standard Jarod Hayer Senior Employee Benefits Consultant	Unum Logan Mulcrone Senior Sales Consultant
Insurer Representative						
Title of Representative						
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AGENT		McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
Line #	How many options offered?	Two (2) Options	Two (2) Options	Four (4) Options	One (1) Option	Six (6) options
1						
2		a) 60% / 90 days	a) 60% / 90 days	a) 60% / 120 days	a) 60% / 90 days	a) 60% / 90 days
3		b) 60% / 180 days	b) 60% / 180 days	b) 60% / 180 days		b) 60% / 120 days
4				c) 66 2/3% / 120 days		c) 60% / 180 days
5				d) 66 2/3% / 180 days		d) 66 2/3% / 90 days
6						e) 66 2/3% / 120 days
7						f) 66 2/3% / 180 days
8						
9	Rate Guarantee:	27 Months	24 Months	15 Months	15 Months	24 months
10						
11	COST INFORMATION					
12						
13	Option 1 - BASIC 60% BENEFIT					
14	Elimination Period: 90 Days	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>
15	Monthly Rate:	Not offered	Not offered	Not offered	Not offered	Not offered
16						
17		<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>
18	15-24	n/a	\$0.19	Not offered	\$0.23	\$0.17
19	25-29	n/a	\$0.25		\$0.23	\$0.23
20	Less than 30	\$0.45	n/a		n/a	n/a
21	30-34	\$0.63	\$0.36		\$0.37	\$0.35
22	35-39	\$0.91	\$0.53		\$0.62	\$0.51
23	40-44	\$1.27	\$0.77		\$0.90	\$0.69
24	45-49	\$2.30	\$1.09		\$1.31	\$0.99
25	50-54	\$3.06	\$1.44		\$1.96	\$1.38
26	55-59	\$4.26	\$1.60		\$2.62	\$1.81
27	60-64	\$3.77	\$1.68		\$2.66	\$1.92
28	65-69	\$2.30	\$1.76		\$2.48	\$2.37
29	70-74	\$1.50	n/a		\$4.44	n/a
30	75-99	\$1.63	n/a		\$5.40	n/a
31	or 70 and over	n/a	\$1.85		n/a	\$2.56
32						
33	Sample Option 1 = 60%/90 Days					
34	\$3,000/month	Monthly Premium	Monthly Premium	Not offered	Monthly Premium	Monthly Premium
35	1 25 year old	\$13.50	\$7.50		\$6.90	\$6.90
36	2 35 year old	\$27.30	\$15.90		\$18.60	\$15.30
37	3 45 year old	\$69.00	\$32.70		\$39.30	\$29.70
38	4 55 year old	\$127.80	\$48.00		\$78.60	\$54.30
39	5 60 year old	\$113.10	\$50.40		\$79.80	\$57.60
40						

LONG TERM DISABILITY COSTS

CITY OF MIAMI GARDENS
Long Term Disability Proposal Review

Insurer Representative		Lincoln Financial Group Tim Rappold	Mutual of Omaha Daniel Rood National Sales Director	The Hartford Chris Dudley Account Executive	The Standard Jarod Hayer Senior Employee Benefits Consultant	Unum Logan Mulcrone Senior Sales Consultant
Title of Representative						
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AGENT		McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
41	Option 2 - BASIC 60% BENEFIT					
42	Elimination Period: 120 Days	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>
43	Monthly Rate:	Not offered	Not offered	Not offered	Not offered	Not offered
44						
45		<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>
46	15-24	Not offered	Not offered	\$0.19	Not offered	\$0.16
47	25-29			\$0.22		\$0.21
48	Less than 30			n/a		n/a
49	30-34			\$0.28		\$0.33
50	35-39			\$0.40		\$0.50
51	40-44			\$0.71		\$0.67
52	45-49			\$1.18		\$0.97
53	50-54			\$1.71		\$1.35
54	55-59			\$2.11		\$1.76
55	60-64			\$2.15		\$1.87
56	65-69			\$1.99		\$2.38
57	70-74			n/a		n/a
58	75-99			n/a		n/a
59	or 70 and over			\$1.99		\$2.52
60						
61	Sample Option 2 = 60%/120 Days					
62	\$3,000/month	Not offered	Not offered	Monthly Premium	Not offered	Monthly Premium
63	1 25 year old			\$6.60		\$6.30
64	2 35 year old			\$12.00		\$15.00
65	3 45 year old			\$35.40		\$29.10
66	4 55 year old			\$63.30		\$52.80
67	5 60 year old			\$64.50		\$56.10
68						

LONG TERM DISABILITY COSTS

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AGENT		McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
69						
70	Option 3 - BASIC 60% BENEFIT					
71	Elimination Period: 180 Days	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>
72	Monthly Rate:	Not offered	Not offered	Not offered	Not offered	Not offered
73						
74		<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>
75	15-24	n/a	\$0.15	\$0.20	Not offered	\$0.12
76	25-29	n/a	\$0.20	\$0.24		\$0.16
77	Less than 30	\$0.35	n/a	n/a		n/a
78	30-34	\$0.49	\$0.28	\$0.32		\$0.27
79	35-39	\$0.72	\$0.40	\$0.45		\$0.41
80	40-44	\$1.00	\$0.65	\$0.80		\$0.56
81	45-49	\$1.82	\$0.90	\$1.32		\$0.82
82	50-54	\$2.42	\$1.15	\$1.90		\$1.14
83	55-59	\$3.37	\$1.25	\$2.33		\$1.50
84	60-64	\$2.98	\$1.25	\$2.32		\$1.62
85	65-69	\$1.82	\$1.25	\$2.18		\$2.22
86	70-74	\$1.19	n/a	n/a		n/a
87	75-99	\$1.28	n/a	n/a		n/a
88	or 70 and over	n/a	\$1.25	\$2.18		\$2.22
89						
90	Sample Option 3 = 60%/180 Days					
91	\$3,000/month	<u>Monthly Premium</u>	<u>Monthly Premium</u>	<u>Monthly Premium</u>	Not offered	<u>Monthly Premium</u>
92	1 25 year old	\$10.50	\$6.00	\$7.20		\$4.80
93	2 35 year old	\$21.60	\$12.00	\$13.50		\$12.30
94	3 45 year old	\$54.60	\$27.00	\$39.60		\$24.60
95	4 55 year old	\$101.10	\$37.50	\$69.90		\$45.00
96	5 60 year old	\$89.40	\$37.50	\$69.60		\$48.60

NOTE: Cigna and Sun Life proposals were deemed Non-Responsive and not compared on the spreadsheet

STD COVERAGE

**CITY OF MIAMI GARDENS
Short Term Disability Proposal Review**

		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Insurer		Deborah Griffin 2nd VP, Sales Administration A+ XV (stable) 706-317-6419 706-320-4659 corporatebids@aflac.com	Tim Rappold A+ XV (negative outlook) 954-894-0077 ext. 109 954-689-6590 tim.rappold@lfg.com	Daniel Rood National Sales Director A+ XIII (stable) 407-420-6755 407-420-6759 dan.rood@mutualofomaha.com	Chris Dudley Account Executive A XV (negative outlook) 954-771-5221 ext. 65142 954-771-5530 <u>Not provided</u>	Jarod Hayer Senior Employee Benefits Consultant A XII (stable) 813-878-0273 813-785-7822 jhayer@standard.com	Logan Mulcrone Senior Sales Consultant A- XIII (stable) 954-916-6813 954-916-6868 lmulcrone@unum.com
AGENT		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
COVERAGE QUESTIONS							
Line #							
1	Is there a minimum participation?	No - each policy is individually owned	15% of eligible group	15% of eligible group	25%	Paper enrollment = 25%; Electronic enrollment = no minimum participation	25%
2							
3	Employee Eligibility Requirement?		"Minimum requirement of 30 hours"	"Working a minimum of 30 hours per week"	"All active Full-time and Part-time employees; Minimum eligibility - 20 hours per week"	"An active employee of the Employer working 20 hours per week"	"All active full-time" employees working 30 hours or more"
4							
5	1 Upon termination of the proposed contract, does the proposal provide coverage for employees who are not at work on the contract termination date due to approved sick leave but who have not yet applied for short-term disability benefits?	Yes	No	Yes	Yes, for disability coverage, employees will not ordinarily lose coverage due to a change in carriers but a possible medical leave could signal the beginning of a disability claim which would be the liability of the prior carrier.	Yes	Yes
6							
7	a Does the proposal provide coverage for employees who have applied for benefits due to disability but have not been approved?	No	No	No	No, employees who have applied for benefits before our benefit effective date will be the responsibility of the current carrier	Yes, as long as they have coverage with The Standard	Yes
8							
9	b Does the proposal provide coverage for employees who are on approved leave due to disability?	No	Yes	No	Yes	Yes	Yes
10							
11	c Does your proposal provide for the employer to deduct federal withholding amounts?	Yes	Yes	N/A - Voluntary STD does not require federal withholding	Yes	N/A for voluntary	Yes
12							
13	2 List "Other Income Benefits" which the plan does not integrate.	Aflac does not coordinate benefits. We pay benefits in addition to any other insurance the policyholder may have.	Cost of living increase, reimbursement for hospital, medical or surgical expense, reimbursement for attorney fees or other reasonable costs of claiming Other Income Benefits, group credit or mortgage disability insurance, early retirement benefits that are not elected or received under federal Social Security Act or other Government Retirement Plan, any amounts under the Employer's Retirement plan, benefits from a 401k, profit-sharing or thrift plan, IRA, tax-sheltered annuity, vacation pay, holiday pay, severance pay, disability income benefits under an individual policy	Information provided on which income benefits they do integrate with. See "STD <D Other Income Benefits" page within the proposal.	The Hartford does not integrate individual disability policies	Anything that is not listed under #3 below	401k plans, Profit sharing plans, Thrift plans, Tax sheltered annuities, Stock ownership plans, Non-qualified plans of deferred compensation, Pension plans for partners, Military pension and disability income plans, Credit disability insurance, Franchise disability income plans, Retirement from another employer, IRAs, Individual disability income plans
14							

STD COVERAGE

**CITY OF MIAMI GARDENS
Short Term Disability Proposal Review**

		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Insurer		Deborah Griffin 2nd VP, Sales Administration A+ XV (stable) 706-317-6419 706-320-4659 corporatebids@aflac.com	Tim Rappold A+ XV (negative outlook) 954-894-0077 ext. 109 954-689-6590 tim.rappold@lfg.com	Daniel Rood National Sales Director A+ XIII (stable) 407-420-6755 407-420-6759 dan.rood@mutualofomaha.com	Chris Dudley Account Executive A XV (negative outlook) 954-771-5221 ext. 65142 954-771-5530 Not provided	Jarod Hayer Senior Employee Benefits Consultant A XII (stable) 813-878-0273 813-785-7822 jhayer@standard.com	Logan Mulcrone Senior Sales Consultant A- XIII (stable) 954-916-6813 954-916-6868 lmulcrone@unum.com
AGENT		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
COVERAGE QUESTIONS							
Line #							
15	3 Identify the benefit integration sources	None	Sick Leave and Salary Continuance	Workers' Compensation, Any amounts under any other group insurance policy or plan that the Policyholder pays any part of the cost, Any amounts as disability income payments under state compulsory law, government retirement system, work loss provision or no fault auto insurance, Any amount of retirement benefits under the policyholder's retirement plan, any benefits you or your spouse/children receive under Social Security, etc., Any amount payable as salary continuance, sick leave or severance allowance, Any amount from a third party, Any amount from unemployment insurance	Other Income Benefits means the amount of any benefit for loss of income provided to You or Your family, as a result of the period of Disability for which You are claiming benefits under The Policy. This includes any such benefits for which You or Your family are eligible or that are paid to You or Your family or to a third party on Your behalf, pursuant to any of the following: Workers' Compensation, Governmental law or program that provides disability or unemployment benefits, Any payment made by an organization or association received by the Employer, Mandatory No Fault auto insurance, Any government disability benefits	STD Integration - work earnings, SDI, Compromise settlements	Information not provided
16							
17	4 Option 1: 60% / Elimination Period: Accident Day 1 / Sick Day 8					N/A	N/A
18	a -Benefit waiting period	Accident - 0 days / Sick - 7 days	Accident - 0 days / Sick - 7 days	Accident - 0 days / Sick 14 days	Accident - 1 day / Sick - 8 days		
19	b -Percentage of weekly earnings insured	Range from \$600 - \$6000	60%	60%	60%		
20	c -Maximum weekly benefit amount	Aflac plan pays monthly benefits and maximum is \$6,000 subject to income requirements	\$700	\$700	\$700		
21	d -Maximum duration of benefits (weeks)	Maximum duration is 24 weeks	13 weeks	13 weeks	26 weeks		
22	e Maternity covered as any other illness?	Yes	Yes	Yes	Yes		
23	f Maternity benefits paid for max of 6 weeks unless longer period certified by attending physician?	Yes	Yes	Yes	Yes		
24	g Non-occupational only coverage	No	Yes	Yes	Yes		
25	h Integrated with other disability income benefits	No	No	Yes - only with other employer sponsored plans	Yes		
26							
27	5 Option 2: 60% / Elimination Period: Accident Day 1 / Sick Day 15				N/A		
28	a -Benefit waiting period	Accident - 0 days / Sick - 14 days	Accident - 0 days / Sick - 7 days	Accident - 0 days / Sick - 14 days	Accident - 1 day / Sick - 15 days	Accident - 1 day / Sick - 15 days	Accident - 7 days / Sick - 14 days
29	b -Percentage of weekly earnings insured	Range from \$600 - \$6000	60%	60%	60%	60%	60%
30	c -Maximum weekly benefit amount	Aflac plan pays monthly benefits and maximum is \$6,000 subject to income requirements	\$700	\$700	\$700	\$750	\$700
31	d -Maximum duration of benefits (weeks)	Maximum duration is 24 weeks	26 weeks	26 weeks	26 weeks	To day 90 when the LTD benefits begin	25 weeks
32	e Maternity covered as any other illness?	Yes	Yes	Yes	Yes	Yes	Yes
33	f Maternity benefits paid for max of 6 weeks unless longer period certified by attending physician?	Yes	Yes	Yes	Yes	Yes but with exceptions	Yes
34	g Non-occupational only coverage	No	Yes	Yes	Yes	Yes	Yes
35	h Integrated with other disability income benefits	No	No	Yes - only with other employer sponsored plans	Yes	Yes - state disability income benefits	Yes
36							

STD COVERAGE

**CITY OF MIAMI GARDENS
Short Term Disability Proposal Review**

		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum	
Insurer Representative Title of Representative Insurer Rating (A.M. Best) Telephone Number Fax Number Email AGENT		Deborah Griffin 2nd VP, Sales Administration A+ XV (stable) 706-317-6419 706-320-4659 corporatebids@aflac.com	Tim Rappold A+ XV (negative outlook) 954-894-0077 ext. 109 954-689-6590 tim.rappold@lfg.com	Daniel Rood National Sales Director A+ XIII (stable) 407-420-6755 407-420-6759 dan.rood@mutualofomaha.com	Chris Dudley Account Executive A XV (negative outlook) 954-771-5221 ext. 65142 954-771-5530 Not provided	Jarod Hayer Senior Employee Benefits Consultant A XII (stable) 813-878-0273 813-785-7822 jhayer@standard.com	Logan Mulcrone Senior Sales Consultant A- XIII (stable) 954-916-6813 954-916-6868 lmulcrone@unum.com	
		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates	
COVERAGE QUESTIONS								
Line #								
37	6	Restate the proposed policy's definition of disability:	Total disabled is defined as the insured's continuing inability to perform the material and substantial duties of his/her full-time job. The insured must also be under the care and attendance of a physician for his/her condition. If insured is unable to perform material and substantial duties of his/her full-time job but is able to work at any job, the insured will continue to be considered totally disabled as long as insured's earnings are less than 80% of his/her base pay earnings at time of disability.	<u>Total disability</u> means the Insured Person's inability, due to sickness or injury to perform the material duties and substantial duties of his/her regular occupation during the 1st 12 months of disability and any work or occupation for which he/she is reasonably qualified or trained, after 12 months of disability - <u>Partial Disability</u> means that due to sickness or injury, the Insured Person is unable to perform one or more of the material duties of his/her regular occupation or unable to perform such duties on a full-time basis	1 % of earnings and a loss of time or duties	The term "disabled and working" means that the claimant cannot perform some but not all of the essential duties of his/her occupation because of injury, sickness, mental illness, substance abuse or pregnancy. The terms "disability" or "disabled" can mean Total Disability or Disabled and Working Disability "Total Disability" or "Totally Disabled" means the claimant cannot perform the essential duties of his/her occupation because of injury, sickness, mental illness, substance abuse or pregnancy as a result, the claimant is earning less than 20% of their pre-disability earnings.	You are disabled if as a result of sickness, injury or pregnancy, you are unable to perform with reasonable continuity the material duties of your own occupation	Residual Disability
38	7	General policy exclusions and limitations	No benefits for the following: Treated outside the US, Giving birth within the first 10 months, addiction to drugs/alcohol, under influence of a controlled substance, mountaineering using ropes or other equipment, Felony participation, Self-inflicted injury, Cosmetic surgery, War, Serving in armed forces, Flight aviation, Participating in a sport where you are paid, Specific mental disorders, Donating an organ within the 1st 12 months	Intentional act, War, Not under the regular care of a physician, Sickness or injury that is payable by Workers' Compensation, Result or due to sickness or injury arising out of employment for wage or profit, or when Insured Person received salary continuance or retirement plan sponsored by Group Policy holder	War, Participation in a riot, Commission of a felony, Self-inflicted injury, Suicide, Alcohol and drug abuse except as specifically provided in the schedule of benefits, Mental disorders except as provided in the schedule of benefits	Must be under care of a physician, War, Commission of a felony, Engaged in an illegal occupation, Self-inflicted injury, Workers' Compensation, Sustained as a result of doing work for pay or profit for another employer. Limitation: If you are receiving or are eligible to receive any benefits for a disability under a prior disability plan that was sponsored by the employer and/or was terminated on the day before the effective date of this plan, no benefits will be payable for that disability under this plan	War, Self-inflicted injury, Work-related, Must be under care of a physician, Working for another employer	Occupational sickness or injury, Intentional Self-Inflicted injuries, Participation in a riot, Commission of a felony, Intoxicated or under the influence of a narcotic unless under the advice of a physician, Pre-ex condition, War or Loss of a professional or occupational license or certification
40	8	Additional Information to consider?	Use of "Own Occupation" definition, Policy does not stipulate unable to work before receiving benefits, Full disability benefits even if working/receiving up to 80% of pre-disability income, Guaranteed renewable up to age 70, Policies are individually owned and portable	3/6 pre-ex, Portability not included, Annual Guarantee Issue Open Enrollment, subject to pre-ex, 27 month guarantee, Dedicated Account Manager, LINKS program	Information not provided	Return to Work Coordinators	No earnings loss required in definition of disability. No pre-ex limitation	N/A

STD COVERAGE

**CITY OF MIAMI GARDENS
Short Term Disability Proposal Review**

		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Insurer		Deborah Griffin	Tim Rappold	Daniel Rood	Chris Dudley	Jarod Hayer	Logan Mulcrone
Representative		2nd VP, Sales Administration		National Sales Director	Account Executive	Senior Employee Benefits Consultant	Senior Sales Consultant
Title of Representative		A+ XV (stable)	A+ XV (negative outlook)	A+ XIII (stable)	A XV (negative outlook)	A XII (stable)	A- XIII (stable)
Insurer Rating (A.M. Best)		706-317-6419	954-894-0077 ext. 109	407-420-6755	954-771-5221 ext. 65142	813-878-0273	954-916-6813
Telephone Number		706-320-4659	954-689-6590	407-420-6759	954-771-5530	813-785-7822	954-916-6868
Fax Number		corporatebids@aflac.com	tim.rappold@lfg.com	dan.rood@mutualofomaha.com	<u>Not provided</u>	jhayer@standard.com	lmulcrone@unum.com
Email							
AGENT		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
COVERAGE QUESTIONS							
Line #	DEVIATIONS FROM PROGRAM	<u>Will Comply</u> <u>Will Not Comply</u>	<u>Will Comply</u> <u>Will Not Comply</u>	<u>Will Comply</u> <u>Will Not Comply</u>	<u>Will Comply</u> <u>Will Not Comply</u>	<u>Will Comply</u> <u>Will Not Comply</u>	<u>Will Comply</u> <u>Will Not Comply</u>
42							
43							
44	Prohibition of Warranty	N/A	N/A	N/A	N/A	N/A	N/A
45	Rerating Endorsement	N/A	N/A	N/A	N/A	N/A	N/A
46	Termination of Adverse Change Endorsement	N/A	N/A	N/A	N/A	N/A	N/A
47	Sole Agent Endorsement	N/A	N/A	N/A	N/A	N/A	N/A
48	Contract Period	X	X	X	X	X	X
49	Rate Guarantee Period	X	X	X	X	X	X
50	Scope of Coverage		Not Provided	X	X		X
51	Eligibility			X	X		X
52	Coverage Requirements		X	X	X		X
53	Service Requirements		Not Provided	X	X		X
54	Comments on Deviations:	*Deviations noted in proposal	If there is a change of benefits or a change of enrollment by 25%, we reserve the right to re-rate; Workers must be employed 30-40 hours/wk		The following areas are not addressed in the RFP: Prohibition of Warranty Endorsement, Rerating Endorsement, Termination of Adverse Change Endorsement and Sole	Need to see wording for "Scope of Coverage"; Want to discuss Hold Harmless; We are not matching the plan requested in the RFP; Want to discuss Active at Work	

NOTES:

1. Cigna and Sun Life proposals were deemed Non-Responsive and not compared on the spreadsheets

SHORT TERM DISABILITY COSTS

CITY OF MIAMI GARDENS
Short Term Disability Proposal Review

Insurer		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Representative		Deborah Griffin	Tim Rappold	Daniel Rood	Chris Dudley	Jarod Hayer	Logan Mulcrone
Title of Representative		2nd VP, Sales Administration		National Sales Director	Account Executive	Senior Employee Benefits Consultant	Senior Sales Consultant
Insurer Rating (A.M. Best)		A+ XV (stable)	A+ XV (negative outlook)	A+ XIII (stable)	A XV (negative outlook)	A XII (stable)	A- XIII (stable)
Telephone Number		706-317-6419	954-894-0077 ext. 109	407-420-6755	954-771-5221 ext. 65142	813-878-0273	954-916-6813
Fax Number		706-320-4659	954-689-6590	407-420-6759	954-771-5530	813-785-7822	954-916-6868
Email		corporatebids@aflac.com	tim.rappold@lfg.com	dan.rood@mutualofomaha.com	Not provided	jhayer@standard.com	lmulcrone@unum.com
AGENT		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
Line #	How many options offered?	Four (4) Options + numerous elimination period options	Eight (8) Options	Three (3) Options	Four (4) Options	One (1) Option	One (1) option
1							
2		a) 60% / Choice of elimination	a) 60% / 0/7 day elimination / 90 days	a) 60% / 0/14 day elimination / 90 days	a) 60% / 1/8 day elimination / 180 days	a) 60% / 1/15 day elimination / 90 days	a) 60% / 7/14 day elimination / 180 days
3		b) 60% / Choice of elimination	b) 60% / 1/15 day elimination / 90 days	b) 60% / 0/14 day elimination / 180 days	b) 60% / 1/15 day elimination / 180 days		
4			c) 60% / 0/7 day elimination / 180 days				
5			d) 60% / 1/15 day elimination / 180 days				
6		Also offer 12 and 24 month benefit periods	Also included 4 "Buy-up" options for 66 2/3%	Also included 1 "Buy-up" option for 66 2/3%	Also offered 2 "Buy-up" options for 66 2/3%		
7		Rates will not increase due to the aging or to a change in the health status of the insured. Aflac increases rates when the experience of the group warrants it.					
8							
9	Rate Guarantee:		27 Months	24 Months	15 Months	15 Months	24 months
10							
11	COST INFORMATION						
12							
13	Option 1 - BASIC 60% BENEFIT						
14	Elimination Period:						
15	Accident: Day 1 / Sick: Day 8 / 120 days	Acc: Day 0 / Sick: Day 7 / 90 days	Acc: Day 0/ Sick: Day 7/ 90 days				
16		<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>
17	Monthly Rate:	Not offered	\$0.56	Not offered	Not offered	Not offered	Not offered
18							
19		<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>
20	15-24		Not offered	Not offered	Not offered	Not offered	Not offered
21	25-29	\$13.70					
22	Less than 30						
23	30-34						
24	35-39	\$13.70					
25	40-44						
26	45-49	\$13.70					
27	50-54						
28	55-59	\$16.40					
29	60-64	\$16.40					
30	65-69						
31	70-74						
32	75-99						
33	or 70 and over						
34							
35	Sample Option 1						
36	\$36,000/annual salary	Monthly Premium*	Monthly Premium	Not offered	Not offered	Not offered	Not offered
37	1 25 year old	\$13.70	\$23.26				
38	2 35 year old	\$13.70	\$23.26				
39	3 45 year old	\$13.70	\$23.26				
40	4 55 year old	\$16.40	\$23.26				
41	5 60 year old	\$16.40	\$23.26				

SHORT TERM DISABILITY COSTS

CITY OF MIAMI GARDENS
Short Term Disability Proposal Review

Insurer		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Representative		Deborah Griffin	Tim Rappold	Daniel Rood	Chris Dudley	Jarod Hayer	Logan Mulcrone
Title of Representative		2nd VP, Sales Administration		National Sales Director	Account Executive	Senior Employee Benefits Consultant	Senior Sales Consultant
Insurer Rating (A.M. Best)		A+ XV (stable)	A+ XV (negative outlook)	A+ XIII (stable)	A XV (negative outlook)	A XII (stable)	A- XIII (stable)
Telephone Number		706-317-6419	954-894-0077 ext. 109	407-420-6755	954-771-5221 ext. 65142	813-878-0273	954-916-6813
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Email		corporatebids@aflac.com	tim.rappold@lfg.com	dan.rood@mutualofomaha.com	Not provided	jhayer@standard.com	lmulcrone@unum.com
AGENT		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
Line #							
42							
43	Option 2 - BASIC 60% BENEFIT						
44	Elimination Period:						
45	Accident: Day 1 / Sick: Day 15 / 120 days	Acc: Day 0/ Sick: Day 14/ 90 days	Acc: Day 1/ Sick: Day 15/ 90 days	Acc: Day 0/ Sick: Day 14/ 90 days		Acc: Day 1/ Sick: Day 15/ 90 days	
46		<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>
47	Monthly Rate:	Not offered	\$0.48	\$0.60	Not offered	Not offered	Not offered
48							
49		<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>
50	15-24		Not offered	Not offered	Not offered	n/a	Not offered
51	25-29	\$10.50				n/a	
52	Less than 30					\$0.67	
53	30-34					\$0.73	
54	35-39	\$10.50				\$0.51	
55	40-44					\$0.43	
56	45-49	\$10.50				\$0.49	
57	50-54					\$0.56	
58	55-59	\$12.70				\$0.76	
59	60-64	\$12.70				\$0.93	
60	65-69					\$0.93	
61	70-74					\$0.93	
62	75-99					\$0.93	
63	or 70 and over					n/a	
64							
65	Sample Option 2						
66	\$36,000/annual salary	Monthly Premium*	Monthly Premium	Monthly Premium	Not offered	Monthly Premium	Not offered
67	1 25 year old	\$10.50	\$19.94	\$24.92		\$27.83	
68	2 35 year old	\$10.50	\$19.94	\$24.92		\$21.18	
69	3 45 year old	\$10.50	\$19.94	\$24.92		\$20.35	
70	4 55 year old	\$12.70	\$19.94	\$24.92		\$31.57	
71	5 60 year old	\$12.70	\$19.94	\$24.92		\$38.63	
72							

SHORT TERM DISABILITY COSTS

CITY OF MIAMI GARDENS
Short Term Disability Proposal Review

Insurer		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Representative		Deborah Griffin	Tim Rappold	Daniel Rood	Chris Dudley	Jarod Hayer	Logan Mulcrone
Title of Representative		2nd VP, Sales Administration		National Sales Director	Account Executive	Senior Employee Benefits Consultant	Senior Sales Consultant
Insurer Rating (A.M. Best)		A+ XV (stable)	A+ XV (negative outlook)	A+ XIII (stable)	A XV (negative outlook)	A XII (stable)	A- XIII (stable)
Telephone Number		706-317-6419	954-894-0077 ext. 109	407-420-6755	954-771-5221 ext. 65142	813-878-0273	954-916-6813
Fax Number		706-320-4659	954-689-6590	407-420-6759	954-771-5530	813-785-7822	954-916-6868
Email		corporatebids@aflac.com	tim.rappold@lfg.com	dan.rood@mutualofomaha.com	Not provided	jhayer@standard.com	lmulcrone@unum.com
AGENT		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
Line #							
73							
74	Option 3 - BASIC 60% BENEFIT						
75	Elimination Period:						
76	Accident: Day 1 / Sick: Day 8/ 180 Days	Acc: Day 0 / Sick: Day 7 / 180 days	Acc: Day 0/ Sick: Day 7/ 180 days		Acc: Day 1/ Sick: Day 8/ 180 days		
77		<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>
78	Monthly Rate:	Not offered	\$0.69	Not offered	Not offered	Not offered	Not offered
79							
80		<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>
81	15-24		Not offered	Not offered	\$1.60	Not offered	Not offered
82	25-29	\$17.70			\$1.37		
83	Less than 30				n/a		
84	30-34				\$1.32		
85	35-39	\$17.70			\$1.00		
86	40-44				\$1.04		
87	45-49	\$17.70			\$1.16		
88	50-54				\$1.37		
89	55-59	\$23.20			\$1.66		
90	60-64	\$23.20			\$1.97		
91	65-69				\$2.16		
92	70-74				\$2.16		
93	75-99				\$2.16		
94	or 70 and over				n/a		
95							
96	Sample Option 3						
97	\$36,000/annual salary	Monthly Premium*	Monthly Premium	Not offered	Monthly Premium	Not offered	Not offered
98	1 25 year old	\$17.70	\$28.66		\$56.91		
99	2 35 year old	\$17.70	\$28.66		\$41.54		
100	3 45 year old	\$17.70	\$28.66		\$48.18		
101	4 55 year old	\$23.20	\$28.66		\$68.95		
102	5 60 year old	\$23.20	\$28.66		\$81.83		
103							

SHORT TERM DISABILITY COSTS

CITY OF MIAMI GARDENS
Short Term Disability Proposal Review

Insurer		Aflac	Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Representative		Deborah Griffin	Tim Rappold	Daniel Rood	Chris Dudley	Jarod Hayer	Logan Mulcrone
Title of Representative		2nd VP, Sales Administration		National Sales Director	Account Executive	Senior Employee Benefits Consultant	Senior Sales Consultant
Insurer Rating (A.M. Best)		A+ XV (stable)	A+ XV (negative outlook)	A+ XIII (stable)	A XV (negative outlook)	A XII (stable)	A- XIII (stable)
Telephone Number		706-317-6419	954-894-0077 ext. 109	407-420-6755	954-771-5221 ext. 65142	813-878-0273	954-916-6813
Fax Number		706-320-4659	954-689-6590	407-420-6759	954-771-5530	813-785-7822	954-916-6868
Email		corporatebids@aflac.com	tim.rappold@lfg.com	dan.rood@mutualofomaha.com	Not provided	jhayer@standard.com	lmulcrone@unum.com
AGENT		No Agent/Broker	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
Line #							
104							
105	Option 4 - BASIC 60% BENEFIT						
106	Elimination Period:						
107	Accident: Day 1 / Sick: Day 15/ 180 Days	Acc: Day 0/ Sick: Day 14/ 180 days	Acc: Day 1/ Sick: Day 15 / 180 days	Acc: Day 0/ Sick: Day 14/ 180 days	Acc: Day 1/ Sick: Day 15/ 180 days		Acc: Day 7/ Sick: Day 14/ 180 days
108		<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>	<u>Composite Rate</u>
109	Monthly Rate:	Not offered	\$0.60	\$0.80	Not offered	Not offered	\$0.72
110							
111		<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>	<u>Step Rates</u>
112	15-24		Not offered	Not offered	\$1.36	Not offered	Not offered
113	25-29	\$13.20			\$1.16		
114	Less than 30				n/a		
115	30-34				\$1.11		
116	35-39	\$13.20			\$0.84		
117	40-44				\$0.86		
118	45-49	\$13.20			\$0.96		
119	50-54				\$1.13		
120	55-59	\$17.70			\$1.38		
121	60-64	\$17.70			\$1.64		
122	65-69				\$1.79		
123	70-74				\$1.79		
124	75-99				\$1.79		
125	or 70 and over				n/a		
126							
127	Sample Option 4						
128	\$36,000/annual salary	Monthly Premium*	Monthly Premium	Monthly Premium	Monthly Premium	Not offered	Monthly Premium
129	1 25 year old	\$13.20	\$24.92	\$33.23	\$48.18		\$29.91
130	2 35 year old	\$13.20	\$24.92	\$33.23	\$34.89		\$29.91
131	3 45 year old	\$13.20	\$24.92	\$33.23	\$39.88		\$29.91
132	4 55 year old	\$17.70	\$24.92	\$33.23	\$57.32		\$29.91
133	5 60 year old	\$17.70	\$24.92	\$33.23	\$68.12		\$29.91

NOTES:

1. Cigna and Sun Life proposals were deemed Non-Responsive and not compared on the spreadsheets
2. *Aflac rates are based on \$600 of monthly benefits. All other insurers are based on \$700 of benefits
3. Aflac rates are based on two age bands of 18-49 and 50-64

**CITY OF MIAMI GARDENS
PROCUREMENT DEPARTMENT**

**EVALUATION RANKING SHEET
RFP# 08-09-003 Supplemental Insurance Benefits LTD
July 23, 2009**

By signing this form as an Evaluator, I certify that I have no conflict of interest

Signed _____
Dated: _____

Company	Cost of coverage (max. 40 pts)	Coverage, deductibles, copay, restrictions/exclusions (max. 40 pts)	Service, administrative capability experience (max. 40 pts)	Stability – financial Ratings (max. 40 pts)	Reference of Agent of Record	Interviews	Firm(s) located in CMG (max. 20 pts.)	Firm donate local schools (max. 20 pts)	Total (max. 200 pts.)
Aflac	40	5	27	40	n/a	n/a	0	0	112
Lincoln Financial	10	10	13	40	n/a	n/a	0	0	73
Mutual of Omaha	29	11	10	40	n/a	n/a	0	0	90
Hartford	28	13	12	40	n/a	n/a	0	0	93
Standard	25	39	40	40	n/a	n/a	0	0	144
Unum	30	12	16	35	n/a	n/a	0	0	93

Comments:

The scoring method: 10-superior; 5- average, etc

Agent of Record references were not requested for LTD & STD as the highest scored company, The Standard, is representative by McKinley Financial Services, Inc. and LB Bryan & Company which the City is familiar with. Interviews were not required.

**CITY OF MIAMI GARDENS
PROCUREMENT DEPARTMENT**

**EVALUATION RANKING SHEET
RFP# 08-09-003 Supplemental Insurance Benefits STD
July 23, 2009**

By signing this form as an Evaluator, I certify that I have no conflict of interest

Signed _____
Dated: _____

Company	Cost of coverage (max. 40 pts)	Coverage, deductibles, copay, restrictions/exclusions (max. 40 pts)	Service, administration capability experience (max. 40 pts)	Stability – financial Ratings (max. 40 pts)	Reference of Agent of Record	Interviews	Firm(s) located in CMG (max. 20 pts.)	Firm donate local schools (max. 20pts)	Total (max. 200 pts.)
Aflac	40	5	25	40	n/a	n/a	0	0	110
Lincoln Financial	33	14	17	40	n/a	n/a	0	0	104
Mutual of Omaha	28	10	18	40	n/a	n/a	0	0	96
Hartford	8	8	20	40	n/a	n/a	0	0	76
Standard	22	40	40	40	n/a	n/a	0	0	142
Unum	18	11	12	40	n/a	n/a	0	0	81

Comments:

The scoring method: 10 – superior; 5 – average, etc.

Agent of Record references were not requested for LTD & STD as the highest scored company The Standard is representative by McKinley Financial Services, Inc. and LB Bryan & Company which the City is familiar with. Interviews were not required.

INSURER REFERENCES

CITY OF MIAMI GARDENS
Disability Proposal Review

Insurer		Lincoln Financial Group	Mutual of Omaha	The Hartford	The Standard	Unum
Representative		Tim Rappold	Daniel Rood	Chris Dudley	Jarod Hayer	Logan Mulcrone
Title of Representative			National Sales Director	Account Executive	Senior Employee Benefits Consultant	Senior Sales Consultant
Insurer Rating (A.M. Best)		A+ XV (negative outlook)	A+ XIII (stable)	A XV (negative outlook)	A XII (stable)	A- XIII (stable)
Telephone Number		954-894-0077 ext. 109	407-420-6755	954-771-5221 ext. 65142	813-878-0273	954-916-6813
Fax Number		954-689-6590	407-420-6759	954-771-5530	813-785-7822	954-916-6868
Email		tim.rappold@lfg.com	dan.rood@mutualofomaha.com	Not provided	jhayer@standard.com	lmulcrone@unum.com
AGENT		McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	McKinley Financial Services	LB Bryan & Company and McKinley Financial Services	Sapoznik Insurance and Associates
Line #					*Did not provide actual names of clients	
1	Client Name	Did not provide this information. "Due to privacy agreements, we do not share client names during the initial RFP process. If we are selected as a finalist, we will be happy to provide this information to you."	1. Hernando County	1. City of Venice	Client # 1	Did not provide this information. "We will make references available should Unum be chosen as a finalist for the City of Miami Gardens."
2	Contact Name		Mary Spencer	Rita Whitley		
3	Contact Title		n/a	n/a		
4	City		Brooksville, FL	Venice, FL	FL	
5	Phone		352-754-4013	941-486-2626		
6	Length of Client Relationship		1 1/2 years	10 1/2 years	5 years	
7	Insurance Services Provided		Short Term and Long Term Disability	Short Term and Long Term Disability and Life insurance	Long Term Disability	
8	Number of Employees		1,035	350	3,065	
9						
10	Client Name		2. AFSCME City of Miami	2. City of Coral Springs	Client # 2	
11	Contact Name		Mary Almeyda	Rosalie Sherman		
12	Contact Title		n/a	Human Resource Dept		
13	City		Coral Gables, FL	Coral Springs, FL	FL	
14	Phone		305-669-6000	954-344-1145		
15	Length of Client Relationship		2 years	16 1/2 years	5 1/2 years	
16	Insurance Services Provided		Life, Voluntary Life, Short Term and Long Term Disability	Long Term Disability and Life insurance	Short Term and Long Term Disability	
17	Number of Employees		1,500	600	2,937	
18						
19	Client Name		3. Orange Lake Country Club	3. City of Port St. Lucie	Client # 3	
20	Contact Name		Yannin Varsanyi	Claudia McCaskill		
21	Contact Title		n/a			
22	City		Kissimmee, FL	Port St. Lucie, FL	FL	
23	Phone		407-239-1051	772-334-4081		
24	Length of Client Relationship		1 1/2 years	3 years	10 years	
25	Insurance Services Provided		Short Term Disability	Short Term and Long Term Disability and Life insurance	Long Term Disability	
26	Number of Employees		1,000	1,000	2,615	
27						
28	Client Name		4. Westminster Communities of Florida		Client # 4	
29	Contact Name		Connie Conboy			
30	Contact Title		n/a			
31	City		Orlando, FL		FL	
32	Phone		407-839-5050			
33	Length of Client Relationship		1 year		1 1/2 years	
34	Insurance Services Provided		Life, Voluntary Life, Short Term and Long Term Disability		Long Term Disability	
35	Number of Employees		1,600		1,989	
36						
37			Also provided: Utilities Commission of New Smyrna Beach			
38						