City of Manitowoc VOLUNTARY SHORT TERM DISABILITY

VOLUNTARY SHORT TERM DISABILITY INSURANCE ALTERNATIVES (14-14-11 Options)

Effective 3/1/2019

Carrier	Anthe BlueCross BlueSl	mield	МитиаL#Отана
	Current	/ Renewal	Option 1
Benefit	60%		60%
Weekly Maximum	\$1,	,000	\$1,000
Weekly Minimum	\$	25	\$25
Elimination Period (EP)			
Acciden	t 14	days	14 days
Sicknes	s 14	days	14 days
Benefit Duration (excluding EP)	11 v	veeks	11 weeks
Pre-existing Condition Exclusions	3 months /	12 months	3 months / 6 months
# of Employees (Eligible EE's)	5	7	57
Rates	Current	Renewal	Option 1
Employee Age <25	5 \$0.30	\$0.30	\$0.27
25-29	9 \$0.29	\$0.29	\$0.26
30-34	4 \$0.31	\$0.31	\$0.29
35-39		\$0.32	\$0.30
40-44		\$0.36	\$0.33
45-49	9 \$0.42	\$0.42	\$0.39
50-54	4 \$0.51	\$0.51	\$0.47
55-59	9 \$0.67	\$0.67	\$0.64
60-64	4 \$0.80	\$0.80	\$0.75
65-69	9 \$0.90	\$0.90	\$0.90
70-74	4 \$1.17	\$1.17	\$1.17
75-99	9 \$1.52	\$1.52	\$1.17
Monthly Premium	\$1,478.13	\$1,478.13	\$1,372.53
Annual Premium	\$17,737.58	\$17,737.58	\$16,470.33
Annual % of Increase/Decrease		00%	-7.14%
Annual Dollar Increase/Decrease	\$0.00		-\$1,267.25
Rate Guarantee	1 y	year	2 years
Participation			32%
AM Best Rating	A (Excellent)		A+ (Superior)

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

Our standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the insured in good faith.

This constitutes only a summary of the Voluntary Short Term Disability plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Benefits and Risk Consulting or vendors of plan provisions or level of payments.

City of Manitowoc

VOLUNTARY SHORT TERM DISABE *Effective 3/1/2019*

Carrier	Anthe BlueCross BlueS	hield	🕥 МитиаL#Отана		
	Current	/ Renewal	Option 1		
Benefit	6	0%	60%		
Weekly Maximum	\$1,000		\$1,000		
Weekly Minimum	\$	525	\$25		
Elimination Period (EP)					
Accide	ent 14	days	7 days		
Sickne	ess 14	days	7 days		
Benefit Duration (excluding EP)	11 1	weeks	12 weeks		
Pre-existing Condition Exclusions	3 months	/ 12 months	3 months / 6 months		
# of Employees (Eligible EE's)	5	57	57		
Rates	Current	Renewal	Option 1		
Employee Age <	25 \$0.30	\$0.30	\$0.42		
25-	\$0.29	\$0.29	\$0.42		
30-	34 \$0.31	\$0.31	\$0.43		
35-		\$0.32	\$0.45		
40-		\$0.36	\$0.47		
45-	49 \$0.42	\$0.42	\$0.48		
50-	\$0.51	\$0.51	\$0.58		
55-	\$9 \$0.67	\$0.67	\$0.69		
60-	64 \$0.80	\$0.80	\$0.81		
65-	69 \$0.90	\$0.90	\$0.95		
70-	74 \$1.17	\$1.17	\$0.99		
75-		\$1.52	\$0.99		
Monthly Premium	\$1,478.13	\$1,478.13	\$1,782.12		
Annual Premium	\$17,737.58	\$17,737.58	\$21,385.42		
Annual % of Increase/Decrease		00%	20.57%		
Annual Dollar Increase/Decrease	\$0	0.00	\$3,647.83		
Rate Guarantee	1	year	2 years		
Participation			32%		
AM Best Rating	A (Ex	cellent)	A+ (Superior)		

Declined to quote (non-competitive): Cigna, Lincoln Financial Group.

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City of Manitowoc

VOLUNTARY SHORT TERM DISABILITY INSURANCE ALTERNATIVES - An "Other" Option

Effective 3/1/2019

Carrier	Anthem BlueCross BlueShield		МитиаL#Отана
	Current / Renewal		Option 1
Benefit	60)%	60%
Weekly Maximum	\$1,000		\$1,000
Weekly Minimum	\$25		\$25
Elimination Period (EP)			
Accident	14 days		1st day benefits
Sickness	14 days		7 days
Benefit Duration (excluding EP)	11 weeks		13 weeks
Pre-existing Condition Exclusions		12 months	3 months / 6 months
# of Employees (Eligible EE's)	5		57
Rates	Current	Renewal	Option 1
Employee Age <25	\$0.30	\$0.30	\$0.46
25-29	\$0.29	\$0.29	\$0.46
30-34	\$0.31	\$0.31	\$0.47
35-39	\$0.32	\$0.32	\$0.49
40-44	\$0.36	\$0.36	\$0.51
45-49	\$0.42	\$0.42	\$0.53
50-54	\$0.51	\$0.51	\$0.62
55-59	\$0.67	\$0.67	\$0.76
60-64	\$0.80	\$0.80	\$0.85
65-69	\$0.90	\$0.90	\$0.99
70-74	\$1.17	\$1.17	\$1.11
75-99	\$1.52	\$1.52	\$1.11
Monthly Premium	\$1,478.13	\$1,478.13	\$1,932.95
Annual Premium	\$17,737.58	\$17,737.58	\$23,195.40
Annual % of Increase/Decrease		0%	30.77%
Annual Dollar Increase/Decrease	\$0.00		\$5,457.81
Rate Guarantee	1 y	vear	2 years
Participation			32%
AM Best Rating	A (Excellent)		A+ (Superior)

Declined to quote (non-competitive): Cigna, Lincoln Financial Group. "Other" options quoted by MetLife are non-competitive. Sun Life, OneAmerica, and Reliance Standard did not provide additional alternative proposals.

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