



Benefit *Concepts*, Inc.

Insight. Experience. Integrity.

City of Richmond

Insurance Market Search

Medical, Dental, Life/AD&D, Long Term Disability, Vision
2017

Presented By:
Glenn Cassity

City of Richmond

Request for Proposal

Effective Date: January 1, 2017

Deadline Date: See note in RFP regarding proposal submission

Coverage Requested: Medical, Dental, Life/AD&D, Long Term Disability, Vision

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Commissions: Standard

Contact with questions:

Glenn Cassity
Benefit Concepts Inc
(713) 728-7270
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OR

Hilda Russell
Benefit Concepts Inc
(713) 728-7236
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Executive Summary

Exhibit 1

Executive Summary

The City of Richmond has retained Glenn Cassity of Benefit Concepts Inc to assist in the proposal process. The information in this RFP should be utilized in obtaining quotes. Please direct any questions to Glenn Cassity at (713) 728-7270 and/or glenn@mybciteam.com.

This is a request for a bid to provide benefits for the employees of the City of Richmond. The City is not required to accept the lowest bid. The City reserves the right to accept the proposal that best fits the needs of their employees and dependents. The City reserves the right to reject any and all bids and to waive all technicalities.

The City of Richmond does not have to accept bids that deviate from the specifications set out in the proposal. However, the City will look at deviations if they are outlined on a summary sheet showing the differences for comparison.

All bids should be broken down into four-tier rates. Proposals should include standard commission.



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All bid proposals must be submitted by 10:00 a.m. on October 24, 2016 to Linda Cruz at City Hall, 402 Morton Street, Richmond, Texas 77469 to be considered for this process. The effective date for all plans should be January 1, 2017.

All carriers need to submit their renewals 60 days prior to the renewal date.

Carrier History:

Medical:	Aetna	1 year
	UHC	1 year
	Aetna	1 year
	BCBSTX	2 year
	Aetna	2 years
Dental:	Assurant	2 year
	Standard	2 year
	Principal	1 year
	Aetna	2 years
	BCBSTX	5 years
Life / AD&D and LTD:	Assurant	2 year
	Lincoln Fin Group	3 year
	Fort Dearborn	7 years
Vision:	Assurant	2 year
	Guardian	1 year
	UHC	6 years

Specifications

Exhibit 2

City of Richmond

Specifications

❖ **Medical (fully insured only)**

Please include quotes for 1000, 1500, 2000 and 3000 (100% and 80%) plans. Also, please include similar plan options (e.g., range of deductibles, copays, etc.) which would provide greater cost savings to the City and its employees.

Please indicate if your network includes OakBend Medical Center. If you do not have OakBend Medical Center in your network, please send a declination letter stating this as the reason.

In addition, please indicate if the following providers are part of your network:

- (1) Art Klawitter
- (2) Michael Bornstein
- (3) Seva Papa George
- (4) Carlos Munoz
- (5) Ivan Mefford

Please indicate the option you are recommending.

Current Premiums

Exhibit 3



Benefit *Concepts*, Inc.

Medical: Aetna

<u>PPO</u>	<u>Current</u>	<u>Renewal</u>
Employee Only	629.44	not yet received
Employee + Spouse	1447.73	
Employee + Child(ren)	1183.35	
Employee + Family	2052.00	

Dental: Assurant

<u>PPO Value /PPO Plus</u>	<u>Current</u>	<u>Renewal</u>
Employee Only	24.94	not yet received
Employee + Spouse	54.60	
Employee + Child(ren)	61.95	
Employee + Family	90.30	

Life / AD&D: Assurant

	<u>Current</u>	<u>Renewal</u>
Life / AD&D – Rate/\$1000	.20 Life / .06 AD&D	not yet received
Dependent Life	1.34	

Long Term Disability: Assurant

	<u>Current</u>	<u>Renewal</u>
Rate / \$100	.40	not yet received

Vision: Assurant

	<u>Current</u>	<u>Renewal</u>
Employee Only	7.88	not yet received
Employee + Spouse	15.76	
Employee + Child(ren)	17.86	
Employee + Family	26.26	

The City pays 100% for the employee on Medical, Dental, Life / AD&D and Long Term Disability.

The City pays 38% of dependent medical cost.

The City pays 0% of Vision. (approx 156 employees take the plan)

Employee Census

Exhibit 4

Please e-mail glenn@mybciteam.com if you would like the census in Excel format.

CENSUS REPORT 2016

GENERAL GOV'T.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
1	1040	8/31/1961	4/24/2015	F	Communications Specialist	\$ 45,323	PPO	EF	EF	EF	Richmond, TX 77469
2	1065	7/7/1960	5/3/2011	F	City Secretary	\$ 58,344	PPO	EE	EE	EE	Rosenberg, TX 77471
3	1070	12/9/1951	12/15/2015	M	City Attorney	\$ 97,000	PPO	ES	ES	ES	Richmond, TX 77469
4	1075	1/3/1954	1/16/2014	M	Economic Development Director	\$ 87,767	PPO	ES	ES	ES	Richmond, TX 77469
5	1080	1/24/1975	12/8/2003	F	City Manager	\$ 135,200	PPO	EE	EE	EE	Richmond, TX 77406

PUBLIC WORKS

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
6	1510	8/23/1961	12/1/2015	M	Public Works Director	\$ 95,000	PPO	ES	ES	ES	Katy, TX 77450
7	1550	6/23/1951	8/16/1993	F	Executive Secretary	\$ 50,690	PPO	EE	EE	EE	Sugarland, TX 77479

VEHICLE MAINT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
8	2005	10/11/1960	3/3/2008	M	Mechanic I	\$ 48,256	PPO	EE	EE	EE	Rosenberg, TX 77471
9	2020	5/18/1981	9/10/2007	M	Mechanic I	\$ 40,622	PPO	ES	ES	ES	Rosenberg, TX 77471

IT DEPT.

#	EMPLOYEE NAME	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV.	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
10				M	Info. System Coord. (vacant)		PPO				
11	3049	7/15/1984	10/2/2006	M	IT Analyst	\$ 48,422	PPO	EE	EE	EE	Sugar Land, TX 77478

STREET DEPT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
12	4002	4/25/1972	9/18/2009	M	Crew Chief	\$ 35,963	PPO	EE	EE	EE	East Bernard, TX 77435
13	4003	7/17/1974	3/13/2009	M	Equipment Operator II	\$ 32,885	PPO	EE	EE	EE	Rosenberg, TX 77471
14	4013	9/5/1969	4/25/2011	M	Maintenance Worker II	\$ 28,642	PPO	EE	EE	ES	Rosenberg, TX 77471
15	4016	12/27/1958	1/4/2010	M	Street Foreman	\$ 53,373	PPO	EE	EE	EE	Richmond, TX 77469
16	4021	3/19/1974	9/21/2015	M	Equipment Operator I	\$ 30,077	PPO	EE	EE	EE	Rosenberg, TX 77471
17	4035	5/6/1955	11/23/1998	M	Equip. Operator II	\$ 34,112	PPO	EE	EE	ES	Sugar Land, TX 77498
18	4042	8/14/1960	2/25/2000	M	Equip. Operator II	\$ 34,528	PPO	ES	EE	EE	Rosenberg, TX 77471
19	4057	11/26/1986	12/17/2014	M	Sign Tech/Equipment Operator II	\$ 34,133	PPO	EE	ES	ES	Needville, TX 77461
20	4063	8/9/1967	6/20/2016	M	Equipment Operator I	\$ 29,245	PPO	EE	EE	EE	Rosenberg, TX 77471
21	4080	3/5/1958	5/16/1986	M	Assistant Public Works Director	\$ 81,120	PPO	EE	EE	EE	Needville, TX 77461
22					Equipment Operator I (vacant)		PPO				
23					Equipment Operator I (vacant)		PPO				

POLICE DEPT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
24	5004	7/23/1964	6/11/1992	F	Assistant Police Chief	\$ 77,438	PPO	EC	EC	EC	Wallis, TX 77485
25	5005	3/3/1970	10/8/1992	M	Lieutenant	\$ 75,088	PPO	EE	EE	EE	Needville, TX 77461
26	5006	1/1/1969	4/1/1993	M	Police Officer	\$ 57,928	PPO	EC	EC	EC	East Benard, TX 77435
27	5009	1/1/1964	4/1/1994	M	Detective	\$ 63,752	PPO	EE	EE	EE	Rosenberg, TX 77471
28	5014	8/2/1961	6/13/1995	F	Detective	\$ 63,752	PPO	EE	EE	EE	Richmond, TX 77469
29	5015	11/22/1966	8/7/1995	M	Police Officer	\$ 57,325	PPO	EE	EE	EE	Richmond, TX 77469
30	5025	10/7/1971	6/5/1996	M	Technology Officer	\$ 56,784	PPO	EE	EC	EE	Rosenberg, TX 77471
31	5042	7/28/1971	6/15/1998	M	Lieutenant	\$ 72,925	PPO	EE	EE	EE	Richmond, TX 77469
32	5044	1/29/1955	6/22/1998	F	Administrative Assistant	\$ 38,616	PPO	EE	ES	EE	Rosenberg, TX 77471
33	5050	2/16/1977	12/13/2007	M	CSI	\$ 46,842	PPO	EE	EE	EE	Rosenberg, TX 77471
34	5061	6/11/1967	7/5/2000	F	Records Specialist	\$ 38,397	PPO	EE	EE	EE	Richmond, TX 77469
35	5075	6/24/1963	2/2/2002	F	Dispatcher	\$ 44,034	PPO	EE	EE	EE	Richmond, TX 77469
36	5081	5/25/1963	8/14/2002	M	Lieutenant	\$ 65,295	PPO	EC	EC	EC	Victoria, TX 77901
37	5092	12/29/1960	6/16/2003	M	Police Officer	\$ 50,835	PPO	EE	EE	EE	Richmond, TX 77469
38	5109	9/12/1963	8/1/2005	F	Sergeant	\$ 62,150	PPO	EC	EC	EE	Richmond, TX 77406
39	5111	10/10/1982	9/27/2005	F	CSI	\$ 46,842	PPO	EE	EE	EE	Stafford, TX 77477
40	5116	4/20/1987	1/15/2006	F	Police Officer	\$ 49,442	PPO	EE	EE	EE	Rosenberg, TX 77471
41	5120	1/22/1971	7/17/2006	M	K9 Officer	\$ 49,442	PPO	EE	EE	EE	Richmond, TX 77469
42	5121	1/15/1983	8/3/2006	M	Sergeant	\$ 61,589	PPO	EC	EE	EE	Rosenberg, TX 77471
43	5122	11/27/1978	9/8/2006	M	Police Officer	\$ 49,442	PPO	EE	EE	EE	Richmond, TX 77406
44	5132	6/4/1989	6/9/2008	M	Dispatcher	\$ 39,811	PPO	EE	EE	EE	Richmond, TX 77406
45	5133	11/26/1985	6/13/2008	F	Dispatcher	\$ 39,811	PPO	EE	EE	EE	Richmond, TX 77406
46	5137	5/20/1947	1/8/2004	M	Lieutenant	\$ 70,387	PPO	EE	EE	EE	Houston, TX 77063
47	5140	9/4/1972	6/30/2009	M	Detective	\$ 57,366	PPO	EC	EC	EE	Needville, TX 77461
48	5141	4/24/1979	7/22/2009	M	Corporal	\$ 52,749	PPO	EE	EE	EE	Katy, TX 77450
49	5153	2/24/1974	9/26/2011	M	Dispatcher	\$ 39,811	PPO	EE	EE	EE	Richmond, TX 77406
50	5158	5/26/1977	11/26/2012	M	Police Officer	\$ 46,051	PPO	EE	EE	EE	Richmond, TX 77406
51	5160	4/1/1981	4/1/2013	M	Sergeant	\$ 59,363	PPO	EC	EF	ES	Houston, TX 77083
52	5162	1/23/1992	8/6/2013	F	Police Officer	\$ 44,928	PPO	EE	EE	EE	Richmond, TX 77469
53	5163	3/28/1987	8/9/2013	M	Police Officer	\$ 46,051	PPO	EE	EE	EE	Rosenberg, TX 77471
54	5165	3/12/1990	4/28/2014	F	Dispatcher	\$ 32,240	PPO	EC	EF	EE	Sealy, TX 77474
55	5168	6/30/1973	11/14/2014	M	Police Officer	\$ 44,928	PPO	EE	EE	EE	Rosenberg, TX 77471
56	5170	9/25/1953	4/6/2015	M	Police Chief	\$ 98,883	PPO	ES	ES	ES	Sealy, TX 77474
57	5172	3/3/1983	1/8/2016	F	Dispatcher	\$ 34,112	PPO	EE	EE	EE	Rosenberg, TX 77471
58	5174	12/11/1979	8/22/2016	F	Dispatcher	\$ 30,160	PPO	EE	EE	EE	Sealy, TX 77474
59	5175	12/25/1980	9/1/2016	M	Police Officer	\$ 44,928	PPO	EE	EE	EE	Missouri City, TX 77489
60					Police Officer (vacant)		PPO				Richmond, TX 77469
61					Police Officer (vacant)		PPO				Katy, TX 77450
62					Dispatcher (vacant)		PPO				Richmond, TX 77406
63											Rosenberg, TX 77471

FIRE DEPT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
64	6004	2/12/1958	11/16/1981	M	Battalion Chief	\$ 66,089	PPO	EE	EE	EE	Needville, TX 77461
65	6007	2/9/1970	12/11/1989	F	Admin. Assistant	\$ 46,738	PPO	EE	EE	EE	Rosenberg, TX 77471
66	6008	2/15/1962	12/17/1990	M	EMC/Inspector/Investigator	\$ 67,954	PPO	EC	EC	EC	Richmond, TX 77469
67	6022	5/2/1971	1/11/1999	M	Fire Marshal	\$ 70,824	PPO	EC	EF	EF	Richmond, TX 77469
68	6024	11/15/1955	11/3/1999	F	Building Official	\$ 63,211	PPO	EE	EE	EE	Richmond, TX 77469
69	6028	8/5/1976	9/26/2000	F	Inspector/Investigator	\$ 50,814	PPO	EE	EE	EE	Richmond, TX 77469
70	6036	5/17/1981	2/10/2003	M	Battalion Chief	\$ 66,648	PPO	EE	EE	EE	Richmond, TX 77406
71	6038	2/8/1980	4/7/2003	M	Asst. Fire Chief	\$ 77,438	PPO	EE	EE	EE	Rosenberg, TX 77471
72	6041	9/10/1974	1/16/2004	M	Battalion Chief	\$ 65,538	PPO	EC	EC	EC	Richmond, TX 77406
73	6045	9/20/1975	3/22/2004	M	Lieutenant	\$ 60,604	PPO	EC	EC	EC	Needville, TX 77461
74	6049	12/30/1981	6/21/2004	M	Lieutenant	\$ 59,337	PPO	EC	EC	EC	Richmond, TX 77406
75	6050	6/26/1984	6/28/2004	M	Firefighter	\$ 57,297	PPO	EF	EF	EF	Katy, TX 77449
76	6056	6/3/1975	9/9/2005	M	Inspector/Investigator	\$ 59,654	PPO	EC	EC	EE	Rosenberg, TX 77471
77	6058	4/1/1978	7/4/2006	M	Lieutenant	\$ 59,392	PPO	EE	ES	ES	East Bernard, TX 77435
78	6060	9/9/1986	8/1/2006	M	Lieutenant	\$ 54,652	PPO	EE	EE	EE	Richmond, TX 77469
79	6076	2/23/1985	9/1/2012	M	Firefighter	\$ 45,198	PPO	EE	EE	EE	Richmond, TX 77407
80	6087	3/3/1982	4/13/2007	M	Lieutenant	\$ 54,651	PPO	EE	EE	EE	Katy, TX 77493
81	6088	3/15/1984	5/7/2007	M	Firefighter	\$ 51,482	PPO	EE	EE	EE	Sugar Land, TX 77498
82	6090	11/29/1983	5/14/2007	M	Lieutenant	\$ 54,651	PPO	EE	EE	EE	Richmond, TX 77469
83	6095	10/29/1983	3/13/2008	M	Lieutenant	\$ 51,510	PPO	EE	EE	EE	Katy, TX 77449
84	6096	2/19/1956	1/3/2006	M	Inspector/Investigator	\$ 63,378	PPO	ES	ES	ES	Rosenberg, TX 77471
85	6097	5/11/1980	5/22/2008	M	Lieutenant	\$ 53,053	PPO	EE	EE	EE	Stafford, TX 77477
86	6100	7/3/1985	1/7/2008	M	Lieutenant	\$ 53,053	PPO	EE	EE	EE	Rosenberg, TX 77471
87	6103	1/5/1957	11/28/2008	M	Firefighter	\$ 46,852	PPO	EE	EE	EE	Katy, TX 77493
88	6107	7/29/1984	9/23/2011	M	Firefighter	\$ 46,301	PPO	EE	EE	EE	Katy, TX 77450
89	6112	12/5/1951	3/1/2011	M	Fire Chief	\$ 95,700	PPO	EE	EE	EE	Stafford, TX 77477
90	6120	4/4/1996	8/5/2016	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Van Vleet, TX 77482
91	6126	12/14/1983	11/30/2012	M	Firefighter	\$ 45,198	PPO	EE	EE	EE	Rosenberg, TX 77471
92	6127	6/5/1978	11/30/2012	M	Firefighter	\$ 45,198	PPO	EE	EE	EE	Stafford, TX 77477
93	6132	2/4/1993	8/8/2016	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Katy, TX 77494
94	6144	7/16/1987	1/26/2015	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Rosenberg, TX 77471
95	6145	4/30/1990	4/23/2015	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Richmond, TX 77469
96	6148	2/6/1974	12/19/2014	F	Permit Specialist	\$ 44,096	PPO	EE	EE	EE	Sugar Land, TX 77498
97	6149	6/24/1980	2/1/2015	F	Firefighter	\$ 26,978	PPO	EE	EE	EE	Stafford, TX 77477
98	6150	6/26/1959	2/2/2015	F	Permit Specialist	\$ 44,096	PPO	EC	EC	ES	Richmond, TX 77469
99	6151	5/27/1968	2/3/2015	M	Inspector/Investigator	\$ 26,978	PPO	EE	ES	ES	Rosenberg, TX 77471
100	6152	4/17/1986	2/6/2015	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	New Braunfels, TX 78130
101	6153	3/25/1989	10/30/2015	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Richmond, TX 77469
102	6154	7/20/1988	4/18/2015	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Magnolia, TX 77355
103	6155	10/29/1992	1/14/2015	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Houston, TX 77083
104	6160	12/3/1996	8/5/2016	M	Firefighter	\$ 44,096	PPO	EE	EE	EE	Katy, TX 77493
105	6161	5/18/1981	8/5/2016	M	Firefighter	\$ 44,096	PPO	EC	EE	EE	Alvin, TX 77511

JANITORIAL DEPT

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
106	7112	5/6/1965	4/28/2003	F	Custodian / Maint. Worker I	\$ 29,538	PPO	EC	EC	EC	Richmond, TX 77469
107	7115	1/5/1957	4/30/1998	F	Custodian / Maint. Worker I	\$ 29,619	PPO	EE	EE	EE	Rosenberg, TX 77471

PARK DEPT

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
108	7005	11/10/1958	3/1/1999	M	Crew Chief	\$ 36,712	PPO	EE	EE	EE	Guy, TX 77444
109	7018	6/9/1975	8/27/2012	M	Maint. Worker I	\$ 25,501	PPO	EE	EE	EE	Rosenberg, TX 77471
110	7088	11/17/1954	2/7/2006	M	Foreman	\$ 40,394	PPO	EE	EE	EE	Needville, TX 77461
111	7092	9/1/1983	4/22/2015	M	Maint. Worker I	\$ 22,506	PPO	EE	EE	EE	Rosenberg, TX 77471
112	7095	4/20/1958	1/6/2014	M	Maint. Worker I	\$ 24,253	PPO	EE	EE	EE	Richmond, TX 77469
113	7096	7/24/1967	8/9/2016	M	Maint. Worker I	\$ 23,629	PPO	ES	EE	EC	Rosenberg, TX 77471

PLANNING DEPT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
114	7208	12/22/1979	5/1/2015	F	Planner	\$ 56,000	PPO	EE	EE	EE	Pearland, TX 77584
115	7250	8/20/1957	6/27/2016	F	GIS Technician (vacant)	\$ 52,000	PPO	EE	EE	EE	Weston Lakes, TX 77441

COURT DEPT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
116	1801	11/12/1951	3/9/1991	F	Court Specialist	\$ 42,869	PPO	EE	EE	EE	Richmond, TX 77469
117	1818	11/28/1980	4/1/2014	F	Court Administrator	\$ 47,736	PPO	EC	EC	EE	Rosenberg, TX 77471
118	1820	5/11/1979	6/15/2010	M	Bailiff	\$ 47,174	PPO	EE	EE	EE	Rosenberg, TX 77471
119	1831	9/15/1982	10/6/2014	F	Court Specialist	\$ 26,978	PPO	EE	EE	EE	Richmond, TX 77469

ACCOUNTING DEPT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
120	8010	4/8/1963	6/27/2016	F	Payroll Coordinator	\$ 41,600	PPO	EC	EC	EC	El Campo, TX 77437
121	8020	7/21/1964	9/11/1989	F	Accountant	\$ 55,390	PPO	EF	EF	EF	Rosenberg, TX 77471
122	8037	8/10/1965	11/7/2011	F	Finance Director	\$ 98,500	PPO	ES	ES	ES	Needville, TX 77461
123	8067	8/6/1993	5/1/2015	F	Accountant	\$ 39,582	PPO	EE	EE	EE	Katy, TX 77494
124	8072	2/12/1974	3/9/2015	F	Finance Manager	\$ 67,797	PPO	EC	EC	EC	Beasley, TX 77417
125	8074	6/10/1960	7/1/2014	F	Accountant	\$ 53,560	PPO	ES	ES	ES	Richmond, TX 77469

CUSTOMER SERVICE

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
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SURFACE WATER DEPT.

#	EMPLOYEE #	D.O.B.	D.O.H.	SEX	JOB TITLE	SALARY	MEDICAL COV	MEDICAL COV	DENTAL COV	VISION COV	CITY, STATE, ZIP
157	8701	8/18/1955	8/1/2016	M	Surface Water Chief Operator	\$ 55,000	PPO	EE	EE	EE	Rosenberg, TX 77471

Medical Benefits

Exhibit 5



PLAN DESIGN

Customer Name: City of Richmond

Organization Name: Aetna



City of Richmond
 Proposed Effective Date: 01-01-2016
 Open Access[®] Managed Choice[®] POS - Texas

**PLAN DESIGN & BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY**

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible (per calendar year)	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$6,000 Family
<p>All covered expenses accumulate separately toward the preferred or non-preferred Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.</p>		
Member Coinsurance	Covered 100%	30%
<p>Applies to all expenses unless otherwise stated.</p>		
Payment Limit (per calendar year)	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$15,000 Family
<p>All covered expenses accumulate separately toward the preferred or non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Pharmacy expenses apply towards the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.</p>		
Lifetime Maximum	Unlimited except where otherwise indicated.	
Payment for Non-Preferred	Not Applicable	Professional: 100% of Medicare Facility: 100% of Medicare
Primary Care Physician Selection	Optional	Not Applicable
Certification Requirements -	<p>Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.</p>	
Referral Requirement	None	None
PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived	30%; after deductible
<p>1 exam every 12 months for members age 22 to age 65; 1 exam every 12 months for adults age 65 and older.</p>		
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived	30%; after deductible
<p>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 22. The following immunizations will be covered at 100%: diphtheria; haemophilus influenza type b, hepatitis B; measles; mumps; pertussis; polio; rubella; tetanus and varicella and any other immunization that is required by law for the child.</p>		
Routine Gynecological Care Exams	Covered 100%; deductible waived	30%; after deductible
<p>Recommended: One exam per calendar year. Includes routine tests and related lab fees.</p>		
Routine Mammograms	Covered 100%; deductible waived	30%; after deductible
<p>No age or frequency applies.</p>		



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Women's Health	Covered 100%; deductible waived	30%; after deductible
Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.		
Routine Digital Rectal Exam	Covered 100%; deductible waived	30%; after deductible
No age or frequency applies.		
Prostate-specific Antigen Test	Covered 100%; deductible waived	30%; after deductible
Recommended: For covered males age 40 and over.		
Colorectal Cancer Screening	Covered 100%; deductible waived	Covered under Routine Adult Exams
Recommended: For all members age 50 and over. Coverage includes the following: Annual fecal occult blood test, Digital rectal exam and a flexible sigmoidoscopy every 5 years, Digital rectal exam and a double contrast barium enema every 5 years, and Digital rectal exam and a colonoscopy every 10 years.		
Routine Eye Exams	\$50 copay; deductible waived	30%; after deductible
1 routine exam per 24 months.		
Newborn Hearing Screening	\$50 copay; deductible waived	30%; deductible waived
1 in the first 30 days of life and follow-up diagnostic care until the age of 24 months		
Routine Hearing Screening	Covered 100%; deductible waived	30%; after deductible
Speech and Hearing Evaluation, Therapy, and Testing	Member cost sharing is based on the type of service performed and the place of service where it is rendered;	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Includes speech evaluation and therapy, hearing evaluation, hearing aid evaluation tests and hearing aids.		
PHYSICIAN SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits to PCP	\$25 copay; deductible waived	30%; after deductible
Includes services of an internist, general physician, family practitioner or pediatrician.		
Specialist Office Visits	\$50 copay; deductible waived	30%; after deductible
Audiometric Hearing Exam	\$50 copay; deductible waived	30%; after deductible
1 routine exam per 24 months.		
Office Based Surgery	Covered 100%; after deductible	30%; after deductible
Pre-Natal Maternity	Covered 100%; deductible waived	Covered according to standard claim practice.
Walk-in Clinics	\$25 copay; deductible waived	30%; after deductible
Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.		
Allergy Testing	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Allergy Injections	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
DIAGNOSTIC PROCEDURES	IN-NETWORK	OUT-OF-NETWORK
Diagnostic X-ray	Covered 100%; deductible waived	30%; after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.		



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Diagnostic Laboratory	Covered 100%; deductible waived	30%; after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.		
Diagnostic Outpatient Complex Imaging	Covered 100%; after deductible	30%; after deductible
EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Provider	\$75 copay; deductible waived	30%; after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$300 copay; deductible waived	Same as in-network care
Copay waived if admitted		
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Emergency Use of Ambulance	Covered 100%; after deductible	Same as in-network care
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Inpatient Maternity Coverage (includes delivery and postpartum care)	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Outpatient Hospital Expenses	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Outpatient Surgery	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Outpatient Surgery - Freestanding Facility	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Partial Hospitalization (for day/night care and treatment)	Covered 100%; after deductible	30%; after deductible
Crisis Stabilization Units/ Residential Treatment Centers (for children and adolescents)	Covered 100%; after deductible	30%; after deductible
Outpatient	\$50 copay; deductible waived	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	Covered 100%; after deductible	30%; after deductible
Member cost sharing is based on the type of service performed and the place of service where it is rendered		
Residential Treatment Facility	Covered 100%; after deductible	30%; after deductible
Outpatient	\$50 copay; deductible waived	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Convalescent Facility	Covered 100%; after deductible	30%; after deductible
Limited to 60 days per calendar year.		



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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Home Health Care	Covered 100%; after deductible	30%; after deductible
Limited to 60 days per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.		
Hospice Care - Inpatient	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Hospice Care - Outpatient	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Private Duty Nursing - Outpatient	Covered 100%; after deductible	30%; after deductible
Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.		
Outpatient Short-Term Rehabilitation	\$50 copay; deductible waived	30%; after deductible
Includes Speech, Physical, and Occupational Therapy, limited to 30 visits per calendar year.		
Autism Behavioral Therapy	\$50 copay; deductible waived	30%; after deductible
Covered same as any other Outpatient Mental Health benefit		
Autism Applied Behavior Analysis	\$50 copay; deductible waived	30%; after deductible
Covered same as any other Outpatient Mental Health benefit with no age or visit limitations.		
Autism Physical Therapy	\$50 copay; deductible waived	30%; after deductible
Autism Occupational Therapy	\$50 copay; deductible waived	30%; after deductible
Autism Speech Therapy	\$50 copay; deductible waived	30%; after deductible
Spinal Manipulation Therapy	\$50 copay; deductible waived	30%; after deductible
Limited to 20 visits per calendar year.		
Durable Medical Equipment	Covered 100%; after deductible	30%; after deductible
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.	Covered same as any other medical expense.
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered same as any other expense.
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived	30%; after deductible
Infusion Therapy	Covered 100%; after deductible	30%; after deductible
Administered in the home or physician's office		
Infusion Therapy	Covered 100%; after deductible	30%; after deductible
Administered in an outpatient hospital department or freestanding facility		
Transplants	Covered 100%; after deductible Preferred coverage is provided at an IOE contracted facility only.	30%; after deductible Non-Preferred coverage is provided at a Non-IOE facility.
Bariatric Surgery	Not Covered	Not Covered
Out of Area Dependents	Coverage provided at the non-preferred benefit level of the plan.	
FAMILY PLANNING	IN-NETWORK	OUT-OF-NETWORK
Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Diagnosis and treatment of the underlying medical condition.		
Comprehensive Infertility Services	Not Covered	Not Covered
Coverage includes Artificial Insemination and Ovulation Induction, limited to 4 attempts per lifetime.		



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Advanced Reproductive Technology (ART)	Not Covered	Not Covered
Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Tubal Ligation	Covered 100%; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy Plan Type	Aetna Premier Open Formulary	
Value Drugs/Tier 1A - Retail	\$3 copay for up to a 30 day supply at participating pharmacies	30% of submitted cost; after applicable copay
Value Drugs/Tier 1A - Mail Order	\$7.5 copay for up to a 31-90 day supply from Aetna Rx Home Delivery®.	Not Applicable
Retail	\$10 copay for generic drugs, \$35 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	30% of submitted cost; after applicable copay
Mail Order	\$25 copay for generic drugs, \$87.5 copay for formulary brand-name drugs, and \$175 copay for non-formulary brand-name drugs. Up to a 31-90 day supply from Aetna Rx Home Delivery®.	Not Applicable
Aetna Premier Specialty Drugs	\$150 for formulary drugs and \$300 for non-formulary drugs	Not Applicable

Premier Specialty Drug List

Choose Generics with Dispense as Written (DAW) override - The member pays the applicable copay only, if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

Plan Includes: Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy.

A limited list of over-the-counter medications are covered when filled with a prescription.

Premier Pre-certification included; with 90 day Transition of Care

Premier Step Therapy included; with 90 day Transition of Care

Formulary Generic FDA-approved Women's Contraceptives and certain over-the-counter preventive medications covered 100% in network.

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26 regardless of student status.

**We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much we pay for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

• For doctors and other professionals the amount is based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much we "recognize" depends on the plan you or your employer picks.



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- For hospitals and other facilities, the amount is based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much we "recognize" depends on the plan you or your employer picks.

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes." Your doctor may bill you for the dollar amount that we don't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit our website.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.



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- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval.
- Durable medical Equipment
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Orthotics except diabetic orthotics.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Treatment of behavioral disorders.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

Translation of the material into another language may be available. Please call Member Services at **1-888-982-3862**.

Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862**.

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to **www.aetna.com**.

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Dental Benefits

Exhibit 6

Dental PPO

Good news about dental benefits for employees of City of Richmond

Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems.

- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.¹
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.²

How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly help prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

How do I know I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company, and work in the United States. Full-time means working 20 hours or more per week. Temporary or seasonal workers are not eligible.

Key Advantages of This Plan

- Your plan includes our Lifetime of Smiles[®] program, with benefits many people prefer, such as tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.
- Your plan includes BriteSolutions[®] which covers tooth-colored porcelain crowns on posterior teeth (Class III).
- Assurant[®] Dental Network the PPO network for your plan, includes **100,000+** unique dentists, and offers you more options to help save on fees and can make your annual maximum go even further.³

IMPORTANT:

Coverage for eligible employees will begin January 1, 2015. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹Journal of Periodontology, January 2011.

²American Academy of Periodontology - Website accessed June 3, 2011
<http://www.perio.org/consumer/mbc.top2.htm>.

³The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks.

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.

How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

National Average Retail charge¹ for dental procedures:

Adult Cleaning	\$86	Twice yearly =	\$172
Oral Examination	\$47	Twice yearly =	\$94
Bitewing x-rays	\$58		
<hr/>			
Total annual cost for preventive care	\$324		

Other services you may need:

Fluoride treatment	\$30
One surface filling	\$131
Root canal	\$348
Crown	\$959
Gum scaling	\$207

¹Average Retail Costs were determined by Assurant Employee Benefits national claims analysis for the year 2013. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

Your Cost for Dental Insurance

Semi-Monthly Cost for Dental Insurance	High Plan Cost*	Low Plan Cost*
For you	\$11.88	\$11.88
For you and your spouse	\$26.00	\$26.00
For you and your children	\$29.50	\$29.50
For you and your family	\$43.00	\$43.00

* Your actual cost may vary depending upon your employer's contribution towards the cost of the plan.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant[®] Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes **100,000+** unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.assurantemployeebenefits.com, select **For Members**, then **Find a dentist**, or call Customer Service at **888.901.6377**.

What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the following pages and choose the **one plan** that best fits your needs.

The High Plan

Plan Features					
Deductible	In Network	Out-of-Network	Calendar Year Maximum For each person	In Network	Out-of-Network
Per person, per calendar year	\$50	\$50		\$1500	\$1500
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
Coinsurance Percentage			Child Orthodontia Benefits		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	80%	80%	Lifetime orthodontia maximum	\$1000	\$1000
Class III Major	50%	50%			

Class I Preventive Dental Services, Including:

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 14*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

Class II Basic Dental Services, Including:

- New fillings, including posterior composites
- Replacement fillings – once in any 24-month period per filling
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- Complex oral surgery
- Biopsy (including brush biopsy)
- Minor gum disease treatment: (minor periodontics)
 - Scaling and root planing – once in any 24-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 6 consecutive months

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- General anesthesia and IV sedation when medically required
- Major gum disease treatment: (major periodontics)
 - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations

Class IV Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.
- No waiting period for orthodontic services.

OR _____

The Low Plan

Plan Features			Calendar Year Maximum	In Network	Out-of-Network
Deductible	In Network	Out-of-Network	For each person	\$1000	\$1000
Per person, per calendar year	\$10	\$10			
Waived for Class I Preventive	No	No			
Family limit of 3 individuals					
Coinsurance Percentage			Child Orthodontia Benefits		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	90%	90%	Lifetime orthodontia maximum	\$1000	\$1000
Class III Major	60%	60%			

Class I Preventive Dental Services, Including:

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 14*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

Class II Basic Dental Services, Including:

- New fillings, including posterior composites
- Replacement fillings – once in any 24-month period per filling
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- Minor gum disease treatment: (minor periodontics)
 - Scaling and root planing – once in any 24-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 6 consecutive months
- Major gum disease treatment: (major periodontics)
 - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- General anesthesia and IV sedation when medically required
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations

Class IV Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.
- No waiting period for orthodontic services.

Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Dental plan provisions, limitations and exclusions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternate Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Assurant Employee Benefits for review before treatment begins.

Late Entrant Limitation

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 12 months of coverage for late entrants will be limited as follows:

<u>Time Insured Continuously Under the Policy</u>	<u>Benefits Provided for Only These Services</u>
Less than 6 months	Preventive Dental Services
At least 6 months but less than 12 months	Preventive and all Basic Dental Services
At least 12 months	Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

Other Important Plan Provisions

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, treatment for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and treatment of the implant, treatment for the prevention of bruxism (grinding of teeth), treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

This notice only applies to employers with 50 or fewer employees. This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Life / AD&D Benefits

Exhibit 7

**City of Richmond
Life Insurance Benefit Summary**

Presented by: Assurant Employee Benefits

Effective: January 1, 2015

Eligibility

You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Plan Description

Basic Life	\$50,000
Life Maximum	\$50,000
Accidental Death & Dismemberment (AD&D)	\$50,000
AD&D Maximum	\$50,000
Dependent Life Spouse	\$5,000
Dependent Life Children	
Live Birth To 6 Months	\$500
6 Months To 25 Years	\$1,000
Disability Premium Waiver	Included
Age Reduction	Included
Conversion Privilege	Included

Commonly asked questions about Life and Accidental Death & Dismemberment insurance:

Q: Who will pay the premium for this coverage?

A: Premiums are paid by your employer.

Q: What is Disability Premium Waiver?

A: If you meet the definition of disability and remain disabled through the qualifying period, your life insurance will continue without further payment of premium for up to 3 years. See your certificate of group insurance for complete details.

Q: What is a conversion privilege?

A: If any or all of your group life insurance ends (for example, due to an age reduction or termination of employment), you will have the opportunity to convert some or all of this coverage to an individual policy. Please contact us at 866.909.6065 within 31 days of coverage termination for more details.

Q: What happens to my benefits as I get older?

A: Assurant Employee Benefits will apply the Age Reduction described in your certificate of group insurance.

Q: What is Accidental Death and Dismemberment coverage?

A: AD&D pays a benefit for loss of life or dismemberment resulting from an accidental bodily injury. Your beneficiary will receive 100% of the AD&D amount if you die as the result of an accidental injury. You will receive an accidental dismemberment benefit if you lose a hand, a foot, or the sight of an eye due to an accidental injury. The benefit paid is 50% of the AD&D amount for any 1 loss and 100% of the AD&D amount for any 2 or more losses.

Your beneficiary will receive an additional 20% of the AD&D benefit, to a maximum of \$100,000, if you die as a direct result of automobile accident injuries and were wearing a seat belt at the time of the accident. Your AD&D benefit also includes a Higher Education Benefit that pays an additional \$3,000 per year for up to 4 consecutive years to eligible dependent students if you die as a direct result of an injury.

Q: Can I cover my dependents?

A: Yes, if your employer is sponsoring a plan that includes dependent coverage and you have eligible dependents as described in your certificate of group insurance.

Q: What other benefits are included in this policy?

A: Your plan includes an Accelerated Benefit. This means that you can access a portion of your life insurance while you are still living if you are diagnosed with a life-threatening medical condition which results in an expected life span of 12 months or less.

This summary provides only a general overview and does not contain or describe all plan details. Issued insurance policies determine all plan features and policy benefits. Please consult your certificate or group policy for a complete description, including all applicable limitations, exclusions, reductions, and restrictions. Please contact Assurant Employee Benefits for additional information.

**For more information regarding claims and services, please visit our website at:
www.assurantemployeebenefits.com or call us at 800.733.7879**

Disability Benefits

Exhibit 8

City of Richmond Long- Term Disability Insurance Benefit Summary

Presented by: Assurant Employee Benefits

Effective: January 1, 2015

Eligibility

You are eligible to participate if you are a full- time employee, as defined by your employer, at active work and working in the United States. Other policyholder- defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Plan Description

Monthly Benefit	60.00% of covered monthly pre- disability pay
Monthly Maximum Benefit	\$5,000
Benefits Begin	After 90 day(s) of disability
Maximum Benefit Duration	For disabilities occurring before age 60, Social Security Normal Retirement Age (SSNRA)

Commonly asked questions about Long- Term Disability insurance:

Q: Who will pay the premium for this coverage?

A: Premiums are paid by your employer.

Q: How do I qualify for benefits?

A: By meeting the definition of disability and satisfying the qualifying period (the length of time you must be disabled before benefits can begin.)

Q: What is the definition of disability for my plan?

A: Assurant Employee Benefits' Dual Definition of Disability allows you to qualify for benefits under a regular occupation or an earnings test. You need to satisfy only one test to be considered disabled. See your certificate of group insurance which provides this and other important plan definitions.

Q: How long will benefits be paid?

A: If you become disabled prior to age 60, the plan can pay benefits up to the Social Security Normal Retirement Age. If you become disabled after age 60, additional benefit duration restrictions apply.

Q: What if I try to come back to work during a disability?

A: Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular Long- Term Disability benefit while working and still be considered disabled.

Q: Will my benefits be reduced by other sources of income?

A. That depends on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement or government plans, other group disability plans, salary continuance or sick leave, settlements or payments received, no-fault benefits, and return-to-work earnings.

Q: Does this plan cover me if I become disabled due to an injury at work?

A. Yes. Your Long-Term Disability insurance provides benefits on- and off-the-job coverage for disabilities due to injury or illness.

Q: Are there any excluded medical conditions?

A. This plan does not exclude specific medical conditions, but a pre-existing condition may affect your eligibility for benefits. Please see your certificate of group insurance for limitations as some conditions may only qualify for a limited benefit duration.

Q: Does my plan have a pre-existing conditions limitation?

A. Yes. A pre-existing condition is one for which you have seen a medical practitioner or taken medication in the 3 months prior to your coverage effective date. We will not pay benefits for any disability resulting directly or indirectly from a pre-existing condition unless the disability begins after the earlier of 3 consecutive months ending on or after the effective date of coverage during which you have not consulted with or seen a medical practitioner or received medical care, treatment or services, or taken medication for that condition; OR 12 consecutive months during which you are continuously insured under this plan.

This summary provides only a general overview and does not contain or describe all plan details. Issued insurance policies determine all plan features and policy benefits. Please consult your certificate or group policy for a complete description, including all applicable limitations, exclusions, reductions, and restrictions. Please contact Assurant Employee Benefits for additional information.

**For more information regarding claims and services, please visit our website at:
www.assurantemployeebenefits.com or call us at 800.733.7879**

Vision Benefits

Exhibit 9

Vision Insurance Plan 3

Good news about vision benefits for employees of City of Richmond

Did you know?

- 50% of the U.S. population requires corrective lenses.¹
- Nearly 40% of consumers fear not being able to afford adequate vision treatment without a vision plan, so they may postpone or avoid care because of the cost.²

Your Vision Insurance Plan

As a valued employee of City of Richmond, you have the opportunity to enroll in a payroll-deduction vision program.

Plan Features:

- Doctors who offer flexible hours and office settings
- Eyewear choices we believe you'll love
- Access to the largest national network³ of private-practice eye care doctors in the industry through Vision Service Plan (VSP).

How the Plan Works

Employees get the most from their vision benefits when they visit a VSP doctor. VSP's doctor network offers a wide choice of private practice optometrists, ophthalmologists, and opticians. A VSP provider can be located by visiting vsp.com or call VSP's Member Services department at 800.877.7195.

If you visit an in-network provider for services and materials, you don't need an ID card or have forms to complete. If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount to the provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

IMPORTANT:

Coverage for eligible employees will begin January 1, 2015. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹*Transitions Optical, Inc. 2009*

²*Rein, David, et al. The economic burden of major adult visual disorders in the United States. Arch Ophthalmology. 2006; 124:1754-1760.*

³*Netminder as of March 29, 2010*

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice.

This notice only applies to employers with 50 or fewer employees. This coverage does not include and is not required to include the pediatric vision essential health benefit as required under the federal Patient Protection and Affordable Care Act.

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.

Assurant Employee Benefits Plan 3

A summary of vision care benefits for the employees of City of Richmond

Cost for Vision Insurance

	Semi-MONTHLY Cost*
For you	\$3.75
For you and your spouse	\$7.50
For you and your children	\$8.50
For you and your family	\$12.50

* Your actual cost may vary depending upon your employer's contribution towards the cost of the plan.

Vision Insurance Schedule			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Vision Exam – focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (for lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 12 months	\$130 allowance for frames of your choice and 20% off the amount over your allowance.	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to \$105
Additional Glasses and Sunglasses Discount	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A

Locating an In-Network VSP Doctor

You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Using your Vision Benefit

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. No ID cards required!

Out-of-Network Providers

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Eligibility

You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Dependent Eligibility

Those qualified to be covered under your vision plan include your spouse and children from live birth but less than age 26. See your certificate or group insurance policy for additional eligibility details.

Late Entrants

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

This information is a summary of your benefit. In the event of a discrepancy between this information and the insurance contract, the terms of the contract will prevail.

Limitations & Exclusions

Limitations

In no event will coverage exceed the lesser of.

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Vision Insurance Schedule.

The allowance for lenses shown in the Vision Insurance Schedule is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Progressive multifocal lenses.
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2.
- UV (ultraviolet) protected lenses.
- Certain limitations may apply to low vision care benefits.
- A frame that costs more than the plan allowance.
- Contact lenses (except as noted in the Vision Insurance Schedule).

General Exclusions

Covered vision expenses do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing.
- Plano lenses.
- Two or more pairs of glasses, in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision Insurance Schedule.
- Materials, services or options not shown in the Vision Insurance Schedule.
- Treatment or materials of an experimental nature.

Claims Experience

Exhibit 10

City of Richmond

Medical Claims Experience

Claims experience has been requested but not yet received.

Please contact Glenn Cassity at glenn@mybciteam.com if you need claims experience to quote.

Additional Information

Exhibit 11

City of Richmond

Additional Information

- ❖ No anticipated births at the present time.
- ❖ Workmen's Compensation provided through TML.
- ❖ The City of Richmond is a governmental agency.
- ❖ The City of Richmond does not cover retirees.
- ❖ Please include your S&P rating.
- ❖ In regards to dental, please indicate how "out of network" benefits are paid.
- ❖ The City of Richmond has a Section 125 plan.
- ❖ No waiting period for all lines of coverage.