

City of Crossville, Tennessee

Voluntary Group Short & Long Term Disability Insurance Options

Jan 3, 2013

City of Crossville, TN Voluntary Group Short and Long Term Disability Insurance Options

	Bid Specifications	Lincoln National Life	Standard
Plan Summary	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment

Short Term Disability

Benefit Percentage	66 2/3%	66 2/3%	66 2/3%
Maximum Weekly Benefit	\$500	\$500	\$500
Elimination Period	14 Day - Injury / 14 Day - Sickness	14 Day - Injury / 14 Day - Sickness	14 Day - Injury / 14 Day - Sickness
Maximum Benefit Period	24 Weeks	24 Weeks	24 Weeks
Minimum Benefit	\$15	\$15	\$15
Employee Premium Contributions	Contributory	Contributory	Contributory
Minimum Participation	25%	15%	25%
Pre-existing Conditions Exclusion	None	None	3/12
Coverage Type	Non-Occupational - Accident/Sickness	Non-Occupational - Accident/Sickness	Non-Occupational - Accident/Sickness
Definition Of Disability	Your Occ (Off Job) Not working,Under Care	Your Occ (Off Job) Not working,Under Care	Your Occ (Off Job) Not working,Under Care

Definition Of Earnings

Gross Earnings	Base Rate of Pay	Base Rate of Pay	Base Rate of Pay
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Plan Assumptions & Cost

Number of Covered Employees	162	162	162
Volume Weekly	\$6,660	\$6,660	\$6,660
Rate Per \$10 Benefit		0.7500	0.6275
Monthly Premium		\$4,995	\$4,179
Rate Guarantee	One Year	Two Years	Three Years

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Long Term Disability			
Employee Classes	Full-Time	Full-Time	Full-Time
Benefit Percentage	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000
- Social Security Integration	Primary & Family	Primary & Family	Primary & Family
- Minimum Monthly Benefit	\$50	Greater of \$100 or 10%	\$100
Elimination Period	180 Days	180 Days	180 Days
Maximum Benefit Period	To Age 65 (ADEA 1)	To Age 65 (ADEA 1)	To Age 65 (ADEA 1)
Coverage Type	24 Hour	24 Hour	24 Hour
Pre-Existing Condition Exclusion	3/12	3/12	3/12
Specified Illness/Injury Limits			
- Mental/Nervous & Substance Abuse	24 Months	24 Months	24 Months
Premium Contributions	Contributory	Contributory	Contributory
Minimum Participation	25%	15%	25%
Definition of Disability			
Own Occupation Period	24 Months	24 Months	24 Months
Residual Disability	Included	Included	Included
Definition Of Earnings			
Gross Earnings	Base Rate	Base Rate	Base Rate
Includes Bonus, Overtime, Comm, 401(k)	Excluded	Excluded	Excluded
Additional Features			
Vocational Rehabilitation	Not Included	Included	Included
Survivor Income	3 Months	3 Months	3 Months
Plan Assumptions & Cost			
January 1, 2013 Effective Date With Post ED Enrollment		January 1, 2013	January 1, 2013
Continuity of Coverage		Yes	No
Number of Covered Employees	162	162	162
Monthly Covered Payroll	\$466,530	\$466,530	\$466,530
Rate, as a Percent of Payroll		0.707%	0.882%
Monthly Premium		\$3,298	\$4,115
Rate Guarantee		Two Years	Two Years
Total Monthly Cost (Both Plans)		\$8,293	\$8,294

City of Crossville, TN Voluntary Group Short and Long Term Disability Insurance Options

	SunLife	Symetra Life Insurance	Cigna
Plan Summary	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment

Short Term Disability

Benefit Percentage	66 2/3%	66 2/3%	66 2/3%
Maximum Weekly Benefit	\$500	\$500	\$500
Elimination Period	14 Day - Injury / 14 Day - Sickness	14 Day - Injury / 14 Day - Sickness	14 Day - Injury / 14 Day - Sickness
Maximum Benefit Period	24 Weeks	24 Weeks	24 Weeks
Minimum Benefit	\$15	\$25	\$15
Employee Premium Contributions	Contributory	Contributory	Contributory
Minimum Participation	25%	25%	25%
Pre-existing Conditions Exclusion	None	None	3/12
Coverage Type	Non-Occupational - Accident/Sickness	Non-Occupational - Accident/Sickness	Non-Occupational - Accident/Sickness
Definition Of Disability	Your Occ (Off Job) Not working,Under Care	Your Occ (Off Job) Not working,Under Care	Your Occ (Off Job) Not working,Under Care

Definition Of Earnings

Gross Earnings	Base Rate of Pay	Base Rate of Pay	Base Rate of Pay
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Plan Assumptions & Cost

Number of Covered Employees	162	162	162
Volume Weekly	\$6,660	\$6,660	\$6,660
Rate Per \$10 Benefit	0.8390	0.3587	1.0000
Monthly Premium	\$5,587	\$2,389	\$6,659
Rate Guarantee	Two Years	Two Years	Two Years

City of Crossville, TN Voluntary Group Short and Long Term Disability Insurance Options

	SunLife	Symetra Life Insurance	Cigna
Plan Summary	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment
Long Term Disability			
Employee Classes	Full-Time	Full-Time	Full-Time
Benefit Percentage	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$4,000	\$5,000
- Social Security Integration	Primary & Family	Primary & Family	Primary & Family
- Minimum Monthly Benefit	Greater of \$100 or 10%	\$100	100 or 10%
Elimination Period	180 Days	180 Days	180 Days
Maximum Benefit Period	To Age 65 (ADEA 1)	To Age 65 (ADEA 1)	To Age 65 (ADEA 1)
Coverage Type	24 Hour	24 Hour	24 Hour
Pre-Existing Condition Exclusion	3/3/12	3/12	3/12
Specified Illness/Injury Limits			
- Mental/Nervous & Substance Abuse	24 Months	24 Months	24 Months
Premium Contributions	Contributory	Contributory	Contributory
Minimum Participation	25%	35%	35%
Definition of Disability			
Own Occupation Period	24 Months	24 Months	24 Months
Residual Disability	Included	Included	Included
Definition Of Earnings			
Gross Earnings	Base Rate	Base Rate	Base Rate
Includes Bonus, Overtime, Comm, 401(k)	Excluded	Excluded	Excluded
Additional Features			
Vocational Rehabilitation	Included	Included	Included
Survivor Income	3 Months	3 Months	3 Months
Plan Assumptions & Cost			
January 1, 2013 Effective Date With Post ED Enrollment	January 1, 2013	January 1, 2013	January 1, 2013
Continuity of Coverage	No	Yes	No
Number of Covered Employees	162	162	162
Monthly Covered Payroll	\$466,530	\$466,530	\$466,530
Rate, as a Percent of Payroll	1.274%	1.093%	0.732%
Monthly Premium	\$5,986	\$5,101	\$3,413
Rate Guarantee	Two Years	Two Years	Two Years
Total Monthly Cost (Both Plans)	\$11,573	\$7,490	\$10,073

City of Crossville, TN Voluntary Group Short and Long Term Disability Insurance Options

	USAbLe	Unum	Prudential
Plan Summary	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 60% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 2/1/13

Short Term Disability

Benefit Percentage	60	66 2/3%	60%
Maximum Weekly Benefit	\$750	\$500	\$500
Elimination Period	14 Day - Injury / 14 Day - Sickness	14 Day - Injury / 14 Day - Sickness	14 Day - Injury / 14 Day - Sickness
Maximum Benefit Period	24 Weeks	24 Weeks	24 Weeks
Minimum Benefit	\$15	\$25	\$25
Employee Premium Contributions	Contributory	Contributory	Contributory
Minimum Participation	15%	25%	25%
Pre-existing Conditions Exclusion	12/12	None	None
Coverage Type	Non-Occupational - Accident/Sickness	Non-Occupational - Accident/Sickness	Non-Occupational - Accident/Sickness
Definition Of Disability	Your Occ (Off Job) Not working,Under Care	Your Occ (Off Job) Not working,Under Care	Regular Occ (Off Job) Loss of Earnings

Definition Of Earnings

Gross Earnings	Base Rate of Pay	Base Rate of Pay	Base Rate of Pay
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Plan Assumptions & Cost

Number of Covered Employees	162	162	162
Volume Weekly	\$6,660	\$6,660	\$6,660
Rate Per \$10 Benefit	1.3317	1.1171	0.6100
Monthly Premium	\$8,868	\$7,440	\$4,062
Rate Guarantee	Two Years	One Year	Two Years

City of Crossville, TN Voluntary Group Short and Long Term Disability Insurance Options

	USABLE	Unum	Prudential
Plan Summary	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 60% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 2/1/13
Long Term Disability			
Employee Classes	Full-Time	Full-Time	Full-Time
Benefit Percentage	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000
- Social Security Integration	Primary & Family	Primary & Family	Primary & Family
- Minimum Monthly Benefit	\$50 or 10%	Greater of \$100 or 10%	Greater of \$100 or 10%
Elimination Period	180 Days	180 Days	180 Days
Maximum Benefit Period	To Age 65 (ADEA 1)	To Age 65 (ADEA 1)	To Age 65 (ADEA 1)
Coverage Type	24 Hour	24 Hour	24 Hour
Pre-Existing Condition Exclusion	12/6/24	12/12/24	3/12
Specified Illness/Injury Limits			
- Mental/Nervous & Substance Abuse	24 Months	24 Months	24 Months
Premium Contributions	Contributory	Contributory	Contributory
Minimum Participation	15%	25%	25%
Definition of Disability			
Own Occupation Period	24 Months	24 Months	24 Months
Residual Disability	Included	Included	Included
Definition Of Earnings			
Gross Earnings	Base Rate	Base Rate	Base Rate
Includes Bonus, Overtime, Comm, 401(k)	Excluded	Excluded	Excluded
Additional Features			
Vocational Rehabilitation	Not Included	Included	Included
Survivor Income	3 Months	3 Months	3 Months
Plan Assumptions & Cost			
January 1, 2013 Effective Date With Post ED Enrollment	January 1, 2013	January 1, 2013	February 1, 2013
Continuity of Coverage	STD only	No	No
Number of Covered Employees	162	162	162
Monthly Covered Payroll	\$466,530	\$466,530	\$466,530
Rate, as a Percent of Payroll	0.760%	1.671%	0.989%
Monthly Premium	\$3,544	\$7,797	\$4,614
Rate Guarantee	Two Years	One Year	Two Years
Total Monthly Cost (Both Plans)	\$12,412	\$15,238	\$8,676

City of Crossville, TN Voluntary Group Short and Long Term Disability Insurance Options

OneAmerica
 (Require That No More Than 30% Of Participants Are
 Fire and Police)

Boston Mutual

Plan Summary	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 60% to \$700 Weekly (14-14-26) LTD - 60% to \$3,000 Monthly (180-To Age 65) Effective Date 2/1/2013
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Short Term Disability

Benefit Percentage	66 2/3%	60%
Maximum Weekly Benefit	\$692	\$700
Elimination Period	14 Day - Injury / 14 Day - Sickness	14 Day - Injury / 14 Day - Sickness
Maximum Benefit Period	24 Weeks	24 Weeks
Minimum Benefit	\$15	\$25
Employee Premium Contributions	Contributory	Contributory
Minimum Participation	15%	25%
Pre-existing Conditions Exclusion	3/12	3/12
Coverage Type	Non-Occupational - Accident/Sickness	Non-Occupational - Accident/Sickness
Definition Of Disability	Your Occ (Off Job) Not working, Under Care	Your Occ (Off Job) Not working, Under Care

Definition Of Earnings

Gross Earnings	Base Rate of Pay	Base Rate of Pay
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Plan Assumptions & Cost

Number of Covered Employees	162	162
Volume Weekly	\$6,660	\$6,660
Rate Per \$10 Benefit	0.5242	1.3642
Monthly Premium	\$3,491	\$9,085
Rate Guarantee	Two Years	Two Years

City of Crossville, TN Voluntary Group Short and Long Term Disability Insurance Options

OneAmerica
 (Require That No More Than 30% Of Participants Are
 Fire and Police)

Boston Mutual

Plan Summary	STD - 66 2/3% to \$500 Weekly (14-14-24) LTD - 60% to \$5,000 Monthly (180-To Age 65) Effective 1/1/13 With Post ED Enrollment	STD - 60% to \$700 Weekly (14-14-26) LTD - 60% to \$3,000 Monthly (180-To Age 65) Effective Date 2/1/2013
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Long Term Disability

Employee Classes	Full-Time	Full-Time
Benefit Percentage	60%	60%
Maximum Monthly Benefit	\$6,000	\$3,000
- Social Security Integration	Primary & Family	Primary & Family
- Minimum Monthly Benefit	Greater of \$100 or 10%	\$100
Elimination Period	180 Days	180 Days
Maximum Benefit Period	To Age 65 (ADEA 1)	To Age 65 (ADEA 1)
Coverage Type	24 Hour	24 Hour
Pre-Existing Condition Exclusion	3/12	3/12

Specified Illness/Injury Limits

- Mental/Nervous & Substance Abuse	24 Months	24 Months
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Premium Contributions	Contributory	Contributory
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Minimum Participation	25%	20%
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Definition of Disability

Own Occupation Period	24 Months	24 Months
Residual Disability	Included	Included

Definition Of Earnings

Gross Earnings	Base Rate	Base Rate
Includes Bonus, Overtime, Comm, 401(k)	Excluded	Excluded

Additional Features

Vocational Rehabilitation	Included	Included
Survivor Income	3 Months	None

Plan Assumptions & Cost

January 1, 2013 Effective Date With Post ED Enrollment	January 1, 2013	February 1, 2013
Continuity of Coverage	No	No
Number of Covered Employees	162	162
Monthly Covered Payroll	\$466,530	\$466,530
Rate, as a Percent of Payroll	0.876%	1.190%
Monthly Premium	\$4,086	\$5,551
Rate Guarantee	Two Years	Two Years
Total Monthly Cost (Both Plans)	\$7,577	\$14,636