

**City of Key West
Medical Insurance Evaluation (Fully Insured)
Effective Date: October 1, 2011**

Current

Alternate #3

FMTT

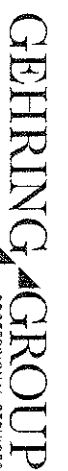
Aetna Health POS

	In Network		Out of Network**		In Network		Out of Network	
Lifetime Maximum Deductible		Unlimited		Unlimited		Unlimited		Unlimited
Single	\$0		\$500		\$0		\$500	
Family Aggregate	\$0		\$1,500		\$0		\$1,500	
Out of Pocket Maximum	<i>Does not include deductibles, copays</i>							
Single	\$1,500		\$2,500		\$1,500		\$2,500	
Family	\$3,000		\$5,000		\$3,000		\$5,000	
Coinurance (EE Pays)	<i>Does not include deductibles, copays</i>							
Level of Coverage	20%		40%		20%		40%	
Physician Services	***Co-Pay applies to office visit charge only - all other in Network in office services paid at 80%							
Preventive Care	\$0		40%		\$0		40%	
Primary Care Office Visit	\$25		40%		\$25		40%	
Specialist Office Visit	\$25		40%		\$25		40%	
Chiropractic Visits	\$25 + 20% (24 Visit CYM)		CYD + 40%		\$25 + 20% (24 Visit CYM)		CYD + 40%	
Lab and X-Ray (Diagnostic)	20%		40%		\$25		40%	
Urgent Care		\$50		\$50				
Hospital/Emergency Services								
Inpatient	\$250 Copay + 20%		\$500 Copay + CYD + 40%		\$250 Copay + 20%		CYD + 40%	
Outpatient	\$100 Copay + 20%		\$100 Copay+ CYD + 40%		\$100 Copay + 20%		CYD + 40%	
Emergency Room		\$100		\$100				
Lab and X-Ray (Outpatient)	20%		40%		20%		40%	
Ambulance - Air & Ground	Up to \$10,000 Air/Up to \$5,000 Ground							
Mental Health & Substance Dependency								
Inpatient	\$250 Copay + 20%		\$500 Copay + 40%		\$250 Copay + 20%		CYD + 40%	
Outpatient	\$25		\$50 Copay + 40%		\$25		CYD + 40%	
Prescription Drug Benefit								
Generic Drugs	\$15				\$15			
Formulary Drugs	\$30		Wholesale, less 13% In-		\$30		20% of submitted cost	
Non-Formulary Drugs	\$45		Network copay		\$45		after copay	
Mail Order (90 day supply)	2x Retail							
Rates								
Employee	368	\$789.35		\$833.51				
Employee + Spouse	18	\$1,486.69		\$1,567.00				
Employee + Child(ren)	41	\$1,306.86		\$1,375.29				
Employee + Family	14	\$2,004.22		\$2,117.12				
Monthly Premium		\$398,881.56		\$420,964.25				
Annual Premium		\$4,786,578.72		\$5,051,571.00				
\$ Increase		N/A		\$264,992.28				
% Increase		N/A		5.54%				

**All Out of network benefits are covered at 80% of reasonable and customary fees after CYD has been met.

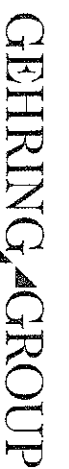
Plan Basics	EVANT (Current)	CGNA	CGNA	EVANT	BUROGESS BISHOPFIELD	BUROGESS BISHOPFIELD
Calendar Year Maximum	\$1,000	\$1,000	\$1,250	\$1,500	\$1,000	\$1,500
Deductibles						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100	\$100	\$100
Deductible Waived for Preventative Services	Yes	Yes	Yes	Yes	Yes	Yes
Benefits						
Preventative	100%	100%	100%	100%	100%	100%
Basic	80%	80%	80%	80%	80%	80%
Major	50%	50%	50%	50%	50%	50%
Orthodontia						
Child Orthodontia	50%	50%	50%	50%	50%	50%
Orthodontia - Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period - Timely Entrants						
Basic Services	None	None	None	None	None	None
Major Services	None	None	None	None	None	None
Orthodontia	None	None	None	None	None	None
Endodontic & Periodontic Level	Basic	Basic	Basic	Basic	Basic	Basic
Out of Network Reimbursement Level	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR
Rate Guarantee	Expires 09/30/2011	24 Months	24 Months	24 Months	12 Months	12 Months
Employee	337					
Family	107					
Monthly Premium	\$18,245.30	\$15,789.98	\$18,216.25	\$19,355.23	\$17,331.81	\$19,081.81
Annual Premium	\$218,943.60	\$189,479.76	\$218,595.00	\$232,262.76	\$207,981.72	\$228,981.72
\$ Increase	N/A	-\$29,463.84	-\$348.60	\$13,319.16	-\$10,961.88	\$10,038.12
% Increase	N/A	-13.5%	-0.2%	6.1%	-5.0%	4.6%

**City of Key West
Dental Insurance Evaluation
Effective Date: October 1, 2011**



	FMMT (Current)	CIGNA	The Standard	Ameritas Plan 1
Plan Basics:				
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Deductibles				
Single	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100
Deductible Waived for Preventative Services	Yes	Yes	Yes	Yes
Benefits				
Preventative	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	50%	50%	50%	50%
Orthodontia				
Child Orthodontia	50%	50%	50%	50%
Orthodontia - Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period - Timely Entrants				
Basic Services	None	None	None	None
Major Services	None	None	None	None
Orthodontia	None	None	None	None
Endodontic & Periodontic Level	Basic	Basic	Basic	Basic
Out of Network Reimbursement Level	90% UCR	90% UCR	90% UCR	90% UCR
Rate Guarantee	Expires 09/30/2011	24 Months	12 Months	12 Months
Employee	337	\$30.34	\$24.81	\$27.86
Family	107	\$74.96	\$78.21	\$68.94
Monthly Premium	\$18,245.30	\$16,729.44	\$16,765.40	\$16,866.72
Annual Premium	\$218,943.60	\$200,753.28	\$201,184.80	\$202,400.64
\$ Increase	N/A	-\$18,190.32	-\$17,758.80	-\$16,542.96
% Increase	N/A	-8.3%	-8.1%	-7.6%

**City of Key West
Dental Insurance Evaluation
Effective Date: October 1, 2011**



		FMT (Current)	Advantica	Ameritas Plan 2	BlueCross BlueShield
Plan Basics					
Calendar Year Maximum		\$1,000	\$1,000	\$1,000	\$1,000
Deductibles					
Single		\$50	\$50	\$50	\$50
Family		\$100	\$100	\$100	\$100
Deductible Waived for Preventative Services		Yes	Yes	Yes	Yes
Benefits					
Preventative		100%	100%	100%	100%
Basic		80%	80%	80%	80%
Major		50%	50%	50%	50%
Orthodontia					
Child Orthodontia		50%	50%	50%	50%
Orthodontia - Lifetime Max		\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period - Timely Entrants					
Basic Services		None	None	None	None
Major Services		None	None	None	None
Orthodontia		None	None	None	None
Endodontic & Periodontic Level		Basic	Basic	Basic	Basic
Out of Network Reimbursement Level		90% UCR	90% UCR	90% UCR	90% UCR
Rate Guarantee		Expires 09/30/2011	24 Months	24 Months	12 Months
Employee	337	\$30.34	\$28.52	\$28.76	\$28.82
Family	107	\$74.96	\$70.46	\$71.08	\$71.21
Monthly Premium		\$18,245.30	\$17,150.46	\$17,297.68	\$17,331.81
Annual Premium		\$218,943.60	\$205,805.52	\$207,572.16	\$207,981.72
\$ Increase		N/A	-\$13,138.08	-\$11,371.44	-\$10,961.88
% Increase		N/A	-6.0%	-5.2%	-5.0%

**City of Key West
Dental Insurance Evaluation
Effective Date: October 1, 2011**

		FMT (Current)	Assurant	United Concordia	Aetna
Plan Basics					
Calendar Year Maximum		\$1,000	\$1,000	\$1,000	\$1,000
Deductibles					
Single		\$50	\$50	\$50	\$50
Family		\$100	\$100	\$100	\$150
Deductible Waived for Preventative Services		Yes	Yes	Yes	Yes
Benefits					
Preventative		100%	100%	100%	100%
Basic		80%	80%	80%	80%
Major		50%	50%	50%	50%
Orthodontia					
Child Orthodontia		50%	50%	50%	50%
Orthodontia - Lifetime Max		\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period - Timely Entrants					
Basic Services		None	None	None	Noen
Major Services		None	None	None	None
Orthodontia		None	None	None	None
Endodontic & Periodontic Level		Basic	Basic	Basic	Basic
Out of Network Reimbursement Level		90% UCR	90% UCR	90% UCR	90% UCR
Rate Guarantee		Expires 09/30/2011	12 Months	24 Months	24 Months
Employee	337	\$30.34	\$30.25	\$31.52	\$29.93
Family	107	\$74.96	\$79.62	\$77.87	\$85.30
Monthly Premium		\$18,245.30	\$18,713.59	\$18,954.33	\$19,213.51
Annual Premium		\$218,943.60	\$224,563.08	\$227,451.96	\$230,562.12
\$ Increase		N/A	\$5,619.48	\$8,508.36	\$11,618.52
% Increase		N/A	2.6%	3.9%	5.3%

**City of Key West
Vision Insurance Evaluation**

Effective Date: October 1, 2011



	Blue Cross of Michigan Guarant	Advantica Select Plus 10/15/Plan 1	Blue Cross of Michigan Plan 1	Superior Plan 1
Exam Copay	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$25	\$25	\$25
Network	VisionCare	Advantica	Davis	Superior
Frequency				
Examination	12 Months	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months	24 Months
Benefits Payable				
Eye Exam	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Single Lenses	Up to \$30	Up to \$45	Up to \$30	Up to \$53
Bifocal Lenses	Up to \$20	Up to \$47	Up to \$25	Up to \$29
Trifocal Lenses	Up to \$40	Up to \$66	Up to \$35	Up to \$43
Lenticular Lenses	Up to \$60	Up to \$85	Up to \$45	Up to \$53
Lenses and Frames	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Contact Lenses (Elective)	Up to \$120	Up to \$105	Up to \$75	Up to \$100
Contact Lenses (Medically Necessary)	Paid in Full	Up to \$250	Paid in Full	Paid in Full
Frames	\$35 W.S. Allowance	\$125 Allowance	Up to \$100, then 15% discount	\$130 Allowance
Rate Guarantee	Expires 09/30/11	48 Months	24 Months	48 Months
Employee	314	\$5.74	\$4.50	\$4.98
Employee + Family	97	\$14.17	\$10.80	\$12.48
Monthly Premium	\$3,176.85	\$2,460.50	\$2,562.29	\$2,774.28
Annual Premium	\$38,122.20	\$29,527.20	\$30,747.48	\$33,291.36
\$ Increase	N/A	-\$8,595.00	-\$7,374.72	-\$4,830.84
% Increase	N/A	-22.5%	-19.3%	-12.7%

**City of Key West
Vision Insurance Evaluation
Effective Date: October 1, 2011**

	VisionCare (Current)	Advantica Select Plus 150 Plan	CIGNA	Aetna
Exam Copay	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$25	\$10	\$25
Network	VisionCare	Advantica	CIGNA Vision	Aetna Vision
Frequency				
Examination	12 Months	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months	24 Months
Benefits Payable				
Eye Exam	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Single Lenses	Up to \$30	Up to \$45	Up to \$45	Up to \$25
Bifocal Lenses	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Trifocal Lenses	Up to \$20	Up to \$47	Up to \$32	Up to \$10
Lenticular Lenses	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Frames and Frames	Up to \$60	Up to \$85	Up to \$55	Up to \$25
	Paid in Full	Paid in Full	Paid in Full	Paid in Full
	Up to \$100	Up to \$125	Up to \$80	Up to \$55
Contact Lenses (Elective)	Up to \$120	\$150 Allowance	Up to \$120	\$130 Allowance
	Up to \$120	Up to \$105	Up to \$100	Up to \$90
Contact Lenses (Medically Necessary)	Paid in Full	\$250 Allowance	Paid in Full	Paid in Full
Frames	\$35 W.S. Allowance	\$150 Allowance	Up to \$110	\$130 Allowance
	Up to \$150	Up to \$250	Up to \$61	Up to \$200
	Up to \$30	Up to \$160		Up to \$65
Rate Guarantee	Expires 09/30/11	48 Months	24 Months	24 Months
Employee	314	\$5.30	\$5.28	\$5.43
Employee + Family	97	\$14.17	\$12.70	\$13.41
Monthly Premium	\$3,176.85	\$2,895.10	\$2,982.94	\$3,005.79
Annual Premium	\$38,122.20	\$34,733.20	\$35,795.28	\$36,069.48
\$ Increase	N/A	-\$3,369.00	-\$2,326.92	-\$2,052.72
% Increase	N/A	-8.8%	-6.1%	-5.4%

	314	97						
Exam Copay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$10	\$25	\$25	\$25	\$25	\$20	\$20
Network	VisionCare	Superior	EyedMed	Davis				
Frequency								
Examination Lenses	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Benefits Payable								
Eye Exam	Paid in Full	Up to \$30	Paid in Full	Up to \$33	Paid in Full	Up to \$30	Paid in Full	Up to \$30
Single Lenses	Paid in Full	Up to \$20	Paid in Full	Up to \$29	Paid in Full	Up to \$25	Paid in Full	Up to \$25
Bifocal Lenses	Paid in Full	Up to \$40	Paid in Full	Up to \$43	Paid in Full	Up to \$40	Paid in Full	Up to \$35
Tifocal Lenses	Paid in Full	Up to \$60	Paid in Full	Up to \$53	Paid in Full	Up to \$55	Paid in Full	Up to \$45
Lenticular Lenses	Paid in Full	Up to \$100	Paid in Full	Up to \$84	20% Discount	Not Covered	Paid in Full	Up to \$60
Lenses and Frames								
Contact Lenses (Elective)	Up to \$120	Up to \$120	\$120 Allowance	Up to \$100	Up to \$80	Up to \$64	Up to \$130, then 15% discount	Up to \$75
Contact Lenses (Medically Necessary)	Paid in Full	up to \$150	Paid in Full	Up to \$210	Paid in Full	Up to \$200	Paid in Full	Up to \$225
Frames	\$35 W.S. Allowance	Up to \$30	\$125 Allowance	Up to \$65	\$100 Allowance	Up to \$45	Up to \$130, then 20% discount	Up to \$30
Rate Guarantee	Expires 09/30/11		48 Months	24 Months			24 Months	
Employee	314	\$5.74	\$5.84	\$5.76	\$5.76	\$5.76	\$5.55	\$5.55
Employee + Family	97	\$14.17	\$14.62	\$15.24	\$15.24	\$15.24	\$16.65	\$16.65
Monthly Premium		\$3,176.85	\$3,251.90	\$3,286.92	\$3,286.92	\$3,286.92	\$3,357.75	\$3,357.75
Annual Premium		\$38,122.20	\$39,022.80	\$39,443.04	\$39,443.04	\$39,443.04	\$40,293.00	\$40,293.00
\$ Increase		N/A	\$900.60	\$900.60	\$1,320.84	\$1,320.84	\$2,170.80	\$2,170.80
% Increase		N/A	2.4%	2.4%	3.5%	3.5%	5.7%	5.7%

City of Key West
Vision Insurance Evaluation
Effective Date: October 1, 2011

	VisionCare (Preferred)	MAVIVA
Exam Copay	\$10	\$10
Materials Copay	\$25	\$25
Network	VisionCare	Safeguard
Frequency		
Examination	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	24 Months	24 Months
Benefits Payable		
Eye Exam	Paid in Full	Paid in Full
Single Lenses	Paid in Full	Paid in Full
Bifocal Lenses	Paid in Full	Paid in Full
Trifocal Lenses	Paid in Full	Paid in Full
Lenticular Lenses	Paid in Full	Paid in Full
Lenses and Frames		
Contact Lenses (Elective)	Up to \$120	Up to \$120
Contact Lenses (Medically Necessary)	Paid in Full	Up to \$150
Frames	\$35 W.S. Allowance	Up to \$30
Rate Guarantee	Expires 09/30/11	24 Months
Employee	314	\$6.15
Employee + Family	97	\$14.88
Monthly Premium	\$3,176.85	\$3,374.45
Annual Premium	\$38,122.20	\$40,493.52
\$ Increase	N/A	\$2,371.32
% Increase	N/A	6.2%

	Hartford (Current)	Hartford (Renewal)	GLNA	BlueCross BlueShield
Life and AD&D Benefit:				
Class 1: Active Employees	\$15,000	\$15,000	\$15,000	\$15,000
Class 2: All retirees age 70 and under	\$10,000	\$10,000	\$10,000	\$10,000
Class 3: All retirees over 70 years of age	\$5,000	\$5,000	\$50,000	\$5,000
Features:				
Accelerated Benefit	80% to Benefit Amount	80% to Benefit Amount	80% to Benefit Amount	75% to Benefit Amount
Waiver of Premium	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Not Included
Age Reductions	50% at age 70	50% at age 70	50% at age 70	50% at age 70
Rate Guarantee Period	Expires 09/30/11	24 Months	36 Months	24 Months
Basic Term Life Rate / \$1,000				
	\$0.380	\$0.380	\$0.270	\$0.270
AD&D Rate / \$1,000				
	\$0.030	\$0.030	\$0.024	\$0.030
Total Rate / \$1,000				
	\$0.410	\$0.410	\$0.294	\$0.300
Volume				
	\$6,777,500	\$6,777,500	\$6,777,500	\$6,777,500
Monthly Premium				
	\$2,778.78	\$2,778.78	\$1,992.59	\$2,033.25
Annual Premium				
	\$33,345.30	\$33,345.30	\$23,911.02	\$24,399.00
\$ Increase / Decrease				
	N/A	\$0.00	-\$9,434.28	-\$8,946.30
% Increase / Decrease				
	N/A	0.0%	-28.3%	-26.8%

City of Key West
 Basic Life and AD&D Insurance Evaluation
 Effective Date: October 1, 2011



	Hartford (Current)	Symetra	The Standard	MetLife
Life and AD&D Benefit:				
Class 1: Active Employees	\$15,000	\$15,000	\$15,000	\$15,000
Class 2: All retirees age 70 and under	\$10,000	\$10,000	\$10,000	\$10,000
Class 3: All retirees over 70 years of age	\$5,000	\$5,000	\$5,000	\$5,000
Features:				
Accelerated Benefit	80% to Benefit Amount	80% to Benefit Amount	75% to \$500,000	80% to Benefit Amount
Waiver of Premium	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Included
Age Reductions	50% at age 70	50% at age 70	50% at age 70	50% at age 70
Rate Guarantee Period	Expires 09/30/11	24 Months	36 Months	20 Months
Basic Term Life Rate / \$1,000	\$0.380	\$0.290	\$0.300	\$0.328
AD&D Rate / \$1,000	\$0.030	\$0.020	\$0.030	\$0.033
Total Rate / \$1,000	\$0.410	\$0.310	\$0.330	\$0.361
Volume	\$6,777,500	\$6,777,500	\$6,777,500	\$6,777,500
Monthly Premium	\$2,778.78	\$2,101.03	\$2,236.58	\$2,446.68
Annual Premium	\$33,345.30	\$25,212.30	\$26,838.90	\$29,360.13
\$ Increase / Decrease	N/A	-\$8,133.00	-\$5,506.40	-\$3,985.17
% Increase / Decrease	N/A	-24.4%	-19.5%	-12.0%

City of Key West
Basic Life and AD&D Insurance Evaluation
Effective Date: October 1, 2011

	Hartford (Current)	Aetna
Life and AD&D Benefit:		
Class 1: Active Employees	\$15,000	\$15,000
Class 2: All retirees age 70 and under	\$10,000	\$10,000
Class 3: All retirees over 70 years of age	\$5,000	\$5,000
Features:		
Accelerated Benefit	80% to Benefit Amount	75% to maximum of \$11,250
Waiver of Premium	Included	Included
Conversion Privilege	Included	Included
Age Reductions	50% at age 70	50% at age 70
Rate Guarantee Period	Expires 09/30/11	24 Months
Basic Term Life Rate / \$1,000	\$0.380	\$0.355
AD&D Rate / \$1,000	\$0.030	\$0.030
Total Rate / \$1,000	\$0.410	\$0.385
Volume	\$6,777,500	\$6,777,500
Monthly Premium	\$2,778.78	\$2,609.34
Annual Premium	\$33,345.30	\$31,312.05
\$ Increase / Decrease	N/A	-\$2,033.25
% Increase / Decrease	N/A	-6.1%

City of Key West
 Supplemental Life Insurance Evaluation
 Effective Date: October 1, 2011



	Active	Reduced Threshold	Partial	Full	Spouse	Transferrable	Flat Formula
Employee Formula	Increments of \$10,000. Not to exceed \$150,000.	Increments of \$10,000 up to 5x salary. Not to exceed \$500,000.	Choice of: \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$150,000	Increments of \$10,000 up to 5x salary. Not to exceed \$500,000.	Choice of: \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$150,000	Choice of: \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$150,000. Not to exceed 5x Salary	Choice of: \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$150,000
Guarantee Issue	\$50,000	\$130,000	Flat \$5,000	\$100,000	\$50,000	\$100,000	\$100,000
Spouse Formula	Increments of \$5,000 up to 50% of EE amount. Not to exceed \$50,000.	Increments of \$5,000. Not to exceed \$250,000.	Flat \$5,000	Flat \$5,000 up to 50% of EE amount.	Flat \$5,000	Increments of \$5,000 up to 50% of EE amount. Not to exceed \$50,000.	Flat \$5,000
Guarantee Issue	\$20,000	\$30,000	\$5,000	\$5,000	\$5,000	\$30,000	\$5,000
Child Formula	Up to 50% of EE amount. Not to exceed \$10,000.	14 days - 6 months: \$500 6 months - 30 years: \$10,000	14 days - 6 months: \$500 6 months - 19 years: \$2,000	50% of Spouse amount. Not to exceed \$10,000.	14 days - 6 months: \$500 6 months - 19 years: \$2,000	15 days - 6 months: \$100 6 months - 19 years: Increments of \$2,000. Not to exceed \$10,000.	Flat \$2,000
Guarantee Issue	14 days - 6 months: \$500 6 months - 19 years: \$2,000	14 days - 6 months: \$500 6 months - 19 years: \$2,000	14 days - 6 months: \$500 6 months - 19 years: \$2,000	14 days - 6 months: \$500 6 months - 19 years: \$2,000	14 days - 6 months: \$500 6 months - 19 years: \$2,000	14 days - 6 months: \$500 6 months - 19 years: \$2,000	\$2,000
Age Reduction	50% at age 70	65% at age 65 50% at age 70 Terminates at age retirement	50% at age 70	None	50% at age 70	50% at age 70	50% at age 70
Required Participation	20% enrolled	75% and 10 enrolled	20% enrolled	25% and 10 enrolled	Current Participation	25% enrolled	20% or 10 enrolled
Rate Guarantee	24 Months	24 Months	35 Months	30 Months	24 Months	24 Months	36 Months
EE Life Rates	Age Bracket Rate/\$1,000	Age Bracket Rate/\$1,000	Age Bracket Rate/\$1,000	Age Bracket Rate/\$1,000	Age Bracket Rate/\$1,000	Age Bracket Rate/\$1,000	Age Bracket Rate/\$1,000
	0-19 \$0.077 20-24 \$0.078 25-29 \$0.082 30-34 \$0.085 35-39 \$0.114 40-44 \$0.152 45-49 \$0.238 50-54 \$0.389 55-59 \$0.613 60-64 \$0.706 65-69 \$0.942 70-74 \$2.268 75+ \$5.834	0-19 \$0.070 20-24 \$0.070 25-29 \$0.070 30-34 \$0.090 35-39 \$0.120 40-44 \$0.200 45-49 \$0.320 50-54 \$0.530 55-59 \$0.810 60-64 \$1.130 65-69 \$1.870 70-74 \$3.120 75+ \$5.950	0-19 \$0.115 20-24 \$0.115 25-29 \$0.115 30-34 \$0.115 35-39 \$0.140 40-44 \$0.205 45-49 \$0.310 50-54 \$0.490 55-59 \$0.785 60-64 \$1.205 65-69 \$2.050 70-74 \$3.870 75+ \$7.310	0-19 \$0.0810 20-24 \$0.0810 25-29 \$0.0810 30-34 \$0.0850 35-39 \$0.1270 40-44 \$0.1630 45-49 \$0.2540 50-54 \$0.4180 55-59 \$0.7050 60-64 \$1.0610 65-69 \$1.5360 70-74 \$3.4090 75+ \$3.4090	0-19 \$0.050 20-24 \$0.050 25-29 \$0.050 30-34 \$0.060 35-39 \$0.080 40-44 \$0.130 45-49 \$0.210 50-54 \$0.350 55-59 \$0.560 60-64 \$0.740 65-69 \$1.170 70-74 \$2.050 75+ \$3.570	0-19 \$0.10 20-24 \$0.10 25-29 \$0.10 30-34 \$0.11 35-39 \$0.16 40-44 \$0.25 45-49 \$0.40 50-54 \$0.67 55-59 \$1.08 60-64 \$1.44 65-69 \$2.27 70-74 \$3.96 75+ \$6.90	0-19 \$0.104 20-24 \$0.104 25-29 \$0.104 30-34 \$0.107 35-39 \$0.141 40-44 \$0.197 45-49 \$0.298 50-54 \$0.454 55-59 \$0.734 60-64 \$0.975 65-69 \$1.656 70-74 \$2.942 75+ \$11.157
	Dependent \$1.03	Dependent \$0.900	Dependent \$1.030	Dependent \$1.260	Dependent \$1.128	Dependent \$1.030	Dependent \$1.110

City of Key West
Average Discounts for Monroe & Dade County

Monroe County (Zip Code Prefix: 330)				
Facility	First Health	Aetna	BCBS	Cigna
Inpatient Hospital	19.2%	10.0%	66.6%	69.3%
Outpatient Hospital	16.1%	24.3%	65.7%	69.5%
Physician	38.7%	49.6%	54.1%	58.0%
Ancillary	n/p	n/p	n/p	65.3%
Pharmacy				
Retail Brand	n/p	n/p	14.3%	n/p
Retail Generic	n/p	n/p	75.8%	n/p

Dade (Zip Code Prefix: 331,332,333)				
Facility	First Health	Aetna	BCBS	Cigna
Inpatient Hospital	24.2%	47.5%	66.7%	69.4%
Outpatient Hospital	21.3%	49.3%	58.2%	69.1%
Physician	43.1%	60.9%	55.4%	58.2%
Ancillary	n/p	n/p	n/p	65.4%
Pharmacy				
Retail Brand	n/p	n/p	14.3%	n/p
Retail Generic	n/p	n/p	73.4%	n/p