

Peachtree City Water & Sewerage Authority
Special Called Meeting
Agenda
Tuesday, November 3, 2020
1:00 p.m.

- I. Pledge of Allegiance
- II. Medical Insurance
- III. November 17, 2020 Meeting Cancellation
- IV. Adjourn

** Location of meeting is Peachtree City Water & Sewerage Authority at 1127 Hwy. 74, South **


NOTE: This agenda is subject to change up to twenty-four hours prior to the scheduled meeting.

A quorum of City Council will be in attendance.

Peachtree City Water & Sewerage Authority

Effective December 1, 2020

United Healthcare ACA


	BI-TI/286A Current Base	BS-YU/286A Renewal Base	BI-TD/285A Current Buy Up	BS-YT/285A Renewal Buy Up
In-network	BASE - GOLD		BUY UP - PLATINUM	
Deductible Individual	\$1,500	\$1,500	\$1,500	\$1,500
Deductible Family	\$3,000	\$3,000	\$3,000	\$3,000
Out-of-pocket Maximum - Individual	\$7,900	\$7,900	\$2,000	\$2,000
Out-of-pocket Maximum - Family	\$15,800	\$15,800	\$4,000	\$4,000
Coinsurance	80%	80%	100%	100%
Office Visit(PCP) Copay	\$35	\$35	\$25	\$25
Office Visit(specialist) Copay	\$70	\$70	\$50	\$50
Urgent Care Copay	\$50	\$50	\$50	\$50
Emergency Room Copay	\$500	\$500	\$500	\$500
Emergency Room Physician/Other Charges	No Additional Charge	No Additional Charge	No Additional Charge	No Additional Charge
Lab and X-Ray - Outpatient	No Additional Charge	You Pay 30% Coinsurance	100% After Deductible	You Pay 30% Coinsurance
Major Diagnostic Imaging - Outpatient	80% After Deductible	You Pay \$500 + 20% + Deductible	100% After Deductible	You Pay \$500 + 20% + Deductible
Inpatient - Facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Outpatient Surgery - Facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Out-of-network				
Deductible (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-pocket maximum (individual/family)	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000
Coinsurance	60%	60%	80%	80%
Pharmacy				
Deductible	N/A	NA	N/A	N/A
Tier 1 - Retail	\$10 Copay	\$10 Copay	\$7 Copay	\$7 copay
Tier 2 - Retail	\$35 Copay	\$35 Copay	\$15 Copay	\$15 Copay
Tier 3 - Retail	\$70 Copay	\$70 Copay	\$50 Copay	\$50 Copay
Tier 4 - Retail	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Tier 1 - Home Delivery	\$30 Copay	\$30 Copay	\$21 Copay	\$21 Copay
Tier 2 - Home Delivery	\$105 Copay	\$105 Copay	\$45 Copay	\$45 Copay
Tier 3 - Home Delivery	\$210 Copay	\$210 Copay	\$150 Copay	\$150 Copay
Tier 4 - Home Delivery	\$450 Copay	\$450 Copay	\$450 Copay	\$450 Copay
Financial Summary				
Monthly Premium	\$31,991.82	\$34,942.11	\$9,322.36	\$10,922.04
Annual Premium	\$383,901.84	\$419,305.32	\$111,868.32	\$131,064.48
Annual Variance	\$35,403.48		\$19,196.16	
Annual Percentage Variance	9.22%		17.16%	

Note: The plan descriptions are based on JSL's interpretation of the current plan design. We have attempted to duplicate the existing schedule of benefits, but actual plan provisions and claim administration will vary between insurance carriers. This description does not replace or supersede the contract. Insurance company offers are based on the information submitted and plan design outlined. Rating and conditions may be modified or withdrawn in the event that the risk characteristics at the time of enrollment are materially different from those assumed in the quotation.

Peachtree City Water & Sewerage Authority

Effective December 1, 2020

Humana Level Funded Premium

 Guidance when you need it most	BI-TI/286A Current Base	BS-YU/286A Renewal Base	BI-TD/285A Current Buy Up	BS-YT/285A Renewal Buy Up	NPOS 19 OPT 1 Level Funded Premium Option
In-network	BASE - GOLD		BUY UP - PLATINUM		
Deductible Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000
Deductible Family	\$3,000	\$3,000	\$3,000	\$3,000	\$2,000
Out-of-pocket maximum - individual	\$7,900	\$7,900	\$2,000	\$2,000	\$4,000
Out-of-pocket maximum - family	\$15,800	\$15,800	\$4,000	\$4,000	\$8,000
Coinsurance	80%	80%	100%	100%	100%
Office Visit(PCP) Copay	\$35	\$35	\$25	\$25	\$20
Office Visit(specialist) Copay	\$70	\$70	\$50	\$50	\$50
Urgent Care Copay	\$50	\$50	\$50	\$50	\$100
Emergency Room Copay	\$500	\$500	\$500	\$500	\$500
Emergency Room Physician/Other Charges	No Additional Charge	No Additional Charge	No Additional Charge	No Additional Charge	No Additional Charge
Lab and Xray - Outpatient	No Additional Charge	You Pay 30% Coinsurance	No Additional Charge	You Pay 30% Coinsurance	No Additional Charge
Major Diagnostic Imaging - Outpatient	No Additional Charge	You Pay \$500 + 20% + Deductible	No Additional Charge	You Pay \$500 + Deductible	\$500 Copay
Inpatient - Facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Outpatient surgery - Facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Out-of-network					
Deductible (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$4,000/\$8,000
Out-of-pocket maximum (individual/family)	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$16,000/\$32,000
Coinsurance	60%	60%	80%	80%	50%
Pharmacy					
Deductible	N/A	N/A	N/A	N/A	N/A
Tier 1 - Retail	\$10 Copay	\$10 Copay	\$7 Copay	\$7 Copay	\$10 Copay
Tier 2 - Retail	\$35 Copay	\$35 Copay	\$15 Copay	\$15 Copay	\$35 Copay
Tier 3 - Retail	\$70 Copay	\$70 Copay	\$50 Copay	\$50 Copay	\$55 Copay
Tier 4 - Retail	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	25% Coinsurance
Tier 5 - Retail	N/A	N/A	N/A	N/A	25%/35% Coinsurance
Tier 1 - Home Delivery	\$30 Copay	\$30 Copay	\$21 Copay	\$21 Copay	\$25 Copay
Tier 2 - Home Delivery	\$105 Copay	\$105 Copay	\$45 Copay	\$45 Copay	\$87.50 Copay
Tier 3 - Home Delivery	\$210 Copay	\$210 Copay	\$150 Copay	\$150 Copay	\$137.50 Copay
Tier 4 - Home Delivery	\$450 Copay	\$450 Copay	\$450 Copay	\$450 Copay	25% Coinsurance
Financial Summary					
Monthly Premium	\$31,991.92	\$34,942.11	\$9,322.36	\$10,922.04	\$40,607.95
Annual Premium	\$383,901.84	\$419,305.32	\$111,868.32	\$131,064.48	\$487,295.40
Annual Variance	\$35,403.48		\$19,196.16		-\$8,474.76
Annual Percentage Variance	9.22%		17.16%		-1.71%

Note: The plan descriptions are based on JSL's interpretation of the current plan design. We have attempted to duplicate the existing schedule of benefits, but actual plan provisions and claim administration will vary between insurance carriers. This description does not replace or supersede the contract. Insurance company offers are based on the information submitted and plan design outlined. Rating and conditions may be modified or withdrawn in the event that the risk characteristics at the time of enrollment are materially different from those assumed in the quotation.

Alex Waller, FLMI
Senior Group Representative
3930 East Jones Bridge Rd. Suite 315 / Norcross, GA 30092
Bus: 678-417-1740 / Fax: 678-417-1745
E-mail: awaller@ameritas.com



September 1, 2020

Leslie Baer
Peachtree City Water & Sewerage
1127 Highway 74 S
Peachtree City, GA 30269

Subject: Peachtree City Water & Sewerage renewal effective December 1, 2020 Policy Number 010.035285

Thank you for choosing an Ameritas Dental and Eye Care Plan.

We're proud to provide plans that help employees get the dental and eye care coverage they need for good health, and we'll work hard to keep earning the privilege of insuring Peachtree City Water & Sewerage.

A team of associates with actuarial, administrative, marketing, and sales experience has prepared this renewal for the year beginning December 1, 2020. To predict your plan's future performance, we analyzed Peachtree City Water & Sewerage's claims history and combined this with the historical data of all groups insured for similar benefits.

We are pleased to inform you that your Dental and Eye Care rates will remain unchanged. Effective 12/1/2020 through 11/30/2021, the following rates will apply:

DENTAL RATES	CURRENT	RENEWAL
Employee	\$ 30.32	\$ 30.32
Employee + Spouse	\$ 60.64	\$ 60.64
Employee + Child(ren)	\$ 57.56	\$ 57.56
Employee + Spouse + Child(ren)	\$ 90.84	\$ 90.84

EYE CARE RATES	CURRENT	RENEWAL
Employee	\$ 7.88	\$ 7.88
Employee + Spouse	\$ 17.00	\$ 17.00
Employee + Child(ren)	\$ 13.76	\$ 13.76
Employee + Spouse + Child(ren)	\$ 22.84	\$ 22.84

Thank you again for your business. We look forward to serving you for years to come. If you need additional information, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in dark ink that reads "Alex Waller".

Alex Waller, FLMI
Senior Group Representative

cc: Todd Browning, J. Smith Lanier & Co.



September 20, 2020

PEACHTREE CITY WATER AND SEWERAGE AUTHORITY
ATTN: LESLIE BAER
1127 HWY 74 SOUTH
PEACHTREE CITY, GA 30269

MARSH & MCLENNAN AGENCY LLC
MARSH & MCLENNAN AGENCY LLC DBA J SMITH LANIER
300 W 10TH ST
WEST POINT, GA 31833-1212

As you approach your upcoming renewal with Principal Life Insurance Company, we would like to thank you for your business over the past year. Our goal is to offer competitive benefit solutions supported with exceptional service. Your business is very important to us and we look forward to working with you over the next year.

Your Renewal

Your renewal rates can be found on the following pages. Your Principal Life coverage will renew on your policy anniversary date of December 1, 2020.

How to Renew Coverage

To renew coverage, your payment of the premium due is acceptance of your rates. We look forward to continuing our relationship with you and fulfilling your needs in the coming year.

Contact Us

To inquire about this renewal or explore alternate benefit designs, contact your broker or local Principal Life Insurance Company sales office at 770-956-8300.

Sincerely,

Group Benefits Underwriting
Specialty Benefits Division

RENEWAL RATES
Effective December 1, 2020

Rates below assume all coverages are renewed. A change to coverages may cause rates to change.

GROUP TERM LIFE - Rates are expressed as Per \$1,000

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2021.

ALL OTHER MEMBERS, EXECUTIVES				
Volume Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$3,059,000 25	\$0.352	\$1,076.76	\$0.352	\$1,076.76
Renewal Premium Percent of Change				No change

ACCIDENTAL DEATH & DISMEMBERMENT - Rates are expressed as Per \$1,000

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2021.

Active Members Only				
Volume Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$3,059,000 25	\$0.038	\$116.24	\$0.038	\$116.24
Renewal Premium Percent of Change				No change

DEPENDENT LIFE - Rates are expressed as Per Family Per Month

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2021.

Active Members Only				
Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
21	\$1.91	\$40.11	\$1.91	\$40.11
Renewal Premium Percent of Change				No change

LONG TERM DISABILITY

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2021.

SAL MBRS EARNING LESS THAN 40K, SAL MBRS EARNING 40K OR MORE				
Rates are expressed as a Percent of Covered Monthly Earnings				
Covered Monthly Earnings/Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$109,434 / 23	1.05%	\$1,149.06	1.05%	\$1,149.06
Renewal Premium Percent of Change				No change

SHORT TERM DISABILITY - Rates are expressed as a Per \$10

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2021.

ALL OTHER MEMBERS, EXECUTIVES				
Volume / Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$14,691 / 23	\$0.38	\$558.26	\$0.38	\$558.26
Renewal Premium Percent of Change				No change

Renewal Premium Percent of Change. The renewal premium percent of change is based on information presented in this letter.



Principal Life Insurance Company
Des Moines, Iowa 50392
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