

**City of Mesquite  
Dental RFP Vendor List  
Effective Date: 1/1/2020**

<b>Vendor</b>	<b>AM Best</b>	<b>Benefits</b>	<b>Comment</b>
BCBS	A (Excellent)	DPPO	Quoted - on the spreadsheet
Cigna- Incumbent	A (Excellent)	DPPO & DHMO	Quoted - on the spreadsheet
Delta Dental	A (Excellent)	DPPO & DHMO	Quoted - on the spreadsheet
Guardian	-	No response	No response
Humana	A- (Excellent)	DPPO & DHMO	Quoted - on the spreadsheet
Metlife	A+ (Superior)	DPPO & DHMO	Quoted - on the spreadsheet
Principal	-	No response	No response
Reliance	A+ (Superior)	DPPO	Quoted - on the spreadsheet
The Standard	-	No response	No response
Unum	A (Excellent)	DPPO	Quoted - on the spreadsheet

*This is not an insurance contract: This proposal is for comparison purposes only. Please refer to certificate booklet or proposal for additional details, including limitations and exclusions.*

*Final rates and benefits will be determined by actual enrollment and plan selection.*



**City of Mesquite**  
**Dental PPO Marketing Analysis**  
**Effective Date: 1/1/2020**

Benefits	Current	Renewal	Negotiated	Proposed	Proposed	Proposed
	Cigna DPPO	Cigna DPPO	Cigna DPPO	Cigna DPPO - \$2,000 Max Option	BCBS DPPO - Base Option 1	BCBS DPPO - Buy Up Option 2
	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network
<b>Deductible</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Ded Waived for Preventive</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Preventive</b>	100%	100%	100%	100%	80%	100%
<b>Basic</b>	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	50%	80%
<b>Major</b>	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	50%
<b>Endodontics and Periodontics</b>	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	30%	50%
<b>Calendar Year Maximum</b>	\$1,500	\$1,500	\$1,500	\$2,000	\$1,000	\$1,500
<b>R&amp;C Percentage</b>	90%	90%	90%	90%	MAC	90%
<b>Ortho (Adult/Child)</b>	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Not Covered	Child Only
<b>Late Entrants / Waiting Period</b>	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	None	None
<b>Ortho Coverage</b>	50%	50%	50%	50%	N/A	50%
<b>Lifetime Ortho Max</b>	\$1,500	\$1,500	\$1,500	\$1,500	N/A	\$1,500
<b>Rate Guarantee</b>	-	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	1 year - Until 12/31/2020	1 year - Until 12/31/2020
Employee Only 310	\$36.83	\$39.36	\$38.69	\$40.59	\$12.08	\$42.65
Employee + Spouse 100	\$82.90	\$88.60	\$87.08	\$91.35	\$24.24	\$96.00
Employee + Child(ren) 115	\$75.19	\$80.36	\$78.98	\$82.85	\$26.63	\$87.07
Employee + Family 226	\$121.28	\$129.62	\$127.39	\$133.63	\$39.37	\$140.44
<b>Monthly Total 751</b>	<b>\$55,763</b>	<b>\$59,597</b>	<b>\$58,575</b>	<b>\$61,446</b>	<b>\$18,129</b>	<b>\$64,574</b>
<b>Annual Total</b>	<b>\$669,161</b>	<b>\$715,165</b>	<b>\$702,897</b>	<b>\$737,352</b>	<b>\$217,546</b>	<b>\$774,888</b>
<b>\$ Over Current</b>	-	<b>\$46,004</b>	<b>\$33,736</b>	<b>\$68,191</b>	<b>(\$451,615)</b>	<b>\$105,727</b>
<b>% Over Current</b>	-	<b>6.87%</b>	<b>5.04%</b>	<b>10.19%</b>	<b>-67.49%</b>	<b>15.80%</b>

\$100,000 bill credit

\$100,000 bill credit  
.86% increase if \$100,000 bill credit applied

Notes



**City of Mesquite**  
**Dental PPO Marketing Analysis**  
**Effective Date: 1/1/2020**

Benefits	Current	Proposed	Proposed	Proposed	Proposed	Proposed
	Cigna DPPO	Delta Dental DPPO - Option 1	Delta Dental DPPO - Option 2	Delta Dental DPPO - Option 3	Humana DPPO - Option 1	Humana DPPO - Option 2
	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network
<b>Deductible</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Ded Waived for Preventive</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Preventive</b>	100%	100%	100%	100%	100%	100%
<b>Basic</b>	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	80%	80%	90%	80%
<b>Major</b>	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	50%	60%	50%
<b>Endodontics and Periodontics</b>	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	50%	60%	50%
<b>Calendar Year Maximum</b>	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500*	\$1,500*
<b>R&amp;C Percentage</b>	90%	90%	90%	Program Allowance	90%	90%
<b>Ortho (Adult/Child)</b>	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child
<b>Late Entrants / Waiting Period</b>	50% on Class 3 and 4 for 24 months	None	None	None	12 months for basic, major and orthodontia	12 months for basic, major and orthodontia
<b>Ortho Coverage</b>	50%	50%	50%	50%	50%	50%
<b>Lifetime Ortho Max</b>	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
<b>Rate Guarantee</b>	-	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	2 years - Until 12/31/2021	2 years - Until 12/31/2021
Employee Only	310 \$36.83	\$39.03	\$33.41	\$32.83	\$41.17	\$36.26
Employee + Spouse	100 \$82.90	\$87.86	\$75.18	\$73.88	\$92.67	\$81.61
Employee + Child(ren)	115 \$75.19	\$79.69	\$72.04	\$70.79	\$84.05	\$74.02
Employee + Family	226 \$121.28	\$128.53	\$114.89	\$112.90	\$135.57	\$119.39
<b>Monthly Total</b>	<b>751 \$55,763</b>	<b>\$59,097</b>	<b>\$52,125</b>	<b>\$51,222</b>	<b>\$62,334</b>	<b>\$54,896</b>
<b>Annual Total</b>	<b>\$669,161</b>	<b>\$709,169</b>	<b>\$625,498</b>	<b>\$614,659</b>	<b>\$748,011</b>	<b>\$658,752</b>
<b>\$ Over Current</b>	-	<b>\$40,008</b>	<b>(\$43,663)</b>	<b>(\$54,503)</b>	<b>\$78,850</b>	<b>(\$10,409)</b>
<b>% Over Current</b>	-	<b>5.98%</b>	<b>-6.53%</b>	<b>-8.14%</b>	<b>11.78%</b>	<b>-1.56%</b>

5% rate cap in year 4 & 5  
\$5,000 allowance for communication materials cost incurred during implementation  
Additional discounts when using Delta Premier Dentists  
Must have dual option

\*30% coinsurance once calendar year max has been met,  
excludes orthodontia  
7% rate cap on years 3,4 & 5

Notes



**City of Mesquite  
Dental PPO Marketing Analysis  
Effective Date: 1/1/2020**

Benefits	Current	Proposed	Proposed	Proposed	Proposed	
	Cigna DPPO	MetLife DPPO - Option 1	MetLife DPPO - Option 2	Reliance Standard DPPO -	UNUM DPPO	
	In/Out of Network	In/Out of Network	In/Out of Network	In-Network/Out of Network	In/Out of Network	
<b>Deductible</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	
<b>Ded Waived for Preventive</b>	Yes	Yes	Yes	Yes	Yes	
<b>Preventive</b>	100%	100%	100%	100%	100%	
<b>Basic</b>	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	80%	85%	Yr 1: 80%; Yr 2: 90%; Yr 3: 100%	90%	
<b>Major</b>	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	55%	65%	60%	
<b>Endodontics and Periodontics</b>	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	55%	65%	60%	
<b>Calendar Year Maximum</b>	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
<b>R&amp;C Percentage</b>	90%	90%	90%	90%	90%	
<b>Ortho (Adult/Child)</b>	Adult & Child	Adult & Child	Adult & Child	Child Only	Adult & Child	
<b>Late Entrants / Waiting Period</b>	50% on Class 3 and 4 for 24 months	None	None	None	None	
<b>Ortho Coverage</b>	50%	50%	50%	50%	50%	
<b>Lifetime Ortho Max</b>	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
<b>Rate Guarantee</b>	-	2 years - Until 12/31/2021	2 years - Until 12/31/2021	2 years - Until 12/31/2021	1 year - Until 12/31/2020	
Employee Only	310	\$36.83	\$35.47	\$38.16	\$43.44	\$42.80
Employee + Spouse	100	\$82.90	\$79.83	\$85.88	\$97.76	\$96.34
Employee + Child(ren)	115	\$75.19	\$72.41	\$77.90	\$88.68	\$87.38
Employee + Family	226	\$121.28	\$116.79	\$125.65	\$143.00	\$140.94
<b>Monthly Total</b>	<b>751</b>	<b>\$55,763</b>	<b>\$53,700</b>	<b>\$57,773</b>	<b>\$65,759</b>	<b>\$64,803</b>
<b>Annual Total</b>		<b>\$669,161</b>	<b>\$644,405</b>	<b>\$693,276</b>	<b>\$789,103</b>	<b>\$777,638</b>
<b>\$ Over Current</b>	-	(\$24,756)	\$24,115	\$119,942	\$108,477	
<b>% Over Current</b>	-	-3.70%	3.60%	17.92%	16.21%	

7% rate cap on year 3  
3% to \$30,000 implementation allowance

6% rate cap on year 3  
\*If member has at least 1 covered dental procedure performed within year 1, Type 2 will be covered at 90% year 2, and 100% in year 3 and remain there as long one covered dental procedure if performed annually. If a member misses a year, will revert back to 80%.

\*Annual maximum carryover benefit. If member has 1 cleaning, 1 regular exam and total claims are under \$700 rollover amount is \$350 which accumulates to a max of \$1,250 up to an annual maximum of \$2,750.

Notes



**City of Mesquite  
DHMO Marketing Analysis  
Effective Date: 1/1/2020**

	Current	Renewal	Negotiated	Proposed	Proposed	Proposed	Proposed
Benefits	Cigna DHMO Plan G1-V9	Cigna DHMO Plan G1-V9	Cigna DHMO Plan G1-V9	Delta Dental - Option 1 DHMO Plan 16B	Delta Dental - Option 2 DHMO Plan D70	Humana DHMO Plan HD215	MetLife DHMO MET335
Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Diagnostic/ Preventive - Oral Exams - Routine Cleanings - Fluoride Applications - Sealants - Space Maintainers	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$17	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$17	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$17	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$12	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$15	<b>Office Visit Copay = \$15</b> Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 <b>Sealant per tooth = \$20</b>	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 <b>Prophylaxis child/adult = \$5</b> Sealant per tooth = \$0
Basic/Restorative - Fillings - Full Mouth X rays - Bitewing X-rays - Panoramic X rays - Root Canal Therapy - Oral Surgery - Simple Extractions	Amalgam 1-4+ surfaces = \$23 - \$40 Resin-based composite posterior 1-4 surfaces = \$47-\$115 Endodontic Therapy (root canal) molar = \$595 Periodontal maintenance = \$93	Amalgam 1-4+ surfaces = \$23 - \$40 Resin-based composite posterior 1-4 surfaces = \$47-\$115 Endodontic Therapy (root canal) molar = \$595 Periodontal maintenance = \$93	Amalgam 1-4+ surfaces = \$23 - \$40 Resin-based composite posterior 1-4 surfaces = \$47-\$115 Endodontic Therapy (root canal) molar = \$595 Periodontal maintenance = \$93	<b>Amalgam 1-4+ surfaces = \$0</b> Resin-based composite posterior 1-4 surfaces = \$47-\$82 <b>Endodontic Therapy (root canal) molar = \$335</b> <b>Periodontal maintenance = \$53</b>	Amalgam 1-4+ surfaces = \$16 - \$32 Resin-based composite posterior 1-4 surfaces = \$42-\$100 Endodontic Therapy (root canal) molar = \$505 Periodontal maintenance = \$78	<b>Amalgam 1-4+ surfaces = \$30 - \$40</b> Resin-based composite posterior 1-4 surfaces = \$70-\$110 <b>Endodontic Therapy (root canal) molar = \$390</b> <b>Periodontal maintenance = \$70</b>	Amalgam 1-4+ surfaces = \$12 - \$25 Resin-based composite posterior 1-4 surfaces = \$30-\$65 Endodontic Therapy (root canal) molar = \$305 Periodontal maintenance = \$45
Major Restorative - Crowns - Dentures - Bridges - Repairs to Bridges, Crowns, Inlays	Inlay-metallic-3 surfaces = \$435 Crown Titanium = \$490 Immediate denture = \$705	Inlay-metallic-3 surfaces = \$435 Crown Titanium = \$490 Immediate denture = \$705	Inlay-metallic-3 surfaces = \$435 Crown Titanium = \$490 Immediate denture = \$705	Inlay-metallic-3 surfaces = \$340 Crown Titanium = \$460 Immediate denture = \$680	Inlay-metallic-3 surfaces = \$410 Crown Titanium = \$460 Immediate denture = \$550	Inlay-metallic-3 surfaces = \$365 Crown Titanium = \$410 Immediate denture = \$550	Inlay-metallic-3 surfaces = \$310 Crown Titanium = \$335 Immediate denture = \$505
Endodontics and Periodontics	See above	See above	See above	See above	See above	See above	See above
Calendar Year Maximum	None	None	None	None	None	None	None
Orthodontia	24 Month treatment fee Children = \$2,472 Adult = \$3,384	24 Month treatment fee Children = \$2,472 Adult = \$3,384	24 Month treatment fee Children = \$2,472 Adult = \$3,384	24 Month treatment fee Children = \$1,530 Adult = \$1,730	24 Month treatment fee Children = \$2,774 Adult = \$3,590	24 Month treatment fee Children = \$1,900 Adult = \$1,900	24 Month treatment fee Children = \$2,410 Adult = \$2,410
Rate Guarantee	--	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	2 years - Until 12/31/2021	2 years - Until 12/31/2021
<b>Dental Enrollment &amp; Rates</b>	<b>DHMO</b>						
Employee Only	126 \$10.43	\$10.79	\$10.95	\$11.37	\$9.47	\$14.60	\$11.56
Employee + Spouse	56 \$20.93	\$21.66	\$21.98	\$22.81	\$18.95	\$29.19	\$21.96
Employee + Child(ren)	52 \$23.00	\$23.80	\$24.15	\$25.07	\$21.30	\$32.85	\$23.11
Employee + Family	76 \$34.00	\$35.19	\$35.70	\$37.06	\$33.49	\$48.89	\$35.83
<b>Monthly Total</b>	<b>310 \$6,266.26</b>	<b>\$6,484.54</b>	<b>\$6,579.58</b>	<b>\$6,830.18</b>	<b>\$5,907.26</b>	<b>\$8,898.08</b>	<b>\$6,611.12</b>
<b>Annual Total</b>	<b>\$75,195.12</b>	<b>\$77,814.48</b>	<b>\$78,954.96</b>	<b>\$81,962.16</b>	<b>\$70,887.12</b>	<b>\$106,776.96</b>	<b>\$79,333.44</b>
<b>Annual Diff Over Current</b>	-	<b>\$2,619.36</b>	<b>\$1,140.48</b>	<b>\$6,767.04</b>	<b>(\$4,308.00)</b>	<b>\$31,581.84</b>	<b>\$4,138.32</b>
<b>Percent Diff Over Current</b>	-	<b>3.48%</b>	<b>5.00%</b>	<b>9.00%</b>	<b>-5.73%</b>	<b>42.00%</b>	<b>5.50%</b>

5% rate cap in year 4 & 5  
\$5,000 allowance for communication materials cost incurred during implementation  
Must have dual option

7% rate cap on years 3,4 & 5

7% rate cap on year 3  
3% to \$30,000 implementation allowance



**City of Mesquite**  
**Reliance Additional Options Marketing Analysis**  
**Effective Date: 1/1/2020**

Benefits			Current	Proposed	Proposed	Proposed	Proposed
			Cigna DPPO	Reliance Option 1 - MAC	Reliance Option 1 - 90th	Reliance Option 2 - Low	Reliance Option 2 - High
			In/Out of Network	In Network	Out of Network	In/Out of Network	In/Out of Network
Deductible			\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Ded Waived for Preventive			Yes	Yes	Yes	Yes	Yes
Preventive			100%	100%	100%	100%	100%
Basic			Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	100%	80%	100%	80%
Major			Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	60%	50%	60%	50%
Endodontics and Periodontics			Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	60%	50%	50%	50%
Calendar Year Maximum			\$1,500	\$1,000	\$1,000	\$1,500	\$2,000
R&C Percentage			90%	MAC	90%	MAC	90%
Ortho (Adult/Child)			Adult & Child	Child Only	Child Only	Child Only	Child Only
Late Entrants / Waiting Period			50% on Class 3 and 4 for 24 months	None	None	None	None
Ortho Coverage			50%	50%	50%	50%	50%
Lifetime Ortho Max			\$1,500	\$1,500	\$1,500	\$1,500	\$2,000
Rate Guarantee	DPPO	DHMO	-	2 years - until 12/31/2021			
Employee Only	310	126	\$36.83	\$36.52	\$33.40	\$46.36	
Employee + Spouse	100	56	\$82.90	\$82.24	\$75.20	\$104.36	
Employee + Child(ren)	115	52	\$75.19	\$74.60	\$68.20	\$94.68	
Employee + Family	226	76	\$121.28	\$120.32	\$110.00	\$152.72	
Monthly Total	751		-	\$77,547	\$20,326	\$70,211	
Annual Total			\$744,356	\$930,564	\$1,086,438.24		
\$ Over Current			-	\$186,208	\$342,082.12		
% Over Current			-	25.02%	45.96%		

Combined annual totals for DHMO and DPPO

4% rate cap on year 3  
MAC - New Choice Plus, 90th-Passive PPO  
Includes all enrollees - DPPO + DHMO

4% rate cap on year 3  
Low - New Choice Plus, High-Passive PPO

Notes



**City of Mesquite  
Network Analysis  
Effective Date: 1/1/2020**

	Current	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
<b>Network Analysis Accessibility</b>	<b>Cigna</b>	<b>BCBS</b>	<b>Delta Dental</b>	<b>Humana</b>	<b>MetLife</b>	<b>Reliance</b>	<b>UNUM</b>
Access to General/Family Dentist	82.20%	96.10%	92.30%	91.70%	96.20%	94.00%	95.30%
Without Access to General/Family Dentist	17.80%	3.90%	7.70%	8.30%	3.80%	6.00%	4.70%
Access to Specialist	82.60%	89.30%	86.60%	86.40%	90.80%	87.70%	95.90%
Without Access to Specialist	17.40%	10.70%	13.40%	13.60%	9.20%	12.30%	4.10%
Access to Orthodontist	81.90%	85.40%	81.60%	79.10%	84.70%	83.00%	
Without Access to Orthodontist	18.10%	14.60%	18.40%	20.90%	15.30%	17.00%	
<b>Disruption</b>							
In Network DHMO Provider Match	14.00%	N/A	20%	2.00%	8.26%	N/A	
In Network DPPO Provider Match	73.00%	58.40%	51.00%	54.74%	77.37%	55.60%	
Notes	*2 General and Family Dentist within 10 miles **2 Specialists within 10 miles ***2 Orthodontist within 10 miles						*specialist within 15 miles



**Disclaimer**

The following summary of coverages is to be used only as an overview of each policy written and in no way should it be used, nor is intended to be used, as a substitute for the original policy provisions. It has been prepared as a guideline for your reference only.

The policy/policies contain conditions, limitations and exclusions which may affect or limit coverage to be provided and should be reviewed by the insured to verify that coverage has been written as requested.

All of the information contained in this proposal is subject to the terms, conditions and limitations contained in the policies. Values are based on information provided by the client.

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**McGRIFF, SEIBELS & WILLIAMS, INC. COMPENSATION STATEMENT**

Our principal remuneration for the placement and service of your insurance policy(ies) will be by commission (a proportion of the premium paid that is allowed to us by the insurance company(ies)) and/or a mutually agreed fee.

You should be aware that we may receive additional income from the following sources:

- Interest or Investment Income earned on insurance premiums.**
- Expense Allowances or Reimbursements from insurance companies and other vendors for (a) educational and professional development programs; (b) managing and administering certain binding authorities and other similar facilities, including claims which may arise; and (c) attendance at insurance company meetings and events; all of which we believe enable us to provide more efficient service and competitive terms to those clients for whom we consider the use of such facilities appropriate.**
- Tier II Commission (sometimes referred to as “extra compensation”) is exclusive to the placement of employee benefits insurance and is based on premium volume of new business and/or premium retention.**
- Contingent Commission (sometimes referred to as “profit sharing”) which can be based on profitability, premium volume, premium retention, and/or growth. If any part of your account is on a fee basis, we will not accept contingent commissions related to your account.**

If you have questions or desire additional information about remuneration and other income, please contact your Agent who will put you in touch with our Chief Risk Manager for assistance. If any part of your insurance program is placed through any BB&T-owned companies (including retail insurance brokers BB&T Insurance Services, Inc. and BB&T Insurance Services of California, Inc.; wholesale insurance brokers CRC Insurance Services, Inc. and Crump Life Insurance Services, Inc.; managing general underwriter AmRisk, LP; insurance premium finance company, Prime Rate Premium Finance Corporation, Inc. or affiliates; or BB&T Assurance Company, Ltd.) disclosure of that income will also be included.

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