

Chris Ewing

MERCER



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November 10, 2008

Amy Sharkey, CCP  
Compensation and Benefits Manager  
City of Fort Collins Human Resources  
215 North Mason, 2nd Floor  
P.O. Box 580  
Ft. Collins, CO 80522-0580

**Subject: Confirmation of Coverage**

RENEWALS FOR 2009  
(P985 & P902)

Dear Amy,

Enclosed please find signed copies of your Confirmation of Coverage forms for the City of Fort Collins' Medical, Dental, Vision, Life Insurance and Disability renewals. Rates and benefits have been outlined in these documents. Please let me know if you have any questions.

Sincerely,

Chris Ewing

Copy: Wendy Stone, Kathy Dahlman, Mercer

Consulting. Outsourcing. Investments.

P985

**CONFIRMATION OF COVERAGE: 2009 Renewal**

CARRIER/POLICY #: **Great West**  
 Client / Legal name: **City of Fort Collins**  
 ERISA Plan name: **City of Fort Collins**  
 Eligible employees: **1,400**  
 Client / Insured Address: **215 North Mason Street, 2<sup>nd</sup> Floor  
 Fort Collins, CO 80522**

This document will confirm renewal acceptance of the following coverage(s):

- ✓ Medical - Administration (Core and Advantage plans)
- ✓ Vision - Administration
- ✓ Medical - Specific Stop Loss coverage with \$175,000 deductible

Plan will be effective on: 1/1/2009  
 For a period of: 12 months

Rates / fees (including any subsequent period caps or guarantees) for the above-referenced coverage(s) are:

**Medical and Rx administration fee:**  
 Per employee \$38.45

**Vision administration fee:**  
 Per employee \$1.16

**Specific Stop Loss rate (\$175,000 deductible):**  
 Per employee \$61.64  
 Covers Medical Only

A description of benefits:

**Core Plan**


**In Network**

Deductible - \$500 Individual/\$1,000 Family  
 Coinsurance - 80%  
 Office Visit - \$25 PCP/\$40 Specialist  
 Out of Pocket - \$4,500/\$9,000  
 Inpatient Hospital - 80% after Ded  
 Outpatient Surgery - 80% after Ded  
 Emergency Room - 80% after Ded  
 Rx - \$50 deductible per calendar year  
 Retail Generic: \$8 copay or 10% (greater of), Preferred Brand: \$15 copay or 20% (greater of), Non-preferred Brand: \$30 copay or 30% (greater of)  
 Mail Generic: \$16 copay, Preferred Brand: \$30 copay, Non-preferred Brand: \$60 copay

**Out-of-Network**

Deductible - \$1,000 Individual/\$2,000 Family  
 Coinsurance - 60%  
 Office Visit - 60% after deductible  
 Out of Pocket - \$9,000/\$18,000  
 Inpatient Hospital - 60% after Ded  
 Outpatient Surgery - 60% after Ded  
 Emergency Room - 60% after Ded  
 Rx - 50% of cost after Network copay and ded

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**Advantage Plan**

**In Network**

Deductible - \$250 Individual/\$500 Family  
Coinsurance - 90%  
Office Visit - \$15 PCP/\$30 Specialist  
Out of Pocket - \$2,250/\$4,500  
Inpatient Hospital - 90% after Ded  
Outpatient Surgery - 90% after Ded  
Emergency Room - \$100 copay  
Rx - No separate Rx deductible  
Retail. Generic: \$8 copay or 10% (greater of), Preferred  
Brand: \$15 copay or 20% (greater of), Non-preferred  
Brand: \$30 copay or 30% (greater of)  
Mail Generic: \$16 copay, Preferred Brand: \$30 copay,  
Non-preferred Brand: \$60 copay

**Out-of-Network**

Deductible - \$500 Individual/\$1,000 Family  
Coinsurance - 70%  
Office Visit - 70% after deductible  
Out of Pocket - \$4,500/\$9,000  
Inpatient Hospital - 70% after Ded  
Outpatient Surgery - 70% after Ded  
Emergency Room - \$100 copay  
Rx - 50% of cost after In-Network copays

**CHANGES TO PLANS FOR 1/1/09**

PCP copay applies to chiropractic services.  
Ambulance services paid as in-network regardless of provider utilization.

**Stop Loss**

Deductible - \$175,000  
Contract Basis - "Paid"

Conditions of coverage(s):

As an authorized representative, I accept this confirmation of coverage. By signing below, I acknowledge agreement with the rates and benefits described above and that subsequent contract(s) shall conform to this document unless otherwise agreed to in writing.

Authorized Representative:  
Legal Name of Insurer/  
Administrator

Timothy L. Sward

Signature:

Great-West Healthcare

Date:

Timothy L. Sward

10/22/08

This form must be signed and returned to Mercer H&B prior to the effective date of coverage.

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