

Village of Orland Park
January 1, 2014

The following Medical markets were approached:	
<u>Carrier</u>	<u>Status</u>
AIG	Quoted
Blue Cross & Blue Shield	Incumbent
HCC	Quoted
ING	Quoted
QBE	Declined

The following Dental markets were approached:	
<u>Carrier</u>	<u>Status</u>
Dearborn National	Pending
Delta Dental	Incumbent
Guardian	Pending
MetLife	Quoted
Principal	Declined
Reliance Standard	Quoted
Sun Life	Pending

The following Life / LTD / STD markets were approached:	
<u>Carrier</u>	<u>Status</u>
Dearborn National	Incumbent - Life
Guardian	Incumbent - STD
Lincoln Financial	Pending
MetLife	Quoted
NIS / Madison National	Quoted
Principal Financial	Declined
UNUM	Declined

Village of Orland Park
Health Review
January 1, 2014



Presented by: Michael Wojcik

Contract Specifics	Recommended				
	CURRENT	CURRENT NO RUN IN CLAIMS	CURRENT ACTUAL RUN IN CLAIMS	RENEWAL % Change	RENEWAL OPTION % Change
Reinsurance/Health Carrier	Blue Cross PPO & HMOI	Blue Cross PPO & HMOI	Blue Cross PPO & HMOI	Blue Cross / PPO & HMOI	Blue Cross / PPO & HMOI
Specific Deductible	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Specific Contract	12/12 - HMO & 15/12 PPO	12/12 - HMO & 15/12 PPO	12/12 - HMO & 15/12 PPO	24/12	24/12
Specific Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Aggregate Contract	12/12	12/12	12/12	24/12	24/12
Aggregate Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Run-In-Limit	N/A	N/A	N/A	N/A	N/A
Specific Run-In-Limit	N/A	N/A	N/A	N/A	N/A
Employee Census					
PPO Employees	182	182	182	182	182
H.S.A. Employees	0	0	0	0	0
HMO Employees	105	105	105	105	105
Total	287	287	287	287	287
Fixed Costs					
PPO/HSA Administration	\$49.55 182	\$49.55 182	\$49.55 182	\$54.83 182	\$54.83 182
HMO Administration	\$49.55 105	\$49.55 105	\$49.55 105	\$54.83 105	\$54.83 105
H.S.A. Administration	\$49.55	\$49.55	\$49.55	\$54.83	\$54.83
Rx Rebate	(\$10.94)	(\$10.94)	(\$10.94)	(\$14.54)	(\$14.54)
Monthly Admin Costs	\$11,081.07	\$11,081.07	\$11,081.07	\$11,563.23 4.4%	\$11,563.23 4.4%
PPO/HSA Specific Premium	\$135.93 182	\$135.93 182	\$135.93 182	\$144.18 182	\$144.18 182
HMO Specific Premium	\$46.63 105	\$46.63 105	\$46.63 105	\$50.39 105	\$50.39 105
Monthly Specific Costs	\$29,635.41	\$29,635.41	\$29,635.41	\$31,531.71 6.4%	\$31,531.71 6.4%
Subtotal Monthly Costs (Admin + Spec)	\$40,716.48	\$40,716.48	\$40,716.48	\$43,094.94 5.8%	\$43,094.94 5.8%
Annual Access Fee	2.51%	2.51%	2.51%	2.51%	2.51%
Annual Aggregate Premium	\$55,718.00	\$55,718.00	\$55,718.00	\$34,786.00 -37.6%	\$34,786.00 -37.6%
Annual Administration Fee	n/a	n/a	n/a	n/a	n/a
Grand Total Annual Fixed Costs	\$544,315.76	\$544,315.76	\$544,315.76	\$551,925.28 1.4%	\$551,925.28 1.4%
Capitation Fees					
HMO Cap Fee (Single)	\$195.19 44	\$195.19 44	\$195.19 44	\$193.24 44	\$193.24 44
HMO Cap Fee (Family)	\$534.46 61	\$534.46 61	\$534.46 61	\$590.72 61	\$590.72 61
HMO Managed Care Fee	\$9.37 105	\$9.37 105	\$9.37 105	\$10.03 105	\$10.03 105
Total Monthly Capitation Costs	\$42,174.27	\$42,174.27	\$42,174.27	\$45,589.63	\$45,589.63
Total Annual Capitation Costs	\$506,091.24	\$506,091.24	\$506,091.24	\$547,075.56	\$547,075.56
Aggregate Liability	120% Corridor	120% Corridor	120% Corridor	120% Corridor	120% Corridor
PPO Aggregate Factor	\$1,366.66 182	\$1,366.66 182	\$1,366.66 182	\$1,667.63 182	\$1,667.63 182
HMO Aggregate Factor	\$590.82 105	\$590.82 105	\$590.82 105	\$633.84 105	\$633.84 105
2014 New HSA Plan - Aggregate Factor				\$1,355.80	\$1,355.80
Total Monthly Aggregate Liability:	\$310,768.22	\$310,768.22	\$310,768.22	\$370,061.86	\$370,061.86
Total Annual Aggregate Liability:	\$3,729,218.64	\$3,729,218.64	\$3,729,218.64	\$4,440,742.32 19.1%	\$4,440,742.32 19.1%
Estimated Run In Liability	\$1,202,106.00 **	\$0.00	\$488,961.00		
ACA Reserve/Premium Stabilization Fund					\$560,000.00
PPACA Tax Stabilization Fund	\$64,815.00	\$64,815.00	\$64,815.00	\$64,987.00	\$64,987.00
Maximum Plan Exposure	\$6,046,546.64	\$4,844,440.64	\$5,333,401.64	\$5,604,730.16 -7.3%	\$6,164,730.16 2.0%
Expected Plan Exposure	\$5,424,885.89	\$4,222,779.89	\$4,711,740.89	\$4,864,458.42 -10.3%	\$5,424,458.42 0.0%
Renewal Increase % No Run In Claims				15.2%	28.5%
Renewal Increase % Actual Aetna Run In Claims				3.2%	15.1%
HSA Employer Seed Contribution	\$117,000.00	\$117,000.00	\$117,000.00	\$117,000.00	\$117,000.00
Expected Cost with Employer Seed	\$5,541,885.89	\$4,339,779.89	\$4,828,740.89	\$4,981,458.42	\$5,541,458.42

**Includes estimated run-out claims, run-out administration and large claim liability.

Village of Orland Park
Health Review
January 1, 2014



Presented by: Michael Wojcik

Contract Specifics	CURRENT	CURRENT NO RUN IN CLAIMS	CURRENT ACTUAL RUN IN CLAIMS	RENEWAL % Change	RENEWAL OPTION 1 % Change	RENEWAL OPTION 2 % Change	RENEWAL OPTION 3 % Change
Reinsurance/Health Carrier	PPO & HMOI	& HMOI	PPO & HMOI	Blue Cross / PPO & HMOI	AIG / PPO & HMOI	HCC / PPO & HMOI	ING / PPO & HMOI
Specific Deductible	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Specific Contract	12/12 - HMO & 15/12 PPO	12/12 - HMO & 15/12 PPO	12/12 - HMO & 15/12 PPO	24/12	24/12	24/12	24/12
Specific Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Aggregate Contract	12/12	12/12	12/12	24/12	24/12	24/12	24/12
Aggregate Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Run-In-Limit	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specific Run-In-Limit	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee Census							
PPO Employees	182	182	182	182	182	182	182
H.S.A. Employees	0	0	0	0	0	0	0
HMO Employees	105	105	105	105	105	105	105
Total	287	287	287	287	287	287	287
Fixed Costs							
PPO/HSA Administration	\$49.55 182	\$49.55 182	\$49.55 182	\$54.83 182	\$54.83 182	\$54.83 182	\$54.83 182
HMO Administration	\$49.55 105	\$49.55 105	\$49.55 105	\$54.83 105	\$54.83 105	\$54.83 105	\$54.83 105
H.S.A. Administration	\$49.55	\$49.55	\$49.55	\$54.83	\$54.83	\$54.83	\$54.83
Rx Rebate	(\$10.94)	(\$10.94)	(\$10.94)	(\$14.54)	(\$14.54)	(\$14.54)	(\$14.54)
Monthly Admin Costs	\$11,081.07	\$11,081.07	\$11,081.07	\$11,563.23 4.4%	\$11,563.23 4.4%	\$11,563.23 4.4%	\$11,563.23 4.4%
PPO/HSA Specific Premium	\$135.93 182	\$135.93 182	\$135.93 182	\$144.18 182	\$152.48 182	\$179.05 182	\$160.91 182
HMO Specific Premium	\$46.63 105	\$46.63 105	\$46.63 105	\$50.39 105	\$152.48 105	\$179.05 105	\$160.91 105
Monthly Specific Costs	\$29,635.41	\$29,635.41	\$29,635.41	\$31,531.71 6.4%	\$43,761.76 47.7%	\$51,387.35 73.4%	\$46,181.17 55.8%
Subtotal Monthly Costs (Admin + Spec)	\$40,716.48	\$40,716.48	\$40,716.48	\$43,094.94 5.8%	\$55,324.99 35.9%	\$62,950.58 54.6%	\$57,744.40 41.8%
Annual Access Fee	2.51%	2.51%	2.51%	2.51%	2.51%	2.51%	2.51%
Annual Aggregate Premium	\$55,718.00	\$55,718.00	\$55,718.00	\$34,786.00 -37.6%	\$6.26 287 -100.0%	\$13.75 287 -100.0%	\$6.11 287 -100.0%
Aggregate Premium Rate							
Annual Administration Fee	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grand Total Annual Fixed Costs	\$544,315.76	\$544,315.76	\$544,315.76	\$551,925.28 1.4%	\$685,459.32 25.9%	\$802,761.96 47.5%	\$713,975.64 31.2%
Capitation Fees							
HMO Cap Fee (Single)	\$195.19 44	\$195.19 44	\$195.19 44	\$193.24 44	\$193.24 44	\$193.24 44	\$193.24 44
HMO Cap Fee (Family)	\$534.46 61	\$534.46 61	\$534.46 61	\$590.72 61	\$590.72 61	\$590.72 61	\$590.72 61
HMO Managed Care Fee	\$9.37 105	\$9.37 105	\$9.37 105	\$10.03 105	\$10.03 105	\$10.03 105	\$10.03 105
Total Monthly Capitation Costs	\$42,174.27	\$42,174.27	\$42,174.27	\$45,589.63	\$45,589.63	\$45,589.63	\$45,589.63
Total Annual Capitation Costs	\$506,091.24	\$506,091.24	\$506,091.24	\$547,075.56	\$547,075.56	\$547,075.56	\$547,075.56
Aggregate Liability	120% Corridor	120% Corridor	120% Corridor	120% Corridor	125% Corridor	125% Corridor	125% Corridor
PPO Aggregate Factor	\$1,366.66 182	\$1,366.66 182	\$1,366.66 182	\$1,667.63 182	\$1,969.22 182	\$1,800.89 182	\$1,700.79 182
HMO Aggregate Factor	\$590.82 105	\$590.82 105	\$590.82 105	\$633.84 105	\$1,969.22 105	\$1,800.89 105	\$1,700.79 105
2014 New HSA Plan - Aggregate Factor				\$1,355.80			
Total Monthly Aggregate Liability:	\$310,768.22	\$310,768.22	\$310,768.22	\$370,061.86	\$565,166.14	\$516,855.43	\$488,126.73
Total Annual Aggregate Liability:	\$3,729,218.64	\$3,729,218.64	\$3,729,218.64	\$4,440,742.32 19.1%	\$6,781,993.68 81.9%	\$6,202,265.16 66.3%	\$5,857,520.76 57.1%
Estimated Run In Liability	\$1,202,106.00 **	\$0.00	\$488,961.00				
ACA Reserve/Premium Stabilization Fund				\$560,000.00	\$560,000.00	\$560,000.00	\$560,000.00
PPACA Tax Stabilization Fund	\$64,815.00	\$64,815.00	\$64,815.00	\$64,987.00	\$64,987.00	\$64,987.00	\$64,987.00
Maximum Plan Exposure	\$6,046,546.64	\$4,844,440.64	\$5,333,401.64	\$6,164,730.16 2.0%	\$8,639,515.56 42.9%	\$8,177,089.68 35.2%	\$7,743,558.96 28.1%
Expected Plan Exposure	\$5,424,885.89	\$4,222,779.89	\$4,711,740.89	\$5,424,458.42 0.0%	\$7,283,116.82 34.3%	\$6,936,636.65 27.9%	\$6,572,054.81 21.1%
Renewal Increase % No Run In Claims				28.5%	72.5%	64.3%	55.6%
Renewal Increase % Actual Aetna Run In Claims				15.1%	54.6%	47.2%	39.5%
HSA Employer Seed Contribution	\$117,000.00			\$117,000.00	\$117,000.00	\$117,000.00	\$117,000.00
Expected Cost with Employer Seed	\$5,541,885.89			\$5,541,458.42	\$7,400,116.82	\$7,053,636.65	\$6,689,054.81

**Includes estimated run-out claims, run-out administration and large claim liability.

**Village of Orland Park
2014 Proposed - Premium Equivalents**

	Projected Enrollment	Fully Insured "Expected" Equivalents
		<u>Gold PPO Plan</u>
EE Only	26	\$844.25
Employee + Spouse	33	\$1,798.23
Employee + Child(ren)	7	\$1,725.65
Family	<u>39</u>	<u>\$2,669.87</u>
	105	\$2,369,957
		<u>Silver PPO Plan</u>
EE Only	6	\$750.85
Employee + Spouse	3	\$1,437.09
Employee + Child(ren)	1	\$1,378.62
Family	<u>3</u>	<u>\$2,089.74</u>
	13	\$197,570
		<u>H.S.A. Plan</u>
EE Only	11	\$691.45
Employee + Spouse	13	\$1,410.26
Employee + Child(ren)	1	\$1,349.02
Family	<u>39</u>	<u>\$2,093.84</u>
	64	\$1,307,378
		<u>HMO Illinois</u>
EE Only	44	\$602.74
Employee + Spouse	12	\$1,192.08
Employee + Child(ren)	10	\$1,143.97
Family	<u>39</u>	<u>\$1,769.95</u>
	105	\$1,455,519
Total	287	\$5,330,424

* Assumes funding for PPACA Tax Stabilization Fund and ACA Reserve/Premium Stabilization Fund.

Village of Orland Park
Dental Review
January 1, 2014



4 Tier	<u>EE</u> 72	<u>EE + Spouse</u> 70	<u>EE + C</u> 19	<u>Fam</u> 137	<u>Total</u> 298
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Benefits Presented by: Mike Wojcik

		Recommended			
Carriers:	CURRENT Delta Dental	RENEWAL Delta Dental	OPTION Reliance Standard	OPTION MetLife	
Type of Plan	PPO	PPO	PPO	PPO	
In Network Benefits					
Individual Deductible	\$25	\$25	\$25	\$25	
Family Deductible	\$75	\$75	\$75	\$75	
Preventative Co-Insurance	100%	100%	100%	100%	
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	
Basic Co-Insurance	100%	100%	100%	100%	
Major Co-Insurance	80%	80%	80%	80%	
Orthodontia Co-Insurance	50%	50%	50%	50%	
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	
Endodontics Co-Insurance	100%	100%	100%	100%	
Periodontics Co-Insurance	100%	100%	100%	100%	
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,000	\$1,200	
Out of Network Benefits					
Individual Deductible	\$50	\$50	\$50	\$50	
Family Deductible	\$150	\$150	\$150	\$150	
Preventative Co-Insurance	100%	100%	100%	100%	
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	
Basic Co-Insurance	100%	100%	100%	100%	
Major Co-Insurance	80%	80%	80%	80%	
Orthodontia Co-Insurance	50%	50%	50%	50%	
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	
Endodontics Co-Insurance	100%	100%	100%	100%	
Periodontics Co-Insurance	100%	100%	100%	100%	
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	80% R&C
Dental Funding Factors (Includes Admin Fee)					
	4 tier	4 tier	4 tier	Fully Insured	
Employee	\$29.25	\$31.21	\$31.67	\$31.34	
Employee + Spouse	\$58.50	\$62.43	\$62.89	\$65.16	
Employee + Children	\$72.43	\$77.29	\$77.75	\$71.50	
Family	\$101.68	\$108.51	\$108.97	\$112.89	
Monthly Funding (Estimated Claim Liab)	\$21,507.33	\$22,951.60	\$23,088.68	\$23,642.11	
Annual Funding (Estimated Claim Liab)	\$258,087.96	\$275,419.20	\$277,064.16	\$283,705.32	
Percentage Change from Current		6.72%	7.35%	9.93%	
Monthly Fixed Costs					
	\$3.96	\$3.96	\$4.42		
Annual Fixed Costs	\$14,160.96	\$14,160.96	\$15,805.92		
Percentage Change from Current		0.00%	11.62%		
Rate Guarantee		Until 12/31/14	1 Year		

* Blue Cross Dental Funding Factors are estimated.

**Village of Orland Park
Vision Rates/Benefits Review
January 1, 2013
Full Enrollment Included**



Benefits Presented by: Mike Wojcik

	3 Tier	4 Tier
EE	62	62
EE & 1 Dep	84	67
EE & 2+ Dep	139	17
Total	285	139
		Family
		Total
		285

**Recommended
4-Tier Option**

Carriers:	CURRENT EyeMed	RENEWAL EyeMed	VSP ¹
	12/12/12	12/12/12	12/12/12
Copayment Exam	\$10	\$10	\$10
Copayment Materials	\$25 (Select Plan)	\$25 (Select Plan)	\$25 (VSP Choice Network)
<u>In Network Benefits</u>			
Examination	Covered in Full*	Covered in Full*	Covered in Full*
Basic Lenses			
Single	Covered in Full*	Covered in Full*	Covered in Full*
Bifocal	Covered in Full*	Covered in Full*	Covered in Full*
Trifocal	Covered in Full*	Covered in Full*	Covered in Full*
Lenticular	Covered in Full*	Covered in Full*	Covered in Full*
Tinted/Photochromic	N/A	N/A	\$70 Single / \$82 multi-focal copayment
Frames	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance	Covered up to \$130 (\$50 Wholesale)**
Elective Contact Lenses	Prof Fees & Materials up to \$130.00	Prof Fees & Materials up to \$130.00	Prof Services & Materials up to \$130.00
Necessary Contact Lenses	Covered in Full subject to copayment	Covered in Full subject to copayment	Covered in Full subject to copayment
<u>Out of Network Benefits</u>			
Examination	Up to \$30.00	Up to \$30.00	Up to \$45.00
Basic Lenses			
Single	Up to \$25.00	Up to \$25.00	Up to \$30.00
Bifocal	Up to \$40.00	Up to \$40.00	Up to \$50.00
Trifocal	Up to \$60.00	Up to \$60.00	Up to \$65.00
Frames	Up to \$65.00	Up to \$65.00	Up to \$70.00
Elective Contact Lenses	Up to \$104.00	Up to \$104.00	Up to \$105.00
Necessary Contact Lenses	Up to \$200.00	Up to \$200.00	Up to \$210.00
<u>Medical Premium</u>	3 Tier	4 Tier	3 Tier
Employee	\$4.81	\$4.81	\$4.45
Employee + 1 Dep / EE + Sp	\$9.14	\$9.14	\$8.20
/ EE + C		\$9.62	
Family	\$13.42	\$14.14	\$13.49
Total Monthly Premium	\$2,931.36	\$3,039.60	\$2,839.81
Total Annual Premium	\$35,176.32	\$36,475.20	\$34,077.72
Percent Change from Current			-3.12%
Rate Guarantee	TIL 2015	TIL 2015	4 Years

¹Please note that the Choice network is included - not the Signature which was in the prior plan

* After applicable copayment.

**20% Discount on amounts exceeding retail allowance

**Village of Orland Park
Life Review
January 1, 2014**



Presented by: Mike Wojcik

**Recommended
Renegotiated 10/4/13**

Carriers:	CURRENT Dearborn National	RENEWAL Dearborn National	RENEWAL Dearborn National	OPTION Madison National	OPTION Guardian	OPTION MetLife
BENEFIT AMOUNT						
Class 1:	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
Class 2:	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000
Reduction Clauses						
% Benefit Amount Reduces to at Age 65						
% Benefit Amount Reduces to at Age 70	None	None	None	None	None	None
% Benefit Amount Reduces to at Age 75						
% Benefit Amount Reduces to at Age 80						
Dependent Benefit Amount						
Spouse	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Child 14 days to 6 months	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$100
Child 6 months and older	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Volumes						
Life/ADD Volume	\$40,120,000	\$40,120,000	\$40,120,000	\$40,120,000	\$40,120,000	\$40,120,000
Number of Dependent Units	230	230	230	230	230	230
Rates						
Employee Life per \$1,000	\$0.140	\$0.140	\$0.110	\$0.110	\$0.130	\$0.136
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.020	\$0.020	\$0.015	\$0.034
Combined Life/ADD Rate/\$1,000	\$0.160	\$0.160	\$0.130	\$0.130	\$0.145	\$0.170
Dependent Rate per Unit	\$0.500	\$0.500	\$0.500	\$0.500	\$0.490	\$0.370
Life/ADD Monthly Premium	6,419.20	6,419.20	5,215.60	5,215.60	5,817.40	6,820.40
Life/ADD Annual Premium	77,030.40	77,030.40	62,587.20	62,587.20	69,808.80	81,844.80
Dependent Life Annual Premium	1,380.00	1,380.00	1,380.00	1,380.00	1,352.40	1,021.20
Total Annual Premium	\$78,410.40	\$78,410.40	\$63,967.20	\$63,967.20	\$71,161.20	\$82,866.00
Percentage Change		0.00%	-18.42%	-18.42%	-9.25%	5.68%
Rate Guarantee		Until 12/31/2014	3 Years	3 Years	2 Years	2 Years

Class 1 - Elected Officials
Class 2 - All Other Employees

Option - Madison National: A Line of Duty benefit may be added to the AD&D coverage for a maximum benefit of \$50,000. The combined AD&D rate for police / safety officers only would be \$.05 per \$1,000

**Village of Orland Park
Short Term Disability Review - ASO
January 1, 2013**



**EE
263**

Presented by: Mike Wojcik

	ASO	Recommended ASO	ASO	ASO
	Current Guardian	Renewal Guardian	Option Madison National	Option MetLife
Benefit:	70% to \$2,500	70% to \$2,500	70% to \$2,500	70% to \$2,500
Elimination Period:	1 day Accident 8 days Illness	1 day Accident 8 days Illness	1 day Accident 8 days Illness	1 day Accident 8 days Illness
Duration	52 Weeks	52 Weeks	52 Weeks	52 Weeks
Rate/PEPM	\$0.75	\$1.20	\$1.50	\$5.68
Total Monthly Premium	\$197.25	\$315.60	\$394.50	\$1,493.84
Total Annual Premium	\$2,367.00	\$3,787.20	\$4,734.00	\$17,926.08
Percent Change		60.00%	100.00%	657.33%
Rate Guarantee	Until 12/31/13	1 Year	1 Year	1 Year