Village of Orland Park October 1, 2008

The following Medical markets were approached:			
<u>Carrier</u>	<u>Status</u>		
Aetna	Declined		
BCBS IL	Current		
Cigna	Declined		
Humana	Declined		
United Healthcare	Quoted		
Unicare	Declined		

The following Ancillary markets were approached:			
<u>Carrier</u>	<u>Status</u>		
Assurant	Quoted		
Cigna	Declined		
Delta Dental	Current		
Fort Dearborn	Current		
Guardian	Quoted		
Hartford	Quoted		
Lincoln Financial	Quoted		
Principal	Declined		
Standard	Quoted		
Sun Life	Declined		
TrueAssurance (Delta)	Quoted		
Unum	Declined		
VSP	Current		

Village of Orland Park Health Review October 1, 2008 12 month Renewal Exhibit

			/	
I	10	DT	3 N	w
Г	70		OIV.	
_	100000			

BCBS of IL BCBS of IL BCBS of IL BCBS of IL Specific Deductible \$100,000 \$	Presented by: Michael Wojcik					al Accepted 10-08 RE-NEGOTIATED	
Specific Deductible \$100,000	Contract Specifics		CURRENT		% Change		% Change
PAID PAID PAID PAID PAID PAID PAID Specific Coverage Medical Medical Medical Medical Aggregate Contract PAID PAI	Reinsurance/Health Carrier		BCBS of IL	BCBS of IL		BCBS of IL	
Medical Medical Medical Medical Medical Medical Medical Medical Medical Raygregate Contract PAID Medical & Rx Medical Rx Medical Rx Medical Rx Medical & Rx Medical Rx Medi	Specific Deductible		\$100,000	\$100,000		\$100,000	
Aggregate Contract PAID PAID PAID PAID PAID Aggregate Coverage Medical & Rx Medical & R	Specific Contract		PAID	PAID		PAID	
Aggregate Contract PAID PAID PAID PAID PAID Aggregate Coverage Medical & Rx Medical & R	Specific Coverage		Medical	Medical		Medical	
Aggregate Coverage Medical & Rx Medical & Rx Medical & Rx Employee Census Employees 239 232 28 28 28 24 24 255 44 44 44 44 44 455 44 44 455 44 44 455 44 44 455 44 44 44 455 44 44 44 44 44 44	Aggregate Contract		PAID	PAID		PAID	
Reginary	Aggregate Coverage		Medical & Rx	Medical & Rx		Medical & Rx	
PPO Employees	Run-in-limit		N/A	N/A			
Modern M	Employee Census						
PPO Administration	PPO Employees		239	239		239	
PPO Administration 239	HMO Employees		90	90		90	
PPO Administration 239 \$61.38 \$69.30 \$55.44 HMO Administration 90 \$25.96 \$29.31 \$55.44 HMO Administration 0 \$49.29 \$55.44 \$55.44 H.S.A. Administration 0 \$49.29 \$55.44 \$55.44 R.R. Rebate 329 (10.92) (16.14) (16.14) PPO Specific Premium 239 \$51.32 \$67.85 \$64.46 HMO Specific Premium 90 \$19.43 \$21.55 \$20.47 H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 Subtotal Monthly Fixed Costs \$27,427.72 \$32,046.19 \$30,177.94 Annual Access Fee 4.0% 3.5% 3.5% Annual PPO Aggregate Premium 90 \$5,906.00 \$42,627.00 \$40,496.00 Annual HMO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 Grand Total Annual Fixed Costs \$371,773.64 \$433,526.28 \$16.6% \$408,659.28 9.9% Capitation Fees HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 HMO Cap Fee (Family) 58 \$399.84 \$441.14 \$441.14 \$441.14 \$7041 Monthly Capitation Costs \$27,794.56 \$30,429.32 \$30,429.32 \$30,429.32 \$7041 Annual Capatation Costs \$333,534.72 \$365,151.84 \$365,151.84 \$408,659.28 \$408,659.	Total		329	329		329	
HMO Administration 90 \$25.96 \$29.31 \$55.44 H.S.A. Administration 0 \$49.29 \$55.44 \$55.44 R.S.A. Rebate 329 (10.92) (16.14) (16.14) (16.14) PPO Specific Premium 239 \$51.32 \$67.85 \$64.46 HMO Specific Premium 90 \$19.43 \$21.55 \$20.47 H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 Subtotal Monthly Fixed Costs \$27,427.72 \$32,046.19 \$30,177.94 \$30,177.94 \$40.00 \$40.496.00 \$40.49	Fixed Costs						
HMO Administration 90 \$25.96 \$29.31 \$55.44 H.S.A. Administration 0 \$49.29 \$55.44 \$55.44 R.S.A. Rebate 329 (10.92) (16.14) (16.14) (16.14) PPO Specific Premium 239 \$51.32 \$67.85 \$64.46 HMO Specific Premium 90 \$19.43 \$21.55 \$20.47 H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 Subtotal Monthly Fixed Costs \$27,427.72 \$32,046.19 \$30,177.94 \$30,177.94 \$40.00 \$40.496.00 \$40.49	PPO Administration	230	\$61.38	\$60.30		\$55 <i>11</i>	
H.S.A. Administration 0 \$49.29 \$55.44 \$55.44 RR Rebate 329 (10.92) (16.14) (16.14) PPO Specific Premium 239 \$51.32 \$67.85 \$64.46 PMO Specific Premium 90 \$19.43 \$21.55 \$20.47 PM.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 PMO Specific Premium 0 \$39.22 \$51.85 \$49.26 PMO Subtotal Monthly Fixed Costs \$27,427.72 \$32,046.19 \$30,177.94 PMO Aggregate Premium 239 \$36,735.00 \$42,627.00 \$40,496.00 Annual PMO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 PMO				·		· ·	
Rx Rebate 329 (10.92) (16.14) (16.14) (16.14) PPO Specific Premium 239 \$51.32 \$67.85 \$64.46 HMO Specific Premium 90 \$19.43 \$21.55 \$\$20.47 H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 \$\$Subtotal Monthly Fixed Costs \$27,427.72 \$32,046.19 \$30,177.94 \$\$Annual Access Fee 4.0% 3.5% 3.5% Annual PPO Aggregate Premium 90 \$5,906.00 \$42,627.00 \$40,496.00 Annual HMO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 \$\$Grand Total Annual Fixed Costs \$371,773.64 \$433,526.28 \$16.6% \$408,659.28 \$9.9% \$\$Capitation Fees \$\$HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 \$151.35 \$\$HMO Cap Fee (Family) 58 \$399.84 \$441.14 \$441.14 \$441.14 \$5441.1				· ·		· ·	
HMO Specific Premium 90 \$19.43 \$21.55 \$20.47 H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 \$20.47 H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 \$20.47 H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 \$20.47 H.S.A. Specific Premium 239 \$30,177.94 \$20.47 H.S.A. Specific Premium 239 \$36,735.00 \$42,627.00 \$40,496.00 Annual PPO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 \$40,496.00 \$40,496.00 \$60.28.0	Rx Rebate	329	*	*		*	
H.S.A. Specific Premium 0 \$39.22 \$51.85 \$49.26 Subtotal Monthly Fixed Costs \$27,427.72 \$32,046.19 \$30,177.94 \$40,496.00 \$	PPO Specific Premium	239	` '	\$67.85		\$64.46	
Subtotal Monthly Fixed Costs \$27,427.72 \$32,046.19 \$30,177.94 Annual Access Fee 4.0% 3.5% 3.5% Annual PPO Aggregate Premium 239 \$36,735.00 \$42,627.00 \$40,496.00 Annual HMO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 Grand Total Annual Fixed Costs \$371,773.64 \$433,526.28 16.6% \$408,659.28 9.9% Capitation Fees HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 \$151.35 \$151.35 \$441.14 <t< td=""><td>HMO Specific Premium</td><td>90</td><td>\$19.43</td><td>\$21.55</td><td></td><td colspan="2"></td></t<>	HMO Specific Premium	90	\$19.43	\$21.55			
Annual Access Fee 4.0% 3.5% 3.5% Annual PPO Aggregate Premium 239 \$36,735.00 \$42,627.00 \$40,496.00 Annual PPO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 \$6,02	H.S.A. Specific Premium	0	\$39.22	\$51.85	\$49.26		
Annual PPO Aggregate Premium 239 \$36,735.00 \$42,627.00 \$40,496.00 Annual HMO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 Grand Total Annual Fixed Costs \$371,773.64 \$433,526.28 16.6% \$408,659.28 9.9% Capitation Fees HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 HMO Cap Fee (Family) 58 \$399.84 \$441.14 \$441.14 \$441.14 \$100 Fee (Family) \$100 Fe	Subtotal Monthly Fixed Costs		\$27,427.72	\$32,046.19		\$30,177.94	
Annual HMO Aggregate Premium 90 \$5,906.00 \$6,345.00 \$6,028.00 Grand Total Annual Fixed Costs \$371,773.64 \$433,526.28 16.6% \$408,659.28 9.9% Capitation Fees HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 HMO Cap Fee (Family) 58 \$399.84 \$441.14 \$441.14 \$441.14 \$100 Fee (Family) \$	Annual Access Fee		4.0%	3.5%		3.5%	
Grand Total Annual Fixed Costs \$371,773.64 \$433,526.28 16.6% \$408,659.28 9.9% Capitation Fees HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 \$151.35 HMO Cap Fee (Family) 58 \$399.84 \$441.14	Annual PPO Aggregate Premium	239	\$36,735.00	\$42,627.00		\$40,496.00	
Capitation Fees HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 HMO Cap Fee (Family) 58 \$399.84 \$441.14 \$441.14 Total Monthly Capitation Costs \$27,794.56 \$30,429.32 \$30,429.32 Total Annual Capatation Costs \$333,534.72 \$365,151.84 \$365,151.84 Aggregate Liability PPO Aggregate Factor 239 \$1,283.05 \$1,451.45 \$1,451.45 HMO Aggregate Factor 90 \$516.79 \$573.76 \$573.76 H.S.A. Aggregate Factor 0 \$1,153.46 \$1,304.57 \$1,304.57 Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 \$12.8% \$4,782,422.10 \$12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 \$12.9% \$5,556,233.22 \$12.4%	Annual HMO Aggregate Premium	90	\$5,906.00	\$6,345.00		\$6,028.00	
HMO Cap Fee (Single) 32 \$143.87 \$151.35 \$151.35 HMO Cap Fee (Family) 58 \$399.84 \$441.14 \$441.14 Total Monthly Capitation Costs \$27,794.56 \$30,429.32 \$30,429.32 Total Annual Capatation Costs \$333,534.72 \$365,151.84 \$365,151.84 Aggregate Liability PPO Aggregate Factor 239 \$1,283.05 \$1,451.45 \$1,451.45 HMO Aggregate Factor 90 \$516.79 \$573.76 \$573.76 H.S.A. Aggregate Factor 0 \$1,153.46 \$1,304.57 \$1,304.57 Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 \$12.8% \$4,782,422.10 \$12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 \$12.9% \$5,556,233.22 \$12.4%	Grand Total Annual Fixed Costs		\$371,773.64	\$433,526.28	16.6%	\$408,659.28	9.9%
HMO Cap Fee (Family) 58 \$399.84 \$441.14 \$441.14 \$441.14 Total Monthly Capitation Costs \$27,794.56 \$30,429.32 \$	Capitation Fees						
Total Monthly Capitation Costs \$27,794.56 \$30,429.32 \$30,429.32 Total Annual Capatation Costs \$333,534.72 \$365,151.84 \$365,151.84 Aggregate Liability PPO Aggregate Factor 239 \$1,283.05 \$1,451.45 \$1,451.45 HMO Aggregate Factor 90 \$516.79 \$573.76 \$573.76 H.S.A. Aggregate Factor 0 \$1,153.46 \$1,304.57 \$1,304.57 Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 12.8% \$4,782,422.10 12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 12.9% \$5,556,233.22 12.4%	HMO Cap Fee (Single)	32	\$143.87	\$151.35		\$151.35	
Total Annual Capatation Costs \$333,534.72 \$365,151.84 \$365,151.84 Aggregate Liability PPO Aggregate Factor 239 \$1,283.05 \$1,451.45 \$1,451.45 HMO Aggregate Factor 90 \$516.79 \$573.76 \$573.76 H.S.A. Aggregate Factor 0 \$1,153.46 \$1,304.57 \$1,304.57 Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 12.8% \$4,782,422.10 12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 12.9% \$5,556,233.22 12.4%	HMO Cap Fee (Family)	58	\$399.84	\$441.14		\$441.14	
Aggregate Liability PPO Aggregate Factor 239 \$1,283.05 \$1,451.45 \$1,451.45 HMO Aggregate Factor 90 \$516.79 \$573.76 \$573.76 H.S.A. Aggregate Factor 0 \$1,153.46 \$1,304.57 \$1,304.57 Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 12.8% \$4,782,422.10 12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 12.9% \$5,556,233.22 12.4%	Total Monthly Capitation Costs		\$27,794.56	\$30,429.32		\$30,429.32	
PPO Aggregate Factor 239 \$1,283.05 \$1,451.45 \$1,451.45	Total Annual Capatation Costs		\$333,534.72	\$365,151.84		\$365,151.84	
HMO Aggregate Factor 90 \$516.79 \$573.76 \$573.76 H.S.A. Aggregate Factor 0 \$1,153.46 \$1,304.57 \$1,304.57 Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 12.8% \$4,782,422.10 12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 12.9% \$5,556,233.22 12.4%	Aggregate Liability						
H.S.A. Aggregate Factor 0 \$1,153.46 \$1,304.57 \$1,304.57 Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 12.8% \$4,782,422.10 12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 12.9% \$5,556,233.22 12.4%	PPO Aggregate Factor	239	\$1,283.05	\$1,451.45		\$1,451.45	
Total Monthly Aggregate Liability: \$353,159.83 \$398,535.18 \$398,535.18 Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 \$12.8% \$4,782,422.10 \$12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 \$12.9% \$5,556,233.22 \$12.4%	HMO Aggregate Factor	90	\$516.79	\$573.76		\$573.76	
Total Annual Aggregate Liability: \$4,237,917.90 \$4,782,422.10 12.8% \$4,782,422.10 12.8% Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 12.9% \$5,556,233.22 12.4%	H.S.A. Aggregate Factor	0	\$1,153.46	\$1,304.57		\$1,304.57	
Maximum Plan Exposure \$4,943,226.26 \$5,581,100.22 12.9% \$5,556,233.22 12.4%	Total Monthly Aggregate Liability:		\$353,159.83	\$398,535.18		\$398,535.18	
+ 19 × 21 × 21 × 21 × 21 × 21 × 21 × 21 ×	Total Annual Aggregate Liability:		\$4,237,917.90	\$4,782,422.10	12.8%	\$4,782,422.10	12.8%
Expected Plan Exposure \$4,095,642.68 \$4,624,615.80 12.9% \$4,599,748.80 12.3%	Maximum Plan Exposure		\$4,943,226.26	\$5,581,100.22	12.9%	\$5,556,233.22	12.4%
	Expected Plan Exposure		\$4,095,642.68	\$4,624,615.80	12.9%	\$4,599,748.80	12.3%

Village of Orland Park Health Review October 1, 2008 15 month Renewal Exhibit

H	OR	TO	N
1 1			IA

HORTON Presented by: Michael Wojcik					nal Accepted 10-08 RE-NEGOTIATED	
, ,			15 Month		15 Month	
Contract Specifics		CURRENT	RENEWAL	% Change	RENEWAL	% Chang
Reinsurance/Health Carrier		BCBS of IL	BCBS of IL		BCBS of IL	
Specific Deductible		\$100,000	\$100,000		\$100,000	
Specific Contract		PAID	PAID		PAID	
Specific Coverage		Medical	Medical		Medical	
Aggregate Contract		PAID	PAID		PAID	
Aggregate Coverage		Medical & Rx	Medical & Rx		Medical & Rx	
Run-in-limit		N/A	N/A		N/A	
Employee Census						
PPO Employees		239	239		239	
HMO Employees		90	90		90	
Total		329	329	_	329	
Fixed Costs						
PPO Administration	239	\$61.38	\$69.30		\$55.44	
HMO Administration	90	\$25.96	\$29.31		\$55.44	
H.S.A. Administration	0	\$0.00	\$0.00		\$55.44	
Rx Rebate	329	(10.92)	(16.14)		(16.14)	
PPO Specific Premium	239 90	\$51.32 \$40.43	\$68.60	\$65.17		
HMO Specific Premium	90	\$19.43	\$21.83	\$20.74		
H.S.A. Specific Premium	U	\$0.00	\$0.00		\$65.17	
Subtotal Monthly Fixed Costs		\$27,427.72	\$32,250.64		\$30,371.80	
Annual Access Fee		4.0%	3.5%		3.5%	
Annual PPO Aggregate Premium	239	\$36,735.00	\$53,872.00		\$51,178.00	
Annual HMO Aggregate Premium	90	\$5,906.00	\$8,033.00		\$7,631.00	
Grand Total Annual Fixed Costs		\$371,773.64	\$448,912.68	20.7%	\$423,270.54	13.9%
Total Fixed Costs plus 3 addt'l mont	ths of Fix	ed for Oct-Dec 31 2009			\$529,088.18	
Capitation Fees						
HMO Cap Fee (Single)	32	\$143.87	\$151.35		\$151.35	
HMO Cap Fee (Family)	58	\$399.84	\$441.14		\$441.14	
Total Monthly Capitation Costs		\$27,794.56	\$30,429.32		\$30,429.32	
Total Annual Capatation Costs		\$333,534.72	\$365,151.84		\$365,151.84	
Aggregate Liability						
PPO Aggregate Factor	239	\$1,283.05	\$1,451.45		\$1,451.45	
HMO Aggregate Factor	90	\$516.79	\$573.76		\$573.76	
H.S.A. Aggregate Factor	0	\$1,153.46	\$1,304.57		\$1,304.57	
Total Monthly Aggregate Liability:		\$353,159.83	\$398,535.18		\$398,534.95	
Total Annual Aggregate Liability:		\$4,237,917.90	\$4,782,422.10	12.8%	\$4,782,419.40	12.8%
Maximum Plan Exposure		\$4,943,226.26	\$5,596,486.62	13.2%	\$5,570,841.78	12.7%
Max Exposure plus 3 addt'l Months Lia	bility for C	Oct-Dec 31 2009			\$6,766,446.63	
Expected Plan Exposure		\$4,095,642.68	\$4,640,002.20	13.3%	\$4,614,357.90	12.7%
Exported Exposure plus 2 addt! Month	- 1 :- 1-11:6	(O D 04 0000			¢E 000 002 7E	

Expected Exposure plus 3 addt'l Months Liability for Oct-Dec 31 2009 3

\$5,809,962.75

Village of Orland Park **Dental Review** October 1, 2008 12 & 15 Month Renewal Exhibit



<u>EE</u> 80 EE + 1 Dep <u>Fam</u> 149 Total 301 72

Total Fixed Costs (includes costs Oct-Dec 31 2009)

Benefits Presented by: Mike Wojcik			Final Accepted 10-08 12 month Renewal	Final Accepted 10-08 15 month Renewal
	CURRENT	RENEWAL	NEGOTIATED	NEGOTIATED
Carriers:	Delta Dental	Delta Dental	Delta Dental	Delta Dental
Type of Plan	PPO	PPO	PPO	PPO
In Network Benefits				
Deductible				
<u>DeddCtible</u> Individual	\$25	\$25	\$25	\$25
Family	\$75	\$75	\$25 \$75	\$25 \$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	\$1,200	\$1,200
	* /	, ,	, ,	, ,
Out of Network Benefits**				
<u>Deductible</u>				
Individual	\$50	\$50	\$50	\$50
Family	\$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	See Table	See Table	See Table	See Table
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
**based on Delta Dental's Maximum Plan Allowance	T : 1	₹ 1/1 1 1	T . /	Ŧ:/
& Table of Allowance				
Dental Funding Factors				
Employee	\$24.10	\$29.04	\$29.04	\$29.04
Employee + 1 Dependent	\$48.23	\$58.12	\$58.12	\$58.12
Employee + 2 or more Dependents	\$83.40	\$100.50	\$100.50	\$100.50
	•	·		·
Monthly Funding (Estimated Claim Liab)	\$17,827.16	\$21,482.34	\$21,482.34	\$21,482.34
Annual Funding (Estimated Claim Liab)	\$213,925.92	\$257,788.08	\$257,788.08	\$257,788.08
Percentage Change from Current	•	20.50%	20.50%	20.50%
Claims Funding (includes Proj claims Oct-Dec 31 2009)			\$322,235.10
Monthly Fixed Costs	\$3.71/ee/mo	\$3.82/ee/mo	\$3.71/ee/mo	\$3.71/ee/mo
Annual Fixed Costs	\$13,400.52	\$13,797.84	\$13,400.52	\$13,400.52
Percentage Change from Current		2.96%	0.00%	0.00%
Rate Guarantee			3 YEARS	3 YEARS
Tatal Final Casta (includes assta Oct Dec 24 0000)			"	\$40.7E0.0E

\$16,750.65

Village of Orland Park Life Review October 1, 2008



Benefits Presented by: Mike Wojcik	Final Accepted 10-08	
	CURRENT	RENEWAL
Carriers:	Fort Dearborn	Fort Dearborn
BENEFIT AMOUNT		
Class 1:	\$30,000	\$30,000
Class 2:	2 X Salary to a max of	2 X Salary to a max of
Oldos 2.	\$150,000	\$150,000
Reduction Clauses		
% Benefit Amount Reduces to at Age 65	100%	100%
% Benefit Amount Reduces to at Age 70	100%	100%
% Benefit Amount Reduces to at Age 75	100%	100%
Dependent Benefit Amount		
Spouse	\$2,000	\$2,000
Child 14 days to 6 months		\$1,000
Child 6 months and older	* *	\$1,000
Volumes		
Life/ADD Volume	\$38,405,000	\$38,405,000
Number of Dependent Units	¥, ·,	233
·		
Rates Employee Life per \$1,000	\$0.150	\$0.150
Employee Life per \$1,000 Employee AD&D per \$1000	*	\$0.150 \$0.030
Dependent Rate per Unit		\$0.50 \$0.50
Dependent Nate per Onit	φ0.50	φ0.50
Life/ADD Monthly Premium	6,912.90	6,912.90
Life/ADD Annual Premium	82,954.80	82,954.80
Dependent Life Annual Premium	<u>1,398.00</u>	<u>1,398.00</u>
Total Annual Premium	\$84,352.80	\$84,352.80
Percentage Change		0.00%
Rate Guarantee		Thru 12-31-09
Premiums 10-1-08 thru 12-31-09 (15 months	s)	\$105,441.00

Class 1 - Elected Officials Class 2 - All Other Employes



Village of Orland Park Vision Rates/Benefits Review October 1, 2008



EE 82
Family <u>221</u>
Total 303

Benefits Presented by: Mike Wojcik	Final Accepted 10-08	
	CURRENT	RENEWAL
Carriers:	VSP	VSP
	Frames Every 12 Months	Frames Every 12 Months
Copayment Exam	\$10	\$10
Copayment Materials	\$25	\$25
la Natara de Barra (%)		
In Network Benefits	Covered in Full	Covered in Full
Examination Basic Lenses	Covered in Full	Covered in Full
	Covered in Full	Covered in Full
Single Bifocal	Covered in Full	Covered in Full
Trifocal	Covered in Full	Covered in Full
Lenticular	Covered in Full	Covered in Full
Tinted/Photochromic	Covered in Full	Covered in Full
Frames	Covered up to Plan Allowance	Covered up to Plan Allowance
Elective Contact Lenses	Prof Fees & Materials up to \$105.00	Prof Fees & Materials up to \$105.00
Necessary Contact Lenses	Covered in Full subject to copayment	Covered in Full subject to copayment
Out of Network Benefits		
Examination	Up to \$25.00	Up to \$25.00
Basic Lenses	• •	• •
Single	Up to \$30.00	Up to \$30.00
Bifocal	Up to \$35.00	Up to \$35.00
Trifocal	Up to \$45.00	Up to \$45.00
Lenticular	Up to \$60.00	Up to \$60.00
Frames	Up to \$45.00	Up to \$45.00
	Prof Fees & Materials up to	Prof Fees & Materials up to
Elective Contact Lenses	\$105.00	\$105.00
Nessessay Contact Lawses	Up to \$210.00 subject to	Up to \$210.00 subject to
Necessary Contact Lenses	copayment	copayment
Medical Premium		
Employee	\$7.49	\$8.17
Employee + 1 Dep	\$9.25	\$10.09
Family	\$16.58	\$18.09
	*******	*
Total Monthly Premium	\$4,278.36	\$4,667.83
Total Annual Premium	\$51,340.32	\$56,013.96
	, , , , , , , , , , , , , , , , , , , ,	9.10%
Rate Guarantee		Thru 12-31-09
Premiums 10-1-08 thru 12-31-09 (15	\$70,017.45	