Village of Orland Park
Health Review - Blue Cross Alternatives
January 1, 2013
Full Enrollment Included

HORTON

Presented by: Michael Wojcik

Contract Specifics		CURRENT	RENEWAL	% Change	Alternate 3 Carrier		% Change
			Renegotiated 10/4/12		Recommended		
Reinsurance/Health Carrier		**Aetna**	**Aetna**		**Blue Cross / PPO & HMOI**		
Specific Deductible		$100,000	$100,000		$100,000		
Specific Contract		PAID	PAID		12/12 - HMO & 15/12 PPO		
Specific Coverage		Medical & Rx	Medical & Rx		Medical & Rx		
Aggregate Contract		PAID	PAID		12/12		
Aggregate Coverage		Medical & Rx	Medical & Rx		Medical & Rx		
Annual Maximum		$1,000,000	$1,000,000		Unlimited		
Lifetime Maximum		Unlimited	Unlimited		Unlimited		
Aggregate Run-In-Limit		*N/A*	*N/A*		*N/A*		
Specific Run-In-Limit		*N/A*	*N/A*		*N/A*		
Employee Census							
PPO Employees		169	169		169		
H.S.A. Employees		0	0		0		
HMO Employees		112	112		112		
Total		**281**	**281**		**281**		
Fixed Costs							
PPO Administration	169	$30.42	$30.42		$49.55		
HMO Administration	112	$32.74	$32.74		$49.55		
H.S.A. Administration	0	$30.42	$30.42		$49.55		
Rx Rebate					($10.94)		
Monthly Admin Costs		$8,807.86	$8,807.86	0.0%	$10,849.41		23.2%
PPO Specific Premium	169	$133.09	$143.65		$135.93	166	
HMO Specific Premium	112	$133.09	$143.65		$46.63	115	
H.S.A. Specific Premium	0	$133.09	$143.65				
Monthly Specific Costs		$37,398.29	$40,365.65	7.9%	$27,926.83		-25.3%
Subtotal Monthly Costs (Admin + Spec)		**$46,206.15**	**$49,173.51**	**6.4%**	**$38,776.24**		**-16.1%**
Annual Access Fee		0.0%	0.0%		2.51%		
Aggregate Premium	281	$13.20	$15.81		$0.00		
Monthly Aggregate Premium		$3,709.20	$4,442.61		$0.00		
Annual Aggregate Premium		$44,510.40	$53,311.32	19.8%	$55,718.00		25.2%
Annual Administration Fee		n/a	n/a		n/a		
Grand Total Annual Fixed Costs		**$598,984.20**	**$643,393.44**	**7.4%**	**$521,032.88**		**-13.0%**
Capitation Fees							
HMO Cap Fee (Single)	41	$0.00	$0.00		$195.19	44	
HMO Cap Fee (Family)	74	$0.00	$0.00		$534.46	71	
HMO Managed Care Fee	115				$9.37	115	
Total Monthly Capitation Costs		**$0.00**	**$0.00**		**$47,612.57**		
Total Annual Capatation Costs		**$0.00**	**$0.00**		**$571,350.84**		
Aggregate Liability		**120% Corridor**	**120% Corridor**		**120% Corridor**		
PPO Aggregate Factor	169	$1,675.66	$1,841.10		$1,366.66	166	
HMO Aggregate Factor	112	$1,675.66	$1,841.10		$590.82	115	
H.S.A. Aggregate Factor		$1,675.66	$1,841.10				
Total Monthly Aggregate Liability:		**$470,860.46**	**$517,349.10**		**$294,809.86**		
Total Annual Aggregate Liability:		**$5,650,325.52**	**$6,208,189.20**	**9.9%**	**$3,537,718.32**		**-37.4%**
Estimated Run In Liability					**$1,202,106.00**	**	
PPACA Tax Stabilization Fund					**$64,815.00**		
Maximum Plan Exposure		**$6,249,309.72**	**$6,851,582.64**	**9.6%**	**$5,897,023.04**		**-5.6%**
Expected Plan Exposure		**$5,307,400.46**	**$5,816,677.50**	**9.6%**	**$5,307,285.40**		**0.0%**

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

Village of Orland Park
Dental Review
January 1, 2013
Full Enrollment Included

HORTON

3 Tier	EE	EE + 1 Dep	Fam	Total
	63	86	141	290
4 Tier	**EE**	**EE + Spouse**	**EE + C**	**Fam**	**Total**
	63	69	17	141	290

Benefits Presented by: Mike Wojcik

Recommended
4-Tier Option

Carriers:	CURRENT Delta Dental	RENEWAL Delta Dental	OPTION Blue Cross			
Type of Plan	**PPO**	**PPO**	**PPO**			
In Network Benefits						
Individual Deductible	$25	$25	$25			
Family Deductible	$75	$75	$75			
Preventative Co-Insurance	100%	100%	100%			
Deductible Waived on Preventative	Yes	Yes	Yes			
Basic Co-Insurance	100%	100%	100%			
Major Co-Insurance	80%	80%	80%			
Orthodontia Co-Insurance	50%	50%	50%			
Deductible Waived on Ortho	Yes	Yes	Yes			
Endodontics Co-Insurance	100%	100%	100%			
Periodontics Co-Insurance	100%	100%	100%			
Surgical Periodontics Co-Insurance	100%	100%	100%			
Annual Maximum	$1,500	$1,500	$1,500			
Orthodontia Lifetime Maximum	$1,200	$1,200	$1,200			
Out of Network Benefits						
Individual Deductible	$50	$50	$50			
Family Deductible	$150	$150	$150			
Preventative Co-Insurance	100%	100%	100%			
Deductible Waived on Preventative	Yes	Yes	Yes			
Basic Co-Insurance	100%	100%	100%			
Major Co-Insurance	80%	80%	80%			
Orthodontia Co-Insurance	50%	50%	50%			
Deductible Waived on Ortho	Yes	Yes	Yes			
Endodontics Co-Insurance	100%	100%	100%			
Periodontics Co-Insurance	100%	100%	100%			
Surgical Periodontics Co-Insurance	100%	100%	100%			
Annual Maximum	$1,000	$1,000	$1,000			
Orthodontia Lifetime Maximum	$1,000	$1,000	$1,000			
Dental Funding Factors (Includes Admin Fee)	3 Tier	4 tier	3 Tier			
Employee	$28.53	$29.25	$29.25			
Employee + 1 Dependent / EE + S	$57.08	$58.50	$58.52			
/ EE + C		$72.43				
Employee + 2 or more Dependents / Family	$98.72	$101.68	$101.21			
Monthly Funding (Estimated Claim Liab)	**$20,625.79**	**$21,447.44**	**$21,146.08**			
Annual Funding (Estimated Claim Liab)	**$247,509.48**	**$257,369.28**	**$253,752.96**			
Percentage Change from Current Claims Funding	**$247,509.48**	**$257,369.28**	**$253,752.96**			
Monthly Fixed Costs	**$3.81**	**$3.96**	**$4.76**			
Annual Fixed Costs	**$13,258.80**	**$13,780.80**	**$16,564.80**			
Percentage Change from Current		**3.94%**	**24.93%**			
Rate Guarantee		**2 Years**	**1 Year**			

* Blue Cross Dental Funding Factors are estimated.

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

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

HORTON

Benefits Presented by: Mike Wojcik

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	$25	$25
	(Select Plan)	(Select Plan)	(VSP Choice Network)
In Network Benefits			
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 Wholsale)**
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
Out of Network Benefits			
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
Medical Premium	**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**

[1]**Please 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, 2013
Full Enrollment Included

Presented by: Mike Wojcik

Carriers:	CURRENT Dearborn National	RENEWAL Dearborn National	OPTION UNUM*	OPTION Aetna	OPTION Lincoln
		Recommended			
BENEFIT AMOUNT					
Class 1:	$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
Reduction Clauses					
% Benefit Amount Reduces to at Age 65			n/a		65%
% Benefit Amount Reduces to at Age 70	None	None	65%	None	40%
% Benefit Amount Reduces to at Age 75			50%		25%
% Benefit Amount Reduces to at Age 80					
Dependent Benefit Amount					
Spouse	$2,000	$2,000	$2,000	not quoted	not quoted
Child 14 days to 6 months	$1,000	$1,000	$1,000	not quoted	not quoted
Child 6 months and older	$1,000	$1,000	$1,000	not quoted	not quoted
Volumes					
Life/ADD Volume	$39,023,000	$39,023,000	$39,023,000	$39,023,000	$39,023,000
Number of Dependent Units	232	232	232	not quoted	not quoted
Rates					
Employee Life per $1,000	$0.140	$0.140	$0.170	$0.175	$0.140
Employee AD&D per $1000	$0.020	$0.020	$0.020	$0.020	$0.020
Combined Life/ADD Rate/$1,000	**$0.160**	**$0.160**	**$0.190**	**$0.195**	**$0.160**
Dependent Rate per Unit	**$0.500**	**$0.500**	**$1.500**	**not quoted**	**not quoted**
Life/ADD Monthly Premium	6,243.68	6,243.68	7,414.37	7,609.49	6,243.68
Life/ADD Annual Premium	**74,924.16**	**74,924.16**	**88,972.44**	**91,313.82**	**74,924.16**
Dependent Life Annual Premium	**1,392.00**	**1,392.00**	**4,176.00**	**not quoted**	**not quoted**
Total Annual Premium	**$76,316.16**	**$76,316.16**	**$93,148.44**	**$91,313.82**	**$74,924.16**
Percentage Change		**0.00%**	**22.06%**	**19.65%**	**-1.82%**
Rate Guarantee		**2 Years**	**2 Years**	**3 Years**	**2 Years**

Class 1 - Elected Officials
Class 2 - All Other Employes

* UNUM requires package sale with one other qualifying line.

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

EE
263

Presented by: Mike Wojcik

	ASO Current Guardian	Recommended ASO Renewal Guardian	ASO Option UNUM	ASO Option Lincoln*	ASO Option Dearborn	ASO Option Aetna
Benefit:	70% to $2,500	70% to $2,500	75% to $1,200	75%	75%	60%
Elimination Period:	1 day Accident 8 days Illness	1 day Accident 8 days Illness	7 day Accident 7 days Illness	8 day Accident 8 days Illness	1 day Accident 8 days Illness	8 day Accidents 8 days Illness
Duration	**52 Weeks**	**52 Weeks**	**26 Weeks**	**26 Weeks**	**52 Weeks**	**26 Weeks**
Rate/PEPM	$0.75	$0.75	$3.15	$2.22	$4.01	$3.36
Total Monthly Premium	$197.25	$197.25	$828.45	$583.86	$1,054.63	$883.68
Total Annual Premium	**$2,367.00**	**$2,367.00**	**$9,941.40**	**$7,006.32**	**$12,655.56**	**$10,604.16**
			320.00%	**196.00%**	**434.67%**	**348.00%**
Rate Guarantee	**Til 2013**	**Til 2014**	**2 Years**	**1 Year**	**1 Year**	**1 Year**

* Lincoln requires the program must be written with a fully insured LTD program with Lincoln.