



The Horton Group's

Marketing Spreadsheet

Prepared for: Village of Orland Park

Renewal January 2022

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

Phone: 708-845-3126

Village of Orland Park
January 1, 2022

The following Dental markets were approached:

<u>Carrier</u>	<u>Status</u>
Delta Dental	Incumbent
BCBS	Quoted
Guardian	Quoted
Lincoln	Declined
MetLife	Quoted

The following Vision markets were approached:

<u>Carrier</u>	<u>Status</u>
EyeMed	Incumbent
VSP	Declined

The following Life and Disability markets were approached:

<u>Carrier</u>	<u>Status</u>
BCBS	Incumbent
Guardian	Declined
Lincoln	Declined
MetLife	Quoted
Reliance Standard	Declined
The Standard	Pending



Total Employees					
4 Tier	EE	EE + Spouse	EE + C	Fam	Total
	103	67	20	133	323

Benefits Presented by: Mike Wojcik

Final & Recommended

Carriers:	CURRENT DELTA DENTAL	RENEWAL DELTA DENTAL	OPTION 1 BCBS	OPTION 2 GUARDIAN	OPTION 3 METLIFE
Type of Plan	PPO	PPO	PPO	PPO	PPO
In Network Benefits					
Individual Deductible	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Out of Network Benefits					
	Delta Dental Premier & OON	Delta Dental Premier & OON			
Individual Deductible	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,200	\$1,000
	<i>Fee Schedule</i>	<i>Fee Schedule</i>	<i>UCR 90th</i>	<i>NonContracted 90th</i>	<i>R&C 90th</i>
Dental Funding Factors (Includes Admin Fee)					
Employee	\$34.83	\$31.62	\$29.19	\$28.91	Fully Insured Rates \$29.94
Employee + Spouse	\$69.67	\$63.25	\$58.38	\$57.82	\$59.90
Employee + Children	\$86.25	\$78.30	\$72.28	\$71.58	\$74.16
Family	\$121.09	\$109.92	\$101.47	\$100.50	\$104.12
Monthly Funding (Estimated Liability)	\$26,085.35	\$23,679.97	\$21,859.14	\$21,649.77	\$22,428.28
Annual Funding (Estimated Liability)	\$313,024.20	\$284,159.64	\$262,309.68	\$259,797.24	\$269,139.36
Percentage Change from Current		-9.22%	-16.20%	-17.00%	-14.02%
Monthly Fixed Costs					
	\$4.61	\$4.75	\$4.70	\$4.00	
Annual Fixed Costs	\$17,868.36	\$18,411.00	\$18,217.20	\$15,504.00	
Percentage Change from Current		3.04%	1.95%	-13.23%	
Paid Claims 8/20 - 7/21	\$239,381.00				
Fixed Costs 8/20 - 7/21	\$17,555.95				
Total Paid 8/20 - 7/21	\$256,936.95				
Estimated Run Out Claims (1.5 months)					\$29,922.63
Estimated Total Cost: Prem + Run Out					\$299,061.99
Administration Rate Guarantee	Until 1/1/22	Until 1/1/23	Until 1/1/23	Until 1/1/23	Until 1/1/23 6% 2nd yr Rate Cap Increase



Village of Orlando Park
Vision Rates/Benefits Review
January 1, 2022

Total Employees	
EE	84
EE + Sp	67
EE + C	19
Family	132
Total	302

Benefits Presented by: Mike Wojcik

Final & Recommended

Carriers:	CURRENT EYEMED	RENEWAL EYEMED	OPTION 1 BCBS (EYEMED)	OPTION 2 BCBS (EYEMED)
Copayment Exam	\$10	\$10	\$10	\$10
Copayment Materials	\$25	\$25	\$10	\$25
Frequency				
Examination	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Frame	Once every 12 months (Select Plan)	Once every 12 months (Select Plan)	Once every 12 months	Once every 12 months Once every 24 months
In Network Benefits				
Examination	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Basic Lenses				
Single	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Bifocal	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Trifocal	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Lenticular	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Frames	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance
Elective Contact Lenses	Prof Fees & Materials up to \$130.00	Prof Fees & Materials up to \$130.00	Materials up to \$130.00	Materials up to \$130.00
Necessary Contact Lenses	Covered in Full subject to copayment	Covered in Full subject to copayment	Covered in Full	Covered in Full
Out of Network Benefits				
Examination	Up to \$30.00	Up to \$30.00	Up to \$30.00	Up to \$30.00
Basic Lenses				
Single	Up to \$25.00	Up to \$25.00	Up to \$25.00	Up to \$25.00
Bifocal	Up to \$40.00	Up to \$40.00	Up to \$40.00	Up to \$40.00
Trifocal	Up to \$60.00	Up to \$60.00	Up to \$55.00	Up to \$55.00
Frames	Up to \$65.00	Up to \$65.00	Up to \$65.00	Up to \$65.00
Elective Contact Lenses	Up to \$104.00	Up to \$104.00	Up to \$104.00	Up to \$104.00
Necessary Contact Lenses	Up to \$200.00	Up to \$200.00	Up to \$210.00	Up to \$210.00
Medical Premium				
Employee	4 Tier \$4.95	4 Tier \$4.95	4 Tier \$6.47	4 Tier \$5.33
EE + Sp	\$9.41	\$9.41	\$12.29	\$10.13
EE + C	\$9.91	\$9.91	\$12.93	\$10.66
Family	\$14.56	\$14.56	\$19.02	\$15.68
Total Monthly Premium	\$3,156.48	\$3,156.48	\$4,123.22	\$3,398.73
Total Annual Premium	\$37,877.76	\$37,877.76	\$49,478.64	\$40,784.76
Percent Change from Current		0.00%	30.63%	7.67%
Rate Guarantee	Until 12/31/22	Until 12/31/22	Until 12/31/25	Until 12/31/25

* After applicable copayment.

Village of Orland Park
Life Review
January 1, 2022

Total Employees

EE
258

Renegotiated 9/13/21
Final & Recommended

Presented by: Mike Wojcik

Carriers:	CURRENT BCBS	RENEWAL BCBS	RENEWAL ALTERNATE BCBS	OPTION METLIFE
BENEFIT AMOUNT				
Class 1:	\$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
Reduction Clauses				
% Benefit Amount Reduces to at Age 65				
% Benefit Amount Reduces to at Age 70	None	None	None	None
% Benefit Amount Reduces to at Age 75				
% Benefit Amount Reduces to at Age 80				
Dependent Benefit Amount				
Spouse	\$5,000	\$5,000	\$5,000	\$5,000
Child 15 days to 6 months	\$3,000	\$3,000	\$3,000	\$3,000
Child 6 months and older	\$3,000	\$3,000	\$3,000	\$3,000
Travel Assistance Benefit	Included	Included	Included	Included
Volumes				
Life/ADD Volume	\$38,548,897	\$38,548,897	\$38,548,897	\$38,548,897
Number of Dependent Units	177	177	177	177
Rates				
Employee Life per \$1,000	\$0.129	\$0.129	\$0.115	\$0.100
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.020	\$0.029
Combined Life/ADD Rate/\$1,000	\$0.149	\$0.149	\$0.135	\$0.129
Dependent Rate per Unit	\$1.370	\$1.370	\$1.370	\$1.040
Life/ADD Monthly Premium	5,743.79	5,743.79	5,204.10	4,972.81
Life/ADD Annual Premium	68,925.43	68,925.43	62,449.21	59,673.69
Dependent Life Monthly Premium	242.49	242.49	242.49	184.08
Dependent Life Annual Premium	2,909.88	2,909.88	2,909.88	2,208.96
Total Annual Premium	\$72,077.80	\$72,077.80	\$65,601.58	\$62,066.73
Percentage Change		0.00%	-8.99%	-13.89%
Rate Guarantee	Until 1/1/23	Until 1/1/23	Until 1/1/24	Until 1/1/24

Class 1 - Elected Officials

Class 2 - All Other Employees

Total Employees

EE
 321

Final & Recommended

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	ASO CURRENT BCBS	ASO RENEWAL BCBS	ASO OPTION 1 METLIFE
Benefit:	75% of Weekly Earnings	75% of Weekly Earnings	75% of Weekly Earnings
Elimination Period:	1 day Accident 8 days Illness	1 day Accident 8 days Illness	1 day Accident 8 days Illness
Duration	For Non Union, IBEW and IUOE Employees: 26 Weeks For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks	For Non Union, IBEW and IUOE Employees: 26 Weeks For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks	For Non Union, IBEW and IUOE Employees: 26 Weeks For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks
Rate/PEPM	\$1.92	\$1.92	\$2.87
Total Monthly Premium	\$616.32	\$616.32	\$921.27
Total Annual Premium	\$7,395.84	\$7,395.84	\$11,055.24
Percent Change		0.00%	49.48%
Rate Guarantee	Until 1/1/23	Until 1/1/23	Until 1/1/24

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Final & Recommended

Carriers:	OPTION 1 BCBS	OPTION 2 METLIFE
Minimum Participation	25%	25%
Employee Benefit Amount	Increments of \$10K up to maximum \$500K	Increments of \$10K up to maximum of the lesser of \$500K or 5x Salary
Benefit Reduction Schedule		
% Benefit Reduces to at Age 65	65%	n/a
% Benefit Reduces to at Age 70	50%	n/a
% Benefit Reduces to at Age 75	n/a	n/a
% Benefit Reduces to at Age 80	n/a	n/a
Dependent Life		
Spouse Benefit	Increments of \$5K up to \$250,000, not to exceed 50% of EE amt.	Increments of \$5K up to \$100,000, not to exceed 50% of EE amt.
Child(ren) Benefit	15 Days - 6 Mo: \$1,000 6 Mo - 26 Yrs: Option of \$5k or \$10k	15 Days - 6 Mo: \$1,000 6 Mo - 26 Yrs: Option of \$1k, \$2k, \$4k, \$5k, or \$10k
Guarantee Issue Amounts		
Employee	\$150,000	\$150,000
Spouse	\$25,000	\$25,000
Children	\$10,000	\$10,000
Life Premium	\$1k/Mo/EE & SP Rates	\$1k/Mo/EE & SP Rates SP Rate calc off EE Age
	15-24 \$0.071	\$0.068
	25-29 \$0.085	\$0.068
	30-34 \$0.114	\$0.089
	35-39 \$0.128	\$0.100
	40-44 \$0.142	\$0.136
	45-49 \$0.214	\$0.213
	50-54 \$0.328	\$0.345
	55-59 \$0.613	\$0.530
	60-64 \$0.940	\$0.816
	65-69 \$1.810	\$1.418
	70-74 \$2.935	\$2.474
	75-79 \$2.935	\$2.474
	80-84 \$2.935	\$2.474
	85+ \$2.935	\$2.474
Voluntary AD&D EE/SP) / \$1k	\$0.047	\$0.028
Child Rate/Unit/\$1k	\$0.226	\$0.240
Voluntary AD&D (CH) / \$1k	\$0.047	\$0.051
Rate Guarantee	Until 1/1/24	Until 1/1/24

BCBS voluntary AD&D coverage includes In the Line of Duty benefit for a Public Safety officer
MetLife - Basic life, and voluntary life coverages are sold as a package.

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