

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



Presented by: Michael Wojcik

Final Accepted 10-08
RE-NEGOTIATED

Contract Specifics	CURRENT	12 Month RENEWAL	% Change	12 Month RENEWAL	% Change
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	
<i>Run-in-limit</i>	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	\$49.29	\$55.44	\$55.44	
Rx 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	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	
Total Monthly Capitation Costs		\$27,794.56	\$30,429.32	\$30,429.32	
Total Annual Capitation 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%					
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



Presented by: Michael Wojcik

Final Accepted 10-08
RE-NEGOTIATED

Contract Specifics	CURRENT	15 Month RENEWAL	% Change	15 Month RENEWAL	% Change
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	
<i>Run-in-limit</i>	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	\$51.32	\$68.60	\$65.17	
HMO Specific Premium	90	\$19.43	\$21.83	\$20.74	
H.S.A. Specific Premium	0	\$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
Total Fixed Costs plus 3 add'l months of Fixed for Oct-Dec 31 2009					
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 Capitation 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
Maximum Plan Exposure		\$4,943,226.26	\$5,596,486.62	13.2%	\$5,570,841.78
Max Exposure plus 3 add'l Months Liability for Oct-Dec 31 2009					
Expected Plan Exposure		\$4,095,642.68	\$4,640,002.20	13.3%	\$4,614,357.90
Expected Exposure plus 3 add'l Months Liability for Oct-Dec 31 2009					
					\$5,809,962.75

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



<u>EE</u> 80	<u>EE + 1 Dep</u> 72	<u>Fam</u> 149	<u>Total</u> 301
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Benefits Presented by: Mike Wojcik

Carriers:	CURRENT Delta Dental	RENEWAL Delta Dental	Final Accepted 10-08	Final Accepted 10-08
			12 month Renewal	15 month Renewal
Type of Plan	PPO	PPO	PPO	PPO
In Network Benefits				
Deductible				
Individual	\$25	\$25	\$25	\$25
Family	\$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	\$1,200	\$1,200
Out of Network Benefits**				
Deductible				
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 & 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
Total Fixed Costs (includes costs Oct-Dec 31 2009)				\$16,750.65

Village of Orland Park
Life Review
October 1, 2008



Benefits Presented by: Mike Wojcik

Final Accepted 10-08

Carriers:	CURRENT		RENEWAL
	Fort Dearborn		
BENEFIT AMOUNT	Class 1: Class 2:	\$30,000 2 X Salary to a max of \$150,000	\$30,000 2 X Salary to a max of \$150,000
Reduction Clauses		100% 100% 100%	100% 100% 100%
Dependent Benefit Amount	Spouse Child 14 days to 6 months Child 6 months and older	\$2,000 \$1,000 \$1,000	\$2,000 \$1,000 \$1,000
Volumes	Life/ADD Volume Number of Dependent Units	\$38,405,000 233	\$38,405,000 233
Rates	Employee Life per \$1,000 Employee AD&D per \$1000 Dependent Rate per Unit	\$0.150 \$0.030 \$0.50	\$0.150 \$0.030 \$0.50
Life/ADD Monthly Premium		6,912.90	6,912.90
Life/ADD Annual Premium		82,954.80	82,954.80
Dependent Life Annual Premium		1,398.00	1,398.00
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)			\$105,441.00

Class 1 - Elected Officials

Class 2 - All Other Employees

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



EE	82
Family	221
Total	303

Benefits Presented by: Mike Wojcik

Final Accepted 10-08

Carriers:	CURRENT VSP	RENEWAL VSP
Copayment Exam	Frames Every 12 Months	Frames Every 12 Months
Copayment Materials	\$10 \$25	\$10 \$25
In Network Benefits		
Examination	Covered in Full	Covered in Full
Basic Lenses		
Single	Covered in Full	Covered in Full
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
Elective Contact Lenses	Prof Fees & Materials up to \$105.00	Prof Fees & Materials up to \$105.00
Necessary Contact Lenses	Up to \$210.00 subject to copayment	Up to \$210.00 subject to 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
Rate Guarantee		9.10%
Premiums 10-1-08 thru 12-31-09 (15 months)		Thru 12-31-09
		\$70,017.45