



The Horton Group's

Marketing Spreadsheet

Prepared for: Village of Orland Park

Renewal January 2022

Presented By:

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Village of Orland Park
January 1, 2022

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
Blue Cross Blue Shield	Incumbent
Aetna	Quoted
Cigna	Declined
Humana	Declined
UHC	Quoted - Fully Insured
UMR	Declined - ASO (UHC and UMR will only quote either FI or ASO)
Allied	Quoted ASO
American Fidelity	Declined - Stop Loss - Uncompetitive Rates
Berkley	Declined - Stop Loss - Uncompetitive Rates
Berkshire Hathaway	Declined - Stop Loss - Uncompetitive Rates
Evolution	Declined - Stop Loss - Uncompetitive Rates
HCC	Quoted - Stop Loss - Uncompetitive - not shown
HM	Quoted - Stop Loss - Uncompetitive - not shown
Optum	Declined - Stop Loss - Uncompetitive Rates
Sun Life	Quoted - Stop Loss
Swiss Re	Declined - Stop Loss - Poor Loss Ratio
Unum	Declined - Stop Loss

Village of Orland Park
 Medical ASO Cost Review
 January 1, 2022

10/25/21 Revised Package
 Discount Dental and Vision
 Final Renegotiated 09/13/21 &
 Recommended

Presented by: Michael Wojcik

Contract Specifics	CURRENT		RENEWAL		*OPTION 2 BCO Alternate		*OPTION 3 BCO Alternate		**OPTION 4	
		% Change		% Change		% Change		% Change		% Change
Administratorr	BCBS		BCBS		BCBS		BCBS		BCBS	
PPO Network	PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		PPO / BCO / HMO I / BA HMO		PPO / BCO / HMO I / BA HMO		PPO / HMO I / BA HMO	
Reinsurance Carrier	BCBS		BCBS		BCBS		BCBS		Sun Life	
PBM	Prime		Prime		Prime		Prime		Prime	
Specific Deductible	\$100,000		\$100,000		\$100,000		\$125,000		\$100,000	
Specific Contract	Paid		Paid		Paid		Paid		12/12	
Specific 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 Contract	Paid		Paid		Paid		Paid		12/12	
Aggregate Coverage	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Run-In-Limit	N/A		N/A		N/A		N/A		N/A	
Employee Census										
PPO Employees	166		166		166		166		166	
HMOI Employees	74		74		74		74		74	
BA HMO Employees	39		39		39		39		39	
Total	279		279		279		279		279	
Fixed Costs										
PPO Administration	\$57.40		\$58.77		\$60.27		\$60.27		\$60.27	
Virtual Visits	\$0.52		\$0.52		\$0.52		\$0.52		\$0.52	
HMOI Administration	\$57.40		\$58.77		\$60.27		\$60.27		\$60.27	
BA HMO Administration	\$57.40		\$58.77		\$60.27		\$60.27		\$60.27	
Rx Rebate	(\$60.27)		(\$75.59)		(\$75.59)		(\$75.59)		(\$75.59)	
Medical Rebate Credit - PPO			(\$2.50)		(\$2.50)		(\$2.50)		(\$2.50)	
Net PPO Administration	(\$2.35)		(\$18.80)		(\$17.30)		(\$17.30)		(\$17.30)	
Net HMOI Administration	(\$2.87)		(\$16.82)		(\$15.32)		(\$15.32)		(\$15.32)	
Net BA HMO Administration	(\$2.87)		(\$16.82)		(\$15.32)		(\$15.32)		(\$15.32)	
Net Monthly Admin Costs	-\$714.41		-\$5,021.46	-602.88%	-\$4,602.96	-544.30%	-\$4,602.96	-544.30%	-\$4,602.96	-544.30%
PPO Specific Premium	\$418.71 166		\$412.38 166	-1.51%	\$418.66 166	-0.01%	\$339.66 166	-18.88%	\$267.14 166	-36.20%
HMOI Specific Premium	\$195.83 74		\$192.92 74	-1.49%	\$195.86 74	0.02%	\$162.64 74	-16.95%	\$267.14 74	36.41%
BA HMO Specific Premium	\$195.83 39		\$192.92 39	-1.49%	\$195.86 39	0.02%	\$162.64 39	-16.95%	\$267.14 39	36.41%
Monthly Specific Costs	\$91,634.65		\$90,255.04	-1.51%	\$91,629.74	-0.01%	\$74,761.88	-18.41%	\$74,532.06	-18.66%
Subtotal Monthly Costs (Admin + Spec)	\$90,920.24		\$85,233.58	-6.25%	\$87,026.78	-4.28%	\$70,158.92	-22.83%	\$69,929.10	-23.09%
Annual Access /Admin Fee	2.33%		2.33%		2.33%		2.33%		2.33%	
Annual Aggregate Premium	\$32,451.00		\$35,996.00	10.92%	\$36,544.00	12.61%	\$44,579.00	37.37%	\$22,431.60	-30.88%
Admin Fee for Run Out Service									\$0.00	
Spec & Agg Premium for Run Out Claims									\$224,790.81	
One-Time Wellness/Implementation Credit	(\$130,000.00)		(\$160,000.00)		(\$160,000.00)		(\$160,000.00)			
Grand Total Annual Fixed Costs	\$993,493.88		\$898,798.96	-9.53%	\$920,865.36	-7.31%	\$726,486.04	-26.88%	\$1,086,371.61	9.35%
Annual Change Fixed Cost in \$	-\$94,694.92		-\$25,683.36		-\$72,628.52		-\$267,007.84		\$92,877.73	
Capitation Fees										
HMOI Cap Fee (Single)	\$167.86 43		\$175.92 43		\$175.92 43		\$175.92 43		\$175.92 43	
HMOI Cap Fee (Family)	\$566.50 31		\$571.94 31		\$571.94 31		\$571.94 31		\$571.94 31	
HMOI Managed Care Fee	\$11.65 74		\$13.10 74		\$13.10 74		\$13.10 74		\$13.10 74	
BA HMO Cap Fee (Single)	\$174.38 7		\$159.49 7		\$159.49 7		\$159.49 7		\$159.49 7	
BA HMO Cap Fee (Family)	\$521.32 32		\$570.24 32		\$570.24 32		\$570.24 32		\$570.24 32	
BA HMO Managed Care Fee	\$11.65 39		\$13.10 39		\$13.10 39		\$13.10 39		\$13.10 39	
Total Monthly Capitation Costs	\$43,998.83		\$46,139.11	4.86%	\$46,139.11	4.86%	\$46,139.11	4.86%	\$46,139.11	4.86%
Total Annual Capitation Costs	\$527,985.96		\$553,669.32	4.86%	\$553,669.32	4.86%	\$553,669.32	4.86%	\$553,669.32	4.86%
Annual Change Capitation Fees in \$	\$0.00		\$25,683.36		\$25,683.36		\$25,683.36		\$25,683.36	
Aggregate Liability										
PPO Aggregate Factor	120% Corridor		120% Corridor		120% Corridor		120% Corridor		120% Corridor	
HMOI Aggregate Factor	\$1,672.42 166		\$1,708.82 166		\$1,582.37 166		\$1,582.37 166		\$1,514.42 166	
BA HMO Aggregate Factor	\$662.22 39		\$863.12 39		\$863.12 39		\$881.16 39		\$1,514.42 39	
Total Monthly Aggregate Liability:	\$352,452.58		\$381,196.68	8.16%	\$360,205.98	2.20%	\$362,244.50	2.78%	\$422,523.18	19.88%
Total Annual Aggregate Liability:	\$4,229,430.96		\$4,574,360.16	8.16%	\$4,322,471.76	2.20%	\$4,346,934.00	2.78%	\$5,070,278.16	19.88%
Expected Run Out Claim Liability									\$528,678.87	
Total Annual Expected Claim Liability	\$3,524,384.82		\$3,811,814.32	8.16%	\$3,601,915.72	2.20%	\$3,622,300.10	2.78%	\$4,584,901.40	30.09%
Annual Change Expected Claim Liability in \$	\$0.00		\$287,429.50		\$77,530.90		\$97,915.28		\$1,060,516.58	
Estimated ACA Tax	\$1,237.60		\$1,274.00		\$1,274.00		\$1,274.00		\$1,274.00	
Additional Laser Liability	N/A		N/A		N/A		N/A		TBD	
Maximum Plan Exposure	\$5,752,148.40		\$6,028,102.44	4.80%	\$5,798,280.44	0.80%	\$5,628,363.36	-2.15%	\$7,346,007.73	27.71%
Expected Plan Exposure	\$5,047,102.26		\$5,265,556.60	4.33%	\$5,077,724.40	0.61%	\$4,903,729.46	-2.84%	\$6,226,216.33	23.36%
Annual Change Expected Cost in \$	\$0.00		\$218,454.34		\$30,622.14		-\$143,372.80		\$1,179,114.07	

*OPTION 2 & 3 - Assumes current Silver PPO plan is replaced by \$1,000 Ded BCO plan and \$3,500 Ded H.S.A. plan replaced by \$3,500 Ded H.S.A. BCO plan

**OPTION 4 - Quote with Sun Life stop loss carve out is ILLUSTRATIVE ONLY - BCBS does not allow stop loss to be carved out.



Village of Orland Park
 Medical ASO Cost Review
 January 1, 2022

10/25/21 Revised Package
 Discount Dental and Vision
 Final Renegotiated 09/13/21 &
 Recommended

Contract Specifics	CURRENT		RENEWAL		OPTION 5		***OPTION 6		***OPTION 7	
	% Change	% Change	% Change	% Change	% Change	% Change	% Change	% Change	% Change	
Contract Specifics										
Administratrorr	BCBS		BCBS		Aetna		Allied		Allied	
PPO Network	PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		Aetna		Aetna		Aetna	
Reinsurance Carrier	BCBS		BCBS		Aetna		Sun Life		Sun Life	
PBM	Prime		Prime		Aetna		RxCare Alliance		Costco Health	
Specific Deductible	\$100,000		\$100,000		\$100,000		\$100,000		\$100,000	
Specific Contract	Paid		Paid		12/12		12/12		12/12	
Specific 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 Contract	Paid		Paid		12/12		12/12		12/12	
Aggregate Coverage	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Run-In-Limit	N/A		N/A		N/A		N/A		N/A	
Employee Census										
PPO Employees	166		166		166		166		166	
HMOI Employees	74		74		74		74		74	
BA HMO Employees	39		39		39		39		39	
Total	279		279		279		279		279	
Fixed Costs										
PPO Administration	\$57.40		\$58.77		\$52.53		\$55.75		\$66.58	
Virtual Visits	\$0.52		\$0.52		\$0.51		\$3.50		\$3.50	
HMOI Administration	\$57.40		\$58.77		Aetna Estimated Passthrough Rx Rebate		Rx Care Alliance Estimated Passthrough Rx Rebate		Costco Health Estimated Passthrough Rx Rebate	
BA HMO Administration	\$57.40		\$58.77		(\$69.43)		(\$27.90)		(\$69.98)	
Rx Rebate	(\$60.27)		(\$75.59)		(\$19.33)					
Medical Rebate Credit - PPO			(\$2.50)							
Net PPO Administration	(\$2.35)		(\$18.80)		(\$35.72)		\$31.35		\$0.10	
Net HMOI Administration	(\$2.87)		(\$16.82)							
Net BA HMO Administration	(\$2.87)		(\$16.82)							
Net Monthly Admin Costs	-\$714.41		-\$5,021.46	-602.88%	-\$9,965.37	-1294.91%	\$8,746.65	1324.32%	\$26.92	103.77%
PPO Specific Premium	\$418.71	166	\$412.38	166	\$264.67	279	\$292.69	279	\$292.69	279
HMOI Specific Premium	\$195.83	74	\$192.92	74						
BA HMO Specific Premium	\$195.83	39	\$192.92	39						
Monthly Specific Costs	\$91,634.65		\$90,255.04	-1.51%	\$73,842.93	-19.42%	\$81,660.51	-10.88%	\$81,660.51	-10.88%
Subtotal Monthly Costs (Admin + Spec)	\$90,920.24		\$85,233.58	-6.25%	\$63,877.56	-29.74%	\$90,407.16	-0.56%	\$81,687.43	-10.15%
Annual Access /Admin Fee	2.33%		2.33%							
Annual Aggregate Premium	\$32,451.00		\$35,996.00	10.92%	\$89,224.20	174.95%	\$22,431.60	-30.88%	\$22,431.60	-30.88%
Admin Fee for Run Out Service					\$19,217.52		\$19,217.52		\$19,217.52	
Spec & Agg Premium for Run Out Claims					\$224,790.81		\$224,790.81		\$224,790.81	
One-Time Wellness/Implementation Credit	(\$130,000.00)		(\$160,000.00)		(\$25,000.00)					
Grand Total Annual Fixed Costs	\$993,493.88		\$998,798.96	-9.53%	\$1,074,763.25	8.18%	\$1,354,575.85	36.34%	\$1,249,939.13	25.81%
Annual Change Fixed Cost in \$			-\$94,694.92		\$81,269.37		\$361,081.97		\$256,445.25	
Capitation Fees										
HMOI Cap Fee (Single)	\$167.86	43	\$175.92	43						
HMOI Cap Fee (Family)	\$566.50	31	\$571.94	31						
HMOI Managed Care Fee	\$11.65	74	\$13.10	74						
BA HMO Cap Fee (Single)	\$174.38	7	\$159.49	7						
BA HMO Cap Fee (Family)	\$521.32	32	\$570.24	32						
BA HMO Managed Care Fee	\$11.65	39	\$13.10	39						
Total Monthly Capitation Costs	\$43,998.83		\$46,139.11	4.86%	\$0.00		\$0.00		\$0.00	
Total Annual Capitation Costs	\$527,985.96		\$553,669.32	4.86%	\$0.00		\$0.00		\$0.00	
Annual Change Capitation Fees in \$	\$0.00		\$25,683.36		(\$527,985.96)		(\$527,985.96)		(\$527,985.96)	
Aggregate Liability										
Aggregate Liability	120% Corridor		120% Corridor		120% Corridor		125% Corridor		125% Corridor	
PPO Aggregate Factor	\$1,672.42	166	\$1,708.82	166	\$1,457.68	279	\$1,558.73	279	\$1,558.73	279
HMOI Aggregate Factor	\$662.22	74	\$863.12	74						
BA HMO Aggregate Factor	\$662.22	39	\$863.12	39						
Total Monthly Aggregate Liability:	\$352,452.58		\$381,196.68	8.16%	\$406,692.72	15.39%	\$434,885.67	23.39%	\$434,885.67	23.39%
Total Annual Aggregate Liability:	\$4,229,430.96		\$4,574,360.16	8.16%	\$4,880,312.64	15.39%	\$5,218,628.04	23.39%	\$5,218,628.04	23.39%
Expected Run Out Claim Liability					\$528,678.87		\$528,678.87		\$528,678.87	
PBM Expected Rx Claim Savings									(\$319,685.20)	
Total Annual Expected Claim Liability	\$3,524,384.82		\$3,811,814.32	8.16%	\$4,595,443.39	30.39%	\$4,703,581.30	33.46%	\$4,383,896.10	24.39%
Annual Change Expected Claim Liability in \$	\$0.00		\$287,429.50		\$1,071,058.57		\$1,179,196.48		\$859,511.28	
Estimated ACA Tax	\$1,237.60		\$1,274.00		\$1,274.00		\$1,274.00		\$1,274.00	
Additional Laser Liability	N/A		N/A		TBD		TBD		TBD	
Maximum Plan Exposure	\$5,752,148.40		\$6,028,102.44	4.80%	\$6,590,764.53	14.58%	\$7,208,892.53	25.33%	\$6,784,570.61	17.95%
Expected Plan Exposure	\$5,047,102.26		\$5,265,556.60	4.33%	\$5,671,480.64	12.37%	\$6,059,431.15	20.06%	\$5,635,109.23	11.65%
Annual Change Expected Cost in \$	\$0.00		\$218,454.34		\$624,378.38		\$1,012,328.89		\$588,006.97	

**OPTION 6 and 7 - Quotes assumes HMO & Gold plans are discontinued and employees migrate to Silver PPO or HSA plans.

**Village of Orland Park
Medical ASO Cost Review
January 1, 2022**

10/25/21 Revised Package
Discount Dental and Vision
Final Renegotiated 09/13/21 &
Recommended
Underwritten

Presented by: Michael Wojcik

Preliminary Quote Subject to Final

Contract Specifics	CURRENT	% Change	RENEWAL	% Change	***OPTION 8	% Change
Administratror	BCBS		BCBS		Allied	
PPO Network	PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		Aetna	
Reinsurance Carrier	BCBS		BCBS		Sun Life	
PBM	Prime		Prime		Drexli (Same Pharmacy)	
Specific Deductible	\$100,000		\$100,000		\$100,000	
Specific Contract	Paid		Paid		12/12	
Specific Coverage	Medical & Rx		Medical & Rx		Medical & Rx	
Annual Maximum	Unlimited		Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Aggregate Contract	Paid		Paid		12/12	
Aggregate Coverage	Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Run-In-Limit	N/A		N/A		N/A	
Employee Census						
PPO Employees	166		166		166	
HMOI Employees	74		74		74	
BA HMO Employees	39		39		39	
Total	279		279		279	
Fixed Costs						
PPO Administration	\$57.40		\$58.77		\$63.75	
BVA					\$3.50	
Virtual Visits	\$0.52		\$0.52			
HMOI Administration	\$57.40		\$58.77		Drexli (Same Pharmacy)	
BA HMO Administration	\$57.40		\$58.77		Estimated Passthrough	
Rx Rebate	(\$60.27)		(\$75.59)		(\$90.79)	
Medical Rebate Credit - PPO			(\$2.50)			
Net PPO Administration	(\$2.35)		(\$18.80)		(\$23.54)	
Net HMOI Administration	(\$2.87)		(\$16.82)			
Net BA HMO Administration	(\$2.87)		(\$16.82)			
Net Monthly Admin Costs	-\$714.41		-\$5,021.46	-602.88%	-\$6,567.33	-819.27%
PPO Specific Premium	\$418.71	166	\$412.38	166	\$292.69	279
HMOI Specific Premium	\$195.83	74	\$192.92	74	\$192.92	74
BA HMO Specific Premium	\$195.83	39	\$192.92	39	\$192.92	39
Monthly Specific Costs	\$91,634.65		\$90,255.04	-1.51%	\$81,660.51	-10.88%
Subtotal Monthly Costs (Admin + Spec)	\$90,920.24		\$85,233.58	-6.25%	\$75,093.18	-17.41%
Annual Access /Admin Fee	2.33%		2.33%		\$3,250.00	
Monthly Aggregate Premium Rate						
Annual Aggregate Premium	\$32,451.00		\$35,996.00	10.92%	\$22,431.60	-30.88%
Admin Fee for Run Out Service					\$19,217.52	
Spec & Agg Premium for Run Out Claims					\$224,790.81	
One-Time Wellness/Implementation Credit	(\$130,000.00)		(\$160,000.00)			
Grand Total Annual Fixed Costs	\$993,493.88		\$898,798.96	-9.53%	\$1,170,808.05	17.85%
Annual Change Fixed Cost in \$			-\$94,694.92		\$177,314.17	
Capitation Fees						
HMOI Cap Fee (Single)	\$167.86	43	\$175.92	43		
HMOI Cap Fee (Family)	\$566.50	31	\$571.94	31		
HMOI Managed Care Fee	\$11.65	74	\$13.10	74		
BA HMO Cap Fee (Single)	\$174.38	7	\$159.49	7		
BA HMO Cap Fee (Family)	\$521.32	32	\$570.24	32		
BA HMO Managed Care Fee	\$11.65	39	\$13.10	39		
Total Monthly Capitation Costs	\$43,998.83		\$46,139.11	4.86%	\$0.00	
Total Annual Capitation Costs	\$527,985.96		\$553,669.32	4.86%	\$0.00	
Annual Change Capitation Fees in \$	\$0.00		\$25,683.36		(\$527,985.96)	
Aggregate Liability						
	120% Corridor		120% Corridor		120% Corridor	
PPO Aggregate Factor	\$1,672.42	166	\$1,708.82	166	\$1,558.73	279
HMOI Aggregate Factor	\$662.22	74	\$863.12	74		
BA HMO Aggregate Factor	\$662.22	39	\$863.12	39		
Total Monthly Aggregate Liability:	\$352,452.58		\$381,196.68	8.16%	\$434,885.67	23.39%
Total Annual Aggregate Liability:	\$4,229,430.96		\$4,574,360.16	8.16%	\$5,218,628.04	23.39%
Expected Run Out Claim Liability					\$528,678.87	
PBM Expected Rx Claim Savings					(\$100,800.90)	
Total Annual Expected Claim Liability	\$3,524,384.82		\$3,811,814.32	8.16%	\$4,602,780.40	30.60%
Annual Change Expected Claim Liability in \$	\$0.00		\$287,429.50		\$1,078,395.58	
Estimated ACA Tax	\$1,237.60		\$1,274.00		\$1,274.00	
Additional Laser Liability	N/A		N/A		TBD	
Maximum Plan Exposure	\$5,752,148.40		\$6,028,102.44	4.80%	\$6,924,323.83	20.38%
Expected Plan Exposure	\$5,047,102.26		\$5,265,556.60	4.33%	\$5,774,862.45	14.42%
Annual Change Expected Cost in \$	\$0.00		\$218,454.34		\$727,760.19	

***OPTION 8 - Quotes assumes HMO & Gold plans are discontinued and employees migrate to Silver PPO or HSA plans.

VILLAGE OF ORLAND PARK
Medical Benefit Review
January 1, 2022

Presented by: Michael Wojcik

Carriers:	All Other Classes				NON-UNION EMPLOYEES ONLY - Section 0101		
	CURRENT BCBS				CURRENT BCBS		
Type of Plan	HMO I	GOLD	SILVER	HDHP	BA HMO	SILVER	HDHP
<u>In Network Benefits</u>							
Individual Deductible	\$0	\$200	\$1,000	\$3,500	\$0	\$1,000	\$3,500
Family Deductible	\$0	\$600	\$3,000	\$7,000	\$0	\$3,000	\$7,000
Co-Insurance	100%	90%	80%	100%	100%	80%	100%
Medical Individual Out of Pocket Includes Ded	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500	\$5,950
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	Included in Medical	\$3,000	\$3,000	Included in Medical
Medical Family Out of Pocket Includes Ded	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$4,500	\$11,900
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	Included in Medical	\$6,000	\$6,000	Included in Medical
Emergency Room Co-pay	\$150	\$150	\$150	After Ded, \$150 Co-pay	\$150	\$150	After Ded, \$150 Co-pay
Hospital Co-pay	N/A	100% after Ded	80% after Ded	100% after Ded	N/A	80% after Ded	100% after Ded
Rx Co-pay	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40	\$10/15/25	\$10/30/50	After Ded, \$0/20/40
Rx Mail Order	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40	\$10/15/25	2 x Retail	After Ded, \$0/20/40
Physician Office Visit Co-pay	\$0	90% after Ded	\$20	100% after Ded	\$0	\$20	100% after Ded
Specialist Office Visit Co-pay	\$0	90% after Ded	\$40	100% after Ded	\$0	\$40	100% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<u>Out of Network Benefits</u>							
Individual Deductible		\$200	\$1,000	\$5,000		\$1,000	\$5,000
Family Deductible		\$600	\$3,000	\$10,000		\$3,000	\$10,000
Co-Insurance		80%	60%	80%		60%	80%
Individual Out of Pocket Includes Ded		\$5,000	\$11,000	\$10,000		\$11,000	\$10,000
Family Out of Pocket Includes Ded		\$15,000	\$33,000	\$20,000		\$33,000	\$20,000
Emergency Co-pay		\$150	\$150	After Ded, \$150 Co-pay		\$150	After Ded, \$150 Co-pay
Hospital Co-pay		80% after Ded	\$300 Co-pay, then Ded and 60% Co-Insurance	80% after Ded		\$300 Co-pay, then Ded and 60% Co-Insurance	80% after Ded
Physician Office Visit Services		80% after Ded	60% after Ded	80% after Ded		60% after Ded	80% after Ded
Preventative Services		80% after Ded	60% after Ded	80% after Ded		60% after Ded	80% after Ded
Lifetime Maximum		Unlimited	Unlimited	Unlimited		Unlimited	Unlimited

VILLAGE OF ORLAND PARK
Medical Benefit Review - BCO ALTERNATE PLANS
January 1, 2022

Presented by: Michael Wojcik

Carriers:	Replaces Current Silver PPO			Replaces Current \$3,500 Ded H.S.A.		
	CURRENT BCBS	ALTERNATE PLAN DESIGN BCBS		CURRENT BCBS	ALTERNATE PLAN DESIGN BCBS	
Type of Plan	SILVER	PPO - Blue Choice Options		HDHP	HDHP - PPO - Blue Choice Options	
In Network Benefits		TIER 1: Blue Choice Options	TIER 2: Current PPO		TIER 1: Blue Choice Options	TIER 2: Current PPO
Individual Deductible	\$1,000	\$1,000	\$3,000	\$3,500	\$3,500	\$5,000
Family Deductible	\$3,000	\$3,000	\$6,000	\$7,000	\$7,000	\$10,000
Co-Insurance	80%	80%	60%	100%	100%	80%
Medical Individual Out of Pocket Includes Ded	\$1,500	\$1,500	\$6,000	\$5,950	\$5,950	\$7,050
Rx Individual Out of Pocket	\$3,000	Included in Medical		Included in Medical	Included in Medical	
Medical Family Out of Pocket Includes Ded	\$4,500	\$4,500	\$12,000	\$11,900	\$11,900	\$14,000
Rx Family Out of Pocket	\$6,000	Included in Medical		Included in Medical	Included in Medical	
Emergency Room Co-pay	\$150	\$150	\$150	After Ded, \$150 Co-pay	100% after Ded	100% after Ded
Hospital Co-pay	80% after Ded	80% after Ded	60% after Ded	100% after Ded	100% after Ded	80% after Ded
Rx Co-pay	\$10/30/50	Rx Drug List - Performance \$10/\$30/\$50 ACA Drugs - 100%		After Ded, \$0/20/40	Rx Drug List - Performance 100% after Ded ACA Drugs - 100%	
Rx Mail Order	2 x Retail	2 x Retail		After Ded, \$0/20/40	100% after Ded	
Physician Office Visit Co-pay	\$20	\$20	\$25	100% after Ded	100% after Ded	80% after Ded
Specialist Office Visit Co-pay	\$40	\$40	\$50	100% after Ded	100% after Ded	80% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out of Network Benefits						
Individual Deductible	\$1,000	\$6,000		\$5,000	\$6,000	
Family Deductible	\$3,000	\$12,000		\$10,000	\$12,000	
Co-Insurance	60%	50%		80%	60%	
Individual Out of Pocket Includes Ded	\$11,000	\$12,000		\$10,000	\$12,000	
Family Out of Pocket Includes Ded	\$33,000	\$24,000		\$20,000	\$24,000	
Emergency Co-pay	\$150	\$150		After Ded, \$150 Co-pay	100% after Ded	
Hospital Co-pay	\$300 Co-pay, then Ded and 60% Co-Insurance	50% after Ded		80% after Ded	60% after Ded	
Physician Office Visit Services	60% after Ded	50% after Ded		80% after Ded	60% after Ded	
Preventative Services	60% after Ded	50% after Ded		80% after Ded	60% after Ded	
Lifetime Maximum	Unlimited	Unlimited		Unlimited	Unlimited	



	EE	ES	EC	Family	EE-Medicare	ES-Medicare	Total
HMO I	34	9	6	15	9	1	74
BA HMO	7	3	4	24	0	1	39
Gold	2	2	0	1	0	1	6
Silver	23	10	3	18	0	3	57
HSA	34	9	5	54	0	1	103
Total	100	33	18	112	9	7	279

Presented by: Mike Wojcik

Carriers:	CURRENT / RENEWAL BCBS COST PLUS					OPTION 1 - FULLY INSURED BCBS				
	HMO I	BA HMO	Gold	Silver	HDHP (Emb)	HMO I	BA HMO	Gold	Silver	HDHP (Emb)
Type of Plan										
Network										
In Network Benefits										
Individual Deductible	\$0	\$0	\$200	\$1,000	\$3,500	\$0	\$0	\$200	\$1,000	\$3,500
Family Deductible	\$0	\$0	\$600	\$3,000	\$7,000	\$0	\$0	\$600	\$3,000	\$7,000
Co-Insurance	100%	100%	90%	80%	100%	100%	100%	90%	80%	100%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$1,500	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500	\$500	\$1,500	\$5,950
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900
Emergency Room Co-pay	\$150	\$150	\$150	\$150	After Ded, \$150 Co-pay	\$150	\$150	\$150	\$150	After Ded, \$150 Co-pay
Hospital Co-pay	N/A	N/A	100% after Ded	80% after Ded	100% after Ded	N/A	N/A	100% after Ded	80% after Ded	100% after Ded
Retail Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40	\$10/15/25	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40
Mail Order Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40	\$10/15/25	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	\$3,000	Included in Med	\$3,000	\$3,000	\$3,000	\$3,000	Included in Med
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	\$6,000	Included in Med	\$6,000	\$6,000	\$6,000	\$6,000	Included in Med
Primary Physician Office Visit Co-pay	\$0	\$0	90% after Ded	\$20	100% after Ded	\$0	\$0	90% after Ded	\$20	100% after Ded
Specialists Office Visit Co-pay	\$0	\$0	90% after Ded	\$40	100% after Ded	\$0	\$0	90% after Ded	\$40	100% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits										
Individual Deductible			\$200	\$1,000	\$5,000			\$200	\$1,000	\$5,000
Family Deductible			\$600	\$3,000	\$10,000			\$600	\$3,000	\$10,000
Co-Insurance			80%	60%	80%			80%	60%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>			\$5,000	\$11,000	\$10,000			\$5,000	\$11,000	\$10,000
Family Out of Pocket <i>OPX includes ded unless noted</i>			\$15,000	\$33,000	\$20,000			\$15,000	\$33,000	\$20,000
Emergency Co-pay			\$150	\$150	After Ded, \$150 Co-pay			\$150	\$150	After Ded, \$150 Co-pay
Hospital Co-pay			80% after Ded	\$300 co-pay, then 60% after Ded	80% after Ded			80% after Ded	\$300 co-pay, then 60% after Ded	80% after Ded
Physician Office Visit Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	80% after Ded
Preventative Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	80% after Ded
Lifetime Maximum			UNLIMITED	UNLIMITED	UNLIMITED			UNLIMITED	UNLIMITED	UNLIMITED
Medical Premium rates										
Employee						\$792.10	\$732.99	\$1,037.77	\$894.46	\$841.67
Employee + Spouse						\$1,503.41	\$1,391.24	\$2,055.74	\$1,642.35	\$1,675.15
Employee +Children						\$1,566.61	\$1,449.71	\$2,142.19	\$1,711.98	\$1,792.41
Family						\$2,326.02	\$2,152.45	\$3,180.57	\$2,489.51	\$2,478.08
Employee Medicare Primary						\$792.10	\$732.99	\$1,037.77	\$894.46	\$841.67
Employee + Spouse Medicare Primary						\$1,584.25	\$1,466.03	\$2,075.55	\$1,788.93	\$1,683.36
			Current Expected Cost		Renewal Expected Cost					
Total Monthly Cost			Monthly Expected ASO Cost \$420,591.85		Monthly Expected ASO Cost \$432,206.88	\$93,465.20	\$68,228.32	\$11,443.14	\$92,309.99	\$188,154.86
Total Annual Cost w/o ACA Reserve			\$5,047,102.26		\$5,186,482.55			\$5,443,218.12		\$5,443,218.12
Percent Change from Current					2.76%			7.85%		7.85%
ACA Reserve			\$0.00							
Implementation Credit			Included Above		Included Above			\$0.00		
Total Annual Cost			\$5,047,102.26		\$5,186,482.55			\$5,443,218.12		\$5,443,218.12
Percent Change					2.76%			7.85%		7.85%
Annual Cost Increase					\$139,380.29			\$396,115.86		\$396,115.86
Estimated BCBS Run Out Cost			N/A		N/A			\$772,687.20		\$772,687.20
Total Annual Cost			\$5,047,102.26		\$5,186,482.55			\$6,215,905.32		\$6,215,905.32
Percent Change					2.76%			23.16%		23.16%
Annual Cost Increase					\$139,380.29			\$1,168,803.06		\$1,168,803.06

Option 1 - Fully Insured BCBS - premium rates shown are net of commission.

VILLAGE OF ORLAND PARK
Medical Review
January 1, 2022

	EE	ES	EC	Family	EE-Medicare	ES-Medicare	Total
Navigate HMO	34	9	6	15	9	1	74
Charter HMO	7	3	4	24	0	1	39
Gold - Core	2	2	0	1	0	1	6
Silver - Core	23	10	3	18	0	3	57
HSA - Core	34	9	5	54	0	1	103
Total	100	33	18	112	9	7	279

Presented by: Mike Wojcik

Carriers:	CURRENT / RENEWAL BCBS COST PLUS					OPTION 2 - FULLY INSURED UHC				
	HMO I	BA HMO	Gold	Silver	HDHP (Emb)	Navigate HMO	Charter HMO	Gold Core	Silver Core	HDHP (Emb) Core
Type of Plan										
Network										
In Network Benefits										
Individual Deductible	\$0	\$0	\$200	\$1,000	\$3,500	\$0	\$0	\$200	\$1,000	\$3,500
Family Deductible	\$0	\$0	\$600	\$3,000	\$7,000	\$0	\$0	\$600	\$3,000	\$7,000
Co-Insurance	100%	100%	90%	80%	100%	100%	100%	90%	80%	100%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$1,500	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500	\$500	\$1,500	\$5,950
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900
Emergency Room Co-pay	\$150	\$150	\$150	\$150	After Ded, \$150 Co-pay	\$150	\$150	\$150	\$150	100% after Ded
Hospital Co-pay	N/A	N/A	100% after Ded	80% after Ded	100% after Ded	N/A	N/A	100% after Ded	80% after Ded	100% after Ded
Retail Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40	\$10/40/75/125	\$10/40/75/125	\$10/40/75/125	\$10/40/75/125	After Ded, \$10/30/50
Mail Order Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	\$3,000	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	\$6,000	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Primary Physician Office Visit Co-pay	\$0	\$0	90% after Ded	\$20	100% after Ded	\$0	\$0	90% after Ded	\$20	100% after Ded
Specialists Office Visit Co-pay	\$0	\$0	90% after Ded	\$40	100% after Ded	\$0	\$0	90% after Ded	\$40	100% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits										
Individual Deductible			\$200	\$1,000	\$5,000			\$200	\$1,000	\$5,000
Family Deductible			\$600	\$3,000	\$10,000			\$600	\$3,000	\$10,000
Co-Insurance			80%	60%	80%			80%	60%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>			\$5,000	\$11,000	\$10,000			\$5,000	\$11,000	\$10,000
Family Out of Pocket <i>OPX includes ded unless noted</i>			\$15,000	\$33,000	\$20,000			\$15,000	\$33,000	\$20,000
Emergency Co-pay			\$150	\$150	After Ded, \$150 Co-pay			\$150	\$150	100% after Ded
Hospital Co-pay			80% after Ded	\$300 co-pay, then 60% after Ded	80% after Ded			80% after Ded	60% after Ded	80% after Ded
Physician Office Visit Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	80% after Ded
Preventative Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	80% after Ded
Lifetime Maximum			UNLIMITED	UNLIMITED	UNLIMITED			UNLIMITED	UNLIMITED	UNLIMITED
Medical Premium rates										
Employee						\$795.76	\$715.29	\$962.11	\$903.89	\$678.51
Employee + Spouse						\$1,583.78	\$1,423.62	\$1,914.86	\$1,798.99	\$1,350.42
Employee +Children						\$1,694.64	\$1,523.28	\$2,048.90	\$1,924.92	\$1,444.95
Family						\$2,342.92	\$2,105.99	\$2,832.69	\$2,661.28	\$1,997.70
Employee Medicare Primary						\$795.76	\$715.29	\$962.11	\$903.89	\$678.51
Employee + Spouse Medicare Primary						\$1,583.78	\$1,423.62	\$1,914.86	\$1,798.99	\$1,350.42
			Current Expected Cost					Renewal Expected Cost		
Total Monthly Cost			Monthly Expected ASO Cost \$420,591.85		Monthly Expected ASO Cost \$432,206.88	\$95,367.12	\$67,338.39	\$10,501.49	\$97,854.14	\$151,674.09
Total Annual Cost w/o ACA Reserve			\$5,047,102.26		\$5,186,482.55			\$5,072,822.76		
Percent Change from Current					2.76%			0.51%		
ACA Reserve			\$0.00							
Implementation Credit			Included Above		Included Above			(\$15,000.00)		
Total Annual Cost			\$5,047,102.26		\$5,186,482.55			\$5,057,822.76		
Percent Change					2.76%			0.21%		
Annual Cost Increase					\$139,380.29			\$10,720.50		
Estimated BCBS Run Out Cost			N/A		N/A			\$772,687.20		
Total Annual Cost			\$5,047,102.26		\$5,186,482.55			\$5,830,509.96		
Percent Change					2.76%			15.52%		
Annual Cost Increase					\$139,380.29			\$783,407.70		

Option 2 - Fully Insured UHC - premium rates shown are net of commission.

Horton Benefit Solutions Disclaimer Notice

Commissions: Horton receives commissions from insurance companies for placing insurance with them and the continued service of clients' insurance needs. Typically commissions are calculated as a percentage of earned policy premium. Each insurance company establishes the commission percentages that it pays on certain lines of insurance. Horton's commission is included in the insurance premium paid by clients.

Contingency, Supplemental and Bonus Commissions: Horton may receive additional compensation in the forms of, including but not limited to, contingent commission, supplemental commission or bonus commission. Contingent, supplemental or bonus commission is paid by the insurance companies based on a number of factors, all of which are determined by the insurance company. These factors include, but are not limited to: 1) the overall business Horton has placed with an insurance company, which could include factors for retained business, growth or new business, and 2) the profitability of that business. The commission paid depends on the size and performance of an entire group of accounts, as opposed to the profitability or placement of any particular policy. Horton has agency agreements with insurance companies that pay contingent, supplemental or bonus commission that outline the calculation for such contingent, supplemental or bonus commission payments. During the past five years, Horton's contingent, supplemental and bonus income has averaged less than 1% of total premiums.

Fee Based Income and Supplement Income

Horton may also receive compensation in the form of fees paid by clients. Under fee-based arrangements, clients agree to pay a fee to Horton net of, or in addition to, commission income. Horton fully discloses all fees in the form of a Fee Agreement. These fees may cover policy services, loss control services, safety consulting and/or claims administration. At times Horton will also provide clients with access to preferred vendors for services that relate to Horton's placement of insurance for its clients. These vendors pay supplemental income to Horton that relates to Horton's referral of the service to its clients.

Exposure Evaluation

All terms of this proposal are based on the evaluation of material provided by you or your employees. Horton expressly disclaims all liability for the content of such evaluation material, including but not limited to, any errors or omissions contained therein or arising therefrom. The terms of this proposal are subject to change if you provide new or revised evaluation material to Horton.

Coverage Terms & Conditions

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Other

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