

Village of Orland Park January 1, 2022

he following Medical markets were approac	ched:
<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 Hathawaway	Declined - Stop Loss - Uncompetitive Rates
Evolution	Declined - Stop Loss - Uncompetitive Rates
HCC	Quoted - Stop Loss - Uncompetitive - not shown
НМ	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



Annual Change Expected Cost in \$

\$0.00

\$400,520.74

10/25/21 Revised Package

Final Renegotiated 09/13/21 & Final Renegotiated 09/13/21 & Revised Renewal Recommended Recommended Final Renegotiated 09/13/21 Presented by: Michael Woicik Underwritten Underwritter Underwritten Underwritten Underwritten CURRENT RENEWAL RENEWAL RENEWAL RENEWAL **OPTION 1** Contract Specifics % Chang % Change BCBS Administratorr **BCBS BCBS** BCBS BCBS BCBS PPO / HMO I / BA HMO PPO / HMO I / BA HMO PPO / HMO I / BA HMO PPO Network PPO / HMO I / BA HMO PPO HMO I / BA HMO PPO / HMO I / BA HMO **BCBS** BCBS BCBS **BCBS BCBS BCBS** Reinsurance Carrier PRM Prime Prime Prime Prime Prime Prime Specific Deductible \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$125,000 Specific Contract Paid Paid Paid Paid Paid Paid Specific Coverage Medical & Rx Annual Maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Lifetime Maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Aggregate Contract Paid Paid Paid Paid Paid Paid Aggregate Coverage Medical & Rx Aggregate Run-In-Limit N/A 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 74 BA HMO Employees 39 39 39 39 39 39 Total 279 279 279 279 279 279 Fixed Costs PPO Administration \$57.40 \$60.27 \$60.27 \$60.27 \$58.77 \$60.27 Virtual Visits \$0.52 \$0.52 \$0.52 \$0.52 \$0.52 \$0.52 HMOI Administration \$57.40 \$60.27 \$60.27 \$60.27 \$58.77 \$60.27 BA HMO Administration \$57.40 \$60.27 \$60.27 \$60.27 \$58.77 \$60.27 Rx Rebate (\$60.27)(\$75.59)(\$75.59) (\$75.59)(\$75.59)(\$75.59)Medical Rebate Credit - PPO (\$2.50) (\$2.50 (\$2.50)(\$2.50) (\$2.50) Net PPO Administration (\$18.80) (\$17.30) (\$2.35)(\$17.30) (\$17.30) (\$17.30) Net HMOI Administration (\$2.87) (\$15.32) (\$15.32) (\$15.32) (\$16.82) (\$15.32) Net BA HMO Administration (\$2.87) (\$15.32) (\$15.32) (\$15.32) (\$16.82) (\$15.32) Net Monthly Admin Costs -\$714 41 -\$4.602.96 -544.30% -\$4.602.96 -544.30% -\$4.602.96 -544 30% -\$5.021.46 -602 88% -\$4.602.96 -544.30% PPO Specific Premium \$418.71 166 \$418.66 166 -0.01% \$418.66 166 -0.01% \$418.66 166 -0.01% \$412.38 166 -1.51% \$339.66 166 -18.88% HMOI Specific Premium \$195.83 \$195.86 0.02% \$195.86 0.02% \$195.86 0.02% \$192.92 74 -1.49% \$162.64 74 -16.95% BA HMO Specific Premium \$195.83 39 \$195.86 39 0.02% \$195.86 39 0.02% \$195.86 39 0.02% \$192.92 39 -1.49% \$162.64 39 -16.95% Monthly Specific Costs \$91.634.65 \$91.629.74 -0.01% \$91,629,74 -0.01% \$91,629.74 -0.01% \$90,255.04 -1.51% \$74.761.88 -18.41% Subtotal Monthly Costs (Admin + Spec) \$90,920.24 \$87,026.78 -4.28% \$87,026.78 -4.28% \$87,026.78 \$85,233.58 \$70,158.92 -22.83% Annual Access /Admin Fee \$32,451.00 \$36,544.00 12.61% \$36,544.00 12.61% \$36,544.00 12.61% \$35,996.00 10.92% \$44,579.00 37.37% Annual Aggregate Premium Admin Fee for Run Out Service Spec & Agg Premium for Run Out Claims (\$130,000,00) (\$160,000,00) (\$160,000,00) One-Time Wellness/Implementation Credit (\$130,000.00)(\$160,000,00) Grand Total Annual Fixed Costs \$993,493.88 \$1,080,865.36 8.79% \$950,865.36 -4.29% \$920,865.36 -7.31% \$898,798.96 -9.53% \$726,486.04 -26.88% Annual Change Fixed Cost in \$ \$87,371,48 -\$42.628.52 -\$72.628.52 -\$94.694.92 -\$267.007.84 Capitation Fees HMOI Cap Fee (Single) \$175.92 \$167.86 43 \$175.92 \$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 \$571.94 31 HMOI Managed Care Fee \$11.65 74 \$13.10 74 \$13.10 74 \$13.10 74 \$13.10 74 \$13.10 74 BA HMO Can Fee (Single) \$174.38 \$159.49 \$159.49 \$159.49 \$159.49 \$159.49 7 7 7 7 7 7 BA HMO Cap Fee (Family) \$521.32 32 \$570.24 32 \$570.24 32 \$570.24 32 \$570.24 32 \$570.24 32 BA HMO Managed Care Fee \$11.65 39 \$13.10 \$13.10 \$13.10 39 \$13.10 39 \$13.10 39 39 39 Total Monthly Capitation Costs 4 86% \$43 998 83 \$46,139,11 4 86% \$46 139 11 4 86% \$46 139 11 \$46.139.11 4 86% \$46.139.11 4 86% **Total Annual Capitation Costs** \$527,985.96 \$553,669.32 \$553,669.32 4.86% \$553,669.32 4.86% \$553,669.32 \$553,669,32 4.86% Annual Change Capitation Fees in \$ \$25,683,36 \$25,683,36 \$25,683,36 \$25,683,36 \$25.683.36 \$0.00 Aggregate Liability 120% Corridor 120% Corridor 120% Corridor 120% Corridor 120% Corridor 120% Corridor PPO Aggregate Factor \$1,672,42 166 \$1,708,82 166 \$1 708 82 166 \$1,708.82 166 \$1 708 82 166 \$1,752,71 166 HMOI Aggregate Factor \$662.22 74 \$863.12 74 \$863.12 74 \$863.12 74 \$863.12 74 \$881.16 74 BA HMO Aggregate Factor \$662.22 \$863.12 39 \$863.12 39 \$863.12 39 \$863.12 39 \$881.16 39 Total Monthly Aggregate Liability: \$352,452.58 \$381,196.68 8.16% \$381,196.68 8.16% \$381,196.68 8.16% \$381,196.68 8 16% \$390,520.94 10.80% 8.16% 8.16% 8.16% 8.16% Total Annual Aggregate Liability: \$4,229,430.96 \$4,574,360.16 \$4,574,360.16 \$4,574,360.16 \$4,574,360.16 \$4,686,251.28 10.80% Total Annual Expected Claim Liability \$3 524 384 82 \$3 811 814 32 8 16% \$3 811 814 32 8 16% \$3 811 814 32 8 16% \$3 811 814 32 8 16% \$3 905 053 19 10.80% Annual Change Expected Claim Liability in \$ \$0.00 \$287,429.50 \$287,429,50 \$287,429,50 \$287,429.50 \$380,668,37 Estimated ACA Tax \$1,274.00 \$1,274.00 \$1,274.00 \$1,237.60 \$1,274.00 \$1,274.00 Additional Laser Liability N/A N/A N/A N/A N/A Maximum Plan Exposure \$5.752.148.40 \$6,210,168,84 7.96% \$6.080.168.84 5.70% \$6.050.168.84 5.18% \$6.028.102.44 4.80% \$5.967.680.64 3.75% **Expected Plan Exposure** \$5.047.102.26 \$5,447,623,00 7.94% \$5.317.623.00 5.36% \$5,287,623,00 4.77% \$5,265,556,60 4.33% \$5.186.482.55 2.76%

\$270,520.74

\$240,520.74

\$218,454.34

\$139,380.29

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		Recommended Underwritten	Underwritten	Underwritten	ILLUSTRATIVE ONLY		
	CURRENT		*OPTION 2	*OPTION 3	**OPTION 4		
Contract Specifics	% Change		/# Change	// Criange	% Chang		
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		
РВМ	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 Contract Aggregate Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx		
Aggregate Coverage Aggregate Run-In-Limit	N/A	N/A	N/A	N/A	N/A		
	IN/A	IVA	IV/A	N/A	IN/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		
/irtual 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	(20.00)	(\$2.50)	(\$2.50)	(\$2.50)	(\$2.50)		
Net PPO Administration	(\$2.35)	(\$18.80)	(\$17.30)	(\$17.30)	(\$17.30)		
Net HMOI Administration Net BA HMO Administration	(\$2.87)	(\$16.82)	(\$15.32)	(\$15.32)	(\$15.32)		
	(\$2.87)	(\$16.82) -\$5.021.46 -602.88%	(\$15.32) -\$4.602.96 -544.30%	(\$15.32)	(\$15.32) -\$4.602.96 -544.30%		
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 76 -36.2076		
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	-\$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	120% Corridor	120% Corridor	120% Corridor	120% Corridor	125% Corridor		
PPO Aggregate Factor	\$1,672.42 166	\$1,708.82 166	\$1,582.37 166	\$1,582.37 166	\$1,514.42 166		
PPO Aggregate Factor HMOI Aggregate Factor	\$1,672.42 166 \$662.22 74	\$1,708.82 166 \$863.12 74	\$1,582.37 166 \$863.12 74	\$1,582.37 166 \$881.16 74	\$1,514.42 166 \$1,514.42 74		
	\$662.22 74 \$662.22 39	\$863.12 74 \$863.12 39	\$863.12 74 \$863.12 39	\$881.16 74 \$881.16 39	\$1,514.42 74 \$1.514.42 39		
BA HMO Aggregate Factor	\$662.22 39 \$352,452.58	\$863.12 39 \$381,196.68 8.16%		\$881.16 39 \$362,244.50 2.78%	\$1,514.42 39 \$422,523.18 19.88%		
Total Monthly Aggregate Liability:							
Total Annual Aggregate Liability: Expected Run Out Claim 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% \$528,678.87		
_xpecied Run Out Olaim Liability					\$520,078.87		
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 \$	\$0,024,304.02	\$287,429.50	\$77 530 90	\$97.915.28	\$1,060.516.58		
The state of the s	ψυ.υυ	¥201,120.00	ψ11,000.00	\$01,010.E0	ψ1,000,010.00		
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 \$	\$5,047,102.26 \$0.00	\$5,265,556.60 4.33% \$218.454.34	\$5,077,724.40 0.61% \$30,622.14	\$4,903,729.46 -2.84% -\$143 372 80	\$6,226,216.33 23.36% \$1 179 114 07		
UIIII I I DANNE EYNECTER COST IN S	\$0.00						

Annual Change Expected Cost in \$ \$0.00 \$218,454.34 \$30,622.14

*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.

HORTON

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

January 1, 2022 10/25/21 Revised Package Discount Dental and Vision Final Renegotiated 09/13/21 & Recommended

Presented by: Michael Wojcik		Underwritten	Preliminary Quote Subject to Final Underwriting	Preliminary Quote Subject to Final Underwriting	Preliminary Quote Subject to Final Underwriting	
0	CURRENT	RENEWAL	OPTION 5	***OPTION 6	***OPTION 7	
Contract Specifics	BCBS %Change	BCBS %Change	% Change	% Change	% Change	
Administratorr	PPO / HMO I / BA HMO	PPO / HMO I / BA HMO	Aetna	Allied	Allied	
PPO Network			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	
· · · · · · ·	,			,	,	
			Aetna Estimated			
HMOI Administration	\$57.40	\$58.77	Passthrough Rx Rebate	Rx Care Alliance		
				Estimated Passthrough	Costco Health Estimated	
BA HMO Administration	\$57.40	\$58.77	(\$69.43)	Rx Rebate	Passthrough Rx Rebate	
Rx Rebate Medical Rebate Credit - PPO	(\$60.27)	(\$75.59) (\$2.50)	(\$19.33)	(\$27.90)	(\$69.98)	
Net PPO Administration	(\$2.35)	(\$2.50)	(\$35.72)	\$31.35	\$0.10	
Net HMOI Administration	(\$2.87)	(\$16.82)	(\$33.72)	φ31.33	\$0.10	
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%	
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PPO Specific Premium	\$418.71 166	\$412.38 166 -1.51%	\$264.67 279 -36.79%	\$292.69 279 -30.10%	\$292.69 279 -30.10%	
HMOI Specific Premium	\$195.83 74	\$192.92 74 -1.49%	-100.00%	-100.00%	-100.00%	
BA HMO Specific Premium	\$195.83 39	\$192.92 39 -1.49%	-100.00%	-100.00%	-100.00%	
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% \$32,451.00	2.33% \$35,996.00 10.92%	\$89,224.20 174.95%	\$3,250.00 \$22,431.60 -30.88%	\$3,250.00 \$22,431.60 -30.88%	
Annual Aggregate Premium Admin Fee for Run Out Service	\$32,451.00	\$35,996.00 10.92%	\$89,224.20 174.95% \$19,217.52	\$22,431.60 -30.88% \$19,217.52	\$22,431.60 -30.86% \$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)	ΨΣΣΨ,730.01	ΨΖΣΨ,730.01	
Grand Total Annual Fixed Costs	\$993,493.88	\$898.798.96 -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 \$	4000 , 100000	-\$94,694.92	\$81,269.37	\$361,081.97	\$256,445.25	
Capitation Fees		7. 7.		, , , , , , , , , , , , , , , , , , , ,		
HMOI Cap Fee (Single)	\$167.86 43	\$175.92 43				
HMOI Cap Fee (Single)	\$167.86 43 \$566.50 31	\$175.92 43 \$571.94 31	ĺ			
HMOI Cap Fee (Family) HMOI Managed Care Fee	\$566.50 31 \$11.65 74	\$571.94 31 \$13.10 74				
BA HMO Cap Fee (Single)						
	Q.7.1.00 .	\$159.49 7				
BA HMO Cap Fee (Family)	\$521.32 32	\$570.24 32				
BA HMO Managed Care Fee	\$11.65 39 \$43.998.83	\$13.10 39 \$46.139.11 4.86%	\$0.00	\$0.00	\$0.00	
Total Monthly Capitation Costs Total Annual Capitation Costs	\$43,998.83 \$527.985.96	\$46,139.11 4.86% \$553.669.32 4.86%	\$0.00 \$0.00	• • • • •	\$0.00 \$0.00	
Annual Change Capitation Fees in \$	\$527,985.96 \$0.00	\$553,669.32 4.86% \$25,683.36	\$0.00 (\$527 985 96)	\$0.00 (\$527.985.96)	\$0.00 (\$527 985 96)	
			(4021)000100)	(\$521,865.96)	(\$527,965.96)	
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		\$1,274.00	\$1,274.00	\$1,274.00	\$1,274.00	
	\$1,237.60					
Additional Laser Liability	N/A	N/A	TBD	TBD	TBD	
Maximum Plan Exposure	N/A \$5,752,148.40	N/A \$6,028,102.44 4.80%	TBD \$6,590,764.53 14.58%	\$7,208,892.53 25.33%	\$6,784,570.61 17.95%	
	N/A	N/A	TBD			

^{***}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

Paid	Presented by: Michael Wojcik		Recommended Underwritten		Preliminary Quote Subject to Final		
Ministrator	Contract Specifics	CURRENT % Change	RENEWAL %C	hango	***OPTION 8	% Change	
PRO Network				Inalige	Allind	% Criany	
BCBS BCBS Sun Life Prime Pri							
Prime							
Sepacific Potentiaries							
Paid	PBM	Prime	Prime		Orexi (Same Pharmacy)		
Medical & Rx	Specific Deductible						
vinual Maximum Unlimited Unlimited Unlimited (ggregate Contract Unlimited (ggregate Contract) Unlimited (ggregate Contract) Unlimited (ggregate Contract) Paid Paid 12/12 (million) Unlimited (ggregate Contract) Paid Paid 12/12 (million) Unlimited (ggregate Contract) Paid Paid 12/12 (million) Unlimited (ggregate Contract) Paid (12/12 (million) Paid 12/12 (million)	Specific Contract	Paid	Paid		12/12		
	Specific Coverage						
Suggregate Contract Paid Paid Rx Medical & Rx Medical			Unlimited		Unlimited		
Medical & Rr. Medical & Rr			Unlimited		Unlimited		
NA NA NA NA NA NA NA NA	Aggregate Contract	Paid	Paid		12/12		
Implement	Aggregate Coverage	Medical & Rx	Medical & Rx		Medical & Rx		
PPC Employees	Aggregate Run-In-Limit	N/A	N/A		N/A		
PPC Employees	Employee Census						
MAIN Employees 74		166	166		166		
A HMO Employees 39 39 39 39 39 39 39 3							
Tricked Costs PCP Administration S57.40 S68.77 S63.75							
Size				⊢			
PCA Administration		213	213		219		
SOLDED S		255.40			***		
Mode		\$57.40	\$58.77	1	\$63.75		
MOI Administration S57.40 S58.77 Stimated Passthrough S57.40 S58.77 Estimated Passthrough S57.59 (S59.79 S59.79 S	31.1	60.50	60.50	ļ	60.50		
A HMO Administration S57.40 S58.77 Estimated Passthrough Redical Rebate Credit - PPO (\$25.50) (\$				I.			
St. Rebate (580.27) (575.59) (590.79)							
Redical Rebate Credit - PPO Redical Rebate Credit - Rebate Credit				1			
Let PPO Administration (\$2.35) (\$18.80) (\$23.54) Let BAHMO Administration (\$2.87) (\$16.82) Let Monthly Admin Costs \$714.41 \$5.02.146 \$402.88% \$6,567.33 *412.27 PO Specific Premium \$195.83 74 \$192.92 74 \$1.49% \$100.00 Molf Specific Premium \$195.83 39 \$192.92 39 \$1.49% \$100.00 Molf Specific Costs \$91,534.85 \$90,255.04 \$1.51% \$81,660.51 \$100.00 Monthly Specific Costs \$90,252.04 \$85,233.58 \$6.25% \$175,093.18 \$114.00 Monthly Admin Costs (Admin + Spec) \$90,920.24 \$85,233.58 \$6.25% \$175,093.18 \$114.00 Monthly Aggregate Premium Rate \$2.33% \$2.33% \$32,250.00 Monthly Aggregate Premium \$32,451.00 \$35,996.00 \$10.92% \$22,431.60 \$30.88 Monthly Aggregate Premium \$32,451.00 \$35,996.00 \$10.92% \$22,431.60 \$30.88 Monthly Aggregate Symplementation Credit \$100.00 \$1.785 Monthly Aggregate Premium \$32,451.00 \$35,998.96 \$9.53% \$1.170,808.05 \$17.85 Monthly Aggregate Premium \$32,451.00 \$35,998.96 \$9.53% \$1.170,808.05 \$17.85 Monthly Aggregate Premium \$32,451.00 \$35,998.96 \$9.53% \$1.170,808.05 \$17.85 Molf Cap Fee (Single) \$167.86 43 \$175.92 43 Molf Cap Fee (Family) \$566.50 31 \$571.94 31 Molf Cap Fee (Family) \$569.40 7 \$159.49 7 And HMO Cap Fee (Family) \$568.50 \$11.65 \$9.53% \$13.10 39 And HMO Cap Fee (Family) \$569.80 \$1.65.90 \$1.09 \$1.09 And HMO Cap Fee (Family) \$569.80 \$1.60 \$1.00 \$1.00 And HMO Cap Fee (Family) \$50.00 \$1.00 \$1.00 \$1.00 And HMO Cap Fee (Family) \$50.00 \$1.00 \$1.00 \$1.00 \$1.00 And HMO Cap Fee (Family) \$50.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00		(\$60.27)			(\$90.79)		
Let HMOI Administration (\$2.87) (\$16.82)		(\$2.35)			(\$22.54)		
Let BAHMO Administration (\$2.87) (\$16.82) (\$16.					(\$23.54)		
Let Monthly Admin Costs							
PO Specific Premium \$418.71 166 \$412.38 166 -1.51% \$292.69 279 -30.10 MIOI Specific Premium \$195.83 74 \$192.92 74 -1.49% 1-00.00 1-00				12.88%	-\$6,567,33	-819.27	
MAIOL Specific Premium S195.83 74 S192.92 74 1.49% -1.00.00		******	***************************************		**,******		
MAIOL Specific Premium S195.83 74 S192.92 74 1.49% -1.00.00	PPO Specific Premium	\$418.71 166	\$412.38 166 -1.	.51%	\$292.69	279 -30.10	
A HMO Specific Premium						-100.00	
Subtotal Monthly Costs (Admin + Spec) \$90,920.24 \$85,233.58	BA HMO Specific Premium	\$195.83 39	\$192.92 39 -1.	.49%		-100.00	
Commail Access / Admin Fee Commail Access	Monthly Specific Costs	\$91,634.65	\$90,255.04 -1.	.51%	\$81,660.51	-10.88	
Monthly Aggregate Premium Rate	Subtotal Monthly Costs (Admin + Spec)	\$90,920.24	\$85,233.58 -6.	.25%	\$75,093.18	-17.419	
\$32,451.00 \$35,996.00 \$35,996.00 \$35,996.00 \$30,88		2.33%	2.33%		\$3,250.00		
Stand Fire for Run Out Service Standard Service	Monthly Aggregate Premium Rate						
Spec & Agg Premium for Run Out Claims Special Run Out Claim Liability Special Run Out C		\$32,451.00	\$35,996.00 10	0.92%		-30.88	
Serand Total Annual Fixed Costs \$93,493.88 \$898,798.96 -9.53% \$1,170,808.05 17.85							
Stand Total Annual Fixed Costs \$993,493.88 \$993,493.88 \$993,493.88 \$898,798.96 -9.53% \$1,170,808.05 17.85		(\$400.000.00)	(\$4.00.000.00)		\$224,790.81		
Samual Change Fixed Cost in \$ S494,694.92 S177,314.17			N				
MOI Cap Fee (Single)		\$993,493.88		.53%		17.85	
MIXIO Cap Fee (Single)			-\$94,694.92		\$177,314.17		
MOI Cap Fee (Family)							
#MOI Managed Care Fee \$11.65 74 \$13.10 74 \$159.49 7 \$159	HMOI Cap Fee (Single)						
SA HMO Cap Fee (Single)	HMOI Cap Fee (Family)			<u>l</u>			
SA HMO Cap Fee (Single)	HMOI Managed Care Fee	\$11.65 74		1			
AA HMO Cap Fee (Family) \$521.32 32 \$570.24 32 \$A HMO Managed Care Fee \$11.65 39 \$13.10 39 \$10.00 \$A HMO Managed Care Fee \$11.65 39 \$13.10 39 \$13.10 39 \$10.00 \$10.0	BA HMO Cap Fee (Single)	\$174.38 7	\$159.49 7				
A HMO Managed Care Fee \$11.65 39 \$13.10 39 \$13.10 39 \$10.00 footal Monthly Capitation Costs \$527,985.96 \$5553,669.32 4.86% \$0.00 footal Annual Capitation Fees in \$ \$0.00 \$25,683.36 \$25,7985.96 \$0.00 footal Annual Capitation Fees in \$ \$0.00 \$25,683.36 \$0.00 footal Annual Change Capitation Fees in \$ \$0.00 \$25,683.36 \$0.00 footal Annual Change Capitation Fees in \$ \$0.00 \$25,683.36 \$0.00 footal Change Capitation Fees in \$ \$0.00 \$25,683.36 \$0.00 footal Change Capitation Fees in \$ \$0.00 \$25,683.36 \$0.00 footal Change Capitation Fees in \$ \$0.00 footal Change Feator \$0.00 footal Change Feator \$0.00 footal Change Capitation Fees in \$0.00 foota	BA HMO Cap Fee (Family)	\$521.32 32	\$570.24 32	<u>l</u>			
Cotal Monthly Capitation Costs \$43,998.83 \$46,139.11 4.86% \$0.00	BA HMO Managed Care Fee			1			
State Stat	Total Monthly Capitation Costs			.86%	\$0.00		
Sumual Change Capitation Fees in \$ Su.00 \$25,683.36 (\$527,985.96)	Total Annual Capitation Costs						
Aggregate Liability 120% Corridor 120% Corridor 125% Corri							
PPO Aggregate Factor					125% Corri	dor	
#MOI Aggregate Factor					04 EE0 70	270	
A HMO Agregate Factor S662.22 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 Ru Out Claim Liability \$528,678.87 Fotal Annual Expected Claim Liability \$3,524,384.82 \$3,811,814.32 8.16% \$4,602,780.40 30.60 Innual Charge 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 Indiditional Laser Liability N/A N/A N/A TBD Additional Laser Liability \$5,521,188.40 \$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					\$1,558.73	219	
Total Monthly Äggregate 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 Ru Out Claim Liability \$528,678.87 \$528,678.87 (\$100,800.90) \$252,678.87 (\$100,800.90) \$0.00 \$0.00 \$3,811,814.32 8.16% \$4,602,780.40 30.60 \$0.00 \$287,429.50 \$1,078,395.58 \$1,078,395.58 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$2,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$1,274.00 \$2,274.00<			1	<u>l</u>			
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 \$528,678.87 \$528,678.87 \$100,800.90 \$00,800.90 \$00,800.90 \$00,780.40 30.60 \$3.811,814.32 8.16% \$4,602,780.40 30.60 \$0.00 \$287,429.50 \$1,078,395.58 \$1,078,395.58 \$1.274.00 \$1,274.00			1		A.A		
\$528,678.87 \$528,678.87 \$528,678.87 \$100,800.90 \$100,800.90 \$1,078,395.58 \$1,078,395.58 \$1,274.00							
SBM Expected Rx Claim Savings \$1,00,000,00 \$3,524,384.82 \$3,811,814.32 \$1,600,7804.00 \$4,602,780.40 \$30.60 \$1,078,395.58 \$1,		\$4,229,430.96	\$4,574,360.16 8.	.16%		23.399	
Total Annual Expected Claim Liability \$3,524,384.82 \$3,811,814.32 8.16% \$4,602,780.40 30.60 unual Change Expected Claim Liability in \$ \$0.00 \$287,429.50 \$1,078,395.58 \$1,078,395.58 stimated ACA Tax \$1,237.60 \$1,274.00 \$1,274.00 \$1,774.00 Additional Laser Liability N/A N/A TBD Aaximum 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			II	1			
Namual Change Expected Claim Liability in \$ \$0.00 \$287,429.50 \$1,078,395.58		** *** ***		400/			
Stimated 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				.16%		30.60	
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		****	17				
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		ll -	1	<u>l</u>			
Expected Plan Exposure \$5,047,102.26 \$5,265,556.60 4.33% \$5,774,862.45 14.42	Additional Laser Liability	N/A	N/A		TBD		
Expected Plan Exposure \$5,047,102.26 \$5,265,556.60 4.33% \$5,774,862.45 14.42	Maximum Plan Exposure	\$5,752,148.40	\$6,028,102.44 4.	.80%	\$6,924,323.83	20.389	
	Expected Plan Exposure			.33%		14.429	
					\$727,760.19		

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

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VILLAGE OF ORLAND PARK Medical Benefit Review January 1, 2022

Presented by: Michael Wojcik		All Ot	her Classes	NON-UNION EMPLOYEES ONLY - Section 0101						
			RRENT			CURRENT				
Carriers:			BCBS			BCBS				
Type of Plan	HMO I	GOLD	SILVER	HDHP	BA HMO	SILVER	HDHP			
In Network Benefits										
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	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$4,500	\$11,900			
Includes Ded	\$3,000	\$1,500	\$4,500	\$11,900	φ3,000	\$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	.		*	After Ded,	.	*	After Ded,			
	\$150	\$150	\$150	\$150 Co-pay	\$150	\$150	\$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			
Out of Network Benefits										
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			211.222				•			
Includes Ded		\$5,000	\$11,000	\$10,000		\$11,000	\$10,000			
Family Out of Pocket		£45.000	#22.000	#20.000		#22.000	\$20,000			
Includes Ded		\$15,000	\$33,000	\$20,000		\$33,000	\$20,000			
Emergency Co-pay				After Ded,			After Ded,			
Emergency Co-pay		\$150	\$150	\$150 Co-pay		\$150	\$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 **Replaces Current Silver PPO** Replaces Current \$3,500 Ded H.S.A. CURRENT ALTERNATE PLAN DESIGN **CURRENT ALTERNATE PLAN DESIGN BCBS BCBS BCBS BCBS** Carriers: PPO - Blue Choice Options HDHP - PPO - Blue Choice Options Type of Plan SILVER HDHP TIER 1: TIER 2: TIER 1: TIER 2: In Network Benefits **Blue Choice Options Current PPO Blue Choice Options Current PPO** Individual Deductible \$3,500 \$1,000 \$1.000 \$3.000 \$3,500 \$5,000 Family Deductible \$3,000 \$3,000 \$7,000 \$7,000 \$10,000 \$6,000 Co-Insurance 80% 80% 60% 100% 100% 80% Medical Individual Out of Pocket \$1,500 \$5,950 \$5,950 \$7,050 \$1,500 \$6,000 Includes Ded Included in Medical Included in Medical Rx Individual Out of Pocket \$3,000 Included in Medical Medical Family Out of Pocket \$4,500 \$4.500 \$12,000 \$11.900 \$11.900 \$14,000 Includes Ded Included in Medical Included in Medical Rx Family Out of Pocket \$6,000 Included in Medical After Ded. **Emergency Room Co-pay** \$150 \$150 \$150 100% after Ded 100% after Ded \$150 Co-pay Hospital Co-pay 80% after Ded 80% after Ded 60% after Ded 100% after Ded 100% after Ded 80% after Ded Rx Drug List - Performance Rx Drug List - Performance Rx Co-pay \$10/\$30/\$50 100% after Ded \$10/30/50 After Ded. \$0/20/40 ACA Drugs - 100% 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 100% after Ded \$20 \$20 \$25 100% 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 \$11,000 \$12,000 \$10,000 \$12,000 Includes Ded Family Out of Pocket \$24,000 \$24,000 \$33,000 \$20,000 Includes Ded After Ded, 100% after Ded **Emergency Co-pay** \$150 \$150 \$150 Co-pay \$300 Co-pay, then Ded Hospital Co-pay 50% after Ded 80% after Ded 60% after Ded and 60% Co-Insurance 50% after Ded 60% after Ded Physician Office Visit Services 60% after Ded 80% after Ded Preventative Services 60% after Ded 50% after Ded 80% after Ded 60% after Ded Lifetime Maximum Unlimited Unlimited Unlimited Unlimited

VILLAGE OF ORLAND PARK Medical Review January 1, 2022



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

Carriers:			CURRENT / RENE			OPTION 1 - FULLY INSURED					
Type of Plan	нмо і	BA HMO	BCBS COST PLU Gold	Silver	HDHP (Emb)	НМО І	BA HMO	BCBS Gold	Silver	HDHP (Emb)	
Network	HWOT	BA HWO	Gold	Silver	HDHF (EIIID)	HINO	BA HINO	Goid	Silver	HDHF (EIIID)	
n 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	\$1,500	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500	\$500	\$1,500	\$5,950	
OPX includes ded unless noted	ψ1,000	ψ1,000	4000	\$1,000	ψο,σσσ	ψ1,000	\$1,000	4000	ψ1,000	ψο,οσσ	
Family Out of Pocket	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900	
OPX includes ded unless noted											
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, \$0/20/4	
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	
				\$1.2mm.2	\$1. <u></u>		,				
ut 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			\$5,000	\$11,000	\$10.000			\$5,000	\$11.000	\$10.000	
OPX includes ded unless noted			φο,σσσ	Ψ11,000	ψ10,000			ψ0,000	ψ11,000	ψ10,000	
Family Out of Pocket			\$15,000	\$33,000	\$20,000			\$15,000	\$33,000	\$20,000	
OPX includes ded unless noted			4.0,000	****				****	****		
Emergency Co-pay			\$150	\$150	After Ded, \$150 Co-pay			\$150	\$150	After Ded, \$150 Co-pay	
					\$150 Co-рау					\$150 CO-pay	
Hi-10			80% after Ded	\$300 co-pay, then 60%	80% after Ded			80% after Ded	\$300 co-pay, then 60%	80% after Ded	
Hospital Co-pay			60% after Ded	after Ded	00% after Ded			60% alter Ded	after Ded	60% alter 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	
Lifetime Maximum			ONLIMITED	CINCIIVITED	ONLIMITED			UNLIMITED	ONLIMITED	ONLIMITED	
edical Premium rates											
mployee						\$792.10	\$732.99	\$1,037.77	\$894.46	\$841.67	
mployee + Spouse						\$1,503.41	\$1,391.24	\$2,055.74	\$1,642.35	\$1,675.15	
mployee +Children						\$1,566.61	\$1,449.71	\$2,142.19	\$1,711.98	\$1,792.41	
amily						\$2,326.02	\$2,152.45	\$3,180.57	\$2,489.51	\$2,478.08	
mployee Medicare Primary						\$792.10	\$732.99	\$1,037.77	\$894.46	\$841.67	
mpoyee + Spouse Medicare Primary						\$1,584.25	\$1,466.03	\$2,075.55	\$1,788.93	\$1,683.36	
		pected Cost			pected Cost						
		cted ASO Cost			cted ASO Cost						
otal Monthly Cost	\$420,	591.85		\$432,	206.88	\$93,465.20	\$68,228.32	\$11,443.14	\$92,309.99	\$188,154.86	
otal Annual Cost w/o ACA Reserve	¢E 0.47	7,102.26		¢E 400	6,482.55			\$5,443,218.12			
ercent Change from Current	\$5,047	,102.20			76%			7.85%			
CA Reserve	\$0	0.00		2.1	/ -			1.00/0			
nplementation Credit		d Above		Include	d Above			\$0.00			
otal Annual Cost		7,102.26			5,482.55			\$5,443,218.12			
Percent Change	+-,•··				76%			7.85%			
nnual Cost Increase					380.29			\$396,115.86			
stimated BCBS Run Out Cost	N	I/A			I/A			\$772,687.20			
otal Annual Cost		7,102.26			5,482.55			\$6,215,905.32			
	Ψ0,041	,									
ercent Change				2.7	76%			23.16%			

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		74
Charter HMO				24	0		39
Gold - Core					0		6
Silver - Core	23			18	0	3	57
HSA - Core	34			54	0		103
Total	100	33	18	112	9	7	279

Presented by: Mike Wojcik

Carriers:			CURRENT / RENE BCBS COST PL			OPTION 2 - FULLY INSURED UHC					
Type of Plan	HMO I	BA HMO	Gold	Silver	HDHP (Emb)	Navigate HMO	Charter HMO	Gold	Silver	HDHP (Emb)	
Network								Core	Core	Core	
In Network Benefits Individual Deductible	\$0	\$0	\$200	\$1,000	\$3,500	\$0	\$0	\$200	\$1,000	\$3,500	
Family Deductible	\$0 \$0	\$0 \$0	\$200 \$600	\$1,000	\$3,500 \$7.000	\$0 \$0	\$0 \$0	\$600	\$1,000	\$3,500	
Co-Insurance	100%	100%	90%	80%	100%	100%	100%	90%	80%	100%	
Individual Out of Pocket	\$1,500	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500	\$500	\$1,500	\$5,950	
OPX includes ded unless noted	\$1,500	\$1,500	\$500	φ1,500	φ5,950	\$1,500	\$1,500	\$300	\$1,500	\$5,950	
Family Out of Pocket OPX includes ded unless noted	\$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	
' '		1	\$10/15/25		* *			2.5 x Retail	· ·		
Mail Order Rx Co-pay Rx Individual Out of Pocket	\$10/15/25 \$3,000	\$10/15/25 \$3,000	\$3,000	2 x Retail \$3,000	After Ded, \$0/20/40 Included in Med	2.5 x Retail Included in Med	2.5 x Retail Included in Med	Included in Med	2.5 x Retail Included in Med	2.5 x Retail 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											
OPX includes ded unless noted			\$5,000	\$11,000	\$10,000			\$5,000	\$11,000	\$10,000	
Family Out of Pocket OPX includes ded unless noted			\$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	
Empoyee + Spouse Medicare Primary	O			B15		\$1,583.78	\$1,423.62	\$1,914.86	\$1,798.99	\$1,350.42	
		pected Cost cted ASO Cost			cted ASO Cost						
Total Monthly Cost		591.85			206.88	\$95,367.12	\$67,338.39	\$10,501.49	\$97,854.14	\$151,674.09	
Total Annual Cost w/s ACA December	¢E 0.47	7,102.26		6 E 400	5,482.55			\$5,072,822.76			
Total Annual Cost w/o ACA Reserve Percent Change from Current	\$5,04 7	,102.20			76%			\$5,072,822.76 0.51%			
ACA Reserve	\$0	0.00		2.1	070			0.31/6			
Implementation Credit	***	d Above		Include	d Above			(\$15,000.00)			
Total Annual Cost		7,102.26			5,482.55			\$5,057,822.76			
Percent Change				2.7	76%			0.21%			
Annual Cost Increase				\$139,	380.29			\$10,720.50			
Estimated BCBS Run Out Cost	N	I/A		N	I/A			\$772,687.20			
Total Annual Cost	\$5,047	7,102.26			5,482.55			\$5,830,509.96			
Percent Change					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.

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Other

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