

FY2019 Employee Benefit Renewal  
Summary of Recommendations

Line of Coverage	Recommended Carrier/Vendor	2019 Estimated Annual Expense	Summary and Renewal Impact
Medical/Rx	BlueCross BlueShield of Illinois	\$4,755,541	5.7% decrease in expected claims exposure/expense, reduced number of enrollments and addition of Blue Advantage HMO plan selection and removal of Gold plan for non-union employees.
Dental	Delta Dental	\$306,262	Administrative fee is guaranteed for two years through 12/31/19, 7.24% total expenditure decrease based on reduction in enrollment.
Vision	Eyemed	\$37,878	Rate guarantee through 12/31/2022, 7.65% total expenditure decrease based on reduction in enrollment.
Life and AD&D	Dearborn National	\$76,847	Two (2) year rate guarantee through 12/31/2019. 8.7% total expenditure decrease based on reduction in enrollment.
FSA	Discovery Benefits	\$3,000	4th year of rate guarantee, 4.90 ppm, 45-50 participants, no change.
Wellness Pedometer Program	Virgin Pulse	\$40,000	Expenses based on average enrollment of 142 and increased rewards in 2018
Wellness Biometric Screening	CHC Wellness	\$39,000	\$130 per screening expect 300 participants. Decreased participation in 2019 due to reduction in enrollment
Benefit Consulting	The Horton Group	\$42,500	Selected through RFP process in spring 2018. 5 year agreement resulting in 15% decrease from current (50,000) starting in 2019 and 2020, and 10% decrease from current in years 2021, 2022 and 2023 (previously Board approved)
EAP	Metropolitan Family Services	\$19,500	No change
Crisis Response	Trinity Services	\$30,000	No change
Total Insurance Fund		\$5,301,027	6% decrease
Total General Fund		\$49,500	

Proposed Non-Union Employee  
 Medical Plan Premium Share Percentage  
 Starting 1/1/2019

<b>HMO Illinois</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Employee	13%	15%	15%
Employee + Spouse	14%	17%	17%
Employee + Children	14%	17%	17%
Family	14%	17%	17%
<b>HMO Blue Advantage</b>			
Employee	10%	10%	10%
Employee + Spouse	10%	15%	15%
Employee + Children	10%	15%	15%
Family	10%	15%	15%
<b>PPO Silver</b>			
Employee	18%	25%	25%
Employee + Spouse	20%	30%	30%
Employee + Children	20%	30%	30%
Family	20%	30%	30%
<b>HDHP/H.S.A.</b>			
Employee	6%	8%	10%
Employee + Spouse	6%	8%	10%
Employee + Children	6%	8%	10%
Family	6%	8%	10%

The Horton Group's

# Marketing Spreadsheet

Prepared for: Village of Orland Park

Renewal January 2019

Presented By:

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Insurance / Risk Advisory / Employee Benefits

# HORTON

**Village of Orland Park**  
**January 1, 2019**

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
Blue Cross Blue Shield	Incumbent
American Fidelity	Declined
Anthem	Quoted
Berkley	Declined
Berkshire Hathaway	Quoted
HCC	Quoted
HM	Quoted
Liberty Mutual	Declined
Optum	Declined
QBE	Declined
Reliance Standard	Declined
Sun Life	Quoted
Swiss Re	Declined
Symetra	Quoted
Voya	Declined

Village of Orland Park  
Health Review  
January 1, 2019



Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS	% Change	RENEWAL BCBS	% Change
	BCBS		BCBS	
<b>Reinsurance/Health Carrier</b>				
Specific Deductible	\$100,000		\$100,000	
Specific Contract	24/12		24/12	
Specific Coverage	Medical & Rx		Medical & Rx	
Annual Maximum	Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited	
Aggregate Contract	24/12		24/12	
Aggregate Coverage	Medical & Rx		Medical & Rx	
Aggregate Run-In-Limit	N/A		N/A	
<b>Employee Census</b>				
PPO Employees	203		203	
HMO Employees	106		106	
<b>Total</b>	<b>309</b>		<b>309</b>	
<b>Fixed Costs</b>				
PPO Administration	\$60.16	203	\$56.79	203
BVA	\$2.50		\$2.50	
Virtual Visits	\$0.45		\$0.45	
HMO Administration	\$60.16	106	\$56.79	106
Rx Rebate	(\$27.04)		(\$36.11)	
Net PPO Administration	\$36.07		\$23.63	
Net HMO Administration	\$33.12		\$20.68	
<b>Net Monthly Admin Costs</b>	<b>\$10,832.93</b>		<b>\$6,988.97</b>	<b>-35.5%</b>
PPO Specific Premium	\$185.80	203	\$215.37	203
HMO Specific Premium	\$88.10	106	\$100.48	106
<b>Monthly Specific Costs</b>	<b>\$47,056.00</b>		<b>\$54,370.99</b>	<b>15.5%</b>
<b>Subtotal Monthly Costs (Admin + Spec)</b>	<b>\$57,888.93</b>		<b>\$61,359.96</b>	<b>6.0%</b>
Annual Access Fee	2.51%		2.51%	
Annual Aggregate Premium	\$20,427.20		\$25,787.00	26.2%
<b>Grand Total Annual Fixed Costs</b>	<b>\$715,094.36</b>		<b>\$762,106.52</b>	<b>6.6%</b>
<b>Capitation Fees</b>				
HMO Cap Fee (Single)	\$199.04	38	\$172.18	38
HMO Cap Fee (Family)	\$564.74	68	\$558.51	68
HMO Managed Care Fee	\$11.74	106	\$11.10	106
<b>Total Monthly Capitation Costs</b>	<b>\$47,210.28</b>		<b>\$45,698.12</b>	<b>-3.2%</b>
<b>Total Annual Capitation Costs</b>	<b>\$566,523.36</b>		<b>\$548,377.44</b>	<b>-3.2%</b>
<b>Aggregate Liability</b>	<b>120% Corridor</b>		<b>120% Corridor</b>	
PPO Aggregate Factor	\$1,644.29	203	\$1,564.07	203
HMO Aggregate Factor	\$760.18	106	\$707.20	106
<b>Total Monthly Aggregate Liability:</b>	<b>\$414,369.95</b>		<b>\$392,469.41</b>	<b>-5.3%</b>
<b>Total Annual Aggregate Liability:</b>	<b>\$4,972,439.40</b>		<b>\$4,709,632.92</b>	<b>-5.3%</b>
<b>ACA Reserve/Premium Stabilization Fund</b>	<b>\$145,188.00</b>		<b>\$145,188.00</b>	
PPACA Tax Stabilization Fund	\$15,106.44		\$1,921.56	
Additional Laser Liability	N/A		N/A	
Maximum Plan Exposure	\$6,414,351.56		\$6,167,226.44	-3.9%
Expected Plan Exposure	\$5,585,445.91		\$5,382,130.63	-3.6%

RECOMMENDED

WITHOUT LIBRARY EMPLOYEES					
CURRENT BCBS	% Change	OPTION 1 BCBS	% Change	OPTION 2 BCBS	% Change
		BCBS		BCBS	
<b>BCBS</b>		<b>BCBS</b>		<b>BCBS</b>	
\$100,000		\$100,000		\$100,000	
24/12		24/12		24/12	
Medical & Rx		Medical & Rx		Medical & Rx	
Unlimited		Unlimited		Unlimited	
Unlimited		Unlimited		Unlimited	
24/12		24/12		24/12	
Medical & Rx		Medical & Rx		Medical & Rx	
N/A		N/A		N/A	
178		178		178	
101		101		101	
<b>279</b>		<b>279</b>		<b>279</b>	
\$60.16	178	\$56.88	178	\$56.88	178
\$2.50		\$2.50		\$2.50	
\$0.45		\$0.45		\$0.45	
\$60.16	101	\$56.88	101	\$56.88	101
(\$27.04)		(\$36.08)		(\$36.08)	
\$36.07		\$23.75		\$23.75	
\$33.12		\$20.80		\$20.80	
<b>\$9,765.58</b>		<b>\$6,328.30</b>	<b>-35.2%</b>	<b>\$6,328.30</b>	<b>-35.2%</b>
\$185.80	178	\$216.43	178	\$216.43	178
\$88.10	101	\$99.95	101	\$99.95	101
<b>\$41,970.50</b>		<b>\$48,619.49</b>	<b>15.8%</b>	<b>\$48,619.49</b>	<b>15.8%</b>
<b>\$51,736.08</b>		<b>\$54,947.79</b>	<b>6.2%</b>	<b>\$54,947.79</b>	<b>6.2%</b>
2.51%		2.51%		2.51%	
\$20,427.20		\$24,794.00	21.4%	\$24,794.00	21.4%
<b>\$641,260.16</b>		<b>\$684,167.48</b>	<b>6.7%</b>	<b>\$684,167.48</b>	<b>6.7%</b>
\$199.04	34	\$172.18	34	\$172.18	34
\$564.74	67	\$558.51	67	\$558.51	67
\$11.74	101	\$11.25	101	\$11.25	101
<b>\$45,790.68</b>		<b>\$44,410.54</b>	<b>-3.0%</b>	<b>\$44,410.54</b>	<b>-3.0%</b>
<b>\$549,488.16</b>		<b>\$532,926.48</b>	<b>-3.0%</b>	<b>\$532,926.48</b>	<b>-3.0%</b>
<b>120% Corridor</b>		<b>120% Corridor</b>		<b>120% Corridor</b>	
\$1,644.29	178	\$1,499.03	178	\$1,499.03	178
\$760.18	101	\$716.04	101	\$716.04	101
<b>\$369,461.80</b>		<b>\$339,147.38</b>	<b>-8.2%</b>	<b>\$339,147.38</b>	<b>-8.2%</b>
<b>\$4,433,541.60</b>		<b>\$4,069,768.56</b>	<b>-8.2%</b>	<b>\$4,069,768.56</b>	<b>-8.2%</b>
<b>\$145,188.00</b>		<b>\$145,188.00</b>		<b>\$477,907.00</b>	
\$15,106.44		\$1,921.56		\$1,921.56	
N/A		N/A		N/A	
\$5,784,584.36		\$5,433,972.08	-6.1%	\$5,766,691.08	-0.3%
<b>\$5,045,512.98</b>		<b>\$4,755,541.66</b>	<b>-5.7%</b>	<b>\$5,088,260.66</b>	<b>0.8%</b>

RECOMMENDED



**VILLAGE OF ORLAND PARK**  
**Health Benefit Review**  
**January 1, 2019**

Presented by: Michael Wojcik

Carriers: Type of Plan	CURRENT BCBS				NON-UNION EMPLOYEES ONLY ALTERNATE PLAN OPTIONS BCBS				
	HMO I	GOLD	SILVER	HDHP	HMO I	BA HMO (NEW)	GOLD Eliminated - No Longer Available	SILVER	HDHP
	<b>In Network Benefits</b>								
Individual Deductible	\$0	\$200	\$1,000	\$3,500	\$0	\$0		\$1,000	\$3,500
Family Deductible	\$0	\$600	\$3,000	\$7,000	\$0	\$0		\$3,000	\$7,000
Co-Insurance	100%	90%	80%	100%	100%	100%		80%	100%
Medical Individual Out of Pocket Includes Ded	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500		\$1,500	\$5,950
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	Included in Medical	\$3,000	\$3,000		\$3,000	Included in Medical
Medical Family Out of Pocket Includes Ded	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$3,000		\$4,500	\$11,900
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	Included in Medical After Ded,	\$6,000	\$6,000		\$6,000	Included in Medical After Ded,
Emergency Room Co-pay	\$150	\$150	\$150	\$150 Co-pay	\$150	\$150		\$150	\$150 Co-pay
Hospital Co-pay	N/A	100% after Ded	80% after Ded	100% after Ded	N/A	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	\$10/15/25		\$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	\$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	\$0		\$20	100% after Ded
Specialist Office Visit Co-pay	\$0	90% after Ded	\$40	100% after Ded	\$0	\$0		\$40	100% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%		100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		Unlimited	Unlimited
<b>Out of Network Benefits</b>									
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  
2019 Proposed - Premium Equivalents**

	Current Enrollment	Renewal Enrollment	2018 Fully Insured "Expected" Equivalents	2019 Fully Insured "Expected" Equivalents
				<u>Gold PPO Plan</u>
EE Only	11	11	\$938.26	\$876.91
Employee + Spouse	16	16	\$1,998.46	\$1,867.78
Employee + Child(ren)	2	2	\$1,917.80	\$1,792.40
Family	<u>5</u>	<u>5</u>	<u>\$2,967.16</u>	<u>\$2,773.14</u>
	34	34	\$731,611	\$683,772
				<u>Silver PPO Plan</u>
EE Only	16	16	\$825.00	\$771.05
Employee + Spouse	6	6	\$1,579.00	\$1,475.75
Employee + Child(ren)	4	4	\$1,514.78	\$1,415.73
Family	<u>16</u>	<u>16</u>	<u>\$2,296.12</u>	<u>\$2,145.98</u>
	42	42	\$785,652	\$734,279
			<u>H.S.A. \$3,500 Ded</u>	<u>H.S.A. \$3,500 Ded</u>
EE Only	25	25	\$705.26	\$659.14
Employee + Spouse	13	13	\$1,438.44	\$1,344.38
Employee + Child(ren)	5	5	\$1,375.96	\$1,285.99
Family	<u>59</u>	<u>59</u>	<u>\$2,135.66</u>	<u>\$1,996.01</u>
	102	102	\$2,030,580	\$1,897,800
				<u>HMO Illinois</u>
EE Only	34	34	\$645.50	\$603.29
Employee + Spouse	17	17	\$1,276.62	\$1,193.14
Employee + Child(ren)	15	15	\$1,225.12	\$1,145.01
Family	<u>35</u>	<u>35</u>	<u>\$1,895.48</u>	<u>\$1,771.54</u>
	101	101	\$1,540,418	\$1,439,691
				<u>BA HMO \$0 Ded \$0/\$0 OV Co-pay</u>
EE Only				\$585.19
Employee + Spouse				\$1,157.35
Employee + Child(ren)				\$1,110.66
Family				<u>\$1,718.39</u>
	0	0	\$0	\$0
<b>Total</b>	<b>279</b>	<b>279</b>	<b>\$5,088,261</b>	<b>\$4,755,542</b>
Percentage Decrease				-6.54%
* Assumes funding for PPACA Tax Stabilization Fund and ACA Reserve/Premium Stabilization Fund (\$145,188)				

**Village of Orland Park**  
**January 1, 2019**

The following Dental markets were approached:	
<u>Carrier</u>	<u>Status</u>
BCBS Dental	Pending
Delta Dental	Incumbent
Guardian	Declined
Lincoln	Declined
MetLife	Pending
Mutual of Omaha	Declined
Principal	Declined
The Standard	Declined
UNUM	Declined

The following Vision markets were approached:	
<u>Carrier</u>	<u>Status</u>
EyeMed	Incumbent
Guardian - VSP	Quoted

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Total Employees					
4 Tier	<u>EE</u>	<u>EE + Spouse</u>	<u>EE + C</u>	<u>Fam</u>	<u>Total</u>
	100	81	20	140	341
With Library Employees Removed					
4 Tier	<u>EE</u>	<u>EE + Spouse</u>	<u>EE + C</u>	<u>Fam</u>	<u>Total</u>
	85	73	19	133	310

Benefits Presented by: Mike Wojcik

Carriers:	CURRENT	RENEWAL	RENEWAL
	DELTA DENTAL	DELTA DENTAL	DELTA DENTAL
Type of Plan	PPO	PPO	PPO
<b>In Network Benefits</b>			
Individual Deductible	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%
Major Co-Insurance	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%
Annual Maximum	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,200
<b>Out of Network Benefits</b>			
Individual Deductible	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%
Major Co-Insurance	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%
Annual Maximum	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000
<b>Dental Funding Factors (Includes Admin Fee)</b>			
Employee	\$34.47	\$34.47	\$34.47
Employee + Spouse	\$68.94	\$68.94	\$68.94
Employee + Children	\$85.36	\$85.36	\$85.36
Family	\$119.83	\$119.83	\$119.83
<b>Monthly Funding (Estimated Claim Liab)</b>	<b>\$27,514.54</b>	<b>\$27,514.54</b>	<b>\$25,521.80</b>
<b>Annual Funding (Estimated Claim Liab)</b>	<b>\$330,174.48</b>	<b>\$330,174.48</b>	<b>\$306,261.60</b>
Percentage Change from Current		0.00%	-7.24%
<b>Monthly Fixed Costs</b>	<b>\$4.39</b>	<b>\$4.39</b>	<b>\$4.39</b>
<b>Annual Fixed Costs</b>	<b>\$17,963.88</b>	<b>\$17,963.88</b>	<b>\$16,330.80</b>
Percentage Change from Current		0.00%	-9.09%
<b>Administration Rate Guarantee</b>		Until 12/31/19	Until 12/31/19

Recommended -  
 Library Removed

For rates to be valid for the Standard quote, the coverage must be sold with another Standard line of coverage.

Village of Orland Park  
Life Review  
January 1, 2019

Total Employees

EE  
321

Library Removed

EE  
289



Presented by: Mike Wojcik

Carriers:	CURRENT DEARBORN	RENEWAL DEARBORN	OPTION HARTFORD
<b>BENEFIT AMOUNT</b>			
Class 1:	\$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
<b>Reduction Clauses</b>			
% Benefit Amount Reduces to at Age 65			65%
% Benefit Amount Reduces to at Age 70	None	None	n/a
% Benefit Amount Reduces to at Age 75			n/a
% Benefit Amount Reduces to at Age 80			40%
<b>Dependent Benefit Amount</b>			
Spouse	\$5,000	\$5,000	\$5,000
Child 14 days to 6 months	\$3,000	\$3,000	\$3,000
Child 6 months and older	\$3,000	\$3,000	\$3,000
<b>Travel Assistance Benefit</b>	Included	Included	Included
<b>Volumes</b>			
Life/ADD Volume	\$42,176,000	\$42,176,000	\$42,176,000
Number of Dependent Units	236	236	236
<b>Rates</b>			
Employee Life per \$1,000	\$0.138	\$0.138	\$0.143
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.025
<b>Combined Life/ADD Rate/\$1,000</b>	<b>\$0.158</b>	<b>\$0.158</b>	<b>\$0.168</b>
<b>Dependent Rate per Unit</b>	<b>\$1.370</b>	<b>\$1.370</b>	<b>\$1.659</b>
<b>Life/ADD Monthly Premium</b>	6,663.81	6,663.81	7,085.57
<b>Life/ADD Annual Premium</b>	<b>79,965.70</b>	<b>79,965.70</b>	<b>85,026.82</b>
<b>Dependent Life Monthly Premium</b>	323.32	323.32	391.52
<b>Dependent Life Annual Premium</b>	<b>3,879.84</b>	<b>3,879.84</b>	<b>4,698.29</b>
<b>Total Annual Premium</b>	<b>\$84,168.86</b>	<b>\$84,168.86</b>	<b>\$90,116.63</b>
<b>Percentage Change</b>		0.00%	7.07%
<b>Rate Guarantee</b>		Until 12/31/19	Until 12/31/20

Recommended - Library Removed

RENEWAL DEARBORN
\$30,000
2 X Salary to a max of \$150,000
None
\$5,000
\$3,000
\$3,000
Included
\$38,548,897
211
\$0.138
\$0.020
<b>\$0.158</b>
<b>\$1.370</b>
6,090.73
<b>73,088.71</b>
289.07
<b>3,468.84</b>
<b>\$76,846.62</b>
-8.70%
Until 12/31/19

Class 1 - Elected Officials

Class 2 - All Other Employees

**Village of Orland Park  
Vision Rates/Benefits Review  
January 1, 2019**



Benefits Presented by: Mike Wojcik

Total Employees	
EE	99
EE + Sp	75
EE + C	20
Family	139
<b>Total</b>	<b>333</b>

Library Removed	
EE	84
EE + Sp	67
EE + C	19
Family	132
<b>Total</b>	<b>302</b>

**Recommended - Library  
Removed**

Carriers:	CURRENT EYEMED	RENEWAL EYEMED	OPTION VSP	RENEWAL EYEMED
<b>Copayment Exam</b>	12/12/12 \$10	12/12/12 \$10	12/12/12 \$10	12/12/12 \$10
<b>Copayment Materials</b>	\$25 (Select Plan)	\$25 (Select Plan)	\$25 (Choice Plan)	\$25 (Select Plan)
<b><u>In Network Benefits</u></b>				
<b>Examination</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Basic Lenses</b>				
<b>Single</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Bifocal</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Trifocal</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Lenticular</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Frames</b>	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance
<b>Elective Contact Lenses</b>	Prof Fees & Materials up to \$130.00	Prof Fees & Materials up to \$130.00	Prof Fees & Materials up to \$130.00	Prof Fees & Materials up to \$130.00
<b>Necessary Contact Lenses</b>	Covered in Full subject to copayment	Covered in Full subject to copayment	Covered in Full subject to copayment	Covered in Full subject to copayment
<b><u>Out of Network Benefits</u></b>				
<b>Examination</b>	Up to \$30.00	Up to \$30.00	Up to \$45.00	Up to \$30.00
<b>Basic Lenses</b>				
<b>Single</b>	Up to \$25.00	Up to \$25.00	Up to \$30.00	Up to \$25.00
<b>Bifocal</b>	Up to \$40.00	Up to \$40.00	Up to \$50.00	Up to \$40.00
<b>Trifocal</b>	Up to \$60.00	Up to \$60.00	Up to \$65.00	Up to \$60.00
<b>Frames</b>	Up to \$65.00	Up to \$65.00	Up to \$70.00	Up to \$65.00
<b>Elective Contact Lenses</b>	Up to \$104.00	Up to \$104.00	Up to \$105.10	Up to \$104.00
<b>Necessary Contact Lenses</b>	Up to \$200.00	Up to \$200.00	Up to \$210.00	Up to \$200.00
<b><u>Medical Premium</u></b>	<b>4 Tier</b>	<b>4 Tier</b>	<b>4 Tier</b>	<b>4 Tier</b>
<b>Employee</b>	\$4.95	\$4.95	\$4.98	\$4.95
<b>EE + Sp</b>	\$9.41	\$9.41	\$8.96	\$9.41
<b>EE + C</b>	\$9.91	\$9.91	\$9.12	\$9.91
<b>Family</b>	\$14.56	\$14.56	\$14.70	\$14.56
<b>Total Monthly Premium</b>	<b>\$3,417.84</b>	<b>\$3,417.84</b>	<b>\$3,390.72</b>	<b>\$3,156.48</b>
<b>Total Annual Premium</b>	<b>\$41,014.08</b>	<b>\$41,014.08</b>	<b>\$40,688.64</b>	<b>\$37,877.76</b>
<b>Percent Change from Current</b>		<b>0.00%</b>	<b>-0.79%</b>	<b>-7.65%</b>
<b>Rate Guarantee</b>		<b>Until 12/31/22</b>	<b>Until 12/31/22</b>	<b>Until 12/31/22</b>

\* After applicable copayment.