

### Benefit Offering Renewal Summary

Line of Coverage	Annual Expense	Renewal Impact
Medical/Rx	\$5,208,650	.1% increase over total expected costs, 1.86% premium equivalent increase based on number of enrollments and plan selection.
Dental	\$317,139	6.52% increase (inclusive of administrative fee and estimated annual claims.)
Vision	\$39,434	Rate guarantee until 1/1/2018
Life and AD&D	\$67,454	2 <sup>nd</sup> year of rate guarantee, with increased dependent life benefit to \$5,000 spouse and \$3,000 child.
FSA	\$3,000	0% fee increase, current with Allied Benefit Systems amount based on estimated enrollment of 36 participants at 5.75 PEPM, and \$500 administration. Vendor review pending - Allied, Basic, Discovery, Envision.
Short-Term Disability	\$6,500	Estimated annual expense based on \$1.92 PEPM (272 ees) for ASO program, rate guarantee to 1/1/2018, claims expense based on utilization.
Virgin Health Miles	\$28,500	0% fee increase expense projects average enrollment of 100
CHC Wellness	\$38,750	\$125 per screening expect 310 participants
Horton Retainer	\$50,000	quarterly payments of \$12,500
EAP	\$19,500	no change
Crisis Response	\$30,000	no change

Actual budgeted amounts will be adjusted to reflect the number of employees, employee contributions and pre-allocated reserves.

**Village of Orland Park**  
**January 1, 2016**

The following Medical markets were approached:

<b><u>Carrier</u></b>	<b><u>Status</u></b>
Blue Cross & Blue Shield	Incumbent
AIG	Declined
Berkley	Declined
Reliance Standard	Declined
United Healthcare	Declined

The following Dental markets were approached:

<b><u>Carrier</u></b>	<b><u>Status</u></b>
Delta Dental	Incumbent
Guardian	Quoted
Lincoln	Declined
Principal	Declined

The following Life / STD markets were approached:

<b><u>Carrier</u></b>	<b><u>Status</u></b>
Dearborn National	Incumbent
Standard	Quoted

The following Vision markets were approached:

<b><u>Carrier</u></b>	<b><u>Status</u></b>
EyeMed	Incumbent
VSP	Quoted

**\$250,000 ACA Reserve/  
Prem Stabilization  
Renegotiated 10/1/15**

Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS % Change	RENEWAL BCBS % Change
<b>Reinsurance/Health Carrier</b>	<b>BCBS</b>	<b>BCBS</b>
Specific Deductible	\$100,000	\$100,000
Specific Contract	24/12	24/12
Specific Coverage	Medical & Rx	Medical & Rx
Aggregate Contract	24/12	24/12
Aggregate Coverage	Medical & Rx	Medical & Rx
Annual Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Aggregate Run-In-Limit	N/A	N/A
Specific Run-In-Limit	N/A	N/A
<b>Employee Census</b>		
PPO Employees	189	189
HMO Employees	112	112
<b>Total</b>	<b>301</b>	<b>301</b>
<b>Fixed Costs</b>		
PPO Administration	\$60.16 189	\$60.16 189
HMO Administration	\$60.16 112	\$60.16 112
Rx Rebate	(\$14.12)	(\$14.12)
Monthly Admin Costs	\$13,858.04	\$13,858.04 0.0%
PPO Specific Premium	\$123.83 189	\$128.50 189
HMO Specific Premium	\$52.10 112	\$57.39 112
Monthly Specific Costs	\$29,239.07	\$30,714.18 5.0%
<b>Subtotal Monthly Costs (Admin + Spec)</b>	<b>\$43,097.11</b>	<b>\$44,572.22 3.4%</b>
Annual Access Fee	2.51%	2.51%
Monthly Aggregate Premium Rate		
Annual Aggregate Premium	\$33,069.00	\$19,986.00 -39.6%
Annual Administration Fee	n/a	n/a
<b>Grand Total Annual Fixed Costs</b>	<b>\$550,234.32</b>	<b>\$554,852.64 0.8%</b>
<b>Capitation Fees</b>		
HMO Cap Fee (Single)	\$185.29 47	\$188.69 47
HMO Cap Fee (Family)	\$566.89 65	\$582.54 65
HMO Managed Care Fee	\$9.51 112	\$9.66 112
<b>Total Monthly Capitation Costs</b>	<b>\$46,621.60</b>	<b>\$47,815.45</b>
<b>Total Annual Capitation Costs</b>	<b>\$559,459.20</b>	<b>\$573,785.40</b>
<b>Aggregate Liability</b>	<b>120% Corridor</b>	<b>120% Corridor</b>
PPO Aggregate Factor	\$1,542.78 189	\$1,672.53 189
HMO Aggregate Factor	\$594.82 112	\$571.47 112
<b>Total Monthly Aggregate Liability:</b>	<b>\$358,205.26</b>	<b>\$380,112.81</b>
<b>Total Annual Aggregate Liability:</b>	<b>\$4,298,463.12</b>	<b>\$4,561,353.72 6.1%</b>
<b>ACA Reserve/Premium Stabilization Fund</b>	<b>\$469,506.00</b>	<b>\$250,000.00</b>
<b>PPACA Tax Stabilization Fund</b>	<b>\$43,055.23</b>	<b>\$29,035.62</b>
<b>Maximum Plan Exposure</b>	<b>\$5,920,717.87</b>	<b>\$5,969,027.38 0.8%</b>
<b>Expected Plan Exposure</b>	<b>\$5,204,164.07</b>	<b>\$5,208,649.71 0.1%</b>

**Village of Orland Park  
2016 Proposed - Premium Equivalents  
Renewal**

	Projected Enrollment	2015 Fully Insured "Expected" Equivalents	2016 Fully Insured "Expected" Equivalents
<u>Gold PPO Plan</u>			
EE Only	16	\$844.25	\$859.94
Employee + Spouse	23	\$1,798.23	\$1,831.66
Employee + Child(ren)	3	\$1,725.65	\$1,757.73
Family	<u>23</u>	<u>\$2,669.87</u>	<u>\$2,719.50</u>
	65	\$1,457,415	\$1,484,507
<u>Silver PPO Plan</u>			
EE Only	18	\$742.34	\$756.14
Employee + Spouse	5	\$1,420.81	\$1,447.22
Employee + Child(ren)	1	\$1,363.01	\$1,388.35
Family	<u>8</u>	<u>\$2,066.07</u>	<u>\$2,104.48</u>
	32	\$460,293	\$468,850
<u>H.S.A. - Plan \$2,500 Deductible</u>			
EE Only	15	\$656.12	\$668.32
Employee + Spouse	9	\$1,338.20	\$1,363.08
Employee + Child(ren)	2	\$1,280.09	\$1,303.89
Family	<u>29</u>	<u>\$1,986.85</u>	<u>\$2,023.78</u>
	55	\$984,773	\$1,003,079
<u>Alternate 2 - H.S.A. Plan - \$3,250 Deductible</u>			
EE Only	4	\$639.72	\$651.61
Employee + Spouse	9	\$1,304.75	\$1,329.00
Employee + Child(ren)	2	\$1,248.09	\$1,271.29
Family	<u>22</u>	<u>\$1,937.18</u>	<u>\$1,973.19</u>
	37	\$712,989	\$726,242
<u>HMO Illinois</u>			
EE Only	47	\$580.82	\$591.62
Employee + Spouse	12	\$1,148.72	\$1,170.07
Employee + Child(ren)	11	\$1,102.37	\$1,122.86
Family	<u>42</u>	<u>\$1,705.58</u>	<u>\$1,737.28</u>
	112	\$1,498,123	\$1,525,970
Total	301	\$5,113,594	\$5,208,648

Percentage Increase

1.86%

\* Assumes funding for PPACA Tax Stabilization Fund and ACA Reserve/Premium Stabilization Fund.

Village of Orland Park  
Dental Review  
January 1, 2016



4 Tier	<u>EE</u>	<u>EE + Spouse</u>	<u>EE + C</u>	<u>Fam</u>	<u>Total</u>
	92	78	18	133	321

Benefits Presented by: Mike Wojcik

Carriers:	CURRENT Delta Dental	RENEWAL Delta Dental	OPTION GUARDIAN
Type of Plan	PPO	PPO	PPO
<b><u>In Network Benefits</u></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><u>Out of Network Benefits</u></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><u>Dental Funding Factors (Includes Admin Fee)</u></b>	4 tier	4 tier	4 tier
Employee	\$32.87	\$35.01	\$35.01
Employee + Spouse	\$65.73	\$70.01	\$70.01
Employee + Children	\$81.39	\$86.69	\$86.69
Family	\$114.25	\$121.70	\$121.70
<b><u>Monthly Funding (Estimated Claim Liab)</u></b>	<b>\$24,811.25</b>	<b>\$26,428.22</b>	<b>\$26,428.22</b>
<b><u>Annual Funding (Estimated Claim Liab)</u></b>	<b>\$297,735.00</b>	<b>\$317,138.64</b>	<b>\$317,138.64</b>
<b>Percentage Change from Current</b>		<b>6.52%</b>	<b>6.52%</b>
<b><u>Monthly Fixed Costs</u></b>	<b>\$4.10</b>	<b>\$4.24</b>	<b>\$3.87</b>
<b><u>Annual Fixed Costs</u></b>	<b>\$15,793.20</b>	<b>\$16,332.48</b>	<b>\$14,907.24</b>
<b>Percentage Change from Current</b>		<b>3.41%</b>	<b>-5.61%</b>
<b>Administration Rate Guarantee</b>		<b>Until 12/31/16</b>	<b>Until 12/31/17</b>

\*Guardian quote uses the premium equivalents based on Delta Dental renewal.

**Village of Orland Park  
Life Review  
January 1, 2016**



Presented by: Mike Wojcik

<b>Carriers:</b>	<b>CURRENT DEARBORN</b>	<b>RENEWAL DEARBORN</b>	<b>OPTION 1 DEARBORN</b>	<b>OPTION 2 STANDARD</b>	<b>OPTION 3 STANDARD</b>
<b><u>BENEFIT AMOUNT</u></b>					
<b>Class 1:</b>	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
<b>Class 2:</b>	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000	2 X Salary to a max of \$150,000
<b><u>Reduction Clauses</u></b>					
% Benefit Amount Reduces to at Age 65					
% Benefit Amount Reduces to at Age 70	None	None	None	None	None
% Benefit Amount Reduces to at Age 75					
% Benefit Amount Reduces to at Age 80					
<b><u>Dependent Benefit Amount</u></b>					
Spouse	\$2,000	\$2,000	\$5,000	\$2,000	\$5,000
Child 14 days to 6 months	\$1,000	\$1,000	\$3,000	\$1,000	\$3,000
Child 6 months and older	\$1,000	\$1,000	\$3,000	\$1,000	\$3,000
<b><u>Volumes</u></b>					
Life/ADD Volume	\$40,557,000	\$40,557,000	\$40,557,000	\$40,557,000	\$40,557,000
Number of Dependent Units	235	235	235	235	235
<b><u>Rates</u></b>					
Employee Life per \$1,000	\$0.110	\$0.110	\$0.110	\$0.100	\$0.100
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.020	\$0.020	\$0.020
<b>Combined Life/ADD Rate/\$1,000</b>	<b>\$0.130</b>	<b>\$0.130</b>	<b>\$0.130</b>	<b>\$0.120</b>	<b>\$0.120</b>
<b>Dependent Rate per Unit</b>	<b>\$0.500</b>	<b>\$0.500</b>	<b>\$1.370</b>	<b>\$0.500</b>	<b>\$1.370</b>
<b>Life/ADD Monthly Premium</b>	5,272.41	5,272.41	5,272.41	4,866.84	4,866.84
<b>Life/ADD Annual Premium</b>	<b>63,268.92</b>	<b>63,268.92</b>	<b>63,268.92</b>	<b>58,402.08</b>	<b>58,402.08</b>
<b>Dependent Life Monthly Premium</b>	117.50	117.50	321.95	117.50	321.95
<b>Dependent Life Annual Premium</b>	<b>1,410.00</b>	<b>1,410.00</b>	<b>3,863.40</b>	<b>1,410.00</b>	<b>3,863.40</b>
<b>Total Annual Premium</b>	<b>\$64,796.42</b>	<b>\$64,796.42</b>	<b>\$67,454.27</b>	<b>\$59,929.58</b>	<b>\$62,587.43</b>
<b>Percentage Change</b>		0.00%	4.10%	-7.51%	-3.41%
<b>Rate Guarantee</b>	<b>Until 12/31/2016</b>	<b>Until 12/31/2016</b>	<b>Until 12/31/2016</b>	<b>Until 12/31/2017</b>	<b>Until 12/31/2017</b>

*Class 1 - Elected Officials*

*Class 2 - All Other Employees*

**Village of Orland Park  
Short Term Disability Review - ASO  
August 1, 2015**

Insurance / Risk Advisory / Employee Benefits



**EE**  
**267**

Presented by: Mike Wojcik

**ASO**

	<b>Current Dearborn</b>
<b>Benefit:</b>	75% of Weekly Earnings
<b>Elimination Period:</b>	1 day Accident 8 days Illness
<b>Duration</b>	<b>For Non Union, IBEW and IUOE Employees: 26 Weeks</b> <b>For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks</b>
<b>Rate/PEPM</b>	\$1.92
<b>Total Monthly Premium</b>	\$512.64
<b>Total Annual Premium</b>	<b>\$6,151.68</b>
<b>Percent Change</b>	
<b>Rate Guarantee</b>	<b>3 Years</b>

**Village of Orland Park  
Vision Rates/Benefits Review  
January 1, 2016**



	<b>4 Tier</b>
EE	<b>89</b>
EE + Sp	<b>74</b>
EE + C	<b>20</b>
Family	<b>134</b>
<b>Total</b>	<b>317</b>

Benefits Presented by: Mike Wojcik

<b>Carriers:</b>	<b>CURRENT EYEMED</b>	<b>RENEWAL EYEMED</b>	<b>OPTION VSP</b>
	12/12/12	12/12/12	12/12/12
<b>Copayment Exam</b>	\$10	\$10	\$10
<b>Copayment Materials</b>	\$25 (Select Plan)	\$25 (Select Plan)	\$25 <b>(Choice Plan)</b>
<b><u>In Network Benefits</u></b>			
<b>Examination</b>	Covered in Full*	Covered in Full*	Covered in Full*
<b>Basic Lenses</b>			
	Covered in Full*	Covered in Full*	Covered in Full*
	Covered in Full*	Covered in Full*	Covered in Full*
	Covered in Full*	Covered in Full*	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
<b>Elective Contact Lenses</b>	Prof Fees & Materials up to \$130.00	Prof Fees & Materials up to \$130.00	<b>Materials up to \$130.00</b>
<b>Necessary Contact Lenses</b>	Covered in Full subject to copayment	Covered in Full subject to copayment	<b>Covered in Full up to \$210 - subject to copayment</b>
<b><u>Out of Network Benefits</u></b>			
<b>Examination</b>	Up to \$30.00	Up to \$30.00	<b>Up to \$45.00</b>
<b>Basic Lenses</b>			
	Up to \$25.00	Up to \$25.00	<b>Up to \$30.00</b>
	Up to \$40.00	Up to \$40.00	<b>Up to \$50.00</b>
	Up to \$60.00	Up to \$60.00	<b>Up to \$65.00</b>
<b>Frames</b>	Up to \$65.00	Up to \$65.00	<b>Up to \$70.00</b>
<b>Elective Contact Lenses</b>	Up to \$104.00	Up to \$104.00	<b>Up to \$105.00</b>
<b>Necessary Contact Lenses</b>	Up to \$200.00	Up to \$200.00	<b>Up to \$210.00</b>
<b><u>Medical Premium</u></b>	<b>4 Tier</b>	<b>4 Tier</b>	<b>4 Tier</b>
<b>Employee</b>	<b>\$4.95</b>	<b>\$4.95</b>	<b>\$5.64</b>
<b>EE + Sp</b>	<b>\$9.41</b>	<b>\$9.41</b>	<b>\$9.02</b>
<b>EE + C</b>	<b>\$9.91</b>	<b>\$9.91</b>	<b>\$9.21</b>
<b>Family</b>	<b>\$14.56</b>	<b>\$14.56</b>	<b>\$14.85</b>
<b>Total Monthly Premium</b>	<b>\$3,286.13</b>	<b>\$3,286.13</b>	<b>\$3,343.54</b>
<b>Total Annual Premium</b>	<b>\$39,433.56</b>	<b>\$39,433.56</b>	<b>\$40,122.48</b>
<b>Percent Change from Current</b>		<b>0.00%</b>	<b>1.75%</b>
<b>Rate Guarantee</b>	<b>Until 12/31/18</b>	<b>Until 12/31/18</b>	<b>Until 12/31/19</b>

\* After applicable copayment.