

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 nd 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:

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

The following Dental markets were approached:

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

The following Life / STD markets were approached:

| <u>Carrier</u> | <u>Status</u> |
|-------------------|---------------|
| Dearborn National | Incumbent |
| Standard | Quoted |
| | |

The following Vision markets were approached:

| <u>Carrier</u> | <u>Status</u> |
|----------------|---------------|
| EyeMed | Incumbent |
| VSP | Quoted |
| | |

| Contract Specifics | CURRENT BCBS | % Change | RENEWAL BCBS | % Change |
|--|-----------------------|----------|-----------------------|-------------|
| Reinsurance/Health Carrier | BCBS | | BCBS | |
| 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 | |
| <i>Aggregate Run-In-Limit</i> | N/A | | N/A | |
| <i>Specific Run-In-Limit</i> | N/A | | N/A | |
| Employee Census | | | | |
| PPO Employees | 189 | | 189 | |
| HMO Employees | 112 | | 112 | |
| Total | 301 | | 301 | |
| Fixed Costs | | | | |
| PPO Administration | \$60.16 189 | | \$60.16 189 | |
| HMO Administration | \$60.16 112 | | \$60.16 112 | |
| Rx Rebate | (\$14.12) | | (\$14.12) | |
| <u>Monthly Admin Costs</u> | \$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 | |
| <u>Monthly Specific Costs</u> | \$29,239.07 | | \$30,714.18 | 5.0% |
| Subtotal Monthly Costs (Admin + Spec) | \$43,097.11 | | \$44,572.22 | 3.4% |
| 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 | |
| Grand Total Annual Fixed Costs | \$550,234.32 | | \$554,852.64 | 0.8% |
| Capitation Fees | | | | |
| 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 | |
| Total Monthly Capitation Costs | \$46,621.60 | | \$47,815.45 | |
| Total Annual Capitation Costs | \$559,459.20 | | \$573,785.40 | |
| Aggregate Liability | 120% Corridor | | 120% Corridor | |
| PPO Aggregate Factor | \$1,542.78 189 | | \$1,672.53 189 | |
| HMO Aggregate Factor | \$594.82 112 | | \$571.47 112 | |
| Total Monthly Aggregate Liability: | \$358,205.26 | | \$380,112.81 | |
| Total Annual Aggregate Liability: | \$4,298,463.12 | | \$4,561,353.72 | 6.1% |
| ACA Reserve/Premium Stabilization Fund | \$469,506.00 | | \$250,000.00 | |
| PPACA Tax Stabilization Fund | \$43,055.23 | | \$29,035.62 | |
| Maximum Plan Exposure | \$5,920,717.87 | | \$5,969,027.38 | 0.8% |
| Expected Plan Exposure | \$5,204,164.07 | | \$5,208,649.71 | 0.1% |

| <p style="text-align: center;">Village of Orland Park 2016 Proposed - Premium Equivalents Renewal</p> | | | |
|--|----------------------|---|---|
| | Projected Enrollment | 2015 Fully Insured "Expected" Equivalents | 2016 Fully Insured "Expected" Equivalents |
| EE Only | | <u>Gold PPO Plan</u> | |
| Employee + Spouse | 16 | \$844.25 | \$859.94 |
| Employee + Child(ren) | 23 | \$1,798.23 | \$1,831.66 |
| Family | 3 | \$1,725.65 | \$1,757.73 |
| | <u>23</u> | <u>\$2,669.87</u> | <u>\$2,719.50</u> |
| | 65 | \$1,457,415 | \$1,484,507 |
| EE Only | | <u>Silver PPO Plan</u> | |
| Employee + Spouse | 18 | \$742.34 | \$756.14 |
| Employee + Child(ren) | 5 | \$1,420.81 | \$1,447.22 |
| Family | 1 | \$1,363.01 | \$1,388.35 |
| | <u>8</u> | <u>\$2,066.07</u> | <u>\$2,104.48</u> |
| | 32 | \$460,293 | \$468,850 |
| EE Only | | <u>H.S.A. - Plan</u> | |
| Employee + Spouse | | <u>\$2,500 Deductible</u> | <u>\$2,600 Deductible</u> |
| Employee + Child(ren) | 15 | \$656.12 | \$668.32 |
| Family | 9 | \$1,338.20 | \$1,363.08 |
| | 2 | \$1,280.09 | \$1,303.89 |
| | <u>29</u> | <u>\$1,986.85</u> | <u>\$2,023.78</u> |
| | 55 | \$984,773 | \$1,003,079 |
| EE Only | | <u>Alternate 2 - H.S.A. Plan - \$3,250 Deductible</u> | |
| Employee + Spouse | 4 | \$639.72 | \$651.61 |
| Employee + Child(ren) | 9 | \$1,304.75 | \$1,329.00 |
| Family | 2 | \$1,248.09 | \$1,271.29 |
| | <u>22</u> | <u>\$1,937.18</u> | <u>\$1,973.19</u> |
| | 37 | \$712,989 | \$726,242 |
| EE Only | | <u>HMO Illinois</u> | |
| Employee + Spouse | 47 | \$580.82 | \$591.62 |
| Employee + Child(ren) | 12 | \$1,148.72 | \$1,170.07 |
| Family | 11 | \$1,102.37 | \$1,122.86 |
| | <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. | | | |

| 4 Tier | EE 92 | EE + Spouse 78 | EE + C 18 | Fam 133 | Total 321 |
|--------|----------|-------------------|--------------|------------|--------------|
|--------|----------|-------------------|--------------|------------|--------------|

Benefits Presented by: Mike Wojcik

| Carriers: | CURRENT Delta Dental | RENEWAL Delta Dental | OPTION GUARDIAN |
|--|-------------------------|-------------------------|--------------------|
| Type of Plan | PPO | PPO | PPO |
| In Network Benefits | | | |
| 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 |
| Out of Network Benefits | | | |
| 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 |
| Dental Funding Factors (Includes Admin Fee) | | | |
| 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 |
| Monthly Funding (Estimated Claim Liab) | | | |
| | \$24,811.25 | \$26,428.22 | \$26,428.22 |
| Annual Funding (Estimated Claim Liab) | | | |
| | \$297,735.00 | \$317,138.64 | \$317,138.64 |
| Percentage Change from Current | | 6.52% | 6.52% |
| Monthly Fixed Costs | | | |
| | \$4.10 | \$4.24 | \$3.87 |
| Annual Fixed Costs | | | |
| | \$15,793.20 | \$16,332.48 | \$14,907.24 |
| Percentage Change from Current | | 3.41% | -5.61% |
| Administration Rate Guarantee | | Until 12/31/16 | Until 12/31/17 |

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

Village of Orland Park
Life Review
January 1, 2016

Insurance / Risk Advisory / Employee Benefits



Presented by: Mike Wojcik

| Carriers: | CURRENT DEARBORN | RENEWAL DEARBORN | OPTION 1 DEARBORN | OPTION 2 STANDARD | OPTION 3 STANDARD |
|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| BENEFIT AMOUNT | | | | | |
| Class 1: | \$30,000 | \$30,000 | \$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 | 2 X Salary to a max of \$150,000 | 2 X Salary to a max of \$150,000 |
| Reduction Clauses | | | | | |
| % Benefit Amount Reduces to at Age 65 | | | | | |
| % Benefit Amount Reduces to at Age 70 | | | | | |
| % Benefit Amount Reduces to at Age 75 | | | | | |
| % Benefit Amount Reduces to at Age 80 | | | | | |
| Dependent Benefit Amount | | | | | |
| 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 |
| Volumes | | | | | |
| 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 |
| Rates | | | | | |
| 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 |
| Combined Life/ADD Rate/\$1,000 | \$0.130 | \$0.130 | \$0.130 | \$0.120 | \$0.120 |
| Dependent Rate per Unit | \$0.500 | \$0.500 | \$1.370 | \$0.500 | \$1.370 |
| Life/ADD Monthly Premium | 5,272.41 | 5,272.41 | 5,272.41 | 4,866.84 | 4,866.84 |
| Life/ADD Annual Premium | 63,268.92 | 63,268.92 | 63,268.92 | 58,402.08 | 58,402.08 |
| Dependent Life Monthly Premium | 117.50 | 117.50 | 321.95 | 117.50 | 321.95 |
| Dependent Life Annual Premium | 1,410.00 | 1,410.00 | 3,863.40 | 1,410.00 | 3,863.40 |
| Total Annual Premium | \$64,796.42 | \$64,796.42 | \$67,454.27 | \$59,929.58 | \$62,587.43 |
| Percentage Change | | 0.00% | 4.10% | -7.51% | -3.41% |
| Rate Guarantee | Until 12/31/2016 | Until 12/31/2016 | Until 12/31/2016 | Until 12/31/2017 | Until 12/31/2017 |

Class 1 - Elected Officials

Class 2 - All Other Employees

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



EE
267

Presented by: Mike Wojcik

ASO

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

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



| 4 Tier | |
|---------|-----|
| EE | 89 |
| EE + Sp | 74 |
| EE + C | 20 |
| Family | 134 |
| Total | 317 |

Benefits Presented by: Mike Wojcik

| Carriers: | CURRENT EYEMED | RENEWAL EYEMED | OPTION VSP |
|---|--------------------------------------|--------------------------------------|--|
| Copayment Exam | 12/12/12 | 12/12/12 | 12/12/12 |
| Copayment Materials | \$10 \$25 (Select Plan) | \$10 \$25 (Select Plan) | \$10 \$25 (Choice Plan) |
| In Network Benefits | | | |
| Examination | | | |
| Basic Lenses | | | |
| Single | Covered in Full* | Covered in Full* | Covered in Full* |
| Bifocal | Covered in Full* | Covered in Full* | Covered in Full* |
| Trifocal | Covered in Full* | Covered in Full* | Covered in Full* |
| Lenticular | Covered in Full* | Covered in Full* | Covered in Full* |
| Frames | Covered up to \$130 Plan Allowance | Covered up to \$130 Plan Allowance | Covered up to \$130 Plan Allowance |
| Elective Contact Lenses | Prof Fees & Materials up to \$130.00 | Prof Fees & Materials up to \$130.00 | Materials up to \$130.00 |
| Necessary Contact Lenses | Covered in Full subject to copayment | Covered in Full subject to copayment | Covered in Full up to \$210 - subject to copayment |
| Out of Network Benefits | | | |
| Examination | | | |
| Basic Lenses | | | |
| Single | Up to \$30.00 | Up to \$30.00 | Up to \$45.00 |
| Bifocal | Up to \$25.00 | Up to \$25.00 | Up to \$30.00 |
| Trifocal | Up to \$40.00 | Up to \$40.00 | Up to \$50.00 |
| Frames | Up to \$60.00 | Up to \$60.00 | Up to \$65.00 |
| Elective Contact Lenses | Up to \$65.00 | Up to \$65.00 | Up to \$70.00 |
| Necessary Contact Lenses | Up to \$104.00 | Up to \$104.00 | Up to \$105.00 |
| Up to \$200.00 | Up to \$200.00 | Up to \$200.00 | Up to \$210.00 |
| Medical Premium | 4 Tier | 4 Tier | 4 Tier |
| Employee | \$4.95 | \$4.95 | \$5.64 |
| EE + Sp | \$9.41 | \$9.41 | \$9.02 |
| EE + C | \$9.91 | \$9.91 | \$9.21 |
| Family | \$14.56 | \$14.56 | \$14.85 |
| Total Monthly Premium | \$3,286.13 | \$3,286.13 | \$3,343.54 |
| Total Annual Premium | \$39,433.56 | \$39,433.56 | \$40,122.48 |
| Percent Change from Current Rate Guarantee | 0.00% | 1.75% | 1.75% |
| | Until 12/31/18 | Until 12/31/18 | Until 12/31/19 |

* After applicable copayment.