



Employee Benefit Renewal 1/1/2021 Recommendations

Location: **Village of Orland Park**
14700 S. Ravinia Avenue
Orland Park, IL 60462

Date: **November 4, 2020**

Agenda details:

Renewal Narrative

- The Health plan has performed well historically, running at expected (at budget) or better, 4 of the last 5 years. See ([Exhibit #1 - Historical Plan cost vs. Expected: Page 2](#)).
- Historical Per Capita ([Exhibit #2 - PWC Historical Trend Comparative: Page 4](#)) accumulatively from 2012 through 2020 year-to-date ran -14.23% vs. PWC 62.24%. With renewal 2021, assuming running at budget, the plan will have accumulatively run at -6.25% vs. 71.98% from PWC.
- The Reinsurance Markets have been impacted by large claimants over recent history: \$100,000 claims are common, \$3,000,000 have doubled since 2017. As a result that market has hardened.
- The Village has a high history of large claimant over \$100k ([Exhibit #3 – Historical Specific and Aggregate Claims vs. Premiums Paid: Page 5](#)). Over the past 5 years Reinsurance cost the Village \$2,592,061. Claims paid out in the same time period equaled \$3,334,578 which was \$742,517 higher than premium collected. This is driving the reinsurance premium increase for the 2021 renewal.
- The spreadsheet ([Exhibit #4 – Spreadsheet reflecting final renegotiated rates from Blue Cross vs. competition. Also includes Fully-Insured rate comparison: Page 6](#)) shows the final recommended renewal with a .9% bottom line. Other reinsurance carriers were compared as well as another carrier UMR, a division of United Healthcare. We also compared fully insured rates to see if that would temper the market better due to unknowns of COVID-19 and the increasing high cost claimant market.
- End result shows fixed costs for the year 2021 will increase 15.94% (original ask was 37.87%) for a dollar amount increase of \$136,538. Since the overall plan ran well from a total claims (under the specific) perspective, the projected claims value was favorable. Adding the fixed costs with the claims projection and eliminating the ACA reserve this year, the plans total increase is \$45,610 or .91%.
- When comparing fully insured rates from Blue Cross, page 3, and United Healthcare page 4, the recommendation is to remain partial self-funded with Blue Cross Blue Shield of Illinois. The fully insured pricing was higher plus run out claims and administration would create a large liability for the Village.
- The premium equivalent rates come out to 2.40% across all plan designs. ([Exhibit #5 – Premium Equivalent: Page 13](#)) This ties out to the bottom line Expected cost on the self-funded spreadsheet.
- ([Exhibit #6 – Contribution Exhibit: Page 14](#)) illustrates the employer/employee contribution cost sharing across union and non-union categories and plans.
- ([Exhibit #7 – Historical Premium Equivalent Percentage Increase vs prior year: Page 19](#)) illustrates a historical Premium Equivalent percentage increase vs. the prior year.

Village of Orland Park
 Historical Review
 Total Plan Cost Compared to Expected Plan Cost

Year	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019	*01/01/2020 - 09/30/2020
Total Plan Cost Per Capita	\$15,974	\$16,079	\$15,479	\$17,224	\$16,460
Expected Plan Cost Per Capita	\$17,074	\$17,880	\$17,897	\$16,668	\$17,812
% Total Plan / Expected Plan Cost	93.6%	89.9%	86.5%	103.3%	92.4%

*01/01/2020 - 09/30/2020: Based on Annualized Results



Village of Orland Park
 Historical Review
 Total Plan Cost Compared to Expected Plan Cost Without Reserve

Year	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019	*01/01/2020 - 09/30/2020
Total Plan Cost Per Capita	\$15,974	\$16,079	\$15,479	\$17,224	\$16,460
Expected Plan Cost Without Reserve Per Capita	\$16,403	\$17,190	\$17,422	\$16,525	\$17,296
% Total Plan / Expected Plan Cost	97.4%	93.5%	88.8%	104.2%	95.2%

*01/01/2020 - 09/30/2020: Based on Annualized Results

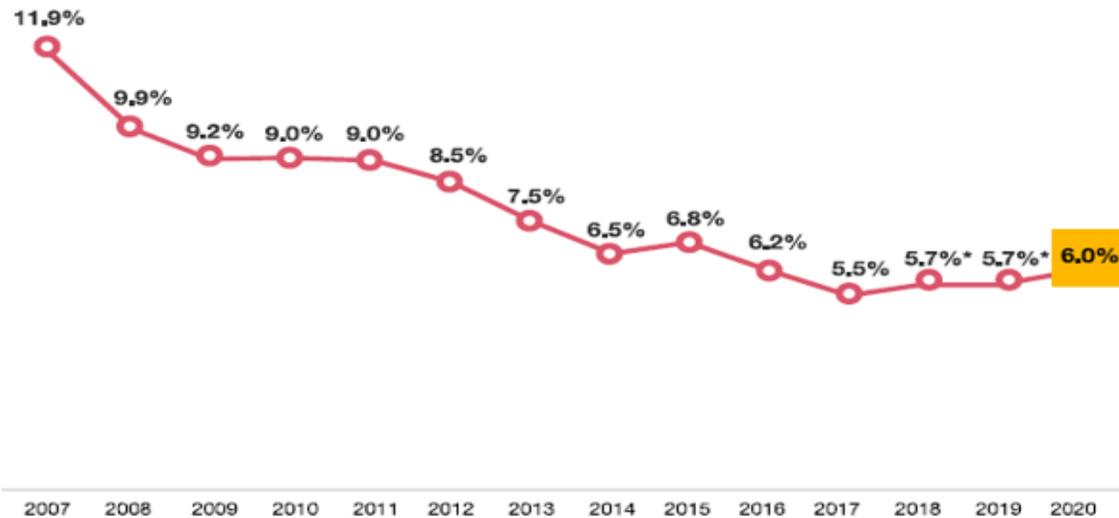


Village of Orland Park
Medical & Rx Cost Increase Comparison to PWC Trend

Year	Renewal Carrier	Product	Per Capita Expected Cost	Cost Increase	Increase From 2012	Per Capita Actual Cost	Cost Increase	Increase From 2012	PWC Medical Trend	Increase From 2012
2012	Aetna	ASO	\$18,888			\$19,190				
2013	BCBS	ASO	\$18,889	0.01%	0.01%	\$17,235	-10.19%	-10.19%	7.50%	7.50%
2014	BCBS	ASO	\$17,755	-6.00%	-6.00%	\$14,808	-14.08%	-22.83%	6.50%	14.49%
2015	BCBS	ASO	\$17,200	-3.13%	-8.94%	\$16,278	9.93%	-15.17%	6.80%	22.27%
2016	BCBS	ASO	\$17,074	-0.73%	-9.60%	\$15,974	-1.87%	-16.76%	6.20%	29.85%
2017	BCBS	ASO	\$17,880	4.72%	-5.34%	\$16,079	0.66%	-16.21%	5.50%	37.00%
2018	BCBS	ASO	\$17,897	0.10%	-5.25%	\$15,479	-3.73%	-19.34%	5.70%	44.80%
2019	BCBS	ASO	\$16,668	-6.87%	-11.75%	\$17,224	11.27%	-10.24%	5.70%	53.06%
*2020	BCBS	ASO	\$17,812	6.86%	-5.70%	\$16,460	-4.44%	-14.23%	6.00%	62.24%
**2021	BCBS	ASO	\$17,990	1.00%	-4.75%	\$17,990	9.30%	-6.25%	6.00%	71.98%

Medical cost trend in 2020

Figure 1: Medical cost trend has been flat for two years but is expected to increase in 2020



*HRI adjusted its estimates for 2018 and 2019 down from those previously reported.
 Source: PwC Health Research Institute medical cost trends 2007-2020

*2020 - Per Capita Expected Cost and Actual Cost based on annualized results through 09/30/2020.

Village of Orland Park
Historical Review - Specific and Aggregate Claims vs Premium

Specific Claimant Historical Review - Claimants > \$100,000					
Year	01/01/2016 - 12/31/2016	01/01/2017 - 12/31/2017	01/01/2018 - 12/31/2018	01/01/2019 - 12/31/2019	01/01/2020 - 09/30/2020
Claimant Amounts	\$182,641	\$455,926	\$243,235	\$763,259	\$597,387
	\$179,048	\$209,675	\$196,476	\$216,665	\$192,173
	\$147,986	\$185,252	\$188,524	\$194,627	\$166,667
	\$114,439	\$168,573	\$175,994	\$176,245	\$108,436
	\$114,800	\$161,665	\$145,270	\$132,237	\$151,671
		\$128,550	\$115,096	\$122,086	
		\$114,671	\$107,665	\$115,012	
		\$109,831	\$190,275	\$112,433	
		\$105,164		\$103,771	
		\$104,251		\$100,404	
		\$136,499			
Total Large Claims	\$738,914	\$1,880,055	\$1,362,535	\$2,036,740	\$1,216,334
Total Specific Claims at \$100,000	\$238,914	\$780,055	\$562,535	\$1,036,740	\$716,334
Total Specific Claims 1/1/16-9/30/20					\$3,334,578
Specific Premium Paid	\$362,886	\$394,314	\$563,003	\$531,823	\$628,553
Total Specific Premium 1/1/16-9/30/20					\$2,480,579
Total Aggregate Claims over Stop Loss Attachment	\$0	\$0	\$0	\$0	\$0
Total Aggregate Claims 1/1/16-9/30/20					\$0
Agregate Premium Paid	\$19,986	\$20,614	\$20,428	\$20,428	\$30,026
Total Aggregate Premium 1/1/16-9/30/20					\$111,482

Totals for 1/1/16 - 9/30/20		
Specific & Aggregate Claims	Specific & Aggregate Premium	Claims - Premium
\$3,334,578	\$2,592,061	\$742,517



The Horton Group's

Marketing Spreadsheet

Prepared for: Village of Orland Park

Renewal January 2021

Presented By:

Michael E. Wojcik

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Insurance / Risk Advisory / Employee Benefits

HORTON



Village of Orland Park
 Medical ASO Cost Review
 January 1, 2021

**Recommended
 Renewal 1/1/2021**

Presented by: Michael Wojcik

Renegotiated 10/8/2020

Re-Renegotiated 10/15/2020

Re-Renegotiated 10/15/2020
 Replace HSA Plan with BCO HSA

Contract Specifics	CURRENT BCBS % Change		RENEWAL BCBS % Change		RENEWAL BCBS % Change		RENEWAL BCBS % Change		OPTION 1 BCBS % Change		*OPTION 2 UHC % Change			
	BCBS	% Change	BCBS	% Change	UHC	% Change								
Reinsurance/Health Carrier	Network													
	PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		PPO / BCO / HMO I / BA HMO	UHC Choice + / Navigate		
Specific Deductible	\$100,000		\$100,000		\$100,000		\$100,000		\$100,000		\$100,000	\$100,000		
Specific Contract	24/12		24/12		24/12		24/12		24/12		24/12	12/12 with TLO		
Specific Coverage	Medical & Rx		Medical & Rx		Medical & Rx	Medical & Rx								
Annual Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	Unlimited		
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	Unlimited		
Aggregate Contract	24/12		24/12		24/12		24/12		24/12		24/12	12/12 with TLO		
Aggregate Coverage	Medical & Rx		Medical & Rx		Medical & Rx	Medical & Rx								
Aggregate Run-In-Limit	N/A		N/A		N/A		N/A		N/A		N/A	N/A		
Employee Census														
PPO Employees	163		163		163		163		163		163	163		
HMOI Employees	99		99		99		99		99		99	99		
BA HMO Employees	20		20		20		20		20		20	20		
Total	282		282		282		282		282		282	282		
Fixed Costs														
PPO Administration	\$55.73		\$57.40		\$57.40		\$57.40		\$57.40		\$57.40	\$60.22		
BVA	Not Renewed													
Virtual Visits	\$0.52		\$0.52		\$0.52		\$0.52		\$0.52		\$0.52	\$0.52		
HMOI Administration	\$56.25		\$57.40		\$57.40		\$57.40		\$57.40		\$57.40	\$60.22		
BA HMO Administration	\$56.25		\$57.40		\$57.40		\$57.40		\$57.40		\$57.40	\$60.22		
Rx Rebate	(\$46.51)		(\$60.27)		(\$60.27)		(\$60.27)		(\$60.27)		(\$60.27)	(\$60.22)		
Net PPO Administration	\$9.74		(\$2.35)		(\$2.35)		(\$2.35)		(\$2.35)		(\$2.35)	\$0.00		
Net HMOI Administration	\$9.74		(\$2.35)		(\$2.35)		(\$2.35)		(\$2.35)		(\$2.35)	\$0.00		
Net BA HMO Administration	\$9.74		(\$2.35)		(\$2.35)		(\$2.35)		(\$2.35)		(\$2.35)	\$0.00		
Net Monthly Admin Costs	\$2,746.68		-\$662.70	-124.13%	-\$662.70	-124.13%	-\$662.70	-124.13%	-\$662.70	-124.13%	-\$662.70	\$0.00	-100.00%	
PPO Specific Premium	\$321.51	163	\$440.75	163	\$418.71	163	\$418.71	163	\$418.71	163	\$418.71	\$241.75	163	-24.81%
HMOI Specific Premium	\$150.38	99	\$206.14	99	\$195.83	99	\$195.83	99	\$195.83	99	\$195.83	\$241.75	99	60.76%
BA HMO Specific Premium	\$150.38	20	\$206.14	20	\$195.83	20	\$195.83	20	\$195.83	20	\$195.83	\$241.75	20	60.76%
TLO Specific Premium												\$53.07		
Monthly Specific Costs	\$70,301.35		\$96,372.91	37.09%	\$91,553.50	30.23%	\$91,553.50	30.23%	\$91,553.50	30.23%	\$91,553.50	\$83,139.24	18.26%	
Subtotal Monthly Costs (Admin + Spec)	\$73,048.03		\$95,710.21	31.02%	\$90,890.80	24.43%	\$90,890.80	24.43%	\$90,890.80	24.43%	\$90,890.80	\$83,139.24	13.81%	
Annual Access Fee	2.33%		2.33%		2.33%		2.33%		2.33%		2.33%			
Annual Aggregate Premium	\$30,026.00		\$32,451.00	8.08%	\$32,451.00	8.08%	\$32,451.00	8.08%	\$32,451.00	8.08%	\$32,451.00	\$33,806.16	12.59%	
TLO Annual Aggregate Premium												\$5,955.84		
BCBS Run Out Fixed Costs												\$192,086.17		
One-Time Implementation Credit	(\$50,000.00)				(\$80,000.00)		(\$130,000.00)		(\$130,000.00)		(\$130,000.00)	(\$25,000.00)		
Grand Total Annual Fixed Costs	\$856,602.36		\$1,180,973.52	37.87%	\$1,043,140.60	21.78%	\$993,140.60	15.94%	\$993,140.60	15.94%	\$993,140.60	\$1,204,519.05	40.62%	
Annual Change Fixed Cost in \$	\$0.00		\$324,371.16		\$186,538.24		\$136,538.24		\$136,538.24		\$136,538.24	\$347,916.69		
Capitation Fees														
HMOI Cap Fee (Single)	\$175.53	47	\$167.86	47	\$167.86	47	\$167.86	47	\$167.86	47	\$167.86	\$167.86	47	
HMOI Cap Fee (Family)	\$563.59	52	\$566.50	52	\$566.50	52	\$566.50	52	\$566.50	52	\$566.50	\$566.50	52	
HMOI Managed Care Fee	\$11.14	99	\$11.65	99	\$11.65	99	\$11.65	99	\$11.65	99	\$11.65	\$11.65	99	
BA HMO Cap Fee (Single)	\$166.62	6	\$174.38	6	\$174.38	6	\$174.38	6	\$174.38	6	\$174.38	\$174.38	6	
BA HMO Cap Fee (Family)	\$318.22	14	\$521.32	14	\$521.32	14	\$521.32	14	\$521.32	14	\$521.32	\$521.32	14	
BA HMO Managed Care Fee	\$11.14	20	\$11.65	20	\$11.65	20	\$11.65	20	\$11.65	20	\$11.65	\$11.65	20	
Total Monthly Capitation Costs	\$44,337.05		\$47,078.53	6.18%	\$47,078.53	6.18%	\$47,078.53	6.18%	\$47,078.53	6.18%	\$47,078.53	\$0.00	-100.00%	
Total Annual Capitation Costs	\$532,044.60		\$564,942.36	6.18%	\$564,942.36	6.18%	\$564,942.36	6.18%	\$564,942.36	6.18%	\$564,942.36	\$0.00	-100.00%	
Annual Change Capitation Fees in \$	\$0.00		\$32,897.76		\$32,897.76		\$32,897.76		\$32,897.76		\$32,897.76	(\$532,044.60)		
Aggregate Liability	120% Corridor													
PPO Aggregate Factor	\$1,655.17	163	\$1,742.10	163	\$1,672.42	163	\$1,672.42	163	\$1,672.42	163	\$1,614.29	163	\$1,163.76	163
HMOI Aggregate Factor	\$667.93	99	\$689.81	99	\$662.22	99	\$662.22	99	\$662.22	99	\$662.22	99	\$1,163.76	99
BA HMO Aggregate Factor	\$667.93	20	\$689.81	20	\$662.22	20	\$662.22	20	\$662.22	20	\$662.22	20	\$1,163.76	20
Total Monthly Aggregate Liability:	\$349,276.38		\$366,049.69	4.80%	\$351,408.64	0.61%	\$351,408.64	0.61%	\$351,408.64	0.61%	\$341,933.45	-2.10%	\$328,180.32	-6.04%
Total Annual Aggregate Liability:	\$4,191,316.56		\$4,392,596.28	4.80%	\$4,216,903.68	0.61%	\$4,216,903.68	0.61%	\$4,216,903.68	0.61%	\$4,103,201.40	-2.10%	\$3,938,163.84	-6.04%
Expected BCBS Run Out Claims													\$523,914.57	
Total Annual Expected Claim Liability	\$3,492,624.09		\$3,660,350.48	4.80%	\$3,513,945.84	0.61%	\$3,513,945.84	0.61%	\$3,513,945.84	0.61%	\$3,419,197.73	-2.10%	\$3,805,586.50	8.96%
Annual Change Expected Claim Liability in \$	\$0.00		\$167,726.39		\$21,321.75		\$21,321.75		\$21,321.75		(\$73,426.36)		\$312,962.41	
ACA Reserve/Premium Stabilization Fund	\$145,188.00													
Estimated ACA Tax	\$1,196.65		\$1,237.60		\$1,237.60		\$1,237.60		\$1,237.60		\$1,237.60	\$1,963.84		
Additional Laser Liability	N/A		N/A		N/A		N/A		N/A		N/A	N/A		
Maximum Plan Exposure	\$5,726,348.17		\$6,139,749.76	7.22%	\$5,826,224.24	1.74%	\$5,776,224.24	0.87%	\$5,662,521.96	-1.11%	\$5,662,521.96	\$5,668,561.30	-1.01%	
Expected Plan Exposure	\$5,027,655.70		\$5,407,503.96	7.56%	\$5,123,266.40	1.90%	\$5,073,266.40	0.91%	\$4,978,518.29	-0.98%	\$4,978,518.29	\$5,012,069.39	-0.31%	
Annual Change Expected Cost in \$			\$379,848.26		\$95,610.70		\$45,610.70		\$45,610.70		-\$49,137.41	(\$15,586.31)		

UHC Quote includes a \$25,000 credit each year in the first 3 years. Rates are firm with employer application.

* OPTION 2 - UHC: 12/12 with TLO Quote: TLO premium is only paid in year 1.



VILLAGE OF ORLAND PARK
Medical Review
January 1, 2020

	EE	ES	EC	Family	EE-Medicare	ES-Medicare	Total
HMO I	36	9	11	31	11	1	99
BA HMO	6	5	0	9	0	0	20
Gold	4	5	0	2	0	1	12
Silver	21	12	2	14	0	2	51
HSA	25	13	5	56	0	1	100
Total	92	44	18	112	11	5	282

Presented by: Mike Wojcik

Carriers:	CURRENT / RENEWAL BCBS COST PLUS					OPTION 1 - FULLY INSURED BCBS				
	HMO I	BA HMO	Gold	Silver	HDHP (Emb)	HMO I	BA HMO	Gold	Silver	HDHP (Emb)
Type of Plan										
Network										
In Network Benefits										
Individual Deductible	\$0	\$0	\$200	\$1,000	\$3,500	\$0	\$0	\$200	\$1,000	\$3,500
Family Deductible	\$0	\$0	\$600	\$3,000	\$7,000	\$0	\$0	\$600	\$3,000	\$7,000
Co-Insurance	100%	100%	90%	80%	100%	100%	100%	90%	80%	100%
Individual Out of Pocket										
OPX includes ded unless noted	\$1,500	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500	\$500	\$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	After Ded, \$150 Co-pay
Hospital Co-pay	N/A	N/A	100% after Ded	80% after Ded	100% after Ded	N/A	N/A	100% after Ded	80% after Ded	100% after Ded
Retail Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40	\$10/15/25	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40
Mail Order Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40	\$10/15/25	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	\$3,000	Included in Med	\$3,000	\$3,000	\$3,000	\$3,000	Included in Med
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	\$6,000	Included in Med	\$6,000	\$6,000	\$6,000	\$6,000	Included in Med
Primary Physician Office Visit Co-pay	\$0	\$0	90% after Ded	\$20	100% after Ded	\$0	\$0	90% after Ded	\$20	100% after Ded
Specialists Office Visit Co-pay	\$0	\$0	90% after Ded	\$40	100% after Ded	\$0	\$0	90% after Ded	\$40	100% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits										
Individual Deductible			\$200	\$1,000	\$5,000			\$200	\$1,000	\$5,000
Family Deductible			\$600	\$3,000	\$10,000			\$600	\$3,000	\$10,000
Co-Insurance			80%	60%	80%			80%	60%	80%
Individual Out of Pocket										
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	After Ded, \$150 Co-pay
Hospital Co-pay			80% after Ded	\$300 co-pay, then 60% after Ded	80% after Ded			80% after Ded	\$300 co-pay, then 60% after Ded	80% after Ded
Physician Office Visit Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	80% after Ded
Preventative Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	80% after Ded
Lifetime Maximum			UNLIMITED	UNLIMITED	UNLIMITED			UNLIMITED	UNLIMITED	UNLIMITED
Medical Premium rates										
Employee						\$761.75	\$704.90	\$998.01	\$860.19	\$809.42
Employee + Spouse						\$1,445.81	\$1,337.94	\$1,976.98	\$1,579.43	\$1,610.97
Employee +Children						\$1,506.59	\$1,394.16	\$2,060.11	\$1,646.39	\$1,723.74
Family						\$2,236.90	\$2,069.98	\$3,058.71	\$2,394.12	\$2,383.14
Employee Medicare Primary						\$761.75	\$704.90	\$998.01	\$860.19	\$809.42
Employee + Spouse Medicare Primary						\$1,523.55	\$1,409.86	\$1,996.02	\$1,720.39	\$1,618.87
	Current Expected Cost		Renewal Expected Cost							
Total Monthly Cost	Monthly Expected ASO Cost \$406,872.31		Monthly Expected ASO Cost \$422,772.20			\$136,254.48	\$29,548.92	\$21,990.38	\$77,268.39	\$184,871.52
Total Annual Cost w/o ACA Reserve	\$4,882,467.70		\$5,073,266.40					\$5,399,204.28		
Percent Change from Current			3.91%					10.58%		
ACA Reserve	\$145,188.00		Included Above							
Implementation Credit	Included Above		Included Above					(\$130,000.00)		
Total Annual Cost	\$5,027,655.70		\$5,073,266.40					\$5,269,204.28		
Percent Change			0.91%					4.80%		
Annual Cost Increase			\$45,610.70					\$241,548.58		
Estimated BCBS Run Out Cost	N/A		N/A					\$716,000.74		
Total Annual Cost	\$5,027,655.70		\$5,073,266.40					\$5,985,205.02		
Percent Change			0.91%					19.05%		
Annual Cost Increase			\$45,610.70					\$957,549.32		

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

VILLAGE OF ORLAND PARK
Medical Review
January 1, 2020

Insurance / Risk Advisory / Employee Benefits



	EE	ES	EC	Family	EE-Medicare	ES-Medicare	Total
HMO I	36	9	11	31	11	1	99
BA HMO	6	5	0	9	0	0	20
Gold	4	5	0	2	0	1	12
Silver	21	12	2	14	0	2	51
HSA	25	13	5	56	0	1	100
Total	92	44	18	112	11	5	282

Presented by: Mike Wojcik

Carriers:	CURRENT / RENEWAL BCBS COST PLUS					OPTION 2 - FULLY INSURED UHC				
	HMO I	BA HMO	Gold	Silver	HDHP (Emb)	HMO Navigate	HMO Navigate	Gold PPO Choice +	Silver PPO Choice +	HDHP (Emb) Choice +
Network										
In Network Benefits										
Individual Deductible	\$0	\$0	\$200	\$1,000	\$3,500	\$0	\$0	\$200	\$1,000	\$3,500
Family Deductible	\$0	\$0	\$600	\$3,000	\$7,000	\$0	\$0	\$600	\$3,000	\$7,000
Co-Insurance	100%	100%	90%	80%	100%	100%	100%	90%	80%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$1,500	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$1,500	\$500	\$1,500	\$5,950
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$3,000	\$1,500	\$4,500	\$11,900
Emergency Room Co-pay	\$150	\$150	\$150	\$150	After Ded, \$150 Co-pay	\$150	\$150	\$150	\$150	After Ded, \$150 Co-pay
Hospital Co-pay	N/A	N/A	100% after Ded	80% after Ded	100% after Ded	N/A	N/A	100% after Ded	80% after Ded	80% after Ded
Retail Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40	\$10/30/50	\$10/30/50	\$10/30/50	\$10/30/50	80% after Ded
Mail Order Rx Co-pay	\$10/15/25	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	\$3,000	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	\$6,000	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Primary Physician Office Visit Co-pay	\$0	\$0	90% after Ded	\$20	100% after Ded	\$10	\$10	90% after Ded	\$20	80% after Ded
Specialists Office Visit Co-pay	\$0	\$0	90% after Ded	\$40	100% after Ded	\$30	\$30	90% after Ded	\$40	80% 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%	60%
Individual Out of Pocket <i>OPX includes ded unless noted</i>			\$5,000	\$11,000	\$10,000			\$5,000	\$11,000	\$10,000
Family Out of Pocket <i>OPX includes ded unless noted</i>			\$15,000	\$33,000	\$20,000			\$15,000	\$22,000	\$20,000
Emergency Co-pay			\$150	\$150	After Ded, \$150 Co-pay			\$150	\$150	After Ded, \$150 Co-pay
Hospital Co-pay			80% after Ded	\$300 co-pay, then 60% after Ded	80% after Ded			80% after Ded	60% after Ded	60% after Ded
Physician Office Visit Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	60% after Ded
Preventative Services			80% after Ded	60% after Ded	80% after Ded			80% after Ded	60% after Ded	60% after Ded
Lifetime Maximum			UNLIMITED	UNLIMITED	UNLIMITED			UNLIMITED	UNLIMITED	UNLIMITED
Medical Premium rates										
Employee						\$855.97	\$855.97	\$1,181.15	\$1,126.07	\$658.25
Employee + Spouse						\$1,797.54	\$1,797.54	\$2,480.42	\$2,364.75	\$1,382.33
Employee +Children						\$1,472.27	\$1,472.27	\$2,031.58	\$1,936.84	\$1,132.19
Family						\$2,585.03	\$2,585.03	\$3,567.07	\$3,400.73	\$1,987.92
Employee Medicare Primary						\$855.97	\$855.97	\$1,181.15	\$1,126.07	\$658.25
Employee + Spouse Medicare Primary						\$1,797.54	\$1,797.54	\$2,480.42	\$2,364.75	\$1,382.33
	Current Expected Cost			Renewal Expected Cost						
Total Monthly Cost	Monthly Expected ASO Cost \$406,872.31			Monthly Expected ASO Cost \$422,772.20		\$154,536.89	\$37,388.79	\$26,741.26	\$108,237.87	\$152,793.34
Total Annual Cost w/o ACA Reserve	\$4,882,467.70			\$5,073,266.40				\$5,756,377.80		
Percent Change from Current ACA Reserve				3.91%				17.90%		
ACA Reserve	\$145,188.00									
Implementation Credit	Included Above			Included Above				(\$25,000.00)		
Total Annual Cost	\$5,027,655.70			\$5,073,266.40				\$5,731,377.80		
Percent Change				0.91%				14.00%		
Annual Cost Increase				\$45,610.70				\$703,722.10		
Estimated BCBS Run Out Cost	N/A			N/A				\$716,000.74		
Total Annual Cost	\$5,027,655.70			\$5,073,266.40				\$6,447,378.54		
Percent Change				0.91%				28.24%		
Annual Cost Increase				\$45,610.70				\$1,419,722.84		

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

VILLAGE OF ORLAND PARK
Medical Benefit Review
January 1, 2021

FINAL Plan Options 1.21 (no change from 2020)

Presented by: Michael Wojcik

Carriers:	All Other Classes				NON-UNION EMPLOYEES ONLY - Section 0101			
	CURRENT BCBS				CURRENT BCBS			
Type of Plan	HMO I	GOLD	SILVER	HDHP	HMO I Eliminated - No Longer Available	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 Includes Ded	\$3,000	\$1,500	\$4,500	\$11,900		\$3,000	\$4,500	\$11,900
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	Included in Medical After Ded,		\$6,000	\$6,000	Included in Medical After Ded,
Emergency Room Co-pay	\$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 Includes Ded		\$5,000	\$11,000	\$10,000			\$11,000	\$10,000
Family Out of Pocket Includes Ded		\$15,000	\$33,000	\$20,000			\$33,000	\$20,000
Emergency Co-pay		\$150	\$150	After Ded, \$150 Co-pay			\$150	After Ded, \$150 Co-pay
Hospital Co-pay		80% after Ded	\$300 Co-pay, then Ded and 60% Co-Insurance	80% after Ded			\$300 Co-pay, then Ded and 60% Co-Insurance	80% after Ded
Physician Office Visit Services		80% after Ded	60% after Ded	80% after Ded			60% after Ded	80% after Ded
Preventative Services		80% after Ded	60% after Ded	80% after Ded			60% after Ded	80% after Ded
Lifetime Maximum		Unlimited	Unlimited	Unlimited			Unlimited	Unlimited

VILLAGE OF ORLAND PARK
Medical Benefit Review
January 1, 2021

Presented by: Michael Wojcik

Carriers:	CURRENT BCBS	ALTERNATE PLAN DESIGN BCBS	
Type of Plan	HDHP	HDHP - PPO - Blue Choice Options	
<u>In Network Benefits</u>		TIER 1: Blue Choice Options	TIER 2: Current PPO
Individual Deductible	\$3,500	\$3,500	\$4,500
Family Deductible	\$7,000	\$7,000	\$6,000
Co-Insurance	100%	100%	80%
Medical Individual Out of Pocket			
Includes Ded	\$5,950	\$5,950	\$7,000
Rx Individual Out of Pocket	Included in Medical	Included in Medical	
Medical Family Out of Pocket			
Includes Ded	\$11,900	\$11,900	\$14,000
Rx Family Out of Pocket	Included in Medical	Included in Medical	
Emergency Room Co-pay	After Ded, \$150 Co-pay	After Ded, \$150 Co-pay	After Ded, \$150 Co-pay
Hospital Co-pay	100% after Ded	100% after Ded	80% after Ded
Rx Co-pay	After Ded, \$0/20/40	After Ded, \$0/20/40	
Rx Mail Order	After Ded, \$0/20/40	After Ded, \$0/20/40	
Physician Office Visit Co-pay	100% after Ded	100% after Ded	80% after Ded
Specialist Office Visit Co-pay	100% after Ded	100% after Ded	80% after Ded
Preventative Services	100%	100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited
<u>Out of Network Benefits</u>			
Individual Deductible	\$5,000	\$5,000	
Family Deductible	\$10,000	\$10,000	
Co-Insurance	80%	60%	
Individual Out of Pocket			
Includes Ded	\$10,000	\$10,000	
Family Out of Pocket			
Includes Ded	\$20,000	\$20,000	
Emergency Co-pay	After Ded, \$150 Co-pay	After Ded, \$150 Co-pay	
Hospital Co-pay	80% after Ded	60% after Ded	
Physician Office Visit Services	80% after Ded	60% after Ded	
Preventative Services	80% after Ded	60% after Ded	
Lifetime Maximum	Unlimited	Unlimited	

Horton Benefit Solutions Disclaimer Notice

Compensation

The Horton Group ("Horton") receives compensation for its services which may include one or a combination of standard agent and contingent/supplemental/bonus commissions paid by insurance companies and fees paid by clients. See contract with the Village of Orland Park dated 1/1/2019 for compensation specifics.

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

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

Fee Based Income and Supplement Income

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

Exposure Evaluation

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

Coverage Terms & Conditions

All coverage terms and conditions in the preceding pages are intended as a reference only. Actual policies will contain full coverage exclusions or limitations, terms and conditions, and other wordings that are not summarized herein.

Other

Horton does not provide investment services or financial advisory services to clients, and Horton disclaims any and all liability to clients arising out of investment services or financial advisory services.



Village of Orland Park
2021 - Premium Equivalents

	Current Enrollment	Renewal Enrollment	2020 Fully Insured "Expected" Equivalents	2021 Fully Insured "Expected" Equivalents
<u>Gold PPO Plan</u>				
EE Only	4	4	\$962.72	\$985.84
Employee + Spouse	6	6	\$2,050.55	\$2,099.80
Employee + Child(ren)	0	0	\$1,967.79	\$2,015.06
Family	<u>2</u>	<u>2</u>	<u>\$3,044.50</u>	<u>\$3,117.63</u>
	12	12	\$266,918	\$273,329
<u>Silver PPO Plan</u>				
EE Only	21	21	\$846.50	\$866.83
Employee + Spouse	14	14	\$1,620.16	\$1,659.08
Employee + Child(ren)	2	2	\$1,554.26	\$1,591.59
Family	<u>14</u>	<u>14</u>	<u>\$2,355.97</u>	<u>\$2,412.56</u>
	51	51	\$918,610	\$940,675
<u>H.S.A. \$3,500 Ded</u>				
EE Only	25	25	\$723.64	\$741.02
Employee + Spouse	14	14	\$1,475.93	\$1,511.38
Employee + Child(ren)	5	5	\$1,411.83	\$1,445.74
Family	<u>56</u>	<u>56</u>	<u>\$2,191.33</u>	<u>\$2,243.97</u>
	100	100	\$2,022,332	\$2,070,910
<u>H.S.A. \$3,500 Ded</u>				
<u>HMO Illinois</u>				
EE Only	47	47	\$662.32	\$678.23
Employee + Spouse	10	10	\$1,309.89	\$1,341.35
Employee + Child(ren)	11	11	\$1,257.05	\$1,287.24
Family	<u>31</u>	<u>31</u>	<u>\$1,944.89</u>	<u>\$1,991.61</u>
	99	99	\$1,420,165	\$1,454,278
<u>BA HMO \$0 Ded \$0/\$0 QV Co-pay</u>				
EE Only	6	6	\$642.45	\$657.88
Employee + Spouse	5	5	\$1,270.59	\$1,301.11
Employee + Child(ren)	0	0	\$1,219.34	\$1,248.63
Family	<u>9</u>	<u>9</u>	<u>\$1,886.54</u>	<u>\$1,931.86</u>
	20	20	\$326,238	\$334,075
Total	282	282	\$4,954,263	\$5,073,267

Percentage Increase

2.40%

* Assumes no (\$0.00) funding for PPACA Tax Stabilization Fund and ACA Reserve/Premium Stabilization Reserve Fund

Key Indicators

Contribution Modeling

Prepared for: Village of Orland Park

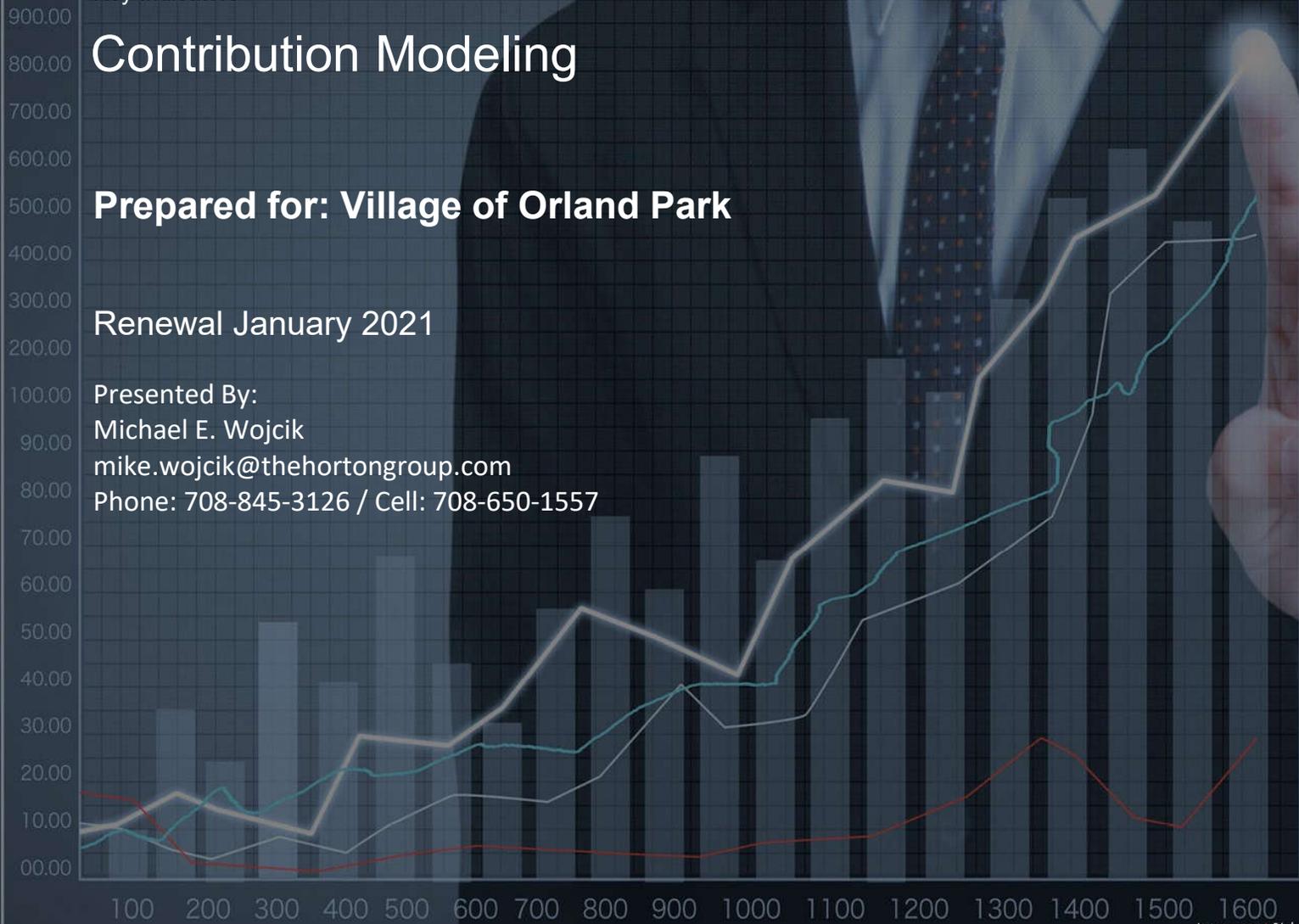
Renewal January 2021

Presented By:

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Insurance / Risk Advisory / Employee Benefits

HORTON

**Village of Orland Park
 Summary of Total Charges (Current vs Renewal)
 Not Included - Retirees. Based on Spreadsheet BCBS Renewal 10/8/2020 Renegotiated
 January 1, 2021**

	<u>Employer</u>	<u>% Change</u>	<u>\$ Change</u>		<u>Employee</u>	<u>% Change</u>	<u>\$ Change</u>		<u>Total</u>	<u>% Change</u>	<u>\$ Change</u>
Current (2020)	\$3,865,097				\$392,905				\$4,258,002		
Renewal (2021)	\$3,959,031	2.43%	\$93,934		\$395,701	0.71%	\$2,797		\$4,354,732	2.27%	\$96,730



Contribution Exhibit

Village of Orland Park

Non-Union - Assumes Wellness Participation - EE Contributions
Based on Spreadsheet BCBS Renewal 10/8/20 Renegotiated
Current EE & ER Contribution vs. Renewal EE & ER Contribution

	1/1/2020 Rates			
	EE	EE + SP	EE + C	Family
BA HMO	\$642.45	\$1,270.59	\$1,219.34	\$1,886.54
Silver PPO	\$846.50	\$1,620.16	\$1,554.26	\$2,355.97
HSA \$3500	\$723.64	\$1,475.93	\$1,411.83	\$2,191.33

	1/1/2021 Renewal Rates				AV Calc
	EE	EE + SP	EE + C	Family	
BA HMO	\$657.88	\$1,301.11	\$1,248.63	\$1,931.86	94.9%
Silver PPO	\$866.83	\$1,659.08	\$1,591.59	\$2,412.56	87.2%
HSA \$3500	\$741.02	\$1,511.38	\$1,445.74	\$2,243.97	86.7%

Months 12

Enrollment		1/1/2020 Rates			1/1/2021 Renewal Rates			Annual EE \$ Increase	Total 1/1/2020 Contributions		Total 1/1/2021 Contributions		
BA HMO	BA HMO	ER	EE	EE % of Total	ER	EE	EE % of Total		ER	EE	ER	EE	
Participation													
3	3	EE	\$578.20	\$64.25	10.00%	\$592.09	\$65.79	10.00%	\$18.48	\$20,815.20	\$2,313.00	\$21,315.24	\$2,368.44
2	2	ES	\$1,143.53	\$127.06	10.00%	\$1,171.00	\$130.11	10.00%	\$36.60	\$27,444.72	\$3,049.44	\$28,104.00	\$3,122.64
1	1	EC	\$1,097.41	\$121.93	10.00%	\$1,123.77	\$124.86	10.00%	\$35.16	\$13,168.92	\$1,463.16	\$13,485.24	\$1,498.32
3	3	Family	\$1,697.89	\$188.65	10.00%	\$1,738.67	\$193.19	10.00%	\$54.48	\$61,124.04	\$6,791.40	\$62,592.12	\$6,954.84
Silver PPO	Silver PPO												
Participation													
3	3	EE	\$634.87	\$211.63	25.00%	\$650.12	\$216.71	25.00%	\$60.96	\$22,855.32	\$7,618.68	\$23,404.32	\$7,801.56
2	2	ES	\$1,134.11	\$486.05	30.00%	\$1,161.36	\$497.72	30.00%	\$140.04	\$27,218.64	\$11,665.20	\$27,872.64	\$11,945.28
1	1	EC	\$1,087.98	\$466.28	30.00%	\$1,114.11	\$477.48	30.00%	\$134.40	\$13,055.76	\$5,595.36	\$13,369.32	\$5,729.76
3	3	Family	\$1,649.18	\$706.79	30.00%	\$1,688.79	\$723.77	30.00%	\$203.76	\$59,370.48	\$25,444.44	\$60,796.44	\$26,055.72
HSA \$3500	HSA \$3500												
Participation													
7	7	EE	\$665.75	\$57.89	8.00%	\$681.74	\$59.28	8.00%	\$16.68	\$55,923.00	\$4,862.76	\$57,266.16	\$4,979.52
4	4	ES	\$1,357.86	\$118.07	8.00%	\$1,390.47	\$120.91	8.00%	\$34.08	\$65,177.28	\$5,667.36	\$66,742.56	\$5,803.68
4	4	EC	\$1,298.88	\$112.95	8.00%	\$1,330.08	\$115.66	8.00%	\$32.52	\$62,346.24	\$5,421.60	\$63,843.84	\$5,551.68
15	15	Family	\$2,016.02	\$175.31	8.00%	\$2,064.45	\$179.52	8.00%	\$50.52	\$362,883.60	\$31,555.80	\$371,601.00	\$32,313.60
Total Employees	Total Employees												
48	48												
									Premium Only	\$791,383.20	\$111,448.20	\$810,392.88	\$114,125.04
									Employer HSA Seed	\$74,200.00		\$74,200.00	
									Total with ER Seed	\$865,583.20	\$111,448.20	\$884,592.88	\$114,125.04
									ER%/ ER%	88.59%	11.41%	88.57%	11.43%
									Grand Total	\$977,031.40		\$998,717.92	
												2.22%	
												Change in Total Cost	
											ER % Increase	2.20%	
											EE % Increase	2.40%	

Employer HSA Seed: \$1,400 Employee Only; \$2,800 Employee & Spouse; \$2,800 Employee & Child(ren); \$2,800 Family

**Village of Orland Park
Historical Monthly Premium Equivalents Rates**

HMO IL												
Coverage Level	2016	2017	% increase	2018	% increase	2019	% increase	2020	% increase	2021	% increase	% Change Since 2016
EE	\$580.82	\$627.88	8.10%	\$645.50	2.81%	\$603.29	-6.54%	\$662.32	9.78%	\$678.23	2.40%	16.77%
ES	\$1,148.72	\$1,241.78	8.10%	\$1,276.62	2.81%	\$1,193.14	-6.54%	\$1,309.89	9.79%	\$1,341.35	2.40%	16.77%
EC	\$1,102.37	\$1,191.68	8.10%	\$1,225.12	2.81%	\$1,145.01	-6.54%	\$1,257.05	9.79%	\$1,287.24	2.40%	16.77%
FAM	\$1,705.57	\$1,843.74	8.10%	\$1,895.48	2.81%	\$1,771.54	-6.54%	\$1,944.89	9.79%	\$1,991.61	2.40%	16.77%

BA HMO												
Coverage Level	2016	2017	% increase	2018	% increase	2019	% increase	2020	% increase	2021	% increase	% Change Since 2019
EE	--	--	--	--	--	\$585.19	--	\$642.45	9.78%	\$657.88	2.40%	12.42%
ES	--	--	--	--	--	\$1,157.35	--	\$1,270.59	9.78%	\$1,301.11	2.40%	12.42%
EC	--	--	--	--	--	\$1,110.66	--	\$1,219.34	9.79%	\$1,248.63	2.40%	12.42%
FAM	--	--	--	--	--	\$1,718.39	--	\$1,886.54	9.79%	\$1,931.86	2.40%	12.42%

Gold PPO												
Coverage Level	2016	2017	% increase	2018	% increase	2019	% increase	2020	% increase	2021	% increase	% Change Since 2016
EE	\$844.25	\$912.64	8.10%	\$938.26	2.81%	\$876.91	-6.54%	\$962.72	9.79%	\$985.84	2.40%	16.77%
ES	\$1,798.23	\$1,943.90	8.10%	\$1,998.46	2.81%	\$1,867.78	-6.54%	\$2,050.55	9.79%	\$2,099.80	2.40%	16.77%
EC	\$1,725.65	\$1,865.44	8.10%	\$1,917.80	2.81%	\$1,792.40	-6.54%	\$1,967.79	9.79%	\$2,015.06	2.40%	16.77%
FAM	\$2,669.87	\$2,886.15	8.10%	\$2,967.16	2.81%	\$2,773.14	-6.54%	\$3,044.50	9.79%	\$3,117.63	2.40%	16.77%

Silver PPO												
Coverage Level	2016	2017	% increase	2018	% increase	2019	% increase	2020	% increase	2021	% increase	% Change Since 2016
EE	\$742.34	\$802.48	8.10%	\$825.00	2.81%	\$771.05	-6.54%	\$846.50	9.79%	\$866.83	2.40%	16.77%
ES	\$1,420.81	\$1,535.91	8.10%	\$1,579.00	2.81%	\$1,475.75	-6.54%	\$1,620.16	9.79%	\$1,659.08	2.40%	16.77%
EC	\$1,363.01	\$1,473.43	8.10%	\$1,514.78	2.81%	\$1,415.73	-6.54%	\$1,554.26	9.79%	\$1,591.59	2.40%	16.77%
FAM	\$2,066.07	\$2,233.44	8.10%	\$2,296.12	2.81%	\$2,145.98	-6.54%	\$2,355.97	9.79%	\$2,412.56	2.40%	16.77%

HSA												
Coverage Level	2016	2017	% increase	2018	% increase	2019	% increase	2020	% increase	2021	% increase	% Change Since 2016
EE	\$639.72	\$691.54	8.10%	\$705.26	1.98%	\$659.14	-6.54%	\$723.64	9.79%	\$741.02	2.40%	15.84%
ES	\$1,304.75	\$1,410.44	8.10%	\$1,438.44	1.99%	\$1,344.38	-6.54%	\$1,475.93	9.79%	\$1,511.38	2.40%	15.84%
EC	\$1,248.09	\$1,349.19	8.10%	\$1,375.96	1.98%	\$1,285.99	-6.54%	\$1,411.83	9.79%	\$1,445.74	2.40%	15.84%
FAM	\$1,937.18	\$2,094.11	8.10%	\$2,135.66	1.98%	\$1,996.01	-6.54%	\$2,191.33	9.79%	\$2,243.97	2.40%	15.84%