

FY2020 Employee Benefit Renewal
Summary of Recommendations

Line of Coverage	Recommended Carrier/Vendor	2020 Estimated Annual Expense	2019 Renewal/Comparison	2018 Renewal/Comparison	Summary and Renewal Impact
Medical/Rx	BlueCross BlueShield of Illinois	\$5,028,206	\$4,755,541	\$5,045,513	8.5% increase in FY2020 medical plan expenses.
Dental	Delta Dental	\$309,482	\$306,262	\$330,174	Administrative fee is guaranteed for two years through 12/31/21, 2.96% total expenditure increase.
Vision	Eyemed	\$37,878	\$37,878	\$41,014	Rate guarantee through 12/31/2022, 0% change.
Life and AD&D	Dearborn National	\$76,847	\$76,847	\$84,169	Two (2) year rate guarantee through 1/1/2021.
Short-Term Disability	Dearborn National	\$7,396	\$7,396	\$6,500	Claims expense based on utilization, no change.
FSA and COBRA Outsourcing	Discovery Benefits	\$3,500	\$3,000	\$3,000	FSA 4.25 per enrollee, COBRA .55 per month per eligible, amount increased based on 2019 utilization.
Wellness Pedometer Program	Virgin Pulse	\$40,000	\$40,000	\$40,000	Expenses based on average enrollment of 142
Wellness Biometric Screening	CHC Wellness	\$40,500	\$39,000	\$40,300	\$135 per screening and online resources, estimate 300 participants.
Benefit Consulting	The Horton Group	\$42,500	\$42,500	\$50,000	Selected through RFP process in spring 2018. 3 year agreement resulting in 15% decrease from 2018(50,000) starting in 2019 and 2020, and 10% decrease from current in years in 2021. (previously Board approved)
EAP	Metropolitan Family Services	\$19,500	\$19,500	\$19,500	No change
Crisis Response	Trinity Services	\$30,000	\$30,000	\$30,000	No change, Police Department secured a grant for 2021 and 2022
Total Insurance Fund		\$5,586,308	\$5,308,423	\$5,590,670	5% increase in 2020 insurance fund expenses
Total General Fund		\$49,500	\$49,500	\$49,500	0% increase in 2020 general fund expenses

Village of Orland Park 2020 Final - Premium Equivalents				
	Current Enrollment	Renewal Enrollment	2019 Fully Insured "Expected" Equivalents	2020 Fully Insured "Expected" Equivalents
<u>Gold PPO Plan</u>				
EE Only	7	7	\$876.91	\$962.72
Employee + Spouse	9	9	\$1,867.78	\$2,050.55
Employee + Child(ren)	2	2	\$1,792.40	\$1,967.79
Family	<u>4</u>	<u>4</u>	<u>\$2,773.14</u>	<u>\$3,044.50</u>
	22	22	\$451,509	\$495,691
<u>Silver PPO Plan</u>				
EE Only	22	22	\$771.05	\$846.50
Employee + Spouse	12	12	\$1,475.75	\$1,620.16
Employee + Child(ren)	3	3	\$1,415.73	\$1,554.26
Family	<u>13</u>	<u>13</u>	<u>\$2,145.98</u>	<u>\$2,355.97</u>
	50	50	\$801,804	\$880,264
<u>H.S.A. \$3,500 Ded</u>				
EE Only	20	20	\$659.14	\$723.64
Employee + Spouse	10	10	\$1,344.38	\$1,475.93
Employee + Child(ren)	4	4	\$1,285.99	\$1,411.83
Family	<u>56</u>	<u>56</u>	<u>\$1,996.01</u>	<u>\$2,191.33</u>
	90	90	\$1,722,565	\$1,891,127
<u>HMO Illinois</u>				
EE Only	43	43	\$603.29	\$662.32
Employee + Spouse	16	16	\$1,193.14	\$1,309.89
Employee + Child(ren)	12	12	\$1,145.01	\$1,257.05
Family	<u>40</u>	<u>40</u>	<u>\$1,771.54</u>	<u>\$1,944.89</u>
	111	111	\$1,555,601	\$1,707,818
<u>BA HMO \$0 Ded \$0/\$0 OV Co-pay</u>				
EE Only	2	2	\$585.19	\$642.45
Employee + Spouse	1	1	\$1,157.35	\$1,270.59
Employee + Child(ren)	0	0	\$1,110.66	\$1,219.34
Family	<u>1</u>	<u>1</u>	<u>\$1,718.39</u>	<u>\$1,886.54</u>
	4	4	\$48,553	\$53,304
Total	277	277	\$4,580,033	\$5,028,204
Percentage Increase				9.79%
* Assumes funding for PPACA Tax Stabilization Fund and ACA Reserve/Premium Stabilization Fund (\$145,188)				

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

	2019	2020	2021
HMO Blue Advantage			
Employee	10%	10%	10%
Employee + Spouse	10%	10%	15%
Employee + Children	10%	10%	15%
Family	10%	10%	15%
PPO Silver			
Employee	18%	25%	25%
Employee + Spouse	20%	30%	30%
Employee + Children	20%	30%	30%
Family	20%	30%	30%
HDHP/H.S.A.			
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 2020

Presented By:

Michael E. Wojcik

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Insurance / Risk Advisory / Employee Benefits

HORTON

Village of Orland Park
January 1, 2020

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
Blue Cross Blue Shield	Incumbent
United HealthCare	Quoted
American Fidelity	Declined - Uncompetitive Rates
Berkley	Declined - Uncompetitive Rates, Ongoing Claimants
Berkshire Hathaway	Declined - Uncompetitive Rates
HCC	Declined - Uncompetitive Rates
HM	Declined - Uncompetitive Rates
Liberty Mutual	Declined - Underwriting Guidelines
Nationwide / TMS Re	Declined - Uncompetitive Rates
Optum	Declined - Uncompetitive Rates
QBE	Declined - Loss History
Sun Life	Declined - Uncompetitive Rates
Swiss Re	Declined - Uncompetitive Rates, Loss History
Symetra	Declined - Uncompetitive Rates
US Fire Insurance Co (Partners)	Declined - Uncompetitive Rates, Loss History
Voya	Declined - Uncompetitive Rates



Village of Orland Park
 Medical ASO Review
 January 1, 2020

**FINAL Accepted
 Rates 1.20**

Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS		RENEWAL BCBS		RENEWAL BCBS		OPTION 1 BCBS		OPTION 2 BCBS	
		% Change		% Change		% Change		% Change		% Change
Reinsurance/Health Carrier	BCBS		BCBS		BCBS		BCBS		BCBS	
Specific Deductible	\$100,000		\$100,000		\$100,000		\$125,000		\$150,000	
Specific Contract	24/12		24/12		24/12		24/12		24/12	
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	24/12		24/12		24/12		24/12		24/12	
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	162		162		162		162		162	
HMOI Employees	111		111		111		111		111	
BA HMO Employees	4		4		4		4		4	
Total	277		277		277		277		277	
Fixed Costs										
PPO Administration	\$56.88		\$57.45		\$55.73		\$55.73		\$55.73	
BVA	\$2.50		\$2.50		Not Renewed		Not Renewed		Not Renewed	
Virtual Visits	\$0.45		\$0.52		\$0.52		\$0.52		\$0.52	
HMOI Administration	\$56.88		\$57.97		\$56.25		\$56.25		\$56.25	
BA HMO Administration	\$56.88		\$57.97		\$56.25		\$56.25		\$56.25	
Rx Rebate	(\$36.08)		(\$43.51)		(\$46.51)		(\$46.51)		(\$46.51)	
Net PPO Administration	\$23.75		\$16.96		\$9.74		\$9.74		\$9.74	
Net HMOI Administration	\$20.80		\$14.46		\$9.74		\$9.74		\$9.74	
Net BA HMO Administration	\$20.80		\$14.46		\$9.74		\$9.74		\$9.74	
Net Monthly Admin Costs	\$6,239.50		\$4,410.42	-29.31%	\$2,697.98	-56.76%	\$2,697.98	-56.76%	\$2,697.98	-56.76%
PPO Specific Premium	\$216.43	162	\$321.51	162	\$321.51	162	\$258.15	162	\$215.92	162
HMOI Specific Premium	\$99.95	111	\$150.38	111	\$150.38	111	\$124.12	111	\$104.83	111
BA HMO Specific Premium	\$99.95	4	\$150.38	4	\$150.38	4	\$124.12	4	\$104.83	4
Monthly Specific Costs	\$46,555.91		\$69,378.32	49.02%	\$69,378.32	49.02%	\$56,094.10	20.49%	\$47,034.49	1.03%
Subtotal Monthly Costs (Admin + Spec)	\$52,795.41		\$73,788.74	39.76%	\$72,076.30	36.52%	\$58,792.08	11.36%	\$49,732.47	-5.80%
Annual Access Fee	2.51%		2.33%		2.33%		2.33%		2.33%	
Annual Aggregate Premium	\$24,794.00		\$30,026.00	21.10%	\$30,026.00	21.10%	\$37,015.00	49.29%	\$43,435.00	75.18%
Grand Total Annual Fixed Costs	\$658,338.92		\$915,490.88	39.06%	\$894,941.60	35.94%	\$742,519.96	12.79%	\$640,224.64	-2.75%
Annual Change Fixed Cost in \$			\$257,151.96		\$236,602.68		\$84,181.04		-\$18,114.28	
Capitation Fees										
HMOI Cap Fee (Single)	\$172.18	43	\$175.53	43	\$175.53	43	\$175.53	43	\$175.53	43
HMOI Cap Fee (Family)	\$558.51	68	\$563.59	68	\$563.59	68	\$563.59	68	\$563.59	68
HMOI Managed Care Fee	\$11.25	111	\$11.14	111	\$11.14	111	\$11.14	111	\$11.14	111
BA HMO Cap Fee (Single)	\$172.18	2	\$166.62	2	\$166.62	2	\$166.62	2	\$166.62	2
BA HMO Cap Fee (Family)	\$558.51	2	\$318.22	2	\$318.22	2	\$318.22	2	\$318.22	2
BA HMO Managed Care Fee	\$11.25	4	\$11.14	4	\$11.14	4	\$11.14	4	\$11.14	4
Total Monthly Capitation Costs	\$48,137.55		\$48,122.69	-0.03%	\$48,122.69	-0.03%	\$48,122.69	-0.03%	\$48,122.69	-0.03%
Total Annual Capitation Costs	\$577,650.60		\$577,472.28	-0.03%	\$577,472.28	-0.03%	\$577,472.28	-0.03%	\$577,472.28	-0.03%
Annual Change Capitation Fees in \$			(\$178.32)		(\$178.32)		(\$178.32)		(\$178.32)	
Aggregate Liability	120% Corridor		120% Corridor		120% Corridor		120% Corridor		120% Corridor	
PPO Aggregate Factor	\$1,499.03	162	\$1,655.17	162	\$1,655.17	162	\$1,694.93	162	\$1,721.80	162
HMOI Aggregate Factor	\$716.04	111	\$667.93	111	\$667.93	111	\$686.82	111	\$700.81	111
BA HMO Aggregate Factor	\$716.04	4	\$667.93	4	\$667.93	4	\$686.82	4	\$700.81	4
Total Monthly Aggregate Liability:	\$325,187.46		\$344,949.49	6.08%	\$344,949.49	6.08%	\$353,562.96	8.73%	\$359,524.75	10.56%
Total Annual Aggregate Liability:	\$3,902,249.52		\$4,139,393.88	6.08%	\$4,139,393.88	6.08%	\$4,242,755.52	8.73%	\$4,314,297.00	10.56%
Total Annual Expected Claim Liability	\$3,251,744.53		\$3,449,356.92	6.08%	\$3,449,356.92	6.08%	\$3,535,488.17	8.73%	\$3,595,103.69	10.56%
Annual Change Expected Claim Liability in \$			\$197,612.40		\$197,612.40		\$283,743.65		\$343,359.17	
One-Time Wellness Credit					(\$50,000.00)		(\$50,000.00)		(\$50,000.00)	
ACA Reserve/Premium Stabilization Fund	\$145,188.00		\$145,188.00		\$145,188.00		\$145,188.00		\$145,188.00	
ACA Tax			\$11,247.00		\$11,247.00		\$11,247.00		\$11,247.00	
Additional Laser Liability	N/A		N/A		N/A		N/A		N/A	
Maximum Plan Exposure	\$5,283,427.04		\$5,788,792.04	9.57%	\$5,718,242.76	8.23%	\$5,669,182.76	7.30%	\$5,638,428.92	6.72%
Expected Plan Exposure	\$4,632,922.05		\$5,098,755.08	10.05%	\$5,028,205.80	8.53%	\$4,961,915.41	7.10%	\$4,919,235.61	6.18%
Annual Change Expected Cost in \$			\$465,833.04		\$395,283.76		\$328,993.37		\$286,313.57	



Village of Orland Park
 Medical ASO Review
 January 1, 2020

Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS		RENEWAL BCBS		RENEGOTIATED 9/9/19		RENEGOTIATED 9/9/19		RENEGOTIATED 9/9/19	
	BCBS	% Change	BCBS	% Change	BCBS	% Change	BCBS	% Change	BCBS	% Change
Reinsurance/Health Carrier	BCBS		BCBS		BCBS		BCBS		BCBS	
Specific Deductible	\$100,000		\$100,000		\$100,000		\$125,000		\$150,000	
Specific Contract	24/12		24/12		24/12		24/12		24/12	
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	24/12		24/12		24/12		24/12		24/12	
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	162		162		162		162		162	
HMOI Employees	111		111		111		111		111	
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Total	277		277		277		277		277	
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BVA	\$2.50		\$2.50		Not Renewed		Not Renewed		Not Renewed	
Virtual Visits	\$0.45		\$0.52		\$0.52		\$0.52		\$0.52	
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BA HMO Administration	\$56.88		\$57.97		\$56.25		\$56.25		\$56.25	
Rx Rebate	(\$36.08)		(\$43.51)		(\$46.51)		(\$46.51)		(\$46.51)	
Net PPO Administration	\$23.75		\$16.96		\$9.74		\$9.74		\$9.74	
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PPO Specific Premium	\$216.43	162	\$321.51	162	48.55%	\$321.51	162	48.55%	\$258.15	162
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Monthly Specific Costs	\$46,555.91		\$69,378.32	49.02%	\$69,378.32	49.02%	\$56,094.10	20.49%	\$47,034.49	1.03%
Subtotal Monthly Costs (Admin + Spec)	\$52,795.41		\$73,788.74	39.76%	\$72,076.30	36.52%	\$58,792.08	11.36%	\$49,732.47	-5.80%
Annual Access Fee	2.51%		2.33%		2.33%		2.33%		2.33%	
Annual Aggregate Premium	\$24,794.00		\$30,026.00	21.10%	\$30,026.00	21.10%	\$37,015.00	49.29%	\$43,435.00	75.18%
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Total Monthly Capitation Costs	\$48,137.55		\$48,122.69	-0.03%	\$48,122.69	-0.03%	\$48,122.69	-0.03%	\$48,122.69	-0.03%
Total Annual Capitation Costs	\$577,650.60		\$577,472.28	-0.03%	\$577,472.28	-0.03%	\$577,472.28	-0.03%	\$577,472.28	-0.03%
Annual Change Capitation Fees in \$			(\$178.32)		(\$178.32)		(\$178.32)		(\$178.32)	
Aggregate Liability	120% Corridor		120% Corridor		120% Corridor		120% Corridor		120% Corridor	
PPO Aggregate Factor	\$1,499.03	162	\$1,655.17	162	\$1,655.17	162	\$1,694.93	162	\$1,721.80	162
HMOI Aggregate Factor	\$716.04	111	\$667.93	111	\$667.93	111	\$686.82	111	\$700.81	111
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Total Annual Aggregate Liability:	\$3,902,249.52		\$4,139,393.88	6.08%	\$4,139,393.88	6.08%	\$4,242,755.52	8.73%	\$4,314,297.00	10.56%
Total Annual Expected Claim Liability	\$3,251,744.53		\$3,449,356.92	6.08%	\$3,449,356.92	6.08%	\$3,535,488.17	8.73%	\$3,595,103.69	10.56%
Annual Change Expected Claim Liability in \$			\$197,612.40		\$197,612.40		\$283,743.65		\$343,359.17	
One-Time Wellness Credit					(\$50,000.00)		(\$50,000.00)		(\$50,000.00)	
ACA Reserve/Premium Stabilization Fund	\$145,188.00									
ACA Tax			\$11,247.00		\$11,247.00		\$11,247.00		\$11,247.00	
Additional Laser Liability	N/A		N/A		N/A		N/A		N/A	
Maximum Plan Exposure	\$5,283,427.04		\$5,643,604.04	6.82%	\$5,573,054.76	5.48%	\$5,523,994.76	4.55%	\$5,493,240.92	3.97%
Expected Plan Exposure	\$4,632,922.05		\$4,953,567.08	6.92%	\$4,883,017.80	5.40%	\$4,816,727.41	3.97%	\$4,774,047.61	3.05%
Annual Change Expected Cost in \$			\$320,645.04		\$250,095.76		\$183,805.37		\$141,125.57	

VILLAGE OF ORLAND PARK
Medical Review
January 1, 2020



	EE	ES	EC	Family	Total
HMO	45	17	12	41	115
PPO 500	7	9	2	4	22
PPO 1000	22	12	3	13	50
HSA	20	10	4	56	90
Total	94	48	21	114	277

Presented by: Mike Wojcik

Carriers:	CURRENT - BCBS COST PLUS BCBS				Not Final - Subject to Underwriting OPTION 1 UNITED HEALTHCARE			
	HMO	Gold	Silver	HDHP (Emb)	HMO Navigate	PPO Choice +	PPO Choice +	HDHP (Emb) Choce +
Type of Plan								
Network								
In Network Benefits								
Individual Deductible	\$0	\$200	\$1,000	\$3,500	\$0	\$500	\$1,000	\$3,000
Family Deductible	\$0	\$600	\$3,000	\$7,000	\$0	\$1,000	\$2,000	\$6,000
Co-Insurance	100%	90%	80%	100%	100%	60%	80%	100%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$1,500	\$500	\$1,500	\$5,950	\$1,500	\$3,500	\$4,000	\$4,000
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$3,000	\$1,500	\$4,500	\$11,900	\$3,000	\$7,000	\$8,000	\$8,000
Emergency Room Co-pay	\$150	\$150	\$150	After Ded, \$150 Co-pay	\$300	\$250 and 60% Co-Ins	\$250 and 80% Co-Ins	100% after Ded
Hospital Co-pay	N/A	100% after Ded	80% after Ded	100% after Ded	100%	80% after Ded	80% after Ded	100% after Ded
Retail Rx Co-pay	\$10/15/25	\$10/15/25	\$10/30/50	After Ded, \$0/20/40	\$10/40/75/125	\$10/30/50	\$10/30/50	After Ded, \$10/35/60
Mail Order Rx Co-pay	\$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	After Ded, 2.5 x Retail
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	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	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Primary Physician Office Visit Co-pay	\$0	90% after Ded	\$20	100% after Ded	\$20	\$20	\$20	100% after Ded
Specialists Office Visit Co-pay	\$0	90% after Ded	\$40	100% after Ded	\$40	\$40	\$40	100% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits								
Individual Deductible		\$200	\$1,000	\$5,000		\$5,000	\$5,000	\$5,000
Family Deductible		\$600	\$3,000	\$10,000		\$10,000	\$10,000	\$10,000
Co-Insurance		80%	60%	80%		50%	60%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>		\$5,000	\$11,000	\$10,000		\$10,000	\$10,000	\$10,000
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$15,000	\$33,000	\$20,000		\$20,000	\$20,000	\$20,000
Emergency Co-pay		\$150	\$150	After Ded, \$150 Co-pay		\$250 and 60% Co-Ins	\$250 and 80% Co-Ins	100% after Ded
Hospital Co-pay		80% after Ded	\$300 co-pay, then 60% after Ded	80% after Ded		50% after Ded	60% after Ded	80% after Ded
Physician Office Visit Services		80% after Ded	60% after Ded	80% after Ded		50% after Ded	60% after Ded	80% after Ded
Preventative Services		80% after Ded	60% after Ded	80% after Ded		50% after Ded	60% after Ded	80% after Ded
Lifetime Maximum		UNLIMITED	UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED	UNLIMITED
Medical Premium rates								
Employee					\$783.63	\$906.26	\$911.62	\$732.76
Employee + Spouse					\$1,531.99	\$1,771.74	\$1,782.21	\$1,432.54
Employee +Children					\$1,470.20	\$1,700.27	\$1,710.33	\$1,374.76
Family					\$2,274.66	\$2,630.62	\$2,646.17	\$2,126.99
Total Monthly Cost		Monthly Expected ASO Cost						
		\$406,918.15			\$172,210.64	\$36,212.50	\$80,973.36	\$153,591.08
Total Annual Cost w/o ACA Reserve		\$4,883,017.80					\$5,315,850.96	
Percent Change							8.86%	
ACA Reserve		\$145,188.00						
Estimated BCBS Run Out Cost							\$622,141.39	
Total Annual Cost		\$5,028,205.80					\$5,937,992.35	
Percent Change							18.09%	
Annual Cost Increase							\$909,786.55	

United HealthCare Quotes are preliminary and subject to underwriting. Rates may be increased.

VILLAGE OF ORLAND PARK
Medical Benefit Review
January 1, 2020

Presented by: Michael Wojcik

Carriers:	January 2020 Accepted Plan Designs - All Other Classes				January 2020 Accepted Plan Designs (NON-UNION EMPLOYEES ONLY - Section 0101)			
	BCBS				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



The Horton Group's

Marketing Spreadsheet

Prepared for: Village of Orland Park

Renewal January 2020

Presented By:

Michael E. Wojcik

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Phone: 708-845-3126 / Cell: 708-650-1557

Insurance Risk Advisory Employee Benefits

HORTON

Village of Orland Park
January 1, 2020

The following Dental markets were approached:	
<u>Carrier</u>	<u>Status</u>
Delta Dental	Incumbent
Guardian	Quoted
Sun Life	Quoted
The Standard	Declined

The following Life and Disability markets were approached:	
<u>Carrier</u>	<u>Status</u>
Dearborn	Incumbent
Guardian	Quoted STD, Declined Life
Sun Life	Quoted
The Standard	Quoted Life, Declined STD

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

**Village of Orland Park
Dental Review
January 1, 2020**



	Total Employees				
4 Tier	EE	EE + Spouse	EE + C	Fam	Total
	85	73	19	133	310

Benefits Presented by: Mike Wojcik

FULLY INSURED

Carriers:	CURRENT DELTA DENTAL	RENEWAL DELTA DENTAL	OPTION GUARDIAN	OPTION SUN LIFE	OPTION SUN LIFE
Type of Plan	PPO	PPO	PPO	PPO	PPO
<u>In Network Benefits</u>					
Individual Deductible	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	80%	100%	100%
Periodontics Co-Insurance	100%	100%	80%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	80%	100%	100%
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
<u>Out of Network Benefits</u>					
Individual Deductible	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	80%	100%	100%
Periodontics Co-Insurance	100%	100%	80%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	80%	100%	100%
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,200	\$1,000	\$1,000
	<i>Fee Schedule</i>	<i>Fee Schedule</i>	<i>UCR 90th</i>	<i>90th U&C</i>	<i>90th U&C</i>
<u>Dental Funding Factors (Includes Admin Fee)</u>					
Employee	\$34.47	\$34.83	\$34.83	\$27.66	\$52.13
Employee + Spouse	\$68.94	\$69.67	\$69.67	\$55.32	\$105.19
Employee + Children	\$85.36	\$86.25	\$86.25	\$68.50	\$119.36
Family	\$119.83	\$121.09	\$121.09	\$96.16	\$172.41
Monthly Funding (Estimated Claim Liab)	\$25,521.80	\$25,790.18	\$25,790.18	\$20,480.24	\$37,308.29
Annual Funding (Estimated Claim Liab)	\$306,261.60	\$309,482.16	\$309,482.16	\$245,762.88	\$447,699.48
Percentage Change from Current		1.05%	1.05%	-19.75%	46.18%
<u>Monthly Fixed Costs</u>					
	\$4.39	\$4.52	\$4.07	\$4.45	
Annual Fixed Costs	\$16,330.80	\$16,814.40	\$15,140.40	\$16,554.00	
Percentage Change from Current		2.96%	-7.29%	1.37%	
Administration Rate Guarantee		Until 1/1/21	Until 1/1/22	Until 1/1/21	Until 1/1/21

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, 2020**



Total Employees

EE
289

Presented by: Mike Wojcik

Carriers:	CURRENT DEARBORN	RENEWAL DEARBORN	OPTION SUN LIFE*	OPTION THE STANDARD
BENEFIT AMOUNT				
Class 1:	\$30,000	\$30,000	\$30,000	\$30,000
Class 2:	2 X Salary to a max of \$150,000			
Reduction Clauses				
% Benefit Amount Reduces to at Age 65			n/a	
% Benefit Amount Reduces to at Age 70	None	None	67%	None
% Benefit Amount Reduces to at Age 75			50%	
% Benefit Amount Reduces to at Age 80			n/a	
Dependent Benefit Amount				
Spouse	\$5,000	\$5,000	\$5,000	\$5,000
Child 14 days to 6 months	\$3,000	\$3,000	\$3,000	\$3,000
Child 6 months and older	\$3,000	\$3,000	\$3,000	\$3,000
Travel Assistance Benefit	Included	Included	Included	Included
Volumes				
Life/ADD Volume	\$38,548,897	\$38,548,897	\$38,548,897	\$38,548,897
Number of Dependent Units	211	211	211	211
Rates				
Employee Life per \$1,000	\$0.138	\$0.138	\$0.135	\$0.130
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.020	\$0.020
Combined Life/ADD Rate/\$1,000	\$0.158	\$0.158	\$0.155	\$0.150
Dependent Rate per Unit	\$1.370	\$1.370	\$1.370	\$1.370
Life/ADD Monthly Premium	6,090.73	6,090.73	5,975.08	5,782.33
Life/ADD Annual Premium	73,088.71	73,088.71	71,700.95	69,388.01
Dependent Life Monthly Premium	289.07	289.07	289.07	289.07
Dependent Life Annual Premium	3,468.84	3,468.84	3,468.84	3,468.84
Total Annual Premium	\$76,846.62	\$76,846.62	\$75,458.86	\$73,145.92
Percentage Change		0.00%	-1.81%	-4.82%
Rate Guarantee		Until 1/1/21	Until 1/1/22	Until 1/1/22

Class 1 - Elected Officials

Class 2 - All Other Employees

* Sun Life rates require package with either dental or STD

**Village of Orland Park
Short Term Disability Review - ASO
January 1, 2019**



Toal Employees

**EE
321**

Presented by: Mike Wojcik

	ASO CURRENT DEARBORN	ASO RENEWAL DEARBORN	ASO OPTION GUARDIAN	ATP OPTION GUARDIAN	ATP OPTION SUN LIFE
Benefit:	75% of Weekly Earnings				
Elimination Period:	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	For Non Union, IBEW and IUOE Employees: 26 Weeks For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks	For Non Union, IBEW and IUOE Employees: 26 Weeks For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks	For Non Union, IBEW and IUOE Employees: 26 Weeks For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks	For Non Union, IBEW and IUOE Employees: 26 Weeks For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks
Rate/PEPM	\$1.92	\$1.92	\$2.83	\$1.90	\$2.39
Total Monthly Premium	\$616.32	\$616.32	\$908.43	\$609.90	\$767.19
Total Annual Premium	\$7,395.84	\$7,395.84	\$10,901.16	\$7,318.80	\$9,206.28
Percent Change		0.00%	47.40%	-1.04%	24.48%
Rate Guarantee		Until 1/1/21	Until 1/1/22	Until 1/1/22	Until 1/1/22

**Village of Orland Park
Vision Rates/Benefits Review
January 1, 2020**



Total Employees	
EE	84
EE + Sp	67
EE + C	19
Family	132
Total	302

Benefits Presented by: Mike Wojcik

Carriers:	CURRENT EYEMED	RENEWAL EYEMED
	12/12/12	12/12/12
Copayment Exam	\$10	\$10
Copayment Materials	\$25 (Select Plan)	\$25 (Select Plan)
<u>In Network Benefits</u>		
Examination	Covered in Full*	Covered in Full*
Basic Lenses		
Single	Covered in Full*	Covered in Full*
Bifocal	Covered in Full*	Covered in Full*
Trifocal	Covered in Full*	Covered in Full*
Lenticular	Covered in Full*	Covered in Full*
Frames	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
Necessary Contact Lenses	Covered in Full subject to copayment	Covered in Full subject to copayment
<u>Out of Network Benefits</u>		
Examination	Up to \$30.00	Up to \$30.00
Basic Lenses		
Single	Up to \$25.00	Up to \$25.00
Bifocal	Up to \$40.00	Up to \$40.00
Trifocal	Up to \$60.00	Up to \$60.00
Frames	Up to \$65.00	Up to \$65.00
Elective Contact Lenses	Up to \$104.00	Up to \$104.00
Necessary Contact Lenses	Up to \$200.00	Up to \$200.00
<u>Medical Premium</u>		
	4 Tier	4 Tier
Employee	\$4.95	\$4.95
EE + Sp	\$9.41	\$9.41
EE + C	\$9.91	\$9.91
Family	\$14.56	\$14.56
Total Monthly Premium	\$3,156.48	\$3,156.48
Total Annual Premium	\$37,877.76	\$37,877.76
Percent Change from Current		0.00%
Rate Guarantee		Until 12/31/22

* After applicable copayment.