The Horton Group's

Marketing Spreadsheet

Prepared for: Village of Orland Park

Renewal January 2022

Presented By:
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Village of Orland Park
January 1, 2022

The following Medical markets were approached:	
Carrier	**Status**
Blue Cross Blue Shield	Incumbent
Aetna	Quoted
Cigna	Declined
Humana	Declined
UHC	Quoted - Fully Insured
UMR	Declined - ASO (UHC and UMR will only quote either FI or ASO)
Allied	Quoted ASO
American Fidelity	Declined - Stop Loss - Uncompetitive Rates
Berkley	Declined - Stop Loss - Uncompetitive Rates
Berkshire Hathawaway	Declined - Stop Loss - Uncompetitive Rates
Evolution	Declined - Stop Loss - Uncompetitive Rates
HCC	Quoted - Stop Loss - Uncompetitive - not shown
HM	Quoted - Stop Loss - Uncompetitive - not shown
Optum	Declined - Stop Loss - Uncompetitive Rates
Sun Life	Quoted - Stop Loss
Swiss Re	Declined - Stop Loss - Poor Loss Ratio
Unum	Declined - Stop Loss

Insurance / Risk Advisory / Employee Benefits

HORTON

Village of Orland Park
Medical ASO Cost Review
January 1, 2022

Presented by: Michael Wojcik

Contract Specifics	CURRENT	% Change	RENEWAL	% Change	RENEWAL	% Change	RENEWAL	% Change	RENEWAL	% Change	OPTION 1	% Change
			Underwritten		Revised Renewal Underwritten		Final Renegotiated 09/13/21 & Recommended Underwritten		10/25/21 Revised Package Discount Dental and Vision Final Renegotiated 09/13/21 & Recommended Underwritten		Final Renegotiated 09/13/21 Underwritten	
Administratorr	**BCBS**		**BCBS**		**BCBS**		**BCBS**		**BCBS**		**BCBS**	
PPO 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 / HMO I / BA HMO**	
Reinsurance Carrier	**BCBS**		**BCBS**		**BCBS**		**BCBS**		**BCBS**		**BCBS**	
PBM	**Prime**		**Prime**		**Prime**		**Prime**		**Prime**		**Prime**	
Specific Deductible	$100,000		$100,000		$100,000		$100,000		$100,000		$125,000	
Specific Contract	Paid		Paid		Paid		Paid		Paid		Paid	
Specific Coverage	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Annual Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Aggregate Contract	Paid		Paid		Paid		Paid		Paid		Paid	
Aggregate Coverage	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Run-In-Limit	N/A		N/A		N/A		N/A		N/A		N/A	
Employee Census												
PPO Employees	166		166		166		166		166		166	
HMOI Employees	74		74		74		74		74		74	
BA HMO Employees	39		39		39		39		39		39	
Total	**279**		**279**		**279**		**279**		**279**		**279**	
Fixed Costs												
PPO Administration	$57.40		$60.27		$60.27		$60.27		$58.77		$60.27	
Virtual Visits	$0.52		$0.52		$0.52		$0.52		$0.52		$0.52	
HMOI Administration	$57.40		$60.27		$60.27		$60.27		$58.77		$60.27	
BA HMO Administration	$57.40		$60.27		$60.27		$60.27		$58.77		$60.27	
Rx Rebate	($60.27)		($75.59)		($75.59)		($75.59)		($75.59)		($75.59)	
Medical Rebate Credit - PPO			($2.50)		($2.50)		($2.50)		($2.50)		($2.50)	
Net PPO Administration	($2.35)		($17.30)		($17.30)		($17.30)		($18.80)		($17.30)	
Net HMOI Administration	($2.87)		($15.32)		($15.32)		($15.32)		($16.82)		($15.32)	
Net BA HMO Administration	($2.87)		($15.32)		($15.32)		($15.32)		($16.82)		($15.32)	
Net Monthly Admin Costs	**-$714.41**		**-$4,602.96**	**-544.30%**	**-$4,602.96**	**-544.30%**	**-$4,602.96**	**-544.30%**	**-$5,021.46**	**-602.88%**	**-$4,602.96**	**-544.30%**
PPO Specific Premium	$418.71 166		$418.66 166	-0.01%	$418.66 166	-0.01%	$418.66 166	-0.01%	$412.38 166	-1.51%	$339.66 166	-18.88%
HMOI Specific Premium	$195.83 74		$195.86 74	0.02%	$195.86 74	0.02%	$195.86 74	0.02%	$192.92 74	-1.49%	$162.64 74	-16.95%
BA HMO Specific Premium	$195.83 39		$195.86 39	0.02%	$195.86 39	0.02%	$195.86 39	0.02%	$192.92 39	-1.49%	$162.64 39	-16.95%
Monthly Specific Costs	**$91,634.65**		**$91,629.74**	**-0.01%**	**$91,629.74**	**-0.01%**	**$91,629.74**	**-0.01%**	**$90,255.04**	**-1.51%**	**$74,761.88**	**-18.41%**
Subtotal Monthly Costs (Admin + Spec)	**$90,920.24**		**$87,026.78**	**-4.28%**	**$87,026.78**	**-4.28%**	**$87,026.78**	**-4.28%**	**$85,233.58**	**-6.25%**	**$70,158.92**	**-22.83%**
Annual Access /Admin Fee	2.33%		2.33%		2.33%		2.33%		2.33%		2.33%	
Annual Aggregate Premium	$32,451.00		$36,544.00	12.61%	$36,544.00	12.61%	$36,544.00	12.61%	$35,996.00	10.92%	$44,579.00	37.37%
Admin Fee for Run Out Service												
Spec & Agg Premium for Run Out Claims												
One-Time Wellness/Implementation Credit	($130,000.00)				($130,000.00)		($160,000.00)		($160,000.00)		($160,000.00)	
Grand Total Annual Fixed Costs	**$993,493.88**		**$1,080,865.36**	**8.79%**	**$950,865.36**	**-4.29%**	**$920,865.36**	**-7.31%**	**$898,798.96**	**-9.53%**	**$726,486.04**	**-26.88%**
Annual Change Fixed Cost in $			**$87,371.48**		**-$42,628.52**		**-$72,628.52**		**-$94,694.92**		**-$267,007.84**	
Capitation Fees												
HMOI Cap Fee (Single)	$167.86 43		$175.92 43		$175.92 43		$175.92 43		$175.92 43		$175.92 43	
HMOI Cap Fee (Family)	$566.50 31		$571.94 31		$571.94 31		$571.94 31		$571.94 31		$571.94 31	
HMOI Managed Care Fee	$11.65 74		$13.10 74		$13.10 74		$13.10 74		$13.10 74		$13.10 74	
BA HMO Cap Fee (Single)	$174.38 7		$159.49 7		$159.49 7		$159.49 7		$159.49 7		$159.49 7	
BA HMO Cap Fee (Family)	$521.32 32		$570.24 32		$570.24 32		$570.24 32		$570.24 32		$570.24 32	
BA HMO Managed Care Fee	$11.65 39		$13.10 39		$13.10 39		$13.10 39		$13.10 39		$13.10 39	
Total Monthly Capitation Costs	**$43,998.83**		**$46,139.11**	**4.86%**	**$46,139.11**	**4.86%**	**$46,139.11**	**4.86%**	**$46,139.11**	**4.86%**	**$46,139.11**	**4.86%**
Total Annual Capitation Costs	**$527,985.96**		**$553,669.32**	**4.86%**	**$553,669.32**	**4.86%**	**$553,669.32**	**4.86%**	**$553,669.32**	**4.86%**	**$553,669.32**	**4.86%**
Annual Change Capitation Fees in $	**$0.00**		**$25,683.36**		**$25,683.36**		**$25,683.36**		**$25,683.36**		**$25,683.36**	
Aggregate Liability	**120% Corridor**		**120% Corridor**		**120% Corridor**		**120% Corridor**		**120% Corridor**		**120% Corridor**	
PPO Aggregate Factor	$1,672.42 166		$1,708.82 166		$1,708.82 166		$1,708.82 166		$1,708.82 166		$1,752.71 166	
HMOI Aggregate Factor	$662.22 74		$863.12 74		$863.12 74		$863.12 74		$863.12 74		$881.16 74	
BA HMO Aggregate Factor	$662.22 39		$863.12 39		$863.12 39		$863.12 39		$863.12 39		$881.16 39	
Total Monthly Aggregate Liability:	**$352,452.58**		**$381,196.68**	**8.16%**	**$381,196.68**	**8.16%**	**$381,196.68**	**8.16%**	**$381,196.68**	**8.16%**	**$390,520.94**	**10.80%**
Total Annual Aggregate Liability:	**$4,229,430.96**		**$4,574,360.16**	**8.16%**	**$4,574,360.16**	**8.16%**	**$4,574,360.16**	**8.16%**	**$4,574,360.16**	**8.16%**	**$4,686,251.28**	**10.80%**
Expected Run Out Claim Liability												
Total Annual Expected Claim Liability	**$3,524,384.82**		**$3,811,814.32**	**8.16%**	**$3,811,814.32**	**8.16%**	**$3,811,814.32**	**8.16%**	**$3,811,814.32**	**8.16%**	**$3,905,053.19**	**10.80%**
Annual Change Expected Claim Liability in $	**$0.00**		**$287,429.50**		**$287,429.50**		**$287,429.50**		**$287,429.50**		**$380,668.37**	
Estimated ACA Tax	**$1,237.60**		**$1,274.00**		**$1,274.00**		**$1,274.00**		**$1,274.00**		**$1,274.00**	
Additional Laser Liability	**N/A**		**N/A**		**N/A**		**N/A**		**N/A**		**N/A**	
Maximum Plan Exposure	**$5,752,148.40**		**$6,210,168.84**	**7.96%**	**$6,080,168.84**	**5.70%**	**$6,050,168.84**	**5.18%**	**$6,028,102.44**	**4.80%**	**$5,967,680.64**	**3.75%**
Expected Plan Exposure	**$5,047,102.26**		**$5,447,623.00**	**7.94%**	**$5,317,623.00**	**5.36%**	**$5,287,623.00**	**4.77%**	**$5,265,556.60**	**4.33%**	**$5,186,482.55**	**2.76%**
Annual Change Expected Cost in $	**$0.00**		**$400,520.74**		**$270,520.74**		**$240,520.74**		**$218,454.34**		**$139,380.29**	

Village of Orland Park
Medical ASO Cost Review
January 1, 2022

10/25/21 Revised Package
Discount Dental and Vision
Final Renegotiated 09/13/21 & Recommended

Presented by: Michael Wojcik

Contract Specifics	CURRENT	% Change	RENEWAL	% Change	*OPTION 2 BCO Alternate	% Change	*OPTION 3 BCO Alternate	% Change	**OPTION 4	% Change
			Underwritten		Underwritten		Underwritten		ILLUSTRATIVE ONLY	
Administratorr	**BCBS**		**BCBS**		**BCBS**		**BCBS**		**BCBS**	
PPO Network	PPO / HMO I / BA HMO		PPO / HMO I / BA HMO		PPO / BCO / HMO I / BA HMO		PPO / BCO / HMO I / BA HMO		PPO / HMO I / BA HMO	
Reinsurance Carrier	**BCBS**		**BCBS**		**BCBS**		**BCBS**		**Sun Life**	
PBM	**Prime**		**Prime**		**Prime**		**Prime**		**Prime**	
Specific Deductible	$100,000		$100,000		$100,000		$125,000		$100,000	
Specific Contract	Paid		Paid		Paid		Paid		12/12	
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	Paid		Paid		Paid		Paid		12/12	
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	166		166		166		166		166	
HMOI Employees	74		74		74		74		74	
BA HMO Employees	39		39		39		39		39	
Total	**279**		**279**		**279**		**279**		**279**	
Fixed Costs										
PPO Administration	$57.40		$58.77		$60.27		$60.27		$60.27	
Virtual Visits	$0.52		$0.52		$0.52		$0.52		$0.52	
HMOI Administration	$57.40		$58.77		$60.27		$60.27		$60.27	
BA HMO Administration	$57.40		$58.77		$60.27		$60.27		$60.27	
Rx Rebate	($60.27)		($75.59)		($75.59)		($75.59)		($75.59)	
Medical Rebate Credit - PPO			($2.50)		($2.50)		($2.50)		($2.50)	
Net PPO Administration	($2.35)		($18.80)		($17.30)		($17.30)		($17.30)	
Net HMOI Administration	($2.87)		($16.82)		($15.32)		($15.32)		($15.32)	
Net BA HMO Administration	($2.87)		($16.82)		($15.32)		($15.32)		($15.32)	
Net Monthly Admin Costs	**-$714.41**		**-$5,021.46**	**-602.88%**	**-$4,602.96**	**-544.30%**	**-$4,602.96**	**-544.30%**	**-$4,602.96**	**-544.30%**
PPO Specific Premium	$418.71 166		$412.38 166	-1.51%	$418.66 166	-0.01%	$339.66 166	-18.88%	$267.14 166	-36.20%
HMOI Specific Premium	$195.83 74		$192.92 74	-1.49%	$195.86 74	0.02%	$162.64 74	-16.95%	$267.14 74	36.41%
BA HMO Specific Premium	$195.83 39		$192.92 39	-1.49%	$195.86 39	0.02%	$162.64 39	-16.95%	$267.14 39	36.41%
Monthly Specific Costs	**$91,634.65**		**$90,255.04**	**-1.51%**	**$91,629.74**	**-0.01%**	**$74,761.88**	**-18.41%**	**$74,532.06**	**-18.66%**
Subtotal Monthly Costs (Admin + Spec)	**$90,920.24**		**$85,233.58**	**-6.25%**	**$87,026.78**	**-4.28%**	**$70,158.92**	**-22.83%**	**$69,929.10**	**-23.09%**
Annual Access /Admin Fee	2.33%		2.33%		2.33%		2.33%		2.33%	
Annual Aggregate Premium	$32,451.00		$35,996.00	10.92%	$36,544.00	12.61%	$44,579.00	37.37%	$22,431.60	-30.88%
Admin Fee for Run Out Service									$0.00	
Spec & Agg Premium for Run Out Claims									$224,790.81	
One-Time Wellness/Implementation Credit	**($130,000.00)**		**($160,000.00)**		**($160,000.00)**		**($160,000.00)**			
Grand Total Annual Fixed Costs	**$993,493.88**		**$898,798.96**	**-9.53%**	**$920,865.36**	**-7.31%**	**$726,486.04**	**-26.88%**	**$1,086,371.61**	**9.35%**
Annual Change Fixed Cost in $			**-$94,694.92**		**-$72,628.52**		**-$267,007.84**		**$92,877.73**	
Capitation Fees										
HMOI Cap Fee (Single)	$167.86 43		$175.92 43		$175.92 43		$175.92 43		$175.92 43	
HMOI Cap Fee (Family)	$566.50 31		$571.94 31		$571.94 31		$571.94 31		$571.94 31	
HMOI Managed Care Fee	$11.65 74		$13.10 74		$13.10 74		$13.10 74		$13.10 74	
BA HMO Cap Fee (Single)	$174.38 7		$159.49 7		$159.49 7		$159.49 7		$159.49 7	
BA HMO Cap Fee (Family)	$521.32 32		$570.24 32		$570.24 32		$570.24 32		$570.24 32	
BA HMO Managed Care Fee	$11.65 39		$13.10 39		$13.10 39		$13.10 39		$13.10 39	
Total Monthly Capitation Costs	**$43,998.83**		**$46,139.11**	**4.86%**	**$46,139.11**	**4.86%**	**$46,139.11**	**4.86%**	**$46,139.11**	**4.86%**
Total Annual Capitation Costs	**$527,985.96**		**$553,669.32**	**4.86%**	**$553,669.32**	**4.86%**	**$553,669.32**	**4.86%**	**$553,669.32**	**4.86%**
Annual Change Capitation Fees in $	**$0.00**		**$25,683.36**		**$25,683.36**		**$25,683.36**		**$25,683.36**	
Aggregate Liability	**120% Corridor**		**120% Corridor**		**120% Corridor**		**120% Corridor**		**125% Corridor**	
PPO Aggregate Factor	$1,672.42 166		$1,708.82 166		$1,582.37 166		$1,582.37 166		$1,514.42 166	
HMOI Aggregate Factor	$662.22 74		$863.12 74		$863.12 74		$881.16 74		$1,514.42 74	
BA HMO Aggregate Factor	$662.22 39		$863.12 39		$863.12 39		$881.16 39		$1,514.42 39	
Total Monthly Aggregate Liability:	**$352,452.58**		**$381,196.68**	**8.16%**	**$360,205.98**	**2.20%**	**$362,244.50**	**2.78%**	**$422,523.18**	**19.88%**
Total Annual Aggregate Liability:	**$4,229,430.96**		**$4,574,360.16**	**8.16%**	**$4,322,471.76**	**2.20%**	**$4,346,934.00**	**2.78%**	**$5,070,278.16**	**19.88%**
Expected Run Out Claim Liability									**$528,678.87**	
Total Annual Expected Claim Liability	**$3,524,384.82**		**$3,811,814.32**	**8.16%**	**$3,601,915.72**	**2.20%**	**$3,622,300.10**	**2.78%**	**$4,584,901.40**	**30.09%**
Annual Change Expected Claim Liability in $	**$0.00**		**$287,429.50**		**$77,530.90**		**$97,915.28**		**$1,060,516.58**	
Estimated ACA Tax	**$1,237.60**		**$1,274.00**		**$1,274.00**		**$1,274.00**		**$1,274.00**	
Additional Laser Liability	**N/A**		**N/A**		**N/A**		**N/A**		**TBD**	
Maximum Plan Exposure	**$5,752,148.40**		**$6,028,102.44**	**4.80%**	**$5,798,280.44**	**0.80%**	**$5,628,363.36**	**-2.15%**	**$7,346,007.73**	**27.71%**
Expected Plan Exposure	**$5,047,102.26**		**$5,265,556.60**	**4.33%**	**$5,077,724.40**	**0.61%**	**$4,903,729.46**	**-2.84%**	**$6,226,216.33**	**23.36%**
Annual Change Expected Cost in $	**$0.00**		**$218,454.34**		**$30,622.14**		**-$143,372.80**		**$1,179,114.07**	

***OPTION 2 & 3 - Assumes current Silver PPO plan is replaced by $1,000 Ded BCO plan and $3,500 Ded H.S.A. plan replaced by $3,500 Ded H.S.A. BCO plan**

****OPTION 4 - Quote with Sun Life stop loss carve out is ILLUSTRATIVE ONLY - BCBS does not allow stop loss to be carved out.**

Insurance / Risk Advisory / Employee Benefits

HORTON

Village of Orland Park
Medical ASO Cost Review
January 1, 2022

10/25/21 Revised Package
Discount Dental and Vision
Final Renegotiated 09/13/21 & Recommended

Presented by: Michael Wojcik

Contract Specifics	CURRENT	% Change	RENEWAL	% Change	OPTION 5	% Change	***OPTION 6	% Change	***OPTION 7	% Change
			Underwritten		Preliminary Quote Subject to Final Underwriting		Preliminary Quote Subject to Final Underwriting		Preliminary Quote Subject to Final Underwriting	
Administratorr	**BCBS**		**BCBS**		**Aetna**		**Allied**		**Allied**	
PPO Network	**PPO / HMO I / BA HMO**		**PPO / HMO I / BA HMO**		**Aetna**		**Aetna**		**Aetna**	
Reinsurance Carrier	**BCBS**		**BCBS**		**Aetna**		**Sun Life**		**Sun Life**	
PBM	**Prime**		**Prime**		**Aetna**		**RxCare Alliance**		**Costco Health**	
Specific Deductible	$100,000		$100,000		$100,000		$100,000		$100,000	
Specific Contract	Paid		Paid		12/12		12/12		12/12	
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	Paid		Paid		12/12		12/12		12/12	
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	166		166		166		166		166	
HMOI Employees	74		74		74		74		74	
BA HMO Employees	39		39		39		39		39	
Total	**279**		**279**		**279**		**279**		**279**	
Fixed Costs										
PPO Administration	$57.40		$58.77		$52.53		$55.75		$66.58	
Virtual Visits	$0.52		$0.52		$0.51		$3.50		$3.50	
HMOI Administration	$57.40		$58.77		Aetna Estimated Passthrough Rx Rebate		Rx Care Alliance Estimated Passthrough Rx Rebate		Costco Health Estimated Passthrough Rx Rebate	
BA HMO Administration	$57.40		$58.77		($69.43)					
Rx Rebate	($60.27)		($75.59)		($19.33)		($27.90)		($69.98)	
Medical Rebate Credit - PPO			($2.50)							
Net PPO Administration	($2.35)		($18.80)		($35.72)		$31.35		$0.10	
Net HMOI Administration	($2.87)		($16.82)							
Net BA HMO Administration	($2.87)		($16.82)							
Net Monthly Admin Costs	**-$714.41**		**-$5,021.46**	**-602.88%**	**-$9,965.37**	**-1294.91%**	**$8,746.65**	**1324.32%**	**$26.92**	**103.77%**
PPO Specific Premium	$418.71 166		$412.38 166	-1.51%	$264.67 279	-36.79%	$292.69 279	-30.10%	$292.69 279	-30.10%
HMOI Specific Premium	$195.83 74		$192.92 74	-1.49%		-100.00%		-100.00%		-100.00%
BA HMO Specific Premium	$195.83 39		$192.92 39	-1.49%		-100.00%		-100.00%		-100.00%
Monthly Specific Costs	**$91,634.65**		**$90,255.04**	**-1.51%**	**$73,842.93**	**-19.42%**	**$81,660.51**	**-10.88%**	**$81,660.51**	**-10.88%**
Subtotal Monthly Costs (Admin + Spec)	**$90,920.24**		**$85,233.58**	**-6.25%**	**$63,877.56**	**-29.74%**	**$90,407.16**	**-0.56%**	**$81,687.43**	**-10.15%**
Annual Access /Admin Fee	2.33%		2.33%				$3,250.00		$3,250.00	
Annual Aggregate Premium	$32,451.00		$35,996.00	10.92%	$89,224.20	174.95%	$22,431.60	-30.88%	$22,431.60	-30.88%
Admin Fee for Run Out Service					$19,217.52		$19,217.52		$19,217.52	
Spec & Agg Premium for Run Out Claims					$224,790.81		$224,790.81		$224,790.81	
One-Time Wellness/Implementation Credit	($130,000.00)		($160,000.00)		($25,000.00)					
Grand Total Annual Fixed Costs	**$993,493.88**		**$898,798.96**	**-9.53%**	**$1,074,763.25**	**8.18%**	**$1,354,575.85**	**36.34%**	**$1,249,939.13**	**25.81%**
Annual Change Fixed Cost in $			**-$94,694.92**		**$81,269.37**		**$361,081.97**		**$256,445.25**	
Capitation Fees										
HMOI Cap Fee (Single)	$167.86 43		$175.92 43							
HMOI Cap Fee (Family)	$566.50 31		$571.94 31							
HMOI Managed Care Fee	$11.65 74		$13.10 74							
BA HMO Cap Fee (Single)	$174.38 7		$159.49 7							
BA HMO Cap Fee (Family)	$521.32 32		$570.24 32							
BA HMO Managed Care Fee	$11.65 39		$13.10 39							
Total Monthly Capitation Costs	**$43,998.83**		**$46,139.11**	**4.86%**	**$0.00**		**$0.00**		**$0.00**	
Total Annual Capitation Costs	**$527,985.96**		**$553,669.32**	**4.86%**	**$0.00**		**$0.00**		**$0.00**	
Annual Change Capitation Fees in $	**$0.00**		**$25,683.36**		**($527,985.96)**		**($527,985.96)**		**($527,985.96)**	
Aggregate Liability	**120% Corridor**		**120% Corridor**		**120% Corridor**		**125% Corridor**		**125% Corridor**	
PPO Aggregate Factor	$1,672.42 166		$1,708.82 166		$1,457.68 279		$1,558.73 279		$1,558.73 279	
HMOI Aggregate Factor	$662.22 74		$863.12 74							
BA HMO Aggregate Factor	$662.22 39		$863.12 39							
Total Monthly Aggregate Liability:	**$352,452.58**		**$381,196.68**	**8.16%**	**$406,692.72**	**15.39%**	**$434,885.67**	**23.39%**	**$434,885.67**	**23.39%**
Total Annual Aggregate Liability:	**$4,229,430.96**		**$4,574,360.16**	**8.16%**	**$4,880,312.64**	**15.39%**	**$5,218,628.04**	**23.39%**	**$5,218,628.04**	**23.39%**
Expected Run Out Claim Liability					**$528,678.87**		**$528,678.87**		**$528,678.87**	
PBM Expected Rx Claim Savings									**($319,685.20)**	
Total Annual Expected Claim Liability	**$3,524,384.82**		**$3,811,814.32**	**8.16%**	**$4,595,443.39**	**30.39%**	**$4,703,581.30**	**33.46%**	**$4,383,896.10**	**24.39%**
Annual Change Expected Claim Liability in $	**$0.00**		**$287,429.50**		**$1,071,058.57**		**$1,179,196.48**		**$859,511.28**	
Estimated ACA Tax	**$1,237.60**		**$1,274.00**		**$1,274.00**		**$1,274.00**		**$1,274.00**	
Additional Laser Liability	**N/A**		**N/A**		**TBD**		**TBD**		**TBD**	
Maximum Plan Exposure	**$5,752,148.40**		**$6,028,102.44**	**4.80%**	**$6,590,764.53**	**14.58%**	**$7,208,892.53**	**25.33%**	**$6,784,570.61**	**17.95%**
Expected Plan Exposure	**$5,047,102.26**		**$5,265,556.60**	**4.33%**	**$5,671,480.64**	**12.37%**	**$6,059,431.15**	**20.06%**	**$5,635,109.23**	**11.65%**
Annual Change Expected Cost in $	**$0.00**		**$218,454.34**		**$624,378.38**		**$1,012,328.89**		**$588,006.97**	

*****OPTION 6 and 7 - Quotes assumes HMO & Gold plans are discontinued and employees migrate to Silver PPO or HSA plans.**

Village of Orland Park
Medical ASO Cost Review
January 1, 2022

10/25/21 Revised Package
Discount Dental and Vision
Final Renegotiated 09/13/21 & Recommended

Presented by: Michael Wojcik

Underwritten | **Preliminary Quote Subject to Final**

Contract Specifics	CURRENT		% Change	RENEWAL		% Change	***OPTION 8		% Change
Administratorr	**BCBS**			**BCBS**			**Allied**		
PPO Network	**PPO / HMO I / BA HMO**			**PPO / HMO I / BA HMO**			**Aetna**		
Reinsurance Carrier	**BCBS**			**BCBS**			**Sun Life**		
PBM	**Prime**			**Prime**			**Drexi (Same Pharmacy)**		
Specific Deductible	$100,000			$100,000			$100,000		
Specific Contract	Paid			Paid			12/12		
Specific Coverage	Medical & Rx			Medical & Rx			Medical & Rx		
Annual Maximum	Unlimited			Unlimited			Unlimited		
Lifetime Maximum	Unlimited			Unlimited			Unlimited		
Aggregate Contract	Paid			Paid			12/12		
Aggregate Coverage	Medical & Rx			Medical & Rx			Medical & Rx		
Aggregate Run-In-Limit	N/A			N/A			N/A		
Employee Census									
PPO Employees	166			166			166		
HMOI Employees	74			74			74		
BA HMO Employees	39			39			39		
Total	**279**			**279**			**279**		
Fixed Costs									
PPO Administration	$57.40			$58.77			$63.75		
BVA									
Virtual Visits	$0.52			$0.52			$3.50		
HMOI Administration	$57.40			$58.77			Drexi (Same Pharmacy)		
BA HMO Administration	$57.40			$58.77			Estimated Passthrough		
Rx Rebate	($60.27)			($75.59)			($90.79)		
Medical Rebate Credit - PPO				($2.50)					
Net PPO Administration	($2.35)			($18.80)			($23.54)		
Net HMOI Administration	($2.87)			($16.82)					
Net BA HMO Administration	($2.87)			($16.82)					
Net Monthly Admin Costs	**-$714.41**			**-$5,021.46**		**-602.88%**	**-$6,567.33**		**-819.27%**
PPO Specific Premium	$418.71	166		$412.38	166	-1.51%	$292.69	279	-30.10%
HMOI Specific Premium	$195.83	74		$192.92	74	-1.49%			-100.00%
BA HMO Specific Premium	$195.83	39		$192.92	39	-1.49%			-100.00%
Monthly Specific Costs	**$91,634.65**			**$90,255.04**		**-1.51%**	**$81,660.51**		**-10.88%**
Subtotal Monthly Costs (Admin + Spec)	**$90,920.24**			**$85,233.58**		**-6.25%**	**$75,093.18**		**-17.41%**
Annual Access /Admin Fee	2.33%			2.33%			$3,250.00		
Monthly Aggregate Premium Rate									
Annual Aggregate Premium	$32,451.00			$35,996.00		10.92%	$22,431.60		-30.88%
Admin Fee for Run Out Service							$19,217.52		
Spec & Agg Premium for Run Out Claims							$224,790.81		
One-Time Wellness/Implementation Credit	**($130,000.00)**			**($160,000.00)**					
Grand Total Annual Fixed Costs	**$993,493.88**			**$898,798.96**		**-9.53%**	**$1,170,808.05**		**17.85%**
Annual Change Fixed Cost in $				**-$94,694.92**			**$177,314.17**		
Capitation Fees									
HMOI Cap Fee (Single)	$167.86	43		$175.92	43				
HMOI Cap Fee (Family)	$566.50	31		$571.94	31				
HMOI Managed Care Fee	$11.65	74		$13.10	74				
BA HMO Cap Fee (Single)	$174.38	7		$159.49	7				
BA HMO Cap Fee (Family)	$521.32	32		$570.24	32				
BA HMO Managed Care Fee	$11.65	39		$13.10	39				
Total Monthly Capitation Costs	**$43,998.83**			**$46,139.11**		**4.86%**	**$0.00**		
Total Annual Capitation Costs	**$527,985.96**			**$553,669.32**		**4.86%**	**$0.00**		
Annual Change Capitation Fees in $	**$0.00**			**$25,683.36**			**($527,985.96)**		
Aggregate Liability	**120% Corridor**			**120% Corridor**			**125% Corridor**		
PPO Aggregate Factor	$1,672.42	166		$1,708.82	166		$1,558.73	279	
HMOI Aggregate Factor	$662.22	74		$863.12	74				
BA HMO Aggregate Factor	$662.22	39		$863.12	39				
Total Monthly Aggregate Liability:	**$352,452.58**			**$381,196.68**		**8.16%**	**$434,885.67**		**23.39%**
Total Annual Aggregate Liability:	**$4,229,430.96**			**$4,574,360.16**		**8.16%**	**$5,218,628.04**		**23.39%**
Expected Run Out Claim Liability							**$528,678.87**		
PBM Expected Rx Claim Savings							**($100,800.90)**		
Total Annual Expected Claim Liability	**$3,524,384.82**			**$3,811,814.32**		**8.16%**	**$4,602,780.40**		**30.60%**
Annual Change Expected Claim Liability in $	**$0.00**			**$287,429.50**			**$1,078,395.58**		
Estimated ACA Tax	**$1,237.60**			**$1,274.00**			**$1,274.00**		
Additional Laser Liability	**N/A**			**N/A**			**TBD**		
Maximum Plan Exposure	**$5,752,148.40**			**$6,028,102.44**		**4.80%**	**$6,924,323.83**		**20.38%**
Expected Plan Exposure	**$5,047,102.26**			**$5,265,556.60**		**4.33%**	**$5,774,862.45**		**14.42%**
Annual Change Expected Cost in $	**$0.00**			**$218,454.34**			**$727,760.19**		

*****OPTION 8 - Quotes assumes HMO & Gold plans are discontinued and employees migrate to Silver PPO or HSA plans.**

VILLAGE OF ORLAND PARK
Medical Benefit Review
January 1, 2022

Presented by: Michael Wojcik	All Other Classes				NON-UNION EMPLOYEES ONLY - Section 0101		
Carriers:	CURRENT BCBS				CURRENT BCBS		
Type of Plan	**HMO I**	**GOLD**	**SILVER**	**HDHP**	**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	$6,000	$6,000	Included in Medical
Emergency Room Co-pay	$150	$150	$150	After Ded, $150 Co-pay	$150	$150	After Ded, $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 - BCO ALTERNATE PLANS
January 1, 2022

Presented by: Michael Wojcik

Carriers:	CURRENT BCBS	ALTERNATE PLAN DESIGN BCBS		CURRENT BCBS	ALTERNATE PLAN DESIGN BCBS	
		Replaces Current Silver PPO			Replaces Current $3,500 Ded H.S.A.	
Type of Plan	**SILVER**	**PPO - Blue Choice Options**		**HDHP**	**HDHP - PPO - Blue Choice Options**	
		TIER 1: Blue Choice Options	**TIER 2: Current PPO**		**TIER 1: Blue Choice Options**	**TIER 2: Current PPO**
In Network Benefits						
Individual Deductible	$1,000	$1,000	$3,000	$3,500	$3,500	$5,000
Family Deductible	$3,000	$3,000	$6,000	$7,000	$7,000	$10,000
Co-Insurance	80%	80%	60%	100%	100%	80%
Medical Individual Out of Pocket Includes Ded	$1,500	$1,500	$6,000	$5,950	$5,950	$7,050
Rx Individual Out of Pocket	$3,000	Included in Medical		Included in Medical	Included in Medical	
Medical Family Out of Pocket Includes Ded	$4,500	$4,500	$12,000	$11,900	$11,900	$14,000
Rx Family Out of Pocket	$6,000	Included in Medical		Included in Medical	Included in Medical	
Emergency Room Co-pay	$150	$150	$150	After Ded, $150 Co-pay	100% after Ded	100% after Ded
Hospital Co-pay	80% after Ded	80% after Ded	60% after Ded	100% after Ded	100% after Ded	80% after Ded
Rx Co-pay	$10/30/50	Rx Drug List - Performance $10/$30/$50 ACA Drugs - 100%		After Ded, $0/20/40	Rx Drug List - Performance 100% after Ded ACA Drugs - 100%	
Rx Mail Order	2 x Retail	2 x Retail		After Ded, $0/20/40	100% after Ded	
Physician Office Visit Co-pay	$20	$20	$25	100% after Ded	100% after Ded	80% after Ded
Specialist Office Visit Co-pay	$40	$40	$50	100% after Ded	100% after Ded	80% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out of Network Benefits						
Individual Deductible	$1,000	$6,000		$5,000	$6,000	
Family Deductible	$3,000	$12,000		$10,000	$12,000	
Co-Insurance	60%	50%		80%	60%	
Individual Out of Pocket Includes Ded	$11,000	$12,000		$10,000	$12,000	
Family Out of Pocket Includes Ded	$33,000	$24,000		$20,000	$24,000	
Emergency Co-pay	$150	$150		After Ded, $150 Co-pay	100% after Ded	
Hospital Co-pay	$300 Co-pay, then Ded and 60% Co-Insurance	50% after Ded		80% after Ded	60% after Ded	
Physician Office Visit Services	60% after Ded	50% after Ded		80% after Ded	60% after Ded	
Preventative Services	60% after Ded	50% after Ded		80% after Ded	60% after Ded	
Lifetime Maximum	Unlimited	Unlimited		Unlimited	Unlimited	

Insurance / Risk Advisory / Employee Benefits

HORTON

VILLAGE OF ORLAND PARK
Medical Review
January 1, 2022

	EE	ES	EC	Family	EE-Medicare	ES-Medicare	Total
HMO I	34	9	6	15	**9**	**1**	**74**
BA HMO	7	3	4	24	**0**	**1**	**39**
Gold	2	2	0	1	**0**	**1**	**6**
Silver	23	10	3	18	**0**	**3**	**57**
HSA	34	9	5	54	**0**	**1**	**103**
Total	**100**	**33**	**18**	**112**	**9**	**7**	**279**

Presented by: Mike Wojcik

Carriers:	**CURRENT / RENEWAL BCBS COST PLUS**					**OPTION 1 - FULLY INSURED BCBS**				
Type of Plan	**HMO I**	**BA HMO**	**Gold**	**Silver**	**HDHP (Emb)**	**HMO I**	**BA HMO**	**Gold**	**Silver**	**HDHP (Emb)**
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						$792.10	$732.99	$1,037.77	$894.46	$841.67
Employee + Spouse						$1,503.41	$1,391.24	$2,055.74	$1,642.35	$1,675.15
Employee +Children						$1,566.61	$1,449.71	$2,142.19	$1,711.98	$1,792.41
Family						$2,326.02	$2,152.45	$3,180.57	$2,489.51	$2,478.08
Employee Medicare Primary						$792.10	$732.99	$1,037.77	$894.46	$841.67
Empoyee + Spouse Medicare Primary						$1,584.25	$1,466.03	$2,075.55	$1,788.93	$1,683.36
	Current Expected Cost			**Renewal Expected Cost**						
	Monthly Expected ASO Cost			**Monthly Expected ASO Cost**						
Total Monthly Cost	**$420,591.85**			**$432,206.88**		**$93,465.20**	**$68,228.32**	**$11,443.14**	**$92,309.99**	**$188,154.86**
Total Annual Cost w/o ACA Reserve	**$5,047,102.26**			**$5,186,482.55**				**$5,443,218.12**		
Percent Change from Current				**2.76%**				**7.85%**		
ACA Reserve	**$0.00**									
Implementation Credit	**Included Above**			**Included Above**				**$0.00**		
Total Annual Cost	**$5,047,102.26**			**$5,186,482.55**				**$5,443,218.12**		
Percent Change				**2.76%**				**7.85%**		
Annual Cost Increase				**$139,380.29**				**$396,115.86**		
Estimated BCBS Run Out Cost	**N/A**			**N/A**				**$772,687.20**		
Total Annual Cost	**$5,047,102.26**			**$5,186,482.55**				**$6,215,905.32**		
Percent Change				**2.76%**				**23.16%**		
Annual Cost Increase				**$139,380.29**				**$1,168,803.06**		

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

VILLAGE OF ORLAND PARK
Medical Review
January 1, 2022

	EE	ES	EC	Family	EE-Medicare	ES-Medicare	Total
Navigate HMO	34	9	6	15	**9**	**1**	**74**
Charter HMO	7	3	4	24	**0**	**1**	**39**
Gold - Core	2	2	0	1	**0**	**1**	**6**
Silver - Core	23	10	3	18	**0**	**3**	**57**
HSA - Core	34	9	5	54	**0**	**1**	**103**
Total	**100**	**33**	**18**	**112**	**9**	**7**	**279**

Presented by: Mike Wojcik

Carriers:	**CURRENT / RENEWAL BCBS COST PLUS**					**OPTION 2 - FULLY INSURED UHC**				
Type of Plan	**HMO I**	**BA HMO**	**Gold**	**Silver**	**HDHP (Emb)**	**Navigate HMO**	**Charter HMO**	**Gold**	**Silver**	**HDHP (Emb)**
Network								**Core**	**Core**	**Core**
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	100% after Ded
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	$10/40/75/125	$10/40/75/125	$10/40/75/125	$10/40/75/125	After Ded, $10/30/50
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	$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	100% after Ded
Hospital Co-pay			80% after Ded	$300 co-pay, then 60% after Ded	80% after Ded			80% after Ded	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						$795.76	$715.29	$962.11	$903.89	$678.51
Employee + Spouse						$1,583.78	$1,423.62	$1,914.86	$1,798.99	$1,350.42
Employee +Children						$1,694.64	$1,523.28	$2,048.90	$1,924.92	$1,444.95
Family						$2,342.92	$2,105.99	$2,832.69	$2,661.28	$1,997.70
Employee Medicare Primary						$795.76	$715.29	$962.11	$903.89	$678.51
Empoyee + Spouse Medicare Primary						$1,583.78	$1,423.62	$1,914.86	$1,798.99	$1,350.42
	Current Expected Cost			**Renewal Expected Cost**						
	Monthly Expected ASO Cost			**Monthly Expected ASO Cost**						
Total Monthly Cost	**$420,591.85**			**$432,206.88**		**$95,367.12**	**$67,338.39**	**$10,501.49**	**$97,854.14**	**$151,674.09**
Total Annual Cost w/o ACA Reserve	**$5,047,102.26**			**$5,186,482.55**				**$5,072,822.76**		
Percent Change from Current				**2.76%**				**0.51%**		
ACA Reserve	**$0.00**									
Implementation Credit	**Included Above**			**Included Above**				**($15,000.00)**		
Total Annual Cost	**$5,047,102.26**			**$5,186,482.55**				**$5,057,822.76**		
Percent Change				**2.76%**				**0.21%**		
Annual Cost Increase				**$139,380.29**				**$10,720.50**		
Estimated BCBS Run Out Cost	**N/A**			**N/A**				**$772,687.20**		
Total Annual Cost	**$5,047,102.26**			**$5,186,482.55**				**$5,830,509.96**		
Percent Change				**2.76%**				**15.52%**		
Annual Cost Increase				**$139,380.29**				**$783,407.70**		

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

Horton Benefit Solutions Disclaimer Notice

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.

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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

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Coverage Terms & Conditions

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Other

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