Benefit Offering Renewal Summary

Line of Coverage	Annual Expense	Renewal Impact
Medical/Rx	$5,326,955	3.7% increase over total expected costs, premium equivalents reflect an overall plan increase of 6.00% based on the number of enrollments and plan selection. Individual plan premium increases may differ slightly based on enrollments.
Dental	$319,459	-1.54% overall premium decrease, 3.9% administrative fee increase.
Vision	$39,434	Rate guarantee until 1/1/2018
Life and AD&D	$67,454	Rate requires adding voluntary life program with minimum 15% employee participation. Otherwise 14.43% increase $77,187.95
FSA	$3,000	2nd year of rate guarantee, 4.90 pppm, 45-50 participants
Short-Term Disability	$6,500	Rate guarantee to 1/1/2018, claims expense based on utilization.
Virgin Health Miles	$33,000	Expense projects average enrollment of 125 and 20% increase in rewards.
CHC Wellness	$40,300	$130 per screening expect 310 participants ($5 increase per screening, however pricing below market of $145)
Horton Retainer	$50,000	quarterly payments of $12,500
EAP	$19,500	no change
Crisis Response	$30,000	no change in pricing however new vendor

Attached is a summary of the renewal for each benefit offered. Actual budgeted amounts will be adjusted to reflect the number of participants including village and library staff as well as retirees.

The Horton Group's

Marketing Spreadsheet

Prepared for: Village of Orland Park

September 2016

Presented By:
Michael E. Wojcik
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Insurance | Risk Advisory | Employee Benefits

HORTON

Village of Orland Park
January 1, 2017

The following Medical markets were approached:

Carrier	Status
Blue Cross & Blue Shield	Incumbent
AIG	Declined
Guardian	Declined
Optum	Quoted
Swiss Re	Quoted
United Healthcare	Declined

The following Dental markets were approached:

Carrier	Status
Delta Dental	Incumbent
Guardian	Not Received
Lincoln	Declined
MetLife	Quoted
Principal	Declined
Standard	Received

The following Life / STD markets were approached:

Carrier	Status
Dearborn National	Incumbent
Guardian	Not Received
Lincoln	Declined
MetLife	Quoted
Principal	Declined
Standard	Received

The following Vision markets were approached:

Carrier	Status
EyeMed	Incumbent

Village of Orland Park
Health Review
January 1, 2017

Insurance / Risk Advisory / Employee Benefits
HORTON

Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS	% Change	RENEWAL BCBS	% Change	RENEWAL BCBS	% Change	OPTION 1 BCBS	% Change	OPTION 2 BCBS	% Change
Reinsurance/Health Carrier	**BCBS**		**BCBS**		**BCBS**		**OPTUM**		**SWISS RE**	
Specific Deductible	$100,000		$100,000		$100,000		$100,000		$100,000	
Specific Contract	24/12		24/12		24/12		24/12		24/12	
Specific Coverage	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Contract	24/12		24/12		24/12		24/12		24/12	
Aggregate 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 Run-In-Limit	N/A		N/A		N/A				$951,272	
Employee Census										
PPO Employees	183		183		183		183		183	
HMO Employees	113		113		113		113		113	
Total	**296**		**296**		**296**		**296**		**296**	
Fixed Costs										
PPO Administration	$60.16 183		$61.14 183		$60.16 183		$60.16 183		$60.16 183	
HMO Administration	$60.16 113		$61.14 113		$60.16 113		$60.16 113		$60.16 113	
Rx Rebate	($20.05)		($24.04)		($24.04)		($24.04)		($24.04)	
Monthly Admin Costs	$11,872.56		$10,981.60	-7.5%	$10,691.52	-9.9%	$10,691.52	-9.9%	$10,691.52	-9.9%
PPO Specific Premium	$128.50 183		$143.43 183		$136.26 183		$117.18 183		$131.49 183	
HMO Specific Premium	$57.39 113		$66.76 113		$63.42 113		$117.18 113		$131.49 113	
Monthly Specific Costs	$30,000.57		$33,791.57	12.6%	$32,102.04	7.0%	$34,685.28	15.6%	$38,921.04	29.7%
Subtotal Monthly Costs (Admin + Spec)	**$41,873.13**		**$44,773.17**	**6.9%**	**$42,793.56**	**2.2%**	**$45,376.80**	**8.4%**	**$49,612.56**	**18.5%**
Annual Access Fee	2.51%		2.51%		2.51%		2.51%		2.51%	
Monthly Aggregate Premium Rate										
Annual Aggregate Premium	$19,986.00		$20,432.00	2.2%	$20,614.00	3.1%	$16,090.56	-19.5%	$27,172.80	36.0%
Annual Administration Fee	n/a		n/a		n/a		n/a		n/a	
Grand Total Annual Fixed Costs	**$522,463.56**		**$557,710.04**	**6.7%**	**$534,136.72**	**2.2%**	**$560,612.16**	**7.3%**	**$622,523.52**	**19.2%**
Capitation Fees										
HMO Cap Fee (Single)	$188.69 42		$198.85 42		$198.85 42		$198.85 42		$198.85 42	
HMO Cap Fee (Family)	$582.54 71		$589.28 71		$589.28 71		$589.28 71		$589.28 71	
HMO Managed Care Fee	$9.66 113		$10.77 113		$10.77 113		$10.77 113		$10.77 113	
Total Monthly Capitation Costs	**$50,376.90**		**$51,407.59**		**$51,407.59**		**$51,407.59**		**$51,407.59**	
Total Annual Capitation Costs	**$604,522.80**		**$616,891.08**		**$616,891.08**		**$616,891.08**		**$616,891.08**	
Aggregate Liability	**120% Corridor**		**120% Corridor**		**120% Corridor**		**125% Corridor**		**125% Corridor**	
PPO Aggregate Factor	$1,672.53 183		$1,727.51 183		$1,727.51 183		$1,370.81 183		$1,515.15 183	
HMO Aggregate Factor	$571.47 113		$679.48 113		$679.48 113		$1,370.81 113		$1,515.15 113	
Total Monthly Aggregate Liability:	**$370,649.10**		**$392,915.57**		**$392,915.57**		**$405,759.76**		**$448,484.40**	
Total Annual Aggregate Liability:	**$4,447,789.20**		**$4,714,986.84**	**6.0%**	**$4,714,986.84**	**6.0%**	**$4,869,117.12**	**9.5%**	**$5,381,812.80**	**21.0%**
ACA Reserve/Premium Stabilization Fund	**$273,044.56**		**$273,044.56**		**$245,188.00**		**$273,044.56**		**$273,044.56**	
PPACA Tax Stabilization Fund	**$29,035.62**		**$1,740.34**		**$1,740.34**		**$1,740.34**		**$1,740.34**	
Additional Laser Liability	**N/A**		**N/A**		**N/A**		**TBD**		**TBD**	
Maximum Plan Exposure	**$5,876,855.74**		**$6,164,372.86**	**4.9%**	**$6,112,942.98**	**4.0%**	**$6,321,405.26**	**7.6%**	**$6,896,012.30**	**17.3%**
Expected Plan Exposure	**$5,135,409.28**		**$5,378,384.55**	**4.7%**	**$5,326,954.67**	**3.7%**	**$5,347,581.84**	**4.1%**	**$5,819,649.74**	**13.3%**

Optum and Swiss Re quotes are subject to final underwriting. Lasers may be required. Rates and factors may be adjusted.

VILLAGE OF ORLAND PARK
Health Benefit Review
January 1, 2017

Presented by: Michael Wojcik

Carriers:	CURRENT BCBS				
Type of Plan	**HMO I**	**GOLD**	**SILVER**	**HDHP OPPSA**	**HDHP Non-Union, IBEW, MAP, AFSCME, DCC, Library**
In Network Benefits					
Individual Deductible	$0	$200	$1,000	$2,600	$3,250
Family Deductible	$0	$600	$3,000	$5,200	$6,500
Co-Insurance	100%	90%	80%	100%	100%
Medical Individual Out of Pocket Includes Ded	$1,500	$500	$1,500	$5,950	$5,950
Rx Individual Out of Pocket	$3,000	$3,000	$3,000	Included in Medical	Included in Medical
Medical Family Out of Pocket Includes Ded	$3,000	$1,500	$4,500	$11,900	$11,900
Rx Family Out of Pocket	$6,000	$6,000	$6,000	Included in Medical	Included in Medical
Emergency Room Co-pay	$150	$150	$150	After Ded, $150 Co-pay	After Ded, $150 Co-pay
Hospital Co-pay	N/A	100% after Ded	80% after Ded	100% after Ded	100% after Ded
Rx Co-pay	$10/15/25	$10/15/25	$10/30/50	After Ded, $0/20/40	After Ded, $0/20/40
Rx Mail Order	$10/15/25	$10/15/25	2 x Retail	After Ded, $0/20/40	After Ded, $0/20/40
Physician Office Visit Co-pay	$0	90% after Ded	$20	100% after Ded	100% after Ded
Specialist Office Visit Co-pay	$0	90% after Ded	$40	100% after Ded	100% after Ded
Preventative Services	100%	100%	100%	100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out of Network Benefits					
Individual Deductible		$200	$1,000	$5,000	$5,000
Family Deductible		$600	$3,000	$10,000	$10,000
Co-Insurance		80%	60%	80%	80%
Individual Out of Pocket Includes Ded		$5,000	$11,000	$10,000	$10,000
Family Out of Pocket Includes Ded		$15,000	$33,000	$20,000	$20,000
Emergency Co-pay		$150	$150	After Ded, $150 Co-pay	After Ded, $150 Co-pay
Hospital Co-pay		80% after Ded	$300 Co-pay, then Ded and 60% Co-Insurance	80% after Ded	80% after Ded
Physician Office Visit Services		80% after Ded	60% after Ded	80% after Ded	80% after Ded
Preventative Services		80% after Ded	60% after Ded	80% after Ded	80% after Ded
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited

Village of Orland Park
Dental Review
January 1, 2017

Benefits Presented by: Mike Wojcik

4 Tier	EE	EE + Spouse	EE + C	Fam	Total
	86	82	20	136	324

Carriers:	CURRENT Delta Dental	RENEWAL Delta Dental (Delta Dental Corrected Rates 9/26/16)	OPTION 1 MetLife	OPTION 2 Standard
Type of Plan	**PPO**	**PPO**	**Fully Insured PPO**	**PPO**
In Network Benefits				
Individual Deductible	$25	$25	$25	$25
Family Deductible	$75	$75	$75	$75
Preventative Co-Insurance	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%
Annual Maximum	$1,500	$1,500	$1,500	$1,500
Orthodontia Lifetime Maximum	$1,200	$1,200	$1,200	$1,250
Out of Network Benefits			R&C 90TH Pecentile	90TH U & C
Individual Deductible	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150
Preventative Co-Insurance	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%
Annual Maximum	$1,000	$1,000	$1,000	$1,000
Orthodontia Lifetime Maximum	$1,000	$1,000	$1,000	$1,250
Dental Funding Factors (Includes Admin Fee)			Fully Insured Rates	
Employee	$35.01	$34.47	$25.45	$31.73
Employee + Spouse	$70.01	$68.94	$52.56	$58.85
Employee + Children	$86.69	$85.36	$57.44	$71.78
Family	$121.70	$119.83	$91.03	$98.92
Monthly Funding (Estimated Claim Liab)	**$27,036.68**	**$26,621.58**	**$20,027.50**	**$22,443.20**
Annual Funding (Estimated Claim Liab)	**$324,440.16**	**$319,458.96**	**$240,330.00**	**$269,318.40**
Percentage Change from Current		**-1.54%**	**-25.92%**	**-16.99%**
Monthly Fixed Costs	**$4.10**	**$4.26**	**Estimated Run Out Claims**	**$4.59**
Annual Fixed Costs	**$15,940.80**	**$16,562.88**	**$31,224.00**	**$17,845.92**
Percentage Change from Current		**3.90%**	**Total 2017 Cost**	**11.95%**
Administration Rate Guarantee		**Until 12/31/17**	**$271,554.00**	**Until 12/31/18**
		Actual ASO Cost Last 12 Months	Rate Guarantee 1 Yr with 7% 2nd Yr Rate Cap	
		$265,746		

Village of Orland Park
Life Review
January 1, 2017

Insurance / Risk Advisory / Employee Benefits
HORTON

Presented by: Mike Wojcik

Carriers:	CURRENT DEARBORN	RENEWAL DEARBORN	ALTERNATE 1 DEARBORN	OPTION 1 METLIFE	OPTION 2 STANDARD
			Requires adding Voluntary Life program with minimum 15% employee participation.		
BENEFIT AMOUNT					
Class 1:	$30,000	$30,000	$30,000	$30,000	$30,000
Class 2:	2 X Salary to a max of $150,000	2 X Salary to a max of $150,000	2 X Salary to a max of $150,000	2 X Salary to a max of $150,000	2 X Salary to a max of $150,000
Reduction Clauses					
% Benefit Amount Reduces to at Age 65					
% Benefit Amount Reduces to at Age 70	None	None	None	None	None
% Benefit Amount Reduces to at Age 75					
% Benefit Amount Reduces to at Age 80					
Dependent Benefit Amount					
Spouse	$5,000	$5,000	$5,000	$5,000	$5,000
Child 14 days to 6 months	$3,000	$3,000	$3,000	$100	$3,000
Child 6 months and older	$3,000	$3,000	$3,000	$4,000	$3,000
Travel Evacuation	Included	Included	Included	Not Included	Not Included
Volumes					
Life/ADD Volume	$40,557,000	$40,557,000	$40,557,000	$40,557,000	$40,557,000
Number of Dependent Units	235	235	235	235	235
Rates					
Employee Life per $1,000	$0.110	$0.130	$0.110	$0.130	$0.155
Employee AD&D per $1000	$0.020	$0.020	$0.020	$0.028	$0.020
Combined Life/ADD Rate/$1,000	**$0.130**	**$0.150**	**$0.130**	**$0.158**	**$0.175**
Dependent Rate per Unit	**$1.370**	**$1.370**	**$1.370**	**$1.310**	**$1.310**
Life/ADD Monthly Premium	5,272.41	6,083.55	5,272.41	6,408.01	7,097.48
Life/ADD Annual Premium	**63,268.92**	**73,002.60**	**63,268.92**	**76,896.07**	**85,169.70**
Dependent Life Monthly Premium	**321.95**	**321.95**	**321.95**	**307.85**	**307.85**
Dependent Life Annual Premium	**3,863.40**	**3,863.40**	**3,863.40**	**3,694.20**	**3,694.20**
Total Annual Premium	**$67,454.27**	**$77,187.95**	**$67,454.27**	**$80,898.12**	**$89,171.75**
Percentage Change		**14.43%**	**0.00%**	**19.93%**	**32.20%**
Rate Guarantee	**Until 12/31/2016**	**Until 12/31/2017**	**Until 12/31/2017**	**Until 12/31/2017**	**Until 12/31/2018**

Class 1 - Elected Officials
Class 2 - All Other Employees

Village of Orland Park
Voluntary Life Options
January 1, 2017

Benefits Presented by: Michael Wojcik

Carrier	Option 1 Dearborn
Employee Benefit Amount	Increments of $10K from minimum of $10K to maximum $150K.
Spouse Benefit Amount	Increments of $5K from minimum of $5K to maximum $20K. Spouse coverage is limited to 50% of the employee amount.
Child Benefit Amount	Birth to 14 days: $100 15 days to 6 months: $1,000 6 months and later: $5,000
Benefit Reduction Schedule	
% Benefit Reduces to at Age 65	65%
% Benefit Reduces to at Age 70	50%
Life Premium	**$1k/Mo/EE & SP Rates**
15-24	$0.070
25-29	$0.070
30-34	$0.090
35-39	$0.120
40-44	$0.200
45-49	$0.290
50-54	$0.500
55-59	$0.850
60-64	$1.340
65-69	$2.100
70-74	$3.350
75-79	$5.920
80-84	$5.920
85-89	$5.920
90-94	$5.920
95-99	$5.920
AD&D	$0.030
Child Rate/Unit/$5k	$1.00
Rate Guarantee	**2 Years**

Village of Orland Park
Short Term Disability Review - ASO
January 1, 2017

Insurance / Risk Advisory / Employee Benefits
HORTON

EE
267

Presented by: Mike Wojcik

	ASO	ATP	ASO
	Current Dearborn	**Option 1 MetLife**	**Option 2 Standard**
Benefit:	75% of Weekly Earnings	75% of Weekly Earnings	75% of Weekly Earnings
Elimination Period:	1 day Accident 8 days Illness	1 day Accident 8 days Illness	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**
Rate/PEPM	$1.92	$5.24	$4.75
Total Monthly Premium	$512.64	$1,399.08	$1,268.25
Total Annual Premium	**$6,151.68**	**$16,788.96**	**$15,219.00**
Percent Change			
Rate Guarantee	**Until 8/1/18**	**Until 1/1/19**	**Until 1/1/18**

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

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

Benefits Presented by: Mike Wojcik

Carriers:	CURRENT EYEMED	RENEWAL EYEMED
	12/12/12	12/12/12
Copayment Exam	$10	$10
Copayment Materials	$25	$25
	(Select Plan)	(Select Plan)
In Network Benefits		
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
Out of Network Benefits		
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
Medical Premium	**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	**$3,286.13**	**$3,286.13**
Total Annual Premium	**$39,433.56**	**$39,433.56**
Percent Change from Current		**0.00%**
Rate Guarantee	**Until 12/31/18**	**Until 12/31/18**

**** After applicable copayment.***