

Village of Orland Park
January 1, 2015

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
Blue Cross & Blue Shield	Incumbent
AIG	Declined
Berkley	Quoted
Guardian	Quoted
QBE	Quoted
Reliance Standard	Declined
Sun Life	Declined

The following Dental markets were approached:

<u>Carrier</u>	<u>Status</u>
Delta Dental	Incumbent
Guardian	Quoted
Principal	Declined
Reliance Standard	Declined
Standard	Quoted
Sun Life	Quoted

The following Life / STD markets were approached:

<u>Carrier</u>	<u>Status</u>
Dearborn National	Incumbent - Life
Guardian	Incumbent - STD
NIS / Madison National	Declined
Principal Financial	Declined
Reliance Standard	Declined
Standard	Quoted - Life
Sun Life	Quoted - Life

The following Vision markets were approached:

<u>Carrier</u>	<u>Status</u>
EyeMed	Incumbent
Guardian	Quoted
Standard	Quoted
VSP	Quoted



Village of Orland Park
Health Review
January 1, 2015

Presented by: Michael Wojcik

		Final Recommended 01-15
		Assumes Prem Equiv Reduction
Contract Specifics	CURRENT BCBS % Change	ALT 2 \$3,250 HSA RENEWAL BCBS % Change
Reinsurance/Health Carrier	BCBS	BCBS
Specific Deductible	\$100,000	\$100,000
Specific Contract	24/12	24/12
Specific Coverage	Medical & Rx	Medical & Rx
Aggregate Contract	24/12	24/12
Aggregate Coverage	Medical & Rx	Medical & Rx
Annual Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Aggregate Run-In-Limit	N/A	N/A
Specific Run-In-Limit	N/A	N/A
Employee Census		
PPO Employees	185	185
H.S.A. Employees	0	0
HMO Employees	107	107
Total	292	292
Fixed Costs		
PPO/HSA Administration	\$54.83 185	\$60.16 185
HMO Administration	\$54.83 107	\$60.16 107
H.S.A. Administration	\$54.83	\$60.16
Rx Rebate	(\$14.54)	(\$14.12)
Monthly Admin Costs	\$11,764.68	\$13,443.68 14.3%
PPO/HSA Specific Premium	\$144.18 185	\$123.83 185
HMO Specific Premium	\$50.39 107	\$52.10 107
Monthly Specific Costs	\$32,065.03	\$28,483.25 -11.2%
Subtotal Monthly Costs (Admin + Spec)	\$43,829.71	\$41,926.93 -4.3%
Annual Access Fee	2.51%	2.51%
Monthly Aggregate Premium Rate		
Annual Aggregate Premium	\$34,786.00	\$33,069.00 -4.9%
Annual Administration Fee	n/a	n/a
Grand Total Annual Fixed Costs	\$560,742.52	\$536,192.16 -4.4%
Capitation Fees		
HMO Cap Fee (Single)	\$193.24 46	\$185.29 46
HMO Cap Fee (Family)	\$590.72 61	\$566.89 61
HMO Managed Care Fee	\$10.03 107	\$9.51 107
Total Monthly Capitation Costs	\$45,996.17	\$44,121.20
Total Annual Capitation Costs	\$551,954.04	\$529,454.40
Aggregate Liability	120% Corridor	120% Corridor
PPO Aggregate Factor	\$1,667.63 185	\$1,542.78 185
HMO Aggregate Factor	\$633.84 107	\$594.82 107
HSA Plan - Aggregate Factor	\$1,355.80	\$1,542.78
Total Monthly Aggregate Liability:	\$376,332.43	\$349,060.04
Total Annual Aggregate Liability:	\$4,515,989.16	\$4,188,720.48 -7.2%
Estimated Run In Liability		
ACA Reserve/Premium Stabilization Fund	\$560,000.00	\$469,506.00
PPACA Tax Stabilization Fund	\$70,027.32	\$59,938.32
Maximum Plan Exposure	\$6,258,713.04	\$5,783,811.36 -7.6%
Expected Plan Exposure	\$5,505,897.65	\$5,085,551.66 -7.6%

Health Review
January 1, 2015
Reinsurance Carriers

Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS % Change	OPTION 2 BCBS % Change	OPTION 3 BCBS % Change
Reinsurance/Health Carrier	BCBS	QBE	BERKLEY
Specific Deductible	\$100,000	\$100,000	\$100,000
Specific Contract	24/12	24/12	24/12
Specific Coverage	Medical & Rx	Medical & Rx	Medical & Rx
Aggregate Contract	24/12	24/12	24/12
Aggregate Coverage	Medical & Rx	Medical & Rx	Medical & Rx
Annual Maximum	Unlimited	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Aggregate Run-In-Limit	N/A	\$793,295	\$726,960
Specific Run-In-Limit	N/A	N/A	N/A
Employee Census			
PPO Employees	185	185	185
H.S.A. Employees	0	0	0
HMO Employees	107	107	107
Total	292	292	292
Fixed Costs			
PPO/HSA Administration	\$54.83 185	\$60.16 185	\$60.16 185
HMO Administration	\$54.83 107	\$60.16 107	\$60.16 107
H.S.A. Administration	\$54.83	\$60.16	\$60.16
Rx Rebate	(\$14.54)	(\$14.12)	(\$14.12)
Monthly Admin Costs	\$11,764.68	\$13,443.68 14.3%	\$13,443.68 14.3%
PPO/HSA Specific Premium	\$144.18 185	\$122.65 185	\$121.11 185
HMO Specific Premium	\$50.39 107	\$122.65 107	\$121.11 107
Monthly Specific Costs	\$32,065.03	\$35,813.80 11.7%	\$35,364.12 10.3%
Subtotal Monthly Costs (Admin + Spec)	\$43,829.71	\$49,257.48 12.4%	\$48,807.80 11.4%
Annual Access Fee	2.51%	2.51%	2.51%
Monthly Aggregate Premium Rate	\$6.36	\$6.36	\$6.51
Annual Aggregate Premium	\$34,786.00	\$22,285.44 -35.9%	\$22,811.04 -34.4%
Annual Administration Fee	n/a	n/a	n/a
Grand Total Annual Fixed Costs	\$560,742.52	\$613,375.20 9.4%	\$608,504.64 8.5%
Capitation Fees			
HMO Cap Fee (Single)	\$193.24 46	\$185.29 46	\$185.29 46
HMO Cap Fee (Family)	\$590.72 61	\$566.89 61	\$566.89 61
HMO Managed Care Fee	\$10.03 107	\$9.51 107	\$9.51 107
Total Monthly Capitation Costs	\$45,996.17	\$44,121.20	\$44,121.20
Total Annual Capitation Costs	\$551,954.04	\$529,454.40	\$529,454.40
Aggregate Liability	120% Corridor	125% Corridor	125% Corridor
PPO Aggregate Factor	\$1,667.63 185	\$1,380.70 185	\$1,369.04 185
HMO Aggregate Factor	\$633.84 107	\$1,380.70 107	\$1,369.04 107
HSA Plan - Aggregate Factor	\$1,355.80	\$1,380.70	\$1,369.04
Total Monthly Aggregate Liability:	\$376,332.43	\$403,164.40	\$399,759.68
Total Annual Aggregate Liability:	\$4,515,989.16	\$4,837,972.80 7.1%	\$4,797,116.16 6.2%
Estimated Run In Liability			
ACA Reserve/Premium Stabilization Fund	\$560,000.00	\$560,000.00	\$560,000.00
PPACA Tax Stabilization Fund	\$70,027.32	\$59,938.32	\$59,938.32
Maximum Plan Exposure	\$6,258,713.04	\$6,600,740.72 5.5%	\$6,555,013.52 4.7%
Expected Plan Exposure	\$5,505,897.65	\$5,633,146.16 2.3%	\$5,595,590.29 1.6%

Reinsurance quotes from Guardian, QBE and Berkley are subject to individual underw

Village of Orland Park
2015 Proposed - Premium Equivalents (Assumes Reserve Savings Reduces Premium Equivalents)

Final Recommended 01-15					
	Projected Enrollment	2014 Fully Insured "Expected" Equivalents	2015 Fully Insured "Expected" Equivalents	Projected Enrollment With New HSA	2015 Fully Insured "Expected" Equivalents
<u>Gold PPO Plan</u>					
EE Only	23	\$844.25	\$844.25	23	\$844.25
Employee + Spouse	29	\$1,798.23	\$1,798.23	29	\$1,798.23
Employee + Child(ren)	5	\$1,725.65	\$1,725.65	5	\$1,725.65
Family	<u>31</u>	<u>\$2,669.87</u>	<u>\$2,669.87</u>	<u>31</u>	<u>\$2,669.87</u>
	88	\$1,955,526	\$1,955,528	88	\$1,955,528
<u>Silver PPO Plan</u>					
EE Only	10	\$750.85	\$742.34	10	\$742.34
Employee + Spouse	2	\$1,437.09	\$1,420.81	2	\$1,420.81
Employee + Child(ren)	0	\$1,378.62	\$1,363.01	0	\$1,363.01
Family	<u>5</u>	<u>\$2,089.74</u>	<u>\$2,066.07</u>	<u>5</u>	<u>\$2,066.07</u>
	17	\$249,976	\$247,144	17	\$247,144
<u>H.S.A. - Plan</u>					
		<u>\$2,500 Deductible</u>	<u>\$2,600 Deductible</u>		<u>\$2,600 Deductible</u>
EE Only	19	\$691.45	\$656.12	15	\$656.12
Employee + Spouse	11	\$1,410.26	\$1,338.20	2	\$1,338.20
Employee + Child(ren)	4	\$1,349.02	\$1,280.09	1	\$1,280.09
Family	<u>46</u>	<u>\$2,093.84</u>	<u>\$1,986.85</u>	<u>25</u>	<u>\$1,986.85</u>
	80	\$1,564,358	\$1,484,423	43	\$761,634
<u>Alternate 2 - H.S.A. Plan - \$3,250 Deductible</u>					
EE Only	0		\$639.72	4	\$639.72
Employee + Spouse	0		\$1,304.75	9	\$1,304.75
Employee + Child(ren)	0		\$1,248.09	3	\$1,248.09
Family	<u>0</u>		<u>\$1,937.18</u>	<u>21</u>	<u>\$1,937.18</u>
	0		\$0	37	\$704,720
<u>HMO Illinois</u>					
EE Only	46	\$602.74	\$580.82	46	\$580.82
Employee + Spouse	12	\$1,192.08	\$1,148.72	12	\$1,148.72
Employee + Child(ren)	10	\$1,143.97	\$1,102.37	10	\$1,102.37
Family	<u>39</u>	<u>\$1,769.95</u>	<u>\$1,705.58</u>	<u>39</u>	<u>\$1,705.58</u>
	107	\$1,469,984	\$1,416,524	107	\$1,416,524
Total	292	\$5,239,845	\$5,103,620	292	\$5,085,551

* Assumes funding for PPACA Tax Stabilization Fund and ACA Reserve/Premium Stabilization Fund.

Village of Orland Park
Dental Review
January 1, 2015



Benefits Presented by: Mike Wojcik

4 Tier

EE
87

EE + Spouse
70

EE + C
18

Fam
134

Total
309

Final Recommended 01-15

Carriers:	CURRENT Delta Dental	RENEWAL Delta Dental	ALTERNATIVE 1 Delta Dental	ALTERNATIVE 2 Delta Dental	ALTERNATIVE 3 Delta Dental	OPTION 1 Guardian	OPTION 2 Standard	OPTION 3 Sun Life
Type of Plan	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
				Add To Go Plan	Add Coverage for posterior composites (basic) & implants (major).			
In Network Benefits								
Individual Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Out of Network Benefits								
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Dental Funding Factors (Includes Admin Fee)								
	4 tier	4 tier	4 tier	4 tier	4 tier	4 tier	Fully Insured	4 tier
Employee	\$31.21	\$32.87	\$34.49	\$34.11	\$33.65	\$31.21	\$32.08	\$30.98
Employee + Spouse	\$62.43	\$65.73	\$68.99	\$68.22	\$67.29	\$62.43	\$64.16	\$57.71
Employee + Children	\$77.29	\$81.39	\$85.42	\$84.47	\$83.31	\$77.29	\$79.44	\$70.43
Family	\$108.51	\$114.25	\$119.91	\$118.58	\$116.96	\$108.51	\$111.48	\$97.16
Monthly Funding (Estimated Claim Liab)								
	\$23,016.93	\$24,235.31	\$25,435.43	\$25,153.15	\$24,810.07	\$23,016.93	\$23,650.40	\$21,022.14
Annual Funding (Estimated Claim Liab)								
	\$276,203.16	\$290,823.72	\$305,225.16	\$301,837.80	\$297,720.84	\$276,203.16	\$283,804.80	\$252,265.68
Percentage Change from Current								
		5.29%	10.51%	9.28%	7.79%	0.00%	2.75%	-8.67%
Monthly Fixed Costs								
	\$3.96	\$4.10	\$4.10	\$4.10	\$4.10	\$3.69		\$4.26
Annual Fixed Costs								
	\$14,683.68	\$15,202.80	\$15,202.80	\$15,202.80	\$15,202.80	\$13,682.52		\$15,796.08
Percentage Change from Current								
		3.54%	3.54%	3.54%	3.54%	-6.82%		7.58%
Rate Guarantee								
		Until 12/31/15	Until 12/31/15	Until 12/31/15	Until 12/31/15	Until 12/31/16		Until 12/31/14

Village of Orland Park
Life Review
January 1, 2015



Presented by: Mike Wojcik

Final Recommended 01-15

Carriers:	CURRENT Dearborn National	RENEWAL Dearborn National	OPTION 1 Standard	OPTION 2 Sun Life
<u>BENEFIT AMOUNT</u>				
Class 1:	\$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
<u>Reduction Clauses</u>				
% Benefit Amount Reduces to at Age 65			65%	n/a
% Benefit Amount Reduces to at Age 70	None	None	50%	50%
% Benefit Amount Reduces to at Age 75			35%	n/a
% Benefit Amount Reduces to at Age 80				
<u>Dependent Benefit Amount</u>				
Spouse	\$2,000	\$2,000	\$2,000	\$2,000
Child 14 days to 6 months	\$1,000	\$1,000	\$1,000	\$0
Child 6 months and older	\$1,000	\$1,000	\$1,000	\$1,000
<u>Volumes</u>				
Life/ADD Volume	\$39,560,000	\$39,560,000	\$39,560,000	\$39,560,000
Number of Dependent Units	229	229	229	229
<u>Rates</u>				
Employee Life per \$1,000	\$0.110	\$0.110	\$0.130	\$0.186
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.020	\$0.021
Combined Life/ADD Rate/\$1,000	\$0.130	\$0.130	\$0.150	\$0.207
Dependent Rate per Unit	\$0.500	\$0.500	\$1.000	\$0.820
Life/ADD Monthly Premium	5,142.80	5,142.80	5,934.00	8,188.92
Life/ADD Annual Premium	61,713.60	61,713.60	71,208.00	98,267.04
Dependent Life Annual Premium	<u>1,374.00</u>	<u>1,374.00</u>	<u>2,748.00</u>	<u>2,253.36</u>
Total Annual Premium	\$63,087.60	\$63,087.60	\$73,956.00	\$100,520.40
Percentage Change		0.00%	17.23%	59.33%
Rate Guarantee	Until 12/31/2016	Until 12/31/2016	Unitl 12/31/2016	Until 12/31/2016

Class 1 - Elected Officials

Class 2 - All Other Employees

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



**EE
251**

Under Review 01-15

Presented by: Mike Wojcik

	ASO	ASO
	Current Guardian	Renewal Guardian
Benefit:	70% to \$2,500	70% to \$2,500
Elimination Period:	1 day Accident 8 days Illness	1 day Accident 8 days Illness
Duration	52 Weeks	52 Weeks
Rate/PEPM	\$1.20	\$1.30
Total Monthly Premium	\$301.20	\$326.30
Total Annual Premium	\$3,614.40	\$3,915.60
Percent Change		8.33%
Rate Guarantee	Until 12/31/14	1 Year

Guardian renewal is subject to final internal review and approval.

**Village of Orland Park
Vision Rates/Benefits Review
January 1, 2015**



	4 Tier
EE	87
EE + Sp	66
EE + C	18
Family	135
Total	306

Benefits Presented by: Mike Wojcik

Final Recommended 01-15					
Carriers:	CURRENT EyeMed	RENEWAL EyeMed	OPTION 1 Guardian	OPTION 2 Standard	OPTION 3 VSP
	12/12/12	12/12/12	12/12/12	12/12/24	12/12/12
Copayment Exam	\$10	\$10	\$10	\$10	\$10
Copayment Materials	\$25 (Select Plan)	\$25 (Select Plan)	\$25 Davis	\$25 EyeMed Access Network	\$25
In Network Benefits					
Examination	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Basic Lenses					
Single	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Bifocal	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Trifocal	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Lenticular	Covered in Full*	Covered in Full*	Covered in Full*	20% Discount	Covered in Full*
Frames	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance	Covered up to \$130	Covered up to \$110 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	\$130 Max	Exam Co-pay \$55 Materials up to \$115.00	Exam Co-pay \$60 Materials up to \$130.00
Necessary Contact Lenses	Covered in Full subject to copayment	Covered in Full subject to copayment	Covered after Copay	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	Up to \$50.00	Up to \$35.00	Up to \$45.00
Basic Lenses					
Single	Up to \$25.00	Up to \$25.00	Up to \$48.00	Up to \$25.00	Up to \$30.00
Bifocal	Up to \$40.00	Up to \$40.00	Up to \$67.00	Up to \$40.00	Up to \$50.00
Trifocal	Up to \$60.00	Up to \$60.00	Up to \$86.00	Up to \$55.00	Up to \$65.00
Frames	Up to \$65.00	Up to \$65.00	Up to \$48.00	Up to \$45.00	Up to \$70.00
Elective Contact Lenses	Up to \$104.00	Up to \$104.00	Up to \$105.00	Up to \$100.00	Up to \$105.00
Necessary Contact Lenses	Up to \$200.00	Up to \$200.00	Up to \$210.00	Up to \$200.00	Up to \$210.00
Medical Premium					
Employee	4 Tier	4 Tier	4 Tier	4 Tier	4 Tier
Employee + 1 Dep / EE + Sp	\$4.81	\$4.95	\$7.98	\$7.48	\$5.75
/ EE + C	\$9.14	\$9.41	\$13.43	\$16.12	\$9.21
Family	\$9.62	\$9.91	\$13.70	\$13.00	\$9.40
	\$14.14	\$14.56	\$21.68	\$21.64	\$15.15
Total Monthly Premium	\$3,103.77	\$3,195.69	\$4,754.04	\$4,870.08	\$3,322.56
Total Annual Premium	\$37,245.24	\$38,348.28	\$57,048.48	\$58,440.96	\$39,870.72
Percent Change from Current Rate Guarantee	2.96%	2.96%	53.17%	56.91%	7.05%
	Until 12/31/14	Until 12/31/18	Until 12/31/16	Until 12/31/18	Until 12/31/18
			Requires 75% Participation	Assumes employee contribution required	Requires 75% Participation

* After applicable copayment.