

**Village of Orland Park**  
**January 1, 2015**

The following Medical markets were approached:

<b>Carrier</b>	<b>Status</b>
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:

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

The following Life / STD markets were approached:

<b>Carrier</b>	<b>Status</b>
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:

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

Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS	% Change	Final Recommended 01-15	
			Assumes Prem Equiv Reduction	
<b>Reinsurance/Health Carrier</b>	<b>BCBS</b>		<b>ALT 2 \$3,250 HSA RENEWAL</b>	
Specific Deductible	\$100,000		BCBS	
Specific Contract	24/12		\$100,000	
Specific Coverage	Medical & Rx		24/12	
Aggregate Contract	24/12		Medical & Rx	
Aggregate Coverage	Medical & Rx		24/12	
Annual Maximum	Unlimited		Medical & Rx	
Lifetime Maximum	Unlimited		Unlimited	
<i>Aggregate Run-In-Limit</i>	N/A		N/A	
<i>Specific Run-In-Limit</i>	N/A		N/A	
<b>Employee Census</b>				
PPO Employees	185		185	
H.S.A. Employees	0		0	
HMO Employees	107		107	
<b>Total</b>	<b>292</b>		<b>292</b>	
<b>Fixed Costs</b>				
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)	
<u>Monthly Admin Costs</u>	\$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	
<u>Monthly Specific Costs</u>	\$32,065.03		\$28,483.25	-11.2%
<b>Subtotal Monthly Costs (Admin + Spec)</b>	<b>\$43,829.71</b>		<b>\$41,926.93</b>	<b>-4.3%</b>
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	
<b>Grand Total Annual Fixed Costs</b>	<b>\$560,742.52</b>		<b>\$536,192.16</b>	<b>-4.4%</b>
<b>Capitation Fees</b>				
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	
<b>Total Monthly Capitation Costs</b>	<b>\$45,996.17</b>		<b>\$44,121.20</b>	
<b>Total Annual Capitation Costs</b>	<b>\$551,954.04</b>		<b>\$529,454.40</b>	
<b>Aggregate Liability</b>	<b>120% Corridor</b>		<b>120% Corridor</b>	
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	
<b>Total Monthly Aggregate Liability:</b>	<b>\$376,332.43</b>		<b>\$349,060.04</b>	
<b>Total Annual Aggregate Liability:</b>	<b>\$4,515,989.16</b>		<b>\$4,188,720.48</b>	<b>-7.2%</b>
<b>Estimated Run In Liability</b>				
ACA Reserve/Premium Stabilization Fund	\$560,000.00		\$469,506.00	
PPACA Tax Stabilization Fund	\$70,027.32		\$59,938.32	
<b>Maximum Plan Exposure</b>	<b>\$6,258,713.04</b>		<b>\$5,783,811.36</b>	<b>-7.6%</b>
<b>Expected Plan Exposure</b>	<b>\$5,505,897.65</b>		<b>\$5,085,551.66</b>	<b>-7.6%</b>

**Health Review**  
**January 1, 2015**  
**Reinsurance Carriers**

Presented by: Michael Wojcik

Contract Specifics	CURRENT BCBS	% Change	OPTION 2 BCBS	% Change	OPTION 3 BCBS	% Change
<b>Reinsurance/Health Carrier</b>	<b>BCBS</b>		<b>QBE</b>		<b>BERKLEY</b>	
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	
<i>Aggregate Run-In-Limit</i>	N/A		\$793,295		\$726,960	
<i>Specific Run-In-Limit</i>	N/A		N/A		N/A	
<b>Employee Census</b>						
PPO Employees	185		185		185	
H.S.A. Employees	0		0		0	
HMO Employees	107		107		107	
<b>Total</b>	<b>292</b>		<b>292</b>		<b>292</b>	
<b>Fixed Costs</b>						
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)	
<u>Monthly Admin Costs</u>	\$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	
<u>Monthly Specific Costs</u>	\$32,065.03		\$35,813.80	11.7%	\$35,364.12	10.3%
<b>Subtotal Monthly Costs (Admin + Spec)</b>	<b>\$43,829.71</b>		<b>\$49,257.48</b>	<b>12.4%</b>	<b>\$48,807.80</b>	<b>11.4%</b>
Annual Access Fee	2.51%		2.51%		2.51%	
Monthly Aggregate Premium Rate			\$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	
<b>Grand Total Annual Fixed Costs</b>	<b>\$560,742.52</b>		<b>\$613,375.20</b>	<b>9.4%</b>	<b>\$608,504.64</b>	<b>8.5%</b>
<b>Capitation Fees</b>						
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	
<b>Total Monthly Capitation Costs</b>	<b>\$45,996.17</b>		<b>\$44,121.20</b>		<b>\$44,121.20</b>	
<b>Total Annual Capitation Costs</b>	<b>\$551,954.04</b>		<b>\$529,454.40</b>		<b>\$529,454.40</b>	
<b>Aggregate Liability</b>	<b>120% Corridor</b>		<b>125% Corridor</b>		<b>125% Corridor</b>	
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	
<b>Total Monthly Aggregate Liability:</b>	<b>\$376,332.43</b>		<b>\$403,164.40</b>		<b>\$399,759.68</b>	
<b>Total Annual Aggregate Liability:</b>	<b>\$4,515,989.16</b>		<b>\$4,837,972.80</b>	<b>7.1%</b>	<b>\$4,797,116.16</b>	<b>6.2%</b>
<b>Estimated Run In Liability</b>						
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	
<b>Maximum Plan Exposure</b>	<b>\$6,258,713.04</b>		<b>\$6,600,740.72</b>	<b>5.5%</b>	<b>\$6,555,013.52</b>	<b>4.7%</b>
<b>Expected Plan Exposure</b>	<b>\$5,505,897.65</b>		<b>\$5,633,146.16</b>	<b>2.3%</b>	<b>\$5,595,590.29</b>	<b>1.6%</b>

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

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

<b>Final Recommended 01-15</b>					
	Projected Enrollment	2014 Fully Insured "Expected" Equivalents	2015 Fully Insured "Expected" Equivalents	Projected Enrollment With New HSA	2015 Fully Insured "Expected" Equivalents
<u><b>Gold PPO Plan</b></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	\$1,955,526	88	\$1,955,526
<u><b>Silver PPO Plan</b></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><b>H.S.A. - Plan</b></u>					
		<u><b>\$2,500 Deductible</b></u>	<u><b>\$2,600 Deductible</b></u>		<u><b>\$2,600 Deductible</b></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><b>Alternate 2 - H.S.A. Plan - \$3,250 Deductible</b></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><b>HMO Illinois</b></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
<b>Total</b>	<b>292</b>	<b>\$5,239,845</b>	<b>\$5,103,620</b>	<b>292</b>	<b>\$5,085,551</b>

\* 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

<b>4 Tier</b>	<b>EE</b> <b>87</b>	<b>EE + Spouse</b> <b>70</b>	<b>EE + C</b> <b>18</b>	<b>Fam</b> <b>134</b>	<b>Total</b> <b>309</b>
---------------	------------------------	---------------------------------	----------------------------	--------------------------	----------------------------

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
<u>In Network Benefits</u>						<b>Add Coverage for posterior composites (basic) &amp; implants (major).</b>			
Individual Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	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	\$1,500
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
<u>Out of Network Benefits</u>									
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	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	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
<u>Dental Funding Factors (Includes Admin Fee)</u>		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	
<u>Monthly Funding (Estimated Claim Liab)</u>	\$23,016.93	\$24,235.31	\$25,435.43	\$25,153.15	\$24,810.07	\$23,016.93	\$23,650.40	\$21,022.14	
<u>Annual Funding (Estimated Claim Liab)</u>	\$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%	
<u>Monthly Fixed Costs</u>	\$3.96	\$4.10	\$4.10	\$4.10	\$4.10	\$3.69	\$4.26		
<u>Annual Fixed Costs</u>	\$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 12/31/15	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**

<b>Carriers:</b>		<b>CURRENT</b> Dearborn National	<b>RENEWAL</b> Dearborn National	<b>OPTION 1</b> Standard	<b>OPTION 2</b> Sun Life
<b>BENEFIT AMOUNT</b>					
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
<b>Reduction Clauses</b>					
% 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					
<b>Dependent Benefit Amount</b>					
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
<b>Volumes</b>					
Life/ADD Volume		\$39,560,000	\$39,560,000	\$39,560,000	\$39,560,000
Number of Dependent Units		229	229	229	229
<b>Rates</b>					
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
<b>Combined Life/ADD Rate/\$1,000</b>		<b>\$0.130</b>	<b>\$0.130</b>	<b>\$0.150</b>	<b>\$0.207</b>
Dependent Rate per Unit		<b>\$0.500</b>	<b>\$0.500</b>	<b>\$1.000</b>	<b>\$0.820</b>
Life/ADD Monthly Premium		5,142.80	5,142.80	5,934.00	8,188.92
Life/ADD Annual Premium		<b>61,713.60</b>	<b>61,713.60</b>	<b>71,208.00</b>	<b>98,267.04</b>
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		<b>\$63,087.60</b>	<b>\$63,087.60</b>	<b>\$73,956.00</b>	<b>\$100,520.40</b>
Percentage Change			0.00%	17.23%	59.33%
Rate Guarantee		Until 12/31/2016	Until 12/31/2016	Until 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**

Presented by: Mike Wojcik

**ASO**

**Under Review 01-15**

**ASO**

	<b>Current Guardian</b>	<b>Renewal Guardian</b>
<b>Benefit: Elimination Period:</b>	70% to \$2,500  1 day Accident 8 days Illness	70% to \$2,500  1 day Accident 8 days Illness
<b>Duration</b>	<b>52 Weeks</b>	<b>52 Weeks</b>
<b>Rate/PEPM</b>	\$1.20	\$1.30
<b>Total Monthly Premium</b>	\$301.20	\$326.30
<b>Total Annual Premium</b>	<b>\$3,614.40</b>	<b>\$3,915.60</b>
<b>Percent Change</b>		8.33%
<b>Rate Guarantee</b>	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	<u>135</u>
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	
<b>Copayment Exam</b>	12/12/12	12/12/12	12/12/12	12/12/24		12/12/12
<b>Copayment Materials</b>	\$10 \$25  (Select Plan)	\$10 \$25  (Select Plan)	\$10 \$25  Davis	\$10 \$25  EyeMed Access Network		\$10 \$25
<b>In Network Benefits</b>						
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*	Covered in Full*		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
<b>Out of Network Benefits</b>						
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
<b>Medical Premium</b>	4 Tier	4 Tier	4 Tier	4 Tier		4 Tier
Employee	\$4.81	\$4.95	\$7.98	\$7.48		\$5.75
Employee + 1 Dep / EE + Sp	\$9.14	\$9.41	\$13.43	\$16.12		\$9.21
/ EE + C	\$9.62	\$9.91	\$13.70	\$13.00		\$9.40
Family	\$14.14	\$14.56	\$21.68	\$21.64		\$15.15
<b>Total Monthly Premium</b>	\$3,103.77	\$3,195.69	\$4,754.04	\$4,870.08		\$3,322.56
<b>Total Annual Premium</b>	\$37,245.24	\$38,348.28	\$57,048.48	\$58,440.96		\$39,870.72
<b>Percent Change from Current Rate Guarantee</b>	Until 12/31/14	2.96%	53.17%	56.91%		7.05%
		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.