

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 | 2 nd year of rate guarantee, 4.90 ppm, 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 background of the slide features a close-up of a hand in a blue shirt pointing at a screen. Overlaid on the screen are several circular icons: a speech bubble, a person silhouette, an information 'i' icon, a laptop, a mail icon, and a document with a checkmark. The overall theme is digital marketing and technology.

The Horton Group's

Marketing Spreadsheet

Prepared for: Village of Orland Park

September 2016

Presented By:

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Insurance • Risk Advisory • Employee Benefits

HORTON

Village of Orland Park
January 1, 2017

The following Medical markets were approached:

| <u>Carrier</u> | <u>Status</u> |
|--------------------------|---------------|
| Blue Cross & Blue Shield | Incumbent |
| AIG | Declined |
| Guardian | Declined |
| Optum | Quoted |
| Swiss Re | Quoted |
| United Healthcare | Declined |

The following Dental markets were approached:

| <u>Carrier</u> | <u>Status</u> |
|----------------|---------------|
| Delta Dental | Incumbent |
| Guardian | Not Received |
| Lincoln | Declined |
| MetLife | Quoted |
| Principal | Declined |
| Standard | Received |

The following Life / STD markets were approached:

| <u>Carrier</u> | <u>Status</u> |
|-------------------|---------------|
| Dearborn National | Incumbent |
| Guardian | Not Received |
| Lincoln | Declined |
| MetLife | Quoted |
| Principal | Declined |
| Standard | Received |

The following Vision markets were approached:

| <u>Carrier</u> | <u>Status</u> |
|----------------|---------------|
| EyeMed | Incumbent |
| | |



Village of Orland Park
Health Review
January 1, 2017

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 | HDHP |
| | | | | OPPSA | Non-Union, IBEW, MAP, AFSCME, DCC, Library |
| <u>In Network Benefits</u> | | | | | |
| 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 | \$1,500 | \$500 | \$1,500 | \$5,950 | \$5,950 |
| Includes Ded | | | | | |
| Rx Individual Out of Pocket | \$3,000 | \$3,000 | \$3,000 | Included in Medical | Included in Medical |
| Medical Family Out of Pocket | \$3,000 | \$1,500 | \$4,500 | \$11,900 | \$11,900 |
| Includes Ded | | | | | |
| 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 |
| <u>Out of Network Benefits</u> | | | | | |
| 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 | | \$5,000 | \$11,000 | \$10,000 | \$10,000 |
| Includes Ded | | | | | |
| Family Out of Pocket | | \$15,000 | \$33,000 | \$20,000 | \$20,000 |
| Includes Ded | | | | | |
| 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 86 | EE + Spouse 82 | EE + C 20 | Fam 136 | Total 324 |
|--------|----------|-------------------|--------------|------------|--------------|

| | | Delta Dental Corrected Rates 9/26/16 | | | |
|--|----------------------|--------------------------------------|------------------------------|-----------------------|--|
| Carriers: | CURRENT Delta Dental | RENEWAL Delta Dental | 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 | | | | | |
| Individual Deductible | \$50 | \$50 | R&C 90TH Percentile | 90TH U & C | |
| Family Deductible | \$150 | \$150 | \$50 | \$50 | |
| Preventative Co-Insurance | 100% | 100% | \$150 | \$150 | |
| Deductible Waived on Preventative | Yes | Yes | 100% | 100% | |
| Basic Co-Insurance | 100% | 100% | Yes | Yes | |
| Major Co-Insurance | 80% | 80% | 100% | 100% | |
| Orthodontia Co-Insurance | 50% | 50% | 80% | 80% | |
| Deductible Waived on Ortho | Yes | Yes | 50% | 50% | |
| Endodontics Co-Insurance | 100% | 100% | Yes | Yes | |
| Periodontics Co-Insurance | 100% | 100% | 100% | 100% | |
| Surgical Periodontics Co-Insurance | 100% | 100% | 100% | 100% | |
| Annual Maximum | \$1,000 | \$1,000 | 100% | 100% | |
| Orthodontia Lifetime Maximum | \$1,000 | \$1,000 | \$1,000 | \$1,000 | |
| | | | \$1,000 | \$1,250 | |
| Dental Funding Factors (Includes Admin Fee) | | | | | |
| Employee | \$35.01 | \$34.47 | Fully Insured Rates | | |
| Employee + Spouse | \$70.01 | \$68.94 | \$25.45 | \$31.73 | |
| Employee + Children | \$86.69 | \$85.36 | \$52.56 | \$58.85 | |
| Family | \$121.70 | \$119.83 | \$57.44 | \$71.78 | |
| | | | \$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 | \$4.59 | |
| Annual Fixed Costs | \$15,940.80 | \$16,562.88 | Claims | \$17,845.92 | |
| Percentage Change from Current | | 3.90% | \$31,224.00 | 11.95% | |
| Administration Rate Guarantee | | Until 12/31/17 | Total 2017 Cost | Until 12/31/18 | |
| | | | \$271,554.00 | | |
| | | 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**



Presented by: Mike Wojcik

| Carriers: | CURRENT DEARBORN | RENEWAL DEARBORN | ALTERNATE 1 DEARBORN | OPTION 1 METLIFE | OPTION 2 STANDARD |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <u>BENEFIT AMOUNT</u> | | | | | |
| 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 |
| <u>Reduction Clauses</u> | | | | | |
| % 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 | | | | | |
| <u>Dependent Benefit Amount</u> | | | | | |
| 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 |
| <u>Travel Evacuation</u> | Included | Included | Included | Not Included | Not Included |
| <u>Volumes</u> | | | | | |
| 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 |
| <u>Rates</u> | | | | | |
| 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 |
|-----------------------------------|---|
| <u>Employee Benefit Amount</u> | Increments of \$10K from minimum of \$10K to maximum \$150K. |
| <u>Spouse Benefit Amount</u> | Increments of \$5K from minimum of \$5K to maximum \$20K. Spouse coverage is limited to 50% of the employee amount. |
| <u>Child Benefit Amount</u> | Birth to 14 days: \$100 15 days to 6 months: \$1,000 6 months and later: \$5,000 |
| <u>Benefit Reduction Schedule</u> | |
| % Benefit Reduces to at Age 65 | 65% |
| % Benefit Reduces to at Age 70 | 50% |
| <u>Life Premium</u> | <u>\$1k/Mo/EE & SP Rates</u> |
| 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 |
| <u>Rate Guarantee</u> | 2 Years |

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



**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 (Select Plan) | \$25 (Select Plan) |
| <u>In Network Benefits</u> | | |
| Examination | Covered in Full* | Covered in Full* |
| Basic Lenses | | |
| | Covered in Full* | Covered in Full* |
| 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 | | |
| | Up to \$25.00 | Up to \$25.00 |
| Single | Up to \$40.00 | Up to \$40.00 |
| Bifocal | Up to \$60.00 | Up to \$60.00 |
| Trifocal | Up to \$65.00 | Up to \$65.00 |
| Frames | Up to \$104.00 | Up to \$104.00 |
| Elective Contact Lenses | Up to \$200.00 | Up to \$200.00 |
| Necessary Contact Lenses | | |
| <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 | \$3,286.13 | \$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.