

Village of Orland Park

January 1, 2012

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
Aetna	Incumbent
Allied	Quoted
AmWins	Declined
Blue Cross & Blue Shield	Declined
Chartis	Declined
Cigna	Declined
Humana	Quoted
Sun Life	Declined
United Healthcare	Declined

The following Dental markets were approached:

<u>Carrier</u>	<u>Status</u>
Ameritas	Quoted
Dearborn National	Quoted
Delta Dental	Incumbent
Guardian	Quoted
Lincoln Financial	Declined
Met Life	Declined
Principal Financial	Declined
Reliance Standard	Quoted
Standard	Declined

The following Ancillary markets were approached:

<u>Carrier</u>	<u>Status</u>
Dearborn National	Quoted
Guardian	Quoted
Lincoln Financial	Declined
Met Life	Declined
Mutual of Omaha	Declined
Principal Financial	Declined
Reliance Standard	Declined
Standard	Declined
UNUM	Quoted

Village of Orland Park
Health Review
January 1, 2012
Full Enrollment Included



Presented by: Michael Wojcik

Contract Specifics	CURRENT	Renegotiated Renewal 1		Renegotiated Renewal 2		RENEWAL ALT	% Change
		RENEWAL	% Change	RENEWAL	% Change		
Reinsurance/Health Carrier	Aetna	Aetna		Aetna		Aetna	
Specific Deductible	\$100,000	\$100,000		\$100,000		\$100,000	
Specific Contract	15/12	PAID		PAID		PAID	
Specific Coverage	Medical & Rx	Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Contract	15/12	PAID		PAID		PAID	
Aggregate Coverage	Medical & Rx	Medical & Rx		Medical & Rx		Medical & Rx	
Annual Maximum	\$1,000,000	\$1,000,000		\$1,000,000		\$1,000,000	
Lifetime Maximum	Unlimited	Unlimited		Unlimited		Unlimited	
Aggregate Run-in-limit	N/A	N/A		N/A		N/A	
Stop Loss Run-In Cap	N/A	N/A		N/A		N/A	
Employee Census							
PPO Employees	142	142		142		142	
H.S.A. Employees	57	57		57		57	
HMO Employees	115	115		115		115	
Total	314	314		314		314	
Fixed Costs							
PPO Administration	142	\$30.42		\$30.42		\$30.42	
HMO Administration	115	\$32.74		\$32.74		\$32.74	
H.S.A. Administration	57	\$30.42		\$30.42		\$30.42	
Monthly Admin Costs	314	\$9,818.68		\$9,818.68		\$9,818.68	
PPO Specific Premium	142	\$113.27		\$134.22		\$133.09	
HMO Specific Premium	115	\$113.27		\$134.22		\$133.09	
H.S.A. Specific Premium	57	\$113.27		\$134.22		\$133.09	
Monthly Specific Costs		\$35,566.78		\$42,145.08		\$41,790.26	
Subtotal Monthly Costs (Admin + Spec)		\$45,385.46		\$51,963.76		\$51,608.94	
Annual Access Fee		0.0%		0.0%		0.0%	
Aggregate Premium	314	\$11.23		\$13.31		\$13.20	
Monthly Aggregate Premium		\$3,526.22		\$4,179.34		\$4,144.80	
Annual Aggregate Premium		\$42,314.64		\$50,152.08		\$49,737.60	
Annual Administration Fee		n/a		n/a		n/a	
Grand Total Annual Fixed Costs		\$586,940.16		\$673,717.20		14.8%	
Capitation Fees							
HMO Cap Fee (Single)	41	\$0.00		\$0.00		\$0.00	
HMO Cap Fee (Family)	74	\$0.00		\$0.00		\$0.00	
HMO Managed Care Fee	115						
Total Monthly Capitation Costs		\$0.00		\$0.00		\$0.00	
Total Annual Capitation Costs		\$0.00		\$0.00		\$0.00	
Aggregate Liability							
PPO Aggregate Factor	142	\$1,530.92		\$1,709.86		\$1,675.66	
HMO Aggregate Factor	115	\$1,530.92		\$1,709.86		\$1,675.66	
H.S.A. Aggregate Factor	57	\$1,530.92		\$1,709.86		\$1,675.66	
Total Monthly Aggregate Liability:		\$480,708.88		\$536,896.04		\$526,157.24	
Total Annual Aggregate Liability:		\$5,768,506.56		\$6,442,752.48		11.7%	
Maximum Plan Exposure		\$6,355,446.72		\$7,116,469.68		12.0%	
Expected Plan Exposure		\$5,201,745.41		\$5,827,919.18		12.0%	
Recommended Reserve Pool: 2% of Expected Costs						\$5,834,557.47	12.2%

Village of Orland Park
Health Review
January 1, 2012
Full Enrollment Included



Presented by: Michael Wojcik

Contract Specifics		CURRENT	Renegotiated Renewal 2							
			RENEWAL	% Change	RENEWAL	% Change	Alternate Carrier	% Change	Alternate Carrier	% Change
Reinsurance/Health Carrier		Aetna	Aetna		Aetna		Allied/Cigna/Standard		Allied/Cigna/Standard	
Specific Deductible		\$100,000	\$100,000		\$100,000		Security		Security	
Specific Contract		15/12	PAID		PAID		\$100,000		\$100,000	
Specific Coverage		Medical & Rx	Medical & Rx		Medical & Rx		12/15		12/12	
Aggregate Contract		15/12	PAID		PAID		Medical & Rx		Medical & Rx	
Aggregate Coverage		Medical & Rx	Medical & Rx		Medical & Rx		12/15		12/12	
Annual Maximum		Unlimited	Unlimited		\$1,000,000		Medical & Rx		Medical & Rx	
Lifetime Maximum		N/A	N/A		Unlimited		Unlimited		\$1,000,000	
Aggregate Run-in-limit		N/A	N/A		N/A		N/A		Unlimited	
Stop Loss Run-In Cap		N/A	N/A		N/A		N/A		N/A	
Employee Census										
PPO Employees		142	142		142		96 Single		96 Single	
H.S.A. Employees		57	57		57		218 Family		218 Family	
HMO Employees		115	115		115					
Total		314	314		314		314		314	
Fixed Costs										
PPO Administration	142	\$30.42	\$30.42		\$30.42		\$30.00		\$30.00	
HMO Administration	115	\$32.74	\$32.74		\$32.74		\$30.00		\$30.00	
H.S.A. Administration	57	\$30.42	\$30.42		\$30.42		\$30.00		\$30.00	
Monthly Admin Costs	314	\$9,818.68	\$9,818.68	0.0%	\$9,818.68	0.0%	\$9,420.00	-4.1%	\$9,420.00	-4.1%
PPO Specific Premium	142	\$113.27	\$134.22		\$133.09		\$61.77 Single		\$55.60 Single	
HMO Specific Premium	115	\$113.27	\$134.22		\$133.09		\$150.74 Family		\$135.30 Family	
H.S.A. Specific Premium	57	\$113.27	\$134.22		\$133.09					
Monthly Specific Costs		\$35,566.78	\$42,145.08	18.5%	\$41,790.26	17.5%	\$38,791.24	9.1%	\$34,833.00	-2.1%
Subtotal Monthly Fixed Costs		\$45,385.46	\$51,963.76	14.5%	\$51,608.94	13.7%	\$48,211.24	6.2%	\$44,253.00	-2.5%
Annual Access Fee		0.0%	0.0%		0.0%		Included		Included	
Aggregate Premium	314	\$11.23	\$13.31		\$13.20		\$8.16		\$7.24	
Monthly Aggregate Premium		\$3,526.22	\$4,179.34		\$4,144.80		\$2,562.24		\$2,273.36	
Annual Aggregate Premium		\$42,314.64	\$50,152.08	18.5%	\$49,737.60	17.5%	\$30,746.88	-27.3%	\$27,280.32	-35.5%
Annual Administration Fee		n/a	n/a		n/a		\$2,000.00		\$2,000.00	
Grand Total Annual Fixed Costs		\$586,940.16	\$673,717.20	14.8%	\$669,044.88	14.0%	\$611,281.76	4.1%	\$560,316.32	-4.5%
Capitation Fees										
HMO Cap Fee (Single)	41	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
HMO Cap Fee (Family)	74	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
HMO Managed Care Fee	115									
Total Monthly Capitation Costs		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
Total Annual Capitation Costs		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
Aggregate Liability										
PPO Aggregate Factor	142	\$1,530.92	\$1,709.86		\$1,675.66		\$826.82 Single		\$713.62 Single	
HMO Aggregate Factor	115	\$1,530.92	\$1,709.86		\$1,675.66		\$2,133.80 Family		\$1,838.37 Family	
H.S.A. Aggregate Factor	57	\$1,530.92	\$1,709.86		\$1,675.66					
Total Monthly Aggregate Liability:		\$480,708.88	\$536,896.04		\$526,157.24		\$544,543.12		\$469,272.18	
Total Annual Aggregate Liability:		\$5,768,506.56	\$6,442,752.48	11.7%	\$6,313,886.88	9.5%	\$6,534,517.44	13.3%	\$5,631,266.16	-2.4%
Maximum Plan Exposure		\$6,355,446.72	\$7,116,469.68	12.0%	\$6,982,931.76	9.9%	\$7,145,799.20	12.4%	\$6,191,582.48	-2.6%
Expected Plan Exposure		\$5,201,745.41	\$5,827,919.18	12.0%	\$5,720,154.38	10.0%	\$5,838,895.71	12.2%	\$5,065,329.25	-2.6%
Estimated Run Out (3 mos)									\$1,073,792.08	
Maximum Exposure (Inc Run Out)									\$7,265,374.56	14.3%
Expected Exposure (Inc Run Out)									\$6,139,121.33	18.0%

Village of Orland Park
Health Review
January 1, 2012
Full Enrollment Included



Presented by: Michael Wojcik

Contract Specifics		CURRENT	Renegotiated Renewal 2		RENEWAL ALT	% Change	RENEWAL ALT	% Change	
			RENEWAL	% Change					
Reinsurance/Health Carrier		Aetna	Aetna		Aetna		Humana		
Specific Deductible		\$100,000	\$100,000		\$100,000		\$100,000		
Specific Contract		15/12	PAID		PAID		15/12		
Specific Coverage		Medical & Rx	Medical & Rx		Medical & Rx		Medical & Rx		
Aggregate Contract		15/12	PAID		PAID		15/12		
Aggregate Coverage		Medical & Rx	Medical & Rx		Medical & Rx		Medical & Rx		
Annual Maximum		\$1,000,000	\$1,000,000		\$1,000,000		\$1,000,000		
Lifetime Maximum		Unlimited	Unlimited		Unlimited		Unlimited		
Aggregate Run-in-limit		N/A	N/A		N/A		N/A		
Stop Loss Run-In Cap		N/A	N/A		N/A		N/A		
Employee Census									
PPO Employees		142	142		142		96 Single		
H.S.A. Employees		57	57		57		218 Family		
HMO Employees		115	115		115				
Total		314	314		314		314		
Fixed Costs									
PPO Administration	142	\$30.42	\$30.42		\$30.42		\$38.14		
HMO Administration	115	\$32.74	\$32.74		\$32.74		\$38.14		
H.S.A. Administration	57	\$30.42	\$30.42		\$30.42				
Monthly Admin Costs	314	\$9,818.68	\$9,818.68	0.0%	\$9,818.68	0.0%	\$11,975.96	22.0%	
PPO Specific Premium	142	\$113.27	\$134.22		\$133.09		\$121.67		
HMO Specific Premium	115	\$113.27	\$134.22		\$133.09		\$121.67		
H.S.A. Specific Premium	57	\$113.27	\$134.22		\$133.09				
Monthly Specific Costs		\$35,566.78	\$42,145.08	18.5%	\$41,790.26	17.5%	\$38,204.38	7.4%	
Subtotal Monthly Costs (Admin + Spec)		\$45,385.46	\$51,963.76	14.5%	\$51,608.94	13.7%	\$50,180.34	10.6%	
Annual Access Fee		0.0%	0.0%		0.0%		0.0%		
Aggregate Premium	314	\$11.23	\$13.31		\$13.20		\$15.53		
Monthly Aggregate Premium		\$3,526.22	\$4,179.34		\$4,144.80		\$4,876.42		
Annual Aggregate Premium		\$42,314.64	\$50,152.08	18.5%	\$49,737.60	17.5%	\$58,517.04	38.3%	
Annual Administration Fee		n/a	n/a		n/a		n/a		
Grand Total Annual Fixed Costs		\$586,940.16	\$673,717.20	14.8%	\$669,044.88	14.0%	\$660,681.12	12.6%	
Capitation Fees									
HMO Cap Fee (Single)	41	\$0.00	\$0.00		\$0.00		\$0.00		
HMO Cap Fee (Family)	74	\$0.00	\$0.00		\$0.00		\$0.00		
HMO Managed Care Fee	115								
Total Monthly Capitation Costs		\$0.00	\$0.00		\$0.00		\$0.00		
Total Annual Capitation Costs		\$0.00	\$0.00		\$0.00		\$0.00		
Aggregate Liability									
PPO Aggregate Factor	142	\$1,530.92	\$1,709.86		\$1,675.66		\$1,521.60		
HMO Aggregate Factor	115	\$1,530.92	\$1,709.86		\$1,675.66		\$1,521.60		
H.S.A. Aggregate Factor	57	\$1,530.92	\$1,709.86		\$1,675.66		\$1,521.60		
Total Monthly Aggregate Liability:		\$480,708.88	\$536,896.04		\$526,157.24		\$477,782.40		
Total Annual Aggregate Liability:		\$5,768,506.56	\$6,442,752.48	11.7%	\$6,313,886.88	9.5%	\$5,733,388.80	-0.6%	
Maximum Plan Exposure		\$6,355,446.72	\$7,116,469.68	12.0%	\$6,982,931.76	9.9%	\$6,394,069.92	0.6%	
Expected Plan Exposure		\$5,201,745.41	\$5,827,919.18	12.0%	\$5,720,154.38	10.0%	\$5,247,392.16	0.9%	
Estimated Run Out (3 mos)							\$1,073,792.08	\$1,052,314.48	
Maximum Exposure (Inc Run Out)							\$7,467,862.00	17.5%	
Expected Exposure (Inc Run Out)							\$6,321,184.24	21.5%	
								\$6,348,306.30	22.0%



Village of Orland Park
Dental Review
January 1, 2012
Full Enrollment Included

Benefits Presented by: Mike Wojcik

	<u>EE</u> 78	<u>EE + 1 Dep</u> 89	<u>Fam</u> 152	<u>Total</u> 319
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Closest Matching Plan Designs were Quoted

Carriers:	Recommended Final 01-12						
	CURRENT Delta Dental	RENEWAL Delta Dental	OPTION Ameritas	OPTION Dearborn	OPTION Reliance	OPTION Guardian	OPTION Guardian
Type of Plan	PPO	PPO	PPO	PPO	PPO	PPO	PPO
In Network Benefits							
Individual Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,000	\$1,200	\$1,250	\$1,200	\$1,200
Out of Network Benefits							
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%	100%
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,200	\$1,250	\$1,000	\$1,000
Dental Funding Factors (Includes Admin Fee)							
Employee	\$30.83	\$28.54	\$25.00	\$28.28	\$27.84	\$33.39	
Employee + 1 Dependent	\$61.68	\$57.10	\$50.03	\$53.39	\$52.57	\$64.36	
Employee + 2 or more Dependents	\$106.67	\$99.75	\$86.49	\$90.32	\$88.58	\$112.38	
Monthly Funding (Estimated Claim Liab)	\$24,108.10	\$22,470.02	\$19,549.15	\$20,686.19	\$20,314.41	\$25,414.22	
Annual Funding (Estimated Claim Liab)	\$289,297.20	\$269,640.24	\$234,589.80	\$248,234.28	\$243,772.92	\$243,772.92	\$304,970.64
Percentage Change from Current							
Claims Funding	\$289,297.20	\$269,640.24	\$234,589.80	\$248,234.28	\$243,772.92	\$243,772.92	\$304,970.64
Monthly Fixed Costs	\$3.71/ee/mo	\$3.84/ee/mo	\$3.72/ee/mo	\$4.86/ee/mo	\$3.85/ee/mo	\$2.65/ee/mo	
Annual Fixed Costs	\$14,201.88	\$14,584.68	\$14,240.16	\$18,604.08	\$14,737.80	\$10,144.20	
Percentage Change from Current							
Rate Guarantee		2.70%	0.27%	31.00%	3.77%	-28.57%	
		1 Year	3 Years	1 Year	2 Years	3 Years	

Village of Orland Park
Vision Rates/Benefits Review
January 1, 2012
Full Enrollment Included



Benefits Presented by: Mike Wojcik

EE	77
EE & 1 Dep	89
EE & 2+ Dep	153
Total	319

Recommended Final 01-12		
Carriers:	CURRENT EyeMed	VSP ¹
Copayment Exam	12/12/12	12/12/12
Copayment Materials	\$10 \$25 (Select Plan)	\$10 \$25 (VSP Choice Network)
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*
Tinted/Photochromic	N/A	\$70 Single / \$82 multi-focal copayment Covered up to \$130 (\$50 Wholesale)**
Frames	Covered up to \$130 Plan Allowance	Prof Services & Materials up to \$130.00
Elective Contact Lenses	Prof Fees & Materials up to \$130.00	Prof Services & 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 \$45.00
Basic Lenses		
Single	Up to \$25.00	Up to \$30.00
Bifocal	Up to \$40.00	Up to \$50.00
Trifocal	Up to \$60.00	Up to \$65.00
Frames	Up to \$65.00	Up to \$70.00
Elective Contact Lenses	Up to \$104.00	Up to \$105.00
Necessary Contact Lenses	Up to \$200.00	Up to \$210.00
Medical Premium		
Employee	\$4.81	\$4.86
Employee + 1 Dep	\$9.14	\$7.43
Family	\$13.42	\$13.32
Total Monthly Premium	\$3,237.09	\$3,073.45
Total Annual Premium	\$38,845.08	\$36,881.40
Percent Change from Current Rate Guarantee	TIL 2015	-5.06% 4 Years

¹Please note that the Choice network is included - not the Signature which was in the prior plan

* After applicable copayment.

**20% Discount on amounts exceeding retail allowance

Village of Orland Park
Life Review
January 1, 2012
Full Enrollment Included



Presented by: Mike Wojcik

Recommended Final 01-12			
Carriers:	CURRENT Dearborn National	OPTION UNUM*	OPTION Guardian
BENEFIT AMOUNT			
Class 1:	\$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
Reduction Clauses			
% Benefit Amount Reduces to at Age 65		N/A	65%
% Benefit Amount Reduces to at Age 70	None	50%	40%
% Benefit Amount Reduces to at Age 75		N/A	25%
% Benefit Amount Reduces to at Age 80			15%
Dependent Benefit Amount			
Spouse	\$2,000	\$2,000	\$2,000
Child 14 days to 6 months	\$1,000	\$1,000	\$1,000
Child 6 months and older	\$1,000	\$1,000	\$1,000
Volumes			
Life/ADD Volume	\$37,107,000	\$37,107,000	\$37,107,000
Number of Dependent Units	224	224	224
Rates			
Employee Life per \$1,000	\$0.140	\$0.150	\$0.140
Employee AD&D per \$1000	\$0.020	\$0.030	\$0.015
Combined Life/ADD Rate/\$1,000	\$0.160	\$0.180	\$0.155
Dependent Rate per Unit	\$0.500	\$0.500	\$0.390
Life/ADD Monthly Premium	5,937.12	6,679.26	5,751.59
Life/ADD Annual Premium	71,245.44	80,151.12	69,019.02
Dependent Life Annual Premium	1,344.00	1,344.00	1,048.32
Total Annual Premium	\$72,589.44	\$81,495.12	\$70,067.34
Percentage Change		12.27%	-3.47%
Rate Guarantee	Til 2013	2 Years	2 Years

Class 1 - Elected Officials

Class 2 - All Other Employees

*Cannot match Reduction Schedule exactly

Village of Orland Park
Short Term Disability Review - ASO
January 1, 2012



Presented by: Mike Wojcik

Recommended Final 01-12

	ASO	ASO	ASO
	Current Guardian	Option Dearborn	Option UNUM
Benefit: Elimination Period:	70% to \$2,500 1 day Accident 8 days Illness	70% to \$2,500 1 day Accident 8 days Illness	75% to \$2,000 1 day Accident 8 days Illness
Duration	52 Weeks	52 Weeks	52 Weeks
Rate/PEPM	\$0.75	\$1.92	\$2.96
Total Monthly Premium	\$194.25	\$497.28	\$766.64
Total Annual Premium	\$2,331.00	\$5,967.36	\$9,199.68
Rate Guarantee	Til 2013	156.00% 2 Years	294.67% 1 Year