

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

Renegotiated Renewal 1

Recommended Final 01-12

Renegotiated Renewal 2

Contract Specifics		CURRENT	RENEWAL	% Change	RENEWAL	% Change	RENEWAL	% Change	RENEWAL ALT	% Change
Reinsurance/Health Carrier		Aetna	Aetna		Aetna		Aetna		Aetna	
Specific Deductible		\$100,000	\$100,000		\$100,000		\$100,000		\$125,000	
Specific Contract		15/12	PAID		PAID		PAID		PAID	
Specific Coverage		Medical & Rx	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Contract		15/12	PAID		PAID		PAID		PAID	
Aggregate Coverage		Medical & Rx	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Annual Maximum		\$1,000,000	\$1,000,000		\$1,000,000		\$1,000,000		\$1,000,000	
Lifetime Maximum		Unlimited	Unlimited		Unlimited		Unlimited		Unlimited	
Aggregate Run-in-limit		N/A	N/A		N/A		N/A		N/A	
Stop Loss Run-In Cap		N/A	N/A		N/A		N/A		N/A	
Employee Census										
PPO Employees	142		142		142		142		142	
H.S.A. Employees	57		57		57		57		57	
HMO Employees	115		115		115		115		115	
Total	314		314		314		314		314	
Fixed Costs										
PPO Administration	142	\$30.42	\$30.42		\$30.42		\$30.42		\$30.42	
HMO Administration	115	\$32.74	\$32.74		\$32.74		\$32.74		\$32.74	
H.S.A. Administration	57	\$30.42	\$30.42		\$30.42		\$30.42		\$30.42	
Monthly Admin Costs	314	\$9,818.68	\$9,818.68	0.0%	\$9,818.68	0.0%	\$9,818.68	0.0%	\$9,818.68	0.0%
PPO Specific Premium	142	\$113.27	\$134.22		\$133.09		\$133.09		\$117.26	
HMO Specific Premium	115	\$113.27	\$134.22		\$133.09		\$133.09		\$117.26	
H.S.A. Specific Premium	57	\$113.27	\$134.22		\$133.09		\$133.09		\$117.26	
Monthly Specific Costs		\$35,566.78	\$42,145.08	18.5%	\$41,790.26	17.5%	\$41,790.26	17.5%	\$36,819.64	3.5%
Subtotal Monthly Costs (Admin + Spec)		\$45,385.46	\$51,963.76	14.5%	\$51,608.94	13.7%	\$51,608.94	13.7%	\$46,638.32	2.8%
Annual Access Fee		0.0%	0.0%		0.0%		0.0%		0.0%	
Aggregate Premium	314	\$11.23	\$13.31		\$13.20		\$13.20		\$11.62	
Monthly Aggregate Premium		\$3,526.22	\$4,179.34		\$4,144.80		\$4,144.80		\$3,648.68	
Annual Aggregate Premium		\$42,314.64	\$50,152.08	18.5%	\$49,737.60	17.5%	\$49,737.60	17.5%	\$43,784.16	3.5%
Annual Administration Fee		n/a	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%	\$669,044.88	14.0%	\$603,444.00	2.8%
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		\$1,709.86		\$1,675.66		\$1,730.48	
HMO Aggregate Factor	115	\$1,530.92	\$1,709.86		\$1,709.86		\$1,675.66		\$1,730.48	
H.S.A. Aggregate Factor	57	\$1,530.92	\$1,709.86		\$1,709.86		\$1,675.66		\$1,730.48	
Total Monthly Aggregate Liability:		\$480,708.88	\$536,896.04		\$536,896.04		\$526,157.24		\$543,370.72	
Total Annual Aggregate Liability:		\$5,768,506.56	\$6,442,752.48	11.7%	\$6,442,752.48	11.7%	\$6,313,886.88	9.5%	\$6,520,448.64	13.0%
Maximum Plan Exposure		\$6,355,446.72	\$7,116,469.68	12.0%	\$7,111,797.36	11.9%	\$6,982,931.76	9.9%	\$7,123,892.64	12.1%
Expected Plan Exposure		\$5,201,745.41	\$5,827,919.18	12.0%	\$5,823,246.86	11.9%	\$5,720,154.38	10.0%	\$5,819,802.91	11.9%
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

		Renegotiated Renewal 2			
Contract Specifics	CURRENT	RENEWAL % Change	RENEWAL % Change	Alternate Carrier % Change	Alternate Carrier % Change
Reinsurance/Health Carrier	Aetna	Aetna	Aetna	Allied/Cigna/StandardSecurity	Allied/Cigna/StandardSecurity
Specific Deductible	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Specific Contract	15/12	PAID	PAID	12/15	12/12
Specific Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Aggregate Contract	15/12	PAID	PAID	12/15	12/12
Aggregate Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Maximum			\$1,000,000	Unlimited	\$1,000,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Run-in-limit	N/A	N/A	N/A	N/A	N/A
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

		Renegotiated Renewal 2			
Contract Specifics	CURRENT	RENEWAL % Change	RENEWAL % Change	RENEWAL ALT % Change	RENEWAL ALT % Change
Reinsurance/Health Carrier	Aetna	Aetna	Aetna	Humana	Humana
Specific Deductible	\$100,000	\$100,000	\$100,000	\$100,000	\$125,000
Specific Contract	15/12	PAID	PAID	15/12	15/12
Specific Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Aggregate Contract	15/12	PAID	PAID	15/12	15/12
Aggregate Coverage	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Maximum	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Run-in-limit	N/A	N/A	N/A	N/A	N/A
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	\$38.14	\$38.14
HMO Administration	115 \$32.74	\$32.74	\$32.74	\$38.14	\$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%	\$11,975.96 22.0%
PPO Specific Premium	142 \$113.27	\$134.22	\$133.09	\$121.67	\$103.81
HMO Specific Premium	115 \$113.27	\$134.22	\$133.09	\$121.67	\$103.81
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%	\$32,596.34 -8.4%
Subtotal Monthly Costs (Admin + Spec)	\$45,385.46	\$51,963.76 14.5%	\$51,608.94 13.7%	\$50,180.34 10.6%	\$44,572.30 -1.8%
Annual Access Fee	0.0%	0.0%	0.0%	0.0%	0.0%
Aggregate Premium	314 \$11.23	\$13.31	\$13.20	\$15.53	\$19.44
Monthly Aggregate Premium	\$3,526.22	\$4,179.34	\$4,144.80	\$4,876.42	\$6,104.16
Annual Aggregate Premium	\$42,314.64	\$50,152.08 18.5%	\$49,737.60 17.5%	\$58,517.04 38.3%	\$73,249.92 73.1%
Annual Administration Fee	n/a	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%	\$608,117.52 3.6%
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 Capatation 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	\$1,521.60	\$1,555.16
HMO Aggregate Factor	115 \$1,530.92	\$1,709.86	\$1,675.66	\$1,521.60	\$1,555.16
H.S.A. Aggregate Factor	57 \$1,530.92	\$1,709.86	\$1,675.66	\$1,521.60	\$1,555.16
Total Monthly Aggregate Liability:	\$480,708.88	\$536,896.04	\$526,157.24	\$477,782.40	\$488,320.24
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%	\$5,859,842.88 1.6%
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%	\$6,467,960.40 1.8%
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%	\$5,295,991.82 1.8%
Estimated Run Out (3 mos)				\$1,073,792.08	\$1,052,314.48
Maximum Exposure (Inc Run Out)				\$7,467,862.00 17.5%	\$7,520,274.88 18.3%
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>	<u>EE + 1 Dep</u>	<u>Fam</u>	<u>Total</u>
78	89	152	319

Closest Matching Plan Designs were Quoted

	Recommended Final 01-12					
Carriers:	CURRENT Delta Dental	RENEWAL Delta Dental	OPTION Ameritas	OPTION Dearborn	OPTION Reliance	OPTION Guardian
Type of Plan	PPO	PPO	PPO	PPO	PPO	PPO
<u>In Network Benefits</u>						
Individual Deductible	\$25	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%
Annual Maximum	\$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
<u>Out of Network Benefits</u>						
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	100%	100%	100%	100%
Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	100%	100%	100%	100%
Annual Maximum	\$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
			80th Percentile	90th Percentile	80th Percentile	90th Percentile
<u>Dental Funding Factors (Includes Admin Fee)</u>						
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
<u>Monthly Funding (Estimated Claim Liab)</u>	\$24,108.10	\$22,470.02	\$19,549.15	\$20,686.19	\$20,314.41	\$25,414.22
<u>Annual Funding (Estimated Claim Liab)</u>	\$289,297.20	\$269,640.24	\$234,589.80	\$248,234.28	\$243,772.92	\$304,970.64
<u>Percentage Change from Current</u>						
<u>Claims Funding</u>	\$289,297.20	\$269,640.24	\$234,589.80	\$248,234.28	\$243,772.92	\$304,970.64
<u>Monthly Fixed Costs</u>	\$3.71/ee/mo	\$3.84/ee/mo	\$3.72/ee/mo	\$4.86/ee/mo	\$3.85/ee/mo	\$2.65/ee/mo
<u>Annual Fixed Costs</u>	\$14,201.88	\$14,584.68	\$14,240.16	\$18,604.08	\$14,737.80	\$10,144.20
<u>Percentage Change from Current</u>		2.70%	0.27%	31.00%	3.77%	-28.57%
<u>Rate Guarantee</u>		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
	12/12/12	12/12/12
Copayment Exam	\$10	\$10
Copayment Materials	\$25	\$25
	(Select Plan)	(VSP Choice Network)
<u>In Network Benefits</u>		
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
Frames	Covered up to \$130 Plan Allowance	Covered up to \$130 (\$50 Wholesale)**
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
<u>Out of Network Benefits</u>		
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
<u>Medical Premium</u>		
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		-5.06%
Rate Guarantee	TIL 2015	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
<u>BENEFIT AMOUNT</u>			
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
<u>Reduction Clauses</u>			
% 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%
<u>Dependent Benefit Amount</u>			
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
<u>Volumes</u>			
Life/ADD Volume	\$37,107,000	\$37,107,000	\$37,107,000
Number of Dependent Units	224	224	224
<u>Rates</u>			
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	<u>1,344.00</u>	<u>1,344.00</u>	<u>1,048.32</u>
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



Recommended Final 01-12

Presented by: Mike Wojcik

	ASO	ASO	ASO
	Current Guardian	Option Dearborn	Option UNUM
Benefit:	70% to \$2,500	70% to \$2,500	75% to \$2,000
Elimination Period:	1 day Accident 8 days Illness	1 day Accident 8 days Illness	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
		156.00%	294.67%
Rate Guarantee	Til 2013	2 Years	1 Year