

The background of the slide features a close-up of a hand in a blue shirt pointing at a digital interface. Overlaid on the interface are several circular icons: a group of people, a speech bubble, a person silhouette, an information 'i' icon, a laptop, a pie chart, and a laptop with a checkmark. The overall theme is digital marketing and technology.

The Horton Group's

## Marketing Spreadsheet

Prepared for: Village of Orland Park

Renewal January 2018

Presented By:

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Insurance / Risk Advisory / Employee Benefits

**HORTON**

**Village of Orland Park**  
**January 1, 2018**

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
Blue Cross & Blue Shield	Incumbent
Stealth - Multiple Stop Loss Markets	Quoted
Aetna	Declined
Cigna	Declined
Humana	Pending
United Healthcare	Quoted
Benistar - Medicare Retiree Carve Out	Quoted

The following Dental markets were approached:

<u>Carrier</u>	<u>Status</u>
Delta Dental	Incumbent
BCBS	Quoted
Guardian	Quoted
Principal	Declined
Standard	Quoted

The following Life / STD markets were approached:

<u>Carrier</u>	<u>Status</u>
Dearborn National	Incumbent
Guardian	Quoted
Hartford	Quoted
Lincoln	Declined
MetLife	Quoted
Principal	Declined
Standard	Quoted (Life)
UNUM	Declined

The following Vision markets were approached:

<u>Carrier</u>	<u>Status</u>
EyeMed	Incumbent
VSP	Pending

Presented by: Michael Wojcik

					RECOMMENDED Renegotiated 9/11/17 Adds BVA / Virtual Visits Change to \$3500 Ded HSA		Renegotiated 9/11/17		Renegotiated 9/11/17		
Presented by: Michael Wojcik											
Contract Specifics		CURRENT BCBS	% Change	RENEWAL BCBS	% Change	OPTION 1 BCBS	% Change	OPTION 2 BCBS	% Change	OPTION 3 UHC	% Change
Reinsurance/Health Carrier		BCBS		BCBS		BCBS		Berkshire Hathaway		UHC	
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	
Annual Maximum		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Lifetime Maximum		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Aggregate Contract		24/12		24/12		24/12		24/12		24/12	
Aggregate Coverage		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Aggregate Run-In-Limit		N/A		N/A		N/A		\$1,004,375		\$782,862	
Employee Census											
PPO Employees		190		190		190		190		190	
HMO Employees		115		115		115		115		115	
Total		305		305		305		305		305	
Fixed Costs											
PPO Administration		\$60.16	190	\$60.16	190	\$60.16	190	\$60.16	190	\$59.20	190
BVA						\$2.50					
Virtual Visits						\$0.45					
HMO Administration		\$60.16	115	\$60.16	115	\$60.16	115	\$60.16	115	\$59.20	115
Rx Rebate		(\$24.04)		(\$27.04)		(\$27.04)		(\$27.04)		(\$24.43)	
Net PPO Administration		\$36.12		\$33.12		\$33.12		\$33.12		\$34.77	
Net HMO Administration		\$36.12		\$33.12		\$33.12		\$33.12		\$34.77	
Net Monthly Admin Costs		\$11,016.60		\$10,101.60	-8.3%	\$10,662.10	-3.2%	\$10,101.60	-8.3%	\$10,604.85	-3.7%
PPO Specific Premium		\$136.26	190	\$185.80	190	\$185.80	190 36.4%	\$175.03	190	\$161.61	190 18.6%
HMO Specific Premium		\$63.42	115	\$92.74	115	\$88.10	115 38.9%	\$175.03	115	\$161.61	115 154.8%
Monthly Specific Costs		\$33,182.70		\$45,967.10	38.5%	\$45,433.50	36.9%	\$53,384.15	60.9%	\$49,291.05	48.5%
Subtotal Monthly Costs (Admin + Spec)		\$44,199.30		\$56,068.70	26.9%	\$56,095.60	26.9%	\$63,485.75	43.6%	\$59,895.90	35.5%
Annual Access Fee		2.51%		2.51%		2.51%		2.51%		2.51%	
Monthly Aggregate Premium Rate											
Annual Aggregate Premium		\$20,614.00		\$20,657.00	0.2%	\$20,427.20	-0.9%	\$23,973.00	16.3%	\$36,600.00	77.5%
Annual Administration Fee		n/a		n/a		n/a		n/a		n/a	
Grand Total Annual Fixed Costs		\$551,005.60		\$693,481.40	25.9%	\$693,574.40	25.9%	\$785,802.00	42.6%	\$755,350.80	37.1%
Capitation Fees											
HMO Cap Fee (Single)		\$198.85	43	\$199.04	43	\$199.04	43	\$199.04	43		
HMO Cap Fee (Family)		\$589.28	72	\$564.74	72	\$564.74	72	\$564.74	72		
HMO Managed Care Fee		\$10.77	115	\$11.74	115	\$11.74	115	\$11.74	115		
Total Monthly Capitation Costs		\$52,217.26		\$50,570.10	-3.2%	\$50,570.10	-3.2%	\$50,570.10	-3.2%	\$0.00	
Total Annual Capitation Costs		\$626,607.12		\$606,841.20	-3.2%	\$606,841.20	-3.2%	\$606,841.20	-3.2%	\$0.00	
Aggregate Liability		120% Corridor		120% Corridor		120% Corridor		125% Corridor		125% Corridor	
PPO Aggregate Factor		\$1,727.51	190	\$1,657.55	190	\$1,644.29	190	\$1,555.15	190	\$1,812.18	190
HMO Aggregate Factor		\$679.48	115	\$783.68	115	\$760.18	115	\$1,555.15	115	\$1,812.18	115
Total Monthly Aggregate Liability:		\$406,367.10		\$405,057.70	-0.3%	\$399,835.80	-1.6%	\$474,320.75	16.7%	\$552,714.90	36.0%
Total Annual Aggregate Liability:		\$4,876,405.20		\$4,860,692.40	-0.3%	\$4,798,029.60	-1.6%	\$5,691,849.00	16.7%	\$6,632,578.80	36.0%
ACA Reserve/Premium Stabilization Fund		\$245,188.00		\$245,188.00		\$145,188.00		\$245,188.00		\$245,188.00	
PPACA Tax Stabilization Fund		\$1,744.68		\$15,106.44		\$15,106.44		\$15,106.44		\$15,106.44	
Additional Laser Liability		N/A		N/A		N/A		TBD		TBD	
Maximum Plan Exposure		\$6,300,950.60		\$6,421,309.44	1.9%	\$6,258,739.64	-0.7%	\$7,344,786.64	16.6%	\$7,648,224.04	21.4%
Expected Plan Exposure		\$5,488,053.85		\$5,611,032.02	2.2%	\$5,458,908.11	-0.5%	\$6,206,416.84	13.1%	\$6,321,708.28	15.2%

The Berkshire Hathaway quote is subject to underwriting and is not final. Lasers may be required.

The UHC quote is subject to underwriting and is not final. Lasers may be required.

**VILLAGE OF ORLAND PARK**  
**Health Benefit Review**  
**January 1, 2018**

Presented by: Michael Wojcik

Final Accepted 01-17 (Blue Cross Mandated RX Changes Apply)

Carriers:	CURRENT BCBS					RENEWAL BCBS			
	HMO I	GOLD	SILVER	HDHP	HDHP	HMO I	GOLD	SILVER	HDHP
Type of Plan	ALL EEs	ALL EEs	ALL EEs	OPPSA	Non-Union, IBEW, MAP, AFSCME, DCC, Library	ALL EEs	ALL EEs	ALL EEs	ALL EEs
<b><u>In Network Benefits</u></b>									
Individual Deductible	\$0	\$200	\$1,000	\$2,600	\$3,250	\$0	\$200	\$1,000	\$3,500
Family Deductible	\$0	\$600	\$3,000	\$5,200	\$6,500	\$0	\$600	\$3,000	\$7,000
Co-Insurance	100%	90%	80%	100%	100%	100%	90%	80%	100%
Medical Individual Out of Pocket									
Includes Ded	\$1,500	\$500	\$1,500	\$5,950	\$5,950	\$1,500	\$500	\$1,500	\$5,950
Rx Individual Out of Pocket	\$3,000	\$3,000	\$3,000	Included in Medical	Included in Medical	\$3,000	\$3,000	\$3,000	Included in Medical
Medical Family Out of Pocket	\$3,000	\$1,500	\$4,500	\$11,900	\$11,900	\$3,000	\$1,500	\$4,500	\$11,900
Includes Ded									
Rx Family Out of Pocket	\$6,000	\$6,000	\$6,000	Included in Medical	Included in Medical	\$6,000	\$6,000	\$6,000	Included in Medical
Emergency Room Co-pay	\$150	\$150	\$150	After Ded, \$150 Co-pay	After Ded, \$150 Co-pay	\$150	\$150	\$150	After Ded, \$150 Co-pay
Hospital Co-pay	N/A	100% after Ded	80% after Ded	100% after Ded	100% after Ded	N/A	100% after Ded	80% 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	\$10/15/25	\$10/15/25	\$10/30/50	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	\$10/15/25	\$10/15/25	2 x Retail	After Ded, \$0/20/40
Physician Office Visit Co-pay	\$0	90% after Ded	\$20	100% after Ded	100% after Ded	\$0	90% after Ded	\$20	100% after Ded
Specialist Office Visit Co-pay	\$0	90% after Ded	\$40	100% after Ded	100% after Ded	\$0	90% after Ded	\$40	100% after Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b><u>Out of Network Benefits</u></b>									
Individual Deductible		\$200	\$1,000	\$5,000	\$5,000		\$200	\$1,000	\$5,000
Family Deductible		\$600	\$3,000	\$10,000	\$10,000		\$600	\$3,000	\$10,000
Co-Insurance		80%	60%	80%	80%		80%	60%	80%
Individual Out of Pocket									
Includes Ded		\$5,000	\$11,000	\$10,000	\$10,000		\$5,000	\$11,000	\$10,000
Family Out of Pocket		\$15,000	\$33,000	\$20,000	\$20,000		\$15,000	\$33,000	\$20,000
Includes Ded				After Ded,	After Ded,				After Ded,
Emergency Co-pay		\$150	\$150	\$150 Co-pay	\$150 Co-pay		\$150	\$150	\$150 Co-pay
Hospital Co-pay		80% after Ded	\$300 Co-pay, then Ded and 60% Co-Insurance	80% after Ded	80% after Ded		80% after Ded	\$300 Co-pay, then Ded and 60% Co-Insurance	80% after Ded
Physician Office Visit Services		80% after Ded	60% after Ded	80% after Ded	80% after Ded		80% after Ded	60% after Ded	80% after Ded
Preventative Services		80% after Ded	60% after Ded	80% after Ded	80% after Ded		80% after Ded	60% after Ded	80% after Ded
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited		Unlimited	Unlimited	Unlimited

Village of Orland Park  
Dental Review  
January 1, 2018



4 Tier	EE 86	EE + Spouse 82	EE + C 20	Fam 136	Total 324
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2 YR Admin Rate  
Guarantee  
Level Funding Factors

Benefits Presented by: Mike Wojcik

Carriers:	CURRENT DELTA DENTAL	RENEWAL DELTA DENTAL	OPTION 1 GUARDIAN	OPTION 2 STANDARD	OPTION 3 BCBS
Type of Plan	PPO	PPO	PPO	PPO	PPO
<b><u>In Network Benefits</u></b>					
Individual Deductible	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75
Preventative Co-Insurance	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	80%	100%	100%
Periodontics Co-Insurance	100%	100%	80%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	80%	100%	100%
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,200	\$1,200	\$1,200	\$1,250	\$1,200
<b><u>Out of Network Benefits</u></b>			90TH U & C	90TH U & C	
Individual Deductible	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	100%	100%	100%	100%	100%
Major Co-Insurance	80%	80%	80%	80%	80%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	100%	100%	80%	100%	100%
Periodontics Co-Insurance	100%	100%	80%	100%	100%
Surgical Periodontics Co-Insurance	100%	100%	80%	100%	100%
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,200	\$1,250	\$1,000
<b><u>Dental Funding Factors (Includes Admin Fee)</u></b>					
Employee	\$34.47	\$34.47	\$34.47	\$34.47	\$34.47
Employee + Spouse	\$68.94	\$68.94	\$68.94	\$68.94	\$68.94
Employee + Children	\$85.36	\$85.36	\$85.36	\$85.36	\$85.36
Family	\$119.83	\$119.83	\$119.83	\$119.83	\$119.83
<b><u>Monthly Funding (Estimated Claim Liab)</u></b>	\$26,621.58	\$26,621.58	\$26,621.58	\$26,621.58	\$26,621.58
<b><u>Annual Funding (Estimated Claim Liab)</u></b>	\$319,458.96	\$319,458.96	\$319,458.96	\$319,458.96	\$319,458.96
Percentage Change from Current		0.00%	0.00%	0.00%	0.00%
<b><u>Monthly Fixed Costs</u></b>	\$4.26	\$4.39	\$4.24	\$5.13	\$4.67
<b><u>Annual Fixed Costs</u></b>	\$16,562.88	\$17,068.32	\$16,485.12	\$19,945.44	\$18,156.96
Percentage Change from Current		3.05%	-0.47%	20.42%	9.62%
Administration Rate Guarantee		Until 12/31/19	Until 12/31/19	Until 12/31/18	Until 12/31/18
		Actual ASO Cost Last 12 Months \$268,639			

For rates to be valid for the Standard quote, the coverage must be sold with another Standard line of coverage.

**Village of Orland Park  
Life Review  
January 1, 2018**



Presented by: Mike Wojcik

<u>Carriers:</u>	CURRENT DEARBORN	RENEWAL DEARBORN	OPTION 1 GUARDIAN	OPTION 2 METLIFE	OPTION 3 HARTFORD	OPTION 4 STANDARD
<b><u>BENEFIT AMOUNT</u></b>						
Class 1:	\$30,000	\$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	2 X Salary to a max of \$150,000
<b><u>Reduction Clauses</u></b>						
% Benefit Amount Reduces to at Age 65				65%		
% Benefit Amount Reduces to at Age 70	None	None	None	50%	None	None
% Benefit Amount Reduces to at Age 75						
% Benefit Amount Reduces to at Age 80						
<b><u>Dependent Benefit Amount</u></b>						
Spouse	\$5,000	\$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	\$3,000
Child 6 months and older	\$3,000	\$3,000	\$3,000	\$4,000	\$3,000	\$3,000
<b><u>Travel Assistance Benefit</u></b>	Included	Included	Not Included	Not Included	Included	Not Included
<b><u>Volumes</u></b>						
Life/ADD Volume	\$42,176,000	\$42,176,000	\$42,176,000	\$42,176,000	\$42,176,000	\$42,176,000
Number of Dependent Units	236	236	236	236	236	236
<b><u>Rates</u></b>						
Employee Life per \$1,000	\$0.120	\$0.138	\$0.180	\$0.116	\$0.132	\$0.160
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.019	\$0.028	\$0.035	\$0.035
<b>Combined Life/ADD Rate/\$1,000</b>	<b>\$0.140</b>	<b>\$0.158</b>	<b>\$0.199</b>	<b>\$0.144</b>	<b>\$0.167</b>	<b>\$0.195</b>
<b>Dependent Rate per Unit</b>	<b>\$1.370</b>	<b>\$1.370</b>	<b>\$1.060</b>	<b>\$1.280</b>	<b>\$1.370</b>	<b>\$1.370</b>
<b>Life/ADD Monthly Premium</b>	5,904.64	6,663.81	8,393.02	6,073.34	7,043.39	8,224.32
<b>Life/ADD Annual Premium</b>	<b>70,855.68</b>	<b>79,965.70</b>	<b>100,716.29</b>	<b>72,880.13</b>	<b>84,520.70</b>	<b>98,691.84</b>
<b>Dependent Life Monthly Premium</b>	<b>323.32</b>	<b>323.32</b>	<b>250.16</b>	<b>302.08</b>	<b>323.32</b>	<b>323.32</b>
<b>Dependent Life Annual Premium</b>	<b>3,879.84</b>	<b>3,879.84</b>	<b>3,001.92</b>	<b>3,624.96</b>	<b>3,879.84</b>	<b>3,879.84</b>
<b>Total Annual Premium</b>	<b>\$75,058.84</b>	<b>\$84,168.86</b>	<b>\$103,968.37</b>	<b>\$76,807.17</b>	<b>\$88,723.86</b>	<b>\$102,895.00</b>
<b>Percentage Change</b>		12.14%	38.52%	2.33%	18.21%	37.09%
<b>Rate Guarantee</b>	Until 12/31/2017	Until 12/31/2019	Until 12/31/2019	Until 12/31/2019	Until 12/31/2019	Until 12/31/2019

Class 1 - Elected Officials

Class 2 - All Other Employees

**Village of Orland Park  
Short Term Disability Review - ASO  
January 1, 2018**

Insurance / Risk Advisory / Employee Benefits

**HORTON**

**EE  
267**

Presented by: Mike Wojcik

	ASO CURRENT DEARBORN	ASO OPTION 1 GUARDIAN	ASO OPTION 2 METLIFE	ASO OPTION 3 HARTFORD
<b>Benefit:</b>	75% of Weekly Earnings	75% of Weekly Earnings	75% of Weekly Earnings	75% of Weekly Earnings
<b>Elimination Period:</b>	1 day Accident 8 days Illness	1 day Accident 8 days Illness	1 day Accident 8 days Illness	1 day Accident 8 days Illness
<b>Duration</b>	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	For Non Union, IBEW and IUOE Employees: 26 Weeks  For AFSCME, MAP, OPPSA, or DCC Employees: 52 Weeks
<b>Rate/PEPM</b>	\$1.92	\$2.78	\$4.35	\$2.85
<b>Total Monthly Premium</b>	\$512.64	\$742.26	\$1,161.45	\$760.95
<b>Total Annual Premium</b>	<b>\$6,151.68</b>	<b>\$8,907.12</b>	<b>\$13,937.40</b>	<b>\$9,131.40</b>
<b>Percent Change Rate Guarantee</b>	Until 8/1/18	Until 1/1/20	Until 1/1/20	Until 1/1/20

**Village of Orland Park  
Vision Rates/Benefits Review  
January 1, 2018**



	<b>4 Tier</b>
<b>EE</b>	<b>89</b>
<b>EE + Sp</b>	<b>74</b>
<b>EE + C</b>	<b>20</b>
<b>Family</b>	<b>134</b>
<b>Total</b>	<b>317</b>

Benefits Presented by: Mike Wojcik

<u>Carriers:</u>	<b>CURRENT EYEMED</b>	<b>RENEWAL EYEMED</b>	<b>OPTION 1 VSP</b>
	12/12/12	12/12/12	12/12/12
<b>Copayment Exam</b>	\$10	\$10	\$10
<b>Copayment Materials</b>	\$25 (Select Plan)	\$25 (Select Plan)	\$25 Choice Plan
<b><u>In Network Benefits</u></b>			
<b>Examination</b>	Covered in Full*	Covered in Full*	Covered in Full*
<b>Basic Lenses</b>			
<b>Single</b>	Covered in Full*	Covered in Full*	Covered in Full*
<b>Bifocal</b>	Covered in Full*	Covered in Full*	Covered in Full*
<b>Trifocal</b>	Covered in Full*	Covered in Full*	Covered in Full*
<b>Lenticular</b>	Covered in Full*	Covered in Full*	Covered in Full*
<b>Frames</b>	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance	Covered up to \$130 Plan Allowance
<b>Elective Contact Lenses</b>	Prof Fees & Materials up to \$130.00	Prof Fees & Materials up to \$130.00	Prescription Contact Lens Materials up to \$130.00
<b>Necessary Contact Lenses</b>	Covered in Full subject to copayment	Covered in Full subject to copayment	Covered in Full subject to copayment who have specific conditions at VSP doctors.
<b><u>Out of Network Benefits</u></b>			
<b>Examination</b>	Up to \$30.00	Up to \$30.00	Up to \$45.00
<b>Basic Lenses</b>			
<b>Single</b>	Up to \$25.00	Up to \$25.00	Up to \$30.00
<b>Bifocal</b>	Up to \$40.00	Up to \$40.00	Up to \$50.00
<b>Trifocal</b>	Up to \$60.00	Up to \$60.00	Up to \$65.00
<b>Frames</b>	Up to \$65.00	Up to \$65.00	Up to \$70.00
<b>Elective Contact Lenses</b>	Up to \$104.00	Up to \$104.00	Up to \$105.00
<b>Necessary Contact Lenses</b>	Up to \$200.00	Up to \$200.00	Up to \$210.00
<b><u>Medical Premium</u></b>	<b>4 Tier</b>	<b>4 Tier</b>	<b>4 Tier</b>
<b>Employee</b>	<b>\$4.95</b>	<b>\$4.95</b>	<b>\$4.99</b>
<b>EE + Sp</b>	<b>\$9.41</b>	<b>\$9.41</b>	<b>\$9.40</b>
<b>EE + C</b>	<b>\$9.91</b>	<b>\$9.91</b>	<b>\$9.60</b>
<b>Family</b>	<b>\$14.56</b>	<b>\$14.56</b>	<b>\$15.47</b>
<b>Total Monthly Premium</b>	<b>\$3,286.13</b>	<b>\$3,286.13</b>	<b>\$3,404.69</b>
<b>Total Annual Premium</b>	<b>\$39,433.56</b>	<b>\$39,433.56</b>	<b>\$40,856.28</b>
<b>Percent Change from Current</b>		<b>0.00%</b>	<b>3.61%</b>
<b>Rate Guarantee</b>	<b>Until 12/31/18</b>	<b>Until 12/31/18</b>	<b>Until 12/31/21</b>

\* After applicable copayment.