Clay County District Schools
2017 - 2018 Benefit Renewal Recommendations

June 1, 2017

Empower Results®

Topics for Discussion

The 2017-2018 Clay County District Schools Employee Benefit Program as Recommended by the Insurance Committee.

SECTION 1 – Renewal Overview

SECTION 2 – Medical

- History
- Medical Renewal and Impact
- Updated Claims

SECTION 3 – Vision Renewal

- Renewal

SECTION 4 – Renewals for All Other Insured Benefits

ALL RATES IN THIS PRESENTATION ARE SUBJECT TO COLLECTIVE BARGAINING

Section 1: Renewal Overview- Recommendations by the Insurance Committee

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2017-2018 Insurance Renewals – Approved Recommendations by the Insurance Committee

Below are the benefit offerings for the 2017-2018 plan year for Clay County District Schools and renewals for each line of coverage.

Benefit Plan	Carrier	2017 Renewal	Completed
Medical Plans	UnitedHealthcare	Rate Cap of 10%	✓
Vision	CompBenefits/ Humana	Rate Hold for 2 Years for Humana Vision Custom 130 through 9/30/19	✓
Medical Gap Plan	Kemper	Rate Hold through 9/30/2018	✓
Dental	Delta Dental	Rate Guarantee through 9/30/2018	✓
Accident & Injury Plan	Unum	Rate Hold through 9/30/2018	✓
Critical Illness	Unum	Rate Hold through 9/30/2018	✓
Whole Life	Unum	Rate Hold through 9/30/2018	✓
Basic Life Insurance	Liberty Mutual	Rate Guarantee through 9/30/2018	✓
Long Term Disability	Liberty Mutual	Rate Guarantee through 9/30/2018	✓
Short Term Disability	Liberty Mutual	Rate Guarantee through 9/30/2018	✓

2013-2018 Premium Paid

Below are the Employee and Board Contributions for all lines of coverage 2013-2014 to 2015-2016 and the projected contributions for the remainder of 2016-2017 and 2017-2018.

Insurance Benefit	2013-2014	2014-2015	2015-2016	2016-2017[1]	Projected 2017-2018[1]
Medical: BlueOptions PPO	$5,165,731	$5,594,177	$4,954,009	N/A	N/A
Medical: BlueCare HMO	$16,208,692	$17,417,691	$16,980,660	N/A	N/A
Medical: BlueCare HSA	N/A	N/A	$1,614,258	N/A	N/A
Medical: Choice Plus	N/A	N/A	N/A	$3,732,810	$4,381,309
Medical: Choice	N/A	N/A	N/A	$14,865,600	$19,124,586
Medical: Choice HSP	N/A	N/A	N/A	$2,423,381	$3,086,873
Dental	$1,935,887	$2,107,337	$2,102,159	$2,234,403	$2,234,403
Gap	$369,294	$354,607	$324,919	$308,992	$308,992
Life & Disability	$1,337,911	$1,343,805	$1,361,942	$1,354,333	$1,354,333
Vision[2]	$406,484	$408,761	$444,260	$417,772	$392,806
Accident & Injury	$526,973	$485,810	$444,421	$408,056	$408,056
Total Employee Paid	**$25,950,971**	**$27,712,188**	**$28,226,628**	**$25,745,347**	**$31,291,357**
Board Contributions	**$17,781,492**	**$17,792,452**	**$17,161,549**	**Not Available**	**Not Available**

[1] : Premiums shown are estimated since plan year premium payment is not complete. 2016-2017 reflects premium holiday of $1,909,784.91 ($675,669.50 employee/retiree and $1,234,115.41 Board); The Premium Holiday was taken in January of 2017, total premium was $2,270,309.50 minus the Premium Holiday of $1,909,784.91, the Board paid an additional $84,421.97 along with the Florida Blue ACA $276,102.62 rebate received late 2016 to complete the payment for January 2017.

[2] : 2017-2018 vision premium shown is for Humana Vision Custom 130 plan. 0% increase to current rates.

Section 2: Medical

- History
- Medical Renewal and Impact
- Updated Claims

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Year over Year Experience

Year	Employee Count	Total Premium	Total Claims	Loss Ratio	Premium PEPM	% Change	Claims PEPM	% Change
(Change reflected compared to last full plan year)								
2007-2008 Total	39,701	$ 20,598,985	$ 16,958,758	82.3%				
2007-2008 Average	3,308	$ 1,716,582	$ 1,413,230		$ 518.85	12.8%	$ 427.16	5.0%
2008-2009 Total	40,655	$ 22,200,238	$ 21,202,632	95.5%				
2008-2009 Average	3,388	$ 1,850,019	$ 1,766,886		$ 546.06	5.2%	$ 521.53	22.1%
2009-2010 Total	39,541	$ 22,406,383	$ 20,152,108	89.9%				
2009-2010 Average	3,295	$ 1,867,199	$ 1,679,342		$ 566.66	3.8%	$ 509.65	-2.3%
2010-2011 Total	38,577	$ 22,630,150	$ 20,017,710	88.5%				
2010-2011 Average	3,215	$ 1,885,846	$ 1,668,142		$ 586.62	3.5%	$ 518.90	1.8%
2011-2012 Total	39,061	$ 20,506,203	$ 18,372,710	89.6%				
2011-2012 Average	3,255	$ 1,708,850	$ 1,531,059		$ 524.98	-10.5%	$ 470.36	-9.4%
2012-2013 Total	39,304	$ 20,494,030	$ 16,524,194	80.6%				
2012-2013 Average	3,275	$ 1,707,232	$ 1,381,610		$ 521.42	-0.7%	$ 420.42	-10.6%
2013-2014 Total	38,176	$ 21,076,762	$ 17,398,419	82.5%				
2013-2014 Average	3,181	$ 1,756,397	$ 1,449,868		$ 552.09	5.9%	$ 455.74	8.4%
2014-2015 Total	37,923	$ 22,452,991	$ 17,806,550	79.3%				
2014-2015 Average	3,160	$ 1,871,083	$ 1,483,879		$ 592.07	7.2%	$ 469.54	3.0%
2015-2016 Total	36,173	$ 23,212,319	$ 20,247,030	87.2%				
2015-2016 Average	3,014	$ 1,934,360	$ 1,687,252		$ 641.70	8.4%	$ 559.73	19.2%
(Change reflected compared to 2015-2016 Plan Year)								
2016-2017 Rolling 12	**36,148**	**$ 22,937,870**	**$ 21,833,910**	95.2%				
2016-2017 Rolling 12 Avg	**3,012**	**$ 1,911,489**	**$ 1,819,492**		$ 634.60	-1.1%	$ 604.24	8.0%

Note:
Full Plan Year: October through September
Rolling 12: March 2016 through February 2017

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Claims Experience – Rolling 12 months (March-February)

Current Rolling 12 March/16-Feb/17	Covered Employees	Medical Claims	Pharmacy Claims	Capitation	Total Claims	PEPM Claim Cost	Annualized Premium	Loss Ratio
16-Mar	3,010	$ 1,098,197	$ 487,742	$ 17,320	$ 1,603,259	$ 532.64	$ 1,945,908	82.4%
16-Apr	3,004	$ 1,252,982	$ 418,990	$ 17,135	$ 1,689,107	$ 562.29	$ 1,943,460	86.9%
16-May	3,005	$ 1,918,432	$ 407,531	$ 17,280	$ 2,343,243	$ 779.78	$ 1,946,431	120.4%
16-Jun	3,002	$ 1,329,414	$ 492,874	$ 17,254	$ 1,839,542	$ 612.77	$ 1,944,517	94.6%
16-Jul	2,998	$ 1,616,293	$ 409,994	$ 16,997	$ 2,043,284	$ 681.55	$ 1,942,076	105.2%
16-Aug	3,001	$ 1,420,536	$ 539,745	$ 17,095	$ 1,977,376	$ 658.91	$ 1,910,177	103.5%
16-Sep	3,005	$ 1,200,199	$ 418,526	$ 17,581	$ 1,636,306	$ 544.53	$ 1,914,133	85.5%
16-Oct	3,042	$ 893,305	$ 244,228	$ 107,619	$ 1,245,152	$ 409.32	$ 1,906,164	65.3%
16-Nov	3,017	$ 1,227,072	$ 372,627	$ 106,391	$ 1,706,090	$ 565.49	$ 1,878,557	90.8%
16-Dec	3,020	$ 1,408,930	$ 389,950	$ 106,340	$ 1,905,220	$ 630.87	$ 1,882,645	101.2%
17-Jan	3,032	$ 1,241,148	$ 451,826	$ 115,560	$ 1,808,534	$ 596.48	$ 1,841,303	98.2%
17-Feb	3,012	$ 1,444,610	$ 477,043	$ 115,145	$ 2,036,797	$ 676.23	$ 1,882,500	108.2%
2016-2017 Year Total	36,148	$ 16,051,116	$ 5,111,076	$ 671,718	$ 21,833,910	$ 604.01	$ 22,937,870	95.2%
2016-2017 Year Avg	3,012	$ 1,337,593	$ 425,923	$ 55,976	$ 1,819,492	$ 604.24	$ 1,911,489	95.2%

Prior Rolling 12 March/15-Feb/16	Covered Employees	Medical Claims	Pharmacy Claims	Capitation	Total Claims	PEPM Claim Cost	Annualized Premium	Loss Ratio
15-Mar	3,172	$ 1,211,785	$ 356,434	$ 18,340	$ 1,586,559	$ 500.18	$ 1,919,680	82.6%
15-Apr	3,166	$ 1,139,887	$ 417,372	$ 19,362	$ 1,576,621	$ 497.99	$ 1,924,495	81.9%
15-May	3,147	$ 1,034,140	$ 357,835	$ 20,056	$ 1,412,031	$ 448.69	$ 1,919,991	73.5%
15-Jun	3,138	$ 1,125,837	$ 364,865	$ 19,747	$ 1,510,450	$ 481.34	$ 1,913,603	78.9%
15-Jul	3,135	$ 1,438,419	$ 445,219	$ 19,568	$ 1,903,207	$ 607.08	$ 1,700,002	112.0%
15-Aug	3,132	$ 1,065,278	$ 407,578	$ 19,672	$ 1,492,529	$ 476.54	$ 1,709,827	87.3%
15-Sep	3,137	$ 964,664	$ 431,094	$ 20,153	$ 1,415,911	$ 451.36	$ 1,716,828	82.5%
15-Oct	3,048	$ 925,167	$ 375,992	$ 18,678	$ 1,319,836	$ 433.02	$ 1,973,749	66.9%
15-Nov	3,057	$ 796,288	$ 359,778	$ 17,604	$ 1,173,670	$ 383.93	$ 1,981,182	59.2%
15-Dec	3,045	$ 968,727	$ 414,375	$ 17,503	$ 1,400,605	$ 459.97	$ 1,971,331	71.0%
16-Jan	3,027	$ 795,648	$ 353,840	$ 17,817	$ 1,167,304	$ 385.63	$ 1,960,007	59.6%
16-Feb	3,018	$ 950,558	$ 388,414	$ 17,303	$ 1,356,275	$ 449.40	$ 1,951,972	69.5%
2015-2016 Year Total	37,222	$ 12,416,398	$ 4,672,796	$ 225,803	$ 17,314,998	$ 465.18	$ 22,642,667	76.%
2015-2016 Year Avg	3,102	$ 1,034,700	$ 389,400	$ 18,817	$ 1,442,917	$ 464.59	$ 1,886,889	77.%

Note:

- Capitation: Includes cost for the administration of Optum programs (behavioral health, clinical, Care 24) and LabCorp charges for the Beacon Labs management program. Actual lab charges are not included in the total medical claims.
- October 2016 through February 2017: UHC reported data; February 2017: Estimated premium based on premium holiday less adjustments.

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2017-2018 Medical Renewal

- Renewal
  - UnitedHealthcare's (UHC) renewal has calculated to approximately 34%
  - Aon feels the renewal should calculate to less than 28%
  - UHC has guaranteed the renewal at 10%
  - The experience incurred and loss ratio, subsequent to finalizing the RFP, increased
  - Aon contested the following:
    - Trend
    - Pooling charge
    - Administrative costs
    - Simply Engaged Fee
    - Credibility percent and methodology

Experience and Utilization

- Experience data (October 2016 through February 2017):
  - Current Experience is for only 5 months
  - Loss ratio is 92.7% on an immature basis
  - Loss ratio on a mature claim basis would be approximately 105%
  - Last contract year had only 3 months in excess of $2 million in claims for an average of approximately $1.6 million for the year
  - The claims this year already have exceeded that average and already has 1 month in excess of $2 million in claims and 1 month on the verge of 2 million
  - Prescription drug claims are climbing every month and seem to be on pace to exceed last year
  - The experience on a rolling 12 basis has increased by approximately 30% over the same period last year
- Large claims data:
  - October 2016 through January 2017
    - There were 16 claims in excess of $50k for approximately $1.4 million or 25% of the total
    - 8 of these claims in excess of $75k for approximately $942k or 17% of the total
  - October 2016 through February 2017
    - There are 20 claims in excess of $50k for approximately $2 million or 29% of the total
    - 10 of these claims are in excess of $75k for approximately $1.5 million or 21% of the total

Claim Expense by Size of Payment October 2016 - February 2017

Range	Number of Claimants	% of Total Claimants		Total Claims	% of Total Claims
<$.01	15	0.5%	$	(102)	0.0%
$.01-$49	327	11.6%	$	8,557	0.1%
$50-$99	286	10.2%	$	20,617	0.3%
$100-$249	638	22.7%	$	106,667	1.5%
$250-$499	495	17.6%	$	177,418	2.4%
$500-$999	444	15.8%	$	313,585	4.3%
$1,000-$2,499	456	16.2%	$	755,584	10.3%
$2,500-$4,999	254	9.0%	$	873,267	11.9%
$5,000-$9,999	119	4.2%	$	814,964	11.1%
$10,000-$14,999	38	1.3%	$	450,598	6.1%
$15,000-$19,999	23	0.8%	$	406,933	5.5%
$20,000-$24,999	12	0.4%	$	272,021	3.7%
$25,000-$29,999	7	0.2%	$	186,794	2.5%
$30,000-$39,999	16	0.6%	$	533,623	7.3%
$40,000-$49,999	7	0.2%	$	305,795	4.2%
$50,000-$74,999	10	0.4%	$	603,330	8.2%
$75,000-$99,999	1	0.0%	$	75,220	1.0%
$100,000-$124,999	2	0.1%	$	233,401	3.2%
$125,000-$149,999	3	0.1%	$	417,427	5.7%
$150,000-$174,999	2	0.1%	$	318,396	4.3%
$175,000-$199,999	0	0.0%	$	0	0.0%
$200,000-$249,999	1	0.0%	$	200,923	2.7%
$250,000-$299,999	1	0.0%	$	272,766	3.7%
Total	**2,815**	**100%**	**$**	**7,339,329**	**100%**

Large Claims

Large Claims
October 2016 - January 2017

	Paid Amount	Diagnosis	Status
#1	$218,089.00	Hemolytic-uremic syndrome	Open
#2	$152,888.00	Spastic diplegic cerebral palsy	Open
#3	$113,780.00	Metastatic lung cancer	Open
#4	$111,806.00	Head of pancreas cancer	Open
#5	$92,551.00	Multiple myeloma	Open
#6	$89,823.00	Cystic fibrosis	Open
#7	$82,163.00	Breast cancer	Open
	$861,100.00		

Medical Current and Renewal – Actives and Retirees Plan Design and Rates

Renewal increase is based on no plan design modifications.

Plan Name	CHOICE Current and Renewal		CHOICE PLUS Current and Renewal		CHOICE H.S.P. Current and Renewal	
Benefits	Network Single/Family		Network Single/Family		Network Single/Family	
Office Copay (PCP/SPC)	PCP $35, SPC $65		PCP $40, SPC $60		PCP N/A, SPC N/A	
Hospital Copays	OP N/A, IP $100/POD		OP N/A, IP N/A		OP N/A, IP N/A	
UC/ER/Major Diag Copay	UC $70, ER $300, Maj Diag $300		UC $50, ER $300, Maj Diag $300		UC N/A, ER N/A, Maj Diag N/A	
Other	Expanded Preventative Rx Covered at 100%		Expanded Preventative Rx Covered at 100%		Expanded Preventative Rx Covered at 100%	
Deductible	$3,000/6,000 (Emb*)		$3,000/6,000 (Emb*)		$1,500/$3,000 (NonEmb*)	
Coinsurance	70%		80%		80%	
Out-of-Pocket	$6,350/12,700		$6,000/12,000		$4,500/6,850	
Pharmacy	$20/$40/$70; 2.0 MO (Adv PDL)		$15/$30/$60; 2.0 MO (Adv PDL)		Int Med/Rx Ded; $10/$50/$80; 2.5 MO (Adv PDL)	
	Out of Network Single/Family		Out of Network Single/Family		Out of Network Single/Family	
Deductible	N/A		$6,000/12,000 (Emb)		N/A	
Coinsurance	N/A		60%		N/A	
Out of Pocket	N/A		$12,000/24,000		N/A	
Enrollment						
Employee	1,736		442		233	
Employee + Spouse	183		32		37	
Employee + Child(ren)	91		21		22	
Employee + Family	146		24		40	
Total	2,156		519		332	
	Rates (Billed)		Rates (Billed)		Rates (Billed)	
Monthly Rates	Current	Renewal	Current	Renewal	Current	Renewal
Employee	$512.06	**$563.27**	$570.25	**$627.28**	$466.85	**$513.54**
Employee + Spouse	$989.42	**$1,088.36**	$1,101.85	**$1,212.04**	$848.12	**$932.93**
Employee + Child(ren)	$943.89	**$1,038.28**	$1,051.11	**$1,156.22**	$809.20	**$890.12**
Employee + Family	$1,296.61	**$1,426.27**	$1,443.89	**$1,588.28**	$1,111.62	**$1,222.78**
Monthly Cost	$1,345,199	**$1,479,726**	$344,036	**$378,442**	$202,424	**$222,667**
Annual Cost	$16,142,389	**$17,756,706**	$4,128,436	**$4,541,309**	$2,429,084	**$2,672,005**
Change from Current	**10.0%**		**10.0%**		**10.0%**	

**Embedded -Two annual deductible levels: individual and family. After-deductible benefits will be paid for an individual family member after the individual deductible is satisfied (the individual does not have to meet the full family deductible in order for after-deductible benefits to be paid).*
Non-Embedded - One deductible per family per year. All family members contribute towards the family deductible. No after-deductible benefits will be paid for any covered individual until this deductible is met either by one member or a combination of several family members.

Note: High level benefit summary. Enrollment is based on UHC provided numbers.

Medical: 2013-2018 Rates by Tier and By Plan

	Enrollment	2013-2014 Monthly Rates	2014-2015 Monthly Rates	2015-2016 Monthly Rates	2016-2017 Monthly Rates	2017-2018 Monthly Rates
Choice						
Employee	1,666	$443.64	$483.56	$527.08	$512.06	$563.27
EE & SP	237	$857.19	$934.34	$1,018.44	$989.42	$1,088.36
EE & Ch(s)	86	$817.76	$891.36	$971.58	$943.89	$1,038.28
Family	216	$1,123.32	$1,224.42	$1,334.64	$1,296.61	$1,426.27
Choice Plus						
Employee	398	$494.07	$538.54	$587.02	$570.25	$627.28
EE & SP	29	$954.67	$1,040.60	$1,134.26	$1,101.85	$1,212.04
EE & Ch(s)	20	$910.72	$992.68	$1,082.02	$1,051.11	$1,156.22
Family	36	$1,251.03	$1,363.62	$1,486.36	$1,443.89	$1,588.28
Choice HSP						
Employee	229	N/A	N/A	$480.12	$466.85	$513.54
EE & SP	51	N/A	N/A	$873.76	$848.12	$932.93
EE & Ch(s)	21	N/A	N/A	$833.66	$809.20	$890.12
Family	60	N/A	N/A	$1,145.22	$1,111.62	$1,222.78
Total Annual	**3,049**	**$21,374,423**	**$23,011,868**	**$24,884,758**	**$24,175,144**	**$26,592,768**
Premium Savings		**NA**	**NA**	**NA**	**($709,614)**	
Premium Holiday 1/1/2017		**NA**	**NA**	**NA**	**($1,909,785)**	
Change over Prior Year ($)		**-**	**$1,637,445**	**$1,872,890**	**($2,619,399)**	**$2,417,624**
Change over Prior Year (%)		**-**	**7.7%**	**8.1%**	**-10.5%**	**10.0%**

Based on 4/17 enrollment

Section 3: Vision Renewal

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Vision Renewal 2017 - 2019

CompBenefits, as a subsidiary of Humana, will be discontinuing the VCP plans as filed with the Florida Department of Insurance in 2017.

Humana Vision, filed as Humana Vision Plan, will offer a comparable plan to Clay County District Schools. The Humana Vision Plan will come with the following changes:

- Wholesale frame allowance will shift to a retail frame allowance. The retail frame allowance amount can range from $100, $130, $160 or $200.
- The contact lens allowance will match the retail frame allowance.
- There will be a fixed fee (or no charge) for a standard contact lens fitting, which was previously included in the contact lens allowance (cost deducted from allowance).
- The network will change from the current CompBenefits VCP network to the new Humana Insight network.
- The new vision plan will have added care and testing benefits for diabetics.

There is a 99% match of the currently utilized providers. There are **6** of **221** providers that will no longer be considered in-network.

Vision Renewal 2017 - 2019

Humana

Clay County District Schools

Your new rates for the next benefit period are as follows:

Effective Date and Rate Guarantee Period: October 1, 2017 - September 30, 2019

	Current Plan (Discontinued) Vision Care Plan (VCP)		2017-2018 Humana Vision Custom 130	
Vision Plan Benefits	**In Network**	**Out-of-Network Reimbursements Only**	**In Network**	**Out-of-Network Reimbursements Only**
Vision Exam	$10 copayment	Up to $35 Up	$10 copayment	**Up to $30**
Frames	$50 wholesale allowance	to $50	**$160 retail allowance**	**Up to $65**
Standard Lenses				
Single	$15 copayment	Up to $25 Up	$15 copayment	Up to $25
Bifocal	$15 copayment	to $40 Up to	$15 copayment	Up to $40
Trifocal	$15 copayment	$60	$15 copayment	Up to $60
Contact Lenses (in lieu of eyeglasses)				
Elective (includes standard contact lenses, evaluation and fitting fees cost, and follow-up visit)	$150 allowance	Up to $35 for exam; up to $150 for lenses	**Up to $55 for standard contact lens fit and follow-up; plus $160 allowance**	**Up to $104 for materials only**
Medically Necessary	$0 copayment	Up to $210	$0 copayment	**Up to $200**
Retinal Imaging	Not Covered		**Up to $39 copayment***	**Not Covered**
Frequency				
Vision Exam	1 per 12 months		1 per 12 months	
Lenses or Contact Lenses	1 per 12 months		1 per 12 months	
Frames	1 per 24 months		1 per 24 months	
Tier	**Current 2016-2017 Monthly Rates**		**New 2017-2019 Monthly Rates**	
Employee	**$5.96**		**$5.96**	
Employee + Family	**$21.42**		**$21.42**	
Premium				
Composite % Variance from Current			**0%**	

*In-network services for diabetics-covered in full, up to two/year; out-of-network services for diabetics-up to $50 reimbursement, up to two/year.

Note: You should have received a letter from Humana notifying you that your current plan is being discontinued.

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Section 4: Renewal for all other Insured Benefits

- Dental
- Kemper Gap
- Life & Disability
- Unum

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Delta Dental: 2015-2018 Rates

	2015 - 2016		2016 - 2017		2017 - 2018	
Plan	**Tenthly Rate**	**Employee Per Pay (20)**	**Tenthly Rate**	**Employee Per Pay (20)**	**Tenthly Rate**	**Employee Per Pay (20)**
Dental DHMO - Plan A						
Employee Only	**$14.94**	$7.47	**$15.53**	$7.77	**$15.53**	$7.77
Employee + One Dependent	**$26.56**	$13.28	**$27.59**	$13.80	**$27.59**	$13.80
Family	**$39.47**	$19.73	**$41.02**	$20.51	**$41.02**	$20.51
Dental DHMO - Plan B						
Employee Only	**$14.94**	$0.00	**$15.53**	$0.00	**$15.53**	$0.00
Employee + One Dependent	**$26.56**	$5.81	**$27.59**	$6.03	**$27.59**	$6.03
Family	**$39.47**	$12.26	**$41.02**	$12.75	**$41.02**	$12.75
Dental PPO - Plan A						
Employee Only	**$40.67**	$20.33	**$42.26**	$21.13	**$42.26**	$21.13
Employee + One Dependent	**$78.68**	$39.34	**$81.78**	$40.89	**$81.78**	$40.89
Family	**$126.40**	$63.20	**$131.36**	$65.68	**$131.36**	$65.68
Dental PPO - Plan B						
Employee Only	**$40.67**	$0.00	**$42.26**	$0.00	**$42.26**	$0.00
Employee + One Dependent	**$78.68**	$19.01	**$81.78**	$19.76	**$81.78**	$19.76
Family	**$126.40**	$42.86	**$131.36**	$44.55	**$131.36**	$44.55

Kemper Gap Plan Experience

Coverage Period	Gross Premium	Claims	Loss Ratio	Renewal Increase
10/1/11 - 9/30/12	$288,690	$418,210	145%	1st Year
10/1/12 – 9/30/13	$314,676	$341,165	108%	No Increase
10/1/13 – 9/30/14	$324,425	$305,614	94%	No Increase
10/1/14 – 9/30/15	$282,350	$254,245	90%	15%
10/1/15 – 9/30/16	$299,392	$169,580	57%	*40% before changes
10/1/16 – 3/31/17	$149,073	$54,470	37%	No Increase[1]

*The Medical Gap Plans were consolidated in 2016 to one Gap Plan with same rates as previous KeyGap 3000 Plan

	Current Benefit Plan 2000	New Benefit Plan 2000
Inpatient Hospital Benefit - Individual/Family	$2,000/$6,000	$2,500/$7,500
Outpatient Hospital Benefit – Individual/Family	$1,000/$3,000	$1,250/$3,750
Ambulance Benefit (Accident only) – Individual/Family	$350/$1,050	$350/$1,050

Tier	2017-2018 Per 20-Pay
Employee	$27.53
Employee + Spouse	$56.23
Employee + Child(ren)	$48.71
Employee + Family	$82.90

Note: The benefits shown are per benefit year.

Liberty Mutual: Life and Disability

Life and Disability Plans are in rate guarantee through 9/30/2018.

Overall Loss Ratio	Premium Paid 10/1/2013-9/30/2016	Incurred Claims 10/1/2013-9/30/2016	Loss Ratio
Basic Life	$990,029	$891,947	**90.1%**
Optional Life	$951,497	$371,132	**39.0%**
STD	$1,138,291	$634,535	**55.7%**
LTD	$574,295	$674,806	**117.5%**
Total	$3,654,112	$2,572,420	**70.4%**

Unum Voluntary Plans

Unum will continue to offer the Accident and Injury, Critical Illness and Whole Life programs with **no rate increase** to CCDS employees for the 2017 - 2018 plan year.

Accident and Injury
Accident and Injury provides a lump sum benefit based on the type of injury or covered incident you encounter or the type of treatment you need.

Critical Illness
Critical Illness insurance provides financial support if you or your dependents suffer from a serious disease

Whole Life
Whole Life insurance is offered to you as additional life insurance coverage which is portable. When employees enroll in Whole Life insurance, their rates are locked in at the age they enroll.