

VILLAGE OF OAK PARK EMPLOYEES - 2012 HEALTH & DENTAL INSURANCE RATES

[The 3-Tier Prescription Plan applies to participants]

| HEALTH INSURANCE PLANS | | | |
|--|-----------------|----------------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Village-Paid Portion | Employee-Paid Portion |
| Preferred Provider Option (PPO) | | | |
| SINGLE | \$649.10 | \$536.04 | \$113.06 |
| SINGLE + 1 | \$1,259.30 | \$1,055.08 | \$204.22 |
| FAMILY | \$1,813.54 | \$1,540.06 | \$273.48 |

| Preferred Provider Option (PPO) Legacy Plan | | | |
|---|-----------------|----------------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Village-Paid Portion | Employee-Paid Portion |
| SINGLE | \$568.88 | \$469.18 | \$99.70 |
| SINGLE + 1 | \$1,096.40 | \$916.52 | \$179.88 |
| FAMILY | \$1,577.76 | \$1,340.72 | \$237.06 |

| DELTA DENTAL INSURANCE PLAN | |
|-----------------------------|-----------------|
| PPO PLUS (HIGH) PLAN | |
| COVERAGE | MONTHLY PREMIUM |
| SINGLE | \$36.68 |
| FAMILY | \$105.30 |

| HEALTH INSURANCE PLANS | | | |
|---|-----------------|----------------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Village-Paid Portion | Employee-Paid Portion |
| Health Maintenance Option (HMO) Illinois | | | |
| SINGLE | \$554.28 | \$491.08 | \$63.20 |
| SINGLE + 1 | \$1,081.80 | \$940.80 | \$141.00 |
| FAMILY | \$1,558.32 | \$1,372.34 | \$185.98 |

| Health Maintenance Option (HMO) Blue Advantage | | | |
|--|-----------------|----------------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Village-Paid Portion | Employee-Paid Portion |
| SINGLE | \$505.66 | \$447.32 | \$58.34 |
| SINGLE + 1 | \$982.14 | \$854.50 | \$127.64 |
| FAMILY | \$1,414.88 | \$1,244.70 | \$170.18 |

| DELTA DENTAL INSURANCE PLAN | |
|---------------------------------|-----------------|
| PPO PLUS (LOW) PLAN | |
| COVERAGE | MONTHLY PREMIUM |
| (Except employees listed below) | |
| SINGLE | \$27.76 |
| FAMILY | \$79.38 |

Battalion Chiefs, Deputy Fire Chiefs, Fire Chief, Police Officers, Sergeants, Commanders, Deputy Police Chiefs & Police Chief

| COVERAGE | MONTHLY PREMIUM | Village-Paid Portion | Employee-Paid Portion |
|----------|-----------------|----------------------|-----------------------|
| SINGLE | \$27.76 | \$13.88 | \$13.88 |
| FAMILY | \$79.38 | \$13.88 | \$65.50 |

IMRF, FIRE & POLICE PENSION (RETIREE) MEMBERS - 2012 RETIREE HEALTH & DENTAL INSURANCE RATES

[Rates for plans & coverage are the same as those for Village employees; however, these participants pay the full monthly premium. The 3-Tier Prescription Plan applies to participants.]

| HEALTH INSURANCE PLANS | | |
|---|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| Preferred Provider Option (PPO) | | |
| RETIREE SINGLE | \$649.10 | 0.00% |
| RETIREE SINGLE + 1 | \$1,259.30 | 0.00% |
| RETIREE FAMILY | \$1,813.54 | 0.00% |
| RETIREE MEDICARE SINGLE | \$519.28 | |
| RETIREE MEDICARE FAMILY | \$1,038.56 | |
| ONE RETIREE MEDICARE SINGLE + ONE NON-MEDICARE RETIREE SINGLE | \$1,168.38 | |

| Preferred Provider Option (PPO) Legacy Plan | | |
|---|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| RETIREE SINGLE | \$568.88 | 0.00% |
| RETIREE SINGLE + 1 | \$1,096.40 | 0.00% |
| RETIREE FAMILY | \$1,577.76 | 0.00% |
| RETIREE MEDICARE SINGLE | \$455.10 | |
| RETIREE MEDICARE FAMILY | \$910.20 | |
| ONE RETIREE MEDICARE SINGLE + ONE NON-MEDICARE RETIREE SINGLE | \$1,023.98 | |

Explanation of Medicare Rates (using the PPO rates above)

Medicare Single = 80% of Regular Single Rate (\$649.10 x 80% = \$519.28)

| HEALTH INSURANCE PLANS | | |
|---|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| Health Maintenance Option (HMO) Illinois | | |
| RETIREE SINGLE | \$554.28 | 0.00% |
| RETIREE SINGLE + 1 | \$1,081.80 | 0.00% |
| RETIREE FAMILY | \$1,558.32 | 0.00% |
| RETIREE MEDICARE SINGLE | \$443.42 | |
| RETIREE MEDICARE FAMILY | \$886.85 | |
| ONE RETIREE MEDICARE SINGLE + ONE NON-MEDICARE RETIREE SINGLE | \$997.71 | |

| Health Maintenance Option (HMO) Blue Advantage | | |
|---|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| RETIREE SINGLE | \$505.66 | 0.00% |
| RETIREE SINGLE + 1 | \$982.14 | 0.00% |
| RETIREE FAMILY | \$1,414.88 | 0.00% |
| RETIREE MEDICARE SINGLE | \$404.54 | |
| RETIREE MEDICARE FAMILY | \$809.09 | |
| ONE RETIREE MEDICARE SINGLE + ONE NON-MEDICARE RETIREE SINGLE | \$910.20 | |

Medicare Family = Medicare Single Rate times 2 (\$519.28 X 2 = \$1,038.56)

One Medicare Single + One Non-Medicare Single = (\$519.28 + \$649.10 = \$1,168.38)

| DELTA DENTAL INSURANCE PLAN | | |
|-----------------------------|-----------------|-----------------------|
| PPO PLUS (HIGH) PLAN | | |
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$36.68 | 0.00% |
| FAMILY | \$105.30 | 0.00% |

| DELTA DENTAL INSURANCE PLAN | | |
|-----------------------------|-----------------|-----------------------|
| PPO PLUS (LOW) PLAN | | |
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$27.76 | 0.00% |
| FAMILY | \$79.38 | 0.00% |

VILLAGE OF OAK PARK "PARTNER AGENCY" EMPLOYEES - 2012 HEALTH & DENTAL INSURANCE RATES

"Partner Agency" employees are employed by the Oak Park Library, Oak Park Township and West Suburban Consolidated Dispatch Center. Employees of each "Partner Agency" are expected to pay the same percentage of their monthly health insurance premium as Village employees with the same plan & coverage. Rates below for plans & coverage are 1% higher than rates for Village employees. The 3-Tier Prescription Plan applies to participants.

| HEALTH INSURANCE PLANS | | | |
|--|-----------------|--|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Agency-Paid Portion <i>Suggested Cost-Sharing</i> | Employee-Paid Portion |
| Preferred Provider Option (PPO) | | | |
| SINGLE | \$655.60 | \$541.40 | \$114.20 |
| SINGLE + 1 | \$1,271.90 | \$1,065.64 | \$206.26 |
| FAMILY | \$1,831.68 | \$1,555.46 | \$276.22 |

| Preferred Provider Option (PPO) Legacy Plan | | | |
|---|-----------------|---------------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Agency-Paid Portion | Employee-Paid Portion |
| SINGLE | \$574.58 | \$473.88 | \$100.70 |
| SINGLE + 1 | \$1,107.38 | \$925.68 | \$181.69 |
| FAMILY | \$1,593.54 | \$1,354.12 | \$239.42 |

| DELTA DENTAL INSURANCE PLAN | | |
|-----------------------------|-----------------|-----------------------|
| PPO PLUS (HIGH) PLAN | | |
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$37.06 | 1.00% |
| FAMILY | \$106.36 | 1.00% |

| HEALTH INSURANCE PLANS | | | |
|---|-----------------|--|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Agency-Paid Portion <i>Suggested Cost-Sharing</i> | Employee-Paid Portion |
| Health Maintenance Option (HMO) Illinois | | | |
| SINGLE | \$559.82 | \$496.00 | \$63.83 |
| SINGLE + 1 | \$1,092.62 | \$950.20 | \$142.42 |
| FAMILY | \$1,573.90 | \$1,386.06 | \$187.84 |

| Health Maintenance Option (HMO) Blue Advantage | | | |
|--|-----------------|---------------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | Agency-Paid Portion | Employee-Paid Portion |
| SINGLE | \$510.72 | \$451.79 | \$58.93 |
| SINGLE + 1 | \$991.96 | \$863.05 | \$128.91 |
| FAMILY | \$1,429.04 | \$1,257.15 | \$171.89 |

| DELTA DENTAL INSURANCE PLAN | | |
|-----------------------------|-----------------|-----------------------|
| PPO PLUS (LOW) PLAN | | |
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$28.04 | 1.00% |
| FAMILY | \$80.18 | 1.00% |

2012 COBRA HEALTH & DENTAL INSURANCE RATES

[Rates for plans & coverage are 2% higher than rates for Village of Oak Park employees. The 3-Tier Prescription Plan applies to participants.]

| HEALTH INSURANCE PLANS | | |
|--|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| Preferred Provider Option (PPO) | | |
| SINGLE | \$662.08 | 2.00% |
| SINGLE + 1 | \$1,284.48 | 2.00% |
| FAMILY | \$1,849.82 | 2.00% |

| Preferred Provider Option (PPO) Legacy Plan | | |
|---|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$580.26 | 2.00% |
| SINGLE + 1 | \$1,118.34 | 2.00% |
| FAMILY | \$1,609.32 | 2.00% |

| DELTA DENTAL INSURANCE PLAN | | |
|-----------------------------|-----------------|-----------------------|
| PPO PLUS (HIGH) PLAN | | |
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$37.42 | 2.00% |
| FAMILY | \$107.42 | 2.00% |

| HEALTH INSURANCE PLANS | | |
|---|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| Health Maintenance Option (HMO) Illinois | | |
| SINGLE | \$565.38 | 2.00% |
| SINGLE + 1 | \$1,103.44 | 2.00% |
| FAMILY | \$1,589.48 | 2.00% |

| Health Maintenance Option (HMO) Blue Advantage | | |
|--|-----------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$515.78 | 2.00% |
| SINGLE + 1 | \$1,001.78 | 2.00% |
| FAMILY | \$1,443.18 | 2.00% |

| DELTA DENTAL INSURANCE PLAN | | |
|-----------------------------|-----------------|-----------------------|
| PPO PLUS (LOW) PLAN | | |
| COVERAGE | MONTHLY PREMIUM | % Difference From VOP |
| SINGLE | \$28.32 | 2.00% |
| FAMILY | \$80.98 | 2.00% |

2012 WALGREENS & LIFE INSURANCE (FORT DEARBORN) RATES

| DEARBORN NATIONAL 2012 BASIC COVERAGE | | |
|---------------------------------------|---------------------------|---------|
| Basic Life | Rate Per \$1,000 Coverage | Rate |
| Basic Life | | \$0.120 |
| Accidental Death & Dismemberment | | \$0.020 |

| 2012 WALGREENS PRESCRIPTION PROGRAM | |
|-------------------------------------|-----------------------------|
| Three-Tier Co-Pay | Applies to |
| \$10 Co-Pay | Generic drugs |
| \$25 Co-Pay | Preferred, brand-name drugs |
| \$40 Co-Pay | Non-Preferred drugs* |

* a generic or a 2nd-tier alternative exists

| DEARBORN NATIONAL 2012 OPTIONAL LIFE INSURANCE COVERAGE | | | |
|---|-------------------|--|-------------------------------|
| Employees can purchase the difference between Basic Life Insurance and five times your annual salary, not to exceed and \$500,000, subject to approval by Dearborn National | | | |
| OPTIONAL LIFE & AD+D Monthly Rate per \$1,000 Coverage | | DEPENDENT LIFE & AD+D Monthly Rate per \$1,000 Coverage | |
| Age Bands | Employee & Spouse | All Children | Rate per \$1,000 Coverage for |
| Under 30 | \$0.091 | \$2,000.00 | \$0.133 |
| 30 - 34 | \$0.096 | \$3,000.00 | \$0.200 |
| 35 - 39 | \$0.108 | \$4,000.00 | \$0.266 |
| 40 - 44 | \$0.145 | \$5,000.00 | \$0.332 |
| 45 - 49 | \$0.217 | \$6,000.00 | \$0.399 |
| 50 - 54 | \$0.333 | \$7,000.00 | \$0.466 |
| 55 - 59 | \$0.499 | \$8,000.00 | \$0.532 |
| 60 - 64 | \$0.751 | \$9,000.00 | \$0.598 |
| 65 - 69 | \$1.314 | \$10,000.00 | \$0.665 |
| 70 - 74 | \$2.320 | | |
| 75 - 79 | \$3.798 | | |
| 80 + | \$7.650 | | |