

# Town of Whitestown

## Dental Plan Analysis

October 1, 2022 Renewal

Benefits	Current Anthem Dental PPO Plan		Renewal Anthem Dental PPO Plan		New Plan Delta Dental of IN Dental PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>						
Individual	\$0	\$0	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$0	\$0
Deductible Waived For	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Annual Plan Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
<b>Diagnostic &amp; Preventive</b>	100%	100%	100%	100%	100%	100%
<b>Basic Services</b>	80%	80%	80%	80%	80%	80%
<b>Major Services</b>	50%	50%	50%	50%	50%	50%
<b>Orthodontic Services - Dep Child Only</b>	50%	50%	50%	50%	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Periods on Major Services	Yes	Yes	Yes	Yes	Yes	Yes
Out of Network Reimbursement	Fee Schedule	UCR 90th	Fee Schedule	UCR 90th	Fee Schedule	Fee Schedule
Minimum Participation Required		-		-		
Rate Guarantee				<b>1 Year</b>		<b>2 Year</b>
<b>Rates</b>	Counts					
Employee Only	46	\$25.46		\$29.25		\$25.46
Employee + Spouse	20	\$50.92		\$58.51		\$50.92
Employee + Child(ren)	19	\$75.88		\$87.19		\$75.88
Family	53	\$111.82		\$128.48		\$111.82
<b>Combined Est. Monthly Premium</b>		\$9,558		\$10,982		\$9,558
<b>Combined Est. Annual Premium</b>		\$114,693		\$131,781		\$114,693
<b>Annual Dollar Change From Current</b>				<b>\$17,088</b>		<b>\$0</b>
<b>Percentage Change From Current</b>				<b>15%</b>		<b>0%</b>

# Town of Whitestown

## Vision Plan Analysis

October 1, 2022 Renewal

	Current Anthem Voluntary Vision	New Plan EyeMed Voluntary Vision
<b>Benefits</b>		
Eye Exam	\$10	\$10 / \$0 at PLUS Providers
<b>Prescription Lenses</b>		
Single Vision Eyeglass Lenses	\$20	\$20
Bifocal Eyeglass Lenses	\$20	\$20
Trifocal Eyeglass Lenses	\$20	\$20
Standard Frames	\$150 allowance + 20% off balance	\$150 allowance + 20% off balance / \$200 allowance at PLUS Providers
Disposable Contact Lenses	\$150 allowance + 15% off	\$150 allowance + 15% off
<b>Frequency of Services</b>		
Exams	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months
Contact Lenses	12 months	12 months
<b>Provider Network Name</b>	EyeMed	EyeMed
<b>Rate Guarantee</b>	Ends 9/1/2023	4 year
<b>Minimum Participation</b>	-	-
<b>Rates</b>	<b>Counts</b>	
Employee Only	44	\$6.65
Employee + Spouse	16	\$13.65
Employee + Child(ren)	20	\$13.95
Family	51	\$20.25
<b>Estimated Monthly Premium</b>		<b>\$1,823</b>
<b>Estimated Annual Premium</b>		<b>\$21,873</b>
<b>Annual Dollar Change From</b>		<b>(\$434)</b>
<b>Percentage Change From Current</b>		<b>-2%</b>

# Town of Whitestown

## Life Plan Analysis

October 1, 2022 Renewal

	Current Anthem Group Life & AD&D	New Plan Mutual of Omaha Group Life & AD&D
<b>Benefits</b>		
Rate Guarantee		2 Year
<b>Employee Coverage</b>		
Life Benefit Amount	Flat \$50,000	Flat \$50,000
<b>AD&amp;D Benefits</b>	Equal to Basic Life	Equal to Basic Life
<b>Dependent Coverage</b>	Not Covered	Not Covered
<b>Other Features</b>		
Waiver of Premium	Included	Included
Accelerated Benefits	Included	Included
Portability	Not Included	Included
Conversion	Included	Included
Seat Belt Benefit	Included	Included
Reduction Schedule	To 65% at 65, 55% at 70, 30% at 75, 20% at 80	To 65% at 65, 55% at 70, 30% at 75, 20% at 80
<b>Rates</b>		
	<b>Volume</b>	
Rate per \$1,000	\$7,447,500	\$0.125
		\$0.106
<b>Monthly Premium</b>	<b>\$931</b>	<b>\$789</b>
<b>Annual Premium</b>	<b>\$11,171</b>	<b>\$9,473</b>
<b>Annual Dollar Change From Current</b>		<b>(\$1,698)</b>
<b>Percentage Change From Current</b>		<b>-15%</b>

	Current Anthem Voluntary Life	New Plan Mutual of Omaha Voluntary Life
<b>Benefits</b>		
Rate Guarantee		2 Year
Minimum Participation Requirement	-	
<b>Employee Coverage</b>		
Life Benefit Amount	\$10,000 Increments	\$10,000 Increments
Benefit Maximum	5x salary to \$500,000	5x salary to \$500,000
Guarantee Issue - Employee / Spouse	\$100,000 / \$30,000	\$100,000 / \$30,000
<b>AD&amp;D Benefits</b>	Equal to Voluntary Life Election	Equal to Voluntary Life Election
<b>Dependent Coverage</b>	Employees Election	Employees Election
Spouse	Increments of \$5,000 to \$250,000	Increments of \$5,000 to \$250,000
Child(ren)	\$2,000 Increments to \$10,000	\$2,000 Increments to \$10,000
<b>Other Features</b>		
Waiver of Premium	Included	Included
Accelerated Benefits	Included	Included
Portability	Included	Included
Conversion	Included	Included
Seat Belt Benefit	Included	Included
Reduction Schedule	To 65% at 65, 40% at 70, 25% at 75, 20% at 80	To 65% at 65, 45% at 70, 30% at 75, 20% at 80
<b>Rates (Per \$1,000)</b>		
		<b>Matching Current Rats</b>

# Town of Whitestown

Disability Plan Analysis  
October 1, 2022 Renewal

		Current Anthem Group Short Term	New Plan Mutual of Omaha Group Short Term
<b>Benefits</b>			
Rate Guarantee			2 Year
<b>Benefit Percentage</b>		60%	60%
Maximum Weekly Benefit		\$1,000	\$1,000
Maximum Benefit Duration		12 Weeks	12 Weeks
<b>Elimination Period</b>			
Accident		7 Days	7 Days
Illness		7 Days	7 Days
<b>Rates</b>	<b>Volume</b>		
Rate per \$10	\$103,192	\$0.195	\$0.185
<b>Estimated Monthly Premium</b>		<b>\$2,012</b>	<b>\$1,909</b>
<b>Estimated Annual Premium</b>		<b>\$24,147</b>	<b>\$22,909</b>

		Current Guardian Group Long Term Disability	New Plan Mutual of Omaha Group Long Term
<b>Benefits</b>			
Rate Guarantee			2 Year
<b>Benefit Percentage</b>		60%	60%
Monthly Benefit Maximum		\$5,000	\$5,000
Elimination Period		90 days	90 days
<b>Benefit Duration</b>			
Own Occupation		24 Months	24 Months
Any Occupation		SSNRA	SSNRA
<b>Plan Limitations</b>			
Pre-Existing		3/12	3/12
Chemical Dependency		24 months	24 months
Mental / Nervous		24 months	24 months
<b>Rates</b>	<b>Volume</b>		
Rate per \$100	\$752,904	\$0.245	\$0.245
<b>Estimated Monthly Premium</b>		<b>\$1,845</b>	<b>\$1,845</b>
<b>Estimated Annual Premium</b>		<b>\$22,135</b>	<b>\$22,135</b>

<b>Combined Est. Monthly Premium</b>	<b>\$3,857</b>	<b>\$3,754</b>
<b>Combined Est. Annual Premium</b>	<b>\$46,282</b>	<b>\$45,044</b>
<b>Annual Dollar Change From Current</b>		<b>(\$1,238)</b>
<b>Percentage Change From Current</b>		<b>-3%</b>