



It's renewal
time!

Guardian is
here to help.

**RENEWAL INFORMATION FOR
MADISON COUNTY BOARD OF SUPERVISORS
GROUP PLAN # 00435279**

**RENEWAL PERIOD
October 1, 2013 - September 30, 2014**



GUARDIAN®

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

The Guardian Life Insurance Company of America 7 Hanover Square, New York, NY 10004-4025

What you'll find in this package

RENEWAL INFORMATION	PAGE
Renewal Premiums At-a-Glance	1
Renewal Rates At-a-Glance	2
ASO Dental Details	5
Vision Details	8
Appendix	9

Renewal Premiums At-a-Glance

EMPLOYER-SPONSORED COVERAGE		
Coverage	Current Annual	Renewal Annual
ASO Dental	\$24,710	\$26,442
Vision	\$50,317	\$50,317
Basic Life	\$20,292	\$20,292
AD&D	\$1,951	\$1,951
TOTAL	\$97,270	\$99,002

KEY POINTS OF INFORMATION REGARDING PLAN PRICING

Premiums shown above reflect a multi-line discount. If you do not wish to renew all lines of coverage, please contact us for revised pricing.

Product-specific rates shown in this package have been determined based on a number of factors, including:

- Employee age and gender
- Group location
- Changes in group size
- Claims experience (when applicable)

EMPLOYEE-PAID VOLUNTARY COVERAGE		
Coverage	Current Annual	Renewal Annual
Voluntary Life	\$84,379	\$84,379
Voluntary AD&D	\$8,803	\$8,803

Renewal Rates At-a-Glance

DENTAL ASO PRICING INFORMATION					
	Enrolled Employees	CURRENT		RENEWAL	
		MONTHLY	Annual	MONTHLY	Annual
ASO Fee	390	\$5.28	\$24,710	\$5.65	\$26,442
Recommended Funding Level	390			\$34.19	\$160,028

This plan is currently offered for Insurance Class 1 and 2

VISION PLAN RATES -					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		MONTHLY Rate	Annual Premium	MONTHLY Rate	Annual Premium
EE	246	\$8.67	\$25,594	\$8.67	\$25,594
EE & SP	60	\$12.16	\$8,755	\$12.16	\$8,755
EE & CH	39	\$12.42	\$5,813	\$12.42	\$5,813
FAMILY	42	\$20.15	\$10,156	\$20.15	\$10,156
TOTAL	387		\$50,317		\$50,317

This plan is currently offered for Insurance Class 1 and 2

BASIC LIFE PLAN RATES					
Coverage	Volume	CURRENT		RENEWAL	
		MONTHLY Rate	Annual Premium	MONTHLY Rate	Annual Premium
BASIC LIFE	\$6,503,750	\$0.260/\$1000	\$20,292	\$0.260/\$1000	\$20,292

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1 and 2

AD&D PLAN RATES

Coverage	Volume	CURRENT		RENEWAL	
		MONTHLY Rate	Annual Premium	MONTHLY Rate	Annual Premium
AD&D	\$6,503,750	\$0.025/\$1000	\$1,951	\$0.025/\$1000	\$1,951

This plan is currently offered for Insurance Class 1 and 2

VOLUNTARY LIFE PLAN RATES

EMPLOYEES Age	CURRENT	RENEWAL
	MONTHLY Rate	MONTHLY Rate
15-29	\$0.080/\$1000	\$0.080/\$1000
30-34	\$0.110	\$0.110
35-39	\$0.140	\$0.140
40-44	\$0.170	\$0.170
45-49	\$0.270	\$0.270
50-54	\$0.450	\$0.450
55-59	\$0.780	\$0.780
60-64	\$1.138	\$1.138
65-69	\$1.688	\$1.688
70-99	\$3.000	\$3.000

This plan is currently offered for Insurance Class 1 and 2

VOLUNTARY LIFE PLAN RATES

SPOUSE Age	CURRENT	RENEWAL
	MONTHLY Rate	MONTHLY Rate
15-29	\$0.080/\$1000	\$0.080/\$1000
30-34	\$0.110	\$0.110
35-39	\$0.140	\$0.140
40-44	\$0.170	\$0.170
45-49	\$0.270	\$0.270
50-54	\$0.450	\$0.450
55-59	\$0.780	\$0.780
60-64	\$1.138	\$1.138
65-69	\$1.688	\$1.688
70-99	\$3.000	\$3.000

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1 and 2

VOLUNTARY LIFE PLAN RATES		
	CURRENT MONTHLY Rate	RENEWAL MONTHLY Rate
CHILD(REN)	\$0.093/\$1000	\$0.093/\$1000

This plan is currently offered for Insurance Class 1 and 2

VOLUNTARY AD&D PLAN RATES					
		CURRENT		RENEWAL	
Tier	Volume	MONTHLY Rate	Annual Premium	MONTHLY Rate	Annual Premium
EE	\$18,964,000	\$0.032/\$1000	\$7,282	\$0.032/\$1000	\$7,282
SPOUSE	\$3,107,500	\$0.032	\$1,193	\$0.032	\$1,193
CHILD(REN)	\$1,011,000	\$0.027	\$328	\$0.027	\$328

Additional Dental Information

DENTAL MAXIMUM ROLLOVER SUMMARY

For Benefit Year Ending: 12/31/2013

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	313	\$0.00
\$1 - \$250	75	\$18,027.00
\$251 - \$500	115	\$45,501.10
\$501 - \$750	85	\$58,992.10
\$751 - \$1,000	129	\$127,436.00
Over \$1,000	0	\$0.00
TOTAL	404	\$249,956.20

76 of your Employees and Dependents currently are eligible for additional Maximum Rollover amounts.

"Benefit Year" refers to the 12-month period during which charges are counted toward this plan's annual maximum.

"Number of Qualifying Employees and Dependents" reflects information available at the time this renewal package was issued. Additional claims will affect this count.

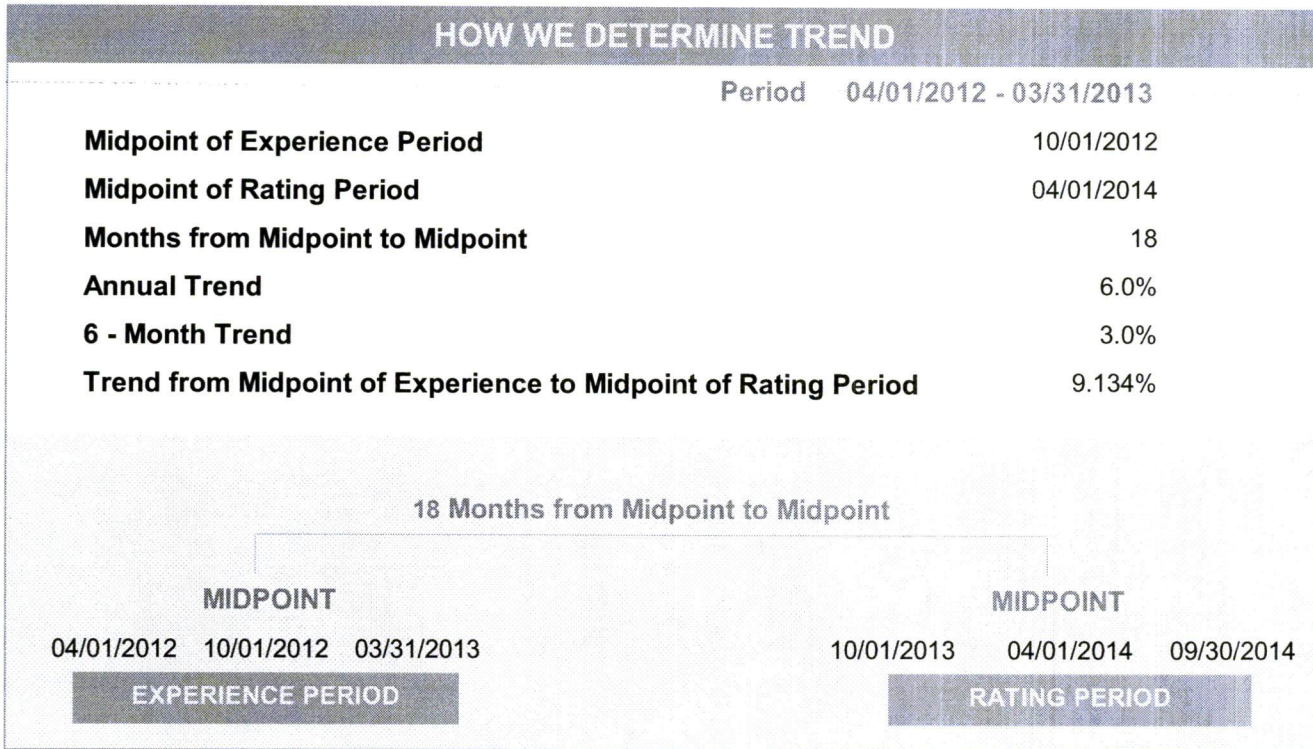
"Eligibility for additional rollover amounts reflects information available at the time this renewal package was issued. Additional claims will affect the eligibility for additional rollover amounts"

Rollover amounts earned in the benefit year ending 12/31/2013 are applied to the members Maximum Rollover Account for use starting the next benefit year.

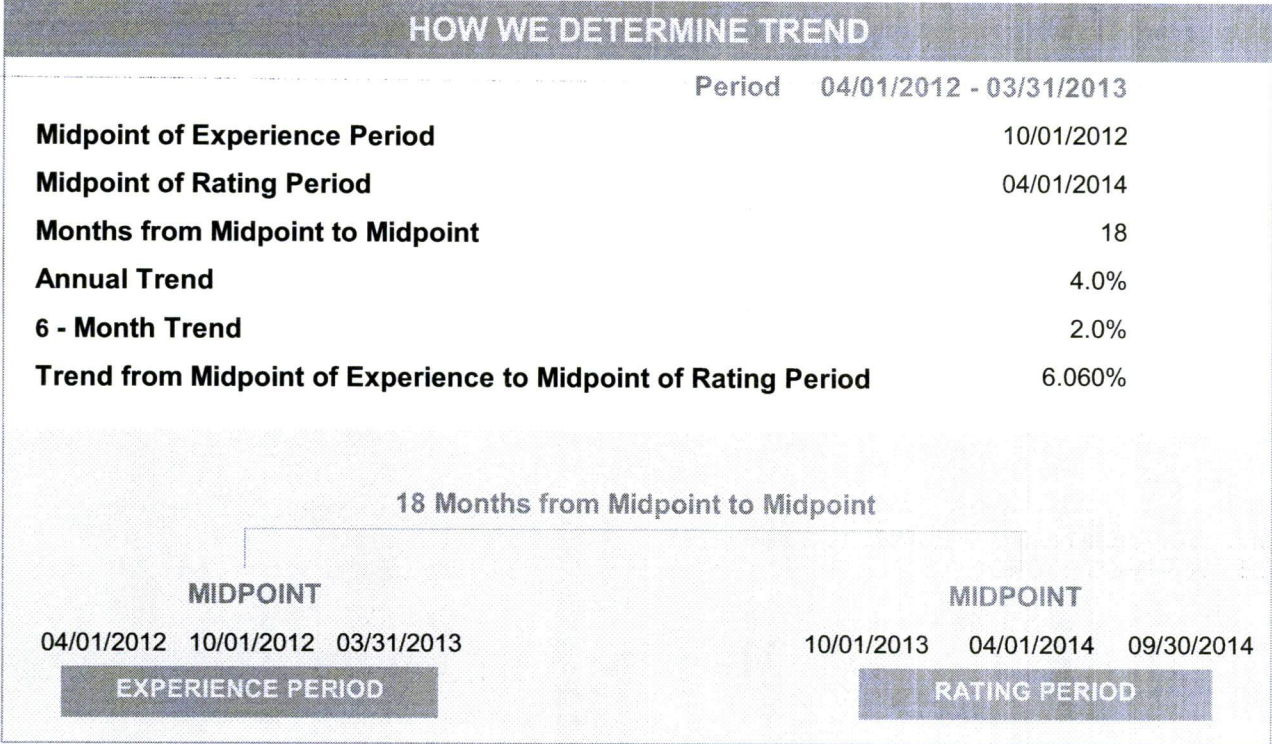
Additional Dental Information

HOW WE DETERMINED THE CLAIMS FUNDING LEVEL	
	Experience Period 4/1/2012 - 3/31/2013
Total Dental Claims Paid	\$145,007
Amount Guardian paid for the plan's dental claims	
Adjustment for Plan Changes	\$0
Value to adjust paid claims amount to the plan's current utilization level	
Adjustment for Enrollment Change - Adjustment to account for growth or shrinkage in plan enrollment during the experience period	-\$145
Mature Adjustment	\$0
Claim \$ incurred, but not yet reported at the end of the experience period	
Incurred Claims Adjustment	\$2,318
Adjustment to account for increase in value of incurred yet unreported claims	
Claims Trend - Expected increase in future claims cost due to common plan/environment changes	\$13,393
Incurred Claims Projected to Renewal Period	\$160,573
Adjustment for Claims from Prior Period	\$0
Adjustment to trended incurred claims based upon group experience immediately prior to the current period	
Manual Claims Adjustment	\$0
Adjustment to trended incurred claims for expected manual claims based on the plan's specific demographic characteristics	
Incurred Claims Projected to Renewal Period	\$160,573
Employees Exposures for the Period	4,696
RECOMMENDED MONTHLY CLAIMS FUNDING LEVEL	\$34.19 per employee
INFORMATION ON THE ASO FEE	
Base ASO Fee	\$5.65
Available options	
Guardian Anytime (w/electronic billing statement)	N/A
Direct Banking	N/A (Ask us how to add this option)
Distribution of plan Benefits booklets	N/A
Claim Fiduciary	N/A
FINAL ASO FEE	\$5.65 per employee

Additional Dental Information



Additional Vision Information



**Additional information on
your Guardian coverage**

COBRA PLAN RATES FOR INSURANCE CLASS 1

Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	224	\$25.40	\$68,275	\$24.65	\$66,254
FAMILY	163	\$62.57	\$122,387	\$60.72	\$118,763
TOTAL	387		\$190,662		\$185,017

Dental Claims Experience Reports

MADISON COUNTY BOARD OF SUPERVISORS
125 WEST NORTH STREET
CANTON, MS 39046

To help you better understand how your Guardian Group Dental Plan is being utilized by those enrolled in the plan, we are pleased to provide you with the enclosed package of claims experience reports. These reports offer a snapshot of your claims activity, providing helpful insight on how your claims dollars are being spent.

After reviewing these reports and better understanding how members are utilizing their coverage, you may wish to make some changes to your current plan design. Claims may have a direct impact to your plan's renewal premiums, so if you would like to make benefit design changes to potentially help reduce your premiums in the future, Guardian will gladly work with you and your benefits broker to make such changes upon your next plan renewal.

As a leader in innovative and flexible dental plans, Guardian offers an array of dental coverage options to help meet your specific benefits needs. Add in Guardian's large network of dental providers, our commitment to superior service, and our easy plan administration and you can see why Guardian remains a smart choice for your group benefits provider.

If you have any questions about the information presented in these reports, we encourage you to speak with your broker or contact your Guardian Group Sales Office.

We greatly value your business and look forward to continue meeting your benefits needs for years to come.



Table of Contents

- Plan Summary Page
- Monthly Claims Review Page
- Cost Management
- Top 25 Current Dental Terminology (CDT) By Paid Amount
- Benefits Category Claims Comparison
- Network Overview
- Glossary



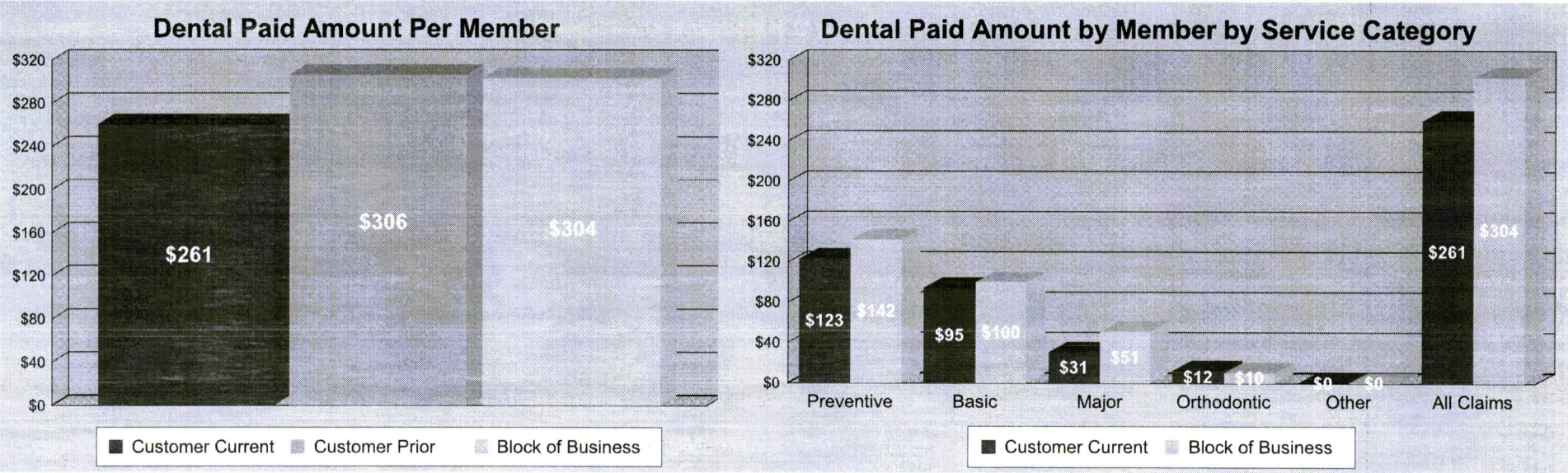
Plan Summary Page

Current Data for Claims Paid April 2012 - March 2013
Prior Data for Claims Paid April 2011 - March 2012

Demographics Summary	Customer Current	Customer Prior	% Change From Prior	Guardian Block of Business
Average Number of Employees	392	397	-1.3%	704,141
Average Number of Members	556	555	0.2%	1,014,461
Ratio of Members to Employees	1.42	1.40	1.4%	1.44
Key Statistics				
Total Dental Paid Amount	\$145,007	\$170,048	-14.7%	\$307,890,505
Per Employee	\$370	\$428	-13.6%	\$437
Per Member	\$261	\$306	-14.7%	\$304
Preventive Paid Amount Per Member	\$123	\$124	-0.8%	\$142
Preventive Number of Services/1,000 Members	3,216	3,326	-3.3%	3,888
Basic Paid Amount Per Member	\$95	\$118	-19.5%	\$100
Basic Number of Services/1,000 Members	1,005	1,143	-12.1%	1,269
Major Paid Amount Per Member	\$31	\$50	-38.0%	\$51
Major Number of Services/1,000 Members	191	299	-36.1%	364
Orthodontic Paid Amount Per Member	\$12	\$13	-7.7%	\$10
Orthodontic Number of Services/1,000 Members	138	202	-31.7%	127
Other Paid Amount Per Member	\$0	\$0	0.0%	\$0
Other Number of Services/1,000 Members	4	0	0.0%	2
PPO Fee Schedule Savings	\$36,741	\$35,499	3.5%	
% of Dental Paid Amount in Network	49.4%	52.5%	-5.8%	48.4%
Reasonable and Customary Savings	\$3,484	\$3,358	3.7%	



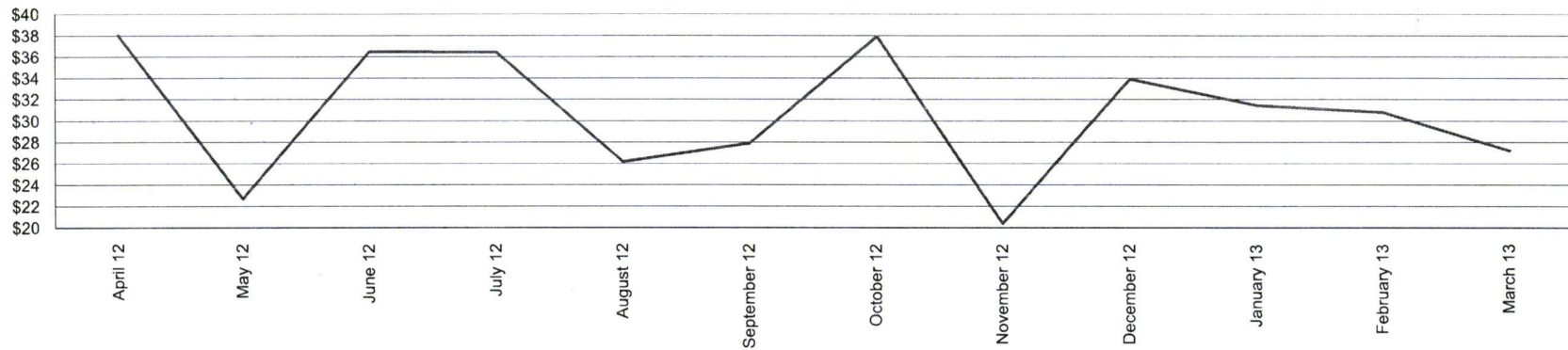
Plan Summary Page (continued)



Monthly Claims Review

Month	Total Benefit Paid	Employees	Dependents	PEPM Claims Paid	PMPM Claims Paid	Number of Claims	Average Cost per Claim
April 12	\$14,980	394	157	\$38.02	\$27.19	80	\$187.25
May 12	\$9,075	400	161	\$22.69	\$16.18	78	\$116.35
June 12	\$14,588	400	161	\$36.47	\$26.00	82	\$177.90
July 12	\$14,424	396	163	\$36.42	\$25.80	85	\$169.69
August 12	\$10,231	391	162	\$26.17	\$18.50	82	\$124.77
September 12	\$10,978	394	162	\$27.86	\$19.74	68	\$161.44
October 12	\$15,127	399	169	\$37.91	\$26.63	86	\$175.90
November 12	\$7,883	387	168	\$20.37	\$14.20	63	\$125.13
December 12	\$13,156	388	167	\$33.91	\$23.70	83	\$158.51
January 13	\$12,126	386	165	\$31.41	\$22.01	71	\$170.78
February 13	\$11,912	387	163	\$30.78	\$21.66	75	\$158.83
March 13	\$10,527	387	163	\$27.20	\$19.14	78	\$134.96
Total	\$145,007					931	
Average	\$12,084	392	163	\$30.77	\$21.73	78	\$155.13

Per Employee Per Month Claims Paid



Cost Management

Reporting Period:
Network Usage:

DESCRIPTION	April 2012 - March 2013			
	In Network		Out of Network	
	Amount	% of Standard Fees	Amount	% of Standard Fees
STANDARD FEES	\$154,732	100%	\$125,638	100%
PLAN SAVINGS				
Savings from PPO Fee Schedule, Reasonable & Customary				
PPO Fee Schedule	\$36,741	23.7%	\$0	0.0%
Reasonable & Customary Fees	\$0	0.0%	\$3,484	2.8%
Total	\$36,741	23.7%	\$3,484	2.8%
Savings from Contract Provisions				
Eligibility	\$1,360	0.9%	\$896	0.7%
Service Waiting Period/Deferred Services	\$0	0.0%	\$0	0.0%
Late Entrant Waiting Period	\$0	0.0%	\$0	0.0%
Non-Covered Services	\$620	0.4%	\$0	0.0%
Duplicate Claims	\$4,453	2.9%	\$4,110	3.3%
Coordination of Benefits	\$1,652	1.1%	\$386	0.3%
Total	\$8,085	5.2%	\$5,392	4.3%
Savings from Dental Review Logic				
Frequency/Time/Age Limits	\$2,263	1.5%	\$3,522	2.8%
History Check	\$3,899	2.5%	\$1,884	1.5%
Alternate Treatment Provisions	\$2,781	1.8%	\$1,230	1.0%
Service Considered a Component of a More Comprehensive Procedure	\$397	0.3%	\$607	0.5%
Professional Review	\$4,416	2.9%	\$300	0.2%
Total	\$13,756	8.9%	\$7,543	6.0%
Savings from Plan Provisions				
Maximum	\$10,664	6.9%	\$18,171	14.5%
Deductible	\$4,643	3.0%	\$4,128	3.3%
Coinsurance	\$10,816	7.0%	\$15,584	12.4%
Total	\$26,123	16.9%	\$37,882	30.2%
TOTAL PLAN SAVINGS	\$84,704	54.7%	\$54,301	43.2%
Manual Adjustments	-\$440		\$0	
GUARDIAN PAYS	\$71,689	46.3%	\$73,318	58.4%

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Top 25 CDT Codes by Paid Amount

CDT Code	Dental Procedure	Dental Paid Amount	Dental Paid Amount In-Network	Percent of Claims Paid In-Network	Total Number of Services	Number of Services per 1,000 Members	Guardian Block of Business Services per 1,000 Members	Customer Variance from Guardian Block of Business
D1110	Prophylaxis - Adult	\$25,455	\$12,026	47.2%	442	795	923	-13.83%
D0120	Periodic Oral Evaluation	\$14,609	\$6,762	46.3%	454	817	940	-13.11%
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$8,334	\$3,700	44.4%	91	164	151	8.65%
D8080	Comprehensive Orthodontic Treatment	\$6,404	\$4,264	66.6%	72	130	83	56.50%
D3330	Endodontic Therapy	\$6,403	\$2,115	33.0%	11	20	24	-18.20%
D0274	Bitewings - Four Films	\$6,239	\$3,115	49.9%	173	311	356	-12.45%
D2140	Amalgam - One Surface, Primary Or Permanent	\$5,393	\$3,535	65.6%	77	139	133	4.52%
D2792	Semi-Precious Metal (Full Cast)	\$4,121	\$2,404	58.3%	12	22	46	-53.23%
D7240	Removal Of Full Bony Impacted Tooth	\$4,089	\$2,560	62.6%	13	23	27	-12.75%
D7140	Extraction, Erupted Tooth Or Exposed Root	\$3,986	\$2,244	56.3%	67	121	134	-10.14%
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$3,614	\$2,081	57.6%	30	54	57	-5.12%
D0150	Comprehensive Evaluation	\$3,423	\$1,423	41.6%	76	137	176	-22.11%
D1120	Prophylaxis - Child	\$3,409	\$1,640	48.1%	76	137	181	-24.56%
D0272	Bitewings - Two Films	\$2,978	\$1,255	42.1%	111	200	177	12.54%
D3310	Endodontic Therapy	\$2,821	\$410	14.5%	7	13	8	55.03%
D0330	Panoramic X-Ray	\$2,522	\$1,556	61.7%	44	79	125	-36.61%
D2752	Porcelain Fused To Semi-Precious Metal (Ceramco, Pfm)	\$2,284	\$1,053	46.1%	8	14	23	-37.63%
D3320	Endodontic Therapy	\$2,194	\$889	40.5%	5	9	13	-29.86%
D2331	Composite Resin - Two Surfaces, Anterior	\$1,898	\$970	51.1%	22	40	41	-2.61%
D7230	Removal Of Partial Bony Impacted Tooth	\$1,857	\$825	44.4%	7	13	14	-9.44%
D0220	X-Rays - First Film	\$1,852	\$917	49.5%	119	214	254	-15.58%
D1351	Topical Application Of Sealants - Per Tooth	\$1,816	\$724	39.9%	46	83	98	-15.38%
D0210	Complete X-Rays	\$1,705	\$370	21.7%	20	36	68	-47.27%
D7210	Extraction Of Tooth - Erupted	\$1,681	\$1,053	62.6%	15	27	67	-59.43%
D2332	Composite Resin - Three Surfaces, Anterior	\$1,525	\$971	63.7%	21	38	28	36.84%
Sub-Total		\$120,612	\$58,861	48.8%	2,019			
	% of Grand Total	83.2%	82.1%		79.7%			



Benefit Category Claims Comparison

April 2012 - March 2013			
Benefits Category	Amount Paid	% of Claims	Guardian Block of Business % of Claims
Diagnostic	\$35,135	24.2%	24.5%
Preventive	\$33,103	22.8%	21.9%
Restorative	\$33,175	22.9%	26.6%
Endodontics	\$12,207	8.4%	7.1%
Periodontics	\$1,797	1.2%	4.1%
Prosthodontics - Removable	\$2,567	1.8%	1.5%
Maxillofacial Prosthetics	\$0	0.0%	0.0%
Implant Services*	\$467	0.3%	0.6%
Prosthodontics - Fixed	\$4,901	3.4%	1.3%
Oral/Maxillofacial Surgery	\$12,835	8.9%	7.3%
Orthodontics	\$6,835	4.7%	3.4%
Adjunctive Services	\$1,984	1.4%	1.7%
Cosmetic Services	\$0	0.0%	0.0%
Miscellaneous Services	\$0	0.0%	0.0%

April 2011 - March 2012			
Benefits Category	Amount Paid	% of Claims	Guardian Block of Business % of Claims
Diagnostic	\$37,695	22.2%	24.5%
Preventive	\$30,803	18.1%	22.0%
Restorative	\$43,515	25.6%	26.8%
Endodontics	\$23,390	13.8%	7.3%
Periodontics	\$6,153	3.6%	4.0%
Prosthodontics - Removable	\$4,182	2.5%	1.5%
Maxillofacial Prosthetics	\$0	0.0%	0.0%
Implant Services*	\$0	0.0%	0.5%
Prosthodontics - Fixed	\$2,571	1.5%	1.3%
Oral/Maxillofacial Surgery	\$11,503	6.8%	7.2%
Orthodontics	\$7,415	4.4%	3.3%
Adjunctive Services	\$2,822	1.7%	1.7%
Cosmetic Services	\$0	0.0%	0.0%
Miscellaneous Services	\$0	0.0%	0.0%

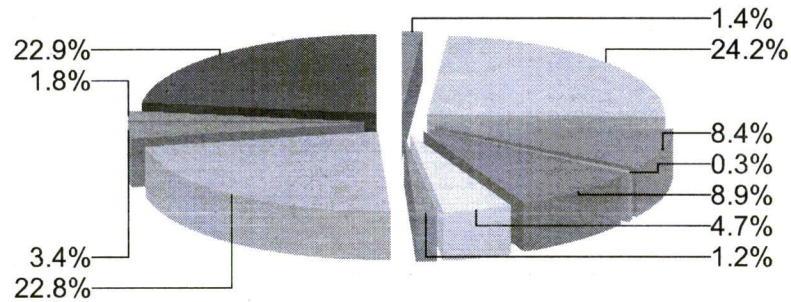
*may include miscellaneous services on implanted teeth even if implants are not a covered service.



Benefit Category Claims Comparison (continued)

April 2012 - March 2013

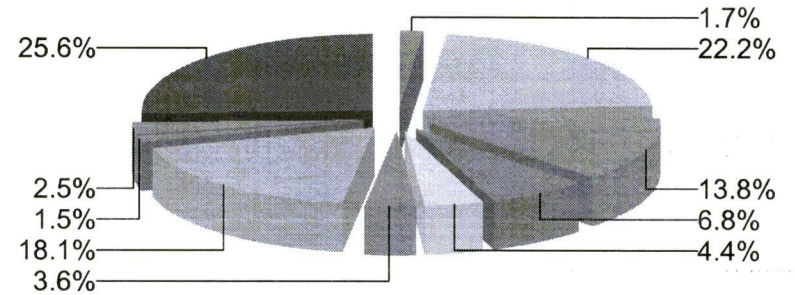
Percentage of Claims Paid by Benefit Category



Adjunctive General Serv.	1.4%
Diagnostic	24.2%
Endodontics	8.4%
Implant Services	0.3%
Oral/Maxillofacial Surg	8.9%
Orthodontics	4.7%
Periodontics	1.2%
Preventive	22.8%
Prosthodontics-Fixed	3.4%
Prosthodontics-Removable	1.8%
Restorative	22.9%
Total:	100.0%

April 2011 - March 2012

Percentage of Claims Paid by Benefit Category



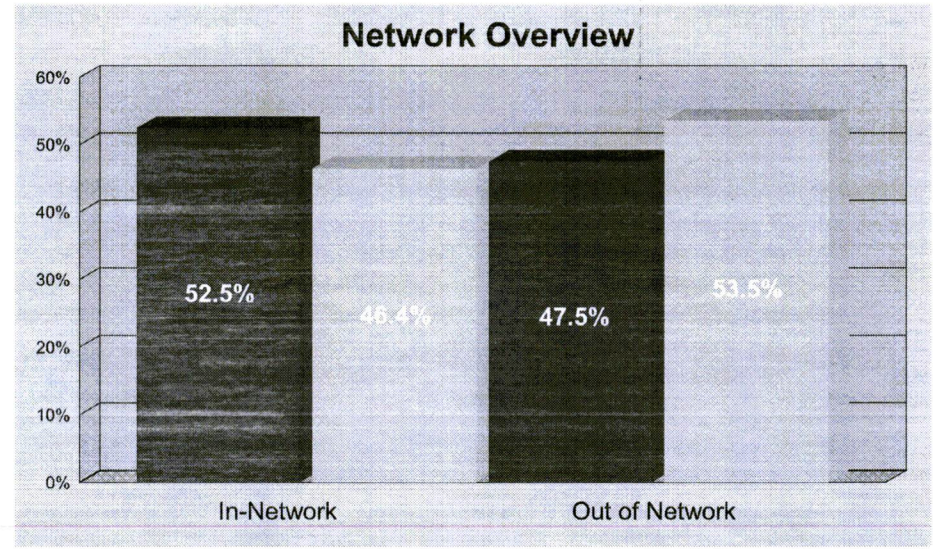
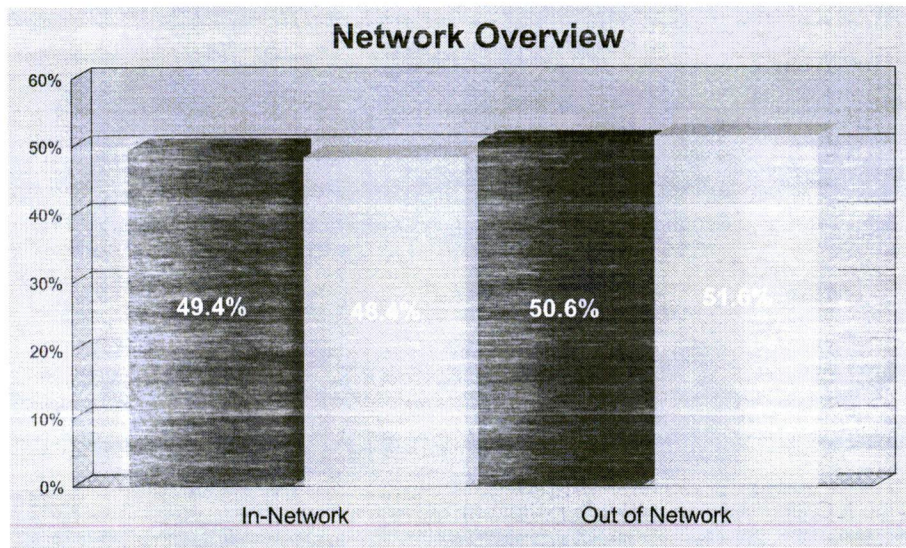
Adjunctive General Serv.	1.7%
Diagnostic	22.2%
Endodontics	13.8%
Implant Services	0.0%
Oral/Maxillofacial Surg	6.8%
Orthodontics	4.4%
Periodontics	3.6%
Preventive	18.1%
Prosthodontics-Fixed	1.5%
Prosthodontics-Removable	2.5%
Restorative	25.6%
Total:	100.0%



Network Overview

April 2012 - March 2013			
Network Type	Amount Paid	% of Amount	Guardian Block of Business % of Amount
In Network	\$71,689	49.4%	48.4%
Out of Network	\$73,318	50.6%	51.6%
Total	\$145,007	100 %	100 %

April 2011 - March 2012			
Network Type	Amount Paid	% of Amount	Guardian Block of Business % of Amount
In Network	\$89,289	52.5%	46.4%
Out of Network	\$80,760	47.5%	53.5%
Total	\$170,048	100 %	100 %



■ Guardian % of Claims Paid

■ Block of Business % of Claims Paid



Glossary

Term	Definition
Basic Services	A grouping of services which includes the following services (but not limited to): Fillings; Crowns, Bridge & Denture repair; Endodontic, Periodontal, Periodontal Surgery, Extractions, and Other Services.
Block of Business	Guardian's Dental block of business which has been segmented to compare specific customer's plans with similar benefit designs and in similar cost areas.
CDT Codes	These are the codes assigned by the American Dental Association for dental procedures
Coinsurance	After the member has satisfied the deductible, the dental plan pays a portion of the covered charges, called 'coinsurance'.
Deductible	Each year, members must pay a certain amount of the dentist's bill upfront, before they receive any benefits.
Dental Review Logic	A coded set of "user maintainable" rules that is used to process dental claims on Guardian's dental claims payment system. The rules are used to determine if dental services being submitted conform to "generally accepted standards of dental practice" and that they are processed in accordance with our contract language and administrative guidelines.
INN	Abbreviation for In-Network
Major Services	A grouping of services which includes the following services (but not limited to): Crowns, Inlays, Implants, Bridges and Dentures.
Manual Adjustments	Payments or recoupment made to previously processed claims. Typically a result of receiving additional claim information.
Maximum	This is the limit that Guardian will cover which is typically on a per calendar year basis
Member(s)	Number of Employee(s) plus Number of Dependent unit(s). If the Plan is self administered and we do not have the dependent data available, the Employee and Member data will be equal.
OON	Abbreviation for Out of Network
Orthodontic Services	Dental claims categorized as Orthodontic services
PEPM	Abbreviation for Per Employee Per Month
PMPM	Abbreviation for Per Member Per Month. This includes employees and their dependents.
PPO Fee Schedule Savings	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers.
Preventive Services	A grouping of services which includes the following services (but not limited to): Prophylaxis & Fluorides, Office Visits, Evaluations & Examinations, Space Maintainers, X-rays, Sealants.
Reasonable & Customary	This is the plan's allowable payment limit for any given service. The R&C level is a dollar amount deemed to be an appropriate amount to pay the dentist for the services he or she provided. The amount varies based on the type of service and geographical area based on the dentist's location.
Standard Fees	The fees customarily charged by the provider.
UCR	Known as Usual, Customary and Reasonable. Please refer to Reasonable & Customary definition.

