



**It's renewal
time!**

**Guardian is
here to help.**

RENEWAL INFORMATION FOR

**MADISON COUNTY BOARD OF SUPERVISORS
GROUP PLAN # 00435279**

RENEWAL PERIOD

October 1, 2014 - September 30, 2015



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

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Renewal Premiums At-a-Glance

EMPLOYER-SPONSORED COVERAGE		
Coverage	Current Annual	Renewal Annual
ASO Dental	\$26,239	\$27,864
Vision	\$50,400	\$50,400
Basic Life	\$20,314	\$21,877
AD&D	\$1,953	\$1,953
TOTAL	\$98,906	\$102,094

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	\$86,658	\$86,658
Voluntary AD&D	\$8,574	\$8,574

Renewal Rates At-a-Glance

DENTAL ASO PRICING INFORMATION					
	Enrolled Employees	CURRENT		RENEWAL	
		Monthly	Annual	Monthly	Annual
ASO Fee	387	\$5.65	\$26,239	\$6.00	\$27,864
Recommended Funding Level	387	\$34.19	\$158,778	\$36.55	\$169,724

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	244	\$8.67	\$25,386	\$8.67	\$25,386
EE & SP	56	\$12.16	\$8,172	\$12.16	\$8,172
EE & CH	40	\$12.42	\$5,962	\$12.42	\$5,962
FAMILY	45	\$20.15	\$10,881	\$20.15	\$10,881
TOTAL	385		\$50,400		\$50,400

Your dental and/or vision premium includes 3.60% to cover the expected cost of the Health Insurance Fee. This fee is not tax deductible to insurance carriers and applies to all insurers offering fully insured medical, dental, and vision coverages.

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	\$6,511,000	\$0.260/\$1000	\$20,314	\$0.280/\$1000	\$21,877

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	\$6,511,000	\$0.025/\$1000	\$1,953	\$0.025/\$1000	\$1,953

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	RENEWAL
	Monthly Rate	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	\$18,627,500	\$0.032/\$1000	\$7,153	\$0.032/\$1000	\$7,153
SPOUSE	\$2,907,500	\$0.032	\$1,116	\$0.032	\$1,116
CHILD(REN)	\$940,000	\$0.027	\$305	\$0.027	\$305

Additional Dental Information

DENTAL MAXIMUM ROLLOVER SUMMARY

For Benefit Year Ending: 12/31/2014

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	297	\$0.00
\$1 - \$250	79	\$19,093.60
\$251 - \$500	91	\$36,087.40
\$501 - \$750	84	\$57,533.70
\$751 - \$1,000	158	\$156,078.60
Over \$1,000	1	\$1,031.00
TOTAL	413	\$269,824.30

87 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 12/31/2014 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 5/1/2013 - 4/30/2014
Total Dental Claims Paid	\$153,867
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	-\$308
Mature Adjustment	\$0
Claim \$ incurred, but not yet reported at the end of the experience period	
Incurred Claims Adjustment	\$2,457
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	\$13,417
Incurred Claims Projected to Renewal Period	\$169,434
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	\$169,434
Employees Exposures for the Period	4,636
RECOMMENDED MONTHLY CLAIMS FUNDING LEVEL	\$36.55 per employee

INFORMATION ON THE ASO FEE

Base ASO Fee	\$6.08
Available options	
Guardian Anytime (w/electronic billing statement)	\$0.05
Direct Banking	N/A (Ask us how to add this option)
Distribution of plan Benefits booklets	\$0.03
Claim Fiduciary	N/A
FINAL ASO FEE	\$6.00 per employee

Additional Dental Information

PLAN EXPERIENCE DETAIL		
Month/Year	Paid Claims	Employees
May 2013	\$9,711.00	384
Jun 2013	\$10,372.00	386
Jul 2013	\$17,140.00	385
Aug 2013	\$16,746.00	383
Sep 2013	\$13,027.00	391
Oct 2013	\$11,290.00	393
Nov 2013	\$15,099.00	394
Dec 2013	\$13,731.00	394
Jan 2014	\$15,067.00	380
Feb 2014	\$12,449.00	383
Mar 2014	\$8,665.00	387
Apr 2014	\$10,571.00	375
Total	\$153,867.00	4,635

Additional Dental Information

HOW WE DETERMINE TREND

Period 05/01/2013 - 04/30/2014

Midpoint of Experience Period	11/01/2013
Midpoint of Rating Period	04/01/2015
Months from Midpoint to Midpoint	17
Annual Trend	6.0%
5 - Month Trend	2.5%
Trend from Midpoint of Experience to Midpoint of Rating Period	8.605%

17 Months from Midpoint to Midpoint

