



**It's renewal  
time!**

**Guardian is  
here to help.**

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

**RENEWAL PERIOD  
October 1, 2015 - September 30, 2016**



**GUARDIAN®**

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

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

## Renewal Premiums At-a-Glance

| EMPLOYER-SPONSORED COVERAGE |                  |                  |
|-----------------------------|------------------|------------------|
| Coverage                    | Current Annual   | Renewal Annual   |
| ASO Dental                  | \$28,800         | \$28,800         |
| Vision                      | \$51,901         | \$51,901         |
| Basic Life                  | \$22,558         | \$22,558         |
| AD&D                        | \$2,014          | \$2,014          |
| <b>TOTAL</b>                | <b>\$105,273</b> | <b>\$105,273</b> |

### 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                   | \$89,552       | \$89,552       |
| Voluntary AD&D                   | \$8,463        | \$8,463        |

## Renewal Rates At-a-Glance

| <b>DENTAL ASO PRICING INFORMATION</b> |                           |                |               |                |               |
|---------------------------------------|---------------------------|----------------|---------------|----------------|---------------|
|                                       |                           | <b>CURRENT</b> |               | <b>RENEWAL</b> |               |
|                                       | <b>Enrolled Employees</b> | <b>Monthly</b> | <b>Annual</b> | <b>Monthly</b> | <b>Annual</b> |
| ASO Fee                               | 400                       | \$6.00         | \$28,800      | \$6.00         | \$28,800      |
| Recommended Funding Level             | 400                       |                |               | \$35.50        | \$170,390     |

This plan is currently offered for Insurance Class 1 and 2

| <b>VISION PLAN RATES - VSP 86</b> |                           |                     |                       |                     |                       |
|-----------------------------------|---------------------------|---------------------|-----------------------|---------------------|-----------------------|
|                                   |                           | <b>CURRENT</b>      |                       | <b>RENEWAL</b>      |                       |
| <b>Tier</b>                       | <b>Enrolled Employees</b> | <b>Monthly Rate</b> | <b>Annual Premium</b> | <b>Monthly Rate</b> | <b>Annual Premium</b> |
| EE                                | 257                       | \$8.67              | \$26,738              | \$8.67              | \$26,738              |
| EE & SP                           | 56                        | \$12.16             | \$8,172               | \$12.16             | \$8,172               |
| EE & CH                           | 41                        | \$12.42             | \$6,111               | \$12.42             | \$6,111               |
| FAMILY                            | 45                        | \$20.15             | \$10,881              | \$20.15             | \$10,881              |
| <b>TOTAL</b>                      | <b>399</b>                |                     | <b>\$51,901</b>       |                     | <b>\$51,901</b>       |

Your dental and/or vision premium includes 3.20% 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

| <b>BASIC LIFE PLAN RATES</b> |               |                     |                       |                     |                       |
|------------------------------|---------------|---------------------|-----------------------|---------------------|-----------------------|
|                              |               | <b>CURRENT</b>      |                       | <b>RENEWAL</b>      |                       |
| <b>Coverage</b>              | <b>Volume</b> | <b>Monthly Rate</b> | <b>Annual Premium</b> | <b>Monthly Rate</b> | <b>Annual Premium</b> |
| BASIC LIFE                   | \$6,713,750   | \$0.280/\$1000      | \$22,558              | \$0.280/\$1000      | \$22,558              |