



**TO: ISACo Board of Directors**

**FROM: Joe McCoy, Executive Director**

**DATE: September 11, 2023**

**RE: Employee Dental, Vision and Life Insurance Proposal**

The Illinois State Association of Counties (ISACo) began offering health insurance benefits for employees in January 2023. The Board of Directors approved an employee optional Simple IRA Plus Retirement Plan at its April 14, 2023, meeting. ISACo employees will begin participation in the retirement plan by the end of September.

The Board of Directors is being asked to complete ISACo's employee benefits package with the addition of dental, vision and life insurance plans. A bundled proposal from Sun Life has been presented to us through our broker, Troxell. The three plans are included below. Cost quotes for each of the coverages is based upon the bundling of all three Sun Life plans for our small group of employees.

#### **Plan Recommendations**

##### Group Dental Insurance

PPO Plan. The *estimated* monthly premiums are as follows:

- Single employee - \$21.23 per month
- Employee plus spouse - \$41.14 per month
- Employee plus children - \$58.82 per month
- Family plan - \$78.82 per month

##### Group Vision Plan

Plan 3. The *estimated* monthly premiums are as follows:

- Single employee - \$5.66 per month
- Employee plus spouse - \$11.32 per month
- Employee plus children - \$12.45 per month
- Family plan - \$18.11 per month

##### Life Insurance Plan

Employee Basic Life and AD&D Plan. The *estimated* premium is as follows:

- \$234 annually **total** for all three employees.


## **Plan Funding**

The Board is requested to consider and approve the following funding structure:

- For the dental and vision plans, an 80/20 split for monthly premiums with ISACo paying 80% of the cost and employees paying 20% of the cost.
- ISACo would pay 100 percent of the annual cost of the life insurance plan (\$234 **total** for three employees).

The benefits provided by each plan are included as attachments to this memorandum. Thanks.





# Making care and benefits easier

Proposal for: Illinois State Association of Counties



# Introduction

Thank you for the opportunity to offer this proposal to you.

## Proposal Presented to

Illinois State Association of Counties  
835 McClintok DR 2ND FL  
Burr ridge, IL 60527

SIC Code: 8699

## Proposal Presented by

Sun Life

## Benefits Quoted

Employee Basic Life; Employee Basic AD&D; Dental and Vision

## Proposed Effective Date

October 1, 2023

## Things to Know

- This proposal shows a summary of proposed product(s), rates, and underlying assumptions. It is not part of the group policy or an administrative services agreement with Sun Life or its affiliated companies.
- This proposal is valid for 60 days, starting from August 31, 2023, and only for the proposed Effective Date.
- This proposal may include fully insured, nonparticipating coverage that terminates at retirement, unless otherwise noted.
- For fully insured coverages, the rates shown may be subject to recalculation pending a) final enrollment, b) census data, and c) review of any additional data requested in the proposal. Please review the assumptions for information about how the rates were derived.
- For fully insured coverages, we require that you provide a copy of the current carrier's policy or certificate, and for self-funded plans we require your Plan Document at time of sale.



## The following notices apply to quotes for fully insured coverage:

### Producer Licensing

All Sun Life companies require producers who use insurance quotes for the purpose of soliciting, selling, or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale, or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale, or negotiation of insurance, including but not limited to solicitation, sale, or negotiation conducted in person or by telephone, by e-mail, by fax, or otherwise.

### Producer Compensation

We encourage brokers and their clients to discuss what commission or other compensation may be paid in connection with the purchase of products and services from Sun Life companies. All Sun Life companies may pay the selling broker, agency, or third party administrator for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business. For New York-issued cases, producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

### Plan and Rates

This proposal may be based on employee census information provided by the employer. Acceptance of the group and final rates will be determined by Sun Life based on actual enrollment and case experience, if required. Terms and conditions of any services agreement or any coverage under a policy may be determined by all required final data and by underwriting rules, minimum participation requirements, and policy provisions in effect on the date coverage begins.

### Underwriting Companies

The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

# Group Dental

## Class

All Eligible Employees

## Plan design and rates

### Plan design summary

Dental plan overview	
<b>Eligible Employees:</b>	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
<b>Effective Date:</b>	October 1, 2023
<b>Plan type</b>	PPO
<b>Dental PPO Network</b>	Sun Life Dental Network <sup>SM</sup>
<b>In-Network Reimbursement</b>	Sun Life Dental Network <sup>SM</sup>
<b>Out-of-Network Reimbursement</b>	90th Percentile of the Usual and Customary Charge
<b>Orthodontic coverage (Type IV)</b>	Not included
<b>Dependent Coverage Children</b>	Children to age 26
<b>Annual Enrollment</b>	Yes
<b>Employee coverage contributions</b>	Employee pays for a portion or all of the cost of Employee coverage
<b>Dependent coverage contributions</b>	Employee pays for a portion or all of the cost of Dependent coverage

The listed coinsurance percentages shown below represent the portion of Sun Life's allowable charge for which the plan will be responsible. Network providers agree to accept the network's allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.



## Calendar Year Deductible

Procedure Type	In-Network Deductible	Out-of-Network Deductible
Type I Preventive Services	Not applicable	
Type II Basic Services	\$50 individual / \$150 family	\$50 individual / \$150 family
Type III Major Services		
Type IV Ortho Services	Not applicable	

Deductible values are combined between In-Network and Out-of-Network.

## Coinsurance

	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%

## Benefit Waiting Periods

- A Benefit Waiting Period of 12 months for Type III Services applies to all employees who enroll in this dental plan within 31 days of becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

## Calendar Year Maximum Benefit

	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$1,000 per person	\$1,000 per person



## Covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	1 in any 6 consecutive months
Dental Prophylaxis (Cleanings)	1 per 6 months - is limited to 1 of these services in any 6 consecutive month period
Fluoride Treatments	Covered Persons under age 19 1 in any 6 consecutive months
Sealants	Covered Persons under age 19 Once per tooth per 36 consecutive months on permanent first and second molars
Full Mouth X-Rays	1 in 60 consecutive months
Bite-Wing X-Rays	1 in 12 consecutive months
Intraoral X-Rays	4 Films in any 12 month period
Type II Basic covered dental expenses	Coverage limitations
Palliative Treatment	Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit
Simple Extractions	No Limitation
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 1 per 6 months.
Amalgam Restorations	Once per tooth surface in any 24 consecutive months
Composite and Silicate Restorations	Once per tooth surface in any 24 consecutive months and excluding posterior teeth
Space Maintainers	Covered Persons under age 19 Once per tooth in any 3 year period
Periodontics (Non-Surgical): Scaling and Root Planing	Once per 24 consecutive months per area of the mouth
Surgical Periodontics	Once per 36 consecutive months per area of the mouth
Type III Major covered dental expenses	Coverage limitations
Inlays and Onlays	Covered if tooth cannot be restored by fillings Once per tooth in any 10 years period
Crowns	Covered if tooth cannot be restored by filling or other means Once per tooth in any 10 years period
Crown Buildup	Once per 10 years
Full or Partial Dentures	Once in any 10 years
Fixed Bridges	Once in any 10 years
Endodontics: Root Canal Therapy	Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period
Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth	Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure
General Anesthesia	Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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## Dental rates and premium

	Dental monthly rate
Employee only	\$21.23
Employee + spouse	\$41.14
Employee + child(ren)	\$58.82
Employee + Family	\$78.72

For illustration purposes, the total employees shown for each plan is based on data provided to us. Actual employee count will vary at final enrollment.

Sequence Number: 3

### Included in this plan:

- A Flat 10% broker commission
- 12-month rate guarantee from the Effective Date
- Rates assume this is the only dental plan being offered to employees in this class.

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# Group Vision

We are pleased to offer Vision plans and flexible benefits that can be easily paired to meet your group's vision needs. Here are the highlights:

- **Multiple Plan Designs<sup>1</sup>:** Employers can select from three different plans to meet their needs.
  - **Plan 1** – Coverage for an eye exam and discounts for materials
  - **Plan 2** – Employer coverage for an eye exam and an option for employees to purchase coverage for materials
  - **Plan 3** – Coverage for an eye exam and materials
- **Voluntary Vision:** Once a plan design is selected, employers can choose to offer the plan at 100% employee paid for a truly voluntary plan. All voluntary plans are equipped with a voluntary enrollment strategy to improve participation in the plan. Participation requirements apply.
- **Easy to Use:** No ID cards or claim forms are necessary
- **Nation's Largest Network:** Your plan comes with access to the largest network<sup>2</sup> of private-practice eyecare doctors in the U.S. through VSP®. With strong provider penetration and quality assurance controls, it's easy for employees to receive quality vision care.
- **Comprehensive Eye Exam Included:** A comprehensive eye exam is important because VSP doctors can detect signs for other health conditions such as diabetes and high blood pressure.
- **Laser Vision Correction:** Discounts are included with each of our plan options so employees can take advantage of laser surgery to correct farsightedness, nearsightedness, presbyopia or astigmatism.
- **Robust Online Services:** Employers with Sun Life Vision have access to Sun Life Connect, our user friendly portal for online plan administration. Your employees can create a Sun Life account to view explanation of benefits, find an eye care provider, learn about vision insurance, read about vision health, and more.
- **Benefit Tools:** Our mobile app provides members on the go access to find a vision provider, view their vision plan information, claims history and more. This mobile app is available for iOS and Android.

<sup>1</sup> Product offerings may not be available in all states and may vary depending on state laws and regulations.

<sup>2</sup> Information based on network analysis performed by Zelis as of April, 2022

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.



# Group Vision

All Eligible Employees

Plan design and rates

Plan 3 design summary

## Vision Plan Overview

Eligible Employees	All Full-Time United States Employees working in the United States Who Are Scheduled To Work A Minimum Of 20 Hours Per Week
Effective Date	October 1, 2023
Plan Type	Plan 3
Locating a VSP doctor	A listing is available at vsp.com or by calling 1.800.877.7195
Out-of-Network Providers	Members will receive a lesser benefit and should contact VSP at 1.800.877.7195 for more details.
Dependent Coverage Children	Children to age 26
Annual Enrollment Period	This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes.
Employee Coverage Contributions	Employee pays for a portion or all of the cost of Employee coverage
Dependent Coverage Contributions	Employee pays for a portion or all of the cost of Dependent coverage

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

## Plan 3 Covered Expenses

Vision Insurance Schedule - Full Service			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$45
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price.</li> <li>Discounts only available from contracted facilities.</li> </ul>	N/A
Lenses  Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25  (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210
Lens Enhancements  Standard progressive Premium progressive Custom progressive		No cost \$95 - \$105 copay \$150 - \$175 copay  Average savings of 20-25% on other lens enhancements	N/A
Frames <i>Includes a wide selection of frames at Walmart®.</i>	1 per 24 months	<ul style="list-style-type: none"> <li>\$130 for the frame of your choice and 20% off the amount over your allowance</li> <li>\$70 allowance at Costco®*</li> </ul>	Up to \$70
Elective Contact Lenses  <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	<ul style="list-style-type: none"> <li>Up to \$60 / 15% savings for your contact lens exam (fitting and evaluation)</li> <li>\$130 for contact lenses</li> </ul>	Up to \$105
Additional Glasses and Sunglasses Discount	20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

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## Vision Rates and Premium

	Vision monthly rate
Employee only	\$5.66
Employee + spouse	\$11.32
Employee + child(ren)	\$12.45
Employee, spouse + child(ren)	\$18.11

Sequence Number: 2

For illustration purposes, the total employee shown for each plan is based on data provided to us. Actual employee will vary at final enrollment.

Rates assume 3 eligible employees, with 3 participating or 100% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels.

Sun Life reserves the right to adjust rates if final participation is more than 10% different from the participation provided at quote.

### Included in this Plan:

- A flat 10% broker commission
- 12-month rate guarantee from the Effective Date
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

# Basic Life

## Plan design and rates

### Employee Basic Life and AD&D plan design

Employee Basic Life	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	October 1, 2023
<b>Class 1</b>	
Class description	All Eligible Employees
Waiting Period	30 days of employment
Benefit amount	Flat \$50,000
Maximum benefit	\$50,000
Guaranteed Issue amount	\$50,000
Contributions	Noncontributory
Participation requirement	100%

Employee Basic AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	October 1, 2023
<b>Class 1</b>	
Class description	All Eligible Employees
Benefit amount	Flat \$50,000
Maximum benefit	\$50,000
Compulsory coverage	Yes
Contributions	Noncontributory
Participation requirement	100%

## Basic Life rates

Employee Basic Life				
Age band	Employees	Monthly rate	Estimated monthly volume	Estimated monthly premium
Under age 20	0	\$0.046	\$0	\$0
20-24	0	\$0.046	\$0	\$0
25-29	2	\$0.046	\$100,000	\$5
30-34	0	\$0.046	\$0	\$0
35-39	0	\$0.063	\$0	\$0
40-44	0	\$0.094	\$0	\$0
45-49	0	\$0.153	\$0	\$0
50-54	1	\$0.219	\$50,000	\$11
55-59	0	\$0.346	\$0	\$0
60-64	0	\$0.530	\$0	\$0
65-69	0	\$0.819	\$0	\$0
70-74	0	\$1.595	\$0	\$0
75-79	0	\$3.469	\$0	\$0
80-84	0	\$7.027	\$0	\$0
85 and over	0	\$14.280	\$0	\$0
Rate basis: Per \$1,000 of volume				

Group Basic Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.



## Totals

Coverage	Total employees	Monthly rate	Total estimated monthly volume	Total estimated monthly premium	Total estimated annual premium
Employee Basic Life	3	N/A	\$150,000	\$16	\$187
Employee Basic AD&D	3	\$0.026	\$150,000	\$4	\$47
<b>Total estimated premium</b>				<b>\$20</b>	<b>\$234</b>
Rate basis: Per \$1,000 of volume					

Sequence Number: 1

### Included in this plan:

- A flat 10% broker commission
- 36-month rate guarantee from the Effective Date
- Employee age reductions: All coverage amounts reduce to 67% at age 65, 50% at age 70.
- Waiver of Premium: For employees with an approved disability prior to age 65, premium is waived until age 65 or for 12 months (whichever is later). For employees disabled on or after age 65 but prior to age 70, premium is waived for 12 months. There is an Elimination Period of 6 months which must be satisfied before the waiver of premium begins. The definition of Total Disability is disabled from any occupation.

Waiver of premium is provided on the following benefits: Employee Basic Life.

- Portability: Coverage may be ported upon termination of active employment.
- Conversion Privilege
- Employee Accelerated Death Benefit of 75% to a maximum of \$500,000.
- A choice of one Value-Added Service: Self Care+, Emergency Travel Assistance & ID Theft, or Online Will Preparation & Claimant Support Services.<sup>2</sup>
- Coverage will be continued on a premium-paying basis for a period of 1 month during a layoff.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a leave of absence approved by the policyholder.
- Coverage will be continued on a premium-paying basis for a period of 12 months during a period of injury or sickness.
- Earnings definition: Earnings are defined as the current earnings reported by the employer. Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings do not include commissions, bonuses, overtime, or any other compensation.
- 24-hour AD&D coverage
- Special AD&D benefits:
  - Air Bag
  - Bereavement Counselling
  - Business Travel
  - Dependent Education-Child
  - Dependent Education-Spouse
  - Helmet
  - Repatriation
  - Seat Belt

Group Basic Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.