



**It's renewal  
time!**

**Guardian is  
here to help.**

**RENEWAL INFORMATION FOR**

**CITY OF FORT PIERCE  
GROUP PLAN # 00437618**

**RENEWAL PERIOD  
October 1, 2014 - September 30, 2015**



**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

# What you'll find in this package

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# Renewal Premiums At-a-Glance

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EMPLOYER-SPONSORED COVERAGE		
Coverage	Current Annual	Renewal Annual
Dental	\$216,477	\$230,337

**KEY POINTS OF INFORMATION REGARDING PLAN 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)

## Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1 and 2

DENTAL PLAN RATES - PPO UD					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	105	\$35.81	\$45,121	\$38.10	\$48,006
EE + 1	71	\$57.14	\$48,683	\$60.80	\$51,802
FAMILY	54	\$79.30	\$51,386	\$84.38	\$54,678
<b>TOTAL</b>	<b>230</b>		<b>\$145,190</b>		<b>\$154,486</b>

Your dental and/or vision premium includes 3.50% 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

DENTAL PLAN RATES - PPO UD					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	44	\$41.34	\$21,828	\$43.99	\$23,227
EE + 1	25	\$65.98	\$19,794	\$70.20	\$21,060
FAMILY	27	\$91.56	\$29,665	\$97.42	\$31,564
<b>TOTAL</b>	<b>96</b>		<b>\$71,287</b>		<b>\$75,851</b>

Your dental and/or vision premium includes 3.50% 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.

## Current Dental Plan Information

**CONTRACT TYPE: DENTAL GUARD 2000**

**This plan is currently offered for Insurance Class 1 and 2**

<b>PLAN BENEFITS SUMMARY</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Coinsurance</b>		
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%
<b>Deductible</b>		
Waived for preventive?	Yes	Yes
<b>Maximum</b>		
	\$1,000	\$1,000
<b>Orthodontia</b>		
	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
<b>Maximum Rollover</b>		
Threshold		\$500
Rollover Amount		\$250
In-network only rollover		\$350
Max Rollover Limit		\$1,000
<b>Dependent Age Limit</b>		20/26

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

## Current Dental Plan Information

**CONTRACT TYPE: DENTAL GUARD 2000**

**This plan is currently offered for Insurance Class 1 and 2**

<b>PLAN BENEFITS SUMMARY</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Coinsurance</b>		
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%
<b>Deductible</b>		
Waived for preventive?	Yes	Yes
<b>Maximum</b>		
	\$2,500	\$2,500
<b>Orthodontia</b>		
	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
<b>Maximum Rollover</b>		
Threshold		\$900
Rollover Amount		\$450
In-network only rollover		\$700
Max Rollover Limit		\$1,500
<b>Dependent Age Limit</b>		20/26

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

## 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	222	\$0.00
\$1 - \$250	14	\$2,900.20
\$251 - \$500	96	\$35,005.30
\$501 - \$750	80	\$55,032.50
\$751 - \$1,000	151	\$148,508.10
Over \$1,000	80	\$112,640.60
<b>TOTAL</b>	<b>421</b>	<b>\$354,086.70</b>

72 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 RENEWAL ACTION

	Experience Period 03/01/2013 - 02/28/2014
<b>Total Dental Claims Paid</b>	\$151,675
Amount Guardian paid for the plan's dental claims	
<b>Adjustment for Plan Changes</b>	\$0
Value to adjust paid claims amount to the plan's current utilization level	
<b>Mature Adjustment</b>	\$0
Claim \$ incurred, but not yet reported at the end of the experience period	
<b>Adjustment for Enrollment Change</b> - Adjustment to account for growth or shrinkage in plan enrollment during the experience period	-\$455
<b>Incurred Claims Adjustment</b>	\$2,420
Adjustment to account for increase in value of incurred yet unreported claims	
<b>Incurred Claims in Experience Period</b>	\$153,640
<b>Claims Trend</b>	\$15,210
Expected increase in future claims cost due to common plan/environment changes	
<b>Adjustment for Claims from Prior Period</b> - Adjustment to trended incurred claims based upon group experience immediately prior to the current period.	\$0
<b>Manual Claims Adjustment</b> - Adjustment to trended incurred claims for expected manual claims based on the plan's specific demographic characteristics	\$0
<b>Adjustment for Exposures in Renewal Period</b>	-\$1,114
Expected change in claims cost due to difference between current enrollment and experience period average enrollment	
<b>Incurred Claims Projected to Renewal Period</b>	\$167,736
<b>Retention</b> - Cost for Guardian to administer the plan for the upcoming year	\$62,354
<b>Underwriting Risk Adjustment</b>	\$0
<b>Calculated Renewal Premium</b>	\$230,090
<b>Premium Based on Current Rates and Enrollment</b>	\$216,255
<b>CALCULATED RENEWAL ACTION</b>	6.4%
<b>FINAL RENEWAL ACTION</b>	6.4%

# Additional Dental Information

SUMMARY OF PLAN EXPERIENCE		
For period: 03/01/2013 - 02/28/2014		
CURRENT ENROLLED	PREMIUM	PAID CLAIMS
326	\$219,277	\$151,675

HOW WE DETERMINE TREND	
	Period 03/01/2013 - 02/28/2014
Midpoint of Experience Period	09/01/2013
Midpoint of Rating Period	04/01/2015
Months from Midpoint to Midpoint	19
Annual Trend	6.0%
7- Month Trend	3.5%
Trend from Midpoint of Experience to Midpoint of Rating Period	9.665%

  

**19 Months from Midpoint to Midpoint**

The diagram illustrates the 19-month period between the Experience Period midpoint (09/01/2013) and the Rating Period midpoint (04/01/2015). The Experience Period is shown from 03/01/2013 to 02/28/2014, and the Rating Period is shown from 10/01/2014 to 09/30/2015.