

Summary Of Renewal/Proposed Rates

City of North Royalton
 Effective January 1, 2015

Policyholder Number - 0839415

- This exhibit outlines your Total Amount Due rates effective January 1, 2015.
- Please refer to the Financial Conditions and Plan Design Exhibits for an outline of the level of benefits quoted, as well as the terms and conditions of this proposal.
- Amount Due includes Aetna Premium and Producer Service Fee, as outlined in the Billing and Collection Agreement.
- Refer to the Medical Renewal Assumptions - Financial & Administrative page regarding an explanation of Producer Service Fee.
- The below rates reflect a change in the PSF from 3% to 1.3%

OH - NE (Cleveland) - Health Network Option - Suffix - 010				
Coverage Categories	Assumed Employees	Current Amount Due Rates	<i>Amount Due Rates</i>	<i>% Change</i>
Emp Only	23	\$578.47	\$605.60	4.7%
Emp + Family	131	\$1,561.86	\$1,635.10	4.7%
TOTAL	154	\$217,908.47	\$228,127.29	4.7%

Monthly Totals	Employees	Current Amount Due	Total Amount Due	% Change
	154	\$217,908.47	\$228,127.29	4.7%

I agree to the rates illustrated above for the upcoming 2015-16 plan year.

 Authorized Signature

 Date



Dental - Options

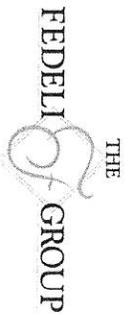
Dental	Aetna PPO Plan Current	MetLife PPO Plan Option 4
	Network	Non- Network
Deductible		
Single	\$50	\$50
Family	\$150	\$150
Waived for Preventative?	Yes	Yes
Waived for Orthodontia?	Yes	Yes
Class I	100%	100%
Class II	80%	80%
Class III	50%	50%
Class IV	50%	50%
Adult Benefit	Not Covered	Not Covered
Waiting Period	No Waiting Periods	No Waiting Periods
Annual Maximum	\$1,500	\$1,500
Lifetime Orthodontia Max	\$1,000	\$1,000
Non-Network Percentile	90th Percentile	90th Percentile
Implants	Class III	Class III
Endodontics	Class II	Class II
Periodontics	Class II	Class II
Maximum Rollover	Not Included	Not Included
Rates		
	1 Year Rate Guarantee	1 Year Rate Guarantee
Single	\$30.08	\$28.00
Family	\$88.39	\$85.07
Monthly	\$12,212.62	\$11,731.10
Annual	\$146,551.44	\$140,773.20
Rate Adjustment		-3.9%

Class I includes Preventative & Diagnostic; Class II includes Basic Services; Class III includes Major Services; Class IV includes Orthodontia

Authorized Signature

Date

Be advised that the above rates are for illustrative purposes and are subject to final underwriting. The benefits illustrated above are only a summary of the coverages.



One America Life/AD&D Renewal - Effective January 1, 2014

	One America Current	One America Renewal
Life/AD&D	<u>Class 1</u> Full -Time Police & Fire	<u>Class 1</u> Full -Time Police & Fire
Classes	<u>Class 2</u> All other Full-Time EE's	<u>Class 2</u> All other Full-Time EE's
Life Benefit	Class 1 = \$15,000 Class 2 = \$15,000	Class 1 = \$15,000 Class 2 = \$15,000
AD&D Benefit	Class 1 = \$30,000 Class 2 = \$15,000	Class 1 = \$30,000 Class 2 = \$15,000
Age Reduction Schedule	To 65% @ Age 65; To 50% @ Age 70; To 35% @ Age 75	To 65% @ Age 65; To 50% @ Age 70; To 35% @ Age 75
Rates		
Life Volume	\$2,430,000	\$2,430,000
AD&D Volume	\$3,465,000	\$3,465,000
Life Rate Per \$1,000	\$0.220	\$0.24
AD&D Rate Per \$1,000	\$0.035	\$0.035
Monthly	\$655.88	\$704.48
Annual	\$7,870.50	\$8,453.70
Rate Adjustment		7.41%
Rate Guarantee		1 Year

Authorized Signature _____

Date _____

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AMERICAN UNITED LIFE
INSURANCE COMPANY®

a ONEAMERICA® company

One American Square, P.O. Box 368
Indianapolis, IN 46206-0368

November 10, 2014

City of North Royalton
Attn: Linda Cloonan
13834 Ridge Road
North Royalton, OH 44133

RE: Group Policy G 00610916-0000-000

Dear Linda Cloonan:

American United Life Insurance Company® (AUL), a OneAmerica® company, periodically reviews group insurance coverages to determine if premium levels are adequate to cover estimated future losses. Based upon information submitted to AUL, a premium rate adjustment does appear to be necessary at this time. Therefore, AUL is willing to offer the following premium rates:

Group Insurance	Present Premium Rate thru December 31, 2014	Premium Rates beginning January 1, 2015	Next Scheduled Premium Rate Adjustment Review
Life	\$0.22 per \$1,000 of monthly covered amount	\$0.24 per \$1,000 of monthly covered amount	January 1, 2016
AD&D	\$0.035 per \$1,000 of monthly covered amount	\$0.035 per \$1,000 of monthly covered amount	January 1, 2016

AUL appreciates being able to serve as your group insurance carrier and looks forward to a productive, long lasting relationship. If you have any questions regarding your coverages or the above rates, feel free to contact either your Group Sales Representative at 888-787-5575 or your appointed producer of record.

If you need to access AUL forms or instructions for the administration of your group insurance contract(s), you can obtain these resources from our web site at www.employeebenefits.aul.com. The information on this site should be consulted for proper and efficient submission of claims, administration, and underwriting requests.

Sincerely,

Julia Bay

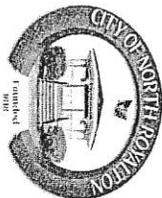
Julia Bay,
Renewals & Reporting

cc: The Fedeli Group, Agent
Pittsburgh Regional Group Office
File

I agree to the rates illustrated above for the upcoming 2015-16 plan year.

Authorized Signature

Date



THE
FEDELLI
GROUP

Vision - Current

Vision	Aetna Vision Preferred		Aetna Vision Preferred	
	Current	Non-Network	Renewal	Non-Network
Copays				
Exam	\$10	n/a	\$10	n/a
Lenses	\$10	n/a	\$10	n/a
Materials		n/a		n/a
Exam	Covered in Full	Up to \$25	Covered in Full	Up to \$25
Lenses	(Per Pair)		(Per Pair)	
Single	Covered in Full	Up to \$20	Covered in Full	Up to \$20
Bifocal	Covered in Full	Up to \$40	Covered in Full	Up to \$40
Trifocal	Covered in Full	Up to \$65	Covered in Full	Up to \$65
Lenticular	Covered in Full	Up to \$65	Covered in Full	Up to \$65
Frames	\$130	Up to \$65	\$130	Up to \$65
Contact Lenses				
Medically Necessary	Covered in Full	Up to \$200	Covered in Full	Up to \$200
Elective	Up to \$130	Up to \$90	Up to \$130	Up to \$90
Frequency				
Exam	12 Months		12 Months	
Lenses	12 Months		12 Months	
Frames	12 Months		12 Months	
RATES				
Single	\$9.74		4 Year Rate Guarantee ¹	
Family	\$24.85		\$9.74	
			\$24.85	
Monthly	\$3,464.26		\$3,464.26	
Annual	\$41,571.12		\$41,571.12	
Rate Adjustment			0.00%	

¹ 4-Year rate guarantee part of package deal - expires 1/1/2016

Authorized Signature

Date

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