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September 23, 2016

Dear Jennifer,

If you received the Guardian's 12-1 renewal letter for our dental, life, vision and LTD plan, please ignore it. After discussions with the underwriter, they agreed to lower our renewal increase from 12% to 8%. Evidently the loss ratio was pretty high with the plan paying out about 85-90% of the total premium collected. Attached is the revised renewal.

Since the dental plan was the only element of our Guardian package (life, vision and ltd) that was receiving an increase, I requested competing dental quotes from a number of companies including:

- Met Life
- Principal
- Humana
- Blue Shield

As you'll see on the the following page, even with the the 12-1 renewal, Guardian is still very competitively priced given the high quality of the overall program. Please let me know if you have any immediate questions or when you would like to discuss.

Thank you!

Jim

MCCVB Dental Review - December 1, 2016

All Plans: Out of Network paid at 90% UCR

	Guardian Current Plan		Principal		Met Life		Humana		Blue Shield	
Network	In	Out	In	Out	In	Out	In	Out	In	Out
Deductible	\$0	\$0	\$50	\$50	\$0	\$0	\$25	\$50	\$50	\$50
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	100%	80%	100%	80%	100%	80%	100%	80%	90%	80%
Major	60%	50%	60%	50%	60%	50%	60%	50%	60%	50%
Maximum	\$2000	\$2000	\$2000	\$2000	\$2000	\$2000	\$2000	\$2000	\$2000	\$2000
Ortho	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Monthly Breakdown										
Current Employee Cost	\$54.25									
December 1,2016 Employee Cost	\$58.59		\$59.11		\$58.92		\$57.80		\$59.70	
Total Premium incl dependents -(26 emps)	\$2249		\$2189		\$2153		\$2202		\$2178	
VCB Cost 75% of employee cost	\$1142		\$1152		\$1149		\$1127		\$1164	



**It's renewal
time!**

**Guardian is
here to help.**

RENEWAL INFORMATION FOR

**MONTEREY COUNTY DESTINATION MARKETING ORG
GROUP PLAN # 00521191**

**RENEWAL PERIOD
December 1, 2016 - November 30, 2017**



LIFE | DENTAL | VISION | DISABILITY | ABSENCE | SUPPLEMENTAL HEALTH | STOP LOSS | ASO

GuardianAnytime.com

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What you'll find in this package

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Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1 and 2

DENTAL PLAN RATES - PPO W1					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	19	\$54.25	\$12,369	\$58.59	\$13,359
EE & SP	4	\$115.75	\$5,556	\$125.01	\$6,000
EE & CH	0	\$141.00	\$0	\$152.28	\$0
FAMILY	2	\$222.00	\$5,328	\$239.76	\$5,754
TOTAL	25		\$23,253		\$25,113

This plan is currently offered for Insurance Class 1 and 2

VISION PLAN RATES - VSP G22					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	17	\$9.00	\$1,836	\$9.00	\$1,836
EE & SP	3	\$16.25	\$585	\$16.25	\$585
EE & CH	2	\$16.00	\$384	\$16.00	\$384
FAMILY	3	\$23.00	\$828	\$23.00	\$828
TOTAL	25		\$3,633		\$3,633

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1 and 2

LTD PLAN RATES				
CURRENT			RENEWAL	
Volume	Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
\$144,211	\$0.240/\$100	\$4,153	\$0.240/\$100	\$4,153

This plan is currently offered for Insurance Class 1 and 2

BASIC LIFE PLAN RATES					
CURRENT				RENEWAL	
Coverage	Volume	Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
BASIC LIFE	\$1,826,250	\$0.120/\$1000	\$2,630	\$0.120/\$1000	\$2,630

This plan is currently offered for Insurance Class 1 and 2

AD&D PLAN RATES					
CURRENT				RENEWAL	
Coverage	Volume	Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
AD&D	\$1,826,250	\$0.025/\$1000	\$548	\$0.025/\$1000	\$548

Current Plan Benefits Summaries

CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1 and 2

PLAN BENEFITS SUMMARY

Network	In-Network DentalGuard Preferred	Out-of-Network None
Coinsurance		
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Deductible	N/A	N/A
Waived for preventive?	No	No
Claim Payment Basis	Fee Schedule	UCR 90%
Maximum	\$2,000	\$2,000
Orthodontia	Included	
Lifetime Maximum	\$2,000	
Coinsurance	50%	
Maximum Rollover		
Threshold		\$800
Rollover Amount		\$400
In-network only rollover		\$600
Max Rollover Limit		\$1,500
Dependent Age Limit		26/26

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: 12/31/2016

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	34	\$0.00
\$1 - \$250	0	\$0.00
\$251 - \$500	0	\$0.00
\$501 - \$750	0	\$0.00
\$751 - \$1,000	0	\$0.00
Over \$1,000	0	\$0.00
TOTAL	0	\$0.00

13 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 12/31/2016 are applied to the members Maximum Rollover Account for use starting the next benefit year.

Current Plan Benefits Summaries

VSP

VISION

This plan is currently offered for Insurance Class 1 and 2

PLAN BENEFITS SUMMARY			
	In-Network	Out-of-Network	Frequency
Exam Copay	\$10	\$10	Once per Calendar Year
Exam Allowance	100%	\$39	Once per Calendar Year
Materials Copay	\$10	\$10	
Base Lenses			
Single Vision Allowance	100%	\$23	Once per Calendar Year
Bifocal Allowance	100%	\$37	Once per Calendar Year
Trifocal Allowance	100%	\$49	Once per Calendar Year
Lenticular Allowance	100%	\$64	Once per Calendar Year
Contact Lenses			
Elective Allowance	\$130	\$100	Once per Calendar Year
Therapeutic Allowance	100%	\$210	Once per Calendar Year
Frame Retail Allowance	\$130	\$46	Every Other Calendar Year
Materials Allowance	N/A	N/A	N/A

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

Current Plan Benefits Summaries

LONG TERM DISABILITY

This plan is currently offered for Insurance Class 1 and 2

PLAN BENEFITS SUMMARY	
Monthly Benefit	66% to \$6,000
Elimination Period	90 days
Benefit Duration	To Age 67/Adea
Own Occupation Period	Own Occ/Any Occ Mo Ben
Gainful Occupation	80%
Pre-Existing Conditions	3/12 Exclusion
Mental Nervous	2 years
Substance Abuse	2 years
Cost of Living (COLA)	N/A
Survivor Benefit	N/A
Integration	Full Family
Rehabilitation Benefit	Enhanced Rehab

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

Current Plan Benefits Summaries

BASIC LIFE

This plan is currently offered for Insurance Class 1 and 2

LIFE BENEFITS SUMMARY	
Benefit Type	Percent Of Earnings
Multiple	100%
Maximum Benefit	\$195,000
Earnings Definition	Std Def Excluding Bonus & Commissions
Guarantee Issue	N/A
Waiver of Premium	Ssnra
Elimination Period	9 month(s)
Age Reduction Formula	
Age 65	35%
Age 70	60%
Age 75	75%
Age 80	85%
Accelerated Benefit	
Benefit %	50%
Benefit Maximum	\$250,000

This plan is currently offered for Insurance Class 1 and 2

AD&D BENEFITS SUMMARY	
Benefit Type	Percent Of Earnings
Multiple	100%
Maximum Benefit	\$195,000
Earnings Definition	Std Def Excluding Bonus & Commissions