

Basic Life and AD&D: Fort Bend County
Effective: January 1, 2011

LIFE PLAN DESIGN & PROVISIONS		CURRENT ONE AMERICA	PROPOSED UNUM
Eligibility	Class 1: Full-Time Eligible Officials and Department Heads regularly scheduled to work 30 hours per week Class 2: All Other Full-Time Eligible Employees regularly schedule to work 30 hours per week	Class 1: Full-Time Eligible Officials and Department Heads regularly scheduled to work 30 hours per week Class 2: All Other Full-Time Eligible Employees regularly schedule to work 30 hours per week	Class 1: Full-Time Eligible Officials and Department Heads regularly scheduled to work 30 hours per week Class 2: All Other Full-Time Eligible Employees regularly schedule to work 30 hours per week
Benefit (per employee)	Class 1: Flat \$25,000 Class 2: Flat \$20,000	Class 1: Flat \$25,000 Class 2: Flat \$20,000	Class 1: Flat \$25,000 Class 2: Flat \$20,000
Reduction Formula (applies to Life and AD&D)	65% at age 65 40% at age 70 30% at age 75 20% at age 80 15% at age 85 10% at age 90	65% at age 65 40% at age 70 30% at age 75 20% at age 80 15% at age 85 20% at age 80	65% at age 65 40% at age 70 30% at age 75 20% at age 80
Waiver of Premium Accelerated Benefit Portable Convertible Travel Assistance	Included Included Included Included Included with two lines of coverage	Included Included Included Included Included with LTD	Included Included Included Included Included with LTD
AD&D Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit
Rates			
Life Volume	\$43,851,500	\$43,851,500	\$43,851,500
Life Rate per \$1,000	\$0.18	\$0.140	\$0.140
AD&D Volume	\$43,851,500	\$43,851,500	\$43,851,500
AD&D Rate per \$1,000	\$0.03	\$0.020	\$0.020
Life Monthly Premium	\$7,893.27	\$6,139	\$6,139
AD&D Monthly Premium	\$1,316	\$877	\$877
Total Monthly Premium	\$9,209	\$7,016	\$7,016
Total Annual Premium	\$110,506	\$84,195	\$84,195
% Increase over 2010		-24%	-24%
RATE GUARANTEE	3 years	3 years	3 years

Long Term Disability: Fort Bend County
Effective: January 1, 2011

PLAN DESIGN & PROVISIONS	CURRENT	RENEWAL / PROPOSED
	UNUM	UNUM
Class Definitions	All Full-Time Employees working a minimum of 30 hours per week	All Full-Time Employees working a minimum of 30 hours per week
Benefit	60% up to \$5,000	60% up to \$5,000
Minimum Monthly Benefit	Greater of \$100 or 10% of the gross disability payment	Greater of \$100 or 10% of the gross disability payment
Maximum Monthly Benefit	\$5,000	\$5,000
Definition of Earnings	Monthly Gross Earnings including overtime. Excludes commissions, bonuses, and other compensation.	Monthly Gross Earnings including overtime. Excludes commissions, bonuses, and other compensation.
Contribution Type	Non-Contributory	Non-Contributory
Elimination Period	180 days; 30 day accumulation feature 2 Year Own Occupation	180 days; 30 day accumulation feature 2 Year Own Occupation
Definition of Disability	To Age 65 / Reducing Benefit Duration (ADEA I)	To Age 65 / Reducing Benefit Duration (ADEA I)
Benefit Duration	Primary and Family	Primary and Family
Social Security Integration	12 months	12 months
Mental Illness Limitation	12 months	12 months
Substance Abuse Limitation	12 months	12 months
Self-Reported Limitations	Yes	Yes
Survivor Benefit	Voluntary	Voluntary
Rehabilitation Program	Yes	Yes
Return to Work Incentive	6/12/24	6/12/24
Pre-Existing Condition Limitation	Included	Included
EMPLOYEE ASSISTANCE PROGRAM	Included	Included
TRAVEL ASSISTANCE	Included	Included
Rates		
LTD Volume	\$7,437,502	\$7,437,502
LTD Rate per \$100	\$0.270	\$0.180
Monthly Premium	\$20,081	\$13,388
Annual Premium	\$240,975	\$160,650
Premium Difference Over Current		-\$6,694
Monthly Annual		-\$80,325
Change over Current		-33%
RATE GUARANTEE		3 years

PLAN DESIGN & PROVISIONS		CURRENT METLIFE	PROPOSED UNUM
TRUE OPEN ENROLLMENT FOR 2011			
Employee:		N/A	YES
Benefit Increments		\$10,000	\$10,000
Maximum Benefit		Lesser of 5x earnings or \$300,000	Lesser of 5x earnings or \$500,000
Guaranteed Issue		\$50,000	\$200,000 with UNUM Basic Life Plan \$150,000 without UNUM Basic Life Plan
Accelerated Benefit		Included	Included
Spouse:			
Benefit Increments		\$10,000	\$1,000
Maximum Benefit		Lesser of 50% of EE election or \$100,000	Lesser of 100% of EE election or \$500,000
Guaranteed Issue		\$10,000	\$25,000
Accelerated Benefit		Included	Included
Child(ren):			
Benefit Increments		\$2,000	\$2,000
Maximum Benefit			
Child(ren) Reduction Formula			
		Age 15 days to 6 months - \$500	Lesser of 100% of the EE election or \$10,000 Birth to 6 months - \$500
Waiver of Premium		Included	Included
Portability		Included	Included
Conversion		Included	Included
LIFE RATE INFORMATION			
		EMPLOYEE / SPOUSE (Per \$1,000)	EMPLOYEE / SPOUSE (Per \$1,000)
< 25		\$0.074	\$0.067
25 - 29		\$0.074	\$0.067
30 - 34		\$0.102	\$0.097
35 - 39		\$0.130	\$0.117
40 - 44		\$0.166	\$0.149
45 - 49		\$0.250	\$0.225
50 - 54		\$0.434	\$0.391
55 - 59		\$0.766	\$0.690
60 - 64		\$0.978	\$0.880
65 - 69		\$0.978	\$1.588
70 - 74		\$0.978	\$1.588
75+		\$0.978	\$1.588
CHILD/REN		CHILD/REN	CHILD/REN
		\$0.166 per \$2,000	\$0.149 per \$2,000
AD&D Plan Provisions			
AD&D RATE INFORMATION (per \$1,000)			
Employee		\$0.028 per \$10,000	\$0.02 per \$1,000
Spouse		\$0.028 per \$10,000	\$0.02 per \$1,000
Child(ren)		\$0.028 per \$10,000	\$0.02 per \$1,000
Matches Voluntary Life Benefits			Matches Voluntary Life Benefits



Callaghan Bendit Services, Inc.

RATE GUARANTEE

1 year

3 years

Fort Bend County
UNUM - CURRENT LONG TERM CARE COVERAGE OPTIONS

EFFECTIVE: JANUARY 1, 2011

CARRIER		Unum			
A.M. Best Rating		A- (Excellent)			
PLAN DESIGN & PROVISIONS		Employer Paid	Employee Paid Buy-Up Options		
		Plan 1	Plan 2	Plan 3	Plan 4
Eligibility		All Full-Time Employees Working a Minimum of 30 Hours per Week in the U.S.			
Long Term Care Facility		100% of Facility Monthly Benefit Amount	100% of Facility Monthly Benefit Amount	100% of Facility Monthly Benefit Amount	100% of Facility Monthly Benefit Amount
Professional Home/Community Care		50% of Facility Monthly Benefit Amount	50% of Facility Monthly Benefit Amount	50% of Facility Monthly Benefit Amount	50% of Facility Monthly Benefit Amount
Total Choice Home Care		n/a	50% of Facility Monthly Benefit Amount	n/a	50% of Facility Monthly Benefit Amount
Inflation Protection		n/a	n/a	5% compound	5% compound
Facility Monthly Benefit Amount		Minimum of \$1,000 per month up to an overall maximum of \$9,000 per month in \$1,000 increments - Base and Buy-Up can not exceed overall maximum			
Facility Benefit Duration		3 years, 6 years or Lifetime			
Lifetime Maximum		Facility Benefit Amount x (Facility Benefit Duration x 12) = Lifetime Maximum			
Elimination Period		90 accumulated days. The Elimination period need only be satisfied once during the lifetime of the insured, but must be completed within a period of 730 consecutive days.			
RATE GUARANTEE		4 Years - However, if policy changes then rates can change.			