

RESOLUTION NO. 29 - 18

**A RESOLUTION APPROVING THE BLUECROSS BLUESHIELD OF ILLINOIS
RENEWAL EFFECTIVE JULY 1, 2018**

WHEREAS, the Village of Chatham (“Village”) is an Illinois Municipal Corporation existing and operating under the Illinois Municipal Code and the laws of the State of Illinois; and

WHEREAS, BlueCross BlueShield of Illinois provided a proposed renewal for the Village effective July 1, 2018; and

WHEREAS, the Village Board of Trustee believe the proposed renewal is both cost effective and in the best interest of the Village to approve.

NOW THEREFORE, BE IT RESOLVED by the President and Board of Trustees of the Village of Chatham, Sangamon County, Illinois, as follows:

Section 1. Recitals. The foregoing recitals shall be and are hereby incorporated into and made a part of this Resolution as if fully set forth in this Section 1.

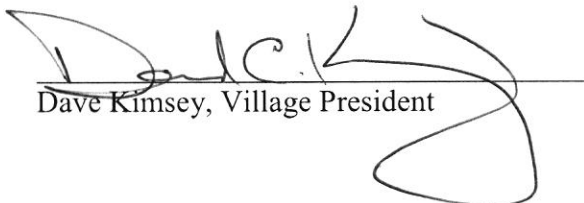
Section 2. Approval of BCBS Renewal. The Village Board hereby approves the BlueCross BlueShield of Illinois proposed renewal effective July 1, 2018, as attached hereto as Exhibit A, and authorizes the Village Manager and/or Village President to execute any documents necessary to effectuate the renewal.

Section 3. Effective Date. This Resolution shall be in full force and effect from and after its passage and approval.

SO RESOLVED this 12 day of June, 2018.

	YES	NO	ABSENT	PRESENT
TERRY FOUNTAIN	X			
BRETT GERGER	X			
NINA LINDHORST			X	
RYAN MANN	X			
MATT MAU	X			
PAUL SCHERSCHEL	X			
DAVE KIMSEY				
TOTAL	5	0	1	

APPROVED by the President of the Village of Chatham, Illinois this 12 day of June, 2018.


 Dave Kimsey, Village President

Attest:


 Amy Dahlkamp, Village Clerk



**BlueCross BlueShield
of Illinois**

04/23/2018

VILLAGE OF CHATHAM
117 E MULBERRY ST
CHATHAM, IL 62629

Group number(s): P70456
Renewal Effective: 07/01/2018

Dear JILL BUTLER:

Our underwriters have evaluated the 07/01/2018 renewal of the group insurance coverage for VILLAGE OF CHATHAM . The current and renewal information is enclosed.

This renewal reflects our continued commitment to adjusting to changes in the health insurance industry. As part of these changes, we are gathering information from groups seeking to maintain grandfathered status. If your plan(s) is eligible to Grandfather, important information and instructions regarding grandfathered status are enclosed.

Thank you for doing business with Blue Cross and Blue Shield of Illinois. We appreciate your continued trust in our organization, and will strive to continue to exceed the service needs of you and your employees.

Please contact your Broker/Producer or Account Representative if you have any questions.

Sincerely,
EVELYN J RILEY
Account Representative
rileyj@bcbsil.com

cc:
T J NICOUD & COMPANY INC
P.O. Box 13078,
Springfield, IL 62791



**BlueCross BlueShield
of Illinois**

Renewal Exhibits for VILLAGE OF CHATHAM

Group number(s): P70456

Renewal Effective: 07/01/2018

Rate Effective: 07/01/2018

<u>Current Health Plan(s)</u>	Current Health Monthly Rates						<u>Total Monthly Health Cost*</u>	<u>Estimated Taxes & Fees</u>
	<u>Empl.</u>	<u>Empl. + Spouse</u>	<u>Empl. + Child(ren)</u>	<u>Family</u>	<u>Medicare Primary Single</u>	<u>Medicare Primary Single+1</u>		
MPPH3T6G	\$577.33	\$1,167.44	\$1,187.77	\$1,777.88	\$378.80	\$757.62	\$59,353.02	\$793.73
Contracts	26	7	8	15	0	0	56	
Total Monthly Health Cost*							\$59,353.02	\$793.73
Total Health Contracts							56	

* Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

<u>Renewal Health Plan(s)</u>	Renewal Health Monthly Rates						<u>Total Monthly Health Cost*</u>	<u>Estimated Taxes & Fees</u>
	<u>Empl.</u>	<u>Empl. + Spouse</u>	<u>Empl. + Child(ren)</u>	<u>Family</u>	<u>Medicare Primary Single</u>	<u>Medicare Primary Single+1</u>		
MPPH3T6G	\$600.14	\$1,217.74	\$1,231.79	\$1,849.38	\$405.69	\$811.37	\$61,722.84	\$620.58
Contracts	26	7	8	15	0	0	56	
Total Monthly Health Cost*							\$61,722.84	\$620.58
Total Health Contracts							56	

* Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Health Renewal Premium Change Components	
a. Account/Benefit Program Adjustment (incl. Trend):	4.24%
b. Demographic Adjustment:	-2.90%
c. Change in Risk:	2.74%
Total* :	3.99%

* The total health renewal premium change percentage is calculated by multiplying each of the components in the above table. This change percentage is based upon total monthly premium. Each tier's rate change may vary from the total change percentage.

Change Component Definitions

- a) Account/Benefit Program Adjustment (incl. Trend) includes group and benefit plan specific pricing changes due to factors such as medical cost trends, pool adjustments, plan, industry and geographical pricing, etc.
- b) Demographic Adjustment is the pricing change for age, gender, group size and dependent composition differences.
- c) Change in Risk is the pricing change resulting from BCBSIL's analysis of medical conditions and experience.



**BlueCross BlueShield
of Illinois**

Renewal Exhibits for VILLAGE OF CHATHAM

Group number(s): P70456
Renewal Effective: 07/01/2018
Rate Effective: 07/01/2018

<u>Current Dental Plan(s)</u>	Current Dental Monthly Rates				Total Dental Premium
	<u>Empl.</u>	<u>Empl. + Spouse</u>	<u>Empl. + Child(ren)</u>	<u>Family</u>	
DLUF24	\$27.54	\$58.23	\$66.27	\$104.11	\$3,706.73
Contracts	21	10	7	20	58
Total Current Dental Premium					\$3,706.73
Total Dental Contracts					58

<u>Renewal Dental Plan(s)</u>	Renewal Dental Monthly Rates				Total Monthly Dental Cost*	Estimated Taxes & Fees
	<u>Empl.</u>	<u>Empl. + Spouse</u>	<u>Empl. + Child(ren)</u>	<u>Family</u>		
DLUF24	\$29.02	\$61.29	\$69.50	\$109.26	\$3,894.02	\$84.43
Contracts	21	10	7	20	58	
Total Monthly Dental Cost*					\$3,894.02	\$84.43
Total Dental Contracts					58	

* Total Monthly Dental Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.