

RESOLUTION NO. 23-20

**A RESOLUTION APPROVING INSURANCE RENEWALS FROM BLUECROSS
BLUESHIELD AND EYEMED FOR THE VILLAGE OF CHATHAM EFFECTIVE
JULY 1, 2020**

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 health insurance and dental insurance; and,

WHEREAS, EyeMed provided a proposal for vision insurance; and,

WHEREAS, the Village Board of Trustees believe the proposed renewals are 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 Insurance Renewal. The Village Board hereby approves BlueCross BlueShield of Illinois and EyeMed’s proposed insurance renewals, each effective July 1, 2020, as attached hereto as Group Exhibit A, and authorizes the Village Manager and/or Village President to execute any documents necessary to effectuate the renewals.

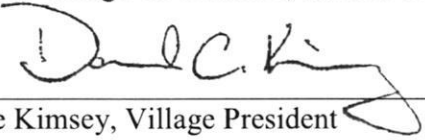
Section 3. Effective Date. This Resolution shall be in full force and effect from and after its passage and approval.

SO RESOLVED this 26 day of May, 2020.

	YES	NO	ABSENT	PRESENT
KRISTEN CHIARO	X			

ANDREW DETMERS	X			
BRETT GERGER	X			
RYAN MANN	X			
MATT MAU	X			
PAUL SCHERSHEL	X			
DAVE KIMSEY				
TOTAL	6	0		

APPROVED by the President of the Village of Chatham, Illinois this 26 day of May, 2020.


 Dave Kimsey, Village President

Attest:


 Amy Dahlkamp, Village Clerk

**EXHIBIT A
BCBS RENEWAL**

7/1/2020 - 6/31/2021

Village of Chatham - Vision

<u># of Employees</u>	<u>Plan</u>	<u>Current MetLife Plan</u>	<u>4 Year Rate Guarantee EyeMed Opt 1</u>
25	Employee	8.87	6.76
7	Emp/Spouse	17.17	12.84
6	Emp/Child	14.37	13.52
21	Family	22.67	19.87
	Monthly Totals	\$904.23	\$757.27
	Savings/month		\$146.96
	Savings/year		\$1,763.52
	% of Savings		19.40%

Village of Chatham - Dental

<u># of Employees</u>	<u>Plan</u>	<u>Current Dearborn Dental</u>	<u>2 Year Rate Guarantee New Dearborn Dental</u>
28	Employee	\$33.92	\$15.53
6	Emp/Spouse	\$68.62	\$31.06
8	Emp/Child	\$75.05	\$36.11
19	Family	\$117.37	\$56.30
	Monthly Total	\$4,191.91	\$1,979.78
	Savings/month		\$2,212.13
	Savings/year		\$26,545.56
	% of Savings		52.77%

Village of Chatham - Medical

<u># of Employees</u>	<u>Plan</u>	<u>Current BCBS Rates</u>	<u>2 Year Rate Guarantee Renewal BCBS Rates</u>
31	Employee	\$615.66	\$664.14
7	Emp/Spouse	\$1,276.04	\$1,455.71
8	Emp/Child	\$1,284.13	\$1,438.94
14	Family	\$1,944.51	\$2,230.50
	Monthly Total	\$65,513.92	\$73,516.83
	Increase/Monthly		\$8,002.91
	Increase/Yearly		\$96,034.92
	% of Increase		11.91%

Village of Chatham
 Medical Rates & Benefits Comparison

EFFECTIVE DATE: July 1, 2020

PRESENT DATE:

PLAN STATUS	CURRENT	
CARRIER(S)	BCBS of IL	
PLAN(S)	MPPH3T6G	
NETWORK(S)	BCBS PPO	
PLAN BENEFITS	In-Network	Out-Network
Coinsurance Level	20% (after deductible)	40% (after deductible)
Individual Deductible	\$5,000	\$10,000
Family Deductible	\$10,200	\$20,400
Medical Individual Out-of-Pocket	\$5,600	\$12,200
Medical Family Out-of-Pocket	\$10,200	\$20,400
Separate RX Out of Pocket	\$1000/Single \$3000/Family	
MEDICAL SERVICES		
Office Visits PCP/SPC	\$40/\$60 then 100%	40% (after deductible)
Preventive Care	100% coverage (no copay)	40% (after deductible)
Diagnostic Test (X-Ray, Blood Work)	\$40/\$60 then 100%	40% (after deductible)
Imaging (CT/PET scans, MRIs)	20% (after deductible)	40% (after deductible)
Outpatient Surgery	20% (after deductible)	40% (after deductible)
Emergency Care <i>(waived if admitted)</i>	\$250 copay then 100%	
Inpatient Hospital <i>(per occurrence)</i>	20% (after deductible)	40% (after deductible)
PRESCRIPTION DRUGS ‡		
Out-of-Pocket Maximum <i>(Individual / Family)</i>		
Tier 1	\$0/\$5	\$5 + 25%
Tier 2	\$10/\$15	\$15 + 25%
Tier 3	\$50/\$60	\$60 + 25%
Tier 4	\$100/\$110	\$110 + 25%
Tier 5	\$150	\$150 + 25%
Tier 6		
MONTHLY RATES	Current	2 Year Rate Renewal (11.91%)
Employee	\$615.66	\$664.14
Employee & Spouse	\$1,276.04	\$1,455.71
Employee & Child(ren)	\$1,284.13	\$1,438.94
Family	\$1,944.51	\$2,230.50

The analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

While AJG does not guarantee the financial viability of any health/dental insurance carrier or market. It is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g. HMO) organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and † For Members purchasing Prescriptions from a Non-Network Pharmacy there may be an additional charge.

‡ Entire family deductible must be met before any one is eligible for coverage.

Optional carrier rates are subject to final underwriting.

Commissions are based on a flat fee, per member or graded scale. These graded scales are available upon request. A Revenue Disclosure will be sent disclosing revenue for all lines annually.