

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.

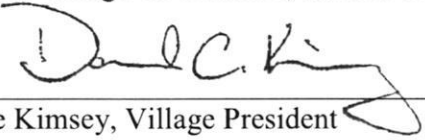
Section 3. Effective Date. This Resolution shall be in full force and effect from and after its passage and approval.

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 SCHERSCHEL	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
Coinurance 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.

Village of Chatham

Dental Rates & Benefits Comparison

Effective Date: 7/1/2020

PLAN STATUS	CURRENT		RENEWAL	
CARRIER(S)	BCBS		BCBS	
PLAN(S)	DULF 24		DNHR31	
NETWORK(S)	PPO		PPO	
PLAN BENEFITS	In-Network	Out-Network	In-Network	Out-Network
Deductible (<i>Individual / Family</i>)	\$50 / \$150	\$50 / \$150	\$25/\$75	\$25/\$75
Annual Maximums	\$1,250	\$1,250	\$3,000	\$3,000
CLASS I - Preventive	100%	100%	100%	100%
CLASS II - Basic	80%	80%	80%	80%
CLASS III - Major	50%	50%	50%	50%
CLASS IV - Ortho	50%		50%	
Lifetime Maximums	\$1,000		\$2,000	
COVERED SERVICES				
Endodontics	50%	50%	80%	80%
Periodontics	50%	50%	80%	80%
Simple Extractions	50%	50%	80%	80%
Implants	Not Covered	Not Covered	50%	50%
U&C Percentile	Negotiated Fee	90th	Negotiated Fee	90th
MONTHLY RATES				
Employee	\$33.92		\$15.53	
Employee & Spouse	\$68.62		\$31.06	
Employee & Child(ren)	\$75.05		\$36.11	
Family	\$117.37		\$56.30	
ESTIMATED ENROLLMENTS				
Employee	28		28	
Employee & Spouse	6		6	
Employee & Child(ren)	8		8	
Family	19		19	
PREMIUM				
Monthly Premium	\$4,191.91		\$1,980.92	
Annual Premium	\$50,302.92		\$23,771.04	
Percentage Premium Difference	N/A		-52.74%	
Annual Premium Difference	N/A		-\$26,531.88	
Rate Guarantee	1 Year		1 Year	
COMMISSION & COMPENSATION				
Commission Level	Graded 8%		Graded 8%	
Supplemental Compensation				

This 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 current plan. Please consult your broker or insurance carrier for more information. This analysis is not intended to be used as a basis for 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 number of factors. 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.



Village of Chatham

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company
 Option Shared 100/100
 Exam & Materials
 Insight Network
 Fully Insured
 Shared Expense
 Funded Benefits

Frequency

Examination
 Once every plan year
Lenses (in lieu of contacts)
 Once every plan year
Contacts (in lieu of lenses)
 Once every plan year
Frame
 Once every plan year

Terms

Contract Term
 48 months

Rate Guarantee
 48 months

Vision Care Services	In-Network Member Cost	Out of Network Member Reimbursement
Exam Services		
Exam	\$0 copay	Up to \$40
Frame		
Any available frame at provider location	\$0 copay, 20% off balance over \$100 allowance	Up to \$70
Contact Lenses (Contact Lens allowance includes materials only)		
Contacts - Conventional	\$0 copay, 15% off balance over \$100 allowance	Up to \$70
Contacts - Disposable	\$0 copay, 100% of balance over \$100 allowance	Up to \$70
Contacts - Medically Necessary	\$0 copay, Paid-In-Full	Up to \$210
Standard Plastic Lenses		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$55 copay	Up to \$50
Progressive - Premium Tier 1	\$85 copay	Up to \$50
Progressive - Premium Tier 2	\$95 copay	Up to \$50
Progressive - Premium Tier 3	\$110 copay	Up to \$50
Progressive - Premium Tier 4	\$175 copay	Up to \$50
Lens Options		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$5
Polycarbonate - Standard - under 19	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5

Monthly Rates

Subscriber	\$7-51	6.76
Subscriber + Spouse	\$14-27	12.84
Subscriber + Child(ren)	\$16-02	13.52
Subscriber + Family	\$22-08	19.87

APPROVED
 By Koryssa Annis at 11:53 am, May 18, 2020

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. EyeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633.

Plan Details

Quote for group situated in the State of IL and will be valid until the 07/01/2020 implementation date. Date Quoted 05/15/2020. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19, form number M-9083.

Plan Exclusions/Limitations

medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training; subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; non-prescription sunglasses; plano (non-prescription) lenses; two pair of glasses in lieu of bifocals; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered; and the services rendered to the Insured Person are within 31 days from the date of such order, or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available.

Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Village of Chatham

Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

Savings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used -- an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network
15% off retail price or 5% off promotional price

Hearing Care

Amplifon Hearing Health Care Network

40% off hearing exams and a low price guarantee on discounted hearing aids

Additional Discounts

Vision Care Services

In-Network Member Cost

Discounted Exam Services

Retinal Imaging

Up to \$39

Contact Lens Fit and Follow-up

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed)

Fit and Follow-up - Standard

\$40

Fit and Follow-up - Premium

10% off retail price

Discounted Lens Options

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

Other Add-on Services and Materials

20% off retail price

Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses.

Plan discounts cannot be combined with any other discounts or promotional offers.

In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online

provider locator to determine which participating providers have agreed to the discounted rate.

Discounts on vision materials may not be applicable to certain manufacturers' products.

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed

product level. All providers are not required to carry all brands at all levels.

Service and amounts listed above are subject to change at any time.