

**RESOLUTION NO. 28-23**

**A RESOLUTION RENEWING THE BLUECROSS AND BLUESHIELD  
HEALTH INSURANCE PLAN AND ANCILLARY INSURANCE PLANS  
FOR JULY 1, 2023 THROUGH JUNE 30, 2024**

**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**, the Village has been presented with a proposed health insurance plan renewal from BlueCross and BlueShield, with a proposed increase in cost of approximately 12.95%, and with renewed ancillary insurance plans from BlueCross and BlueShield all shown in **Exhibit A**,

**WHEREAS**, the Corporate Authorities believe it is in the best interest of the Village to approve the renewal of the plans.

**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 Agreement.** The Village Board of Trustees hereby approves the BlueCross and BlueShield healthcare plan renewal for the Village of Chatham, with a monthly charge of \$71,907.00, and also approves the renewal of all ancillary BlueCross and BlueShield plans as shown in **Exhibit A**. The Village Board of Trustees authorizes the Village Manager, Village President and the Village Clerk to execute any necessary documents to effectuate the renewals.

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



	AYE	NAY	ABSTAIN	ABSENT
KRISTEN CHIARO	✓			
MEREDITH FERGUSON	✓			
JOHN FLETCHER	✓			
BRETT GERGER				✓
TIM NICE	✓			
CARL TRY	✓			
DAVE KIMSEY				
TOTAL	5	-	-	1

**APPROVED** by the President of the Village of Chatham, Illinois this 27 day of June, 2023.

  
 Dave Kimsey, Village President

Attest:  
  
 Dan Holden, Village Clerk

**EXHIBIT A**  
**RENEWAL PLANS ANALYSIS**

## 2023 Renewal and Marketing Analysis

# Village of Chatham

Presented By:

Susan Cassiday| Area Vice President



**Gallagher**

Insurance | Risk Management | Consulting



Village of Chatham  
 Medical | Fully-Insured Renewal | Effective 07/01/2023

	CURRENT		RENEWAL		NEGOTIATED RENEWAL		2nd NEGOTIATED RENEWAL		
	Carrier Name	BlueCross BlueShield of Illinois MPPH3T6G Blue Print PPO	BlueCross BlueShield of Illinois MPPH3T6G Blue Print PPO	BlueCross BlueShield of Illinois MPPH3T6G Blue Print PPO	BlueCross BlueShield of Illinois MPPH3T6G Blue Print PPO	BlueCross BlueShield of Illinois MPPH3T6G Blue Print PPO	BlueCross BlueShield of Illinois MPPH3T6G Blue Print PPO	BlueCross BlueShield of Illinois MPPH3T6G Blue Print PPO	
<b>PLAN DESIGN*</b>									
<b>In-Network Benefits</b>									
Deductible Type		Blue Cross PPO	Blue Cross PPO	Blue Cross PPO	Blue Cross PPO	Blue Cross PPO	Blue Cross PPO	Blue Cross PPO	
Calendar Year (CY) Deductible (Individual / Family)		Embedded \$5,000 / \$10,200	Embedded \$5,000 / \$10,200	Embedded \$5,000 / \$10,200	Embedded \$5,000 / \$10,200	Embedded \$5,000 / \$10,200	Embedded \$5,000 / \$10,200	Embedded \$5,000 / \$10,200	
Out-of-Pocket Max Type		Embedded \$5,600 / \$10,200	Embedded \$5,600 / \$10,200	Embedded \$5,600 / \$10,200	Embedded \$5,600 / \$10,200	Embedded \$5,600 / \$10,200	Embedded \$5,600 / \$10,200	Embedded \$5,600 / \$10,200	
CY Out-of-Pocket Max (Individual / Family)		20%	20%	20%	20%	20%	20%	20%	
Coinsurance (member pays after deductible)		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Primary Care Visit		\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	
Specialist Visit		\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	
Telehealth		20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Urgent Care		20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Emergency Room (Copay waived if admitted)		\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	
Inpatient Hospital		(Copay waived if admitted)	(Copay waived if admitted)	(Copay waived if admitted)	(Copay waived if admitted)	(Copay waived if admitted)	(Copay waived if admitted)	(Copay waived if admitted)	
Outpatient Surgery		20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Chiropractic (visit limits may apply)		Covered (30 visits)	Covered (30 visits)	Covered (30 visits)	Covered (30 visits)	Covered (30 visits)	Covered (30 visits)	Covered (30 visits)	
Phys/Occ/Speech Therapy (visit limits may apply)		20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Diagnostic Test (X-ray, blood work)		PCP: \$40 Copay; SPC: \$60 Copay	PCP: \$40 Copay; SPC: \$60 Copay	PCP: \$40 Copay; SPC: \$60 Copay	PCP: \$40 Copay; SPC: \$60 Copay	PCP: \$40 Copay; SPC: \$60 Copay	PCP: \$40 Copay; SPC: \$60 Copay	PCP: \$40 Copay; SPC: \$60 Copay	
Imaging (CT/PET scan, MRI)		20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Prescription Drug Benefit									
Out-of-Pocket Maximum (Individual / Family)		\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	
Retail		30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	
Tier I / Tier II / Tier III / Tier IV (Preferred participating; Participating)		\$0; \$5 / \$10; \$15 / \$50; \$60 / \$100; \$110	\$0; \$5 / \$10; \$15 / \$50; \$60 / \$100; \$110	\$0; \$5 / \$10; \$15 / \$50; \$60 / \$100; \$110	\$0; \$5 / \$10; \$15 / \$50; \$60 / \$100; \$110	\$0; \$5 / \$10; \$15 / \$50; \$60 / \$100; \$110	\$0; \$5 / \$10; \$15 / \$50; \$60 / \$100; \$110	\$0; \$5 / \$10; \$15 / \$50; \$60 / \$100; \$110	
Specialty		\$150	\$150	\$150	\$150	\$150	\$150	\$150	
Mail Order		90 Days	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days	
Tier I / Tier II / Tier III / Tier IV (Preferred participating; Participating)		\$0; \$10 / \$20; \$30 / \$100; \$120 / \$200; \$220	\$0; \$10 / \$20; \$30 / \$100; \$120 / \$200; \$220	\$0; \$10 / \$20; \$30 / \$100; \$120 / \$200; \$220	\$0; \$10 / \$20; \$30 / \$100; \$120 / \$200; \$220	\$0; \$10 / \$20; \$30 / \$100; \$120 / \$200; \$220	\$0; \$10 / \$20; \$30 / \$100; \$120 / \$200; \$220	\$0; \$10 / \$20; \$30 / \$100; \$120 / \$200; \$220	
<b>Out-of-Network Benefits</b>									
Deductible Type		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	
CY Deductible (Individual / Family)		\$10,000 / \$20,400	\$10,000 / \$20,400	\$10,000 / \$20,400	\$10,000 / \$20,400	\$10,000 / \$20,400	\$10,000 / \$20,400	\$10,000 / \$20,400	
Out-of-Pocket Max Type		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	
CY Out-of-Pocket Max (Individual / Family)		\$12,200 / \$20,400	\$12,200 / \$20,400	\$12,200 / \$20,400	\$12,200 / \$20,400	\$12,200 / \$20,400	\$12,200 / \$20,400	\$12,200 / \$20,400	
Coinsurance (member pays after deductible)		40%	40%	40%	40%	40%	40%	40%	
<b>COST ANALYSIS</b>									
PEPM Rates - Enrollment per Renewal Document	Enrollment	MPPH3T6G Blue Print PPO		MPPH3T6G Blue Print PPO		MPPH3T6G Blue Print PPO		MPPH3T6G Blue Print PPO	
Employee (EE) Only	38	\$568.72		\$718.85		\$637.47		\$637.47	
EE + Spouse	5	\$1,190.89		\$1,519.57		\$1,433.56		\$1,347.55	
EE + Child(ren)	8	\$1,244.86		\$1,589.18		\$1,499.22		\$1,409.27	
EE + Family	14	\$1,867.05		\$2,389.91		\$2,254.64		\$2,119.36	
	<b>Total Enrollment</b>	<b>65</b>							
Estimated Monthly Premium		\$63,663		\$81,086		\$76,497		\$71,907	
Estimated Annual Premium		\$763,961		\$973,036		\$917,959		\$862,882	
Dollar Difference from Current									
Percent Change from Current									
<b>PLAN PROVISIONS</b>									
Rate Guarantee		1 Year rate guarantee ending 06/30/2023		1 Year rate guarantee ending 06/30/2024		1 Year rate guarantee ending 06/30/2024		1 Year rate guarantee ending 06/30/2024	

\*NOTE: Benefit deviations from Current are identified in blue font  
 Notes and Assumptions





**Gallagher**

## Village of Chatham Disclaimers

### Coverage Disclaimer

*This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.*

### Renewal / Financial Disclaimer

*This analysis is for illustrative purposes only, and is not a proposal for coverage or 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. See your policy or contact us for specific information or further details in this regard.*

### Legal

*The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.*



## **2023 Renewal and Marketing Analysis**

# **Village of Chatham**

**Presented By:**

**Susan Cassiday | Area Vice President**



**Gallagher**

Insurance | Risk Management | Consulting





**Gallagher**

Village of Chatham

Dental | Fully-Insured Renewal | Effective 07/01/2023

		CURRENT		RENEWAL	
Carrier Name		BlueCross BlueShield of Illinois		BlueCross BlueShield of Illinois	
Plan Name		Dental Plan DINHR31		Dental Plan DINHR31	
PLAN DESIGN*					
Network		INN	OON	INN	OON
		[BlueCare Dental]		[BlueCare Dental]	
Calendar Year (CY) Deductible (Individual / Family)		\$25 / \$75	\$25 / \$75	\$25 / \$75	\$25 / \$75
Annual Maximum		\$3,000	\$3,000	\$3,000	\$3,000
Annual Maximum Provision		Three-Month Deductible Carryover applies	Three-Month Deductible Carryover applies	Three-Month Deductible Carryover applies	Three-Month Deductible Carryover applies
Coinsurance		100%	100%	100%	100%
Preventive Services		2 per year	2 per year	2 per year	2 per year
Cleaning Frequency		Yes	Yes	Yes	Yes
Deductible Waived?		80%	80%	80%	80%
Basic		80%	80%	80%	80%
Periodontics		80%	80%	80%	80%
Endodontics		50%	50%	50%	50%
Major		50%	50%	50%	50%
Implants		To age 19	To age 19	To age 19	To age 19
Orthodontics		No	No	No	No
Maximum Age Deductible		\$2,000	\$2,000	\$2,000	\$2,000
Lifetime Max		Allowable Amount	Allowable Amount	Allowable Amount	Allowable Amount
OON Reimbursement Level					
COST ANALYSIS					
PEPM Rates - Enrollment per Renewal Document		Dental Plan DINHR31		Dental Plan DINHR31	
Employee (EE) Only		Plan 1			
EE + Spouse		34	\$17.94	\$19.74	\$19.74
EE + Child(ren)		6	\$35.88	\$39.46	\$39.46
EE + Family		9	\$41.71	\$45.88	\$45.88
Total Enrollment		15	\$65.10	\$71.60	\$71.60
Estimated Monthly Premium			\$2,177	\$2,395	\$2,395
Estimated Annual Premium			\$26,126	\$28,738	\$28,738
Dollar Difference from Current				\$2,613	\$2,613
Percent Change from Current				10.00%	10.00%
PLAN PROVISIONS					
Rate Guarantee		1 Year rate guarantee ending 06/30/2023		1 Year rate guarantee ending 06/30/2024	

\*NOTE: Benefit deviations from Current are identified in blue font

\*\*Exclusions/limitations may apply

Note: The information contained herein is subject to the disclosures and disclaimers on the Disclaimers page of this presentation.

Private and Confidential





Village of Chatham

Vision | Fully-Insured Renewal | Effective 07/01/2023

CURRENT / RENEWAL		
Carrier Name	EyeMed Vision Care	
Plan Name	Vision 100/100	
PLAN DESIGN*		
Network Name	INN [Insight Network]	OON
Exam (including eyewear exam) Frequency Benefit	12 Months \$0 Copay	12 Months Reimbursed up to \$40
Lenses Materials Copay Frequency Single Bifocal Trifocal Standard Progressive	\$0 Copay 12 Months \$0 Copay \$0 Copay \$0 Copay \$55 Copay	12 Months Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$70 Reimbursed up to \$50
Frames Frequency Allowance	12 Months Up to \$100 plus 20% off	12 Months Reimbursed up to \$70
Contact Lenses Frequency Allowance Medically Necessary Separate Fitting Allowance	12 Months Conventional: Up to \$100 plus 15% off; Disposable: Up to \$100 Covered in full Standard: \$40 Copay; Premium: 10% off retail price	12 Months Reimbursed up to \$70 Reimbursed up to \$210 N/A
Lasik	15% off retail price or 5% off promotional price	N/A
COST ANALYSIS		
PEPM Rates - Enrollment per [source name]	Enrollment	Vision 100/100
Employee (EE) Only	33	\$6.76
EE + Spouse	5	\$12.84
EE + Child(ren)	7	\$13.52
EE + Family	17	\$19.87
<b>Total Enrollment</b>	<b>62</b>	
Estimated Monthly Premium		\$720
Estimated Annual Premium		\$8,637
Dollar Difference from Current		
Percent Change from Current		
PLAN PROVISIONS		
Rate Guarantee	4 Year rate guarantee ending 06/30/2024	

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Notes and Assumptions





**Gallagher**

Village of Chatham

Basic Life and AD&D | Renewal | Effective 07/01/2023

		CURRENT	RENEWAL
PLAN DESIGN*		BlueCross BlueShield of Illinois	BlueCross BlueShield of Illinois
Carrier Name			
Employee			
Life Benefit		\$10,000	\$10,000
AD&D Benefit		Same as Life amount	Same as Life amount
Benefit Reduction Schedule (% benefit reduces by at age)		35% at age 65; 55% at age 70; 70% at age 75; 80% at age 80; 85% at age 85	35% at age 65; 55% at age 70; 70% at age 75; 80% at age 80; 85% at age 85
Waiver of Premium		Included	Included
Accelerated Benefit Amount Convertible/Portable		75% to max \$250,000 Included / Not-Included	75% to max \$250,000 Included / Not-Included
<b>COST ANALYSIS</b>			
Rates	Volume/Unit(s)	CURRENT	RENEWAL
Life Rate Per \$1,000 Vol	\$526,500	\$0.161	\$0.161
AD&D Rate Per \$1,000 Vol	\$526,500	\$0.028	\$0.028
Estimated Monthly Premium		\$100	\$100
Estimated Annual Premium		\$1,194	\$1,194
Dollar Difference from Current			\$0
Percent Change from Current			0.00%
<b>PLAN PROVISIONS</b>			
Rate Guarantee		2 Year rate guarantee ending 06/30/2023	2 Year rate guarantee ending 06/30/2025

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Notes and Assumptions





Village of Chatham

Short Term Disability | Renewal | Effective 07/01/2023

		CURRENT	RENEWAL
Carrier Name		BlueCross BlueShield of Illinois	BlueCross BlueShield of Illinois
<b>PLAN DESIGN*</b>			
Benefit		66.67% to max \$250	66.67% to max \$250
Elimination Period		7 Days	7 Days
Illness		0 Days	0 Days
Injury		26 Weeks	26 Weeks
Duration of Benefits			
Features and Limitations		Salary & Commissions Included	Salary & Commissions Included
Definition of Earnings		14 days	14 days
Total and Partial Disability		Included	Included
Recurrent Disability Provision			
Continuity of Coverage			
<b>COST ANALYSIS</b>			
Rates	Covered Lives per Census	CURRENT	RENEWAL
Per \$10 of Covered Benefit	53	\$0.315	\$0.315
Estimated Monthly Premium		\$417	\$417
Estimated Annual Premium		\$5,009	\$5,009
	Dollar Difference from Current		\$0
	Percent Change from Current		0.00%
<b>PLAN PROVISIONS</b>			
Rate Guarantee		2 Year rate guarantee ending 06/30/2023	2 Year rate guarantee ending 06/30/2025

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Notes and Assumptions



## Disclaimers

### Prepared for Village of Chatham

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