

ATTACHMENT NO. V-B

ATTACHMENT NO. V-B: Health/Life/Dental/Vision Insurance Renewal

Potential motion: Move to approve the renewal of Blue Cross Blue Shield (Health), Dearborn National (Life), Delta Dental (Dental) and Delta Vision (Vision) as provided by Arthur J. Gallagher & Co.

Recommended action: Approve the motion

It is recommended that the Board approve the renewal of the Health/Life/Dental/Vision Insurance as proposed and provided by Arthur J. Gallagher & Co. The health care renewal remains with a \$500 deductible and has a 13% increase in premiums, up from a 5% increase last year. There was no increase to the life, dental, or vision premiums.

The insurance committee includes certified staff, support staff, administration and broker representatives. The committee has agreed to this renewal as presented. Based upon the collective bargaining agreements, a portion of the single coverage is paid by the employee. Attached are the detailed rate sheets for employee costs from 2014-15 and for the 2015-16 school year.

Rates for 2014-2015 School Year

NBEA

Medical	EE%	Monthly Premium	Dependent Only Cost	Per Pay Period	Monthly	Annually
Employee Only	9.50%	\$576.62		\$27.39	\$54.78	\$657.36
Spouse Coverage	87%	\$1,232.76	\$656.14	\$285.42	\$570.84	\$6,850.10
Children Coverage	90%	\$1,124.80	\$548.18	\$246.68	\$493.36	\$5,920.34
Family Coverage	57%	\$1,782.02	\$1,205.40	\$343.54	\$687.08	\$8,244.94

NBESS

Medical	EE%	Monthly Premium	Dependent Only Cost	Per Pay Period	Monthly	Annually
Employee Only	0.90%	\$576.62		\$5.00	\$10.00	\$120.00
Spouse Coverage	85.00%	\$1,232.76	\$656.14	\$278.86	\$557.72	\$6,692.63
Children Coverage	90.00%	\$1,124.80	\$548.18	\$246.68	\$493.36	\$5,920.34
Family Coverage	55.00%	\$1,782.02	\$1,205.40	\$331.49	\$662.97	\$7,955.64

Non-Bargained Exempt Employees

Medical	EE%	Monthly Premium	Dependent Only Cost	Per Pay Period	Monthly	Annually
Employee Only	0.00%	\$576.62		\$0.00	\$0.00	\$0.00
Spouse Coverage	85.00%	\$1,232.76	\$656.14	\$278.86	\$557.72	\$6,692.63
Children Coverage	90.00%	\$1,124.80	\$548.18	\$246.68	\$493.36	\$5,920.34
Family Coverage	55.00%	\$1,782.02	\$1,205.40	\$331.49	\$662.97	\$7,955.64

Based on 24 pay periods

Coverage for BCBS of IL

Rates are effective as of July 1, 2015

NBEA

Medical	EE%	Monthly Premium	Dependent Only Cost	Per Pay Period	Monthly	Annually
Employee Only	9.50%	\$651.58		\$30.95	\$61.90	\$742.80
Spouse Coverage	87%	\$1,393.02	\$741.44	\$322.53	\$645.05	\$7,740.63
Children Coverage	90%	\$1,271.02	\$619.44	\$278.75	\$557.50	\$6,689.95
Family Coverage	57%	\$2,013.68	\$1,362.10	\$388.20	\$776.40	\$9,316.76

NBESS

Medical	EE%	Monthly Premium	Dependent Only Cost	Per Pay Period	Monthly	Annually
Employee Only	0.77%	\$651.58		\$5.00	\$10.00	\$120.00
Spouse Coverage	85%	\$1,393.02	\$741.44	\$315.11	\$630.22	\$7,562.69
Children Coverage	90%	\$1,271.02	\$619.44	\$278.75	\$557.50	\$6,689.95
Family Coverage	55%	\$2,013.68	\$1,362.10	\$374.58	\$749.16	\$8,989.86

Non-Bargained Exempt Employees

Medical	EE%	Monthly Premium	Dependent Only Cost	Per Pay Period	Monthly	Annually
Employee Only	0.00%	\$651.58		\$0.00	\$0.00	\$0.00
Spouse Coverage	85%	\$1,393.02	\$741.44	\$315.11	\$630.22	\$7,562.69
Children Coverage	90%	\$1,271.02	\$619.44	\$278.75	\$557.50	\$6,689.95
Family Coverage	55%	\$2,013.68	\$1,362.10	\$374.58	\$749.16	\$8,989.86

Based on 24 pay periods

Coverage for BCBS of IL

Open Enrollment is June 1, 2015-July 30, 2015