

ATTACHMENT NO. XI-J: Health 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 proposal has a 1.2% increase in premiums. The renewal has a \$2,500 deductible and will continue to offer a health reimbursement account to offset the difference in the deductible. Dental Insurance with Delta and vision insurance will remain the same as last year and they have offered a two year rate lock. Our life insurance quote also remained flat for the upcoming year.

The insurance committee includes certified staff, support staff, administration and broker representatives. The committee met and discussed the renewals of BCBS, Delta Dental and Dearborn Life. The committee decided to recommend to move forward with the renewal rates attached.



**BlueCross BlueShield of Illinois**

701 E. 22nd Street, Suite 300 - Lombard, IL 60148

NORTH BOONE CUSD #200  
ATTN: KATHY PRINCE  
6428 NORTH BOONE SCHOOL ROAD  
POPLAR GROVE IL 61065

March 17, 2021

**Subject: Renewal Analysis**  
**Group Policy Number: FP14699**  
**Anniversary Date: July 1, 2021**

Dear Policyholder:

We would like to thank you for allowing us the opportunity to provide you and your employees with Group insurance products.

We have reviewed the current demographics of your group insurance programs. We are pleased to inform you that there will be no change in the existing rates for the upcoming renewal period. Rates will be guaranteed until July 1, 2022.

<u>Products</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
Life	\$0.099 per \$1,000	\$0.099 per \$1,000
AD&D	\$0.02 per \$1,000	\$0.02 per \$1,000

If you have any questions pertaining to your renewal, or would like more information including the availability of other products as well as a quote for additional benefit programs, please contact your local Blue Cross and Blue Shield of Illinois Ancillary sales office or insurance broker.

We value our relationship with you and look forward to providing quality service to you in the future.

Sincerely,

Ancillary Underwriting Department

Cc GALLAGHER BENEFIT SERVICES I  
PO BOX 592  
WINNEBAGO IL 61088

# NORTH BOONE CUSD #200

## Medical Rates & Benefits Comparison

**EFFECTIVE DATE: JULY 1, 2021**

PLAN STATUS	CURRENT		RENEWAL	
CARRIER(S)	Blue Cross Blue Shield		Blue Cross Blue Shield	
PLAN(S)	PPO 80% / 60%; \$2,500 D; \$30 OV		PPO 80% / 60%; \$2,500 D; \$30 OV	
NETWORK(S)	BluePrint PPO (MPPC3836)		BluePrint PPO (MPPC3836)	
PLAN BENEFITS	In-Network	Out-Network	In-Network	Out-Network
Coinsurance Level	80%	60%	80%	60%
Individual Deductible	\$2,500	\$5,000	\$2,500	\$5,000
Family Deductible	\$7,500	\$15,000	\$7,500	\$15,000
Medical Individual Out-of-Pocket	\$4,500	\$9,000	\$4,500	\$9,000
Medical Family Out-of-Pocket	\$10,200	\$20,400	\$10,200	\$20,400
Does Medical OOP include RX Copays (Y/N)?	No		No	
Does OOP include Ded, Coins & Copays (Y/N)?	Yes		Yes	
MEDICAL SERVICES				
Office Visits PCP/SPC	\$30 / \$50 copay per visit	40% after ded	\$30 / \$50 copay per visit	40% after ded
Preventive Care	100% (no copay)	40% after ded	100% (no copay)	40% after ded
Diagnostic Test (X-Ray, Blood Work)	20% after ded	40% after ded	20% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	40% after ded	20% after ded	40% after ded
Outpatient Surgery	20% after ded	40% after ded	20% after ded	40% after ded
Emergency Care ( <i>waived if admitted</i> )	\$150 then 100%		\$150 then 100%	
Inpatient Hospital ( <i>per occurrence</i> )	20% after ded	\$300 plus 40%	20% after ded	\$300 plus 40%
PRESCRIPTION DRUGS ‡				
Out-of-Pocket Maximum ( <i>Individual / Family</i> )	\$1,000 Individual / \$3,000 Family		\$1,000 Individual / \$3,000 Family	
Tier 1	\$10	25% after copay	\$10	25% after copay
Tier 2	\$40	25% after copay	\$40	25% after copay
Tier 3	\$60	25% after copay	\$60	25% after copay
Tier 4	Covered	Covered	Covered	Covered
Tier 5	N/A	N/A	N/A	N/A
Mail Order Prescriptions ( <i>90 Days</i> )	2x Copay	N/A	2x Copay	N/A
MONTHLY RATES				
Employee	\$643.26		<b>\$650.98</b>	
Employee & Spouse	\$1,375.25		<b>\$1,391.75</b>	
Employee & Child(ren)	\$1,254.79		<b>\$1,269.85</b>	
Family	\$1,987.98		<b>\$2,011.84</b>	
ESTIMATED ENROLLMENTS				
Employee	125		125	
Employee & Spouse	10		10	
Employee & Child(ren)	7		7	
Family	16		16	
PREMIUM				
Monthly Premium by Plan	\$134,751.21		\$136,368.39	
Monthly Premium	\$134,751.21		\$136,368.39	
Annual Premium	\$1,617,014.52		\$1,636,420.68	
Percentage Premium Difference	N/A		<b>1.2%</b>	
Annual Premium Difference	N/A		<b>\$19,406.16</b>	
Rate Guarantee	1 Year		1 Year	
COMMISSION & COMPENSATION				
Commission Level	3.5% Flat		3.5% Flat	
Supplemental Compensation	\$0 to \$12 PEPY		\$0 to \$12 PEPY	

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 market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

‡ 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.  
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