

RESOLUTION NO. T-2019-12-021R

**A RESOLUTION AUTHORIZING THE CUNNINGHAM TOWNSHIP SUPERVISOR TO SIGN A
CONTRACT WITH BLUE CROSS BLUE SHIELD FOR HEALTH INSURANCE COVERAGE
(EFFECTIVE JANUARY 1, 2020)**

WHEREAS, Cunningham Township provides health insurance benefits to the Township Supervisor, Township Assessor and the eligible employees of those offices; and

WHEREAS, it is in the best interests of the Township to provide the most health and cost effective plan for employees; and

WHEREAS, the Supervisor has determined providing the Blue Cross Blue Shield PPO options provides the most effective and flexible options for the needs of Cunningham Township employees,

NOW, THEREFORE, BE IT RESOLVED by the Township Board of the Town of Cunningham, that the Township Board authorizes the Township Supervisor to sign a contract to secure Blue Cross Blue Shield health insurance coverage for Cunningham Township effective January 1, 2020.

Approved by the Township Board of the Town of Cunningham, Champaign County, Illinois, on this 9th day of December 2019.

Charles A. Smyth, Township Clerk

Diane Wolfe Marlin, Township Chair



Small Group Business

Account Name: CUNNINGHAM TOWNSHIP

Account Number: 222188

Renewal Effective Date: 01/01/2020

Section 5: 01/01/2020 ACA Metallic Alternate Renewal Plan Summary

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

Blue Choice Preferred PPO

Plan #	Ded In/Out	Office Visit Specialist	Coins In/Out	OPX In/Out	ER Copay*4 ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx	Total Monthly Health Cost*
PPO Plans											
Blue Platinum Plans											
P5E2BCE*10	\$250/\$500	\$30/\$60	80%/50%	\$1250/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$7,584.26
P5E1BCE*10	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400/90%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$7,490.71
Blue Gold Plans											
G532BCE*10	\$1500/\$2500	\$35/\$60	80%/50%	\$4500/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$6,497.45
G531BCE*10	\$2500/\$3000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$6,294.10
G530BCE*10	\$3250/\$6500	\$15/\$35	100%/100%	\$3250/\$6500	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$6,644.93
Blue Silver Plans											
S532BCE*1*10	\$2900/\$5800	\$50/\$70	60%/50%	\$7700/Unlimited	\$500/60%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$5,595.00
S501BCE*10	\$4500/\$9000	80%/80%	80%/50%	\$7900/Unlimited	NA/80%	80%/50%	80%/50%	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$5,387.71
S531BCE*10	\$4500/\$9000	\$30/\$50	80%/50%	\$8150/Unlimited	\$500/80%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$5,551.54
S535BCE*10	\$7350/\$14700	\$20/\$40	100%/100%	\$7350/\$14700	\$500/100%	\$250/\$350	\$200/\$300	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$5,639.99
HSA Plans											
Blue Gold Plans											
G533BCE*10*11	\$2800/\$5600	90%/90%	90%/60%	\$3500/Unlimited	NA/90%	90%/60%	90%/60%	70%/50%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$6,081.49
G535BCE*10*11	\$2800/\$5600	80%/80%	80%/50%	\$5000/Unlimited	NA/80%	80%/50%	80%/50%	70%/50%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$5,745.82
Blue Silver Plans											
S534BCE*10*11	\$4800/\$9600	100%/100%	100%/100%	\$4800/\$9600	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$5,554.81
Blue Bronze Plans											
B536BCE*10*11	\$6500/\$13000	80%/80%	80%/50%	\$6750/Unlimited	\$150/80%	80%/50%	\$75/\$125	70%/50%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$4,981.51
B535BCE*10*11	\$6750/\$13500	100%/100%	100%/100%	\$6750/\$13500	\$150/100%	100%/100%	\$75/\$125	100%/100%	100%	100%	\$5,090.54

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Small Group Business

Account Name: CUNNINGHAM TOWNSHIP

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Blue PPO

Plan #	Ded In/Out	Office Visit Specialist	Coins In/Out	OPX In/Out	ER Copay* ⁴ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx	Total Monthly Health Cost*
PPO Plans											
Blue Platinum Plans											
P503PPO ^{*10}	\$250/\$500	\$30/\$60	80%/50%	\$1250/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$9,134.11
P5E1PPO ^{*10}	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400/90%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$9,025.04
Blue Gold Plans											
G534PPO ^{*10}	\$750/\$1500	\$50/\$70	80%/50%	\$5500/Unlimited	\$500/80%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$7,826.96
G532PPO ^{*10}	\$1500/\$2500	\$35/\$60	80%/50%	\$4500/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$7,908.89
G536PPO ^{*10}	\$2000/\$4000	\$30/\$50	90%/60%	\$4000/Unlimited	\$400/90%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$7,934.02
G537PPO ^{*10}	\$2250/\$4500	100%/100%	100%/100%	\$2250/\$4500	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$8,142.70
G531PPO ^{*10}	\$2500/\$3000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$7,671.64
G530PPO ^{*10}	\$3250/\$6500	\$15/\$35	100%/100%	\$3250/\$6500	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$8,066.19
Blue Silver Plans											
S532PPO ^{*10}	\$2900/\$5800	\$50/\$70	60%/50%	\$7700/Unlimited	\$500/60%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$6,873.16
S501PPO ^{*10}	\$4500/\$9000	80%/80%	80%/50%	\$7900/Unlimited	NA/80%	80%/50%	80%/50%	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$6,630.67
S531PPO ^{*10}	\$4500/\$9000	\$30/\$50	80%/50%	\$8150/Unlimited	\$500/80%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$6,815.78
S535PPO ^{*10}	\$7350/\$14700	\$20/\$40	100%/100%	\$7350/\$14700	\$500/100%	\$250/\$350	\$200/\$300	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$6,917.96
HSA Plans											
Blue Gold Plans											
G533PPO ^{*10}	\$2800/\$5600	90%/90%	90%/60%	\$3500/Unlimited	NA/90%	90%/60%	90%/60%	70%/50%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$7,459.92
G535PPO ^{*10}	\$2800/\$5600	80%/80%	80%/50%	\$5000/Unlimited	NA/80%	80%/50%	80%/50%	70%/50%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$7,073.26
Blue Silver Plans											
S534PPO ^{*10}	\$4800/\$9600	100%/100%	100%/100%	\$4800/\$9600	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$6,861.18
Blue Bronze Plans											
B536PPO ^{*10}	\$6500/\$13000	80%/80%	80%/50%	\$6750/Unlimited	\$150/80%	80%/50%	\$75/\$125	70%/50%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$6,211.33
B535PPO ^{*10}	\$6750/\$13500	100%/100%	100%/100%	\$6750/\$13500	\$150/100%	100%/100%	\$75/\$125	100%/100%	100%	100%	\$6,335.03

* Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

^{*1} \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply.

^{*2} No deductible/coinsurance on capitated services: Imaging, Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

^{*3} \$250 copay on other capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

^{*4} ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

^{*5} \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$45 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

^{*6} Urgent Care is covered at the Office Visit copay amount. PCP vs Specialist is dependent on provider type billed.

^{*7} Ped Dental Out coinsurance is subjected to INN ded/coins.

^{*8} INN Mental health/substance abuse Office Visits always covered at \$0/no charge.

^{*9} \$60 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery

^{*10} Virtual Visits are available from a participating provider for certain non-emergency services.

^{*11} This HSA option requires a mandatory employer contribution.

^{*12} Urgent Care is covered at the Office Visit copay amount. PCP vs Specialist is dependent on provider type billed. Per occurrence Emergency Room/Out Patient Inpatient true copay per day is \$750 on Imaging (CT/PET/MRI).

^{*13} Urgent Care is covered at the Office Visit copay amount. PCP vs Specialist is dependent on provider type billed. \$350 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs).