

**RESOLUTION NO. T-2020-12-027R**

**A RESOLUTION AUTHORIZING THE CUNNINGHAM TOWNSHIP SUPERVISOR TO SIGN A  
CONTRACT WITH BLUE CROSS BLUE SHIELD FOR HEALTH INSURANCE COVERAGE**

**(Effective January 1, 2021)**

**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, 2021.

Approved by the Township Board of the Town of Cunningham, Champaign County, Illinois, on this 14th day of December 2020.

\_\_\_\_\_  
Phyllis Clark, Township Clerk

\_\_\_\_\_  
Diane Wolfe Marlin, Chair



**Small Group Business**

Account Name: CUNNINGHAM TOWNSHIP

Account Number: 222188

Renewal Effective Date: 01/01/2021

The table below includes Composite Rates for Metallic Alternate Plans.

**Blue PPO**

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay <sup>*3</sup> / ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx	Employee Only	Employee +Spouse	Employee +Child	Employee +Family	Total Monthly Health Cost
<b>PPO Plans</b>															
<b>Blue Platinum Plans</b>															
P503PPO	\$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	\$798.21	\$1,596.42	\$1,476.69	\$2,274.90	\$6,944.43
P5E1PPO	\$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	\$790.00	\$1,580.00	\$1,461.50	\$2,251.50	\$6,873.00
<b>Blue Gold Plans</b>															
G534PPO	\$1000 /\$2000	\$50 /\$70	80%/50%	\$6750 /Unlimited	\$500 /80%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$666.36	\$1,332.72	\$1,232.77	\$1,899.13	\$5,797.34
G532PPO	\$1500 /\$3000	\$40 /\$60	80%/50%	\$5500 /Unlimited	\$400 /80%	\$200/\$300	\$150/\$250	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350	\$5/\$15/\$50/\$100/\$250/\$350	\$671.89	\$1,343.78	\$1,243.00	\$1,914.89	\$5,845.45
G536PPO	\$2000 /\$4000	\$45 /\$65	90%/60%	\$5000 /Unlimited	\$500 /90%	\$200/\$300	\$150/\$250	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350	\$5/\$15/\$50/\$100/\$250/\$350	\$665.74	\$1,331.48	\$1,231.62	\$1,897.36	\$5,791.94
G531PPO	\$2500 /\$5000	\$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	\$669.95	\$1,339.90	\$1,239.41	\$1,909.36	\$5,828.57
G537PPO	\$2600 /\$5200	100%/100%	100%/100%	\$2600 /\$5200	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$685.82	\$1,371.64	\$1,268.77	\$1,954.59	\$5,966.64
G530PPO	\$3750 /\$7500	\$35 /\$55	100%/100%	\$3750 /\$7500	\$400 /100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$677.13	\$1,354.26	\$1,252.69	\$1,929.82	\$5,891.03
<b>Blue Silver Plans</b>															
S532PPO <sup>*6</sup>	\$3250 /\$6500	\$50 /\$70	60%/50%	\$8550 /Unlimited	\$500 /60%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$584.95	\$1,169.90	\$1,082.16	\$1,667.11	\$5,089.07
S501PPO	\$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	\$568.49	\$1,136.98	\$1,051.71	\$1,620.20	\$4,945.87
S531PPO	\$4700 /\$9400	\$45 /\$65	80%/50%	\$8550 /Unlimited	\$500 /80%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$580.62	\$1,161.24	\$1,074.15	\$1,654.77	\$5,051.40
S535PPO	\$7550 /\$15100	\$30 /\$50	100%/100%	\$7550 /\$15100	\$500 /100%	\$250/\$350	\$200/\$300	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$592.14	\$1,184.28	\$1,095.46	\$1,687.60	\$5,151.62
<b>HSA Plans</b>															
<b>Blue Gold Plans</b>															
G533PPO <sup>*5</sup>	\$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%	\$647.82	\$1,295.64	\$1,198.47	\$1,846.29	\$5,636.04
G535PPO	\$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%	\$607.87	\$1,215.74	\$1,124.56	\$1,732.43	\$5,288.47
<b>Blue Silver Plans</b>															
S534PPO	\$4800 /\$9600	100%/100%	100%/100%	\$4800 /\$9600	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$586.20	\$1,172.40	\$1,084.47	\$1,670.67	\$5,099.94
S511PPO	\$6000 /\$12000	100%/100%	100%/100%	\$6000 /\$12000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$563.30	\$1,126.60	\$1,042.11	\$1,605.41	\$4,900.72
<b>Blue Bronze Plans</b>															
B536PPO	\$6650 /\$13300	80%/80%	80%/50%	\$6900 /Unlimited	\$250 /80%	80%/50%	\$125/\$125	70%/50%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$524.18	\$1,048.36	\$969.73	\$1,493.91	\$4,560.36
B535PPO	\$6900 /\$13800	100%/100%	100%/100%	\$6900 /\$13800	\$250 /100%	100%/100%	\$125/\$125	100%/100%	100%	100%	\$534.47	\$1,068.94	\$988.77	\$1,523.24	\$4,649.89

\* All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

\* When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Does not apply to HMO and 100% cost sharing plans.

\* All plans include prescription drug benefits. The benefit plan is based on the BCBSIL drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

\* This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these products, please contact your BCBSIL Account Representative.

\* All health plans are embedded with pediatric eye exams, select pediatric hardware, and vision discounts.

\* IP and OP Surg columns reflecting dollar amounts are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible. Unless otherwise indicated by Footnote 1 or Footnote 2.

\*1 IP Value is a flat copay. Deductible and coinsurance do not apply.

\*2 OP Surg Value is flat copay. Deductible and coinsurance do not apply.

\*3 ER columns reflecting dollar amounts are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible. Unless otherwise indicated by Footnote 4.

\*4 ER Value is flat copay. Deductible and coinsurance do not apply.

\*5 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

\*6 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply.