



**BERWYN TOWNSHIP
PUBLIC HEALTH DISTRICT BOARD**

**REGULAR MEETING
November 14, 2024 | 4:00 PM**

NOTICE OF PUBLIC MEETING – PLEASE READ

The Berwyn Public Health District Board will conduct meetings in person at 6600 W. 26th Street, Berwyn. Any person wishing to submit comments for the Open Forum for this meeting may do so by 3:00 PM on the meeting date to Health Board Secretary Jacqueline Pereda at 6600 West 26th Street, Berwyn, IL 60402, email jacquelinepereda@berwynassessor.org, or 708-765-4519. Please request that your comments become part of the Board Meeting Record.



BERWYN PUBLIC HEALTH DISTRICT BOARD REGULAR MEETING AGENDA Thursday, November 14, 2024 | 4:00 PM

1. ROLL CALL
2. PLEDGE OF ALLEGIANCE
3. OPEN FORUM
4. APPROVAL OF MINUTES
 - A. Public Hearing on October 17, 2024
 - B. Regular Meeting on October 17, 2024
5. STAFF REPORT UPDATES
 - A. Clinic Activity – October 2024
 - B. Sanitation Activity – October 2024
 - C. Vital Statistics Activity – October 2024
6. APPROVAL OF BILLS PAYABLE & PAYROLL – October 2024
7. STATEMENT OF RECEIPTS & DISBURSEMENTS
8. CORRESPONDENCE
9. OLD BUSINESS
 - A. Deferred Item (4/2024): Residential Flood Mitigation – Avila
10. NEW BUSINESS
 - A. Review & Approve Renewal of BCBS Health & Dental Benefits for 2025
 - B. Review & Approve Renewal of MGA Risk Insurance for 2025
 - C. Review & Approve City of Berwyn's Holiday Breakfast for Senior Sponsorship Request
 - D. Review & Approve City of Berwyn's Holiday Fund Donation Request
 - E. Discuss & Approve Compensation for Elected Officials for Term Beginning May 19, 2025 and Ending May 21, 2029
 - F. Review & Approve Health District & Township 2024 Holiday Lights
11. ADJOURNMENT



AGENDA ITEM SUMMARY

AGENDA ITEM: **4**

TITLE	Approval of Minutes
MEETING DATE	November 14, 2024
SUBMITTED BY	Margaret Paul, Health Board Secretary

SUMMARY	
ATTACHMENTS	
<ul style="list-style-type: none">Public Hearing on October 17, 2024Regular Meeting on October 17, 2024	

ACTION PROPOSED				
<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	DISCUSSION	<input checked="" type="checkbox"/> REVIEW & APPROVAL
<input type="checkbox"/>	OTHER			



4-A

BERWYN TOWNSHIP PUBLIC HEALTH DISTRICT
Minutes of the Public Hearing of October 17, 2024

Berwyn Township Public Health District Secretary Paul called the Public Hearing to Order at 3:45 p.m. The following BPHD Board members were present for the hearing: President Avila, Treasurer Pareda.

The Public Hearing was held to receive public comment on the proposed **2024 Property Tax Levy Ordinance for Taxes to be Collected in 2025**. No members of the public attended the meeting.

Secretary Paul presented the Certificate of Publication showing that Lawndale Bilingual Newspaper published the Notice and Agenda for the Public Hearing on October 3, 2024.

Secretary Paul opened the floor for comment. There was none. She adjourned the meeting at 3:51p.m.

Respectfully submitted,

Margaret Paul
Margaret Paul,
Health District Secretary



COPY

4-B

Berwyn Public Health District
Regular Meeting Minutes – October 17, 2024

BPHD President Avila called the Regular Meeting to Order at 4:00 p.m. Secretary Paul called the roll. The following members answered Present: Avila, Pareda, Paul. Attorney Zdarsky also attended the meeting. The attendees rose and recited the Pledge of Allegiance.

Open Forum: No one asked to be recognized.

Approval of Minutes:

Regular Meeting: Avila made the motion, seconded by Pareda, to approve the Regular Meeting Minutes of September 9, 2024 as submitted. The motion passed by a unanimous voice vote.

Special Meeting: Avila made the motion, seconded by Pareda, to approve the Minutes of the Special Meeting of September 17, 2024. The motion passed by a unanimous voice vote.

Decennial Committee Meetings: Avila made the motion, seconded by Pareda, to approve the Minutes of the Decennial Committee Meeting of June 5, 2023. The motion passed by a unanimous voice vote. Avila made the motion, seconded by Pareda, to approve the Minutes of the Decennial Committee Meeting of August 12, 2024. The motion passed by a unanimous voice vote.

Staff Reports:

Clinic Activity – September 2024: Avila made the motion, seconded by Pareda, to accept the September 2024 Nursing Monthly Report as submitted. The motion passed by a unanimous voice vote.

Sanitation Activity – September 2024: Avila made the motion, seconded by Pareda, to accept the Sanitation Activity Report as submitted. The motion passed by a unanimous voice vote.

Vital Statistics Activity – September 2024: Avila made the motion, seconded by Pareda, to accept the report as submitted and place the \$2,046.00 fees collected in the proper funds. The motion passed by a unanimous roll call vote.

Bills Payable and Payroll – September 2024: Avila made the motion, seconded by Paul, to approve and authorize the disbursements for \$106,341.61 as submitted. The motion passed by a unanimous roll call vote in favor.

Statement of Receipts and Disbursements: Accountant Egan did not attend the meeting. Avila made the motion, seconded by Pareda, to accept the report as submitted. The motion passed by a unanimous voice vote.

Correspondence: There was no correspondence received for the meeting.

Old Business:

Electronic Medical Record ("EMR") Project and Approval of eClinicalWorks Agreement Deferred Item from 7/2024: Clinic staff provided an update on procuring the necessary software and hardware required to run the eClinicalWorks system. Staff asked the board to

vote on the selection of a printer and on a company to provide installation services. Discussion ensued. Thereafter, Avila made the motion, seconded by Pareda, to approve purchasing a printer from Image Tech and, following review by the Town Attorney, enter into a 6-yr lease to own contract with a monthly payment of \$238.00. The motion passed by a unanimous roll call vote in favor. Avila made the motion, seconded by Pareda, to hire Techpro only for the installation service for \$2,200. The motion passed by a unanimous roll call vote.

Residential Flood Mitigation (deferred from April 2024): Avila made the motion, seconded by Pareda, to defer this item to the November meeting. The motion passed by a unanimous voice vote.

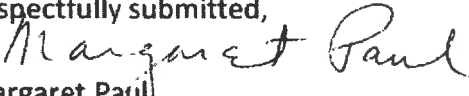
New Business:

Review and Approve Tentative 2024 Tax Levy: Avila made the motion, seconded by Pareda, to **adopt** the Ordinance entitled: **An Ordinance Levying Taxes for all Health District Purposes for Berwyn Public Health District, Cook County, Illinois, for the Tax Year 2024, Collectible in 2025**, direct the Corporate Authorities to affix the necessary signatures and send it on its way to passage. The motion passed with Avila, Pareda, and Paul voting AYE.

2025 Schedule of Regular Meetings: Avila made the motion, seconded by Pareda, to approve the 2025 Schedule of Regular Meetings as submitted. The motion passed by a unanimous voice vote.

Adjournment: Avila made the motion, seconded by Pareda, to adjourn the meeting. The motion passed by a unanimous voice vote. The meeting adjourned at 4:48 p.m.

Respectfully submitted,


Margaret Paul
BPHD Secretary



AGENDA ITEM SUMMARY

AGENDA ITEM: **5-A**

TITLE	Clinic Activity
MEETING DATE	November 14, 2024
SUBMITTED BY	Bradford S. Wainer, D.O., Health Clinic Medical Director

SUMMARY	
Attached please find the monthly activity and tracking report for the medical and nursing departments.	
ATTACHMENTS	
<ul style="list-style-type: none">Nursing Monthly Report – October 2024	

ACTION PROPOSED			
X	INFORMATION	DISCUSSION	REVIEW & APPROVAL
	OTHER		

NURSING MONTHLY REPORT

October 1-31, 2024

1. Monthly report organized, prepared and distributed at monthly Public Health meeting.
2. Residents of Berwyn continue to call needing to make appointments for immunizations, TB Tests, and guidance on Covid-19 guidelines.
3. The Health District continues to offer saliva PCR Tests in the month of October 2024.
4. Refrigerator and Freezer temperatures recorded twice a day per VFC guidelines and also logged into I-CARE on Daily Basis and Clinic continues to download temperature data from the temperature data logger in vaccine room for record keeping per VFC guidelines.
5. Clinic continues to conduct regular counts of vaccine inventory.
6. The clinic continues working on being able to provide safe sex materials at the clinic.
7. The clinic continues offering our loaner medical equipment such as wheelchairs, walkers, and canes to Berwyn residents.
8. Clinic continues working on its Berwyn Wellness Initiative.
9. Clinic has hosted the Wellness Wednesday Screenings for October. Dates for November have been set and residents are being signed up.
10. Clinic prepares for Flu Drive in November. Staff will be administering both Regular doses and High-doses. Event is for Berwyn residents.
11. Clinic administered vaccines during the Annual Pet Parade.
12. We continue to work with TechPro to secure a confirmed installation date for the hardware, ensuring everything runs smoothly and efficiently. Hardware will be purchased through CDW.

Monthly Tracking:

Scheduled	150	Blood Pressure Check	0
Seen	140	TB Tests	3
Walk-ins	12	TB reads	3
Home Visits	0	Positive TB reads	0
No Call/No Show-		Flu Shots Total:	
Cancellations	20	Regular – Quad	59
Rescheduled	2	High Dose	31
New Patients	55	Nutrition Referrals	0
Established	85	School Physicals	
VFC	39	Referral	1
Title 19	26	Rx collection	0
Uninsured	13	Sharps collection	0
Under insured	0	Records Request	0
Lead Testing	0	Medical Loan	0
Hemoglobin	0	English	110
Adult Immunizations	2	Spanish	30

October Clinic Deposit: \$200.00

October Flu Deposit: \$0.00

Total Deposit: \$200.00

Yearly Tracking (April 2024 – March 2025):

Scheduled	422	Blood Pressure Check	0
Seen	387	TB Tests	72
Walk-ins	41	TB reads	69
Home Visits	0	Positive TB reads	0
No Call/No Show-		Flu Shots Total:	
Cancellations	63	Regular – Quad	62
Rescheduled	13	High Dose	31
New Patients	164	Nutrition Referrals	0
Established	223	School Physicals	
VFC	130	Referral	0
Title 19	88	Rx collection	6
Uninsured	42	Sharps collection	10
Under insured	0	Records Request	6
Lead Testing	0	Medical Loan	0
Hemoglobin	0	English	276
Adult Immunizations	11	Spanish	111

Fiscal Year Totals:

Clinic Deposit: \$1830.00

Flu Deposit: \$0.00

Total Deposit: \$1830.00



AGENDA ITEM SUMMARY

AGENDA ITEM: **5-B**

TITLE	Sanitation Activity
MEETING DATE	November 14, 2024
SUBMITTED BY	Sheri Leto, Inspector

SUMMARY	
Attached please find the monthly activity report for the Environmental Health & Safety Department.	
ATTACHMENTS	
<ul style="list-style-type: none">Sanitation Report – October 2024	

ACTION PROPOSED			
X	INFORMATION	DISCUSSION	REVIEW & APPROVAL
	OTHER		

Berwyn Public Health District Sanitation Report

1

Reporting Period: October 1, 2024 through October 31, 2024

MONTHLY RECAP

New Businesses

1. Charley's Cheesesteaks & Wings
2. The Parlor Barbershop Company
3. Big Money's Cafe

Food Complaints

1. N-Joy II Chop Suey
2. Connie's Family Restaurant
 - a. Inspected 3x

Trainings:

No training to report.

Special Events

No special events to report in October.

October 2024													
Company	#	Street	GI	Insp. Date	Insp.	Notes	N B	C I	VH B	H B	M B	L B	C E
Charley's Cheesesteaks & Wings	6948	Cermak Rd		10/22/24	MK		1		*				
The Parlor Barbershop Company	3151	Oak Park Avenue		10/9/24	MK		1				*		
Big Money's Cafe	6245	Roosevelt Rd		10/10/24	MK		1				*		
N-Joy II Chop Suey	7140	Windsor		10/24/24	CR	Fire alarm system turned on	1		*				
Connies Family Restaurant	3271	Harlem Avenue		TBD	CR / JV	Cockroach issue	1		*				
Connies Family Restaurant	3271	Harlem Avenue		TBD	CR / JV	Cockroach issue	1		*				
Connies Family Restaurant	3271	Harlem Avenue		TBD	CR / JV	Foodborne Illness	1		*				
Komensky Elementary School	2515	Cuyler Ave		10/8/24	CR						1		
Prairie Oak Elementary	1427	S. Oak Park Ave		10/10/24	CR						1		
Freedom Middle School	3016	Ridgeland Avenue		10/11/24	CR						1		
Havlicek Elementary	1431	S. Elmwood		10/8/24	JV						1		
Lucky Dog III	7151	16th Street		10/3/24	MK				1				
Parilla Express	6401	34th Street		10/1/24	MK				1				
Autre Monde Cafe & Spirits	6727	Roosevelt Rd		10/3/24	MK				1				
Buona Beef Restaurant	6745	Roosevelt Rd		10/16/24	MK				1				
Berwyn Chicken Co	7021	Roosevelt Rd		10/16/24	MK				1				
Tasty House	7101	Roosevelt Rd		10/2/24	MK				1				

Berwyn Public Health District Sanitation Report

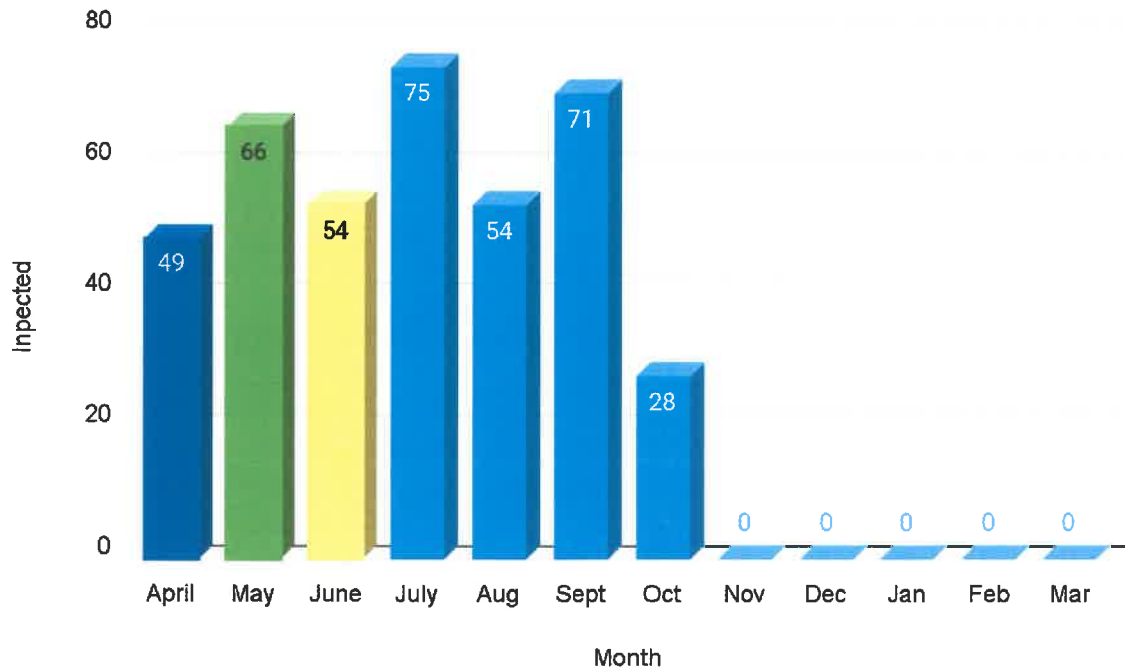
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October 2024												
Company	#	Street	GI	Insp. Date	Insp.	Notes	N B	C I	VH B	H B	M B	C I
Scoreboard Sports Bar & Grill	7109	Roosevelt Rd		10/3/24	MK					1		
Moneses Tapas Bar	6607	Roosevelt Rd		10/1/24	MK					1		
El Moral Meat Market	6706	16th Street		10/2/24	MK						1	
Subway	6301	Cermak Rd		10/16/24	MK						1	
Pierres Bakery	6310	Cermak Rd		10/16/24	MK						1	
Flapjack Brewery	6833	Stanley Avenue		10/3/24	MK						1	
Milly's Pizza In the Pan	6737	Roosevelt Rd		10/2/24	MK						1	
Berwyn Mobile Mart	6856	Ogden Ave		10/10/24	MK							1
Betty's Bistro	6969	Ogden Ave		10/10/24	MK							1
Georges Tavern	6741	Stanley Avenue		10/1/24	MK							1
House of Slots	6823	Stanley Avenue		10/8/24	MK							
Dollar General #19092	6843	Ogden Ave		10/8/24	MK							1
MONTHLY TOTALS			Goals	Actual	YEARLY TOTALS							
New Businesses			0	3	New Business						15	
Complaint Inspections			0	4	Complaint Insp.						10	
Very High			0	0	Routine Insp.						311	
High			0	8								
Medium			0	9								
Low			0	4								
Cottage Food			0	0	Cottage Food						4	
Temporary Food			0	0	Temporary Food						64	
Total			0	28	Total YTD						404	

**Berwyn Public Health District
Sanitation Report**

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Graph 1: ROUTINE INSPECTIONS - April 2024 - March 2025



BERWYN SHOPS

No news.

ENVIRONMENTAL HEALTH & SAFETY: RESIDENTIAL

- Hoarding: 0
- Uninhabitable
- Living Conditions: 3
- Water: 0
- Heat: 1
- Well-Being Checks: 0
- Other - Rodents: 4

GOALS

Completed:

1. A completion rate of 100% of the Food Establishment Inspections for October.
 - a. We met and exceeded our goal of 90%.

In-Progress Goals:

1. A 90% or better completion rate of the Food Establishment Inspections for October.
2. By the end of the 2024-2025 Fiscal Year, to have inspected 650 establishments, including any Temporary Food Events.

**Berwyn Public Health District
Sanitation Report**

4

3. Perfect The BEE Award, formally known as the Sheri Smith Award, to have all details ready to present to the Board.
4. Start drafting SOPs stated in the April 2023 Board Meeting.
5. BHD can obtain 25% of the prospective food vendors for 2024 Berwyn Shops.
6. Create clear guidelines and expectations for the Cottage Food Berwyn Pop-Up Vendors.
7. Create a list of suggestions for BDC: what worked well, what did not, and changes for the following year regarding Berwyn Pop-Ups for Cottage Food Vendors.
8. Have a greater understanding of Cottage Food and the process in Cook County.

Prepared by:

Sheri A. Leto



AGENDA ITEM SUMMARY

AGENDA ITEM: **5-C**

TITLE	Vital Records Activity
MEETING DATE	November 14, 2024
SUBMITTED BY	Salma Nava, Deputy Registrar

SUMMARY	
Report of monies collected by the Vital Statistics Department for certified copies of Birth and Death records.	
ATTACHMENTS	
<ul style="list-style-type: none">Vital Records Report – October 2024	

ACTION PROPOSED			
X	INFORMATION	DISCUSSION	REVIEW & APPROVAL
	OTHER		

Berwyn Township Public Health District · Vital Records Report

November, 2024

Report of monies collected by the Berwyn Public Health District Vital Statistics Department for the month of **October 2024** for certified copies of Birth and Death records as follows
(3 MORE requests than September-2024):

Total Amount Collected	\$2,734.65
Fee to the State of Illinois:	-\$376.00
(Death Surcharge Fee 94= D.C. Requested):	
(Total Credit Charges: 57= Amount: \$1,397.65)	
Health District Portion of Fees:	\$2,358.65

These figures represent fiscal year 2024/2025

Total Fees Collected (to date):	\$18,823.25
Total paid to State of Illinois (to date):	-\$2,488.00
Total Berwyn Health District (to date):	\$16,335.25

These figures represent fiscal year 2023/2024

Total Fees Collected (to date):	\$34,152.50
Total paid to State of Illinois (to date):	-\$5,808.00
Total Berwyn Health District (to date):	\$28,344.50

These figures represent fiscal year 2022/2023

Total Fees Collected (to date):	\$35,068.70
Total paid to State of Illinois (to date):	-\$5,656.00
Total Berwyn Health District (to date):	\$29,412.70

These figures represent fiscal year 2021/2022

Total Berwyn Health District (to date):	\$37,523.00
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These figures represent fiscal year 2020/2021

Total Berwyn Health District (to date):	\$38,568.00
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Respectfully,



Salma Nava
Local Registrar



State of Illinois
Illinois Department of Public Health

Division of Vital Records
(217)785-3164

County of COOK District # 03121 County Clerk OR Local Registrar X

88 Number of certified copies of Death and Fetal Death Certificates issued.

Check is for the month of October, 20 24.

Multiply number of copies issued by \$4.00, total amount due \$ 352. If none issued put 0 in amount due.

Remit a check made payable to the Illinois Department of Public Health for the amount stated above along with a copy of this completed VR360 form to:

IDPH Vital Records
Attn: DCSF/COLDF
925 E. Ridgely Ave.
Springfield, IL 62702

OR

Signature of County Clerk

Date

Signature of Local Registrar

Date

D. J. Oa 11/1/24

If your contact information changes, please update the following information: Contact person _____

Email Address _____ Phone number _____

VR 360 (rev. 05/17)

Contact us at dph.vitals@illinois.gov - Attn: Death Surcharge in Subject line

E-MAILED NOV 01 2024



AGENDA ITEM SUMMARY

AGENDA ITEM: **6**

TITLE	Bills Payable and Payroll
MEETING DATE	November 14, 2024
SUBMITTED BY	Brian Eagan, CPA Senior Vice President, Selden Fox, Ltd.

SUMMARY	
Berwyn Public Health District Disbursements for Approval is attached for review and approval. Physical invoices and receipts are available for your review and audit.	
ATTACHMENTS	
<ul style="list-style-type: none">Public Health District Payables	

ACTION PROPOSED					
	INFORMATION		DISCUSSION	X	REVIEW & APPROVAL
	OTHER				

Berwyn Public Health District
Disbursements for Approval
November 14, 2024

Item	Ref #	Date	Payee	Description	Account	Amount
INTERIM DISBURSEMENTS						
1	Debit	10/01/04	Amazon	Due from GA-emergency bradlet program	1410.00	\$ 11.44
2	Debit	10/04/24	Amazon	Due from GA-emergency bradlet program	1410.00	11.44
3a	Debit	10/07/24	Amazon	Office supplies, split H/T	5615.00	29.95
3b				Office supplies, split H/T	1400.00	29.95
4	Debit	10/09/24	Amazon	Office supplies	5615.00	98.77
5	Debit	10/09/24	Amazon	Office supplies	5615.00	98.71
6	Debit	10/09/24	Ring Central	DigitalLine Unlimited	5720.00	395.03
7	Debit	10/15/24	Amazon	Office supplies	5615.00	12.25
8	Debit	10/15/24	Adobe	Software Expense	5615.00	63.74
9	Debit	10/25/24	Township Office of Springfield	Owed from Town-TOI conference fee-Larry Zdarsky	1400.00	228.50
10	Debit	10/25/24	Township Office of Springfield	Owed from Town-TOI conference fee-Jackie Pereda	1400.00	228.50
11	Debit	10/25/24	Township Office of Springfield	Owed from Town-TOI conference fee-Krystal Garcia	1400.00	113.50
12	Debit	10/25/24	Ring Central	additional calling charges	5720.00	26.58
13	Debit	10/28/24	Amtrak	Owed from Town-TOI transportaion fee-K.Garcia	1400.00	18.00
14	Debit	10/28/24	Amtrak	Owed from Town-TOI transportaion fee-K.Garcia	1400.00	18.00
15	Debit	10/29/24	Township Office of Springfield	Owed from Town-TOI conference fee-David Avila	1400.00	228.50
16	Debit	10/29/24	Amazon	clinic furniture/privacy screens	5615.00	137.20
17	Debit	10/30/24	Amazon	clinic tent frame	5615.00	262.34
18	Debit	10/30/24	Amazon	Office supplies	5615.00	44.22
19	Debit	10/30/24	Uprinting	Environmental Health – business cards for Jesus	5625.00	66.63
20	Debit	10/31/24	Amazon	office supplies	5615.00	11.44
Total Interim Disbursements						\$ 2,134.69

DISBURSEMENTS TO VENDORS

1	21662	11/14/24	BCBS - Profile 43806	2024-11 insurance premiums	5880.00	\$ 5,081.93
2	21663	11/14/24	Berwyn General Assistance Fund	Payroll reimbursement	5326.00	954.41
3	21664	11/14/24	Berwyn Township	Shared employee reimbursement	5326.00	1,837.13
4	21665	11/14/24	Branka Matevich	Consulting RFP EMR	5325.00	550.00
5	21666	11/14/24	Cintas	Janitor supplies	5605.00	849.75
6	21667	11/14/24	City of Berwyn - Water	monthly water	5710.00	76.60
7	21668	11/14/24	Comcast Business (Internet)	Internet 10/25/24-11/24/24	5720.00	159.90
8	21669	11/14/24	Dearborn Life Insurance Company	2024-11 insurance premiums	5880.00	63.10
9	21670	11/14/24	Health Lab	Labs	5315.00	188.75
10	21671	11/14/24	Illinois Department of Public Health	2024-10 death and birth certificates	5430.00	352.00
11	21672	11/14/24	Illinois Environmental Health Association	Environmental Health membership for Jesus	5120.00	55.00
12	21673	11/14/24	Johnny's Landscaping Services	2024-10 grass cutting/leaf services, split H/T	5505.00	230.00
13	21674	11/14/24	Konica Minolta Business Solutions	Monthly lease	5515.00	156.17
14	21675	11/14/24	Lawrence Zdarsky	2024-11 Legal Services	5143.00	1,555.00
15	21676	11/14/24	McKesson Medical-Surgical	Medical Supplies	5610.00	522.39
16	21677	11/14/24	NACCHO	Annual dues	5120.00	600.00
17	21678	11/14/24	Nicor Gas	Monthly gas	5710.00	50.50
18	21679	11/14/24	NIR Roof Care, Inc.	Roof care service	5006.00	2,800.00
19	21680	11/14/24	S.B.C. Waste Solutions	Waste service	5325.00	333.35
20a	21681	11/14/24	Selden Fox, Ltd.	2024-11 Accounting Services	5105.00	1,975.00
20b				2024-11 Software	5615.00	275.00
21	21682	11/14/24	Stericycle	Monthly medical waste disposal	5420.00	617.43
22	21683	11/14/24	Vision Service Plan	2043-11 insurance premiums	5880.00	156.99
Total Disbursements to Vendors						\$ 19,440.40

PAYROLL CHECKS & WITHHOLDINGS SUMMARY

1	Board checks	10/17/24	Board checks	Gross board payroll - October	various	\$ 11,114.27
2	EFT	10/15/24	Gross Payroll	Gross payroll 10/1/24 - 10/15/24	various	13,312.11
3	EFT	10/15/24	Payroll withholdings	Payroll taxes - 10/1/24 - 10/15/24	various	990.70
4	EFT	10/15/24	Employer IMRF Obligation	IMRF match - 10/1/24 - 10/15/24	5835.00	89.48
5	EFT	10/31/24	Gross Payroll	Gross payroll - 10/16/24 - 10/31/24	various	14,036.84
6	EFT	10/31/24	Payroll withholdings	Payroll taxes - 10/16/24 - 10/31/24	various	1,909.52
7	EFT	10/31/24	Employer IMRF Obligation	IMRF match - 10/16/24 - 10/31/24	5835.00	124.19
Total Payroll & Withholding Disbursements						\$ 41,577.11

Total Disbursements for Approval **\$ 63,152.20**

Berwyn Public Health District
Disbursements for Approval
November 14, 2024

<u>Item</u>	<u>Ref #</u>	<u>Date</u>	<u>Payee</u>	<u>Description</u>	<u>Account</u>	<u>Amount</u>
				Reconciled Cash Balance at 10/31/24-Citizens Bank		695,125.19
				Cash Balance at 10/31/24-Republic Bank		51,193.80
				Total		<u>\$ 746,318.99</u>

CERTIFICATE

November 14, 2024
COOK COUNTY, ILLINOIS

We, the undersigned, members of the Board of the Berwyn Public Health District, Cook County, Illinois, certify and state as follows:

that we have this 14th day of November 2024 examined and approved the foregoing claims or charges against Berwyn Public Health District Fund and that we hereby approve said claims or charges and direct the Chairman to pay the same aforesaid vouchers and payroll consisting of 2 pages.

Secretary

Treasurer

Chairman

CERTIFICATE

I, the undersigned, Secretary of Berwyn Public Health District, Cook County, Illinois, certify and state as follows:

that the Board of the Berwyn Public Health District examined, reviewed, approved and directed the payment of the foregoing accounts on this 14th day of November 2024 and that the foregoing amounts are due to the organizations or persons stated above.

Secretary

Countersigned

Chairman



AGENDA ITEM SUMMARY

AGENDA ITEM: **7**

TITLE	Statement of Receipts & Disbursements
MEETING DATE	November 14, 2024
SUBMITTED BY	Brian Eagan, CPA Senior Vice President, Selden Fox, Ltd.

SUMMARY	
Statement of revenues, expenditures, and changes in net assets – modified cash basis for the Health District Fund is attached for your review.	
ATTACHMENTS	
<ul style="list-style-type: none">Statement of Revenues, Expenditures and Changes in Net Assets – Modified Cash Basis for the period April 1, 2024 through October 31, 2024.	

ACTION PROPOSED			
X	INFORMATION	DISCUSSION	REVIEW & APPROVAL
	OTHER		

Selden Fox

Accounting for your future

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ACCOUNTANT'S COMPILATION REPORT

Board of Health
Berwyn Public Health District
Berwyn, Illinois

Management is responsible for the accompanying statement of revenues, expenditures, and changes in net assets – modified cash basis for the period April 1, 2024 through October 31, 2024 of **Berwyn Public Health District**. We have performed the compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this financial statement.

This financial statement is prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all the disclosures ordinarily included in financial statements prepared in accordance with the modified cash basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the entity's, revenues, expenditures, and changes in net assets. Accordingly, this financial statement is not designed for those who are not informed about such matters.

The supplementary budget information is presented for purposes of additional analysis and is not a required part of the basic financial statement. This information is the representation of management of **Berwyn Public Health District**. The information was subject to our compilation engagement, however, we have not audited or reviewed the information and, accordingly, do not express an opinion, a conclusion, nor provide any assurance on such information.

We are not independent with respect to Berwyn Public Health District.

Selden Fox, Ltd.

November 7, 2024

Berwyn Public Health District
Statement of Revenues, Expenditures, and
Changes in Net Assets - Modified Cash Basis
April - October 2024

	April - Oct 2024	Approved Budget	Remaining Budget	% of Budget
Income				
4000.00 Real Estate Taxes		-	-	
4100.00 Property Tax	\$ 376,616.40	\$ 745,000.00	\$ (368,383.60)	50.55%
4200.00 Replacement Tax	17,309.84	35,000.00	(17,690.16)	49.46%
4400.01 Fees, Rents and Others			-	
4400.00 Rental income	44,630.00	76,440.00	(31,810.00)	58.39%
4410.00 Vital Record Income	20,809.25	37,500.00	(16,690.75)	55.49%
4450.00 Clinic Fees & Income	588.00	2,000.00	(1,412.00)	29.40%
Total 4400.01 Fees, Rents and Others	66,027.25	115,940.00	(49,912.75)	56.95%
4440.00 Miscellaneous Income	115.97	5,000.00	(4,884.03)	2.32%
4600.00 Investment Income	51,923.35	15,000.00	36,923.35	346.16%
Total Income	511,992.81	915,940.00	(403,947.19)	55.90%
Gross Profit	511,992.81	915,940.00	(403,947.19)	55.90%
Expenses				
5000.00 Capital Outlay			-	
5005.00 Medical & Office Equipment	7,357.98	100,000.00	(92,642.02)	7.36%
5006.00 Roof and Building Improvements	(2,784.00)	150,000.00	(152,784.00)	-1.86%
5007.00 Park Improvements and Equipment	660.00	8,000.00	(7,340.00)	8.25%
5010.00 Parking Lot Improvements	-	10,000.00	(10,000.00)	0.00%
Total 5000.00 Capital Outlay	5,233.98	268,000.00	(262,766.02)	1.95%
5100.00 Contractual Services			-	
5105.00 Accounting/Bookkeeping	11,900.00	23,700.00	(11,800.00)	50.21%
5106.00 Payroll Processing Fees	1,925.00	2,400.00	(475.00)	80.21%
5115.00 Annual Audit	7,737.50	7,250.00	487.50	106.72%
5120.00 Association Dues	187.00	2,000.00	(1,813.00)	9.35%
5135.00 Gen Liab, Work Comp, Prop Ins	348.50	23,500.00	(23,151.50)	1.48%
5140.00 Legal Expense	1,350.00	7,500.00	(6,150.00)	18.00%
5143.00 Health District Attorney	9,480.00	19,000.00	(9,520.00)	49.89%
5144.00 IT Services	-	10,000.00	(10,000.00)	0.00%
5150.00 Website Services	-	5,000.00	(5,000.00)	0.00%
5160.00 Rodent Abatement Agreement	-	40,000.00	(40,000.00)	0.00%
5185.00 Contractual Services - Vision/Hearing	-	6,000.00	(6,000.00)	0.00%
5190.00 Contractual Services - Dental	-	15,000.00	(15,000.00)	0.00%
5195.00 Contractual Services - Pediatrics	-	20,000.00	(20,000.00)	0.00%
Total 5100.00 Contractual Services	32,928.00	181,350.00	(148,422.00)	18.16%
5300.00 Health Programs			-	
5310.00 Lead Awareness Program	-	2,500.00	(2,500.00)	0.00%

Berwyn Public Health District
Statement of Revenues, Expenditures, and
Changes in Net Assets - Modified Cash Basis
April - October 2024

	April - Oct 2024	Approved Budget	Remaining Budget	% of Budget
5315.00 Clinics	1,222.00	10,000.00	(8,778.00)	12.22%
5320.00 Spec. Program - Flu	5,291.70	19,000.00	(13,708.30)	27.85%
5325.00 Spec. Programs - Other	51,809.12	40,000.00	11,809.12	129.52%
5325.02 Special Program-Combined Veteran	-	4,000.00	(4,000.00)	0.00%
5325.03 Berwyn Holiday Fund	-	4,000.00	(4,000.00)	0.00%
5325.04 Senior Breakfast	-	1,500.00	(1,500.00)	0.00%
5325.05 Sunday Market	1,134.01	10,000.00	(8,865.99)	11.34%
5325.06 Marketing and Promotion	-	5,000.00	(5,000.00)	0.00%
5326.00 Spec. Programs - Intergov	15,123.10	35,000.00	(19,876.90)	43.21%
5328.00 Special Programs-Emergency Prep	(2,301.05)	10,000.00	(12,301.05)	-23.01%
5332.00 Special Prg. - Eyes for Educati	2,212.00	6,500.00	(4,288.00)	34.03%
5334.00 Special Prg.-Health Grants	33,929.00	80,000.00	(46,071.00)	42.41%
5336.00 Health Families	-	100,000.00	(100,000.00)	0.00%
5337.00 Infrastructure Initiatives	-	1,000,000.00	(1,000,000.00)	0.00%
5340.00 Participatory Budget	-	17,000.00	(17,000.00)	0.00%
5346 New Programs and Initiatives	-	600,000.00	(600,000.00)	0.00%
Total 5300.00 Health Programs	108,419.88	1,944,500.00	(1,836,080.12)	5.58%
5400.00 Other Expenditures			-	
5405.00 Conference/Education Expenses	73.00	4,500.00	(4,427.00)	1.62%
5410.00 Contingencies	1,191.43	5,000.00	(3,808.57)	23.83%
5413.00 Transaction Processing Fees	-	6,500.00	(6,500.00)	0.00%
5420.00 Medical Waste Disposal	10,230.27	7,500.00	2,730.27	136.40%
5425.00 Official's Bonds	-	3,500.00	(3,500.00)	0.00%
5430.00 Death Surcharge Fee	2,064.00	7,500.00	(5,436.00)	27.52%
Total 5400.00 Other Expenditures	13,558.70	34,500.00	(20,941.30)	39.30%
5500.00 Repairs and Maintenance			-	
5505.00 Building Maintenance	6,472.60	25,000.00	(18,527.40)	25.89%
5510.00 Janitorial Service	-	3,000.00	(3,000.00)	0.00%
5515.00 Equipment Maintenance Agreement	3,188.88	4,000.00	(811.12)	79.72%
5530.00 Snow Removal	485.00	3,500.00	(3,015.00)	13.86%
Total 5500.00 Repairs and Maintenance	10,146.48	35,500.00	(25,353.52)	28.58%
5600.00 Supplies and Materials			-	
5605.00 Janitorial Supplies	4,702.58	2,500.00	2,202.58	188.10%
5610.00 Medical Supplies	5,264.45	3,000.00	2,264.45	175.48%

Berwyn Public Health District
Statement of Revenues, Expenditures, and
Changes in Net Assets - Modified Cash Basis
April - October 2024

	April - Oct 2024	Approved Budget	Remaining Budget	% of Budget
5615.00 Office Supplies and Expense	8,763.66	10,000.00	(1,236.34)	87.64%
5620.00 Postage and Meter Rental	722.81	3,000.00	(2,277.19)	24.09%
5625.00 Printing and Publication	3,256.06	10,000.00	(6,743.94)	32.56%
Total 5600.00 Supplies and Materials	22,709.56	28,500.00	(5,790.44)	79.68%
5700.00 Utilities			-	
5710.00 Heat, Light and Water	842.32	4,000.00	(3,157.68)	21.06%
5720.00 Telephone	3,713.92	10,000.00	(6,286.08)	37.14%
Total 5700.00 Utilities	4,556.24	14,000.00	(9,443.76)	32.54%
5800.00 Payroll Expenses			-	
5815.00 Chairman	25,666.69	46,000.00	(20,333.31)	55.80%
5816.00 Secretary	19,950.00	36,200.00	(16,250.00)	55.11%
5817.00 Treasurer	19,950.00	36,200.00	(16,250.00)	55.11%
5820.00 Clerks	49,470.30	162,750.00	(113,279.70)	30.40%
5829.0 Interns	8,955.00	45,000.00	(36,045.00)	19.90%
5830.00 Health Director	13,980.80	24,000.00	(10,019.20)	58.25%
5831.00 Taxes - Employer FICA	17,292.90	45,000.00	(27,707.10)	38.43%
5832.00 Taxes - Employer Medicare	4,044.30	10,000.00	(5,955.70)	40.44%
5833.00 Taxes - SUTA	2,618.01	3,000.00	(381.99)	87.27%
5835.00 Retirement Contribution	1,540.33	15,000.00	(13,459.67)	10.27%
5840.00 Inspectors	27,439.30	110,250.00	(82,810.70)	24.89%
5841.00 Environmental Health Practitioner	38,199.51	65,000.00	(26,800.49)	58.77%
5845.00 Janitor	14,442.00	30,000.00	(15,558.00)	48.14%
5860.00 Public Health Nurses	63,582.70	147,000.00	(83,417.30)	43.25%
5880.00 Grp Health, Vision, Dental Ins	40,410.79	90,000.00	(49,589.21)	44.90%
Total 5800.00 Payroll Expenses	347,542.63	865,400.00	(517,857.37)	40.16%
Total Expenses	545,095.47	3,371,750.00	(2,826,654.53)	16.17%
Net Operating Income	(33,102.66)	(2,455,810.00)	2,422,707.34	1.35%
Net Income	(33,102.66) \$	(2,455,810.00) \$	2,422,707.34	1.35%
Beginning net assets	2,573,460.39			
Ending net assets	\$ 2,540,357.73			



AGENDA ITEM SUMMARY

AGENDA ITEM: **9-A**

TITLE	Residential Flood Mitigation
MEETING DATE	October 17, 2024
SUBMITTED BY	David J. Avila, Health Board President

SUMMARY	
Item Deferred (4/2024)	
ATTACHMENTS	
None submitted	

ACTION PROPOSED			
<input type="checkbox"/>	INFORMATION	<input checked="" type="checkbox"/>	DISCUSSION
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	REVIEW & APPROVAL



AGENDA ITEM SUMMARY

AGENDA ITEM: **10-A**

TITLE	BCBS Health & Dental Benefits for 2025
MEETING DATE	October 17, 2024
SUBMITTED BY	David J. Avila, Board President

SUMMARY	
ATTACHMENTS	
<ul style="list-style-type: none">BCBS Health & Dental Benefits for 2025	

ACTION PROPOSED				
<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	DISCUSSION	<input checked="" type="checkbox"/> REVIEW & APPROVAL
<input type="checkbox"/>	OTHER			

Renewal at a Glance

Current and Renewal Medical Plans and Premiums

Your group's current Medical plan(s) and suggested plans for the upcoming year are listed below.

If these plans aren't a good fit for the new year, don't worry, you've got more plans to choose from in the [Medical Plans](#) section.

	Current Plan	Renewal Plan
Plan ID	P503PPO	P503PPO
Metallic	Platinum	Platinum
Network Name	Blue PPO	Blue PPO
Deductible In-Network // Out-of-Network	\$250//\$500	\$350//\$700
Primary Care/Telehealth Visit	\$30/\$30	\$35/\$35
Coinsurance In-Network // Out-of-Network	80%//50%	80%//50%
Out-of-Pocket Max In-Network // Out-of-Network	\$1500//Unlimited	\$1750//Unlimited
Specialist Office Visit	\$60	\$70
Non Preferred Pharmacy Copays	\$10/\$20/\$55/\$95/\$150/\$250	\$15/\$25/\$65/\$105/\$250/\$350

More information on rates is available in the [Appendix – Monthly Medical Premiums](#) section. To view other plans, see the [Medical Plans](#) section.

Current and Renewal Metallic Medical Plans and Premium - Age Rates

				Current Plan ID: P503PPO				Renewal Plan ID: P503PPO			
Employee	DOB	Age	State	Employee Rates	Spouse Rates	Child Rates	Total	Employee Rates	Spouse Rates	Child Rates	Total
1 ARREOLA, CYNTHIA	11/16/1990	34	IL	\$747.72			\$747.72	\$803.75			\$803.75
2 AVILA, DAVID	09/20/1974	50	IL	\$1,064.78	\$1,020.47	\$954.94	\$3,040.19	\$1,182.46	\$1,129.49	\$1,012.96	\$3,324.91
3 CABRERA, MAURICIO	06/30/1996	28	IL	\$654.10			\$654.10	\$719.67			\$719.67
4 GARCIA, KRYSTAL	01/25/1993	31	IL	\$708.40			\$708.40	\$767.34			\$767.34
5 NAVA, SALMA	10/05/1997	27	IL	\$639.12			\$639.12	\$693.85			\$693.85
6 RIGGAN, CLAYTON	01/26/1994	30	IL	\$698.41	\$698.41		\$1,396.82	\$751.45	\$751.45		\$1,502.90
7 RUIZ, YETLANEZI	12/26/1999	25	IL	\$624.14			\$624.14	\$664.72			\$664.72
8 VILLALBA, JESUS	02/01/2000	24	IL	\$624.14			\$624.14	\$662.07			\$662.07
Total Monthly Medical Premium				\$8,434.63				\$9,139.21			

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Renewal at a Glance

Total Monthly Renewal Premium - Age Rates

Plan ID	Plan Name	Enrolled Count	Total Monthly Medical Cost
P503PPO	Blue PPO Platinum 119 - Rx Copays	8	\$9,139.21
Total Monthly Medical Premium			\$9,139.21

See [Appendix – Medical Rate Contingencies](#) in the Appendix section for more information about your rates.

[Medical Plans](#) section.

[Go Back to Renewal Contents](#)

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Renewal at a Glance

Current and Renewal Dental Plans and Premiums

Our records show that your employees and their dependents have the following dental coverage. All stand-alone dental plans may be either composite- or age-rated, depending on your preference. If you are renewing your medical plan, the same rating (composite or age) must be applied to your dental plan. If you are renewing your medical plan, the same rating (composite or age) must be applied to your dental plan.

If 10 or more employees are enrolled for dental coverage, you may choose to offer two dental plan options. For dental pairing options, see [Dental Rate Contingencies and Plan Pairings](#) in the Appendix section.

	Current Dental Plan	Renewal Dental Plan
Plan ID	DILHM10	DILHM10
Coverage Allocation	High Allocation	High Allocation
Deductible In-Network // Out-of-Network	\$50//\$50	\$50//\$50
Annual Benefit Max	\$1500/\$1000	\$1500/\$1000
Out-of-Network Reimbursement	MAC	MAC
Coinsurance In-Network	100%/80%/50%/NA	100%/80%/50%/NA
Coinsurance Out-of-Network	80%/60%/40%/NA	80%/60%/40%/NA
Orthodontia Lifetime Max	N/A	N/A

Current and Renewal Dental Plans and Premiums – Age Rates

					Current Dental Plan ID: DILHM10				Renewal Dental Plan ID: DILHM10			
	Employee	DOB	Age	State	Employee Rates	Spouse Rates	Child Rates	Total	Employee Rates	Spouse Rates	Child Rates	Total
1	ARREOLA, CYNTHIA	11/16/1990	34	IL	\$35.82			\$35.82	\$36.89			\$36.89
2	AVILA, DAVID	09/20/1974	50	IL	\$35.82	\$35.82	\$65.46	\$137.10	\$36.89	\$36.89	\$67.44	\$141.22
3	CABRERA, MAURICIO	06/30/1996	28	IL	\$35.82			\$35.82	\$36.89			\$36.89
4	GARCIA, KRYSTAL	01/25/1993	31	IL	\$35.82			\$35.82	\$36.89			\$36.89
5	NAVA, SALMA	10/05/1997	27	IL	\$35.82			\$35.82	\$36.89			\$36.89
6	RIGGAN, CLAYTON	01/26/1994	30	IL	\$35.82	\$35.82		\$71.64	\$36.89	\$36.89		\$73.78
7	RODRIGUEZ, JESSICA	12/21/1974	50	IL	\$35.82			\$35.82	\$36.89			\$36.89
8	RUIZ, YETLANEZI	12/26/1999	25	IL	\$35.82			\$35.82	\$36.89			\$36.89

[Go Back to Renewal Contents](#)

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Renewal at a Glance

Current and Renewal Dental Plans and Premiums – Age Rates

					Current Dental Plan ID: DILHM10				Renewal Dental Plan ID: DILHM10			
	Employee	DOB	Age	State	Employee Rates	Spouse Rates	Child Rates	Total	Employee Rates	Spouse Rates	Child Rates	Total
9	VILLALBA, JESUS	02/01/2000	24	IL	\$35.82			\$35.82	\$36.89			\$36.89
Total Monthly Dental Premium					\$459.48				\$473.23			

Total Monthly Renewal Premium

Plan ID	Plan Name	Enrolled Count	Total Monthly Dental Cost
DILHM10	Blue Care Dental PPO DILHM10	9	\$473.23
Total Monthly Dental Premium			\$473.23

See [Dental Rate Contingencies and Plan Pairings](#) in the Appendix section for more information about your rates.

Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network/Out-of-Network	Individual Out-of-Pocket Max In-Network/Out-of-Network	Coinsurance In-Network/Out-of-Network	Primary Care/Ref Health Visit	Specialist Office Visit	ER Copay/Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network/Out-of-Network	Non-Preferred Pharmacy Copays	Total Monthly Medical Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Medical Cost - Composite Rates
Blue Choice Preferred PPO Network															
PPO Plans															
Platinum															
P5E2BCE	\$350// \$700	\$1750// Unlimited	80%/ 50%	\$35/\$35	\$70	\$400// 80%	\$70	\$200// \$300	\$15/\$25/\$85/ \$105/\$250/\$350	\$7,199.48	\$663.55	\$1,327.10	\$1,227.57	\$1,891.12	\$7,199.52
P5E1BCE	\$600// \$1200	\$1750// Unlimited	90%/ 60%	\$25/\$25	\$50	\$400// 90%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$7,209.43	\$664.46	\$1,328.92	\$1,229.25	\$1,893.71	\$7,209.39
P5M1BCE	\$1500// \$3000	\$3000// \$6000	100%/ 80%	\$15/\$15	\$30	\$200// 100%	\$50	DC// \$250	\$15/\$25/\$80/ \$130/\$250/\$350	\$7,118.02	\$656.04	\$1,312.08	\$1,213.67	\$1,869.71	\$7,118.03
Gold															
G534BCE	\$1100// \$2200	\$8000// Unlimited	80%/ 50%	\$50/\$50	\$75	\$500// 80%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,080.94	\$560.46	\$1,120.92	\$1,036.85	\$1,597.31	\$6,080.99
G532BCE	\$1600// \$3200	\$6500// Unlimited	80%/ 50%	\$45/\$45	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,117.53	\$563.83	\$1,127.66	\$1,043.09	\$1,606.92	\$6,117.56
G536BCE	\$2100// \$4200	\$6000// Unlimited	90%/ 60%	\$50/\$50	\$75	\$500// 90%	\$75	\$200// \$300	\$20/\$30/\$80/ \$130/\$350/\$450	\$6,109.11	\$563.05	\$1,126.10	\$1,041.84	\$1,604.69	\$6,109.09
G5M2BCE	\$2500// \$5000	\$7500// \$15000	100%/ 80%	\$30/\$30	\$60	\$300// 100%	\$75	\$150// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,310.78	\$581.64	\$1,163.28	\$1,076.03	\$1,657.67	\$6,310.79
G531BCE	\$2600// \$5200	\$5250// Unlimited	80%/ 50%	\$25/\$25	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$65/ \$105/\$250/\$350	\$6,159.35	\$567.68	\$1,136.36	\$1,050.21	\$1,617.89	\$6,159.33
G537BCE	\$3200// \$6400	\$3200// \$6400	100%/ 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$6,074.15	\$559.83	\$1,119.66	\$1,035.69	\$1,595.52	\$6,074.16
G530BCE	\$4000// \$8000	\$5500// \$11000	100%/ 100%	\$50/\$50	\$70	\$500// 100%	\$75	\$250// \$350	\$15/\$25/\$65/ \$105/\$250/\$350	\$5,980.59	\$551.21	\$1,102.42	\$1,019.74	\$1,570.95	\$5,980.63
Silver															
S532BCE	\$3700// \$7400	\$9200// Unlimited	60%/ 50%	\$60/\$60	\$80	\$500// 60%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$5,353.61	\$493.42	\$986.84	\$912.83	\$1,406.25	\$5,353.61
S531BCE	\$5100// \$10200	\$9200// Unlimited	70%/ 50%	\$50/\$50	\$75	\$500// 70%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$5,323.93	\$490.68	\$981.36	\$907.76	\$1,398.44	\$5,323.88
S535BCE	\$8000// \$16000	\$9200// \$18400	100%/ 100%	\$50/\$50	\$75	\$500// 100%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$5,310.27	\$489.43	\$978.86	\$905.45	\$1,394.88	\$5,310.32
HSA Plans															
Gold															
G533BCE	\$3300// \$6600	\$3800// Unlimited	90%/ 60%	DC/DC	DC	DC// 90%	DC	DC// DC	80%/60%/70%/ 60%/60%/50%	\$5,922.74	\$545.87	\$1,091.74	\$1,009.86	\$1,555.73	\$5,922.69
G535BCE	\$3300// \$6600	\$5250// Unlimited	80%/ 50%	DC/DC	DC	DC// 80%	DC	DC// DC	80%/60%/70%/ 60%/60%/50%	\$5,715.00	\$526.73	\$1,053.46	\$974.45	\$1,501.18	\$5,715.02
Silver															
S534BCE	\$5350// \$10700	\$5350// \$10700	100%/ 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,287.35	\$487.31	\$974.62	\$901.52	\$1,388.83	\$5,287.31

Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network/Out-of-Network	Individual Out-of-Pocket Max In-Network/Out-of-Network	Coinsurance In-Network/Out-of-Network	Primary Care/Health Visit	Specialist Office Visit	ER Consult/Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network/Out-of-Network	Non-Preferred Pharmacy Copays	Total Monthly Medical Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Medical Cost - Composite Rates
Bronze															
S5J1BCE	\$6350// \$12700	\$6350// \$12700	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,237.93	\$482.76	\$965.52	\$893.11	\$1,375.87	\$5,237.95
Bronze															
B536BCE	\$7050// \$14100	\$7400// Unlimited	80%// 50%	DC/DC	DC	\$250// 80%	DC	DC// DC	80%/80%/70%/ 60%/60%/50%	\$4,847.57	\$446.78	\$893.56	\$826.54	\$1,273.32	\$4,847.56
B535BCE	\$7300// \$14600	\$7300// \$14600	100%// 100%	DC/DC	DC	\$250// 100%	DC	DC// DC	100%	\$4,913.82	\$452.89	\$905.78	\$837.85	\$1,290.74	\$4,913.86
B5N1BCE	\$7350// \$14700	\$7600// Unlimited	70%// 50%	DC/DC	DC	\$1000// 70%	DC	\$500// DC	80%/80%/70%/ 80%/60%/50%	\$4,783.63	\$440.89	\$881.78	\$815.65	\$1,256.54	\$4,783.66
Blue Precision HMO Network															
HMO Plans															
Platinum															
P506PSN ¹	\$0// Not Covered	\$1750// Not Covered	100%// Not Covered	\$15/\$15	\$45	\$300// 100%	\$45	\$150// Not Covered	\$5/\$15/\$60// \$110/\$250/\$350	\$5,605.39	\$516.63	\$1,033.26	\$955.77	\$1,472.40	\$5,605.44
P5J1PSN ¹	\$0// Not Covered	\$2500// Not Covered	100%// Not Covered	\$25/\$25	\$40	\$300// 100%	\$40	\$150// Not Covered	\$5/\$15/\$60// \$110/\$250/\$350	\$5,574.05	\$513.74	\$1,027.48	\$950.42	\$1,464.16	\$5,574.08
P5E1PSN ¹	\$1100// Not Covered	\$3100// Not Covered	80%// Not Covered	\$30/NA	\$60	\$400// 80%	\$60	\$200// Not Covered	\$5/\$15/\$60// \$110/\$250/\$350	\$5,359.39	\$493.95	\$987.90	\$913.81	\$1,407.76	\$5,359.36
Gold															
G5J2PSN ¹	\$0// Not Covered	\$5000// Not Covered	100%// Not Covered	\$50/\$50	\$70	\$500// 100%	\$70	\$300// Not Covered	\$10/\$20/\$50// \$100/\$250/\$350	\$5,083.61	\$468.54	\$937.08	\$866.80	\$1,335.34	\$5,083.66
G5N1PSN ¹	\$0// Not Covered	\$6500// Not Covered	80%// Not Covered	\$45/\$45	\$65	\$300// 100%	\$65	\$1000// Not Covered	\$10/\$20/\$50// \$100/\$250/\$350	\$4,872.39	\$449.07	\$898.14	\$830.78	\$1,279.85	\$4,872.41
G532PSN ¹	\$2850// Not Covered	\$9200// Not Covered	70%// Not Covered	\$60/NA	\$85	\$1000// 70%	\$85	\$400// Not Covered	\$10/\$20/\$50// \$100/\$250/\$350	\$4,718.63	\$434.90	\$869.80	\$804.57	\$1,239.47	\$4,718.67
Silver															
S531PSN ¹	\$3350// Not Covered	\$9200// Not Covered	70%// Not Covered	\$35/\$35	\$70	\$500// 70%	\$70	\$750// Not Covered	\$10/\$20/\$50// \$100/\$250/\$350	\$4,413.98	\$406.82	\$813.64	\$752.62	\$1,159.44	\$4,414.00
S530PSN ¹	\$7100// Not Covered	\$9200// Not Covered	70%// Not Covered	\$60/\$60	\$85	\$700// 70%	\$85	\$300// Not Covered	\$5/\$15/\$60// \$110/\$250/\$350	\$4,359.59	\$401.81	\$803.62	\$743.35	\$1,145.16	\$4,359.64
Blue Options Tiered Product - Blue Options PPO Network															
PPO Plans															
Platinum															
P5N1OPT	\$350 BC / \$850 PPO// \$1700	\$2500 BC / \$7000 PPO// Unlimited	90% BC / 70% PPO// 50%	\$20 BC / \$35 PPO	\$40 BC / \$70 PPO	\$200// 90%	\$75	\$150 BC / \$450 PPO// \$550	\$25/\$35/\$80// \$130/\$350/\$450	\$7,862.77	\$724.68	\$1,449.36	\$1,340.66	\$2,065.34	\$7,862.78
Gold															
G506OPT	\$850 BC / \$2100 PPO// \$4200	\$7000 BC / \$8750 PPO// Unlimited	80% BC / 60% PPO// 50%	\$45 BC / \$65 PPO	\$70 BC / \$110 PPO	\$600// 80%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80// \$130/\$350/\$450	\$6,687.22	\$616.33	\$1,232.86	\$1,140.21	\$1,756.54	\$6,687.18

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network/Out-of-Network	Individual Out-of-Pocket Max In-Network/Out-of-Network	Coinsurance In-Network/Out-of-Network	Primary Care/Telehealth Visit	Specialist Office Visit	ER Copay/Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network/Out-of-Network	Non-Preferred Pharmacy Copays	Total Monthly Medical Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Medical Cost - Composite Rates
G508OPT	\$1600 BC / \$3850 PPO// \$7700	\$6150 BC / \$8150 PPO// Unlimited	90% BC / 70% PPO// 50%	\$40 BC / \$65 PPO	\$60 BC / \$110 PPO	\$600// 90%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$6,682.10	\$615.86	\$1,231.72	\$1,139.34	\$1,755.20	\$6,682.08
G507OPT	\$2100 BC / \$3600 PPO// \$7200	\$4600 BC / \$7600 PPO// Unlimited	90% BC / 70% PPO// 50%	\$40 BC / \$65 PPO	\$60 BC / \$110 PPO	\$400// 90%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$6,789.37	\$625.75	\$1,251.50	\$1,157.64	\$1,783.39	\$6,789.39
G5M3OPT	\$3000 BC / \$5500 PPO// \$11000	\$7500 BC / \$9000 PPO// Unlimited	100% BC / 80% PPO// 50%	\$25 BC / \$50 PPO	\$50 BC / \$100 PPO	\$300// 100%	\$75	\$150 BC / \$400 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$6,664.15	\$614.21	\$1,228.42	\$1,136.29	\$1,750.50	\$6,664.18
Silver															
S506OPT	\$5350 BC / \$6350 PPO// \$12700	\$8400 BC / \$9200 PPO// Unlimited	80% BC / 60% PPO// 50%	\$55 BC / \$75 PPO	\$80 BC / \$120 PPO	\$600// 80%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$5,865.74	\$540.62	\$1,081.24	\$1,000.15	\$1,540.77	\$5,865.73
HSA Plans*															
Gold															
G5K1OPT	\$3300 BC / \$4700 PPO// \$9900	\$3300 BC / \$6650 PPO// Unlimited	100% BC / 80% PPO// 60%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$6,570.56	\$605.58	\$1,211.16	\$1,120.32	\$1,725.90	\$6,570.54
Silver															
S507OPT	\$4900 BC / \$5600 PPO// \$16500	\$4900 BC / \$7350 PPO// Unlimited	100% BC / 70% PPO// 50%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,860.65	\$540.15	\$1,080.30	\$999.28	\$1,539.43	\$5,860.63
S5N1OPT	\$5350 BC / \$6350 PPO// \$19050	\$5350 BC / \$7600 PPO// Unlimited	100% BC / 70% PPO// 50%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,804.44	\$534.97	\$1,069.94	\$989.69	\$1,524.66	\$5,804.42
Blue PPO Network															
PPO Plans															
Platinum															
P503PPO	\$350// \$700	\$1750// Unlimited	80%// 50%	\$35/\$35	\$70	\$400// 80%	\$70	\$200// \$300	\$15/\$25/\$65/ \$105/\$250/\$350	\$9,139.21	\$842.32	\$1,684.64	\$1,558.29	\$2,400.61	\$9,139.17
P5E1PPO	\$600// \$1200	\$1750// Unlimited	90%// 60%	\$25/\$25	\$50	\$400// 90%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$9,150.80	\$843.39	\$1,686.78	\$1,560.27	\$2,403.66	\$9,150.78
P5M1PPO	\$1500// \$3000	\$3000// \$6000	100%// 80%	\$15/\$15	\$30	\$200// 100%	\$50	DC// \$250	\$15/\$25/\$80/ \$130/\$250/\$350	\$9,038.44	\$833.04	\$1,666.08	\$1,541.12	\$2,374.16	\$9,038.48
Gold															
G534PPO	\$1100// \$2200	\$8000// Unlimited	80%// 50%	\$50/\$50	\$75	\$500// 80%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$7,743.77	\$713.71	\$1,427.42	\$1,320.36	\$2,034.07	\$7,743.75
G532PPO	\$1600// \$3200	\$6500// Unlimited	80%// 50%	\$45/\$45	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$7,792.78	\$718.23	\$1,436.46	\$1,328.73	\$2,046.96	\$7,792.80
G536PPO	\$2100// \$4200	\$6000// Unlimited	90%// 60%	\$50/\$50	\$75	\$500// 90%	\$75	\$200// \$300	\$20/\$30/\$80/ \$130/\$350/\$450	\$7,633.32	\$703.53	\$1,407.06	\$1,301.53	\$2,005.06	\$7,633.30
G5M2PPO	\$2500// \$5000	\$7500// \$15000	100%// 80%	\$30/\$30	\$60	\$300// 100%	\$75	\$150// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$8,034.77	\$740.53	\$1,481.06	\$1,369.98	\$2,110.51	\$8,034.75
G531PPO	\$2600// \$5200	\$5250// Unlimited	80%// 50%	\$25/\$25	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$65/ \$105/\$250/\$350	\$7,845.65	\$723.10	\$1,446.20	\$1,337.74	\$2,060.84	\$7,845.64
G537PPO	\$3200// \$6400	\$3200// \$6400	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$7,753.46	\$714.60	\$1,429.20	\$1,322.01	\$2,036.61	\$7,753.41

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network/Out-of-Network	Individual Out-of-Network/Out-of-Network	Coinsurance In-Network/Out-of-Network	Primary Care/Health Visit	Specialist Office Visit	ER Consult/Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network/Out-of-Network	Non-Preferred Pharmacy Copays	Total Monthly Medical Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Medical Cost - Composite Rates
G530PPO	\$4000// \$8000	\$5500// \$11000	100%/100%	\$50/\$50	\$70	\$500// 100%	\$75	\$250// \$350	\$15/\$25/\$65/ \$105/\$250/\$350	\$7,627.55	\$703.00	\$1,406.00	\$1,300.55	\$2,003.55	\$7,627.55
Silver															
S532PPO	\$3700// \$7400	\$9200// Unlimited	60%/50%	\$60/\$60	\$80	\$500// 60%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,840.02	\$630.42	\$1,260.84	\$1,166.28	\$1,796.70	\$6,840.06
S531PPO	\$5100// \$10200	\$9200// Unlimited	70%/50%	\$50/\$50	\$75	\$500// 70%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,799.71	\$626.70	\$1,253.40	\$1,159.40	\$1,786.10	\$6,799.70
S535PPO	\$8000// \$16000	\$9200// \$18400	100%/100%	\$50/\$50	\$75	\$500// 100%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,786.20	\$625.46	\$1,250.92	\$1,157.10	\$1,782.56	\$6,786.24
HSA Plans*															
Gold															
G533PPO	\$3300// \$6600	\$3800// Unlimited	90%/60%	DC/DC	DC	DC// 90%	DC	DC// DC	80%/80%/70%/60%/60%/50%	\$7,568.98	\$697.60	\$1,395.20	\$1,290.56	\$1,988.16	\$7,568.96
G535PPO	\$3300// \$6600	\$5250// Unlimited	80%/50%	DC/DC	DC	DC// 80%	DC	DC// DC	80%/80%/70%/60%/60%/50%	\$7,312.53	\$673.97	\$1,347.94	\$1,246.84	\$1,920.81	\$7,312.57
Silver															
S534PPO	\$5350// \$10700	\$5350// \$10700	100%/100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$6,775.68	\$624.49	\$1,248.98	\$1,155.31	\$1,779.80	\$6,775.72
S531PPO	\$6350// \$12700	\$6350// \$12700	100%/100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$6,718.97	\$619.26	\$1,238.52	\$1,145.63	\$1,764.89	\$6,718.97
Bronze															
B536PPO	\$7050// \$14100	\$7400// Unlimited	80%/50%	DC/DC	DC	\$250// 80%	DC	DC// DC	80%/80%/70%/60%/60%/50%	\$6,231.13	\$574.30	\$1,148.60	\$1,062.46	\$1,636.76	\$6,231.16
B535PPO	\$7300// \$14600	\$7300// \$14600	100%/100%	DC/DC	DC	\$250// 100%	DC	DC// DC	100%	\$6,313.68	\$581.91	\$1,163.82	\$1,076.53	\$1,658.44	\$6,313.72
B531PPO	\$7350// \$14700	\$7600// Unlimited	70%/50%	DC/DC	DC	\$1000// 70%	DC	\$500// DC	80%/80%/70%/60%/60%/50%	\$6,152.44	\$567.05	\$1,134.10	\$1,049.04	\$1,616.09	\$6,152.49

Further plan details are available in each plan's Summary of Benefits and Coverage (SBC) and/or Benefit Booklet. It is important to review these materials before making a final coverage decision.

ER and in-patient copays are per-occurrence deductibles. Members are responsible for the listed copay amount and the rest of the billable charges are subject to deductible and coinsurance.

DC = Deductible and Coinsurance.

*1 Plan applies copays on the following services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging and Outpatient Surgery. See Summary of Benefits and Coverage for a full list of copay amounts.

*HSA plan includes a mandatory employer contribution, please refer to the [Appendix - Plan Notes](#) section of this renewal exhibit.

The total monthly medical premium is based on all currently enrolled members.

See the [Appendix - Summary of Benefits and Coverage](#) section for instructions to pull SBCs.

See the [Appendix - Plan Notes](#) section for benefit details.

Dental Plans



Complete your health care coverage with a dental plan.

Small businesses with 10 or more employees may offer two dental plan options. For dental pairing rules, see the [Appendix - Dental Rate Contingencies and Plan Pairings](#) section.

Plan ID	Plan Type	Deductible In-Network/ Out-of-Network ³	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-of-Network	Orthodontia Lifetime Max	Total Monthly Dental Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Dental Cost - Composite Rates
Contributory Group													
High Allocation													
DILHR30 ⁵⁶	Passive	\$25/\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$903.99	\$69.81	\$139.62	\$171.03	\$275.75	\$904.04
DILHR31 ⁵⁶	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$810.19	\$62.56	\$125.12	\$153.27	\$247.11	\$810.15
DILHR32 ⁵⁶	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$758.89	\$58.60	\$117.20	\$143.57	\$231.47	\$758.87
DILHR33 ⁵⁶	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$684.28	\$52.84	\$105.68	\$129.46	\$208.72	\$684.28
DILHR34 ⁵⁶	Active	\$50/\$75	\$1500/\$1000	90th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000	\$538.07	\$41.55	\$83.10	\$101.80	\$164.12	\$538.07
DILHR35 ⁵⁶	Active	\$0/\$0	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	\$823.29	\$63.58	\$127.16	\$155.77	\$251.14	\$823.36
DILHM38 ⁵⁶	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$444.23	\$34.30	\$68.60	\$84.04	\$135.49	\$444.19
DILHM40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/50%	80%/60%/40%/NA	N/A	\$411.80	\$31.80	\$63.60	\$77.91	\$125.61	\$411.81
DILHM42 ³⁵	Passive	\$25/\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A	\$213.36	\$16.47	\$32.94	\$40.35	\$65.06	\$213.29
DILHR50 ⁵⁵	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	N/A	\$643.57	\$49.70	\$99.40	\$121.77	\$196.32	\$643.62
DILHM57 ⁵⁶	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$618.46	\$47.76	\$95.52	\$117.01	\$188.65	\$618.49
DILHR61 ⁵⁵	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$715.96	\$55.29	\$110.58	\$135.46	\$218.40	\$716.01
Low Allocation													
DILLR36 ⁵⁵	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	N/A	\$538.05	\$41.55	\$83.10	\$101.80	\$164.12	\$538.07
DILLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	N/A	\$298.36	\$23.04	\$46.08	\$56.45	\$91.01	\$298.37
DILLM51 ⁵⁵	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$404.45	\$31.23	\$62.46	\$76.51	\$123.36	\$404.43
DILLR58 ⁵⁵	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$572.42	\$44.20	\$88.40	\$108.29	\$174.59	\$572.39
DILLR62 ⁵⁵	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$625.03	\$48.26	\$96.52	\$118.24	\$190.63	\$624.97
Voluntary Group													
High Allocation													
DILHR43 ¹⁵	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$720.94	\$55.67	\$111.34	\$136.39	\$219.90	\$720.93
DILHM44 ¹	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/50%	80%/60%/40%/NA	N/A	\$443.21	\$34.22	\$68.44	\$83.84	\$135.17	\$443.15
DILHR45 ¹	Active	\$25/\$75	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	\$687.79	\$53.11	\$106.22	\$130.12	\$209.78	\$687.77
DILHM46 ³⁵	Passive	\$25/\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A	\$234.47	\$18.11	\$36.22	\$44.37	\$71.53	\$234.52
DILHR53 ¹⁵	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	N/A	\$691.94	\$53.43	\$106.86	\$130.90	\$211.05	\$691.92

Dental Plans



Complete your health care coverage with a dental plan.

Small businesses with 10 or more employees may offer two dental plan options. For dental pairing rules, see the [Appendix - Dental Rate Contingencies and Plan Pairings](#) section.

Plan ID	Plan Type	Deductible In-Network ¹ Out-of-Network ²	Annual Benefit Max	Out-of-Network Reimb	Coinsurance In-Network	Coinsurance Out-of-Network	Orthodontia Lifetime Max	Total Monthly Dental Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Dental Cost - Composite Rates
Low Allocation													
DILHM59 ^{11s}	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$650.91	\$50.26	\$100.52	\$123.14	\$198.53	\$650.87
Low Allocation													
DILLR47 ^{11s}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$641.70	\$49.55	\$99.10	\$121.40	\$195.72	\$641.67
DILLR48 ^{11s}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$663.21	\$51.21	\$102.42	\$125.46	\$202.28	\$663.17
DILLM49 ^{11s}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$390.34	\$30.14	\$60.28	\$73.84	\$119.05	\$390.31
DILLR64 ^{11s}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$580.18	\$44.80	\$89.60	\$109.76	\$176.96	\$580.16
DILLM55 ^{11s}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$436.49	\$33.71	\$67.42	\$82.59	\$133.15	\$436.54
DILLM56 ¹¹	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A	\$369.82	\$28.56	\$57.12	\$69.97	\$112.81	\$369.85
DILLR60 ^{1141s}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$617.71	\$47.70	\$95.40	\$116.87	\$188.42	\$617.72

Dental Group Size : B

Coinsurance Type I: Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type II: Fillings/Non-Surgical Period/Non-Surgical Extractions (both High & Low), Endo/Period/Oral Surgery (High).

Coinsurance Type III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Period/Oral Surgery (Low).

Coinsurance Type IV: Ortho Adult Coverage and dependent children to age 19.

High - Endodontics, Periodontics, and Oral Surgery services covered in Type II.

Low - Endodontics, Periodontics, and Oral Surgery services covered in Type III.

Passive - Plans have the same benefits In and Out of Network.

Active - Plans have a richer In Network Benefit.

Reasonable & Customary (R&C) Average fee charged by a particular type of health care practitioner within a geographic area.

Maximum Allowable Charge (MAC) Contracting dentists have agreed. Non contracting dentists will be paid the same allowable amount for services but will likely balance bill members for the difference between their charges and the allowable amount.

Contributory Group = (>70% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation).

Passive Dental - A group dental program where the key plan components are identical in and out of network. However, out of pocket costs are less if an in network provider is utilized due to the discounted fee.

Active Dental - A group dental program where the key plan components are dissimilar in and out of network. These are often referred to as "Incentive PPOs" since employees are enticed by richer benefits to utilize network providers.

*1 Waiting Period 12 months applicable for Surgical Period/Major Restorative/Prosthodontics/Misc Rest & Prosthetic Services.

*2 Waived Deductible applies to all Class I services and Class IV Orthodontic services.

*3 Only Basic Restorative Services are covered under Class II.

*4 Prev/Day does not count toward annual max.

*5 Plans have the same benefits In and Out of Network.

*6 Implants are covered at the same percentage as prosthodontics.

The rates shown are based on your current enrollment status. If you are considering adding members and need rates associated with that change please reach out to your Marketing Representative for rates.

See the [Appendix - Dental Benefit Coverage](#) for benefit details.

Standalone Vision Plans

Plan Name	Frequency Eye/Lens/Frame	Lens Copay	Allowance (Frame & Contacts)	Funded Fit and Follow up	Funded Standard Progressive	Funded Scratch Coating	Funded Kids Polycarb
Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes
Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes
Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes

See Appendix - Monthly Standalone Vision Premiums for Rates information.

Benefit notes:

1. Membership must be submitted 30 days prior to the effective date.
2. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees or the imposition on any new taxes, fees or assessments by Federal or State regulatory agencies.
3. Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider location to determine which participating providers have agreed to the discounted rate.
4. Rate estimates are based on the schedule of benefits, census provided and the following assumptions:
 - a. All active full-time employees are eligible for coverage. Full-time means that the employee is actively employed at least 30 hours each week on a regularly scheduled basis for the employer as of the effective date. Actively employed means the employee is performing the normal duties of their occupation as part of an employee-employer relationship.
 - b. The greater of 20% or 2 eligible employees are enrolled at the time of sale.
5. Employees must be legally working in the United States in order to be eligible for coverage. This insurance policy must be purchased by and issued to the U.S. parent company customer located in the United States. If there are employees who are residents of Canada, we must be advised before the point of sale so that we can ensure compliance with the laws of Canada.
6. This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.
7. Vision rates are guaranteed for the initial 48 months.
8. Vision Insurance servicing is administered by Dearborn Life Insurance Company. Vision Insurance claims are administered by EyeMed Vision Care LLC.
9. Standalone Vision is underwritten by Dearborn Life Insurance Company.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Renewal Generation Date : Sep 20, 2024

Employee Basic Life Plans

Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
Plan 1	\$15,000	N/A	35% at 65 / 50% at 70
Plan 2	\$25,000	N/A	35% at 65 / 50% at 70
Plan 3	\$50,000	N/A	35% at 65 / 50% at 70

See [Appendix - Monthly Employee Basic Life Premiums](#) for Rates information.

Benefit notes:

1. Employee benefits reduce by 35% of the original amount at age 65, and by 50% of the original amount at age 70.
2. All benefits will terminate at retirement.
3. An accelerated death benefit and waiver of premium benefit will be included.
4. AD&D features include Seat-belt, Air Bag, Repatriation, and Education benefits.
5. Rate estimates are based on the schedule of benefits, census provided and the following assumptions:
 - a. The employer contributes 100% of the cost of Basic Life/AD&D.
 - b. All active full-time employees are eligible for coverage. Full-time means that the employee is actively employed at least 30 hours each week on a regularly scheduled basis for the employer as of the effective date. Actively employed means the employee is performing the normal duties of their occupation as part of an employee-employer relationship.
 - c. All eligible employees are insured in Basic Life/AD&D.
6. Employees must be legally working and living in the United States in order to be eligible for coverage.
7. Basic Life/AD&D rates are guaranteed for the initial 24 months.
8. This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and provisions of our contract. Please refer to the policy for details and limitations of coverage. In case of conflict between this proposal and the policy, the terms of the policy will govern.
9. Basic Life and AD&D is underwritten and administered by Dearborn Life Insurance Company.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical and Dental products are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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Supplemental Life Plans

Plan Name	Plan Benefit	Benefit Maximum
Plan 1*	Employee / Spouse / Child	\$500,000 Employee / \$150,000 Spouse / \$10,000 Child

* Guarantee Issue: Fully underwritten (2 – 5 Lives)

\$30,000 (6 – 9 Lives)

\$50,000 (10 – 25 Lives)

\$100,000 (26 – 50 Lives)

See [Appendix - Monthly Supplemental Life Premiums](#) for Rates information.

Benefit notes:

1. Employee benefits reduce by 35% of the original amount at age 65 and by 50% of the original amount at age 70.
2. Supplemental Employee Life elections can be selected in increments of \$10,000, with a minimum of \$10,000 and maximum of \$500,000.
3. Supplemental Dependent Spouse elections can be selected in increments of \$5,000, with a minimum of \$5,000 and maximum of \$150,000.
4. Evidence of Insurability is required for all Supplemental Employee Life and AD&D amounts for 2-5 eligible lives and all which exceed the guarantee issue limit of \$30,000 for 6-9 eligible lives, \$50,000 for 10-25 eligible lives, \$100,000 for 26-50 eligible lives, and on all late applications.
5. Evidence of Insurability is required for all Supplemental Dependent Spouse Life and AD&D amounts for 2-9 eligible lives and all which exceed the guarantee issue limit of \$25,000.
6. Rate estimates are based on the schedule of benefits, census provided and the following assumptions:
 - a. The employer contributes 0% of the cost of Supplemental Life/AD&D.
 - b. All active full-time employees are eligible for coverage. Full-time means that the employee is actively employed at least 30 hours each week on a regularly scheduled basis for the employer as of the effective date. Actively employed means the employee is performing the normal duties of their occupation as part of an employee-employer relationship.
 - c. At least 20% of eligible employees are enrolled at the time of sale.
7. All benefits will terminate at retirement.
8. Employees must be legally working and living in the United States in order to be eligible for coverage.
9. Supplemental Life/AD&D rates are guaranteed for the initial 24 months.
10. Basic Life/AD&D must be in force or sold alongside Supplemental Life/AD&D, in order to issue Supplemental Life/AD&D insurance.
11. This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and provisions of our contract. Please refer to the policy for details and limitations of coverage. In case of conflict between this proposal and the policy, the terms of the policy will govern.
12. Supplemental Life and AD&D is underwritten and administered by Dearborn Life Insurance Company.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Renewal Generation Date : Sep 20, 2024

Enhancing Employer Benefits

Small business owners face the same challenges as larger businesses when it comes to attracting and retaining quality employees while containing costs.

An employee benefits program is a valuable asset, but it must include the right mix of products at a price that works for everyone, including:

Group Dental

Dental plans are available as a separate plan from BCBSIL.

Standalone Vision

Available to groups between 2-50 eligible employees when paired with medical or dental.

Group Term Life Insurance

The loss of the primary family wage-earner can threaten the futures of other family members. Life insurance is a great way to provide for loved ones in the event of an untimely death. It can be one of the most valuable investments a person can make.

Accidental Death & Dismemberment (AD&D)

These plans pay an additional benefit if an employee dies or suffers dismemberment or paralysis as the result of an accident.

Dependent Life Benefit

Provides employers with the option to add a dependent life benefit to the term life insurance plan and provide protection for an employee's spouse and children.

Group Short-Term and Long-Term Disability Insurance

Short-term and long-term disability insurance protects employees who cannot work because of a disability caused by illness or injury. But as a disability carrier, BCBSIL does more than pay claims—we manage them, helping to control costs through a disability claim management program that focuses on returning employees to work.

Critical Illness

Critical Illness Insurance pays cash directly to the insured individual for the unplanned expenses of a critical illness.

Accident

Accident Insurance provides cash directly to the insured individual for the unexpected costs of an accidental injury.



Talk to your Producer or call the Small Group Account Management Team for more information.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Medical Census

This census represents enrollment at the time the renewal was prepared. It may not reflect current enrollment.

	Name	Relationship	DOB	Age	Coverage Type **	State
1	ARREOLA, CYNTHIA	Employee	11/16/1990	34	EO	IL
2	AVILA, DAVID	Employee	09/20/1974	50	EF	IL
2.1	AVILA, MALISA	Spouse	11/02/1975	49		IL
2.2	AVILA, ALONDRA	Dependent	03/26/2010	14		IL
2.3	AVILA, ANNALISE	Dependent	12/24/2012	12		IL
3	CABRERA, MAURICIO	Employee	06/30/1996	28	EO	IL
4	GARCIA, KRYSTAL	Employee	01/25/1993	31	EO	IL
5	NAVA, SALMA	Employee	10/05/1997	27	EO	IL
6	RIGGAN, CLAYTON	Employee	01/26/1994	30	ES	IL
6.1	RIGGAN, ERIN	Spouse	01/22/1994	30		IL
7	RUIZ, YETLANEZI	Employee	12/26/1999	25	EO	IL
8	VILLALBA, JESUS	Employee	02/01/2000	24	EO	IL

**Coverage Type: EO = Employee Only; ES = Employee+Spouse/Domestic Partner/Civil Union (Illinois); EC = Employee + Child(ren); EF = Employee + Family

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Appendix - Monthly Medical Premiums

Renewal Alternate Medical Plan Premiums – Monthly Premium Shown by Age and Composite Rates. Rates (due to system rounding, the group's total composite rated premium may vary slightly from the group's age rated premium).

Metallic Renewal Alternate Medical Plan Premiums – Monthly Premium by Age and Composite Rates

Age Rates											
Plan ID: P5E2BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$398.99	23	\$521.55	32	\$616.99	41	\$679.06	50	\$931.49	59	\$1,357.59
15	\$434.45	24	\$521.55	33	\$624.82	42	\$691.05	51	\$972.69	60	\$1,415.49
16	\$448.01	25	\$523.64	34	\$633.16	43	\$707.74	52	\$1,018.07	61	\$1,465.56
17	\$461.57	26	\$534.07	35	\$637.33	44	\$728.61	53	\$1,063.96	62	\$1,498.41
18	\$476.18	27	\$546.58	36	\$641.51	45	\$753.12	54	\$1,113.51	63	\$1,539.62
19	\$490.78	28	\$566.92	37	\$645.68	46	\$782.33	55	\$1,163.06	64+	\$1,564.65
20	\$505.90	29	\$583.61	38	\$649.85	47	\$815.18	56	\$1,216.78		
21	\$521.55	30	\$591.96	39	\$658.20	48	\$852.73	57	\$1,271.02		
22	\$521.55	31	\$604.48	40	\$666.54	49	\$889.76	58	\$1,328.91		

Composite Rates											
Plan ID: P5E2BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$663.55		ES	\$1,327.10		EC	\$1,227.57		EF	\$1,891.12	

Age Rates											
Plan ID: P5E1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$399.54	23	\$522.27	32	\$617.85	41	\$680.00	50	\$932.77	59	\$1,359.47
15	\$435.05	24	\$522.27	33	\$625.68	42	\$692.01	51	\$974.03	60	\$1,417.44
16	\$448.63	25	\$524.36	34	\$634.04	43	\$708.72	52	\$1,019.47	61	\$1,467.58
17	\$462.21	26	\$534.80	35	\$638.21	44	\$729.61	53	\$1,065.43	62	\$1,500.48
18	\$476.83	27	\$547.34	36	\$642.39	45	\$754.16	54	\$1,115.05	63	\$1,541.74
19	\$491.46	28	\$567.71	37	\$646.57	46	\$783.41	55	\$1,164.66	64+	\$1,566.81
20	\$506.60	29	\$584.42	38	\$650.75	47	\$816.31	56	\$1,218.46		
21	\$522.27	30	\$592.78	39	\$659.10	48	\$853.91	57	\$1,272.77		
22	\$522.27	31	\$605.31	40	\$667.46	49	\$890.99	58	\$1,330.74		

Composite Rates											
Plan ID: P5E1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$664.46		ES	\$1,328.92		EC	\$1,229.25		EF	\$1,893.71	

Age Rates											
Plan ID: P5M1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$394.47	23	\$515.65	32	\$610.01	41	\$671.38	50	\$920.95	59	\$1,342.24
15	\$429.54	24	\$515.65	33	\$617.75	42	\$683.24	51	\$961.69	60	\$1,399.47
16	\$442.94	25	\$517.71	34	\$626.00	43	\$699.74	52	\$1,006.55	61	\$1,448.98
17	\$456.35	26	\$528.03	35	\$630.12	44	\$720.36	53	\$1,051.93	62	\$1,481.46
18	\$470.79	27	\$540.40	36	\$634.25	45	\$744.60	54	\$1,100.91	63	\$1,522.20
19	\$485.23	28	\$560.51	37	\$638.37	46	\$773.48	55	\$1,149.90	64+	\$1,546.95
20	\$500.18	29	\$577.01	38	\$642.50	47	\$805.96	56	\$1,203.01		
21	\$515.65	30	\$585.26	39	\$650.75	48	\$843.09	57	\$1,256.64		
22	\$515.65	31	\$597.64	40	\$659.00	49	\$879.70	58	\$1,313.88		

Composite Rates											
Plan ID: P5M1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$656.04		ES	\$1,312.08		EC	\$1,213.67		EF	\$1,869.71	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G534BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$337.00	23	\$440.52	32	\$521.14	41	\$573.56	50	\$788.77	59	\$1,146.67
15	\$366.95	24	\$440.52	33	\$527.74	42	\$583.69	51	\$821.57	60	\$1,195.57
16	\$378.41	25	\$442.28	34	\$534.79	43	\$597.79	52	\$859.90	61	\$1,237.86
17	\$389.86	26	\$451.09	35	\$538.32	44	\$615.41	53	\$898.66	62	\$1,265.61
18	\$402.19	27	\$461.66	36	\$541.84	45	\$636.11	54	\$940.51	63	\$1,300.42
19	\$414.53	28	\$478.85	37	\$545.36	46	\$660.78	55	\$982.36	64+	\$1,321.56
20	\$427.30	29	\$492.94	38	\$548.89	47	\$688.53	56	\$1,027.73		
21	\$440.52	30	\$499.99	39	\$555.94	48	\$720.25	57	\$1,073.55		
22	\$440.52	31	\$510.56	40	\$562.98	49	\$751.53	58	\$1,122.44		

Composite Rates											
Plan ID: G534BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$560.46		ES	\$1,120.92		EC	\$1,036.85		EF	\$1,597.31	

Age Rates											
Plan ID: G532BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$339.03	23	\$443.17	32	\$524.27	41	\$577.01	50	\$791.50	59	\$1,153.57
15	\$369.16	24	\$443.17	33	\$530.92	42	\$587.20	51	\$826.51	60	\$1,202.76
16	\$380.68	25	\$444.94	34	\$538.01	43	\$601.38	52	\$865.07	61	\$1,245.31
17	\$392.21	26	\$453.81	35	\$541.55	44	\$619.11	53	\$904.07	62	\$1,273.23
18	\$404.61	27	\$464.44	36	\$545.10	45	\$639.94	54	\$946.17	63	\$1,308.24
19	\$417.02	28	\$481.73	37	\$548.64	46	\$664.76	55	\$988.27	64+	\$1,329.51
20	\$429.87	29	\$495.91	38	\$552.19	47	\$692.67	56	\$1,033.92		
21	\$443.17	30	\$503.00	39	\$559.28	48	\$724.58	57	\$1,080.01		
22	\$443.17	31	\$513.63	40	\$566.37	49	\$756.05	58	\$1,129.20		

Composite Rates											
Plan ID: G532BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$563.83		ES	\$1,127.66		EC	\$1,043.09		EF	\$1,606.92	

Age Rates											
Plan ID: G536BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$338.56	23	\$442.56	32	\$523.55	41	\$576.21	50	\$790.41	59	\$1,151.98
15	\$368.65	24	\$442.56	33	\$530.19	42	\$586.39	51	\$825.37	60	\$1,201.11
16	\$380.16	25	\$444.33	34	\$537.27	43	\$600.55	52	\$863.88	61	\$1,243.59
17	\$391.67	26	\$453.18	35	\$540.81	44	\$618.26	53	\$902.82	62	\$1,271.47
18	\$404.06	27	\$463.80	36	\$544.35	45	\$639.06	54	\$944.87	63	\$1,306.44
19	\$416.45	28	\$481.06	37	\$547.89	46	\$663.84	55	\$986.91	64+	\$1,327.68
20	\$429.28	29	\$495.22	38	\$551.43	47	\$691.72	56	\$1,032.49		
21	\$442.56	30	\$502.31	39	\$558.51	48	\$723.59	57	\$1,078.52		
22	\$442.56	31	\$512.93	40	\$565.59	49	\$755.01	58	\$1,127.64		

Composite Rates											
Plan ID: G536BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$563.05		ES	\$1,126.10		EC	\$1,041.64		EF	\$1,604.69	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G5M2BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$349.74	23	\$457.17	32	\$540.83	41	\$595.24	50	\$816.51	59	\$1,190.01
15	\$380.82	24	\$457.17	33	\$547.69	42	\$605.75	51	\$852.62	60	\$1,240.76
16	\$392.71	25	\$459.00	34	\$555.00	43	\$620.38	52	\$892.40	61	\$1,284.65
17	\$404.60	26	\$468.14	35	\$558.66	44	\$638.67	53	\$932.63	62	\$1,313.45
18	\$417.40	27	\$479.11	36	\$562.32	45	\$660.15	54	\$976.06	63	\$1,349.57
19	\$430.20	28	\$496.94	37	\$565.98	46	\$685.76	55	\$1,019.49	64+	\$1,371.51
20	\$443.45	29	\$511.57	38	\$569.63	47	\$714.56	56	\$1,066.58		
21	\$457.17	30	\$518.89	39	\$576.95	48	\$747.47	57	\$1,114.12		
22	\$457.17	31	\$529.86	40	\$584.26	49	\$779.93	58	\$1,164.87		

Composite Rates											
Plan ID: G5M2BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$581.64		ES	\$1,163.28		EC	\$1,076.03		EF	\$1,657.67	

Age Rates											
Plan ID: G531BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$341.34	23	\$446.20	32	\$527.85	41	\$580.95	50	\$796.91	59	\$1,161.46
15	\$371.68	24	\$446.20	33	\$534.55	42	\$591.22	51	\$832.16	60	\$1,210.99
16	\$383.29	25	\$447.98	34	\$541.69	43	\$605.49	52	\$870.98	61	\$1,253.82
17	\$394.89	26	\$456.91	35	\$545.26	44	\$623.34	53	\$910.25	62	\$1,281.93
18	\$407.38	27	\$467.62	36	\$548.83	45	\$644.31	54	\$952.64	63	\$1,317.18
19	\$419.87	28	\$485.02	37	\$552.40	46	\$669.30	55	\$995.03	64+	\$1,338.60
20	\$432.81	29	\$499.30	38	\$555.97	47	\$697.41	56	\$1,040.98		
21	\$446.20	30	\$506.44	39	\$563.10	48	\$729.54	57	\$1,087.39		
22	\$446.20	31	\$517.15	40	\$570.24	49	\$761.22	58	\$1,136.92		

Composite Rates											
Plan ID: G531BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$567.68		ES	\$1,135.36		EC	\$1,050.21		EF	\$1,617.89	

Age Rates											
Plan ID: G537BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$336.62	23	\$440.03	32	\$520.56	41	\$572.92	50	\$785.89	59	\$1,145.40
15	\$366.54	24	\$440.03	33	\$527.16	42	\$583.04	51	\$820.66	60	\$1,194.24
16	\$377.99	25	\$441.79	34	\$534.20	43	\$597.12	52	\$858.94	61	\$1,236.48
17	\$389.43	26	\$450.59	35	\$537.72	44	\$614.72	53	\$897.66	62	\$1,264.21
18	\$401.75	27	\$461.15	36	\$541.24	45	\$635.40	54	\$939.46	63	\$1,298.97
19	\$414.07	28	\$478.31	37	\$544.76	46	\$660.05	55	\$981.27	64+	\$1,320.09
20	\$426.83	29	\$492.39	38	\$548.28	47	\$687.77	56	\$1,026.59		
21	\$440.03	30	\$499.43	39	\$555.32	48	\$719.45	57	\$1,072.35		
22	\$440.03	31	\$509.99	40	\$562.36	49	\$750.69	58	\$1,121.20		

Composite Rates											
Plan ID: G537BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$559.83		ES	\$1,119.66		EC	\$1,035.69		EF	\$1,595.52	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G530BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$331.44	23	\$433.25	32	\$512.53	41	\$564.09	50	\$773.78	59	\$1,127.75
15	\$360.90	24	\$433.25	33	\$519.03	42	\$574.06	51	\$808.01	60	\$1,175.84
16	\$372.16	25	\$434.98	34	\$525.97	43	\$587.92	52	\$845.70	61	\$1,217.43
17	\$383.43	26	\$443.65	35	\$529.43	44	\$605.25	53	\$883.83	62	\$1,244.73
18	\$395.56	27	\$454.05	36	\$532.90	45	\$625.81	54	\$924.99	63	\$1,278.95
19	\$407.69	28	\$470.94	37	\$536.36	46	\$649.88	55	\$966.15	64+	\$1,299.75
20	\$420.25	29	\$484.81	38	\$539.83	47	\$677.17	56	\$1,010.77		
21	\$433.25	30	\$491.74	39	\$546.76	48	\$708.36	57	\$1,055.83		
22	\$433.25	31	\$502.14	40	\$553.69	49	\$739.12	58	\$1,103.92		

Composite Rates											
Plan ID: G530BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$551.21		ES	\$1,102.42		EC	\$1,019.74		EF	\$1,570.95	

Age Rates											
Plan ID: S532BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$296.69	23	\$387.83	32	\$458.80	41	\$504.95	50	\$692.66	59	\$1,009.52
15	\$323.06	24	\$387.83	33	\$464.62	42	\$513.87	51	\$723.30	60	\$1,052.57
16	\$333.15	25	\$389.38	34	\$470.83	43	\$526.29	52	\$757.04	61	\$1,089.80
17	\$343.23	26	\$397.14	35	\$473.93	44	\$541.80	53	\$791.17	62	\$1,114.24
18	\$354.09	27	\$406.45	36	\$477.03	45	\$560.03	54	\$828.02	63	\$1,144.87
19	\$364.95	28	\$421.57	37	\$480.13	46	\$581.75	55	\$864.86	64+	\$1,163.49
20	\$376.20	29	\$433.98	38	\$483.24	47	\$606.18	56	\$904.81		
21	\$387.83	30	\$440.19	39	\$489.44	48	\$634.10	57	\$945.14		
22	\$387.83	31	\$449.49	40	\$495.65	49	\$661.64	58	\$988.19		

Composite Rates											
Plan ID: S532BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$493.42		ES	\$986.84		EC	\$912.83		EF	\$1,406.25	

Age Rates											
Plan ID: S531BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$295.05	23	\$385.68	32	\$456.26	41	\$502.16	50	\$688.82	59	\$1,003.93
15	\$321.27	24	\$385.68	33	\$462.04	42	\$511.03	51	\$719.29	60	\$1,046.74
16	\$331.30	25	\$387.22	34	\$468.22	43	\$523.37	52	\$752.85	61	\$1,083.76
17	\$341.33	26	\$394.94	35	\$471.30	44	\$538.79	53	\$786.79	62	\$1,108.06
18	\$352.13	27	\$404.19	36	\$474.39	45	\$556.92	54	\$823.43	63	\$1,138.53
19	\$362.92	28	\$419.23	37	\$477.47	46	\$578.52	55	\$860.07	64+	\$1,157.04
20	\$374.11	29	\$431.58	38	\$480.56	47	\$602.82	56	\$899.79		
21	\$385.68	30	\$437.75	39	\$486.73	48	\$630.59	57	\$939.80		
22	\$385.68	31	\$447.00	40	\$492.90	49	\$657.97	58	\$982.71		

Composite Rates											
Plan ID: S531BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$490.68		ES	\$981.36		EC	\$907.76		EF	\$1,398.44	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$294.29	23	\$384.69	32	\$455.09	41	\$500.87	50	\$687.06	59	\$1,001.35
15	\$320.45	24	\$384.69	33	\$460.86	42	\$509.71	51	\$717.45	60	\$1,044.05
16	\$330.45	25	\$386.23	34	\$467.01	43	\$522.02	52	\$750.91	61	\$1,080.98
17	\$340.45	26	\$393.92	35	\$470.09	44	\$537.41	53	\$784.77	62	\$1,105.21
18	\$351.22	27	\$403.16	36	\$473.17	45	\$555.49	54	\$821.31	63	\$1,135.60
19	\$361.99	28	\$418.16	37	\$476.25	46	\$577.04	55	\$857.86	64+	\$1,154.07
20	\$373.15	29	\$430.47	38	\$479.32	47	\$601.27	56	\$897.48		
21	\$384.69	30	\$436.62	39	\$485.48	48	\$628.97	57	\$937.49		
22	\$384.69	31	\$445.86	40	\$491.63	49	\$656.28	58	\$980.19		

Composite Rates											
Plan ID: S535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$489.43		ES	\$978.86		EC	\$905.45		EF	\$1,394.88	

Age Rates											
Plan ID: G533BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$328.23	23	\$429.06	32	\$507.58	41	\$558.64	50	\$766.30	59	\$1,116.84
15	\$357.41	24	\$429.06	33	\$514.01	42	\$568.50	51	\$800.20	60	\$1,164.47
16	\$368.56	25	\$430.78	34	\$520.88	43	\$582.23	52	\$837.53	61	\$1,205.66
17	\$379.72	26	\$439.36	35	\$524.31	44	\$599.40	53	\$875.28	62	\$1,232.69
18	\$391.73	27	\$449.65	36	\$527.74	45	\$619.56	54	\$916.04	63	\$1,266.59
19	\$403.75	28	\$466.39	37	\$531.18	46	\$643.59	55	\$956.80	64+	\$1,287.18
20	\$416.19	29	\$480.12	38	\$534.61	47	\$670.62	56	\$1,001.00		
21	\$429.06	30	\$486.98	39	\$541.47	48	\$701.51	57	\$1,045.62		
22	\$429.06	31	\$497.28	40	\$548.34	49	\$731.98	58	\$1,093.24		

Composite Rates											
Plan ID: G533BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$545.87		ES	\$1,091.74		EC	\$1,009.86		EF	\$1,555.73	

Age Rates											
Plan ID: G535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$316.72	23	\$414.01	32	\$489.77	41	\$539.04	50	\$739.42	59	\$1,077.67
15	\$344.87	24	\$414.01	33	\$495.98	42	\$548.56	51	\$772.13	60	\$1,123.62
16	\$355.63	25	\$415.67	34	\$502.61	43	\$561.81	52	\$808.15	61	\$1,163.37
17	\$366.40	26	\$423.95	35	\$505.92	44	\$578.37	53	\$844.58	62	\$1,189.45
18	\$377.99	27	\$433.88	36	\$509.23	45	\$597.83	54	\$883.91	63	\$1,222.16
19	\$389.58	28	\$450.03	37	\$512.54	46	\$621.02	55	\$923.24	64+	\$1,242.03
20	\$401.59	29	\$463.28	38	\$515.86	47	\$647.10	56	\$965.89		
21	\$414.01	30	\$469.90	39	\$522.48	48	\$676.91	57	\$1,008.94		
22	\$414.01	31	\$479.84	40	\$529.10	49	\$706.30	58	\$1,054.90		

Composite Rates											
Plan ID: G535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$526.73		ES	\$1,053.46		EC	\$974.45		EF	\$1,501.18	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S534BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$293.02	23	\$383.03	32	\$453.12	41	\$498.71	50	\$684.09	59	\$997.03
15	\$319.06	24	\$383.03	33	\$458.87	42	\$507.51	51	\$714.35	60	\$1,039.54
16	\$329.02	25	\$384.56	34	\$465.00	43	\$519.77	52	\$747.67	61	\$1,076.31
17	\$338.98	26	\$392.22	35	\$468.06	44	\$535.09	53	\$781.38	62	\$1,100.45
18	\$349.71	27	\$401.42	36	\$471.13	45	\$553.10	54	\$817.77	63	\$1,130.70
19	\$360.43	28	\$416.35	37	\$474.19	46	\$574.55	55	\$854.16	64+	\$1,149.09
20	\$371.54	29	\$428.61	38	\$477.26	47	\$598.68	56	\$893.61		
21	\$383.03	30	\$434.74	39	\$483.38	48	\$626.25	57	\$933.44		
22	\$383.03	31	\$443.93	40	\$489.51	49	\$653.45	58	\$975.96		

Composite Rates											
Plan ID: S534BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$487.31		ES	\$974.62		EC	\$901.52		EF	\$1,388.83	

Age Rates											
Plan ID: S5J1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$290.28	23	\$379.45	32	\$448.89	41	\$494.04	50	\$677.70	59	\$987.71
15	\$316.08	24	\$379.45	33	\$454.58	42	\$502.77	51	\$707.67	60	\$1,029.83
16	\$325.95	25	\$380.97	34	\$460.65	43	\$514.91	52	\$740.69	61	\$1,066.25
17	\$335.81	26	\$388.56	35	\$463.69	44	\$530.09	53	\$774.08	62	\$1,090.16
18	\$346.44	27	\$397.66	36	\$466.72	45	\$547.93	54	\$810.13	63	\$1,120.14
19	\$357.06	28	\$412.46	37	\$469.76	46	\$569.18	55	\$846.17	64+	\$1,138.35
20	\$368.07	29	\$424.60	38	\$472.79	47	\$593.08	56	\$885.26		
21	\$379.45	30	\$430.68	39	\$478.87	48	\$620.40	57	\$924.72		
22	\$379.45	31	\$439.78	40	\$484.94	49	\$647.34	58	\$966.84		

Composite Rates											
Plan ID: S5J1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$482.76		ES	\$965.52		EC	\$893.11		EF	\$1,375.87	

Age Rates											
Plan ID: B536BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Bronze		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$268.65	23	\$351.17	32	\$415.43	41	\$457.22	50	\$627.19	59	\$914.10
15	\$292.52	24	\$351.17	33	\$420.70	42	\$465.30	51	\$654.93	60	\$953.08
16	\$301.66	25	\$352.57	34	\$426.32	43	\$476.54	52	\$685.48	61	\$986.79
17	\$310.79	26	\$359.60	35	\$429.13	44	\$490.58	53	\$716.39	62	\$1,008.91
18	\$320.62	27	\$368.03	36	\$431.94	45	\$507.09	54	\$749.75	63	\$1,036.65
19	\$330.45	28	\$381.72	37	\$434.75	46	\$526.76	55	\$783.11	64+	\$1,053.51
20	\$340.63	29	\$392.96	38	\$437.56	47	\$548.88	56	\$819.28		
21	\$351.17	30	\$398.58	39	\$443.18	48	\$574.16	57	\$855.80		
22	\$351.17	31	\$407.01	40	\$448.80	49	\$599.10	58	\$894.78		

Composite Rates											
Plan ID: B536BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Bronze		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$446.78		ES	\$893.56		EC	\$826.54		EF	\$1,273.32	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: B535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Bronze		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$272.32	23	\$355.97	32	\$421.11	41	\$463.47	50	\$635.76	59	\$926.59
15	\$296.52	24	\$355.97	33	\$426.45	42	\$471.66	51	\$663.88	60	\$966.10
16	\$305.78	25	\$357.39	34	\$432.15	43	\$483.05	52	\$694.85	61	\$1,000.28
17	\$315.03	26	\$364.51	35	\$435.00	44	\$497.29	53	\$726.18	62	\$1,022.70
18	\$325.00	27	\$373.06	36	\$437.84	45	\$514.02	54	\$760.00	63	\$1,050.82
19	\$334.97	28	\$386.94	37	\$440.69	46	\$533.96	55	\$793.81	64+	\$1,067.91
20	\$345.29	29	\$398.33	38	\$443.54	47	\$556.38	56	\$830.48		
21	\$355.97	30	\$404.03	39	\$449.23	48	\$582.01	57	\$867.50		
22	\$355.97	31	\$412.57	40	\$454.93	49	\$607.28	58	\$907.01		

Composite Rates											
Plan ID: B535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Bronze		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$452.89		ES	\$905.78		EC	\$837.85		EF	\$1,290.74	

Age Rates											
Plan ID: B5N1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Bronze		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$265.10	23	\$346.54	32	\$409.96	41	\$451.20	50	\$618.92	59	\$902.04
15	\$288.67	24	\$346.54	33	\$415.15	42	\$459.17	51	\$646.30	60	\$940.51
16	\$297.68	25	\$347.93	34	\$420.70	43	\$470.25	52	\$676.45	61	\$973.78
17	\$306.69	26	\$354.86	35	\$423.47	44	\$484.12	53	\$706.94	62	\$995.61
18	\$316.39	27	\$363.17	36	\$426.24	45	\$500.40	54	\$739.86	63	\$1,022.99
19	\$326.09	28	\$376.69	37	\$429.02	46	\$519.81	55	\$772.78	64+	\$1,039.62
20	\$336.14	29	\$387.78	38	\$431.79	47	\$541.64	56	\$808.48		
21	\$346.54	30	\$393.32	39	\$437.33	48	\$566.59	57	\$844.52		
22	\$346.54	31	\$401.64	40	\$442.88	49	\$591.20	58	\$882.98		

Composite Rates											
Plan ID: B5N1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Bronze		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$440.89		ES	\$881.78		EC	\$815.65		EF	\$1,256.54	

Age Rates											
Plan ID: P506PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$310.64	23	\$406.07	32	\$480.38	41	\$528.70	50	\$725.24	59	\$1,057.00
15	\$338.26	24	\$406.07	33	\$486.47	42	\$538.04	51	\$757.32	60	\$1,102.07
16	\$348.81	25	\$407.69	34	\$492.97	43	\$551.04	52	\$792.65	61	\$1,141.06
17	\$359.37	26	\$415.82	35	\$496.22	44	\$567.28	53	\$828.38	62	\$1,166.64
18	\$370.74	27	\$425.56	36	\$499.47	45	\$586.37	54	\$866.96	63	\$1,198.72
19	\$382.11	28	\$441.40	37	\$502.71	46	\$609.11	55	\$905.54	64+	\$1,218.21
20	\$393.89	29	\$454.39	38	\$505.96	47	\$634.69	56	\$947.36		
21	\$406.07	30	\$460.89	39	\$512.46	48	\$663.92	57	\$989.59		
22	\$406.07	31	\$470.64	40	\$518.96	49	\$692.76	58	\$1,034.67		

Composite Rates											
Plan ID: P506PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$516.63		ES	\$1,033.26		EC	\$955.77		EF	\$1,472.40	

Age Rates											
Plan ID: P5J1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$308.91	23	\$403.80	32	\$477.70	41	\$525.75	50	\$721.19	59	\$1,051.09
15	\$336.37	24	\$403.80	33	\$483.75	42	\$535.04	51	\$753.09	60	\$1,095.91
16	\$346.86	25	\$405.42	34	\$490.21	43	\$547.96	52	\$788.22	61	\$1,134.68
17	\$357.36	26	\$413.49	35	\$493.44	44	\$564.11	53	\$823.75	62	\$1,160.12
18	\$368.67	27	\$423.18	36	\$496.67	45	\$583.09	54	\$862.11	63	\$1,192.02
19	\$379.98	28	\$438.93	37	\$499.90	46	\$605.70	55	\$900.47	64+	\$1,211.40
20	\$391.69	29	\$451.85	38	\$503.13	47	\$631.14	56	\$942.07		
21	\$403.80	30	\$458.31	39	\$509.60	48	\$660.21	57	\$984.06		
22	\$403.80	31	\$468.00	40	\$516.06	49	\$688.88	58	\$1,028.88		

Composite Rates											
Plan ID: P5J1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$513.74		ES	\$1,027.48		EC	\$950.42		EF	\$1,464.16	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: P5E1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$297.01	23	\$388.25	32	\$459.30	41	\$505.50	50	\$693.41	59	\$1,010.61
15	\$323.41	24	\$388.25	33	\$465.12	42	\$514.43	51	\$724.09	60	\$1,053.71
16	\$333.51	25	\$389.80	34	\$471.34	43	\$526.86	52	\$757.86	61	\$1,090.98
17	\$343.60	26	\$397.57	35	\$474.44	44	\$542.39	53	\$792.03	62	\$1,115.44
18	\$354.47	27	\$406.89	36	\$477.55	45	\$560.63	54	\$828.91	63	\$1,146.11
19	\$365.34	28	\$422.03	37	\$480.65	46	\$582.38	55	\$865.80	64+	\$1,164.75
20	\$376.60	29	\$434.45	38	\$483.76	47	\$606.83	56	\$905.79		
21	\$388.25	30	\$440.66	39	\$489.97	48	\$634.79	57	\$946.17		
22	\$388.25	31	\$449.98	40	\$496.18	49	\$662.35	58	\$989.26		

Composite Rates											
Plan ID: P5E1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$493.95		ES	\$987.90		EC	\$913.81		EF	\$1,407.76	

Age Rates											
Plan ID: G5J2PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$281.73	23	\$368.27	32	\$435.66	41	\$479.49	50	\$657.73	59	\$958.61
15	\$306.77	24	\$368.27	33	\$441.19	42	\$487.96	51	\$686.82	60	\$999.48
16	\$316.34	25	\$369.74	34	\$447.08	43	\$499.74	52	\$718.86	61	\$1,034.84
17	\$325.92	26	\$377.11	35	\$450.03	44	\$514.47	53	\$751.27	62	\$1,058.04
18	\$336.23	27	\$385.95	36	\$452.97	45	\$531.78	54	\$786.26	63	\$1,087.13
19	\$346.54	28	\$400.31	37	\$455.92	46	\$552.41	55	\$821.24	64+	\$1,104.81
20	\$357.22	29	\$412.09	38	\$458.86	47	\$575.61	56	\$859.17		
21	\$368.27	30	\$417.99	39	\$464.76	48	\$602.12	57	\$897.47		
22	\$368.27	31	\$426.82	40	\$470.65	49	\$628.27	58	\$938.35		

Composite Rates											
Plan ID: G5J2PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$468.54		ES	\$937.08		EC	\$866.80		EF	\$1,335.34	

Age Rates											
Plan ID: G5N1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$270.02	23	\$352.97	32	\$417.56	41	\$459.57	50	\$630.40	59	\$918.78
15	\$294.02	24	\$352.97	33	\$422.86	42	\$467.69	51	\$658.29	60	\$957.96
16	\$303.20	25	\$354.38	34	\$428.51	43	\$478.98	52	\$689.00	61	\$991.85
17	\$312.38	26	\$361.44	35	\$431.33	44	\$493.10	53	\$720.06	62	\$1,014.08
18	\$322.26	27	\$369.91	36	\$434.15	45	\$509.69	54	\$753.59	63	\$1,041.97
19	\$332.14	28	\$383.68	37	\$436.98	46	\$529.46	55	\$787.12	64+	\$1,058.91
20	\$342.38	29	\$394.97	38	\$439.80	47	\$551.69	56	\$823.48		
21	\$352.97	30	\$400.62	39	\$445.45	48	\$577.11	57	\$860.19		
22	\$352.97	31	\$409.09	40	\$451.10	49	\$602.17	58	\$899.37		

Composite Rates											
Plan ID: G5N1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$449.07		ES	\$898.14		EC	\$830.78		EF	\$1,279.85	

Age Rates											
Plan ID: G532PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$261.50	23	\$341.83	32	\$404.38	41	\$445.06	50	\$610.51	59	\$889.78
15	\$284.74	24	\$341.83	33	\$409.51	42	\$452.92	51	\$637.51	60	\$927.73
16	\$293.63	25	\$343.20	34	\$414.98	43	\$463.86	52	\$667.25	61	\$960.54
17	\$302.52	26	\$350.03	35	\$417.72	44	\$477.54	53	\$697.33	62	\$982.08
18	\$312.09	27	\$358.24	36	\$420.45	45	\$493.60	54	\$729.81	63	\$1,009.08
19	\$321.66	28	\$371.57	37	\$423.19	46	\$512.75	55	\$762.28	64+	\$1,025.49
20	\$331.58	29	\$382.51	38	\$425.92	47	\$534.28	56	\$797.49		
21	\$341.83	30	\$387.98	39	\$431.39	48	\$558.89	57	\$833.04		
22	\$341.83	31	\$396.18	40	\$436.86	49	\$583.16	58	\$870.98		

Composite Rates											
Plan ID: G532PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$434.90		ES	\$869.80		EC	\$804.57		EF	\$1,239.47	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S531PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$244.62	23	\$319.76	32	\$378.28	41	\$416.33	50	\$571.09	59	\$832.34
15	\$266.36	24	\$319.76	33	\$383.07	42	\$423.68	51	\$596.35	60	\$867.83
16	\$274.67	25	\$321.04	34	\$388.19	43	\$433.91	52	\$624.17	61	\$898.53
17	\$282.99	26	\$327.43	35	\$390.75	44	\$446.70	53	\$652.31	62	\$918.67
18	\$291.94	27	\$335.11	36	\$393.30	45	\$461.73	54	\$682.69	63	\$943.93
19	\$300.89	28	\$347.58	37	\$395.86	46	\$479.64	55	\$713.06	64+	\$959.28
20	\$310.17	29	\$357.81	38	\$398.42	47	\$499.78	56	\$746.00		
21	\$319.76	30	\$362.93	39	\$403.54	48	\$522.81	57	\$779.26		
22	\$319.76	31	\$370.60	40	\$408.65	49	\$545.51	58	\$814.75		

Composite Rates											
Plan ID: S531PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$406.82		ES	\$813.64		EC	\$752.62		EF	\$1,159.44	

Age Rates											
Plan ID: S530PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$241.60	23	\$315.82	32	\$373.62	41	\$411.20	50	\$564.05	59	\$822.08
15	\$263.08	24	\$315.82	33	\$378.35	42	\$418.46	51	\$589.00	60	\$857.14
16	\$271.29	25	\$317.08	34	\$383.41	43	\$428.57	52	\$616.48	61	\$887.45
17	\$279.50	26	\$323.40	35	\$385.93	44	\$441.20	53	\$644.27	62	\$907.35
18	\$288.34	27	\$330.98	36	\$388.46	45	\$456.04	54	\$674.28	63	\$932.30
19	\$297.19	28	\$343.30	37	\$390.99	46	\$473.73	55	\$704.28	64+	\$947.46
20	\$306.35	29	\$353.40	38	\$393.51	47	\$493.63	56	\$736.81		
21	\$315.82	30	\$358.46	39	\$398.56	48	\$516.37	57	\$769.65		
22	\$315.82	31	\$366.04	40	\$403.62	49	\$538.79	58	\$804.71		

Composite Rates											
Plan ID: S530PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$401.81		ES	\$803.62		EC	\$743.35		EF	\$1,145.16	

Age Rates											
Plan ID: P5N1OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$435.74	23	\$569.60	32	\$673.84	41	\$741.62	50	\$1,017.31	59	\$1,482.67
15	\$474.48	24	\$569.60	33	\$682.38	42	\$754.72	51	\$1,062.30	60	\$1,545.89
16	\$489.29	25	\$571.88	34	\$691.49	43	\$772.95	52	\$1,111.86	61	\$1,600.58
17	\$504.10	26	\$583.27	35	\$696.05	44	\$795.73	53	\$1,161.98	62	\$1,636.46
18	\$520.04	27	\$596.94	36	\$700.61	45	\$822.50	54	\$1,216.10	63	\$1,681.46
19	\$535.99	28	\$619.16	37	\$705.16	46	\$854.40	55	\$1,270.21	64+	\$1,706.80
20	\$552.51	29	\$637.38	38	\$709.72	47	\$890.28	56	\$1,328.88		
21	\$569.60	30	\$646.50	39	\$718.84	48	\$931.30	57	\$1,388.12		
22	\$569.60	31	\$660.17	40	\$727.95	49	\$971.74	58	\$1,451.34		

Composite Rates											
Plan ID: P5N1OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Platinum		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$724.68		ES	\$1,449.36		EC	\$1,340.66		EF	\$2,065.34	

Age Rates											
Plan ID: G506OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$370.60	23	\$484.44	32	\$573.09	41	\$630.74	50	\$865.21	59	\$1,261.00
15	\$403.54	24	\$484.44	33	\$580.36	42	\$641.88	51	\$903.48	60	\$1,314.77
16	\$416.13	25	\$486.38	34	\$588.11	43	\$657.39	52	\$945.63	61	\$1,361.28
17	\$428.73	26	\$496.07	35	\$591.99	44	\$676.76	53	\$988.26	62	\$1,391.80
18	\$442.29	27	\$507.69	36	\$595.86	45	\$699.53	54	\$1,034.28	63	\$1,430.07
19	\$455.86	28	\$526.59	37	\$599.74	46	\$726.66	55	\$1,080.30	64+	\$1,453.32
20	\$469.91	29	\$542.09	38	\$603.61	47	\$757.18	56	\$1,130.20		
21	\$484.44	30	\$549.84	39	\$611.36	48	\$792.06	57	\$1,180.58		
22	\$484.44	31	\$561.47	40	\$619.11	49	\$826.45	58	\$1,234.35		

Composite Rates											
Plan ID: G506OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$616.33		ES	\$1,232.66		EC	\$1,140.21		EF	\$1,756.54	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G508OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$370.31	23	\$484.07	32	\$572.65	41	\$630.26	50	\$864.55	59	\$1,260.03
15	\$403.23	24	\$484.07	33	\$579.92	42	\$641.39	51	\$902.79	60	\$1,313.77
16	\$415.82	25	\$486.01	34	\$587.66	43	\$656.88	52	\$944.90	61	\$1,360.24
17	\$428.40	26	\$495.69	35	\$591.53	44	\$676.25	53	\$987.50	62	\$1,390.73
18	\$441.96	27	\$507.31	36	\$595.41	45	\$689.00	54	\$1,033.49	63	\$1,428.97
19	\$455.51	28	\$526.18	37	\$599.28	46	\$726.11	55	\$1,079.48	64+	\$1,452.21
20	\$469.55	29	\$541.67	38	\$603.15	47	\$756.60	56	\$1,129.34		
21	\$484.07	30	\$549.42	39	\$610.90	48	\$791.45	57	\$1,179.68		
22	\$484.07	31	\$561.04	40	\$618.64	49	\$825.82	58	\$1,233.41		

Composite Rates											
Plan ID: G508OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier		Monthly Medical Cost	Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$615.86		ES		\$1,231.72	EC	\$1,139.34		EF	\$1,755.20	

Age Rates											
Plan ID: G507OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$376.26	23	\$491.84	32	\$581.85	41	\$640.38	50	\$878.43	59	\$1,280.26
15	\$409.70	24	\$491.84	33	\$589.22	42	\$651.69	51	\$917.28	60	\$1,334.85
16	\$422.49	25	\$493.81	34	\$597.09	43	\$667.43	52	\$960.07	61	\$1,382.07
17	\$435.28	26	\$503.64	35	\$601.03	44	\$687.10	53	\$1,003.35	62	\$1,413.06
18	\$449.05	27	\$515.45	36	\$604.96	45	\$710.22	54	\$1,050.08	63	\$1,451.91
19	\$462.82	28	\$534.63	37	\$608.90	46	\$737.76	55	\$1,096.80	64+	\$1,475.52
20	\$477.08	29	\$550.37	38	\$612.83	47	\$768.75	56	\$1,147.46		
21	\$491.84	30	\$558.24	39	\$620.70	48	\$804.16	57	\$1,198.61		
22	\$491.84	31	\$570.04	40	\$628.57	49	\$839.08	58	\$1,253.21		

Composite Rates											
Plan ID: G507OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier		Monthly Medical Cost	Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$625.75		ES		\$1,251.50	EC	\$1,157.64		EF	\$1,783.39	

Age Rates											
Plan ID: G5M3OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$369.32	23	\$482.77	32	\$571.12	41	\$628.57	50	\$862.23	59	\$1,256.65
15	\$402.15	24	\$482.77	33	\$578.36	42	\$639.67	51	\$900.37	60	\$1,310.24
16	\$414.70	25	\$484.70	34	\$586.08	43	\$655.12	52	\$942.37	61	\$1,356.58
17	\$427.25	26	\$494.36	35	\$589.94	44	\$674.43	53	\$984.85	62	\$1,387.00
18	\$440.77	27	\$505.94	36	\$593.81	45	\$697.12	54	\$1,030.71	63	\$1,425.14
19	\$454.29	28	\$524.77	37	\$597.67	46	\$724.16	55	\$1,076.58	64+	\$1,448.31
20	\$468.29	29	\$540.22	38	\$601.53	47	\$754.57	56	\$1,126.30		
21	\$482.77	30	\$547.94	39	\$609.26	48	\$789.33	57	\$1,176.51		
22	\$482.77	31	\$559.53	40	\$616.98	49	\$823.61	58	\$1,230.10		

Composite Rates											
Plan ID: G5M3OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier		Monthly Medical Cost	Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$614.21		ES		\$1,228.42	EC	\$1,136.29		EF	\$1,750.50	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S506OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$325.07	23	\$424.93	32	\$502.69	41	\$553.26	50	\$758.92	59	\$1,106.09
15	\$353.97	24	\$424.93	33	\$509.07	42	\$563.03	51	\$792.49	60	\$1,153.26
16	\$365.01	25	\$426.63	34	\$515.87	43	\$576.63	52	\$829.46	61	\$1,194.05
17	\$376.06	26	\$435.13	35	\$519.26	44	\$593.63	53	\$866.86	62	\$1,220.82
18	\$387.96	27	\$445.33	36	\$522.66	45	\$613.60	54	\$907.23	63	\$1,254.39
19	\$399.86	28	\$461.90	37	\$526.06	46	\$637.40	55	\$947.59	64+	\$1,274.79
20	\$412.18	29	\$475.50	38	\$529.46	47	\$664.17	56	\$991.36		
21	\$424.93	30	\$482.30	39	\$536.26	48	\$694.76	57	\$1,035.55		
22	\$424.93	31	\$492.49	40	\$543.06	49	\$724.93	58	\$1,082.72		

Composite Rates											
Plan ID: S506OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$540.62	ES	\$1,081.24	EC	\$1,000.15	EF	\$1,540.77				

Age Rates											
Plan ID: G5K1OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$364.13	23	\$475.99	32	\$563.10	41	\$619.74	50	\$850.12	59	\$1,239.00
15	\$396.50	24	\$475.99	33	\$570.24	42	\$630.69	51	\$887.72	60	\$1,291.84
16	\$408.88	25	\$477.89	34	\$577.85	43	\$645.92	52	\$929.13	61	\$1,337.53
17	\$421.25	26	\$487.41	35	\$581.66	44	\$664.96	53	\$971.02	62	\$1,367.52
18	\$434.58	27	\$498.84	36	\$585.47	45	\$687.33	54	\$1,016.24	63	\$1,405.12
19	\$447.91	28	\$517.40	37	\$589.28	46	\$713.99	55	\$1,061.46	64+	\$1,427.97
20	\$461.71	29	\$532.63	38	\$593.08	47	\$743.97	56	\$1,110.48		
21	\$475.99	30	\$540.25	39	\$600.70	48	\$778.24	57	\$1,159.99		
22	\$475.99	31	\$551.67	40	\$608.32	49	\$812.04	58	\$1,212.82		

Composite Rates											
Plan ID: G5K1OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$605.58	ES	\$1,211.16	EC	\$1,120.32	EF	\$1,725.90				

Age Rates											
Plan ID: S507OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$324.79	23	\$424.56	32	\$502.25	41	\$552.78	50	\$758.26	59	\$1,105.13
15	\$353.66	24	\$424.56	33	\$508.62	42	\$562.54	51	\$791.80	60	\$1,152.26
16	\$364.70	25	\$426.26	34	\$515.42	43	\$576.13	52	\$828.74	61	\$1,193.01
17	\$375.74	26	\$434.75	35	\$518.81	44	\$593.11	53	\$866.10	62	\$1,219.76
18	\$387.62	27	\$444.94	36	\$522.21	45	\$613.06	54	\$906.44	63	\$1,253.30
19	\$399.51	28	\$461.50	37	\$525.61	46	\$636.84	55	\$946.77	64+	\$1,273.68
20	\$411.82	29	\$475.08	38	\$529.00	47	\$663.59	56	\$990.50		
21	\$424.56	30	\$481.88	39	\$535.79	48	\$694.16	57	\$1,034.65		
22	\$424.56	31	\$492.07	40	\$542.59	49	\$724.30	58	\$1,081.78		

Composite Rates											
Plan ID: S507OPT			Network: Blue Options Tiered Product - Blue Options PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$540.15	ES	\$1,080.30	EC	\$999.28	EF	\$1,539.43				

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S5N1OPT			Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$321.67	23	\$420.49	32	\$497.44	41	\$547.48	50	\$751.00	59	\$1,094.54
15	\$350.27	24	\$420.49	33	\$503.75	42	\$557.15	51	\$784.21	60	\$1,141.21
16	\$361.20	25	\$422.17	34	\$510.47	43	\$570.60	52	\$820.80	61	\$1,181.58
17	\$372.13	26	\$430.58	35	\$513.84	44	\$587.42	53	\$857.80	62	\$1,208.07
18	\$383.91	27	\$440.67	36	\$517.20	45	\$607.19	54	\$897.75	63	\$1,241.29
19	\$395.68	28	\$457.07	37	\$520.57	46	\$630.74	55	\$937.69	64+	\$1,261.47
20	\$407.88	29	\$470.53	38	\$523.93	47	\$657.23	56	\$981.00		
21	\$420.49	30	\$477.26	39	\$530.66	48	\$687.50	57	\$1,024.73		
22	\$420.49	31	\$487.35	40	\$537.39	49	\$717.36	58	\$1,071.41		

Composite Rates											
Plan ID: S5N1OPT			Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Silver	
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$534.97		ES	\$1,069.94		EC	\$989.69		EF	\$1,524.66	

Age Rates											
Plan ID: P503PPO			Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$506.48	23	\$662.07	32	\$783.23	41	\$862.02	50	\$1,182.46	59	\$1,723.37
15	\$551.50	24	\$662.07	33	\$793.16	42	\$877.24	51	\$1,234.76	60	\$1,796.86
16	\$568.72	25	\$664.72	34	\$803.75	43	\$898.43	52	\$1,292.36	61	\$1,860.42
17	\$585.93	26	\$677.96	35	\$809.05	44	\$924.91	53	\$1,350.62	62	\$1,902.13
18	\$604.47	27	\$693.85	36	\$814.35	45	\$956.03	54	\$1,413.52	63	\$1,954.43
19	\$623.01	28	\$719.67	37	\$819.64	46	\$993.11	55	\$1,476.42	64+	\$1,986.21
20	\$642.21	29	\$740.86	38	\$824.94	47	\$1,034.82	56	\$1,544.61		
21	\$662.07	30	\$751.45	39	\$835.53	48	\$1,082.48	57	\$1,613.46		
22	\$662.07	31	\$767.34	40	\$846.13	49	\$1,129.49	58	\$1,686.95		

Composite Rates											
Plan ID: P503PPO			Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum	
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$842.32		ES	\$1,584.64		EC	\$1,558.29		EF	\$2,400.61	

Age Rates											
Plan ID: P5E1PPO			Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$507.13	23	\$662.91	32	\$784.22	41	\$863.11	50	\$1,183.96	59	\$1,725.55
15	\$552.20	24	\$662.91	33	\$794.17	42	\$878.36	51	\$1,236.33	60	\$1,799.14
16	\$569.44	25	\$665.56	34	\$804.77	43	\$899.57	52	\$1,294.00	61	\$1,862.78
17	\$586.68	26	\$678.82	35	\$810.08	44	\$926.09	53	\$1,352.34	62	\$1,904.54
18	\$605.24	27	\$694.73	36	\$815.38	45	\$957.24	54	\$1,415.31	63	\$1,956.91
19	\$623.80	28	\$720.58	37	\$820.68	46	\$994.37	55	\$1,478.29	64+	\$1,988.73
20	\$643.02	29	\$741.80	38	\$825.99	47	\$1,036.13	56	\$1,546.57		
21	\$662.91	30	\$752.40	39	\$836.59	48	\$1,083.86	57	\$1,615.51		
22	\$662.91	31	\$768.31	40	\$847.20	49	\$1,130.92	58	\$1,689.09		

Composite Rates											
Plan ID: P5E1PPO			Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum	
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$843.39		ES	\$1,656.78		EC	\$1,560.27		EF	\$2,403.66	

Age Rates											
Plan ID: P5M1PPO			Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$600.90	23	\$654.77	32	\$774.59	41	\$852.51	50	\$1,169.42	59	\$1,704.37
15	\$545.42	24	\$654.77	33	\$784.41	42	\$867.57	51	\$1,221.15	60	\$1,777.05
16	\$562.45	25	\$657.39	34	\$794.89	43	\$888.52	52	\$1,278.11	61	\$1,839.90
17	\$579.47	26	\$670.48	35	\$800.13	44	\$914.71	53	\$1,335.73	62	\$1,881.15
18	\$597.81	27	\$686.20	36	\$805.37	45	\$945.49	54	\$1,397.93	63	\$1,932.88
19	\$616.14	28	\$711.73	37	\$810.61	46	\$982.16	55	\$1,460.14	64+	\$1,964.31
20	\$635.13	29	\$732.69	38	\$815.84	47	\$1,023.41	56	\$1,527.58		
21	\$654.77	30	\$743.16	39	\$826.32	48	\$1,070.55	57	\$1,595.67		
22	\$654.77	31	\$758.88	40	\$836.80	49	\$1,117.04	58	\$1,668.35		

Composite Rates											
Plan ID: P5M1PPO			Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum	
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$833.04		ES	\$1,666.08		EC	\$1,541.12		EF	\$2,374.16	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G534PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$429.15	23	\$560.98	32	\$663.64	41	\$730.40	50	\$1,001.91	59	\$1,460.23
15	\$467.30	24	\$560.98	33	\$672.05	42	\$743.30	51	\$1,046.23	60	\$1,522.50
16	\$481.88	25	\$563.22	34	\$681.03	43	\$761.25	52	\$1,095.03	61	\$1,576.35
17	\$496.47	26	\$574.44	35	\$685.52	44	\$783.69	53	\$1,144.40	62	\$1,611.70
18	\$512.17	27	\$587.91	36	\$690.01	45	\$810.06	54	\$1,197.69	63	\$1,656.01
19	\$527.88	28	\$609.79	37	\$694.49	46	\$841.47	55	\$1,250.99	64+	\$1,682.94
20	\$544.15	29	\$627.74	38	\$698.98	47	\$876.81	56	\$1,308.77		
21	\$560.98	30	\$636.71	39	\$707.96	48	\$917.20	57	\$1,367.11		
22	\$560.98	31	\$650.18	40	\$716.93	49	\$957.03	58	\$1,429.38		

Composite Rates											
Plan ID: G534PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$713.71		ES	\$1,427.42		EC	\$1,320.36		EF	\$2,034.07	

Age Rates											
Plan ID: G532PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$431.87	23	\$564.53	32	\$667.84	41	\$735.02	50	\$1,008.25	59	\$1,469.47
15	\$470.25	24	\$564.53	33	\$676.31	42	\$748.00	51	\$1,052.85	60	\$1,532.13
16	\$484.93	25	\$566.79	34	\$685.34	43	\$766.07	52	\$1,101.96	61	\$1,586.33
17	\$499.61	26	\$578.08	35	\$689.86	44	\$788.65	53	\$1,151.64	62	\$1,621.89
18	\$515.42	27	\$591.63	36	\$694.37	45	\$815.18	54	\$1,205.27	63	\$1,666.49
19	\$531.22	28	\$613.64	37	\$698.89	46	\$846.80	55	\$1,258.90	64+	\$1,693.59
20	\$547.59	29	\$631.71	38	\$703.40	47	\$882.36	56	\$1,317.05		
21	\$564.53	30	\$640.74	39	\$712.44	48	\$923.01	57	\$1,375.76		
22	\$564.53	31	\$654.29	40	\$721.47	49	\$963.09	58	\$1,438.42		

Composite Rates											
Plan ID: G532PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$718.23		ES	\$1,436.46		EC	\$1,328.73		EF	\$2,046.96	

Age Rates											
Plan ID: G536PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$423.03	23	\$552.98	32	\$654.18	41	\$719.98	50	\$987.62	59	\$1,439.41
15	\$460.63	24	\$552.98	33	\$662.47	42	\$732.70	51	\$1,031.31	60	\$1,500.79
16	\$475.01	25	\$555.19	34	\$671.32	43	\$750.39	52	\$1,079.42	61	\$1,553.87
17	\$489.39	26	\$566.25	35	\$675.74	44	\$772.51	53	\$1,128.08	62	\$1,588.71
18	\$504.87	27	\$579.52	36	\$680.17	45	\$798.50	54	\$1,180.61	63	\$1,632.40
19	\$520.35	28	\$601.09	37	\$684.59	46	\$829.47	55	\$1,233.15	64+	\$1,658.94
20	\$536.39	29	\$618.78	38	\$689.01	47	\$864.31	56	\$1,290.10		
21	\$552.98	30	\$627.63	39	\$697.86	48	\$904.12	57	\$1,347.61		
22	\$552.98	31	\$640.90	40	\$706.71	49	\$943.38	58	\$1,408.99		

Composite Rates											
Plan ID: G536PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$703.53		ES	\$1,407.06		EC	\$1,301.53		EF	\$2,005.06	

Age Rates											
Plan ID: G5M2PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$445.28	23	\$582.06	32	\$688.58	41	\$757.84	50	\$1,039.56	59	\$1,515.10
15	\$484.86	24	\$582.06	33	\$697.31	42	\$771.23	51	\$1,085.54	60	\$1,579.71
16	\$499.99	25	\$584.39	34	\$706.62	43	\$789.86	52	\$1,136.18	61	\$1,635.59
17	\$515.12	26	\$596.03	35	\$711.28	44	\$813.14	53	\$1,187.40	62	\$1,672.26
18	\$531.42	27	\$610.00	36	\$715.93	45	\$840.49	54	\$1,242.70	63	\$1,718.24
19	\$547.72	28	\$632.70	37	\$720.59	46	\$873.09	55	\$1,297.99	64+	\$1,746.18
20	\$564.60	29	\$651.33	38	\$725.25	47	\$909.76	56	\$1,357.95		
21	\$582.06	30	\$660.64	39	\$734.56	48	\$951.67	57	\$1,418.48		
22	\$582.06	31	\$674.61	40	\$743.87	49	\$992.99	58	\$1,483.09		

Composite Rates											
Plan ID: G5M2PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$740.53		ES	\$1,481.06		EC	\$1,369.98		EF	\$2,110.51	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G531PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$434.80	23	\$568.36	32	\$672.37	41	\$740.00	50	\$1,015.09	59	\$1,479.44
15	\$473.44	24	\$568.36	33	\$680.90	42	\$753.08	51	\$1,059.99	60	\$1,542.53
16	\$488.22	25	\$570.63	34	\$689.99	43	\$771.26	52	\$1,109.44	61	\$1,597.09
17	\$503.00	26	\$582.00	35	\$694.54	44	\$794.00	53	\$1,159.45	62	\$1,632.90
18	\$518.91	27	\$595.64	36	\$699.08	45	\$820.71	54	\$1,213.45	63	\$1,677.80
19	\$534.83	28	\$617.81	37	\$703.63	46	\$852.54	55	\$1,267.44	64+	\$1,705.08
20	\$551.31	29	\$635.99	38	\$708.18	47	\$888.35	56	\$1,325.98		
21	\$568.36	30	\$645.09	39	\$717.27	48	\$929.27	57	\$1,385.09		
22	\$568.36	31	\$658.73	40	\$726.36	49	\$969.62	58	\$1,448.18		

Composite Rates											
Plan ID: G531PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$723.10		ES	\$1,446.20		EC	\$1,337.74		EF	\$2,060.84	

Age Rates											
Plan ID: G537PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$429.69	23	\$561.68	32	\$664.47	41	\$731.31	50	\$1,003.16	59	\$1,462.05
15	\$467.88	24	\$561.68	33	\$672.89	42	\$744.23	51	\$1,047.53	60	\$1,524.40
16	\$482.48	25	\$563.93	34	\$681.88	43	\$762.20	52	\$1,096.40	61	\$1,578.32
17	\$497.09	26	\$575.16	35	\$686.37	44	\$784.67	53	\$1,145.83	62	\$1,613.71
18	\$512.81	27	\$588.64	36	\$690.87	45	\$811.07	54	\$1,199.19	63	\$1,658.08
19	\$528.54	28	\$610.55	37	\$695.36	46	\$842.52	55	\$1,252.55	64+	\$1,685.04
20	\$544.83	29	\$628.52	38	\$699.85	47	\$877.91	56	\$1,310.40		
21	\$561.68	30	\$637.51	39	\$708.84	48	\$918.35	57	\$1,368.81		
22	\$561.68	31	\$650.99	40	\$717.83	49	\$958.23	58	\$1,431.16		

Composite Rates											
Plan ID: G537PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$714.60		ES	\$1,429.20		EC	\$1,322.01		EF	\$2,036.61	

Age Rates											
Plan ID: G530PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$422.71	23	\$552.56	32	\$653.68	41	\$719.43	50	\$986.87	59	\$1,438.31
15	\$460.28	24	\$552.56	33	\$661.97	42	\$732.14	51	\$1,030.52	60	\$1,499.65
16	\$474.65	25	\$554.77	34	\$670.81	43	\$749.82	52	\$1,078.60	61	\$1,552.69
17	\$489.02	26	\$565.82	35	\$675.23	44	\$771.93	53	\$1,127.22	62	\$1,587.50
18	\$504.49	27	\$579.08	36	\$679.65	45	\$797.90	54	\$1,179.72	63	\$1,631.16
19	\$519.96	28	\$600.63	37	\$684.07	46	\$828.84	55	\$1,232.21	64+	\$1,657.68
20	\$535.98	29	\$618.31	38	\$688.49	47	\$863.65	56	\$1,289.12		
21	\$552.56	30	\$627.16	39	\$697.33	48	\$903.44	57	\$1,346.59		
22	\$552.56	31	\$640.42	40	\$706.17	49	\$942.67	58	\$1,407.92		

Composite Rates											
Plan ID: G530PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$703.00		ES	\$1,406.00		EC	\$1,300.55		EF	\$2,003.55	

Age Rates											
Plan ID: S532PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$379.07	23	\$495.51	32	\$586.19	41	\$645.15	50	\$884.98	59	\$1,289.81
15	\$412.76	24	\$495.51	33	\$593.62	42	\$656.55	51	\$924.13	60	\$1,344.81
16	\$425.64	25	\$497.49	34	\$601.55	43	\$672.41	52	\$967.24	61	\$1,392.38
17	\$438.53	26	\$507.40	35	\$605.51	44	\$692.23	53	\$1,010.84	62	\$1,423.60
18	\$452.40	27	\$519.29	36	\$609.48	45	\$715.52	54	\$1,057.91	63	\$1,462.75
19	\$466.27	28	\$538.62	37	\$613.44	46	\$743.27	55	\$1,104.99	64+	\$1,486.53
20	\$480.64	29	\$554.48	38	\$617.41	47	\$774.48	56	\$1,156.02		
21	\$495.51	30	\$562.40	39	\$625.33	48	\$810.16	57	\$1,207.56		
22	\$495.51	31	\$574.30	40	\$633.26	49	\$845.34	58	\$1,262.56		

Composite Rates											
Plan ID: S532PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$630.42		ES	\$1,260.84		EC	\$1,166.28		EF	\$1,796.70	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S531PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$376.83	23	\$492.59	32	\$582.73	41	\$641.35	50	\$879.77	59	\$1,282.21
15	\$410.33	24	\$492.59	33	\$590.12	42	\$652.68	51	\$918.68	60	\$1,336.89
16	\$423.13	25	\$494.56	34	\$598.00	43	\$668.44	52	\$961.54	61	\$1,384.18
17	\$435.94	26	\$504.41	35	\$601.94	44	\$688.15	53	\$1,004.88	62	\$1,415.21
18	\$449.73	27	\$516.23	36	\$605.89	45	\$711.30	54	\$1,051.68	63	\$1,454.13
19	\$463.53	28	\$535.45	37	\$609.83	46	\$738.89	55	\$1,098.48	64+	\$1,477.77
20	\$477.81	29	\$551.21	38	\$613.77	47	\$769.92	56	\$1,149.21		
21	\$492.59	30	\$559.09	39	\$621.65	48	\$805.38	57	\$1,200.44		
22	\$492.59	31	\$570.91	40	\$629.53	49	\$840.36	58	\$1,255.12		

Composite Rates											
Plan ID: S531PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$626.70		ES	\$1,253.40		EC	\$1,159.40		EF	\$1,786.10	

Age Rates											
Plan ID: S535PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$376.08	23	\$491.61	32	\$581.57	41	\$640.08	50	\$878.02	59	\$1,279.66
15	\$409.51	24	\$491.61	33	\$588.95	42	\$651.38	51	\$916.85	60	\$1,334.23
16	\$422.29	25	\$493.58	34	\$596.81	43	\$667.11	52	\$959.62	61	\$1,381.42
17	\$435.07	26	\$503.41	35	\$600.75	44	\$686.78	53	\$1,002.88	62	\$1,412.40
18	\$448.84	27	\$515.21	36	\$604.68	45	\$709.88	54	\$1,049.59	63	\$1,451.23
19	\$462.61	28	\$534.38	37	\$608.61	46	\$737.42	55	\$1,096.29	64+	\$1,474.83
20	\$476.86	29	\$550.11	38	\$612.55	47	\$768.39	56	\$1,146.93		
21	\$491.61	30	\$557.98	39	\$620.41	48	\$803.78	57	\$1,198.05		
22	\$491.61	31	\$569.78	40	\$628.28	49	\$838.69	58	\$1,252.62		

Composite Rates											
Plan ID: S535PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$625.46		ES	\$1,250.92		EC	\$1,157.10		EF	\$1,782.56	

Age Rates											
Plan ID: G533PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$419.46	23	\$548.32	32	\$648.66	41	\$713.91	50	\$979.30	59	\$1,427.28
15	\$456.75	24	\$548.32	33	\$656.89	42	\$726.52	51	\$1,022.62	60	\$1,488.14
16	\$471.01	25	\$550.51	34	\$665.66	43	\$744.07	52	\$1,070.32	61	\$1,540.78
17	\$485.26	26	\$561.48	35	\$670.05	44	\$766.00	53	\$1,118.57	62	\$1,575.32
18	\$500.62	27	\$574.64	36	\$674.43	45	\$791.77	54	\$1,170.66	63	\$1,618.64
19	\$515.97	28	\$596.02	37	\$678.82	46	\$822.48	55	\$1,222.75	64+	\$1,644.96
20	\$531.87	29	\$613.57	38	\$683.21	47	\$857.02	56	\$1,279.23		
21	\$548.32	30	\$622.34	39	\$691.98	48	\$896.50	57	\$1,336.26		
22	\$548.32	31	\$635.50	40	\$700.75	49	\$935.43	58	\$1,397.12		

Composite Rates											
Plan ID: G533PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$697.60		ES	\$1,395.20		EC	\$1,290.56		EF	\$1,988.16	

Age Rates											
Plan ID: G535PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$405.25	23	\$529.74	32	\$626.68	41	\$689.72	50	\$946.12	59	\$1,378.91
15	\$441.27	24	\$529.74	33	\$634.63	42	\$701.91	51	\$987.97	60	\$1,437.71
16	\$455.05	25	\$531.86	34	\$643.10	43	\$718.86	52	\$1,034.05	61	\$1,488.57
17	\$468.82	26	\$542.45	35	\$647.34	44	\$740.05	53	\$1,080.67	62	\$1,521.94
18	\$483.65	27	\$555.17	36	\$651.58	45	\$764.94	54	\$1,130.99	63	\$1,563.79
19	\$498.49	28	\$575.83	37	\$655.82	46	\$794.61	55	\$1,181.32	64+	\$1,589.22
20	\$513.85	29	\$592.78	38	\$660.06	47	\$827.98	56	\$1,235.88		
21	\$529.74	30	\$601.25	39	\$668.53	48	\$866.12	57	\$1,290.98		
22	\$529.74	31	\$613.97	40	\$677.01	49	\$903.74	58	\$1,349.78		

Composite Rates											
Plan ID: G535PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Gold		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$673.97		ES	\$1,347.94		EC	\$1,246.84		EF	\$1,920.81	

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S534PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$375.50	23	\$490.85	32	\$580.68	41	\$639.09	50	\$876.66	59	\$1,277.68
15	\$408.88	24	\$490.85	33	\$588.04	42	\$650.38	51	\$915.44	60	\$1,332.17
16	\$421.64	25	\$492.81	34	\$595.89	43	\$666.08	52	\$958.14	61	\$1,379.29
17	\$434.40	26	\$502.63	35	\$599.82	44	\$685.72	53	\$1,001.33	62	\$1,410.21
18	\$448.15	27	\$514.41	36	\$603.75	45	\$708.79	54	\$1,047.96	63	\$1,448.99
19	\$461.89	28	\$533.55	37	\$607.67	46	\$736.28	55	\$1,094.60	64+	\$1,472.55
20	\$476.12	29	\$549.26	38	\$611.60	47	\$767.20	56	\$1,145.15		
21	\$490.85	30	\$557.11	39	\$619.45	48	\$802.54	57	\$1,196.20		
22	\$490.85	31	\$568.90	40	\$627.31	49	\$837.39	58	\$1,250.69		

Composite Rates											
Plan ID: S534PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$624.49		ES	\$1,248.98		EC	\$1,155.31		EF	\$1,779.80	

Age Rates											
Plan ID: S5J1PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$372.36	23	\$486.74	32	\$575.81	41	\$633.74	50	\$869.32	59	\$1,266.98
15	\$405.45	24	\$486.74	33	\$583.11	42	\$644.93	51	\$907.77	60	\$1,321.01
16	\$418.11	25	\$488.69	34	\$590.90	43	\$660.51	52	\$950.12	61	\$1,367.74
17	\$430.76	26	\$498.42	35	\$594.80	44	\$679.98	53	\$992.95	62	\$1,398.40
18	\$444.39	27	\$510.10	36	\$598.69	45	\$702.85	54	\$1,039.19	63	\$1,436.86
19	\$458.02	28	\$529.09	37	\$602.58	46	\$730.11	55	\$1,085.43	64+	\$1,460.22
20	\$472.14	29	\$544.66	38	\$606.48	47	\$760.77	56	\$1,135.56		
21	\$486.74	30	\$552.45	39	\$614.27	48	\$795.82	57	\$1,186.19		
22	\$486.74	31	\$564.13	40	\$622.05	49	\$830.38	58	\$1,240.21		

Composite Rates											
Plan ID: S5J1PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Silver		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$619.26		ES	\$1,238.52		EC	\$1,145.63		EF	\$1,764.89	

Age Rates											
Plan ID: B536PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Bronze		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$345.32	23	\$451.40	32	\$534.01	41	\$587.72	50	\$806.20	59	\$1,174.99
15	\$376.02	24	\$451.40	33	\$540.78	42	\$598.11	51	\$841.86	60	\$1,225.10
16	\$387.75	25	\$453.21	34	\$548.00	43	\$612.55	52	\$881.13	61	\$1,268.43
17	\$399.49	26	\$462.23	35	\$551.61	44	\$630.61	53	\$920.86	62	\$1,296.87
18	\$412.13	27	\$473.07	36	\$555.22	45	\$651.82	54	\$963.74	63	\$1,332.53
19	\$424.77	28	\$490.67	37	\$558.83	46	\$677.10	55	\$1,006.62	64+	\$1,354.20
20	\$437.86	29	\$505.12	38	\$562.44	47	\$705.54	56	\$1,053.12		
21	\$451.40	30	\$512.34	39	\$569.67	48	\$738.04	57	\$1,100.06		
22	\$451.40	31	\$523.17	40	\$576.89	49	\$770.09	58	\$1,150.17		

Composite Rates											
Plan ID: B536PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Bronze		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$574.30		ES	\$1,148.60		EC	\$1,062.46		EF	\$1,636.76	

Age Rates											
Plan ID: B535PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Bronze		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$349.90	23	\$457.38	32	\$541.08	41	\$595.51	50	\$816.88	59	\$1,190.56
15	\$381.00	24	\$457.38	33	\$547.94	42	\$606.03	51	\$853.01	60	\$1,241.33
16	\$392.89	25	\$459.21	34	\$555.26	43	\$620.66	52	\$892.81	61	\$1,285.24
17	\$404.78	26	\$468.36	35	\$558.92	44	\$638.96	53	\$933.06	62	\$1,314.05
18	\$417.59	27	\$479.33	36	\$562.58	45	\$660.46	54	\$976.51	63	\$1,350.19
19	\$430.39	28	\$497.17	37	\$566.24	46	\$686.07	55	\$1,019.96	64+	\$1,372.14
20	\$443.66	29	\$511.81	38	\$569.90	47	\$714.88	56	\$1,067.07		
21	\$457.38	30	\$519.13	39	\$577.21	48	\$747.82	57	\$1,114.64		
22	\$457.38	31	\$530.10	40	\$584.53	49	\$780.29	58	\$1,165.40		

Composite Rates											
Plan ID: B535PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Bronze		
Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	
EO	\$581.91		ES	\$1,163.82		EC	\$1,076.53		EF	\$1,658.44	

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Age Rates											
Plan ID: B5N1PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Bronze		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$340.96	23	\$445.70	32	\$527.26	41	\$580.30	50	\$796.02	59	\$1,160.16
15	\$371.27	24	\$445.70	33	\$533.95	42	\$590.55	51	\$831.23	60	\$1,209.63
16	\$382.86	25	\$447.48	34	\$541.08	43	\$604.81	52	\$870.01	61	\$1,252.42
17	\$394.44	26	\$456.40	35	\$544.65	44	\$622.64	53	\$909.23	62	\$1,280.50
18	\$406.92	27	\$467.09	36	\$548.21	45	\$643.59	54	\$951.57	63	\$1,315.71
19	\$419.40	28	\$484.48	37	\$551.78	46	\$668.55	55	\$993.91	64+	\$1,337.10
20	\$432.33	29	\$498.74	38	\$555.34	47	\$696.63	56	\$1,039.82		
21	\$445.70	30	\$505.87	39	\$562.47	48	\$728.72	57	\$1,086.17		
22	\$445.70	31	\$516.57	40	\$569.60	49	\$760.36	58	\$1,135.64		

Composite Rates											
Plan ID: B5N1PPO			Network: Blue PPO Network			Plan Type: ACA			Metallic: Bronze		
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$567.05	ES	\$1,134.10	EC	\$1,049.04	EF	\$1,616.09				

Appendix - Monthly Dental Premiums

Renewing dental plan rates shown in the [Renewal at a Glance](#) section are based only on currently enrolled members. Alternative dental plan options shown in this section include all members.

Alternate Dental Renewal Plan Premiums – Monthly Premium by Age and Composite Rates

DILHR30			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$55.61	Over 21: \$72.07	\$903.99
Composite Rates:	EO: \$69.81	ES: \$139.62	
	EC: \$171.03	EF: \$275.75	\$904.04

DILHR31			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$52.71	Over 21: \$64.07	\$810.19
Composite Rates:	EO: \$62.56	ES: \$125.12	
	EC: \$153.27	EF: \$247.11	\$810.15

DILHR32			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$51.59	Over 21: \$59.61	\$758.89
Composite Rates:	EO: \$58.60	ES: \$117.20	
	EC: \$143.57	EF: \$231.47	\$758.87

DILHR33			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$46.57	Over 21: \$53.74	\$684.28
Composite Rates:	EO: \$52.84	ES: \$105.68	
	EC: \$129.46	EF: \$208.72	\$684.28

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DILHR34			Total Monthly Dental Cost
Contributory Group	High Allocation	Active	
Age Rates:	Under 21: \$37.32	Over 21: \$42.13	\$538.07
Composite Rates:	EO: \$41.55	ES: \$83.10	
	EC: \$101,80	EF: \$164,12	\$538.07

DILHR35			Total Monthly Dental Cost
Contributory Group High Allocation Active			
Age Rates:	Under 21: \$53.32	Over 21: \$65.15	\$823.29
Composite Rates:	EO: \$63.58	ES: \$127.16	
	EC: \$155.77	EF: \$251.14	\$823.36

DILHM38			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$34.07	Over 21: \$34.19	\$444.23
Composite Rates:	EO: \$34.30	ES: \$68.60	
	EC: \$84.04	EF: \$135.49	\$444.19

DILHM40			Total Monthly Dental Cost
Contributory Group High Allocation Active			
Age Rates:	Under 21: \$27.59	Over 21: \$32.42	\$411.80
Composite Rates:	EO: \$31.80	ES: \$63.60	
	EC: \$77.91	EF: \$125.61	\$411.81

DILHM42			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$19.23	Over 21: \$15.90	\$213.36
Composite Rates:	EO: \$16.47	ES: \$32.94	
	EC: \$40.35	EF: \$65.06	\$213.29

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DILHR50			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$40.02	Over 21: \$51.23	\$643.57
Composite Rates:	EO: \$49.70	ES: \$99.40	
	EC: \$121.77	EF: \$196.32	\$643.62

DILHM57			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$43.14	Over 21: \$48.38	\$618.46
Composite Rates:	EO: \$47.76	ES: \$95.52	
	EC: \$117.01	EF: \$188.65	\$618.49

DILHR61			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$48.55	Over 21: \$56.26	\$715.96
Composite Rates:	EO: \$55.29	ES: \$110.58	
	EC: \$135.46	EF: \$218.40	\$716.01

DILLR36			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$34.78	Over 21: \$42.59	\$538.05
Composite Rates:	EO: \$41.55	ES: \$83.10	
	EC: \$101.80	EF: \$164.12	\$538.07

DILLM41			Total Monthly Dental Cost
Contributory Group	Low Allocation	Active	
Age Rates:	Under 21: \$20.59	Over 21: \$23.38	\$298.36
Composite Rates:	EO: \$23.04	ES: \$46.08	
	EC: \$56.45	EF: \$91.01	\$298.37

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DILLM51			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$31.23	Over 21: \$31.09	\$404.45
Composite Rates:	EO: \$31.23	ES: \$62.46	
	EC: \$76.51	EF: \$123.36	\$404.43

DILLR58			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$40.69	Over 21: \$44.64	\$572.42
Composite Rates:	EO: \$44.20	ES: \$88.40	
	EC: \$108.29	EF: \$174.59	\$572.39

DILLR62			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$43.84	Over 21: \$48.85	\$625.03
Composite Rates:	EO: \$48.26	ES: \$96.52	
	EC: \$118.24	EF: \$190.63	\$624.97

DILHR43			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$51.15	Over 21: \$56.24	\$720.94
Composite Rates:	EO: \$55.67	ES: \$111.34	
	EC: \$136.39	EF: \$219.90	\$720.93

DILHM44			Total Monthly Dental Cost
Voluntary Group	High Allocation	Active	
Age Rates:	Under 21: \$30.26	Over 21: \$34.79	\$443.21
Composite Rates:	EO: \$34.22	ES: \$68.44	
	EC: \$83.84	EF: \$135.17	\$443.15

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Monthly Dental Premiums

DILHR45			Total Monthly Dental Cost
Voluntary Group	High Allocation	Active	
Age Rates:	Under 21: \$52.01	Over 21: \$53.07	\$687.79
Composite Rates:	EO: \$53.11	ES: \$106.22	
	EC: \$130.12	EF: \$209.78	\$687.77

DILHM46			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$21.15	Over 21: \$17.47	\$234.47
Composite Rates:	EO: \$18.11	ES: \$36.22	
	EC: \$44.37	EF: \$71.53	\$234.52

DILHR53			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$43.91	Over 21: \$54.92	\$691.94
Composite Rates:	EO: \$53.43	ES: \$106.86	
	EC: \$130.90	EF: \$211.05	\$691.92

DILHM59			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$47.32	Over 21: \$50.57	\$650.91
Composite Rates:	EO: \$50.26	ES: \$100.52	
	EC: \$123.14	EF: \$198.53	\$650.87

DILLR47			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$39.91	Over 21: \$51.08	\$641.70
Composite Rates:	EO: \$49.55	ES: \$99.10	
	EC: \$121.40	EF: \$195.72	\$641.67

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Monthly Dental Premiums

DILLR48			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$44.45	Over 21: \$52.21	\$663.21
Composite Rates:	EO: \$51.21	ES: \$102.42	
	EC: \$125.46	EF: \$202.28	\$663.17

DILLM49			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$28.74	Over 21: \$30.26	\$390.34
Composite Rates:	EO: \$30.14	ES: \$60.28	
	EC: \$73.84	EF: \$119.05	\$390.31

DILLR54			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$38.19	Over 21: \$45.80	\$580.18
Composite Rates:	EO: \$44.80	ES: \$89.60	
	EC: \$109.76	EF: \$176.96	\$580.16

DILLM55			Total Monthly Dental Cost
Voluntary Group Low Allocation Passive			
Age Rates:	Under 21: \$34.27	Over 21: \$33.45	\$436.49
Composite Rates:	EO: \$33.71	ES: \$67.42	
	EC: \$82.59	EF: \$133.15	\$436.54

DILLM56			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Active	
Age Rates:	Under 21: \$26.95	Over 21: \$28.72	\$369.82
Composite Rates:	EO: \$28.56	ES: \$57.12	
	EC: \$69.97	EF: \$112.81	\$369.85

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Account Name:
BERWYN PUBLIC HEALTH DISTRICT

Account Number: 512705
Agent: BERTUCA, VINCENT T

Renewal Effective Date: Jan 1, 2025
Rating Area: 1

Appendix - Monthly Dental Premiums

DILLR60			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$44.69	Over 21: \$48.03	\$617.71
Composite Rates:	EO: \$47.70	ES: \$95.40	
	EC: \$116.87	EF: \$188.42	\$617.72

Dental Group Size : B

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Monthly Standalone Vision Premiums

Composite Rates					
Plan Name : Plan 2					
Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost
EO	\$8.42	ES	\$16.01	EC	\$16.86
				EF	\$24.78

Composite Rates					
Plan Name : Plan 4					
Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost
EO	\$9.70	ES	\$18.44	EC	\$19.41
				EF	\$28.53

Composite Rates					
Plan Name : Plan 8					
Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost
EO	\$7.60	ES	\$14.44	EC	\$15.20
				EF	\$22.35

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Appendix - Monthly Employee Basic Life Premiums

Age-Banded Rates					
Plan Name: Plan 1					
Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost
<20	\$0.110	45 - 49	\$0.282	75 - 79	\$7.538
20 - 24	\$0.110	50 - 54	\$0.425	80 - 84	\$7.538
25 - 29	\$0.111	55 - 59	\$0.678	85 - 89	\$7.538
30 - 34	\$0.111	60 - 64	\$0.989	90 - 94	\$7.538
35 - 39	\$0.135	65 - 69	\$1.407	95 - 99	\$7.538
40 - 44	\$0.193	70 - 74	\$2.319	100+	\$7.538

Age-Banded Rates					
Plan Name: Plan 2					
Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost
<20	\$0.110	45 - 49	\$0.282	75 - 79	\$7.538
20 - 24	\$0.110	50 - 54	\$0.425	80 - 84	\$7.538
25 - 29	\$0.111	55 - 59	\$0.678	85 - 89	\$7.538
30 - 34	\$0.111	60 - 64	\$0.989	90 - 94	\$7.538
35 - 39	\$0.135	65 - 69	\$1.407	95 - 99	\$7.538
40 - 44	\$0.193	70 - 74	\$2.319	100+	\$7.538

Age-Banded Rates					
Plan Name: Plan 3					
Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost
<20	\$0.110	45 - 49	\$0.282	75 - 79	\$7.538
20 - 24	\$0.110	50 - 54	\$0.425	80 - 84	\$7.538
25 - 29	\$0.111	55 - 59	\$0.678	85 - 89	\$7.538
30 - 34	\$0.111	60 - 64	\$0.989	90 - 94	\$7.538
35 - 39	\$0.135	65 - 69	\$1.407	95 - 99	\$7.538
40 - 44	\$0.193	70 - 74	\$2.319	100+	\$7.538

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Monthly Supplemental Life Premiums

Age-Tier Rates											
Plan Name : Plan 1											
Age	Employee Rates Per \$1,000 Monthly Cost	Spouse Rates Per \$1,000 Monthly Cost	Child Rates Per \$1,000 Monthly Cost	Age	Employee Rates Per \$1,000 Monthly Cost	Spouse Rates Per \$1,000 Monthly Cost	Child Rates Per \$1,000 Monthly Cost	Age	Employee Rates Per \$1,000 Monthly Cost	Spouse Rates Per \$1,000 Monthly Cost	Child Rates Per \$1,000 Monthly Cost
<20	\$0.140	\$0.140	\$0.250	45 - 49	\$0.360	\$0.360	\$0.250	75 - 79	\$9.626	\$9.626	\$0.250
20 - 24	\$0.140	\$0.140	\$0.250	50 - 54	\$0.543	\$0.543	\$0.250	80 - 84	\$9.626	\$9.626	\$0.250
25 - 29	\$0.142	\$0.142	\$0.250	55 - 59	\$0.866	\$0.866	\$0.250	85 - 89	\$9.626	\$9.626	\$0.250
30 - 34	\$0.142	\$0.142	\$0.250	60 - 64	\$1.263	\$1.263	\$0.250	90 - 94	\$9.626	\$9.626	\$0.250
35 - 39	\$0.172	\$0.172	\$0.250	65 - 69	\$1.797	\$1.797	\$0.250	95 - 99	\$9.626	\$9.626	\$0.250
40 - 44	\$0.246	\$0.246	\$0.250	70 - 74	\$2.961	\$2.961	\$0.250	100+	\$9.626	\$9.626	\$0.250

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Renewal Generation Date : Sep 20, 2024

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Appendix - Plan Notes

Additional Benefit Information

This renewal exhibit does not contain a complete listing of exclusions, limitations and conditions that apply to the plan benefits displayed. For more information on these products, please refer to the plan's Summary of Benefits and Coverage

Embedded Deductibles

All small group metallic plans include an embedded deductible.



Health Savings Accounts (HSA) Plans

In accordance with federal regulations, copays will not apply until after the deductible is met, for applicable HSA plans.

Plan #	B535BCE	B5N1PPO	B5N1BCE	S507OPT	S5N1OPT	B536PPO	B535PPO	B536BCE
Contribution Amount	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0

Plan #	G533BCE	S534PPO	S534BCE	S5J1PPO	S5J1BCE	G535PPO	G535BCE	G5K1OPT
Contribution Amount	\$50 \$50-\$350	\$0 \$0-\$40	\$0 \$0-\$40	\$150 \$150-\$400	\$150 \$150-\$400	\$350 \$350-\$700	\$350 \$350-\$700	\$50 \$50-\$325

Plan #	G533PPO
Contribution Amount	\$50 \$50-\$350

Preventive prescription coverage

All HSA plans now feature a \$0 copay for certain preventive drugs, helping members stick to their treatment plans and better manage their health conditions.



Pharmacy Benefits

All small group plans include prescription drug benefits. For those plans which offer a prescription coinsurance, the coinsurance amount will be applied after the medical deductible is met.

Prescription drug benefits are based upon a drug list and tier level. How much a member pays out-of-pocket for prescription drugs is determined by whether their medication is on the drug list and which tier it is under – if a member chooses a medication on a lower tier, the out-of-pocket cost will be lower.

Some prescriptions may require members to meet certain criteria before prescription drug coverage may be approved, including prior authorization or step therapy.

Prescription copays are also based upon use of preferred or non-preferred pharmacies. Benefits displayed within the Plan Options section represent the higher copays for Non-Preferred Pharmacies. If a member visits an in network Preferred Pharmacy (excluding HMO and 100% cost sharing plans), they may pay a lower copay or coinsurance amount for a covered, non-specialty prescription drug. A full list of preferred pharmacies is available online at myprime.com using the "preferred" filter.

Please Note: BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.



Qualified small group health plans include pediatric vision and dental benefits.

Pediatric vision benefits are available to members up to age 19 and include one eye exam every 12 months as well as select pediatric hardware and vision discounts. To locate a provider, visit eyemedvisioncare.com/bcbsil.

Appendix - Plan Notes

Pediatric dental benefits are available to child dependents up to age 19. Benefits are subject to the medical deductible; coinsurance, copayments and other cost-sharing rules apply. To find an in network pediatric dental provider, visit bcbsil.com/providers/dppo.htm and search BlueCare Dental PPO to search for Providers.

Please note: Blue Precision HMO plans do not cover pediatric dental benefits if received from an out of network provider.



DENTAL BENEFIT COVERAGE

BlueCare Dental Enhanced BenefitSM

BCBS dental plans work together with medical plans to offer comprehensive coverage for the entire member. Through the BlueCare Dental Enhanced Benefit program, members identified with heart disease, diabetes or those who are pregnant are eligible for additional cleaning - as studies have shown that poor dental health can complicate these conditions.

Working together with the medical plan, this additional dental benefit can help to keep members healthier and lower chances of more serious complications.

Orthodontics Coverage

Some dental plans offer orthodontic benefits for both children AND adults. Refer to the Dental Plan Options to review applicable plans and available life time maximum benefits.

Review [Dental Plans](#)

Appendix - Monthly Premiums

Individual Age and Composite - Rated Premiums

Premium rates for all medical and dental plans include two rating options:

1. Individual age-rates. Age-rates are based on each individual's age. This means the total premium for a family would equal the sum of all individual family members' rates.

If an employee covers more than three dependent children (under the age of 21) on their family policy, the premium rate for children is capped at the three oldest children, under the age of 21.

2. Composite-rates. Composite-rates are billed by coverage tier (EO = Employee Only; ES = Employee + Spouse; EC = Employee + Child(ren); EF = Employee + Family).

Both the EC and EF tiers include all children covered under the plan, regardless of the number of children.

Groups with multiple medical and/or dental plans may select only one rating method. Combining plans with age and composite rates (including medical and dental plan combinations) is not allowed.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Medical Rate Contingencies

Rates are Contingent Upon

- A minimum and sustained enrollment of 70% of eligible employees (less valid waivers).
- An employer contribution of at least 25% of the 'Employee Only' cost. If multiple medical options are provided to employees, the employer may elect to contribute 25% of the lowest cost plan "Employee Only" premium.
- Employer will promptly notify Blue Cross and Blue Shield of Illinois (BCBSIL) of any change in participation and Employer contribution.
- BCBSIL reserves the right to:
 - Restrict new business enrollment in medical insurance coverage to open or special enrollment periods unless the 25% minimum employer contribution is met and at least 70% of eligible employees (less valid waivers) have enrolled for coverage.
 - Review participation and contribution on existing business and non-renew or discontinue medical coverage unless the 25% minimum employer contribution is met and at least 70% of eligible employees (less valid waivers) have enrolled for coverage.
 - Change premium rates upon 31 days written notice in the event of new local, state, or federal legislation or administrative rulings which obligate BCBSIL to pay new taxes, surcharges, or other fees, or to modify a benefit or mandate a new benefit.
- Contracts shown represent enrollment as of four months prior to the renewal effective date.
- The medical and/or dental rates shown are for twelve (12) months from the renewal effective date and have been priced in accordance with our current regulatory status and the existing benefit program. If your rate effective date is different from your renewal effective date, your rates are guaranteed until your next renewal effective date.
- If Medicare rates are shown, those are only applicable for employees and dependents that have Medicare as their primary coverage. The actual billed premium rates where split Medicare contracts exist will differ from the rates appearing on this renewal exhibit and enclosed proposal depending on an individuals' primary/secondary coverages, active-at-work/retired status and the number of employees within the group (not applicable to Metallic plans).
- For Government Plans and Church Plans, BCBSIL's administration is based on the Benefit Plan not being subject to ERISA. For all other plans, BCBSIL's administration is based on the Benefit Plan being subject to ERISA. In the event you have determined that the above administration is not applicable to the Plan, please advise BCBSIL of your position in writing as soon as possible.
- This renewal assumes the contract will be issued in Illinois.
- Upon inquiry from employer groups, BCBSIL will provide information to the employer group regarding compensation paid to the employer's Producer/Agent by BCBSIL in connection with the employer's policy or contract with BCBSIL.
- This information is not intended, nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.

Review Total Monthly Medical Premium

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Dental Rate Contingencies and Plan Pairings

Dental Rates Are Contingent Upon:

- A 12-month effective period beginning from the renewal effective date.
- Retirees are not eligible for coverage.

Plan Pairings (Groups with 10 or more Subscribers)

Any one contributory high option can be paired with any one contributory low option.

Any one voluntary high option can be paired with any one voluntary low option.

Voluntary plans and contributory plans may not be offered together.

Exception: DILHM57 can be paired with DILHR33.

Also DILHM59 can be paired with DILHR43 respectively.

Also: DILHM42 can be paired with any contributory plan. And DILHM46 can be paired with any voluntary plan.

Participation Requirements

Contributory

>70% participation

>50% employer contribution

Voluntary

>25% participation

<50% employer contribution

Review Total Monthly Dental Premium

Appendix - Notices and Important Information

Off-Cycle Plan Change Requests for Regulated Small Groups (1-50)

If a plan change or addition is needed, a new quote must be pulled from BCBSIL. Rate quotes are only required for new plans. Existing/remaining plans that are not changed are not required to be requested.

Rate information from this renewal packet cannot be used for any Anniversary Date or off-cycle changes.

BCBSIL Quotes pulled for off cycle changes (those not occurring upon the group's Anniversary Date) may be impacted by:

- **Age changes** – if a subscriber has aged between the time of the group's renewal and the off-cycle plan change(s), the new age must be used for quoting purposes for plan changes only. If the subscriber remains in their existing plan, no rate adjustment is required.
- **Headquarter location changes** – if the group moves headquarter locations after the Anniversary Date, this may affect the rating area and rates for off cycle plan change(s). Rates for existing plans will not be affected by the new rating area, until the group's next Anniversary Date.
- **Inaccurate rate information** – in the unlikely event that inaccurate information is provided for off-cycle plan change(s), such as updating the group's new rating area, BCBSIL cannot honor the quote.
- **Composite Changes** – Off-cycle plan change(s) are not available to groups who wish to change their billing method, (electing to move from age rates to composite rates and vice versa); or groups who wish to add additional composite rated plans. Anniversary Date changes are required in these situations. Contact BCBSIL to obtain final rates involving Anniversary Date changes.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Notices and Important Information

Notwithstanding anything in the renewal or proposal to the contrary, BCBSIL reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSIL to pay, submit or forward, on its own behalf or on the Employer Group's behalf. BCBSIL also reserves the right to change the premium rates it charges Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/implemented which results in increased projected claim costs or an increase to BCBSIL's expenses or cost of plan administration.

If this document was generated for an employer with current BCBSIL coverage, it is void unless provided by a BCBSIL Representative with express permission from Underwriting.

Notice of Privacy Practices

The federal and state laws require medical plans to provide notice of their privacy practices, legal duties and an insured's rights concerning protected medical information. Please copy and distribute the enclosed Notice of Privacy Practices to each new employee at the time of his or her enrollment of medical coverage.

Important Notices Document

The federal Medical Insurance Portability and Accountability Act of 1996 (HIPAA) requires employers to notify all eligible employees of important provisions in their medical care plans:

- The employees' right to enroll in the plan under the "special enrollment provision".

Please copy and distribute the enclosed Important Notices - *Initial Notice about Special Enrollment Rights in Your Group Medical Plan and Additional Notices* directly to all your employees as soon as possible.

NOTE: This notice must also be given to each new employee prior to his or her enrollment in, or declination of, medical coverage, and must be redistributed each year at open enrollment.

INSTRUCTIONS

If you are adding more than one plan to your coverage offerings in the new year, then employee applications will be required to identify what coverage option they choose.

Important: all open enrollment applications must be signed, dated, and received by BCBSIL prior to the open enrollment effective date. If the date on the application is after the open enrollment effective date, regardless of receipt date, the applicant may not enroll until the next annual open enrollment.

Please note that late enrollment for employees/dependents selecting HMO or PPO coverage will only be permitted at open enrollment.

Payment of the premium due under the policy constitutes acceptance of the terms of our renewal offer.

Medicare-Eligible HMO Members

To continue receiving medical care benefits through an HMO of Blue Cross and Blue Shield of Illinois. HMO members who are retired and who are eligible for Medicare must be actively enrolled in both Medicare Part A and Part B. Also, this includes HMO members who are active employees of groups with less than 20 employees where Medicare is the primary payer. When your company's active members retire, please make sure that they provide proof of both Medicare Part A and Part B coverage.

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Appendix - Summary of Benefits & Coverage

Summary of Benefits & Coverage

Notice to Policyholder

The Affordable Care Act requires group medical plans and/or insurance issuers to create and distribute a Summary of Benefits and Coverage (or alternate format permitted by the Affordable Care Act) (the "SBC"), to participants and beneficiaries in certain specified situations as required by Section 2715 of the Public Medical Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time (the "SBC Requirements"). This Notice is to inform you that effective for Policy Years for which you, as Policyholder, hold an open enrollment period on or after September 23, 2012, Blue Cross and Blue Shield of Illinois (BCBSIL) will provide certain SBC services as follows.

For participants and beneficiaries who join other than through an open enrollment period BCBSIL will provide the following SBC services as of the first day of your first plan year that is on or after September 23, 2012. Policyholder will promptly provide BCBSIL with such policy year date.

SBC Creation

BCBSIL will create the SBC and provide it to you, as Policyholder.

SBC Review and Distribution

The Policyholder shall carefully review the SBC and if it is satisfactory, the Policyholder will distribute it to participants and beneficiaries at the time and in a manner consistent with the SBC Requirements. If not satisfactory, Policyholder will promptly notify BCBSIL.

Accordingly, your policy is being issued or renewed subject to the above responsibilities and to additional SBC terms and conditions, including but not limited to:

- Policyholder is responsible for synthesizing information from its various insurers and administrative service providers it uses for its group medical plan (or providing multiple partial SBCs if permitted by law).
- Nothing in the Contract relieves the Policyholder or its group medical plan of their respective legal and regulatory obligations with respect to the SBC.
- BCBSIL has no responsibility for, or obligations with respect to, the SBCs except as specified in this Contract.
- Policyholder is responsible for furnishing to BCBSIL in a timely manner all information necessary for the timely creation and distribution of SBCs, including but not limited to names and addresses for: (i) any person currently enrolled in any plan administered or insured by BCBSIL, and (ii) any person the employer tells us is eligible or may become eligible. Policyholder's failure to furnish such information, to agree to an implementation plan or to promptly review/approve SBCs may delay and/or jeopardize BCBSIL's preparation of the SBC and the Plan is relieved of its SBC obligations.
- BCBSIL's SBC operations will not be considered to be in breach of the Contract to the extent BCBSIL has worked diligently and in good faith to provide the SBC services, based on a reasonable interpretation of then-current SBC-related ACA provisions and Guidance, in a manner consistent with the SBC Requirements.
- BCBSIL may, but is not required to, monitor Policyholder's performance of its SBC obligations, audit the Policyholder with respect to the SBC, request and receive information, documents and assurances from Policyholder with respect to the SBC, provide its own SBC (or SBC corrections) to participants and beneficiaries, communicate with participants and beneficiaries regarding the SBC, respond to SBC-related inquiries from participants and beneficiaries, and/or take steps to avoid or correct potential violations of applicable laws or regulations. Policyholder will notify the Plan of any actual or potential non-compliance with the SBC Requirements.
- Policyholder will indemnify and hold BCBSIL harmless with respect to the SBC.

These changes are binding on your Policy and/or you will receive a formal Policy amendment for your files once it has been approved by the Illinois Department of Insurance.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.



BlueCross BlueShield of Illinois

Summary of Benefits and Coverage (SBC) Tool Steps

No Login Requirements!

Login information is not required to access the **Summary of Benefits and Coverage (SBC)** tool. Use the link provided to the right or continue to use **Blue Access for EmployersSM** or **Blue Access for ProducersSM**.



CLICK HERE
for the SBC
Tool Link

Steps to use the SBC Tool

STEP 1:

Click on the Order basket to request SBCs. Use the old SBC Tool to access SBCs for metallic plans with effective dates before 2021, and for all grandfathered and transitional plans.

STEP 2:

- For Small Group SBCs, enter the Plan ID in the Plan ID field.
- For Mid-Market and Blue Balance FundedSM SBCs, enter the Plan ID in the MPI (Marketing Plan ID) field.
- Identify the plan year, your state and market segment.
- Select English or Spanish
- Click **Search**

TIP — For Spanish SBCs, the date format is DD/MM/YY.

STEP 3:

- Available SBCs will appear under the "Results" section.
- If the Plan ID or MPI were not included in the search, a full list of small group benefit plans will appear under the "Results" drop down tab.
- Select your requested SBC and click "Next".

STEP 4:

Identify the required plan effective dates. "Coverage for" will default to Individual/Family. Click "Next".

STEP 5:

Review the proof carefully.

Check to make sure the correct period and coverage is populated on page 1 of the PDF in the upper right corner. Click the "Print on Site" button to download, save or print the SBC.

STEP 6:

Close the PDF pop-up window to complete your order.



Technical Help

1. [CLICK HERE](#) for technical issues support.
2. If an SBC is missing or additional assistance is needed, please reach out to StandardSBCRequests@bcbsil.com.

Appendix - Notices and Important Information

I. Initial Notice about Special Enrollment Rights in Your Group Medical Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, nonfederal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children's Medical Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Medical Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's medical insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's medical insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Medical Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's medical insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED MEDICAL PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or

[Go Back to Renewal Contents](#)

Appendix - Notices and Important Information

beneficiaries:

If the plan requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child:

For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:

You do not need prior authorization from the plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a medical care professional in our network who specializes in obstetrics or gynecology. The medical care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating medical care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Notices and Important Information

IRS Announces Inflation Adjustments for 2025 HDHPs and HSAs

The IRS has announced the inflation adjustments for 2025 High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA). These adjustments include maximum HSA contributions, minimum deductible amounts and maximum out-of-pocket limits. The following adjustments apply to the calendar year 2025.

Contributions to an HSA

For the calendar year 2025, the annual limitation on contributions to an HSA under §223(b)(2)(A) for an individual with self-only coverage under a HDHP is **\$4,300**. The annual limitation on contributions to an HSA under §223(b)(2)(B) for an individual with family coverage under an HDHP is **\$8,550**.

Additional Contribution Amount (Individuals Age 55 and Older)

The catch-up contribution limit to an HSA under §223(b)(3)(B), is \$1,000. There is no change from 2024.

High Deductible Health Plans

An HDHP is defined under §223(c)(2)(A) as a health plan with an annual deductible that is not less than **\$1,650** for self-only coverage or **\$3,300** for family coverage. The annual out-of-pocket expenses (deductibles, copayments, and other amounts, but not premiums) do not exceed **\$8,300** for self-only coverage or **\$16,600** for family coverage.

	2025	2024
Minimum Individual Deductible	\$1,650	\$1,600
Minimum Family Deductible	\$3,300	\$3,200
Maximum Individual Out of Pocket (OOP)	\$8,300	\$8,050
Maximum Family OOP	\$16,600	\$16,100
Maximum Individual Contribution	\$4,300	\$4,150
Maximum Family Contribution	\$8,550	\$8,300
Minimum Individual Embedded Deductible	\$3,300*	\$3,200
Minimum Family Embedded Deductible	\$3,300	\$3,200

**According to IRS guidance, an individual deductible (an embedded deductible) provided under a family HDHP must be at least the family minimum for the year (\$3,300 in 2025). Due to system limitations, groups with an embedded deductible family HDHP may not offer an employee-only HDHP with a deductible less than the family minimum (\$3,300) unless separate benefit agreements are established for employee-only and family HDHP coverage. The IRS individual minimum is \$1,650 for 2025.*

Please note that the HDHP limits on out-of-pocket expenses and the maximum out of pocket limits under the Affordable Care Act ("ACA") are NOT the same. The maximum out of pocket limits for 2025 are \$9,200 for self-only coverage, \$18,400 for other than self-only coverage.

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AGENDA ITEM SUMMARY

AGENDA ITEM: **10-B**

TITLE	MGA Risk Insurance for 2025
MEETING DATE	November 14, 2024
SUBMITTED BY	Margaret Paul, Board Secretary

SUMMARY	
ATTACHMENTS	
<ul style="list-style-type: none">Renewal MGA Risk Insurance for 2025	

ACTION PROPOSED				
<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	DISCUSSION	<input checked="" type="checkbox"/> REVIEW & APPROVAL
<input type="checkbox"/>	OTHER			



MGA Insurers, Inc.
207 S. Villa Avenue
Villa Park, IL 60181

October 19, 2024

Mr. David Avila
Township Supervisor
Township of Berwyn
6600 W. 26th St
Berwyn, IL 60402

Dear Mr. Avila,

We have finalized the Township insurance coverages for this year. The ICRMT continues to be the best coverage and cost option for the Township and Public Health District.

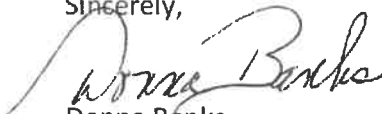
Enclosed is the synopsis of the current and renewal program with a breakdown of all costs. As you know, we are unable to obtain Cyber Coverage at this time. Most of the increase in premium is due to the increase of expenditures in the budget since the last renewal. Per the Township's instructions on January 13, 2013, we have used the following expenditure percentages to determine the cost to each fund for the package policy.

Public Health Fund	50%
Mental Health Fund	25%
Town Fund	12.5%
General Assistance Fund	12.5%

Please sign and return pages #20 and 22 as acceptance of the renewal. Our invoices for the premiums due are also enclosed. Please make checks payable to MGA Insurers, Inc.

If you have any questions, please feel free to contact us. Thank you for this opportunity to be of service to you.

Sincerely,


Donna Banks

Encl

**PUBLIC HEALTH DISTRICT
TOWNSHIP OF BERWYN
12/01/2024**

	CURRENT	RENEWAL
PACKAGE POLICY	\$ 27,182.	\$ 29,815.
BUILDING	\$2,790,667.	\$2,902,294.
CONTENTS	\$ 350,000.	\$ 350,000.
PROPERTY IN OPEN	\$ 118,289.	\$ 123,000.
MISC MOBILE PROPERTY	\$ 10,000.	\$ 10,000.
LIABILITY	\$1,000,000/ \$3,000,000.	\$1,000,000/ \$3,000,000.
PUBLIC OFFICIAL LIABILITY	\$1,000,000.	\$1,000,000.
EXCESS LIABILITY	\$2,000,000.	\$2,000,000.
CYBER LIABILITY	NIL	NIL
WORKERS COMPENSATION	COMBINED	COMBINED
PUBLIC HEALTH DISTRICT	\$ 4,885.	\$ 4,631.
TOWNSHIP	\$ 2,632.	\$ 2,493.
TOTAL	\$ 7,517.	\$ 7,124.

CURRENT COST BREAKDOWN FOR PACKAGE IS BASED ON EXPENDITURES

PUBLIC HEALTH DISTRICT	50%	\$ 14,907.
MENTAL HEALTH BOARD	25%	\$ 7,454.
TOWN FUND	12.5%	\$ 3,727.
GENERAL ASSISTANCE	12.5%	\$ 3,727.

****Property Coverage has increased \$111,627.**

****These are the percentages we used last year.**



MGA Insurers, Inc.
Montgomery Insurers, Inc.
59 E Park Blvd
Villa Park, IL 60181
Phone: 708-223-1120 Fax: 708-223-1130

+ **Township of Berwyn** +
Public Health District
6600 W. 26th Street
Berwyn, IL 60402
+ +

INVOICE NO. 15681		Page 1
ACCOUNT NO.	OP	DATE
BERWY01	DB	10/18/2024
Property		
POLICY #		LOAN #
R3-1000277-2425-01		
COMPANY		
Illinois Counties Risk Mgmt		
PRODUCER		
Joseph J. Montgomery		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
12/01/2024	12/01/2025	12/01/2024

itm #	Eff Date	Trn	Type	Policy #	Description	Amount
208009	12/01/24	MEM	CPKG	R3-1000277-2425-01	PUBLIC HEALTH DISTRICT	\$14,907.00
Invoice Balance:						\$14,907.00

Please be advised that your cost of insurance includes a Policy Service Fee which is regulated by State of Illinois Statute 215 IL CS 5/500-80. Your invoice, policy and correspondence will detail all risk management, claim services, State Taxes and placement fees.

Property, General Liability, E&O, Non-Owned Auto and Umbrella 50% of \$29,815 annual cost

*** PLEASE RETURN ONE COPY WITH YOUR REMITTANCE ***



MGA Insurers, Inc.
Montgomery Insurers, Inc.
59 E Park Blvd
Villa Park, IL 60181
Phone: 708-223-1120 Fax: 708-223-1130

+ Township of Berwyn +
Public Health District
6600 W. 26th Street
Berwyn, IL 60402
+

INVOICE NO. 15680		Page 1
ACCOUNT NO.	OP	DATE
BERWY01	DB	10/18/2024
Property		
POLICY #	LOAN #	
R3-1000277-2425-01		
COMPANY		
Illinois Counties Risk Mgmt		
PRODUCER		
Joseph J. Montgomery		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
12/01/2024	12/01/2025	12/01/2024

Itm #	Eff Date	Trm	Type	Policy #	Description	Amount
208008	12/01/24	MEM	CPKG	R3-1000277-2425-01	WORKERS COMPENSATION	\$4,631.00
Invoice Balance:						\$4,631.00

Please be advised that your cost of insurance includes a Policy Service Fee which is regulated by State of Illinois Statute 215 IL CS 5/500-80. Your invoice, policy and correspondence will detail all risk management, claim services, State Taxes and placement fees.

Workers Compensation 65% of \$7,124. annual cost

*** PLEASE RETURN ONE COPY WITH YOUR REMITTANCE ***

ILLINOIS COUNTIES RISK MANAGEMENT TRUST

INSURANCE PROGRAM RENEWAL



Berwyn Township and Public Health District of the Town of Berwyn

PRESENTED BY:

MGA Insurers, Inc

POLICY YEAR:

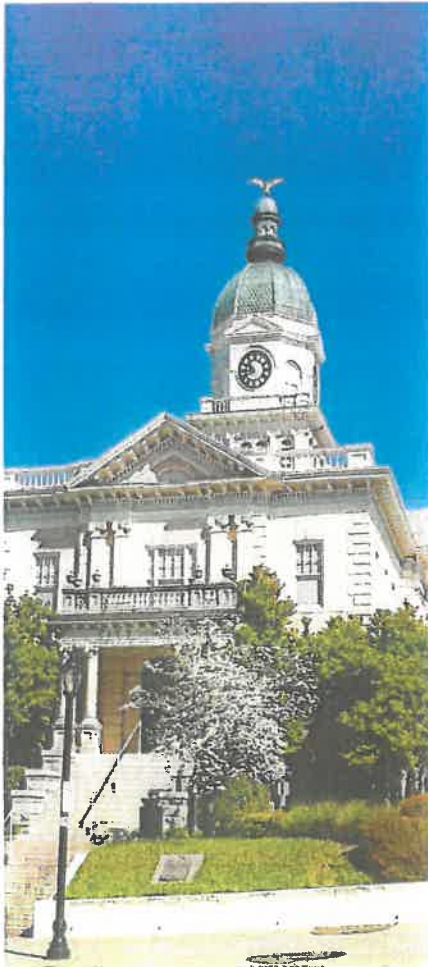
DEC 01, 2024 - DEC 01, 2025

Quote Number:

R3-1000277-2425-01

ADMINISTERED BY:





ABOUT ICRMT

Providing insurance and risk management services to Illinois Public Entities since 1983.

Illinois Counties Risk Management Trust (ICRMT) is one of the leading insurance programs in Illinois, providing property, and workers' compensation coverages for Illinois public entities since 1983. Owned by its members and administered by IPMG, ICRMT provides an integrated approach to risk management, claims administration, and underwriting tailored to fit the needs of your entity. ICRMT provides broad coverage and the most comprehensive service package specifically designed to protect the entity's exposures and budgetary constraints.



Size: 500+ Members



Retention Rate: 97%



Total Premium: \$140+ Million



PROGRAM MANAGEMENT

PROVIDED BY INSURANCE PROGRAM MANAGERS GROUP

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VALERIE MCGRATH
ICRMT Administrative Assistant
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RISK MANAGEMENT & LOSS CONTROL SERVICES

ICRMT Risk Management Services consultants deliver a catalog of resources with material expertise in public entity risk management. The staff has field-based experts in clinical medicine, physical therapy, and advanced degree safety experts. ICRMT's risk consultants have a background working in local law enforcement, fire, and emergency medical services.

The RMS consultants work with each entity to facilitate risk mitigation efforts through policy, training and engineering controls. These controls are delivered onsite and through online training options. ICRMT RMS consultants provide policy and training solutions for all lines of coverage with focus on industry and client loss trends and emerging risks.

SERVICES INCLUDED:

- Use of Force Training
- Jail Policies and Procedures Audits
- Policy and Procedure Implementation
- Auto/Driving Exposure Evaluation
- Employment Practices Strategies, Education, and Training
- Safety Committee Development
- Hiring and Management Strategies
- Law Enforcement Seminars
- Fire Fighter/EMS Training
- Regulatory Compliances
- Essential Functions Testing Policy
- Background Check Policy
- Supervisors/Leadership Development
- Loss Analysis and Trending
- Slip and Fall Prevention Program
- Supervisory/Personnel Safety Training
- Accident Investigation Training
- Hazard Communication Training
- Blood Born Pathogens Training



RISK MANAGEMENT & LOSS CONTROL CONSULTANTS

BRIAN DEVLIN

Senior Vice President
brian.devlin@ipmg.com
630.485.5922

MARK BELL

Public Entity Team Director
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KEVIN MADEIRA

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630.485.1065

BRANDON BEYER

Risk Management Support Specialist
brandon.beyer@ipmg.com
630.485.5954



CLAIMS MANAGEMENT SERVICES

IPMG Claims Management Services offers a full-service claims team specializing in the public entity sector. IPMG CMS services claims for property, casualty and workers compensation claims.

IPMG CMS has a staff of 39 including 21 seasoned claims professionals with an average claims experience of over ten years. IPMG CMS's leadership team boasts well over 20 years of experience. IPMG CMS's staff specializes in program business, including unique self-insured retention structures.

SERVICES INCLUDED:

- Dedicated service adjuster approach, which promotes service continuity and trust
- On-line claim reporting and investigation tool through In-Sight with loss experience access
- On-line claim review and claim report generation
- 24-hour contact on every new claim submission
- Clients are updated on all critical events and participate in all major claims decisions
- Quarterly claim file reviews
- Data analytics to quickly identify potential high cost claims
- Tailor made service plans
- Nurse Case Management

CONTACT:

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BETTY KOULOS

WC Team Leader
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630.203.5166

SUSANNE SKJERSETH

PC Claims Manager
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314.293.9723

TIM OLSON

Claims Liaison
tim.olson@ipmg.com
630.485.5924



ICRMT FEATURES AND BENEFITS

Program Highlights

- Property and Casualty Policy is Non-Auditable
- Terrorism Coverage Included
- The ICRMT Trust Agreement contains a Resolution by the Executive Board making the program Non-Assessable
- Specialized Law Enforcement Risk Management Services
- Open Door Legal Consultation
- Tailored Risk Management Services
- Professional Property Appraisals
- Online Claims Reporting
- Crisis Management Assistance
- Enhanced Case Management
- PEDAC Coverage Available
- Unemployment Insurance Program

Who is an Insured

- An individual while appointed as a director or executive officer
- A volunteer, unpaid worker, leased or temporary worker
- A board member, commissioner, trustee, or council person
- An employee or staff member
- An elected or appointed official or a member of your governing body, board, commission, council or agency of yours
- A partnership or Joint Venture, including a mutual assistance pact, joint powers agreement or similar agreement
- Your Medical Directors in conjunction with the medical facilities covered under this Policy, but only with respect to their administrative duties on your behalf.

Visit our page for more information:

www.ICRMT.com

This is a summary of coverages provided. Please refer to the full policy for complete coverage, exclusions, and terms & conditions.



COVERAGE SUMMARY: GENERAL LIABILITY

GENERAL LIABILITY

LIMITS

Each Occurrence	\$1,000,000
General Annual Aggregate	\$3,000,000
Products/Completed Operations Annual Aggregate	\$1,000,000
Advertising and Personal Injury	\$1,000,000
Premises Medical Payments	
Each Person	\$5,000
Each Occurrence	\$50,000

Deductible: \$0 each occurrence

Sexual Abuse Liability – Claims Made

Each Occurrence	\$1,000,000
Annual Aggregate	\$1,000,000

Retroactive Date: **12/01/2020**

Innocent Party Defense Coverage Included

Deductible: \$2,500

COVERAGES INCLUDE

- Non-Monetary Legal Defense
 - Each Occurrence \$100,000
 - Annual Aggregate \$100,000
- Liquor Liability
- Medical Professional (Excluding Doctors & Dentists)
- Special Events
- Terrorism
- Volunteers
- Non-Auditable
- Herbicides & Pesticides - \$50,000 Coverage Limits
- Premises Liability



COVERAGE SUMMARY: VIOLENT EVENT RESPONSE COVERAGE

COVERAGE

LIMITS

- Violent Event Response Coverage	\$500,000/\$500,000
- Crisis Investigation	Included
- Personal Crisis Management Event Response Team	Included
- Crisis Communication Support, Media Management, Public Relations	Included
- Temporary Security Measures	Included
- The following Sublimited Coverages:	
o Medical Expenses	\$25,000 Per Person
o Counseling Service Expenses	\$10,000 Per Person
o Funeral Service Expenses	\$15,000 Per Person
o Per Event Crisis Team Services	\$100,000
o Memorialization Expenses	\$250,000

Deductible: \$0 each occurrence

This is addition to the standard liability coverages offered under this policy.



COVERAGE SUMMARY: AUTO LIABILITY - HIRED/NON-OWNED

AUTO LIABILITY - HIRED/NON-OWNED

LIMITS

Each Occurrence	\$1,000,000
Auto Medical Payments	
Each Person	\$5,000
Each Occurrence	\$25,000

Deductible: \$0 each occurrence

COVERAGES INCLUDE

• Garagekeepers Legal Liability - per Occurrence	\$100,000
• Pollution Caused by Upset/Overturn	Included
• Commandeered Autos	Included



COVERAGE SUMMARY: PUBLIC OFFICIALS LIABILITY

PUBLIC OFFICIALS LIABILITY - CLAIMS MADE

LIMITS

Each Occurrence

\$1,000,000

Annual Aggregate

\$1,000,000

Retroactive Date: **09/01/1992**

Deductible: \$5,000 each occurrence

EMPLOYMENT PRACTICES LIABILITY - CLAIMS MADE

Each Occurrence

Included

Annual Aggregate

Included

Retroactive Date: **09/01/1992**

Deductible: \$5,000 each occurrence

EMPLOYEE BENEFITS LIABILITY

Each Occurrence

Included

Annual Aggregate

Included

Retroactive Date: **12/01/2013**

Deductible: \$5,000 each occurrence

COVERAGES INCLUDE

- Employee Wage Reimbursement
- Non-Monetary Legal Defense
 - Each Occurrence
 - Annual Aggregate
- Sexual Harassment
- Discrimination
- Wrongful Termination
- FOIA/Open Meetings Act

\$100,000

\$100,000



COVERAGE SUMMARY: EXCESS LIABILITY

Coverage	Underlying Limits	Excess Limit
General Liability	\$1,000,000/\$3,000,000	\$2,000,000
Public Officials (Claims Made)	\$1,000,000/\$1,000,000	\$2,000,000

COVERAGES EXCLUDED

- Sanitary Sewer Backup
- Sexual Abuse
- Uninsured/Underinsured Motorist Coverage
- Workers Compensation and Employers Liability
- Unmanned Aircraft
- Cyber Liability
- Claims arising out of the actual or alleged transmission of a communicable disease or virus
- PFA's (Polyfluoroalkyl Substances)



COVERAGE SUMMARY: PROPERTY

LIMIT OF INSURANCE: Blanket Limit of Insurance applies to scheduled and appraised Buildings and Business Personal Property that are valued on a Replacement Cost basis. Any property that has not yet been appraised is subject to the 125% Margin Clause. If the Margin Clause applies, in no event shall liability in any one occurrence for any Building, Structure or Business Personal Property at any one location exceed 125% of the individually stated value for such property as shown in the latest Statement of Values or other documentation on file with the Trust.

COVERED PROPERTY

LIMITS

Total Loss Limit per Occurrence	\$3,375,314
Building Value	\$3,025,314
Business Personal Property Including Stationary EDP	\$350,000
Solar Panels	\$0
Personal Property of Others	\$100,000
Newly Constructed or Acquired Property	\$1,000,000
Footbridges	\$100,000
Covered Property in Transit	\$1,000,000
Course of Construction	\$1,000,000
Deductible: \$1,000	

***Or as indicated on the Schedule**

ADDITIONAL PROPERTY COVERAGES

Earth Movement, Volcanic Eruption, Landslide and Subsidence	\$3,375,313
Program Aggregate	\$250,000,000
Deductible: \$50,000 or 2% of the damaged location; whichever is greater	
Flood	\$3,375,313
Program Aggregate (Excluding Flood Zone A and V)	\$250,000,000
Deductible: \$50,000 per occurrence	

COVERED COSTS & EXPENSES

Debris Removal (whichever is greater)	25% or \$500,000
Pollutant Cleanup and Removal (Aggregate in any one Policy Year)	\$100,000
Fire Department Service Charge	\$5,000
Fire Protection Equipment Discharge	\$5,000
Ordinance or Law Coverage	\$10,000,000
Preservation of Property	\$100,000
Protection of Property	\$100,000
Roofs 20 years old are valued at ACV	
Business Income/Extra Expense	\$1,000,000
Business Income/Extra Expense Increased Limits	\$600,000



COVERAGE SUMMARY: PROPERTY (cont.)

SUPPLEMENT COVERAGE			LIMITS
Communication Towers			\$100,000
Trees, Shrubs, and Plants; subject to a Maximum Per Item of:			
Per Item			\$25,000
Per Occurrence			\$100,000
Golf Course Greens, Tees and Fairways			
Per Item			\$25,000
Per Occurrence			\$100,000
Contractors Equipment - Non-Owned			
Per Item			\$100,000
Per Occurrence			\$250,000
Interruption of Computer Operations			
Per occurrence			\$50,000
Annual Aggregate			\$100,000
Personal Effects Owned By Employees			\$100,000
Retaining Walls and Other Outdoor Walls			\$10,000
Underground Sprinkler Systems			\$100,000
Unnamed Locations - Unintentional Errors and Omissions			\$1,000,000
Utility Services - Direct Damage			\$1,000,000
Utility Services - Time Element			\$1,000,000
Limited Fungus/Fungi, Wet Rot, and Dry Rot Coverage			
Direct Damage			\$15,000
Business Income and Extra Expense			\$15,000
Extra Expense Number of Days			30 days
Backup of Sewer, Drains or Sump Pump Failures			\$250,000
Ancillary Buildings			\$10,000
Outdoor Property - including but not limited to:			\$100,000
Fences	Goal Posts	Traffic Lights/Control Boxes	
Light Fixtures/Poles	Playground Equipment	Bleachers	
Road Signs	Scoreboards	Ticket Booths	
Non-Utility Poles	Benches	Dugouts	
Fountains	Statues	Bike Racks	
Monuments	Fire Hydrants		

All Supplemental Property Coverages are subject to a \$5,000 minimum deductible



COVERAGE SUMMARY: MOBILE EQUIPMENT & MISC. ARTICLES

SCHEDULED LIMITS

LIMITS

Mobile Equipment greater than or equal to \$10,000
per item

\$10,000

Deductible: \$1,000

***Or as indicated on the Schedule**

COVERED COSTS & EXPENSES

Newly Acquired Property

Per Item

\$250,000

Rental Expense Reimbursement

\$10,000

Pollutant Cleanup and Removal

\$100,000

Fire Department Equipment

\$50,000

Fine Arts

\$1,000,000

Accounts Receivable

\$1,000,000

Valuable Papers and Records

\$1,000,000

Unscheduled Watercraft

\$100,000

Musical Instruments, Band Uniforms, and Athletic Equipment

\$500,000



COVERAGE SUMMARY: EQUIPMENT BREAKDOWN

COVERAGE

LIMIT

Total Building and Contents Value

\$3,375,314

Deductible: \$1,000

BI/EE & Utility Interruption Deductible: 24 Hours

COVERAGE EXTENSION

Combined Business Income

Included

Combined Extra Expense

Included

Spoilage Damage

Included

Utility Interruption - Time Element

\$10,000,000

Electronic Data or Media

\$10,000,000

Expediting Expenses

Included

Ordinance or Law

\$10,000,000

Hazardous Substance, Contamination, Pollutants

\$10,000,000

Newly Acquired Property

\$1,000,000

Debris Removal

25% or \$500,000

Water Damage

\$500,000

Emergency Power Generating Equipment 1,000 kw or less

Included

Non Emergency Power Generating Equipment is Excluded.



COVERAGE SUMMARY: CRIME

COVERAGE	LIMIT
Blanket Employee Dishonesty	\$1,000,000
Loss Inside the Premises - Money & Securities	\$1,000,000
Loss Outside the Premises	\$1,000,000
Money Orders and Counterfeit Currency	\$1,000,000
Depositors Forgery or Alterations	\$1,000,000
Computer Fraud	\$1,000,000
Funds Transfer Fraud	\$1,000,000
Social Engineering/False Pretenses	\$50,000

Deductible: \$1,000

The ICRMT Crime Form includes coverage for any of your officials who are required by law to give bonds for the faithful performance of their service against Loss through the failure of any Employee under the supervision of that official to faithfully perform his or her duties as prescribed by law and will meet the requirements for Public Officials bonds up to the statutory limit or policy limit, whichever is less.



COVERAGE SUMMARY: WORKERS' COMPENSATION

COVERAGE

LIMIT

Workers' Compensation	Statutory
Employer's Liability Limit	
Each Accident	\$2,500,000
Each Employee for Disease	\$2,500,000

Deductible: \$0

ICRMT FEATURES AND BENEFITS

- Volunteers Covered
- Payrolls are subject to an annual audit
- Enhanced Case Management
- Tailored Risk Management Services
- Online Claims Reporting
- Crisis Management Assistance
- Terrorism Coverage Included
- ICRMT Trust Agreement contains a resolution making the program non-assessable



COVERAGE SUMMARY: WC PREMIUM CALCULATION

CODE	CLASSIFICATION	ANNUAL ESTIMATED PAYROLL	RATE	MANUAL PREMIUM
8742	Outside Travel	\$41,162	0.22	\$91
8810	Clerical	\$428,986	0.44	\$1,888
8832	Physician/Coroner/Health Department & Clerical	\$177,972	0.63	\$1,121
9015	Building Operations/Custodial/Maintenance NOC	\$19,590	12.03	\$2,357
9410	Municipal NOC	\$102,789	2.43	\$2,498
	TOTALS	\$770,499		\$7,954

Gross Annual Premium		\$7,954
Increased Limit Multiplier	1.02	\$8,113
Minimum Premium	\$1,000	\$8,113
Experience Modifier	0.91	\$7,383
Schedule Modifier		\$7,383
Expense Modifier		\$7,383
Subtotal		\$7,383
Premium Discount	3.50%	\$7,124
Total Annual Premium		\$7,124



PREMIUM SUMMARY

Presented By:

Illinois Counties Risk Management Trust

Named Insured:

Berwyn Township and Public Health District of the Town of Berwyn

Quote Number:

R3-1000277-2425-01

Policy Year:

DEC 01, 2024 - DEC 01, 2025

Coverage Parts	Premium
General Liability	Included
Law Enforcement Liability	Not Covered
Auto	Not Covered
Public Officials Liability - Claims Made	Included
Property	Included
Inland Marine	Included
Equipment Breakdown	Included
Sales Tax Interruption	Not Covered
Crime	Included
Cyber Liability	Not Covered
Excess Liability	Included
Package Premium	\$28,315
Workers' Compensation	\$7,124
Total Annual Premium	\$35,439
Broker Fee	\$ 1,500
Total Cost	\$36,939

Signature of Official _____

Date _____



ILLINOIS COUNTIES RISK MANAGEMENT TRUST

REQUIREMENTS TO BIND

The following must be received prior to binding:

- Signed Acceptance Statement
- Requested Payment Plan (if annual policy)
- Insured's Contact Information (space below)

PRIMARY CONTACT

DAVID J. AVILA

Township Supervisor & Board of Health President

Name

Title

708-788-6600

davidavila@berwyntownship.org

Phone

Email

Role: (check the role that applies) ☐ Accounting/Invoices ☒ Claims ☐ Loss Control

ADDITIONAL CONTACTS

Jessica Aquino -Rodriguez

Operations Manager

Name

Title

708-788-6601

manager@berwyntownship.org

Phone

Email

Role: (enter one person per role) ☒ Accounting/Invoices ☐ Claims ☐ Loss Control



ACCEPTANCE STATEMENT

Named Insured: Berwyn Township and Public Health District of the Town of Berwyn
Quote Number: R3-1000277-2425-01
Policy Year: DEC 01, 2024 - DEC 01, 2025

Total Annual Premium

\$35,439

Terms and Conditions

- The Named Insured can only cancel the Policy at program anniversary and only if 90-day prior written notice of cancellation is given. If required notice is not given, full estimated premium is earned, due and payable.
- All terms and conditions of membership in the Illinois Counties Risk Management Trust are set forth in the Trust by-laws. A copy of this document is available for your review
- Per the Membership Agreement, the member must be with the Trust for 12 months prior to withdrawing and can only withdraw at anniversary date of effective date.

REQUESTED PAYMENT PLAN:

☐ Annual ☐ 50/50 ☐ 25/6

FEIN: 36-4064044

Acceptance Statement:

Please accept this as a formal confirmation that all terms and conditions, attached scheduled items, and premiums proposed by the Illinois Counties Risk Management Trust are accepted effective 12/01/2024.

Signature of Official

Date



ILLINOIS COUNTIES RISK MANAGEMENT TRUST

PROPERTY SCHEDULE Berwyn Township and Public Health District of the Town of Berwyn

LOC #	DESCRIPTION	ADDRESS	OCCU- PANCY	VALUATION	BUILDING VALUE	BPP VALUE	DEDUCTIBLE
						SP VALUE	
01-01	Public Health Building	6600 West 26th Street Berwyn, IL 60402	Other Public Building	Replacement Cost / Margin Clause	\$2,902,294	\$350,000	\$1,000
							Wind: \$1,000
01-02	PIO - Bicycle Rack, Bollards, Flag Pole, Generator, Light Pole, Bench, Signage, Picnic Table, Trash Bin	6600 West 26th Street Berwyn, IL 60402	Property in the Open	Replacement Cost / Margin Clause	\$123,020	\$0	\$1,000
							Wind: \$1,000
				TOTAL BUILDING VALUE		\$3,025,314	
				TOTAL BPP VALUE		\$350,000	
				TOTAL SOLAR PANELS		\$0	
				TOTAL INSURED VALUE		\$3,375,314	



**INLAND MARINE SCHEDULE 15 Township and Public Health District of the Town
of Berwyn**

Mobile Equipment greater than or equal to \$10,000 per item						
IM #	YEAR	DESCRIPTION	MAKE/MODEL	SERIAL NUMBER	DEDUCTIBLE	VALUE
1		Misc Mobile Property in the Open			\$1,000	\$10,000
TOTAL INSURED VALUE					\$10,000	





AGENDA ITEM SUMMARY

AGENDA ITEM: **10-C**

TITLE	City of Berwyn's Holiday Breakfast for Senior Sponsorship Request
MEETING DATE	November 14, 2024
SUBMITTED BY	David J. Avila, Health Board President

SUMMARY

Dear Health Board,

As in previous years, the Health District has co-sponsored the Annual Senior Holiday Breakfast. Attached, please find a formal request from the City of Berwyn.

In 2023, the Board approved \$1,500 plus \$687.24 for the purchase of bags.

Please approve \$1,500 plus \$700 for the purchase of bags.

Thank you.

ATTACHMENTS

- Sponsorship Request

ACTION PROPOSED

<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	DISCUSSION	<input checked="" type="checkbox"/>	REVIEW & APPROVAL
<input type="checkbox"/>	OTHER				

Robert J. Lovero
Mayor



Aimee Sordelli
Senior Services
Supervisor

A Century of Progress with Pride

Monday, November 4, 2024

**RE: 2024 ANNUAL SENIOR HOLIDAY BREAKFAST SPONSORSHIP
OPPORTUNITY, 12/4/24 8:30am-12pm**

Esteemed Township and Berwyn Public Health President, Secretary, Treasurer and Trustees;

Planning for the 2024 Annual Senior Holiday Breakfast is already underway and we are excited to have you consider co-hosting and sponsoring this highly anticipated, cross-community event that caters a full holiday breakfast spread with live entertainment to over 350 Berwyn seniors, including guests from neighboring towns.

This year, the breakfast will take place on Wednesday, December 4, 2024, at the Crystal Sky Banquet Hall on 47th Street.

Below are the sponsorship details:

\$3,000.00: Co-Host Event Space Sponsor

- Cohost of event, includes agency logo on all media, formal invite to elected officials, back-page feature of event booklet and directory.
- Multimedia material dissemination at event (example: programs/resources)
- Table reserved (6 guests) at event (includes full breakfast and coffee)

Your sponsorship will help offset the event space costs, as all other event expenses and logistics are covered.

Please confirm your main event sponsorship at your soonest availability of before the Monday, November 11, 2024 formal print media invite release by emailing Maria Fernandez at mfernandez@ci.berwyn.il.us or via phone at 708-484-2510.

Please submit the desired logos/artwork for 5x7.5 brochure to communications@berwyn-il.gov at your soonest possibility.

Respectfully,
Senior Services Department



AGENDA ITEM SUMMARY

AGENDA ITEM: **10-D**

TITLE	City of Berwyn's Holiday Fund Donation Request
MEETING DATE	November 14, 2024
SUBMITTED BY	David J. Avila, Health Board President

SUMMARY

Dear Health Board,

As in previous years, the Health District has helped fund the Berwyn Holiday Fund. Attached, please find an email from City of Berwyn requesting \$5,000.

In 2023, the Board approved \$4,000.

Thank you.

ATTACHMENTS

- Sponsorship request email and form

ACTION PROPOSED

<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	DISCUSSION	<input checked="" type="checkbox"/>	REVIEW & APPROVAL
<input type="checkbox"/>	OTHER				

Jessica Aquino-Rodriguez

From: Gil Pena <GPena@ci.berwyn.il.us>
Sent: Wednesday, November 06, 2024 4:37 PM
To: manager@berwyntownship.org
Cc: Amber Dawn
Subject: FW: Emailing: 2024 Berwyn Holiday Fund- Sponsor Form
Attachments: 2024 Berwyn Holiday Fund- Sponsor Form.pdf

Hello Jessica!

The donations are from
Berwyn Public Fund -- \$5K BPHD
Berwyn Township Relief Fund -- \$5K
Berwyn Township Town Fund -- \$5K

Thank you!!!

-----Original Message-----

From: Amber Dawn
Sent: Wednesday, November 6, 2024 4:20 PM
To: 'manager@berwyntownship.org' <>
Subject: Emailing: 2024 Berwyn Holiday Fund- Sponsor Form

Hi Jessica,

Here you go, let me know if you need anything else and thank you!

Amber

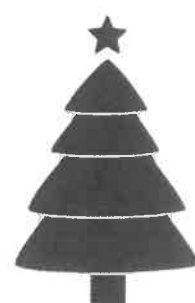
BERWYN HOLIDAY FUND

"With the holiday season approaching, I would like to ask you to join me in the spirit of giving for those who are in need. For it is in giving that we receive." Mayor Robert J. Lovero.

I would like to support the Berwyn Holiday Programs



MAKE A DONATION:



\$25__ \$50__ \$100__ \$150__ \$200__

BE AN EVENT SPONSOR:

\$250__ \$500__ \$1,000__ Other amount: \$ _____

(Please make all checks payable to: Berwyn Holiday Fund)

VOLUNTEER AS A DELIVERY DRIVER:

Check Box

Thanksgiving Day Event- Thursday, November 28, 2024

Liberty Cultural Center (6445 W. 27th Pl) - 9:00 a.m

☐

Holiday Food Basket- Saturday, December 21, 2024

Liberty Cultural Center (6445 W. 27th Pl) - 8:00 a.m

☐

Name:

Phone Number:

Organization/Business Name:

Address:

Email:

Please drop off checks/form:

Mayor Robert J. Lovero

Berwyn Holiday Fund, 6700 W. 26th St.

In partnership with:
BERWYN
park district
where park meets city

Questions? (708)749-6541

Email volunteer form:

vpacheco@ci.berwyn.il.us

or

adawn@ci.berwyn.il.us



AGENDA ITEM SUMMARY

AGENDA ITEM: **10-E**

TITLE	Compensation for Elected Officials for Term Beginning May 19, 2025 and Ending May 21, 2029
MEETING DATE	November 14, 2024
SUBMITTED BY	Larry Zdarsky, Township Attorney

SUMMARY

Berwyn Township is charged with setting the compensation for elected officials at least 180 days before the beginning of the upcoming term. The deadline is November 20, 2024.

Calendar showing period from November 20, 2024 to May 19, 2025

November 2024 10 days subtracted							December 2024 31 days subtracted							January 2025–April 2025 January 2025: 31 days subtracted February 2025: 28 days subtracted March 2025: 31 days subtracted April 2025: 30 days subtracted							May 2025 19 days subtracted						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
							1	2	3	4	5	6	7														
							8	9	10	11	12	13	14														
							15	16	17	18	19	20	21														
							22	23	24	25	26	27	28														
							29	30	31																		
24	25	26	27	28	29	30															4	5	6	7	8	9	10
			20	21	22	23															11	12	13	14	15	16	17
																					18	19					

= Final result date (Nov 20, 2024) = Start date (May 19, 2025)

ATTACHMENTS

- TOI's 2024 Township Salary Survey

ACTION PROPOSED

	INFORMATION	X	DISCUSSION	X	REVIEW & APPROVAL
	OTHER				

2024 Township Salary Survey

Each township board and multi-township board is charged with setting the compensation (salary) for each elected township and multi-township office for the upcoming term, beginning May 19, 2025 and ending the third Monday May 21, 2029 (beginning January 1, 2026 for assessors, multi-township assessors, and tax collectors and ending December 31, 2029). To aid township officials with this process, the survey assists township and multi-township boards throughout the state compare salaries with those paid in other townships of similar population and assessed valuation (by 2024).

The results of the survey indicate the salaries of townships grouped by counties into zones (1-6). If you have questions on setting salaries, please consult your township attorney or contact TOI. Just remember, you **MUST** set the salaries by the statutory deadlines (November 18, 2024).

Remember that the salary is set to the position not the person.

Statutory Guidelines

According to state law, compensation for the elected township officials shall be set by the township board at least 180 days prior to the beginning of the term of office. Compensation, that includes benefits such as health insurance coverage, must be set by the board no later than November 20, 2024 and must be done in an open meeting with a public vote by the board.

According to state law, compensation set for the multi-township assessor and multi-township assessment district (MTAD) board members must be set at least 150 days before the election. Salaries for the multi-township assessor and MTAD board members must be done in an open meeting with a public vote by the MTAD board no later than November 2, 2024.

Again, any health insurance benefit provided is considered part of the compensation package and needs to be set at the same time salary for the position is set. Health insurance payments must be made directly to the provider and not be paid directly to the elected official as a form of reimbursement.

The Attorney General's Office has stated that even discussion of the salaries for the elected officials must be done in an open meeting. The Open Meetings Act does contain a provision that allows for a closed session to discuss the salary schedules for employees. However, the Attorney General's office has said that elected township officials do not fall under the definition of "employee" and thus discussion, deliberation, and the final vote on salaries for elected township officials must all be done in an open public meeting.

Summary

OFFICE	MINIMUM SALARY	MAXIMUM SALARY
Supervisor	None	None
Road Dist. Treasurer (Supervisor)	\$100.00	\$1,000.00
Clerk	None	None
Assessor or Multi-Township Assessor	None	None
Highway Commissioner	\$3,000 Minimum Annual Salary	None
Trustees*	None	None
Tax Collectors	None	None

(only three counties as of the new term will have township tax collectors. They are Madison, Peoria, and Will.)

**(Multi-Township Board of Trustees, which is the Supervisor and Clerk from each township in the MTAD, may receive additional compensation for their service, set by the multi-township board, in an amount not to exceed \$25/day for each day of service.)*

Zone Breakdowns

Zone 1

Cook	Kane	McHenry
DuPage	Lake	Will

Zone 2

Boone	Kankakee	Lee
DeKalb	Kendall	Ogle
Grundy	LaSalle	Winnebago

Zone 3

Bureau	Jo Daviess	Putnam
Carroll	Knox	Rock Island
Fulton	Marshall	Stark
Hancock	Mercer	Stephenson
Henderson	McDonough	Warren
Henry	Peoria	Whiteside

Zone 4

Adams	Greene	Montgomery
Bond	Jackson	Pike
Brown	Jersey	Sangamon
Cass	Macoupin	Schuyler
Christian	Madison	St. Clair
Clinton	Mason	Washington

Zone 5

Clark	Franklin	Marion
Clay	Gallatin	Richland
Crawford	Hamilton	Saline
Cumberland	Jasper	Shelby
Effingham	Jefferson	Wayne
Fayette	Lawrence	White

Zone 6

Champaign	Iroquois	Moultrie
Coles	Livingston	Piatt
DeWitt	Logan	Tazewell
Douglas	Macon	Vermilion
Edgar	McLean	Woodford
Ford		

Supervisors, Clerks & Trustees

Generally speaking, supervisors and clerks are paid annual salaries. However, these offices may be paid on a per diem basis. In addition to their salary, a supervisor may be compensated for serving as Road District Treasurer. The salary as road district treasurer may not be less than \$100 nor more than \$1,000 per year. This must also be set at the same time as the other township officials' salaries and must be paid out of the town fund. Trustees may be paid either an annual salary, or on a per diem (per meeting) basis.

This survey includes a response rate of 51.12% as of May 1, 2024. We will continue to update these results and will have a new version posted online at toi.org by July 1, 2024.

Zone Breakdown by Population												
Figure Shown is Number of Townships Responding												
Zones	0-499	500-999	1000-1999	2000-3499	3500-4999	5000-9999	10000-24999	25000-49999	50000-74999	75000-99999	100000-200000	Total Twps.
	population	population	population	population	population	population	population	population	population	population	population	
Zone 1	0	2	6	4	4	8	15	14	11	7	5	76
Zone 2	19	23	18	8	7	12	9	6	1	0	0	103
Zone 3	45	40	36	14	5	7	7	2	0	0	0	156
Zone 4	35	26	24	19	9	21	3	7	0	0	0	144
Zone 5	23	22	17	9	5	4	3	0	1	0	0	84
Zone 6	38	25	27	13	10	7	10	3	1	1	0	135

Zone Breakdown by Population												
Figure Shown is Number of Townships Responding												
Zones	0-4.9	5-9.9	10-19.9	20-49.9	50-74.9	75-99.9	100-149.9	150-199.9	200-499.9	500-799.9	800 & Up	Total Twps.
	million	million	million	million	million	million	million	million	million	million	million	
Zone 1	4	0	0	3	3	3	2	3	8	6	41	73
Zone 2	5	1	6	27	7	8	7	7	10	3	4	85
Zone 3	3	7	30	56	11	4	5	3	8	0	1	128
Zone 4	5	5	25	48	8	3	7	5	7	5	1	119
Zone 5	7	8	22	19	6	2	2	0	2	0	0	68
Zone 6	7	1	22	46	14	6	9	4	7	4	2	122

Highway Commissioners

Highway Commissioners may be paid an annual salary (minimum of \$3,000) or a per diem salary but NOT a combination of both. Highway Commissioners may NOT legally be paid an hourly rate or overtime for hours in excess of an established number. It should be understood that per diem payments are for all duties carried out in a single 24-hour period. However, if a per diem is established, the township board must be prepared to pay the per diem for every day of the year including Sundays and holidays.

Assessors

Township assessors and multi-township assessors may also be paid a per diem or an annual salary. There is no provision though for a per-parcel payment, even if per-parcel compensation is utilized for establishing a fair annual salary. The salary ranges for assessors shown in the survey results do not include reimbursement of official expenses incurred by travel, training, education, postage, etc., required for administering the office of assessor or multi-township assessor.

ZONE 1													
113 Surveys Sent					77 (68.14%) Surveys Returned								
Office	Responses Received	How Paid			Salary Ranges							Health Insurance Provided	Retirement Program Provided
		Annual	Per Diem or Per Mtg	Both Annual & Per Diem/ Mtg	0-499	500-999	1,000-4,999	5,000-9,999	10,000-19,999	20,000-29,999	over 30,000		
Supervisor	76	98.68%	0.00%	1.32%	0.00%	0.00%	1.32%	3.95%	21.05%	25.00%	48.68%	19	31
Clerk	77	98.70%	0.00%	1.30%	0.00%	0.00%	3.90%	35.06%	44.16%	12.99%	3.90%	6	9
Commissioner	65	100.00%	0.00%	0.00%	1.54%	0.00%	1.54%	0.00%	6.15%	12.31%	78.46%	29	35
Assessor	74	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.41%	5.41%	21.62%	67.57%	31	41
Multi-Assessor	2	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%	Included with Assessor total	Included with Assessor total
Trustees	74	86.49%	10.81%	2.70%	0.00%	12.16%	62.16%	22.97%	2.70%	0.00%	0.00%	3	3
Collectors	5	100.00%	0.00%	0.00%	0.00%	60.00%	66.67%	0.00%	0.00%	0.00%	0.00%	1	0
Road Treas	48	100.00%	0.00%	0.00%	16.67%	4.17%	79.17%	0.00%	0.00%	0.00%	0.00%	NA	NA

ZONE 2													
168 Surveys Sent					107 (63.69%) Surveys Returned								
Office	Responses Received	How Paid			Salary Ranges							Health Insurance Provided	Retirement Program Provided
		Annual	Per Diem or Per Mtg	Both Annual & Per Diem/ Mtg	0-499	500-999	1,000-4,999	5,000-9,999	10,000-19,999	20,000-29,999	over 30,000		
Supervisor	107	92.52%	0.00%	7.48%	0.00%	0.00%	11.21%	45.79%	21.50%	15.89%	5.61%	10	12
Clerk	107	90.65%	0.00%	9.35%	0.00%	0.00%	43.93%	42.99%	11.21%	1.87%	0.00%	2	6
Commissioner	104	97.12%	0.00%	2.88%	0.00%	0.00%	0.96%	3.85%	11.54%	25.00%	58.65%	14	31
Assessor	44	100.00%	0.00%	0.00%	0.00%	0.00%	4.55%	2.27%	11.36%	20.45%	61.36%	10	19
Multi-Assessor	41	100.00%	0.00%	0.00%	2.44%	2.44%	0.00%	7.32%	63.41%	7.32%	17.07%	Included with Assessor total	Included with Assessor total
Trustees	108	57.41%	24.07%	19.44%	6.48%	44.44%	46.30%	2.78%	0.00%	0.00%	0.00%	2	1
Collectors													
Road Treas	45	97.78%	0.00%	2.22%	8.89%	28.89%	62.22%	0.00%	0.00%	0.00%	0.00%	NA	NA

ZONE 3

318 Surveys Sent

161 (50.62%) Surveys Returned

		How Paid			Salary Ranges								
Office	Responses Received	Annual	Per Diem or Per Mtg	Both Annual & Per Diem/ Mtg	0-499	500-999	1,000-4,999	5,000-9,999	10,000-19,999	20,000-29,999	over 30,000	Health Insurance Provided	Retirement Program Provided
Supervisor	161	90.68%	0.62%	8.70%	0.00%	1.24%	42.86%	37.89%	10.56%	1.86%	5.59%	8	13
Clerk	161	91.30%	0.62%	8.07%	0.62%	2.48%	74.53%	17.39%	4.97%	0.00%	0.00%	4	3
Commissioner	151	94.70%	0.66%	4.64%	0.00%	0.00%	1.32%	3.31%	13.25%	28.48%	53.64%	13	21
Assessor	36	94.44%	0.00%	5.56%	2.78%	0.00%	16.67%	19.44%	22.22%	11.11%	27.78%	10	14
Multi-Assessor	76	100.00%	0.00%	0.00%	0.00%	0.00%	13.16%	35.53%	36.84%	2.63%	11.84%	Included with Assessor total	Included with Assessor total
Trustees	160	69.38%	20.63%	10.00%	26.88%	57.50%	13.13%	0.63%	1.88%	0.00%	0.00%	4	0
Collectors	7	100.00%	0.00%	0.00%	0.00%	14.29%	71.43%	14.29%	0.00%	0.00%	0.00%	1	0
Road Treas	53	96.23%	1.89%	1.89%	18.87%	22.64%	58.49%	0.00%	0.00%	0.00%	0.00%	NA	NA

ZONE 4

304 Surveys Sent

153 (50.32%) Surveys Returned

		How Paid			Salary Ranges								
Office	Responses Received	Annual	Per Diem or Per Mtg	Both Annual & Per Diem/ Mtg	0-499	500-999	1,000-4,999	5,000-9,999	10,000-19,999	20,000-29,999	over 30,000	Health Insurance Provided	Retirement Program Provided
Supervisor	151	91.39%	1.32%	7.28%	0.66%	0.00%	31.13%	34.44%	18.54%	8.61%	6.62%	13	23
Clerk	151	88.74%	0.66%	10.60%	1.32%	2.65%	54.97%	29.80%	9.27%	1.32%	0.66%	5	9
Commissioner	147	96.60%	2.04%	2.04%	1.36%	0.00%	2.04%	2.72%	23.81%	22.45%	47.62%	17	41
Assessor	45	93.33%	0.00%	8.89%	0.00%	2.22%	8.89%	33.33%	26.67%	8.89%	20.00%	7	10
Multi-Assessor	50	100.00%	0.00%	0.00%	0.00%	0.00%	16.00%	40.00%	34.00%	2.00%	8.00%	Included with Assessor total	Included with Assessor total
Trustees	152	72.37%	13.82%	13.82%	17.11%	40.13%	39.47%	2.63%	0.66%	0.00%	0.00%	3	4
Collectors													
Road Treas	54	92.59%	0.00%	7.41%	12.96%	24.07%	62.96%	0.00%	0.00%	0.00%	0.00%	NA	NA

ZONE 5

244 Surveys Sent

92 (37.7%) Surveys Returned

		How Paid			Salary Ranges								
Office	Responses Received	Annual	Per Diem or Per Mtg	Both Annual & Per Diem/ Mtg	0-499	500-999	1,000-4,999	5,000-9,999	10,000-19,999	20,000-29,999	over 30,000	Health Insurance Provided	Retirement Program Provided
Supervisor	90	96.67%	0.00%	3.33%	0.00%	0.00%	45.56%	27.78%	23.33%	3.33%	0.00%	5	14
Clerk	92	91.30%	0.00%	8.70%	0.00%	2.17%	79.35%	15.22%	3.26%	0.00%	0.00%	4	7
Commissioner	90	98.89%	0.00%	1.11%	0.00%	0.00%	1.11%	6.67%	30.00%	32.22%	30.00%	13	28
Assessor	20	100.00%	0.00%	0.00%	0.00%	0.00%	25.00%	30.00%	30.00%	0.00%	15.00%	4	5
Multi-Assessor	44	100.00%	0.00%	0.00%	0.00%	0.00%	38.64%	47.73%	13.64%	0.00%	0.00%	Included with Assessor total	Included with Assessor total
Trustees	92	75.00%	16.30%	8.70%	20.65%	46.74%	30.43%	2.17%	0.00%	0.00%	0.00%	4	2
Collectors													
Road Treas	21	100.00%	0.00%	0.00%	23.81%	33.33%	42.86%	0.00%	0.00%	0.00%	0.00%	NA	NA

ZONE 6

283 Surveys Sent

146 (51.59%) Surveys Returned

		How Paid			Salary Ranges								
Office	Responses Received	Annual	Per Diem or Per Mtg	Both Annual & Per Diem/ Mtg	0-499	500-999	1,000-4,999	5,000-9,999	10,000-19,999	20,000-29,999	over 30,000	Health Insurance Provided	Retirement Program Provided
Supervisor	143	97.20%	0.00%	2.80%	0.00%	0.70%	17.48%	50.35%	21.68%	4.20%	5.59%	9	21
Clerk	145	98.62%	0.00%	1.38%	0.69%	0.69%	50.34%	39.31%	8.28%	0.69%	0.00%	4	11
Commissioner	140	99.29%	0.71%	0.00%	0.00%	0.00%	1.43%	2.14%	5.71%	26.43%	64.29%	35	58
Assessor	42	100.00%	0.00%	0.00%	0.00%	0.00%	2.38%	33.33%	21.43%	9.52%	33.33%	10	13
Multi-Assessor	66	100.00%	0.00%	0.00%	0.00%	1.52%	7.58%	37.88%	39.39%	10.61%	3.03%	Included with Assessor total	Included with Assessor total
Trustees	146	83.56%	16.44%	13.70%	10.27%	60.27%	28.08%	1.37%	0.00%	0.00%	0.00%	4	3
Collectors													
Road Treas	52	96.15%	3.85%	0.00%	11.54%	11.54%	76.92%	0.00%	0.00%	0.00%	0.00%	NA	NA



AGENDA ITEM SUMMARY

AGENDA ITEM: **10-F**

TITLE	Holiday Lights
MEETING DATE	November 14, 2024
SUBMITTED BY	Jessica Aquino Rodriguez, Operations Manager

SUMMARY

Dear Health Board,

In 2023 Township Supervisor proposed the installation of holiday lights around the Health District building and Lesak Park. The feedback from Berwyn residents was extremely positive.

Last year the board approved \$11,290 (cost split evenly by BPHD and Township for installation of holiday lights and budget additional sums by Health District of \$8,000. The project came in at \$11, 870 below what was budgeted.

2023 Budget Approved	Township	Health	Combined
Light installation	\$ 5,645.00	\$ 5,645.00	\$ 11,290.00
Additional funds	\$ 8,000.00	\$ 8,000.00	\$ 16,000.00
Total budget approved			\$ 27,290.00
2023 Expenses			
Holiday light installation	\$ 5,645.00	\$ 5,645.00	\$ 11,290.00
Light pole repair/troubleshooting	\$ 2,065.00	\$ 2,065.00	\$ 4,130.00
Total expenses			\$ 15,420.00

I am submitting the following budget to purchase lighting and décor from Amazon. Additionally, we would pay separately for the installation and for running overhead power. Last year, power was run on the ground, which created a trip hazard and required someone to troubleshoot lighting malfunctions.

2024 Budget	Township	Health	Combined
Light installation and overhead power	\$ 4,000.00	\$ 4,000.00	\$ 8,000.00
Purchase of lighting and décor (Amazon)	\$ 3,500.00	\$ 3,500.00	\$ 7,000.00
Total 2024 budget	\$ 7,500.00	\$ 7,500.00	\$ 15,000.00

Please approve a budget not to exceed \$7,500 from Health District.

Thank you.

ATTACHMENTS

None

ACTION PROPOSED

<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	DISCUSSION	<input checked="" type="checkbox"/>	REVIEW & APPROVAL
<input type="checkbox"/>	OTHER				