

Item #8:

Res. Approving Cont. Health Insurance & Health Savings Account

**VILLAGE OF LONG GROVE
RESOLUTION NO. 2016-R-__**

**RESOLUTION AUTHORIZING A HIGH DEDUCTIBLE
HEALTH INSURANCE POLICY WITH BLUE CROSS BLUE SHIELD & PARTIALLY FUNDING
HEALTH SAVINGS ACCOUNTS FOR ALL FULL-TIME EMPLOYEES**

WHEREAS, the Village annually requests competitive bids for health insurance providers in an effort to control annual Village expenses; and

WHEREAS, the Village has provided high deductible PPO health insurance to all full-time employees; and

WHEREAS, all full-time employees contribute toward 10% of their individual health care premiums to reduce Village expenses; and

WHEREAS, the Village obtained proposals for high deductible Blue Cross Blue Shield PPO health insurance for all full-time employees that significantly reduced the annual premium for the Village and encourages employees to continue and proactively manage their health care decisions further reducing future premiums for the Village; and

WHEREAS, in recognition of, and in an effort to minimize, the potential increased financial exposure by the full-time Village Employees under the high deductible Blue Cross the Village established individual Health Savings Accounts ("**HSA**") for all full-time Village Employees; and

WHEREAS, in 2014 the selection of the Blue Cross Blue Shield High Deductible Health Insurance PPO and partially funding the HSA's for all Full-time Village Employees reduced Village annual health insurance expenses by \$14,830; and

WHEREAS, in order to encourage the utilization of HSAs by full-time Village Employees, the Village partially funded each full-time Village Employee's HSA in the amount of \$5,500 for year 2016, (the "**Full Family HSA Option**"); and

WHEREAS, as an alternative to the Full Family HSA Option, the Village also partially funded any full-time Village Employee's HSA for the benefit of such employee and a spouse or a child in the amount of \$2,000 for year 2016, (the "**Partial Family HSA Option**"); and

WHEREAS, the continued selection of the Blue Cross Blue Shield High Deductible Health Insurance PPO and the Village's continued partial funding the HSA's for all Full-time Village Employees as funded in 2016 will continue to help control Village health insurance expenses in 2017; and

WHEREAS, the President and Board of Trustees, being fully advised in the premises, have determined that it is in the best interests of the Village and its residents to approve the Blue Cross Blue Shield High Deductible Health Insurance PPO and to continue to partially fund the HSA accounts for all Full-time Village Employees in 2017;

NOW, THEREFORE, BE IT RESOLVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF LONG GROVE, LAKE COUNTY, ILLINOIS, AS FOLLOWS:

Section 1: Authorization. The Village President and Board of Trustees hereby approve the Blue Cross Blue Shield High Deductible PPO Health Insurance Plan and to partially fund each full-time Village Employee's HSA based on either the Full Family HSA Option or the Partial Family HSA Option, as selected by each full-time Village Employee. The President and Board of Trustees authorize the Village Manager to execute contracts on behalf of the Village consistent with this Resolution.

Section 2: Effective Date. This Resolution shall be in full force and effect from and after its passage and approval in the manner provided by law.

PASSED this 22nd day of November, 2016.

AYES: Trustees:

NAYS:

ABSENT:

APPROVED this 22nd day of November, 2016.

Village President, Angela Underwood

ATTEST:

Village Clerk, Amy Gayton

	Current	Renewal	Alternative	Option 1	Option 2
Carrier Name	BlueCross BlueShield of IL Plan G512PPO/HSA In Network / Out of Network	BlueCross BlueShield of IL Plan G512PPO/HSA In Network / Out of Network	BlueCross BlueShield of IL Plan S501PPO In Network / Out of Network	Humana IL EHDHP 17 CPOS OPT 4 Silver In Network / Out of Network	UnitedHealthcare Plan AL1M Rx/P4 In Network / Out of Network
Deductible	Embedded Individual \$2,600 / \$5,200 Family \$6,000 / \$12,000	Embedded Individual \$2,600 / \$5,200 Family \$6,000 / \$12,000	Embedded Individual \$2,700 / \$5,400 Family \$8,100 / \$16,200	Embedded Individual \$3,500 / \$10,500 Family \$7,000 / \$21,000	Embedded Individual \$3,000 / \$5,000 Family \$6,000 / \$15,000
Coinsurance	90% / 70%	90% / 70%	80% / 60%	90% / 60%	100% / 70%
Out of Pocket Maximum	Individual \$3,500 / \$7,000 Family \$10,500 / \$21,000	Individual \$3,500 / \$7,000 Family \$10,500 / \$21,000	Individual \$6,750 / \$13,400 Family \$14,000 / \$28,000	Individual \$5,000 / \$15,000 Family \$10,000 / \$30,000	Individual \$6,500 / \$10,000 Family \$13,000 / \$30,000
Provider Network	Participating Provider Organization (PPO)	Participating Provider Organization (PPO)	Participating Provider Organization (PPO)	ChoicePOS	UnitedHealthcare Choice Plus
Office Visit Copay	90% / 70%	90% / 70%	\$35 In Network	90% / 60%	100% / 70%
Specialist Visit Copay	90% / 70%	90% / 70%	\$65 In Network	90% / 60%	100% / 70%
Preventive Care	100% In Network	100% In Network	100% In Network	100% In Network	100% In Network
Inpatient Hospital	90% / 70%	90% / 70%	80% / 60%	90% / 60%	100% / 70%
Emergency Room Copay	90% after deductible	90% after deductible	80% after a \$500 copay	90% after deductible	100% after deductible
Prescription Drug Card	90% after deductible	90% after deductible	\$0 - Generic \$10 - Non-Formulary Generic \$50 - Formulary Brand \$100 - Non-Formulary Brand \$150 - Specialty	See Plan Design	See Plan Design
Medical Premium	P1				
David Lothspeich	1 \$2,124.49	\$2,440.95	\$2,287.38	\$2,367.85	\$2,535.37
James Hogue	1 \$1,865.98	\$2,165.80	\$2,287.38	\$2,335.69	\$2,414.24
Sherry Shlagman	1 \$884.24	\$1,034.31	\$802.59	\$1,003.34	\$1,037.07
Monthly Premium	\$4,874.71	\$5,641.06	\$5,377.35	\$5,706.88	\$5,986.68
Annual Premium	\$58,496.52	\$67,692.72	\$64,528.20	\$68,482.56	\$71,840.16
Monthly Premium \$ Change		\$766.35	\$502.64	\$832.17	\$1,111.97
Annual Premium \$ Change		\$9,196.20	\$6,031.68	\$9,986.04	\$13,343.64
Premium % Change		15.72%	10.31%	17.07%	22.81%

*The information provided is for illustrative purposes only. Final rates and premiums are provided by the insurance carrier. Please review the Summary Plan Description for a detailed list of all benefits and the limitations for specific coverage.