

**VILLAGE OF DOWNERS GROVE**  
**REPORT FOR THE VILLAGE COUNCIL MEETING**  
**NOVEMBER 20, 2012 AGENDA**

SUBJECT:	TYPE:	SUBMITTED BY:
Employee Benefits Renewal Contracts and Medical Plan Amendments for FY2013	✓ Resolution Ordinance Motion Discussion Only	Dennis Burke Director of Human Resources

**SYNOPSIS**

Resolutions have been prepared to authorize approval of employee benefits renewal contracts and plan amendments for 2013

**STRATEGIC PLAN ALIGNMENT**

The goals for 2011-2018 included *Steward of Financial Sustainability*.

**FISCAL IMPACT**

The FY13 health insurance includes \$900,000 for claims administration and stop loss contracts. The vendors and contract amounts are itemized below:

Vendor	Contract Item	FY12 Amount	FY13 Amount
Blue Cross/Blue Shield	Medical Claim Administration	\$345,495	\$311,992
Blue Cross/Blue Shield	Specific and Aggregate Stop Loss Coverage	\$396,425	\$400,086
Delta Dental	Dental Program Claim Administration	\$18,338	\$18,734
Delta Dental	Vision Program Claim Administration	\$43,571	\$45,000
National Insurance Services	Life/Accidental Death and Dismemberment and Long Term Disability	\$109,000	\$98,086
<b>TOTAL</b>		<b>\$912,829</b>	<b>\$873,898</b>

**RECOMMENDATION**

Approval on the November 20, 2012 consent agenda.

**BACKGROUND**

A summary of the 2013 employee benefits contracts is provided below:

- *Medical Claim Administration* – the Village of Downers Grove has a partially self-funded medical plan and contracts with an outside vendor to provide claim administration on behalf of the Village. Claim administration includes medical and prescription drug claim adjudication, pre-certification and medical case management services. On an annual basis, staff reviews the claim administration services received from the vendor. Also reviewed is the relationship the vendor has with preferred

provider organizations (PPO) to ensure the discounts received through the PPO contracts are cost effective to both the employee and the Village.

The Village conducted a bidding process for medical claims administration for the 2011 plan year, and subsequently contracted with Blue Cross/Blue Shield of Illinois for these services. Blue Cross has provided a renewal quote for 2013 for claims administration at \$42.04 per employee/per month which represents a 29% decrease over last year's administrative fee. Blue Cross also charges a fee to access their PPO network and for 2013 this fee is estimated at \$86,994. This fee is offset by the significant savings the Village realizes through the Blue Cross PPO discounts. Total annual costs for medical claims administration for 2013 which includes the PPO access fee are \$311,992.

- *Stop Loss Coverage* - As a partially self-funded health plan, the Village purchases stop loss coverage to limit its financial exposure. Stop loss coverage provides insurance for catastrophic medical claims of participants in the Village's group health care plan. There are two types of stop loss coverage: specific, which applies to individual's claims, and aggregate, which applies to the entire insured group's claims. As part of the annual review, staff directs the Village's consultant, the Horton Group, to recommend to the Village the most appropriate attachment point for specific stop loss coverage. For 2013 the consultant determined that the Village should remain at the current \$150,000 specific stop loss level. The Village does obtain alternative quotes on stop loss coverage on an annual basis. This year it was determined that the Village should remain with its current stop loss carrier, Blue Cross/Blue Shield (Blue Cross), as they provided the most competitive stop loss quote. Blue Cross's quote for stop loss including the aggregate coverage totaled \$400,085 annually.
- *Vision* – Vision services are administered by TruAssure Insurance Company, which is a subsidiary of Delta Dental. Employees use providers within TruAssure's EyeMed PPO network and, by doing so, pay a co-payment or receive discounted rates on various services. Employees also have the flexibility to go outside of the EyeMed network, but then receive a less comprehensive benefit. Premium costs for 2013 are \$45,000.
- *Dental* – The Village provides employees a dental program administered by Delta Dental Plan of Illinois. Under this program, employees utilize PPO network providers where services are received at discounted rates and benefits are primarily paid in full. Employees also have the flexibility of going out-of-network; however, they would receive coverage that is less comprehensive. Fees for administration of the Delta Dental program are \$18,734.
- *Life/Accidental Death & Dismemberment (AD&D) and Long Term Disability (LTD)* – The Village contracts with National Insurance Services (NIS) to provide term life/AD&D and LTD coverage to eligible Village personnel. Alternative quotes for this coverage were obtained this year by the Village's consultant, the Horton Group. A review of the alternative quotes indicates that NIS continues to provide the most competitive quote for 2013, with a decrease in premium over last year's rates. Costs for these benefits are anticipated to total \$98,086.

## **ATTACHMENTS**

Contract Documents

Resolutions

**RESOLUTION NO. \_\_\_\_\_**

**A RESOLUTION AUTHORIZING EXECUTION OF AN  
AGREEMENT BETWEEN THE VILLAGE OF DOWNERS GROVE  
AND BLUE CROSS/BLUE SHIELD OF ILLINOIS FOR STOP LOSS COVERAGE**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Stop Loss Coverage Policy (the “Agreement”), between the Village of Downers Grove (the “Policyholder”) and Blue Cross/Blue Shield of Illinois, (the “Company”), for stop loss insurance coverage effective January 1, 2013 through January 1, 2014, as set forth in the form of the Agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Village Manager and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

\_\_\_\_\_  
Mayor

Passed:

Attest: \_\_\_\_\_

Village Clerk



EXHIBIT TO THE STOP LOSS COVERAGE POLICY

(ASO Accounts Only)

Employer Group Name: Village of Downers Grove
Employer Group Address: 801 Burlington Ave
City: Downers Grove State of Situs: IL Zip Code: 60515
Account Number: 365058
Employer Group Number(s): P65058, P65059, P65060, P65061
Effective Date of Policy: 1/1/13
Policy Period: These specifications are for the Policy Period commencing on 1/1/13 and ending on 1/1/14

The specifications below shall become effective on the first day of the Policy Period specified above and shall continue in full force and effect until the earliest of the following dates: (1) The last day of the Policy Period; (2) The date the Policy terminates; or (3) The date this Exhibit is superseded in whole or in part by a later executed Exhibit.

A. Aggregate Stop Loss Insurance: [X] Yes [ ] No
If yes, complete items 1. through 9. below.

1. [ ] New Coverage [X] Renewal of Existing Coverage

2. Stop Loss Coverage Period:

[ ] New Coverage (Select one from below):

[ ] Standard: Claims incurred and paid during the Policy Period.

[ ] Standard with "Run-in" included: Claims incurred on or after \_\_\_\_\_ and paid during the Policy Period.

"Run-in" includes claims paid by Policyholder's prior claim administrator: Yes [ ] No [ ]

If yes, such claims must be reported by the Policyholder to the Company (Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) within 12 months of the Effective Date of Policy and paid by the Policyholder's prior claim administrator within 6 months after the Effective Date of Policy.

[X] Renewal of Existing Coverage:

Claims incurred on or after the original Effective Date of Policy and paid during the Policy Period.

3. Aggregate Stop Loss Insurance shall apply to:

[X] Medical Claims [ ] Vision Claims

[X] Outpatient Prescription Drug Claims [ ] Dental Claims

For Hospital Employer Groups only: *Excludes* \_\_\_\_\_% of Home Hospital Medical claims

Other (please specify): \_\_\_\_\_

4. Average Claim Value: \$936.74 (per employee per month)

Includes Claim Administrator's Provider Access Fee

Excludes Claim Administrator's Provider Access Fee

Attachment Factor: 125% of the Average Claim Value

5. Aggregate Attachment Claim Liability:

Employer's Claim Liability for each Policy Period shall be the sum of the Monthly amounts obtained by multiplying the number of Individual and Family Coverage Units for each Month by the following factor:

\$1170.93 for each Coverage Unit

6. Aggregate Stop Loss Coverage includes coverage of Run-Off Paid Claims:  Yes  No

Run-Off Attachment Claim Liability Factors:

Employer's Run-Off Claim Liability shall be an amount equal to 15% of the annualized Employer Claim Liability based on the participation of the two calendar months immediately preceding termination. Settlement for the final accounting period will be described in the section of the Policy entitled SETTLEMENTS.

7. Aggregate Stop Loss Coverage:

a. The amount of Paid Claims during the current Policy Period, less Individual (Specific) Stop Loss Claims, if any, that exceed the Point of Attachment. The Point of Attachment shall equal the sum of the Employer's Claim Liability amounts calculated Monthly as described in Item 5. above for the indicated Policy Period. However, for the indicated Policy Period the minimum Point of Attachment shall be \$5,640,138.

b. The following applies if the answer to item 6. above is "Yes:" (Aggregate Stop Loss Coverage includes coverage of Run-Off Paid Claims):

In the event of termination at the end of a Policy Period, Aggregate Stop Loss Coverage shall equal the amount of Final Settlement Paid Claims that exceed the Final Settlement Point of Attachment. Final Settlement Paid Claims shall equal the sum of the Paid Claims during the Final Policy Period and the Paid Claims during the Run-Off Period, less Individual (Specific) Stop Loss Claims, if any. The Final Settlement Point of Attachment shall equal the sum of the Employer's Claim Liability amount for the Final Policy Period and the Employer's Run-Off Claim Liability calculated as described in items 5. and 6. above. However, for the Final Settlement Period the minimum Point of Attachment shall be the minimum Point of Attachment in item 7.a. above increased by 15%.

8. Premium (Select one):

Annual Premium (Due on the first day of the Policy Period): \$60,662.

The following applies if the answer to item 6. above is "Yes:" (Aggregate Stop Loss Coverage includes coverage of Run-Off Paid Claims): In the event of termination at the end of a Policy Period, an additional premium amount equal to 15% of the Annual Premium will be due within 10 calendar days of receipt of the billing.

Monthly Premium shall be equal to the amounts obtained by multiplying the number of Individual and Family Coverage Units for a particular Month by:

\$\_\_\_\_\_ for each Coverage Unit

The following applies if the answer to item 6. above is "Yes:" (Aggregate Stop Loss Coverage includes coverage of Run-Off Paid Claims):

In the event of termination at the end of a Policy Period, an additional premium amount equal to 15% of the annualized Premium based on the participation of the two months immediately preceding termination will be due within 10 calendar days of receipt of the billing.

9. The premium is based upon a current membership of 188 Individual Coverage Units and 258 Family Coverage Units.

**B. Individual (Specific) Stop Loss Insurance:**  Yes  No

If yes, complete items 1. through 6. below.

1.  New Coverage  Renewal of Existing Coverage

2. Stop Loss Coverage Period:

New Coverage (Select one from below):

Standard: Claims incurred and paid during the Policy Period.

Standard with "Run-in" included: Claims incurred on or after \_\_\_\_\_ and paid during the Policy Period.

"Run-in" includes claims paid by Policyholder's prior claim administrator: Yes  No

If yes, such claims must be reported by the Policyholder to the Company (Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) within 12 months of the Effective Date of Policy and paid by the Policyholder's prior claim administrator within 6 months after the Effective Date of Policy.

Renewal of Existing Coverage:

Claims incurred on or after the original Effective Date of Policy and paid during the Policy Period.

3. Individual (Specific) Stop Loss Insurance shall apply to:

Medical Claims  Vision Claims

Outpatient Prescription Drug Claims  Dental Claims

For Hospital Employer Groups only: *Excludes* \_\_\_\_\_% of Home Hospital Medical claims

Other (please specify): \_\_\_\_\_

4. Individual (Specific) Stop Loss Coverage

a. Individual Stop Loss Coverage equals the amount of Paid Claims for a Covered Person during the current Policy Period in excess of the Point of Attachment of \$150,000 per Covered Person. Such amount shall apply for the Policy Period.

Point of Attachment  Includes Claim Administrator's Provider Access Fee

Excludes Claim Administrator's Provider Access Fee

b. Employer's Claim Liability equals the sum of Paid Claims for a Covered Person during the Policy Period up to the Point of Attachment specified in 4.a. above.

5. Individual Stop Loss Coverage includes coverage of Run-Off Paid Claims:  Yes  No

The following applies if the answer to item 5. above is "Yes" (Individual Stop Loss Coverage includes coverage of Run-Off Paid Claims):

a. In the event of termination at the end of the Policy Period, Individual Stop Loss Coverage shall equal the amount of Final Settlement Paid Claims that exceed the Point of Attachment specified in 4.a. above. Final Settlement Paid Claims shall equal the sum of Paid Claims for a Covered Person during the Final Policy Period and the Run-Off Period.

b. In the event of termination at the end of the Policy Period, Employer's Final Settlement Claim Liability equals the sum of Paid Claims for a Covered Person during the Final Policy Period and Run-Off Period up to the Point of Attachment specified in Item 4.a. above.

Settlement for the final accounting period will be described in the section of the Policy entitled SETTLEMENTS.

6. Premium (select one):

Annual Premium (Due on the first day of the Policy Period): \$\_\_\_\_\_.

The following applies if the answer to item B.5. is "Yes" (Individual Stop Loss Coverage includes coverage of Run-Off Paid Claims): In the event of termination at the end of a Policy Period, an additional premium amount equal to 20% of the Annual Premium will due within 10 calendar days of receipt of the billing.

Monthly Premium shall be equal to the amounts obtained by multiplying the number of Individual and Family Coverage Units for a particular Month by:

\$63.42 for each Coverage Unit

The following applies if the answer to item B.5. above is "Yes" (Individual Stop Loss Coverage includes coverage of Run-Off Paid Claims): In the event of termination at the end of a Policy Period, an additional premium amount equal to 20% of the annualized Premium based on the participation of the two months immediately preceding termination will be due within 10 calendar days of receipt of the billing.

7. The premium is based upon a current membership of 188 Individual Coverage Units and 258 Family Coverage Units.

**Additional Provisions:**

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The undersigned person represents that he/she is authorized and responsible for purchasing stop loss coverage on behalf of the Employer Group. It is understood that the actual terms and conditions of coverage are those contained in this Exhibit and the Stop Loss Coverage Policy into which this Exhibit shall be incorporated at the time of acceptance by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"). Upon acceptance, HCSC shall issue a Stop Loss Coverage Policy to the Employer Group. Upon acceptance of this Exhibit and issuance of the Stop Loss Coverage Policy, the Employer Group shall be referred to as the "Policyholder."

Dee Mastro Holzkopf  
Sales Representative

\_\_\_\_\_  
Signature of Authorized Purchaser

Lucy Oakwood  
Name of Underwriter

\_\_\_\_\_  
Title of Authorized Purchaser

\_\_\_\_\_  
Date

INTERNAL USE ONLY	Date Application approved by Underwriting: Name of Underwriter:
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