



12 South Center Street
Bensenville, IL 60106

Office: 630.350.3404
Fax: 630.350.3438
www.bensenville.il.us

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February 5, 2020

Mr. Al Molinaro
215 Remington Blvd., Suite C
Bolingbrook, Illinois 60440

Re: February 3, 2020 FOIA Request

Dear Mr. Molinaro:

I am pleased to help you with your February 3, 2020 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on February 3, 2020. You requested copies of the items indicated below:

"Pursuant to the Freedom of Information Act I am requesting documentation which illustrates the dollar amount your police officers are required to contribute toward monthly health insurance premiums along with the dollar amount of those premiums broken down by the employee election of coverage."

After a search of Village files, the following information was found responsive to your request:

- 1) Village of Bensenville Insurance Premiums for 2019-2020; 7/1/19 – 6/30/20. (1 pg.)
- 2) Village of Bensenville Insurance Policy. (1 pg.)
- 3) Village of Bensenville Subscriber List for HMO from 2019. (1 pg.)
- 4) Village of Bensenville Subscriber List for PPO from 2019. (1 pg.)

These are all the records found responsive to your request.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,

Corey Williamsen
Freedom of Information Officer
Village of Bensenville

INSURANCE PREMIUMS FOR 2019-2020					
7/1/19 - 6/30/20					
	TOTAL		EMPLOYEE		VILLAGE
			PER PAY		PER PAY
BCBS PPO	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>
Employee	769.60	115.44	\$ 57.72	654.16	\$ 327.08
Employee/Spouse	2,107.99	316.20	\$ 158.10	1,791.79	\$ 895.90
Employee/Child	1,858.52	278.78	\$ 139.39	1,579.74	\$ 789.87
Family	2,285.08	342.76	\$ 171.38	1,942.32	\$ 971.16
Medicare/Single	616.17	92.43	\$ 46.21	523.74	\$ 261.87
Medicare EE & spot	1,232.31	184.85	\$ 92.42	1,047.46	\$ 523.73
	TOTAL		EMPLOYEE		VILLAGE
			PER PAY		PER PAY
BCBS HMO	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>
Employee	671.43	100.71	\$ 50.36	570.72	\$ 285.36
Employee/Spouse	1,264.50	189.68	\$ 94.84	1,074.83	\$ 537.41
Employee/Child	1,341.36	201.20	\$ 100.60	1,140.16	\$ 570.08
Family	1,934.54	290.18	\$ 145.09	1,644.36	\$ 822.18
Medicare employee	508.29	76.24	\$ 38.12	432.05	\$ 216.02
Medicare EE & Non Med	1,179.73	176.96	\$ 88.48	1,002.77	\$ 501.39
	TOTAL		EMPLOYEE		VILLAGE
			PER PAY		PER PAY
Metlife Dental	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>
Single	41.79	-	\$ -	41.79	\$ 20.90
Family	121.97	80.18	\$ 40.09	41.79	\$ 20.90

INSURANCE

Section 7.1 Insurance Coverage

The Village shall continue to make available to full-time employees and their dependents group health and hospitalization insurance coverage and benefits. Further, the Village shall offer full-time employees the option of coverage under a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) selected by the Village which offers substantially similar health and hospitalization coverage and benefits as provided under the group insurance plan.

Section 7.2 Cost

The Village will pay eighty-five percent (85%) of the cost of premiums for full-time employees' individual health and hospitalization insurance. The Village will pay eighty-five percent (85%) of the cost of the premiums for full-time employee's dependent group health and hospitalization insurance. The aforementioned contribution is based upon the health option selected by the officer.

Section 7.3 Cost Containment

The Village reserves the right to institute cost containment measures relative to insurance coverage so long as the basic level of insurance benefits remains substantially similar. Such changes may include, but are not limited to, mandatory second opinions for elective surgery, pre-admission and continuing admission review, prohibition on weekend admissions except in emergency situations, preferred provider option, and mandatory out-patient elective surgery for certain designated surgical procedures. Employees will be given advance notice of any such cost containment measures before they are instituted.

Section 7.4 Life Insurance

The Village shall provide full-time employees, at no cost to the employee, life insurance coverage equal to twice the employee's annual base salary.

Section 7.5 Right to Change Insurance Carriers

The Village retains the right to select and change insurance carriers for employee insurance or otherwise provide for coverage as long as the level of benefits remains relatively equal. Before making any changes in deductibles, co-payments or any changes in benefits beyond the limitation set forth above, the Village must first negotiate with the Chapter.

Section 7.6 Dental Insurance

SUBSCRIBER LIST (IN MONTHS)
STATEMENT PERIOD FROM 12/01/2019 THRU 12/31/2019

531887 PAGE NO: 526
EXHIBIT: ML01
DATE: 01/02/2020

IPBC - HMO COST

ACCOUNT NUMBER: 015039

ASSOCIATION: HMOI \$10 OV

GROUP/SECTION: H15093 0200 - IPBC-VIL OF BENSENVILLE POLICE

RETRO COUNTS	CURRENT COUNTS	TOTAL COUNTS
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GROUP/SECTION TOTALS:

SUBSCRIBERS WITH BLUE CROSS COVERAGE

SUB	+0	+5	+5
SUB/DEP(S)	+0	+1	+1
SUB/SPS/DEP	+0	+1	+1
SUB/SPS/DEPS	+0	+10	+10

SINGLE	+0	+5	+5
FAMILY	+0	+12	+12
TOTAL SUBSCRIBER COUNTS	+0	+17	+17

SUBSCRIBERS WITH BLUE SHIELD COVERAGE

SUB	+0	+5	+5
SUB/DEP(S)	+0	+1	+1
SUB/SPS/DEP	+0	+1	+1
SUB/SPS/DEPS	+0	+10	+10

SINGLE	+0	+5	+5
FAMILY	+0	+12	+12
TOTAL SUBSCRIBER COUNTS	+0	+17	+17

SUBSCRIBERS WITH MAJOR MEDICAL COVERAGE

SUB	+0	+5	+5
SUB/DEP(S)	+0	+1	+1
SUB/SPS/DEP	+0	+1	+1
SUB/SPS/DEPS	+0	+10	+10

SINGLE	+0	+5	+5
FAMILY	+0	+12	+12
TOTAL SUBSCRIBER COUNTS	+0	+17	+17

SUBSCRIBER LIST (IN MONTHS)
STATEMENT PERIOD FROM 12/01/2019 THRU 12/31/2019

533730 PAGE NO: 796
EXHIBIT: ML01
DATE: 01/02/2020

IPBC - ASO

ACCOUNT NUMBER: 014596

ASSOCIATION: VILLAGE OF BENSENVILLE

GROUP/SECTION: P15985 0200 - IPBC VIL OF BENSENVILLE POLICE

		RETRO	CURRENT	TOTAL
		COUNTS	COUNTS	COUNTS
GROUP/SECTION TOTALS:				
SUBSCRIBERS WITH BLUE CROSS COVERAGE				
	SUB	+0	+10	+10
	SUB/DEP(S)	+0	+1	+1
	SUB/SPS	+0	+3	+3
	SUB/SPS/DEP	+0	+2	+2
	SUB/SPS/DEPS	+0	+1	+1

	SINGLE	+0	+10	+10
	FAMILY	+0	+7	+7
	TOTAL SUBSCRIBER COUNTS	+0	+17	+17
SUBSCRIBERS WITH BLUE SHIELD COVERAGE				
	SUB	+0	+10	+10
	SUB/DEP(S)	+0	+1	+1
	SUB/SPS	+0	+3	+3
	SUB/SPS/DEP	+0	+2	+2
	SUB/SPS/DEPS	+0	+1	+1

	SINGLE	+0	+10	+10
	FAMILY	+0	+7	+7
	TOTAL SUBSCRIBER COUNTS	+0	+17	+17
SUBSCRIBERS WITH MAJOR MEDICAL COVERAGE				
	SUB	+0	+10	+10
	SUB/DEP(S)	+0	+1	+1
	SUB/SPS	+0	+3	+3
	SUB/SPS/DEP	+0	+2	+2
	SUB/SPS/DEPS	+0	+1	+1

	SINGLE	+0	+10	+10
	FAMILY	+0	+7	+7
	TOTAL SUBSCRIBER COUNTS	+0	+17	+17