

## Rate Offer Letter

Date: December 20, 2019  
Agent: C F M INSURANCE AGENCY INC  
Group Name: Wheaton Park District  
Effective Date: January 01, 2020  
Account No: 260391



### Benefit Summary:

HMO Products - MIBAH202 - \$0/NA Copay; \$0/NA In Patient Copay; \$0/\$10/\$50/\$100/\$150/\$250 Rx

Standard PPO - MIBPP002: 90%/70% Coinsurance; \$500/\$1,000 Deductible; \$20/\$40 Office Visit/Specialist; \$1,500/\$4,500 Out of Pocket Maximum; \$150/100% ER Copay/ER Coins; \$300 IP; NA OP Surg; \$0/\$15/\$30/\$50/\$150 Rx

Dental PPO - BlueCare Dental - DINHR02

Underwriting has approved the above group. After review of the information provided, it has been determined that a rate adjustment is necessary. The actual increase over proposed rates is -0.33%. Listed below are the finalized rates based on the actual demographics of the group and any medical information.

Finalized Rates: Health and Dental Plans	Employee	Employee +Spouse	Employee +Child(ren)	Family	Medicare Employee	Medicare Family	Total Monthly Health Cost*	Estimated Taxes & Fees
MIBAH202	\$436.62	\$914.34	\$822.67	\$1,300.39	\$279.88	\$559.76	\$77,497.71	\$2,195.51
MIBPP002	\$588.24	\$1,231.86	\$1,108.36	\$1,751.98	\$377.07	\$754.14	\$25,989.42	\$736.22
DINHR02	\$42.08	\$85.39	\$109.24	\$165.00	\$0.00	\$0.00	\$11,609.29	\$232.13

\* Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

### Enrollment - Proposed vs. Final

Proposed*							Total
Health:	31	18	10	44	0	0	103

### Final:

MIBAH202	24	14	9	36	0	0	83
MIBPP002	8	5	1	8	0	0	22
DINHR02	31	19	10	46	0	0	106

(\*Proposed enrollment figures are provided in comparison to the final enrollment figures in the event there were demographic changes.)

Other factors that affect the final rate include:  
Carrier History:

Proposed  
N/A

Final  
3%

Notwithstanding anything in the proposal or renewal to the contrary, BCBS reserves the right to revise or withdraw our offer or to change our charge for the cost of coverage (premium 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 BCBS to pay, submit or forward, on its own behalf or on the Employer Group's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

### NOTICE: AFFORDABLE CARE ACT (ACA) FEES

ACA established a number of taxes and fees that affect our customers and their benefit plans. Two of those fees are: (1) the Annual Fee on Health Insurers or "Health Insurer Fee"; and (2) the Transitional Reinsurance Program Contribution Fee or "Reinsurance Fee." Both the Reinsurance Fee and Health Insurer Fee began in 2014.

Section 9010(a) of ACA requires that "covered entities" providing health insurance ("health insurers") pay an annual fee to the federal government, commonly referred to as the Health Insurer Fee. The amount of this fee for a given calendar year is determined by the federal government and involves a formula based in part on a health insurer's net premiums written with respect to health insurance on certain health risk during the preceding calendar year. This fee helps fund premium tax credits and cost-sharing subsidies offered to certain individuals who purchase coverage on health insurance exchanges.

In addition, ACA Section 1341 provides for the establishment of a temporary reinsurance program(s) (for a three (3) year period (2014-2016)) which is funded by Reinsurance Fees collected from health insurance issuers and self-funded group health plans. Federal and state governments provide information as to how these fees are calculated. Federal regulations establish a flat, per member, per month fee. The temporary reinsurance programs funded by these Reinsurance Fees help to stabilize premiums in the individual market.

Your premium, which already accounts for the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for BCBSIL products/service

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

Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. 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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BlueCross BlueShield  
of Illinois

Due to HIPAA Privacy Legislation, no details can be provided by Underwriting that identifies individuals or conditions within the group that led to any applicable load. If you have questions related to this offer, please do not hesitate to contact CAROL METZGER at . Please reply to this offer within 10 business days indicating acceptance of the adjusted rates, otherwise this offer will be void.

As always, we appreciate your continued interest in Blue Cross and Blue Shield of Illinois.

Sincerely,

Account Executive  
Group Sales Department  
Blue Cross and Blue Shield of Illinois

Group accepts the rates included in this offer:

Name

Title EXECUTIVE DIRECTOR

Company Name: WHEATON PARK DISTRICT

Date

12/23/19

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