

**RESOLUTION
TO ESTABLISH RATES FOR HEALTH AND LIFE INSURANCE COVERAGES
FOR FISCAL YEAR 2024**

WHEREAS, the County of McLean will provide group health insurance by offering a Blue Cross/Blue Shield of Illinois PPO Network plan for employees to be provided on a self-funded basis, and;

WHEREAS, the County of McLean provides group life insurance and will offer a Group Life Policy for employees, and;

WHEREAS, it is necessary to establish rates for employees and others who participate, in accordance with County policy, in such health and life coverages, now, therefore;

BE IT RESOLVED, by the County Board of McLean County, Illinois now in regular session:

1. That the monthly rates which employees must provide, for employees on whose behalf the County contributes toward the cost of such coverages and provides 100% of the life insurance cost for the first \$10,000 of coverage, shall be as follows:

PLAN	EMPLOYEE ONLY	EMPLOYEE +CHILDREN	EMPLOYEE +SPOUSE	FAMILY
BC/BS PPO 2023	\$147.43	\$614.12	\$668.87	\$875.36
BC/BS PPO 2024	\$151.86	\$632.54	\$688.94	\$901.62
BC/BS HDHP 2023	\$69.90	\$464.22	\$511.23	\$671.76
BC/BS HDHP 2024	\$71.99	\$478.15	\$526.57	\$691.91
BC/BS BCO 2023	\$15.16	\$364.31	\$411.32	\$543.19
BC/BS BCO 2024	\$15.61	\$375.24	\$423.66	\$559.48

* An additional monthly spousal surcharge of \$100 per month will apply to employees opting to cover spouses eligible to be covered under other plans.

** An additional monthly tobacco surcharge of \$25 per month for each employee and/or spouse engaged in tobacco usage.

2. That the monthly rates which former employees must provide when required to provide the full cost of health insurance but nothing for life insurance, such as those covered by the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) shall be as follows:

PLAN	EMPLOYEE ONLY	EMPLOYEE +CHILDREN	EMPLOYEE +SPOUSE	FAMILY
BC/BS PPO 2023	\$907.71	\$1,656.76	\$1,656.76	\$2,132.04
BC/BS PPO 2024	\$1,085.62	\$1,981.48	\$1,981.48	\$2,549.93
BC/BS HDHP 2023	\$798.80	\$1,457.94	\$1,457.94	\$1,876.20
BC/BS HDHP 2024	\$955.37	\$1,743.69	\$1,743.69	\$2,243.93
BC/BS BCO 2023	\$742.97	\$1,356.03	\$1,356.03	\$1,745.06
BC/BS BCO 2024	\$888.59	\$1,621.81	\$1,621.81	\$2,087.09

* An additional monthly spousal surcharge of \$100 per month will apply to former employees opting to cover spouses eligible to be covered under other plans.

** An additional monthly tobacco surcharge of \$25 per month for each former employee and/or spouse engaged in tobacco usage.

3. That the monthly rates which employees must provide when required to provide the full cost of health and non-contributory life insurance, such as those on a leave but not disabled, shall be as follows:

PLAN	EMPLOYEE ONLY	EMPLOYEE +CHILDREN	EMPLOYEE +SPOUSE	FAMILY
BC/BS PPO 2023	\$889.91	\$1,624.27	\$1,624.27	\$2,090.24
BC/BS PPO 2024	\$1,064.33	\$1,942.63	\$1,942.63	\$2,499.93
BC/BS HDHP 2023	\$783.14	\$1,429.35	\$1,429.35	\$1,839.41
BC/BS HDHP 2024	\$936.64	\$1,709.50	\$1,709.50	\$2,199.93
BC/BS BCO 2023	\$728.40	\$1,329.44	\$1,329.44	\$1,710.84
BC/BS BCO 2024	\$871.17	\$1,590.01	\$1,590.01	\$2,046.16

* An additional monthly spousal surcharge of \$100 per month will apply to employees opting to cover spouses eligible to be covered under other plans.

** An additional monthly tobacco surcharge of \$25 per month for each employee and/or spouse engaged in tobacco usage.

4. That the monthly rates which employees must provide when required to provide the full cost of health insurance but nothing for life insurance, such as those who are disabled and have the life insurance premium waived or retired who have no life insurance shall be as follows:

PLAN	EMPLOYEE ONLY	EMPLOYEE +CHILDREN	EMPLOYEE +SPOUSE	FAMILY
BC/BS PPO 2023	\$887.91	\$1,622.27	\$1,622.27	\$2,088.24
BC/BS PPO 2024	\$1,062.33	\$1,940.63	\$1,940.63	\$2,497.93
BC/BS HDHP 2023	\$781.14	\$1,427.35	\$1,427.35	\$1,837.41
BC/BS HDHP 2024	\$934.64	\$1,707.50	\$1,707.50	\$2,197.93
BC/BS BCO 2023	\$726.40	\$1,327.44	\$1,327.44	\$1,708.84
BC/BS BCO 2024	\$869.17	\$1,588.01	\$1,588.01	\$2,044.16

* An additional monthly spousal surcharge of \$100 per month will apply to employees opting to cover spouses eligible to be covered under other plans.

** An additional monthly tobacco surcharge of \$25 per month for each employee and/or spouse engaged in tobacco usage.

5. That the monthly rates which former employees must provide when required to provide the full cost of health insurance but who are disabled and covered by the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) and, thereby, able to extend their coverage from 18 months to 29 months, for months 19 through 29 shall be as follows:

PLAN	EMPLOYEE ONLY	EMPLOYEE +CHILDREN	EMPLOYEE +SPOUSE	FAMILY
BC/BS PPO 2023	\$1,334.87	\$2,436.41	\$2,436.41	\$3,135.35
BC/BS PPO 2023	\$1,596.50	\$2,913.94	\$2,913.94	\$3,749.89
BC/BS HDHP 2023	\$1,174.71	\$2,144.03	\$2,144.03	\$2,759.12

BC/BS HDHP 2024	\$1,404.95	\$2,564.25	\$2,564.25	\$3,299.90
BC/BS BCO 2023	\$1,092.60	\$1,994.16	\$1,994.16	\$2,566.26
BC/BS BCO 2024	\$1,306.75	\$2,385.02	\$2,385.02	\$3,069.25

* An additional monthly spousal surcharge of \$100 per month will apply to former employees opting to cover spouses eligible to be covered under other plans.

** An additional monthly tobacco surcharge of \$25 per month for each former employee and/or spouse engaged in tobacco usage.

6. That the County Administrator is authorized to sign the contracts and agreements necessary to effectuate this Resolution.

7. That this Resolution shall be effective immediately, with the above health insurance rates effective for coverages on and after January 1, 2024.

Adopted by the County Board of McLean County this 12th day of October, 2023

ATTEST:

APPROVED:

Kathy Michael

Kathy Michael,
Clerk of the McLean County Board

Catherine Metsker

Catherine Metsker,
Chair, McLean County Board