

PUBLIC RECORDS  
ALLIUM DATA  
1919 14TH ST STE 700  
BOULDER, CO 80302-5482

\*\*\*\*\*AUTO\*\*MIXED AADC 130 PL2 T3 P1 S469  
PANA COMMUNITY UNIT SCHOOL DIST. 8  
PO BOX 377  
PANA IL 62557-0377



9/25/2023

Dear Public Records Department:

Please consider this letter as a public records request for commercial purposes as defined under the laws applicable to your jurisdiction.

We are requesting:

1. A copy of the last property & casualty insurance renewal summary for all lines of insurance purchased by the school district (general liability, auto, workers comp, professional, directors and officers, etc.). This document summarizes the insurance terms, limits, deductibles, premium and exclusions.
2. A copy of the last employee benefits insurance renewal summary for health, dental and vision plans sponsored by the school district. This document shows plan options available to the district's employees and the pricing for employee, employee plus spouse, employee plus family.

Please respond with PDF versions of the requested documents or any questions you may have to the following email address;  
[publicrecords@alliumdata.com](mailto:publicrecords@alliumdata.com)

Thank you,  
Michael Rost  
Founder & CEO  
Allium Data

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# INSURANCE BINDER

OP ID: LW

DATE (MM/DD/YYYY)

6/23/2022

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> Ramza Insurance Group - 713 713 North Bloomington Streator, IL 61364 Craig Ramza II		<b>COMPANY</b> EMC INSURANCE		<b>BINDER # 1303</b>	
<b>PHONE</b> (A/C, No, Ext):		<b>FAX</b> (A/C, No):		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:</b> <b>BINDER</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> School District	
<b>AGENCY CUSTOMER ID:</b> PANAC-1					
<b>INSURED</b> Pana CUSD #8 14 East Main Street Pana IL 62557					

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Blanket Bldg & Contents Earthquake Wind/Hail Deductible Named Locations	2,500 10% 25,000	100	74,556,915 10,000,000
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	2,000,000 1,000,000 10,000 2,000,000 4,000,000 4,000,000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST Underinsured	\$ \$ \$ \$ \$ \$ \$ \$	2,000,000    5,000  1,000,000 1,000,000
<b>AUTO PHYSICAL DAMAGE</b> <input checked="" type="checkbox"/> COLLISION: DEDUCTIBLE 2,000 <input checked="" type="checkbox"/> OTHER THAN COL: 2,000	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	8,000,000 8,000,000 NONE
<b>WORKER'S COMPENSATION and EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b> Includes Cyber Liability and School Board Legal Liability		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

**Name & Address**

<b>Insured's Copy</b>	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Craig Ramza II <i>Craig Ramza/LLW</i>	

DATE: June 01, 2023  
 TO: Employees Eligible for Insurance  
 FROM: Jennifer Christer  
 RE: HealthScope (Egyptian) Insurance Annual Enrollment and Premium Increases.

**INSURANCE ANNUAL OPEN ENROLLMENT**

This is the only time during the year that you can enroll without a qualifying event.

To enroll in insurance or make changes to your current coverage for the upcoming school year contact payroll before the following date.

**Enroll or make changes by July 15, 2023. Effective date September 1, 2023.**

**INSURANCE PREMIUM INCREASE**

Insurance increases for the 2023-22 school year will be made on your August 2023 checks for the September 1, 2023 premium increases.

PEA Members/Administrators (Licensed) - The district will pay \$761.28 (91.5% of Plan B) per month toward any medical plan listed below.

ESP Members (Hourly Employees) - The district will pay \$420.38 per month toward any medical plan listed below.

	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal
	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24
Medical Coverage Type										
Employee	Plan A	Plan A	Plan B	Plan B	Plan E	Plan E	Plan C	Plan C	HDHP	HDHP
Employee + Spouse	\$782.00	\$915.00	\$711.00	\$832.00	\$656.00	\$768.00	\$611.00	\$715.00	\$522.00	\$611.00
Employee + Child/Children	\$1,614.00	\$1,886.00	\$1,459.00	\$1,707.00	\$1,352.00	\$1,582.00	\$1,263.00	\$1,478.00	\$1,068.00	\$1,250.00
Family	\$1,559.00	\$1,824.00	\$1,406.00	\$1,645.00	\$1,301.00	\$1,522.00	\$1,221.00	\$1,429.00	\$1,050.00	\$1,229.00
	\$1,736.00	\$2,031.00	\$1,567.00	\$1,833.00	\$1,453.00	\$1,700.00	\$1,358.00	\$1,589.00	\$1,152.00	\$1,348.00

	Current	Renewal	Current	Renewal
	2022-23	2023-24	2022-23	2023-24
Dental Coverage Type				
Employee	Low Plan	Low Plan	High Plan	High Plan
Employee + 1	\$14.60	\$16.00	\$35.56	\$38.96
Employee + 2	\$28.50	\$31.24	\$67.12	\$73.58
	\$54.88	\$60.14	\$98.46	\$107.90

	Current	Renewal
	2022-23	2023-24
Vision Coverage Type		
Employee	Low Plan	Low Plan
Employee + 1	\$8.02	\$8.02
Employee + 2	\$11.54	\$11.54
	\$20.84	\$20.84

**Medical Insurance Plan B vs. Plan E Option 1**

The major difference is the deductible and out of pocket maximum totals. Both plans pay 85% copay and doctor visits are the same.

**2022-23 Medical, Dental & Vision Premiums**

The district received a 1.7% increase to our medical premiums for the 2023-24 insurance year.

Insurance information can be found on the Pana School District web page; For Staff; Employee Insurance.