## Current

| | Blue Cross Blue Shield | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PPO - Support Staff & Custodians | | | PPO - Teachers & Administrators | | | HMO BA | | | HSA | |
| | In Network | Out Network | | In Network | Out Network | | Participating Providers | | | In Network | Out Network |
| Individual Deductible | $250 | $500 | | $1,000 | $2,000 | | $0 | | | $3,400 | $5,000 |
| Family Deductible | $750 | $1,500 | | $3,000 | $6,000 | | $0 | | | $6,800 | $10,000 |
| Coinsurance | 90% | 70% | | 80% | 60% | | 100% | | | Ded then 100% | Ded then 80% |
| Ind. OOP (inc ded) | $1,250 | $2,500 | | $2,000 | $4,000 | | $1,500 | | | $3,400 | $10,000 |
| Fam. OOP (inc ded) | $3,750 | $7,500 | | $6,000 | $12,000 | | $3,000 | | | $6,800 | $20,000 |
| Inpatient Hospital Svcs | 90% | 70% after: | | 80% | 60% after: | | 100% | | | Ded then 100% | Ded then 80% |
| Inpatient Hospital Ded | $0 | $300 per Visit | | $0 | $300 per Visit | | $0 | | | $0 | $300 per Visit |
| Preventive Services | $10 Copay | 70% | | 100% | 60% | | $10 Copay | | | 100% | Ded then 80% |
| Physician Services | $10 Copay | 70% | | $20 Copay | 60% | | $10 Copay | | | Ded then 100% | Ded then 80% |
| Specialist Services | $10 Copay | 70% | | $20 Copay | 60% | | $10 Copay | | | Ded then 100% | Ded then 80% |
| Lab & X-Ray / Imaging | 90% | 70% | | 80% | 60% | | 100% | | | Ded then 100% | Ded then 80% |
| Urgent Care | 90% | 70% | | 80% | 60% | | $10 Copay | | | Ded then 100% | Ded then 80% |
| Emergency Room | $50 Copay | | | $75 Copay | | | $50 Copay | | | Deductible then 100% | |
| Rx - In Network | $15/$30/$50 | | | $15/$30/$50 | | | $15/$30/$50 | | | Deductible then 100% | |
| Rx - Out Network | $15/$30/$50 + 25% | | | $15/$30/$50 + 25% | | | Not Covered | | | Deductible + 25% | |
| Specialty Rx | $50 Copay | $50 Copay + 25% | | $50 Copay | $50 Copay + 25% | | $50 Copay | | | Ded then 100% | Ded + 25% |
| Mail Order | 2x / 90 Days | Not Covered | | 2x / 90 Days | Not Covered | | 2x / 90 Days | | | Ded then 100% | Not Covered |
| | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL |
| Employee: | 7 | $1,126.83 | $7,887.81 | 49 | $1,115.56 | $54,662.44 | 88 | $935.27 | $82,303.76 | 35 | $991.61 | $34,706.35 |
| Family: | 20 | $2,546.78 | $50,935.60 | 46 | $2,521.31 | $115,980.26 | 183 | $2,113.84 | $386,832.72 | 24 | $2,241.17 | $53,788.08 |
| Total per policy: | 27 | | $58,823.41 | 95 | | $170,642.70 | 271 | | $469,136.48 | 59 | | $88,494.43 |
| Total Monthly: | | | | | | $787,097.02 | | | | | | |

## Revised Renewal (UNIFIED)

| | Blue Cross Blue Shield | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PPO - Support Staff & Custodians | | | PPO - Teachers & Administrators | | | HMO BA | | | HSA | |
| | In Network | Out Network | | In Network | Out Network | | Participating Providers | | | In Network | Out Network |
| Individual Deductible | $250 | $500 | | $1,000 | $2,000 | | $0 | | | **$3,500** | $5,000 |
| Family Deductible | $750 | $1,500 | | $3,000 | $6,000 | | $0 | | | **$7,000** | $10,000 |
| Coinsurance | 90% | 70% | | 80% | 60% | | 100% | | | Ded then 100% | Ded then 80% |
| Ind. OOP (inc ded) | $1,250 | $2,500 | | $2,000 | $4,000 | | $1,500 | | | **$3,500** | $10,000 |
| Fam. OOP (inc ded) | $3,750 | $7,500 | | $6,000 | $12,000 | | $3,000 | | | **$7,000** | $20,000 |
| Inpatient Hospital Svcs | 90% | 70% after: | | 80% | 60% after: | | 100% | | | Ded then 100% | Ded then 80% |
| Inpatient Hospital Ded | $0 | $300 per Visit | | $0 | $300 per Visit | | $0 | | | $0 | $300 per Visit |
| Preventive Services | $10 Copay | 70% | | 100% | 60% | | $10 Copay | | | 100% | Ded then 80% |
| Physician Services | $10 Copay | 70% | | $20 Copay | 60% | | $10 Copay | | | Ded then 100% | Ded then 80% |
| Specialist Services | $10 Copay | 70% | | $20 Copay | 60% | | $10 Copay | | | Ded then 100% | Ded then 80% |
| Lab & X-Ray / Imaging | 90% | 70% | | 80% | 60% | | 100% | | | Ded then 100% | Ded then 80% |
| Urgent Care | 90% | 70% | | 80% | 60% | | $10 Copay | | | Ded then 100% | Ded then 80% |
| Emergency Room | **$350 Copay** | | | **$350 Copay** | | | **$350 Copay** | | | Deductible then 100% | |
| Rx - In Network | $15/$30/$50 | | | $15/$30/$50 | | | $15/$30/$50 | | | Deductible then 100% | |
| Rx - Out Network | $15/$30/$50 + 25% | | | $15/$30/$50 + 25% | | | Not Covered | | | Deductible + 25% | |
| Specialty Rx | $50 Copay | $50 Copay + 25% | | $50 Copay | $50 Copay + 25% | | $50 Copay | | | Ded then 100% | Ded + 25% |
| Mail Order | 2x / 90 Days | Not Covered | | 2x / 90 Days | Not Covered | | 2x / 90 Days | | | Ded then 100% | Not Covered |
| | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL |
| Employee: | 7 | $1,187.93 | $8,315.51 | 49 | $1,176.05 | $57,626.45 | 88 | $985.98 | $86,766.24 | 35 | $1,045.38 | $36,588.30 |
| Family: | 20 | $2,684.87 | $53,697.40 | 46 | $2,658.03 | $122,269.38 | 183 | $2,228.46 | $407,808.18 | 24 | $2,362.70 | $56,704.80 |
| Total Monthly: | 27 | | $62,012.91 | 95 | | $179,895.83 | 271 | | $494,574.42 | 59 | | $93,293.10 |
| Total Monthly: | | | | | | $829,776.26 | | | | | | |

| | Current | Revised Renewal (UNIFIED) |
|---|---|---|
| Total Monthly: | $787,097.02 | $829,776.26 |
| Total Annually: | $9,445,164.24 | $9,927,315.12 |
| Annual Difference: | N/A | $482,150.88 |
| Percent Difference: | N/A | 5.10% |

*A 1.75% DISCOUNT HAS BEEN APPLIED TO THE RATES FOR THE RENEWAL OF THE BLUE CROSS BLUE SHIELD ANCILLARY LINES*
*THIS SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. BENEFITS & RATES PROVIDED BY THE CARRIER WILL PREVAIL.*

# COST AND BENEFIT COMPARISON FOR:
# WEST CHICAGO ELEMENTARY SCHOOL DISTRICT 33

| | Current | | | Renewal | | |
|---|---|---|---|---|---|---|
| DENTAL | EE | RATE | TOTAL | EE | RATE | TOTAL |
| Employee: | 181 | $53.00 | $9,593.00 | 181 | $55.92 | $10,121.52 |
| Family: | 296 | $153.39 | $45,403.44 | 296 | $161.83 | $47,901.68 |
| Total Monthly: | 477 | | **$54,996.44** | 477 | | **$58,023.20** |

| | Blue Cross Blue Shield BlueCare PPO | | Blue Cross Blue Shield BlueCare PPO | |
|---|---|---|---|---|
| | In Network | Out Network | In Network | Out Network |
| Individual Deductible | $75 | $75 | $75 | $75 |
| Family Deductible | $225 | $225 | $225 | $225 |
| Annual Maximum | $1,500 | $1,500 | $1,500 | $1,500 |
| Deductible Waived for Preventive? | Yes | Yes | Yes | Yes |
| Preventive Services | 100% | 100% | 100% | 100% |
| Basic Services | 85% | 85% | 85% | 85% |
| Major Services | 60% | 60% | 60% | 60% |
| Endodontic Services | 85% | 85% | 85% | 85% |
| Periodontic Services | 85% | 85% | 85% | 85% |
| Implants | Not Covered | Not Covered | Not Covered | Not Covered |
| Orthodontia Coverage | 50% | 50% | 50% | 50% |
| Ortho Lifetime Maximum | $1,000 | $1,000 | $1,000 | $1,000 |
| Orthodontia Eligibility | Dependent Children to age 19 | | Dependent Children to age 19 | |
| Out of Network Reimbursement | 90th UCR | | 90th UCR | |

| | | |
|---|---|---|
| Total Monthly: | **$54,996.44** | **$58,023.20** |
| Total Annually: | **$659,957.28** | **$696,278.40** |
| Annual Difference: | **N/A** | **$36,321.12** |
| Percent Difference: | **N/A** | **5.50%** |

***THIS SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. BENEFITS & RATES PROVIDED BY THE CARRIER WILL PREVAIL.***

# COST AND BENEFIT COMPARISON FOR:
# WEST CHICAGO ELEMENTARY SCHOOL DISTRICT 33

| | Current | | | Renewal | | |
|---|---|---|---|---|---|---|
| **VOLUNTARY VISION** | **EE** | **RATE** | **TOTAL** | **EE** | **RATE** | **TOTAL** |
| | | | | | **Under Rate Guarantee (Renews 1/1/2029)** | |
| **Employee:** | 167 | $9.77 | $1,631.59 | 167 | $9.77 | $1,631.59 |
| **Employee + Spouse:** | 52 | $15.63 | $812.76 | 52 | $15.63 | $812.76 |
| **Employee + Child:** | 36 | $15.96 | $574.56 | 36 | $15.96 | $574.56 |
| **Family:** | 122 | $25.73 | $3,139.06 | 122 | $25.73 | $3,139.06 |
| **Total Monthly:** | **377** | | **$6,157.97** | **377** | | **$6,157.97** |

| | Blue Cross Blue Shield Plan Custom - 12.12.12 $130 | | Blue Cross Blue Shield Plan Custom - 12.12.12 $130 | |
|---|---|---|---|---|
| | In Network | Out Network | In Network | Out Network |
| **Exam:** | $10 Copay | Up to $45 | $10 Copay | Up to $45 |
| | **Frequency:** | | **Frequency:** | |
| **Exam** | Once Every 12 Months | | Once Every 12 Months | |
| **Lenses or Contacts** | Once Every 12 Months | | Once Every 12 Months | |
| **Frames** | Once Every 12 Months | | Once Every 12 Months | |
| | **Standard Plastic Lenses:** | | **Standard Plastic Lenses:** | |
| **Single** | $25 Copay | Up to $30 | $25 Copay | Up to $30 |
| **Bifocal** | $25 Copay | Up to $50 | $25 Copay | Up to $50 |
| **Trifocal** | $25 Copay | Up to $65 | $25 Copay | Up to $65 |
| **Frames:** | Up to $130 Allowance | Up to $70 | Up to $130 Allowance | Up to $70 |
| | **Contact Lenses:** | | **Contact Lenses:** | |
| **Instead of Glasses** | Up to $130 Allowance | Up to $105 | Up to $130 Allowance | Up to $105 |

| | | |
|---|---|---|
| **Total Monthly:** | **$6,157.97** | **$6,157.97** |
| **Total Annually:** | **$73,895.64** | **$73,895.64** |
| **Annual Difference:** | **N/A** | **$0.00** |
| **Percent Difference:** | **N/A** | **0.00%** |

***THIS SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. BENEFITS & RATES PROVIDED BY THE CARRIER WILL PREVAIL.***

COST AND BENEFIT COMPARISON FOR:

# WEST CHICAGO ELEMENTARY SCHOOL DISTRICT 33

## Current

### Blue Cross Blue Shield

| | PPO - Support Staff & Custodians | | PPO - Teachers & Administrators | | HMO BA | HSA | |
|---|---|---|---|---|---|---|---|
| | In Network | Out Network | In Network | Out Network | Participating Providers | In Network | Out Network |
| Individual Deductible | $250 | $500 | $1,000 | $2,000 | $0 | $3,400 | $5,000 |
| Family Deductible | $750 | $1,500 | $3,000 | $6,000 | $0 | $6,800 | $10,000 |
| Coinsurance | 90% | 70% | 80% | 60% | 100% | Ded then 100% | Ded then 80% |
| Ind. OOP (inc ded) | $1,250 | $2,500 | $2,000 | $4,000 | $1,500 | $3,400 | $10,000 |
| Fam. OOP (inc ded) | $3,750 | $7,500 | $6,000 | $12,000 | $3,000 | $6,800 | $20,000 |
| Inpatient Hospital Svcs | 90% | 70% after: | 80% | 60% after: | 100% | Ded then 100% | Ded then 80% |
| Inpatient Hospital Ded | $0 | $300 per Visit | $0 | $300 per Visit | $0 | $0 | $300 per Visit |
| Preventive Services | $10 Copay | 70% | 100% | 60% | $10 Copay | 100% | Ded then 80% |
| Physician Services | $10 Copay | 70% | $20 Copay | 60% | $10 Copay | Ded then 100% | Ded then 80% |
| Specialist Services | $10 Copay | 70% | $20 Copay | 60% | $10 Copay | Ded then 100% | Ded then 80% |
| Lab & X-Ray / Imaging | 90% | 70% | 80% | 60% | 100% | Ded then 100% | Ded then 80% |
| Urgent Care | 90% | 70% | 80% | 60% | $10 Copay | Ded then 100% | Ded then 80% |
| Emergency Room | $50 Copay | | $75 Copay | | $50 Copay | Deductible then 100% | |
| Rx - In Network | $15/$30/$50 | | $15/$30/$50 | | $15/$30/$50 | Deductible then 100% | |
| Rx - Out Network | $15/$30/$50 + 25% | | $15/$30/$50 + 25% | | Not Covered | Deductible + 25% | |
| Specialty Rx | $50 Copay | $50 Copay + 25% | $50 Copay | $50 Copay + 25% | $50 Copay | Ded then 100% | Ded + 25% |
| Mail Order | 2x / 90 Days | Not Covered | 2x / 90 Days | Not Covered | 2x / 90 Days | Ded then 100% | Not Covered |

| | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee: | 7 | $1,126.83 | $7,887.81 | 49 | $1,115.56 | $54,662.44 | 88 | $935.27 | $82,303.76 | 35 | $991.61 | $34,706.35 |
| Family: | 20 | $2,546.78 | $50,935.60 | 46 | $2,521.31 | $115,980.26 | 183 | $2,113.84 | $386,832.72 | 24 | $2,241.17 | $53,788.08 |
| Total per policy: | 27 | | $58,823.41 | 95 | | $170,642.70 | 271 | | $469,136.48 | 59 | | $88,494.43 |
| Total Monthly: | | | $787,097.02 | | | | | | | | | |

## Option 3 (UNDERWRITTEN)

### United Healthcare

| | Core PPO EYO3 MOD/EUX | | Core PPO EYNR MOD/EUX | | Nav HMO EGIU MOD/EUX | Core HSA EYJZ/MMX-HSA | |
|---|---|---|---|---|---|---|---|
| | In Network | Out Network | In Network | Out Network | Participating Providers | In Network | Out Network |
| Individual Deductible | $250 | $500 | $1,000 | $2,000 | $0 | $3,500 | $5,000 |
| Family Deductible | $750 | $1,500 | $3,000 | $6,000 | $0 | $7,000 | $10,000 |
| Coinsurance | 90% | 70% | 80% | 60% | 100% | Ded then 100% | Ded then 80% |
| Ind. OOP (inc ded) | $1,000 | $2,000 | $2,000 | $4,000 | $1,500 | $3,500 | $10,000 |
| Fam. OOP (inc ded) | $3,000 | $6,000 | $6,000 | $12,000 | $3,000 | $7,000 | $20,000 |
| Inpatient Hospital Svcs | 90% | 70% | 80% | 60% | 100% | Ded then 100% | Ded then 80% |
| Inpatient Hospital Ded | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Preventive Services | 100% | 70% | 100% | 60% | 100% | 100% | Ded then 80% |
| Physician Services | $10 Copay | 70% | $20 Copay | 60% | $10 Copay | Ded then 100% | Ded then 80% |
| Specialist Services | $10 Copay | 70% | $20 Copay | 60% | $10 Copay | Ded then 100% | Ded then 80% |
| Lab & X-Ray / Imaging | 90% | 70% | 80% | 60% | 100% | Ded then 100% | Ded then 80% |
| Urgent Care | 90% | 70% | 80% | 60% | $10 Copay | Ded then 100% | Ded then 80% |
| Emergency Room | Deductible then 90% | | Deductible then 80% | | $50 Copay | Deductible then 100% | |
| Rx - In Network | $10/$40/$75/$125 | | $10/$40/$75/$125 | | $10/$40/$75/$125 | Deductible then 100% | |
| Rx - Out Network | $10/$40/$75/$125 | | $10/$40/$75/$125 | | Not Covered | Deductible then 100% | |
| Specialty Rx | $10/$40/$75/$125 | | $10/$40/$75/$125 | | $10/$40/$75/$125 | Deductible then 100% | |
| Mail Order | 2.5x / 90 Days | Not Covered | 2.5x / 90 Days | Not Covered | 2.5x / 90 Days | Ded then 100% | Not Covered |

| | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL | EE | RATE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee: | 7 | $1,536.02 | $10,752.14 | 49 | $1,414.89 | $69,329.61 | 88 | $1,154.51 | $101,596.88 | 35 | $1,125.23 | $39,383.05 |
| Family: | 20 | $3,479.06 | $69,581.20 | 46 | $3,205.29 | $147,443.34 | 183 | $2,616.79 | $478,872.57 | 24 | $2,550.62 | $61,214.88 |
| Total Monthly: | 27 | | $80,333.34 | 95 | | $216,772.95 | 271 | | $580,469.45 | 59 | | $100,597.93 |
| Total Monthly: | | | $978,173.67 | | | | | | | | | |

| | Current | Option 3 (UNDERWRITTEN) |
|---|---|---|
| Total Monthly: | $787,097.02 | $978,173.67 |
| Total Annually: | $9,445,164.24 | $11,708,084.04 |
| Annual Difference: | N/A | $2,262,919.80 |
| Percent Difference: | N/A | 23.96% |

*TOTAL ANNUALLY WITH UNITED HEALTHCARE IS INCLUSIVE OF A $30,000 IMPLEMENTATION CREDIT*

*THIS SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. BENEFITS & RATES PROVIDED BY THE CARRIER WILL PREVAIL.*



October 13, 2026

Kelly Furtado

AssuredPartners of Illinois, LLC, a Gallagher Company

4 Westbrook Corporate Center, Suite 500

Westchester, IL60154

RE: West Chicago Elementary Schools District #33

Dear Kelly Furtado,

Thank you for considering Cigna HealthCare for West Chicago Elementary Schools District #33.

Based upon our evaluation of the information provided with your request for proposal, we do not believe that we can offer a competitive proposal for health insurance coverage. Therefore, we respectfully decline to offer a quote for group health insurance coverage at this time.

The rules under the Affordable Care Act require issuers to offer all products approved for sale in the market. Accordingly, we will provide a proposal if you indicate in writing that you are still interested in receiving one, notwithstanding the fact that we do not believe that we can provide a competitive quote for health insurance coverage. In such case, we may request additional information from you in order to provide a quote for insurance coverage.

We appreciate being given the opportunity to review your request for a proposal and we look forward to working with you on future prospects. Please do not hesitate to contact me if you have any questions.

Sincerely,

Eric Nelson

New Business Manager

815-207-1300

Hello Kelly,

**On behalf of Anne Crees, Vice President of Sales & Client Service, Public Sector 201+ /Labor 100+ (OH, MI, N.IL, IN, KY )**

Thank you for providing us with information concerning West Chicago Elementary School District 33 and its eligible participants necessary to evaluate your request for proposal. We appreciate the consideration.

After thoughtful review, based on a combination of factors and considerations, Aetna will respectfully decline the opportunity to submit a quote due to uncompetitive pricing.

Thank you again for contacting Aetna.

*Please keep us in mind for any future opportunities, and for any Public and Labor quote requests, kindly include both Anne Crees and copy me in your RFP communications.*

**Cheryl Bisinger|** Analyst, Sales Associate, New Business / Public & Labor

**c** 812-207-5466

**e** BisingerC@aetna.com