Pay Online

MINOOKA COMMUNITY HIGH SCHOOL DISTRICT 111

COMBINED ACCOUNT
Account Number
5507466927

Invoice No - 550744169035

Auto Pay **OFF**

Invoice Date	**Due Date**
09/30/2025	11/03/2025

Invoiced Balance

Outstanding	$538,979.18
Invoiced	$538,979.18

Payment Date

2025-11-03

Payments can take up to 48 hours to process. Visit the Track Payments page to view the payment status.

Select accounts to pay bill from

	Bank Account Name	Bank Account Number	Payment Amount
☐	CIBC Bank USA	******4626	

Total Payment Amount : $0.00

Invoiced Amount
$538,979.18
Total Paid Amount
$0.00
Outstanding Balance
$538,979.18

Pay Bill

BlueCross BlueShield of Illinois

Administration Fee Summary of Charges

An Independent Licensee of the Blue Cross and Blue Shield Plans

Coverage Start Date:	09/01/2025	**Issue Date:**	09/30/2025	**Employer Account Number:**	IL1-015160	**Bill Group Name:**	MINOOKA COMMUNITY HIGH SCHOOL DISTRICT 111	**Invoice Number:**	5507441689035
Coverage End Date:	09/30/2025	**Due Date:**	11/03/2025	**Customer Name:**	MINOOKA COMMUNITY HIGH SCHOOL DISTRICT 111	**Account ID:**	5507466927		

Administration Fees

Sort ID	Sort ID Description	Group/Section Number	Group/Section Name	APR Savings Program	Administration Fee	Administration Fee - Dental	IL Access Fee	Medical Rx Rebate Credit	RX Rebate Credit	Specific Stop Loss	Telehealth	Total Charges
10	MEDICAL	P42332/0100	MINOOKA HS DISTRICT 111 - ACTIVE EES	($79.31)	$11,263.09	$0.00	$3,480.17	($377.50)	($16,795.07)	$125,331.51	$78.52	$123,009.41
10	MEDICAL	P42332/0200	MINOOKA HS DISTRICT 111 - RETIREES	$0.00	$671.31	$0.00	$0.00	($22.50)	($995.13)	$7,470.09	$4.68	$7,128.45
10	MEDICAL	P50682/0100	MINOOKA HS DISTRICT 111 - ACTIVE EES	($18.87)	$4,689.17	$0.00	$1,279.58	($157.50)	($6,985.91)	$52,280.63	$32.76	$51,161.88
10	MEDICAL	P50682/0200	MINOOKA HS DISTRICT 111 - RETIREES	$0.00	$671.31	$0.00	$8.28	($22.50)	($995.13)	$7,470.09	$4.68	$7,134.73
		Sort ID 10 Total		($98.18)	$17,304.88	$0.00	$4,775.03	($580.00)	($25,652.24)	$192,562.32	$120.64	$188,434.45
20	DENTAL	053601/0100	MINOOKA HS DISTRICT 111 - ACTIVE EES	$0.00	$0.00	$924.30	$0.00	$0.00	$0.00	$0.00	$0.00	$924.30
20	DENTAL	053601/0200	MINOOKA HS DISTRICT 111 - RETIREES	$0.00	$0.00	$52.85	$0.00	$0.00	$0.00	$0.00	$0.00	$52.85
20	DENTAL	404883/0100	MINOOKA HS DISTRICT 111 - ACTIVE EES	$0.00	$0.00	$403.85	$0.00	$0.00	$0.00	$0.00	$0.00	$403.85
		Sort ID 20 Total		$0.00	$0.00	$1,380.60	$0.00	$0.00	$0.00	$0.00	$0.00	$1,380.60
		Account Total		($98.18)	$17,304.88	$1,380.60	$4,775.03	($580.00)	($25,652.24)	$192,562.32	$120.64	$189,815.05

Bill Group Level Charges/Credits	**Incurred Date**	
Commission	08/01/2025	$2,000.00
Total Bill Group Level Charges		$2,000.00

Net Amount Due $191,815.05

*****End of Report*****

Blue Cross Blue Shield of Illinois

IL Access Fee Summary

An Independent Licensee of the Blue Cross and Blue Shield Plans

Invoice Period Start Date:	09/01/2025	**Employee Account Number:**	IL1-015160	**Bill Group Name:**	MINOOKA COMMUNITY HIGH SCHOOL DISTRICT 111
Invoice Period End Date:	09/30/2025	**Customer Name:**	MINOOKA COMMUNITY HIGH SCHOOL DISTRICT 111		

Account ID	Invoice Date	Invoice Number	Net Claim Amount	ADP Discount Amount	Access Fee Percentage	IL Access Fee
5507466927	09/30/25	550744169035	$509,522.57	($255,348.98)	1.87%	$4,775.03
Account ID Total			**$509,522.57**	**($255,348.98)**		**$4,775.03**
Bill Group Total			**$509,522.57**	**($255,348.98)**		**$4,775.03**

*****End of Report*****

BlueCross BlueShield of Illinois

Claim Summary

Invoice Period Start Date:	09/01/2025	**Issue Date:**	
Invoice Period End Date:	09/30/2025	**Due Date:**	

Claims Charges

Sort ID	Sort ID Description	Group/Section Number
10	MEDICAL	P42332/0100
10	MEDICAL	P50682/0100
10	MEDICAL	P50682/0200
		Sort ID 10 Total
20	DENTAL	053601/0100
20	DENTAL	404883/0100
		Sort ID 20 Total
		Account Total

Bill Group Level Stop Loss Charges

Specific Stop Loss Credit/Charge	($162,615.18)
Total Bill Group Level Stop Loss Charges	($162,615.18)
Net Amount Due	$347,164.13

# of Charges

09/30/2025 **Employer Account Number:**

11/03/2025 **Customer Name:**

Group/Section Name	Dental
MINOOKA HS DISTRICT 111 - ACTIVE EES	$0.00
MINOOKA HS DISTRICT 111 - ACTIVE EES	$0.00
MINOOKA HS DISTRICT 111 - RETIREES	$0.00
	$0.00
MINOOKA HS DISTRICT 111 - ACTIVE EES	$9,384.86
MINOOKA HS DISTRICT 111 - ACTIVE EES	$11,300.42
	$20,685.28
	$20,685.28

*****End of Report*'

IL1-015160	**Bill Group Name:**
MINOOKA COMMUNITY HIGH SCHOOL DISTRICT 111	**Account ID:**

	Medical-Facility	Medical-Professional
	$112,044.67	$82,518.90
	$49,293.22	$29,877.01
	$270.28	$988.03
	$161,608.17	**$113,383.94**
	$0.00	$0.00
	$0.00	$0.00
	$0.00	**$0.00**
	$161,608.17	**$113,383.94**

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MINOOKA COMMUNITY HIGH SCHOOL DISTRICT 111
5507466927

Invoice Number: 550744169035

	Pharmacy	Value Based Care	Total Charges
	$160,742.04	$173.86	$355,479.47
	$50,492.16	$82.88	$129,745.27
	$2,610.98	$0.00	$3,869.29
	$213,845.18	**$256.74**	**$489,094.03**
	$0.00	$0.00	$9,384.86
	$0.00	$0.00	$11,300.42
	$0.00	**$0.00**	**$20,685.28**
	$213,845.18	**$256.74**	**$509,779.31**