

TO: Dr. Mike Riggle
FROM: Rosanne Williamson
RE: FOIA Requests
DATE: August 7, 2013

Attached you will find FOIA requests received by the district and our response.

Received From	Request	Received Request	Date Replied	Responded within required deadline	How response was sent
Family Taxpayers Foundation	<ul style="list-style-type: none">Type of Health Insurance Plans for your district (HMO, PPO, HSA, etc) and co-pay details	07.29.13	07.30.13	yes	email
Please find our response attached.					



Elaine Geallis <egeallis@glenbrook225.org>

Fwd: FOIA Request

1 message

Hillarie J Siena <hsiena@glenbrook225.org>

Mon, Jul 29, 2013 at 5:06 PM

To: Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Cc: Elaine Geallis <egeallis@glenbrook225.org>

Please see attached Excel spreadsheet.

----- Forwarded message -----

From: **Michael Riggle** <mriggle@glenbrook225.org>

Date: Mon, Jul 29, 2013 at 1:33 PM

Subject: Fwd: FOIA Request

To: Rosanne Marie Williamson <rwilliamson@glenbrook225.org>, Hillarie J Siena <hsiena@glenbrook225.org>

FYI. FOIA request.

----- Forwarded message -----

From: **Freedom of Information** <foia@familytaxpayers.org>

Date: Mon, Jul 29, 2013 at 12:05 PM

Subject: FOIA Request

To:

Dear Superintendents,

Please email me the following information: *Please enter 0 or NA in any column you do not have.*

Type of Health Insurance Plans for your district (HMO, PPO, HSA, etc) and co-pay details

Name of Health Insurance Providers (Please also identify if you are self insured)

Monthly cost to district per individual for school year 2012/2013 broken down as follows:

HMO

Family:

Individual:

Individual + 1:

PPO

Family:

Individual:

Individual + 1:

HSA

Family:

Individual:

Individual + 1:

Other Stipends

Family:

Individual:

Individual + 1:

Flex Spending
 Family:
 Individual:
 Individual + 1:
 Cafeteria Plan
 Family:
 Individual:
 Individual + 1:

Monthly cost to district per individual for school year 2013/2014 broken down as follows:

HMO
 Family:
 Individual:
 Individual + 1:
 PPO
 Family:
 Individual:
 Individual + 1:
 HSA
 Family:
 Individual:
 Individual + 1:
 Other Stipends
 Family:
 Individual:
 Individual + 1:
 Flex Spending
 Family:
 Individual:
 Individual + 1:
 Cafeteria Plan
 Family:
 Individual:
 Individual + 1:

Monthly cost to employee for school year 2012/2013 broken down as follows:

HMO
 Family:
 Individual:
 Individual + 1:
 PPO
 Family:
 Individual:
 Individual + 1:
 HSA
 Family:
 Individual:
 Individual + 1:
 Other Stipends
 Family:
 Individual:
 Individual + 1:
 Flex Spending
 Family:
 Individual:
 Individual + 1:

Cafeteria Plan

- Family:
- Individual:
- Individual + 1:

Monthly cost to employee for school year 2013/2014 broken down as follows:

HMO

- Family:
- Individual:
- Individual + 1:

PPO

- Family:
- Individual:
- Individual + 1:

HSA

- Family:
- Individual:
- Individual + 1:

Other Stipends

- Family:
- Individual:
- Individual + 1:

Flex Spending

- Family:
- Individual:
- Individual + 1:

Cafeteria Plan

- Family:
- Individual:
- Individual + 1:

If you have any questions please call [847-428-0212](tel:847-428-0212).

Sincerely,

Family Taxpayers Foundation

--
 Michael D. Riggle
 Superintendent
 Glenbrook HS District 225
 3801 West Lake Ave
 Glenview, IL 60026
[847-486-4700](tel:847-486-4700)

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 Hillarie Siena, Ed.S., SFO
 Assistant Superintendent for Business Affairs
 Northfield Township High School District 225
 3801 W. Lake Ave.

Glenview, IL. 60026

phone: [847-486-4720](tel:847-486-4720)

fax: [847-486-4734](tel:847-486-4734)

email: hsiena@glenbrook225.org



family_taxpayers_072913.xlsx

15K

Dear Superintendents,

Please email me the following information: *Please enter 0 or NA in any column you do not have.*

Type of Health Insurance Plans for your district (HMO, PPO, HSA, etc) and co-pay details

Name of Health Insurance Providers (Please also identify if you are self insured)

Blue Cross and Blue Shield of Illinois
Self insured for all plans

Monthly cost to district per individual for school year 2012/2013 broken down as follows:

HMO-IL	
Family:	1,182.72
Individual:	472.15
Individual + 1:	NA
HMO-Blue Advantage	
Family:	890.56
Individual:	378.10
Individual + 1:	679.36
PPO \$300	
Family:	1,135.20
Individual:	612.75
Individual + 1:	NA
HSA	
Family:	NA
Individual:	NA
Individual + 1:	NA
Other Stipends	
Family:	NA
Individual:	NA
Individual + 1:	NA
Flex Spending - Employees hired prior to July 1, 2000 who select Single medical	
Family:	NA
Individual:	
Administrators	600.00
Teachers	1,000.00
Support Staff 12-month	750.00
Support Staff 10-month	500.00
Individual + 1:	NA
Cafeteria Plan	
Family:	NA
Individual:	NA
Individual + 1:	NA

Monthly cost to district per individual for school year 2013/2014 broken down as follows:

HMO-IL	
Family:	1,240.80
Individual:	495.90
Individual + 1:	NA
HMO-Blue Advantage	
Family:	934.56
Individual:	397.10
Individual + 1:	712.80
PPO \$300	
Family:	1,214.40
Individual:	655.50
Individual + 1:	NA
PPO \$2,500	
Family:	850.08
Individual:	457.90
Individual + 1:	NA
HSA	
Family:	NA
Individual:	NA
Individual + 1:	NA
Other Stipends	
Family:	NA
Individual:	NA
Individual + 1:	NA
Flex Spending - Employees hired prior to July 1, 2000 who select Single medical	
Family:	NA
Individual:	
Administrators	600.00
Teachers	1,000.00
Support Staff 12-month	750.00
Support Staff 10-month	500.00
Individual + 1:	NA
Cafeteria Plan	
Family:	NA
Individual:	NA
Individual + 1:	NA

Monthly cost to employee for school year 2012/2013 broken down as follows:

HMO-IL	
Family:	161.28
Individual:	24.85
Individual + 1:	NA
HMO-Blue Advantage	
Family:	121.44
Individual:	19.90
Individual + 1:	92.64
PPO \$300	
Family:	154.80
Individual:	32.25
Individual + 1:	NA
HSA	
Family:	NA
Individual:	NA
Individual + 1:	NA
Other Stipends	
Family:	NA
Individual:	NA
Individual + 1:	NA
Flex Spending	
Family:	NA
Individual:	Voluntary
Individual + 1:	NA
Cafeteria Plan	
Family:	NA
Individual:	NA
Individual + 1:	NA

Monthly cost to employee for school year 2013/2014 broken down as follows:

HMO-IL	
Family:	169.20
Individual:	26.10
Individual + 1:	NA
HMO-Blue Advantage	
Family:	127.44
Individual:	20.90
Individual + 1:	97.20
PPO \$300	
Family:	165.60
Individual:	34.50
Individual + 1:	NA
PPO \$2,500	
Family:	115.92
Individual:	24.10
Individual + 1:	NA
HSA	
Family:	NA
Individual:	Voluntary
Individual + 1:	NA
Other Stipends	
Family:	NA
Individual:	NA
Individual + 1:	NA
Flex Spending	
Family:	NA
Individual:	Voluntary
Individual + 1:	NA
Cafeteria Plan	
Family:	NA
Individual:	NA
Individual + 1:	NA