

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1250388
Vendor Name: Community College Health Conso
Invoice Number: 090618
Invoice Date: 09/06/18
PO Number:
Check Number: E0070120
Check Amount: \$ 1,128,655.89
Check Date: 11/06/2018
Department ID: 00000
Reviewer Name:
Voucher Number: V0541357
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: acctpay@cod.edu
Sent: Mon Nov 05 11:41:41 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: 09.18 BCBS .pdf

-----Original Message----- From: O'Reilly, Lisa Sent: Monday, November 5, 2018 11:33 AM To: Accounts Payable Cc: Mosher, Jill Subject: 09.18 BCBS .pdf Can someone please provide us with an update on the attached payment? Thanks! Lisa -----Original Message----- From: Zale, Megan Sent: Monday, November 5, 2018 11:10 AM To: Marek, Robert Cc: O'Reilly, Lisa ; Virgilio, David Subject: FW: Emailing: 09.18 BCBS .pdf Bobby, It looks like this payment is still not posted. Any chance you can look into this? Thank you! Megan Zale, CPA Senior Accountant - Financial Affairs College of DuPage 425 Fawell Blvd I SRC 2130 I Glen Ellyn, IL 60137-6599 I USA phone 630.942.2655 I fax 630.942.2297 I zalem113@cod.edu -----Original Message----- From: O'Reilly, Lisa Sent: Wednesday, October 17, 2018 2:33 PM To: Mosher, Jill Cc: Zale, Megan Subject: Emailing: 09.18 BCBS .pdf Hi Jill, I just received a phone call from Megan that this payment did not post. I show that it was emailed to AP on Sept. 17. If you need an original, I can provide that as well. Thanks! Lisa

[attachment: 09.18 BCBS .pdf]

College of DuPage - Accounts Payable
Check Request Form
revised 3/27/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 9/6/2018
Vendor ID: 1250388

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
Aug - HDHP		01	00	00000	2101034	Med HD Premium 01/01/17	\$ 651,373.02
Aug - HMO		01	00	00000	2101035	Med HMO Premium 01/01/17	\$ 477,282.87

Grand Total \$ 1,128,655.89

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign

- ☒ We, the undersigned, hereby certify that the goods/services for which payment is here requested have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services for which payment is here requested have not yet been provided. The first copy indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Community College Health
Consortium

Payee Name: _____

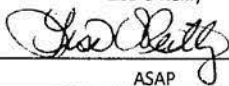
Other
Instructions: _____

Payee Address: 1415 W. Diehl Rd
Naperville, IL 60563

Description on Check:

Aug 18 CCHC Invoice

Approvals:

Prepared By: Lisa O'Reilly
Signature: 
Payment Due: ASAP
Board Approved Date: _____

Approved By: Beth O'Brien Date: 9/14/18
Signature: 
Approved By: Mia Gyarto Date: 9/14/18
Signature: 
Approved By Division VP: _____ Date: _____
Signature: _____

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

PPO & HMO ENROLLMENT

	HDHP	HMO - Blue Advantage
Policy Number	PE0964	B59563
Single	215	158
Single+Spouse	81	66
Single + Child	22	27
Family	137	148
Medicare Single		
Medicare Family		
	455	399

854

PPO & HMO MONTHLY RATES

	HDHP	HMO - Blue Advantage
Policy Number	PE0964	B59563
Single	\$783.23	\$607.31
Single + Spouse	\$1,605.62	\$1,244.98
Single + Child	\$1,409.81	\$1,093.15
Family	\$2,349.69	\$1,821.92
Medicare Single		
Medicare Family	\$1,253.17	

MONTHLY PREMIUM DUE

	HDHP	HMO - Blue Advantage
Policy Number	PE0964	B59563
Single	\$168,394.45	\$95,954.98
Single+Spouse	\$130,055.22	\$82,168.68
Single + Child	\$31,015.82	\$29,515.05
Family	\$321,907.53	\$269,644.16
Medicare Single	\$0.00	\$0.00
Medicare Family	\$0.00	\$0.00
Adjustments (Add Explanation)		
TOTAL	\$651,373.02	\$477,282.87

MONTHLY PAYMENT

PPO	\$651,373.02
BAHMO	\$477,282.87
TOTAL	\$1,128,655.89

Send Statement by mail or fax or email to:

Daniel A. Berg (dberg@sikich.com) and
Nicole Schmitz (nicole.schmitz@sikich.com)
Sikich LLP
1415 W. Diehl Road, Suite 400
Naperville, IL 60563
P - 630-566-8535 (Dan) or 630-566-8578 (Lynn)
F - 630-236-4665