



COUNTY OF KENDALL, ILLINOIS
ADMIN HR COMMITTEE
County Office Building
County Board Room 210
Monday, September 10, 2018 at 8:00a.m.

MEETING AGENDA

- 1. Call to Order**
- 2. Roll Call: Lynn Cullick (Chair), Judy Gilmour (Vice Chair), Elizabeth Flowers, Matthew Prochaska, John Purcell**
- 3. Approval of Agenda**
- 4. Approval of Minutes from August 28, 2018**
- 5. Update by The Horton Group**
- 6. Department Head and Elected Official Reports**
- 7. Public Comment**
- 8. Committee Business**
- 9. Executive Session**
- 10. Items for Committee of the Whole**
- 11. Action Items for County Board**
- 12. Adjournment**

If special accommodations or arrangements are needed to attend this County meeting, please contact the Administration Office at 630-553-4171, a minimum of 24-hours prior to the meeting time

COUNTY OF KENDALL, ILLINOIS
ADMIN HR COMMITTEE MEETING
Tuesday, August 28, 2018

CALL TO ORDER - The meeting was called to order by Committee Chair Lynn Cullick at 5:33 p.m.

ROLL CALL

Attendee	Status	Arrived	Left Meeting
Lynn Cullick	here		
Elizabeth Flowers	present		
Judy Gilmour	here		
Matthew Prochaska	here		
John Purcell	ABSENT		

STAFF PRESENT: Scott Koeppel, Tracy Page, Becki Rudolph

APPROVAL OF AGENDA – Motion made by Member Prochaska second by Member Gilmour to approve the agenda. With four members voting aye, the agenda was approved.

APPROVAL OF MINUTES – Member Flowers made a motion to approve the minutes from August 14, 2018, second by Member Prochaska. With four members voting aye, the motion carried.

DEPARTMENT HEAD AND ELECTED OFFICIAL REPORTS

Administrative Services – Mr. Koeppel informed the committee that he received the proposed Property, Casualty & Liability Insurance Broker contract from Alliant Mesriow today, and will send requested changes he has and will send it back to Alliant Mesriow to change, once received, he will forward to the State’s Attorney’s Office for legal review, and then to the County Board for approval in September.

PUBLIC COMMENT - None

COMMITTEE BUSINESS

Approval for Request to Bid for SAN 2018 Proposal – Mr. Koeppel reported that this has already been approved by the committee in 2016, but the bids came back too high. Mr. Koeppel reported that they refused those bids, and are now going out for bids for a small version for the Public Safety Center. Once bid results are received, they will come back to committee before proceeding to the County Board for final approval. There was consensus by the committee to proceed with the request RFB for SAN 2018.

Discussion and Recommendation for Approval of the County Hiring Freeze Resolution – Member Prochaska reported that this item came from the August 21, 2018 County Board meeting, where members felt there were still too many unanswered questions,

and needed more review. Member Gilmour also stated that there was comment that Elected Officials and Department Heads have been doing, and would be able to manage this without a County policy.

Discussion on the need for such a resolution or policy, the three-month time frame noted in the resolution, when the freeze would actually take effect, and how a Department Head or Elected Official would proceed if an offer has already been extended to someone for a current opening, how to operate with some offices already short-staffed, and if there is really need for such action.

Member Prochaska made a motion to table the item until further information is received regarding the Health Insurance increases, and other budget related information, before continuing with the discussion, second by Member Gilmour. **With four members voting aye, the motion carried.**

PUBLIC COMMENT - None

QUESTIONS FROM THE MEDIA – None

EXECUTIVE SESSION for the purpose of the review of discussion of minutes of meetings lawfully closed under the Open Meetings Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06, 5ILCS 120-2 – Member Flowers made a motion to enter into Executive Session at 5:54p.m., second by Member Prochaska.

Roll Call: Member Cullick - yes, Member Prochaska - yes, Member Gilmour - yes, Member Flowers – yes

With four members voting aye, the committee entered into Executive Session at 5:53p.m.

The committee reconvened in Open Session at 6:03p.m.

ITEMS FOR THE COMMITTEE OF THE WHOLE - None

ACTION ITEMS FOR THE COUNTY BOARD – *Approval of the Release of March 6, 2018 Executive Session Minutes*

ADJOURNMENT – Member Flowers made a motion to adjourn the meeting, second by Member Prochaska. With four members voting aye, the meeting was adjourned at 6:05p.m.

Respectfully Submitted,

Valarie McClain
Administrative Assistant and Recording Secretary

The Horton Group's

Marketing Spreadsheet

Prepared for: Kendall County

Renewal January 2019

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

Phone: 708-845-3126 / Cell: 708-650-1557

Insurance Risk Advisory Employee Benefits

HORTON

Kendall County
January 1, 2019

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
UHC	Incumbent
Aetna	Declined
BCBS	Quoted
Cigna	Declined
Humana	Declined



Kendall County
Medical Review
January 1, 2019

	Enrollment From 2018 United Healthcare Renewal				
	EE	ES	EC	Family	Total
HMO	35	4	4	14	57
H.S.A	111	17	10	87	225
Total	146	21	14	101	282
%	52%	7%	5%	36%	100%

Presented by: Michael Wojcik

Carriers	2 Tier Rates Includes Broker Service Fee		2 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 2 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 2 Tier Rates Removes Broker Service Fee	
	CURRENT UHC		RENEWAL UHC		RENEWAL UHC		RENEWAL UHC	
Type of Plan	HMO 500	H.S.A	HMO 500	H.S.A	HMO 500	H.S.A	HMO 500	H.S.A
Network	Navigate	Core	Navigate	Core	Navigate	Core	Navigate	Core
<u>In Network Benefits</u>								
Individual Deductible	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$300	100% After Ded	\$300	100% After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	\$20	100% After Ded	\$20	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	\$40	100% After Ded	\$40	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
<u>Out of Network Benefits</u>								
Individual Deductible		\$1,500		\$1,500		\$1,500		\$1,500
Family Deductible		\$3,000		\$3,000		\$3,000		\$3,000
Co-Insurance		80%		80%		80%		80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>		\$3,000		\$3,000		\$3,000		\$3,000
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$6,000		\$6,000		\$6,000		\$6,000
Emergency Co-pay		100% After Ded		100% After Ded		100% After Ded		100% After Ded
Hospital Co-pay		80% After Ded		80% After Ded		80% After Ded		80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded		80% After Ded		80% After Ded
Preventative Services		80% After Ded		80% After Ded		80% After Ded		80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED		UNLIMITED		UNLIMITED
<u>Medical Premium</u>								
Employee	\$738.29	\$771.17	\$814.73	\$955.47	\$870.44	\$909.21	\$853.15	\$891.14
Employee + Spouse	\$1,753.47	\$1,831.55	\$2,172.62	\$2,289.27	\$2,067.34	\$2,159.40	\$2,028.27	\$2,116.48
Employee + Children	\$1,753.47	\$1,831.55	\$2,172.62	\$2,289.27	\$2,067.34	\$2,159.40	\$2,028.27	\$2,116.48
Family	\$1,753.47	\$1,831.55	\$2,172.62	\$2,289.27	\$2,067.34	\$2,159.40	\$2,028.27	\$2,116.48
Total Medical Monthly Premium	\$64,416.49	\$294,396.57	\$79,810.99	\$384,753.95	\$75,946.88	\$347,093.91	\$74,438.19	\$340,195.26
Total Annual Premium	\$4,305,756.72		\$5,334,779.28		\$5,076,489.48		\$4,975,601.40	
Annual Cost Increase			\$1,028,022.56		\$770,732.76		\$689,844.68	
Percent Change			23.9%		17.9%		15.6%	

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan.

	EE	ES	EC	Family	Total
HMO	35	4	4	14	57
H.S.A	111	17	10	87	225
Total	146	21	14	101	282
%	52%	7%	5%	36%	100%

Presented by: Michael Wojcik

Carriers:	2 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 2 Tier Rates Removes Broker Service Fee		2 Tier Rates	
	CURRENT UHC		RENEWAL UHC		OPTIONAL BCBS	
Type of Plan	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	BA HMO	HSA Includes BVA
In Network Benefits						
Individual Deductible	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Co-Insurance	100%	100%	100%	100%	100%	100%
Individual Out of Pocket	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
OPX includes ded unless noted						
Family Out of Pocket	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000
OPX includes ded unless noted						
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$300	100% After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/80	\$10/35/60 After Ded.	\$10/40/80	\$10/35/60 After Ded.	\$10/40/80	\$10/35/60 After Ded.
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	\$20	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	\$40	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits						
Individual Deductible		\$1,500		\$1,500		\$1,500
Family Deductible		\$3,000		\$3,000		\$3,000
Co-Insurance		80%		80%		80%
Individual Out of Pocket		\$3,000		\$3,000		\$3,000
OPX includes ded unless noted						
Family Out of Pocket		\$6,000		\$6,000		\$6,000
OPX includes ded unless noted						
Emergency Co-pay		100% After Ded		100% After Ded		100% After Ded
Hospital Co-pay		80% After Ded		80% After Ded		80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded		80% After Ded
Preventative Services		80% After Ded		80% After Ded		80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED		UNLIMITED
Medical Premium						
Employee	\$738.29	\$771.17	\$853.15	\$891.14	\$802.83	\$787.98
Employee + Spouse	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,507.03	\$1,919.92
Employee +Children	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,507.03	\$1,919.92
Family	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,507.03	\$1,919.92
Total Medical Monthly Premium	\$64,416.49	\$294,396.57	\$74,438.19	\$340,196.26	\$54,253.71	\$304,116.86
Total Annual Premium	\$4,305,756.72		\$4,975,601.40		\$4,300,444.44	
Annual Cost Increase			\$889,844.68		-\$5,312.28	
Percent Change			18.6%		-0.1%	
Implementation Credit					(\$50,000.00)	
Total Annual Cost					\$4,250,444.44	
Annual Cost Increase					(\$55,312.28)	
Percent Change					-1.3%	

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan.
 BVA and Implementation Credit is pending final approval from BCBS



Kendall County
Medical Review
January 1, 2019

	Enrollment From 2019 United Healthcare Renewal				
	EE	ES	EC	Family	Total
HMO	35	4	4	14	57
H.S.A	111	17	10	57	225
Total	140	21	14	101	282
%	52%	7%	5%	35%	100%

Presented by: Michael Wojcik

Carriers:	2 Tier Rates Includes Broker Service Fee		4 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 4 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 4 Tier Rates Removes Broker Service Fee	
	CURRENT UHC		RENEWAL UHC		RENEWAL UHC		RENEWAL UHC	
Type of Plan Network	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core
In Network Benefits								
Individual Deductible	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%
Individual Out of Pocket	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
OPX includes ded unless noted								
Family Out of Pocket	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000
OPX includes ded unless noted								
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$300	100% After Ded	\$300	100% After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/80	\$10/35/80 After Ded.	\$10/40/80	\$10/35/80 After Ded.	\$10/40/80	\$10/35/80 After Ded.	\$10/40/80	\$10/35/80 After Ded.
Mail Order Rx Co-pay	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	\$20	100% After Ded	\$20	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	\$40	100% After Ded	\$40	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits								
Individual Deductible		\$1,500		\$1,500		\$1,500		\$1,500
Family Deductible		\$3,000		\$3,000		\$3,000		\$3,000
Co-insurance		80%		80%		80%		80%
Individual Out of Pocket		\$3,000		\$3,000		\$3,000		\$3,000
OPX includes ded unless noted								
Family Out of Pocket		\$6,000		\$6,000		\$6,000		\$6,000
OPX includes ded unless noted								
Emergency Co-pay		100% After Ded		100% After Ded		100% After Ded		100% After Ded
Hospital Co-pay		80% After Ded		80% After Ded		80% After Ded		80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded		80% After Ded		80% After Ded
Preventative Services		80% After Ded		80% After Ded		80% After Ded		80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED		UNLIMITED		UNLIMITED
Medical Premium								
Employee	\$738.29	\$771.17	\$881.89	\$884.88	\$870.44	\$909.21	\$822.51	\$825.11
Employee + Spouse	\$1,753.47	\$1,831.55	\$1,878.43	\$1,884.37	\$2,067.34	\$2,159.40	\$1,751.95	\$1,757.49
Employee +Children	\$1,753.47	\$1,831.55	\$1,622.69	\$1,627.82	\$2,067.34	\$2,159.40	\$1,513.43	\$1,618.21
Family	\$1,753.47	\$1,831.55	\$2,495.75	\$2,503.65	\$2,067.34	\$2,159.40	\$2,327.71	\$2,335.07
Total Medical Monthly Premium	\$64,416.49	\$294,396.57	\$79,811.13	\$364,329.52	\$75,946.88	\$347,093.91	\$74,437.31	\$339,797.73
Total Annual Premium	\$4,306,756.72		\$5,329,887.80		\$5,076,489.48		\$4,970,820.48	
Annual Cost Increase			\$1,023,931.08		\$770,732.76		\$685,063.76	
Percent Change			23.8%		17.9%		15.4%	

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan.



Kendall County
Medical Review
January 1, 2019

	EE	ES	EC	Family	Total
HMO	35	4	4	14	57
H.S.A	111	17	10	87	225
Total	146	21	14	101	282
%	52%	7%	5%	36%	100%

Presented by: Michael Wolcik

Carriers:	2 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 4 Tier Rates Removes Broker Service Fee		4 Tier Rates	
	CURRENT UHC		RENEWAL UHC		BCBS	
Type of Plan	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	BA HMO	HSA Includes BVA
In Network Benefits						
Individual Deductible	\$500	\$1,500	\$600	\$1,500	\$500	\$1,500
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Co-Insurance	100%	100%	100%	100%	100%	100%
Individual Out of Pocket	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
OPX includes ded unless noted						
Family Out of Pocket	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000
OPX includes ded unless noted						
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$300	100% After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/80	\$10/35/80 After Ded.	\$10/40/80	\$10/35/60 After Ded.	\$10/40/60	\$10/35/80 After Ded.
Mail Order Rx Co-pay	2 .5x Retail	2.6x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	\$20	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	\$40	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits						
Individual Deductible		\$1,500		\$1,500		\$1,500
Family Deductible		\$3,000		\$3,000		\$3,000
Co-Insurance		80%		80%		80%
Individual Out of Pocket		\$3,000		\$3,000		\$3,000
OPX includes ded unless noted						
Family Out of Pocket		\$6,000		\$6,000		\$6,000
OPX includes ded unless noted						
Emergency Co-pay		100% After Ded		100% After Ded		100% After Ded
Hospital Co-pay		80% After Ded		80% After Ded		80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded		80% After Ded
Preventative Services		80% After Ded		80% After Ded		80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED		UNLIMITED
Medical Premium						
Employee	\$738.29	\$771.17	\$822.61	\$825.11	\$802.83	\$738.03
Employee + Spouse	\$1,753.47	\$1,831.55	\$1,751.95	\$1,757.49	\$1,185.27	\$1,484.51
Employee + Children	\$1,753.47	\$1,831.55	\$1,513.43	\$1,518.21	\$1,118.25	\$1,424.80
Family	\$1,753.47	\$1,831.55	\$2,327.71	\$2,335.07	\$1,730.12	\$2,204.10
Total Medical Monthly Premium	\$84,416.40	\$294,398.57	\$74,437.31	\$339,797.73	\$64,454.81	\$313,160.70
Total Annual Premium		\$4,305,766.72		\$4,970,820.48		\$4,411,386.12
Annual Cost Increase				\$665,063.76		\$105,629.40
Percent Change				15.4%		2.5%
Implementation Credit						(\$50,000.00)
Total Annual Cost						\$4,361,386.12
Annual Cost Increase						\$55,629.40
Percent Change						1.3%

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan.
BVA and Implementation Credit is pending final approval from BCBS

Kendall County
Medical Review
January 1, 2019



	Enrollment From 2019 United Healthcare Renewal				
HMO	EE	E5	EC	Family	Total
H.S.A	35	4	4	14	57
HSA \$3500	100	15	9	78	202
	11	2	1	9	23
Total	146	21	14	101	282
%	52%	7%	5%	36%	100%

Presented by Michael Weirick

	2 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 2 Tier Rates Removes Broker Service Fee			2 Tier Rates		
Current:	CURRENT UHC		RENEWAL WITH ADDITIONAL PLAN UHC			OPTION 1 UHC		
Type of Plan	HMO 500	H.S.A	HMO 500	H.S.A	H.S.A	BA HMO	HSA	HSA
Network	Navigate	Core	Navigate	Core	Core		Includes BVA	Includes BVA
In Network Benefits								
Individual Deductible	\$500	\$1,500	\$500	\$1,500	Embedded	\$500	\$1,500	Embedded
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$3,500	\$1,000	\$3,000	\$3,500
Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$2,000	\$3,000	\$2,000	\$3,000	\$4,500	\$2,000	\$3,000	\$4,500
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$4,000	\$6,000	\$4,000	\$6,000	\$9,000	\$4,000	\$6,000	\$9,000
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$150 After Ded	\$300	100% After Ded	\$150 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60 After Ded
Mail Order Rx Co-pay	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5 x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits								
Individual Deductible		\$1,500		\$1,500	\$7,000		\$1,500	\$7,000
Family Deductible		\$3,000		\$3,000	\$14,000		\$3,000	\$14,000
Co-insurance		80%		80%	80%		80%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>		\$3,000		\$3,000	\$14,000		\$3,000	\$9,000
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$6,000		\$6,000	\$28,000		\$6,000	\$16,000
Emergency Co-pay		100% After Ded		100% After Ded	\$150 After Ded		100% After Ded	\$150 After Ded
Hospital Co-pay		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Preventative Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
Medical Premium								
Employee	\$738.29	\$771.17	\$853.15	\$891.14	\$755.02	\$602.83	\$767.98	\$660.63
Employee + Spouse	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,793.19	\$1,507.03	\$1,919.92	\$1,651.58
Employee +Children	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,793.19	\$1,507.03	\$1,919.92	\$1,651.58
Family	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,793.19	\$1,507.03	\$1,919.92	\$1,651.58
Total Medical Monthly Premium	\$84,416.49	\$294,395.57	\$74,438.19	\$304,894.96	\$29,823.50	\$54,253.71	\$272,629.84	\$27,088.89
Total Annual Premium	\$4,305,788.72		\$4,911,079.90			\$4,247,633.28		
Annual Cost Increase								
Percent Change			905,323.08 14.1%			(\$58,123.44) -1.3%		
Implementation Credit						(\$54,000.00)		
Total Annual Cost						\$4,197,633.28		
Annual Cost Increase						(\$108,123.44)		
Percent Change						-2.0%		

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	Enrollment From 2019 United Healthcare Renewal				
	EE	ES	EC	Family	Total
HMO	35	4	4	14	57
H.S.A	100	15	9	78	202
HSA \$3600	11	2	1	9	23
Total	146	21	14	101	282
%	52%	7%	5%	36%	100%

Presented by: Michael Woitke

	2 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 2 Tier Rates Removes Broker Service Fee			2 Tier Rates		
Carriers:	CURRENT UHC		RENEWAL WITH ADDITIONAL PLAN UHC			OUTSIDE UHC		
Type of Plan Network	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	H.S.A Core Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded
In Network Benefits								
Individual Deductible	\$500	\$1,500	\$500	\$1,500	\$2,800	\$500	\$1,500	\$2,800
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$5,600
Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$2,000	\$3,000	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$4,000	\$6,000	\$4,000	\$6,000	\$7,600	\$4,000	\$6,000	\$6,600
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$150 After Ded	\$300	100% After Ded	\$150 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60 After Ded
Mall Order Rx Co-pay	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.
Rx Family Out of Pocket	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits								
Individual Deductible		\$1,500		\$1,500	\$5,000		\$1,500	\$5,000
Family Deductible		\$3,000		\$3,000	\$10,000		\$3,000	\$11,200
Co-insurance		80%		80%	80%		80%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>		\$3,000		\$3,000	\$10,000		\$3,000	\$7,600
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$6,000		\$6,000	\$20,000		\$6,000	\$13,200
Emergency Co-pay		100% After Ded		100% After Ded	\$150 After Ded		100% After Ded	\$150 After Ded
Hospital Co-pay		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Preventative Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
Medical Premium								
Employee	\$738.29	\$771.17	\$853.15	\$891.14	\$798.43	\$802.83	\$767.98	\$893.66
Employee + Spouse	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,896.29	\$1,507.03	\$1,919.92	\$1,734.16
Employee +Children	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,896.29	\$1,507.03	\$1,919.92	\$1,734.16
Family	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,896.29	\$1,507.03	\$1,919.92	\$1,734.16
Total Medical Monthly Premium	\$64,416.48	\$294,366.57	\$74,438.18	\$304,884.96	\$31,538.21	\$64,253.71	\$272,626.84	\$28,440.18
Total Annual Premium	\$4,385,758.72			\$4,831,886.32			\$4,283,884.76	
Annual Cost Increase Percent Change				\$625,896.80 14.5%			(\$41,871.96) -1.0%	
Implementation Credit							(\$30,000.00)	
Total Annual Cost							\$4,213,884.76	
Annual Cost Increase Percent Change							(\$81,871.96) -2.1%	

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	Enrollment From 2019 United Healthcare Renewal				
	EE	ES	EC	Family	Total
HMO	35	4	4	14	57
H.S.A	100	15	9	78	202
HSA \$3500	11	2	1	9	23
Total	146	21	14	101	282
%	52%	7%	5%	36%	100%

Presented by: Michael Wolke

Currents	2 Tier Rates Includes Broker Service Fee		RENEGOTIATED #7/18 4 Tier Rates Removes Broker Service Fee			4 Tier Rates		
	CURRENT UHC		RENEWAL WITH ADDITIONAL PLAN UHC			OPTIONAL BCBS		
Type of Plan	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	H.S.A Core Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded
In Network Benefits								
Individual Deductible	\$500	\$1,500	\$500	\$1,500	\$3,500	\$500	\$1,500	\$3,500
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$7,000	\$1,000	\$3,000	\$7,000
Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$2,000	\$3,000	\$2,000	\$3,000	\$4,500	\$2,000	\$3,000	\$4,500
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$4,000	\$6,000	\$4,000	\$6,000	\$9,000	\$4,000	\$6,000	\$9,000
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$150 After Ded	\$300	100% After Ded	\$150 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/80	\$10/35/80 After Ded.	\$10/40/80	2.5x Retail	\$10/35/80 After Ded.	\$10/40/80	\$10/35/80 After Ded.	\$10/40/80 After Ded
Mail Order Rx Co-pay	2.5x Retail	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.
Rx Individual Out of Pocket	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.
Rx Family Out of Pocket	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.	Included In Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits								
Individual Deductible		\$1,500		\$1,500	\$7,000		\$1,500	\$7,000
Family Deductible		\$3,000		\$3,000	\$14,000		\$3,000	\$14,000
Co-insurance		80%		80%	80%		80%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>		\$3,000		\$3,000	\$14,000		\$3,000	\$9,000
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$6,000		\$6,000	\$28,000		\$6,000	\$16,000
Emergency Co-pay		100% After Ded		100% After Ded	\$150 After Ded		100% After Ded	\$150 After Ded
Hospital Co-pay		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Preventative Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
Medical Premium								
Employee	\$738.28	\$771.17	\$822.51	\$825.11	\$899.08	\$802.83	\$738.03	\$860.63
Employee + Spouse	\$1,753.47	\$1,831.55	\$1,751.95	\$1,757.49	\$1,489.04	\$1,185.27	\$1,484.51	\$1,277.00
Employee +Children	\$1,753.47	\$1,831.55	\$1,513.43	\$1,518.21	\$1,288.32	\$1,118.25	\$1,424.80	\$1,225.47
Family	\$1,753.47	\$1,831.55	\$2,327.71	\$2,335.07	\$1,978.40	\$1,730.12	\$2,204.10	\$1,896.01
Total Medical Monthly Premium	\$84,418.49	\$294,398.57	\$74,437.31	\$304,672.70	\$29,758.88	\$54,454.81	\$280,811.85	\$28,110.49
Total Annual Premium	\$4,305,756.72		\$4,906,438.88			\$4,380,525.80		
Annual Cost Increase			\$800,681.88			\$54,769.08		
Percent Change			14.0%			1.3%		
Implementation Credit						(\$30,000.00)		
Total Annual Cost						\$4,310,525.80		
Annual Cost Increase						\$4,789.08		
Percent Change						0.1%		

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Kendall County
Medical Review
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	Enrollment From 2019 United Healthcare Renewal				
	EE	ES	EC	Family	Total
HMO	35	4	4	14	57
H.S.A	100	15	0	78	202
HSA \$3500	11	2	1	9	23
Total	146	21	14	101	282
%	52%	7%	5%	36%	100%

Presented by: Michael Weidik

Coverages	2 Tier Rates Includes Broker Service Fee		RENEGOTIATED 9/7/18 4 Tier Rates Removes Broker Service Fee			4 Tier Rates		
	CURRENT UHC		RENEWAL WITH ADDITIONAL PLAN UHC			OPTIONAL BCBS		
Type of Plan	HMO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	H.S.A Core Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded
In Network Benefits								
Individual Deductible	\$500	\$1,500	\$500	\$1,500	\$2,800	\$500	\$1,500	\$2,800
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$5,600
Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%
Individual Out of Pocket	\$2,000	\$3,000	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800
<i>OPX includes ded unless noted</i>								
Family Out of Pocket	\$4,000	\$6,000	\$4,000	\$6,000	\$7,600	\$4,000	\$6,000	\$8,600
<i>OPX includes ded unless noted</i>								
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$150 After Ded	\$300	100% After Ded	\$150 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60 After Ded
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits								
Individual Deductible		\$1,500		\$1,500	\$5,000		\$1,500	\$5,600
Family Deductible		\$3,000		\$3,000	\$10,000		\$3,000	\$11,200
Co-insurance		80%		80%	80%		80%	80%
Individual Out of Pocket		\$3,000		\$3,000	\$10,000		\$3,000	\$7,600
<i>OPX includes ded unless noted</i>								
Family Out of Pocket		\$6,000		\$6,000	\$20,000		\$6,000	\$13,200
<i>OPX includes ded unless noted</i>								
Emergency Co-pay		100% After Ded		100% After Ded	\$150 After Ded		100% After Ded	\$150 After Ded
Hospital Co-pay		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Physician Office Visit Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Preventative Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After Ded
Lifetime Maximum		UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
Medical Premium								
Employee	\$738.29	\$771.17	\$822.51	\$825.11	\$739.27	\$602.83	\$736.03	\$693.66
Employee + Spouse	\$1,753.47	\$1,831.55	\$1,751.95	\$1,757.49	\$1,574.65	\$1,165.27	\$1,484.51	\$1,340.85
Employee +Children	\$1,753.47	\$1,831.55	\$1,613.43	\$1,518.21	\$1,360.27	\$1,118.25	\$1,424.80	\$1,286.75
Family	\$1,753.47	\$1,831.55	\$2,327.71	\$2,335.07	\$2,092.14	\$1,730.12	\$2,204.10	\$1,980.81
Total Medical Monthly Premium	\$64,416.49	\$294,386.57	\$74,437.31	\$304,672.70	\$31,470.80	\$64,464.81	\$280,811.85	\$29,816.00
Total Annual Premium	\$4,305,756.72		\$4,328,969.72			\$4,377,391.92		
Annual Cost Increase			\$821,213.00			\$71,635.20		
Percent Change			14.4%			1.7%		
Implementation Credit						(\$50,000.00)		
Total Annual Cost						\$4,327,391.92		
Annual Cost Increase						\$21,635.20		
Percent Change						0.5%		

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BCBSIL Hospital Participation by Network

Hospital Name	Address	City	State	Zip	In Blue PPO Network	In Blue Advantage HMO	In Blue Care		
							UHC	UHC	Network
Metrosouth Medical Center	12935 Gregory St	Blue Island	IL	60406	Yes	Yes	Yes	Yes	Yes
Midwest Medical Center	1 Medical Center Dr	Galena	IL	61036	Yes	No	Yes	Yes	No
Morris Hospital	150 W High St	Morris	IL	60450	Yes	No	Yes	Yes	Yes
Morrison Community Hospital	303 N Jackson St	Morrison	IL	61270	Yes	No	Yes	Yes	No
Mount Sinai Hospital Medical Center	1500 S California Ave	Chicago	IL	60608	Yes	Yes	Yes	Yes	Yes
Northshore University Healthsystem Skokie Hospital	9600 Gross Point Rd	Skokie	IL	60076	Yes	Yes	No	Yes	No
Northwest Community Hospital	800 W Central Rd	Arlington Heights	IL	60005	Yes	Yes	No	Yes	No
Northwestern Lake Forest Hospital	660 N Westmoreland Rd	Lake Forest	IL	60045	Yes	Yes	Yes	Yes	Yes
Northwestern Memorial Hospital	251 E Huron St	Chicago	IL	60611	Yes	Yes	No	Yes	No
Norwegian American Hospital	1044 N Francisco Ave	Chicago	IL	60622	Yes	Yes	Yes	Yes	Yes
OSF Holy Family Medical Center	1000 W Harlem Ave	Monmouth	IL	61462	Yes	No	Yes	Yes	No
OSF Saint Anthony Medical Center	5666 E State St	Rockford	IL	61108	Yes	Yes	Yes	Yes	No
Osf Saint Anthony's Health Center	1 St Anthony's Way	Alton	IL	62002	Yes	No	Yes	Yes	Yes
Osf Saint Elizabeth Medical Center	1100 E Norris Dr	Ottawa	IL	61350	Yes	No	Yes	Yes	Yes
Osf Saint Francis Medical Center	530 NE Glen Oak Ave	Peoria	IL	61603	Yes	Yes	Yes	Yes	Yes
OSF Saint Luke Medical Center	1051 W South St	Kewanee	IL	61443	Yes	No	Yes	Yes	No
OSF Saint Paul Medical Center	1401 E 12th St	Mendota	IL	61342	Yes	No	No	Yes	Yes
OSF St Mary Medical Center	3333 N Seminary St	Galesburg	IL	61401	Yes	No	Yes	Yes	No
Palos Community Hospital	12251 S 80th Ave	Palos Heights	IL	60463	Yes	Yes	Yes	Yes	Yes
Pana Community Hospital	101 E 9th St	Pana	IL	62557	Yes	No	Yes	Yes	No
Paris Community Hospital	721 E Court St	Paris	IL	61944	Yes	No	Yes	Yes	No
Passavant Area Hospital	1600 W Walnut St	Jacksonville	IL	62650	Yes	Yes	Yes	Yes	No
Pekin Memorial Hospital	600 S 13th St	Pekin	IL	61554	Yes	No	Yes	Yes	No
Perry Memorial Hospital	530 Park Ave E	Princeton	IL	61356	Yes	No	Yes	Yes	Yes
Pinckneyville Community Hospital	5383 St Hwy 154	Pinckneyville	IL	62274	Yes	No	Yes	Yes	No
Presence Covenant Medical Center	1400 W Park St	Urbana	IL	61801	Yes	Yes	Yes	Yes	No
Presence Holy Family Medical Center	100 N River Rd	Des Plaines	IL	60016	Yes	Yes	Yes	Yes	Yes
Presence Mercy Medical Center	1325 N Highland Ave	Aurora	IL	60506	Yes	Yes	Yes	Yes	Yes
Presence Resurrection Medical Center	7435 W Talcott Ave	Chicago	IL	60631	Yes	Yes	Yes	Yes	Yes
Presence Saint Francis Hospital	355 Ridge Ave	Evanston	IL	60202	Yes	Yes	Yes	Yes	Yes
Presence Saint Joseph Hospital- Elgin	77 N Alrite St	Elgin	IL	60123	Yes	Yes	Yes	Yes	Yes
Presence Saint Joseph Medical Center	333 Madison St	Joliet	IL	60435	Yes	Yes	Yes	Yes	Yes
Presence Saints Mary and Elizabeth Medical Center	2233 W Division St	Chicago	IL	60622	Yes	Yes	Yes	Yes	Yes
Presence St Joseph Hospital-Chicago	2900 N Lake Shore Dr	Chicago	IL	60657	Yes	Yes	Yes	Yes	Yes
Presence St Mary's Hospital	500 W Court St	Kankakee	IL	60901	Yes	Yes	Yes	Yes	Yes
Presence United Samaritans Medical Center	812 N Logan Ave	Danville	IL	61832	Yes	Yes	Yes	Yes	No
Proctor Hospital	5409 N Knoxville Ave	Peoria	IL	61614	Yes	Yes	Yes	Yes	Yes
Provident Hospital of Cook County	500 E 51st St	Chicago	IL	60615	Yes	Yes	Yes	Yes	Yes
Red Bud Regional Hospital	325 Spring St	Red Bud	IL	62278	Yes	Yes	Yes	Yes	Yes
Richland Memorial Hospital	800 E Locust St	Olney	IL	62450	Yes	No	Yes	Yes	No
Riverside Medical Center	350 N Wall St	Kankakee	IL	60901	Yes	Yes	Yes	Yes	Yes
Rochelle Community Hospital	900 N 2nd St	Rochelle	IL	61068	Yes	No	Yes	Yes	Yes
Roseland Community Hospital	45 W 111th St	Chicago	IL	60628	Yes	Yes	Yes	Yes	Yes
Rush Copley Medical Center	2000 Ogden Ave	Aurora	IL	60504	Yes	Yes	Yes	Yes	Yes
Rush Oak Park Hospital	520 S Maple Ave	Oak Park	IL	60304	Yes	Yes	Yes	Yes	Yes

BCBSIL Hospital Participation by Network

Hospital Name	Address	City	State	Zip	In Illinois PPO Network	In Blue Advantage 10000	In Blue Advantage 10000		
							In UHC Core	UHC	Not Yet
Rush University Medical Center	1653 W Congress Pky	Chicago	IL	60612	Yes	Yes	Yes		Yes
Saint Anthony Hospital	2875 W 19th St	Chicago	IL	60623	Yes	Yes	Yes		Yes
Salem Township Hospital	1201 Ricker Rd	Salem	IL	62881	Yes	No	Yes		No
Sarah Bush Lincoln Health Center	1000 Health Center Dr	Mattoon	IL	61938	Yes	Yes	Yes		No
Sarah D Culbertson Memorial Hospital	238 S Congress St	Rushville	IL	62681	Yes	No	Yes		No
Shelby Memorial Hospital	200 S Cedar St	Shelbyville	IL	62565	Yes	No	Yes		No
Silver Cross Hospital	1900 Silver Cross Blvd	New Lenox	IL	60451	Yes	Yes	Yes		Yes
South Shore Hospital	8012 S Crandon Ave	Chicago	IL	60617	No	Yes	Yes		No
Sparta Community Hospital	818 E Broadway St	Sparta	IL	62286	Yes	No	Yes		Yes
SSM Health Good Samaritan Hospital- Mt Vernon	1 Good Samaritan Way	Mount Vernon	IL	62864	Yes	Yes	Yes		Yes
SSM Health St Marys Hospital-Centralla	400 N Pleasant Ave	Centralla	IL	62801	Yes	No	No		Yes
ST Alexius Medical Center	1555 BARRINGTON Rd	Hoffman Estates	IL	60169	Yes	Yes	Yes		Yes
St Anthonys Memorial Hospital	503 N Maple St	Effingham	IL	62401	Yes	No	Yes		Yes
St Bernard Hospital	326 W 64th St	Chicago	IL	60621	Yes	Yes	Yes		Yes
St Elizabeth's Hospital	211 S 3rd St	Belleville	IL	62220	Yes	Yes	Yes		Yes
St Francis Hospital	1215 Franciscan Dr	Litchfield	IL	62056	Yes	No	Yes		Yes
St James Hospital	2500 W Reynolds St	Pontiac	IL	61764	Yes	Yes	Yes		No
St John's Hospital	800 E Carpenter St	Springfield	IL	62702	Yes	Yes	Yes		No
St Joseph Medical Center	2200 E Washington St	Bloomington	IL	61701	Yes	Yes	Yes		No
St Joseph Memorial Hospital	2 S Hospital Dr	Murphysboro	IL	62966	Yes	Yes	Yes		No
St Josephs Hospital	9515 Holy Cross Ln	Breese	IL	62230	Yes	Yes	Yes		Yes
St Joseph's Hospital-Highland	12866 Troxler Ave	Highland	IL	62249	Yes	Yes	Yes		Yes
ST Margarets Hospital	600 E 1st St	Spring Valley	IL	61362	Yes	No	Yes		Yes
St Marys Hospital	1800 E Lake Shore Dr	Decatur	IL	62521	Yes	Yes	Yes		No
SwedishAmerican Hospital	1401 E State St	Rockford	IL	61104	Yes	Yes	Yes		Yes
Swedish Covenant Hospital	5145 N California Ave	Chicago	IL	60625	Yes	Yes	Yes		Yes
Taylorville Memorial Hospital	201 E Pleasant St	Taylorville	IL	62568	Yes	Yes	No		No
Thomas H Boyd Memorial Hospital	800 School St	Carrollton	IL	62016	Yes	No	No		No
Thorek Memorial Hospital	850 W Irving Park Rd	Chicago	IL	60613	Yes	Yes	Yes		Yes
Touchette Regional Hospital	5900 Bond Ave	East Saint Louis	IL	62207	Yes	No	Yes		Yes
Trinity Medical Center West	2701 17th St	Rock Island	IL	61201	Yes	No	Yes		Yes
Trinity Moline	500 John Deere Rd	Moline	IL	61265	Yes	No	Yes		No
Union County Hospital	517 N Main St	Anna	IL	62906	Yes	No	Yes		No
UnityPoint Health-Methodist	221 NE Glen Oak Ave	Peoria	IL	61603	No	Yes	Yes		Yes
University of Chicago Medical Center	5841 S Maryland Ave	Chicago	IL	60637	Yes	Yes	No		No
University of Illinois Hospital	1740 W Taylor St	Chicago	IL	60612	Yes	Yes	Yes		Yes
Valley West Community Hospital	11 E Pleasant Ave	Sandwich	IL	60548	Yes	Yes	Yes		Yes
Vista Medical Center East	1324 N Sheridan Rd	Waukegan	IL	60085	Yes	Yes	Yes		Yes
Vista Medical Center West	2615 Washington St	Waukegan	IL	60085	Yes	Yes	Yes		Yes
Wabash General Hospital	1418 College Dr	Mount Carmel	IL	62863	Yes	No	Yes		No
Warner Hospital and Health Services	422 W White St	Clinton	IL	61727	Yes	No	Yes		No
Washington County Hospital	705 S Grand St	Nashville	IL	62263	Yes	No	Yes		No
Weiss Memorial Hospital	4646 N Marine Dr	Chicago	IL	60640	Yes	Yes	Yes		Yes
Westlake Hospital	1225 W Lake St	Melrose Park	IL	60160	Yes	Yes	Yes		Yes
West Suburban Medical Center	3 Erie St	Oak Park	IL	60302	Yes	Yes	Yes		Yes

BCBSIL Hospital Participation by Network

Hospital Name	Address	City	State	Zip	In Illinois PPO Network	In Blue Advantage HMO	In UHC Care	
							UHC	Navigator
Genesis Medical Center-Aledo	409 NW 9th Ave	Aledo	IL	61231	Yes	No	Yes	No
Genesis Medical Center Silvis	801 Illini Dr	Silvis	IL	61282	Yes	No	Yes	Yes
Gibson Community Hospital	1120 N Melvin St	Gibson City	IL	60936	Yes	No	Yes	No
Glenbrook Hospital	2100 Pflingsten Rd	Glenview	IL	60025	Yes	Yes	No	No
Gottlieb Memorial Hospital	701 W North Ave	Melrose Park	IL	60160	Yes	Yes	Yes	Yes
Graham Hospital	210 W Walnut St	Canton	IL	61520	Yes	No	Yes	No
Hamilton Memorial Hospital	611 S Marshall Ave	Mc Leansboro	IL	62859	Yes	No	Yes	No
Hammond-Henry Hospital	600 N College Ave	Geneseo	IL	61254	Yes	Yes	Yes	No
Hardin County General Hospital	6 Ferrell Rd	Rosiclar	IL	62982	Yes	No	Yes	No
Harrisburg Medical Center	100 Dr Warren Tuttle Dr	Harrisburg	IL	62946	Yes	Yes	Yes	No
Heartland Regional Medical Center	3333 W Deyoung St	Marion	IL	62959	Yes	Yes	Yes	Yes
Herrin Hospital	201 S 14th St	Herrin	IL	62948	Yes	Yes	Yes	Yes
Highland Park Hospital	777 Park Ave W	Highland Park	IL	60035	Yes	Yes	No	No
Hillsboro Area Hospital	1200 E Tremont St	Hillsboro	IL	62049	Yes	No	Yes	Yes
Holy Cross Hospital	2701 W 68th St	Chicago	IL	60629	Yes	Yes	Yes	Yes
Hoopeston Community Memorial Hospital	701 E Orange St	Hoopeston	IL	60942	Yes	No	Yes	No
Hopedale Medical Complex	107 Tremont St	Hopedale	IL	61747	Yes	Yes	Yes	Yes
HSKS Holy Family Hospital	200 Health Care Dr	Greenville	IL	62246	Yes	Yes	Yes	Yes
Illini Community Hospital	640 W Washington St	Pittsfield	IL	62363	Yes	No	Yes	Yes
Illinois Valley Community Hospital	925 West St	Peru	IL	61354	Yes	Yes	Yes	Yes
Ingalls Memorial Hospital	1 Ingalls Dr	Harvey	IL	60426	Yes	Yes	Yes	Yes
Iroquois Memorial Hospital	200 E Fairman Ave	Watseka	IL	60970	Yes	No	Yes	Yes
Jackson Park Hospital	7531 S Stony Island Ave	Chicago	IL	60649	Yes	Yes	Yes	Yes
Jersey Community Hospital	400 Maple Summit Rd	Jerseyville	IL	62052	Yes	Yes	Yes	Yes
John H Stroger Jr Hospital of Cook Cty	1901 W Harrison St	Chicago	IL	60612	Yes	Yes	Yes	Yes
Katherine Shaw Bethea Hospital	403 E 1st St	Dixon	IL	61021	Yes	No	No	No
Kirby Medical Center	1111 N State St	Monticello	IL	61856	Yes	No	Yes	No
Kishwaukee Community Hospital	One Kish Hospital Dr	Dekalb	IL	60115	Yes	Yes	Yes	Yes
Lawrence County Memorial Hospital	2200 State St	Lawrenceville	IL	62439	Yes	No	Yes	Yes
Little Company of Mary Hospital	2800 W 95th St	Evergreen Park	IL	60805	Yes	Yes	Yes	Yes
Loretto Hospital	645 S Central Ave	Chicago	IL	60644	Yes	Yes	Yes	Yes
Loyola University Medical Center	2160 S 1st Ave	Maywood	IL	60153	Yes	Yes	Yes	Yes
MacNeal Hospital	3249 Oak Park Ave	Berwyn	IL	60402	Yes	Yes	Yes	Yes
Marshall Browning Hospital	900 N Washington St	Du Quoin	IL	62832	Yes	No	Yes	No
Mason District Hospital	615 N Promenade St	Havana	IL	62644	Yes	Yes	Yes	No
Massac Memorial Hospital	28 Chick St	Metropolis	IL	62960	Yes	No	Yes	No
McDonough District Hospital	525 E Grant St	Macomb	IL	61455	Yes	No	Yes	No
Memorial Hospital	1454 North County Rd 2050	Carthage	IL	62321	Yes	No	Yes	No
Memorial Hospital	4500 Memorial Dr	Belleville	IL	62226	Yes	Yes	Yes	No
Memorial Hospital	1900 State St	Chester	IL	62233	Yes	Yes	Yes	No
Memorial Hospital of Carbondale	405 W Jackson St	Carbondale	IL	62901	Yes	Yes	Yes	No
Memorial Medical Center	701 N 1st St	Springfield	IL	62702	Yes	Yes	No	No
Mercy Harvard Hospital	901 Grant St	Harvard	IL	60033	Yes	Yes	Yes	Yes
Mercy Hospital and Medical Center	2525 S Michigan Ave	Chicago	IL	60616	Yes	Yes	Yes	Yes
Methodist Hospital of Chicago	5025 N Paulina St	Chicago	IL	60640	Yes	Yes	Yes	Yes

BCBSIL Hospital Participation by Network

Hospital Name	Address	City	State	Zip	In Illinois PPO Network	In Blue Advantage PPO	In Blue Advantage		
							In LHC Care	LHC	Navigator
Abraham Lincoln Memorial Hospital	200 Stahlhut Dr	Lincoln	IL	62656	Yes	Yes	No		No
Adventist Bollingbrook Hospital	500 Remington Blvd	Bollingbrook	IL	60440	Yes	Yes	Yes		Yes
Adventist Glen Oaks Hospital	701 Winthrop Ave	Glendale Heights	IL	60139	Yes	Yes	Yes		Yes
Adventist Hinsdale Hospital	120 N Oak St	Hinsdale	IL	60521	Yes	Yes	Yes		Yes
Adventist La Grange Memorial Hospital	5101 Willow Springs Rd	La Grange	IL	60525	Yes	Yes	Yes		Yes
Advocate Bromenn Medical Center	1304 Franklin Ave	Normal	IL	61761	Yes	Yes	Yes		No
Advocate Christ Medical Center	4440 W 95th St	Oak Lawn	IL	60453	Yes	Yes	Yes		Yes
Advocate Condell Medical Center	801 S Milwaukee Ave	Libertyville	IL	60048	Yes	Yes	Yes		Yes
Advocate Eureka Hospital	101 S Major St	Eureka	IL	61530	Yes	No	Yes		No
Advocate Good Samaritan Hospital	3815 Highland Ave	Downers Grove	IL	60515	Yes	Yes	Yes		Yes
Advocate Good Shepherd Hospital	450 W Il Route 22	Barrington	IL	60010	Yes	Yes	Yes		Yes
Advocate Illinois Masonic Medical Center	836 W Wellington Ave	Chicago	IL	60657	Yes	Yes	Yes		Yes
Advocate Lutheran General Hospital	1775 Dempster St	Park Ridge	IL	60068	Yes	Yes	Yes		Yes
Advocate Sherman Hospital	1425 N Randall Rd	Elgin	IL	60123	Yes	Yes	Yes		Yes
Advocate South Suburban Hospital	17800 Kedzie Ave	Hazel Crest	IL	60429	Yes	Yes	Yes		Yes
Advocate Trinity Hospital	2320 E 93rd St	Chicago	IL	60617	Yes	Yes	Yes		Yes
Alexan Brothers Medical Center	800 Blesterfield Rd	Elk Grove Village	IL	60007	Yes	Yes	Yes		Yes
Alton Memorial Hospital	1 Memorial Dr	Alton	IL	62002	Yes	Yes	No		Yes
Anderson Hospital	6800 St Hwy 162	Maryville	IL	62062	Yes	Yes	Yes		Yes
Ann and Robert H Lurie Childrens Hospital of Chicago	225 E Chicago Ave	Chicago	IL	60611	Yes	Yes	No		Yes
Blessing Hospital	1005 Broadway St	Quincy	IL	62301	Yes	No	No		No
Carle Foundation Hospital	611 W Park St	Urbana	IL	61801	Yes	No	No		Yes
Carlville Area Hospital	20733 N Broad St	Carlville	IL	62626	Yes	Yes	Yes		Yes
Centegra Hospital McHenry	4201 W Medical Center Dr	McHenry	IL	60050	Yes	Yes	Yes		Yes
Centegra Hospital Woodstock	3701 Doty Rd	Woodstock	IL	60098	Yes	Yes	Yes		Yes
Central DuPage Hospital	25 N Winfield Rd	Winfield	IL	60190	Yes	Yes	Yes		No
CGH Medical Center	100 E Le Fevre Rd	Sterling	IL	61081	Yes	No	Yes		No
Clay County Hospital	911 Stacey Burk Dr	Flora	IL	62839	Yes	No	Yes		No
Community First Medical Center	5645 W Addison St	Chicago	IL	60634	Yes	Yes	Yes		Yes
Community Memorial Hospital	400 N Caldwell St	Staunton	IL	62088	Yes	No	Yes		Yes
Crawford Memorial Hospital	1000 N Allen St	Robinson	IL	62454	Yes	No	Yes		No
Crossroads Community Hospital	8 Doctors Park Rd	Mount Vernon	IL	62864	Yes	Yes	Yes		No
Decatur Memorial Hospital	2300 N Edward St	Decatur	IL	62526	Yes	Yes	Yes		No
Delnor Community Hospital	300 Randall Rd	Geneva	IL	60134	Yes	Yes	Yes		Yes
Edward Hospital	801 S Washington St	Naperville	IL	60540	Yes	Yes	Yes		Yes
Elmhurst Memorial Hospital	155 E Brush Hill Rd	Elmhurst	IL	60126	Yes	Yes	Yes		Yes
Evanston Hospital	2650 Ridge Ave	Evanston	IL	60201	Yes	Yes	No		No
Fairfield Memorial Hospital	303 NW 11th St	Fairfield	IL	62837	Yes	Yes	Yes		No
Fayette County Hospital	650 W Taylor St	Vandalia	IL	62471	Yes	No	Yes		No
Ferrell Hospital	1201 Pine St	Eldorado	IL	62930	Yes	Yes	Yes		No
FHN Memorial Hospital	1045 W Stephenson St	Freeport	IL	61032	Yes	No	Yes		Yes
Franciscan Health Chicago Heights	1423 Chicago Rd	Chicago Heights	IL	60411	Yes	Yes	Yes		Yes
Franciscan Health Olympia Fields	20201 Crawford Ave	Olympia Fields	IL	60461	Yes	Yes	Yes		Yes
Franklin Hospital	201 Bailey Ln	Benton	IL	62812	Yes	Yes	Yes		No
Gateway Regional Medical Center	2100 Madison Ave	Granite City	IL	62040	Yes	Yes	Yes		Yes

Key Indicators

Contribution Modeling

Prepared for: Kendall County

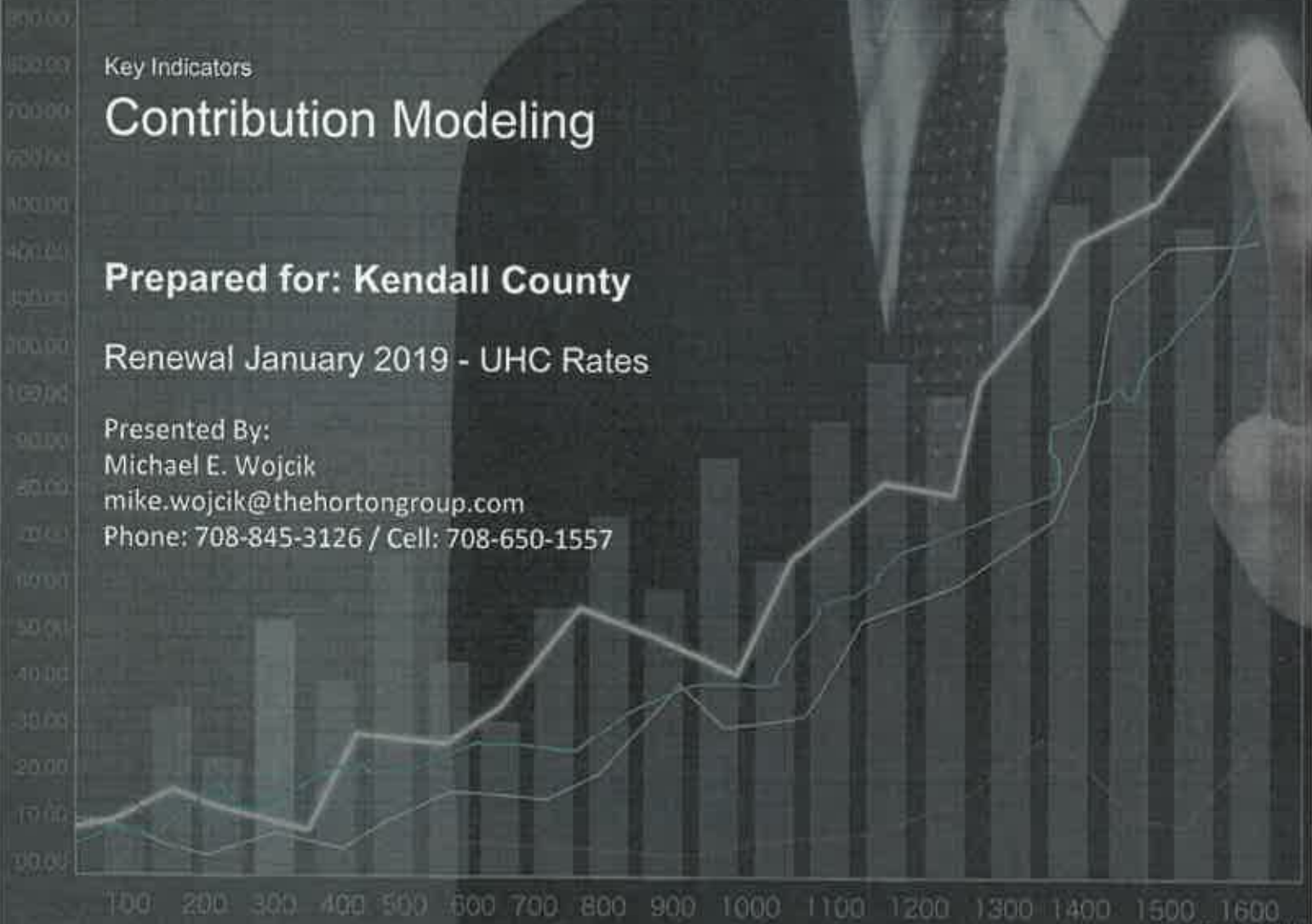
Renewal January 2019 - UHC Rates

Presented By:

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Contribution Exhibit

Kendall County

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - UHC RENEWAL - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.20	\$1,763.47	\$1,763.47	\$1,763.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55
Months	12			

	1/1/2018 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$853.15	\$2,026.27	\$2,026.27	\$2,026.27	90.1%
H.S.A.	\$881.14	\$2,116.48	\$2,116.48	\$2,116.48	81.5%

	Current HMO 500 Participation	Renewal HMO 500 Participation	1/1/2018 Rates			1/1/2019 Rates		
			ER	EE	% of Total	ER	EE	% of Total
	35	35	EE \$864.47	\$73.82	10.00%	\$767.85	\$85.30	10.00%
	4	4	ES \$1,208.96	\$544.51	31.05%	\$1,397.05	\$629.22	31.05%
	4	4	EC \$1,208.96	\$544.51	31.05%	\$1,397.05	\$629.22	31.05%
	14	14	Family \$1,208.96	\$544.51	31.05%	\$1,397.05	\$629.22	31.05%
	H.S.A.							
	111	111	EE \$894.06	\$77.11	10.00%	\$802.03	\$89.11	10.00%
	17	17	ES \$1,282.80	\$588.75	31.05%	\$1,459.25	\$657.23	31.05%
	10	10	EC \$1,282.80	\$588.75	31.05%	\$1,459.25	\$657.23	31.05%
	87	87	Family \$1,282.80	\$588.75	31.05%	\$1,459.25	\$657.23	31.05%
	Total Employees							
		282						

	Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
	ER	EE	ER	EE
	\$279,077.40	\$31,004.40	\$322,497.00	\$35,828.00
	\$58,030.08	\$26,136.48	\$67,058.40	\$30,202.56
	\$58,030.08	\$26,136.48	\$67,058.40	\$30,202.56
	\$203,105.28	\$101,477.68	\$234,704.40	\$105,708.96
	H.S.A.			
	\$824,487.92	\$102,710.52	\$1,068,303.96	\$118,894.52
	\$257,811.20	\$116,025.00	\$297,887.00	\$134,074.92
	\$151,536.00	\$68,250.00	\$175,110.00	\$75,867.60
	\$1,318,383.20	\$593,775.00	\$1,523,457.00	\$688,148.12
	Premium Only			
	\$3,250,241.16	\$1,065,515.58	\$3,755,876.16	\$1,219,725.24
	ER%/EE%	75.49%	24.51%	75.49%
	Grand Total		\$4,305,766.72	\$4,975,601.40

15.56%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$85.30
Annual Contribution	\$1,023.60
Annual Salary at 9.86% of contribution	\$10,381

Contribution Exhibit

Kendall County

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - UHC RENEWAL ALTERNATE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,763.47	\$1,763.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55
Months:	12			

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$822.51	\$1,751.95	\$1,513.43	\$2,327.71	90.1%
H.S.A.	\$825.11	\$1,767.49	\$1,518.21	\$2,335.97	81.5%

Current HMO 500 Participation	Renewal HMO 500
35	35
4	4
4	4
14	14
Current H.S.A. Participation	Renewal H.S.A.
111	111
17	17
10	10
87	87
Total Employees	282

	1/1/2018 Rates			1/1/2019 Rates		
	ER	EE	EE % of Total	ER	EE	EE % of Total
EE	\$664.47	\$73.82	10.00%	\$740.27	\$82.24	10.00%
ES	\$1,208.96	\$544.51	31.05%	\$1,248.10	\$605.85	28.87%
EC	\$1,208.96	\$544.51	31.05%	\$1,126.84	\$388.69	25.54%
Family	\$1,208.96	\$544.51	31.05%	\$1,633.98	\$793.73	34.10%
EE	\$684.06	\$77.11	10.00%	\$742.61	\$82.50	10.00%
ES	\$1,282.80	\$668.75	31.05%	\$1,250.04	\$607.45	28.67%
EC	\$1,282.80	\$668.75	31.05%	\$1,130.40	\$387.81	25.54%
Family	\$1,282.80	\$668.75	31.05%	\$1,636.83	\$798.24	34.10%

	Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
	ER	EE	ER	EE
ER	\$279,077.40	\$31,004.40	\$310,913.40	\$34,540.80
ES	\$58,030.08	\$26,136.48	\$59,812.80	\$24,280.80
EC	\$58,030.08	\$26,136.48	\$54,088.32	\$18,566.32
Family	\$203,105.28	\$91,477.68	\$257,708.64	\$133,346.64
ER	\$824,487.92	\$102,710.82	\$989,156.52	\$109,880.00
ES	\$257,611.20	\$118,025.00	\$255,008.16	\$103,519.80
EC	\$151,538.00	\$86,250.00	\$135,848.00	\$48,537.20
Family	\$1,318,363.20	\$593,775.00	\$1,608,538.52	\$831,274.56
Premium Only	\$3,260,241.16	\$1,055,515.58	\$3,668,874.38	\$1,301,948.12
ER% EE%	75.49%	24.51%	73.81%	26.19%
Grand Total	\$4,305,758.72	\$1,497,820.48	\$4,970,820.48	\$1,545,744.00

15.45%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$82.24
Annual Contribution	\$986.88
Annual Salary at 9.86% of contribution	\$10,000

Contribution Exhibit

Kendall County

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - UHC RENEWAL - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,763.47	\$1,763.47	\$1,763.47
H.S.A.	\$771.57	\$1,831.55	\$1,831.55	\$1,831.55

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$853.15	\$2,026.27	\$2,026.27	\$2,026.27	90.1%
H.S.A.	\$891.14	\$2,116.48	\$2,116.48	\$2,116.48	81.5%
HSA \$3500	\$755.02	\$1,793.19	\$1,793.19	\$1,793.19	

Months: 12

	Current HMO 500 Participation	Renewal HMO 500 Participation	1/1/2018 Rates			1/1/2019 Rates		
			ER	EE	% of Total	ER	EE	% of Total
HMO 500	35	35	EE \$684.47	\$73.82	10.00%	\$787.85	\$85.30	10.00%
	4	4	ES \$1,208.98	\$644.61	31.05%	\$1,397.05	\$629.22	31.05%
	4	4	EC \$1,208.98	\$644.51	31.05%	\$1,397.05	\$629.22	31.05%
	14	14	Family \$1,208.98	\$644.51	31.05%	\$1,397.05	\$629.22	31.05%
H.S.A.	111	100	EE \$694.06	\$77.11	10.00%	\$802.03	\$89.11	10.00%
	17	15	ES \$1,262.80	\$588.75	31.05%	\$1,459.25	\$667.23	31.05%
	10	9	EC \$1,262.80	\$588.75	31.05%	\$1,459.25	\$667.23	31.05%
	97	78	Family \$1,262.80	\$588.75	31.05%	\$1,459.25	\$667.23	31.05%
HSA \$3500		11	EE			\$679.62	\$75.60	10.00%
		2	ES			\$1,236.35	\$568.84	31.05%
		1	EC			\$1,236.35	\$568.84	31.05%
		9	Family			\$1,236.35	\$568.84	31.05%
Total Employees		262						

Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
ER	EE	ER	EE
\$279,077.40	\$31,004.40	\$322,497.00	\$35,826.00
\$58,030.08	\$26,136.48	\$87,058.40	\$30,202.58
\$58,030.08	\$26,136.48	\$87,058.40	\$30,202.58
\$203,105.28	\$91,477.88	\$234,704.40	\$105,790.00
\$924,487.92	\$102,710.52	\$982,436.00	\$108,832.00
\$257,811.20	\$118,025.00	\$282,686.00	\$118,301.40
\$151,536.00	\$68,250.00	\$157,599.00	\$70,990.84
\$1,318,383.20	\$591,775.00	\$1,385,858.00	\$615,167.28
\$0.00	\$0.00	\$89,898.84	\$9,898.00
\$0.00	\$0.00	\$29,672.40	\$13,364.16
\$0.00	\$0.00	\$14,836.20	\$6,662.08
\$0.00	\$0.00	\$133,525.80	\$60,138.72

Premium Only	\$3,250,241.16	\$1,056,515.58	\$3,707,607.24	\$1,203,472.56
ERN/EE%	75.49%	24.51%	75.49%	24.51%
Grand Total	\$4,305,756.72		\$4,911,079.80	

14.06%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$75.50
Annual Contribution	\$906.00
Annual Salary at 9.86% of contribution	\$9,189

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

Contribution Exhibit

Kendall County

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - UHC RENEWAL - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A.	\$721.17	\$1,831.55	\$1,831.55	\$1,831.55

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$853.15	\$2,026.27	\$2,026.27	\$2,026.27	90.1%
H.S.A.	\$891.14	\$2,116.48	\$2,116.48	\$2,116.48	81.5%
HSA \$2800	\$798.43	\$1,896.29	\$1,896.29	\$1,896.29	

Months 12

Current	Renewal
HMO 500	HMO 500
Participation	
35	35
4	4
4	4
14	14
H.S.A.	H.S.A.
Participation	
111	100
17	15
10	9
87	78
	HSA \$2800
	11
	2
	1
	9
Total Employees	282

1/1/2018 Rates				1/1/2019 Rates			
	ER	EE	% of Total	ER	EE	% of Total	
EE	\$884.47	\$73.82	10.00%	\$767.85	\$85.30	10.00%	
ES	\$1,208.98	\$544.51	31.05%	\$1,397.06	\$829.22	31.05%	
EC	\$1,208.98	\$544.51	31.05%	\$1,397.06	\$829.22	31.05%	
Family	\$1,208.98	\$544.51	31.05%	\$1,397.06	\$829.22	31.05%	
EE	\$884.08	\$77.11	10.00%	\$802.03	\$89.11	10.00%	
ES	\$1,282.80	\$588.75	31.05%	\$1,459.25	\$967.23	31.05%	
EC	\$1,282.80	\$588.75	31.05%	\$1,459.25	\$967.23	31.05%	
Family	\$1,282.80	\$588.75	31.05%	\$1,459.25	\$967.23	31.05%	
ER				\$718.59	\$79.84	10.00%	
EE				\$1,307.44	\$588.85	31.05%	
ES				\$1,307.44	\$588.85	31.05%	
EC				\$1,307.44	\$588.85	31.05%	
Family				\$1,307.44	\$588.85	31.05%	

Total 1/1/2018 Contributions				Total 1/1/2019 Contributions			
ER	EE	ER	EE	ER	EE	ER	EE
\$279,077.40	\$31,004.40	\$322,497.00	\$35,826.00	\$279,077.40	\$31,004.40	\$322,497.00	\$35,826.00
\$58,030.08	\$26,136.48	\$67,068.40	\$30,202.56	\$58,030.08	\$26,136.48	\$67,068.40	\$30,202.56
\$203,105.28	\$91,477.88	\$234,704.40	\$105,708.96	\$203,105.28	\$91,477.88	\$234,704.40	\$105,708.96
\$924,487.82	\$102,710.52	\$982,438.00	\$108,932.00	\$924,487.82	\$102,710.52	\$982,438.00	\$108,932.00
\$257,811.20	\$118,025.00	\$262,865.00	\$118,301.40	\$257,811.20	\$118,025.00	\$262,865.00	\$118,301.40
\$151,536.00	\$68,250.00	\$157,590.00	\$70,980.84	\$151,536.00	\$68,250.00	\$157,590.00	\$70,980.84
\$1,318,363.20	\$593,775.00	\$1,365,858.00	\$615,167.28	\$1,318,363.20	\$593,775.00	\$1,365,858.00	\$615,167.28
\$0.00	\$0.00	\$84,853.88	\$10,538.88	\$0.00	\$0.00	\$84,853.88	\$10,538.88
\$0.00	\$0.00	\$31,378.58	\$14,132.40	\$0.00	\$0.00	\$31,378.58	\$14,132.40
\$0.00	\$0.00	\$15,889.28	\$7,086.20	\$0.00	\$0.00	\$15,889.28	\$7,086.20
\$0.00	\$0.00	\$141,203.52	\$83,695.80	\$0.00	\$0.00	\$141,203.52	\$83,695.80

Premium Only	\$3,250,241.18	\$1,055,615.58	\$3,723,001.44	\$1,208,654.88
ER%/EE%	75.49%	24.51%	75.49%	24.51%
Grand Total	\$4,305,756.72	\$4,931,656.32		

14.54%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$79.84
Annual Contribution	\$958.08
Annual Salary at 9.86% of contribution	\$9,717

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

Contribution Exhibit

Kendall County

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - UHC RENEWAL ALTERNATE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,763.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$822.51	\$1,751.95	\$1,513.43	\$2,327.71	90.1%
H.S.A.	\$825.11	\$1,757.49	\$1,518.21	\$2,336.07	81.5%
HSA \$3500	\$899.08	\$1,489.04	\$1,289.32	\$1,979.49	

Months: 12

Current	Renewal
HMO 500	HMO 500
Participation	
35	35
4	4
4	4
14	14
H.S.A.	H.S.A.
Participation	
111	100
17	15
10	9
87	78
	HSA \$3500
Participation	
	11
	2
	1
	9
Total Employees	282

1/1/2018 Rates				1/1/2019 Rates			
	ER	EE	% of Total	ER	EE	% of Total	
EE	\$684.47	\$73.82	10.00%	\$740.27	\$82.24	10.00%	
ES	\$1,208.98	\$644.51	31.05%	\$1,248.10	\$805.85	28.87%	
EC	\$1,208.98	\$544.51	31.05%	\$1,128.84	\$386.59	25.54%	
Family	\$1,208.98	\$544.51	31.05%	\$1,533.98	\$783.73	34.10%	
EE	\$694.06	\$77.11	10.00%	\$742.81	\$82.50	10.00%	
ES	\$1,282.80	\$588.76	31.05%	\$1,250.04	\$507.45	28.87%	
EC	\$1,282.80	\$588.76	31.05%	\$1,130.40	\$387.81	25.54%	
Family	\$1,282.80	\$588.76	31.05%	\$1,538.83	\$788.24	34.10%	
ER				\$829.17	\$89.91	10.00%	
EE				\$1,059.11	\$429.93	28.87%	
ES				\$957.75	\$328.57	25.54%	
EC				\$1,303.79	\$674.51	34.10%	
Family							

Total 1/1/2018 Contributions		Total 1/1/2019 Contributions		
ER	EE	ER	EE	
\$279,077.40	\$31,004.49	\$310,913.40	\$34,540.80	
\$58,030.08	\$28,136.48	\$59,812.80	\$24,289.80	
\$58,030.08	\$28,136.48	\$54,088.32	\$18,558.22	
\$203,105.28	\$91,477.88	\$257,708.64	\$133,340.04	
\$924,487.92	\$102,710.52	\$901,132.00	\$99,000.00	
\$257,811.20	\$116,026.00	\$225,007.20	\$91,341.00	
\$151,536.00	\$68,250.00	\$122,083.20	\$41,883.48	
\$1,318,363.20	\$583,776.00	\$1,440,344.88	\$745,290.84	
\$0.00	\$0.00	\$83,050.44	\$9,228.12	
\$0.00	\$0.00	\$25,418.64	\$10,318.32	
\$0.00	\$0.00	\$11,493.00	\$3,942.84	
\$0.00	\$0.00	\$140,809.32	\$72,657.88	
Premium Only	\$3,250,241.16	\$1,055,515.68	\$3,621,861.84	\$1,284,576.84
ER%/EE%	75.49%	24.51%	73.82%	28.18%
Grand Total	\$4,305,756.72	\$4,906,438.88		

13.95% Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$89.91
Annual Contribution	\$838.92
Annual Salary at 9.58% of contribution	\$8,508

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

Contribution Exhibit

Kendall County

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/10 EE & ER Contribution (4 Tier) - UHC RENEWAL ALTERNATE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$822.51	\$1,761.95	\$1,513.43	\$2,327.71	90.1%
H.S.A.	\$825.11	\$1,757.49	\$1,518.21	\$2,335.07	81.5%
HSA \$2800	\$739.27	\$1,574.85	\$1,500.27	\$1,092.14	

Months: 12

	Current	Renewal	1/1/2018 Rates			1/1/2019 Rates		
			ER	EE	% of Total	ER	EE	% of Total
HMO 500		HMO 500		EE		EE		
Participation								
	35	35	EE \$864.47	\$73.82	10.00%	\$740.27	\$82.24	10.00%
	4	4	ES \$1,208.96	\$544.51	31.05%	\$1,246.10	\$505.85	28.87%
	4	4	EC \$1,208.96	\$544.51	31.05%	\$1,128.84	\$388.59	25.54%
	14	14	Family \$1,208.96	\$544.51	31.05%	\$1,533.98	\$789.73	34.10%
H.S.A.		H.S.A.		EE		EE		
Participation								
	111	100	EE \$864.06	\$77.11	10.00%	\$742.61	\$82.50	10.00%
	17	15	ES \$1,262.80	\$568.75	31.05%	\$1,250.04	\$567.45	28.87%
	10	9	EC \$1,262.80	\$568.75	31.05%	\$1,130.40	\$387.81	25.54%
	87	78	Family \$1,262.80	\$568.75	31.05%	\$1,538.83	\$798.24	34.10%
HSA \$2800		HSA \$2800		EE		EE		
Participation								
		11	EE			\$685.34	\$73.93	10.00%
		2	ES			\$1,120.00	\$454.85	28.87%
		1	EC			\$1,012.81	\$347.48	25.54%
		9	Family			\$1,378.74	\$713.40	34.10%
Total Employees		282						

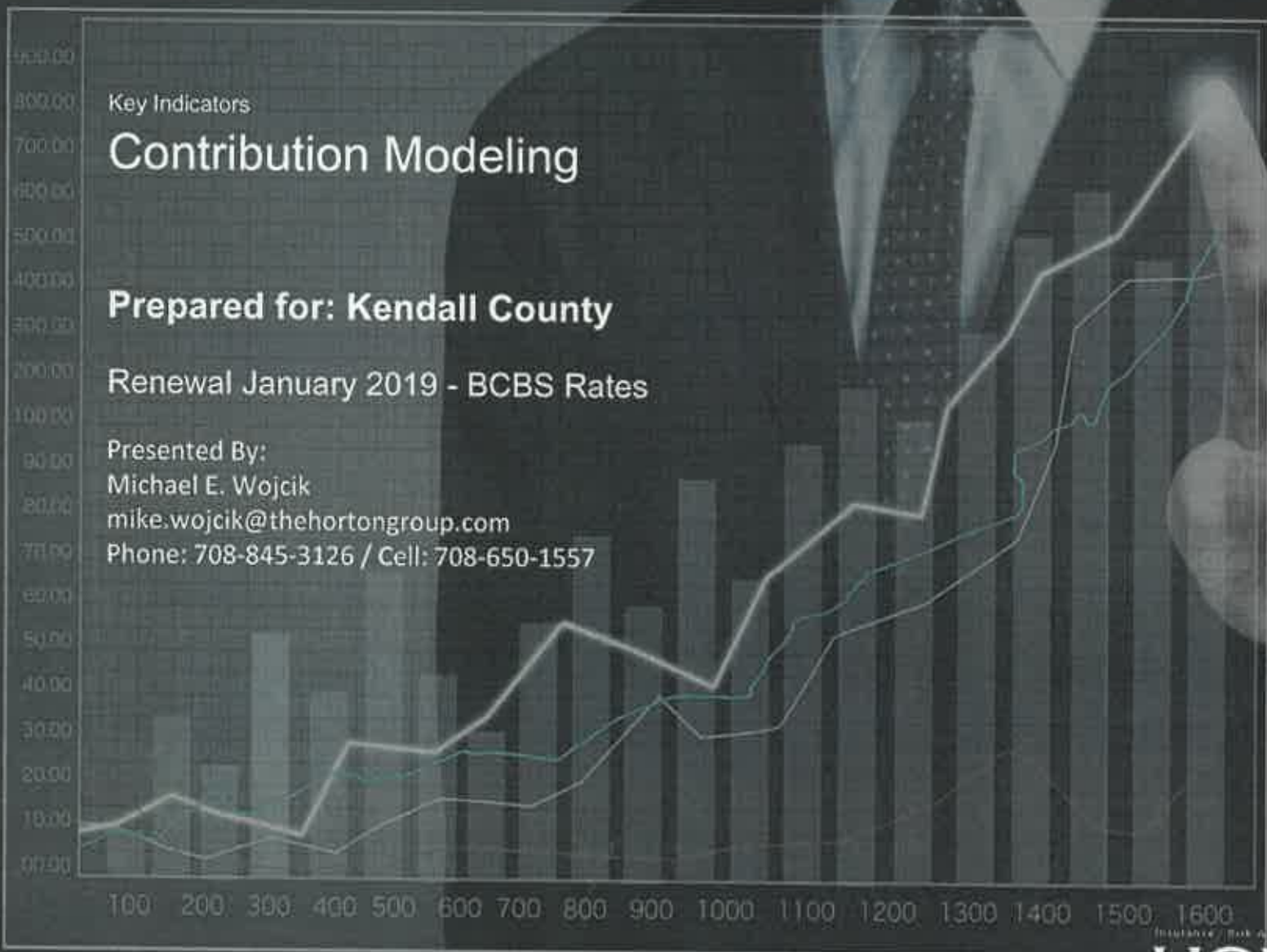
Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
ER	EE	ER	EE
\$279,077.40	\$31,004.40	\$310,913.40	\$34,540.80
\$58,030.08	\$28,138.48	\$59,812.80	\$24,280.80
\$58,030.08	\$28,138.48	\$64,088.32	\$18,556.32
\$203,105.28	\$91,477.68	\$257,708.64	\$133,348.64
\$824,487.92	\$102,710.52	\$891,132.00	\$99,090.00
\$267,011.20	\$118,025.00	\$225,007.20	\$91,341.00
\$151,536.00	\$68,260.00	\$122,083.20	\$41,863.48
\$1,318,363.20	\$569,775.00	\$1,440,344.88	\$745,299.64
\$0.00	\$0.00	\$87,824.88	\$9,758.76
\$0.00	\$0.00	\$26,880.00	\$10,911.00
\$0.00	\$0.00	\$12,153.72	\$4,169.52
\$0.00	\$0.00	\$148,903.92	\$77,947.28

Premium Only	\$3,250,241.16	\$1,055,515.58	\$3,636,852.96	\$1,290,116.76
ER%/EE%	75.49%	24.51%	73.82%	26.18%
Grand Total	\$4,305,756.72		\$4,926,969.72	

14.43%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$73.93
Annual Contribution	\$887.16
Annual Salary at 9.96% of contribution	\$8,998

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.



Key Indicators

Contribution Modeling

Prepared for: Kendall County

Renewal January 2019 - BCBS Rates

Presented By:

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Contribution Exhibit

Kendall County

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55
Months	12			

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$802.83	\$1,507.03	\$1,507.03	\$1,507.03	90.1%
H.S.A.	\$767.98	\$1,919.92	\$1,919.92	\$1,919.92	81.5%

	Current HMO 500 Participation	Renewal HMO 500	1/1/2018 Rates			1/1/2019 Rates		
			ER	EE	EE % of Total	ER	EE	EE % of Total
HMO 500	35	35	EE \$684.47	\$73.82	10.00%	ER \$542.55	\$80.28	10.00%
	4	4	ES \$1,208.98	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%
	4	4	EC \$1,208.98	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%
	14	14	Family \$1,208.98	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%
H.S.A.	111	111	EE \$684.06	\$77.11	10.00%	ER \$881.19	\$76.79	10.00%
	17	17	ES \$1,262.80	\$568.75	31.05%	\$1,305.55	\$614.37	32.00%
	10	10	EC \$1,262.80	\$568.75	31.05%	\$1,305.55	\$614.37	32.00%
	87	87	Family \$1,262.80	\$568.75	31.05%	\$1,305.55	\$614.37	32.00%
Total Employees		282						

	Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
	ER	EE	ER	EE
HMO 500	\$278,077.40	\$31,004.40	\$227,871.00	\$25,317.60
	\$58,030.08	\$26,136.48	\$49,189.92	\$23,147.52
	\$58,030.08	\$26,136.48	\$49,189.92	\$23,147.52
	\$203,106.28	\$99,477.98	\$172,184.72	\$81,016.32
H.S.A.	\$824,487.92	\$102,710.52	\$820,665.08	\$102,284.28
	\$257,811.20	\$116,025.00	\$266,332.20	\$125,331.48
	\$151,536.00	\$66,250.00	\$166,666.00	\$73,724.40
	\$1,318,363.20	\$593,775.00	\$1,382,994.20	\$641,402.28
Premium Only	\$3,250,241.16	\$1,055,515.58	\$3,205,073.04	\$1,096,371.40
ER/EE%	75.49%	24.51%	74.63%	25.47%
Grand Total	\$4,305,768.72		\$4,300,444.44	

**-0.12%
Change in Total Cost**

Affordability Test	
Employee only - Renewal Monthly Contribution	\$80.28
Annual Contribution	\$723.36
Annual Salary at 5.86% of contribution	\$7,336

Contribution Exhibit

Kendall County

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$736.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55
Months	12			

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$802.83	\$1,165.27	\$1,118.25	\$1,730.12	90.1%
H.S.A.	\$739.03	\$1,484.51	\$1,424.00	\$2,204.10	81.5%

	Current Participation	Renewal HMO 500	1/1/2018 Rates			1/1/2019 Rates		
			ER	EE	EE % of Total	ER	EE	EE % of Total
HMO 500	36	35	EE \$884.47	\$73.82	10.00%	ER \$542.55	\$80.28	10.00%
	4	4	ES \$1,208.98	\$544.51	31.05%	\$853.91	\$311.38	26.72%
	4	4	EC \$1,208.98	\$544.51	31.05%	\$830.40	\$287.85	25.74%
	14	14	Family \$1,208.98	\$544.51	31.05%	\$1,136.33	\$593.79	34.32%
H.S.A.	111	111	EE \$884.06	\$77.11	10.00%	ER \$884.23	\$73.80	10.00%
	17	17	ES \$1,262.80	\$568.75	31.05%	\$1,074.37	\$410.14	27.63%
	10	10	EC \$1,262.80	\$568.75	31.05%	\$1,044.41	\$390.19	26.69%
	87	87	Family \$1,262.80	\$568.75	31.05%	\$1,434.16	\$769.94	34.93%
Total Employees		282						

	Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
	ER	EE	ER	EE
Premium Only	\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.80
ERW EE%	\$58,030.08	\$26,136.48	\$40,987.68	\$14,945.28
	\$58,030.08	\$26,136.48	\$39,859.20	\$13,616.80
	\$203,105.28	\$91,477.88	\$180,903.44	\$98,756.72
	\$824,487.92	\$102,710.52	\$684,764.36	\$98,301.60
	\$257,611.20	\$116,026.00	\$219,171.48	\$83,668.56
	\$151,536.00	\$68,260.00	\$125,329.20	\$45,822.80
	\$1,318,363.20	\$593,775.00	\$1,487,263.04	\$803,817.36
Premium Only	\$3,250,241.16	\$1,055,615.58	\$3,226,139.40	\$1,185,248.72
ERW EE%	75.48%	24.51%	73.13%	26.87%
Grand Total	\$4,305,756.72		\$4,411,386.12	

2.45%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$80.28
Annual Contribution	\$723.36
Annual Salary at 9.55% of contribution	\$7,336

Contribution Exhibit

Kendall County

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$602.83	\$1,507.03	\$1,607.03	\$1,607.03	90.1%
H.S.A.	\$787.98	\$1,919.92	\$1,919.92	\$1,919.92	81.5%
HSA \$3500	\$960.63	\$1,651.58	\$1,651.58	\$1,651.68	

Months **12**

	Current	Renewal	1/1/2018 Rates			1/1/2019 Rates			Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
			ER	EE	% of Total	ER	EE	% of Total	ER	EE	ER	EE
HMO 500	Participation											
	35	36	EE \$684.47	\$73.82	10.00%	\$542.55	\$60.28	10.00%	\$279,077.40	\$31,004.40	\$227,871.00	\$26,317.60
	4	4	ES \$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%	\$58,030.08	\$28,136.48	\$49,189.92	\$23,147.52
	4	4	EC \$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%	\$58,030.08	\$28,136.48	\$49,189.92	\$23,147.52
H.S.A.	Participation											
	14	14	Family \$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%	\$203,105.28	\$91,477.68	\$172,164.72	\$81,018.32
	111	100	EE \$694.06	\$77.11	10.00%	\$681.19	\$78.79	10.00%	\$924,487.92	\$102,710.52	\$829,428.00	\$92,148.00
	17	16	ES \$1,262.80	\$588.75	31.05%	\$1,306.55	\$614.37	32.00%	\$257,611.20	\$116,025.00	\$234,999.00	\$110,586.60
HSA \$3500	Participation											
	10	9	EC \$1,262.80	\$588.75	31.05%	\$1,306.55	\$614.37	32.00%	\$151,536.00	\$68,250.00	\$140,999.40	\$66,351.96
	87	78	Family \$1,262.80	\$588.75	31.05%	\$1,306.55	\$614.37	32.00%	\$1,318,363.20	\$593,775.00	\$1,221,994.80	\$575,050.32
		11	EE			\$594.57	\$68.06	10.00%	\$0.00	\$0.00	\$78,483.24	\$8,719.92
	2	ES			\$1,123.07	\$528.51	32.00%	\$0.00	\$0.00	\$26,953.68	\$12,684.24	
	1	EC			\$1,123.07	\$528.51	32.00%	\$0.00	\$0.00	\$13,476.84	\$6,342.12	
	9	Family			\$1,123.07	\$528.51	32.00%	\$0.00	\$0.00	\$121,291.56	\$57,079.08	
Total Employees	282											
Premium Only									\$3,250,241.16	\$1,055,515.58	\$3,166,042.08	\$1,061,591.20
ER%/ EE%									75.48%	24.51%	74.54%	25.46%
Grand Total									\$4,305,758.72	\$4,247,833.28		

-1.35%
Change In Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60.28
Annual Contribution	\$723.36
Annual Salary at 9.86% of contribution	\$7,336

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

Contribution Exhibit

Kendall County

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,783.47	\$1,753.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$602.83	\$1,507.03	\$1,507.03	\$1,507.03	90.1%
H.S.A.	\$787.98	\$1,919.92	\$1,919.92	\$1,919.92	81.5%
HSA \$2800	\$683.68	\$1,734.16	\$1,734.16	\$1,734.16	

Months **12**

Current HMO 500 Participation	Renewal HMO 500	1/1/2018 Rates			1/1/2019 Rates			Total 1/1/2018 Contributions		Total 1/1/2019 Contributions		
		ER	EE	% of Total	ER	EE	% of Total	ER	EE	ER	EE	
35	35	EE \$894.47	\$73.82	10.00%	\$542.55	\$80.28	10.00%	\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.80	
4	4	ES \$1,208.98	\$544.51	31.05%	\$1,324.79	\$482.24	32.00%	\$58,030.08	\$26,136.48	\$49,189.92	\$23,147.52	
4	4	EC \$1,208.98	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%	\$58,030.08	\$26,136.48	\$49,189.92	\$23,147.52	
14	14	Family \$1,208.98	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%	\$203,105.28	\$91,477.68	\$172,164.72	\$81,018.32	
H.S.A.	H.S.A.											
111	100	EE \$894.06	\$77.11	10.00%	\$891.19	\$76.79	10.00%	\$924,487.92	\$102,710.52	\$829,426.00	\$92,148.00	
17	15	ES \$1,282.80	\$588.75	31.05%	\$1,305.55	\$814.37	32.00%	\$257,811.20	\$118,025.00	\$234,999.00	\$110,588.00	
10	9	EC \$1,282.80	\$588.75	31.05%	\$1,305.55	\$814.37	32.00%	\$161,536.00	\$88,250.00	\$140,999.40	\$66,351.96	
67	78	Family \$1,282.80	\$588.75	31.05%	\$1,305.55	\$814.37	32.00%	\$1,318,363.20	\$593,775.00	\$1,221,994.80	\$575,050.32	
	HSA \$2800											
	11	EE			\$824.29	\$69.37	10.00%	\$0.00	\$0.00	\$82,408.28	\$9,156.84	
	2	ES			\$1,179.23	\$554.93	32.00%	\$0.00	\$0.00	\$28,301.82	\$13,318.32	
	1	EC			\$1,179.23	\$554.93	32.00%	\$0.00	\$0.00	\$14,150.76	\$6,669.16	
	9	Family			\$1,179.23	\$554.93	32.00%	\$0.00	\$0.00	\$127,356.84	\$59,932.44	
Total Employees	282							Premium Only	\$3,250,241.16	\$1,065,515.56	\$3,178,052.16	\$1,085,832.00
								ERW/EE%	75.49%	24.51%	74.53%	25.47%
								Grand Total	\$4,305,768.72	\$4,283,684.76	-0.97%	Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60.28
Annual Contribution	\$723.36
Annual Salary at 9.86% of contribution	\$7,336

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

Contribution Exhibit

Kendall County

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2018 Rates				1/1/2019 Rates				AV Calc	
	EE	EE + SP	EE + C	Family	EE	EE + SP	EE + C	Family		
HMO 500	\$738.29	\$1,763.47	\$1,763.47	\$1,763.47	HMO 500	\$802.83	\$1,166.27	\$1,118.25	\$1,730.12	90.1%
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55	H.S.A.	\$738.03	\$1,484.51	\$1,424.80	\$2,204.10	81.6%
HSA \$3500					HSA \$3500	\$880.83	\$1,277.00	\$1,225.47	\$1,888.01	

Months **12**

Current HMO 500 Participation	Renewal HMO 500 Participation	1/1/2018 Rates			1/1/2019 Rates			Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
		ER	EE	% of Total	ER	EE	% of Total	ER	EE	ER	EE
35	35	EE \$864.47	\$73.82	10.00%	\$542.55	\$80.28	10.00%	\$279,077.40	\$31,004.40	\$227,871.00	\$26,317.80
4	4	ES \$1,208.96	\$544.51	31.05%	\$853.91	\$311.36	26.72%	\$68,030.08	\$26,138.48	\$40,987.68	\$14,945.28
4	4	EC \$1,208.96	\$544.51	31.05%	\$830.40	\$287.85	25.74%	\$68,030.08	\$26,138.48	\$39,869.20	\$13,816.80
14	14	Family \$1,208.96	\$544.51	31.05%	\$1,138.33	\$583.79	34.32%	\$203,106.28	\$81,477.68	\$190,903.44	\$99,758.72
H.S.A.	H.S.A.										
111	100	EE \$894.06	\$77.11	10.00%	\$684.23	\$73.80	10.00%	\$824,487.92	\$102,710.52	\$797,076.00	\$98,580.00
17	15	ES \$1,262.80	\$568.75	31.05%	\$1,074.37	\$410.14	27.63%	\$267,811.20	\$116,025.00	\$193,386.00	\$73,825.20
10	9	EC \$1,262.80	\$568.75	31.05%	\$1,044.41	\$380.19	26.89%	\$151,536.00	\$68,250.00	\$112,798.28	\$41,080.52
87	78	Family \$1,262.80	\$568.75	31.05%	\$1,434.16	\$780.94	34.91%	\$1,318,383.20	\$593,775.00	\$1,342,373.76	\$720,683.84
HSA \$3500	HSA \$3500										
11	11	EE \$594.57			\$594.57	\$88.08	10.00%	\$0.00	\$0.00	\$78,483.24	\$8,719.92
2	2	ES \$935.78			\$935.78	\$341.22	26.72%	\$0.00	\$0.00	\$22,458.72	\$8,189.28
1	1	EC \$910.02			\$910.02	\$315.45	25.74%	\$0.00	\$0.00	\$10,820.24	\$3,785.40
9	9	Family \$1,245.29			\$1,245.29	\$860.72	34.32%	\$0.00	\$0.00	\$134,481.32	\$70,277.78
Total Employees	282										
		Premium Only	\$3,260,241.16	\$1,055,516.56	\$3,191,807.48	\$1,188,918.32					
		ER%/EE%	75.49%	24.61%	73.19%	26.81%					
		Grand Total	\$4,306,756.72		\$4,380,626.80		1.27%		Change in Total Cost		

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60.20
Annual Contribution	\$723.30
Annual Salary at 9.86% of contribution	\$7,338

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

Contribution Exhibit

Kendall County

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2018 Rates			
	EE	EE + SP	EE + C	Family
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55

	1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family	
HMO 500	\$602.83	\$1,165.27	\$1,118.26	\$1,730.12	90.1%
H.S.A.	\$738.03	\$1,484.51	\$1,424.60	\$2,204.10	81.5%
HSA \$2800	\$683.86	\$1,340.85	\$1,286.75	\$1,990.81	

Months **12**

Current HMO 500 Participation	Renewal HMO 500 Participation	1/1/2018 Rates			1/1/2019 Rates		
		ER	EE	% of Total	ER	EE	% of Total
35	35	EE \$664.47	\$73.82	10.00%	\$642.55	\$60.28	10.00%
4	4	ES \$1,208.96	\$544.51	31.05%	\$853.91	\$311.36	26.72%
4	4	EC \$1,208.96	\$544.51	31.05%	\$830.40	\$287.85	25.74%
14	14	Family \$1,208.96	\$544.51	31.05%	\$1,138.33	\$593.79	34.32%
H.S.A.		EE					
111	100	ER \$694.06	\$77.11	10.00%	\$684.23	\$73.80	10.00%
17	15	ES \$1,262.80	\$588.75	31.05%	\$1,074.37	\$410.14	27.63%
10	9	EC \$1,262.80	\$588.75	31.05%	\$1,044.41	\$380.19	26.59%
87	78	Family \$1,262.80	\$588.75	31.05%	\$1,434.16	\$789.94	34.93%
HSA \$2800		EE					
	11	ER	EE	% of Total	ER	EE	% of Total
	2	EE			\$624.29	\$69.37	10.00%
	1	ES			\$982.67	\$358.28	26.72%
	9	EC			\$965.52	\$331.23	25.74%
		Family			\$1,307.55	\$683.26	34.32%
Total Employees	282						

Total 1/1/2018 Contributions		Total 1/1/2019 Contributions	
ER	EE	ER	EE
\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60
\$58,030.08	\$28,136.48	\$40,987.88	\$14,945.28
\$58,030.08	\$28,136.48	\$39,859.20	\$13,816.80
\$203,105.28	\$91,477.88	\$100,903.44	\$99,758.72
H.S.A.		H.S.A.	
\$924,487.92	\$102,710.52	\$797,076.00	\$89,500.00
\$267,611.20	\$116,025.00	\$193,388.60	\$73,825.20
\$161,538.00	\$68,250.00	\$112,798.28	\$41,000.52
\$1,318,383.20	\$593,775.00	\$1,342,373.76	\$720,663.84
HSA \$2800		HSA \$2800	
\$0.00	\$0.00	\$82,408.28	\$9,158.84
\$0.00	\$0.00	\$23,581.88	\$5,598.72
\$0.00	\$0.00	\$11,468.24	\$3,974.76
\$0.00	\$0.00	\$141,215.40	\$73,792.08

Premium Only	\$3,250,241.16	\$1,055,515.68	\$3,203,923.56	\$1,173,468.36
ER%/EE%	75.49%	24.51%	73.19%	26.81%
Grand Total	\$4,305,758.72		\$4,377,391.92	

1.66%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60.28
Annual Contribution	\$723.36
Annual Salary at 9.86% of contribution	\$7,336

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

The Horton Group's

Marketing Spreadsheet - Ancillary Coverage (Dental, Life, Vol Life and Vision)

Prepared for: Kendall County

Renewal January 2019

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

Phone: 708-845-3126 / Cell: 708-650-1557

Insurance | Risk Advisors | Employee Benefits

HORTON

Kendall County
January 1, 2019

The following Dental markets were approached:

<u>Carrier</u>	<u>Status</u>
BCBS Dental	Quoted
Delta Dental	Quoted
Guardian	Quoted
MetLife	Quoted
Principal	Declined
The Standard	Quoted
UHC	Incumbent

The following Life and Disability markets were approached:

<u>Carrier</u>	<u>Status</u>
Dearborn	Quoted
Guardian	Declined
MetLife	Quoted
Principal	Declined
The Standard	Quoted
UHC	Incumbent

10320 Orland Parkway / Orland Park, IL 60467 / 708-845-3000 / 708-845-3001 Fax



**Kendall County
 Combo Page: Dental and Life
 January 1, 2019**

Presented by: Mike Wolcik

	Dental Monthly Premium	Life & AD&D Monthly Premium	Total Monthly Cost	Total Annual Cost	% Change from Current	% Change from Renewal
Current (UHC)	\$27,341.84	\$528.96	\$27,870.80	\$334,449.54		
Renewal (UHC)	\$27,341.84	\$528.96	\$27,870.80	\$334,449.54	0.00%	
Option 1 - BCBS / Dearborn	\$28,708.98	\$497.84	\$29,206.82	\$350,481.84	4.79%	4.79%
Option 2 - MetLife	\$24,359.94	\$451.17	\$24,811.11	\$297,733.29	-10.98%	-10.98%
Option 3 - Standard	\$27,336.32	\$373.38	\$27,709.70	\$332,516.40	-0.58%	-0.58%

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**Kendall County
Dental Review
January 1, 2019**

Taken from Renewal

PPO	EE 162	FAM 164	Total 346
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Presented by: Mike Wojcik

**Includes 10%
commission**

**Includes 10%
commission**

Net of Commission

Net of Commission

Net of Commission

Net of Commission

Net of Commission

Net of Commission

Carriers:	CURRENT UHC	RENEWAL UHC	RENEWAL UHC	OPTION BCBS	OPTION DELTA	OPTION GUARDIAN	OPTION METLIFE	OPTION STANDARD
Type of Plan	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Participation								
In Network Benefits								
Individual Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$50
Family Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150
Preventative Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Major Co-insurance	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Co-insurance	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Surgical Periodontics Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750
Out of Network Benefits								
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Major Co-insurance	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Co-insurance	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Surgical Periodontics Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750
	UCR 90th	UCR 90th	UCR 90th	90th R&C	UCR 90th	UCR 90th	90th R&C	90th U&C
Dental Premium								
Employee	\$41.78	\$46.07	\$41.78	\$43.85	\$42.28	\$41.76	\$37.21	\$41.76
Family	\$111.83	\$123.38	\$111.83	\$117.42	\$123.11	\$111.83	\$99.83	\$111.80
Total Monthly Premium	\$27,341.84	\$30,188.25	\$27,341.84	\$28,708.98	\$29,496.38	\$27,341.84	\$24,358.94	\$27,338.32
Total Dental Annual Premium	\$328,102.08	\$361,895.02	\$328,102.08	\$344,507.76	\$353,980.32	\$328,102.08	\$292,319.28	\$328,035.84
Percent Change		10.33%	0.00%	5.00%	7.89%	0.00%	-10.91%	-0.02%
Rate Guarantee		Until 12/31/19	Until 12/31/19	Until 12/31/19	Until 12/31/19	Until 12/31/19	Until 12/31/20	Until 12/31/19

3rd Yr Cap - 8%

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Insurance / Risk Advisory / Employee Benefits



**Kendall County
Basic Life Review
January 1, 2019**



Presented by: Michael Wojcik

	Includes 10% commission	Includes 10% commission **	Includes 10% commission **	Net of Commission	Net of Commission	Net of Commission
Carriers	CURRENT UHC	RENEWAL UHC	RENEWAL - OPTION UHC	OPTION DEARBORN	OPTION METLIFE	OPTION STANDARD
Benefit Amount	\$10,000	\$10,000	\$25,000	\$10,000	\$10,000	\$10,000
% Benefit Amt Reduces to at Age 65	65%	65%	65%	65%	65%	65%
% Benefit Amt Reduces to at Age 70	40%	40%	40%	40%	40%	40%
% Benefit Amt Reduces to at Age 75	25%	25%	25%	25%	25%	25%
% Benefit Amt Reduces to at Age 80	NA	NA	NA	NA	NA	NA
Travel Assistance	Included	Included	Included	Included	Included	Included
Line of Duty Benefit	N/A	N/A	N/A	N/A	N/A	Included
Life Premium						
Employee Life per \$1000	\$0.150	\$0.150	\$0.150	\$0.140	\$0.117	\$0.100
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.020	\$0.020	\$0.028	\$0.020
Total for Life & AD&D	\$0.170	\$0.170	\$0.170	\$0.160	\$0.145	\$0.120
Life Volume	\$3,111,500	\$3,111,500	\$8,310,000	\$3,111,500	\$3,111,500	\$3,111,500
Life Monthly Premium	\$528.96	\$528.96	\$1,412.70	\$497.84	\$451.17	\$373.38
Life Annual Premium	\$6,347.46	\$6,347.46	\$16,952.40	\$5,974.08	\$5,414.01	\$4,480.56
Percentage Change		0.00%	167.07%	-5.88%	-14.71%	-29.41%
Rate Guarantee		Until 12/31/19	Until 12/31/20	Until 12/31/20	Until 12/31/20	Until 12/31/21

** UHC revised rates with commissions removed are pending

**Kendall County
Voluntary Life Review
January 1, 2019**

Benefits Presented by Michael Wojcik

Includes 10% commission

Carriers	CURRENT UHC	RENEWAL* UHC	Net of Commission OPTION DEARBORN	Net of Commission OPTION METLIFE	Net of Commission OPTION STANDARD
Minimum Participation	20%	20%	20%	20%	20%
Employee Benefit Amount	Increments of \$10K up to \$300K or 5 x Annual Earnings	Increments of \$10K up to \$300K or 5 x Annual Earnings	Increments of \$10K up to \$300K or 5 x Annual Earnings	Increments of \$10K up to \$300K or 5 x Annual Earnings	TBD - Up to \$300K
Benefit Reduction Schedule					
% Benefit Reduces to at Age 65	65%	65%	65%	65%	65%
% Benefit Reduces to at Age 70	40%	40%	40%	40%	40%
% Benefit Reduces to at Age 75	25%	25%	25%	25%	25%
% Benefit Reduces to at Age 80	n/a	n/a	n/a	n/a	n/a
Dependent Life					
Spouse Benefit	Increments of \$5K up to \$150K, not to exceed 50% of EE amount	Increments of \$5K up to \$150K, not to exceed 50% of EE amount	Increments of \$5K up to \$150K, not to exceed 60% of EE amount	Increments of \$5K up to \$150K, not to exceed 60% of EE amount	Increments of \$5K up to \$150K, not to exceed 60% of EE amount
Child (ren) Benefit	14 Days - 6 Mo: \$250 6 Mo and above: \$10K	14 Days - 6 Mo: \$250 6 Mo and above: \$10K	14 Days - 6 Mo: \$250 6 Mo - 19 Years (28 if student): Increments of \$2K up to \$10K	15 Days - 6 Mo: \$250 6 Mo - 25 Years: Choice of \$1K, \$2K, \$4K, \$5K, or \$10K	Birth - 25 Years: Increments of \$2K up to \$10K
Guarantee Issue					
Employee	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
Spouse	\$30,000	\$30,000	\$20	\$30,000	\$30,000
Life Premium					
	<u>EE & SP Rates/\$1k/Mo</u>	<u>EE & SP Rates/\$1k/Mo</u>	<u>EE & SP Rates/\$1k/Mo</u>	<u>EE & SP Rates/\$1k/Mo</u>	<u>EE & SP Rates/\$1k/Mo</u>
Under age 25	\$0.068	\$0.068	\$0.068	\$0.068	\$0.068
25-29	\$0.068	\$0.068	\$0.068	\$0.068	\$0.068
30-34	\$0.088	\$0.088	\$0.088	\$0.088	\$0.088
35-39	\$0.098	\$0.098	\$0.098	\$0.098	\$0.098
40-44	\$0.136	\$0.124	\$0.136	\$0.136	\$0.136
45-49	\$0.214	\$0.195	\$0.214	\$0.214	\$0.214
50-54	\$0.338	\$0.308	\$0.338	\$0.338	\$0.338
55-59	\$0.528	\$0.480	\$0.528	\$0.528	\$0.528
60-64	\$0.789	\$0.701	\$0.789	\$0.789	\$0.789
65-69	\$1.407	\$1.283	\$1.407	\$1.407	\$1.407
70-74	\$2.289	\$2.069	\$2.289	\$2.289	\$2.289
75 and Above	\$2.289	\$2.069	\$2.289	\$2.289	\$2.289
	<u>EE & SP AD&D Rates/\$10k/Mo</u>	<u>EE & SP AD&D Rates/\$10k/Mo</u>	<u>EE & SP AD&D Rates/\$10k/Mo</u>	<u>EE & SP AD&D Rates/\$10k/Mo</u>	<u>EE & SP AD&D Rates/\$10k/Mo</u>
AD&D/\$1k unless noted	\$0.030	\$0.025	\$0.030	\$0.029	\$0.030
Child	\$0.090	\$0.075	\$0.135	\$0.240	\$0.090
Rate Guarantee		Until 12/31/19	Until 12/31/20	Until 12/31/20	Until 12/31/21

* UHC renewal believed to be net of commission. Confirmation pending

10320 Orland Parkway / Orland Park, IL 60467 / 708-845-3000 / 708-845-3001 Fax



Kendall County
Vision Review
January 1, 2019



<u>EE</u> 91	<u>ES</u> 36	<u>EG</u> 20	<u>Family</u> 66	<u>Total</u> 213
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Presented by: Michael Wojcik

<u>Carriers:</u>		<u>CURRENT</u> <u>EyeMed</u>
Copayment Exam		\$10
Copayment Materials		\$25
Examination Frequency (months)		12
Lenses Frequency (months)		12
Frame Frequency (months)		24
<u>In Network Benefits</u>		
Examination		Covered in Full
Basic Lenses		Covered in Full
	Single	Covered in Full
	Bifocal	Covered in Full
	Trifocal	Covered in Full
Frame		up to \$130 allowance, 20% off balance
Elective Contact Lenses		up to \$130 allowance
Necessary Contact Lenses		Covered in Full
<u>Lens Options</u>		
	Tint (Solid & Gradient)	15%
	Scratch Resistant Coating	\$15
	Polycarbonate Lenses	\$0 for Children, \$40 for adults
	Photochromic Lenses	\$75
	Standard Progressive Lenses	\$90
	UV protected lenses	\$15
	Anti-reflective Coating	\$45-68
	Other Options	20% off Retail
<u>Out of Network Benefits</u>		
Examination		Allowance
Basic Lenses		\$30
	Single	\$25
	Bifocal	\$40
	Trifocal	\$60
Frame		\$65
Elective Contact Lenses		\$104
Necessary Contact Lenses		\$210
<u>Vision Premium</u>		Pending

*Copay plus any additional add-ons for that service