



**COUNTY OF KENDALL, ILLINOIS
ADMIN HR COMMITTEE
HISTORIC COURTHOUSE, 3rd floor Court Room
109 W. Ridge Street, Yorkville
Thursday, October 18, 2018 at 6:30p.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 October 4, 2018**
- 5. Update on Employee Healthcare Benefit Options - The Horton Group**
- 6. Department Head and Elected Official Reports**
- 7. Public Comment**
- 8. Committee Business**
 - *Approval of revised Deputy County Administrator Job Description*
 - *Approval of Risk Management/FMLA Compliance Coordinator Job Description*
 - *Discussion and Review of Resolution Establishing Hiring Freeze*
- 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 MEETING
Thursday, October 4, 2018

CALL TO ORDER - Committee Chair Lynn Cullick called the meeting to order at 7:06p.m.

ROLL CALL

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

Others in Attendance: Jill Ferko, Bob Jones, Matt Kinsey, Scott Koeppel

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 by a 4-0 vote.

APPROVAL OF MINUTES – Motion made by Member Gilmour , second by Member Prochaska to approve the September 10, 2018 minutes. With four members voting aye, the minutes were approved by a 4-0 vote.

DEPARTMENT HEAD AND ELECTED OFFICIAL REPORTS

Treasurer's Office – Bob Jones reported that his office received a reimbursement check in an amount of approximately \$34,000 for UHC loss ratio non-compliance. There was consensus by the committee to have the Treasurer's Office continue working with The Horton Group to apply the reimbursement to Employee Premiums for FY2019 as applicable. Mr. Jones will keep the committee updated on the progress.

PUBLIC COMMENT - None

COMMITTEE BUSINESS

- **Discussion and Approval of RFB results for Sheriff SAN Replacement** – Technology Services Director Matt Kinsey informed the committee of the five bids received, and the quotes from each bidder. After discussion, Member Purcell made a motion to forward to the County Board, Approval of Technology Services Purchase of SAN Replacement for the Kendall County Sheriff's Office from CTC Company in an amount not to exceed \$26,127.01, second by Member Gilmour. With four members present voting aye, the motion carried by a vote of 4-0.
- **Discussion of Updating the Scope of Support in the KenCom IGA for Technology Support** – Mr. Kinsey informed the committee that KenCom has expressed interest in

increasing the amount of technology support provided to KenCom by Kendall County Technology Services. The new scope of support would include continuity of current technology services provided, as well as technology personnel managing and becoming certified on KenCom's new Viper VoIP phone system, of which Kendall County does not currently manage or provide support. KenCom would fund any training for certification for the additional phone system support.

Mr. Kinsey stated that he recommends negotiating and further amending the current Intergovernmental Agreement (IGA) for Administrative and Treasury Services (2016) as follows:

1. An additional project stipend for projects that exceed an established threshold in Technology Services staff hours
2. An increase in the annual amount transferred by KenCom to the County General Fund
3. Terminology in the IGA clarifying that all training costs related to the phone system will be paid by KenCom

Mr. Kinsey also recommends adding a paid internship program to the Technology Services budget to cover the additional hours devoted to further supporting KenCom.

There was consensus by the committee that Mr. Kinsey should pursue formal discussions with KenCom clarifying specifics regarding the additional service requested, expectations, funding for the additional services, the new scope of work involved, anticipated amount of additional time, and funding for all training involved in the additional support, and report back to the committee at a future meeting.

- *Discussion of Website Upgrade and Agenda Software* – Mr. Kinsey informed the committee about a potential new webpage developer and agenda software package available through Granicus. Mr. Kinsey explained the webpage, agenda and meeting software to the committee. A demonstration of the Vision software has been planned for Thursday, October 11 and staff from Technology Services, Administrative Services, the Sheriff's Office and the County Clerk's Office will attend.

Discussion on the need for such software, costs, monthly maintenance and support, application and the intended users, and further steps. Mr. Kinsey will continue to update the committee after the demonstration and additional information obtained.

- *Discussion of Treasurer's Stipends for Employee Benefits Administration* – Discussion on the division of the former Human Resources Coordinator employee benefits responsibilities absorbed by the Treasurer's Office including healthcare, vision, and dental, As well as the other Human Resources Coordinator responsibilities absorbed by the Administrative Services Department, which include Property, Casualty and Liability insurance, property inventory, Boards and Commissions, Notaries and Bonds, Worker's Compensation, Gradience, Employee Appreciation, Employee Recognition & Awards, Risk Management, OSHA Compliance, Background and Motor Vehicle Record Checks, Employee Handbook updates, Employment Postings and Advertisings, and Personnel

Records Compliance. The responsibilities distributed to the Administrative Services personnel were written into their job descriptions, and partially attributed to the salary increases in 2018. The Administrative Services Department did not request additional stipends for 2018 or 2019.

Discussion also focused on stipends given to both the Treasurer's Office and Administrative Services in June 2017 for reorganization following the division of the HR Coordinator responsibilities, and the request for continued stipends for the Treasurer's Office in 2018 and 2019. Ms. Ferko stated no "drop-off" of the workload since June 2017, as the reason for her request for continuing her staff stipends. Bob Jones reported that he has taken the majority of the workload for employee benefits, and is now devoting approximately 70 percent of his time on this work.

- *Discussion on Reorganization of Administrative Services Department* – Mr. Koeppel explained that with the loss of the Economic Development Coordinator, he would like to reorganize the department, and hire a replacement with different responsibilities. Mr. Koeppel felt that the EDC Coordinator position was not as crucial to the function of the department as someone that might assume the Risk Management, Workers Compensation and Compliance responsibilities, as well as serve as a back-up for FOIA requests, front office, meeting recording, meeting minutes, agendas, and voucher input. The position job description and more specifics are to be presented to the committee by Mr. Koeppel at the October 18, 2018 Admin HR Meeting.

EXECUTIVE SESSION – Not needed

ITEMS FOR COMMITTEE OF THE WHOLE – None

ACTION ITEMS FOR COUNTY BOARD

Approval of RFB results for Sheriff SAN Replacement

ADJOURNMENT – Member Prochaska made a motion to adjourn the meeting, second by Member Gilmour. With four members voting aye, the meeting was adjourned at 9:09p.m.

Respectfully Submitted,

Valarie McClain
Administrative Assistant and Recording Secretary

MONTHLY ADMINISTRATION / HR SUMMARY REPORT

September 30, 2018

W.C. Claims Expense (12/1/17 - 11/30/18)				
	2015-16 Policy	2016-17 Policy	2017-18 Policy	Total Claims
December	\$ 1,988	\$ 34,437		\$ 36,422
January	4,264	16,500		20,764
February	2,972	40,308	135	43,415
March	6,250	9,454	97	15,800
April	39,333	11,905	3,879	54,918
May	4,953	6,298	137	11,388
June	1,090	33,248	2,166	36,504
July	355	112,033	1,179	113,567
August	543	60,747	1,804	62,893
September	215	21,816	2,775	24,806
October				-
November				-
Total Claims Expense	\$ 61,961	\$ 346,745	\$ 11,771	\$ 420,477

PEDA Payments (Included in Total Claims Expense)

PEDA Reimbursements YTD \$ 105,244

W.C. Annual Premium

W.C. Premium \$ 131,080 \$ 139,096 \$ 171,411

Self Insured Retention (SIR)

Self Insured Amount \$ 250,000 \$ 250,000 \$ 250,000

No. of claims >\$250k	0	0	0
No. of claims >\$100k & <\$250k	0	1	0
No. of claims <\$100k	40	45	15
Total claims paid	40	46	15

W.C. Claims

	2015-16 Policy	2016-17 Policy	2017-18 Policy
W.C. Claims paid prior year	\$ 246,138	\$ 181,352	\$ -
W.C. Claims paid current year	61,961	346,745	11,771
Total claims paid	\$ 308,099	\$ 528,097	\$ 11,771

Workers' Comp. Claims	Policy Year			
	2015-16	2016-17	2017-18	
	Prior Year Total	Prior Year Total	DEC - AUG	SEP
Administration	1			
Animal Control	6	1	3	
Circuit Clerk	1	1	1	
Coroner				
County Clerk	1	2		
Facilities				
Forest Preserve	3	2		
Health Dept.	3	2	1	
Highway	1	2	1	
Judiciary				
PBZ				
Probation	1			
Public Defender				
Sheriff - Corrections	5	18	1	
Sheriff - Patrol	16	16	6	2
State's Attorney	2	2		
Technology				
VAC				
Totals	40	46	13	2

MONTHLY ADMINISTRATION / HR SUMMARY REPORT
September 30, 2018

Property Claims (12/1/17 - 11/30/18)			Policy Year		Total Claims
Department	Description	Insurance	2016-17	2017-18	
Sheriff	2012 Chevy Impala		1,150		1,150
Sheriff	2013 Chevy Impala		3,211		3,211
Sheriff	2014 Ford Transit	subrogation	-		-
Sheriff	2016 Chevy Tahoe	subrogation	-		-
Sheriff	2015 Ford Explorer	subrogation	-		-
					-
		Total	\$ 4,361	\$ -	\$ 4,361

**Illinois Counties Risk Management Trust
Claims Analysis
10/1/2018**

Workers Compensation

FY18 - Current Year's Total Claims

	Incident Date	Department/Office	Status	Paid	Missed > 3 Days Work	Returned to Work
1	12/12/2017	Corrections	open	1,883	Y	Y
2	1/14/2018	Animal Control	closed	126	N	terminated
3	1/18/2018	Sheriff	closed	3,493	N	Y
4	1/23/2018	Sheriff	closed	-	N	Y
5	4/7/2018	Animal Control	closed	302	N	terminated
6	4/27/2018	Health Dept.	closed	-	N	Y
7	5/2/2018	Sheriff	open	2,800	N	Y
8	5/9/2018	Animal Control	closed	475	N	Y
9	5/15/2018	Circuit Clerk	open	-	N	Y
10	6/26/2018	Highway Dept.	closed	735	N	Y
11	7/4/2018	Sheriff	closed	-	N	Y
12	7/13/2018	Sheriff	closed	-	N	Y
13	8/3/2018	Sheriff	open	1,957	N	Y
14	9/6/2018	Sheriff	open	-	N	Y
15	9/11/2018	Sheriff	closed	-	N	Y

Total FY18 Claims Paid To Date \$ 11,771

Workers Compensation

Prior Years' Active Claims

	Incident Date	Department/Office	Status	Paid	Missed > 3 Days Work	Returned to Work
2011-12 Policy						
1	6/30/2012	Forest Preserve	re-opened	182,451	Y	Terminated
				182,451		
2013-14 Policy						
2	5/10/2014	Sheriff	closed 5/1/18	232,645	Y	Y
				232,645		
2015-16 Policy						
3	11/15/2016	Sheriff	closed 09/1/18	60,380	N	Y
4	4/12/2016	Sheriff	open	91,396	Y	Y
5	9/13/2016	Sheriff	open	98,230	Y	Y
				250,005		
2016-17 Policy						
6	1/1/2017	Corrections	closed 6/1/18	64,817	Y	Y
7	2/28/2017	Corrections	open	27,291	Y	Y
8	10/26/2017	Corrections	open	144,827	Y	Y
9	4/6/2017	Corrections	closed 10/1/18	1,331	Y	Y
10	11/28/2017	Corrections	closed 7/1/18	3,270	Y	Y
11	9/26/2017	Corrections	closed 4/1/18	242	N	Y
12	4/3/2017	Health Dept.	closed 9/1/18	31,927	N	Y
13	4/19/2017	Sheriff	open	85,989	Y	Y
14	11/21/2017	Sheriff	open	91,951	Y	Y
15	4/18/2017	Sheriff	closed 5/1/18	6,587	N	Y
16	9/8/2017	Sheriff	closed 4/1/18	107	N	Y
				458,339		

Total Prior Year's Active Claims \$ 1,123,441

**Illinois Counties Risk Management Trust
Claims Analysis
10/1/2018**

Property & Casualty

FY18 - Auto PC

Incident Date	Department/Office	Status	Paid	Coverage Type
1				Auto PD - Collision

Total FY18 Auto Claims \$ -

Prior Years' - Auto PC

Incident Date	Department/Office	Status	Paid	Coverage Type	
2016-17 Policy					
1	12/4/2016	Sheriff	closed	1,150	Auto PD - Collision
2	12/16/2016	Sheriff	closed	3,211	Auto PD - Collision
3	9/21/2017	Sheriff	closed		Auto PD - Collision
4	8/2/2017	Sheriff	closed		Auto PD - Comprehensive
5	8/3/2017	Sheriff	closed	-	Auto PD - Comprehensive

Total Prior Year's Auto Claims \$ 4,361

FY18 - General Liability

Incident Date	Department/Office	Status	Paid	Coverage Type
1				

Total FY18 General Liability Claims \$ -

Prior Years' - General Liability

Incident Date	Department/Office	Status	Paid	Coverage Type	
2013-14 Policy					
1	5/15/2014	Sheriff	open	\$ 535,463	Errors & Omissions
2	6/7/2014	Sheriff	open	14,277	Law Enforcement Liability
				549,740	
2014-15 Policy					
3	1/6/2015	Circuit Clerk	closed 9/1/18	13,163	Errors & Omissions
4	9/28/2015	Circuit Clerk	open	10	Errors & Omissions
5	9/12/2015	Highway	closed 4/1/18	21,942	General Liability
				35,115	
2015-16 Policy					
6	8/9/2016	Sheriff	open	-	Law Enforcement Liability
7	11/4/2016	Sheriff	open	6,443	Law Enforcement Liability
				6,443	
2016-17 Policy					
8	2/24/2017	Administration	closed	10	General Liability
9	3/7/2017	Courthouse	closed	-	General Liability
10	9/19/2017	Courthouse	closed	-	General Liability
11	11/21/2017	Courthouse	closed	-	General Liability
12	11/27/2017	Courthouse	closed	-	General Liability
13	9/23/2014	Various	open	8,560	General Liability
14	5/28/2017	County Office Bldg	open	-	General Liability
15	9/20/2017	Highway	closed	-	General Liability
16	11/28/2017	Forst Preserve	closed	-	General Liability
				8,569	

Total Prior Year's General Liability Claims \$ 599,867

County of Kendall, Illinois
Resolution 18 – _____

RESOLUTION ESTABLISHING HIRING FREEZE POLICY

WHEREAS, the current financial status of Kendall County (hereinafter “the County”) coupled with the uncertainty of funding from the State of Illinois indicates that the County may be unable to sustain current levels of staffing within the available resources of the County; and

WHEREAS, the Kendall County Board (hereinafter “Board) prefers to make reductions in staffing without the necessity of terminating the employment of existing employees; and

WHEREAS, the Board desires to cooperate with the Department Heads and Elected Officials to maintain staffing levels which allow for services to provide for the safety and welfare of Kendall County residents; and

WHEREAS, the Board understands that its budgetary authority is limited to the appropriation of aggregate or lump-sum dollar amounts for the budgets of elected officials and the Board has no power to restrict these elected officials in the use of the budgeted amounts so long as the expenditure is within the amount of the appropriation for the fiscal year, but the Board desires to cooperate with these elected officials to plan for future appropriations;

NOW, THEREFORE, BE IT RESOLVED BY THE KENDALL COUNTY BOARD, it shall be the policy that the following procedure shall be followed upon the vacation of any current full or part-time employment position:

1. The position shall remain open and unfilled for three (3) months from the date of the vacating employee’s last day worked. The Department Head/Elected Official shall maintain the duties of the vacant position as best as reasonably possible with remaining staff.
2. After the three (3) month time period referenced above has elapsed or at any time during that three (3) month period, if the Department Head/Elected Official believes the vacant position is critical to the operations of the department/office, the Department Head/Elected Official may submit to the Finance Committee a request to fill the vacant position. The Finance Committee shall take into consideration the following:
 - a. Whether the work performed by the vacant position is essential to Kendall County;
 - b. Whether the Department Head/Elected Official has examined possible alternatives to filling the position;
 - c. Whether the elimination of the vacant position is necessary considering a projection of future revenue and possible future reductions of budget allocations for the department in question;
 - d. Any other information relevant to the decision.
3. The Finance Committee shall determine, by a simple majority vote whether the position shall be filled.
4. The County Treasurer’s Office will provide a monthly report to the Finance Committee

that includes all personnel changes (i.e. new hires, salary changes, terminations, stipends, etc).

5. This policy shall not grant any member of the Board a role in determining the successful candidate for any vacant position.
6. This policy shall not prohibit the replacement of employees with credentials which are deemed necessary by statute, regulation or ordinance to conduct the business of the department in question or any position which is required by statute or regulation.
7. This policy shall not infringe upon the authority of any other board given hiring and/or budgetary authority over employees of Kendall County, by statute, regulation or ordinance, including, but not limited to, the Board of Health.

PRESENTED and APPROVED this _____ day of August, 2018.

Attest:

Scott R. Gryder, County Board Chair

Debbie Gillette, County Clerk & Recorder

The Horton Group's

Marketing Spreadsheet

Prepared for: Kendall County

Renewal January 2019

Presented By:

Michael E. Wojcik

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

Integrity • 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 2019 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	202
%	52%	7%	5%	36%	100%

Presented by: Michael Wolcott	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	
Carriers:								
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
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 <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
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 <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
Medical Premium								
Employee	\$738.29	\$771.17	\$814.73	\$855.47	\$870.44	\$909.21	\$853.15	\$891.14
Employee + Spouse	\$1,753.47	\$1,831.55	\$2,172.52	\$2,269.27	\$2,067.34	\$2,159.40	\$2,026.27	\$2,116.48
Employee +Children	\$1,753.47	\$1,831.55	\$2,172.52	\$2,269.27	\$2,067.34	\$2,159.40	\$2,026.27	\$2,116.48
Family	\$1,753.47	\$1,831.55	\$2,172.52	\$2,269.27	\$2,067.34	\$2,159.40	\$2,026.27	\$2,116.48
Total Medical Monthly Premium	\$64,416.48	\$294,396.57	\$78,810.98	\$364,763.95	\$75,946.88	\$347,093.91	\$74,438.19	\$340,196.26
Total Annual Premium	\$4,305,758.72		\$5,334,779.28		\$6,076,489.48		\$4,975,801.40	
Annual Cost Increase			\$1,029,022.58		\$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.

Kendall County
Medical Review
January 1, 2019



	EE	ES	EC	Family	Total
HMO	35	4	0	14	53
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		OPTION 1 HCB&F	
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 <i>OPX includes ded unless noted</i>	\$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
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$300	\$300 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	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$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
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 <i>OPX includes ded unless noted</i>		\$3,000		\$3,000		\$3,000
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$6,000		\$6,000		\$6,000
Emergency Co-pay		100% After Ded		100% After Ded		\$300 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	\$767.98
Employee + Spouse	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,507.03	\$1,919.92
Employee +Children	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,507.03	\$1,919.92
Family	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,507.03	\$1,919.92
Total Medical Monthly Premium	\$84,416.49	\$294,396.57	\$74,438.19	\$340,185.26	\$54,253.71	\$304,116.66
Total Annual Premium	\$4,305,756.72		\$4,875,801.40		\$4,300,444.44	
Annual Cost Increase			\$869,844.68		-\$5,312.28	
Percent Change			15.6%		-0.1%	
Transition Credit					(\$200,000.00)	
Total Annual Cost					\$4,100,444.44	
Annual Cost Increase					(\$200,312.28)	
Percent Change					-4.9%	
1st Year Annual Savings Compared to UHC Renewal					\$875,156.98	
Special Exemptions					\$283,688.00	

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



Kendall County
Medical Review
January 1, 2019

	EE	E3	EC	Family	Total
HMO	36	4	4	14	57
H.S.A	100	10	9	78	202
HSA \$2800	11	2	1	0	23
Total	148	21	14	101	287
%	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 WITH ADDITIONAL PLAN UHC			OPTION 1 BCBS		
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			Embedded					
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
OPX includes ded unless noted								
Family Out of Pocket	\$4,000	\$6,000	\$4,000	\$6,000	\$7,800	\$4,000	\$6,000	\$6,600
OPX includes ded unless noted								
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$150 After Ded	\$300	\$300 After Ded	\$300 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	\$10/40/60 After Ded	\$10/40/60 After Ded
Mail Order Rx Co-pay	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x 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	\$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
OPX includes ded unless noted								
Family Out of Pocket		\$6,000		\$6,000	\$20,000		\$6,000	\$13,200
OPX includes ded unless noted								
Emergency Co-pay		100% After Ded		100% After Ded	\$150 After Ded		\$300 After Ded	\$300 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	\$693.66
Employee + Spouse	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,898.29	\$1,507.03	\$1,919.92	\$1,734.16
Employee +Children	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,898.29	\$1,507.03	\$1,919.92	\$1,734.16
Family	\$1,753.47	\$1,831.55	\$2,028.27	\$2,116.48	\$1,898.29	\$1,507.03	\$1,919.92	\$1,734.16
Total Medical Monthly Premium	\$84,416.49	\$294,386.57	\$74,438.19	\$304,894.96	\$31,538.21	\$54,253.71	\$272,629.94	\$28,440.18
Total Annual Premium	\$4,306,786.72		\$4,831,656.32			\$4,263,684.76		
Annual Cost Increase			\$825,899.00			(\$41,671.98)		
Percent Change			14.5%			-1.0%		
Transition Credit						(\$200,000.00)		
Total Annual Cost						\$4,063,684.76		
Annual Cost Increase						(\$241,671.98)		
Percent Change						-5.6%		
1st Year Annual Savings Compared to UHC Renewal						\$887,771.58		
Special Exemptions						\$283,688.00		

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan.
Exhibit assumes 10% migration from current HSA plan to HSA \$2800 plan.

Key Indicators

Contribution Modeling

Prepared for: Kendall County

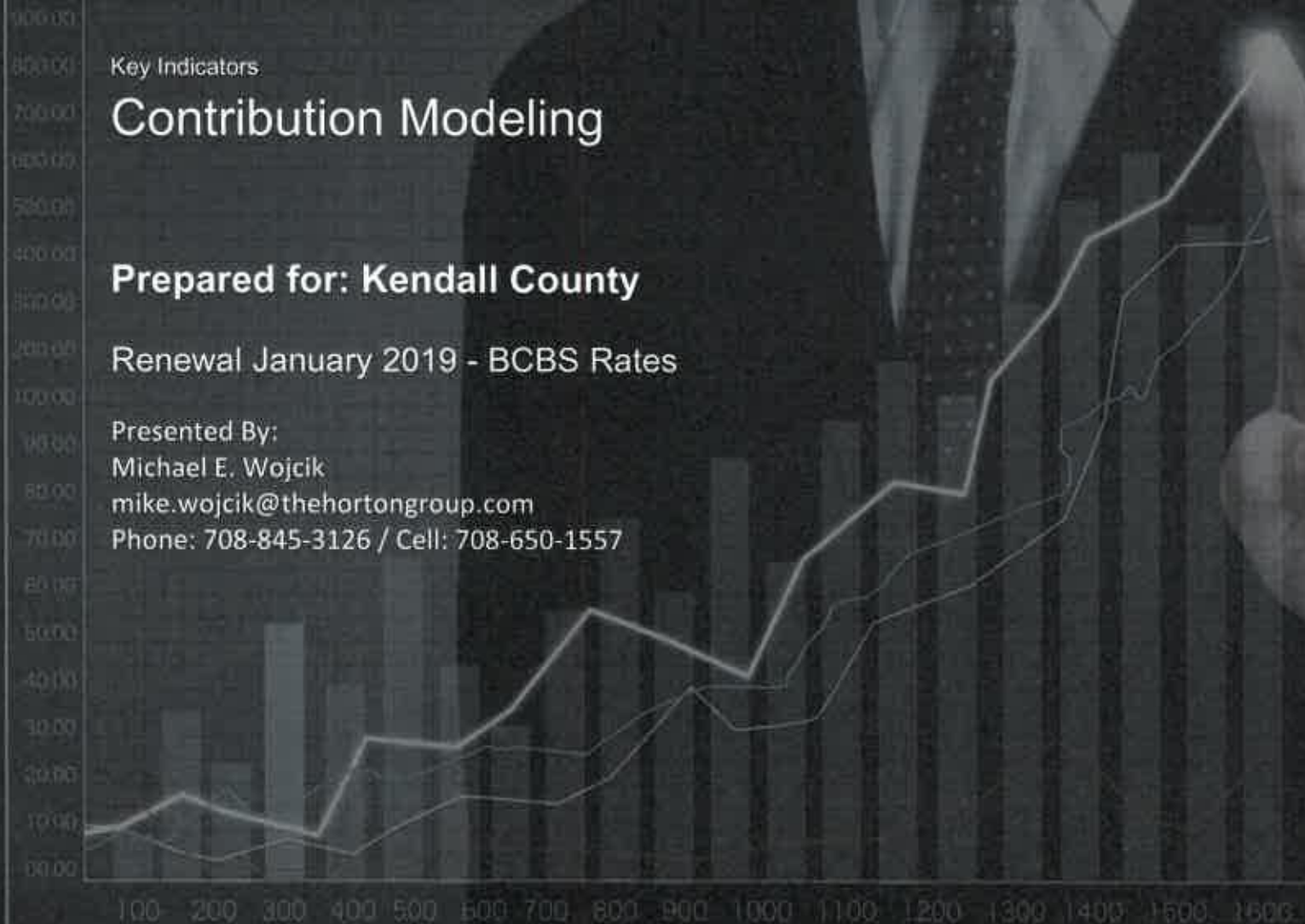
Renewal January 2019 - BCBS Rates

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

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



Insurance Risk Advisory Employee Benefits
HORTON

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.	\$271.17	\$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	\$602.83	\$1,507.03	\$1,507.03	\$1,507.03	90.1%
H.S.A.	\$267.98	\$1,919.92	\$1,919.92	\$1,919.92	81.5%

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	EE % of Total	ER	EE	EE % of Total	ER	EE	ER	EE
35	35	EE \$684.47	EE \$73.82	10.00%	ER \$542.65	EE \$80.28	10.00%	\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60
4	4	ES \$1,208.98	ES \$544.61	31.05%	ER \$1,024.79	EE \$482.24	32.00%	\$58,030.08	\$28,136.48	\$49,189.92	\$23,147.52
4	4	EC \$1,208.98	EC \$544.61	31.05%	ER \$1,024.79	EE \$482.24	32.00%	\$58,030.08	\$28,136.48	\$49,189.92	\$23,147.52
14	14	Family \$1,208.98	Family \$544.61	31.05%	ER \$1,024.79	EE \$482.24	32.00%	\$203,106.28	\$81,477.68	\$172,164.72	\$81,016.32
H.S.A.	H.S.A.										
111	111	EE \$694.08	EE \$77.11	10.00%	ER \$891.19	EE \$76.79	10.00%	\$824,487.92	\$102,710.62	\$920,685.08	\$102,284.28
17	17	ES \$1,262.80	ES \$588.75	31.05%	ER \$1,305.55	EE \$614.37	32.00%	\$257,811.20	\$116,025.00	\$266,332.20	\$125,331.48
10	10	EC \$1,262.80	EC \$588.75	31.05%	ER \$1,305.55	EE \$614.37	32.00%	\$151,536.00	\$68,250.00	\$158,686.00	\$73,724.40
87	87	Family \$1,262.80	Family \$588.75	31.05%	ER \$1,305.55	EE \$614.37	32.00%	\$1,318,383.20	\$593,775.00	\$1,362,994.20	\$641,402.28
Total Employees	262							Premium Only \$3,250,241.16	\$1,065,616.58	\$3,205,073.04	\$1,095,371.40
								ER%/EE% 75.49%	24.51%	74.53%	25.47%
								Grand Total \$4,305,758.72		\$4,300,444.44	

**-0.12%
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

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	\$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%
HSA \$2800	\$893.86	\$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 \$684.47	\$73.82	10.00%	\$542.55	\$80.28	10.00%	\$279,077.40	\$31,004.40	\$227,871.03	\$25,317.60	
4	4	ES \$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%	\$58,030.08	\$26,136.48	\$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	\$26,136.48	\$49,189.92	\$23,147.52	
14	14	Family \$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%	\$203,105.28	\$81,477.68	\$172,164.72	\$61,016.32	
H.S.A.	H.S.A.											
Participation		ER	EE	% of Total	ER	EE	% of Total	ER	EE	ER	EE	
111	100	EE \$684.08	\$77.11	10.00%	\$691.19	\$78.79	10.00%	\$824,487.82	\$102,710.52	\$829,428.03	\$92,148.00	
17	15	ES \$1,262.80	\$588.75	31.00%	\$1,305.55	\$614.37	32.00%	\$257,611.20	\$116,025.00	\$234,999.03	\$110,586.60	
10	9	EC \$1,262.80	\$588.75	31.05%	\$1,305.55	\$614.37	32.00%	\$151,538.00	\$68,250.00	\$140,999.43	\$66,351.96	
87	78	Family \$1,262.80	\$588.75	31.05%	\$1,305.55	\$614.37	32.00%	\$1,318,363.20	\$593,775.00	\$1,221,994.80	\$575,050.32	
HSA \$2800												
Participation		ER	EE	% of Total	ER	EE	% of Total	ER	EE	ER	EE	
	11	EE			\$624.29	\$89.37	10.00%	\$0.00	\$0.00	\$82,406.28	\$8,158.84	
	2	ES			\$1,179.23	\$554.93	32.00%	\$0.00	\$0.00	\$28,301.52	\$13,318.32	
	1	EC			\$1,179.23	\$554.93	32.00%	\$0.00	\$0.00	\$14,150.76	\$6,659.16	
	9	Family			\$1,179.23	\$554.93	32.00%	\$0.00	\$0.00	\$127,366.84	\$59,932.44	
Total Employees	282							Premium Only	\$3,250,241.16	\$1,055,515.58	\$3,178,062.16	\$1,065,832.60
								ER%/ EE%	75.48%	24.51%	74.53%	25.47%
								Grand Total	\$4,305,768.72	\$4,283,884.78		

-0.97%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60.29
Annual Contribution	\$723.36
Annual Salary at 9.85% of contribution	\$7,338

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

Key Indicators

Contribution Modeling

Prepared for: Kendall County

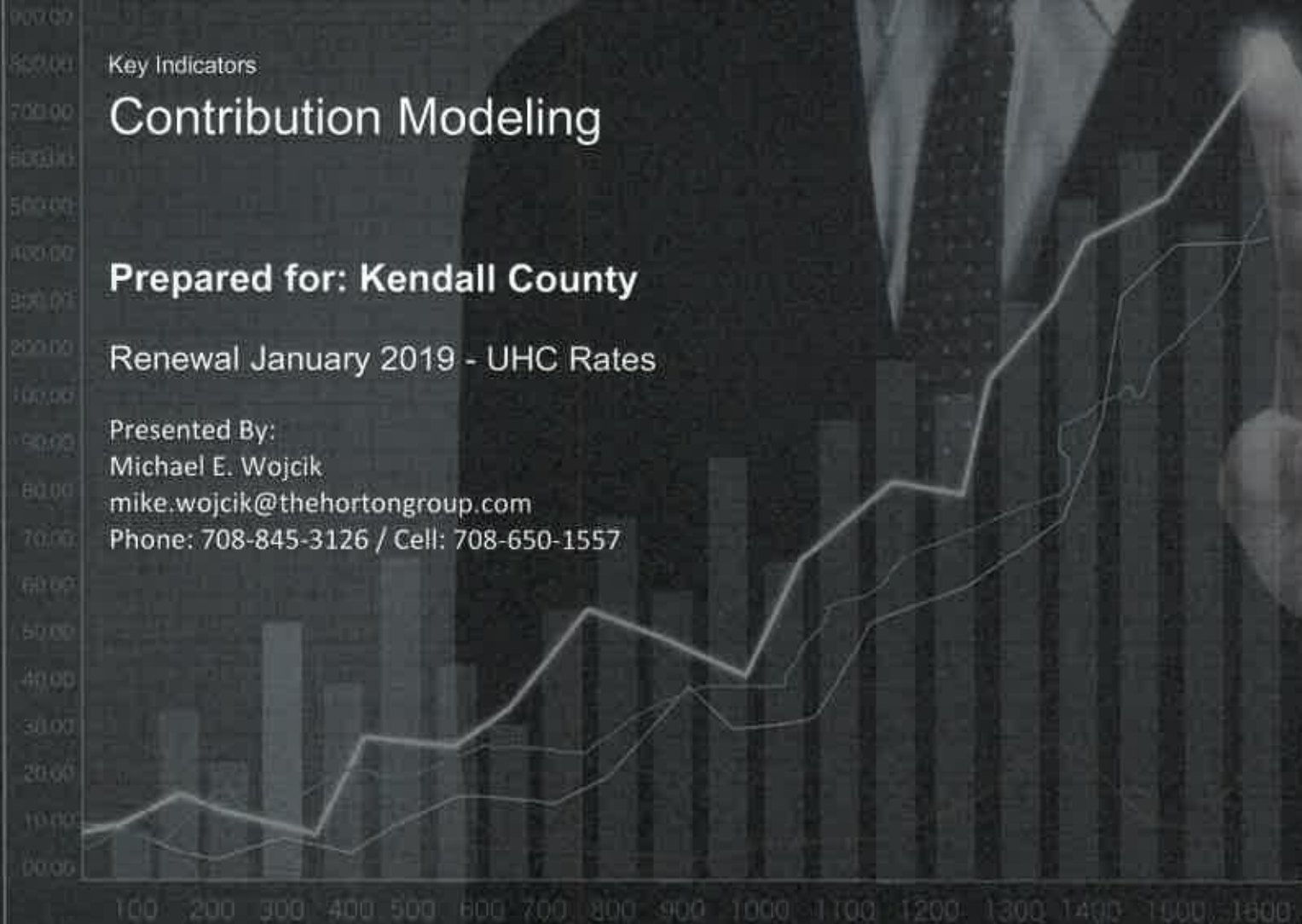
Renewal January 2019 - UHC Rates

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

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



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					1/1/2019 Rates				AV Calc
	EE	EE + SP	EE + C	Family		EE	EE + SP	EE + C	Family	
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47	HMO 600	\$853.15	\$2,026.27	\$2,026.27	\$2,026.27	90.1%
H.S.A.	\$771.17	\$1,831.55	\$1,831.55	\$1,831.55	H.S.A.	\$891.14	\$2,116.48	\$2,116.48	\$2,116.48	81.5%
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 \$684.47	EE \$73.82	10.00%	ER \$767.85	EE \$85.30	10.00%	\$279,077.40	\$31,004.40	\$322,497.00	\$35,826.00
4	4	ES \$1,208.96	EE \$644.61	31.05%	ER \$1,397.05	EE \$629.22	31.05%	\$58,030.08	\$26,136.48	\$67,058.40	\$30,202.56
4	4	EC \$1,208.96	EE \$644.61	31.05%	ER \$1,397.05	EE \$629.22	31.05%	\$58,030.08	\$26,136.48	\$67,058.40	\$30,202.56
14	14	Family \$1,208.96	EE \$644.61	31.05%	ER \$1,397.05	EE \$629.22	31.05%	\$203,105.28	\$91,477.65	\$234,704.40	\$105,706.96
H.S.A.	H.S.A.										
111	111	EE \$684.06	EE \$77.11	10.00%	ER \$802.03	EE \$89.11	10.00%	\$924,487.92	\$102,710.52	\$1,068,303.98	\$118,894.52
17	17	ES \$1,262.80	EE \$588.75	31.05%	ER \$1,459.25	EE \$657.23	31.05%	\$257,811.20	\$116,025.00	\$297,887.00	\$134,074.92
10	10	EC \$1,262.80	EE \$588.75	31.05%	ER \$1,459.25	EE \$657.23	31.05%	\$151,536.00	\$68,250.00	\$175,110.00	\$78,867.60
87	87	Family \$1,262.80	EE \$588.75	31.05%	ER \$1,459.25	EE \$657.23	31.05%	\$1,318,363.20	\$593,775.00	\$1,523,457.00	\$688,148.12
Total Employees	262							Premium Only \$3,250,241.16	\$1,055,515.56	\$3,755,878.16	\$1,219,725.24
								ER%/EE% 75.49%	24.51%	75.49%	24.51%
								Grand Total \$4,305,756.72		\$4,975,801.40	

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

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.	\$771.17	\$1,631.55	\$1,631.95	\$1,631.95

	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	\$799.43	\$1,898.29	\$1,898.29	\$1,898.29	

Months **12**

Current HMO 500	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	
Participation												
35	35	EE \$664.47	\$73.82	10.00%	\$767.85	\$85.30	10.00%	\$279,077.40	\$31,004.40	\$322,497.00	\$35,826.00	
4	4	ES \$1,208.98	\$644.51	31.05%	\$1,397.05	\$829.22	31.05%	\$58,030.08	\$26,136.48	\$87,068.40	\$30,202.56	
4	4	EC \$1,208.98	\$544.51	31.05%	\$1,397.05	\$629.22	31.05%	\$58,030.08	\$26,136.48	\$87,058.40	\$30,202.56	
14	14	Family \$1,208.98	\$544.51	31.05%	\$1,397.05	\$629.22	31.05%	\$203,105.28	\$91,477.88	\$234,704.40	\$105,708.96	
H.S.A.	H.S.A.											
Participation												
111	100	EE \$694.08	\$77.11	10.00%	\$802.03	\$89.11	10.00%	\$824,487.92	\$102,710.52	\$962,436.00	\$106,932.00	
17	15	ES \$1,262.80	\$688.75	31.05%	\$1,459.25	\$857.23	31.05%	\$257,811.20	\$116,025.00	\$262,686.00	\$118,301.40	
10	9	EC \$1,262.80	\$688.75	31.05%	\$1,459.25	\$657.23	31.05%	\$151,536.00	\$68,250.00	\$157,599.00	\$70,980.84	
87	78	Family \$1,262.80	\$688.75	31.05%	\$1,459.25	\$657.23	31.05%	\$1,318,383.20	\$583,775.00	\$1,365,858.00	\$615,187.28	
HSA \$2800												
Participation												
	11	EE			\$718.69	\$79.84	10.00%	\$0.00	\$0.00	\$94,853.88	\$10,538.88	
	2	ES			\$1,307.44	\$588.85	31.05%	\$0.00	\$0.00	\$31,378.56	\$14,192.40	
	1	EC			\$1,307.44	\$588.85	31.05%	\$0.00	\$0.00	\$15,689.28	\$7,066.20	
	9	Family			\$1,307.44	\$588.85	31.05%	\$0.00	\$0.00	\$141,203.62	\$63,585.80	
Total Employees	282							Premium Only	\$3,250,241.16	\$1,055,515.56	\$3,723,001.44	\$1,208,854.88
								ER% EE%	75.49%	24.51%	75.49%	24.51%
								Grand Total	\$4,305,756.72	\$4,931,858.32		

14.54%
Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$79.94
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.

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

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

Insurance • Risk Advisory • 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

The following Vision markets were approached:

<u>Carrier</u>	<u>Status</u>
EyeMed	Incumbent
VSP	Quoted

**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	\$476.06	\$27,817.90	\$333,814.79	-0.19%	
Option 1 - BCBS / Dearborn	\$28,708.98	\$497.84	\$29,206.82	\$350,481.84	4.79%	4.99%
Option 2 - MetLife	\$24,359.94	\$457.39	\$24,817.33	\$297,807.97	-10.96%	-10.79%
Option 3 - Standard	\$27,336.32	\$373.38	\$27,709.70	\$332,516.40	-0.58%	-0.39%

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



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

Carrier	CURRENT UHC	RENEWAL UHC	RENEWAL UHC	OPTION BCBS	OPTION DELTA	OPTION GUARDIAN	OPTION METLIFE	OPTION STANDARD
Type of Plan Participation	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
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
Dental Premium	UCR 90th	UCR 90th	UCR 90th	90th R&C	UCR 90th	UCR 90th	90th R&C	90th U&C
Employee	\$41.76	\$46.07	\$41.76	\$43.85	\$42.26	\$41.76	\$37.21	\$41.76
Family	\$111.83	\$123.38	\$111.83	\$117.42	\$123.11	\$111.83	\$99.63	\$111.80
Total Monthly Premium	\$27,341.84	\$30,168.25	\$27,341.84	\$28,708.88	\$28,498.36	\$27,341.84	\$24,359.94	\$27,336.32
Total Dental Annual Premium	\$328,102.08	\$361,985.02	\$328,102.08	\$344,507.76	\$353,890.32	\$328,102.08	\$292,319.28	\$328,036.84
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 - 6%



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



Presented by: Michael Wojcik

**Includes 10%
commission**

Net of 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%	85%	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	\$0.133	\$0.150	\$0.140	\$0.107	\$0.100
Employee AD&D per \$1000	\$0.020	\$0.020	\$0.020	\$0.020	\$0.040	\$0.020
Total for Life & AD&D	\$0.170	\$0.153	\$0.170	\$0.160	\$0.147	\$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	\$476.06	\$1,412.70	\$497.84	\$457.39	\$373.38
Life Annual Premium	\$6,347.46	\$5,712.71	\$16,952.40	\$5,974.08	\$5,488.69	\$4,480.56
Percentage Change		-10.00%	167.07%	-5.88%	-13.53%	-29.41%
Rate Guarantee		Until 12/31/19	Until 12/31/20	Until 12/31/20	Until 12/31/20	Until 12/31/21

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

Benefits Presented by Michael Wotcik		Includes 10% commission	Net of Commission	Net of Commission	Net of Commission	Net of Commission
CATEGORIES	CURRENT UHC	RENEWAL UHC	OPTION DEARBORN	OPTION METLIFE	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%	n/a	65%	
% Benefit Reduces to at Age 70	40%	40%	40%	n/a	40%	
% Benefit Reduces to at Age 75	25%	25%	25%	n/a	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 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 50% of EE amount	
Child (ren) Benefit:	14 Days - 6 Mo: \$250 6 Mo and above: Increments of \$2K to a maximum of \$10K	14 Days - 6 Mo: \$250 6 Mo and above: Increments of \$2K to a maximum of \$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 - 26 Years if full time student: Increments of \$2K to a maximum of \$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	\$0.066	\$0.060	\$0.066	\$0.060	\$0.066	
25-29	\$0.066	\$0.060	\$0.066	\$0.060	\$0.066	
30-34	\$0.068	\$0.060	\$0.068	\$0.060	\$0.068	
35-39	\$0.068	\$0.069	\$0.068	\$0.069	\$0.068	
40-44	\$0.136	\$0.124	\$0.136	\$0.124	\$0.136	
45-49	\$0.214	\$0.195	\$0.214	\$0.195	\$0.214	
50-54	\$0.338	\$0.308	\$0.338	\$0.308	\$0.338	
55-59	\$0.526	\$0.480	\$0.526	\$0.480	\$0.526	
60-64	\$0.769	\$0.701	\$0.769	\$0.701	\$0.769	
65-69	\$1.407	\$1.283	\$1.407	\$1.283	\$1.407	
70-74	\$2.269	\$2.069	\$2.269	\$2.069	\$2.269	
75 and Above	\$2.269	\$2.069	\$2.269	\$2.069	\$2.269	
	<u>EE SP & CH AD&D Rates/\$1k/Mo</u>	<u>EE & SP AD&D Rates/\$1k/Mo</u>	<u>EE & SP AD&D Rates/\$1k/Mo</u>	<u>EE & SP AD&D Rates/\$1k/Mo</u>	<u>EE & SP AD&D Rates/\$1k/Mo</u>	
AD&D/\$1k unless noted	\$0.030	\$0.025	\$0.030	\$0.028	\$0.030	
Child	\$0.090	\$0.076	\$0.135	\$0.057	\$0.090	
Child AD&D	\$0.030	\$0.025		\$0.043		
Rate Guarantee		Until 12/31/19	Until 12/31/20	Until 12/31/20	Until 12/31/21	

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



EE 81	ES 38	EC 20	Family 66	Total 213
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Presented by: Michael Wright

Carriers	CURRENT EyeMed	RENEWAL EyeMed	OPTION 1 VSP	OPTION 2 VSP
Copayment Exam	\$10	\$10	\$10	\$10
Copayment Materials	\$25	\$25	\$20	\$20
Examination Frequency (months)	12	12	12	12
Lenses Frequency (months)	12	12	12	12
Frame Frequency (months)	24	24	24	24
In Network Benefits				
Examination	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay
Basic Lenses	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay
Single	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay
Bifocal	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay
Trifocal	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay	Covered in Full after co-pay
Frame	up to \$130 allowance, 20% off balance	up to \$130 allowance, 20% off balance	up to \$130 allowance, 20% off balance	up to \$130 allowance, 20% off balance
Elective Contact Lenses	up to \$130 allowance	up to \$130 allowance	up to \$130 allowance	up to \$130 allowance
Necessary Contact Lenses	Covered in Full	Covered in Full	Covered in Full after co-pay for specific conditions at VSP doctors	Covered in Full after co-pay for specific conditions at VSP doctors
Lens Options				
Tint (Solid & Gradient)	\$15	\$15	\$15 - \$17	\$15 - \$17
Scratch Resistant Coating	\$15	\$15	\$17	\$17
Polycarbonate Lenses	\$0 for Children, \$40 for adults	\$0 for Children, \$40 for adults	\$0 for Children, \$31 - \$35 for adults	\$0 for Children, \$31 - \$35 for adults
Photochromic Lenses	\$75	\$75	\$70 - \$82	\$70 - \$82
Standard Progressive Lenses	\$90	\$90	\$0	\$0
UV protected lenses	\$15	\$15	\$16	\$16
Anti-reflective Coating	\$45-68	\$45-68	\$41 Standard	\$41 Standard
Other Options	20% off Retail	20% off Retail	20% - 25% off Retail	20% - 25% off Retail
Out of Network Benefits				
Examination	Allowance \$30	Allowance \$30	Allowance \$45	Allowance \$45
Basic Lenses	Allowance \$30	Allowance \$30	Allowance \$30	Allowance \$30
Single	Allowance \$25	Allowance \$25	Allowance \$30	Allowance \$30
Bifocal	Allowance \$40	Allowance \$40	Allowance \$50	Allowance \$50
Trifocal	Allowance \$60	Allowance \$60	Allowance \$65	Allowance \$65
Frame	Allowance \$65	Allowance \$65	Allowance \$70	Allowance \$70
Elective Contact Lenses	Allowance \$104	Allowance \$104	Allowance \$105	Allowance \$105
Necessary Contact Lenses	Allowance \$210	Allowance \$210	Allowance \$210	Allowance \$210
Vision Premium				
Employee	\$6.26	\$6.26	\$5.84	\$5.84
Employee + Spouse	\$11.90	\$11.90	\$10.11	\$10.99
Employee + Child(ren)	\$12.53	\$12.53	\$10.32	\$11.22
Family	\$18.42	\$18.42	\$16.84	\$18.10
Total Monthly Premium	\$2,464.38	\$2,464.38	\$2,200.04	\$2,346.08
Total Annual Premium	\$29,572.58	\$29,572.58	\$26,400.48	\$28,152.96
Percent Change		0.00%	-10.73%	-4.80%
Rate Guarantee	Until 1/1/19	Until 1/1/23	Until 1/1/23	Until 1/1/23

*Copay plus any additional add-ons for that service