



COUNTY OF KENDALL, ILLINOIS
ADMIN HR COMMITTEE
County Office Building
County Board Room 210
Wednesday, June 19, 2019 at 5:30p.m.

MEETING AGENDA

- 1. Call to Order**
- 2. Roll Call:** Elizabeth Flowers (Chair), Judy Gilmour, Scott Gryder, Matthew Prochaska, Robyn Vickers
- 3. Approval of Agenda**
- 4. Approval of Minutes from June 3, 2019**
- 5. Department Head and Elected Official Reports**
- 6. Public Comment**
- 7. Committee Business**
 - *Discussion of Pharmacy Prescription and Performance Drug Plan Saving Opportunities – The Horton Group*
 - *Discussion and Approval of Invitation to Bid – Fiber Internet Connection*
 - *Approval of the 2019 Inter-Agency User Agreement between Kendall County Administration Department and the Illinois State Police for Criminal History Record Information*
 - *Presentation of Washington National Insurance – Voluntary Supplemental Employee Benefits*
- 8. Executive Session**
- 9. Items for Committee of the Whole**
- 10. Action Items for County Board**
- 11. 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
County Office Building
111 W. Fox Street, Room 210; Yorkville
Monday, June 3, 2019

CALL TO ORDER - Committee Chair Elizabeth Flowers called the meeting to order at 5:30p.m.

ROLL CALL

Attendee	Status	Arrived	Left Meeting
Elizabeth Flowers	Present		
Judy Gilmour	Here		
Scott Gryder	ABSENT		
Matthew Prochaska	Here		
Robyn Vickers	Here		

Others in Attendance: Meagan Briganti, Matt Kinsey, Scott Koepfel

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 Prochaska, second by Member Gilmour to approve the May 15, 2019 minutes. With four members voting aye, the minutes were approved by a 4-0 vote.

DEPARTMENT HEAD AND ELECTED OFFICIAL REPORTS

- *Administration Department* – Mr. Koepfel updated the committee on the status of the Employee Handbook, and said the document continues review by the State’s Attorney’s Office, and will include additions based on newly passed laws.

PUBLIC COMMENT - None

COMMITTEE BUSINESS

- *Discussion of County Internet Connections* – Technology Director Matt Kinsey provided information on the two internet connections currently used Countywide, and the service difficulties recently experienced. Mr. Kinsey reviewed the quotes from Comcast Business and MetroNet, the current service speed, and the desired service speed. The committee gave consensus to authorize the MetroNet contract to be reviewed by the State’s Attorney’s Office.

- *Discussion of Board Rules of Order-Consent Agenda* – Mr. Koeppel reviewed the proposed addition of the *Consent Agenda* item and verbiage with the committee. Member Prochaska made a motion to forward the item to the Committee of the Whole for further discussion, second by Member Gilmour. **With four members voting aye, the motion carried.**

- *Discussion of Pitney Bowes SendPro P1500 Mailing System Contract* – Mr. Koeppel reported that the current County Office Building postage machine lease with Pitney Bowes expired in January 2019. Mr. Koeppel reviewed the proposed new contract and two term-length options. Member Prochaska made a motion to forward the contract with the 60-month lease option to the County Board for approval, second by Member Gilmour. **With four members present voting aye, the motion carried.**

- *Discussion of GIS Restructure Job Description Review* – Scott Koeppel explained that the CAD Specialist retired in May, and that the GIS Analyst left the County for a new job in Rockford. Meagan Briganti, GIS Coordinator, explained her plan to eliminate the GIS CAD Specialist position, and to hire two GIS Specialist positions that can perform all aspects of the blended job descriptions. Ms. Briganti stated that she has hired one GIS Specialist who will begin on June 10, 2019, and plans to hire one of the other candidates that applied for the same position. Ms. Briganti also briefed the committee on the changes needed to the Administration Department organization chart regarding the proposed GIS position changes.

EXECUTIVE SESSION - None

ITEMS FOR COMMITTEE OF THE WHOLE

- *Discussion and Approval of Board Rules of Order-Consent Agenda*

ACTION ITEMS FOR COUNTY BOARD

- *Approval of Pitney Bowes SendPro P1500 Mailing System 60-month Contract*
- *Approval of the updated Administration Department Organization Chart*
- *Approval of the CAD GIS Specialist Job Description*

ADJOURNMENT – Member Vickers made a motion to adjourn the meeting, second by Member Prochaska. **With four members voting aye, the meeting adjourned at 6:06p.m.**

Respectfully Submitted,

Valarie McClain
 Administrative Assistant and Recording Secretary

MONTHLY MEDICAL INSURANCE REPORT

May FY 19

	Non-Union Union		<u>Total Enrolled</u>				Annual Plan Cost
			<u>May-18</u>	<u>Jun-18</u>	<u>May-19</u>	<u>Jun-19</u>	
HMO EE	20	17	37	35	37	37	\$6,510.56
HMO FAM	7	13	22	23	20	20	\$12,297.46
H.S.A. \$1500 EE	61	43	112	110	104	104	\$9,794.18 *
H.S.A. \$1500 FAM	49	63	109	109	110	112	\$18,666.61 *
H.S.A. \$2800 EE	2	2	6	6	4	4	\$8,991.53 *
H.S.A. \$2800 FAM	5	3	0	0	8	8	\$17,150.72 *
Total Enrolled	144	141	286	283	283	285	

Dental EE	165
Dental Family	181

Total Enrolled 346

NOTES:

- 1) Premiums and headcount paid as of monthly report date
- * 2) Includes Employer HSA contribution *
- 3) 2018 H.S.A. \$2800 are old PPO plan numbers

FY 19 MONTHLY MEDICAL INSURANCE INVOICES

(BUDGETED: \$5,270,000) *50.16% of budget

	December	January	February	March	April	May	June	July	August	September	October	November	Totals
BCBS Medical Premium	353324	164572	359064	353709	361141	366073							\$1,963,782
UHC Final Bill	0	0	1613	0	0	0							\$1,613
Met Life Dental Premium	0	48213	239632	24136	24940	24733							\$145,184
Met Life Life Premium	0	0	1363	932	471	482							\$3,289
Health Savings Account	516000	1250	6875	1250	1125	3500							\$630,000
Insurance Refunds	0	0	0	0	0	0							\$0
HRA Admin Fee	0	0	0	105	0	95							\$200
FSA Admin Fee	84	84	84	105	0	123							\$460
TOTALS	\$671,408	\$214,119	\$382,771	\$380,239	\$386,988	\$388,905	\$0	\$0	\$0	\$0	\$0	\$0	\$2,644,427

0102-027-6547

FY 18 MONTHLY MEDICAL INSURANCE INVOICES

(BUDGETED: \$5,502,000) * 94.72 % of Budget

	12/31/2017	1/31/2018	2/28/2018	3/31/2018	4/30/2018	5/31/2018	6/30/2018	7/31/2018	8/31/2018	9/30/2018	10/31/2018	11/30/2018	Totals
UHC Medical Premium	0	742510	362253	356882	347151	358265	368182	362362	372862	363407	358938	358725	\$4,356,886
UHC Dental Premium	0	54544	28965	27327	27145	27734	27607	27412	27691	27858	28878	27495	\$326,755
UHC Life Premium	0	0	1678	559	564	561	568	0	1133	560	560	563	\$6,746
Health Savings Account	488000	10500	3625	0	0	0	4125	625	1250	750	375	780	\$517,000
Insurance Refunds	0	0	0	0	0	0	0	0	0	0	0	0	\$0
HRA Admin Fee	83	0	83	165	83	0	165	0	0	0	0	0	\$578
FSA Admin Fee	170	0	188	376	188	0	393	0	0	0	168	84	\$1,568
TOTALS	\$485,252	\$897,654	\$388,782	\$387,109	\$375,160	\$387,558	\$389,040	\$380,590	\$402,935	\$392,675	\$387,017	\$387,617	\$5,211,598

0102-027-6547

FY 17 MONTHLY MEDICAL INSURANCE INVOICES

(BUDGETED: \$5,106,257)*68.84% of Budget

	12/31/2016	1/31/2017	2/28/2017	3/31/2017	4/30/2017	5/31/2017	6/30/2017	7/31/2017	8/31/2017	9/30/2017	10/31/2017	11/30/2017	Totals
UHC Medical Premium	350000	366848	346172	347688	348885	355552	357994	368354	356637	363212	365533	356453	\$4,260,420
BCBS Final Invoice	0	0	5200	0	0	0	0	0	0	0	0	0	\$5,200
Lincoln Life Dental Premium	25394	25804	27025	24382	26187	25788	25870	26842	25578	25625	26884	25804	\$308,783
Lincoln Life Premium	792	840	616	725	672	734	723	727	718	716	732	728	\$8,721
Health Savings Account	443900	1750	4375	0	0	1750	0	3625	2000	875	0	250	\$468,425
Insurance Refunds	271	0	0	0	142	694	0	1439	0	0	0	0	\$2,446
HRA Admin Fee	0	83	83	83	83	83	83	83	83	83	83	83	\$909
FSA Admin Fee	311	0	323	182	182	339	170	170	170	170	170	170	\$2,153
TOTALS	\$820,558	\$395,405	\$383,793	\$373,929	\$374,098	\$384,840	\$384,639	\$388,000	\$385,625	\$380,581	\$382,412	\$383,285	\$5,047,057

0102-027-6547

FY 16 MONTHLY MEDICAL INSURANCE INVOICES

(BUDGETED: \$5,063,613)* 83.8% of Budget

	12/31/2015	1/31/2016	2/28/2016	3/31/2016	4/30/2016	5/31/2016	6/30/2016	7/31/2016	8/31/2016	9/30/2016	10/31/2016	11/30/2016	Totals
BlueCross Medical Premium	347954	339151	344322	347599	342557	344748	342333	342917	333921	335258	338151	341055	\$4,089,886
Lincoln Life Dental Premium	23478	24220	24182	23782	23821	23808	23580	23721	23049	23330	23196	23365	\$283,618
Lincoln Life Premium	728	732	725	727	721	725	716	723	708	714	708	713	\$8,637
Health Savings Account	343500	0	0	0	0	10000	0	0	0	0	0	0	\$353,500
FSA Admin Fee	148	148	148	148	148	156	156	156	166	156	156	156	\$1,834
TOTALS	\$715,805	\$384,251	\$380,387	\$372,256	\$367,247	\$378,436	\$366,765	\$367,516	\$357,833	\$359,458	\$362,211	\$365,318	\$4,747,584

0102-027-6547

MONTHLY BENEFITS SUMMARY REPORT
May FY 19

Retirees/COBRA (12/1/18 - 11/30/18) (42 Retirees / 1 COBRA)			
Vision	Family	7	\$467.52
Vision	Single	10	\$287.96
Medical	Family	2	\$9,042.18
Medical	Single	11	\$23,188.19
Dental	Family	34	\$5,753.60
Dental	Single	13	\$5,850.26
TOTAL		77	\$44,689.71

UNEMPLOYMENT CHARGES 2019	
1st Quarter	\$620
2nd Quarter	\$1,239
3rd Quarter	
4th Quarter	
TOTAL	

DEPARTMENT	New Hires		Resignations/Terms	
	YTD	Current Month	YTD	Current Month
Administration				
Animal Contr				
Assessment	1			
Circuit Clerk	3		2	
Coroner				
County Clerk				
Facilities	1	1	1	1
Forest Pres	1		2	1
Health Dept.	1		1	1
HWY				
KanCom	1	1	1	1
PBZ				
Probation	1		1	
Public Defender				
Sheriff	5		4	1
State's Att	1		1	1
Technology/GIS			2	2
VAC	1		1	
Totals	16	2	16	7

BENEFITWALLET HSA FUNDING	
Month	Deposit
December	516,000
January	1,250
February	6,875
March	1,250
April	1,125
May	3,500
June	
July	
August	
September	
October	
November	
Total	\$ 530,000

MONTHLY ADMINISTRATION / HR SUMMARY REPORT

May 31, 2019

W.C. Claims Expenses (12/1/18 - 11/30/19)					
	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	Total Claims
December	\$ 228	\$ 1,987	\$ 2,184		\$ 4,378
January	446	5,609	220	1,351	7,626
February	770	4,657	742	64	6,234
March	6,636	1,641	2,542	610	11,430
April	1,215	15,811	159	10,072	27,258
May	283	6,330	3,342	4,487	14,442
June					0
July					0
August					0
September					0
October					0
November					0
Total Claims Expense	\$ 9,577	\$ 36,035	\$ 9,169	\$ 16,586	\$ 71,368

PEDA Payments (included in Total Claims Expense)

PEDA Reimbursements YTD \$ 29,340

W.C. Annual Premium

W.C. Premium \$ 131,080 \$ 139,096 \$ 171,411 \$ 175,442

Self Insured Retention (SIR)

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

No. of claims >\$250k	0	0	0	0
No. of claims >\$100k & <\$250k	1	2	0	0
No. of claims <\$100k	39	44	20	13
Total claims paid	40	46	20	13

	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy
W.C. Claims paid prior year	\$ 308,024	\$ 560,320	\$ 14,430	\$ -
W.C. Claims paid current year	9,577	36,035	9,169	16,586
Total claims paid	\$ 317,601	\$ 596,355	\$ 23,600	\$ 16,586

Workers' Comp. Claims	Policy Year				
	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	
	Prior Year Total	Prior Year Total	Prior Year Total	DEC-APR	MAY
Administration	1				
Animal Control	6	1	4		
Circuit Clerk	1	1	1	1	
Coroner					
County Clerk	1	2			
Facilities				1	
Forest Preserve	3	2		1	1
Health Dept.	3	2	2	1	
Highway	1	2	1	1	
Judiciary					
PBZ					
Probation	1				
Public Defender					
Sheriff - Corrections	5	16	2	1	
Sheriff - Patrol	16	16	10	4	1
State's Attorney	2	2		1	
Technology					
VAC					
Totals	40	46	20	11	2

**Illinois Counties Risk Management Trust
Claims Analysis
6/1/2019**

Worker's Compensation

FY19 - Current Year's Total Claims

	Incident Date	Department/Office	Status	Paid	Missed > 3 Days Work	Returned to Work
1	12/9/2018	Corrections	closed	1,416	N	Y
2	1/5/2019	Forest Preserve	closed	973	N	Y
3	1/23/2019	Sheriff	closed	-	N	Y
4	1/25/2019	Sheriff	open	1,091	N	Y
5	1/28/2019	Health	open	369	N	Y
6	2/12/2019	Highway	open	424	N	Y
7	2/17/2019	Sheriff	open	22,011	Y	Y
8	2/21/2019	Circuit Clerk	closed	-	N	Y
9	3/8/2019	Facilities	open	842	N	Y
10	4/26/2019	Sheriff	open	1,369	N	Y
11	4/25/2019	State's Attorney	open	-	N	Y
12	5/17/2019	Sheriff	open	-	N	Y
13	5/19/2019	Forest Preserve	open	-	N	Y

Total FY19 Claims Paid To Date \$ 28,494

Worker's 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	190,480	Y	Terminated
				190,480		
2015-16 Policy						
2	4/12/2016	Sheriff	open	92,525	Y	Y
3	9/13/2016	Sheriff	open	106,603	Y	Y
				199,128		
2016-17 Policy						
4	2/28/2017	Corrections	open	29,330	Y	Y
5	10/26/2017	Corrections	open	159,185	Y	Y
6	4/19/2017	Sheriff	open	86,958	Y	Y
7	11/21/2017	Sheriff	open	151,041	Y	Y
				426,514		
2017-18 Policy						
8	12/12/2017	Corrections	open	18,064	Y	Y
9	5/2/2018	Sheriff	closed	3,432	N	Y
10	8/3/2018	Sheriff	re-opened	2,392	N	Y
11	11/1/2018	Corrections	open	771	N	Y
12	11/18/2018	Sheriff	open	1,782	N	Y
				26,441		

Total Prior Year's Active Claims \$ 842,563

**Illinois Counties Risk Management Trust
Claims Analysis
6/1/2019**

Property & Casualty

FY19 - Auto PC

	Incident Date	Department/Office	Status	Paid	Coverage Type
1	4/28/2019	Sheriff	Open		Auto PD - Collision

Total FY19 Auto Claims \$ -

FY19 - General Liability

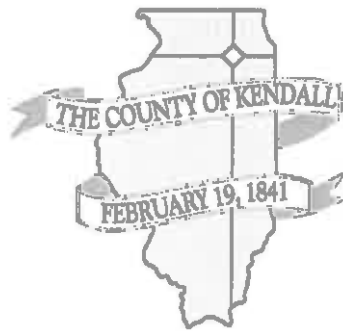
	Incident Date	Department/Office	Status	Paid	Coverage Type
1	1/25/2019	Courthouse	closed		
2	12/5/2018	Circuit Clerk	open	-	

Total FY19 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
				535,463	
2015-16 Policy					
2	8/9/2016	Sheriff	open	17,528	Law Enforcement Liability
3	11/4/2016	Sheriff	open	9,766	Law Enforcement Liability
				27,294	
2016-17 Policy					
4	9/23/2014	Various	open	13,686	General Liability
				13,686	
2017-18 Policy					
5	7/1/2018	Sheriff	open	2,072	General Liability

Total Prior Year's General Liability Claims \$ 577,479



2019

SECONDARY

FIBER INTERNET

CONNECTION

RFB

Kendall County Technology Services

SUMMARY

Kendall County Technology Services is accepting bids for a secondary internet connection to provide redundancy to the counties current fiber infrastructure.

Matthew Kinsey
Technology Services Director

Request for Bid

2019 Secondary fiber Internet connection

On behalf of Kendall County, I invite you to furnish a bid in accordance with the Scope of Work and Instruction to Bidders stated herein. Carefully read the instructions and follow procedures as outlined in order to be considered for award of contract for this project.

All questions should be directed to:
Kendall County Technology Services

Attention: Director

mkinsey@co.kendall.il.us

811 W John St, Rm 229

Yorkville, Illinois, 60560

Any questions received shall be answered at the discretion of the County. All questions must include a valid email address for response. Replies will be issued to all Proposers/ Vendors of record via email and will become part of the RFB Documents. Questions will not be responded to by oral clarification. Oral clarifications or interpretations shall be without legal effect.

All questions must be submitted prior to the submittal deadline.

SCOPE OF WORK

The vendor shall delivery the equipment and service detailed below to:

Technology Services

1102 Cornell St

Yorkville, IL 60560

Include all costs in the bid response including shipping of equipment and installation.

Follow the attached Instructions to Bidders.

Details:

Fiber Internet connection with multimode handoff; Connection speed will require a minimum of 100Mbps and not exceed 300 Mbps; The pricing will need to show 24, 36, and 48 month contract terms; A static IP address with an additional 5 additional IP addresses; Service must be provided on a separate network than current fiber provider to ensure redundancy; All fees (including installation, activation, and shipping) will need to be included in the submitted bid;

INSTRUCTION TO BIDDERS

General Description: Bids are being accepted for the purchase of:
Secondary Fiber Internet Connection (see Scope of Work for details)

Examination: Bidders shall receive a copy of the Instruction to Bidders and 2019 Secondary fiber Internet connection to use in preparing a bid.

Questions and Interpretations: Submit questions about the documents to the Director of Technology Services via email mkinsey@co.kendall.il.us. Replies will be issued to all bidders of record as Addenda to the appropriate attachment and will become part of the Agreement. Questions will not be responded to by oral clarification.

Failure to request clarification will not waive responsibility of comprehension of the documents and performance of the work in accordance with the intent of the documents. Signing the Agreement will be considered as implicitly denoting thorough comprehension of intent of the documents.

Submittal: Submit completed bid and other required documents via email to mkinsey@co.kendall.il.us or by mail to Technology Services. No responsibility shall be attached to Kendall County for the premature opening of any bid not properly addressed and identified. No bid will be considered unless all stipulations of this document and the Agreement have been completed.

Completed bids can be forwarded or mailed to Kendall County Technology Services, 811 W John St, Room 229, Yorkville, Illinois, 60560. Bids must be received before Sep 26th 2018 at 4:30pm in order to be considered.

Opening: The bids shall be opened and publicly read on July 26th 2019 at 9:00am in the Health and Human Services Building at 811 W John Street by the Director of Technology Services. Each bid shall be analyzed to ensure that all stipulations have been satisfied. The results shall be recorded and forwarded with all bidding documents to the Kendall County Board. Attendance is NOT required.

Award: It is the intent of Kendall County to award the bid to the lowest responsible bidder who has met all stipulations of this document and the Agreement.

Rejection of Bids: The Kendall County Board, Kendall County Administrative/HR Committee, and Kendall County Technology Services Director reserve the right to reject any or all bids; to waive technicalities; and reserves the right to award a contract which is in the best interests of Kendall County.

Disqualification: Kendall County reserves the right to disqualify bids, before or after opening, upon evidence of collusion with intent to defraud or other illegal practices upon the part of the bidder.

Execution of Contract: Notwithstanding any delay in the preparation and execution of the formal Agreement, each bidder shall be prepared, upon written notice of bid acceptance, to commence work within 10 days following receipt of official written order of Kendall County to proceed, or on date stipulated in such order.

The accepted bidder shall assist and cooperate with Kendall County in preparing the Agreement, and within 10 days following its presentation shall execute same and return to the Director of Technology Services



**STATE OF ILLINOIS
INTER AGENCY USER AGREEMENT BETWEEN
THE ILLINOIS STATE POLICE AND
REQUESTING GOVERNMENT AGENCY**

The Illinois State Police (hereinafter called "ISP"), acting as the state central repository for criminal history record information (hereinafter "CHRI"), and

Requesting Government Agency Kendall County Admin

ORI Number (if known) [REDACTED]

Cost Center (if known) [REDACTED]

Requesting Agency (hereinafter "Requester") hereby agrees to the following terms, provisions, and conditions:

I. PURPOSE

ISP, in its capacity as the state central repository, has the authority to provide CHRI, pursuant to the applicable Illinois Compiled Statutes, and be paid for its expenses. This Inter Agency Agreement (hereinafter "Agreement") establishes the terms of the relationship.

II. TERM

This agreement will commence upon execution of the signature of the Director of the ISP and continues unless canceled by either party upon 30 days written notice. This agreement may be terminated immediately by the ISP if, in the determination by the ISP, the Requester is in violation of one or more of the enumerated Duties of Requester as outlined in Section IV.

III. SERVICES ISP AGREES TO PROVIDE REQUESTER

ISP agrees to provide fingerprint-based CHRI authorized by law and ISP policy requirements. The ISP will charge the requester a fee for this service. The ISP's current fee schedule is posted on the Illinois State Police web page.

IV. DUTIES OF REQUESTER

Requester agrees to undertake and perform the following duties:

1. Requester will request applicants submit fee applicant fingerprint cards, via a live scan vendor, for processing by ISP through its files. Manual fee applicant cards (IL 493-0696) will be accepted in those instances where live scan transmissions cannot be used.

2. Requester shall submit FBI fee applicant fingerprint transactions for submission to the Federal Bureau of Identification's Criminal Justice Information Services (CJIS) Division through the ISP.
3. Requester agrees to capture and transmit all fingerprint images to the ISP using live scan equipment certified by the Federal Bureau of Investigation (FBI) and the ISP. The fingerprint images and demographic data must be submitted in the form and manner required by ISP/FBI, including the electronic transfer of fingerprint, photograph and demographic data to the ISP NATMS/AFIS system via a network connection as defined by the ISP/FBI. All fingerprint and demographic data transmitted must be encrypted at all times using FBI encryption standards.
4. The Requester shall be responsible for checking the quality and completeness of all data to ensure conformity to ISP processing requirements. Submissions deemed to be incomplete may be returned unprocessed.
5. The Requester agrees to comply with all ISP/FBI certification standards and procedures, which includes but is not limited to certification of live scan equipment, audits of live scan transmissions to the ISP/FBI and completion of CJIS Security Training. CJIS Security Training is offered on-line at www.cjisonline.com.
6. The Requester agrees to take appropriate action to ensure each live scan transmission is sent to ISP successfully and passes all ISP live scan edits, conforming to the most recent ISP Electronic Fingerprint Submission Specifications (EFSS). In the event the electronic fingerprint specifications are modified, the requester agrees to make any changes necessary to meet the new specifications within thirty (30) days of notification.
7. The Requester shall comply with all provisions of the UCIA statute (20 ILCS 2635, et seq.) and all other applicable state and federal statutory requirements including all applicable CJIS requirements. The CJIS Security Policy can be accessed on-line as: <https://www.fbi.gov/about-us/cjis/cjis-security-policy-resource-center>.
8. The Requester will provide employee identifiers sufficient to enroll all employees that will come into direct or indirect contact with CHRI into the CJIS Security training. All training will be completed within 6 months of execution of this agreement.
9. The Requester will require all outsourced services and contractual agency(s) with direct or indirect access to CHRI to enter into an Outsourcing Agreement as required by the CJIS Security Policy. See Addendums B and C.
10. The Requester shall receive responses electronically from the ISP, specifically via email, fax or the Criminal History Information Response Process (CHIRP) secure web portal, which can be accessed at <https://chirp.isp.state.il.us/CHIRP/login.action>.

11. The Requester shall maintain a release signed by the individual to whom the information request pertains authorizing the ISP and the FBI to release criminal history record information. The Requester shall maintain this release on file for at least three (3) years in order to facilitate auditing purposes.
12. The Requester shall provide the individual named in the request a copy of the Illinois response disseminated by ISP with instructions on challenging CHRI. The Requester shall notify the individual named in the request that the individual has the obligation and responsibility to notify the Requester within seven (7) days if the information is inaccurate or incomplete. The requirements of this paragraph pertain to requests submitted for employment or licensing purposes only. Information on challenging a criminal history record can be accessed on-line at the ISP website.
13. The Requester shall provide, upon request of the individual named in the request, a copy of the federal response disseminated with instruction on challenging CHRI. The Requester shall notify the individual named in the request that the individual has the obligation and responsibility to notify the Requester within seven (7) days if the information is inaccurate or incomplete. Information on challenging a criminal history record can be accessed on-line at the ISP website.
14. The Requester shall cooperate with and make its records available to ISP/FBI for the purpose of conducting periodic audits to ensure Requestor's compliance with all laws, rules, and regulations regarding the processing of CHRI furnished by ISP/FBI to Requester.
15. When CHRI is no longer required by the Requester, data shall be destroyed by Requester through shredding or burning of paper documentation and/or deletion of electronic CHRI from Requester's databases.
16. The Requester shall pay ISP sufficient funds to cover ISP transaction processing using established payment methods, within 45 days from date of fiscal statement. Failure to pay could result in an interruption or cancellation of services rendered by ISP. The Illinois State Police reserves the right to forward matters of unpaid fees to a private agency or law firm for immediate collection action. Payment for criminal history record information request processing shall be made via an Illinois licensed live scan fingerprint vendor agency or via check made payable to the Illinois State Police, mailed to the Illinois State Police Bureau of Identification, Fiscal Unit, 260 North Chicago Street, Joliet, IL 60432-4072.
17. The Requester shall report to the ISP any changes in agency contact information, and initiate a new user agreement for any change in the agency's Chief Administrator(s). See Addendum A.
18. The Requester shall notify the ISP in the event of Requesting Agency ownership transfer. The Requester is responsible for any outstanding balance due to the ISP prior to any transfer of ownership unless the ISP expressly approves a proposed assumption of outstanding fees owed to the ISP for services provided.
19. Requester will provide a current W9 form to be submitted with signed User Agreement to facilitate processing of refunds.

V. DISSEMINATION

The Requester shall limit dissemination of CHRI to statutorily authorized parties and ensure such authorized parties agree to provide the same protection and physical security of CHRI as agreed to by Requester.

At a minimum, Requester shall log all dissemination of ISP/FBI CHRI received from ISP and/or the FBI. This log must include the identities of persons or agencies to whom the information is released, the name of the requester, the authority of the requester, the purpose of the request, the identity of the individual to whom the information relates, and the date of the dissemination. Such log shall be retained for a period of three (3) years in order to facilitate any ISP or FBI audit. CHRI will only be disseminated directly to the Requester and only to the extent permitted by law.

Pursuant to 20 ILCS 2635/18, any person who intentionally and knowingly requests, obtains or seeks to obtain conviction information under false pretenses, disseminates inaccuracies or incomplete conviction information, or violates any other provision of 20 ILCS 2635 et seq. may be guilty of a crime punishable by up to one year of imprisonment and/or may incur civil liabilities.

Pursuant to federal 28 CFR 50.12(b) records obtained under this authority may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies or other authorized entities.

VI. DUTIES OF ISP

ISP agrees to undertake and perform the following duties:

1. ISP will only process requests submitted in the form and manner prescribed by the ISP.
2. ISP agrees to forward, in a timely fashion, FBI applicant fingerprint transactions to the FBI's Criminal Justice Information Services (CJIS) Division.
3. ISP shall, if requested, assist in the interpretation or translation of any CHRI requiring clarification.
4. ISP fees shall be based upon the cost of providing CHRI services, as required by law. The ISP shall notify the Requester of any change in processing fees.
5. Fingerprint submission procedures established by the FBI are subject to change and ISP shall advise Requester immediately of any changes promulgated by the FBI.

VII. GENERAL PROVISIONS

1. ISP agrees to notify Requester at least thirty (30) days prior to making changes in rules, procedures, and policies incorporated in this agreement. Changes in the rules, procedures, and policies originating with federal and state executive order, Congressional or State legislative enactment or by court decision shall be initiated as required by law.
2. This agreement may be amended with the mutual consent of both parties at any time during its term. Amendments to this agreement shall be in writing and signed by both parties or their authorized representatives.
3. Correspondence shall be directed to:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4075
boi_customer_support@isp.state.il.us

Signature of Agency Head

Date

*Signature Director
Illinois State Police*

Date

ADDENDUM A
INTER AGENCY USER AGREEMENT
Agency Contact Sheet (Sections in Grey for Illinois State Police Use Only)

Agency Originating Identification (ORI) _____

Agency Cost Center _____

Purpose Code(s) for Agency Use _____

Complete this entire section.

Point of Contact for Responses

Valerie McClain

Agency Name

Kendall County Admin

BILLING ADDRESS

Street Address

111 W. Fox Street, Suite 310

City, State, Zip

Yorkville IL 60560

Telephone Number

630-553-4171

Fax Number

630-553-4214

Email Address

████████████████████

MAILING ADDRESS

Same as Billing Address

Point of Contact Billing Questions

Street Address

City, State, Zip

Telephone Number

Fax Number

Email Address

**ADDENDUM B
INTER AGENCY USER AGREEMENT
OUTSOURCING OF ADMINISTRATIVE TASKS
INSTRUCTION**

Once a contractor has been identified for outsourcing of non-criminal justice administrative functions, the authorized recipient/requester must follow these steps:

1. **Submit an Outsourcing Request Letter to the Illinois State Police, Bureau of Identification (see template)**
 - a. **The Outsourcing Request Letter must be accompanied by the section of the contract/agreement between the authorized recipient and the contractual agency that incorporates by reference the most current outsourcing and CJIS Security Policy requirements.**
2. **Upon receipt of an approval response from ISP, then enter into an Outsourcing Agreement (see template)**
3. **All documents pertaining to the Outsourcing Agreement must be kept and made available for auditing purposes.**

**ADDENDUM B
INTER AGENCY USER AGREEMENT
OUTSOURCING REQUEST LETTER
For**

Kendall County - Admin

**Authorized Recipient Agency Name
(Hereinafter Authorized Recipient)**

To Use

Kendall-Grundy County Regional Office of Education

**Contractor Name
(Hereinafter Contractor)**

AS A NON-CHANNELING CONTRACTOR FOR NONCRIMINAL JUSTICE ADMINISTRATIVE FUNCTIONS

**Bureau Chief
Illinois State Police
Bureau of Identification
260 N Chicago Street
Joliet, IL 60432**

Dear Bureau Chief:

The Authorized Recipient requests permission to use the above named company/agency as a contractor to outsource noncriminal justice administrative functions with direct access or potential access to criminal history record information (CHRI) on our behalf. The contractor functions that include direct or potential access to CHRI would include:

FBI nation-wide criminal history record and fingerprinting submissions

(Insert all functions that may apply. For example, obtaining missing dispositions, making determinations and recommendations, off-site storage of criminal history record information and its corresponding fingerprint submissions, document shredding or destruction, etc.)

The Authorized Recipient and the Contractor have entered into an agreement in which the Contractor will act on our behalf in accordance with the Security and Management Control Outsourcing Standard for Non-Channelers. The Authorized Recipient is authorized to perform background checks pursuant to:

(Insert the legal citation of the statute or public law that requires or authorizes the Authorized Recipient to have access to CHRI).

The Contractor will comply with the Outsourcing Standard for Non-Channelers requirements, to include the *CJIS Security Policy*, and other legal authorities to ensure adequate privacy and security of personally identifiable information (PII) and criminal history record check results related to this agreement, and will ensure that all such data is returned to the Authorized Recipient as soon as no longer needed for the performance of contractual duties.

Signature of Authorized Recipient	Date	Signature of Contractor	Date
Title [REDACTED]		Title [REDACTED]	
ORI of Authorized Recipient 111 W. Fox Street, Yorkville IL 60560		ISP ID Number of Contractor (ISP Use Only) 109 West Ridge Street, Yorkville IL 60560	
Address Valarie McClain		Address Bethany Thatcher	
Contact Person Name 630-553-4171		Contact Person Name 630-553-4168	
Contact Person Phone Number [REDACTED]		Contact Person Phone Number [REDACTED]	
Contact Person Email Address 630-553-4214		Contact Person Email Address 630-553-4152	
Contact Person Fax Number		Contact Person Fax Number	



CHRISTOPHER D. MEHOCHKO
Regional Superintendent

**GRUNDY - KENDALL COUNTY
REGIONAL OFFICE OF EDUCATION**

100 West Ridge Street • Yorkville, IL 60890
Phone: (630) 553-4188
Fax: (630) 553-4182

**KENDALL COUNTY EMPLOYEE
FEE APPLICANT – ISP & FBI**

FINGERPRINT AUTHORIZATION AND RELEASE FORM

Submitting Agency ORI: [REDACTED] **Receiving Agency ORI:** [REDACTED] **Cost Center:** [REDACTED]

Purpose Code: LGE

EMPLOYED BY

Kendall County

PERSONAL INFORMATION

Last Name [REDACTED] **First** [REDACTED] **Middle** [REDACTED]

Social Security Number [REDACTED] **Date of Birth** **Year:** [REDACTED] **Month:** [REDACTED] **Day:** [REDACTED]

Drivers License Number [REDACTED] **State Issuing License** [REDACTED]

Place of Birth (State/Country) [REDACTED]

RESIDENCE

Street Address [REDACTED] **City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

PHYSICAL DESCRIPTION [Please use the codes below to complete this section]

Sex [REDACTED] **Race** [REDACTED] **Eye Color** [REDACTED] **Hair Color** [REDACTED] **Height** [REDACTED] **Weight** [REDACTED] **Skin Tone** [REDACTED]

SEX		RACE		EYE COLOR		HAIR COLOR				SKIN TONE			
M	Male	W	Caucasian/Latino	Blk	Black	Blk	Black	Org	Orange	Alb	Albino	Li2	Light
F	Female	B	Black	Blu	Blue	Blk	Black	Ple	Purple	Blk	Black	Hbr	M Brwn.
U	Unknown	A	Asian	Bro	Brown	Bln	Blonde	Pnk	Pink	Dkg	D Brwn.	Mzd	Medium
		I	Native American	Grn	Green	Blu	Blue	Red	Red	Drk	Drk	Oly	Olive
		U	Unknown	Haz	Hazel	Bro	Brown	Sdy	Strdy	Fer	Fair	Red	Rddy
				Mar	Maroon	Grn	Green	Whl	White	Lbr	L Brwn.	Sai	Sallow
				Mul	Mult	Grn	Gray	XXX	Unknown	Yel	Yellow		
				Pnk	Pink								
				XXX	Unknown								

I authorize the Grundy-Kendall County Regional Office of Education (R.O.E.) to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP).

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosure to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

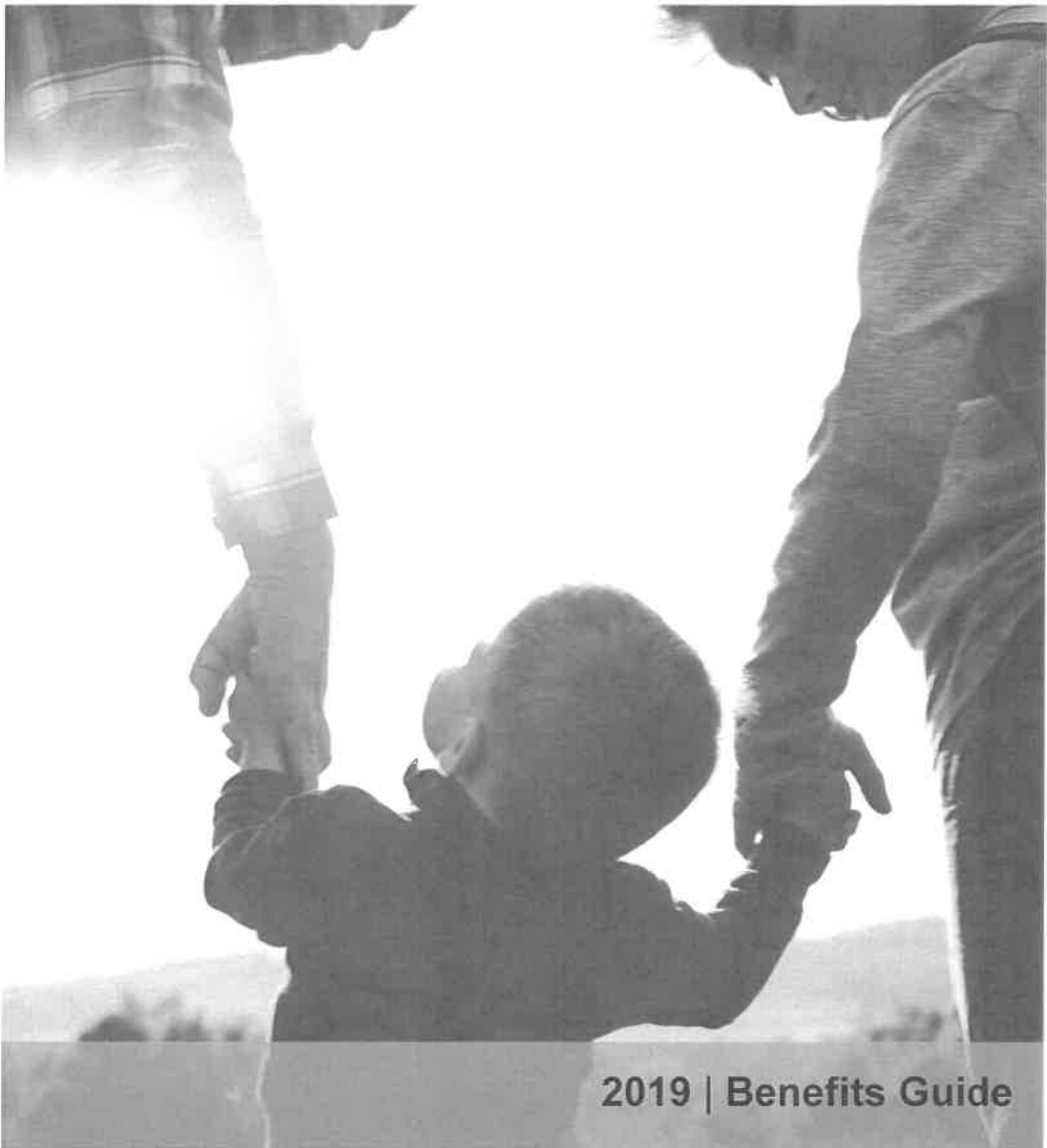
Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 26307 of the Criminal Identification Act.

Signature: _____

Date: _____

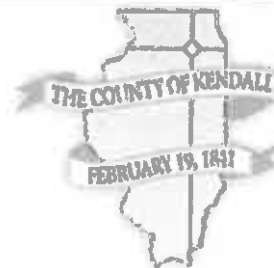
Fingerprint Technician: _____
Date of Fingerprint: _____



2019 | Benefits Guide

Insurance / Risk Advisory / Employee Benefits

HORTON



Kendall County Benefits Guide

We are committed to providing our greatest assets - our people - with comprehensive and affordable benefits. Our 2019 Employee Benefits offerings deliver maximum options and flexibility.

This guide will help you understand the full range of health and wellness benefits that will be available. After reading through the enclosed information, be sure to use this guide as a benefits resource you can reference throughout the year.

This guide includes a quick reference directory of telephone numbers and websites for all of our providers. We encourage you to access these sites to learn more about the plans and make the best choices possible.

Protect your Health, Life & Well-Being

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Who Is Eligible?

Full-time employees, working a minimum of 30 hours per week, and their family members are eligible to enroll in the medical benefits described in this guide. All other benefits require a minimum of 34 hours per week. Children can remain covered up to age 26 for all lines of coverage.



When Are You Eligible?

Newly Eligible Employees:

Medical coverage is effective 30 days after full-time employment, all additional benefits are effective on the first day of the month following 30 days of full-time employment.

Annual Open Enrollment:

You may make changes to your benefit elections during your open enrollment period for a January 1st effective date.

Qualified Change in Status:

You may make benefit changes within 30 days of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of dependent, change in residence due to an employment transfer for you or your spouse or change in spouse's benefits or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within 30 days.

Getting Started

Medical Insurance



About the Medical Insurance

Choosing the right health insurance plan is important for you and your family. Following are some of the basic reasons you should obtain health coverage:

- Health insurance gives you a sense of security knowing that a sudden illness or serious injury will not drain your bank account, or worse, your retirement savings. Health insurance protects your financial future by helping pay for expensive doctor visits and treatments.
- Seeing doctors who are in-network with your health insurance plan also gives you the advantage of receiving care with lowered costs. When doctors are in-network, you have access to lower rates negotiated by the insurance company, meaning you owe less than if you did not have insurance.
- Health insurance covers many preventive services without you having to pay a deductible or copayment. Preventive care is intended to prevent or catch diseases and other health problems before they become serious. Preventive services that are covered in full include various health screening and immunizations.
- Having health insurance will also help you pay for prescription drugs, whether through reduced fees or copays.



Medical

BlueCross BlueShield of IL

Coverage	HMO	H.S.A. \$1500 Non-Embedded**		H.S.A. \$2800	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	BlueAdvantage HMO	PPO		PPO	
Individual	\$500	\$1,500	\$1,500	\$2,800	\$5,600
Family	\$1,000	\$3,000	\$3,000	\$5,600	\$11,200
Out-of-Pocket Maximum					
Individual	\$2,000	\$3,000	\$3,000	\$3,800	\$7,600
Family	\$4,000	\$6,000	\$6,000	\$6,800	\$13,200
Coinsurance	0%	0%	20%	0%	20%
Lifetime Maximum	Unlimited	Unlimited		Unlimited	
Physician & Services					
Primary Care Physician	\$20 Copay	No Charge after Ded.	20% after Ded.	No Charge after Ded.	20% after Ded.
Specialist Care Physician	\$40 Copay*	No Charge after Ded.	20% after Ded.	No Charge after Ded.	20% after Ded.
Telemedicine	N/A	No Charge after Ded.	N/A	No Charge after Ded.	N/A
Preventative Care	No Charge	No Charge	20% after Ded.	No Charge	20% after Ded.
Urgent Care	\$75 Copay	No Charge after Ded.	20% after Ded.	No Charge after Ded.	20% after Ded.
Hospital Services					
Inpatient	No Charge after Ded.*	No Charge after Ded.	20% after Ded.	No Charge after Ded.	20% after Ded.
Outpatient	No Charge after Ded.*	No Charge after Ded.	20% after Ded.	No Charge after Ded.	20% after Ded.
Emergency Room	\$300 Copay	\$300 Copay after Ded.		\$300 Copay after Ded.	
Retail & Mail Order (In-Network Only)					
Mail Order (up to 90 day supply)	\$10 / \$40 / \$60	\$10/ \$40 / \$60 after Ded.		\$10/ \$40 / \$60 after Ded.	
Mail Order (up to 90 day supply)	\$25 / \$100 / \$150	\$25 / \$100 / \$150 after Ded.		\$25 / \$100 / \$150 after Ded.	

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.bcbsil.com

*Referral Required

**In a non-embedded plan, the entire family must collectively meet the family deductible prior to the plan paying for any covered medical services.

2019 Medical Bi-Weekly Wellness Participation Contributions	HMO	H.S.A. \$1500	H.S.A. \$2800
Employee Only (Wellness Discount)	\$27.82	\$35.44	\$32.02
Family (Wellness Discount)	\$222.57	\$283.56	\$256.12
Employee Only (Without Discount)	\$55.65	\$70.89	\$64.03
Family (Without Discount)	\$236.48	\$301.28	\$272.13



Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Illinois (BCBSIL) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- * Allergies
- * Asthma
- * Nausea
- * Sinus infections

Pediatric Care

- * Cold
- * Flu
- * Ear problems
- * Pinkeye

Behavioral Health

- * Anxiety/depression
- * Child behavior/learning issues
- * Marriage problems

Blue Cross and Blue Shield of Illinois is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the Blue Cross and Blue Shield Association.

MDLIVE

Please Note: Virtual Visits - MD Live only available to employees enrolled in the HSA plans. Not available if enrolled in the HMO plan.



Get Help Finding the Right Care for You or Your Family with One Call



Use Benefits Value Advisor and the Blue Distinction[®] Center program to get the information and care you need.

Here's how:



1 Call a Benefits Value Advisor



2 Find a Blue Distinction Center or other provider



3 Estimate your costs



4 Schedule an appointment



5 Get the care you need

Benefits Value Advisor (BVA)

Did you know that many times you can choose between different providers or facilities and receive the same procedure, at a lower cost¹? A BVA can tell you about the different providers available to you such as an urgent care clinic or emergency room.³

Call a BVA today for cost comparison information on:

- Imaging services (X-rays/MRIs/CT scans)²
- Maternity services
- Joint replacement surgery
- Back surgery
- Other specialty health care services

Blue Distinction Centers (BDC)

BDCs are health care facilities that have a record of providing proven, effective care. They have met national criteria for quality, efficiency and patient experience.

BDCs are available for the following specialty health care services:

- Knee and hip replacement
- Spine surgery
- Bariatric surgery
- Cardiac care
- Transplants
- Complex and rare cancers

Call the number on the back of your member ID card to reach a Benefits Value Advisor.

¹Benefits Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider or facility of your choosing.

²Before you schedule a diagnostic imaging procedure, your plan may require that you call a Benefits Value Advisor. You may incur a penalty if you do not call. Please see your plan documents for details.

³Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers. Cost estimates are just an estimate. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed and what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations and exclusions of your plan.

Health Savings Account (HSA)

What is a Health Savings Account?

Otherwise known as a HSA, a health savings account can be funded with pre-tax dollars, by the employer or employee. Funds from the account can help pay for qualified medical, dental or vision expenses not paid by an insurance plan, including the deductible and coinsurance.

Who is not eligible to open and contribute to a HSA Bank Account?

- Employees who are enrolled in Medicare Part A
- If you or your spouse are enrolled in a regular medical FSA-limited FSA enrollment is okay.
- Anyone who has dual coverage (HSA participant covered by another plan not HSA compatible)
- Employees who are receiving Tri-Care or VA Benefits

2019 Maximum HSA Contribution Limit? (Employer & Employee)

- \$3,500 for individual coverage
- \$7,000 for family coverage
- Individuals age 55 or older are eligible to make a catch-up contribution of \$1,000
- These amounts will be prorated if you are on the plan for less than 12 months

Commonly Asked Questions & Answers:

What expenses are eligible for reimbursement for my HSA?

HSA dollars may be used for qualified medical, dental and vision expenses incurred by the account holder and his or her spouse and dependents. Qualified medical expenses are outline within IRS Section 213 (d). In summary, the IRS Section 213 (d) states that *"the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness."*

What happens when my HSA funds run out?

You may be financially responsible for any eligible medical expenses that fall within the coverage gap.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20% tax penalty-unless over age 65, disabled or upon death of the account holder.

When can I start using my HSA dollars?

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.

What if I have HSA dollars left in my account at year-end?

The money is yours to keep. It will continue to earn interest and will be available for you and your health care costs next year.

What happens to my HSA dollars if I leave my employer?

The funds are yours to keep. You may elect one of the following options:

- Leave your funds in the current HSA account
- Transfer your funds to an HSA with your new employer
- Transfer your funds to another qualifying account within 60 days



Flexible Spending Account (FSA) - Infnisource

A Flexible Spending Account (FSA) allows you to pay for qualified Health Care and Dependent Care expenses using tax free dollars. The amount you elect is deducted from your paycheck pre-tax. This means you don't pay Federal Income Tax or Social Security Taxes on that portion of your pay check. The money that is deducted is then used to reimburse your eligible qualified expenses.

Health Care FSA

A Health Care FSA allows you to pay for unreimbursed health care expenses for you, your spouse and dependent children. You do not need to be on your employer sponsored health plan to sign up for a FSA.

Examples Of Eligible Health Care Expenses Include:

- Medical Plan Deductibles
- Co-Pays
- Dental Expenses (Including Orthodontics)
- Eye Exams, Glasses and Contacts

One of the biggest advantages of the Health Care FSA is that you can access your entire elected amount on the first day of the plan year. So, there's no need to wait until funds have been payroll deducted to use your FSA.

As you plan your FSA expenses for the year, it is important that you make accurate and conservative estimates.

The annual maximum amount you may contribute to the Health Care FSA is \$2,650 per-calendar year.

Health Care reimbursement election amounts are only allowed to be changed on January 1st unless you have a family status change.

Employees roll over up to \$500 of unused balance into next plan year.

Claims submittal deadline: 90 days after the end of the plan year (3 months)

Dependent Care FSA

A Dependent Care FSA allows you to pay for child or elder care expenses using tax-free dollars. These expenses must be incurred while you are employed and must be for the care of a qualified dependent.

Examples Of Eligible Dependent Care Expenses Include:

- Pre-School Charges
- Before-and After-School Care
- Day Care Centers
- Summer Day Camps
- And More

Unlike the Health Care FSA, Dependent Care FSA funds are not available to you day one. These funds must accumulate before you can reimburse yourself, and you can only be reimbursed up to the amount you have in the account at any given time.

The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married or filing separately) per-calendar year.

Dependent Care election amounts can be changed during the year as cost changes.

Flex Debit Card

The Flex Debit Card allows you to pay for your healthcare needs on the spot at qualified locations without having to wait for a reimbursement check. The card can be used at hospitals, physician offices, dental offices, vision service providers and pharmacies. Copies of receipts for some expenses still need to be submitted.

Flex Debit Card Advantage

- Payment comes directly from your Health Care FSA account, which reduces your out-of-pocket expense
- Limits the need to submit claim forms and wait for reimbursement
- (Company) FSA plan year is January 1st through December 31st.
- Any changes in election (other than January 1st) can only happen if there is a family status change (Marriage, Divorce, Birth or Death)
- In order for the employee's child's claims to be paid, the child must be a dependent of the employee by IRS

What is a Limited FSA?

A limited-purpose health flexible spending account (referred to as a limited-purpose FSA) is much like a typical, general-purpose health FSA; however, under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses. If contributing to a HSA, this is the only FSA available to you.

Dental Insurance



MetLife - For complete coverage details, please refer to the Summary Plan Description (SPD). Members are required to pay the difference between the plan payment and the provider's actual fee for covered services. Therefore, the out-of-pocket expenses may be lower if services are provided by a Participating Provider.

Coverage	MetLife PPO Dental	
	In-Network	Out-of-Network
Network	PPO	
Annual Deductible- Does Not Apply to Preventive Services		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Maximum	\$2,000 per person	
Preventive		
Oral Exams	No Charge	No Charge
Cleanings	No Charge	No Charge
Sealants (per tooth)	No Charge	No Charge
X-Rays	No Charge	No Charge
Basic		
Fillings (one surface)	20%	20%
Simple Extractions	20%	20%
Major		
Single Crowns	50%	50%
General Anesthesia	50%	50%
Scaling & Root Planting	50%	50%
Dentures	50%	50%
Orthodontia Lifetime Maximum (up to age 19)	50% up to a lifetime Maximum of \$1,500 per person	

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an In-network provider go to www.metlife.com

2019 Dental Bi-Weekly Contributions	Dental PPO
Employee Only	\$0.00
Family	\$14.37

Vision

EyeMed- Eye care can be an important benefit for you and your family, which is why we provide and pay for vision insurance through EyeMed. EyeMed *Insight Network* provides a full range of services including eye exams, an allowance toward glasses and/or contacts, and lens coverage.

Plan Feature	Frequency	In-Network
Network		INSIGHT
Eye Examination	12 Months	100% after \$10 Copay
Standard Lenses Single Vision Bifocal Trifocal	12 Months	100% after \$25 Materials Copay
Frames	24 Months	\$0 Co-pay; \$130 allowance; 80% of charge over \$130
Contacts	12 Months (in lieu of lenses)	\$0 Co-pay; \$130 allowance
See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an In-network provider go to www.evemed.com		

2019 Vision Semi-Monthly Contributions	Vision
Employee Only	\$3.13
Employee + Spouse	\$5.95
Employee + Child(ren)	\$6.27
Family	\$9.21



Additional Benefits



Life Insurance and AD&D

MetLife

Kendall County provides and pays for Group Life and AD&D Insurance for all full-time employees. The beneficiary you designate will receive the Life Insurance benefit. Contact Human Resources to update your beneficiary.

Employee Life Insurance	
Amount	\$10,000
Accidental Death and Dismemberment (AD & D)	
Amount	\$10,000
Benefit Reduction	<ul style="list-style-type: none">• At age 65 amounts reduce to 65%• At age 70 amounts reduce to 40%• At age 75 amounts reduce to 25%• Benefits will terminate upon retirement.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.



Voluntary Life Insurance and AD&D

MetLife

	Employee	Spouse	Child(ren)
Amount	Choice of \$10,000 increments Not to exceed 5 times Your Basic Annual Earnings	Choice of \$5,000 increments Employee must elect coverage for spouse to be eligible. Not to exceed 50% of employee elected amount.	15 days to 6 months: \$250 6 months to 26 years: \$2,000 increments Employee must elect coverage for dependents to be eligible.
Minimum Amount	\$10,000	\$5,000	\$2,000
Maximum Amount	\$300,000	\$150,000	\$10,000
Guarantee Issue	\$150,000	\$30,000	\$10,000
Accidental Death & Dismemberment (AD&D)	AD&D coverage provides additional benefits following an accidental death or certain bodily injuries. Election amount will equal 1 times the election amount for Voluntary life election.		

Guarantee Issue is not available if someone is totally disabled.

Portability is available in the event of termination. Conversion options are also available in the event of termination.

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Employee & Spouse Coverage – Monthly Per \$1,000 (including AD&D)	
Under age 25	\$0.088
25-29	\$0.088
30-34	\$0.108
35-39	\$0.117
40-44	\$0.152
45-49	\$0.223
50-54	\$0.336
55-59	\$0.508
60-64	\$0.729
65-69	\$1.311
70-74	\$2.097
75 and above	\$2.097
Child Coverage – Monthly Per \$1,000	
15 Days to 26 Years	\$0.100

Due to rounding, your actual payroll deduction amount may vary slightly.



Employee Age	Semi-Monthly Premium For: Employee & Spouse Life Coverage					
	\$10,000	\$25,000	\$30,000	\$55,000	\$100,000	\$150,000
Under 30	\$0.30	\$0.75	\$0.90	\$1.65	\$3.00	\$4.50
30-34	\$0.40	\$1.00	\$1.20	\$2.20	\$4.00	\$6.00
35-39	\$0.45	\$1.11	\$1.34	\$2.45	\$4.45	\$6.68
40-44	\$0.62	\$1.55	\$1.86	\$3.41	\$6.20	\$9.30
45-49	\$0.98	\$2.44	\$2.93	\$5.36	\$9.75	\$14.63
50-54	\$1.54	\$3.85	\$4.62	\$8.47	\$15.40	\$23.10
55-59	\$2.40	\$6.00	\$7.20	\$13.20	\$24.00	\$36.00
60-64	\$3.51	\$8.76	\$10.52	\$19.28	\$35.05	\$52.58
65-69	\$6.42	\$16.04	\$19.25	\$35.28	\$64.15	\$96.23
70+	\$10.35	\$25.86	\$31.04	\$56.90	\$103.45	\$155.18

Employee Age	Semi-Monthly Premium For: Employee & Spouse AD&D Coverage					
	\$10,000	\$25,000	\$30,000	\$55,000	\$100,000	\$150,000
Under 30	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
30-34	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
35-39	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
40-44	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
45-49	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
50-54	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
55-59	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
60-64	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
65-69	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10
70+	\$0.14	\$0.35	\$0.42	\$0.77	\$1.40	\$2.10

Semi-Monthly Premium For: Dependent Child Life Coverage	
\$2,000	\$0.06
\$4,000	\$0.11
\$6,000	\$0.17
\$8,000	\$0.23
\$10,000	\$0.29

Semi-Monthly Premium For: Dependent Child AD&D Coverage	
\$2,000	\$0.04
\$4,000	\$0.09
\$6,000	\$0.13
\$8,000	\$0.18
\$10,000	\$0.22

Additional Benefits



Legal Shield & Identity Theft Shield

Plan Details:

- Covers member, spouse, non-married children
- Small fee covers everything and you get access to quality lawfirms
- Continuous Credit Monitoring
- Identity Restoration

For support, please use the contact information listed below:

Contact: Doug Roberts
Website: www.legalshield.com
Phone: 630-254-2884
Fax: 630-566-2342



IMRF- Illinois Municipal Retirement Fund

Plan Details:

- Provides for temporary or long term disability benefits (after 12 months of consecutive work service)
- Provides for Retiree Pension Benefits (vesting applies)
- Provides a Retiree Death Benefit after one year of credited service

For support, please use the contact information listed below:

Contact: Tecya Anderson
Website: www.imrf.org
Phone: 800-275-4673

Additional Benefits



NCPERS Voluntary Life – Prudential Life Insurance

Guaranteed Acceptance Term Life Insurance. Designed especially for public employees like you. This voluntary plan offers a supplementary survivor's benefits for yourself, spouse and children. Your designated beneficiary will receive the full benefit. Included is an Accidental Death and Dismemberment (AD&D) rider that pays an additional benefit if the loss is due to accident, or dismemberment results as part of an injury.

Plan Details:

- Term Life Insurance – coverage is based on age group
- Accidental Death and Dismemberment Benefit
- Flat \$8 per check covers employee, spouse, and children
- Premium never increases



AFLAC – Voluntary Life, Disability, Hospital, Accident and Illness

- *Accident Insurance - Accident Insurance is designed to help employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Benefit payments may be made for, but not limited to emergency room care, doctor office visits and physical therapy*
- *Illness Insurance – Illness Insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if diagnosed with a covered illness. Covered conditions include heart attack, stroke, major organ transplant; permanent paralysis, end-stage renal (kidney) failure and the need for coronary artery bypass surgery.*
- *Disability Insurance – Personal Disability Income protection allows you to choose a level of financial coverage that best meets your individual needs resulting from a covered disability, sickness or covered off the job injury.*
- *Hospital and Sickness Plan – Provides cash benefits, in addition to medical insurance to cover physician visits, confinement costs, major diagnostic exams, surgery, ambulance and rehabilitation.*
- *Life Insurance – Provides additional term and whole life insurance for yourself and family members. You can select a term life insurance plan for 10 20 or 30 years of coverage at a predetermined cost.*

For support, please use the contact information listed below:

Carrier: AFLAC (fees based on underwriting)

Contact: David Cotton

Phone: 815-210-8499



Nationwide Retirement – 457 Plan

Plan Details:

- Decide how much you want to contribute
- Tax Deferred Savings lower your taxable income
- 24/7 access to your account and investments
- Ability to withdraw / borrow from your account (for unforeseeable emergency that is approved by plan).

Contact Information

Medical

Provider Name: BlueCross BlueShield IL
Phone Number:
HMO – 800-260-6839
H.S.A. – 800-541-2768
Website: www.bcbsil.com

Cobra Vendor

Provider Name: Infnisource
Phone Number: 800-300-3838
Website: www.infnisource.com

Dental

Provider Name: MetLife
Phone Number: 800-942-0854
Web Address: www.metlife.com

Vision

Provider Name: EyeMed
Phone Number: 866-804-0982
Website: www.evemed.com

Life & Accidental Death & Dismemberment

Provider Name: MetLife
Phone Number: 800-523-2894
Web Address: www.metlife.com

Voluntary Life & Accidental Death & Dismemberment

Provider Name: MetLife
Phone Number: 800-523-2894
Web Address: www.metlife.com

Flexible Spending Account

Provider Name: Infnisource
Phone Number: 800-300-3838
Website: www.infnisource.com

Legal Shield & Identity Theft Shield

Contact: Doug Roberts
Phone Number: 830-254-2884
Website: www.legalshield.com

Illinois Municipal Retirement Fund

Contact: Tecya Anderson
Phone Number: 800-275-4673
Website: www.imrf.org

AFLAC

Contact: David Cotton
Phone: 815-210-8499
Website: www.aflac.com

Nationwide

Contact: Don Regan
Phone: 877-877-3878
Website: www.nrsforu.com

Benefit Wallet – HSA Administrator

Phone Number: 877-472-4200
Web Address: www.mybenefitwallet.com

Customer Service/Billing/Benefit Questions at The Horton Group

Alyson O'Mara
Client Analyst
Phone: 708-845-3164
Fax: 708-845-4164
Email: alyson.omara@thehortongroup.com