



COUNTY OF KENDALL, ILLINOIS
ADMIN HR COMMITTEE
County Office Building
County Board Room 210
Wednesday, August 21, 2019 at 5:30p.m.

MEETING AGENDA

- 1. Call to Order**
- 2. Roll Call:** Elizabeth Flowers (Chair), Scott Gengler, Judy Gilmour, Matthew Prochaska, Robyn Vickers
- 3. Approval of Agenda**
- 4. Approval of Minutes from August 5, 2019**
- 5. Department Head and Elected Official Reports**
- 6. Public Comment**
- 7. Committee Business**
 - *Presentation Health Insurance Mid-Year Review – The Horton Group*
 - *Discussion of County Expense Reimbursement Policy*
 - *Discussion of Mack & Associates, P.C. Performing a GIS Mapping Fee Cost Study not to Exceed \$5,000*
 - *Discussion of Second Internet Connection*
- 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, August 5, 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		
Scott Gengler	Here		
Judy Gilmour	Here		
Matthew Prochaska	Here		
Robyn Vickers	ABSENT		

Others in Attendance: Meagan Briganti, 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 Gengler to approve the July 17, 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. Koeppel asked Chair Flowers about the upcoming September 2nd, meeting. The meeting falls on Labor Day. Chair Flowers got consensus from committee members to have a Special Admin HR Meeting on Thursday September 5th at 5:30pm. Mr. Koeppel also reported that staff inquired with our broker Alliant about going out to bid for liability, worker’s compensation and property insurance. Per our broker they do not foresee significant savings if we go out to bid. The consensus was to not go out to bid at this time. Staff and the Board are very happy with the services of ICRMT.

PUBLIC COMMENT - None

COMMITTEE BUSINESS

- *Approval of Resolution Authorizing Execution and Amendment of Downstate Operating Assistance Grant Agreement* – Mr. Koeppel explained that this is the FY2020 grant application through the State for KAT in the amount of \$1.1million.

Motion made by Member Gilmour, second by Member Prochaska to forward to the County Board under Consent Agenda. With four members voting aye, the Resolution was approved by a 4-0 vote.

- *Approval of Resolution Authorizing Execution and Amendment of Section 5311 Grant Agreement* – As the previous item this is a grant application for the KAT Program in the amount of \$55,000 and comes before the Committee and Board annually. **Member Prochaska made a motion, second by Member Gilmour to forward to the County Board under Consent Agenda. With four members voting aye, the Resolution was approved by a 4-0 vote.**
- *Approval of Kendall County Title VI Statement of Policy and Program* – Mr. Koeppel explained that the Title VI Statement is part of the Civil Rights Act of 1964 and a requirement of the KAT grant application process. It has to do with discrimination as it relates to transportation services. There is a complaint form and procedures for an investigation. **Member Gilmour made a motion, second by Member Gengler to forward to the County Board under Consent Agenda. With four members voting aye, the Statement was approved by a 4-0 vote.**
- *Request for Bid for Modern Cadastral Model Parcel Fabric* – Ms. Briganti outlined why the GIS Department needed to move toward this newer modern model and requested to go out to bid. She noted that this item is budgeted. **Motion made by Member Gengler, second by Member Gilmour to send to the State Attorney's Office for review then out to bid. With four members voting aye, the Statement was approved by a 4-0 vote.**
- *Discussion of Increasing GIS Fees* – Ms. Briganti reviewed the GIS budget and noted that at the current rate the GIS Department which has always been self-funded on fees will not be able to rely solely on fees and would require some funding from the General Fund. Ms. Briganti reviewed a survey of fees from comparable Counties, all but one had higher fees than Kendall. To staff's knowledge we have never increased the fee. **There was consensus to increase the GIS fees from \$16 to \$30. Staff would work on an Ordinance or Resolution and bring that back to the Committee for review and approval.**
- *Discussion of Bid Results for Second Internet Connection* – Mr. Kinsey reviewed the bid results on page 43 of the packet. There were two companies that submitted proposals. Mr. Kinsey recommended going with Metronet the lowest bidder at 300mb for 48 months. **Motion made by Prochaska second by Member Gilmour to send to State Attorney's Office for review then to the County Board for approval. With four members voting aye, the motion carried.**

EXECUTIVE SESSION - None

ITEMS FOR COMMITTEE OF THE WHOLE - None

ACTION ITEMS FOR COUNTY BOARD

- *Approval of Resolution Authorizing Execution and Amendment of Downstate Operating Assistance Grant Agreement*
- *Approval of Resolution Authorizing Execution and Amendment of Section 5311 Grant Agreement*
- *Approval of Kendall County Title VI Statement of Policy and Program*

ADJOURNMENT – Member Prochaska made a motion to adjourn the meeting, second by Member Gengler. **With four members voting aye, the meeting adjourned at 6:24 p.m.**

Respectfully Submitted,

Mera Johnson
Risk Management and Compliance Coordinator

MONTHLY MEDICAL INSURANCE REPORT
July FY 19

	Non-Union	Union	Total Enrolled				Annual Plan Cost
			Jul-18	Aug-18	Jul-19	Aug-19	
HMO EE	19	16	36	34	37	35	\$6,510.56
HMO FAM	8	13	23	21	20	21	\$12,297.46
H.S.A. \$1500 EE	60	43	111	115	104	103	\$9,794.18 *
H.S.A. \$1500 FAM	49	63	108	105	112	112	\$18,666.61 *
H.S.A. \$2800 EE	1	2	6	6	4	3	\$8,991.53 *
H.S.A. \$2800 FAM	5	3	0	0	8	8	\$17,150.72 *
Total Enrolled	142	140	284	281	285	282	

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) *95.01% of budget

	December	January	February	March	April	May	June	July	August	September	October	November	Totals
BCBS Medical Premium	353324	164572	359064	353709	361141	369073	358602	370616					\$2,683,199
UHC Final Bill	0	0	1513	0	0	0	0	0	0	0	0	0	\$1,513
Met Life Dental Premium	0	48213	23662	24138	24248	24733	23914	24374					\$193,472
Met Life Life Premium	0	0	1383	932	471	482	465	484					\$4,217
Health Savings Account	516000	1250	6875	1250	1125	3000	0	3000					\$533,000
Insurance Refunds	0	0	0	0	0	0	0	0					\$0
HRA Admin Fee	0	0	0	105	0	95	0	95					\$294
FSA Admin Fee	84	84	84	105	0	123	0	0					\$480
0102-027-6547													
TOTALS	\$871,408	\$214,119	\$392,771	\$390,239	\$386,966	\$398,905	\$382,960	\$398,787	\$0	\$0	\$0	\$0	\$3,426,174

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	742810	362253	358682	347161	359285	366182	362562	372862	363407	358936	358725	\$4,366,865
UHC Dental Premium	0	54644	26985	27327	27145	27734	27607	27412	27691	27858	28878	27495	\$328,755
UHC Life Premium	0	0	1679	559	564	581	568	0	1133	580	580	583	\$6,746
Health Savings Account	405000	10500	3825	0	0	0	4125	625	1250	750	375	750	\$617,000
Insurance Refunds	0	0	0	0	0	0	0	0	0	0	0	0	\$0
HRA Admin Fee	83	83	83	165	83	165	0	0	0	0	0	0	\$578
FSA Admin Fee	170	170	168	376	188	0	393	0	0	0	188	84	\$1,566
0102-027-6547													
TOTALS	\$485,252	\$907,854	\$398,792	\$397,109	\$375,180	\$387,558	\$399,040	\$390,599	\$402,935	\$392,575	\$387,017	\$387,617	\$5,211,508

FY 17 MONTHLY MEDICAL INSURANCE INVOICES (BUDGETED: \$5,106,257)*96.84% 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	368848	346172	347668	346995	355952	357894	358354	358637	363212	363533	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	25384	25864	27025	24382	26197	25788	25870	25842	25579	25525	25894	25604	\$308,783
Lincoln Life Premium	782	840	616	725	672	734	723	727	718	716	732	726	\$8,721
Health Savings Account	443800	1760	4375	0	0	1760	0	3625	2000	875	0	280	\$468,425
Insurance Refunds	271	0	0	0	142	594	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	162	0	339	170	170	170	170	170	170	\$2,183
0102-027-6547													
TOTALS	\$820,558	\$395,405	\$383,793	\$375,028	\$374,090	\$384,840	\$384,639	\$388,800	\$395,625	\$390,581	\$392,412	\$393,285	\$5,047,057

FY 16 MONTHLY MEDICAL INSURANCE INVOICES (BUDGETED: \$5,063,813)* 93.8% 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	341085	\$4,089,996
Lincoln Life Dental Premium	23476	24220	24192	23782	23821	23606	23721	23746	23306	23330	23196	23385	\$283,618
Lincoln Life Premium	726	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	\$353,000
FSA Admin Fee	148	148	148	148	148	156	156	156	156	156	156	156	\$1,834
TOTALS	\$715,895	\$384,251	\$389,387	\$372,256	\$367,347	\$379,435	\$368,765	\$367,516	\$357,533	\$359,458	\$362,211	\$365,318	\$4,747,584

MONTHLY BENEFITS SUMMARY REPORT
July FY 19

Retirees/COBRA (12/1/18 - 11/30/19) (42 Retirees / 1 COBRA)		
Vision	Family	7
Vision	Single	10
Medical	Family	2
Medical	Single	11
Dental	Family	34
Dental	Single	13
TOTAL		77

DEPARTMENT	New Hires		Resignations/Terms	
	YTD	Current Month	YTD	Current Month
Administration				
Animal Contr	1			
Assessment	1			
Circuit Clerk	3		2	
Coroner				
County Clerk				
Facilities	1		2	
Forest Pres	1		2	
Health Dept.	3		2	
HWY			1	
KenCom	1			
PBZ			1	
Probation	1			
Public Defender				
Sheriff	6		4	
State's Att	1		1	
Technology/GIS	2		1	
VAC	1		1	
Totals	22		3	17
				0

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

BENEFIT/WALLET HSA FUNDING	
Month	Deposit
December	516,000
January	1,250
February	6,875
March	1,250
April	1,125
May	3,500
June	0
July	3,000
August	
September	
October	
November	
Total	\$ 633,000

MONTHLY ADMINISTRATION / HR SUMMARY REPORT

July 31, 2019

W.C. Claims Expense (12/1/18 - 11/30/19)					
	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	Total Claims
December	\$ 228	\$ 1,987	\$ 2,164		\$ 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	352	2,004	2,144	8,782	13,282
July	185	1,647	952	1,894	4,678
August					0
September					0
October					0
November					0
Total Claims Expense	\$ 10,114	\$ 39,686	\$ 12,266	\$ 27,262	\$ 89,328

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	20
Total claims paid	40	46	20	20

W.C. Claims	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	10,114	39,686	12,266	27,262
Total claims paid	\$ 318,138	\$ 600,006	\$ 26,696	\$ 27,262

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-JUN	JULY
Administration	1				
Animal Control	6	1	4	1	
Circuit Clerk	1	1	1	1	
Coroner					
County Clerk	1	2			
Facilities				1	
Forest Preserve	3	2		3	
Health Dept.	3	2	2	1	
Highway	1	2	1	1	1
Judiciary					
PBZ					
Probation	1				
Public Defender					
Sheriff - Corrections	5	18	2	3	
Sheriff - Patrol/Admin	16	16	10	6	1
State's Attorney	2	2		1	
Technology					
VAC					
Totals	40	46	20	18	2

**Illinois Counties Risk Management Trust
Claims Analysis
8/1/2019**

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	1,000	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	477	N	Y
6	2/12/2019	Highway	open	430	N	Y
7	2/17/2019	Sheriff	open	31,067	Y	N
8	2/21/2019	Circuit Clerk	closed	-	N	Y
9	3/8/2019	Facilities	open	842	N	Y
10	4/26/2019	Sheriff	open	1,485	N	Y
11	4/25/2019	State's Attorney	open	-	N	Y
12	5/17/2019	Sheriff	open	981	N	Y
13	5/19/2019	Forest Preserve	open	-	N	Y
14	6/7/2019	Forest Preserve	open	299	N	Y
15	6/21/2019	Sheriff	open	84	N	Y
16	6/28/2019	Aminal Control	open	-	N	Y
17	6/29/2019	Corrections	open	-	Y	Y
18	6/29/2019	Corrections	open	-	N	Y
19	7/15/2019	Highway	open	-	N	Y
20	7/22/2019	Sheriff	open	-	N	Y

Total FY19 Claims Paid To Date \$ 39,171

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	190,850	Y	Terminated
				190,850		
2015-16 Policy						
2	4/12/2016	Sheriff	open	93,061	Y	Y
3	9/13/2016	Sheriff	closed	252,246	Y	Y
				345,307		
2016-17 Policy						
4	2/28/2017	Corrections	open	30,176	Y	Y
5	10/26/2017	Corrections	open	160,637	Y	Y
6	4/19/2017	Sheriff	open	87,698	Y	Y
7	11/21/2017	Sheriff	open	151,654	Y	Y
				430,164		
2017-18 Policy						
8	12/12/2017	Corrections	open	20,379	Y	Y
9	5/2/2018	Sheriff	closed	3,468	N	Y
10	8/3/2018	Sheriff	re-opened	3,174	N	Y
11	11/1/2018	Corrections	open	771	N	Y
12	11/18/2018	Sheriff	open	1,782	N	Y
				29,574		

Total Prior Year's Active Claims \$ 995,896

**Illinois Counties Risk Management Trust
Claims Analysis
8/1/2019**

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
2015-16 Policy				
1 8/9/2016	Sheriff	open	22,960	Law Enforcement Liability
2 11/4/2016	Sheriff	open	9,766	Law Enforcement Liability
			<u>32,726</u>	
2016-17 Policy				
3 9/23/2014	Various	open	13,686	General Liability
			<u>13,686</u>	
2017-18 Policy				
4 7/1/2018	Sheriff	open	3,702	General Liability

Total Prior Year's General Liability Claims \$ 48,263

IN THE CIRCUIT COURT FOR THE TWENTY-THIRD JUDICIAL CIRCUIT

GENERAL ORDER 19-3

IN THE MATTER OF THE ADOPTION OF)
THE COURT CALENDAR FOR THE YEAR)
2020:)

FILED
JUN 03 2019
K. J. GEMUNSON
CIRCUIT CLERK KENDALL CO.

IT IS HEREBY ORDERED THAT:

The Circuit Court for the 23rd Judicial circuit of the State of Illinois shall adjourn, and the Office of the Circuit Clerks of DeKalb and Kendall Counties shall be closed on the following legal holidays for the year 2020:

<u>HOLIDAY</u>	<u>OBSERVED</u>
New Year's Day	Wednesday, January 1, 2020
Martin Luther King Jr. Day	Monday, January 20, 2020
Lincoln's Birthday	Wednesday, February 12, 2020
Washington's Birthday (Obsvd.)	Monday, February 17, 2020
Spring Holiday (Close at Noon)	Friday April 10, 2020
Memorial Day	Monday, May 25, 2020
Independence Day (Obsvd.)	Friday, July 3, 2020
Labor Day	Monday, September 7, 2020
Columbus Day	Monday, October 12, 2020
Veterans Day	Wednesday, November 11, 2020
Thanksgiving Day	Thursday, November 26, 2020
Day Following Thanksgiving Day	Friday, November 27, 2020
Christmas Eve (Close at Noon)	Thursday December 24, 2020
Christmas Day	Friday, December 25, 2020

Dated this 5th day of June, 2019


Robert P. Pilmer, Chief Judge



KENDALL COUNTY ADMINISTRATIVE SERVICES DEPARTMENT

**To: Admin HR Committee; Elizabeth Flowers (Chair), Judy Gilmour, Scott Gengler,
Matthew Prochaska, Robyn Vickers**

From: Mera Johnson, HR Risk Management & Compliance Coordinator

Re: KAT, CDL's & Cannabis

At the August 5, 2019 Admin HR Committee a question was asked about Illinois's recent legalization of Cannabis as it relates to the Federal grants and employees with CDLs, specifically the KAT Program

After a discussion with KAT, Program Director, Mike Neuenkirchen it was determined that Federal primacy comes into play with regard to cannabis use. KAT is a Federal Transportation Authority (FTA) and Department of Transportation (DOT) sensitive program, so cannabis and cannabinoids remained banned. As a recipient of federal funds, KAT is required to follow DOT standards.

Employees of KAT are required to get their CDL within months of being employed by KAT. However, the DOT standards are in effect and cannabis would be treated as a banned substance whether KAT was a CDL shop or not.

Please keep in mind, employees of KAT are not County employees. The State's Attorney Office is working on a county wide Drug Free Workplace Program & Testing Policy, for non DOT purposes.



Administration & HR Committee Meeting

Mid Year Review & Renewal Planning

Location: **The County of Kendall**
111 West Fox Street
Yorkville, IL 60560

Date: **August 21, 2019**

Agenda details:

I. Market and Plan Performance Update

II. Cost Share & Plan Design Considerations

- a. Current Cost Share
- b. Defined Contribution 10% / 32%
- c. Defined Contribution 17.5% / 33.5%
- d. Defined Contribution 15% / 33%
- e. Modified Plan Design with different HSA Contribution by Plan

III. Pharmacy Opportunities: Disruption Details

**KENDALL COUNTY
EXECUTIVE HEALTHCARE COST ANALYSIS**

1/1/17-12/31/17

UMC

**ANNUALIZED
(Unless Noted)**

1/1/18-12/31/18

UMC

**ANNUALIZED
(Unless Noted)**

1/1/19-12/31/19

BCBS

Total Work Claims (Includes Medical & Other Claims Over Pooling Charge - Plus Pooling Charge)

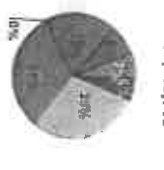
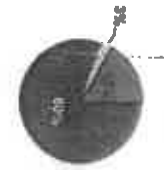
Total	\$4,156,834	\$4,518,522	\$3,908,484
Per Member	\$6,204	\$6,035	\$6,082
Per Employee	\$14,058	\$15,836	\$14,044

Clients By Network Affiliation (Net of Pharmacy & Ancillary Pharmacy Costs)

	In-network FY17	Required Rate FY18	Non-Net
Total Eligible Charges	\$8,039,382	\$8,481,397	\$7,866,331
Discount to Claims	\$4,887,844	\$5,545,441	\$4,683,899
Allowed Amount (Balance)	\$3,151,438	\$3,085,828	\$3,001,371
Percent of Discount to Eligible	60.8%	58.5%	60.8%

Total Eligible Network Charges	\$7,798,200	\$9,092,631	\$7,863,546
Percent of Network Claims	97.0%	95.9%	100.0%
Total Eligible Out-of-Network Charges	\$241,181	\$388,736	\$1,786
Percent OON Claims	3.0%	4.1%	0.0%

Medical / 2019 & later Non-HMO Inpatient	\$4,458,677	\$3,781,316	\$227,380
Capitation / 2019 & later Non-HMO Outpatient	\$123,589	\$127,393	\$1,080,880
2019 & later Non-HMO Professional			\$1,192,333
2019 & later Non-HMO VBC			\$2,001
Pharmacy	\$988,042	\$788,317	\$988,925
2019 & later HMO Medical			\$284,778
2019 & later HMO Physician Service Fees (Estimated)			\$238,400
Total	\$5,288,178	\$4,887,027	\$3,885,716



Eligible/Insured Population

Est. Fully Insured Premium	\$4,295,297	\$4,362,201	\$4,318,008
Per Member	\$6,440	\$6,695	\$6,562
Per Employee	\$14,733	\$15,268	\$15,204

High Cost Claimants

Number of Claimants	3	3	3
Total Large Claims	\$1,894,128	\$1,894,128	\$1,894,128
Total Claims over \$125,000	(\$1,489,128)	(\$1,489,128)	(\$1,489,128)

Estimated Pooling Charge

High Cost Claimant %	0%	1%	0%
Non-High Cost Claimant %	100%	99%	100%

**KENDALL COUNTY
EXECUTIVE HEALTHCARE COST ANALYSIS**

	1/1/17-12/31/17 UHC	1/1/18-12/31/18 UHC	1/1/18-7/31/18 BC95
PRESCRIPTION DRUG EXPERIENCE			
Rx Annual Cost / Member	\$1,041	\$1,225	\$1,092
Scripts per member / year	11.10	12.28	11.15
Average Annual Price	\$93	\$97	\$97
Retail	87%	87%	85%
Mail Order	99%	99%	99%
Generic (Prescription)	4%	5%	3%
Generic Utilization	88%	87%	85%
Generic Substitution Rate	99%	99%	99%
Mail Service Utilization	4%	5%	3%
Total Specialty Rx Plan Cost		\$350,443	\$350,443
Total number of specialty scripts		89	89
Average cost per specialty script		\$3,931	\$3,931
Specialty Rx Cost as % of Total Rx Cost		50.1%	50.1%
Non-Specialty Rx % of Total Rx Cost		49.9%	49.9%



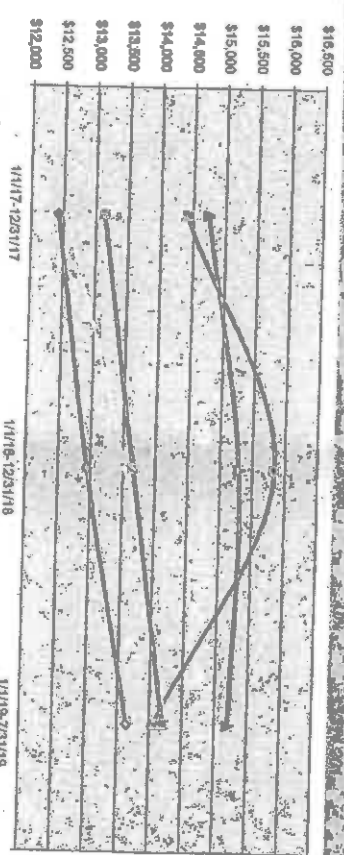
Specialty Rx Percentage
 Non-Specialty Rx Percentage

KENDALL COUNTY
EXECUTIVE HEALTHCARE COST ANALYSIS

PLAN DEMOGRAPHICS	1/1/17-12/31/17 UHC	ANNUALIZED (Unless Noted) 1/1/18-12/31/18 UHC	ANNUALIZED (Unless Noted) 1/1/18-12/31/18 BCBS
-------------------	------------------------	--	---

Covered Members	661	662	658
Employee Only	152	150	145
Employee & Spouse	19	21	23
Employee & Children	15	14	16
Family	103	101	100
Covered EE	289	285	284
Covered EE	44	45	45
Covered Member	32	33	33
Covered EE	47% / 53%	47% / 53%	47% / 53%
Covered Members	54% / 48%	54% / 48%	54% / 46%

Contract Costs (Fully Insured Premium)	1/1/17-12/31/17	1/1/18-12/31/18	1/1/19-12/31/18
Total Net Cost	\$4,255,297	\$4,362,201	\$4,318,089
Claims Per Member	\$6,294	\$6,935	\$6,082
Total Fully Insured Premium	\$4,255,297	\$4,362,201	\$4,318,089
Premium Paid Per Employee	\$14,733	\$15,288	\$15,204
Per Member	\$8,440	\$9,095	\$6,592



2019 Kaiser and Mercer benchmarks are estimated.
 - Kaiser - State / Local Government
 - Mercer - Government
 - Kaiser - State / Local Government
 - Kaiser Survey - All Industries

Key Indicators

Contribution Contribution Modeling & Plan Designs

Prepared for: Kendall County

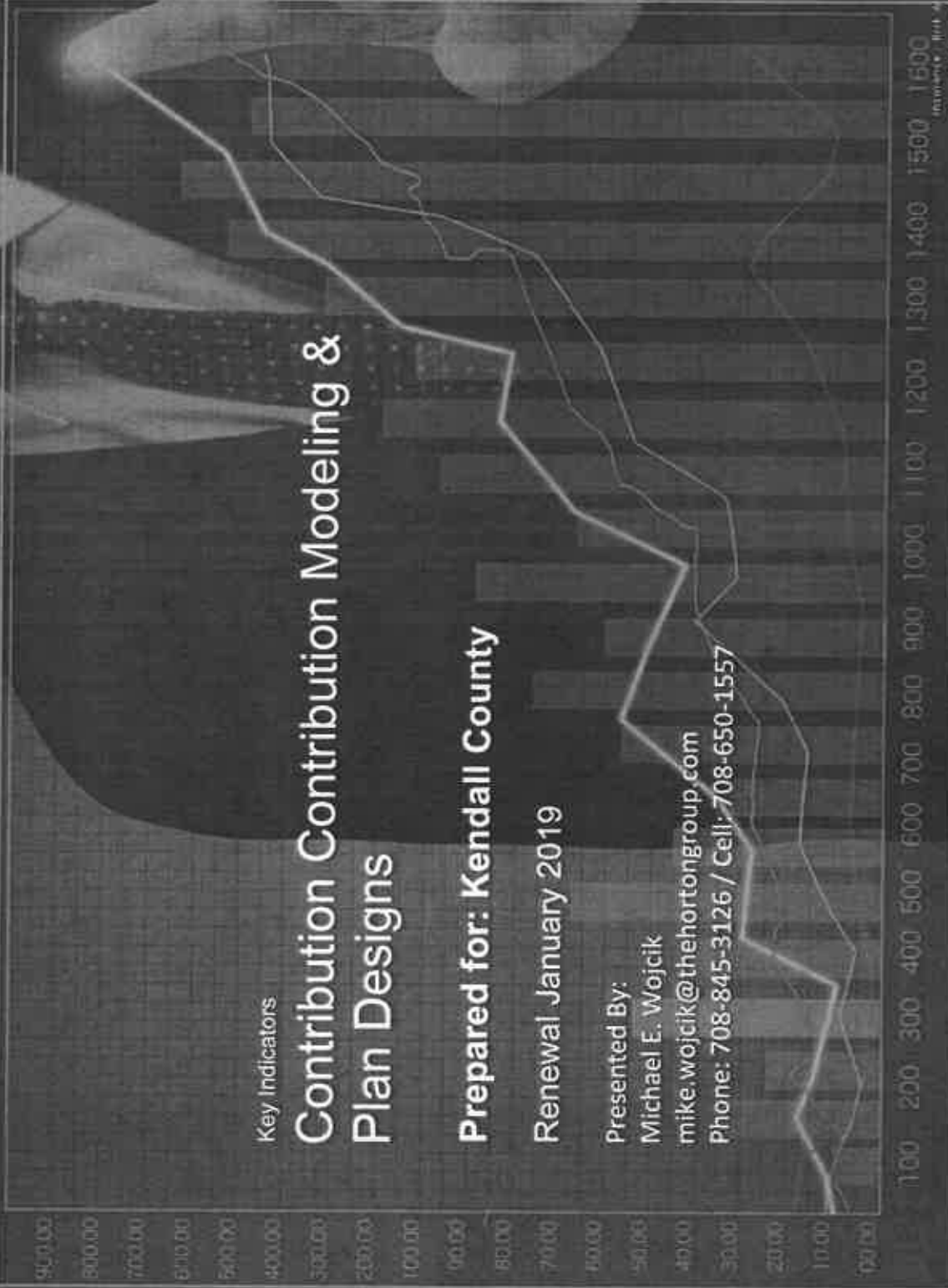
Renewal January 2019

Presented By:

Michael E. Wojcik

mike.wojcik@thehortgroup.com

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



Insurance • Risk Services • Employee Benefits

HORTON

Contribution Exhibit

Kendall County
CURRENT PRACTICE - 1/1/19 EE & ER Contribution vs. PROPOSED DEFINED CONTRIBUTION 1/1/19 EE & ER Contribution (2 Tier)
 Assumes Wellness Participation

	Proposed DC - 1/2019 Budget					AV Cdc
	EE	EE + SP	EE + C	Family		
HMO 500	\$902.63	\$1,507.03	\$1,507.03	\$1,607.03	90.1%	
H.S.A.	\$767.38	\$1,919.92	\$1,919.92	\$1,919.92	81.5%	
HSA \$2000	\$893.66	\$1,734.16	\$1,734.16	\$1,734.16	72.6%	

Participation	Proposed January 2019 Rates		Total January 2019 Contributions	
	EE	ER	EE	ER
HMO 500	\$633.68	\$633.68	\$234,380.30	\$273,706.58
H.S.A.	\$230.28	\$1,276.75	\$11,287.48	\$16,321.00
HSA \$2000	\$230.28	\$1,276.75	\$184,487.40	\$76,805.00
Total	\$1,104.24	\$2,187.18	\$430,155.18	\$466,832.58

Participation	Proposed January 2019 Rates		Total January 2019 Contributions	
	EE	ER	EE	ER
HMO 500	\$633.68	\$633.68	\$234,380.30	\$273,706.58
H.S.A.	\$230.28	\$1,276.75	\$11,287.48	\$16,321.00
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Total	\$1,104.24	\$2,187.18	\$430,155.18	\$466,832.58

2019 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family
 Enrollment shown on the exhibit includes active employees and retirees.



Contribution Exhibit

Kendall County

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier)

Assumes Wellness Participation

UNIQUE EMPLOYEES				
	EE	EE + SP	EE + C	Family
HMO 500	\$602.63	\$1,507.03	\$1,507.03	\$1,507.03
H.S.A.	\$787.98	\$1,919.92	\$1,919.92	\$1,919.92
HSA \$3000	\$693.88	\$1,734.16	\$1,734.16	\$1,734.16

1/1/2019 BERS Rates				
	EE	EE + SP	EE + C	Family
HMO 500	\$602.63	\$1,507.03	\$1,507.03	\$1,507.03
H.S.A.	\$787.98	\$1,919.92	\$1,919.92	\$1,919.92
*HSA \$3000	\$693.88	\$1,734.16	\$1,734.16	\$1,734.16

AV Calc
90.1%
81.6%
72.6%

Months 12

		January 2018 Rates				January 2019 Rates				Total Proposal January 2019 Contributions				
Participation		EE	ER	EE % of Total	EE	ER	EE % of Total	ER	EE	ER	EE	ER	EE	ER
HMO 500	Jan-19													
	36	EE	\$642.55	10.00%	\$60.28	\$642.55	10.00%	\$234,380.30	\$26,092.28	\$234,381.60	\$26,092.28	\$234,381.60	\$26,092.28	\$234,381.60
	1	ES	\$1,024.79	32.00%	\$482.24	\$1,024.79	32.00%	\$12,297.48	\$5,786.88	\$12,297.48	\$5,786.88	\$12,297.48	\$5,786.88	\$12,297.48
	5	EC	\$1,024.79	32.00%	\$482.24	\$1,024.79	32.00%	\$61,467.40	\$28,394.40	\$61,467.40	\$28,394.40	\$61,467.40	\$28,394.40	
	15	Family	\$1,024.79	32.00%	\$482.24	\$1,024.79	32.00%	\$184,462.20	\$86,858.20	\$184,462.20	\$86,858.20	\$184,462.20	\$86,858.20	
H.S.A.	Jan-19													
	104	EE	\$691.18	10.00%	\$78.80	\$691.18	10.00%	\$662,585.14	\$65,843.00	\$662,582.64	\$65,843.00	\$662,582.64	\$65,843.00	
	20	ES	\$1,305.55	32.00%	\$614.37	\$1,305.55	32.00%	\$313,332.00	\$147,449.00	\$313,332.00	\$147,449.00	\$313,332.00	\$147,449.00	
	11	EC	\$1,305.55	32.00%	\$614.37	\$1,305.55	32.00%	\$172,332.00	\$81,068.84	\$172,332.00	\$81,068.84	\$172,332.00	\$81,068.84	
	82	Family	\$1,305.55	32.00%	\$614.37	\$1,305.55	32.00%	\$1,284,661.20	\$604,510.08	\$1,284,661.20	\$604,510.08	\$1,284,661.20	\$604,510.08	
HSA \$3000	Jan-19													
	3	EE	\$624.29	10.00%	\$69.37	\$624.29	10.00%	\$22,474.58	\$2,497.18	\$22,474.44	\$2,497.18	\$22,474.44	\$2,497.18	
	3	ES	\$1,179.23	32.00%	\$554.93	\$1,179.23	32.00%	\$42,452.28	\$19,877.48	\$42,452.28	\$19,877.48	\$42,452.28	\$19,877.48	
	1	EC	\$1,179.23	32.00%	\$554.93	\$1,179.23	32.00%	\$14,160.78	\$6,668.16	\$14,160.78	\$6,668.16	\$14,160.78	\$6,668.16	
	4	Family	\$1,179.23	32.00%	\$554.93	\$1,179.23	32.00%	\$68,603.04	\$36,658.64	\$68,603.04	\$36,658.64	\$68,603.04	\$36,658.64	
Total Employees	285													
		ER	\$3,281,228.98		\$3,281,228.98		\$3,281,228.98		\$3,281,228.98		\$3,281,228.98		\$3,281,228.98	
		EE	\$523,500.00		\$523,500.00		\$523,500.00		\$523,500.00		\$523,500.00		\$523,500.00	
		ER/EE%	76.97%		76.97%		76.97%		76.97%		76.97%		76.97%	
		Grand Total	\$4,910,995.80		\$4,910,995.80		\$4,910,995.80		\$4,910,995.80		\$4,910,995.80		\$4,910,995.80	
		% Change	-5.02%		-5.02%		-5.02%		-5.02%		-5.02%		-5.02%	

*HSA \$3000 includes Preventive Rx at \$0 Cost; Premium Rates are estimated (No change from HSA \$2800 without Preventive Rx benefit)
 2019 Current Employer HSA Seed Contributions: \$1,500 EE Only; \$3,000 Family
 Alternate Plan Annual HSA Employer Seed: \$1500 Ded HSA - \$750 EE Only, \$1,500 Family Tiers; \$3000 Ded HSA - \$1,500 EE Only, \$3,000 Family Tiers.
 Enrollment shown on the exhibit includes active employees and retirees.



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



EE	ES	EC	Family	Total
1	1	1	1	4
20	20	20	20	80
4	4	4	4	16
24	24	24	24	96
50%	50%	50%	50%	200%

HMO	HSA \$2000	Total	%
\$500	\$3,800	\$4,300	100%

Presented by: Michael Work

Type of Plan	CURRENT BCBS				ALTERNATE BCBS	
	BA HMO	HSA	HSA \$2000	BA HMO	HSA	HSA \$3000
In-Network Benefits						
Individual Deductible	\$500	\$1,500	\$2,800	\$500	\$1,500	\$3,000
Family Deductible	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$6,000
Co-insurance	100%	100%	100%	100%	100%	100%
Individual Out of Pocket	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$4,000
Family Out of Pocket	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$7,000
OPX includes ded/unless noted	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded
OPX includes ded/unless noted	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Emergency Room Co-pay	\$10/40/80	\$10/40/80 After Ded	\$10/40/80 After Ded	\$10/40/80	\$10/40/80 After Ded	\$10/40/80 After Ded
Hospital Co-pay	2.5x Retail	Included in Med.	Included in Med.	2.5x Retail	Included in Med.	Included in Med.
Retail Rx Co-pay	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Mail Order Rx Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Rx Family Out of Pocket	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Primary Physician Office Visit Co-pay	100%	UNLIMITED	UNLIMITED	100%	UNLIMITED	UNLIMITED
Specialists Office Visit Co-pay	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Preventative Services						
Lifetime Maximum						
Out of Network Benefits						
Individual Deductible	\$5,600	\$1,500	\$5,600	\$5,600	\$1,500	\$6,000
Family Deductible	\$11,200	\$3,000	\$11,200	\$11,200	\$3,000	\$12,000
Co-insurance	80%	80%	80%	80%	80%	80%
Individual Out of Pocket	\$7,600	\$3,000	\$7,600	\$7,600	\$3,000	\$8,000
Family Out of Pocket	\$13,200	\$6,000	\$13,200	\$13,200	\$6,000	\$14,000
OPX includes ded/unless noted	\$300 After Ded	\$300 After Ded	\$300 After Ded	\$300 After Ded	\$300 After Ded	\$300 After Ded
OPX includes ded/unless noted	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded
Emergency Co-pay	\$602.83	\$767.98	\$693.66	\$602.83	\$767.98	\$693.66
Hospital Co-pay	\$1,507.03	\$1,919.92	\$1,734.16	\$1,507.03	\$1,919.92	\$1,734.16
Physician Office Visit Services	\$1,507.03	\$1,919.92	\$1,734.16	\$1,507.03	\$1,919.92	\$1,734.16
Preventative Services						
Lifetime Maximum						
Medical Premium						
Employee	\$53,349.51	\$296,820.88	\$15,954.26	\$53,349.51	\$296,820.88	\$15,954.26
Employee + Spouse						
Employee +Children						
Family						
Total Medical Monthly Premium						
Total Annual Premium	\$640,194.12	\$4,363,465.80	\$276,000	\$640,194.12	\$4,363,465.80	\$276,000
Employer Annual HSA Seed	\$4,916,995.90	\$4,916,995.90	\$4,916,995.90	\$4,916,995.90	\$4,916,995.90	\$4,916,995.90
Total Annual Premium & HSA Seed	\$645,111,110.02	\$9,280,461.70	\$290,995.90	\$645,111,110.02	\$9,280,461.70	\$290,995.90
Transition Credit						
Total Annual Cost	\$645,111,110.02	\$9,280,461.70	\$290,995.90	\$645,111,110.02	\$9,280,461.70	\$290,995.90

Current Plans Annual HSA Employer Seed: \$1,500 EE Only; \$3,000 Family Tiers

Alternate Plan Annual HSA Employer Seed: \$1,500 Ded HSA - \$750 EE Only, \$1,500 Family Tiers; \$3000 Ded HSA - \$1,500 EE Only, \$3,000 Family Tiers.

* Alternate HSA \$3000 includes Preventive Rx at \$0 Cost to member per IRS Guidelines; Premium Rates are estimated (No change from HSA \$2800 without Preventive Rx benefit)



COMPLIANCE BULLETIN

HIGHLIGHTS

- An HDHP can only pay benefits after the annual deductible has been reached, except for preventive care benefits.
- The IRS has expanded the scope of preventive care to include certain medical services for specific chronic conditions.
- These chronic conditions include diabetes, asthma, congestive heart failure and depression.

IMPORTANT DATE

July 17, 2019

The expanded list of preventive care in IRS Notice 2019-45 is effective.

IRS Expands Preventive Care for HDHPs to Include Chronic Conditions

OVERVIEW

On July 17, 2019, the IRS released [Notice 2019-45](#) to add care for a range of chronic conditions to the list of preventive care benefits that can be provided by a high deductible health plan (HDHP) without a deductible.

Individuals who are covered by an HDHP generally may establish and make contributions to a health savings account (HSA). To qualify as an HDHP, the plan cannot provide benefits for any year until a minimum deductible is satisfied. However, an HDHP may provide benefits for preventive care without imposing a deductible.

IRS Notice 2019-45 classifies certain medical care services and items, including prescription drugs, for chronic conditions as preventive care for individuals with those chronic conditions.

ACTION STEPS

This guidance makes it easier for HDHP participants to receive benefits for medications and other care to treat their chronic conditions. Employers with HDHPs should review their plan documents and consult with their carriers and benefit administrators, if necessary, to determine how their plans cover preventive care benefits.

Provided By:
The Horton Group, Inc.

Insurance / Risk Advisory / Employee Benefits
HORTON

COMPLIANCE BULLETIN

Preventive care for specified conditions

Angiotensin converting enzyme (ACE) inhibitors

Anti-resorptive therapy

Beta-blockers

Blood pressure monitor

Inhaled corticosteroids

Peak flow meter

Insulin and other glucose-lowering agents

Retinopathy screening

Glucometer

Hemoglobin A1c testing

International normalized ratio (INR) testing

Low-density lipoprotein (LDL) testing

Selective serotonin reuptake inhibitors (SSRIs)

Statins

For individuals diagnosed with

Congestive heart failure, diabetes and/or coronary artery disease

Osteoporosis and/or osteopenia

Congestive heart failure and/or coronary artery disease

Hypertension

Asthma

Diabetes

Liver disease and/or bleeding disorders

Heart disease

Depression

Heart disease and/or diabetes

These additional services and items are treated as preventive care only when prescribed to treat an individual with the specified chronic condition, and only when prescribed to prevent the exacerbation of the chronic condition or the development of a secondary condition.

If an individual is diagnosed with more than one chronic condition, all listed services and items applicable to the two or more conditions are preventive care. However, services and items not listed above that are for secondary conditions or complications that occur are not considered preventive care for HDHP purposes.

In addition, Notice 2019-45 clarifies that its guidance does not impact the definition of preventive care under the Affordable Care Act (ACA). Under the ACA, non-grandfathered health plans must cover specific preventive care services without any participant cost-sharing.

Section 7.2

REIMBURSEMENT POLICY

Pursuant to the Illinois Wage Payment and Collection Act, the SAO will reimburse an employee for all necessary expenditures or losses incurred by the employee within the employee's scope of employment and directly related to the services performed for the SAO. "Necessary expenditures" means all reasonable expenditures or losses required of the employee in the discharge of employment duties and that inure to the primary benefit of the SAO. However, the SAO is not responsible for losses due to an employee's own negligence, losses due to normal wear, or losses due to theft unless the theft was a result of the employer's negligence.

A. REIMBURSABLE NECESSARY EXPENDITURES

The following is a non-exhaustive list of expenditures that, depending on an employee's assigned job duties, may be authorized or required in writing by the Kendall County State's Attorney, and if so, could qualify as "necessary expenditures" subject to reimbursement pursuant to the terms and conditions of this policy:

- Membership fees in professional organizations, which are pre-approved in writing by the Kendall County State's Attorney;
- Registration fees for required continuing legal education, which are pre-approved in writing by the Kendall County State's Attorney;
- Registration fees for required business conferences and workshops, which are pre-approved in writing by the Kendall County State's Attorney;
- Cell phone expenses, which are pre-approved in writing by the Kendall County State's Attorney;
- Copying costs, which are pre-approved in writing by the Kendall County State's Attorney;
- Postage costs, which are pre-approved in writing by the Kendall County State's Attorney; and
- Office supplies that are pre-approved in writing by the Kendall County State's Attorney and that required for the employee to perform the employee's assigned job duties.

In addition to the above, the following travel-related expenses might, depending on an employee's assigned job duties, be authorized or required in writing by the Kendall County State's Attorney and, if so, could qualify as "necessary expenditures" subject to reimbursement pursuant to the terms and conditions of this policy:

- Travel Tickets: Although an employee may obtain travel tickets in advance for approved business-related trips, the employee must receive prior written approval from the Kendall County State's Attorney before purchasing the travel tickets.
- Lodging: Employees may be reimbursed for reasonable, business-related lodging expenses if an overnight stay is required. However, the employee

must receive prior approval in writing from the Kendall County State's Attorney.

- **Mileage:** When attending a pre-approved training seminar, business conference and/or other meeting as part of the employee's job duties, which requires the use of the employee's personal vehicle, the employee shall be reimbursed at the mileage rate in accordance with the Internal Revenue Service's established rate, provided the employee has received prior written approval from the Kendall County State's Attorney. When submitting a mileage reimbursement form, the employee shall attach a printout from www.Mapquest.com or comparable website, which shows the total mileage traveled for which the employee is seeking reimbursement pursuant to the terms and conditions of this policy.
- **Meals:** Employees traveling overnight may be paid a per diem amount designed to cover the cost of three (3) meals per day for all days of travel other than the day of departure and return, provided such expense has been pre-approved in writing by the Kendall County State's Attorney. Reimbursement for meals within a 30-mile radius of the SAO is generally not allowable, unless pre-approved in writing by the Kendall County State's Attorney. The SAO utilizes the per diem rates as established by the U.S. General Services Administration. These per diem rates may be found under the link "Per Diem Rates" at the following website: <http://www.gsa.gov>. If an employee is attending a conference or some other event and one or more meals are provided to the employee as part of the event, the amount of the employee's per diem shall be prorated based upon the number of meals received at the conference or event.

The employee shall not receive reimbursement for any expenses incurred by the employee's spouse or any other third party traveling with the employee. Also, no employee will be reimbursed for any alcohol or entertainment expenses as such expenses are not necessary expenditures. For purposes of this policy, "entertainment" includes, but is not limited to shows, amusement centers, theaters, circuses, casinos, concerts, and sporting events.

B. REIMBURSEMENT PROCEDURES

1. Employee Must Obtain Pre-approval Before Incurring The Necessary Expenditure Or Loss.

Before incurring any necessary expenditure or loss, the employee shall be required to obtain written approval from the Kendall County State's Attorney that (a) the expense is a necessary expenditure or loss that would be subject to reimbursement pursuant to this policy; and (b) if so, what proportion of the necessary expenditure is directly related to the services performed and would be reimbursable. An employee's request for reimbursement may be denied by the Kendall County State's Attorney if the employee

has failed to comply with this requirement prior to incurring the necessary expenditure or loss.

2. Employee Must Submit A Request For Reimbursement With Supporting Documentation.

In order to receive reimbursement for all necessary expenditures, the employee shall submit a request for reimbursement of any necessary expenditure with supporting documentation (i.e., a receipt or Mapquest printout) to the Kendall County State's Attorney within thirty (30) calendar days after the employee incurred the expense. If supporting documentation is nonexistent, missing, or lost, the employee shall submit a signed statement to the Kendall County State's Attorney on a form approved by the Kendall County State's Attorney.

C. FAILURE TO COMPLY WITH THE POLICY

If the employee fails to comply with any aspect of this policy, the Kendall County State's Attorney reserves the right in his sole discretion to deny the employee's request for reimbursement. Only pre-approved necessary expenditures and losses submitted in accordance with this policy will be reimbursed.