



**COUNTY OF KENDALL, ILLINOIS**  
**ADMIN HR COMMITTEE**  
**County Office Building**  
**County Board Room 210**  
**Monday, October 7, 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 September 18, 2019**
- 5. Department Head and Elected Official Reports**
- 6. Public Comment**
- 7. Committee Business**
  - *2018 MLR Premium Rebate Check*
  - *Presentation Horton Insurance Group Annual Health Insurance Renewal Presentation*
  - *Discussion of Voluntary Employee Insurance Coverages*
- 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**  
**Wednesday, September 18, 2019**

**CALL TO ORDER** - Committee Chair Elizabeth Flowers called the meeting to order at 5:31p.m.

**ROLL CALL**

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

**Others in Attendance:** Meagan Briganti, Scott Koeppel, Tracy Page

**APPROVAL OF AGENDA** – Motion made by Member Gengler second by Member Gilmour to approve the agenda. With three members voting aye, the agenda was approved by a 3-0 vote.

**APPROVAL OF MINUTES** – Motion made by Member Gilmour, second by Member Gengler to approve the September 5, 2019 minutes. With three members voting aye, the minutes were approved by a 3-0 vote.

**DEPARTMENT HEAD AND ELECTED OFFICIAL REPORTS**

- *Administration Department* – Mr. Koeppel explained that they are wrapping up negotiations on the Ken Com IGA and when completed it will go to the Board for approval. Mr. Koeppel is working with other entities on shared services, specifically GIS and paper supplies purchasing.
- *Sherriff's Office* – Ms. Page reported that TAPHI (Tactical Athlete Performance Health Institute) has been out to train all the employees in the Sheriff's Department and that 2 employees have taken advantage of the Program. Ms. Page indicated that both employees are very happy with the quicker process and attentive staff at TAPHI. Ms. Johnson reminded the Committee that this process saves the County money on overtime and PEDAs as the employee is back to work faster and gets immediate care.

**PUBLIC COMMENT** - None

## COMMITTEE BUSINESS

- *Tom Conlin and Anthony Simonetta from All State about Employee Voluntary Coverage Options* – Tom Conlin introduced himself as the local agent. He was asked by Bob Jones to present some options for voluntary coverage as there has been some issues with Aflac. With a psychical office in town there can be better service to employees. Anthony Simonetta went over the options available through All State. These options include Out of Pocket Expenses for mayor medical incidents. Universal Life insurance, Accident Insurance and Disability Insurance. **The consensus was to discuss further at another meeting when Mr. Jones could attend and all other options could be considered.**
- *Discussion of GIS Fee Cost Study* - Ms. Briganti indicated that she redid the cost analysis to include the Counties Member Prochaska requested. She also redid the fee structure from \$28 to \$30 as requested. Member Flowers indicated that she was fine with the \$30 fee. Member Gilmour and Member Gengler conquered.
- *Review of the Ordinance setting Kendall County GIS Fees* – Ms. Briganti presented a draft Ordinance which she copied from the Animal Control Fee Ordinance. Member Flowers indicated she'd like the State's Attorney to briefly review. **Motion made by Member Gilmour, second by Gengler to forward the Cost Study and Fee Ordinance to the Finance Committee.**
- *Kendall County Drug and Alcohol Testing Policy* – Ms. Johnson reviewed the draft policy prepared by the State's Attorney Office for their staff. Highlights of the Policy is a zero tolerance policy, meaning employees are not allowed to come to work in possession of drugs or impaired or under the influence of drugs. Other highlights include employees are not allowed to use cannabis or alcohol 4 hours before work and 8 hours following a work related accident or undergoing a post-accident test. Kendall County also reserves the right to test employees for a variety of reasons. With a positive test registering at 5 nanograms cannabis and .08% alcohol. The committee discussed whether they wanted to know if employees had any drugs in their system or if they would just like a positive or negative test result. Ms. Johnson indicated that Physicians Health would be performing tests and can also come and do onsite testing. Ms. Johnson also noted that there is an option to send employees through the Employee Assistance Program. **The consensus of the Committee was to update the Policy per the Committee's comments and bring it back for the entire Committee to review before sending it on to COW for discussion.**
- *Discussion of Physicians Immediate Care as County Occupational Health Provider*- Ms. Johnson explained that in 2017 Rush Copley Occupational Health shut its doors and while employees have the right to choose where they go for care, it is helpful to Supervisors and Kendall County to have a preferred provider, especially with a more comprehensive Drug and Alcohol Program. The Sheriff's Office and Animal Control currently use Physicians. There is no contract and this would create a stream lined system for communication when it comes to workplace injuries.

**EXECUTIVE SESSION - None**

**ITEMS FOR COMMITTEE OF THE WHOLE – None**

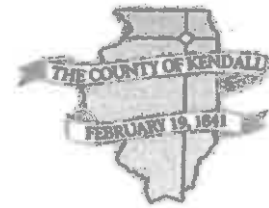
GIS Fee Study and Ordinance setting GIS Fees to the Finance Committee

**ACTION ITEMS FOR COUNTY BOARD - None**

**ADJOURNMENT – Member Gengler made a motion to adjourn the meeting, second by Member Gilmour. With three members voting aye, the meeting adjourned at 6:56 p.m.**

Respectfully Submitted,

Mera Johnson  
Risk Management and Compliance Coordinator



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## Administration & HR Committee Meeting

2020 Renewal

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

Date: **October 7, 2019**

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### Agenda details:

- I. Marketing Spreadsheet (Medical)**
- II. Marketing Spreadsheet (Ancillary)**
- III. Contribution Exhibit**

The Horton Group's

## Marketing Spreadsheet

Prepared for: Kendall County

Renewal January 2020

Presented By:

Michael E. Wojcik

[mike.wojcik@thehortongroup.com](mailto:mike.wojcik@thehortongroup.com)

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

Insurance • Risk Advisory • Employee Benefits  
**HORTON**

**Kendall County**  
**January 1, 2020**

The following Medical markets were approached:

Carrier	Status
BCBS	Incumbent
Aetna	Declined
Cigna	Declined
Humana	Declined
United Healthcare	Quoted



Kendall County  
Medical Review  
January 1, 2020

Enrollment From 2010 BCBS Renewal		Assumes Life/No Life or Accid/Placed with BCBS	
EE	ES	EC	Family
HMO	38	1	15
HSA	104	20	57
HSA \$2500	3	1	4
Total	142	18	76
%	90%	13%	100%

Client	Type of Plan	CURRENT BCBS		RENEWAL BCBS		RENEWAL ALTERNATIVE BCBS						
		BA HMO	HSA	BA HMO	HSA	BA HMO	HSA					
<b>Network</b> <b>In Network Benefits</b> Individual Deductible Family Deductible Co-Insurance Individual Out of Pocket Ory Includes deductibles noted Family Out of Pocket Ory Includes deductibles noted Emergency Room Co-pay Hospital Co-pay Retail Rx Co-pay Mail Order Rx Co-pay Rx Individual Out of Pocket Rx Family Out of Pocket Pharmacy Physician Office Visit Co-pay Specialists Office Visit Co-pay Preventative Services Lifetime Maximum	\$500 \$1,000 100% \$2,000 \$4,000 \$300 100% After Ded \$104,000	Includes BVA \$1,500 \$3,000 100% \$3,000 \$6,000 \$300 After Ded 100% After Ded \$104,000 After Ded	Includes BVA Embedded \$2,800 \$5,600 100% \$3,800 \$6,800 \$300 After Ded 100% After Ded \$104,000 After Ded	\$500 \$1,000 100% \$2,000 \$4,000 \$300 100% After Ded \$104,000	Includes BVA \$1,500 \$3,000 100% \$3,000 \$6,000 \$300 After Ded 100% After Ded \$104,000 After Ded	Includes BVA Embedded \$2,800 \$5,600 100% \$3,800 \$6,800 \$300 After Ded 100% After Ded \$104,000 After Ded	\$500 \$1,000 100% \$2,000 \$4,000 \$300 100% After Ded \$104,000	Includes BVA \$1,500 \$3,000 100% \$3,000 \$6,000 \$300 After Ded 100% After Ded \$104,000 After Ded	Includes BVA Embedded \$2,800 \$5,600 100% \$3,800 \$6,800 \$300 After Ded 100% After Ded \$104,000 After Ded			
	<b>Out of Network Benefits</b> Individual Deductible Family Deductible Co-Insurance Individual Out of Pocket Ory Includes deductibles noted Family Out of Pocket Ory Includes deductibles noted Hospital Co-pay Physician Office Visit Services Preventative Services Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED		
		<b>Medical Premium</b> Employee Employee + Spouse Employee + Children Family Total Annual Premium Annual ER HSA Seed Total Annual Premium & ER HSA Seed Annual Cost Increases Percent Change Transition / Communication Credit Annual Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family BCBS RENEWAL ALTERNATIVE - BCBS will provide a one-time Communication Credit of \$10,000 if Life / Voluntary Life, or Accident / Critical Illness is placed with BCBS. BCBS RENEWAL ALTERNATIVE - BCBS will provide a medical renewal premium rate discount: 1% discount if Life / Voluntary Life is placed with BCBS, and a 1% discount if Accident / Critical Illness is placed with BCBS. The discounts would apply each year as long as the ancillary products renew with BCBS.	\$802.83 \$1,507.03 \$1,507.03 \$1,507.03 \$64,283.71	\$767.98 \$1,918.92 \$1,918.92 \$1,918.92 \$294,500.98	\$883.86 \$1,734.16 \$1,734.16 \$1,734.16 \$18,964.26	\$578.72 \$1,448.75 \$1,448.75 \$1,448.75 \$82,063.70	\$737.28 \$1,843.12 \$1,843.12 \$1,843.12 \$223,104.48	\$885.91 \$1,984.77 \$1,984.77 \$1,984.77 \$15,318.88	\$572.88 \$1,432.28 \$1,432.28 \$1,432.28 \$61,882.71	\$729.89 \$1,824.89 \$1,824.89 \$1,824.89 \$280,273.64	\$829.25 \$1,848.12 \$1,848.12 \$1,848.12 \$16,182.27	
			(\$200,000.00)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)	
			(\$200,000.00)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)	
			(\$200,000.00)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)	
			(\$200,000.00)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)	
			(\$200,000.00)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)	
			(\$200,000.00)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)	
			(\$200,000.00)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)	
(\$200,000.00)			(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)			
(\$200,000.00)			(\$176,559.32)		(\$176,559.32)		(\$176,559.32)		(\$176,559.32)			



**Kendall County**  
**Medical Review**  
**January 1, 2020**

Enrollment From 2020 BCBS Form 991

EE	ES	EC	Family	TOTAL
35	1	0	15	57
104	10	11	07	248
3	3	4	1	11
140	24	10	100	284
50%	0%	0%	95%	100%

Type of Plan Network In Network Benefits	CURRENT BCBS				RENEWAL BCBS				RENEWAL ALTERNATIVE 2 BCBS			
	BA HMO	HSA	HSA Embedded	EA HMO	HSA	HSA Embedded	EA HMO	HSA	HSA Embedded			
Individual Deductible	\$500	\$1,500	\$2,800	\$500	\$1,500	\$2,800	\$500	\$1,500	\$2,800			
Family Deductible	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$5,600			
Co-insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Individual Out of Pocket	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800			
OPX includes deductibles noted	\$4,000	\$6,000	\$6,800	\$4,000	\$6,000	\$6,800	\$4,000	\$6,000	\$6,800			
OPX includes deductibles noted	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300			
Emergency Room Co-pay	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100			
Hospital Rx Co-pay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10			
Mail Order Rx Co-pay	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5			
Rx Individual Out of Pocket	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20			
Rx Family Out of Pocket	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40			
Primary Physician Office Visit Co-pay	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20			
Specialist Office Visit Co-pay	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40			
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED			
Individual Deductible	\$1,500	\$5,600	\$11,200	\$1,500	\$5,600	\$11,200	\$1,500	\$5,600	\$11,200			
Family Deductible	\$3,000	\$11,200	\$22,400	\$3,000	\$11,200	\$22,400	\$3,000	\$11,200	\$22,400			
Co-insurance	80%	80%	80%	80%	80%	80%	80%	80%	80%			
Individual Out of Pocket	\$3,000	\$3,000	\$3,800	\$3,000	\$3,000	\$3,800	\$3,000	\$3,000	\$3,800			
OPX includes deductibles noted	\$6,000	\$13,200	\$13,200	\$6,000	\$13,200	\$13,200	\$6,000	\$13,200	\$13,200			
OPX includes deductibles noted	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300			
Emergency Co-pay	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100			
Hospital Co-pay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10			
Physician Office Visit Services	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20			
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED			
Medical Premium	\$302.83	\$767.88	\$963.68	\$378.72	\$737.26	\$965.61	\$567.16	\$722.81	\$882.89			
Employee + Spouse	\$1,507.03	\$1,918.82	\$1,734.16	\$1,448.75	\$1,843.12	\$1,884.77	\$1,417.82	\$1,808.26	\$1,831.47			
Employee + Children	\$1,507.03	\$1,918.82	\$1,734.16	\$1,448.75	\$1,843.12	\$1,884.77	\$1,417.82	\$1,808.26	\$1,831.47			
Family	\$64,258.71	\$284,800.86	\$18,564.26	\$82,083.76	\$233,104.48	\$18,516.89	\$61,042.28	\$277,442.16	\$18,009.83			
Total Annual Premium	\$4,361,207.18	\$4,901,807.18	\$4,361,207.18	\$4,361,207.18	\$4,901,807.18	\$4,361,207.18	\$4,361,207.18	\$4,901,807.18	\$4,361,207.18			
Annual ER HSA Seed	\$4,901,807.18	\$4,901,807.18	\$4,901,807.18	\$4,901,807.18	\$4,901,807.18	\$4,901,807.18	\$4,901,807.18	\$4,901,807.18	\$4,901,807.18			
Annual Cost Increase	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change			
Transition / Communication Credit	(\$200,000.00)											
Annual Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family												
BCBS RENEWAL ALTERNATIVE 2 - BCBS will provide a one-time Communication Credit of \$10,000 if Life / Voluntary Life, or Accident / Critical Illness is placed with BCBS.												
BCBS RENEWAL ALTERNATIVE 2 - BCBS will provide a medical renewal premium rate discount: 1% discount if Life / Voluntary Life is placed with BCBS, and a 1% discount if Accident / Critical Illness is placed with BCBS. The discounts would apply each year as long as the ancillary products renew with BCBS.												

Enrollment From 2020 BCBS Renewal		4 TIER RENEWAL RATES	
EE	ES	Family	Total
15	1	15	57
104	20	01	216
3	3	4	11
147	24	100	214
147	24	100	214
0%	0%	0%	100%

Type of Plan Network In Network Benefits	CURRENT BCBS				RENEWAL BCBS				
	BA HMO	HSA HSA	HSA Embedded	BA HMO	HSA HSA	HSA Embedded	BA HMO	HSA HSA	HSA Embedded
Individual Deductible	\$500	\$1,500	\$2,800	\$500	\$1,500	\$2,800	\$500	\$1,500	\$2,800
Family Deductible	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$5,600
Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individual Out of Pocket	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800
OPX Includes deduct unless noted	Family Out of Pocket								
	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600
OPX Includes deduct unless noted	Emergency Room Co-pay	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
	Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
	Retail Rx Co-pay	\$104,000	\$104,000	\$104,000	\$104,000	\$104,000	\$104,000	\$104,000	\$104,000
	Mail Order Rx Co-pay	2.5% Retail	2.5% Retail	2.5% Retail	2.5% Retail	2.5% Retail	2.5% Retail	2.5% Retail	2.5% Retail
	Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
	Primary Physician Office Visit Co-pay	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
	Specialists Office Visit Co-pay	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
	Preventative Services	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
	Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out of Network Benefits	Individual Deductible	\$1,500	\$5,600	\$1,500	\$5,600	\$1,500	\$5,600	\$1,500	\$5,600
	Family Deductible	\$3,000	\$11,200	\$3,000	\$11,200	\$3,000	\$11,200	\$3,000	\$11,200
	Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
	Individual Out of Pocket	\$3,000	\$7,600	\$3,000	\$7,600	\$3,000	\$7,600	\$3,000	\$7,600
	OPX Includes deduct unless noted								
	Family Out of Pocket	\$9,000	\$13,200	\$9,000	\$13,200	\$9,000	\$13,200	\$9,000	\$13,200
	OPX Includes deduct unless noted								
	Emergency Co-pay	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
	Hospital Co-pay	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded
	Physician Office Visit Services	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded
	Preventative Services	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded	80% After Ded
	Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Medical Premium	Employee	\$602.83	\$663.69	\$737.28	\$606.91	\$678.72	\$737.28	\$606.91	\$678.72
	Employee + Spouse	\$1,507.03	\$1,734.16	\$1,943.12	\$1,694.77	\$1,908.42	\$2,082.18	\$1,694.77	\$1,908.42
	Employee + Children	\$1,507.03	\$1,734.16	\$1,943.12	\$1,694.77	\$1,908.42	\$2,082.18	\$1,694.77	\$1,908.42
	Family	\$1,919.82	\$2,178.18	\$2,448.75	\$1,894.17	\$2,156.84	\$2,448.75	\$1,894.17	\$2,156.84
Total Medical Monthly Premium		\$4,283.71	\$4,604.26	\$5,283.70	\$4,283.71	\$4,604.26	\$5,283.70	\$4,283.71	\$4,604.26
Total Annual Premium		\$51,404.44	\$55,251.12	\$63,396.40	\$51,404.44	\$55,251.12	\$63,396.40	\$51,404.44	\$55,251.12
Annual ER HSA Seed		\$4,200.00	\$4,200.00	\$4,200.00	\$4,200.00	\$4,200.00	\$4,200.00	\$4,200.00	\$4,200.00
Total Annual Premium & ER HSA Seed		\$55,604.44	\$59,451.12	\$67,596.40	\$55,604.44	\$59,451.12	\$67,596.40	\$55,604.44	\$59,451.12
Annual Cost Increase		Percent Change							
Transition / Communication Credit									
Annual Employer HSA Seed Contribution: \$1,600 EE Only; \$3,000 Family									
BCBS RENEWAL ALTERNATIVES - BCBS will provide a one-time Communication Credit of \$10,000 if Life / Voluntary Life, or Accident / Critical Illness is placed with BCBS.									
BCBS RENEWAL ALTERNATIVES - BCBS will provide a medical renewal premium rate discount: 1% discount if Life / Voluntary Life is placed with BCBS, and a 1% discount if Accident / Critical Illness is placed with BCBS. The discounts would apply each year as long as the ancillary products renew with BCBS.									



INSURANCE / RISK ADVISORY / EMPLOYEE BENEFITS

**Kendall County**  
**Medical Review**  
**January 1, 2020**

Plan	Enrollment	Family	Total
HMO	1	15	16
HSA	104	81	185
HSA \$2900	3	4	7
Total	112	100	212
%	50%	35%	100%

Enrollment From 2019 BCBS Renewal

Preliminary Quote - Subject to Underwriting

Type of Plan	Network	Network Benefits	CURRENT BCBS		RENEWAL BCBS		OPTIONAL UNITED HEALTHCARE	
			BA HMO	HSA	BA HMO	HSA	HMO	HSA
Individual Deductible	\$500	\$500	\$500	\$500	\$500	\$500	\$500	
Family Deductible	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,500	
Co-Insurance	100%	100%	100%	100%	100%	100%	100%	
Individual Out of Pocket	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000	\$3,000	
OPX includes deduct unless noted	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000	\$6,000	
Family Out of Pocket	\$300	\$300	\$300	\$300	\$300	\$300	\$300	
Emergency Room Co-pay	\$100	\$100	\$100	\$100	\$100	\$100	\$100	
Hospital Co-pay	\$100	\$100	\$100	\$100	\$100	\$100	\$100	
Retail Rx Co-pay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	
Mail Order Rx Co-pay	\$5	\$5	\$5	\$5	\$5	\$5	\$5	
Rx Individual Out of Pocket	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
Rx Family Out of Pocket	\$40	\$40	\$40	\$40	\$40	\$40	\$40	
Primary Physician Office Visit Co-pay	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
Specialists Office Visit Co-pay	\$40	\$40	\$40	\$40	\$40	\$40	\$40	
Preventive Services	100%	100%	100%	100%	100%	100%	100%	
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	
Individual Deductible	\$1,500	\$5,800	\$1,500	\$5,800	\$1,500	\$5,800	\$5,800	
Family Deductible	\$3,000	\$11,200	\$3,000	\$11,200	\$3,000	\$11,200	\$11,200	
Co-Insurance	80%	80%	80%	80%	80%	80%	80%	
Individual Out of Pocket	\$3,000	\$7,800	\$3,000	\$7,800	\$3,000	\$7,800	\$7,800	
OPX includes deduct unless noted	\$8,000	\$13,200	\$8,000	\$13,200	\$8,000	\$13,200	\$13,200	
Family Out of Pocket	\$300	\$300	\$300	\$300	\$300	\$300	\$300	
Emergency Co-pay	\$100	\$100	\$100	\$100	\$100	\$100	\$100	
Hospital Co-pay	\$100	\$100	\$100	\$100	\$100	\$100	\$100	
Physician Office Visit Services	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
Preventive Services	100%	100%	100%	100%	100%	100%	100%	
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	
Medical Premium	\$902.63	\$767.88	\$878.72	\$737.26	\$965.91	\$882.35	\$1,016.54	\$882.59
Employee + Spouse	\$1,507.03	\$1,918.82	\$1,446.75	\$1,843.12	\$1,684.77	\$2,155.81	\$2,541.27	\$2,208.41
Employee + Children	\$1,507.03	\$1,918.82	\$1,446.75	\$1,843.12	\$1,684.77	\$2,155.81	\$2,541.27	\$2,208.41
Family	\$1,507.03	\$1,918.82	\$1,446.75	\$1,843.12	\$1,684.77	\$2,155.81	\$2,541.27	\$2,208.41
Total Medical Monthly Premium	\$64,353.71	\$294,900.98	\$82,083.70	\$283,104.48	\$15,316.88	\$77,810.07	\$399,242.40	\$29,289.06
Total Annual Premium	\$44,381,307.16	\$220,500.00	\$44,381,307.16	\$220,500.00	\$44,381,307.16	\$220,500.00	\$44,381,307.16	\$220,500.00
Annual ER HSA Seed	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16
Annual Cost Increase	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change	Percent Change
Transaction / Communication Credit	(\$250,000.00)							

Annual Employer HSA Seed Contribution: \$1,800 EE Only; \$3,000 Family  
 BCBS RENEWAL ALTERNATIVES - BCBS will provide a one-time Communication Credit of \$10,000 if Life / Voluntary Life, or Accident / Critical Illness is placed with BCBS.  
 BCBS RENEWAL ALTERNATIVES - BCBS will provide a medical renewal premium rate discount: 1% discount if Life / Voluntary Life is placed with BCBS, and a 1% discount if Accident / Critical Illness is placed with BCBS. The discounts would apply

# Horton Benefit Solutions Disclaimer Notice

## Compensation

The Horton Group ("Horton") receives compensation for its services which may include one or a combination of standard agent and contingent/supplemental/bonus commissions paid by insurance companies and fees paid by clients.

**Commissions:** Horton receives commissions from insurance companies for placing insurance with them and the continued service of clients' insurance needs. Typically commissions are calculated as a percentage of earned policy premium. Each insurance company establishes the commission percentages that it pays on certain lines of insurance. Horton's commission is included in the insurance premium paid by clients.

**Contingency, Supplemental and Bonus Commissions:** Horton may receive additional compensation in the forms of, including but not limited to, contingent commission, supplemental commission or bonus commission. Contingent, supplemental or bonus commission is paid by the insurance companies based on a number of factors, all of which are determined by the insurance company. These factors include, but are not limited to: 1) the overall business Horton has placed with an insurance company, which could include factors for retained business, growth or new business, and 2) the profitability of that business. The commission paid depends on the size and performance of an entire group of accounts, as opposed to the profitability or placement of any particular policy. Horton has agency agreements with insurance companies that pay contingent, supplemental or bonus commission that outline the calculation for such contingent, supplemental or bonus commission payments. During the past five years, Horton's contingent, supplemental and bonus income has averaged less than 1% of total premiums.

## **Fee Based Income and Supplement Income**

Horton may also receive compensation in the form of fees paid by clients. Under fee-based arrangements, clients agree to pay a fee to Horton net of, or in addition to, commission income. Horton fully discloses all fees in the form of a Fee Agreement. These fees may cover policy services, loss control services, safety consulting and/or claims administration. At times Horton will also provide clients with access to preferred vendors for services that relate to Horton's placement of insurance for its clients. These vendors pay supplemental income to Horton that relates to Horton's referral of the service to its clients.

## **Exposure Evaluation**

All terms of this proposal are based on the evaluation of material provided by you or your employees. Horton expressly disclaims all liability for the content of such evaluation material, including but not limited to, any errors or omissions contained therein or arising therefrom. The terms of this proposal are subject to change if you provide new or revised evaluation material to Horton.

## **Coverage Terms & Conditions**

All coverage terms and conditions in the preceding pages are intended as a reference only. Actual policies will contain full coverage exclusions or limitations, terms and conditions, and other wordings that are not summarized herein.

## **Other**

Horton does not provide investment services or financial advisory services to clients, and Horton disclaims any and all liability to clients arising out of investment services or financial advisory services.

The Horton Group's

# Marketing Spreadsheet - Ancillary Coverage

Prepared for: Kendall County

Renewal January 2020

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

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

Insurance | Risk Advisory | Employee Benefits  
**HORTON**

**Kendall County**  
**January 1, 2020**

The following Dental markets were approached:

<u>Carrier</u>	<u>Status</u>
MettLife	Incumbent
BCBS	Pending
Guardian	Quoted
Lincoln	Quoted
Principal	Declined

The following Life markets were approached:

<u>Carrier</u>	<u>Status</u>
MettLife	Incumbent
BCBS/Dearborn	Quoted
Guardian	Quoted
Lincoln	Quoted
Principal	Declined
Standard	Quoted

The following Vision markets were approached:

<u>Carrier</u>	<u>Status</u>
Eyemed	Incumbent



Kendall County  
Dental Review  
January 1, 2020

Enrollment from marketing census

EE	FAM	Total
184	183	347

Presented by: Hilco Velocity

Category	CURRENT MET/LIFE	RENEWAL MET/LIFE	OPTION 1 (LINGOLIN)	OPTION 2 (GUARDIAN)
<b>Type of Plan</b>	PP0	PP0	PP0	PP0
<b>Participation</b>			Only Active Employees are Eligible	89%
<b>In Network Benefits</b>	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,500	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,500	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,500	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,500
<b>Out of Network Benefits</b>	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,000 90th R&C	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,000 90th R&C	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,000 90th R&C	Individual Deductible \$50 Family Deductible \$150 Preventative Co-Insurance 100% Deductible Waived on Preventative Yes Basic Co-Insurance 80% Major Co-Insurance 50% Orthodontia Co-Insurance 50% Deductible Waived on Ortho Yes Endodontics Co-Insurance 80% Periodontics Co-Insurance 80% Surgical Periodontics Co-Insurance 80% Annual Medium \$2,000 Orthodontia Lifetime Maximum \$1,000 90th R&C
<b>Dental Premium</b>	\$37.12	\$37.12	\$32.40	\$37.12
<b>Employee Family</b>	\$99.38	\$99.38	\$98.74	\$99.38
<b>Total Monthly Premium</b>	\$24,274.22	\$24,274.22	\$21,187.02	\$24,274.22
<b>Total Dental Annual Premium</b>	\$291,290.64	\$291,290.64	\$254,244.24	\$291,290.64
<b>Percent Change</b>		0.00%	-12.72%	0.00%
<b>Rate Guarantee</b>	Until 12/31/20	Until 12/31/20	Until 12/31/20	Until 12/31/20
	2021 Rate Cap: 8%	2021 Rate Cap: 8%		

\*Lincoln dental quote is based on packaged rates and must be sold with another line of coverage.

**Kendall County  
Basic Life Review  
January 1, 2020**



Presented by: Michael Wojcik

**Employees  
340**

Carriers	CURRENT METLIFE	RENEWAL METLIFE	*OPTION 1 BCBS/ DEARBORN	OPTION 2 LINCORN	OPTION 3 GUARDIAN	OPTION 4 STANDARD
<b>Benefit Amount</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>
% Benefit Amt Reduces to at Age 65	65%	65%	65%	65%	65%	65%
% Benefit Amt Reduces to at Age 70	40%	40%	50%	40%	40%	40%
% Benefit Amt Reduces to at Age 75	25%	25%	NA	25%	25%	25%
% Benefit Amt Reduces to at Age 80	NA	NA	NA	NA	NA	NA
<b>Travel Assistance</b>	Included	Included	Included	Included	Not Included	Included
<b>Life Premium</b>						
Employee Life per \$1000	\$0.107	\$0.107	\$0.060	\$0.072	\$0.119	\$0.095
Employee AD&D per \$1000	\$0.040	\$0.040	\$0.024	\$0.027	\$0.040	\$0.040
Total for Life & AD&D	\$0.147	\$0.147	\$0.084	\$0.099	\$0.159	\$0.135
Life Volume	\$3,348,500	\$3,348,500	\$3,348,500	\$3,348,500	\$3,348,500	\$3,348,500
Life Monthly Premium	\$492.23	\$492.23	\$281.27	\$331.50	\$532.41	\$452.05
Life Annual Premium	\$5,906.75	\$5,906.75	\$3,375.29	\$3,978.02	\$6,388.94	\$5,424.57
Percentage Change		0.00%	-42.86%	-32.65%	8.16%	-8.16%
Rate Guarantee	Until 12/31/20	Until 12/31/20	Until 12/31/21	Until 12/31/21	Until 12/31/21	Until 12/31/22

\*OPTION BCBS/DEARBORN - If lifevol life coverage is placed, provides 1% medical premium discount & 1 time medical communication credit of \$10,000 (for life / voluntary life and Accident / CI).



**Kendall County  
Basic Life Review  
January 1, 2020**



**Employees  
340**

Presented by: Michael Wolcik

Carriers	CURRENT METLIFE	RENEWAL METLIFE	OPTION 5 METLIFE	OPTION 6 METLIFE	OPTION 7 BCBS/ DEARBORN	OPTION 8 BCBS/ DEARBORN
<b>Benefit Amount</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$25,000</b>	<b>\$50,000</b>	<b>\$25,000</b>	<b>\$50,000</b>
% Benefit Amt Reduces to at Age 65	65%	65%	65%	65%	65%	65%
% Benefit Amt Reduces to at Age 70	40%	40%	40%	40%	50%	50%
% Benefit Amt Reduces to at Age 75	25%	25%	25%	25%	NA	NA
% Benefit Amt Reduces to at Age 80	NA	NA	NA	NA	NA	NA
<b>Travel Assistance</b>	Included	Included	Included	Included	Included	Included
<b>Life Premium</b>						
Employee Life per \$1000	\$0.107	\$0.107	\$0.108	\$0.106	\$0.060	\$0.060
Employee AD&D per \$1000	\$0.040	\$0.040	\$0.033	\$0.030	\$0.024	\$0.024
Total for Life & AD&D	\$0.147	\$0.147	\$0.141	\$0.136	\$0.084	\$0.084
<b>Life Volume</b>	<b>\$3,348,500</b>	<b>\$3,348,500</b>	<b>\$8,371,250</b>	<b>\$16,742,500</b>	<b>\$8,371,250</b>	<b>\$16,742,500</b>
<b>Life Monthly Premium</b>	<b>\$492.23</b>	<b>\$492.23</b>	<b>\$1,180.35</b>	<b>\$2,276.98</b>	<b>\$703.19</b>	<b>\$1,406.37</b>
<b>Life Annual Premium</b>	<b>\$5,906.75</b>	<b>\$5,906.75</b>	<b>\$14,164.16</b>	<b>\$27,323.76</b>	<b>\$8,438.22</b>	<b>\$16,876.44</b>
<b>Percentage Change</b>		0.00%	139.80%	362.59%	42.86%	185.71%
<b>Rate Guarantee</b>	Until 12/31/20	Until 12/31/20	Until 12/31/21	Until 12/31/21	Until 12/31/21	Until 12/31/21

\*OPTION BCBS/DEARBORN - If lifevol life coverage is placed, provides 1% medical premium discount & 1 time medical communication credit of \$10,000



Kendall County  
Voluntary Life Review  
January 1, 2020

Benefits Presented by: Michael Wright

Current

CURRENT  
MET LIFE

RENEWAL  
MET LIFE

OPTION 1  
RESIDUAL/DRM

Benefit	Current Met Life	Renewal Met Life	Option 1 Residual/DRM
<b>Minimum Participation</b>	20%	20%	25%
<b>Employee Benefit Amount</b>	Increments of \$10K up to \$300K or 5 X Annual Earnings	Increments of \$10K up to \$300K or 5 X Annual Earnings	Increments of \$10K up to \$300K
<b>Benefit Reduction Schedule</b>	% Benefit Reduces to at Age 65 % Benefit Reduces to at Age 70 % Benefit Reduces to at Age 75 % Benefit Reduces to at Age 80	n/a n/a n/a n/a	65% 50% n/a n/a
<b>Dependent Life</b>	Spouse Benefit: Increments of \$5K up to \$150K, not to exceed 50% of EE amount Child (rem) Benefit: 15 Days - 6 Mo: \$250 6 Mo - 28 Years if full time student: Increments of \$2K to a maximum of \$10K	Spouse Benefit: Increments of \$5K up to \$150K, not to exceed 50% of EE amount Child (rem) Benefit: 15 Days - 6 Mo: \$250 6 Mo - 28 Years if full time student: Increments of \$2K to a maximum of \$10K	Spouse Benefit: Increments of \$5K up to \$150K, not to exceed 50% of EE amount Child (rem) Benefit: 15 Days - 6 Mo: \$250 6 Mo - 28 Years: Increments of \$2K to a maximum of \$10K
<b>Guaranteed Issue</b>	Employee: \$150,000 Spouse: \$30,000	Employee: \$150,000 Spouse: \$30,000	Employee: \$150,000 Spouse: \$30,000
<b>Life Premium</b>	Under age 25: \$0.000 25-29: \$0.050 30-34: \$0.080 35-39: \$0.099 40-44: \$0.124 45-49: \$0.195 50-54: \$0.308 55-59: \$0.480 60-64: \$0.701 65-69: \$1.283 70-74: \$2.089 75 and Above: \$2.089	Under age 25: \$0.080 25-29: \$0.090 30-34: \$0.090 35-39: \$0.099 40-44: \$0.124 45-49: \$0.195 50-54: \$0.308 55-59: \$0.480 60-64: \$0.701 65-69: \$1.283 70-74: \$2.089 75 and Above: \$2.089	Under age 25: \$0.080 25-29: \$0.090 30-34: \$0.090 35-39: \$0.099 40-44: \$0.124 45-49: \$0.195 50-54: \$0.308 55-59: \$0.480 60-64: \$0.701 65-69: \$1.283 70-74: \$2.089 75 and Above: \$2.089
<b>Rate Guarantee</b>	AD&D's/k unless noted Child: \$0.057 Child AD&D: \$0.043 Until 12/31/20	AD&D's/k unless noted Child: \$0.057 Child AD&D: \$0.043 Until 12/31/20	AD&D's/k unless noted Child: \$0.057 Child AD&D: \$0.043 Until 12/31/21

OPTION RESIDUAL/DRM - If Medical life coverage is placed, provides 1% medical premium discount & 1 time medical consultation credit of \$10,000 for life / voluntary life and Accident / CH.



Kendall County  
Voluntary Vision Review  
January 1, 2020

Enrollment from previous census provided	Enrollment	Total
ES	78	78
EC	76	76
FE	109	109
FD	31	31
<b>Total</b>	<b>264</b>	<b>264</b>

Presented by: Mitchell Wright

Children	CURRENT EYEMD	RENEWAL EYEMD
<b>Co-payment Exam</b>	\$10	\$10
<b>Co-payment Materials</b>	\$25	\$25
<b>Examination Frequency (months)</b>	12	12
<b>Lenses Frequency (months)</b>	12	12
<b>Frame Frequency (months)</b>	24	24
<b>In Network Benefits</b>		
Examination	Covered in Full after co-pay	Covered in Full after co-pay
Basic Lenses	Covered in Full after co-pay	Covered in Full after co-pay
Single Bifocal Trifocal	Covered in Full after co-pay	Covered in Full after co-pay
Frame	Covered in Full after co-pay	Covered in Full after co-pay
Elective Contact Lenses	up to \$130 allowance	up to \$130 allowance
Necessary Contact Lenses	Covered in Full	Covered in Full
<b>Lens Options</b>		
UV (Sold & Graded)	\$15	\$15
Scratch Resistant Coating	\$15	\$15
Polycarbonate Lenses	\$0 for Children, \$40 for adults	\$0 for Children, \$40 for adults
Photochromic Lenses	\$75	\$75
Standard Progressive Lenses	\$80	\$80
UV protected lenses	\$15	\$15
Anti-reflective Coating	\$45-68	\$45-68
Other Options	20% off Retail	20% off Retail
<b>Out of Network Benefits</b>		
Examination	Allowance \$30	Allowance \$30
Basic Lenses	\$25	\$25
Single Bifocal Trifocal	\$40	\$40
Frame	\$80	\$80
Elective Contact Lenses	\$85	\$85
Necessary Contact Lenses	\$104	\$104
	\$210	\$210
<b>Volition Premium</b>		
Employee	\$8.28	\$8.28
Employee + Spouse	\$11.90	\$11.90
Employee + Child(ren)	\$12.53	\$12.53
Family	\$18.42	\$18.42
<b>Total Monthly Premium</b>	\$2,922.40	\$2,922.40
<b>Total Annual Premium</b>	\$35,068.80	\$35,068.80
<b>Percent Change</b>	0.00%	0.00%
<b>Ratio Guarantee</b>	Until 1/1/19	Until 1/1/23

Copy pays any additional add-ons for best service



Kendall County  
 Voluntary Group Accident Benefit Review  
 January 1, 2020

Presented by: Linda Wojcik

Guides	OPTION 1 BCBS
Accident Coverage Eligibility Participation Requirement Age Reduction Benefit Termination	24 Hour All Active Full-Time Employees 10 Enrolled N/A The Earlier of Retirement or Age 70
Benefits due to Accident Accidental Death	\$40,000 - Employee \$40,000 - Spouse \$12,500 - Child
Emergency Treatment (ER or Urgent Care Center) Ground Ambulance Initial Hospital Admission Hospital Confinement Concussion Dislocation Fracture Laceration	\$150 \$200 \$1,200 \$250 / day up to 1 Year \$12,500 \$150 Schedule up to \$4,000 Schedule up to \$5,000 Schedule up to \$500
Monthly Premium Employee Employee & Spouse Employee & Child Family	\$11.41 \$18.92 \$21.97 \$34.47
Annual Premium Employee Employee & Spouse Employee & Child Family	\$136.92 \$227.04 \$263.04 \$413.64
Rate Guarantee	Until 12/31/21 \$50 Wellness Credit

\* Some not all benefits listed.  
 If BCBS Accident and CI are placed, then for Medical Renewal, BCBS will offer a one-time \$10,000 communication credit (for Accident / CI, and Life / Voluntary Life) and a 1% reduction to BCBS renewal medical premium rates.



**Kendall County  
Voluntary Group Accident Benefit Review  
January 1, 2020**

Presented by: Mike Wojcik

Category	Option 2 METLIFE
<b>Accident Coverage</b> Eligibility Participation Requirement Age Reduction  <u>Benefits due to Accident</u> Accidental Death  Emergency Treatment (ERT) Ground Ambulance Initial Hospital Admission Hospital Confinement Concussion Dislocation Fracture Laceration	24 Hour All Active Full-Time Employees 5% Reduced to 75% at Age 65 Reduced to 50% at Age 70  \$50,000 - Employee \$25,000 - Spouse \$10,000 - Child \$200 \$400 \$1,500 \$300 / day up to 15 Days \$10,000 \$500 Schedule up to \$10,000 Schedule up to \$10,000 Schedule up to \$700
<b>Monthly Premium</b> Employee Employee & Spouse Employee & Child Family	\$16.43 \$32.27 \$36.28 \$44.97
<b>Annual Premium</b> Employee Employee & Spouse Employee & Child Family	\$197.16 \$387.24 \$435.12 \$539.64
<b>Rate Guarantee</b>	Until 12/31/21

\* Some not all benefits listed.  
 MetLife will provide a 3% of premium Benefit Admin System credit on Accident and Critical Illness coverage.

**Kendall County  
Voluntary Group Critical Illness Benefit Review  
January 1, 2020**

CHARTER **OPTION 1**  
BCBS

Benefit Schedule (upon first occurrence / diagnosis of condition)	Benefit Reduction Pre-Existing Condition Limitation Benefit Waiting Period Eligibility	Benefit Amounts	Wellness Benefit	Guarantee Issue Amount	Monthly Premium*	Annual Premium*	Rate Guarantees Participation Requirements
Invasive Cancer: Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure, Paralysis, Benign Brain Tumor, Coma, Loss of Sight, Loss of Speech, Loss of Hearing, Major Burns - 100% Carcinoma In Situ, Major Heart Surgery - 25%  65% at age 65, 50% at age 70 12/12 None All Active Full-Time Employees  Increments of \$2,500 up to \$25,000, not to exceed 50% of Issued Employee Amount Increments of \$5,000 up to \$50,000	Portable	Employee Spouse Child	Employee Spouse	Employee Spouse Child	Below 30 \$4.15 \$7.36 \$5.23 \$8.43	Below 30 \$49.60 \$98.26 \$92.76 \$101.18	Until 12/31/21 Greater of 10 lives or 15%
	Yes 65% at age 65, 50% at age 70 12/12 None All Active Full-Time Employees  Increments of \$2,500 up to \$25,000, not to exceed 50% of Issued Employee Amount Increments of \$5,000 up to \$50,000	None	Employee Spouse Child	Employee Spouse	Employee Spouse Child	30-39 \$8.17 \$10.41 \$7.25 \$11.49	30-39 \$74.04 \$124.92 \$98.94 \$137.82
					40-49 \$12.07 \$18.40 \$13.15 \$20.46	40-49 \$144.84 \$232.90 \$187.74 \$245.49	Until 12/31/21 Greater of 10 lives or 15%
					50-59 \$22.01 \$34.38 \$23.09 \$35.46	50-59 \$294.12 \$412.59 \$277.82 \$426.49	Until 12/31/21 Greater of 10 lives or 15%
					60-64 \$35.41 \$54.51 \$36.49 \$55.58	60-64 \$424.92 \$654.00 \$497.82 \$709.88	Until 12/31/21 Greater of 10 lives or 15%
					65+ \$44.84 \$69.57 \$45.92 \$70.84	65+ \$520.99 \$784.78 \$599.99 \$847.89	Until 12/31/21 Greater of 10 lives or 15%

\* Assumed Age Rates  
If BCBS Accident and CI are placed, then for Medical Renewal, BCBS will offer a one-time \$10,000 communication credit (for Accident / CI, and Life / Voluntary Life) and a 1% reduction to BCBS renewal medical premium rates.



Presented by: Mike Wozlik

**Kendall County  
Voluntary Group Critical Illness Benefit Review  
January 1, 2020**

OPTION 2  
WELFARE

Benefit Schedule (upon first occurrence / diagnosis of condition)	Portable	Pre-Existing Condition Limitation Benefit Waiting Period Eligibility	Benefit Amounts	Health Screening Benefit	Guarantee Issue Amount
<p>Azithelmer's Disease, Coronary Artery Bypass Graft, Full Benefit Cancer, Heart Attack, Kidney Failure, Major Organ Transplant, Stroke - 100% Partial Benefit Cancer, Other Listed Conditions: Addison's disease, amyotrophic lateral sclerosis, cerebrospinal meningitis, cerebral palsy, cystic fibrosis, diphtheria, encephalitis, Huntington's disease, Legionnaire's disease, malaria, multiple sclerosis, muscular dystrophy, myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio/myelitis, rabies, sickle cell anemia, systemic lupus erythematosus, systemic sclerosis, tetanus, and tuberculosis.</p>	Yes	All Active Full-Time Employees	<p>Employee: \$7,500 or \$15,000, not to exceed 50% of issued Employee Amount</p> <p>Spouse: \$7,500 or \$15,000, not to exceed 50% of issued Employee Amount</p> <p>Child: \$50</p>	Covered Person	<p>Employee: \$30,000</p> <p>Spouse: \$15,000</p> <p>Child: \$15,000</p>
	Not Included				
	None				
<p>Monthly Premium*</p> <p>\$15,000 EE \$18,000 EE / \$7,500 SP \$15,000 EE / \$7,500 CH \$18,450 EE / \$7,500 SP / \$7,500 CH</p>	<p>Below 25: \$9.55 25-29: \$9.00 30-34: \$11.70 35-39: \$13.35 40-44: \$16.75 45-49: \$22.95 50-54: \$33.00 55-59: \$46.80 60-64: \$63.75 65-69: \$88.20 70+: \$129.75</p>	<p>Below 25: \$13.80 25-29: \$14.85 30-34: \$18.80 35-39: \$21.15 40-44: \$24.60 45-49: \$35.55 50-54: \$50.85 55-59: \$71.70 60-64: \$97.35 65-69: \$134.25 70+: \$198.95</p>	<p>Below 25: \$159.40 25-29: \$230.40 30-34: \$279.00 35-39: \$309.00 40-44: \$391.00 45-49: \$492.40 50-54: \$696.00 55-59: \$917.40 60-64: \$1,198.20 65-69: \$1,611.60 70+: \$2,308.40</p>	<p>Annual Premium*</p> <p>\$15,000 EE \$18,000 EE / \$7,500 SP \$15,000 EE / \$7,500 CH \$18,450 EE / \$7,500 SP / \$7,500 CH</p>	<p>Rate Guarantee</p> <p>Participation Requirement</p> <p>Under 12/31/21 5%</p>

\* Attached Age Rates  
Methods will provide a 3% of premium Benefit Admin System credit on Accident and Critical Illness coverage.

# Horton Benefit Solutions Disclaimer Notice

## Compensation

The Horton Group ("Horton") receives compensation for its services which may include one or a combination of standard agent and contingent/supplemental/bonus commissions paid by insurance companies and fees paid by clients.

**Commissions:** Horton receives commissions from insurance companies for placing insurance with them and the continued service of clients' insurance needs. Typically commissions are calculated as a percentage of earned policy premium. Each insurance company establishes the commission percentages that it pays on certain lines of insurance. Horton's commission is included in the insurance premium paid by clients.

**Contingency, Supplemental and Bonus Commissions:** Horton may receive additional compensation in the forms of, including but not limited to, contingent commission, supplemental commission or bonus commission. Contingent, supplemental or bonus commission is paid by the insurance companies based on a number of factors, all of which are determined by the insurance company. These factors include, but are not limited to: 1) the overall business Horton has placed with an insurance company, which could include factors for retained business, growth or new business, and 2) the profitability of that business. The commission paid depends on the size and performance of an entire group of accounts, as opposed to the profitability or placement of any particular policy. Horton has agency agreements with insurance companies that pay contingent, supplemental or bonus commission that outline the calculation for such contingent, supplemental or bonus commission payments. During the past five years, Horton's contingent, supplemental and bonus income has averaged less than 1% of total premiums.

## Fee Based Income and Supplement Income

Horton may also receive compensation in the form of fees paid by clients. Under fee-based arrangements, clients agree to pay a fee to Horton net of, or in addition to, commission income. Horton fully discloses all fees in the form of a Fee Agreement. These fees may cover policy services, loss control services, safety consulting and/or claims administration. At times Horton will also provide clients with access to preferred vendors for services that relate to Horton's placement of insurance for its clients. These vendors pay supplemental income to Horton that relates to Horton's referral of the service to its clients.

## Exposure Evaluation

All terms of this proposal are based on the evaluation of material provided by you or your employees. Horton expressly disclaims all liability for the content of such evaluation material. Including but not limited to, any errors or omissions contained therein or arising therefrom. The terms of this proposal are subject to change if you provide new or revised evaluation material to Horton.

## Coverage Terms & Conditions

All coverage terms and conditions in the preceding pages are intended as a reference only. Actual policies will contain full coverage exclusions or limitations, terms and conditions, and other wordings that are not summarized herein.

## Other

Horton does not provide investment services or financial advisory services to clients, and Horton disclaims any and all liability to clients arising out of investment services or financial advisory services.



Key Indicators

# Contribution Report and Wellness Contribution Modeling

Prepared for: Kendall County

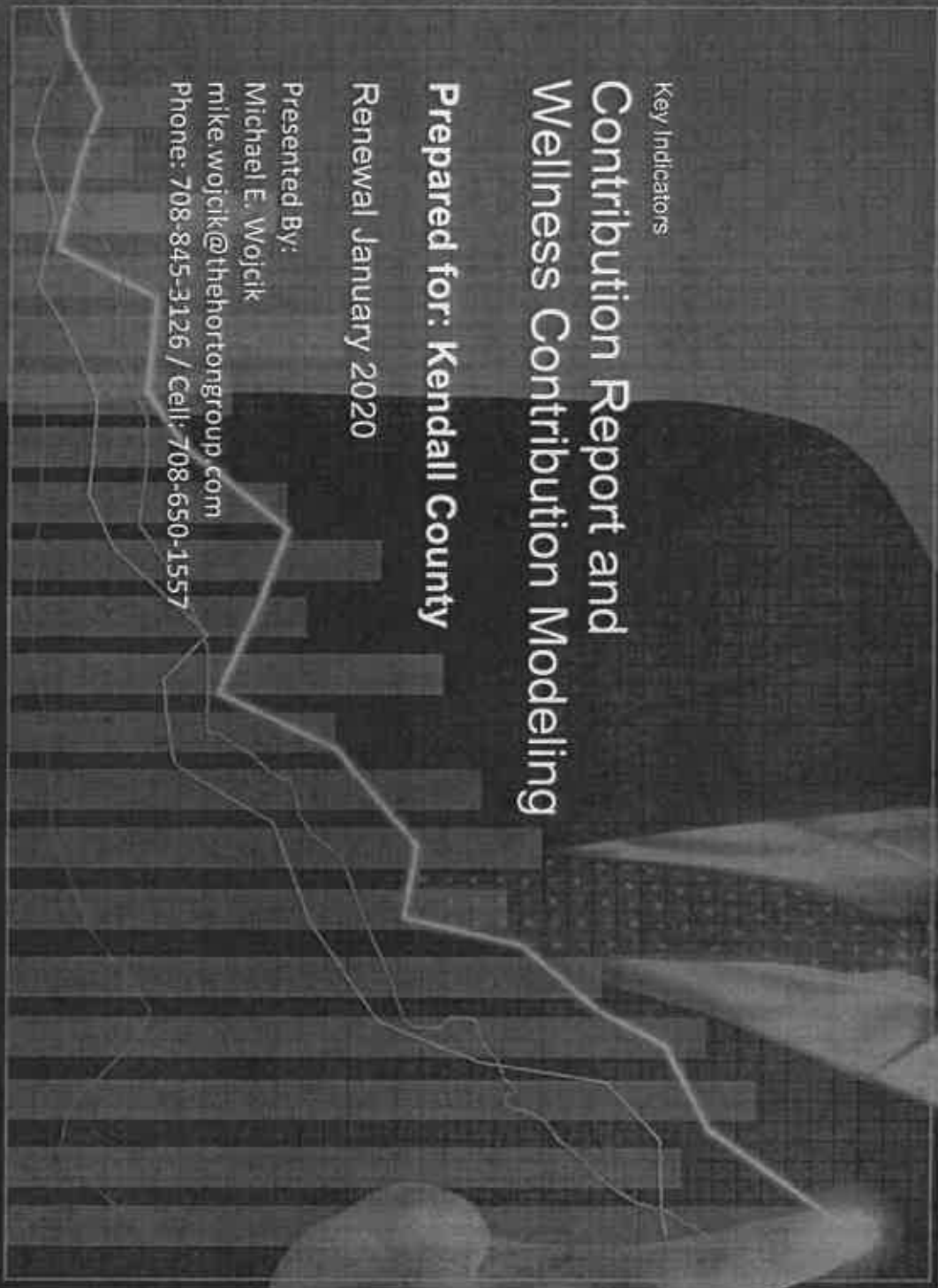
Renewal January 2020

Presented By:

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



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**HORTON**

Provider, Health Plans, Employee Benefits



# Contribution Exhibit

## Kendall County

CURRENT PRACTICE - 1/1/19 EE & ER Contribution vs. 1/1/20 EE & ER Contribution (2 Tier)

Assumes Wellness Participation

	EE	EE + SP	EE + C	Family
HMO 500	\$902.83	\$1,507.03	\$1,607.08	\$1,507.03
H.S.A	\$787.98	\$1,919.92	\$1,919.82	\$1,969.92
HSA \$2000	\$993.05	\$1,794.18	\$1,794.16	\$1,784.18

	EE	EE + SP	EE + C	Family
HMO 500	\$578.72	\$1,448.75	\$1,448.75	\$1,448.75
H.S.A	\$737.26	\$1,843.12	\$1,843.12	\$1,843.12
HSA \$2000	\$896.81	\$1,884.27	\$1,884.27	\$1,854.77

	EE	EE + SP	EE + C	Family	AV Calc
HMO 500	\$578.72	\$1,448.75	\$1,448.75	\$1,448.75	90.1%
H.S.A	\$737.26	\$1,843.12	\$1,843.12	\$1,843.12	81.5%
HSA \$2000	\$896.81	\$1,884.27	\$1,884.27	\$1,854.77	72.8%

2019 Current Rates

2020 Current Rates

Total 2019 Contributions

Total 2020 Contributions

HMO 500	Participation	EE	ER	EE	ER	% of Total
SS	35	EE	\$342.85	EE	\$60.28	10.00%
	1	ES	\$1,024.78	ES	\$482.24	32.00%
	6	EC	\$1,024.78	EC	\$482.24	32.00%
	15	Family	\$1,024.78	Family	\$482.24	32.00%

HMO 500	Participation	EE	ER	EE	ER	% of Total
SS	35	EE	\$342.85	EE	\$57.87	10.00%
	1	ES	\$1,024.78	ES	\$482.85	32.00%
	6	EC	\$1,024.78	EC	\$482.85	32.00%
	15	Family	\$1,024.78	Family	\$482.85	32.00%

HMO 500	Participation	EE	ER	EE	ER	% of Total
SS	35	EE	\$342.85	EE	\$227,871.00	10.00%
	1	ES	\$1,024.78	ES	\$28,317.80	32.00%
	6	EC	\$1,024.78	EC	\$5,798.88	32.00%
	15	Family	\$1,024.78	Family	\$34,724.28	32.00%

H.S.A	Participation	EE	ER	EE	ER	% of Total
104	104	EE	\$981.19	EE	\$78.79	10.00%
	20	ES	\$1,305.55	ES	\$614.37	32.00%
	11	EC	\$1,305.55	EC	\$614.37	32.00%
	81	Family	\$1,305.55	Family	\$614.37	32.00%

H.S.A	Participation	EE	ER	EE	ER	% of Total
104	104	EE	\$981.19	EE	\$73.72	10.00%
	20	ES	\$1,305.55	ES	\$481.73	32.00%
	11	EC	\$1,305.55	EC	\$388.78	32.00%
	81	Family	\$1,305.55	Family	\$388.78	32.00%

H.S.A	Participation	EE	ER	EE	ER	% of Total
104	104	EE	\$981.19	EE	\$882,605.12	10.00%
	20	ES	\$1,305.55	ES	\$147,448.80	32.00%
	11	EC	\$1,305.55	EC	\$81,098.84	32.00%
	81	Family	\$1,305.55	Family	\$392,182.84	32.00%

HSA \$2000	Participation	EE	ER	EE	ER	% of Total
3	3	EE	\$824.28	EE	\$89.37	10.00%
	3	ES	\$1,179.23	ES	\$384.93	32.00%
	1	EC	\$1,179.23	EC	\$384.93	32.00%
	4	Family	\$1,179.23	Family	\$384.93	32.00%

HSA \$2000	Participation	EE	ER	EE	ER	% of Total
3	3	EE	\$824.28	EE	\$89.59	10.00%
	3	ES	\$1,179.23	ES	\$382.73	32.00%
	1	EC	\$1,179.23	EC	\$382.73	32.00%
	4	Family	\$1,179.23	Family	\$382.73	32.00%

HSA \$2000	Participation	EE	ER	EE	ER	% of Total
3	3	EE	\$824.28	EE	\$22,474.44	10.00%
	3	ES	\$1,179.23	ES	\$2,497.82	32.00%
	1	EC	\$1,179.23	EC	\$18,877.48	32.00%
	4	Family	\$1,179.23	Family	\$6,858.16	32.00%

Total Employees	284	284	284	284	284	284
ER HSA Contribution	\$520,500.00	\$520,500.00	\$520,500.00	\$520,500.00	\$520,500.00	\$520,500.00
Premium with HSA	\$3,771,080.40	\$3,771,080.40	\$3,771,080.40	\$3,771,080.40	\$3,771,080.40	\$3,771,080.40
ER% / EE%	76.95%	76.95%	76.95%	76.95%	76.95%	76.95%
Grand Total	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16	\$4,901,807.16
% Change	-3.58%	-3.58%	-3.58%	-3.58%	-3.58%	-3.58%

2019 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family  
 2020 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family  
 Enrollment shown on the exhibit includes active employees and retirees.



# Wellness Exhibit

## Kendall County

CURRENT PRACTICE - 1/1/20 EE & ER Contribution (2 Tier)  
 Illustrates Contributions With and Without Wellness Incentive

Months	1/1/2020 BCBS Rates				1/1/2020 BCBS Rates				
	EE	EE + SP	EE + C	Family	EE	EE + SP	EE + C	Family	
HMO 500	\$376.72	\$1,448.75	\$1,448.75	\$1,448.75	HMO 500	\$578.72	\$1,448.75	\$1,448.75	AV Calc
H.S.A	\$737.26	\$1,843.12	\$1,843.12	\$1,843.12	H.S.A	\$737.26	\$1,843.12	\$1,843.12	90.1%
HSA \$2800	\$683.91	\$1,684.77	\$1,684.77	\$1,684.77	HSA \$2800	\$685.91	\$1,684.77	\$1,684.77	81.6%
									72.8%

Months 12

Wellness Participation

No Wellness Participation

Wellness Participation

No Wellness Participation

Participation	HMO 500		H.S.A		H.S.A \$2800		Participation		Participation		Participation		Participation		Participation		Participation		
	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	
35	\$620.85	\$57.87	\$462.96	\$115.74	\$216.757	\$24.905	\$216.757	\$24.905	\$216.757	\$24.905	\$216.757	\$24.905	\$216.757	\$24.905	\$216.757	\$24.905	\$216.757	\$24.905	\$216.757
1	\$983.80	\$402.95	\$984.87	\$489.88	\$11,806.80	\$5,555.40	\$11,806.80	\$5,555.40	\$11,806.80	\$5,555.40	\$11,806.80	\$5,555.40	\$11,806.80	\$5,555.40	\$11,806.80	\$5,555.40	\$11,806.80	\$5,555.40	\$11,806.80
6	\$983.80	\$482.95	\$984.87	\$481.88	\$70,833.60	\$33,332.40	\$70,833.60	\$33,332.40	\$70,833.60	\$33,332.40	\$70,833.60	\$33,332.40	\$70,833.60	\$33,332.40	\$70,833.60	\$33,332.40	\$70,833.60	\$33,332.40	\$70,833.60
15	\$983.80	\$482.95	\$984.87	\$481.88	\$177,084.00	\$83,331.00	\$177,084.00	\$83,331.00	\$177,084.00	\$83,331.00	\$177,084.00	\$83,331.00	\$177,084.00	\$83,331.00	\$177,084.00	\$83,331.00	\$177,084.00	\$83,331.00	\$177,084.00
104	\$983.54	\$73.72	\$699.82	\$147.44	\$92,097.82	\$92,002.86	\$92,097.82	\$92,002.86	\$92,097.82	\$92,002.86	\$92,097.82	\$92,002.86	\$92,097.82	\$92,002.86	\$92,097.82	\$92,002.86	\$92,097.82	\$92,002.86	\$92,097.82
20	\$1,253.33	\$89.78	\$1,216.47	\$826.85	\$300,799.20	\$141,549.60	\$300,799.20	\$141,549.60	\$300,799.20	\$141,549.60	\$300,799.20	\$141,549.60	\$300,799.20	\$141,549.60	\$300,799.20	\$141,549.60	\$300,799.20	\$141,549.60	\$300,799.20
11	\$1,253.33	\$89.78	\$1,216.47	\$826.85	\$185,439.56	\$77,852.28	\$185,439.56	\$77,852.28	\$185,439.56	\$77,852.28	\$185,439.56	\$77,852.28	\$185,439.56	\$77,852.28	\$185,439.56	\$77,852.28	\$185,439.56	\$77,852.28	\$185,439.56
81	\$1,253.33	\$89.78	\$1,216.47	\$826.85	\$1,218,236.78	\$572,275.38	\$1,218,236.78	\$572,275.38	\$1,218,236.78	\$572,275.38	\$1,218,236.78	\$572,275.38	\$1,218,236.78	\$572,275.38	\$1,218,236.78	\$572,275.38	\$1,218,236.78	\$572,275.38	\$1,218,236.78
3	\$699.32	\$98.89	\$532.73	\$133.78	\$21,575.52	\$2,387.24	\$21,575.52	\$2,387.24	\$21,575.52	\$2,387.24	\$21,575.52	\$2,387.24	\$21,575.52	\$2,387.24	\$21,575.52	\$2,387.24	\$21,575.52	\$2,387.24	\$21,575.52
8	\$1,132.04	\$92.73	\$1,088.74	\$86.03	\$40,763.44	\$19,179.88	\$40,763.44	\$19,179.88	\$40,763.44	\$19,179.88	\$40,763.44	\$19,179.88	\$40,763.44	\$19,179.88	\$40,763.44	\$19,179.88	\$40,763.44	\$19,179.88	\$40,763.44
1	\$1,132.04	\$92.73	\$1,088.74	\$86.03	\$13,584.48	\$6,392.26	\$13,584.48	\$6,392.26	\$13,584.48	\$6,392.26	\$13,584.48	\$6,392.26	\$13,584.48	\$6,392.26	\$13,584.48	\$6,392.26	\$13,584.48	\$6,392.26	\$13,584.48
4	\$1,132.04	\$92.73	\$1,088.74	\$86.03	\$54,337.92	\$25,874.84	\$54,337.92	\$25,874.84	\$54,337.92	\$25,874.84	\$54,337.92	\$25,874.84	\$54,337.92	\$25,874.84	\$54,337.92	\$25,874.84	\$54,337.92	\$25,874.84	\$54,337.92
284																			

Premium Only	ER HSA Contribution	Premium with HSA	ER/EE%	Grand Total
\$3,121,305.00	\$520,500.00	\$3,641,805.00	77.05%	\$4,726,548.84
\$1,084,743.84	\$1,084,743.84	\$2,169,487.68	22.95%	\$4,726,548.84
\$2,942,225.84	\$520,500.00	\$3,462,725.84	73.26%	\$4,726,548.84
\$4,794.48	\$20,377.06	\$24,171.54	26.74%	\$4,794.48

Affordability Test	
Employer only - Renewal	\$115.74
Monthly Contribution	\$1,389.85
Annual Salary at 9.78% of Contribution	\$14,201

Estimated new \$ from contributions	Additional \$ from wellness programs if 0% screen	Additional \$ from wellness programs if 50% screen	Additional \$ from wellness programs if 75% screen	Additional \$ from wellness programs if 90% screen
\$179,079.36	\$89,539.68	\$44,789.84	\$17,907.94	

2020 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

### PROPOSED PRACTICE - 1/1/19 EE & ER Contribution vs. 1/1/20 EE & ER Contribution (4 Tier)

Assumes Wellness Participation

		1/1/2019 BGS Rates				1/1/2020 BGS Rates					
	Months	EE	EE + SP	EE + C	Family	EE	EE + SP	EE + C	Family	AV Calc	
HMO 500		\$982,833	\$1,507,003	\$1,507,003	\$1,507,003	HMO 500	\$678,772	\$1,098,442	\$1,052,116	\$1,827,900	90.1%
H.S.A.		\$762,480	\$1,918,922	\$1,918,922	\$1,918,922	H.S.A.	\$737,226	\$1,988,089	\$1,813,417	\$2,938,116	61.5%
HSA \$2900		\$993,965	\$1,734,116	\$1,734,116	\$1,734,116	HSA \$2900	\$685,911	\$1,345,445	\$3,291,145	\$1,997,682	72.8%

		2019 Current Rates				2020 Current Rates			
	Participation	EE	ER	EE	% of Total	EE	ER	EE	% of Total
HMO 500	35	\$942.55	\$20.85	\$57.87	10.00%	\$57.87	\$20.85	\$57.87	10.00%
	1	\$1,024.79	\$745.57	\$480.86	32.00%	\$480.86	\$745.57	\$480.86	32.00%
	6	\$482.24	\$718.48	\$338.70	32.00%	\$338.70	\$718.48	\$338.70	32.00%
	15	\$492.24	\$1,106.97	\$380.88	32.00%	\$380.88	\$1,106.97	\$380.88	32.00%

		Total 2019 Contributions				Total 2020 Contributions			
	Participation	ER	EE	ER	EE	ER	EE	ER	EE
HMO 500	35	\$227,871.00	\$25,317.60	\$218,756.16	\$24,308.24	\$227,871.00	\$25,317.60	\$218,756.16	\$24,308.24
	1	\$12,287.48	\$4,766.49	\$8,046.79	\$4,640.25	\$12,287.48	\$4,766.49	\$8,046.79	\$4,640.25
	6	\$73,784.88	\$34,721.28	\$61,514.73	\$24,422.88	\$73,784.88	\$34,721.28	\$61,514.73	\$24,422.88
	15	\$184,482.20	\$88,893.20	\$199,254.96	\$93,707.04	\$184,482.20	\$88,893.20	\$199,254.96	\$93,707.04

		100% of Total			
	Participation	ER	EE	ER	EE
HMO 500	104	\$883.53	\$78.78	\$883.53	\$78.78
	20	\$930.71	\$437.88	\$930.71	\$437.88
	11	\$883.18	\$480.91	\$883.18	\$480.91
	63	\$1,391.87	\$440.19	\$1,391.87	\$440.19

		100% of Total			
	Participation	ER	EE	ER	EE
HMO 500	104	\$883.53	\$78.78	\$883.53	\$78.78
	20	\$930.71	\$437.88	\$930.71	\$437.88
	11	\$883.18	\$480.91	\$883.18	\$480.91
	63	\$1,391.87	\$440.19	\$1,391.87	\$440.19

		100% of Total			
	Participation	ER	EE	ER	EE
HMO 500	104	\$883.53	\$78.78	\$883.53	\$78.78
	20	\$930.71	\$437.88	\$930.71	\$437.88
	11	\$883.18	\$480.91	\$883.18	\$480.91
	63	\$1,391.87	\$440.19	\$1,391.87	\$440.19

		100% of Total			
	Participation	ER	EE	ER	EE
HMO 500	104	\$883.53	\$78.78	\$883.53	\$78.78
	20	\$930.71	\$437.88	\$930.71	\$437.88
	11	\$883.18	\$480.91	\$883.18	\$480.91
	63	\$1,391.87	\$440.19	\$1,391.87	\$440.19

2019 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family  
 2020 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family  
 Enrollment shown on the exhibit includes active employees and retirees.

**Kendall County**

**PROPOSED PRACTICE - 1/1/20 EE & ER Contribution (4 Tier)**  
**Illustrates Contributions With and Without Wellness Incentive**

1/1/2020 BCBS Rules				1/1/2020 BCBS Rules			
EE	EE + SP	EE + C	Family	EE	EE + SP	EE + C	Family
HMO 600	\$576.72	\$1,096.42	\$1,052.18	\$576.72	\$1,096.42	\$1,052.18	\$1,827.90
HSA	\$737.26	\$1,309.69	\$1,313.47	\$737.26	\$1,309.69	\$1,313.47	\$2,032.16
HSA \$2800	\$965.91	\$1,345.45	\$1,291.15	\$965.91	\$1,345.45	\$1,291.15	\$1,997.84

Months: 12

Wellness Participation

No Wellness Participation

Wellness Participation

No Wellness Participation

HMO 600		HMO 600		HMO 600		HMO 600		HMO 600		HMO 600	
Participation	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE
36	\$520.85	\$57.87	\$482.98	\$115.74	\$218,756.16	\$28,396.24	\$194,451.80	\$46,810.80	10.00%	20.00%	10.00%
1	\$745.57	\$350.85	\$723.64	\$372.76	\$8,946.78	\$4,210.26	\$4,479.36	\$111,684.00	12.00%	14.00%	12.00%
0	\$716.48	\$338.70	\$694.44	\$357.24	\$51,514.73	\$24,242.23	\$49,999.88	\$25,787.28	12.00%	14.00%	12.00%
12	\$1,108.97	\$520.83	\$1,074.41	\$553.49	\$199,254.96	\$83,787.04	\$193,383.80	\$89,028.20	12.00%	14.00%	12.00%

HSA		HSA		HSA		HSA		HSA		HSA	
Participation	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE
104	\$663.53	\$73.73	\$589.81	\$147.45	\$828,090.43	\$82,810.05	\$736,082.88	\$184,017.60	10.00%	20.00%	10.00%
20	\$930.71	\$437.96	\$903.34	\$485.65	\$223,370.21	\$105,116.39	\$218,801.80	\$114,429.48	12.00%	14.00%	12.00%
11	\$863.16	\$420.31	\$868.89	\$446.58	\$117,887.07	\$55,480.97	\$114,429.48	\$58,648.66	12.00%	14.00%	12.00%
81	\$1,381.87	\$50.29	\$1,341.23	\$680.83	\$1,343,176.47	\$632,053.05	\$1,303,676.56	\$671,483.88	12.00%	14.00%	12.00%

HSA \$2800		HSA \$2800		HSA \$2800		HSA \$2800		HSA \$2800		HSA \$2800	
Participation	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE
3	\$569.32	\$80.59	\$532.73	\$133.16	\$21,576.48	\$2,397.28	\$19,178.26	\$4,784.48	10.00%	20.00%	10.00%
3	\$914.91	\$430.54	\$888.00	\$467.45	\$32,936.62	\$15,499.88	\$31,988.00	\$16,468.20	12.00%	14.00%	12.00%
1	\$877.98	\$419.17	\$862.16	\$439.89	\$10,538.78	\$4,858.02	\$10,225.92	\$5,267.84	12.00%	14.00%	12.00%
4	\$1,358.40	\$59.24	\$1,318.44	\$679.21	\$86,202.97	\$30,893.75	\$83,285.12	\$32,801.80	12.00%	14.00%	12.00%

Total Employees		Total Employees		Total Employees		Total Employees		Total Employees		Total Employees	
Participation	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE
294	\$569.32	\$80.59	\$532.73	\$133.16	\$21,576.48	\$2,397.28	\$19,178.26	\$4,784.48	10.00%	20.00%	10.00%
3	\$914.91	\$430.54	\$888.00	\$467.45	\$32,936.62	\$15,499.88	\$31,988.00	\$16,468.20	12.00%	14.00%	12.00%
1	\$877.98	\$419.17	\$862.16	\$439.89	\$10,538.78	\$4,858.02	\$10,225.92	\$5,267.84	12.00%	14.00%	12.00%
4	\$1,358.40	\$59.24	\$1,318.44	\$679.21	\$86,202.97	\$30,893.75	\$83,285.12	\$32,801.80	12.00%	14.00%	12.00%

**Affordability Test**

Employee only - Renewal	\$115.74
Monthly Contribution	\$1,388.86
Annual Contribution	\$14,201
Annual Salary at 9.78% of Contribution	\$14,201

**Estimated new \$ from contributions**

ER HSA Contribution	\$3,121,267.67	\$1,084,759.85	\$2,942,175.60	\$1,263,835.92
Premium with HSA	\$3,641,757.87	\$1,084,759.85	\$3,482,676.60	\$1,263,835.92
ER/EE%	77.05%	22.95%	73.26%	26.74%
Grand Total	\$4,728,511.52		\$4,728,511.52	

2020 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family  
 Enrollment shown on the exhibit includes active employees and retirees.

UnitedHealthcare of Illinois, Inc.  
MLR OPERATIONS  
PO BOX 30519  
SALT LAKE CITY, UT 84130



**Group Information**

Group Name: Kendall County Government  
Group No: 0909985  
Check No: 00716052  
Check Amount: \$26,942.78

280MLREBA0028001-00291-01  
ATTN: FINANCE DEPARTMENT  
Kendall County Government  
111 W FOX RD  
YORKVILLE IL 60560-1621  


Questions? Learn more about MLR refunds.  
Visit: [www.uhc.com/reform](http://www.uhc.com/reform)  
Call: 1-866-802-8602

Please keep this document for your records.

Re: Health Insurance Premium Rebate for Year 2018; Policy #0909985

Dear Kendall County Government:

Your 2018 Medical Loss Ratio (MLR) premium rebate check is attached below. Enclosed with the check is a letter that the federal government requires us to send explaining why you are getting a rebate. We offer below answers to Frequently Asked Questions, which we hope will be of help to you.

If you have any other questions or need further explanation, please call us at 1-866-802-8602. We appreciate your relationship with UnitedHealthcare, and will continue to work hard to serve your needs.

UnitedHealthcare of Illinois, Inc.  
MLR OPERATIONS  
PO BOX 30519  
SALT LAKE CITY, UT 84130  
PHONE: 1-866-802-8602

JP Morgan Chase Bank N.A.  
Syracuse, NY 13208

DATE: 09/17/2019

PLEASE PRESENT PROMPTLY FOR PAYMENT

PAY: \$\*\*\*\*\*26,942.78\*\*

\*\*Twenty Six Thousand Nine Hundred Forty Two Dollars and Seventy Eight Cents\*\*\*\*\*

PAY TO THE ORDER OF Kendall County Government  
111 W. Fox Street  
Yorkville, IL 60580

AUTHORIZED SIGNATURE

⑈0000716052⑈ ⑆021309379⑆ 811089937⑈

Details on Back  
Security Features Included



## Notice of Health Insurance Premium Rebate

September 17, 2019

Kendall County Government  
111 W. Fox Street  
Yorkville, IL 60560

Re: Health Insurance Premium Rebate for Year 2018; Policy #0909985

Dear Kendall County Government:

This letter is to inform you that UnitedHealthcare of Illinois, Inc. will be rebating a portion of your health insurance premiums through your employer or group policyholder. This rebate is required by the Affordable Care Act – the health reform law.

The Affordable Care Act requires UnitedHealthcare of Illinois, Inc. to rebate part of the premiums it received if it does not spend at least 85 percent of the premiums UnitedHealthcare of Illinois, Inc. receives on health care services, such as doctors and hospital bills, and activities to improve health care quality, such as efforts to improve patient safety. No more than 15 percent of premiums may be spent on administrative costs such as salaries, sales, and advertising. This is referred to as the "Medical Loss Ratio" standard or the 85/15 rule. The 85/15 rule in the Affordable Care Act is intended to ensure that consumers get value for their health care dollars. You can learn more about the 85/15 rule and other provisions of the health reform law at:  
<https://www.healthcare.gov/health-care-law-protections/rate-review/>

### **What the Medical Loss Ratio Rule Means to You**

The Medical Loss Ratio rule is calculated on a State by State basis. In your State, UnitedHealthcare of Illinois, Inc. did not meet the 85/15 standard. In 2018, UnitedHealthcare of Illinois, Inc. spent only 81.3% of a total of \$149,606,428.37 in premium dollars on health care and activities to improve health care quality. Since it missed the 85 percent target by 3.7% of premium it receives, UnitedHealthcare of Illinois, Inc. must rebate 3.7% of the total health insurance premiums paid by the employer and employees in your group health plan. We are required to send this rebate to your employer or group policyholder by September 30, 2019, or apply this rebate to the health insurance premium that is due on or after September 30, 2019. Employers or group policyholders must follow certain rules for distributing the rebate to you.