

COUNTY OF KENDALL, ILLINOIS
ADMIN HR COMMITTEE
KENDALL COUNTY HISTORIC COURTHOUSE
109 W. Ridge Street; 3rd Floor Courtroom



Monday, October 5, 2020 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 16, 2020**
- 5. Department Head and Elected Official Reports**
- 6. Public Comment**
- 7. Committee Business**
 - *Discussion and Approval of Health Insurance Premium Rates FY 20-21*
 - *Discussion of Metronet p2p Fiber Connection from Main Campus to COB and Highway*
 - *Discussion and Approval of GIS Analyst Job Description*
- 8. Executive Session**
- 9. Items for Committee of the Whole**
- 10. Action Items for County Board**
- 11. Adjournment**

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Conference ID: 268 458 018#

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

Key Indicators

Contribution Report and Wellness Contribution Modeling

Prepared for: Kendall County

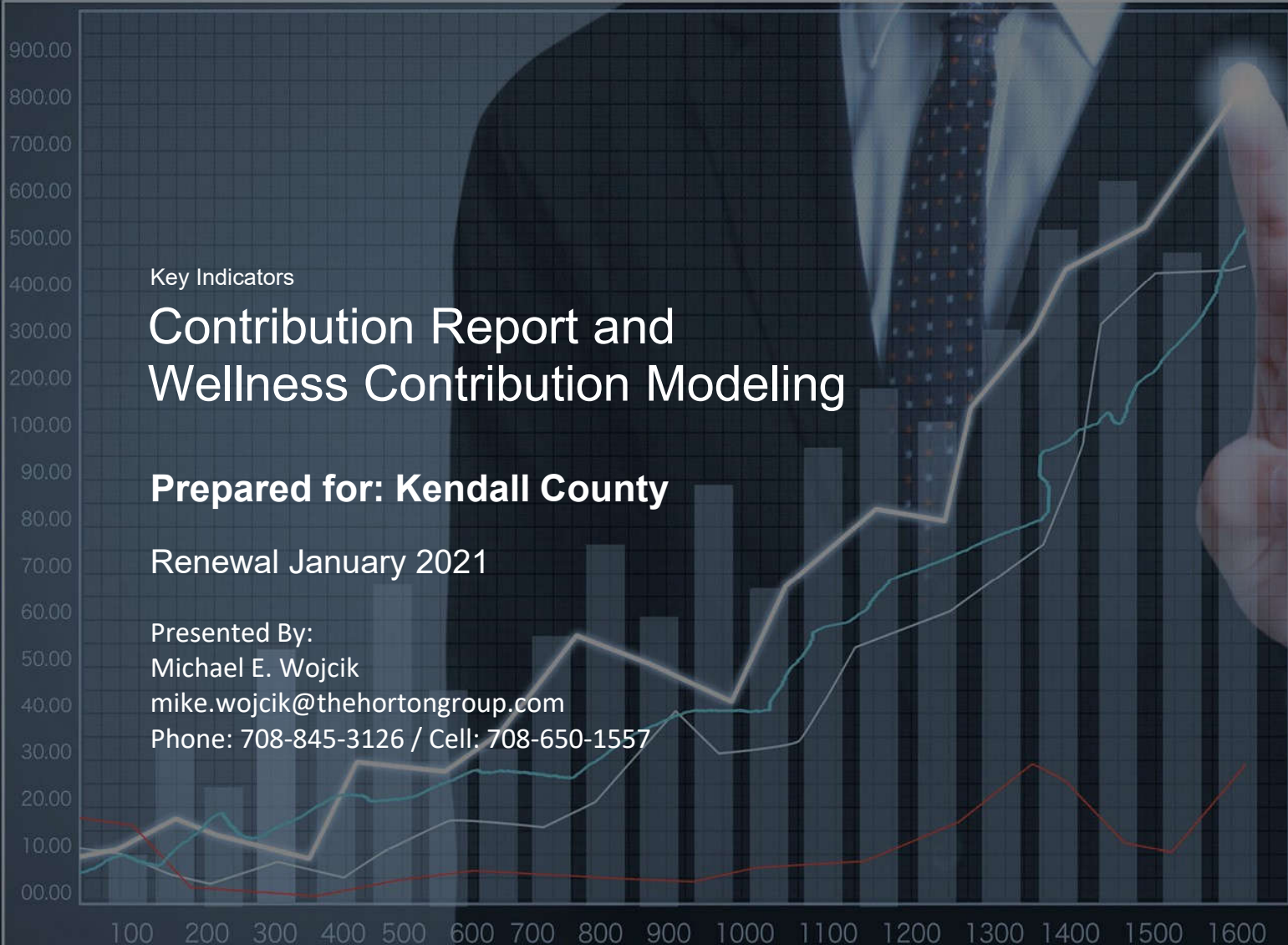
Renewal January 2021

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

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



Insurance / Risk Advisory / Employee Benefits

HORTON

Contribution Exhibit



Kendall County CURRENT PRACTICE - EE & ER Contribution (2 Tier)

Assumes Wellness Participation

	1/1/2020 Current BCBS Rates					1/1/2021 Renewal BCBS Rates				AV Calc
	EE	EE + SP	EE + C	Family		EE	EE + SP	EE + C	Family	
HMO 500	\$567.15	\$1,417.82	\$1,417.82	\$1,417.82	HMO 500	\$615.51	\$1,538.70	\$1,538.70	\$1,538.70	90.1%
H.S.A	\$722.51	\$1,806.26	\$1,806.26	\$1,806.26	H.S.A	\$784.11	\$1,960.27	\$1,960.27	\$1,960.27	81.5%
HSA \$2800	\$652.59	\$1,631.47	\$1,631.47	\$1,631.47	HSA \$2800	\$708.24	\$1,770.58	\$1,770.58	\$1,770.58	72.8%

Months 12

		2020 Current Rates			2021 Current Rates			Total 2020 Contributions		Total 2021 Contributions		
		ER	EE	EE % of Total	ER	EE	EE % of Total	ER	EE	ER	EE	
HMO 500	HMO 500											
Participation												
30	30	EE \$510.44	\$56.71	10.00%	\$553.96	\$61.55	10.00%	\$183,758.40	\$20,415.60	\$199,425.60	\$22,158.00	
1	1	ES \$964.13	\$453.69	32.00%	\$1,046.33	\$492.37	32.00%	\$11,569.56	\$5,444.28	\$12,555.96	\$5,908.44	
4	4	EC \$964.13	\$453.69	32.00%	\$1,046.33	\$492.37	32.00%	\$46,278.24	\$21,777.12	\$50,223.84	\$23,633.76	
18	18	Family \$964.13	\$453.69	32.00%	\$1,046.33	\$492.37	32.00%	\$208,252.08	\$97,997.04	\$226,007.28	\$106,351.92	
H.S.A	H.S.A											
Participation												
119	119	EE \$650.27	\$72.24	10.00%	\$705.71	\$78.40	10.00%	\$928,585.56	\$103,158.72	\$1,007,753.88	\$111,955.20	
21	21	ES \$1,228.26	\$578.00	32.00%	\$1,332.98	\$627.29	32.00%	\$309,521.52	\$145,656.00	\$335,910.96	\$158,077.08	
11	11	EC \$1,228.26	\$578.00	32.00%	\$1,332.98	\$627.29	32.00%	\$162,130.32	\$76,296.00	\$175,953.36	\$82,802.28	
81	81	Family \$1,228.26	\$578.00	32.00%	\$1,332.98	\$627.29	32.00%	\$1,193,868.72	\$561,816.00	\$1,295,656.56	\$609,725.88	
HSA \$2800	HSA \$2800											
Participation												
3	3	EE \$587.33	\$65.26	10.00%	\$637.42	\$70.82	10.00%	\$21,143.88	\$2,349.36	\$22,947.12	\$2,549.52	
3	3	ES \$1,109.40	\$522.07	32.00%	\$1,204.00	\$566.58	32.00%	\$39,938.40	\$18,794.52	\$43,344.00	\$20,396.88	
1	1	EC \$1,109.40	\$522.07	32.00%	\$1,204.00	\$566.58	32.00%	\$13,312.80	\$6,264.84	\$14,448.00	\$6,798.96	
2	2	Family \$1,109.40	\$522.07	32.00%	\$1,204.00	\$566.58	32.00%	\$26,625.60	\$12,529.68	\$28,896.00	\$13,597.92	
Total Employees	Total Employees											
294	294											
								Premium Only	\$3,144,985.08	\$1,072,499.16	\$3,413,122.56	\$1,163,955.84
								ER HSA Contribution	\$540,000.00		\$540,000.00	
								Premium w/HSA	\$3,684,985.08	\$1,072,499.16	\$3,953,122.56	\$1,163,955.84
								ER%/ EE%	77.46%	22.54%	77.25%	22.75%
								Grand Total	\$4,757,484.24		\$5,117,078.40	
								% Change			7.6%	

2020 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family
 2021 Employer HSA Seed Contribution: \$1,500 EE Only; \$3,000 Family
 Enrollment shown on the exhibit includes active employees and retirees.

The Horton Group's

Marketing Spreadsheet - Ancillary Coverage

Prepared for: Kendall County

Renewal January 2021

Presented By:

Michael E. Wojcik

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

Insurance / Risk Advisory / Employee Benefits

HORTON

Kendall County
January 1, 2021

The following Dental markets were approached:	
<u>Carrier</u>	<u>Status</u>
MetLife	Incumbent
Delta Dental	Quoted
Guardian	Quoted
Lincoln	Declined
Principal	Quoted
Reliance Standard	Declined
Standard	Quoted
SunLife	Quoted

The following Life markets were approached:	
<u>Carrier</u>	<u>Status</u>
BCBS	Incumbent
Guardian	Declined
Lincoln	Declined
Principal	Declined
Reliance Standard	Quoted
Standard	Quoted
SunLife	Declined

The following Vision markets were approached:	
<u>Carrier</u>	<u>Status</u>
EyeMed	Incumbent
VSP	Pending

Kendall County
Combo Page: Medical, Dental and Life
January 1, 2021

Presented by: Mike Wojcik

	Medical Monthly Premium	Dental Monthly Premium	Life & AD&D Monthly Premium		Total Monthly Cost	Total Annual Cost	% Change from Current	% Change from Renewal
Current - BCBS Medical MetLife Dental BCBS Life	\$396,457.02	\$25,280.00	\$1,406.37		\$423,143.39	\$5,077,720.68		
Current - BCBS Medical (includes 1.25% discount) MetLife Dental BCBS Life/Accident/Critical Illness	\$426,423.20	\$26,635.65	\$1,406.37		\$454,465.22	\$5,453,582.64	7.40%	
Option - BCBS Medical Standard Dental Standard Life	\$431,251.48	\$25,280.00	\$1,171.98		\$457,703.46	\$5,492,441.46	8.17%	0.71%

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





Kendall County
Dental Review
January 1, 2021

Enrollment from 2021 renewal

EE	FAM	Total
167	192	359

Presented by: Mike Wojcik

Renegotiated 9.21

Carriers:	CURRENT METLIFE	RENEWAL METLIFE	RENEWAL METLIFE	OPTION DELTA	OPTION GUARDIAN	OPTION PRINCIPAL	OPTION STANDARD	OPTION SUNLIFE
Type of Plan	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Participation					Only Active Employees are Eligible	Only Active Employees are Eligible	Only Active Employees are Eligible	
In Network Benefits								
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Major Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Surgical Periodontics Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Out of Network Benefits								
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Co-Insurance	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Major Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Surgical Periodontics Co-Insurance	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
	90th R&C	90th R&C	90th R&C	90th MDR	UCR 90th	90th Percentile	90th U&C	90th U&C
Dental Premium								
Employee	\$37.12	\$40.09	\$36.27	\$36.27	\$34.96	\$36.20	\$37.12	\$37.11
Family	\$99.38	\$107.33	\$107.18	\$107.18	\$101.41	\$104.92	\$99.38	\$99.35
Total Monthly Premium	\$25,280.00	\$27,302.39	\$26,635.65	\$26,635.65	\$25,309.04	\$26,190.04	\$25,280.00	\$25,272.57
Total Dental Annual Premium	\$303,360.00	\$327,628.68	\$319,627.80	\$319,627.80	\$303,708.48	\$314,280.48	\$303,360.00	\$303,270.84
Percent Change		8.00%	5.36%	5.36%	0.11%	3.60%	0.00%	-0.03%
Rate Guarantee		Until 12/31/21	Until 12/31/21	Until 12/31/22	Until 12/31/21	Until 12/31/21	Until 12/31/22	Until 12/31/21

2nd Year Cap: 7%

**Kendall County
Basic Life Review
January 1, 2021**



Employees
339

Presented by: Michael Wojcik

Carriers	CURRENT BCBS	RENEWAL BCBS	OPTION RSLI	OPTION STANDARD
Benefit Amount	\$25,000	\$25,000	\$25,000	\$25,000
% Benefit Amt Reduces to at Age 65	65%	65%	65%	65%
% Benefit Amt Reduces to at Age 70	50%	50%	45%	50%
% Benefit Amt Reduces to at Age 75	NA	NA	NA	NA
% Benefit Amt Reduces to at Age 80	NA	NA	NA	NA
Travel Assistance	Included	Included	Included	Included
Life Premium				
Employee Life per \$1000	\$0.060	\$0.060	\$0.060	\$0.050
Employee AD&D per \$1000	\$0.024	\$0.024	\$0.024	\$0.020
Total for Life & AD&D	\$0.084	\$0.084	\$0.084	\$0.070
Life Volume	\$16,742,500	\$16,742,500	\$16,742,500	\$16,742,500
Life Monthly Premium	\$1,406.37	\$1,406.37	\$1,406.37	\$1,171.98
Life Annual Premium	\$16,876.44	\$16,876.44	\$16,876.44	\$14,063.70
Percentage Change		0.00%	0.00%	-16.67%
Rate Guarantee		Until 12/31/21	Until 12/31/22	Until 12/31/23



**Kendall County
Voluntary Life Review
January 1, 2021**

Benefits Presented by: Michael Wojcik

Carriers		CURRENT BCBS	RENEWAL BCBS	OPTION RSLI	OPTION STANDARD
Minimum Participation		23%	23%	33%	23%
Employee Benefit Amount		Increments of \$10K up to \$300K	Increments of \$10K up to \$300K	Increments of \$10K up to \$300K	Increments of \$10K up to \$300K
Benefit Reduction Schedule					
	% Benefit Reduces to at Age 65	65%	65%	65%	65%
	% Benefit Reduces to at Age 70	50%	50%	45%	50%
	% Benefit Reduces to at Age 75	n/a	n/a	n/a	n/a
	% Benefit Reduces to at Age 80	n/a	n/a	n/a	n/a
Dependent Life					
	Spouse Benefit	Increments of \$5K up to \$150K, not to exceed 50% of EE amount	Increments of \$5K up to \$150K, not to exceed 50% of EE amount	Increments of \$5K up to \$150K, not to exceed 50% of EE amount	Increments of \$5K up to \$150K, not to exceed 50% of EE amount
	Child (ren) Benefit	15 Days - 6 Mo: \$250 6 Mo - 26 Years: Increments of \$2K to a maximum of \$10K	15 Days - 6 Mo: \$250 6 Mo - 26 Years: Increments of \$2K to a maximum of \$10K	15 Days - 6 Mo: \$250 6 Mo - 26 Years: Increments of \$2K to a maximum of \$10K	Birth - 25 Years: Increments of \$2K to a maximum of \$10K
Guarantee Issue					
	Employee	\$150,000	\$150,000	\$150,000	\$150,000
	Spouse	\$30,000	\$30,000	\$30,000	\$30,000
Life Premium		EE & SP Rates/\$1k/Mo	EE & SP Rates/\$1k/Mo	EE & SP Rates/\$1k/Mo	EE & SP Rates/\$1k/Mo
	Under age 25	\$0.060	\$0.060	\$0.060	\$0.060
	25-29	\$0.060	\$0.060	\$0.060	\$0.060
	30-34	\$0.080	\$0.080	\$0.080	\$0.080
	35-39	\$0.089	\$0.089	\$0.089	\$0.089
	40-44	\$0.124	\$0.124	\$0.124	\$0.124
	45-49	\$0.195	\$0.195	\$0.195	\$0.195
	50-54	\$0.308	\$0.308	\$0.308	\$0.308
	55-59	\$0.480	\$0.480	\$0.480	\$0.480
	60-64	\$0.701	\$0.701	\$0.701	\$0.701
	65-69	\$1.283	\$1.283	\$1.283	\$1.283
	70-74	\$2.069	\$2.069	\$2.069	\$2.069
	75 and Above	\$2.069	\$2.069	\$2.069	\$2.069
		EE & SP AD&D Rates/\$1k/Mo	EE & SP AD&D Rates/\$1k/Mo	EE & SP AD&D Rates/\$1k/Mo	EE & SP AD&D Rates/\$1k/Mo
	AD&D/\$1k unless noted	\$0.028	\$0.028	\$0.039	\$0.028
	Child	\$0.057	\$0.057	\$0.057	\$0.057
	Child AD&D	\$0.043	\$0.043	\$0.039	\$0.043
Rate Guarantee			Until 12/31/21	Until 12/31/22	Until 12/31/23

**Kendall County
Voluntary Vision Review
January 1, 2021**



Enrollment from marketing census provided

<u>EE</u> 108	<u>ES</u> 37	<u>EC</u> 28	<u>Family</u> 79	<u>Total</u> 252
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Presented by: Michael Wojcik

<u>Carriers:</u>	CURRENT EyeMed	RENEWAL EyeMed
Copayment Exam	\$10	\$10
Copayment Materials	\$25	\$25
Examination Frequency (months)	12	12
Lenses Frequency (months)	12	12
Frame Frequency (months)	24	24
<u>In Network Benefits</u>		
Examination	Covered in Full after co-pay	Covered in Full after co-pay
Basic Lenses		
Single	Covered in Full after co-pay	Covered in Full after co-pay
Bifocal	Covered in Full after co-pay	Covered in Full after co-pay
Trifocal	Covered in Full after co-pay	Covered in Full after co-pay
Frame	up to \$130 allowance, 20% off balance	up to \$130 allowance, 20% off balance
Elective Contact Lenses	up to \$130 allowance	up to \$130 allowance
Necessary Contact Lenses	Covered in Full	Covered in Full
<u>Lens Options</u>		
Tint (Solid & Gradient)	\$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	\$90	\$90
UV protected lenses	\$15	\$15
Anti-reflective Coating	\$45-68	\$45-68
Other Options	20% off Retail	20% off Retail
<u>Out of Network Benefits</u>		
Examination	Allowance \$30	Allowance \$30
Basic Lenses		
Single	\$25	\$25
Bifocal	\$40	\$40
Trifocal	\$60	\$60
Frame	\$65	\$65
Elective Contact Lenses	\$104	\$104
Necessary Contact Lenses	\$210	\$210
<u>Vision Premium</u>		
Employee	\$6.26	\$6.26
Employee + Spouse	\$11.90	\$11.90
Employee + Child(ren)	\$12.53	\$12.53
Family	\$18.42	\$18.42
Total Monthly Premium	\$2,922.40	\$2,922.40
Total Annual Premium	\$35,068.80	\$35,068.80
Percent Change		0.00%
Rate Guarantee		Until 1/1/23

*Copay plus any additional add-ons for that service



**Kendall County
Voluntary Group Accident Benefit Review
January 1, 2021**

Presented by: Mike Wojcik

Carrier:	CURRENT / RENEWAL BCBS
Accident Coverage Eligibility Participation Requirement Age Reduction Benefit Termination <u>Benefits due to Accident</u> Accidental Death Emergency Treatment (ER or Urgent Care Center) Ground Ambulance Initial Hospital Admission Hospital Confinement Coma Concussion Dislocation Fracture Laceration	24 Hour All Active Full-Time Employees 10 Enrolled N/A The Earlier of Retirement or Age 70 \$40,000 - Employee \$40,000 - Spouse \$12,500 - Child \$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	\$11.41
Employee & Spouse	\$18.92
Employee & Child	\$21.97
Family	\$34.47
Annual Premium	
Employee	\$136.92
Employee & Spouse	\$227.04
Employee & Child	\$263.64
Family	\$413.64
Rate Guarantee	Until 12/31/21

* Some not all benefits listed.

\$50 Wellness Credit

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 Critical Illness Benefit Review
January 1, 2021**

Presented by: Mike Wojcik

Carrier	CURRENT / RENEWAL BCBS					
Benefit Schedule (upon first occurrence / diagnosis of condition) Portable Benefit Reduction Pre-Existing Condition Limitation Benefit Waiting Period Eligibility Benefit Amounts Employee Spouse Child Wellness Benefit Employee Spouse Guarantee Issue Amount Employee Spouse Child	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% Yes 65% at age 65, 50% at age 70 12/12 None All Active Full-Time Employees Increments of \$5,000 up to \$50,000 Increments of \$2,500 up to \$25,000, not to exceed 50% of issued Employee Amount Increments of \$2,500 up to \$25,000, not to exceed 50% of issued Employee Amount \$50 \$50 \$20,000 \$10,000 \$10,000					
Monthly Premium*	Age Bands - Attained Age					
	Below 30	30-39	40-49	50-59	60-64	65+
\$10,000 EE	\$4.15	\$6.17	\$12.07	\$22.01	\$35.41	\$44.84
\$10,000 EE / \$5,000 SP	\$7.36	\$10.41	\$19.40	\$34.38	\$54.51	\$69.57
\$10,000 EE / \$5,000 CH	\$5.23	\$7.25	\$13.15	\$23.09	\$36.49	\$45.92
\$10,000 EE / \$5,000 SP / \$5,000 CH	\$8.43	\$11.49	\$20.48	\$35.46	\$55.58	\$70.64
Annual Premium*	Age Bands - Attained Age					
	Below 30	30-39	40-49	50-59	60-64	65+
\$10,000 EE	\$49.80	\$74.04	\$144.84	\$264.12	\$424.92	\$538.08
\$10,000 EE / \$5,000 SP	\$88.26	\$124.92	\$232.80	\$412.56	\$654.06	\$834.78
\$10,000 EE / \$5,000 CH	\$62.70	\$86.94	\$157.74	\$277.02	\$437.82	\$550.98
\$10,000 EE / \$5,000 SP / \$5,000 CH	\$101.16	\$137.82	\$245.70	\$425.46	\$666.96	\$847.68
Rate Guarantee	Until 12/31/21					
Participation Requirement	Greater of 10 lives or 15%					

* Attained Age Rates

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

Prepared for: Kendall County

Renewal January 2021

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Insurance / Risk Advisory / Employee Benefits

HORTON

Kendall County
January 1, 2021

The following Medical markets were approached:

<u>Carrier</u>	<u>Status</u>
BCBS	Incumbent
Aetna	Declined
Cigna	Declined
Humana	Pending
United Healthcare	Quoted

Kendall County
Medical Review
January 1, 2021



	Enrollment From 2021 BCBS Renewal				
	EE	ES	EC	Family	Total
HMO	30	1	4	18	53
H.S.A	119	21	11	81	232
HSA \$2800	3	3	1	2	9
Total	152	25	16	101	294
%	52%	9%	5%	34%	100%

Presented by: Michael Wojcik

Carriers:	CURRENT BCBS			RENEWAL BCBS			*RENEWAL ALTERNATIVE 1 BCBS		
	BA HMO	HSA	HSA	BA HMO	HSA	HSA	BA HMO	HSA	HSA
Type of Plan									
Network		Includes BVA	Includes BVA		Includes BVA	Includes BVA		Includes BVA	Includes BVA
In Network Benefits			Embedded			Embedded			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									
OPX includes ded unless noted	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800
Family Out of Pocket									
OPX includes ded unless noted	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600
Emergency Room Co-pay	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2.5x 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.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	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
Family Deductible		\$3,000	\$11,200		\$3,000	\$11,200		\$3,000	\$11,200
Co-Insurance		80%	80%		80%	80%		80%	80%
Individual Out of Pocket									
OPX includes ded unless noted		\$3,000	\$7,600		\$3,000	\$7,600		\$3,000	\$7,600
Family Out of Pocket									
OPX includes ded unless noted		\$6,000	\$13,200		\$6,000	\$13,200		\$6,000	\$13,200
Emergency Co-pay		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded
Hospital Co-pay		80% After Ded	80% After Ded		80% After Ded	80% After Ded		80% After Ded	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
Preventative Services		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
Medical Premium									
Employee	\$567.15	\$722.51	\$652.59	\$666.97	\$849.67	\$767.45	\$658.63	\$839.05	\$757.86
Employee + Spouse	\$1,417.82	\$1,806.26	\$1,631.47	\$1,667.36	\$2,124.16	\$1,918.61	\$1,646.52	\$2,097.61	\$1,894.63
Employee +Children	\$1,417.82	\$1,806.26	\$1,631.47	\$1,667.36	\$2,124.16	\$1,918.61	\$1,646.52	\$2,097.61	\$1,894.63
Family	\$1,417.82	\$1,806.26	\$1,631.47	\$1,667.36	\$2,124.16	\$1,918.61	\$1,646.52	\$2,097.61	\$1,894.63
Total Medical Monthly Premium	\$49,624.36	\$290,086.07	\$11,746.59	\$58,358.38	\$341,140.81	\$13,814.01	\$57,628.86	\$336,876.88	\$13,641.36
Total Annual Premium		\$4,217,484.24			\$4,959,758.40			\$4,897,765.20	
Percent Change					17.6%			16.1%	
Annual ER HSA Seed		\$540,000.00			\$540,000.00			\$540,000.00	
Total Annual Prem & ER HSA Seed		\$4,757,484.24			\$5,499,758.40			\$5,437,765.20	
Annual Cost Increase					\$742,274.16			\$680,280.96	
Percent Change w ER Seed					15.6%			14.3%	

Transition / Wellness Credit (\$10,000.00)

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

*BCBS RENEWAL ALTERNATIVE - BCBS will provide a medical renewal premium rate discount: 1.25% discount if Life / Voluntary Life, and Accident / Critical Illness is renewed with BCBS.

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	Enrollment From 2021 BCBS Renewal				
	EE	ES	EC	Family	Total
HMO	30	1	4	18	53
H.S.A	119	21	11	81	232
HSA \$2800	3	3	1	2	9
Total	152	25	16	101	294
%	52%	9%	5%	34%	100%

Presented by: Michael Wojcik

RENEGOTIATED 9/21/20
Assumes Life/Vol Life and Acc/CI Renewed with BCBS

Carriers:	CURRENT BCBS			RENEWAL BCBS			*RENEWAL ALTERNATIVE 1 BCBS		
	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded
Type of Plan									
Network									
In Network Benefits									
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 ded 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 ded unless noted									
Emergency Room Co-pay	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	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
Family Deductible		\$3,000	\$11,200		\$3,000	\$11,200		\$3,000	\$11,200
Co-Insurance		80%	80%		80%	80%		80%	80%
Individual Out of Pocket		\$3,000	\$7,600		\$3,000	\$7,600		\$3,000	\$7,600
OPX includes ded unless noted									
Family Out of Pocket		\$6,000	\$13,200		\$6,000	\$13,200		\$6,000	\$13,200
OPX includes ded unless noted									
Emergency Co-pay		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded
Hospital Co-pay		80% After Ded	80% After Ded		80% After Ded	80% After Ded		80% After Ded	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
Preventative Services		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
Medical Premium									
Employee	\$567.15	\$722.51	\$652.59	\$623.30	\$794.04	\$717.20	\$615.51	\$784.11	\$708.24
Employee + Spouse	\$1,417.82	\$1,806.26	\$1,631.47	\$1,558.18	\$1,985.08	\$1,792.99	\$1,538.70	\$1,960.27	\$1,770.58
Employee +Children	\$1,417.82	\$1,806.26	\$1,631.47	\$1,558.18	\$1,985.08	\$1,792.99	\$1,538.70	\$1,960.27	\$1,770.58
Family	\$1,417.82	\$1,806.26	\$1,631.47	\$1,558.18	\$1,985.08	\$1,792.99	\$1,538.70	\$1,960.27	\$1,770.58
Total Medical Monthly Premium	\$49,624.36	\$290,086.07	\$11,746.59	\$54,537.14	\$318,804.80	\$12,909.54	\$53,855.40	\$314,819.60	\$12,748.20
Total Annual Premium		\$4,217,484.24			\$4,635,017.76			\$4,577,078.40	
Percent Change					9.9%			8.5%	
Annual ER HSA Seed		\$540,000.00			\$540,000.00			\$540,000.00	
Total Annual Prem & ER HSA Seed		\$4,757,484.24			\$5,175,017.76			\$5,117,078.40	
Annual Cost Increase					\$417,533.52			\$359,594.16	
Percent Change w ER Seed					8.8%			7.6%	
Transition / Wellness Credit		(\$10,000.00)			(\$10,000.00)			(\$10,000.00)	

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

*BCBS RENEWAL ALTERNATIVE - BCBS will provide a medical renewal premium rate discount: 1.25% discount if Life / Voluntary Life, and Accident / Critical Illness is renewed with BCBS.

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HSA \$2800	3	3	1	2	9
Total	152	25	16	101	294
%	52%	9%	5%	34%	100%

Presented by: Michael Wojcik

RENEGOTIATED 9/21/20
Assumes Life/Vol Life and Acc/CI Renewed with BCBS

Carriers:	CURRENT BCBS			RENEWAL: 4-TIER RATES BCBS			*RENEWAL ALTERNATIVE 1: 4-TIER RATES BCBS		
	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded
Type of Plan Network									
In Network Benefits									
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 ded 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 ded unless noted									
Emergency Room Co-pay	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded
Mail Order Rx Co-pay	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	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
Family Deductible		\$3,000	\$11,200		\$3,000	\$11,200		\$3,000	\$11,200
Co-Insurance		80%	80%		80%	80%		80%	80%
Individual Out of Pocket		\$3,000	\$7,600		\$3,000	\$7,600		\$3,000	\$7,600
OPX includes ded unless noted									
Family Out of Pocket		\$6,000	\$13,200		\$6,000	\$13,200		\$6,000	\$13,200
OPX includes ded unless noted									
Emergency Co-pay		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded
Hospital Co-pay		80% After Ded	80% After Ded		80% After Ded	80% After Ded		80% After Ded	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
Preventative Services		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
Medical Premium									
Employee	\$567.15	\$722.51	\$652.59	\$623.08	\$793.76	\$716.95	\$615.29	\$783.84	\$707.99
Employee + Spouse	\$1,417.82	\$1,806.26	\$1,631.47	\$1,134.99	\$1,486.29	\$1,551.99	\$1,120.80	\$1,467.71	\$1,532.59
Employee +Children	\$1,417.82	\$1,806.26	\$1,631.47	\$1,089.19	\$1,417.35	\$1,489.36	\$1,075.58	\$1,399.63	\$1,470.74
Family	\$1,417.82	\$1,806.26	\$1,631.47	\$1,685.18	\$2,192.88	\$2,304.28	\$1,664.12	\$2,165.47	\$2,275.48
Total Medical Monthly Premium	\$49,624.36	\$290,086.07	\$11,746.59	\$54,517.39	\$318,883.66	\$12,904.74	\$53,835.98	\$314,897.87	\$12,743.44
Total Annual Premium		\$4,217,484.24			\$4,635,669.48			\$4,577,727.48	
Percent Change					9.9%			8.5%	
Annual ER HSA Seed		\$540,000.00			\$540,000.00			\$540,000.00	
Total Annual Prem & ER HSA Seed		\$4,757,484.24			\$5,175,669.48			\$5,117,727.48	
Annual Cost Increase					\$418,185.24			\$360,243.24	
Percent Change w ER Seed					8.8%			7.6%	
Transition / Wellness Credit		(\$10,000.00)			(\$10,000.00)			(\$10,000.00)	

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

*BCBS RENEWAL ALTERNATIVE - BCBS will provide a medical renewal premium rate discount: 1.25% discount if Life / Voluntary Life, and Accident / Critical Illness is renewed with BCBS.



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HSA \$2800	3	3	1	2	9
Total	152	25	16	101	294
%	52%	9%	5%	34%	100%

Presented by: Michael Wojcik

**RENEGOTIATED 9/21/20
Assumes Life/Vol Life and Acc/CI Renewed with BCBS**

Carriers:	CURRENT BCBS			OPTION 3 BCBS					
	BA HMO	HSA Includes BVA	HSA Includes BVA	BA HMO	Blue Choice Options HSA		Blue Choice Options HSA Embedded		
Type of Plan Network					Blue Choice Options	PPO Network	Blue Choice Options	PPO Network	
In Network Benefits			Embedded						
Individual Deductible	\$500	\$1,500	\$2,800	\$500	\$1,500	\$3,000	\$2,800	\$4,500	
Family Deductible	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$6,000	\$7,800	\$12,900	
Co-Insurance	100%	100%	100%	100%	100%	80%	100%	80%	
Individual Out of Pocket <i>OPX includes ded unless noted</i>	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$4,500	\$2,800	\$6,450	
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$9,000	\$7,800	\$12,900	
Emergency Room Co-pay	\$300	\$300 After Ded	\$300 After Ded	\$300	100% After Ded	100% After Ded	100% After Ded	100% After Ded	
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	
Retail Rx Co-pay	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded			100% After Ded	
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	\$25/100/150 After Ded			100% After Ded	
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med	Included in Med	Included in Med	Included in Med	
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med	Included in Med	Included in Med	Included in Med	
Primary Physician Office Visit Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	80% After Ded	100% After Ded	80% After Ded	
Specialists Office Visit Co-pay	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	80% After Ded	100% After Ded	80% After Ded	
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	Unlimited	Unlimited	Unlimited	Unlimited	
Out of Network Benefits									
Individual Deductible		\$1,500	\$5,600			\$6,000		\$9,000	
Family Deductible		\$3,000	\$11,200			\$12,000		\$25,800	
Co-Insurance		80%	80%			60%		60%	
Individual Out of Pocket <i>OPX includes ded unless noted</i>		\$3,000	\$7,600			\$12,000		\$19,350	
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$6,000	\$13,200			\$24,000		\$38,700	
Emergency Co-pay		\$300 After Ded	\$300 After Ded			100% After Ded		100% After Ded	
Hospital Co-pay		80% After Ded	80% After Ded			60% After Ded		60% After Ded	
Physician Office Visit Services		80% After Ded	80% After Ded			60% After Ded		60% After Ded	
Preventative Services		80% After Ded	80% After Ded			60% After Ded		60% After Ded	
Lifetime Maximum		UNLIMITED	UNLIMITED			Unlimited		Unlimited	
Medical Premium					Rates created via decrement pending underwriting approval				
Employee	\$567.15	\$722.51	\$652.59	\$591.88		\$749.72		\$678.69	
Employee + Spouse	\$1,417.82	\$1,806.26	\$1,631.47	\$1,479.69		\$1,874.27		\$1,696.70	
Employee +Children	\$1,417.82	\$1,806.26	\$1,631.47	\$1,479.69		\$1,874.27		\$1,696.70	
Family	\$1,417.82	\$1,806.26	\$1,631.47	\$1,479.69		\$1,874.27		\$1,696.70	
Total Medical Monthly Premium	\$49,624.36	\$290,086.07	\$11,746.59	\$51,789.27		\$301,009.19		\$12,216.27	
Total Annual Premium		\$4,217,484.24				\$4,380,176.76			
Percent Change						3.9%			
Annual ER HSA Seed		\$540,000.00				\$540,000.00			
Total Annual Prem & ER HSA Seed		\$4,757,484.24				\$4,920,176.76			
Annual Cost Increase						\$162,692.52			
Percent Change w ER Seed						3.4%			
Transition / Wellness Credit		(\$10,000.00)				(\$10,000.00)			

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

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	EE	ES	EC	Family	Total
HMO	30	1	4	18	53
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HSA \$2800	3	3	1	2	9
Total	152	25	16	101	294
%	52%	9%	5%	34%	100%

RENEGOTIATED 9/21/20
Assumes 50%/50% Split of HSA Enrollment between PPO / BCO Plans
Assumes Life/Vol Life and Acc/CI Renewed with BCBS

Presented by: Michael Wojcik

Carriers:	CURRENT BCBS			OPTION 4 BCBS						
Type of Plan Network	BA HMO	HSA Includes BVA	HSA Includes BVA	BA HMO	HSA Includes BVA	Blue Choice Options HSA		HSA Includes BVA	Blue Choice Options HSA Embedded	
In Network Benefits			Embedded			Blue Choice Options	PPO Network	Embedded	Blue Choice Options	PPO Network
Individual Deductible	\$500	\$1,500	\$2,800	\$500	\$1,500	\$1,500	\$3,000	\$2,800	\$2,800	\$4,500
Family Deductible	\$1,000	\$3,000	\$5,600	\$1,000	\$3,000	\$3,000	\$6,000	\$5,600	\$7,800	\$12,900
Co-Insurance	100%	100%	100%	100%	100%	100%	80%	100%	100%	80%
Individual Out of Pocket	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,000	\$4,500	\$3,800	\$2,800	\$6,450
OPX includes ded unless noted										
Family Out of Pocket	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,000	\$9,000	\$6,600	\$7,800	\$12,900
OPX includes ded unless noted										
Emergency Room Co-pay	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	100% After Ded	100% After Ded	\$300 After Ded	100% After Ded	100% After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	80% After Ded	100% After Ded	100% After Ded	80% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded		\$10/40/60 After Ded	100% After Ded	100% After Ded
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	\$25/100/150 After Ded		2.5x Retail	100% After Ded	100% After Ded
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med		Included in Med.	Included in Med	Included in Med
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med		Included in Med.	Included in Med	Included in Med
Primary Physician Office Visit Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded	80% After Ded	100% After Ded	100% After Ded	80% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded	80% After Ded	100% After Ded	100% After Ded	80% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	Unlimited	Unlimited	UNLIMITED	Unlimited	Unlimited
Out of Network Benefits										
Individual Deductible		\$1,500	\$5,600		\$1,500	\$6,000		\$5,600	\$9,000	
Family Deductible		\$3,000	\$11,200		\$3,000	\$12,000		\$11,200	\$25,800	
Co-Insurance		80%	80%		80%	60%		80%	60%	
Individual Out of Pocket		\$3,000	\$7,600		\$3,000	\$12,000		\$7,600	\$19,350	
OPX includes ded unless noted										
Family Out of Pocket		\$6,000	\$13,200		\$6,000	\$24,000		\$13,200	\$38,700	
OPX includes ded unless noted										
Emergency Co-pay		\$300 After Ded	\$300 After Ded		\$300 After Ded	100% After Ded	100% After Ded	\$300 After Ded	100% After Ded	100% After Ded
Hospital Co-pay		80% After Ded	80% After Ded		80% After Ded	60% After Ded	60% After Ded	80% After Ded	60% After Ded	60% After Ded
Physician Office Visit Services		80% After Ded	80% After Ded		80% After Ded	60% After Ded	60% After Ded	80% After Ded	60% After Ded	60% After Ded
Preventative Services		80% After Ded	80% After Ded		80% After Ded	60% After Ded	60% After Ded	80% After Ded	60% After Ded	60% After Ded
Lifetime Maximum		UNLIMITED	UNLIMITED		UNLIMITED	Unlimited	Unlimited	UNLIMITED	Unlimited	Unlimited
Medical Premium						Rates created via decrement pending underwriting approval				
Employee	\$567.15	\$722.51	\$652.59	\$591.88	\$789.17	\$749.72		\$718.15		\$678.69
Employee + Spouse	\$1,417.82	\$1,806.26	\$1,631.47	\$1,479.69	\$1,972.92	\$1,874.27		\$1,795.36		\$1,696.70
Employee +Children	\$1,417.82	\$1,806.26	\$1,631.47	\$1,479.69	\$1,972.92	\$1,874.27		\$1,795.36		\$1,696.70
Family	\$1,417.82	\$1,806.26	\$1,631.47	\$1,479.69	\$1,972.92	\$1,874.27		\$1,795.36		\$1,696.70
Total Medical Monthly Premium	\$49,624.36	\$290,086.07	\$11,746.59	\$51,789.27	\$158,425.60	\$150,504.60		\$6,463.31		\$6,108.14
Total Annual Premium		\$4,217,484.24				\$4,479,490.80				
Percent Change						6.2%				
Annual ER HSA Seed		\$540,000.00				\$540,000.00				
Total Annual Prem & ER HSA Seed		\$4,757,484.24				\$5,019,490.80				
Annual Cost Increase						\$262,006.56				
Percent Change w ER Seed						5.5%				
Transition / Wellness Credit		(\$10,000.00)				(\$10,000.00)				

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

*BCBS RENEWAL ALTERNATIVE - BCBS will provide a medical renewal premium rate discount: 1.25% discount if Life / Voluntary Life, and Accident / Critical Illness is renewed with BCBS.



Kendall County
Medical Review
January 1, 2021

	Enrollment From 2021 BCBS Renewal				
	EE	ES	EC	Family	Total
HMO	30	1	4	18	53
H.S.A	119	21	11	81	232
HSA \$2800	3	3	1	2	9
Total	152	25	16	101	294
%	52%	9%	5%	34%	100%

Presented by: Michael Wojcik

RENegotiated 9/21/20
Assumes Life/ Vol Life and Acc/CI Renewed with BCBS

Carriers:	CURRENT BCBS			RENEWAL BCBS			OPTION 1 UHC		
	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	HMO Navigate	HSA Choice +	HSA Choice + Embedded
Type of Plan									
Network									
In Network Benefits									
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
<i>OPX includes ded unless noted</i>									
Family Out of Pocket	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600
<i>OPX includes ded unless noted</i>									
Emergency Room Co-pay	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/75/125	\$10/35/60 After Ded	100% After Ded
Mail Order Rx Co-pay	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	100% After Ded
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	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
Family Deductible		\$3,000	\$11,200		\$3,000	\$11,200		\$3,000	\$11,200
Co-Insurance		80%	80%		80%	80%		80%	80%
Individual Out of Pocket		\$3,000	\$7,600		\$3,000	\$7,600		\$3,000	\$7,600
<i>OPX includes ded unless noted</i>									
Family Out of Pocket		\$6,000	\$13,200		\$6,000	\$13,200		\$6,000	\$13,200
<i>OPX includes ded unless noted</i>									
Emergency Co-pay		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded
Hospital Co-pay		80% After Ded	80% After Ded		80% After Ded	80% After Ded		80% After Ded	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
Preventative Services		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
Medical Premium									
Employee	\$567.15	\$722.51	\$652.59	\$615.51	\$784.11	\$708.24	\$740.65	\$911.23	\$799.62
Employee + Spouse	\$1,417.82	\$1,806.26	\$1,631.47	\$1,538.70	\$1,960.27	\$1,770.58	\$1,851.61	\$2,278.06	\$1,999.03
Employee +Children	\$1,417.82	\$1,806.26	\$1,631.47	\$1,538.70	\$1,960.27	\$1,770.58	\$1,851.61	\$2,278.06	\$1,999.03
Family	\$1,417.82	\$1,806.26	\$1,631.47	\$1,538.70	\$1,960.27	\$1,770.58	\$1,851.61	\$2,278.06	\$1,999.03
Total Medical Monthly Premium	\$49,624.36	\$290,086.07	\$11,746.59	\$53,855.40	\$314,819.60	\$12,748.20	\$64,806.53	\$365,857.15	\$14,393.04
Total Annual Premium		\$4,217,484.24			\$4,577,078.40			\$5,340,680.64	
Percent Change					8.5%			26.6%	
Annual ER HSA Seed		\$540,000.00			\$540,000.00			\$540,000.00	
Total Annual Prem & ER HSA Seed		\$4,757,484.24			\$5,117,078.40			\$5,880,680.64	
Annual Cost Increase					\$359,594.16			\$1,123,196.40	
Percent Change w ER Seed					7.6%			23.6%	
Transition / Wellness Credit		(\$10,000.00)			(\$10,000.00)				
Total Annual Cost		\$4,207,484.24			\$4,567,078.40			\$5,340,680.64	
Annual Cost Increase					\$359,594.16			\$1,133,196.40	
Percent Change					8.5%			26.9%	

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

*BCBS RENEWAL ALTERNATIVE - BCBS will provide a medical renewal premium rate discount: 1.25% discount if Life / Voluntary Life, and Accident / Critical Illness is renewed with BCBS.



**Kendall County
Medical Review
January 1, 2021**

	Enrollment From 2021 BCBS Renewal				
	EE	ES	EC	Family	Total
HMO	30	1	4	18	53
H.S.A	119	21	11	81	232
HSA \$2800	3	3	1	2	9
Total	152	25	16	101	294
%	52%	9%	5%	34%	100%

Presented by: Michael Wojcik

RENEGOTIATED 9/21/20

Assumes Life/ Vol Life and Acc/CI Renewed with BCBS

Carriers:	CURRENT BCBS			RENEWAL BCBS			OPTION 2 UHC		
	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	BA HMO	HSA Includes BVA	HSA Includes BVA Embedded	HMO Charter	HSA Core	HSA Core Embedded
Type of Plan									
Network									
In Network Benefits									
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 <i>OPX includes ded unless noted</i>	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800
Family Out of Pocket <i>OPX includes ded unless noted</i>	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600	\$4,000	\$6,000	\$6,600
Emergency Room Co-pay	\$300	\$300 After Ded	\$300 After Ded	\$300	\$300 After Ded	\$300 After Ded	\$300	100% After Ded	100% After Ded
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Ded	\$10/40/75/125	\$10/35/60 After Ded	100% After Ded
Mail Order Rx Co-pay	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	2.5x Retail	2 .5x Retail	2.5x Retail	100% After Ded
Rx Individual Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Rx Family Out of Pocket	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.	Included in Med.
Primary Physician Office Visit Co-pay	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Specialists Office Visit Co-pay	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After Ded
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lifetime Maximum	UNLIMITED	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
Family Deductible		\$3,000	\$11,200		\$3,000	\$11,200		\$3,000	\$11,200
Co-Insurance		80%	80%		80%	80%		80%	80%
Individual Out of Pocket <i>OPX includes ded unless noted</i>		\$3,000	\$7,600		\$3,000	\$7,600		\$3,000	\$7,600
Family Out of Pocket <i>OPX includes ded unless noted</i>		\$6,000	\$13,200		\$6,000	\$13,200		\$6,000	\$13,200
Emergency Co-pay		\$300 After Ded	\$300 After Ded		\$300 After Ded	\$300 After Ded		100% After Ded	100% After Ded
Hospital Co-pay		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
Preventative Services		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
Medical Premium									
Employee	\$567.15	\$722.51	\$652.59	\$615.51	\$784.11	\$708.24	\$613.62	\$768.54	\$674.40
Employee + Spouse	\$1,417.82	\$1,806.26	\$1,631.47	\$1,538.70	\$1,960.27	\$1,770.58	\$1,534.04	\$1,921.33	\$1,685.99
Employee +Children	\$1,417.82	\$1,806.26	\$1,631.47	\$1,538.70	\$1,960.27	\$1,770.58	\$1,534.04	\$1,921.33	\$1,685.99
Family	\$1,417.82	\$1,806.26	\$1,631.47	\$1,538.70	\$1,960.27	\$1,770.58	\$1,534.04	\$1,921.33	\$1,685.99
Total Medical Monthly Premium	\$49,624.36	\$290,086.07	\$11,746.59	\$53,855.40	\$314,819.60	\$12,748.20	\$53,691.52	\$308,566.55	\$12,139.14
Total Annual Premium		\$4,217,484.24			\$4,577,078.40			\$4,492,766.52	
Percent Change					8.5%			6.5%	
Annual ER HSA Seed		\$540,000.00			\$540,000.00			\$540,000.00	
Total Annual Prem & ER HSA Seed		\$4,757,484.24			\$5,117,078.40			\$5,032,766.52	
Annual Cost Increase					\$359,594.16			\$275,282.28	
Percent Change w ER Seed					7.6%			5.8%	
Transition / Wellness Credit		(\$10,000.00)			(\$10,000.00)				
Total Annual Cost		\$4,207,484.24			\$4,567,078.40			\$4,492,766.52	
Annual Cost Increase					\$359,594.16			\$285,282.28	
Percent Change					8.5%			6.8%	

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

*BCBS RENEWAL ALTERNATIVE - BCBS will provide a medical renewal premium rate discount: 1.25% discount if Life / Voluntary Life, and Accident / Critical Illness is renewed with BCBS.

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.



BlueCross BlueShield
of Illinois

BCBSIL Blue Choice Options Network Analysis

County of Kendall

July 2020

Access Detail By County

July 2020

Access Analysis
BCO
Employee / Provider Groups
County of Kendall (BCO)
BCO Adult PCPs (BCO)

BCO
¹ The Access Standard is defined as
(County of Kendall (BCO)) employees
accessing:
² (BCO Adult PCPs (BCO)) providers
in 8 miles

Employees With and Without Access									
County	Employee	Provider	Counts	With Access ¹		Without Access ¹		Average Distance	
	#	Group	#	#	%	#	%	1	2
Cook, IL	1	BCO Adult PCPs	5,214	1	100.0	0	0.0	0.8	0.8
DuPage, IL	13	BCO Adult PCPs	1,249	13	100.0	0	0.0	0.6	0.7
Grundy, IL	12	BCO Adult PCPs	16	10	83.3	2	16.7	1.8	3.1
Kane, IL	22	BCO Adult PCPs	521	22	100.0	0	0.0	1.3	1.6
Kendall, IL	155	BCO Adult PCPs	61	145	93.5	10	6.5	2.3	2.6
Will, IL	24	BCO Adult PCPs	317	24	100.0	0	0.0	1.4	1.5
Grand Totals	227	BCO Adult PCPs	7,378	215	94.7	12	5.3	1.9	2.3



BlueCross BlueShield
of Illinois

Disruption Analysis Prepared for:
County of Kendall

The match process results are shown below:

All Records	IL PPO	Blue Choice Options
Total Records	1,416	1,416
Total Matches	1,404	1,278
Percent Matched	99.15%	90.25%
Total Paid Amount	\$2,928,784	\$2,928,784
Total Paid Matches	\$2,905,086	\$2,545,973
Total Paid Percent Matched	99.19%	86.93%

Disruption Analysis Disclaimer

Blue Cross and Blue Shield identifies the results of the disruption analysis as having significance only when used as a relative measurement of our providers as compared with providers currently used by other medical plans. It can only be used to assure the client that we have a reasonable number of the current providers in the network(s).

The attached disruption/network analysis may not be 100% accurate, as the following variables may exist:

- No unique provider number/identifier exists across all networks. The extensiveness of the types of matches is dependent on the information in the file;
- A standard data format is not available across all networks;
- Matches to tax identification numbers may not necessarily indicate that the provider is in the network, if the provider bills under a Medical Group tax ID number rather than his/her individual tax identification number;
- We electronically match by NPI and tax identification number and then by provider name, city and state, if provided. When resources and data elements are available, we manually check records that did not match after the initial computer analysis is completed. Differences in abbreviations and spelling, as well as other errors are potential areas for inaccuracies when matching individual provider records.

Because of the variables listed above, we do not guarantee that any of the declared matches or non-matches is absolutely accurate.



**BlueCross BlueShield
of Illinois**

Pharmacy Annual Review for County of Kendall

September 2020



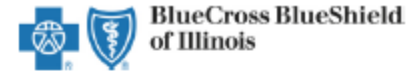
EXECUTIVE SUMMARY

Jan-Aug 2020



Key metrics: your overall Rx spend

Pharmacy: Key Indicators



Report Description: This report provides an overview of the prescription expenses as well as providing percent change in these expenses between the current month, current period, prior period and percent change.

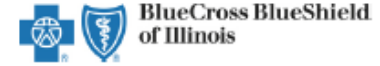
Key Indicators Summary

Key Indicators Summary	Aug 2020	Jan 2019 - Aug 2019	Jan 2020 - Aug 2020	% Change
Unique Pharmacy Members	553	575	608	5.7%
Average Age (Years)	33.1	31.9	32.6	2.0%
Proportion of Males	46.3%	45.9%	46.1%	0.4%
Proportion of Females	53.7%	54.1%	53.9%	-0.3%
Member Months	553	4,407	4,555	3.4%
Claimants	204	387	393	1.6%
Prescriptions	558	4,136	5,020	21.4%
Prescriptions PMPM	1.01	0.94	1.10	17.4%
Paid	\$75,730	\$422,843	\$662,920	56.8%
Paid PMPM	\$136.94	\$95.95	\$145.54	51.7%
Allowed	\$85,006	\$550,551	\$805,323	46.3%
Allowed PMPM	\$153.72	\$124.93	\$176.80	41.5%
Avg. Ingredient Cost/Prescription	\$151.89	\$132.49	\$159.87	20.7%
Generic Dispensing Rate	85.5%	85.5%	86.2%	0.8%
Formulary Compliance Rate	93.4%	93.9%	94.4%	0.6%
Generic Substitution Rate	99.0%	98.9%	98.3%	-0.6%
Out of Pocket Percent of Allowed	11.0%	23.2%	17.7%	-23.7%
Retail as a Percent of Prescriptions	97.7%	97.3%	97.9%	0.6%
Mail Order as a Percent of Prescriptions	2.3%	2.7%	2.1%	-22.0%
Specialty Percent of Total Prescriptions	1.6%	1.6%	1.9%	17.4%
Specialty Percent of Total Paid	67.2%	63.8%	71.6%	12.3%
Specialty Average Ingredient Cost/Prescription	\$5,700.38	\$4,550.88	\$5,386.87	18.4%

Traditional Drug Focus



Pharmacy: Top Non-Specialty Therapeutic Drug Classes



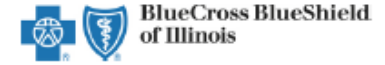
Report Description: The top 25 therapeutic drug classes for the current period are displayed below ranked by ingredient cost.

Current/ Prior Rank	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Formulary	% Generic	Rank by Volume	
1	1	Insulin	81	12	\$43,251	\$533.96	\$522.44	88.9%	0.0%	16
2	2	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	29	5	\$25,743	\$887.69	\$858.12	100.0%	0.0%	47
3	3	Sympathomimetics	122	49	\$25,426	\$208.41	\$217.06	95.9%	15.6%	9
4	7	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	36	7	\$18,199	\$505.52	\$494.14	94.4%	0.0%	39
5	4	Anti-inflammatory Agents - Topical	12	4	\$12,757	\$1,063.04	\$996.38	75.0%	75.0%	76
6	5	Amphetamines	60	14	\$11,038	\$183.96	\$193.83	53.3%	53.3%	24
7	9	Immunosuppressive Agents	42	4	\$9,592	\$228.38	\$527.61	76.2%	76.2%	33
8	6	Combination Contraceptives - Oral	140	40	\$8,285	\$59.18	\$76.70	89.3%	89.3%	6
9	11	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	12	3	\$7,213	\$601.11	\$439.08	16.7%	0.0%	77
10	8	Acne Products	33	8	\$6,446	\$195.32	\$210.00	66.7%	66.7%	44
11	10	Antidiabetic Combinations	11	2	\$6,227	\$566.08	\$618.56	27.3%	27.3%	81
12		Postherpetic Neuralgia (PHN) Agents	8	1	\$5,842	\$730.30	\$0	0.0%	0.0%	107
13	12	Diagnostic Tests	47	13	\$5,619	\$119.55	\$123.32	74.5%	0.0%	27
14	14	Combination Contraceptives - Vaginal	13	5	\$5,600	\$430.77	\$439.04	100.0%	0.0%	73
15		Digestive Enzymes	10	1	\$4,354	\$435.37	\$0	100.0%	0.0%	89
16	24	Migraine Products - Monoclonal Antibodies	7	2	\$4,168	\$595.47	\$768.92	85.7%	0.0%	114
17	15	Serotonin Agonists	46	13	\$4,097	\$89.07	\$97.80	100.0%	100.0%	29
18		Fidaxomicin	1	1	\$3,828	\$3,827.57	\$0	0.0%	0.0%	151
19	19	Thyroid Hormones	212	30	\$3,236	\$15.27	\$16.34	90.6%	90.6%	3
20		Combination Contraceptives - Transdermal	10	4	\$3,024	\$302.38	\$149.21	0.0%	0.0%	88
21	18	Steroid Inhalants	10	4	\$2,929	\$292.90	\$317.06	100.0%	10.0%	90
22	25	Beta Blockers Non-Selective	46	7	\$2,717	\$59.06	\$67.15	100.0%	100.0%	28
23	16	Irritable Bowel Syndrome (IBS) Agents	6	1	\$2,629	\$438.19	\$421.42	0.0%	0.0%	118
24		Keratolytic/Antimitotic Agents	4	1	\$2,495	\$623.69	\$0	0.0%	0.0%	128
25		Selective Serotonin Reuptake Inhibitors (SSRIs)	315	55	\$2,483	\$7.88	\$7.05	100.0%	100.0%	2
		All Other	3,613	355	\$69,004	\$19.10	\$24.32	97.4%	96.3%	
		Summary	4,926	392	\$296,199	\$60.13	\$60.84	94.8%	87.7%	

Specialty Focus



Pharmacy: Specialty Drug Analysis

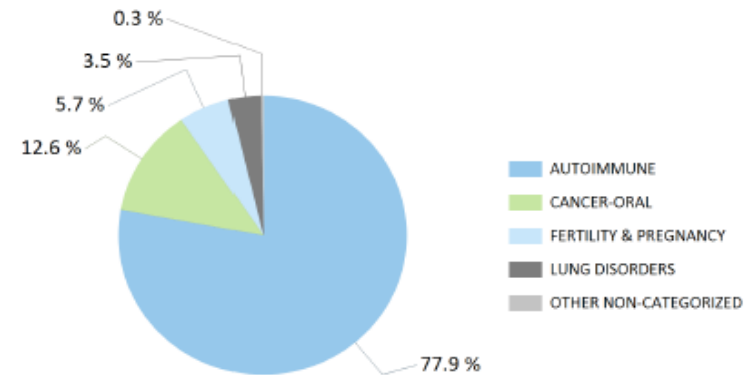


Report Description: Specialty drugs generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies. This report provides specialty drug analysis for the current month, current period, prior period and percent change.

Specialty Drug Key Indicators

	Aug 2020	Jan 2019 - Aug 2019	Jan 2020 - Aug 2020	% Change
Unique Pharmacy Members	553	575	608	5.7%
Member Months	553	4,407	4,555	3.4%
Claimants	8	12	16	33.3%
Percent of Utilizing Members	1.5%	2.1%	2.6%	26.1%
Prescriptions	9	66	94	42.4%
Specialty Percent of Total Paid	67.2%	63.8%	71.6%	12.3%
Percent of Total Prescriptions Paid	1.6%	1.6%	1.9%	17.4%
Paid	\$50,863	\$269,580	\$474,475	76.0%
Paid PMPM	\$91.98	\$61.17	\$104.17	70.3%
Average Ingredient Cost/Prescription	\$5,700	\$4,551	\$5,387	18.4%
Out of Pocket	\$440	\$30,802	\$31,892	3.5%
Out of Pocket PMPM	\$0.80	\$6.99	\$7.00	0.2%
Out of Pocket Percent of Allowed	0.9%	10.3%	6.3%	-38.6%

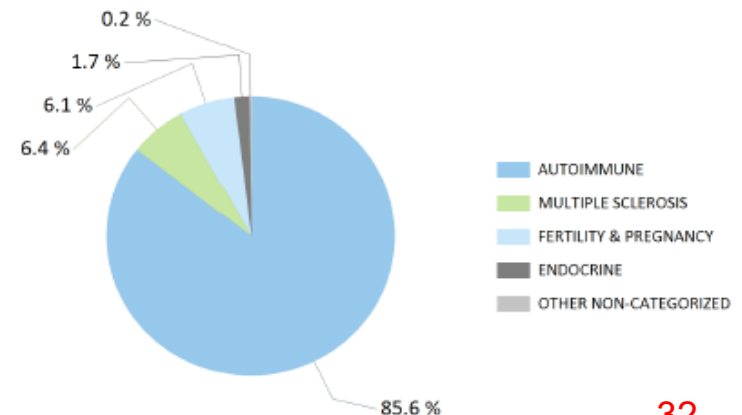
Top Specialty Classes by Ingredient Cost for the Current Period



Top 15 Specialty Drugs by Ingredient Cost for the Current Period

Brand Name	Specialty Class	Ingredient Cost	Prescriptions	Avg. Ingredient Cost/Prescription	Specialty Claimants
COSENTYX PEN INJ 300DOSE	AUTOIMMUNE	\$115,153	18	\$6,397.42	3
INLYTA TAB 5MG	CANCER-ORAL	\$61,573	4	\$15,393.14	1
HUMIRA PEN INJ 40/0.4ML	AUTOIMMUNE	\$59,642	11	\$5,422.04	2
OTEZLA TAB 30MG	AUTOIMMUNE	\$54,243	15	\$3,616.21	3
HUMIRA INJ 40/0.4ML	AUTOIMMUNE	\$43,288	8	\$5,410.99	1
ORENCIA INJ 125MG/ML	AUTOIMMUNE	\$36,381	8	\$4,547.61	1
STELARA INJ 45MG/0.5	AUTOIMMUNE	\$33,403	3	\$11,134.38	1
SKYRIZI INJ 150DOSE	AUTOIMMUNE	\$32,164	2	\$16,082.14	1
NUCALA INJ 100MG/ML	LUNG DISORDERS	\$17,927	6	\$2,987.78	1
FOLLISTIM AQ INJ 900UNIT	FERTILITY & PREGNANCY	\$11,552	1	\$11,552.43	1
DUPIXENT INJ 300/2ML	AUTOIMMUNE	\$9,477	3	\$3,159.11	1
FOLLISTIM AQ INJ 600UNIT	FERTILITY & PREGNANCY	\$9,264	2	\$4,632.11	1
OTEZLA TAB 30MG	AUTOIMMUNE	\$7,253	2	\$3,626.60	2
MENOPUR INJ 75UNIT	FERTILITY & PREGNANCY	\$4,851	1	\$4,850.69	1
OTEZLA TAB 10/20/30	AUTOIMMUNE	\$3,627	1	\$3,627.08	1
All Other		\$6,566	9	\$729.59	2
Summary		\$506,366	94	\$5,386.87	16

Top Specialty Classes by Ingredient Cost for the Prior Period





Opportunities

Range of drug list options

Some plan sponsors may want to move immediately to Performance drug list, to best manage spend. Others may want to work their way towards that lowest net cost drug list and ease into the transition / limit initial disruption.

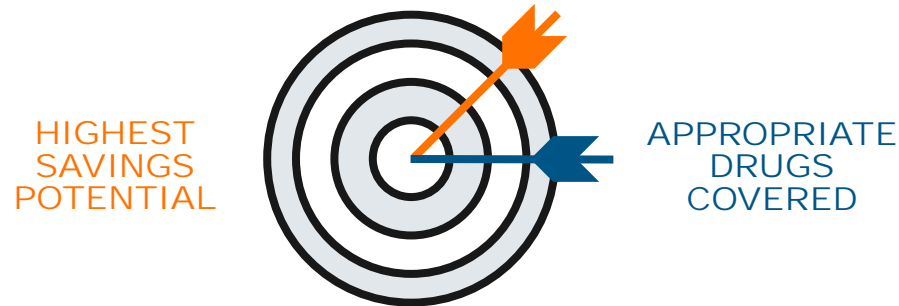
Less savings
Fewer exclusions



Greater savings
More exclusions

Drug List	Description
Enhanced <i>Currently Implemented</i>	Open drug list, covering all drugs Moderate Savings Potential Higher Generic Utilization Fewer Preferred Brands
Performance	CLOSED drug list* Lowest net cost drug list High savings potential High generic utilization

*Members are able to appeal drug changes, Horton will assist in this process.



MATCHING MEMBER ACCESS WITH FINANCIAL VALUE

- Managed drug list promoting generic drugs
- Preserves rebates for essential brands
- Lowest net costs
- Includes our tailor-made utilization management programs



HOW IT WORKS

Included Utilization Management Programs

- Prior authorization
- Step therapy
- Dispensing limits

Drug List Exceptions

- Clinical reviews available for members with medical necessity for excluded drugs*

Quarterly Reviews

- Anticipate changes in the market

Communications

- Coordinated communications 60 days prior to change



Minimal impact to members

9% (51 members)



Greater savings for you

Communication / Implementation

- Decision required by County of Kendall 60 days prior to implementation.
- New impact report would be run and members affected receive letters at home regarding the change.
- Members have conversations with their providers regarding alternatives available.
- Members can appeal changes with BCBS. Horton will assist in the appeal process. Medical records and a provider letter helpful in the appeal process.

**Top Hospitals - Illinois
2020**

					BCBSIL						
					PPO	Two Tier PPO Blue Choice Options		High Performance Network (HPN)	HMO Illinois	HMO Blue Advantage	
Network Name						Large PPO	Tier 1				Tier 2
Hospital Name	Address	City	ST	Zip							
1	Advocate Sherman Hospital (Advocate)	1425 N Randal Rd	Elgin	IL	60120	Yes	Yes	Yes	No	Yes	Yes
2	Adventist Hinsdale Hospital	120 N Oak St	Hinsdale	IL	60521	Yes	Yes	Yes	No	Yes	Yes
3	Alexian Brothers Medical Center (Ascension Health/Amita Health)	800 Biesterfeld Rd	Elk Grove Village	IL	60007	Yes	Yes	Yes	No	Yes	Yes
4	Ann & Robert H. Lurie Children's Hospital	2300 N Childrens Plza	Chicago	IL	60614	Yes	No	Yes	Yes	No	No
5	Central DuPage Hospital (Northwestern Medicine)	25 N Winfield Road	Winfield	IL	60190	Yes	Yes	Yes	No	Yes	Yes
6	Childrens Hospital (Advocate)	4440 W 95th St	Oak Lawn	IL	60453	Yes	No	Yes	No	Yes	Yes
7	Christ Hospital Medical Center (Advocate)	4440 W 95th St	Oak Lawn	IL	60453	Yes	Yes	Yes	No	Yes	Yes
8	Condell Medical Center (Advocate)	801 S Milwaukee Ave	Libertyville	IL	60048	Yes	Yes	Yes	No	Yes	Yes
9	Delnor Community Hospital (Northwestern Medicine)	300 Randall Road	Geneva	IL	60134	Yes	Yes	Yes	No	Yes	Yes
10	Edward Hospital (IL Health Partners)	801 S Washington St	Naperville	IL	60540	Yes	Yes	Yes	Yes	Yes	Yes
11	Elmhurst Memorial Hospital (IL Health Partners)	200 N Berleau Ave	Elmhurst	IL	60126	Yes	Yes	Yes	Yes	Yes	Yes
12	Evanston Hospital (NorthShore Univ Health System)	2650 Ridge Ave	Evanston	IL	60201	Yes	No	Yes	Yes	Yes	Yes
13	Glenbrook Hospital (NorthShore Univ Health System)	2100 Pfingsten Road	Glenview	IL	60026	Yes	No	Yes	Yes	Yes	Yes
14	Good Samaritan Hospital (Advocate)	3815 Highland Ave	Downers Grove	IL	60515	Yes	Yes	Yes	No	Yes	Yes
15	Gottlieb Hospital (Trinity Health)	701 W North Avenue	Melrose Park	IL	60160	Yes	Yes	Yes	No	Yes	Yes
16	Highland Park Hospital (NorthShore Univ Health Systems)	777 Park Avenue West	Highland Park	IL	60035	Yes	No	Yes	Yes	Yes	Yes
17	Illinois Masonic Medical Center (Advocate)	836 W Wellington Ave	Chicago	IL	60657	Yes	Yes	Yes	No	Yes	Yes
18	Ingalls Memorial Hospital (University of Chicago Health Systems)	1 Ingalls Drive	Harvey	IL	60426	Yes	No	Yes	No	Yes	Yes
19	Kishwaukee Community Hospital (Northwestern Medicine)	1 Kish Hospital Dr	DeKalb	IL	60115	Yes	Yes	Yes	No	Yes	No
20	Little Company of Mary Hospital and Health Centers	2800 W 95th Street	Chicago	IL	60805	Yes	Yes	Yes	No	Yes	Yes
21	Loyola University Medical Center (Trinity Health)	2160 S 1st Ave	Maywood	IL	60153	Yes	Yes	Yes	No	Yes	Yes
22	Lutheran General Hospital (Advocate)	1775 Dempster St	Park Ridge	IL	60068	Yes	Yes	Yes	No	Yes	Yes
	Lutheran General Childrens Hospital (Advocate)	1775 Dempster St	Park Ridge	IL	60068	Yes	No	Yes	No	Yes	Yes
23	MacNeal Memorial Hospital (Trinity Health)	3249 S Oak Park Ave	Berwyn	IL	60402	Yes	Yes	Yes	No	Yes	Yes
24	Northwest Community Hospital	800 W. Central Rd	Arlington Heights	IL	60005	Yes	Yes	Yes	Yes	Yes	Yes
25	Northwestern Lake Forest Hospital (Northwestern Medicine)	1000 N Westmoreland Rd	Lake Forest	IL	60045	Yes	Yes	Yes	No	Yes	No
26	Northwestern Memorial Hospital (Northwestern Medicine)	251 E Huron St	Chicago	IL	60611	Yes	Yes	Yes	No	Yes	No
27	Palos Community Hospital	12251 S 80th Ave	Palos Heights	IL	60463	Yes	Yes	Yes	No	Yes	Yes
28	Rush Copley Medical Center (Rush System for Health)	2000 Ogden Ave	Aurora	IL	60504	Yes	Yes	Yes	No	Yes	Yes
29	Rush Oak Park Hospital (Rush System for Health)	520 S Maple Ave	Oak Park	IL	60304	Yes	No	Yes	No	No	No
30	Rush University Medical Center (Rush System for Health)	1653 W Congress Pkwy	Chicago	IL	60612	Yes	Yes	Yes	Yes	No	No
31	Silver Cross Hospital	1900 Silver Cross Blvd.	New Lenox	IL	60451	Yes	Yes	Yes	Yes	Yes	Yes
32	Skokie Hospital (NorthShore Univ Health System)	9600 Gross Pointe Rd	Skokie	IL	60076	Yes	No	Yes	Yes	Yes	Yes
33	South Suburban Hospital (Advocate)	17800 Kedzie Ave	Hazel Crest	IL	60429	Yes	Yes	Yes	No	Yes	Yes
34	St. James Hospital (Franciscan Alliance)	20201 Crawford Ave	Olympia Fields	IL	60461	Yes	Yes	Yes	Yes	No	No
35	St. Joseph Hospital (Amita)	77 N Ariite St	Elgin	IL	60123	Yes	Yes	Yes	No	Yes	Yes
36	St. Mary's Hospital (Amita)	500 W Court Street	Kankakee	IL	60091	Yes	Yes	Yes	No	Yes	Yes
37	University of Chicago Medical Center	5841 S Maryland Ave	Chicago	IL	60637	Yes	No	Yes	No	Yes	No
38	University of Illinois at Chicago Medical Center	1740 W Taylor St	Chicago	IL	60612	Yes	Yes	Yes	No	Yes	Yes
39	Vista Medical Center East	1324 N. Sheridan Rd	Waukegan	IL	60085	Yes	Yes	Yes	Yes	Yes	Yes
						40	30	40	12	36	32

					BCBSIL						
					PPO	Two Tier PPO Blue Choice Options		High Performance Network (HPN)	HMO Illinois	HMO Blue Advantage	
					Large PPO	Tier 1	Tier 2	For Larger Employers	For Larger Employers	For Larger Employers	
Hospital Name	Address	City	ST	Zip							
1	St Mary Medical Center	3800 Saint Mary Rd	Valparaiso	IN	46383	Yes	No	Yes		No	No
2	Porter Regional Hospital	3630 Willowcreek Rd	Portage	IN	46368	Yes	No	Yes		No	No
3	St Mary Medical Center	10607 Randolph St	Crown Point	IN	46307	Yes	No	Yes		No	No
4	Porter Regional Hospital	85 E US Highway 6	Valparaiso	IN	46383	Yes	No	Yes		No	No
5	St Mary Medical Center	3170 Willowcreek Rd	Portage	IN	46368	Yes	No	Yes		No	No
6	St Mary Medical Center	1500 S Lake Park Ave	Hobart	IN	46342	Yes	No	Yes		No	No
7	St Mary Medical Center	300 W 61st Ave	Hobart	IN	46342	Yes	No	Yes		No	No
8	Vibra Hospital Of Northwestern Indiana	9509 Georgia St	Crown Point	IN	46307	Yes	No	Yes		No	No
9	Pinnacle Healthcare	9301 Connecticut Dr	Crown Point	IN	46307	Yes	No	Yes		No	No
10	Methodist Hospitals	8701 Broadway	Gary	IN	46410	Yes	No	Yes		No	No
11	Franciscan Health	1201 S Main St	Crown Point	IN	46307	Yes	No	Yes		No	No
12	Methodist Hospitals	600 Grant St	Gary	IN	46402	Yes	No	Yes		No	No
13	St Mary Medical Center / Community Hospital	7651 Harvest Dr	Schererville	IN	46375	Yes	No	Yes		No	No
14	Community Hospital	9660 Wicker Ave	Saint John	IN	46373	Yes	No	Yes		No	No
15	St Catherine Hospital	4321 Fir St	East Chicago	IN	46312	Yes	No	Yes		No	No
16	Community Hospital	10110 Don S Powers Dr	Munster	IN	46321	Yes	No	Yes		No	No
17	Community Hospital	901 MacArthur Blvd	Munster	IN	46321	Yes	No	Yes		No	No
18	Franciscan Health	701 Superior Ave	Munster	IN	46321	Yes	No	Yes		No	No
19	Franciscan Health	24 Joliet Dr	Dyer	IN	46311	Yes	No	Yes		No	No
20	Franciscan Health	5454 Hohman Ave	Hammond	IN	46320	Yes	No	Yes		No	No
21	Memorial Hospital	615 N Michigan St	South Bend	IN	46601	Yes	No	Yes		No	No
					21	0	21	0	0	0	

Customer: **Kendall County**
811 West John Street
Yorkville, IL

Contact: **Matthew Kinsey**

Date: **July 27th, 2020**

Contact: **Steve Jones**
Phone: **812.305.2009**
Email: steve.jones@metronetinc.com

Description: Quote for a 1 Gbps fiber Point to Point circuit connecting 811 W. John Street, Yorkville, IL to 111 West Fox Street, Yorkville, IL and a quote for various Point to Point speeds to connect 811 W. John Street, Yorkville, IL to 6780 State Rd. 47, Yorkville, IL.

Quantity	Description	Contract Term in months	Installation Charge	Total Monthly Charge
1	1 Gbps Point to Point circuit connecting: 811 W. John Street, Yorkville to 111 West Fox Street, Yorkville to 111 West Fox Street, Yorkville	36	\$0.00	\$950.00
1	Point to Point circuit connecting: 811 W. John Street, Yorkville to 6780 State Rd. 47, Yorkville Options: 200 Mbps - \$500.00/month 300 Mbps - \$600.00/month 500 Mbps - \$700.00/month 1 Gbps - \$950.00/month	36	\$0.00	TBD
TOTAL				TBD

THANK YOU FOR THE OPPORTUNITY TO QUOTE THIS BUSINESS!
This document is for discussion purposes only; it is not a legal offer.
This Service Quote expires sixty (60) days from the date hereof.

CONFIDENTIAL INFORMATION

Kendall County Job Description

TITLE: GIS/Cadastral Analyst
DEPARTMENT: Geographic Information Systems (GIS)
SUPERVISED BY: GIS Coordinator
FLSA STATUS: Non-Exempt
APPROVED: In Process

I. Position Summary:

To perform comprehensive and complex work in the development, maintenance, and provision of technical support related to production, database maintenance, and implementation of Cadastral and Geographic Information System (GIS) projects and maintain related documentation.

II. Essential Duties and Responsibilities:

- Scans, rectifies, and uses images to create maps for departmental and county use.
- Gathers and verifies field data for utilization in mapping applications.
- Maintain GIS Datasets as assigned.
- Maintain documentation of GIS Datasets and GIS Applications as assigned.
- Explains and interprets division activities and policies to the general public.
- Uses GIS work station to prepare new maps and revise existing maps to show accurate boundaries, configurations and areas of parcels.
- Performs other duties and responsibilities as assigned.
- Prepares routine reports, correspondence, updates, and special project maps as required.
- Performs routine to moderately complex cadastral mapping duties using ESRI GIS core products; computer-aided drafting software utilizing (CAD/GIS) principles.
- Performs cadastral tasks including the preparation and maintenance of County maps related to property boundaries of various kinds.
- Creates new and edits existing graphical and tabular data; complete geographical analysis to create complex queries and spatial overlays; implement new data.
- Interfaces directly with clients to determine their needs and make recommendations.
- Interprets legal descriptions, records of surveys, tract and parcel maps, and other related documents; utilizes a data management computer system to retrieve and enter property information.
- Researches for property boundaries and title verification.
- Performs area calculations as required using a variety of methods; Makes mathematical computations to calculate bearings, distances, areas, and closures.
- Assures quality objectives and standards are maintained through routine examination of projects, providing verification of data integrity and data distribution.
- Serve as a liaison for the GIS function with other County departments and elected offices.
- Create and maintain documentation of GIS Datasets, GIS Applications, GIS Solutions, and Cadastral base workflow, as assigned.
- Provide training and support of GIS Users that use the interactive GIS Systems as assigned.
- Provide technical expertise and assistance to meet the needs and requests of other government agencies and the general public related to the GIS system.
- Assists in the inventory/upgrading/configurations of supplies, hardware, and software.
- Assists coordinator with GIS data, including layer development, data conversion, and deployment.

Commented [MB1]: Blended previous two descriptions
Highlighted is brand new

Kendall County Job Description

- Assists GIS Coordinator with development of the GIS Department, including resource planning, policy and procedures development, departmental needs assessment, systems analysis, inter-governmental agreements.
- Designs, creates and analyzes special products including maps, digital data, reports and statistics, and researches and recommends ways to improve the mapping process.
- Imports GIS data from other sources; converts GIS data from one coordinate system to another, and creates other data formats from existing data.
- May lead and direct the work of others; a wide degree of creativity and latitude is expected.
- Conduct demonstrations or presentations as assigned.
- Assists with advanced troubleshooting and research as needed.
- Perform advanced research and troubleshooting of problem documents.
- Provide the ongoing integrity of the Cadastral/GIS base.
- Maintain and monitor interactive GIS-Websites.
- Assist with determining needs and implementation of interactive GIS-Systems solutions and workflows.
- Maintain and troubleshoot cloud based operations to include Amazon S3 infrastructure and any virtual instances.
- Perform technical functions such as security updates of Windows and Unix based operating systems to maintain a secure working environment.
- Planning for potential growth and performance evaluations of the cloud platform hosting programs for both private and public use.

III. Qualifications:

To perform this job successfully, an individual must be able to perform all essential duties satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required for the position:

A. Skills, Knowledge and Abilities:

- Ability to become familiar with industry specific terminology and cartographic standards.
- Ability to understand and explain GIS procedures and policies.
- Represents department with professionalism and confidence.
- Ability to operate a variety of office equipment including, but not limited to, computer, scanner, printer, copier, etc.
- Ability to build teamwork; organizes, prioritizes and performs multiple tasks in a timely manner.
- The ability to present information and communicate effectively both orally and in writing with staff, county officials, and the general public.
- Ability to use a GIS system in creating or updating of maps showing property boundaries, political subdivisions, and taxing districts for finished intelligence, presentations, publications, and/or web sites.
- Reads and interprets complex or detailed data, policies, or legal descriptions related to title searches and the preparation of cadastral maps.
- Plot maps from legal descriptions, deeds, survey data, tract descriptions, and existing maps and utilize a data management computer system.
- Reviews legal descriptions of real property, and understand and interpret government codes, legislation, or legal provisions to cadastral mapping or boundary issues.

Commented [MB2]: Blended previous two descriptions
Highlighted is brand new

Kendall County Job Description

- Knowledge of GIS principles including data types, data layers; basic geographic, analytic, and statistical functions, map projections, geographic coordinate systems, and data formatting.
- Maintain appropriate trade and professional contacts, memberships, and review of trade literature in order to keep abreast of developments in GIS equipment and software for potential use by GIS.
- Project management skills
- Design, code, maintain, and monitor enterprise GIS Datasets and GIS Solutions.

B. Work Standards and Best Practice Guidelines:

- Complies with all applicable state and federal laws and regulations.
- Adheres to all applicable County policies and procedures.
- Commitment to quality results and customer focused.
- Dependable; has integrity and a willingness to learn.
- High degree of professionalism.
- Proven time management skills.
- Works with diverse populations.
- Strong interpersonal, writing, and communication skills.
- Obtain knowledge and learn new skills to enhance job performance and abilities.

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Highlighted is brand new

C. Education and Experience:

- A minimum of a Bachelor's Degree from an accredited institution or equivalent work experience
- Cadastral Standards / Legal Descriptions.
- Experience related to Microsoft Office suite.
- Proven history of effective working relationships with co-workers, department managers, staff, and the general public; ability to deal tactfully and courteously with the public and solve problems within scope of responsibility.
- GIS and Cadastral certifications are preferred.
- Five (5) or more years in related GIS fields is required.
- Knowledge of relational database concepts and skills in creating and maintaining relational databases and linking them with GIS.
- Knowledge of Python, Visual Studio, or other GIS related programming language.

Commented [MB4]: Blended previous two descriptions
Highlighted is brand new

IV. Physical Demands:

While performing the duties of this job, the employee must be able to:

- Frequently sit for long periods of time at desk or in meetings;
- Occasionally lift and/or move up to 40 pounds;
- Use hands to finger, handle, or feel;
- Reach, push and pull with hands and arms;
- Bend over at the waist and reach with hands and arms;
- Talk and hear in person and via use of telephone;
- Specific vision abilities include close and distance vision, depth perception;
- Travel independently to other County office locations.

V. Work Environment:

Kendall County Job Description

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing the duties of this job, the employee is subject to the following working conditions:

- Inside environmental conditions.
- The noise level in the work environment is usually quiet to moderately quiet.
- Employee may be exposed to stressful situations while working with users, law enforcement, department heads, elected officials, vendors, and the general public.
- Employee may be required to provide own transportation to travel to and from meetings, training, conferences, etc.

By signing my name below, I hereby affirm that I received a copy of this job description.

Employee Receipt Acknowledgement & Signature

Date

Signature of Supervisor

cc: personnel file, employee

Date