#### KENDALL COUNTY BOARD AGENDA SPECIAL MEETING

#### Kendall County Office Building, Rooms 209 & 210 Thursday, October 25, 2018 at 5:00 p.m.

- 1. Call to Order
- 2. Roll Call
- 3. Determination of a Quorum
- 4. Approval of Agenda
- 5. Citizens to Be Heard
- 6. Executive Session
- 7. New Business
- 8. Standing Committee Reports
  - A. Admin/HR
    - 1. Approval of Blue Cross Blue Shield 2019 Health Insurance Plan
    - 2. Approval of MetLife 2019 Basic and Voluntary Life Insurance Plan
    - 3. Approval of EyeMed 2019 Vision Plan
    - 4. Approval of MetLife 2019 Dental Insurance Plan Option 1
    - 5. Approval of MetLife 2019 Dental Insurance Plan Option 2
    - 6. Approval of MetLife 2019 Dental Insurance Plan Option 3
    - 7. Approval of MetLife 2019 Dental Insurance Plan Option 4
  - B. Finance
    - 1. Approval of Supplemental Claims in an amount not to exceed \$998,657.97
    - 2. Approval of Coroner Claims in an amount not to exceed \$1,398.66
    - 3. Alliant Mesirow Presentation 2019 ICRMT renewal
    - 4. Discussion on Health Department Levy
    - 5. 2019 Budget Discussion
- 9. Other Business
- 10. Citizens to be Heard
- 11. Questions from the Press
- 12. Executive Session
- 13. Adjournment

If special accommodations or arrangements are needed to attend this County meeting, please contact the Administration Office at 630-553-4171, a minimum 24-hours prior to the meeting time.

County	Review	1, 2019	rollment From
Kendall	Medical	January	ii.

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Proceeded In: Mitthematical		i é	6%	35%	100%
Carriers	cur	CURRENT UHC		RENEWAL Providence	The Works
Type of Plan	HMO 500	H.S.A	BA HMO	HSA	HSA
Network	Navigate	Core		Includes BVA	Includes BVA
In Network Benefits Individual Deductible Family, Doduction	\$500	\$1,500	\$500	\$1,500	Embedded \$2,800
	\$1,000 100%	\$3,000 100%	\$1,000 100%	\$3,000 100%	\$5,600 100%
OPX includes ded unless noted	\$2,000	\$3,000	\$2,000	\$3,000	\$3,800
Family Out of Pocket OPX includes ded unless noted Emeranov Poom Co-sourd	\$4,000	\$6,000	\$4,000	\$6,000	\$6,600
Hospital Co-pay	asou 100% After Ded	100% After Ded 100% After Ded	\$300 100% After Ded	\$300 After Ded 100% After Ded	\$300 After Ded 100% After Ded
Retail Rx Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/40/60 After Ded	\$10/40/60 After Dad
Mall Order Rx Co-pay Rx Individual Out of Pocket By Family On A of Pocket	2.5 x Retail Included in Med.	2.5 x Retail Included in Med.	2 .5x Retail Included in Med.	2.5x Retail Included in Med.	2.5x Retail Included in Med
Primary Physician Office VIst Co-pay	mauded in Med. \$20	Included in Med. 100% After Ded	Included in Med. \$20	Included in Med. 100% After Ded	Included in Med. 100% After Ded
opecialists Office Visit Co-pay Preventative Services	\$40 100%	100% After Ded 100%	\$40 100%	100% After Ded	100% After Ded
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	ONLIMITED	
Out of Network Benefits					
Individual Deductible		\$1,500		\$1,500	\$5,600
Co-Insurance		80%		80%	\$11,200 80%
OPX includes ded unless noted		\$3,000		\$3,000	\$7,600
Part includes ded unless noted		\$6,000		\$6,000	\$13,200
Emergency Co-pay Hosnital Co-pay		100% After Ded		\$300 After Ded	\$300 After Ded
Physician Office Toppration operations Preventative Services Lifetime Maximum		80% After Ded 80% After Ded 80% After Ded 1 Milther		80% After Ded 80% After Ded 80% After Ded	80% After Ded 80% After Ded 80% After Ded
remium				ONCIMULED	UNLIMITED
Employee Employee + Spouse Employee +Children Family	\$738.29 \$1,753.47 \$1,753.47 \$1,753.47	\$771.17 \$1,831.55 \$1,831.55 \$1,831.55	\$602.83 \$1,507.03 \$1,507.03 \$1,507.03	\$767.98 \$1,919.92 \$1,919.92	\$693.66 \$1,734.16 \$1,734.16
Total Medical Monthly Premium	\$64,416.49	\$294,396.57	\$54,253.71	\$272,629,84	\$1,704.10 \$28.440.18
Total Annual Premium	\$4,306,766.72	766.72		<b>54.</b> 263.884.76	
Annual Cost Increase Percent Change				(\$41,871.96)	
Transition Credit Total Annual Cost Demonsion Increase				(\$200,000.00) \$4,063,884.76 (\$241,871.96)	
1 st Year Annual Savings Compared to UHC Renewal	wal			-5.6% \$867 774 86	

Exhibit assumes 10% migration from current HSA plan to HSA \$2800 plan.

Kendall County Basic Life Review January 1, 2019



# **Presented by: Michael Wojcik**

Carriers	CURRENT UHC	RENEWAL METLIFE
Benefit Amount % Benefit Amt Reduces to at Age 65	<b>\$10,000</b> 65%	<b>\$10,000</b> 65%
% Benefit Amt Reduces to at Age 70 % Benefit Amt Reduces to at Age 75 % Benefit Amt Boducce to at Age 75	40% 25%	40%
Travel Assistance	Included	NA Included
Line of Duty Benefit	N/A	NA
Life Premium Employee Life per \$1000 Employee AD&D per \$1000	\$0.150 \$0.020	\$0.107 \$0.040
Total for Life & AD&D	\$0.170	\$0.147
Life Volume	\$3,111,500	\$3,111,500
Life Monthly Premium	\$528.96	\$457.39
Life Annual Premium	\$6,347.46	\$5,488.69
Percentage Change Rate Guarantee		-13.53%
		Until 12/31/20

## Kendall County Voluntary Life Review January 1, 2019

Carriers	CURRENT	RENEWAL
Minimum Participation	ALLO	ELLIN .
Employee Benefit Amount	Increments of \$10K up to \$300K or 5 x Annual Earnings	20% Increments of \$10K up to \$300K or 5 x Annual Earnings
Benefit Reduction Schedule % Benefit Reduces to at Age 85 % Benefit Reduces to at Age 70 % Benefit Reduces to at Age 75 % Benefit Reduces to at Age 80	65% 40% 25% 1/a	17/8 17/3 17/3 17/3
Dependent Life Spouse Benefit	hrcrements of \$5K up to \$150K, not to exceed 50% of EE amount	Increments of \$5K up to \$150K, not to exceed 50% of EE amount
Child (ren) Benefit	14 Days - 6 Mo: \$250 6 Mo and above: Increments of \$2K to a maximum of \$10K	15 Days - 6 Mo: \$250 6 Mo - 26 Years if full time student: Increments of \$2K to a maximum of \$10K
<u>Guarantee Issue</u> Employee	\$150,000	\$150,000
esnodS	000'02\$	\$30,000
Life Premium 25-29 30-34 30-34	EE & SP Rates/\$1k/Mo \$0.066 \$0.086 \$0.088 \$0.088 \$0.098	EE & SP Rates/\$11kMo \$0.060 \$0.060 \$0.089 \$0.089
45.49 50.54 65.58 80.64	\$0.214 \$0.338 \$0.556 \$0.769	\$0.124 \$0.195 \$0.308 \$0.480
65-69 75 and Above AD&D/\$1k unless noted	\$1.407 \$2.269 \$2.269 \$2.269 \$2.269 \$2.269 \$0.030 \$0.030	80./01 \$1.283 \$2.069 \$2.069 \$2.069 \$2.069 \$2.058 \$0.028
Child Child AD&D	060.0\$	\$0.057 \$0.043
Rate Guarantee		Until 12/3/1/20

40320 Orland Parkway / Orland Park, IL 60467 / 708-845-3000 / 708-645-3001 Fax

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

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Presented by. Michael Wojcik

Carriers:	CURRENT	RENEWAL
Copayment Exam Copayment Materials Examination Frequency (months) Lenses Frequency (months) Frame Frequency (months)	\$10 \$25 12 12 24	\$10 \$25 12 12 24
In Network Benefits Examiniation Basic Lenses Single Bifocal Frome	Covered in Full after co-pay Covered in Full after co-pay Covered in Full after co-pay Covered in Full after co-pay Covered in Full after co-pay up to \$130 allowance. 20% off	Covered in Full after co-pay Covered in Full after co-pay Covered in Full after co-pay Covered in Full after co-pay Unth \$130 aftoware
Elective Contact Lenses Necessary Contact Lenses Lens Options	belance up to \$130 ellowance Covered in Full	up to \$130 allowance Covered in Full
Tint (Solid & Gradient) Scratch Resistant Coating Polycarbonate Lenses Photochromic Lenses Standard Progressive Lenses UV progressive Lenses Anti-reflectue Cotaings Anti-reflectue Cotaings	\$15 \$15 \$0 for Children, \$40 for adults \$75 \$90 \$15 \$45-88 20% off Retail	\$15 \$10 \$15 \$0 for Shiften, \$40 for adults \$75 \$90 \$15 \$45-68 20% off Retail
Out of Network Benefitts Examination Basic Lenses Single Frame Frame Elective Contact Lenses Necessary Contact Lenses	Allowance \$30 \$40 \$60 \$65 \$104 \$25	Allowance \$30 \$40 \$65 \$104 \$710
<u>Vision Premium</u> Employee Employee + Spouse Employee + Child(ren) Family	\$6.26 \$11.90 \$12.53 \$18.42	\$6.26 \$11.26 \$12.53 \$18.42
Total Monthly Premium Total Annual Premium Percent Change	\$2,464.38 \$29,572.56	\$2,484.38 \$29,572.56 0.00%
Rate Guarantee	Until 1/1/19	Until 1/1/23

EC Family 20 66

Total 213

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PPO Taken from Renewal Taken from Renewal 162 FAM 184 Total 346 346

**Presented by: Mike Wolcik** 

Presented by: Mike Wojcik					
<u>Carriers:</u>	CURRENT UHC	OPTION 1 METLIFE	OPTION 2 METLIFE	OPTION 3 METLIFE	OPTION 4 METLIFE
Type of Plan Participation	Odd	Odd	Odd	DPO	Odd
In Network Benefits					
Individual Deductible Family Deductible	\$0 \$	0%	\$0 \$0	\$50	\$20 \$20
Preventative Co-Insurance	100%	100%	100%	\$150 100%	\$150
Deductivie vvalved on Preventative Basic Co-Insurances	Yes 80%	Yes	Yes	Yes	Yes
Major Co-Insurance	50%	50% 50%	80%	80%	80%
Urthodontia Co-Insurance Deductible Waived on Ortho	50%	50%	50%	50%	50%
Endodontics Co-Insurance	1 es 80%	Yes 80%	Yes	Yes	Yes
Periodontics Co-Insurance	80%	80%	80%	80%	80%
Surgical Periodontics Co-Insurance	80%	80%	80%	%08 80%	%08 %08
Orthodontia Lifetime Maximum	\$750	\$2,000 \$750	\$2,000	\$2,000	\$2,000
Out of Network Benefits				000 	00/*
<u> </u>	\$50	\$50	\$50	C Li	
Family Deductible	\$150	\$150	\$150	\$150 \$150	450 4100
Deductible Waived on Preventative	100%	100%	100%	100%	\$130 100%
Basic Co-Insurance	80%	1 eS 80%	Yes Rn%	Yes	Yes
Major Co-Insurance	50%	50%	50%	00% 50%	80%
Deductible Maived on Orthol	50%	50%	50%	50%	50%
Endodontics Co-Insurance	1 es 80%	Yes ano:	Yes	Yes	Yes
Periodontics Co-Insurance	80%	%0%	00% 80%	80%	80%
Surgical Periodontics Co-Insurance	80%	80%	80%	60% 80%	80%
Orthodontia Lifetime Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2 000
	41.00 A01h	\$150	\$1,000	\$1,000	\$750
Dental Premium		2011 100	90th R&C	90th R&C	90th R&C
Employee	\$41.76	\$37.21	\$38.02	\$37 12	600 F1
	\$111.83	\$99.63	\$101.79	\$99.38	92.762
Total Monthly Premium	\$27,341.84	\$24,359.94	\$24,888.60	\$24.299.36	<b>6</b> 23 003 16
	\$328,102.08	\$292,319.28	\$298,663.20	\$291,592.32	\$286.829.52
Rate Guarantee		-10.91% Until 12/31/20	-8.97% Lintil 12/31/20	-11.13%	-12.58%
		3rd Yr Can - 8%	2-4 V= C== 00/	01101 12/31120	Until 12/31/20
	2		%0 - deo la nio	3rd Yr Cap - 8%	3rd Yr Cap - 8%

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## HADRIGGY Employee Banefits