

**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.



**Kendall County  
Basic Life Review  
January 1, 2019**



**Presented by: Michael Wojcik**

Carriers	CURRENT UHC	RENEWAL METLIFE
<b><u>Benefit Amount</u></b>	<b>\$10,000</b>	<b>\$10,000</b>
% Benefit Amt Reduces to at Age 65	65%	65%
% Benefit Amt Reduces to at Age 70	40%	40%
% Benefit Amt Reduces to at Age 75	25%	25%
% Benefit Amt Reduces to at Age 80	NA	NA
<b><u>Travel Assistance</u></b>	Included	Included
<b><u>Line of Duty Benefit</u></b>	N/A	N/A
<b><u>Life Premium</u></b>		
Employee Life per \$1000	\$0.150	\$0.107
Employee AD&D per \$1000	\$0.020	\$0.040
<b>Total for Life &amp; AD&amp;D</b>	<b>\$0.170</b>	<b>\$0.147</b>
<b>Life Volume</b>	<b>\$3,111,500</b>	<b>\$3,111,500</b>
<b>Life Monthly Premium</b>	<b>\$528.96</b>	<b>\$457.39</b>
<b>Life Annual Premium</b>	<b>\$6,347.46</b>	<b>\$5,488.69</b>
<b>Percentage Change</b>		<b>-13.53%</b>
<b>Rate Guarantee</b>		<b>Until 12/31/20</b>

**Kendall County  
Voluntary Life Review  
January 1, 2019**

Benefits Presented by: Michael Wolski		CURRENT UHC	RENEWAL METLIFE
Carriers			
<u>Minimum Participation</u>		20%	20%
<u>Employee Benefit Amount</u>		Increments of \$10K up to \$300K or 5 x Annual Earnings	Increments of \$10K up to \$300K or 5 x Annual Earnings
<u>Benefit Reduction Schedule</u>			
% Benefit Reduces to at Age 65		65%	n/a
% Benefit Reduces to at Age 70		40%	n/a
% Benefit Reduces to at Age 75		25%	n/a
% Benefit Reduces to at Age 80		n/a	n/a
<u>Dependent Life</u>			
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
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 - 28 Years if full time student: Increments of \$2K to a maximum of \$10K
<u>Guarantee Issue</u>			
Employee		\$150,000	\$150,000
Spouse		\$30,000	\$30,000
<u>Life Premium</u>			
Under age 25		<u>EE &amp; SP Rates/\$1k/Mo</u>	<u>EE &amp; SP Rates/\$1k/Mo</u>
25-29		\$0.066	\$0.060
30-34		\$0.066	\$0.060
35-39		\$0.088	\$0.080
40-44		\$0.098	\$0.089
45-49		\$0.136	\$0.124
50-54		\$0.214	\$0.195
55-59		\$0.338	\$0.308
60-64		\$0.528	\$0.480
65-69		\$0.769	\$0.701
70-74		\$1.407	\$1.283
75 and Above		\$2.269	\$2.069
AD&D/\$1k unless noted		<u>EE SP &amp; CH AD&amp;D Rates/\$1k/Mo</u>	<u>EE &amp; SP AD&amp;D Rates/\$1k/Mo</u>
Child		\$0.030	\$2.069
Child AD&D		\$0.080	\$2.069
		\$0.030	\$0.028
<u>Rate Guarantee</u>			
			Until 12/31/20





Kendall County  
Voluntary Vision Review  
January 1, 2019

EE	91	ES	36	EC	20	Family	66	Total	213
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Presented by: Michael Wojcik

Carriers:	CURRENT EyeMed	RENEWAL EyeMed
<b>Out of Network Benefits</b>		
Examination	Allowance \$30	Allowance \$30
Basic Lenses	Single \$25 Bifocal \$40 Trifocal \$60	Single \$25 Bifocal \$40 Trifocal \$60
Frame	\$85	\$85
Elective Contact Lenses	\$104	\$104
Necessary Contact Lenses	\$210	\$210
<b>Vision Premium</b>		
Employee	\$6.26	\$6.26
Employee + Spouse	\$11.90	\$11.90
Employee + Child(ren)	\$12.53	\$12.53
Family	\$18.42	\$18.42
<b>Total Monthly Premium</b>	\$2,464.38	\$2,464.38
<b>Total Annual Premium</b>	\$29,572.56	\$29,572.56
<b>Percent Change</b>		0.00%
<b>Rate Guarantee</b>	Until 1/1/19	Until 1/1/23
<b>Carriers:</b>		
Copayment Exam	\$10	\$10
Copayment Materials	\$25	\$25
Examination Frequency (months)	12	12
Lenses Frequency (months)	12	12
Frame Frequency (months)	24	24
<b>In Network Benefits</b>		
Examination	Covered in Full after co-pay	Covered in Full after co-pay
Basic Lenses	Single Covered in Full after co-pay Bifocal Covered in Full after co-pay Trifocal Covered in Full after co-pay	Covered in Full after co-pay
Frame	Covered in Full after co-pay	Covered in Full after co-pay
Elective Contact Lenses	Covered in Full after co-pay	Covered in Full after co-pay
Necessary Contact Lenses	up to \$130 allowance, 20% off balance up to \$130 allowance Covered in Full	up to \$130 allowance, 20% off balance up to \$130 allowance Covered in Full
<b>Lens Options</b>		
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

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

*Taken from Renewal*

<b>EE</b>	<b>FAM</b>	<b>Total</b>
162	184	346

PPO

Presented by: **Mike Wojcik**

Carriers:	CURRENT UHC	OPTION 1 METLIFE	OPTION 2 METLIFE	OPTION 3 METLIFE	OPTION 4 METLIFE
<b>Type of Plan Participation</b>	PPO	PPO	PPO	PPO	PPO
<b>In Network Benefits</b>	\$0 \$0 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$750	\$0 \$0 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500	\$0 \$0 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500	\$50 \$150 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500	\$50 \$150 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500
<b>Out of Network Benefits</b>	\$50 \$150 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$750 UCR 90th	\$50 \$150 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500 90th R&C	\$50 \$150 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500 90th R&C	\$50 \$150 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500 90th R&C	\$50 \$150 100% Yes 80% 50% 50% Yes 80% 80% 80% \$2,000 \$1,500 90th R&C
<b>Dental Premium</b>	\$41.76	\$37.21	\$38.02	\$37.12	\$36.51
<b>Employee Family</b>	\$111.83	\$99.63	\$101.79	\$99.38	\$97.76
<b>Total Monthly Premium</b>	\$27,341.84	\$24,359.94	\$24,888.60	\$24,299.36	\$23,902.46
<b>Total Dental Annual Premium</b>	\$328,102.08	\$292,319.28	\$298,663.20	\$291,592.32	\$286,829.52
<b>Percent Change</b>		-10.91%	-8.97%	-11.13%	-12.58%
<b>Rate Guarantee</b>	Until 12/31/20	Until 12/31/20	Until 12/31/20	Until 12/31/20	Until 12/31/20
	3rd Yr Cap - 8%	3rd Yr Cap - 8%	3rd Yr Cap - 6%	3rd Yr Cap - 8%	3rd Yr Cap - 8%

