## COUNTY OF KENDALL, ILLINOIS ADMIN HR COMMITTEE



County Office Building County Board Room 210 Monday, September 10, 2018 at 8:00a.m.

### **MEETING AGENDA**

- 1. Call to Order
- 2. Roll Call: Lynn Cullick (Chair), Judy Gilmour (Vice Chair), Elizabeth Flowers, Matthew Prochaska, John Purcell
- 3. Approval of Agenda
- 4. Approval of Minutes from August 28, 2018
- 5. Update by The Horton Group
- 6. Department Head and Elected Official Reports
- 7. Public Comment
- 8. Committee Business
- 9. Executive Session
- 10. Items for Committee of the Whole
- 11. Action Items for County Board
- 12. Adjournment

# COUNTY OF KENDALL, ILLINOIS ADMIN HR COMMITTEE MEETING

Tuesday, August 28, 2018

CALL TO ORDER - The meeting was called to order by Committee Chair Lynn Cullick at 5:33 p.m.

### ROLL CALL

Attendee	Status	Arrived	Left Meeting
Lynn Cullick	here		
Elizabeth Flowers	present		
Judy Gilmour	here		
Matthew Prochaska	here		
John Purcell	ABSENT		

STAFF PRESENT: Scott Koeppel, Tracy Page, Becki Rudolph

**APPROVAL OF AGENDA** – Motion made by Member Prochaska second by Member Gilmour to approve the agenda. With four members voting ave, the agenda was approved.

APPROVAL OF MINUTES – Member Flowers made a motion to approve the minutes from August 14, 2018, second by Member Prochaska. With four members voting ave, the motion carried.

### DEPARTMENT HEAD AND ELECTED OFFICIAL REPORTS

Administrative Services – Mr. Koeppel informed the committee that he received the proposed Property, Casualty & Liability Insurance Broker contract from Alliant Mesirow today, and will send requested changes he has and will send it back to Alliant Mesirow to change, once received, he will forward to the State's Attorney's Office for legal review, and then to the County Board for approval in September.

### **PUBLIC COMMENT - None**

### **COMMITTEE BUSINESS**

Approval for Request to Bid for SAN 2018 Proposal – Mr. Koeppel reported that this has already been approved by the committee in 2016, but the bids came back too high. Mr. Koeppel reported that they refused those bids, and are now going out for bids for a small version for the Public Safety Center. Once bid results are received, they will come back to committee before proceeding to the County Board for final approval. There was consensus by the committee to proceed with the request RFB for SAN 2018.

Discussion and Recommendation for Approval of the County Hiring Freeze Resolution – Member Prochaska reported that this item came from the August 21, 2018 County Board meeting, where members felt there were still too many unanswered questions,

and needed more review. Member Gilmour also stated that there was comment that Elected Officials and Department Heads have been doing, and would be able to manage this without a County policy.

Discussion on the need for such a resolution or policy, the three-month time frame noted in the resolution, when the freeze would actually take effect, and how a Department Head or Elected Official would proceed if an offer has already been extended to someone for a current opening, how to operate with some offices already short-staffed, and if there is really need for such action.

Member Prochaska made a motion to table the item until further information is received regarding the Health Insurance increases, and other budget related information, before continuing with the discussion, second by Member Gilmour. With four members voting ave, the motion carried.

### **PUBLIC COMMENT - None**

### **QUESTIONS FROM THE MEDIA - None**

EXECUTIVE SESSION for the purpose of the review of discussion of minutes of meetings lawfully closed under the Open Meetings Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06, 5ILCS 120-2 — Member Flowers made a motion to enter into Executive Session at 5:54p.m., second by Member Prochaska.

Roll Call: Member Cullick - yes, Member Prochaska - yes, Member Gilmour - yes, Member Flowers - yes

With four members voting aye, the committee entered into Executive Session at 5:53p.m.

The committee reconvened in Open Session at 6:03p.m.

#### **ITEMS FOR THE COMMITTEE OF THE WHOLE - None**

**ACTION ITEMS FOR THE COUNTY BOARD** – Approval of the Release of March 6, 2018 Executive Session Minutes

ADJOURNMENT – Member Flowers made a motion to adjourn the meeting, second by Member Prochaska. With four members voting aye, the meeting was adjourned at 6:05p.m.

Respectfully Submitted,

Valarie McClain Administrative Assistant and Recording Secretary The Horton Group's

# Marketing Spreadsheet

Prepared for: Kendall County

Renewal January 2019

Presented By:

Michael E. Wojcik

mike.wojcik@thehortongroup.com

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

HORTON

## Kendall County January 1, 2019

he following Medical markets were ap Carrier	oproached:
UHC	Incumbent
Aetna	Declined
BCBS	Quoted
Cigna	Declined
Humana	Declined





Enrollment From 2019 United Healthcare Renewal									
	EE	ES	EC	Family	Yells				
HMO	35				224				
I.S.A	111	17	10	17	995				
l'otal	146	21	14	101	202				
%	52%	7%	- 14 A	-5%	1000				

Presented by Michael Woicik		r Rates ker Service Fee		Rates ser Service Fee	RENEGOTIA 2 Tier	Rates	2 Tie	ATED 9/7/18 r Rates
Carriers		RRENT	RENEWAL		Includes Broker Service Fee RENEWAL		Removes Broker Service Fee RENEWAL	
Type of Plan	HMO 500	H.S.A	HINO 500	H.S.A	HMO 500	C HLS A	HIMO 500	HC
Network	Navigate	Core	Navigate	Core	Navigate	Core		H.S.A
In Network Benefits		0010	Nath July	CONTR	reavigate	Core	Navigate	Core
Individual Deducțible Family Deducțible Co-Insurence Individual Out of Pocket	\$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%
OPX includes ded unless noted	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
Family Out of Pocket OPX includes ded unless noted	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000
Emergency Room Co-pay Hospital Co-pay	\$300 100% After Ded	100% After Ded 100% After Ded	\$300 100% After Ded	100% After Ded 100% After Ded	\$300 100% After Ded	100% After Ded 100% After Ded	\$300 100% After Ded	100% After Ded 100% After Ded
Retail Rx Co-pay	7 - 3 - 1 - 1 - 1	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/80 After Ded.	\$10/40/60	\$10/35/60 After Ded.
Mall Order Rx Co-pay Rx Individual Out of Pocket Rx Family Out of Pocket Primary Physician Office Visit Co-pay Specialists Office Visit Co-pay Preventative Services Lifetime Maximum		2.5x Retail Included in Med. Included in Med. 100% After Ded 100% 100% UNLIMITED	2 .5x, Retell Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	2.5x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	2.5x Retail Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	2.5x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	2 .5x Retail Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	2.5x Retail Included in Med. Included in Med. 100% After Ded 100% One UNLIMITED
Out of Network Benefits								
Individual Deductible Family Deductible Co-Insurance		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%
Individual Out of Pocket OPX includes ded unless noted		\$3,000		\$3,000		\$3,000		\$3,000
Family Out of Pocket OPX includes ded unless noted		\$8,000		\$6,000		\$6,000		\$6,000
Emergency Co-pay		100% After Ded		100% After Ded		100% After Ded		100% After Ded
Hospital Co-pay		80% After Ded		80% After Ded		80% After Ded		80% After Ded
Physician Office Visit Services Preventative Services Lifetime Maximum		80% After Ded 80% After Ded UNLIMITED		80% After Ded 80% After Ded UNLIMITED		80% After Ded 80% After Ded UNLIMITED		80% After Ded 80% After Ded UNLIMITED
Medical Premium								
Employee Employee + Spause Employee +Children Family	\$738.29 \$1,753.47 \$1,763.47 \$1,763.47	\$771.17 \$1,831.55 \$1,831.55 \$1,831.55	\$014.73 \$2,172.52 \$2,172.52 \$2,172.52	\$955.47 \$2,269.27 \$2,269.27 \$2,269.27	\$870.44 \$2,067.34 \$2,067.34 \$2,067.34	\$909.21 \$2,159.40 \$2,159.40 \$2,159.40	\$853.15 \$2,028.27 \$2,028,27 \$2,028,27	\$891.14 \$2,116.48 \$2,116.48
Total Medical Monthly Premium	\$64,416.49	\$294,396.57	\$79,810.99	\$364,753.95	\$75,946.88	\$347.093.91	\$74,438,19	\$2,116.48 \$340.195.26
Total Annual Premium	\$4,30	5,756.72	\$5,334	, ,	\$5,078,4	,		\$340,185.26 .601.40
Annual Cost increase			\$1,029,		\$770,7	32.76		844.68
Percent Change Exhibit secures employees enrolled in PPO pi	an are constant work	or the USA alon	23.	9%	17.9	%	15	.6%



311		Enrollment Fo	rom 2019 United Healt	hcare Renewal	
	EE	ES	de la companya de la	Family	7000
HMO	5			100	177
I.S.A	300	17	10	87	226
Total	146	21	- 14	101	282
%	5755	75	510	36%	100%

Presented by: Michael Wolcik		r Rates for Service Fee		ATED 9/7/18 Rates	2 Tier	Rates	
Carriorn:	CURRENT UHC		REN	WAL HC	OPRIORY SEE		
Type of Plan	HMO 500	H.S.A	HIIO 500	HSA	BA HMO	HSA	
Network	Naviosto	Core	Navigate	Core	BA HIIIO	includes BVA	
n Network Benefits		0010	44243000	COLE		IUCINGS PAY	
Individual Deductible	\$500	\$1,500	\$500	\$1,500	\$500	04 500	
Family Deductible		\$3,000	\$1,000	\$3,000	7000	\$1,500	
Co-insurance	100%	100%	100%	4-14	\$1,000	\$3,000	
Individual Out of Pocket			10076	100%	100%	100%	
OPX includes ded unless nated	\$2,000	\$3,000	\$2,000	\$3.000	\$2,000	\$3,000	
Family Out of Pocket					7-,1-1-	40,000	
OPX includes ded unless noted	\$4,000	\$6,000	\$4,000	\$6.000	\$4,000	\$6,000	
Emergency Room Co-pay	\$300	4000V 400 - Davi			.,,		
Hospital Co-pay		100% After Ded	\$300	100% After Ded	\$300	100% Alter Ded	
Retail Rx Co-pay		100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	
	\$10/40/80	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After De	
Mail Order Rx Co-pay	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.	
Rx Family Out of Pocket		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	\$20	100% After Ded	\$20	100% After Ded	
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	\$40	100% After Ded	
Preventative Services	100%	100%	100%	100%	100%	100%	
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	
tut of Network Benefits				OT VIII TIME	O'ALIMAT LD	Olecimi (ED	
Individual Deductible		A4			•		
		\$1,500		\$1,500		\$1,500	
Family Deductible		\$3,000		\$3,000		\$3,000	
Co-Insurance		80%		80%		80%	
Individual Out of Pocket		\$3,000		80.000			
OPX includes ded unless noted		40,000		\$3,000		\$3,000	
Family Out of Pocket		\$6,000		66 000		**	
OPX includes ded unless noted				\$6,000		\$6,000	
Emergency Co-pay		100% After Ded		100% After Ded		100% After Ded	
Hospital Co-pay		80% After Ded		80% After Ded		80% After Ded	
Physician Office Visit Services		80% After Ded		80% After Ded		80% After Ded	
Preventative Services		80% After Ded		80% After Ded		80% After Ded	
Lifetime Meximum		UNLIMITED		UNLIMITED		UNLIMITED	
ledical Premium						011LME   LLD	
imployae	\$738.29	6774 4-	Anne				
Employee + Spouse		\$771.17	\$853.15	\$891.14	\$602.83	\$767.98	
	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,507.03	\$1,919.92	
Employee +Children	\$1,753.47	\$1,831.55	\$2,026.27	\$2,116.48	\$1,507.03	\$1,919.92	
Family	\$1,753.47	\$1,831.55	\$2,028.27	\$2,118.48	\$1,507.03	\$1,919.92	
ctal Medical Monthly Premium	\$64,416.49	\$294,396.57	\$74,438.19	\$340,195.26	\$54,253.71	\$304,116.86	
otal Annual Premium	\$4,300	5,756.72	\$4,975,	601.40	\$4,300,4	144.44	
unual Cost Incresse			\$689.6	44 68	-\$5.31	2.00	
ercent Change			15.0		-90,31 -0.1		
polementation Cradit				7 77			
otal Annual Cost					(\$50,00		
nnual Cost Increase					\$4,250,4		
Parcent Change					(\$55,31		
chibit assumes employees enrolled in PPO pi						%	

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan. BVA and implementation Credit is pending final approvel from BCBS



		Enrollment F	om 2019 United Healt	hcare Renewal	
	EE.	ES	EC	Family	Total
HINIC)	35	4	(4)	14	57
S.A.	111	17	10	87	235
otal	146	21	- 16	101	319
%	57%	75	5%	38%	100%

Presented by: Michael Wojcik	2 Tier Rates Includes Broker Service Fee		includes Broi	Rates ar Service Fee	RENEGOTIATED 977/18 4 Tier Rotes Includes Broker Service Fee		RENEGOTIATED 9/7/16 4 Tier Rates Removes Broker Service Fee	
Carriers:		CURRENT		EWAL! HC	RENE		RENEWAL UHC	
Type of Plim Network in Network Benefits	HNIO 500 Nuvigate	H.S.A Core	HMO 505 Navigate	H.S.A Core	HNO 500 Navigate	H.S.A Core	HINO 500 Navigete	H.S.A Core
Individual Deductible Family Deductible Co-Insurance Individual Out of Pocket	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%
OPX includes ded unless noted Family Out of Pocket	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
OPX includes ded unless noted Emergency Room Co-pay Hospital Co-pay Retal Rix Co-pay	\$4,000 \$300 100% After Ded	\$6,000 100% After Ded 100% After Ded	\$4,000 \$300 100% After Ded	\$6,000 100% After Ded 100% After Ded	\$4,000 \$300 100% After Ded	\$6,000 100% After Ded 100% After Ded	\$4,000 \$300 100% After Ded	\$6,000 100% After Ded 100% After Ded
Meil Order Rx Co-pay Rx Individual Out of Pocket Rx Family Out of Pocket Rx Family Out of Pocket Primary Physician Office Visit Co-pay Specialists Office Visit Co-pay Preventative Services Lifetime Maximum	\$10/40/80 2.5x Retas Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	\$10/35/80 After Ded. 2.5x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	\$10/40/80 2 .5x Refall · Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	\$10/35/60 After Ded. 2.5x Resall Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	\$10/40/60 2. fix Ratell Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	\$10/35/60 After Ded. 2.5x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	\$10/40/60 2.5x Retail- Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	\$10/35/90 After Dec 2.5x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED
<u>but of Naturcrk Benefits</u> Individual Deductible Family Deductible Co-Insurance		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%		\$1,500 \$3,000
Individual Out of Pocket OPX includes ded unless noted Family Out of Pocket		\$3,000		\$3,000		\$3,000		80% \$3,000
OPX includes ded unless noted Emergency Co-cay		\$6,000 100% After Ded		\$6,000 100% After Ded		\$8,000		\$6,000
Hospital Co-pay Physician Office Visit Services Preventative Services Lifetime Maximum		80% After Ded 80% After Ded 80% After Ded UNLIMITED		80% After Ded 80% After Ded 80% After Ded UNLIMITED		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED
ledical Premium mployee	\$738.29	\$771,17	\$881.89	\$884.68	\$870.44	\$909,21	\$822.51	Annr 44
imployee + Spouse imployee + Children amily	\$1,753.47 \$1,753.47 \$1,753.47	\$1,831.55 \$1,831.55 \$1,831.55	\$1,878.43 \$1,622.69 \$2,495.75	\$1,884.37 \$1,627.82 \$2,503.85	\$2,087.34 \$2,087.34 \$2,067.34	\$2,159.40 \$2,159.40 \$2,159.40	\$1,751.95 \$1,513.43 \$2,327.71	\$825.11 \$1,757.49 \$1,518.21 \$2,335.07
otal Medical Monthly Premium	\$64,416.49	\$294,396.57	\$79,811.13	\$364,329.52	\$75,946.88	\$347,093.91	\$74,437.31	\$339,797.73
otal Annual Premium	\$4,300	5,756.72	\$5,329	,887.80	\$5,076,489.48		\$4,970	,820.48
Annual Cost Increase Percent Change Exhibit assumes employees enrolled in PPO pic			\$1,023 23.		\$770,732.76 17.9%			063.76 .4%



		Enrollment F	rom 2019 United Healt	hears Renowal	
	麒	ES	50	Family	Total
IMO MI	35	4	4	100	57
S.A	1111	17	10	67	225
otal <b>III</b>	146	(2)	14	101	202
%	52%	76		164	100%

Presented by Michael Wolclk	Includes Bro	r Rates kar Service Fee	4 Tier Removes Broi	ATED 9/7/18 Rates ker Service Fee	4 Tler	
Carriers:		RENT HC		EWAL.	521) 001	
Type of Plan Network In Network Sensits	HillO 500 Navigate	H.S.A Core	HMO 500 Navigate	H.S.A Core	BA HMO	HSA Includes BVA
Individual Deductible Family Deductible Co-Insurance Individual Out of Pocket	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%
OPX includes ded unless noted	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
Family Out of Pocket OPX includes ded unless nated	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000
Emergency Room Co-pay Hospital Co-pay Restell Rx Co-pay Restell Rx Co-pay Mail Order Rx Co-pay Rx Individual Out of Pocket Rx Farmity Out of Pocket Primery Physician Office Visit Co-pay Specialists Office Visit Co-pay Preventative Services Lifetime Maximum	\$300 100% After Ded \$10/40/60 2 .5x Reitall Included in Med, Included in Med. \$20 \$40 100% UNLIMITED	100% After Ded 100% After Ded \$10/35/80 After Ded. 2.5x Retall Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	\$300 100% After Ded \$10/40/80 2.5x Retail Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	100% After Ded 100% After Ded \$10235/60 After Ded. 2.5x Retall Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	\$300 100% After Ded \$10/40/60 2.5x Retail Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	100% After Ded 100% After Ded. \$10/35/80 After Ded. 2.5x Retall Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED
Out of Network Benefits						
Individual Deductible Family Deductible Co-Insurance		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%
Individual Out of Pocket OPX includes ded unless noted		\$3,000		\$3,000		\$3,000
Family Out of Pocket OPX includes ded unless noted		\$8,000		\$6,000		\$6,000
Emergency Co-pay Hospital Co-pay Physician Office Visit Services Preventative Services Lifetime Madmum		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED
Medical Premium						
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	\$822.51 \$1,751.95 \$1,513.43 \$2,327.71	\$825.11 \$1,757.49 \$1,518.21 \$2,335.07	\$602.83 \$1,165.27 \$1,118.25 \$1,730.12	\$738.03 \$1,484.51 \$1,424.60 \$2,204.10
Total Medical Monthly Premium	\$64,416.49	\$294,396.57	<b>\$74,437.3</b> 1	\$339,797.73	\$54,454.81	\$313,160.70
Total Annual Premium	\$4,300	5,756.72	\$4,970,	820.48	\$4,411,3	386.12
Annual Cost Increase Percent Change			\$655,0 15,		\$105,63 2.5	
Implementation Credit Total Armusi Cost Annusi Cost Incresse Percent Change Exhibit assumes employees enrolled in PPO pi			·		(\$50,00 \$4,351,: \$55,62	0.00) 186.12 19.40

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan. 8VA and implementation Credit is pending final approval from BCBS





-	450	hcare Renewat			
	麒	ES	E6	Family	Total
HINC	35	14		14	44
H.S.A	100	16	- 10	76	202
ISA \$3500	11		- 6		200
Total	146	28	i i	101	
%	60%	144		- 7/1	1000

		.0					Total and	1000	
Presented by Michael Wolelk	Includes Bro	r Rates Iter Service Fee	R	RENEGOTIATED W/M 2 Tiur Rates smoves Broker Service	9		2 Tier Rates		
Cauriors:	CURRENT		RENE	RENEWAL WITH ADDITIONAL PLAN UHC			OPHON ()		
Type of Plan	HMO 500	H.S.A	HMO 500	H.S.A	H.S.A	BAHMO	HSA	HSA	
Materoric	Navigate	Core	Nevigate	Core	Corn		Includes BVA	Includes BVA	
n Network Benefits				00.0	Embedded		WICHGOOD DYA		
Individual Deductible Family Deductible Co-Insurance Individual Qut of Pocket	\$1,000 100%	\$1,500 \$3,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%	\$3,500 \$7,000 100%	\$500 \$1,000 100%	\$1,500 \$3,000 100%	Embedded \$3,500 \$7,000 100%	
OPX includes ded unless noted Family Out of Pocket	\$2,000	\$3,000	\$2,000	\$3,000	\$4,500	\$2,000	\$3,000	\$4,500	
OPX Includes ded unless noted	\$4,000	\$8,000	\$4,000	\$6,000	\$9,000	\$4,000	\$6,000	\$8,000	
Emergency Room Co-pay Hospital Co-pay	\$300 100% After Ded	100% After Ded 100% After Ded	\$300 100% After Ded	100% After Ded 100% After Ded	\$150 After Ded 100% After Ded	\$300 100% After Ded	100% After Ded 100% After Ded	\$150 After Ded 100% After Ded	
Retail Rx Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/80	\$10/35/60 After Ded.	\$10/35/80 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60 After De	
Mall Order Rx Co-pay Rx Individual Out of Pockat Rx Family Out of Pockat Primery Physician Office Visit Co-pay Specialists Office Visit Co-pay Preventative Services Lifetime Maximum	Included in Med. Included in Med. \$20 \$40 100%	2.5x Retail included in Med. included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	2 .5x Retail Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	2.5x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	2.5x Retail Included in Med, Included in Med, 100% After Ded 100% After Ded 100% UNLIMITED	2 .5x Retall Included in Med. Included in Med. \$20 \$40 100% UNLIMITED	2.5x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	2.5 x Retail Included in Med. Included in Med. 100% After Ded 100% After Ded 100% UNLIMITED	
Out of Network Benefits									
Individual Deductible Family Deductible Co-Insurance Individual Out of Pocket		\$1,500 \$3,000 80%		\$1,500 \$3,000 80%	\$7,000 \$14,000 80%		\$1,500 \$3,000 80%	\$7,000 \$14,000 80%	
OPX includes ded unless noted Family Out of Pocket		\$3,000		\$3,000	\$14,000		\$3,000	\$9,000	
OFX includes ded unleas noted		\$6,000		\$6,000	\$28,000		\$6,000	\$16,000	
Emergency Co-pay Hospital Co-pay Phyalcian Office Visit Servicea Preventzitive Servicea Lifelline Madmum		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED	\$150 After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED		100% After Ded 80% After Ded 80% After Ded 80% After Ded UNLIMITED	\$150 After Ded 80% After Ded 80% After Ded 80% After Ded UNIJIMITED	
Medical Premium									
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	\$853.15 \$2,026.27 \$2,026.27 \$2,026.27	\$891.14 \$2,116.48 \$2,116.48 \$2,116.48	\$755.02 \$1,793.19 \$1,793.19 \$1,793.19	\$602.83 \$1,507.03 \$1,507.03 \$1,507.03	\$767.98 \$1,919.92 \$1,919.92 \$1,919.92	\$660.63 \$1,651.56 \$1,651.56 \$1,651.58	
Total Medical Monthly Premium	\$84,416.49	\$294,396.57	\$74,438.19	\$304,994.98	\$29,823.50	\$54,253.71	\$272,629,84	\$27,085,89	
Fotal Annual Premium	\$4,30	5,766.72		\$4,911,079.80			\$4,247,633.28	<u>Famour</u>	
Annual Cost Increase Percent Change				\$505,323.08 14.1%			(\$58,123.44) -1.3%		
nplementation Credit obsi Annual Cost umuul Cost incresse tercent Chunge							(\$50,000,00) \$4,197,533.28 (\$108,123.44) -2.8%		

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan.

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

BVA and implementation Credit is pending final approval from BCBS



	9,011	Enrollment Fr	om 2019 United Healt	hcare Renewal	
	EE.	ES	EC	Family	Total
HMO M	35			100	117
H.S.A	100	16	- 1	34(	202
HSA \$3500	11	- 5	- 7		1000
Total	146	- 1		101	
%	100			- 10	100%

Part				^	025%		271	200	100%
No.	Presented by: Michael Woldlix			R	2 Tier Rates			2 Tier Relies	
Marriagatian   New York   New Y	Carriera			RENG		EPLAN			<u>ئى سىكىت تىلىپى</u>
Newforth			H.S.A	HMO 500	H.S.A	H.S.A	BA HMO	HSA	Parameter VOA
Principal Control Co		Navigate	Core	Navigate	Core	Core			
Femily Deductible		eroo							
Co-Institutions   Co-Institu							\$500	\$1,500	\$2,800
100%   100%							\$1,000	\$3,000	
S2,000   S2,000   S3,000   S2,000   S3,000   S2,000   S3,000   S2,000   S3,000   S		100%	100%	100%	100%	100%	100%	100%	
## Application of Proteins OPPX Included the Indian Corpus (Provincian Color) ## Application (Provincian Col		\$2,000	\$3,000	\$2,000	\$3,000	\$3,800	\$2 00n	\$3,000	
Section   Sect					, , , , , , , , , , , , , , , , , , , ,	4-1	42,000	40,000	\$2,000
Emispancy Room Co-pay   Sixt   100% After Dad   100% Af		\$4,000	\$6,000	\$4,000	\$8,000	\$7,600	\$4,000	\$6,000	\$6 600
Hospital Co-piny   100% After Ded   10		\$300	100% After Ded	\$200	100M, ABout David	8450 48 - 0 - 1	*		
Rotal Rx Co-per   Mail Order Rx Co-per   Rt Individual Cord Process   S10/40/60   2.6x Restall Industrial in Med. Industrial	Hospital Co-pay								
Mail Order Pot Co-pay   Pot Infiliation Out of Postors   2.0x Fortial Included in Med. In						100% Allet Ded	100% After Ded	100% After Ded	100% After Ded
Mail Order Pix Co-put   Pix Individual Cut of Pixx Code	Retail Fot Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/6D	\$10/35/60 After Ded.	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60 After Dec
Pix fund/dual Dut of Protest   Included in Med.			2.5x Retail	2 .5x Retail	2.5x Retail	2 Sv Roteli	2 Ev Botell	O For Post-N	
Primary Physician Office Visit Co-pary   Spacialists Office Visit Spacialists Office Visi	Rx Individual Out of Pocket	Included in Med.							
Primary Physician Office Visit Co-pary Sa0 100% After Ded Sa0 100% After Ded Sa0 100% After Ded		Included in Med.	Included in Med.						
Specialistic Office Vield Co-pey   S40   100% After Ded   100%   100%   100% After Ded   100%   100% After Ded   100%   100% After Ded   100%   100% After Ded   100% After De		\$20	100% After Ded						
Preventiative Services   100%   100		\$40	100% After Ded						
Description		100%	100%	100%			4.0		
Date of Methwork Benefile   St. 500   St. 50	Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	10010				
Individual Deducible Family Deducible Co-Insurance Individual Out of Pocket Co-Insurance Individual Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Incluses ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Pocket OPX Inclused ded unless mote? Family Out of Inclused Out Inclused ded Unless mote? Family Out of Inclused Out Inclu						OTALIERTED	ONCIMITED.	ONLIMITED	OMINETED
Family Deductible Co-Insurance 83,000 \$3,000 \$11,000 \$3,000 \$11,500 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$11,000 \$3,000 \$10,000 \$3,000 \$10,000 \$3,000 \$10,000 \$3,000 \$10,000 \$									
Family Databutible \$3,000 \$30,000 \$10,000 \$3,000 \$10,000 \$30,000 \$10,000 \$30,000 \$10,0			\$1,500		\$1,500	\$5.000		\$1 snn	\$5,000
Configuration   Configuratio			\$3,000						
Solution			80%		80%			V-1	
Family Out of Pocket OPX Inductions doed unless noted Emm-gency Co-psy Hospital Co-psy Hospital Co-psy Physician Office Visit Services Preventative Services Unit Intelligent Microhrum Industrial Premitum In	Individual Out of Pocket		\$3,000		E2 000				
Section   Sect			40,000		\$3,000	\$10,000		\$3,000	\$7,600
Emergency Co-pay Hospital Co-p			\$8,000		66 000	£20.000			
Hospital Co-pay Physician Office Visit Sarvices Preventative Services Lifetime Maximum Life								\$6,000	\$13,200
Preventative Services Preventative Services Preventative Services Lifetime Maximum    Services   Se						\$150 After Ded		100% After Ded	\$150 After Ded
Proventiative Services Proventiative Services Lifetime Meximum  Lifetime Meximum  Lifetime Meximum  Lifetime Meximum  Lifetime Meximum  Lifetime Meximum  S738.29 \$771.17 \$853.15 \$891.14 \$768.43 \$802.83 \$767.96 \$803.66 \$11,753.47 \$1,831.55 \$2,028.27 \$2,116.48 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,753.47 \$1,831.55 \$2,028.27 \$2,116.48 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,753.47 \$1,831.55 \$2,028.27 \$2,116.48 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,753.47 \$1,831.55 \$2,028.27 \$2,116.48 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,734.16 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.16 \$1,734.						80% After Ded		80% After Ded	
Lifetime Maximum    Control   Contro								80% After Ded	
Statistical Premium								80% After Ded	80% After Ded
### \$78.29	Fuedule Weddurik		UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
### \$78.29	Medical Premium								
### Separate	Employee	\$738.29	\$771 17	CRC2 15	2004 44	4700 to	****		
Employee +Children \$1,763.47 \$1,831.55 \$2,026.27 \$2,116.48 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,763.47 \$1,831.55 \$2,026.27 \$2,116.48 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,996.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,996.29 \$1,996.	Employee + Spouse								
\$1,753.47 \$1,831.55 \$2,020.27 \$2,116.48 \$1,896.29 \$1,507.03 \$1,919.92 \$1,734.16 \$1,919.92 \$1,919	Employee +Children								
Total Medical Monthly Premium \$64,416.48 \$294,306.57 \$74,438.18 \$304,864.96 \$31,538.21 \$84,253.71 \$272,626.84 \$28,440.18  Total Annual Premium \$4,305,756.72 \$4,931,686.32 \$4,283,884.76  Annual Cost Increase \$525,896.80 \$241,871.96  Total Annual Cost Increase \$625,896.80 \$14.5% \$1,571.96  Total Annual Cost Increase \$625,896.80 \$14.5% \$1,571.96  Total Annual Cost Increase \$625,896.80 \$1,571.96  Total Annual Cost Increase \$1,507.05 \$1,	Family								
Total Annual Premium \$4,305,756.72 \$4,931,656,32 \$4,263,884.76  Annual Cost Increase \$525,890.80 (\$41,871.96) -arcent Change 14.9% -1.0%  Total Annual Cost increase \$524,893,884.76  -arcent Change 14.9% -1.0%  Total Annual Cost increase (\$61,871.96) -1.0%  Total Cost increase (\$61,871.96) -1.0%  Total Annual Cost increase (\$61,871.96) -1.0%  Total Annual Cost increase (\$61,871.96) -1.0%			A - lang a varia	φα- <sub>l</sub> φαίUαΣ Γ	es, i 19.40	\$1,050.29	\$1,507.03	\$1,919.92	\$1,734.16
\$4,283,884,76  Innuel Cost Increase \$525,898.80  Percent Change 14.5% 14.5% 14.5% 14.5% 1500,998,09) 1501 Annual Cost Increase 1501,804.76 15	Total Medical Monthly Premium	\$64,416.49	\$294,386.57	\$74,438.19	\$304,994.96	\$31,538.21	\$54,253.71	\$272,629.84	\$28,440.18
Annual Cost Increase \$525,898.80 (\$41,871.96) Percent Change 14.9% -1.0% Implementation Credit Iotal Annual Cost Innual Cost Increase I	Total Annual Premium	\$4,30	5,756.72		\$4,931,656,32			\$4,263,884,76	
STL,571,56	Annual Cost Incoses				Anna				
Inplementation Credit Internation Credit Internatio									
Total Annual Cost Annual Cost increase Percent Change  (80,000.09) \$4,213,884.76 (801,305) 407					14.5%			-1.0%	
Annual Cost Increase Percent Change (891,74,196)									
(WI),571-36)								\$4,213,884.76	
								(\$91,871.96)	
								-2.1%	

Exhibit assumes employees enrolled in PPO plan are covered under the HSA plan. Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan. BVA and implementation Credit is pending final approval from BCBS



		Errotiment Fr	om 2019 United Healt	ticare Renewal	
	THE STATE OF THE S	ES	25	Family	Total
HMIC COM	35	4		74	100
H.S.A	100	18		78	202
ISA \$3500	111	2	- 1		200
Total	146	ali .	- 1	101	
%	120				1060

			*	100.75		2		100%
	9.7%	r Rates		RENEGOTIATED 19771	10			
Presented by Michael Wolsik		ker Service Fee		4 Tier Rates	010		4 Tier Rates	
Freshribit by Michael Wolfer			The second secon	amoves Broker Service	NAME OF TAXABLE PARTY O			
Curriers		RENT	RENE	WAL WITH ADDITIONA	IL PLAN	OPMONT		
Type of Plan		172/		UHG			STOTES*	
Network	HINO 500 Navigata	H.S.A Core	HMO 500	H.S.A	H.S.A	BA HMO	HSA	HSA
in Notwork Benefits	Lontalitatio	Core	Navigate	Core	Core		Includes BVA	Includes BYA
Individual Deductible	\$500	\$1,500	\$500	\$1,500	Embedded	A		Embedded
Family Deductible	\$1,000	\$3,000	\$1,000	\$3,000	\$3,500 \$7,000	\$500 \$1,000	\$1,500	\$3,500
Co-Insurance	100%	100%	100%	100%	100%	100%	\$3,000 100%	\$7,000 100%
Individual Out of Pocket	\$2,000	\$3,000	\$2,000					
OPX includes ded unless noted	0-,000	40,000	42,000	\$3,000	\$4,500	\$2,000	\$3,000	\$4,500
Family Out of Pocket OPX includes ded unless noted	\$4,000	\$6,000	\$4,000	\$6,000	\$9,000	\$4,000	\$6,000	60.000
Emergency Room Co-pey	\$300	100% After Ded	\$300	*** **		* **		\$8,000
Hospital Co-pay		100% After Ded	100% After Ded	100% After Ded 100% After Ded	\$150 After Ded 100% After Ded	\$300	100% After Ded	\$150 After Ded
Retail Rx Co-pay	\$10/40/80	\$10/35/60 After Ded.	\$10/40/80	\$10/35/60 After Ded.	\$10/35/60 After Ded.	100% After Ded \$10/40/60	100% After Ded \$10/35/60 After Ded.	100% After Ded
Mali 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	\$10/40/60 After De 2.5 x 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.
Rx Family Out of Pocket Primary Physician Office Visit Co-pay		Included in Med.	included in Med.	included in Med.	included in Med.	Included in Med.	Included in Med.	Included in Med.
Specialists Office Visit Co-pay	\$20 \$40	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After Ded
Preventative Services	100%	100% After Ded 100%	\$40 100%	100% After Ded	100% After Dad	\$40	100% After Ded	100% After Ded
Ufetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	100% UNLIMITED	100% UNLIMITED	100%	100%	100%
		014211111122	Old June 1 CD	ONLINETED	OWITHILLED	UNLIMITED	UNLIMITED	UNLIMITED
ut of Network Benefits								
individual Deductible		\$1,500		\$1,500	\$7,000		\$1,500	\$7,000
Family Deductible Co-insurance		\$3,000		\$3,000	\$14,000		\$3,000	\$14,000
Individual Out of Pocket		80%		80%	80%		80%	80%
OPX includes ded unless noted		\$3,000		\$3,000	\$14,000		\$3,000	\$9,000
Family Out of Pocket							40,000	40,000
OPX includes ded unless noted		\$6,000		\$8,000	\$28,000		\$6,000	\$16,000
Етпегделсу Со-рау		100% After Ded		100% After Ded	\$150 After Ded		100% After Ded	\$150 After Ded
Hospital Co-pay Physician Office Visit Services		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
Lifelime Madmum		80% After Ded UNLIMITED		80% After Ded	80% After Ded		80% After Ded	80% After Ded
		ONLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
ledical Premium								
mployee	\$738.29	\$771.17	\$822.51	\$825.11	\$699.08	\$602.83	\$738.03	\$660,63
Employee + Spouse Employee + Children	\$1,753.47	\$1,831.55	\$1,751.95	\$1,757.49	\$1,489.04	\$1,165.27	\$1,484.51	\$1,277.00
amily	\$1,753.47	\$1,831.55	\$1,513.43	\$1,518.21	\$1,288.32	\$1,118.25	\$1,424.60	\$1,225,47
	\$1,753.47	\$1,831.55	\$2,327.71	\$2,335.07	\$1,978.40	\$1,730.12	\$2,204.10	\$1,896.01
ofal Medical Monthly Premium	\$84,416.49	\$294,398.57	\$74,437.31	\$304,672.70	\$29,759.88	\$54,454.81	\$280,811.85	\$28,110.49
otal Annual Premium	\$4,30	5,758.72		\$4,906,438.68			\$4,360,525.80	
unnual Cost Increase				6000 004 00				
arcent Change				\$600,681.95 14.0%			\$54,769.08	
nplementation Credit				145076			1.3%	
otal Annual Cost							(\$20,000.00)	
nnual Cost Increase							\$4,310,625,80 \$4,769,00	
ercent Change							0.1%	
xhibit assumes employees enrolled in PPO p	an are covered und	er the HSA plan.					Ge 1 Ma	

Exhibit assumes 10% migration from current HSA plan to HSA \$35t0 plan.

BVA and implementation Credit is pending final approval from BCBS



		Enrollment Fr	om 2019 United Healt	hcare Renewal	
	EE	65	EC	Family	Total
HMC	35			11-01-01-01	117
HLS.A	100	- 15	o o	- 1	500
ISA \$3500	311			6	0.47
Total	146	21	- 44	101	202
%	52%				1000

			T.	131	(68)	3%	31156	180%
Presented by: Michael Weicik	Includes Bro	r Rates ker Service Fee		RENEGOTIATED 9/7/1 4 Tier Rates emoves Broker Service	Fon		4 Tier Rates	
Arrive .		RENT	RENE	WAL WITH ADDITIONA	LI PLAN		OPTION (	
ype of Plan	HMO 800	H.S.A	HIMO 500	H.S.A	H.S.A	BA HMO	HSA	HSA
etwork	Navigata	Core	Navigate	Core	Core		Includes BVA	Includes BV/
Network Benefits	0				Embedded			Embedded
Individuat Deductible Family Deductible	\$500	\$1,500	\$500	\$1,500	\$2,800	\$500	\$1,500	\$2,800
Co-Insurance	\$1,000	\$3,000	\$1,000	\$3,000	\$5,800	\$1,000	\$3,000	\$5,600
Individual Out of Pocket	100%	100%	100%	100%	100%	100%	100%	100%
OPX includes ded unless noted	\$2,000	\$3,000	\$2,000	\$3,000	\$3,800	\$2,000	\$3,000	\$3,800
Family Out of Pocket				, , , , , , , , , , , , , , , , , , , ,	44,444	4-,000	40,000	42,000
OPX includes ded unless noted	\$4,000	\$6,000	\$4,000	\$6,000	\$7,800	\$4,000	\$6,000	\$6,600
Emergency Room Co-pay	\$300	100% After Ded	\$300	100% After Ded	\$150 After Ded	\$300		
Hospital Co-pay	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded	100% After Ded 100% After Ded	\$150 After De
Petell Pu Co						10076 PARSE DEC	100% Alier Deg	100% After De
Retall Rx Co-pay	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/35/60 After Ded.	\$10/40/60	\$10/35/60 After Ded.	\$10/40/60 After
Mail Order Rt 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
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 Me
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 Mi
Primary Physician Office Visit Co-pay	\$20	100% After Ded	\$20	100% After Ded	100% After Ded	\$20	100% After Ded	100% After D
Specialists Office Visit Co-pay	\$40	100% After Ded	\$40	100% After Ded	100% After Ded	\$40	100% After Ded	100% After D
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%
Lifetima Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
t of Network Benefits								
Individual Deductible		04 500						
Family Deductible		\$1,500 \$3,000		\$1,500	\$5,000		\$1,500	\$5,600
Co-Insurance		80%		\$3,000 80%	\$10,000		\$3,000	\$11,200
Individual Out of Pocket				80%	80%		80%	80%
OPX includes ded unless noted		\$3,000		\$3,000	\$10,000		\$3,000	\$7,600
Family Out of Pocket								,
OPX Includes ded unless noted		\$6,000		\$6,000	\$20,000		\$6,000	\$13,200
Етнегделсу Со-рау		100% After Ded		100% After Ded	\$150 After Ded		100% After Ded	\$150 After De
Figspital Co-pay		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After De
Physician Office Visit Services		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After De
Preventative Services Lifetime Maximum		80% After Ded		80% After Ded	80% After Ded		80% After Ded	80% After De
Literine Meconyum		UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
etical Premium								
nployee	\$738.29	\$771.17	\$822.51	finor 44	****			
nplovee + Spouse	\$1.753.47	\$1.831.55	\$622.51 \$1.751.95	\$825.11 \$1.757.49	\$739.27	\$602.83	\$738.03	\$693.66
nployee +Children	\$1,753,47	\$1,831.55	\$1,513.43	\$1,767.49 \$1.518.21	\$1,574.85 \$1,360.27	\$1,165.27	\$1,484.51	\$1,340.85
emity	\$1,753,47	\$1,831.55	\$2,327.71	\$1,516.21 \$2,335.07	\$1,360.27 \$2,092,14	\$1,118.25 \$1,730.12	\$1,424.60 \$2,204.10	\$1,286.75
	• • • • • • • • • • • • • • • • • • • •	V.,	de-formation i		\$2,00Z.14	91,73U.1Z	\$2,204.10	\$1,990.81
dal Medical Monthly Premium	\$84,416.49	\$294,386.57	\$74,437.31	\$304,672.70	\$31,470.80	\$54,454,81	\$280,811.85	\$29,516.00
tel Annual Premium	\$4,300	5,756.72		\$4,920,989.72			\$4,377,391.92	
muni Cost increase				0004.040.00				
reant Change				\$621,213.00			\$71,635.20	
plementation Credit				14.4%			1.7%	
tal Annual Cost							(\$50,DBC.OI)	
musi Cost incress							\$4,327,391.92	
rcent Change							\$21,835.20	
chibit assumes employees enrolled in PPO pi							0.8%	

Exhibit assumes 16% migration from current HSA plan to HSA \$3500 plan.

BVA and implementation Credit is pending final approval from BCBS

Hospital Name	Address	City	State	Zp	19 Minute PRO Historica	To Olice Advancage:		
Metrosouth Medical Center	12935 Gregory St	Blue Island	IL.	C0400			in une ca-	Vol. op.a
Midwest Medical Center	1 Medical Center Dr	Galena	IL.	60406	Yes	Yes	Yes	Yes
Morris Hospital	150 W High St	Morris	IL.	61036	Yes	No	Yes	No
Morrison Community Hospital	303 N Jackson St	Morrison	IL	60450	Yes	No	Yes	Yes
Mount Sinal Hospital Medical Center	1500 S California Ave	Chicago	IL IL	61270	Yes	No	Yes	No
Northshore University Healthsystem Skokie Hospital	9600 Gross Point Rd	Skokie		60608	Yes	Yes	Yes	Yes
Northwest Community Hospital	800 W Central Rd	The state of the s	IL.	60076	Yes	Yes	No	No
Northwestern Lake Forest Hospital	660 N Westmoreland Rd	Arlington Heights  Lake Forest	IL .	60005	Yes	Yes	No	No
Northwestern Memorial Hospital	251 E Huron St		IL O	60045	Yes	Yes	Yes	Yes
Norwegian American Hospital	1044 N Francisco Ave	Chicago	IL .	60611	Yes	Yes	No	No
OSF Holy Family Medical Center	1000 W Harlem Ave	Chicago Monmouth	IL	60622	Yes	Yes	Yes	Yes
OSF Saint Anthony Medical Center	5666 E State St	Rockford	IL .	61462	Yes	No	Yes	No
Osf Saint Anthony's Health Center	1 St Anthonys Way	Alton	R.	61108	Yes	Yes	Yes	No
Osf Saint Elizabeth Medical Center	1100 E Norris Dr	Ottawa	IL.	62002	Yes	No.	Yes	Yes
Osf Saint Francis Medical Center	530 NE Glen Oak Ave	The state of the s	IL	61350	Yes	No	Yes	Yes
OSF Saint Luke Medical Center	1051 W South St	Peorla	<u>IL</u>	61603	Yes	Yes	Yes	Yes
OSF Saint Paul Medical Center	1401 E 12th St	Kewanee	IL .	61443	Yes	No	Yes	No
OSF St Mary Medical Center		Mendota	IL	61342	Yes	No	No	Yes
Palos Community Hospital	3333 N Seminary St	Galesburg	IL	61401	Yes	No	Yes	No
Pana Community Hospital	12251 S 80th Ave 101 E 9th St	Palos Heights	IL.	60463	Yes	Yes	Yes	Yes
Paris Community Hospital		Pana	(L	62557	Yes	No	Yes	No
Passavant Area Hospital	721 E Court St	Paris	II.	61944	Yes	No	Yes	No
Pekin Memorial Hospital	1600 W Walnut St	Jacksonville	IL	62650	Yes	Yes	Yes	No
Perry Memorial Hospital	600 S 13th St	Pekin	IL	61554	Yes	No	Yes	No
Pinckneyville Community Hospital	530 Park Ave E	Princeton	IL	61356	Yes	No	Yes	Yes
Presence Covenant Medical Center	5383 St Hwy 154	Pinckneyville	IL.	62274	Yes	No	Yes	No
	1400 W Park St	Urbana	îL.	61801	Yes	Yes	Yes	No
Presence Holy Family Medical Center	100 N River Rd	Des Plaines	II.	60016	Yes	Yes	Yes	Yes
Presence Mercy Medical Center	1325 N Highland Ave	Aurora	IL	60506	Yes	Yes	Yes	Yes
Presence Resurrection Medical Center	7435 W Talcott Ave	Chicago	IL	60631	Yes	Yes	Yes	Yes
Presence Saint Francis Hospital	355 Ridge Ave	Evanston	IL	60202	Yes	Yes	Yes	Yes
Presence Saint Joseph Hospital- Elgin	77 N Alriite St	Elgin	IL	60123	Yes	Yes	Yes	Yes
Presence Saint Joseph Medical Center	333 Madison St	Joliet	PL.	60435	Yes	Yes	Yes	Yes
Presence Saints Mary and Elizabeth Medical Center	2233 W Division St	Chicago	II.	60622	Yes	Yes	Yes	Yes
Presence St Joseph Hospital-Chicago	2900 N Lake Shore Dr	Chicago	IL	60657	Yes	Yes	Yes	Yes
Presence St Mary's Hospital	500 W Court St	Kankakee	IL	60901	Yes	Yes	Yes	Yes
Presence United Samaritans Medical Center	812 N Logan Ave	Danville	IL	61832	Yes	Yes	Yes	No
Proctor Hospital	5409 N Knoxville Ave	Peoria	II.	61614	Yes	Yes	Yes	Yes
Provident Hospital of Cook County	500 E 51st St	Chicago	1L	60615	Yes	Yes	Yes	Yes
Red Bud Regional Hospital	325 Spring St	Red Bud	11.	62278	Yes	Yes	Yes	Yes
Richland Memorial Hospital	800 E Locust St	Olney	IL .	62450	Yes	No	Yes	No
Riverside Medical Center	350 N Wall St	Kankakee	1L	60901	Yes	Yes	Yes	Yes
Rochelle Community Hospital	900 N 2nd St	Rochelle	1L	61068	Yes	No	Yes	Yes
Roseland Community Hospital	45 W 111th St	Chicago	IL.	60628	Yes	Yes	Yes	Yes
Rush Coplay Medical Canter	2000 Ogden Ave	Aurora	IL	60504	Yes	Yes	Yes	Yes
Rush Oak Park Hospital	520 5 Maple Ave	Oak Park	IL	60304	Yes	Yes	Yes	Yes

Hospital Name	Address	City	State	Zip	in History PPC Research	To Make Administration 19900	JA UNG KAJIL JANG	- Newger
Rush University Medical Center	1653 W Congress Pky	Chicago	IL.	60612	Yes	Yes	Yes	Yes
Saint Anthony Hospital	2875 W 19th St	Chicago	II.	60623	Yes	Yes	Yes	Yes
Salem Township Hospital	1201 Ricker Rd	Salem	IL	62881	Yes	No	Yes	No
Sarah Bush Uncoln Health Center	1000 Health Center Dr	Mattoon	IL	61938	Yes	Yes	Yes	No
Sarah D Culbertson Memorial Hospital	238 S Congress St	Rushville	IL.	62681	Yes	No	Yes	No
Shelby Memorial Hospital	200 S Cedar St	Shelbyville	II.	62565	Yes	No	Yes	No
Silver Cross Hospital	1900 Silver Cross Blvd	New Lenox	IL	60451	Yes	Yes	Yes	Yes
South Shore Hospital	8012 S Crandon Ave	Chicago	IL.	60617	No	Yes	Yes	No
Sparta Community Hospital	818 E Broadway St	Sparta	IL	62286	Yes	No	Yes	Yes
SSM Health Good Samaritan Hospital- Mt Vernon	1 Good Samaritan Way	Mount Vernon	-IL	62864	Yes	Yes	Yes	Yes
SSM Health St Marys Hospital-Centralia	400 N Pleasant Ave	Centralia	IL	62801	Yes	No	No	Yes
ST Alexius Medical Center	1555 BARRINGTON Rd	Hoffman Estates	IL.	60169	Yes	Yes	Yes	Yes
St Anthonys Memorial Hospital	503 N Maple St	Effingham	IL.	62401	Yes	No	Yes	Yes
St Bernard Hospital	326 W 64th St	Chicago	IL	60621	Yes	Yes	Yes	Yes
St Elizabeth's Hospital	211 S 3rd St	Believille	IL.	62220	Yes	Yes	Yes	Yes
St Francis Hospital	1215 Franciscan Dr	Litchfield	IL.	62056	Yes	No	Yes	Yes
St James Hospital	2500 W Reynolds St	Pontiac	(L	61764	Yes	Yes	Yes	Np
St John's Hospital	800 E Carpenter St	Springfield		62702	Yes	Yes	Yes	No
St Joseph Medical Center	2200 E Washington St	Bloomington	IL	61701	Yes	Yes	Yes	No
St Joseph Memorial Hospital	2 S Hospital Dr	Murphysboro	IL.	62966	Yes	Yes	Yes	No
St Josephs Hospital	9515 Holy Cross Ln	Breese	IL.	62230	Yes	Yes	Yes	Yes
St Joseph's Hospital-Highland	12866 Troxler Ave	Highland	- IL	62249	Yes	Yes	Yes	Yes
ST Margarets Hospital	600 E 1st St	Spring Valley	IL	61362	Yes	No	Yes	Yes
St Marys Hospital	1800 E Lake Shore Dr	Decatur		62521	Yes	Yes	Yes	No
SwedishAmerican Hospital	1401 E STate St	Rockford	IL	61104	Yes	Yes	Yes	Yes
Swedish Covenant Hospital	5145 N California Ave	Chicago	IL	60625	Yes	Yes	Yes	Yes
Taylorville Memorial Hospital	201 E Pleasant St	Taylorville	IL	62568	Yes	Yes	No	No
Thomas H Boyd Memorial Hospital	800 School St	Carrollton		62016	Yes	No	No	No
Thorek Memorial Hospital	850 W Irving Park Rd	Chicago	IL	60613	Yes	Yes	Yes	Yes
Touchette Regional Hospital	5900 Bond Ave	East Saint Louis	IL	62207	Yes	No	Yes	Yes
Trinity Medical Center West	2701 17th St	Rock Island	IL.	61201	Yes	No	Yes	Yes
Trinity Moline	500 John Deere Rd	Moline	IL	61265	Yes	No	Yes	No
Union County Hospital	517 N Main St	Anna	IL	62906	Yes	No	Yes	No
UnityPoint Health-Methodist	221 NE Glen Oak Ave	Peoria	IL	61603	No	Yes	Yes	Yes
University of Chicago Medical Center	5841 S Maryland Ave	Chicago	IL.	60637	Yes	Yes	No	No
University of Illinois Hospital	1740 W Taylor St	Chicago	11,	60612	Yes	Yes	Yes	Yes
Valley West Community Hospital	11 E Pleasant Ave	Sandwich	(L	60548	Yes	Yes	Yes	Yes
Vista Medical Center East	1324 N Sheridan Rd	Waukegan	IL.	60085	Yes	Yes	Yes	White Street Street Street Street Street Street
Vista Medical Center West	2615 Washington St	Waukegan	IL	60085	Yes	Yes	Yes	Yes
Wabash General Hospital	1418 College Dr	Mount Carmel	IL	62863	Yes	No	Yes	No
Warner Hospital and Health Services	422 W White St	Clinton	IL.	61727	Yes	No	Yes	No
Washington County Hospital	705 S Grand St	Nashville	H.	62263	Yes	No	Yes	The state of the s
Weiss Memorial Hospital	4646 N Marine Dr	Chicago	IL	60640	Yes	Yes	Yes	No
Westlake Hospital	1225 W Lake St	Melrose Park	11,	60160	Yes	Yes	Yes	Yes
West Suburban Medical Center	3 Erie St	Oak Park	IL	60302	Yes	Yes	Yes	Yes

Hospital Name	Address	City	State	Zip	to mean over the same	NAME AND ADDRESS OF THE PARTY O			
Genesis Medical Center-Aledo	409 NW 9th Ave	Alego	IL	61231	Yes	No	Yes		No
Genesis Medical Center Slivis	801 (ilini Dr	Silvis	IL	61282	Yes	No	Yes		Yes
Sibson Community Hospital	1120 N Melvin St	Gibson City	IL.	60936	Yes	No	Yes		No
Blenbrook Hospital	2100 Pfingsten Rd	Glenview	IL.	60025	Yes	Yes	No		No
Gottileb Memorial Hospital	701 W North Ave	Melrose Park	IL.	60160	Yes	Yes	Yes		Yes
Graham Hospital	210 W Walnut St	Canton	IL.	61520	Yes	No	Yes		No
lamilton Memorial Hospital	611 S Marshall Ave	Mc Leansboro	IL	62859	Yes	No	Yes		
lammond-Henry Hospital	600 N College Ave	Geneseo	IL	61254	Yes	Yes	Yes		No
fardin County General Hospital	6 Ferrell Rd	Rosiciare	IL	62982	Yes	No	Yes	w 84.	No
larrisburg Medical Center	100 Dr Warren Tuttle Dr	Harrisburg	TIL.	62946	Yes	Yes	Yes		No
leartland Regional Medical Center	3333 W Deyoung St	Marion	IL.	62959	Yes	Yes			No
Herrin Hospital	201 S 14th St	Herrin	11.	62948	Yes	Yes	Yes		Yes
lighland Park Hospital	777 Park Ave W	Highland Park	1L	60035	Yes				Yes
Hillsboro Area Hospital	1200 E Tremont St	Hillsboro	11.	62049	Yes	Yes	No		No
loly Cross Hospital	2701 W 68th St	Chicago	IL	60629	Yes	No	Yes		Yes
loopeston Community Memorial Hospital	701 E Orange St	Hoopeston	IL.	60942		Yes	Yes		Yes
iopedale Medical Complex	107 Tremont St	Hopedale	IL.	61747	Yes	No	Yes	- 11	No
ISHS Holy Family Hospital	200 Health Care Dr	Greenville			Yes	Yes	Yes		Yes
lini Community Hospital	640 W Washington St	Pittsfield	IL IL	62246	Yes	Yes	Yes		Yes
linois Valley Community Hospital	925 West St			62363	Yes	No	Yes		Yes
ngalls Memorial Hospital	1 Ingalis Dr	Peru	IL .	61354	Yes	Yes	Yes		Yes
roquois Memorial Hospital	200 E Fairman Ave	Harvey	IL	60426	Yes	Yes	Yes		Yes
ackson Park Hospital		Watseka	IL.	60970	Yes	No	Yes		Yes
ersey Community Hospital	7531 S Stony Island Ave	Chicago	IL	60649	Yes	Yes	Yes		Yes
ohn H Stroger Jr Hospital of Cook Cty	400 Maple Summit Rd	Jerseyville	IL	62052	Yes	Yes	Yes		Yes
	1901 W Harrison St	Chicago	IL	60612	Yes	Yes	Yes		Yes
Katherine Shaw Bethea Hospital  Grby Medical Center	403 E 1st St	Dixon	IL	61021	Yes	No	No		No
	1111 N State St	Monticello	IL	61856	Yes	No	Yes		No
Shwaukee Community Hospital	One Kish Hospital Dr	Dekalb	IL.	60115	Yes	Yes	Yes		Yes
awrence County Memorial Hospital	2200 STate St	Lawrenceville	IL	62439	Yes	No	Yes		Yes
ittle Company of Mary Hospital	2800 W 95th St	Evergreen Park	IL.	60805	Yes	Yes	Yes		Yes
oretto Hospital	645 S Central Ave	Chicago	IL	60644	Yes	Yes	Yes		Yes
oyola University Medical Center	2160 S 1st Ave	Maywood	IL	60153	Yes	Yes	Yes		Yes
AacNeal Hospital	3249 Oak Park Ave	Berwyn	IL	60402	Yes	Yes	Yes		Yes
Aarshall Browning Hospital	900 N Washington St	Du Quoin	IL .	62832	Yes	No	Yes		No
Aason District Hospital	615 N Promenade St	Havana	IL	62644	Yes	Yes	Yes		No
Massac Memorial Hospital	28 Chick St	Metropolis	IL.	62960	Yes	No	Yes		No
AcDonough District Hospital	525 E Grant St	Macomb	{L	61455	Yes	No	Yes		No
Memorial Hospital	1454 North County Rd 2050	Carthage	1L	62321	Yes	No	Yes		No
femorial Hospital	4500 Memorial Dr	Belleville	IL	62226	Yes	Yes	Yes		No
Memorial Hospital	1900 State St	Chester	1L	62233	Yes	Yes	Yes		No
Memorial Hospital of Carbondale	405 W Jackson St	Carbondale	IL.	62901	Yes	Yes	Yes		No
Memoriai Medical Center	701 N 1ST St	Springfield	(L	62702	Yes	Yes	No		No
Aercy Harvard Hospital	901 Grant St	Harvard	IL.	60033	Yes	Yes	Yes		Yes
Mercy Hospital and Medical Center	2525 S Michigan Ave	Chicago	IL.	60616	Yes	Yes	Yes		Yes
Methodist Hospital of Chicago	5025 N Paulina St	Chicago	IL.	60640	Yes	Yes	Yes		Yes

Hospital Name	Address	City	State	Zip	Hillman PPO Harman	In their necessary		
Abraham Lincoln Memorial Hospital	200 Stahlhut Dr	Lincoln	IL.	62656	Yes	Yes	No	No
Adventist Bolingbrook Hospital	500 Remington Blvd	Bolingbrook	IL.	60440	Yes	Yes	Yes	Yes
Adventist Glen Oaks Hospital	701. Winthrop Ave	Glendale Heights	IL.	60139	Yes	Yes	Yes	Yes
Adventist Hinsdale Hospital	120 N Oak St	Hinsdale	II.	60521	Yes	Yes	Yes	Yes
Adventist La Grange Memorial Hospital	5101 Willow Springs Rd	La Grange	IL.	60525	Yes	Yes	Yes	Yes
Advocate Bromenn Medical Center	1304 Franklin Ave	Normal	IL.	61761	Yes	Yes	Yes	No
Advocate Christ Medical Center	4440 W 95th St	Oak Lawn	II.	60453	Yes	Yes	Yes	Yes
Advocate Condell Medical Center	801 S Milwaukee Ave	Libertyville	IL.	60048	Yes	Yes	Yes	Yes
Advocate Eureka Hospital	101 S Major St	Eureka	IL.	61530	Yes	No	Yes	No
Advocate Good Samaritan Hospital	3815 Highland Ave	Downers Grove	IL	60515	Yes	Yes	Yes	Yes
Advocate Good Shepherd Hospital	450 W Il Route 22	Barrington	IL	60010	Yes	Yes	Yes	Yes
Advocate Illinois Masonic Medical Center	836 W Wellington Ave	Chicago	IL.	60657	Yes	Yes	Yes	Yes
Advocate Lutheran General Hospital	1775 Dempster St	Park Ridge	IL	60068	Yes	Yes	Yes	Yes
Advocate Sherman Hospital	1425 N Randall Rd	Eigin	II.	60123	Yes	Yes	Yes	Yes
Advocate South Suburban Hospital	17800 Kedzle Ave	Hazel Crest	1	60429	Yes	Yes	Yes	Yes
Advocate Trinity Hospital	2320 E 93rd St	Chicago	IL	60617	Yes	Yes	Yes	Yes
Nexian Brothers Medical Center	800 Blesterfield Rd	Elk Grove Village	IL	60007	Yes	Yes	Yes	Yes
Alton Memorial Hospital	1 Memorial Dr	Alton	IL.	62002	Yes	Yes	No	Yes
Anderson Hospital	6800 St Hwy 162	Maryville	IL.	62062	Yes	Yes	Yes	Yes
Ann and Robert H Lurie Childrens Hospital of Chicago	225 E Chicago Ave	Chicago	IL.	60611	Yes	Yes	No	Yes
Blessing Hospital	1005 Broadway St	Quincy	IL.	62301	Yes	No	No	No
Carle Foundation Hospital	611 W Park St	Urbana	1L	61801	Yes	No	No	Yes
ariinville Area Hospital	20733 N Broad St	Carlinville	IL	62626	Yes	Yes	Yes	Yes
Centegra Hospital McHenry	4201 W Medical Center Dr	McHenry	IL.	60050	Yes	Yes	Yes	Yes
Centegra Hospital Woodstock	3701 Doty Rd	Woodstock	IL.	60098	Yes	Yes	Yes	Yes
Central DuPage Hospital	25 N Winfield Rd	Winfield	II.	601.90	Yes	Yes	Yes	No
XGH Medical Center	100 E Le Fevre Rd	Sterling		61081	Yes	No	Yes	No
Clay County Hospital	911 Stacey Burk Dr	Flora	IL.	62839	Yes	No	Yes	No
Community First Medical Center	5645 W Addison St	Chicago	1L	60634	Yes	Yes	Yes	Yes
Community Memorial Hospital	400 N Caldwell St	Staunton	IL.	62088	Yes	No	Yes	Yes
Crawford Memorial Hospital	1000 N Allen St	Robinson	11.	62454	Yes	No	Yes	No
Crossroads Community Hospital	8 Doctors Park Rd	Mount Vernon	IL	62864	Yes	Yes	Yes	No
Decatur Memorial Hospital	2300 N Edward St	Decatur	IL.	62526	Yes	Yes	Yes	No
Delnor Community Hospital	300 Randall Rd	Geneva	II.	60134	Yes	Yes	Yes	Yes
dward Hospital	801 S Washington St	Naperville	IL.	60540	Yes	Yes	Yes	Yes
Imhurst Memorial Hospital	155 E Brush Hill Rd	Elmhurst	IL	60126	Yes	Yes	Yes	Yes
Evanston Hospital	2650 Ridge Ave	Evanston	IL	60201	Yes	Yes	No	No No
airfield Memorial Hospital	303 NW 11th St	Fairfield	ĪL	62837	Yes	Yes	Yes	No
ayette County Hospital	650 W Taylor St	Vandalia	1L	62471	Yes	No	Yes	No
errell Hospital	1201 Pine St	Eldorado	11.	62930	Yes	Yes	Yes	No
HN Memorial Hospital	1045 W Stephenson St	Freeport	1L	61032	Yes	No	Yes	Yes
Franciscan Health Chicago Heights	1423 Chicago Rd	Chicago Heights	IL	60411	Yes	Yes	Yes	Yes
ranciscan Health Olympia Fields	20201 Crawford Ave	Olympia Fields	H.	60461	Yes	Yes	Yes	Yes
ranklin Hospital	201 Bailey Ln	Benton	/L	62812	Yes	Yes	Yes	No
Sateway Regional Medical Center	2100 Madison Ave	Granite City	IL	62040	Yes	Yes	Yes	Yes

Key Indicators **Contribution Modeling** Prepared for: Kendall County Renewal January 2019 - UHC Rates Presented By: Michael E. Wojcik mike.wojcik@thehortongroup.com Phone: 708-845-3126 / Cell: 708-650-1557 300 400 500 500 700 800 900 1000 1100 1200 1300 1400 1500 1600

### **Kendall County**

## CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - UHC RENEWAL - Assumes Wellness Participation

	U1/2018 Relies							
and the same of th	EE	EE + SP	EE+C	Family				
HMO 500	\$738.29	\$1,753,47	\$1,763.47	\$1,753.47				
H.S.A	\$771,17	91,831.55	\$1,831,55	\$1,881,55				

	1/1/2019 Rates						
	EE	EE+8P	EE+C	Family	AV Calc		
HI4O 500	\$863.15	\$2,028.27	\$2,028.27	\$2,028.27	90.1%		
H.S.A.	\$891.14	82,116.46	\$2,119.40	12.11h/45	81.5%		

\$4,305,768.72

**Grand Total** 

Current	Renewal		1/1/2011	1 Ration		1/1/2011	Rafes	
HMO 500	HMO 500				EE			EE
Participation			ER	ÆÆ	% of Total	ER	EE	% of Total
35	35	EE	\$864.47	\$73.82	10,00%	\$767.85	\$85.30	10.00%
4	4	ES	\$1,208.96	\$544.51	31.05%	\$1,397.05	\$829.22	31.05%
4	4	EC	\$1,208.96	\$544.51	31,05%	\$1,397.05	\$629.22	35.05%
14	14	Family	\$1,208.96	\$544.51	31.05%	\$1,397.05	\$629.22	31.05%
H.S.A	H.S.A				EE			EE
Participation			ER	EE	% of Total	ER	==	% of Total
111	111	EE	\$894.06	\$77.11	10,000	\$802,03	\$89.11	10.00%
17	17	ES	\$1,262.80	\$568.75	31.05%	\$1,459.25	\$657.23	31.05%
10	10	EC	\$1,262.80	\$568.76	31.05%	\$1,459.25	\$657.23	31.65%
87	87	Family	\$1,262.80	\$668.75	31.05%	\$1,459.25	\$857,23	31.05%

	Total III Izona	Contributions	Contributions		
	ER	EE	ER	EE	
	\$279,077.40	\$31,004.40	\$322,497.00	\$35,828.00	
	\$58,030.08	\$26,138.48	\$67,058.40	\$30,202.56	
	\$58,030.08	\$26,136.48	\$87,058.40	\$30,202.56	
	\$203,105.28	\$91,477.08	\$234,704.40	\$105,708,98	
	ËR	BE .	ER	BB	
	\$924,487.92	\$102,710.52	\$1,068,303.98	\$118,894,52	
	\$257,611.20	\$116,025.00	\$297,687.00	\$134,074.92	
	\$151,536.00	\$68;250.00	\$175,110.00	\$78,867.00	
	\$1,318,363.20	\$593,775,00	\$1,523,457.00	3686.148.12	
Premium Only	\$3,250,241.16	\$1,056,515.58	\$3,755,876.16	\$1,219,725.24	
ER% EE%	75.49%	24.51%	75.40%	24.51%	

Affordability Test	- 10
Employee only - Renewal Monthly Contribution	\$85.30
Annual Contribution	51,023 60
Annual Salary at 9.86% of contribution	\$10,381

282

**Total Employees** 

Months 12

\$4,975,601.40 15.56% Change in Total Cost

Total 1/1/2019



## **Kendail County**

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - UHC RENEWAL ALTERNATE - Assumes Wellness Participation

	1/1/2010 Rates							
*	EE	EE+8P	EE+C	Family				
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753,47				
H.S.A	\$271,17	\$1,831.56	\$1,831,55	\$1,831,55				

		1/1/201	9 Rates		
	EE	EE+8P	EE+C	Family	AV Cal
HMO 500	\$822,51	\$1,751.95	\$1,513.43	\$2,327.71	90.1%
H.S.A	\$825,11	\$1.757.49	\$1,518.21	\$2,335.07	81.5%

Current	Renewal		1/1/201	Rates		1/1/201	Rotes	
HMO 500	HMO 500				EE	_		EE.
Participation			ER	EE	% of Total	ER	EE	% of Total
36	35	EE	\$864.47	\$73.82	10.00%	\$740.27	\$82.24	10.00%
24	4	ES	\$1,208.96	\$544.51	31.05%	\$1,246.10	\$605.86	20.87%
4	4	EC	\$1,208.96	\$544.51	31.05%	\$1,126,84	\$388.69	25.54%
14	14	Family	\$1,208.96	\$544.55	31.05%	\$1,533.98	5793.73	34,10%
H.S.A	H.S.A				EE			EE
Participation			ER	EE	% of Total	er -	EE	% of Total
111	111	EE	\$694.06	\$77.11	10.00%	\$742.61	\$82.50	10.00%
17	17	E8	\$1,282.80	\$668.75	31.05%	\$1,250.04	\$507.45	21 57%
10	10	EC	\$1,282,80	\$568.75	31.05%	\$1,130.40	\$387.81	2515416
87	87	Family	\$1,262.80	\$588.75	31.05%	\$1,538.83	\$758.24	34 10%

	Total 1/1/2018	Contributions	Total 1/1/2019 Contributions		
	ER	EE	ER	<b>E</b> E	
	\$279,077.40	\$31,004.40	\$310,913.40	\$34,540.80	
	\$58,030.08	\$26,136.48	\$59,812.80	\$24,280.80	
	\$58,030.08	\$28,138.48	\$54,088.32	\$18,568.32	
	\$203,105.28	\$91,477.68	\$257,708.64	\$133,346.64	
	ER	Œ	ER	EE	
	\$924,487.92	\$102,710.52	\$989,156.52	\$109,890.00	
	\$257,611,20	\$116,025.00	\$255,008.16	\$103;519.80	
	\$151,538.00	\$68,250.00	\$135,648.00	\$48,537.20	
	\$1,318,363.20	\$593,775,00	\$1,606,538.62	\$831,274.56	
Premium Only	\$3,250,241.18	\$1,056,515.56	\$3,668,874.36	\$1,301,946.12	
ER%/EE%	75.49%	24.51%	73.81%	26.19%	
<b>Grand Total</b>	\$4,306,756.72			,820.48	

Affordability Test	V Jag
Employee only - Renewal Monthly Contribution	582.74
Annual Contribution	\$986.88
Annual Salary at 9.86% of contribution	\$10,000

282

**Total Employees** 

Months:

15.45% Change in Total Cost



## **Kendali County**

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - UHC RENEWAL - Assumes Wellness Participation

	1/1/2018 RANKS							
and the same	EE	EE + SP	EE+C	Family				
MAC 500	\$738.29	\$1,753.47	\$1,763.47	\$1,763.47				
H.S.A.	\$775:57	\$1,831,65	\$1,831.55	91.834.55				

		1/1/201	9 Rates		
77	EE	EE+SP	EE+C	Family	AV Calc
HMO 500	\$853.15	\$2,026.27	\$2,026.27	\$2,026.27	90.1%
H.S.A	\$891.14	\$2,116.48	\$2,116.48	\$2,116.48	81.5%
HBA \$3500	\$755.02	\$1,790.19	\$1,793,19	\$1,793,19	

Months 12

Current	Renewal		1/1/201	l Ratis		1/1/201	9 Ratus	i i
HMO 500	HMO 500				EE			EE.
Participation			ER	EE.	% of Total	ER	EE	% of Total
35	35	EE	\$884.47	\$73.82	10.00%	\$787.85	\$85.30	10.00%
4	4	E8	\$1,208.98	\$544.51	31.05%	\$1,397.05	\$629.22	31.05%
4	4	EC	\$1,208.98	\$544.51	31.05%	\$1,397.05	\$829.22	31.05%
14	14	Family	\$1,208.98	\$544.51	31.05%	\$1,397.05	\$629.22	31 05%
H.S.A	H.S.A				EE			EE
Participation			ER	EE	% of Total	ER	EE	% of Total
111	100	EE	\$694.06	\$77.11	10.00%	\$802.03	\$89.11	10.00%
17	15	E8	\$1,262.80	\$568.75	31,05%	\$1,459.25	\$657,23	31.05%
10	9	EC	\$1,262.80	\$568.75	31.05%	\$1,459.25	\$657.23	31.05%
87	78	Family	\$1,262.80	\$568.75	31.05%	\$1,459,25	\$657.23	31.05%
	HSA \$3500				EE			EE
Participation			ER	EE	% of Total	ER	EE	% of Total
	11	EE				\$679.62	\$75,50	10.00%
	2	ES				\$1,236.35	\$568.84	31105%
	1	EC				\$1,238.35	\$558.84	31.05%
	9	Family				\$1,238.35	\$556.64	31.05%

	Total 1/1/2018	Contributions	Total 1/1/2019 Contributions		
	ER	EE	ER	EE	
	\$279,077.40	\$31,004.40	\$322,497,00	\$35,826,00	
	\$58,030.08	\$26,136.48	\$67,058.40	\$30,202.56	
	\$58,030.08	\$26,136.48	\$67,058.40	\$30,202,58	
	\$203,105.28	\$91,477,08	\$234,704.40	\$106,700.00	
	ER	EE .	ER	EE.	
	\$924,487.92	\$102,710.52	\$982,436.00	\$106,932.00	
	\$257,811.20	\$116,025.00	\$262,665.00	\$118,301.40	
	\$151,536.00	\$68,250.00	\$157,599.00	\$70,980.84	
	\$1,318,363.20	\$593,775.00	\$1,385,858.00	3615,167,28	
	歌	EE	ER	EE	
	\$0.00	\$0.00	\$89,696.64	\$9,960.00	
	\$0.00	\$0.00	\$29,672.40	\$13,364.16	
	\$0.00	\$0.00	\$14,836.20	\$6,602:08	
	\$0.00	\$0.00	\$133,525.80	\$50,138,72	
remium Only	\$3,250,241.16	\$1,056,515.58	\$3,707,807.24	\$1,203,472.56	
ER%/ EE%	75.49%	24.51%	75.49%	24.51%	
Council Tested	04.005	700 70	04.044		

Grand Total \$4,305,756.72 \$4,911,079.80 14.06% Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly Contribution	\$75.50
Annual Contribution	\$906.00
Annual Salary at 9.86% of contribution	\$9,169

282

**Total Employees** 

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.



# **Kendall County**

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - UHC RENEWAL - Assumes Wellness Participation

EE % of Total 10.00% 31 05%

31.05%

31.05%

EII

% of Total

10.00%

31.05%

21.05%

31.05%

88

% of Total

10.00% 31.055 31.05% 31.05%

**Grand Total** 

		1/1/2018	Rojen	
r =	Æ	EE + 8P	EE+C	Family
HIMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753,47
H.S.A	. \$271.17	\$1,831.55	\$1,831.55	\$1,831,55

2		1/1/201	9 Rates		
1	EE	EE + 8P	EE+C	E-th-	
HMO 500	\$853.15	\$2,026.27	\$2,026.27	Family	AV Cal
H.B.A	\$891.14	\$2,118.48	\$2,116.48	\$2,026.27	90.1%
HSA \$2800	\$798,43	\$1,896,29	\$1,896,29	\$2,116.48	81.5%

\$4,305,756.72

Current HMO 500	Ranowal HMO 500
Participation	
35	36
4	4
4	4.0

12

14

H.S.A

100

15

9

78

HSA \$2800

11

2

282

Months

H.S.A

**Participation** 

111

17

10

87

**Participation** 

**Total Employees** 

	3/1/201	8 Rates		1/1/201	9 Rates
EE ES EC Family	ER \$664.47 \$1,208.96 \$1,208.96 \$1,208.98	\$73.82 \$544.51 \$544.51 \$544.51	% of Total 10.00% 31.05% 31.05% 31.05%	\$767.85 \$1,397.06 \$1,397.05 \$1,397.05	\$85.30 \$629.22 \$829.22
EE ES EC Family	ER \$694.06 \$1,262.80 \$1,262.80 \$1,262.80	\$77.11 \$668.75 \$668.75 \$568.75	EE % of Total 10.00% 31.05% 31.05% 31.05%	ER \$802,03 \$1,459,25 \$1,459,25 \$1,459,25	\$829.22 EE \$89.11 \$657.23 \$657.23
EE ES EC Family	ER	E.	EE % of Total	ER \$718.59 \$1,307.44 \$1,307.44	EE

	_			
	Total 1/1/20	8 Contributions	Total Cont	1/1/2010 ributions
1	ER	EE	ER.	195
	\$279,077.40	\$31,004.40	\$322,497.00	\$35,826,00
	\$58,030.08	\$26,136.48	\$67,058.40	\$30,202.56
	\$58,030.08	\$26,136.48	\$87,068.40	\$30,202.56
	\$203,106.28	\$21,477,68	\$234,704,40	\$105,708.96
	ER	EE	ER	
	\$924,487,92	\$102,710.52	\$962,436.00	\$106,932.00
	\$257,611,20	\$116,025,00	\$262,665.00	
	\$151,536.00	\$66,250.00	\$157,599.00	\$118,301.40
	\$1,318,363.20	\$693;775.06	\$1,365,858.00	\$70,980:84
	ER	EE	ER	
	\$0.00	\$0.00	\$94,853.88	\$40 500 co
	\$0.00	\$0.00	\$31,378.56	\$10,538.88
	\$0.00	\$0.00	\$15,689.28	\$14,132,40
	\$0.00	\$0.00	\$141,203,52	\$7,096.20 \$83,695.80
				2002000
Premium Only	\$3,250,241,16	\$1,055,515.58	\$3,723,001.44	\$1,208,654.88
ER%/EE%	75.49%	24,51%	75.49%	24,61%
Grand Total	\$4.205	750 70		

Affordability Test	
Employee only - Renewal Monthly Contribution	\$79.84
Annual Contribution	\$958.08
Annual Salary at 9.86% of	50.717

\$4,931,656.32 14.54% Change in Total Cost

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

# Kendall County

# PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - UHC RENEWAL ALTERNATE - Assumes Wellness Participation

	1 1/20101 EE + SP	EE+C	Family
20	\$1,753.47	\$1,753.47	\$1,763.47
	41-114	\$1.831.56	\$1,831,55
	.29	40-1/4	en 831 56

		111/201	Rates		
-	FIE .	EE+SP	EE+C	Family	AV Cale
r	\$822.51	\$1,751.95	\$1,513.43	\$2,327.71	90.1%
HIMO 500	\$825.11	\$1,757.49	\$1,518.21	\$2,335.07	81.5%
H.S.A;	\$699.08	\$1,489.94	\$1,289,32	\$5,978,49	

			111/201	Rates		1/1/2019	Ration	
Current HNAO 500 Participation 35 4 4 14 H.S.A Participation 111 17 10	Renewal HMO 600 35 4 4 14 HLS.A 100 15 9 78	EE ES EC ES EC Family	ER \$664.47 \$1,208.96 \$1,208.96 \$1,208.96 ER \$694.06 \$1,262.80 \$1,262.80 \$1,262.80	EE \$73.82 \$644.51 \$644.51 \$645.51 \$68.76 \$68.76 \$68.75	% of Total 10.00% 31.05% 31.05% 31.05% EE % of Total 10.00% 31.05% 31.05% 31.05%	ER \$740.27 \$1,248.10 \$1,126.84 \$1,533.98 ER \$742.61 \$1,250.04 \$1,130.40 \$1,538.83	\$82,24 \$805.85 \$388.59 \$793.73 EE \$82,50 \$807,45 \$387.81	EE % of Total 10.00% 28.87% 25.54% 34.10% EE % of Total 10.00% 28.87% 25.54% 24.10% EE
Participation	HSA \$3500 11 2 1	EE ES EC Family	ER	EE .	% of Total	\$829.17 \$1,069.11 \$967.75 \$1,303.79	\$69.94 \$429.93 \$328.57 \$674.81	% of Total 10.00% 28.87% 25.54% 34.10%

===	ota) 1/1/2018 Co	ntributions	Total 1/12 Contribut	
	ER \$279,077.40 \$58,030.08 \$58,030.08 \$203,105.28	\$26,136.48 \$26,136.48 \$26,136.48	ER \$310,913.40 \$59,812.80 \$54,088.32 \$267,708.84	EE \$34,640.80 \$24,280.80 \$18,556.32 \$135,940.04
	ER \$924,487.92 \$257,811.20 \$151,536.00 \$1,318,363.20	\$102,710.52 \$110,025.00 \$68,260.00 \$693,776.00	ER \$891,132.00 \$225,007.20 \$122,083.20 \$1,440,344.88	\$60,000.00 \$61,341.00 \$41,883.48 \$745.280.84
	ER \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	ER \$83,050.44 \$25,418.64 \$11,493.00 \$140,809.32	\$8,228.12 \$10,318.32 \$9,942.84 \$72,857.88
Premium Only ER%/ EE% Grand Total		\$1,056,515.68 24.51% 3,756.72		\$1,284,576.84 28.18% 3,438.68 <b>95%</b>

13.95% Change in Total Cost

Affordability Test	
Employee only - Renewal Monthly	\$69.91
Contribution  Annual Contribution	\$838.92
Annual Salary at 9,56% of contribution	58,508

282

**Total Employees** 

Exhibit assumes 18% migration from current HSA plen to HSA \$3500 plan.



### **Kendall County**

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - UHC RENEWAL ALTERNATE - Assumes Wellness Participation

Auto	BE .	EE + SP	EE+C	Family
HMO 600	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A.	\$771.17	\$1,831.55	\$1,831.66	\$1,831,55

EE+SP	EE+C	Family	AV Calc
\$1,761.96	\$1,513.43	\$2,327.71	90,1%
\$1,757.49	\$1,518.21	\$2,335.07	81.5%
\$1,574.05	\$1,360.27	\$3,002.14	
	\$1,757.49	\$1,757.49 \$1,518.21	\$1,757.49 \$1,518.21 \$2,335.07

\$4,305,758.72

**Grand Total** 

	-	-		
Months			45	
			LZ.	

Current	Rangwaj		1117264	FRates		1/1/201	Rates	Ī
HMO 500	HMO 500							EE
Participation			ER	EE.	% of Total	ER	EE	% of Total
35	35	EE	\$884.47	\$73.82	10.00%	\$740.27	\$82.24	10.00%
4	4	E8	\$1,208.96	\$644.61	31.05%	\$1,246,10	\$505.86	28.67%
4	4	EC	\$1,208.96	\$544.51	31.05%	\$1,128,84	\$386.59	25,5456
1,5	14	Family	\$1,208.96	\$544.51	31.05%	\$1,533,98	\$793,73	34 10%
H.S.A	H.S.A			77	EE			EE
Participation			ER	EE	% of Total	ER	EE	% of Total
111	100	EE	\$694.06	\$77.11	10.00%	\$742.81	\$82.50	10.00%
17	15	ES	\$1,262.80	\$568.75	31.05%	\$1,250.04	\$507.45	20.57%
10	9	EC	\$1,262.80	\$568.76	31.06%	\$1,130.40	\$387.81	25.54%
87	78	Family	\$1,262.80	\$568.75	31:05%	\$1,638.83	\$7796.24	34.10%
	HSA \$2800				EE		300520 9	EE
Participation			ER	EE	% of Total	<u>ER</u>	EE	% of Total
Section in contract	11	EE			-	\$685.34	\$73.93	10.00%
	2	ES				\$1,120.00	\$454.86	28.87%
3 - 7	3	EC				\$1,012.81	\$347.48	25.54%
W- 20 V	9	Family				\$1,378,74	\$713.40	34,10%

	Total 1/1/2018	Contributions	Total 1/1/2019 Contributions		
	ER	EE	ER	EE	
	\$279,077.40	\$31,004.40	\$310,913.40	\$34,540.80	
	\$58,030.08	\$26,138.48	\$59,812.80	\$24,280.80	
	\$68,030.08	\$26,136.48	\$54,088.32	\$18,556.32	
	\$203,105.28	\$91,477,08	\$257,708.64	\$133,340.64	
	ER	Œ	ER	Œ	
	\$924,487.92	\$102,710.52	\$891,132.00	\$99,090.00	
	\$257,611.20	\$116,025.00	\$225,007.20	\$91,341.00	
	\$151,536.00	\$88,260.00	\$122,083.20	\$41,883.48	
	\$1,318,363.20	\$503,775.00	\$1,440,344.88	\$746,289.64	
	ER	EE	ER	EE	
	\$0.00	\$0.00	\$87,824.88	\$9,758.76	
	\$0.00	\$0.00	\$26,880.00	\$10,911.60	
	\$0.00	\$0,00	\$12,153.72	\$4,169.52	
	\$0.00	\$0.00	\$148,903.92	\$77,047.20	
remium Only	\$3,250,241.16	\$1,056,516,56	\$3,636,862,96	\$1,290,116.76	
ER%/ EE%	75.49%	24,51%	73.82%	28.18%	

Affordability Test	
Employee only - Renewal Monthly Contribution	\$73.93
Annual Contribution	\$887.16
Annual Salary at 9.86% of contribution	\$8,998

282

**Total Employees** 

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.



\$4,926,969.72 14.43% Change in Total Cost

Key Indicators Contribution Modeling Prepared for: Kendall County Renewal January 2019 - BCBS Rates Presented By: Michael E. Wojcik mike.wojcik@thehortongroup.com Phone: 708-845-3126 / Cell: 708-650-1557 200 399 400 500 600 700 800 900 1000 1100 1200 1300 1400 1500 1600

## **Kendall County**

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - BCBS QUOTE - Assumes Wellness Participation

		1/1/2015	Rates	
	EE	EE + 8P	EE+C	Family
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47
H.S.A	\$771,17	\$1,831.56	\$1,831,55	\$1,831,56

		1/1/201	9 Ratus		
	EE	EE+SP	EE+C	Family	AV Calc
HMO 500	\$802.83	\$1,507.03	\$1,507.03	\$1,507.03	90.1%
H.S.A	\$767.98	\$1,919,92	\$1,919.92	\$1,919.92	81.5%

\$4,305,766.72

**Grand Total** 

Current	Renewal		1/1/201	Rates		1/1/2019	Rates	
HMO 500	HMO 500				EE			EE
Participation			ER	EE	% of Total	ER	EE	% of Total
36	35	EE	\$884.47	\$73.82	10.00%	\$542.55	\$60.28	100000
-4	4	E\$	\$1,208.96	\$544.51	31.95%	\$1,024.79	\$482,24	3200%
4	4	EC	\$1,208.98	\$544.51	31.95%	- \$1,024.79	\$482.24	37.00%
14	14	Family	\$1,208.96	\$544.51	31.05%	\$1,024.79	\$482,24	32.00%
H.S.A	H.S.A				EE-		26.321-26.3	EE
Participation			ER	22	% of Total	ER	[ [ ] [ ]	% of Total
111	111	EE	\$694.06	\$77.11	10.00%	\$891.19	\$76.79	10.00%
17	17	ES	\$1,262.80	\$568.75	31.05%	\$1,305.56	\$614.37	32.00%
10	10	EC	\$1,262.80	\$588.75	31.00%	\$1,306.55	\$614.37	32.00%
87	87	Family	\$1,262.80	\$668.75	31.05%	\$1,305.56	2814.37	32.00%

	Total 1/1/2016			/1/2019 outlons
	ER	ii =	ER	5E
	\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60
	\$58,030.08	\$26,136.48	\$49,189.92	\$23,147.52
	\$58,030.08	\$26,136.48	\$49,189.92	\$23,147.52
	\$203,106.28	\$91,477.68	\$172,164.72	\$81,016,32
	ER	EE	ER	EE
	\$924,487.92	\$102,710.52	\$920,665.08	\$102,284.28
	\$257,811.20	\$116,025.00	\$286,332.20	\$125,331.48
	\$151,536.00	\$68,250.00	\$158,686.00	\$73,724.40
	\$1,318,363.20	\$593,775.00	\$1,382,994.20	\$641,402.28
Premium Only	\$3,250,241.16	\$1,055,515.56	\$3,205,073.04	\$1,095,371.40
ERK/ EEK	75.49%	24.51%	74.63%	25,47%

Affordability Test	-
Employee only - Renewal Monthly Contribution	560 28
Annual Contribution	\$723.36
Annual Salary at 9.86% of contribution	\$7,338

282

**Total Employees** 

Months 12

\$4,300,444.44 -0.12% Change in Total Cost

HORTON

## **Kendall County**

# PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2/016 Rates					
	EE	EE + 8P	EE+C	Family		
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47		
H.S.A	\$771.17	\$1,831,55	\$1,831,55	\$1,831.55		

		1/1/201	9 flates		
	Œ	EE + SP	EE+C	Family	AV Calc
HMO 500	\$602.83	\$1,165.27	\$1,118.25	\$1,730.12	90.1%
A.S.H	\$738,03	\$1,484.51	\$1,424.60	\$2,204.10	81.5%

Total 1/1/2018 Contributions

ER%/ EE%

**Grand Total** 

Current	Renewal		huzuti	bikates		1/1/201	9 Rates	
HMO 500 Participation	HIMO 500		ER	EE	EE % of Total	ER		EE % of Total
36	35	EE	\$864.47	\$73.82	10.00%	\$542.55	\$60.26	10.00%
4	4	ES	\$1,208.96	\$544.51	31.05%	\$853.91	\$311.36	26.72%
4	4	EC	\$1,208.98	\$544.51	31.05%	\$830.40	\$287.85	25.74%
14	14	Family	\$1,208.98	\$644.51	31.05%	\$1.136.33	\$593.79	34 32%
H.S.A	H.S.A			2.00.00	EE	71,11111	3.047 14	EE
Participation			ER	===	% of Total	ER -	BE	% of Total
111	111	EE	\$694.06	\$77.11	10.00%	\$664,23	\$73.80	10.00%
17	17	ES	\$1,262.80	\$568.75	31.05%	\$1,074,37	\$410.14	27.63%
10	10	EC	\$1,262.80	\$568.75	33.05%	\$1,044,41	\$380.19	26.69%
87	87	Family	\$1,262.80	\$568.75	31.05%	\$1,434.16	\$7,69.94	34,93%

	THE VIEW	Secretary of the second	Contributions			
	ER	EE	ER	ĒE		
	\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60		
	\$58,030.08	\$26,136.48	\$40,987.68	\$14,945.28		
	\$58,030.08	\$26,136.48	\$39,859.20	\$13,816.80		
	\$203,105.28	\$91,477.68	\$190,903.44	\$99,758.72		
	ER	EE .	ER	EE		
	\$924,487.92	\$102,710.52	\$884,754.38	\$98,301.60		
	\$257,611.20	\$116,026.00	\$219,171.48	\$83,668.56		
	\$151,538.00	\$68,260.00	\$125,329.20	\$45,622.80		
	\$1,318,363.20	\$593,775.00	\$1,497,263.04	\$803,817,36		
<b>Premium Only</b>	\$3,250,241.16	\$1,056,515.58	\$3,226,139.40	\$1,186,248.72		

24,51%

\$4,305,756.72

Affordability Test	-
Employee only - Renewal Monthly Contribution	\$60.28
Annual Contribution	\$723.38
Annual Salary at 9.56% of contribution	\$7,336

282

**Total Employees** 

Months 12

\$4,411,385.12 2.45% Change in Total Cost

73.13% 28.87%

Total 1/1/2019

HORTON

### **Kendali County**

### CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - BCBS QUOTE - Assumes Weliness Participation

								HSA \$3500	\$860.63	\$1,651.58	\$1,851.58	\$1,651,68	
Months	12												
Hotels	75												
Current	Renewal		1/1/201	0 Rates		111/20	19 Rates			Total 1/1/2018	Contributions	Total t Contrit	
HINO 500	HMO 500				<u> </u>			EE				- 40,000	
Participation			ER	EE	% of Total	ER	EE	% of Total		F	EE	ER	EE
36	36	EE	\$884.47	\$73.82	10.00%	\$542.55	\$60.28	10.00%		\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60
4	24	ES	\$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%		\$58,030.08	\$28,136,48	\$49,189,92	\$23,147.52
4	4	EC	\$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.60%		\$58,030.08	\$26,136.48	\$49,189.92	\$23,147,52
14	14	Family	\$1,208.96	\$544.51	31.05%	\$1,024.79	\$482.24	32.00%		\$203,105.28	\$91,477,68	\$172,164.72	\$81,018,32
H.S.A	H.S.A				EE			EE					12465 ,
Participation			ER	EE	% of Yotal	ER	EE	% of Total		<b>=</b> R	45	ER	FE
111	100	EE	\$694.06	\$77.11	10.00%	\$691.19	\$76.79	10:00%		\$924,487.92	\$102,710.52	\$829,428.00	\$92,148.00
17	15	ES	\$1,282.80	\$568.75	31.05%	\$1,306.55	\$814.37	32.00%		\$257,611.20	\$116,025.00	\$234,999.00	\$110,588.60
10	9	EC	\$1,262.80	\$568.76	31.05%	\$1,305.55	\$614.37	32 00%		\$151,536.00	\$68,250.00	\$140,999.40	\$66,351.96
87	78	Family	\$1,262.80	\$568.75	31.05%	\$1,306.65	\$914-37	32.00%		\$1,318,363.20	\$593,775.00	\$1,221,994.80	\$575,050.32
	HSA \$3500				EE			EE					34:124:11
Participation			ER	EE	% of Total	ER	=======================================	% of Total		ER	EE	ER	
	11	ÉE				\$594.57	\$66.06	10.00%		\$0.00	\$0.00	\$78,483.24	\$8,719.92
	2	ES				\$1,123.07	\$628,51	32.00%		\$0.00	\$0.00	\$26,953.68	\$12,684.24
	1	EC				\$1,123.07	\$528.51	32.00%		\$0.00	\$0.00	\$13,476.84	\$6,342.12
	9	Family				\$1,123.07	\$528.51	32.00%		\$0.00	\$0.00	\$121,291.56	\$57,079.08
Total Employees	282								Premium Only	\$3,250,241.16	\$1,055,515.58	\$3,186,042.08	\$1,081,591.20
									ER%/ EE%	75.49%	24.51%	74.54%	25,48%

Affordability Test
Employee only - Renewal Monthly
Contribution \$723.36
Annual Contribution \$723.36
Annual Salary at 9.85% of \$7,336

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.

1/1/2018 Rates

EE+C

\$1,763.47

\$1,831,66

Family

\$1,753.47

\$1,831,55

EE+SP

\$1,753.47

\$1,831.66

ΕĘ

\$738.29

\$771,17

HMO 500

H.S.A.



\$4,247,633.28 -1.35% Change in Total Cost

1/1/2019 Rates

\$4,305,756.72

EE+C

\$1,607.03

\$1,919.92

Family

\$1,607.03

\$1,919.92

**AV Calc** 

90.1%

81.5%

EE+SP

\$1,507.03

\$1,919.92

EE

\$602.83

\$767.98

**Grand Total** 

HIMO 500

H.S.A

## **Kendall County**

CURRENT PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (2 Tier) - BCBS QUOTE - Assumes Wellness Participation

		1/1/2010	Titles				1/1/201	9 Rates	-
-	EE	EE + SP	EE+C	Family		EE	EE+SP	EE+C	Fan
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47	HMO 500	\$602.83	\$1,507.03	\$1,507.03	\$1,507
H.S.A	\$771.17	\$1,831.55	\$1,831.55	\$1,831,55	H.S.A	\$767.98	\$1,919.92	\$1,919.92	\$1,919
					HSA \$2800	\$693,66	\$1,734,16	\$1,734.16	\$1,734.1

Current	Renewal		(/1/20)	6 Rajos		1/1/201	9 Rates			Total 121/2018	Contributions		/1/2019 butions
HIMO 500	HIMO 500				EE			EE				S. Aller State	WINDSHIP OF THE PROPERTY OF TH
Participation			ER	EE	% of Total	ER	3 2	% of Total		ER	DE	ER	EE
35	35	EE	\$664.47	\$73.82	10.00%	\$542.55	\$60.28	10.00%		\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60
4	:4	ES	\$1,208.98	\$544.51	31.05%	\$1,324.79	\$482.24	32.00%		\$58,030.08	\$26,136,48	\$49,189,92	\$23,147.52
4	4	EC	\$1,208.96	\$544.51	31,05%	\$1,024.79	\$482.24	32.00%		\$58,030.08	\$28,138.48	\$49,189,92	\$23,147.52
1/4	14	Family	\$1,208.98	\$544,51	31,05%	\$1,024.79	\$482,24	32.00%		\$203,105.28	\$91,477.68	\$172,164.72	
H.S.A	H.S.A			40	EE			EE		9200,100.20	401,471,00	\$172,104.72	\$81,018,32
Participation			ER	日日	% of Total	ER	EE	% of Total		ER	EE	ER	EE.
111	100	EE	\$894.06	\$77.11	10.00%	\$691.19	\$76.79	10.00%	1	\$924,487.92	\$102,710.52	\$829,428.00	
17	15	E8	\$1,262.80	\$568.75	31.05%	\$1,305.55	\$614.37	32.00%		\$257,811.20	\$116,025.00		\$92,148.00
10	9	EC	\$1,262.80	\$588.75	31.05%	\$1,305.55	\$614.37	32.00%		\$151,536,00		\$234,999.00	\$110,586.60
87	78	Family	\$1,262.80	\$568.75	31.05%	\$1,306.65	\$614,37	32 00%			\$68,250.00	\$140,989.40	\$66,351.96
	HSA \$2800			South	EE	<b>41,000.00</b>	26 (25%)	EE		\$1,318,383.20	\$593,775,00	\$1,221,994.80	\$575,050.32
Participation			ER	EE	% of Total	ER	EE	% of Total		ritera.	-		
F-117-2-5	11	EE			- Contraction of the last	\$824.29	\$69.37	10.00%	ľ	ER	EE	ER	EE
	2	ES				\$1,179.23	\$564.93	32.00%		\$0.00	\$0.00	\$82,408.28	\$9,158.84
	1	EC						VARIOUS N		\$0.00	\$0.00	\$28,301.52	\$13,318.32
	9	Family				\$1,179.23	\$554.93	32.00%		\$0.00	\$0.00	\$14,150.78	\$6,659.16
		rorimy			- "	\$1,179.23	\$554.93	32.00%	2	\$0.00	\$0.00	\$127,356.84	\$59,932.44
Total Employees	282								Premium Only	82.050.044.40		l	
											\$1,065,515.56	\$3,178,052.16	\$1,085,832.60
									ER%/ EE%	75.49%	24.51%	74.53%	25.47%
									Grand Total	\$4,306	,756.72	\$4,263	,884.78

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60,28
Annual Contribution	\$723.36
Annual Salary at 9.86% of contribution	\$7,336

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.



-0.97% Change in Total Cost

## **Kendall County**

### PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - BCBS QUOTE - Assumes Welfness Participation

		1/1/2018	Rates				1/1/201	9 Rates	
	EE	EE+SP	EE+C	Family		<b>35</b>	EE+SP	EE+C	Family
HMO 500,	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47	HMO 500	\$802.83	\$1,165.27	\$1,118.25	\$1,730.
H.S.A	\$771,17	\$1.831.55	\$1,831,55	\$1,831.55	H.S.A.	\$738.03	\$1,484.51	\$1,424.60	\$2,204.
					H8A \$3600	\$660.63	\$1,277.00	\$1,225.47	\$1,896.

Current	Renewal		1717201	l Ratus		1/1/201	Ratus			Total 1/1/2018	Contributions	Total 1 Contrit	/1/2019 jutions
HMO 500	HMO 500				EE			EE					
Participation			ER	EE	% of Total	ER	EE	% of Total		ER	EE	ER	(BE
35	35	EE	\$864.47	\$73.82	10.00%	\$542.55	\$60.28	10.00%	1	\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60
4	(4)	ES	\$1,208.96	\$544.51	31.05%	\$853.91	\$311.36	26,72%		\$58,030.08	\$26,136.48	\$40,987.68	\$14,945.28
4		EC	\$1,208.98	\$544.51	31:05%	\$830.40	\$287.85	25.74%		\$58,030.08	\$26,136.48	\$39,869.20	\$13,816.80
14	14	Family	\$1,208.98	\$544.51	31.05%	\$1,136.33	\$593.79	34.32%		\$203,106.28	\$91,477.68	\$190,903.44	\$99,756.72
LS.A	H.S.A				EE		, march 2.	EE			2-160	V	72447277
Participation			ER	EE	% of Total	ER	EE	% of Total		ER	EE	ER	EE
111	100	EE	\$894.06	\$77.11	10.00%	\$664.23	\$73.80	10.00%	1	\$924,487.92	\$102,710.52	\$797,076.00	\$88,580.00
17	15	ES	\$1,262.80	\$568.75	31.05%	\$1,074.37	\$410.14	27.63%	Ī	\$257,611,20	\$116,025.00	\$193,386.60	\$73,825.20
10	9	EC	\$1,262.80	\$588.75	31.05%	\$1,044.41	\$380.19	26.69%		\$151,536.00	\$68,250.00	\$112,796.28	\$41,080,52
87	78	Family	\$1,262.80	\$588,75	31.05%	\$1,434.16	\$789.94	34.93%		\$1,318,383.20	\$693,775.00	\$1,342,373.76	\$720,663.84
	HSA \$3500				EE			EE:	36	.,,	Total Control Control	0.10.10101	
Participation			ER	ĒĘ	% of Total	ER	EE	% of Total		ER	EE	ER	브르
	11	EE				\$594.57	\$66.06	10.00%	l (	\$0.00	\$0.00	\$78,483.24	\$8,719,92
	2	ES				\$935.78	\$341,22	20.72%		\$0.00	\$0.00	\$22,458.72	\$8,189.28
	1	EC				\$910.02	\$315.45	25.74%		\$0.00	\$0.00	\$10,920.24	\$3,785.40
	9	Family				\$1,245.29	\$660.72	34.32%	l.	\$0.00	\$0.00	\$134,491.32	\$70,277.76
Total Employees	282								Premium Only	\$3,260,241.16	\$1,055,516.56	\$3,191,807.48	\$1,168,918.3
									ER%/ EE%_	75.49%	24.51%	73.19%	26.81%
									<b>Grand Total</b>	\$4,305	,756.72	\$4,360	.626.80

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60.20
Annual Contribution	5723.36
Annual Salary at 9.86% of contribution	\$7,336

Months

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.



1.27% Change in Total Cost

AV Calc 90.1% 81.5%

## **Kendall County**

PROPOSED PRACTICE - 1/1/18 EE & ER Contribution vs. 1/1/19 EE & ER Contribution (4 Tier) - BCBS QUOTE - Assumes Wellness Participation

	1/1/2018 Ratios								
-	EE	EE + SP	EE+C	Family					
HMO 500	\$738.29	\$1,753.47	\$1,753.47	\$1,753.47					
H.S.A	\$77.1.17	\$1,831,55	\$1,831.55	\$1,831.55					

		1/1/201	P Ratus		
	ÉE	EE + SP	EE+C	Family	AV Calc
HMO 500	\$602.83	\$1,165.27	\$1,118.26	\$1,730.12	90.1%
H.S.A	\$738.03	\$1,484.51	\$1,424.60	\$2,204.10	81.5%
HSA \$2800	\$693.66	\$1,340.85	\$1,288.75	\$1,990.81	

Months 12

Current	Renewal		1/1/201	I Raws		1/1/201	Rates	
HMO 500	HMO 500				Œ			EE
Participation			ER	EE	% of Total	ER	EE	% of Total
35	35	EE	\$864.47	\$73.82	10.00%	\$542.55	\$80.28	10.00%
4	4	ES	\$1,208.98	\$544.51	31,05%	\$853.91	\$311.36	2672%
4	4	EC	\$1,208.98	\$544.51	31.09%	\$830,40	\$287.85	25.74%
14	14	Family	\$1,208.96	\$544.51	31.05%	\$1,136.33	\$593.79	34.32%
H.S.A	H.S.A			4	EE	01,12200		EE
Participation			ER	EE	% of Total	ER	<b>E</b> E	% of Total
111	100	EE	\$894.06	\$77.11	10.00%	\$664.23	\$73.80	10.00%
17	15	ES	\$1,282.80	\$568.75	31.05%	\$1,074,37	\$410.14	27.65%
10	9	EC	\$1,282.80	\$568.75	31.05%	\$1,044.41	\$380,19	26.69%
87	78	Family	\$1,262.80	\$568,75	31.05%	\$1,434.16	\$769.94	34.93%
	HSA \$2800			Towns and the state of the stat	EE	01,101110	4.000	EE
Participation			ER	EE	% of Total	ER	FE	% of Total
	11	BE				\$624,29	\$69,37	10.00%
	2	ES				\$982.57	\$358.28	26.72%
	-31	EC				\$955.52	\$331.23	25.74%
	9	Family				\$1,307.56	\$683.26	34.32%

	Total (Higota	Contributions	Total 1/1/2019 Contributions		
	ER	EE	ER	EE	
	\$279,077.40	\$31,004.40	\$227,871.00	\$25,317.60	
	\$58,030.08	\$28,136.48	- \$40,987.68	\$14,945.28	
	\$58,030.08	\$25,138.48	\$39,859.20	\$13,816.80	
	\$203,105.28	\$91,477.68	\$190,903.44	\$99,758.72	
	ER	EE	ER		
	\$924,487.92	\$102,710.62	\$797,076,00	\$88,560,00	
	\$267,611.20	\$116,025.00	\$193,386.60	\$73,825,20	
	\$151,538.00	\$68,250.00	\$112,798.28	\$41,080,52	
	\$1,318,363.20	\$593,775.00	\$1,342,373.76	\$720,883.84	
	ER	[E]E	ER	- BE	
	\$0.00	\$0.00	\$82,408.28	\$9,156.84	
	\$0.00	\$0.00	\$23,581.68	\$8,598.72	
	\$0.00	\$0.00	\$11,466.24	\$3,974.76	
	\$0.00	\$0.00	\$141,215.40	\$73,792.08	
Premium Only	\$3,250,241.16	\$1,055,515,66	\$3,203,923.58	\$1,173,468.36	
ER% EE%	75.49%	24.51%	73.19%	28.81%	
<b>Grand Total</b>	\$4,305	,758.72	\$4,377,391.92		

Affordability Test	
Employee only - Renewal Monthly Contribution	\$60.26
Annual Contribution	\$723 36
Annual Salary at 9.86% of contribution	57,336

282

**Total Employees** 

Exhibit assumes 10% migration from current HSA plan to HSA \$3500 plan.



1.66% Change in Total Cost The Horton Group's

Marketing Spreadsheet - Ancillary Coverage (Dental, Life, Vol Life and Vision

Prepared for: Kendall County

Renewal January 2019

Presented By: Michael E. Wojcik mike.wojcik@thehortongroup.com Phone: 708-845-3126 / Cell: 708-650-1557

HORTON

# Kendall County January 1, 2019

The following Dental markets were app Carrier	roached: Status
BCBS Dental	Quoted
Delta Dental	Quoted
Guardian	Quoted
MetLife	Quoted
Principal	Declined
The Standard	Quoted
UHC	Incumbent

The following Life and Disability marke Carrier	ets were approached: Status
Dearborn	Quoted
Guardian	Declined
. MetLife	Quoted
Principal	Declined
The Standard	Quoted
UHC	Incumbent

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



## **Kendall County**

Combo Page: Dental and Life

January 1, 2019

Presented by: Mike Wolcik

	Dental Monthly Premium	Life & AD&D Monthly Premium	Total Monthly Cost	Total Annual Cost	% Change from Current	% Change from Renewal
Current (UHC)	\$27,341.84	\$528.96	\$27,870.80	\$334,449.54		
Renewal (UHC)	\$27,341.84	\$528.96	\$27,870.80	\$334,449.54	0.00%	
Option 1 - BCBS / Dearborn	\$28,708.98	\$497.84	\$29,206.82	\$350,481.84	4.79%	4.79%
Option 2 - MetLife	\$24,359.94	\$451.17	\$24,811.11	\$297,733.29	-10.98%	-10.98%
Option 3 - Standard	\$27,336.32	\$373.38	\$27,709.70	\$332,516.40	-0.58%	-0.58%

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



### Kendali County Dental Review January 1, 2019

Taken from Renewal

	EE	FAM	Total
PPO	162	tur.	346

Presented by: Mike Wojcik	includes 10% sommission	includes 10% contribution	Net of Commission	Net of Commission	Net of Commission	Net of Commission	Net of Commission	Not of Commission
Carriers	CURRENT UHC	RENEWAL UHC	RENEWAL UHC	OPTION BCBS	OPTION DELTA	OPTION GUARDIAN	OPTION METLORE	OPTION STANDARD
Type of Pian Participation	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
in Natwork Benefits Individual Deductible	80							
Family Deductible	\$0 \$0	\$0 \$0	\$0	\$0	\$0	\$0	\$0	\$50
Preventative Co-Insurance	100%	100%	\$0	\$0	* \$0	\$0	\$0	\$150
Deductible Waived on Preventative	Yes	Yes	100% Yes	100% Yes	100%	100%	100%	100%
Basic Co-Insurance	80%	80%	80%	80%	Yes 80%	Yes	Yes	Yes
Major Co-insurance	50%	50%	50%	50%	50%	80% 50%	80%	80%
Orthodontia Co-insurance	50%	50%	50%	50%	50%	50%	50% 50%	50% 50%
Deductible Walved on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yea	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	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750
Out of Network Benefits								
· Individual Deductible	\$50	\$50	\$50	\$50	ero.	4-4		
Family Deductible	\$150	\$150	\$150	\$150	\$50 \$150	\$50	\$50	\$50
Preventative Co-insurance	100%	100%	100%	100%	100%	\$150 100%	\$150	\$150
Deductible Walved on Preventative	Yes	Yes	Yes	Yes	Yes	Yes	100% Yes	100%
Basic Co-Insurance	80%	80%	80%	80%	80%	80%	80%	Yes 80%
Major Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Walved on Ortho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yea
Endodoritics 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 Annual Meximum	80% \$2,000	80%	80%	80%	80%	80%	80%	80%
Orthodontia Lifetime Maximum	\$2,000 \$750	\$2,000 \$750	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
	UCR 90th	UCR 90th	\$750	\$750	\$750	\$750	\$750	\$750
Dental Premium	OUN SOM	OUR SUE	UCR 90th	90th R&C	UCR 90th	UCR 90th	90th R&C	90th U&C
Employee	\$41.76	\$46.07	\$41.76	\$43.85	0.40.00			
Family	\$111.83	\$123,38	\$111.83	\$43.00 \$117.42	\$42.28 \$123.11	\$41.76	\$37.21	\$41.76
	4	412000	\$111,00	W111.79E	#1453.11	\$111.83	\$99.63	\$111.80
Total Monthly Premium	\$27,341.84	\$30,166.25	\$27,341.84	\$28,708.98	\$29,496,36	\$27,341,84	\$24,359,94	\$27,336.32
Total Dental Annual Premium	\$328,102.06	\$361,995.02	\$328,102.08	\$344,507.76	\$353,980.32	\$328.102.08	\$292,319.28	\$328,035,84
Percent Change		10.33%	0.00%	5.00%	7.89%	0.00%	-10,91%	-0.02%
Rate Guarantee		Until 12/31/19	Until 12/31/19	Until 12/31/19	Until 12/31/19	Until 12/31/19	Unit 12/31/20	Until 12/31/19
							3rd Yr Cap - 8%	
				formenan i Blah Admi	spec / Employee Repolity			

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



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



Presented by: Michael Wolcik	includes 10% commission	includes 10% commission **	includes 10% commission **	Net of Commission	Net of Commission	Net of Commission
Carriers	CURRENT UHC	RENEWAL UHC	RENEWAL - OPTION UHC	OPTION DEARBORN	OPTION METLIFE	OPTION STANDARD
Benefit Amount % Benefit Amt Reduces to at Age 65 % Benefit Amt Reduces to at Age 70 % Benefit Amt Reduces to at Age 75 % Benefit Amt Reduces to at Age 80	\$10,000 65% 40% 25% NA	\$10,000 65% 40% 25% NA	\$25,000 65% 40% 25% NA	\$10,000 65% 40% 25% NA	\$10,000 65% 40% 25% NA	\$10,000 65% 40% 25% NA
Travel Assistance	Included	Included	Included	Included	Included	Included
Line of Duty Benefit	N/A	N/A	N/A	N/A	N/A	Included
Life Premium Employee Life per \$1000 Employee AD&D per \$1000 Total for Life & AD&D	\$0.150 \$0.020 \$0.170 \$3,111,500	\$0.150 \$0.020 \$0.170 \$3,111,500	\$0.150 \$0.020 \$0.170 , \$8,310,000	\$0.140 \$0.020 <b>\$0.160</b> \$3,111,500	\$0.117 \$0.028 \$0.145 \$3,111,500	\$0.100 \$0.020 \$0.120 \$3,111,500
Life Monthly Premium Life Annual Premium Percentage Change Rate Guarantee	\$528.96 \$6,347.48	\$528.96 \$6,347.46 0.00% Until 12/31/19	\$1,412.70 \$16,952.40 167.07% Until 12/31/20	\$497.84 \$5,974.08 -5.85% Until 12/31/20	\$451.17 \$5,414.01 -14.71% Until 12/31/20	\$373.38 \$4,480.56 -29.41% Undil 12/31/21

<sup>\*\*</sup> UHC revised rates with commissions removed are pending

### Kendail County Voluntary Life Review January 1, 2019

Bacoffis Prosoniad by: Michael Wejelly	Includes 1914 commission		Net of Commission	Net of Commission	Net of Commission
erriera :	CURRENT UHC	RENEWAL*	OPTION DEARBORN	OPTION MISTLES	OPTION STANDARD
Inhusa Particlesten	20%	20%	20%	20%	20%
Employee Benefit Amount	Increments of \$10K up to \$300K or 5 x Annual Earnings	Increments of \$10K up to \$300K or 5 x Annual Earnings	Increments of \$10K up to \$300K or 5 x Annual Earnings	increments of \$10K up to \$300K or 6 x Annual Earnings	TBD - Up to \$300K
Renefit Reduction Schedule % Benefit Reduces to at Age 65 % Benefit Reduces to at Age 70 % Benefit Reduces to at Age 75 % Benefit Reduces to at Age 80	40% 25%	65% 40% 25% n/a	65% 40% 25% n/a	6676 4076 2576 n/a	85% 40% 25% 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	increments of \$5K up to \$150 not to exceed 50% of EE amou
Child (ren) Benefit	14 Days - 6 Mo; \$250 6 Mo and above: \$10K	14 Deys - 6 Mo: \$250 6 Mo and above: \$10K	14 Days - 6 Mo: \$250 6 Mo - 19 Years (26 W student): Increments of \$2K up to \$10K	15 Clays - 6 Mo. \$250 5 Mo - 25 Years: Choice of \$16, \$2K, \$4K, \$5K, or \$10K	Birth - 25 Years: Increments ( \$2K up to \$10K
Sugrantee Issue					
Employee	\$180,000	\$150,000	\$150,000	\$150,000	\$150,000
Spouse	\$30,000	\$30,000	\$20	\$30,000	\$30,000
Ufe <u>Premhum</u> Under age 25	EE & SP Rates/\$1k/Mo \$0.088	EE & SP Reduction	EE & SP Raing & Ikalio	EE & SP Sains/hik/Mo	EE & SP Rates/\$1k/Mo
25-29 30-34	\$0.066 \$0.088	\$0.080 \$0.080 \$0.080	\$0.086 \$0.088	\$0.066 \$0.066 \$0.068	\$0.066 \$0.086 \$0.088
35-39 40-44 45-49	\$0.098 \$0.136 \$0.214	\$0.089 \$0.124	\$0.098 \$0.136	\$0.098 \$0.136	\$0.098 \$0.136
50-54 56-69	\$0.338 \$0.528	\$0.195 \$0.308 \$0.480	\$0.214 \$0.338 \$0.626	\$0.214 \$0.338	\$0.214 \$0.338
90-64 65-99	\$0.789 \$1.407	\$0.701 \$1,283	\$0.789 \$1.407	\$0.526 \$0.769 \$1,407	\$0.526 \$0.789 \$1.407
70-74 75 and Above	\$2.269 \$2.269	\$2,089 \$2,089	\$2.269 \$2.209	\$2.269 \$2.269	\$2.269 \$2.269
AD&D/\$1k unless noted	EE & SP AD&D Rates/\$10k/Mo \$0.030	EE & SP ADAD Rates \$10k/Mo \$0.025	EE & SP AD&D Refere/\$10b&to \$0.030	EE & SP AD&D Rutee/\$10k/No \$0.029	
Child	\$0.090	\$0.076	\$0.135	\$0.240	\$0.090
izta Guarantea		Until 12/31/19	atum da mana		
UHC renewal believed to be net of commission	O Table 1	UIRI 1231/19	Until 12/31/20	Until 12/31/20	Until 12/31/21

10320 Orland Parlavay // Orland Park, IL 60467 // 703-845-3000 / 708-845-3001 Fax



### Kendall County Vision Review January 1, 2019



旦	ES	EG	Family	Total
91	36	20	66	213

Presented by:	Michael Wolcik
---------------	----------------

Presented by: Michael Wolcik	
Carriers:	CURRENT
<u>Varriers:</u>	EveMed
Copayment Exam	\$10
Copayment Materials	\$25
Examination Frequency (months)	12
Lenses Frequency (months)	12
Frame Frequency (months)	24
, , , , , , , , , , , , , , , , , , , ,	
In Network Benefits	
Examination	Covered in Full
Basic Lenses	Covered in Full
Single	Covered in Full
Bifocal	Covered in Full
Trifocal	Covered in Full
	up to \$130 allowance, 20% off
Frame	balance
Elective Contact Lenses	up to \$130 allowance
Necessary Contact Lenses	Covered in Full
Lens Options	
Tint (Solid & Gradlent)	15%
Scratch Resistant Coating	\$15
Polycarbonate Lenses	\$0 for Children, \$40 for adults
Photochromic Lenses	\$75
Standard Progressive Lenses	\$90
UV protected lenses	\$15
Anti-reflective Cotaing	\$45-68
Other Options	20% off Retail
Out of Network Benefits	Allowance
Examination	\$30
Basic Lenses	
Single	
Bifocal	\$40
_ Trifocal	\$60
Frame	\$65
Elective Contact Lenses	\$104
Necessary Contact Lenses	\$210
Vision Premium	Pending

<sup>\*</sup>Copay plus any additional add-ons for that service