



Kane County

KC Human Services Committee

Agenda

Government Center
719 S. Batavia Ave., Bldg. A
Geneva, IL 60134

SURGES, Linder, Allan, Garcia, Gripe, Lewis, Tarver, ex-officios Roth (County Vice Chair) & Pierog (County Chair)

Wednesday, September 10, 2025

9:00 AM

County Board Room

2025 Committee Goals

- Expand measures to improve employee morale through equitable compensation, new and comprehensive benefits options, and employee appreciation efforts
 - Committee recognizes the value to the County and the community in internship and volunteer opportunities. The Committee would like to review policy and procedures to ensure the resources are available to support County departments in the creation and effective implementation of internship opportunities
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- 1. Call To Order**
- 2. Roll Call**
- 3. Remote Attendance Requests**
- 4. Approval of Minutes: July 9, 2025**
- 5. Public Comment**
- 6. Monthly Financial Reports**
 - A. Monthly Finance Reports**
- 7. Department of Human Resource Management**
 - A. Health Insurance**
 - B. Risk Management**
 - C. Staffing**
- 8. Compliance**
 - A. Monthly Training Report**
- 9. Old Business**
 - A. Resolution: Authorizing Contract Extension for Workers Compensation and Liability Claims Third Party Administrator**

10. New Business

- A. Resolution:** Authorizing the County to Contract with Humana Inc. to Provide the 2026 Healthcare Continuation Coverage for Medicare Eligible Retired and Disabled Employees and Surviving Spouses
- B.** 2026 Benefits Enrollment Process
- C.** Extended Illness Policy Update

11. Reports Placed On File**12. Executive Session (if needed)****13. Adjournment**

STATE OF ILLINOIS)




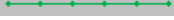



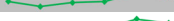


SS.

COUNTY OF KANE)

REPORT NO. TMP-25-1080

MONTHLY FINANCE REPORTS

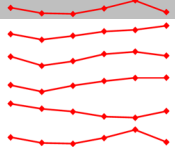













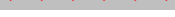



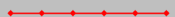











Committee Revenue Budget Report - by Account Detail
Through August 31, 2025 (75.0% YTD)
*2020, 2021, 2022, 2023, 2024 Actual Fiscal Year

Department / Fund / Account Classification	2020 Actual Amount*	2021 Actual Amount*	2022 Actual Amount*	2023 Actual Amount*	2024 Actual Amount*	2025 Actual Amount	2025 Amended Budget	2025 Adopted Budget	2025 YTD% Actual/Amended Budget	2020 - 2025 Trend
120 Human Resource Management	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,410	\$ 1,509	\$ 1,509	93.4%	
246 Employee Events Fund	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,410	\$ 1,509	\$ 1,509	93.4%	
Revenue	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,410	\$ 1,509	\$ 1,509	93.4%	
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
39900 - Fund Balance Utilization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
Interest Revenue	\$ 313	\$ (1)	\$ (256)	\$ 981	\$ 1,280	\$ 583	\$ 709	\$ 709	82.3%	
38000 - Investment Income	\$ 313	\$ (1)	\$ (256)	\$ 981	\$ 1,280	\$ 583	\$ 709	\$ 709	82.3%	
Reimbursements	\$ 621	\$ 402	\$ 575	\$ 616	\$ 1,004	\$ 827	\$ 800	\$ 800	103.3%	
37900 - Miscellaneous Reimbursement	\$ 621	\$ 402	\$ 575	\$ 616	\$ 1,004	\$ 827	\$ 800	\$ 800	103.3%	
Grand Total	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,410	\$ 1,509	\$ 1,509	93.4%	

Committee Expense Budget Report - by Account Detail
Through August 31, 2025 (75.0% YTD, 73.08% Payroll Expense through Pay Period Ending 08/16/2025)
*2020, 2021, 2022, 2023, 2024 Actual Fiscal Year

Department / Fund / Account Classification	2020 Actual Amount*	2021 Actual Amount*	2022 Actual Amount*	2023 Actual Amount*	2024 Actual Amount*	2025 Actual Amount	2025 Amended Budget	2025 Adopted Budget	2025 YTD% Actual/Amended Budget	2020 - 2025 Trend
120 Human Resource Management	\$ 3,512,266	\$ 3,544,253	\$ 3,710,258	\$ 4,496,888	\$ 5,684,740	\$ 3,138,959	\$ 5,308,930	\$ 5,294,814	59.1%	
001 General Fund	\$ 248,652	\$ 230,337	\$ 205,373	\$ 263,976	\$ 245,588	\$ 173,940	\$ 289,731	\$ 285,884	60.0%	
Expenses	\$ 248,652	\$ 230,337	\$ 205,373	\$ 263,976	\$ 245,588	\$ 173,940	\$ 289,731	\$ 285,884	60.0%	
Personnel Services- Salaries & Wages	\$ 181,653	\$ 166,938	\$ 160,097	\$ 199,425	\$ 220,962	\$ 164,662	\$ 231,481	\$ 227,634	71.1%	
40000 - Salaries and Wages	\$ 181,794	\$ 166,938	\$ 160,097	\$ 199,425	\$ 220,962	\$ 164,662	\$ 231,481	\$ 227,634	71.1%	
40002 - Non-Union Wage Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
40003 - Cost of Living Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
40007 - Equity Study Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
40009 - Salaries and Wages Subsidy	\$ (142)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
Personnel Services- Employee Benefits	\$ 35,578	\$ 31,088	\$ 29,810	\$ 49,754	\$ 59,224	\$ -	\$ 99,554	\$ 99,554	0.0%	
45000 - Healthcare Contribution	\$ 34,218	\$ 30,049	\$ 28,816	\$ 47,913	\$ 57,116	\$ -	\$ 63,646	\$ 63,646	0.0%	
45009 - Healthcare Subsidy	\$ (60)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
45010 - Dental Contribution	\$ 1,414	\$ 1,039	\$ 993	\$ 1,841	\$ 2,108	\$ -	\$ 2,117	\$ 2,117	0.0%	
45019 - Dental Subsidy	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
45100 - FICA/SS Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,420	\$ 17,420	0.0%	
45200 - IMRF Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,431	\$ 12,431	0.0%	
53010 - Workers Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,940	\$ 3,940	0.0%	
Contractual Services	\$ 26,163	\$ 26,863	\$ 10,471	\$ 12,018	\$ 16,905	\$ 7,033	\$ 48,500	\$ 48,500	14.5%	
50000 - Project Administration Services	\$ -	\$ 77	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ 10,000	0.0%	
52130 - Repairs and Maint- Computers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
52140 - Repairs and Maint- Copiers	\$ 1,282	\$ 1,171	\$ 1,072	\$ 1,210	\$ 605	\$ 1,143	\$ 1,500	\$ 1,500	76.2%	
53050 - Employment Advertising	\$ -	\$ -	\$ 85	\$ 731	\$ 4,752	\$ 41	\$ 6,800	\$ 6,800	0.6%	
53100 - Conferences and Meetings	\$ -	\$ -	\$ 500	\$ 3,043	\$ 4,392	\$ 575	\$ 5,500	\$ 5,500	10.5%	
53110 - Employee Training	\$ -	\$ 952	\$ 256	\$ 1,479	\$ -	\$ -	\$ -	\$ -	0.0%	
53120 - Employee Mileage Expense	\$ -	\$ -	\$ 44	\$ 92	\$ 248	\$ 57	\$ 150	\$ 150	38.3%	
53130 - General Association Dues	\$ -	\$ -	\$ -	\$ 732	\$ 528	\$ 598	\$ 1,200	\$ 1,200	49.8%	
55000 - Miscellaneous Contractual Exp	\$ 24,882	\$ 24,663	\$ 8,514	\$ 4,730	\$ 6,380	\$ 4,618	\$ 23,350	\$ 23,350	19.8%	
Commodities	\$ 5,259	\$ 5,448	\$ 4,995	\$ 2,780	\$ 5,575	\$ 2,245	\$ 7,500	\$ 7,500	29.9%	
60000 - Office Supplies	\$ 5,029	\$ 2,071	\$ 4,267	\$ 2,295	\$ 2,740	\$ 1,722	\$ 4,800	\$ 4,800	35.9%	
60010 - Operating Supplies	\$ -	\$ 1,763	\$ -	\$ -	\$ 2,381	\$ 39	\$ 2,200	\$ 2,200	1.8%	
60080 - Employee Recognition Supplies	\$ 230	\$ 1,614	\$ 727	\$ 485	\$ 455	\$ 484	\$ 500	\$ 500	96.8%	
Capital	\$ -	\$ -	\$ -	\$ -	\$ 2,145	\$ -	\$ 2,250	\$ 2,250	0.0%	
70080 - Office Furniture	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,250	\$ 2,250	0.0%	
70090 - Office Equipment	\$ -	\$ -	\$ -	\$ -	\$ 2,145	\$ -	\$ -	\$ -	0.0%	
Services	\$ -	\$ -	\$ -	\$ -	\$ (59,224)	\$ -	\$ (99,554)	\$ (99,554)	0.0%	
45005 - Healthcare Contribution Contra Account	\$ -	\$ -	\$ -	\$ -	\$ (57,116)	\$ -	\$ (63,646)	\$ (63,646)	0.0%	
45015 - Dental Insurance Contra Account	\$ -	\$ -	\$ -	\$ -	\$ (2,108)	\$ -	\$ (2,117)	\$ (2,117)	0.0%	
45105 - FICA/SS Contribution Contra Account	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (17,420)	\$ (17,420)	0.0%	
45205 - IMRF Contribution Contra Account	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (12,431)	\$ (12,431)	0.0%	
53015 - Worker's Comp Contra Account	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,940)	\$ (3,940)	0.0%	
010 Insurance Liability	\$ 3,263,613	\$ 3,313,916	\$ 3,503,841	\$ 4,232,913	\$ 5,439,152	\$ 2,965,019	\$ 5,017,690	\$ 5,007,421	59.1%	
Expenses	\$ 3,263,613	\$ 3,313,916	\$ 3,503,841	\$ 4,232,913	\$ 5,439,152	\$ 2,965,019	\$ 5,017,690	\$ 5,007,421	59.1%	
Personnel Services- Salaries & Wages	\$ 136,111	\$ 105,936	\$ 133,016	\$ 154,916	\$ 171,310	\$ 172,182	\$ 267,026	\$ 264,084	64.5%	
40000 - Salaries and Wages	\$ 136,111	\$ 105,936	\$ 133,016	\$ 154,916	\$ 171,310	\$ 172,182	\$ 267,026	\$ 264,084	64.5%	
40002 - Non-Union Wage Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
40003 - Cost of Living Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	

Committee Expense Budget Report - by Account Detail
Through August 31, 2025 (75.0% YTD, 73.08% Payroll Expense through Pay Period Ending 08/16/2025)
***2020, 2021, 2022, 2023, 2024 Actual Fiscal Year**

Department / Fund / Account Classification	2020 Actual Amount*	2021 Actual Amount*	2022 Actual Amount*	2023 Actual Amount*	2024 Actual Amount*	2025 Actual Amount	2025 Amended Budget	2025 Adopted Budget	2025 YTD% Actual/Amended Budget	2020 - 2025 Trend
Personnel Services- Employee Benefits	\$ 1,188,560	\$ 607,281	\$ 543,154	\$ 1,114,693	\$ 1,964,756	\$ 723,079	\$ 84,181	\$ 83,741	859.0%	
45000 - Healthcare Contribution	\$ 14,912	\$ 6,061	\$ 12,177	\$ 19,025	\$ 21,219	\$ 28,068	\$ 42,796	\$ 42,796	65.6%	
45010 - Dental Contribution	\$ 749	\$ 238	\$ 486	\$ 889	\$ 1,027	\$ 793	\$ 1,749	\$ 1,749	45.4%	
45100 - FICA/SS Contribution	\$ 10,151	\$ 8,035	\$ 9,988	\$ 11,455	\$ 12,515	\$ 12,606	\$ 20,433	\$ 20,206	61.7%	
45200 - IMRF Contribution	\$ 10,631	\$ 9,493	\$ 8,836	\$ 7,776	\$ 7,516	\$ 8,969	\$ 14,581	\$ 14,420	61.5%	
53010 - Workers Compensation	\$ 1,152,118	\$ 583,453	\$ 511,667	\$ 1,075,548	\$ 1,922,480	\$ 672,643	\$ 4,622	\$ 4,570	14,553.1%	
Contractual Services	\$ 1,938,929	\$ 2,182,801	\$ 2,801,437	\$ 2,959,226	\$ 3,299,104	\$ 2,064,823	\$ 3,159,104	\$ 3,158,994	65.4%	
50000 - Project Administration Services	\$ 106,928	\$ 117,829	\$ 103,715	\$ 87,090	\$ 79,432	\$ 53,770	\$ 108,975	\$ 108,975	49.3%	
50150 - Contractual/Consulting Services	\$ 182,847	\$ 82,494	\$ 112,114	\$ 831	\$ 1,094	\$ -	\$ 185,000	\$ 185,000	0.0%	
53000 - Liability Insurance	\$ 1,620,506	\$ 1,984,178	\$ 2,594,794	\$ 2,814,506	\$ 3,140,823	\$ 1,950,042	\$ 2,838,049	\$ 2,837,940	68.7%	
53020 - Unemployment Claims	\$ 28,648	\$ (1,700)	\$ (9,186)	\$ 56,799	\$ 77,756	\$ 60,746	\$ 27,080	\$ 27,079	224.3%	
53130 - General Association Dues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 264	\$ -	\$ -	0.0%	
Commodities	\$ 13	\$ (13)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
60000 - Office Supplies	\$ 13	\$ (13)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
Capital	\$ -	\$ -	\$ 22,659	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
70070 - Automotive Equipment	\$ -	\$ -	\$ 22,659	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
Contingency and Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
89000 - Addition to Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
Transfers Out	\$ -	\$ 417,912	\$ 3,575	\$ 4,078	\$ 3,981	\$ 4,935	\$ 4,935	\$ 4,935	100.0%	
99000 - Transfer To Other Funds	\$ -	\$ 417,912	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	
99001 - Transfer to General Fund 001	\$ -	\$ -	\$ 3,575	\$ 4,078	\$ 3,981	\$ 4,935	\$ 4,935	\$ 4,935	100.0%	
Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,502,444	\$ 1,495,667	0.0%	
53011 - Worker's Compensation Claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,502,444	\$ 1,495,667	0.0%	
246 Employee Events Fund	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ -	\$ 1,509	\$ 1,509	0.0%	
Expenses	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ -	\$ 1,509	\$ 1,509	0.0%	
Commodities	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ -	\$ 984	\$ 984	0.0%	
60080 - Employee Recognition Supplies	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ -	\$ 984	\$ 984	0.0%	
Contingency and Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 525	\$ 525	0.0%	
89000 - Addition to Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 525	\$ 525	0.0%	
Grand Total	\$ 3,512,266	\$ 3,544,253	\$ 3,710,258	\$ 4,496,888	\$ 5,684,740	\$ 3,138,959	\$ 5,308,930	\$ 5,294,814	59.1%	

Health Insurance Fund

Revenue and Expenses

Through August 31, 2025 (75.0% YTD, 73.08% Payroll Expense through Pay Period Ending 08/16/2025)
with comparative for Full Fiscal Year 2022, 2023 and 2024

	2022 Actual	2023 Actual	2024 Actual	2025 Actual
Revenue				
652.800.000.38000 - Investment Income	\$ (89,645)	\$ 354,484	\$ 576,782	\$ 252,153
652.800.000.38900 - Miscellaneous Other	\$ 17,880	\$ -	\$ -	\$ -
652.800.000.38910 - Healthcare Employer Portion	\$ 13,116,149	\$ 14,469,417	\$ 16,153,512	\$ 12,934,559
652.800.000.38915 - Dental Employer Portion	\$ 425,507	\$ 407,933	\$ 473,351	\$ 366,475
652.800.000.38920 - Healthcare Employee Portion	\$ 3,197,317	\$ 2,925,521	\$ 3,385,325	\$ 2,721,759
652.800.000.38921 - Dental Employee Portion	\$ 281,567	\$ 269,619	\$ 299,829	\$ 232,311
652.800.000.38927 - MERP Employer Portion	\$ 998,731	\$ 1,120,209	\$ 1,324,816	\$ 1,003,970
652.800.000.38930 - Retiree Payments - Healthcare	\$ 609,359	\$ 707,560	\$ 689,732	\$ 496,703
652.800.000.38935 - Retiree Payments - Dental	\$ 2,615	\$ 3,815	\$ 2,886	\$ 2,575
652.800.000.38940 - Cobra Payments - Healthcare	\$ 47,684	\$ 24,367	\$ 20,799	\$ 53,407
652.800.000.38945 - Cobra Payments - Dental	\$ 2,696	\$ 2,010	\$ 1,644	\$ 2,585
Total Revenue	\$ 18,609,860	\$ 20,284,936	\$ 22,928,675	\$ 18,066,497
Expenses - Health Insurance General				
652.800.814.45000 - Healthcare Contribution	-	-	\$ -	\$ 204
652.800.814.45010 - Dental Contribution	\$ -	\$ -	\$ 132	\$ 24
652.800.814.50150 - Contractual/Consulting Services	\$ 114,000	\$ 108,000	\$ 110,250	\$ 84,750
652.800.814.50520 - Healthcare Admin Services	\$ 11,244	\$ 11,665	\$ 15,703	\$ 13,124
652.800.814.53005 - Healthcare - Stop Loss Insurance	\$ (624,786)	\$ (806,784)	\$ (2,027,628)	\$ (46,379)
652.800.814.53038 - Healthcare - Vision Insurance	\$ 74,975	\$ 81,318	\$ 83,696	\$ 63,939
652.800.814.53039 - Affordable Care Act Fee	\$ 3,210	\$ 5,217	\$ 5,699	\$ 6,359
652.800.814.53300 - Healthcare - Health Insurance	\$ 23,031	\$ -	\$ -	\$ -
652.800.814.53310 - Healthcare - Dental Insurance	\$ 732,083	\$ 804,932	\$ 742,246	\$ 619,794
652.800.814.53320 - Healthcare - Life Insurance	\$ 42,029	\$ 40,678	\$ 57,705	\$ 13,320
652.800.814.53380 - Healthcare - Wellness	\$ -	\$ (100,000)	\$ (375,000)	\$ (50,000)
652.800.814.53381 - Healthcare - Wellness Surcharge Refunds	\$ -	\$ 46,550	\$ -	\$ -
652.800.814.53385 - Financial Wellness	\$ 7,500	\$ 10,000	\$ 10,000	\$ 7,500
Total Health Insurance General Expenses	\$ 383,286	\$ 201,575	\$ (1,377,197)	\$ 712,635

Health Insurance Fund

Revenue and Expenses

**Through August 31, 2025 (75.0% YTD, 73.08% Payroll Expense through Pay Period Ending 08/16/2025)
with comparative for Full Fiscal Year 2022, 2023 and 2024**

	2022 Actual	2023 Actual	2024 Actual	2025 Actual
Expenses - Health Insurance MERP				
652.800.814.53340 - MERP - Premium Reimbursement	\$ 55,424	\$ 62,949	\$ 83,841	\$ 7,811
652.800.814.45100 - MERP FICA/SS on Premium Reimbursement	\$ 4,202	\$ 8,216	\$ 6,465	\$ 383
652.800.814.53330 - MERP - Medical Expense Reimbursement	\$ 331,406	\$ 447,562	\$ 535,057	\$ 219,316
652.800.814.53350 - MERP - Shared Savings with Administrator	\$ 14,316	\$ -	\$ -	\$ -
Total MERP Expenses	\$ 405,349	\$ 518,727	\$ 625,362	\$ 227,510
Expenses - Health Insurance PPO				
652.800.817.53005 - Healthcare - Stop Loss Insurance	\$ 505,541	\$ 723,948	\$ 893,817	\$ 730,435
652.800.817.53031 - Self Insured Healthcare Claims	\$ 6,180,965	\$ 7,738,450	\$ 10,233,290	\$ 6,149,545
652.800.817.53032 - Self Insured Healthcare Claims Administration	\$ 218,379	\$ 245,663	\$ 289,635	\$ 209,234
652.800.817.53033 - Healthcare Facility Access Fee	\$ 76,025	\$ 13,041	\$ 231,063	\$ 34,862
652.800.817.53037 - Healthcare Credits	\$ (260,803)	\$ (350,324)	\$ (586,275)	\$ (464,959)
Total Health Insurance PPO Expenses	\$ 6,720,108	\$ 8,370,778	\$ 11,061,530	\$ 6,659,116
Expenses - Health Insurance HMO				
652.800.818.53005 - Healthcare - Stop Loss Insurance	\$ 462,946	\$ 555,815	\$ 604,545	\$ 327,772
652.800.818.53031 - Self Insured Healthcare Claims	\$ 6,714,631	\$ 6,963,453	\$ 7,279,419	\$ 5,470,313
652.800.818.53032 - Self Insured Healthcare Claims Administration	\$ 394,430	\$ 372,131	\$ 368,937	\$ 273,232
652.800.818.53034 - Healthcare HMO Managed Care Fee	\$ 92,087	\$ 104,647	\$ 104,847	\$ 50,839
652.800.818.53035 - Healthcare Physician Services Fee	\$ 2,658,797	\$ 2,594,715	\$ 2,612,488	\$ 1,478,693
652.800.818.53037 - Healthcare Credits	\$ (497,551)	\$ (564,106)	\$ (833,433)	\$ (597,507)
Total Health Insurance HMO Expenses	\$ 9,825,340	\$ 10,026,655	\$ 10,136,802	\$ 7,003,342
Expenses - Retiree				
652.800.820.53300 - Healthcare - Health Insurance	\$ 106,764	\$ 125,395	\$ 160,639	\$ 240,098
Total Expenses	\$ 17,440,846	\$ 19,243,130	\$ 20,607,136	\$ 14,842,702
Revenue Net Expenses	\$ 1,169,014	\$ 1,041,806	\$ 2,321,539	\$ 3,223,795
Fund Balance	\$ 6,416,869	\$ 7,458,675	\$ 9,780,214	\$ 13,004,009
<i>Target Fund Balance at 25%</i>	\$ 4,360,212	\$ 4,810,783	\$ 5,151,784	\$ 3,710,675
<i>Target Fund Balance at 50%</i>	\$ 8,720,423	\$ 9,621,565	\$ 10,303,568	\$ 7,421,351

STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

REPORT NO. TMP-25-1049

HEALTH INSURANCE



Group Health Plan	KANE COUNTY 719 BATAVIA AVENUE GENEVA, IL 60134-3077
Employer Account No.	IL1-238541
Bill Group	0579517327
Account ID Number	8253175154
Invoice Number	825319215371
Invoice Date	07/31/2025
Invoice Period	07/01/2025 - 07/31/2025
Billing Cycle	MONTHLY

Make Electronic (Wire¹ or ACH²) Payments to

Mellon Bank
Blue Cross and Blue Shield of Illinois

ABA Number 043000261

Bank Account Number 120-5032

Account ID Number 8253175154

Amount Due \$1,445,843.60

Date Due 09/02/2025

See footnotes for important Wire & ACH payment instructions

Claim Charges/Credits - Paid 7/1/25 – 7/31/25

Value Based Care-Value Incentive	268.36
Medical-Facility	415,883.12
Pharmacy	581,294.72
Medical-Professional	354,249.81
Value Based Care-Care Coordination	564.50
Total Claim Charges/Credits	\$1,352,260.51

Stop Loss - 7/1/25 – 7/31/25

Specific Stop Loss Credit/Charge	(4.39)
Total Stop Loss	\$(4.39)

Administration Fees

Calculation Method

RX Rebate Credit	Per Contract Per Month	(135,634.72)
IL Access Fee	Monthly IL Access Fee	3,906.15
Physician Service Fee - Allocated	Monthly Claims	17,430.80
Administration Fee	Per Contract Per Month	54,775.56
Physician Service Fee - Direct	Monthly Claims	59,516.81
Specific Stop Loss	Per Contract Per Month	95,475.72

(continued on next page)

¹For Electronic payment via Wire

You MUST include the following in the "Reference for Beneficiary" (1@16) and "Originator to Beneficiary" (1@35) in the following order: **1** Account name, **2** IL, MT, NM, OK or TX (depending on sales location), **3** Account ID number and due date (mmddyy). Please reference the "Make Electronic Payments to" portion at the top right of your invoice for the correct information.

²For Electronic payment via ACH

The PPD and CCD formats have different fields named "Individual ID" or "Identification Number." Please add your account description as directed in the wire instructions in the "Company Description Data" field.

Administration Fees <i>(continued from previous page)</i>	Calculation Method	
APR Savings Program-Data Mining & Post Pay Recovery	Claim Based	29.56
APR Savings Program-Advanced Claim Edits and Coding Validation	Claim Based	(1,898.45)
APR Savings Program-Coordination of Benefits	Claim Based	(13.95)
Total Administration Fees		\$93,587.48

Total Claim Charges/Credits	\$1,352,256.12
Total Administration Fees & Adjustments	\$93,587.48
Total Charges	\$1,445,843.60

Administration Fees Notes

Draft schedule for monthly groups on autopay will be 15th of each month.

Billing Contact

ARCHANA KELAVKAR
Email: ASO_Billing_Team@bcbsil.com

Account Executive Contact

Dee Roberts
Email: Dee_Roberts@BCBSIL.COM

Electronic payment is preferred. Check payment is acceptable.

Make checks payable to Blue Cross and Blue Shield of Illinois Include Account ID Number 8253175154 Amount Due \$1,445,843.60 Date Due 09/02/2025	If sending via Overnight Courier Blue Cross and Blue Shield of Illinois Attn: 14169 5503 N. Cumberland Ave. Chicago, IL 60656-1471	If sending via 1st Class Mail Blue Cross and Blue Shield of Illinois Dept. CH 14169 Palatine, IL 60055-4169
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Kane County

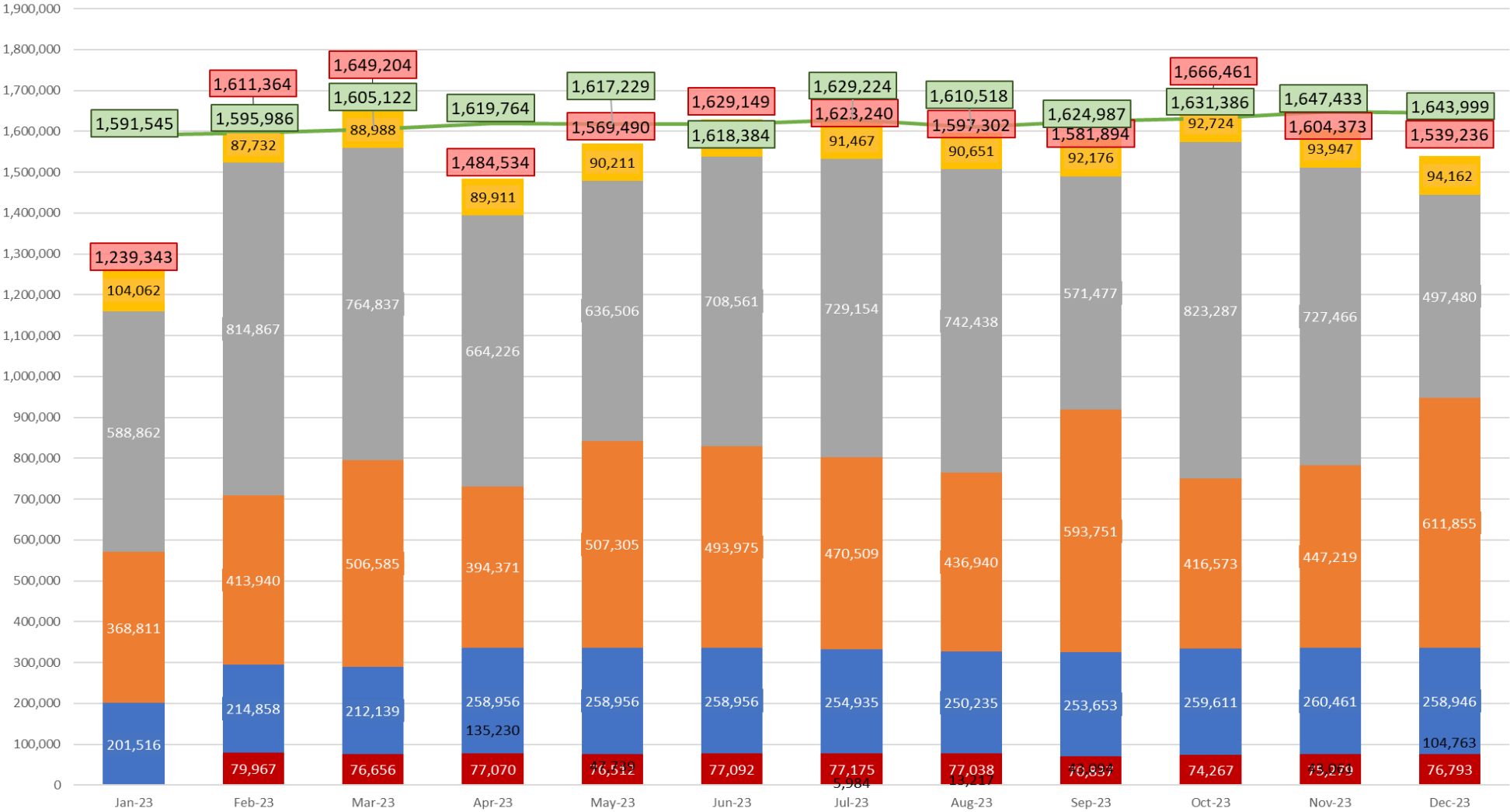
HSC Meeting 9/10/2025



AssuredPartners

2023 Global Financial Tracker

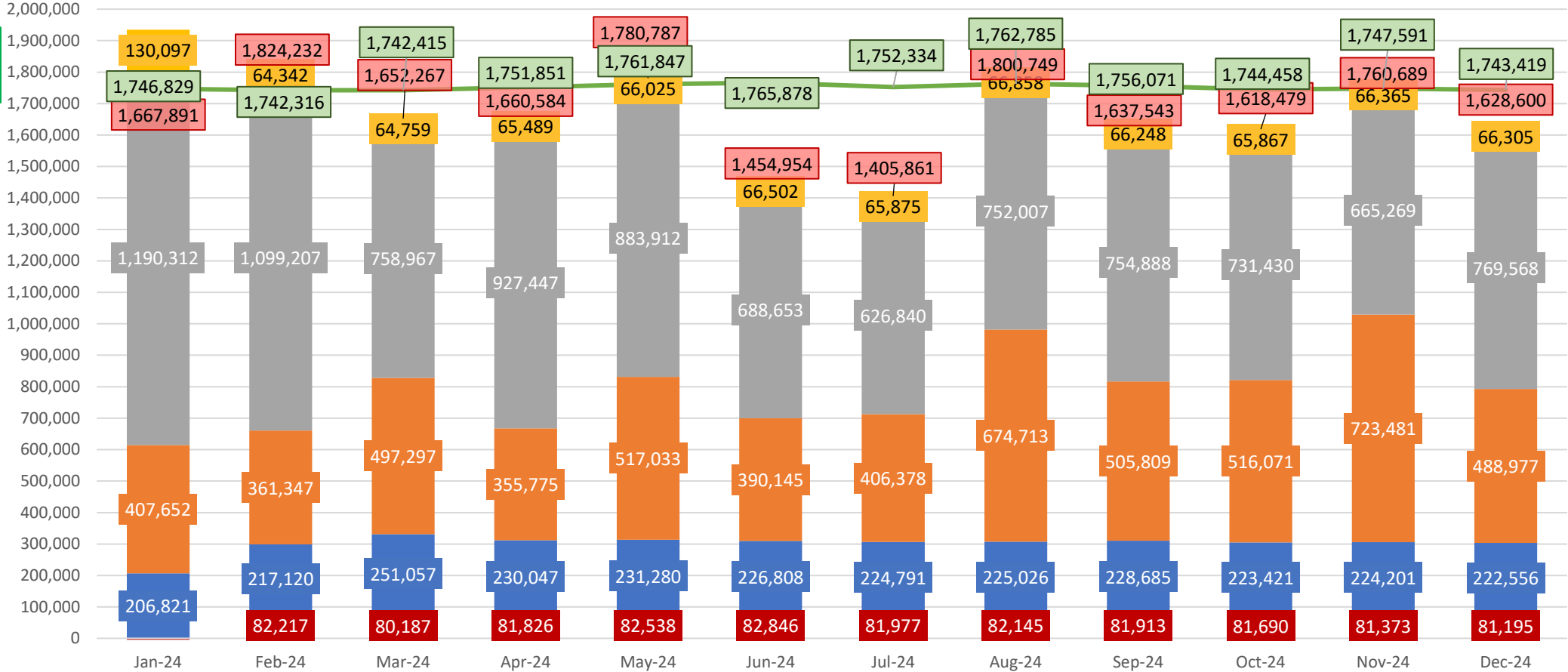
Amount Toward Reserve:
\$639,988



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Medical/Rx Fixed Cost	104,062	87,732	88,988	89,911	90,211	90,565	91,467	90,651	92,176	92,724	93,947	94,162
Medical Claims after SL Reimbursements	588,862	814,867	764,837	664,226	636,506	708,561	729,154	742,438	571,477	823,287	727,466	497,480
Rx Claims	368,811	413,940	506,585	394,371	507,305	493,975	470,509	436,940	593,751	416,573	447,219	611,855
Capitation	201,516	214,858	212,139	258,956	258,956	258,956	254,935	250,235	253,653	259,611	260,461	258,946
All Other *	-23,908	79,967	76,656	77,070	76,512	77,092	77,175	77,038	70,837	74,267	75,279	76,793
Total Cost	1,239,343	1,611,364	1,649,204	1,484,534	1,569,490	1,629,149	1,623,240	1,597,302	1,581,894	1,666,461	1,604,373	1,539,236
Total Funding	1,591,545	1,595,986	1,605,122	1,619,764	1,617,229	1,618,384	1,629,224	1,610,518	1,624,987	1,631,386	1,647,433	1,643,999
Surplus/Deficit	352,202	-15,378	-44,083	135,230	47,739	-10,765	5,984	13,217	43,094	-35,075	43,061	104,763

2024 Global Financial Tracker

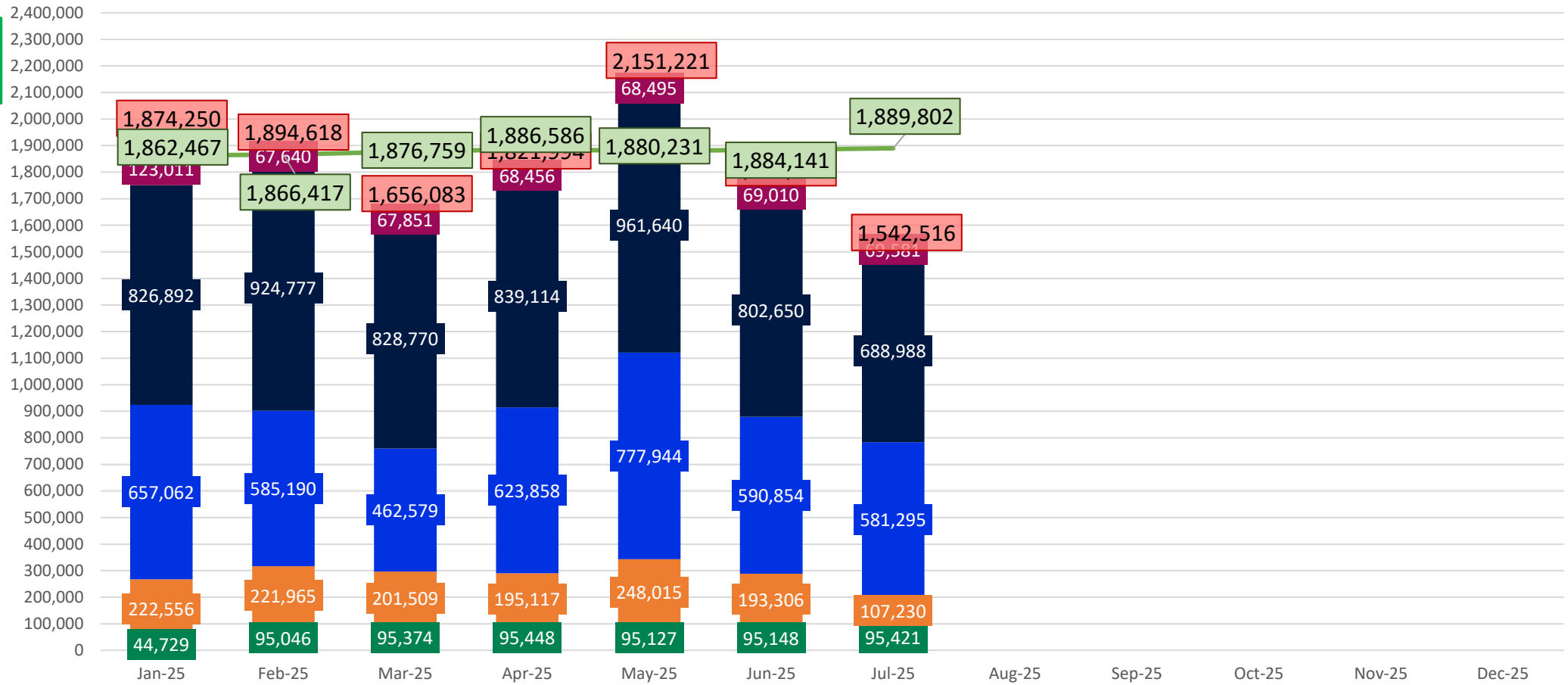
Amount Toward Reserve:
\$1,125,157



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Medical/Rx Fixed Cost	130,097	64,342	64,759	65,489	66,025	66,502	65,875	66,858	66,248	65,867	66,365	66,305
Medical Claims after SL Reimbursements	1,190,312	1,099,207	758,967	927,447	883,912	688,653	626,840	752,007	754,888	731,430	665,269	769,568
Rx Claims	407,652	361,347	497,297	355,775	517,033	390,145	406,378	674,713	505,809	516,071	723,481	488,977
Capitation	206,821	217,120	251,057	230,047	231,280	226,808	224,791	225,026	228,685	223,421	224,201	222,556
All Other *	-266,991	82,217	80,187	81,826	82,538	82,846	81,977	82,145	81,913	81,690	81,373	81,195
Total Cost	1,667,891	1,824,232	1,652,267	1,660,584	1,780,787	1,454,954	1,405,861	1,800,749	1,637,543	1,618,479	1,760,689	1,628,600
Total Funding	1,746,829	1,742,316	1,742,415	1,751,851	1,761,847	1,765,878	1,752,334	1,762,785	1,756,071	1,744,458	1,747,591	1,743,419
Surplus/Deficit	78,937	-81,917	90,148	91,267	-18,940	310,924	346,474	-37,964	118,527	125,980	-13,099	114,819

2025 Global Financial Tracker

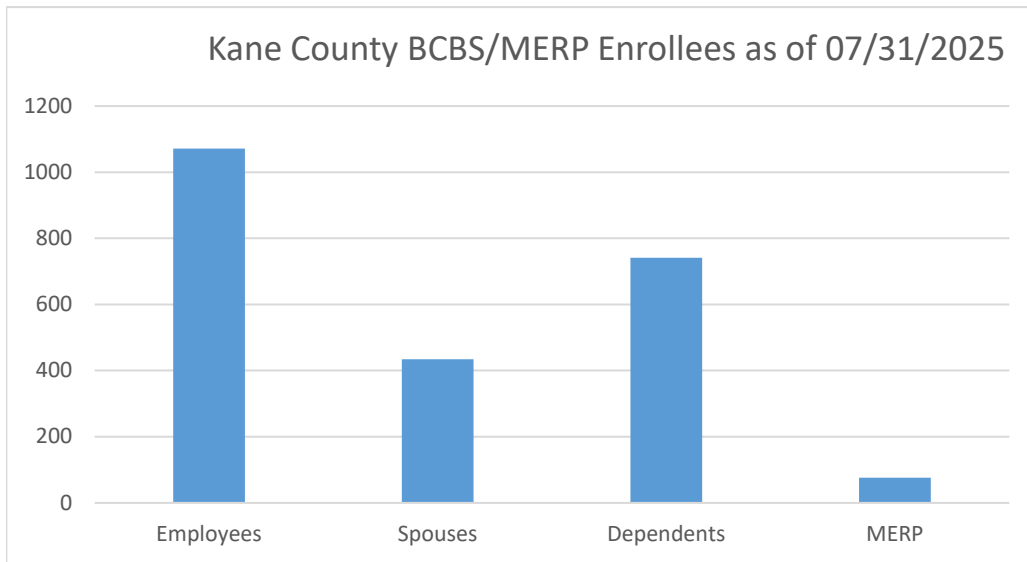
Amount Toward Reserve:
\$454,754



Medical/Rx Fixed Cost	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Medical Claims after SL Reimbursements	826,892	924,777	828,770	839,114	961,640	802,650	688,988					
Rx Claims	657,062	585,190	462,579	623,858	777,944	590,854	581,295					
Capitation	222,556	221,965	201,509	195,117	248,015	193,306	107,230					
All Other *	44,729	95,046	95,374	95,448	95,127	95,148	95,421					
Total Cost	1,874,250	1,894,618	1,656,083	1,821,994	2,151,221	1,750,969	1,542,516					
Total Funding	1,862,467	1,866,417	1,876,759	1,886,586	1,880,231	1,884,141	1,889,802					
Surplus/Deficit	-11,783	-28,202	220,676	64,592	-270,989	133,172	347,286					
Number of Claims	4,041	3,794	4,011	3,838	3,836	3,651	2,574					

**Kane County BCBS/MERP Enrollees as of
07/31/2025**

Employees	Spouses	Dependents	MERP
1071	434	741	76



STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

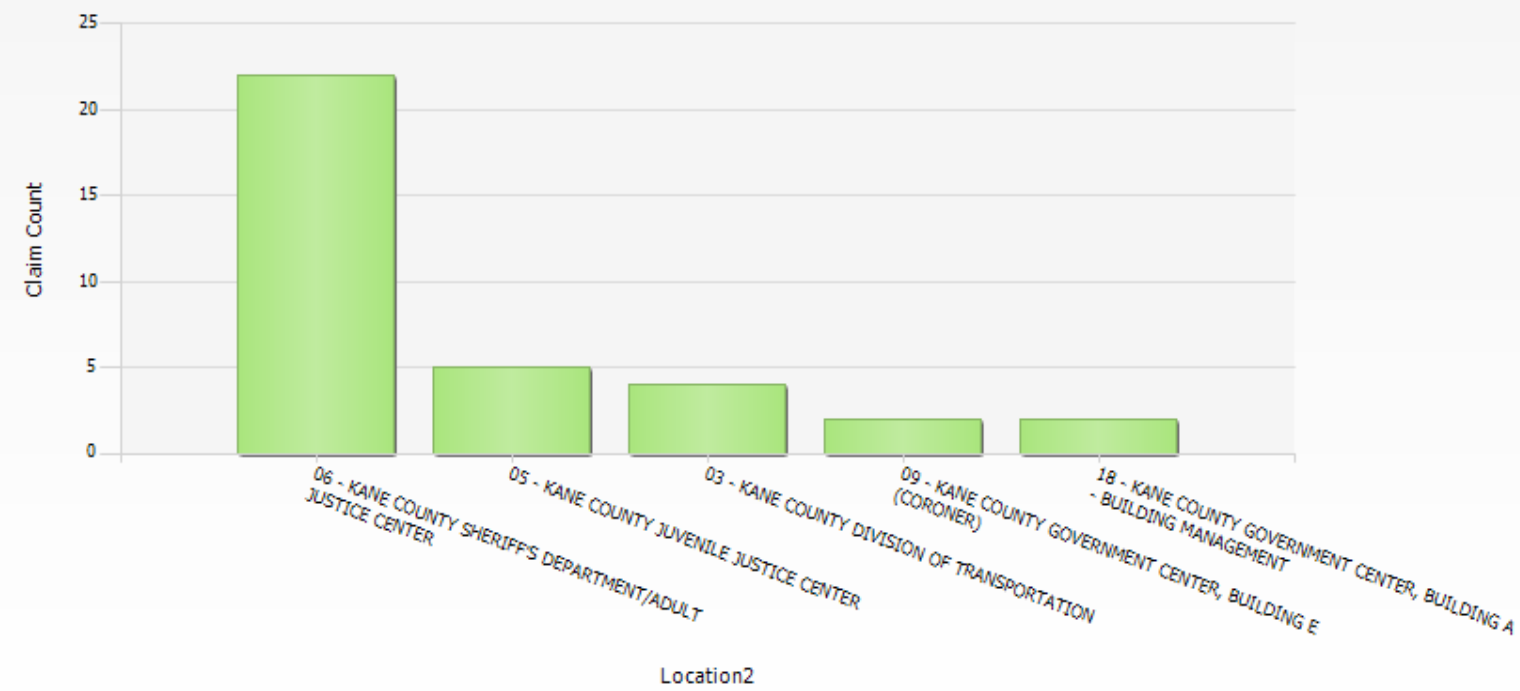
REPORT NO. TMP-25-1050

RISK MANAGEMENT

Kane County Top 5 Locations where the most incidents have occurred 12/01/24-11/30/25 as of 08/31/2025

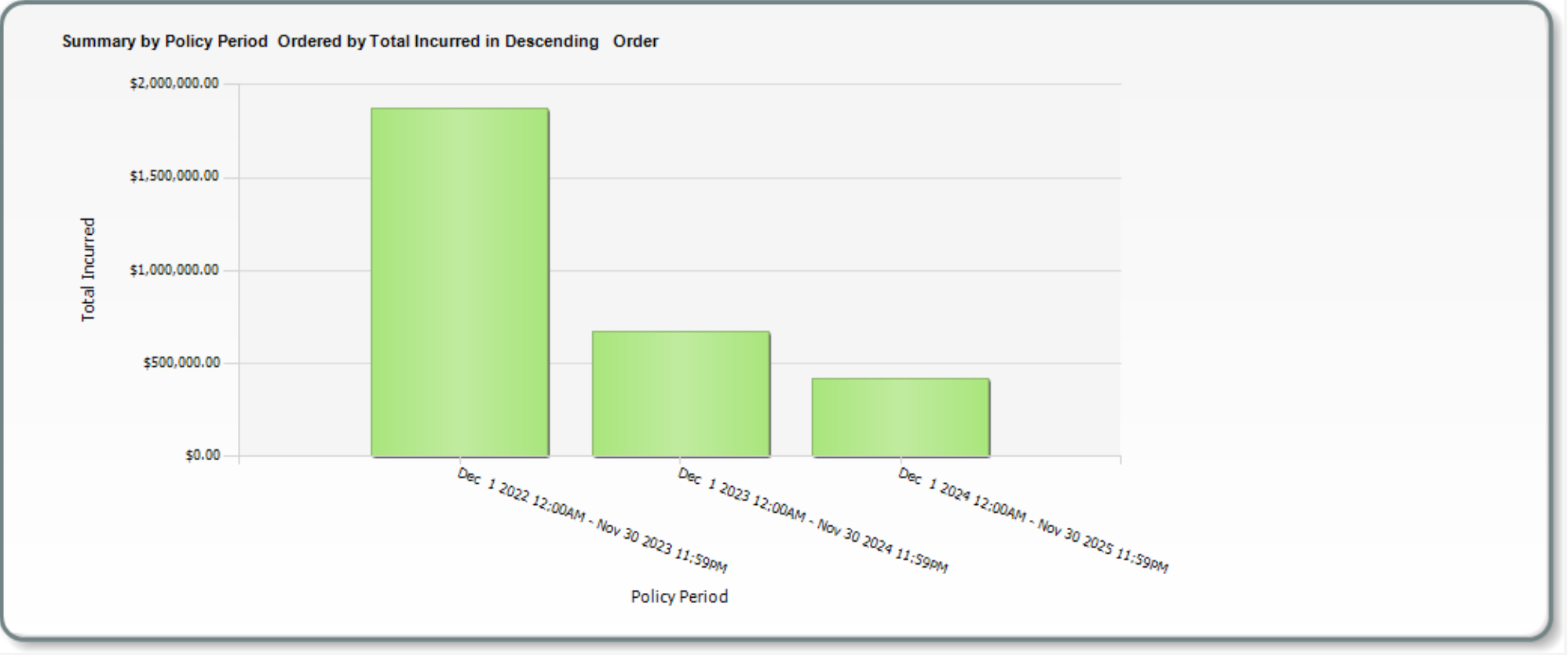
Location2	Claim Count	Total Paid	Outstanding Reserves	Recovery	Total Incurred	Total Reimbursement	Net Incurred	Cost Per Claim	% of Freq	% Of Incur
06 - KANE COUNTY SHERIFF'S DEPARTMENT/ADULT JUSTICE CENTER	22	\$77,709.14	\$159,681.74	\$0.00	\$237,390.88	\$0.00	\$237,390.88	\$10,790.49	54%	57%
05 - KANE COUNTY JUVENILE JUSTICE CENTER	5	\$3,877.20	\$742.91	\$0.00	\$4,620.11	\$0.00	\$4,620.11	\$924.02	12%	1%
03 - KANE COUNTY DIVISION OF TRANSPORTATION	4	\$9,514.08	\$12,216.31	\$0.00	\$21,730.39	\$0.00	\$21,730.39	\$5,432.60	10%	5%
09 - KANE COUNTY GOVERNMENT CENTER, BUILDING E (CORONER)	2	\$35,583.06	\$66,219.04	\$0.00	\$101,802.10	\$0.00	\$101,802.10	\$50,901.05	5%	24%
18 - KANE COUNTY GOVERNMENT CENTER, BUILDING A - BUILDING MANAGEMENT	2	\$1,978.93	\$587.83	\$0.00	\$2,566.76	\$0.00	\$2,566.76	\$1,283.38	5%	1%

Summary by Location2 Ordered by Claim Count in Descending Order



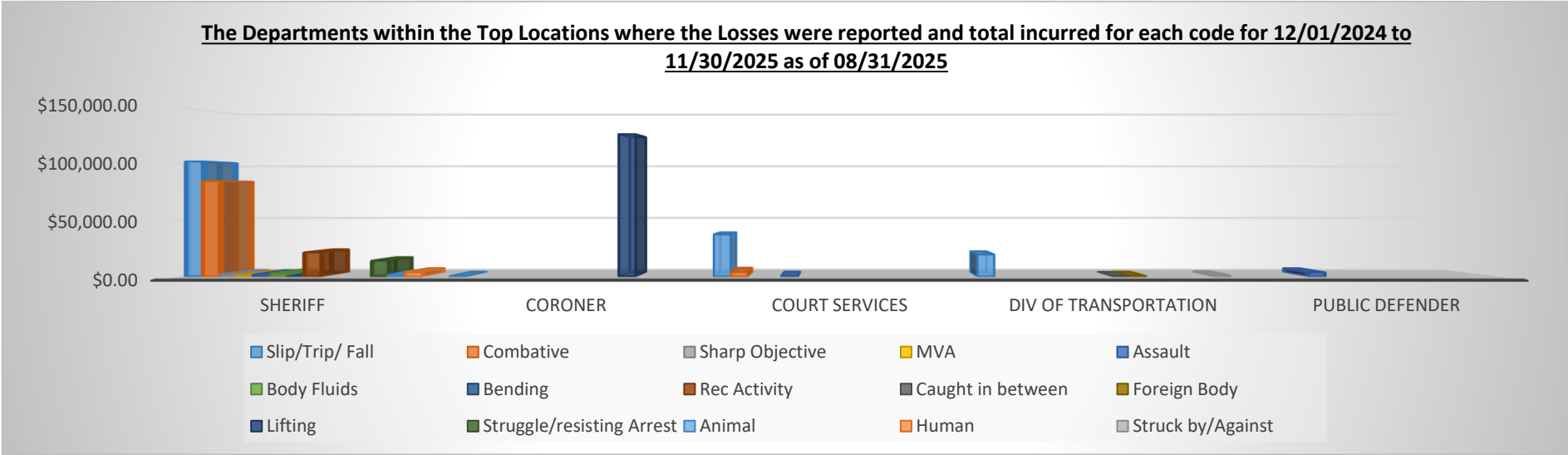
Kane County Worker's Compensation Trend from the 3 policy periods (12/01/22-11/30/25), in descending order by total incurred as of 08/31/2025

Policy Period	Claim Count	Total Paid	Outstanding Reserves	Recovery	Total Incurred	Total Reimbursement	Net Incurred	Cost Per Claim	% of Freq	% Of Incur
Dec 1 2022 12:00AM - Nov 30 2023 11:59PM	70	\$1,341,746.20	\$530,012.49	\$0.00	\$1,871,758.69	\$10,771.94	\$1,860,986.75	\$26,739.41	38%	63%
Dec 1 2023 12:00AM - Nov 30 2024 11:59PM	73	\$486,432.31	\$184,832.31	\$0.00	\$671,264.62	\$0.00	\$671,264.62	\$9,195.41	40%	23%
Dec 1 2024 12:00AM - Nov 30 2025 11:59PM	41	\$165,538.93	\$251,374.69	\$0.00	\$416,913.62	\$0.00	\$416,913.62	\$10,168.62	22%	14%



The Departments within the 5 Top Locations where the losses were reported and the Total incurred for each cause code from 12/01/2024 -11/30/2025 as of 08/31/2025

Departments	Slip/Trip/ Fall	Combative	Sharp Objective	MVA	Assault	Body Fluids	Bending	Rec Activity	Caught in between	Foreign Body	Lifting	Struggle/re sisting Arrest	Animal	Human	Struck by/Against
Sheriff	\$102,151.06	\$84,729.38	\$2,163.37	\$1,650.00	\$2,075.00	\$2,650.00	\$319.92	\$21,526.00				\$14,171.00	\$1,775.00	\$3,920.06	
Coroner	\$485.19										\$126,316.91				
Court Services	\$37,438.32	\$4,266.44			\$613.76										
Div of Transportation	\$19,663.43								\$360.73	\$606.23					\$1,101.00
Public Defender					\$3,850.00										



Departments	Count	Total Incurred
Sheriff	21	\$237,130.00
Coroner	2	\$101,802.10
Court Services	7	\$42,318.52
Div of Transp	4	\$21,730.39
Public Defender	1	\$3,850.00
Total	35	\$406,831.01

Executive Reports for Kane County Worker's Compensation Program for the last 4 years and the current year – By policy period and chronological order as of 08/31/2025



Policy Period	Paid	Out Reserve	Recovered	Total Incurred	Claim Count	Cost per Claim
12/01/2020 - 11/30/2021	\$1,077,023.96	\$21,256.41	\$23,736.71	\$1,074,543.66	71	\$15,134.42
12/01/2021 - 11/30/2022	\$736,022.17	\$297,256.75	\$8,647.62	\$1,024,631.30	52	\$19,704.45
12/01/2022 - 11/30/2023	\$1,341,746.20	\$530,012.49	\$0.00	\$1,871,758.69	70	\$26,739.41
12/01/2023 - 11/30/2024	\$486,432.31	\$184,832.31	\$0.00	\$671,264.62	73	\$9,195.41
12/01/2024 - 11/30/2025	\$165,538.93	\$251,374.69	\$0.00	\$416,913.62	41	\$10,168.62
Totals:	\$3,806,763.57	\$1,284,732.65	\$32,384.33	\$5,059,111.89	307	\$16,479.19

-Total incurred for the current policy period is \$416,913.62 with 41 claims reported. The average cost per claim is now \$10,168.62. These claims will continue to develop along with new claims reported.

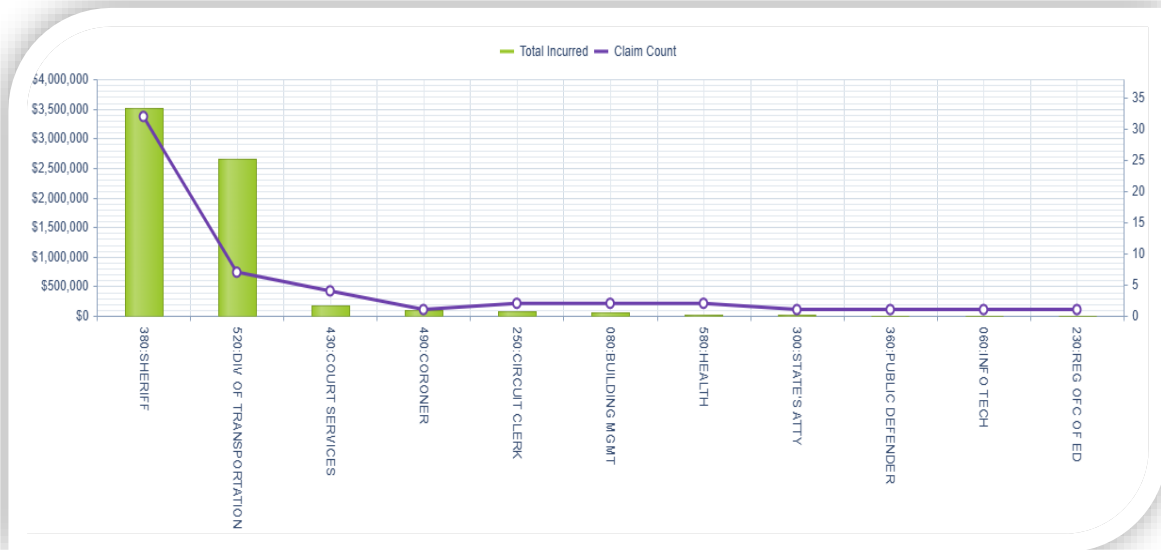
Executive Report for Kane County Liability Program for the last 4 years and the current year-By policy period and chronological order as of 08/31/2025



Policy Period	Paid	Out Reserve	Recovered	Total Incurred	Claim Count	Cost per Claim
12/01/2020 - 11/30/2021	\$568,839.04	\$58,000.00	\$163,936.41	\$462,902.63	46	\$10,063.10
12/01/2021 - 11/30/2022	\$471,241.67	\$5,000.00	\$175,380.39	\$300,861.28	71	\$4,237.48
12/01/2022 - 11/30/2023	\$637,955.57	\$47,557.59	\$273,011.04	\$412,502.12	81	\$5,092.62
12/01/2023 - 11/30/2024	\$398,920.56	\$23,872.79	\$179,692.23	\$243,101.12	71	\$3,423.96
12/01/2024 - 11/30/2025	\$156,830.91	\$52,418.10	\$68,043.57	\$141,205.44	45	\$3,137.90
Totals:	\$2,233,787.75	\$186,848.48	\$860,063.64	\$1,560,572.59	314	\$4,969.98

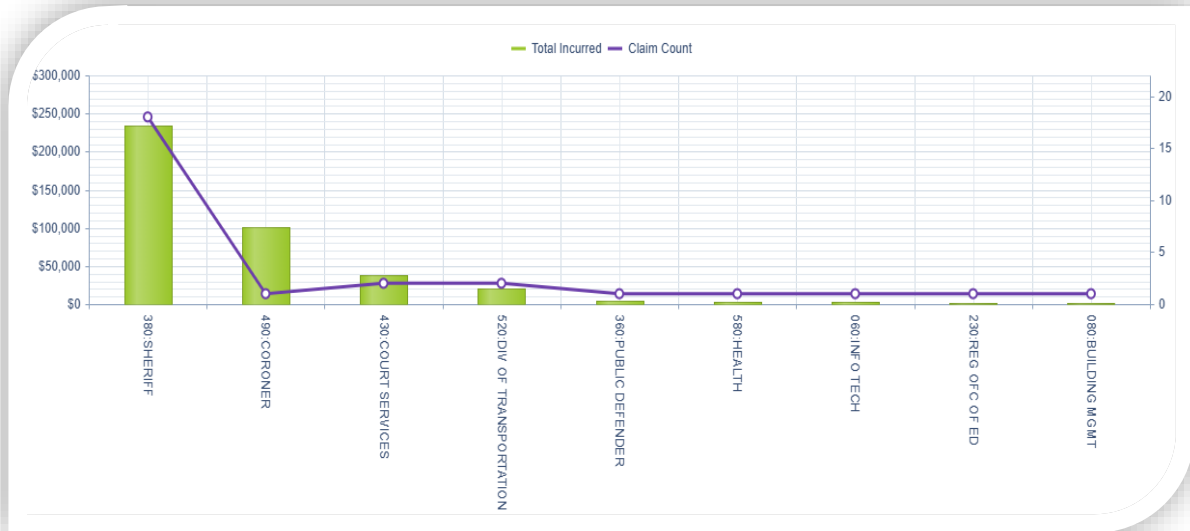
- The total incurred for the current policy period is \$141,205.44 with 45 claims reported for the current period and that will change upon receipt of additional information. Average cost per claim is \$3,137.90 for the current policy period.

All open Worker's Compensation Claims for Kane County as of 08/31/2025 with the oldest date of injury to be 06/15/2000 by Department



Departments	Paid	Out Reserve	Recovered	Total Incurred	Claim Count	Cost per Claim
380:SHERIFF	\$2,187,556.22	\$1,323,136.75	\$0.00	\$3,510,692.97	32	\$109,709.16
520:DIV OF TRANSPORTATION	\$1,591,697.46	\$1,065,268.57	\$0.00	\$2,656,966.03	7	\$379,566.58
430:COURT SERVICES	\$148,421.02	\$18,520.84	\$0.00	\$166,941.86	4	\$41,735.47
490:CORONER	\$35,097.87	\$66,219.04	\$0.00	\$101,316.91	1	\$101,316.91
250:CIRCUIT CLERK	\$26,311.79	\$42,390.92	\$0.00	\$68,702.71	2	\$34,351.36
080:BUILDING MGMT	\$14,449.23	\$42,679.77	\$0.00	\$57,129.00	2	\$28,564.50
580:HEALTH	\$2,983.85	\$21,962.02	\$0.00	\$24,945.87	2	\$12,472.94
300:STATE'S ATTY	\$15,140.30	\$246.07	\$0.00	\$15,386.37	1	\$15,386.37
360:PUBLIC DEFENDER	\$209.16	\$3,640.84	\$0.00	\$3,850.00	1	\$3,850.00
060:INFO TECH	\$0.00	\$2,750.00	\$0.00	\$2,750.00	1	\$2,750.00
230:REG OFC OF ED	\$79.02	\$1,620.98	\$0.00	\$1,700.00	1	\$1,700.00
Totals:	\$4,021,945.92	\$2,588,435.80	\$0.00	\$6,610,381.72	54	\$122,414.48

Open Worker's Compensation Claims that occurred from 12/01/2024 to 11/30/2025 as of 08/31/25

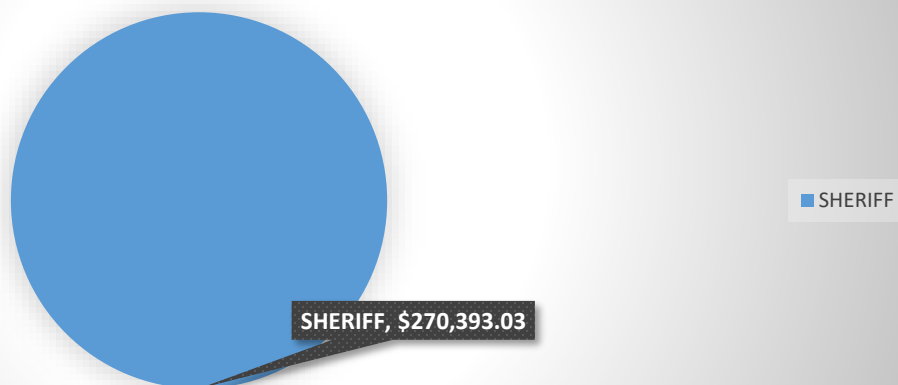


Departments	Paid	Out Reserve	Recovered	Total Incurred	Claim Count	Cost per Claim
380:SHERIFF	\$73,766.70	\$159,681.74	\$0.00	\$233,448.44	18	\$12,969.36
490:CORONER	\$35,097.87	\$66,219.04	\$0.00	\$101,316.91	1	\$101,316.91
430:COURT SERVICES	\$33,774.39	\$4,543.93	\$0.00	\$38,318.32	2	\$19,159.16
520:DIV OF TRANSPORTATION	\$8,547.12	\$12,216.31	\$0.00	\$20,763.43	2	\$10,381.72
360:PUBLIC DEFENDER	\$209.16	\$3,640.84	\$0.00	\$3,850.00	1	\$3,850.00
580:HEALTH	\$2,686.98	\$114.02	\$0.00	\$2,801.00	1	\$2,801.00
060:INFO TECH	\$0.00	\$2,750.00	\$0.00	\$2,750.00	1	\$2,750.00
230:REG OFC OF ED	\$79.02	\$1,620.98	\$0.00	\$1,700.00	1	\$1,700.00
080:BUILDING MGMT	\$812.17	\$587.83	\$0.00	\$1,400.00	1	\$1,400.00
Totals:	\$154,973.41	\$251,374.69	\$0.00	\$406,348.10	28	\$14,512.43

Kane County Settlements by Department for Policy Period
December 1, 2024- November 30, 2025 as of August 31, 2025

Department	Settlement Amount	Percentage %	Claims Settled
ANIMAL CONTROL	\$0.00	0%	
BUILDING MAINT	\$0.00	0%	
CIRCUIT CLERK	\$0.00	0%	
CORONER	\$0.00	0%	
COUNTY CLERK	\$0.00	0%	
COURT SERVICES	\$0.00	0%	
DIV OF TRANSPORTATION	\$0.00	0%	0
HEALTH	\$0.00	0%	
JUDICIARY COURTS	\$0.00	0%	0
KANE COMM	\$0.00	0%	
RECORDER	\$0.00	0%	
SHERIFF	\$270,393.03	100%	9
STATES ATTY	\$0.00	0%	
Total	\$270,393.03	100%	9

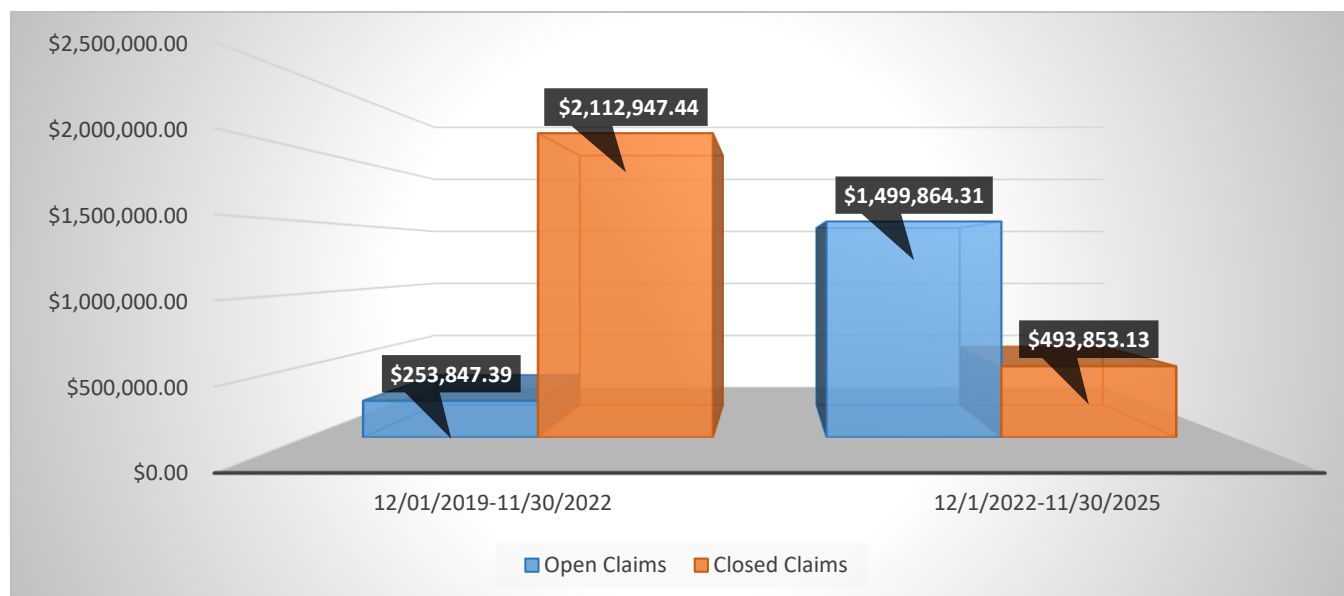
Settlements by Department as of August 31, 2025



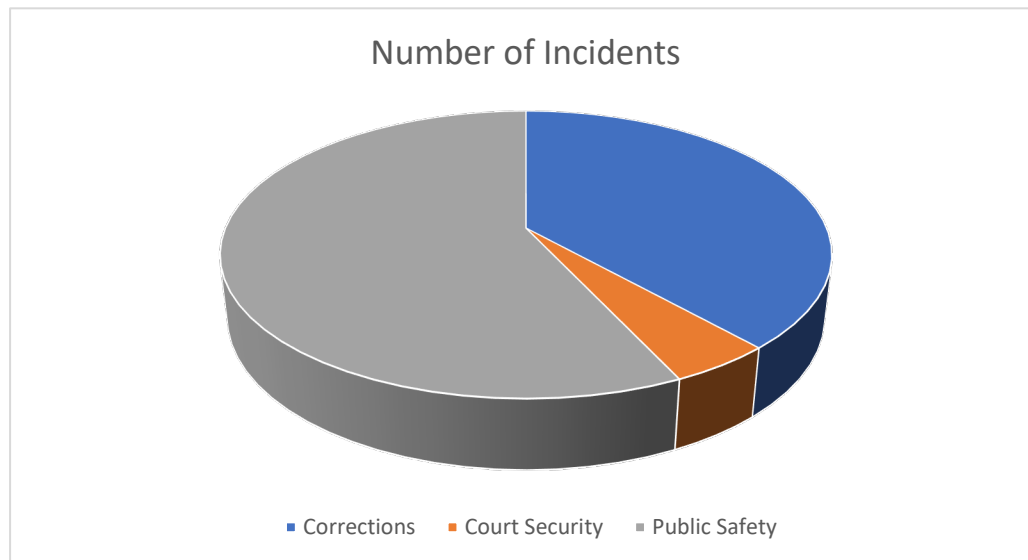
**Kane County Claims (open and closed) and paid amounts from
12/01/2019-11/30/2022 and 12/01/2022-11/30/25 periods as of 08/31/2025**

	Open Claims	Closed Claims	Claim Count
12/01/2019-11/30/2022	\$253,847.39	\$2,112,947.44	169
12/1/2022-11/30/2025	\$1,499,864.31	\$493,853.13	184

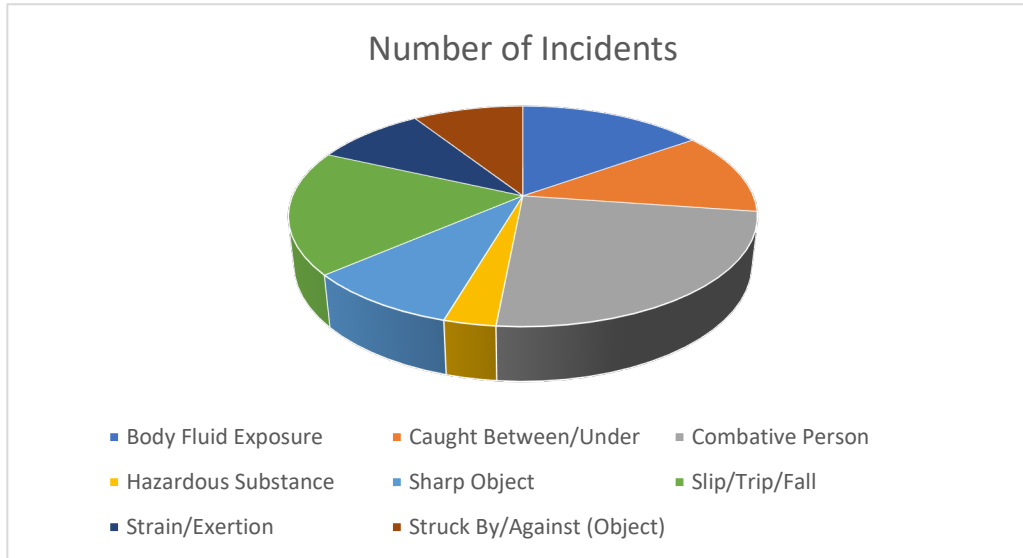
There are 15 less claims reported from 12/01/202019-11/30/2022, compared to the 12/01/2022-11/30/2025 period. The amount paid from claims that occurred 12/01/2019-12/1/2022 is \$373,077 more compared to 12/01/2022-11/30/25 period.



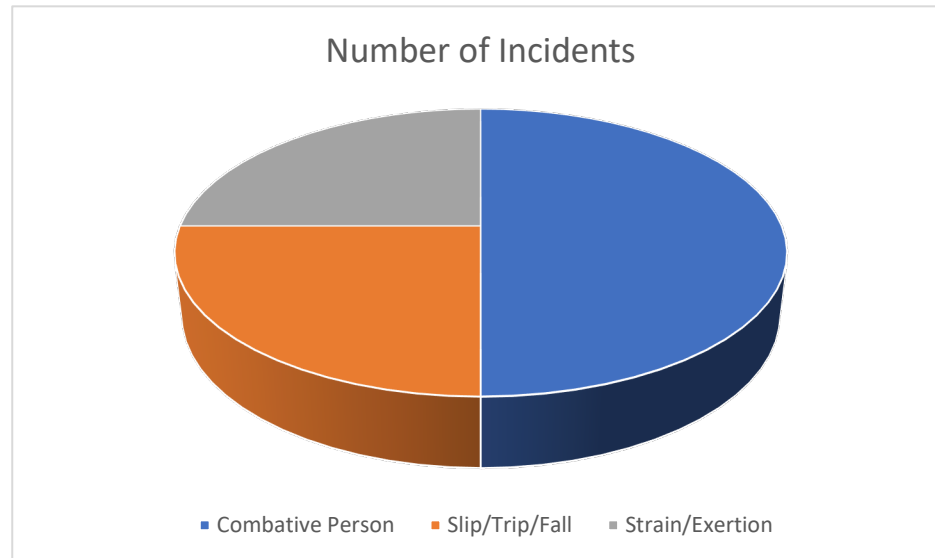
Workers' Compensation Claims 12/1/2022 through 7/30/2025			
KCSO Division	Number of Incidents	Total Incurred	
Corrections	33	\$510,418.17	
Court Security	4	\$47,938.98	
Public Safety	49	\$475,809.48	
	86	\$1,034,166.63	Totals



Corrections		
Injury Cause Category	Number of Incidents	Total Incurred
Body Fluid Exposure	5	\$6,692.24
Caught Between/Under	4	\$75,993.51
Combative Person	8	\$97,243.87
Hazardous Substance	1	\$1,599.14
Sharp Object	3	\$3,597.37
Slip/Trip/Fall	6	\$184,596.06
Strain/Exertion	3	\$44,070.37
Struck By/Against (Object)	3	\$96,625.61
	33	\$510,418.17
		Totals

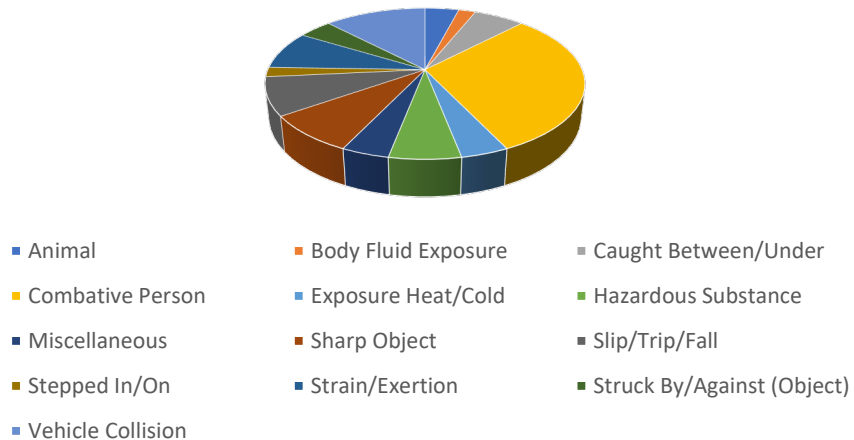


Court Security		
Injury Cause Category	Number of Incidents	Total Incurred
Combative Person	2	\$1,552.24
Slip/Trip/Fall	1	\$46,035.23
Strain/Exertion	1	\$351.51
	4	\$47,938.98
		Totals



Public Safety		
Injury Cause Category	Number of Incidents	Total Incurred
Animal	2	\$1,650.00
Body Fluid Exposure	1	\$1,019.28
Caught Between/Under	3	\$83,190.26
Combative Person	15	\$26,851.65
Exposure Heat/Cold	2	\$2,048.04
Hazardous Substance	3	\$4,720.77
Miscellaneous	2	\$1,558.51
Sharp Object	4	\$6,859.55
Slip/Trip/Fall	4	\$81,859.99
Stepped In/On	1	\$1,940.73
Strain/Exertion	4	\$70,982.31
Struck By/Against (Object)	2	\$1,411.21
Vehicle Collision	6	\$191,717.18
	49	\$475,809.48
		Totals

Number of Incidents



STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

REPORT NO. TMP-25-1051

STAFFING

Job Applicants for August 2025 by Position

Title	Post Date - Deadline	Internal/External	Applicants
Auditor			
Auditor Intern - Part Time Temporary	7/8/2025 - N/A	External	2
Total Auditor Applicants			2
Building Management			
[22] Building Management	8/12/2025 - N/A	External	1
Janitor	5/27/2025 - N/A	External	2
Maintenance Technician III	8/12/2025 - N/A	External	5
Stockroom/Buyer	5/9/2025 - N/A	External	2
Total Building Management Applicants			10
Court Services			
[13] Court Services	8/4/2025 - N/A	External	1
[20] Court Services	5/20/2025 - 8/31/2025	External	1
DUI and Veterans' Court Coordinator	8/3/2025 - N/A	External	1
DUI and Veterans' Court Coordinator	8/4/2025 - N/A	External	17
Intern/Volunteer	Open - N/A	External	3
Juvenile Detention Specialist	5/20/2025 - 8/31/2025	External	10
Probation Officer	8/22/2025 - 9/5/2025	External	6
Total Court Services Applicants			39
Development and Community Services			
Assistant Director	9/3/2025 - 9/4/2025	External	3
Building & Zoning Division Manager	9/3/2025 - 9/4/2025	External	2
Intern/Volunteer	Open - N/A	External	1
Planning Division Manager	9/3/2025 - 9/4/2025	External	1
Total Development and Community Services Applicants			7
Division of Transportation			
[17] Division of Transportation	8/14/2025 - N/A	External	1
Construction Manager - Engineering Technician	2/10/2025 - N/A	External	1
Highway Maintainer I (2 openings)	8/14/2025 - N/A	External	11
Total Division of Transportation Applicants			13
Health Department			
[16] Health Department	8/11/2025 - N/A	External	1
[27] Health Department	4/16/2025 - N/A	External	1

[28] Health Department	5/21/2025 - N/A	External	1
Data & Quality Coordinator	7/30/2025 - N/A	External	21
Environmental Health Practitioner	3/17/2025 - N/A	External	1
Environmental Health Practitioner	3/18/2025 - N/A	External	6
Facilities & Logistics Assistant	8/11/2025 - N/A	External	8
Intern/Volunteer	Open - N/A	External	3
Public Health Associate (Grant-funded for the Nurse Family Partnership program)	8/20/2025 - N/A	External	1
Public Health Intern (Trap Collection for West Nile Program)	5/21/2025 - N/A	External	1
Receptionist (Part-Time Position)	7/3/2025 - N/A	External	4
Receptionist (Part-Time Position)	8/28/2025 - N/A	External	1
Total Health Department Applicants			49

Information Technology Department

Accounts Payable Analyst II	8/11/2025 - N/A	External	1
Assistant Administration Director	8/11/2025 - N/A	External	1
Total Information Technology Department Applicants			2

Judiciary

[19] Judiciary	8/11/2025 - 9/1/2025	External	1
[24] Judiciary	8/11/2025 - 9/1/2025	External	1
Jury Commission Clerk	8/10/2025 - 9/1/2025	External	1
Jury Commission Clerk	8/11/2025 - 9/1/2025	External	63
Order of Protection Clerk	8/11/2025 - 9/1/2025	External	35
Staff Interpreter - Spanish Language	7/22/2025 - N/A	External	6
Total Judiciary Applicants			107

KANECOMM

9-1-1 Telecommunicator	5/8/2025 - N/A	External	12
Total KANECOMM Applicants			12

Office of Emergency Management (OEM)

[14] Office of Emergency Management (OEM)	11/25/2024 - N/A	External	1
Total Office of Emergency Management (OEM) Applicants			1

Sheriff

Court Security Officer	6/18/2025 - N/A	External	28
Lateral Transfer Corrections Officer	5/9/2025 - N/A	External	3
Total Sheriff Applicants			31

State's Attorney

[11] State's Attorney	8/5/2025 - N/A	External	1
[7] State's Attorney	6/24/2025 - N/A	External	1
Administrative Assistant – Juvenile Delinquency Division	7/18/2025 - N/A	External	2
Assistant State's Attorney – Misdemeanor Division	3/30/2025 - N/A	External	1
Assistant State's Attorney – Misdemeanor Division	3/31/2025 - N/A	External	2
Assistant State's Attorney/Felony Division	3/30/2025 - N/A	External	1
Child Advocacy Center Bi-lingual Advocate	6/24/2025 - N/A	External	4
Child Advocacy Center Operations Manager	6/24/2025 - N/A	External	6
Deferred Prosecution Case Manager	8/5/2025 - N/A	External	4
Victim Services Advocate – Bilingual (English/Spanish)	7/8/2025 - N/A	External	1
Total State's Attorney Applicants			23

Veteran's Commission

Veteran Service Officer	8/29/2025 - 9/11/2025	External	1
Total Veteran's Commission Applicants			1

Workforce Development Department

[23] Workforce Development Department	7/16/2025 - N/A	External	1
[25] Workforce Development Department	7/1/2025 - N/A	External	1
[26] Workforce Development Department	5/21/2025 - N/A	External	1
Bilingual Career Navigator	7/22/2025 - N/A	External	5
Business Services Manager	8/28/2025 - N/A	External	1
Career Navigator	7/23/2025 - N/A	External	11
Director of Workforce Development	8/15/2025 - N/A	External	12
One-Stop System Manager	7/16/2025 - N/A	External	9
Program Assistant - Batavia Office	7/1/2025 - N/A	External	14
Program Assistant - DeKalb Office	5/20/2025 - N/A	External	1
Program Assistant - DeKalb Office	5/21/2025 - N/A	External	3
Total Workforce Development Department Applicants			59

Total Applicants for August

356

New Hire Report

from 08/01/2025 - 08/31/2025

Department	Employee Name	Job Title	Employee Status	Hire Date
Animal Control	HEIDENREITER, JULIA K	Kennel Assistant	ACTIVE	08/07/2025
Coroner	MYLES, THOMAS R	Para Deputy Coroner	ACTIVE	08/03/2025
Health	BAZOS, AUDREY M	Receptionist	ACTIVE	08/18/2025
	MRZLAK, RACHEL P	Public Health Intern	ACTIVE	08/25/2025
	STRONG, DIANNA C	CHS III Health Planner	ACTIVE	08/18/2025
	VO, LILY T	CHS I Clinical Assistant	ACTIVE	08/18/2025
		CHS I Lead Risk Assessor	ACTIVE	08/18/2025
		Public Health Intern	ACTIVE	08/18/2025
Judiciary and Courts	LEUNG, GINNY	Asst Interpreter Coordinator	ACTIVE	08/04/2025
		Interpreter Coordinator	ACTIVE	08/04/2025
Public Defender	RICHMOND, CAITLIN E	Assistant Public Defender	ACTIVE	08/18/2025
		Trial Staff Service	ACTIVE	08/18/2025
Sheriff/Court Security	OLSON, JARED	Court Security Officer	ACTIVE	08/04/2025
Sheriff/Sheriff	ALEPRA, KENNETH J	Peace Officer	ACTIVE	08/04/2025
	COLLINS, CONNOR J	Peace Officer	ACTIVE	08/04/2025

New Hire Report

from 08/01/2025 - 08/31/2025

	PATCHETT, BLAKE E	Peace Officer	ACTIVE	08/04/2025
State's Attorney				
	GUERRI, MADELYN S	Law Clerk	INACTIVE	08/04/2025
	KONIEWICZ, TOMMY D	Assistant States Attorney	ACTIVE	08/11/2025
	O'NEAL, AMELIA K	Law Clerk	ACTIVE	08/18/2025
Treasurer/Collector				
	NASH, MICHAEL W	Financial Analyst	ACTIVE	08/04/2025
	PITOL, SCOTT P	Customer Service Analyst	ACTIVE	08/04/2025
Total New Hires 17				

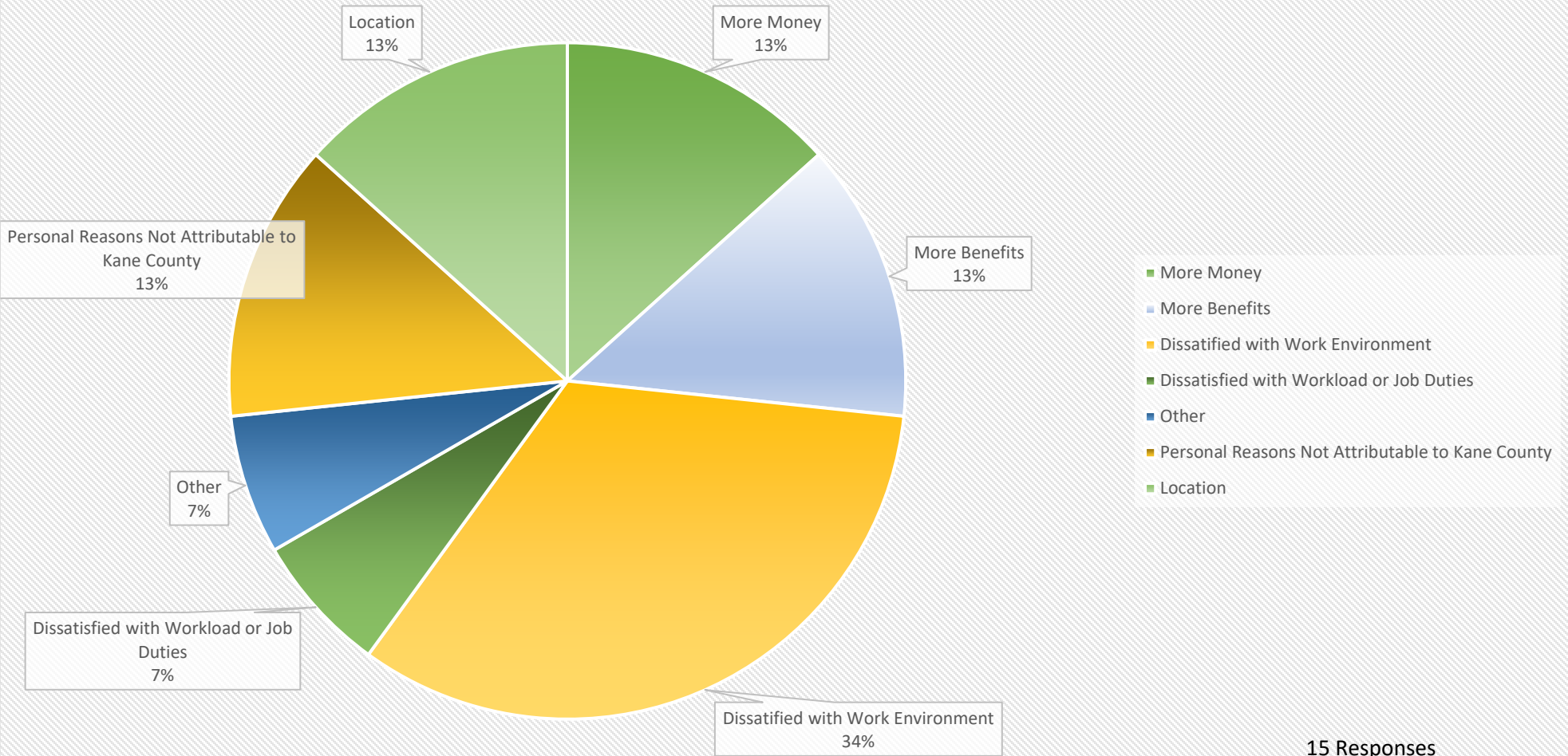
Termination Report

from 08/01/2025 - 08/31/2025

Department		
Employee Name		Termination Date
Building Management		
GRZESKIEWICZ, CHRISTOPHER A		08/04/25
LIM, RYAN G		08/01/25
REED, JILL A		08/01/25
Court Services/Court Services Administration		
OSBORN, JOSHUA M		08/07/25
REYES, LESLIE M		08/10/25
SPENCER, MADDELYNN R		08/15/25
Finance		
CLINNIN, SYDNEY K		08/08/25
Health		
DULSON, TAYLOR J		08/07/25
OSTER, KRISTINE A		08/01/25
TAPIA, CYNTHIA M		08/01/25
Judiciary and Courts		
ESTATE OF MOORE, MARI M		08/03/25
Regional Office of Education		
FUCHS, JULIE-ANN C		08/15/25
Sheriff/Adult Corrections		
DOMINGUEZ, PAUL M		08/04/25
State's Attorney		
GUERRI, MADELYN S		08/13/25
SHAH, JHEEL B		08/15/25

Total Terminations 15

Reasons Employees Left Kane County
8/1/2024-7/31/2025



STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

REPORT NO. TMP-25-1052

MONTHLY TRAINING REPORT

Sexual Harassment Training Compliance 9/3/2025					
Type of Training Delivered	Training Title	Source of Training	Departments invited	Total number of attendees	Deadline
Webinar	Prevention of Sexual Harassment at work - Employee	Illinois Chamber of Commerce	All	1278	08.31.2025
Webinar	Prevention of Sexual Harassment at work - Manager/Elected Official	Illinois Chamber of Commerce	All	237	08.31.2025
Active Employees: 1328					

STATE OF ILLINOIS)
COUNTY OF KANE) SS.

RESOLUTION NO. 25-278

AUTHORIZING CONTRACT EXTENSION FOR WORKERS COMPENSATION AND LIABILITY CLAIMS THIRD PARTY ADMINISTRATOR

WHEREAS, to protect the interests of Kane County, prompt and effective handling of all lines of commercial insurance claims including, property, casualty, general liability, automobile and workers compensation is vital; and

WHEREAS, Request for Proposal (RFP) 23-012 was issued soliciting Third Party Administration services from qualified companies; and

WHEREAS, Cannon Cochran Management Services, Inc. (CCMSI) responded to RFP 23-012, CCMSI presented information regarding its services, capabilities and expertise in the workers compensation and liability industry and is deemed the most qualified company to represent Kane County as its Third-Party Administrator of Record; and

WHEREAS, the RFP was for a two (2) year contract with an option for three (3) one-year renewal periods; and

WHEREAS, the current contract with CCMSI expires on November 30, 2025, and the new contract term is December 1, 2025 through November 30, 2026.

NOW, THEREFORE, BE IT RESOLVED that the Kane County Board authorizes a contract extension with Cannon Cochran Management Services, Inc. CCMSI to providing third party claims administration services for all lines of commercial insurance claims including property, casualty, general liability, automobile and workers compensation at a cost of Seventy-Five Thousand Five Hundred (\$75,500) for one year.

Passed by the Kane County Board on October 14, 2025.

John A. Cunningham, MBA, JD, JD
Clerk, County Board
Kane County, Illinois

Corinne M. Pierog MA, MBA
Chairman, County Board
Kane County, Illinois

Vote:



RESOLUTION / ORDINANCE EXECUTIVE SUMMARY ADDENDUM

Title

Authorizing Contract Extension for Workers Compensation and Liability Claims Third Party Administrator

Committee Flow:

Human Services Committee, Executive Committee, County Board

Contact:

Jamie Lobrillo, 630.208.3836

Budget Information:

Was this item budgeted? N/A	Appropriation Amount: \$75,500
If not budgeted, explain funding source: N/A	
Was this item passed through the appropriate committee? Yes	

Summary:

This resolution authorizes a contract extension with Cannon Cochran Management Services, Inc. CCMSI to provide third party claims administration services for all lines of commercial insurance claims including property, casualty, general liability, automobile and workers compensation at a cost of Seventy Five Thousand Five Hundred (\$75,500) for one year.

SERVICE AGREEMENT BETWEEN
County of Kane AND
CANNON COCHRAN MANAGEMENT SERVICES, INC.

THIS SERVICE AGREEMENT is made and entered into this 1st day of December, 2025, by and between County of Kane (the “Client”), an authorized self-insured entity, and Cannon Cochran Management Services, Inc. (“CCMSI”), a Delaware corporation. It is agreed between the parties hereto as follows:

A. APPOINTMENT OF CCMSI. The Client hereby appoints CCMSI, and CCMSI hereby agrees to serve, as Third Party Administrator (“Administrator”) of the Client’s self-insurance program created and existing under the State of Illinois (“State”) Self-Insurance Regulations.

B. FUNCTIONS OF CCMSI. During the term of this Agreement, the regular functions of CCMSI as the Client’s Administrator shall include the following:

1. Claim Administration.

(a) Claim Management and Administration. In compliance with its Best Practices, CCMSI will manage and administer all claims of the Client that occur during the period of this Agreement. All claim payments shall be made with Client funds. CCMSI will act on behalf of Client in handling, monitoring, investigating, overseeing and adjusting all such actual and alleged claims.

(b) Claim Settlement. CCMSI will settle claims of the Client with Client funds in accordance with reasonable limits and guidelines established with the Client.

(c) Claim Reserves. CCMSI will establish reserves for unpaid reported claims and unpaid claim expenses.

(d) Allocated Claim Expenses. CCMSI will pay, at market rates, all Allocated Claim Expenses with Client Funds. Allocated Claim Expenses are charges for services provided in connection with specific claims by persons or firms which are eligible claim expenses under the Client’s program. Notwithstanding the foregoing, Allocated Claim Expenses will include all expenses incurred in connection with the investigation, adjustment, settlement or defense of Client claims, even if such expenses are incurred by CCMSI. Allocated Claim Expenses will include, but not be limited to, charges for:

- 1) Independent medical examinations of claimants;
- 2) Managed care expenses, which include the services provided by comp mc™, CCMSI’s proprietary managed care program. Examples of managed care expenses includes but is not limited to state fee schedule, PPO net works, utilization review, nurse case management, medical bill audits and medical bill review;

- 3) Fraud detection expenses, such as surveillance, which include the services provided by *FIRE*, CCMSI's proprietary Special Investigation Unit (SIU), and other related expenses associated with the detection, reporting and prosecution of fraudulent claims, including legal fees;
- 4) Attorneys, experts and special process servers;
- 5) Court costs, fees, interest and expenses;
- 6) Depositions, court reporters and recorded statements;
- 7) Independent adjusters and appraisers;
- 8) Index bureau and OFAC (Office of Foreign Assets Control) charges;
- 9) MMSEA/SCHIP compliance charges; CCMSI, in conjunction with its reporting agent/MSP vendor, will comply with applicable MMSEA and Section 111 reporting requirements on behalf of the client. CCMSI will provide monthly Medicare eligibility query checks and quarterly mandatory insured reporting compliant with applicable CMS guidelines
- 10) Electronic Data Interchanges, EDI, charges if required by State law;
- 11) CCMSI personnel, at their customary rate or charge, but only with respect to claims outside the State and only if such customary rate is communicated to the Client prior to incurring such cost;
- 12) Actual reasonable expenses incurred by CCMSI employees outside the State for meals, travel, and lodging in conjunction with claim management;
- 13) Police, weather and fire report charges that are related to claims being administered under Client's program;
- 14) Charges associated with accident reconstruction, cause and origin investigations, etc.;
- 15) Charges for medical records, personnel documents, and other documents necessary for adjudication of claims under Client's program;
- 16) Charges associated with Medicare Set-Aside Allocations and other related MSP Services;
- 17) Legal bill review expenses, which include, the services provided by CLEAR, CCMSI's proprietary legal bill review program. This shall include charges related to legal bill review / audit, which shall include reviewing and auditing invoices submitted by Client-approved law firms for compliance with the Client's Defense Counsel Billing Guidelines.

18) Other expenses normally recognized as ALAE by industry standards.

(e) Subrogation. CCMSI will monitor claims for subrogation.

(f) Provision of Reports. CCMSI agrees to provide reports to the Client as specified in the Schedule of Reports attached hereto as Exhibit A.

2. Risk Management Services. CCMSI will provide the Client with additional Risk Management Services not contemplated in the Agreement upon mutual agreement of the parties. The Schedule of additional Risk Management Services to be provided is attached hereto as Exhibit B.

3. Loss Control Services. CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.

CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client. The Schedule of Loss Control Services to be provided is attached hereto as Exhibit C.

4. Legal Bill Review / Audit Services. In conjunction with its claims administration services, CCMSI will provide Client with Legal Bill Review / Audit Services (CLEAR). The Schedule of Legal Bill Review / Audit Services, including applicable fees, is attached hereto as Exhibit E.

5. Managed Care Services. CCMSI will provide the Client with managed care services (comp mc™) upon mutual agreement of the parties. The Schedule of Managed Care Services to be provided is attached hereto as Exhibit D.

C. CLIENT RESPONSIBILITIES. Client agrees to:

1. Report all claims, incidents, reports or correspondence relating to potential claims in a timely manner.
2. Reasonably cooperate in the disposition of all claims.
3. Claim Funding.
 - a. Provide Funds in a timely manner to pay all claims and expenses. **If utilizing an escrow account**, provide Funds on a periodic basis as mutually agreed upon per the Quality Service Plan, claim handling instructions, or similar document if applicable. Funds shall include those required to pay all claims and expenses covered by insurance carriers or other parties. CCMSI will work with Client to obtain timely reimbursement of such covered payments from insurance carriers or other parties, but will not advance any such amounts.

- b. **If utilizing an escrow account**, provide Funds in an amount that maintains a Claim Deposit equal to one hundred thousand dollars (\$100,000.00). The required Claim Deposit will be monitored and adjusted as necessary per mutual agreement of the parties. The Claim Deposit is the ultimate property of Client. CCMSI will return excess Funds to Client in a timely manner upon recalculation of Claim Deposit or termination of the Agreement.
 - c. **If utilizing an escrow account**, provide advance funding ("Prefunding") to pay all claim and expense transactions in excess of a mutually agreed upon amount per the Quality Service Plan, claim handling instructions, or similar document if applicable.
 - d. **If utilizing an escrow account**, provide all manner of Funds and Prefunding via Automated Clearing House (ACH) Electronic Funds Transfer (ETF).
- 4. Respond to reasonable information requests in a timely manner.
- 5. Identify in writing all insurance carriers applicable to CCMSI's claim handling responsibilities contemplated in this Service Agreement that CCMSI will have claim or data reporting requirements. In this regard, Client agrees to provide CCMSI with a complete copy of the current excess or other insurance policies, including applicable endorsements and audits, applicable to Clients insurance program and this Service Agreement. CCMSI assumes no responsibility of any kind for not reporting an otherwise reportable claim to any carrier that Client has failed to disclose to CCMSI and/or provide CCMSI with a copy of the applicable insurance policy and reporting instructions relative to that carrier.
- 6. When applicable, obtain and provide to CCMSI an active Registered Reporting Entity (RRE) number through the Centers of Medicare & Medicaid Services that CCMSI is explicitly authorized to use for mandatory MMSEA Section 111 reporting. When applicable, client agrees to maintain this RRE # by fulfilling CMS's annual recertification process.
- 7. Pay any fees or costs charged by any carrier or prior TPA of Client for the conversion of data associated with CCMSI handling run off claims for Client, or for the general transfer of data to CCMSI's operating systems.
- 8. Promptly pay CCMSI's fees.
- D. OPERATING EXPENSES.** The Client agrees to be responsible for and pay all of its own operating expenses other than service obligations of CCMSI. Such operating expenses shall include but not be limited to charges for the following:
 - 1. All costs associated with Client meeting its State security and licensing requirements;
 - 2. Certified Public Accountants
 - 3. Attorneys, other than provided for in Section B.1. (d) 3) and B.1. (d) 4) of this Agreement;
 - 4. Outside consultants, actuarial services or studies and State audits;

5. Independent payroll audits;
6. Allocated Claims Expenses incurred pursuant to Section B. 1. (d) of this Agreement;
7. All applicable regulatory fees and taxes;
8. Educational and/or promotional material, industry-specific loss control material, customized forms and/or stationery, supplies and extraordinary postage, such as bulk mailing, express mail or messenger service.
9. National Council on Compensation Insurance, NCCI, charges;
10. Excess and other insurance premiums;
11. Costs associated with the development, record keeping and filing of fraud statistics and plans, but only if required by any State or regulatory authority having jurisdiction over Client;
12. Other operating costs as normally incurred by the Client.

E. BOOKS AND RECORDS.

1. (a) CCMSI shall maintain all claim information relating specifically to the Client which is necessary to the performance of CCMSI's obligations under this Agreement (the "Records"). The Records shall remain at all times the sole property of the Client.

(b) The Records shall not include any manuals, forms, files and reports, documents, customer lists, rights to solicit renewals, computer records and tapes, financial and strategic data, or information which documents CCMSI's processes, procedures and methods, or which CCMSI employs to administer programs other than the Client. The items specified in this Paragraph E. 1. (b) shall at all times be and remain the sole and exclusive property of CCMSI, and the Client shall not have any ownership, interest, right to duplicate or right to utilize these items except for the above documentation or information that relates solely to Client's Program.
2. During the term of this Agreement, CCMSI shall provide the Client with copies of the Records, if so requested by the Client. Any reasonable costs of reproduction of the Records shall be borne by the Client.
3. CCMSI shall make the Records available for inspection by any duly authorized representative of the Client, or any governmental or regulatory authority having jurisdiction over CCMSI or the Client.

- F. NON-SOLICITATION OF EMPLOYEES.** During the term of the Agreement and for two (2) years thereafter, the Client and CCMSI mutually agree not to recruit, solicit or hire any employee of the other without written permission.

G. OTHER INSURANCE. If CCMSI places any specific or aggregate excess insurance, reinsurance, or other insurance product associated with this Agreement, then customary commissions and fees will be retained by CCMSI.

H. TERM AND TERMINATION.

1. Term of Agreement. The first term of this Agreement shall be for one (1) year beginning on December 1, 2025_ and terminating on November 30, 2026 with two subsequent one-year renewal options. At least ninety (90) days prior to the expiration of the term of this Agreement, the parties shall enter into good-faith negotiations regarding any proposed change in Agreement terms or fees. If there are no changes requested by either party, then the parties shall enter into a Memorandum of Understanding to extend the contract under the same terms.
2. Termination of Agreement. This Agreement may be terminated:
 - (a) By mutual agreement of the parties hereto;
 - (b) Upon expiration of the current term of this Agreement if either party has given the other at least ninety (90) days written notice of its intention to terminate as set forth in paragraph H. 1.;
 - (c) Upon dissolution of the Client's self-insurance program whether voluntary or due to cessation of Client's authority to self-insure;
 - (d) Upon dissolution of the Client's self-insurance program due to Client insolvency or bankruptcy;
 - (e) Upon ninety (90) days written notice by either party if the other party is in material breach of any term, covenant or condition contained herein; provided, however, that as a condition precedent to termination under this Section H. 2. (e), the terminating party shall give written notice to the other party, who shall have sixty (60) days from the date of such notice to cure or correct the grounds for termination. If the grounds of termination are not corrected or cured during the sixty (60) day period, this Agreement may be terminated on the termination date specified in the notice, but not prior to the expiration of the ninety (90) day period described herein.
3. Services Following Termination of Agreement. Should this Agreement be terminated or non-renewed for any reason, CCMSI will cease providing services, turn over to the Client all Client files in CCMSI's possession, which shall include all open and closed files.

Upon the Client's request and subject to agreement by CCMSI, CCMSI will be paid a reasonable negotiated fee to:

- (a) Provide for continued administration of the open claim files;

- (b) Cooperate with any successor administrator in the orderly transfer of all functions, including providing a runoff listing of open claim files if desired by the Client and any other records reasonable and necessary for a successor administrator; and
- (c) Provide an electronic transfer of data if such is feasible, with the cost of providing such borne by the Client. The electronic transfer of data will be subject to a flat fee of \$2,500.

I. **SERVICE FEE PAYMENTS.** The Client shall pay to CCMSI a service fee as outlined in the Fee and Payment Schedule attached hereto as Exhibit F.

J. **RELATIONSHIP OF PARTIES.** With respect to the services provided by CCMSI in this Agreement, CCMSI is considered an independent contractor. Nothing in this Agreement shall be construed to create a relationship of employer/employee, partners or joint ventures between the Client and CCMSI. This Agreement is non-exclusive, and CCMSI shall have the right to perform services on behalf of other individuals, firms, corporations and entities.

K. **INDEMNIFICATION.**

1. **Indemnification by Client.** The Client agrees that it will indemnify and hold harmless CCMSI and CCMSI's directors, officers, employees, agents, shareholders, subsidiaries and other affiliates from and against any and all claims, losses, liability, costs, damages and reasonable attorney's fees incurred by CCMSI as a result of breach of this Agreement by the Client, explicit instruction by the Client, or alleged misconduct, error or omissions by the Client, or by any of the Client's trustees, directors, officers, employees, agents, shareholders, subsidiaries, or other affiliates in connection with the performance of this Agreement. Agents as used herein include third party vendors selected by Client.
2. **Indemnification by CCMSI.** CCMSI agrees that it will indemnify and hold harmless the Client and the Client's trustees, directors, officers, employees, agents, shareholders, subsidiaries, members, or other affiliates from and against any and all claims, losses, liability, costs, damages and reasonable attorney's fees incurred by the Client as the result of breach of this Agreement by CCMSI or alleged misconduct, error or omissions by CCMSI, or by any of CCMSI's directors, officers, employees, agents, shareholders, subsidiaries or other affiliates in connection with the performance of this Agreement.

L. **CHANGE IN CIRCUMSTANCES.** In the event the adoption of any statute, rule or regulation materially changes the nature of the relationship between the parties hereto or the legal or economic premises upon which this Agreement is based, the parties hereto shall undertake good faith negotiations to amend the terms of this Agreement to account for such changes in a reasonable manner. This includes the happening or development of a local, regional, national or global health situation, crisis, pandemic, or catastrophic event that would impact the volume and type of claims to be administered by CCMSI under this Agreement. In the event of any such occurrence, either party may contact the other in good faith and seek to amend the terms and / or service fees applicable to this Agreement.

M. SOFTWARE ACCESS. The Client may be provided with the right to use one or more CCMSI Applications in connection with the services provided by CCMSI in this Agreement. CCMSI Applications include iCE, MyReports, Loss Control ASAP, Loss Control Resources and iCEBAR. The right to use CCMSI Applications is non-exclusive, limited to the term of this Agreement per paragraph H.1., non-transferable and is solely for the internal business use of Client.

CCMSI owns and reserves all rights, title, and interest in and to the CCMSI Applications. Client has no right to receive a copy of the object code or source code to the CCMSI Applications. Client may not attempt to:

1. License, sell, lease or otherwise make the CCMSI Applications available to any other party. Client will not provide any access, passwords or other information regarding the CCMSI Applications to any third parties and/or competitors of CCMSI without the prior written consent of CCMSI;
2. Use the CCMSI Applications in any way that violates any law, regulation or mandate, or the term of this Agreement; or
3. Take any action that jeopardizes confidential or proprietary information held by CCMSI.

Client is responsible for any confidential or proprietary information accessed or downloaded by Client from the CCMSI Applications, including the implementation of appropriate information security controls surrounding such information.

Except as expressly provided in this Agreement, CCMSI Applications are provided "as-is". CCMSI disclaims all other warranties, express, implied, or statutory, including the implied warranties or merchantability, satisfactory quality, title, fitness for a particular purpose, non-infringement, compatibility, security, quiet enjoyment, or accuracy. Without limiting the foregoing, CCMSI does not warrant that access to or use of the CCMSI Applications will be uninterrupted or error-free. CCMSI will provide support for the CCMSI Applications in the two most recent two versions of the Internet Explorer, Chrome, Firefox and Safari browsers.

N. MISCELLANEOUS.

1. Governing Law. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Illinois without regard to principles of conflicts of law.
2. Timing of Services. CCMSI may exercise its own reasonable judgment, within the parameters set forth herein and in compliance with State regulations, as to the time and manner in which it performs the services required hereunder. Additionally, CCMSI will be held to a standard of like administrators performing like services for customers such as Client.
3. Successors in Interest. This Agreement shall be binding upon, and inure to the benefit of, the successors in interest and permitted assigns of the parties hereto.
4. Severability. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if the invalid or unenforceable provision had been revised to the minimum extent necessary to make it valid and fully enforceable under applicable law.

5. Paragraph Headings. All paragraph headings in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
6. Waiver. The failure of any party to enforce any provisions of this Agreement shall not constitute a waiver by such party of any provision. A past waiver of a provision by either party shall not constitute a course of conduct or a waiver in the future with respect to that same provision.
7. Notice Provision. All notices, requests and other communications required under this Agreement shall be in writing and delivered by hand or mailed, registered or certified, return receipt requested, postage paid, or sent via a nationally recognized overnight courier to the other party at the following address:

Client: Jamie Loblillo
County of Kane
719 S. Batavia Building A 3rd Floor
Geneva, IL 60134

CCMSI: Cannon Cochran Management Services, Inc.
2 E. Main St.
Danville, IL 61832
Attn: Chief Financial Officer

8. File Destruction Policy. CCMSI will maintain electronic claim file records or hard copy files (where applicable) on all closed files on behalf of Client for a period of fifteen (15) years after the month of closure, or for as long as necessary to protect the applicable statute of limitations, whichever is longer. It is the sole responsibility of Client to advise CCMSI if files are not to be destroyed per this policy.
9. Insurance. CCMSI will purchase and maintain insurance coverages for its performance of the services contemplated in this Agreement. Minimum policy limits are as follows:

Workers Compensation – Statutory
Professional - \$5,000,000
General Liability - \$1,000,000 / \$2,000,000
Umbrella - \$5,000,000
Cyber Coverage - \$5,000,000

10. Escheatment. CCMSI is responsible for complying with all applicable abandoned property or escheat laws, making any required payments, and filing any required reports on CCMSI escrow accounts.
11. Confidential Information. Confidential Information includes nonpublic information that is exchanged between the Client and CCMSI, including, without limitation, information relating to the business, financials, personnel, customer data and operating procedures. Confidential Information includes information whether in written, electronic, or oral form created and relating to services provided under the Agreement. All Confidential Information is proprietary. Client and CCMSI may use the other party's Confidential Information only for the purpose of this

Agreement and will limit its disclosure to only those persons reasonably necessary to perform under the Agreement. CCMSI will share non-personal bulk claim data with the IDS National Database unless the Client directs otherwise.

12. Information Security. CCMSI is responsible for the protection of the confidentiality, availability, privacy and integrity of Client information in our custody. CCMSI has implemented an Information Security Policy that has been developed to comply with applicable federal and state laws or regulations and industry best practices. The Information Security Policy applies to all CCMSI personnel, including temporary employees, independent contractors and vendors with access to CCMSI systems.
13. Entire Agreement/Amendment. This Agreement sets forth the full and final understanding of the parties hereto with respect to the matters described herein and supersedes any and all prior agreements and understandings between them, whether written or oral. This Agreement may be amended only by written document executed by the Client and CCMSI.

Executed this ____ day of _____, 20__.

CANNON COCHRAN MANAGEMENT SERVICES, INC.

By: _____
John E. Kluth II

Its: Chief Financial Officer

County of Kane

By: _____

Its: _____

EXHIBIT A

SCHEDULE OF REPORTS

1. A detailed listing of all claims broken down by location, policy year and line of coverage. (MONTHLY)
2. A summary of all claims broken down by location, policy year and line of coverage. (MONTHLY)
3. A check register listing all checks issued during a reporting period. (MONTHLY)

EXHIBIT B

SCHEDULE OF RISK MANAGEMENT SERVICES

None to Be Provided.

EXHIBIT C

SCHEDULE OF LOSS CONTROL SERVICES

None to be provided.

CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.

CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client.

EXHIBIT D

SCHEDULE OF comp mc TM & comp mc TM SERVICES AND FEES

Provider Bill Re-pricing

<i>Service</i>	<i>Fee</i>
Usual and Customary re-pricing	\$10.00 per bill
Fee Schedule state re-pricing	\$10.00 per bill
Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill

PPO Re-pricing / Out of Network Negotiations

PPO re-pricing / Specialty and Hospital bill negotiation is billed at 33% of savings
--

Pharmacy Network Services

Pharmacy Network services are priced at 33% of savings.

EXHIBIT E

SCHEDULE OF CLEAR SERVICES AND FEES

Service	Description	Service Fee
Legal Bill Review / Audit Services	Review and audit all legal invoices submitted by Client-approved law firms for adjudication in compliance with Client's Defense Counsel Billing Guidelines and Generally Accepted Legal Billing Principles.	PAID TO BOTTOMLINE TECHNOLOGIES, INC. 1.95% of the gross monetary total of each invoice submitted and audited (inclusive of law firm fees, costs and disbursements).
Management Fee for administration of Legal Bill Review Program, administration and integration of data reporting and data transfer, development and delivery of Performance Reports, and maintenance of technology interface	Integration and interface of legal bill review / audit software with CCMSI's claim system necessary to review and adjudicate legal invoices electronically. Periodic standard reports will be developed and produced summarizing Program's overall savings results. Metrics will be applied to analyze the overall performance of law firms. A Bill Analysis Report (BAR) will be generated for each legal invoice reviewed. The BAR will be included with each check to the appropriate law firm and include details and supporting documentation for any deductions applied to the original billing.	PAID TO CCMSI 0.25% of the gross monetary total of each invoice submitted and audited (inclusive of law firm fees, costs and disbursements).

Note: Fees relative to legal bill review services will appear on the transaction register payable to "CLEAR", CCMSI's proprietary legal bill review program.

Guarantee: If Legal Bill Review savings achieved for Client is less than the 2.20% total service fee incurred on an annual basis, the Client will be refunded the difference between the service fee incurred and the amount actually saved on invoices. Therefore, service fees will never exceed the savings achieved for Client on an annual basis. Bottomline Technologies, Inc. and CCMSI service fees are paid as ALAE to the applicable claim file as described in section B. 1.(d)17) of this Agreement.

EXHIBIT F

FEE AND PAYMENT SCHEDULE

Service Agreement Term: 12/01/2025-11/30/2026																																	
Services:	Fees:																																
Claims Administration (minimum)	\$60,000																																
<p>CCMSI will manage all workers' compensation, and Liability claims for the Life of Agreement for the minimum annual fee as follows:</p> <p>Claims will be analyzed by the number and type of claim on an on-going basis and priced on a per claim basis as outlined below.</p> <table border="1"> <thead> <tr> <th>Claim Type</th><th>Price per claim type</th></tr> </thead> <tbody> <tr><td>Indemnity</td><td>\$1,113.00</td></tr> <tr><td>Medical Only</td><td>\$195.00</td></tr> <tr><td>General Liability Bodily Injury</td><td>\$980.00</td></tr> <tr><td>General Liability Property Damage</td><td>\$515.00</td></tr> <tr><td>Auto Liability Bodily Injury</td><td>\$980.00</td></tr> <tr><td>Auto Liability Property Damage</td><td>\$515.00</td></tr> <tr><td>Auto Property Damage</td><td>\$515.00</td></tr> <tr><td>Errors and Omissions</td><td>\$1,135.00</td></tr> <tr><td>Employment Practices</td><td>\$1,135.00</td></tr> <tr><td>FPPC - First Party Property</td><td>\$515.00</td></tr> <tr><td>Boiler and Machinery</td><td>\$515.00</td></tr> <tr><td>Law Enforcement</td><td>\$1,135.00</td></tr> <tr><td>Public Office Liability</td><td>\$1,135.00</td></tr> <tr><td>Auto Underinsured/AUIM</td><td>\$980.00</td></tr> <tr><td>Incident Only</td><td>\$40.00</td></tr> </tbody> </table> <p>There will be a 3% fee increase to claim fees only per year (this does not include the Complex/Enhanced medical only surcharge fee).</p> <p>Complex/Enhanced medical only claim surcharge - \$350/per claim</p>		Claim Type	Price per claim type	Indemnity	\$1,113.00	Medical Only	\$195.00	General Liability Bodily Injury	\$980.00	General Liability Property Damage	\$515.00	Auto Liability Bodily Injury	\$980.00	Auto Liability Property Damage	\$515.00	Auto Property Damage	\$515.00	Errors and Omissions	\$1,135.00	Employment Practices	\$1,135.00	FPPC - First Party Property	\$515.00	Boiler and Machinery	\$515.00	Law Enforcement	\$1,135.00	Public Office Liability	\$1,135.00	Auto Underinsured/AUIM	\$980.00	Incident Only	\$40.00
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<p><u>Workers' Compensation Claim Definitions</u></p> <ul style="list-style-type: none"> ▪ Indemnity Claims – Claims involving lost-time, questionable compensability, legal involvement/client attorney representation, subrogation, second injury fund, probable permanent impairment, jurisdictional issues, coverage issues and complex medical issues that are assigned or transferred to indemnity adjusters for claims handling. ▪ Medical Only Claims – Claims which have no issues of lost time, no evidence of other indemnity benefit exposure, no obvious question of compensability, no evidence of potential subrogation or second injury recovery, no evidence of problematic medical issues and no requirement or need for any formal statements (3-point or 2-point verbal contact is not required). ▪ Complex/Enhanced Medical Only – Medical only claims that have 6 or more paid medical transactions and total paid dollars greater than \$2,500. ▪ Report Only/Incident Only Claims – Reported claims which require only input into RMIS system and requires no claims management activity. 	
<p>Take-Over Claims</p>	<p>As Outlined</p>
<p>CCMSI will continue to manage all open workers compensation take over claims with a date of loss prior to 12/1/11 for the life of this agreement for a per claim fee as follows:</p> <p>\$45.00/per claim per month, for the handling for 12 months or any portion thereof. There are currently 2 open claims and the annual fees = \$1,080.00</p>	
<p>Annual Administration Fee</p>	<p>\$10,000</p>
<ul style="list-style-type: none"> • Designated client service team • Development of specific client service requirements • Monthly loss reporting • Quarterly claim reviews at client's request • Issuance of 1099's • Assistance in filing of all required state forms including state mandated assessments <ul style="list-style-type: none"> ○ If Client has directed CCMSI to utilize a third party vendor selected by Client for the provision of services then such assistance will be the responsibility of the third party vendor • Preparation for, compliance with and response to regulatory audits • Account Management and Administration 	
<p>OSHA Reporting Module</p>	<p>\$3,000</p>
<ul style="list-style-type: none"> • On-Line access to OSHA recordkeeping program • Data will be maintained by (Kane County) • Unlimited OSHA logs and summaries • Ability to electronically upload OSHA forms 	
<p>Annual Internet Claim Access Fees</p>	<p>\$2,500</p>
<p><u>Internet claims system access which includes:</u></p>	

<ul style="list-style-type: none">• Viewing access to all claims data• Risk Management statistical analysis• Comprehensive and complete access to claims management process• On-line reports• On-line reporting capability via the internet• Ability to generate First Notice of Loss													
Managed Care Service Fees	See Detail												
<div><div>Provider Bill Re-pricing</div><table><tr><th><i>Service</i></th><th><i>Fee</i></th></tr><tr><td></td><td></td></tr><tr><td>Usual and Customary re-pricing</td><td>\$10.00 per bill</td></tr><tr><td>Fee Schedule state re-pricing</td><td>\$10.00 per bill</td></tr><tr><td>Medical Bill State Reporting for applicable medical bills to reportable state</td><td>\$1.50 per reportable bill</td></tr></table><div>PPO Re-pricing / Out of Network Negotiations<table><tr><td>PPO re-pricing / Specialty and Hospital bill negotiation is billed at 33% of savings</td></tr></table></div><div>Pharmacy Network Services<table><tr><td>Pharmacy Network services are priced at 33% of savings.</td></tr></table></div></div>	<i>Service</i>	<i>Fee</i>			Usual and Customary re-pricing	\$10.00 per bill	Fee Schedule state re-pricing	\$10.00 per bill	Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill	PPO re-pricing / Specialty and Hospital bill negotiation is billed at 33% of savings	Pharmacy Network services are priced at 33% of savings.	
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PPO re-pricing / Specialty and Hospital bill negotiation is billed at 33% of savings													
Pharmacy Network services are priced at 33% of savings.													
State Reporting EDI Fees	Current Market Rate												
Index Bureau <p>Note: The index fee is a direct pass through charge for ISO. If ISO increases their current market rate per index, CCMSI will adjust the fee accordingly.</p>	Current ISO Market Rate												
Subrogation Fee	20% of Recovery												
20% of recovery with a cap of \$50,000 per claim.													
Mandatory MMSEA Compliance Section 111 Reporting Fee	Current Market Rate												
CCMSI, in conjunction with its reporting agent / MSP Vendor, will comply with applicable MMSEA and Section 111 reporting requirements on behalf of County of Kane. <ul style="list-style-type: none">• All qualifying injury claims will be queried to CMS to determine Medicare eligibility.• CCMSI will collect additional mandatory data on claims where Medicare eligibility has been verified. CCMSI, along with its reporting agent, will report all claims meeting the reporting guidelines as set forth by CMS.• CCMSI will provide ongoing monthly Medicare eligibility query checks and continued quarterly mandatory insured-reporting compliant with applicable CMS guidelines.													

<u>Note:</u> In order for CCMSI and its reporting agent to comply with mandatory Section 111 reporting, the client must provide CCMSI an active RRE # wherein CCMSI is explicitly authorized to report data on the client’s behalf.				
Carrier Fees		TBD		
If applicable, Client will be responsible for payment of any carrier fees associated with the transition of claim handling responsibilities to CCMSI.				
Special System Reports		\$125 an hour		
CCMSI will provide special reports, (reports not currently programmed or written) for a fee of \$125 per hour for system programming time. CCMSI will provide an estimate of charges before any work will be done.				
Taxes		See Detail		
CCMSI fees will be increased by any applicable Sales, Gross Receipts, or similar (excluding income) taxes imposed by Federal, State or Local bodies.				
GRAND TOTAL	1st year	\$75,500		
Fee & Payment Schedule				
<p>The quarterly installments will be due on the first day of December 2025, March 2026, June 2026, and September 2026 of the policy period.</p> <p>Quarterly amounts as follows:</p> <table><tr><td>Quarterly Installment</td></tr><tr><td>\$18,875.00</td></tr></table> <p>Takeover claims (2 are open at \$270.00 per quarter) will be billed quarterly on the first day of December 2025, March 2026, June 2026, and September 2026 of the policy period.</p> <p>Subsequent year service fees shall be subject to an annual 3% increase as previously indicated in Exhibit F.</p>			Quarterly Installment	\$18,875.00
Quarterly Installment				
\$18,875.00				

Executed this ____ day of _____, 20__.

CANNON COCHRAN MANAGEMENT SERVICES, INC.

By: _____
John E. Kluth II

Its: Chief Financial Officer

County of Kane

By: _____

Its: _____



RESOLUTION / ORDINANCE EXECUTIVE SUMMARY ADDENDUM

Title

Authorizing the County to Contract with Humana, Inc. to Provide the 2026 Healthcare Continuation Coverage for Medicare Eligible Retired and Disabled Employees and Surviving Spouses

Committee Flow:

Human Services Committee, Finance and Budget Committee, Executive Committee, County Board

Contact:

Jamie Lobrillo, 630.208.3836

Budget Information:

Was this item budgeted? N/A	Appropriation Amount: \$N/A
If not budgeted, explain funding source: N/A	
Was this item passed through the appropriate committee? Yes	

Summary:

This resolution approved a 12-month contract with Humana for retiree coverage. Humana is the existing provider for Medicare Supplement Healthcare Coverage for eligible retirees, disabled employees, and surviving spouses. This plan has met the needs of the County and its eligible employees. Assured Partners, the County's health insurance broker of record, continues to recommend Humana's Medicare Advantage plan as the supplemental health care plan and further states that the associated premium increase is consistent with the industry and remains cost competitive and a good value to Kane County's retired and disabled employees and their surviving spouses.



Group Medicare Renewal

2026 Renewal Information

Thank you for being a loyal Humana customer. Our commitment to providing exceptional healthcare solutions remains unwavering, and we look forward to continuing our partnership. We are pleased to deliver the 2026 Group Medicare Advantage Plan renewal for Kane County. Attached to this PDF file you will find the following information for your review:

- 2026 Rate Sheet
- 2026 Plan Design Exhibit(s)
- 2026 VAIS Plan Design Exhibit

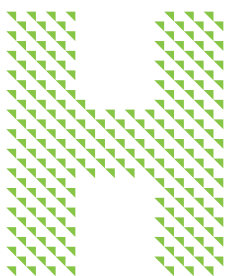
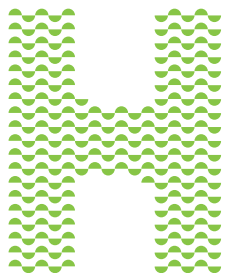
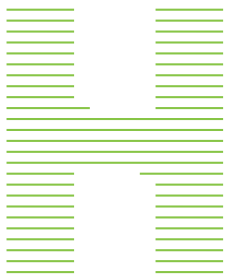
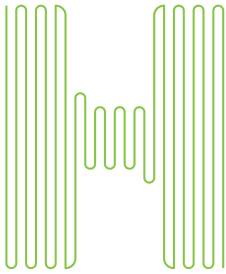
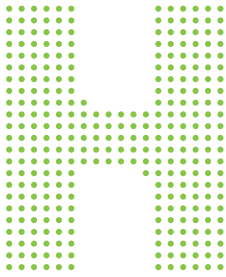
Additionally, I have included the following documents below for signature:

- 2026 Renewal Acceptance Letter

We look at multiple factors when determining rates including, but not limited to, claims trend, benefit changes, and CMS reimbursement changes. Two major factors impacting rates for 2026 include the CMS Rate Announcement and the Part D redesign as part of the Inflation Reduction Act (IRA).

2026 CMS Rate Announcement

- Each year, the Centers for Medicare & Medicaid Services (CMS) is required to update Medicare Advantage (MA) payment rates and make technical updates to the program.
- On April 7, CMS published the MA and Medicare Part D Rate Notice for 2026 plans, which included the following key updates:
 - An increase in county benchmarks based on projected growth in Medicare Fee for Service spending;
 - Continued implementation of the CY 2024 risk adjustment model, which eliminated certain diagnosis codes from the risk adjustment model;
 - A change in the calculation of the Rx normalization factor, resulting in higher payment for PDP plans and lower payments for the Part D portion of MAPD plans.
- 2026 county benchmarks are estimated to increase by an average of 9.04%. In total, CMS estimates the net payment increase for MA plans on average will be +5.06%. No significant methodology changes were made to Employer Group Waiver Plan (EGWP) payments; for employer group MA plans, CMS calculated plan payments using existing methodology, based on changes in ratebook, bid to benchmark ratios, STARS, and county quartiles.
- Important industry headwinds will impact renewals:
 - Continued higher trends for medical and pharmacy due to increased utilization and new biosimilar and brand medications to market, and
 - Uncertainty tied to Part D funding because of the IRA Part D changes in 2025 flows into future years which impacts Part D benchmarks and 2026 negotiated drug pricing.



Part D Redesign

One aspect of the Inflation Reduction Act involves the redesign of Part D Benefit. Starting in 2026, the Part D benefit will be modified to limit beneficiary out-of-pocket spending to \$2,100 per plan year for covered Part D drugs. Beneficiaries will still have the option to “smooth” these costs across the plan year using the Medicare Prescription Payment Plan.

- Like 2025, accumulation towards the \$2,100 IRA MOOP is determined by “incurred costs.” This differs from the MOOP plans prior to 2025, which was based only on the retiree’s out of pocket cost.
- The coverage gap continues to be eliminated.
- The shared liability established in the catastrophic phase beginning in 2025 will remain as follows:
 - Plans are responsible for 60%, manufacturers for 20%, and the government for 20% brand and 40% generic.
- Cost sharing for Part D drugs continues to be eliminated for beneficiaries in the catastrophic phase of coverage.

CMS defined standard parameter changes:

Stage	2025	2026
Deductible	\$590	\$615
Initial Coverage Limit (ICL)	Not Applicable	Not Applicable
Out-of-pocket threshold	\$2,000 (required by IRA)	\$2,100

Humana places tremendous value on our relationship with the Kane County and AssuredPartners. We will continue to explore ways to stabilize costs while providing the value and service that Kane County and its retirees expect and deserve. We appreciate the trust and confidence you have placed in Humana and look forward to our continued partnership.

Next Steps

As you review the 2026 renewal, please let me know if you have any questions. If there are no questions, please sign the requested documents by 9/1/2025 and send back to me. We can then begin processing the renewal.

Tim Eberle
Account Executive
Humana Group Medicare

Humana Group Medicare Advantage Plan Renewal

In signing this document, you are accepting the renewal, effective January 1, 2026, of the Group Medicare plan(s) submitted by your Humana Account Executive and described in the enclosed renewal package. **The new rate is effective January 1, 2026, as indicated in the Rate Sheet(s). It is important that we receive acceptance of your renewal no later than September 1, 2025. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

You, the Plan Sponsor, understand, acknowledge, and agree that:

- You have received, and reviewed the enclosed renewal proposal, including rate sheet(s) and Plan Design Exhibit(s). You have reviewed the included Rating Assumptions and Stipulations. Terms of the rate sheet(s) are incorporated herein.
- Only individuals who meet the eligibility requirements of the plan are eligible to maintain coverage.
- Providing incomplete, inaccurate, or untimely information may void, reduce, or increase premium, or terminate an individual's coverage or the plan coverage.
- The Plan Sponsor can subsidize different premium amounts for different classes of enrollees in a plan provided: 1) such classes are reasonable and based on objective business criteria, such as years of service, date of retirement, business location, job category, and nature of compensation (e.g., salaried vs. hourly), 2) the premium cannot vary for individuals within a given class of enrollees, and 3) the Plan Sponsor must pass through any direct subsidy payments received from CMS to reduce the amount that the beneficiary pays (or in those instances where the subscriber to or participant in the plan pays premiums on behalf of a Medicare eligible spouse or dependent, the amount the subscriber or participant pays). With regard to the Part D premium, different classes of enrollees cannot be based on eligibility for the Part D Low-Income Subsidy (LIS).
- If plan enrollees are entitled to a reduction of their premium as Part D LIS enrollees and Humana receives a Low-Income Premium Subsidy for such enrollees, Humana will pass the Low-Income Premium Subsidy (LIPS) amount through to the LIS enrollees to reduce their premiums. When Humana does not directly bill the Part D enrollees, the Plan Sponsor must directly refund the amount of the LIPS to the LIS beneficiary.
- Regarding the Part D premium, the Plan Sponsor cannot charge an enrollee for prescription drug coverage provided under the PDP/MAPD plan more than the sum of his or her monthly beneficiary premium attributable to basic prescription drug coverage and 100% of the monthly beneficiary premium attributable to his or her non-Medicare Part D benefits (if any).

Organization: _____

Signature: _____

Title: _____

Date: _____

SIGN HERE

Important reminder:

Please sign and return the enclosed "Humana Group Medicare Advantage Plan Renewal" form no later than **September 1, 2025** to accept the plan's benefits and rates and continue the plan in the coming year.

GHHKSAMEN 042025





Humana Medicare Group Plan – Premium Information

KANE COUNTY - PPO

Date: 6/26/2025
Humana Medicare Group Plan
Plan Names: PASSIVE PPO 079 064 with Standard Rx336
Rx Formulary: Group Plus Formulary - 26800

Plan Year	Final Billed Premium (Per Member Per Month)
1/1/2026 - 12/31/2026	\$355.65

PASSIVE PPO 079 064 Medical and Rx Benefit Overview

(In-Network Benefits match Out-of-Network Benefits)	
Deductible	None
Inpatient Acute Hospital	\$0 Copayment per Admission
Skilled Nursing Facility	\$0 Copayment (Days 1-100)
Physician Office Visits	\$0 Copayment
Specialist Office Visits	\$0 Copayment
Outpatient Surgical	\$0 Copayment
Ambulance	\$0 Copayment
Emergency Room	\$0 Copayment
Medical Maximum Out of Pocket	\$0 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	Rx336 \$10/\$30/\$60/\$60 from \$0 to Catastrophic

See attached sheet for rating assumptions and stipulations. The benefits presented above are a high-level summary. Please consult the Plan Design Exhibit for a more detailed list of covered services, member cost shares, services subject to deductibles and any plan limitations.

Proprietary and confidential. For the sole use of KANE COUNTY.
Not to be shared externally without written consent from Humana Inc.



Humana Medicare Group Plan – Rating Assumptions and Stipulations

KANE COUNTY - PPO

Proposal Terms

The benefits presented on the previous page are a high-level summary. Please consult the Plan Design Exhibit for a more detailed outline of the benefits proposed. Final benefits may differ due to annual changes in CMS benefit requirements.

For members with End Stage Renal Disease (ESRD), the Humana Group Medicare Advantage Plan is only offered to eligible members who are diagnosed and enrolled in a manner that is consistent with applicable Medicare secondary laws, and the rules and regulations set forth by CMS.

The rates provided do not reflect any potential premium adjustments provided by Center for Medicare and Medicaid Services (CMS) or federal regulations based on a Medicare beneficiary's income.

Humana shall have the right to unilaterally adjust the proposed premium rates set forth in this rate sheet if:

- i. a change in or clarification to Law affects Medicare Part C or D program costs or revenue;
- ii. a natural disaster, pandemic, act of God or other cause beyond the reasonable control of Humana affects Medicare Part C or D programs costs or revenue;
- iii. highly utilized specialty or high-cost drugs are introduced, or additional indications are added to such a drug resulting in an increase in the pharmacy allowed per member per month; or
- iv. Humana determines that data provided and relied upon by Humana in development of the premium rates was inaccurate, incomplete, biased, misleading, or otherwise contributed to Humana underestimating actual plan expenses or revenue incurred by Group.

For purposes of this proposal, "Law" shall mean, "any federal, state, or local law, statute, regulation, ordinance, code, rule, order, or other similar requirement enacted, adopted, or enforced by a government authority, including, without limitation, Medicare laws and CMS regulations and requirements, including CMS manuals, CMS payment methodology, and other directives.

Humana will hold the proposed rates, assuming all of the information provided is accurate, and could be subject to change should any of the following differ:

All members are retired and enrolled in Medicare Part A and Part B.

A minimum average employer contribution level of 75% of the proposed premium for the plan.

A majority of members' (51% or more) primary residence is in an adequate Humana Medicare Advantage network service area. Humana will monitor network adequacy throughout the year to confirm standards are met.

Enrolled membership should not change from current, or differ from the information provided, by more than 10% per year. This proposal assumes 46 currently enrolled members.

Humana's Medicare Advantage plan is the only plan offered. Additionally, there is no secondary plan wrapping around, coordinating with, or offered in conjunction with this plan for all current and future Medicare eligible retirees.

Part D, administered by Humana Pharmacy Solutions, will utilize Humana's Group Plus formulary and include utilization management programs such as: quantity limits, prior authorization, and step therapy. Humana continually updates its drug list and quantity limits, and ensures these updates are in accordance with CMS regulations.

Benefits, deductibles, maximum out of pocket accumulators, and any applicable pharmacy accumulators will be reset on January 1 each year.

We are pleased to present this Humana Group Medicare Advantage proposal to you and assume all information provided is accurate with the understanding if there is a material change from the provided information, including the offering environment, Humana has a right to revise or rescind the quote.

HUMANA MEDICARE EMPLOYER LPPO PLAN

2026 LPPO for Standard Plan 079 Option 064 - Passive

		2025		2026	
Annual Maximum Out-of-Pocket		<ul style="list-style-type: none"> • In-Network: \$0 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$0 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium). 		<ul style="list-style-type: none"> • In-Network: \$0 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$0 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium). 	
Annual Deductible		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A 		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A 	
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Allergy Shots and Injections	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
Specialist	• Office Visit	100%	100%	100%	100%
	• Advanced Imaging Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
	• Podiatry Services (Medicare-covered)	100%	100%	100%	100%
	• Chiropractic Services (Medicare-covered)	100%	100%	100%	100%
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Allergy Shots and Injections	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Dental Services (Medicare-covered)	100%	100%	100%	100%
	• Hearing Services (Medicare-covered)	100%	100%	100%	100%
	• Vision Services (Medicare-covered)	100%	100%	100%	100%
	• Eyewear for Post-Cataract Surgery	100%	100%	100%	100%
	• Diabetic Eye Exam	100%	100%	100%	100%
	• Acupuncture Services (Medicare-Covered) for Chronic Lower Back Pain • Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	<ul style="list-style-type: none"> • 100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. - CLB309 	<ul style="list-style-type: none"> • 100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB309 	<ul style="list-style-type: none"> • 100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. - CLB309 	<ul style="list-style-type: none"> • 100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB309
Preventive Services	<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Alcohol Misuse Screening and Counseling • Annual Wellness Visit • Bone Mass Measurement • Breast Cancer Screening • Cardiovascular Disease Behavioral Therapy • Cardiovascular Disease Screening • Cervical and Vaginal Cancer Screening 	100%	100%	100%	100%
	<ul style="list-style-type: none"> • Colorectal Cancer Screening • Depression Screening • Diabetes Screening • Diabetes Self-Management Training 				

	<ul style="list-style-type: none"> • Glaucoma Screening • Hepatitis C Screening • HIV Screening • Kidney Disease Education Services • Immunizations • Lung Cancer Screening • Medicare Diabetes Prevention Program (MDPP) • Medical Nutrition Therapy • Obesity Screening and Therapy • Physical Exams (Routine) • Prostate Cancer Screening Exam • Smoking and Tobacco Use Cessation • STI Screening and Counseling • "Welcome to Medicare" Preventive Visit 				
Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% per admission	100% per admission	100% per admission	100% per admission
	• Inpatient Physician Services	100%	100%	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission	100% per admission	100% per admission	100% per admission
Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission •190 day lifetime limit in a psychiatric facility.	100% per admission •190 day lifetime limit in a psychiatric facility.	100% per admission •190 day lifetime limit in a psychiatric facility.	100% per admission •190 day lifetime limit in a psychiatric facility.
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%	100%	100%
Outpatient Hospital	• Surgical Services	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Renal Dialysis Services	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Partial Hospitalization	100%	100%	100%	100%
	• Intensive Outpatient Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Other Medicare Part B Drugs	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
	• Observation Services	100%	100%	100%	100%
	• Outpatient Physician Services	100%	100%	100%	100%
Skilled Nursing Facility (SNF)	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-100) •Plan pays \$0 after 100 days.	100% per day (days 1-100) •Plan pays \$0 after 100 days.	100% per day (days 1-100) •Plan pays \$0 after 100 days.	100% per day (days 1-100) •Plan pays \$0 after 100 days.
	• SNF Physician Services	100%	100%	100%	100%
Urgent Care Center	• Urgently Needed Care	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
Emergency Room	• Emergency Services (2)	100%	100%	100%	100%
	• Emergency Room Physician Services	100%	100%	100%	100%
Ambulance	• Ambulance Services	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.
Travel Benefit	• US Travel Benefit	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	80% coinsurance Limited to emergency Medicare-covered services. \$100 deductible per year, \$25,000 Maximum Benefit per year Or 60 consecutive days, whichever is reached first.	N/A	80% coinsurance Limited to emergency Medicare-covered services. \$100 deductible per year, \$25,000 Maximum Benefit per year Or 60 consecutive days, whichever is reached first.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
Freestanding Radiological Facility	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
Ambulatory Surgical Center	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
Freestanding Laboratory	• Lab Services	100%	100%	100%	100%

Dialysis Center	• Renal Dialysis Services	100%	100%	100%	100%
Home Health	• Home Health Care	100%	100%	100%	100%
	•Excludes Personal Home Care.	•Excludes Personal Home Care.	•Excludes Personal Home Care.	•Excludes Personal Home Care.	•Excludes Personal Home Care.
DME Provider	• Durable Medical Equipment	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Continuous Glucose Monitor	100%	100%	100%	100%
Medical Supply Provider	• Medical Supplies	100%	100%	100%	100%
Preferred Diabetic Supplier	• Diabetic Monitoring Supplies	100%	N/A	100%	N/A
Prosthetics Provider	• Prosthetics	100%	100%	100%	100%
Pharmacy (Part B Only)	• Durable Medical Equipment	100%	100%	100%	100%
	• Medical Supplies	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Continuous Glucose Monitor	100%	100%	100%	100%
	• Other Medicare Part B Drugs	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A	100%	N/A
	• Specialist - Virtual Visit	100%	N/A	100%	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A	100%	N/A

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.			
Extra Benefits (MSB)	• SilverSneakers®	Available	Available
	• Personal Health Coaching	Available	Available
	• Smoking Cessation (Additional)	Available	Available
	• Meal Program	Available	Available
	• Post-Discharge Transportation Services	Available	Available
	• Post-Discharge Personal Home Care	Available	Available
Care Management	• Clinical Programs/Disease Management (3) - Case Management - Humana at Home® - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination	Available	Available

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.

(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.

(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

Go365® by Humana is included in this plan

A wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help your members establish and maintain a healthy lifestyle. As your members achieve manageable health goals, Go365 keeps them engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting an Annual Wellness Exam, or volunteering, your members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances. Humana is a Medicare Employer PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

HUMANA MEDICARE EMPLOYER Rx PLAN

2026 Rx for Standard Rx 336
Group Plus Formulary - PDG 2

30 day Supplies

Plan/ Option	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$10	\$30	\$60	\$60	\$0	\$2,100

Plan/ Option	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$10	\$30	\$60	\$60	\$0	\$2,100

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.
Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

Plan/ Option	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$30	\$90	\$180	N/A	\$0	\$2,100

Plan/ Option	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$25	\$75	\$150	N/A	\$0	\$2,100

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

- 1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,100, Humana then pays 100% of covered Part D Rx claims.
- 2 Part D MOOP: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,100, Humana then pays 100% of covered Part D Rx claims.
- 3 Retail and Mail Order: The benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

Out of Network: Emergency Situations

- When a member purchases a drug at an out-of-network pharmacy in an emergency situation:
- a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
- b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. The formulary and pharmacy network may change at any time. The member will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

HUMANA GROUP MEDICARE ADVANTAGE/PRESCRIPTION DRUG PLAN VALUE ADDED SERVICES

Effective Date: 01/01/2026 - 12/31/2026

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of the member's Humana membership card. CMS does not permit discussing the below services with potential enrollees prior to enrollment.

	Benefit	Description
Extra Services (VAIS)	<ul style="list-style-type: none"> CAM Integrative Services Discount (Tivity) - Not available in Puerto Rico 	Discounts for complementary and alternative medicine services including acupuncture, chiropractic, massage, vitamins, healthy meal plans, footwear and more. Services must be received from participating designated providers.
	<ul style="list-style-type: none"> Dental Discount (Florida GoldPlus) - Available in Florida only 	Discounts on dental services. Services must be received from participating dental providers.
	<ul style="list-style-type: none"> Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico 	Discounts on dental services. Services must be received from participating dental providers.
	<ul style="list-style-type: none"> Healthy Hearing Discount (HearUSA) - Available in Florida only 	Discounts on select hearing aids, accessories and hearing assistance products.
	<ul style="list-style-type: none"> Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico 	Discounts on select hearing aids. Services must be received at participating hearing centers.
	<ul style="list-style-type: none"> Personal Emergency Response System (Lifeline®Medical Alert Systems) 	Discounts on select medical alert systems, medication dispensers and emergency response smartwatch.
	<ul style="list-style-type: none"> Meal Delivery Discount (Mom's Meals) 	Discounts on home delivered meals to help support nutritional needs.
	<ul style="list-style-type: none"> Bill Management Service (Silver Bills) 	Discount on monthly bill management services.
	<ul style="list-style-type: none"> Dental Health (Truthbrush) 	Discounts on toothbrush tracking devices that monitors dental habits and performance through the use of an app.
	<ul style="list-style-type: none"> Vision Discount (EyeMed) 	Discounts from participating providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction.
	<ul style="list-style-type: none"> Travel Discount (International Medical Group) 	Discounts on medical services and evacuation protection when travelling outside of the U.S.
	<ul style="list-style-type: none"> Pet Telehealth (Petzey) 	Discounts on unlimited pet telehealth visits.
	<ul style="list-style-type: none"> Laundry Service Discount (Poplin) 	Discounts on select laundry services.
	<ul style="list-style-type: none"> Total Wellbeing Discount (SWORKIT) 	Discount on virtual wellbeing program.
	<ul style="list-style-type: none"> Prescription Medication Discount 	Discount on select non-covered prescription drugs received from a network pharmacy (Quantity limits may apply).

Humana is a Medicare Employer plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

PRESENTATION/DISCUSSION NO. TMP-25-1096

2026 BENEFITS ENROLLMENT PROCESS

COUNTY OF KANE

DEPARTMENT OF HUMAN
RESOURCE MANAGEMENT



County Government Center
719 S Batavia Avenue
Geneva, Illinois 60134
Phone: (630) 232-3560
Fax: (630) 208-0116
www.countyofkane.org

8/27/2025

IMPORTANT NOTICE – ACTION REQUIRED

Dear Kane County Employees,

Benefits Open Enrollment for the 2026 plan year is quickly approaching, beginning October 1st through the 31st. While all of the plan options and pricing remain the same for next year, there is a major change that will require you to take action PRIOR to open enrollment.

This year, you will complete your annual benefits enrollment through your eSuite portal rather than in SmartBen, the program used in the past. You may already be familiar with eSuite as your resource for your pay stubs, tax forms, and time off balances among other things. We hope streamlining this function will make the open enrollment process easier for staff by allowing employees to access more information in one place and reduce the need for additional passwords or websites.

ACTION REQUIRED BY SEPTEMBER 15, 2025

In order to ensure this transition goes as smoothly as possible, we need your cooperation in preparing your eSuite account prior to the start of Open Enrollment by completing the following:

- Make sure you are able to access your eSuite account [here](#). If you have not set this up previously you will need to activate your account (instructions attached). If you have set it up, but do not remember your credentials, please utilize the “Retrieve Username” and “Reset Password” tools available on the login page.
- Once logged in, you **must** add all dependents whom you wish to have covered on your 2026 insurance plan. See attached instructions.
- Please send all verification documents (e.g., marriage certificates, birth certificates, etc.) required for any **new** dependents not previously covered and verified through SmartBen.
 - You do not need to document your existing dependents again.
 - Documentation of new dependents you just added can be sent via interoffice mail to Human Resources or you may scan and email documents to benefits@kanecountyil.gov. Please do not email documents containing social security numbers.

If you have any questions regarding the steps outlined above, please reach out to Human Resources at benefits@kanecountyil.gov and we will be happy to assist you.

Sincerely,
Human Resources Management



KANE COUNTY HR EMPLOYEE SELF SERVICE PORTAL

Employee information at the touch of a finger

Hrm.Kane

eSuite Employee Portal

Kane County Website

IT Help Desk

Employee Directory

Employee Events

Campus Map

Welcome eSuite!

Be sure to bookmark this site!

<https://countyperpesuite.co.kane.il.us/websites.hr.portal/default.aspx>

Kane County uses a HR Portal called “eSuite”. You will be able to locate information in one central location regarding:

- Enrolling in Health and Dental Benefits
- Creating Life Events/Complete Open Enrollment
- Adding Dependents
- Updating Personal Information
- Paycheck Stubs
- W2's
- Benefit time balances

Log in or activate your eSuite account.

Kane County HR Portal

Powered by Tyler Technologies

Employee Login

Employees may log into the Human Resources portal using the form below.

Username

Password

☐ Remember me next time.

LOGIN

Need a login?

I am an employee, but do not have a username and password.

[Activate Your Account](#)

Forgot Username?

If you forgot your username you can retrieve it using the link below.

[Retrieve Username](#)

Forgot password?

If you forgot your password you can reset it using the link below.

[Reset Password](#)

Under “My HR” select Contacts/Dependents. Add all Dependents. You will need dates of birth and social security numbers. This information is needed prior to Open Enrollment.



Add or Edit contacts to ensure the most accurate information is on file.

If your dependent is already listed here as an emergency contact, you must **EDIT** the existing record. If they are not already listed, you will **ADD** them by creating a new contact.

Home » My HR » Contacts/Dependents » Contact Welcome,

Edit Contact

Contact Information

Title	<input type="text"/>	Primary Contact	<input checked="" type="checkbox"/>
First Name	<input type="text"/>	Emergency Contact	<input type="checkbox"/>
Middle Name	<input type="text"/>	Beneficiary	<input type="checkbox"/>
Last Name	<input type="text"/>	Dependent	<input checked="" type="checkbox"/>
Suffix	<input type="text"/>	Relationship	<input type="text"/>
Same Address as Employee	<input checked="" type="checkbox"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	SSN	<input type="text"/>
	<input type="text"/>	Gender	<input type="text"/>
Zip	<input type="text"/>	Student	<input type="checkbox"/>
City	<input type="text"/>		
State	<input type="text"/>	Comments	<input type="text"/>
Email Address	<input type="text"/>		

[Add Phone Number](#)

STATE OF ILLINOIS)
COUNTY OF KANE) SS.

PRESENTATION/DISCUSSION NO. TMP-25-1109

EXTENDED ILLNESS POLICY UPDATE

Extended Illness Leave			
Effective Date: February 27, 2024 <u>November 1, 2025</u>	Applicable Law/Statute:	Source Doc/Dept.:	Authorizing I.C. Sec:
Last Amended Date:			

Policy

It is the policy of Kane County to provide protection for eligible employees against loss of income because of ~~illness when under the care of a physician~~ family or medical leave. To ensure that protection, the County has made provisions for Extended Illness Leave. Extended Illness Leave pay is based on the employee's regular workweek and straight-time rate in effect when the leave is taken.

Eligibility

All regular employees paid on an hourly or salary basis under the jurisdiction of the County Board are subject to this policy. Employees subject to a policy of an elected official with internal control over operations of their office, collective bargaining agreement, contract, statute, or ordinance shall receive paid leave according to the applicable policy of their office, collective bargaining agreement, contract, statute, or ordinance.

Guidelines

1. Extended Illness Leave Accumulation: Eligible employees will be credited with one (1) day of Extended Illness leave per month after the completion of six (6) months of continuous County employment. Unused extended sick leave will carry over from year to year and may accumulate to a maximum of 240 days. Part-time regular employees accrue a prorated amount based on their average hours per week.

Sick and Personal Leave as defined by the Sick and Personal Leave Policy that remains unused at the end of the Sick and Personal Leave year which would otherwise be forfeited under the applicable policy will be converted to Extended Illness Leave and be added to the Extended Illness bank for eligible employees, subject to the maximum of 240 days total accumulated leave.

2. Extended Illness Leave Utilization: Extended Illness Leave is intended to provide employees with ~~protection paid leave during certain periods~~ when the employee or their immediate family member has a documented medical need or for parental leave following the birth or placement of a child as outlined below:
 - Employee's own medical condition: Employees may utilize up to the maximum accumulated in their bank when the employee is under a doctor's care at home or is hospitalized during periods of ~~personal injury, illness, or maternity~~ incapacity due to their own medical condition. Extended Illness is not intended for use during routine medical care such as office visits, dental cleanings, or other scheduled visits unless such visit results in a period of incapacity. A physician's note or medical certification is required to support the use of Extended Illness Leave.
 - Family member's medical condition: An employee may use up to ~~three~~ five (5) days of Extended Illness Leave per fiscal year to care for a spouse, child, or parent. Physician's note or medical certificate that establishes the need for time to care for a family member must include the employee's name as the needed caregiver.

•

2. Parental Leave: Employees may utilize up to 12 weeks of their accrued balance of Extended Illness Leave for parental leave following the birth or placement of a child for parental bonding. Both mothers and fathers are eligible to use Parental Leave. Parental Leave must be documented and approved under the provisions of the Family and Medical Leave Act to qualify for use of Extended Illness Leave.

~~An employee may use Extended Illness Leave for their own illness or period of incapacity. A physician's note or medical certification is required to support the use of Extended Illness Leave. An employee may use up to three (3) days of Extended Illness Leave per fiscal year to care for a spouse, child, or parent. Physician's note or medical certificate that establishes the need for time to care for a family member must include the employee's name as the needed caregiver.~~

3. Extended Illness Leave at Termination of Employment: No payment for unused extended sick leave is made at termination. Employees retiring with an Illinois Municipal Retirement Fund (IMRF) pension effective within 60 days of their termination date may be eligible for up to one (1) year of additional pension service for unused extended sick leave at the rate of one month for every twenty days or fraction thereof (1:20) subject to the rules and limitations established by IMRF. Converted extended sick leave cannot be used to meet the minimum service requirements for pension eligibility.