



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, June 11, 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: March 31, 2025 and May 14, 2025**
 - 5. Public Comment**
 - 6. Monthly Financial Reports**
 - A. Monthly Finance Reports**
 - 7. Department of Human Resource Management**
 - A. Monthly Blue Cross Blue Shield Invoice**
 - B. Monthly BCBS and MERP Totals**
 - C. Monthly Assured Partners Report**
 - D. Monthly Applicants and Staff Changes**
 - E. Monthly Workers Comp and Liability Reports**
 - 8. Compliance**
 - A. Monthly Training Report**
 - 9. Old Business**
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10. New Business

- A. Resolution:** Authorizing Contract for Commercial Insurance Broker/Consultant
- B. Resolution:** Authorizing Blue Cross/Blue Shield and Cigna as Kane County's Group Health and Dental Benefit Provider for 2026
- C. Resolution:** Approving the 2026 Monthly Health and Dental Contribution Rates

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

STATE OF ILLINOIS)








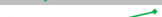


SS.

COUNTY OF KANE)

REPORT NO. TMP-25-668

MONTHLY FINANCE REPORTS





















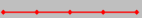


Committee Revenue Budget Report - by Account Detail
Through May 31, 2025 (50.0% YTD)
*2020, 2021, 2022, 2023 Actual Full Fiscal Year **2024 (DRAFT)

Department / Fund / Account Classification	2020 Actual Amount*	2021 Actual Amount*	2022 Actual Amount*	2023 Actual Amount*	2024 Actual Amount**	2024 Adopted Budget	2024 YTD% Actual/Budget	2025 Actual Amount	2025 Adopted Budget	2025 YTD% Actual/Budget	2020 - 2025 Trend
120 Human Resource Management	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,509	151.3%	\$ 824	\$ 1,509	54.6%	
246 Employee Events Fund	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,509	151.3%	\$ 824	\$ 1,509	54.6%	
Revenue	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,509	151.3%	\$ 824	\$ 1,509	54.6%	
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
39900 - Fund Balance Utilization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
Interest Revenue	\$ 313	\$ (1)	\$ (256)	\$ 981	\$ 1,280	\$ 709	180.6%	\$ 239	\$ 709	33.7%	
38000 - Investment Income	\$ 313	\$ (1)	\$ (256)	\$ 981	\$ 1,280	\$ 709	180.6%	\$ 239	\$ 709	33.7%	
Reimbursements	\$ 621	\$ 402	\$ 575	\$ 616	\$ 1,004	\$ 800	125.5%	\$ 585	\$ 800	73.2%	
37900 - Miscellaneous Reimbursement	\$ 621	\$ 402	\$ 575	\$ 616	\$ 1,004	\$ 800	125.5%	\$ 585	\$ 800	73.2%	
Grand Total	\$ 934	\$ 401	\$ 320	\$ 1,596	\$ 2,284	\$ 1,509	151.3%	\$ 824	\$ 1,509	54.6%	

Committee Expense Budget Report - by Account Detail
Through May 31, 2025 (50.0% YTD, 46.15% Payroll Expense through Pay Period Ending 05/10/2025)
*2020, 2021, 2022, 2023 Actual Full Fiscal Year **2024 (DRAFT)

Department / Fund / Account Classification	2020 Actual Amount*	2021 Actual Amount*	2022 Actual Amount*	2023 Actual Amount*	2024 Actual Amount**	2024 Adopted Budget	2024 YTD% Actual/Budget	2025 Actual Amount	2025 Adopted Budget	2025 YTD% Actual/Budget	2020 - 2025 Trend
120 Human Resource Management	\$ 3,512,266	\$ 3,544,253	\$ 3,710,258	\$ 4,496,888	\$ 5,684,740	\$ 5,075,990	106.1%	\$ 2,308,410	\$ 5,294,814	43.5%	
001 General Fund	\$ 248,652	\$ 230,337	\$ 205,373	\$ 263,976	\$ 245,588	\$ 260,846	86.6%	\$ 106,983	\$ 285,884	36.9%	
Expenses	\$ 248,652	\$ 230,337	\$ 205,373	\$ 263,976	\$ 245,588	\$ 260,846	86.6%	\$ 106,983	\$ 285,884	36.9%	
Personnel Services- Salaries & Wages	\$ 181,653	\$ 166,938	\$ 160,097	\$ 199,425	\$ 220,962	\$ 202,946	98.0%	\$ 102,341	\$ 227,634	44.2%	
40000 - Salaries and Wages	\$ 181,794	\$ 166,938	\$ 160,097	\$ 199,425	\$ 220,962	\$ 202,945	108.0%	\$ 102,341	\$ 227,634	44.2%	
40002 - Non-Union Wage Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	0.0%	\$ -	\$ -	0.0%	
40003 - Cost of Living Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
40007 - Equity Study Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
40009 - Salaries and Wages Subsidy	\$ (142)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
Personnel Services- Employee Benefits	\$ 35,578	\$ 31,088	\$ 29,810	\$ 49,754	\$ 59,224	\$ -	0.0%	\$ -	\$ 99,554	0.0%	
45000 - Healthcare Contribution	\$ 34,218	\$ 30,049	\$ 28,816	\$ 47,913	\$ 57,116	\$ -	0.0%	\$ -	\$ 63,646	0.0%	
45009 - Healthcare Subsidy	\$ (60)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
45010 - Dental Contribution	\$ 1,414	\$ 1,039	\$ 993	\$ 1,841	\$ 2,108	\$ -	0.0%	\$ -	\$ 2,117	0.0%	
45019 - Dental Subsidy	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
45100 - FICA/SS Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 17,420	0.0%	
45200 - IMRF Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 12,431	0.0%	
53010 - Workers Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 3,940	0.0%	
Contractual Services	\$ 26,163	\$ 26,863	\$ 10,471	\$ 12,018	\$ 16,905	\$ 48,150	35.1%	\$ 3,410	\$ 48,500	7.0%	
50000 - Project Administration Services	\$ -	\$ 77	\$ -	\$ -	\$ -	\$ 10,000	0.0%	\$ -	\$ 10,000	0.0%	
52130 - Repairs and Maint- Computers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
52140 - Repairs and Maint- Copiers	\$ 1,282	\$ 1,171	\$ 1,072	\$ 1,210	\$ 605	\$ 1,500	40.4%	\$ 290	\$ 1,500	19.3%	
53050 - Employment Advertising	\$ -	\$ -	\$ 85	\$ 731	\$ 4,752	\$ 6,800	69.9%	\$ 41	\$ 6,800	0.6%	
53100 - Conferences and Meetings	\$ -	\$ -	\$ 500	\$ 3,043	\$ 4,392	\$ 5,500	79.8%	\$ -	\$ 5,500	0.0%	
53110 - Employee Training	\$ -	\$ 952	\$ 256	\$ 1,479	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
53120 - Employee Mileage Expense	\$ -	\$ -	\$ 44	\$ 92	\$ 248	\$ 150	165.6%	\$ -	\$ 150	0.0%	
53130 - General Association Dues	\$ -	\$ -	\$ -	\$ 732	\$ 528	\$ 1,200	44.0%	\$ -	\$ 1,200	0.0%	
55000 - Miscellaneous Contractual Exp	\$ 24,882	\$ 24,663	\$ 8,514	\$ 4,730	\$ 6,380	\$ 23,000	27.7%	\$ 3,079	\$ 23,350	13.2%	
Commodities	\$ 5,259	\$ 5,448	\$ 4,995	\$ 2,780	\$ 5,575	\$ 7,500	74.3%	\$ 1,232	\$ 7,500	16.4%	
60000 - Office Supplies	\$ 5,029	\$ 2,071	\$ 4,267	\$ 2,295	\$ 2,740	\$ 4,800	57.1%	\$ 1,023	\$ 4,800	21.3%	
60010 - Operating Supplies	\$ -	\$ 1,763	\$ -	\$ -	\$ 2,381	\$ 2,200	108.2%	\$ 39	\$ 2,200	1.8%	
60080 - Employee Recognition Supplies	\$ 230	\$ 1,614	\$ 727	\$ 485	\$ 455	\$ 500	91.0%	\$ 170	\$ 500	34.0%	
Capital	\$ -	\$ -	\$ -	\$ -	\$ 2,145	\$ 2,250	95.4%	\$ -	\$ 2,250	0.0%	
70080 - Office Furniture	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 2,250	0.0%	
70090 - Office Equipment	\$ -	\$ -	\$ -	\$ -	\$ 2,145	\$ 2,250	95.4%	\$ -	\$ -	0.0%	
Services	\$ -	\$ -	\$ -	\$ -	\$ (59,224)	\$ -	0.0%	\$ -	\$ (99,554)	0.0%	
45005 - Healthcare Contribution Contra Account	\$ -	\$ -	\$ -	\$ -	\$ (57,116)	\$ -	0.0%	\$ -	\$ (63,646)	0.0%	
45015 - Dental Insurance Contra Account	\$ -	\$ -	\$ -	\$ -	\$ (2,108)	\$ -	0.0%	\$ -	\$ (2,117)	0.0%	
45105 - FICA/SS Contribution Contra Account	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ (17,420)	0.0%	
45205 - IMRF Contribution Contra Account	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ (12,431)	0.0%	
53015 - Worker's Comp Contra Account	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ (3,940)	0.0%	
010 Insurance Liability	\$ 3,263,613	\$ 3,313,916	\$ 3,503,841	\$ 4,232,913	\$ 5,439,152	\$ 4,813,635	107.2%	\$ 2,201,427	\$ 5,007,421	43.9%	
Expenses	\$ 3,263,613	\$ 3,313,916	\$ 3,503,841	\$ 4,232,913	\$ 5,439,152	\$ 4,813,635	107.2%	\$ 2,201,427	\$ 5,007,421	43.9%	
Personnel Services- Salaries & Wages	\$ 136,111	\$ 105,936	\$ 133,016	\$ 154,916	\$ 171,310	\$ 159,043	107.7%	\$ 100,860	\$ 264,084	37.8%	
40000 - Salaries and Wages	\$ 136,111	\$ 105,936	\$ 133,016	\$ 154,916	\$ 171,310	\$ 154,410	110.9%	\$ 100,860	\$ 264,084	37.8%	
40002 - Non-Union Wage Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
40003 - Cost of Living Increase	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,633	0.0%	\$ -	\$ -	0.0%	
Personnel Services- Employee Benefits	\$ 1,188,560	\$ 607,281	\$ 543,154	\$ 1,114,693	\$ 1,964,756	\$ 1,491,615	131.7%	\$ 404,666	\$ 83,741	480.7%	
45000 - Healthcare Contribution	\$ 14,912	\$ 6,061	\$ 12,177	\$ 19,025	\$ 21,219	\$ 20,856	101.7%	\$ 15,448	\$ 42,796	36.1%	
45010 - Dental Contribution	\$ 749	\$ 238	\$ 486	\$ 889	\$ 1,027	\$ 456	225.1%	\$ 430	\$ 1,749	24.6%	
45100 - FICA/SS Contribution	\$ 10,151	\$ 8,035	\$ 9,988	\$ 11,455	\$ 12,515	\$ 12,167	102.9%	\$ 7,400	\$ 20,206	36.2%	
45200 - IMRF Contribution	\$ 10,631	\$ 9,493	\$ 8,836	\$ 7,776	\$ 7,516	\$ 7,285	103.2%	\$ 5,253	\$ 14,420	36.0%	
53010 - Workers Compensation	\$ 1,152,118	\$ 583,453	\$ 511,667	\$ 1,075,548	\$ 1,922,480	\$ 1,450,851	132.5%	\$ 376,135	\$ 4,570	8,137.9%	
Contractual Services	\$ 1,938,929	\$ 2,182,801	\$ 2,801,437	\$ 2,959,226	\$ 3,299,104	\$ 3,158,996	96.5%	\$ 1,690,965	\$ 3,158,994	53.5%	

Committee Expense Budget Report - by Account Detail
Through May 31, 2025 (50.0% YTD, 46.15% Payroll Expense through Pay Period Ending 05/10/2025)
*2020, 2021, 2022, 2023 Actual Full Fiscal Year **2024 (DRAFT)

Department / Fund / Account Classification	2020 Actual Amount*	2021 Actual Amount*	2022 Actual Amount*	2023 Actual Amount*	2024 Actual Amount**	2024 Adopted Budget	2024 YTD% Actual/Budget	2025 Actual Amount	2025 Adopted Budget	2025 YTD% Actual/Budget	2020 - 2025 Trend
50000 - Project Administration Services	\$ 106,928	\$ 117,829	\$ 103,715	\$ 87,090	\$ 79,432	\$ 108,975	72.9%	\$ 53,770	\$ 108,975	49.3%	
50150 - Contractual/Consulting Services	\$ 182,847	\$ 82,494	\$ 112,114	\$ 831	\$ 1,094	\$ 185,000	0.6%	\$ -	\$ 185,000	0.0%	
53000 - Liability Insurance	\$ 1,620,506	\$ 1,984,178	\$ 2,594,794	\$ 2,814,506	\$ 3,140,823	\$ 2,837,941	101.4%	\$ 1,592,125	\$ 2,837,940	56.1%	
53020 - Unemployment Claims	\$ 28,648	\$ (1,700)	\$ (9,186)	\$ 56,799	\$ 77,756	\$ 27,080	287.1%	\$ 44,806	\$ 27,079	165.5%	
53130 - General Association Dues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 264	\$ -	0.0%	
Commodities	\$ 13	\$ (13)	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
60000 - Office Supplies	\$ 13	\$ (13)	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
Capital	\$ -	\$ -	\$ 22,659	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
70070 - Automotive Equipment	\$ -	\$ -	\$ 22,659	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
Contingency and Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
89000 - Addition to Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
Transfers Out	\$ -	\$ 417,912	\$ 3,575	\$ 4,078	\$ 3,981	\$ 3,981	100.0%	\$ 4,935	\$ 4,935	100.0%	
99000 - Transfer To Other Funds	\$ -	\$ 417,912	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
99001 - Transfer to General Fund 001	\$ -	\$ -	\$ 3,575	\$ 4,078	\$ 3,981	\$ 3,981	100.0%	\$ 4,935	\$ 4,935	100.0%	
Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 1,495,667	0.0%	
53011 - Worker's Comp from the General Fund Departments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 1,495,667	0.0%	
246 Employee Events Fund	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ 1,509	0.0%	\$ -	\$ 1,509	0.0%	
Expenses	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ 1,509	0.0%	\$ -	\$ 1,509	0.0%	
Commodities	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ 984	0.0%	\$ -	\$ 984	0.0%	
60080 - Employee Recognition Supplies	\$ -	\$ -	\$ 1,044	\$ -	\$ -	\$ 984	0.0%	\$ -	\$ 984	0.0%	
Contingency and Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 525	0.0%	\$ -	\$ 525	0.0%	
89000 - Addition to Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 525	0.0%	\$ -	\$ 525	0.0%	
Grand Total	\$ 3,512,266	\$ 3,544,253	\$ 3,710,258	\$ 4,496,888	\$ 5,684,740	\$ 5,075,990	106.1%	\$ 2,308,410	\$ 5,294,814	43.5%	



Human Services Accounts Payable by GL Distribution

Payment Date Range 05/01/25 - 05/31/25

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 001 - General Fund										
Department 120 - Human Resource Management										
Sub-Department 120 - Human Resource Management										
Account 52140 - Repairs and Maint- Copiers										
13153 - Toshiba America Business Solutions, Inc	6429851	Copier charges - 08/16/24 - 11/15/24	Paid by EFT # 96506		11/11/2024	04/21/2025	04/21/2025		05/05/2025	187.60
Account 52140 - Repairs and Maint- Copiers Totals									Invoice Transactions 1	<u>\$187.60</u>
Account 55000 - Miscellaneous Contractual Exp										
1299 - Kane County Regional Office of Education	8002500193	Background Checks - 2025 April Fingerprinting	Paid by EFT # 96726		05/01/2025	05/08/2025	05/08/2025		05/19/2025	440.00
Account 55000 - Miscellaneous Contractual Exp Totals									Invoice Transactions 1	<u>\$440.00</u>
Account 60000 - Office Supplies										
3509 - DS Services of America, Inc. dba Primo Water NA	23838934 041225	Water delivery 03/27, 04/10 & April Rental Fee	Paid by EFT # 96323		04/12/2025	04/21/2025	04/21/2025		05/05/2025	18.47
11058 - JP Morgan Chase Bank N.A.	5067-CD-04/25	April Pcard Charges & Statement	Paid by EFT # 96720		04/30/2025	05/08/2025	05/08/2025		05/19/2025	262.89
Account 60000 - Office Supplies Totals									Invoice Transactions 2	<u>\$281.36</u>
Account 60080 - Employee Recognition Supplies										
11058 - JP Morgan Chase Bank N.A.	5067-CD-04/25	April Pcard Charges & Statement	Paid by EFT # 96720		04/30/2025	05/08/2025	05/08/2025		05/19/2025	169.99
Account 60080 - Employee Recognition Supplies Totals									Invoice Transactions 1	<u>\$169.99</u>
Sub-Department 120 - Human Resource Management Totals									Invoice Transactions 5	<u>\$1,078.95</u>
Department 120 - Human Resource Management Totals									Invoice Transactions 5	<u>\$1,078.95</u>
Fund 001 - General Fund Totals									Invoice Transactions 5	<u>\$1,078.95</u>
Fund 010 - Insurance Liability										
Department 120 - Human Resource Management										
Sub-Department 130 - Insurance Liability- HRM										
Account 53000 - Liability Insurance										
10878 - APC Stores, Inc (Bumper to Bumper)	478-605553	Liability Repair Payment - RPO-KC-25-0010	Paid by EFT # 96251		02/07/2025	04/24/2025	04/24/2025		05/05/2025	183.89
13382 - C&D Autobody Repair, Inc.	5773	Liability Repair Payment - RPO-KC-25-0005	Paid by EFT # 96279		03/19/2025	04/24/2025	04/24/2025	04/23/2025	05/05/2025	6,331.47
10407 - Physicians Immediate Care Chicago, PLLC	25934-4456408	Hepatitis B Immunization	Paid by EFT # 96453		04/07/2025	04/24/2025	04/24/2025		05/05/2025	126.00
8728 - State Street Collision, Inc.	22060511	Liability Repair Payment - 25D45M576417	Paid by EFT # 96492		03/04/2025	04/03/2025	04/24/2025		05/05/2025	689.24
8728 - State Street Collision, Inc.	22058920	Liability Repair Payment - RPO-KC-25-0011	Paid by EFT # 96492		03/04/2025	04/03/2025	04/24/2025		05/05/2025	2,634.99



Human Services Accounts Payable by GL Distribution

Payment Date Range 05/01/25 - 05/31/25

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 010 - Insurance Liability										
Department 120 - Human Resource Management										
Sub-Department 130 - Insurance Liability- HRM										
Account 53000 - Liability Insurance										
3171 - Strypes Plus More, Inc.	18276	Liability Repair Payment - RPO-KC-25-0005	Paid by EFT # 96495		04/07/2025	04/28/2025	04/24/2025		05/05/2025	125.00
3171 - Strypes Plus More, Inc.	18277	Liability Repair Payment - RPO-KC-25-0003	Paid by EFT # 96495		04/07/2025	04/28/2025	04/24/2025		05/05/2025	180.00
11377 - Via Carlita, LLC dba Hawk Ford St. Charles	96823	Liability Repair Payment - RPO-KC-25-0012	Paid by EFT # 96514		04/02/2025	04/24/2025	04/24/2025		05/05/2025	1,348.01
11377 - Via Carlita, LLC dba Hawk Ford St. Charles	94398	Liability Repair Payment - RPO-KC-25-0010	Paid by EFT # 96514		02/07/2025	04/24/2025	04/24/2025		05/05/2025	560.45
11377 - Via Carlita, LLC dba Hawk Ford St. Charles	94444	Liability Repair Payment - RPO-KC-25-0010	Paid by EFT # 96514		02/07/2025	04/24/2025	04/24/2025		05/05/2025	4.85
11377 - Via Carlita, LLC dba Hawk Ford St. Charles	560415	Liability Repair Payment - RPO-KC-25-0010	Paid by EFT # 96514		02/10/2025	04/24/2025	04/24/2025		05/05/2025	159.95
12798 - West Bend Mutual Insurance Company	2644879	Notary Bonds - Heath 2644879	Paid by Check # 386910		04/15/2025	04/24/2025	04/24/2025		05/05/2025	20.00
12798 - West Bend Mutual Insurance Company	2644893	Notary Bonds - Larson 2644893	Paid by Check # 386910		04/15/2025	04/24/2025	04/24/2025		05/05/2025	20.00
12798 - West Bend Mutual Insurance Company	2579700.	Notary Bonds - Mavigliano 2579700.	Paid by Check # 387026		05/01/2025	05/08/2025	05/08/2025		05/19/2025	20.00
12798 - West Bend Mutual Insurance Company	2645816	Notary Bonds - Villegas 2645816	Paid by Check # 387026		04/24/2025	05/08/2025	05/08/2025		05/19/2025	20.00
13382 - C&D Autobody Repair, Inc.	5738	Liability Repair Payment - 25D45M582868	Paid by EFT # 96603		03/06/2025	05/08/2025	05/08/2025	05/01/2025	05/19/2025	3,649.39
8258 - CCMSI	0172698-IN	CCMSI GL Funding Reimbursement	Paid by EFT # 96608		03/31/2025	04/30/2025	04/30/2025		05/19/2025	1,282.92
8258 - CCMSI	0167744-IN	CCMSI Admin Fees	Paid by EFT # 96609		03/31/2025	04/30/2025	04/30/2025		05/19/2025	37,570.40
8258 - CCMSI	0174310-IN	CCMSI GL Funding Reimbursement	Paid by EFT # 96608		04/30/2025	05/08/2025	05/08/2025		05/19/2025	7,295.75
3478 - Fox Valley Glass, Inc.	48464	Liability Repair Payment - RPO-KC-25-0014	Paid by EFT # 96670		04/29/2025	05/08/2025	05/08/2025		05/19/2025	754.51
3478 - Fox Valley Glass, Inc.	48463	Liability Repair Payment - RPO-KC-25-0016	Paid by EFT # 96670		05/05/2025	06/29/2025	05/08/2025		05/19/2025	750.25



Human Services Accounts Payable by GL Distribution

Payment Date Range 05/01/25 - 05/31/25

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 010 - Insurance Liability										
Department 120 - Human Resource Management										
Sub-Department 130 - Insurance Liability- HRM										
Account 53000 - Liability Insurance										
9385 - H&H Electric Co.	45645	Liability Repair Payment - RPO-KC-25-0017	Paid by EFT # 96691		03/18/2025	05/08/2025	05/08/2025	05/06/2025	05/19/2025	3,865.67
9385 - H&H Electric Co.	46155	Liability Repair Payment - 25D45M661201	Paid by EFT # 96691		04/08/2025	05/08/2025	05/08/2025	05/06/2025	05/19/2025	5,095.02
1654 - Northern Contracting, Inc.	175	Liability Repair Payment - RPO-KC-25-0015	Paid by EFT # 96778		05/02/2025	06/01/2025	05/08/2025		05/19/2025	4,929.95
1654 - Northern Contracting, Inc.	183	Liability Repair Payment - 25D45M661760	Paid by EFT # 96778		05/07/2025	06/05/2025	05/08/2025		05/19/2025	5,498.06
Account 53000 - Liability Insurance Totals									Invoice Transactions 25	\$83,115.77
Account 53010 - Workers Compensation										
1016 - Acrisure Midwest Partners Insurance Services, LLC	13180	Workers Compensation Premium	Paid by EFT # 96553		04/18/2025	05/08/2025	05/08/2025		05/19/2025	35,359.00
8258 - CCMSI	0172697-IN	CCMSI WC Funding Reimbursement	Paid by EFT # 96608		03/31/2025	04/30/2025	04/30/2025		05/19/2025	74,673.12
8258 - CCMSI	0174309-IN	CCMSI WC Funding Reimbursement	Paid by EFT # 96608		04/30/2025	05/08/2025	05/08/2025		05/19/2025	76,648.32
13202 - Matthew J. Goncher	20250501	Goncher May 2025 PSEBA Payment	Paid by EFT # 96680		05/01/2025	05/08/2025	05/08/2025		05/19/2025	978.10
Account 53010 - Workers Compensation Totals									Invoice Transactions 4	\$187,658.54
Account 53020 - Unemployment Claims										
3594 - Illinois Department of Employment Security	20250331 0802004	Unemployment claims paid Q1 2025	Paid by Check # 386987		03/31/2025	05/09/2025	05/09/2025		05/19/2025	28,773.00
Account 53020 - Unemployment Claims Totals									Invoice Transactions 1	\$28,773.00
Sub-Department 130 - Insurance Liability- HRM Totals									Invoice Transactions 30	\$299,547.31
Department 120 - Human Resource Management Totals									Invoice Transactions 30	\$299,547.31
Fund 010 - Insurance Liability Totals									Invoice Transactions 30	\$299,547.31
Grand Totals									Invoice Transactions 35	\$300,626.26

Kane County Purchasing Card Information
Human Services Committee
May 2025 Statement

HUMAN RESOURCE MANAGEMENT			
Transaction Date	Merchant Name	Additional Information	Transaction Amount
5/2/2025	4IMPRINT, INC	4IMPRINT.COM	\$470.99
5/16/2025	4IMPRINT, INC	4IMPRINT.COM	\$267.13
5/16/2025	ETSY.COM*ALLABOUTMECOM	ETSY.COM	(\$3.75)
5/16/2025	ETSY.COM*ALLABOUTMECOM	ETSY.COM	\$50.62
			Total: \$784.99
			Total all: \$784.99



Tuition Reimbursement FYTD

Payment Date Range 12/01/24 - 05/31/25

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 120 - Grand Victoria Casino Elgin										
Department 010 - County Board										
Sub-Department 020 - Riverboat										
Account 45420 - Tuition Reimbursement										
14449 - Emilia Gunty	2408-02	Tuition Reimbursement	Paid by EFT # 93326		12/09/2024	12/18/2024	11/30/2024		12/30/2024	931.20
14669 - Brenna E. Russell	2402-01	Tuition Reimbursement	Paid by EFT # 93457		12/02/2024	12/17/2024	11/30/2024		12/30/2024	1,105.00
10326 - Stephanie T Galley	2502-01	Tuition Reimb - MPA6460 Public Sector Law & Civil Liability	Paid by EFT # 95235		03/04/2025	03/03/2025	03/13/2025		03/24/2025	1,392.00
14449 - Emilia Gunty	2503-01	DMA 695 Thesis I - MPOP 575 Digital Medica Ethics	Paid by EFT # 95971		04/03/2025	04/09/2025	04/10/2025		04/21/2025	2,400.00
Account 45420 - Tuition Reimbursement Totals							Invoice Transactions	4		\$5,828.20
Sub-Department 020 - Riverboat Totals							Invoice Transactions	4		\$5,828.20
Department 010 - County Board Totals							Invoice Transactions	4		\$5,828.20
Fund 120 - Grand Victoria Casino Elgin Totals							Invoice Transactions	4		\$5,828.20
Grand Totals							Invoice Transactions	4		\$5,828.20

Health Insurance Fund

Revenue and Expenses

Through May 31, 2025 (50.0% YTD, 46.15% Payroll Expense through Pay Period Ending 05/10/2025)
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	\$ 85,314
652.800.000.38900 - Miscellaneous Other	\$ 17,880	\$ -	\$ -	\$ -
652.800.000.38910 - Healthcare Employer Portion	\$ 13,116,149	\$ 14,469,417	\$ 16,153,512	\$ 8,568,097
652.800.000.38915 - Dental Employer Portion	\$ 425,507	\$ 407,933	\$ 473,351	\$ 243,926
652.800.000.38920 - Healthcare Employee Portion	\$ 3,197,317	\$ 2,925,521	\$ 3,385,325	\$ 1,803,615
652.800.000.38921 - Dental Employee Portion	\$ 281,567	\$ 269,619	\$ 299,829	\$ 154,730
652.800.000.38927 - MERP Employer Portion	\$ 998,731	\$ 1,120,209	\$ 1,324,816	\$ 697,685
652.800.000.38930 - Retiree Payments - Healthcare	\$ 609,359	\$ 707,560	\$ 689,732	\$ 329,311
652.800.000.38935 - Retiree Payments - Dental	\$ 2,615	\$ 3,815	\$ 2,886	\$ 1,624
652.800.000.38940 - Cobra Payments - Healthcare	\$ 47,684	\$ 24,367	\$ 20,799	\$ 35,247
652.800.000.38945 - Cobra Payments - Dental	\$ 2,696	\$ 2,010	\$ 1,644	\$ 1,870
Total Revenue	\$ 18,609,860	\$ 20,284,936	\$ 22,928,675	\$ 11,921,420
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	\$ 56,250
652.800.814.50520 - Healthcare Admin Services	\$ 11,244	\$ 11,665	\$ 15,703	\$ 8,258
652.800.814.53005 - Healthcare - Stop Loss Insurance	\$ (624,786)	\$ (806,784)	\$ (2,027,628)	\$ (45,404)
652.800.814.53038 - Healthcare - Vision Insurance	\$ 74,975	\$ 81,318	\$ 83,696	\$ 42,489
652.800.814.53039 - Affordable Care Act Fee	\$ 3,210	\$ 5,217	\$ 5,699	\$ -
652.800.814.53300 - Healthcare - Health Insurance	\$ 23,031	\$ -	\$ -	\$ -
652.800.814.53310 - Healthcare - Dental Insurance	\$ 732,083	\$ 804,932	\$ 742,246	\$ 412,451
652.800.814.53320 - Healthcare - Life Insurance	\$ 42,029	\$ 40,678	\$ 57,705	\$ 4,440
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	\$ 5,000
Total Health Insurance General Expenses	\$ 383,286	\$ 201,575	\$ (1,377,197)	\$ 433,711

Health Insurance Fund

Revenue and Expenses

**Through May 31, 2025 (50.0% YTD, 46.15% Payroll Expense through Pay Period Ending 05/10/2025)
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	\$ 166,103
652.800.814.53350 - MERP - Shared Savings with Administrator	\$ 14,316	\$ -	\$ -	\$ -
Total MERP Expenses	\$ 405,349	\$ 518,727	\$ 625,362	\$ 174,296
Expenses - Health Insurance PPO				
652.800.817.53005 - Healthcare - Stop Loss Insurance	\$ 505,541	\$ 723,948	\$ 893,817	\$ 447,867
652.800.817.53031 - Self Insured Healthcare Claims	\$ 6,180,965	\$ 7,738,450	\$ 10,233,290	\$ 3,871,167
652.800.817.53032 - Self Insured Healthcare Claims Administration	\$ 218,379	\$ 245,663	\$ 289,635	\$ 137,292
652.800.817.53033 - Healthcare Facility Access Fee	\$ 76,025	\$ 13,041	\$ 231,063	\$ 24,363
652.800.817.53037 - Healthcare Credits	\$ (260,803)	\$ (350,324)	\$ (586,275)	\$ (285,551)
Total Health Insurance PPO Expenses	\$ 6,720,108	\$ 8,370,778	\$ 11,061,530	\$ 4,195,138
Expenses - Health Insurance HMO				
652.800.818.53005 - Healthcare - Stop Loss Insurance	\$ 462,946	\$ 555,815	\$ 604,545	\$ 272,712
652.800.818.53031 - Self Insured Healthcare Claims	\$ 6,714,631	\$ 6,963,453	\$ 7,279,419	\$ 3,223,812
652.800.818.53032 - Self Insured Healthcare Claims Administration	\$ 394,430	\$ 372,131	\$ 368,937	\$ 166,650
652.800.818.53034 - Healthcare HMO Managed Care Fee	\$ 92,087	\$ 104,647	\$ 104,847	\$ 42,401
652.800.818.53035 - Healthcare Physician Services Fee	\$ 2,658,797	\$ 2,594,715	\$ 2,612,488	\$ 968,863
652.800.818.53037 - Healthcare Credits	\$ (497,551)	\$ (564,106)	\$ (833,433)	\$ (371,915)
Total Health Insurance HMO Expenses	\$ 9,825,340	\$ 10,026,655	\$ 10,136,802	\$ 4,302,523
Expenses - Retiree				
652.800.820.53300 - Healthcare - Health Insurance	\$ 106,764	\$ 125,395	\$ 160,639	\$ 157,057
Total Expenses	\$ 17,440,846	\$ 19,243,130	\$ 20,607,136	\$ 9,262,724
Revenue Net Expenses	\$ 1,169,014	\$ 1,041,806	\$ 2,321,539	\$ 2,658,696
Fund Balance	\$ 6,416,869	\$ 7,458,675	\$ 9,780,214	\$ 12,438,910
<i>Target Fund Balance at 25%</i>	\$ 4,360,212	\$ 4,810,783	\$ 5,151,784	\$ 2,315,681
<i>Target Fund Balance at 50%</i>	\$ 8,720,423	\$ 9,621,565	\$ 10,303,568	\$ 4,631,362

STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-25-667

MONTHLY BLUE CROSS BLUE SHIELD INVOICE

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	825312489964
Invoice Date	04/30/2025
Invoice Period	04/01/2025 - 04/30/2025
Billing Cycle	MONTHLY

Make Electronic (Wire¹ or ACH²) Payments to

Mellon Bank
Health Care Service Corporation

HCSC ABA Number 043000261

HCSC Bank Account Number 120-5032

Account ID Number 8253175154

Amount Due \$1,711,733.28

Date Due 06/02/2025

See footnotes for important Wire & ACH payment instructions

Claim Charges/Credits - Paid 4/1/25 – 4/30/25

Value Based Care-Value Incentive	300.37
Medical-Facility	583,297.94
Value Based Care-Care Coordination	621.59
Pharmacy	623,858.52
Medical-Professional	255,815.76
Total Claim Charges/Credits	\$1,463,894.18

Administration Fees
Calculation Method

RX Rebate Credit	Per Contract Per Month	(135,000.32)
Wellness Credit	Flat Fee	(35,000.00)
IL Access Fee	Monthly IL Access Fee	5,803.46
HMO Managed Care Fee	Per Contract Per Month	8,509.54
Physician Service Fee - Allocated	Monthly Claims	19,787.39
Administration Fee	Per Contract Per Month	54,519.36
Specific Stop Loss	Per Contract Per Month	148,603.14
Physician Service Fee - Direct	Monthly Claims	166,819.35
APR Savings Program-Advanced Claim Edits and Coding Validation	Claim Based	280.47
APR Savings Program-Prepay Service Line Review	Claim Based	12,810.11

(continued on next page)

¹For Electronic payment via Wire

You MUST include the following in the "Reference for Beneficiary" (RFB) (1@16) and "Originator to Beneficiary" (OBI) (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-Coordination of Benefits	Claim Based	656.60
Total Administration Fees		\$247,789.10

Administration Adjustments	Incurred Date	
IDR Negotiation Fees	04/14/2025	50.00
Total Administration Adjustments		\$50.00

Total Claim Charges/Credits	\$1,463,894.18
Total Administration Fees & Adjustments	\$247,839.10
Total Charges	\$1,711,733.28

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.

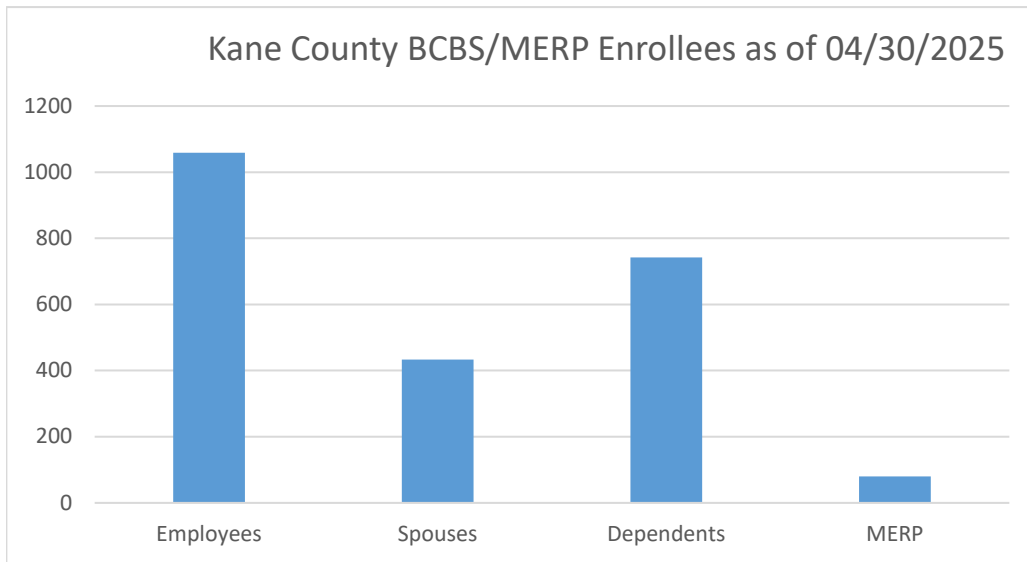
Make checks payable to Health Care Service Corporation Include Account ID Number 8253175154 Amount Due \$1,711,733.28 Date Due 06/02/2025	If sending via Overnight Courier Health Care Service Corporation Attn: 14169 5505 N. Cumberland Ave. Suite 307 Chicago, IL 60656-1471	If sending via 1st Class Mail Health Care Service Corporation Dept. CH 14169 Palatine, IL 60055-4169
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STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-25-669
MONTHLY BCBS AND MERP TOTALS

**Kane County BCBS/MERP Enrollees as of
04/30/2025**

Employees	Spouses	Dependents	MERP
1059	433	742	80



STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-25-670
MONTHLY ASSURED PARTNERS REPORT

Kane County

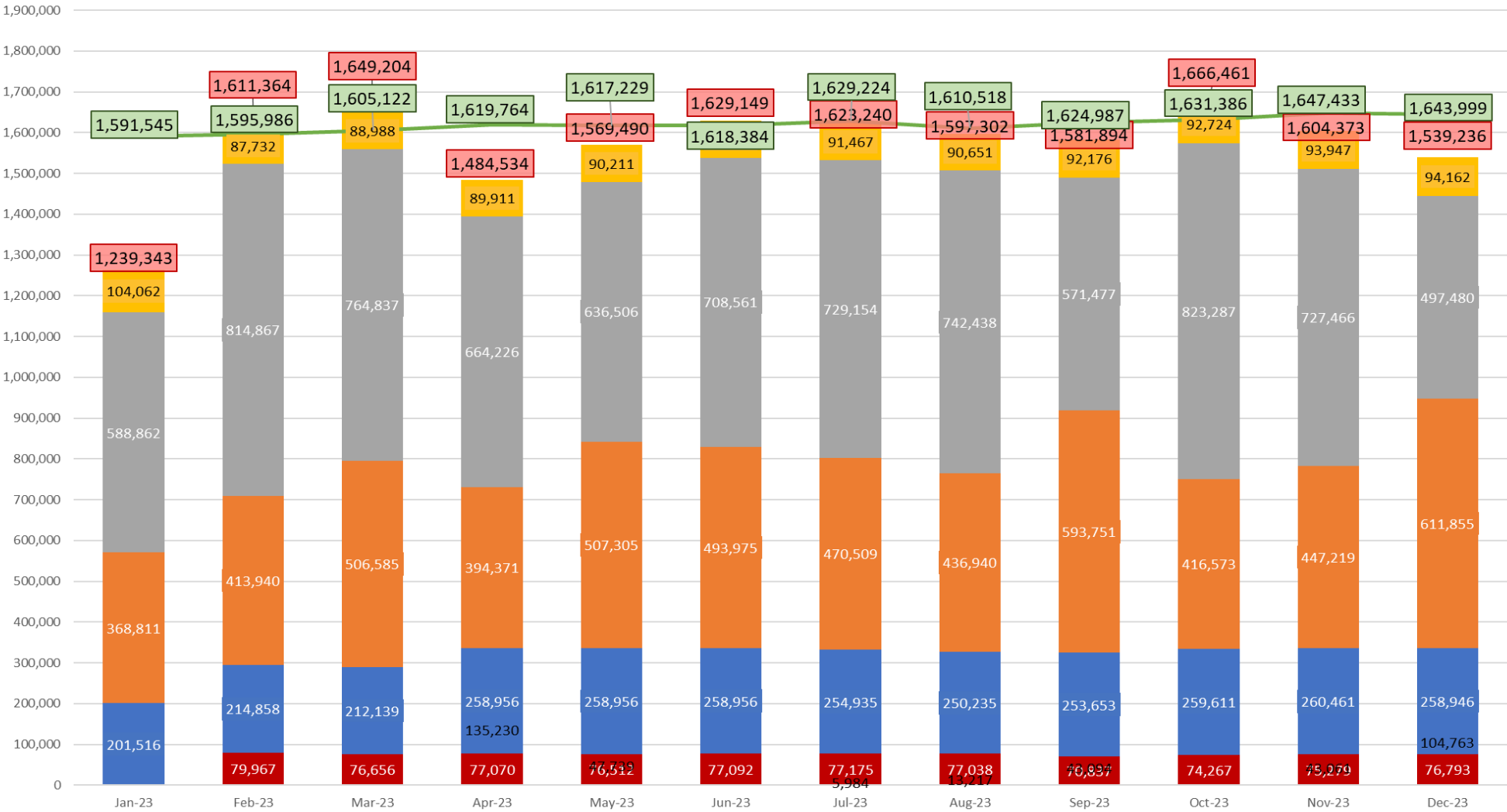
HSC Meeting 6/11/2025



AssuredPartners

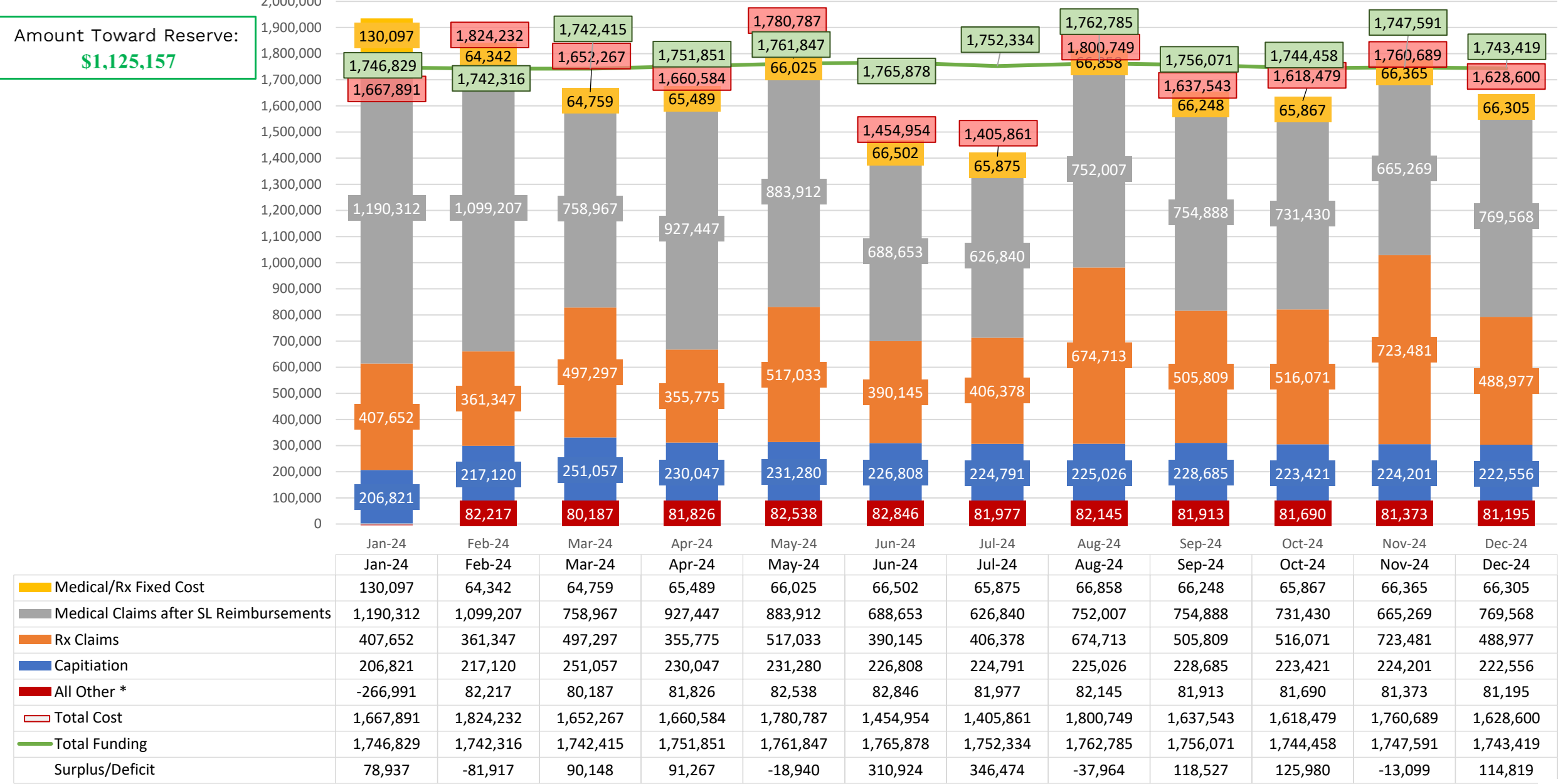
2023 Global Financial Tracker

Amount Toward Reserve:
\$639,988



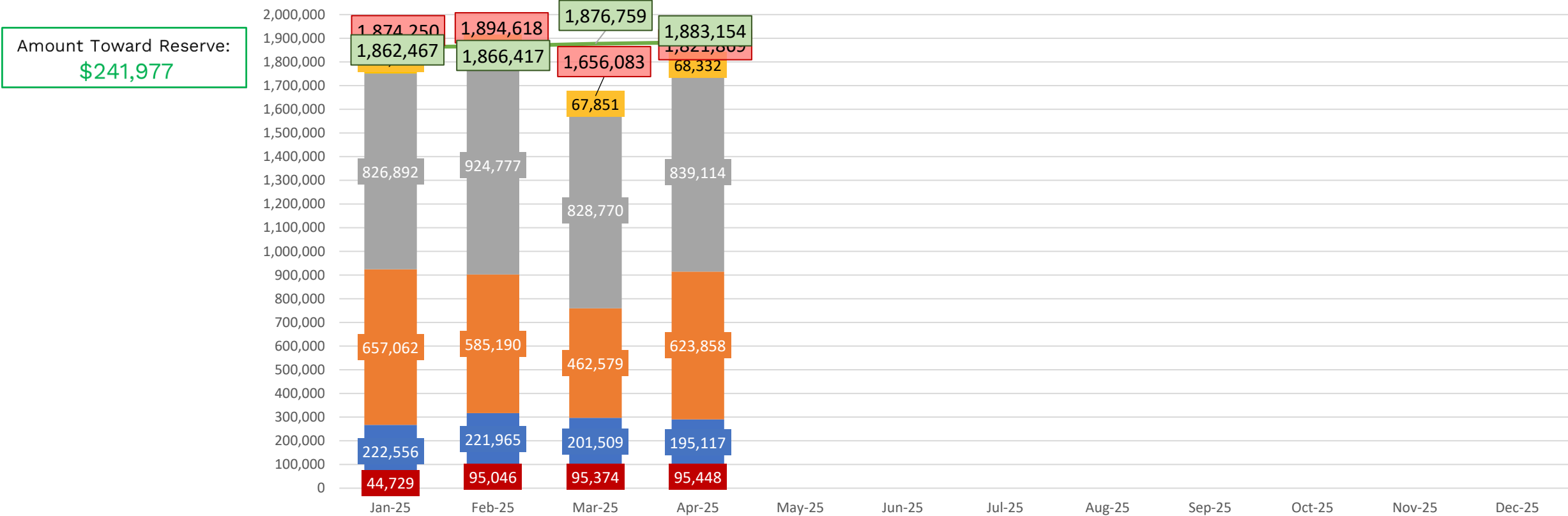
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Medical/Rx Fixed Cost	104,062	87,732	88,988	89,911	90,211	90,565	91,467	90,651	92,176	92,724	93,947	94,162
Medical Claims after SL Reimbursements	588,862	814,867	764,837	664,226	636,506	708,561	729,154	742,438	571,477	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



2025 Global Financial Tracker

Amount Toward Reserve:
\$241,977



	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/Rx Fixed Cost	123,011	67,640	67,851	68,332								
Medical Claims after SL Reimbursements	826,892	924,777	828,770	839,114								
Rx Claims	657,062	585,190	462,579	623,858								
Capitation	222,556	221,965	201,509	195,117								
All Other *	44,729	95,046	95,374	95,448								
Total Cost	1,874,250	1,894,618	1,656,083	1,821,869								
Total Funding	1,862,467	1,866,417	1,876,759	1,883,154								
Surplus/Deficit	-11,783	-28,202	220,676	61,285								

*All Other includes Employer HSA contributions, BCBS wellness credit, consulting fee, dental, vision, and EAP services.

STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-25-681

MONTHLY APPLICANTS AND STAFF CHANGES

Job Applicants for May 2025 by Position

Title	Post Date - Deadline	Internal/External	Applicants
Auditor			
Accounts Payable Specialist -Level 1	4/22/2025 - N/A	External	1
Accounts Payable Specialist -Level 1	4/23/2025 - N/A	External	17
Intern/Volunteer	Open - N/A	External	1
Total Auditor Applicants			19
Building Management			
Janitor	5/27/2025 - N/A	External	3
Project Manager I (BLD) (Revised)	3/25/2025 - N/A	External	1
Stockroom/Buyer	5/9/2025 - N/A	External	2
Total Building Management Applicants			6
Circuit Court Clerk			
Deputy Clerk	3/11/2025 - N/A	External	19
Intern/Volunteer	Open - N/A	External	1
Total Circuit Court Clerk Applicants			20
County Board			
American Rescue Plan Program Coordinator	5/5/2025 - N/A	External	7
Total County Board Applicants			7
Court Services			
Intern/Volunteer	Open - N/A	External	2
Juvenile Detention Specialist	1/26/2025 - 5/21/2025	External	1
Juvenile Detention Specialist	1/27/2025 - 5/21/2025	External	3
Juvenile Detention Specialist	5/19/2025 - 8/31/2025	External	1
Juvenile Detention Specialist	5/20/2025 - 8/31/2025	External	7
Total Court Services Applicants			14
Development and Community Services			
Intern/Volunteer	Open - N/A	External	1
Total Development and Community Services Applicants			1
Finance Department			
Buyer - Purchasing	1/22/2025 - N/A	External	4
Total Finance Department Applicants			4

Health Department

[13] Health Department	4/17/2025 - N/A	External	1
[16] Health Department	3/18/2025 - N/A	External	1
[19] Health Department	4/17/2025 - N/A	External	1
[21] Health Department	4/23/2025 - N/A	External	1
[22] Health Department	3/5/2025 - N/A	External	1
[28] Health Department	3/24/2025 - N/A	External	1
[29] Health Department	3/19/2025 - N/A	External	2
[49] Health Department	Open - N/A	External	1
[9] Health Department	3/18/2025 - N/A	External	1
CD Surveillance Practitioner	3/18/2025 - N/A	External	2
Community Health Planner	3/28/2025 - N/A	External	3
Environmental Health Practitioner	3/18/2025 - N/A	External	8
Health Promotions Public Health Intern	4/17/2025 - N/A	External	8
Intern/Volunteer	Open - N/A	External	1
Lead (Pb) Inspector – Lead Poisoning Prevention	4/23/2025 - N/A	External	1
Lead Disease Surveillance Practitioner	3/5/2025 - N/A	External	2
Public Health Intern	4/16/2025 - N/A	External	3
Public Health Intern (Trap Collection for West Nile Program)	3/24/2025 - N/A	External	1
Public Health Intern (Trap Collection for West Nile Program)	5/21/2025 - N/A	External	1
Violence Prevention Specialist	3/19/2025 - N/A	External	5
Total Health Department Applicants			45

Information Technology Department

CAD Specialist II	3/14/2025 - N/A	External	1
Total Information Technology Department Applicants			1

Judiciary

Intern/Volunteer	Open - N/A	External	1
Interpreter Coordinator	5/27/2025 - 6/16/2025	External	3
Staff Interpreter - Spanish Language	5/27/2025 - 6/16/2025	External	1
Total Judiciary Applicants			5

KANECOMM

9-1-1 Telecommunicator	12/5/2024 - N/A	External	1
9-1-1 Telecommunicator	12/6/2024 - N/A	External	3
9-1-1 Telecommunicator	5/7/2025 - N/A	External	1
9-1-1 Telecommunicator	5/8/2025 - N/A	External	57

Total KANECOMM Applicants	62
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Office of Community Reinvestment

[21] Office of Community Reinvestment	5/21/2025 - N/A	External	1
Accounting Intern	5/22/2025 - N/A	External	4
Career Navigator	5/6/2025 - N/A	External	16
Fiscal Manager	4/24/2025 - N/A	External	1
Fiscal Manager	5/21/2025 - N/A	External	2
Program Assistant	5/21/2025 - 5/22/2025	External	1
Program Assistant - DeKalb Office	3/30/2025 - N/A	External	1
Program Assistant - DeKalb Office	3/31/2025 - N/A	External	12
Program Assistant - DeKalb Office	5/21/2025 - N/A	External	5
Program Assistant - Yorkville Office	5/21/2025 - N/A	External	6
Program Coordinator	5/21/2025 - N/A	External	5
Program Coordinator	5/21/2025 - 5/22/2025	External	3
Workforce Board Manager	4/24/2025 - N/A	External	6
Total Office of Community Reinvestment Applicants			63

Office of Emergency Management (OEM)

[10] Office of Emergency Management (OEM)	11/25/2024 - N/A	External	1
[15] Office of Emergency Management (OEM)	11/25/2024 - N/A	External	1
Total Office of Emergency Management (OEM) Applicants			2

Regional Office of Education

Intern/Volunteer	Open - N/A	External	1
Total Regional Office of Education Applicants			1

Sheriff

Aramark - Kane County Jail and Commissary	4/26/2024 - N/A	External	1
Correction Officers (Lateral)	5/9/2025 - N/A	External	1
Correction Officers *Lateral Transfer *	5/17/2024 - N/A	External	1
Evidence Technician Non-Sworn	5/6/2025 - 5/23/2025	External	29
Total Sheriff Applicants			32

State's Attorney

Assistant State's Attorney – Misdemeanor Division	3/31/2025 - N/A	External	3
Assistant State's Attorney/Felony Division	3/31/2025 - N/A	External	1

Intern/Volunteer	Open - N/A	External	1
Total State's Attorney Applicants			5
Total Applicants for May			287

New Hire Report

from 05/01/2025 - 05/31/2025

Department	Employee Name	Job Title	Employee Status	Hire Date
Building Management				
	FRANCO, WENDY M	Project Manager	ACTIVE	05/19/2025
Community Reinvestment				
	WAGGONER, ERICA M	Assistant Director of Finance	ACTIVE	05/02/2025
		Asst Dir Finance&Administration	ACTIVE	05/02/2025
		Director of Fiscal Services	ACTIVE	05/02/2025
		Interim Executive Director	ACTIVE	05/02/2025
		Staff Accountant	ACTIVE	05/02/2025
		WIA Fiscal Manager	ACTIVE	05/02/2025
County Auditor				
	CASTELLANOS, MAYTE	Intern	ACTIVE	05/05/2025
Health				
	CROSSEN, ALEXIS J	Public Health Intern	ACTIVE	05/27/2025
Information Technologies				
	PORCH, BARRY A	CAD Specialist II	ACTIVE	05/12/2025
Public Defender				
	WALKER, TAMAR C	Assistant Public Defender	ACTIVE	05/19/2025
		Trial Service Staff	ACTIVE	05/19/2025
Sheriff/Adult Corrections				
	MORALES, JENNIFER	Information Specialist	ACTIVE	05/19/2025
Sheriff/Court Security				
	MCCOWAN, REECE M	Court Security Officer	ACTIVE	05/02/2025

New Hire Report

from 05/01/2025 - 05/31/2025

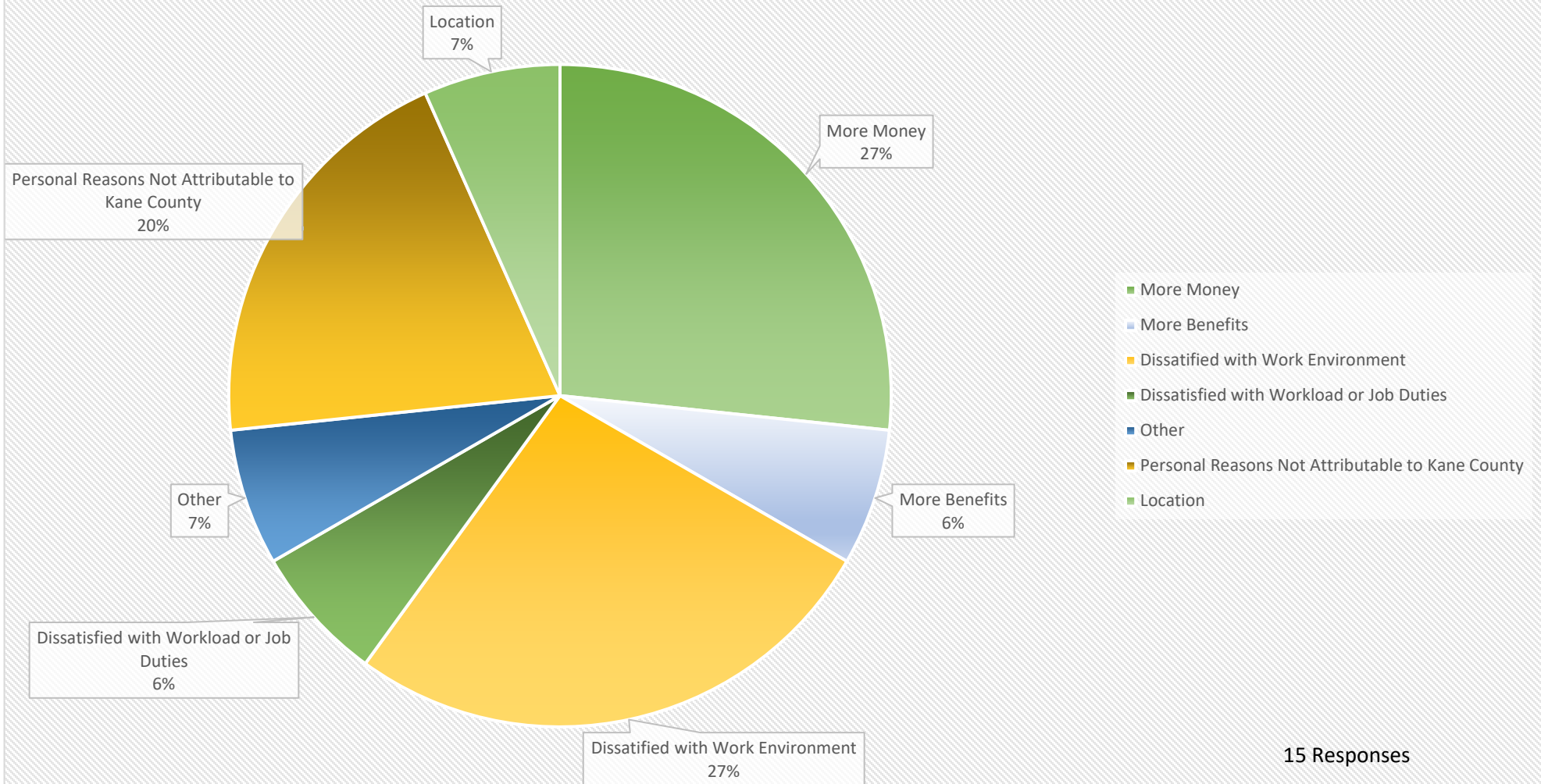
	STAFFORD ILEVARE, FABIA	Case Manager	ACTIVE	05/12/2025
Sheriff/Sheriff				
	PEELER, ABIGAIL K	Peace Officer	ACTIVE	05/02/2025
State's Attorney				
	BELSHAN, ANDREW D	Intern Non Attorney	ACTIVE	05/27/2025
	GAMBOA, ALEXIS M	Assistant States Attorney	ACTIVE	05/12/2025
	GARCIA, KATHY M	Administrative Assistant	ACTIVE	05/14/2025
	GIRMAN, ABBY E	Intern Non Attorney	ACTIVE	05/23/2025
	HALBESMA, HANNAH K	Intern Non Attorney	ACTIVE	05/19/2025
	JERKATIS, JONATHAN M	Law Clerk	ACTIVE	05/14/2025
	POLKINGHORN, BRIAN S	Investigator	ACTIVE	05/05/2025
	SIFUENTES LOPEZ, ANA L	Administrative Assistant	ACTIVE	05/12/2025
Transportation				
	GARZA, DIANA M	Permit Administrative Technician	ACTIVE	05/05/2025
		Permit&Administrative Technician	ACTIVE	05/05/2025
		Permit/Adopt-A-Highway Tech	ACTIVE	05/05/2025
Total New Hires 19				

Termination Report

from 05/01/2025 - 05/31/2025

Department		
Employee Name		Termination Date
County Board		
VELDHUIZEN, AMANDA E		05/09/25
County Clerk		
MOREFIELD, JAMES H		05/02/25
Court Services/Court Services Administration		
VAUGHN, CORTEZ A		05/02/25
Health		
DEL TORO, OLGA M		05/02/25
SCHMIDT, MOLLY A		05/01/25
TAYLOR, ALINA J		05/02/25
VON ROHR, JLANA		05/07/25
Sheriff/Adult Corrections		
NAVARRO, ALEXIS R		05/04/25
Sheriff/Sheriff		
RIVERA, JASMINE		05/06/25
State's Attorney		
CERMAK, FRANCIS T		05/01/25
Total Terminations 10		

Reasons Employees Left Kane County 5/1/2024-4/30/2025



STATE OF ILLINOIS)
COUNTY OF KANE) SS.

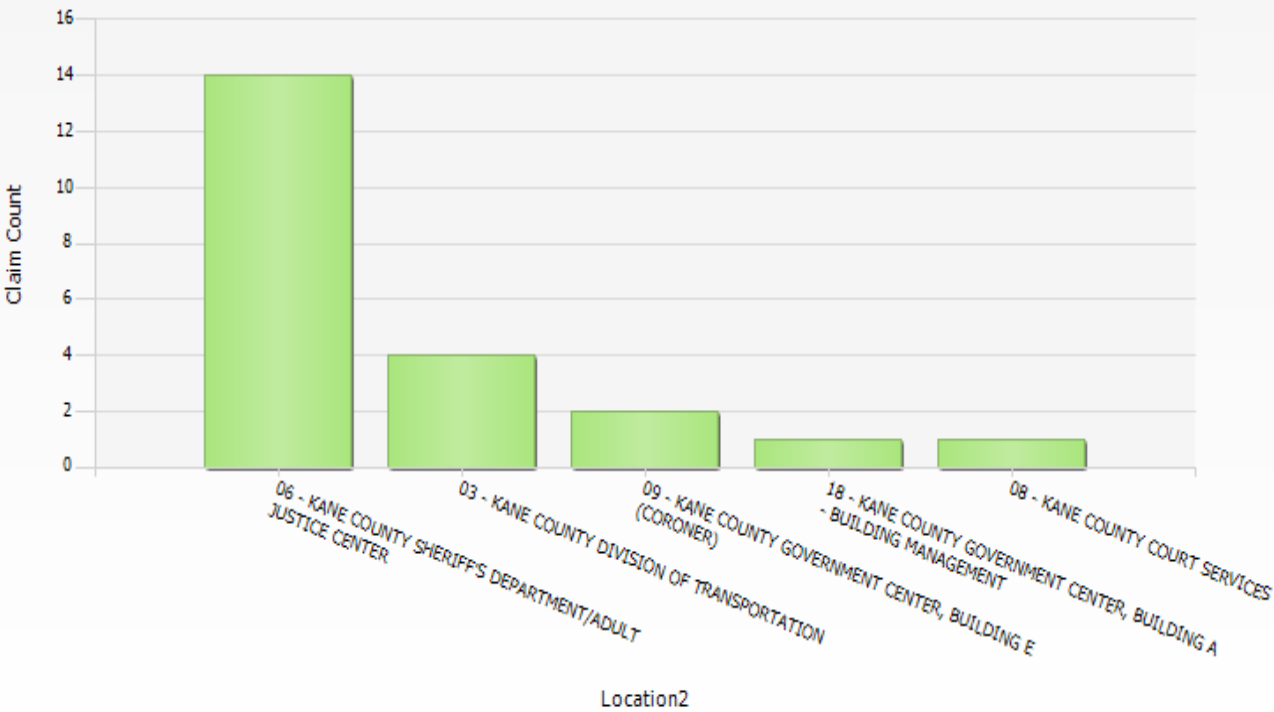
REPORT NO. TMP-25-684

MONTHLY WORKERS COMP AND LIABILITY REPORTS

Kane County Top 5 Locations where the most incidents have occurred 12/01/2024-11/30/2025 as of 05/31/2025

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	14	\$40,341.65	\$55,972.42	\$0.00	\$96,314.07	\$0.00	\$96,314.07	\$6,879.58	56%	61%
03 - KANE COUNTY DIVISION OF TRANSPORTATION	4	\$9,356.98	\$15,130.98	\$0.00	\$24,487.96	\$0.00	\$24,487.96	\$6,121.99	16%	15%
09 - KANE COUNTY GOVERNMENT CENTER, BUILDING E (CORONER)	2	\$5,062.65	\$373.54	\$0.00	\$5,436.19	\$0.00	\$5,436.19	\$2,718.10	8%	3%
18 - KANE COUNTY GOVERNMENT CENTER, BUILDING A - BUILDING MANAGEMENT	1	\$1,141.76	\$0.00	\$0.00	\$1,141.76	\$0.00	\$1,141.76	\$1,141.76	4%	1%
08 - KANE COUNTY COURT SERVICES	1	\$17,090.76	\$8,347.56	\$0.00	\$25,438.32	\$0.00	\$25,438.32	\$25,438.32	4%	16%

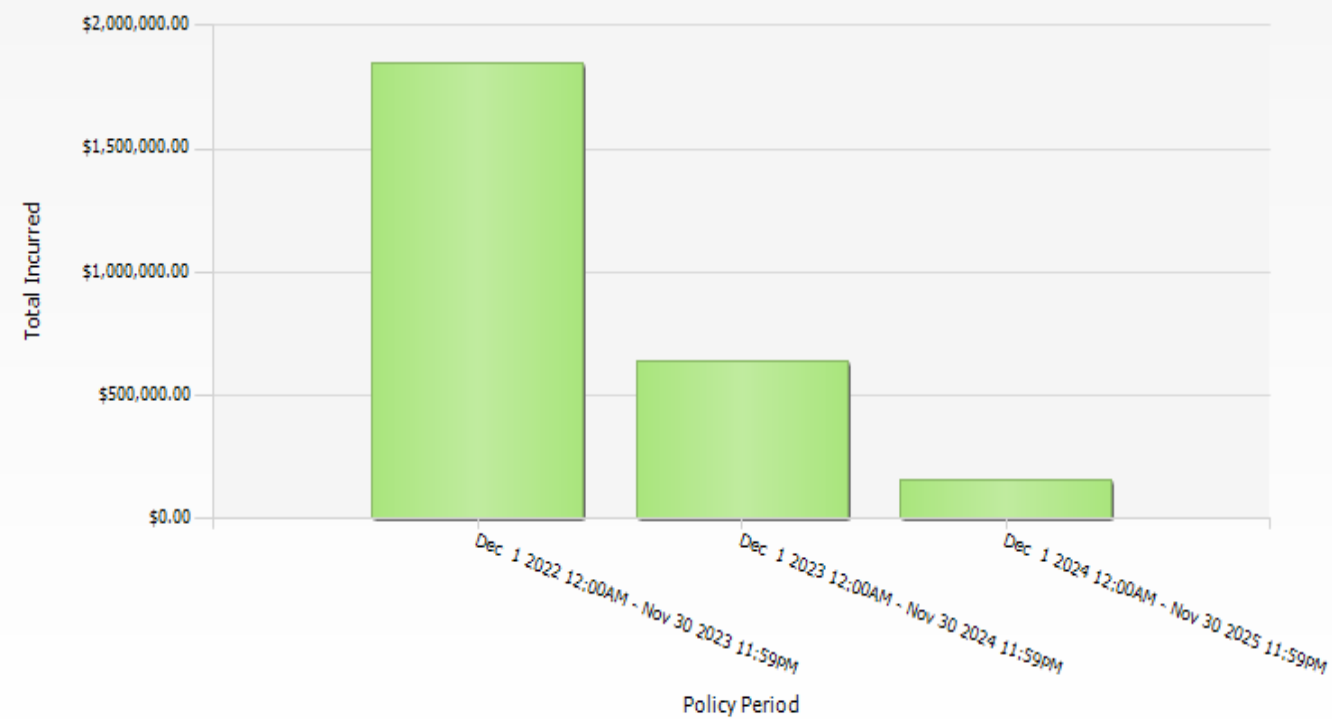
Summary by Location2 Ordered by Claim Count in Descending Order



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 05/31/2025

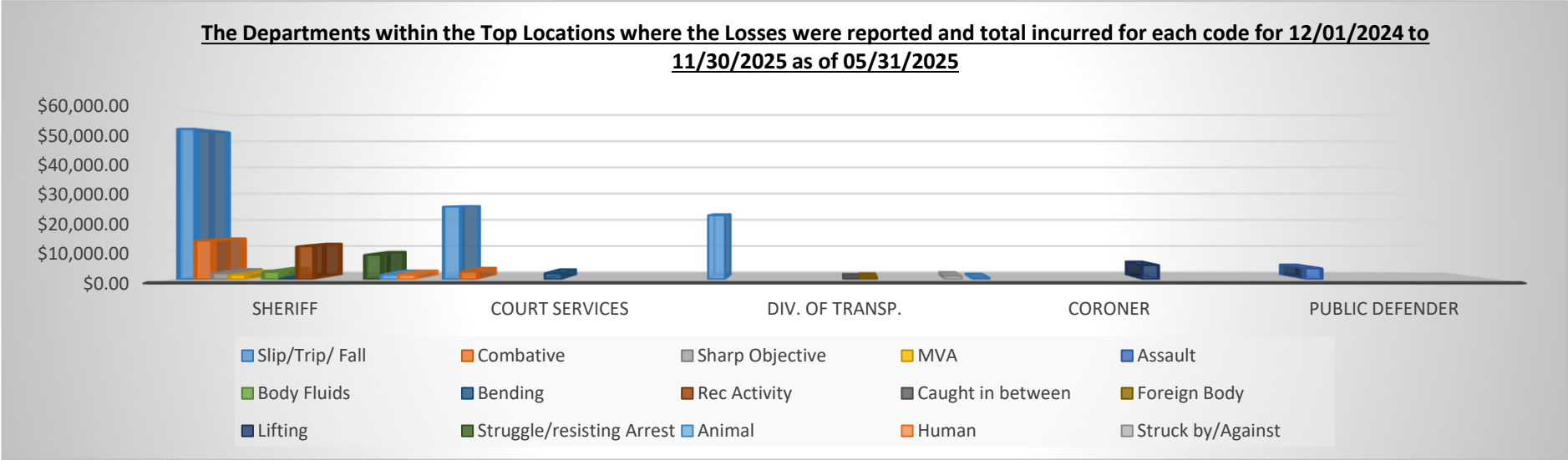
Policy Period	Claim Count	Total Paid	Outstanding Reserves	Recovery	Total Incurred	Total Reimbursement	Net Incurred	Cost Per Claim	% of Freq	% Of Incur
Dec 1 2022 12:00AM - Nov 30 2023 11:59PM	70	\$1,250,783.58	\$596,574.27	\$0.00	\$1,847,357.85	\$0.00	\$1,847,357.85	\$26,390.83	42%	70%
Dec 1 2023 12:00AM - Nov 30 2024 11:59PM	73	\$398,117.89	\$238,994.49	\$0.00	\$637,112.38	\$0.00	\$637,112.38	\$8,727.57	43%	24%
Dec 1 2024 12:00AM - Nov 30 2025 11:59PM	25	\$75,401.22	\$83,505.34	\$0.00	\$158,906.56	\$0.00	\$158,906.56	\$6,356.26	15%	6%

Summary by Policy Period Ordered by Total Incurred in Descending Order



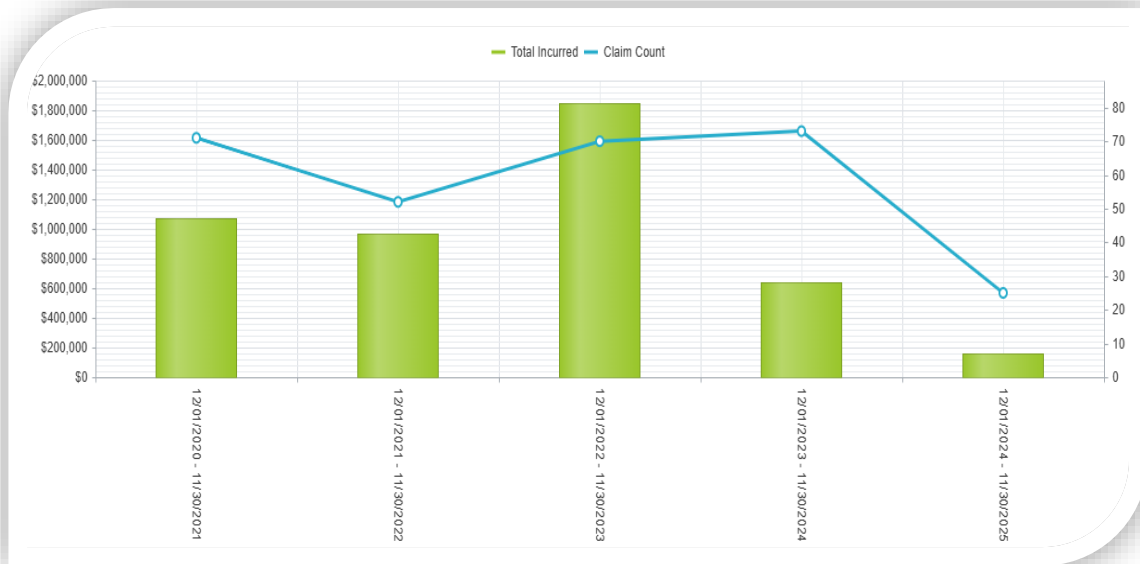
The Departments within the 5 Top Locations where the losses were reported and the Total incurred for each cause code from 12/01/2024 -11/30/2025 as of 05/31/2025

Departments	Slip/Trip/ Fall	Combative	Sharp Objective	MVA	Assault	Body Fluids	Bending	Rec Activity	Caught in between	Foreign Body	Lifting	Struggle/r esisting Arrest	Animal	Human	Struck by/Against
Sheriff	\$52,663.78	\$13,501.00	\$2,153.37	\$1,650.00		\$2,650.00	\$319.92	\$11,526.00				\$8,550.00	\$1,650.00	\$1,650.00	
Court Services	\$25,438.32	\$2,639.93					\$2,105.21								
Div. of Transp.	\$22,412.00								\$360.73	\$606.23					\$1,100.00
Coroner	\$485.19										\$4,951.00				
Public Defender					\$3,850.00										



Departments	Count	Total Incurred
Sheriff	14	\$96,314.07
Court Services	4	\$30,183.46
Div. of Transp.	4	\$24,487.96
Coroner	2	\$5,436.19
Public Defender	1	\$3,850.00
Total	25	\$160,271.68

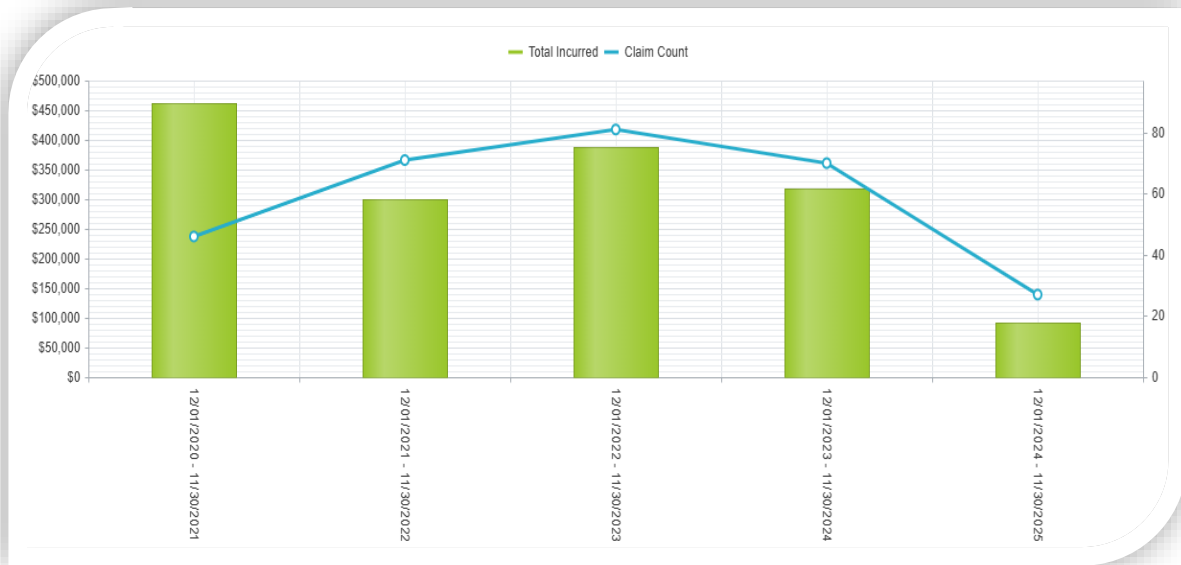
Executive Reports for Kane County Worker's Compensation Program for the last 4 years and the current year – By policy period and chronological order as of 05/31/2025



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	\$720,082.86	\$254,257.81	\$8,647.62	\$965,693.05	52	\$18,571.02
12/01/2022 - 11/30/2023	\$1,250,783.58	\$596,574.27	\$0.00	\$1,847,357.85	70	\$26,390.83
12/01/2023 - 11/30/2024	\$398,117.89	\$238,994.49	\$0.00	\$637,112.38	73	\$8,727.57
12/01/2024 - 11/30/2025	\$75,401.22	\$83,505.34	\$0.00	\$158,906.56	25	\$6,356.26
Totals:	\$3,521,409.51	\$1,194,588.32	\$32,384.33	\$4,683,613.50	291	\$16,094.89

-Total incurred for the current policy period is \$158,906.56 with 25 claims reported. The average cost per claim is \$6,356.26. These claims will continue to develop along with new claims reported.

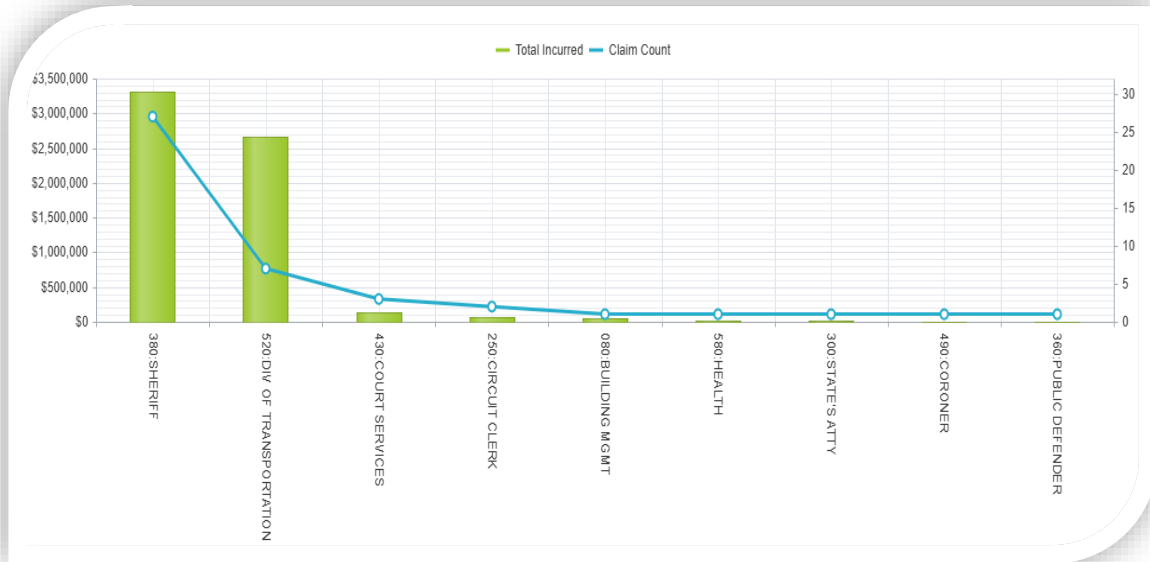
Executive Report for Kane County Liability Program for the last 4 years and the current year-By policy period and chronological order as of 05/31/2025



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	\$605,382.83	\$53,357.59	\$271,509.34	\$387,231.08	81	\$4,780.63
12/01/2023 - 11/30/2024	\$336,513.56	\$83,007.48	\$102,080.96	\$317,440.08	70	\$4,534.86
12/01/2024 - 11/30/2025	\$86,220.99	\$34,909.28	\$29,519.38	\$91,610.89	27	\$3,393.00
Totals:	\$2,068,198.09	\$234,274.35	\$742,426.48	\$1,560,045.96	295	\$5,288.29

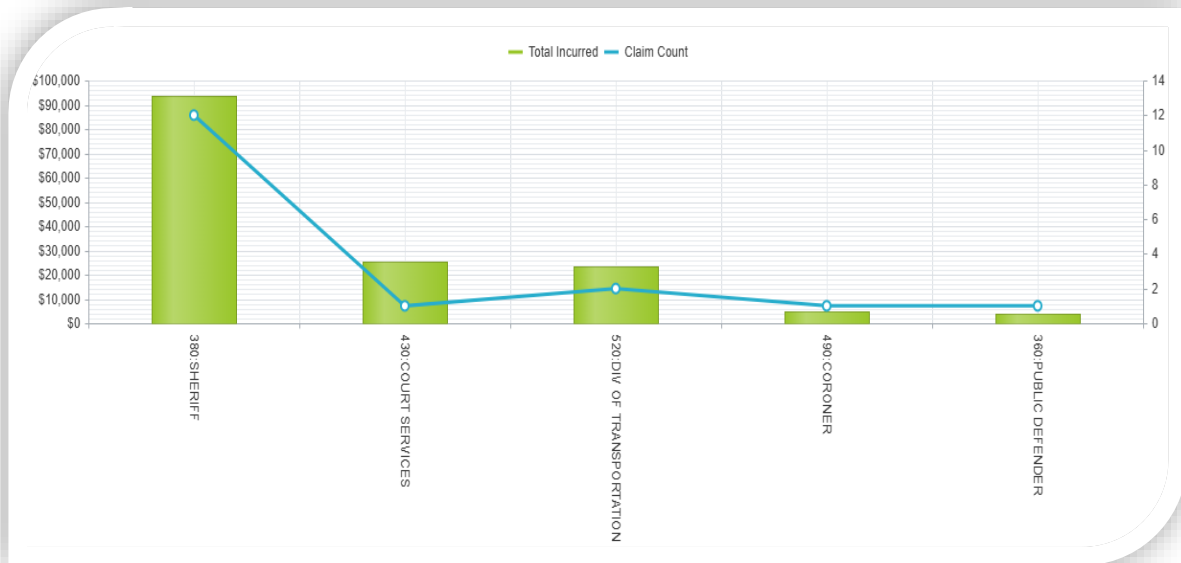
- The total incurred for the current policy period is \$91,610.89 with 27 claims reported for the current period and that will change upon receipt of additional information. Average cost per claim is \$3,393.00 for the current policy period.

All open Worker's Compensation Claims for Kane County as of 05/31/2025 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	\$2,014,370.12	\$1,299,421.33	\$0.00	\$3,313,791.45	27	\$122,733.02
520:DIV OF TRANSPORTATION	\$1,573,756.18	\$1,086,447.05	\$0.00	\$2,660,203.23	7	\$380,029.03
430:COURT SERVICES	\$119,399.30	\$15,162.56	\$0.00	\$134,561.86	3	\$44,853.95
250:CIRCUIT CLERK	\$26,311.79	\$42,390.92	\$0.00	\$68,702.71	2	\$34,351.36
080:BUILDING MGMT	\$13,617.06	\$42,111.94	\$0.00	\$55,729.00	1	\$55,729.00
580:HEALTH	\$296.87	\$21,848.00	\$0.00	\$22,144.87	1	\$22,144.87
300:STATE'S ATTY	\$15,140.30	\$246.07	\$0.00	\$15,386.37	1	\$15,386.37
490:CORONER	\$4,577.46	\$373.54	\$0.00	\$4,951.00	1	\$4,951.00
360:PUBLIC DEFENDER	\$169.16	\$3,680.84	\$0.00	\$3,850.00	1	\$3,850.00
Totals:	\$3,767,638.24	\$2,511,682.25	\$0.00	\$6,279,320.49	44	\$142,711.83

Open Worker's Compensation Claims that occurred from 12/01/2024 to 11/30/2025 as of 05/31/25

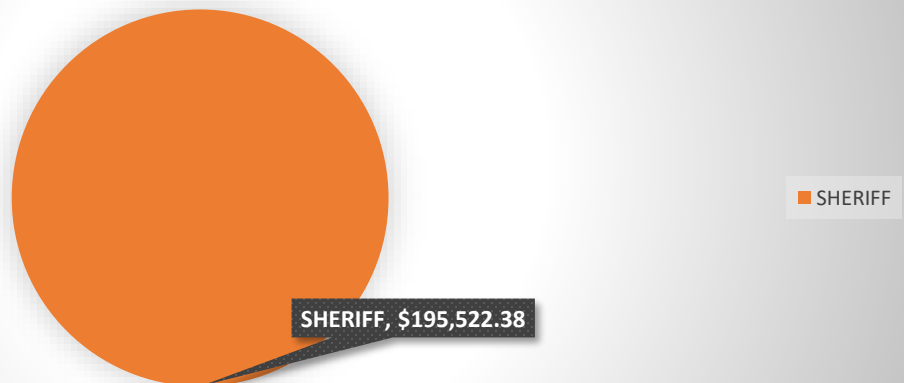


Departments	Paid	Out Reserve	Recovered	Total Incurred	Claim Count	Cost per Claim
380:SHERIFF	\$37,868.36	\$55,972.42	\$0.00	\$93,840.78	12	\$7,820.07
430:COURT SERVICES	\$17,090.76	\$8,347.56	\$0.00	\$25,438.32	1	\$25,438.32
520:DIV OF TRANSPORTATION	\$8,390.02	\$15,130.98	\$0.00	\$23,521.00	2	\$11,760.50
490:CORONER	\$4,577.46	\$373.54	\$0.00	\$4,951.00	1	\$4,951.00
360:PUBLIC DEFENDER	\$169.16	\$3,680.84	\$0.00	\$3,850.00	1	\$3,850.00
Totals:	\$68,095.76	\$83,505.34	\$0.00	\$151,601.10	17	\$8,917.71

Kane County Settlements by Department for Policy Period
December 1, 2024- November 30, 2025 as of May 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	\$195,522.38	100%	6
STATES ATTY	\$0.00	0%	
Total	\$195,522.38	100%	6

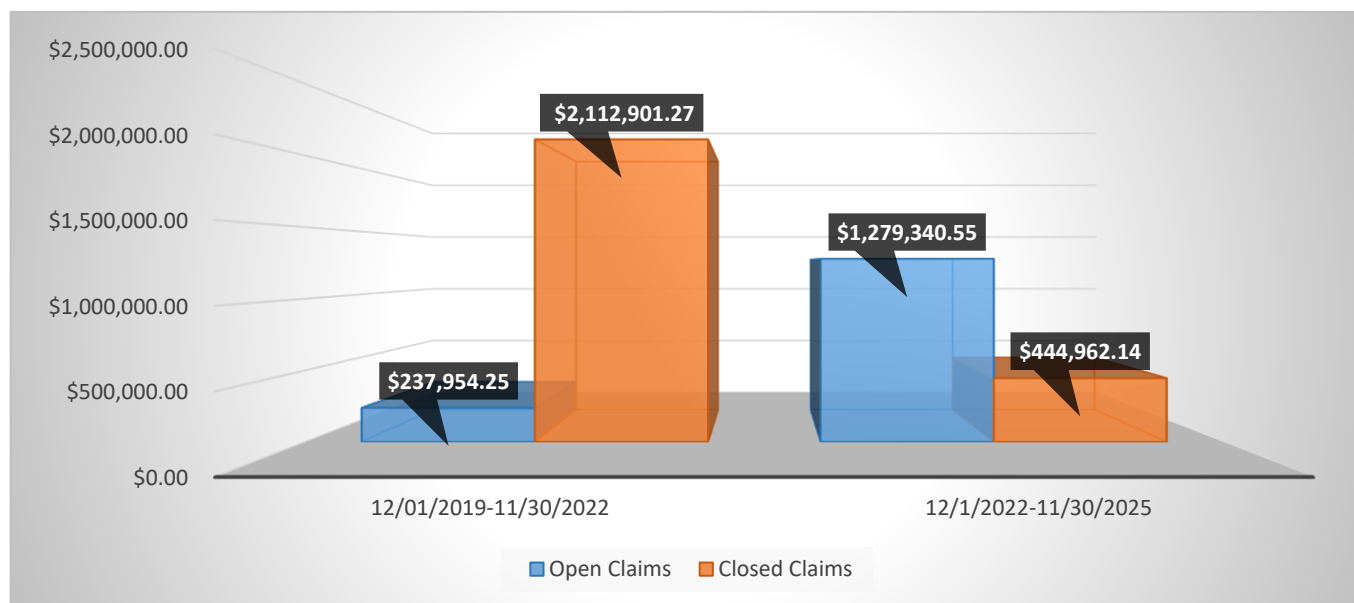
Settlements by Department as of May 31, 2025



**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 05/31/2025**

	Open Claims	Closed Claims	Claim Count
12/01/2019-11/30/2022	\$237,954.25	\$2,112,901.27	169
12/1/2022-11/30/2025	\$1,279,340.55	\$444,962.14	168

There is 1 more claim 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 \$626,553 more compared to 12/01/2022-11/30/25 period.



STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

REPORT NO. TMP-25-686

MONTHLY TRAINING REPORT

Sexual Harassment Training Compliance 6/4/2025					
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	1156	08.31.2025
Webinar	Prevention of Sexual Harassment at work - Manager/Elected Official	Illinois Chamber of Commerce	All	208	08.31.2025
Active Employees: 1321					

SS.

RESOLUTION NO. TMP-25-677



RESOLUTION / ORDINANCE EXECUTIVE SUMMARY ADDENDUM

Title

Authorizing Contract For Commercial Insurance Broker/Consultant

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

Summary:

This resolution is authorizing a contract with Alliant Insurance Services, Inc to act as its Broker of Record for all commercial insurance coverage at a cost of Fifty-Nine Thousand Dollars (\$59,000) per year for a period of two years beginning on December 1, 2025.

County of Kane
PURCHASING DEPARTMENT
KANE COUNTY GOVERNMENT CENTER

719 S. Batavia Avenue, Bldg. A.
Geneva, Illinois 60134

Telephone: (630) 232-5929
Fax: (630) 208-5107



May 7, 2025

PROCUREMENT SYNOPSIS

Requesting Department:	Kane County Department of Human Resource Management
Procurement Name:	RFP #25-018-TK – Commercial Insurance Broker
Recommended Vendor:	Alliant Insurance Services, Inc

NOTIFICATION AND RESPONSE

Public Notices: • BidNet Direct • The Daily Herald

Advertising Date:	March 28, 2025	Notices sent/Plan holder: 20/23
Bid Due Date:	April 17, 2025	Proposal Received: 2

PURPOSE

This contract seeks a qualified firm or broker to procure appropriate and adequate commercial general liability, property, and auto (liability and physical damage), EPL, employee dishonesty/crime, cyber, law enforcement, public official, boiler/machinery, and worker's compensation insurance. The initial length of this contract is for two (2) years, with a mutual option for two (2) additional 1-year renewal periods.

A total of two (2) proposal responses were received and evaluated by the Department of Human Resource Management per specifications, scope of services, and contract requirements. The evaluation team shortlisted Alliant Insurance Services, Inc., for further evaluation. Upon completing the interview, the evaluation team determined and confirmed that Alliant Insurance, Inc. was the most responsive to the RFP and would provide the required services at the highest quality and value.

Selection Criteria:

•Firm's experience and familiarity with required services (20%) •Cost Proposal (30%) •Qualifications, Offers, Capability to perform contract requirements/Understanding of Scope of Service and Experience with insurance and risk management (35%) •Project Approach, marketability and administration of varied program (10%) •References (10%)

SCORING SUMMARY

VENDORS	RANK	TOTAL AVERAGE EVALUATED SCORES
ALLIANT INSURANCE SERVICES, INC.	1	91.33%
AssuredPartners of IL.	2	64.00%

Based on the Vendor's qualifications and offer per scope of services, capability, experience, proposal compliance, and cost, the evaluation team recommends awarding this service contract to Alliant Insurance Services, Inc. of Chicago, IL, pending approval by the Committee and the full Kane County Board's approval.

Submitted By:

Tim Keovongsak

Tim Keovongsak, CPPB

Director of Purchasing

cc: Human Resource Management

BROKER SERVICES AGREEMENT

between
Alliant Insurance Services, Inc.
and
County of Kane, Illinois

I. PARTIES.

The PARTIES to this BROKER SERVICES AGREEMENT are **County of Kane, Illinois (CLIENT)** and **Alliant Insurance Services, Inc. (ALLIANT)**.

II. AGREEMENT.

In consideration of the payments and covenants specified in this AGREEMENT, ALLIANT shall perform the SERVICES described herein.

III. DEFINITIONS.

When used throughout this AGREEMENT, capitalized terms, whether in the singular or in the plural form, shall have the meanings ascribed to them at their first occurrence. In addition, the following terms, when capitalized, whether in the singular or in the plural form, shall have the meanings set forth below:

- A. ALLIANT** – Alliant Insurance Services, Inc.
- B. CLIENT** – County of Kane, Illinois
- C. AGREEMENT** – This Broker Services Agreement, its addendums, exhibits, and/or attachments, and any written changes that are agreed upon by the PARTIES.
- D. COMPENSATION** – Remuneration paid to ALLIANT as consideration for its SERVICES performed under this AGREEMENT, which shall be in the form of either a FEE and/or COMMISSION.
- E. FEE** – Annual or interim remuneration paid by CLIENT directly to ALLIANT for SERVICES in connection with the categories of risk and insurance identified in **Addendum A** (does not include COMMISSION).
- F. COMMISSION** – Remuneration paid by CLIENT’S insurance carriers (or excess pools) directly to ALLIANT in connection with ALLIANT’S placement of insurance for CLIENT.
- G. PARTY** – CLIENT or ALLIANT.

- H. PROGRAM** – The categories of risk and insurance placed on behalf of CLIENT and SERVICES provided under the scope of this AGREEMENT and listed in **Addendum A**.
- I. SERVICES** – Any and all obligations of ALLIANT to be performed pursuant to Article IV of this AGREEMENT.
- J. CONFIDENTIAL INFORMATION** – Information considered by its owner to be confidential, proprietary and/or trade secret including, without limitation, client information, data, recommendations, proposals, reports and similar information, and work product.
- K. DISCLOSING PARTY** – The party disclosing CONFIDENTIAL INFORMATION under this AGREEMENT.
- L. RECIPIENT PARTY** – The party receiving CONFIDENTIAL INFORMATION under this AGREEMENT.
- M. KEY PERSONNEL** – Those individuals on the account service team, designated in the attached **Addendum B**, who are responsible for ALLIANT’S role provided for under the Section IV, SCOPE OF SERVICE.

IV. SCOPE OF SERVICES.

Upon CLIENT’S request, ALLIANT shall perform the following SERVICES for the categories of risk and insurance identified in the attached **Addendum A**:

A. General

1. Perform services necessary to replace current insurance coverage expiring on November 30, 2025.
2. Develop an understanding of the CLIENT’s needs in specialized areas and provide input to management as to the areas which need modification or improvement.
3. Provide safety/loss control services and documentation as requested.
4. Assist in risk exposure evaluation, as well as development and the evaluation of traditional and alternative risk financing mechanisms, which may be beneficial to the CLIENT.
5. Perform consulting and other services customarily expected of a broker for the duration of the AGREEMENT.
6. Have at least one qualified principal and/or account executive with a minimum of five years’ experience in commercial lines, with a CPCU, CIC or ARM designation preferred.

B. Insurance

1. Prepare insurance coverage specification and market programs prior to expiration of policies, indicating in writing markets being approached, coverage and deductible/retention options being considered.
2. Act as liaison and advocate for the CLIENT with the underwriters and claims staff.
3. Provide all carrier quotations received from the carrier underwriters with detailed recommendations to the CLIENT of which proposal would best meet the CLIENT's needs concerning coverage and cost.
4. Provide renewal and unbiased alternate insurance proposals no later than 30 days prior to the expiration of the current policies.
5. Provide a market forecast by line of coverage during the CLIENT's budgeting period.
6. Obtain from the CLIENT the necessary information and prepare applications required by insurers.
7. Verify the accuracy and adequacy of policies, endorsements, coverage and premiums, noting in writing any variations from the previous year or from conformance with specifications and any negotiations conducted with underwriters.
8. Assist in determining proper limits and coverage for exposure common to counties and specific to CLIENT.
9. Assess insurance company stability, solvency and service records.
10. Deliver insurance policies or binders at the beginning of the terms of coverage.
11. Accurately amend (with approval) policies as needed.
12. Upon request, provide timely verbal or written interpretation of coverage.
13. Represent the CLIENT in communications with carriers regarding coverage issues.
14. Review insurance carrier recommendations for appropriateness.
15. Assist with securing the statutory bonds of elected officials as CLIENT employees.
16. Present options and proposals at a meeting of the CLIENT Board as needed prior to annual renewal.
17. ALLIANT shall not be responsible for the failure of CLIENT to mark premium payments.

V. COMPENSATION

A. Annual Fee. As COMPENSATION for the SERVICES, CLIENT shall pay to ALLIANT FIFTY-NINE THOUSAND DOLLARS (\$59,000) ANNUALLY. Any mutually agreed extensions to this AGREEMENT shall include negotiation of the FEE prior to the expiration of the then current term.

1. Changes in SERVICES. The FEE is subject to adjustment if CLIENT creates a new PROGRAM other than those listed in **Addendum A**, requests a change in SERVICES or if the CLIENT's size or organization changes to alter the time involved in the SERVICES. Tasks or functions

that are not presently included in the SERVICES may be available on a “per service basis” for a separate fee.

2. **Payment.** The FEE shall be paid annually within thirty (30) days of the anniversary date of this AGREEMENT and, if necessary, adjusted thirty (30) days prior to the anniversary date. The FEE shall be deemed 100% earned upon placement. ALLIANT is entitled to the full payment at the time the SERVICES are rendered, even if the CLIENT later decides to cancel or discontinue the SERVICES.

B. Commissions. No COMMISSIONS shall be collected as agreed by both PARTIES in writing, unless coverage placed is beyond the scope of coverage identified in **Addendum A** and agreed upon prior to placement.

C. Revenue from Pool or JPA membership. Revenue Alliant may receive for placing reinsurance or excess insurance for a pool or a joint power authority shall not be considered compensation paid by the CLIENT when the CLIENT participates in a pool or joint power authority placement.

D. Disclosures.

1. **Exclusions.** COMMISSIONS for Notary and Fidelity Bonds, and Elected Official Bonds, are not included in the annual FEE or COMPENSATION.

2. **Transparency and Disclosure.** During the time of this AGREEMENT, ALLIANT will, upon request, disclose COMMISSIONS received by ALLIANT, where possible, in connection with any insurance placements on behalf of CLIENT under ALLIANT’S “Transparency and Disclosure” policy, a copy of which is made available upon request. Pursuant to its policy, ALLIANT will conduct business in conformance with all applicable insurance regulations and in advancement of the best interests of its clients. In addition, ALLIANT’S conflict of interest policy precludes it from accepting any form of broker incentives that would result in business being placed with carriers in conflict with the interests of ALLIANT’S clients.

3. Other Alliant Services.

- (a) **Alliant Specialty Insurance Services (ASIS).** In addition to the COMPENSATION that ALLIANT receives, its related entity, Alliant Specialty Insurance Services (ASIS) and its underwriting operations, Alliant Underwriting Services (AUS), may receive compensation from ALLIANT and/or carriers for providing underwriting services. The financial impact of the compensation received by ASIS is a cost included in the premium. Compensation received by ASIS will be disclosed in writing to CLIENT and is agreed to by CLIENT as part of the premium. CLIENT further

acknowledges that ALLIANT and ASIS maintain an arm's length relationship. CLIENT understands that while ALLIANT represents CLIENT as an individual entity, ASIS independently administers its program as a whole and not on behalf of any particular member.

(b) Alliant Business Services (ABS). Additionally, ALLIANT'S internal operating group, Alliant Business Services (ABS), may receive compensation from ALLIANT and/or carriers for providing designated, value-added services. Services contracted for by the CLIENT directly will be invoiced accordingly. Otherwise, services will be provided at the expense of ALLIANT and/or the carrier.

VI. TAXES & FEES, THIRD PARTY BROKERS AND INDIRECT INCOME.

- A. Surplus Lines Fees and Taxes.** In certain circumstances, placement of insurance services made by ALLIANT on behalf of CLIENT, with the prior approval of CLIENT, may require the payment of surplus lines assessments, taxes, and/or fees to state regulators, boards, and associations. Such assessments, taxes, and/or fees will be charged to CLIENT and identified separately on invoices covering these placements. CLIENT shall be responsible for all such assessments, taxes, and fees, whether or not separately invoiced. ALLIANT shall not be responsible for the payment of any such fees, taxes, or assessments, except to the extent such fees, taxes or assessments have already been collected from CLIENT.
- B. Third Party Brokers.** ALLIANT may determine from time to time, with the prior approval of CLIENT, that it is necessary or appropriate to utilize the services of third party brokers (such as surplus lines brokers, underwriting managers, London market brokers, and reinsurance brokers) to assist in marketing the CLIENT insurance PROGRAM. Subject to the provisions herein, these third party brokers may be affiliates of ALLIANT (e.g., other companies of ALLIANT that provide services other than those included within the SCOPE OF SERVICES of this AGREEMENT), or may be unrelated third party brokers. Compensation to such third party brokers will not be part of ALLIANT'S FEE.

- C. **Indirect Income.** “INDIRECT INCOME” means insurance carrier contingency arrangements. ALLIANT will accept these compensation incentives from insurers, if any, including contingent commissions, market service agreements (MSA), volume-based commission incentives and rebates on business placed on behalf of CLIENT within the SCOPE OF SERVICES of this AGREEMENT. The parties acknowledge that ALLIANT producers who solicit, negotiate, or place insurance products, or services for clients, including CLIENT, do not negotiate indirect income agreements with the carriers, nor do they receive any portion of the indirect income paid to ALLIANT. Nonetheless, the client may opt-out of having its premiums included in the calculation of indirect income by accessing the “opt-out” form from the link on Alliant’s website: <https://alliant.com/legal/#policy>. The “opt out” provision applies only to those accounts served directly by ALLIANT as a retail agent or broker. It does not apply to account placements for which ALLIANT’s role is that of a wholesaler, MGA, or program administrator working with non-ALLIANT brokers who represent the client. The parties acknowledge that indirect income, if any, is determined by insurance carriers, and if the CLIENT does not opt-out, it remains the carriers’ exclusive decision to include or exclude certain premiums in any calculation. The availability of information regarding the make-up of any indirect income payment is at the carrier’s discretion.
- D. **Premium Financing.** Upon CLIENT’S request, ALLIANT may provide CLIENT with assistance in obtaining a premium finance agreement with third party financing company. In some cases, the financing company may pay ALLIANT a fee for the placements facilitated by ALLIANT.

VII. PERSONNEL.

ALLIANT agrees KEY PERSONNEL as listed in **Addendum B** will be responsible for performance of the SERVICES described herein. Should such personnel become unavailable to perform SERVICES for CLIENT, ALLIANT agrees to replace, as soon as practicable, such personnel with individual(s) of comparable skills and experience as determined by ALLIANT’S evaluation and subject to CLIENT’S right of reasonable refusal.

VIII. INSURANCE REQUIREMENTS.

- A. **Coverage and Limits.** During the term of this AGREEMENT, ALLIANT shall maintain the following insurance coverage and limits or the equivalent self-insurance coverage that can be met through a combination of primary and excess policies:
1. Professional Liability insurance with minimum limits of \$5 million per claim providing coverage for any errors and omissions that ALLIANT or its agents may make resulting in financial loss to CLIENT;

2. Commercial General and Automobile Liability insurance with minimum limits of at least \$1 million combined single limit per occurrence and \$5 million in the aggregate for bodily injury and property damage; and
 3. Workers' Compensation coverage in compliance with applicable law, and Employers' Liability insurance in the amount of at least \$1 million per accident or aggregate.
- B. Carrier Rating.** All insurance carriers providing the coverages required by this section shall have a financial rating of at least an VII A- published A.M. Best, or an equivalent financial rating firm. Published reports will be used to confirm the insurance carriers' rating, unless ALLIANT has obtained the CLIENT'S written acknowledgment that an insurance carrier with a lower financial rating is permitted.
- C. Certificates of Insurance/Endorsements.** Upon request, ALLIANT shall also provide to CLIENT certificates of insurance and copies of applicable endorsements evidencing the above coverages and limits, and will maintain these coverages during the term of this AGREEMENT. ALLIANT shall furnish a copy of the endorsement showing the CLIENT as an additional insured on the Commercial General Liability and Auto policies.
- D. Ongoing Obligation.** The failure of ALLIANT to procure and maintain the required insurance does not negate its obligation under this AGREEMENT to do so.

IX. OBLIGATIONS OF CLIENT.

CLIENT will cooperate with ALLIANT in the performance of ALLIANT'S duties by providing complete and accurate information as to CLIENT'S loss experience, risk exposures, and any other pertinent information that ALLIANT requests. CLIENT shall promptly review coverage documents concerning the PROGRAMS delivered by ALLIANT for consistency with CLIENT'S specifications. In addition, CLIENT shall have the responsibility to keep record of and immediately report significant changes in exposures, loss-related data, and/or any other material changes to ALLIANT. This reporting must be memorialized in writing and delivered to ALLIANT in accordance with the notice provisions below.

X. CONFIDENTIALITY.

- A. Confidential Information.** The services and work product exchanged by the PARTIES under this AGREEMENT are to be used exclusively to carry out the terms, conditions, and purposes set forth herein. The PARTIES acknowledge that during the term of this AGREEMENT, they may each exchange CONFIDENTIAL INFORMATION. Except as otherwise provided herein or as required by applicable law or court order, the

PARTIES understand and agree that they will not distribute, use, or rely upon CONFIDENTIAL INFORMATION received from the other without the permission of the DISCLOSING PARTY.

1. Ownership. Except as otherwise provided in this AGREEMENT, CONFIDENTIAL INFORMATION is and remains the absolute and exclusive property of the DISCLOSING PARTY and/or its affiliates, and is its unique and variable asset. Unless otherwise authorized by this AGREEMENT or required by law or court order, no copies of CONFIDENTIAL INFORMATION shall be made without the written permission of the DISCLOSING PARTY. The PARTIES agree that, except as otherwise provided herein, they will not directly or indirectly communicate, divulge, or otherwise disclose any of the other's CONFIDENTIAL INFORMATION to any unauthorized person, firm, or corporation, and shall prevent, to the best of their ability, the unauthorized disclosure of such CONFIDENTIAL INFORMATION to others.

2. Exclusions. The following types of information shall not be considered confidential:

- (a) Information in the public domain or that becomes a part of the public domain, other than as a result of a breach of the confidentiality provisions of this AGREEMENT;
- (b) Information that is independently developed by either PARTY as demonstrated by the PARTY'S records;
- (c) Any item or data forming part of the CONFIDENTIAL INFORMATION that is lawfully known by the RECIPIENT PARTY, without any obligation of confidentiality or other restriction on use or disclosure, prior to the provision of such information by DISCLOSING PARTY; or
- (d) Information that is disclosed by a third party whom the RECIPIENT PARTY has no reason to believe has any confidentiality or fiduciary obligation to the owner of such information.

B. Legal Process of Compulsion. Either PARTY is entitled to release CONFIDENTIAL INFORMATION as required to prosecute or defend any claim under this AGREEMENT; provided however, that the PARTY seeking to enforce this AGREEMENT shall take all reasonable steps necessary to avoid disclosing CONFIDENTIAL INFORMATION, including filing documents and papers under seal. A RECIPIENT PARTY may disclose CONFIDENTIAL INFORMATION pursuant to a valid order of a court or governmental agency with proper jurisdiction, or if such disclosure is required by law or regulation provided that the information is

disclosed only to the minimum extent necessary, and provided that, to the extent allowed by law, the releasing PARTY shall give DISCLOSING PARTY sufficient advance notice so that it may seek a protective order or employ other lawful means to avoid or limit disclosure.

- C. Reasonable Efforts.** The PARTIES agree to employ reasonable and customary business practices to protect and secure CONFIDENTIAL INFORMATION from unauthorized release or distribution and to limit access and usage of such information to those employees, officers, agents, and representatives (collective, “REPRESENTATIVES”) who have a legitimate need to know in order to provide the products and SERVICES under this AGREEMENT. The PARTIES further agree that those employees, officers, agents, and representatives who are privy to CONFIDENTIAL INFORMATION shall be informed about the confidential nature of the information and required to maintain its confidentiality as provided under this AGREEMENT. The RECIPIENT PARTY shall remain liable for any breach of this AGREEMENT by any of its REPRESENTATIVES.
- D. Return of Confidential Information.** Upon termination of this Agreement, or earlier upon the DISCLOSING PARTY's request, the RECIPIENT PARTY shall promptly return all of DISCLOSING PARTY's Confidential Information, including all copies, that was received in a non-electronic form, and shall destroy all information received electronically. Notwithstanding anything to the contrary herein, and subject to the confidentiality obligations herein, a RECIPIENT PARTY may retain on a confidential basis copies of DISCLOSING PARTY's Confidential Information to the extent: (A) required by applicable legal or regulatory requirements; or (B) the copies are contained in electronic records or files that are automatically saved pursuant to RECIPIENT PARTY's archiving or document retention practices or procedures and cannot reasonably be deleted. With respect to all retained copies of Confidential Information, the RECIPIENT PARTY will remain subject to this AGREEMENT's confidentiality and non-disclosure obligations for so long as the copies are retained.
- E. Survival.** The PARTIES agree that the obligations contained in this section shall survive the termination of this AGREEMENT, for a period of two (2) years, or longer to the extent required by law. Nothing in this section limits or otherwise diminishes the protections afforded to trade secret information or otherwise conferred by applicable law.

XI. ETHICS AND CONFLICT OF INTEREST STATEMENT.

ALLIANT shall conduct its business so as to fulfill all legal and ethical requirements, and standards of the industry and the applicable state(s) in which

SERVICES are rendered, and shall place the best interests of CLIENT ahead of any other concerns in the placement of insurance services and products. To this end, ALLIANT:

- A. Will adhere to its ethical obligations to CLIENT to deliver honest, competitive, and meaningful service and advice on the placement of any insurance products, services, or coverages, and to provide access to an open, fair, and competitive insurance market place;
- B. Will exercise due diligence in making a full and complete disclosure of all quotes and declinations from all markets contacted for each specific line of coverage, including the date and time of contact and the name, address, phone number and, to the extent available, email address of the individual contact for each market;
- C. Will make every good faith attempt to avoid even the appearance of a conflict of interest between ALLIANT, CLIENT, and any provider of any insurance product or service, and will promptly notify CLIENT of any real or potential conflict of interest;
- D. Agrees to provide to CLIENT a copy of ALLIANT'S own Ethics Statement or Code, or ALLIANT'S Compliance Statement, or to make such statements available on ALLIANT'S website; and
- E. Will request that all insurance carriers show any commission rates on their insurance policies and will otherwise ensure those rates are known to CLIENT.

XII. TERM.

The term of this AGREEMENT shall be effective from December 1, 2025, and ending 12:01 a.m. November 30, 2027 (i.e., two years), unless cancelled pursuant to termination provisions set forth herein. CLIENT shall have an option to extend this AGREEMENT for two additional one-year periods, exercisable by CLIENT by notifying ALLIANT of such extension ninety (90) days prior to the anniversary date. This AGREEMENT shall have an anniversary date each December 1, for the purpose of reviewing COMPENSATION and optional extensions. Notwithstanding the foregoing, the PARTIES agree that ALLIANT will begin work for the CLIENT pursuant to the terms of the contract on July 1, 2025.

XIII. TERMINATION.

This AGREEMENT may be cancelled by either PARTY any time upon ninety (90) days' advance written notice delivered or mailed to the other PARTY in accordance with the notice provisions set forth herein. In the event of termination or expiration of this AGREEMENT, ALLIANT will provide CLIENT with reasonable assistance in arranging a smooth transition to another broker. Except for this transition

assistance, ALLIANT'S obligation to provide SERVICES to CLIENT will cease at 12:01 a.m. upon the effective date of termination or expiration.

XIV. NONASSIGNABLE.

This AGREEMENT is binding upon the PARTIES hereto and their respective successors by merger, sale, consolidation, or reorganization. This AGREEMENT may not be assigned or delegated without prior written consent of the other PARTY, except that consent shall not be required in the case of a merger, consolidation, or sale of substantially all of a PARTY's assets.

XV. MATERIAL CHANGE.

In the event that CLIENT operations change substantially by merger, acquisition, expansion, or other material change, thus changing the scope and nature of exposures, losses, and/or insurance program(s), the PARTIES will negotiate in good faith to revise this AGREEMENT'S compensation arrangement as appropriate. It is agreed and understood that a material change shall include a change in existing coverage or limits, and/or lines of coverage.

XVI. RELATIONSHIP OF THE PARTIES.

At all times and for all purposes, the relationship between the PARTIES is intended to be that of independent contractors and there is no intent to create a joint venture relationship, and any person representing ALLIANT, shall be an independent contractor to CLIENT, and the AGREEMENT shall not in any way be construed as a contract of employment between CLIENT and ALLIANT'S agents. In addition, the PARTIES agree that, except as otherwise provided herein, CLIENT shall not be obligated for any expense incurred by ALLIANT in rendering SERVICES, or by engaging in any other transaction or conduct arising out of this AGREEMENT.

XVII. OWNERSHIP OF BOOKS AND RECORDS.

The PARTIES shall each maintain normal business records related to all business generated under this AGREEMENT. Upon reasonable request, and subject to the confidentiality provisions set forth herein, the PARTIES may each obtain from the other copies of all policyholder documents, including but not limited to policies, binders, certificates, endorsements, underwriting submissions/applications, and loss data in the other's possession, custody, or control with respect to all business generated under this AGREEMENT.

XVIII. INDEMNIFICATION.

- A.** In the event that ALLIANT, its agents, employees, representatives, or assigns, negligently or intentionally violate any law or regulation, any provision of the AGREEMENT, or any written rule, regulation, policy, procedure or similar instruction under the PROGRAM, ALLIANT shall indemnify, defend, and hold CLIENT harmless from and against all loss and damage, including any reasonable costs or expenses (including attorney's fees), incurred by CLIENT in connection with such conduct.
- B.** In the event that CLIENT, its agents, employees, representatives, or assigns, negligently or intentionally violate any law or regulation, or any provision of the AGREEMENT, CLIENT shall indemnify, defend, and hold ALLIANT harmless from and against all loss and damage, including any reasonable costs or expenses (including attorney's fees), incurred by ALLIANT in connection with such conduct.

XIX. NOTICE.

All notices, requests, and other communications given under this AGREEMENT, shall be in writing and deemed duly given: (a) when delivered personally to the recipient; (b) one (1) business day after being sent to the recipient by reputable overnight courier service (charges prepaid); (c) five (5) business days after being sent by U.S. certified mail (charges prepaid); or (d) one (1) business day after being sent to the recipient by fax or email transmission. Except as otherwise provided herein, all notices, requests or communications under this AGREEMENT shall be addressed to the intended recipient as set forth below:

To CLIENT:
County of Kane, Illinois
Attn: Jamie Loblillo

E-Mail: lobrillojamie@kanecountyil.gov
719 S. Batavia Ave Bldg A
Geneva, IL 60134

To ALLIANT:
Alliant Insurance Services, Inc.
Attn: Michael Mackey,
Executive Vice President
E-Mail: michael.mackey@alliant.com
353 North Clark Street
Chicago, Illinois 60654

with a copy to:

Alliant Insurance Services, Inc.
Attn: General Counsel
701 B Street, 6th Floor
San Diego, CA 92101

XX. WAIVER.

No provision of this AGREEMENT shall be considered waived, unless such waiver

is in writing and signed by the PARTY that benefits from the enforcement of such provision. No waiver of any provision in this AGREEMENT, however, shall be deemed a waiver of a subsequent breach of such provision or a waiver of a similar provision. In addition, a waiver of any breach or a failure to enforce any term or condition of this AGREEMENT shall not in any way affect, limit, or waive a PARTY'S right under this AGREEMENT at any time to enforce strict compliance thereafter with every term and condition of this AGREEMENT.

XXI. ENTIRE AGREEMENT MODIFICATION.

This AGREEMENT and CLIENT's RFP #25-018-TK contain the entire agreement between the PARTIES and supersedes and replaces all previous agreements or contracts on the subject matter described herein. The AGREEMENT may be modified only by a written amendment signed by authorized representatives of both PARTIES.

XXII. SEVERABILITY.

If any term, covenant, condition, or provision of this AGREEMENT is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

XXIII. APPLICABLE LAW.

This AGREEMENT has been executed and delivered in the State of Illinois, and the validity, enforceability, and interpretation of any of its provisions shall be determined and governed by the applicable laws of this state, without regard to any conflict of law provisions.

XXIV. DISPUTE RESOLUTION.

Any dispute arising under the terms of this AGREEMENT that is not resolved within a reasonable period of time by authorized representatives of the PARTIES shall be brought to the attention of the Chief Executive Officer (or designated representative) of ALLIANT and the Chair (or designee) of the CLIENT for joint resolution. At the request of either PARTY, the CLIENT shall provide a forum for discussion of the disputed item(s). If resolution of the dispute through these means is pursued without success and upon the PARTIES' mutual agreement, such dispute may be submitted to final and binding arbitration, or either PARTY may elect to and pursue any rights and remedies by legal action. In any dispute arising out of or under the terms of this AGREEMENT, the prevailing PARTY shall be entitled to recover its legal fees and costs from the other PARTY to the extent allowed by applicable law. Any such arbitration or legal action shall be venued in Kane County, Illinois unless the PARTIES mutually agree in writing to another location. Despite an unresolved dispute, ALLIANT shall continue without delay to perform its responsibilities under this AGREEMENT. ALLIANT shall keep accurate records

of its SERVICES in order to document the extent of its SERVICES under this AGREEMENT.

XXV. HEADINGS AND CONSTRUCTION.

The PARTIES agree that the headings and sections of this AGREEMENT are used for convenience only and shall not be used to interpret the provisions herein. The PARTIES also agree that the terms of this AGREEMENT were jointly negotiated and each has had an opportunity to review and discuss each provision with legal counsel, to the extent desired. Therefore, the normal rule of construction that construes any ambiguities against the drafting party shall not be employed in the interpretation of this AGREEMENT.

SO AGREED.

COUNTY OF KANE, ILLINOIS

ALLIANT INSURANCE SERVICES, INC.

By: _____ By: _____

Title: _____ Title: _____

ADDENDUM A

ALLIANT agrees to provide SERVICES for the following PROGRAMS of CLIENT:

- 1.** Commercial General Liability;
- 2.** Property;
- 3.** Auto (liability and physical damage);
- 4.** Employment Practices Liability (EPL);
- 5.** Employee Dishonesty/Crime;
- 6.** Cyber Liability;
- 7.** Law Enforcement Liability;
- 8.** Public Officials Liability;
- 9.** Boiler/Machinery;
- 10.** Bonds;
- 11.** Workers' Compensation

For additional compensation, CLIENT may obtain SERVICES from ALLIANT for programs not listed in this Addendum A. The terms, including without limitation compensation, for ALLIANT's provision of SERVICES for additional programs must be mutually agreed to in writing by the PARTIES.

ADDENDUM B

Team Coordinator

* Dan Mackey, Senior Vice President

Account Executive

* Dane Mall, Vice President

Account Manager

* Maggie Steibel, Account Manager

Marketing and Risk Management Specialists

* Dane Mall, Vice President

Claims Services:

Larry Rosen, Claims Advocate

*Denotes KEY PERSONNEL

STATE OF ILLINOIS)
 SS.
COUNTY OF KANE)

RESOLUTION NO. TMP-25-716

**AUTHORIZING BLUE CROSS/BLE SHIELD AND CIGNA AS KANE
COUNTY'S GROUP HEALTH AND DENTAL BENEFIT PROVIDER FOR 2026**

WHEREAS, Kane County provides health and dental benefits for all eligible County employees, retirees, disabled employees, and COBRA participants; and

WHEREAS, the Human Resources Department annually reviews the benefits programs and providers with Assured Partners, the County's group benefit broker to determine the best claim administrator for the County's self-insured health and dental plan; and

WHEREAS, after careful review of all relevant information with regard to cost and benefit, it is in the best interests of Kane County and its employees that Blue Cross and Blue Shield of Illinois be the health insurance claims administrator for the County's self-insured health plan and Cigna will be the dental insurance claims administrator for the County's dental plan for the 2026 calendar year.

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board that Blue Cross and Blue Shield of Illinois and Cigna are authorized to act as claims administrator for the County's medical and dental plans for January 1, 2026 through December 31, 2026.

NOW, THEREFORE, BE IT FURTHER RESOLVED that the Chair of the Kane County Board is hereby authorized to sign agreements consistent with the terms set forth herein.

Passed by the Kane County Board on July 8, 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 Blue Cross/Blue Shield And Cigna As Kane County's Group Health And Dental Benefit Providers For 2026

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

Summary:

This resolution is authorizing a contract with Blue Cross/Blue Shield and Cigna to be the health and dental benefits claim administrator for the County's self-insured and dental plans for a 12-month contract for the calendar year of 2026.

Passed by the Kane County Board on July 8, 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:

Exhibit A

PROPOSED 2026 MONTHLY HEALTH AND DENTAL CONTRIBUTION RATES*							
Health Plans	All Covered Adults (The employee, and if applicable, the employee's spouse) Participate in the Annual Wellness		Only One Covered Adult (The employee, or, if applicable, the employee's spouse) Participate in the Annual Wellness		No Covered Adults (Neither the employee, nor, if applicable, the employee's spouse) Participate in the Annual Wellness		Full Cost
PPO HSA	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE + EMPLOYER
EE	\$158.70	\$774.81	\$158.70	\$774.81	\$208.70	\$724.81	\$933.51
EE + 1 Child	\$312.08	\$1,523.69	\$312.08	\$1,523.69	\$362.08	\$1,473.69	\$1,835.77
EE+ Spouse	\$312.08	\$1,523.69	\$362.08	\$1,473.69	\$412.08	\$1,423.69	\$1,835.77
Family	\$480.33	\$2,345.13	\$530.33	\$2,295.13	\$580.33	\$2,245.13	\$2,825.46
EE + Children	\$406.72	\$1,985.73	\$406.72	\$1,985.73	\$456.72	\$1,935.73	\$2,392.45
PPO	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE + EMPLOYER
EE	\$211.07	\$1,030.54	\$211.07	\$1,030.54	\$261.07	\$980.54	\$1,241.62
EE + 1 Child	\$415.59	\$2,029.05	\$415.59	\$2,029.05	\$465.59	\$1,979.05	\$2,444.64
EE+ Spouse	\$415.59	\$2,029.05	\$465.59	\$1,979.05	\$515.59	\$1,929.05	\$2,444.64
Family	\$639.92	\$3,124.30	\$689.92	\$3,074.30	\$739.92	\$3,024.30	\$3,764.22
EE + Children	\$541.77	\$2,645.10	\$541.77	\$2,645.10	\$591.77	\$2,595.10	\$3,186.87
HMO-IL	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE + EMPLOYER
EE	\$137.18	\$669.75	\$137.18	\$669.75	\$187.18	\$619.75	\$806.93
EE + 1 Child	\$268.23	\$1,309.61	\$268.23	\$1,309.61	\$318.23	\$1,259.61	\$1,577.85
EE+ Spouse	\$268.23	\$1,309.61	\$318.23	\$1,259.61	\$368.23	\$1,209.61	\$1,577.85
Family	\$411.51	\$2,009.12	\$461.51	\$1,959.12	\$511.51	\$1,909.12	\$2,420.63
EE + Children	\$348.73	\$1,702.63	\$348.73	\$1,702.63	\$398.73	\$1,652.63	\$2,051.36
HMO BA	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE + EMPLOYER
EE	\$128.12	\$625.53	\$128.12	\$625.53	\$178.12	\$575.53	\$753.65
EE + 1 Child	\$250.07	\$1,220.94	\$250.07	\$1,220.94	\$300.07	\$1,170.94	\$1,471.02
EE+ Spouse	\$250.07	\$1,220.94	\$300.07	\$1,170.94	\$350.07	\$1,120.94	\$1,471.02
Family	\$383.32	\$1,871.52	\$433.32	\$1,821.52	\$483.32	\$1,771.52	\$2,254.84
EE + Children	\$324.92	\$1,586.35	\$324.92	\$1,586.35	\$374.92	\$1,536.35	\$1,911.27
CIGNA Dental PPO	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE + EMPLOYER
Single	\$14.07	\$22.95	\$14.07	\$22.95	\$14.07	\$22.95	\$37.02
Family	\$38.21	\$59.76	\$38.21	\$59.76	\$38.21	\$59.76	\$97.97
CIGNA DENTAL HMO	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE + EMPLOYER
Single	\$5.84	\$9.53	\$5.84	\$9.53	\$5.84	\$9.53	\$15.37
Family	\$15.87	\$24.83	\$15.87	\$24.83	\$15.87	\$24.83	\$40.70
*if approved by the Kane County Board							



RESOLUTION / ORDINANCE EXECUTIVE SUMMARY ADDENDUM

Title

Approving the 2026 Monthly Health and Dental Contributions

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 approves the 2026 employee rates for health and dental group insurance.