



Kane County

KC Human Services Committee

Agenda

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

SURGES, Linder, Allan, Kenyon, Lewis, Silva, Tarver & ex-officios Pierog (County Chair) and Tepe (County Vice Chair)

Wednesday, July 12, 2023

9:00 AM

County Board Room

1. **Call To Order**
2. **Roll Call**
3. **Remote Attendance Requests**
4. **Approval of Minutes: June 14, 2023**
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 Workers Comp and Liability Reports
 - E. Monthly Applicants and Staff Changes
 - F. HR Updates
8. **Compliance**
 - A. Monthly Training Report
9. **Old Business**
 - A. **Resolution:** Authorizing the County to Contract with Humana Inc. to Provide the 2024 Healthcare Continuation Coverage for Medicare Eligible Retired and Disabled Employees and Surviving Spouses
 - B. **Resolution:** Authorizing Contract for Workers Compensation and Liability Claims Third Party Administrator
10. **Reports Placed On File**

11. Adjournment

STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

REPORT NO. TMP-23-961

MONTHLY FINANCE REPORTS

Human Services Committee Revenue Report - Summary
Through June 30, 2023 (58.3% YTD)

	Current Month Transactions	Total Amended Budget	YTD Actual Transactions	Total % Received
120 Human Resource Management	\$ -	\$ 984	\$ 301	30.61%
246 Employee Events Fund	\$ -	\$ 984	\$ 301	30.61%
Grand Total	\$ -	\$ 984	\$ 301	30.61%

Human Services Committee Expenditure Report - Summary
Through June 30, 2023 (58.3% YTD, 57.69% Payroll Expense through Pay Period Ending 06/24/2023)

	Current Month Transactions	Total Amended Budget	Current Month Transactions	YTD Encumbrances	Total % Used
120 Human Resource Management	\$ 181,608	\$ 4,682,060	\$ 3,762,689	\$ 22,659	80.85%
001 General Fund	\$ 22,231	\$ 356,263	\$ 152,277	\$ -	42.74%
010 Insurance Liability	\$ 159,376	\$ 4,324,813	\$ 3,610,413	\$ 22,659	84.01%
246 Employee Events Fund		\$ 984	\$ -	\$ -	0.00%
Grand Total	\$ 181,608	\$ 4,682,060	\$ 3,762,689	\$ 22,659	80.85%

Human Services Committee Expenditure Report - Detail
Through June 30, 2023 (58.3% YTD, 57.69% Payroll Expense through Pay Period Ending 06/24/2023)

	Current Month Transactions	Total Amended Budget	YTD Actual Transactions	YTD Encumbrances	Total % Used
120 Human Resource Management	\$ 181,608	\$ 4,682,060	\$ 3,762,689	\$ 22,659	80.85%
001 General Fund	\$ 22,231	\$ 356,263	\$ 152,277	\$ -	42.74%
Personnel Services- Salaries & Wages	\$ 15,611	\$ 219,656	\$ 113,531	\$ -	51.69%
Personnel Services- Employee Benefits	\$ 4,646	\$ 50,057	\$ 28,823	\$ -	57.58%
Commodities	\$ 434	\$ 7,500	\$ 1,441	\$ -	19.21%
Contractual Services	\$ 1,541	\$ 79,050	\$ 8,482	\$ -	10.73%
010 Insurance Liability	\$ 159,376	\$ 4,324,813	\$ 3,610,413	\$ 22,659	84.01%
Personnel Services- Salaries & Wages	\$ 11,878	\$ 143,005	\$ 89,081	\$ -	62.29%
Personnel Services- Employee Benefits	\$ 3,377	\$ 34,718	\$ 23,380	\$ -	67.34%
Contractual Services	\$ 144,122	\$ 4,143,012	\$ 3,493,873	\$ -	84.33%
Transfers Out	\$ -	\$ 4,078	\$ 4,078	\$ -	100.00%
Capital	\$ -	\$ -	\$ -	\$ 22,659	0.00%
246 Employee Events Fund	\$ -	\$ 984	\$ -	\$ -	0.00%
Commodities	\$ -	\$ 984	\$ -	\$ -	0.00%
Grand Total	\$ 181,608	\$ 4,682,060	\$ 3,762,689	\$ 22,659	80.85%



Human Services Accounts Payable by GL Distribution

Payment Date Range 06/01/23 - 06/30/23

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 53050 - Employment Advertising										
3245 - Paddock Publications (Daily Herald)	251609	Bid Notice 5/9	Paid by Check # 381472		05/15/2023	05/25/2023	05/25/2023		06/05/2023	36.80
Account 53050 - Employment Advertising Totals									Invoice Transactions 1	\$36.80
Account 55000 - Miscellaneous Contractual Exp										
1299 - Kane County Regional Office of Education	8002300173	Background Checks - 2023 April Fingerprinting	Paid by EFT # 80306		05/03/2023	05/25/2023	05/25/2023		06/05/2023	320.00
Account 55000 - Miscellaneous Contractual Exp Totals									Invoice Transactions 1	\$320.00
Account 60000 - Office Supplies										
3854 - Identisys, Inc.	619461	ID Badge Annual Contract	Paid by EFT # 80289		05/15/2023	05/25/2023	05/25/2023		06/05/2023	222.00
3578 - Warehouse Direct, Inc.	5505080-0	Office Supplies May 2023	Paid by EFT # 80742		05/31/2023	06/09/2023	06/09/2023		06/20/2023	121.61
12287 - Century Springs/Ove Water Services	2091016	Water delivery 05/05, 05/19, 05/31/23 & June Rental Fee	Paid by EFT # 80478		05/31/2023	06/06/2023	06/06/2023		06/20/2023	12.07
Account 60000 - Office Supplies Totals									Invoice Transactions 3	\$355.68
Sub-Department 120 - Human Resource Management Totals									Invoice Transactions 5	\$712.48
Department 120 - Human Resource Management Totals									Invoice Transactions 5	\$712.48
Fund 001 - General Fund Totals									Invoice Transactions 5	\$712.48
Fund 010 - Insurance Liability										
Department 120 - Human Resource Management										
Sub-Department 130 - Insurance Liability- HRM										
Account 53000 - Liability Insurance										
8258 - CCMSI	0134049-IN	CCMSI GL Funding Reimbursement	Paid by EFT # 80202		05/15/2023	05/25/2023	05/25/2023		06/05/2023	132,000.00
3478 - Fox Valley Glass, Inc.	20230510	Liability Repair Payment - Weston	Paid by EFT # 80261		05/10/2023	05/25/2023	05/25/2023		06/05/2023	495.00
9385 - H&H Electric Co.	41204	Liability Repair Payment 23D45K589194	Paid by EFT # 80273		02/28/2023	05/25/2023	05/25/2023		06/05/2023	833.69
9385 - H&H Electric Co.	40988	Liability Repair Payment	Paid by EFT # 80273		01/31/2023	05/25/2023	05/25/2023		06/05/2023	1,690.48
12798 - West Bend Mutual Insurance Company	2544750	Notary Bond - McKanna	Paid by Check # 381492		05/11/2023	05/25/2023	05/25/2023		06/05/2023	20.00
12798 - West Bend Mutual Insurance Company	2544870	Notary Bond - Towers	Paid by Check # 381492		05/15/2023	05/25/2023	05/25/2023		06/05/2023	20.00
12798 - West Bend Mutual Insurance Company	2546279	Notary Bond - Gaglione	Paid by Check # 381492		05/17/2023	05/25/2023	05/25/2023		06/05/2023	20.00
12798 - West Bend Mutual Insurance Company	2546273	Notary Bond - Schlau	Paid by Check # 381492		05/17/2023	05/25/2023	05/25/2023		06/05/2023	20.00



Human Services Accounts Payable by GL Distribution

Payment Date Range 06/01/23 - 06/30/23

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										
12798 - West Bend Mutual Insurance Company	2544762	Notary Bond - Vaughn 2544762	Paid by Check # 381492		05/18/2023	05/25/2023	05/25/2023		06/05/2023	20.00
12798 - West Bend Mutual Insurance Company	2546277	Notary Bond - Gaber 2546277	Paid by Check # 381615		05/25/2023	06/09/2023	06/09/2023		06/20/2023	20.00
12798 - West Bend Mutual Insurance Company	2547232	Notary Bonds - Hernandez 2547232	Paid by Check # 381615		05/30/2023	06/09/2023	06/09/2023		06/20/2023	20.00
12798 - West Bend Mutual Insurance Company	2547225	Notary Bonds - Valdivia 2547225	Paid by Check # 381615		05/30/2023	06/09/2023	06/09/2023		06/20/2023	20.00
12798 - West Bend Mutual Insurance Company	2547262	Notary Bonds - Enstrom 2547262	Paid by Check # 381615		05/31/2023	06/09/2023	06/09/2023		06/20/2023	20.00
12798 - West Bend Mutual Insurance Company	2547272	Notary Bonds - Redmond 2547272	Paid by Check # 381615		05/31/2023	06/09/2023	06/09/2023		06/20/2023	20.00
9385 - H&H Electric Co.	41205	Liability Repair Payment	Paid by EFT # 80558		02/28/2023	06/09/2023	06/09/2023		06/20/2023	1,231.32
10407 - Physicians Immediate Care North Chicago, LLC	25934-6/2023	Hepatitis B Immunization	Paid by EFT # 80658		06/05/2023	06/09/2023	06/09/2023		06/20/2023	594.00
8728 - State Street Collision, Inc.	13590389	Liability Repair Payment RPO-KC-23-0007	Paid by EFT # 80700		06/01/2023	06/09/2023	06/09/2023		06/20/2023	838.40
13382 - C & D Autobody Repair Inc	5062	Liability Repair Payment - Weston	Paid by EFT # 80472		05/11/2023	06/09/2023	06/09/2023		06/20/2023	1,308.42
Account 53000 - Liability Insurance Totals							Invoice Transactions	18		\$139,191.31
Account 53010 - Workers Compensation										
13202 - Matthew J Goncher	20230601	Goncher June PSEBA Payment	Paid by EFT # 80550		06/01/2023	06/09/2023	06/09/2023		06/20/2023	927.24
Account 53010 - Workers Compensation Totals							Invoice Transactions	1		\$927.24
Sub-Department 130 - Insurance Liability- HRM Totals							Invoice Transactions	19		\$140,118.55
Department 120 - Human Resource Management Totals							Invoice Transactions	19		\$140,118.55
Fund 010 - Insurance Liability Totals							Invoice Transactions	19		\$140,118.55
Grand Totals							Invoice Transactions	24		\$140,831.03

**Kane County Purchasing Card Information
Human Services Committee
June 2023 Statement**

HUMAN RESOURCES			
Transaction Date	Merchant Name	Additional Information	Transaction Amount
6/8/2023	TARGET.COM	800-591-3869	\$68.46
6/8/2023	TARGET.COM	800-591-3869	\$0.23
6/12/2023	TARGET.COM	800-591-3869	(\$3.97)
6/20/2023	SOCIETYFORHUMANRESOURC	ALEXANDRIA	\$244.00
			Total: \$308.72
			Total all: \$308.72



Tuition Reimbursement FYTD

Payment Date Range 12/01/22 - 06/30/23

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										
13311 - Heidi Lichtenberger	2203-01	Tuition Reimbursement	Paid by EFT # 77353		12/27/2022	01/05/2023	11/30/2022		01/17/2023	712.80
13810 - Hira Aamir	2205-01	UP500 Theory Urban Planning	Paid by EFT # 77486		12/27/2022	01/18/2023	11/30/2022		01/30/2023	1,622.40
5043 - Kristin Johnson	2204-01	PBHL 5505 Health Law: PBHL 6502 Grant Writing	Paid by EFT # 77611		01/03/2023	01/18/2023	11/30/2022		01/30/2023	2,400.00
10326 - Stephanie T Galley	2301-01	Tuition Reimb - Admin of Public Institutions	Paid by EFT # 78715		03/08/2023	03/14/2023	03/17/2023		03/27/2023	1,392.00
10326 - Stephanie T Galley	2301-02	Aurora University Class MPA-6120-S2-01 - Public Policy & Analysis	Paid by EFT # 79917		05/10/2023	05/10/2023	05/12/2023		05/22/2023	1,008.00
11129 - Gabriela Allison	2303-01	Tuition Reimb-UMGC ANTH 102. BEHS 364, CCJS 342	Paid by Check # 381403		05/12/2023	05/24/2023	05/25/2023		06/05/2023	2,400.00
13311 - Heidi Lichtenberger	2302-01	Tuition Reimbursement	Paid by EFT # 80614		05/31/2023	06/05/2023	06/09/2023		06/20/2023	264.00
Account 45420 - Tuition Reimbursement Totals							Invoice Transactions	7		<u>\$9,799.20</u>
Sub-Department 020 - Riverboat Totals							Invoice Transactions	7		<u>\$9,799.20</u>
Department 010 - County Board Totals							Invoice Transactions	7		<u>\$9,799.20</u>
Fund 120 - Grand Victoria Casino Elgin Totals							Invoice Transactions	7		<u>\$9,799.20</u>
Grand Totals							Invoice Transactions	7		<u>\$9,799.20</u>

STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-23-921

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	825313188415
Invoice Date	05/31/2023
Invoice Period	05/01/2023 - 05/31/2023
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	\$1,460,206.06
Date Due	07/03/2023
See footnotes for important Wire & ACH payment instructions	

Claim Charges/Credits - Paid 5/1/23 – 5/31/23	
Value Based Care-Value Incentive	1,189.49
Medical-Facility	369,501.68
Value Based Care-Care Coordination	332.00
Medical-Professional	283,937.49
Pharmacy	507,410.30
Total Claim Charges/Credits	\$1,162,370.96

Stop Loss - 5/1/23 – 5/31/23	
Specific Stop Loss Credit/Charge	(21,267.28)
Total Stop Loss	\$(21,267.28)

Administration Fees	Calculation Method	
RX Rebate Credit	Per Contract Per Month	(76,664.25)
Medical Rx Rebate Credit	Per Contract Per Month	(917.50)
IL Access Fee	Per Contract Per Month	546.83
Benefits Value Advisor	Per Contract Per Month	1,082.65
HMO Managed Care Fee	Per Contract Per Month	8,876.80
Physician Service Fee - Allocated	Monthly Claims	32,484.61
<i>(continued on next page)</i>		

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
Administration Fee	Per Contract Per Month	49,744.50
Specific Stop Loss	Per Contract Per Month	108,272.06
Physician Service Fee - Direct	Monthly Claims	195,738.24
APR Savings Program-Advanced Claim Edits and Coding Validation	Claim Based	(144.06)
Total Administration Fees		\$319,019.88

Administration Adjustments	Incurred Date
COVID OTC Test Charge	05/11/2023 82.50
Total Administration Adjustments	\$82.50

Total Claim Charges/Credits	\$1,141,103.68
Total Administration Fees & Adjustments	\$319,102.38
Total Charges	\$1,460,206.06

Billing Contact ARCHANA KELAVKAR Email: ASO_Billing_Team@bcbsil.com	Account Executive Contact Dee Roberts Email: dee_roberts@bcbsil.com
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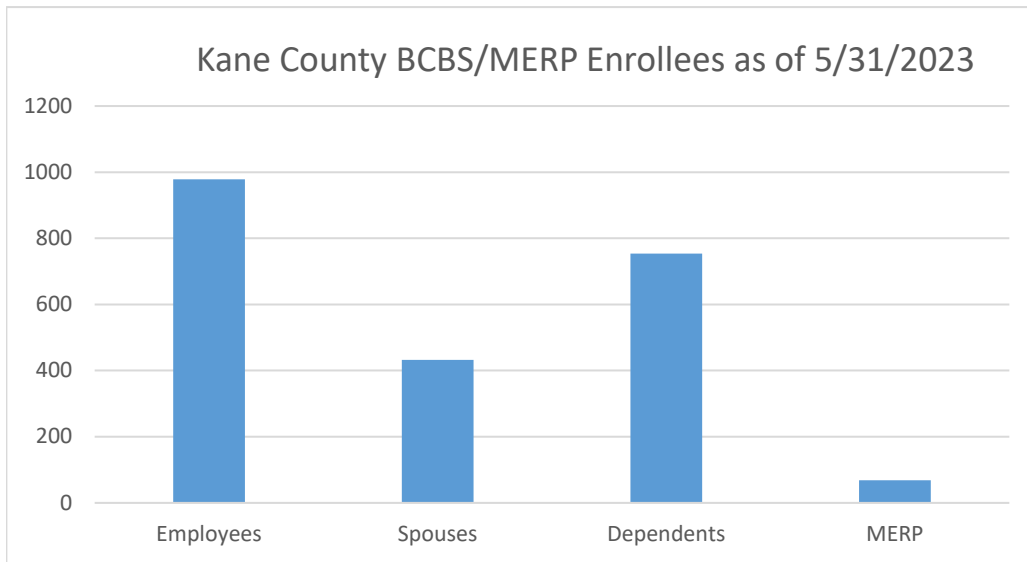
Electronic payment is preferred. Check payment is acceptable.		
Make checks payable to Health Care Service Corporation Include Account ID Number 8253175154 Amount Due \$1,460,206.06 Date Due 07/03/2023	If sending via Overnight Courier Health Care Service Corporation Attn: 14169 5505 N. Cumberland Ave. Suite 307 Chicago, IL 60656-1471	If sending via 1st Class Mail Health Care Service Corporation Dept. CH 14169 Palatine, IL 60055-4169

STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-23-922
MONTHLY BCBS AND MERP TOTALS

**Kane County BCBS/MERP Enrollees as of
5/31/2023**

Employees	Spouses	Dependents	MERP
978	432	754	68



STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-23-923
MONTHLY ASSURED PARTNERS REPORT

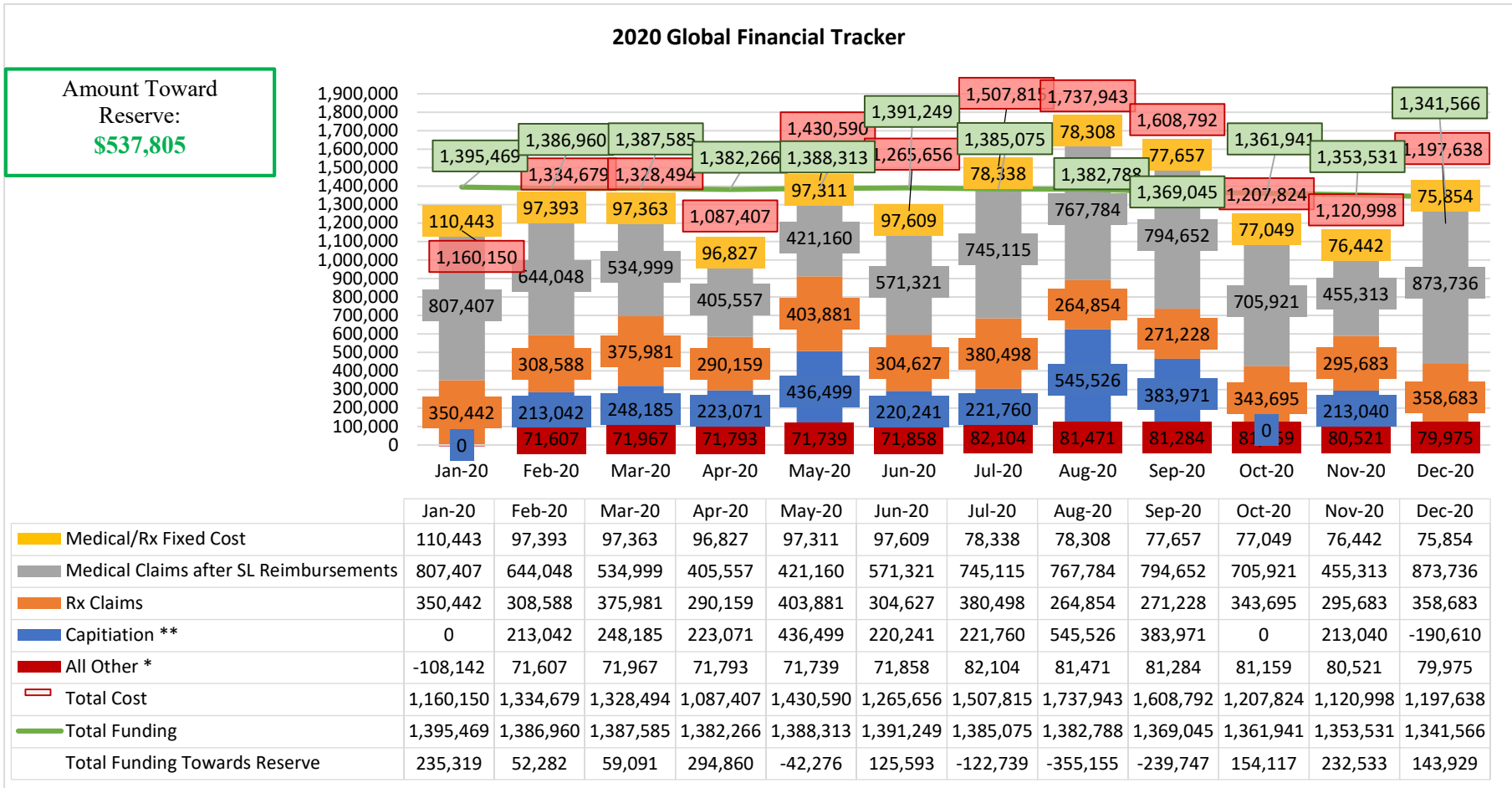


Kane County

HSC Meeting

07/12/2023

Presented by: AssuredPartners



*All Other includes Interactive Health Service, consulting fee, dental, vision, life and EAP services

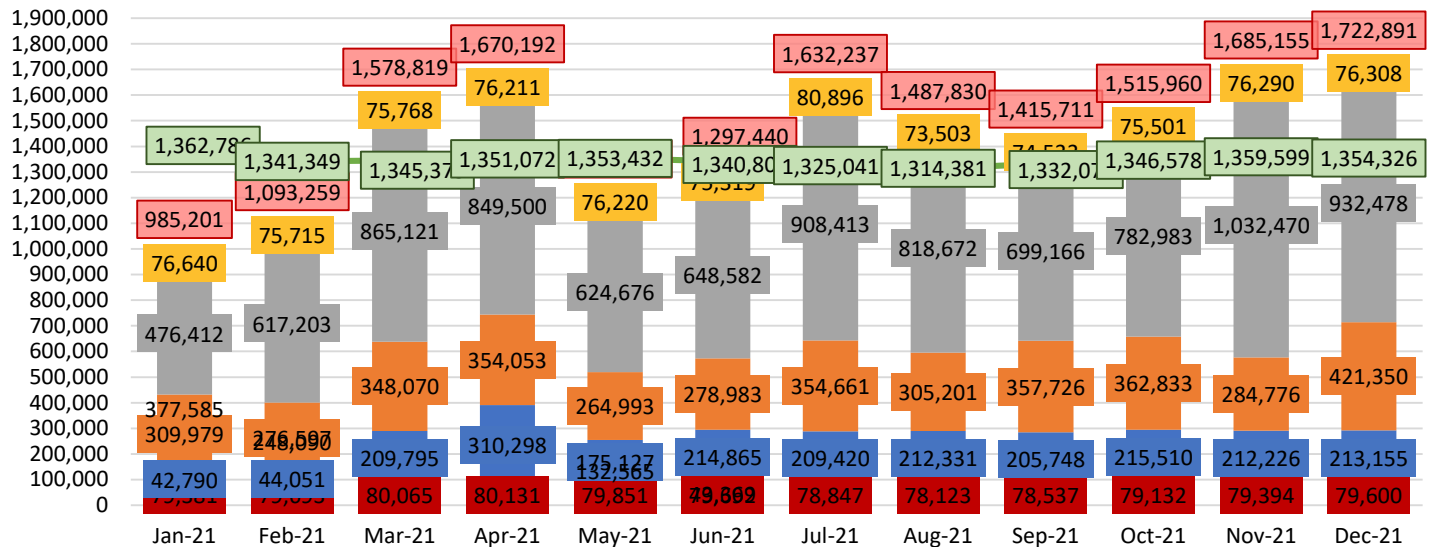
*All Other July 2020 includes a 30,000 Wellness Credit and 150,000 Communication Credit from BCBSIL

**October's capitation of \$217,040 was included in November's billing. December and January's HMO Capitation experienced billing issues. Amounts shown are not capturing the full cost. \$328,444 of additional capitation was accounted for on February's statement. February's billing also experienced billing issues, additional capitation of \$170,988 from February was included in March's billing. \$237,391 was credited to Kane County on June billing statement due to duplicate capitation charges.

***Medical Runout not included in claims: July '19 is 299,789 and August '19 is 95,383. Additional \$122,632 of reimbursement is expected at the end of the stop loss contract in August 2020 due to run-in claims from previous Stop Loss contract with IPBC.

2021 Global Financial Tracker

Amount Toward
Reserve:
-\$1,178,741



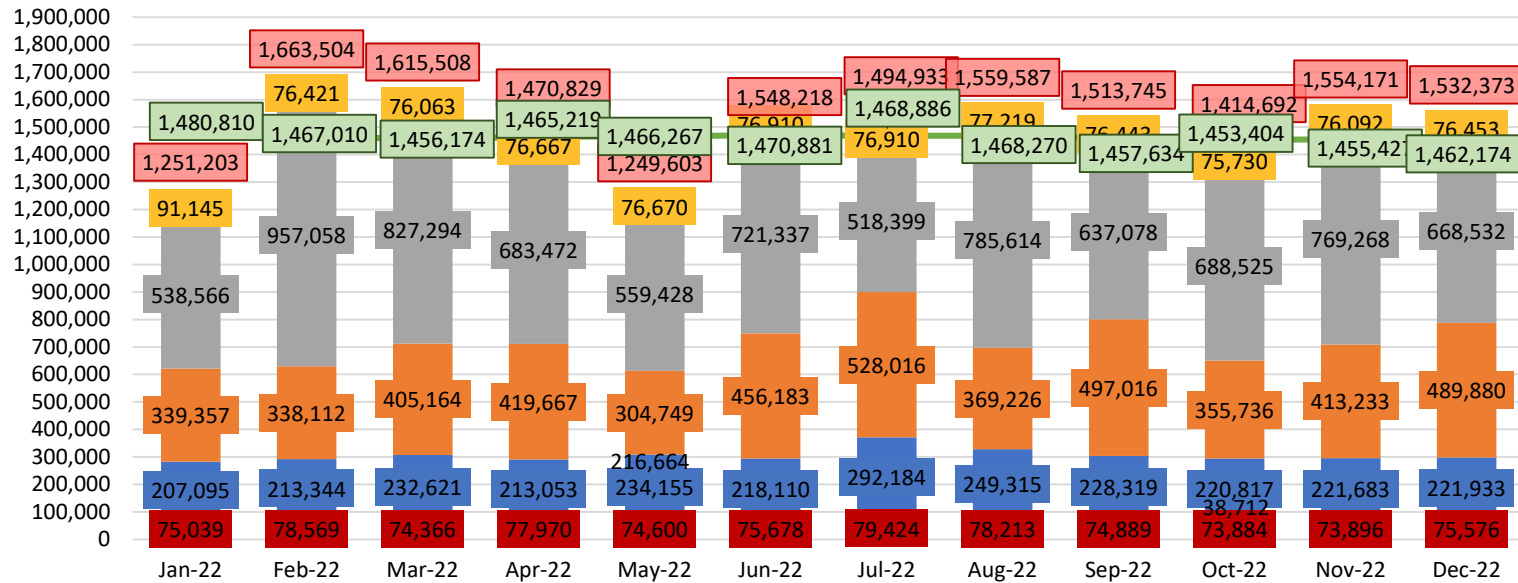
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Medical/Rx Fixed Cost	76,640	75,715	75,768	76,211	76,220	75,319	80,896	73,503	74,533	75,501	76,290	76,308
Medical Claims after SL Reimbursements	476,412	617,203	865,121	849,500	624,676	648,582	908,413	818,672	699,166	782,983	1,032,470	932,478
Rx Claims	309,979	276,597	348,070	354,053	264,993	278,983	354,661	305,201	357,726	362,833	284,776	421,350
Capitation*	42,790	44,051	209,795	310,298	175,127	214,865	209,420	212,331	205,748	215,510	212,226	213,155
All Other **	79,381	79,693	80,065	80,131	79,851	79,692	78,847	78,123	78,537	79,132	79,394	79,600
Total Cost	985,201	1,093,259	1,578,819	1,670,192	1,220,867	1,297,440	1,632,237	1,487,830	1,415,711	1,515,960	1,685,155	1,722,891
Total Funding	1,362,786	1,341,349	1,345,375	1,351,072	1,353,432	1,340,809	1,325,041	1,314,381	1,332,074	1,346,578	1,359,599	1,354,326
Surplus/Deficit	377,585	248,090	-233,444	-319,121	132,565	43,369	-307,195	-173,449	-83,637	-169,382	-325,557	-368,565

* December 2020 and January 2021's HMO Capitation experienced billing issues. Amounts shown are not capturing the full cost. \$328,444 of additional capitation was accounted for on February's statement. February's billing also experienced billing issues, additional capitation of \$170,988 from February was included in March's billing. \$237,391 was credited to Kane County on June billing statement due to duplicate capitation charges.

**All Other includes Interactive Health Service, consulting fee, dental, vision, life and EAP services

2022 Global Financial Tracker

Amount Toward
Reserve:
-\$296,211

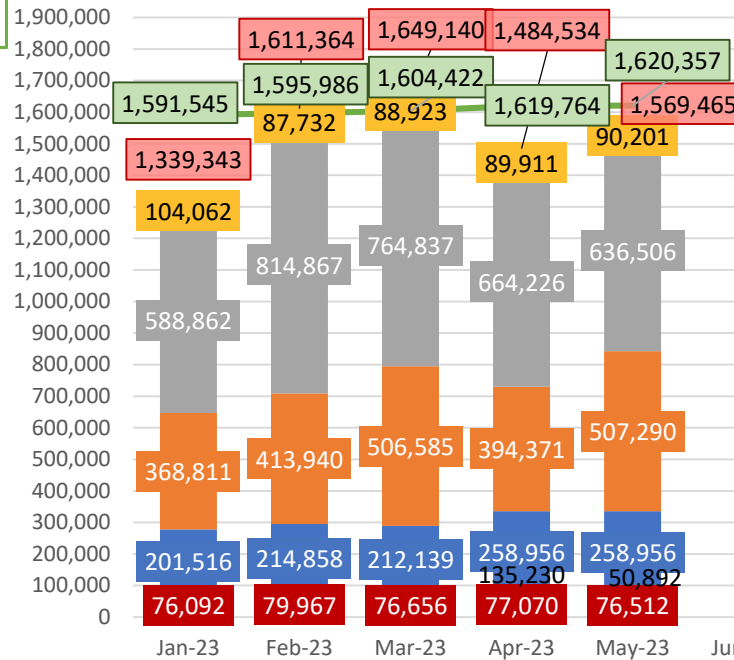


*All Other includes Interactive Health Service, consulting fee, dental, vision, life and EAP services

Amount Toward Reserve:

\$378,228

2023 Global Financial Tracker



	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	88,923	89,911	90,201							
Medical Claims after SL Reimbursements	588,862	814,867	764,837	664,226	636,506							
Rx Claims	368,811	413,940	506,585	394,371	507,290							
Capitation	201,516	214,858	212,139	258,956	258,956							
All Other *	76,092	79,967	76,656	77,070	76,512							
Total Cost	1,339,343	1,611,364	1,649,140	1,484,534	1,569,465							
Total Funding	1,591,545	1,595,986	1,604,422	1,619,764	1,620,357							
Surplus/Deficit	252,202	-15,378	-44,718	135,230	50,892							

*All Other includes Interactive Health Service, consulting fee, dental, vision, life and EAP services

STATE OF ILLINOIS)
COUNTY OF KANE) SS.

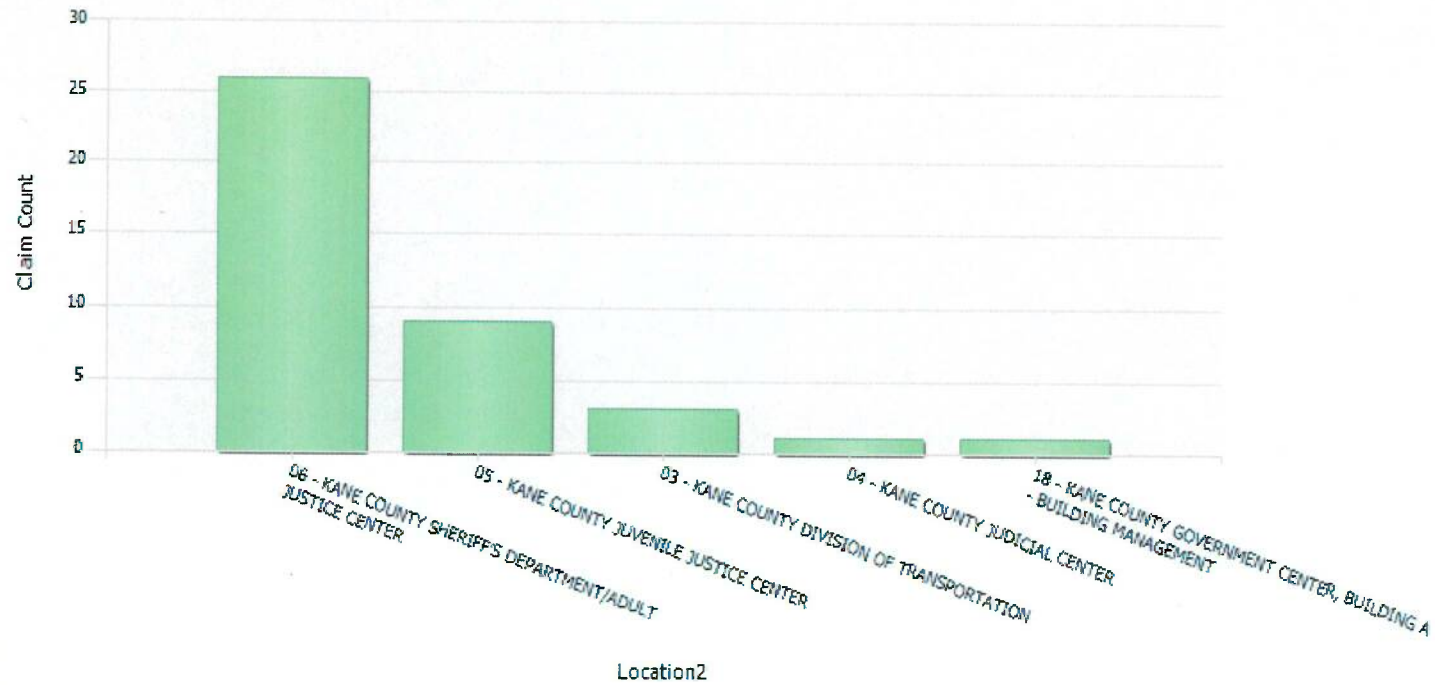
REPORT NO. TMP-23-925

MONTHLY WORKERS COMP AND LIABILITY REPORTS

Kane County Top 5 Locations where the most incidents have occurred from 12/01/2022-11/30/2023 as of 06/30/2023

Location2	Claim Count	Total Paid	Outstanding Reserves	Recovery	Total Incurred	Total Reimburseme	Net Incurred	Cost Per Claim	% of Freq	% Of Incur
06 - KANE COUNTY SHERIFF'S DEPARTMENT/ADULT JUSTICE CENTER	26	\$111,083.18	\$247,126.23	\$0.00	\$358,209.41	\$0.00	\$358,209.41	\$13,777.29	65%	80%
05 - KANE COUNTY JUVENILE JUSTICE CENTER	9	\$9,296.19	\$5,417.86	\$0.00	\$14,714.05	\$0.00	\$14,714.05	\$1,634.89	23%	3%
03 - KANE COUNTY DIVISION OF TRANSPORTATION	3	\$35,832.29	\$5,580.39	\$0.00	\$41,412.68	\$0.00	\$41,412.68	\$13,804.23	8%	9%
04 - KANE COUNTY JUDICIAL CENTER	1	\$40.00	\$30,027.64	\$0.00	\$30,067.64	\$0.00	\$30,067.64	\$30,067.64	3%	7%
18 - KANE COUNTY GOVERNMENT CENTER, BUILDING A - BUILDING MANAGEMENT	1	\$178.07	\$1,471.93	\$0.00	\$1,650.00	\$0.00	\$1,650.00	\$1,650.00	3%	0%

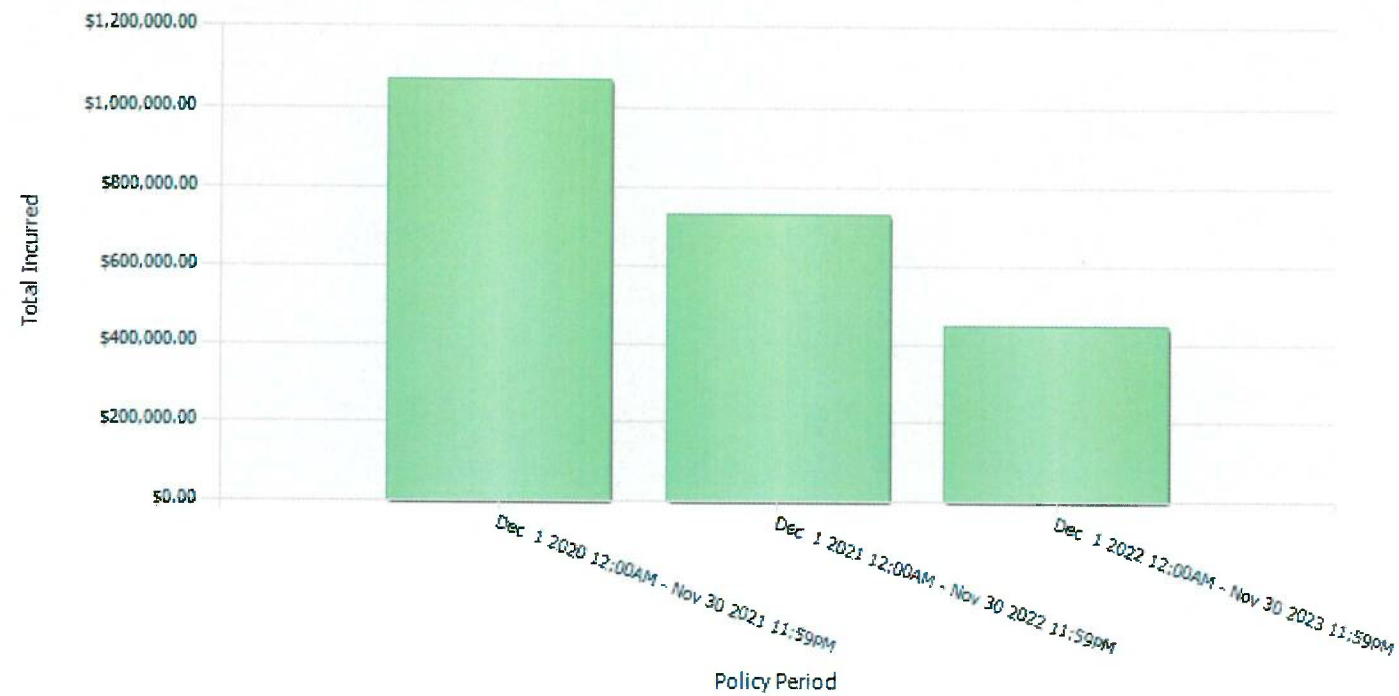
Summary by Location2 Ordered by Claim Count in Descending Order



Kane County Workman's Compensation trend from the 3 Policy Periods (12/01/2020-11/30/2023)Descending Order by Total Incurred as of 06/30/2023

Policy Period	Claim Count	Total Paid	Outstanding Reserves	Recovery	Total Incurred	Total Reimbursement	Net Incurred	Cost Per Claim	% of Freq	% Of Incur
Dec 1 2020 12:00AM - Nov 30 2021 11:59PM	71	\$663,224.55	\$436,647.03	\$23,736.71	\$1,076,134.87	\$0.00	\$1,076,134.87	\$15,156.83	44%	48%
Dec 1 2021 12:00AM - Nov 30 2022 11:59PM	52	\$330,875.65	\$399,798.47	\$0.00	\$730,674.12	\$0.00	\$730,674.12	\$14,051.43	32%	32%
Dec 1 2022 12:00AM - Nov 30 2023 11:59PM	40	\$156,429.73	\$289,624.05	\$0.00	\$446,053.78	\$0.00	\$446,053.78	\$11,151.34	25%	20%

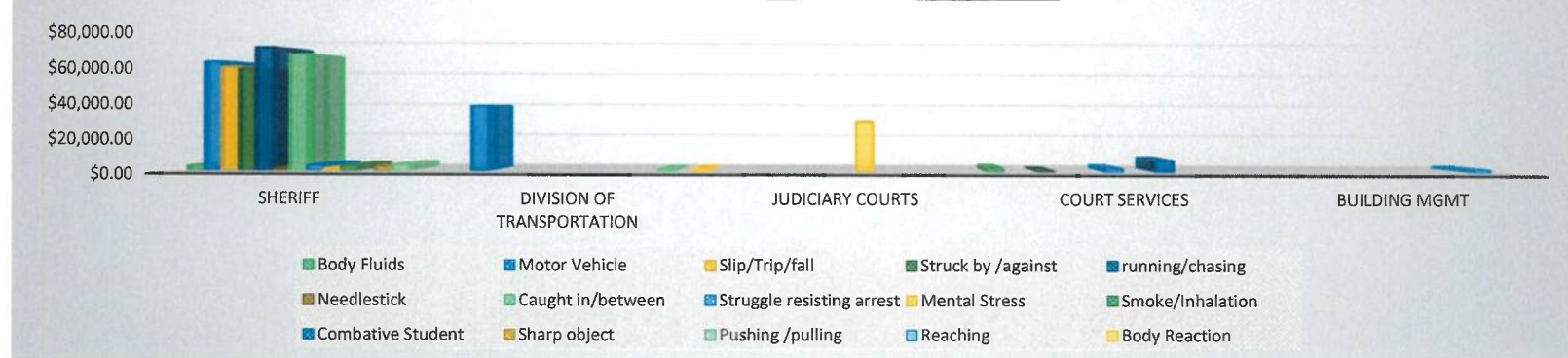
Summary by Policy Period Ordered by Total Incurred in Descending Order



The Departments within the 5 Top Locations where the losses were reported and the Total incurred for each cause code from 12/01/2022 -11/30/2023 as of 06/30/2023

Departments	Human	Body Fluids	Motor Vehicle	Slip/Trip/fall	Struck by /against	running/chasing	Needlestick	Caught in/between	Struggle resisting arrest	Mental Stress	Smoke/Inhalation	Combative Student	Sharp object	Pushing /pulling	Reaching	Body Reaction
Sheriff	\$8,034.23	\$2,933.91	\$64,379.42	\$61,230.90	\$60,326.75	\$72,932.21	\$1,650.00	\$69,051.99	\$3,300.00	\$1,320.00	\$3,250.00		\$2,750.00	\$ 3,750.00		
Division of Transportation			\$38,992.68											\$1,100.00		\$1,320.00
Judiciary Courts										\$30,067.64						
Court Services	\$1,544.37	\$2,118.12			\$601.99				\$2,118.12			\$7,249.58				
Building Mgmt															\$ 1,650.00	

The Departments within the Top Locations where the losses were reported and total Incurred for each code for 12/01/2022 to 11/30/2023 as of 06/30/2023



Departments	Count	Total Incurred
Sheriff	26	\$358,209.41
Div of Transport	3	\$41,412.68
Judiciary Courts	1	\$30,067.64
Court Services	8	\$13,834.05
Building Mgmt	1	\$ 1,650.00
Total:	39	\$445,173.78

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 06/30/2023



Policy Period	Paid	Out Reserve	Recovered	Total Incur	Claim Count	Cost per Claim
12/01/2018 - 11/30/2019	\$864,883.39	\$224,681.50	\$0.00	\$1,089,564.89	92	\$11,843.10
12/01/2019 - 11/30/2020	\$345,869.09	\$282,454.96	\$608.39	\$627,715.66	46	\$13,645.99
12/01/2020 - 11/30/2021	\$663,224.55	\$436,647.03	\$23,736.71	\$1,076,134.87	71	\$15,156.83
12/01/2021 - 11/30/2022	\$330,875.65	\$399,798.47	\$0.00	\$730,674.12	52	\$14,051.43
12/01/2022 - 11/30/2023	\$156,429.73	\$289,624.05	\$0.00	\$446,053.78	40	\$11,151.34
Totals:	\$2,361,282.41	\$1,633,206.01	\$24,345.10	\$3,970,143.32	301	\$13,189.84

-Total incurred for the current policy period is at \$446,053.78 with 40 (9 more claims reported this month) claims reported. The average cost per claim is \$11,151.34 (down by \$586.00 compared to last month) for the current period as these claims continue to develop.

Executive Report for Kane County Liability Program for the last 4 years and the current year-By policy period and chronological order as of 06/30/2023



Policy Period	Paid	Out Reserve	Recovered	Total Incur	Claim Count	Cost per Claim
12/01/2018 - 11/30/2019	\$123,497.80	\$416,012.00	\$50,495.26	\$489,014.54	55	\$8,891.17
12/01/2019 - 11/30/2020	\$123,560.25	\$265,000.00	\$56,903.19	\$331,657.06	46	\$7,209.94
12/01/2020 - 11/30/2021	\$344,779.04	\$525,000.00	\$163,936.41	\$705,842.63	46	\$15,344.41
12/01/2021 - 11/30/2022	\$320,527.53	\$40,687.61	\$131,461.05	\$229,754.09	68	\$3,378.74
12/01/2022 - 11/30/2023	\$51,637.30	\$126,833.46	\$823.50	\$177,647.26	28	\$6,344.55
Totals:	\$964,001.92	\$1,373,533.07	\$403,619.41	\$1,933,915.58	243	\$7,958.50

-Total incurred for the current policy period is \$177,647.26 (up by \$46,382 compared to last month) with 28(3 more claims reported this month) claims reported. Average cost per claim is \$6,344.55 for the current period and that is \$1,100.00 more compared to last month.

All open Worker's Compensation Claims for Kane County as of 06/30/2023 with the oldest date of injury to be 06/15/2000 by Department



Departments	Paid	Out Reserve	Recovered	Total Incur	Claim Count	Cost per Claim
520:DIV OF TRANSPORTATION	\$3,064,193.98	\$1,329,322.66	\$0.00	\$4,393,516.64	10	\$439,351.66
380:SHERIFF	\$1,536,844.03	\$1,888,650.54	\$0.00	\$3,425,494.57	48	\$71,364.47
250:CIRCUIT CLERK	\$201,324.37	\$146,994.87	\$0.00	\$348,319.24	6	\$58,053.21
430:COURT SERVICES	\$41,167.77	\$44,790.99	\$0.00	\$85,958.76	4	\$21,489.69
080:BUILDING MGMT	\$51,872.35	\$25,629.27	\$0.00	\$77,501.62	2	\$38,750.81
580:HEALTH	\$31,444.61	\$34,518.73	\$0.00	\$65,963.34	2	\$32,981.67
240:JUDICIARY/COURTS	\$40.00	\$30,027.64	\$0.00	\$30,067.64	1	\$30,067.64
300:STATE'S ATTY	\$15,140.30	\$609.70	\$0.00	\$15,750.00	1	\$15,750.00
Totals:	\$4,942,027.41	\$3,500,544.40	\$0.00	\$8,442,571.81	74	\$114,088.81

Open Worker's Compensation Claims that occurred from 12/01/2022 to 11/30/2023 as of 06/30/2023

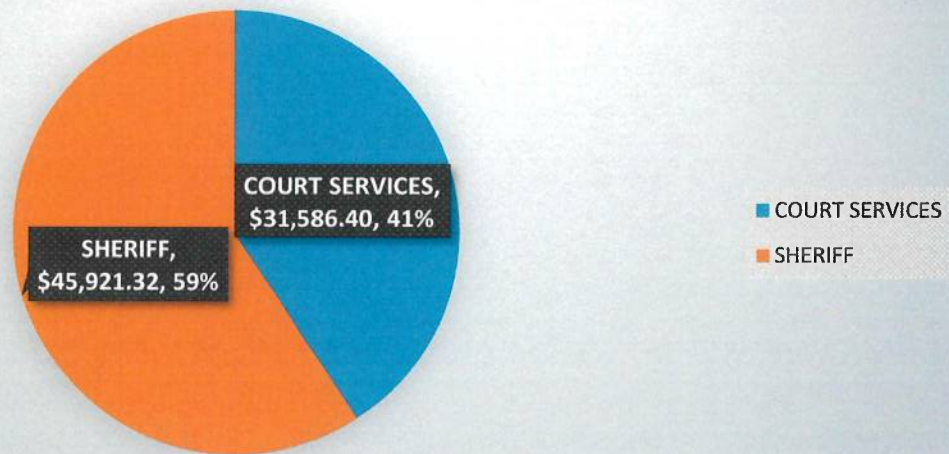


Departments	Paid	Out Reserve	Recovered	Total Incur	Claim Count	Cost per Claim
380:SHERIFF	\$103,397.36	\$247,126.23	\$0.00	\$350,523.59	19	\$18,448.61
520:DIV OF TRANSPORTATION	\$35,832.29	\$5,580.39	\$0.00	\$41,412.68	3	\$13,804.23
240:JUDICIARY/COURTS	\$40.00	\$30,027.64	\$0.00	\$30,067.64	1	\$30,067.64
430:COURT SERVICES	\$3,402.14	\$4,537.86	\$0.00	\$7,940.00	2	\$3,970.00
080:BUILDING MGMT	\$178.07	\$1,471.93	\$0.00	\$1,650.00	1	\$1,650.00
250:CIRCUIT CLERK	\$0.00	\$880.00	\$0.00	\$880.00	1	\$880.00
Totals:	\$142,849.86	\$289,624.05	\$0.00	\$432,473.91	27	\$16,017.55

**Kane County Settlements by Department for Policy Period
December 1, 2022- November 30, 2023 as of June 30, 2023**

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	\$31,586.40	41%	1
DIV OF TRANSPORTATION	\$0.00	0%	
HEALTH	\$0.00	0%	
KCDEE	\$0.00	0%	
KANE COMM	\$0.00	0%	
RECORDER	\$0.00	0%	
SHERIFF	\$45,921.32	59%	3
STATES ATTY	\$0.00	0%	
Total	\$77,507.72	100%	4

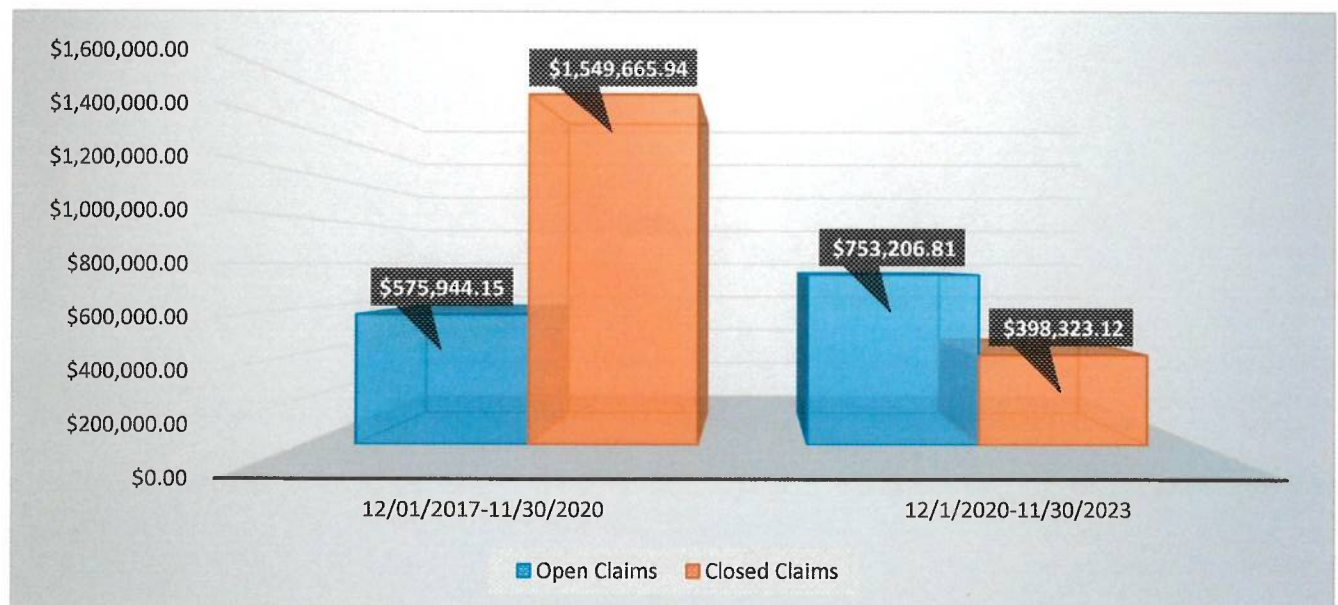
Settlements by Department as of 06/30/2023



**Kane County Claims (open and closed) and paid amounts from
12/01/2017-11/30/2020 and 12/01/2020-11/30/23 periods as of 06/30/2023**

	Open Claims	Closed Claims	Claim Count
12/01/2017-11/30/2020	\$575,944.15	\$ 1,549,665.94	213
12/1/2020-11/30/2023	\$ 753,206.81	\$ 398,323.12	163

There are 50 more claims reported from 12/01/2017-11/30/2020, compared to the 12/01/2020-11/30/2023 period. The amount paid from claims that occurred 12/01/2017-12/1/2020 is approximately \$975 thousand dollars more compared to 12/01/2020-11/30/2023 period.



STATE OF ILLINOIS)
COUNTY OF KANE) SS.

REPORT NO. TMP-23-924

MONTHLY APPLICANTS AND STAFF CHANGES

Job Applicants for June 2023 by Position

Title	Post Date - Deadline	Open/Closed	Applicants
Animal Control			
Part Time Kennel Assistant	08/22/2022 - N/A	Open	2
Total Animal Control Applicants			2
Auditor			
Staff Auditor – Level 1	12/16/2022 - N/A	Open	0
Auditor Intern	04/14/2023 - N/A	Open	2
Total Auditor Applicants			2
Building Management			
Maintenance Technician III	06/05/2023 - N/A	Closed on 6/14/2023	1
Total Building Management Applicants			1
Circuit Clerk			
Deputy Clerk	01/17/2023 - N/A	Closed on 6/16/2023	12
Deputy Clerk	06/16/2023 - N/A	Open	12
Total Circuit Clerk Applicants			24
Community Reinvestment and Workforce Development			
Program Assistant	06/18/2021 - N/A	Open	5
Housing and Community Development Project Manager	08/08/2022 - N/A	Open	1
Career Navigator	02/21/2023 - N/A	Open	5
Youth Program Manager	06/12/2023 - N/A	Open	22
Total Community Reinvestment and Workforce Development Applicants			33
County Board			
Executive Director of Finance	03/10/2023 - N/A	Closed on 6/13/2023	1
American Rescue Plan (ARP) Program Manager	04/26/2023 - N/A	Closed on 6/6/2023	3
Total County Board Applicants			4
Court Services			
Youth Counselor	06/07/2023 - 07/19/2023	Open	12
Total Court Services Applicants			12
Development & Community Services			
Bilingual Administrative Assistant	05/04/2023 - N/A	Open	8

Building Inspector	05/04/2023 - N/A	Open	2
Total Development & Community Services Applicants			10
Environmental/Water Resources Division			
Sustainability Manager	06/02/2023 - N/A	Open	11
Total Environmental/Water Resources Division Applicants			11
Finance			
Payroll Clerk	03/24/2023 - N/A	Open	8
Accountant	05/19/2023 - N/A	Open	3
Total Finance Applicants			11
Information Technologies			
Intern/Volunteer	N/A	Open	1
Network Administrator	01/30/2023 - N/A	Open	2
Junior Network Engineer - VoIP and Mitel PBX Support	04/03/2023 - N/A	Open	4
Junior Web Developer	04/05/2023 - N/A	Open	3
Desktop Support Analyst I	05/04/2023 - N/A	Closed on 6/15/2023	1
Office Assistant I	06/28/2023 - N/A	Open	7
Total Information Technologies Applicants			18
Judiciary			
Paralegal	05/22/2023 - 06/12/2023	Closed on 6/12/2023	2
Order of Protection Clerk	05/23/2023 - 06/13/2023	Closed on 6/13/2023	10
Total Judiciary Applicants			12
Kane Comm			
9-1-1 Shift Manager	06/13/2023 - 06/16/2023	Closed on 6/16/2023	3
9-1-1 Shift Manager	06/22/2023 - N/A	Open	0
9-1-1 Telecommunicator	06/27/2023 - N/A	Open	40
9-1-1 Part Time Lateral Telecommunicator	06/29/2023 - N/A	Open	2
Total Kane Comm Applicants			45
KDOT			
Project Manager/Civil Engineer II-IV (2 openings)	04/28/2023 - N/A	Open	0
Regional Planning Liaison/County Bicycle & Pedestrian Coordinator	05/03/2023 - N/A	Closed on 6/22/2023	0
Construction Manager-Engineering Technician	05/04/2023 - N/A	Closed on 6/5/2023	0
Permit and Administrative Technician	05/08/2023 - N/A	Closed on 6/22/2023	5

Permit/Traffic Engineer - Civil Engineer II-IV	05/08/2023 - N/A	Open	0
Construction Manager - Civil Engineer II-V	05/15/2023 - N/A	Open	0
Permit Engineering Technician	06/22/2023 - 06/29/2023	Closed on 6/29/2023	1
Transportation Planner and Regional Planning Liaison	06/29/2023 - 07/06/2023	Open	1

Total KDOT Applicants			7
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Public Defender

Assistant Public Defender	05/15/2023 - N/A	Open	0
Bilingual Receptionist	06/23/2023 - 07/21/2023	Open	6

Total Public Defender Applicants			6
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Public Health Department

Environmental Health Practitioner	03/17/2023 - N/A	Closed on 6/16/2023	1
Communicable Disease Coordinator	04/05/2023 - N/A	Open	1
Data and Quality Control Coordinator	04/18/2023 - N/A	Open	2
Director of Community Health	04/27/2023 - N/A	Closed on 6/6/2023	0
Director of Planning & Information Management	04/27/2023 - N/A	Closed on 6/16/2023	1
Substance Abuse Prevention Specialist (Grant Funded Position)	05/08/2023 - N/A	Closed on 6/6/2023	1
Receptionist - Part-Time Position	05/10/2023 - N/A	Closed on 6/16/2023	8
Health Promotion Manager	05/26/2023 - N/A	Closed on 6/29/2023	5
Early Childhood Program Supervisor (Grant Funded)	06/06/2023 - N/A	Closed on 6/23/2023	2

Epidemiologist (General)	06/14/2023 - N/A	Open	1
Facilities & Logistics Assistant	06/14/2023 - N/A	Open	8
Finance Operation Specialist	06/14/2023 - N/A	Open	4
Grant Operation Specialist	06/14/2023 - N/A	Open	6
Environmental Health Practitioner	06/16/2023 - N/A	Open	1

Total Public Health Department Applicants			41
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Sheriff

Aramark: Commissary Worker	01/24/2023 - N/A	Open	3
Correction Officers *Lateral Transfer*	02/16/2023 - N/A	Open	5
Civilian Evidence Technician	05/08/2023 - 06/09/2023	Closed on 6/9/2023	4
Jail Maintenance-Corrections	06/06/2023 - N/A	Open	1
Information Processor - Warrants	06/09/2023 - 07/14/2023	Open	11
Court Security Officer	06/22/2023 - N/A	Open	8

Total Sheriff Applicants			32
State's Attorney			
Child Advocacy Center - Operations Manager/Advocate	11/17/2022 - N/A	Open	2
Bilingual Intake/Multidisciplinary Team Coordinator & Outreach Prevention Specialist	01/11/2023 - N/A	Open	0
Bilingual Child and Family Therapist	01/19/2023 - N/A	Open	0
Project Manager	05/15/2023 - N/A	Closed on 6/20/2023	2
Deferred Prosecution Domestic Violence Case Manager	05/30/2023 - N/A	Open	3
Assistant State's Attorney/Civil	06/08/2023 - N/A	Open	1
Child Advocacy/Bi-lingual Advocate (AG Grant)	06/12/2023 - N/A	Open	0
Assistant State's Attorney - Felony Division	06/20/2023 - N/A	Open	0
Assistant State's Attorney/Child Support	06/20/2023 - N/A	Closed on 6/28/2023	0
Assistant State's Attorney/Misdemeanor Division	06/20/2023 - N/A	Open	0
Assistant State's Attorney/Misdemeanor/Traffic Division	06/20/2023 - N/A	Open	0
Victim Services Advocate	06/20/2023 - N/A	Open	3
Assistant State's Attorney – Detention Hearing	06/26/2023 - N/A	Open	0
Assistant State's Attorney – Felony Review	06/26/2023 - N/A	Open	0
Total State's Attorney Applicants			11
Treasurer			
Seasonal Customer Service June through October	06/13/2023 - N/A	Open	1
Total Treasurer Applicants			1
Total Applicants for June			283

New Hire Report

from 06/01/2023 - 06/30/2023

Department	Employee Name	Job Title	Employee Status	Hire Date
Circuit Clerk				
	KIM, STEVE S	Deputy Clerk	ACTIVE	06/12/2023
	PANI, YASMEEN	Deputy Clerk	ACTIVE	06/06/2023
County Board				
	FAHNESTOCK, SUZANNE A	ARPA Program Manager	ACTIVE	06/14/2023
		Chief Deputy Elections	ACTIVE	06/14/2023
		Executive Assistant	ACTIVE	06/14/2023
County Clerk				
	ESTRADA, LUCIO Jr	Clerk I	ACTIVE	06/20/2023
Health				
	CABRERA, SHARON E	Substance Abuse Prevention Coord	ACTIVE	06/12/2023
		Substance Abuse Prevention Spec	ACTIVE	06/12/2023
	SORIANO, KAITLIN I	Violence Prevention Specialist	ACTIVE	06/12/2023
Judiciary and Courts				
	WENK, NATALIE M	Staff Attorney	ACTIVE	06/20/2023
Sheriff/Adult Corrections				
	BAUMANN, COURTNEY E	Lead Social Worker	ACTIVE	06/05/2023
		Social Worker	ACTIVE	06/05/2023
	ROMAN, JUSTIN	Maintenance Worker	ACTIVE	06/12/2023
Sheriff/Sheriff				
	RUPPEL, TIMOTHY D	Laboratory Director	ACTIVE	06/05/2023
	WARE, SARAH B	Laboratory Director DNA	ACTIVE	06/05/2023

New Hire Report

from 06/01/2023 - 06/30/2023

State's Attorney

COLE, TOYYA M	Adult Drug Court PO	ACTIVE	06/12/2023
	Collaborative Diversion Case Mgr	ACTIVE	06/12/2023
	Pre-Arrest Diversion Case Mgr	ACTIVE	06/12/2023
	PreArrest Diversion Case Mgr Sup	ACTIVE	06/12/2023

Transportation

SOPRYCH, AIDAN C	Engineering Co op Intern	ACTIVE	06/06/2023
	Intern	ACTIVE	06/06/2023
	ZZZVacant Engineer CoOp Intern	ACTIVE	06/06/2023

Total New Hires 13

Termination Report

from 06/01/2023 - 06/30/2023

Department	Termination Date
Employee Name	
Building Management	
SCHWARDT, LAURA E	06/07/23
Community Reinvestment	
TAYLOR, JAY T	06/08/23
County Clerk Elections-PR Only/County Clerk Elections - PR Only	
TAVIZON, JULIO Jr	06/02/23
Court Services/Court Services Administration	
FAIR, SARA E	06/02/23
Court Services/Juvenile Justice Center	
GOUDY, BRENDA	06/08/23
PRINGLE, LEAH J	06/10/23
Sheriff/Adult Corrections	
DUCAY, CHRIS V	06/01/23
Sheriff/Sheriff	
PROULX, JACQUELINE M	06/07/23
THORGESEN, DAVID A	06/09/23
TINDALL, KEVIN W	06/09/23
Transportation	
MCGRAW, KEITH B	06/05/23

Total Terminations 11

STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

PRESENTATION/DISCUSSION NO. TMP-23-927

HR UPDATES

STATE OF ILLINOIS)

SS.

COUNTY OF KANE)

REPORT NO. TMP-23-926

MONTHLY TRAINING REPORT

Sexual Harassment Training Compliance 7/5/23					
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	1038	08.01.2023
Webinar	Prevention of Sexual Harassment at work - Manager/Elected Official	Illinois Chamber of Commerce	All	191	08.01.2023
Active Employees: 1233					



RESOLUTION / ORDINANCE EXECUTIVE SUMMARY ADDENDUM

Title

Authorizing the County to Contract with Humana Inc. to Provide the 2024 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	

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.

Jamie Lobrillo, Interim Executive Director or
Christine Miller, Assistant Director
Kane County
719 S. Batavia Ave
Geneva, IL 60134

Humana Group Medicare Advantage Plan Renewal

In signing this document, you are accepting the renewal, effective January 1, 2024, 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, 2024. It is important that we receive acceptance of your renewal no later than September 1, 2023. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

2024 Plan/Option: Passive PPO 079 064 with Rx 336 2024 Rate: \$325.40

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

- You have carefully reviewed the enclosed renewal package.
- 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 amount through to the LIS enrollees to reduce their premiums.
- With regard to 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: KANE COUNTY

Signature: _____

Title: _____

Date: _____

Important reminder:

Please sign and return the enclosed "Humana Group Medicare Advantage Plan Renewal" form no later than **September 1, 2023** to accept the plan's benefits and rates and continue the plan in the coming year.

Y0040_GHHKSAMEN_042023_C





Humana Medicare Group Plan – Premium Information

KANE COUNTY - PPO

Date: 6/26/2023
Humana Medicare Group Plan
Plan Names: PASSIVE PPO 079 064 with Standard Rx336
Rx Formulary: Group Plus Formulary - TBD

Plan Year	Final Billed Premium (Per Member Per Month)
1/1/2024 - 12/31/2024	\$325.40

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 will hold the proposed rate(s) unless there are material changes or clarifications to existing or implementation of new federal regulations or requirements, and/or any unforeseen/unusual circumstances (i.e. pandemic) that would impact Group Medicare.

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/or 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 32 currently enrolled members.

Humana's Medicare Advantage plan is the only plan offered and there is no additional secondary plan wrapping around 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 TrOOP 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 current offering environment, Humana has the right to revise or rescind the quote.

HUMANA MEDICARE EMPLOYER LPPO PLAN

2024 LPPO for Standard Plan 079 Option 064 - Passive

		2023		2024	
Annual Maximum Out-of-Pocket		• In-Network: \$0 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium).		• 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).		• 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		• Combined In and Out-of-Network: NONE		• Combined In and Out-of-Network: NONE	
		• Combined In-Network Exclusions: N/A		• Combined In-Network Exclusions: N/A	
		• Combined Out-of-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%
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%
	• 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 (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.	• 100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. -CLB309	• 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	• 100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. -CLB309	• 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 Colorectal Cancer Screening Depression Screening Diabetes Screening Diabetes Self-Management Training Glaucoma Screening Hepatitis C Screening HIV Screening Kidney Disease Education Services Immunizations Lung Cancer Screening Medicare Diabetes Prevention Program 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 	100%	100%	100%	100%
Inpatient Hospital Services	<ul style="list-style-type: none"> Inpatient Care (All Authorized Admissions) Inpatient Physician Services 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	<ul style="list-style-type: none"> Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions) Inpatient Mental Health/Substance Abuse Physician Services 	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
Partial Hospitalization	<ul style="list-style-type: none"> Mental Health/Substance Abuse Services Opioid Treatment Services 	100%	100%	100%	100%
Outpatient Hospital	<ul style="list-style-type: none"> Surgical Services Diagnostic Colonoscopy Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Lab Services Radiation Therapy Cardiac Therapy Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Chemotherapy Drugs Renal Dialysis Services Mental Health/Substance Abuse Services Opioid Treatment Services Medicare-covered Part B Drugs Outpatient Physician Services 	100%	100%	100%	100%
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> SNF Care (no 3 day hospital stay is required) SNF Physician Services 	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
Urgent Care Center	<ul style="list-style-type: none"> Urgently Needed Care Lab Services 	100%	100%	100%	100%
Emergency Room	<ul style="list-style-type: none"> Emergency Services (2) Emergency Room Physician Services 	100%	100%	100%	100%
Ambulance	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 •excludes Personal Home Care	100%	100% •excludes Personal Home Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care
DME Provider	• Durable Medical Equipment	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	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% •Includes Continuous Glucose Monitors	100% •Includes Continuous Glucose Monitors
	• Medical Supplies	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Medicare-covered Part B 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.

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

Extra Services (VAIS)	• Complementary Alternative Medicine and Weight Management Discount (Tivity) - Not available in Puerto Rico	Available	Available
	• Dental Discount (Florida GoldPlus) - Available in Florida only	Available	Available
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Available	Available
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	Available	Available
	• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Available	Available
	• Personal Emergency Response System (Lifeline® Medical Alert Systems)	Available	Available
	• Meal Delivery Discount (Mom's Meals)	Available	Available
	• Bill Management Service (Silver Bills)	Available	Available
	• Dental Health (Truthbrush)	Not Available	Available
	• Digital Fitness Program Discount (Balanced)	Not Available	Available
	• Vision Discount (EyeMed)	Available	Available

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

2024 Rx for Standard Plan 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	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$10	\$30	\$60	\$60	\$0	\$8,000

Plan/ Option	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$10	\$30	\$60	\$60	\$0	\$8,000

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 (2) from \$0 to Catastrophic (1)				90 day Standard Retail (2) from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$30	\$90	\$180	N/A	\$0	\$8,000

Plan/ Option	90 day Standard Mail Order (2) from \$0 to Catastrophic (1)				90 day Standard Mail Order (2) from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$25	\$75	\$150	N/A	\$0	\$8,000

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 True Out Of Pocket (TrOOP) cost reaches \$8,000.
- 2 Retail and Mail Order: Retail and Mail Order 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.

Extra Services

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.

• Prescription Medication Discount	Members can receive discounts on many non-covered prescription drugs received from a network pharmacy. (Quantity limits may apply)
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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.



RESOLUTION / ORDINANCE EXECUTIVE SUMMARY ADDENDUM

Title

Authorizing Contract For Workers Compensation And Liability Claims
Third Party Administrator

Committee Flow:

Human Services Committee, Executive Committee, County Board

Contact:

Jamie Loblillo, 630.208.3836

Budget Information:

Was this item budgeted? N/A	Appropriation Amount: \$N/A
If not budgeted, explain funding source: N/A	

Summary:

This resolution authorizes a contract 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 One Thousand Six Hundred and Twenty Dollars (\$71,620) per year for a period of two years.

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



June 22, 2023

PROCUREMENT SYNOPSIS

Requesting Department & Procurement Name:	Kane County Human Resources Management	RFP 23-012 Third Party Administration Services
Recommended Vendor:	CCMSI	

NOTIFICATION AND RESPONSE

Public Notices: • Bidnet Direct • The Daily Herald (Aurora Beacon-News)

Advertising Date:	May 9, 2023	Notices sent/Plan Holders:	4/36
Proposal Due Date:	May 31, 2023	Proposal Received:	2

PURPOSE

To establish a contract with a qualified and experienced Vendor for the provision of Third Party Administration Services (TPA) for the Kane County Department of Human Resource Management. This is a two (2) year contract with a mutual option for three (3) one-year renewal periods upon agreement by both parties.

The Kane County Department of Human Resource Management evaluated all proposals per specification and scored them based on the criteria important to the required services, and determined that Cannon Cochran Management Services, Inc. (CCMSI) of Lisle IL is the most responsive to the RFP, and meets recommended requirements to provide these services at the highest quality, and value.

Selection Criteria: • Pricing = 30% • Qualifications and Capability, Background = 40%
• Experience and Understanding of project, Technical Offer, and Approach = 20% • RFP Compliance/References/Background = 10%

BID TABULATION

Rank	VENDOR	TOTAL AVERAGE EVALUATED SCORES
1	CCMSI - Lisle, IL	89.70%
2	PMA – Schaumburg, IL	82.00%

Based on the vendor's qualification, offer per scope of services, proposed service fee, and compliance, staff recommends approval of the award of this service contract to CCMSI of Lisle, IL pending approval by the Committee and full Kane County Board.

Submitted By:
Tim Keovongsak, CPPB
Kane County Purchasing Department

ACCEPTANCE

The Offer is hereby accepted for **Third Party Administrator (TPA)**.

The Contractor is bound to provide the materials and services listed in the attached agreement and based upon the Request for Proposal, including all terms, conditions, specifications, and amendments, the Contractor's offer is accepted by the County of Kane.

This contract shall henceforth be referred to as **Contract Number 23-012**. The Contractor has been cautioned not to commence any billable work or to provide any materials or services until this Contractor receives a purchase order and or notice to proceed.

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

Date

VENDOR CERTIFICATION

This information is collected for reporting purposes only and will not have any influence on vendor selection. It is required by the State of Illinois. Please check any of the following boxes that apply to the ownership of your firm.

☐ Minority-owned Business (MBE)

☐ Veteran-owned Business Enterprise (VBE)

☐ Woman-owned Business (WBE)

☐ Service-Disabled Veteran-owned Business Enterprise (SDVBE)

☐ Business Enterprise Program (BEP)

☐ Veteran-owned Small Business (VOSB)

☐ Small Disadvantaged Business (SDB)

☐ Persons with Disabilities-owned Business Enterprises (PDBE)

☐ Kane County Local Business

☒ N/A – These categories do not apply to my business

Please Note: It is required that you check at least one box.

CCMSI Fee Schedule for Kane County, Illinois

May 25, 2023

Proprietary and Confidential
Pricing expires in 180 days

Services:

Claims Management – Flat Rate per Claim

Claim Type	Years 1 & 2	Year3	Year 4	Year 5
Indemnity	\$1,050.00	\$1,081.00	\$1,113.00	\$1,146.00
Medical Only	\$195.00	\$200.00	\$205.00	\$211.00
General Liability Bodily Injury	\$925.00	\$952.00	\$980.00	\$1,010.00
General Liability Property Damage	\$515.00	\$530.00	\$545.00	\$560.00
Auto Liability Bodily Injury	\$925.00	\$952.00	\$980.00	\$1,010.00
Auto Liability Property Damage	\$515.00	\$530.00	\$545.00	\$560.00
Auto Property Damage	\$515.00	\$530.00	\$545.00	\$560.00
Errors and Omissions	\$1,135.00	\$1,169.00	\$1,204.00	\$1,240.00
Employment Practices	\$1,135.00	\$1,169.00	\$1,204.00	\$1,240.00
FPPC - First Party Property	\$515.00	\$530.00	\$545.00	\$560.00
Boiler and Machinery	\$515.00	\$530.00	\$545.00	\$560.00
Law Enforcement	\$1,135.00	\$1,169.00	\$1,204.00	\$1,240.00
Public Office Liability	\$1,135.00	\$1,169.00	\$1,204.00	\$1,240.00
Auto Underinsured/AUIM	\$925.00	\$952.00	\$980.00	\$1,010.00
Incident Only	\$40.00	\$40.00	\$40.00	\$40.00

**Rates are per unit/suffix*

Claims Management Fees include

- All claims management functions
- State filings and reporting
- Claims investigation
- Litigation Management
- SIU handling (inside)

Administration Fees

Annual Fee – \$10,000

Annual Administration Fee includes:

- Designated Account Manager
- Preparation and participation in quarterly claims reviews
- Annual stewardship meeting
- Maintenance of the loss fund account and all bank charges
- Filing of all required state forms including state mandated
- Reporting to excess/fronting carrier
- File storage

RMIS Fee	
Annual Fee – \$2,500 Annual RMIS Fee includes: <ul style="list-style-type: none"> ➤ Risk Management Information System (iCE) cost to include: 5 User ID's (each additional user is \$200 per user per year). Internet access to claim files; the ability to email your adjuster and Account Manager; access to our library of template risk management reports together with initial training and ongoing support ➤ Monthly loss runs and loss fund activities reports 	
Data Migration/Data Feeds (Optional)	
Data Feeds – Hourly Rate \$150/hour Data Feeds - relate to developing and executing monthly data extracts to other sources if necessary. Data feeds to the primary carrier if applicable are performed at no charge. Fees are charged at a cost of \$150/hour. Typically we incur about 10 hours to develop and test the initial feed. The monthly execution of the feed typically only takes 2-4 hours to test and deliver.	
Custom Reporting (Optional)	
CCMSI will provide special reports, (reports not currently programmed or written) for a fee of \$150 per hour for system programming time. CCMSI will provide an estimate of charges before any work will be done. Please note we have over 400 standard reports from which you can choose therefore it is highly unlikely it would be necessary to develop custom reports.	
Managed Care Services/Other Services	
Service	Fee
Fee Schedule, U&C Re-pricing	\$10.00 per bill
PPO Network Access	33% of savings below state fee schedule
Hospital/Specialty Review	33% of savings below state fee schedule
Pharmacy Benefit Program	33% of savings
Field Case Management*	* We outsource to the vendor of clients' choice for these services. Fees are charged as ALE at <u>cost</u> to the claim file
Telephonic Case Management*	* We outsource to the vendor of clients' choice for these services. Fees are charged as ALE at <u>cost</u> to the claim file
Utilization Review*	* We outsource to the vendor of clients' choice for these services. Fees are charged as ALE at <u>cost</u> to the claim file
Claims Intake / Reporting	\$25 per report email, phone, fax; No charge online reporting
State Reporting EDI	Initial Reporting \$15.00 per report; Subsequent Reports \$10.00 per report
OSHA Reporting Module	\$2,500/Annual Fee
Subrogation	20% of Recovery capped at \$15,000 per claim
Field Investigation	T&E \$70/hour charged as ALE to claim file
Index Bureau	\$20/Index; 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.
MMSEA Section 111 Reporting	\$25 per claim
Carrier Fees	If applicable, client will be responsible for payment of any carrier fees associated with the transition of claim handling responsibilities to CCMSI.
Taxes	CCMSI fees will be increased by any applicable Sales, Gross Receipts, or similar (excluding income) taxes imposed by Federal, State or Local bodies.

Allocated Loss Expenses

- Independent medical examinations
- 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
- Attorneys, experts and special process servers
- Court costs, fees, interest and expenses
- Depositions, court reporters and recorded statements
- Independent adjusters and appraisers
- Index bureau and OFAC (Office of Foreign Assets Control) charges
- Charges associated with accident reconstruction, cause and origin investigations, etc.
- Charges for medical records, personnel documents, and other documents necessary for adjudication of claims under Client's program
- Charges associated with MMSEA Section 111 Reporting; and MSP compliance costs including lien research, Medicare Set-Aside Allocations; and Contractual Settlement Allocations
- Other expenses normally recognized as ALAE by industry standards
- 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 PPO networks, utilization review, nurse case management, medical bill audits and medical bill review

Prepared By:

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