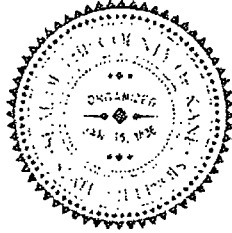


COUNTY OF KANE

Christopher J. Lauzen
Kane County Board Chairman



Kane County Government Center
719 South Batavia Avenue
Geneva, IL 60134
P: (630) 232-5930
F: (630) 232-9188
clauzen@kanecoboard.org
www.countyofkane.org

DEC 16 2013

KANE COUNTY BOARD

DOCUMENT VET SHEET

for
Christopher J. Lauzen
Chairman, Kane County Board

Name of Document: Renewal Package For Dental Resolution No.: 13-338
Dental and Delta Vision

Submitted by: Sheila McCRAVEN Dept. Head Signature: Sheila McCraven

Date Submitted: 12/13/13 Dept. Head Sign-off Date: 12/13/13

Examined by: Michele Niermann
(Print name)
Michele Niermann
(Signature)
12.13.13
(Date)

Post on the Web: YES NO Atty. Initials mN

Comments: Follow-up resolution detailing premiums
and contributions need to notify the
Chairman's signature on these documents.

Chairman signed: YES NO 12/16/13
(Date)

Document returned to: McC Craven
(Name/Department)

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. 13 - 338

**AUTHORIZING CONTRACTS FOR 2014
GROUP HEALTH, DENTAL AND VISION PLANS**

WHEREAS, the County has reviewed its medical plans in order to provide group health, dental and vision coverage for its employees; and

WHEREAS, BlueCross/BlueShield of Illinois, Delta Dental and Pro-Tec offer plans that are the most responsive to the needs of the County and its employees; and

WHEREAS, Premium costs for health and dental insurance are shared by eligible employees and the County through payroll deduction. Eligible part-time employees pay the full premium for all plans for coverage; a Section 125 Plan is available at the time of enrollment that allows employees to pay their share of the insurance premiums with pre-tax dollars and to set aside funds through a flexible spending account; and

WHEREAS, the county believes it continues to be in everyone's best interests to engage in cost containment measures by continuing a bona fide HIPPA-qualified wellness program consisting of a health risk assessment and blood draw that allows employees and covered spouses to reduce their employee contributions through their voluntary participation in the wellness program; and

WHEREAS, employees will have until December 31, 2013 to complete both the health risk assessment and blood draw in order to receive the applicable wellness rate; employees failing to complete these activities by December 31, 2013 will be charged the applicable non-wellness rates retroactive to January 1, 2014;

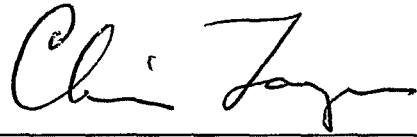
WHEREAS, the county believes it to be in everyone's best interests to hold dependent verification services in conjunction with open enrollment activities to verify that only eligible dependents are enrolled in the County's health, dental and vision plans;

WHEREAS, the county desires to change its method of funding health insurance claims with Blue Cross/Blue Shield to self-funding from premium-based funding;

NOW, THEREFORE, BE IT RESOLVED that the Chairman of the Kane County Board is authorized to enter into contracts with Blue Cross/Blue Shield of Illinois, Delta Dental and Pro-Tec to provide for group health coverage, vision and dental coverage for the period of January 1, 2014 through December 31, 2014. A copy of the contracts shall be filed with the Kane County Auditor.

Line item	Line Item Description	Was personnel/item/service approved in original budget or a subsequent budget revision?	Are funds <u>currently</u> available for this personnel/item/service in the specified line item?	If funds are not currently available in the specified line item, where are the funds available?
XXX.XXX.XXX.45000 XXX.XXX.XXX.45010	Healthcare Contribution Dental Contribution	Yes	Yes	N/A

Passed by the Kane County Board on November 12, 2013.



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

Christopher J. Lauzen
Chairman, County Board
Kane County, Illinois

Vote:
Yes 21
No 0
Voice _____
Abstentions _____

11HealthDentalVis



Renewal Package

for

County of Kane

**Presented By:
Beth Tortorici
Senior Account Manager
Delta Dental of Illinois (DDIL)
111 Shuman Boulevard
Naperville, IL 60563**

**Phone 630-718-4763
Fax 630-983-4163
btortorici@deltadentalil.com**

**This renewal package is for an effective date of
January 1, 2014**

Confidentiality Agreement

By accepting this renewal, you agree that all information is confidential and has been provided by Delta Dental of Illinois for your use or that of the specified client only. Therefore, you agree not to disclose any information (except to the specified client, broker, consultant or agent) without the express written permission of Delta Dental of Illinois. It is acknowledged that information to be furnished in this renewal is in all respects confidential in nature, other than information that is available in the public domain through other means. Use or disclosure of information contained in this plan is strictly forbidden without obtaining written consent of Delta Dental of Illinois.

Upon request, this document is to be immediately returned to Delta Dental of Illinois, 111 Shuman Boulevard, Naperville, IL 60563.



Plan Design Exhibit
Current Plan

Renewal Date: 01/01/14

PPO Plan Summary			
	Delta Dental PPO*	Delta Dental Premier**	Non Network
Individual Annual Maximum	\$1,000	\$1,000	\$1,000
ToGo SM feature	Not Included	Not Included	Not Included
Deductible Individual	\$75	\$75	\$75
Diagnostic / Preventive	100%	100%	100%
Deductible applies	No	No	No
Basic Restorative	80%	80%	80%
Deductible applies	Yes	Yes	Yes
Endodontics	80%	80%	80%
Deductible applies	Yes	Yes	Yes
Periodontics			
Non-surgical	80%	80%	80%
Surgical	80%	80%	80%
Deductible applies	Yes	Yes	Yes
Major Restorative	50%	50%	50%
Deductible applies	Yes	Yes	Yes
Orthodontics			
Coverage coinsurance	50%	50%	50%
Individual lifetime maximum	\$1,000	\$1,000	\$1,000
Dependents eligible to age	19	19	19
Full-time students eligible to age	19	19	19
Adult coverage	No	No	No
Individual deductible applies	No	No	No
Dependent Eligibility			
Dependents eligible to age	26	26	26
Full-time students eligible to age	26	26	26

*Delta Dental PPO dentists agree to accept payment based on the lesser of the submitted fee or the PPO discounted fee schedule, which is established at a level that typically delivers a 15 – 35 percent discount off of average billed charges nationally.

**Delta Dental Premier network dentists agree to accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (also known as "Usual & Customary" fee).

Delta Dental PPO and Delta Dental Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's actual charge.

This document is only intended to be a brief summary of current benefits. If you have any questions regarding specific benefit coverage, limitations or exclusions, please refer to your Delta Dental of Illinois certificate of coverage. The certificate of coverage will take precedence over any differences in plan design.



Financial Exhibit
Current Plan

Renewal Date: 01/01/14

Proposed Renewal - PPO / DHMO (Monthly Switch with Plan 275)

	Current Enrollment	Current Rates	12 Month Renewal Rate**	% Increase
Employee	388	\$27.65	\$28.52	3.2%
Family	712	\$72.71	\$75.00	3.2%
Annual Expense:		\$749,972.64	\$773,611.93	3.2%

** 12 Month Renewal Rates include a 6.0% rate cap for 2015

Underwriting Considerations

Census Data

Total Current Enrollment Counts

Single	388
Family	712
Total	1100

During the current experience period, County of Kane averaged 1096 enrollees.

Guarantee Terms

Policies and Claim Settlement Practices

All Delta Dental of Illinois standard processing policies, limitations and exclusions apply.

Delta Dental of Illinois reserves the right to recalculate rates in the event of any of the following:

- Change in effective date.
- The number of eligible and/or enrolled employees changes by more than 10% from that identified in this quote.
- The number of enrolled employees falls below the required 40 to maintain individually underwritten status.
- New or changes to legislation or regulations that affect the benefits payable, eligibility or contractual provisions.

Broker Compensation

Proposed rates include the following broker commissions:

Fully Insured PPO	0.0%
Fully Insured DHMO	0.0%

Acceptance of Renewal

Please acknowledge your acceptance of these terms by signing below and returning this page to your Account Manager.

Beth Tortorici
Delta Dental of Illinois
111 Shuman Boulevard
Naperville, IL 60563
Phone 630-718-4763 Fax 630-983-4163

If we do not receive notification from you at least **30 days prior to your renewal date**, we will assume you agree to the proposed rates and renew your current dental benefit plan with the above noted 12 month renewal rates.

AGREED AND ACCEPTED (Current Plan):

County of Kane DDIL #10304 ALL

By: Chris Lajoie Date: 12-16-13

Title: CHAIRMAN, KANE COUNTY BOARD

Please help keep our records current by providing your current contribution levels: _____ % Employee _____ % Dependent

UW/PSS
10/24/13



County of Kane #10304 ALL

Financial Exhibit
Current Plan

Renewal Date: 01/01/14

Proposed Renewal - DeltaVision® (Per Enrollment Unit Per Month)

	Current Enrollment	Current Rates	12 Month Renewal Rate	% Increase
Employee	422	\$4.55	\$4.55	0.0%
Family	699	\$9.93	\$9.93	0.0%
Annual Expense:		\$106,334.04	\$106,334.04	0.0%

DeltaVision® is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks.

Underwriting Considerations

Guarantee Terms

Policies and Claim Settlement Practices

Standard processing policies, limitations and exclusions apply.

We reserve the right to recalculate rates in the event of any of the following:

Change in effective date.

The number of eligible and/or enrolled employees changes by more than 10% from that identified in this quote.

New or changes to legislation or regulations that affect the benefits payable, eligibility or contractual provisions.

Broker Compensation

Proposed rates include the following broker commissions:

Vision: 0.0%

Acceptance of Renewal

Please acknowledge your acceptance of these terms by signing below and returning this page to your Account Executive.

Beth Tortorici

DeltaVision®

111 Shuman Boulevard

Naperville, IL 60563

Phone 630-718-4763 Fax 630-983-4163

If we do not receive notification from you at least 30 days prior to your renewal date, we will assume you agree to the proposed rates and renew your current DeltaVision® plan with the above noted 12 month renewal rates.

AGREED AND ACCEPTED (Current Plan):

County of Kane #10304 ALL

By: Chris Jayne

Date: 12-16-13

Title: CHAIRMAN, KANE COUNTY BOARD

Please help keep our records current by providing your current contribution levels:

Vision: _____ % Employee _____ % Dependent

UW/PSS
10/24/13



Contact Sheet

For questions about your renewal, please contact:

Beth Tortorici
Senior Account Manager
Phone 630-718-4763
Fax 630-983-4163
btortorici@deltadentalil.com

Your Account Specialist can also assist you with any account-related questions you may have, as well as enrollment activities and fulfillment. For questions about ongoing account administration, claims and other account inquiries, please contact:

Leslie Tyson-Cobb
Phone 630-718-4766
Fax 630-983-4588
lcobb@deltadentalil.com

Your enrollees can get real-time access to claim information and find network dentists through our IVR at 1-800-323-1743 or the Subscriber Connection on our website at www.deltadentalil.com. Enrollees can also access benefit and eligibility information, print temporary ID cards, enroll in our Enhanced Benefits Program and retrieve oral health information on our website. In addition, during our normal business hours, enrollees can contact a customer service representative through our toll-free number 1-800-323-1743.