

VILLAGE OF DOWNERS GROVE
REPORT FOR THE VILLAGE COUNCIL WORKSHOP
DECEMBER 9, 2008 AGENDA

SUBJECT:	TYPE:	SUBMITTED BY:
Employee Benefits Renewal Contracts for FY09	✓ Resolution Ordinance Motion Discussion Only	Wesley Morgan, SPHR Director of Human Resources

SYNOPSIS

Resolutions have been prepared to authorize approval of the following employee benefits renewal contracts for 2009:

- TruAssure Insurance Company for vision program claim administration in the amount of \$45,000
- Unimerica / Optum Health Insurance Company for stop loss coverage for medical claims exceeding \$125,000 in the amount of \$386,242
- Creative Care Management for the Employee Assistance Program in the amount of \$15,200
- Delta Dental Plan of Illinois for dental program claim administration in the amount of \$19,000
- Professional Benefit Administrators for claim administration, America's VEBA Solution/Genesis Employee Benefits for Voluntary Employee Benefits Administration (VEBA) and DrugCard Inc. for prescription drug services in the combined amount of \$141,000
- National Insurance Services for group life, accidental death / dismemberment and long-term disability insurance in the amount of \$117,500
- Advocate Health Partners (Good Samaritan Hospital) for discounts on medical services at no cost to the Village

STRATEGIC PLAN ALIGNMENT

The 2008 Strategic Plan identified an *Exceptional Municipal Organization*. A supporting objective of this statement is to provide *Financially Sound and Sustainable Village Government*.

FISCAL IMPACT

The approved FY09 budget includes a total of \$6,542,601 in the Health Insurance Fund. \$903,600 is earmarked for the 2009 employee benefit renewal contracts associated with this item. The total cost to the Village for all of the proposed employee benefit contracts is \$723,942. In addition, staff anticipates additional savings as a result of the contract extension with Advocate Health Partners (Good Samaritan Hospital). This contract produced a savings to the Village of \$318,000 in 2008, and staff anticipates similar or greater savings in 2009 as well. The fiscal impact of the 2009 employee benefits renewal items is summarized in the table below:

Provider	Services Provided	Annual Premium
TruAssure Insurance Company	Vision Program Claim Administration	\$ 45,000
Unimerica / Optum Health Insurance Company	Stop Loss Coverage for Claims Exceeding \$125,000	\$ 386,242
Creative Care Management	Employee Assistance Program	\$ 15,200
Delta Dental Plan of Illinois	Dental Program Claim Administration	\$ 19,000
PBA, VEBA, DrugCard	Claim Administration	\$ 141,000
National Insurance Services	Life, Accidental Death/Dismemberment and Disability Insurance	\$ 117,500
Advocate Health Partners*	Discounts on Services provided at Good Samaritan Hospital	\$ -
TOTAL		\$ 723,942

*In 2008, the Village realized savings of \$318,000 as a result of this item and anticipates similar or greater savings in 2009.

RECOMMENDATION

Approval on the December 16, 2008 consent agenda.

BACKGROUND

A summary of the 2009 employee benefits contracts is provided below:

- *Vision* - The Village of Downers Grove's vision program currently provides employees with a \$250.00 routine vision benefit every two years for each participant covered under the plan. Currently this is a self-funded plan with claim administration provided by Professional Benefit Administrators. The current 2008 premium costs for the self-funded vision plan are at approximately \$61,000. In its review of the overall health program for this year, staff directed GCG Financial, the Village's insurance consultant, to conduct a review of the vision program to identify cost efficiencies. As a result of this review GCG is recommending that the Village move its vision program to TruAssure Insurance Company, a subsidiary of Delta Dental Plan of Illinois (the Village's current dental program claim administrator). GCG indicates that moving the Village's vision program to the TruAssure program would enable the Village to capture savings realized through the EyeMed discounts. The TruAssure proposed premiums for 2009 are \$45,000, a \$16,000 savings over 2008 premium costs.
- *Stop Loss Coverage* - As a partially self-funded health plan, the Village of Downers Grove purchases specific stop loss coverage to limit the financial exposure to the Village. Specific stop loss coverage provides insurance for catastrophic medical claims of participants in the Village's group health care plan, which is open to eligible employees and retirees. Specific stop loss insurance also provides a point at which time the insurance company becomes responsible for any claims after an individual insured reaches the pre-determined limit in the contract year.

As part of the annual bidding process, staff directs the Village's consultant, GCG Financial, to recommend to the Village the most appropriate attachment point for the Village's group. To make this determination, GCG reviews specific claim data on the Village's group and determines if it is cost effective for the Village to take on additional claim exposure. This year GCG Financial determined that it would be beneficial for the Village of Downers Grove to move from a \$100,000 level to a \$125,000 level. For the 2009 plan year, GCG Financial has recommended that the Village of Downers Grove contract with Unimerica/OptumHealth as the low responsible bidder. Unimerica's proposed contract has an annual premium of \$386,241 which represents a 14% decrease over last year's cost.

- *Employee Assistance Program* – An Employee Assistance Program (EAP) is a confidential service which provides assistance to employees and/or family members who might be experiencing some type of personal problem. The Village of Downers Grove has provided this benefit to Village employees since 1990, utilizing the services of Creative Care Management (CCM). The current 2008 contract with CCM is at an annual cost of \$14,900 and CCM is proposing a cost of \$15,200 which is an approximate 2% increase. Based on the solid working relationship the Village has had with Creative Care, along with the high level of utilization and their strength in the area of medical case management, the Village's insurance consultant, GCG Financial, is recommending that the Village renew its contract with Creative Care for one additional year.
- *Dental* – The Village of Downers Grove provides employees with a dental program which is currently administered by Delta Dental Plan of Illinois. Under this program employees have the flexibility of utilizing PPO network providers where services are received at discounted rates and benefits are primarily paid in full, or going out-of-network and receiving coverage that is less comprehensive. Alternative bids for this service were not obtained this year as this process was conducted in 2007. Current 2008 costs for administration of this program are at \$19,200 and Delta Dental is proposing a

2.1 % decrease in administrative fees. This decrease would equate to an annual administrative cost of \$18,800 and would be guaranteed through December 31, 2010.

In addition to the decrease in administrative fees, it is important to note the positive results of the change that was made to the Dental Program in January 2008. Last year the Village's insurance consultant, GCG Financial, conducted a review of the overall dental program to identify cost efficiencies. Previous to 2008 the Village of Downers Grove had two separate dental programs, a PPO program administered by Delta Dental Plan of Illinois and a "traditional" program administered by Professional Benefit Administrators. As a result of GCG's review, it was recommended that the Village combine the traditional dental program with Delta Dental. Additionally, GCG recommended that the agreement with Delta Dental be modified to include both the Delta PPO provider network and the Delta Premier Network. By combining the two dental plans, dental plan participants would gain greater access to in-network providers, which would enable the Village to capture savings realized through provider discounts and it was anticipated that there would be an approximate savings of \$40,000 by making this modification. With ten months of claim experience now behind us, staff is pleased to note that making this change has resulted in actual claim savings of \$66,000.

- *Claims Administration* - The Village of Downers Grove contracts with a third party claim administrator (TPA) to administer the Village's self-funded medical program. Under the umbrella of the TPA contract are pre-certification and medical case management services, PPO services, and Section 125 flexible benefit claim administration services. Added components of the medical program are administration of the prescription drug program and the VEBA health savings plan. The Village's current 2008 contract for medical claim administration is with Professional Benefit Administrators (PBA), prescription drug services are provided by DrugCard Inc. and VEBA administration is provided by America's VEBA Solution/Genesis Employee Benefits. The total 2008 costs for these services are at \$140,000. Alternative quotes for these services were obtained last year by GCG Financial, the Village's insurance consultant, and therefore, staff did not direct GCG to conduct this process for 2009. Costs for 2009 are anticipated to be at \$141,000 which is less than a 1% increase over 2008 costs.

It is staff's consensus after working with these companies that service received continues to be satisfactory. In addition to processing claims in an expedient and accurate manner, customer service representatives are readily available to answer questions regarding claim issues/problems and these are resolved quickly and professionally. Based on the solid working relationship the Village continues to have with PBA, DrugCard and America's VEBA and the modest increase in fees, GCG Financial is recommending that the Village of Downers Grove renew these services for plan year 2009.

- *Life, Accidental Death / Dismemberment and Long-term Disability Insurance* - The Village of Downers Grove provides term life, accidental death and dismemberment (AD&D) and long term disability (LTD) coverage to eligible Village personnel. Life/AD&D benefits are also offered to eligible employees of the Downers Grove Park District, the Downers Grove Library and the Economic Development Corporation with all of these entities being responsible for 100% of the premium costs for their respective groups. Village retirees also are offered coverage (life only) at a level of \$15,000 with coverage reducing as the retiree matures and coverage completely terminating at the age of 75. Village retirees are also responsible for contributing 100% of their premium costs.

The Village's current 2008 contract for life/AD&D and LTD coverage is with National Insurance Services at an annual cost of \$139,000. While alternative quotes were obtained for this product last year, staff directed the Village's consultant, GCG Financial, Bannockburn, Illinois to obtain alternative quotes for these services again this year. This was due primarily to the fact that in 2009 there will be a significant increase in the actual volume of life/AD&D coverage due to bargaining unit contract stipulations and a significant increase in premiums was anticipated because of this change.

National Insurance Services continues to provide the most competitive quote and premiums for 2009 represent an 18% decrease over those paid in 2008, totaling \$117,500.

- *Discounts on Medical Services* - The Village of Downers Grove contracts with Advocate Health Partners to secure discounts on services provided at Good Samaritan Hospital in Downers Grove. This is a unique agreement, negotiated by the Village's insurance consultant, GCG Financial. Under the agreement, the Village receives 45% savings on inpatient charges and 25% savings on outpatient charges through Good Samaritan's facility. These discounts are higher than those received should the Village utilize Good Samaritan services through PHCS, the Village's current PPO provider. To provide incentive to utilize Good Samaritan, Village employees receive 100% coverage (after deductible) on Good Samaritan facility charges. The plan is able to provide this level of coverage as the savings realized through the discounts offset the higher level of coverage. Advocate Health Partners benefits from this agreement through the increased number of patient services at Good Samaritan Hospital. This is an agreement that benefits both the Village of Downers Grove and Advocate Health Partners and the recommendation of GCG Financial would be to continue this agreement. There is no charge to the Village for this agreement and in 2008 the Village's health fund realized a savings of \$318,000 and anticipates the same or greater in 2009.

ATTACHMENTS

TruAssure Insurance Company Contract and Resolution
Unimerica / Optum Insurance Company Contract and Resolution
Employee Assistance / Managed Behavioral Healthcare Service Agreement
Delta Dental Renewal Letter and Resolution
PBA Renewal Letter and Resolution
Genesis (VEBA) Fee Increase Letter and Resolution
DrugCard Renewal Letter and Resolution
National Insurances for Life
Letter of Extension - Advocate Health Partners and Resolution

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF A GROUP VISION CONTRACT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND TRU ASSURE**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the form and substance of a certain Agreement (the ~~A~~Agreement~~@~~), between the Village of Downers Grove (the ~~A~~Group Subscriber~~@~~) and TruAssure (the ~~A~~TruAssure” or “Company”), for an employee vision insurance program, as set forth in the form of the Agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Village Manager and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk

Employer's Application for Group Benefits

TruAssure Insurance Company ("TruAssure") is unable to accept this document with any changes, cross-outs, white-outs, etc., unless the person signing the application initials those changes. Group acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance.

Application will be considered after TruAssure receives:

- A completed group application form. **Please be sure to complete all applicable sections;**
- A deposit check for the first month's premium;
- A copy of the proposal outlining the selected benefits or a Group Benefit Request Form; and
- Completed enrollment forms. (For those employees waiving coverage, enrollment forms must be submitted and must indicate that they are waiving coverage.) Enrollment forms may not be required if some other eligibility reporting method is arranged in advance.

IMPORTANT: Coverage will not be effective until you receive written notification from TruAssure.

TruAssure
INSURANCE COMPANY

801 Ogden Avenue Lisle, IL 60532 ♦ (630)-964-2400 ♦ (800)-414-4988

GROUP INFORMATION

Employer (legal name): Village of Downers Grove

Subsidiaries/Affiliates' Legal Name (if applicable): Downers Grove Park District; Downers Grove Library; Downers Grove Economic Development Corporation

Contracting Address:* 801 Burlington Ave.

Downers Grove, IL 60515

Phone: (630) 434 - 5538 Fax: (630) 434 - 5484

*The applicant must be domiciled in Illinois or have a bona fide situs in Illinois. The policy will only be issued to this Illinois address.

Contact Information*:
Group Administrator: Village of Downers Grove - Main Contact: Mary LaLonde

Title: Benefits Coordinator

Phone (if different than above): () _____

E-mail: mlalonde@downers.us

Billing Contact: Madeline Hood - GCG Financial

Title: _____

Phone (if different than above): (847) 457 - 3096

E-mail: madeline.hood@gcgfinancial.com

Address: 3000 Lakeside Dr., Ste. 200 South, Bannockburn, IL 60015

Eligibility Contact: Mary LaLonde

Phone (if different than above): (630) 434 - 5538

SIC Code: _____ Nature of Business: Municipality
(If manufacturing, please specify principal type of product)

Date Business Started: _____ Type of Business _____
(Corporation, Partnership, LLC, Sole Proprietorship, Association, Other)

Requested effective date of coverage: 1/01/09
IMPORTANT: Coverage will not be effective until you receive written notification from TruAssure.

EMPLOYEE CLASSIFICATION

Employee Class Description (if applicable)
Class 1 _____ Class 2 _____
Class 3 _____ Class 4 _____
Class 5 _____ Class 6 _____

TAIC GRP APP (V-L-STD) 2 Initial to approve this page _____

TRUASSURE VISION COVERAGE

Group Vision Coverage **Group Voluntary Vision Coverage**

The eligibility waiting period for a person who becomes eligible after the effective date of the employer's vision plan is:

- On the date of employment.
- Following _____ days of employment.
- On the first of the month following the date of employment.
- On the first of the month following 30 days of employment.
- Other: _____

Eligible person means: (check all that apply)

- A full-time employee of the contracting employer who is regularly scheduled to work a minimum of 40 hours per week and who is on the permanent payroll of the employer.
- A full-time employee of the contracting employer who is enrolled in the employer's medical or dental plan. An employee's coverage shall terminate if s/he is no longer enrolled in the employer's medical plan. Coverage of an employee's dependents shall also terminate at that time.
- A full-time member of the contracting union or association.
- Domestic Partners. (If eligible, please attach the employer's definition of domestic partner.)
- A retiree of the employer. (Please attach employer's definition of a retiree.)
- Other: Part-time employees who work 1000 hours or more per year.

Coverage for an employee who ceases to meet the definition of eligible person is terminated:

- On the date such person ceases to meet the definition of eligible person.
- The last day of the calendar month in which such person ceases to meet the definition of eligible person.

Limiting Age:

The limiting age for covered unmarried dependent children is 19 to 24 if a full-time student.

- Coverage is terminated on the birthday (standard).
- Coverage is terminated on the last day of the calendar month in which the limiting age is reached.

Funding Information

The employer contributes:

- 3.80 % or \$ of the cost of the employee's vision insurance
- _____ % or \$ of the cost of one dependent's (3-tier rates) or spouse's (4-tier rates) vision insurance
- _____ % or \$ of the cost of child(ren) (4-tier rates) vision insurance
- 10.63 % or \$ of the cost of family vision insurance

Total number of eligible employees 395 Total number of eligible family units 262

Are all full-time employees eligible for this plan? Yes No

If no, please specify any classes not eligible: _____

Number of eligible employees not working at the above address _____ Please specify location(s): _____

Previous vision carrier: Self-funded with Professional Benefit Administrators acting as third party claim administrator.

The following are the monthly premium rates, which are to be paid monthly by the employer to TruAssure for the duration of the contract term (complete all that apply):

Employee Vision Coverage	\$ 4.37
Employee plus Spouse or One Dependent's Vision Coverage	\$ N/A
Employee plus Child(ren) Vision Coverage	\$ N/A
Employee plus Family Vision Coverage	\$ 12.22

Rates guaranteed from 1/1/09 to 12/31/09

TRUASSURE LIFE INSURANCE COVERAGE

- Group Term Life Coverage**
(AD&D included for groups of 5-50 eligibles)
- Voluntary Group Term Life Coverage**
(AD&D included for groups of 10-50 eligibles)
- Accidental Death & Dismemberment (AD&D) Coverage**
(Only offered with Group Term Life)
- Voluntary AD&D Coverage**
(Only offered with Voluntary Group Term Life)
- Group Dependent Term Life Coverage**
(Only offered with Group Term Life)
- Voluntary Group Dependent Term Life Coverage**
(Only offered with Voluntary Group Term Life)

The eligibility waiting period for a person who becomes eligible after the effective date of the employer's group term life plan is:

- On the date of employment. Applies to Class(es): _____
- Following _____ days of employment. Applies to Class(es): _____
- On the first of the month following the date of employment. Applies to Class(es): _____
- On the first of the month following _____ days of employment. Applies to Class(es): _____
- Other: _____

Eligible person means: (check all that apply)

- A full-time employee of the contracting employer who is regularly scheduled to work a minimum of _____ hours per week and who is on the permanent payroll of the employer.
- A full-time member of the contracting union or association.
- Domestic Partners. (If eligible, please attach the employer's definition of domestic partner).
- A retiree of the employer. (If eligible, please attach employer's definition of a retiree.)
- Other: _____

Coverage for an employee who ceases to meet the definition of eligible person is terminated:

- On the date such person ceases to meet the definition of eligible person.
- The last day of the calendar month in which such person ceases to meet the definition of eligible person.

Limiting Age (Dependent Life Coverage Only):

The limiting age for covered unmarried dependent children is _____; age _____ if a full-time student.

- Coverage is terminated on the birthday (standard).
- Coverage is terminated on the last day of the calendar month in which the limiting age is reached.

Funding Information:

The employer contributes:

_____ % or \$ _____ of the cost of the employee's group term life insurance
 _____ % or \$ _____ of the cost of the employee's AD&D insurance
 _____ % or \$ _____ of the cost of the dependent's group term life insurance

Total number of eligible employees _____ Total number of eligible family units _____

Are all full-time employees eligible for this plan? Yes No

If no, please specify any classes not eligible: _____

Program based on _____ % of employee enrollment.

Previous group term life insurance carrier: _____

The following are the initial monthly premium rates which are to be paid monthly by the employer to TruAssure for the duration of the contract term (complete all that apply):

Group Term Life Coverage (per \$1000 of benefit)	\$
AD&D Coverage if not included in Base Life rate (per \$1000 of benefit)	\$
Voluntary Dependent Spouse Coverage	Please attach quoted table
Dependent Base Life - Child(ren) or Non-Voluntary Dependent Base Life - Family	\$

Rates guaranteed from _____ to _____

TRUASSURE SUPPLEMENTAL TERM LIFE INSURANCE COVERAGE

N/A

- Group Supplemental Term Life Coverage**
(Only offered with Group Term Life. AD&D included for groups of 5-50 eligibles)
- Group Supplemental Accidental Death & Dismemberment Coverage**
(Only offered with Group Supplemental Term Life)
- Group Supplemental Dependent Term Life Coverage**
(Only offered with Group Supplemental Term Life and Base Dependent Life Coverage)

Are all group term life enrollees eligible for this plan? Yes No

If no, please specify any classes not eligible: _____

The following are the initial monthly premium rates, which are to be paid monthly by the employer to TruAssure for the duration of the contract term (complete all that apply):

Group Supplemental Term Life Coverage (per \$1000 of benefit)	Please attach quoted table
Group Supplemental Accidental Death & Dismemberment, if not included in Supplemental Base Life rate (per \$1000 of benefit)	\$
Group Supplemental Dependent Term Life Coverage - Spouse	Please attach quoted table
Group Supplemental Dependent Term Life Coverage - Child(ren)	\$

Rates guaranteed from _____ to _____

TRUASSURE SHORT TERM DISABILITY (STD) INSURANCE COVERAGE

N/A

- Group Short Term Disability Coverage**
- Voluntary Group Short Term Disability Coverage**

The eligibility waiting period for a person who becomes eligible after the effective date of the employer's group short term disability plan is:

- On the date of employment. Applies to Class(es): _____
- Following _____ days of employment. Applies to Class(es): _____
- On the first of the month following the date of employment. Applies to Class(es): _____
- On the first of the month following _____ days of employment. Applies to Class(es): _____
- Other: _____

Eligible person means: (check all that apply)

- A full-time employee of the contracting employer who is regularly scheduled to work a minimum of _____ hours per week and who is on the permanent payroll of the employer.
- A full-time member of the contracting union or association.
- A retiree of the employer. (Please attach employer's definition of a retiree.)
- Other: _____

Coverage for an employee who ceases to meet the definition of eligible person is terminated:

- On the date such person ceases to meet the definition of eligible person.
- The last day of the calendar month in which such person ceases to meet the definition of eligible person.

Funding Information:

The employer contributes _____ % or \$ _____ of the cost of the employee's STD insurance

Total number of eligible employees _____

Are all full-time employees eligible for this plan? Yes No

If no, please specify any classes not eligible: _____

Program based on _____ % of employee enrollment.

Previous short term disability insurance carrier: _____

The following is the initial monthly premium rate, which is to be paid monthly by the employer to TruAssure for the duration of the contract term:

Group Short Term Disability Coverage (per \$10 of benefit)	\$ _____
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Rate guaranteed from _____ to _____

AGENT/CONSULTANT INFORMATION

Agent/Consultant Name: Catherine Loney

Agency Name: GCG Financial

Address: 3000 Lakeside Dr., Ste. 200 South, Bannockburn, IL 60015

Phone: (847) 457-3077 Fax: (847) 457-3146

Email: catherine.loney@gcgfinancial.com

Agent Signature: Catherine Weidler-Loney Date 11-5-08

EMPLOYER STATEMENT

To the best of your knowledge and belief, is any employee or dependent (including spouse) proposed for coverage disabled, unable to work or not at work because of a current or approaching hospital confinement, leave of absence or are otherwise incapacitated?
 No Yes If yes, please provide each person's name and status: _____

The undersigned certifies that s/he is authorized to apply for coverage in the selected benefits on behalf of the named employer ("applicant") and to sign this application. By signing this application, the applicant understands that no coverage is in force until the applicant receives written notice of approval by TruAssure and the required premium has been received. TruAssure does not guarantee approval of this application or issuance of coverage(s).

In making this application to TruAssure for benefits under this program, the applicant agrees and understands this application will become part of the Contract executed by an authorized officer of TruAssure. The applicant represents and warrants that all the information contained in this application is true and correct. *Misrepresentation of submitted data will cause this application and subsequent contract to be null and void.*

It is agreed that the coverage requested is subject to the approval of TruAssure and that no agent or representative has authority to make or modify this application for coverage. Once approved by TruAssure, the applicant understands that coverage will not be effective until the eligibility data, in a format agreed to by the parties, has been received. The applicant understands that the rates quoted under the selected programs are based upon meeting and maintaining the eligibility requirements and should participation fall below those requirements, TruAssure, at its discretion, may re-rate or terminate the account.

I certify that the applicant has met all requirements contained within this application.

Name: DAVID FELDMAN

Title: VILLAGE MANAGER Date: 11/4/08

Signature: [Signature]

N/A



801 Ogden Avenue
Lisle, IL 60532

GROUP BENEFIT REQUEST FORM

This Group Benefit Request Form will become part of your Employer's Application for Group Benefits.

New Group Existing Group Number _____

Group Name: _____

Requested Effective Date: _____

Coverage provided for Term Life (including Supplemental and Voluntary) and Accidental Death and Dismemberment (including Supplemental and Voluntary) during temporary lay-off or approved leave of absence for the following period:

Not Provided 3 months Other _____

~~TRUASSURE GROUP TERM LIFE INSURANCE COVERAGE (Employee Only)~~

Please specify the benefits requested or attach a copy of your quoted benefit plan. Accidental Death & Dismemberment (AD&D) Coverage in an amount equal to the base life amount is automatically included for groups with less than 51 eligible employees.

Non-voluntary: Flat amount of \$ _____ or _____ times salary AD&D _____ times base life amount

Class Plan:	Class 1:	Amount of \$ _____	or	_____ times salary	AD&D _____	_____ times base life amount
	Class 2:	Amount of \$ _____	or	_____ times salary	AD&D _____	_____ times base life amount
	Class 3:	Amount of \$ _____	or	_____ times salary	AD&D _____	_____ times base life amount
	Class 4:	Amount of \$ _____	or	_____ times salary	AD&D _____	_____ times base life amount
	Class 5:	Amount of \$ _____	or	_____ times salary	AD&D _____	_____ times base life amount
	Class 6:	Amount of \$ _____	or	_____ times salary	AD&D _____	_____ times base life amount

Age Reduction: Coverage is reduced by 35% at age 65 and by 15% at age 70 Other _____

AD&D: 24 Hour (Occupational) Other (Non-Occupational) _____

Other: _____

~~TRUASSURE GROUP TERM DEPENDENT LIFE INSURANCE COVERAGE~~

Please specify the benefits requested or attach a copy of your quoted benefit plan. Not all benefit options may be available to your group.

Non-voluntary (Spouse/Child): \$2,000/\$1,000 \$5,000/\$2,000 \$7,500/\$3,000
 \$10,000/\$4,000 \$15,000/\$6,000 \$25,000/\$10,000 Other _____

Voluntary Spouse: \$100,000 maximum benefit Other _____

Voluntary Child: \$2,500 \$5,000 \$7,500 \$10,000 Other _____

Other: _____

~~TRUASSURE SUPPLEMENTAL TERM LIFE INSURANCE COVERAGE~~

Please specify the benefits requested or attach a copy of your quoted benefit plan. Not all benefit options may be available to your group.

Supplemental Spouse: Maximum benefit is 50% of employee's total coverage Other _____

Supplemental Child: \$2,500 \$5,000 \$7,500 \$10,000 Other _____

~~TRUASSURE SHORT TERM DISABILITY (STD) INSURANCE COVERAGE~~ N/A

Please specify the benefits requested or attach a copy of your quoted benefit plan. Not all benefit options may be available to your group.

Level benefit of \$ _____ per week to a maximum of _____ % per week

OR

Salary benefit of _____ % of earnings to a maximum of \$ _____ per week

Class Plan: Class 1: Amount of \$ _____ per week

Class 2: Amount of \$ _____ per week

Class 3: Amount of \$ _____ per week

Class 4: Amount of \$ _____ per week

Class 5: Amount of \$ _____ per week

Class 6: Amount of \$ _____ per week

Benefit Duration: 13 weeks 26 weeks 52 weeks 104 weeks Other _____

Benefit Waiting Periods:

Accident: 1 day 8 days 15 days 30 days Other _____

Sickness: 8 days 15 days 30 days Other _____

Survivor Benefit: *Included*

First Day Hospital Confinement: Yes No Partial Disability: Yes No

Pregnancy: Yes No (Included for groups with more than 15 covered lives)

Pre-existing Conditions: Ineligible if condition treated 6 months prior to coverage. Benefits are available for that condition after 12 months Other _____

Other: _____

The Employer understands and agrees that this request is subject to acceptance by TruAssure and coverage will not become effective until the Employer has received written notification from TruAssure.

N/A

Signature of Employer Representative _____ Date _____

Complete Vision Care Plan

Vision Care Services	In-Network Member Cost	Out-of-Network Allowance
Exam with Dilatation as Necessary:	\$10 Copay	\$35
Contact Lens Fit & Follow-up: (Available once a comprehensive eye exam has been completed)		
Standard*	\$0 Copay, Paid-in-full fit and two follow-up visits	\$40
Premium**	\$0 Copay, 10% off retail price, then apply \$55 allowance	\$40
Frames: (Any available frame at provider location)	\$100 allowance, 20% off balance over \$100	\$50
Standard Plastic Lenses:		
Single Vision	\$25 Copay	\$25
Bifocal	\$25 Copay	\$40
Trifocal	\$25 Copay	\$55
Lens Options:		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% discount off retail price	N/A
Contact Lenses: (Contact lens allowance covers materials only)		
Conventional	\$0 Copay, \$80 allowance, 15% off balance over \$80	\$64
Disposable	\$0 Copay, \$80 allowance, plus balance over \$80	\$64
Visually Required	\$0 Copay, Paid-in-Full	\$200
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	

*Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include, but are not limited to, disposable, frequent replacement, etc.)

**Premium Contact Lens Fitting - all lens designs, materials and specialty fittings, other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

Additional Discounts

Member will receive a 20% discount at network Providers on items not covered by the plan. This discount may not be combined with any other discounts or promotional offers and the discount does not apply to contact lenses or a TruAssure Provider's professional services. Retail prices may vary by location.

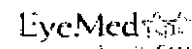
Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.truassure.com. The contact lens benefit allowance is not applicable to this service.

LASIK or PRK: TruAssure members can receive a discount of 15% off retail price or 5% off promotional price from select providers. Please contact TruAssure at www.truassure.com or 800-414-4988 for a current list of LASIK/PRK providers.

The proposed rates assume that the employer is offering a Delta Dental of Illinois dental benefit. Rates are based on the employer contributing at least 75% of the vision care premium or the employer offering the Delta Dental benefit plan and the TruAssure vision care plan as a package. All of our standard processing policies, limitations and exclusions apply.		
One Year Rate Guarantee	Single	\$ 4.37
	Family	\$12.22

This TruAssure vision care plan is administered by EyeMed Vision Care.



RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF
AN EXCESS LOSS INSURANCE POLICY
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND UNIMERICA INSURANCE COMPANY**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the form and substance of a certain Excess Loss Insurance Policy (the “Policy”),
between the Village of Downers Grove (“Policyholder”) and Unimerica Insurance Company (“Company”),
for stop loss insurance coverage, as set forth in the form of the Policy submitted to this meeting with the
recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and
on behalf of the Village to execute, attest, seal and deliver the Policy, substantially in the form approved in
the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and
directed to take such further action as they may deem necessary or appropriate to perform all obligations and
commitments of the Village in accordance with the provisions of the Policy.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are
hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided
by law.

Mayor

Passed:

Attest: _____
Village Clerk

Subsequent Policy Period Offer



Employer: VILLAGE OF DOWNERS GROVE
 Effective Date: JANUARY 01, 2009
 Stop Loss Carrier: UNIMERICA INSURANCE COMPANY
 Life Carrier:
 Producer: KAREN BERG-RAFTAKIS
 Underwriter: BRANNON, ROBERT
 Sales Reps: KENNETH MCLENNAN
 Date: 10/07/2008

SPECIFIC COVERAGE		Option 1	Option 2
Specific Deductible Amount		\$100,000	\$125,000
Specific Maximum		\$2,000,000	\$2,000,000
EMPLOYEE	212	\$51.87	\$39.94
FAMILY	270	\$114.09	\$87.85
Total Lives/Annual Premium	482	\$501,608.88	\$386,241.36
Benefits Covered		MED/RX	MED/RX
Specific Contract Basis		48/12	48/12

CONDITIONS AND ASSUMPTIONS

- Specific Accommodation Reimbursement is available at no additional cost.
- This offer directly reflects commission of 5 %. Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this offer.
- Assumes CURRENT plan design as stated in Plan Document.
- Assumes the plan will have PPO: PHCS Case Manager: REQUIRED TPA: PBA
- Retirees ARE covered for medical benefits.
- The Subsequent Policy Period Offer is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this offer can void the offer and coverage.
- This Offer includes access to the OptumHealth Care Solutions network. Access is included to the Centers of Excellence Networks for transplants, cancer, kidney disease and other complex medical conditions. With a pre-qualified service at a Center of Excellence Network Facility the covered person's specific deductible will be reduced 15% the Policy Period the benefit is paid by the Plan.
- In executing this form, the employer or its authorized representative, is acknowledging acceptance of the new rates, factors and terms. The employer or its authorized representative further acknowledges that all material facts, terms and conditions stated in the employers plan document and the Policy/Agreement remain unchanged and in full force and effect, unless noted above.
- This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.

National Benefit Resources (NBR) is now OptumHealth Specialty Benefits – Optimizing Health and Well-Being

Until we obtain the signed Subsequent Policy Period Offer, the rates and factors are subject to change as additional information is received. This Offer is valid for the stated effective date noted above provided the employer or it's authorized representative elects one of the above options, signs the acknowledgment and we receive the completed Offer by 10/30/2008.

Circle Coverages & Options Elected	Signature: <i>[Handwritten Signature]</i>
Dated:	Title: <i>Village Manager</i>

Contingent upon Village Council approval scheduled for Dec 9 2008

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF A
CONTRACT BETWEEN THE VILLAGE OF DOWNERS GROVE
AND CREATIVE CARE MANAGEMENT, LTD.**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the form and substance of a certain Agreement (the “Agreement”), between the Village of Downers Grove (“Downers Grove”) and Creative Care Management, Ltd. (“CCM”), for an employee assistance/managed behavioral healthcare service program, as set forth in the form of the agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____

Village Clerk



Creative Care Management

EMPLOYEE ASSISTANCE/MANAGED BEHAVIORAL HEALTHCARE SERVICE AGREEMENT

THIS AGREEMENT, made and entered into this 1st day of January, 2009, by and between CREATIVE CARE MANAGEMENT, LTD. hereinafter referred to as "CCM", and the VILLAGE OF DOWNERS GROVE hereinafter referred to as "DOWNERS GROVE."

CCM hereby agrees to provide Employee Assistance Program, hereinafter referred to as "EAP", to DOWNERS GROVE on the terms and conditions contained in this Agreement. No other terms or conditions, express or implied shall affect this Agreement, except as agreed in writing, signed by the parties hereto.

It is acknowledged and understood by the parties hereto that the EAP to be provided must of necessity be flexible in order to meet the needs of DOWNERS GROVE and the individual employees for whom the EAP is designed and implemented. CCM warrants that its work will conform to the highest professional standard in the field.

CCM has designed the EAP to provide employers with comprehensive programs to control and reduce personnel costs by:

- a) training DOWNERS GROVE'S managerial and supervisory personnel to recognize and identify employees who are need of, and would benefit from, the EAP;
- b) training DOWNERS GROVE's managerial and supervisory personnel in the implementation of such on-the-job programs as will best accomplish the goals of both DOWNERS GROVE and its employee(s);
- c) guiding, counseling and assisting DOWNERS GROVE's employees, whether referred by the DOWNERS GROVE or by voluntary act of such employee(s), to assess problem areas and recommend a course of treatment in order to restore their capability to perform their jobs at an acceptable level of performance;

- d) orienting DOWNERS GROVE's employee population about the EAP and how they can use the service.
- e) providing full-time employees pre-certification/assessments and on-site utilization review by a CCM service team for outpatient mental health and substance abuse services as well as facility based care.
- f) referring full-time employees to PHCS referral network in order to achieve discounted Services to Downers Grove and thereby obtain an overall health savings cost to Downers Grove.
- g) providing in-office clinical assessment and short-term appropriate counseling (1 – 8 sessions) for potential recipients who have requested or been directed to obtain Services.
- h) providing internet-based Enhanced Worklife Services
- g) providing ten(10) hours organizational assistance, including wellness seminars/ customized training
- h) providing twenty-four hour, seven days a week emergency services

The effectiveness of the EAP is directly dependent upon the cooperation of DOWNERS GROVE with CCM in operating the EAP within the dictates of DOWNERS GROVE's personnel needs and goals. Therefore, DOWNERS GROVE agrees to cooperate fully with CCM in the operation and management of the EAP.

The EAP is designed to provide employees and their families with assistance, counseling, and referral to qualified professional diagnostic and treatment facilities for such conditions as alcoholism, drug abuse, and personal problems, including marital, financial, legal, and other problems.

II. MANAGEMENT AND MAINTENANCE OF THE EAP

1. CCM will confer with DOWNERS GROVE to develop policies and procedures relative to the operation of EAP. CCM will advise DOWNERS GROVE on how to publicize the EAP to supervisors, union officials and to all employees and their immediate families.
2. CCM will provide specific assistance to DOWNERS GROVE employees and members of their immediate families who have been referred to EAP or who request such services of their own volition. CCM and DOWNERS GROVE will adopt safeguards to ensure that EAP

counseling is conducted in a manner that will preserve the privacy of DOWNERS GROVE employees and their families. Communications between CCM personnel and DOWNERS GROVE's employees shall remain confidential, except as specifically waived in writing by the individual employee.

3. CCM will counsel and encourage DOWNERS GROVE employees to proceed with a course of assistance by referring the individual to clinical or support organizations and medical professionals.

4. CCM will remain cognizant of DOWNERS GROVE's insurance benefits program in order that it can advise employees as to the possible coverage thereunder of services by such organizations or professionals. CCM will examine the accreditation of the organizations and professionals to which it refers employees so as to ensure, as much as possible, medical expense reimbursement under health or medical insurance policies.

5. CCM will provide such follow-up procedures as are necessary to monitor referred employees' adherence to the agreed course of treatment. CCM will make progress reports to DOWNERS GROVE on employees referred to EAP, but such reports will respect the employees' right to confidentiality, and will be limited to reporting as to whether or not the employee is cooperating with the treatment program.

6. CCM will prepare semi-annual reports on the caseload activities of CCM, but such reports shall not jeopardize the rights of confidentiality of the employees or their families.

7. Services requested by DOWNERS GROVE which are beyond the scope of this Agreement shall be compensated in accordance with Section VII (FEES AND RETAINER) of this Agreement, or as otherwise agreed in writing between the parties.

III. CONFIDENTIALITY OF AGREEMENT AND EMPLOYER COMMUNICATIONS

1. CCM agrees that it will not, without prior written consent of DOWNERS GROVE ,
 - a) reveal any information concerning the terms of this Agreement;

- b) reveal any proprietary information about DOWNERS GROVE , its officers, staff, management, operations, products, services, or customers, or any other confidential information to any person or organization to or for whom such information is not necessary in connection with the performance of this Agreement;
- c) release any publicity or advertising concerning this Agreement, except that DOWNERS GROVE hereby permits and authorizes CCM to list DOWNERS GROVE's name as a representative client in proposals to prospective clients.

2. DOWNERS GROVE acknowledges and understands that the confidentiality, and the expectation of confidentiality, of communications between employee(s) and CCM personnel is essential to the success of the EAP, and therefore agrees that it will not request CCM to reveal information regarding any such communications, and further agrees that it will not request or attempt to compel any such employee to reveal information regarding such communications. Any violation of this paragraph 2 shall not be construed to limit or prevent CCM from reporting as to whether or not the employee is cooperating with the treatment program, as referred to in paragraph II (5) above.

3. Notwithstanding anything in this Section III to the contrary, CCM and DOWNERS GROVE may reveal the contents of this Agreement in the normal course of business to their banks, financial institutions, and insurance companies, without prior notice or approval.

IV. NON-LIABILITY OF CCM

CCM shall not be responsible for, and assumes no liability for, any acts of negligence, incompetence, or professional malfeasance or malpractice, whether by commission or omission, of any organization, agency, entity, or licensed professional to which or to whom any individual is referred by CCM. CCM hereby warrants that it has investigated the credentials, licenses, and qualifications of such organizations and professionals, and finds them to be satisfactory.

CCM agrees to maintain at its own expense Professional Liability Insurance coverage in the amount of \$2,000,000 and General Liability Insurance in the amount of \$2,000,000 during the term of this agreement with insurers and under forms of policies satisfactory to DOWNERS GROVE. CCM further agrees to maintain at its own expense Workers Compensation Insurance in statutory amounts. The certificate shall provide that any insurance company issuing a policy for the work under this agreement shall provide not less than 15 days advance notice in writing

to DOWNERS GROVE prior to cancellation, termination, or material change of any policy of insurance.

CCM agrees to indemnify and hold DOWNERS GROVE harmless for all claims for damages arising out of the performance of this agreement due to the negligence of CCM, its officers, agents, employees or independent contractors. The Indemnification shall include attorney's fees and costs of litigation.

V. GOVERNING LAWS

This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois.

VI. FEES AND RETAINER

In consideration of the performance of the services described herein in accordance with the conditions, terms, and provisions contained in this Agreement, DOWNERS GROVE agrees to pay CCM a fee of \$3.43 per employee per month for full-time and part-time employees for the entire term of this Agreement. This fee will be payable in semi-annual installments, the first installment due no later than 30 days from the effective date. Two weeks prior to due date of each installment, DOWNERS GROVE will provide an accurate count of eligible employees on the payroll for the purpose of calculating the retainer for the subsequent period of the contract.

Services requested by DOWNERS GROVE which are beyond the scope of this Agreement shall be compensated at the rate of two hundred fifty dollars (\$250.00) per hour.

Fees due to referral agencies, organizations, or professionals are the responsibility of the referred employee, and CCM assumes no liability therefore.

Counseling services rendered to ineligible employees (e.g. temporary and/or summer employment), and/or counseling services rendered beyond those specified in this Agreement at the request of DOWNERS GROVE will be charged at the rate of One Hundred dollars (\$100.00) per hour.

VII. TERM

The term of this Agreement shall be one (1) year commencing 1/01/09 and ending on 12/31/09 unless terminated by either party upon not less than 90 days prior written notice of the other party.

VIII. BRIBERY CERTIFICATION

CCM certifies that it has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has it made an admission of guilt of such conduct which is a matter of record.

IX. INDEPENDENT CONTRACTOR

All services provided by CCM pursuant to this Agreement shall be performed by CCM as an independent contractor, and neither CCM nor the DOWNS GROVE shall be considered as an agent of the other for any purpose.

CREATIVE CARE MANAGEMENT, LTD

VILLAGE OF DOWNS GROVE

By: _____

By: _____

Michael J. Davis

President

Title

Title

Date: _____

Date: _____

FEIN: 36-3179257

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF THE RENEWAL
OF AN ADMINISTRATIVE SERVICES CONTRACT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND DELTA DENTAL OF ILLINOIS**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the Village ("Village of Downers Grove") currently has an Administrative Services Contract with Delta Dental of Illinois ("DDIL"), for the administration of an employee group dental program for the 2008 calendar year.

2. That DDIL has agreed to renew said contract for administrative services for the 2009 and 2010 calendar years, pursuant to the attached Renewal Package ("Renewal").

3. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Renewal, substantially in the form submitted to this meeting, together with such changes as the Manager shall deem necessary.

4. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Renewal.

5. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

6. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk

November 11, 2008

Mary Lalonde
VILLAGE OF DOWNERS GROVE
801 Burlington Avenue
Downers Grove, IL 60515

RE: VILLAGE OF DOWNERS GROVE, Contract # 8338
Renewal Notification January 1, 2009

Dear Mary :

Enclosed is Delta Dental of Illinois' renewal package for VILLAGE OF DOWNERS GROVE. It includes your group's renewal rates and underwriting assumptions.

New Products

We are also expanding the products available to you. Delta Dental of Illinois is now offering **life and disability insurance** packages and **vision care plans** through TruAssure Insurance Company, a wholly owned subsidiary of Delta Dental of Illinois. A TruAssure vision care benefit gives enrollees access to a national, integrated network of both independent providers and leading optical retailers through EyeMed Vision Care's strong network. Enclosed is a TruAssure vision care plan quote for one of our most popular plans to give you an idea of how valuable the plan can be to your employees. **You can save up to 7% on your dental rate by adding qualifying TruAssure Vision, Life and Disability products.** If you would like additional information about TruAssure vision care plan or life and disability insurance plans, please do not hesitate to contact your broker or consultant .

Web Site

As a reminder, our web site, www.deltadentalil.com features the Subscriber Connection, where enrollees can:

- Find network dentists
- Check claim status
- Get contact information
- Retrieve benefit information
- Print EOBs (Explanation of Benefits)
- Print an ID card

I welcome the opportunity to meet with you to review this information. If you have any questions or would like to schedule a meeting to discuss your renewal, please do not hesitate to contact me. After you have reviewed the enclosed information, please indicate your acceptance of this renewal by signing and returning a copy of the signature page to us.

The entire Delta Dental of Illinois team values your business. We are honored that you selected us as your dental benefits carrier and we look forward to continuing our relationship for many years to come.

Sincerely,

Stacy Beitzel
Senior Account Executive
630-724-4042
sbeitzel@deltadentalil.com

cc: GCG Financial



Renewal Package

for

VILLAGE OF DOWNERS GROVE

Presented by:

**Stacy Beitzel
Senior Account Executive
Delta Dental of Illinois
801 Ogden Avenue
Lisle, IL 60532**

**Phone 630-724-4042
Fax 630-724-4242
Email sbeitzel@deltadentalil.com**

This renewal is for January 1, 2009 to December 31, 2010.

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, 801 Ogden Avenue, Lisle, IL 60532.

Delta Dental of Illinois
801 Ogden Avenue
Lisle, IL 60532

Proposed Renewal Self Insured

Delta Dental PPO With Delta Dental Premier "Safety Net"			
	Current Rate	Proposed Rate (2 YR)	Fee Change
Administration Fee	\$3.82	\$3.93	2.9%
Current Plan Funding Factors			
	Current Funding Factors	Recommended Funding Factors	% Change
Single	\$32.18	\$35.24	9.5%
Family	\$99.34	\$108.80	9.5%
Option 1 (TruAssure)			
	Current Rate	Proposed Rate (2 YR)	Fee Change
Administration Fee	\$3.82	\$3.73	-2.1%
	Current Funding Factors	Recommended Funding Factors	% Change
Single	\$32.18	\$35.24	9.5%
Family	\$99.34	\$108.80	9.5%

Underwriting Assumptions

1. The proposed renewal ASO fees will be in effect from: January 1, 2009 to December 31, 2010.
2. The projection is based on 141 singles and 278 families.

Projected Annual Incurred Claims:	\$401,950.00
Projected Annual Administration Fee:	\$19,763.96
Projected Annual Total Cost:	\$421,714.00
3. All of our standard processing policies, limitations and exclusions apply.
4. During the current experience period of January 1, 2008 to December 31, 2008, VILLAGE OF DOWNERS GROVE averaged 419 enrollees. If enrollment changes by more than 10% we reserve the right to revise our ASO fees.

5. Please acknowledge your acceptance of these terms and rates by signing below and returning this page. **You can fax this letter to 630-724-4242, or mail attn: Stacy Beitzel, Delta Dental of Illinois, 801 Ogden Avenue, Lisle, IL 60532.**

If we do not receive notification from you by December 1, 2008, Delta Dental of Illinois will assume you agree to the proposed ASO fees and renew your current dental benefit plan.

Current Plan _____ Option 1 (TruAssure) _____

AGREED AND ACCEPTED:

VILLAGE OF DOWNERS GROVE, Contract #8338

By: _____ Date: _____

Title: _____

Contact Sheet

For questions about your renewal, please contact:

Stacy Beitzel, Senior Account Executive
630-724-4042
fax 630-724-4242
sbeitzel@deltadentalil.com

Our Operations Specialists work directly with our groups. Each Operations Specialist will be able to 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 the following Operations Specialist:**

Erma McGahee
630-724-4068
fax 630-724-4268
emcgahee@deltadentalil.com

For supply requests, please go to our Web site at www.deltadentalil.com and select Supply Connection in the Employer section.

Your enrollees can reach Delta Dental of Illinois' Customer Service department by calling 1-800-323-1743.

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF
AN ADDENDUM TO AN AGREEMENT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND PROFESSIONAL BENEFIT ADMINISTRATION, INC.**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Addendum (the “Addendum”), between the Village of Downers Grove (the “Village”) and Professional Benefit Administration, Inc. (“PBA”), for health insurance claims administration and Flexible Benefit Program administration, as set forth in the form of the Addendum submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Addendum, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Addendum.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk

**ADDENDUM TO AN AGREEMENT BETWEEN THE VILLAGE OF
DOWNERS GROVE AND PROFESSIONAL BENEFIT ADMINISTRATORS, INC.**

The Village of Downers Grove, Illinois (the "Employer") and Professional Benefit Administrators, Inc. ("PBA") entered into a Claims Administration Agreement ("Agreement") for health insurance claims administration and Flexible Benefit Program administration effective January 1, 2008. Pursuant to the terms stated therein, the parties desire to extend the Agreement through 2009 and amend fees under the following terms:

1. All prior terms from the 2008 Agreement remain in full force and effect, except as specified below.
 - a. Pursuant to Section 6 (a) of the Agreement, the parties agree to extend the Agreement for a period of one (1) year through December 31, 2009.
 - b. That fees shall be amended pursuant to Exhibit A attached hereto.

VILLAGE OF DOWNERS GROVE

**PROFESSIONAL BENEFIT
ADMINISTRATORS, INC.**

By: _____
Ronald L. Sandack, Mayor

By: _____

Title: _____

Attest: _____
April Holden, Village Clerk

Attest: _____

Date: _____

Date: _____

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF AN ADDENDUM TO AN
AGREEMENT BETWEEN THE VILLAGE OF DOWNERS GROVE
AND GENESIS EMPLOYEE BENEFITS, INC.
d/b/a AMERICA'S VEBA SOLUTION**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the form and substance of a certain Addendum (the "Addendum") to an Agreement, between the Village of Downers Grove ("Adopting Employer & Plan Administrator") and Genesis Employee Benefits, Inc. d/b/a America's Veba Solution ("Plan Supervisor"), for administration of the an employee VEBA program, as set forth in the form of the Addendum submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Addendum, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Addendum.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk

**ADDENDUM TO AN AGREEMENT BETWEEN THE VILLAGE OF
DOWNERS GROVE AND GENESIS EMPLOYEE BENEFITS, INC.
d/b/a AMERICA'S VEBA SOLUTION.**

The Village of Downers Grove, Illinois between the Village of Downers Grove (“Adopting Employer & Plan Administrator”) and Genesis Employee Benefits, Inc. d/b/a America’s Veba Solution (“Plan Supervisor”) entered into an Administration Agreement (“Agreement”) for employee VEBA Program administration effective January 1, 2008. Pursuant to the terms stated therein, the parties desire to extend the Agreement through 2009 and amend fees under the following terms:

1. All prior terms from the 2008 Agreement remain in full force and effect, except as specified below.
 - a. Pursuant to Section VII (A) of the Agreement, the parties agree to extend the Agreement for a period of one (1) year through December 31, 2009.
 - b. That fees shall be amended pursuant to Exhibit A attached hereto.

VILLAGE OF DOWNERS GROVE

**GENESIS EMPLOYEE BENEFITS, INC.
d/b/a AMERICA'S VEBA SOLUTION**

By: _____
Ronald L. Sandack, Mayor

By: _____

Title: _____

Attest: _____
April Holden, Village Clerk

Attest: _____

Date: _____

Date: _____



Crosstown Woods Corporate Centre
10125 Crosstown Circle, Suite 170
Minneapolis, Minnesota 55344-3327

Telephone 952.653.4400
Toll-Free 888.308.8322
eFax 866.527.8317
www.americasVEBA.com

October 21, 2008

Catherine Loney

GCG Financial

RE: Village of Downers Grove

As you are aware, the US Postal Service increased the postage rates effective May 12, 2008 with first class mail increasing 2.4%. Our cost of administration grows considerably with postage increases. As such, our Administrative Services Agreement with you specifies that administrative fees will increase in direct proportion to postage increases. This increase will be 10 cents per participant for each standard claims processing account, effective January 1, 2009. We will include a reminder in your January invoice when it is sent. Please feel free to contact us if any questions.

Regards,

A handwritten signature in cursive script that reads "Marjean Barthell".

Marjean Barthell

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING EXECUTION OF AN EXTENSION AGREEMENT TO AN EMPLOYER ENROLLMENT AGREEMENT BETWEEN THE VILLAGE OF DOWNERS GROVE AND DRUG CARD, INC.

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Extension Agreement (the “Agreement”), between the Village of Downers Grove (“Employer/Plan Sponsor”) and Drug Card, Inc. (DCI), for an employee prescription program, as set forth in the form of the agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____

Village Clerk

**AN EXTENSION TO AN AGREEMENT BETWEEN THE VILLAGE OF
DOWNERS GROVE AND DRUG CARD, INC.**

The Village of Downers Grove, Illinois (the "Employer/Plan Sponsor") and Drug Card, Inc. ("DCI") entered into an Employer Enrollment Agreement ("Agreement") for an employee prescription program effective January 1, 2008. Pursuant to the terms stated therein, the parties desire to extend the Agreement through 2009, under the following terms:

1. All prior terms from the 2008 Agreement remain in full force and effect, except as specified below.
 - a. The parties hereby agree to extend the contract for one (1) year. The term of the Agreement shall be January 1, 2009-December 31, 2009.

VILLAGE OF DOWNERS GROVE

DRUG CARD, INC.

By: _____
Ronald L. Sandack, Mayor

By: _____

Title: _____

Attest: _____
April Holden, Village Clerk

Attest: _____

Date: _____

Date: _____

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF AN AMENDMENT
TO THE AGREEMENT BETWEEN THE VILLAGE OF DOWNERS GROVE AND
NATIONAL INSURANCE SERVICES (Group Life)**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the form and substance of a certain Amendment (the "Amendment"), between the Village of Downers Grove (the "Village") and National Insurances Services, ("NIS"), for group life insurance coverage, as set forth in the Amendment (effective January 1, 2009) submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Amendment, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Amendment.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____

Village Clerk

AMENDMENT TO
NATIONAL INSURANCE SERVICES TRUST
JOINDER AGREEMENT FOR
GROUP LIFE INSURANCE

Page 1 of 2

Carrier No.: 4116

Carrier ID: MNL

(For NIS Use Only)

Group Name: Village of Downers Grove

Group No.: 26246

Employee Classification: All Active Insured Classifications

Policy No.: 4762

Class No.: All

Amendment No: 4

State: IL

Effective Date: January 1, 2009

Benefit Change:

- Under '9. CLASSIFICATION OF INDIVIDUALS-BASIC COVERAGE', under 'Class "Eligible":', classes '02) Patrol Officers', '05) Non-Management Firefighters' and '14) Village Manager' are deleted and replaced with the following:

Class "Eligible":	Basic Term Life:	Basic Term AD&D:
'02) Patrol Officers	\$100,000	\$100,000
05) Non-Management Employees	\$100,000	\$100,000
14) Village Manager	2 X Annual Salary, rounded to the next higher \$1,000; Maximum of \$200,000	2 X Annual Salary, rounded to the next higher \$1,000; Maximum of \$200,000'

- In addition, under '9. CLASSIFICATION OF INDIVIDUALS-BASIC COVERAGE', the item 'Basic Coverage Non-Evidence Amount . . .' is deleted and replaced with 'Basic Coverage Non-Evidence Amount: \$200,000 all classes'.
- Under '17. Additional Information:' the following is hereby added:

'Individual Terminations: Under 'PART XI – WHEN INDIVIDUAL INSURANCE ENDS', the first item number '(4)' is deleted in its entirety and is replaced with the following:

'(4) on the date the insured is no longer in active service in any class or classes insured under this policy except as noted below:

- a. as a result of a condition for which he or she is eligible under the Waiver of Premium Benefit;
- b. during an approved leave of absence, per the following guidelines:
 - i. it is the responsibility of the Employee to make arrangements to pay the Employer the premium amounts in advance and the Employer must keep accurate records of the receipt;
 - ii. the premium must be received by the Company on a monthly basis;
 - iii. a return to Active Service date must be established before the leave commences;
 - iv. the right to continue participation in this Policy will discontinue upon termination of employment except as provided by law; and
 - v. this coverage is limited to a period of not more than one year.

This signed and executed Amendment must be returned within 20 working days of the date of the Administrator's signature in order to ensure acceptance of the Amendment as outlined.

AMENDMENT TO
NATIONAL INSURANCE SERVICES TRUST
JOINDER AGREEMENT FOR
GROUP LIFE INSURANCE

Page 2 of 2

- c. For Insured's on a leave of absence under the Federal Family and Medical Leave Act (FMLA) of 1993, and its amendments, coverage will continue until the later of the leave period required by the Act, or the leave period required by applicable state law, provided that:
- i. We receive written notice in advance of a leave approved by the Employer which includes the beginning and ending date of the leave and the Insured's in-force life amount or the amount of the Insured's covered salary if the life benefit is salary based;
 - ii. FMLA leaves of absence and the right to continue coverage during FMLA leaves are available to all Insured's in the same class covered under the Policy; and
 - iii. The Employer remits the required premium for coverage.'

Rate Change:

- Basic Life: Rate shall decrease from \$0.20/\$1,000 to \$0.13/\$1,000.
- Basic AD&D: Rate shall remain unchanged at \$0.03/\$1,000.

The above rates are guaranteed for three years. The next Renewal Date will be January 1, 2012, and will renew every January 1st thereafter. This rate guarantee does not apply to adjustments in premium rate due to amendments requested by the Employer.

IN ALL OTHER RESPECTS, COVERAGE UNDER THIS POLICY REMAINS UNCHANGED.

Accepted this ____ day of _____, 20____, for the above-named Employer.

By: _____
Signature

Print Name and Title

Accepted for National Insurance Services Trust by Administrator, National Insurance Services of Wisconsin, Inc.



Bruce A. Miller, President
November 13, 2008

This signed and executed Amendment must be returned within 20 working days of the date of the Administrator's signature in order to ensure acceptance of the Amendment as outlined.

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING EXECUTION OF AMENDMENT #1 TO AN AGREEMENT BETWEEN THE VILLAGE OF DOWNERS GROVE AND NATIONAL INSURANCE SERVICES OF WISCONSIN, INC. (Long Term Disability)

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Amendment #1 (the "Amendment"), between the Village of Downers Grove (the "Village") and National Insurances Services of Wisconsin, ("NIS"), for long term disability insurance, as set forth in the form of the agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Amendment, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Amendment.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk

AMENDMENT #1 TO
NATIONAL INSURANCE SERVICES
JOINDER AGREEMENT
FOR
LONG TERM DISABILITY INSURANCE
Page 1 of 3

Carrier No: 1190

Carrier: MNL

(For NIS Use Only)
Group No. 26246
Policy No. 6071
Class No. All

Group Name: Downers Grove Village

Employee Classification: All Insured Classifications

Effective Date: January 1, 2009

Benefit Change:

- Under 'The Plan is as follows:', under 'Section I' the items '7. Maximum Annual Covered Salary' and '8. Maximum Monthly Benefit' are hereby deleted and replaced with the following:

'7. Maximum Annual Covered Salary	\$150,000
8. Maximum Monthly Benefit	\$ 7,500'

- Under 'The Plan is as follows:', under 'Section II' the item entitled 'Definition of Total Disability:' is hereby deleted in its entirety and replaced with the following:

'Definition of Total Disability:

Under 'SECTION I – DEFINITIONS' of the Policy, item '(2)' of the definition of "Total Disability" and "totally disabled" is hereby deleted and replaced with:

'(2) after benefits have been paid for 36 months, the Insured cannot perform each of the substantial and material duties of any gainful occupation for which he or she is reasonably fitted by training, education or experience; and'

- Under 'The Plan is as follows:', under 'Section II' the item entitled 'Termination of Employee's Insurance:' is hereby deleted in its entirety and replaced with the following:

'Termination of Employee's Insurance:

Under 'SECTION V – TERMINATION PROVISIONS', under 'A. TERMINATION OF EMPLOYEE'S INSURANCE', under part '(6)', items '(b)' and '(c)' are hereby deleted in their entirety and replaced with:

'(b) for paid board-approved leaves of absence, subject to the following:

- i. Noncontributory coverage
 - 1.) Coverage will continue provided that:
 - a.) we receive written notice in advance of a leave approved by the Employer which includes the beginning and ending dates of the leave and the amount of your covered salary; and
 - b.) paid leaves of absence and the right to continue coverage during paid leaves are available to all Employees in the same Eligible Class under the Group Policy; and
 - c.) the Employer remits the required premium for coverage.

This signed and executed Amendment must be returned within 20 working days of the date of the Administrator's signature in order to insure acceptance of the Amendment as outlined.

AMENDMENT #1 TO
NATIONAL INSURANCE SERVICES
JOINDER AGREEMENT
FOR
LONG TERM DISABILITY INSURANCE
Page 2 of 3

- 2.) The Elimination Period can be satisfied during a paid leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the paid leave of absence, or the salary for which premium was paid.
- 3.) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave will terminate on the earlier of the date the paid leave is scheduled to end or 12 months from the date the paid leave began.

(c) for unpaid board-approved leaves of absence, subject to the following:

i. Noncontributory Coverage

- 1.) Coverage will continue provided that:
 - a.) we receive written notice in advance of an unpaid leave of absence approved by the Employer which includes the beginning and ending dates of the unpaid leave of absence and the amount of your covered salary; and
 - b.) unpaid leaves of absence and the right to continue coverage during unpaid leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and
 - c.) the Employer remits the required premium for coverage.
- 2.) No benefits are payable during an unpaid leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid leave of absence, or the salary for which premium was paid.
- 3.) Unless you return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or 12 months from the date the unpaid leave of absence began.'

Furthermore under 'SECTION V – TERMINATION PROVISIONS', under 'A. TERMINATION OF EMPLOYEE'S INSURANCE', under item '(6)', the following is hereby added:

- (e) For employees on a FMLA leave, coverage will continue until the later of the leave period required by the Federal Family and Medical Leave Act of 1993 and any amendments, or the leave period required by applicable state law provided that:
- i. We receive written notice in advance of a leave approved by the Employer which includes the beginning and ending dates of the leave and the amount of the covered employee's covered salary;
 - ii. FMLA leaves of absence and the right to continue coverage during FMLA leaves are available to all eligible employees in the same class covered under the Policy; and
 - iii. The Employer remits the required premium for coverage.

This signed and executed Amendment must be returned within 20 working days of the date of the Administrator's signature in order to insure acceptance of the Amendment as outlined.

AMENDMENT #1 TO
NATIONAL INSURANCE SERVICES
JOINDER AGREEMENT
FOR
LONG TERM DISABILITY INSURANCE
Page 3 of 3

The Elimination Period can be satisfied and benefits may be payable during a FMLA leave subject to all other contract provisions. The benefit will be based on the covered employee's earnings in effect on their last full day of Active Work prior to the leave."

Rate: The premium rate will remain unchanged at .275% (.00275) of covered payroll.

The above rates are guaranteed for two years. The next Renewal Date will be January 1 , 2011, and will renew every January 1st thereafter. This rate guarantee will not pertain to adjustments in premium rate due to amendments requested by the Employer.

IN ALL OTHER RESPECTS, COVERAGE UNDER THIS POLICY REMAINS UNCHANGED.

Accepted this _____ day of _____, 20____, for the above-named Employer:

By: _____
Signature

Print Name and Title

Accepted for NATIONAL INSURANCE
SERVICES by Administrator, National
Insurance Services of Wisconsin, Inc.



Date: November 13, 2008

This signed and executed Amendment must be returned within 20 working days of the date of the Administrator's signature in order to insure acceptance of the Amendment as outlined.

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF AN EXTENSION TO AN AGREEMENT
BETWEEN THE VILLAGE OF DOWNERS GROVE AND
ADVOCATE HEALTH PARTNERS**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the form and substance of a certain Agreement (the "Agreement"), between the Village of Downers Grove (the "Village") and Advocate Health Partners for and on behalf of Advocate Good Samaritan Hospital, a hospital operating division of Advocate Health and Hospitals Corporation ("Hospital"), extending an agreement for discounts on services rendered at Good Samaritan Hospital in Downers Grove, as set forth in the form of the Agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk

**AN EXTENSION TO AN AGREEMENT BETWEEN THE VILLAGE OF
DOWNERS GROVE AND ADVOCATE HEALTH PARTNERS**

The Village of Downers Grove, Illinois (the "Employer") and Advocate Health Partners for and on behalf of Advocate Good Samaritan Hospital, a hospital operating division of Advocate Health and Hospitals Corporation ("Hospital") entered into a Direct Employer Agreement ("Agreement") for discounts on services rendered at Good Samaritan Hospital effective January 1, 2008. Pursuant to the terms stated therein, the parties desire to extend the Agreement through 2009, under the following terms:

1. All prior terms from the 2008 Agreement remain in full force and effect, except as specified below.
 - a. Pursuant to Section 6.01 of the Agreement, the parties agree to extend the Agreement for a period of one (1) year ending on December 31, 2009.

VILLAGE OF DOWNERS GROVE

**ADVOCATE HEALTH PARTNERS for
and on behalf of ADVOCATE GOOD
SAMARITAN HOSPITAL**

By: _____
Ronald L. Sandack, Mayor

By: _____

Title: _____

Attest: _____
April Holden, Village Clerk

Attest: _____

Date: _____

Date: _____