

**VILLAGE OF DOWNERS GROVE**  
**REPORT FOR THE VILLAGE COUNCIL MEETING**  
**NOVEMBER 9, 2010 AGENDA**

SUBJECT:	TYPE:	SUBMITTED BY:
Employee Benefits Renewal Contracts and Medical Plan Amendments for FY2011	✓ 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 and plan amendments for 2011:

- ING Employee Benefits – stop loss coverage for medical claims exceeding \$125,000 in the amount of \$393,815
- Delta Dental Plan of Illinois – dental program claim administration in the amount of \$17,740
- TruAssure Insurance Company – vision program claim administration in the amount of \$42,500
- National Insurance Services – long term disability insurance in the amount of \$33,000

In addition, a resolution has been prepared authorizing a plan amendment to the Village of Downers Grove VEBA Health Savings Plan.

**STRATEGIC PLAN ALIGNMENT**

The 2010 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 proposed FY11 health insurance budget is \$5,671,000. The total FY11 cost for the proposed employee benefit contracts is \$487,055. These costs are itemized below:

Provider	Services Provided	Annual Premium
ING Employee Benefits	Stop Loss Coverage for Claims Exceeding \$125,000	\$ 393,815
Delta Dental Plan of Illinois	Dental Program Claim Administration	\$ 17,740
TruAssure Insurance Company	Vision Program Claim Administration	\$ 42,500
National Insurance Services	Long Term Disability Insurance	\$ 33,000
<b>TOTAL FOR EMPLOYEE BENEFIT CONTRACTS:</b>		<b>\$ 487,055</b>

**RECOMMENDATION**

Approval on the November 16, 2010 consent agenda.

**BACKGROUND**

A summary of the 2011 employee benefits contracts is provided below:

- *Stop Loss Coverage* - As a partially self-funded health plan, the Village purchases specific stop loss coverage to limit its financial exposure. 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. The consultant 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. The consultant determined that it would not be beneficial for the Village of Downers Grove to move from the current \$125,000 stop loss level. For the 2011 plan year, the consultant recommended that the Village contract with ING, the low responsible stop loss provider bidder. ING's proposed contract has an annual premium of \$393,815.

- *Dental* – The Village provides employees a dental program administered by Delta Dental Plan of Illinois. Under this program, employees utilize PPO network providers where services are received at discounted rates and benefits are primarily paid in full. Employees also have the flexibility of going out-of-network; however, they would receive coverage that is less comprehensive. Fees for administration of the Delta Dental program will not increase this year. The total annual cost is estimated at \$17,740.
- *Vision* - The Village contracts with TruAssure Insurance Company (a subsidiary of Delta Dental Plan of Illinois) for vision services. Employees use providers within TruAssure's EyeMed PPO network and pay a modest co-payment or receive discounted rates on various services. Employees also have the flexibility to go outside of the EyeMed network, but receive a less comprehensive benefit. Premium costs for 2010 are estimated to be \$42,438 reflecting no increase in current premium costs.
- *Long Term Disability* – The Village of Downers Grove contracts with National Insurance Services (NIS) to provide long term disability (LTD) coverage to eligible Village personnel. The Village has requested an additional one-year renewal on LTD services to bring it in line with the Village's life/AD&D contract, also administered by NIS. NIS has agreed to renew the LTD for one additional year at no increase in premium. Premium costs for LTD services in 2011 are estimated to be at \$33,000.
- *Plan Amendment for VEBA Health Savings Plan* – Under the Village of Downers Grove medical program, employees are able to choose from one of three PPO plans. One of these PPO plans is a \$2,500 deductible plan with a "VEBA Savings Plan" (often referred to as a health reimbursement account). Under the Patient Protection and Affordable Care Act (PPACA) signed into law on March 23, 2010, there are required modifications to this plan. These modifications refer to the "definition of dependent" and "definition of health care expense" and are outlined in the attached amendment.

## **ATTACHMENTS**

Reliastar Life Insurance Company Excess Risk Application (ING Stop Loss Coverage)

ING Employee Benefits Disclosure Agreement

Delta Dental/TruAssure Renewal Package

Amendment #3 to NIS Joinder Agreement

Amendment to the Village of Downers Grove VEBA Health Savings Plan

**RESOLUTION NO. \_\_\_\_\_**

**A RESOLUTION AUTHORIZING EXECUTION OF AN  
AGREEMENT BETWEEN THE VILLAGE OF DOWNERS GROVE  
AND ING EMPLOYEE BENEFITS**

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 Employer Benefit Group Disclosure Agreement (the "Agreement"), between the Village of Downers Grove (the "Plan Sponsor") and ING Employee Benefits, a division of ReliaStar Life Insurance Company (the "Company"), for stop loss insurance coverage, 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

# ING Employee Benefits Group Disclosure Agreement



## EMPLOYEE BENEFITS

Plan Sponsor: Village of Downers Grove

Policy Effective Date: January 1, 2011

For valuable consideration exchanged by and between the parties, this Agreement is entered into between ING Employee Benefits, a division of ReliaStar Life Insurance Company, and the Plan Sponsor identified above. ING Employee Benefits, a division of ReliaStar Life Insurance Company relies on its representatives to properly advise the Plan Sponsor on the importance of complete information Disclosure. As an underwriting consideration material to the acceptance of the Stop Loss Risk by ING Employee Benefits, the Claim Administrator, Utilization Review Firm(s), Case Management and Pharmacy Benefits Manager are required to review pre-certifications, case management notes, claim files, and pharmacy benefit management files and notes prior to disclosing the following required information for both the current policy year and each year thereafter during which ING Employee Benefits provides Stop Loss coverage to Plan Sponsor:

**Plan Sponsor shall attach the following reports or data (include a common claimant identifier, primary ICD-9/diagnosis), hereinafter referred to as the ("Disclosure Reports"):**

- a. Paid claims during the applicable current policy year (minimum of 9 months) for any claimant that exceeded 50% of the stop loss deductible
- b. Denied claims during the applicable current policy year (minimum of 9 months) for any claimant that exceeded or could potentially exceed 50% of the stop loss deductible
- c. Denied claims during the applicable current policy year (minimum of 9 months) for any claimant that exceeded or could potentially exceed 50% of the stop loss deductible
- d. Any individual who was lasered during the applicable current policy year
- e. Any individual who was hospitalized confined for 10 or more consecutive days or on multiple occasions during the applicable current policy year (minimum of 9 months)
- f. Any individual who had previously exhausted his or her lifetime maximum but has been reinstated because the cap on the lifetime maximum was eliminated
- g. Any individual dependent under age 26 being added who was previously deemed not eligible under the plan and whose claims could potentially exceed 50% of the stop loss deductible
- h. Case Management Notes, Utilization Review Notes, pharmacy benefit management notes and other appropriate medical documents on any covered individual meeting any of the following criteria:
  - o exceeded or expected to exceed 50% of the stop loss deductible
  - o transplant or potential transplant candidates including all claimants evaluated and/or listed for an organ, stem cell or bone marrow transplant
  - o high risk pregnancy or a dependent requiring respirator, nutritional support or having a congenital anomaly

The Disclosure Reports must be provided to ING Employee Benefits within 75 calendar days prior to the Stop Loss Policy effective date or renewal date, as applicable. In the event the Disclosure Reports are not returned to and approved by ING Employee Benefits within 45 days following the effective date or renewal date of coverage, ING Employee Benefits shall retain the right to deny any claim, adjust the rates or its underwriting terms, or rescind the Plan Sponsor's stop loss coverage at any time, and such right shall not be impaired as a result of ING Employee Benefits' acceptance of premium in the absence of any such Disclosure Reports. The Disclosure Reports must be compiled within 30 calendar days of the date of completion by the Plan Sponsor. Should ING Employee Benefits require any additional information in order to approve the Disclosure Reports, ING Employee Benefits will notify the Plan Sponsor and/or its designated representative in writing no later than 20 calendar days following receipt of the Disclosure Reports.

**In the event the Plan Sponsor fails to disclose a known potential catastrophic claim in the Disclosure Reports, expenses related to the potential catastrophic claim will not be considered eligible excess risk expenses under the Stop Loss Policy.**

The Plan Sponsor acknowledges and agrees that its complete and accurate disclosure of known potential catastrophic claims is a condition precedent to obtaining stop loss coverage, that the Plan Sponsor has read, understands, and agrees to the terms and conditions contained in this Agreement, and represents that the individual signing this Agreement on behalf of the Plan Sponsor is authorized to do so. The Plan Sponsor represents and warrants that as of the date of signing there are no known potential catastrophic claims other than those disclosed on the Disclosure Reports. A third party executing this Agreement and or any of the Disclosure Reports on behalf of the Plan Sponsor represents and warrants that it has the authority to legally bind the Plan Sponsor.

The Plan Sponsor verifies, to the best of its knowledge, that the information now and hereafter provided is and shall be accurate and complete

\*

Plan Sponsor or Plan Sponsor's Authorized Representative:

Title:

Date:

\* Contingent on Council Approval

# RELIASTAR LIFE INSURANCE COMPANY

Home Office, Minneapolis, Minnesota 55440

## EXCESS RISK APPLICATION

The Plan Sponsor hereby applies for the Excess Risk Insurance coverage as now in effect or later modified.

Name of Plan Sponsor (exact legal name)

Village of Downers Grove

Address (number and street, city, state, zip code)

801 Burlington Avenue, Downers Grove, 60515

Corporation     Partnership     Sole Proprietorship     Other (specify) Local Government

Nature of Plan Sponsor's Business: Executive Offices - Local Government

SIC Code: 9111

Are Associated Organizations to be included?

No

Yes (If "yes," give names.)

Number of Eligible Individuals:                      Employee Only Coverage: 188    Employees with Dependent Coverage: 256  
Number of Enrolled Individuals:                      Employee Only Coverage:                      Employees with Dependent Coverage:  
Number of Individuals Covered Elsewhere: Employee Only Coverage:                      Employees with Dependent Coverage:

Claim Administrator for coverages checked below for the Employee Benefit Plan:

Name of Claim Administrator\*(exact legal name of entity)

BlueCross BlueShield of Illinois

Address of Claim Administrator (number and street, city, state, zip code)

300 East Randolph Street, Chicago, IL 60601-5099

\*Claim-Administrator must be approved by ReliaStar Life prior to acceptance of this Application

**AGGREGATE EXCESS RISK**     YES     NO

**BENEFITS TO BE COVERED:**

Medical                       Vision                       Prescription Drugs  
 Weekly Disability Income     Dental                       Other (specify) \_\_\_\_\_

**INITIAL CONTRACT BASIS:**

Incurred and paid in 12 months                       Incurred in 12 months and paid in 15 months  
 Incurred in 15 months and paid in 12 months                       Incurred in \_\_\_\_\_ months and paid in \_\_\_\_\_ months  
 Paid in 12 months                       Other: \_\_\_\_\_  
 Waive                       Do not Waive

Deductible Adjustment Factor: \_\_\_\_\_%

Minimum Aggregate Deductible: See Excess Risk Schedule/Current Premium Rate Notification

ReliaStar Life's Limit of Liability: \$\_\_\_\_\_ per contract period

Optional:

Terminal Liability

INDIVIDUAL EXCESS RISK  YES  NO

BENEFITS TO BE COVERED:

Medical  Other (please specify) Rx

INITIAL CONTRACT BASIS:

Incurred and paid in 12 months  Incurred in 12 months and paid in 15 months  
 Incurred in 15 months and paid in 12 months  Incurred in \_\_\_\_\_ months and paid in \_\_\_\_\_ months  
 Paid in 12 months  Other: \_\_\_\_\_  
 Actively at Work requirement  
 Waive  Do not Waive

Individual Deductible:

Individual Deductible: \$125,000 per Individual  
 True Family Deductible: \$N/A per family

Lasered Individuals as identified in the disclosure process: Claimant No. 672076-0111-00001 has an individual deductible of \$175,000. Claimant No. 672076-0111-00002, has a \$25,000 Run-in Limit

Claims for Lasered Individuals are excluded under Aggregate Excess Risk Insurance, if any.

Aggregating Individual Deductible: \$N/A (Individual Excess Risk must be elected)

Benefit Percentage: 100%

ReliaStar Life's:

Maximum Individual Contract Period Benefit: \$2,000,000  
 Maximum Individual Lifetime Benefit: Unlimited

Optional:

Terminal Liability  
 Immediate Reimbursement

Are retirees covered?  Yes  No  
 Are retirees age 65 and over covered?  Yes  No  
 If so, is Medicare Primary?  Yes  No

Attached to and incorporated in this Application is a copy of the Employee Benefit Plan currently in effect for the provision of benefits by the Plan Sponsor to its eligible employees or members.

The initial Contract Period is from Janaury 1, 2011 to December 31, 2011.

The Producer/Agent of Record (provided he/she is duly licensed as required by law) is: Centerstone Insurance and Financial Services, Inc. dba BenefitMall.

This insurance is to be effective on January 1, 2011 at 12:01 a.m. Standard Time at the Plan Sponsor's place of business, provided that the first premium is paid in full and that the Claim Disclosure Statement and this Application are accepted by ReliaStar Life.

An advance deposit of \$32,854 is attached. (The deposit is to equal the first premium.) The deposit will be applied toward payment of the premiums on the insurance requested if the application is accepted by ReliaStar Life. If not accepted, the deposit will be refunded to the Plan Sponsor Applicant.

PLAN SPONSOR APPLICANT

Village of Downers Grove

\* [Signature]

By Dave Fieldman

Name of signer (please print)

Village Manager

Title

\* contingent on council approval

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**Important Information About Your Employee Benefits Insurance**

Thank you for considering ReliaStar Life Insurance Company (the "Company") for your employee benefits insurance needs. We offer various Employee Benefits insurance products that have different features, benefits and costs. We are confident that, working with your professional insurance agent, broker, or consultant you will find that one of our products is right for you. Your agent, broker, or consultant may work with many employee benefits insurance companies, and we are pleased that they are presenting one of our products to you. If you decide to purchase, or offer to your employees or members, a policy from us we would like you to understand how we will pay the selling agent, broker, or consultant.

There are generally three types of payments that may be made to agents, brokers and consultants:

1. **Commissions:** Agents, brokers, or consultants may earn a commission for each Company policy sold. The commission is generally a percentage of the policy premiums paid. The percentage may be higher for agents, brokers, or consultants that sell a larger number of Company policies. The actual percentage and amount of commission paid will vary based on the specific circumstances of the product(s) purchased.
2. **Bonuses:** Agents, brokers, or consultants may receive additional compensation based on a percentage of policy premiums paid for each year a policy remains in force and as rewards for things like achieving certain sales volume levels, sales contest objectives, or other measures. We also may pay for agent, broker, or consultant education, training or attendance at conventions, and may pay bonuses, provide advance commissions and/or loans with an expectation that the advancement and/or loans be repaid as new policies are issued, reimburse expenses or provide other payments or benefits.
3. **Administrative/Service Fees:** Agents, brokers, or consultants may provide administrative services and marketing support for a flat fee, a percentage of policy premiums paid, or a fee based on the amount of commissions earned from the initial sale. The agents, brokers or consultants may be associated with other brokers or consultants that may provide administrative services and marketing support for similar fees.

This is a general discussion of the compensation we pay for the sale of our policies. We pay commissions and other sales expenses from our general assets and revenues, including amounts we earn from fees and charges under our policies. The price of an insurance policy is set by the Company, and reflects the compensation we pay for the sale of our policies. It also covers other costs to design, manufacture and service our policies, fees associated with the cost of any applicable guarantees, the investment management needed to build cash values and pay benefits, and our profits.

We are committed to providing top-quality insurance products to our customers and are pleased that your professional insurance agent, broker, or consultant trusts us to deliver on your long term insurance needs.

Product Name(s) Individual Excess Risk

Account Name Village of Downers Grove

Group Applicant/Sponsoring Organization Signature \* 

Group Applicant/Sponsoring Organization Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\* Contingent on council approval Revised: 06/07

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION AUTHORIZING EXECUTION OF AN ADDENDUM TO  
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 2011 calendar year.
2. That DDIL has agreed to provide additional services to the program 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





www.deltadentalil.com

August 24, 2010

Mary Weisenburn  
VILLAGE OF DOWNERS GROVE  
801 Burlington Ave.  
Downers Grove, IL 60515

RE: VILLAGE OF DOWNERS GROVE, Contract # 8338  
Renewal Notification January 1, 2011

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.

### Network Savings and Utilization

Listed below are the annual savings and network utilization realized by your group due to Delta Dental of Illinois' PPO Plus network services and administration.

<b>Delta Dental PPO Network Dentist Fee Savings</b>	<b>\$140,153</b>
<b>Delta Dental Premier Network Dentist Fee Savings</b>	<b>\$ 14,171</b>
<b>Total PPO Plus Premier Network Savings</b>	<b>\$154,324</b>
<b>In Network Penetration</b>	<b>88.3%</b>

### Multi-line Discount Program

We are pleased to inform you that your dental benefit renewal administration fee reflects a multi-line discount based on the inclusion of a TruAssure product in your benefit package. Because the multi-line discounts are based on cost efficiencies associated with the administration of more than one product, the proposed dental benefit renewal administration fee is subject to change if you choose to terminate your TruAssure plan. If you are not saving the maximum discount of 5% on your administration fee, you can increase your multi-line discount by adding an additional TruAssure product. If you would like additional information about our TruAssure products, please do not hesitate to contact your broker or consultant.

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  
630-718-4742  
[sbeitzel@deltadentalil.com](mailto:sbeitzel@deltadentalil.com)

cc: GCG Financial

Delta Dental of Illinois  
111 Shuman Boulevard  
Naperville, IL 60563



## **Renewal Package**

**for**

# **VILLAGE OF DOWNERS GROVE**

**Presented by:**

**Stacy Beitzel  
Senior Account Executive  
Delta Dental of Illinois  
111 Shuman Boulevard  
Naperville, IL 60563**

**Phone 630-718-4742  
Fax 630-983-4242  
Email [sbeitzel@deltadentalil.com](mailto:sbeitzel@deltadentalil.com)**

**This renewal is for January 1, 2011 to December 31, 2011.**

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### **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.

Delta Dental of Illinois  
111 Shuman Boulevard  
Naperville, IL 60563

**Proposed Renewal  
Self Insured**

<b>Proposed Renewal Action – Option 1</b>			
	<b>Current Rate Effective 1/1/2010-12/31/2010</b>	<b>Year 1 Renewal Rate 1/1/2011-12/31/2011</b>	<b>Year 2 Renewal Rate 1/1/2012–12/31/2012</b>
<b>Administration Fee</b>	\$3.73/ee/mo	\$3.86/ee/mo	\$3.99/ee/mo

OR

<b>Proposed Renewal Action 2 Yr – Option 2</b>			
	<b>Current Rate</b>	<b>Year 1 - 1/1/11- 12/31/11</b>	<b>Year 2 - 1/1/12 – 12/31/11</b>
<b>Administration Fee</b>	\$3.73	\$3.92	\$3.92
	<b>Current Funding Factors</b>	<b>Recommended Funding Factors</b>	<b>% Change</b>
<b>Single</b>	\$36.34	\$38.80	6.8%
<b>Family</b>	\$112.19	\$119.77	6.8%

<b>TruAssure VISION Rates guaranteed for 1 Year (1/1/2011 – 12/31/2011)</b>			
<b>Single</b>	\$4.37	\$4.37	0.0%
<b>Family</b>	\$12.22	\$12.22	0.0%

**Underwriting Assumptions**

- The proposed renewal ASO fees will be in effect from: January 1, 2011 to December 31, 2011.
- The projection is based on 114 singles and 269 families.

Projected Annual Incurred Claims:	\$419,896
Projected Annual Administration Fee:	\$ 17,906
Projected Annual Total Cost:	\$437,802
- All of our standard processing policies, limitations and exclusions apply.
- During the current experience period of January 1, 2010 to December 31, 2010, VILLAGE OF DOWNERS GROVE averaged 383 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 630-983-4242, or mail attn: Stacy Beitzel, Delta Dental of Illinois, 111 Shuman Boulevard, Naperville, IL 60563.

If we do not receive notification from you by December 1, 2010, Delta Dental of Illinois will assume you agree to the proposed ASO fees and renew your current dental benefit plan.

\_\_\_\_\_ Option 1                      \_\_\_\_\_ Option 2

***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

630-718-4742

fax 630-983-4242

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

630-718-4768

fax 630-983-4568

emcgahee@deltadentalil.com

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

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION AUTHORIZING EXECUTION OF A SECOND ADDENDUM TO THE  
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 Second Addendum (the "Addendum"), between the Village of Downers Grove (the "Group Subscriber") and TruAssure Insurance Company ("TruAssure"), for a one-year extension to the employee vision insurance program effective January 1, 2011, 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 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 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

**SECOND ADDENDUM TO AN AGREEMENT BETWEEN THE  
VILLAGE OF DOWNERS GROVE AND TRU ASSURE**

The Village of Downers Grove, Illinois between the Village of Downers Grove (“Group Subscriber”) and TruAssure Insurance Company (“TruAssure”) entered into a Group Vision Contract (“Agreement”) for an employee vision program effective January 1, 2009. Pursuant to the terms stated therein, the parties desire to extend the Agreement through 2011.

All prior terms from the 2009 Agreement remain in full force and effect, except as specified below.

- a. The parties agree to extend the Agreement for a period of one (1) year through December 31, 2011.

VILLAGE OF DOWNERS GROVE

TRU ASSURE INSURANCE COMPANY

By: \_\_\_\_\_  
Ronald L. Sandack, Mayor

By: \_\_\_\_\_

Title: \_\_\_\_\_

Attest: \_\_\_\_\_  
April Holden, Village Clerk

Attest: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION AUTHORIZING EXECUTION OF AMENDMENT #3 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 #3 (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 #3 TO  
NATIONAL INSURANCE SERVICES  
JOINDER AGREEMENT  
FOR  
LONG TERM DISABILITY INSURANCE

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, 2011

Benefit Change: None

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

The above rates are guaranteed for one year. 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

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

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



Date: October 19, 2010

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 A PLAN AMENDMENT  
TO THE VILLAGE OF DOWNERS GROVE  
VEBA HEALTH SAVINGS PLAN**

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 Plan Amendment (the "Amendment") to the Village of Downers Grove Veba Health Savings Plan, as set forth in the form of the Plan Amendment 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 Plan 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 Plan 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  
The Village of Downers Grove VEBA Health Savings Plan**

BY THIS AGREEMENT, the Village of Downers Grove VEBA Health Savings Plan  
(herein referred to as the "Plan") is hereby amended as follows:

1. **EFFECTIVE DATE.** These amendments to the Plan shall be effective on dates provided below.
2. **DEFINITION OF DEPENDENT.** Effective September 1, 2010, the definition of the term "Dependent" as contained in the Plan is hereby amended as follows:

Dependent means an individual (other than the Participant and the Participant's Spouse) with respect to whom group health plan benefits are excluded from the Participant's income under Section 105(b) of the Code. As of the effective date of this amendment, these individuals include:

- (1) the Participant's "dependent" as determined under Section 152 of the Code (without regard to subsections (b)(1), (b)(2) and (d)(1)(B) thereof), and
- (2) the Participant's child (as defined in Section 152(f)(1) of the Code) who has not attained age 27 as of the end of the taxable year.

A child may be a Dependent under clause (2) above regardless of the child's marital status, but such child's spouse and children shall not be Dependents unless they satisfy the requirements of clause (1) above in their own right.

3. **DEFINITION OF HEALTH CARE EXPENSE.** Effective with respect to expenses incurred on or after January 1, 2011, to the extent "Health Care Expense" (as currently defined in the Plan) includes over-the-counter drugs and medicines, the definition of "Health Care Expense" is hereby amended to include only prescribed drugs and medicine, as required by Section 106(f) of the Code.
4. **SUPERCEDING EFFECT.** The provisions contained herein shall apply notwithstanding any language in the Plan to the contrary.

IN WITNESS WHEREOF, this Amendment has been executed this \_\_\_\_\_ day of \_\_\_\_\_,  
2010.

By \_\_\_\_\_