

**NANCY L. MCCONATHY PUBLIC LIBRARY DISTRICT
BOARD OF TRUSTEES
Special Meeting
May 28th, 2021
3:00 pm**

**Meeting will occur in Person and via Free Conference Call
Call in number 617-793-8740**

- 1. ROLL CALL**
- 2. Limricc Insurance Pool**
- 3. Potential Change in regular Board Meeting Date and Time**
- 3. ADJOURNMENT**

Benefits Summary

LIMRiCC

All Plans with Rates

2021

The logo for LIMRiCC is located in a white circular area in the bottom right corner. It features a stylized icon of a bookshelf with yellow and green lines to the left of the text "LIMRiCC". The "i" in "RiCC" has a yellow dot. Below the main text is the tagline "The Library Insurance Management and Risk Control Combination".

LIMRiCC
The Library Insurance Management and Risk Control Combination



Plan Eligibility and Effective Dates

New hires are eligible for benefits on the first of the month following date of hire. If an employee terms coverage, they remain enrolled through the end of the month.

Medical:

- Available to full-time employees only
- Full-time is defined by location
- Full-time cannot be defined as less than 30 hrs/week

Dental/Vision/Life:

- Available to full-time & part-time employees
- Part-time employees must work 20+ hrs/week with at least 1 year of service in the position

Life:

- Full-time employees receive 100% employer-paid benefit
- All full-time employees enrolled unless electing in writing to opt-out of life insurance



Medical Insurance | Aetna

Health Maintenance Organization (HMO)

The HMO provides access to a network of doctors and hospitals. No out-of-network benefits are provided. The HMO with Aetna does not require the designation of a primary care physician or a referral to see a specialist.

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any doctor, specialist, or hospital without a referral. You can manage out-of-pocket costs by remaining in-network.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. Prior to meeting the deductible, you will pay the full cost of medical services (less any carrier discounts), with the exception of preventive care.

The HSA is a bank account used with the HDHP allowing you to set aside money on a tax-free basis to pay out-of-pocket qualified expenses throughout the year or in future years. The money in your HSA account rolls over from year to year and is yours to keep – even if changing plans or retiring. The 2021 HSA account limits are \$3,600 for employee only coverage and \$7,200 for family coverage.

Choose Generics Rx (All Plans): If the member or physician requests a brand drug when generic equivalent is available, the member pays the applicable copay plus the difference in cost. To continue receiving the brand drug over the generic equivalent, the prescription must state Dispense as Written / DAW.

Medical Plan Details:	HMO	PPO 750		PPO 1500		HDHP/HSA		
	In-Network Benefits Only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Network Name	Open Access Select	Choice POS II		Choice POS II		Choice POS II		
Deductible	Individual Family	\$0 \$0	\$750 \$2,250	\$750 \$2,250	\$1,500 \$4,500	\$1,500 \$4,500	\$2,800 \$5,600	\$5,600 \$11,200
Coinsurance		0%	20%	40%	20%	40%	0%	20%
Out-of-Pocket Max	Individual Family	\$1,500 \$3,000 <i>Max in Copays</i>	\$1,750 \$5,250 <i>Includes Deductible</i>	\$3,750 \$10,500 <i>Includes Deductible</i>	\$2,500 \$7,500 <i>Includes Deductible</i>	\$4,500 \$12,000 <i>Includes Deductible</i>	\$2,800 \$5,600 <i>Includes Deductible</i>	\$11,200 \$22,400 <i>Includes Deductible</i>
Physician Services								
Preventive (Adult & Child)	Covered in Full	Covered in Full	40% After Ded.	Covered in Full	40% After Ded.	Covered in Full	20% After Ded.	20% After Ded.
Physician Office	\$20 Copay	\$20 Copay	40% After Ded.	\$20 Copay	40% After Ded.	0% After Ded.	0% After Ded.	20% After Ded.
Virtual Visit (Teladoc)	\$0/\$30 Copay	\$0/\$20 Copay	N/A	\$0/\$20 Copay	N/A	0% After Ded.	0% After Ded.	N/A
Specialist Visit	\$30 Copay	\$30 Copay	40% After Ded.	\$30 Copay	40% After Ded.	0% After Ded.	0% After Ded.	20% After Ded.
Inpatient Hospital (per admission)	\$150 Copay	\$150 + 20% After Ded.	\$300 + 40% After Ded.	\$150 + 20% After Ded.	\$300 + 40% After Ded.	0% After Ded.	0% After Ded.	20% After Ded.
Emergency Room	\$150 Copay* (Waived if admitted)	\$100 Copay* (Waived if admitted)		\$100 Copay* (Waived if admitted)		0% After Deductible		
Retail Prescription Drugs								
Generic / Formulary / Non-Formulary / Specialty	Copays: \$10 / \$40 / \$60 / \$100	Copays: \$10 / \$40 / \$60 / \$60	Copays + 40%	Copays: \$10 / \$40 / \$60 / \$60	Copays + 40%	0% After Ded.	0% After Ded.	0% After Ded. + 20%
Mail-Order Prescription Drugs								
Generic / Formulary / Non-Formulary	Copays: \$20 / \$80 / \$120	Copays: \$20 / \$80 / \$120	Not Covered	Copays: \$20 / \$80 / \$120	Not Covered	0% After Ded.	0% After Ded.	Not Covered
Rx Out-of-Pocket Max								
Individual Family	\$1,000 \$3,000	\$1,000 \$3,000		\$1,000 \$3,000		Included in Medical Out-of-Pocket Maximum		

*\$250 penalty if ER is used for non-emergency.



Virtual Visits | Teladoc

Teladoc's Virtual Visits program is available to all Aetna medical participants. This benefit provides you and your covered dependents access to speak with a licensed doctor by phone or video 24 hours a day, 7 days a week. Teladoc providers can treat a range of non-emergency* conditions such as:

General Medical:

- Flu
- Allergies
- Pink Eye
- UTIs
- Sinus Infections

Dermatology:

- Acne
- Psoriasis
- Eczema
- Rashes

Behavioral Health:

- Stress / Anxiety
- Depression
- Addiction
- Family Difficulties

Teladoc providers can write prescriptions when medically necessary. You can speak to a doctor immediately or schedule an appointment based on your availability. To set up your Teladoc account, visit www.member.teladoc.com/aetna and click "Setup your account." Connect with a Teladoc provider anytime through the Aetna Health App, the Teladoc website www.member.teladoc.com/aetna, or call (855) 835-2362.

	HMO	PPO 750	PPO 1500	HDHP/HSA
Teladoc Services				
General Medical	\$0 Copay	\$0 Copay	\$0 Copay	\$47 Fee
Dermatology	\$30 Copay	\$20 Copay	\$20 Copay	\$75 Fee
Behavioral Health	\$30 Copay	\$20 Copay	\$20 Copay	\$85 - \$95 Fee**

**In the event of an emergency, please use emergency room or urgent care facility.*

***Initial psychiatry consult fee of \$190 for HDHP members.*



MinuteClinic® | CVS

Aetna medical members can access MinuteClinic services for treatment of minor conditions at no copay, making it easy to get care when and where you need it. MinuteClinic is a walk-in clinic inside select CVS Pharmacy® and Target stores and is open 7 days a week, including evenings. Offering both walk-in and scheduled appointments, MinuteClinic health care providers treat a variety of illnesses, injuries and conditions and can write prescriptions when medically appropriate.

All covered MinuteClinic services for treatment of minor conditions are available at no copay to HMO and PPO members. Costs will apply for HDHP members until the deductible is met. Once deductible has been met, MinuteClinic services are covered at no cost.

For more information or to find a MinuteClinic near you, please visit www.cvs.com/minuteclinic.



Rate Information as of January 1st, 2021

Medical HMO

Monthly Premium Rates:	
Employee Only	\$783.00
Employee & Spouse	\$1,679.00
Employee & Child(ren)	\$1,580.00
Family	\$2,445.00
Medicare Single	\$620.00
Medicare Family	\$1,170.00

Medical PPO 750

Monthly Premium Rates:	
Employee Only	\$806.00
Employee & Spouse	\$1,706.00
Employee & Child(ren)	\$1,636.00
Family	\$2,531.00
Medicare Single	\$645.00
Medicare Family	\$1,320.00

Medical PPO 1500

Monthly Premium Rates:	
Employee Only	\$675.00
Employee & Spouse	\$1,423.00
Employee & Child(ren)	\$1,367.00
Family	\$2,113.00
Medicare Single	\$555.00
Medicare Family	\$1,100.00

Medical HDHP with HSA

Monthly Premium Rates:	
Employee Only	\$588.00
Employee & Spouse	\$1,239.00
Employee & Child(ren)	\$1,188.00
Family	\$1,839.00
Medicare Single	\$490.00
Medicare Family	\$960.00

Dental DHMO

Monthly Premium Rates:	
Employee Only	\$22.22
Employee & Spouse	\$41.09
Employee & Child(ren)	\$47.22
Family	\$66.08

Dental DPPO

Monthly Premium Rates:	
Employee Only	\$34.00
Employee & Spouse	\$68.00
Employee & Child(ren)	\$67.00
Family	\$106.00

Vision

Monthly Premium Rates:	
Employee Only	\$7.75
Employee & Spouse	\$12.41
Employee & Child(ren)	\$12.67
Family	\$20.42

Basic Life/AD&D

Monthly Premium Rates (\$30,000 of coverage)	
Life/AD&D	\$3.60

Voluntary Life/AD&D

Age	Employee Monthly Rate (per \$10,000 of coverage)	Spouse Monthly Rate* (per \$5,000 of coverage)	Age	Employee Monthly Rate (per \$10,000 of coverage)	Spouse Monthly Rate* (per \$5,000 of coverage)
<25	\$0.81	\$0.41	50-54	\$3.21	\$1.61
25-29	\$0.91	\$0.46	55-59	\$5.41	\$2.71
30-34	\$1.11	\$0.56	60-64	\$7.31	\$3.66
35-39	\$1.21	\$0.61	65-69	\$13.01	\$6.51
40-44	\$1.31	\$0.66	70-74	\$26.11	\$13.06
45-49	\$2.01	\$1.01	75+	\$39.91	\$19.96
Monthly Rate (per \$5,000 of coverage)					
	Child(ren)	\$1.00			

*Spousal rates are based on the employee's age.



Aetna Value Added Benefits

Aetna Member Website and App:

Visit www.aetna.com to login or download the app through the app store. View your benefits and progress toward deductibles, get your digital member ID card, view claims details and account balances.

Aetna Informed Health Line:

Get health information when and where you need it. Call: 1-800-556-1555 or log on to www.aetna.com

Aetna Health ConnectionsSM Disease Management Program

Manage your health conditions while reducing medical costs. This program provides support for more than 35 conditions through online programs and advanced technology. Receive individual attention from health professionals to safely manage your disease. Aetna uses prescription and/or claim information to provide outreach to members via phone call/letter, or members can opt-in to this program by calling 1-866-269-4500.

Aetna Discount Program

Save on health products and services including weight loss programs, fitness programs, hearing aids and more. Log on to your member website at www.aetna.com

Simple Steps To A Healthier Life[®]

Your choice of digital coaching programs included with your health plan. Find out what your health needs are by taking or updating our online Health Assessment through Simple Steps To A Healthier Life[®]. For more information log on to your member website at www.aetna.com

Aetna Behavioral Health AbleTo Support

Convenient 8 week program with counseling and coaching available to Aetna medical members to help manage life's overwhelming events. Meet face-to-face with a therapist and behavioral coach by video or phone. Call AbleTo at 1 (844) 330-3648. Cost applies.



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member.
- Females get an annual well-woman exam covered at 100% in addition to their annual exam.
- No deductible expenses apply—the exam is no cost to you provided it's coded as preventive.

Prescription Drugs

- Ask your doctor if there's a generic version of the medication they're prescribing or you're already taking.
- Take advantage of the Generic Prescription Savings Programs at major retailers.
- Ask about free samples from your doctor and/or manufacturer rebates.

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals.
- Log on to your member website at www.aetna.com to find free-standing imaging centers that can save you substantial amount of money.

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Telemedicine: for general, dermatology or behavioral health symptoms, schedule a virtual visit with a licensed doctor.
- Doctor's office: for symptoms that aren't extreme, call and let them know your symptoms require immediate attention.
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc.
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.



Dental Health Maintenance Organization (DHMO)

The DHMO plan requires you to designate an in-network primary care dentist. Your primary dentist will provide all your dental care and referrals if specialty care is required. There is no out-of-network coverage unless in an emergency situation. The DHMO does not have deductibles or maximums. A fixed dollar amount is charged for treatment based off of a pre-determined fee schedule.

Dental Preferred Provider Organization (DPPO)

The DPPO plan allows the flexibility to select a dentist of your choice. Out-of-pocket costs can be managed more efficiently by using an in-network dentist. Each type of service or procedure fits into a category based on complexity and cost, such as:

Preventive:

- Exams / Cleanings
- Fluoride
- Space Maintainers

Basic:

- Sealants
- Fillings
- Root canals
- Extractions

Major:

- Crowns
- Dentures
- Implants

Choice of plan options:	DHMO		DPPO	
	In-Network Benefits Only		In-Network	Out-of-Network*
Network Name	DHMO		Passive PPO w/PPOII and Extended Networks	
Deductible	Individual Family	N/A N/A	\$50 \$150	\$50 \$150
Office Visit Copay	\$0 Copay		N/A	N/A
Preventive Coinsurance	Scheduled Fee		100% <i>Deductible waived</i>	100% <i>Deductible waived</i>
Basic Coinsurance	Scheduled Fee		80%	80%
Major Coinsurance	Scheduled Fee		50%	50%
Annual Plan Maximum	Unlimited		\$1,000	\$1,000
Orthodontia	Adults & Child(ren)		Child(ren) to age 19 only	
Orthodontia Coinsurance	Scheduled Fee		50%	50%
Orthodontia Lifetime Maximum	Unlimited		\$1,000	\$1,000

*Non-network (out-of-network) dentists do not agree to accept Aetna's allowed fees as payment in full. Payment is based on the lesser of the dental provider's submitted fee or the Aetna allowed amount (90th percentile of what is Usual & Customary for the geographical area). Out-of-Network providers can charge you (balance bill) for costs exceeding the Aetna allowed amount.

**If basic and/or major services are required, a pre-determination of benefits is recommended.

Enhanced Benefit Programs fully cover additional services with no deductible. These programs may be available to Aetna dental members with certain health conditions*:

- One additional dental exam and cleaning
- Scaling and root planing
- Full mouth debridement, which removes hard deposits on the teeth
- Periodontal maintenance

*Exclusions and limitations may apply. Refer to your plan documents and check with your dental provider to find out if these discounts apply

Aetna Dental ID Cards are provided electronically only. You will not receive a dental ID card in the mail.

To access your electronic dental ID card, visit the Aetna member website and/or download the Aetna Health App.



Vision Insurance | VSP

Vision insurance provides reimbursement for vision related services (i.e. eye exams, glasses, contact lenses, etc.) Manage your out-of-pocket costs by using in-network vision providers. Some examples of in-network providers include independent optical shops and Pearl Vision.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP Signature B Network		
Eye Exam	Every 12 months	\$0 or \$20 Copay**	Up to \$50 Reimbursement
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months	\$0 or \$20 Copay**	Reimbursement Varies
Frames	Every 24 months	\$120 allowance + 20% Off Balance	Up to \$70 Reimbursement
Elective Contacts	Every 12 months*	\$120 Allowance	\$105 max allowance

*Contacts and glasses are not covered in the same calendar year.

**Only pay one \$20 Copay for exam or materials, whichever service is provided first.

Enrolled VSP members are eligible for additional perks:

TechShield Blue

Reduce your blue light exposure and save! Your VSP benefit provides a savings of up to 40% on TechShield Blue. TechShield Blue is an advanced anti-reflective coating that helps combat digital eye strain by reducing your exposure to blue light from smartphones, tablets, computer monitors, LED and CFL lighting, and the sun.

Unity Progressive Lenses Rebate

Receive a \$25 mail-in rebate when you purchase Unity Progressive Lenses from your VSP network doctor with at least one of the following lens enhancements: Unity Anti-Reflective Coating, TechShield Blue, or SunSync Light-Reactive Lenses.

SunSync Light-Reactive Lenses

These lenses are backed by a one-year, 100% satisfaction guarantee. If you're not completely satisfied, VSP will refund any associated out-of-pocket expenses, less any copays, and replace your SunSync lenses with clear, prescription lenses free of charge.

Eyeconic

With Eyeconic, employees get the convenience of online shopping and additional savings along with the personal touch from a VSP network doctor.

TruHearing Hearing Aid Discount Program

VSP members can save up to 60% on the latest brand-name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too. Visit truhearing.com/vsp to learn more.

Simple Values

Enjoy VSP Simple Values—an exclusive member extra that gives you and your family access to valuable discounts and everyday savings.



Basic Life and AD&D Insurance | The Hartford

Basic Life Insurance helps ease your loved ones' financial burden. **This year the benefit has increased to \$30,000.** The designated beneficiary will receive the benefit in the event of your death. Accidental Death and Dismemberment (AD&D) provides an additional benefit in the event of your death or dismemberment due to a specifically covered accident. Always make sure your beneficiaries are up-to-date. This is an employer paid benefit for all full-time employees.

	Basic Life/Accidental Death & Dismemberment
Benefit Amount	\$30,000 per employee - Life \$30,000 per employee - AD&D



Voluntary Term Life and AD&D Insurance | The Hartford

Voluntary Term Life/AD&D allows the purchase of additional coverage at your own expense. Please remember to make sure your beneficiary or beneficiaries are updated.

A spouse's maximum election cannot exceed 50% of the employee's election amount.

	Employee	Spouse	Child(ren) Age 15 days to 26 years
Coverage Increments	\$10,000	\$5,000	\$5,000
Maximum Benefit Amount	\$300,000	\$150,000	\$15,000
Guaranteed Issue Amount*	\$100,000	\$50,000	\$15,000

*Guarantee issue applies to new hires only.

The cost of the benefit is 100% paid by you. Your age and the amount of insurance elected determines the premium paid. Spouse rate is based on employee age.

Evidence of insurability (EOI) is required if you and/or your spouse previously waived, did not enroll at initial eligibility, or wish to increase in coverage.



Employee Assistance Program (EAP) | The Hartford

The Ability Assist[®] Counseling Services program, offered by The Hartford through their partnership with ComPsych[®], provides assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, 7 days a week for you and your eligible dependents at no cost to you.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more

The EAP offers up to 3 face-to-face visits with trained counselors for each concern you may have. For more information on health topics visit guidanceresources.com. To contact an EAP representative, call (800) 964-3577.



Carrier Information

Medical HMO	
Carrier	Aetna
Website	www.aetna.com
Phone Number	888-290-7241 Pharmacy: 888-792-3862
Network	Open Access Select
Policy Number	170183-10

Medical PPO750 / PPO1500 / HDHP	
Carrier	Aetna
Website	www.aetna.com
Phone Number	888-290-7241 Pharmacy: 888-792-3862
Network	Choice POS II
Policy Number	170183-11 / 170183-12 / 170183-13

Dental DHMO	
Carrier	Aetna
Website	www.aetna.com
Phone Number	877-238-6200
Network	DHMO
Policy Number	170184

Dental DPPO	
Carrier	Aetna
Website	www.aetna.com
Phone Number	877-238-6200
Network	Passive PPO w/PPOII and Extended Networks
Policy Number	170184

Vision	
Carrier	VSP
Website	www.vsp.com
Phone Number	800-877-7195
Network	VSP Signature B Network
Policy Number	12240240

Basic Life and AD&D Insurance	
Carrier	The Hartford
Website	www.thehartford.com/employee-benefits
Policy Number	891881

Voluntary Term Life and AD&D Insurance	
Carrier	The Hartford
Website	www.thehartford.com/employee-benefits
Policy Number	891881

Employee Assistance Program	
Carrier	ComPsych Guidance Resources
Website	www.guidanceresources.com
Phone Number	800-964-3577
Web ID	HLF902
Company Name	ABILI

Questions?

Contact your Library HR Representative

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.

Library	How much of the health insurance premium is a full time staff member responsible for (percentage or dollar amount)?	If the library pays for dependents, how much of the dependents health insurance premium is a full time staff member responsible for?	Comments
New Lenox Public Library	\$30 which is 4.6%	100%	
Three Rivers PLD	0%	For staff hired pre-2010 it's 0%. After 2010, it's 100%.	
The Glenside Public Library District	0%	75%	Dependents and/or Spouse are at 75%
Bridgeview Public Library	0%	100%	Library pays for employee - Employee pays for dependants If employee wants PPO- Library pays HMO cost for employee, employee pays the difference - employee pays 100% PPO costs for dependants
Palos Heights Public Library	0%	100%	
Forest Park Public Library	0	20% for the HMO the library pays the equivalent amount for the PPO as we pay for the HMO and the employee pays the difference (same as bridgeview and shorewood)	
Marengo-Union Library District	0%	100%	
Prairie Trails Public Library District	0	100%	
Cary Area Public Library District	0%		
Addison Public Library	0%	50%	
Itasca Community Library	1%	100%	
Bensenville Community Public	10%	50%	
East Moline Public Library	10%	10%	We just implemented a 15% for employee/50% for dependent for new hires pay, but haven't hired anyone yet
Flossmoor Public Library	10%	100%	
Oak Park Public Library	10%	10%	
Manhattan-Elwood Public Library	10%	100%	
North Riverside Public Library District	10%	n/a	
Bourbonnais Public Library	10%	100%	
Plainfield Public Library District	10%	100%	Library pays for HMO, PPO option, staff member pays the difference
Peotone Public Library District	15%	100%	
Roselle Public Library District	15%	40%	
Winnetka-Northfield Public Library	20%	50%	There are three plans but the cost splits are the same.
La Grange Park Public Library District	20%	100%	*I JUST asked my board to consider re-evaluating family/dependant coverage but nothing decided yet
Carol Stream Public Library	20%	20%	
Harvey Public Library District	20%	100%	
Shorewood-Troy Library	20%	100%	We have 2 PPOs, and an HMO - the library pays 80% of the cost for the lowest-cost plan, staff pay over for more expensive plans.
Berkeley Public Library	25%	100%	Limricc, 2 FT Staff members, both PPO
Mount Prospect Public Library	25%	25%	
Coal City Public Library District	30%	n/a	
River Grove Public Library District	65%	0%	Library Director is the only member that has benefits. Just asked board to re-evaluate
Hodgkins Public Library	0% - 40% depending on plan	20% - 40%	Kid(s) only 80% - Kids and/or Spouse 60%
Glencoe Public Library	0	30%	
Elmwood Park Public Library	0% (for single HMO),	pay difference on PPO or any family coverage	
Lincolnwood Public Library District	0% for high deductible PPO or difference in cost of higher and lower deductible PPO plans.	100%	
Eisenhower Public Library District	0% for high-deductible PPO or HSA; difference in cost of PPO for and HMO if choosing HMO	100%	
Algonquin Area Public Library	0% or 20%	50%	For employees, we pay 80% of Plan A and 100% of Plan B; we pay 50% for dependents/spouse no matter which plan
Midlothian Public Library	10% or 20% depending on plan	100%	
Downers Grove Public Library	2.5-7.5%	7.5-12.5%	There are two plan options with different premiums

Library	How much of the health insurance premium is a full time staff member responsible for (percentage or dollar amount)?	If the library pays for dependents, how much of the dependents health insurance premium is a full time staff member responsible for?	Comments
Chicago Ridge Public Library	20% (base plan, pay difference for buy-up plan ~29%)	25% (base plan, pay difference for buy-up plan ~34%)	The board plans on revisiting coverage for dependents in 2021
Warrenville Public Library District	30% or 20% depending on plan (see note)	100%	HMO & PPO 750 employee pays 30%; PPO 1500 & HSA eligible HDHP employee pays 20%; library contributes \$1,000 to HSA if employee is enrolled in HDHP
Zion Benton Public Library	5-10%	n/a	We pay 95% of the HMO, 90% of all other plans
St. Charles Public Library District	The library pays up to \$1000 regardless of plan and cost. Staff member pays difference.	n/a; see previous answer	
Fountaindale Public Library District	Variable depending on plan chosen	N/A	

ORDINANCE NO. 2020-2

An ordinance to amend ordinance number 2020-1 calling the Regular Meetings of the Nancy L. McConathy Public Library District Board of Trustees

Whereas, the Board of Trustees of the Nancy L. McConathy Public Library District is required pursuant to Section 4-10.0 of the Illinois Public Library District Act (75 ICLS 15/4-10.1) and Section 2.03 of the Illinois Open Meetings Act (5 ILCS 120/2.03) at the beginning of each calendar or fiscal year, and state the regular dates, times and places of such meetings, by posting a copy of the notice at the principle office of the Library District:

NOW THEREFORE, BE IT ORDAINED BY THE BOARD OF TRUSTEES OF THE NANCY L. MCCONATHY PUBLIC LIBRARY DISTRICT AS FOLLOWS:

Section 1: The regular meetings of the Board of Trustees of the Nancy L. McConathy Public Library District shall be held on the Second Saturday of the month at 9:00 am in the Nancy L. McConathy Library District Building located at 21737 Jeffery Avenue Sauk Village, Illinois.

Section 2: The dates for such regular meetings for the 2020-2021 fiscal year shall be as follows:

July	15, 2020	February	13, 2021
August	12, 2020	March	13, 2021
September	12, 2020	April	10, 2021
October	10, 2020	May	08, 2021
November	14, 2020	June	12, 2021
January	09, 2021	July	10, 2021

Section 3: Public notice of the schedule of regular meetings of the Board of the Trustees of the Nancy L. McConathy Public Library District shall be given by posting a copy of a Legal Notice, substantially in the form of Exhibit A attached hereto, at the principal office of the Library District, immediately upon adoption.

Section 4: The ordinance shall be full force and effect forth with upon its adoption.

Adopted this 12th day of August of 2020 by the following vote:

Ayes: Elizabeth Norcutt, Merrionna Pierce and Roger Strasemeier

Nays: NONE

Absent: Catherine Boetcher, Suzanne Downing, and Crystal Parker

President

Secretary Pro-Tem