

FREMONT TOWNSHIP BOARD MEETING AGENDA

Regular Board Meeting: October 8, 2018 7:00 P.M.

22385 W. Highway 60, Mundelein, IL 60060

1. CALL TO ORDER - PLEDGE OF ALLEGIANCE

2. ROLL CALL

3. PUBLIC COMMENTS

4. APPROVAL OF MINUTES

- Motion to approve the minutes of the September 11, 2018 Regular Meeting.

5. CORRESPONDENCE

6. OLD BUSINESS

7. NEW BUSINESS

7.1 Health Insurance Policy Renewal

- Motion to purchase health insurance policy with _____ for coverage between December 1, 2018 through November 30, 2019.

8. PARKS REPORT

9. CERT REPORT

10. COMMUNITY GARDEN REPORT

11. ELECTED OFFICIALS' REPORT

- Assessor
- Clerk
- Highway Commissioner
- Supervisor
- Trustees

12. GA/EA/FOOD PANTRY REPORT

13. PUBLIC COMMENTS

14. APPROVAL OF BILLS

- Motion to Audit and approve for payment of Road and Bridge Fund in the amount of \$
Permanent Road Fund in the amount of \$
And General Town Fund in the amount of \$

ROLL CALL

- Motion to Audit and approve for payment of General Assistance Fund in the amount of \$

15. EXECUTIVE SESSION - None

16. ADJOURN

TIME: _____

Minutes Board of Town Trustees

STATE OF ILLINOIS,
COUNTY OF LAKE,
TOWN OF FREMONT

The Fremont Township Board of Trustees met at 22385 W. Illinois Route 60. Mundelein, IL 60060 on September 11, 2018 to conduct a Regular Meeting.

<u>Diana O’Kelly</u>	Supervisor
<u>Christina McCann</u>	Town Clerk
<u>Bill Grinnell</u>	Highway Commissioner
<u>Joe Herchenbach</u>	Assessor
<u>Jeri Atleson</u>	Town Trustee
<u>Patricia Stejskal</u>	Town Trustee
<u>Connie Shanahan</u>	Town Trustee
<u>Keith Voss</u>	Town Trustee

1. CALL TO ORDER AND PLEDGE

Supervisor O’Kelly called the meeting to order at 7:00 P.M.

2. ROLL CALL

BOARD MEMBERS PRESENT

Trustee Atleson, Trustee Shanahan, Trustee Stejskal, Trustee Voss, Supervisor O’Kelly.

ELECTED OFFICIALS PRESENT

Clerk McCann, Assessor Herchenbach

OTHERS PRESENT

Rose Marie Domeny, Judy Hammel

3. PUBLIC COMMENTS

Rose Marie Domeny stated that several new families have moved into her neighborhood and that speeding has increased. She is requesting signage be posted near the intersection of Russell and Baker to remind drivers of the speed limit. Supervisor O’Kelly will pass the concern on to the Highway Commissioner.

4. APPROVAL OF MINUTES

- Trustee Shanahan moved, and Trustee Voss seconded the motion to approve the minutes of the June 11, 2018 Regular meeting. All in favor, motion carried.

5. CORRESPONDENCE

- The Tri County Access Project extended an invitation for the township to participate as a consulting partner in the planning phase for the Route 53 extension. Board consensus is for Trustee Shanahan to participate on behalf of the township.

6. OLD BUSINESS

None

7. NEW BUSINESS

7.1 Concrete Repairs

- Trustee Shanahan moved, and Trustee Voss seconded the motion to accept a quote from TSR Concrete Coatings to apply 1390 sq. ft of concrete coating at the front of Administration Center. All in favor, motion carried.

Discussion

Supervisor O’Kelly explained this is a product that can be installed on top of the old concrete. The project will include repairing all concrete and curbing at the front of the Administration Center.

8. PARKS REPORT

Supervisor O’Kelly reported the civil lawsuit pertaining to an injury at Ivanhoe Park has been settled by MBSA’s insurance carrier.

9. CERT REPORT

Team Leader Pat Stejskal reported the following CERT activities:

Upcoming Dates:

Saturday, September 8 -- Veteran's and Family Services Ruck March (Lake Villa)

Wednesday, September 19 -- Incident Command System Forms Review (Hanover Township)

Saturday, September 22 – Help with traffic control for recycling event at the Township

Sunday, October 7 – Countryside Fire Open House

Saturday, October 13 -- Joint CERT Training Exercise

Sunday, October 14 – Grayslake Fire Open House

Monday, October 15 – CERT Team Meeting—guest speaker is Township Supervisor, Diana O’Kelly

Tuesday, October 23 – CERT presentation at Fremont Public Library

10. COMMUNITY GARDEN REPORT

Trustee Atleson reported the following:

- Alicia Dodd is already making plans for next year
- Getting ready to plant for Thanksgiving harvest
- Inside of Cob house has been painted

11. ELECTED OFFICIALS’ REPORT**Assessor**

Assessor Joe Herchenbach reported the following:

- Hearings are nearly complete for this year
- Started process to review township neighborhoods for quadrennial assessment
- Using MLS to acquire up to date data has been a helpful tool
- Staff are working hard to prepare for the County software conversion to take place in October

Clerk

Clerk McCann reported the following:

FOIA’s

- NBC5 – requested all information pertaining to sexual harassment severance settlements. Clerk McCann informed them there have been no settlements
- Janice Schnobrich – requested transportation contracts for years 2015, 2016, 2017 and 2018. Clerk McCann provided the requested documents.
- Gina Cohn – requested a copy of the township telephone bill. Clerk McCann provided the requested documents.

Highway Commissioner

No Report

Supervisor

Supervisor O’Kelly reported the following:

- Hosting for the township website has been transferred to WPEngine
- Attended Del Webb car show and wrap-up event. A total of \$8140.00 was raised and donated to the township food pantry
- Attended Paratransit (PAC) meeting
- Met with Marlene Rampale from SWALCO to prepare for recycling event
- Picked up school supply donations at Prairie Crossing School
- Attended the township supervisor’s meeting with a presentation on the opioid initiative
- Prepared grant application for State Representative Helene Miller Walsh
- Preparing annual newsletter for mailing to township residences
- Cell tower property tax bill has not been paid by Sprint

- Vehicle accident today in upper parking lot highlights the importance of our senior transportation services
- Lake County Housing Authority hired a new Executive Director

Trustees

- Trustee Shanahan thanked Nancy Lech for overseeing restoration of board room chairs
- Trustee Atleson requested a meeting of the board to review anticipated revenue and expenses for the 2019 budget before the Levy is prepared and filed. She also thanked the Board for accommodating the Rosh Hashanah holiday.

12. GA/EA/FOOD PANTRY REPORT

The following statistics were reported for the month of August 2018:

- One (1) resident received General Assistance without medical
- Three (3) residents received Emergency Assistance
- Forty-nine (49) residents received food pantry assistance
- Zero (0) residents applied for Liheap assistance
- Seventy-nine (79) taxi coupons were used (July 2018)
- Six (6) residents received assistance with RTA pass applications
- Six (6) residents applied for the Benefit Access Program
- Ten (10) residents received Diaper Bank donations
- A prior GA client has been approved for disability. Funds spent by the township will be reimbursed through Social Security.

13. PUBLIC COMMENTS

None

14. APPROVAL OF BILLS

- Trustee Voss moved, and Trustee Stejskal seconded the motion to audit and approve for payment of Road and Bridge Fund in the amount of \$8645.59, Permanent Road Fund in the amount of \$259,285.67 and General Town Fund in the amount of \$95,027.85.

ROLL CALL: Aye: Trustee Atleson, Trustee Shanahan, Trustee Stejskal, Trustee Voss. All in favor, motion carried.

- Trustee Shanahan moved, and Trustee Voss seconded the motion to audit and approve for payment of the General Assistance Fund in the amount of \$8019.92. All in favor, motion carried.

15. EXECUTIVE SESSION

None

16. ADJOURN

- Trustee Stejskal moved, and Trustee Shanahan seconded the motion to adjourn the meeting at 7L41 p.m. All in favor, motion carried.

Respectfully Submitted, Christina McCann, Fremont Township Clerk

Approved: October 8, 2018



FREMONT
TOWNSHIP
ILLINOIS

Final Marketing Results

for

December 1, 2018

Russell Warye, CIC PPC
President
1850 W. Winchester Road, Suite 103
Libertyville, Illinois 60048
p 847.247.8811
f 847.247.8822
www.benefitpartnersgroup.com










Benefit Partners Group

Printed on: 10/01/2018



Final Medical Marketing Summary

December 1, 2018

CARRIERS	\$1,000 Deductible, 80/60 PPO	MONTHLY TOTAL	% CHANGE
 BlueCross BlueShield of Illinois <u>CURRENT</u>	7 Employee \$774.96 1 Employee + Spouse \$1,549.92 2 Employee + Child(ren) \$1,433.67 4 Family \$2,208.63 <hr/> 14 \$18,676.50	\$18,676.50	-
 BlueCross BlueShield of Illinois <u>RENEWAL</u>	\$1,250 Deductible, 80/50 PPO 7 Employee \$728.48 1 Employee + Spouse \$1,456.97 2 Employee + Child(ren) \$1,347.69 4 Family \$2,076.18 <hr/> 14 \$17,556.43	\$17,556.43	-6.00%
 UnitedHealthcare <u>COMMUNITY RATES</u>	\$1,000 Deductible, 80/50 PPO 7 Employee \$760.76 1 Employee + Spouse \$1,521.52 2 Employee + Child(ren) \$1,407.41 4 Family \$2,168.17 <hr/> 14 \$18,334.34	\$18,334.34	4.43%
 Humana <u>COMMUNITY RATES</u>	\$1,000 Deductible, 80/50 PPO 7 Employee \$809.33 1 Employee + Spouse \$1,618.67 2 Employee + Child(ren) \$1,497.27 4 Family \$2,306.60 <hr/> 14 \$19,504.92	\$19,504.92	11.10%
 aetna® <u>LEVEL FUNDED</u>	DECLINE - INDUSTRY	-	-
 Humana <u>LEVEL FUNDED</u>	DECLINE - INDUSTRY	-	-
 UnitedHealthcare <u>LEVEL FUNDED</u>	DECLINE - INDUSTRY	-	-

10/1/2018



Fremont Township - 2018 BlueCross BlueShield Renewal Options

INSURER	BlueCross BlueShield PPO \$1,250 Deductible (G532PPO) (Renewal Plan)		BlueCross BlueShield PPO \$3,250 Deductible (G530PPO) (Renewal Plan)		BlueCross BlueShield PPO \$700/\$1,500 Deductible (Options - G506OPT) (Renewal Plan)		
MEDICAL BENEFITS	In-Network	Out-of-Network	In-Network	Out-of-Network	BlueChoice In-Network	PPO In-Network	Out-of-Network
Annual Deductible	\$1,250 (3x's family)	\$2,500 (3x's family)	\$3,250 (3x's family)	\$6,500 (3x's family)	\$700 (3x's family)	\$1,500 (3x's family)	\$3,000 (3x's family)
Benefits Paid at Following	PPO Discount	Usual & Customary	PPO Discount	Usual & Customary	PPO Discount	PPO Discount	Usual & Customary
Hospital Stay	\$200 co-pay then 80% after deductible	\$300 co-pay then 50% after deductible	\$200 co-pay then 100% after deductible	\$300 co-pay then 100% after deductible	\$250 co-pay then 90% after deductible	\$500 co-pay then 70% after deductible	\$600 co-pay then 50% after deductible
Out-patient Surgical Care	\$150 co-pay then 80% after deductible	\$250 co-pay then 50% after deductible	\$150 co-pay then 100% after deductible	\$250 co-pay then 100% after deductible	\$200 co-pay then 90% after deductible	\$400 co-pay then 70% after deductible	\$500 co-pay then 50% after deductible
Out-patient Non-Surgical Care	80% after deductible	50% after deductible	100% after deductible	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Emergency Room	\$400 co-pay then 80% after deductible		\$400 co-pay then 100% after deductible		\$400 co-pay then 90% after deductible		
Urgent Care	\$75 co-pay	50% after deductible	\$200 co-pay then 100% after deductible	\$300 co-pay then 100% after deductible	\$75 co-pay	\$75 co-pay	50% after deductible
Doctor Office Visits	\$35 co-pay	50% after deductible	\$15 co-pay	100% after deductible	\$20 co-pay	\$50 co-pay	50% after deductible
Specialist Office Visits	\$60 co-pay	50% after deductible	\$35 co-pay	100% after deductible	\$40 co-pay	\$100 co-pay	50% after deductible
Preventive Care	Coverage at 100% Deductible does not apply	50% after deductible	Coverage at 100% Deductible does not apply	100% after deductible	Coverage at 100% Deductible does not apply	Coverage at 100% Deductible does not apply	50% after deductible
Prescription Drugs - Retail	\$0 Tier 1 / \$10 Tier 2 \$50 Tier 3 / \$100 Tier 4 \$150 Tier 5 / \$250 Tier 6		\$0 Tier 1 / \$10 Tier 2 \$35 Tier 3 / \$75 Tier 4 \$150 Tier 5 / \$250 Tier 6		\$0 Tier 1 / \$10 Tier 2 \$35 Tier 3 / \$75 Tier 4 \$150 Tier 5 / \$250 Tier 6		
Prescription Drugs - Mail Order	3x's co-pay - 90 day supply		3x's - 90 day supply		3x's co-pay - 90 day supply		
Annual Out of Pocket Maximum (Includes Deductible)							
-Individual	\$3,500	\$7,000	\$3,250	\$6,500	\$4,200	\$6,000	\$12,000
-Family	\$10,500	\$21,000	\$9,750	\$19,500	\$12,600	\$14,700	\$28,400
Lifetime Medical Maximum	Unlimited		Unlimited		Unlimited		

This spreadsheet represents a brief summary of benefits. Please refer to policy certificate for actual benefits.

10/1/2018



Fremont Township - 2018 BlueCross BlueShield Rate Comparison

INSURER	BlueCross BlueShield PPO \$1,250 Deductible (G532PPO) (Renewal Plan)	BlueCross BlueShield PPO \$3,250 Deductible (G530PPO) (Renewal Plan)	BlueCross BlueShield PPO \$700/\$1,500 Deductible (Options - G506OPT) (Renewal Plan)																																																						
A.M. BEST RATING	A+ (superior)	A+ (superior)	A+ (superior)																																																						
NETWORK	PPO	PPO	BlueOptions PPO																																																						
WEBSITE ACCESS	www.bcbsil.com	www.bcbsil.com	www.bcbsil.com																																																						
MEDICAL RATES	<table><tr><td></td><td><u>Current</u></td><td><u>Renewal</u></td></tr><tr><td>7 Employee</td><td>\$774.96</td><td>\$726.48</td></tr><tr><td>1 Employee + Spouse</td><td>\$1,549.92</td><td>\$1,456.97</td></tr><tr><td>2 Employee + Child(ren)</td><td>\$1,433.67</td><td>\$1,347.69</td></tr><tr><td>4 Family</td><td>\$2,208.63</td><td>\$2,076.18</td></tr><tr><td>14</td><td>\$18,676.50</td><td>\$17,556.43</td></tr></table>		<u>Current</u>	<u>Renewal</u>	7 Employee	\$774.96	\$726.48	1 Employee + Spouse	\$1,549.92	\$1,456.97	2 Employee + Child(ren)	\$1,433.67	\$1,347.69	4 Family	\$2,208.63	\$2,076.18	14	\$18,676.50	\$17,556.43	<table><tr><td></td><td><u>Current</u></td><td><u>Renewal</u></td></tr><tr><td>0 Employee</td><td>\$759.68</td><td>\$727.47</td></tr><tr><td>0 Employee + Spouse</td><td>\$1,519.36</td><td>\$1,454.94</td></tr><tr><td>0 Employee + Child(ren)</td><td>\$1,405.40</td><td>\$1,345.82</td></tr><tr><td>0 Family</td><td>\$2,165.08</td><td>\$2,073.28</td></tr><tr><td>0</td><td>\$0.00</td><td>\$0.00</td></tr></table>		<u>Current</u>	<u>Renewal</u>	0 Employee	\$759.68	\$727.47	0 Employee + Spouse	\$1,519.36	\$1,454.94	0 Employee + Child(ren)	\$1,405.40	\$1,345.82	0 Family	\$2,165.08	\$2,073.28	0	\$0.00	\$0.00	<table><tr><td></td><td><u>Current</u></td><td><u>Renewal</u></td></tr><tr><td>0 Employee</td><td>\$585.89</td><td>\$568.56</td></tr><tr><td>0 Employee + Spouse</td><td>\$1,171.77</td><td>\$1,137.13</td></tr><tr><td>0 Employee + Child(ren)</td><td>\$1,083.89</td><td>\$1,051.84</td></tr><tr><td>0 Family</td><td>\$1,669.78</td><td>\$1,620.41</td></tr><tr><td>0</td><td>\$0.00</td><td>\$0.00</td></tr></table>		<u>Current</u>	<u>Renewal</u>	0 Employee	\$585.89	\$568.56	0 Employee + Spouse	\$1,171.77	\$1,137.13	0 Employee + Child(ren)	\$1,083.89	\$1,051.84	0 Family	\$1,669.78	\$1,620.41	0	\$0.00	\$0.00
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PERCENTAGE CHANGE																																																									

The above rates are shown for a December 1, 2018 effective date.



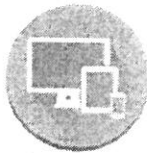
BlueCross BlueShield of Illinois

Powered by
MDLIVE[®]

Care When and
Where Your
Customers Need It
Just Got Easier

Virtual Visits

Providing your customers access
to independently contracted health
care professionals



Convenient

Access where mobile app,
online video or telephone
is available¹



Professional

Board-certified doctors,
prescriptions sent
electronically to a pharmacy
of member's choice



Cost-effective

Potential redirection of
high-cost urgent care and
emergency room visits

Virtual visits provide a live consultation between a doctor and a member for many non-emergency medical and behavioral health needs.

The virtual visits program offers employers:

- Convenience with doctors available 24 hours a day, seven days a week
- Potential decrease in employee absences and improved productivity
- Seamless access to the portal from Blue Access for MembersSM
- Integration with Blue Cross and Blue Shield of Illinois (BCBSIL) transparency products²

For more information, contact your BCBSIL Account Representative.

Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using a tablet or smartphone. Check phone carrier's plan for details. Video on-demand consultations for behavioral health are available by appointment. Service is limited to interactive-audio (phone only) consultations, along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio only (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Service availability depends on employee's location.

Access to certain transparency products may not be available on all plans. Virtual visits may not be available on all plans.


MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

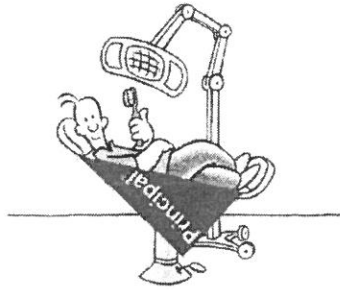
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MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Illinois. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.

2018 Dental Insurance

INSURER				
DENTAL BENEFITS Annual Deductible *Only applies to Basic and Major Services Benefits are paid at the following Diagnostic & Preventive - Oral examination - X-rays - Cleaning Basic Procedures - Emergency Exams - Simple Oral Surgery - Fillings Major Procedures - Crowns - Inlays - Dentures - Periodontics - Endodontics Annual Benefit Maximum Orthodontia Procedures Lifetime Maximum - Child	<u>In-Network</u>	<u>Out-of-Network</u>		
	\$0 (3x's family)	\$50 (3x's family)		
	PPO Discount	Usual & Customary 80th percentile		
	100%	100%		
	80%	80%		
	50%	50%		
		\$2,000 Maximum Rollover Included		
		N/A		
	DENTAL RATES TOTAL MONTHLY PREMIUM TOTAL ANNUAL PREMIUM PERCENTAGE CHANGE		<u>Current</u>	<u>Renewal</u>
5 Employee		\$55.86	\$58.60	\$55.86
1 Employee + Spouse		\$112.30	\$117.81	\$112.30
2 Employee + Child(ren)		\$114.17	\$119.77	\$114.17
5 Family		\$183.42	\$192.42	\$183.42
13		\$1,537.04	\$1,612.45	\$1,537.04
		<u>\$18,444.48</u>	<u>\$19,349.40</u>	<u>\$18,444.48</u>
			4.9%	0.00%

This spreadsheet represents a brief summary of benefits. Please refer to policy certificate for actual benefits.



Principal Dental Series II

Maximum Accumulation Plan

The Principal® Dental Series II product from Principal Life Insurance Company offers many competitive features. The Maximum Accumulation Plan rewards employees who seek routine, preventive dental care by allowing a portion of the unused maximum benefit to rollover or increase the maximum benefit in the following year. The rollover only applies to the Units 1-3 calendar year maximum and is determined at the claimant level.

Maximum Accumulation Plan qualifications include:

- Available to any size group
- Unit 3 (Major) benefits must be elected
- Available to groups electing calendar year maximums only
- Available with dental benefit choice (can be elected on the high design or elected on both designs of the choice offering)
- Members with fourth-quarter effective dates (Oct. 1–Dec. 15) begin qualifying for rollover at the beginning of the next calendar year
- Does not apply to Additional Benefit Riders
- Members in the middle of late entrant or case level waiting periods don't qualify

Takeover groups

Our offering allows for takeover of a member's current maximum amounts. And Principal Life honors the higher maximums members with rollover or accumulation plans have built up. Each member must provide documentation on his or her current maximum.

Accumulation

The amount rolled over or accumulated for the following year's maximum is 50% of the threshold amount. The threshold amount is the lesser of 50% of the annual maximum or \$1,000. A member's total annual claims must be less than the threshold amount to qualify. For members with split maximums, the accumulation amount is based on the non-network maximum. Members can accumulate up to four times the accumulation amount. However, if a member doesn't submit any claims in a year, the entire accumulated maximum benefit is forfeited.

Use this chart to determine thresholds and accumulation amounts.

MAXIMUM ACCUMULATION THRESHOLDS AND ACCUMULATION AMOUNTS

PLAN MAXIMUM	THRESHOLD	ACCUMULATION AMOUNT	ACCUMULATION THRESHOLD
250	125	62.50	250
500	250	125	500
750	375	187.50	750
1,000	500	250	1,000
1,100	550	275	1,100
1,200	600	300	1,200
1,250	625	312.50	1,250
1,300	650	325	1,300
1,400	700	350	1,400
1,500	750	375	1,500
1,600	800	400	1,600
1,700	850	425	1,700
1,750	875	437.50	1,750
1,800	900	450	1,800
1,900	950	475	1,900
2,000	1,000	500	2,000
2,250	1,000	500	2,000
2,500	1,000	500	2,000
2,750	1,000	500	2,000
3,000	1,000	500	2,000

Amendments

Amendments to increase the original maximum benefit result in an increase for all members without impacting the accumulated maximum amount. Amendments to decrease the original maximum benefit result in a decrease for all members.

FOR MORE INFORMATION


Contact your local sales representative for more information or visit www.principal.com.



WE'LL GIVE YOU AN EDGE®

This is a summary of the Maximum Accumulation Plan. It is not an insurance contract or a complete statement of its provisions, benefits or restrictions. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The [master] group policy determines all rights, benefits, exclusions and limitations of the insurance described here.

2018 Vision Insurance


INSURER	 Principal								
Eye Exam Lenses -Single Vision -Lined Bifocal -Lined Trifocal -Lenticular Contacts Frames -Retail Frame	Once every 12 months \$50 reimbursement Once every 12 months Up to \$50 reimbursement Up to \$75 reimbursement Up to \$75 reimbursement Up to \$100 reimbursement Once every 12 months Up to \$150 reimbursement Once every 24 months Up to \$100 reimbursement								
VISION RATES	<table> <tr> <td>Employee</td><td>\$9.17</td></tr> <tr> <td>Employee + Spouse</td><td>\$17.14</td></tr> <tr> <td>Employee + Child(ren)</td><td>\$16.19</td></tr> <tr> <td>Family</td><td>\$24.15</td></tr> </table>	Employee	\$9.17	Employee + Spouse	\$17.14	Employee + Child(ren)	\$16.19	Family	\$24.15
Employee	\$9.17								
Employee + Spouse	\$17.14								
Employee + Child(ren)	\$16.19								
Family	\$24.15								

This spreadsheet represents a brief summary of benefits. Please refer to policy certificate for actual benefits.
No increase upon renewal.

10/1/2018

 Benefit Partners Group

2018 Voluntary Life / AD&D Insurance

CARRIER	RATE TABLE		BENEFIT DESCRIPTION	GUARANTEE INFORMATION
	Age Table	Monthly Rates (per \$1,000)	Employee Benefits	Guarantee Issue Amounts
 Principal	29 & Under	\$0.143	\$10,000 minimum to \$300,000 maximum	Employee - \$70,000 Spouse - \$20,000
	30-34	\$0.155		
	35-39	\$0.216	Spouse Benefits \$5,000 minimum to \$100,000 maximum, cannot exceed 100% of the employee's coverage	
	40-44	\$0.331		
	45-49	\$0.493		
	50-54	\$0.784		
	55-59	\$1.214	Child(ren) Benefits \$5,000 for \$1.00 per family \$10,000 for \$2.00 per family	Rate Guarantee 2 year
	60-64	\$1.673		
	65-69	\$3.062		
	70 & Over	\$5.037		

This spreadsheet represents a brief summary of benefits. Please refer to policy certificate for actual benefits.

*New coverage.