



County of Union, Illinois
Office of the Chief Information Officer
309 W. Market—Room 115
Jonesboro, IL 62952

Rollie Hawk, CIO
(618) 925-2470
cio@unioncountyil.gov
@unioncountycio

December 17, 2015

[sent via email]

Allen Reyne
1532 West Governor
Springfield, IL 62704

PTIAllen@gmail.com

Mr. Reyne:

Please consider this our response to your attached December 10, 2015 Freedom of Information Act request, summarized below:

- 1) *What plan(s) can the Firefighters pick from? (PPO, HMO, HSA, etc)*
- 2) *Who is covered? (single, single +1, Single + kids, family, etc)*
- 3) *What is the total cost (EMT+County) for each available plan per month?*
- 4) *How much does the firefighter pay for each of the available plan options (percentage or dollar amount)?*
- 5) *What is the expiration date?*
- 6) *Please send me a summary of benefits for each of the available plan options*
- 7) *Who is the insurance company?*

Please find attached the following responsive documents:

- An email from Ambulance Service Director Grant Capel describing the plan
- A copy of the applicable rate sheet from Ambulance Service Director Grant Capel
- A statement of benefits from County Administrator Kelly Carter

We feel this completes your request. If we may be of further assistance, please let me know.

Sincerely,

Rollie Hawk, Chief Information Office

Enclosure

Cc: Tyler Edmonds, State's Attorney
Kelly Carter, County Administrator
Grant Capel, Ambulance Service Director

FOIA - Union County EMS

From: Allen Reyne <ptiallen@gmail.com>
To: cio@unioncountyiil.gov
Cc: ucsainfo@unioncountyiil.gov
Subject: FOIA - Union County EMS
Date: Thursday, December 10, 2015 5:10 PM
Size: 8 KB

I am requesting information about the Firefighter's 2015 health insurance plan (2016 too, if available)

Please let me know if my request should be directed to another official or submitted in another format.

This is my FOIA request:

- 1) What plan(s) can the Firefighters pick from? (PPO, HMO, HSA, etc)
- 2) Who is covered? (single, single +1, Single + kids, family, etc)
- 3) What is the total cost (EMT+County) for each available plan per month?
- 4) How much does the firefighter pay for each of the available plan options (percentage or dollar amount)?
- 5) What is the expiration date?
- 6) Please send me a summary of benefits for each of the available plan options
- 7) Who is the insurance company?

I do appreciate your help; I know you are very busy. This is a personal request. You may email your response if that is most convenient for you.

Thank You!

Allen Reyne

1532 West Governor

Springfield, Illinois 62704

217-899-8440

PTIAllen@gmail.com

RE: FOIA - Union County EMS

From: Grant Capel <gcapel@unioncountyl.gov>
To: Rollie J. Hawk <rhawk@unioncountyl.gov>
Subject: RE: FOIA - Union County EMS
Date: Monday, December 14, 2015 9:47 AM
Size: 207 KB

Rollie,

We need to inform the gentleman making the request that this is Health Link open access III plan. The costs for the employee who are on the major medical plan are spelled out for employee, employee spouse, employee child, and family. The total cost for insurance for the employee is covered with the exception of \$35 contribution from the employee per month towards the total cost. Our employees are paid bi-weekly making the contribution \$16.15 per pay.

Enclosed is a copy of the rate sheet for the health insurance associated with our office. If you have any further questions please do not hesitate to contact me.

Best Regards,
Grant

From: Rollie J. Hawk [mailto:rhawk@unioncountyl.gov]
Sent: Friday, December 11, 2015 5:17 AM
To: Grant Capel; jwatkins@unioncountyl.gov; Kelly Carter
Cc: Tyler R. Edmonds
Subject: Re: FOIA - Union County EMS

Please see the request below. We'll need to respond by Thursday, December 17.

Rollie

On Thu, Dec 10, 2015, at 05:10 PM, Allen Reyne wrote:

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7) Who is the insurance company?

I do appreciate your help; I know you are very busy. This is a personal request. You may email your response if that is most convenient for you.

Thank You!

Allen Reyne

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Springfield, Illinois 62704

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Rollie Hawk

rhawk@unioncountyl.gov

Union County Chief Information Officer

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HOPE Trust Healthcare Plan -- Client Billing Rates (Monthly) revised effective 1-1-2016

Rates for: Union County

ACTIVE EMPLOYEES	HOPE 2500 Major Medical Plan	
	<i>(includes Late Entrant Major Medical Plan & Supplemental Major Medical Plan (SMMP))</i>	
	EE	\$ 575.00
	ES	\$ 1,006.00
	EC	\$ 1,150.00
	F	\$ 1,437.00
	Health Reimbursement Plan (HRP)	
	Composite	\$ 315.00
COBRA and RETIRED/ DISABLED (NON- MEDICARE)	HOPE 2500 Major Medical Plan	
	<i>(includes Late Entrant Major Medical Plan) (SMMP Not Available for Non-Active Employees)</i>	
	S	\$ 515.00
	F	\$ 1,185.00
	Health Reimbursement Plan (HRP)	
	S	\$ 78.00
F	\$ 176.00	
RETIRED/ DISABLED (MEDICARE)	Reduced Medical Benefits	
	S	\$ 50.00
	F	\$ 565.00

EMPLOYEES ENROLLED IN MAJOR MEDICAL CONTRIBUTE \$35.00 P/MONTH TOWARDS THEIR INSURANCE. THIS REQUIRES \$16.15 CONTRIBUTION FOR A BI-WEEKLY PAID EMPLOYEE.

HOPE TRUST

Health Options for Public Entities

HEALTHCARE PLAN

HOPE 2500 Option

Proposed Effective January 1, 2016

BENEFIT HIGHLIGHTS

Basic Group Term Life and AD&D Insurance	\$10,000 for each covered employee/official Reductions in benefit for those age 65 and up
Provider Network	HealthLink Open Access III (OAlll) www.healthlink.com

Major Medical Plan	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Individual Deductible	\$2,500	\$5,000
Family Deductible	\$7,500	\$15,000
Indiv. Out-of-Pocket Limit (includes deductible, co-insurance, & OV co-pays)	\$4,500	Unlimited
Fam. Out-of-Pocket Expense Limit (includes deductible, co-insurance, & OV co-pays)	\$12,700	Unlimited
Physician Office Visit (OV)	\$30 co-pay, then 100%	50%
Preventive Services	100%	Not Covered
Ofc. Visits, Labs, Preventive Svcs. at Participating Health Depts.	100%	Not Covered
Chiropractic Services (subject to deductible) (\$1,000 max. benefit per year)	80%	50%
Medical/Surgical Services (subject to deductible)	80%	50%
Inpatient/Outpatient Hospital Services (subject to deductible)	80%	50%
Most Other Covered Services (subject to deductible)	80%	50%

Generic Drugs	\$15 co-pay	Member Reimbursed at Discounted Cost, Less Penalty Equal to 25% of Cost
Formulary Brand Drugs	\$30 co-pay	
Non-Formulary Brand Drugs	\$45 co-pay	
90-Day Supply of Maintenance Drugs by Mail Order	\$30/\$60/\$90 co-pay	
Prescription Drug Out-of-Pocket Limit (includes drug co-pays)	\$2,000 per person	

Supplemental Major Medical Plan (SMMP) (Alternative Benefit)

Covered Services (Same as Major Medical Plan)	100%
Inpatient Hospital Charges	Not Covered
Prescription Drugs	\$0 co-pay or reimbursed at 100%
Massage Therapy, Acupuncture, & Related Expenses; Inpatient Hospital Deductible Expenses	Reimbursed at 100% up to \$1,500 per year

Health Reimbursement Plan (HRP) (Alternative Benefit)

Reimbursement for In-Network Deductibles, Co-insurance, & Co-pays Under Other Group Medical or Prescription Drug Plan	100%
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This document contains benefit highlights only. You should review the Plan Summary & Plan Description for complete benefits, limitations, and exclusions.