



Village of  
**Elmwood Park**

Angelo "Skip" Saviano  
Village President  
Gina Pesko  
Village Clerk  
Paul A. Volpe  
Village Manager  
Michael Durkin  
Village Attorney

**Trustees**  
Alan T. Kaminski  
Jeff Sargent  
Angela Stranges  
Anthony Del Santo  
Angelo J. Lollino  
Jonathan L. Zivojnovic

Mr. Alfred Molinaro  
15 Spinning Wheel Road  
Hinsdale, IL 60521  
amolinaro@rdklaborlaw.com

August 26, 2015

RE: Freedom of Information Act Request

Dear Mr. Molinaro,

The Village of Elmwood Park is in receipt of your August 25, 2015, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

**".....Health insurance benefits summary for plans offered to police officers.."**

Attached are copies of records responsive to your FOIA request.

Should you have any questions, please do not hesitate to contact my office.

Gina Pesko

Village Clerk  
Freedom of Information Officer  
708-452-3948



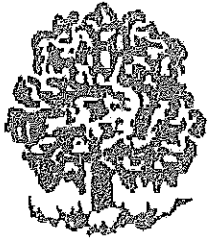
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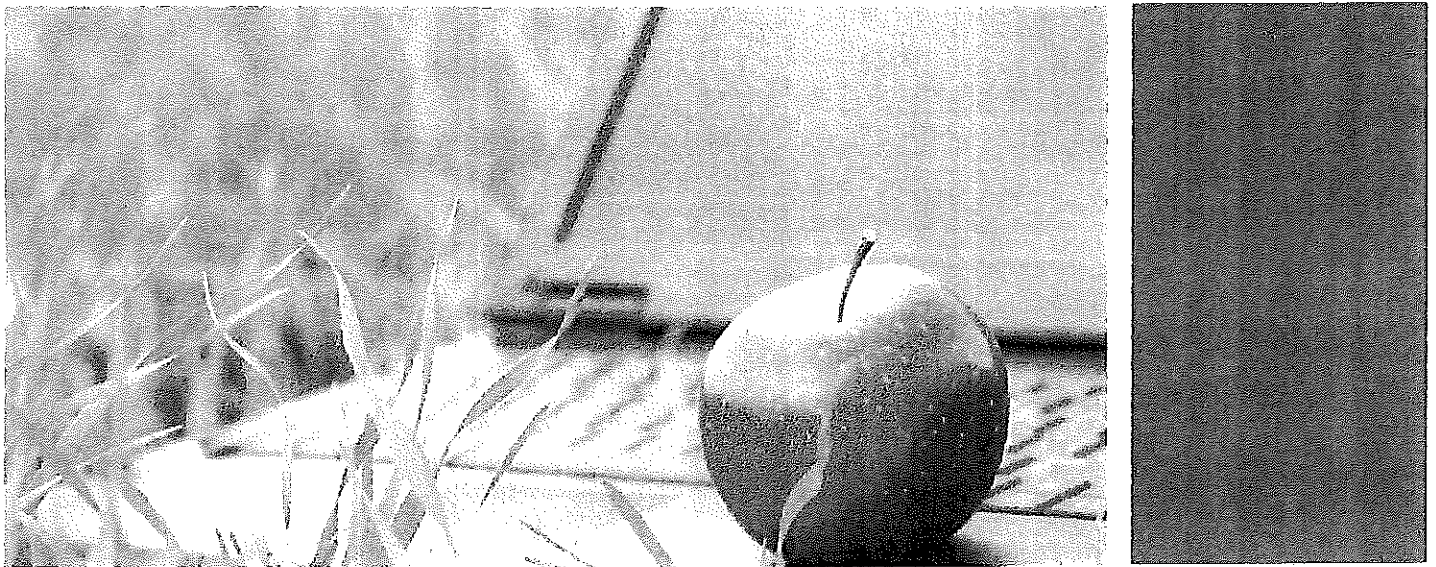
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**2015-2016 Insurance Co-Pay Amounts**  
Effective July 1, 2015

<b>MEDICAL</b>	<b>Monthly</b>	<b>Reg Ded. Per Check (1st &amp; 2nd)</b>	<b>TOTAL</b>	<b>Monthly Village Portion</b>
Employee PPO	\$ 63.50	\$ 31.75	\$ 634.95	\$ 571.46
Employee + Spouse PPO	\$ 133.95	\$ 66.97	\$ 1,339.45	\$ 1,205.51
Employee + Child(ren) PPO	\$ 124.22	\$ 62.11	\$ 1,242.21	\$ 1,117.99
Full Family PPO	\$ 194.67	\$ 97.34	\$ 1,946.71	\$ 1,752.04
				\$ -
Employee HMO	\$ 50.56	\$ 25.28	\$ 505.61	\$ 455.05
Employee + Spouse HMO	\$ 106.66	\$ 53.33	\$ 1,066.63	\$ 959.97
Employee + Child(ren) HMO	\$ 98.92	\$ 49.46	\$ 989.19	\$ 890.27
Full Family HMO	\$ 155.02	\$ 77.51	\$ 1,550.20	\$ 1,395.18
Employee HSA	\$ 49.83	\$ 24.92	\$ 498.30	\$ 448.47
Employee + Spouse HSA	\$ 105.12	\$ 52.56	\$ 1,051.20	\$ 946.08
Employee + Child(ren) HSA	\$ 97.49	\$ 48.74	\$ 974.89	\$ 877.40
Full Family HSA	\$ 152.78	\$ 76.39	\$ 1,527.79	\$ 1,375.01
<b>DENTAL</b>	<b>Monthly</b>	<b>Per Check (1st &amp; 2nd)</b>		
Employee	\$ -	\$ -	\$ 40.10	\$ 40.10
Employee + Spouse	\$ 39.87	\$ 19.94	\$ 79.97	\$ 40.10
Employee + Child(ren)	\$ 38.99	\$ 19.50	\$ 79.09	\$ 40.10
Full Family Dental	\$ 90.31	\$ 45.16	\$ 130.41	\$ 40.10
<b>VISION</b>	<b>Monthly</b>	<b>Per Check (1st &amp; 2nd)</b>		
Employee	\$ 6.03	\$ 3.02	\$ 6.03	
Employee + Spouse	\$ 11.45	\$ 5.73	\$ 11.45	
Employee + Child(ren)	\$ 12.05	\$ 6.03	\$ 12.05	
Full Family	\$ 17.71	\$ 8.86	\$ 17.71	



Village of  
Elmwood Park



## 2015 EMPLOYEE BENEFITS GUIDE

PPO Plan		HMO Plan		HSA Plan	
<b>Lifetime Benefit Limit</b> Unlimited		<b>Lifetime Benefit Limit</b> Unlimited		<b>Lifetime Benefit Limit</b> Unlimited	
<b>Annual Benefit Limits</b> Muscle Manipulation Services - 30 Visits Nagrapathic Services - 15 Visits		<b>Annual Benefit Limits</b> Outpatient Rehabilitation Services - 60 Combined Visits		<b>Annual Benefit Limits</b> Muscle Manipulation Services - 30 Visits Nagrapathic Services - 15 Visits	
<b>Plan Deductible</b> \$500 Per Individual \$1,500 Family Maximum		<b>Plan Deductible</b> None		<b>Plan Deductible</b> \$2,500 Per Individual \$8,000 Family Maximum	
<b>Coinsurance</b> Individual Pays 20%, Plan Pays 80% Individual is not subject to Balance Billing		<b>Coinsurance</b> Individual Pays 0%, Plan Pays 100% Individual is not subject to Balance Billing		<b>Coinsurance</b> Individual Pay 0%, Plan Pays 100% Individual is not subject to Balance Billing	
<b>Out-of-Pocket Maximum</b> <i>Deductible is included in the Out-of-Pocket Maximum</i> PCP, Specialist and Emergency Room Copayments Apply to the Annual Maximum		<b>Copayment Annual Maximum</b> <i>PCP, Specialist and Emergency Room Copayments Apply to the Annual Maximum</i>		<b>Out-of-Pocket Maximum</b> <i>Deductible is included in the Out-of-Pocket Maximum</i>	
\$1,500 Per Individual \$4,500 Family Maximum		\$1,500 Per Individual \$3,000 Family Maximum		\$5,000 Per Individual \$10,000 Family Maximum	
<b>Note: In Network Rx Out-of-Pocket Maximum</b> \$1,000 Individual \$3,000 Family Maximum		<b>Note: In Network Rx Out-of-Pocket Maximum</b> \$1,000 Individual \$3,000 Family Maximum		<b>Rx Out-of-Pocket Maximum</b> Included in Above Out of Pocket Maximum	
<b>Preventive Health Screenings</b> <i>In-network routine annual physical, well-baby exam, immunizations, and other preventive health services as determined by the U.S. Preventive Services Task Force</i>		<b>Preventive Health Screenings</b> <i>In-network routine annual physical, well-baby exam, immunizations, and other preventive health services as determined by the U.S. Preventive Services Task Force</i>		<b>Preventive Health Screenings</b> <i>In-network routine annual physical, well-baby exam, immunizations, and other preventive health services as determined by the U.S. Preventive Services Task Force</i>	
100%		100%		100%	
<b>Physician Office Visit</b> 100% after \$20 Copayment		<b>Physician Office Visit</b> 100% after \$30 Copayment		<b>Physician Office Visit</b> 100% after Deductible	
<b>Specialist Office Visit</b> 100% after \$40 Copayment		<b>Specialist Office Visit</b> 100% after \$50 Copayment		<b>Specialist Office Visit</b> 100% after Deductible	
<b>Emergency Room Services</b> \$150 Copay, then 100% (Copay Waived if Admitted)		<b>Emergency Room Services</b> 100% after \$150 Copayment (Copay Waived if Admitted)		<b>Emergency Room Services</b> 100% after Deductible	
<b>Inpatient Hospital Services</b> 80% after Deductible		<b>Inpatient Hospital Services</b> 100%		<b>Inpatient Hospital Services</b> 100% after Deductible	
<b>Outpatient Hospital Services</b> 80% after Deductible		<b>Outpatient Hospital Services</b> 100%		<b>Outpatient Hospital Services</b> 100% after Deductible	
<b>Hospital Admission Deductible</b> None		<b>Hospital Admission</b> 100%		<b>Hospital Admission Deductible</b> None	
<b>Prescription Drugs</b>		<b>Prescription Drugs</b>		<b>Prescription Drugs</b>	
<b>Brand</b>		<b>Brand</b>		<b>Brand</b>	
Generic: \$10 Copayment		Generic: \$15 Copayment		Generic: 100% After Deductible	
Brand Formulary: \$40 Copayment		Brand Formulary: \$30 Copayment		Brand Formulary: 100% After Deductible	
Brand Non-Formulary: \$60 Copayment		Brand Non-Formulary: \$50 Copayment		Brand Non-Formulary: 100% After Deductible	
<b>Mail Order</b>		<b>Mail Order</b>		<b>Mail Order</b>	
Generic: \$20 Copayment		Generic: \$30 Copayment		Generic: 100% after Deductible	
Brand Formulary: \$80 Copayment		Brand Formulary: \$60 Copayment		Brand Formulary: 100% after Deductible	
Brand Non-Formulary: \$120 Copayment		Brand Non-Formulary: \$100 Copayment		Brand Non-Formulary: 100% after Deductible	

Life AD&D Benefits are Insured by: The Standard



Basic Life AD&D	
Levels of insurance are dependent on employment contract and can be confirmed by contacting the Human Resource Department.	
<a href="http://www.standard.com">www.standard.com</a> / (800) 528-8600	

The BlueCross BlueShield of Illinois logo and the BlueCross BlueShield of Illinois name are registered trademarks of BlueCross BlueShield of Illinois. All other trademarks are the property of their respective owners. This Plan is subject to the Plan Document and Summary Plan Description.

<b>Dental PPO Plan</b>	
<b>Calendar Year Maximum</b> \$1,500 per Person	
<b>Calendar Year Deductible</b> \$50 per Person \$150 per Family	
<b>Claim Payment</b>	
Based on Contracted Fee Schedule Individual is not Subject to Balance Billing	90th Percent of Usual and Customary Individual is Subject to Balance Billing
<b>Preventive/Diagnostic</b> <i>Oral Exams, Cleanings, Sealants &amp; Fluoride Treatment</i>	
100%	100%
<b>Basic</b> <i>Amalgam and Composite Restorations, Simple Extractions, Space Maintainers, Oral Surgery, Endodontics &amp; Periodontics</i>	
90% after Deductible	80% after Deductible
<b>Major</b> <i>Crowns, Dentures, Surgical Implants</i>	
60% after Deductible	50% after Deductible
<b>Orthodontia</b> <i>For Dependent Children Under Age 19</i>	
50% after Deductible	50% after Deductible
<b>\$1,000 Lifetime Maximum</b>	
<b>Contact Information</b> <a href="http://www.sunlifedentalbenefits.com">www.sunlifedentalbenefits.com</a> / (888) 222-3660	

<b>Vision</b>	
<b>\$10 Copayment</b>	<b>Exam</b> Up to \$30 Reimbursement
Single Vision: \$25 Copayment Bifocal Vision: \$25 Copayment Trifocal Vision: \$25 Copayment Lenticular Vision: \$25 Copayment Standard Progressive Lens: \$90 Premium Progressive Lens: \$90, 80% of charge less \$120 Allowance	<b>Lenses</b> Up to \$25 Reimbursement Up to \$40 Reimbursement Up to \$60 Reimbursement Up to \$60 Reimbursement Up to \$40 Reimbursement Up to \$40 Reimbursement
\$0 Copayment, \$130 Allowance 20% Off of Remaining Balance	<b>Frames</b> Up to \$65 Reimbursement
<b>Contact Lenses (In Lieu of Lenses)</b>	
\$0 Copayment, \$130 Allowance 15% Off of Remaining Balance over \$130	<i>Conventional</i> Up to \$104 Reimbursement
\$0 Copayment, \$130 Allowance	<i>Disposable</i> Up to \$104 Reimbursement
<b>Lasik Vision Correction</b> 15% off of the Retail Price or 5% off the Promotional Price for Lasik or PRK Procedures	
<b>Frequency</b> Examination: Once Every 12 Months Lenses or Contact Lenses: Once Every 12 Months Frame: Once Every 24 Months	
<b>Contact Information</b> <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> / (866) 939-3633	

*This Benefit Guide only highlights the benefits available. For a more complete description, see the Plan Certificates. If any conflict should arise between this Guide and the Plan Document, the Plan Document will govern in all cases.*

## YOUR EMPLOYEE BENEFITS

Village of Elmwood Park is pleased to offer to you and your family our comprehensive benefits program. Our benefits program contains a variety of plans intended to enhance your life and those of your family members now and in the future. As part of this benefits program you will be asked to make choices about the benefits described in this booklet. Please study the information about each plan carefully, then, promptly complete the enrollment forms provided so that you can begin to enjoy the features of your benefits program as soon as they become effective.

### Highlights of Your Benefits

- Contributory Medical & Prescription Drug Coverage
  - BCBSIL PPO Plan
  - BCBSIL HMO Plan
  - BCBSIL HSA Plan
- Non-Contributory Basic Life and Accidental Death & Dismemberment (AD&D) Coverage
- Contributory Dental Coverage
- Voluntary Vision Coverage

### Eligibility

**Medical & Vision** All full-time employees regularly scheduled to work at least 30 hours per week and retirees are eligible to participate in our benefits plan. Employee's benefits will become effective on the first day of employment. In addition to covering yourself, you may also choose to cover dependents including your spouse, civil union partner and eligible dependent children.

**Life AD&D** All full-time employees regularly scheduled to work at least 35 hours per week are eligible to participate in our benefits program. Employee's benefits will become effective the first day of employment.

**Dental** All full-time employees regularly scheduled to work at least 35 hours per week and retirees are eligible to participate in our benefits program. Employee's benefits will become effective the first day of employment. In addition to covering yourself, you may also choose to cover dependents including your spouse, civil union partner and eligible dependent children.

## MEDICAL

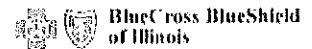
### Choosing a Medical Plan

Our medical coverage is provided by BlueCross BlueShield of Illinois (BCBSIL).

**BCBSIL PPO Preferred Provider Organization (PPO)** offers an extensive national network of physicians and hospitals that have agreed to provide services at discounted rates. You may visit any doctor in any practice or specialty without a referral, but you are covered at a higher level if you receive care from a provider in the BCBS network rather than outside of the network. The PPO plan requires you to share in the payment of your health insurance claims. Plan members are subject to calendar year deductibles and coinsurance in addition to office visit, emergency room and prescription drug copayments.

**BlueAdvantage HMO** The HMO plan requires that you select a medical group and primary care physician (PCP) from the BCBSIL BlueAdvantage network. Covered females may select a Woman's Principal Health Care Provider (WPHCP) in addition to her PCP. All care must be provided or coordinated by your PCP, WPHCP or medical group. Referrals are required from your PCP for any specialty, surgical, or inpatient hospital care. The HMO plan pays 100% of your eligible health insurance claims and you are responsible for office visit, emergency room and prescription drug copayments.

**BCBSIL HSA Health Savings Account (HSA)** offers the same network of physicians and hospitals as the PPO. Additionally, you may also visit any doctor, in any practice or specialty without a referral and like the PPO you are covered at a higher level if you receive care from a BCBS in-network provider. The HSA plan requires you to share in the payment of your health insurance claims. You may establish a tax advantaged account to help pay for a variety of medical expenses incurred.  
[www.bcbsil.com](http://www.bcbsil.com)



## LIFE/AD&D

**Life and AD&D** To assist your family financially in the unfortunate event of your loss of life, Village of Elmwood Park provides you with basic term life insurance through The Standard.

An additional benefit may be payable for accidental death or non-work-related dismemberment.  
[www.standard.com](http://www.standard.com)



## DENTAL

**Dental** Our dental PPO plan is provided through Sun Life Financial. The dental PPO works in the same way as the medical PPO in that you will receive the maximum benefits if you receive care from a PPO in-network dentist. While you may still be covered if you choose an out-of-network dentist, those benefits may be reduced.  
[www.sunlifedentalbenefits.com](http://www.sunlifedentalbenefits.com)



## VISION

**Vision** Our voluntary vision plan is provided by EyeMed Vision Care. By visiting in-network EyeMed providers you will pay a copayment and any applicable amounts after your allowance for materials and services. When visiting out of network providers, you may be eligible for a reimbursement for certain materials or services.  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



## QUESTIONS?

If you have any additional questions, please contact your human resources department.