

CHAMPAIGN COUNTY BOARD COMMITTEE AGENDA

POLICY, PERSONNEL, & APPOINTMENTS COMMITTEE

Brookens Administrative Center, Lyle Shields Meeting Room

1776 E. Washington, Urbana

Wednesday, September 5, 2007 – 7:00 p.m.

CHAIR: Tom Betz

MEMBERS: Gross, Hogue, Hunt, Knott, McGinty, Moser, Putman, Schroeder

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XII. CLOSED SESSION MINUTES

- a. Semi-Annual Review of Closed Session Minutes 22-23
- b. Approval of Closed Session Minutes from August 8, 2007

XIII. DESIGNATION OF ITEMS TO BE PLACED ON COUNTY BOARD CONSENT AGENDA

XIV. ADJOURNMENT

CHAMPAIGN COUNTY BOARD
COMMITTEE MINUTES

POLICY, PERSONNEL, & APPOINTMENTS COMMITTEE

Wednesday, August 8, 2007

Brookens Administrative Center, Lyle Shields Meeting Room
1776 E. Washington St., Urbana

7:00 p.m.

MEMBERS PRESENT: Betz (Chair), Knott, Hogue, Hunt, McGinty, Moser, Putman, Schroeder

MEMBERS ABSENT: Gross

OTHERS PRESENT: Kat Bork (Recording Secretary), Deb Busey (County Administrator of Finance & HR Management), David DeThorne (Senior Assistant State's Attorney), Denny Inman (County Administrator of Facilities & Procurement), Susan McGrath (Senior Assistant State's Attorney), Mark Sheldon (County Clerk), C. Pius Weibel (County Board Chair), Barbara Wysocki (County Board member), Gene Martin, Art Zangerl, Kathleen Brinkmann

CALL TO ORDER

Chair Betz called the meeting to order at 7:02 p.m.

ROLL CALL

The Recording Secretary called the roll. Betz, Knott, Hogue, Hunt, McGinty, Moser, Putman, and Schroeder were present at the time of the roll call. Betz declared a quorum and proceeded with the meeting.

APPROVAL OF AGENDA/ADDENDUM

MOTION by Knott to approve the agenda; seconded by Moser. **Motion carried.**

APPROVAL OF MINUTES

MOTION by Knott to approve the Policy, Personnel, & Appointments Committee regular session minutes of May 8, 2007 and June 6, 2007; seconded by Hogue. **Motion carried.**

PUBLIC PARTICIPATION

Gene Martin spoke about the proposed gun control legislation at the state level and the freedom to have guns. He urged the County Board to speak on this issue.

Art Zangerl spoke about a well-regulated militia and the definition of arms. He stated the gun control resolution presented before the committee tonight rewrites the Constitution and urged the committee to not forward the resolution to the full County Board.

Kathleen Brinkmann spoke how the more appropriate venue for the gun control resolution is the state level. She found the resolution vague and thought it was an unnecessary use of the County Board's time and resources.

Barbara Wysocki addressed the committee at the agreement of Chair Betz. Next February Champaign County will observe its 175th anniversary of incorporation, as will the City of Urbana as the County seat. At the present time, no celebrations are planned to commemorate the anniversary. The City of Urbana has expressed interest in pulling together individuals to design celebratory events to celebrate the landmark. Wysocki further noted that February 2009 is the bicentennial of Abraham Lincoln's birthday. This event will be of great interest across the state. Senator Durbin has gotten a lot of money directed towards Lincoln celebrations and Lincoln's heritage in places beyond Springfield. Wysocki attended the Lincoln bicentennial organization and learned that numerous communities across the state are in various stages of plans. Wysocki is on the Metropolitan Intergovernmental Council and could talk to that body about what the County is interested in doing to celebrate Lincoln's bicentennial. She is also the Chair of the Champaign County Lincoln Exhibits Committee and spoke of some their upcoming projects, including wayside markers. Wysocki encouraged the County to create a Bicentennial Commission with Urbana and Champaign to take the lead in development. Betz asked if the same commission could be directed to plan the both anniversary and bicentennial events. Wysocki indicated that would work and the commission should be a mix of rural and urban residents. Weibel was supportive of the idea said he would contact Mayor Prussing about it. The committee gave its consensus to the idea of developing a commission for Lincoln's bicentennial and the 175th anniversary of the County's incorporation. Wysocki, Weibel, and Knott were directed to return to the committee in September with a proposal.

MONTHLY REPORTS

County Clerk Fees Monthly Reports

MOTION by Moser to receive and place on file the County Clerk Fees Monthly Report for May 2007; seconded by Hunt. **Motion carried.**

MOTION by McGinty to receive and place on file the County Clerk Fees Semi-Annual Report for May 2007; seconded by Knott. **Motion carried.**

MOTION by Hogue to receive and place on file the County Clerk Fees Monthly Report for June 2007; seconded by Knott. **Motion carried.**

COUNTY BOARD

Appointments/Reappointments

Davis Memorial Cemetery Association

Weibel nominated Lyle Reed to the Davis Memorial Cemetery Association to fill Calvin Woodworth's term following his death.

MOTION by Schroeder to appoint Lyle Reed to the Davis Memorial Cemetery Association to fill Calvin Woodworth's term for a term commencing August 24, 2007 and ending June 30, 2008; seconded by Moser.

Schroeder spoke about two good public servants in the area who died in the last year, Jimmy Black and Calvin Woodworth. He said they would be sorely missed

Motion carried.

Board for the Care & Treatment of Persons with a Developmental Disability

Weibel nominated Steve O'Connor as the Republican County Board Liaison to the Board for the Care & Treatment of Persons with a Developmental Disability.

MOTION by Moser to appoint Steve O'Connor as the Republican County Board Liaison to the Board for the Care & Treatment of Persons with a Developmental Disability; seconded by Knott. **Motion carried.**

Board of Health

Weibel said both candidates for the position were excellent and the choice was difficult. He nominated Betty Segal to the Board of Health and noted her former employment with the Center for Disease Control, work with Hope for Children, and proactive involvement in health issues as the reasons for his selection.

MOTION by Hogue to appoint Betty Segal to the Champaign County Board of Health for a term commencing August 24, 2007 and ending June 30, 2010; seconded by Putman. **Motion carried.**

Drainage Districts

Weibel indicated his nominations for drainage districts were listed in the agenda with the exception of Willow Branch Drainage District.

MOTION by Knott for an omnibus motion to approve the appointment of the following individuals to the following drainage districts:
Joseph L. Irlle to the Beaver Lake Drainage District, term ending 8/31/2010; Richard Rayburn to the Conrad & Fisher Drainage District, term ending 8/31/2010; Roger Armstrong to the Drainage District #2 Town of Scott, term ending 8/31/2010; Leon Bluhm to the Drainage District #10 Town of Ogden, term ending 8/31/2010; Marc Shaw to the Fountain Head Drainage District, term ending 8/31/2010; Eugene Hood to the Harwood & Kerr Drainage District, term ending 8/31/2010; Thomas Walsh to the Kankakee Drainage District, term ending 8/31/2010; John Park to the Kerr & Compromise Drainage District, term ending 8/31/2010; Dave Mennenga to the Longbranch Mutual Drainage District, term ending 8/31/2010; Frank Ehler to the Lower Big Slough Drainage District, term ending 8/31/2010; David Bright to the Nelson-Moore-Fairfield Drainage District, term ending 8/31/2010; Steve Stierwalt to the Okaw Drainage District, term ending 8/31/2010; John Nelson to the Owl Creek Drainage District, term ending 8/31/2010; Josh Eisenmenger to the Pesotum Consolidated Drainage District, term ending 8/31/2010; Dennis Butler to the Pesotum Slough Special Drainage District, term ending 8/31/2010; Arlen Buhr to the Prairie Creek Drainage District, term ending 8/31/2010; Ray Ideus to the Raup Drainage District, term ending 8/31/2010; James Kirk to the Salt Fork Drainage District, term ending 8/31/2010; William Siegfried to the Sangamon & Drummer Drainage District, term ending 8/31/2010; Alvin Christians to the Somer #1 Drainage District, term ending 8/31/2010; Ken Decker to the South Fork Drainage District, term ending 8/31/2010; Francis Osterbur to the St. Joseph #4 Drainage District, term ending 8/31/2010; Garry Gannon to the St. Joseph #5 Drainage District, term ending 8/31/2010; Garry Gannon to the St. Joseph #6 Drainage District, term ending 8/31/2010; Duane Ehler to the Triple Fork Drainage District, term ending 8/31/2010; Jerry Heinz to the Two Mile Slough Drainage District, term ending 8/31/2010; Linden Warfel to the Two Mile Slough Drainage District, term ending 8/31/2011; Jerry Thinner to the Union Drainage District #1 of Philo & Crittenden, term ending 8/31/2010; Donald Rice to the Union Drainage District #1 of Philo & Urbana, term ending 8/31/2010; William Wilson to the Union Drainage District #2 of St. Joseph & Ogden, term ending 8/31/2010; H. Paul Dohme to the Union Drainage District #3 of South Homer & Sidney, term ending 8/31/2010; Ray Aden to the Union Drainage District of Stanton & Ogden Townships, term ending 8/31/2010; Dudley Carroll to the

Upper Embarras River Basin Drainage District, term ending 8/31/2010; and Steve Messman to the Wrisk Drainage District, term ending 8/31/2010. Motion second by Moser. **Motion carried.**

MOTION by McGinty to defer the appointment of a Willow Brach Drainage District Commissioner to the September meeting; second by Knott. **Motion carried.**

Steering Committee to Guide Preparation of Champaign County Land Resource Management Plan

Wysocki said this item needs to be deferred because all but one of the nominees are from rural areas and the resolution creating the committee states that six members must be urban residents. She has been making phone calls to find qualified urban candidates. Wysocki requested the Policy, Personnel, & Appointments Committee convene in a short meeting before the August 23rd County Board meeting to appointment the nominees so the plan's timeline is not delayed.

MOTION by McGinty to defer the appointment of a Steering Committee to Guide Preparation of Champaign County Land Resource Management Plan to a meeting to be held on August 23, 2007; seconded by Knott. **Motion carried.**

Busey told the committee that the County Facilities Committee would be meeting at 6:30 on August 23rd. Betz declared the Policy, Personnel, & Appointments Committee would hold its next meeting on August 23, 2007 at 6:15 p.m. in Meeting Room 2 at Brookens.

ADMINISTRATOR'S REPORT

Vacant Positions Listing

The vacant positions listing was provided for information only.

Proposal for 2007 Employee Recognition Program

Busey provided the Proposal for 2007 Employee Recognition Program because Ron Gremore is on vacation. Gremore met with department heads to discuss the possibilities for changing the annual Employee Recognition Event. Gremore's recommended changes included: 1. having three events instead of one, 2. scheduling the events for the week of October 22, 2007 for all department except RPC, 3. billing a promoting the week of October 22nd as "Champaign County Employee Recognition and Appreciation Week." His recommendations were outlined in a memo in the agenda packet. Busey noted that because the September cutoff date was confusing in determining employees' years of service, the cutoff has been changed to January.

MOTION by Putman approve the recommendations regarding changes to the Employee Recognition Event as outlined in Ron Gremore's memorandum; seconded by Hogue.

Betz asked McGrath and DeThorne if one of the suggested door prizes at the events could be an extra paid day off for the winning employee. DeThorne stated it would be an unfair labor practice to give this to a union employee without first discussing it with the union. DeThorne volunteered to approach the union on behalf of his client, the County Board. The committee approved this approach. Busey recommended that any other suggestions be directed to Gremore.

Motion carried.

Request to Submit Building Services Assistant Position to Job Content Evaluation Committee

MOTION by McGinty to forward the Building Services Assistant Position to Job Content Evaluation Committee; seconded by Hogue. **Motion carried.**

COUNTY CLERK

Illinois State Board of Elections Acceptance Agreement for Voting Access for Individuals with Disabilities Grant

Shelden stated this agreement involves the continuing appropriation of money from the federal government. The agreement allows him to accept the grant funding. He still has to submit the expenditures to the state.

MOTION by Hogue to approve the Illinois State Board of Elections Acceptance Agreement for Voting Access for Individuals with Disabilities Grant; seconded by Knott. **Motion carried.**

LEGISLATIVE REPORT

House Bill 4118 Amending the Property Tax Code Regarding the Supervisor of Assessments

Weibel explained the bill is self-explanatory. It would subject the Supervisor of Assessment to other disciplinary action prior to termination. It does not address the issue of a pre-termination hearing. McGrath stated there was disagreement amongst state Republican staff on how to handle this issue. The bill will not be introduced until 2008 so the committee has time to suggest changes. She suggested contacting Representative Black with draft legislation on what the committee would like the bill to contain and share it with the legal staff of the House Democrats and Republicans. Knott asked if McGrath would prepare the draft legislation. McGrath said she would do so.

Resolution Opposing Current Gun Legislation Pending in Springfield

MOTION by Knott to approve Resolution Opposing Current Gun Legislation Pending in Springfield; seconded by Moser.

Knott explained he was approached to put this item on the agenda because the County Board has taken positions and written resolutions on several state House and Senate bills in the past. McGinty stated he has spoken with Martin. The resolution makes him uncomfortable because he does not think it is the business of the County government. He thought it should be moved forward to the full Board meeting in order to be decided by the full Board. Moser stated this issue was purely political and it would split down party lines. It would be defeated without doing any good. Weibel spoke against bringing the resolution to the County Board because gun control is a state matter, not for the County. The County should be spending its time during committee and Board meetings focusing on things that actually affect this County. He worried that this resolution would open a Pandora's Box of frivolous resolutions that would take time away from County business. Weibel recommended killing the resolution now. Betz concurred with Weibel's assessment that this resolution could lead to similar resolutions. He has worked to keep such resolutions off the Policy Committee's agendas. He urged those with positions on this issue to contact their elected state representation. Betz ordered a roll call vote.

Motion carried with a vote of 5 to 3. Hunt, Knott, McGinty, Moser, and Schroeder voted in favor of the motion. Betz, Hogue, and Putman voted against the motion.

CHAIR'S REPORT

There was no Chair's Report

OTHER BUSINESS

Recommended Changes to County Board Rule 12

Weibel submitted changes to the County Board Rules. The current rules state that the Board must make a motion for a County Board meeting to extend past 10:00 p.m. If the Board is in a closed session, they have to return to open session to make such a motion, then go back into closed session. This has been a nuisance and Weibel wants to abolish the 10:00 rule. Betz asked if the committee could vote on it tonight. Busey answered yes.

MOTION by Hogue to approve recommended changes to County Board Rule 12; seconded by Putman. **Motion carried.**

Supervisor of Assessments Search Update

Weibel informed the committee the seven people have applied for the Supervisor of Assessments position. Half are from inside the County and half are not. The genders of the applicants are equally split. He will be reviewing those applications.

Ten Point Plan Update

McGinty distributed a draft strategic plan and a draft organizational chart to the committee. He stated that he and Knott have been working on the strategic plan and though they are not looking for a vote on it tonight, they would like the committee's thoughts on formalizing it for the next Policy Committee meeting. McGinty walked the committee through the strategic plan as a starting point. He suggested the he Betz, and Knott be allowed to further categorize and set the status on the ideas generated by the ten point plan in order to eliminate any ideas out of the Board's control and bring it back to the committee to be incorporated in the strategic plan. Concerning the organizational chart, McGinty encouraged the committee to completely remove individual names from consideration and just look at the positions. He has researched the structure of other counties and found that no other county has a two Administrator structure; they all operate under a single Administrator. The organizational chart shows a single Administrator presiding over multiple department directors. There are some other structural changes, such as putting Purchasing with Finance and Highway with Maintenance. This is also a starting point to ignite discussion. The idea is for the County to create more structure and organization of what we do and who we strive to be as a county. McGinty asked if the committee thought this represented a logical progression from the ten point plan. There were no objections. Knott concurred that this was a starting point from which to move forward. Business has become more sophisticated and the County needs to be in a position to respond accordingly. Busey started this with the changes to the budget process last year in moving General Corporate toward outcomes based budgeting. It provides a framework for the strategic plan. The committee discussed the draft plan and gave its consensus for Betz, Knott, and McGinty to sort and prioritize the list of ten point plan ideas.

Closed Session Pursuant to 5 ILCS 120/2 (c) 1 to Consider the Employment, Compensation, Discipline, Performance, or Dismissal of Employees

MOTION by McGinty to enter into closed session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of employees. He further moved the County Board members, Recording Secretary, and legal counsel remain present. Motion seconded by Knott. **Motion carried.** The committee entered into closed session at 8:35 p.m. The committee resumed open session at 9:40 p.m.

APPROVAL OF CLOSED SESSION MINUTES

MOTION by McGinty to approve the Policy, Personnel, & Appointments Committee closed session minutes of June 6, 2007; seconded by Hogue. **Motion carried.**

DESIGNATION OF ITEMS TO BE PLACED ON COUNTY BOARD CONSENT AGENDA

Betz designated all appointments and item IX A for the consent agenda.

ADJOURNMENT

Meeting was adjourned at 9:43 p.m.

Respectfully submitted,

Kat Bork
Administrative Secretary

Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.



Champaign County Clerk
Champaign County, Illinois

1776 East Washington Street
 Urbana, IL 61802
 Email: mail@champaigncountyclerk.com
 Website: www.champaigncountyclerk.com

Vital Statistics: (217) 384-3720
 Elections: (217) 384-3724
 Fax: (217) 384-1241
 TTY: (217) 384-8601

FILED

AUG - 6 2007

Mark Sheldon
CHAMPAIGN COUNTY CLERK

County Clerk
Monthly Report
July
2007

Liquor License	10.00
Notary Public Commission	195.00
Tax Sale Redemption Fees	1,050.00
Tax Mail Fee	146.40
Certificate of Ownership	145.00
Birth, Death, and Marriage Certificates	12,454.00
Marriage License	1,695.00
Miscellaneous Fees	1,280.95
Non-Refundable Overpayment	1.01
TOTAL	16,977.36
Additional Clerk Fees (Birth, Death, Marriages)	2,626.00

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage & Cemetery

NAME: Valerie Hizer PHONE: (217) 897-1325 FAX: _____

ADDRESS: 3524 County Road 800 East, Dewy, IL 61840
Street City State of Illinois Zip

TITLE OF APPOINTMENT REQUESTED: Blackford Slough Commissioner

BEGINNING DATE OF TERM REQUESTED: 9/04/07 ENDING DATE OF TERM REQUESTED 9/04/10

Champaign County appreciates your interest in serving our community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. **IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATES MUST COMPLETE AND SIGN APPLICATION.**

THE CHAMPAIGN COUNTY BOARD

1. What experience and backgrounds do you have which you believe qualifies you for this appointment?

I am a landowner within the District, and am familiar with farming, and drainage operation within the District boundaries.

2. What is your knowledge of the District's operations, property holdings, staff, taxes and fees?

I and my family have been involved for many years with farming operations in the District and I am familiar with the current Commissioners and their duties and practices.

3. Are you aware of any conflict of interest which would prevent you from being appointed as, or in performing any of the duties of, a commissioner/trustee of the district for which you are requesting appointment? _____ yes X no.

If yes, explain.

Valerie Hizer
Signature
Date: 8-21-07

Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE PRINT IN BLACK INK

NAME: MICHAEL L. HASTINGS PHONE: 217-688-2011 FAX: 217-688-2351

ADDRESS: 2083 Co Rd 1325 N ST JOSEPH IL. 61873-9778
Street City State Zip

NAME OF APPOINTMENT BODY OR BOARD: DRAINAGE COMMISSIONER ST JOSEPH #3

TITLE OF APPOINTMENT REQUESTED: DRAINAGE COMMISSIONER

BEGINNING DATE OF TERM REQUEST: AUGUST 2007 ENDING DATE: AUGUST 2010

Champaign County appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

The Champaign County Board

1. What experience and background do you have which you believe qualifies you for this appointment?

6 years serving on St Joseph #3
2 years serving on Sidney #2

INTEREST IN MAINTAINING GOOD DRAINAGE AT AS LITTLE COST TO THE TAX PAYERS AS POSSIBLE. KEEPING A HEALTHY DRAINAGE ENVIRONMENT

2. What is your knowledge of the District's operations, property holdings, staff, taxes, and fees?

COMPLETE KNOWLEDGE AND UNDERSTANDING BUT I DESIRE TO ALWAYS LEARN MORE AND TO KEEP A GOOD BALANCE OF EFFICIENT DRAINAGE AND A GOOD ECOSYSTEM

3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the board or commission for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)

Yes No

If yes, please explain.

Michael L. Hastings
Signature

Date: 8-24-07

**Please Enter Information into Fillable Fields, Print, Sign & Return
MUST TYPE OR USE BLACK INK**

NAME: Jed A. Gerdes PHONE 217-582-2657 FAX

ADDRESS: 1448 County Rd 2700 E Ogden, IL 61859
Street City State Zip

PARTY AFFILIATION: (Please Check One) Democrat Republican Other, Explain:

NAME OF APPOINTMENT BODY OR BOARD: Willow Branch Drainage District

TITLE OF APPOINTMENT REQUESTED: Board

TERM BEGINNING: Sept 1 2007 TERM ENDING: aug 31 2010

Champaign County appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

The Champaign County Board

1. What experience and background do you have which you believe qualifies you for this appointment?

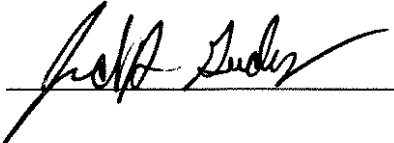
I'm a 33 year old farmer who owns 60 acres in the drainage district and am interested in serving. I am also the only person that lives in the district and can watch the performance of the district first hand. I have taken classes on drainage engineering and have worked on many projects first hand.

2. What is your knowledge of the District's operations, property holdings, staff, taxes, and fees?

I have attended many meetings myself and my grandmother had served on the board for many years in the past. I'm very familiar with the boundaries, maps, tile and landowners of the district

3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the board or commission for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)

YES NO
If yes, please explain

Signature 

Date 7/5/07

Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE PRINT IN BLACK INK

NAME: MARION WAGNER PHONE: 217 582 2647 FAX: _____

ADDRESS: 309 Kyle Box 220 Ogden IL 61859
Street City State Zip

NAME OF APPOINTMENT BODY OR BOARD: County Judge upon recommendation of the Champaign County Board

TITLE OF APPOINTMENT REQUESTED: Commissioner, Willow Branch Drainage District

BEGINNING DATE OF TERM REQUEST: Sept 1 2007 ENDING DATE: Aug 31 2010

Champaign County appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

The Champaign County Board

1. What experience and background do you have which you believe qualifies you for this appointment?

Please see enclosed sheet

2. What is your knowledge of the District's operations, property holdings, staff, taxes, and fees?

Please see enclosed sheet

3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the board or commission for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)

Yes _____ No

If yes, please explain.

Marion Wagner
Signature

Date: May 26-07

I have served as a Commissioner of Willow Branch for 20 plus years, and before that my husband served for many years, and his father before that. So I've heard about drainage problems and solutions for many years. I have also researched drainage laws at the U of I Library and the Urbana Library, and attended the State IADD meeting in Urbana last February where we could ask questions of lawyers who were experts on drainage law. This was very helpful.

Answer to question 2


I have attended the yearly meetings and participated in the business of the district, including repairs & complaints; and I think I am a good listener. I also have helped decide on the levy. I'm familiar with the various farms that drain into this district. And I'm curious, so I'm not afraid to ask questions.

Prepared By: E. Boatz
8/29/2007

**VACANT POSITIONS LISTED ON DATA BASE
AS OF August 29, 2007**

FUND	DEPT.	POSITION TITLE	HOURLY RATE	REGULAR ANNUAL HOURS	REGULAR ANNUAL SALARY	FY2007 ANNUAL HOURS	FY2007 ANNUAL SALARY
80	22	DEPUTY COUNTY CLERK	\$9.62	624	\$6,002.88	626.4	\$6,025.97
80	22	DEPUTY COUNTY CLERK	\$9.62	1950	\$18,759.00	1957.5	\$18,831.15
80	25	SUPERVISOR OF ASSESSMENTS	\$25.28	1950	\$49,296.00	1957.5	\$49,485.60
80	51	COURT SERVICES OFFICER	\$17.26	1950	\$33,657.00	1957.5	\$33,786.45
80	52	COURT SERVICES OFFICER	\$15.43	1950	\$30,088.50	1957.5	\$30,204.23
80	140	CLERK	\$9.62	1950	\$18,759.00	1957.5	\$18,831.15
80	140	COURT SECURITY OFFICER	\$15.91	1950	\$31,024.50	1957.5	\$31,143.83
80	140	DEPUTY SHERIFF--CORRECTIONS	\$16.67	1950	\$32,506.50	1957.5	\$32,631.53
83	60	MECHANIC	\$19.85	2080	\$41,288.00	2088	\$41,446.80
617	30	LEGAL CLERK	\$9.62	1950	\$18,759.00	1957.5	\$18,831.15
670	22	DEPUTY COUNTY CLERK	\$9.62	1040	\$10,004.80	1044	\$10,043.28
671	30	LEGAL CLERK	\$9.62	1950	\$18,759.00	1957.5	\$18,831.15
			\$168.12		\$308,904.18		\$310,092.29

Memorandum

To: Deb Busey
CC: file
From: Joe Meents, Interim Supervisor of Assessments 
Date: 8/28/2007
Re: Position Description in Supervisor of Assessments Office

This memo is a request to change the job title, description, and pay grade of the position formerly referred to as Receptionist/Clerk Typist.

We are currently interviewing for an upcoming vacancy in this position. As a result, we have evaluated the job duties and descriptions in great detail in the last few weeks. This would be an appropriate time to consider an amended description of this important position in our office.

This position can now best be described as a "Clerk" job title. The essential duties have changed over a period of years and improved technology. This job also shares a very similar workload and essential duties and responsibilities as all other clerks in our office.

Thank you for your assistance in this matter.



August 10, 2007

Mr. C. Pius Weibel
County Chairman of Champaign
709 W. Green St.
Champaign, IL 61820

Dear Mr. Weibel,

Please accept this "Recovery Month" Proclamation as a SAMPLE, to issue a September proclamation on your official letterhead, affix your seal, and send a COPY to me. Would you please then enter your official proclamation into public record. We ask that you display this proclamation on "Recovery Month" in a prominent spot for citizen awareness.

The theme of national "Recovery Month" is "Saving Lives, Saving Dollars". Drug treatment DOES SAVE – For every \$1.00 invested in treatment programs, the public SAVES \$7.00. We appreciate your continued leadership in combating alcohol and drug abuse in our community. Thank you for your support of both drug prevention education and addictions treatment and recovery. Should you have any questions about this request or Prairie Center's services, please feel free to contact me at 217-693-3009 or Betty Seidel, Director of Development at 217-693-3053.

Regards,

A handwritten signature in cursive script that reads "Catherine S. Nolte".

Catherine S. Nolte, Marketing Assistant

Enc.

“Recovery Month” Proclamation

WHEREAS, Alcohol addiction has affected 74 percent of Americans at some point in their lives, whether it was their own addiction, that of a friend or family member, or any other experience with addiction; and

WHEREAS, 63-percent of Americans say that addiction to either drugs or alcohol has greatly impacted their lives; and

WHEREAS, stigma and discrimination present obstacles and disgrace to those with substance use disorders needing access to treatment facilities, and for those who want to reestablish their place in the community by entering the workforce; and

WHEREAS, educating our community about how substance use disorders affect all community members is essential to overcoming stigma and discrimination; and

WHEREAS, we must recognize the achievement of those who seek treatment and ensure that such services are readily available to those needing assistance; and

WHEREAS, substance use disorders are a treatable, yet serious health care problem, and can be addressed to build a stronger, healthier community; and

WHEREAS, to help achieve this goal, the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the White House Office of National Drug Control Policy, and **Prairie Center Health Systems, Inc.** celebrating 40 years of service, invite all residents of **Champaign County, Illinois** to participate in **National Alcohol and Drug Addiction Recovery Month this September**;

NOW, THEREFORE, I, Mr. C. Pius Weibel, County Chairman by virtue of the authority vested in me by the laws of **Champaign County, Illinois** do hereby proclaim the month of September 2007 as

National Alcohol and Drug Addiction Recovery Month

In **Champaign County** and call upon the people of **Champaign County** to observe this month with appropriate programs, activities, and ceremonies supporting this year’s theme, *“Join the Voices for Recovery: Saving Lives, Saving Dollars.”*

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of September, in the year of our Lord two thousand seven, and of the Independence of the United States of America the two hundred and thirty-first.

Signature

Affix official seal here

Resolution

WHEREAS, the Right of the People to Keep and Bear Arms is guaranteed as an Individual Right under the Second Amendment to the United States Constitution and under the Constitution of the State of Illinois, and;

WHEREAS, the Right of the People to Keep and Bear Arms for defense of Life, Liberty, and Property is regarded as an Inalienable Right by the People of _____ County, Illinois, and;

WHEREAS, the People of _____ County, Illinois, derive economic benefit from all safe forms of firearms recreation, hunting, and shooting conducted within _____ County using all types of firearms allowable under the United States Constitution and the Constitution of the State of Illinois, and;

WHEREAS, _____ County Board, being elected to represent the People of _____ County and being duly sworn by their Oath of Office to uphold the United States Constitution and the Constitution of the State of Illinois, and;

WHEREAS, the Illinois House of Representatives and the Illinois Senate, being elected by the People of the State of Illinois and being duly sworn by their Oath of Office to uphold the United States Constitution and the Constitution of the State of Illinois, and;

WHEREAS, proposed legislation under consideration by the Illinois State Legislature would infringe the Right to Keep and Bear Arms and would ban the possession and use of firearms now employed by individual citizens of _____ County, Illinois, for defense of Life, Liberty and Property and would ban the possession and use of firearms now employed for safe forms of firearms recreation, hunting and shooting conducted within _____ County, Illinois;

NOW, THEREFORE, IT BE AND IS HEREBY RESOLVED that the People of _____ County, Illinois, do hereby oppose the enactment of any legislation that would infringe upon the Right of the People to keep and bear arms and consider such laws to be unconstitutional and beyond lawful Legislative Authority!

Chairman

Attest:

County Clerk

RESOLUTION NO.

RESOLUTION ESTABLISHING A COUNTY BOARD COMMITTEE TO
COMMEMORATE CHAMPAIGN COUNTY'S 175TH ANNIVERSARY OF
INCORPORATION

WHEREAS, February 20, 2008 marks the 175th anniversary of Champaign County's incorporation as a county in the state of Illinois; and

WHEREAS, February 20, 2008 also marks the 175th anniversary of the City of Urbana incorporation as a city and as the county seat of Champaign County; and

WHEREAS, the Champaign County Board wishes to appropriately celebrate these milestones during the year 2008 with special events and activities.

NOW THEREFORE BE IT RESOLVED by the Champaign County Board to establish an anniversary committee to plan and execute special events and activities to commemorate Champaign County's 175th anniversary; and,

BE IT FURTHER RESOLVED that said committee shall consist of:
_____; and

BE IT FURTHER RESOLVED that said committee may design commemorations on its own or in conjunction with the City of Urbana; and

BE IT FURTHER RESOLVED that said committee shall exist until November 30, 2008.

PRESENTED, ADOPTED, APPROVED and RECORDED this 20th day of September, A.D. 2007.

C. Pius Weibel, Chair
Champaign County Board

ATTEST:

Mark Sheldon, County Clerk and
Ex-Officio Clerk of the County Board

RESOLUTION NO.

RESOLUTION FORMING THE ABRAHAM LINCOLN BICENTENNIAL COMMISSION
OF CHAMPAIGN COUNTY

WHEREAS, Abraham Lincoln, the 16th President of the United States, was born two hundred years ago on February 12, 1809; and

WHEREAS, Abraham Lincoln, as a circuit rider, practiced law in Champaign County in the 1850's and spent significant time in Urbana, Champaign, and the neighboring communities developing friendships and political allies and speaking out on the issues of his day; and

WHEREAS, Abraham Lincoln became president of the United States in 1860 and led this country through the Civil War – its most severe domestic crisis; and

WHEREAS, the year 2009 will be the bicentennial anniversary of Lincoln's birth; and

WHEREAS, Champaign County and the Cities of Urbana and Champaign wish to commemorate the bicentennial anniversary with appropriate activities and remembrances through the formation of a Bicentennial Commission.

NOW THEREFORE BE IT RESOLVED that the Champaign County Board and the municipalities of Urbana and Champaign establish the Lincoln Bicentennial Commission, charged with the responsibility of coordinating and encouraging civic organizations to develop and execute activities and celebrations that are fitting and proper to honor Abraham Lincoln during and around the year 2009.

BE IT FURTHER RESOLVED, that the Commission Membership will observe the following criteria:

1) Appointments:

a) Individuals and/or organizations with a demonstrated interest in educating others about the importance of local historical events and people, especially Abraham Lincoln, and the appropriate means of celebrating them.

b) Five individuals and/or organizations selected respectively by the Chair of the County Board and the mayors of the Cities of Urbana and Champaign, in addition to one selection from the University of Illinois.

2) Terms – Members shall be appointed for the life of the Commission and serve at the discretion of the County Board Chair and the Mayors. The first meeting of the Bicentennial Commission will be called by the County Board Chair no later than October 10, 2007.

3) Chair – The Commission shall select a Chair from among its members. The Chair shall submit to the local governments a written report of activities at three month intervals.

BE IT FURTHER RESOLVED that the Commission shall terminate on December 31, 2009.

PRESENTED, ADOPTED, APPROVED and RECORDED by the Champaign County Board this 20th day of September, A.D. 2007.

Laurel Lunt Prussing, Mayor
City of Urbana

Jerry Schweighart, Mayor
City of Champaign

C. Pius Weibel, Chair
Champaign County Board

ATTEST:

Mark Sheldon, County Clerk and
Ex-Officio Clerk of the County Board

**Closed Meeting Minutes Review – Policy, Personnel, & Appointments Committee – September 5,
2007**

Is it necessary to protect the public interest or privacy of an individual?

Date of Minutes	Yes, Keep Confidential	No, Place in Open Files
June 4, 1990 <i>Performance Appraisal Subcommittee</i>		
February 8, 1991 <i>Performance Appraisal Subcommittee</i>		
March 7, 1991 <i>Performance Appraisal Subcommittee</i>		
February 20, 1992 <i>Performance Appraisal Subcommittee</i>		
February 24, 1992 <i>Performance Appraisal Subcommittee</i>		
February 26, 1992 <i>Performance Appraisal Subcommittee</i>		
March 10, 1992 <i>Performance Appraisal Subcommittee</i>		
April 14, 1992 <i>Performance Appraisal Subcommittee</i>		
May 12, 1992 <i>Performance Appraisal Subcommittee</i>		
December 9, 1992		
May 14, 1993 <i>Search Subcommittee</i>		
May 21, 1993 <i>Search Subcommittee</i>		
June 24, 1993 <i>Search Subcommittee</i>		
January 7, 1994 <i>Performance Appraisal Subcommittee</i>		
February 17, 1995 <i>Performance Appraisal Subcommittee</i>		
August 7, 1996 <i>Performance Appraisal Subcommittee</i>		
June 10, 1997		
July 14, 1998		
November 8, 1999 <i>Performance Appraisal Subcommittee</i>		
January 13, 2000		

Date of Minutes	Yes, Keep Confidential	No, Place in Open Files
February 16, 2000 <i>Performance Appraisal Subcommittee</i>		
June 12, 2000		
August 21, 2000		
May 9, 2002		
September 16, 2003		
March 30, 2004		
April 27, 2004		
May 18, 2004		
September 21, 2004		
June 8, 2005 – 8:28 p.m.		
June 8, 2005 – 8:40 p.m.		
October 5, 2005		
April 5, 2006		
August 24, 2006		
September 6, 2006		
*June 6, 2007		

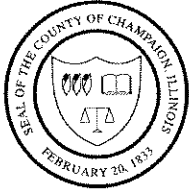
***Minutes not previously approved in semi-annual review.**

**ATTACHMENTS GIVEN
TO THE COMMITTEE
AT THE MEETING**

**POLICY, PERSONNEL, &
APPOINTMENTS COMMITTEE
SEPTEMBER 5, 2007**

Contents:

1. Response to Request for Re-Evaluation of Building Services Assistant – Agenda Item X B
2. Recommendations for Employee Insurance Benefits for FY2008 – Agenda Item X C
3. Suggestion from County Board Chair Re: New Committee Rule on Issues/Topics for Consideration by the Committee – Agenda Item XI D
4. Draft Resolution Forming the Abraham Lincoln Bicentennial Commission of Champaign County with Revisions – Agenda Item XI F




CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 EAST WASHINGTON
URBANA, IL 61802
(217) 384-3776
(217) 384-3765 – PHYSICAL PLANT
(217) 384-3896 – FAX
(217) 384-3864 – TDD
Website: www.co.champaign.il.us

ADMINISTRATIVE SUPPORT
DATA PROCESSING
MICROGRAPHICS
PURCHASING
PHYSICAL PLANT
SALARY ADMINISTRATION

MEMORANDUM

TO: Tom Betz, Chair and MEMBERS of the POLICY, PERSONNEL & APPOINTMENTS COMMITTEE

FROM: JOB CONTENT EVALUATION COMMITTEE and 
Deb Busey, County Administrator of Finance and HR Management

DATE: August 30, 2007

RE: RESPONSE TO REQUEST FOR RE-EVALUATION OF BUILDING SERVICES ASSISTANT

Pursuant to your request of August 8, 2007, the Job Content Evaluation Committee has met and reviewed the position of Building Services Assistant.

The Job Evaluation Committee reviewed the position analysis questionnaire and job description information for the proposed position. Deb Busey and John Wooldridge also presented information regarding the evaluation. Based upon the information received, the Job Content Evaluation Committee recommends this position be re-classified to Grade Range I. Based upon the information presented, the Job Content Evaluation Committee determined that this position's level of responsibility had increased as a result of the County's change to implementing in-house custodial services. A copy of the updated job description is also attached for your information.

Champaign County Personnel Policy Article 9-4.5(f) states that unless otherwise specified, a reclassification or job re-evaluation shall take effect on the first day of the fiscal year immediately following approval by the Board. Pursuant to the policy, we would anticipate this reclassification to go into effect on December 1, 2007.

RECOMMENDED ACTION:

The Policy, Personnel & Appointments Committee recommends approval of reclassification of the Building Services Assistant position to Grade Range I, and forwards said recommendation to the Finance Committee, pursuant to Champaign County Personnel Policy Article 9-4.5(e).

Thank you for your consideration of this information. If you have any questions or concerns, please feel free to contact me.

Attachments

CHAMPAIGN COUNTY SALARY ADMINISTRATION PROGRAM
JOB EVALUATION COMMITTEE REPORT

Date of Request:

August 8, 2007

RE-EVALUATION OF EXISTING POSITION

Department Requesting:	Public Properties	
Position Title:	Building Services Assistant	
Current Job Points:	643	
FLSA Status:	Non-Exempt	
Current Salary Range:	Grade Range H	
<i>*Ranges effective for FY2008</i>	Minimum:	\$17.06
	Mid-Point:	\$21.33
	Maximum:	\$25.59

Job Evaluation Committee Recommendation: **Recommend Classification & Title Change**

Re-Evaluated Job Points:	654	
Recommended Title:	Building Services Assistant	
FLSA Status:	Non-Exempt	
Recommended Salary Range:	Grade Range I	
<i>*Ranges effective for FY2008</i>	Minimum:	\$19.88
	Mid-Point:	\$24.85
	Maximum:	\$29.82

Date of Job Evaluation Committee Recommendation:

August 28, 2007

Champaign County Job Description

Job Title: Building Services Assistant
Department: Administrative Services
Reports To: County Administrators
FLSA Status: Exempt
Prepared Date: August, 2007

SUMMARY Supervises and co-ordinates activities of custodians and the management of janitorial needs throughout the County buildings. Dispatches maintenance workers to County buildings to resolve problems.

PRIMARY DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

Manages the Physical Plant office and the payment of invoices and budget maintenance. Prepares special and recurring departmental reports by gathering data from various sources, compiling and entering data in appropriate reporting format. Prepares monthly bills to the County Nursing Home for management services. Prepares bills on janitorial services and utilities used by the Regional Planning Commission, METCAD and the Animal Shelter.

Directs activities of custodians and manages janitorial needs throughout the County buildings.

Dispatches maintenance workers to County buildings when problems are reported.

Manages and supervises mail services for County daily mail operations. Includes appropriate purchase of postage; daily supervision of County staff responsible for mail preparation; ongoing coordination with outside vendors providing daily mail pick-up; and back-up for all mail services activities.

Maintains a variety of logs and files on departmental information such as assignment and completion of work request orders. Prepares department payroll.

Maintains custodial inventory for all County buildings including preparation and distribution of annual bids for the purchase of inventory items.

Assists in the annual preparation of department budgets by gathering data, checking mathematical accuracy and entering data into required format. Monitors departmental expenditures.

Maintains County's lease agreements files and scheduling of renewals. Prepares invoices and receives rent/lease payments.

Maintains contracts and vendor agreements files for building services contracts.

Monitors employee parking lots for violations and arranges for vehicles to be towed if necessary. Handles assignment of employee parking permits in County provided lots.

May prepare correspondence and reports using a PC computer or on-line terminal.

Maintains inventory of excess equipment and arranges for disposal/distribution as outlined in the County Purchasing Policy.

Assists in coordinating office moves when necessary.

SUPERVISORY RESPONSIBILITIES Supervises custodial staff. Carries out responsibilities in accordance with the County's policies and applicable laws. Responsibilities include planning, assigning, and directing work; appraising performance; disciplining employees; addresses complaints and recommends how to resolve the problem.

QUALIFICATIONS To perform this job successfully, an individual must be able to perform each primary duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

EDUCATION and/or EXPERIENCE High school diploma or general education degree (GED) supplemented by 1-2 years of college or post-high school training program and 3-5 years experience in a secretarial/office management position or equivalent combination of education and experience.

LANGUAGE SKILLS Ability to read and comprehend instructions, short correspondence, and memos. Ability to write general correspondence. Ability to effectively present information in one-on-one or small group situations to employees of the County.

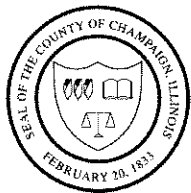
MATHEMATICAL SKILLS Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference, and volume.

REASONING ABILITY Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

CERTIFICATES, LICENSES, REGISTRATIONS As required.

PHYSICAL DEMANDS The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to stand; walk; sit; use hands to finger, handle, or feel; and talk; or hear. The employee must occasionally lift and/or move up to 30 pounds. Specific vision abilities required by this job include close vision, distance vision, and depth perception.

WORK ENVIRONMENT The work environment characteristics described here are representative of those an employee encounters while performing the primary functions of this job. Normal office conditions with some outdoor exposure. The noise level in the work environment is usually quiet.



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PHYSICAL PLANT
SALARY ADMINISTRATION

MEMORANDUM

TO: Tom Betz, Chair, and Members of the Policy, Personnel & Appointments Committee

FROM: Deb Busey, County Administrator of Finance & HR Management
Debbie Chow, Insurance Specialist

DATE: August 31, 2007

RE: RECOMMENDATIONS FOR EMPLOYEE INSURANCE BENEFITS FOR FY2008
- Health, Life, Dental & Optional Life

The following recommendations are for employee insurance benefits for the December 1, 2007 to November 30, 2008 benefit plan year. These recommendations, if approved by the Policy, Personnel & Appointments Committee, are to be forwarded to the full Board for final approval. We request that you forward your recommendation to the County Board's September 20, 2007 meeting to enable open enrollment to take place during the month of October.

RECOMMENDATION FOR FY2008 HEALTH INSURANCE PLANS

We recommend the following health insurance plans be made available to all non-bargaining county employees:

PersonalCare Plans –

PersonalCare HMO21 – 80/20 Plan with Prescription drug benefit \$10/\$20/\$50
PersonalCare HRA PPO Plan with Prescription drug benefit \$10/\$20/\$50

Health Alliance Plans –

Health Alliance Custom HMO 80/20 Plan with Prescription drug benefit \$10/\$20/\$40
Health Alliance Custom HRA PPO Plan with Prescription drug benefit \$10/\$20/\$40

We further recommend the County's contribution for non-bargaining employee health insurance for FY2008 be equal to the cost of the least expensive 80/20 Plan – for FY2008, this is the PersonalCare HMO 21 80/20, with individual premium at \$455.40/month, \$5,464.80/year.

We recommend that for employees selecting the HRA Plans, the County establish an HRA and after the first \$100.00 of deductible has been paid by the employee, the County will pay the next \$800.00 in deductible expense for employees on the HRA Plan.

Plans made available to the County's bargaining employees will be consistent with current contract language, until new language has been negotiated and agreed upon.

Summary sheets regarding the benefits provided with each of these plans are attached to this Memorandum for your information.

RECOMMENDATION FOR FLEXIBLE SPENDING ACCOUNT/HEALTH REIMBURSEMENT ACCOUNT ADMINISTRATION

The following recommendation is for third party administration of the county's flexible spending and health reimbursement accounts. Benefit Planning Consultants (BPC) is a local company, which has been in business in Champaign County for 25 years. BPC has an excellent reputation with numerous local clients. BPC is the current third party administrator of the county's flexible spending accounts and health reimbursement accounts.

We recommend approval of a contract with Benefit Planning Consultants, Inc. as the county's third party administrator for flexible spending and health reimbursement accounts for the plan year December 1, 2007 to November 30, 2008 at a rate of \$4.80/flexible spending account participant/month and a rate of \$5.50/health reimbursement account participant/month, anticipated annual cost of \$14,400.

RECOMMENDATION FOR FY2007 LIFE INSURANCE

A renewal quote for this coverage is being developed. We will provide a recommendation regarding this benefit at the October meeting.

RECOMMENDATION FOR DENTAL INSURANCE

Trustmark Insurance Company provided the county with a two year rate guarantee at last year's renewal. This recommendation is for the second year of the two year rate guarantee.

We recommend approval of the dental insurance benefit program through Trustmark Insurance Company for the policy period December 1, 2007 to November 30, 2008. The entire premium is paid by the employee.

Trustmark PPO MONTHLY Premium

Single	\$13.94
Employee + child(ren)	\$39.74
Employee + spouse	\$28.32
Family	\$63.94

Trustmark Premier MONTHLY Premium

Single	\$24.98
Employee + child(ren)	\$50.32
Employee + spouse	\$49.94
Family	\$93.04

RECOMMENDATION FOR OPTIONAL LIFE INSURANCE

We recommend the following be offered to county employees for FY2008:

1. **Optional Term Life insurance through Lafayette Life Insurance Company – premiums to be paid by the employee.**
2. **Optional Universal Life insurance through AllState Insurance Company – premiums to be paid by the employee.**

RECOMMENDATION FOR OPTIONAL VOLUNTARY INSURANCE

We recommend the following be offered to county employees for FY2008:

1. **Voluntary Group Accident insurance through AllState Insurance Company – premiums to be paid by the employee.**
2. **Voluntary Group Cancer insurance through AllState Insurance Company – premiums to be paid by the employee.**
3. **Voluntary Critical Illness insurance through AllState Insurance Company – premiums to be paid by the employee.**

Thank you for your consideration of the Employee Benefits Package for FY2008. We will be present at your meeting to further address questions or concerns you may have.

attachments

General County
Non-bargaining employees
December 1, 2007 to November 30, 2008
Per paycheck costs
(twice monthly)

Health Alliance 80/20

Single \$8.30
Family \$206.80

Health Alliance HDHP/HRA

Single \$0
Family \$169.00

PersonalCare 80/20

Single \$0
Family \$193.54

PersonalCare HDHP/HRA

Single \$0
Family \$164.43

Description of Coverage (Face Sheet)

This is a summary of your benefits. See your Evidence of Coverage for more detailed information.



2110 Fox Drive
Champaign, IL 61820
(800) 431-1211
www.PersonalCare.org

Group: County of Champaign
Effective Date: 12/1/2005
Medical Package: HMO 21

BASICS		Maximums, Deductibles, and Limitations
Your Doctor	Choose a Primary Care Physician (PCP) in the service area where you reside or work from the Provider Directory. Female members may also choose a Women's Principal Health Care Provider (WPHCP).	
Annual Medical Deductible	None	
Individual	None	
Family	None	
Out-of-Pocket Maximum	(Expenses incurred for prosthetics, durable medical equipment, prescription medications, and prescribed injectables do not count towards the out-of-pocket maximum.)	
Individual	\$1,500	
Family	\$3,000	
Lifetime Maximum	Unlimited	
Maximum Allowable Charge	Not Applicable	

IN THE HOSPITAL			
	Description	PersonalCare Pays	You Pay
Hospital Care	Hospital services are covered when prior authorized by PersonalCare. PersonalCare should be notified of emergency admissions within 48 hours.	100% after copayment or coinsurance	20%
Number of Days of Inpatient Care	Unlimited number of medical/surgical stays, subject to medical necessity.	100% after copayment or coinsurance	See Hospital Care
Room and Board	Coverage is provided for semi-private room and board or specialty unit, when medically necessary.	100% after copayment or coinsurance	See Hospital Care
Medications	Coverage is included under Hospital Care. Take-home drugs dispensed to you prior to your release are not covered. You may have benefits as outlined in a prescription drug rider, if applicable.	100% after copayment or coinsurance	See Hospital Care
Other Miscellaneous Charges	Coverage is included under Hospital Care. Personal comfort or convenience items are not covered.	100% after copayment or coinsurance	See Hospital Care
Physician Services			
Primary Care (PCP/WPHCP)	Evaluation and Management Services (when your doctor visits you in the hospital).	100% after copayment or coinsurance	20%
Specialist Other Than Listed in Medical Services	Evaluation and Management Services (when your doctor visits you in the hospital).	100% after copayment or coinsurance	20%
Procedures, diagnostics, therapeutics	X-Ray examinations, laboratory tests, therapeutics and pathology services are covered when ordered by an in-network provider.	100% after copayment or coinsurance	20%

IN THE DOCTOR'S OFFICE			
	Description	PersonalCare Pays	You Pay
Primary Care Physician (PCP)/(WPHCP)	Evaluation and Management Services	100% after copayment or coinsurance	\$20/visit
Specialist Other Than Listed in Medical Services	Evaluation and Management Services	100% after copayment or coinsurance	\$20/visit
Procedures, Diagnostics and Therapeutic Services	X-Ray examinations, laboratory tests, therapeutics and pathology services are covered when ordered by an in-network provider.	100% after copayment or coinsurance	20%
Routine Physical Exams	Includes well-child care up to age 2 and an annual school physical or exam.	100% after copayment or coinsurance	See applicable PCP or specialist copay/coinsurance.
Routine Immunizations	Covered when administered by an in-network provider. See Evidence of Coverage for further information.	100% after copayment or coinsurance	20%
Allergy Treatment and Testing	Covered if physician determines is medically necessary.	100% after copayment or coinsurance	See In The Doctor's Office: Procedures, Diagnostics, and Therapeutic Services.
Wellness Care	According to our published preventive care guidelines.	100% after copayment or coinsurance	See applicable office visit, hospital, and outpatient services sections for copayment or coinsurance.

MEDICAL SERVICES		Description	PersonalCare Pays	You Pay
Outpatient Surgery		Covered when prior authorized by PersonalCare	100% after copayment or coinsurance	20%
Outpatient Observation Stays		Observation services are covered up to 24 hours when prior authorized by PersonalCare.	100% after copayment or coinsurance	20%
Outpatient, Diagnostic, and Therapeutic Services		Certain services may require prior authorization.	100% after copayment or coinsurance	20%
Maternity Care Hospital Care		A minimum of 48 hours following a vaginal delivery / 96 hours following a delivery by cesarean section is covered. Stays beyond these timeframes require prior authorization.	100% after copayment or coinsurance	20%
Physician Care		Routine prenatal, delivery, and post-natal care. Care provided by other physicians and specialists may result in assessment of additional copayments [and may require prior authorization].	100% after copayment or coinsurance 100% after copayment or coinsurance	20% See applicable office visit, hospital, and outpatient services sections for copayment or coinsurance.
Infertility Services		Infertility means the inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy. Benefits are available for groups providing coverage for more than 25 employees. Requires prior authorization.	100% after copayment or coinsurance	See applicable office visit, hospital, and outpatient services sections for copayment or coinsurance.
Rehabilitation Services				
Outpatient		Coverage is provided for up to 60 visits per contract year for physical, occupational and speech therapy.	100% after copayment or coinsurance	20%
Inpatient		Covered when prior authorized by PersonalCare.	100% after copayment or coinsurance	20%
Anesthesiologist Services		Professional fees.	100% after copayment or coinsurance	20%
Radiologist and Radiology Services		Professional and technical fees. Some services may require prior authorization.	100% after copayment or coinsurance	20%
Pathologist/ Laboratory Services		Professional and technical fees. Some services may require prior authorization.	100% after copayment or coinsurance	20%

EMERGENCY SERVICES		Description	PersonalCare Pays	You Pay
Emergency Room Services		Covered in or out of network when Emergency Medical Condition exists.	100% after copayment or coinsurance	20%
Emergency Room Physician Services		Professional fees.	100% after copayment or coinsurance	20%
Emergency Transportation by Ambulance		Covered when medically necessary for land or air transport. [Non-emergency transportation by ambulance requires prior authorization.]	100% after copayment or coinsurance	20%
Emergency Post-Stabilization Services		Covered when determined to be medically necessary.	100% after copayment or coinsurance	20%

OTHER MEDICAL SERVICES		Description	PersonalCare Pays	You Pay
Durable Medical Equipment		Covered when medically necessary, standard model equipment when prior authorized by PersonalCare.	100% after coinsurance	20%
Prosthesis, Prosthetic Appliance, and Implants (PA)		Covered when medically necessary, standard model prostheses, prosthetic appliances and implants when prior authorized by PersonalCare.	100% after coinsurance	20%
Hospice		Covered when prior authorized by PersonalCare.	100% after copayment or coinsurance	20%
Home Health Care		Covered when prior authorized by PersonalCare.	100% after copayment or coinsurance	20%
Home Infusion Services		Covered when prior authorized by PersonalCare.	100% after copayment or coinsurance	20%
Vision Care		Not covered by PersonalCare. Coverage for vision screening and refractive services may be covered by a separate vision plan, if applicable	Not applicable	Not applicable
Dental Services		Not covered by PersonalCare. Coverage for dental services may be covered by a separate dental plan, if applicable	Not applicable	Not applicable

Skilled Nursing Facilities	Covered when medically necessary, short-term non-custodial care in a skilled nursing facility when prior authorized by PersonalCare up to a maximum of 120 days per contract year.	100% after copayment or coinsurance	20%
Chiropractic Services	When prior authorized by PersonalCare.	100% after copayment or coinsurance	\$20/visit
Organ Transplants	Covered when medically necessary when prior authorized by PersonalCare, performed at a Coventry Transplant Network participating facility approved by PersonalCare, and not experimental or investigational.	100% after coinsurance	20%
Non-Emergent Transportation by Ambulance	Covered when prior authorized by PersonalCare.	100% after copayment or coinsurance	20%

Mental Health Package: Mental Health Option 1

Mental Health	Covered per contract year:			
Outpatient	When prior authorized by PersonalCare.	20 Visits	100% after copayment or coinsurance	20%
Inpatient	When prior authorized by PersonalCare.	10 Days	100% after copayment or coinsurance	20%
Substance Abuse	Covered per contract year:			
Outpatient	When prior authorized by PersonalCare.	20 Visits	100% after copayment or coinsurance	20%
Inpatient	When prior authorized by PersonalCare. Note: Inpatient alcoholism treatment will be covered the same as any other sickness under this policy.	10 Days	100% after copayment or coinsurance	20%

Rx Package: Rx Option 2

Annual Pharmacy Deductible per Individual	None		
Annual Pharmacy Maximum	None		
Prescribed Injectables	Covered when prior authorized by PersonalCare.	100% after copayment or coinsurance	50%
Prescription Drugs	Covered when prescription drug rider is purchased by your group. See rider for further benefit details and limitations.	100% after copayment or coinsurance	Generic: \$10 Formulary: \$20 Non-Formulary: \$50

Description of Coverage (Face Sheet)

This is a summary of your benefits. See your Evidence of Coverage for more detailed information.

Group:	County of Champaign	1-Dec-06
Effective Date:		
Medical Package:	PPO Value Option 86	
Rx Package:	Rx Option 2	
Mental Health Package:	Mental Health Option 1	
Chiropractic Package:	Chiropractic Option 2	
Network:	PersonalCare PPO	
TMJ Package:	TMJ N/A	
ER Copayment Package:	ER \$175 Copayment	
Physician Copay Diff:	10 Phys Copay Diff	
Copay Inclusivity:	Standard Office Copay	
Benefit Year:	Contract Year	

BASICS		
Maximums, Deductibles, and Limitations		
Annual Medical Deductible	In-Network	Out-of-Network
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Deductibles must be met before coverage begins. Once 2 family members meet their Contract Year deductible, family deductible is met. Routine immunizations, allergy testing and treatment, wellness care, and evaluation and management services provided in-network are not included on your deductible.		
Out-of-Pocket Maximum	In-Network	Out-of-Network
Individual	\$2,500	\$3,500
Family	\$5,000	\$7,000
Does not include annual medical deductible, non-serious mental health, substance abuse charges, evaluation and management copayments, prescription drugs, and maximum allowable charges.		
Lifetime Maximum	\$5,000,000	
Prior Authorization Requirements	Certain services require prior authorization. Call (800) 431-1211 to prior authorize. Failure to prior authorize will result in the assessment of an additional charge equal to 10 percent of the maximum allowable charge.	
Maximum Allowable Charge	Except for emergency services, charges by out-of-network providers in excess of maximum allowable charge will not be covered.	
Annual Pharmacy Deductible per Individual	None	
Annual Pharmacy Maximum	None	

IN THE HOSPITAL		Description	You Pay In-Network	You Pay Out-of-Network
Hospital Care	Hospital services are covered when prior authorized by PersonalCare. PersonalCare should be notified of emergency admissions within 48 hours.		\$0 per admission 20% after copayment	\$500 per admission 40% after copayment
Number of Days of Inpatient Care	Unlimited number of medical/surgical stays, subject to medical necessity.		See Hospital Care	See Hospital Care
Room and Board	Coverage is provided for semi-private room and board or specialty unit, when medically necessary.		See Hospital Care	See Hospital Care
Medications	Coverage is included under Hospital Care. Take-home drugs dispensed to you prior to your release are not covered. You may have benefits as outlined in a prescription drug rider, if applicable.		See Hospital Care	See Hospital Care
Other Miscellaneous Charges	Coverage is included under Hospital Care. Personal comfort or convenience items are not covered.		See Hospital Care	See Hospital Care
Physician Services				
Primary Care	Evaluation and Management Services (when your primary doctor visits you in the hospital).		\$20 per visit	40%
Specialist Other Than Listed in Medical Services	Evaluation and Management Services (when a specialist visits you in the hospital).		\$30 per visit	40%
Procedures, diagnostics, & therapeutics	includes x-ray examinations, laboratory tests, therapeutics and pathology services are covered.		20%	40%

IN THE DOCTOR'S OFFICE		Description	You Pay In-Network	You Pay Out-of-Network
Primary Physician	Evaluation and Management Services		\$20 per visit	40%
Specialist Other Than Listed in Medical Services	Evaluation and Management Services		\$30 per visit	40%
Procedures, Diagnostics and Therapeutic Services	Includes x-ray examinations, laboratory tests, therapeutic injections, therapeutics and pathology services. Certain services require prior authorization. See Precertification section for more information.		20%	40%

Routine Physical Exams	Includes well-child care up to age 2 and an annual school physical or exam and services listed in our published preventive care guidelines.	See applicable primary or specialist coinsurance and/or copayment.
Routine Immunizations	See Evidence of Coverage for further information.	\$0 40%
Allergy Treatment and Testing	See Evidence of Coverage for further information.	See office visit, hospital, and outpatient services sections for applicable coinsurance and/or copayment.
Wellness Care	According to our published preventive care guidelines.	See office visit, hospital, and outpatient services sections for applicable coinsurance and/or copayment.

MEDICAL SERVICES		Description	You Pay In-Network	You Pay Out-of-Network
Outpatient Surgery		Covered when prior authorized by PersonalCare	20%	40%
Outpatient Observation Stays		Observation services are covered up to 24 hours when prior authorized by PersonalCare.	20%	40%
Outpatient Procedures, Diagnostics, and Therapeutic Services		Certain services may require prior authorization. See Precertification section for more information.	20%	40%
Maternity Care				
Hospital Care		A minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a delivery by cesarean section. Stays beyond these timeframes require prior authorization.	\$0 per delivery 20% after copay	\$500 per delivery 40%
Physician Care		Routine prenatal, delivery, and post-natal care.	0%	40% after copay
		Care provided by other physicians and specialists may result in assessment of additional copayments/coinsurance.		See office visit, hospital, and outpatient services sections for applicable coinsurance and/or copayment.
Infertility Services		Infertility means the inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy. Covered when prior authorized by PersonalCare.		See office visit, hospital, and outpatient services sections for applicable coinsurance and/or copayment.
Serious Mental Health				
Outpatient		Covered per benefit year: When prior authorized by PersonalCare. 60 Visits	\$30 per visit	40%
Inpatient		When prior authorized by PersonalCare. 45 Days	\$0 per admission 20% after copay	\$500 per admission 40% after copay
Non-Serious Mental Health				
Outpatient		Inpatient and outpatient services have a combined annual benefit limit of \$10,000. When prior authorized by PersonalCare.	\$30 per visit	40%
Inpatient		When prior authorized by PersonalCare.	\$0 per admission 20% after copay	\$500 per admission 40% after copay
Substance Abuse				
Outpatient		Covered per benefit year: When prior authorized by PersonalCare. 20 Visits	\$30 per visit	40%
Inpatient		When prior authorized by PersonalCare. Note: inpatient alcoholism treatment will be covered the same as any other sickness under this policy. 10 Days	\$0 per admission 20% after copay	\$500 per admission 40% after copay
Rehabilitation Services				
Outpatient		Coverage is provided for up to a maximum of \$3000 per benefit year for physical, occupational and speech therapy.	20% per visit	40%
Inpatient		Coverage limited to 30 days per benefit year when prior authorized by PersonalCare.	\$0 per admission 20% after copay	\$500 per admission 40% after copay
Anesthesiologist Services		Professional fees.	30%	50%
Radiologist and Radiology Services		Professional and technical fees. Some services may require prior authorization.	20%	40%
Pathologist/Laboratory Services		Professional and technical fees. Some services may require prior authorization.	20%	40%

EMERGENCY SERVICES		Description	You Pay
Emergency Room Services		Care provided at any licensed hospital emergency room is covered at the in-network benefit level when an emergency medical condition exists.	\$175
Emergency Room Physician Services		Professional fees.	\$0
Emergency Transportation by Ambulance		Covered when medically necessary for land or air transport.	\$0
Emergency Post-Stabilization Services		Covered when medically necessary.	See Hospital Care for applicable coinsurance and/or copayment.

OTHER MEDICAL SERVICES		Description	You Pay In-Network	You Pay Out-of-Network
Durable Medical Equipment	Standard model equipment covered when medically necessary and when prior authorized by PersonalCare.		20%	40%
Prosthetic Devices	Standard model prostheses, prosthetic appliances, and implants covered when medically necessary and when prior authorized by PersonalCare.		20%	40%
Hospice	Covered when prior authorized by PersonalCare.		20%	40%
Home Health Care	Covered when prior authorized by PersonalCare.		20%	40%
Home Infusion Services	Covered when prior authorized by PersonalCare.		20%	40%
Prescribed Injectables	Covered when prior authorized by PersonalCare.		50%	50%
Vision Care	Not covered by PersonalCare. Coverage for vision screening and refractive services may be covered by your vision plan.		Not applicable	Not applicable
Dental Services	Not covered by PersonalCare.		Not applicable	Not applicable
TMJ Services	Not covered by PersonalCare.		Not applicable	Not applicable
Skilled Nursing Facilities	Short-term, non-custodial care in a skilled nursing facility is covered up to a maximum of 120 days per benefit year when medically necessary and when prior authorized by PersonalCare.		20%	40%
Chiropractic Services	Limited to \$1000 per benefit year		20%	40%
Organ Transplants	Covered when medically necessary, when prior authorized by PersonalCare, performed at a Coventry Transplant Network participating facility approved by PersonalCare, and not experimental or investigational.		\$0 per admission 20% after copay	Not covered
Non-Emergent Transportation by Ambulance	Covered when prior authorized by PersonalCare.		20%	40%
Self Administered Injectables	Covered when prior authorized by PersonalCare. Maximum Coinsurance of \$150 per prescription.		Formulary: 25%	
			Non-Formulary: 50%	
Prescription Drugs	Covered when a prescription drug rider is purchased by your group. See rider for further benefit details and limitations.		Generic: \$10	
			Formulary: \$20	
			Non-Formulary: \$50	



80/20

102 East Main Street
 Urbana, IL 61801-2744
 www.healthalliance.org

Health Alliance

Health Alliance HMO Group Plan Face Sheet

Maximums/Deductibles/Limitations	Description of Coverage
Your Doctor	Choose a Primary Care Physician from the Provider Directory in your Service Area. Female Members may also select a Woman's Principal Health Care Provider from the Provider Directory in your Service Area.
Contract Year Deductibles Medical	Not applicable
Contract Year Out-of-Pocket Maximums Medical	Single : \$ 1,500 Family: \$ 3,000
Specialty Prescription Drugs	Single : \$1,500 Family: \$4,500
Lifetime Maximum Benefits Overall	Not applicable
Pre-Existing Condition Limitation	50% (if applicable)
Contract Year Maximum Benefits Outpatient Prescription Drugs (excludes any applicable Deductible expenses) Specialty Prescription Drugs	Unlimited per Member \$300,000 per Member

See Service/Benefit section for visit, day and unit limits

	Service/Benefit	Description of Coverage	Health Alliance Pays	You Pay
In the Hospital	Hospital Care Inpatient Care Days Room and Board Surgeon's Fees Doctor's Visits Medications Other Miscellaneous Charges	Unlimited number of days Semi-private room Included Included Included Except personal comfort items	80% Coinsurance	20% Coinsurance
Emergency Services	Emergency Services	ER Copay is waived if admitted to the Hospital when plan requires an inpatient hospital Copay or Coinsurance. Includes services received in or outside of the Service Area for an Emergency Medical Condition.	100% after Copay	\$125 Copay per visit
	Emergency Post-stabilization Services	Same as Hospital Care	100% after Copay/Coinsurance	Hospital Care Copay/Coinsurance applies

	Service/Benefit	Description of Coverage	Health Alliance Pays	You Pay	
In the Doctor's Office <i>(Each Office Visit or Routine Physical Exam requires the Copayment or Coinsurance listed. In addition, other services obtained while in the office may require an additional Copayment or Coinsurance amount.)</i>	Office Visit - Primary Care (includes well-child care)	Diagnostic and treatment services	100% after Copay	\$20 Copay per visit	
	Office Visit - Specialty Care	Diagnostic and treatment services	100% after Copay	\$20 Copay per visit	
	Routine Physical Exams	Annual and school exams	100% after Copay	\$20 Copay per visit	
	Immunizations	Immunizations and inoculations	100% after Copay	\$0 Copay per visit	
	Allergy Treatment and Testing	Treatment and testing	80% Coinsurance	20% Coinsurance	
	Wellness Care	Mammograms, PAP smears, prostate screening, colorectal screening and cholesterol screening <i>(If service is not provided in the Physician's office, it may be subject to the Outpatient Surgery Copayment or Coinsurance.)</i>	100% after Copay	\$0 Copay per visit	
Medical Services	Diagnostic Tests and X-Rays	X-Rays, laboratory tests and pathology services	80% Coinsurance	20% Coinsurance	
	Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scanning	Outpatient MRIs and CTs. Does not include MRIs and CTs performed during a hospital stay.	80% Coinsurance	20% Coinsurance	
	Outpatient Surgery/Procedures	Includes services performed in an outpatient setting for which there is an associated facility fee	80% Coinsurance	20% Coinsurance	
	Maternity Care	Hospital Care	Minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a delivery by cesarean section	100% after Copay/Coinsurance	Hospital Care Copay/Coinsurance applies
		Routine Prenatal Care	Routine prenatal visits and postpartum checkup	80% Coinsurance	20% Coinsurance
	Infertility Services	Diagnostic and treatment services (Preauthorization required)	100% after Copay or Coinsurance	Office Visit Copay or Coinsurance and Hospital Care Copay/Coinsurance apply	
	Mental Health	Outpatient	20 visits per Contract Year for each service	80% Coinsurance	20% Coinsurance
		Inpatient	10 days per Contract Year for each service	80% Coinsurance	20% Coinsurance
	Substance Abuse	Outpatient	20 visits per Contract Year for each service	80% Coinsurance	20% Coinsurance
		Inpatient	10 days per Contract Year for each service	80% Coinsurance	20% Coinsurance

	Service/Benefit	Description of Coverage	Health Alliance Pays	You Pay
Medical Services	Rehabilitation Services (speech, physical, and occupational) Outpatient (includes home setting)	Combined total of 60 visits per condition per Contract Year	80% Coinsurance	20% Coinsurance
	Inpatient (including skilled nursing)	Up to a combined total of 120 days per Contract Year for rehabilitative therapy and skilled nursing care in an approved nursing facility	80% Coinsurance	20% Coinsurance
Other Services	Durable Medical Equipment and Orthopedic Appliances *	Up to the maximum allowable when Preauthorized	80% Coinsurance	20% Coinsurance
	Prosthetic Devices *	Up to the maximum allowable when Preauthorized	80% Coinsurance	20% Coinsurance
	Hospice	Preauthorization required	80% Coinsurance	20% Coinsurance
	Home Health Care	Intermittent skilled nursing and skilled therapeutic home services for homebound members when Preauthorized	80% Coinsurance	20% Coinsurance
	Vision Care *	Vision screenings and examinations	100% after Copay	\$20 Copay per visit
	Dental Services	Not Covered	\$0	100%
	Specialty Prescription Drugs *	Preauthorization required	80% Coinsurance	20% Coinsurance
	Spinal Manipulations	Preauthorization required	100% after Copay or Coinsurance	Office Visit Copay or Coinsurance applies
	Human Organ Transplant	Preauthorization required	100% after Copay/Coinsurance	Office Visit Copay or Coinsurance and Hospital Care Copay/Coinsurance apply
	Prescription Contraceptive	Covered when provided on an outpatient basis in a Physician's office when services are received by or under the supervision of a Participating Physician	80% Coinsurance	20% Coinsurance
	Outpatient Prescription Drugs* Limited to a 30 day supply or manufacturer's standard packaging	Tier 1 Drugs Tier 2 Drugs Tier 3 Drugs	100% after Copay 100% after Copay 100% after Copay	\$10 Copay \$20 Copay \$40 Copay

* Copays and Coinsurance for these services do not apply to your Medical Contract Year Out-of-Pocket Maximum.

In no event will the Member's responsibility exceed 50% of the Usual, Customary and Reasonable charge determined by Health Alliance for specific Basic Health Care Services which include emergency care, inpatient hospital and physician care, outpatient medical services, mental health care and substance abuse treatment.

This is a brief summary of Health Alliance HMO benefits and exclusions which are subject to change. Please refer to the Health Alliance HMO Subscription Certificate for detailed information regarding your plan.



Health Alliance

HDHP/HRA
301 South Vine
Urbana, IL 61801
www.healthalliance.org

Health Alliance PPO Group Plan Description of Coverage Worksheet

Maximums/Deductibles/Limitations		Description of Coverage	
Preauthorization Deductible (applies if you fail to Preauthorize required services)		Preferred Provider Not applicable	Non-Preferred Provider 50% up to \$500
Plan Year Deductibles (Deductible applies unless otherwise specified. If Deductible applies, the Deductible must be met before benefits are paid by the Plan.) Medical		Preferred Provider Single: \$1,000 Family: \$2,000	Non-Preferred Provider Single: \$2,000 Family: \$4,000
Plan Year Out-of-Pocket Maximums (The maximum annual out of pocket expense includes Deductible expenses) Medical Specialty Prescription Drugs		Preferred Provider Single: \$3,500 Family: \$7,000 Single: \$1,500 Family: \$4,500	Non-Preferred Provider Single: \$5,500 Family: \$11,000 Single: Unlimited Family: Unlimited
Plan Year Maximum Benefits Spinal Manipulation Outpatient Prescription Drugs Specialty Prescription Drugs		\$500 Combined Preferred and Non-Preferred Provider Unlimited Preferred Provider Pharmacy \$300,000 Preferred Provider	
Pre-Existing Condition Limitation **		50% (if applicable)	
Lifetime Maximum Benefits Overall Temporomandibular Joint (TMJ) Disorder Inpatient Substance Abuse Treatment		\$5,000,000 Combined Preferred and Non-Preferred Provider \$2,500 Combined Preferred and Non-Preferred Provider \$10,000 Combined Preferred and Non-Preferred Provider	
See Service/Benefit section for visit, day and unit limits			
	Service/Benefit	You Pay Preferred Provider	You Pay Non-Preferred Provider*
In the Hospital	Hospital Care (includes semi-private room and other medically necessary services)	20% Coinsurance	40% Coinsurance (Preauthorization required)

	Service/Benefit	You Pay Preferred Provider	You Pay Non-Preferred Provider*
Emergency Services	Emergency Services (Outpatient)	\$150 Copayment per visit (Deductible does not apply)	\$150 Copayment per visit (Deductible does not apply)
	Emergency Ambulance Transportation. Ground ambulance for Emergency Medical Condition; air ambulance when cannot be safely transported by ground. Includes services received in or outside of the Service Area for an Emergency Medical Condition.	\$100 Copayment (Deductible does not apply)	\$100 Copayment (Deductible does not apply)
In the Doctor's Office <i>(Each Office Visit or Routine Physical Exam requires the Copayment or Coinsurance listed. In addition, other services obtained while in the office may require an additional Copayment or Coinsurance amount.)</i>	Office Visit - Primary Care	\$20 Copayment per visit (Deductible does not apply)	40% Coinsurance
	Office Visit - Specialty Care	\$20 Copayment per visit (Deductible does not apply)	40% Coinsurance
	Routine Physical Exams (Well child care, annual and school physicals)	\$20 Copayment per visit (Deductible does not apply)	40% Coinsurance
	Immunizations (Preventive immunizations and inoculations for Wellness Care)	\$0 Copayment per service (Deductible does not apply)	40% Coinsurance
	Allergy Treatment and Testing	20% Coinsurance	40% Coinsurance
	Wellness Care (Includes mammograms, PAP smears, prostate screening, colorectal screening, cholesterol screening, glaucoma screening) <i>(If service is not provided in the Physician's office, it may be subject to the Outpatient Surgery Copayment, Coinsurance and/or Deductible. Refer to your Policy)</i>	\$0 Copayment per service (Deductible does not apply)	40% Coinsurance
Medical Services	Diagnostic Tests and X-Rays	20% Coinsurance	40% Coinsurance
	Outpatient Surgery/Procedures (includes services performed in an outpatient setting for which there is an associated facility fee)	20% Coinsurance	40% Coinsurance
	Maternity Care		
	Hospital Care	20% Coinsurance	40% Coinsurance (Preauthorization required)
	Routine Prenatal Care	20% Coinsurance	40% Coinsurance
	Newborn Care	20% Coinsurance	40% Coinsurance
	Infertility Services Diagnostic and treatment services	Office Visit and Hospital Copayments or Coinsurance apply (Preauthorization required)	Office Visit and Hospital Copayments or Coinsurance apply (Preauthorization required)

	Service/Benefit	You Pay Preferred Provider	You Pay Non-Preferred Provider*
	Mental Health Care Outpatient 60 visits per Plan Year combined Preferred and Non-Preferred Provider Inpatient 45 days per Plan Year combined Preferred and Non-Preferred Provider	20% Coinsurance 20% Coinsurance	40% Coinsurance 40% Coinsurance (Preauthorization required)
	Substance Abuse Treatment Outpatient 20 visits per Plan Year combined Preferred and Non-Preferred Provider Inpatient 10 days per Plan Year combined Preferred and Non-Preferred Provider	20% Coinsurance 20% Coinsurance	40% Coinsurance 40% Coinsurance (Preauthorization required)
	Rehabilitation Services (speech, physical and occupational) Outpatient (includes home setting) Combined total of 60 visits per condition per Plan Year combined Preferred and Non-Preferred Provider Inpatient (including skilled nursing) Combined total of 120 days per Plan Year combined Preferred and Non-Preferred Provider	20% Coinsurance 20% Coinsurance (Preauthorization required)	40% Coinsurance 40% Coinsurance (Preauthorization required)
Other Services	Durable Medical Equipment and Orthopedic Appliances and Orthotics** (a maximum benefit limit may apply)	20% Coinsurance (Preauthorization required)	50% Coinsurance (Preauthorization required)
	Prosthetic Devices**	20% Coinsurance (Preauthorization required)	50% Coinsurance (Preauthorization required)
	Hospice	Office Visit and Hospital Care Copayments or Coinsurance apply (Preauthorization required)	Office Visit and Hospital Care Copayments or Coinsurance apply (Preauthorization required)
	Home Health Services unlimited visits per Plan Year	20% Coinsurance (Preauthorization required)	40% Coinsurance (Preauthorization required)
	Vision Care**	\$20 Copayment per visit (Deductible does not apply)	40% Coinsurance
	Specialty Prescription Drugs**	20% Coinsurance (Preauthorization required) (Medical Deductible does not apply)	50% Coinsurance (Preauthorization required) (Medical Deductible does not apply)
	Spinal Manipulation**	50% Coinsurance (Deductible does not apply)	50% Coinsurance (Deductible does not apply)

Service/Benefit	You Pay Preferred Provider	You Pay Non-Preferred Provider*
Human Organ Transplant	Office Visit and Hospital Care Copayments or Coinsurance apply When Preauthorization is obtained transplants are covered when performed at a Health Alliance approved facility. (Preauthorization Required)	
Temporomandibular Joint (TMJ) Disorder	Office Visit and Hospital Care Copayments or Coinsurance apply	Office Visit and Hospital Care Copayments or Coinsurance apply
Prescription Contraceptive Devices/Injectables**	20% Coinsurance	50% Coinsurance
Outpatient Prescription Drugs** For a 30 day supply you pay		
Tier 1 Drugs	\$10 Copayment	50% Coinsurance
Tier 2 Drugs	\$20 Copayment	50% Coinsurance
Tier 3 Drugs	\$40 Copayment	50% Coinsurance
Infertility Outpatient Prescription Drugs** Limited to manufacturer's standard packaging		
Tier 1 Drugs	\$10 Copayment	50% Coinsurance
Tier 2 Drugs	\$20 Copayment	50% Coinsurance
Tier 3 Drugs	\$40 Copayment	50% Coinsurance

* You also pay any charges in excess of the Usual, Customary and Reasonable (UCR) amount. Amounts over the UCR do not apply to the Out-of-Pocket Maximum.

** Copayments and Coinsurance payments for these services do not apply to the Medical Plan Year Out-of-Pocket Maximum.

Charges applied toward satisfying your Medical Deductible and Out-of-Pocket Maximum for Non-Preferred Providers are also applied to your Deductible and Out-of-Pocket Maximum for Preferred Providers. However, Preferred Provider charges do not apply toward your Non-Preferred Medical Deductible and Out-of-Pocket Maximum.

Members with Medicare Parts A and B as their primary coverage will not be subject to Health Alliance Copayments, Coinsurance or any applicable Medicare deductibles or coinsurance, except for prescription drugs (if applicable) for services received from Preferred Providers. For services received from Non-Preferred Providers, Members with Medicare Parts A and B as their primary coverage are responsible for Plan Copayments, Coinsurance and Out-of-Pocket Maximums prior to the Plan covering any applicable Medicare deductibles or coinsurance.

Service Area

To be eligible for enrollment in the Plan, you must live or work within the Service Area. Listed below are the counties within which Health Alliance Medical Plans, Inc., is authorized to offer the Health Alliance PPO Plan.

Adams, Alexander, Boone, Brown, Bureau, Carroll, Cass, Champaign, Christian, Clark, Clay, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Greene, Grundy, Gallatin, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Knox, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Marion, Marshall, Mason, Massac, McDonough, McLean, Menard, Mercer, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, Stark, Tazewell, Union, Vermilion, Wabash, Washington, Warren, Wayne, White, Whiteside, Williamson, Winnebago, Woodford, Boone (Iowa), Calhoun (Iowa), Carroll (Iowa), Clinton (Iowa), Dallas (Iowa), Greene (Iowa), Hamilton (Iowa), Hardin (Iowa), Jasper (Iowa), Marshall (Iowa), Polk (Iowa), Sac (Iowa), Scott (Iowa), Story (Iowa), Tama (Iowa), Webster (Iowa), Wright (Iowa)

This is a brief summary of Health Alliance group PPO benefits and exclusions, which are subject to change. Please refer to your Health Alliance Policy for detailed information regarding your Plan.

Anyone who wishes the County Board to consider a resolution shall send their request for consideration to the Chair of the Policy, Personal, and Appointments (hereafter referred to as Committee Chair). Committee Chair will confer with the Champaign County Board Chair and the Chair of the Minority Caucus to determine if such resolutions should be considered by the Policy Committee, or if such resolutions are more appropriate to be considered by other government entities, such as the federal government, state government, or municipal councils. If Committee Chair, County Board Chair, and Chair of the Minority Caucus are unable to reach a consensus as to the resolution in question, they shall forward the resolution to the Committee for its consideration. Any resolutions that are determined to be more appropriately considered by other government entities will be listed in the Policy Committee agenda for information purposes only. Board members who wish to write individual letters concerning those resolutions may request a copy of the material related to them from the office of the Board Chair.

RESOLUTION NO.

RESOLUTION FORMING THE ABRAHAM LINCOLN BICENTENNIAL COMMISSION
OF CHAMPAIGN COUNTY

WHEREAS, Abraham Lincoln, the 16th President of the United States, was born two hundred years ago on February 12, 1809; and

WHEREAS, Abraham Lincoln, as a circuit rider, practiced law in Champaign County in the 1850's and spent significant time in Urbana, Champaign, and the neighboring communities developing friendships and political allies and speaking out on the issues of his day; and

WHEREAS, Abraham Lincoln became president of the United States in 1860 and led this country through the Civil War – its most severe domestic crisis; and

WHEREAS, the year 2009 will be the bicentennial anniversary of Lincoln's birth; and

WHEREAS, Champaign County and the Cities of Urbana and Champaign wish to commemorate the bicentennial anniversary with appropriate activities and remembrances through the formation of a Bicentennial Commission.

NOW THEREFORE BE IT RESOLVED that the Champaign County Board and the municipalities of Urbana and Champaign establish the Lincoln Bicentennial Commission, charged with the responsibility of coordinating and encouraging civic organizations to develop and execute activities and celebrations that are fitting and proper to honor Abraham Lincoln during and around the year 2009.

BE IT FURTHER RESOLVED, that the Commission Membership will observe the following criteria:

1) Appointments:

a) Individuals and/or organizations with a demonstrated interest in educating others about the importance of local historical events and people, especially Abraham Lincoln, and the appropriate means of celebrating them.

b) The commission will consist of sixteen individuals, of which five individuals and/or organizations shall be selected respectively by the Chair of the County Board and the Mayors of the Cities of Urbana and Champaign, in addition to one selection from the University of Illinois.

c) If any member resigns from the commission, a replacement member will be appointed by the entity who made the original appointment.

2) Terms: Members shall be appointed for the life of the Commission and serve at the discretion of the County Board Chair, the Mayors and the University of Illinois. The first

meeting of the Bicentennial Commission will be called by the County Board Chair no later than October 10, 2007.

3) Chair : The Commission shall select a Chair from among its members. The Chair shall submit to the local governments a written report of activities at three month intervals.

BE IT FURTHER RESOLVED that the Commission shall terminate on December 31, 2009.

PRESENTED, ADOPTED, APPROVED and RECORDED by the Champaign County Board this 20th day of September, A.D. 2007.

Laurel Lunt Prussing, Mayor
City of Urbana

Jerry Schweighart, Mayor
City of Champaign

C. Pius Weibel, Chair
Champaign County Board

ATTEST:

ATTEST:

Mark Sheldon, County Clerk and
Ex-Officio Clerk of the County Board

Phyllis Clark, City Clerk of the City
of Urbana

ATTEST:

City Clerk of the City of Champaign