

RESOLUTION NO. 15-05-12-21

CONTINUATION OF EMPLOYEE HEALTH INSURANCE BENEFITS
THROUGH RETIREE HEALTH INSURANCE
WILLIAMSON COUNTY, ILLINOIS

A Resolution providing for and the making available to retiring Williamson County, Illinois employees continued employee health insurance benefits through Retiree Health Insurance effective December 1, 2007.

WHEREAS, the Board of Commissioners of Williamson County, Illinois has determined that it is their intent to provide retiring Williamson County, Illinois employees with continued employee health insurance benefits through Retiree Health Insurance effective December 1, 2007.

NOW, THEREFORE, BE IT RESOLVED that there be and hereby provided continued employee health insurance benefits through Retiree Health Insurance, as described below, for retiring employees of Williamson County, Illinois effective December 1, 2007, provided in accordance with the terms and conditions as stated below:

SECTION 1 - ELIGIBILITY REQUIREMENTS:

Regular and ECO members with IMRF

As long as available through our group health insurance carrier and if all of the following six requirements are met, employees who are Regular members and ECO members with IMRF will be considered eligible for Retiree Health Insurance as offered by Williamson County, Illinois:

- 1) The employee must be age 55 upon making the election for Retiree Health Insurance Coverage.
- 2) The employee must be covered on the County's Health Insurance Plan immediately prior to making the election for Retiree Health Insurance Coverage.
- 3) The employee must have completed 10 years of continuous or non-continuous service in one or more County Department(s).
- 4) The employee must be an employee of Williamson County Government and not of any component unit, related organization, or other affiliated group.
- 5) The employee must sign an irrevocable statement of retirement and an irrevocable election for Retiree Health Insurance. The irrevocable statement of retirement and irrevocable election for Retiree Health Insurance must include the employee's name, current position, current office, year(s) of service in current position, year(s) of service in any other County positions, effective date of retirement, requested effective date of Retiree Health Insurance, the employee's Medicare eligibility date, and the current Office Holder's signature of understanding. The irrevocable statement of retirement and the irrevocable election for Retiree Health Insurance are both required to be notarized within one month prior to submission for benefits.
- 6) Employees electing Retiree Health Insurance will be eligible to continue coverage only with the plan (single, single/spouse, single/family) that was in effect as of the date of the election for Retiree Health Insurance benefits. If there is a change in family status after the election date, (i.e. death of spouse), the employee will be allowed to decrease coverage from family to single, family to single/spouse, or single/spouse to single. Under no circumstances can the employee increase coverage from single to single/spouse, single to family, or single/spouse to family.

SLEP IMRF and ECO SLEP IMRF Members

As long as available through our group health insurance carrier and if all of the following six requirements are met, employees who are SLEP and ECO SLEP members with IMRF will be considered eligible for Retiree Health Insurance as offered by Williamson County, Illinois:

- 7) The employee must be age 50 upon making the election for Retiree Health Insurance Coverage.

- 8) The employee must be covered on the County's Health Insurance Plan immediately prior to making the election for Retiree Health Insurance Coverage.
- 9) The employee must have completed 10 years of continuous or non-continuous service in one or more County Department(s).
- 10) The employee must be an employee of Williamson County Government and not of any component unit, related organization, or other affiliated group.
- 11) The employee must sign an irrevocable statement of retirement and an irrevocable election for Retiree Health Insurance. The irrevocable statement of retirement and irrevocable election for Retiree Health Insurance must include the employee's name, current position, current office, year(s) of service in current position, year(s) of service in any other County positions, effective date of retirement, requested effective date of Retiree Health Insurance, the employee's Medicare eligibility date, and the current Office Holder's signature of understanding. The irrevocable statement of retirement and the irrevocable election for Retiree Health Insurance are both required to be notarized within one month prior to submission for benefits.
- 12) Employees electing Retiree Health Insurance will be eligible to continue coverage only with the plan (single, single/spouse, single/family) that was in effect as of the date of the election for Retiree Health Insurance benefits. If there is a change in family status after the election date, (i.e. death of spouse), the employee will be allowed to decrease coverage from family to single, family to single/spouse, or single/spouse to single. Under no circumstances can the employee increase coverage from single to single/spouse, single to family, or single/spouse to family.

SECTION 2 - PREMIUMS:

A. For Regular IMRF and ECO IMRF retirees ages 55 to Medicare Eligibility Date:

This section is only applicable to Regular IMRF and ECO IMRF retirees who are age 55 to the employee's respective Medicare Eligibility Date. Section 2B describes the benefits available to retirees as of the employee's respective Medicare Eligibility date and beyond.

The County agrees to pay a percentage of each employee's monthly health insurance premium up to a maximum of \$500 per month per employee. The percentages will vary according to longevity. Employees, who meet the requirements as stated in Section 1, may obtain continued County Health Insurance by paying the employee's portion of premiums according to the following rate schedule:

<u>Years of Service</u>	<u>Employee Portion</u>	<u>County Portion</u>
10-20 Years of Service	75 % of monthly premium, plus any amount above the maximum monthly County contribution.	25% of monthly premium up to the maximum monthly premium.
<u>Years of Service</u>	<u>Employee Portion</u>	<u>County Portion</u>
20-25 Years of Service	50 % of monthly premium, plus any amount above the maximum monthly County contribution.	50% of monthly premium up to the maximum monthly premium.
25 or more Years of Service	25% of monthly premium, plus any amount above the maximum monthly County contribution.	75% of monthly premium up to the maximum monthly premium.

If an eligible County employee retires and elects employee/spouse plan continued coverage or employee/family plan continued coverage, the employee shall be responsible for 100% of the additional employee/spouse plan monthly premiums or the employee/family plan monthly premiums above the maximum of \$500 per month as stated by the plan.

Premiums payments due from eligible County retirees are due by the 5th of each month. Coverage shall be terminated for non-payment of premiums.

B. For SLEP IMRF and ECO SLEP IMRF retirees ages 50 to 55:

This section is only applicable to SLEP IMRF and ECO SLEP IMRF retirees who are age 50 to 55.

The County agrees to pay a percentage of each employee's monthly health insurance premium up to a maximum of \$500 per month per employee. The percentages will vary according to longevity. Employees, who meet the requirements as stated in Section 1, may obtain continued County Health Insurance by paying the employee's portion of premiums according to the following rate schedule:

<u>Years of Service</u>	<u>Employee Portion</u>	<u>County Portion</u>
10-20 Years of Service	85 % of monthly premium, plus any amount above the maximum monthly County contribution.	15% of monthly premium up to the maximum monthly premium.
20-25 Years of Service	60 % of monthly premium, plus any amount above the maximum monthly County contribution.	40% of monthly premium up to the maximum monthly premium.
25 or more Years of Service	35% of monthly premium, plus any amount above the maximum monthly County contribution.	65% of monthly premium up to the maximum monthly premium.

If an eligible County employee retires and elects employee/spouse plan continued coverage or employee/family plan continued coverage, the employee shall be responsible for 100% of the additional employee/spouse plan monthly premiums or the employee/family plan monthly premiums above the maximum of \$500 per month as stated by the plan.

Premiums payments due from eligible County retirees are due by the 5th of each month. Coverage shall be terminated for non-payment of premiums.

All SLEP IMRF and ECO SLEP IMRF members, upon turning age 55, shall abide by the same premium schedule as Regular IMRF and ECO IMRF members up to their respective Medicare eligibility dates.

C. For all Regular, ECO, SLEP, and ECO SLEP IMRF retirees who have reached the age of Medicare eligibility or who are otherwise eligible for Medicare:

This section is applicable to all Regular, ECO, SLEP and ECO SLEP IMRF retirees who have reached the age of Medicare eligibility or who are otherwise eligible for Medicare. Section 2A describes the benefits available to Regular IMRF and ECO IMRF retirees ages 55 to the date of Medicare eligibility. Section 2B describes the benefits available to SLEP IMRF and ECO SLEP IMRF retirees ages 50 age 55.

This section is also applicable to retirees who retire prior to their respective Medicare eligibility dates at whatever age and subsequently reach their respective Medicare eligibility dates while continuing coverage on the County's Group Health Insurance Plan.

Upon becoming eligible for Medicare at age 65 or another age, whether as of the employee's retirement date or a date subsequent to retirement, the retiree shall use Medicare as his or her primary medical insurance and prescription drug provider. The retiree may elect to obtain secondary coverage by continuing coverage under the County's Group Health Insurance Plan. Upon retirement or upon the employee's Medicare eligibility date, the employee must provide the County a copy of his or her Medicare card and must submit the appropriate forms to notify Medicare and our medical insurance provider notifying each plan of the change of Medicare to the primary provider and the County's medical insurance provider to the secondary insurance provider.

The County agrees to pay a percentage of each employee's monthly secondary health insurance premium up to a maximum of \$200 per month per employee. The percentages will vary according to longevity. Employees, who meet the requirements as stated in Section 1 and have reached the age of Medicare eligibility, may obtain continued County Health Insurance by paying the employee portion of secondary premiums according to the following rate schedule:

<u>Years of Service</u>	<u>Employee Portion</u>	<u>County Portion</u>
10-20 Years of Service	75 % of monthly premium, plus any amount above the maximum monthly County contribution.	25% of monthly premium up to the maximum monthly premium.
20-25 Years of Service	50 % of monthly premium, plus any amount above the maximum monthly County contribution.	50% of monthly premium up to the maximum monthly premium.
25 or more Years of Service	25% of monthly premium, plus any amount above the maximum monthly County contribution.	75% of monthly premium up to the maximum monthly premium.

If an eligible County employee retires and elects employee/spouse plan continued coverage or employee/family plan continued coverage, the employee shall be responsible for 100% of the additional employee/spouse plan monthly premiums or the employee/family plan monthly premiums above the maximum of \$200 per month as stated by the plan.

Premiums payments due from eligible County retirees for secondary coverage are due by the 5th of each month. Coverage shall be terminated for non-payment of premiums.

D. Surviving Spouse/Family Benefit

- 1) If the retired employee, after selecting continuation coverage for a spouse or family plan, passes away, the insurance benefit for the surviving spouse/family will continue through the last day of the month for the premiums already submitted by the County.

Example: If a retired employee passes away January 15, the retiree health insurance coverage will extend for the surviving spouse/family through February 28, providing the County has submitted the February premium as of the date of death. If the February premium has not been submitted by the County as if the January 15 date of death, the coverage would only be extended through January 31.

- 2) The surviving spouse/family will have the option to continue the retiree health insurance coverage.
- 3) The surviving spouse/family will be required to submit 100% of the monthly premium for the plan in place at the time of the retired employee's death by the 5th of each month. There will be no County match for the surviving spouse/family.
- 4) The County will notify the surviving spouse/family of the plan selected, the required monthly premium and the respective due date for each monthly premium.

- 5) The surviving spouse/family will be required to send written notification to the County as to the selection of continued coverage of the plan in place as of the date of death of the retiree for discontinuation of the retiree health insurance benefit.
- 6) The surviving spouse/family benefit may continue until the surviving spouse reaches age 65 or becomes otherwise eligible for Medicare.
- 7) Utilizing the surviving spouse/family benefit for secondary insurance coverage after age 65 or becoming otherwise eligible for Medicare will not be available to surviving spouses/families.

SECTION 3 – OTHER PROVISIONS

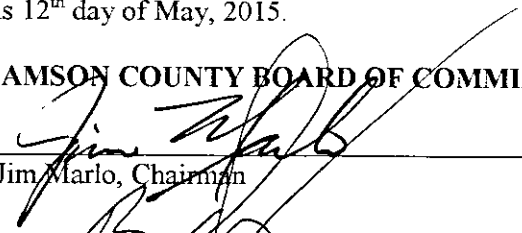
- 1) This plan is expressly provided for retired employees of the County. Therefore, premium schedules will be based on the retired employee's age and length of service.
- 2) The County does not intend for this resolution to be in contradiction with any Federal, State or Local Laws pertaining to employee health insurance provisions or any current collective bargaining agreements in place at the time of the passing of this resolution.
- 3) The County reserves the right to change health insurance providers and agents depending on the terms and conditions of plans presented to the Board of Commissioners.
- 4) The County reserves the right to submit requests for bids for health insurance providers and agents in accordance with fiscal year planning.
- 5) The attached schedule lists the current health insurance rates that are applicable to the formulas listed above. The amounts payable from the County and the retired Employee will change as the monthly premiums are revised annually by the County's Health Insurance provider. All maximum County rates are fixed until this resolution is amended.
- 6) Each eligible retiree will be notified within 60 days of new health insurance rates as dictated by the County Health Insurance provider and of the adjusted employee portion due for continued coverage.
- 7) As this is intended to be a continuation of coverage, all terms and conditions, inclusive of deductibles and out-of-pocket costs, of the County Health Insurance Plan will also apply to Retiree Health Insurance.
- 8) Currently, as per IRS codes and standards, the payment of premiums for Retiree Health Insurance on behalf of retirees is not a taxable event to the employee or to Williamson County for Federal Income Tax, Social Security/Medicare, or State of Illinois tax purposes. However, if the IRS codes or standards change, the County will abide by the most recent IRS codes and standards.
- 9) As the County's Health Insurance Plan's terms and conditions change or if plan participation levels are below cost/benefit ratios, the County reserves the right to amend this resolution and/or any provisions, inclusive of termination of the Retiree Health Insurance Plan, of the Retiree Health Insurance Plan benefits. Any amendments to this resolution or to any provisions of the Retiree Health Insurance Plan will be properly negotiated through collective bargaining procedures prior to adoption of any plan amendments.
- 10) If for any reason the Retiree Health Insurance Plan is terminated, the employees on the plan as of the termination date will continue to receive the benefits stated above up to their respective Medicare eligibility dates. As of the Retiree Health Insurance Plan termination date, no new employees will be eligible to be added to the plan.
- 11) County employees retiring prior to the effective date of this resolution are not eligible for Retiree Health Insurance Plan benefits.
- 12) County employees who obtain employment after retiring from the County and are eligible for health insurance coverage with another employer must notify the County Administrator's office immediately. Upon a retiree's

eligibility for another employer's health insurance coverage, the retiree's eligibility for the County's Retiree Health Insurance Plan shall terminate.

- 13) A separate interest bearing bank account will be used for the Retiree Health Insurance Plan in order to provide adequate accountability and disclosure. In the year of an employee(s) retirement, any and all savings in salaries and fringe benefits will be reinvested into the health insurance plan(s) maintained by the County for County employees, with the funding emphasis being on the Retiree Health Insurance Plan.
- 14) The County Commissioner's office shall be the administrator for the plan and the County Treasurer shall be the custodian for the funds.

On roll call vote this Resolution No. 15-05-127 passes this 12th day of May, 2015.

WILLIAMSON COUNTY BOARD OF COMMISSIONERS



Jim Marlo, Chairman



Brent Gentry, Commissioner



Ron Ellis, Commissioner

ATTEST:



Amanda Barnes, County Clerk and Recorder

WILLIAMSON COUNTY GOVERNMENT

ATTACHMENT TO RESOLUTION NO. 15-05-12-

FOR REGULAR IMRF, ECO IMRF MEMBERS, SLEP MEMBERS AND ECO SLEP MEMBERS AGES 55 TO MEDICARE ELIGIBILITY DATES

EFFECTIVE July 1, 2015

For Regular IMRF, ECO IMRF, SLEP IMRF, AND ECO SLEP IMRF retirees age 55 to Medicare Eligibility Dates:		For Regular IMRF, ECO IMRF, SLEP IMRF, and ECO SLEP IMRF retirees who have reached their respective Medicare Eligibility Dates (Medicare Primary):	
Monthly Health Insurance Premiums as of July 1, 2015		Monthly Health Insurance Premiums as of July 1, 2015:	
	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
Single Coverage	\$ 720.00		\$ 720.00
Single + Spouse or Child	\$ 1,382.00		\$ 1,382.00
Single + Family	\$ 1,786.00		\$ 1,786.00
10-20 Years of Service			
Single Coverage	\$ 540.00	\$ 180.00	\$ 720.00
Single + Spouse or Child	\$ 1,036.50	\$ 345.50	\$ 1,382.00
Single + Family	\$ 1,339.50	\$ 446.50	\$ 1,786.00
20-25 Years of Service			
Single Coverage	\$ 360.00	\$ 360.00	\$ 720.00
Single + Spouse or Child	\$ 882.00	\$ 500.00	\$ 1,382.00
Single + Family	\$ 1,286.00	\$ 500.00	\$ 1,786.00
25 Years or More of Service			
Single Coverage	\$ 220.00	\$ 500.00	\$ 720.00
Single + Spouse or Child	\$ 882.00	\$ 500.00	\$ 1,382.00
Single + Family	\$ 1,286.00	\$ 500.00	\$ 1,786.00
Employee Portion of Monthly Premium		County Portion of Monthly Premium	Total Monthly Premium
\$ 399.75		\$ 133.25	\$ 533.00
\$ 995.00		\$ 200.00	\$ 1,195.00
\$ 1,399.00		\$ 200.00	\$ 1,599.00
20-25 Years of Service			
Employee Portion of Monthly Premium		County Portion of Monthly Premium	Total Monthly Premium
\$ 333.00		\$ 200.00	\$ 533.00
\$ 995.00		\$ 200.00	\$ 1,195.00
\$ 1,399.00		\$ 200.00	\$ 1,599.00
25 Years or More of Service		County Portion of Monthly Premium	Total Monthly Premium
Employee Portion of Monthly Premium		\$ 200.00	\$ 533.00
\$ 333.00		\$ 200.00	\$ 533.00
\$ 995.00		\$ 200.00	\$ 1,195.00
\$ 1,399.00		\$ 200.00	\$ 1,599.00

WILLIAMSON COUNTY GOVERNMENT
 ATTACHMENT TO RESOLUTION NO. 15-05-12-
 FOR SLEP IMRF AND ECO SLEP IMRF MEMBERS AGES 50 TO 55
 EFFECTIVE July 1, 2015

For SLEP IMRF AND ECO SLEP IMRF Members ages 50 to 55:

Monthly Health Insurance Premiums as of July 1, 2015

Single Coverage				\$ 720.00
Single + Spouse or Child				\$ 1,382.00
Single + Family				\$ 1,786.00

10-20 Years of Service

	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
Single Coverage	\$ 612.00	\$ 108.00	\$ 720.00
Single + Spouse or Child	\$ 1,174.70	\$ 207.30	\$ 1,382.00
Single + Family	\$ 1,518.10	\$ 267.90	\$ 1,786.00

20-25 Years of Service

	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
Single Coverage	\$ 432.00	\$ 288.00	\$ 720.00
Single + Spouse or Child	\$ 882.00	\$ 500.00	\$ 1,382.00
Single + Family	\$ 1,286.00	\$ 500.00	\$ 1,786.00

25 Years or More of Service

	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
Single Coverage	\$ 252.00	\$ 468.00	\$ 720.00
Single + Spouse or Child	\$ 882.00	\$ 500.00	\$ 1,382.00
Single + Family	\$ 1,286.00	\$ 500.00	\$ 1,786.00

WILLIAMSON COUNTY GOVERNMENT

ATTACHMENT TO RESOLUTION NO. 15-05-12-

FOR REGULAR IMRF, ECO IMRF MEMBERS, SLEP MEMBERS AND ECO SLEP MEMBERS AGES 55 TO MEDICARE ELIGIBILITY DATES

EFFECTIVE July 1, 2015

For Regular IMRF, ECO IMRF, SLEP IMRF, AND ECO SLEP IMRF retirees age 55 to Medicare Eligibility Dates:		For Regular IMRF, ECO IMRF, SLEP IMRF, and ECO SLEP IMRF retirees who have reached their respective Medicare Eligibility Dates (Medicare Primary):	
Monthly Health Insurance Premiums as of July 1, 2015		Monthly Health Insurance Premiums as of July 1, 2015:	
Single Coverage	Single + Spouse or Child	Single Coverage	Single + Spouse or Child
Single + Family	Single + Family	Single + Family	Single + Family
<u>10-20 Years of Service</u>		<u>10-20 Years of Service</u>	
Employee Portion of Monthly Premium	County Portion of Monthly Premium	Employee Portion of Monthly Premium	County Portion of Monthly Premium
Total Monthly Premium	Total Monthly Premium	Total Monthly Premium	Total Monthly Premium
\$ 432.00	\$ 144.00	\$ 319.50	\$ 106.50
\$ 829.50	\$ 276.50	\$ 756.00	\$ 200.00
\$ 1,071.75	\$ 357.25	\$ 1,079.00	\$ 200.00
\$ 576.00		\$ 426.00	
\$ 1,106.00		\$ 956.00	
\$ 1,429.00		\$ 1,279.00	
<u>20-25 Years of Service</u>		<u>20-25 Years of Service</u>	
Employee Portion of Monthly Premium	County Portion of Monthly Premium	Employee Portion of Monthly Premium	County Portion of Monthly Premium
Total Monthly Premium	Total Monthly Premium	Total Monthly Premium	Total Monthly Premium
\$ 288.00	\$ 288.00	\$ 226.00	\$ 200.00
\$ 606.00	\$ 500.00	\$ 756.00	\$ 200.00
\$ 929.00	\$ 500.00	\$ 1,079.00	\$ 200.00
\$ 576.00		\$ 426.00	
\$ 1,106.00		\$ 956.00	
\$ 1,429.00		\$ 1,279.00	
<u>25 Years or More of Service</u>		<u>25 Years or More of Service</u>	
Employee Portion of Monthly Premium	County Portion of Monthly Premium	Employee Portion of Monthly Premium	County Portion of Monthly Premium
Total Monthly Premium	Total Monthly Premium	Total Monthly Premium	Total Monthly Premium
\$ 144.00	\$ 432.00	\$ 226.00	\$ 200.00
\$ 606.00	\$ 500.00	\$ 756.00	\$ 200.00
\$ 929.00	\$ 500.00	\$ 1,079.00	\$ 200.00
\$ 576.00		\$ 426.00	
\$ 1,106.00		\$ 956.00	
\$ 1,429.00		\$ 1,279.00	

WILLIAMSON COUNTY GOVERNMENT
 ATTACHMENT TO RESOLUTION NO. 15-05-12-
 FOR SLEP IMRF AND ECO SLEP IMRF MEMBERS AGES 50 TO 55
 EFFECTIVE July 1, 2015

For SLEP IMRF AND ECO SLEP IMRF Members ages 50 to 55:			
Monthly Health Insurance Premiums as of July 1, 2015			
	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
10-20 Years of Service			
Single Coverage	\$ 489.60	\$ 86.40	\$ 576.00
Single + Spouse or Child	\$ 940.10	\$ 165.90	\$ 1,106.00
Single + Family	\$ 1,214.65	\$ 214.35	\$ 1,429.00
20-25 Years of Service			
Single Coverage	\$ 345.60	\$ 230.40	\$ 576.00
Single + Spouse or Child	\$ 663.60	\$ 442.40	\$ 1,106.00
Single + Family	\$ 929.00	\$ 500.00	\$ 1,429.00
25 Years or More of Service			
Single Coverage	\$ 201.60	\$ 374.40	\$ 576.00
Single + Spouse or Child	\$ 606.00	\$ 500.00	\$ 1,106.00
Single + Family	\$ 929.00	\$ 500.00	\$ 1,429.00

WILLIAMSON COUNTY GOVERNMENT
 ATTACHMENT TO RESOLUTION NO. 15-05-12-
 FOR REGULAR IMRF, ECO IMRF MEMBERS, SLEP MEMBERS AND ECO SLEP MEMBERS AGES 55 TO MEDICARE ELIGIBILITY DATES
 EFFECTIVE July 1, 2015

<u>For Regular IMRF, ECO IMRF, SLEP IMRF, and ECO SLEP IMRF retirees age 55 to Medicare Eligibility Dates:</u>							
<u>Monthly Health Insurance Premiums as of July 1, 2015:</u>							
	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	
Single Coverage	\$ 534.75	\$ 178.25	\$ 713.00	\$ 396.00	\$ 132.00	\$ 528.00	\$ 528.00
Single + Spouse or Child	\$ 1,026.75	\$ 342.25	\$ 1,369.00	\$ 984.00	\$ 200.00	\$ 1,184.00	\$ 1,184.00
Single + Family	\$ 1,326.00	\$ 442.00	\$ 1,768.00	\$ 1,383.00	\$ 200.00	\$ 1,583.00	\$ 1,583.00
10-20 Years of Service							
	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	
Single Coverage	\$ 534.75	\$ 178.25	\$ 713.00	\$ 396.00	\$ 132.00	\$ 528.00	\$ 528.00
Single + Spouse or Child	\$ 1,026.75	\$ 342.25	\$ 1,369.00	\$ 984.00	\$ 200.00	\$ 1,184.00	\$ 1,184.00
Single + Family	\$ 1,326.00	\$ 442.00	\$ 1,768.00	\$ 1,383.00	\$ 200.00	\$ 1,583.00	\$ 1,583.00
20-25 Years of Service							
	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	
Single Coverage	\$ 356.50	\$ 356.50	\$ 713.00	\$ 328.00	\$ 200.00	\$ 528.00	\$ 528.00
Single + Spouse or Child	\$ 869.00	\$ 500.00	\$ 1,369.00	\$ 984.00	\$ 200.00	\$ 1,184.00	\$ 1,184.00
Single + Family	\$ 1,268.00	\$ 500.00	\$ 1,768.00	\$ 1,383.00	\$ 200.00	\$ 1,583.00	\$ 1,583.00
25 Years or More of Service							
	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium	
Single Coverage	\$ 213.00	\$ 500.00	\$ 713.00	\$ 328.00	\$ 200.00	\$ 528.00	\$ 528.00
Single + Spouse or Child	\$ 869.00	\$ 500.00	\$ 1,369.00	\$ 984.00	\$ 200.00	\$ 1,184.00	\$ 1,184.00
Single + Family	\$ 1,268.00	\$ 500.00	\$ 1,768.00	\$ 1,383.00	\$ 200.00	\$ 1,583.00	\$ 1,583.00

WILLIAMSON COUNTY GOVERNMENT

ATTACHMENT TO RESOLUTION NO. 15-05-12-

FOR SLEP IMRF AND ECO SLEP IMRF MEMBERS AGES 50 TO 55

EFFECTIVE July 1, 2015

For SLEP IMRF AND ECO SLEP IMRF Members ages 50 to 55:

Monthly Health Insurance Premiums as of July 1, 2015

Single Coverage				\$ 713.00
Single + Spouse or Child				\$ 1,369.00
Single + Family				\$ 1,768.00

10-20 Years of Service

	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
Single Coverage	\$ 606.05	\$ 106.95	\$ 713.00
Single + Spouse or Child	\$ 1,163.65	\$ 205.35	\$ 1,369.00
Single + Family	\$ 1,502.80	\$ 265.20	\$ 1,768.00

20-25 Years of Service

	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
Single Coverage	\$ 427.80	\$ 285.20	\$ 713.00
Single + Spouse or Child	\$ 869.00	\$ 500.00	\$ 1,369.00
Single + Family	\$ 1,268.00	\$ 500.00	\$ 1,768.00

25 Years or More of Service

	Employee Portion of Monthly Premium	County Portion of Monthly Premium	Total Monthly Premium
Single Coverage	\$ 249.55	\$ 463.45	\$ 713.00
Single + Spouse or Child	\$ 869.00	\$ 500.00	\$ 1,369.00
Single + Family	\$ 1,268.00	\$ 500.00	\$ 1,768.00