Human Resources Committee

Mike Harris, Chairman
Jury Commission Room – McKenzie Building
11 S. 4th Street
Pekin, IL 61554
Tuesday, October 21, 2025
Immediately following Finance Committee meeting

I. Roll Call

II. Approve the minutes of the September 16, 2025 meeting

III. Public Comment

IV. Unfinished Business

V. New Business

HR-25-18	A.	Recommend to approve a change in the contribution to the Flexible Spending Account for dependent care for 2026
HR-25-19	B.	Recommend to approve wage increases for non-union employees for FY26
HR-25-20	C.	Recommend to approve the FY26 insurance premiums
HR-25-21	D.	Recommend to approve the FY26 COBRA rates
HR-25-22	E.	Recommend to approve a change to the Qualified High Deductible PPO Health Plan
HR-25-23	F.	Recommend to approve changes to the Health Savings Account (HSA) contribution limits for 2026
	G.	Discussion: Open Enrollment

VI. Reports and Communications

VII. Recess

Members: Chairman Mike Harris, Max Schneider, Joe Woodrow, Deene Milam, Eric Schmidgall, Kim Joesting, Russ Crawford, Dave Mingus, Nancy Proehl, Eric Stahl, Aaron Phillips

Minutes pending committee approval

HUMAN RESOURCES COMMITTEE
James Carius Conference Room
Tuesday, September 16, 2025 – 4:06 p.m.

Committee Members Present: Chairman Mike Harris, Vice Chairman Max Schneider, Kim Joesting, Russ Crawford, Joe Woodrow, Nancy Proehl, Deene Milam, Eric Stahl, Aaron Phillips, Dave Mingus

Committee Members Absent: Eric Schmidgall

Others Attending: Mindy Darcy, Interim County Administrator

MOTION **MOTION BY MEMBER STAHL, SECOND BY MEMBER SCHNEIDER** to approve the minutes from the August 19, 2025 meeting

On voice vote, **MOTION CARRIED UNANIMOUSLY**.

HR-25-10 **MOTION BY MEMBER SCHNEIDER, SECOND BY MEMBER STAHL** to recommend to approve the four-year salary for the Tazewell County Treasurer

On voice vote, MOTION CARRIED UNANIMOUSLY.

RECESS Chairman Harris recessed the meeting at 4:07 p.m.

(transcribed by S. Gullette)

DRAFT

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

R E S O L U T I O N

WHEREAS, the County's Human Resources Committee recommends to the County Board to approve a change to the amount of funds an employee may contribute to the Flexible Spending Account (FSA) for dependent care for calendar year 2026 in accordance with IRS guidelines; and

WHEREAS, the IRS guidelines on maximum FSA contributions are updated annually, and

WHEREAS, the amount will be increased from $5,000.00 in 2025 to $7,500.00 in 2026.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources, the Payroll Department, and the Auditor of this action.

PASSED THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

_____ _____

Tazewell County Clerk Tazewell County Board Chairman

HR-25-19

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

R E S O L U T I O N

WHEREAS, the County's Human Resources Committee recommends to the County Board to approve the attached pay matrixes for non-union employees other than elected officials which reflect cost-of-living increases for fiscal year 2026; and

WHEREAS, two pay matrixes have been updated to establish non-union, exempt employee schedules for salaried employees and one pay matrix has been updated to establish a non-union, non-exempt schedule for hourly employees; and

WHEREAS, the Fiscal Year 2026 cost-of-living increase for non-union, full-time employees is set at a 2% base wage increase; and

WHEREAS, pay matrixes have been updated to include the cost-of-living increase of 2% for salary grades 9 through 21; and

WHEREAS, non-union, full-time employees are eligible for up to an additional 2% increase in pay based on performance.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation and attached pay matrixes.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources, and the Payroll Department of this action.

PASSED THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

_____	_____
Tazewell County Clerk	Tazewell County Board Chairman

Tazewell County
Non-Union Exempt (Salary) Schedule
Fiscal Year 2026
40 HR/WK

Grade	Range Min	Midpoint	Range Max
21	$117,956.80	$147,534.40	$177,091.20
20	$100,547.20	$125,736.00	$150,904.00
19	$86,153.60	$107,702.40	$129,251.20
18	$75,899.20	$94,785.60	$113,713.60
17	$67,246.40	$84,032.00	$100,817.60
16	$59,841.60	$74,880.00	$89,523.20
15	$53,601.60	$66,996.80	$80,392.00
14	$48,588.80	$60,736.00	$72,883.20
13	$44,345.60	$55,348.80	$66,372.80
12	$39,436.80	$49,337.60	$59,217.60
11	$35,443.20	$44,345.60	$53,227.20
10	$33,529.60	$41,870.40	$50,211.20
9	$31,865.60	$35,089.60	$42,161.60

Tazewell County
Non-Union Exempt (Salary) Schedule
Fiscal Year 2026
37.5 HR/WK

Grade	Range Min	Midpoint	Range Max
21	$110,584.50	$138,313.50	$166,023.00
20	$94,263.00	$117,877.50	$141,472.50
19	$80,769.00	$100,971.00	$121,173.00
18	$71,155.50	$88,861.50	$106,606.50
17	$63,043.50	$78,780.00	$94,516.50
16	$56,101.50	$70,200.00	$83,928.00
15	$50,251.50	$62,809.50	$75,367.50
14	$45,552.00	$56,940.00	$68,328.00
13	$41,574.00	$51,889.50	$62,224.50
12	$36,972.00	$46,254.00	$55,516.50
11	$33,228.00	$41,574.00	$49,900.50
10	$31,434.00	$39,253.50	$47,073.00
9	$29,874.00	$32,896.50	$39,526.50

Tazewell County
Non-Union Non-Exempt (Hourly) Schedule
Fiscal Year 2026

Grade	Range Min	Midpoint	Range Max
21	$56.71	$70.93	$85.14
20	$48.34	$60.45	$72.55
19	$41.42	$51.78	$62.14
18	$36.49	$45.57	$54.67
17	$32.33	$40.40	$48.47
16	$28.77	$36.00	$43.04
15	$25.77	$32.21	$38.65
14	$23.36	$29.20	$35.04
13	$21.32	$26.61	$31.91
12	$18.96	$23.72	$28.47
11	$17.04	$21.32	$25.59
10	$16.12	$20.13	$24.14
9	$15.32	$16.87	$20.27

HR-25-20

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

R E S O L U T I O N

WHEREAS, the Human Resources Committee recommends to the County Board to approve premium costs for Tazewell County Health, Dental, and Vision for Fiscal Year 2026 for all full-time, non-union employees, and all full-time employees covered by the terms of the P.B.P.A., F.O.P. and Teamsters Unit B Collective Bargaining Agreements, in accordance with the below schedules and effective December 1, 2025; and

WHEREAS, no increase in premiums is scheduled for Fiscal Year 2026.

THEREFORE BE IT RESOLVED by the County Board that the Tazewell County employee Health, Dental, and Vision premiums for Fiscal Year 2026 be approved.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources, and the Payroll Department of this action.

PASSED THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

_____ _____

Tazewell County Clerk Tazewell County Board Chairman

2026 Health, Dental & Vision Premium Rates (Non-Union Employees)

Plan	Type	Total Premium	County Per Month	Employee Per Month	Per Pay Period (24)
PPO 500	Employee Only	$1,206.90	$997.96	$208.94	$104.47
Traditional Plan	Children & Employee	$2,151.02	$1,583.13	$567.89	$283.95
	Spouse & Employee	$2,237.06	$1,643.61	$593.45	$296.73
	Family & Employee	$2,388.78	$1,711.93	$676.85	$338.43
PPO 1000	Employee Only	$1,086.22	$898.16	$188.06	$94.03
Mid-Level Plan	Children & Employee	$1,935.90	$1,424.83	$511.07	$255.54
	Spouse & Employee	$2,013.34	$1,479.25	$534.09	$267.05
	Family & Employee	$2,149.90	$1,540.73	$609.17	$304.59
HDHP 3200	Employee Only	$844.83	$698.57	$146.26	$73.13
Qualified Plan	Children & Employee	$1,505.71	$1,108.19	$397.52	$198.76
	Spouse & Employee	$1,565.93	$1,150.52	$415.41	$207.71
	Family & Employee	$1,672.16	$1,198.36	$473.80	$236.90
Medical Reimbursement	Medical Reimbursement Only	$535.68	$489.26	$46.42	$23.21
	Family Medical Reimbursement Only	$626.30	$532.38	$93.92	$46.96
Retiree (65 & Older)	Medicare Only	$431.05	$0.00	$431.05	$215.53
	Dependent Medicare Only	$431.05	$0.00	$431.05	$215.53
Dental	Employee Dental	$36.67	$36.67	$0.00	$0.00
	Dependent Dental	$91.96	$24.17	$67.79	$33.90
Vision	Employee Vision	$10.76	$10.76	$0.00	
	Plus One (Spouse or Child)	$10.76	$0.00	$10.76	
	Children Vision	$12.26	$0.00	$12.26	
	Family Vision	$26.03	$0.00	$26.03	

2026 Health, Dental & Vision Premium Rates (P.B.P.A. Deputies)

Plan	Type	Total Premium	County Per Month	Employee Per Month	Per Pay Period (24)
PPO 500	Employee Only	$1,206.90	$967.27	$239.63	$119.82
Traditional Plan	Children & Employee	$2,151.02	$1,532.58	$618.44	$309.22
	Spouse & Employee	$2,237.06	$1,598.86	$638.20	$319.10
	Family & Employee	$2,388.79	$1,656.59	$732.20	$366.10
PPO 1000	Employee Only	$1,086.21	$870.54	$215.67	$107.84
Mid-Level Plan	Children & Employee	$1,935.90	$1,379.33	$556.57	$278.29
	Spouse & Employee	$2,013.34	$1,438.95	$574.39	$287.20
	Family & Employee	$2,149.90	$1,490.93	$658.97	$329.49
HDHP 3200	Employee Only	$844.83	$677.09	$167.74	$83.87
Qualified Plan	Children & Employee	$1,505.71	$1,072.81	$432.90	$216.45
	Spouse & Employee	$1,565.93	$1,119.18	$446.75	$223.38
	Family & Employee	$1,672.16	$1,159.62	$512.54	$256.27
Medical Reimbursement	Medical Reimbursement Only	$535.68	$489.26	$46.42	$23.21
	Family Medical Reimbursement Only	$626.30	$524.16	$102.14	$51.07
Retiree (65 & Older)	Medicare Only	$431.05	$0.00	$431.05	$0.00
	Dependent Medicare Only	$431.05	$0.00	$431.05	$0.00
Dental	Employee Dental	$36.67	$36.67	$0.00	$0.00
	Dependent Dental	$91.96	$22.96	$68.99	$34.50
Vision	Employee Vision	$10.76	$10.76	$0.00	
	Plus One (Spouse or Child)	$10.76	$0.00	$10.76	
	Children Vision	$12.26	$0.00	$12.26	
	Family Vision	$26.03	$0.00	$26.03	

2026 Health, Dental & Vision Premium Rates (P.B.P.A. Control Room Operators, Judicial Clerks, F.O.P. Correction Officers, Probation Officers & Teamsters ASSEU)

Plan	Type	Total Premium	County Per Month	Employee Per Month	Per Pay Period (24)
PPO 500	Employee Only	$1,206.90	$953.61	$253.29	$126.65
Traditional Plan	Children & Employee	$2,151.02	$1,509.01	$642.01	$321.01
	Spouse & Employee	$2,237.06	$1,578.43	$658.63	$329.32
	Family & Employee	$2,388.79	$1,630.61	$758.18	$379.09
PPO 1000	Employee Only	$1,086.21	$858.25	$227.96	$113.97
Mid-Level Plan	Children & Employee	$1,935.90	$1,358.10	$577.80	$288.90
	Spouse & Employee	$2,013.34	$1,420.58	$592.76	$296.38
	Family & Employee	$2,149.90	$1,467.55	$682.35	$341.18
HDHP 3200	Employee Only	$844.83	$667.53	$177.30	$88.65
Qualified Plan	Children & Employee	$1,505.71	$1,056.31	$449.40	$224.70
	Spouse & Employee	$1,565.92	$1,104.88	$461.04	$230.52
	Family & Employee	$1,672.16	$1,141.44	$530.72	$265.36
Medical Reimbursement	Medical Reimbursement Only	$535.68	$489.26	$46.42	$23.21
	Family Medical Reimbursement Only	$626.30	$520.06	$106.24	$53.12
Retiree (65 & Older)	Medicare Only	$431.05	$0.00	$431.05	$0.00
	Dependent Medicare Only	$431.05	$0.00	$431.05	$0.00
Dental	Employee Dental	$36.67	$36.67	$0.00	$0.00
	Dependent Dental	$91.96	$22.35	$69.61	$34.81
Vision	Employee Vision	$10.76	$10.76	$0.00	
	Plus One (Spouse or Child)	$10.76	$0.00	$10.76	
	Children Vision	$12.26	$0.00	$12.26	
	Family Vision	$26.03	$0.00	$26.03	

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

R E S O L U T I O N

WHEREAS, the Consolidated Omnibus Reconciliation Budget Act (COBRA) requires employers with twenty or more employees to offer continued coverage in their group health plans to certain former employees, retirees, spouses, and dependent children; and

WHEREAS, the COBRA rates established and published for Calendar Year 2026 are as follows:

PPO 500	Medical/Rx	Dental	Vision
Employee Only	$1,231.04	$37.40	$10.98
Employee & Spouse	$2,281.80	$93.80	$10.98
Employee & Child(ren)	$2,194.04	$93.80	$12.51
Employee & Family	$2,436.56	$93.80	$26.55
PPO 1000	**Medical/Rx**	**Dental**	**Vision**
Employee Only	$1,107.94	$37.40	$10.98
Employee & Spouse	$2,053.61	$93.80	$12.51
Employee & Child(ren)	$1,974.62	$93.80	$12.51
Employee & Family	$2,192.90	$93.80	$26.55
HDHP	**Medical/Rx**	**Dental**	**Vision**
Employee Only	$861.73	$37.40	$10.98
Employee & Spouse	$1,597.25	$93.80	$12.51
Employee & Child(ren)	$1,535.82	$93.80	$12.51
Employee & Family	$1,705.60	$93.80	$26.55

WHEREAS, the effective date will be December 1, 2025; COBRA rates are updated annually.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources, the Payroll Department, and the Auditor of this action.

PASSED THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

_____	_____
Tazewell County Clerk	Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

R E S O L U T I O N

WHEREAS, the County's Human Resources Committee recommends to the County Board to approve the change to the calendar year maximum deductibles for the High-Deductible Health Plans (HDHP); and

WHEREAS, the deductible will be increased for individuals from $3,300.00 in 2025 to $3,400.00 in 2026 and for families from $6,600.00 in 2025 to $6,800.00 in 2026; and

WHEREAS, the out-of-pocket limit will be increased for individuals from $6,000.00 in 2025 to $6,100.00 in 2026 and for families from $8,000.00 in 2025 to $8,200.00 in 2026.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources, Payroll Department, and the Auditor of this action.

PASSED THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

_____ _____

Tazewell County Clerk Tazewell County Board Chairman

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact your Human Resources department. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.consociatehealth.com or call 1-800-798-2422 to request a copy.

Important Questions	Answers	Why This Matters:
What is the Calendar Year overall deductible?	For network providers/out-of-network providers combined: ~~$3,300~~ $3,400 Individual ~~$6,600~~ $6,800 Family	Generally, you must pay all of the costs from providers up to the calendar year deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the Calendar Year out-of-pocket limit for this plan?	For network providers/out-of-network providers combined: ~~$6,000~~ $6,100 Individual ~~$8,000~~ $8,200 Family	The out-of-pocket limit is the most you could pay in a calendar year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, dental/vision, penalties for failure to obtain preauthorization, ineligible charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.consociate.com or call 1-877-752-3937 for a list of network providers. You can also see aetna.com/asa.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

All **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
The plan includes services at BJC HealthCare Center of Excellence Network (BJC COE). Services at BJC COE will be covered 100% after deductible.				
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	40% coinsurance	Telemedicine with MeMD: Call 1-855-636-3669. All other virtual visits covered as any other office visit. Chiropractic Care covered at 20% coinsurance for Network Providers.
	Specialist visit	20% coinsurance	40% coinsurance	
	Preventive care/screening/ immunization	No Charge	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Imaging: Imaging: Preauthorization is required for CT and MRI for non-orthopedic and for PET scans.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at Smithrx.com or 1-844-454-5201.	Generic drugs	20% coinsurance	Not Covered	Covers up to a 30-day supply (retail); 90-day supply (retail and mail order). Retirees and/or Retiree's spouses eligible for Medicare are not covered by the Drug Program.
	Preferred brand drugs	20% coinsurance		
	Non-preferred brand drugs	20% coinsurance		
	Specialty drugs	20% coinsurance	Not Covered	Covers up to a 30-day supply, Participants must contact SmithRx for assistance.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization is required for some outpatient procedures or benefits could be reduced.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	
If you need immediate medical attention	Emergency room care	20% coinsurance		Preauthorization is required if admitted.
	Emergency medical transportation	20% coinsurance		None
	Urgent care	20% coinsurance	40% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Preauthorization is required or benefits could be reduced.
	Physician Charges, Surgery Services, Hospital care	20% coinsurance	40% coinsurance	
If you need behavioral health services, or substance use services	Office Visit	20% coinsurance	40% coinsurance	Virtual visit covered as any other office visit.
	Outpatient services	20% coinsurance	40% coinsurance	None
	Inpatient services, Residential, and Partial Day Services	20% coinsurance	40% coinsurance	Preauthorization is required or benefits could be reduced.
If you are pregnant	Office visits	20% coinsurance	40% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Preauthorization is required for some maternity hospital stays. Pregnancy is covered for a dependent daughter.
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Preauthorization is required or benefits could be reduced.
	Rehabilitation services	20% coinsurance	40% coinsurance	None
	Habilitation services	20% coinsurance	40% coinsurance	
	Skilled nursing care	20% coinsurance	40% coinsurance	Preauthorization is required or benefits could be reduced.
	Durable medical equipment	20% coinsurance	40% coinsurance	Preauthorization is required for electric /motorized wheelchairs and for pneumatic compression devices, or benefits could be reduced.
	Hospice services	20% coinsurance	40% coinsurance	Preauthorization is required for inpatient services.
If your child needs dental or eye care	Children's eye exam	Not Covered		Employee vision benefit only
	Children's glasses	Not Covered		None
	Children's dental check-up	Not Covered		Covered only if Dental coverage is elected

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Acupuncture • Cosmetic surgery • Dental care (Adult)	• Hearing Aids (Except as required under HB2442, effective 10/1/2025) • Long-term care • Non-emergency care when traveling outside the U.S. • Non-network prescription drugs	• Routine eye care • Routine foot care, except for diabetics • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Bariatric Surgery	• Chiropractic Care	• Infertility Treatment

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Consociate Health: 1-800-798-2422. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x 61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Consociate Health: 1-800-798-2422. You can also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-798-2422

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-798-2422

[Chinese (中文): 如果需要中文的帮助，请拨打这个号码1-800-798-2422

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-798-2422

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	**$3,300**
Specialist coinsurance	**20%**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$3,300
Copayments	$0
Coinsurance	$1,880
What isn't covered	
Limits or exclusions	$0
The total Peg would pay is	**$5,180**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	**$3,300**
Specialist coinsurance	**20%**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$3,300
Copayments	$0
Coinsurance	$460
What isn't covered	
Limits or exclusions	$0
The total Joe would pay is	**$3,760**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	**$3,300**
Specialist & ER coinsurance	**20%**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test (*x-ray*)
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,800
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,800**

The plan would be responsible for the other costs of these EXAMPLE covered services.

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

R E S O L U T I O N

WHEREAS, the County's Human Resources Committee recommends to the County Board to approve a change to the maximum contribution allowed to Health Savings Accounts (HSA) for calendar year 2026 in accordance with IRS guidelines; and

WHEREAS, the IRS guidelines on maximum HSA contributions are updated annually, and

WHEREAS, the maximum allowed contributions to Health Savings Accounts for 2026 per IRS guidelines are $4,400.00 and $8,750.00 for individual and family coverage, respectively. This is an increase from the 2025 maximum contribution of $4,300.00 and $8,550.00 for individual and family coverages, respectively.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources, Payroll Department, and the Auditor of this action.

PASSED THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

_____ _____

Tazewell County Clerk Tazewell County Board Chairman