

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF
AN ADDENDUM TO AN AGREEMENT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND PROFESSIONAL BENEFIT ADMINISTRATION, INC.**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Addendum (the "Addendum"), between the Village of Downers Grove (the "Village") and Professional Benefit Administration, Inc. ("PBA"), for health insurance claims administration and Flexible Benefit Program administration, as set forth in the form of the Addendum submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Addendum, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Addendum.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____

Village Clerk

**ADDENDUM TO AN AGREEMENT BETWEEN THE VILLAGE OF
DOWNERS GROVE AND PROFESSIONAL BENEFIT ADMINISTRATORS, INC.**

The Village of Downers Grove, Illinois (the "Employer") and Professional Benefit Administrators, Inc. ("PBA") entered into a Claims Administration Agreement ("Agreement") for health insurance claims administration and Flexible Benefit Program administration effective January 1, 2008. Pursuant to the terms stated therein, the parties desire to extend the Agreement an additional year through 2010 and amend fees under the following terms:

1. All prior terms from the 2008 Agreement remain in full force and effect, except as specified below.
 - a. Pursuant to Section 6 (a) of the Agreement, the parties agree to extend the Agreement for an additional period of one (1) year through December 31, 2010.
 - b. That fees shall be amended pursuant to Exhibit A attached hereto.

VILLAGE OF DOWNERS GROVE

By: _____
Ronald L. Sandack, Mayor

Attest: _____
April Holden, Village Clerk

Date: _____

**PROFESSIONAL BENEFIT
ADMINISTRATORS, INC.**

By: _____
Ronald L. Sandack

Title: CEO

Attest: _____
Amy B. Bell

Date: 12/4/09

SCHEDULE A

ADMINISTRATIVE SERVICE FEES

To be attached to and become a part of the Claims Administration Agreement for Village of Downers Grove with an Effective Date of January 1, 2010.

The fees outlined below are for the period 1/1/10 to 12/31/10.

- I. Annual non-refundable fees (due as of the contract anniversary date): \$ 500.00
(This fee covers all standard forms, supplies, reasonable consultation, checks and general administrative services).
- II. Monthly administration fees as outlined below, per each eligible participant (including retirees and COBRA continuees). (Due as of the first of each month.)

<u>\$ 12.45</u>	Medical
<u>\$ 4.90</u>	PPO Access Fee
<u>\$ 3.25</u>	Utilization Review
<u>\$125 per hour</u>	Case Management
<u>\$125 per hour</u>	Condition Management

III. Prepare Document drafts:

- Initial Document/Summary Plan Description Draft and subsequent amendments: Included
- Future Document Restatement (Rewrites) – \$750

IV. Other Services Provided to the Employer by PBA:

- a. New York State Public Goods Pool Reporting.
- b. Special projects will be billed at a time-and-material cost.

V. Personalized Plastic Identification Cards.

VI. COBRA Administration:

- a. Annual Fee: Waived
- b. Comprehensive COBRA Compliance Service Fee \$1.25 per employee per month
- c. Administrative Fee 2% of gross COBRA premium collected.

VII. Flex Administration:

- a. Annual Fee: Waived
- b. Monthly Fee: \$5.00 per participant per month, minimum \$100 per month applies

VIII. Special consulting fees: As agreed upon

IX. Optional services at Plan Sponsor cost to prepare 5500 Form: \$500 per form.