RESOLUTION NO 25-R-44

A RESOLUTION TO DECLARE 2025 EMPLOYEE HEALTH INSURANCE PLANS

WHEREAS, the Tinley Park-Park District is located in Cook & Will Counties of Illinois, and

WHEREAS, the full-time employees of the District are entitled to health insurance coverage per the 2025 Personnel Policy Manual; and

WHEREAS, the Park District is a member of the Park District Risk Management Agency (PDRMA), which annually offers various health insurance plans with various deductibles as well as an HMO plan; and

WHEREAS, PDRMA requires the Park District to declare which plan(s) the Park District will offer its employees during the following year; and

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of the Tinley Park-Park District as follows:

SECTION 1: The Tinley Park-Park District declares the following choices per the attached 2026 Health Plan Selection Form:

Medical Plan – PPO without an HRA $500 Deductible Plan
Medical Plan – HMO – Yes Dental Plan – Dental/Ortho
Vision Plan - $400 allowance plan, Gold Managed Plan
Employee Assistance Plan – Part-time employee coverage - No
Path – Will your agency fund the 2026 PATH incentive for employees who waive medical coverage? – Yes
Agency's waiting period for new hires as of Jan. 1, 2026 – First Day of Month Following Hire Date
Basic Life Insurance – Life Option V 1.5x annual salary up to $200,000
Voluntary Life – Yes Domestic Partner Eligiblity – Yes
ACA Status – Applicable Large Employer (ALE)

SECTION 2: That this Resolution shall be in full force and effect on the date approved and passed by the Board of Commissioners of the **TINLEY PARK-PARK DISTRICT**.

Approved and passed this 15th day of October 2025

AYES: 5

NAYS: Ø

ABSENT: Ø

ABSTAIN: Ø

TINLEY PARK-PARK DISTRICT

Lisa D'Donovan

President, Board of Park Commissioners

Attest:

Lisa Butler

Secretary, Board of Park Commissioners

PDRMA
PARK DISTRICT RISK MANAGEMENT AGENCY

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2026 OPEN ENROLLMENT HEALTH PLAN SELECTION FORM

Tinley Park - Park District

$500 Deductible Plan, HMO Illinois, HMO Blue Advantage, Dental/Ortho, Vision $400 Allowance, Gold Managed Plan, Life Option V 1.5x200K, EAP, Voluntary Life, Domestic Partner Eligibility

(Please select the plans you wish to offer your employees in 2026.
You may select any combination of medical plans up to a maximum of four.)

Medical Plan – PPO without an HRA

- ☐ $250 Deductible Plan
- ☐ $1,000 Deductible Plan
- ☐ $2,000 Deductible Plan
- ☑ $500 Deductible Plan
- ☐ $1,500 Deductible Plan

Medical Plan – PPO with an HRA

- ☐ $1,250 Deductible/$1,000 HRA Plan
- ☐ $2,000 Deductible/$1,000 HRA Plan
- ☐ $1,500 Deductible/$1,250 HRA Plan
- ☐ $2,500 Deductible/$2,000 HRA Plan
- ☐ $1,500 Deductible/$1,000 HRA Plan
- ☐ $3,500 Deductible/$3,000 HRA Plan
- ☐ $2,000 Deductible/$1,500 HRA Plan
- ☐ $3,500 Deductible/$3,250 HRA Plan
- ☐ $2,000 Deductible/$1,250 HRA Plan

Medical Plan – High Deductible Health Plan with an HSA

- ☐ $1,700 Deductible/HSA Plan
- ☐ $2,500 Deductible/HSA Plan

Medical Plan – HMO

- ☑ **HMO Illinois**
- ☑ **HMO Blue Advantage**

Pharmacy Plan

Cover weight loss medication ◉ Yes ○ No

***(NOTE:** All plans currently cover weight loss medication)*

Dental Plan

- ○ Basic Dental
- ◉ Dental/Ortho

Vision Plan

Choose a single plan or one of the paired plans; check only one box.

- ○ $200 allowance plan
- ○ $400 allowance plan
- ○ $600 allowance plan
- ○ Silver Managed Plan
- ○ Gold Managed Plan
- ○ $200 allowance plan, Silver Managed Plan
- ◉ $400 allowance plan, Gold Managed Plan
- ○ $600 allowance plan, Gold Managed Plan

PDRMA
PARK DISTRICT RISK MANAGEMENT AGENCY

A Partner You Can Depend On

2026 OE HEALTH PLAN SELECTION FORM (cont.)

Tinley Park - Park District

Employee Assistance Plan

Part-time employee coverage ○ Yes ◉ No
(member funded at same rate as full-time employees)

PATH

Will your agency fund the 2026 **PATH** incentive for employees who waive medical coverage?

◉ Yes ○ No

Employee Waiting Period

What is your agency's waiting period for new hires as of Jan. 1, 2026?

Basic Life Insurance

○ Life Option I 1x annual salary up to $200,000	○ Life Option IV 2x annual salary up to $100,000	○ Life Option VII 1.5x annual salary up to $50,000
○ Life Option II 2x annual salary up to $200,000	◉ Life Option V 1.5x annual salary up to $200,000	○ Life Option VIII 2x annual salary up to $300,000
○ Life Option III Flat $25,000	○ Life Option VI Flat $50,000	○ Life Option IX 2x annual salary up to $250,000

Voluntary Life Insurance

◉ Yes ○ No

Domestic Partner Eligibility

◉ Yes ○ No

ACA Status

◉ Applicable Large Employer (ALE) ○ Small Employer

Optional PlanSource Customization

Indicate below if you would like to customize your PlanSource online **My Benefits Portal** with any of the following plans your agency self-administers. Please provide an answer for each option:

Flexible Spending Account ○ Yes ◉ No
If Yes, provide the Carrier name below.

Dependent Care Flexible Spending Account ○ Yes ◉ No
If Yes, provide the Carrier name below.

Waived Medical Plan Incentive ◉ Yes ○ No Annual Incentive Amount $ 3,600.00

FSA/DCFSA Carrier name:

PDRMA
PARK DISTRICT RISK MANAGEMENT AGENCY

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2026 OE HEALTH PLAN SELECTION FORM (cont.)

Tinley Park - Park District

Please complete your agency's Benefit Premium Cost Share Table.

Name and title (please print) _____

Only the agency's Executive Director or Health Program Council Representative may sign this form.

Signature _____

Date _____

Please email this form to PDRMA no later than Oct. 17, 2025.
Email: openenrollment@pdrma.org – Phone: 630.435.8998