

RESOLUTION NO 26-R-34

A RESOLUTION TO DECLARE 2027 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 2027 Health Plan Selection Form:

Medical Plan – \$1,500 Deductible PPO with \$1000 HRA Plan

Medical Plan – HMO Illinois or Blue Advantage– Yes

Dental Plan – Dental/Ortho

Vision Plan - \$400 allowance plan, Gold Managed Plan

Employee Assistance Plan – Part-time employee coverage - No

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 Eligibility – 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 19th day of October 2026

AYES: 3

NAYS: 0

ABSENT: 2

ABSTAIN: 0

TINLEY PARK-PARK DISTRICT

Lisa O'Donovan

President, Board of Park Commissioners

Attest:

[Signature]

Secretary, Board of Park Commissioners

Exhibit 1 RESOLUTION NO 26-R-34



A Partner You Can Depend On

2027 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 2027.
You may select any combination of medical plans up to a maximum of four.)

Medical Plan – PPO without an HRA

- | | | |
|---|--|---|
| ☐ \$250 Deductible | ☐ \$500 Deductible Flex | ☐ \$1,500 Deductible |
| ☐ \$500 Deductible | ☐ \$1,000 Deductible | ☐ \$2,000 Deductible |

Medical Plan – PPO with an HRA

- | | |
|--|--|
| ☐ \$1,250 Deductible/\$1,000 HRA | ☐ \$2,000 Deductible/\$1,000 HRA |
| ☐ \$1,500 Deductible/\$1,250 HRA | ☐ \$2,500 Deductible/\$2,000 HRA |
| ☐ \$1,500 Deductible/\$1,250 HRA Flex | ☐ \$2,500 Deductible/\$2,000 HRA Flex |
| ☒ \$1,500 Deductible/\$1,000 HRA | ☐ \$3,500 Deductible/\$3,000 HRA |
| ☐ \$1,500 Deductible/\$1,000 HRA Flex | ☐ \$3,500 Deductible/\$3,000 HRA Flex |
| ☐ \$2,000 Deductible/\$1,500 HRA | ☐ \$3,500 Deductible/\$3,250 HRA |
| ☐ \$2,000 Deductible/\$1,250 HRA | ☐ \$3,500 Deductible/\$3,250 HRA Flex |

Medical Plan – High Deductible Health Plan with an HSA

- | | |
|--|--|
| ☐ \$1,750 Deductible/HSA Plan | ☐ \$2,500 Deductible/HSA Plan |
|--|--|

Medical Plan – HMO

- | | | | |
|--|--|--|--|
| ☒ HMO Illinois | ☐ HMO Illinois Flex | ☒ HMO Blue Advantage | ☐ HMO Blue Advantage Flex |
|--|--|--|--|

Weight Loss Medication Program – RxSaveCard

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| ☐ \$200 Subsidy | ☐ \$300 Subsidy | ☐ \$400 Subsidy |
|-------------------------------------|-------------------------------------|-------------------------------------|

Dental Plan

- | | |
|------------------------------------|---|
| ☐ Basic Dental | ☒ Dental/Ortho |
|------------------------------------|---|

Vision Plan

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

- | | |
|---|--|
| ☐ \$200 allowance | ☐ \$200 allowance plan, Silver Managed Plan |
| ☐ \$400 allowance | ☒ \$400 allowance plan, Gold Managed Plan |
| ☐ \$600 allowance | ☐ \$600 allowance plan, Gold Managed Plan |
| ☐ Silver Managed Plan | |
| ☐ Gold Managed Plan | |



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2027 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)

Employee Waiting Period

What is your agency's waiting period for new hires as of Jan. 1, 2027? First Day of Month Following Hire Date

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 \$

FSA/DCFSA Carrier name:

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

Name and title (please print) _____

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

Signature _____

Date _____

Please email this form to PDRMA no later than Oct. 23, 2026.
Email: openenrollment@pdrma.org – Phone: 630.435.8998