

Angelo "Skip" Saviano Village President Gina Pesko Village Clerk Paul A, Volpe Village Manager Michael Durkin Village Attorney

Trustees Alan T. Kaminski Jeff Sargent Angela Stranges Anthony Del Santo Angelo J. Lollino Jonathan L. Zivojnovic

Ms. Beata Krolak C/O Village of Norridge bkrolak@horridgepd.com

July 31, 2017

RE: Freedom of Information Act Request

Dear Ms. Krolak.

The Village of Elmwood Park is in receipt of your July 24, 2017, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"Please provide annual premiums paid for police officers only for HMO & PPO medical coverage for the last 3 fiscal years".

Attached are copies of the records you requested.

Should you have any questions, please do not hesitate to contact my office.

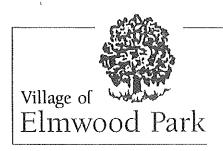
Gina Pesko

Village Clerk

Freedom of Information Officer

708-452-3948

Village of Elmwood Park Police Officers pay 10% of the insurance premiums, which is payroll deducted each month. Attached is the breakdown of the monthly deductions, the second column defines the amount deducted by 1^{st} and 2^{nd} check per month. The third column indicates what the entire monthly premium amount is per month.



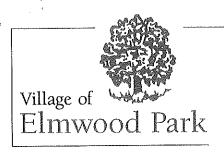
Angelo "Skip" Saviano Village President Gina Pesko Village Clerk Paul A. Volpe Village Manager Michael Durkin Village Attorney Trustees Alan T. Kaminski Jeff Sargent Angela Stranges Anthony Del Santo Angelo J. Lollino Jonathan L. Zivojnovic

2015-2016 Insurance Co-Pay Amounts Effective July 1, 2015

| | | Reg Ded. | | | | | |
|---------|---------------------------|----------|-----------|-------------|--------|-------|----------|
| | | | Per Cheek | | | | |
| MEDICAL | | Monthly | | (1st & 2nd) | | TOTAL | |
| | Employee PPO | \$ | 63.50 | \$ | 31.75 | \$ | 634.95 |
| | Employee + Spouse PPO | \$ | 133.95 | \$ | 66.97 | \$ | 1,339.45 |
| | Employee + Child(ren) PPO | | 124.22 | \$ | 62.11 | \$ | 1,242.21 |
| | Full Family PPO | | 194.67 | \$ | 97.34 | \$ | 1,946.71 |
| | Employee HMO | \$ | 50.56 | \$ | 25.28 | \$ | 505.61 |
| | Employee + Spouse HMO | \$ | 106.66 | \$ | 53.33 | \$ | 1,066.63 |
| | Employee + Child(ren) HMO | \$ | 98.92 | \$ | 49.46 | \$ | 989.19 |
| | Full Family HMO | \$ | 155.02 | \$ | 77.51 | \$ | 1,550.20 |
| | Employee HSA | \$ | 49.83 | \$ | 24.92 | \$ | 498.30 |
| | Employee + Spouse HSA | \$ | 105.12 | \$ | 52.56 | \$ | 1,051.20 |
| | Employee + Child(ren) HSA | \$ | 97.49 | \$ | 48.74 | \$ | 974.89 |
| | Full Family HSA | \$ | 152.78 | \$ | 76.39 | \$ | 1,527.79 |
| | | | | Per | Check | | |
| DENTAL | | M | onthly | (1st | & 2nd) | | |
| | Employee | \$ | - | \$ | - | \$ | 40.10 |
| | Employee + Spouse | \$ | 39.87 | \$ | 19.94 | \$ | 79.97 |
| | Employee + Child(ren) | \$ | 38.99 | \$ | 19.50 | \$ | 79.09 |
| | Full Family Dental | \$ | 90.31 | \$ | 45.16 | \$ | 130.41 |
| | | | | Per | Check | | |
| VISION | | M | onthly | (1st | & 2nd) | | |
| | Employee | \$ | 6.03 | \$ | 3.02 | \$ | 6.03 |
| | Employee + Spouse | \$ | 11.45 | \$ | 5.73 | \$ | 11.45 |
| | Employee + Child(ren) | \$ | 12.05 | \$ | 6.03 | \$ | 12.05 |
| | Full Family | \$ | 17.71 | \$ | 8.86 | \$ | 17.71 |

2016-2017 Insurance Co-Pay Amounts Effective July 1, 2016

| MEDICAL | | Reg Ded. Per Check Monthly (1st & 2nd) TOTAL | | | | | Monthly Village Portion | | |
|---------|---------------------------|--|--------|---------------|---------|----|----------------------------|----|----------|
| | Paraleura DDO | \$ | 68.61 | \$ | 34,31 | \$ | 686.12 | \$ | 617.51 |
| | Employee PPO | - | | | | - | | \$ | |
| | Employee + Spouse PPO | | 143.66 | \$ | 71.83 | | 1,436.57 | | 1,292.91 |
| | Employee + Child(ren) PPO | | 137.84 | \$ | 68.92 | | 1,378.41 | \$ | 1,240.57 |
| | Full Family PPO | 2 | 212.89 | \$ | 106.44 | D. | 2,128.87 | \$ | 1,915.98 |
| | E 1 1040 | Φ | 54.01 | φ | 07 41 | φ. | E40 10 | \$ | 402.21 |
| | Employee HMO | | 54.81 | \$ | 27.41 | \$ | 548.12 | \$ | 493.31 |
| | Employee + Spouse HMO | | 114.76 | \$ | 57.38 | | 1,147.61 | \$ | 1,032.85 |
| | Employee + Child(ren) HMO | | 110.12 | \$ | 55.06 | | 1,101.16 | \$ | 991.04 |
| | Full Family HMO | \$ | 170.07 | \$ | 85.03 | \$ | 1,700.67 | \$ | 1,530.60 |
| | Employee HSA | \$ | 54.39 | \$ | 27.19 | \$ | 543.89 | \$ | 489.50 |
| | Employee + Spouse HSA | | 113.88 | \$ | 56.94 | • | 1,138.79 | \$ | 1,024.91 |
| | | - | 109.27 | \$ | 54.63 | | 1,092.68 | \$ | 983.41 |
| | Employee + Child(ren) HSA | | 168.76 | \$ \$ | 84.38 | | 1,687.57 | \$ | 1,518.81 |
| | Full Family HSA | Þ | 106.70 | Ð | 04.50 | æ | 1,007,57 | Ф | 1,510.01 |
| | | Per Check | | | | | | | |
| DENTAL | | Monthly (1st & | | & 2nd) | | | | | |
| | | | | | | | | | |
| | Employee | \$ | - | \$ | • | \$ | 40.04 | \$ | 40.04 |
| | Employee + Spouse | \$ | 39.81 | \$ | 19.91 | \$ | 79.85 | \$ | 40.04 |
| | Employee + Child(ren) | \$ | 38.93 | \$ | 19.47 | \$ | 78.97 | \$ | 40.04 |
| | Full Family Dental | \$ | 90.18 | \$ | 45.09 | \$ | 130.22 | \$ | 40.04 |
| | | | | Pe | r Check | | | | |
| VISION | | М | onthly | | & 2nd) | | | | |
| VIDIOIN | | MIURUIY | | (15t of Alla) | | | | | |
| | Employee | \$ | 6.03 | \$ | 3.02 | \$ | 6.03 | | |
| | Employee + Spouse | \$ | 11.45 | \$ | 5.73 | \$ | 11.45 | | |
| | Employee + Child(ren) | \$ | 12.05 | \$ | 6.03 | \$ | 12.05 | | |
| | Full Family | \$ | 17.71 | \$ | 8.86 | \$ | 17.71 | | |



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2017-2018 Insurance Co-Pay Amounts Effective July 1, 2017

| MEDICAL | | Me | Reg Ded. Per Check Monthly (1st & 2nd) | | TOTAL | | Monthly Village Portion | | | |
|---------|--|-----------|--|-------------|----------|----|----------------------------|----|----------|--|
| | Employee DDO | \$ | 76.22 | \$ | 38.11 | \$ | 762.22 | \$ | 686.00 | |
| | Employee PPO Employee + Spouse PPO | - | 58.92 | \$ | 79.46 | | 1,589.22 | \$ | 1,430.30 | |
| | Employee + Spouse 110 Employee + Child(ren) PPO | | 43.59 | \$ | 71.79 | | 1,435.86 | \$ | 1,292.27 | |
| | Full Family PPO | | 226.29 | \$ | 113.14 | | 2,262.86 | \$ | 2,036.57 | |
| | run ramny rro | Ψ2 | 220.27 | Ψ | 112 | * | ,, | \$ | - - | |
| | E-malayaa UMO | \$ | 60.60 | \$ | 30.30 | \$ | 606.03 | \$ | 545.43 | |
| | Employee HMO | - | 126.36 | \$ | 63.18 | | 1,263.59 | \$ | 1,137.23 | |
| | Employee + Spouse HMO | | 114.17 | \$ | 57.08 | | 1,141.65 | \$ | 1,027.49 | |
| | Employee + Child(ren) HMO | | 179.92 | \$ | 89.96 | | 1,799.20 | \$ | 1,619.28 | |
| | Full Family HMO | Ф | 17,74 | ψ | 07.70 | d) | 1,,,,,, | 7 | - , - | |
| | D I IIOA | \$ | 60.84 | \$ | 30.42 | \$ | 608.42 | \$ | 547.58 | |
| | Employee HSA | | 126.86 | \$ | 63.43 | | 1,268.55 | \$ | 1,141.70 | |
| | Employee + Spouse HSA | | 114.61 | \$ | 57.31 | | 1,146.13 | \$ | 1,031.52 | |
| | Employee + Child(ren) HSA | | 180.63 | \$ | 90.31 | | 1,806.26 | \$ | 1,625.63 | |
| | Full Family HSA | Ф | 100.05 | d) | 70.51 | w | 1,000.20 | 4, | -, | |
| | | Per Check | | | | | | | | |
| DENTA | Ĭ, | M | onthly | (1s | t & 2nd) | | | | | |
| DENTIL | | | | | | | | | | |
| | Employee | \$ | - | \$ | - | \$ | 42.84 | \$ | 42.84 | |
| | Employee + Spouse | \$ | 42.60 | \$ | 21.30 | \$ | 85.44 | \$ | 42.84 | |
| | Employee + Child(ren) | \$ | 41.66 | \$ | 20.83 | \$ | 84.50 | \$ | 42.84 | |
| | Full Family Dental | \$ | 96.50 | \$ | 48.25 | \$ | 139.34 | \$ | 42.84 | |
| | • | | | | | | | | | |
| | | Per Check | | | | | | | | |
| VISION | | M | lonthly | (1st & 2nd) | | | | | | |
| | Davilaria | \$ | 6.03 | \$ | 3.02 | \$ | 6.03 | | | |
| | Employee | \$ \$ | 11.45 | \$ | 5.73 | \$ | 11.45 | | | |
| | Employee + Spouse | \$ | 12.05 | \$ | 6.03 | \$ | 12.05 | | | |
| | Employee + Child(ren) | ъ \$ | 17.71 | \$ | 8.86 | \$ | 17.71 | | | |
| | Full Family | Ф | 17./1 | ψ | 0.00 | Ψ | 1,1,1 | | | |