



Village of
Elmwood Park

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Village President
Gina Pesko
Village Clerk
Paul A. Volpe
Village Manager
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Village Attorney

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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 1st and 2nd check per month. The third column indicates what the entire monthly premium amount is per month.

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

MEDICAL	Monthly	Reg Ded. Per Check		TOTAL
		Monthly	(1st & 2nd)	
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	
DENTAL	Monthly	Per Check		
		Monthly	(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	
VISION	Monthly	Per Check		
		Monthly	(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	Monthly	Reg Ded. Per Check (1st & 2nd)	TOTAL	Monthly Village Portion
Employee PPO	\$ 68.61	\$ 34.31	\$ 686.12	\$ 617.51
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	\$ 212.89	\$ 106.44	\$ 2,128.87	\$ 1,915.98
				\$ -
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
Employee + Child(ren) HSA	\$ 109.27	\$ 54.63	\$ 1,092.68	\$ 983.41
Full Family HSA	\$ 168.76	\$ 84.38	\$ 1,687.57	\$ 1,518.81
DENTAL		Per Check 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
VISION		Per Check Monthly (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	

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

	Monthly	Reg Ded. Per Check (1st & 2nd)	TOTAL	Monthly Village Portion
MEDICAL				
Employee PPO	\$ 76.22	\$ 38.11	\$ 762.22	\$ 686.00
Employee + Spouse PPO	\$ 158.92	\$ 79.46	\$ 1,589.22	\$ 1,430.30
Employee + Child(ren) PPO	\$ 143.59	\$ 71.79	\$ 1,435.86	\$ 1,292.27
Full Family PPO	\$ 226.29	\$ 113.14	\$ 2,262.86	\$ 2,036.57
				\$ -
Employee HMO	\$ 60.60	\$ 30.30	\$ 606.03	\$ 545.43
Employee + Spouse HMO	\$ 126.36	\$ 63.18	\$ 1,263.59	\$ 1,137.23
Employee + Child(ren) HMO	\$ 114.17	\$ 57.08	\$ 1,141.65	\$ 1,027.49
Full Family HMO	\$ 179.92	\$ 89.96	\$ 1,799.20	\$ 1,619.28
Employee HSA	\$ 60.84	\$ 30.42	\$ 608.42	\$ 547.58
Employee + Spouse HSA	\$ 126.86	\$ 63.43	\$ 1,268.55	\$ 1,141.70
Employee + Child(ren) HSA	\$ 114.61	\$ 57.31	\$ 1,146.13	\$ 1,031.52
Full Family HSA	\$ 180.63	\$ 90.31	\$ 1,806.26	\$ 1,625.63
DENTAL				
		Per Check		
	Monthly	(1st & 2nd)		
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
VISION				
		Per Check		
	Monthly	(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	