

AGREEMENT FOR JOINT LABOR/MANAGEMENT
HEALTH CARE PLANNING COMMITTEE
CITY OF ROCK ISLAND

WHEREAS, the City of Rock Island offers a program of group health care coverage to its employees and retirees and their dependents through a self-funded arrangement; and

WHEREAS, a consensus has been reached among the City Council of the City of Rock Island, the exclusive representatives of the City employees pursuant to the Illinois Public Labor Relations Act, City employees not so represented by an exclusive representative, and the retired City employees who participate in the City of Rock Island Employee Health Benefit Plan, and the Administration of the City, that a Joint Labor/Management Health Care Planning Committee appears to be the most effective option for dealing with the problem of maintaining quality health care while controlling costs.

NOW, THEREFORE, IT IS AGREED BETWEEN AND AMONG THE PARTIES TO THIS AGREEMENT AS FOLLOWS:

1. The parties to this Agreement are as follows:

City of Rock Island

American Federation of State, County, and Municipal Employees Local #988, Chapter B (AFSCME B)

American Federation of State, County, and Municipal Employees Local 988, Chapter A (AFSCME A)

Fraternal Order of Police Lodge #57 (FOP)

Command Officers Association (COA)

International Association of Fire Fighters Local 26 (IAFF)

United Auto Workers Local 2282 (UAW)

2. Each of the parties hereby agrees to the Health Benefit Plan attached hereto and incorporated herein as Appendix 1.

3. The plan as described in Appendix 1 shall continue in force as the City of Rock Island Health Benefit Plan for a period of three years from April 1, 2010 to March 31, 2013 unless modified as provided in Paragraph 5. It is understood and agreed that if any provision of the Plan is or shall be prohibited or limited by law or any modification be required by law, the necessary revisions to the Plan shall be made as required by law.

4. The provisions of this Agreement for Joint Labor/Management Health Care Planning Committee City of Rock Island (JAA) shall be in effect from date of signing by all parties and shall remain in full force and effect until March 31, 2013, and shall thereafter be continued for yearly periods unless notice of termination is given in writing by registered or certified mail by any party not less than sixty (60) days before March 31, 2013 or any subsequent annual expiration date.

Once the JAA is terminated, current contract language regarding health benefits or health insurance will be deleted in its entirety and replaced with Appendix 1 to this JAA in the relevant section of each individual contract as listed below:

AFSCME A -- Article 20.000 – Rock Island Municipal Employees Health Benefit Plan
AFSCME B – Article XX – Health Insurance and Pension (Section 1 :)
FOP -- Article XX -- Rock Island Municipal Employees' Health Benefit Plan
COA – Article XI – Rock Island Municipal Employee's Health Benefit Plan
IAFF - Article XVIII – Rock Island Municipal Employees' Benefit Plan
UAW – Article Seventeen – Health Insurance – Section 1 – Health Care Planning Committee.

Should the JAA be terminated, the following language will survive the termination:

The parties and City agree there will be no proposal made to modify health benefits in advance of negotiations for each party's individual contract. The City shall automatically extend health benefits contained in Appendix 1 until such time a new or modified successor agreement is approved. In exchange, the parties agree a qualified actuary selected by the City will determine premiums and the excess loss policy during any labor negotiation, impasse, arbitration, or changes in plan benefits. No party may raise any legal issue or refuse to implement the actuary's recommendation by filing a grievance, unfair labor practice, resorting to strike or lockout, or taking action that impedes this process.

5. The provisions of the Plan as described in Appendix 1 may be modified only upon the consensus agreement of all of the members of the Health Care Planning Committee (Committee) and approved, if necessary (i.e. budget and contract approval), by the City Council of the City of Rock Island except that the actuary, hired under Section 8 of this JAA, in his sole discretion shall set and from time to time change premium rates as he deems appropriate to fund the Plan and he shall also in his sole discretion select and from time to time change the selection of the excess loss policy. For purposes of this JAA, consensus shall mean the general agreement of each member of the Committee. Although the Committee does not typically "vote" on items, each member has the right to raise an objection to any proposal. Until an objector has removed his/her objection and agreed that the proposal, while perhaps not ideal in the opinion of the objector, is the best overall for the Plan, the proposal shall not be approved.

6. Each of the parties has full authority of its governing board, its membership, or whatever group or subgroup within its structure has the ultimate authority to enter into this JAA. Each of the parties represents to each of the other parties as an inducement to enter into this JAA that it has such authority and that it intends to and does bind itself and each of its members to the terms of the JAA. For the three year period of the JAA, this Committee shall be the exclusive forum for dealing with non-work related health care issues and during the three year period of the JAA each of the parties waives any rights to bargain over the subject of health care or health insurance

or to impose other terms or to strike or arbitrate concerning other terms for health care coverage or benefits.

The parties agree that should any dispute concerning the interpretation or application of this JAA arise between any two or more of them which cannot be resolved after good faith efforts, it shall be submitted to binding arbitration pursuant to the terms of the Uniform Arbitration Act (710 ILCS 5/1 et seq.). It is understood that this provision for arbitration shall not apply to operation of the Plan itself or to any individual claims or disputes under the Plan.

To select an arbitrator, the parties in dispute, by joint letter, shall request that the Federal Mediation and Conciliation Service (FMCS) submit a panel list of seven (7) arbitrators, all with National Academy of Arbitrators (NAA) credentials. The representatives of the parties shall meet within ten (10) days of their receipt of this list from FMCS and engage in a mutual striking process to select an arbitrator. Each party shall have the right to reject one entire list, provided such rejection occurs within five (5) days of the receipt of the list. The parties shall alternately strike a name from the list until there is one name remaining, with the order of striking to be determined by coin toss. The arbitrator shall be notified of his/her selection by joint letter, requesting that a hearing be scheduled in Rock Island, Illinois, on mutually agreed dates, subject to the reasonable availability of the parties and their representatives.

Both parties agree to attempt to arrive at a joint stipulation of the facts and issues as outlined to be submitted to the arbitrator. Both parties have the right to request the arbitrator to require the presence of witnesses and/or reasonable documents. Employees of the City called to testify at the arbitration shall be released from duty for such purposes without loss of pay or benefits. The arbitrator shall have no authority to amend, modify, nullify, ignore, add or subtract from the provisions of this Agreement. The arbitrator shall consider and decide the issue(s) presented and fashion an appropriate remedy. The arbitrator's decision shall be rendered and delivered in writing to the parties within thirty (30) days of the close of the hearings or the submission of post-hearing briefs, whichever is later. Post-hearing briefs shall be filed simultaneously by the parties on the date established by the arbitrator. Fees and expenses of the arbitrator, the cost of

the hearing room, and the cost of a court reporter to provide a written transcript for the arbitrator shall be shared equally by the parties. If either party desires a verbatim record of the proceedings, it shall pay for the cost of its copy.

7. The parties to this JAA, in consideration of their mutual undertakings and obligations, mutually agree for the three year period of the JAA that this JAA represents a collectively bargained agreement between and among all of the parties and that no provisions concerning this plan shall be raised as an issue in any other collective bargaining agreement, contract or negotiations between those exclusive representatives and the City of Rock Island. It is further understood and agreed that this Joint Administration Agreement does not represent a collectively bargained agreement between the City of Rock Island and its non-represented employees nor between the City of Rock Island and the retired employees of the City, either individually or collectively, nor does it represent any undertaking to bargain with any exclusive representative concerning insurance, health care, or any other benefit or provision with the retirees who are or were members of any bargaining unit.

8. A qualified health actuary will be hired by the City to determine premium rates and select the appropriate excess loss policy. The actuary will present his/her determination to the Committee no later than December 15th of each year and the determination will become effective on the first full pay period of the following April. The cost of the actuary will be paid from the City Health Insurance Fund.

The actuary will be selected by the Committee based upon the recommendation of the Affordability Subcommittee. If the Committee cannot reach consensus on the selection of the actuary, each party to the agreement will have one (1) vote and the selection will be determined by simple majority of all parties in attendance. If the Committee has not selected an actuary by October 1st of each subsequent year the City will select the actuary.

The basic duties of the actuary are to establish adequate premium levels for the Plan, given current benefit provisions by reviewing the claims experience of the Plan, the cost of excess loss insurance, the current health trends and the other relevant quantitative information.

The actuary will determine premium rates and select the appropriate excess loss policy. The Committee members will be allowed to question the actuary regarding the determinations, but the Committee will be prohibited from adjusting the premium rate structure or excess loss determinations made by the actuary. In addition, no party to the JAA may refuse to implement the actuary's recommendations by raising an objection. The City will then proceed to implement the rates recommended.

9. The Committee shall be composed of the regular members appointed by the parties as follows:
 - A. The City Council shall appoint two regular members of the Committee from its membership as representatives of management.
 - B. The City Manager shall appoint two regular members of the Committee as representatives of management.
 - C. The AFSCME A, AFSCME B, COA, FOP, and IAFF unions shall each appoint two regular members of the Committee as representatives of these bodies to attend each meeting.
 - D. The UAW shall appoint two regular members of the Committee as its representatives.
 - E. The Parks Director shall appoint two regular members of the Committee as representatives of its department and its non-represented employees.

Recognizing the need for stability in the Committee, each of the parties and participating groups agree insofar as it is practical to maintain the same representatives on the Committee for the term of this Agreement. If it becomes necessary to replace one of its previously designated representatives, such party or group will notify the co-chairs of the Committee in writing as soon as practical and not less than five (5) days prior to any regular Committee meeting.

10. Two retirees of the City shall be selected to serve as ex-officio members of the Committee and provide input and perspective from retirees. The Committee may decide to continue retiree participation at the conclusion of each plan year. Retirees serving on the Committee shall be selected by the Committee annually. The two retired representatives shall be from separate bargaining or non-affiliated groups.

11. The Committee shall determine its own internal structure, including arrangement for subcommittees and co-chairing of the Committee and subcommittees. Both Labor and Management shall be represented by co-chairs and within the membership of all subcommittees. The co-chair representing Labor shall alternate every plan year according to the following schedule, with the current Labor Co-Chair's term set by the Committee:

AFSCME A
Command Officers Association
FOP Lodge #57
IAFP Local #26
Parks Department
AFSCME B
UAW Local #2282

This list shall be repeated in the same order once it is exhausted.

12. The Committee shall meet on a regular basis not less than quarterly and more frequently if needs require. Additional meetings may be called as necessary at the direction of the co-chairs. Additional meetings shall be called upon demand of any three of the parties to this agreement submitted in writing to the co-chairs. Meetings shall be called with a minimum of 10 working days notice to the members. Working days shall be defined as days that the Rock Island City Hall is open for business. In order for a quorum to be present at a regular meeting, at least 51% of the overall Committee membership shall be in attendance. If an emergency meeting is necessary in the opinion of the co-chairs, the 10 day notice requirement can be waived. However, in order for a quorum to be determined to be present at an emergency meeting, at least

1 member from each represented bargaining unit and 1 member appointed by city management shall be in attendance.

13. Employees who are on-duty shall be granted time off work to attend Committee and sub-committee meetings and be paid at the appropriate rate when attending said meetings. There shall be no compensation paid by the City for attendance at meetings when employees are not on-duty.

14. A consultant will be hired by the City to facilitate meetings, conduct and analyze request for proposals for health service providers/insurers, and serve as an information source for the Committee by providing regular training to members regarding current health trends. The cost of the consultant will be paid from the City Health Insurance Fund.

Working together, the actuary and the consultant will develop a set of recommendations designed to provide the Committee with Plan alternatives it may select and recommend:

- to maximize benefits at current levels of premium/revenue;
- to minimize premium at current benefit levels;
- to reduce costs and improve available benefits to plan participants.

This will be referred to as the "Recommendation Set", and shall be presented to the Committee no later than the beginning of the third quarter of the calendar year each year for consideration by Committee for implementation in the subsequent calendar year.

The consultant will be selected by the Committee based upon the recommendation of the Quality Subcommittee. If the Committee cannot reach consensus on the selection of the Consultant, each party to the agreement will have one (1) vote and the selection will be determined by simple majority of all parties in attendance. If the Committee has not selected a consultant by October 1st of each subsequent year the City will select the consultant.

The basic duties of the consultant are to facilitate the discussion of plan alternatives, to train new Committee members, to prepare and review requests for proposals and proposals from service

vendors, to recommend areas of study and analysis, and to recommend options and courses of action which may improve the Plan for the participants and the employer.

The consultant will facilitate all Committee meetings. He/She will lead discussion and information sharing sessions. The consultant will help participants reach consensus and move forward with the agenda. The meeting agenda will be developed jointly by the facilitator and management/labor co-chairs.

The consultant will assist the Committee in developing request for proposals regarding services for PPO/hospital, prescription drug, vision, specific and aggregate reinsurance (excess loss), third party administration, utilization review and any other health service providers. The consultant will assist the Committee in analyzing the bid documents and making final vendor recommendations based on his/her professional judgment of the service provider, vendor reporting information and cost.

The consultant will provide training for new members of the Committee concerning the current plan design. He/She will monitor the City's benefit program for industry trends and make recommendations because of changes in the health plan's economic condition. He/She may recommend feasibility studies, risk sharing concepts or best business practices used by successful employee health management programs.

The Committee will not be required to accept these recommendations. Each party to the JAA has a right to raise an objection to any benefit/provider change or implementation of any feasibility study, risk sharing concept or best business practice. Such issues will continue being reached by consensus of the Committee.

15. The parties agree that for the term of this agreement, the existing fund balance in the City Health Insurance Fund shall be utilized in an effort to control costs for all parties to the plan. In accordance with City financial policies, the goal is to maintain a minimum balance in the fund of three (3) months of self-insured expenses. Each year, based upon the projection of expenses, the

minimum balance of the fund shall be calculated. The Affordability Subcommittee will make financial recommendations during the premium renewal period to keep reserves sufficient to ensure revenues sufficient to maintain the fund balance. The subcommittee will also meet with the City Council and recommend options to adjust revenues for the fund balance in an attempt to decrease premiums and make insurance more affordable for employees and retirees of the City of Rock Island.

Amounts over or under this three (3) month level remaining in the fund balance shall be utilized in the following manner:

- A. The total amount shall be divided into fifths, representing a five (5) year plan for a phased reduction or increase in the fund balance.
- B. One fifth of the total amount (representing the first year of the five (5) year adjustment period shall be utilized to adjust costs by reducing or increasing premiums paid into the fund by all plan participants, including the City, employees and retirees.
- C. For the City, employees, and retirees under the age of 65, the fund balance shall be utilized as a straight percentage adjustment in the premiums to be paid.
- D. Each year, the calculation of the three (3) month fund balance and the five (5) year phased reduction or increase in the fund balance shall be recomputed, resulted in a “rolling” five (5) year phased adjustment.

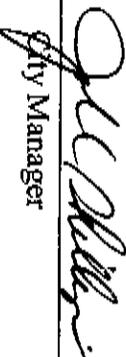
16. The parties agree that the importance of a strong program to improve health and promote wellness of plan participants cannot be underestimated in providing for a high quality of life for plan participants as well as controlling costs in the long-term for the plan. Accordingly, the Committee agrees that it will set aside funds each year in its planning for health plan expenses to provide for a pro-active Wellness program.

17. In the event that, after reasonable effort, the Committee is unable to reach agreement on the health care plan, the Committee may be dissolved upon three or more parties to the agreement providing written notice of intent to withdraw from participation to the Committee Co-Chairs. Should fewer than three parties to the agreement request to dissolve the Committee, the Committee shall continue with full participation from all parties to the agreement. In the event that such dissolution occurs, any party to this agreement may demand to bargain over the issue of health insurance. Until the outcome of such negotiations is determined, the plan shall remain unchanged as of the date of dissolution.

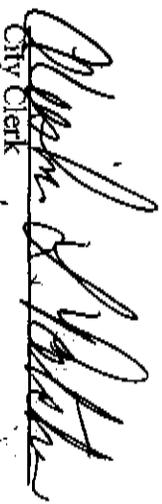
18. It is understood and agreed that the City of Rock Island, being a municipal corporation, this Agreement and all actions, procedures and processes under this Agreement are subject to all of the statutes and ordinances governing the conduct of municipalities, including but not limited to, requirements for bidding and contracting for the provisions of goods and services and compliance with all legal provisions for equal employment opportunity and affirmative action applicable to the City or any other party.

19. Section 6 of this JAA concerns grievance arbitration and the terms of this JAA may be used in grievance arbitration. The parties to this JAA agree and stipulate that the terms of this JAA shall not be used in any interest arbitration.

CITY OF ROCK ISLAND:

BY: 
City Manager

Date 8/12/09


City Clerk

Date 8/12/09

AFSCME 88

BY: [Signature]
Authorized Representative

7/24/09

Date

Authorized Representative

Date

AFSCME B:

BY: [Signature]
Authorized Representative

07/24/09

Date

Authorized Representative

Date

FOP Lodge 571

BY: [Signature]
Authorized Representative

7-24-09

Date

Authorized Representative

Date

COA:

BY: [Signature]
Authorized Representative

7.15-09

Date

Authorized Representative

Date

IAFF Local 26:

BY: [Signature]
Authorized Representative

7-24-09

Date

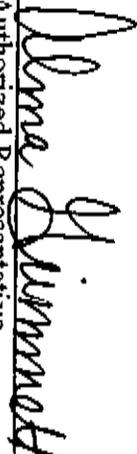
Authorized Representative

Date

UAW Local 2282:

BY: _____
Authorized Representative

Date


Authorized Representative

7/24/09

Date

**APPENDIX 1 TO CITY OF ROCK ISLAND AGREEMENT FOR JOINT
LABOR/MANAGEMENT HEALTH CARE PLANNING COMMITTEE**

I. Purpose

The purpose of Appendix 1 is to provide a comprehensive summary of the City of Rock Island Employee Health Benefit Plan administered by the Health Care Planning Committee in accordance with the Agreement for Joint Labor/Management Health Care Planning Committee this appendix is attached to.

This appendix summarizes administration policies, coverages, benefit levels, and premiums available as a part of the Employee Health Benefit Plan (the Plan), providing information on each provision of the plan available to plan participants as well as expressing the policies by which the plan is administered by the Health Care Planning Committee.

II. Summary of Plan Administration Policies

Eligible employees, retired employees, and their eligible dependents shall be provided medical insurance benefits under the Plan according to the provisions below.

A. Eligibility

Active employees (on probationary or permanent status and working a minimum of thirty (30) hours weekly) and their eligible dependents shall be eligible for benefits under the health plan. Temporary or part-time employees working less than 30 hours weekly shall not be eligible for benefits under the health plan. Coverage for new employees and their eligible dependents will be effective on the first of the month after 30 days of employment with the City.

B. Health Care, Prescription Drug Plan and Vision Plan Premiums

1. Payments by City/Employee

The City of Rock Island's monthly payment towards an eligible employee's health insurance premium for single, employee/spouse (double), employee/child(ren), and family coverage shall be 77 percent of the total premium. The employee shall pay the remaining 23 percent of the premium via payroll deduction.

2. Both Working Provision

In the event a City employee is married to another City employee and both are eligible for health insurance coverage, the following premium options shall apply:

Option A: Each employee may elect to have single coverage with no dependent care coverage. The City would pay 77 percent of the total premium for each employee towards the cost of single coverage. The balance of the premium payment shall be paid by each employee via payroll deduction.

Option B: One of the employees may elect employee and spouse coverage with his/her spouse listed as dependent. The City will pay an amount equal to 77% of the total monthly single premium plus 77% of the remaining premium owed after subtracting the 77% of the single premium. The balance of the premium payment shall be paid by each employee via payroll deduction, with half of the amount of the premium due from the employee and spouse taken from each employee's paycheck.

Option C: One of the employees may elect family coverage with his/her spouse and children listed as dependents. The City would pay an amount equal to 77 percent of the total monthly single premium plus 77 percent of the family premium owed after subtracting the total single premium.

3. City of Rock Island retirees will be allowed to continue participating in the health care plan provided they meet the eligibility provisions.

a. Retirees Less than 65 years Old and Eligible Dependents

Employees who are vested in their pension plan and are eligible to receive paid pension benefits or have twenty (20) years of service or are eligible for a disability pension shall be allowed to continue membership in the plan upon separation from employment with the City. Eligible dependents, if any, shall also be allowed to continue participation on the plan in conformance with the summary plan descriptions of the various plan offerings at the time of retirement. Said continued participation in the plan for retirees and eligible dependents shall be allowed as follows:

1. Retirees may elect at the time of retirement to continue membership in the plan without interruption upon separation from employment with the City.
2. Retirees not electing to continue their membership in the health plan at the time of separation shall permanently forfeit their right to re-enroll, with the following exceptions:
 - I. the retiree returns to active employment with the City as specified under Section II(A) above, or
 - ii. the retiree presents a certificate of continued coverage from a former health insurance provider in conformance with the Health Insurance Portability and Accountability Act of 1996 documenting proof of continued health insurance coverage for the appropriate time periods as required by the act.
 - iii. should the retiree choose to remain on the plan but becomes eligible for other group health insurance, the retiree may continue on the plan with the understanding that the plan will serve as the secondary provider of health coverage for the retiree. The other health coverage for the retiree shall be considered primary. The full amount of the premium will continue to be due from any retiree who elects this option.

Retirees shall be responsible for payment of the full cost of their health insurance premium under the health plan. The total premium due from retirees in this category shall be determined after

the calculation of the premiums for the year in accord with Section 15 of the Joint Administration Agreement regarding the use of fund balance to reduce premiums.

b. Retirees 65 and over

Employees who retire at the age of 65 or over or retirees on the plan in conformance with Section B(3) above shall be provided with Medicare Supplement coverage rather than the existing plan for active employees, retirees under the age of 65, and their eligible dependents. This Medicare Supplement plan includes a prescription drug program similar to that provided for active employees and retirees under the age of 65. Continued participation in the plan for Medicare eligible retirees shall be in conformance with Section a (2) above.

In accordance with Section 15(D) of the Joint Administration Agreement, the premium charged to retirees and their eligible dependents for participation in the Medicare Supplement plan shall be equivalent to the standard premium charged for Medicare Supplement participants between the ages of 65 and 69, regardless of the age of the participant. In addition, per Section 15 (D) of the Joint Administration Agreement, there shall be a \$31.50 per member per month charge for the prescription drug program benefit.

C. Dental Plan Premiums

Active employees, retirees under the age of 65, and their eligible dependents shall be offered the opportunity to participate in a voluntary dental insurance benefit plan. Participation in this plan shall be completely voluntary by the employee with the full payment of premiums required by the employee. Premium rates will be determined by the annual level of participation in the program.

D. Dependent Eligibility

Eligible dependents of employees shall be insured under the plan provided the employee elects the additional dependent coverage; that the employee completes the necessary enrollment forms; and that the employee authorizes the appropriate payroll deductions for payment of the necessary premiums.

E. On-the-Job Disability Leave Premium Payments

Non-Sworn employees who are disabled as a result of an on-the-job injury shall be required to continue to pay their share of the insurance premium for single or family coverage. Employees who are disabled for more than one year as a result of an on-the-job injury shall be required to pay their entire insurance premium beginning with the first month following one year from the date the employee is disabled.

F. Unpaid Leave Premium Payments

Employees who are on any type of approved, unpaid leave which exceeds 30 calendar days shall be responsible for the full payment of their health insurance premium for the duration of their leave, except as provided by the Family and Medical Leave Act.

G. Failure to Make Payments on Premiums

Employees, who fail, for any reason to make the proper payments for their portion of the health insurance premium shall forfeit their health benefits under the Plan.

H. Continued Participation at Termination

Employees who voluntarily or involuntarily end their employment with the City and who do not qualify for continued participation in the plan under Sections II (B) (2) (3) and II (B) (2) (4) above are eligible for continued health care coverage under COBRA. The specific time period for continued participation shall be in conformance with COBRA. The full amount of the premium and a 2% administration fee shall be charged to any employee electing continued coverage under COBRA. The former employee shall pay the full premium in advance each month in order to continue participation.

I. Plan Booklet

Benefits provided under the various options that make up the Plan shall be published in booklet form or available on-line and shall be made available to all employees. The booklet(s) shall also include information regarding the filing and processing of claims, enrollment procedures and policies, procedures for adding or deleting coverage for dependents, as well as other information concerning the administration and operation of the Plan.

III. COVERAGE SUMMARY

1. Options--The plan includes several options for active employees and retirees under the age of 65 in the Quad Cities to choose from, including:

- A. Coverage categories--a. Employee,
 - b. Employee and spouse,
 - c. Employee and child(ren) with no spouse, and
 - d. Family (spouse and children)

B. Health Care Plan- a. Partially self-insured Standard Plan administered by Blue Cross/Blue Shield of Illinois.

C. Dental- Employees may elect whether or not to participate in a voluntary dental insurance program offered by Delta Dental.

2. Vision Care-- Included as part of the standard benefit package for active employees, retirees under the age of 65 in the Quad Cities area, and their eligible dependents is a vision care plan provided by Blue Cross/Blue Shield of Illinois.

3. Medicare Supplement-- Retirees and their eligible dependents who are Medicare eligible are able to participate in a Medicare Supplement plan through American Association of Retired Persons (AARP). The benefits for those covered in the Medicare Supplement Plan are Plan F.

Although retirees in excess of 79 years of age are included in the Plan B Medicare Supplement Plan, AARP is responsible for payment of the additional benefits necessary to ensure that those older retirees are afforded the same benefits as are available to those on the Plan F Medicare Supplement plan.

4. Retirees Under 65 Out of the Quad City Area-- Retirees and their eligible dependents who are under the age of 65 and reside away from the Quad City area are eligible for participation in the Blue Card Network. This plan provides benefits similar to those formerly offered by the City to all employees, with an annual deductible and a standard 90/10 co-pay for most claims.

5. Medicare Supplement Plan Prescription Drug Program-- Retirees and their eligible dependents who are on the Medicare Supplement plan and retirees under the age of 65 and out of the Quad City area have prescription drug benefits equivalent to active employees, retirees under the age of 65 and their eligible dependents in the Quad City area. These drug benefits are administered Walgreens Health Initiatives on a self-funded basis by the City.

Attachments--

1. Standard Plan Summary Plan Description
2. Delta Dental Insurance Summary Plan Description
3. Medicare Supplement Plan F Benefits Listing
4. City of Rock Island Premium Listing for All Premium Categories for April 1, 2009 – March 31, 2010.