

AGENDA  
VILLAGE OF ROUND LAKE  
COMMITTEE OF THE WHOLE MEETING  
August 18, 2014  
442 N. Cedar Lake Road  
To Follow the Regular Board Meeting  
The Regular Board Meeting is 7:00 P.M.

CALL TO ORDER

1. ROLL CALL

2. APPROVAL OF MINUTES

2.1 Approve the Minutes of the Committee of the Whole Meeting of August 4, 2014

3. PUBLIC COMMENT

4. COMMITTEE OF THE WHOLE

- Community Development
- Human Resources and Finance
  - Police Pension Report to Village Board
  - Insurance Renewal
  - Employee Recognition Program
- Public Works, Facilities and Capital Assets, and Engineering
  - Truck 49 Repairs
- Special Events
  - Home Town Fest
- Building and Zoning
- Police
- Administration

5. SUGGESTED NEW TOPICS

6. EXECUTIVE SESSION

7. ADJOURN

**DRAFT**

MINUTES  
VILLAGE OF ROUND LAKE  
COMMITTEE OF THE WHOLE MEETING  
August 4, 2014  
442 N. Cedar Lake Road  
To Follow the Regular Board Meeting  
The Regular Board Meeting is 7:00 P.M.

CALL TO ORDER

THE COMMITTEE OF THE WHOLE MEETING OF THE VILLAGE OF ROUND LAKE WAS CALLED TO ORDER BY DAN MACGILLIS, VILLAGE PRESIDENT AT 7:35 P.M

1. ROLL CALL

Present: Trustees Frye, Kraly, Newby, Simoncelli, Triphahn, Wicinski  
Absent: None

2. APPROVAL OF MINUTES

- 2.1 Approve the Minutes of the Committee of the Whole Meeting of July 21, 2014  
Trustee Triphahn moved, Seconded by Trustee Newby to approve the Minutes of the Committee of the Whole Meeting of July 21, 2014. Upon a unanimous voice vote; the Mayor declared the motion carried

3. PUBLIC COMMENT

4. COMMITTEE OF THE WHOLE

- Community Development
- Human Resources and Finance
- Public Works, Facilities and Capital Assets, and Engineering
  - Approval to Auction Truck #43  
Public Works Director Ron Kroop requested authorization to place Truck 43 in the Lake County Auction that will occur on October 25<sup>th</sup> and managed by Obenauf Auction Services. He mentioned that the bid amount is uncertain.

The Mayor and Board agreed to move this forward to the next consent agenda

- Special Events
  - Home Town Fest  
Trustee Simoncelli stated that things are moving along great and by next Monday there should be a sign up sheet for scheduling of Volunteers. Trustee Newby stated that all board members should make themselves available to assist in the fest.
- Building and Zoning
- Police
- Administration
  - Medicinal Cannabis  
A small discussion was had regarding this subject as it will be brought to the Planning and Zoning Board of Appeals next week for discussion. Village Attorney Eric Yehl stated that the Village ordinance will mirror what is in place with Lake County, which

is more stringent than the State requirements. A map had been given out to the board showing Village boundary's and where pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility, and may not be located in a house, apartment, condominium or an area zoned for residential use – any item of relevance had been color coded differently on the map. Mr. Yehl went on to say that there are no areas in the Village of Round Lake where a cultivation center could be and for a dispensary location, only white areas on the map would qualify, which happened to be all county property, no existing building in Round Lake is available to use.

5. SUGGESTED NEW TOPICS

6. EXECUTIVE SESSION

7. ADJOURN

Motion by Trustee Triphahn, Seconded by Trustee Newby to adjourn the Committee of the Whole meeting at 7:51P.M. Upon a unanimous voice vote, the Mayor declared the motion carried.

APPROVED:

---

Patricia C. Blauvelt  
Village Clerk

---

Daniel MacGillis  
Village President



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

**TITLE: ANNUAL POLICE PENSION REPORT TO VILLAGE BOARD**

**Agenda Item No. COTW**

*Executive Summary:*

The attached information is required by Illinois Revised Statutes 40 ILCS 5/3-143, Report by Pension Board. The Pension Board shall report annually to the Village Board on the condition of the pension fund at the end of its most recently completed fiscal year. The report shall be made prior to the board meeting held for appropriating and levying taxes for the year for which the report is made.

The most recently completed fiscal year is 2013, which includes the audit of the Pension Fund, preparation of the Department of Professional Regulations – Division of Insurance Annual Statement (Annual Statement), along with the corresponding State actuarially determined tax levy. The State’s actuarially determined tax levy calculated for fiscal year end 2013 will be included in the 2014 tax levy that will be presented later this fall to the Village Board.

The attached report was certified and approved at the July 24, 2014 Village of Round Lake Police Pension Board meeting.

*Recommended Action:*

Accept the Annual Police Pension Report as Presented.

<b>Committee:</b> Human Resources & Finance		<b>Meeting Date:</b> August 18, 2014																																									
<b>Lead Department:</b> Administration		<b>Presenter:</b> Steve Shields / Shane Johnson																																									
<b>Item Budgeted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Account(s)</th> <th style="width: 20%;">Budget</th> <th style="width: 20%;">Expenditure</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Total:</b></td> <td style="text-align: right;"><b>\$0.00</b></td> <td style="text-align: right;"><b>\$0.00</b></td> <td></td> </tr> <tr> <td colspan="4"><b>Request is over/under budget:</b></td> </tr> <tr> <td style="text-align: right;">Under</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Over</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </tbody> </table>			Account(s)	Budget	Expenditure		-	-			Item Requested				Y-T-D Actual				Amount Encumbered								<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>Request is over/under budget:</b>				Under	-			Over	-		
Account(s)	Budget	Expenditure																																									
-	-																																										
Item Requested																																											
Y-T-D Actual																																											
Amount Encumbered																																											
<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>																																									
<b>Request is over/under budget:</b>																																											
Under	-																																										
Over	-																																										
<b>If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.</b>																																											

**MEMORANDUM**

**#SS 05-14**

**Date:** July 24, 2014  
**To:** Police Pension Board  
**From:** Steven Shields, Finance Director  
**Subject:** Police Pension Report for Village Board

The following information is required by Illinois Revised Statutes 40 ILCS 5/3-143, Report by Pension Board. The Pension Board shall report annually to the Village Board on the condition of the pension fund at the end of its most recently completed fiscal year. The report shall be made prior to the board meeting held for appropriating and levying taxes for the year for which the report is made. The most recently completed fiscal year is 2013, which includes the audit of the Pension Fund, preparation of the Department of Professional Regulations – Division of Insurance Annual Statement (Annual Statement), along with the corresponding State actuarially determined tax levy. The State’s actuarially determined tax levy calculated for fiscal year end 2013 is included in the 2014 tax levy that will be presented to the Village Board in December 2014.

The Pension Board shall certify and provide the following information:

- (1) **Total assets of the fund** – Per the 2013 Annual Statement the April 30, 2013 book value of Police Pension investments is \$4,271,881. The approximate market value is \$5,012,615. The 2014 estimated investment book value is \$4,608,821 and the estimated market value is \$5,549,022. The \$940,201 difference is due to asset appreciation.
- (2) **Estimated receipts during the next succeeding years** - The following summarizes the various projected revenue sources for the 2014 and 2015 fiscal years:

	<u>2014</u>	<u>2015</u>
Employer Contributions - Property Taxes	\$427,638	\$493,868
Police Officer Contributions	164,392	169,000
Realized Gains	159,015	10,000
Miscellaneous Income	0	250
Interest & Dividend Income	<u>141,277</u>	<u>95,000</u>
Total Estimated Revenues	\$892,322	\$768,118

- (3) **Estimated amount necessary during such period to meet the annual actuarial requirements** – The Village uses the State’s actuarial determined tax levy. The State determines a total suggested amount of tax levy to arrive at the annual requirements of the fund. As noted in 40 ILCS 5/3-125, the Village Board of the municipality shall annually levy a tax upon all the taxable property of the municipality at the rate on the dollar which will produce an amount which, when added to the deductions from the salaries or wages of police officers, and revenues available from other sources, will equal a sum sufficient to meet the annual requirements of the Police Pension Fund. The following is the State’s actuarial determined tax levy:

<u>Year End</u>	<u>State Tax Levy*</u>	<u>Tax Levy Year</u>	<u>Fiscal Year Collected</u>
2011	\$428,533	2012	2013/14
2012	\$498,857	2013	2014/15
2013	\$434,212	2014	2014/16

The 2014 recommended levy is \$64,645, 12.96% lower then the 2013 levy of \$498,857.

\* - The year end 2011 amount is from Timothy W. Sharpe, an independent actuary.

- (4) **Total net income (loss) received from investments** – The Police Pension Fund’s actuarial rate of return is assumed to be 7.0%. The actual rate of return for fiscal yearend 2013 and 2012 was 7.24% and 1.53%, respectively. The following is the detail for the most current year completed compared to the preceding fiscal year:

	<u>2013</u>	<u>2012</u>
Income from Government & Agency Obligations	\$ 56,789	\$ 71,706
Interest on Deposits	14	246
Income from State, Local & Corporate Obligations	23,354	7,530
Gain/(Loss) from Sale of Securities	1,703	1,379
Income/Dividends from Mutual Funds	23,521	23,280
Unrealized Gains (Losses)	<u>228,764</u>	<u>(36,673)</u>
Total	\$334,145	\$ 67,468

- (5) **The total number of active employees who are financially contributing to the fund** – The number of active employee as of April 30<sup>th</sup> each year who contributed to the Police Pension Fund is as follows:

	<u>2013 Actual</u>	<u>2014 Estimated</u>	<u>2015 Projected</u>
Number of Officers	21	23	25
Amount Contributed	\$157,634	\$164,392	\$169,000

**(6) The total amount disbursed in benefits during the most recent fiscal years –**

<u>Annuitant Type</u>	<u>2013 Actual</u>	<u>2014 Estimated</u>	<u>2015 Projected</u>
Retiree	5	5	5
Amount Paid	\$223,150	\$228,778	\$239,573
Disabled	2	2	2
Amount Paid	\$ 83,104	\$ 84,234	\$ 85,364
Survivors	1	1	1
Amount Paid	\$ 29,495	\$ 29,495	\$ 29,495

**(7) The funded ratio of the fund – Year end 2012 and 2013 is the percent funded ratio for the Police Pension Fund per the State’s actuarial determined tax levy. Year end 2011 is the percent funded ratio per an independent actuarial review.**

<u>Year End</u>	<u>Funding Ratio</u>
2011	57.20%
2012	51.60%
2013	57.70%

**(8) The unfunded liability carried by the fund, along with the actuarial explanation of the unfunded liability - The State uses the normal cost, plus an additional amount to bring the plan’s funded ration to 90% by the end of fiscal year 2040 to determine total accrued liability. The unfunded accrued liability is the excess of the total actuarial accrued liability over the actuarial value of the assets. The following is the State’s unfunded accrued liability amounts for year end 2012 and 2013. Year end 2011 values are per an independent actuarial review.**

<u>Year End</u>	<u>Actuarial Asset Value</u>	<u>Actuarial Accrued Liability</u>	<u>Unfunded Accrued Liability</u>
2011	\$4,481,472	\$7,840,806	\$3,359,334
2012	\$4,774,120	\$9,252,642	\$4,478,522
2013	\$5,144,082	\$8,915,594	\$3,771,512

For yearend 2013, the actuarial asset value is the market value of the investments for the Pension Fund. The actuarial accrued liability includes the present value of retirement, disability, and deferred pensions in the amount of \$5,531,429. It also includes accrued liabilities for active participants in the amount of \$3,384,165.

- (9) **Investment policy** – The Police Pension Fund’s approved Investment Policy was submitted and is on file with the Department of Professional Regulations – Division of Insurance and is also included in the Police Pension files at the Village Hall.

Respectfully submitted,

*Steven J. Shields*

Steven J. Shields  
Finance Director/Treasurer

BENEFIT  
PROGRAM  
RENEWALS

Life, Vision, Dental, & Health Insurance



VILLAGE OF ROUND LAKE

**AGENDA ITEM SUMMARY**

TITLE: HEALTH INSURANCE

Agenda Item No. COTW

*Executive Summary*

As part of the annual insurance renewal process, GCG Financial obtained quotes for a health insurance benefit plan. The renewal premium for BlueCross BlueShield (BCBS) came in on average 9.93% over the current year premium. A number of quotes were received that will be discussed at the COTW. The Village's Insurance Broker, Marcus Newman from GCG Financial will be attending the COTW meeting to present the insurance plans. Attached is:

1. The health insurance options summary prepared by GCG Financial.
2. BCBS benefit highlights and descriptions of coverage for the PPO, HAS, and HMO plans.

The spreadsheet that contains premium information, overall plan costs, and estimated fiscal year totals will be prepared after the discussion at the COTW meeting along with the completion of the budget and expenditure information below. The budget was increased 15% from 2013/14 versus the premium increase of 9.93%. A resolution will also be prepared for the next Village Board meeting dependent on the discussions held at COTW.

*Recommended Action*

To review and discuss for future Village Board action.

<b>Committee:</b> Human Resources & Finance		<b>Meeting Date:</b> August 18, 2014	
<b>Lead Department:</b> Administration		<b>Presenter:</b> Steve Shields	
<b>Item Budgeted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.</b>			
	<b>Account(s)</b>	<b>Budget</b>	<b>Expenditure</b>
	++-+-67110	Health Insurance	
	Item Requested		
	Y-T-D Actual thru 7/31/14		
	Estimated August & September 2014		
	Estimated 10/01/14 to 4/30/15		
	Total:	\$0.00	\$0.00
	Request is over/under budget:		
	Under	-	
	Over	-	

# Village of Round Lake

October 1, 2014 Health Insurance Summary

## Blue Cross/Blue Shield

	Current	Renewal	Revised
<b>INDO</b>			
Employee	\$445.71	\$515.82	\$495.19
Employee + Spouse	\$894.21	\$1,020.72	\$979.89
Employee + Child	\$806.93	\$925.90	\$888.86
Family	<u>\$1,255.43</u>	<u>\$1,430.80</u>	<u>\$1,373.56</u>
	\$445.71	\$515.82	\$495.19
<b>PPO</b>			
Employee	\$551.93	\$643.44	\$617.71
Employee + Spouse	\$1,107.32	\$1,273.26	\$1,222.33
Employee + Child	\$999.24	\$1,154.97	\$1,108.77
Family	<u>\$1,554.62</u>	<u>\$1,784.79</u>	<u>\$1,713.40</u>
	\$24,027.51	\$27,790.56	\$26,679.09
<b>USA</b>			
Employee	\$360.54	\$405.35	\$389.13
Employee + Spouse	\$723.32	\$802.10	\$770.01
Employee + Child	\$652.72	\$727.58	\$698.48
Family	<u>\$1,015.51</u>	<u>\$1,124.35</u>	<u>\$1,079.37</u>
	\$8,616.83	\$9,583.53	\$9,200.12
Monthly Total	\$33,090	\$37,890	\$36,374
Estimated Annual Health Insurance and Reinsurance Fee	Included	Included	Included
Annual Totals	\$33,090	\$37,890	\$36,374
Percentage Based off of Current		14.51%	9.93%
Total Annual \$ Increase from Current		\$57,598	\$39,412
Annual Cost Savings from Renewal			

## Alternative Option - Revised

	Option 1	Option 2	Option 3
<b>INDO</b>			
Employee	\$480.66	\$480.66	\$480.66
Employee + Spouse	\$951.15	\$951.15	\$951.15
Employee + Child	\$862.79	\$862.79	\$862.79
Family	<u>\$1,333.28</u>	<u>\$1,333.28</u>	<u>\$1,333.28</u>
	\$480.66	\$480.66	\$480.66
<b>PPO</b>			
Employee	\$592.31	\$568.29	\$592.31
Employee + Spouse	\$1,172.09	\$1,124.56	\$1,043.39
Employee + Child	\$1,063.19	\$1,020.08	\$946.45
Family	<u>\$1,642.97</u>	<u>\$1,576.25</u>	<u>\$1,462.57</u>
	\$26,582.27	\$24,544.89	\$22,773.23
<b>USA</b>			
Employee	\$346.09	\$346.09	\$346.09
Employee + Spouse	\$684.86	\$684.86	\$684.86
Employee + Child	\$621.23	\$621.23	\$621.23
Family	<u>\$960.01</u>	<u>\$960.01</u>	<u>\$960.01</u>
	\$8,182.68	\$8,182.68	\$8,182.68
Monthly Total	\$34,246	\$33,208	\$31,437
Estimated Annual Health Insurance and Reinsurance Fee	Included	Included	Included
Annual Totals	\$34,246	\$33,208	\$31,437
Percentage Based off of Current	3.49%	0.36%	-5.00%
Total Annual \$ Increase from Current	\$13,867	\$1,418	(\$19,842)
Annual Cost Savings from Renewal	(\$25,545)	(\$37,994)	(\$59,254)

	In-Network	In-Network	In-Network
<b>INDO</b>			
Dr. Office Visit	\$20 PCP/\$40 Spec/\$0 Wellness	\$20 PCP/\$40 Spec/\$0 Wellness	\$20 PCP/\$40 Spec/\$0 Wellness
Individual Deductible	None	None	None
Inpatient Hospital	\$100/Day-1st 5 Days	\$100/Day-1st 5 Days	\$100/Day-1st 5 Days
Co-insurance	100%	100%	100%
OOP Max. (including Ded)	\$1,500	\$1,500	\$1,500
ER Copay	\$150	\$150	\$150
Rx Copays	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60
<b>PPO</b>			
Dr. Office Visit (In-network)	\$20 PCP/\$40 Spec/\$0 Wellness	\$20 PCP/\$40 Spec/\$0 Wellness	\$20 PCP/\$40 Spec/\$0 Wellness
Individual Deductible	\$500	\$1,000	\$500
Family Deductible	\$1,500	\$3,000	\$1,500
Co-insurance	90%	70%	90%
Individual OOP Max. (including Ded)	\$2,500	\$5,000	\$2,500
Family OOP Max. (including Ded)	\$7,500	\$15,000	\$7,500
ER Copay	\$150	\$150	\$150
Rx Copays (In-Network)	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60
<b>USA</b>			
Dr. Office Visit (In-network)	\$2,500	\$5,000	\$2,500
Individual Deductible	\$5,000	\$10,000	\$5,000
Co-insurance	80%	60%	80%
Individual OOP Max. (including Ded)	\$5,000	\$10,000	\$5,000
Family OOP Max. (including Ded)	\$10,000	\$20,000	\$10,000
ER Copay	Ded then 90%	Ded then 90%	Ded then 90%
Rx Copays (In-Network)	Ded then 80%	Ded then 80%	Ded then 80%

	In-Network	In-Network	In-Network
<b>INDO</b>			
Dr. Office Visit	\$30 PCP/\$50 Spec/\$0 Wellness	\$30 PCP/\$50 Spec/\$0 Wellness	\$30 PCP/\$50 Spec/\$0 Wellness
Individual Deductible	None	None	None
Inpatient Hospital	\$250/Day-1st 5 Days	\$250/Day-1st 5 Days	\$250/Day-1st 5 Days
Co-insurance	100%	100%	100%
OOP Max. (including Ded)	\$1,500	\$1,500	\$1,500
ER Copay	\$150	\$150	\$150
Rx Copays	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60
<b>PPO</b>			
Dr. Office Visit (In-network)	\$20 PCP/\$40 Spec/\$0 Wellness	\$30 PCP/\$50 Spec/\$0 Wellness	\$30 PCP/\$50 Spec/\$0 Wellness
Individual Deductible	\$1,000	\$2,000	\$1,000
Family Deductible	\$3,000	\$6,000	\$3,000
Co-insurance	90%	70%	80%
Individual OOP Max. (including Ded)	\$3,000	\$6,000	\$3,000
Family OOP Max. (including Ded)	\$9,000	\$18,000	\$9,000
ER Copay	\$150	\$150	\$150
Rx Copays (In-Network)	\$10/\$40/\$60	\$10/\$40/\$60	\$8/\$35/\$75/\$150
<b>USA</b>			
Dr. Office Visit (In-network)	\$3,500	\$7,000	\$3,500
Individual Deductible	\$10,500	\$21,000	\$10,500
Co-insurance	80%	60%	80%
Individual OOP Max. (including Ded)	\$5,800	\$11,600	\$5,800
Family OOP Max. (including Ded)	\$11,600	\$23,200	\$11,600
ER Copay	Ded then 90%	Ded then 90%	Ded then 90%
Rx Copays (In-Network)	Ded then 80%	Ded then 80%	Ded then 80%

Note: This is a summary only and not a legal document. Please refer to certificate for benefit, limitation and exclusion information.

# Village of Round Lake

October 1, 2014 Health Insurance Summary

		Blue Cross/Blue Shield		Alternative Carriers		
		Current	Revised	Aetna	Humana	UnitedHealthcare
<b>HMO</b>		<u>NPHH13</u>	<u>NPHH13G</u>	<u>IL HMO 14</u>	<u>IL Simplicity HMO 14 Opt 11</u>	<u>S22 NTP 14 Opt 2V</u>
Employee	1	\$445.71	\$495.19	\$374.00	\$375.45	\$479.38
Employee + Spouse	0	\$894.21	\$979.89	\$897.00	\$826.00	\$1,006.70
Employee + Child	0	\$806.93	\$888.86	\$747.00	\$713.36	\$824.53
Family	0	<u>\$1,255.43</u>	<u>\$1,373.56</u>	<u>\$1,196.00</u>	<u>\$1,163.91</u>	<u>\$1,447.73</u>
	1	\$445.71	\$495.19	\$374.00	\$375.45	\$479.38
<b>PPO</b>		<u>NPH721</u>	<u>NPH721G</u>	<u>IL PPO 14 Opt 80/50</u>	<u>IL CPO 14 Opt 80/50</u>	<u>S22 NTP 14 Opt 2V</u>
Employee	19	\$551.93	\$617.71	\$449.00	\$516.53	\$487.24
Employee + Spouse	2	\$1,107.32	\$1,222.33	\$1,078.00	\$1,136.35	\$1,023.20
Employee + Child	2	\$999.24	\$1,108.77	\$899.00	\$971.40	\$838.05
Family	6	<u>\$1,554.62</u>	<u>\$1,713.40</u>	<u>\$1,438.00</u>	<u>\$1,601.23</u>	<u>\$1,471.46</u>
	29	\$24,027.51	\$26,679.09	\$21,113.00	\$23,636.95	\$21,808.82
<b>HSA</b>		<u>NPSC380 A</u>	<u>NPSC380 A</u>	<u>IL PPO 14 Opt 100/50 USA 11E</u>	<u>IL BRDHP 14 CPO 100/50</u>	<u>S22 NTP 14 Opt 2V</u>
Employee	6	\$360.54	\$389.13	\$331.00	\$482.84	\$390.71
Employee + Spouse	1	\$723.32	\$770.01	\$794.00	\$1,062.25	\$820.49
Employee + Child	1	\$652.72	\$698.48	\$662.00	\$917.40	\$672.02
Family	5	<u>\$1,015.51</u>	<u>\$1,079.37</u>	<u>\$1,059.00</u>	<u>\$1,496.81</u>	<u>\$1,179.94</u>
	13	\$8,616.83	\$9,200.12	\$8,737.00	\$12,360.74	\$9,736.47
Monthly Total		\$33,090	\$36,374	\$30,224	\$36,373	\$32,025
Estimated Annual Health Insurance and Reinsurance Fee		Included	Included	Included	Included	Included
Annual Totals		\$33,090	\$36,374	\$30,224	\$36,373	\$32,025
Percentage Based off of Current			9.93%	-8.66%	9.92%	-3.22%
Total Annual \$ Increase from Current			\$39,412	(\$34,393)	\$39,397	(\$12,785)
Annual Cost Savings from Renewal				(\$73,895)	(\$15)	(\$52,197)

	In-Network		In-Network		In-Network		In-Network		In-Network	
<b>HMO</b>	\$20 PCP/\$40 Spec/\$0 Wellness		\$20 PCP/\$40 Spec/\$0 Wellness		\$30 PCP/\$50 Spec/\$0 Wellness		\$30 PCP/\$55 Spec/\$0 Wellness		\$20 PCP/\$40 Spec/\$0 Wellness	
Dr. Office Visit	None		None		None		None		None	
Individual Deductible	None		None		70%		\$350/Day-1st 3 Days		100%	
Inpatient Hospital	\$100/Day-1st 5 Days		\$100/Day-1st 5 Days		70%		100%		100%	
Co-insurance	100%		100%		100%		100%		100%	
OOP Max. (including Ded)	\$1,500		\$1,500		\$1,000		\$6,350		\$1,500	
ER Copay	\$150		\$150		\$150		\$250		\$300	
Rx Copays	\$10/\$40/\$60		\$10/\$40/\$60		\$10/\$50/50% max \$500		\$10/\$40/\$60		\$10/\$35/\$60	
<b>PPO</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Dr. Office Visit (In-Network)	\$20 PCP/\$40 Spec/\$0 Wellness		\$20 PCP/\$40 Spec/\$0 Wellness		\$15 PCP/\$35 Spec/\$0 Wellness		\$25 PCP/\$40 Spec/\$0 Wellness		\$25 PCP/\$40 Spec/\$0 Wellness	
Individual Deductible	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$500	\$5,000
Family Deductible	\$1,500	\$3,000	\$1,500	\$3,000	\$1,000	\$4,000	\$1,500	\$3,000	\$1,000	\$10,000
Co-insurance	90%	70%	90%	70%	80%	50%	80%	50%	80%	60%
Individual OOP Max. (including Ded)	\$2,500	\$5,000	\$2,500	\$5,000	\$1,250	\$2,500	\$4,000	\$12,000	\$3,500	\$10,000
Family OOP Max. (including Ded)	\$7,500	\$15,000	\$7,500	\$15,000	\$2,500	\$5,000	\$8,000	\$24,000	\$7,000	\$20,000
ER Copay	\$150		\$150		\$150		\$250		\$250 then 80%	
Rx Copays (In-Network)	\$10/\$40/\$60		\$10/\$40/\$60		\$10/\$50/50% max \$500		\$10/\$40/\$60		\$10/\$35/\$60	
<b>HSA</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Dr. Office Visit (In-Network)	Ded then 80%/100% Wellness		Ded then 80%/100% Wellness		Ded then 100%/100% Wellness		Ded then 100%/100% Wellness		Ded then 80%/100% Wellness	
Individual Deductible	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$7,500	\$2,000	\$5,000
Family Deductible	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$15,000	\$4,000	\$10,000
Co-insurance	80%	60%	80%	60%	100%	50%	100%	70%	80%	60%
Individual OOP Max. (including Ded)	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$2,500	\$15,000	\$6,000	\$10,000
Family OOP Max. (including Ded)	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$5,000	\$30,000	\$12,000	\$20,000
ER Copay	Ded then 90%		Ded then 90%		Ded then 100%		Ded then 100%		Ded then 80%	
Rx Copays (In-Network)	Ded then 80%		Ded then 80%		Ded then \$10/\$50/50% max \$500		Ded then 100%		Ded then \$10/\$35/\$60	

Note: This is a summary only and not a legal document. Please refer to certificate for benefit, limitation and exclusion information.



BENEFIT HIGHLIGHTS

PPO Network

This provides only highlights of the benefit plans(s). After enrollment, members will receive a Certificate that more fully describes the terms of coverage.

Program Basics

PPO (In-Network)

Non-PPO (Out-of-Network)

<b>Lifetime Benefit Maximum</b> Per individual	Unlimited	
<b>Individual Deductible</b> Program deductible does not apply to services that have a copayment.	\$500	\$1,000
<b>Family Deductible</b> The family deductible maximum is equal to three individual deductibles.	\$1,500	\$3,000
<b>Individual Out-of-Pocket Expense (OPX) Limit</b> The amount of money that any individual will have to pay toward covered health care expenses during any one calendar year. The following items will not be applied to the out-of-pocket expense limit: <ul style="list-style-type: none"> <li>• Deductibles</li> <li>• Copayments</li> <li>• Reductions in benefits due to non-compliance with utilization management program requirements</li> <li>• Charges that exceed the eligible charge or the Schedule of Maximum Allowances (SMA)</li> <li>• Services that are asterisked below (*)</li> </ul>	\$2,000	\$4,000
<b>Family Out-of-Pocket Expense (OPX) Limit</b>	\$6,000	\$12,000
<b>Prescription Drug Card (Retail and Mail Service)</b> Please refer to the Three Tier Formulary Prescription Drug Card Benefit Highlight Sheet for the covered benefits.		

Physician Services

<b>Physician Office Visits</b> One copayment per day when you receive services from a Family Practice, Internal Medicine, OB/GYN, or Pediatrician. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance, including mental health and substance abuse services.	\$20 copay, then 100%	70% after deductible
One copayment per day when you receive services from a specialist. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance.	\$40 copay, then 100%	70% after deductible
<b>Preventive Care</b> Routine annual physicals, well-baby exam, immunizations, and other preventive health services as determined by the USPSTF.	100%	70% after deductible
<b>Maternity Services</b> Copayment applies to first prenatal visit (per pregnancy). All other maternity physician covered services are paid the same as Medical / Surgical Services.	\$20 copay, then 100%	70% after deductible
<b>Medical / Surgical Services</b> Coverage for surgical procedures, inpatient visits therapies, allergy injections or treatments, and certain diagnostic procedures as well as other physician services.	90% after deductible	70% after deductible

Hospital Services

<b>Hospital Admission Deductible</b> Per admission, per individual	\$0	\$300
<b>Inpatient Hospital Services</b> Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice, including mental health and substance abuse services. Room allowances based on the hospital's most common semi-private room rates.	90% after deductible	70% after deductible
<b>Outpatient Hospital Services</b> Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, x-ray, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center, including mental health and substance abuse services. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.	90% after deductible	70% after deductible
<b>Outpatient Emergency Care (Accident or Illness)</b> The copayment applies to both in- and out-of-network emergency room visits. The copayment is waived if the member is admitted to the hospital.	\$150 copay, then 100%	

P 4

**\$500/\$1,000 DEDUCTIBLE - \$2,000 OPX - \$20 COPAY**

**NPP72423, NPP72424, NPP72426**

**BENEFIT HIGHLIGHTS**

**PPO Network**

**Additional Services**

**Muscle Manipulation Services\***

Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits.  
 • \$ 1,000 maximum per calendar year

90% after deductible

70% after deductible

**Therapy Services – Speech, Occupational and Physical**

Coverage for services provided by a physician or therapist.

90% after deductible

70% after deductible

**Temporomandibular Joint (TMJ) Dysfunction and Related Disorders**

90% after deductible

70% after deductible

**Other Covered Services**

- Private duty nursing (Please refer to Certificate for details.)
- Naprapathic services\* - \$1,000 maximum per calendar year
- Blood and blood components
- Ambulance services
- Medical supplies

80% after deductible

See paragraph below regarding Schedule of Maximum Allowances (SMA).

\* Does not apply to any out-of-pocket limits

Durable Medical Equipment (DME) is a covered benefit. Please refer to Certificate for details.

Optometrists, Orthotic, Prosthetic, Pedorthists, Registered Surgical Assistants, Registered Nurse First Assistants and Registered Surgical Technologists are covered providers. Please refer to Certificate for details.

**Discounts on Eye Exams, Prescription Lenses and Eyewear**

Members can present their ID cards to receive discounts on eye exams, prescription lenses and eyewear. To locate participating vision providers, log into Blue Access® for Members (BAM) at [www.bcbsil.com/member](http://www.bcbsil.com/member) and click on the BlueExtras Discount Program link.

**Blue Care Connection (BCC)**

When members receive covered inpatient hospital services, outpatient mental health and substance abuse services (MHSA), coordinated home care, skilled nursing facility or private duty nursing from a participating provider, the member will be responsible for contacting either the BCC or MHSA preauthorization line, as applicable. You must call one day prior to any hospital admission and/or outpatient MHSA service or within 2 business days after an emergency medical or maternity admission. Please refer to your benefit booklet for information regarding benefit reductions based on failure to contact the applicable preauthorization line. Note: Outpatient MHSA preauthorization is effective for services on or after January 1, 2011 or upon your group plan renewal date in 2011 and thereafter.

**Schedule of Maximum Allowances (SMA)**

The Schedule of Maximum Allowances (SMA) is not the same as a Usual and Customary fee (U&C). Blue Cross and Blue Shield of Illinois' SMA is the maximum allowable charge for professional services, including but not limited to those listed under Medical/Surgical and Other Covered Services above. The SMA is the amount that professional PPO providers have agreed to accept as payment in full. When members use PPO providers, they avoid any balance billing other than applicable deductible, coinsurance and/or copayment. \*Please refer to your certificate booklet for the definition of Eligible Charge and Maximum Allowance regarding Providers who do not participate in the PPO Network.\*

To Locate a Participating Provider: Visit our Web site at [www.bcbsil.com/providers](http://www.bcbsil.com/providers) and use our Provider Finder® tool.

In addition, benefits for covered individuals who live outside Illinois will meet all extraterritorial requirements of those states, if any, according to the group's funding arrangements.

**\$2,500/\$5,000 DEDUCTIBLE - \$5,000 OPX**

**RPSC3805  
NPSC3805**

**BENEFIT HIGHLIGHTS**

**PPO Network**

*This provides only highlights of the benefit plans(s). After enrollment, members will receive a Certificate that more fully describes the terms of coverage.*

**Program Basics**

**PPO (In-Network)**

**Non-PPO (Out-of-Network)**

<b>Lifetime Benefit Maximum</b> Per individual		Unlimited
<b>Individual Coverage Deductible*</b>	\$2,500	\$5,000
<b>Family Coverage Deductible*</b> Entire deductible must be met.	\$5,000	\$10,000
<b>Individual Coverage Out-of-Pocket Expense (OPX) Limit</b> The maximum amount of money that any individual will have to pay toward covered health care expenses during any one calendar year, including the program deductible. The following items will not be applied to the out-of-pocket expense limit: • Reductions in benefits due to non-compliance with utilization management program requirements • Charges that exceed the eligible charge or the Schedule of Maximum Allowances (SMA)	\$5,000	\$10,000
<b>Family Coverage Out-of-Pocket Expense (OPX) Limit</b> The family OPX limit includes the family deductible amount. Please refer to Certificate for details on how the family OPX limit works.	\$10,000	\$20,000
<b>Outpatient Prescription Drugs</b> Covered under Other Covered Services below. Please refer to the Outpatient Prescription Drug Benefit Highlights sheet for detailed information.		80% after deductible

**Physician Services**

<b>Preventive Care</b> Routine annual physicals, well-baby exam, immunizations, and other preventive health services as determined by the USPSTF.	100%	60% after deductible
<b>Maternity Services</b>	80% after deductible	60% after deductible
<b>Medical / Surgical Services</b>	80% after deductible	60% after deductible

**Hospital Services**

<b>Hospital Admission Deductible</b> Per admission, per individual	\$0	\$300
<b>Inpatient Hospital Services</b> Coverage includes pre-admission testing and services received in a hospital, skilled nursing facility, coordinated home care and hospice, including mental health and substance abuse services. Room allowances based on the hospital's most common semi-private room rates.	80% after deductible	60% after deductible
<b>Outpatient Hospital Services</b> Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, diagnostic x-rays, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center, including mental health and substance abuse services. For routine services such as mammograms, lab tests and x-rays performed in an outpatient hospital setting, see Well Care benefits.	80% after deductible	60% after deductible
<b>Outpatient Emergency Care (Accident or Illness)*</b> Each calendar year, the program deductible must be met before benefits will begin under this policy. The coinsurance applies to both in- and out-of-network emergency room visits.		90% after deductible

20591NGR.1010

p. 6



**\$2,500/\$5,000 DEDUCTIBLE - \$5,000 OPX**

**RPSC3805  
NPSC3805**

**BENEFIT HIGHLIGHTS**

**PPO Network**

**Additional Services**

**PPO (In-Network)**

**Non-PPO (Out-of-Network)**

<p><b>Muscle Manipulation Services*</b> Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits. • \$1,000 maximum per calendar year</p>	<p>80% after deductible</p>	<p>60% after deductible</p>
<p><b>Therapy Services – Speech, Occupational and Physical</b> Coverage for services provided by a physician or therapist</p>	<p>80% after deductible</p>	<p>60% after deductible</p>
<p><b>Temporomandibular Joint (TMJ) Dysfunction and Related Disorders</b></p>	<p>80% after deductible</p>	<p>60% after deductible</p>
<p><b>Other Covered Services</b> • Private duty nursing (Please refer to Certificate for details.) • Naprapathic services - \$1,000 maximum per calendar year • Blood and blood components • Ambulance services • Medical supplies <i>See paragraph below regarding Schedule of Maximum Allowances (SMA).</i></p>	<p>80% after deductible</p>	

Durable Medical Equipment (DME) is a covered benefit. Please refer to Certificate for details.

Optometrists, Orthotic, Prosthetic, Podiatrists, Registered Surgical Assistants, Registered Nurse First Assistants and Registered Surgical Technologists are covered providers. Please refer to Certificate for details.

Discounts on Eye Exams, Prescription Lenses and Eyewear  
Members can present their ID cards to receive discounts on eye exams, prescription lenses and eyewear. To locate participating vision providers, log into Blue Access® for Members (BAM) at [www.bcbsil.com/member](http://www.bcbsil.com/member) and click on the BlueExtras Discount Program link.

Blue Care Connection (BCC)  
When members receive covered inpatient hospital services, outpatient mental health and substance abuse services (MHSA), coordinated home care, skilled nursing facility or private duty nursing from a participating provider, the member will be responsible for contacting either the BCC or MHSA preauthorization line, as applicable. You must call one day prior to any hospital admission and/or outpatient MH/SA service or within 2 business days after an emergency medical or maternity admission. Please refer to your benefit booklet for information regarding benefit reductions based on failure to contact the applicable preauthorization line. Note: Outpatient MHSA preauthorization is effective for services on or after January 1, 2011 or upon your group plan renewal date in 2011 and thereafter.

- \*More on Individual Coverage and Family Coverage Deductibles...**
- If a member has individual coverage, each calendar year he/she must satisfy an individual coverage deductible before receiving benefits under this policy. The amount of the individual deductible is indicated above on this benefit highlight sheet. Once a member's claims for covered services in a calendar year exceed this deductible amount, benefits will begin.
  - If a member and his/her dependents have family coverage, each calendar year they must satisfy the family coverage deductible before receiving benefits under this policy. The amount of the family deductible is indicated above on this benefit highlight sheet. Once the family deductible has been satisfied it will not be necessary for anyone else in the family to meet a deductible in that calendar year. That is, for the remainder of the calendar year, no other family member will be required to meet the deductible before receiving benefits. No one is eligible for benefits under family coverage until the entire family deductible has been satisfied.
  - Please note: The deductible amount may be adjusted based on the cost-of-living adjustments determined under the Internal Revenue Code and rounded to the nearest \$50.
  - Also note: Should the Federal Government adjust the deductible for high deductible plans as defined by the Internal Revenue Service, the deductible amount in the Certificate will be adjusted accordingly.

**Schedule of Maximum Allowances (SMA)**  
The Schedule of Maximum Allowances (SMA) is not the same as a Usual and Customary fee (U&C). Blue Cross and Blue Shield of Illinois' SMA is the maximum allowable charge for professional services, including but not limited to those listed under Medical/Surgical and Other Covered Services above. The SMA is the amount that professional PPO providers have agreed to accept as payment in full. When members use PPO providers, they avoid any balance billing other than applicable deductible, coinsurance and/or copayment. *"Please refer to your certificate booklet for the definition of Eligible Charge and Maximum Allowance regarding Providers who do not participate in the PPO Network."*

To Locate a Participating Provider: Visit our Web site at [www.bcbsil.com/providers](http://www.bcbsil.com/providers) and use our Provider Finder® tool.

In addition, benefits for covered individuals who live outside Illinois will meet all extrajurisdictional requirements of those states, if any, according to the group's funding arrangements.

07

---

# The HMOs of Blue Cross and Blue Shield of Illinois

## HMO Illinois and BlueAdvantage HMO

---

300 East Randolph, Chicago, IL 60601 • Member Services: (800) 892-2803 • [www.bcbsil.com](http://www.bcbsil.com)

# 2012 Description of Coverage

Group Name    Group/Section Number  
Effective Date

The Managed Care Reform and Patient Rights Act of 1999 established rights for enrollees in health care plans. These rights cover the following:

- What emergency room visits will be paid for by your health care plan.
- How specialists (both in and out of network) can be accessed.
- How to file complaints and appeal health care plan decisions, including external independent reviews.
- How to obtain information about your health care plan, including general information about its financial arrangements with providers.

You are encouraged to review and familiarize yourself with these subjects and the other benefit information in the attached Description of Coverage Worksheet. **SINCE THE DESCRIPTION OF COVERAGE IS NOT A LEGAL DOCUMENT**, for full benefit information please refer to your contract or certificate, or contact your health care plan at **(800) 892-2803**. In the event of any inconsistency between your Description of Coverage and contract or certificate, the terms of the contract or certificate will control.

For general assistance or information, please contact the Illinois Department of Financial and Professional Regulation – Division of Insurance, Office of Consumer Health Insurance at **(877) 527-9431** or in writing to either of the following addresses:

320 West Washington Street  
Springfield, IL 62767-0001

100 West Randolph Street, Suite 15-100  
Chicago, IL 60601-3251

You may also contact the department online at <http://www.idfpr.com>.

(Please be aware that the Office of Consumer Health Insurance will not be able to provide specific plan information. For this type of information you should contact your health care plan directly.)

21249.1201



BlueCross BlueShield  
of Illinois

Basics		Description of Coverage
<b>Your Doctor</b>		Choose a medical group and primary care physician (PCP) for each member of your family from our directory or Web site. Each female member may select a Woman's Principal Health Care Provider (WPHCP) in addition to her PCP. A member's PCP and WPHCP must have a referral arrangement with each other. All care must be provided or coordinated by your PCP, WPHCP or medical group/Independent Practice Association (IPA).
<b>Annual Deductible</b>		none
<b>Out-of-Pocket Maximum</b> (excludes drugs, vision, durable medical equipment and prosthetics)	Individual	\$1500/calendar year
	Family	\$3000/calendar year
<b>Lifetime Maximums</b>		none
<b>Pre-existing Condition Limitations</b>		none

In the Hospital	Description of Coverage	Health Care Plan Covers	You Pay
<b>Number of Days of Inpatient Care</b>	unlimited days	n/a	n/a
<b>Room &amp; Board</b>	private or semi-private room	100%*	\$100 per day for up to 5 days
<b>Surgeon's Fees</b>	covered	100%*	\$0
<b>Doctor's Visits</b>	covered	100%*	\$0
<b>Medications</b>	covered	100%*	\$0
<b>Other Miscellaneous Charges</b>	see exclusions	100%*	\$0

Emergency Care			
<b>Emergency Services</b> (medical conditions with acute symptoms of sufficient severity such that a prudent layperson could reasonably expect the absence of medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions or serious dysfunction to any bodily organ or part)	covered services performed in a hospital emergency room in or out of area. Copay, if any, waived if admitted.	100%	\$150
<b>Emergency Post-stabilization Services</b> covered if approved by PCP	primary care physician	100%*	\$20
	specialist	100%*	\$40

\* HMO pays 100 percent of covered charges after member's copayment, if any, is paid.

In the Doctor's Office		Description of Coverage	Health Care Plan Covers	You Pay
Doctor's Office Visit (copayment covers the visit and all covered services provided)		primary care physician	100%*	\$20
		specialist	100%*	\$40
Routine Physical Exams		covered	100%*	\$0
Diagnostic Tests and X-rays		covered	100%*	\$0
Immunizations		covered	100%*	\$0
Allergy Treatment & Testing		covered	100%*	\$0
Wellness Care		covered	100%*	\$0
<b>Medical Services</b>				
Outpatient Surgery		hospital facility	100%*	\$0
		physician(s)	100%*	\$0
Maternity Care	Hospital Care	unlimited days	100%*	\$100 per day for up to 5 days
	Physician Care	copay, if any, for 1 <sup>st</sup> visit only	100%*	\$20
Infertility Services		based on your group policy	100%* if covered	\$40
Non-Serious Mental Health	Outpatient	Unlimited Visits	100%*	\$20
	Inpatient	Unlimited Days	100%*	\$100 per day for up to 5 days
Substance Abuse/ Chemical Dependency	Outpatient	Unlimited Visits	100%*	\$20
	Inpatient	Unlimited Days	100%*	\$100 per day for up to 5 days
Serious Mental Health	Outpatient	Unlimited Visits	100%*	\$20
	Inpatient	Unlimited Days	100%*	\$100 per day for up to 5 days
Outpatient Rehabilitation Services (includes, but is not limited to, physical, occupational or speech therapy)		60 visits combined/CY	100%*	\$0

\* HMO pays 100 percent of covered charges after member's copayment, if any, is paid.

Other Services	Description of Coverage	Health Care Plan Covers	You Pay	
<b>Durable Medical Equipment</b>	covered	100%*	\$0	
<b>Prosthetic Devices</b>	covered	100%*	\$0	
<b>Ambulance Service</b>	covered	100%*	\$0	
<b>Hospice</b>	covered	100%*	\$0	
<b>Coordinated Home Care</b> (excludes custodial care)	covered	100%*	\$0	
<b>Prescription Drug –</b> up to 34 day supply per script	Generic	based on your group policy	100%*	10
	Formulary Brand	based on your group policy	100%*	40
	Non-formulary Brand	based on your group policy	100%*	60
	Self-injectable	based on your group policy	100%*	50
<b>Prescription Drug –</b> = up to 90 day supply per script = visit <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call Member Services for information on the 90 day pharmacy network	Generic	based on your group policy	100%*	20
	Formulary Brand	based on your group policy	100%*	80
	Non-formulary Brand	based on your group policy	100%*	120
	Self-injectable	based on your group policy	100%*	50
<b>Dental Services</b>	see limitations, pages 6-7	100%*	\$40	
<b>Vision Care</b>	Exams	one every 12 months	100%*	\$0
	Eyewear	based on your group policy	0%	remainder after discount

\*HMO pays 100 percent of covered charges after member's copayment, if any, is paid.

## Service Area

The HMO Illinois and BlueAdvantage HMO service areas include the Illinois counties of Boone, Christian, Cook, DeKalb, DuPage, Fulton, Greene, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, Livingston, Logan, Macoupin, Mason, McHenry, Menard, Monroe, Morgan, Ogle, Peoria, Sangamon, Stark, St. Clair, Stephenson, Tazewell, Whiteside, Williamson, Will, Winnebago and Lake county in Indiana. The HMO Illinois service area also includes Kenosha county in Wisconsin. *Please note: Some employer groups may have different service areas (see your employer for details) and the service area is subject to change.*

## Exclusions and Limitations

*To receive benefits, all care must be provided or coordinated by the member's Primary Care Physician (PCP) or Woman's Principal Health Care Provider (WPHCP) or medical group/Independent Practice Association (IPA), except substance abuse/chemical dependency, vision care and hospital emergency care benefits, which are available at contracting providers without a PCP referral.*

Below is a summary list of exclusions and limitations. Your plan may have specific exclusions and limitations not included on this list – check *Your Health Care Benefit Program Certificate*.

### Exclusions

1. Services or supplies that are not specifically listed in *Your Health Care Benefit Program Certificate*.
2. Services or supplies that were not ordered by your primary care physician or Woman's Principal Health Care Provider, except as explained in the *Certificate*.
3. Services or supplies received before your coverage began or after the date your coverage ended.
4. Services or supplies for which benefits have been paid under any Workers' Compensation Law or other similar laws.
5. Services or supplies that are furnished to you by the local, state or federal government and

services or supplies to the extent payments or benefits for such services are provided by or available from the local, state or federal government (for example, Medicare) whether or not those payments or benefits are received; except, however, this exclusion shall not be applicable to medical assistance benefits under Article V, VI or VII of the Illinois Public Aid Code or similar legislation of any state, benefits provided in compliance with the Tax Equity and Fiscal Responsibility Act or as otherwise provided by law.

6. Services or supplies rendered to you as the result of an injury caused by another person to the extent that you have collected damages for such injury and that the Plan has provided benefits for the services or supplies rendered in connection with such injury.
7. Services or supplies that do not meet accepted standards of medical or dental practice including, but not limited to, services which are investigational in nature.
8. Custodial care services.
9. Long Term Care services.
10. Respite Care Services, except as specifically mentioned under Hospice Care Benefits.
11. Services or supplies rendered because of behavioral, social maladjustment, lack of discipline or other antisocial actions, which are not specifically the result of mental illness.
12. Special education therapy, such as music therapy or recreational therapy.
13. Cosmetic surgery and related services and supplies unless correcting congenital deformities or conditions resulting from accidental injuries, tumors or disease.
14. Services or supplies received from a dental or medical department or clinic maintained by an employer, labor union or other similar person or group.
15. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
16. Charges for failure to keep a scheduled visit or for completion of a claim form or charges for transferring medical records.

17. Personal hygiene, comfort or convenience items commonly used for purposes that are not medical in nature, such as air conditioners, humidifiers, physical fitness equipment, televisions or telephones.
18. Special braces, splints, specialized equipment, appliances, ambulatory apparatus or battery controlled implants.
19. Prosthetic devices, special appliances or surgical implants unrelated to the treatment of disease or injury, for cosmetic purposes or for the comfort of the patient.
20. Nutritional items such as infant formula, weight-loss supplements, over-the-counter food substitutes and non-prescription vitamins and herbal supplements.
21. Blood derivatives which are not classified as drugs in the official formularies.
22. Marriage counseling.
23. Hypnotism.
24. Inpatient and Outpatient Private-Duty Nursing Service.
25. Routine foot care, except for persons diagnosed with diabetes.
26. Maintenance occupational therapy, maintenance physical therapy, and maintenance speech therapy.
27. Maintenance care.
28. Self-management training, education and medical nutrition therapy.
29. Services or supplies which are rendered for the care, treatment, filling, removal, replacement or artificial restoration of the teeth or structures directly supporting the teeth.
30. Treatment of temporomandibular joint syndrome with intraoral prosthetic devices or any other method which alters vertical dimension or treatment of temporomandibular joint dysfunction not caused by documented organic joint disease or physical trauma.
31. Services or supplies rendered for human organ or tissue transplants, except as stated in the *Certificate*.
32. Hearing aids, except as stated in the *Certificate*.
33. Wigs (also referred to as cranial protheses).

## Limitations

In addition to the exclusions noted, the following limitations apply:

1. Benefits for oral surgery are limited to:
  - surgical removal of completely bony impacted teeth,
  - excision of tumors or cysts from the jaws, cheeks, lips, tongue, roof or floor of the mouth,
  - surgical procedures to correct accidental injuries of the jaws, cheeks, lips, tongue, roof or floor of the mouth,
  - excision of exostoses of the jaws and hard palate (provided that this procedure is not done in preparation for dentures or other prostheses),
  - treatment of fractures of the facial bone,
  - external incision and drainage of cellulitis,
  - incision of accessory sinuses, salivary glands or ducts, and
  - reduction of, dislocation of or excision of the temporomandibular joints.
2. Benefits for treatment of dental injury due to accident are limited to treatment of sound natural teeth.
3. Benefits for outpatient rehabilitative therapy are limited to therapy which is expected to result in significant improvement within two months in the condition for which it is rendered.
4. Family planning benefits are not available for repeating or reversing sterilization.
5. Benefits for elective abortion are limited to two per lifetime and are not covered under all benefit plans.
6. Benefits for infertility, when covered, will not be provided for the following:
  - Reversal of voluntary sterilization. However, in the event a voluntary sterilization is successfully reversed, benefits will be provided if your diagnosis meets the definition of "infertility",
  - Services or supplies rendered to a surrogate, except those costs for procedures to obtain eggs, sperm or

- embryos from you, will be covered if you choose to use a surrogate,
- selected termination of an embryo in cases where the mother's life is not in danger,
  - cryo-preservation or storage of sperm, eggs or embryos, except for those procedures which use a cryo-preserved substance
  - non-medical costs of an egg or sperm donor,
  - travel costs for travel within 100 miles of the covered person's home or which is not medically necessary or which is not required by the plan,
  - infertility treatments which are determined to be investigational, in writing, by the American Society for Reproductive Medicine or American College of Obstetrics and Gynecology, and
  - Infertility treatment rendered to your dependents under the age of 18.
7. Benefits for ambulance service are limited to certified ground ambulance, except for human organ transplants.
  8. Human organ transplants must be performed at a plan-approved center for human organ transplants and benefits do not include organ transplants and/or services or supplies rendered in connection with an organ transplant which are investigational as determined by the appropriate technological body; drugs which are investigational; storage fees; services provided to any individual who is not the recipient or actual donor, unless otherwise specified in this provision; cardiac rehabilitation services when not provided to the transplant recipient immediately following discharge from a hospital for transplant surgery; or travel time or related expenses incurred by a provider.
  9. Hospice benefits are only available for persons having a life expectancy of one year or less.
  10. Prescription drug benefits, when covered, do not include drugs used for cosmetic purposes; any devices or appliances; any charges incurred for administration of drugs; or refills if the prescription is more than one year old.
  11. Vision exams are limited to one per 12 month period. Vision coverage does not include benefits for:
    - recreational sunglasses
    - orthoptics, vision training, subnormal vision aids, aniseikonic lenses or tonography
    - additional charges for tinted, photo-sensitive or anti-reflective lenses beyond the benefit allowance for regular lenses
    - replacement of lenses, frames or contact lenses, which are lost or broken unless such lenses, frames or contact lenses would otherwise be covered according to the benefit period limitations
  12. Durable Medical Equipment rental is covered up to the price of purchase.
  13. Mental health and chemical dependency treatment benefits may be limited – see your *Certificate*.
  14. Rehabilitation therapy benefits may be limited – see your *Certificate*.
  15. Maternity inpatient hospital benefits are limited to 48 hours after birth for vaginal deliveries and 96 hours after birth for cesarean deliveries, unless a longer stay is medically necessary.

### **Pre-certification and Utilization Review**

All benefits are provided or coordinated by your PCP or WPHCP. Therefore, certification by the member is not required. Utilization review is conducted by your medical group/IPA, not by the HMO. To ensure fair and consistent decisions regarding medical care, the HMOs of Blue Cross and Blue Shield of Illinois require medical groups/IPAs to use nationally recognized utilization review criteria.

## Primary Care Physician (PCP) Selection

Each member must join a contracting medical group/IPA and select a PCP affiliated with that medical group/IPA to provide and coordinate care. Each female member may also choose an OB/GYN to be her Woman's Principal Health Care Provider (WPHCP). A member's PCP and WPHCP must have a referral arrangement with each other. A member has access to her WPHCP as often as needed without a PCP referral. Members may change PCPs/WPHCPs – refer to the Member Handbook or *Certificate* for instructions and exceptions. Listings of contracting providers are available in the printed HMO directory or online at [www.bcbsil.com](http://www.bcbsil.com).

## Access to Specialty Care

If clinically appropriate, your PCP or WPHCP will refer you to a specialist, usually within the same medical group as your PCP. If the member's preferred network specialist does not have a referral arrangement with your PCP/WPHCP, you may choose a new PCP/WPHCP with whom the specialist has such an arrangement. You can ask your PCP for a standing referral for conditions that require ongoing care from a specialist physician. Standing referrals may be made for a specified number of visits or a time period up to one year. Specialist copays may differ, depending on plan design.

## Out-of-Area Coverage

When you are out of state, urgent care and hospital emergency room services are available through a network of contracting Blue Cross and Blue Shield providers. When you are out of state for a minimum of 90 consecutive days, guest membership may be arranged in participating communities throughout the U.S. with the Guest Membership Coordinator.

## Financial Responsibility

You are responsible for copayments at time of service, as shown in the Description of Coverage. You are also responsible for payment for care not provided or coordinated by your PCP or WPHCP, except where otherwise noted. You should contact your employer's benefit administrator to confirm the level of your contribution to the premium.

## Continuity of Treatment (Transition of Care)

If a physician you are currently obtaining services from leaves the HMO network, you have the right to request transition of care benefits. To qualify for transition of care services, you must currently be undergoing a course of evaluation and/or medical treatment or be in the second or third trimester of pregnancy. The ongoing evaluation and/or medical treatment concerns a condition or disease that requires repeated health care services under a physician's treatment plan, with the potential for changes in a therapeutic regimen.

Transitional services may be authorized for up to 90 days from the date the physician terminated from the network. Authorization of services depends on the physician's agreement to comply with contractual requirements and submit a detailed treatment plan, including reimbursement from the HMO at specified rates and adherence to the HMO's quality assurance requirements, policies and procedures. All care must be transitioned to your new HMO PCP in the medical group/IPA after the transition period has ended. Coverage will be provided only for benefits outlined in your *Certificate*.

**Existing members:** Submit a written Transition of Care request *within 30 days* of receiving notice of the termination of the physician or medical group/IPA.

**New members:** Submit a written Transition of Care request *within 15 days* after your eligibility effective date. When submitting the transition of care form prior to your effective date, please include a copy of the signed application and/or confirmation of enrollment with the HMO.

### Submit the request to:

Blue Cross and Blue Shield of Illinois  
Customer Assistance Unit, Transition of Care  
300 East Randolph Street, 23rd Floor  
Chicago, IL 60601

Include the following information:

- Policyholder's name and work/home phone numbers
- Group and ID numbers

- Chosen medical group site
- Chosen PCP name, address and phone/fax numbers
- Current treating physician
- Clinical diagnosis
- Presenting clinical condition (if applicable)
- Reason for transition of care request
- Expected effective date with the HMO or new medical group/IPA (if applicable)

You will be notified within 15 business days of the outcome of your Transition of Care request.

## Appeals Process

You can file an appeal by writing to the HMO or calling Member Services.

### Non-urgent Clinical Appeal

After the appeal is received, the HMO Level II Appeal Committee will request any additional information needed to evaluate your appeal and make a decision about your appeal within 15 days after receiving the required information.

You will be informed in advance that you, or someone representing you, have the right to appear before the Committee either in person, via conference call or some other method. You will also receive a verbal notification of the HMO's decision. A written notification will be sent within five business days of the appeal determination. Your representative (if any), your PCP and any other health care provider involved in the matter will receive the same verbal and written notices.

### Urgent Clinical Appeal

After the appeal is received, the HMO Level II Appeal Committee will request any additional information needed to evaluate your appeal and make a decision about your appeal and notify you by phone within 24 hours – or no later than three calendar days – of the initial receipt of the clinical appeal request. You will be informed in advance that you, or someone representing you, have the right to appear before the Committee either in person, via conference call or some other method. You will also receive a verbal notification of the HMO's decision. A written notification will be sent within two business days of the appeal determination. Your representative (if any), your

PCP and any other health care provider involved in the matter will receive the same verbal and written notices.

### Non-clinical Appeal

A non-clinical appeal concerns an adverse decision of an inquiry, complaint or action by the HMO, its employees or its independent contractors that has not been resolved to your satisfaction. A non-clinical appeal relates to administrative health care services that include (but are not limited to) membership, access, claim payment, denial of benefits, out-of-area benefits and coordination of benefits with another health carrier.

To begin a Level I appeal, notify Member Services by telephone or in writing that you want to pursue a non-clinical appeal. The HMO will send you a written confirmation within five business days of receiving your request. If your appeal can be resolved with existing information, the HMO will inform you of its decision within 30 business days.

If additional information is needed from either you or your medical group/IPA, the HMO will request that it be provided within five business days. The appeal decision will be made within 30 business days. When the decision cannot be made within 30 business days, due to circumstances beyond the HMO's control, the HMO will inform you in writing of the delay. A decision will be made on or before the 45th business day of receiving the appeal.

If the appeal is denied, you will be notified that your case is being referred to a Level II review. You or a representative has the right to appear in person, via conference call or some other method. After receiving your Level II appeal, the HMO will notify you in writing at least five business days before the Level II Appeals Committee meets. You will receive the Committee's decision in writing within five business days of the meeting and within 30 business days of beginning the Level II appeal process.

ANY ENROLLEE NOT SATISFIED WITH THE PLAN'S RESOLUTION OF ANY CLINICAL APPEAL, APPEAL OR COMPLAINT MAY APPEAL THE FINAL PLAN DECISION TO THE DIVISION OF INSURANCE, CONSUMER SERVICES SECTION, THROUGH ONE OF THE FOLLOWING LOCATIONS:

- 100 West Randolph Street, Suite 15-100  
Chicago, IL 60601-3251
- 320 West Washington Street,  
Springfield, IL 62767-0001

You may also contact the Division of Insurance by phone or online at:

- (877) 527-9431
- <http://www.idfpr.com>.

**IMPORTANT:** External review determinations might not be appealable through the Division of Insurance.

Members have the right to request information on, the financial relationships between the HMO and any health care provider; the percentage of copayments, deductibles and total premiums spent on health care; and HMO administrative expenses.

**For any additional information concerning this Description of Coverage, call the HMO's toll-free number at (800) 892-2803.**

To receive a Description of Coverage specific to your benefits, call (800) 892-2803 or return the enclosed pre-paid card.

**In the event of any inconsistency between your Description of Coverage and contract or certificate, the terms of the contract or *Certificate* shall control.**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

**TITLE:** LIFE INSURANCE/AD&D

**Agenda Item No.** COTW

*Executive Summary*

As part of the annual insurance renewal process, GCG Financial obtained quotes for a Life/AD&D insurance benefit plan. The incumbent and two other quotes were received. The two are all higher than the Principal Financial quote of \$2,383, Guardian at \$4,344, and Unum at \$2,679.

Attached is:

1. A spreadsheet that contains premium information, overall plan costs, and estimated fiscal year totals.
2. The life/AD&D insurance options summary prepared by GCG Financial.
3. Principal life/AD&D insurance benefit design summary.

A resolution will be prepared for the next Village Board meeting dependent on the discussions held at COTW.

*Recommended Action*

To review and discuss for future Village Board action.

<b>Committee:</b> Human Resources & Finance		<b>Meeting Date:</b> August 18, 2014	
<b>Lead Department:</b> Administration		<b>Presenter:</b> Steve Shields	
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.</b>			
	<b>Account(s)</b>	<b>Budget</b>	<b>Expenditure</b>
	++-+-67109	Life Insurance	
	Item Requested	\$2,895.00	
	Y-T-D Actual thru 7/31/14		\$599.87
	Estimated August & September 2014		\$411.26
	Estimated 10/01/14 to 4/30/15		\$1,439.48
	<b>Total:</b>	\$2,895.00	\$2,450.61
Request is over/under budget:			
	Under		\$444.39
	Over	-	

**VILLAGE OF ROUND LAKE - LIFE INSURANCE RENEWAL  
MONTHLY PREMIUMS EFFECTIVE 10/1/2014 LIFE INSURANCE**

**Principal**

	<u>Per Employee</u>	<u>Employees</u>		<u>Premium Splits</u>	
<b>Renewal Premium</b>	\$4.52	48	(includes 3 vacant)	Employee Share	0.00%
<b>Previous Premium</b>	\$4.52			Village Share	100.00%
<b>Dollar Change</b>	<u>\$0.00</u>				
				<b>Change in Coverage: No change from current - Principal</b>	
<b>Percent Change</b>	<u>0.00%</u>				
<b>Budget Percent Used</b>	<u>7.50%</u>				
<b>Village Premium</b>	<u>Monthly</u>	<u>Annual</u>			
Per Employee	\$4.52	\$54.24			
<b>Annual Village Cost</b>	<u>New</u>	<u>Previous</u>	<u>Change</u>	<u>Percent</u>	
Per Employee	\$2,603.52	\$2,603.52	\$0.00	0.00%	

<u>Department</u>	<u>Budget</u>	<u>(3 months) Actual Activity</u>	<u>Estimated August &amp; September</u>	<u>October Through April</u>	<u>Estimated Totals</u>	<u>Over (Under) Budget</u>	<u>Percentage</u>
ADMINISTRATION	\$220.00	\$39.24	\$26.16	\$91.56	\$156.96	(\$63.04)	(28.65%)
POLICE	\$1,650.00	\$362.40	\$250.00	\$875.00	\$1,487.40	(\$162.60)	(9.85%)
PUBLIC WORKS	\$375.00	\$63.31	\$43.72	\$153.02	\$260.05	(\$114.95)	(30.65%)
BUILDING	\$175.00	\$40.77	\$27.18	\$95.13	\$163.08	(\$11.92)	(6.81%)
<b>Total General Fund</b>	<b>\$2,420.00</b>	<b>\$505.72</b>	<b>\$347.06</b>	<b>\$1,214.71</b>	<b>\$2,067.49</b>	<b>(\$352.51)</b>	<b>(14.57%)</b>
<b>Water/Sewer Fund</b>	<b>\$475.00</b>	<b>\$94.15</b>	<b>\$64.20</b>	<b>\$224.77</b>	<b>\$383.12</b>	<b>(\$91.88)</b>	<b>(19.34%)</b>
<b>Grand Total</b>	<b>\$2,895.00</b>	<b>\$599.87</b>	<b>\$411.26</b>	<b>\$1,439.48</b>	<b>\$2,450.61</b>	<b>(\$444.39)</b>	<b>(15.35%)</b>

# Village of Round Lake

## October 1, 2014 Life/AD&D Insurance Summary

Life/AD&D	Principal - Current	Principal - Renewal
Rate Guarantee	n/a	1 Year
Class Description	All Full Time Eligible Employees	All Full Time Eligible Employees
Benefit	\$25,000	\$25,000
Guarantee Issue	\$25,000	\$25,000
Cost of Coverage Paid By	Employer	Employer
Total Volume	\$1,175,000	\$1,175,000
Rate/\$1000 of Benefit	\$0.169	\$0.169
<b>Monthly Total</b>	<b>\$198.58</b>	<b>\$198.58</b>
<b>Annual Total</b>	<b>\$2,382.90</b>	<b>\$2,382.90</b>

p. 20

Note: This is a summary only and not a legal document. Please refer to certificate for benefit, limitation and exclusion information.



Policyholder: VILLAGE OF ROUND LAKE

# Group Term Life Benefit Summary

Effective Date: 10/01/2011

This chart provides you a brief summary of the key benefits of the life insurance available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your life insurance benefits and restrictions, please refer to your booklet or contact your plan administrator.

Eligibility		
Job Class	All Members	
Benefits Payable		
Employer Life Benefits		
Benefit Amount	\$25,000	
Guarantee Issue	Age	Amount
	Under 70	\$25,000
	70 and older	The lesser of \$25,000 or the amount with the prior carrier
For benefit amounts above the guarantee issue, proof of good health is required.		
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at age 70.	
Additional Employee Benefits		
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived.	
Accelerated Death Benefit	If you are terminally ill, you may be able to receive a portion of your life insurance benefit as a lump sum.	
Individual Purchase Rights	If you terminate employment, you may be able to convert coverage to an individual policy.	
Limitations & Exclusions		
Coverage Outside of the US	Benefits will not be paid if you are outside the United States for certain reasons for more than six months.	

p. 21

Accidental Death & Dismemberment (AD&D) and Personal Loss Insurance	
<p><b>Benefit Amount</b></p>	<p>Your benefit is equal to your group term life benefit amount if loss is due to accident or injury.</p> <p>You may be paid:</p> <ul style="list-style-type: none"> <li>• <b>Full benefit</b> when you lose: your life / both hands / both feet / sight of both eyes / one hand and sight of one eye / one foot and sight of one eye / one hand and one foot.</li> <li>• <b>Half of the benefit</b> when you lose: one hand / one foot / sight of one eye.</li> <li>• <b>One-fourth of the benefit</b> when you lose the thumb and index finger on the same hand.</li> </ul> <p>The loss must occur within 365 days of the accident.</p>
Limitations & Exclusions	
<p><b>Other Limitations</b></p>	<p>The Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.</p>

## Understanding Your Life Insurance Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You will be considered actively at work if you are able and available for active performance of all of your regular duties. Short-term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered active work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

Spouse and child coverage is not available.

### What Additional Benefits Are Included?

<b>Coverage During Disability</b>	If you become totally disabled before age 60, coverage will continue and premium will be waived. You must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 65, whichever occurs first.
<b>Accelerated Death Benefit</b>	<p>If you are terminally ill you can receive up to 75% of your benefit amount in a lump sum as long as:</p> <ul style="list-style-type: none"> <li>Your life expectancy is 24 months or less (as diagnosed by a physician), and</li> <li>Your death benefit is at least \$10,000.</li> </ul> <p>If you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in the premium.</p>
<b>Individual Purchase Rights</b>	If you terminate employment, you may be able to convert coverage to individual life insurance. Upon coverage termination your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation. Contact Principal Life for details.
<b>Claim Processing</b>	Principal Life makes claim administration easy and convenient for employers by offering an online life insurance claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.

<p><b>Claim Settlement Options</b></p>	<p>The Interest Draft Account option lets beneficiaries put death benefits into an interest bearing account like a checking account. The Lump Sum Payment option allows beneficiaries to receive the entire benefit payment in a lump sum.</p> <p>An Interest Draft Account is a draft account that works like a checking account. The policy proceeds are placed into this account and earn interest, but no additional deposits are allowed. This account is not FDIC insured but is backed by the strength and stability of Principal Life Insurance Company and, in the event of insolvency, is protected by your state's Life and Health Guaranty Association (LHGA). Contact the National Organization of Life and Health Insurance Guarantee Associations at <a href="http://www.nolhga.com">www.nolhga.com</a> for more information.</p> <p>Interest on the funds in your Interest Draft Account is compounded daily and credited monthly. The interest rate is tied to Principal Bank's Money Market product, is variable, subject to change daily and tiered based on your account balance, and is always greater than 0%. The current interest rate can be found at <a href="http://www.principalbank.com/ida">www.principalbank.com/ida</a>. Please consult with your tax advisor regarding the interest earned.</p> <p>Once your Interest Draft Account is established, you will receive information regarding the account from Principal Bank, an affiliate of Principal Life Insurance Company, which will service the account. You will have complete access to the funds in your account, including the right to withdraw the entire amount at any time by writing a draft to yourself for the remaining balance without any fees or penalties. You can write drafts from your account in the amount of \$500 or more (not less). If your account balance falls below \$500, the balance plus interest will be sent to you at the close of the next business day and your account will be closed. There are no account fees, although wire transfer and stop payment fees will be assessed if applicable. You will receive a monthly statement via regular mail listing all transactions on your account, including cleared drafts and interest earned. You may name a beneficiary for any funds remaining in your account in the event of your death. If your account is inactive for so long that it is considered abandoned or dormant under your state's law, we will attempt to contact you. If there is no response, we will transfer any remaining funds to the state. If you have any questions about your account once it is established, call Principal Bank toll free at 1-800-672-3343 or direct your questions in writing to Principal Bank, P.O. Box 9351, Des Moines, IA 50306-9351.</p>
--	--



WE'LL GIVE YOU AN EDGE ®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

GP 55984-4 | 08/2011 | © 2011 Principal Financial Services, Inc.

p. 24



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

TITLE: DENTAL INSURANCE

Agenda Item No. COTW

*Executive Summary*

As part of the annual insurance renewal process, GCG Financial obtained quotes for a dental insurance benefit plan. The incumbent and three other quotes were received. The three are all higher than the Principal Financial quote of \$28,501, Guardian at \$42,731, Delta Dental \$41,250 and Unum at \$35,483.

Attached is:

1. A spreadsheet that contains premium information, overall plan costs, and estimated fiscal year totals.
2. Dental insurance rate summary from Principal.
3. Principal Financial Group dental benefit summary.

A resolution will be prepared for the next Village Board meeting dependent on the discussions held at COTW.

*Recommended Action*

To review and discuss for future Village Board action.

<b>Committee:</b> Human Resources & Finance		<b>Meeting Date:</b> August 18, 2014	
<b>Lead Department:</b> Administration		<b>Presenter:</b> Steve Shields	
<b>Item Budgeted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.</b>	<b>Account(s)</b>	<b>Budget</b>	<b>Expenditure</b>
	++-+-67107	Dental Insurance	
	Item Requested	\$24,925.00	
	Y-T-D Actual thru 7/31/14		\$5,090.53
	Estimated August & September 2014		\$3,422.88
	Estimated 10/01/14 to 4/30/15		\$13,423.90
	Total:	\$24,925.00	\$21,937.31
	Request is over/under budget:		
Under		\$2,987.69	
Over	-		

**VILLAGE OF ROUND LAKE - DENTAL INSURANCE RENEWAL  
MONTHLY PREMIUMS EFFECTIVE 10/1/2013: DENTAL INSURANCE**

**Principal**

<u>Description</u>	<u>Family</u>	<u>Employees</u>	<u>Empl./Child</u>	<u>Employees</u>	<u>Empl./Spouse</u>	<u>Employees</u>	<u>Single</u>	<u>Employees</u>	<u>None</u>	<u>Vacant</u>
Renewal Premium	\$97.86	11	\$63.81	3	\$57.78	7	\$27.38	21	3	3
Previous Premium	\$130.74		\$84.67		\$78.64		\$37.32			
Dollar Change	<u>-\$32.88</u>		<u>-\$20.86</u>		<u>-\$20.86</u>		<u>-\$9.94</u>			
Percent Change	<u>(25.15%)</u>		<u>(24.64%)</u>		<u>(26.53%)</u>		<u>(26.63%)</u>			
Budget Percent Used	<u>7.50%</u>							Total census count	<u>48</u>	

**Premium Splits**

Employee Share	50.00%	Total premium - single coverage x 50%
Village Share	50.00%	Total premium - single coverage x 50% + single coverage

**Renewals Information**

	<u>Renewals Information</u>			<u>% Share of Total Prem.</u>
	<u>Monthly</u>	<u>Annual</u>		
Village Premium				
FAMILY	\$62.62	\$751.44		63.99%
EMPL./CHILD	\$45.60	\$547.14		71.45%
EMPL./SPOUSE	\$42.58	\$510.96		73.69%
SINGLE	\$27.38	\$328.56		100.00%
Employee Premium				
FAMILY	\$35.24	\$422.88		36.01%
EMPL./CHILD	\$18.22	\$218.58		28.55%
EMPL./SPOUSE	\$15.20	\$182.40		26.31%
SINGLE	\$0.00	\$0.00		0.00%

**Previous Information**

	<u>Previous Information</u>			<u>% Share of Total Prem.</u>	<u>Annual Change In Premium</u>	<u>Annual % Change Premium</u>
	<u>Monthly</u>	<u>Annual</u>				
FAMILY	\$84.03	\$1,008.36		64.27%	(\$256.92)	(25.48%)
EMPL./CHILD	\$61.00	\$731.94		72.04%	(\$184.80)	(25.25%)
EMPL./SPOUSE	\$57.98	\$695.76		73.73%	(\$184.80)	(26.56%)
SINGLE	\$37.32	\$447.84		100.00%	(\$119.28)	(26.63%)
Employee Premium						
FAMILY	\$46.71	\$560.52		35.73%	(\$137.64)	(24.56%)
EMPL./CHILD	\$23.68	\$284.10		27.96%	(\$65.52)	(23.06%)
EMPL./SPOUSE	\$20.66	\$247.92		26.27%	(\$65.52)	(26.43%)
SINGLE	\$0.00	\$0.00		0.00%	\$0.00	0.00%

**Annual Village Cost**

<u>Type</u>	<u>Annual Village Cost</u>			
	<u>New</u>	<u>Previous</u>	<u>Change</u>	<u>Percent</u>
FAMILY	\$8,265.84	\$11,091.96	(\$2,826.12)	(25.48%)
EMPL./CHILD	\$1,641.42	\$2,195.82	(\$554.40)	(25.25%)
EMPL./SPOUSE	\$3,576.72	\$4,870.32	(\$1,293.60)	(26.56%)
SINGLE	\$6,899.76	\$9,404.64	(\$2,504.88)	(26.63%)
<b>Total</b>	<b>\$20,383.74</b>	<b>\$27,562.74</b>	<b>(\$7,179.00)</b>	<b>(26.05%)</b>
<b>Total Costs</b>	<b>\$26,967.96</b>	<b>\$36,316.20</b>	<b>(\$9,348.24)</b>	<b>(25.74%)</b>

**Annual Employee Cost**

	<u>Annual Employee Cost</u>			
	<u>New</u>	<u>Previous</u>	<u>Change</u>	<u>Percent</u>
FAMILY	\$4,651.68	\$6,165.72	(\$1,514.04)	(24.56%)
EMPL./CHILD	\$655.74	\$852.30	(\$196.56)	(23.06%)
EMPL./SPOUSE	\$1,276.80	\$1,735.44	(\$458.64)	(26.43%)
SINGLE	\$0.00	\$0.00	\$0.00	0.00%
<b>Total</b>	<b>\$6,584.22</b>	<b>\$8,753.46</b>	<b>(\$2,169.24)</b>	<b>(24.78%)</b>

<u>Department</u>	<u>Budget</u>	<u>(3 months)</u>	<u>Estimated</u>	<u>October</u>	<u>Estimated</u>	<u>Over</u>	<u>Percentage</u>	<u>Notes</u>
		<u>Actual</u>	<u>August &amp; September</u>	<u>Through April</u>	<u>Totals</u>	<u>(Under) Budget</u>		
ADMINISTRATION	\$1,625.00	\$408.77	\$276.16	\$863.94	\$1,548.87	(\$76.13)	(4.68%)	
POLICE	\$14,750.00	\$2,955.77	\$2,007.02	\$8,260.84	\$13,223.63	(\$1,526.37)	(10.35%)	
PUBLIC WORKS	\$3,050.00	\$610.30	\$397.74	\$1,461.67	\$2,469.71	(\$580.29)	(19.03%)	
BUILDING	\$1,500.00	\$352.14	\$234.76	\$862.75	\$1,449.65	(\$50.35)	(3.36%)	
<b>Total General Fund</b>	<b>\$20,925.00</b>	<b>\$4,326.98</b>	<b>\$2,915.68</b>	<b>\$11,449.20</b>	<b>\$18,691.86</b>	<b>(\$2,233.14)</b>	<b>(10.67%)</b>	
<b>Water/Sewer Fund</b>	<b>\$4,000.00</b>	<b>\$763.55</b>	<b>\$507.20</b>	<b>\$1,974.70</b>	<b>\$3,245.45</b>	<b>(\$754.55)</b>	<b>(18.86%)</b>	
<b>Grand Total</b>	<b>\$24,925.00</b>	<b>\$5,090.53</b>	<b>\$3,422.88</b>	<b>\$13,423.90</b>	<b>\$21,937.31</b>	<b>(\$2,987.69)</b>	<b>(11.99%)</b>	

# Village of Round Lake

## October 1, 2014 Dental Insurance Summary

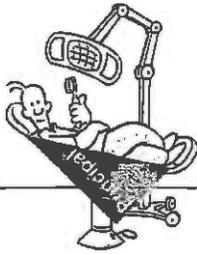
### Principal

PPO	Current	Renewal
	Plan Name	Plan Name
Employee 23	\$27.38	\$28.75
Employee + Spouse 8	\$57.79	\$60.67
Employee + Child 3	\$63.81	\$67.00
Family 10	\$97.86	\$102.75
44	\$2,262.09	\$2,375.11
Monthly Total	\$2,262	\$2,375
Annual Totals	\$27,145	\$28,501
Percentage Based off of Current		5.00%
Total Annual \$ Increase from Current		\$1,356
Annual Cost Savings from Renewal		

PPO	In-Network	Out-of-Network
Individual Annual Deductible	\$50	\$50
Family Annual Deductible	\$150	\$150
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Endodontics	Basic	Basic
Periodontics	Basic	Basic
Annual Maximum	\$1,500	\$1,500
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Reasonable & Customary	90th Percentile	
Rate Guarantee	1 Year	

Note: This is a summary only and not a legal document. Please refer to certificate for benefit, limitation and exclusion information.

P. 27



Policyholder: VILLAGE OF ROUND LAKE

# Dental PPO Benefit Summary

Effective Date: 10/01/2013

**Predetermination of Benefits:** Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company before treatment begins. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
Job Class	All Mbrs

Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
Network Service Area	Includes the Illinois counties of Champaign, Coles, Cook, DeKalb, DeWitt, DuPage, Effingham, Fayette, Ford, Franklin, Fulton, Greene, Jackson, Jefferson, Jersey, Kane, Kankakee, Kendall, Lake, Lee, Logan, Madison, Macoupin, McDonough, McHenry, McLean, Monroe, Montgomery, Morgan, Peoria, Perry, Sangamon, St. Clair, Tazewell, Union, Vermillion, Wayne, Whiteside, Will, Winnebago, Woodford.			
	Calendar Year Deductible		Coinsurance (Killer Pay)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,500 per person. Non-network Calendar year maximums are \$1,500 per person.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. You can accumulate no more than four times the carry over amount.			
Emergency Services	If a member requires treatment or service for an emergency dental condition and cannot reach a preferred dental provider without unreasonable delay, benefits for such treatment or service received from a non-preferred dental provider will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that identifies the situation as an emergency.			

**DENTAL**

<b>Participating Provider Services</b>	If a member requires treatment or service and cannot reasonably reach a preferred dental provider and the member receives such treatment or service from a non-preferred dental provider, benefits for such treatment or service received will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that informs Principal Life there was no participating provider reasonably available.			
<b>Additional Benefits</b>				
	<b>Business (POLSA)</b>		<b>General (POLSA)</b>	
	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>
<b>Unit 4 - Orthodontia</b> • Child Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	<b>\$0</b>	<b>\$0</b>	<b>50%</b>	<b>50%</b>

P. 29

### How Are Dental Procedures Covered?

The list of common procedures shows what unit the procedure is included in and how often they are covered.

<b>Unit 1 -- Preventive Procedures</b>	<ul style="list-style-type: none"> <li>• Routine exams - two per calendar year</li> <li>• Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 14)</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<b>Unit 2 -- Basic Procedures</b>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• Space maintainers - covered only for dependent children under age 14; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 14</li> <li>• Fillings and stainless steel crowns</li> <li>• Simple Oral Surgery</li> <li>• Complex Oral Surgical Procedures</li> <li>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> </ul>
<b>Unit 3 -- Major Procedures</b>	<ul style="list-style-type: none"> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> <li>• Crowns – each 120 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth</li> <li>• Bridges - Initial placement / Replacement of bridges 120 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>
<b>Unit 4 - Orthodontic Procedures</b>	<ul style="list-style-type: none"> <li>• X-rays and other diagnostic procedures, fixed and removable appliances</li> </ul>

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

## Understanding Your Dental Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse and children. Additional eligibility requirements may apply.

Eligible retirees must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse and children. Additional eligibility requirements may apply.

An annual enrollment applies. Members can enroll for dental coverage during the annual enrollment period and not be subject to the late entrant waiting period. Certain restrictions apply.

### How Do I Find A Participating Provider?

Use the Provider Directory on [www.principal.com](http://www.principal.com) to locate nearby dentists or see if your dentist participates in your network.

1	Visit <a href="http://www.principal.com">www.principal.com</a> .
2	Under the Quick Links heading on the left-hand side, click Provider Directory.
3	In the left-hand navigation under Providers/Networks, click Search For A Dental Provider.
4	Begin your search by picking the state where you would like to find a provider. Next, specify a network. Depending on the network chosen, you may be transferred to a partner site.
5	Enter the name of the provider you are looking for (if known). If you are looking for a nearby dentist, enter the city and state and/or ZIP code. Be sure to indicate how far you are willing to travel.
6	Select the desired specialty or use the No Specialty Preference default. Click Continue.

You may nominate your dentist for inclusion in our network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through [www.principal.com](http://www.principal.com).

### How Are Complaints Handled?

A "complaint" is a written communication primarily expressing a grievance and is filed by a consumer, a healthcare provider, or your representative either directly with Principal Life Insurance Company or via the Illinois

p. 31

Insurance Department. Complaints may be handwritten or typed and may be transmitted electronically, by facsimile, or by U.S. Mail.

Regulator complaints are first recorded by the corporate complaint register and forwarded to Group Life and Health Compliance for assignment to a complaint handler. Non-regulator complaints are handled by the Group Life & Health compliance department, the local claim service center, or the administration or underwriting department assigned to the consumer's account.

Once a complaint is received, an acknowledgement letter is immediately sent identifying the name, address, and phone number of the person handling the complaint. An investigation is then made of the complaint. Within twenty-one (21) calendar days of the date of the Illinois Insurance Department's letter (or earlier, if specified by the Insurance Department), a substantive response is provided pursuant to instruction in the Illinois Insurance Department's cover letter. Within fifteen (15) working days from the receipt of a non-regulator complaint, a substantive response is provided to the complainant.

The response includes a description of how and when the consumer was covered with Principal Life, the policy provisions that govern the issues in question, what has transpired on the account, and an explanation of the decision either to uphold the original handling of the account or to take corrective action, why, and within what timing.

Principal Life maintains a complaint register that allows individual reconstruction of complaints as well as summary data.

### What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Orthodontia</b>	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> <li>1) The lifetime maximum under any prior group coverage has not been exceeded,</li> <li>2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and</li> <li>3) Ortho treatment has been continued while insured under this policy.</li> </ol> <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
<b>Scheduled/MAC Design</b>	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



WE'LL GIVE YOU AN EDGE ®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

GP 55773-11 | 05/2013 | © 2013 Principal Financial Services, Inc.



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

**TITLE: VISION INSURANCE**

**Agenda Item No. COTW**

*Executive Summary*

The Village entered into a four (4) year agreement with EyeMed Vision Care effective October 1, 2010. The quote from EyeMed is for another 4 year rate guarantee at an increase of 3% The plan year is from October 1, 2014 through September 30, 2018.

A resolution will be prepared for the next Village Board meeting dependent on the discussions held at COTW.

*Recommended Action*

To review and discuss for future Village Board action.

<b>Committee:</b> HR & Finance Committee	<b>Meeting Date:</b> August 18, 2014																											
<b>Lead Department:</b> Administration																												
<b>Presenter:</b> Steve Shields																												
<b>Item Budgeted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Account(s)</th> <th style="text-align: right;">Budget</th> <th style="text-align: right;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>++-+-67108 Vision Insurance</td> <td></td> <td></td> </tr> <tr> <td>Item Requested</td> <td style="text-align: right;">\$3,480.00</td> <td></td> </tr> <tr> <td>Y-T-D Actual thru 7/31/14</td> <td></td> <td style="text-align: right;">\$696.96</td> </tr> <tr> <td>Estimated August &amp; September 2014</td> <td></td> <td style="text-align: right;">\$464.64</td> </tr> <tr> <td>Estimated 10/01/14 to 4/30/15</td> <td></td> <td style="text-align: right;">\$1,784.79</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;"><b>\$3,480.00</b></td> <td style="text-align: right;"><b>\$2,946.39</b></td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td></td> <td style="text-align: right;">\$533.61</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	++-+-67108 Vision Insurance			Item Requested	\$3,480.00		Y-T-D Actual thru 7/31/14		\$696.96	Estimated August & September 2014		\$464.64	Estimated 10/01/14 to 4/30/15		\$1,784.79	Total:	<b>\$3,480.00</b>	<b>\$2,946.39</b>	Request is over/under budget:			Under		\$533.61
Account(s)	Budget	Expenditure																										
++-+-67108 Vision Insurance																												
Item Requested	\$3,480.00																											
Y-T-D Actual thru 7/31/14		\$696.96																										
Estimated August & September 2014		\$464.64																										
Estimated 10/01/14 to 4/30/15		\$1,784.79																										
Total:	<b>\$3,480.00</b>	<b>\$2,946.39</b>																										
Request is over/under budget:																												
Under		\$533.61																										

**VILLAGE OF ROUND LAKE - VISION INSURANCE RENEWAL  
MONTHLY PREMIUMS EFFECTIVE 10/1/2014: VISION INSURANCE**

**EyeMed**

Description	Family	Employees	Empl./Child	Employees	Empl./Spouse	Employees	Single	Employees	None	Vacant
Renewal Premium	\$13.76	8	\$9.35	2	\$8.90	5	\$4.70	24	6	3
Previous Premium	\$13.36		\$9.08		\$8.64		\$4.56			
Dollar Change	\$0.40		\$0.27		\$0.26		\$0.14			
Percent Change	2.99%		2.97%		3.01%		3.07%			
Budget Percent Used	7.50%							Total census count	48	

Change in Coverage: Rate guarantee until 2018.

**Premium Splits**

Employee Share	50.00%	Total premium - single coverage x 50%
Village Share	50.00%	Total premium - single coverage x 50% + single coverage

Village Premium	Renewals Information			Previous Information			Annual Change In Premium	Annual % Change Premium
	Monthly	Annual	% Share of Total Prem.	Monthly	Annual	% Share of Total Prem.		
FAMILY	\$9.23	\$110.76	67.08%	\$8.96	\$107.52	67.07%	\$3.24	3.01%
EMPL./CHILD	\$7.03	\$84.30	75.13%	\$6.82	\$81.84	75.11%	\$2.46	3.01%
EMPL./SPOUSE	\$6.80	\$81.60	76.40%	\$6.60	\$79.20	76.39%	\$2.40	3.03%
SINGLE	\$4.70	\$56.40	100.00%	\$4.56	\$54.72	100.00%	\$1.68	3.07%
<b>Employee Premium</b>								
FAMILY	\$4.53	\$54.36	32.92%	\$4.40	\$52.80	32.93%	\$1.56	2.95%
EMPL./CHILD	\$2.33	\$27.90	24.87%	\$2.26	\$27.12	24.89%	\$0.78	2.88%
EMPL./SPOUSE	\$2.10	\$25.20	23.60%	\$2.04	\$24.48	23.61%	\$0.72	2.94%
SINGLE	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	0.00%	\$0.00	0.00%

Type	Annual Village Cost				Annual Employee Cost			
	New	Previous	Change	Percent	New	Previous	Change	Percent
FAMILY	\$886.08	\$860.16	\$25.92	3.01%	\$434.88	\$422.40	\$12.48	2.95%
EMPL./CHILD	\$168.60	\$163.68	\$4.92	3.01%	\$55.80	\$54.24	\$1.56	2.88%
EMPL./SPOUSE	\$408.00	\$396.00	\$12.00	3.03%	\$126.00	\$122.40	\$3.60	2.94%
SINGLE	\$1,353.60	\$1,313.28	\$40.32	3.07%	\$0.00	\$0.00	\$0.00	0.00%
<b>Total</b>	<b>\$2,816.28</b>	<b>\$2,733.12</b>	<b>\$83.16</b>	<b>3.04%</b>	<b>\$616.68</b>	<b>\$599.04</b>	<b>\$17.64</b>	<b>2.94%</b>
<b>Total Costs</b>	<b>\$3,432.96</b>	<b>\$3,332.16</b>	<b>\$100.80</b>	<b>3.03%</b>				

Department	Budget	(3 months)	Estimated	October	Estimated	Over	Percentage	Notes
		Actual	August & September	Through April	Totals	(Under) Budget		
ADMINISTRATION	\$230.00	\$50.25	\$33.50	\$117.46	\$201.21	(\$28.79)	(12.52%)	
POLICE	\$2,000.00	\$399.84	\$266.56	\$1,070.86	\$1,737.26	(\$262.74)	(13.14%)	
PUBLIC WORKS	\$450.00	\$87.48	\$58.32	\$210.21	\$356.01	(\$93.99)	(20.89%)	
BUILDING	\$250.00	\$54.24	\$36.16	\$130.34	\$220.74	(\$29.26)	(11.70%)	
<b>Total General Fund</b>	<b>\$2,930.00</b>	<b>\$591.81</b>	<b>\$394.54</b>	<b>\$1,528.87</b>	<b>\$2,515.22</b>	<b>(\$414.78)</b>	<b>(14.16%)</b>	
<b>Water/Sewer Fund</b>	<b>\$550.00</b>	<b>\$105.15</b>	<b>\$70.10</b>	<b>\$255.92</b>	<b>\$431.17</b>	<b>(\$118.83)</b>	<b>(21.61%)</b>	
<b>Grand Total</b>	<b>\$3,480.00</b>	<b>\$696.96</b>	<b>\$464.64</b>	<b>\$1,784.79</b>	<b>\$2,946.39</b>	<b>(\$533.61)</b>	<b>(15.33%)</b>	

# Village of Round Lake

## October 1, 2014 Vision Insurance Summary

### Eye Med

Vision		Current	Renewal
		Plan Name	Plan Name
Employee	27	\$4.56	\$4.70
Employee + Spouse	8	\$8.64	\$8.90
Employee + Child	2	\$9.08	\$9.35
Family	8	<u>\$13.36</u>	<u>\$13.76</u>
	42	\$291.36	\$300.18
<b>Monthly Totals</b>		<b>\$291</b>	<b>\$300</b>
<b>Annual Totals</b>		<b>\$3,496</b>	<b>\$3,602</b>
Percentage Based off of Current			3.0%
Total Annual \$ Increase from Current			\$106
Annual Cost Savings from Renewal			

Vision	In-Network		Out-of-Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Service Frequency</b>				
Eye Exam	12 Month		12 Month	
Lenses	12 Month		12 Month	
Contacts	12 Month		12 Month	
Frames	24 Month		24 Month	
<b>Copayments</b>				
Eye Exam	\$10	Up To \$35	\$10	Up To \$35
Single Vision Lenses	\$25	Up To \$25	\$25	Up To \$25
Bifocal Lenses	\$25	Up To \$40	\$25	Up To \$40
Trifocal Lenses	\$25	Up To \$60	\$25	Up To \$60
Frames	\$120 Allowance	Up To \$48	\$120 Allowance	Up To \$48
Contacts				
Medical Necessary	Paid In Full	Up To \$200	Paid In Full	Up To \$200
Elective	\$135 Allowance	Up To \$95	\$135 Allowance	Up To \$95
<b>Additional Benefits</b>				
Laser vision Correction	Discount	N/A	Discount	N/A
Rate Guarantee		n/a		4 Year

Note: This is a summary only and not a legal document. Please refer to certificate for benefit, limitation and exclusion information.

0.314

# EyeMed

VISION CARE.

## VILLAGE OF ROUND LAKE

Village of Round Lake has selected EyeMed as your vision wellness program effective 10/01/2010. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed SELECT network.

To see a list of participating providers near you, go to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose SELECT from the provider locator dropdown box. You can also call 1-866-268-4063.

Enroll today to take advantage of an affordable way to help ensure a lifetime of healthy vision.

### Vision Care Services

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilatation as Necessary	\$10 Copay	Up to \$35
Exam Options:		
Standard Contact Lens Fit and Follow-up	Up to \$40	N/A
Premium Contact Lens Fit and Follow-up	10% off retail price	N/A
Frames	\$120 Allowance; 20% off balance over \$120	Up to \$48
Standard Plastic Lenses:		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Standard Progressive	\$25, 80% of charge less \$55 Allowance	Up to \$40
Premium Progressive	\$25, 80% of charge less \$55 Allowance	Up to \$40
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	20% off retail	N/A
UV Treatment	20% off retail	N/A
Standard Plastic Scratch Coating	20% off retail	N/A
Standard Polycarbonate	20% off retail	N/A
Standard Anti-Reflective Coating	20% off retail	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses (allowance covers materials only):		
Conventional	\$135 Allowance; 85% of balance over \$135	Up to \$95
Disposables	\$135 Allowance; plus balance over \$135	Up to \$95
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A

### Additional Pairs Benefit

Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.

### Frequency:

Exam	Once every 12 months
Frames	Once every 24 months
Standard Plastic Lenses or Contact Lenses	Once every 12 months

### Additional Purchases and Out-of-Pocket Discount

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund Premium Progressive as a Standard. Underwriter Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy Number VC-73/VC-74, form number M-9059. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



LENSCRAFTERS

PEARLE VISION

Sears  
Optical

OPTICAL



### Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lens Purchases** - Visit [www.eyemedcontacts.com](http://www.eyemedcontacts.com) to order replacement contact lenses for shipment to your home at less than retail price.

37



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

**TITLE:** EMPLOYEE RECOGNITION PROGRAM

**Agenda Item No.** COTW

*Executive Summary:*

The employee recognition program was approved by the Village Board on June 16, 2014, a program that will recognize and reward employees for their years of service to the Village.

Staff implemented the program from the Board approval date of June 16, 2014 going forward. However, there has been some discussion that previous anniversary dates per employee should be recognized. Essentially, any employee that has been employed by the Village in a full-time capacity five years or greater would be recognized.

Attached is a list of employees with the service years as of June 15, 2014, the year that would be recognized and the dollar amount if implemented.

Also attached is the previous employee recognition program AIS and attachments along with the minutes of previous meetings, included as Exhibit #1.

*Recommended Action:*

For Discussion Purposes.

<b>Committee:</b> -		<b>Meeting Date:</b> 08/18/14	
<b>Lead Department:</b> Administrative		<b>Presenter:</b> Steve Shields	
<b>Item Budgeted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <b>If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.</b>	<b>Account No(s):</b>	<b>Budget:</b>	<b>Actual Request:</b>
	01-20-77-77706	\$5,220.00	
	(Misc. Expense)		
	Item Requested	\$2,500.00	\$1,575.00
	Y-T-D Actual		\$1,971.57
	Amount Encumbered		\$0.00
	<b>Total</b>	<b>\$7,720.00</b>	<b>\$3,546.57</b>
	<b>Request is over/under budget:</b>		
Under		\$4,173.43	
Over	-		

Employee Service Years  
 Full-Time Only  
 Sorted By Service Years

Updated 08/14/14

#	Last	First	Dept.	Hire Date	Service Years			Years
					As of 06/15/14	2015	Prior	
309	LOSSON	JANICE L	POL	7/17/1984	29.93	Yes	\$300.00	25
208	MOLIDOR	JOEL E	PW	7/16/1990	23.93		\$100.00	20
329	MOLIDOR	PETER J	POL	2/1/1992	22.38		\$100.00	20
349	LOHMAN	TED A	POL	1/18/1999	15.42		\$75.00	15
216	GUSTAFSON	PEGGY L	PW	1/1/2000	14.46	Yes	\$50.00	10
333	AKEY	TROY D	POL	6/30/2000	13.97		\$50.00	10
356	LOHMAN	ALICE	POL	11/13/2000	13.59		\$50.00	10
334	MARQUARD	PETER J	POL	4/27/2001	13.14		\$50.00	10
132	VAN KIRK	JUDITH E	ADM	6/11/2001	13.02		\$50.00	10
219	ROSS	DOMINICK S	PW	8/13/2001	12.85		\$50.00	10
413	SWENSEN	MARSHA JO M	BLD	10/30/2002	11.63		\$50.00	10
222	KILARSKI	MARK S	PW	10/31/2002	11.63		\$50.00	10
363	LISS	VALERIE A	POL	4/5/2004	10.20		\$50.00	10
412	KOECHIG	MARTHA I	ADM	5/1/2004	10.13		\$50.00	10
366	URBANIK	JOSEPH G	POL	6/28/2004	9.97	Yes	\$25.00	5
417	JOHNSON	ROBERT W	BLD	7/26/2004	9.89	Yes	\$25.00	5
229	POULSEN	GREG A	PW	8/2/2004	9.87	Yes	\$25.00	5
335	STEVENS	MICHAEL J	POL	9/20/2004	9.74	Yes	\$25.00	5
340	LANDSVERK	ERIK J	POL	12/27/2004	9.47	Yes	\$25.00	5
136	NELSON	JANET S	ADM	4/27/2005	9.14	Yes	\$25.00	5
369	BUBEL	MARK A	POL	7/5/2005	8.95		\$25.00	5
376	CHENEY	DAVID M	POL	10/16/2006	7.67		\$25.00	5
377	KAPUSINSKI	KRAIG M	POL	10/16/2006	7.67		\$25.00	5
108	SHIELDS	STEVEN J	ADM	12/4/2006	7.53		\$25.00	5
405	DONOVAN	WILLIAM R	BLD	12/5/2006	7.53		\$25.00	5
379	SCHMIDT	MICHAEL E	POL	6/18/2007	7.00		\$25.00	5
239	HARRISON	CRAIG A	PW	8/14/2007	6.84		\$25.00	5
374	BELL	ROBERT A	POL	10/1/2007	6.71		\$25.00	5
382	CHENEY	NICOLE M	POL	12/17/2007	6.50		\$25.00	5
383	PRUS	DAVID C	POL	3/21/2008	6.24		\$25.00	5
110	HENLEY	SUZANNE	ADM	3/31/2008	6.21		\$25.00	5
385	GULLIFOR	BRANDON E	POL	6/16/2008	6.00		\$25.00	5
243	AMANN	KEVIN F	PW	7/29/2008	5.88		\$25.00	5
386	FURLAN	KEVIN	POL	4/20/2009	5.16		\$25.00	5
390	GILLETTE	MICHAEL	POL	4/19/2010	4.16	Yes	\$0.00	-
391	SCHULTZ	KURTIS	POL	12/29/2011	2.46		\$0.00	-
392	LARSON	NINA	POL	12/29/2011	2.46		\$0.00	-
252	KROOP	RONALD	PW	2/28/2012	2.30		\$0.00	-
240	SIMONSEN	BRIAN	PW	8/27/2012	1.80		\$0.00	-
254	MILLER	KEITH	PW	9/17/2012	1.74		\$0.00	-
394	TINSLEY	RICKEY L	POL	9/25/2012	1.72		\$0.00	-

**Employee Service Years**  
**Full-Time Only**  
**Sorted By Service Years**

Updated 08/14/14

#	Last	First	Dept.	Hire Date	Service Years			Years
					As of 06/15/14	2015	Prior	
397	HERNANDEZ	MICHELLE	POL	11/7/2013	0.60		\$0.00	-
387	MURPHY	CHRIS	POL	3/26/2014	0.22		\$0.00	-
230	BOVER	LAURA	PW	5/19/2014	0.07		\$0.00	-
388	ROBINSON	ROBERT	POL	4/2/2014	0.20		\$0.00	-

<b>Average Service Years</b>	<b>8.62</b>
<b>Cost for Past Service</b>	<b>\$1,575.00</b>
<b>Number of Employees Recognized</b>	<b>34</b>
<b>Total Employees</b>	<b>45</b>
<b>Percent Recognized</b>	<b>75.56%</b>



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

**TITLE:** EMPLOYEE RECOGNITION PROGRAM

Agenda Item No. 5.10

*Executive Summary:*

The employee recognition program will recognize and reward employees for their years of service to the Village. A vendor was contacted that had an awards program with four levels of recognition that the Village can use and employees may enjoy. The program will start at 5 years of service with a \$25 gift card that can be redeemed on-line with a gift that an employee may enjoy. The program would progress at five year intervals, \$50 for ten years, \$75 for fifteen years, \$100 for twenty years. If an employee does not want a gift from the catalog, they can opt for a gift card of the same value. A framed certificate with the years of service highlighted will also be prepared. At twenty five years the Village will give them a \$300 gift card and at thirty years a \$400 gift card.

The program cost is nominal each year and with the recognition will let employees know how much the Village appreciates their dedication and years of service to the community. Attached is an outline of costs for the 2014/15 budget and the five-year financial forecast period for every employee currently employed.

*Recommended Action:*

**Adopt a Resolution Adopting an Employee Recognition Program**

<b>Committee:</b> -	<b>Meeting Date:</b> 06/02 & 06/16/14		
<b>Lead Department:</b> Administrative	<b>Presenter:</b> Steve Shields		
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<b>Account No(s):</b>	<b>Budget:</b>	<b>Actual Request:</b>
	01-20-77-77706	\$5,220.00	
	(Misc. Expense)		
	Item Requested	\$2,500.00	\$800.00
	Y-T-D Actual		\$950.40
	Amount Encumbered		\$0.00
	<b>Total</b>	<b>\$7,720.00</b>	<b>\$1,750.40</b>
	Request is over/under budget:		
	Under		\$5,969.60
	Over	-	

**Resolution 14-R-\_\_**

**A Resolution Adopting an Employee Recognition Program**

**WHEREAS**, the President and Board of Trustees of the Village of Round Lake find that it is in the best interests of the Village to implement an **Employee Recognition Program** to recognize and reward Village employees who have dedicated the longevity of their careers to serving the residents of the Village of Round Lake.

**NOW, THEREFORE, BE IT RESOLVED** by the Village President and Board of Trustees of the Village of Round Lake as follows:

**SECTION ONE:** The Village of Round Lake **Employee Recognition Program** is hereby approved and adopted with the following specifications:

- An employee who reaches the following length of employment with the Village will receive a certificate recognizing the employee's service as well as the following specified gift of recognition from the Village:
  - 5 years of service: \$25.00 gift card;
  - 10 years of service: \$50.00 gift card;
  - 15 years of service: \$75.00 gift card;
  - 20 years of service: \$100.00 gift card;
  - 25 years of service: \$300.00 gift card;
  - 30 years of service: \$400.00 gift card.

**SECTION TWO:** The Village Administrator and/or the Village Clerk are authorized to carry out the purposes and functions of the **Employee Recognition Program**.

**SECTION THREE:** The Village Board finds that Illinois law, as amended from time to time, shall be strictly adhered to when determining if and/or how the above gifts of recognition are used in calculating an employee's pension benefits.

**SECTION FOUR:** This Resolution shall be in full force and effect from and after its passage.

**APPROVED:**

---

Daniel A. MacGillis, Village President

**ATTEST:**

---

Patricia C. Blauvelt, Village Clerk

**PASSED:**

**APPROVED:**

**AYES:**

**NAYS:**

**ABSENT:**

Employee Service Years  
Annual Cost

Sorted by Hire Date

Full-Time Only

#	Last	First	Dept.	Hire Date	Fiscal Year End					
					04/30/15	04/30/16	04/30/17	04/30/18	04/30/19	04/30/20
309	LOSSON	JANICE L	POL	7/17/1984	\$400					
208	MOLIDOR	JOEL E	PW	7/16/1990		\$300				
329	MOLIDOR	PETER J	POL	2/1/1992			\$300			
349	LOHMAN	TED A	POL	1/18/1999					\$100	
216	GUSTAFSON	PEGGY L	PW	1/1/2000	\$75					\$100
333	KEY	TROY D	POL	6/30/2000		\$75				
356	LOHMAN	ALICE	POL	11/13/2000		\$75				
334	MARQUARDT	PETER J	POL	4/27/2001		\$75				
132	VAN KIRK	JUDITH E	ADM	6/11/2001			\$75			
219	ROSS	DOMINICK S	PW	8/13/2001			\$75			
413	SWENSEN	MARSHA JO M	BLD	10/30/2002				\$75		
222	KILARSKI	MARK S	PW	10/31/2002				\$75		
362	WANG	ERIC C	POL	3/22/2004					\$75	
363	LISS	VALERIE A	POL	4/5/2004					\$75	
412	KOECHIG	MARTHA I	ADM	5/1/2004					\$75	
366	URBANIK	JOSEPH G	POL	6/28/2004	\$50					\$75
417	JOHNSON	ROBERT W	BLD	7/26/2004	\$50					\$75
229	POULSEN	GREG A	PW	8/2/2004	\$50					\$75
335	STEVENS	MICHAEL J	POL	9/20/2004	\$50					\$75
340	LANDSVERK	ERIK J	POL	12/27/2004	\$50					\$75
136	NELSON	JANET S	ADM	4/27/2005	\$50					\$75
369	BUBEL	MARK A	POL	7/5/2005		\$50				
376	CHENEY	DAVID M	POL	10/16/2006			\$50			
377	KAPUSINSKI	KRAIG M	POL	10/16/2006			\$50			
108	SHIELDS	STEVEN J	ADM	12/4/2006			\$50			
405	DONOVAN	WILLIAM R	BLD	12/5/2006			\$50			
379	SCHMIDT	MICHAEL E	POL	6/18/2007				\$50		
239	HARRISON	CRAIG A	PW	8/14/2007				\$50		
374	BELL	ROBERT A	POL	10/1/2007				\$50		
382	CHENEY	NICOLE M	POL	12/17/2007				\$50		
383	PRUS	DAVID C	POL	3/21/2008				\$50		
110	HENLEY	SUZANNE	ADM	3/31/2008				\$50		
385	GULLIFOR	BRANDON E	POL	6/16/2008					\$50	
243	AMANN	KEVIN F	PW	7/29/2008					\$50	
386	FURLAN	KEVIN	POL	4/20/2009					\$50	
390	GILLETTE	MICHAEL J	POL	4/19/2010	\$25					\$50
391	SCHULTZ	KURTIS	POL	12/29/2011			\$25			
392	LARSON	NINA	POL	12/29/2011			\$25			
252	KROOP	RONALD	PW	2/28/2012			\$25			
240	SIMONSEN	BRIAN	PW	8/27/2012				\$25		
254	MILLER	KEITH	PW	9/17/2012				\$25		
394	TINSLEY	RICKEY L	POL	9/25/2012				\$25		
397	HERNANDEZ	MICHELLE	POL	11/7/2013					\$25	
387	MURPHY	CHRIS	POL	3/26/2014					\$25	
388	ROBINSON	ROBERT	POL	4/2/2014					\$25	
230	BOVER	LAURA	PW	5/19/2014						\$25
<b>Annual Cost</b>					<b>\$800</b>	<b>\$575</b>	<b>\$725</b>	<b>\$525</b>	<b>\$550</b>	<b>\$625</b>

- 5.9 Adopt a Resolution Authorizing the Enrollment of Police Sergeants Nicole Cheney and David Prus in the Northwestern University's Supervision of Police Personnel Management Training not to Exceed \$2,150

Approved – Omnibus Vote

- 5.10 Adopt a Resolution Approving an Employee Recognition Program

Approved – Omnibus Vote

6. CLERK'S OFFICE

- 6.1 Friday, July 4, 2014 the Village Office will be closed for the Holiday

7. ADMINISTRATOR

- 7.1 Adopt an Ordinance Authorizing an Intergovernmental Agreement for the Purpose of Creating the Round Lake Management Commission  
Motion by Trustee Triphahn, Seconded by Trustee Frye to Adopt an Ordinance Authorizing an Intergovernmental Agreement for the Purpose of Creating the Round Lake Management Commission. Under discussion, Trustee Newby asked if the Intergovernmental Agreement contained changes as suggested by our Village Attorney, whereas Finance Director Shields stated yes. Upon a unanimous voice vote, the Mayor declared the motion carried.

8. FINANCE

- 8.1 Approve a Payment to Grainger in the Amount of \$44.69  
Motion by Trustee Triphahn, Seconded by Trustee Simoncelli, to approve a payment of \$44.69 to Grainger. Upon a call of the roll, the following voted:

Ayes:	Trustees Frye, Newby, Triphahn Simoncelli, Wicinski
Nays:	None
Abstain:	Trustee Clements
Absent:	None

Mayor MacGillis Declared the Motion carried

9. POLICE

10. PUBLIC WORKS

11. COMMUNITY DEVELOPMENT

12. BUILDING AND ZONING

13. SPECIAL EVENTS

Trustee Wicinski reminded everyone of the parade on July 4<sup>th</sup> as well as the Special Events meetings are being held on the first and third Mondays at 6:00 PM at the Village Hall and all are welcome to join.

The Mayor and Board agreed to move to the next Consent Agenda

- Supervision of Police Personnel Training (two new Sergeants)  
Chief Gillette is requesting to enroll Sergeants Cheney and Prus in the Northwestern University's Center for Public Safety 10 day, 80 hour Supervision of Police Personnel Management Training. The training will be presented at the Centers Evanston Campus for two weeks beginning on September 15, 2014. The cost of the training with meal reimbursement and parking fees is \$2,150.00

The Mayor and Board agreed to move to the next Consent Agenda

- Administration
  - Approve the Revised Round Lake Management Commission Agreement  
Village Administrator Russ Kraly stated he had spoken to the Round Lake Management Commission regarding the suggestions Village Attorney Mike Zimmerman brought forth. VA Kraly stated the Commission mentioned they have made revisions to the current Intergovernmental Agreement based on those suggestions and they have reviewed the proposed changes with representatives of the Villages of Round Lake Park and Round Lake Beach. It was asked by the Trustees who our representative is on that board since Mr. Vehlow is no longer serving. VA Kraly stated that he would attend and can be appointed at the next meeting.

The Mayor and Board agreed to move to the next Consent Agenda

- 
- Employee Recognition Program  
VA Kraly stated that this program will recognize and reward our employees for their years of service to the Village. The Michael C. Fina Co. has a reward program that has four levels of recognition. The program starts at 5yrs with a \$25.00 gift that they can redeem on-line from a catalog supplied by the Company. It then progresses in 5 year increments, \$50.00 for 10 years, \$75.00 for 15 years and \$100 for 20 years. If the employee does not find something in the catalog that they like, a gift card can be substituted. At 25 years we will give them a \$300.00 gift card, at 30 years we will give them a \$400.00 gift card along with a framed certificate. The cost per year varies with this year being just below \$1200.00. It was suggested that a policy be placed in the employee manual as well.

The Mayor and Board agreed to move to the next Consent Agenda

- Insulation Bids for Village Hall  
VA Kraly stated that he had three vendors view the area to be insulated, two returned bids however one did not turn in a completed bid. They were not able to do the carpentry work need an only bid on the insulation portion of the request. He recommended the lowest bidder of Top Tech at a cost of \$12,250.00 be awarded the project. It was asked by the trustees if this is something that could be completed in-house whereas it was stated that it wasn't. The board also asked that going forward that the AIS be completed completely with account numbers and amounts for the record.

The Mayor and Board agreed to move to the next Consent Agenda

the Class B type licenses only on-premise licensees are eligible for a late hour license. This amendment will clarify this language

The Mayor and the Board agreed to move forward with this

o Solicitation Ordinance Revision

Village Attorney, Eric Yehl, stated that recently the Illinois legislature amended State Statute pertaining to solicitation in the public right-of-way. This ordinance reflects those changes as mandated by State Law.

The Mayor and the Board agreed to move forward with this



o Employee Recognition

Village Administrator Russ Kraly spoke in regards to the handouts that were supplied earlier. The Company is Michael C. Fina, and their company participates in a wide variety of awards type programs. For a Village of our size, the Spark program had been recommended. There are four categories, \$25, \$50, \$75 & \$100, each having a variety of different gifts within their amounts that the employee could choose from. VA Kraly recommended for the 5 year award - \$25, 10 year -\$50, 15 year award \$75, and then for the 20 year award \$100. For employees with 25 years a cash bonus of \$250 and 30 years a cash bonus of \$300 was suggested. Each award would also receive a certificate of recognition. It was suggested that the employee would receive the award and recognition individually in front of their peers when presented. It was suggested that a Visa Gift card also be an option if the employee does not find a gift out of the catalog to their liking. It was asked to eliminate the \$25 category and instead make the 5 year award a \$50 item. VA Kraly will put together the new options and bring it back to the COTW for the next meeting for review. Finance Director Steve Shields mentioned that he has placed the program into next year's budget figures as well.

Audience member Laura Matya of Magnolia Lane in Round Lake interjected with her thoughts regarding the recognition program as well

5. SUGGESTED NEW TOPICS

None

6. EXECUTIVE SESSION

None

7. ADJOURN

Motion by Trustee Newby, Seconded by Trustee Triphahn to adjourn the Committee of the Whole meeting at 8:10 P.M. Upon a unanimous voice vote, the Mayor declared the motion carried.

APPROVED:

\_\_\_\_\_  
Patricia C. Blauvelt  
Village Clerk

\_\_\_\_\_  
Daniel MacGillis  
Village President

- Administration
  - Disposal of Surplus Village Property  
Village Clerk Blauvelt, with the assistance of Ted Lohman from the Police Department, compiled a list of unusable electronic equipment that has been kept in the Village Hall and Police Department for quite some time. Most of the items are old hard drives and broken equipment that would be taken to the SWALCO Electronic Recycling Program scheduled for March.

The Mayor and the Board agreed to move forward with this



- Employee Recognition Program  
Village Administrator Russ Kraly stated he is still compiling information and due to the fact he is going out of town for a short time he should have more information by the April meeting.
- Insulation Quotes for Village Hall  
Village Administrator Russ Kraly took several Trustees on a tour of the Village Hall regarding the lack of insulation in a great deal of areas within the eaves and rafters of the Village Hall. With the extreme cold temperatures we have encountered recently he stated we are very lucky that we did not have any issues with the sprinkler valves freezing under such harsh conditions. He currently has received 1 bid and is looking on obtaining two others. He stated that this is for informational purposes right now and he will bring this back to the board once complete

5. SUGGESTED NEW TOPICS  
NONE

6. EXECUTIVE SESSION  
NONE

7. ADJOURN

Motion by Trustee Newby, Seconded by Trustee Wicinski to adjourn the Committee of the Whole meeting at 8:20 P.M. Upon a unanimous voice vote, the Mayor declared the motion carried.

APPROVED:

---

Patricia C. Blauvelt  
Village Clerk

---

Daniel MacGillis  
Village President

- Police
  - Amendments to Title 9 of the Village Code Relating to Weapons  
Chief Gillette stated that the amendment will bring us up to date with current and state laws, making our code much simpler.

The Mayor and the Board agreed to move forward with this

- 
- Administration
    - Employee Recognition Program  
Village Administrator Russ Kraly mentioned that during a staff meeting it was suggested that for employees celebrating 10yrs they receive a certificate and gift card and then 15, 20, 25 etc. years, they receive a plaque and gift card. Discussion was had as far as an amount per year to have the gift card be, suggestions ranged from \$10 - \$25. A gift catalog was also mentioned again with the type of gifts to choose from based on the number of years employed. VA Kraly stated he will look into further and will bring back to the COTW when further details are available

5. SUGGESTED NEW TOPICS

6. EXECUTIVE SESSION

None

7. ADJOURN

Motion by Trustee Newby, Seconded by Trustee Clements to adjourn the Committee of the Whole meeting at 8:29 P.M. Upon a unanimous voice vote, the Mayor declared the motion carried.

APPROVED: February 18, 2014

---

Patricia C. Blauvelt  
Village Clerk

---

Daniel MacGillis  
Village President

- Building and Zoning
- Police
- Administration

~~X~~

- Employee Recognition Program

Village Administrator Russ Kraly stated he had attended a meeting that involved administrators from 25 other municipalities, and he raised the question on what they do for employee recognition. The county has a luncheon for those being at 10-15-20 etc. anniversary. The Village of Deerfield for those at 25 years receives a watch and plaque and then Bannockburn for those employees at 10 years, receives a certificate and a \$100.00 donation to that employee's favorite charity. Trustee Newby stated that he feels that it's still worthwhile to look into further.

VA Kraly then spoke in regards to the Medical Cannabis the State of Illinois has passed. Lake County has put together a task force to study and make recommendations as to restrictions, signage zoning etc. There will be a limited amount of distribution facilities, the State will approve and license all of them however, where they will be is unknown. VA Kraly asked that everyone read the information he handed out and to let him know if there are any questions

The Village had been chosen as one of the early voting sites and they will use the annex building. Early voting will start the second week of February up to 10 days or two weeks before the election which is March 18<sup>th</sup>

#### 5. SUGGESTED NEW TOPICS

#### 6. EXECUTIVE SESSION

A motion was made by Trustee Triphahn, seconded by Trustee Newby to adjourn into executive session for discussion on the compensation rate for the Villages legal department. Upon a unanimous voice vote, the Mayor declared the motion carried.

The Committee of the Whole Meeting Recessed to Executive Session at 7:29 P.M.  
The Board rejoined the Committee of the Whole meeting at 8:45 P.M.

#### ROLL CALL

Present: Trustees Clements, Frye, Newby, Simoncelli, Triphahn, Wicinski  
Absent: None

7. ADJOURN: Motion by Trustee Triphahn, Seconded by Trustee Frye to adjourn the Committee of the Whole meeting at 8:45P.M. Upon a unanimous voice vote, the Mayor declared the motion carried.

APPROVED:

---

Patricia C. Blauvelt  
Village Clerk

---

Daniel MacGillis  
Village President

1600 tons of salt we have contracted with the state, however unlike previous years; additional salt is available for purchase. He also mentioned that most of the events have occurred on weekends and Holidays so overtime is occurring however he is also utilizing the "snowbird" plow staff to assist. Some major equipment repairs affected 5 of the fleet of plows with a major fire taking place in one of the trucks and PWD Kroop asked to accelerate the replacement of that truck with a purchase of another F550

It was asked of PWD Kroop if any Trustee or any member of the Administrative staff ever directed him or his staff to be conservative on overtime or on when to plow and how much salt to use – which he replied no. Village Administrator Russ Kraly stated he has told both PWD Kroop and Police Chief Gillette it doesn't matter what time of day it is or what date it is - that Public Safety is #1. It was also mentioned that we are currently not out of salt and unlike other years, additional salt is available for purchase if needed.

The fleet of vehicles was brought up that having 6 – 1Ton vehicles in the fleet to plow is wrong and this administration has instilled a vehicle purchase program which over time will help correct the plowing issues in order to serve the community.

- Special Events
- Building and Zoning
  - Plumbing Code Revision  
Village Administrator Russ Kraly stated that our plumbing inspector requested a revision to our plumbing code that reflects the size of pipe and type of material to be used when a new home is build or any remodeling is done to an existing home. This does not mandate to use this, but states this material is also available to use.
- Police
- Administration
  - Employee Recognition  
Continued discussions at staff level will be had and this will be brought back to COTW



5. SUGGESTED NEW TOPICS

6. EXECUTIVE SESSION  
None

7. ADJOURN

Trustee Newby moved, seconded by Trustee Triphahn to adjourn. Upon a unanimous voice vote, the Mayor declared the motion carried and the meeting adjourned at 8:00 P.M.

APPROVED: January 20, 2014

\_\_\_\_\_  
Patricia C. Blauvelt  
Village Clerk

\_\_\_\_\_  
Daniel MacGillis  
Village President



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

**TITLE: REPAIRS FOR TRUCK 49**

Item COTW

***Executive Summary:***

1. Truck 49 is a 1996 International Five (5) Yard Dump Truck that was purchased new. This Truck is used predominantly in the Winter for snow plowing, salting and hauling of snow. However it is also used in the non-Winter periods when we need to haul large quantities of aggregate/soil to/from job sites. "On balance" this International has been a good and reliable truck.
2. This truck was inspected by A-Tire in early August as part of our initiative to have all our "older" trucks evaluated such that we will keep our vehicles/equipment in safe working order and "catch small problems" before they become major issues. Our input to A-Tire indicated "looseness" in the steering. A-Tire's evaluation (see attached Repair Order) recommended replacement of the Gear Box to correct the looseness of the steering. Other needed work includes replacing the exhaust pipe (corrosion), driveshaft U-Joints (wear/looseness), and air filter. Total cost for all work is \$2,096.14.
3. As we are currently having A-Tire inspect, evaluate all our Older Vehicles we will be able to better determine maintenance/repair priorities, funding needs and which vehicles should be considered for replacement and when.

***Recommended Action:***

Concur with the identified repair items now such that A-Tire can order the parts and perform the work.

<b>Committee: PW/FAC/ENGR</b>		<b>Meeting Date: August 18, 2014</b>	
<b>Lead Department: Pub Works</b>		<b>Presenter: Ron Kroop</b>	
<b>Item Budgeted: <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> NA</b>			
<b>If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.</b>	<b>Account No(s):</b>	<b>Budget:</b>	<b>Expenditures</b>
	01-60-84-88404	\$25,000.00	\$2,996.61
	This Request		\$1,048.07
	50-60-84-88404	\$23,466.00	\$2,374.67
	Amt Encumbered		\$5,000.00
	This Request		\$1,048.07
	<b>Total:</b>	<b>\$48,466.00</b>	<b>\$12,467.42</b>
	<b>Request is over/under budget:</b>		
	Under		\$35,998.58
	Over	-	



**A-TIRE COUNTY SERVICE**  
 363 N. Cedar Lake Road  
 Round Lake, IL. 60073  
 Phone - 847-546-7491 Fax - 847-546-7663  
 "Friendly, Dependable Service Since 1959"

*RRK  
 6 AUG  
 14*

REPAIR ORDER #  
 065874

Federal Tax ID 362895528

**REPAIR ORDER - RO**

*1996*

Print Date : 08/06/2014

**VLG ROUND LAKE PUBLIC WORKS**  
 442 N CEDAR LAKE RD  
 ROUND LAKE, IL 60073  
 Office 847-546-0962 --- Spouse 847-980-7795 RON  
 Cust ID : 1233 Ref # Hat #  
 Last Service : 01/02/2013 Current Odometer : 0

**INTERNATIONAL - 4900-DUMP -**  
 Lic # : M133784 - IL  
 Unit # :  
 Vin # : 1HTSDAA7TH267545  
 MFG Date :  
 Previous Odometer : 47,420 Elapsed Mileage : 0

Labor Requested / Part Description	Parts		Total		Extended
	Qty	Sale	Parts	Labor	
CHECK OVER				69.95	69.95
EHAUST PIPE	1.00	217.58			217.58
EXHAUST CLAMP	1.00	41.88			41.88
U JOINT KIT	1.00	167.04			167.04
<b>STEERING GEAR BOX</b>	1.00	1,069.05			<b>1,069.05</b>
REPLACE STEERING GEAR BOX - INCLUDES SET TOE ADJUSTMENT				209.85	209.85
REPLACE EXHAUST PIPE & CLAMP				139.90	139.90
REPLACE U JOINT				104.93	104.93
AIR FILTER	1.00	75.96			75.96

MILEAGE : *47,000* MILES

MAINT + REPAIR : \$ *32,741.00*  
 EXPENSES

Parts: 1,571.51 Labor: 524.63 0.00 Total: \$ 2,096.14

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within \_\_\_ days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Authorized By \_\_\_\_\_  
 Page 1 of 1 Service Advisor Rob M

Date \_\_\_\_\_ Time \_\_\_\_\_