

AGENDA
VILLAGE OF ROUND LAKE
REGULAR MEETING
September 21, 2015
442 N. Cedar Lake Road
7:00 P.M.

CALL TO ORDER

1. ROLL CALL
2. PLEDGE OF ALLEGIANCE
3. APPROVAL OF MINUTES
 - 3.1 Approve the Minutes of the Regular Meeting of September 8, 2015
4. NOTES/COMMENDATIONS/PUBLIC COMMENT
 - 4.1 Public Comment
5. CONSENT AGENDA
 - 5.1 Approve Accounts Payable in the Amount of \$173,348.79
 - 5.2 Approve Payroll for the Period Ending September 6, 2015 in the Amount of \$131,459.17
 - 5.3 Adopt a Resolution Approving a Proposal to Renew a Group Employee Life/AD&D Insurance Plan with Principal Financial Group
 - 5.4 Adopt a Resolution Approving a Proposal to Renew a Group Employee Dental Insurance Plan with Principal Financial Group
 - 5.5 Adopt a Resolution Approving a Proposal to Renew a Group Employee Health Insurance Plan with Blue Cross Blue Shield
 - 5.6 Adopt a Resolution for Employee and Employer Allocation of Insurance Premiums
 - 5.7 Adopt a Resolution Authorizing an Additional \$23,316.00 of Village Funds for the Long Lake Drive Construction Project
 - 5.8 Adopt a Resolution for the Purchase of a New Sensus Model 6400 Radio Frequency Solid State Interrogator and Communications Charging Stand from HD Supply Waterworks in an Amount not to Exceed \$6,400.00

- 5.9 Adopt a Resolution Approving a Design Engineering Services Work Order with Baxter & Woodman for the Nippersink Road Rehabilitation Project at a Cost not to Exceed \$36,000.00
- 5.10 Adopt a Resolution Approving a Design Engineering Services Work Order with Baxter & Woodman for the Cambridge Lift Station and Force Main Replacement Project at a Cost not to Exceed \$47,500.00
- 5.11 Adopt a Resolution for the Purchase of Two Golden Eagle II Fixed Mount Antenna KA Band Radar Devices from Galls in an Amount not to Exceed \$4,154.00
- 6. CLERK’S OFFICE
 - 6.1 Venture Crew 275 Presentation
- 7. ADMINISTRATOR
- 8. FINANCE
- 9. POLICE
- 10. PUBLIC WORKS
- 11. COMMUNITY DEVELOPMENT
- 12. BUILDING AND ZONING
- 13. SPECIAL EVENTS
- 14. MAYOR’S COMMENTS
 - 14.1 IML Conference
 - 14.2 Mayor’s Comments
 - 14.3 Trustee’s Comments
- 15. EXECUTIVE SESSION
- 16. ADDITIONAL BUSINESS
- 17. ADJOURN

MINUTES
VILLAGE OF ROUND LAKE
REGULAR MEETING
September 8, 2015
442 N. Cedar Lake Road
7:00 P.M.



DRAFT

CALL TO ORDER

THE REGULAR BOARD MEETING OF THE VILLAGE OF ROUND LAKE WAS CALLED TO ORDER BY DAN MACGILLIS, VILLAGE PRESIDENT AT 7:00 P.M.

1. ROLL CALL

Present: Trustees Foy, Frye, Kraly, Newby, Rodriguez, Triphahn
Absent: None

2. PLEDGE OF ALLEGIANCE

3. APPROVAL OF MINUTES

3.1 Approve the Minutes of the Regular Meeting of August 17, 2015

Motion by Trustee Frye, Seconded by Trustee Newby, to approve the Minutes of the Regular Meeting of August 17, 2015. Upon a unanimous voice vote, the Mayor declared the motion carried

4. NOTES/COMMENDATIONS/PUBLIC COMMENT

4.1 Public Comment
NONE

5. CONSENT AGENDA

Motion by Trustee Triphahn, Seconded by Trustee Foy, to do an Omnibus approval on item 5.1, 5.2, 5.3, 5.4, 5.5, 5.6 & 5.7

Upon the call of the roll, the following voted:

Ayes: Trustees Foy, Frye, Kraly, Newby, Rodriguez, Triphahn
Nays: None
Abstain: None
Absent: None

Mayor MacGillis Declared the Motion carried

5.1 Approve Accounts Payable in the Amount of \$351,657.05

Approved – Omnibus Vote

5.2 Approve Payroll for the Period Ending August 23, 2015 in the Amount of \$132,053.90

Approved – Omnibus Vote

- 5.3 Adopt a Resolution Approving a Contract with Schroeder & Schroeder, Inc. for the 2015 Sidewalk & Curb Repair Project at a Cost not to Exceed \$67,511.00

Approved – Omnibus Vote

- 5.4 Adopt a Resolution Approving a Construction Engineering Services Agreement with Baxter & Woodman to Provide Construction Services for the MacGillis Drive Bridge Replacement Project at a Cost not to Exceed \$110,000.00

Approved – Omnibus Vote

- 5.5 Adopt a Resolution Approving a Construction Engineering Services Agreement with Baxter & Woodman to Provide Construction Services for the Forest Avenue/MacGillis Drive Improvement Project at a Cost not to Exceed \$35,300.00

Approved – Omnibus Vote

- 5.6 Adopt an Ordinance Authorizing the Public Works Department to Dispose of Village Owned Surplus Property Through Public Auction

Approved – Omnibus Vote

- 5.7 Accept the July Treasurer's Report as Presented

Approved – Omnibus Vote

6. CLERK'S OFFICE

- 6.1 Knights of Columbus Solicitation September 18th and 19th at Cedar Lake Road & Route 134 and Fairfield Road and Route 134
Clerk Blauvelt mentioned the Knights and the location of their solicitation efforts and if anyone is near these intersections to make sure they stop and donate to this worthy cause

7. ADMINISTRATOR

8. FINANCE

9. POLICE

10. PUBLIC WORKS

- 10.1 Adopt a Resolution Accepting a Bid from Chicagoland Paving Contractors, Inc. for the Forest Avenue Reconstruction Project in an Amount not to Exceed \$344,900.00

Motion by Trustee Newby, Seconded by Trustee Frye, to adopt a Resolution Accepting a Bid from Chicagoland Paving Contractors, Inc. for the Forest Avenue Reconstruction Project in an Amount not to Exceed \$344,900.00

Upon the call of the roll, the following voted:

Ayes: Trustees Foy, Frye, Kraly, Newby, Rodriguez, Triphahn
Nays: None
Abstain: None
Absent: None

Mayor MacGillis Declared the Motion carried

11. COMMUNITY DEVELOPMENT

12. BUILDING AND ZONING

13. SPECIAL EVENTS

14. MAYOR'S COMMENTS

14.1 IML Conference Session Selection

The Mayor mentioned the upcoming IML conference that will be attended by himself, Village Administrator Steve Shields and Trustee Kraly. The Mayor read off a list of sessions that have been selected for each of them to attend and then bring back materials and information to share with the board at an upcoming meeting.

14.2 Mayor's Comments

The Mayor spoke about the Vietnam Veterans Memorial Wall that had been brought to this area by the efforts of the Chamber of Commerce. He mentioned there had been four Mayors present that gave speeches for the start of the event, as well as a nice gathering for its arrival.

The Mayor thanked the Police Department for their participation in the Fox Lakes Officers Memorial. The Mayor stated he had sent Mayor Schmidt and quick note when the tragedy happened and then followed with a formal letter that he read to the board

14.3 Trustee's Comments

The Trustees all spoke of their condolences to the family of the slain officer of Fox Lake as well as to the Village and his fellow Officers. Some Trustees were able to attend the memorial service and it was mentioned that our Police Chaplin, Reverend Kaufman, did the memorial service. It was mentioned that the Village should perhaps purchase tee-shirts that are being sold and everyone wear them to a meeting to show our support. It was also mentioned that Police Lives Matter. A few Trustees had volunteered at the Vietnam Veterans Memorial Wall this past weekend and a Thank You should be sent to Shanna from the Chamber of Commerce for organizing the event

15. EXECUTIVE SESSION

NONE

16. ADDITIONAL BUSINESS

17. ADJOURN

Trustee Newby moved, seconded by Trustee Frye, to adjourn. Upon a unanimous voice vote, the Mayor declared the motion carried and the meeting adjourned at 7:21 P.M.

APPROVED:

Patricia C. Blauvelt
Village Clerk

Daniel MacGillis
Village President

VILLAGE OF ROUND LAKE

**THE PRESIDENT AND BOARD OF TRUSTEES OF
THE VILLAGE OF ROUND LAKE
APPROVES THE ACCOUNTS PAYABLE
IN THE AMOUNT OF \$173,348.79**

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

Date: September 21, 2015

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 1

GENERAL FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-20-73-77301	AUDITING EXPENSE CAREY S. ROSEMARIN, P.C. SIKICH LLP	C147 S113	AUDIT CONFIRMATION 2015 PROGRESS BILLING	181252 181275	09/16/15 09/16/15	425.00 3,850.00
			ACCOUNT TOTAL:			4,275.00
01-20-73-77313	LEGAL SERVICES TRESSLER LLP TRESSLER LLP TRESSLER LLP TRESSLER LLP TRESSLER LLP	T110 T110 T110 T110 T110	AUGUST LEGAL AUG ZBA MEETINGS AUG ECONOMIC DEVELOPMENT AUG MACGILLIS BRDG EASEMENT AUG LITIGATION	181277 181277 181277 181277 181277	09/16/15 09/16/15 09/16/15 09/16/15 09/16/15	3,937.50 1,209.00 195.00 994.50 1,580.00
			ACCOUNT TOTAL:			7,916.00
01-20-77-77706	MISCELLANEOUS EXPENSE FOX LAKE/ROUND LK ROTARY CLUB	F26	DONATION-NEEDIEST KIDS PARTY	181253	09/16/15	100.00
			ACCOUNT TOTAL:			100.00
01-20-79-77903	B&G CONTRACTS CLEAN NET	C110	SEPTEMBER CUSTODIAL	181251	09/16/15	467.64
			ACCOUNT TOTAL:			467.64
01-20-80-88018	OFFICE EQUIPMENT KONICA MINOLTA KONICA MINOLTA PREMIER FINANCE	K33 K56	AUGUST USAGE C454-VH SEPTEMBER LEASE PAYMENT	181256 181243	09/16/15 09/11/15	95.76 261.38
			ACCOUNT TOTAL:			357.14
01-20-82-88204	CELLULAR SERVICE VERIZON WIRELESS VERIZON WIRELESS VERIZON WIRELESS	V10 V10 V10	AUGUST TABLET SERVICE-STAFF CELLULAR SERVICE 7/28-8/28/15 AUGUST TABLET SERVICE-VB	181283 181283 181283	09/16/15 09/16/15 09/16/15	52.20 119.66 193.00
			ACCOUNT TOTAL:			364.86
01-40-72-67202	UNIFORMS GALLS, AN ARAMARK COMPANY GALLS, AN ARAMARK COMPANY RAY O'HERRON CO., INC.	G2 G2 O21	TACTICAL GLOVES-HERNANDEZ CLIP/NECK CHAIN HLDR-N CHENEY SHIRT,CHEVRON,PATCH-KAPUSINSKI	181254 181254 181267	09/16/15 09/16/15 09/16/15	26.15 21.79 47.98

DATE: 09/16/15
 TIME: 16:10:07
 ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-40-72-67202	UNIFORMS					
	RAY O'HERRON CO., INC.	O21	SHRT,CHEVRON,PATCH,TIEBAR-PRUS	181267	09/16/15	196.92
	RAY O'HERRON CO., INC.	O21	5-STAR BLK HAT-GULLIFOR	181267	09/16/15	44.95
	RAY O'HERRON CO., INC.	O21	MOURNING BANDS	181267	09/16/15	18.75
	P.F. PETTIBONE & CO.	P1	CHEVRONS,GOLD STAR INSIGNIA	181268	09/16/15	137.00
			ACCOUNT TOTAL:			493.54
01-40-74-77430	OFFICE SUPPLIES					
	QUILL CORPORATION	Q2	COPYABLE TRANSPARENCY SHEETS	181273	09/16/15	49.99
	QUILL CORPORATION	Q2	WRITABLE TRANSPARENCY SHEETS	181273	09/16/15	20.99
	QUILL CORPORATION	Q2	PENCIL SHARPENER/SHREDDER	181273	09/16/15	62.47
	QUILL CORPORATION	Q2	REPORT COVERS	181273	09/16/15	87.25
	QUILL CORPORATION	Q2	POSTAGE MACHINE LABELS	181273	09/16/15	30.99
	QUILL CORPORATION	Q2	DIVIDERS,PAPERCLIPS,ENVELOPES	181273	09/16/15	103.93
			ACCOUNT TOTAL:			355.62
01-40-77-77720	COMMUNITY EDUCATION					
	ARTRAGEOUS	A105	DUI ENFORCEMENT PLAQUE	181245	09/16/15	15.00
	ARTRAGEOUS	A105	CREDIT	181245	09/16/15	-11.20
			ACCOUNT TOTAL:			3.80
01-40-79-77903	B&G CONTRACTS					
	ARAMARK UNIFORM	A119	PD MAT SERVICE 09-03-15	181247	09/16/15	14.94
	CLEAN NET	C110	SEPTEMBER CUSTODIAL	181251	09/16/15	626.00
			ACCOUNT TOTAL:			640.94
01-40-79-77905	B&G REPAIRS					
	P&M MERCURY MECHANICAL CORP.	P84	WATER HEATER REPAIR	181271	09/16/15	1,392.70
			ACCOUNT TOTAL:			1,392.70
01-40-80-88018	OFFICE EQUIPMENT					
	KONICA MINOLTA	K33	AUGUST USAGE C454-PD	181256	09/16/15	209.13
	KONICA MINOLTA	K33	AUGUST USAGE C452-PD	181256	09/16/15	102.30
	KONICA MINOLTA PREMIER FINANCE	K56	SEPTEMBER LEASE PAYMENT	181243	09/11/15	261.37
			ACCOUNT TOTAL:			572.80
01-40-82-88204	CELLULAR SERVICE					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-40-82-88204	CELLULAR SERVICE VERIZON WIRELESS VERIZON WIRELESS	V10 V10	CELLULAR SERVICE 7/29-8/28/15 AUGUST TABLET SERVICE-STAFF	181283 181283	09/16/15 09/16/15	588.38 34.00
ACCOUNT TOTAL:						622.38
01-40-84-88402	GAS & OIL BP	B43	AUGUST GAS/OIL USAGE	181250	09/16/15	5,410.51
ACCOUNT TOTAL:						5,410.51
01-40-84-88404	VEHICLE REPAIRS ACE HARDWARE PRECISION SERVICE AND PARTS PRECISION SERVICE AND PARTS PRECISION SERVICE AND PARTS	A4 P125 P125 P125	ELEC TAPE,FASTENERS,BULBS MOTOR/FAN ASSEMBLY #64 BATTERY CORE DEPOSIT	181248 181269 181269 181269	09/16/15 09/16/15 09/16/15 09/16/15	16.57 208.70 104.82 -18.00
ACCOUNT TOTAL:						312.09
01-40-84-88406	VEHICLE MAINTENANCE A TIRE COUNTY SERVICE A TIRE COUNTY SERVICE A TIRE COUNTY SERVICE A TIRE COUNTY SERVICE	A1 A1 A1 A1	OIL CHANGE/TIRE ROTATION #40 OIL CHANGE/TIRE ROTATION #41 OIL CHNG/ROTATION/REPAIR #33 OIL CHANGE/TIRE ROTATION #32	181244 181244 181244 181244	09/16/15 09/16/15 09/16/15 09/16/15	47.95 47.95 75.37 47.95
ACCOUNT TOTAL:						219.22
01-60-74-77452	STREET SIGNS TRAFFIC CONTROL & PROTECTION	T14	CHILDREN AT PLAY/2HR PRKNG SIG	181278	09/16/15	179.25
ACCOUNT TOTAL:						179.25
01-60-75-77543	TRAFFIC SIGNAL MAINT. CONTRACT STATE TREASURER STATE TREASURER TREASURER OF LAKE COUNTY	S16 S16 T7	QRTLY TRAFFIC SIGNAL MAINT. QRTLY TRAFFIC SIGNAL MAINT. Q3(JUN-AUG)TRAFFIC SIG MAINT	181276 181276 181281	09/16/15 09/16/15 09/16/15	609.90 304.95 1,946.30
ACCOUNT TOTAL:						2,861.15
01-60-79-77903	B&G CONTRACTS ARAMARK UNIFORM CLEAN NET	A119 C110	PW MAT SERVICE 08-20-15 SEPTEMBER CUSTODIAL	181247 181251	09/16/15 09/16/15	6.98 172.50
ACCOUNT TOTAL:						179.48
01-60-79-77907	B & G BUILDING SUPPLIES					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-60-79-77907	B & G BUILDING SUPPLIES JAY'S BIG ROLLS, INC.	J9	SHOP TOWELS	181255	09/16/15	113.60
	MENARDS FOX LAKE	M7	4-1/2" PADDLE GRINDER	181262	09/16/15	35.00
	PEP EXPRESS PARTS	P6	5W LED RECHRG/WTRPRF SPOTLIGHT	181270	09/16/15	26.50
	PEP EXPRESS PARTS	P6	RIN'D PRODUCT CREDIT	181270	09/16/15	-22.50
			ACCOUNT TOTAL:			152.60
01-60-79-77911	LANDSCAPING ACRES GROUP	A113	LAWN MAINTENANCE-AUGUST	181246	09/16/15	3,638.41
			ACCOUNT TOTAL:			3,638.41
01-60-80-88002	SAFETY EQUIPMENT MENARDS FOX LAKE ULINE	M7 U18	RESPIRATOR FLTRS/FOAM EARPLUGS SHOP GLOVES	181262 181282	09/16/15 09/16/15	16.49 71.64
			ACCOUNT TOTAL:			88.13
01-60-80-88018	OFFICE EQUIPMENT KONICA MINOLTA	K33	AUGUST USAGE C450-PW	181256	09/16/15	25.63
			ACCOUNT TOTAL:			25.63
01-60-82-88204	CELLULAR SERVICE VERIZON WIRELESS VERIZON WIRELESS	V10 V10	AUGUST TABLET SERVICE-STAFF CELLULAR SERVICE 7/29-8/28/15	181283 181283	09/16/15 09/16/15	26.10 130.29
			ACCOUNT TOTAL:			156.39
01-60-84-88402	GAS & OIL BP MANSFIELD OIL COMPANY	B43 M165	AUGUST GAS/OIL USAGE DIESEL FUEL	181250 181259	09/16/15 09/16/15	795.22 213.02
			ACCOUNT TOTAL:			1,008.24
01-60-84-88405	EQUIPMENT REPAIRS BURRIS EQUIPMENT CO. BURRIS EQUIPMENT CO.	B14 B14	BOLTS FOR CHIPPER BLADE BOLTS FOR CHIPPER BLADE	181249 181249	09/16/15 09/16/15	8.92 8.92
			ACCOUNT TOTAL:			17.84
01-60-92-99210	STREET LIGHT REPAIRS					

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 5

GENERAL FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-60-92-99210	STREET LIGHT REPAIRS PINNER ELECTRIC, INC	P87	LONG LAKE STREET LIGHT REPLACE	181272	09/16/15	7,005.96
			ACCOUNT TOTAL:			7,005.96
01-60-92-99214	STORM SEWER MAINTENANCE MID AMERICAN WATER OF WAUCONDA MCCANN INDUSTRIES, INC.	M25 M91	CAST IRON B BOX LIDS/WTR STOP AVILON STORM SEWER REPAIR	181261 181263	09/16/15 09/16/15	232.00 895.34
			ACCOUNT TOTAL:			1,127.34
01-70-82-88204	CELLULAR SERVICE VERIZON WIRELESS	V10	CELLULAR SERVICE 7/29-8/28/15	181283	09/16/15	92.90
			ACCOUNT TOTAL:			92.90
01-70-84-88402	GAS & OIL BP	B43	AUGUST GAS/OIL USAGE	181250	09/16/15	299.85
			ACCOUNT TOTAL:			299.85
			GENERAL FUND			40,337.41

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

MOTOR FUEL TAX FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
10-60-83-88301	ROADWAY IMPROVEMENTS					
	DOUGLAS MACGILLIS	M166	MACGILLIS BRIDGE EASEMENT	181284	09/16/15	1,000.00
	DAN MACGILLIS	M168	MACGILLIS BRIDGE EASEMENT	181285	09/16/15	1,000.00
	TREEHOUSE IN THE WOODS	T35A	MACGILLIS BRIDGE EASEMENT	181280	09/16/15	300.00
			ACCOUNT TOTAL:			2,300.00
			MOTOR FUEL TAX FUND			2,300.00

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 7

SSA #1 BRIGHT MEADOWS
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
16-20-79-77911	LANDSCAPING ACRES GROUP	A113	LAWN MAINTENANCE-AUGUST	181246	09/16/15	2,245.00
			ACCOUNT TOTAL:			2,245.00
			SSA #1 BRIGHT MEADOWS			2,245.00

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 8

CAPITAL PROJECTS FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
35-20-88-88801	OTHER ENHANCEMENTS PINNER ELECTRIC, INC	P87	LONG LAKE STREET LIGHT REPLACE	181272	09/16/15	7,005.95
				ACCOUNT TOTAL:		7,005.95
				CAPITAL PROJECTS FUND		7,005.95

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

WATER/SEWER FUND
 ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-60-73-77301	AUDITING EXPENSE SIKICH LLP	S113	2015 PROGRESS BILLING	181275	09/16/15	1,375.00
			ACCOUNT TOTAL:			1,375.00
50-60-73-77313	LEGAL SERVICES TRESSLER LLP	T110	AUGUST LEGAL	181277	09/16/15	1,312.50
			ACCOUNT TOTAL:			1,312.50
50-60-79-77903	B&G CONTRACTS ARAMARK UNIFORM CLEAN NET	A119 C110	PW MAT SERVICE 08-20-15 SEPTEMBER CUSTODIAL	181247 181251	09/16/15 09/16/15	6.97 172.50
			ACCOUNT TOTAL:			179.47
50-60-79-77905	B&G REPAIRS MID AMERICAN WATER OF WAUCONDA STEVE OLSEN TRANSIT	M25 S101	CAST IRON B BOX LIDS/WTR STOP GRAVEL FOR BACON/TOWNLINE RD	181261 181274	09/16/15 09/16/15	400.00 900.00
			ACCOUNT TOTAL:			1,300.00
50-60-79-77907	B&G SUPPLIES JAY'S BIG ROLLS, INC. MENARDS FOX LAKE PEP EXPRESS PARTS PEP EXPRESS PARTS	J9 M7 P6 P6	SHOP TOWELS 4-1/2" PADDLE GRINDER 5W LED RECHRG/WTRPRF SPOTLIGHT RTN'D PRODUCT CREDIT	181255 181262 181270 181270	09/16/15 09/16/15 09/16/15 09/16/15	113.60 34.99 26.49 -22.50
			ACCOUNT TOTAL:			152.58
50-60-79-77911	LANDSCAPING ACRES GROUP	A113	LAWN MAINTENANCE-AUGUST	181246	09/16/15	904.00
			ACCOUNT TOTAL:			904.00
50-60-80-88002	SAFETY EQUIPMENT MENARDS FOX LAKE ULINE	M7 U18	RESPIRATOR FLTRS/FOAM EARPLUGS SHOP GLOVES	181262 181282	09/16/15 09/16/15	16.48 71.64
			ACCOUNT TOTAL:			88.12
50-60-80-88018	OFFICE EQUIPMENT					

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 10

WATER/SEWER FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-60-80-88018	OFFICE EQUIPMENT KONICA MINOLTA	K33	AUGUST USAGE C450-PW	181256	09/16/15	25.64
			ACCOUNT TOTAL:			25.64
50-60-82-88204	CELLULAR SERVICE VERIZON WIRELESS VERIZON WIRELESS	V10 V10	AUGUST TABLET SERVICE-STAFF CELLULAR SERVICE 7/29-8/28/15	181283 181283	09/16/15 09/16/15	26.10 130.29
			ACCOUNT TOTAL:			156.39
50-60-82-88206	ELECTRICAL SERVICE MIDAMERICAN ENERGY COMPANY	M95	AUGUST ELECTRIC	181264	09/16/15	3,765.48
			ACCOUNT TOTAL:			3,765.48
50-60-82-88208	HEATING NICOR GAS NICOR GAS	N7 N7	08/05-09/04/2015 HEAT 08/04-09/03/2015 HEAT	181266 181266	09/16/15 09/16/15	27.87 27.30
			ACCOUNT TOTAL:			55.17
50-60-82-88212	LAKE COUNTY SEWER LAKE COUNTY PUBLIC WORKS DEPT	L9	AUGUST SEWER FEES	181257	09/16/15	100,313.61
			ACCOUNT TOTAL:			100,313.61
50-60-82-88214	EXCESS FACILITY CHARGES LAKE COUNTY PUBLIC WORKS	L9B	AUGUST EXCESS FACILITY FEES	181258	09/16/15	9,199.50
			ACCOUNT TOTAL:			9,199.50
50-60-84-88402	GAS & OIL BP MANSFIELD OIL COMPANY	B43 M165	AUGUST GAS/OIL USAGE DIESEL FUEL	181250 181259	09/16/15 09/16/15	795.22 213.02
			ACCOUNT TOTAL:			1,008.24
50-60-92-99208	REPAIRS TO LIFT STATIONS NORTHWEST ELECTRICAL SUPPLY	N39	ARDEN L/S PARTS	181265	09/16/15	17.96
			ACCOUNT TOTAL:			17.96

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 11

WATER/SEWER FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
			WATER/SEWER FUND			119,853.66

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 12

COMMUTER PARKING LOT FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
51-60-79-77911	LANDSCAPING ACRES GROUP	A113	LAWN MAINTENANCE-AUGUST	181246	09/16/15	1,160.00
						=====
						ACCOUNT TOTAL:
						=====
						1,160.00
						=====
						COMMUTER PARKING LOT FUND
						=====
						1,160.00
						=====

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 13

TECHNOLOGY REPLACEMENT
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
61-40-91-99117	IT EQUIPMENT ACE HARDWARE TIGERDIRECT	A4 T21	WIRE/SWITCH-TECHNOLOGY UPDATE PROJECTOR CABLE-TECH UPGRADE	181248 181279	09/16/15 09/16/15	12.58 159.19
			ACCOUNT TOTAL:			171.77
			TECHNOLOGY REPLACEMENT			171.77

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 14

POLICE PENSION FUND
ACTIVITY FROM 09/04/2015 TO 09/16/2015

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
70-20-73-77301	AUDITING EXPENSE SIKICH LLP	S113	2015 PROGRESS BILLING	181275	09/16/15	275.00
			ACCOUNT TOTAL:			275.00
			POLICE PENSION FUND			275.00

DATE: 09/16/15
TIME: 16:10:07
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

PAGE: 15

FINAL TOTALS
ACTIVITY FROM 09/04/2015 TO 09/16/2015

GENERAL FUND	40,337.41
MOTOR FUEL TAX FUND	2,300.00
SSA #1 BRIGHT MEADOWS	2,245.00
CAPITAL PROJECTS FUND	7,005.95
WATER/SEWER FUND	119,853.66
COMMUTER PARKING LOT FUND	1,160.00
TECHNOLOGY REPLACEMENT	171.77
POLICE PENSION FUND	275.00
GRAND TOTAL	<u>173,348.79</u>

DATE: 09/11/2015
 TIME: 16:21:35
 ID: PR460000.WOW

VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

ADMINISTRATION

FOR CHECK DATES 09/10/2015 TO 09/10/2015

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS			PENSION/INSUR		
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	CODE	EMPLOYEE	EMPLOYER
GRAND TOTALS:		REG	455.500		15,641.33	FED	1,860.36		DD1	7,815.29	IMR	596.14	1,306.21
		CA	1.000		115.39	FICA	999.91	999.91	DD2	914.61	DFA	18.50	
		GWA	1.000		42.24	MEDIC	233.86	233.86	DD3	488.50	HFA	172.56	
		VAC	14.750		578.58	STATE	528.73		GW	250.00	VFA	2.27	
		SIC	8.000		215.78				GWA	42.24	IM2	152.69	334.56
		CMP	1.750		47.20				HSA	75.00	DSA	15.96	
									ICM	656.45	HSA	95.22	
									IMV	101.79	VSA	1.05	
											DCA	9.57	
											PCA	122.77	
		TOTAL FICA EMPLOYEE WAGES:			16,127.62	TOTAL EMPLOYER FICA:			999.91				
		TOTAL MEDICARE EMPLOYEE WAGES:			16,127.62	TOTAL EMPLOYER MEDICARE:			233.86				
		TOTAL FEDERAL EMPLOYEE WAGES:			14,430.10	TOTAL EMPLOYER PENSION:			1,640.77				
		TOTAL STATE EMPLOYEE WAGES:			14,430.10								
		TOTAL PENSION EMPLOYEE WAGES:			16,640.52								
		TOTAL NUMBER OF EMPLOYEES:			6								
GROSS PAY:		\$16,640.52			TOTAL DEDUCTIONS:		15,153.47	NET PAY:		\$1,487.05			

DATE: 09/11/2015
 TIME: 16:22:56
 ID: PR460000.WOW

VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

BUILDING

FOR CHECK DATES 09/10/2015 TO 09/10/2015

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS			PENSION/INSUR		
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYEE	EMPLOYER	
GRAND TOTALS:		REG	207.000		5,660.03	FED	864.63		DD1	4,382.69	IMR	297.30	651.40
		SIC	3.000		87.94	FICA	389.59	389.59	AF1	28.25	DFB	18.50	
		VAC	30.000		858.54	MEDIC	91.11	91.11	PLI	36.86	PFB	273.93	
						STATE	221.38				VFB	2.27	
TOTAL FICA EMPLOYEE WAGES:					6,283.56	TOTAL EMPLOYER FICA:				389.59			
TOTAL MEDICARE EMPLOYEE WAGES:					6,283.56	TOTAL EMPLOYER MEDICARE:				91.11			
TOTAL FEDERAL EMPLOYEE WAGES:					5,986.26	TOTAL EMPLOYER PENSION:				651.40			
TOTAL STATE EMPLOYEE WAGES:					5,986.26								
TOTAL PENSION EMPLOYEE WAGES:					6,606.51								
TOTAL NUMBER OF EMPLOYEES:					3								
GROSS PAY:					\$6,606.51	TOTAL DEDUCTIONS:		6,606.51	NET PAY:				\$0.00

DATE: 09/11/2015
 TIME: 16:31:57
 ID: PR460000.WOW

VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

POLICE

FOR CHECK DATES 09/10/2015 TO 09/10/2015

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS		PENSION/INSUR			
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER		
GRAND TOTALS:		REG	2,009.000		66,912.51	FED	9,305.02		AF2	240.74	IMR	344.02	753.79
		SIC	32.000		1,165.08	FICA	5,122.59	5,122.59	DD1	47,544.80	DSP	23.94	
		VAC	162.500		6,231.43	MEDIC	1,198.00	1,198.00	DD2	3,162.61	PSP	302.32	
		PO	151.750		6,816.48	STATE	2,776.83		MAP	346.50	VFP	2.27	
		CMP	77.500		2,770.81				AF1	36.34	POL	7,177.21	
		OIC	5.000		166.66				GW	350.00	EFP	15.48	
		SRO	1.000		60.00				PLI	78.18	RIP	123.56	
		WC	75.750		2,657.48				HSA	100.00	TFP	102.80	
		WCP	86.250		3,036.90				ICM	1,025.00	IFP	404.76	
		PSI	1.000		75.00				DD3	1,767.16	RFP	642.54	
		POI	2.000		120.00				CS4	203.00	ISP	77.00	
		INS	1.000		285.10						DCP	9.57	
		FTO	10.000		308.77						HCP	77.34	
											VCP	1.17	
											EIP	1.44	
											TIP	8.64	
											DFP	35.24	
											PFP	273.93	
											ECP	0.94	
											RCP	110.88	
											TCP	6.70	
											IIP	58.38	
											MFP	219.60	
											VSP	2.10	
											ESP	0.89	
											TSP	6.07	
											BIP	24.76	
TOTAL FICA EMPLOYEE WAGES:					82,622.60	TOTAL EMPLOYER FICA:			5,122.59				
TOTAL MEDICARE EMPLOYEE WAGES:					82,622.60	TOTAL EMPLOYER MEDICARE:			1,198.00				
TOTAL FEDERAL EMPLOYEE WAGES:					73,726.37	TOTAL EMPLOYER PENSION:			753.79				
TOTAL STATE EMPLOYEE WAGES:					73,726.37								
TOTAL PENSION EMPLOYEE WAGES:					80,068.87								
TOTAL NUMBER OF EMPLOYEES:					30								
GROSS PAY:			\$85,291.26	TOTAL DEDUCTIONS:		83,310.32	NET PAY:		\$1,980.94				

DATE: 09/11/2015
 TIME: 16:33:10
 ID: PR460000.WOW

VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

PUBLIC WORKS

FOR CHECK DATES 09/10/2015 TO 09/10/2015

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS					
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	CODE	EMPLOYEE	EMPLOYER
GRAND TOTALS:		REG	766.500		19,324.22	FED	2,195.21		DD1	13,858.93	IMR	760.81	1,667.04
		SIC	19.500		486.15	FICA	1,338.69	1,338.69	DD2	1,323.31	DSW	7.98	
		VAC	92.000		2,262.16	MEDIC	313.09	313.09	GW	20.00	HSW	95.22	
		OT	10.000		424.18	STATE	739.93		HSA	60.00	VSW	1.05	
		OC	14.000		368.34				UOE	353.64	DFW	74.00	
		CMP	2.000		55.83				ICM	352.45	PFW	547.86	
									PLI	10.72	VFW	6.81	
									AF1	19.98	PCW	122.77	
									AF2	26.36	IM2	230.88	505.87
									IMV	67.86	HFW	172.56	
											MFW	219.60	
											VCW	1.17	
		TOTAL FICA EMPLOYEE WAGES:			21,591.88	TOTAL EMPLOYER FICA:			1,338.69				
		TOTAL MEDICARE EMPLOYEE WAGES:			21,591.88	TOTAL EMPLOYER MEDICARE:			313.09				
		TOTAL FEDERAL EMPLOYEE WAGES:			20,227.74	TOTAL EMPLOYER PENSION:			2,172.91				
		TOTAL STATE EMPLOYEE WAGES:			20,227.74								
		TOTAL PENSION EMPLOYEE WAGES:			22,037.68								
		TOTAL NUMBER OF EMPLOYEES:			11								
GROSS PAY:			\$22,920.88	TOTAL DEDUCTIONS:			22,920.88	NET PAY:			\$0.00		

DATE: 09/11/2015
 TIME: 16:34:32
 ID: PR460000.WOW

VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

TOTAL

FOR CHECK DATES 09/10/2015 TO 09/10/2015

EMPL. #	NAME	CODE	EARNINGS		TAXES			DEDUCTIONS		PENSION/INSUR				
			PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	CODE	EMPLOYEE	EMPLOYER	
GRAND TOTALS:		REG	3,438.000		107,538.09	FED	14,225.22		DD1	73,601.71	IMR	1,998.27		4,378.44
		CA	1.000		115.39	FICA	7,850.78		DD2	5,400.53	DFA	18.50		
		GWA	1.000		42.24	MEDIC	1,836.06		DD3	2,255.66	HFA	172.56		
		VAC	299.250		9,930.71	STATE	4,266.87		GW	620.00	VFA	2.27		
		SIC	62.500		1,954.95				GWA	42.24	IM2	383.57		840.43
		OT	10.000		424.18				HSA	235.00	DSA	15.96		
		OC	14.000		368.34				ICM	2,033.90	HSA	95.22		
		CMP	81.250		2,873.84				IMV	169.65	VSA	1.05		
		PO	151.750		6,816.48				UOE	353.64	DCA	9.57		
		OIC	5.000		166.66				PLI	125.76	PCA	122.77		
		SRO	1.000		60.00				AF1	84.57	DSW	7.98		
		WC	75.750-		2,657.48-				AF2	267.10	HSW	95.22		
		WCP	86.250		3,036.90				MAP	346.50	VSW	1.05		
		PSI	1.000		75.00				CS4	203.00	DFW	74.00		
		POI	2.000		120.00						PEW	547.86		
		INS	1.000		285.10						VFW	6.81		
		FTO	10.000		308.77						PCW	122.77		
											HPW	172.56		
											MFW	219.60		
											VCW	1.17		
											DSP	23.94		
											PSP	302.32		
											VFP	2.27		
											POL	7,177.21		
											EFP	15.48		
											RIP	123.56		
											TFP	102.80		
											IFP	404.76		
											RFP	642.54		
											ISP	77.00		
											DCP	9.57		
											HCP	77.34		
											VCP	1.17		
											EIP	1.44		
											TIP	8.64		
											DFP	35.24		
											FFP	273.93		
											ECP	0.94		
											RCP	110.88		
											TCP	6.70		
											IIP	58.38		
											MF	219.60		
											VSP	2.10		
											ESP	0.89		
											TSP	6.07		



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: LIFE INSURANCE/AD&D

Agenda Item No. 5.3

Executive Summary

As part of the annual insurance renewal process, GCG Financial obtained quotes for a Life/AD&D insurance benefit plan.

Life insurance was budgeted at a 5.0% increase. The actual overall increase is 0.00% or \$0.

Attached is:

1. The life/AD&D insurance options summary prepared by GCG Financial.
2. Principal life/AD&D insurance benefit design summary.

Recommended Action

To adopt a resolution approving a proposal to renew a Group Employee Life/AD&D Insurance plan with Principal Financial Group.

Committee: Human Resources & Finance	Meeting Date: September 21, 2015																																				
<hr/>																																					
Lead Department: Administration	Presenter: Shane D. Johnson, AVA/Director of Finance																																				
<hr/>																																					
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Account(s)</th> <th style="text-align: center;">Budget</th> <th style="text-align: center;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>++-+-67109</td> <td>Life Insurance</td> <td></td> </tr> <tr> <td colspan="3">Item Requested</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Estimated</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Estimated</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: center;">Under</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td style="text-align: center;">Over</td> <td style="text-align: center;">-</td> <td></td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	++-+-67109	Life Insurance		Item Requested			<hr/>			Y-T-D Actual		\$0.00	Estimated		\$0.00	Estimated		\$0.00	<hr/>			Total:	\$0.00	\$0.00	Request is over/under budget:			Under	-		Over	-	
Account(s)	Budget	Expenditure																																			
++-+-67109	Life Insurance																																				
Item Requested																																					
<hr/>																																					
Y-T-D Actual		\$0.00																																			
Estimated		\$0.00																																			
Estimated		\$0.00																																			
<hr/>																																					
Total:	\$0.00	\$0.00																																			
Request is over/under budget:																																					
Under	-																																				
Over	-																																				

**A Resolution Approving a Proposal to Renew a Group Employee Life/AD&D Insurance
with Principal Financial Group**

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

1. The Principal Financial Group Life/AD&D Insurance Plan as detailed on the attached Principal Financial Group Life/AD&D Insurance Benefit Summary for the Village of Round Lake is hereby approved.
2. The Village President and Village Administrator are authorized to execute any and all documents necessary to implement the above stated life/AD&D insurance program.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

Village of Round Lake

Marketing Analysis

October 1, 2015

Medical Carriers Approached	Result	Annual Premiums
BCBS	Incumbent - Current	\$475,403
BCBS	Incumbent - Renewal	\$494,962
BCBS	Incumbent - Negotiated Renewal	\$480,954
Aetna	Shown In Proposal	\$406,272
Humana	Rates Not Competitive	\$499,386
UHC	Shown In Proposal	\$427,377
Dental Carriers Approached	Result	Annual Premiums
Principal	Incumbent - Current	\$34,557
Principal	Incumbent - Renewal	\$36,386
Principal	Incumbent - Negotiated Renewal	\$35,593
Guardian	Rates Not Competitive	\$46,291
Lincoln Financial	Rates Not Competitive	\$43,608
Mutual of Omaha	Decline-Rates Not Competitive	N/A
Sun Life	Decline-Rates Not Competitive	N/A
Life Carriers Approached	Result	Annual Premiums
Principal	Incumbent - Current	\$2,355
Principal	Incumbent - Renewal	\$2,552
Principal	Incumbent - Negotiated Renewal	\$2,355
Guardian	Decline-Rates Not Competitive	N/A
Lincoln Financial	Rates Not Competitive	\$2,947
Mutual of Omaha	Shown In Proposal	\$2,256
Sun Life	Decline-Rates Not Competitive	N/A
Unum	Rates Not Competitive	\$2,820

Village of Round Lake

Health Insurance Summary

October 1, 2015



EMPLOYEE BENEFITS
ASSURANT
DIVISION OF VILLAGE OF
ROUND LAKE MANAGEMENT

BCBS

Incumbent Carrier Alternative Options

	BCBS			Incumbent Carrier Alternative Options	
	Current	Renewal	Negotiated Renewal	Option 1	Option 2
PHO	NHHB138	NHHB138	NHHB138	NHHB166	NHHB196
Employee	1	1	1	1	1
Employee + Spouse	0	0	0	0	0
Employee + Child(ren)	0	0	0	0	0
Family	2	2	2	2	2
	3	3	3	3	3
PHOY	NPP72426	NPP72426	NPP72426	NPP73436	NPP83436
Employee	14	14	14	14	14
Employee + Spouse	2	2	2	2	2
Employee + Child	3	3	3	3	3
Family	7	7	7	7	7
	26	26	26	26	26
PHSA	NPSC3805 (Agg)	NPSC3805 (Agg)	NPSC3805 (Agg)	NPSC3805 (Agg)	NPSC3A05 (Agg)
Employee	4	4	4	4	4
Employee + Spouse	3	3	3	3	3
Employee + Child	1	1	1	1	1
Family	8	8	8	8	8
	13	13	13	13	13
Monthly Total	42	42	42	42	42
Estimated Annual Health Insurer & Reinsurance Fee	Included	Included	Included	Included	Included
Annual Totals	\$475,403	\$494,962	\$480,954	\$472,404	\$451,548
Percentage Based off of Current		4.11%	1.17%	-0.63%	-5.02%
Total Annual \$ Increase from Current		\$19,559	\$5,561	(\$2,999)	(\$23,854)
Annual Cost Savings from Renewal				(\$8,550)	(\$29,406)

	PHO		PHOY		PHSA		PHPC		PHSA	
	In-Network	Out-of-Network								
Dr Office Visit (In-network)- PCP/Spec	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$30/\$60
Individual Deductible	\$0	N/A								
Family Deductible	\$0	N/A								
Inpatient Hospital Per Occurrence Deductible	\$100/Day-1st 5 Days	N/A	\$250/Day-1st 5 Days	N/A						
Outpatient Surgery Per Occurrence Deductible	N/A	N/A								
Co-insurance	100/0	N/A								
Individual OOP Max (including Ded)	\$1,500	N/A								
Family OOP Max (including Ded)	\$3,000	N/A								
ER Copay	\$150	N/A								
Rx Copays (In-Network)	\$10/\$40/\$80	N/A								
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000	N/A								
Dr Office Visit (In-network)- PCP/Spec	\$500	\$20/\$40	\$500	\$20/\$40	\$500	\$20/\$40	\$500	\$20/\$40	\$500	\$30/\$60
Individual Deductible	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Family Deductible	N/A	N/A								
Inpatient Hospital Per Occurrence Deductible	N/A	N/A								
Outpatient Surgery Per Occurrence Deductible	N/A	N/A								
Co-insurance	90/10	70/30	90/10	70/30	90/10	70/30	90/10	70/30	80/20	60/40
Individual OOP Max (including Ded)	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
Family OOP Max (including Ded)	\$7,500	\$15,000	\$7,500	\$15,000	\$7,500	\$15,000	\$7,500	\$15,000	\$7,500	\$15,000
ER Copay	\$150	N/A								
Rx Copays (In-Network)	\$10/\$40/\$80	N/A								
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000	N/A								
Dr Office Visit (In-network)- PCP/Spec	\$2,500	20% after Ded								
Individual Deductible	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Family Deductible	N/A	N/A								
Inpatient Hospital Per Occurrence Deductible	N/A	N/A								
Outpatient Surgery Per Occurrence Deductible	N/A	N/A								
Co-insurance	80/20	60/40	80/20	60/40	80/20	60/40	80/20	60/40	80/20	60/40
Individual OOP Max (including Ded)	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Family OOP Max (including Ded)	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
ER Copay	10% after Ded	N/A								
Rx Copays (In-Network)	20% after Ded	N/A								
RX Out of Pocket Maximum (Ind/Family)	N/A	N/A								

Premiums are based on the most similar plan designs available.
Renewal Premiums for Incumbent carriers are shown.

Village of Round Lake

Health Insurance Summary

October 1, 2015



	Current	Renewal	Negotiated Renewal	Alternative Carrier Options			
	NHHR136	NHHR136	NHHR136	Aetna		UnitedHealthcare	
Employee	\$466.19	\$466.77	\$474.04	IL HMO \$0 70%		\$32 w/2V	
Employee + Spouse	\$479.89	\$934.03	\$985.95	\$370.00	\$457.48	\$370.00	\$457.48
Employee + Child(ren)	\$939.89	\$939.94	\$912.95	\$688.00	\$960.73	\$740.00	\$960.73
Family	\$1,879.96	\$1,344.65	\$1,403.96	\$740.00	\$766.88	\$740.00	\$766.88
	\$3,542.81	\$3,378.47	\$3,282.86	\$1,184.00	\$1,381.62	\$1,184.00	\$1,381.62
				\$2,738.00	\$3,220.73	\$2,738.00	\$3,220.73
				IL DAMC 500 80/50		\$54 w/2V	
Employee	NPP72426	NPP72426	NPP72426	\$461.00	\$496.59	\$461.00	\$496.59
Employee + Spouse	\$817.71	\$597.61	\$580.70	\$1,106.00	\$1,042.84	\$1,106.00	\$1,042.84
Employee + Spouse	\$1,222.33	\$1,215.48	\$1,181.06	\$821.00	\$854.13	\$821.00	\$854.13
Employee + Child(ren)	\$1,108.77	\$1,148.77	\$1,116.28	\$1,474.00	\$1,489.70	\$1,474.00	\$1,489.70
Family	\$1,718.40	\$1,788.81	\$1,716.81	\$21,747.00	\$22,098.23	\$21,747.00	\$22,098.23
	\$26,412.71	\$28,810.04	\$26,856.97	IL OAMC 2'100 60/50 HSA TIF		ABJ1 w/2V	
				\$321.00	\$379.64	\$321.00	\$379.64
Employee	NPSC3805 (Agg)	NPSC3805 (Agg)	NPSC3805 (Agg)	\$770.00	\$797.24	\$770.00	\$797.24
Employee + Spouse	\$389.13	\$420.62	\$408.13	\$842.00	\$652.98	\$842.00	\$652.98
Employee + Spouse	\$770.01	\$854.26	\$794.53	\$1,027.00	\$1,146.51	\$1,027.00	\$1,146.51
Employee + Child(ren)	\$698.49	\$807.38	\$768.48	\$9,371.00	\$10,295.61	\$9,371.00	\$10,295.61
Family	\$1,079.97	\$1,241.61	\$1,205.48	Included			
	\$9,981.88	\$11,258.29	\$10,939.69	Included			
Monthly Total	\$39,817	\$44,247	\$40,080	\$33,856			
Estimated Annual Health Insurer & Reinsurance Fee	Included	Included	Included	\$406,272			
Annual Totals	\$476,403	\$494,962	\$480,954	\$427,377			
Percentage Based off of Current		4.11%	1.17%	-14.84%			
Total Annual \$ Increase from Current		\$19,559	\$5,951	(\$68,131)			
Annual Cost Savings from Renewal				(\$74,682)			
				Aetna		UnitedHealthcare	
Employee				IL HMO \$0 70%		\$32 w/2V	
Employee + Spouse				\$370.00	\$457.48	\$370.00	\$457.48
Employee + Child(ren)				\$688.00	\$960.73	\$740.00	\$960.73
Family				\$740.00	\$766.88	\$740.00	\$766.88
				\$1,184.00	\$1,381.62	\$1,184.00	\$1,381.62
				\$2,738.00	\$3,220.73	\$2,738.00	\$3,220.73
				IL DAMC 500 80/50		\$54 w/2V	
Employee				\$461.00	\$496.59	\$461.00	\$496.59
Employee + Spouse				\$1,106.00	\$1,042.84	\$1,106.00	\$1,042.84
Employee + Child(ren)				\$821.00	\$854.13	\$821.00	\$854.13
Family				\$1,474.00	\$1,489.70	\$1,474.00	\$1,489.70
				\$21,747.00	\$22,098.23	\$21,747.00	\$22,098.23
				Included			
Monthly Total				\$33,856			
Estimated Annual Health Insurer & Reinsurance Fee				Included			
Annual Totals				\$406,272			
Percentage Based off of Current				-14.84%			
Total Annual \$ Increase from Current				(\$68,131)			
Annual Cost Savings from Renewal				(\$74,682)			

Provisions are based on the most similar plan designs available.
Renewal Premiums for incumbent carriers are shown.

Village of Round Lake



EMPLOYEE BENEFITS
INSURANCE
RISK MANAGEMENT
WEALTH MANAGEMENT

Dental Insurance Summary

October 1, 2015

Principal

	Current	Renewal	Negotiated Renewal
PPO	Dental PPO	Dental PPO	Dental PPO
Employee 17	\$28.75	\$30.27	\$29.61
Employee + Spouse 9	\$60.67	\$63.88	\$62.49
Employee + Child(ren) 3	\$67.00	\$70.55	\$69.01
Family 16	\$102.75	\$108.19	\$105.83
45	\$2,879.78	\$3,032.20	\$2,966.09
Monthly Total	\$2,880	\$3,032	\$2,966
Annual Totals	\$34,557	\$36,386	\$35,593
Percentage Based off of Current		5.29%	3.00%
Total Annual \$ Increase from Current		\$1,829	\$1,036

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
Waiting Periods		None
Rate Guarantee		1 Year

Premiums are based on the most similar plan designs available.
Renewal Premiums for Incumbent carriers are shown.

Village of Round Lake

Life/AD&D Insurance Summary

October 1, 2015



Life/AD&D	Principal - Current	Principal - Renewal	Principal - Negotiated Renewal	Mutual of Omaha
Rate Guarantee	N/A	1 Year	1 Year	2 Year
Class Description	All Full Time Eligible Employees			
Benefit	\$25,000	\$25,000	\$25,000	\$25,000
Guarantee Issue	\$25,000	\$25,000	\$25,000	\$25,000
Cost of Coverage Paid By	Employer	Employer	Employer	Employer
Total Volume	\$1,175,000	\$1,175,000	\$1,175,000	\$1,175,000
Rate/\$1000 of Benefit	\$0.167	\$0.181	\$0.167	\$0.160
Monthly Total	\$196.23	\$212.88	\$196.23	\$188.00
Annual Total	\$2,354.70	\$2,552.10	\$2,354.70	\$2,256.00

Premiums are based on the most similar plan designs available.
Renewal Premiums for incumbent carriers are shown.



Policyholder: VILLAGE OF ROUND LAKE

Group Term Life Benefit Summary

Effective Date: 10/01/2015

This chart provides you a brief summary of the key benefits of the life 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 life coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
Job Class	ALL MEMBERS
Benefits Payable	
Employee Life Benefits:	
Benefit Amount	\$25,000
Proof of Good Health	Proof of good health is required for life insurance amounts greater than: If you are Under 70: \$25,000 If you are 70 and older: The lesser of \$25,000 or the amount with the prior carrier
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at age 70. Upon retirement, benefits will reduce to 50% of the amount in force prior to age 65. Age reductions apply to the benefit amount after proof of good health .
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 coverage 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.

Accidental Death & Dismemberment (AD&D) and Personal Loss Coverage	
Benefit Amount	<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"> • Full benefit 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. • Half of the benefit when you lose: one hand / one foot / sight of one eye. • One-fourth of the benefit when you lose the thumb and index finger on the same hand. <p>The loss must occur within 365 days of the accident.</p>
Limitations & Exclusions	
Other Limitations	<p>The Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.</p>

Understanding Your Life Coverage Benefits

Am I Eligible For Coverage?

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

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?

Coverage During Disability	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.
Accelerated Death Benefit	<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"> • Your life expectancy is 24 months or less (as diagnosed by a physician), and • Your death benefit is at least \$10,000. <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>
Individual Purchase Rights	If you terminate employment, you may be able to convert coverage to individual life coverage. 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.
Claim Processing	Principal Life makes claim administration easy and convenient for employers by offering an online life 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.



WE'LL GIVE YOU AN EDGE.®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

This is a summary of life 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 55984-8 | 06/2015 | © 2015 Principal Financial Services, Inc.



Policyholder: VILLAGE OF ROUND LAKE

Voluntary Term Life Benefit Summary

Effective Date: 10/01/2015

This chart provides you a brief summary of the key benefits of the life 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 life coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility			
Job Class	ALL MEMBERS		
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 40 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
	INDIVIDUAL LIFE BENEFITS	GROUP-TERMINAL BENEFITS	GROUP-TERMINAL BENEFITS
Benefit Amount	You may choose to purchase benefits in increments of \$10,000	You may choose to purchase benefits in \$5,000 increments	For eligible children 14 days or older, you may choose to purchase benefits of <ul style="list-style-type: none"> • \$5,000, or • \$10,000 Eligible children under 14 days of age receive \$1,000.
Minimum	\$10,000	\$5,000	Not Applicable
Maximum	\$300,000	\$100,000	Not Applicable
		Cannot exceed 100% of your benefit amount	
Proof of Good Health	Proof of good health is required for life insurance amounts greater than: If you are under age 70: \$60,000 If you are age 70 and over: \$10,000	Proof of good health is required for life insurance amounts greater than: If your spouse is under age 70: \$20,000 If your spouse is age 70 and over: \$10,000	Not Applicable
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at 70 Age reductions apply to the benefit amount after proof of good health.		Not Applicable
Additional Employee Benefits			
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived for you and your covered dependents.		
Accelerated Death Benefit	If you become terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.		
Individual Purchase Rights	If you terminate employment, you may be able to convert benefits to an individual policy.		
Portability	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.		

VOLUNTARY TERM LIFE

Limitations & Exclusions

Suicide Exclusion	Benefits are not paid if you or your dependents commit suicide within the first 24 months of coverage (prior group voluntary life coverage applies towards the 24 month time period).
Coverage Outside of the US	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.

VOLUNTARY TERM LIFE

Accidental Death & Dismemberment (AD&D) Coverage	
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 40 hours per week. AD & D coverage does not apply to children.
Benefit Amount	<p>Your employee benefit is equal to your voluntary term life benefit amount, if loss is due to accident or injury.</p> <p>Your spouse's benefit is equal to their voluntary term life benefit amount, if loss is due to accident or injury.</p> <p>Benefits may be paid:</p> <ul style="list-style-type: none"> • Full benefit when you or your spouse 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. • Half of the benefit when you or your spouse lose: one hand / one foot / sight of one eye. • One-fourth of the benefit when you or your spouse lose the thumb and index finger on the same hand. <p>The loss must occur within 365 days of the accident.</p>
Limitations & Exclusions	
Other Limitations	This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Understanding Your Voluntary Term Life 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.

Are My Dependents Eligible For Coverage?

If you are covered as a member, your dependents may also be eligible. Additional eligibility requirements may apply.

Eligible dependents include your spouse, if not hospital or home confined and provided they do not elect benefits as an employee, and children.

Special eligibility requirements may exist for step, foster, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility.

Additional eligibility requirements may apply.

What Additional Benefits Are Included?

Coverage During Disability	If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. 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.
Accelerated Death Benefit	<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"> • Your life expectancy is 24 months or less (as diagnosed by a physician), and • Your death benefit is at least \$10,000. <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 your premium.</p>
Individual Purchase Rights	If you terminate employment, you, your spouse and your children may be able to convert coverage to individual life coverage. 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.

VOLUNTARY TERM LIFE

<p>Claim Processing</p>	<p>Principal Life makes claim administration easy and convenient for employers by offering an online life 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>
<p>Portability</p>	<p>You may continue benefits for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must enroll within 60 days from the date you cease to qualify as a member. Refer to your benefit booklet for maximum age requirements.</p>



WE'LL GIVE YOU AN EDGE ®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

This is a summary of life 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 55985-11 | 06/2015 | © 2015 Principal Financial Services, Inc.

VILLAGE OF ROUND LAKE

VOLUNTARY TERM LIFE/AD&D

Estimated Employee Monthly Premium Amounts
End of Rate Guarantee Period: 09/30/2016

Benefit Amount	29 & Under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$10,000	\$1.15	\$1.23	\$1.72	\$2.64	\$3.93	\$6.24	\$9.66	\$13.31
\$20,000	\$2.30	\$2.46	\$3.44	\$5.28	\$7.86	\$12.48	\$19.32	\$26.62
\$30,000	\$3.45	\$3.69	\$5.16	\$7.92	\$11.79	\$18.72	\$28.98	\$39.93
\$40,000	\$4.60	\$4.92	\$6.88	\$10.56	\$15.72	\$24.96	\$38.64	\$53.24
\$50,000	\$5.75	\$6.15	\$8.60	\$13.20	\$19.65	\$31.20	\$48.30	\$66.55
\$60,000	\$6.90	\$7.38	\$10.32	\$15.84	\$23.58	\$37.44	\$57.96	\$79.86
\$70,000	\$8.05	\$8.61	\$12.04	\$18.48	\$27.51	\$43.68	\$67.62	\$93.17
\$80,000	\$9.20	\$9.84	\$13.76	\$21.12	\$31.44	\$49.92	\$77.28	\$106.48
\$90,000	\$10.35	\$11.07	\$15.48	\$23.76	\$35.37	\$55.48	\$86.94	\$119.79
\$100,000	\$11.50	\$12.30	\$17.20	\$26.40	\$39.30	\$62.40	\$96.60	\$133.10
\$110,000	\$12.65	\$13.53	\$18.92	\$29.04	\$43.23	\$69.61	\$106.26	\$146.41
\$120,000	\$13.80	\$14.76	\$20.64	\$31.68	\$47.16	\$74.88	\$115.92	\$159.72
\$130,000	\$14.95	\$15.98	\$22.36	\$34.32	\$51.09	\$81.12	\$125.56	\$173.03
\$140,000	\$16.10	\$17.22	\$24.08	\$36.96	\$55.02	\$87.36	\$135.24	\$186.34
\$150,000	\$17.25	\$18.46	\$25.80	\$39.60	\$58.95	\$93.60	\$144.90	\$199.65
\$160,000	\$18.40	\$19.68	\$27.52	\$42.24	\$62.88	\$99.84	\$154.56	\$212.96
\$170,000	\$19.55	\$20.91	\$29.24	\$44.88	\$66.91	\$106.08	\$164.22	\$226.27
\$180,000	\$20.70	\$22.14	\$30.96	\$47.52	\$70.74	\$112.32	\$173.88	\$239.58
\$190,000	\$21.85	\$23.37	\$32.68	\$50.16	\$74.67	\$118.56	\$183.54	\$252.89
\$200,000	\$23.00	\$24.60	\$34.40	\$52.80	\$78.60	\$124.80	\$193.20	\$266.20
\$210,000	\$24.15	\$25.83	\$36.12	\$55.44	\$82.53	\$131.04	\$202.86	\$279.51
\$220,000	\$25.30	\$27.06	\$37.84	\$58.08	\$86.46	\$137.28	\$212.52	\$292.82
\$230,000	\$26.45	\$28.29	\$39.56	\$60.72	\$90.39	\$143.52	\$222.18	\$306.13
\$240,000	\$27.60	\$29.52	\$41.28	\$63.36	\$94.32	\$149.76	\$231.84	\$319.44
\$250,000	\$28.75	\$30.75	\$43.00	\$66.00	\$98.25	\$156.00	\$241.50	\$332.75
\$260,000	\$29.90	\$31.98	\$44.72	\$68.64	\$102.18	\$162.24	\$251.16	\$346.06
\$270,000	\$31.05	\$33.21	\$46.44	\$71.28	\$106.11	\$168.48	\$260.82	\$359.37
\$280,000	\$32.20	\$34.44	\$48.16	\$73.92	\$110.04	\$174.72	\$270.48	\$372.68
\$290,000	\$33.35	\$35.67	\$49.88	\$76.56	\$113.97	\$180.96	\$280.14	\$386.00
\$300,000	\$34.50	\$36.90	\$51.60	\$79.20	\$117.90	\$187.20	\$289.80	\$399.30

Reduced Benefit	65-69
\$6,500	\$15.83
\$13,000	\$31.67
\$19,500	\$47.50
\$26,000	\$63.34
\$32,500	\$79.17
\$39,000	\$95.00
\$45,500	\$110.84
\$52,000	\$126.67
\$58,500	\$142.51
\$65,000	\$158.34
\$71,500	\$174.17
\$78,000	\$190.01
\$84,500	\$205.84
\$91,000	\$221.68
\$97,500	\$237.51
\$104,000	\$253.34
\$110,500	\$269.18
\$117,000	\$285.01
\$123,500	\$300.85
\$130,000	\$316.68
\$136,500	\$332.51
\$143,000	\$348.35
\$149,500	\$364.18
\$156,000	\$380.02
\$162,500	\$395.85
\$169,000	\$411.68
\$175,500	\$427.52
\$182,000	\$443.35
\$188,500	\$459.19
\$195,000	\$475.02

Reduced Benefit	70 & Over
\$5,000	\$19.89
\$10,000	\$39.78
\$15,000	\$59.67
\$20,000	\$79.56
\$25,000	\$99.45
\$30,000	\$119.34
\$35,000	\$139.23
\$40,000	\$159.12
\$45,000	\$179.01
\$50,000	\$198.90
\$55,000	\$218.79
\$60,000	\$238.68
\$65,000	\$258.57
\$70,000	\$278.46
\$75,000	\$298.35
\$80,000	\$318.24
\$85,000	\$338.13
\$90,000	\$358.02
\$95,000	\$377.91
\$100,000	\$397.80
\$105,000	\$417.69
\$110,000	\$437.58
\$115,000	\$457.47
\$120,000	\$477.36
\$125,000	\$497.25
\$130,000	\$517.14
\$135,000	\$537.03
\$140,000	\$556.92
\$145,000	\$576.81
\$160,000	\$596.70

NOTE: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your monthly premium will change to reflect the new rate band effective on the next policy anniversary date.



WE'LL GIVE YOU AN EDGE®

VILLAGE OF ROUND LAKE VOLUNTARY TERM LIFE/AD&D

Estimated Spouse Monthly Premium Amounts
End of Rate Guarantee Period: 09/30/2016

Benefit Amount	29 & Under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$5,000	\$0.58	\$0.62	\$0.86	\$1.32	\$1.97	\$3.12	\$4.83	\$6.66
\$10,000	\$1.15	\$1.23	\$1.72	\$2.64	\$3.93	\$6.24	\$9.66	\$13.31
\$15,000	\$1.73	\$1.85	\$2.58	\$3.96	\$5.90	\$9.36	\$14.49	\$19.97
\$20,000	\$2.30	\$2.46	\$3.44	\$5.28	\$7.86	\$12.48	\$19.32	\$26.62
\$25,000	\$2.88	\$3.08	\$4.30	\$6.60	\$9.83	\$15.60	\$24.15	\$33.28
\$30,000	\$3.45	\$3.69	\$5.16	\$7.92	\$11.79	\$18.72	\$28.98	\$39.93
\$35,000	\$4.03	\$4.31	\$6.02	\$9.24	\$13.76	\$21.84	\$33.81	\$46.59
\$40,000	\$4.60	\$4.92	\$6.88	\$10.56	\$15.72	\$24.96	\$38.64	\$53.24
\$45,000	\$5.18	\$5.54	\$7.74	\$11.88	\$17.69	\$28.08	\$43.47	\$59.90
\$50,000	\$5.75	\$6.15	\$8.60	\$13.20	\$19.65	\$31.20	\$48.30	\$66.55
\$55,000	\$6.33	\$6.77	\$9.46	\$14.52	\$21.62	\$34.32	\$53.13	\$73.21
\$60,000	\$6.90	\$7.38	\$10.32	\$15.84	\$23.58	\$37.44	\$57.96	\$79.86
\$65,000	\$7.48	\$8.00	\$11.18	\$17.16	\$25.55	\$40.56	\$62.79	\$86.52
\$70,000	\$8.05	\$8.61	\$12.04	\$18.48	\$27.51	\$43.68	\$67.62	\$93.17
\$75,000	\$8.63	\$9.23	\$12.90	\$19.80	\$29.48	\$46.80	\$72.45	\$99.83
\$80,000	\$9.20	\$9.84	\$13.76	\$21.12	\$31.44	\$49.92	\$77.28	\$106.48
\$85,000	\$9.78	\$10.46	\$14.62	\$22.44	\$33.41	\$53.04	\$82.11	\$113.14
\$90,000	\$10.35	\$11.07	\$15.48	\$23.76	\$35.37	\$56.16	\$86.94	\$119.79
\$95,000	\$10.93	\$11.69	\$16.34	\$25.08	\$37.34	\$59.28	\$91.77	\$126.45
\$100,000	\$11.50	\$12.30	\$17.20	\$26.40	\$39.30	\$62.40	\$96.60	\$133.10

Reduced Benefit	65-69
\$3,250	\$7.92
\$6,500	\$15.83
\$9,750	\$23.75
\$13,000	\$31.67
\$16,250	\$39.59
\$19,500	\$47.50
\$22,750	\$55.42
\$26,000	\$63.34
\$29,250	\$71.25
\$32,500	\$79.17
\$35,750	\$87.09
\$39,000	\$95.00
\$42,250	\$102.92
\$45,500	\$110.84
\$48,750	\$118.76
\$52,000	\$126.67
\$55,250	\$134.59
\$58,500	\$142.51
\$61,750	\$150.42
\$65,000	\$158.34

Reduced Benefit	70 & Over
\$2,500	\$9.95
\$5,000	\$19.89
\$7,500	\$29.84
\$10,000	\$39.78
\$12,500	\$49.73
\$15,000	\$59.67
\$17,500	\$69.62
\$20,000	\$79.56
\$22,500	\$89.51
\$25,000	\$99.45
\$27,500	\$109.40
\$30,000	\$119.34
\$32,500	\$129.29
\$35,000	\$139.23
\$37,500	\$149.18
\$40,000	\$159.12
\$42,500	\$169.07
\$45,000	\$179.01
\$47,500	\$188.96
\$50,000	\$198.90

NOTE: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child Deduction Schedule

\$5,000	\$1.00
\$10,000	\$2.00

If your age changes to a different rate band during the guarantee period, your monthly premium will change to reflect the new rate band effective on the next policy anniversary date.



WE'LL GIVE YOU AN EDGE®



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: DENTAL INSURANCE

Agenda Item No. 5.4

Executive Summary

As part of the annual insurance renewal process, GCG Financial obtained quotes for a dental insurance benefit plan.

Dental insurance was budgeted at a 7.5% increase. The actual overall increase is 3.00% or \$1,036.

Attached is:

1. A spreadsheet that contains premium information, overall plan costs, and estimated fiscal year totals.
2. The Dental insurance options summary prepared by GCG Financial.
3. Principal Financial Group dental benefit summary.

Recommended Action

To adopt a resolution approving a proposal to renew a Group Employee Dental Insurance Plan with Principal Financial Group.

Committee: Human Resources & Finance		Meeting Date: September 21, 2015	
Lead Department: Administration		Presenter: Shane D. Johnson, AVA/Director of Finance	
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.			
	Account(s)	Budget	Expenditure
	++-+-67107	Dental Insurance	
	Item Requested		
	Y-T-D Actual		\$0.00
	Estimated		\$0.00
	Estimated		\$0.00
	Total:	\$0.00	\$0.00
Request is over/under budget:			
	Under	-	
	Over	-	

15-R-_____

A Resolution Approving a Proposal to Renew a Group Employee Dental Insurance Plan with Principal Financial Group

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

1. The Principal Financial Group Dental Plan as detailed on the attached Principal Financial Group Dental Benefit Summary for the Village of Round Lake is hereby approved.
2. The Village President and Village Administrator are authorized to execute any and all documents necessary to implement the above stated dental insurance program.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

**VILLAGE OF ROUND LAKE - DENTAL INSURANCE RENEWAL
MONTHLY PREMIUMS EFFECTIVE 10/1/2015: 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>Retired</u>
Renewal Premium	\$105.83	4	\$69.01	2	\$62.49	5	\$29.61	7	1	3
Previous Premium	\$102.75		\$67.00		\$60.67		\$28.75		Union	28
Dollar Change	\$3.08		\$2.01		\$1.82		\$0.86		Total	50
Percent Change	3.00%		3.00%		3.00%		2.99%			

									<u>Active</u>	
Administration		1		1		2		2	0	6
Building		1		0		0		2	0	3
Public Works		1		0		1		0	1	3
Police		1		1		2		3	0	7
Police Union		9		1		2		7	2	21
PW Union		3		0		0		3	1	7
Total		16		3		7		17	4	47

Current Premium Splits

Employee Share	50.00%	Total premium - single coverage x 50%	Changes: Family	80.00%	Village Share
Village Share	50.00%	Total premium - single coverage x 50% + single coverage	Employee +1	85.00%	Village Share
			Single	90.00%	Village Share

New Split Changes

	<u>Monthly</u>	<u>Annual</u>	<u>% Share of Total Prem.</u>
Village Premium			
FAMILY	\$84.66	\$1,015.97	80.00%
EMPL./CHILD	\$58.66	\$703.90	85.00%
EMPL./SPOUSE	\$53.12	\$637.40	85.00%
SINGLE	\$26.65	\$319.79	90.00%
Employee Premium			
FAMILY	\$21.17	\$253.99	20.00%
EMPL./CHILD	\$10.35	\$124.22	15.00%
EMPL./SPOUSE	\$9.37	\$112.48	15.00%
SINGLE	\$2.96	\$35.53	10.00%

Current Information

	<u>Monthly</u>	<u>Annual</u>	<u>% Share of Total Prem.</u>	<u>Annual Change In Premium</u>	<u>Annual % Change Premium</u>
FAMILY	\$67.72	\$812.64	63.99%	\$203.33	25.02%
EMPL./CHILD	\$49.31	\$591.72	71.45%	\$112.18	18.96%
EMPL./SPOUSE	\$46.05	\$552.60	73.69%	\$84.80	15.35%
SINGLE	\$29.61	\$355.32	100.00%	(\$35.53)	(10.00%)
Employee Premium					
FAMILY	\$38.11	\$457.32	36.01%	(\$203.33)	(44.46%)
EMPL./CHILD	\$19.70	\$236.40	28.55%	(\$112.18)	(47.45%)
EMPL./SPOUSE	\$16.44	\$197.28	26.31%	(\$84.80)	(42.98%)
SINGLE	\$0.00	\$0.00	0.00%	\$35.53	100.00%

Annual Village Cost

<u>Type</u>	<u>New</u>	<u>Current</u>	<u>Change</u>	<u>Percent</u>
FAMILY	\$4,063.87	\$3,250.56	\$813.31	25.02%
EMPL./CHILD	\$1,407.80	\$1,183.44	\$224.36	18.96%
EMPL./SPOUSE	\$3,186.99	\$2,763.00	\$423.99	15.35%
SINGLE	\$2,238.52	\$2,487.24	(\$248.72)	(10.00%)
Total	\$10,897.18	\$9,684.24	\$1,212.94	12.52%
Total Costs	\$12,972.72	\$12,972.72	\$0.00	0.00%

Annual Employee Cost

	<u>New</u>	<u>Current</u>	<u>Change</u>	<u>Percent</u>
FAMILY	\$1,015.97	\$1,829.28	(\$813.31)	(44.46%)
EMPL./CHILD	\$248.44	\$472.80	(\$224.36)	(47.45%)
EMPL./SPOUSE	\$562.41	\$986.40	(\$423.99)	(42.98%)
SINGLE	\$248.72	\$0.00	\$248.72	100.00%
Total	\$2,075.54	\$3,288.48	(\$1,212.94)	(36.88%)

5 Year Insurance Analysis

<u>Coverage</u>	<u>Employee Percentage</u>	<u>Village Percentage</u>	<u>New Village Percentage</u>
Empl/Child	28.00%	72.00%	85.00%
Empl/Spouse	26.00%	74.00%	85.00%
Family	36.00%	64.00%	80.00%
Single	0.00%	100.00%	90.00%



Village of Round Lake

Marketing Analysis October 1, 2015

Medical Carriers Approached	Result	Annual Premiums
BCBS	Incumbent - Current	\$475,403
BCBS	Incumbent - Renewal	\$494,962
BCBS	Incumbent - Negotiated Renewal	\$480,954
Aetna	Shown In Proposal	\$406,272
Humana	Rates Not Competitive	\$499,386
UHC	Shown In Proposal	\$427,377

Dental Carriers Approached	Result	Annual Premiums
Principal	Incumbent - Current	\$34,557
Principal	Incumbent - Renewal	\$36,386
Principal	Incumbent - Negotiated Renewal	\$35,593
Guardian	Rates Not Competitive	\$46,291
Lincoln Financial	Rates Not Competitive	\$43,608
Mutual of Omaha	Decline-Rates Not Competitive	N/A
Sun Life	Decline-Rates Not Competitive	N/A

Life Carriers Approached	Result	Annual Premiums
Principal	Incumbent - Current	\$2,355
Principal	Incumbent - Renewal	\$2,552
Principal	Incumbent - Negotiated Renewal	\$2,355
Guardian	Decline-Rates Not Competitive	N/A
Lincoln Financial	Rates Not Competitive	\$2,947
Mutual of Omaha	Shown In Proposal	\$2,256
Sun Life	Decline-Rates Not Competitive	N/A
Unum	Rates Not Competitive	\$2,820

Village of Round Lake

Health Insurance Summary

October 1, 2015



	BCBS						Incumbent Carrier Alternative Options					
	Current		Renewal		Negotiated Renewal		Option 1		Option 2			
Plan	NHHB138		NHHB138		NHHB138		NHHB186		NHHB186			
Employee	1	\$495.19	1	\$488.77	1	\$474.04	1	\$465.76	1	\$480.73		
Employee + Spouse	0	\$079.89	0	\$094.08	0	\$065.05	0	\$047.30	0	\$037.05		
Employee + Child(ren)	0	\$888.86	0	\$839.54	0	\$912.85	0	\$885.32	0	\$885.83		
Family	2	\$1,373.88	2	\$1,444.85	2	\$1,403.98	2	\$1,378.85	2	\$1,361.85		
	3	\$3,242.31	3	\$3,378.47	3	\$3,282.86	3	\$3,219.48	3	\$3,184.63		
Plan	NPP72426		NPP72426		NPP72426		NPP73436		NPP73436			
Employee	14	\$617.71	14	\$507.81	14	\$580.70	14	\$566.12	14	\$548.32		
Employee + Spouse	2	\$1,222.33	2	\$1,215.46	2	\$1,181.06	2	\$1,151.42	2	\$1,115.20		
Employee + Child	3	\$1,108.77	3	\$1,148.77	3	\$1,116.28	3	\$1,088.23	3	\$1,054.01		
Family	7	\$1,713.40	7	\$1,788.81	7	\$1,716.81	7	\$1,673.52	7	\$1,620.88		
	26	\$26,412.71	26	\$26,810.04	26	\$26,856.87	26	\$25,207.85	26	\$24,415.07		
Plan	NPSC3805 (Agg)		NPSC3805 (Agg)		NPSC3805 (Agg)		NPSC3805 (Agg)		NPSC3805 (Agg)		NPSC3A05 (Agg)	
Employee	4	\$389.13	4	\$420.02	4	\$408.13	4	\$408.13	4	\$374.17		
Employee + Spouse	3	\$770.01	3	\$854.26	3	\$830.08	3	\$830.08	3	\$781.00		
Employee + Child	1	\$608.48	1	\$807.38	1	\$784.53	1	\$784.53	1	\$719.25		
Family	5	\$1,079.37	5	\$1,241.81	5	\$1,206.48	5	\$1,206.48	5	\$1,108.08		
	13	\$9,981.88	13	\$11,258.29	13	\$10,939.89	13	\$10,939.89	13	\$10,029.33		
Monthly Total	42	\$39,617	42	\$41,247	42	\$40,080	42	\$39,367	42	\$37,629		
Estimated Annual Health Insurer & Reinsurance Fee	Included		Included		Included		Included		Included			
Annual Totals	\$475,403		\$494,962		\$480,954		\$472,404		\$451,548			
Percentage Based off of Current			4.11%		1.17%		-0.63%		-5.02%			
Total Annual \$ Increase from Current			\$19,559		\$5,561		(\$2,989)		(\$23,854)			
Annual Cost Savings from Renewal							(\$6,550)		(\$29,406)			
Plan	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Dr Office Visit (In-network)- PCP/Spec	\$0		\$20/\$40		\$0		\$20/\$40		\$0		\$30/\$50	
Individual Deductible	\$0		N/A		\$0		N/A		\$0		N/A	
Family Deductible	\$0		N/A		\$0		N/A		\$0		N/A	
Inpatient Hospital Per Occurrence Deductible	\$100/Day-1st 5 Days		N/A		\$100/Day-1st 5 Days		N/A		\$100/Day-1st 5 Days		N/A	
Outpatient Surgery Per Occurrence Deductible	N/A		N/A		N/A		N/A		N/A		N/A	
Co-insurance	100/0		N/A		100/0		N/A		100/0		N/A	
Individual OOP Max (including Ded)	\$1,500		N/A		\$1,500		N/A		\$1,500		N/A	
Family OOP Max (including Ded)	\$3,000		N/A		\$3,000		N/A		\$3,000		N/A	
ER Copay	\$150		N/A		\$150		N/A		\$150		N/A	
Rx Copays (In-Network)	\$10/\$40/\$80		N/A		\$10/\$40/\$80		N/A		\$10/\$40/\$80		N/A	
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000		N/A		\$1,000/\$3,000		N/A		\$1,000/\$3,000		N/A	
Plan	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Dr Office Visit (In-network)- PCP/Spec	\$500		\$20/\$40		\$500		\$20/\$40		\$500		\$30/\$50	
Individual Deductible	\$1,500		\$1,000		\$1,500		\$1,000		\$1,500		\$3,000	
Family Deductible	N/A		\$3,000		N/A		\$3,000		N/A		\$8,000	
Inpatient Hospital Per Occurrence Deductible	N/A		N/A		N/A		N/A		N/A		N/A	
Outpatient Surgery Per Occurrence Deductible	N/A		N/A		N/A		N/A		N/A		N/A	
Co-insurance	90/10		70/30		90/10		70/30		80/20		80/40	
Individual OOP Max (including Ded)	\$2,500		\$5,000		\$2,500		\$5,000		\$3,000		\$8,000	
Family OOP Max (including Ded)	\$7,500		\$15,000		\$7,500		\$15,000		\$8,000		\$18,000	
ER Copay	\$150		N/A		\$150		N/A		\$150		N/A	
Rx Copays (In-Network)	\$10/\$40/\$80		N/A		\$10/\$40/\$80		N/A		\$10/\$40/\$80		N/A	
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000		N/A		\$1,000/\$3,000		N/A		\$1,000/\$3,000		N/A	
Plan	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Dr Office Visit (In-network)- PCP/Spec	\$2,500		20% after Ded		\$2,500		20% after Ded		\$2,500		20% after Ded	
Individual Deductible	\$5,000		\$5,000		\$5,000		\$5,000		\$3,500		\$7,000	
Family Deductible	N/A		\$10,000		N/A		\$10,000		N/A		\$14,000	
Inpatient Hospital Per Occurrence Deductible	N/A		N/A		N/A		N/A		N/A		N/A	
Outpatient Surgery Per Occurrence Deductible	N/A		N/A		N/A		N/A		N/A		N/A	
Co-insurance	80/20		60/40		80/20		60/40		80/20		60/40	
Individual OOP Max (including Ded)	\$5,000		\$10,000		\$5,000		\$10,000		\$5,000		\$11,600	
Family OOP Max (including Ded)	\$10,000		\$20,000		\$10,000		\$20,000		\$11,600		\$23,200	
ER Copay	10% after Ded		N/A		10% after Ded		N/A		10% after Ded		N/A	
Rx Copays (In-Network)	20% after Ded		N/A		20% after Ded		N/A		20% after Ded		N/A	
RX Out of Pocket Maximum (Ind/Family)	N/A		N/A		N/A		N/A		N/A		N/A	

Premiums are based on the most similar plan designs available.
Renewal Premiums for Incumbent carriers are shown.

Village of Round Lake

Health Insurance Summary

October 1, 2015



DCRS

Alternative Carrier Options

	Current	Renewal	Negotiated Renewal	Aetna	UnitedHealthcare
Employee	NHHB136	NHHB136	NHHB136	IL HMO \$0/70%	\$32 w/2V
Employee + Spouse	\$405.15	\$480.77	\$474.94	\$370.00	\$457.48
Employee + Child(ren)	\$879.89	\$994.08	\$986.95	\$888.00	\$960.73
Family	\$1,285.04	\$1,474.85	\$1,461.89	\$740.00	\$788.88
	\$3,242.91	\$3,370.47	\$3,282.88	\$1,184.00	\$1,361.62
				\$2,738.00	\$3,220.73
Employee	NPP72426	NPP72426	NPP72426	IL OAMC \$00/50	\$54 w/2V
Employee + Spouse	\$617.71	\$597.81	\$580.70	\$481.00	\$486.59
Employee + Child(ren)	\$1,222.93	\$1,215.46	\$1,181.06	\$1,106.00	\$1,042.84
Family	\$1,108.77	\$1,148.77	\$1,116.20	\$921.00	\$854.13
	\$1,713.40	\$1,768.81	\$1,716.81	\$1,474.00	\$1,499.70
	\$28,412.71	\$28,610.04	\$28,666.97	\$21,747.00	\$22,098.23
Employee	NPSC3805 (App)	NPSC3805 (App)	NPSC3805 (App)	IL OAMC 2100/80/50 HSA TIF	ABJ1 w/2V
Employee + Spouse	\$389.13	\$420.02	\$408.13	\$321.00	\$379.84
Employee + Child(ren)	\$770.01	\$854.26	\$830.08	\$770.00	\$797.24
Family	\$1,079.37	\$1,241.61	\$1,208.48	\$842.00	\$862.98
	\$8,961.88	\$11,258.29	\$10,939.69	\$1,027.00	\$1,146.51
Monthly Total	\$9,817	\$41,247	\$40,080	\$3,856	\$35,815
Estimated Annual Health Insurer & Reinsurance Fee	Included	Included	Included	Included	Included
Annual Totals	\$475,403	\$494,962	\$480,954	\$408,272	\$427,377
Percentage Based off of Current		4.11%	1.17%	-14.64%	-10.10%
Total Annual \$ Ingress from Current		\$19,889	\$6,651	(\$89,131)	(\$48,028)
Annual Cost Savings from Renewal				(\$74,682)	(\$53,577)

	HMO		PPO		HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Dr. Office Visit (In-network)-PCP/Spec	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$20/\$40
Individual Deductible	\$0	N/A	\$0	N/A	\$0	N/A
Family Deductible	\$0	N/A	\$0	N/A	\$0	N/A
Inpatient Hospital Per Occurrence Deductible	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	100/0	N/A	100/0	N/A	100/0	N/A
Individual OOP Max. (including Ded)	\$1,500	N/A	\$1,500	N/A	\$1,500	N/A
Family OOP Max. (including Ded)	\$3,000	N/A	\$3,000	N/A	\$3,000	N/A
ER Copay		\$150		\$150		\$150
Rx Copays (In-Network)		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80
RX Out of Pocket Maximum (Ind/Family)		\$1,000/\$3,000		\$1,000/\$3,000		\$1,000/\$3,000
Dr. Office Visit (In-network)-PCP/Spec	\$500	\$20/\$40	\$500	\$20/\$40	\$500	\$20/\$40
Individual Deductible	\$1,600	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Family Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	90/10	70/30	90/10	70/30	90/10	70/30
Individual OOP Max. (including Ded)	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
Family OOP Max. (including Ded)	\$7,500	\$15,000	\$7,500	\$15,000	\$7,500	\$15,000
ER Copay		\$150		\$150		\$150
Rx Copays (In-Network)		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80
RX Out of Pocket Maximum (Ind/Family)		\$1,000/\$3,000		\$1,000/\$3,000		\$1,000/\$3,000
Dr. Office Visit (In-network)-PCP/Spec	20% after Ded		20% after Ded		20% after Ded	
Individual Deductible	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
Family Deductible	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Inpatient Hospital Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	80/20	60/40	80/20	60/40	80/20	60/40
Individual OOP Max. (including Ded)	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Family OOP Max. (including Ded)	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
ER Copay	10% after Ded		10% after Ded		10% after Ded	
Rx Copays (In-Network)	20% after Ded		20% after Ded		20% after Ded	
RX Out of Pocket Maximum (Ind/Family)	N/A		N/A		N/A	

Premiums are based on the most similar plan designs available.
Renewal Premiums for incumbent carriers are shown.

Village of Round Lake



EMPLOYEE BENEFITS
INSURANCE
RISK MANAGEMENT
WEALTH MANAGEMENT

Dental Insurance Summary

October 1, 2015

Principal

		Current	Renewal	Negotiated Renewal
PPO		Dental PPO	Dental PPO	Dental PPO
Employee	17	\$28.75	\$30.27	\$29.61
Employee + Spouse	9	\$60.67	\$63.88	\$62.49
Employee + Child(ren)	3	\$67.00	\$70.55	\$69.01
Family	16	\$102.75	\$108.19	\$105.83
	45	\$2,879.78	\$3,032.20	\$2,966.09
Monthly Total		\$2,880	\$3,032	\$2,966
Annual Totals		\$34,557	\$36,386	\$35,593
Percentage Based off of Current			5.29%	3.00%
Total Annual \$ Increase from Current			\$1,829	\$1,036

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
Waiting Periods		None
Rate Guarantee		1 Year

Premiums are based on the most similar plan designs available.
Renewal Premiums for Incumbent carriers are shown.

Village of Round Lake

Life/AD&D Insurance Summary

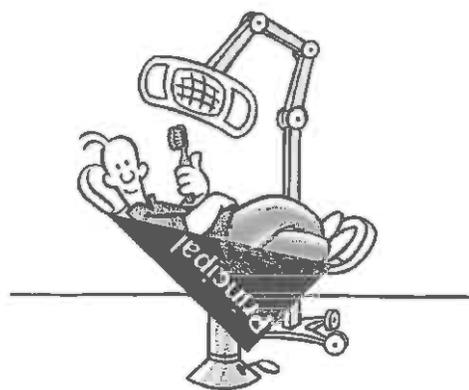
October 1, 2015

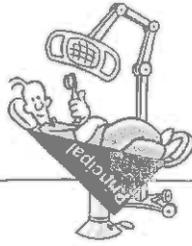


Life/AD&D	Principal - Current	Principal - Renewal	Principal - Negotiated Renewal	Mutual of Omaha
Rate Guarantee	N/A	1 Year	1 Year	2 Year
Class Description	All Full Time Eligible Employees			
Benefit	\$25,000	\$25,000	\$25,000	\$25,000
Guarantee Issue	\$25,000	\$25,000	\$25,000	\$25,000
Cost of Coverage Paid By	Employer	Employer	Employer	Employer
Total Volume	\$1,175,000	\$1,175,000	\$1,175,000	\$1,175,000
Rate/\$1000 of Benefit	\$0.167	\$0.181	\$0.167	\$0.160
Monthly Total	\$196.23	\$212.68	\$196.23	\$188.00
Annual Total	\$2,354.70	\$2,552.10	\$2,354.70	\$2,256.00

Premiums are based on the most similar plan designs available.
Renewal Premiums for Incumbent carriers are shown.

Your Dental Benefits





Policyholder: VILLAGE OF ROUND LAKE

Dental PPO Benefit Summary

Effective Date: 10/01/2014

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 (Policy Pays)	
	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

Participating Provider Services	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.			
Additional Benefits				
	<i>Lifetime Maximum</i>		<i>Coinurance (Policy Pays)</i>	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

How Are Dental Procedures Covered?

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

<p>Unit 1 – Preventive Procedures</p>	<ul style="list-style-type: none"> • Routine exams - two per calendar year • 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.) • Second Opinion Consultation • Fluoride – one treatment each calendar year (covered only for dependent children under age 14) • X-rays - Bitewing (one set every calendar year), occlusal, periapical • X-rays – Full mouth survey (one every 60 months), extraoral
<p>Unit 2 – Basic Procedures</p>	<ul style="list-style-type: none"> • 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.) • Emergency exams – subject to Routine exam frequency limit • Space maintainers - covered only for dependent children under age 14; repairs not covered • Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months • Harmful Habit Appliance - covered only for dependent children under age 14 • Fillings and stainless steel crowns • Simple Oral Surgery • Complex Oral Surgical Procedures • 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.) • Periodontal Surgical Procedures – one each quadrant each 36 months • Simple Endodontics (root canal therapy for anterior teeth) • Complex Endodontics (root canal therapy for molar teeth)
<p>Unit 3 – Major Procedures</p>	<ul style="list-style-type: none"> • General Anesthesia (covered only for specific procedures)/IV Sedation • Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations • Crowns – each 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
<p>Unit 4 - Orthodontic Procedures</p>	<ul style="list-style-type: none"> • X-rays and other diagnostic procedures, fixed and removable appliances

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 to locate nearby dentists or see if your dentist participates in your network.

1	Visit www.principal.com .
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.

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

DENTAL

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.

DENTAL

Limitations & Exclusions	
Late Entrant Provision	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
Missing Tooth	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.
Orthodontia	<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"> 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. <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>
Scheduled/MAC Design	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.

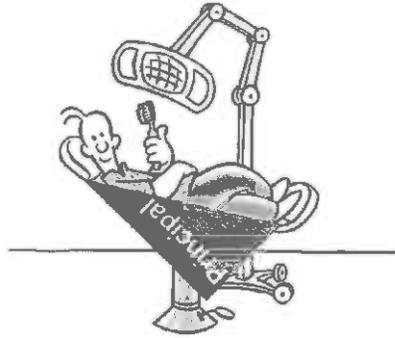


WE'LL GIVE YOU AN EDGE ®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

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.



Using the Maximum Accumulation Benefit

Your dental coverage includes the Maximum Accumulation Plan, which allows you to increase your maximum benefit each year when you regularly seek dental care. The maximum benefit is the most your dental design will pay for in one calendar year. Increasing your maximum benefit by rolling over unused dollars means you could pay less out of pocket each year.

How it works

Each year, a portion of the unused maximum benefit can roll over or increase your maximum benefit in the following year. The rollover applies to the calendar year maximum portion of your dental benefits.

You can increase your maximum benefit up to four times the accumulation amount, which is determined by your company's dental benefits. However, if you do not submit any claims in a year, the entire accumulated maximum benefit will be forfeited.

Maximum accumulation is available if you have Preventive, Basic and Major dental coverage:

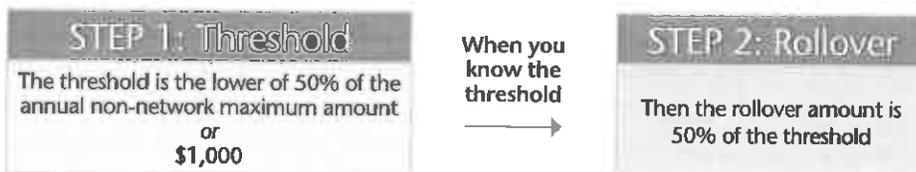
Preventive – exams, cleanings and sometimes x-rays

Basic – exams, cleanings as well as x-rays and fillings, and sometimes crowns

Major – exams, cleanings, x-rays, fillings, crowns, inlays, onlays, bridges and dentures

Determining amounts

The amount you can roll over is determined by the threshold amount. Your total annual claims must be less than the threshold amount to qualify. Determine the threshold and then the rollover amount by following these steps:



The rollover amount is added to the next year's calendar maximum. When you add together your yearly maximum plus the rollover accrued each year, you have the potential to significantly increase the benefits available.

Sample accumulation

Here are examples of accumulated maximum benefits over time for two employees with different calendar year maximums:

EMPLOYEE 1						
	STEP 1			STEP 2		
	Calendar Year Maximum	Threshold	Benefits Paid	Yearly Rollover Amount	Accumulated Rollover Amount	Total Maximum Available
Year 1	\$2,000	\$1,000	\$550	\$500	\$500	\$2,500
Year 2	\$2,000	\$1,000	\$850	\$500	\$1,000	\$3,000
Year 3	\$2,000	\$1,000	\$1,250	\$0	\$1,000	\$3,000
Year 4	\$2,000	\$1,000	\$725	\$500	\$1,500	\$3,500
Year 5	\$2,000	\$1,000	\$0	\$0	\$0	\$2,000
Year 6	\$2,000	\$1,000	\$600	\$500	\$500	\$2,500
Year 7	\$2,000	\$1,000	\$250	\$500	\$1,000	\$3,000

NO ROLLOVER

The annual claims were more than the threshold, so there was no rollover the following year.

MAXIMUM RESET

Since there were no dental care visits in these years, the maximum resets to the original amount.

EMPLOYEE 2						
	STEP 1			STEP 2		
	Calendar Year Maximum	Threshold	Benefits Paid	Yearly Rollover Amount	Accumulated Rollover Amount	Total Maximum Available
Year 1	\$1,000	\$500	\$250	\$250	\$250	\$1,250
Year 2	\$1,000	\$500	\$750	\$0	\$250	\$1,250
Year 3	\$1,000	\$500	\$321	\$250	\$500	\$1,500
Year 4	\$1,000	\$500	\$0	\$0	\$0	\$1,000
Year 5	\$1,000	\$500	\$0	\$0	\$0	\$1,000
Year 6	\$1,000	\$500	\$450	\$250	\$250	\$1,250
Year 7	\$1,000	\$500	\$200	\$250	\$500	\$1,500

The Maximum Accumulation Plan benefit rewards healthy behavior. And all you have to do to take advantage of this benefit is regularly visit your dentist.



WE'LL GIVE YOU AN EDGE®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002

For members with split maximums, the accumulation amount is based on the non-network maximum.

This is a summary of the Maximum Accumulation Plan. It is not a complete statement of the rights, benefits, limitations or exclusions of the coverage described here. For complete details, refer to your benefit booklet. Insurance underwritten by and administrative services provided by Principal Life Insurance Company.

Principal Life Insurance Company

Periodontal Program Voucher

Principal Life Insurance Company is committed to helping you stay healthy. This periodontal voucher is just one of the ways we are helping patients who are pregnant, or have diabetes or heart disease receive the extra care needed to maintain good oral and overall health.

Benefits – Scaling and root planing covered at 100% of covered charges (if deemed dentally necessary). If scaling and root planing are not necessary, one additional routine cleaning or periodontal cleaning is offered (subject to deductible, coinsurance and frequency limits).

Conditions – Only patients who are pregnant, or have diabetes or heart disease can use this voucher.*

Date of Service	CONDITION(S)	SERVICE(S) PERFORMED
Patient Name	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Routine cleaning
Provider Signature	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Periodontal cleaning
	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Scaling and root planing

How to submit – For correct claim processing of these additional benefits, this voucher and claim form must be submitted through the mail. Send this complete voucher and claim form to:

Principal Life Insurance Company
P.O. Box 10357
Des Moines, IA 50306-0357

A healthy smile means a healthy you. Talk to your dental provider today about preventive periodontal care.



WE'LL GIVE YOU AN EDGE®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

*Other conditions may apply in Connecticut. See your booklet for more information.



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: HEALTH INSURANCE

Agenda Item No. 5.5

Executive Summary

As part of the annual insurance renewal process, GCG Financial obtained quotes for health insurance benefit plans.

Health insurance was budgeted at a 15.00% increase. The actual overall increase is 1.17% or \$5,551. Overall, the PPO plans decreased (2.13%), the HSA plans increased 9.19%, and the HMO plans decreased (0.15%).

Attached is:

1. A spreadsheet that contains premium information, overall plan costs, and estimated fiscal year totals.
2. The Health insurance options summary prepared by GCG Financial.
3. Blue Cross/Blue Shield Group Health plan benefit summaries.

Recommended Action

To adopt a resolution approving a proposal to renew a Group Health Insurance Plan with Blue Cross/Blue Shield.

Committee: Human Resources & Finance	Meeting Date: September 21, 2015																											
Lead Department: Administration	Presenter: Shane D. Johnson, AVA/Director of Finance																											
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Account(s)</th> <th style="width: 30%;">Budget</th> <th style="width: 30%;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>Item Requested</td> <td></td> <td></td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td></td> </tr> <tr> <td>Estimated</td> <td></td> <td></td> </tr> <tr> <td>Estimated</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td colspan="2">-</td> </tr> <tr> <td style="text-align: right;">Over</td> <td colspan="2">-</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	Item Requested			Y-T-D Actual			Estimated			Estimated			Total:	\$0.00	\$0.00	Request is over/under budget:			Under	-		Over	-	
Account(s)	Budget	Expenditure																										
Item Requested																												
Y-T-D Actual																												
Estimated																												
Estimated																												
Total:	\$0.00	\$0.00																										
Request is over/under budget:																												
Under	-																											
Over	-																											

A Resolution Approving a Proposal to Renew a Group Employee Health Insurance Plan with BlueCross BlueShield

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

1. The renewal of group health insurance providing for the Employee Health Insurance Plans as detailed on the attached BlueCross BlueShield Benefit Highlights and Description of Coverage is hereby approved. The cost of coverage and the allocation of the cost of coverage between the employee and the employer shall be as set forth on Exhibit A.
2. The Village President and Village Administrator are authorized to execute any and all documents necessary to implement the above stated health insurance benefits program.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

**VILLAGE OF ROUND LAKE
MONTHLY PREMIUMS EFFECTIVE 10/1/2015**

PPO

Description	Family	Employees	Empl/Child	Employees	Empl/Spouse	Employees	Single	Employees	Other/None	Retired
Renewal Premium	\$1,716.61	2	\$1,116.26	1	\$1,181.06	1	\$580.70	7	8	3
Previous Premium	\$1,713.40		\$1,108.77		\$1,222.33		\$617.71		Union	28
Dollar Change	\$3.21		\$7.49		-\$41.27		-\$37.01		Total	50
Percent Change	0.19%		0.68%		(3.38%)		(5.99%)			

									Active	
Administration		0		1		0		3	2	6
Building		1		0		0		2	0	3
Public Works		0		0		0		0	3	3
Police		1		0		1		2	3	7
Police Union		2		1		1		5	12	21
PW Union		2		1		0		2	2	7
Total		6		3		2		14	22	47

Current Premium Splits

Employee Share	50.00%	Total premium - single coverage x 50%	Changes: Family	80.00%	Village Share
Village Share	50.00%	Total premium - single coverage x 50% + single coverage	Employee +1	85.00%	Village Share
			Single	90.00%	Village Share

	New Split Changes			Current Information			Annual Change In Premium	Annual % Change Premium
	Monthly	Annual	% Share of Total Prem.	Monthly	Annual	% Share of Total Prem.		
Village Premium								
FAMILY	\$1,373.29	\$16,479.46	80.00%	\$1,148.66	\$13,783.86	66.91%	\$2,695.60	19.56%
EMPL/CHLD	\$948.82	\$11,385.85	85.00%	\$848.48	\$10,181.76	76.01%	\$1,204.09	11.83%
EMPL/SPOUSE	\$1,003.90	\$12,046.81	85.00%	\$880.88	\$10,570.56	74.58%	\$1,476.25	13.97%
SINGLE	\$522.63	\$6,271.56	90.00%	\$580.70	\$6,968.40	100.00%	(\$696.84)	(10.00%)
Employee Premium								
FAMILY	\$343.32	\$4,119.86	20.00%	\$567.96	\$6,815.46	33.09%	(\$2,695.60)	(39.55%)
EMPL/CHLD	\$167.44	\$2,009.27	15.00%	\$267.78	\$3,213.36	23.99%	(\$1,204.09)	(37.47%)
EMPL/SPOUSE	\$177.16	\$2,125.91	15.00%	\$300.18	\$3,602.16	25.42%	(\$1,476.25)	(40.98%)
SINGLE	\$58.07	\$696.84	10.00%	\$0.00	\$0.00	0.00%	\$696.84	100.00%

Type	Annual Village Cost				Annual Employee Cost			
	New	Current	Change	Percent	New	Current	Change	Percent
FAMILY	\$32,958.91	\$27,567.72	\$5,391.19	19.56%	\$8,239.73	\$13,630.92	(\$5,391.19)	(39.55%)
EMPL/CHLD	\$11,385.85	\$10,181.76	\$1,204.09	11.83%	\$2,009.27	\$3,213.36	(\$1,204.09)	(37.47%)
EMPL/SPOUSE	\$12,046.81	\$10,570.56	\$1,476.25	13.97%	\$2,125.91	\$3,602.16	(\$1,476.25)	(40.98%)
SINGLE	\$43,900.92	\$48,778.80	(\$4,877.88)	(10.00%)	\$4,877.88	\$0.00	\$4,877.88	100.00%
Total	\$100,292.50	\$97,098.84	\$3,193.66	3.29%	\$17,252.78	\$20,446.44	(\$3,193.66)	(15.62%)
Total Costs	\$117,545.28	\$117,545.28	\$0.00	0.00%				

5 Year Insurance Analysis

Coverage	Employee Percentage	Village Percentage	New Village Percentage
Empl/Child	25.00%	75.00%	85.00%
Empl/Spouse	26.00%	74.00%	85.00%
Family	34.00%	66.00%	80.00%
Single	0.00%	100.00%	90.00%

**VILLAGE OF ROUND LAKE
MONTHLY PREMIUMS EFFECTIVE 10/1/2015**

HSA

Description	Family	Employees	Empl/Child	Employees	Empl/Spouse	Employees	Single	Employees	Other/None	Retired
Renewal Premium	\$1,206.48	1	\$784.53	1	\$830.08	2	\$408.13	1	14	3
Previous Premium	\$1,079.37		\$698.48		\$770.01		\$389.13		Union	28
Dollar Change	\$127.11		\$86.05		\$60.07		\$19.00		Total	50
Percent Change	11.78%		12.32%		7.80%		4.88%			

									Active	
Administration		1		0		1		0	4	6
Building		0		0		0		0	3	3
Public Works		0		0		1		0	2	3
Police		0		1		0		1	5	7
Police Union		4		0		1		3	13	21
PW Union		1		0		0		0	6	7
Total		6		1		3		4	33	47

Current Premium Splits

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

Changes: Family	80.00%	Village Share
Employee +1	85.00%	Village Share
Single	90.00%	Village Share

New Split Changes

	Monthly	Annual	% Share of Total Prem.
Village Premium			
FAMILY	\$965.18	\$11,582.21	80.00%
EMPL/CHILD	\$666.85	\$8,002.21	85.00%
EMPL/SPOUSE	\$705.57	\$8,466.82	85.00%
SINGLE	\$367.32	\$4,407.80	90.00%
Employee Premium			
FAMILY	\$241.30	\$2,895.55	20.00%
EMPL/CHILD	\$117.68	\$1,412.15	15.00%
EMPL/SPOUSE	\$124.51	\$1,494.14	15.00%
SINGLE	\$40.81	\$489.76	10.00%

Current Information		
Monthly	Annual	% Share of Total Prem.
\$807.31	\$9,687.66	66.91%
\$596.33	\$7,155.96	76.01%
\$619.11	\$7,429.26	74.58%
\$408.13	\$4,897.56	100.00%
\$399.18	\$4,790.10	33.09%
\$188.20	\$2,258.40	23.99%
\$210.98	\$2,531.70	25.42%
\$0.00	\$0.00	0.00%

Annual Change In Premium	Annual % Change Premium
\$1,894.55	19.56%
\$846.25	11.83%
\$1,037.56	13.97%
(\$489.76)	(10.00%)
(\$1,894.55)	(39.55%)
(\$846.25)	(37.47%)
(\$1,037.56)	(40.98%)
\$489.76	100.00%

Annual Village Cost

Type	New	Current	Change	Percent
FAMILY	\$11,582.21	\$9,687.66	\$1,894.55	19.56%
EMPL/CHILD	\$8,002.21	\$7,155.96	\$846.25	11.83%
EMPL/SPOUSE	\$16,933.63	\$14,858.52	\$2,075.11	13.97%
SINGLE	\$4,407.80	\$4,897.56	(\$489.76)	(10.00%)
Total	\$40,925.85	\$36,599.70	\$4,326.15	11.82%
Total Costs	\$48,711.60	\$48,711.60	\$0.00	0.00%

Annual Employee Cost

New	Current	Change	Percent
\$2,895.55	\$4,790.10	(\$1,894.55)	(39.55%)
\$1,412.15	\$2,258.40	(\$846.25)	(37.47%)
\$2,988.29	\$5,063.40	(\$2,075.11)	(40.98%)
\$489.76	\$0.00	\$489.76	100.00%
\$7,785.75	\$12,111.90	(\$4,326.15)	(35.72%)

5 Year Insurance Analysis

Coverage	Employee Percentage	Village Percentage	New Village Percentage
Empl/Child	25.00%	75.00%	85.00%
Empl/Spouse	26.00%	74.00%	85.00%
Family	34.00%	66.00%	80.00%
Single	0.00%	100.00%	90.00%

**VILLAGE OF ROUND LAKE
MONTHLY PREMIUMS EFFECTIVE 10/1/2015**

HMO

Description	Family	Employees	Empl/Child	Employees	Empl/Spouse	Employees	Single	Employees	Other/None	Retired
Renewal Premium	\$1,403.96	1	\$912.95	0	\$965.95	0	\$474.94	0	18	3
Previous Premium	\$1,373.56		\$888.86		\$979.89		\$495.19		Union	28
Dollar Change	\$30.40		\$24.09		-\$13.94		-\$20.25		Total	50
Percent Change	2.21%		2.71%		(1.42%)		(4.09%)			
										Active
Administration		0		0		0		0	6	6
Building		0		0		0		0	3	3
Public Works		1		0		0		0	2	3
Police		0		0		0		0	7	7
Police Union		1		0		0		1	19	21
PW Union		0		0		0		0	7	7
Total		2		0		0		1	44	47

Current Premium Splits

Employee Share	50.00%	Total premium - single coverage x 50%	Changes: Family	80.00%	Village Share
Village Share	50.00%	Total premium - single coverage x 50% + single coverage	Employee +1	85.00%	Village Share
			Single	90.00%	Village Share

New Split Changes

Village Premium	Monthly		% Share of Total Prem.
	Monthly	Annual	
FAMILY	\$1,123.17	\$13,478.02	80.00%
EMPL./CHILD	\$776.01	\$9,312.09	85.00%
EMPL./SPOUSE	\$821.06	\$9,852.69	85.00%
SINGLE	\$427.45	\$5,129.35	90.00%
Employee Premium			
FAMILY	\$280.79	\$3,369.50	20.00%
EMPL./CHILD	\$136.94	\$1,643.31	15.00%
EMPL./SPOUSE	\$144.89	\$1,738.71	15.00%
SINGLE	\$47.49	\$569.93	10.00%

Current Information

Monthly	Annual	% Share of Total Prem.
\$693.95	\$8,327.34	76.01%
\$720.45	\$8,645.34	74.58%
\$474.94	\$5,699.28	100.00%
\$464.51	\$5,574.12	33.09%
\$219.01	\$2,628.06	23.99%
\$245.51	\$2,946.06	25.42%
\$0.00	\$0.00	0.00%

Annual Change In Premium	Annual % Change Premium
\$2,204.62	19.56%
\$984.75	11.83%
\$1,207.35	13.97%
(\$569.93)	(10.00%)
(\$2,204.62)	(39.55%)
(\$984.75)	(37.47%)
(\$1,207.35)	(40.98%)
\$569.93	100.00%

Annual Village Cost

Type	Annual Village Cost			
	New	Current	Change	Percent
FAMILY	\$13,478.02	\$11,273.40	\$2,204.62	19.56%
EMPL./CHILD	\$0.00	\$0.00	\$0.00	0.00%
EMPL./SPOUSE	\$0.00	\$0.00	\$0.00	0.00%
SINGLE	\$0.00	\$0.00	\$0.00	0.00%
Total	\$13,478.02	\$11,273.40	\$2,204.62	19.56%
Total Costs	\$16,847.52	\$16,847.52	\$0.00	0.00%

Annual Employee Cost

New	Current	Change	Percent
\$0.00	\$0.00	\$0.00	0.00%
\$0.00	\$0.00	\$0.00	0.00%
\$0.00	\$0.00	\$0.00	0.00%
\$3,369.50	\$5,574.12	(\$2,204.62)	(39.55%)

5 Year Insurance Analysis

Coverage	Employee Percentage	Village Percentage	New Village Percentage
Empl/Child	25.00%	75.00%	85.00%
Empl/Spouse	26.00%	74.00%	85.00%
Family	34.00%	66.00%	80.00%
Single	0.00%	100.00%	90.00%



Village of Round Lake

Marketing Analysis

October 1, 2015

Medical Carriers Approached	Result	Annual Premiums
BCBS	Incumbent - Current	\$475,403
BCBS	Incumbent - Renewal	\$494,962
BCBS	Incumbent - Negotiated Renewal	\$480,954
Aetna	Shown In Proposal	\$406,272
Humana	Rates Not Competitive	\$499,386
UHC	Shown In Proposal	\$427,377

Dental Carriers Approached	Result	Annual Premiums
Principal	Incumbent - Current	\$34,557
Principal	Incumbent - Renewal	\$36,386
Principal	Incumbent - Negotiated Renewal	\$35,593
Guardian	Rates Not Competitive	\$46,291
Lincoln Financial	Rates Not Competitive	\$43,608
Mutual of Omaha	Decline-Rates Not Competitive	N/A
Sun Life	Decline-Rates Not Competitive	N/A

Life Carriers Approached	Result	Annual Premiums
Principal	Incumbent - Current	\$2,355
Principal	Incumbent - Renewal	\$2,552
Principal	Incumbent - Negotiated Renewal	\$2,355
Guardian	Decline-Rates Not Competitive	N/A
Lincoln Financial	Rates Not Competitive	\$2,947
Mutual of Omaha	Shown In Proposal	\$2,256
Sun Life	Decline-Rates Not Competitive	N/A
Unum	Rates Not Competitive	\$2,820

Premiums are based on the most similar plan designs available.
Renewal Premiums for Incumbent carriers are shown.

Village of Round Lake

Health Insurance Summary

October 1, 2015



	BCBS			Incumbent Carrier Alternative Options	
	Current	Renewal	Negotiated Renewal	Option 1	Option 2
Plan	NHHB136	NHHB136	NHHB136	NHHB168	NHHB168
Employee	1	\$495.10	\$488.77	\$474.94	\$465.70
Employee + Spouse	0	\$0/9.89	\$0/4.08	\$0/5.95	\$0/7.05
Employee + Child(ren)	0	\$888.88	\$839.54	\$912.85	\$895.32
Family	2	\$1,373.98	\$1,444.85	\$1,403.86	\$1,391.85
	3	\$3,242.31	\$3,378.47	\$3,282.88	\$3,184.63
Plan	NPP72428	NPP72428	NPP72428	NPP73436	NPP83436
Employee	14	\$617.71	\$507.81	\$580.70	\$568.12
Employee + Spouse	2	\$1,222.33	\$1,215.48	\$1,181.08	\$1,115.20
Employee + Child	3	\$1,108.77	\$1,148.77	\$1,118.28	\$1,088.23
Family	7	\$1,713.40	\$1,786.81	\$1,718.61	\$1,673.52
	20	\$28,412.71	\$28,810.04	\$26,856.97	\$25,207.85
Plan	NPSC3805 (Agg)	NPSC3805 (Agg)	NPSC3805 (Agg)	NPSC3805 (Agg)	NPSC3A05 (Agg)
Employee	4	\$389.13	\$420.02	\$408.13	\$374.17
Employee + Spouse	3	\$770.01	\$854.26	\$830.08	\$781.00
Employee + Child	1	\$808.48	\$807.38	\$784.53	\$719.25
Family	5	\$1,079.37	\$1,241.81	\$1,205.48	\$1,108.08
	13	\$9,981.88	\$11,259.29	\$10,939.89	\$10,029.33
Monthly Total	42	\$39,817	\$41,247	\$40,080	\$37,829
Estimated Annual Health Insurer & Reinsurance Fee		Included	Included	Included	Included
Annual Totals		\$475,403	\$494,962	\$480,954	\$451,548
Percentage Based off of Current			4.11%	1.17%	-5.02%
Total Annual \$ Increase from Current			\$19,559	\$5,551	(\$23,854)
Annual Cost Savings from Renewal					(\$8,550)

	NHHB136		NHHB168		NHHB168	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Dr. Office Visit (In-network)- PCP/Spec	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$20/\$40
Individual Deductible	\$0	N/A	\$0	N/A	\$0	N/A
Family Deductible	\$0	N/A	\$0	N/A	\$0	N/A
Inpatient Hospital Per Occurrence Deductible	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	100/0	N/A	100/0	N/A	100/0	N/A
Individual OOP Max (including Ded)	\$1,500	N/A	\$1,500	N/A	\$1,500	N/A
Family OOP Max (including Ded)	\$3,000	N/A	\$3,000	N/A	\$3,000	N/A
ER Copay	\$150		\$150		\$150	
Rx Copays (In-Network)	\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80	
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000		\$1,000/\$3,000		\$1,000/\$3,000	

	NPP72428		NPP73436		NPP83436	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Dr. Office Visit (In-network)- PCP/Spec	\$500	\$20/\$40	\$500	\$20/\$40	\$500	\$20/\$40
Individual Deductible	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000
Family Deductible	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Inpatient Hospital Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	90/10	70/30	90/10	70/30	90/10	70/30
Individual OOP Max (including Ded)	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
Family OOP Max (including Ded)	\$7,500	\$16,000	\$7,500	\$15,000	\$7,500	\$16,000
ER Copay	\$150		\$150		\$150	
Rx Copays (In-Network)	\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80	
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000		\$1,000/\$3,000		\$1,000/\$3,000	

	NPSC3805 (Agg)		NPSC3805 (Agg)		NPSC3805 (Agg)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Dr. Office Visit (In-network)- PCP/Spec	\$2,500	20% after Ded	\$2,500	20% after Ded	\$2,500	20% after Ded
Individual Deductible	\$5,000	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000
Family Deductible	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Inpatient Hospital Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	80/20	60/40	80/20	60/40	80/20	60/40
Individual OOP Max (including Ded)	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Family OOP Max (including Ded)	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
ER Copay	10% after Ded		10% after Ded		10% after Ded	
Rx Copays (In-Network)	20% after Ded		20% after Ded		20% after Ded	
RX Out of Pocket Maximum (Ind/Family)	N/A		N/A		N/A	

Premiums are based on the most similar plan designs available. Renewal Premiums for Incumbent carriers are shown.

Village of Round Lake

Health Insurance Summary

October 1, 2015



	BCBS			Alternative Carrier Options	
	Current	Renewal	Negotiated Renewal	Aetna	UnitedHealthcare
HMO	NH-HB 136	NH-HB 136	NH-HB 136	IL HMO 80/70%	532 w/2V
Employee	\$495.19	\$488.77	\$474.94	\$370.00	\$457.49
Employee + Spouse	\$978.89	\$964.08	\$965.95	\$988.00	\$960.73
Employee + Child(ren)	\$888.86	\$939.64	\$912.95	\$740.00	\$786.88
Family	\$1,873.96	\$1,444.85	\$1,403.58	\$1,184.00	\$1,981.62
	\$3,242.31	\$3,378.47	\$3,282.86	\$2,738.00	\$3,220.73
PPO	NPP72426	NPP72426	NPP72426	IL QAMC 500 80/50	554 w/2V
Employee	\$617.71	\$597.61	\$580.70	\$461.00	\$496.59
Employee + Spouse	\$1,222.33	\$1,215.46	\$1,181.06	\$1,106.00	\$1,042.84
Employee + Child(ren)	\$1,108.77	\$1,148.77	\$1,116.28	\$921.00	\$854.13
Family	\$1,713.40	\$1,796.81	\$1,716.81	\$1,474.00	\$1,499.70
	\$26,412.71	\$26,910.04	\$26,856.97	\$21,747.00	\$22,098.23
HSA	NPSC3805 (Age)	NPSC3805 (Age)	NPSC3805 (Age)	IL QAMC 2100 80/50 HSA TIE	ARJ1 w/2V
Employee	\$366.13	\$420.02	\$408.13	\$321.00	\$379.64
Employee + Spouse	\$770.01	\$854.28	\$830.08	\$770.00	\$797.24
Employee + Child(ren)	\$898.48	\$807.38	\$784.53	\$642.00	\$652.98
Family	\$1,078.97	\$1,241.81	\$1,208.48	\$1,027.00	\$1,146.51
	\$9,981.86	\$11,298.29	\$10,939.69	\$9,371.00	\$10,285.81
Monthly Total	\$36,617	\$41,247	\$40,000	\$33,856	\$35,616
Estimated Annual Health Insurer & Reinsurance Fee	Included	Included	Included	Included	Included
Annual Totals	\$475,403	\$494,982	\$480,954	\$406,272	\$427,377
Percentage Based off of Current		4.11%	1.17%	-14.84%	-10.10%
Total Annual \$ Increase from Current		\$18,559	\$5,551	(\$88,131)	(\$48,026)
Annual Cost Savings from Renewal				(\$74,582)	(\$53,577)

	HMO		PPO		HSA		Aetna		UnitedHealthcare	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Dr. Office Visit (In-network)-PCP/Spec	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$20/\$40	\$0	\$20/\$40
Individual Deductible	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Family Deductible	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Inpatient Hospital Per Occurrence Deductible	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A	\$100/Day-1st 5 Days	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	100/0	N/A	100/0	N/A	100/0	N/A	100/0	N/A	100/0	N/A
Individual OOP Max. (Including Ded)	\$1,500	N/A	\$1,500	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	N/A
Family OOP Max. (Including Ded)	\$3,000	N/A	\$3,000	N/A	\$3,000	N/A	\$2,000	N/A	\$2,000	N/A
ER Copay	\$160	N/A	\$160	N/A	\$160	N/A	\$150	N/A	\$150	N/A
Rx Copays (In-Network)	\$10/\$40/\$80	N/A	\$10/\$40/\$80	N/A	\$10/\$40/\$80	N/A	\$3/\$10/\$50/\$100/50% to \$250/50% to \$800	N/A	\$10/\$35/\$60	N/A
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000	N/A	\$1,000/\$3,000	N/A	\$1,000/\$3,000	N/A	N/A	N/A	N/A	N/A
Dr. Office Visit (In-network)-PCP/Spec	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000
Individual Deductible	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,000	\$2,000	\$1,000	\$2,000
Family Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	90/10	70/30	90/10	70/30	90/10	70/30	80/20	50/50	80/20	60/40
Individual OOP Max. (Including Ded)	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$1,250	\$2,500	\$3,500	\$10,000
Family OOP Max. (Including Ded)	\$7,500	\$15,000	\$7,500	\$15,000	\$7,500	\$15,000	\$2,800	\$5,000	\$7,000	\$20,000
ER Copay	\$150	N/A	\$150	N/A	\$150	N/A	\$150	N/A	\$150	N/A
Rx Copays (In-Network)	\$10/\$40/\$80	N/A	\$10/\$40/\$80	N/A	\$10/\$40/\$80	N/A	\$3/\$10/\$30/\$100/50% to \$250/50% to \$500	N/A	\$250 + 20%	\$10/\$35/\$60
RX Out of Pocket Maximum (Ind/Family)	\$1,000/\$3,000	N/A	\$1,000/\$3,000	N/A	\$1,000/\$3,000	N/A	N/A	N/A	N/A	N/A
Dr. Office Visit (In-network)-PCP/Spec	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded
Individual Deductible	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,100	\$4,200	\$2,600	\$5,000
Family Deductible	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$4,200	\$8,400	\$5,200	\$10,000
Inpatient Hospital Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery Per Occurrence Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Co-insurance	80/20	60/40	80/20	60/40	80/20	60/40	80/20	50/50	80/20	60/40
Individual OOP Max. (Including Ded)	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$8,350	\$10,000
Family OOP Max. (Including Ded)	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$12,700	\$20,000
ER Copay	10% after Ded	10% after Ded	10% after Ded	10% after Ded	10% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded
Rx Copays (In-Network)	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded
RX Out of Pocket Maximum (Ind/Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$3/\$10/\$30/\$100/50% to \$250/50% to \$800 after Ded	N/A	\$10/\$35/\$60 after Ded	N/A

Preferences are based on the most similar plan designs available. Renewal Premiums for incumbent carriers are shown.

Village of Round Lake



EMPLOYEE BENEFITS
INSURANCE
RISK MANAGEMENT
WEALTH MANAGEMENT

Dental Insurance Summary

October 1, 2015

Principal

	Current	Renewal	Negotiated Renewal
PPO	Dental PPO	Dental PPO	Dental PPO
Employee 17	\$28.75	\$30.27	\$29.61
Employee + Spouse 9	\$60.67	\$63.88	\$62.49
Employee + Child(ren) 3	\$67.00	\$70.55	\$69.01
Family 16	<u>\$102.75</u>	<u>\$108.19</u>	<u>\$105.83</u>
45	\$2,879.78	\$3,032.20	\$2,966.09
Monthly Total	\$2,880	\$3,032	\$2,966
Annual Totals	\$34,557	\$36,386	\$35,593
Percentage Based off of Current		5.29%	3.00%
Total Annual \$ Increase from Current		\$1,829	\$1,036

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	
Waiting Periods	None	
Rate Guarantee	1 Year	

Premiums are based on the most similar plan designs available.
Renewal Premiums for incumbent carriers are shown.

Village of Round Lake

Life/AD&D Insurance Summary

October 1, 2015



Life/AD&D	Principal - Current	Principal - Renewal	Principal - Negotiated Renewal	Mutual of Omaha
Rate Guarantee	N/A	1 Year	1 Year	2 Year
Class Description	All Full Time Eligible Employees			
Benefit	\$25,000	\$25,000	\$25,000	\$25,000
Guarantee Issue	\$25,000	\$25,000	\$25,000	\$25,000
Cost of Coverage Paid By	Employer	Employer	Employer	Employer
Total Volume	\$1,175,000	\$1,175,000	\$1,175,000	\$1,175,000
Rate/\$1000 of Benefit	\$0.167	\$0.181	\$0.167	\$0.160
Monthly Total	\$186.23	\$212.68	\$196.23	\$188.00
Annual Total	\$2,354.70	\$2,552.10	\$2,354.70	\$2,256.00

Premiums are based on the most similar plan designs available.
Renewal Premiums for incumbent carriers are shown.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbsil.com/member/policy-forms/ or by calling 1-800-541-2768.

Important Questions	Answers	Why this Matters:
<p>What is the overall deductible?</p>	<p>Individual: Participating \$500 Non-Participating \$1,000 Family: Participating \$1,500 Non-Participating \$3,000 Doesn't apply to certain preventative care. Copays and per occurrence deductibles don't count toward the deductible.</p>	<p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 3 for how much you pay for covered services after you meet the deductible.</p>
<p>Are there other deductibles for specific services?</p>	<p>Yes. Per Occurrence: \$300 Non-Participating Inpatient Admission. There are no other specific deductibles.</p>	<p>You must pay all the costs for these services up to the specific deductible amount before this plan begins to pay for these services.</p>
<p>Is there an out-of-pocket limit on my expenses?</p>	<p>Yes. Individual: Participating \$2,500 Non-Participating \$5,000 Family: Participating \$7,500 Non-Participating \$15,000 Prescription Drug expense limit: \$1,000 Individual \$3,000 Family</p>	<p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billed charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p>Does this plan use a network of providers?</p>	<p>Yes. For a list of preferred providers, see www.bcbsil.com or call 1-800-541-2768.</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 3 for how this plan pays different kinds of providers.</p>

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.



NPP72426 BluePrint PPO

Coverage Period: 10/01/2015 - 09/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: All | Plan Type: PPO

Important Questions	Answers	Why this Matters
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

- 
Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the health plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- The plan may encourage you to use Participating **providers** by charging you lower **deductibles**, **copayments**, and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	30% coinsurance	No benefits will be provided for services which are not, in the reasonable judgment of Blue Cross and Blue Shield, medically necessary.
	Specialist visit	\$40 copay/visit	30% coinsurance	---none---
	Other practitioner office visit	\$40 copay/visit	30% coinsurance	Acupuncture not covered. Chiropractic services are limited to 30 visits per calendar year. Muscle Manipulations are subject to the general payment level.
	Preventive care/screening/immunization	No Charge	30% coinsurance	---none---
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	---none---
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.bcbsil.com/member/rx_drugs.html	Generic drugs	\$10/\$20 copay/prescription	\$10 copay/ prescription	30 day retail supply/90 day mail supply. For Out-of Network drug provider you are responsible for 25% of the eligible amount after the copay. Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service
	Formulary brand drugs	\$40/\$80 copay/prescription	\$40 copay/ prescription	
	Non-formulary brand drugs	\$60/\$120 copay/prescription	\$60 copay/ prescription	
	Specialty drugs	Covered	Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	---none---
	Physician/surgeon fees	10% coinsurance	30% coinsurance	
If you need immediate medical attention	Emergency room services	\$150 copay/visit	\$150 copay/visit	Copay waived if the member is admitted to the hospital.
	Emergency medical transportation	20% coinsurance	20% coinsurance	---none---
	Urgent care	10% coinsurance	30% coinsurance	---none---
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	\$300 Non-Participating Per Occurrence Deductible
	Physician/surgeon fee	10% coinsurance	30% coinsurance	

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/behavioral health outpatient services	10% coinsurance	30% coinsurance	Copay applies to psychotherapy visit only. Pre-authorization is required for Psychological testing; Neuropsychological testing; Electroconvulsive therapy; Repetitive Transcranial magnetic Stimulation; and Intensive Outpatient Treatment.
	Mental/behavioral health inpatient services	10% coinsurance	30% coinsurance	\$300 Non-Participating Per Occurrence Deductible
	Substance use disorder outpatient services	10% coinsurance	30% coinsurance	Copay applies to psychotherapy visit only.
	Substance use disorder inpatient services	10% coinsurance	30% coinsurance	\$300 Non-Participating Per Occurrence Deductible
If you are pregnant	Prenatal and postnatal care	\$20 copay	30% coinsurance	Copay applies to first prenatal visit (per pregnancy).
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	\$300 Non-Participating Per Occurrence Deductible
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	---none---
	Rehabilitation services	10% coinsurance	30% coinsurance	
	Habilitation services	10% coinsurance	30% coinsurance	
	Skilled nursing care	10% coinsurance	30% coinsurance	
	Durable medical equipment	10% coinsurance	30% coinsurance	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice service	10% coinsurance	30% coinsurance	---none---

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	---none---
	Glasses	Not Covered	Not Covered	
	Dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services.</u>)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) 	<ul style="list-style-type: none"> • Hearing aids • Long term care • Routine eye care (Adult) 	<ul style="list-style-type: none"> • Routine foot care (with the exception of person with diagnosis of diabetes) • Weight loss programs
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care 	<ul style="list-style-type: none"> • Infertility treatment • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Private duty nursing • Termination of pregnancy

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-541-2768. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Blue Cross and Blue Shield of Illinois at 1-800-541-2768 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-541-2768.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-541-2768.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-541-2768.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Coverage Examples:

About These Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under the plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)	
Amount owed to providers:	\$7,540
Plan pays	\$6,340
Patient pays	\$1,200
Sample care costs:	
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductibles	\$500
Copays	\$40
Coinsurance	\$510
Limits or exclusions	\$150
Total	\$1,200

Managing type 2 diabetes (routine maintenance of a well-controlled condition)	
Amount owed to providers:	\$5,400
Plan pays	\$4,120
Patient pays	\$1,280
Sample care costs:	
Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400
Patient pays:	
Deductibles	\$500
Copays	\$580
Coinsurance	\$120
Limits or exclusions	\$80
Total	\$1,280

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

***No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

***No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbsil.com/member/policy-forms/ or by calling 1-800-541-2768.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	Individual: Participating \$2,500 Non-Participating \$5,000 Family: Participating \$5,000 Non-Participating \$10,000 Doesn't apply to certain preventative care. Per occurrence deductibles don't count toward the deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Yes. Per Occurrence: \$300 Non-Participating Inpatient Admission. There are no other specific deductibles .	You must pay all the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. Individual: Participating \$5,000 Non-Participating \$10,000 Family: Participating \$10,000 Non-Participating \$20,000	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers ?	Yes. For a list of preferred providers, see www.bcbsil.com or call 1-800-541-2768.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

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

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

- 
Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the health plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- The plan may encourage you to use Participating **providers** by charging you lower **deductibles**, **copayments**, and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	40% coinsurance	No benefits will be provided for services which are not, in the reasonable judgment of Blue Cross and Blue Shield, medically necessary.
	Specialist visit	20% coinsurance	40% coinsurance	---none---
	Other practitioner office visit	20% coinsurance	40% coinsurance	Acupuncture not covered. Chiropractic services are limited to 30 visits per calendar year.
	Preventive care/screening/immunization	No Charge	40% coinsurance	---none---
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	---none---
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	---none---

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsz/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

NPSC3805 BlueEdge HSA

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 10/01/2015 - 09/30/2016

Coverage for: All | Plan Type: HSA

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.bcbsil.com/member/rx_drugs.html	Generic drugs	20% coinsurance	20% coinsurance	Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact customer service.
	Formulary brand drugs	20% coinsurance	20% coinsurance	
	Non-formulary brand drugs	20% coinsurance	20% coinsurance	
	Specialty drugs	20% coinsurance	20% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	---none---
	Physician/surgeon fees	20% coinsurance	40% coinsurance	
If you need immediate medical attention	Emergency room services	10% coinsurance	10% coinsurance	---none---
	Emergency medical transportation	20% coinsurance	20% coinsurance	
	Urgent care	20% coinsurance	40% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	\$300 Non-Participating Per Occurrence Deductible
	Physician/surgeon fee	20% coinsurance	40% coinsurance	---none---

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/behavioral health outpatient services	20% coinsurance	40% coinsurance	Pre-authorization is required for Psychological testing; Neuropsychological testing; Electroconvulsive therapy; Repetitive Transcranial magnetic Stimulation; and Intensive Outpatient Treatment.
	Mental/behavioral health inpatient services	20% coinsurance	40% coinsurance	\$300 Non-Participating Per Occurrence Deductible
	Substance use disorder outpatient services	20% coinsurance	40% coinsurance	---none---
	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	\$300 Non-Participating Per Occurrence Deductible
If you are pregnant	Prenatal and postnatal care	20% coinsurance	40% coinsurance	---none---
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	\$300 Non-Participating Per Occurrence Deductible
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	---none---
	Rehabilitation services	20% coinsurance	40% coinsurance	
	Habilitation services	20% coinsurance	40% coinsurance	
	Skilled nursing care	20% coinsurance	40% coinsurance	
	Durable medical equipment	20% coinsurance	40% coinsurance	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice service	20% coinsurance	40% coinsurance	---none---

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	---none---
	Glasses	Not Covered	Not Covered	
	Dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) 	<ul style="list-style-type: none"> • Hearing aids • Long term care • Routine eye care (Adult) 	<ul style="list-style-type: none"> • Routine foot care (with the exception of Person with diagnosis of diabetes) • Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care 	<ul style="list-style-type: none"> • Infertility treatment • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Private duty nursing • Termination of pregnancy

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-541-2768. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Blue Cross and Blue Shield of Illinois at 1-800-541-2768 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.



NPSC3805 BlueEdge HSA

Coverage Period: 10/01/2015 - 09/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: All | Plan Type: HSA

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-541-2768.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-541-2768.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-541-2768.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

About These Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under the plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

■ Amount owed to providers: \$7,540

■ Plan pays \$3,930

■ Patient pays \$3,610

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$2,500
Copays	\$0
Coinsurance	\$960
Limits or exclusions	\$150
Total	\$3,610

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

■ Amount owed to providers: \$5,400

■ Plan pays \$2,270

■ Patient pays \$3,130

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$2,500
Copays	\$0
Coinsurance	\$550
Limits or exclusions	\$80
Total	\$3,130

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Coverage Examples:

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-541-2768 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbsil.com/member/policy-forms/ or by calling 1-800-892-2803.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. Individual: Participating \$1,500 Family: Participating \$3,000 Prescription Drug expense limit: \$1,000 Individual \$3,000 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers ?	Yes. See www.bcbsil.com or call 1-800-892-2803 for a list of Participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network , preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

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

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

- 
Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the health plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- The plan may encourage you to use Participating **providers** by charging you lower **deductibles**, **copayments**, and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	Not Covered	Services or supplies that are not ordered by your Primary Care Physician or Women's Principal Health Care Provider, except emergency and routine vision exams, are not covered.
	Specialist visit	\$40 copay/visit	Not Covered	Referral required.
	Other practitioner office visit	\$40 copay/visit	Not Covered	
	Preventive care/screening/immunization	No Charge	Not Covered	No charge for immunizations.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SECUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

NHHB136 Blue Advantage Entrepreneur

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 10/01/2015 - 09/30/2016

Coverage for: All | Plan Type: HMO

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.bcbsil.com/member/rx_drugs.html	Generic drugs	\$10/\$20 copay/prescription	Not Covered	Dispensing limit may apply to certain drugs.
	Formulary brand drugs	\$40/\$80 copay/prescription	Not Covered	30 day retail /90 day mail.
	Non-formulary brand drugs	\$60/\$120 copay/prescription	Not Covered	Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact customer service.
	Specialty drugs	Covered	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Referral required.
	Physician/surgeon fees	No Charge	Not Covered	
If you need immediate medical attention	Emergency room services	\$150 copay/visit	\$150 copay/visit	Copay waived if the member is admitted to the hospital.
	Emergency medical transportation	No Charge	No Charge	---none---
	Urgent care	No Charge	Not Covered	Applicable copay may apply. Must be affiliated with member's chosen medical group or referral required.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 copay	Not Covered	Referral required. Copay applies per day for the first 5 days.
	Physician/surgeon fee	No Charge	Not Covered	Referral required.

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.



NHHB136 Blue Advantage Entrepreneur

Coverage Period: 10/01/2015 - 09/30/2016

Coverage for: All | Plan Type: HMO

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/behavioral health outpatient services	\$20 copay/visit	Not Covered	Referral required.
	Mental/behavioral health inpatient services	\$100 copay	Not Covered	Referral required. Copay applies per day for the first 5 days.
	Substance use disorder outpatient services	\$20 copay/visit	Not Covered	Referral required.
	Substance use disorder inpatient services	\$100 copay	Not Covered	Referral required. Copay applies per day for the first 5 days.
If you are pregnant	Prenatal and postnatal care	\$20 copay	Not Covered	Copay applies to first prenatal visit (per pregnancy)
	Delivery and all inpatient services	\$100 copay	Not Covered	Copay applies per day for the first 5 days.

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a Participating Provider	Your cost if you use a Non-Participating Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	No Charge	Not Covered	Referral Required. 60 visits combined/calendar year. Includes, but is not limited to, physical, occupational or speech therapy. Copay may apply.
	Habilitation services	No Charge	Not Covered	
	Skilled nursing care	\$100 copay	Not Covered	Referral required. Excludes custodial care. Copay per day for up to 5 days per calendar year.
	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice service	No Charge	Not Covered	Referral required. Inpatient copay may apply.
If your child needs dental or eye care	Eye exam	No Charge	Not Covered	1 exam every 12 months
	Glasses	Not Covered	Not Covered	---none---
	Dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:
Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- | | | |
|--|------------------|---|
| • Acupuncture | • Dental care | • Private duty nursing |
| • Bariatric surgery (unless medically necessary) | • Hearing aids | • Routine foot care (with the exception of person with diagnosis of diabetes) |
| • Cosmetic surgery | • Long term care | • Weight loss programs |

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

 If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.



NHHB136 Blue Advantage Entrepreneur

Coverage Period: 10/01/2015 - 09/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: All | Plan Type: HMO

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Termination of pregnancy

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-892-2803. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-892-2803.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* —————

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Coverage Examples:

About These Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under the plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

 Having a baby
(normal delivery)

■ Amount owed to providers: \$7,540

■ Plan pays \$7,250

■ Patient pays \$290

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$140
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$290

 Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

■ Amount owed to providers: \$5,400

■ Plan pays \$4,720

■ Patient pays \$680

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$600
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$680

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Coverage Examples:

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- * **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- * **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-892-2803 or visit us at www.bcbsil.com/coverage

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: EMPLOYEE INSURANCE SPLITS

Agenda Item No. 5.6

Executive Summary:

Previously for Police union members, and for current employees, along with the Public Works union members, the insurance split is calculated as:

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

The intent of the split is to migrate away from offering free employee single insurance coverage for any benefit plan (health, dental, vision). In addition, in the past, certain staff members would select the Village's single coverage as it was free although a few could have been covered under their spouse's insurance plan.

Changing the splits in fiscal year end 2016, there is a cost of \$11,006; however, the increase in cost can be absorbed through the savings generated with the dental and health renewal proposals coming in much less than budgeted.

Recommended Action:

Adopt a Resolution for Employee and Employer Allocation of Insurance Premiums.

Committee: -	Meeting Date: 9/8 & 9/21/15																														
Lead Department: Administration	Presenter: Steven J. Shields, Village Administrator																														
Item Budgeted: <input type="checkbox"/> Yes <input checked="" 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: center;">Budget</th> <th style="text-align: center;">Expenditure</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">xx-xx-xx-xxxxx</td> <td style="text-align: center;">Various Accounts</td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td></td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td></td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td colspan="2" style="text-align: center;">-</td> </tr> <tr> <td style="text-align: right;">Over</td> <td colspan="2" style="text-align: center;">-</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	xx-xx-xx-xxxxx	Various Accounts		Item Requested			Y-T-D Actual			Amount Encumbered						Total:	\$0.00	\$0.00	Request is over/under budget:			Under	-		Over	-	
Account(s)	Budget	Expenditure																													
xx-xx-xx-xxxxx	Various Accounts																														
Item Requested																															
Y-T-D Actual																															
Amount Encumbered																															
Total:	\$0.00	\$0.00																													
Request is over/under budget:																															
Under	-																														
Over	-																														

Resolution 2015-R-___

**A Resolution Approving an Amendment to the
Employer-Employee Allocation for Insurance Premiums**

WHEREAS, the Village of Round Lake is migrating away from offering free employee single insurance coverage for any of its employer-sponsored insurance plans (health, dental, and vision), as summarized in the Insurance Split Summary, attached as Exhibit A; and

WHEREAS, the Village President and Board of Trustees have determined that changing the allocation for insurance premiums is in the best interests of the health, safety and welfare of the public; and

WHEREAS, a number of the Village's employees are represented by unions, and their insurance premium payment allocations are determined pursuant to a collective bargaining process. Those employees' insurance coverage is not affected by this Resolution; and

WHEREAS, life insurance premiums under the Village-sponsored life insurance plan will remain wholly funded by the Village.

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

Section One: That the insurance premium payments for non-union employees for employer-sponsored health, dental, and vision insurance coverage shall be split as follows:

Coverage	Employee	Village
Employee/Child	15.00%	85.00%
Employee/Spouse	15.00%	85.00%
Family	20.00%	80.00%
Single	10.00%	90.00%

Section Two: That the Mayor, or his designee, is authorized to take all necessary steps to implement this Resolution.

Section Three: That this Resolution shall be in full force and effect from and after its passage and approval as required by law.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

Exhibit A

Insurance Split Summary

Insurance Split Summary

As part of the Police union bargaining sessions the health, dental, and vision insurance employee payments were discussed. Eventually negotiated into the contract were specific percentages the Village and employees would pay each year. Attached is the union contract section regarding insurance. Previously for Police union members, and for current employees, along with the Public Works union members, the insurance split is calculated as:

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

As part of the bargaining process for the two Police union contracts, Twenty two (22) employees were impacted by the change in the split - ten (10) paid more, nine (9) less, and three (3) choose not to take insurance. Staff is proposing to roll out the split change to non-union employees as part of the open enrollment process. Nineteen (19) employees would be impacted by the change in the split - eight (8) would pay more; ten (10) less, and one (1) choose not to have insurance with the Village. Attached is a spreadsheet by position that reflects the changes.

The intent of the split is to migrate away from offering free employee single insurance coverage for any benefit plan (health, dental, vision). In addition, in the past, certain staff members would select the Village's single coverage as it was free although a few could have been covered under their spouse's insurance plan.

Changing the splits in fiscal year end 2016, there is a cost of \$11,006; however, the increase in cost can be absorbed through the savings generated with the dental and health renewal proposals coming in much less than budgeted.

The life insurance premium is 100% funded by the Village and is not included in the analysis prepared. Should the Village Board agree to changing the split, the last group of employees to change is the Public Works union members. The following are five-year average splits and the recommended:

Coverage	Five Year Employee Percentage	Averages Village Percentage	New Village Percentage
<u>Health</u>			
Empl/Child	25.00%	75.00%	85.00%
Empl/Spouse	26.00%	74.00%	85.00%
Family	34.00%	66.00%	80.00%
Single	0.00%	100.00%	90.00%
<u>Vision</u>			
Empl/Child	25.00%	75.00%	85.00%
Empl/Spouse	22.00%	78.00%	85.00%
Family	33.00%	67.00%	80.00%
Single	0.00%	100.00%	90.00%
<u>Dental</u>			
Empl/Child	28.00%	72.00%	85.00%
Empl/Spouse	26.00%	74.00%	85.00%
Family	36.00%	64.00%	80.00%
Single	0.00%	100.00%	90.00%

Per the agreement between Village of Round Lake and the Metropolitan Alliance of Police, Chapter #459, Police Supervisors for the period of May 1, 2014 Through April 30, 2017:

Section 5.9. Health, Dental, Vision, and Life Insurance. Those Police Supervisors that choose coverage shall be covered by the Village's health, dental, vision, and life insurance programs for Police Supervisors on the same terms and conditions as are afforded all other Village employees, except that the Police Supervisors' monthly contribution to the premium cost of providing such coverages shall be as provided below. During the term of this Agreement, the Village will pay the full premium for employee coverage under the life insurance program. During the term of this Agreement, the Village shall pay the following percent of premium costs.

<u>Type of Coverage</u>	<u>Fiscal Year End 2015</u>	<u>Fiscal Year End 2016</u>	<u>Fiscal Year End 2017</u>
Family coverage	75%	80%	85%
Employee +1 coverage	80%	85%	85%
Singe coverage	90%	90%	85%

The above premium costs shall be applicable to the Village's health, dental, and vision insurance plan programs. Such percentage changes will occur effective the first day of the new plan year (currently October 1st), except for fiscal year end 2015. The fiscal year end 2015 premium cost changes will occur at the time the contract is approved.

The same language is in the Chapter #444, Police Officers Agreement.

Insurance Analysis - Changing the Insurance Payment Split

Type	New Splits			Current Splits			Difference	
	Village	Employee	Total	Village	Employee	Total	Village	Employee
Vision	\$1,265.45	\$225.91	\$1,491.36	\$1,196.88	\$294.48	\$1,491.36	\$68.57	(\$68.57)
Dental	\$10,897.18	\$2,075.54	\$12,972.72	\$9,684.24	\$3,288.48	\$12,972.72	\$1,212.94	(\$1,212.94)
Health - PPO	\$100,292.50	\$17,252.78	\$117,545.28	\$97,098.84	\$20,446.44	\$117,545.28	\$3,193.66	(\$3,193.66)
Health - HSA	\$40,925.85	\$7,785.75	\$48,711.60	\$36,599.70	\$12,111.90	\$48,711.60	\$4,326.15	(\$4,326.15)
Health - HMO	\$13,478.02	\$3,369.50	\$16,847.52	\$11,273.40	\$5,574.12	\$16,847.52	\$2,204.62	(\$2,204.62)
Total	\$166,858.99	\$30,709.49	\$197,568.48	\$155,853.06	\$41,715.42	\$197,568.48	\$11,005.93	(\$11,005.93)

Current Insurance Selections - Cost or Savings Non-union Employees

Position	Dept	Vision	Dental	Health	Total
Accounting Manager	Admin	\$0.00	(\$112.18)	(\$1,204.09)	(\$1,316.27)
Administrative Support Assistant	Admin	\$5.64	(\$84.80)	\$696.84	\$617.68
Administrative Support Assistant	Admin	\$0.00	\$35.53	\$696.84	\$732.37
Assistant Village Administrator	Admin	(\$9.18)	(\$84.80)	(\$1,037.56)	(\$1,131.54)
Executive Support Assistant	Admin	\$5.64	\$35.53	\$696.84	\$738.01
Village Administrator	Admin	(\$21.34)	(\$203.33)	(\$1,894.55)	(\$2,119.22)
Administrative Support Assistant	Building	\$5.64	\$35.53	\$696.84	\$738.01
Code Enforcement Officer	Building	(\$21.34)	(\$203.33)	(\$2,695.60)	(\$2,920.27)
Code Enforcement Officer/Plan Revi	Building	\$5.64	\$35.53	\$696.84	\$738.01
Commander	Police	\$5.64	\$35.53	\$696.84	\$738.01
Commander	Police	\$5.64	\$35.53	\$696.84	\$738.01
Community Service Officer	Police	\$5.64	(\$203.33)	(\$2,695.60)	(\$2,893.29)
Facility and Fleet Manager	Police	\$5.64	\$35.53	\$489.76	\$530.93
Police Chief	Police	(\$9.18)	(\$84.80)	\$0.00	(\$93.98)
Records Clerk	Police	(\$11.07)	(\$112.18)	(\$846.25)	(\$969.50)
Records Manager	Police	(\$21.34)	(\$84.80)	(\$1,476.25)	(\$1,582.39)
Administrative Support Assistant	PW	(\$9.18)	(\$84.80)	(\$1,037.56)	(\$1,131.54)
Administrative Support Assistant	PW	\$0.00	\$0.00	\$0.00	\$0.00
Director of Public Works	PW	(\$11.07)	(\$203.33)	(\$2,204.62)	(\$2,419.02)
				Total	(\$11,005.99)



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: LONG LAKE DRIVE (EAST HALF) IMPROVEMENTS

Agenda Item No. 5.7

Executive Summary

At the April 20, 2015 meeting, the Village Board approved the Local Agency Amendment #1 for Federal Participation cost-share agreement for the Long Lake Drive (East Half) Improvements. This amendment was based upon concerns of potential project cost increases resulting from IDOT's determination that the project was to be re-bid. IDOT has subsequently implemented a new policy, requiring municipalities to pass a funding resolution authorizing the additional local matching funds for construction.

Resolution Date	10/20/2014	4/20/2015	Difference
Participating Construction	\$134,550.00	\$154,557.75	\$20,008
Non-Participating Construction	\$21,500.00	\$24,807.50	\$3,308
Total			\$23,316

Please note that the prior Local Agency Agreement was based upon pre-bid estimates. Potential cost increases due to the rebid were largely unrealized. Construction is nearly complete and based upon current status we are confident that the final project will be completed below the bid amount of \$474,006.63. This resolution does not authorize an increase in the Contract Amount.

Recommended Action

Adopt a resolution authorizing the additional \$23,316 in Village funds for project construction.

Committee: PW/FCA/ENG	Meeting Date(s): 9/8/15 & 9/21/15																														
Lead Department: ENG	Presenter: Kurt Baumann																														
<p>Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>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.</p>	<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: 40%;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>35-20-83-88301</td> <td></td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td>N/A</td> </tr> <tr> <td>YTD Actual</td> <td></td> <td style="text-align: right;">\$10,156.40</td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td> </td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$10,156.40</td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td style="text-align: right;">Over</td> <td></td> <td style="text-align: right;">\$10,156.40</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	35-20-83-88301			Item Requested		N/A	YTD Actual		\$10,156.40	Amount Encumbered		\$0.00				Total:	\$0.00	\$10,156.40	Request is over/under budget:			Under	-		Over		\$10,156.40
Account(s)	Budget	Expenditure																													
35-20-83-88301																															
Item Requested		N/A																													
YTD Actual		\$10,156.40																													
Amount Encumbered		\$0.00																													
Total:	\$0.00	\$10,156.40																													
Request is over/under budget:																															
Under	-																														
Over		\$10,156.40																													

Resolution 2015-R-___

**A Resolution Approving Additional Expenditures for
the Long Lake Road (East Half) Improvements**

WHEREFORE, the Village of Round Lake determined that there was a need for Long Lake Drive (East Half) Improvements; and

WHEREFORE, on April 20, 2105, the Village President and Board of Trustees of the Village of Round Lake passed Resolution No. 2015-R-21, A Resolution Approving Long Lake Road (East Half) Improvements; and

WHEREAS, the expenditure authorized by Resolution No. 2015-R-21 was not to exceed \$5,100.00 for Construction Engineering, but further stated that the Village is subject to 70% reimbursement of this cost, which would result in a net expenditure of \$1,530.00; and

WHEREAS, IDOT has subsequently implemented a new policy requiring municipalities to pass a funding resolution authorizing the additional local matching funds for construction; and

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

Section One: That the additional expenditure for project construction to be performed on Long Lake Road (East Half) is approved at a cost not to exceed \$23,316.00.

Section Two: That the Mayor, or his designee, is authorized to take all necessary steps to implement this Resolution.

Section Three: That this Resolution shall be in full force and effect from and after its passage and approval as required by law.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

**PASSED:
APPROVED:
AYES:
NAYS:
ABSENT:**



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: PURCHASE NEW PROGRAMMER FOR WATER METERS

Agenda Item No. 5.8

Executive Summary

Staff is recommending the purchase of a new Sensus model 6400 radio frequency solid state interrogator and communication/charging stand. The interrogator is used to program new water meters and water meters that have been repaired so they can be read from the Village radio reading system. The battery on the Village's current programmer is no longer holding a charge well. Parts for the programmer are no longer sold or supported by the manufacturer, Sensus, and the battery has been refurbished once already.

This item was not specifically budgeted for. Funds from the Radio Read System for replacing MXU batteries will be used for the programmer with the remaining balance to be taken from the Equipment Repairs budget. Sensus has informed us that dead batteries fall under the MXU warranty and therefore the Village can send those units into Sensus for replacement thereby eliminating the need to purchase batteries.

Sensus is the sole source for equipment that is compatible with Village meters and MXU units and HD Supply is the sole source for Sensus equipment.

Recommended Action

Approve the purchase of a new Sensus model 6400 radio frequency solid state interrogator and communication/charging stand.

Committee: PW/F&CA and Engineering		Meeting Date(s): 09/08/15 & 9/21/2015	
Lead Department: Public Works		Presenter: Adam Wedoff, Director of Public Works	
Item Budgeted: <input type="checkbox"/> Yes <input checked="" 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.	Account(s)	Budget	Expenditure
	50-60-84-88410	\$4,000.00	
	Item Requested	-	\$4,000.00
	Y-T-D Actual		\$0.00
	Amount Encumbered		\$0.00
	Total	\$4,000.00	\$4,000.00
	50-60-84-88405	\$10,000.00	
	Item Requested	\$0.00	\$2,400.00
	Y-T-D Actual		\$3,590.29
	Amount Encumbered		\$0.00
	Total	\$10,000.00	\$5,990.29
	Grand Total	\$14,000.00	\$9,990.29
	Request is over/under budget:		
	Under		\$4,009.71
	Over	-	

Resolution 2015-R-___

**A Resolution Approving a Quote from HD Supply Waterworks
for New Programmer for Water Meters**

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

Section One: That the quote from HD Supply Waterworks for the purchase of a Sensus Model 6400 Radio Frequency Solid State Interrogator and Communication/Charging Stand, attached hereto as Exhibit A, is hereby approved at a cost not to exceed \$6,400.00.

Section Two: That the Mayor, or his designee, is authorized to take all necessary steps to implement this Resolution.

Section Three: That this Resolution shall be in full force and effect from and after its passage and approval as required by law.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

Exhibit A

Quote from HD Supply Waterworks



August 20, 2015

Village of Round Lake
Village Hall/Public Works Department

Subject: Quotation Sensus HandHeld RadioRead System

Upgrade TouchRead and RadioRead

Sensus Upgrade to Model 6400 Radio Frequency Solid
State Interrogator and Communication/
Charging Stand in exchange for your existing 4001 RFSSI
and 4005/4006 Communication/Charging Stand

\$6,400.00 ea

~~Sensus 4090 touch gun~~

~~1,500.00 ea~~

The 6400 model will be able to read both 501r mxu's and the newer 510M smart points for flex net
The upgrade includes unlimited free training by Tim Ray, HD's meter specialist, and the newest software.

We appreciate your inquiry and trust that our product, prices and service will meet with your approval.

Sincerely,

Mike Murphy
Territory Manager



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: NIPPERSINK RD REHABILITATION DESIGN

Agenda Item No. 5.9

Executive Summary

Staff is recommending a work order submitted by Baxter & Woodman, Inc. to design the Nippersink Road Rehabilitation be approved. Nippersink Road is in poor condition and improvements are needed to maintain the road as a viable thoroughfare for the Village. The most cost effective option at this point is a full depth asphalt removal with base patching followed by installation of a new asphalt pavement. Staff also proposes to include new water main between Cedar Lake Road and Rte. 134. The section of Cedar Lake Road that coincides with Nippersink Road will also be completed as part of this project and will be funded by the Lake County DOT per preliminary discussion with the Lake County DOT. Details of the agreement will be finalized during the design phase. Design is scheduled for this year with a targeted construction date for FY 2017.

Baxter & Woodman has submitted a work order detailing the scope of services with a fee not to exceed \$36,000.

Recommended Action

Approve a work order from Baxter & Woodman to design the Nippersink Road rehabilitation.

Committee: PW/F&CA and Engineering		Meeting Date(s): 09/08/15 & 9/21/2015	
Lead Department: Public Works		Presenter: Adam Wedoff, Director of Public Works	
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.	Account(s)	Budget	Expenditure
	35-20-73-77307	\$76,921.00	
	Item Requested	\$30,000.00	\$30,000.00
	Y-T-D Actual		\$13,929.30
	Amount Encumbered		\$0.00
	Total	\$106,921.00	\$43,929.30
	50-60-81-88101	\$1,147,120.00	
	Item Requested	\$6,000.00	\$6,000.00
	Y-T-D Actual		\$92,580.54
	Amount Encumbered		\$5,000.00
	Total	\$1,153,120.00	\$103,580.54
	Grand Total	\$1,260,041.00	\$147,509.84
Request is over/under budget:			
	Under		\$1,112,531.16

Resolution 2015-R-___

**A Resolution Approving a Work Order from Baxter & Woodman, Inc.
for Nippersink Road Rehabilitation Design**

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

Section One: That the Work Order from Baxter & Woodman, Inc. to provide rehabilitation design work for Nippersink Road (Engineers' Project No. 150784.40), attached hereto as Exhibit A, is hereby approved at a cost not to exceed \$36,000.00.

Section Two: That the Mayor, or his designee, is authorized to take all necessary steps to implement this resolution.

Section Three: That this Resolution shall be in full force and effect from and after its passage and approval as required by law.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

Exhibit A

Work Order from Baxter & Woodman

**VILLAGE OF ROUND LAKE, ILLINOIS
NIPPERSINK ROAD IMPROVEMENTS – SCHOOL ROAD TO IL 134
DESIGN ENGINEERING SERVICES**

WORK ORDER

ENGINEERS' PROJECT NO. 150784.40

Project Description:

The Project consists of design engineering for approximately 3,175-feet of road resurfacing and approximately 400-feet of water main replacement on Nippersink Road. The tasks are more specifically described in Attachment A.

Engineering Services:

The general provisions of this contract are enumerated in the Village Engineering Services Agreement between the Village and the Engineers dated March 18, 1998. The scope of services for this Project is listed in Attachment A.

Compensation:

Compensation for the services will be in accordance with the Village Engineering Services Agreement dated March 18, 1998. The Engineers' base fee for items as described will not exceed **\$36,000.00** for Design Engineering without prior written approval of the Village.

Submitted by: **Baxter & Woodman, Inc.**

By: _____

Louis D. Haussmann, PE, PTOE

Title: Vice President/COO

Date: August 31, 2015

Approved: **Village of Round Lake, Illinois**

By: _____

Daniel A. MacGillis

Title: Mayor

Date: _____

Additional Comments and Conditions:

SCHEDULE

Milestone

Notice to Proceed
Kick-off meeting with staff
Complete Field Evaluation
Pre-Final Meeting
Submit Pre-Final Plans, Spec's, Estimate to IDOT
Advertise for bids
Open Bids

Date

September 9, 2015
September 14, 2015
October 1, 2015
December 1, 2015
December 7, 2015
January 14, 2016
February 4, 2016

Project Description

Project will include maintenance improvements to Nippersink Road from approximately 710' east of School Drive to IL 134, and will also include Hoppe Drive, from Nippersink Road to approximately 280' south (where it turns into Cedar Lake Road).

On Nippersink, between 710' east of School Drive and Cedar Lake Road (south), and on Hoppe Drive, the entire HMA pavement will be milled to the top of the aggregate base course. Four inches of new HMA binder and surface course will be installed.

Between Cedar Lake Road (south) and IL 134, the entire HMA pavement will be milled (approximately 3") to the top of the existing concrete base course. The concrete base course will be patched and three inches of new HMA leveling binder and surface course will be installed.

Approximately 400-feet of water main will be replaced between Cedar Lake Road (north) and IL 134.

There is a minor drainage issue at the northwest corner of Goodnow and Nippersink that will be included in this work.

Lake County owns and maintains approximately 725-feet of Nippersink Road between N. Cedar Lake Road (south leg) and N. Cedar Lake Road (north leg). The improvements to this section will be submitted to the County for review and approval. The County will reimburse the Village for this portion of work. Agency agreements related to this reimbursement is not included in the scope of this work.

Design engineering will be funded with corporate funds. Construction and construction engineering will be funded with MFT funds as well as corporate funds for work related to the water main replacement.

Scope of Services

1. TOPOGRAPHIC SURVEY

- Topographic survey will be collected within the water main replacement project limits, and the minor drainage issue area at Goodnow and Nippersink, including driveways and cross streets. The limits of the survey will be from Cedar Lake Road (north) to IL 134, and the northwest corner of Goodnow and Nippersink. State plane coordinates and NAVD 88 will be used for horizontal and vertical controls. Topographic survey will not be collected on the remainder of the project and schematic drawings will be utilized.

2. GEOTECHNICAL REPORT

- *Pavement Cores:* Utilize Soil and Material Consultants to collect up to 4 pavement cores (3 on Nippersink, 1 on Hoppe) of the surface and base material for determining the composition of the existing pavement material, and one soil boring to determine subgrade conditions in the area of the water main replacement, within the project limits. Provide analysis and recommendations.

3. PLAN PREPARATION

- *Field Evaluation:* Perform a field evaluation of the condition of existing pavements and estimate quantities of pavement patching.
- *Water Main Design -* Design the proposed water main to be in compliance with Illinois Environmental Protection Agency rules and obtain IEPA permit for construction and to avoid existing utilities. The water main plans will include existing and proposed alignments, and locations of fire hydrants, typical service connections, valves, and connections to existing mains.
- *Estimate of Cost and Time:* Prepare summary of quantities, estimate of time, schedules of materials and an engineer's estimate of cost.
- *Specifications:* Prepare special provisions in accordance with Village guidelines to specify items not covered by the Standard Specifications for Road and Bridge Construction.
- *Final Schematic Plans:* Prepare bidding documents consisting of plan view schematics (no topographic survey except water main replacement portion and Goodnow/Nippersink), drainage improvements at Goodnow/Nippersink, Typical Sections, Special Provisions, Contract Proposal, and Schedule of Prices. Submit to IDOT and Lake County for review and approval.
- *Utility Coordination:* Initiate utility coordination by contacting utility companies that have facilities along the project limits and requesting utility atlas maps. Submit pre-final plans to utility companies so conflicts and relocation efforts can be identified. Coordinate utility relocation for conflicts within public right-of-way.

4. QA/QC

- Perform in-house peer and milestone reviews by senior staff during pre-final, and final submittals. Provide ongoing reviews of permitting and utility coordination efforts. Conduct milestone reviews of sub-consultants and provide feedback throughout the progress of work.

5. MEETINGS

- The following meetings are anticipated for this Project:
 - Village (2) (Kick-off, Pre-final)
 - No public meetings are anticipated for this Project.

6. ASSIST BIDDING

- Provide design assistance and clarification for bid documents. Assist the Village with coordination and scheduling during the bid process.
- Provide documents for bidding and assist the Village in solicitation of bids from as many qualified bidders as possible, attend bid opening to receive and evaluate bids, tabulate bids, and make a recommendation to the Village for an award of contract.

7. MANAGE PROJECT

- Plan, schedule, and control the activities that must be performed to complete the Project including budget, schedule, and scope. Coordinate with Village and project team to incorporate Village goals into final Project.



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: CAMBRIDGE LIFT STATION AND FORCE MAIN DESIGN

Agenda Item No. 5.10

Executive Summary

Staff is recommending a work order submitted by Baxter & Woodman, Inc. to design the Cambridge sanitary sewer lift station and force main be approved. Cambridge lift station and the accompanying force main are in poor condition and improvements are needed to maintain a reliable sanitary sewer collection system. The existing lift station is a steel structure that has developed leaks which allow a large volume of water to infiltrate the structure during rain events. The force main has had leaks in the past which required expensive repairs due to the depth of the pipe. Attached is a summary report conducted showing the available options for repair and associated costs. Staff feels that a new concrete wet well and valve vault (option 2B) is the best overall value.

Design is scheduled for this year with a targeted construction date for FY 2017.

Baxter & Woodman has submitted a work order detailing the scope of services with a fee not to exceed \$47,500.

Recommended Action

Approve a work order from Baxter & Woodman to design Cambridge lift station and force main.

Committee: PW/F&CA and Engineering		Meeting Date(s): 09/08/15 & 9/21/2015	
Lead Department: Public Works		Presenter: Adam Wedoff, Director of Public Works	
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.	Account(s)	Budget	Expenditure
	Other Items	\$28,900.00	
	Item Requested	\$453,000.00	\$47,500.00
	YTD Actual		\$12,715.69
	Amount Encumbered		\$0.00
	50-60-80-88001	\$481,900.00	\$60,215.69
	Request is over/under budget:		
	Under		\$421,684.31
	Over	-	

Resolution 2015-R-___

**A Resolution Approving a Work Order from Baxter & Woodman, Inc.
for Cambridge Lift Station and Force Main Design**

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

Section One: That the Work Order from Baxter & Woodman, Inc. to design the replacement of the existing Cambridge sanitary sewer lift station and force main on Long Lake Road (Engineers' Project No. 150509.40), attached hereto as Exhibit A, is hereby approved at a cost not to exceed \$47,500.00.

Section Two: That the Mayor, or his designee, is authorized to take all necessary steps to implement this Resolution.

Section Three: That this Resolution shall be in full force and effect from and after its passage and approval as required by law.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

Exhibit A

Work Order from Baxter & Woodman

**VILLAGE OF ROUND LAKE, ILLINOIS
CAMBRIDGE LIFT STATION AND FORCE MAIN REPLACEMENT
ENGINEERING SERVICES
WORK ORDER**

ENGINEERS' PROJECT NO. 150509.40

Project Description:

The Project consists of design engineering for replacement of the existing Cambridge Lift Station and force main on Long Lake Road.

Engineering Services:

The general provisions of this contract are enumerated in the Village Engineering Services Agreement between the Village and Engineers dated March, 18, 1998. The scope of services for this Project is listed in Attachment A of this Work Order.

Compensation:

Compensation for the services to be provided under this Work Order will be in accordance with the Village Engineering Services Agreement dated March 18, 1998. The Engineers' fee for items as described will not exceed \$47,500 without prior written approval of the Village.

Submitted by: **Baxter & Woodman, Inc.**

By: _____

Louis D. Haussmann, PE, PTOE

Title: Vice President/COO

Date: August 6, 2015

Approved: **Village of Round Lake, Illinois**

By: _____

Daniel A. MacGillis

Title: Mayor

Date: _____

Additional Comments and Conditions: The scope of services does not include preparation of easement documentation if required. The scope of services does not include, and we do not anticipate, wetland delineation, report, or permitting.

Project Description

The Project includes replacement of the Cambridge Lift Station on Long Lake Road, including a new wet well and valve vault; 7.5 Hp duplex submersible pumps; submersible level transducer; pump control panel installed above grade; and a new on site standby emergency engine generator. The force main replacement will consist of 750 lineal feet of 8-inch gravity sewer and 500 lineal feet of 4-inch force main. The Project is more particularly described in our July 22, 2015 letter report.

Scope of Services

The following scope of services details the anticipated tasks necessary to successfully complete this Project.

1. **PROJECT MANAGEMENT** - Plan, schedule, and control the activities that must be performed to complete the Project. These activities include, but are not limited to, budget, schedule, and scope. Coordinate with the Village and project team to ensure that the goals of the Project are achieved.
2. **MEETINGS WITH VILLAGE STAFF** – Conduct one meeting with Village staff to review the final project documents.
3. **SITE VISITS** – Conduct site visits by designers to verify existing conditions and review the location of proposed improvements.
4. **TOPOGRAPHIC SURVEY** – Perform a topographic survey within the project limits along the force main route and around the pumping station site to develop Project drawings.
5. **UTILITY COORDINATION** – Complete a Design Locate with JULIE, which consists of obtaining names and phone numbers of utilities located within the work area. Contact utilities, obtain atlases where available, and provide preliminary drawing sheets to utility companies for their markup and return.
6. **GEOTECHNICAL SERVICES** – Retain a geotechnical sub-consultant to make soil borings, collect and analyze soil samples, determine groundwater levels and prepare a written report for design of the improvements. Our fee includes a \$3,000 allowance for geotechnical services.
7. **ENGINEERING DESIGN** – Provide detailed design of submersible pumps, piping, valves, level transducers, emergency generator, pump controls, concrete equipment pads, sanitary sewer, and force main improvements.
8. **PROJECT PLANS** – Prepare Design Documents for the proposed lift station and force main improvements consisting of one set of drawings showing the general scope, extent, and character of construction work to be furnished and performed by the Contractors selected by the Village.

9. **PROJECT MANUAL** – Prepare for review and approval by the Village and its legal counsel the forms of Construction Contract Documents consisting of one Advertisement for Bids, Bidder Instructions, Bid Form, Agreement, Performance Bond Form, Payment Bond Form, General Conditions, and Supplementary Conditions based upon documents prepared by the Engineers Joint Contract Document Committee (EJCDC). Prepare one set of technical specifications in the format of the Construction Specification Institute.
10. **AGENCY PERMITS** – Submit the design documents to the Lakes Region Sanitary District, the Northwest Regional Water Reclamation Facility (NWRWRF), and IEPA for a permit to construct, own, and operate the Project.
11. **QUALITY CONTROL REVIEWS** – Conduct internal design and constructability reviews of Drawings and Project Manual.
12. **ENGINEER'S OPINION OF PROBABLE COST** – Prepare an opinion of the probable construction cost.
13. **ASSIST BIDDING** – Set bid dates with the Village, create an Advertisement for Bid and provide to Village for publication. Provide documents for bidding and assist the Village in solicitation of bids from as many qualified bidders as possible. Attend the bid opening with Village personnel and assist in reviewing and checking of bid package submittals as required. Tabulate all bids received and make a recommendation to the Village for Award of Contract.

!:\Burlington\ROULK\150509-Cambridge Lift Station\Contract\150509.40 Work Order.docx

July 22, 2015

Mr. Adam Wedoff, Director of Public Works
Village of Round Lake
751 West Townline Road
Round Lake, IL 60073

Subject: Village of Round Lake – Cambridge Lift Station Investigation

Dear Mr. Wedoff:

The purpose of this investigation is to review alternatives for repair or replacement of the Cambridge Lift Station on Long Lake Drive at Southmoor Lane. The lift station was constructed in 1969 and is configured in a wet well/dry well arrangement. The wet well is a small precast concrete manhole structure with ball type floats for pump control. The pumps, valves, and pump control panel are located below grade in the adjacent steel dry well, also commonly known as a steel "can". The vertical, dry pit, non-clog centrifugal raw sewage pumps are configured as one running clockwise and one running counter clockwise, which is not common with new pumping equipment in the industry. The pump capacity is 100 gpm. The 7.5 Hp pump motors operate at a speed of 1200 rpm on 240 volt 3 phase power. A 4-inch force main extends from the lift station along Long Lake Drive for approximately 1200-feet where it discharges into the gravity sewer at Lotus Drive. Our analysis included a review of the existing lift station, an evaluation of viable alternatives, preparation of cost estimates, and a letter report.

Existing Equipment Review

Items noted in our site visit and discussions with Village staff include:

- The pumps are in poor condition, with Pump No. 2 logging quite a few more run time hours than Pump No. 1.
- The steel can is in good condition with no apparent rust or leaks.
- The wet well has a substantial leak of groundwater inflow, and additional leaks when it rains hard.
- The pump control panel is located below grade and not easily accessible, and staff follows confined space entry procedures when entering this structure. Regular pump readings require entry to the pump control panel below grade.
- This lift station does not have an onsite emergency standby engine generator, and instead staff has to pull a portable generator to the site during power outages.
- The existing force main has a history of pipe breaks.

Force Main Replacement

Our analysis includes consideration of replacing the existing leaking force main as well as the lift station. To replace the existing 4-inch force main an 8-inch gravity sewer would be extended west from Lotus Drive to the top of the hill. From there a 4-inch PVC pipe would be installed at an approximate depth of 6-feet extending to the lift station. Some of the new pipe will most likely be in the road pavement due to the other existing underground utilities on either side of the road. Our Engineer's Opinion of Probable Cost for force main replacement to Lotus Drive is \$225,000, including engineering and contingencies.

Another option discussed with staff was to approach the Village of Round Lake Beach to explore the possibility of connecting to the existing gravity sewer just north of the intersection of Long Lake Road and Southmoor Lane, which is across the street from the lift station. The Southmoor Lane sewer also flows east to Lotus Drive. Our Engineer's Opinion of Probable Cost for force main replacement to Southmoor Lane is \$25,000, including engineering and contingencies. If this sewer connection point can be utilized the Village would realize a savings of roughly \$200,000.

Alternate 1 - Lift Station Remodeling

This alternative would include replacement of the existing pumps and 7.5 Hp motors in the dry well with the same size and configuration of equipment. New valves, sump pump, ventilation, dehumidifier, and lighting would also be installed in the dry well. A new pump control panel would be installed above grade and a new on site standby emergency generator would be installed adjacent to the lift station. Chemical grout would be injected into the existing wet well walls to limit groundwater inflow, and a new submersible level transducer installed in the wet well. The existing steel dry well would be painted. Our Engineer's Opinion of Probable Cost for this alternative is \$265,000, including engineering and contingencies.

The advantages of this alternative are lower cost and less disruption to the neighborhood. The disadvantages are that remodeling only extends the life of the steel dry well and concrete wet well. The steel dry well could begin to corrode and leak. The wet well could develop additional leaks in the future.

Alternate 2A - Lift Station Replacement - Package Lift Station

This alternative would include abandonment of the existing wet well and dry well. New 3500 RPM submersible pumps and a submersible level transducer would be installed in a new wet well installed adjacent to the existing lift station. New valves and piping would be installed in a valve vault. A new pump control panel would be installed above grade and a new on site standby emergency generator would be installed adjacent to the lift station. Our Engineer's Opinion of Probable Cost for this alternative is \$325,000, including engineering and contingencies.

The advantages of this alternative are lower cost and that all equipment is designed by one manufacturer. The disadvantages include less competition in bidding as the proprietary equipment package is supplied by one manufacturer. The pump speed proposed by the supplier is very fast at 3500 RPM, which is three times the speed of the existing pumps, and faster speed pumps tend to wear out quicker.

Alternate 2B – Lift Station Replacement – Concrete Wet Well and Valve Vault

This alternative is similar to the above and would also include abandonment of the existing wet well and dry well. New submersible pumps and a submersible level transducer would be installed in a new concrete wet well. New valves and piping would be installed in an adjacent concrete valve vault. A new pump control panel would be installed above grade and a new on site standby emergency generator would be installed adjacent to the lift station. Our Engineer’s Opinion of Probable Cost for this alternative is \$350,000, including engineering and contingencies.

The advantages of this alternative are being able to specify the exact equipment you want and competitive bidding. The disadvantage is higher cost.

Detailed cost estimates are shown in Appendix A.

Comparison of Alternatives

<u>Lift Station Alternative</u>	<u>Force Main Cost</u>	<u>Lift Station Cost</u>	<u>Total Cost</u>
1-Remodeling	\$225,000	\$265,000	\$490,000
2A-Package Lift Station	\$225,000	\$325,000	\$550,000
2B-Concrete Wet Well and Valve Vault	\$225,000	\$350,000	\$575,000

<u>Lift Station Alternative</u>	<u>Advantage</u>
1-Remodeling	Lowest Cost, Utilize Existing Structures
2A-Package Lift Station	Full Equipment Replacement, Equipment from One Manufacturer
2B-Concrete Wet Well and Valve Vault	Full Equipment Replacement, Slower Speed Pumps, Competitive Bidding

Recommendations

We recommend that the Village approach Round Lake Beach to determine if re-routing the force main discharge to the existing gravity sewer just north of the lift station on Southmoor Lane would be acceptable. Constructing approximately 100-feet of force main to connect to Southmoor Lane is far more economical than the alternative of 500-feet of force main and 750-feet of gravity sewer to connect to the sewer at Lotus Drive, and would result in a savings of approximately \$200,000.

We recommend that the Village consider implementing Alternative 2B which includes replacement of the existing lift station with new pumps, piping, valves, above grade controls, emergency generator, and a new concrete wet well and valve vault. Our opinion of probable cost for this alternative is \$350,000, including engineering and contingencies. This alternative replaces all the equipment and structures for about 1/3 more than the cost for remodeling the existing lift station. This alternative allows the Village to keep the existing lift station in operation during construction, specify the exact equipment you want, promotes competitive bidding, and has the best life cycle cost of the alternatives considered.

Sincerely,

BAXTER & WOODMAN, INC.
CONSULTING ENGINEERS


Mark P. Kolczaski, P.E.

MPK:jmc

Encs.

C: Kurt Baumann, Baxter & Woodman, Inc.

I:\Burlington\ROULK\150509-Cambridge Lift Station\30-ReportStudy\Final Project Docs\Cambridge Lift Station Investigation.docx

**Village of Round Lake, IL
Cambridge Lift Station Investigation
Engineer's Preliminary Opinion of Probable Cost
Force Main Replacement To Lotus Drive**

No.	Item	Approximate Quantity	Unit Cost	Amount
1	Sanitary Sewer, 8"	750 LF	\$ 125.00	\$ 93,750
2	Sanitary Manholes, 4' Dia.	3 EA	\$ 4,000.00	\$ 12,000
3	Force Main, 4"	500 LF	\$ 75.00	\$ 37,500
4	Granular Backfill	250 LF	\$ 35.00	\$ 8,750
6	Pavement Restoration	500 SY	\$ 30.00	\$ 15,000
7	Lawn Restoration	100 SY	\$ 5.00	\$ 500
8	Traffic Control	1 LS	\$ 5,000.00	\$ 5,000
Subtotal				\$ 172,500
10% Contingencies				\$ 17,250
Subtotal				\$ 189,750
Engineering				\$ 35,000
Total				\$ 224,750
Engineer's Preliminary Opinion of Probable Cost				\$ 225,000

**Village of Round Lake, IL
Cambridge Lift Station Investigation
Engineer's Preliminary Opinion of Probable Cost
Force Main Replacement To Southmoor Lane**

No.	Item	Approximate Quantity	Unit Cost	Amount
1	Force Main, 4"	125 LF	\$ 75.00	\$ 9,375
2	Granular Backfill	100 LF	\$ 35.00	\$ 3,500
3	Pavement Restoration	100 SY	\$ 30.00	\$ 3,000
4	Lawn Restoration	50 SY	\$ 5.00	\$ 250
5	Traffic Control	1 LS	\$ 1,000.00	\$ 1,000
Subtotal				\$ 17,125
10% Contingencies				\$ 1,713
Subtotal				\$ 18,838
Engineering				\$ 5,000
Total				\$ 23,838
Engineer's Preliminary Opinion of Probable Cost				\$ 25,000

**Village of Round Lake, IL
Cambridge Lift Station Investigation
Engineer's Preliminary Opinion of Probable Cost
Alternate 1 - Lift Station Remodeling**

No.	Item	Approximate Quantity	Unit Cost	Amount
1	Demolition	1 LS	\$ 15,000.00	\$ 15,000
2	7.5 Hp Dry Pit Pumps	2 EA	\$ 25,000.00	\$ 50,000
3	Lift Station Controls	1 EA	\$ 65,000.00	\$ 65,000
4	Valves	5 EA	\$ 2,000.00	\$ 10,000
5	D.I. Piping	40 LF	\$ 250.00	\$ 10,000
6	Painting	1 LS	\$ 8,000.00	\$ 8,000
7	Miscellaneous Equipment	1 LS	\$ 5,000.00	\$ 5,000
8	Generator	1 EA	\$ 40,000.00	\$ 40,000
9	Lawn Restoration	100 SY	\$ 5.00	\$ 500
Subtotal				\$ 203,500
10% Contingencies				\$ 20,350
Subtotal				\$ 223,850
Engineering				\$ 40,000
Total				\$ 263,850
Engineer's Preliminary Opinion of Probable Cost				\$ 265,000

Village of Round Lake, IL
 Cambridge Lift Station Investigation
 Engineer's Preliminary Opinion of Probable Cost
 Alternate 2A - Lift Station Replacement - Package Station

No.	Item	Approximate Quantity	Unit Cost	Amount
1	Excavation	1 LS	\$ 30,000.00	\$ 30,000
2	Dewatering	1 LS	\$ 20,000.00	\$ 20,000
3	Equipment Package	1 LS	\$ 50,000.00	\$ 50,000
4	6' Valve Vault	1 EA	\$ 15,000.00	\$ 15,000
5	4 Hp Submersible Pumps	2 EA	\$ 5,000.00	\$ 10,000
6	Lift Station Controls	1 EA	\$ 65,000.00	\$ 65,000
7	Generator	1 EA	\$ 40,000.00	\$ 40,000
8	Installation Labor	200 HRS	\$ 90.00	\$ 18,000
9	Lawn Restoration	100 SY	\$ 5.00	\$ 500
Subtotal				\$ 248,000
10% Contingencies				\$ 24,800
Subtotal				\$ 272,800
Engineering				\$ 50,000
Total				\$ 322,800
Engineer's Preliminary Opinion of Probable Cost				\$ 325,000

Village of Round Lake, IL
 Cambridge Lift Station Investigation
 Engineer's Preliminary Opinion of Probable Cost
 Alternate 2B - Lift Station Replacement - Concrete Wet Well & Valve Vault

No.	Item	Approximate Quantity	Unit Cost	Amount
1	Excavation	1 LS	\$ 30,000.00	\$ 30,000
2	Dewatering	1 LS	\$ 20,000.00	\$ 20,000
3	6' Wet Well	1 EA	\$ 30,000.00	\$ 30,000
4	6' Valve Vault	1 EA	\$ 15,000.00	\$ 15,000
5	7.5 Hp Submersible Pumps	2 EA	\$ 10,000.00	\$ 20,000
6	Lift Station Controls	1 EA	\$ 65,000.00	\$ 65,000
7	Generator	1 EA	\$ 40,000.00	\$ 40,000
8	Valves	5 EA	\$ 2,000.00	\$ 10,000
9	D.I. Piping	100 LF	\$ 250.00	\$ 25,000
10	Vent Piping	40 LF	\$ 200.00	\$ 8,000
11	Sump Pump System	1 EA	\$ 2,000.00	\$ 2,000
12	Lawn Restoration	100 SY	\$ 5.00	\$ 500
Subtotal				\$ 265,000
10% Contingencies				\$ 26,500
Subtotal				\$ 291,500
Engineering				\$ 60,000
Total				\$ 351,500
Engineer's Preliminary Opinion of Probable Cost				\$ 350,000



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: Authorization to purchase two Golden Eagle II Fixed Mount Dual Antenna KA Band Squad Car Radar Devices

Agenda Item No. 5.11

Executive Summary:

Attached are four price quotes for 2 replacement speed radar devices for two Police Department patrol vehicles. These radar units will replace no longer serviceable radar units that have been removed from use.

The radar expenses are budgeted expenditures as part of the new vehicle equipment costs and are expected to meet our needs sufficiently for five to ten years.

The Round Lake Police Department seeks approval purchase two Golden Eagle II Fixed Mount Dual Antenna KA Band Radar Devices from Galls.com. Attached are four sales quotes. Galls Sales quote 4588634 lists the cost of the radar devices at \$2,068.00 each. The total quoted price for two radar devices with shipping costs is \$4,154.00.

Recommended Action:

Staff recommends authorization to purchase two squad car radar units from Galls.com for a cost of \$4,154.00.

Committee: Police	Meeting Date: September 8, 2015 & September 21, 2015																											
Lead Department: Police	Presenter: Michael Gillette; Chief of Police																											
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Account(s)</th> <th style="width: 30%;">Budget</th> <th style="width: 40%;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>60-40-80-88024</td> <td style="text-align: right;">\$18,540.00</td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td style="text-align: right;">\$4,154.00</td> </tr> <tr> <td>YTD Actual</td> <td></td> <td style="text-align: right;">\$2,120.00</td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">\$18,540.00</td> <td style="text-align: right;">\$6,274.00</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;">\$12,266.00</td> </tr> <tr> <td style="text-align: right;">Over</td> <td style="text-align: center;">-</td> <td></td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	60-40-80-88024	\$18,540.00		Item Requested		\$4,154.00	YTD Actual		\$2,120.00	Amount Encumbered		\$0.00	Total:	\$18,540.00	\$6,274.00	Request is over/under budget:			Under		\$12,266.00	Over	-	
Account(s)	Budget	Expenditure																										
60-40-80-88024	\$18,540.00																											
Item Requested		\$4,154.00																										
YTD Actual		\$2,120.00																										
Amount Encumbered		\$0.00																										
Total:	\$18,540.00	\$6,274.00																										
Request is over/under budget:																												
Under		\$12,266.00																										
Over	-																											

Resolution 2015-R-___

**A Resolution Authorizing the Village of Round Lake Police
Department to Purchase two Golden Eagle II Fixed Mount Dual Antenna KA Band Radar Devices
from Galls.com.**

WHEREAS, Police Department radar devices are necessary police squad car based equipment and are a critical mechanism of police department essential functions concerning traffic safety; and

WHEREAS, the Round Lake Police Department has no other viable avenue from which to maintain a reliable Village owned and operated system than to purchase and install the devices; and

WHEREAS, the Village President and Board of Trustees find that making this purchase is fiscally prudent and in the interest of public health, safety and welfare; and

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

1. Purchasing the two Golden Eagle II Fixed Mount Dual Antenna KA Band Radar Devices from Galls.com for the cost of \$2,068.00 each. The total quoted price for two radar devices with shipping costs is \$4,154.00.is hereby authorized.

2. Quote price sheet #4588634 is attached hereto as Exhibit A is hereby approved.

3. The Mayor, or his designee, is authorized to perform such other actions required to carry out the Village's purchase, and to otherwise implement this resolution.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

Akey, Troy

From: VIVIAN-JASON@GALLS.COM
Sent: Monday, August 31, 2015 7:47 AM
To: Akey, Troy
Subject: Galls Order Confirmation



www.galls.com

I TROY AKEY,

ORDER INFORMATION

Thank you for shopping at Galls. This is a summary of your order.

Order Number: 4588634
Order Date: 08/27/2015

Comments:

Ship To:
ROY AKEY
41 W TOWNLINE RD
ROUND LAKE, IL 60073 US
AKEY@EROUNDLAKE.COM
147) 548-8112

Sales Quote - NOT AN ORDER.

Order PO: QUOTE

Order Summary

Item No.	Description	Quantity	Item Price	Total Price
JE876	GOLDEN EAGLE II/FIXED MOUNT DUAL ANTENNA KA BAND	2	2,068.00	4,136.0
Merchandise Total:				4,136.0
Shipping:				18.0
Sales Tax:				
Order Total:				4,154.0

Pricing is valid for 30 days.

Your order may ship in various intervals. If an item is on backorder or ships directly from our suppliers your credit card is not charged until the item ships. Your credit card statement will show this purchase from GALLS. If items have shipped from our suppliers, we may not be able to process cancellation requests.

Order Status

You can check your order status anytime by signing in to your Galls account or by clicking [here](#). If you have any questions or concerns, [email us](#) or call us toll-free at 866.673.7649.

You might be interested in these items...



Quotation

KUSTOM SIGNALS, INC.

9332 Laurel Blvd, Lanana, MS 39219-2403
913-432-1400 Fax 913-432-1708
sales@kustomsignals.com www.kustomsignals.com

Date **02/13/2015**

To... **TROY AKEY**
ROUND LAKE POLICE DEPT

741 W. TOWN LINE RD
ROUND LAKE IL 60073-2802

Quote # **1783957281037NE**
Terms **Net 30**
This Quote Expires on **05/14/2015**
Phone **847-546-8112**
Fax **847-546-2154**

<u>Qty</u>	<u>Product Description</u>	<u>Unit Price</u>	<u>Sub Total</u>
1	Golden Eagle II dual antenna, Ka-Band DCM w/TruTrak	\$2,085.00	\$2,085.00
1	SHIPPING & HANDLING COSTS	\$34.00	\$34.00
		Total	\$2,119.00

Interested in a lease-to-own option? Contact Kustom Signals today at 800-458-7866 or trampes@kustomsignals.com for a detailed quote and to lock in a rate. Benefits of Leasing:

- Flexible repayment terms structured to meet your budget
- Significantly faster, less complicated and less expensive than other forms of public debt
- 100% financing and immediate ownership of equipment
- Municipal leasing is cash flow friendly

Signature

If applicable sales tax not included, sales and/or freight could be subject to current rates based on your State, County, or City requirements. Seller may charge Buyer a 25% restocking fee.



Toll Free 800-4KUSTOM (800-458-7866)

**KUSTOM SIGNALS, INC.
TERMS AND CONDITIONS**

1. APPLICABILITY. Unless otherwise specified in a written bid, quote or contract, the following terms and conditions shall apply.

2. PRICES AND TAXES. Prices will be Kustom Signals, Inc.'s ("Seller") prices in effect on the date a purchase order is accepted by Seller, and Seller may change its prices at any time, in its sole discretion. All prices will be F.O.B. Chanute, Kansas, and net of any duties, sales, use or similar taxes, fees or assessments, and do not include shipping, packaging or any insurance costs, all of which are Buyer's responsibility.

3. PAYMENT. Unless otherwise provided on the face of the invoice, payment is due 30 days after invoice date in US dollars. Partial payments are not permitted unless authorized in writing. Partial payments will be treated as non-payment. Each invoice is independent from shipping sequence and disputes relating to other invoices. Failure to pay an invoice within 30 days will be considered a default.

4. DELIVERY AND PERFORMANCE. Delivery dates are approximate. Seller disclaims all liability for late or partial delivery. Seller may deliver in such lots and at such times as is convenient for Seller.

5. LOSS IN TRANSIT. Risk of loss will pass to Buyer upon delivery of the goods to the carrier. In case of breakage or loss in transit, Buyer will have notation of same made on expense bill before paying freight. Seller may reject claims for shortages not made within 15 days of Buyer's receipt of the goods.

6. TERMINATION, RESTOCKING CHARGES
Buyer may terminate this purchase order for its convenience, in whole or in part, by written, faxed or telegraphic notice at any time. If Buyer terminates this purchase order for convenience, Buyer will be liable to Seller for Seller's reasonable costs incurred in the performance of this purchase order that Seller cannot mitigate. Unless otherwise agreed upon in advance in writing by Seller, Seller may charge Buyer a 2.5% restocking fee, if: (a) upon approval by Seller, the Buyer returns any non-defective goods covered by this invoice; or (b) prior to shipment, but after the goods are produced by Seller, Buyer cancels the order for the subject goods.

7. WARRANTY. Seller's warranty is provided separately.

8. LIMITATION OF LIABILITY. SELLER IS NOT LIABLE FOR ANY CONSEQUENTIAL, INDIRECT, OR INCIDENTAL DAMAGES, OR ANY LOST PROFITS OR LOST SAVINGS, EVEN IF A SELLER REPRESENTATIVE HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH LOSS, DAMAGES, CLAIMS OR COSTS, NOR IS SELLER LIABLE FOR ANY CLAIM BY ANY THIRD PARTY. SELLER'S AGGREGATE LIABILITY UNDER OR IN CONNECTION WITH THIS PURCHASE ORDER IS LIMITED TO THE AMOUNT PAID FOR THE GOODS.

9. INDEMNIFICATION. Seller and Buyer shall each indemnify the other against any and all liability, damages, costs and expenses, including without limitation reasonable attorney's fees, made against or sustained by such Party arising from the other Party's gross negligence, willful misconduct or failure to comply with applicable laws in connection with the performance of this Agreement; provided, that, in no event shall either Party be responsible to the other for any compensation, reimbursement or damages on account of the loss of prospective profits or anticipated sales or for any expenditures, investments, lease commitments, property improvements or other commitments made by a Party in connection with this Agreement.

10. EXPORT RULES. Exports and re-exports of the goods may be subject to United States export controls and sanctions administered by the U.S. Department of Commerce Bureau of Industry and Security under its Export Administration Regulations ("EAR"). Buyer shall comply with all laws, rules and regulations applicable to the export or re-export of goods including but not limited to EAR which includes, among other things, screening potential transactions against the U.S. Government's (i) list of prohibited end users, and (ii) list of prohibited countries. Buyer represents and warrants that (i) it has not been charged with, convicted of, or penalized for, any violation of EAR or any statute referenced in EAR §766.25, and (ii) it has not been notified by any government official of competent authority that it is under investigation for any violation of EAR or any statute referenced in EAR §766.25.

11. MISCELLANEOUS. These terms and conditions, together with any other written agreement between Buyer and Seller, if any: (i) are the exclusive statements of the parties with respect to the subject matter and supersede any prior or contemporaneous communications; (ii) may not be amended except in writing executed by the parties and will prevail in any case where the terms of Buyer's purchase order or other communication are inconsistent; (iii) will be interpreted and enforced in accordance with the laws of the State of Kansas, without giving effect to principles of conflicts of law. These terms and conditions are: (1) solely for the benefit of the parties, and no provision of these terms and conditions will be deemed to confer upon any other person any remedy, claim, liability, reimbursement, cause of action or other right. Each party consents to the exclusive personal jurisdiction of the state and federal courts located in the State of Kansas for purposes of any suit, action or other proceeding arising out of this Agreement, waives any argument that venue in any such forum is not convenient and agrees that the venue of any litigation initiated by either of them in connection with this Agreement will be in either the District Court of Johnson County, Kansas, or the United States District Court, District of Kansas. If any provision of these terms and conditions is unenforceable, the remaining provisions will remain in effect. No waiver (whether by course of dealing or otherwise) is effective unless it is made in writing and signed by the party to be charged with such waiver. Unless otherwise specified in writing, notices must be given in writing by registered or certified mail, return receipt requested, addressed to:

Kustom Signals, Inc.
Attn: Sales Dept.
9652 Lohret Boulevard
Lenexa, KS 66219



HOME | ABOUT | CONTACT US | MAILING LIST | CREATE ACCOUNT | LOG IN | CHECKOUT

Call Us: 260-244-3333



Type in this box either the full product number or common phrase SEARCH

[TESTIMONIALS](#) [INSTALL PICTURES](#) [QUOTE REQUEST](#) [SCANNER UPDATES](#)

Police Vehicles

Chevrolet Dodge Ford GMC Wreckers

SHOP BY BRAND

Brands

5.11 Tactical A-Zoom Acme Whistles Advanced Technology International Aker Leather American Body Armor Armor Express ASP Atlenco
ATN B-Square Bianchi Blackhawk Blue Training Guns By Rings Bolle View All ...

Public Safety
Apparel
Badges
Bags / Organizers
Checkpoint Security / Surveillance
Communications
Crime Scene
Duty Gear
Fire / Rescue Gear
K-9 Apparel
Medical Supplies
Protective Gear
Shooting / Weapon Accessories
Shorts
Speed Enforcement
Traffic Safety
Training Equipment
Vehicle Electronics
Vehicle Equipment
Vehicle Lighting
Vinyl Graphics



GOLDEN EAGLE II

Item Code: CRS54-57

Options:

Golden Eagle II Options

	Price	Qty.
✓ Dual antenna, Ka-Band DCM w/Tru Trak	\$2078.15	0
Single antenna, Ka-Band DCM w/Tru Trak	\$1901.00	0
Display Separation Kit & Plates	\$60.06	0

Additional Options

- (179) Radar/Video ASCII Interface (connects radar unit to miscellaneous video unit) (+\$243):
- (188) Golden Eagle II Separator Cable (connects separated display face to main radar unit) (+\$11):
- (189) Interface Cable to connect radar with older video systems (ES Series Eye / Patrol Cam) (+\$68):
- (60) Eagle II Series Video Interface port and cable to connect w/ Kustom Video system (+\$119):
- (61) Display Separation Kit & Plates - separates the display face from the counting unit (+\$60):
- (62) Option to separate Eagle II display face from main unit (+\$62):
- (69) Delete TruTrak Input (interfaces radar unit with patrol car speedometer) (\$-26):
- (827) Interface Cable to connect Eagle II NXT/Eclipse (+\$118):
- (879) Interface Cable 63/63 Vision to Eagle II Series (+\$102):
- (882) Interface Cable PC to Eagle II Family (+\$76):

Eagle II Extended Warranty:

No Extended Warranty

Laser/Radar Shipping Rate:

Ground Continental 48 States (+\$34)

Patented Features:

TruTrak VSS Interface enables Automated Mode Switching between Moving and Stationary modes and virtually eliminates common radar errors like shadowing, batching and combining. Smart Patrol Search operates when the speedometer input is not connected to reduce shadowing, batching and combining.

The Golden Eagle II has all the basic features plus Stopwatch, Fastest Vehicle, and Same Direction mode capability. The DCM antenna option also features Automatic Same Lane Faster/Slower capability.

Features:

- Moving/Stationary Ka band Doppler radar system
- Digital Signal Processing (DSP) for tracking multiple targets, greater accuracy and range sensitivity
- Patrol speed blank
- Digital range control
- Wired remote
- Automated self-test
- Stopwatch
- Fastest Vehicle
- Same Direction mode
- 2-year warranty
- IACP Conforming Product list

Options:

- Wireless IR remote
- Output speed data aerial port to In-Car video system
- Display separation kit
- Multiple mounting options

?

SHIPPING TO BE CALCULATED SEPARATELY FROM CHECKOUT CART. PLEASE INCLUDE SHIPPING OPTION BELOW.

RADAR/LASER EXTENDED WARRANTIES INCLUDES: Phone Support, Technical Support (Help Desk), Hardware Changes, Software Updates, Parts, Labor and Return Shipping to agency.

INCLUDES: Stand-Alone Calibration, Mounting Hardware, Leases and Consumable Items (I.E. non-rechargeable and rechargeable batteries)

Check out these related products!

LED Giant Display Cable
#CRS537

Manufactured by:Kustom Signal Inc.
Price: \$78.54



Eagle II Series Sun Shield
#CRS125

Manufactured by:Kustom Signal Inc.
Price: \$9.24



Eagle II Series Padded Cover w/ Bail Bracket Mount
#CRS171

Manufactured by:Kustom Signal Inc.
Price: \$43.89



Eagle II Series Carrying Case
#CRS287

Manufactured by:Kustom Signal Inc.
Price: \$105.49



Home
My Account
Order Tracking
Contact Us

Returns & Exchanges
Privacy & Security
Authorize.net Policy
Terms of Use
Sitemap
Forms

Need Help?
Call 260-244-3333 or email us



JOIN OUR LIST
Sign up and receive special offers and news updates



powered by UltimateFuels.com

Find Sign-In Order Status Shopping Cart

Category

Kustom Signals
All products available for purchase via Kustom Signals Incorporated

Item Details

Item Name: Directional Golden Eagle II Radar Dual Ka-Band
Item #: KSTIG826
Price: **\$2,329.00**



Category List

- ALEN
- All Traffic Solutions
- CMI, Inc
- Contego Group
- Decatur Electronics
- Draeger
- Force 911
- ICOP Digital, Inc.
- Innocorp, Ltd.
- Insight Public Sector
- Integrated Technology
- Intoximeters Incorporated
- Kustom Signals
- Laser Atlanta LLC
- Laser Technology Inc.
- MPH Industries
- SE Traffic Technologies
- Sheffield's Sport Shop
- Stalker Radar Lidar
- SymbolArts
- Ticket Board Incorporated
- West Chatham Warning

DIRECTIONAL GOLDEN EAGLE®II RADAR Dual Ka-Band Antenna

The Directional Golden Eagle II new directional capabilities allow target discrimination in stationary mode for approaching or receding traffic. The unit also eliminates the need for the operator to select faster or slower targets in same direction mode. Features an antenna design with one of the longest shooting ranges, faster target acquisition and more precise target identification.

Features

- Dual Ka-Band Antennas
- Moving and Stationary Operation
- Stopwatch Mode
- Fastest Vehicle Mode
- Same Direction Mode
- Multiple Menu Options
- Digital Signal Processing (DSP)
- TruTrak™
- SMART™ Patrol Search (SPS)

Includes a 2 Year Warranty

PLEASE NOTE THAT THIS PRODUCT IS PRICED IN GOHS INCENTIVE BUCKS, NOT ACTUAL DOLLARS. CONTACT GOHS FOR DETAILS.

Buy Now Quantity:

Category List

- ALEN
- All Traffic Solutions
- CMI, Inc
- Contego Group
- Decatur Electronics
- Draeger
- Force 911
- ICOP Digital, Inc.
- Innocorp, Ltd.
- Insight Public Sector
- Integrated Technology
- Intoximeters Incorporated

- **Kustom Signals**
- **Laser Atlanta LLC**
- **Laser Technology Inc.**
- **MPH Industries**
- **SE Traffic Technologies**
- **Sheffield's Sport Shop**
- **Stalker Radar Lidar**
- **SymbolArts**
- **Ticket Board Incorporated**
- **West Chatham Warning**

[Home](#) [Welcome](#) [Category List](#) [Contact Us](#)