

AGENDA
VILLAGE OF ROUND LAKE
REGULAR MEETING
September 2, 2014
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 August 18, 2014
4. NOTES/COMMENDATIONS/PUBLIC COMMENT
 - 4.1 Public Comment
5. CONSENT AGENDA
 - 5.1 Approve Accounts Payable in the Amount of \$182,374.96
 - 5.2 Approve Payroll for the Period Ending August 24, 2014 in the Amount of \$123,052.38
 - 5.3 Accept the Annual Police Pension Report to the Village Board as Presented
 - 5.4 Adopt a Resolution Approving a Proposal from Principal Financial Group for Employee Life/AD&D Insurance
 - 5.5 Adopt a Resolution Approving a Proposal from Principal Financial Group for Employee Dental Insurance
 - 5.6 Adopt a Resolution Approving a Proposal from EyeMed Vision Care for Employee Vision Insurance
 - 5.7 Adopt a Resolution Approving a Proposal to Renew a Group Employee Health Insurance Plan with Blue Cross Blue Shield
 - 5.8 Adopt a Resolution Amending Resolution 14-R-33, Employee Recognition Program
 - 5.9 Adopt a Resolution Ratifying Truck 49 Repairs with A-Tire in an Amount not to Exceed \$2,096.14
6. CLERK'S OFFICE
 - 6.1 St. Joseph's Mexican Fiestas Parade Slated for September 14th
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 Mayor’s Comments

14.2 Trustee’s Comments

15. EXECUTIVE SESSION

15.1 Motion to move to executive session to discuss collective negotiating matters between the Village and Metropolitan Alliance of Police (MAP) 444 and 459 pursuant to Section 2(c)(2) of the Illinois Open Meetings Act

16. ADJOURN

MINUTES
VILLAGE OF ROUND LAKE
REGULAR MEETING
August 18, 2014
442 N. Cedar Lake Road
7:00 P.M.

CALL TO ORDER

THE REGULAR BOARD MEETING OF THE VILLAGE OF ROUND LAKE WAS CALLED TO ORDER BY DAN MACGILLIS, VILLAGE PRESIDENT AT 7:03 P.M.

1. ROLL CALL

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

2. PLEDGE OF ALLEGIANCE

3. APPROVAL OF MINUTES

3.1 Approve the Minutes of the Regular Meeting of August 4, 2014

Motion by Trustee Triphahn, Seconded by Trustee Newby, to approve the Minutes of the Regular Meeting of August 4, 2014. 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 Frye, Seconded by Trustee Triphahn, to do an Omnibus approval on item 5.1, 5.2 & 5.3. Upon the call of the roll, the following voted:

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

Mayor MacGillis Declared the Motion carried.

5.1 Approve Accounts Payable in the Amount of \$344,407.15

Approved – Omnibus Vote

5.2 Approve Payroll for the Period Ending August 10, 2014 in the Amount of \$113,156.27

Approved – Omnibus Vote

5.3 Adopt an Ordinance Authorizing to Surplus Truck 43 and Place in the Lake County Auction

Approved – Omnibus Vote

6. CLERK'S OFFICE

6.1 10 Year Employee Recognition – Bob Johnson

Clerk Blauvelt recognized Bob Johnson on his 10 year anniversary with the Village of Round Lake, presenting him with a certificate from the Village and an option of either a gift from the rewards catalog or a gift card

6.2 10 Year Employee Recognition – Greg Poulsen

Clerk Blauvelt recognized Greg Poulsen on his 10 year anniversary with the Village of Round Lake, presenting him with a certificate from the Village and an option of either a gift from the rewards catalog or a gift card

6.3 The Village Hall will be Closed on Monday, September 1st in Observance of Labor Day. Next scheduled Board Meeting is Tuesday, September 2nd6.4 The Friends of the Round Lake Parks Foundation “Superhero Fun Run” will be on Sunday September 7th6.5 Top Box Foods Express Presentation

Cindy Pagano presented information regarding the Top Box Food Express program which is open to everyone with no qualifying or sign up needed. The program offers a variety of foods that are boxed, such as produce, meat or combo boxes and are available for purchase. Delivery will be at the Calvary Presbyterian Church on the second Saturday of every month beginning Saturday September 13 between 9:00 am and 11:00 am.

7. ADMINISTRATOR

8. FINANCE

9. POLICE

10. PUBLIC WORKS

10.1 Approve the 2014 Lakewood Terrace Phase III MFT Resolution.

Motion by Trustee Kraly, seconded by Trustee Newby to approve the 2014 Lakewood Terrace Phase III MFT Resolution with an amendment to include all of Spanky Court within the MFT paperwork. Upon the call of the roll, the following voted:

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

10.2 Adopt a Resolution Approving the Lakewood Terrace Phase III Construction Services Agreement in an amount not to exceed \$76,100.00

Motion by Trustee Newby, seconded by Trustee Kraly to Adopt a Resolution approving the Lakewood Terrace Phase III construction Services Agreement, with an amendment to include all of Spanky Court, in an amount not to exceed \$76,100. Upon the call of the roll, the following voted:

Ayes:	Trustees Frye, Kraly, Newby, Simoncelli, Triphahn, Wicinski
Nays:	None

Abstain: None
Absent: None

11. COMMUNITY DEVELOPMENT

12. BUILDING AND ZONING

- 12.1 Adopt an Ordinance Amending the Round Lake Zoning Code to Address Medical Cannabis Facilities. Motion by Trustee Simoncelli, Seconded by Trustee Triphahn to Adopt an Ordinance Amending the Round Lake Zoning Code to Address Medical Cannabis Facilities.

Village Attorney Eric Yehl gave a brief synopsis of what is transpiring within the process stating that as of September 2, 2014 the state will start accepting applications for the cultivating and dispensary facilities within the state. Our county has a total of 3 sites available according to the States plan; however those interested need to follow the states zoning regulations and buffer requirements as far as placement of them. Mapping of the Village shows that no cultivating facilities will be available within the Village boundaries currently, however in case the State makes any changes in the future to the zoning regulations, it will be written in the Villages ordinance tonight. For dispensaries, Lake County has a more stringent buffer in place, adding an additional 500 feet on top of the States buffer. He went on to say that our Planning and Zoning Board had met and unanimously voted to adopting the County's recommendations with changes to the 500 foot buffer from a residential zone, to allow dispensaries within a non-single use site (strip mall) and no fencing and landscaping for more accessibility for Police viewing, thus allowing dispensaries to be within the Village. During discussion it was asked why would the dispensary would be good for the Village of Round Lake, which it was stated that if the State choses a site within the Village for a dispensary, then we need to have an ordinance in place. The tax revenue is another factor. It was mentioned that although Denver is larger last year with recreational and medical marijuana - \$90million had been sold last year resulting in \$35million in tax revenue. Police issues were also discussed whereas if a site within the Village is chosen, with the revenues that would be had, it would be able to accommodate any additions to the force if needed. An article regarding the Denver Police department stated that their crime rate is down 14.9% between Jan/Feb 2013 and Jan/Feb 2014. The Mayor then stated the only real question he heard had been from Trustee Frye was regarding Police presence, but first wanted to state on record that it was not his decision to remove the 500 foot buffer as Trustee Frye had mentioned, that was written by the Planning and Zoning Commission. He went on to say that the research that Trustee Simoncelli had mentioned showed crime dropping in Denver as well as the 19 other states that currently sell Medical Cannabis. The Mayor also stated that the Planning and Zoning commissioners had strong opinions that after reading the county's ordinance and restrictions, that very few areas in any municipalities would be able to allow such use, thus putting it all into county's owed properties. He went on to say that do we want to make it so prohibited to turn people away and not consider Round Lake or be within the parameters that the Planning and Zoning Board has recommended and make it more attractable for people to come here and for us to reap those benefits. Chief Gillette stated that if a facility is located within the Village it will be very secure it would be the same as adding an additional 1 million dollars in sales to our local pharmacy and the police calls would be more so for people locking their keys in their cars or the occasional accidents in the parking lot. He stated the benefits outweigh the negative and if it does locate within the Village, the Village needs to make sure they are prepared for it. Trustee Kraly asked that changes to item 14.D of the ordinance include having a video feed to the Police Department from the facility if allowable.

Motion by Trustee Newby, Seconded by Trustee Frye to amend the ordinance to include the 500 foot buffer zone between medical cannabis dispensaries and residential zoned property. Under discussion it was mentioned that this amendment would essentially ban medical cannabis dispensaries from locating within the Village. Upon the call of the roll the following voted

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

Mayor MacGillis Declared the Motion failed.

Motion by Trustee Kraly, Seconded by Trustee Simoncelli to amend section 14.D of the ordinance to include for a Video feed from the dispensary to the Police Department at the discretion of the Chief of Police. Upon the call of the roll the following voted

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

Mayor MacGillis Declared the Motion carried.

Adopt an Ordinance Amending the Round Lake Zoning Code to Address Medical Cannabis Facilities with an amendment to section 14.D. Upon the call of the roll the following voted.

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

Mayor MacGillis Declared the Motion carried.

13. SPECIAL EVENTS

14. MAYOR'S COMMENTS

14.1 Adopt a Resolution Approving the Appointment of Shane D. Johnson as Finance Director/Treasurer of the Village of Round Lake

Motion by Trustee Newby, Seconded by Trustee Simoncelli to Adopt a Resolution Approving the Appointment of Shane D. Johnson as Finance Director/Treasurer of the Village of Round Lake. Upon a unanimous voice vote, the Mayor declared the motion carried

14.2 Mayor's Comments

The Mayor thanked the board on the discussion with the difficult decision regarding Medical Cannabis, stating that it was a good spirited discussion with good topics and good points of view

14.3 Trustee's Comments

The Trustees thanked all that were involved with our recent National Night Out and thanked the Chief for the Bike Auction that took place during the event. The Trustees also congratulated the employees celebrating their anniversaries and welcomed Shane Johnson to the meeting. The Trustees also thanked one another for all that they have done and that it's good that they can have such a debate speaking each other's view point and work so well together.

15. EXECUTIVE SESSION

NONE

16. ADJOURN

Trustee Triphahn moved, Seconded by Trustee Newby, to adjourn. Upon a unanimous voice vote, the Mayor declared the motion carried and the meeting adjourned at 8:15PM.

APPROVED:

Patricia C. Blauvelt
Village Clerk

Daniel MacGillis
Village President

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-00-22-22224	EMPL. OPTIONAL AD&D INS. NCPERS -IL IMRF	N3	SEPTEMBER PREMIUM	178534	08/28/14	16.00
			ACCOUNT TOTAL:			16.00
01-00-22-22234	PRINCIPAL LIFE INS.-VOLUNTARY PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	268.44
			ACCOUNT TOTAL:			268.44
01-20-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	224.41
			ACCOUNT TOTAL:			224.41
01-20-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	13.08
			ACCOUNT TOTAL:			13.08
01-20-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	SEPTEMBER PREMIUM SEPTEMBER PREMIUM	178486 178559	08/28/14 08/28/14	2,031.07 218.75
			ACCOUNT TOTAL:			2,249.82
01-20-72-67204	DUES & MEMBERSHIPS CHARTER ONE CHARTER ONE CHARTER ONE CHARTER ONE METROPOLITAN MAYORS CAUCUS	C282 C282 C282 C282 M135	IML REG/MACGILLIS, SHIELDS, FRYE KRALY, BLAUVELT IML REG/TRIPHAN GRANT WRITING SUBSCRIPTION ANNUAL DUES	178494 178494 178494 178494 178523	08/28/14 08/28/14 08/28/14 08/28/14 08/28/14	1,525.00 305.00 74.90 640.12
			ACCOUNT TOTAL:			2,545.02
01-20-72-67208	MEETINGS, TRAVEL, & TRAINING CHARTER ONE	C282	PARKING LAKE GENEVA-BW	178494	08/28/14	0.90
			ACCOUNT TOTAL:			0.90
01-20-73-77301	AUDITING EXPENSE SIKICH LLP	S113	2014 PROGRESS BILLING	178547	08/28/14	3,675.00
			ACCOUNT TOTAL:			3,675.00
01-20-73-77309	VILLAGE PLANNER					

DATE: 08/28/14
 TIME: 14:51:47
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VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-20-73-77309	VILLAGE PLANNER TESKA ASSOCIATES, INC.	T49	COMPREHENSIVE PLAN	178558	08/28/14	3,752.36
			ACCOUNT TOTAL:			3,752.36
01-20-73-77313	LEGAL SERVICES TRESSLER LLP TRESSLER LLP	T110 T110	JULY LEGAL JULY LEGAL-ZBA/LIQUOR	178555 178555	08/28/14 08/28/14	3,937.50 1,264.00
			ACCOUNT TOTAL:			5,201.50
01-20-73-77320	CONSULTING SERVICES GOVTEMPUSA LLC	G120	PAUL HUMPFER/TEMP.	178509	08/28/14	784.00
			ACCOUNT TOTAL:			784.00
01-20-74-77430	OFFICE SUPPLIES ICE MOUNTAIN SPRING WATER QUILL CORPORATION STAPLES	I49 Q2 S144	BOTTLED WATER INVESTIGATION FILE COVERS OFFICE SUPPLIES FOR SHANE	178515 178543 178548	08/28/14 08/28/14 08/28/14	81.03 74.75 127.71
			ACCOUNT TOTAL:			283.49
01-20-74-77432	POSTAGE EXPENSE PURCHASE POWER	P30	POSTAGE METER REFILL	178541	08/28/14	289.93
			ACCOUNT TOTAL:			289.93
01-20-74-77440	PRINTING DELUXE	D92	CHECK STOCK	178504	08/28/14	861.23
			ACCOUNT TOTAL:			861.23
01-20-75-77511	PUBLICATIONS & SUBSCRIPTIONS PADDOCK PUBLICATIONS, INC.	P22	SEMI ANNUAL SUBSCRIPTION	178540	08/28/14	119.30
			ACCOUNT TOTAL:			119.30
01-20-75-77515	GARBAGE COLLECTION WM BAGCO, LLC	W67	BAGSTER BAGS	178564	08/28/14	104.55
			ACCOUNT TOTAL:			104.55
01-20-77-77704	SPECIAL EVENTS					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-20-77-77704	SPECIAL EVENTS					
	CLASSIC PRINTERY	C13	POSTERS/FLYERS-HOME TOWN FEST	178490	08/28/14	176.00
	NORTHWEST ELECTRICAL SUPPLY	N39	MATERIALS FOR FEST GROUNDS	178535	08/28/14	13.16
	PURCHASE POWER	P30	POSTAGE METER REFILL	178541	08/28/14	36.01
	VICKIE WICINSKI	W83	FOOD FOR NATIONAL NIGHT OUT	178565	08/28/14	30.00
			ACCOUNT TOTAL:			255.17
01-20-77-77706	MISCELLANEOUS EXPENSE					
	PATRICIA BLAUVELT	B56	GIFT CARD REIMBURSEMENT	178488	08/28/14	100.00
	CHARTER ONE	C282	LATE FEE/FINANCE CHG	178494	08/28/14	62.31
			ACCOUNT TOTAL:			162.31
01-20-79-77903	B&G CONTRACTS					
	CRYSTAL MANAGEMENT &	C128	SEPTEMBER CUSTODIAL	178489	08/28/14	535.00
	USA FIRE PROTECTION	U33	ANNUAL SPRINKLER INSPECTION	178561	08/28/14	525.00
			ACCOUNT TOTAL:			1,060.00
01-20-80-88018	OFFICE EQUIPMENT					
	KONICA MINOLTA	K33	07/01-07/31/14 COPIER EXPENSE	178518	08/28/14	231.44
	TECHSTAR AMERICA CORPORATION	T12	QUARTERLY MAINTENANCE	178556	08/28/14	365.00
			ACCOUNT TOTAL:			596.44
01-20-82-88202	TELEPHONE SERVICE					
	CALL ONE	C139	AUGUST PHONE CHGS	178491	08/28/14	574.08
	COMCAST CABLE	C156	08/21-09/20/14 INTERNET	178492	08/28/14	139.80
			ACCOUNT TOTAL:			713.88
01-20-91-99105	NETWORK REPAIRS					
	INFORMITY NETWORK	I203	TELEPHONE SYSTEM REPAIRS	178514	08/28/14	125.00
			ACCOUNT TOTAL:			125.00
01-20-91-99107	IT MAINTENANCE SERVICES					
	CURRENT TECHNOLOGIES	C280	AUGUST IT MAINTENANCE	178493	08/28/14	914.50
			ACCOUNT TOTAL:			914.50
01-20-91-99117	IT EQUIPMENT					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-20-91-99117	IT EQUIPMENT CHARTER ONE	C282	ACROBATE PROFESSIONAL	178494	08/28/14	360.00
			ACCOUNT TOTAL:			360.00
01-40-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	1,420.41
			ACCOUNT TOTAL:			1,420.41
01-40-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	122.31
			ACCOUNT TOTAL:			122.31
01-40-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	SEPTEMBER PREMIUM SEPTEMBER PREMIUM	178486 178559	08/28/14 08/28/14	19,050.78 1,749.96
			ACCOUNT TOTAL:			20,800.74
01-40-72-67202	UNIFORMS GALLS, AN ARAMARK COMPANY	G2	UNIFORM - KAPUSINSKI	178510	08/28/14	137.00
			ACCOUNT TOTAL:			137.00
01-40-72-67208	MEETINGS, TRAVEL, & TRAINING NORTH EAST MULTI-REGIONAL	N11	TRAINING-PRUS, STEVENS	178533	08/28/14	250.00
			ACCOUNT TOTAL:			250.00
01-40-72-67234	HIRING PROCESS INNOVATIVE CREDIT SOLUTIONS TEAM SALES TEAM SALES TEAM SALES DIVISION OF MOTORIST SERVICES	I98 T11 T11 T11 D129	CREDIT REPORT/NEW HIRES UNIFORM - PALMER UNIFORM - OVINGTON UNIFORM - RODRIGUEZ DL BACKGROUND CHECK	178516 178554 178554 178554 178323	08/28/14 08/28/14 08/28/14 08/28/14 08/15/14	45.00 165.00 165.00 165.00 10.00
			ACCOUNT TOTAL:			550.00
01-40-73-77311	VILLAGE PROSECUTOR ALBERT L. WYSOCKI	W78	PROFESSIONAL SERVICES 07/14	178333	08/19/14	3,685.50
			ACCOUNT TOTAL:			3,685.50
01-40-74-77402	AMMO / GUNS					

DATE: 08/28/14
 TIME: 14:51:47
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VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-40-74-77402	AMMO / GUNS CHARTER ONE M & A PARTS, INC.	C282 M33	53 FIREARM TRAINING TARGETS GUN REPAIR	178494 178529	08/28/14 08/28/14	68.85 155.00
ACCOUNT TOTAL:						223.85
01-40-74-77430	OFFICE SUPPLIES QUILL CORPORATION	Q2	BINDERS FOR FTO MANUALS	178543	08/28/14	21.45
ACCOUNT TOTAL:						21.45
01-40-74-77432	POSTAGE CHARTER ONE PURCHASE POWER	C282 P30	POSTAGE/POLICE ACADEMY APPS POSTAGE REFILL	178494 178541	08/28/14 08/28/14	19.99 246.18
ACCOUNT TOTAL:						266.17
01-40-74-77440	PRINTING CLASSIC PRINTERY	C13	WITNESS NOTIFICATION FORMS	178490	08/28/14	238.00
ACCOUNT TOTAL:						238.00
01-40-75-77501	ALERTS / MDT LINES VERIZON WIRELESS	V10	07/26-08/25/14 BROADBAND	178562	08/28/14	609.75
ACCOUNT TOTAL:						609.75
01-40-75-77503	ANIMAL CONTROL LAKE COUNTY ANIMAL CARE &	L7	JULY BOARD AND SHELTER	178520	08/28/14	90.00
ACCOUNT TOTAL:						90.00
01-40-75-77505	CENCOM CENCOM E 9-1-1	C3	SEPT. OPERATIONS BILLING/RENT	178495	08/28/14	21,112.46
ACCOUNT TOTAL:						21,112.46
01-40-77-77720	COMMUNITY EDUCATION ACE HARDWARE ACE HARDWARE	A4 A4	SUPPLIES-NAT'L NIGHT OUT CABLE TIES/BACK TO SCHOOL SIGN	178481 178481	08/28/14 08/28/14	34.35 34.15
ACCOUNT TOTAL:						68.50
01-40-79-77901	B&G MAINTENANCE					

VILLAGE OF ROUND LAKE
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GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-40-79-77901	B&G MAINTENANCE ACE HARDWARE	A4	FURNACE FILTER	178481	08/28/14	8.07
ACCOUNT TOTAL:						8.07
01-40-79-77903	B&G CONTRACTS CRYSTAL MANAGEMENT & USA FIRE PROTECTION	C128 U33	SEPTEMBER CUSTODIAL ANNUAL SPRINKLER INSPECTION	178489 178561	08/28/14 08/28/14	490.00 262.50
ACCOUNT TOTAL:						752.50
01-40-79-77907	B&G SUPPLIES QUILL CORPORATION	Q2	CLEANING SUPPLIES	178543	08/28/14	47.95
ACCOUNT TOTAL:						47.95
01-40-80-88018	OFFICE EQUIPMENT ACE HARDWARE ACE HARDWARE KONICA MINOLTA KONICA MINOLTA KONICA MINOLTA	A4 A4 K33 K33 K33	WALL CLOCK, BINDERS COMPUTER CABLE BRACKETS 04/01-4/30/14 COPIER EXPENSE 07/01-07/31/14 COPIER EXPENSE 07/01-07/31/14 COPIER EXPENSE	178481 178481 178518 178518 178518	08/28/14 08/28/14 08/28/14 08/28/14 08/28/14	41.15 16.67 110.68 128.98 112.28
ACCOUNT TOTAL:						409.76
01-40-82-88202	TELEPHONE SERVICE CALL ONE	C139	AUGUST PHONE CHGS	178491	08/28/14	157.72
ACCOUNT TOTAL:						157.72
01-40-84-88404	VEHICLE REPAIRS PRECISION SERVICE AND PARTS	P125	AUTO REPAIR CAR #1110	178539	08/28/14	122.64
ACCOUNT TOTAL:						122.64
01-60-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	274.53
ACCOUNT TOTAL:						274.53
01-60-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	21.86
ACCOUNT TOTAL:						21.86
01-60-71-67110	HEALTH INSURANCE					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-60-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	SEPTEMBER PREMIUM SEPTEMBER PREMIUM	178486 178559	08/28/14 08/28/14	4,207.79 364.58
			ACCOUNT TOTAL:			4,572.37
01-60-72-67208	MEETING, TRAVEL, & TRAINING AMERICAN PUBLIC WORKS ASSOC.	A141	APWA RENEWAL-KROOP	178479	08/28/14	94.50
			ACCOUNT TOTAL:			94.50
01-60-74-77432	POSTAGE EXPENSE PURCHASE POWER	P30	POSTAGE METER REFILL	178541	08/28/14	5.29
			ACCOUNT TOTAL:			5.29
01-60-75-77527	LAKES MANAGEMENT ROUND LAKE MANAGEMENT	R70	ANNUAL DONATION	178546	08/28/14	500.00
			ACCOUNT TOTAL:			500.00
01-60-75-77543	TRAFFIC SIGNAL MAINT. CONTRACT STATE TREASURER	S16	QRTL Y TRAFFIC SIGNAL MAINT.	178549	08/28/14	914.85
			ACCOUNT TOTAL:			914.85
01-60-79-77901	B&G MAINTENANCE GRAYSLAKE FEED SALE INC. LURVEY LANDSCAPE SUPPLY	G115 L86	GRASS SEED TOP SOIL	178508 178521	08/28/14 08/28/14	185.00 45.80
			ACCOUNT TOTAL:			230.80
01-60-79-77903	B&G CONTRACTS CRYSTAL MANAGEMENT & USA FIRE PROTECTION	C128 U33	SEPTEMBER CUSTODIAL ANNUAL SPRINKLER INSPECTION	178489 178561	08/28/14 08/28/14	135.00 262.50
			ACCOUNT TOTAL:			397.50
01-60-79-77905	B&G REPAIRS FAIRFIELD MATERIAL/SUPPLY INC. LURVEY LANDSCAPE SUPPLY MENARDS FOX LAKE	F2 L86 M7	RIGHT OF WAY RESTORATION SOD FOR 310 PRAIRIE WALK FENCE REPAIRS/SAGE CT.	178506 178521 178530	08/28/14 08/28/14 08/28/14	40.47 9.56 47.71
			ACCOUNT TOTAL:			97.74
01-60-79-77907	B & G BUILDING SUPPLIES					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-60-79-77907	B & G BUILDING SUPPLIES					
	ACE HARDWARE	A4	BAGS,ROLLERS,BATTERIES,BRUSH	178481	08/28/14	218.96
	CHAIN O'LAKES LUMBER CO.	C8	MARKER STAKES	178502	08/28/14	33.60
	GRAINGER, INC.	G9	DRILL BIT SETS, BATTERY PACKS	178511	08/28/14	163.56
	MCCANN INDUSTRIES, INC.	M91	PARTNER SAW PARTS	178531	08/28/14	145.32
	RUSO POWER EQUIPMENT	R102	SAW BLADE	178544	08/28/14	17.99
	RUSO POWER EQUIPMENT	R102	40 " DOT REACHER	178544	08/28/14	87.96
	ROYAL PUBLISHING CO.	R20	CYLINDERS	178545	08/28/14	26.25
	ACUITY SPECIALTY PRODUCTS, INC	Z2	CHERRY BOMB, SUNSCREEN WIPES	178566	08/28/14	63.62
			ACCOUNT TOTAL:			757.26
01-60-80-88002	SAFETY EQUIPMENT					
	FOX VALLEY FIRE & SAFETY CO.	F10	ANN FIRE EXTINGUISHER PM	178505	08/28/14	74.00
			ACCOUNT TOTAL:			74.00
01-60-80-88018	OFFICE EQUIPMENT					
	KONICA MINOLTA	K33	05/14-08/04/14 COPIER EXPENSE	178518	08/28/14	75.06
	KONICA MINOLTA	K33	07/01-07/31/14 COPIER EXPENSE	178518	08/28/14	47.56
			ACCOUNT TOTAL:			122.62
01-60-80-88024	VEHICLE EQUIPMENT					
	JS COMMUNICATIONS TECHNOLOGIES	J30	MICROPHONE	178517	08/28/14	195.85
			ACCOUNT TOTAL:			195.85
01-60-82-88202	TELEPHONE SERVICE					
	CALL ONE	C139	AUGUST PHONE CHGS	178491	08/28/14	184.22
			ACCOUNT TOTAL:			184.22
01-60-82-88216	STREET LIGHTS - ELECTRICAL					
	COMED	C3149	07/18-08/18/14 ELECTRIC	178497	08/28/14	4,636.09
	COMED	C3158	7/17-08/18/14 ELECTRIC	178498	08/28/14	60.47
	COMED	C6046	07/18-08/18/14 ELECTRIC	178499	08/28/14	1,384.22
			ACCOUNT TOTAL:			6,080.78
01-60-84-88402	GAS & OIL					
	PALATINE OIL CO., INC.	P66	FUEL & OIL	178542	08/28/14	756.52
			ACCOUNT TOTAL:			756.52
01-60-84-88404	VEHICLE REPAIRS					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-60-84-88404	VEHICLE REPAIRS					
	A TIRE COUNTY SERVICE	A1	CHECK CONDITION OF #43	178477	08/28/14	34.98
	A TIRE COUNTY SERVICE	A1	CHECK CONDITON OF #50	178477	08/28/14	34.98
	ANTIOCH AUTO PARTS	A107	FLUID EVACUATOR PLUS	178478	08/28/14	110.19
	ACE HARDWARE	A4	CAR BULB	178481	08/28/14	10.78
	BENNY'S SERVICE CENTER, INC.	B42	JULY SAFETY STICKERS	178487	08/28/14	11.75
	HYDRAULIC SERVICES & REPAIRS	H13	REPAIRS #56	178512	08/28/14	1,055.32
	RUSSO POWER EQUIPMENT	R102	RECOIL ROPE/SMALL ENG EQUIP	178544	08/28/14	41.54
	VICTOR FORD	V24	ROAD TEST INSPECTION & TIRE#60	178563	08/28/14	266.31
			ACCOUNT TOTAL:			1,565.85
01-60-84-88405	EQUIPMENT REPAIRS					
	MIDWEST HOSE AND FITTINGS, INC	M101	FITTING FOR BOBCAT BREAKER	178522	08/28/14	22.78
			ACCOUNT TOTAL:			22.78
01-60-92-99210	STREET LIGHT REPAIRS					
	MCCANN INDUSTRIES, INC.	M91	EPOXY/STREET LIGHT REPAIRS	178531	08/28/14	42.46
	NORTHWEST ELECTRICAL SUPPLY	N39	FUSES/STREET LIGHT REPAIRS	178535	08/28/14	64.21
	NORTHWEST ELECTRICAL SUPPLY	N39	FUSE HOLDERS/ST.LIGHT REPAIRS	178535	08/28/14	232.92
			ACCOUNT TOTAL:			339.59
01-60-92-99214	STORM SEWER MAINTENANCE					
	ACE HARDWARE	A4	FLEX DRAIN, COUPLES, UTIL. KNIFE	178481	08/28/14	65.83
	FAIRFIELD MATERIAL/SUPPLY INC.	F2	STORM DRAIN REPAIRS	178506	08/28/14	55.00
	FISCHER BROS. FRESH CONCRETE	F6	CONCRETE FOR STORM SWR REPAIRS	178507	08/28/14	299.00
	FISCHER BROS. FRESH CONCRETE	F6	STORM SWR & SIDEWALK REPAIRS	178507	08/28/14	207.50
	LAKE COUNTY TREASURER	L11	CHARDON RD. DETOUR	178519	08/28/14	515.81
	MID AMERICAN WATER OF WAUCONDA	M25	STORM SEWER REPAIRS	178528	08/28/14	28.00
	MENARDS FOX LAKE	M7	STORM SWR DRAIN REPAIR	178530	08/28/14	27.15
	RAY SCHRAMER & COMPANY	S77	STORM SEWER MAINTENANCE	178553	08/28/14	431.80
			ACCOUNT TOTAL:			1,630.09
01-70-71-67107	DENTAL INSURANCE					
	PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	152.62
			ACCOUNT TOTAL:			152.62
01-70-71-67109	LIFE INSURANCE					
	PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	13.59
			ACCOUNT TOTAL:			13.59
01-70-71-67110	HEALTH INSURANCE					

DATE: 08/28/14
TIME: 14:51:47
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

GENERAL FUND
ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-70-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL	B19	SEPTEMBER PREMIUM	178486	08/28/14	2,658.48
						----- ACCOUNT TOTAL: 2,658.48
01-70-74-77432	POSTAGE EXPENSE PURCHASE POWER	P30	POSTAGE METER REFILL	178541	08/28/14	67.53
						----- ACCOUNT TOTAL: 67.53
01-70-82-88202	TELEPHONE SERVICE CALL ONE	C139	AUGUST PHONE CHGS	178491	08/28/14	26.80
						----- ACCOUNT TOTAL: 26.80 -----
						----- GENERAL FUND 97,429.13 =====

DATE: 08/28/14
 TIME: 14:51:47
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VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

MOTOR FUEL TAX FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
10-60-74-77436	PATCHING					
	PETER BAKER & SON CO.	P102	HMA BINDER, HMA SFC	178537	08/28/14	198.31
	PETER BAKER & SON CO.	P102	RECYCLED SURFACE	178537	08/28/14	549.32
	PETER BAKER & SON CO.	P102	RECYCLED SURFACE	178537	08/28/14	678.54
			ACCOUNT TOTAL:			1,426.17
10-60-74-77438	PAVEMENT MARKING TRAFFIC CONTROL & PROTECTION	T14	PREMARK MATERIAL/RD STRIPING	178557	08/28/14	791.28
			ACCOUNT TOTAL:			791.28
10-60-88-88802	SIDEWALKS					
	BURRIS EQUIPMENT CO.	B14	134 SIDEWALK REPAIR MATERIAL	178482	08/28/14	5.40
	CHAIN O'LAKES LUMBER CO.	C8	RT134 SIDEWALK REPAIR MATERIAL	178502	08/28/14	5.40
	FISCHER BROS. FRESH CONCRETE	F6	STORM SWR & SIDEWALK REPAIRS	178507	08/28/14	207.50
			ACCOUNT TOTAL:			218.30
			MOTOR FUEL TAX FUND			2,435.75

DATE: 08/28/14
 TIME: 14:51:47
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VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

WATER/SEWER FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-00-24-22498	W/S CREDIT BALANCES ROY MAGSINO	M175	OVERPAYMENT ON FINAL WTR BILL	178526	08/28/14	200.21
			ACCOUNT TOTAL:			200.21
50-60-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	345.68
			ACCOUNT TOTAL:			345.68
50-60-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	SEPTEMBER PREMIUM	178538	08/28/14	32.10
			ACCOUNT TOTAL:			32.10
50-60-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	SEPTEMBER PREMIUM SEPTEMBER PREMIUM	178486 178559	08/28/14 08/28/14	4,848.01 437.48
			ACCOUNT TOTAL:			5,285.49
50-60-72-67204	DUES & MEMBERSHIPS BSI BLACKFLOW SOLUTIONS, INC	B164	ANN RPZ RECORD KEEPING PROGRAM	178484	08/28/14	495.00
			ACCOUNT TOTAL:			495.00
50-60-72-67208	MEETING, TRAVEL, & TRAINING AMERICAN PUBLIC WORKS ASSOC.	A141	APWA RENEWAL-KROOP	178479	08/28/14	94.50
			ACCOUNT TOTAL:			94.50
50-60-73-77301	AUDITING EXPENSE SIKICH LLP	S113	2014 PROGRESS BILLING	178547	08/28/14	1,312.50
			ACCOUNT TOTAL:			1,312.50
50-60-73-77313	LEGAL SERVICES TRESSLER LLP	T110	JULY LEGAL	178555	08/28/14	1,312.50
			ACCOUNT TOTAL:			1,312.50
50-60-74-77428	WATER METERS					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

WATER/SEWER FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-60-74-77428	WATER METERS HD SUPPLY WATERWORKS, LTD. HD SUPPLY WATERWORKS, LTD.	H45 H45	METER COUPLING 1" & 2" METERS	178513 178513	08/28/14 08/28/14	29.24 2,875.00
ACCOUNT TOTAL:						2,904.24
50-60-74-77432	POSTAGE PURCHASE POWER	P30	POSTAGE METER REFILL	178541	08/28/14	19.59
ACCOUNT TOTAL:						19.59
50-60-75-77547	WATER SAMPLES MCHENRY ANALYTICAL WATER MCHENRY ANALYTICAL WATER	M97 M97	ROUTINE WATER SAMPLES ROUTINE WATER SAMPLES	178532 178532	08/28/14 08/28/14	450.00 432.00
ACCOUNT TOTAL:						882.00
50-60-79-77903	B&G CONTRACTS CRYSTAL MANAGEMENT &	C128	SEPTEMBER CUSTODIAL	178489	08/28/14	135.00
ACCOUNT TOTAL:						135.00
50-60-79-77905	B&G REPAIRS ANTIOCH AUTO PARTS ACE HARDWARE BURRIS EQUIPMENT CO. MENARDS - ANTIOCH MID AMERICAN WATER OF WAUCONDA MID AMERICAN WATER OF WAUCONDA MID AMERICAN WATER OF WAUCONDA MENARDS FOX LAKE NORTHWEST ELECTRICAL SUPPLY STEINER ELECTRIC COMPANY STEINER ELECTRIC COMPANY	A107 A4 B14 M143 M25 M25 M25 M7 N39 S63 S63	GENERATOR REPAIRS FASTENERS EQUIPMENT RENTAL/ROAD PLATE ARDEN LS FENCE REPAIR B-BOX REPAIRS B-BOX REPAIRS B-BOX REPAIR 317 NIPPERSINK ARDEN FENCE REPAIR EMERGENCY GENERATOR PARTS EMERGENCY GENERATOR PARTS EMERGENCY GENERATOR REPAIR	178478 178481 178482 178524 178528 178528 178528 178530 178535 178552 178552	08/28/14 08/28/14 08/28/14 08/28/14 08/28/14 08/28/14 08/28/14 08/28/14 08/28/14 08/28/14 08/28/14	30.87 5.96 100.00 41.14 249.31 520.00 436.38 8.20 1.80 243.46 265.77
ACCOUNT TOTAL:						1,902.89
50-60-79-77907	B&G SUPPLIES ACE HARDWARE GRAINGER, INC. MID AMERICAN WATER OF WAUCONDA MID AMERICAN WATER OF WAUCONDA MCCANN INDUSTRIES, INC.	A4 G9 M25 M25 M91	BATTERIES, PLIERS, SUPER SHOCK DRILL BIT SETS, BATTERY PACKS HYDRANT REPAIR TOOLS INVERTED MANHOLE FRAME PARTNER SAW PARTS	178481 178511 178528 178528 178531	08/28/14 08/28/14 08/28/14 08/28/14 08/28/14	139.32 163.55 314.75 175.00 145.31

DATE: 08/28/14
 TIME: 14:51:47
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VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

WATER/SEWER FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-60-79-77907	B&G SUPPLIES ACUITY SPECIALTY PRODUCTS, INC	Z2	CHERRY BOMB, SUNSCREEN WIPES	178566	08/28/14	63.61
			ACCOUNT TOTAL:			1,001.54
50-60-79-77911	LANDSCAPING CHARTER ONE	C282	RATCHET SOCKETS	178494	08/28/14	88.76
			ACCOUNT TOTAL:			88.76
50-60-80-88001	EQUIPMENT STANDARD EQUIPMENT CO.	S172	SEWER PUSH CAMERA	178550	08/28/14	19,688.00
			ACCOUNT TOTAL:			19,688.00
50-60-80-88018	OFFICE EQUIPMENT KONICA MINOLTA KONICA MINOLTA	K33 K33	05/14-08/04/14 COPIER EXPENSE 07/01-07/31/14 COPIER EXPENSE	178518 178518	08/28/14 08/28/14	75.05 47.55
			ACCOUNT TOTAL:			122.60
50-60-82-88202	TELEPHONE SERVICE CALL ONE	C139	AUGUST PHONE CHGS	178491	08/28/14	184.23
			ACCOUNT TOTAL:			184.23
50-60-82-88206	ELECTRICAL SERVICE COMED	C3142	07/17-08/15/14 ELECTRIC	178496	08/28/14	111.85
			ACCOUNT TOTAL:			111.85
50-60-82-88208	HEATING NICOR GAS NICOR GAS NICOR GAS NICOR GAS	N7 N7 N7 N7	07/15-08/31/14 07/16-08/14/14 HEAT 07/15-08/13/14 HEAT 07/14-08/11/14 HEAT	178536 178536 178536 178536	08/28/14 08/28/14 08/28/14 08/28/14	29.96 77.51 18.18 32.67
			ACCOUNT TOTAL:			158.32
50-60-84-88402	GAS & OIL PALATINE OIL CO., INC.	P66	FUEL & OIL	178542	08/28/14	756.51
			ACCOUNT TOTAL:			756.51
50-60-84-88404	VEHICLE REPAIRS					

VILLAGE OF ROUND LAKE
 PAID INVOICES BY ACCOUNT NUMBER

WATER/SEWER FUND
 ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-60-84-88404	VEHICLE REPAIRS					
	A TIRE COUNTY SERVICE	A1	CHECK CONDITION OF #43	178477	08/28/14	34.97
	A TIRE COUNTY SERVICE	A1	CHECK CONDITON OF #50	178477	08/28/14	34.97
	BENNY'S SERVICE CENTER, INC.	B42	JULY SAFETY STICKERS	178487	08/28/14	11.75
	HYDRAULIC SERVICES & REPAIRS	H13	REPAIRS #56	178512	08/28/14	1,055.31
	VICTOR FORD	V24	ROAD TEST INSPECTION & TIRE#60	178563	08/28/14	266.30
			ACCOUNT TOTAL:			1,403.30
50-60-84-88405	EQUIPMENT REPAIRS					
	MIDWEST HOSE AND FITTINGS, INC	M101	FITTING FOR BOBCAT BREAKER	178522	08/28/14	22.78
			ACCOUNT TOTAL:			22.78
50-60-91-99117	IT EQUIPMENT					
	CHARTER ONE	C282	ACROBATE PROFESSIONAL	178494	08/28/14	360.00
			ACCOUNT TOTAL:			360.00
50-60-92-99202	REPAIRS TO SEWERS					
	ACE HARDWARE	A4	DRYLOK PLUGS	178481	08/28/14	89.94
			ACCOUNT TOTAL:			89.94
50-60-92-99204	REPAIR TO WATER LINES					
	BOLDER CONTRACTORS	B163	WTR MAIN IMPROVEMENTS HART RD	178483	08/28/14	25,800.00
	BOLDER CONTRACTORS	B163	MAIN BREAK REPAIR 134/CEDAR LK	178483	08/28/14	2,358.13
	FISCHER BROS. FRESH CONCRETE	F6	CEDAR LAKE CURB REPAIR	178507	08/28/14	421.00
	MID AMERICAN WATER OF WAUCONDA	M25	HYDRANT REPAIRS	178528	08/28/14	201.00
	MID AMERICAN WATER OF WAUCONDA	M25	HYDRANT REPAIR MIDLAND	178528	08/28/14	1,944.00
	PETER BAKER & SON CO.	P102	MAIN BRK REPAIR 134/CDR LK	178537	08/28/14	11,149.60
			ACCOUNT TOTAL:			41,873.73
50-60-92-99208	REPAIRS TO LIFT STATIONS					
	ACE HARDWARE	A4	LS REPAIR PARTS	178481	08/28/14	6.82
			ACCOUNT TOTAL:			6.82
			WATER/SEWER FUND			80,790.08

DATE: 08/28/14
TIME: 14:51:47
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

COMMUTER PARKING LOT FUND
ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
51-60-79-77905	B&G REPAIRS ACE HARDWARE	A4	FASTENERS, BALL VALVE	178481	08/28/14	28.03
			ACCOUNT TOTAL:			28.03
51-60-82-88206	ELECTRICAL SERVICE COMED COMED COMED	C6082 C7018 C8009	07/18-08/18/14 ELECTRIC 07/17-08/18/14 ELECTRIC 07/17-08/18/14 ELECTRIC	178500 178501 178503	08/28/14 08/28/14 08/28/14	15.23 49.39 340.73
			ACCOUNT TOTAL:			405.35
			COMMUTER PARKING LOT FUND			433.38

DATE: 08/28/14
TIME: 14:51:47
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

VEHICLE REPLACEMENT FUND
ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
60-40-80-88024	VEHICLE EQUIPMENT ACE HARDWARE	A4	MOUNTING TAPE #53 EQUIPMENT	178481	08/28/14	13.48
			ACCOUNT TOTAL:			13.48
			VEHICLE REPLACEMENT FUND			13.48

DATE: 08/28/14
TIME: 14:51:47
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

POLICE PENSION FUND
ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
70-20-73-77301	AUDITING EXPENSE SIKICH LLP	S113	2014 PROGRESS BILLING	178547	08/28/14	262.50

						ACCOUNT TOTAL: 262.50
70-20-74-77432	POSTAGE PURCHASE POWER	P30	POSTAGE METER REFILL	178541	08/28/14	10.64

						ACCOUNT TOTAL: 10.64

						POLICE PENSION FUND 273.14
						=====

DATE: 08/28/14
TIME: 14:51:47
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

BUILDERS ESCROW
ACTIVITY FROM 08/15/2014 TO 08/28/2014

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
83-00-24-22455	PERMIT BONDS					
	BROOKHILL BUILDERS, INC.	B165	CASH BOND REFUND	178485	08/28/14	250.00
	MATRIX BASEMENT SYSTEMS, INC.	M146	CASH BOND REFUND	178525	08/28/14	250.00
	SARAH STEIN	S206	CASH BOND REFUND	178551	08/28/14	250.00
	ULTIMATE DEVELOPMENT &	U32	CASH BOND REFUND	178560	08/28/14	250.00
			ACCOUNT TOTAL:			1,000.00
			BUILDERS ESCROW			1,000.00

DATE: 08/28/14
TIME: 14:51:47
ID: AP4A0000.WOW

VILLAGE OF ROUND LAKE
PAID INVOICES BY ACCOUNT NUMBER

FINAL TOTALS
ACTIVITY FROM 08/15/2014 TO 08/28/2014

GENERAL FUND	97,429.13
MOTOR FUEL TAX FUND	2,435.75
WATER/SEWER FUND	80,790.08
COMMUTER PARKING LOT FUND	433.38
VEHICLE REPLACEMENT FUND	13.48
POLICE PENSION FUND	273.14
BUILDERS ESCROW	1,000.00

GRAND TOTAL	182,374.96
	=====

VILLAGE OF ROUND LAKE

THE PRESIDENT AND BOARD OF TRUSTEES OF

THE VILLAGE OF ROUND LAKE

APPROVES THE PAYMENT OF PAYROLL

FOR THE PERIOD ENDING AUGUST 24, 2014

IN THE AMOUNT OF \$123,052.38

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

Dated: September 2, 2014

DATE: 08/27/2014
 TIME: 09:10:21
 ID: PR460000.WOW

VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

FOR CHECK DATES 08/28/2014 TO 08/28/2014

Board

EMPL. #	NAME	CODE	EARNINGS		TAXES			DEDUCTIONS		
			PAY RATE	HOURS	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER	
GRAND TOTALS:		MP REG	12.000 2.000	1,200.00 2,500.00	FED FICA MEDIC STATE	96.25 229.40 53.65 129.59	229.40 53.65	DD1	3,191.11	
				TOTAL FICA EMPLOYEE WAGES:	3,700.00	TOTAL EMPLOYER FICA:	229.40			
				TOTAL MEDICARE EMPLOYEE WAGES:	3,700.00	TOTAL EMPLOYER MEDICARE:	53.65			
				TOTAL FEDERAL EMPLOYEE WAGES:	3,700.00					
				TOTAL STATE EMPLOYEE WAGES:	3,700.00					
				TOTAL NUMBER OF EMPLOYEES:	8					
				GROSS PAY:	\$3,700.00	TOTAL DEDUCTIONS:	3,700.00	NET PAY:	\$0.00	

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VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

FOR CHECK DATES 08/28/2014 TO 08/28/2014

Administration

EMPL. #	NAME	CODE	EARNINGS		TAXES			DEDUCTIONS		PENSION/INSUR				
			PAY RATE	HOURS	TOTAL	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	CODE	EMPLOYEE	EMPLOYER		
GRAND TOTALS:		REG	445.250		14,279.51	FED	1,844.82		DD1	8,803.41	IMR	697.02		1,691.41
		CA	1.000		115.39	FICA	943.82	943.82	GW	250.00	DFA	17.62		
		GWA	1.000		39.62	MEDIC	220.73	220.73	GWA	39.62	HFA	163.74		
		VAC	10.500		461.65	STATE	687.21		HSA	75.00	VFA	2.20		
		SIC	23.750		579.76				ICM	165.00	DSA	7.60		
		CMP	0.500		13.09				DD2	150.00				
TOTAL FICA EMPLOYEE WAGES:						15,222.86	TOTAL EMPLOYER FICA:		943.82					
TOTAL MEDICARE EMPLOYEE WAGES:						15,222.86	TOTAL EMPLOYER MEDICARE:		220.73					
TOTAL FEDERAL EMPLOYEE WAGES:						14,071.22	TOTAL EMPLOYER PENSION:		1,691.41					
TOTAL STATE EMPLOYEE WAGES:						14,071.22								
TOTAL PENSION EMPLOYEE WAGES:						15,489.02								
TOTAL NUMBER OF EMPLOYEES:						6								
GROSS PAY:			\$15,489.02	TOTAL DEDUCTIONS:			14,067.79	NET PAY:		\$1,421.23				

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 TIME: 09:08:12
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VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

FOR CHECK DATES 08/28/2014 TO 08/28/2014

Building

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS				
		CODE	PAY RATE	HOURS	TOTAL	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER		
GRAND TOTALS:		REG	199.000		5,275.95	FED	818.80	DD1	4,154.37	IMR	285.30	692.33
		SIC	16.000		453.18	FICA	374.56	AF1	28.25	DFB	17.62	
		VAC	25.000		610.81	MEDIC	87.60	PLI	36.86	PFB	250.67	
						STATE	283.71			VFB	2.20	
						TOTAL FICA EMPLOYEE WAGES:	6,041.20	TOTAL EMPLOYER FICA:	374.56			
						TOTAL MEDICARE EMPLOYEE WAGES:	6,041.20	TOTAL EMPLOYER MEDICARE:	87.60			
						TOTAL FEDERAL EMPLOYEE WAGES:	5,755.90	TOTAL EMPLOYER PENSION:	692.33			
						TOTAL STATE EMPLOYEE WAGES:	5,755.90					
						TOTAL PENSION EMPLOYEE WAGES:	6,339.94					
						TOTAL NUMBER OF EMPLOYEES:	3					
						GROSS PAY:	\$6,339.94	TOTAL DEDUCTIONS:	6,339.94	NET PAY:	\$0.00	

DATE: 08/27/2014
 TIME: 09:09:10
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VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

FOR CHECK DATES 08/28/2014 TO 08/28/2014

Police

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS			PENSION/INSUR		
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYEE	EMPLOYER	
GRAND TOTALS:		REG	1,835.250		59,053.89	FED	7,928.87		AF2	215.24	IMR	328.72	797.70
		VAC	243.000		7,150.54	FICA	4,431.36	4,431.36	DD1	37,953.43	DSP	15.20	
		PO	58.750		3,015.64	MEDIC	1,036.34	1,036.34	DD2	3,014.10	PSP	138.85	
		CMP	30.000		1,014.19	STATE	3,172.67		AF1	36.34	VFP	6.60	
		FTO	28.000		953.69				GW	350.00	POL	6,055.38	
		SIC	60.000		2,128.20				PLI	81.36	DFP	123.34	
		OIC	1.000		34.06				HSA	100.00	HFP	491.22	
		INS	1.000		254.74				ICM	635.00	VSP	3.06	
									MAP	330.00	PPF	1,002.68	
									DD3	1,567.00	DCP	27.33	
									CS4	203.00	HCP	73.05	
											VCP	2.26	
											PCP	111.83	
		TOTAL FICA EMPLOYEE WAGES:			71,473.19	TOTAL EMPLOYER FICA:		4,431.36					
		TOTAL MEDICARE EMPLOYEE WAGES:			71,473.19	TOTAL EMPLOYER MEDICARE:		1,036.34					
		TOTAL FEDERAL EMPLOYEE WAGES:			64,104.09	TOTAL EMPLOYER PENSION:		797.70					
		TOTAL STATE EMPLOYEE WAGES:			64,104.09								
		TOTAL PENSION EMPLOYEE WAGES:			68,408.71								
		TOTAL NUMBER OF EMPLOYEES:			28								
GROSS PAY:		\$73,604.95	TOTAL DEDUCTIONS:		69,434.23	NET PAY:		\$4,170.72					

DATE: 08/27/2014
 TIME: 09:11:21
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VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

FOR CHECK DATES 08/28/2014 TO 08/28/2014

Public Works

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS					
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER		
GRAND TOTALS:		REG	743.500		19,091.66	FED	2,514.33		AF1	43.98	IMR	1,076.34	2,611.90
		OT	17.000		644.92	FICA	1,415.53	1,415.53	GW	320.00	DSW	22.80	
		OC	13.000		309.00	MEDIC	331.05	331.05	HSA	91.25	HSW	90.70	
		VAC	82.500		2,338.35	STATE	1,046.68		INS	8.00	VSW	2.04	
		SIC	38.000		1,164.17				UOE	413.59	DFW	52.86	
		FLH	8.000		210.51				DD1	12,201.17	PEW	501.34	
		CMP	8.000		159.86				DD2	1,264.00	VFW	6.60	
									DOR	391.09	PCW	111.83	
									ICM	338.17	HFV	163.74	
									PLI	10.72			
									AF2	26.36			
		TOTAL FICA EMPLOYEE WAGES:			22,831.33	TOTAL EMPLOYER FICA:			1,415.53				
		TOTAL MEDICARE EMPLOYEE WAGES:			22,831.33	TOTAL EMPLOYER MEDICARE:			331.05				
		TOTAL FEDERAL EMPLOYEE WAGES:			21,096.82	TOTAL EMPLOYER PENSION:			2,611.90				
		TOTAL STATE EMPLOYEE WAGES:			21,096.82								
		TOTAL PENSION EMPLOYEE WAGES:			23,918.47								
		TOTAL NUMBER OF EMPLOYEES:			11								
GROSS PAY:		\$23,918.47			TOTAL DEDUCTIONS:		22,444.17	NET PAY:		\$1,474.30			

DATE: 08/27/2014
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VILLAGE OF ROUND LAKE
 PAYROLL REGISTER REPORT

FOR CHECK DATES 08/28/2014 TO 08/28/2014

ALL

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS					
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER		
GRAND TOTALS:	REG		3,225.000		100,201.01	FED	13,203.07		DD1	66,303.49	IMR	2,387.38	5,793.34
	CA		1.000		115.39	FICA	7,394.67	7,394.67	GW	920.00	DFA	17.62	
	GWA		1.000		39.62	MEDIC	1,729.37	1,729.37	GWA	39.62	HFA	163.74	
	VAC		361.000		10,561.35	STATE	5,319.86		HSA	266.25	VFA	2.20	
	SIC		137.750		4,325.31				ICM	1,138.17	DSA	7.60	
	MP		12.000		1,200.00				DD2	4,428.10	DSW	22.80	
	OT		17.000		644.92				AF1	108.57	HSW	90.70	
	OC		13.000		309.00				INS	8.00	VSW	2.04	
	FLH		8.000		210.51				UOE	413.59	DEFW	52.86	
	CMP		38.500		1,187.14				DOR	391.09	PFW	501.34	
	PO		58.750		3,015.64				PLI	128.94	VFW	6.60	
	FTO		28.000		953.69				AF2	241.60	PCW	111.83	
	OIC		1.000		34.06				MAP	330.00	HFW	163.74	
	INS		1.000		254.74				DD3	1,567.00	DSP	15.20	
									CS4	203.00	ESP	138.85	
											VFF	6.60	
											POL	6,055.38	
											DFP	123.34	
											HFP	491.22	
											VSP	3.06	
											PFPP	1,002.68	
											DCP	27.33	
											HCP	73.05	
											VCP	2.26	
											PCP	111.83	
											DFB	17.62	
											PFB	250.67	
											VFB	2.20	

TOTAL FICA EMPLOYEE WAGES:	119,268.58	TOTAL EMPLOYER FICA:	7,394.67
TOTAL MEDICARE EMPLOYEE WAGES:	119,268.58	TOTAL EMPLOYER MEDICARE:	1,729.37
TOTAL FEDERAL EMPLOYEE WAGES:	108,728.03	TOTAL EMPLOYER PENSION:	5,793.34
TOTAL STATE EMPLOYEE WAGES:	108,728.03		
TOTAL PENSION EMPLOYEE WAGES:	114,156.14		
TOTAL NUMBER OF EMPLOYEES: 56			
GROSS PAY:	\$123,052.38	TOTAL DEDUCTIONS:	115,986.13
		NET PAY:	\$7,066.25



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: ANNUAL POLICE PENSION REPORT TO VILLAGE BOARD

Agenda Item No. 5.3

Executive Summary:

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

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

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

Recommended Action:

Accept the Annual Police Pension Report to the Village Board as Presented.

Committee: Human Resources & Finance		Meeting Date: 8/18 & 9/2/14	
Lead Department: Administration		Presenter: Steve Shields / Shane Johnson	
Item Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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
	-	-	
	Item Requested		
	Y-T-D Actual		
	Amount Encumbered		
	Total:	\$0.00	\$0.00
	Request is over/under budget:		
Under	-		
Over	-		

MEMORANDUM

#SS 05-14

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

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

The Pension Board shall certify and provide the following information:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Respectfully submitted,

Steven J. Shields

Steven J. Shields
Finance Director/Treasurer



VILLAGE OF ROUND LAKE

AGENDA ITEM SUMMARY

TITLE: LIFE INSURANCE/AD&D

Agenda Item No. 5.4

Executive Summary

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

Attached is:

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

Note that the benefit summary is dated 2011, however, the benefits are the same now as then.

Recommended Action

Adopt a Resolution Approving a Proposal from Principal Financial Group for Employee Life/AD&D Insurance.

Committee: Human Resources & Finance	Meeting Date: 8/18 & 9/2/14																														
Lead Department: Administration																															
Presenter: Steve Shields																															
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Account(s)</th> <th style="text-align: right;">Budget</th> <th style="text-align: right;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>++-+-67109</td> <td style="text-align: right;">Life Insurance</td> <td></td> </tr> <tr> <td>Item Requested</td> <td style="text-align: right;">\$2,895.00</td> <td></td> </tr> <tr> <td>Y-T-D Actual thru 7/31/14</td> <td></td> <td style="text-align: right;">\$599.87</td> </tr> <tr> <td>Estimated August & September 2014</td> <td></td> <td style="text-align: right;">\$411.26</td> </tr> <tr> <td>Estimated 10/01/14 to 4/30/15</td> <td></td> <td style="text-align: right;">\$1,439.48</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">\$2,895.00</td> <td style="text-align: right;">\$2,450.61</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;">\$444.39</td> </tr> <tr> <td style="text-align: right;">Over</td> <td></td> <td style="text-align: right;">-</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	++-+-67109	Life Insurance		Item Requested	\$2,895.00		Y-T-D Actual thru 7/31/14		\$599.87	Estimated August & September 2014		\$411.26	Estimated 10/01/14 to 4/30/15		\$1,439.48	Total:	\$2,895.00	\$2,450.61	Request is over/under budget:			Under		\$444.39	Over		-
Account(s)	Budget	Expenditure																													
++-+-67109	Life Insurance																														
Item Requested	\$2,895.00																														
Y-T-D Actual thru 7/31/14		\$599.87																													
Estimated August & September 2014		\$411.26																													
Estimated 10/01/14 to 4/30/15		\$1,439.48																													
Total:	\$2,895.00	\$2,450.61																													
Request is over/under budget:																															
Under		\$444.39																													
Over		-																													

**A Resolution Approving a Proposal from Principal Financial Group for
Employee Life/AD&D Insurance**

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:



Policyholder: VILLAGE OF ROUND LAKE

Group Term Life Benefit Summary

Effective Date: 10/01/2011

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

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

GROUP TERM LIFE

Accidental Death & Dismemberment (AD&D) and Personal Loss Insurance	
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	The Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Understanding Your Life Insurance Benefits

Am I Eligible For Coverage?

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

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

Spouse and child coverage is not available.

What Additional Benefits Are Included?

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 insurance. Upon coverage termination your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation. Contact Principal Life for details.
Claim Processing	Principal Life makes claim administration easy and convenient for employers by offering an online life insurance claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.

GROUP TERM LIFE

Claim Settlement Options

The Interest Draft Account option lets beneficiaries put death benefits into an interest bearing account like a checking account. The Lump Sum Payment option allows beneficiaries to receive the entire benefit payment in a lump sum.

An Interest Draft Account is a draft account that works like a checking account. The policy proceeds are placed into this account and earn interest, but no additional deposits are allowed. This account is not FDIC insured but is backed by the strength and stability of Principal Life Insurance Company and, in the event of insolvency, is protected by your state's Life and Health Guaranty Association (LHGA). Contact the National Organization of Life and Health Insurance Guarantee Associations at www.nolhga.com for more information.

Interest on the funds in your Interest Draft Account is compounded daily and credited monthly. The interest rate is tied to Principal Bank's Money Market product, is variable, subject to change daily and tiered based on your account balance, and is always greater than 0%. The current interest rate can be found at www.principalbank.com/ida. Please consult with your tax advisor regarding the interest earned.

Once your Interest Draft Account is established, you will receive information regarding the account from Principal Bank, an affiliate of Principal Life Insurance Company, which will service the account. You will have complete access to the funds in your account, including the right to withdraw the entire amount at any time by writing a draft to yourself for the remaining balance without any fees or penalties. You can write drafts from your account in the amount of \$500 or more (not less). If your account balance falls below \$500, the balance plus interest will be sent to you at the close of the next business day and your account will be closed. There are no account fees, although wire transfer and stop payment fees will be assessed if applicable. You will receive a monthly statement via regular mail listing all transactions on your account, including cleared drafts and interest earned. You may name a beneficiary for any funds remaining in your account in the event of your death. If your account is inactive for so long that it is considered abandoned or dormant under your state's law, we will attempt to contact you. If there is no response, we will transfer any remaining funds to the state. If you have any questions about your account once it is established, call Principal Bank toll free at 1-800-672-3343 or direct your questions in writing to Principal Bank, P.O. Box 9351, Des Moines, IA 50306-9351.



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

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

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

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

Principal

	<u>Per Employee</u>	<u>Employees</u>		<u>Premium Splits</u>	
Renewal Premium	\$4.52	48	(includes 3 vacant)	Employee Share	0.00%
Previous Premium	\$4.52			Village Share	100.00%
Dollar Change	<u>\$0.00</u>				

Change in Coverage: No change from current - Principal

Percent Change 0.00%

Budget Percent Used 7.50%

Village Premium	<u>Monthly</u>	<u>Annual</u>
Per Employee	\$4.52	\$54.24

Annual Village Cost	<u>New</u>	<u>Previous</u>	<u>Change</u>	<u>Percent</u>
Per Employee	\$2,603.52	\$2,603.52	\$0.00	0.00%

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

Village of Round Lake

October 1, 2014 Life/AD&D Insurance Summary

Life/AD&D	
Rate Guarantee	
Class Description	
Benefit	
Guarantee Issue	
Cost of Coverage Paid By	
Total Volume	
Rate/\$1000 of Benefit	
Monthly Total	\$198.58
Annual Total	\$2,382.90

Principal - Current	
All Full Time Eligible Employees	n/a
	\$25,000
Employer	\$25,000
	\$1,175,000
	\$0.169
	\$198.58
	\$2,382.90

Principal - Renewal	
All Full Time Eligible Employees	1 Year
	\$25,000
Employer	\$25,000
	\$1,175,000
	\$0.169
	\$198.58
	\$2,382.90

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



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: DENTAL INSURANCE

Agenda Item No. 5.5

Executive Summary

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

Attached is:

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

Note that the benefit summary is dated 2013, however, the benefits are the same now as then.

Recommended Action

Adopt a Resolution Approving a Proposal from Principal Financial Group for Employee Dental Insurance.

Committee: Human Resources & Finance	Meeting Date: 08/18 & 09/02/14																														
Lead Department: Administration																															
Presenter: Steve Shields																															
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Account(s)</th> <th style="text-align: right;">Budget</th> <th style="text-align: right;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>++-++-+-67107</td> <td>Dental Insurance</td> <td></td> </tr> <tr> <td>Item Requested</td> <td style="text-align: right;">\$24,925.00</td> <td></td> </tr> <tr> <td colspan="2">Y-T-D Actual thru 7/31/14</td> <td style="text-align: right;">\$5,090.53</td> </tr> <tr> <td colspan="2">Estimated August & September 2014</td> <td style="text-align: right;">\$3,422.88</td> </tr> <tr> <td colspan="2">Estimated 10/01/14 to 4/30/15</td> <td style="text-align: right;">\$13,423.90</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total:</td> <td style="text-align: right;">\$24,925.00</td> </tr> <tr> <td colspan="2">Request is over/under budget:</td> <td></td> </tr> <tr> <td style="text-align: right;">Under</td> <td></td> <td style="text-align: right;">\$2,987.69</td> </tr> <tr> <td style="text-align: right;">Over</td> <td style="text-align: right;">-</td> <td></td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	++-++-+-67107	Dental Insurance		Item Requested	\$24,925.00		Y-T-D Actual thru 7/31/14		\$5,090.53	Estimated August & September 2014		\$3,422.88	Estimated 10/01/14 to 4/30/15		\$13,423.90	Total:		\$24,925.00	Request is over/under budget:			Under		\$2,987.69	Over	-	
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Under		\$2,987.69																													
Over	-																														

A Resolution Approving a Proposal from Principal Financial Group for Employee Dental Insurance

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

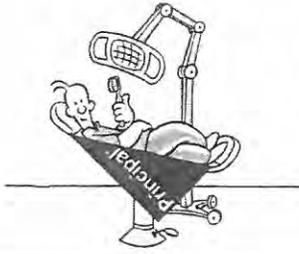
PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:



Policyholder: VILLAGE OF ROUND LAKE

Dental PPO Benefit Summary

Effective Date: 10/01/2013

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

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

Eligibility	
Job Class	All Mbrs

Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
Network Service Area	Includes the Illinois counties of Champaign, Coles, Cook, DeKalb, DeWitt, DuPage, Effingham, Fayette, Ford, Franklin, Fulton, Greene, Jackson, Jefferson, Jersey, Kane, Kankakee, Kendall, Lake, Lee, Logan, Madison, Macoupin, McDonough, McHenry, McLean, Monroe, Montgomery, Morgan, Peoria, Perry, Sangamon, St. Clair, Tazewell, Union, Vermillion, Wayne, Whiteside, Will, Winnebago, Woodford.			
	Calendar Year Deductible		Coinsurance (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				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	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.



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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.

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

Principal

Description	Family	Employees	Empl./Child	Employees	Empl./Spouse	Employees	Single	Employees	None	Vacant
Renewal Premium	\$102.75	11	\$67.00	3	\$60.67	7	\$28.75	21	3	3
Previous Premium	\$97.86		\$63.81		\$57.78		\$27.38			
Dollar Change	\$4.89		\$3.19		\$2.89		\$1.37			
Percent Change	5.00%		5.00%		5.00%		5.00%			
Budget Percent Used	7.50%									
						Total census count		48		

Premium Splits

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

Renewals Information

Village Premium	Renewals Information		% Share of Total Prem.
	Monthly	Annual	
FAMILY	\$65.75	\$789.00	63.99%
EMPL./CHILD	\$47.88	\$574.50	71.46%
EMPL./SPOUSE	\$44.71	\$536.52	73.69%
SINGLE	\$28.75	\$345.00	100.00%

Previous Information

Village Premium	Renewals Information			Previous Information			Annual Change In Premium	Annual % Change Premium
	Monthly	Annual	% Share of Total Prem.	Monthly	Annual	% Share of Total Prem.		
FAMILY	\$65.75	\$789.00	63.99%	\$62.62	\$751.44	63.99%	\$37.56	5.00%
EMPL./CHILD	\$47.88	\$574.50	71.46%	\$45.60	\$547.14	71.45%	\$27.36	5.00%
EMPL./SPOUSE	\$44.71	\$536.52	73.69%	\$42.58	\$510.96	73.69%	\$25.56	5.00%
SINGLE	\$28.75	\$345.00	100.00%	\$27.38	\$328.56	100.00%	\$16.44	5.00%
Employee Premium								
FAMILY	\$37.00	\$444.00	36.01%	\$35.24	\$422.88	36.01%	\$21.12	4.99%
EMPL./CHILD	\$19.13	\$229.50	28.54%	\$18.22	\$218.58	28.55%	\$10.92	5.00%
EMPL./SPOUSE	\$15.96	\$191.52	26.31%	\$15.20	\$182.40	26.31%	\$9.12	5.00%
SINGLE	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	0.00%	\$0.00	0.00%

Annual Village Cost

Type	Annual Village Cost			
	New	Previous	Change	Percent
FAMILY	\$8,679.00	\$8,265.84	\$413.16	5.00%
EMPL./CHILD	\$1,723.50	\$1,641.42	\$82.08	5.00%
EMPL./SPOUSE	\$3,755.64	\$3,576.72	\$178.92	5.00%
SINGLE	\$7,245.00	\$6,899.76	\$345.24	5.00%
Total	\$21,403.14	\$20,383.74	\$1,019.40	5.00%
Total Costs	\$28,316.28	\$26,967.96	\$1,348.32	5.00%

Annual Employee Cost

	Annual Employee Cost			
	New	Previous	Change	Percent
FAMILY	\$4,884.00	\$4,651.68	\$232.32	4.99%
EMPL./CHILD	\$688.50	\$655.74	\$32.76	5.00%
EMPL./SPOUSE	\$1,340.64	\$1,276.80	\$63.84	5.00%
SINGLE	\$0.00	\$0.00	\$0.00	0.00%
Total	\$6,913.14	\$6,584.22	\$328.92	5.00%

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

Village of Round Lake

October 1, 2014 Dental Insurance Summary

Principal

		Current	Renewal
PPO			
Employee	23	Plan Name \$27.38	Plan Name \$28.75
Employee + Spouse	8	\$57.79	\$60.67
Employee + Child	3	\$63.81	\$67.00
Family	<u>10</u>	\$97.86	\$102.75
Monthly Total	44	\$2,262.09	\$2,375.11
Annual Totals		\$2,262	\$2,375
Annual Totals		\$27,145	\$28,501
Percentage Based off of Current			5.00%
Total Annual \$ Increase from Current			\$1,356
Annual Cost Savings from Renewal			
PPO		In-Network	Out-of-Network
Individual Annual Deductible		\$50	\$50
Family Annual Deductible		\$150	\$150
Preventive		100%	100%
Basic		80%	80%
Major		50%	50%
Endodontics		Basic	Basic
Periodontics		Basic	Basic
Annual Maximum		\$1,500	\$1,500
Orthodontia		50%	50%
Orthodontia Lifetime Maximum		\$1,000	\$1,000
Reasonable & Customary			
Rate Guarantee			90th Percentile 1 Year

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



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: VISION INSURANCE

Agenda Item No. 5.6

Executive Summary

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

As part of the annual insurance renewal process, GCG Financial received only one other quote for a vision insurance benefit plan. The overall quote, from VSP, was less then EyeMed and guaranteed for two years. However, staff is recommending EyeMed due to the 4-year rate guarantee and the annual cost difference to the Village only \$30.

Attached is:

1. A resolution approving a proposal from EyeMed Vision Care for employee vision care insurance.
2. EyeMed Vision Care vision benefit summary.
3. A spreadsheet that contains premium information, overall plan costs, and estimated fiscal year totals.
2. Vision rate summary from EyeMed.

Recommended Action

Adopt a Resolution Approving a Proposal from EyeMed Vision Care for Employee Vision Insurance.

Committee: HR & Finance Committee		Meeting Date: 8/18 & 09/2/14	
Lead Department: Administration		Presenter: Steve Shields	
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.			
	Account(s)	Budget	Expenditure
	++-++-++-67108	Vision Insurance	
	Item Requested	\$3,480.00	
	Y-T-D Actual thru 7/31/14		\$696.96
	Estimated August & September 2014		\$464.64
	Estimated 10/01/14 to 4/30/15		\$1,784.79
	Total:	\$3,480.00	\$2,946.39
Request is over/under budget:			
	Under		\$533.61

A Resolution Approving a Proposal from EyeMed Vision Care for Employee Vision Insurance

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

1. The EyeMed Vision Care Plan as detailed on the attached EyeMed Vision Care 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 vision insurance program.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

VILLAGE OF ROUND LAKE

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Copay	Up to \$35
<i>Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)</i>		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Frames	\$120 allowance; 20% off retail price over \$120	Up to \$48
<i>Standard Plastic Lenses</i>		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Standard Progressive Lens	\$25, 80% of charge less \$55 Allowance	Up to \$40
Premium Progressive	\$25, 80% of charge less \$55 Allowance	Up to \$40
<i>Lens Options (paid by the member and added to the base price of the lens)</i>		
UV Treatment	20% off retail	N/A
Tint (Solid and Gradient)	20% off retail	N/A
Standard Plastic Scratch Coating	20% off retail	N/A
Standard Polycarbonate	20% off retail	N/A
Standard Anti-Reflective Coating	20% off retail	N/A
Other Add-Ons and Services	20% off retail price	N/A
<i>Contact Lenses</i>		
Conventional	\$135 allowance; 15% off retail price over \$135	Up to \$95
Disposable	\$135 Allowance; plus balance over \$135	Up to \$95
Medically Necessary	\$0 Copay; Paid in Full	Up to \$200
<i>Laser Vision Correction</i>		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
<i>Frequency</i>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Want to learn more?

- For a complete list of providers near you, use our Provider Locator on www.eyemedvisioncare.com and choose the SELECT network or call 1-866-299-1358.
- For Lasik providers, call 1-877-5LASER6.

Additional Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.
- Laser vision correction - 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.

Save on eye exams, eyeglasses, contact lenses and time.

Because vision care should be simple.



Everyone needs proper vision care. But you've got a job to do and a life to live. That's why at EyeMed Vision Care, we design our benefits to fit the way you live, work and play.

Balancing eye health and vision wellness with overall health care.

- Besides measuring your vision, regular eye exams can help identify early signs of serious health conditions like diabetes, heart disease and high blood pressure.

See well, look great and save!

- Enjoy the freedom to choose from top brand-name frames that fit your lifestyle.
- Select the latest in contact lens technology.
- Receive value above and beyond the benefit, including unlimited 40 percent off additional complete pairs of eyewear. You never have to pay full price for eyewear needs.

It's vision care, on your terms.

- Find the eye care professional that's right for you, with access to thousands of independent eye doctors and top optical retailers across the country.
- Schedule appointment times that fit your schedule; weekdays, plus evenings and weekends.
- Find answers when you need them—our customer care agents are available seven days a week to assist you.

Visit EyeMedVisionCare.com to learn more and to find an eye doctor near you.

LENSCRAFTERS® **PEARLEVISION** **Sears** Optical **OPTICAL** JCPenney Optical **Private Practitioners**

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

Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund Premium Progressive as a Standard.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

EyeMed
VISION CARE®

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

EyeMed

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

Change in Coverage: Rate guarantee until 2018.

Premium Splits

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

Renewals Information

Previous Information

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

Annual Village Cost

Annual Employee Cost

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

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

Village of Round Lake

October 1, 2014 Vision Insurance Summary

		Eye Med			
Vision		Current	Renewal		
		Plan Name	Plan Name		
Employee	27	\$4.56	\$4.70		
Employee + Spouse	5	\$8.64	\$8.90		
Employee + Child	2	\$9.08	\$9.35		
Family	8	\$13.36	\$13.76		
	42	\$291.36	\$300.18		
Monthly Totals		\$291	\$300		
Annual Totals		\$3,496	\$3,602		
Percentage Based off of Current			3.0%		
Total Annual \$ Increase from Current			\$106		
Annual Cost Savings from Renewal					
Vision		In-Network	Out-of-Network	In-Network	Out-of-Network
Service Frequency					
Eye Exam		12 Month	12 Month	12 Month	12 Month
Lenses		12 Month	12 Month	12 Month	12 Month
Contacts		12 Month	12 Month	12 Month	12 Month
Frames		24 Month	24 Month	24 Month	24 Month
Copayments					
Eye Exam		\$10	Up To \$35	\$10	Up To \$35
Single Vision Lenses		\$25	Up To \$25	\$25	Up To \$25
Bifocal Lenses		\$25	Up To \$40	\$25	Up To \$40
Trifocal Lenses		\$25	Up To \$60	\$25	Up To \$60
Frames		\$120 Allowance	Up To \$48	\$120 Allowance	Up To \$48
Contacts		Paid In Full	Up To \$200	Paid In Full	Up To \$200
Medical Necessary		\$135 Allowance	Up To \$95	\$135 Allowance	Up To \$95
Elective		Discount	N/A	Discount	N/A
Additional Benefits		n/a			
Laser vision Correction					
Rate Guarantee			4 Year		

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



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: HEALTH INSURANCE

Agenda Item No. 5.7

Executive Summary

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

1. A resolution approving a proposal to renew the group employee health health insurance plan with BlueCross Blue Shield.
2. BCBS benefit highlights and descriptions of coverage for the PPO, HAS, and HMO plans.
3. The health insurance options summary prepared by GCG Financial.

Note that the benefit summary is dated 2012, however, the benefits are the same now as then.

Recommended Action

Adopt a Resolution Approving a Proposal to Renewal a Group Employee Health Insurance Plan with BlueCross Blue Shield

Committee: Human Resources & Finance	Meeting Date: 08/18 & 09/2/14																														
Lead Department: Administration																															
Presenter: Steve Shields																															
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<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>++-++-+-67110</td> <td>Health Insurance</td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td></td> </tr> <tr> <td>Y-T-D Actual thru 7/31/14</td> <td></td> <td></td> </tr> <tr> <td>Estimated August & September 2014</td> <td></td> <td></td> </tr> <tr> <td>Estimated 10/01/14 to 4/30/15</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;">\$0.00</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 style="text-align: center;">-</td> <td></td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	++-++-+-67110	Health Insurance		Item Requested			Y-T-D Actual thru 7/31/14			Estimated August & September 2014			Estimated 10/01/14 to 4/30/15			Total:	\$0.00	\$0.00	Request is over/under budget:			Under	-		Over	-	
Account(s)	Budget	Expenditure																													
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Total:	\$0.00	\$0.00																													
Request is over/under budget:																															
Under	-																														
Over	-																														

A Resolution Approving a Proposal to Renew the 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:

Exhibit A**Costs of Coverage for Group Health Plan**
Costs Are Per Month

<u>BluePrint PPO</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$1,165.56
EMPL./CHILD	\$863.24
EMPL./SPOUSE	\$920.02
SINGLE	\$617.71
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$547.85
EMPL./CHILD	\$245.53
EMPL./SPOUSE	\$302.31
SINGLE	\$0.00

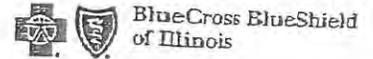
<u>BlueEdge HSA</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$734.25
EMPL./CHILD	\$543.81
EMPL./SPOUSE	\$579.57
SINGLE	\$389.13
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$345.12
EMPL./CHILD	\$154.68
EMPL./SPOUSE	\$190.44
SINGLE	\$0.00

<u>BlueAdvantage HMO</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$934.38
EMPL./CHILD	\$692.03
EMPL./SPOUSE	\$737.54
SINGLE	\$495.19
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$439.19
EMPL./CHILD	\$196.84
EMPL./SPOUSE	\$242.35
SINGLE	\$0.00

BluePrint PPO 90/70

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

NPP72423, NPP72424, NPP72426



BENEFIT HIGHLIGHTS

PPO Network

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

Program Basics

**PPO
(In-Network)**

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

Lifetime Benefit Maximum

Per individual

Unlimited

Individual Deductible

Program deductible does not apply to services that have a copayment

\$500

\$1,000

Family Deductible

The family deductible maximum is equal to three individual deductibles.

\$1,500

\$3,000

Individual Out-of-Pocket Expense (OPX) Limit

The amount of money that any individual will have to pay toward covered health care expenses during any one calendar year. The following items will not be applied to the out-of-pocket expense limit:

- Deductibles
- Copayments
- Reductions in benefits due to non-compliance with utilization management program requirements
- Charges that exceed the eligible charge or the Schedule of Maximum Allowances (SMA)
- Services that are asterisked below (*)

\$2,000

\$4,000

Family Out-of-Pocket Expense (OPX) Limit

\$6,000

\$12,000

Prescription Drug Card (Retail and Mail Service)

Please refer to the Three Tier Formulary Prescription Drug Card Benefit Highlight Sheet for the covered benefits.

Physician Services

Physician Office Visits

One copayment per day when you receive services from a Family Practice, Internal Medicine, OB/GYN, or Pediatrician. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance, including mental health and substance abuse services.

\$20 copay,
then 100%

70% after deductible

One copayment per day when you receive services from a specialist. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance.

\$40 copay,
then 100%

70% after deductible

Preventive Care

Routine annual physicals, well-baby exam, immunizations, and other preventive health services as determined by the USPSTF.

100%

70% after deductible

Maternity Services

Copayment applies to first prenatal visit (per pregnancy). All other maternity physician covered services are paid the same as Medical / Surgical Services.

\$20 copay,
then 100%

70% after deductible

Medical / Surgical Services

Coverage for surgical procedures, inpatient visits therapies, allergy injections or treatments, and certain diagnostic procedures as well as other physician services.

90% after deductible

70% after deductible

Hospital Services

Hospital Admission Deductible

Per admission, per individual

\$0

\$300

Inpatient Hospital Services

Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice, including mental health and substance abuse services. Room allowances based on the hospital's most common semi-private room rates.

90% after deductible

70% after deductible

Outpatient Hospital Services

Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, x-ray, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center, including mental health and substance abuse services. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.

90% after deductible

70% after deductible

Outpatient Emergency Care (Accident or Illness)

The copayment applies to both in- and out-of-network emergency room visits. The copayment is waived if the member is admitted to the hospital.

\$150 copay,
then 100%

20263NGR.1010



BENEFIT HIGHLIGHTS

PPO Network

Additional Services

Muscle Manipulation Services*

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

90% after deductible

70% after deductible

Therapy Services – Speech, Occupational and Physical

Coverage for services provided by a physician or therapist

90% after deductible

70% after deductible

Temporomandibular Joint (TMJ) Dysfunction and Related Disorders

90% after deductible

70% after deductible

Other Covered Services

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

80% after deductible

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

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

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

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

Discounts on Eye Exams, Prescription Lenses and Eyewear

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

Blue Care Connection (BCC)

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

Schedule of Maximum Allowances (SMA)

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

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

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

BENEFIT HIGHLIGHTS

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

PPO Network

Program Basics

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

Physician Services

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

Hospital Services

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



BENEFIT HIGHLIGHTS

PPO Network

Additional Services

Muscle Manipulation Services*

Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits.

- \$ 1,000 maximum per calendar year

80% after deductible

60% after deductible

Therapy Services – Speech, Occupational and Physical

Coverage for services provided by a physician or therapist

80% after deductible

60% after deductible

Temporomandibular Joint (TMJ) Dysfunction and Related Disorders

80% after deductible

60% after deductible

Other Covered Services

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

80% after deductible

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

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

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

Discounts on Eye Exams, Prescription Lenses and Eyewear

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

Blue Care Connection (BCC)

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

***More on Individual Coverage and Family Coverage Deductibles...**

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

Schedule of Maximum Allowances (SMA)

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

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

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

The HMOs of Blue Cross and Blue Shield of Illinois
HMO Illinois and BlueAdvantage HMO

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

2012 Description of Coverage

Group Name Group/Section Number
Effective Date

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

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

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

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

320 West Washington Street
Springfield, IL 62767-0001

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

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

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

21249.1201



BlueCross BlueShield
of Illinois

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

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

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

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

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

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

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

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

Service Area

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

Exclusions and Limitations

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

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

Exclusions

1. Services or supplies that are not specifically listed in *Your Health Care Benefit Program Certificate*.
2. Services or supplies that were not ordered by your primary care physician or Woman's Principal Health Care Provider, except as explained in the *Certificate*.
3. Services or supplies received before your coverage began or after the date your coverage ended.
4. Services or supplies for which benefits have been paid under any Workers' Compensation Law or other similar laws.
5. Services or supplies that are furnished to you by the local, state or federal government and services or supplies to the extent payments or benefits for such services are provided by or available from the local, state or federal government (for example, Medicare) whether or not those payments or benefits are received; except, however, this exclusion shall not be applicable to medical assistance benefits under Article V, VI or VII of the Illinois Public Aid Code or similar legislation of any state, benefits provided in compliance with the Tax Equity and Fiscal Responsibility Act or as otherwise provided by law.
6. Services or supplies rendered to you as the result of an injury caused by another person to the extent that you have collected damages for such injury and that the Plan has provided benefits for the services or supplies rendered in connection with such injury.
7. Services or supplies that do not meet accepted standards of medical or dental practice including, but not limited to, services which are investigational in nature.
8. Custodial care services.
9. Long Term Care services.
10. Respite Care Services, except as specifically mentioned under Hospice Care Benefits.
11. Services or supplies rendered because of behavioral, social maladjustment, lack of discipline or other antisocial actions, which are not specifically the result of mental illness.
12. Special education therapy, such as music therapy or recreational therapy.
13. Cosmetic surgery and related services and supplies unless correcting congenital deformities or conditions resulting from accidental injuries, tumors or disease.
14. Services or supplies received from a dental or medical department or clinic maintained by an employer, labor union or other similar person or group.
15. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
16. Charges for failure to keep a scheduled visit or for completion of a claim form or charges for transferring medical records.

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

Limitations

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

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

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

Pre-certification and Utilization Review

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

Primary Care Physician (PCP) Selection

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

Access to Specialty Care

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

Out-of-Area Coverage

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

Financial Responsibility

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

Continuity of Treatment (Transition of Care)

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

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

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

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

Submit the request to:

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

Include the following information:

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

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

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

Appeals Process

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

Non-urgent Clinical Appeal

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

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

Urgent Clinical Appeal

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

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

Non-clinical Appeal

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Village of Round Lake

October 1, 2014 Health Insurance Summary

Blue Cross/Blue Shield

	Current	Renewal	Revised
HMO			
Employee	\$445.71	\$415.82	\$495.19
Employee + Spouse	\$894.21	\$1,020.72	\$979.89
Employee + Child	\$806.93	\$925.90	\$888.86
Family	\$1,255.43	\$1,430.80	\$1,373.56
	\$445.71	\$515.82	\$495.19
PPO			
Employee	\$551.93	\$643.44	\$617.71
Employee + Spouse	\$1,107.32	\$1,273.26	\$1,222.33
Employee + Child	\$999.24	\$1,154.97	\$1,108.77
Family	\$1,554.62	\$1,784.79	\$1,713.40
	\$24,027.51	\$27,790.56	\$26,679.09
HSA			
Employee	\$360.54	\$405.35	\$389.13
Employee + Spouse	\$723.32	\$802.10	\$770.01
Employee + Child	\$652.72	\$727.58	\$698.48
Family	\$1,015.51	\$1,124.35	\$1,079.37
	\$8,616.83	\$9,583.53	\$9,200.12
Monthly Total	\$33,090	\$37,890	\$36,374
Estimated Annual Health Insurer and Reinsurance Fee	Included	Included	Included
Annual Totals	\$19,781	\$44,879	\$48,701
Percentage Based off of Current	14.51%	9.93%	9.93%
Total Annual \$ Increase from Current/Annual Cost Savings from Renewal	\$57,598	\$39,412	\$39,412

	Option 1	Option 2	Option 3
HMO			
Employee	\$480.66	\$480.66	\$480.66
Employee + Spouse	\$951.15	\$951.15	\$951.15
Employee + Child	\$862.79	\$862.79	\$862.79
Family	\$1,333.28	\$1,333.28	\$1,333.28
	\$480.66	\$480.66	\$480.66
PPO			
Employee	\$568.29	\$568.29	\$568.29
Employee + Spouse	\$1,124.56	\$1,124.56	\$1,043.39
Employee + Child	\$1,020.08	\$1,020.08	\$946.45
Family	\$1,576.35	\$1,576.35	\$1,462.57
	\$25,582.27	\$24,544.89	\$22,773.23
HSA			
Employee	\$346.09	\$346.09	\$346.09
Employee + Spouse	\$684.86	\$684.86	\$684.86
Employee + Child	\$621.23	\$621.23	\$621.23
Family	\$960.01	\$960.01	\$960.01
	\$8,182.68	\$8,182.68	\$8,182.68
Monthly Total	\$33,208	\$33,208	\$31,437
Estimated Annual Health Insurer and Reinsurance Fee	Included	Included	Included
Annual Totals	\$10,941	\$14,999	\$7,739
Percentage Based off of Current	3.49%	0.36%	-5.00%
Total Annual \$ Increase from Current/Annual Cost Savings from Renewal	\$13,867	\$1,418	(\$19,842)
	(\$25,545)	(\$37,994)	(\$59,254)

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

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

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

Village of Round Lake

October 1, 2014 Health Insurance Summary

Blue Cross/Blue Shield

	Current	Revised	Alternative Carriers	UnitedHealthcare
HMO				
Employee	NHUB136	NHUB136	IL HMO 70%	\$32 Network W.V.
Employee + Spouse	\$445.71	\$495.19	\$374.00	\$479.38
Employee + Child	\$894.21	\$979.89	\$897.00	\$1,006.70
Family	\$806.93	\$888.86	\$747.00	\$824.53
	\$1,255.43	\$1,373.56	\$1,196.00	\$1,447.73
	\$445.71	\$495.19	\$374.00	\$479.38
PPO				
Employee	NPP72426	NPP72426	IL OAMC 50% 80/50	554 W.V.
Employee + Spouse	\$551.93	\$617.71	\$449.00	\$487.24
Employee + Child	\$1,107.32	\$1,222.33	\$1,078.00	\$1,023.20
Family	\$999.24	\$1,108.77	\$899.00	\$838.05
	\$1,554.62	\$1,713.40	\$1,438.00	\$1,471.46
	\$24,027.51	\$26,679.09	\$21,113.00	\$21,808.82
HSA				
Employee	NPSC3805 A&M	NPSC3805 A&M	IL OAMC 2500 10/50 HSA TIE	73P W.V.
Employee + Spouse	\$360.54	\$389.13	\$331.00	\$390.71
Employee + Child	\$723.32	\$770.01	\$794.00	\$820.49
Family	\$652.72	\$698.48	\$662.00	\$672.02
	\$1,015.51	\$1,079.37	\$1,059.00	\$1,179.94
	\$8,616.83	\$9,200.12	\$8,737.00	\$9,736.47
Monthly Total	\$33,090	\$36,374	\$30,224	\$32,025
Estimated Annual Health Insurer and Reinsurance Fee	Included	Included	Included	Included
Annual Totals	\$397,081	\$436,470	\$342,681	\$381,279
Percentage Based off of Current		9.93%	-8.66%	-3.22%
Total Annual \$ Increase from Current		\$39,412	(\$34,393)	(\$12,785)
Annual Cost Savings from Renewal			(\$73,805)	(\$52,197)

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

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



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: EMPLOYEE RECOGNITION PROGRAM

Agenda Item No. 5.8

Executive Summary:

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

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

At the August 18, 2014 COTW meeting the Village Board recommended retroactively recognizing employees. Attached is a list of employees that would be recognized and an amended resolution for the employee recognition program.

Recommended Action:

Adopt a Resolution Amending the Employee Recognition Program.

Committee: -	Meeting Date: 08/18 & 9/2/14		
Lead Department: Administrative	Presenter: Steve Shields		
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	Account No(s):	Budget:	Actual Request:
	01-20-77-77706	\$5,220.00	
	(Misc. Expense)		
	Item Requested	\$2,500.00	\$1,075.00
	Y-T-D Actual		\$2,133.88
	Amount Encumbered		\$0.00
	Total	\$7,720.00	\$3,208.88
	Request is over/under budget:		
	Under		\$4,511.12
	Over	-	

Resolution 14-R-__

A Resolution Amending the Employee Recognition Program

WHEREAS, the President and Board of Trustees of the Village of Round Lake ("Village Board") recently passed Resolution No. 14-R-33, adopted June 16, 2014, which implemented an Employee Recognition Program to recognize and reward Village of Round Lake ("Village") employees who have dedicated the longevity of their careers to serving the residents of the Village; and

WHEREAS, the Village Board finds that it is necessary and important to amend the Employee Recognition Program to provide for the retroactive recognition of certain employees for who would have been recognized under the Employee Recognition Program had such a program been established prior to this year; and

WHEREAS, the Village Board has determined that the Village should recognize all current employees who reached at least 5 years of service prior to the implementation of the Employee Recognition Program by retroactively recognizing each such employee for his or her most recent service milestone; and

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

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

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

- 15 years of service: \$75.00 gift card;
- 20 years of service: \$100.00 gift card;
- 25 years of service: \$300.00 gift card;
- 30 years of service: \$400.00 gift card.
- Except for those employees who qualify for recognition under the Employee Recognition Program between June 16, 2014 and April 30, 2015, every employee who had at least 5 years of service with the Village when the Employee Recognition Program was established shall be retroactively recognized by the Village for his or her most recent qualifying service milestone (e.g., 5 years, 10 years, 15 years, etc.).

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

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

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

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:
APPROVED:
AYES:
NAYS:
ABSENT:

Employee Service Years
Full-Time Only
Sorted By Service Years

Updated 08/28/14

#	Last	First	Dept.	Hire Date	Service Years			Years	
					As of 06/15/14	Received 2015	Prior		
309	LOSSON	JANICE L	POL	7/17/1984	29.93	Yes	\$0.00	-	Note
208	MOLIDOR	JOEL E	PW	7/16/1990	23.93		\$100.00	20	
329	MOLIDOR	PETER J	POL	2/1/1992	22.38		\$100.00	20	
349	LOHMAN	TED A	POL	1/18/1999	15.42		\$75.00	15	
216	GUSTAFSON	PEGGY L	PW	1/1/2000	14.46	Yes	\$0.00	-	Note
333	AKEY	TROY D	POL	6/30/2000	13.97		\$50.00	10	
356	LOHMAN	ALICE	POL	11/13/2000	13.59		\$50.00	10	
334	MARQUARD	PETER J	POL	4/27/2001	13.14		\$50.00	10	
132	VAN KIRK	JUDITH E	ADM	6/11/2001	13.02		\$50.00	10	
219	ROSS	DOMINICK S	PW	8/13/2001	12.85		\$50.00	10	
413	SWENSEN	MARSHA JO M	BLD	10/30/2002	11.63		\$50.00	10	
222	KILARSKI	MARK S	PW	10/31/2002	11.63		\$50.00	10	
363	LISS	VALERIE A	POL	4/5/2004	10.20		\$50.00	10	
412	KOECHIG	MARTHA I	ADM	5/1/2004	10.13		\$50.00	10	
366	URBANIK	JOSEPH G	POL	6/28/2004	9.97	Yes	\$0.00	-	Note
417	JOHNSON	ROBERT W	BLD	7/26/2004	9.89	Yes	\$0.00	-	Note
229	POULSEN	GREG A	PW	8/2/2004	9.87	Yes	\$0.00	-	Note
335	STEVENS	MICHAEL J	POL	9/20/2004	9.74	Yes	\$0.00	-	Note
340	LANDSVERK	ERIK J	POL	12/27/2004	9.47	Yes	\$0.00	-	Note
136	NELSON	JANET S	ADM	4/27/2005	9.14	Yes	\$0.00	-	Note
369	BUBEL	MARK A	POL	7/5/2005	8.95		\$25.00	5	
376	CHENEY	DAVID M	POL	10/16/2006	7.67		\$25.00	5	
377	KAPUSINSKI	KRAIG M	POL	10/16/2006	7.67		\$25.00	5	
108	SHIELDS	STEVEN J	ADM	12/4/2006	7.53		\$25.00	5	
405	DONOVAN	WILLIAM R	BLD	12/5/2006	7.53		\$25.00	5	
379	SCHMIDT	MICHAEL E	POL	6/18/2007	7.00		\$25.00	5	
239	HARRISON	CRAIG A	PW	8/14/2007	6.84		\$25.00	5	
374	BELL	ROBERT A	POL	10/1/2007	6.71		\$25.00	5	
382	CHENEY	NICOLE M	POL	12/17/2007	6.50		\$25.00	5	
383	PRUS	DAVID C	POL	3/21/2008	6.24		\$25.00	5	
110	HENLEY	SUZANNE	ADM	3/31/2008	6.21		\$25.00	5	
385	GULLIFOR	BRANDON E	POL	6/16/2008	6.00		\$25.00	5	
243	AMANN	KEVIN F	PW	7/29/2008	5.88		\$25.00	5	
386	FURLAN	KEVIN	POL	4/20/2009	5.16		\$25.00	5	
390	GILLETTE	MICHAEL	POL	4/19/2010	4.16	Yes	\$0.00	-	
391	SCHULTZ	KURTIS	POL	12/29/2011	2.46		\$0.00	-	
392	LARSON	NINA	POL	12/29/2011	2.46		\$0.00	-	
252	KROOP	RONALD	PW	2/28/2012	2.30		\$0.00	-	
240	SIMONSEN	BRIAN	PW	8/27/2012	1.80		\$0.00	-	
254	MILLER	KEITH	PW	9/17/2012	1.74		\$0.00	-	
394	TINSLEY	RICKEY L	POL	9/25/2012	1.72		\$0.00	-	
397	HERNANDEZ	MICHELLE	POL	11/7/2013	0.60		\$0.00	-	
387	MURPHY	CHRIS	POL	3/26/2014	0.22		\$0.00	-	
230	BOVER	LAURA	PW	5/19/2014	0.07		\$0.00	-	
388	ROBINSON	ROBERT	POL	4/2/2014	0.20		\$0.00	-	

Average Service Years	8.62	Number of Employees Recognized	26
Cost for Past Service	\$1,075.00	Total Employees	45
		Percent Recognized	57.78%

Note: These employees will be recognized during the current fiscal year, therefore, they will not receive retroactive recognition.



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: RATIFY THE EXPENDITURE OF \$2,096.14 FOR REPAIR
 WORK FOR TRUCK 49

Item **5.9**

Executive Summary:

1. Truck 49 is a 1996 International Five (5) Yard Dump Truck that was purchased new. This Truck is used predominantly in the Winter for snow plowing, salting and hauling of snow. However it is also used in the non-Winter periods when we need to haul large quantities of aggregate/soil to/from job sites. "On balance" this International has been a good and reliable truck.
2. This truck was inspected by A-Tire in early August as part of our initiative to have all our "older" trucks evaluated such that we will keep our vehicles/equipment in safe working order and "catch small problems" before they become major issues. Our input to A-Tire indicated "looseness" in the steering. A-Tire's evaluation (see attached Repair Order) recommended replacement of the Gear Box to correct the looseness of the steering. Other needed work includes replacing the exhaust pipe (corrosion), driveshaft U-Joints (wear/looseness), and air filter. Total cost for all work is \$2,096.14.
3. As we are currently having A-Tire inspect, evaluate all our Older Vehicles we will be able to better determine maintenance/repair priorities, funding needs and which vehicles should be considered for replacement and when.
4. At the August 18th COTW, the Board concurred with having A-Tire make the necessary repairs to allow for Truck 49 to return to Service.

Recommended Action:

Ratify the expenditure of \$2,096.14 for the repair of Truck 49.

Committee: PW/FAC/ENGR		Meeting Date: August 18, 2014, September 2, 2014	
Lead Department: Pub Works		Presenter: Ron Kroop	
Item Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
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 No(s):	Budget:	Expenditures
	01-60-84-88404	\$25,000.00	\$2,996.61
	This Request		\$1,048.07
	50-60-84-88404	\$23,466.00	\$2,374.67
	Amt Encumbered		\$5,000.00
	This Request		\$1,048.07
	Total:	\$48,466.00	\$12,467.42
	Request is over/under budget:		
	Under		\$35,998.58
	Over	-	

Resolution 2014-R-__

A Resolution Ratifying Repairs to Truck 49

BE IT RESOLVED by the Village President and Board of Trustees of the Village of Round

Lake as follows:

1. The actions of the Director of Public Works in authorizing repairs to Truck 49 in the amount of \$2,096.14 by A-Tire County Service, as specified in the invoice attached hereto as Exhibit A, are hereby approved and ratified.

2. The Village Administrator and Director of Public Works are authorized to take all necessary steps to implement this resolution.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:



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

RAK
 5 AUG
 1A

REPAIR ORDER #
 065874

Federal Tax ID 362895528

REPAIR ORDER - RO

1996

Print Date : 08/06/2014

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

~~1995~~ INTERNATIONAL - 4900-DUMP -
 Lic # : M133784 - IL
 Unit # :
 Vin # : 1HTSDAA7TH267545
 MFG Date :
 Previous Odometer : 47,420

Elapsed Mileage : 0

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

MILEAGE : 47,000 MILES

MAINT + REPAIR : \$ 32,741.
 EXPENSES

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

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

Authorized By _____ Date _____ Time _____