

AGENDA
VILLAGE OF ROUND LAKE
COMMITTEE OF THE WHOLE MEETING
September 3, 2013
442 N. Cedar Lake Road
To Follow the Regular Board Meeting
The Regular Board Meeting is 7:00 P.M.

CALL TO ORDER

1. ROLL CALL

2. APPROVAL OF MINUTES

- 2.1 Approve the Minutes of the Committee of the Whole Meeting of August 19, 2013
- 2.2 Approve the Minutes of the Special Committee of the Whole Meeting of August 8, 2013 & Continuation to August 12, 2013
- 2.3 Approve the Minutes of the Special Committee of the Whole Meeting of August 15, 2013
- 2.4 Approve the Minutes of the Special Committee of the Whole Meeting of August 22, 2013

3. PUBLIC COMMENT

4. COMMITTEE OF THE WHOLE

- Community Development
 - SBA Incubator Program
- Human Resources and Finance
 - Benefit Program Renewals
- Public Works, Facilities and Capital Assets, and Engineering
- Special Events
 - Hometown Fest
- Building and Zoning
 - Two Special Use Permit Ordinances for Boxing Ring and Outdoor Auction Facility
- Police
- Administration
 - Administration Fee for DUI/Towing Vehicles

5. SUGGESTED NEW TOPICS

6. EXECUTIVE SESSION

7. ADJOURN

MINUTES
VILLAGE OF ROUND LAKE
COMMITTEE OF THE WHOLE MEETING
August 19, 2013
442 N. Cedar Lake Road
To Follow the Regular Board Meeting
The Regular Board Meeting is 7:00 P.M.

THE COMMITTEE OF THE WHOLE MEETING OF THE VILLAGE OF ROUND LAKE WAS CALLED TO ORDER BY DAN MACGILLIS, VILLAGE PRESIDENT AT 7:30 P.M.

1. ROLL CALL

Present: Trustees Clements, Newby, Simoncelli, Triphahn, Wicinski,
Absent: Trustee Frye

2. APPROVAL OF MINUTES

- 2.1 Approve the Minutes of the Committee of the Whole Meeting of August 5, 2013
Trustee Triphahn moved, Seconded by Trustee Wicinski, to approve the Minutes of the Committee of the Whole Meeting of August 5, 2013. Upon a unanimous voice vote; the Mayor declared the motion carried
- 2.2 Approve the Minutes of the Special Committee of the Whole Meeting of August 1, 2013
Trustee Wicinski moved, Seconded by Trustee Simoncelli, to approve the Minutes of the Special Committee of the Whole Meeting of August 1, 2013. Upon a unanimous voice vote; the Mayor declared the motion carried

3. PUBLIC COMMENT

4. COMMITTEE OF THE WHOLE

- Community Development
 - SBA Incubator Program
Trustee Frye was not present to discuss any updates. The item will carry over to the next meeting.
- Human Resources and Finance
- Public Works, Facilities and Capital Assets, and Engineering
 - LED Lights
Public Works Director Ron Kroop gave a follow up to the questions raised from discussion at the August 5th COTW meeting. One of the questions had been if the Village can scale back to a smaller pilot program, which the answer was yes. Mr. Kroop stated that if the Downtown area and two residential areas are done we would be using 65 of the 117 LED lights available in the grant, thus reducing the cost to be approximately \$17K, which does not include labor to install. Discussion was had as to the locations of where the LED lights would be better placed, possibly the 5 residential areas opposed to the downtown area and possibly choosing which area is in more need. The Mayor stated he feels we would be losing the benefit of the

program by not taking full advantage of it and this is just the starting point. Under further discussion it was mentioned as to where the full amount of the grant of \$24,360.00 could come from if we choose to take full advantage of the Grant. It was mentioned that a grant had been applied for regarding the Emerald Ash Borer tree issues, with a possible \$20k being returned to the Village and one of the accounts being mentioned to use for possible funding of the LED lights. It was asked of PWD Kroop to provide, via email, details as to where the lights would be placed, and giving different options so they would be able to choose – along with where the funds would be coming from.

Mayor MacGillis and the board agreed to move forward on this and bring it to the next Regular board meeting

- Stormwater Management Commission Watershed Ordinance Adoption
Kurt Baumann, from Baxter & Woodman stated that the Lake County Stormwater Management Commission recently adopted several revisions to the Watershed Development Ordinance. These revisions are a result of the Federal Emergency Management Agency completing its Flood Map Modernization program in Lake County. FEMA has finalized the Digital Flood Insurance Rate Maps and they will become effective on September 18, 2013. In order to remain in good standing in the National Flood Program and to maintain the Villages Certification status with SMC, the new WDO must be adopted.

Mayor MacGillis and the board agreed to move forward on this and bring it to the next Regular board meeting

- Replacement of two Sewage Lift Station Pumps at the Police/Public Works Facility
PWD Ron Kroop stated that one of the pump seals has failed causing water to enter the motor chamber leading to the motor windings burning up. The second pump is functional; however there is excessive noise, suggestive of substantive bearing wear. His recommendation is to replace both pumps now and keep the existing functional pump as a backup. Trustee Clements asked to clarify the budget item number on the AIS.

Mayor MacGillis and the board agreed to move forward on this and bring it to the next Regular board meeting

- Special Events
 - Hometown Fest
Trustee Wicinski stated that the fest will be at the old location of Aviron and Goodnow off of Rt 134. The next meeting is this Thursday at 6:00 pm, here at the Village Hall. Donation letter still needs to be finalized and sent to the vendors we do business with.
- Building and Zoning
 - Grass/Weed Cutting Review of Ordinance and Procedures
Village Administrator Russ Kraly stated that Village Attorney Eric Yehl gave a synopsis of the ordinance at the last meeting and wanted everyone to read over that information first before bringing it to the regular board meeting. The only changes

would be the administration fee and on larger parcels the first 50 feet all around need to be cut. Mr. Kraly stated if anyone has any questions or concerns, to please give him a call. The Mayor mentioned at the last meeting there was gentleman that commented about the grass going over the sidewalk and he personally went out there with his tractor to cut it down and went on to thank the Public Works department for cleaning it up afterwards.

Mayor MacGillis and the board agreed to move forward on this and bring it to the next Regular board meeting

- Police
 - Administration
 - Business Summit Meeting August 21, 2013 at 7:30 a.m.
 - Administration Fee for DUI/Towing Vehicles
- Village Administrator Russ Kraly stated he was not ready to present at this time.

5. SUGGESTED NEW TOPICS

New Parking Ordinance

Website Redesign – The Mayor would like to wait on this until our IT server is updated and incorporate that into it.

The Mayor thanked Police Chief Mike Gillette for all his hard work with National Night Out, along with everyone else that participated. It was a great success

6. EXECUTIVE SESSION

A motion was made by Trustee Newby, seconded by Trustee Wicinski to adjourn into executive session for probable litigation. Upon a unanimous voice vote, the Mayor declared the motion carried.

The Committee of the Whole Meeting Recessed to Executive Session at 8:36 P.M.

The Board rejoined the Committee of the Whole meeting at 8:40 P.M.

ROLL CALL

Present: Trustees Clements, Newby, Simoncelli, Triphahn, Wicinski

Absent: Frye

7. ADJOURN

Motion by Trustee Simoncelli, Seconded by Trustee Newby to adjourn the Committee of the Whole meeting at 8:40 P.M. Upon a unanimous voice vote, the Mayor declared the motion carried.

APPROVED:

Patricia C. Blauvelt
Village Clerk

Daniel MacGillis
Village President

VILLAGE OF ROUND LAKE
SPECIAL COMMITTEE OF THE WHOLE MEETING
August 8, 2013
442 N. Cedar Lake Road, Round Lake, IL 60073
6:00 P.M.

MINUTES

CALL TO ORDER: THE HOME TOWN FEST WAS CALLED TO ORDER BY COMMITTEE CHAIR TRUSTEE VICKIE WICINSKI AT 6:05 P.M.

Roll Call: Trustees Clements, Wicinski, Triphahn, Frye, Newby

Also in Attendance were: Mayor Dan MacGillis, Public Works Director Ron Kroop, James Hult, Police Officer Kraig Katusinski, Ted Lohman, Keith Triphahn, Sonia Sandaval & Clerk Patty Blauvelt.

1.0 PUBLIC COMMENT- None

2.0 COMMITTEE OF THE WHOLE

2.1 Special Events – Home Town Fest

2.2 New Business – Some of the main topics discussed were:

Advertising: Trustee Triphahn has not had contact as of yet with Bob Newport at the RL Park District about their fall brochure, however it might be to late to place anything in there now. The Library will place a blurb in their newsletter though.

Donations/Sponsor Letters: Mayor MacGillis spoke to our Village Attorney who stated there is no problem with seeking donations or sponsorships via a letter.

Music: It was stated that last year the fest paid \$200.00 each to Jack and Jeff – the Frank Sinatra and Neil Diamond singers, \$250.00 to Junk Yard Dogs and then \$200.00 to Magic Dave for a 30 minutes show. Mr. Jose Hernandez is reaching out to our Downtown Businesses for donations to get a large band that would draw 200-300 people. Corner Garage needs a time that they would be performing in order to secure, and the community band will be asked to play and a donation will be made to them for playing.

Location: Public Works Director Ron Kroop did a site plan on the proposed new site location stating that for the car show we could have 34-

37 cars comfortably along Cedar Lake Road and line up against the fence by the train tracks. Room for 24- 28 Crafters, 12, Food Venders, 8-10 Games, Business tents, the Beverage Tent and room for the monkey bridge that will be provided by the Boy Scouts. Although he did forget the bingo tent, it was decided it could be located in the parking lot behind the Village Hall. PWD Kroop provided a map to scale with all the items shown. Concerns were had as far as the cost to run electric to all the items needed. Mr. Kroop was asked to do a cost analysis on what it would be and he stated he could have it to everyone by Friday. This item is scheduled to be discussed during a continuation of the Home Town Fest meeting on Monday August 12, at 7:00 pm

Stage: Trustee Newby received a price of a 16'x24' stage from Big Top Tent in the amount of \$500.00, with a top on it, it would be \$850.00 – it does not include any sound or lights though. Trustee Newby will be also gathering prices from other vendors now that we know the size of the stage we want. The Mayor stated that it would be beneficial to have the stage with the top on it in case of rain and to protect whatever equipment might be up there.

Boy Scouts: The Boy scouts would like to set up on Friday PM, before the fest and would need someone available.

Food Vendors: 12 vendors confirmed – one being the beer area. Vendors space is 12'x12' with the beer area being 12'x24'.

Waste Management: Completed – Trustee Newby

Games: Officer Molidor mentioned that he would need at least 2 electrical outlets for the games 20 amps each, plus separate for the bounce house. - No Update

Tables & Chairs: Completed – Trustee Newby

Beer & Wine Tent – Completed – Trustee Newby

Car Show: Ted Lohman stated Kevin Wallace can make it happen with \$300.00 and he will reach out to Chief Gillette to do the flyer

Bingo: Sonia Sandaval stated that yes they will participate

Crafter Vendors- Trustee Wicinski will be meeting with Elena from the Library for help on the flyer for the craft vendors on Friday August 2nd. Being the fest is 6 weeks out there will be a limit of vendors to 15 and will be accepted on a first come basis.

Fire Dept.: No Update

Mobile Eye: Completed Chief Gillette

Magic Dave – OUT

Face Painting – No Update

Parade: Public Works Director Ron Kroop stated more discussion to be had. The Chief is 100% against crossing the Railroad tracks and if we wanted to come down Cedar Lake Road through town, that road would have to be closed at 2 AM the night before.

Crafts & Games for kids: No update. Do we want to have?

Contests: Taco eating contest –Yes. Officer Molidor will do the pie baking contest, double and single crust pies. He will work on the judges later on.

Festival Shirts: Joe from Lakes Bowl will provide the shirts to us at cost.

Sponsor Board: Need new one & use the same concept as Arbor Day – need 2 weeks lead time for Keith Triphahn to do the board.

Hay Bales: Mayor MacGillis will reach out to others since he had not received a call back from Mr. Tekampe

Signs: Cost to re-do the signs would be approx. \$3.00 per sign.

Tents: Trustee Newby receive quotes from High Top Tents at 2008 prices. 20x100 \$1095.00 & 20x50 for \$595.00. The Triphahn's will have a tent the fest could use for the ticket booth area.

Other:

RLHS and the Honor Society for volunteers - Officer Molidor to ask once school starts.

Need Hornet Traps – thoughts are 10-15 – purchase from Ace –Trustee Triphahn offered to purchase

Spray for mosquitos - Cost

Reach out to Girl Scouts – Sonia will check with St Joes to see if there are any Troops there that would want to participate

Art Vendors – Trustee Triphahn to update at the next meeting

Time Event Board – will discuss closer to the event

Electrical – cost will be determined once we have a more definite layout, thoughts are to keep the items close together so not a lot of cable to run

Area Queens – Trustee Triphahn will reach out to Shanna at the Chamber

for their information.

Dunk Tank – Jose Hernandez asked if he provides a dunk tank, could it be used for a fund raiser type with 10% of the funds going to the Village and the remaining funds going to the recreational facility he is opening. The Committee agreed that it was ok.

Officer “G” – It was requested that Officer “G” also makes an appearance at the fest.

Mr. Hult brought up the band and the stage size – Trustee Newby mentioned that we had just decided on the size of 16x24 and he is now going to see if he could get better pricing on it. With the band, Mr. Hernandez is working with the businesses in town seeking donations and we should hear a name shortly. He then brought up a budget, saying that it was mentioned there is a budget of \$3500.00 and there has been a lot of talk about amounts and prices, but he hasn’t seen anything on paper as far as where the funds are going. Trustee Triphahn stated that we have \$3500.00 to start with and expect to have donations come in to help offset some of the cost. It was brought up that as donations are received and bills start to be paid, a spread sheet should be in place for reference.

- 3.0 NEXT MEETING DATE: Continuation of the August 8th meeting is scheduled for August 12, 2013, 7:00 PM, at the Round Lake Village Hall
- 4.0 The Home Town Fest Committee Meeting recessed at 7:31 P.M.

VILLAGE OF ROUND LAKE
SPECIAL COMMITTEE OF THE WHOLE MEETING
August 12, 2013
CONTINUATION OF THE AUGUST 8, 2013 MEETING
442 N. Cedar Lake Road, Round Lake, IL 60073
7:00 P.M.

MINUTES

CALL TO ORDER: THE HOME TOWN FEST WAS CALLED TO ORDER BY COMMITTEE CHAIR TRUSTEE VICKIE WICINSKI AT 7:00 P.M.

Roll Call: Trustees Clements, Wicinski, Frye, Newby

Also in Attendance were: Mayor Dan MacGillis, Public Works Director Ron Kroop, Ted Lohman, Sonia Sandaval & Clerk Patty Blauvelt.

1.0 PUBLIC COMMENT- None

2.0 Committee of the Whole

2.1 Home Town Fest

2.2 New Business – some topics discussed were:

Location: Much discussion was had regarding which location should be utilized for the fest this year. The new site – behind the Village Hall would be approximately \$5100.00 to bring the electrical to up to par with what is needed for the festival. Old site – concerns about the prairie grass and the condition of the property. It would take approximately 100 man hours to cut the location to get it ready for use. It was suggested to reach out to resident Larry Scott to see if he could assist with the equipment he has and mow the area. Several committee members volunteered their time to mow the area as well.

After much discussion it was decided to bring the Home Town Fest back to the old location of Goodnow and Aviron – by Rt 134.

Norstate Bank will be contacted to see if we could use their lot again for handicap parking. W. Aviron will be used again for crafter parking.

Donation Letter: Trustee Wicinski and Trustee Frye will be working on the donation letter in order to get it out.

Straw Bales: Mayor MacGillis stated that he has heard back from Mr. Tekampe and he will provide us with the Straw we need.

Tents: Mr. Obenauf will let us use a 20x30 tent which could be used for the Food area. Mr. Kohlmeyer has a 20x20 that can be used for Bingo and The Triphahn's have a tent that can be used for the ticket sales area.

- 3.0 NEXT MEETING DATE: August 15, 2013, 6:00 PM, at the Round Lake Village Hall
- 4.0 The Home Town Fest Committee Meeting recessed at 7:44 P.M.

APPROVED:

Patricia C. Blauvelt
Village Clerk

Daniel MacGillis
Village President

VILLAGE OF ROUND LAKE
SPECIAL COMMITTEE OF THE WHOLE MEETING
August 15, 2013
442 N. Cedar Lake Road, Round Lake, IL 60073
6:00 P.M.

MINUTES

CALL TO ORDER: THE HOME TOWN FEST WAS CALLED TO ORDER BY COMMITTEE CHAIR TRUSTEE VICKIE WICINSKI AT 6:05 P.M.

Roll Call: Trustees, Wicinski, Newby

Also in Attendance were: Public Works Director Ron Kroop, James Hult, Police Officer Rob Bell, Ted Lohman, Pastor Mark Drinnenberg, Sonia Sandaval & Clerk Patty Blauvelt.

1.0 PUBLIC COMMENT- None

2.0 COMMITTEE OF THE WHOLE

2.1 Special Events – Home Town Fest

2.2 New Business – Some of the main topics discussed were:

Advertising/Flyers: Trustee Wicinski believes it is to late to have something in the RL Park District fall brochure, the Library will still place a blurb in their newsletter though. Trustee Wicinski also provided a flyer that the committee went over – some changes included; having the car show registration beginning at 10am with it then the show being between 11-3pm, Leave the times off of some of the events listed (taco eating, pie judging), add the location to the flyer, add beer tent and the statement “come support your community event”

Donations/Sponsor Letters: Trustee Frye took the initiative and worked on the donation letter after the last meeting. Trustee Wicinski will be tweaking it a bit and working with Trustee Simoncelli to get those letters out to the businesses.

Music: Mr. Jose Hernandez is reaching out to our Downtown Businesses for donations to get a large band that would draw 200-300 people. Corner Garage needs a time that they would be performing in order to secure, and the community band will be asked to play and a donation will be made to them for playing. Still no update – Trustee Newby will be reaching out to Mr. Hernandez

Location: At the last meeting it was decided to stay with the old location due to keeping costs down. The Savanna cutting has started, what has been mowed will be cleaned up. It was the feeling of several committee members that there isn't enough area mowed to place the car show at the suggested spot and it needs to be bigger. Public Works Director Ron Kroop stated he needs more guidance as to what needs further cutting and will be asking Trustee's and the Mayor to meet two at a time as to not create a quorum, so they could give their thoughts. Ted Lohman asked to remain in the loop of what is transpiring due to the car show.

Stage: It was suggested by the committee to go with the stage with a top – Trustee Newby will seek other quotes for the price of a 16'x24' stage. Big Top Tent's quote is in the amount of \$850.00, with the top on it.

Boy Scouts: Trustee Newby stated he would reach out to Mr. Hult to make sure the two trees he was thinking about at the Fest location will be sufficient for the Rope Bridge the Boy Scouts will be providing.

Food Vendors: Have a pizza vender – Papa Saverios from RLB. Trustee Newby will be providing a list of vendors and what they all will be selling shortly.

Waste Management: Completed

Games: Officer Molidor mentioned that he would need at least 2 electrical outlets for the games 20 amps each, plus separate for the bounce house. - No Update

Tables & Chairs: Completed

Beer & Wine Tent – Completed – Trustee Newby – Scott Coyne will be applying for the liquor license

Car Show: Ted Lohman stated Kevin Wallace can make it happen with \$300.00 and he will reach out to Chief Gillette to do the flyer

Bingo: Sonia Sandaval stated that the bingo tent will need 6- 8' tables and a small table in the middle. Trustee Newby will ask Fire Chief Paul Maplethorpe about using his PA system.

Crafter Vendors- Trustee Triphahn had stated in the past that she will be working the Round Lake Chamber and their list of crafters. With the change in locations a new version of the application had been provided to Trustee Triphahn after the last meeting. Trustee Triphahn was not available to provide an update.

Fire Dept.: No Update

Mobile Eye: Completed

Magic Dave – OUT

Face Painting – There will be two church groups doing face painting. Since both of them are not charging the committee felt there is not a problem with having both do it.

Parade: It was decided to not have a parade due to the obstacles in closing the roads and concerns about crossing the railroad tracks. **OUT**

Crafts & Games for kids: Staying with just the games that Officer Molitor is providing - **OUT**

Contests: Taco eating contest –Yes. Officer Molitor will do the pie baking contest, double and single crust pies. He will work on the judges later on.

Festival Shirts: Joe from Lakes Bowl will provide the shirts to us at cost.

Sponsor Board: Need new one & use the same concept as Arbor Day – need 2 weeks lead time for Keith Triphahn to do the board.

Hay Bales: Mr. Tekampe will be supplying the straw bales – **Completed**

Signs: Cost to re-do the signs would be approx. \$3.00 per sign. These should be completed by mid-next week and placed throughout the Village at key locations. Scott Coyne has ordered the larger banners/signs from the beer vendors.

Tents: Mr. Obenauf will let us use a 20x30 tent which could be used for the Food area. Mr. Kohlmeyer has a 20x20 that can be used for Bingo and The Triphahn's have a tent that can be used for the ticket sales area. – the committee feels no further tents are needed – **Completed**

Dunk Tank – Jose Hernandez asked if he provides a dunk tank, could it be used for a fund raiser type with 10% of the funds going to the Village and the remaining funds going to the recreational facility he is opening. The Committee agreed that it was ok as long as proper attire is being worn by whoever is in there.

Area Queens: Trustee Triphahn will reach out to Shanna at the Chamber for their information.

Other:

RLHS and the Honor Society for volunteers - Officer Molidor to ask once school starts.

Need Hornet Traps – thoughts are 10-15 – purchase from Ace –Trustee Triphahn offered to purchase

Spray for mosquitos - Cost

Reach out to Girl Scouts – Sonia will check with St Joes to see if there are any Troops there that would want to participate

Time Event Board – will discuss closer to the event

Officer “G” – It was requested that Officer “G” also makes an appearance at the fest.

Pastor Mark asked if at his booth his church group could sell costume jewelry as part of a fund raising effort – the committee felt it was ok
Rotary – The Rotary will also have a booth at the fest to promote their fundraising efforts for the Christmas Party for under privilege children that they do every year for the children of the Round Lake and Fox Lake area.

- 3.0 NEXT MEETING DATE: Scheduled for August 22, 2013, 6:00 PM, at the Round Lake Village Hall
- 4.0 The Home Town Fest Committee Meeting recessed at 6:50 P.M.

APPROVED:

Patricia C. Blauvelt
Village Clerk

Daniel MacGillis
Village President

VILLAGE OF ROUND LAKE
SPECIAL COMMITTEE OF THE WHOLE MEETING
August 22, 2013
442 N. Cedar Lake Road, Round Lake, IL 60073
6:00 P.M.

MINUTES

CALL TO ORDER: THE HOME TOWN FEST WAS CALLED TO ORDER BY COMMITTEE CHAIR TRUSTEE VICKIE WICINSKI AT 6:00 P.M.

Roll Call: Trustees, Wicinski, Simoncelli

Also in Attendance were: Public Works Director Ron Kroop, James Hult, Ted Lohman RL PD, Sonia Sandoval, Elena Lara, Mayor Dan MacGillis & Clerk Patty Blauvelt.

1.0 PUBLIC COMMENT- None

2.0 COMMITTEE OF THE WHOLE

2.1 Special Events – Home Town Fest

2.2 New Business – Some of the main topics discussed were:

Advertising/Flyers: Elena Lara from the Library is working on and provided a handout for any corrections. She will email everyone the final product. She also mentioned that she did place our Fest information in the Library's newsletter.

Donations/Sponsor Letters: Trustee Simoncelli will be sending the donation letter to those that the Village does business with, concentrating on the ones that are over \$5k. She will also check for other businesses to possibly send to.

Music: Mr. Jose Hernandez was contacted and he stated the band is a Hispanic band – Los Jarritos and its geared towards kids. The Mayor will reach out to him to let him know the assigned time given to the band will be 1-3

Location: Finalized location to be Aylon and Goodnow. Mowing is taking place.

Stage: No update – but it was mentioned the committee still would like to go with the one with the top on it at a cost of \$850.00

Boy Scouts: Public Works Director Kroop and Mr. Hult walked the area and everything is ok. Boy Scouts will provide an insurance policy.

Food Venders: No Update

Waste Management: Completed

Games: No Update

Tables & Chairs: Completed

Beer & Wine Tent – Completed – Trustee Newby – Scott Coyne will be applying for the liquor license

Car Show: Car show is good to go. Ted mentioned that they will be making a flyer to hand out at other car shows – promoting ours. Elena Lara said the Library will print the flyers needed as a donation

Bingo: No update

Crafter Venders- Trustee Triphahn had stated in the past that she will be working the Round Lake Chamber and their list of crafters. With the change in locations a new version of the application had been provided to Trustee Triphahn after the last meeting. Trustee Triphahn was not available to provide an update.

Fire Dept.: No Update

Mobile Eye: Completed

Face Painting – There will be two church groups doing face painting. Since both of them are not charging the committee felt there is not a problem with having both do it.

Contests: Taco eating contest –Yes. Officer Molidor will do the pie baking contest, double and single crust pies. He will work on the judges later on.

Festival Shirts: Joe from Lakes Bowl will provide the shirts to us at cost.

Sponsor Board: Need new one & use the same concept as Arbor Day – need 2 weeks lead time for Keith Triphahn to do the board.

Hay Bales: – Completed

Signs: Being worked on. Scott Coyne has ordered the larger banners/signs from the beer vendors as well as Joe P

Line Up - Current lineup is;

11-1 – Puppet show, Pie Judging and Taco eating contest

1-3 - Jose's band

3-5 - Jeff & Jack

5-7 - Corner Garage

Tents – Completed

Dunk Tank – Jose Hernandez asked if he provides a dunk tank, could it be used for a fund raiser type with 10% of the funds going to the Village and the remaining funds going to the recreational facility he is opening. The Committee agreed that it was ok as long as proper attire is being worn by whoever is in there.

Area Queens: Trustee Triphahn will reach out to Shanna at the Chamber for their information.

Other:

RLHS and the Honor Society for volunteers - Officer Molidor to ask once school starts.

Rotary – The Rotary will also have a booth at the fest to promote their fundraising efforts for the Christmas Party for under privilege children that they do every year for the children of the Round Lake and Fox Lake area. Have the Villages CTW alerts available at the ticket booth for residents to sign up for.

- 3.0 NEXT MEETING DATE: Scheduled for August 29, 2013, 6:00 PM, at the Round Lake Village Hall
- 4.0 The Home Town Fest Committee Meeting recessed at 6:38 P.M.

APPROVED:

Patricia C. Blauvelt
Village Clerk

Daniel MacGillis
Village President

**BENEFIT
PROGRAM
RENEWALS**

Life, Vision, Dental, & Health Insurance



VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: HEALTH INSURANCE

Agenda Item No. COTW

Executive Summary

As part of the annual insurance renewal process, GCG Financial obtained quotes for a health insurance benefit plan. The renewal premium for BlueCross BlueShield (BCBS) came in on average 10.97% over the current year premium. Three other quotes were received all of which were higher than the renewal quote from BCBS: Aetna, \$422,424, United Health Care \$433,011, and Humana \$399,376. BCBS premiums will increase another 4% effective January 1, 2014 due to the Affordable Care Act taxes and fees applicable at that time. Even with the additional 4% increase January 1st, BCBS still had the lowest proposal amount. Staff recommends accepting the renewal proposal from BCBS for the Village's health insurance program. The Village's Insurance Broker, Marcus Newman from GCG Financial will be attending the COTW meeting should there be any questions. Attached is:

1. Spreadsheets that contains premium information, overall plan costs, and estimated fiscal year totals.
2. The health insurance options summary prepared by GCG Financial.
3. A resolution approving a proposal to Renew a Group Employee Health Insurance Plan with BCBS.
4. BCBS benefit highlights and descriptions of coverage for the PPO, HAS, and HMO plans.

Recommended Action

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

Committee: Human Resources & Finance	Meeting Date: 09/03/13																														
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Lead Department: Administration	Presenter: Steve Shields																														
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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>\$329,500.00</td> <td></td> </tr> <tr> <td colspan="2">Y-T-D Actual thru 7/31/13</td> <td style="text-align: right;">\$77,204.45</td> </tr> <tr> <td colspan="2">Estimated August & September 2013</td> <td style="text-align: right;">\$50,822.38</td> </tr> <tr> <td colspan="2">Estimated 10/01/13 to 4/30/14</td> <td style="text-align: right;">\$204,554.83</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total:</td> <td style="text-align: right;">\$332,581.66</td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td colspan="2" style="text-align: right;">Under -</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Over</td> <td style="text-align: right;">\$3,081.66</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	+-+--+-67110	Health Insurance		Item Requested	\$329,500.00		Y-T-D Actual thru 7/31/13		\$77,204.45	Estimated August & September 2013		\$50,822.38	Estimated 10/01/13 to 4/30/14		\$204,554.83	Total:		\$332,581.66	Request is over/under budget:			Under -			Over		\$3,081.66
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**VILLAGE OF ROUND LAKE
MONTHLY PREMIUMS EFFECTIVE 10/1/2013
PPO RENEWAL**

	<u>Family</u>	<u>Employees</u>	<u>Empl./Child</u>	<u>Employees</u>	<u>Empl./Spouse</u>	<u>Employees</u>	<u>Single</u>	<u>Employees</u>
Renewal Premium	\$1,504.09	6	\$966.76	2	\$1,071.33	1	\$533.99	19
Previous Premium	\$1,426.76		\$924.23		\$955.13		\$452.60	
Dollar Change	\$77.33		\$42.53		\$116.20		\$81.39	
Percent Change	5.42%		4.60%		12.17%		17.98%	
Budget Percent Used	10.00%							
Premium Splits								
Employee Share	50.00%	Total premium - single coverage x 50%					Total PPO census count	28
Village Share	50.00%	Total premium - single coverage x 50% + single coverage					Total HSA census count	13
							Covered Under Spouse	2
							Vacant/Did Not Take	2
							Total Health count	45

	<u>Renewal Information</u>			<u>Previous Information</u>			Annual Change In Premium	Annual % Change Premium
	<u>Monthly</u>	<u>Annual</u>	<u>% Share of Total Prem.</u>	<u>Monthly</u>	<u>Annual</u>	<u>% Share of Total Prem.</u>		
Village Premium	\$1,019.04	\$12,228.48	67.75%	\$939.68	\$11,276.16	65.86%	\$952.32	8.45%
FAMILY	\$750.38	\$9,004.50	77.62%	\$688.42	\$8,260.98	74.49%	\$743.52	9.00%
EMPL./CHILD	\$802.66	\$9,631.92	74.92%	\$703.87	\$8,446.38	73.69%	\$1,185.54	14.04%
EMPL./SPOUSE	\$533.99	\$6,407.88	100.00%	\$452.60	\$5,431.20	100.00%	\$976.68	17.98%
SINGLE								
Employee Premium	\$485.05	\$5,820.60	32.25%	\$487.08	\$5,844.96	34.14%	(\$24.36)	(0.42%)
FAMILY	\$216.39	\$2,596.62	22.38%	\$235.82	\$2,829.78	25.51%	(\$233.16)	(8.24%)
EMPL./CHILD	\$268.67	\$3,224.04	25.08%	\$251.27	\$3,015.18	26.31%	\$208.86	6.93%
EMPL./SPOUSE	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	0.00%	\$0.00	0.00%
SINGLE								

Type	Annual Village Cost				Annual Employee Cost			
	New	Previous	Change	Percent	New	Previous	Change	Percent
FAMILY	\$73,370.88	\$67,656.96	\$5,713.92	8.45%	\$34,923.60	\$35,069.76	(\$146.16)	(0.42%)
EMPL./CHILD	\$18,009.00	\$16,521.96	\$1,487.04	9.00%	\$5,193.24	\$5,659.56	(\$466.32)	(8.24%)
EMPL./SPOUSE	\$9,631.92	\$8,446.38	\$1,185.54	14.04%	\$3,224.04	\$3,015.18	\$208.86	6.93%
SINGLE	\$121,749.72	\$103,192.80	\$18,556.92	17.98%	\$0.00	\$0.00	\$0.00	0.00%
Total	\$222,761.52	\$195,818.10	\$26,943.42	13.76%	\$43,340.88	\$43,744.50	(\$403.62)	(0.92%)
Total Costs	\$266,102.40	\$239,562.60	\$26,539.80	11.08%				

All Health Insurance - PPO & Health Savings Account

Department	Budget	(3 months) Actual Activity	Estimated August & September	October Through April	Estimated Totals	Over (Under) Budget	Percentage	Notes
ADMINISTRATION	\$30,500.00	\$6,353.73	\$3,524.64	\$14,353.80	\$24,232.17	(\$6,267.83)	(20.55%)	
POLICE	\$187,500.00	\$43,613.48	\$29,679.12	\$118,729.77	\$192,022.37	\$4,522.37	2.41%	
PUBLIC WORKS	\$35,000.00	\$9,710.87	\$6,231.76	\$22,551.73	\$38,494.36	\$3,494.36	9.98%	
BUILDING	\$23,500.00	\$5,534.64	\$3,689.76	\$14,981.56	\$24,205.96	\$705.96	3.00%	
Total General Fund	\$276,500.00	\$65,212.72	\$43,125.28	\$170,616.86	\$278,954.86	\$2,454.86	0.89%	
Water/Sewer Fund	\$53,000.00	\$11,991.73	\$7,697.10	\$33,937.97	\$53,626.80	\$626.80	1.18%	
Grand Total	\$329,500.00	\$77,204.45	\$50,822.38	\$204,554.83	\$332,581.66	\$3,081.66	0.94%	

Includes addition 4% premium effective 1/1/14.

**VILLAGE OF ROUND LAKE
MONTHLY PREMIUMS EFFECTIVE 10/1/2013
HSA RENEWAL**

	<u>Family</u>	<u>Employees</u>	<u>Empl./Child</u>	<u>Employees</u>	<u>Empl./Spouse</u>	<u>Employees</u>	<u>Single</u>	<u>Employees</u>
Renewal Premium	\$982.50	6	\$631.50	1	\$699.81	1	\$348.82	5
Previous Premium	\$925.85		\$599.76		\$619.80		\$293.71	
Dollar Change	\$56.65		\$31.74		\$80.01		\$55.11	
Percent Change	6.12%		5.29%		12.91%		18.76%	
Budget Percent Used	10.00%							
Premium Splits								
Employee Share	50.00%	Total premium - single coverage x 50%					Total PPO census count	28
Village Share	50.00%	Total premium - single coverage x 50% + single coverage					Total HSA census count	13
							Covered Under Spouse	2
							Vacant/Did Not Take	2
							Total Health count	45

	<u>Renewal Information</u>			<u>Previous Information</u>			<u>Annual Change In Premium</u>	<u>Annual % Change Premium</u>
	<u>Monthly</u>	<u>Annual</u>	<u>% Share of Total Prem.</u>	<u>Monthly</u>	<u>Annual</u>	<u>% Share of Total Prem.</u>		
Village Premium								
FAMILY	\$665.66	\$7,987.92	67.75%	\$609.78	\$7,317.36	65.86%	\$670.56	9.16%
EMPL./CHILD	\$490.16	\$5,881.92	77.62%	\$446.74	\$5,360.82	74.49%	\$521.10	9.72%
EMPL./SPOUSE	\$524.32	\$6,291.78	74.92%	\$456.76	\$5,481.06	73.69%	\$810.72	14.79%
SINGLE	\$348.82	\$4,185.84	100.00%	\$293.71	\$3,524.52	100.00%	\$661.32	18.76%
Employee Premium								
FAMILY	\$316.84	\$3,802.08	32.25%	\$316.07	\$3,792.84	34.14%	\$9.24	0.24%
EMPL./CHILD	\$141.34	\$1,696.08	22.38%	\$153.03	\$1,836.30	25.51%	(\$140.22)	(7.64%)
EMPL./SPOUSE	\$175.50	\$2,105.94	25.08%	\$163.05	\$1,956.54	26.31%	\$149.40	7.64%
SINGLE	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	0.00%	\$0.00	0.00%

<u>Type</u>	<u>Annual Village Cost</u>				<u>Annual Employee Cost</u>			
	<u>New</u>	<u>Previous</u>	<u>Change</u>	<u>Percent</u>	<u>New</u>	<u>Previous</u>	<u>Change</u>	<u>Percent</u>
FAMILY	\$68,927.04	\$64,903.68	\$4,023.36	6.20%	\$22,812.48	\$22,757.04	\$55.44	0.24%
EMPL./CHILD	\$9,381.84	\$8,860.74	\$521.10	5.88%	\$1,696.08	\$1,836.30	(\$140.22)	(7.64%)
EMPL./SPOUSE	\$9,791.70	\$8,980.98	\$810.72	0.00%	\$2,105.94	\$1,956.54	\$149.40	0.00%
SINGLE	\$29,679.00	\$26,372.40	\$3,306.60	12.54%	\$0.00	\$0.00	\$0.00	0.00%
Total	\$117,779.58	\$109,117.80	\$8,661.78	7.94%	\$26,614.50	\$26,549.88	\$64.62	0.24%
Total Costs	\$144,394.08	\$135,667.68	\$8,726.40	6.43%				

Additional Village contribution for single employees.	\$145.83	Additional Village contribution above single coverage	\$291.66
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Both additional village contributions are included in the overall annual village costs.

<u>Additional Village contribution</u>	
FAMILY	\$291.66
EMPL./CHILD	\$291.66
EMPL./SPOUSE	\$291.66
SINGLE	\$145.83

Village change in premium above excludes additional monthly contributions. However, the cost for such contributions is included in the annual village cost.

Village of Round Lake

Marketing Analysis

October 1, 2013

Medical Carriers Approached

Blue Cross/Blue Shield
Aetna
Humana
United Health Care

Result

Incumbent - Renewal
Rates Not Competitive
Rates Not Competitive
Rates Not Competitive

Annual Premiums

\$381,370
\$422,424
\$399,376
\$433,011

Village of Round Lake

Footnotes

Carrier

Aetna

Notes

Dual and triple options with 5 enrolled employees.

Rates are subject to individual underwriting and can be rated up to 67% due to medical conditions. Benefit changes must be submitted by the 15th of month prior to the effective date.

Dual option using PPO and Savings Plus network with same deductible amount is an exception and must be approved by underwriting.

ACA taxes and fees applicable in 2014 are being built into new business and renewal premiums effective Feb. 2013.

Rates reflect October 1, 2013 effective date - if another date is chosen the rates may change.

Blue Cross Blue Shield of Illinois

Up to 6 plans can be offered with 2 enrolled employees. HSA plan is required if choosing 3 or more plans.

Benefit changes must be submitted by the 15th of month prior to the effective date.

ACA taxes & Fees applicable in 2014 will be built into rates eff. 1/2014. See approximate fee calculation below.

Humana

Dual option with 5 enrolled employees. Triple option with 10 enrolled employees.

Rates are subject to individual underwriting and can be rated up to 67% due to medical conditions. Benefit changes must be submitted by the 15th of month prior to the effective date.

Charges a \$20 monthly administration fee that can be avoided by paying monthly via ACH transfer.

Dual and triple options from different platforms are exceptions and need underwriting approval.

ACA taxes and fees applicable in 2014 are being built into new business and renewal premiums effective March 2013.

Rates reflect October 1, 2013 effective date - if another date is chosen the rates may change.

United HealthCare

Multiple plans can be offered with 2 enrolled lives.

Rates are subject to individual underwriting and can be rated up to 67% due to medical conditions. Benefit changes must be submitted by the 15th of month prior to the effective date.

Plans can only be paired using one COC platform: either all plans must be in the 2007 COC or in the 2011 COC.

ACA taxes and fees applicable in 2014 are being built into new business and renewal premiums effective Feb. 2013.

Rates reflect October 1, 2013 effective date - if another date is chosen the rates may change.

Blue Cross ACA Approximate Fee Calculation

Current Annual Premium	\$381,369.96
Approximate % of new ACA Taxes	4%
Approximate Annual ACA Taxes	\$15,254.80
Employees covered by plan	43
Cost Per Employee/Month for ACA Taxes	\$29.56

The new ACA Taxes are an approximation of the 2.5% Insurer Tax and the \$63/member/year Transitional Reinsurance Fee that will be assessed beginning in January 2014.

13-R-_____

**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 and Exhibit B.
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	\$1,019.04
EMPL./CHILD	\$750.38
EMPL./SPOUSE	\$802.66
SINGLE	\$533.99
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$485.05
EMPL./CHILD	\$216.39
EMPL./SPOUSE	\$268.67
SINGLE	\$0.00

<u>BlueEdge HSA</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$665.66
EMPL./CHILD	\$490.16
EMPL./SPOUSE	\$524.32
SINGLE	\$348.82
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$316.84
EMPL./CHILD	\$141.34
EMPL./SPOUSE	\$175.50
SINGLE	\$0.00

<u>BlueAdvantage HMO</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$822.92
EMPL./CHILD	\$605.96
EMPL./SPOUSE	\$648.18
SINGLE	\$431.22
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$391.70
EMPL./CHILD	\$174.74
EMPL./SPOUSE	\$216.96
SINGLE	\$0.00

Exhibit B**Costs of Coverage for Group Health Plan**

Costs Are Per Month

Estimated Charges Effective 1/1/14

<u>BluePrint PPO</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$1,059.80
EMPL./CHILD	\$780.40
EMPL./SPOUSE	\$834.77
SINGLE	\$555.35
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$504.45
EMPL./CHILD	\$225.05
EMPL./SPOUSE	\$279.42
SINGLE	\$0.00

<u>BlueEdge HSA</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$692.29
EMPL./CHILD	\$509.77
EMPL./SPOUSE	\$545.29
SINGLE	\$362.77
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$329.51
EMPL./CHILD	\$146.99
EMPL./SPOUSE	\$182.52
SINGLE	\$0.00

<u>BlueAdvantage HMO</u>	
<u>Village Share of Premium</u>	<u>Monthly</u>
FAMILY	\$855.84
EMPL./CHILD	\$630.20
EMPL./SPOUSE	\$674.11
SINGLE	\$448.47
<u>Employee Share of Premium</u>	<u>Monthly</u>
FAMILY	\$407.37
EMPL./CHILD	\$181.73
EMPL./SPOUSE	\$225.64
SINGLE	\$0.00



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:

\$2,000

\$4,000

- 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 (*)

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%



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

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

80% after deductible

* 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

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)

	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: <ul style="list-style-type: none"> • 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 <i>Outpatient Prescription Drug Benefit Highlights</i> 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 MH/SA service or within 2 business days after an emergency medical or maternity admission. Please refer to your benefit booklet for information regarding benefit reductions based on failure to contact the applicable preauthorization line. Note: Outpatient MHSA preauthorization is effective for services on or after January 1, 2011 or upon your group plan renewal date in 2011 and thereafter.

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

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

Schedule of Maximum Allowances (SMA)

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

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

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

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
AGENDA ITEM SUMMARY

TITLE: LIFE INSURANCE/AD&D

Agenda Item No. COTW

Executive Summary

Two years ago the Village selected Principal Financial as the life insurance provider for a term of two years. Proposals were received and the incumbent and Lincoln Financial are included in this packet. Principal Financial proposal is \$216, 9.7% higher than the Lincoln Financial proposal. However, should the Village use Principal Financial as the dental provider and allow them to offer voluntary life insurance to employees they agreed to lower their dental proposal by 5%, a savings of \$1,891. Therefore, staff prefers to bundle the life and dental proposals to capture the savings and recommends accepting the proposal from Principal for the life/AD&D insurance benefit plan. Attached is:

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

It should also be noted that a request was made for Unum, the current life/AD&D insurance carrier to match the rate submitted from Principal, but Unum was not able to reduce their rate any further.

Recommended Action

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

Committee: Human Resources & Finance		Meeting Date: 09/03/13																															
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: center;">Account(s)</th> <th style="text-align: center;">Budget</th> <th style="text-align: center;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>++-++-+-67109</td> <td>Life Insurance</td> <td></td> </tr> <tr> <td>Item Requested</td> <td style="text-align: right;">\$2,360.00</td> <td></td> </tr> <tr> <td colspan="2">Y-T-D Actual thru 7/31/13</td> <td style="text-align: right;">\$528.03</td> </tr> <tr> <td colspan="2">Estimated August & September 2013</td> <td style="text-align: right;">\$354.84</td> </tr> <tr> <td colspan="2">Estimated 10/01/13 to 4/30/14</td> <td style="text-align: right;">\$1,423.80</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total:</td> <td style="text-align: right;">\$2,360.00 \$2,306.67</td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: center;">Under</td> <td></td> <td style="text-align: right;">\$53.33</td> </tr> <tr> <td style="text-align: center;">Over</td> <td style="text-align: center;">-</td> <td></td> </tr> </tbody> </table>			Account(s)	Budget	Expenditure	++-++-+-67109	Life Insurance		Item Requested	\$2,360.00		Y-T-D Actual thru 7/31/13		\$528.03	Estimated August & September 2013		\$354.84	Estimated 10/01/13 to 4/30/14		\$1,423.80	Total:		\$2,360.00 \$2,306.67	Request is over/under budget:			Under		\$53.33	Over	-	
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**VILLAGE OF ROUND LAKE - LIFE INSURANCE RENEWAL
MONTHLY PREMIUMS EFFECTIVE 10/1/2013 LIFE INSURANCE**

Principal

	<u>Per Employee</u>	<u>Employees</u>	<u>Premium Splits</u>	
Renewal Premium	\$4.52	45	Employee Share	0.00%
Previous Premium	\$4.23		Village Share	100.00%
Dollar Change	<u>\$0.29</u>		Change in Coverage: No change from current - Principal	
Percent Change	<u>6.86%</u>			
Budget Percent Used	<u>3.00%</u>			
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	\$2,440.80	\$2,284.20	\$156.60	6.86%

<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	\$225.00	\$43.34	\$24.42	\$126.56	\$194.32	(\$30.68)	(13.64%)
POLICE	\$1,350.00	\$306.45	\$211.50	\$822.64	\$1,340.59	(\$9.41)	(0.70%)
PUBLIC WORKS	\$250.00	\$55.17	\$37.20	\$150.29	\$242.66	(\$7.34)	(2.94%)
BUILDING	\$160.00	\$38.07	\$25.38	\$94.92	\$158.37	(\$1.63)	(1.02%)
Total General Fund	\$1,985.00	\$443.03	\$298.50	\$1,194.41	\$1,935.94	(\$49.06)	(2.47%)
Water/Sewer Fund	\$375.00	\$85.00	\$56.34	\$229.39	\$370.73	(\$4.27)	(1.14%)
Grand Total	\$2,360.00	\$528.03	\$354.84	\$1,423.80	\$2,306.67	(\$53.33)	(2.26%)

Number of employees	43	(Proposal used 43, the number of employees with dental insurance)
Amount per Employee	\$25,000	
Total Amount	\$1,073,750	(Three employees have lower rates)
Rate Per Thousand	\$0.181	
Monthly Amount	\$194.35	
Per Employee	\$4.52	

Village of Round Lake

October 1, 2013 Life/AD&D Insurance Summary

Life/AD&D	Principal - Current	Principal - Renewal	Lincoln Financial
Kate Guarantee Class Description Benefit Guarantee Issue Cost of Coverage Paid By Total Volume Rate \$1000 of Benefit Monthly Total Annual Total	n/a All Full Time Eligible Employees \$25,000 \$25,000 Employer \$1,073,750 \$0.169 \$181.46 \$2,177.57	1 Year All Full Time Eligible Employees \$25,000 \$25,000 Employer \$1,073,750 \$0.181 \$194.35 \$2,332.19	2 Year All Full Time Eligible Employees \$25,000 \$25,000 Employer \$1,073,750 \$0.165 \$177.17 \$2,126.03

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

**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

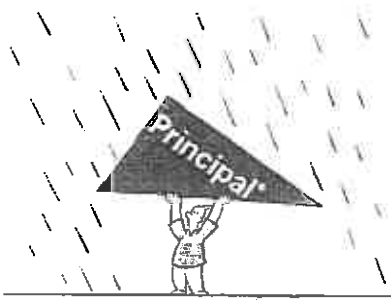
PASSED:

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.	
Limitation & 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	<p>The Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.</p>

Understanding Your Life Insurance Benefits

Am I Eligible For Coverage?

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

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

Spouse and child coverage is not available.

What Additional Benefits Are Included?

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.

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

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.

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VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: DENTAL INSURANCE

Agenda Item No. COTW

Executive Summary

As part of the annual insurance renewal process, GCG Financial obtained quotes for a dental insurance benefit plan. The incumbent and two other quotes were received. The two quotes were originally lower than the Principal Financial quote of \$37,816, Guardian at \$35,211 and Lincoln Financial at \$30,393. Staff requested a revised quote from Principal Financial that did not include adult orthodontia and out-of-pocket expenses that are higher than the current plan if an employee went out of network. The revised benefits along with bundling Life insurance and the ability to offer voluntary life insurance to employees, reduced the overall proposal amount by nearly 26% from the current amount.

Staff recommends accepting the renewal proposal from Principal Financial for the Village's dental insurance program. Attached is:

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

Recommended Action

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

Committee: Human Resources & Finance		Meeting Date: 09/03/13	
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
	+-+--+-67107	Dental Insurance	
	Item Requested	\$28,800.00	
	Y-T-D Actual thru 7/31/13		\$6,864.80
	Estimated August & September 2013		\$4,569.10
	Estimated 10/01/13 to 4/30/14		\$12,069.54
	Total:	\$28,800.00	\$23,503.44
	Request is over/under budget:		
	Under		\$5,296.56
	Over	-	

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

Principal

Description	Family	Employees	Empl./Child	Employees	Empl./Spouse	Employees	Single	Employees	None	Vacant
Renewal Premium	\$97.86	10	\$63.81	3	\$57.78	8	\$27.38	21	2	1
Previous Premium	\$130.74		\$84.67		\$78.64		\$37.32			
Dollar Change	<u>-\$32.88</u>		<u>-\$20.86</u>		<u>-\$20.86</u>		<u>-\$9.94</u>			
Percent Change	<u>(25.15%)</u>		<u>(24.64%)</u>		<u>(26.53%)</u>		<u>(26.63%)</u>			
Budget Percent Used	<u>7.50%</u>					Total census count		<u>45</u>		

Premium Splits

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

Renewals Information

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	\$62.62	\$751.44	63.99%	\$84.03	\$1,008.36	64.27%	(\$256.92)	(25.48%)
EMPL./CHILD	\$45.60	\$547.14	71.45%	\$61.00	\$731.94	72.04%	(\$184.80)	(25.25%)
EMPL./SPOUSE	\$42.58	\$510.96	73.69%	\$57.98	\$695.76	73.73%	(\$184.80)	(26.56%)
SINGLE	\$27.38	\$328.56	100.00%	\$37.32	\$447.84	100.00%	(\$119.28)	(26.63%)
Employee Premium								
FAMILY	\$35.24	\$422.88	36.01%	\$46.71	\$560.52	35.73%	(\$137.64)	(24.56%)
EMPL./CHILD	\$18.22	\$218.58	28.55%	\$23.68	\$284.10	27.96%	(\$65.52)	(23.06%)
EMPL./SPOUSE	\$15.20	\$182.40	26.31%	\$20.66	\$247.92	26.27%	(\$65.52)	(26.43%)
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	\$7,514.40	\$10,083.60	(\$2,569.20)	(25.48%)	\$4,228.80	\$5,605.20	(\$1,376.40)	(24.56%)
EMPL./CHILD	\$1,641.42	\$2,195.82	(\$554.40)	(25.25%)	\$655.74	\$852.30	(\$196.56)	(23.06%)
EMPL./SPOUSE	\$4,087.68	\$5,566.08	(\$1,478.40)	(26.56%)	\$1,459.20	\$1,983.36	(\$524.16)	(26.43%)
SINGLE	\$6,899.76	\$9,404.64	(\$2,504.88)	(26.63%)	\$0.00	\$0.00	\$0.00	0.00%
Total	\$20,143.26	\$27,250.14	(\$7,106.88)	(26.08%)	\$6,343.74	\$8,440.86	(\$2,097.12)	(24.84%)
Total Costs	\$26,487.00	\$35,691.00	(\$9,204.00)	(25.79%)				

Department	Budget	(3 months)			Estimated Totals	Over (Under) Budget	Percentage	Notes
		Actual Activity	Estimated August & September	October Through April				
ADMINISTRATION	\$2,600.00	\$595.35	\$310.92	\$1,074.92	\$1,981.19	(\$618.81)	(23.80%)	
POLICE	\$16,500.00	\$3,998.77	\$2,803.62	\$7,024.71	\$13,827.10	(\$2,672.90)	(16.20%)	
PUBLIC WORKS	\$3,150.00	\$806.97	\$536.90	\$1,282.54	\$2,626.41	(\$523.59)	(16.62%)	
BUILDING	\$2,000.00	\$475.98	\$317.32	\$821.66	\$1,614.96	(\$385.04)	(19.25%)	
Total General Fund	\$24,250.00	\$5,877.07	\$3,968.76	\$10,203.83	\$20,049.66	(\$4,200.34)	(17.32%)	
Water/Sewer Fund	\$4,550.00	\$987.73	\$600.34	\$1,865.71	\$3,453.78	(\$1,096.22)	(24.09%)	
Grand Total	\$28,800.00	\$6,864.80	\$4,569.10	\$12,069.54	\$23,503.44	(\$5,296.56)	(18.39%)	

Village of Round Lake

October 1, 2013 Dental Insurance Summary

Principal

	Current	Renewal	Revised Renewal	Rate Plan
PPO	PPO	PPO	PPO*	PPO*
Employee	\$37.32	\$39.82	\$37.83	\$27.38
Employee + Spouse	\$78.64	\$83.91	\$79.72	\$57.78
Employee + Child	\$84.67	\$90.34	\$85.82	\$63.81
Family	\$130.74	\$139.50	\$132.53	\$97.86
Monthly Total	\$2,953.44	\$3,151.32	\$2,993.87	\$2,188.52
Annual Totals	\$2,953	\$3,151	\$2,994	\$2,189
Percentage Based off of Current		6.70%	1.37%	-25.90%
Total Annual \$ Increase from Current		\$2,375	\$485	(\$9,179)
Annual Cost Savings from Renewal				

Alternative Carriers

	Current	Alternative	Option 1.00
Network Access Plan PX			
EE 22	\$37.90		\$37.32
EE+1 11	\$73.58		\$78.64
FF 10	\$129.11		\$84.67
Monthly Total	\$2,934.28		\$2,532.78
Annual Totals	\$2,934		\$2,533
Percentage Based off of Current		-0.65%	-14.24%
Total Annual \$ Increase from Current		(\$230)	(\$5,048)
Annual Cost Savings from Renewal		(\$2,604)	(\$7,422)

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

*Rates include discount for offering voluntary life insurance

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

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

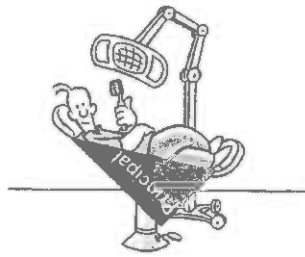
PASSED:

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

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

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

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

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

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

What Are The Restrictions Of My Coverage?

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

DENTAL

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



WE'LL GIVE YOU AN EDGE ®

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

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

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VILLAGE OF ROUND LAKE
AGENDA ITEM SUMMARY

TITLE: VISION INSURANCE

Agenda Item No. COTW

Executive Summary

The Village entered into a four (4) year agreement with EyeMed Vision Care effective October 1, 2010. The plan year from October 1, 2013 through September 30, 2014 is the last year of the four (4) year agreement.

There is no action to be taken and the attached financial information and the EyeMed Vision Care benefit services summary sheet is for informational purposes only.

Recommended Action

For information purposes only.

Committee: HR & Finance Committee		Meeting Date: 09/03/2013	
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	\$2,950.00	
	Y-T-D Actual thru 7/31/13		\$710.83
	Estimated August & September 2013		\$474.72
	Estimated 10/01/13 to 4/30/14		\$1,691.62
	Total:	\$2,950.00	\$2,877.17
Request is over/under budget:			
Under		\$72.83	

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

Description	Family	Employees	Empl./Child	Employees	Empl./Spouse	Employees	Single	Employees	None	Vacant
Renewal Premium	\$13.36	8	\$9.08	2	\$8.64	4	\$4.56	27	3	1
Previous Premium	\$13.36		\$9.08		\$8.64		\$4.56			
Dollar Change	\$0.00		\$0.00		\$0.00		\$0.00			
Percent Change	0.00%		0.00%		0.00%		0.00%			
Budget Percent Used	0.00%							Total census count	45	

Change in Coverage: Under rate guarantee until 2014.

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			Annual Change In Premium	Annual % Change Premium
	Monthly	Annual	% Share of Total Prem.	Monthly	Annual	% Share of Total Prem.		
Village Premium								
FAMILY	\$8.96	\$107.52	67.07%	\$8.96	\$107.52	67.07%	\$0.00	0.00%
EMPL./CHILD	\$6.82	\$81.84	75.11%	\$6.82	\$81.84	75.11%	\$0.00	0.00%
EMPL./SPOUSE	\$6.60	\$79.20	76.39%	\$6.60	\$79.20	76.39%	\$0.00	0.00%
SINGLE	\$4.56	\$54.72	100.00%	\$4.56	\$54.72	100.00%	\$0.00	0.00%
Employee Premium								
FAMILY	\$4.40	\$52.80	32.93%	\$4.40	\$52.80	32.93%	\$0.00	0.00%
EMPL./CHILD	\$2.26	\$27.12	24.89%	\$2.26	\$27.12	24.89%	\$0.00	0.00%
EMPL./SPOUSE	\$2.04	\$24.48	23.61%	\$2.04	\$24.48	23.61%	\$0.00	0.00%
SINGLE	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	0.00%	\$0.00	0.00%

Type	Annual Village Cost				Annual Employee Cost			
	New	Previous	Change	Percent	New	Previous	Change	Percent
FAMILY	\$860.16	\$860.16	\$0.00	0.00%	\$422.40	\$422.40	\$0.00	0.00%
EMPL./CHILD	\$163.68	\$163.68	\$0.00	0.00%	\$54.24	\$54.24	\$0.00	0.00%
EMPL./SPOUSE	\$316.80	\$316.80	\$0.00	0.00%	\$97.92	\$97.92	\$0.00	0.00%
SINGLE	\$1,477.44	\$1,477.44	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	0.00%
Total	\$2,818.08	\$2,818.08	\$0.00	0.00%	\$574.56	\$574.56	\$0.00	0.00%
Total Costs	\$3,392.64	\$3,392.64	\$0.00	0.00%				

Department	Budget	(3 months) Actual Activity	Estimated August & September	October Through April	Estimated Totals	Over (Under) Budget	Percentage	Notes
ADMINISTRATION	\$300.00	\$72.62	\$33.50	\$157.85	\$263.97	(\$36.03)	(12.01%)	
POLICE	\$1,700.00	\$387.60	\$276.64	\$950.60	\$1,614.84	(\$85.16)	(5.01%)	
PUBLIC WORKS	\$250.00	\$87.48	\$58.32	\$188.44	\$334.24	\$84.24	33.70%	Budget number transposed. SB \$350
BUILDING	\$225.00	\$54.24	\$36.16	\$126.56	\$216.96	(\$8.04)	(3.57%)	
Total General Fund	\$2,475.00	\$601.94	\$404.62	\$1,423.45	\$2,430.01	(\$44.99)	(1.82%)	
Water/Sewer Fund	\$475.00	\$108.89	\$70.10	\$268.17	\$447.16	(\$27.84)	(5.86%)	
Grand Total	\$2,950.00	\$710.83	\$474.72	\$1,691.62	\$2,877.17	(\$72.83)	(2.47%)	

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

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

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



LENSCRAFTERS



Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$35
Exam Options:		
Standard Contact Lens Fit and Follow-up	Up to \$40	N/A
Premium Contact Lens Fit and Follow-up	10% off retail price	N/A
Frames	\$120 Allowance; 20% off balance over \$120	Up to \$48
Standard Plastic Lenses:		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Standard Progressive	\$25, 80% of charge less \$55 Allowance	Up to \$40
Premium Progressive	\$25, 80% of charge less \$55 Allowance	Up to \$40
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	20% off retail	N/A
UV Treatment	20% off retail	N/A
Standard Plastic Scratch Coating	20% off retail	N/A
Standard Polycarbonate	20% off retail	N/A
Standard Anti-Reflective Coating	20% off retail	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses (allowance covers materials only):		
Conventional	\$135 Allowance; 85% of balance over \$135	Up to \$95
Disposables	\$135 Allowance; plus balance over \$135	Up to \$95
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A
Additional Pairs Benefit		
Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.		
Frequency:		
Exam	Once every 12 months	
Frames	Once every 24 months	
Standard Plastic Lenses or Contact Lenses	Once every 12 months	
Additional Purchases and Out-of-Pocket Discount		
Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.		
Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.		
Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.		
Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund Premium Progressive as a Standard.		
Underwriter Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy Number VC-73/VC-74, form number M-9059. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.		

Value Added Features:

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

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

ORDINANCE NO. _____

AN ORDINANCE AMENDING THE VILLAGE CODE PROVIDING FOR AN ADMINISTRATIVE AND PROCESSING FEE FOR IMPOUNDING OF VEHICLES

WHEREAS, Section 5/11-208.7 of the Illinois Municipal Code (65 ILCS 5/11-208.7), authorizes the Village of Round Lake ("Village") to impose an administrative fee related to its administrative and processing costs associated with the investigation, arrest, and detention of an offender, or the removal, impoundment, storage, and release of a vehicle; and,

WHEREAS, the Village President and Board of Trustees have determined that imposing such an administrative fee will protect and promote the public health, safety, and welfare of its citizens; and,

NOW, THEREFORE, BE IT ORDAINED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF ROUND LAKE, LAKE COUNTY, ILLINOIS, as follows:

SECTION ONE: That the foregoing recitals are found to be true and correct and are hereby incorporated and made a part hereof of this Ordinance.

SECTION TWO: That the Round Lake Village Code, as amended, is hereby further amended in Title 10, ("Vehicles and Traffic") by adding Chapter 10.40 as follows:

10.40 Impoundment of Vehicles

10.40.010 Violations Authorizing Impoundment.

A. A motor vehicle that is used in connection with the following violations shall be subject to tow and impoundment by the village, and the owner of said vehicle, or the agents of that owner, shall be liable to the village for an administrative fee of \$250.00 in addition to any towing and storage fees:

- (1) Operation or use of a motor vehicle in the commission of, or in the attempt to commit any offense for which a motor vehicle may be seized and forfeited pursuant to Section 36-1 of the Illinois Criminal Code (720 ILCS 5/36-1).
- (2) Driving under the influence of alcohol or other drug, or intoxicating compounds.
- (3) Operation or use of a motor vehicle in the commission of, or in the attempt to commit a felony or in violation of the provisions of the Illinois Cannabis Control Act (720 ILCS 550/1 et seq.).
- (4) Operation or use of a motor vehicle in the commission of, or in the attempt to commit an offense in violation of 720 ILCS 5/24-1, 720 ILCS 5/24-1.5, or 720 ILCS 5/24-3.1.

- (5) Operation or use of a motor vehicle in the commission of, or in the attempt to commit and offense in violation of the Illinois Controlled Substances Act (720 ILCS 570/100 et seq.).
- (6) Driving without a state issued driver's license, or driving while driver's license, permit or privileges to operate a motor vehicle are suspended or revoked pursuant to Section 6-303 of the Illinois Vehicle Code (625 ILCS 5/6-303); except that vehicles shall not be subject to seizure impoundment if suspension is for an unpaid citation (moving or parking) or due to failure to comply with emission testing.
- (7) Operation or use of a motor vehicle while soliciting, possession, or attempting to solicit or possess cannabis or controlled substances as defined by the Illinois Cannabis Control Act (720 ILCS 550/1 et seq.) or the Illinois Controlled Substances Act (720 ILCS 570/100 et seq.).
- (8) Operation or use of a motor vehicle with an expired driver's license, in violation of Section 6-101 of the Illinois Vehicle Code (625 ILCS 5/6-101), where the period of expiration is greater than one year.
- (9) Operation or use of a motor vehicle without ever having been issued a driver's license or permit, in violation of Section 6-101 of the Illinois Vehicle Code (625 ILCS 5/6-101), or operating a motor vehicle without ever having been issued a driver's license or permit due to a person's age.
- (10) Operation or use of a motor vehicle by a person against whom a warrant has been issued by a circuit clerk in Illinois for failing to answer charges that the driver violated Section 6-101 of the Illinois Vehicle Code (625 ILCS 5/6-101), Section 6-303 of the Illinois Vehicle Code (625 ILCS 5/6-303), or Section 11-501 of the Illinois Vehicle Code (625 ILCS 5/11-501).
- (11) Operation or use of a motor vehicle in the commission of, or in the attempt to commit, an offense in violation of Section 16-25 of the Illinois Criminal Code (720 ILCS 5/16-25).
- (12) Operation or use of a motor vehicle in the commission of, or in the attempt to commit, any misdemeanor or felony offense in violation of the Illinois Criminal Code (720 ILCS 5/1 et seq.).

B. The administrative fee under this Section shall be waived upon verifiable proof that the vehicle was stolen at the time the vehicle was impounded.

10.40.020 Applicability.

This section shall not replace or otherwise abrogate any existing state or federal laws, and the owner shall be subject to these penalties in addition to any penalties that may be assessed by a court for any criminal charges.

10.40.030 Notice Upon Seizure.

Whenever a police officer has probable cause to believe that a vehicle is subject to tow and impoundment pursuant to this chapter, the police officer shall provide for the towing of the vehicle to a facility authorized by the village. Before or at the time the vehicle is towed, the police officer shall notify or make a reasonable attempt to notify the person identifying himself as the owner or lessee of the vehicle or any person who is found to be in control of the vehicle at the time for the alleged violation, of the fact of the seizure, and of the vehicle and of the owner's right to request a preliminary vehicle impoundment hearing to be conducted in accordance with section 10.40.040. Said vehicle shall be impounded pending the completion of the hearing provided in section 10.40.040, unless the owner of the vehicle posts with the village a cash bond at the rates in section 10.40.010 and pays the accrued towing and storage charges.

10.40.040 Hearing.

A. **Notice; procedure; evidence.** Within ten days after a vehicle is seized and impounded pursuant to this section, the village shall notify by certified mail, return receipt requested, the owner, lessee, and any lienholder of record, to the interested party's address as registered with the Secretary of State of the date, time, and location of an administrative hearing that will be conducted, pursuant to this section, unless such a hearing is waived by the owner, lessee or any lienholder of record in writing at the time the individual submits payment to the Village for the administrative fee pursuant to section 10.40.010. Persons appearing at a hearing under this section may be represented by counsel at their expense. The owner shall appear at the administrative hearing and enter a plea of liable or not liable. If a plea of liable is entered, the cause will be disposed of at that time. If the owner pleads not liable, a hearing shall be held, unless continued by the hearing officer, no later than 45 days after the date of the mailing of the notice of hearing. All interested persons shall be given a reasonable opportunity to be heard at the hearing. At any time prior to the hearing date, the hearing officer may, at the request of either party, direct witnesses to appear and give testimony at the hearing. The formal rules of evidence will not apply at the hearing, and hearsay evidence shall be admissible only if it is the type commonly relied upon by reasonably prudent persons in the conduct of their affairs.

B. **Liability; costs; default judgment; vehicle returned where no violation.** If, after the hearing, the hearing officer determines by a preponderance of evidence that the vehicle was used in connection with a violation set forth in this chapter, the hearing officer shall enter a written order finding the owner of record of the vehicle civilly liable to the village for an administrative fee at the rates in section 10.40.010 and requiring the vehicle to continue to be impounded until the owner pays the administrative fee to the village plus fees to the tower for the towing and storage of the vehicle. If the owner of record fails to appear at the hearing, the hearing officer shall enter a written default order in favor of the village. If the hearing officer finds no such violation occurred, the hearing officer shall issue a written decision ordering the immediate return of the owner's vehicle or cash bond without fees.

10.40.050 Administrative Fee.

A. **Imposed; cash bond used to offset debt.** If an administrative fee is imposed pursuant to this chapter, such fee shall constitute a debt due and owing the village. If a cash bond has been posted pursuant to this section the bond shall be applied to the fee.

B. **Authority to initiate collection procedure.** If a vehicle has been impounded when such a fee is imposed, the village may seek to obtain a judgment on the debt and enforce such judgment against the vehicle as provided by law. Except as provided otherwise in this chapter, a vehicle shall continue to be impounded until the fee is paid to the village and any applicable towing fees are paid to the tower, in which case possession of the vehicle shall be given to the person who is legally entitled to possess the vehicle or the vehicle is sold or otherwise disposed of to satisfy a judgment to enforce a lien as provided by law.

C. **Nonpayment; failure to appear.** If the administrative fee and other applicable fees are not paid within 30 days after an administrative fee is imposed against an owner, lessee, and any lienholder of record, who defaults by failing to appear at the hearing, the vehicle shall be deemed unclaimed and shall be disposed of in the manner provided by law for the disposition of unclaimed vehicles.

D. **When vehicle deemed unclaimed.** In all other cases, if the administrative fee and other applicable fees are not paid within 35 days after the expiration of time at which administrative review of the hearing officer's determination may be sought, or within 35 days after an action seeking administrative review has been resolved in favor of the village, whichever is applicable, the vehicle shall be deemed unclaimed and shall be disposed of in the manner provided by law for the disposition of unclaimed vehicles under the Illinois Vehicle Code (624 ILCS 5/1-100 et seq.).

10.40.060 Vehicle Possession.

A. Except as otherwise specifically provided by law, no owner, lienholder, or other person shall be legally entitled to take possession of a vehicle impounded under this chapter until the administrative fee and other fees applicable under this chapter have been paid. However, whenever a person with a lien of record against an impounded vehicle has commenced foreclosure proceedings, possession of the vehicle shall be given to that person if he or she agrees in writing to refund the village the amount of the net proceeds of any foreclosure sale, less any amounts required to pay all lienholders of record, not to exceed the administrative fee, plus any other applicable fees.

B. For purposes of this section, the term "owner of record" of a vehicle means the record titleholder as registered with the secretary of state.

10.40.070 Administrative Review; Right to Appeal.

Any owner, lessee, lienholder or other person with a legal interest in the vehicle, who is not satisfied with the decision of the hearing officer, shall have the right to appeal the decision

to the circuit court, pursuant to the Administrative Review Act, as set forth fully in 735 ILCS 5/13-101 et seq.

10.40.080 Hearing Officer.

A hearing officer shall be appointed by the village president with the advice and consent of the board of trustees. The hearing officer shall be an attorney licensed to practice law in this State for a minimum of 3 years. The hearing officer shall record all hearings conducted under this Chapter and shall be empowered to administer oaths and to secure by subpoena both the attendance and testimony of witnesses and the production of relevant books and papers.

SECTION THREE: That the Village Clerk is directed hereby to publish this Ordinance in pamphlet form, pursuant to the Statutes of the State of Illinois.

SECTION FOUR: That this Ordinance shall be in full force and effect on October 1, 2013.

APPROVED:

Daniel A. MacGillis, Village President

ATTEST:

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT: