

PUBLIC MEETING NOTICE AND AGENDA COMMITTEE OF THE WHOLE MEETING

MAY 28, 2020 7:30 P.M. AGENDA

Due to the Governor's order restricting gatherings of people, and in an effort to minimize the potential spread of COVID-19, the Village reserves the right to restrict attendance to the meetings. The Village encourages anyone who wishes to address the Village Board to submit a written statement to be read aloud at the meeting. Please submit such a written statement to Village Administrator Jennifer Clough by 4pm on May 28, 2020. You may also join the meeting remotely by using your phone and dialing 1-408-650-419-504-789 or join via computer, tablet smartphone access code or https://global.gotomeeting.com/join/419504789. When you join the meeting, please announce yourself as a member of the public. If you wish to comment, you will be allowed to do so during the Audience Participation portion of the meeting. Please be aware that the meeting will be recorded.

- 1. Call to Order
- 2. Pledge of Allegiance
- 3. Audience Participation

The public is invited to make an issue-oriented comment on any matter of public concern not otherwise on the agenda. The public comment may be no longer than 3 minutes in duration.

- 4. Staff Presentations
 - A. Finance
 - 1. Insurance Plan Renewals: Medical, Dental, Vision, and Life
 - 2. Investment Policy Update
 - B. Community Services
 - 1. Ordinance Granting a Variation to Section 15.3-1.B, Permitted Fencing 971 Brandt Drive
- 5. Board of Trustees
 - A. Trustee Harlfinger
 - B. Trustee Huckins
 - C. Trustee Bogdanowski
 - D. Trustee Dustin
 - 1. Planning and Zoning Commission Liaison Report
 - E. Trustee Bojarski
 - F. Trustee Murphy
 - 1. Parks and Recreation Board Liaison Report
- 6. Village President
- 7. Audience Participation
- 8. Adjournment

MEETING LOCATION Lake in the Hills Village Hall 600 Harvest Gate Lake in the Hills, IL 60156

The Village of Lake in the Hills is subject to the requirements of the Americans with Disabilities Act of 1990. Individuals with disabilities who plan to attend this meeting and who require certain accommodations so that they can observe and/or participate in this meeting, or who have questions regarding the accessibility of the meeting or the Village's facilities, should contact the Village's ADA Coordinator at (847) 960-7410 [TDD (847) 658-4511] promptly to allow the Village to make reasonable accommodations for those persons.

Posted by:	Data	Tima
rosteu ov.	Date:	Time:



REQUEST FOR BOARD ACTION

MEETING DATE: May 28, 2020

DEPARTMENT: Finance

SUBJECT: Insurance Plan Renewals: Medical, Dental, Vision, and Life

EXECUTIVE SUMMARY

As part of the comprehensive benefit package, the Village provides employees and their families with medical, dental, vision, and life insurance plans and coverage. Currently, these benefits are provided by BlueCross BlueShield of Illinois (medical), Guardian (dental), and MetLife (vision and life). There are no changes being recommended to providers during this renewal period.

Again, this year is a point of emphasis on incorporating the Village's wellness program into our culture by directly tying participation to employee insurance premium contributions. This approach is progressive and the new norm being implemented across industries as a proven tool to help manage increasing healthcare costs and improve employee productivity. The 2019-2020 wellness program kicked off in September 2019 and included greater opportunities for employees to partner and invest in their own well-being. Employees who meet certain participation requirements can take advantage of the wellness incentive by locking in their current 2019 employee contribution percentages for the 2020 plan year. As such two different employee rates will once again be utilized in the 2020 renewal: Wellness Rates and Non-Wellness Rates.

FY 20 Renewal and Provider Overview

The FY 20 budget includes a 10% increase in total insurance costs effective with the July 1, 2020 renewal. The Village initially received a renewal rate increase of **7.1**% for the medical plan. After soliciting and receiving quotes from other insurance carriers through our insurance broker, and further discussions with BlueCross BlueShield, they provided an initial rate relief down to a 3.4% increase. Our broker, Gallagher Williams-Manny, made one final attempt and was able to bring the final rate relief down to a **2.7**% **increase**.

<u>Medical Insurance</u> - The Village currently has five components to its medical insurance program. Employees have the choice to participate in four different types of plans - a PPO plan, a High Deductible/Health Savings Account (HDHP/HSA), an HMO plan, or a waiver program. The additional component is the partially self-funded portion of the PPO and HDHP/HSA plans.

The BlueCross BlueShield PPO plan offers the widest choice of network providers. The Village purchases a \$3,500 deductible (single coverage) and \$10,500 deductible (family coverage) medical plan with 80% coinsurance from BlueCross BlueShield and then self-funds the difference between this plan and the plan

design offered to employees which is a \$500 deductible for single coverage and a \$1,500 deductible for family coverage.

The BlueCross BlueShield High Deductible/HSA plan offers the same wide network as the PPO plan. The Village purchases a \$5,000 deductible (single coverage) and \$10,000 deductible (family coverage) plan and then self-funds the difference between this plan and the plan design offered to employees which is a \$1,400 deductible for single coverage and a \$2,800 deductible for family coverage.

The HMO is a network plan with co-pays for primary care, specialists, other services and prescriptions. In the past it was the least costly plan but now has been replaced by the HDHP/HSA plan as the least costly plan.

Competitive quotes were solicited from several other carriers to ensure that we were receiving competitive renewal rates. Humana provided a quote with a 2.8% increase while Aetna, Cigna and United Health Care either declined to quote or provided uncompetitive rates that ranged from increases of 13% - 21%.

Based upon the quotes the Village received from alternate carriers, BlueCross BlueShield responded with a final rate relief quote that lowered their rate increase from a 7.1% increase to a 2.7% increase.

<u>Partially Self-Funded Medical Plan</u> – Both the PPO and HDHP/HSA plans have a partially self-funded component to them whereby the Village purchases a higher deductible/higher out-of-pocket plan from BlueCross BlueShield and then self-funds the difference down to the plan designs offered to employees. Funding is proposed at a level sufficient to pay expected claims plus fees for the next plan year but actual costs will depend on the number and severity of claims actually incurred. Envision Healthcare will continue to process all medical claim processing, tracking and reimbursements. Envision Healthcare is BlueCross BlueShield's preferred vendor and has a direct feed from them to receive the Explanation of Benefits to process the claims. This automatic processing of claims has been well received and replaced a manual and burdensome process that was placed on employees and staff.

<u>Waiver Option</u> – The Village currently offers a waiver option to all employees if they have other health insurance available. The annual waiver payment is currently \$2,000 and represents a sharing with the employee of the premium savings the Village realizes if the employee is not enrolled in the Village's health insurance plans.

<u>Dental Insurance</u> – Guardian provides our dental insurance through a partially self-funded plan. The Guardian dental plan renewal saw a 6.6% increase and a total expected cost of \$127,347, which is in line with previous year total claims and administrative fees. At the Village's request, alternate plans were also provided that increased benefit levels based on feedback from the annual employee survey. These benefits included increasing the annual plan maximum up to \$2,000 from \$1,500 and increasing the Village's coverage of major services up to 80% and 100% from 60%. After the cost/benefit analysis was performed, it is not being recommended to implement any changes to benefit levels during this renewal period on the dental plan.

<u>Vision Insurance</u> – MetLife's initial renewal rate saw a 5% increase, but provided a revised renewal at 0%. Again, at the Village's request and based on employee feedback from the annual benefits survey, MetLife provided an alternate renewal option that increased frames and contacts allowance up to \$130 from \$100. The alternate option with these enhanced benefits for frames and contacts puts the increase at 6.8% or \$1,035 for the year. After the cost/benefit analysis was performed, this alternate plan for vision

insurance is being recommended with this renewal to increase the frames and contact allowance up to \$130.

<u>Life Insurance</u> – MetLife provided a 0% increase for Life & AD&D. This benefit is 100% paid for by the Employer (Village) and will have a total annual premium of \$15,866.

<u>Employee Contributions</u> – Current Wellness contribution rates are 18% for the PPO plan, 5% for the HDHP/HSA plan, and 7% for the HMO plan. As mentioned in the introduction, employees who participated in this year's wellness program and took advantage of the incentive will remain at these current rates. No increase to these rates is being recommended for this renewal period and average to about 10% which is in-line with surrounding and comparable communities, but still provides the Village a competitive advantage in terms of recruitment and retention of our work force.

However, employees who opted not to participate will pay Non-Wellness rates which are be 20% for the PPO Plan, 7% for the HDHP/HSA plan and 9% for the HMO plan. It is being recommended to keep this 2% spread between Wellness and Non-Wellness rates for this renewal period. The average contribution rate for Non-Wellness is 12%.

<u>Flexible Spending Accounts</u> – Employees are provided the opportunity to elect to participate in various other voluntary coverage plans via payroll deduction including flexible spending through Envision.

FINANCIAL IMPACT

The total FY 20 budget for insurance is \$2,028,400, which included a 10% increase in insurance premiums effective with the 7/1/20 renewals. The budget assumes that the number of employees and the plans selected by the employees will remain the same at the time of preparation plus any known or likely changes to come. However, during open enrollment employees have the opportunity to elect different plans and levels of coverage.

Also, new employees throughout the year or new positions that are eligible for insurance coverage will also impact the actual insurance costs and results compared to the budget. As such, the total estimated Village cost for FY 20 is projected to be roughly \$1,875,000, which is 6 months (January 2020 – June 2020) at the 2019 renewal and 6 months (July 2020 – December 2020) of this current renewal for 2020, resulting in a budget savings of approximately \$150,000 for FY 20. This number may increase or decrease pending the open enrollment outcomes, as well as, the actual number of employees who qualify for wellness vs. non-wellness rates.

ATTACHMENTS

- 1. Health Care Premiums and Employee Contributions Spreadsheets
- 2. Blue Cross Blue Shield Medical Rate Renewal Analysis and Relief Renewal Analysis
- 3. Guardian Dental Rate Renewal Analysis
- 4. MetLife Vision Rate Renewal Analysis
- 5. MetLife Life and AD&D Rate Renewal Analysis
- 6. MetLife Voluntary Life and AD&D Renewal Analysis

RECOMMENDED MOTION

Authorize the Village Administrator to execute all contracts, applications, and other documents necessary to complete the July 1, 2020 renewal with BlueCross BlueShield for medical insurance, with Guardian for dental insurance, with MetLife for vision and life insurance, and with Envision for flexible

spending account benefits; continue to offer the health insurance waiver program at \$2,000 per year; and to set employee Wellness Rate contributions for medical, dental, and vision insurance at 18% for employees enrolled in the PPO plan, 7% for employees enrolled in the HMO plan and 5% for employees enrolled in the HDHP/HSA plan, and to set employee Non-Wellness rate contributions for medical, dental, and vision insurance to 20% for employees enrolled in the PPO plan, 9% for employees enrolled in the HMO plan and 7% for employees enrolled in the HDHP/HSA plan.

WELLNESS HEALTH CARE PREMIUMS & EMPLOYEE CONTRIBUTIONS EFFECTIVE JULY 1, 2020							
PPO + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost			
Single	\$734.74	\$34.47	\$4.54	\$773.75			
Single plus Spouse	\$1,544.86	\$73.08	\$11.25	\$1,629.19			
Single plus Child(ren)	\$1,695.79	\$87.66	\$10.47	\$1,793.92			
Single plus Family	\$2,505.93	\$137.74	\$17.20	\$2,660.87			
HDHP/HSA + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost			
Single	\$608.99	\$34.47	\$4.54	\$648.00			
Single plus Spouse	\$1,280.48	\$73.08	\$11.25	\$1,364.81			
Single plus Child(ren)	\$1,405.58	\$87.66	\$10.47	\$1,503.71			
Single plus Family	\$2,077.07	\$137.74	\$17.20	\$2,232.01			
нмо	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost			
Single	\$566.26	\$34.47	\$4.54	\$605.27			
Single plus Spouse	\$1,190.64	\$73.08	\$11.25	\$1,274.97			
Single plus Child(ren)	\$1,306.96	\$87.66	\$10.47	\$1,405.09			
Single plus Family	\$1,931.34	\$137.74	\$17.20	\$2,086.28			

18% PPO Plan Contribution 5% HDHP/HSA Plan Contribution 7% HMO Plan Contribution				Employee Contributions to Health Insurance - FY19 vs. FY20			'20						
Monthly Employee Contribution	%	Monthly Village Cost	%	PPO + PSF		FY20 Emp. Contribution	\$\$	Inc.	% Inc.	Per Paycheck		<u>Per Plan Year</u>	
\$139.28	18%	\$634.47	82%	Single	137.88	\$139.28	\$1	.40	1%		\$1	\$17	
\$293.26	18%	\$1,335.93	82%	Single plus Spouse	285.02	293.26	\$8	.24	3%		\$4	\$99	
\$322.90	18%	\$1,471.02	82%	Single plus Child(ren)	303.98	322.90	\$18	.92	6%		\$9	\$227	
\$478.96	18%	\$2,181.91	82%	Single plus Family	452.64	478.96	\$26	5.32	6%		\$13	\$316	
									4%		\$7	\$165	AVERAGES
				•									
Employee Contribution	%	Monthly Village Cost	%	HDHP + PSF	FY19 Emp. Contribution	FY20 Emp. Contribution	\$\$ Inc.	%	6 Inc.	<u>Per Paycheck</u>		<u>Per Plan Year</u>	
\$32.40	5.0%	\$615.60	95%	Single	33.20	32.40	-\$0	.80	-2%		\$0	-\$10	
\$68.24	5.0%	\$1,296.57	95%	Single plus Spouse	68.62	\$68.24	-\$0	.38	-1%		\$0	-\$5	
\$75.18	5.0%	\$1,428.53	95%	Single plus Child(ren)	73.24	75.18	\$1	.94	3%		\$1	\$23	
\$111.60	5.0%	\$2,120.41	95%	Single plus Family	109.08	111.60	\$2	.52	2%		\$1	\$30	
									0%		\$0	\$10	AVERAGES
Employee Contribution	%	Monthly Village Cost	%	НМО		FY20 Emp. Contribution	\$\$ Inc.	%	6 Inc.	Per Paycheck		<u>Per Plan Year</u>	
\$42.36	7.0%	\$562.91	93%	Single	42.56	42.36	-\$0	.20	0%		\$0	-\$2	
\$89.24	7.0%	\$1,185.73	93%	Single plus Spouse	87.94	89.24	\$1	.30	1%		\$1	\$16	
\$98.36	7.0%	\$1,306.73	93%	Single plus Child(ren)	93.90	98.36	\$4	.46	5%		\$2	\$54	
\$146.04	7.0%	\$1,940.24	93%	Single plus Family	139.88	146.04	\$6	i.16_	4%		\$3	\$74	
									3%		\$1	\$35	AVERAGES

NON-WELLNESS HEALTH CARE PREMIUMS & EMPLOYEE CONTRIBUTIONS EFFECTIVE JULY 1, 2020							
PPO + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost			
Single	\$734.74	\$34.47	\$4.54	\$773.75			
Single plus Spouse	\$1,544.86	\$73.08	\$11.25	\$1,629.19			
Single plus Child(ren)	\$1,695.79	\$87.66	\$10.47	\$1,793.92			
Single plus Family	\$2,505.93	\$137.74	\$17.20	\$2,660.87			
HDHP/HSA + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost			
Single	\$608.99	\$34.47	\$4.54	\$648.00			
Single plus Spouse	\$1,280.48	\$73.08	\$11.25	\$1,364.81			
Single plus Child(ren)	\$1,405.58	\$87.66	\$10.47	\$1,503.71			
Single plus Family	\$2,077.07	\$137.74	\$17.20	\$2,232.01			
НМО	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost			
Single	\$566.26	\$34.47	\$4.54	\$605.27			
Single plus Spouse	\$1,190.64	\$73.08	\$11.25	\$1,274.97			
Single plus Child(ren)	\$1,306.96	\$87.66	\$10.47	\$1,405.09			
Single plus Family	\$1,931.34	\$137.74	\$17.20	\$2,086.28			

7% HDHI	P/HSA	n Contrib Plan Cont n Contrib	ribution	Employee Contributions to Health Insurance - FY19 vs. FY20			. FY20					
Monthly Employee Contribution	%	Monthly Village Cost	%	PPO + PSF		FY20 Emp. Contribution	\$\$	nc.	% Inc.	Per Paycheck	<u>Per Plan Year</u>	
\$154.76	20.0%	\$618.99	80%	Single	153.20	\$154.76	\$1	.56	1%	\$	1 \$19	
\$325.84	20.0%	\$1,303.35	80%	Single plus Spouse	316.70	325.84	\$9	.14	3%	\$	5 \$110	
\$358.78	20.0%	\$1,435.14	80%	Single plus Child(ren)	337.74	358.78	\$21	.04	6%	\$1	1 \$252	
\$532.18	20.0%	\$2,128.69	80%	Single plus Family	502.92	532.18	\$29	.26	6%	\$1		1
			ļ						4%	- 5	8 \$183	AVERAGES
												,
Employee Contribution	%	Monthly Village Cost	%	HDHP + PSF	FY19 Emp. Contribution	FY20 Emp. Contribution	\$\$ Inc.	%	í Inc.	Per Paycheck	<u>Per Plan Year</u>	
\$45.36	7.0%	\$602.64	93%	Single	46.48	45.36	-\$1	.12	-2%	-\$	1 -\$13	
\$95.54	7.0%	\$1,269.27	93%	Single plus Spouse	96.08	\$95.54	-\$0	.54	-1%	\$	0 -\$6	
\$105.26	7.0%	\$1,398.45	93%	Single plus Child(ren)	102.52	105.26	\$2	.74	3%	s	1 \$33	
\$156.24	7.0%	\$2,075.77	93%	Single plus Family	152.72	156.24	\$3	.52	2%		2 \$42	
									1%	\$	1 \$14	AVERAGES
	ļ											_
Employee Contribution	%	Monthly Village Cost	%	НМО		FY20 Emp. Contribution	\$\$ Inc.	%	inc.	Per Paycheck	<u>Per Plan Year</u>	
\$54.48	9.0%	\$550.79	91%	Single	54.72	54.48	-\$0	.24	0%	s	0 -\$3	
\$114.74	9.0%	\$1,160.23	91%	Single plus Spouse	113.08	114.74	\$1	.66	1%	\$	1 \$20	
\$126.46	9.0%	\$1,278.63	91%	Single plus Child(ren)	120.72	126.46	\$5	.74	5%	s	3 \$69	
\$187.76	9.0%	\$1,898.52	91%	Single plus Family	179.84	187.76	\$7	.92	4%		4 \$95	
									3%	\$	2 \$45	AVERAGES



2020 Renewal & Marketing Presentation

Prepared for

Village of Lake in the Hills

Presented by
Tim Knauf, Sr. Area Vice President
May 1, 2020

IMPORTANT: This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of Gallagher. This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

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2020 Medical Market Study

-	Results	Comments
Blue Cross Blue Shield	Current Carrier	
Aetna	Received	Uncompetitive Initial Rates, 21.2% Over Current
CIGNA	Declined to Quote	Due to Uncompetitive Rates
Humana	Received	Refer to Analysis for Initial Propoal - Completed Risk Assessment Form Required for Underwritten Rates
United Healthcare	Received	Uncompetitive Initial Rates, 13.9% Over Current

JW - 4/22/2020

Major Medical Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 3/27/2020 - Page 1

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				rent				
ER Contrib to EE: Varies*	Blue Cross Blue Shield							
	HMO Blue Advanta	HMO Blue Advantage Entrepreneur H.S.A. BlueEdge NPEH1807 Emb		PPO BluePrint NPPE3Q24				
Waiting Period: Date of Hire	NHHE	3194	TI.O.A. DideEage	TWI EITIOO7 EIIID	11 O Bluer Hill Will E3Q24			
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Office Visits								
OV - Primary/Spec	\$30/\$50	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%		
Urgent Care	Copay May Apply	NA	Deduct	Ded+20%	Ded+20%	Ded+40%		
Deductible								
Individual	\$0	NA	\$5,000	\$10,000	\$3,500	\$7,000		
Family	\$0	NA	\$10,000	\$20,000	\$10,500	\$21,000		
Coinsurance	100%	NA	100%	80%	80%	60%		
OPX Max (Including Ded)								
Individual Med OPX	\$1,500	NA	\$5,000	\$20,000	\$5,500	\$11,000		
Family Med OPX	\$3,000	NA	\$10,000	\$40,000	\$10,200	\$20,400		
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000		
Hospital Services								
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%		
Outpatient Surgery	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%		
Emergency Room	\$15	50	Dec	duct	\$	150		
Prescription Drugs	1							
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA		
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	Deduct	See SPD	\$15/35%/50%	See SPD		
90 Day Mail Order Available (Y/N)	2x's	NA	Deduct	NA	2x's	NA		
Network Name	BCBS HMO	NA	BCBS PPO	NA	BCBS PPO	NA		
Hospitals or Web Address	•	ļ.	www.bc	bsil.com				
Rates	HM	0		S.A.	F	PPO		
EE	15	\$569.43	7	\$538.61	5	\$626.30		
EESP	3	\$1,178.41	4	\$1,114.62	2	\$1,296.2		
EECH	9	\$1,251.71	7	\$1,183.96	1	\$1,376.8		
FAM	16	\$1,860.69	30	\$1,759.97	6	\$2,046.7		
Monthly Admin Fee	1		\$0	.00		1		
Estimated Monthly Premium	\$53,11	3.11	\$69,3		\$19.	381.60		
Estimated Annual Premium	1		\$1,701		, ,			
Percentage Change From Current	1							

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

Accepted Opt.	Client Signature	Date	GBS Auth Agent	Date

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 4/22/2020 - Page 2

						- Tanagamana Consult
			Ren			
ER Contrib to EE: Varies*			Blue Cross	Blue Shield		
	HMO Blue Advanta	age Entrepreneur	H.S.A. BlueEdge NPEH1807 Emb		DDO Blue Drint NDDE2024	
Waiting Period: Date of Hire	NHHE	3194	n.s.A. blueEuge	INFERTIOUT EIIID	PPO BluePrint NPPE3Q24	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits						
OV - Primary/Spec	\$30/\$50	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%
Urgent Care	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%
Deductible						
Individual	\$0	NA	\$5,000	\$10,000	\$3,500	\$7,000
Family	\$0	NA	\$10,000	\$20,000	\$10,500	\$21,000
Coinsurance	100%	NA	100%	80%	80%	60%
OPX Max (Including Ded)						
Individual Med OPX	\$1,500	NA	\$5,000	\$20,000	\$5,500	\$11,000
Family Med OPX	\$3,000	NA	\$10,000	\$40,000	\$10,200	\$20,400
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000
Hospital Services						
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%
Outpatient Surgery	\$ 0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%
Emergency Room	\$15	50	Dec	duct	\$150	
Prescription Drugs						
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	Deduct	See SPD	\$15/35%/50%	See SPD
90 Day Mail Order Available (Y/N)	2x's	NA	Deduct	NA	2x's	NA
Network Name	BCBS HMO	NA	BCBS PPO	NA	BCBS PPO	NA
Hospitals or Web Address			www.bc	bsil.com		
Rates	HM	=	Н.9	S.A.	F	PO
EE	15	\$590.58	7	\$549.47	5	\$662.93
EESP	3	\$1,241.77	4	\$1,155.34	2	\$1,393.89
EECH	9	\$1,363.08	7	\$1,268.21	1	\$1,530.06
FAM	16	\$2,014.28	30	\$1,874.08	6	\$2,261.03
Monthly Admin Fee			\$0	.00		•
Estimated Monthly Premium	\$57,08	0.21		67.52	\$21,	198.67
Estimated Annual Premium			\$1,822	,156.80		
Percentage Change From Current			7.	1%		

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

Accepted Opt. _____ Client Signature__ _____ Date_____ GBS Auth Agent_____

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 4/24/2020 - Page 3

					modrance	Kisk Management Consult		
			Renewal wit	h Rate Relief				
ER Contrib to EE: Varies*	Blue Cross Blue Shield							
	HMO Blue Advanta	age Entrepreneur	LLC A DivoEdge	NDEU1007 Emb		int NDDE2O24		
Waiting Period: Date of Hire	NHHE	3194	n.s.A. blueEuge	NPEH1807 Emb	PPO BluePrint NPPE3Q24			
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Office Visits								
OV - Primary/Spec	\$30/\$50	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%		
Urgent Care	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%		
Deductible								
Individual	\$0	NA	\$5,000	\$10,000	\$3,500	\$7,000		
Family	\$0	NA	\$10,000	\$20,000	\$10,500	\$21,000		
Coinsurance	100%	NA	100%	80%	80%	60%		
OPX Max (Including Ded)								
Individual Med OPX	\$1,500	NA	\$5,000	\$20,000	\$5,500	\$11,000		
Family Med OPX	\$3,000	NA	\$10,000	\$40,000	\$10,200	\$20,400		
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000		
Hospital Services								
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%		
Outpatient Surgery	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%		
Emergency Room	\$15	50	Dec	duct	\$150			
Prescription Drugs					·			
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA		
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	Deduct	See SPD	\$15/35%/50%	See SPD		
90 Day Mail Order Available (Y/N)	2x's	NA	Deduct	NA	2x's	NA		
Network Name	BCBS HMO	NA	BCBS PPO	NA	BCBS PPO	NA		
Hospitals or Web Address	,	<u>.</u>	www.bc	bsil.com		•		
Rates	HM	0	H.S	S.A.	F	PPO		
EE	15	\$570.32	7	\$530.62	5	\$640.19		
EESP	3	\$1,199.16	4	\$1,115.69	2	\$1,346.06		
EECH	9	\$1,316.31	7	\$1,224.69	1	\$1,477.56		
FAM	16	\$1,945.16	30	\$1,809.77	6	\$2,183.44		
Monthly Admin Fee		1		.00		1		
Estimated Monthly Premium	\$55,12	1.63	\$71,0	43.03	\$20,	471.27		
Estimated Annual Premium	, ,	<u>.</u>	\$1,759		· · ·			
Percentage Change From Current			3.4	4%				

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

Accepted Opt. _____ Client Signature__ _____ Date____ GBS Auth Agent_____

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 5/1/2020 - Page 4

				cond Rate Relief			
ER Contrib to EE: Varies*			Blue Cross	Blue Shield			
	HMO Blue Advant	age Entrepreneur	H.S.A. BlueEdge NPEH1807 Emb		PPO BluePrint NPPE3Q24		
Waiting Period: Date of Hire	NHHE	3194	11.5.A. BlueLage NF LTT1007 LTTD		PPO BluePIIII NPPE3Q24		
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Office Visits							
OV - Primary/Spec	\$30/\$50	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%	
Urgent Care	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Deductible							
Individual	\$0	NA	\$5,000	\$10,000	\$3,500	\$7,000	
Family	\$0	NA	\$10,000	\$20,000	\$10,500	\$21,000	
Coinsurance	100%	NA	100%	80%	80%	60%	
OPX Max (Including Ded)							
Individual Med OPX	\$1,500	NA	\$5,000	\$20,000	\$5,500	\$11,000	
Family Med OPX	\$3,000	NA	\$10,000	\$40,000	\$10,200	\$20,400	
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000	
Hospital Services							
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%	
Outpatient Surgery	\$o	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Emergency Room	\$15	50	De	duct	\$150		
Prescription Drugs					<u> </u>		
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA	
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	Deduct	See SPD	\$15/35%/50%	See SPD	
90 Day Mail Order Available (Y/N)	2x's	NA	Deduct	NA	2x's	NA	
Network Name	BCBS HMO	NA	BCBS PPO	NA	BCBS PPO	NA	
Hospitals or Web Address		<u>,</u>	www.bc	bsil.com		<u>.</u>	
Rates	HM	10	Н.5	S.A.	F	PO	
EE	15	\$566.26	7	\$526.85	5	\$635.64	
EESP	3	\$1,190.64	4	\$1,107.77	2	\$1,336.49	
EECH	9	\$1,306.96	7	\$1,215.99	1	\$1,467.06	
FAM	16	\$1,931.34	30	\$1,796.91	6	\$2,167.93	
Monthly Admin Fee	'	· · · · · · · · · · · · · · · · · · ·	\$0	.00		i ·	
Estimated Monthly Premium	\$54,72	29.90	\$70,5	38.26	\$20,	325.82	
Estimated Annual Premium		ļ.		,127.76	· · ·		
Percentage Change From Current	i			7%			

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

Accepted Opt.	Client Signature	Date	GBS Auth Agent	Date

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 5/1/2020 - Page 5

					maurance	Kisk Management Consult		
			Renewal /	Alternate 1				
ER Contrib to EE: Varies*			Blue Cross	Blue Shield				
	HMO Blue Advan	tage MIBAH2000	H.S.A. BlueEdge	MIEEE2080 Emb	55651	NDDEGOO.		
Waiting Period: Date of Hire	(Alternat			e H.S.A.)	PPO BluePr	int NPPE3Q24		
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Office Visits								
OV - Primary/Spec	\$40/\$60	NA	Deduct	Deduct	\$20/\$40	Ded+40%		
Urgent Care	\$40/\$60	NA	Deduct	Deduct	Ded+20%	Ded+40%		
Deductible								
Individual	\$0	NA	\$6,000	\$12,000	\$3,500	\$7,000		
Family	\$0	NA	\$12,000	\$24,000	\$10,500	\$21,000		
Coinsurance	100%	NA	100%	100%	80%	60%		
OPX Max (Including Ded)								
Individual Med OPX	\$1,500	NA	\$6,000	\$12,000	\$5,500	\$11,000		
Family Med OPX	\$3,000	NA	\$12,000 Included	\$24,000	\$10,200	\$20,400		
Rx OPX (Indiv/Fam)	Included	Included NA		Included	\$1,000/\$3,000	\$1,000/\$3,000		
Hospital Services								
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	Deduct	Deduct	Ded+20%	\$300+Ded+40%		
Outpatient Surgery	\$0	NA	Deduct	Deduct	Ded+20%	Ded+40%		
Emergency Room	\$3	50	Dec	duct	\$150			
Prescription Drugs								
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA		
Tier 1/Tier 2/Tier 3/Specialty	\$0/\$10/\$35/\$75/ \$150/\$250	NA	Deduct	See SPD	\$15/35%/50%	See SPD		
90 Day Mail Order Available (Y/N)	2x's	NA	Deduct	NA	2x's	NA		
Network Name	BCBS HMO	NA	BCBS PPO	NA	BCBS PPO	NA		
Hospitals or Web Address			www.bc	<u>bsil.com</u>				
Rates	HN	МО	Н.9	S.A.	F	PO		
EE	15	\$547.32	7	\$511.35	5	\$635.64		
EESP	3	\$1,150.81	4	\$1,075.17	2	\$1,336.49		
EECH	9	\$1,263.23	7	\$1,180.21	1	\$1,467.06		
FAM	16	\$1,866.73	30	\$1,744.04	6	\$2,167.93		
Monthly Admin Fee	\$0.00							
Estimated Monthly Premium	\$52,89	98.98	\$68,4		\$20,	325.82		
Estimated Annual Premium	\$1,700,251.20							
Percentage Change From Current			-0.	1%				

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

Accepted Opt.	Client Signature	Date	GBS Auth Agent	Date

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 4/13/2020 - Page 6

ER Contrib to EE: Varies*		Option 1 Humana									
THE COMMISSION TO LET.	Ll Circ	and alter LIMO	1		Ll NDOC 4	C C F 00/50					
Waiting Period: Date of Hire	Humana Sim	iplicity HIVIO	Humana NPOS EHL	OHP 16 Coins 100/70	Humana NPOS 16 Copay F 80/50						
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network					
Office Visits											
OV - Primary/Spec	\$20/\$35	NA	Deduct	Ded+30%	\$25/\$40	Ded+50%					
Urgent Care	\$75	NA	Deduct	Ded+30%	\$75	Ded+50%					
Deductible											
Individual	\$0	\$0 NA		\$5,000 \$15,000		\$9,000					
Family	\$0	NA	\$10,000	\$30,000	\$6,000	\$18,000					
Coinsurance	100%	NA	100%	70%	80%	50%					
OPX Max (Including Ded)											
Individual Med OPX	\$3,500	NA	\$5,000	\$17,500	\$5,000	\$15,000					
Family Med OPX	\$7,000	NA	\$10,000	\$35,000	\$10,000	\$30,000					
Rx OPX (Indiv/Fam)	Included	NA	Included	Unlimited	Included	Unlimited					
Hospital Services											
Inpatient Hospital Admission	\$250/Admit	NA	Deduct	Ded+30%	Ded+20%	Ded+50%					
Outpatient Surgery	\$250	NA	Deduct Ded+30%		Ded+20%	Ded+50%					
Emergency Room	\$1	50	Deduct		\$1	50					
Prescription Drugs											
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA					
Tier 1/Tier 2/Tier 3/Specialty	\$10/\$35/\$55/25%/35%	See SPD	Deduct	See SPD	\$15/\$30/\$50/25%/35%	See SPD					
90 Day Mail Order Available (Y/N)	2.5x's	NA	Deduct	NA	2x's	NA					
Network Name	Humana HMO	NA	Humana NPOS	NA	Humana NPOS	NA					
Hospitals or Web Address			<u>www.hun</u>	nana.com	<u>'</u>						
Rates	HN	10	H.S	S.A.	PF	90					
EE	15	\$683.73	7	\$525.60	5	\$644.26					
EESP	3	\$1,367.45	4	\$1,051.20	2	\$1,288.51					
EECH	9	\$1,299.08	7	\$998.64	1	\$1,224.09					
FAM	16	\$2,187.93	30	\$1,681.91	6	\$2,061.62					
Monthly Admin Fee	\$0.00										
Estimated Monthly Premium	\$61,05	56.90	\$65,3	31.78	\$19,39	92.13					
Estimated Annual Premium	\$1,749,369.72										
Percentage Change From Current			2.8	8%							

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 Accepted Opt. ______ Client Signature______ Date______ Date______
 GBS Auth Agent______
 Date___

^{*} Employee cost varies by plan and wellness program participation.

Village of Lake in the Hills Historical Plans/Rates



Insurance | Risk Management | Consulting

Year		7/1/2019					7/1/2020					
Current Carrier	Blue Cross Blue Shield				Blue Cross Blue Shield							
											l	
Renewal Increase/Decrease				5.4%						7.1%		
Rate Relief Result				2.1%			3.4%					
Final Rate Relief Result).2%								
Result	Re	Renewed with Rate Relief and Dropped 4th Select Plan					Pending					
SOLD @ Renewal	HMO H.S.A.				PPO	ŀ	HMO	ŀ	H.S.A.		PPO	
OV Copay		\$30 Ded.				\$20		\$30		Ded.		\$20
EE Ded		\$0	\$	5,000	\$	3,500		\$0	\$	55,000	\$3,500	
Colnsurance	1	100%	·	100%		80%	100%		100%		80%	
Out of Pocket (Incl Ded)	\$	1,500	\$	5,000	\$	5,500	500 \$1,500		\$	55,000	\$	5,500
Rx Benefit	\$15/3	35%/50%	С	educt	\$15/3	\$15/35%/50% \$15/35		35%/50%	С	Deduct	\$15/3	35%/50%
Sold Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates
EE	10	\$569.43	6	\$538.61	5	\$626.36	15	\$570.32	7	\$530.62	5	\$640.19
EESP	3	\$1,178.41	6	\$1,114.62	2	\$1,296.24	3	\$1,199.16	4	\$1,115.69	2	\$1,346.06
EECH	11	\$1,251.71	2	\$1,183.96	1	\$1,376.88	9	\$1,316.31	7	\$1,224.69	1	\$1,477.56
FAM	21	\$1,860.69	28	\$1,759.97	6	\$2,046.74	16	\$1,945.16	30	\$1,809.77	6	\$2,183.44
Monthly Premium	45	\$62,072.83	42	\$61,566.46	14	\$19,381.60	43	\$55,121.63	48	\$71,043.03	14	\$20,471.27
Annual Premium	\$74	4,873.96	\$73	8,797.52	\$23	2,579.20	\$66°	1,459.56	\$85	2,516.36	\$24	5,655.24
Annual Combined Total	\$1,716,250.68		 				\$1,7	59,631.16	 			
Cost PEPY	\$16	5,552.75	\$17	7,590.42	\$16	3,612.80	\$15,382.78 \$17,760.76 \$17,546.80				,546.80	
Combined Cost PEPY			\$16	,992.58					\$16	6,758.39		

JW - 4/24/2020

Village of Lake in the Hills Historical Plans/Rates



Year	1	7/1/2017					7/1/2018					
Current Carrier		Blue Cross Blue Shield				Blue Cross Blue Shield						
Renewal Increase/Decrease		12.8%					9.9%					
Final Rate Relief Result		6.2%					6.6%					
Result		Renewed with Rate Relief					Renewed with Rate Relief and Added 4th Plan (no enrollment in Select PPO Plan)					nrollment in
SOLD @ Renewal		HMO H.S.A. PPO					НМО	H	I.S.A.		PPO	
OV Copay		\$30 Deduct				\$20		\$30	С	educt		\$20
EE Ded		\$0 \$5,000			\$	3,500		\$0	\$	5,000	\$	3,500
Colnsurance	,	100% 100%				80%	,	100%	,	100%	80%	
Out of Pocket (Incl Ded)	\$	\$1,500 \$5,000			\$	5,500	\$	1,500	\$5,000		\$	5,500
Rx Benefit	\$15/	35%/50%	I	Deduct	\$15/	35%/50%	\$15/	35%/50%	С	educt	\$15/3	35%/50%
Sold Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates
EE	14	\$534.41	7	\$460.74	5	\$562.83	11	\$575.91	7	\$507.33	4	\$612.84
EESP	7	\$1,129.25	4	\$973.60	4	\$1,189.35	4	\$1,220.84	4	\$1,075.47	2	\$1,299.13
EECH	10	\$1,236.94	0	\$1,066.45	3	\$1,302.76	10	\$1,283.06	2	\$1,130.28	1	\$1,365.34
FAM	25	\$1,831.80	23	\$1,579.31	14	\$1,929.28	20	\$1,928.00	27	\$1,698.41	9	\$2,051.64
Monthly Premium	56	\$73,550.89	34	\$43,443.71	26	\$38,489.75	45	\$62,608.97	40	\$55,970.82	16	\$24,879.72
Annual Premium	\$88	2,610.68	\$52	21,324.52	\$46	1,877.00	\$75	1,307.64	\$67	1,649.84	\$298	8,556.64
Annual Combined Total			\$1,80 	65,812.20	 				\$1,72 	21,514.12	 	
Cost PEPY	\$15	5,760.91	\$1	5,333.07	\$17	7,764.50	\$16	6,695.73	\$16	6,791.25	\$18	3,659.79
Combined Cost PEPY		'	\$16	6,084.59	•		\$17,044.69					

JW - 3/27/2020



2020 Dental Market Study

	Dental	Comments
Guardian	Current Carrier	

JW - 4/14/2020

Dental Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

							Insurance Risk	Management Con
	Current		Renewal		Current		Renewal	
ER Contrib to EE: Below			Guardian		Guardian		Guardian	
Waiting Period: Date of Hire								
	ASO PPO Den				ASO PPO Dental		ASO PPO Den	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible								
Single/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Max.	\$1,	500	\$1,	500	\$1,	500	\$1,	,500
Includes Rollover/Carryover?	No		N	lo	N	lo	١	No
Benefits								
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived (Yes/No)	Y	es	Y	es	Y	es	Y	es es
Type II - Basic Service	100%	85%	100%	85%	100%	85%	100%	85%
Type III - Major Services	60%	50%	60%	50%	60%	50%	60%	50%
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Max	\$1,	500	\$1,	500	\$1,	500	\$1,	,500
Orthodontia Age Limit	Children	to Age 19	Children	to Age 19	Children to Age 19		Children	to Age 19
Perio & Endo Benefits								
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%
Endo - Non-Surg/Surg	100%	85%	100%	85%	100%	85%	100%	85%
Waiting Periods	Late E	ntrants	Late Entrants		Late Entrants		Late Entrants	
Other Features								
U & C	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%
Min. Participation Req.	88	3%	88	3%	88	3%	8	8%
Network Name	Dental Gua	rd Preferred	Dental Gua	rd Preferred	Dental Gua	rd Preferred	Dental Gua	rd Preferred
Network Website	www.c	<u>llic.com</u>	www.g	lic.com	www.g	<u>llic.com</u>	www.c	lic.com
Rate Guarantee	1 \	′ear	1 Y	'ear	1 Y	′ear	1 \	⁄ear
Rates Counts	3					COBR	A Rates	
EE 30	ASO Admir	r Fee PEPM	ASO Admin	Fee PEPM	\$34	4.30	\$4	0.47
EESP 12	\$10	0.00	\$10	0.00	\$67	7.44	\$79	9.58
EECH 16	Expected A	nnual Claims	Forecasted A	nnual Claims	\$79	9.80	\$94	4.16
FAM53	\$106,	120.00	\$127,3	347.00	\$12	1.39	\$14	3.24
Total 111					\$0	.00	\$0	0.00
Estimated Monthly Premium	\$9,9	53.33	\$10,6	12.25	\$9,54	48.75	\$11,267.34	
Estimated Annual Premium		140.00	\$127,3	347.00	\$114,	585.00	\$135,	208.08
Percentage Change From Current			6.0	6%			1	8%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

JW - 4/20/2020 - Page 1

	The information contained herein is subject	of the disclosure	es and discialmers on the linal page of this present	alion.
ccepted Opt	_ Client Signature	_ Date	GBS Auth Agent	_ Date

^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

Dental Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

							Insurance Risk	Management Con
	Current		Renewal Alt	ernate 1	Current		Renewal Alt	ernate 1
ER Contrib to EE: Below *	Guardian		Guardian		Guardian		Guardian	
Waiting Period: Date of Hire	ASO PPO Dent	al	ASO PPO Dent	tal	ASO PPO Den	tal	ASO PPO Den	tal
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible								
Single/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Max.	\$1,500		\$2,	000	\$1,	500	\$2,000	
Includes Rollover/Carryover?	No		N	lo	N	l o	N	lo
Benefits								
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived (Yes/No)	Y	es	Y	es	Y	es	Y	es
Type II - Basic Service	100%	85%	100%	85%	100%	85%	100%	85%
Type III - Major Services	60%	50%	60%	50%	60%	50%	60%	50%
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Max	\$1,	500	\$1,	500	\$1,	500	\$1,	500
Orthodontia Age Limit	Children	to Age 19	Children	to Age 19	Children	to Age 19	Children	to Age 19
Perio & Endo Benefits								
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%
Endo - Non-Surg/Surg	100%	85%	100%	85%	100%	85%	100%	85%
Waiting Periods	Late E	ntrants	Late E	ntrants	Late Entrants		Late Entrants	
Other Features								
U & C	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%
Min. Participation Req.	88	3%	88	3%	88	3%	88	3%
Network Name	Dental Gua	rd Preferred	Dental Gua	rd Preferred		rd Preferred		rd Preferred
Network Website	www.g	<u>lic.com</u>	www.g	lic.com	www.g	<u>lic.com</u>	www.g	lic.com
Rate Guarantee	1 Y	'ear	1 Y	'ear	1 Y	'ear	1 Y	'ear
Rates Counts							A Rates	
EE 30		Fee PEPM		Fee PEPM	•	4.30		2.02
EESP 12	· ·	0.00	· ·	0.00	-	7.44		2.63
EECH 16		nnual Claims	Forecasted A		•	9.80	· ·	7.77
FAM <u>53</u>	\$106,	120.00	\$132,2	227.64	· ·	1.39	· ·	8.73
Total 111						.00		.00
Estimated Monthly Premium	\$9,95		\$11,0			48.75	\$11,699.17	
Estimated Annual Premium	\$119,4	140.00	\$132,2		\$114,	585.00	\$140,3	
Percentage Change From Current			10.	.7%			22	.5%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

JW - 4/24/2020 - Page 2

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^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

Dental Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

							Insurance Risk	Management Con
	Current		Renewal Alt	ernate 2	Current		Renewal Alt	ternate 2
ER Contrib to EE: Below *	Guardian		Guardian		Guardian		Guardian	
Waiting Period: Date of Hire	ASO PPO Den	tal	ASO PPO Dent	al	ASO PPO Den	tal	ASO PPO Den	tal
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible								
Single/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Max.	\$1,	500	\$1,	500	\$1,	500	\$1,500	
Includes Rollover/Carryover?	No		N	lo	Ņ	10	l l	lo
Benefits								
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived (Yes/No)	Y	es	Ye	es	Y	es	Y	es
Type II - Basic Service	100%	85%	100%	85%	100%	85%	100%	85%
Type III - Major Services	60%	50%	80%	50%	60%	50%	80%	50%
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Max	\$1,	500	\$1,	500	\$1,	500	\$1,	500
Orthodontia Age Limit	Children	to Age 19	Children t	to Age 19	Children	to Age 19	Children	to Age 19
Perio & Endo Benefits								
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%
Endo - Non-Surg/Surg	100%	85%	100%	85%	100%	85%	100%	85%
Waiting Periods	Late E	ntrants	Late Entrants		Late Entrants		Late Entrants	
Other Features								
U & C	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%
Min. Participation Req.	88	3%	88	3%	88	3%	88	3%
Network Name	Dental Gua	rd Preferred	Dental Gua	rd Preferred	Dental Gua	rd Preferred	Dental Gua	rd Preferred
Network Website	www.g	lic.com	www.g	lic.com	www.g	lic.com	www.c	lic.com
Rate Guarantee	1 Y	'ear	1 Y	'ear	1 Y	′ear	1 \	′ear
Rates Counts						COBR	A Rates	
EE 30	ASO Admir	Fee PEPM	ASO Admin	Fee PEPM	\$34	4.30	\$4	1.36
EESP 12	\$10	0.00	\$10	0.00	\$67	7.44	\$8	1.33
EECH 16	Expected A	nnual Claims	Forecasted A	nnual Claims	\$79	9.80	\$90	6.23
FAM53	\$106,	120.00	\$130,1	149.72	\$12	1.39	\$14	6.39
Total 111					\$0	.00	\$0	.00
Estimated Monthly Premium	\$9,95		\$10,8			48.75	\$11,5	
Estimated Annual Premium	\$119,4	140.00	\$130,1	49.72	\$114,	585.00	\$138,	181.32
Percentage Change From Current			9'	%			20	.6%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

* Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

JW - 4/24/2020 - Page 3

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ccepted Opt.	Client Signature	Date	GBS Auth Agent	Date	
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Dental Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

			•					nariagement cons
	Current		Renewal Alt	ernate 3	Current		Renewal Alt	ernate 3
ER Contrib to EE: Below *	Guardian		Guardian		Guardian		Guardian	
Waiting Period: Date of Hire							ASO PPO Dent	
-	ASO PPO Dent				ASO PPO Den			
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible								
Single/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Max.	\$1,	500	\$1,	500	\$1,	\$1,500		500
Includes Rollover/Carryover?	N	О	N	lo	N	10	N	0
Benefits								
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived (Yes/No)	Y	es	Y	es	Y	es	Y	es
Type II - Basic Service	100%	85%	100%	85%	100%	85%	100%	85%
Type III - Major Services	60%	50%	100%	50%	60%	50%	100%	50%
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Max	\$1,	500	\$1,	500	\$1,	500	\$1,	500
Orthodontia Age Limit	Children	to Age 19	Children	to Age 19	Children	to Age 19	Children	to Age 19
Perio & Endo Benefits								
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%
Endo - Non-Surg/Surg	100%	85%	100%	85%	100%	85%	100%	85%
Waiting Periods	Late E	ntrants	Late Entrants		Late Entrants		Late Entrants	
Other Features								
U & C	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%
Min. Participation Req.	88	3%	88	3%	88	3%	88	3%
Network Name	Dental Gua	rd Preferred	Dental Gua	rd Preferred	Dental Gua	rd Preferred	Dental Gua	rd Preferred
Network Website	www.g	<u>lic.com</u>	www.g	<u>lic.com</u>	www.g	lic.com	www.g	lic.com
Rate Guarantee	1 Y	ear	1 Y	'ear	1 Y	′ear	1 Y	ear
Rates Counts						COBR	A Rates	
EE 30	ASO Admir	Fee PEPM	ASO Admir	Fee PEPM	\$34	4.30	\$42	2.38
EESP 12	\$10	0.00	\$10	0.00	\$67	7.44	\$83	3.34
EECH 16	Expected Ar	nnual Claims	Forecasted A	nnual Claims	\$79	9.80	\$98	3.61
FAM53	\$106, ⁻	120.00	\$133,	373.16	\$12	1.39	\$15	0.01
Total 111					\$0	.00	\$0	.00
Estimated Monthly Premium	\$9,95	3.33	\$11,1		\$9,54	48.75	\$11,7	99.77
Estimated Annual Premium	\$119,4	140.00	\$133,3	373.16	\$114,	585.00	\$141,5	597.24
Percentage Change From Current			11.	.7%			23.	6%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

JW - 4/24/2020 - Page 4

	The information co	ontained herein is subject to the disclos	ures and disclaimers on	the final page of this presentation.
ccepted Opt	Client Signature	Date	GBS Auth Agent	Date

^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).



2020 Vision Market Study

	Vision	Comments
Met Life	Current Carrier	
Blue Cross Blue Shield	Received	Uncompetitive Rates, 18% Over Current
CIGNA	Declined to Quote	Due to Uncompetitive Rates
EyeMed	Received	Refer to Analysis
Guardian	Declined to Quote	Due to Uncompetitive Rates
Humana	Received	Uncompetitive Benefits (\$10/\$25 Copay), Proposal 10% Below Current
UHC	Received	Uncompetitive Rates, 19% Over Current
VSP	Declined to Quote	Due to Uncompetitive Rates

JW - 4/22/2020

Vision Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 4/22/2020 - Page 1

ER Contrib to EE: Belo Waiting Period: Date of Hire	Met Life		Renewal Met Life		Revised Rer	iewal	Renewal Alto	
Benefits	Vision Plan In-Network	Out-of-Network	Vision Plan In-Network	Out-of-Network	Vision Plan In-Network	Out-of-Network	Vision Plan - Hig In-Network	Out-of-Network
Overview of Benefits	III-INELWOIK	Out-oi-Network	In-Network	Out-oi-Network	III-INELWOIK	Out-oi-Network	In-inetwork	Out-or-Network
• • • • • • • • • • • • • • • • • • • •	r _O	¢ο	ф О	ф <u>о</u>	ФO.	ф <u>о</u>	ф О	.
Exam Copay	\$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0
Material Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Frequency (months)								
Exam/Lenses/Contacts		2/12		2/12		2/12		2/12
Frames	2	4	2	24	2	24	2	24
Benefit Allowances								
Exams	Covered in Full	Up to \$45	Covered in Full	Up to \$45	Covered in Full	Up to \$45	Covered in Full	Up to \$45
Frames	\$100 Allowance	Up to \$55	\$100 Allowance	Up to \$55	\$100 Allowance	Up to \$55	\$130 Allowance	Up to \$55
Single Vision Lenses	Covered in Full	Up to \$30	Covered in Full	Up to \$30	Covered in Full	Up to \$30	Covered in Full	Up to \$30
Bifocal Lenses	Covered in Full	Up to \$50	Covered in Full	Up to \$50	Covered in Full	Up to \$50	Covered in Full	Up to \$50
Trifocal Lenses	Covered in Full	Up to \$65	Covered in Full	Up to \$65	Covered in Full	Up to \$65	Covered in Full	Up to \$65
Contacts - Necessary	Covered in Full	Up to \$210	Covered in Full	Up to \$210	Covered in Full	Up to \$210	Covered in Full	Up to \$210
Contacts - Elective	\$100 Allowance	Up to \$80	\$100 Allowance	Up to \$80	\$100 Allowance	Up to \$80	\$130 Allowance	Up to \$80
Other Features								
Network Name	V	SP	VS	SP	V	SP	V	SP
Network Website	www.me	tlife.com	www.metlife.com		www.metlife.com		www.metlife.com	
Minimum Participation	88	3%	88%		88%		88%	
Rate Guarantee	1 Y	'ear	1 Year		1 Year		1 Year	
Rates Cour	ts							
EE 31	\$4	.25	\$4	.46	\$4	.25	\$4	.54
EESP 12	\$10).53	\$11	1.06	\$10	0.53	\$1 ⁻	1.25
EECH 17	\$9	.80	\$10).29	\$9	.80	\$10	0.47
FAM 52	\$16	6.10	\$16	6.91	\$16	6.10	\$17	7.20
Estimated Monthly Premium	\$1,26		\$1,325.23		\$1,261.91		\$1,348.13	
Estimated Annual Premium	\$15,1		\$15,9		. ,	42.92	\$16,1	
Percentage Change From			5	%	0%		6.8%	

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

Accorded Ont	Client Signature	Data	GRS Auth Agent	Data

^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

Vision Plan Analysis

July 1, 2020 Renewal



Insurance | Risk Management | Consulting

JW - 4/22/2020 - Page 2

ER Contrib to EE: Below *	Current		Option 1		Option 2		
			EyeMed		EyeMed		
Waiting Period: Date of Hire			Vision Plan		Vision Plan		
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Overview of Benefits							
Exam Copay	\$0	\$0	\$0	\$0	\$10	\$10	
Material Copay	\$0	\$0	\$0	\$0	\$10	\$10	
Frequency (months)							
Exam/Lenses/Contacts	12/1	2/12	12/1	2/12	12/1	2/12	
Frames	2	4	2	4	2	4	
Benefit Allowances							
Exams	Covered in Full	Up to \$45	Covered in Full	Up to \$40	Covered in Full	Up to \$40	
Frames	\$100 Allowance	Up to \$55	\$100 Allowance	Up to \$70	\$130 Allowance	Up to \$91	
Single Vision Lenses	Covered in Full	Up to \$30	Covered in Full	Up to \$30	Covered in Full	Up to \$30	
Bifocal Lenses	Covered in Full	Up to \$50	Covered in Full	Up to \$50	Covered in Full	Up to \$50	
Trifocal Lenses	Covered in Full	Up to \$65	Covered in Full	Up to \$70	Covered in Full	Up to \$65	
Contacts - Necessary	Covered in Full	Up to \$210	Covered in Full	Up to \$210	Covered in Full	Up to \$210	
Contacts - Elective	\$100 Allowance	Up to \$80	\$100 Allowance	Up to \$70	\$130 Allowance	Up to \$91	
Other Features							
Network Name	VS	SP	EyeMed Insight		EyeMed Insight		
Network Website	www.me	tlife.com	www.eyemed.com		www.metlife.com		
Minimum Participation	88	%	10 Enrolled		10 Enrolled		
Rate Guarantee	1 Y	ear	4 Years - Renews 7/1/2024		4 Years - Renews 7/1/2024		
Rates Counts							
EE 31	\$4.	25	\$4.95		\$4	.70	
EESP 12	12 \$10.53		\$9.39		\$8	.93	
EECH 17	\$9.80		\$9.89		\$9.40		
FAM 52	\$16	.10	\$14.53		\$13	3.82	
Estimated Monthly Premium	\$1,26	1.91	\$1,18		\$1,131.30		
Estimated Annual Premium	\$15,14	42.92	\$14,2	77.84	\$13,5	75.60	
Percentage Change From			-5.	-5.7%		-10.4%	

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

Accepted Opt. ______ Client Signature ______ Date _____ Date _____ Date _____ Date _____

^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).



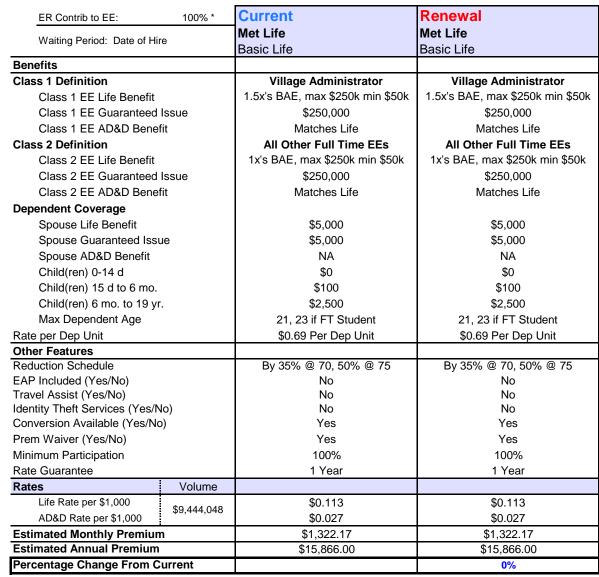
2020 Life Market Study

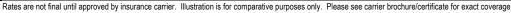
	Life	Comments
Met Life	Current Carrier	
Guardian	Declined to Quote	Due to Percentage of Police/Fire Content

JW - 4/1/2020

Life & AD&D - Basic Plan Analysis

July 1, 2020 Renewal





^{*} Employee pays cost of dependent life coverage.

Client Signature

Accepted Opt.

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

Date

GBS Auth Agent



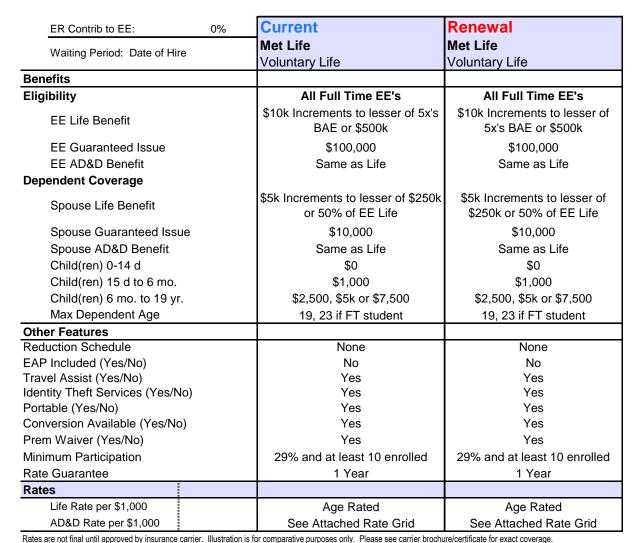
Insurance | Risk Management | Consulting

JW - 4/1/2020 - Page 1

Date _

Voluntary Life & AD&D - Plan Analysis

July 1, 2020 Renewal





ce carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

JW - 4/24/2020 - Page 2

Accepted C	nt	Client Sig	nature	Date	GBS Auth Agent	t D	ate

Voluntary Life & AD&D - Plan Analysis

July 1, 2020 Renewal

Current Met Life Rate Per \$1,000

Renewal Met Life Rate Per \$1,000

Age	EE	SP
<30	\$ 0.062	\$ 0.062
30-34	\$ 0.080	\$ 0.080
35-39	\$ 0.090	\$ 0.090
40-44	\$ 0.109	\$ 0.109
45-49	\$ 0.174	\$ 0.174
50-54	\$ 0.274	\$ 0.274
55-59	\$ 0.432	\$ 0.432
60-64	\$ 0.748	\$ 0.748
65-69	\$ 1.368	\$ 1.368
70+	\$ 2.198	\$ 2.198
AD&D	\$ 0.028	
Child Lif	\$ 0.240	
Child Al	D&D	\$ 0.051

Ναιε ι ει ψ1,000					
Age	EE	SP			
<30	\$0.062	\$0.062			
30-34	\$0.080	\$0.080			
35-39	\$0.090	\$0.090			
40-44	\$0.109	\$0.109			
45-49	\$0.174	\$0.174			
50-54	\$0.274	\$0.274			
55-59	\$0.432	\$0.432			
60-64	\$0.748	\$0.748			
65-69	\$1.368	\$1.368			
70+	\$2.198	\$2.198			
AD&D	\$0.028	\$0.028			
Child Lif	\$0.240				
Child Al	D&D	\$0.051			

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

JW - 4/1/2020 - Page 3

Gallagher

Insurance | Risk Management | Consulting

Accepted Or	ot. Client Sign	ature	Date	GBS Auth Agent	Date

Gallagher Benefit Services Disclaimers



Coverage

This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

Renewal/Financial

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Legal

The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.



July 1, 2020 Renewal

Compensation - Medical Carriers

	Base Commission Level	Supplemental Compensation
Blue Cross Blue Shield	Graded 8%	\$0 - \$150 PEPY new; \$0 - \$25 PEPY renewal
Humana	Flat 4.5%	\$1 - \$17 PEPQ

Compensation - TPA, Flex, COBRA Carriers

	Base Commission Level	Supplemental Compensation
Envision Healthcare	None	None

Compensation - Dental Carriers

	Base Commission Level	Supplemental Compensation
Guardian Life	\$4.79 PEPM	0% - 7% of premium

Solvency & Compensation - Life & Disability Carriers

	Base Commission Level	Supplemental Compensation	Solvency Rating
MetLife Inc.	Life Graded 15%, Vol. Life Flat 15%	0% - 2.75% new; 0% - 2% renewal	A-

Compensation - Vision Carriers

	Base Commission Level	Supplemental Compensation
EyeMed Vision Care	Flat 10%	None
Met Life	Flat 10%	0% - 2.75% new; 0% - 2% renewal

For all medical, HMO, stop loss, dental, vision and EAP carriers:

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (The Street.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.



REQUEST FOR BOARD ACTION

MEETING DATE: May 28, 2020

DEPARTMENT: Finance

SUBJECT: Investment Policy Update

EXECUTIVE SUMMARY

The Village's Investment Policy needs a slight revision due to a new law, the Sustainable Investing Act (PA 101-473), that was signed by Governor Pritzker in 2019 with an effective date of January 1, 2020. It provides that all state and local government entities that hold and manage public funds should integrate material, relevant, and useful sustainability factors into their policies, processes, and decision-making. As such the policy has been updated in Section 3.2 to included language that satisfies this new law. This same language was passed by the Police Pension Board at their April 2020 meeting and is being recommended into the Village's investment policy as well.

FINANCIAL IMPACT

None.

ATTACHMENTS

1. Investment Policy with revision to Section 3.2

RECOMMENDED MOTION

Motion to approve revision to the Village's Investment Policy

Investment Policy



Adopted November 11, 1999

Revised 03/27/03: Section 11.0 Diversification-Update to Diversification Percentages

Revised 01/26/06: Section 9.0 Collateralization-Update to Allow Participation in the

Certificate of Deposit Account Registry Service

Revised 03/26/09: Section 11.0 Diversification-Update to Diversification Percentages

Revised 12/13/12: Section 7.0 Authorized Financial Dealers and Institutions-Add FDIC

Insured Institutions

Section 8.0 Authorized and Suitable Investments-Update Authorized

Investments and GFOA Advisory

Section 9.0 Collateralization-Update GFOA Best Practice and Collateral

Agreement

Section 11.0 Diversification-Update to Diversification Percentages

Section 14.1 Market Yield (Benchmark)-Update Benchmark

Section 15.1 Marking to Market-Update GFOA Best Practice

Revised 05/07/2019:

- <u>Entire policy</u> updated 'Finance Director' to 'Assistant Village Administrator/Finance Director'
- <u>Section 4.1 B. Interest Rate Risk</u> Changed the word 'general' to 'market'.
- <u>Section 7.0 Authorized Financial Dealers & Institutions</u> Deleted
 'National Association of Security Dealers (NASD)' and replace it with
 'Financial Industry Regulatory Authority (FINRA)'. FINRA is the new
 regulatory authority that was created when NASD and NYSE Member
 Regulation combined to form FINRA.
- <u>Section 8.0 Authorized and Suitable Investments</u> Illinois Public Reserves Investment Management Trust (IPRIME) was added as an authorized and suitable investment
 - o Remove the words 'short-term' and changed the days from '270' to '3 years'. Commercial Paper has been expanded in allowable investments per state statute to include corporate notes (commercial paper that goes out 3 years).
 - o Removed 'Derivatives', as an allowable investment due to risk.
- <u>Section 9.0 Collateralization</u> Changed Attachment #2 in this section to Attachment #1, and attached the GFOA Best Practices on Collateralizing Public Deposits.
 - Reduced the amount of collateral that is required to 102% (which is GFOA's recommendation) as 110% is restrictive for many financial institutions.
 - Changed 'or the Federal Reserve Bank of Chicago' to 'or a Federal Reserve Bank', as there are many different Federal Reserve Banks and don't want to limit to just Chicago.
 - Deleted Reciprocal Transactions. These are covered under the FDIC section of allowable investments.
- <u>Section 11.0 Diversification</u> Deleted bullet points referencing Investment Pools shall not exceed 50% of the portfolio. Depending on the rate environment, these liquid pools might be the safest alternative and provide the best rate.
 - Removed the restriction on 'Brokered CD's not exceeding 95% of the portfolio. These are FDIC insured and don't' need to limit these types of investments.
 - o Clarified the limit is 30% of the aggregate portfolio.
- Glossary Removed the glossary. Including definitions can potentially
 conflict with how terms are defined in state statute or this investment
 policy and thereby cause confusion or uncertainty regarding the policy.
 Many of the terms listed were not relevant to the policy or found within
 the policy.

Revised 05/28/2020: Section 3.2 – Added Sustainability Factors: Pursuant to 40 ILCS 5/1-113.6 and 1-113.17

VILLAGE OF LAKE IN THE HILLS, ILLINOIS INVESTMENT POLICY

1.0 **Policy**:

It is the policy of the Village of Lake in the Hills, Illinois (the "Village") to prudently invest public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow demands of the Village and conforming to all state statutes governing the investment of public funds.

2.0 **Scope**:

This investment policy applies to all financial assets of the Village. The financial assets of the Police Pension Fund are subject to the orders of its Board of Trustees. The following funds are accounted for in the Village's Comprehensive Annual Financial Report and include:

2.1 Funds:

- 2.1.1 General Fund
- 2.1.2 Special Revenue Funds
- 2.1.3 Capital Project Funds
- 2.1.4 Enterprise Funds
- 2.1.5 Trust and Agency Funds
- 2.1.6 (Any new fund created by the Village Board, unless specifically exempt.)

3.0 **Prudence**:

Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital, as well as the probable income to be derived.

- 3.1 The standard of prudence to be used by investment officials shall be the "**prudent person**" standard and shall be applied in the context of managing an overall portfolio. Investment officers acting in accordance with written procedures and the investment policy and exercising due diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and appropriate action is taken to control adverse developments.
- 3.2 Sustainability Factors: Pursuant to 40 ILCS 5/1-113.6 and 1-113.17, the Village will include material, relevant, and decision-useful sustainability factors that may be considered by the Village Board within the bounds of financial and fiduciary prudence, in evaluating investment decisions. These factors consist of but are not limited to:
 - a. Corporate governance and leadership factors
 - b. Environmental factors

- c. Social capital factors
- d. Human capital factors
- e. Business model and innovation factors

4.0 Objective:

The primary objective, in priority order, of the Village's investment activities shall be:

4.1 Safety:

Safety of principal is the foremost objective of the investment program. Investments of the Village shall be undertaken in a manner that seeks to insure the preservation of capital in the portfolio.

A. Credit Risk:

Credit risk is the risk of loss due to the failure of the security issuer or backer. Credit risk may be mitigated by:

- Pre-qualifying the financial institutions, broker/dealers, intermediaries, and advisers with which the Village will do business;
- Limiting investments to the safest types of securities; and
- Diversifying the investment portfolio so that potential losses on individual securities will be minimized.

B. Interest Rate Risk:

Interest rate risk is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates. Interest rate risk may be mitigated by:

- Structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell securities on the open market prior to maturity; and
- By investing operating funds primarily in shorter-term securities.

4.2 Liquidity:

The investment portfolio shall remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated. This is accomplished by structuring the portfolio so that securities mature concurrent with cash needs to meet anticipated demands. Furthermore, since all possible cash demands cannot be anticipated, the portfolio should consist largely of securities with active secondary markets.

4.3 Return on Investments:

Return on investment is of tertiary concern when compared to the safety and liquidity objectives described above. The investment portfolio shall be designed with the objective of attaining a market rate of return throughout economic cycles, considering the investment risk constraints and liquidity needs. Investments are limited to very low risk securities in anticipation of earning a fair

return relative to the risk being assumed. Securities shall not be sold prior to maturity with the following exceptions:

- 1) a declining credit security could be sold early to minimize loss of principal;
- 2) a security swap would improve the quality yield, or target duration in the portfolio; or
- 3) liquidity needs of the portfolio require that the security be sold.

5.0 Delegation of Authority:

Authority to manage the Village's investment program is derived from the following:

The establishment of investment policies is the responsibility of the Village Board. Management and administrative responsibility for the investment program is hereby delegated to the Assistant Village Administrator/Finance Director who, under the direction of the Village Administrator, shall establish written procedures for the operation of the investment program consistent with this investment policy. Procedures should include references to: safekeeping, delivery vs. payment, investment accounting, repurchase agreements, wire transfer agreements, collateral/depository agreements and banking service contracts. Such procedures shall include explicit delegation of authority to persons responsible for investment transactions. No person may engage in an investment transaction except as provided under the terms of this policy and the procedures established by the Assistant Village Administrator/Finance Director. The Assistant Village Administrator/Finance Director shall be responsible for all transactions undertaken and shall establish a system of controls to regulate the activities of subordinate officials. The Assistant Village Administrator/Finance Director may from time to time amend the written procedures in a manner not inconsistent with this policy or with state statutes.

6.0 Ethics and Conflicts of Interest:

Individuals involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Individuals involved in the investment process shall disclose any interests in financial institutions with which they conduct business. In addition, such individuals shall disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Individuals involved in the investment process shall refrain from undertaking personal investment transactions with the same individual with whom business is conducted on behalf of the Village.

7.0 <u>Authorized Financial Dealers and Institutions</u>:

The Assistant Village Administrator/Finance Director will maintain a list of financial institutions authorized to provide investment services. In addition, a list will also be maintained of approved security broker/dealers. These may include "primary" dealers or regional dealers that qualify under Securities and Exchange Commission Rule 15C3-1 (uniform net capital rule). No public deposit shall be made except on qualified public depository as established by state statutes.

The Village Board authorizes the Assistant Village Administrator/Finance Director to invest in any FDIC-insured financial institution up to the current FDIC insurance limit.

All financial institutions and broker/dealers who desire to become qualified bidders for investment transactions must supply the Assistant Village Administrator/Finance Director with the following:

- audited financial statements;
- proof of Financial Industry Regulatory Authority (FINRA) certification;
- proof of state registration; and
- certification of having read the Village's investment policy.

An annual review of the financial condition and registration of qualified bidders will be conducted by the Assistant Village Administrator/Finance Director.

A current audited financial statement must be on file for each financial institution and broker/dealer through which the Village invests.

8.0 Authorized and Suitable Investments:

The Village may invest in any type of security allowed for in Illinois statutes (30 ILCS 235/2) regarding the investment of public funds. Approved investments include but are not limited to:

- Bonds, notes, certificates of indebtedness, treasury bills, or other securities which are guaranteed by the full faith and credit of the United States of America as to principal and interest.
- Bonds, notes, debentures, or other similar obligations of the United States of America, its agencies, and its instrumentalities. Agencies of the United States of America include: (i) the federal land banks, federal intermediate credit banks, banks for cooperative, federal farm credit banks, or any other entity authorized to issue debt obligations under the Farm Credit Act of 1971 (12 U.S.C. 2001 et seq.) and Acts amendatory thereto; (ii) the federal home loan banks and the federal home loan mortgage corporation; and (iii) any other agency created by Act of Congress.
- Money market mutual funds registered under the Investment Company Act of 1940, provided that the portfolio of any such money market mutual fund is limited to obligations described above and to agreements to repurchase such obligations.
- The Illinois Funds, including the Illinois Public Treasurer's Investment Pool (IPTIP).
- The Illinois Metropolitan Investment Fund, (IMET).
- The Illinois Public Reserves Investment Management Trust (IPRIME)
- Interest bearing savings accounts, interest bearing certificates of deposit or interest bearing time deposits or any other investments constituting direct obligations of any bank as defined by the Illinois Banking Act that is insured by the Federal Deposit Insurance Corporation (FDIC).
- Obligations of corporations (banker's acceptances and commercial paper) organized in the United States with assets exceeding \$500 million if (i) such obligations are rated at the time of purchase at one of the three the highest classifications established by at least two standard rating services and which mature not later than 3 years from the date of purchase, (ii) such purchases do not exceed 10% of the corporation's outstanding obligations and (iii) no more than a combined 33% of the Village's funds may be invested in short term obligations of corporations (banker's acceptances and commercial paper).
- Short-term discount obligations of the Federal National Mortgage Association (FNMA) or in shares of other forms of securities legally issuable by savings banks or savings and loan associations incorporated under the laws of this state or any other state or under the laws of

- the United States. Investments may be made only in those savings banks or savings and loan associations the shares, or investment certificates of which are insured by the Federal Deposit Insurance Corporation (FDIC).
- In addition to any other investments authorized under this Act, a municipality or a county may invest its public funds in interest bearing bonds of any county, township, city, village, incorporated town, municipal corporation, or school district, of the State of Illinois, of any other state, or of any political subdivision or agency of the State of Illinois or of any other state, whether the interest earned thereon is taxable or tax-exempt under federal law. The bonds shall be registered in the name of the municipality or county or held under a custodial agreement at a bank. The bonds shall be rated at the time of purchase within the 4 highest general classifications established by a rating service of nationally recognized expertise in rating bonds of states and their political subdivisions.

9.0 Collateralization:

It is the policy of the Village and in accordance with the GFOA Best Practice on Collateralizing Public Deposits, Attachment #1, that the Village requires that funds on deposit in excess of FDIC limits be secured by some form of collateral. The Village will accept any of the following assets as collateral:

- Government Securities
- Obligations of Federal Agencies
- Obligations of Federal Instrumentalities
- Obligations of the State of Illinois

The Village reserves the right to accept/reject any form of the above-named securities.

The Village also requires that all depositories that hold Village deposits in excess of the FDIC limit must agree to utilize the Village's current Collateralization Agreement.

The amount of collateral provided will not be less than 102% of the fair market value of the net amount of public funds secured. The ratio of fair market value of collateral to the amount of funds secured will be reviewed monthly, and additional collateral will be required when the ratio declines below the level required and collateral will be released if the fair market value exceeds the required level. Pledged collateral will be held in safekeeping, by an independent third party depository, or the Federal Reserve Bank, designated by the Village and evidenced by a safekeeping agreement. Collateral agreements will preclude the release of the pledged assets without an authorized signature from the Village. The Village realizes that there is a cost factor involved with collateralization and the Village will pay any reasonable and customary fees related to collateralization.

10.0 Safekeeping and Custody:

All security transactions, including collateral for repurchase agreements, entered into by the Village shall be conducted on a delivery-verses-payment (DVP) basis. Securities will be held by a third party custodian designated by the Assistant Village Administrator/Finance Director and evidenced by safekeeping receipts.

11.0 Diversification:

In order to reduce the risk of default, the investment portfolio of the Village shall not exceed the following diversification limits unless specifically authorized by the Village Board:

- Monies deposited at a financial institution shall not exceed 75% of the capital stock and surplus of that institution.
- Commercial paper shall not exceed 33% of the Village's investment portfolio.
- Interest bearing bonds of any county, township, city, village, incorporated town, municipal corporation, or school district, of the State of Illinois, of any other state, or of any political subdivision or agency of the State of Illinois or of any other state, shall not exceed 30% of the aggregate Village's investment portfolio.

12.0 Maximum Maturities:

To the extent possible, the Village will attempt to match its investments with anticipated cash flow requirements. Unless matched to a specific anticipated expenditure, the Village will not directly invest in securities maturing more than three years from the date of purchase.

Reserve funds may be invested in securities exceeding three years if the maturities of such investments are made to coincide as nearly as practicable with the expected use of the funds.

13.0 Internal Controls:

The Assistant Village Administrator/Finance Director is responsible for establishing and maintaining an internal control structure designed to insure that the assets of the Village are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of the control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits require estimates and judgements by management.

Accordingly, the Assistant Village Administrator/Finance Director shall establish a process for annual independent review by an external auditor to assure compliance with policies and procedures.

The internal controls shall address the following points:

- Control of collusion
- Separation of transaction authority from accounting and record keeping
- Custodial safekeeping
- Avoidance of physical delivery securities
- Clear delegation of authority to subordinate staff members
- Written confirmation of telephone transactions for investments and wire transfers
- Development of a procedure for making wire transfers

14.0 Performance Standards:

The investment portfolio will be managed in accordance with the parameters specified within this policy. The portfolio should obtain a market average rate of return during a market/economic environment of stable interest rates. Portfolio performance should be compared to appropriate benchmarks on a regular basis.

14.1 Market Yield (Benchmark):

The Village's investment strategy is passive. Given this strategy, the basis to be used by the Assistant Village Administrator/Finance Director to determine whether market yields are being achieved shall be the six-month U.S. Treasury Bill.

15.0 **Reporting**:

The Assistant Village Administrator/Finance Director shall prepare an investment report at least monthly, including a succinct management summary that provides a clear picture of the status of the current investment portfolio. This management summary will be prepared in a manner which will allow the entity to ascertain whether investment activities during the reporting period have conformed to the investment policy. The report should be provided to the Village Administrator. The report may include the following:

- A listing of individual securities held at the end of the reporting period
- Listing of investments by maturity date
- The percentage of the total portfolio which each type of investment represents
- The percentage of the total portfolio which each institution is holding
- The percentage of the total portfolio broken down by defined maturity periods
- Principal and type of investment by fund

15.1 Marking to Market:

A statement of the market value of the portfolio shall be issued at least quarterly. This will ensure that the minimal amount of review has been performed on the investment portfolio in terms of value and subsequent price volatility. Review should be consistent with the GFOA Best Practice on Mark-to-Market Reporting Practices for State and Local Government Investment Portfolios (Attachment #2).

16.0 Investment Policy Adoption:

The Village of Lake in the Hills' investment policy shall be adopted by the Village Board. The policy shall be reviewed on an annual basis by the Assistant Village Administrator/Finance Director and any modifications made thereto must be approved by the Village Board.



REQUEST FOR BOARD ACTION

MEETING DATE: May 28, 2020

DEPARTMENT: Community Services

SUBJECT: Variations to Section 15.3-1.B, Permitted Fencing

EXECUTIVE SUMMARY

The property owners of 971 Brandt Drive request a variation to the Zoning Ordinance to allow for construction of a six-foot high, wooden fence. The fence is in the Front Yard (Side) and the Zoning Ordinance limits the height to five-feet on in this yard while the remainder of the fence may be up to six-feet. The petitioner desires to keep the fence the same height around the entire yard. The location of the fence is well back from the property lines and does not extend up to the Front Yard (Front) of the adjacent properties.

The Planning and Zoning Commission conducted a public hearing on May 18, 2020 for the petitioner's request. There were no public comments and Commissioners voted 5-0 to recommend approval of the variation.

FINANCIAL IMPACT

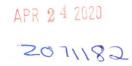
None

ATTACHMENTS

- 1. Application
- 2. Staff Report
- 3. Ordinance

RECOMMENDED MOTION

Motion to approve an ordinance for variation to Section 15.3-1.B of the Zoning Ordinance to allow construction of a six-foot high wooden fence in the Front Yard (Side) on Parcel 19-21-377-012 at 971 Brandt Drive.





PLANNING & ZONING APPLICATION

Property Information	
Common street address: 971 Brand+ Dr	_
PIN (Property Index Number): 19 21 377 012 0040	_
Current Zoning: Proposed Zoning: NA	_
Current Use: Residential Proposed Use: Residential	
Is the request consistent with the Comprehensive Plan? $\frac{1}{16}$	
Number of Acres: If greater than 4 acres, 2 acres for government property of manufacturing zoned land, application shall be processed as a Planned Development as Use. See definition of Planned Development and PD Section of Zoning Ordinance.	or 5 acres for a Conditional
Legal description of the property (print or attach exhibit):	_0
	-
Property Owner Information	_
Name(s): Scot Cindi Brazelton	_
Business/Firm Name (if applicable):	_
Address: 971 Brandt Dr	_
City/State/Zip: LITH II 60156	_
Phone Number: 815.861, 4362	
Email: Smb1012 @gmo11.com	_
Applicant Information	
Name(s): Scot Cindi Brazeltan	_
Business/Firm Name (if applicable):	
Address: 971 Brand+ Dr	
City/State/Zip:	
Phone Number:815.861, 4363	
Email: Smb1022 @ amail. com	

PLANNING & ZONING APPLICATION Page Two

1	2	3	4	5	6
Request	Select Request with "X"	Required Fee ac = acre	For Requirements See Appendix	Public Hearing Required See Appendix A2	Total Fee (enter amount per column 3)
Annexation		\$1,000/ac payable upon annexation	D	Yes	
Sketch Plan		\$0	Е	No	
Tentative Plan		\$500 + \$10/ac	F	No	
Final Plat		\$500 + \$10/ac	G	No	
Plat of Vacation and/or Resubdivision Plat		\$500 + \$10/ac	Н	No	
Conditional Use		\$500 + \$10/ac over 2 ac	I	Yes	
Rezoning		\$500 + \$10/ac over 2 ac	J	Yes	
Text Amendment		\$500	K	Yes	
Variance – Residential	×	\$100	L	Yes	
Variance – Non- Residential		0-2 ac = \$250 Over 2 ac = \$500	L	Yes	
Development Plan Review		\$500 + \$10/ac	М	No	
		Total Fees – a	add column 6 (Se	eparate Check)	100-00
		Addition	nal Fees		
Stormwater Perr	nit Application		time of permit issu	Minor = \$250 Major = \$1,000	
	of Food Boquir	ed Annendiy B -	\$2,000 + \$100/aci	re for every acro	

ensure turned, 75.00 to allow for a replacement of the lost sign and agrees the Village may withhold approval of their application until payment is received.

3. 30.30 If Owner/Applicant is a School Property Owner's Signature District please, fill out and submit Appendix N 3-20.20 s Signature Date

All required appendices and documentation shall be submitted with this application. Incomplete applications will not be processed.

LEGAL DESCRIPTION

Permanent Index Number: Property ID: 19-21-377-012

Property Address:

971 Brandt Drive Lake in the Hills, IL 60156

91R-009011 in McHenry County, Illinois.

Legal Description:
Lot 57 in Crystal Creek Phase 2, being a Subdivision in part of the Southwest Quarter of Section 21, Township 43 North, Range 8, East of the Third Principal Meridian, according to the Plat thereof recorded March 22, 1991 as Document No.



VARIATION APPLICATION

PAGE TWO

PROPERTY ADDRESS/PIN 19213770130040

1. Please indicate the variation that is being sought, include section(s) and paragraph(s) of the Zoning Ordinance and any dimension(s) and a brief description of the proposed use, construction or development that prompted the request:

Me are proposing allowance of le fence facing mobican Trail and Brandt Dr. The fence would be 12' from NW corner toward Mobican Trail and 46' to back of property. This fence would be a le shadowbox style wood fence with a gates on both sides of property.

The construction of this le fence would show consistency on all sides without sacrifacing visability bring in a corner lot or impeding traffic. This fance is set back for enough to not alter the neighborhood feel or safety of the public well-being.



Standards and Findings of Facts for a Variance per Section 23.7 of the Zoning Ordinance

The Planning and Zoning Commission may recommend and the Board of Trustees shall permit a variation of the provisions of this Zoning Code, as authorized in this Section, only if the evidence, in the judgement of the Village sustains each of the following three conditions:

1. The property in question cannot yield a reasonable return if permitted to be used only under the conditions allowed by the regulations governing the district in which it is located. Explain how this standard is met.

The purpose of the b' fence is to be uniform with all sides and allow our family and dog to enjoy the full aspect of our backyard.

2. The plight of the owner is due to unique circumstances. Explain how this standard is met.

a 5' fence facing those streets allows for less privacy, exposure for unwanted guests, and lack of continuity.

3. The variation, if granted, will not alter the essential character of the locality. Explain how this standard is met.

The variation to allow a 6' fence does not interfer with visability on the streets for traffic due to how far back the fence sits on our property



For the purpose of supplementing the above standards, the Village, in making this determination whenever there are practical difficulties or particular hardship, also shall take into consideration the extent to which the following facts, favorable to the applicant, have been established by the evidence:

4. That the particular physical surroundings, shape or topographical conditions of the specific property involved would bring a particular hardship upon the owner as distinguished from a mere inconvenience if the strict letter of the regulation were to be carried out. Explain how this standard is met.

exposed to less privacy, protection for our family and dog and perhaps the effect of market valvation

5. That the conditions upon which the petition for variation is based would not be applicable generally to other property within the same zoning classification. Explain how this standard is met.

from streets since were on a corner lot. This
request does not impede visability for others

6. That the purpose of the variation is not based exclusively upon a desire to make more money out of the property. **Explain** how this standard is met.

this request is based your the look, feel of the fence relative to the property, continuity and uniform throughout the whole backyard, and privacy for our family without any sacriface of the community



7. That the alleged difficulty or hardship has not been created by any person presently having interest in the property. Explain how this standard is met.
This request is to show consistency of the height
of fence on all sides, relative to rest of subdivision
without horting or interfering with flow of traffic
Since were on a corner lot
8. That the granting of the variation will not be detrimental to the public welfare or injurious to other property or improvements in the neighborhood in which the property is located. Explain how this standard is met.
Approving the variation will not be detrimental
to the public or cause injury to others.
9. That the proposed variation will not impair an adequate supply of light and air to adjacent property, or substantially increase the danger of fire, or otherwise endanger the public safety, or substantially diminish or impair property values within the neighborhood. Explain how this standard is met.
This variation will not impair, increase danger
of five or otherwise endanger the public av our
fellow neighbors safety or well-being. Increasing
funce to 6' with show consistency in neighborhood
SS 3-20.20
Applicant's Signature Date
Stylo 3.20.20
Property Owner's Signature Date

EXACTA LAND SURVEYORS, LLC





PROPERTY ADDRESS: 971 BRANDT DRIVE, LAKE IN THE HILLS, ILLINOIS 60156

SURVEY NUMBER: 1908.3529

FIELD WORK DATE: 8/20/2019

REVISION DATE(S): (REV.O 8/21/2019)

1908.3529 BOUNDARY SURVEY MCHENRY COUNTY

LOT 57 IN CRYSTAL CREEK PHASE 2, BEING A SUBDIVISION IN PART OF THE SOUTHWEST QUARTER OF SECTION 21, TOWNSHIP 43 NORTH, RANGE 8, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 22, 1991 AS DOCUMENT NO.
R91-009011, IN MCHENRY COUNTY, ILLINOIS

C-1
R=270.00'(R)
L=27.99'(R) 27.98'(C)

C-1 R = 270.00' (R) L = 27.99' (R) 27.98' (C) $\Delta = 5°56'15" (C)$ 5 49°45'34" W 27.97' (C)

(C) LOT 33 11116 SQ.FT.± STRUNK=\$HEIGHT=\$! LOT 56 SRAND, OPLE 60 PM 1200 E 8

STATE OF ILLINOIS
COUNTY OF GRUNDY
THIS IS TO CERTIFY THAT THIS PROFESSIONAL SERVICE
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THIS IS TO CERTIPY THAT THIS PROFESSIONAL SERVICE CONFORMS TO THE CURRENT ILLINOIS MINIMUM STANDARDS FOR A BOUNDARY SURVEY. GIVEN UNDER MY HAND AND SEAL THIS 21ST DAY OF AUGUST, 2019 AT 316 E. JACKSON STREET IN MORRIS, IL 60450.

Kenneth Kennedy

ILLINOIS PROFESSIONAL LAND SURVEYOR No. 3403 LICENSE EXPIRES | 1/30/2020 PROFESSIONAL DESIGN FIRM | 84008059-0008 O35-003403

PROFESSIONAL

LAND SURVEYOR

MORRIS, IL

O)

PEOF ILLINO

GRAPHIC SCALE (In Feet)
1 inch = 40' ft.





REQUEST FOR PUBLIC HEARING AND COMMISION ACTION



PLANNING AND ZONING COMMISION

MEETING DATE: May 18, 2020

DEPARTMENT: Community Services

SUBJECT: Variation to Section 15.3-1.B, Permitted Fencing

EXECUTIVE SUMMARY

General Information

Requested Action: Variation to Section 15.3-1.B of the Zoning Ordinance to allow a six-foot tall

fence in the front yard (side) of the home. The Zoning Ordinance only allows

for a five-foot fence.

Owner: Scott and Cindi Brazelton

Applicant: Scott and Cindi Brazelton

Purpose: Allow construction of a six-foot wooden fence in the front yard (side) to

match with the proposed construction of a six-foot wooden fence in the rear

yard.

Location and Size: 971 Brandt Drive

Zoning and Land Use: Site: R-2 One Family Dwelling District

North: R-2 One Family Dwelling District

East: R-2 One Family Dwelling District

South: R-2 One Family Dwelling District

West: R-2 One Family Dwelling District

Background

The applicants request variation to the Zoning Ordinance to allow construction of a six-foot high, wooden fence in the front yard (side). There is currently no fence on this property or the adjacent corner lot. There is an existing six-foot fence on the adjacent side lot line. The proposed fence location meets all other Zoning Ordinance requirements. The applicants intend to install the fence to match with the proposed construction of a six-foot wooden fence in the rear yard. The new fence will not block any lines of sight. Staff finds merit to the variation for height.

The Community Services Director reviewed the property for approval under Section 15.3-1G, but the conditions did not meet the standard.

Standards and Findings of Fact for a Variation

The Planning and Zoning Commission may recommend and the Board of Trustees shall permit a variation of the provisions of this Zoning Code, as authorized in this Section, only if the evidence, in the judgement of the Village sustains each of the following three conditions:

A. The property in question cannot yield a reasonable return if permitted to be used only under the conditions allowed by the regulations governing the district in which it is located;

The applicant indicates the fence height is needed to provide privacy and uniformity with the remainder of the fencing.

B. The plight of the owner is due to unique circumstances; and

The applicant indicates that this lot is a unique situation due to it being a corner lot.

C. The variation, if granted, will not alter the essential character of the locality.

The applicant indicates this will not alter the essential character of the locality.

For the purpose of supplementing the above standards, the Village, in making this determination whenever there are practical difficulties or particular hardship, also shall take into consideration the extent to which the following facts, favorable to the applicant, have been established by the evidence:

D. That the particular physical surroundings, shape or topographical conditions of the specific property involved would bring a particular hardship upon the owner as distinguished from a mere inconvenience if the strict letter of the regulation were to be carried out;

The applicant indicates the hardship created is a lack of privacy.

E. That the conditions upon which the petition for variation is based would not be applicable generally to other property within the same zoning classification;

The applicant indicates the location of the fence back from the property line creates a unique situation with no adverse effect.

F. That the purpose of the variation is not based exclusively upon a desire to make more money out of the property;

The applicant indicates the variation is not to make money from the property.

G. That the alleged difficulty or hardship has not been created by any person presently having interest in the property;

The applicant indicates he did not create the presence of the wildlife or traffic.

H. That the granting of the variation will not be detrimental to the public welfare or injurious to other property or improvements in the neighborhood in which the property is located; or

The applicant indicates it will not be detrimental to the public welfare or injurious to other property or improvements in the neighborhood in which the property is located.

I. That the proposed variation will not impair an adequate supply of light and air to adjacent property, or substantially increase the danger of fire, or otherwise endanger the public safety, or substantially diminish or impair property values within the neighborhood.

The applicant indicates this condition will be met.

ATTACHMENTS

- 1. Application
- 2. Site Plan
- 3. Plat and Fence Layout
- 4. Photos

RECOMMENDED ACTION

Commission recommend approval to the Village Board for variation to Section 15.3-1.B of the Zoning Ordinance at 971 Brandt Drive on parcel 19-21-377-012 allowing construction of a six-foot, wooden fence.

VILLAGE OF LAKE IN THE HILLS

ORDINANCE NO. 2020 - ____

An Ordinance granting a variation to Section 15.3-1.B, Permitted Fencing, of the Zoning Ordinance to allow for installation of a six-foot high, wooden fence in the front yard (side) at 971 Brandt Drive on Parcel 19-21-377-012

WHEREAS, the Village of Lake in the Hills, McHenry County, Illinois (the "Village"), is a home rule municipality as contemplated under Article VII, Section 6, of the Constitution of the State of Illinois, and the passage of this Ordinance constitutes an exercise of the Village's home rule powers and functions as granted in the Constitution of the State of Illinois; and

WHEREAS, Scot and Cindi Brazelton, applicants and owners, of the Subject Property located at 971 Brandt Drive, Lake in the Hills, IL 60156 with a PIN of 19-21-377-012, petitioned the Village of Lake in the Hills for a variation to Section 15.3-1.B of the Zoning Ordinance to allow for installation of six-foot high, wooden fence in the front yard (side); and

WHEREAS, the Planning and Zoning Commission, after deliberation, has made a report and its recommendation relative to the variations for the subject property; and

WHEREAS, the President and Board of Trustees of the Village of Lake in the Hills have considered the report of the Planning and Zoning Commission and all of the evidence presented by the petitioner at the public hearing before the Commission; and

NOW, THEREFORE, Be It ordained by the President and Board of Trustees of the Village of Lake in the Hills, McHenry County, Illinois that:

- SECTION 1: The Corporate Authorities find that the statements in the foregoing preamble are true.
- SECTION 2: The findings and recommendations of the Planning and Zoning Commission on the question of granting variations for the Subject Property at 971 Brandt are hereby accepted.
- SECTION 3: Variation to Section 15.3-1.B, Permitted Fencing, of the Zoning Ordinance to allow a placement of a six-foot high, wooden fence in the front yard (side) at the residence on the Subject Property is hereby granted; and

SECTION 4: All other requirements set forth in the Zoning Ordinance of the Village of Lake in the Hills, as would be required by the Village as to any owner of property zoned in the same manner as the Subject Property shall be complied with.

SECTION 5: If any section, paragraph, subdivision, clause, sentence or provision of this Ordinance shall be adjudged by any Court of competent jurisdiction to be invalid, such judgement shall not affect, impair, invalidate or nullify the remainder thereof, which remainder shall continue in full force and effect.

SECTION 6: All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict.

SECTION 7: This Ordinance shall be in full force and effect upon its passage, approval and publication in pamphlet form (which publication is hereby authorized) as provided by law.

Aves

Passed this 28th day of May, 2020 by roll call vote as follows:

Navs

Absent

Abstain

Trustee Stephen Harlfinger Trustee Ray Bogdanowski Trustee Bob Huckins Trustee Bill Dustin Trustee Suzette Bojarski							
Trustee Diane Murphy President Russ Ruzanski	APPROVED	THIS	28ТН	DAY	OF M	ſAY,	2020
(SEAL)	Villag	e Pres	siden	t, Ru	ıss F	Ruzar	nski
ATTEST:Village Clerk, C	ecilia Carm	man					
Published:							

Exhibit A 971 Brandt

