

PUBLIC MEETING NOTICE AND AGENDA COMMITTEE OF THE WHOLE MEETING

MAY 24, 2022 7:30 P.M. AGENDA

- 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. 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. Ordinance approving Budget Amendments to the Operating Budget for the FY Ending December 31, 2021
 - B. Public Works
 - 1. Reject all Bids and waive the Competitive Bidding requirements for the Lynn Dillow Park Playground Removal and Replacement Project
 - 2. Well 12 Emergency Pump Repair Contract Ratification
 - C. Community Development
 - 1. Ordinance granting a Variance to Section 7.4 Residential Bulk Chart R-4 Zoning District rear yard setback at 9340 Haligus Road
 - 2. Ordinance granting a Conditional Use for Class 3 Solar System at 9340 Haligus Road
- 5. Board of Trustees
 - A. Trustee Harlfinger
 - B. Trustee Huckins
 - C. Trustee Dustin
 - 1. Planning and Zoning Commission Liaison Report
 - D. Trustee Bojarski
 - E. Trustee Murphy
 - F. Trustee Anderson
 - 1. Parks and Recreation Board Liaison Report
- 6. Village President
 - A. Proclamation Girl Scout Gold Award Faith San Martin (Thursday)
 - B. Proclamation Pride Month June (Thursday)
- 7. 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:	Date:	Time:
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REQUEST FOR BOARD ACTION

MEETING DATE: May 24, 2022

DEPARTMENT: Finance

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

EXECUTIVE SUMMARY

As part of its 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 Blue Cross Blue Shield of Illinois (medical), Guardian (dental), and MetLife (vision and life). There are no changes being recommended to providers during this renewal period and each line of coverage is discussed below.

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

The Blue Cross Blue Shield (BCBS) 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 BCBS 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 BCBS HDHP 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 Plans are network plans with copays for primary care, specialists, other services, and prescriptions, and are the least costly but most restrictive plans. The Basic HMO Plan has a \$50 primary care/\$70 specialist copay with a \$1,000 single/\$3,000 family deductible. The Enhanced HMO Plan has a \$30 primary care/\$50 specialist copay with no deductible, however, employees enrolling in the Enhanced HMO Plan are responsible for paying 100% of the premium differential from the Basic HMO Plan.

The Village initially received a renewal rate increase of 22.0% for the medical plan from BCBS. After soliciting and receiving quotes from other insurance carriers through our insurance broker, Gallagher, and further discussions with BCBS, they provided rate relief down to an average 10.3% increase comprised of a blend of a 9.9% increase for the HDHP Plan, a 10.0% increase for the Enhanced HMO Plan, a 10.1% increase for the PPO Plan, and a 14.0% increase for the Basic HMO Plan.

Quotes were solicited from several other carriers to ensure that we were receiving competitive renewal rates. United Health Care's low quote was a 21.7% increase while Aetna provided a quote with a 10.9% increase. Both of these quotes were higher than BCBS's final quote of a 10.3% increase.

Cigna offered a quote of a 6.8% increase but only if all three lines of medical, dental, and vision coverage moved to Cigna. The medical plan savings would amount to approximately \$61,300 but needs to be considered in conjunction with the following factors:

- *Network Disruption*: The overall BCBS network has almost twice the amount of providers as the overall Cigna network does including 65% coverage in McHenry County compared to only 42% coverage by Cigna in McHenry County. Additionally, the overall BCBS primary care providers outnumber the overall Cigna primary care providers by almost a 2.6 to 1.0 ratio.
- *Network Discount*: In general, there is about a 5% differential in net paid versus gross billed claims with BCBS having an advantage over Cigna and other carriers in this segment. Therefore, other carriers pay about 5% net more for the same claim amounts in a policy year. Based on the Village's recent claims history of about \$1.8 million net, the gross numbers would be about \$3.6 million so 5% is approximately \$180,000 more that other carriers will pay in claims than BCBS will pay in a policy year for the same gross remittances. This will impact future renewal rates.
- Second and Future Year Premiums: Another impact on future renewal rates is the first year savings experienced by a new carrier following a transition. A new carrier will only experience about ten months of claims to pay in their first year and won't go to a fully mature plan year until the second year. The impact on rates in the second and future years will be somewhere between one month (8.3%) and two months (16.7%).
- Administrative Costs: There are also significant administrative costs involved in transitioning to a
 new carrier. While these are internal costs comprised mostly of staff time, they need to be
 considered since transitioning to a new carrier involves much more staff time than renewing with
 an existing carrier does and open enrollment periods are already a time-consuming process
 currently managing over 100 insurance eligible employees and retirees across multiple medical,
 dental, vision, and life insurance plans.

Based on these factors, the general rule of thumb is to consider a move from BCBS to another carrier if the rate differential is about 10% or more. Therefore, the recommendation is to renew with BCBS for medical insurance at a blended rate increase of 10.3%.

<u>Partially Self-Funded Medical Plan</u> - Both the PPO and HDHP plans have a partially self-funded component to them whereby the Village purchases a higher deductible/higher out-of-pocket plan from BCBS 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 BCBS's preferred vendor and has a direct feed from them to receive the Explanation of Benefits for Village employees and retirees to process their 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 coverage 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 one of the Village's health insurance plans.

<u>Dental Insurance</u> – Guardian provides our dental insurance through a self-funded plan arrangement. Since the dental plan is self-funded, the Village will be responsible for all claims incurred regardless of the carrier so a dental network with strong discounts is a key component. Guardian's renewal quote came in at a 5.7% decrease from current rates including a 1% decrease in their claims administration fee for the second consecutive year.

Quotes were also requested from several other carriers and responses ranged from a 12.6% decrease from Cigna to a 14.6% increase from United Health Care. The Cigna quote was also contingent on moving vision coverage to Cigna. The combined dental and vision costs of the Cigna quote would be about \$6,300 or 4.9% lower than renewing with Guardian for dental and MetLife for vision.

Similar to the medical renewal, second year and future year premium costs as well as the network disruption and administrative costs involved with a change in carriers are factors that need to be considered. Based on those factors, the recommendation is to renew dental insurance coverage with Guardian.

<u>Vision Insurance</u> – MetLife's vision plan renewal rate came in at a 4% increase. Six other carriers submitted proposals ranging from a 7% increase from United Health Care to a 42% increase from Delta Vision. Renewing vision insurance with MetLife is being recommended at an estimated annual cost of \$16,697.

<u>Life Insurance</u> - MetLife provided a renewal quote for an 8.3% increase for Life & Accidental Death & Disability insurance coverage. No other competitive quotes were received. The MetLife quote will result in an increase of less than \$1,300 annually and is being recommended. This benefit is 100% paid for by the Village and is projected to have a total annual premium of \$16,306.

<u>Employee Contributions</u> – There are no proposed changes to the current employee contribution rates. Current Non-Wellness contribution rates are 22% for the PPO plan, 9% for the HDHP plan, and 11% for the Basic HMO plan. Note that employees enrolling in the Enhanced HMO Plan are also responsible for paying 100% of the premium differential from the Basic HMO Plan so their contribution will be 15% effective July 1, 2022.

Additionally, those employees earning enough wellness points to achieve the wellness incentive receive a 4% wellness discount which makes their contribution rates 18% for the PPO plan, 5% for the HDHP plan, 7% for the Basic HMO plan, and 11% for the Enhanced HMO plan.

These contribution rates average 14.25% for Non-Wellness and 10.25% for Wellness and provide the Village a competitive advantage in terms of recruitment and retention of its workforce. The 4% wellness incentive discount is expected to motivate employees to earn the required wellness points and, consequently, result in a healthier workforce while simultaneously lowering overall health care costs.

<u>Voluntary Plans</u> – Employees are also provided the opportunity to elect to participate in various other voluntary coverage plans via payroll deduction including flexible spending accounts through Envision Healthcare, health savings accounts, and voluntary life and accidental death & disability insurance for themselves and their dependents so that they can tailor their insurance coverages for their specific needs.

FINANCIAL IMPACT

The FY22 budget for insurance for the last six months of the fiscal year is \$1.1 million which includes a 10% increase in insurance premiums effective with the July 1, 2022 renewal. Assuming worst case from a cost perspective that all employees achieve the required number of wellness points to qualify for the 4% wellness discount for the last six months, the premium costs for that same time period would be \$1,068,000 or \$32,000 under budget across all funds.

Note that the budget contemplates that the number of employees and the plans selected by the employees will remain the same throughout the year, however, during open enrollment, employees have the opportunity to elect different plans and different levels of coverage. Also, as new employees are hired into insurance eligible positions, their insurance elections will also impact actual insurance costs when compared to budget. As such, the projected budgetary savings of \$32,000 may increase or decrease depending on open enrollment outcomes and new hire elections, as well as the actual number of employees who qualify for the wellness discount.

ATTACHMENTS

- 1. Health Care Premiums and Employee Contributions Calculations
- 2. 2022 Renewal & Marketing Presentation
 - a. Blue Cross Blue Shield Medical Rate Renewal Analysis
 - b. Guardian Dental Rate Renewal Analysis
 - c. MetLife Vision Rate Renewal Analysis
 - d. MetLife Life and AD&D Rate Renewal Analysis
 - e. MetLife Voluntary Life and AD&D Rate Renewal Analysis

RECOMMENDED MOTION

Authorize the Village Administrator to execute all contracts, applications, and other documents necessary to complete the July 1, 2022 renewal with Blue Cross Blue Shield for four medical insurance plans, with Guardian for dental insurance, with MetLife for vision and life insurance, and with Envision for flexible spending account, COBRA, and partially self-funded plan benefit administration services; to continue to offer the health insurance waiver program at \$2,000 per year; to maintain employee Non-Wellness contribution levels for medical, dental, and vision insurance at 22% for the PPO plan, 9% for the HDHP plan, and 11% for the Basic HMO plan; to continue to authorize a 4% wellness incentive discount by setting employee Wellness Rate contribution levels for medical, dental, and vision insurance at 18% for the PPO plan, 5% for the HDHP plan, and 7% for the Basic HMO plan; and to maintain the employee contribution levels for the Enhanced HMO Plan to be consistent with the above levels of 11% for Non-Wellness and 7% for Wellness plus the total incremental costs of the Enhanced HMO Plan above the Basic HMO Plan.

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′22	rance - FY21 vs. F	lth Insur	ons to Hea	Contributio	nlovee C	Em	-	lan Contrib			LOYEE				HEALTH CA
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Per Plan Year	Per Paycheck	% Inc.	\$\$ Inc.	FY22 Emp. Contribution	FY21 Emp. Contribution	PPO + PSF	%	Monthly Village Cost	%	Monthly Employee Contribution	Monthly Cost	Met Life Vision	Guardian Dental	BCBS Health	PPO + PSF
\$147	\$6	8%	\$12.22	\$165.86	153.64	Single	82%	\$755.63	18%	\$165.86	\$921.49	\$4.91	\$46.97	\$869.61	Single
\$310	\$13	8%	\$25.84	349.20	323.36	Single plus Spouse	82%	\$1,590.77	18%	\$349.20	\$1,939.97	\$12.17	\$82.89	\$1,844.91	Single plus Spouse
\$382	\$16	9%	\$31.84	369.52	337.68	Single plus Child(ren)	82%	\$1,683.35	18%	\$369.52	\$2,052.87	\$11.33	\$96.28	\$1,945.26	Single plus Child(ren)
\$544	\$23	9%	\$45.34	554.50	509.16	Single plus Family	82%	\$2,526.06	18%	\$554.50	\$3,080.56	\$18.61	\$141.37	\$2,920.58	Single plus Family
\$346	\$14 AVERAGES	9%													
Per Plan Year	Per Paycheck	% Inc.	\$\$ Inc.		FY21 Emp. Contribution	HDHP + PSF	%	Monthly Village Cost	%	Monthly Employee Contribution	Monthly Cost	Met Life Vision	Guardian Dental	BCBS Health	HDHP/HSA + PSF
\$33	\$1	8%	\$2.76	39.06	36.30	Single	95%	\$742.10	5.0%	\$39.06	\$781.16	\$4.91	\$46.97	\$729.28	Single
\$69	\$3	7%	\$5.72	\$82.02	76.30	Single plus Spouse	95%	\$1,558.55	5.0%	\$82.02	\$1,640.57	\$12.17	\$82.89	\$1,545.51	Single plus Spouse
\$85	\$4	9%	\$7.10	86.86	79.76	Single plus Child(ren)	95%	\$1,650.22	5.0%	\$86.86	\$1,737.08	\$11.33	\$96.28	\$1,629.47	Single plus Child(ren)
\$120 \$77	\$5 \$3	8% 8%	\$10.04	130.28	120.24	Single plus Family	95%	\$2,475.40	5.0%	\$130.28	\$2,605.68	\$18.61	\$141.37	\$2,445.70	Single plus Family
¥	AVERAGES	0,0													
Per Plan Year	Per Paycheck	% Inc.	\$\$ Inc.		FY21 Emp. Contribution	HMO Basic	%	Monthly Village Cost	%	Monthly Employee Contribution	Monthly Cost	Met Life Vision	Guardian Dental	BCBS Health	HMO Basic
\$65	\$3	13%	\$5.38	48.06	42.68	Single	93%	\$638.54	7.0%	\$48.06	\$686.60	\$4.91	\$46.97	\$634.72	Single
\$134	\$6	12%	\$11.18	101.36	90.18	Single plus Spouse	93%	\$1,346.78	7.0%	\$101.36	\$1,448.14	\$12.17	\$82.89	\$1,353.08	Single plus Spouse
\$156	\$7	14%	\$13.04	107.42	94.38	Single plus Child(ren)	93%	\$1,427.19	7.0%	\$107.42	\$1,534.61	\$11.33	\$96.28	\$1,427.00	Single plus Child(ren)
\$226 \$145	\$9 \$6	13% 13%	\$18.82	161.38	142.56	Single plus Family	93%	\$2,143.96	7.0%	\$161.38	\$2,305.34	\$18.61	\$141.37	\$2,145.36	Single plus Family
	AVERAGES														
		% Inc.	\$\$ Inc.		FY21 Emp. Contribution	HMO Enhanced	%	Monthly Village Cost	%	Monthly Employee Contribution	Monthly Cost	Met Life Vision	Guardian Dental	BCBS Health	HMO Enhanced
Per Plan Year	Per Paycheck										\$717.15	\$4.91	\$46.97	\$665.27	Single
Per Plan Year -\$159	Per Paycheck -\$7	-14%	-\$13.22	78.62	91.84	Single	89%	\$638.54	11%	\$78.62	\$/1/.15 J			+·	
		-14% -14%	-\$13.22 -\$27.93	78.62 166.58	91.84 194.51	Single Single plus Spouse	89% 89%	\$638.54 \$1,346.78	11% 11%	\$78.62 \$166.58	\$1,513.36	\$12.17	\$82.89		Single plus Spouse
-\$159	-\$7											\$12.17 \$11.33		\$1,418.30	Single plus Spouse Single plus Child(ren)
-\$159 -\$335	-\$7 -\$14	-14%	-\$27.93	166.58	194.51	Single plus Spouse	89%	\$1,346.78	11%	\$166.58	\$1,513.36		\$82.89	\$1,418.30 \$1,495.77	

HEALTH CA	-	/ELLNE		LOVEE	I	-	n Contributi	-	Em	nlovoo C	`antributi	ons to Ho	alth Inc.u	ance - FY21 vs.	EV22
CONTRIBUTI				_			nan Contribut		E	pioyee C	, OHLH IDULI	ons to ne	aitii iiiSui	ance - F121 VS.	F 1 2 2
PPO + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost	Monthly Employee Contribution	%	Monthly Village Cost	%	PPO + PSF	FY21 Emp. Contribution		\$\$ Inc.	% Inc.	Per Paycheck	Per Plan Year
Single	\$869.61	\$46.97	\$4.91	\$921.49	\$202.72	22%	\$718.77	78%	Single	187.78	\$202.72	\$14.94	8%	\$7	\$179
Single plus Spouse	\$1,844.91	\$82.89	\$12.17	\$1,939.97	\$426.80	22%	\$1,513.17	78%	Single plus Spouse	395.22	426.80	\$31.58	8%	\$16	\$379
Single plus Child(ren)	\$1,945.26	\$96.28	\$11.33	\$2,052.87	\$451.64	22%	\$1,601.23	78%	Single plus Child(ren)	412.72	451.64	\$38.92	9%	\$19	\$467
Single plus Family	\$2,920.58	\$141.37	\$18.61	\$3,080.56	\$677.72	22%	\$2,402.84	78%	Single plus Family	622.30	677.72	\$55.42	9%	\$28	\$665
													9%	\$18 AVERAGES	\$423
HDHP/HSA + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost	Monthly Employee Contribution	%	Monthly Village Cost	%	HDHP + PSF	FY21 Emp. Contribution		\$\$ Inc.	% Inc.	Per Paycheck	Per Plan Year
Single	\$729.28	\$46.97	\$4.91	\$781.16	\$70.30	9.0%	\$710.86	91%	Single	65.36	70.30	\$4.94	8%	\$2	\$59
Single plus Spouse		\$82.89	\$12.17	\$1,640.57	\$147.66	9.0%	\$1,492.91	91%	Single plus Spouse	137.34	\$147.66	\$10.32	8%	\$5	\$124
Single plus Child(ren)	\$1,629.47	\$96.28	\$11.33	\$1,737.08	\$156.34	9.0%	\$1,580.74	91%	Single plus Child(ren)	143.56	156.34	\$12.78	9%	\$6	\$153
Single plus Family	\$2,445.70	\$141.37	\$18.61	\$2,605.68	\$234.52	9.0%	\$2,371.16	91%	Single plus Family	216.42	234.52	\$18.10	8%	\$9	\$217
													8%	\$6 AVERAGES	\$138
												<u> </u>		7.72.0.020	
HMO Basic	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost	Monthly Employee Contribution	%	Monthly Village Cost	%	HMO Basic	FY21 Emp. Contribution		\$\$ Inc.	% Inc.	Per Paycheck	Per Plan Year
Single	\$634.72	\$46.97	\$4.91	\$686.60	\$75.52	11.0%	\$611.08	89%	Single	67.08	75.52	\$8.44	13%	\$4	\$101
Single plus Spouse	\$1,353.08	\$82.89	\$12.17	\$1,448.14	\$159.30	11.0%	\$1,288.84	89%	Single plus Spouse	141.72	159.30	\$17.58	12%	\$9	\$211
Single plus Child(ren)	\$1,427.00	\$96.28	\$11.33	\$1,534.61	\$168.80	11.0%	\$1,365.81	89%	Single plus Child(ren)	148.32	168.80	\$20.48	14%	\$10	\$246
Single plus Family	\$2,145.36	\$141.37	\$18.61	\$2,305.34	\$253.58	11.0%	\$2,051.76	89%	Single plus Family	224.02	253.58	\$29.56	13%	\$15 \$10	\$355 \$228
													1370	AVERAGES	Ψ220
HMO Enhanced	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost	Monthly Employee Contribution	%	Monthly Village Cost	%	HMO Enhanced	FY21 Emp. Contribution		\$\$ Inc.	% Inc.	Per Paycheck	Per Plan Year
Single	\$665.27	\$46.97	\$4.91	\$717.15	\$106.08	15%	\$611.08	85%	Single	116.24	106.08	-\$10.16	-9%	-\$5	-\$122
Single plus Spouse	\$1,418.30	\$82.89	\$12.17	\$1,513.36	\$224.52	15%	\$1,288.84	85%	Single plus Spouse	246.05	224.52	-\$21.53	-9%	-\$11	-\$258
Olligie plus Opouse				1	\$237.58	15%	\$1,365.81	85%	Single plus Child(ren)	256.72	237.58	-\$19.14	-7%	-\$10	-\$230
Single plus Child(ren)	\$1,495.77	\$96.28	\$11.33	\$1,603.38	\$237.50	1070	4.,		. ,			¥		***	
		\$96.28 \$141.37	\$11.33 \$18.61	\$1,603.38	\$357.02	15%	\$2,051.76	85%	Single plus Family	387.57	357.02	-\$30.55	-8% -8%	-\$15 -\$10	-\$367 -\$244



2022 Renewal & Marketing Presentation

Prepared for

Village of Lake in the Hills

Presented by
Timothy Knauf, Area Sr. Vice President
May-22

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.



2022 Medical Market Study

_	Results	Comments
Blue Cross Blue Shield	Current Carrier	Initial Renewal +22%, Revised Renewal +12.58%
CIGNA		Revised Quote received - refer to analysis (underwritten)
UnitedHealthcare		Revised Quote received - refer to analysis (underwritten)
Aetna		Quote received (Initial Only, Not Underwritten) - refer to analysis

rb 4/6/22

Major Medical Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

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				Curr	ent			
ER Contrib to EE: Varies*				Blue Cross E	Blue Shield			
	HMO Blue A	dvantage	Blue Advantage	e HMO Value	H.S.A. BlueE	dge NPEH1807		
Waiting Period: Date of Hire	Entrepreneur		Choice MIE			mb	PPO BluePrii	nt NPPE3Q24
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits								
OV - Primary/Spec	\$30/\$50	NA	\$50/\$70	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%
Urgent Care	Copay May Apply	NA	\$50/\$70	NA	Deduct	Ded+20%	Ded+20%	Ded+40%
Deductible								
Individual	\$0	NA	\$1,000	NA	\$5,000	\$10,000	\$3,500	\$7,000
Family	\$0	NA	\$3,000	NA	\$10,000	\$20,000	\$10,500	\$21,000
Coinsurance	100%	NA	100%	NA	100%	80%	80%	60%
OPX Max (Including Ded)								
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000
Family Med OPX	\$3,000	NA	\$9,000	NA	\$10,000	\$40,000	\$10,200	\$20,400
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000
Hospital Services								
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	\$200+Ded+20%	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%
Outpatient Surgery	\$0	NA	\$150+Ded+20%	NA	Deduct	Ded+20%	Ded+20%	Ded+40%
Emergency Room	\$150	0	\$250+De	d+20%	De	duct	\$1	50
Prescription Drugs								
Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	\$0/\$10/\$50/ \$100/\$150/\$250	NA	Deduct	See SPD	\$15/35%/50%	See SPD
90 Day Mail Order Available (Y/N)	2x's	NA	2x's	NA	Deduct	NA	2x's	NA
Network Name	BCBS HMO	NA	Blue Adv. HMO	NA	BCBS PPO	NA	BCBS PPO	NA
Hospitals or Web Address				www.bcb	sil.com			•
Rates	HMC)1	HMC	02	H.	S.A.	P	PO
EE	3	\$613.77	4	\$564.61	11	\$582.52	6	\$692.89
EESP	1	\$1,302.41	0	\$1,198.08	7	\$1,236.11	1	\$1,470.27
EECH	6	\$1,353.15	4	\$1,244.75	9	\$1,284.26	2	\$1,527.55
FAM	7	\$2,041.77	3	\$1,878.22	34	\$1,937.84	3	\$2,304.94
Monthly Admin Fee		<u>.</u>		\$0.0	00	•	•	-
Estimated Monthly Premium	\$25,555	5.01	\$12,87	2.10	\$92,	505.39	\$15,5	97.53
Estimated Annual Premium				\$1,758,3	60.36			
Percentage Change From Current								

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, 2022 Renewal



Insurance | Risk Management | Consulting

	Renewal								
ER Contrib to EE: Varies*				Blue Cross E	Blue Shield				
	HMO Blue A	dvantage	Blue Advantage	e HMO Value	H.S.A. BlueEd	dge NPEH1807			
Waiting Period: Date of Hire	Entrepreneur		Choice MIE			mb	PPO BluePrint NPPE3Q24		
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Office Visits									
OV - Primary/Spec	\$30/\$50	NA	\$50/\$70	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%	
Urgent Care	Copay May Apply	NA	\$50/\$70	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Deductible									
Individual	\$0	NA	\$1,000	NA	\$5,000	\$10,000	\$3,500	\$7,000	
Family	\$0	NA	\$3,000	NA	\$10,000	\$20,000	\$10,500	\$21,000	
Coinsurance	100%	NA	100%	NA	100%	80%	80%	60%	
OPX Max (Including Ded)									
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000	
Family Med OPX	\$3,000	NA	\$9,000	NA	\$10,000	\$40,000	\$10,200	\$20,400	
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000	
Hospital Services									
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	\$200+Ded+20%	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%	
Outpatient Surgery	\$0	NA	\$150+Ded+20%	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Emergency Room	\$15	0	\$250+De	d+20%	De	educt	\$1	50	
Prescription Drugs									
Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA	
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	\$0/\$10/\$50/ \$100/\$150/\$250	NA	Deduct	See SPD	\$15/35%/50%	See SPD	
90 Day Mail Order Available (Y/N)	2x's	NA	2x's	NA	Deduct	NA	2x's	NA	
Network Name	BCBS HMO	NA	Blue Adv. HMO	NA	BCBS PPO	NA	BCBS PPO	NA	
Hospitals or Web Address				www.bcb					
Rates	НМС		НМС			S.A.		PO	
EE	3	\$734.75	4	\$700.96	11	\$697.64	6	\$833.60	
EESP	1	\$1,567.67	0	\$1,495.53	7	\$1,488.48	1	\$1,778.57	
EECH	6	\$1,653.35	4	\$1,577.29	9	\$1,569.82	2	\$1,875.79	
FAM	7	\$2,486.27	3	\$2,371.87		\$2,360.66	3	\$2,820.76	
Monthly Admin Fee				\$0.0					
Estimated Monthly Premium	\$31,095	5.91	\$16,22			484.22	\$18,9	94.03	
Estimated Annual Premium				\$2,145,6					
Percentage Change From Current				22.0	%				

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, 2022 Renewal



Insurance | Risk Management | Consulting

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	Renewal with 1st Rate Relief								
ER Contrib to EE: Varies*				Blue Cross E	Blue Shield				
	HMO Blue A	dvantage	Blue Advantage	e HMO Value	H.S.A. BlueEd	dge NPEH1807			
Waiting Period: Date of Hire	Entrepreneur NHHB194 Choice MIBAV2130 Emb		_	PPO BluePrint NPPE3Q24					
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Office Visits									
OV - Primary/Spec	\$30/\$50	NA	\$50/\$70	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%	
Urgent Care	Copay May Apply	NA	\$50/\$70	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Deductible									
Individual	\$0	NA	\$1,000	NA	\$5,000	\$10,000	\$3,500	\$7,000	
Family	\$0	NA	\$3,000	NA	\$10,000	\$20,000	\$10,500	\$21,000	
Coinsurance	100%	NA	100%	NA	100%	80%	80%	60%	
OPX Max (Including Ded)									
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000	
Family Med OPX	\$3,000	NA	\$9,000	NA	\$10,000	\$40,000	\$10,200	\$20,400	
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000	
Hospital Services									
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	\$200+Ded+20%	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%	
Outpatient Surgery	\$0	NA	\$150+Ded+20%	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Emergency Room	\$15	0	\$250+De	d+20%	De	duct	\$1	50	
Prescription Drugs									
Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA	
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	\$0/\$10/\$50/ \$100/\$150/\$250	NA	Deduct	See SPD	\$15/35%/50%	See SPD	
90 Day Mail Order Available (Y/N)	2x's	NA	2x's	NA	Deduct	NA	2x's	NA	
Network Name	BCBS HMO	NA	Blue Adv. HMO	NA	BCBS PPO	NA	BCBS PPO	NA	
Hospitals or Web Address				www.bcb					
Rates	НМС		НМС			S.A.	PI	PO	
EE	3	\$677.97	4	\$646.79	11	\$643.73	6	\$769.19	
EESP	1	\$1,446.53	0	\$1,379.96		\$1,373.46	1	\$1,641.13	
EECH	6	\$1,525.59	4	\$1,455.41	9	\$1,448.52	2	\$1,730.84	
FAM	7	\$2,294.14	3	\$2,188.58	34	\$2,178.24	3	\$2,602.78	
Monthly Admin Fee				\$0.0					
Estimated Monthly Premium	\$28,692	2.96	\$14,97			792.09	\$17,5	26.29	
Estimated Annual Premium				\$1,979,8					
Percentage Change From Current				12.6	%				

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

Assented Ont	Client Cianature	Doto	CBC Auth Agent	Data

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

Major Medical Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

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	Renewal with 2nd Rate Relief								
ER Contrib to EE: Varies*				Blue Cross E	Blue Shield				
	HMO Blue A	dvantage	Blue Advantage	e HMO Value	H.S.A. BlueEd	dge NPEH1807			
Waiting Period: Date of Hire	Entrepreneur		Choice MIE			mb	PPO BluePrii	nt NPPE3Q24	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Office Visits		out of Hother		out or rection.	tottioitt	out of Hotheric		out or recinent	
OV - Primary/Spec	\$30/\$50	NA	\$50/\$70	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%	
Urgent Care	Copay May Apply	NA	\$50/\$70	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Deductible	1 3 3 113								
Individual	\$0	NA	\$1,000	NA	\$5,000	\$10,000	\$3,500	\$7,000	
Family	\$0	NA	\$3,000	NA	\$10,000	\$20,000	\$10,500	\$21,000	
Coinsurance	100%	NA	100%	NA	100%	80%	80%	60%	
OPX Max (Including Ded)									
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000	
Family Med OPX	\$3,000	NA	\$9,000	NA	\$10,000	\$40,000	\$10,200	\$20,400	
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000	
Hospital Services									
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	\$200+Ded+20%	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%	
Outpatient Surgery	\$0	NA	\$150+Ded+20%	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Emergency Room	\$15	5	\$250+De	d+20%	De	duct	\$1	50	
Prescription Drugs									
Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA	
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	\$0/\$10/\$50/ \$100/\$150/\$250	NA	Deduct	See SPD	\$15/35%/50%	See SPD	
90 Day Mail Order Available (Y/N)	2x's	NA	2x's	NA	Deduct	NA	2x's	NA	
Network Name	BCBS HMO	NA	Blue Adv. HMO	NA	BCBS PPO	NA	BCBS PPO	NA	
Hospitals or Web Address				www.bcb					
Rates	НМС		НМС			S.A.	-	PO	
EE	3	\$668.38	4	\$637.64	11	\$634.62	6	\$758.30	
EESP	1	\$1,426.06	0	\$1,360.44	7	\$1,354.03	1	\$1,617.91	
EECH	6	\$1,504.01	4	\$1,434.81	9	\$1,428.02	2	\$1,706.35	
FAM	7	\$2,261.68	3	\$2,157.62		\$2,147.42	3	\$2,565.96	
Monthly Admin Fee				\$0.0					
Estimated Monthly Premium	\$28,287	7.02	\$14,762			323.49	\$17,2	78.29	
Estimated Annual Premium				\$1,951,8					
Percentage Change From Current			·	11.0	%				

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Accepted Opt. _____ Client Signature__ _____ Date_____ GBS Auth Agent_____ __ Date___

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

Major Medical Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

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							Trial	3	
	Renewal with 3rd Rate Relief								
ER Contrib to EE: Varies*				Blue Cross E	Blue Shield				
	HMO Blue A	dvantage	Blue Advantage	e HMO Value	H.S.A. BlueEd	dge NPEH1807	DD0 DI D :	, NDDE0004	
Waiting Period: Date of Hire	Entrepreneur		Choice MIE			mb	PPO BluePrii	nt NPPE3Q24	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Office Visits									
OV - Primary/Spec	\$30/\$50	NA	\$50/\$70	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%	
Urgent Care	Copay May Apply	NA	\$50/\$70	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Deductible									
Individual	\$0	NA	\$1,000	NA	\$5,000	\$10,000	\$3,500	\$7,000	
Family	\$0	NA	\$3,000	NA	\$10,000	\$20,000	\$10,500	\$21,000	
Coinsurance	100%	NA	100%	NA	100%	80%	80%	60%	
OPX Max (Including Ded)									
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000	
Family Med OPX	\$3,000	NA	\$9,000	NA	\$10,000	\$40,000	\$10,200	\$20,400	
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000	
Hospital Services									
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	\$200+Ded+20%	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%	
Outpatient Surgery	\$0	NA	\$150+Ded+20%	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	
Emergency Room	\$15	0	\$250+De	d+20%	De	duct	\$1	50	
Prescription Drugs									
Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA	
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	NA	\$0/\$10/\$50/ \$100/\$150/\$250	NA	Deduct	See SPD	\$15/35%/50%	See SPD	
90 Day Mail Order Available (Y/N)	2x's	NA	2x's	NA	Deduct	NA	2x's	NA	
Network Name	BCBS HMO	NA	Blue Adv. HMO	NA	BCBS PPO	NA	BCBS PPO	NA	
Hospitals or Web Address				www.bcb					
Rates	НМС		НМС			S.A.	-	PO	
EE	3	\$664.27	4	\$633.72	11	\$630.73	6	\$753.65	
EESP	1	\$1,417.30	0	\$1,352.08	7	\$1,345.71	1	\$1,607.97	
EECH	6	\$1,494.77	4	\$1,426.00	9	\$1,419.25		\$1,695.87	
FAM	7	\$2,247.79	3	\$2,144.36		\$2,134.23	3	\$2,550.20	
Monthly Admin Fee		•		\$0.0					
Estimated Monthly Premium	\$28,113	3.26	\$14,67°			695.07	\$17,1	72.21	
Estimated Annual Premium				\$1,939,8					
Percentage Change From Current				10.3	%				

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Accepted Opt. _____ Client Signature__ _____ Date_____ GBS Auth Agent_____ __ Date___

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

Major Medical Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

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				Optior	า 1			
ER Contrib to EE: Varies*				United Heal	th Care			
	DE 04 MG	ND D 14	DE OU MOD E		DD OO MOE	N.I.O.A./ENAD	CG MOD Core	e Premier PPO
Waiting Period: Date of Hire	BF C4 MC	טט אוזא טט	BF CU MOD F	KX EU HMO	BD QG MOL	H.S.A./EMB	R	c 1
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits								
OV - Primary/Spec	\$30 / \$50	NA	\$50/\$70	NA	Ded	Ded + 20%	\$20/\$30 \$40/\$50	Ded + 40%
Urgent Care	Ded	NA	\$70	NA NA	Ded	Ded + 20%	Ded + 20%	Ded + 40%
Deductible Deductible	200	101	Ψισ	10.1	200	200 1 2070	Bod 1 2070	B00 1 1070
Individual	\$0	NA	\$1,000	NA	\$5,000	\$10,000	\$3,500	\$7,000
Family	\$0	NA NA	\$3,000	NA NA	\$10,000	\$20,000	\$10,500	\$21,000
Coinsurance	100%	NA NA	100%	NA NA	100%	80%	80%	60%
OPX Max (Including Ded)	10070	1471	10070	14/1	10070	0070	0070	0070
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000
Family Med OPX	\$3,000	NA	\$9,000	NA NA	\$10,000	\$40,000	\$12,000	\$24,000
Rx OPX (Indiv/Fam)	Included	NA	Included	NA NA	Included	Included	Included	Included
Hospital Services								
Inpatient Hospital Admission	\$250 Copay/Day for	NA	\$200+Ded	NA	Ded	Ded + 20%	Ded + 20%	Ded + 40%
·	1st 5 Days		*					
Outpatient Surgery	Ded	NA	Ded	NA	Ded	Ded + 20%	Ded + 20%	Ded + 40%
Emergency Room	\$15	0	\$25	0	Ded		\$1	150
Prescription Drugs								
Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA
Tier 1/Tier 2/Tier 3/Specialty	\$15/\$30/\$50	NA	\$10/\$40/\$75/\$125	NA	\$0 After Ded	See SPD	\$15/\$30/\$50	See SPD
90 Day Mail Order Available (Y/N)	2.5 x's 90 Days	NA	2.5 x's 90 Days	NA	NA	NA	2.5 x's 90 Days	NA
					UHC Core		UHC Core	
Network Name	UHC Navigate	NA	UHC Navigate	NA	Premier	NA	Premier	NA
Hospitals or Web Address				welcometomy				
Rates*	НМС		НМС			S.A.		PO
EE	3	\$816.28	4	\$736.40	11	\$693.67		\$860.85
EESP	1	\$1,732.10		\$1,562.60	7	\$1,471.93		\$1,826.67
EECH	6	\$1,799.58		\$1,623.47	9	\$1,529.27		\$1,897.84
FAM	7	\$2,715.40	3	\$2,449.69	34	\$2,307.53	3	\$2,863.57
Monthly Admin Fee	\$0.00							
Estimated Monthly Premium	\$33,986	5.22	\$16,78			153.33	\$19,3	378.16
Estimated Annual Premium				\$2,163,675	5.12			
Percentage Change From Current				23.1%)			

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

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UHC is offering a \$15,000 implementation credit

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*Rates are illustrating using -5% rate relief from original underwritten Quote on file. Final Rates may vary

Accepted Opt	Client Signature	Date	GBS Auth Agent	Date

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

Major Medical Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

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					Opt	ion 2				
ER Contrib to EE: Varies*					•	ealth Care				
			BF DV MOD F	Rx FU Charter]		
Waiting Period: Date of Hire	BF C4 MOD	RxI1 HMO	HN HN		BTX4	Nexus H.S.A.	Rx 2V	CF	ML Nexus Rx I	EU
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1 Network	In-Network	Out-of-Network	Tier 1 Network	In-Network	Out-of-Network
Office Visits	III HOUNGIN	Out of Hothork	III TTOLIIOIN	out of Hotwork	TIOI T HOUNGIN	III I VOLVIOIR	Out of Hothoric	TIOI T HOUNDIN	III I TOUTOIN	out of Hotwork
OV - Primary/Spec	\$30 / \$50	NA	\$50/\$70	NA	Ded	Ded + 20%	Ded + 30%	\$15 / \$50	\$50/\$125	Ded + 50%
Urgent Care	Ded	NA	\$70	NA	Ded	Ded + 20%	Ded + 30%	\$50	\$50	Ded + 50%
Deductible			·							
Individual	\$0	NA	\$1,000	NA	\$5,	,000	\$10,000	\$3,0	000	\$7,500
Family	\$0	NA	\$3,000	NA	\$10	0,000	\$20,000	\$6,0	000	\$15,000
Coinsurance	100%	NA	100%	NA	100%	80%	70%	80%	60%	50%
OPX Max (Including Ded)										
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$6,	,500	\$20,000	\$6,0	000	\$15,000
Family Med OPX	\$3,000	NA	\$9,000	NA	\$13	3,000	\$40,000	\$12,	,000	\$30,000
Rx OPX (Indiv/Fam)	Included	NA	Included	NA	Incl	uded	Included	Inclu	uded	Included
Hospital Services										
Inpatient Hospital Admission	\$250 Copay/Day for 1st 5 Days	NA	\$200+Ded	NA	\$500+Ded	\$500+Ded+20%	\$500+Ded+30%	\$500+Ded+20%	\$500+Ded+40%	\$500+Ded+50%
Outpatient Surgery	Ded	NA	Ded	NA	\$250+Ded	\$250+Ded+20%	\$250+Ded+30%	\$250+Ded+20%	\$250+Ded+40%	\$250+Ded+50%
Emergency Room	\$1	50	\$2	50		Ded	•		\$300 + Ded + 20%	
Prescription Drugs										
Separate Rx Deductible	\$0	NA	\$0	NA	Plar	Ded	NA	\$0		NA
Tier 1/Tier 2/Tier 3/Specialty	\$15/\$30/\$50	NA	\$10/\$40/\$75/\$125	NA	After Ded \$	\$10/\$35/\$60	See SPD	\$10/\$40/\$75/\$125		See SPD
90 Day Mail Order Available (Y/N)	2.5 x's 90 Days	NA	2.5 x's 90 Days	NA	N	NΑ	NA	2.5 x's 90 Days		NA
Network Name	UHC Navigate	NA	UHC Charter	NA	UHC Nexus		NA	UHC Nexus		NA
Hospitals or Web Address					<u>welcometo</u>	<u>myuhc.com</u>	•			
Rates	HM		HM			H.S.A.			PPO	
EE	3	\$816.28		\$652.93	11		\$706.72			\$768.55
EESP	1	\$1,732.10		\$1,385.48	7		\$1,499.62			\$1,630.82
EECH	6	\$1,799.58		\$1,439.45	9		\$1,558.04			\$1,694.35
FAM	7	\$2,715.40	3	\$2,172.01	34		\$2,350.95	3		\$2,556.63
Monthly Admin Fee	\$0.00		1					T		
Estimated Monthly Premium	\$33,98	36.22	\$14,88	85.55		\$112,225.92			\$17,300.71	
Estimated Annual Premium						,780.80				
Percentage Change From Current					21	.7%				

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

UHC is offering a \$15,000 implementation credit

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*Rates are illustrating using -5% rate relief from original underwritten Quote on file. Final Rates may vary

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

Major Medical Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

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EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.66 \$1,606.17 \$1			Ontion 2										
Savings Plus HMO Enhanced Savings Plus HMO Basic H.S.A. PPO	ED Contrib to EE. Verion*			Actno (i	•		ritton\						
Maining Period: Date of Hire Benefits In-Network Unt-of-Network In-Network Unt-of-Network Unt-	ER COntrib to EE: Varies**	1		Aema (i	initiai quote oni	y - not underw	Titteri)						
Benefits	Welling David de Date of His	Savings Plus HI	MO Enhanced	Savings Plus	HMO Basic	H.	S.A.	PF	o				
Office Visits OV - Primary/Spec \$30 / \$50 NA \$50 / \$70 NA Ded Ded + 20% \$20 / \$40 Ded + 40% Doductible NA \$50 NA \$1,000 NA \$50,000 \$10,000 \$3,500 \$7,000 Family \$0 NA \$1,000 NA \$50,000 \$10,000 \$3,500 \$7,000 Coinsurance 100% NA \$3,000 NA \$10,000 \$20,000 \$10,500 \$21,000 \$21,000 OPX Max (including Ded) Individual Med OPX \$1,500 NA \$3,000 NA \$5,000 \$20,000 \$5,500 \$51,000 \$22,000 \$5,500 \$511,000 \$22,000 \$5,500 <		In Notwork	Out of Notwork	In Notwork	Out of Notwork	In Maturali	Out of Notwork	In Notwork	Out of Notwork				
Ov. Primary/Spec S30 / \$50 NA \$50 / \$70 NA Ded Ded + 20% \$20 / \$40 Ded + 40%		III-Network	Out-or-network	III-INELWOIK	Out-or-Network	III-INELWOIK	Out-or-Network	m-network	Out-or-inetwork				
Urgent Care		¢20 / ¢50	NIA	¢ EO / ¢ ZO	NIA	Dod	Dad + 200/	¢20 / ¢40	Dod + 400/				
Deductible NA	· ·												
Individual \$0		\$150	1 L	\$50	4	Dea	Dea + 20%	\$50	Dea + 40%				
Family		•		*		A-	0.000	A	A-				
Coinsurance 100%		'				. ,	' '	' '					
OPX Max (Including Ded)	•	· ·						· ·					
Individual Med OPX		100%	NA	100%	NA	100%	80%	80%	60%				
Family Med OPX Rx OPX (Indiv/Fam) Included NA \$9,000 NA \$10,000 \$40,000 \$110,000 \$22,000 NA \$10,000 Included Includ	OPX Max (Including Ded)												
Rx OPX (Indiv/Fam)	Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000				
Hospital Services Inpatient Hospital Admission \$500 Copay NA \$500 Copay NA Ded Ded + 20% Ded + 20% Ded + 40% Ded + 4	Family Med OPX	\$3,000	NA	\$9,000	NA	\$10,000	\$40,000	\$110,000	\$22,000				
Inpatient Hospital Admission Outpatient Surgery	Rx OPX (Indiv/Fam)	Included		Included	NA	Included	Included	Included	Included				
Outpatient Surgery NA Ded Ded + 20% Ded + 20% Ded + 40% Emergency Room \$150 \$100 In-Ntwork Deductible Ded + 20% Ded + 40% Prescription Drugs Separate Rx Deductible \$0 NA \$0 NA Plan Ded Plan Ded Plan Ded Plan Ded Plan Ded Plan Ded Plan Deductible NA \$0 NA Tier 1/Tier 2/Tier 3/Specialty 90 Day Mail Order Available (Y/N) 90 Day Mail Order Available (Y/N) 2 x's 90 Days NA NA \$0/\$15/\$30 NA NA NA NA NA NA 2 x's 90 Days NA NA Network Name Hospitals or Web Address HMO1 HMO Basic H.S.A. PPO EESP 3 \$758.16 4 \$688.18 11 \$619.03 6 \$755.7 EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.66 EECH 6 \$1,671.48 4 \$1,512.77 9 \$1,364.74 2 \$1,666.1 FAM 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 <td>Hospital Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Hospital Services												
Outpatient Surgery NA Ded Ded + 20% Ded + 20% Ded + 40% Emergency Room \$150 \$100 In-Ntwork Deductible Ded + 20% Ded + 40% Prescription Drugs Separate Rx Deductible \$0 NA \$0 NA Plan Ded Plan Ded Plan Ded Plan Ded Plan Ded Plan Ded Plan Deductible NA \$0 NA Tier 1/Tier 2/Tier 3/Specialty 90 Day Mail Order Available (Y/N) 90 Day Mail Order Available (Y/N) 2 x's 90 Days NA NA \$0/\$15/\$30 NA NA NA NA NA NA 2 x's 90 Days NA NA Network Name Hospitals or Web Address HMO1 HMO Basic H.S.A. PPO EESP 3 \$758.16 4 \$688.18 11 \$619.03 6 \$755.7 EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.66 EECH 6 \$1,671.48 4 \$1,512.77 9 \$1,364.74 2 \$1,666.1 FAM 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 <td>Inpatient Hospital Admission</td> <td>\$500 Copay</td> <td>NA</td> <td>\$500 Copay</td> <td>NA</td> <td>Ded</td> <td>Ded + 20%</td> <td>\$250+Ded+ 20%</td> <td>Ded + 40%</td>	Inpatient Hospital Admission	\$500 Copay	NA	\$500 Copay	NA	Ded	Ded + 20%	\$250+Ded+ 20%	Ded + 40%				
Prescription Drugs \$0	Outpatient Surgery		NA		NA	Ded	Ded + 20%	Ded + 20%	Ded + 40%				
Prescription Drugs \$0	Emergency Room	\$15	0	\$10	0	In-Ntwork	Deductible	\$1	50				
\$10/\$30/\$60	Prescription Drugs												
Signated Monthly Premium Signature Signated Market Signated Manual Premium Signature Signated Manual Premium Signature Sig	Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA				
Tier 1/Tier 3/Specialty 720%/20% 20%/20% NA \$0/\$15/\$30 NA NA NA NA 2 x's 90 Days NA NA NA NA NA NA NA N	•	\$10/\$30/\$60		\$0/\$15/\$30/		\$0 After		\$10/\$30/\$60/					
90 Day Mail Order Available (Y/N) 2 x's 90 Days Savings Plus NA \$0/\$15/\$30 NA NA NA Qpen Access NA Network Name Hospitals or Web Address Rates HMO1 HMO Basic H.S.A. PPO EE 3 \$758.16 4 \$688.18 11 \$619.03 6 \$755.7 EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.6 EECH 6 \$1,671.48 4 \$1,512.77 9 \$1,364.74 2 \$1,666.1 FAM 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 3 \$2,514.1 Monthly Admin Fee \$0.00 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Monthly Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95	Tier 1/Tier 2/Tier 3/Specialty	/20%/20%	NA	20%/20%	NA	Deductible	See SPD	\$40/\$60	See SPD				
Network Name Hospitals or Web Address Savings Plus Open Access Open Access Rates HMO1 HMO Basic H.S.A. PPO EE 3 \$758.16 4 \$688.18 11 \$619.03 6 \$755.7 EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.6 EECH 6 \$1,671.48 4 \$1,512.77 9 \$1,364.74 2 \$1,666.1 FAM 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 3 \$2,514.1 Monthly Admin Fee \$0.00 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Monthly Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95	• •	2 x's 90 Davs	NA	\$0/\$15/\$30	NA	NA	NA		NA				
Hospitals or Web Address HMO1	• • • • • • • • • • • • • • • • • • • •	,				Open Access		,					
Rates HMO1 HMO Basic H.S.A. PPO EE 3 \$758.16 4 \$688.18 11 \$619.03 6 \$755.7 EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.6 EECH 6 \$1,671.48 4 \$1,512.77 9 \$1,364.74 2 \$1,666.1 FAM 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 3 \$2,514.1 Monthly Admin Fee \$0.00 Estimated Monthly Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Annual Premium \$1,950,409.32 \$1,950,409.32 \$1,950,409.32 \$1,950,409.32		- can mgc i nac	ļ		!	орин населе							
EE 3 \$758.16 4 \$688.18 11 \$619.03 6 \$755.7 EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.6 EECH 6 \$1,671.48 4 \$1,512.77 9 \$1,364.74 2 \$1,666.1 FAM 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 3 \$2,514.1 Monthly Admin Fee \$0.00 Estimated Monthly Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Annual Premium \$1,950,409.32		НМО	01	НМО Е	Basic	H.	S.A.	PF	20				
EESP 1 \$1,608.81 0 \$1,456.05 7 \$1,313.58 1 \$1,603.66 \$1,606.17 \$1	EE	3	\$758.16	4	\$688.18	11	\$619.03	6	\$755.77				
EECH 6 \$1,671.48 4 \$1,512.77 9 \$1,364.74 2 \$1,666.1 FAM 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 3 \$2,514.1 Monthly Admin Fee \$0.00 Estimated Monthly Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Annual Premium \$1,950,409.32		1		0	· ·		· ·		\$1,603.69				
FAM Nonthly Admin Fee 7 \$2,522.10 3 \$2,282.64 34 \$2,059.28 3 \$2,514.1 Estimated Monthly Premium Estimated Annual Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Annual Premium \$1,950,409.32		6		4			· · · · · · · · · · · · · · · · · · ·	2	\$1,666.17				
Monthly Admin Fee \$0.00 Estimated Monthly Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Annual Premium \$1,950,409.32									\$2,514.10				
Estimated Monthly Premium \$31,566.87 \$15,651.72 \$98,302.57 \$17,012.95 Estimated Annual Premium \$1,950,409.32			, -, -	-	,		1 +=,=30.20	· •	- -,-····•				
Estimated Annual Premium \$1,950,409.32		· ·					302.57	\$17.0	12.95				
¥ · ,••••		\$01,00		\$10,00				\$11,0					
	Percentage Change From Current												

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.

= waiting on confirmation from carrier

_____ Date_____ ___ GBS Auth Agent_____ Accepted Opt. _____ ____ Client Signature_ Date__

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

Major Medical Plan Analysis

July 1, 2022 Renewal

Cigna is offering a \$10,000 implementation Credit and a \$5,000 Wellness Credit

Gallagher

Insurance | Risk Management | Consulting

i			\$5,000 Wellness	Credit				
				Optio	on 4			
ER Contrib to EE: Varies*			Cigna (Revise	ed) *Rates inclu	ude Dental Dis	count of 2%		
	Cigna One H	ealth 100%	Cigna One H	lealth HMO	Choice Fund	d H.S.A. OAP	Trans Open	Access Plus
Waiting Period: Date of Hire	15740	052	15740	053	1574	40055		10054
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits								
OV - Primary/Spec	\$30/\$50	NA	\$50 / \$70	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%
Urgent Care	\$75	NA	\$75	NA	Deduct	Ded+20%	Ded+20%	Ded+40%
Deductible								
Individual	\$0	NA	\$1,000	NA	\$5,000	\$10,000	\$3,500	\$7,000
Family	\$0	NA	\$3,000	NA	\$10,000	\$20,000	\$10,500	\$20,000
Coinsurance	100%	NA	100%	NA	100%	80%	80%	60%
OPX Max (Including Ded)								
Individual Med OPX	\$1,500	NA	\$3,000	NA	\$5,000	\$20,000	\$5,500	\$11,000
Family Med OPX	\$3,000	NA	\$9,000	NA	\$10,000	\$40,000	\$10,500	\$20,400
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000
Hospital Services								
Inpatient Hospital Admission	\$0	NA	Deductible	NA	Deduct	Ded+20%	Ded+20%	Ded+40%
Outpatient Surgery	\$0	NA	Deductible	NA	Deduct	Ded+20%	Ded+20%	Ded+40%
Emergency Room	\$15	Ö	\$25	0	In-Networl	k Deductible	\$1	150
Prescription Drugs								
Separate Rx Deductible	\$0	NA	\$0	NA	Plan Ded	NA	\$0	NA
Tier 1/Tier 2/Tier 3/Specialty	\$15 / \$30 / \$60	NA	\$5/\$50/\$90/\$100	NA	Deduct	See SPD	\$15 / \$30/ \$60	See SPD
90 Day Mail Order Available (Y/N)	2x's 90 days	NA	2 x's 90 Days	NA	Deduct	NA	2 x's 90 days	NA
Network Name	Cigna HMO	NA	Cigna HMO	NA	Choice+	NA	Choice+	NA
Hospitals or Web Address				<u>www.cigr</u>				
Rates	HMC		HMC			S.A.		PO
EE	3	\$678.27	4	\$602.30	11	\$622.52	6	\$716.66
EESP	1	\$1,439.30	0	\$1,278.08	7	\$1,325.45	1	\$1,520.73
EECH	6	\$1,465.07	4	\$1,300.96	9	\$1,349.25	2	\$1,547.97
FAM	7	\$2,251.87	3	\$1,999.63		\$2,075.98	3	\$2,379.29
Monthly Admin Fee				\$0.0				
Estimated Monthly Premium	\$28,02	7.62	\$13,61			352.44	\$16,0	54.50
Estimated Annual Premium				\$1,878,5				
Percentage Change From Current				6.89	%			

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

These are packaged rates - only if sold with dental If dental is not sold = \$1,916,129.04

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ccepted Opt.	Client Signature	Date	GBS Auth Agent	Date

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



Year	•	7/1/2022									
Current Carrier				Blue Cross	Blue Shield						
Renewal Increase/Decrease				22	0%						
Final Rate Relief Result				Rate Relief F							
i illai ivate ivellei ivesuit				Nate Neller I	\C3uit 10.576						
Result											
. Kosaik											
SOLD @ Renewal	HM	101	Н	MO2	H.	S.A.	Р	PO			
OV Copay	\$3	30	\$	550		ed.	\$	520			
EE Ded	\$	0	\$1	,000	\$5	,000	\$3	,500			
Colnsurance	10	0%	10	00%	10	00%	8	0%			
Out of Pocket (Incl Ded)	\$1,	500	\$3	,000	\$5	,000	\$5	,500			
Rx Benefit	\$15/35	%/50%	\$0/\$	10/\$50	De	educt	\$15/3	5%/50%			
			\$100/\$	150/\$250							
Sold Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates			
EE	3	\$664.27	4	\$633.72	11	\$630.73	6	\$753.65			
EESP	1	\$1,417.30	0	\$1,352.08	7	\$1,345.71	1	\$1,607.97			
EECH	6	\$1,494.77	4	\$1,426.00	9	\$1,419.25	2	\$1,695.87			
FAM	7	\$2,247.79	3	\$2,144.36	34	\$2,134.23	3	\$2,550.20			
Monthly Premium	17	\$28,113.26	11	\$14,671.96	61	\$101,695.07	12	\$17,172.21			
Annual Premium	\$337,	359.12	\$176	,063.52	\$1,220	0,340.84	\$206,	,066.52			
Est. Annual PSF Claims & Admin	\$0	.00			\$0	0.00	\$0	0.00			
Est. Total Cost w/ PSF	\$337,	359.12	\$176	,063.52	\$1,220	0,340.84	\$206,	,066.52			
Annual Combined Total				 \$1,939 	,830.00						
Cost PEPY	\$19,8	44.65	\$16,	005.77	\$20,	005.59	\$17, ⁻	172.21			
Combined Cost PEPY			·		06.24	ı	·				



Year		7/1/2021										
Current Carrier				Blue Cross	Blue Shiel	d						
Renewal Increase/Decrease				18.	4%							
Final Rate Relief Result				7.1	%							
Result		Renewed with rate relief and added second HMO option.										
SOLD @ Renewal	Н	MO1	Н	MO2	Н	I.S.A.		PPO				
OV Copay	;	\$30	\$	550	1	Ded.		\$20				
EE Ded		\$0	\$1	,000	\$	5,000	\$	3,500				
Colnsurance	1	00%	10	00%	1	00%		80%				
Out of Pocket (Incl Ded)	\$1	,500	\$3	,000	\$	5,000	\$	5,500				
Rx Benefit	\$15/3	5%/50%	\$0/\$	10/\$50	D	educt	\$15/35%/50%					
			\$100/\$	150/\$250								
Sold Rates	Counts	Rates	Counts	Rates	Counts	Rates	Counts	Rates				
EE	15	\$613.77	0	\$564.61	7	\$582.52	5	\$692.89				
EESP	3	\$1,302.41	0	\$1,198.08	4	\$1,236.11	2	\$1,470.26				
EECH	9	\$1,353.15	0	\$1,244.75	7	\$1,284.26	1	\$1,527.55				
FAM	16	\$2,041.77	0	\$1,878.22	30	\$1,937.84	6	\$2,304.94				
Monthly Premium	43	\$57,960.45	0	\$0.00	48	\$76,147.10	14	\$21,762.15				
Annual Premium	\$695	,525.40	\$0	0.00	\$913	3,765.20	\$26°	1,145.80				
Est. Annual PSF Claims & Admin	\$	0.00			\$	0.00	9	0.00				
Est. Total Cost w/ PSF	\$695	,525.40			\$913	3,765.20	\$26°	1,145.80				
Annual Combined Total	\$1,870,436.40											
Cost PEPY	\$16,	175.01			\$19	,036.78	\$18	,653.27				
Combined Cost PEPY		·	•	\$17,8	13.68		- '					

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Insurance | Risk Management | Consulting

Year			7/1	1/2019			1		7/	1/2020		
Current Carrier			Blue Cros	s Blue Shield					Blue Cros	ss Blue Shield	I	
Renewal Increase/Decrease			5	5.4%						7.1%		
Rate Relief Result			2	2.1%					;	3.4%		
Final Rate Relief Result		0.2%							:	2.7%		
Result	Re	enewed with R	ate Relief	and Dropped	4th Selec	ct Plan		F	Renewed v	with Rate Reli	ef	
SOLD @ Renewal		HMO	H	H.S.A.		PPO	ŀ	HMO	F	I.S.A.		PPO
OV Copay		\$30		Ded.		\$20		\$30		Ded.		\$20
EE Ded		\$0	\$	5,000	\$	3,500		\$0	\$	5,000	\$	3,500
Colnsurance		100%	·	100%		80%	1	00%	1	100%	80%	
Out of Pocket (Incl Ded)	\$	1,500	\$	5,000	\$5,500 \$1,500		1,500	\$	5,000	\$	5,500	
Rx Benefit	\$15/	35%/50%		educt	\$15/	35%/50%	\$15/3	35%/50%	D	educt	\$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	\$566.26	7	\$526.85	5	\$635.64
EESP	3	\$1,178.41	6	\$1,114.62	2	\$1,296.24	3	\$1,190.64	4	\$1,107.77	2	\$1,336.49
EECH	11	\$1,251.71	2	\$1,183.96	1	\$1,376.88	9	\$1,306.96	7	\$1,215.99	1	\$1,467.06
FAM	21	\$1,860.69	28	\$1,759.97	6	\$2,046.74	16	\$1,931.34	30	\$1,796.91	6	\$2,167.93
Monthly Premium	45	\$62,072.83	42	\$61,566.46	14	\$19,381.60	43	\$54,729.90	48	\$70,538.26	14	\$20,325.82
Annual Premium	\$74	4,873.96	\$73	8,797.52	\$23	2,579.20	\$656	6,758.80	\$84	6,459.12	\$243	3,909.84
Annual Combined Total			 \$1,71 	6,250.68	 				 \$1,74 	17,127.76	 	
Cost PEPY	\$16	3,552.75	\$17	7,590.42	\$16	6,612.80	\$15,273.46		\$17	,634.57	\$17	,422.13
Combined Cost PEPY			\$16	,992.58					\$16	5,639.31		

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Year			7/1	1/2017					7/1	/2018		1
Current Carrier		I	Blue Cros	s Blue Shield				E	Blue Cros	s Blue Shield	t	
Renewal Increase/Decrease			1:	2.8%					g	9.9%		
Final Rate Relief Result			6	5.2%					6	6.6%		
Result		R	enewed w	vith Rate Relie	f		Renewe	ed with Rate F		Added 4th F PPO Plan)	Plan (no e	nrollment in
SOLD @ Renewal	ŀ	HMO	ŀ	I.S.A.	1	PPO	ı	HMO	Н	.S.A.	F	PPO
OV Copay		\$30 Deduct \$20						\$30	D	educt		\$20
EE Ded		\$0	\$	5,000	\$	3,500		\$0	\$	5,000	\$3	3,500
Colnsurance	1	00%		100%		80%	1	00%	1	00%	8	30%
Out of Pocket (Incl Ded)	\$	1,500	\$	5,000	\$	5,500	\$1,500		\$5,000		\$5,500	
Rx Benefit	\$15/3	35%/50%	D	Deduct	\$15/3	35%/50%	\$15/	35%/50%	D	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	\$882	2,610.68	\$52	1,324.52	\$46	1,877.00	\$75	1,307.64	\$671	1,649.84	\$298	3,556.64
Annual Combined Total			\$1,86	55,812.20				\$1,721,514.12				
Cost PEPY	\$15	,760.91	\$15	5,333.07	\$17	,764.50	\$16,695.73		\$16,791.25		\$18	,659.79
Combined Cost PEPY		-		,084.59	•					,044.69	·	

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2022 Dental Market Study

	Dental	Comments
Guardian	Current Carrier	Waiting on renewal
Cigna		Received - Refer to Analysis
Delta Dental		Received - Refer to Analysis
Aetna		Received - Refer to Analysis
United Health Care		Received - Refer to Analysis
MetLife		Received - Refer to Analysis

Dental Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

							Insuranc	e Risk Managen
	Current		Renewal		Current		Renewal	
ER Contrib to EE: Below *	Guardian		Guardian		Guardian		Guardian	
Waiting Period: Date of Hire								
Waiting Feriod. Date of Fine	ASO PPO Den		ASO PPO Den		ASO PPO Den		ASO PPO Dent	
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?	N	lo	N	lo	N	lo	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	Ye	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						
Perio & Endo Benefits				1				
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						
Other Features								
U & C	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 Guar	rd Preferred
Network Website	www.g	lic.com	www.g	lic.com	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	n Fee PEPM	\$39	9.42	\$37	'.17
EESP 11	\$9	.90	\$9	.80	\$77	7 .51	\$73	3.09
EECH 22	Funding	g Factor	Funding	g Factor	\$97	.71	\$86	5.48
FAM 46		S.92		1.04	\$13	9.52	\$13	1.57
Total 109	Annual	Claims	Annual	Claims				
	\$113.0	691.36	\$106.	000.32				
Estimated Monthly Premium	\$10,5		\$9,901.56		\$10,4	70.75	\$9,87	3.87
Estimated Annual Premium	\$126,6			318.72	\$125,6		\$118,4	
Percentage Change From Current							-5.	7%

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

rb 5/6/22

ccepted Opt.	Client Signature	Date	GBS Auth Agent	Date
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^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

Dental Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

			_				Insurance	RISK Managemen
	Current		Option 1		Option 2		Option 3	
ER Contrib to EE: Below *	Guardian		United Health	Care	Aetna		MetLife	
Weiting David Data of Him								
Waiting Period: Date of Hire	ASO PPO Den	tal	Fully Insured P	PPO	Fully Insured P	PO	Fully Insured PP	0
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?	N	lo	1	No	N	lo	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, 5 00		\$1, 5 00		\$1,500	
Orthodontia Age Limit	Children	to Age 19 Children to Age 19		to Age 19	Children to Age 19		Children to Age 19	
Perio & Endo Benefits								
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%	85%	100%/60%	85%/50%	100%/60%	85%/50%
Endo - Non-Surg/Surg	100%	85%	100%	85%	100%/60%	85%/50%	100%/60%	85%/50%
Waiting Periods	Late E	ntrants	Late E	ntrants	Late E	ntrants	Late E	ntrants
Other Features								
U & C	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%
Min. Participation Req.	88	3%	7:	5%	90)%	92	2%
Network Name	Dental Gua	rd Preferred	Options	PPO 30	Aetna	a PPO	MetLif	e PPO
Network Website	www.g	lic.com	www.my	<u>/uhc.com</u>	www.ae	tna.com	www.me	tlife.com
Rate Guarantee	1 Y	'ear	1 \	/ear	1 Y	'ear	1 Y	ear
Rates Counts		COBR	A Rates					
EE 30		9.42	•	5.16	-	7.54	\$38	
EESP 11		7.51	\$8	8.80	\$73	3.80	\$77	7.80
EECH 22		1.71	\$105.06		\$87.33		\$90.03	
FAM 46	\$13	9.52	\$15	59.84	\$13	2.85	\$13	9.17
Total 109								
Estimated Monthly Premium		70.75		995.56	\$9,97		\$10,3	
Estimated Annual Premium	\$125,6	649.00	\$143,	946.72	·	644.32	\$124,6	643.76
Percentage Change From Current			14	.6%	-4.	8%	-0.	8%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see ca

2nd Year Rate Cap of 8%

ccepted Opt Client Signature Date Date GBS Auth Agent Date Date Date	ate
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^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

Dental Plan Analysis

July 1, 2022 Renewal



Insurance | Risk Management | Consulting

					1	
	Current		Option 4		Option 5	
ER Contrib to EE: Below *	Guardian		Delta Dental		Cigna	
Waiting Period: Date of Hire						
	ASO PPO Dent		Fully Insured P		Fully Insured P	
Benefits	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
Annual Plan Max.	\$1,	500	\$1,	500	\$1,	500
Includes Rollover/Carryover?	N	lo	N	lo	N	lo
Benefits						
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%
Deductible Waived (Yes/No)	Y	es	Ye	es	Y	es
Type II - Basic Service	100%	85%	100%	80%	100%	85%
Type III - Major Services	60%	50%	60%	50%	60%	50%
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Max	\$1,	500	\$1,	500	\$1,	500
Orthodontia Age Limit	Children	to Age 19	Children t	to Age 19	Children	to Age 19
Perio & Endo Benefits						
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%	80%	100%	85%
Endo - Non-Surg/Surg	100%	85%	100%	80%	100%	85%
Waiting Periods	Late E	ntrants	Late E	ntrants	Late E	ntrants
Other Features						
U & C	Negotiated Fee	90%	Negotiated Fee	MPA	Negotiated Fee	90%
Min. Participation Req.	88	3%	50)%	92	2%
Network Name	Dental Gua	rd Preferred	Delta PP0	O/Premier	Cigna PPO and	PPO Advantage
Network Website	www.g	lic.com	www.deltac	dentalil.com	www.cig	na.com
Rate Guarantee	1 Y	ear	1 Y	ear	2 Y	ears
Rates Counts						
EE 30	\$39).42	\$36	5.02	\$34	1.48
EESP 11	\$77	' .51	\$74	1.20	\$67	7.79
EECH 22	\$91	.71	\$10	0.19	\$80).22
FAM 46	\$13	9.52	\$13	8.72	\$12	2.03
Total 109						
Estimated Monthly Premium	\$10,4	70.75	\$10,4	82.10	\$9,15	58.21
Estimated Annual Premium	\$125,6	649.00	\$125,7	'85.20	\$109,8	
Percentage Change From Current			0.1%		-12	.6%
			A 2% discount wi		Package rates	

A 2% discount will apply if vision is purchased as well

Package rates - only if dental and vision both move to Cigna

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

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 _____

rb 4/22/22



2022 Vision Market Study

	Vision	Comments
Met Life	Current Carrier	Renewal Recived - 4% Increase
Blue Cross Blue Shield		Received - refer to analysis
Delta Dental		Received - refer to analysis
Guardian		Pending
EyeMed		Received - refer to analysis
Cigna		Received - refer to analysis
UHC		Recerived - refer to analysis
VSP		Declined - not competitive

rb 4/4/22

Vision Plan Analysis

July 1, 2022 Renewal

Percentage Change From



17%

Insurance | Risk Management | Consulting Option 1 Renewal Current Option 2 ER Contrib to EE: Below ¹ **United Health Care Met Life Met Life** EveMed Waiting Period: Date of Hire Vision Plan Vision Plan Vision Plan Vision Plan **Benefits** In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network **Overview of Benefits** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Exam Copav \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Material Copay Frequency (months) Exam/Lenses/Contacts 12/12/12 12/12/12 12/12/12 12/12/12 Frames 24 24 24 24 **Benefit Allowances** Exams Covered in Full Up to \$45 Covered in Full Up to \$45 Covered in Full Up to \$40 Covered in Full Up to \$40 Frames \$130 Allowance Up to \$55 \$130 Allowance Up to \$55 \$100 Allowance Up to \$45 \$130 Allowance Up to \$91 Covered in Full Covered in Full Covered in Full Covered in Full Single Vision Lenses Up to \$30 Up to \$30 Up to \$40 Up to \$30 Covered in Full Up to \$50 Covered in Full Up to \$50 Covered in Full Up to \$60 Covered in Full Up to \$50 Bifocal Lenses Trifocal Lenses Covered in Full Up to \$65 Covered in Full Up to \$65 Covered in Full Up to \$80 Covered in Full Up to \$70 Covered in Full Up to \$210 Covered in Full Up to \$210 Covered in Full Up to \$210 Covered in Full Up to \$300 Contacts - Necessary Contacts - Elective Up to \$100 \$130 Allowance \$130 Allowance Up to \$80 \$130 Allowance Up to \$80 \$100 Allowance Up to \$91 Other Features **VSP** VSP **Network Name UHC Standard Network** EveMed www.metlife.com www.metlife.com www.eyemed.com Network Website www.myuhc.com Minimum Participation 88% 88% 75% 10 Enrolled **Rate Guarantee** 3 Years 4 Years 1 Year 1 Year **Rates** Counts EE 31 \$4.72 \$4.91 \$5.06 \$5.54 **EESP** 11 \$11.70 \$12.17 \$12.53 \$13.73 22 **FECH** \$10.89 \$11.33 \$11.66 \$12.78 46 FAM \$17.89 \$18.61 \$21.00 \$19.16 **Estimated Monthly Premium** \$1,337.54 \$1,391.40 \$1,432.57 \$1,569.93 **Estimated Annual Premium** \$16,050.48 \$16,696.80 \$17,190.84 \$18,839.16

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

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7%

Accepted Opt.	Client Signature	Date	GBS Auth Agent	Date

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

Vision Plan Analysis

July 1, 2022 Renewal

Percentage Change From



42%

Insurance | Risk Management | Consulting Option 4 **Option 3** Current Option 5 ER Contrib to EE: Below ¹ **Met Life Aetna BCBSIL Delta Vision** Waiting Period: Date of Hire Vision Plan Vision Plan Vision Plan 2 Vision Plan **Benefits** In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network **Overview of Benefits** \$0 \$0 \$0 \$0 \$10 \$0 \$0 \$0 Exam Copav \$0 \$0 \$0 \$0 \$10 \$0 \$0 \$0 Material Copay Frequency (months) Exam/Lenses/Contacts 12/12/12 12/12/12 12/12/12 12/12/12 Frames 24 24 24 24 **Benefit Allowances** Exams Covered in Full Up to \$45 Covered in Full Up to \$38 Covered in Full Up to \$30 Covered in Full Up to \$35 Frames \$130 Allowance Up to \$55 \$130 Allowance Up to \$65 \$130 Allowance Up to \$65 \$130 Allowance Up to \$65 Covered in Full Covered in Full Covered in Full Covered in Full Single Vision Lenses Up to \$30 Up to \$28 Up to \$25 Up to \$25 Covered in Full Up to \$50 Covered in Full Up to \$44 Covered in Full Up to \$40 Covered in Full Up to \$40 Bifocal Lenses Trifocal Lenses Covered in Full Up to \$65 Covered in Full Up to \$72 Covered in Full Up to \$55 Covered in Full Up to \$55 Covered in Full Up to \$210 Covered in Full Up to \$200 Covered in Full Up to \$210 Covered in Full Up to \$200 Contacts - Necessary Contacts - Elective Up to \$104 \$130 Allowance Up to \$104 \$130 Allowance Up to \$80 \$130 Allowance Up to \$104 \$130 Allowance Other Features **VSP BCBSIL VSP Insight Network Network Name** Aetna Vision Preferred www.metlife.com www.bcbsil.com www.deltavision.com Network Website www.aetnavision.com Minimum Participation 88% 10 Enrolled 75% 10% **Rate Guarantee** 4 Years 4 Years 1 Year 1 Year **Rates** Counts FF 31 \$4.72 \$7.33 \$6.67 \$7.72 **EESP** 11 \$11.70 \$13.94 \$12.65 \$15.06 22 **FECH** \$10.89 \$14.67 \$13.32 \$16.85 46 FAM \$17.89 \$21.56 \$19.59 \$24.34 **Estimated Monthly Premium** \$1,337.54 \$1,695.07 \$1,540.10 \$1,895.32 **Estimated Annual Premium** \$16,050.48 \$20,340.84 \$18,481.20 \$22,743,84

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

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15%

Accepted Opt	Client Signature	Date	GBS Auth Agent	Date

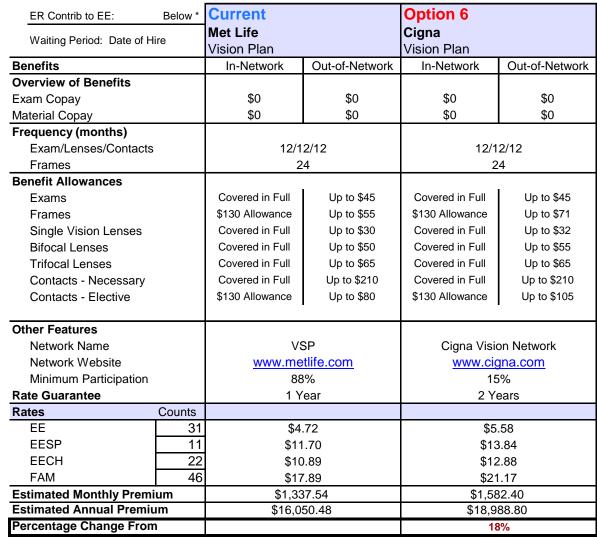
^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

Vision Plan Analysis

July 1, 2022 Renewal

Accepted Opt.

_____ Client Signature



Must be sold w/Cigna Dental

GBS Auth Agent

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Date



Insurance | Risk Management | Consulting

Date _

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

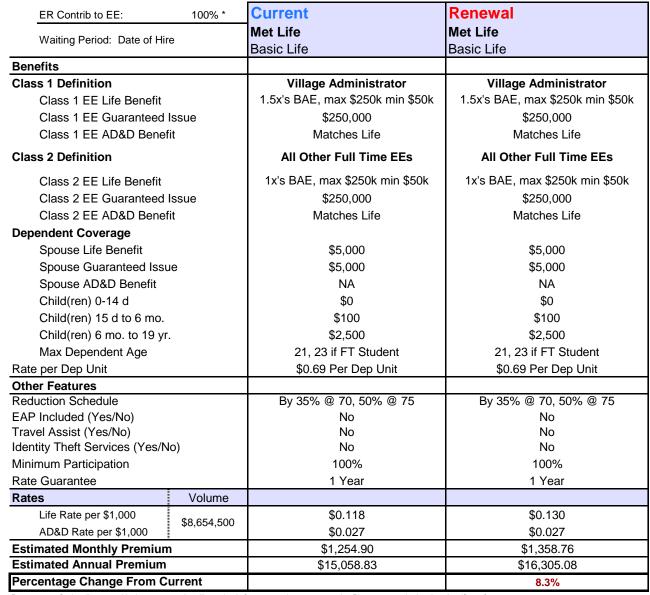


2022 Life Market Study

	Life	Comments
Met Life	Current Carrier	
Blue Cross/Blue Shield		Received - not competitive
United Health Care		Declined - not competitive
Guardian		Quote Pending

Life & AD&D - Basic Plan Analysis

July 1, 2022 Renewal



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

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

Date

GBS Auth Agent

Date _



Insurance | Risk Management | Consulting

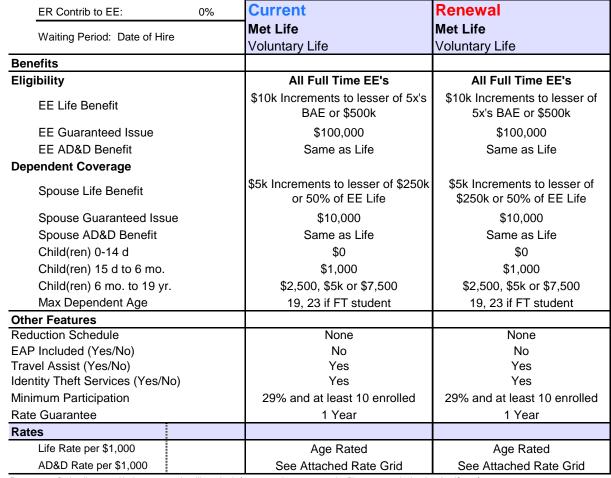
^{*} Employee pays cost of dependent life coverage.

Voluntary Life & AD&D - Plan Analysis

July 1, 2022 Renewal

Accepted Opt.

Client Signature



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.

GBS Auth Agent

Date



Date_

Voluntary Life & AD&D - Plan Analysis

July 1, 2022 Renewal

EE

\$ 0.062

\$ 0.080

\$ 0.090

\$ 0.109

\$ 0.174 \$ 0.274

\$ 0.432

\$ 0.748

\$ 1.368

\$ 2.198

AD&D \$ 0.028

<30

40-44

45-49

55-59

60-64

65-69

Child Life

Child AD&D

70+

Current
Met Life
Rate Per \$1,000

SP

\$ 0.062

\$ 0.080

\$ 0.090 \$ 0.109

\$ 0.174

\$ 0.274

\$ 0.432

\$ 0.748

\$ 1.368

\$ 2.198

\$ 0.028

\$ 0.240

\$ 0.051

- ταισ τ στ φτησσσ				
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	fe	\$0.240		
Child Al	O&D	\$0.051		

Age	EE	SP			
Rate Per \$1,000					
Met Life					
Renewal					

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coved#u6e. - 4/27/2021 - Page 3

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Gallagher	

Insurance | Risk Management | Consulting

cented Ont	Client Signature	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.



Prepared Date: April 5, 2022

Compensation - Medical Carriers

	Base Commission Level	Supplemental Compensation
Aetna	4%	(101-7,500 elig FI) \$0 - \$40 PMPY new; \$0 - \$30 PMPY renewal
Blue Cross Blue Shield of IL	Graded 8%	\$0 - \$75 PEPY new; \$0 - \$25 PEPY renewal
CIGNA	5%	(25-499) \$0 - \$27 PEPY new; \$0 - \$22 PEPY renewal
United Healthcare (Illinois)	5.26%	51-5,000 Eligible \$0 to \$83.33 PEPY New, \$0-\$74.36 PEPQ Renewal

Compensation - TPA, Flex, COBRA Carriers

	Base Commission Level	Supplemental Compensation
Envision Healthcare	None	None
Pet's Best - Pet Insurance	Flat 10%	None

Compensation - Dental Carriers

	Base Commission Level	Supplemental Compensation
Aetna	Flat 10%	(101-7,500 elig) 0 - 5% new; 0 - 4% renewal
Blue Cross Blue Shield of IL	Graded 8%	0 - 6% new; 0 - 7% renewal
CIGNA	Flat 7%	\$0 - \$8 PEPY new; \$0 - \$4.40 PEPY renewal
Delta Dental of Illinois	Flat 7.5%	(FI & DHMO 20+) \$0 - \$10 PEPY new; \$0 - \$2.50 renewal
Guardian	\$4.79 Pepm	(FI 25-999 & ASO 0-999) 0% - 3.75% new/renewal
MetLife Inc.	Graded 10%	0% - 2.75% new; 0% - 2% renewal
United Healthcare (Illinois)	Flat 8%	0% - 5% new; 0% - 2.5% renewal

Solvency & Compensation - Life & Disability Carriers

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

Compensation - Vision Carriers

	Base Commission Level	Supplemental Compensation
Blue Cross Blue Shield of IL	Flat 10%	0% - 6% new; 0% - 7% renewal
CIGNA	Flat 10%	None
Delta Dental of Illinois	Flat 10%	None
EyeMed Vision Care	Flat 10%	None
Met Life	Flat 10%	0% - 2.75% new; 0% - 2% renewal
United Healthcare (Illinois)	Flat 10%	0% - 5% new; 0% - 2.5% 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 26, 2022

DEPARTMENT: Finance

SUBJECT: Ordinance Approving Budget Amendments to the Operating Budget for the Fiscal

Year Ending December 31, 2021

EXECUTIVE SUMMARY

As part of the process to close Fiscal Year 2021, one final housekeeping budget amendment is being proposed for three separate funds as summarized below.

General Fund

The net effect on the total General Fund budget will be zero but budget amounts need to be transferred between costs centers.

In the Police Department, budget amounts for salaries and wages are being transferred from the Patrol Division to the Administration Division (\$39,000) to cover accrued leave time payouts due at retirement and to the Support Services Division (\$7,000) to cover the net incremental cost of transferring a Sergeant position from the Patrol Division to the Support Services Division.

In the Public Works Department, the engineering line item budget n the Administration Division is being increased by \$20,000 to cover additional engineering costs incurred for residential drainage investigations, Community Development Department investigative projects, parking lot and roadway improvement projects, traffic studies, and grant preparation and reporting for existing and future STP and 319 grant projects. This will be offset by a corresponding \$20,000 decrease in the Streets Division miscellaneous expense line item budget resulting from the deferral of the Randall Road Intergovernmental Agreement payment.

Police Seizure Fund

The only expense incurred in Fiscal Year 2021 in the newly created Police Seizure Fund was \$300 to cover the costs of liquor compliance checks. Accordingly, the miscellaneous expense line item is being increased by \$300.

Veterans Memorial Fund

The Veterans Memorial Fund was the second newly created fund in Fiscal Year 2021 and budget amendments are proposed to increase revenues by \$800 (\$700 in memorial bricks revenue plus \$100 in contributions) and to increase expenditures by \$600 (\$300 for equipment rental, \$100 for brick installation supplies, and 200 for memorial brick purchases).

FINANCIAL IMPACT

There is no financial impact of approving the proposed budget amendment Ordinance as these are budgetary dollars only, however, it will ensure that all funds have sufficient budgets for Fiscal Year 2021 to cover all expenditures incurred.

ATTACHMENTS

Proposed Ordinance

RECOMMENDED MOTION

Motion to approve an Ordinance Approving Budget Amendments to the Operating Budget for the Fiscal Year Ending December 31, 2021.

VILLAGE OF LAKE IN THE HILLS

Ordinance 2022-____

An Ordinance Approving a Budget Amendment to the Operating Budget for the Fiscal Year Ending December 31, 2021

WHEREAS, the Village of Lake in the Hills, an Illinois municipal corporation (the "Village"), situated in McHenry County, Illinois, 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 to provide for the financial welfare of the Village and its residents, as granted in the Constitution of the State of Illinois; and

WHEREAS, the Village of Lake in the Hills acting by and through its President and Board of Trustees has previously approved an Operating Budget for the Fiscal Year ending December 31, 2021 as part of Ordinance No. 2020-36; and

WHEREAS, it is necessary and appropriate to delete, add to, or otherwise change certain sub-classes within object classes and certain object classes themselves in said Operating Budget as provided in Exhibit A to this Ordinance;

NOW, THEREFORE, BE IT ORDAINED by the President and Board of Trustees of the VILLAGE OF LAKE IN THE HILLS, McHenry County, Illinois, as follows:

SECTION 1: That amendments to the Operating Budget for the Fiscal Year Ending December 31, 2021 are hereby approved in the form and content as provided in Exhibit A which is attached hereto and made a part thereof.

SECTION 2: 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 judgment shall not affect, impair, invalidate or nullify the remainder thereof, which remainder shall remain and continue in full force and effect.

SECTION 3: All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict.

SECTION 4: This Ordinance shall be in full force and effect immediately from and after its passage by a vote of two-thirds of the corporate authorities and approval and publication in pamphlet form (which publication is hereby authorized) as provided by law.

Passed this 26th day of May, 2022 by roll call vote as follows:

	Ayes	Nays	Absent	Abstain
Trustee Stephen Harlfinger				
Trustee Bob Huckins				
Trustee Bill Dustin				
Trustee Suzette Bojarski Trustee Diane Murphy				
Trustee Wendy Anderson				
President Ray Bogdanowski				
APPROV	ED THIS	26TH DA	Y OF MAY	2022
	Village	Preside	nt, Ray	Bogdanowski
(SEAL)				
ATTEST:				
Village Clerk,	Shannoi	n DuBeau		

Published:

Village of Lake in the Hills Budget Transfer/Amendment For the Fiscal Year Ending December 31, 2021

Account Number	Account Description	Current Budget Amount	Revised Budget Amount	Increase (Decrease)	Amendment Description
GENERAL FUND					
Police Department					
100.20.10-50.04	Salaries & Wages Full Time	 516,830	555,830	39,000	Accrued Leave Time Payouts Upon Retirement
100.20.20-50.04	Salaries & Wages Full Time	3,378,589	3,332,589	(46,000)	Salary Savings During Recruitment Periods
100.20.22-50.04	Salaries & Wages Full Time	913,398	920,398	7,000	Transfer Sergeant Position from Patrol to Support Services
	Total - Police Department			-	
Public Works Departm	nent				
100.30.10-60.08	Professional Engineering		58,134	20,000	Additional Costs for Drainage, Grants, Traffic, Roads & Lots
100.30.30-63.36	Miscellaneous Expense	63,313	43,313	(20,000)	Randall Road Improvement IGA Payment Deferred
200.00.00 00.00	Total - Public Works Department	03,313	45,515	-	
POLICE SEIZURE FUNI	D.				
Police Seizure Fund Ex			300	300	Liquor Compliance Checks
Police Seizure Fund Ex	xpenditures		300	300 300	Liquor Compliance Checks
Police Seizure Fund Ex 210.00.00-63.36	xpenditures Miscellaneous Expense Total Police Seizure Fund Expenditures		300		Liquor Compliance Checks
Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA	Miscellaneous Expense Total Police Seizure Fund Expenditures		300		Liquor Compliance Checks
Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA Veterans Memorial Fu	Miscellaneous Expense Total Police Seizure Fund Expenditures		300 700		Liquor Compliance Checks Memorial Brick Revenue
Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA Veterans Memorial Fu 220.00.00-47.04	Miscellaneous Expense Total Police Seizure Fund Expenditures AL FUND und Revenues			300	
POLICE SEIZURE FUNE Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA Veterans Memorial Fu 220.00.00-47.04 220.00.00-47.08	Miscellaneous Expense Total Police Seizure Fund Expenditures AL FUND und Revenues Miscellaneous Revenue		700	300 700	Memorial Brick Revenue
Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA Veterans Memorial Fu 220.00.00-47.04 220.00.00-47.08	Miscellaneous Expense Total Police Seizure Fund Expenditures AL FUND Und Revenues Miscellaneous Revenue Contributions Total Veterans Memorial Fund Revenues		700	700 100	Memorial Brick Revenue
Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA Veterans Memorial Fu 220.00.00-47.04 220.00.00-47.08	Miscellaneous Expense Total Police Seizure Fund Expenditures AL FUND Und Revenues Miscellaneous Revenue Contributions Total Veterans Memorial Fund Revenues		700	700 100	Memorial Brick Revenue
Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA Veterans Memorial Fu 220.00.00-47.04 220.00.00-47.08	Miscellaneous Expense Total Police Seizure Fund Expenditures AL FUND Und Revenues Miscellaneous Revenue Contributions Total Veterans Memorial Fund Revenues		700 100	700 100 800	Memorial Brick Revenue National Night Out Donations
Police Seizure Fund Ex 210.00.00-63.36 VETERANS MEMORIA Veterans Memorial Fu 220.00.00-47.04	Miscellaneous Expense Total Police Seizure Fund Expenditures AL FUND Und Revenues Miscellaneous Revenue Contributions Total Veterans Memorial Fund Revenues und Expenditures Rentals		700 100	700 100 800	Memorial Brick Revenue National Night Out Donations Equipment Rental for Memorial Brick Installations



REQUEST FOR BOARD ACTION

MEETING DATE: May 24, 2022

DEPARTMENT: Public Works

SUBJECT: Reject all Bids and waive the competitive bidding requirements for the Lynn

Dillow Park Playground Removal and Replacement Project

EXECUTIVE SUMMARY

Staff seeks Board approval to reject all bids and waive the competitive bidding requirements for the Lynn Dillow Park Playground Removal and Replacement Project.

On April 20th, the Parks and Recreation ("P&R") Board reviewed seven design concepts plans for the replacement of the existing playground equipment at Lynn Dillow Park. After considering resident input through a focus group and a survey, the P&R Board selected two design concepts plans from Play Illinois and two from Parkreation/Hacienda Landscaping for participation in a Request for Proposal (RFP) process where they are given an opportunity to adjust and provide pricing for their designs.

On April 21st, staff released the RFP to both firms and staff contacted representatives from each firm on April 26th for the purpose of highlighting certain sections of the RFP. Staff read through the list of documents that must be provided with all RFP submittals, reminded the vendors of the RFP sealed bid opening due date and time, encouraged them to adjust their design concept plans based on the recent resident and P&R Board input, and informed them of the bid form they would need to fill-out if they know that they would be unable to meet the project completion due date listed in the RFP.

However, despite having conversations with both vendors, Parkreation/Hacienda Landscaping emailed their RFP submittal to staff on May 5th, the day before the sealed bid opening. Additionally, on May 6th, staff opened sealed bids from both vendors and quickly noticed a number of issues:

Issues with the RFP Submittals

Parkreation/Hacienda Landscaping

- 1. The following items are not included:
 - a. Appendix 1 Schedule of Alternations and Deviations.
 - b. A copy of the manufacturer's warranty.
 - c. A copy of the design concept plan and supporting materials including color options, dimensions and specifications for the equipment included on the design concept plan.
- 2. There is a letter included that mentions challenges with the September 30, 2022 completion date due to longer equipment lead times, but it does not provide an alternate completion date for the Village to consider.
- 3. Appendix 4 Proposal Certification Form is included and pricing is listed on both of these forms, but it's not clear which pricing is for which design proposal.

Play Illinois

1. They wrote a few sentences on Appendix 1 about concerns with meeting the September 30, 2022 project completion date due to longer equipment lead time and they suggest the possibility of certain alternate dates but it's not clear what alternate project completion date the Village would be able to hold them to.

Because of the many issues with the RFP submittals, staff believes that it is in the Village's best interest to reject all bids and waive the competitive bidding requirements for this project. Doing so will allow staff to contact both vendors to request the missing RFP documents. Once the missing RFP documents are provided to the Village, staff will be able to request input on the design concepts from residents and the P&R Board, before returning to the Village Board with a recommendation to award a contract with one of the vendors.

FIN	JANCIAL IMPACT
No	ne.
AT	TACHMENTS
1.	RFP Results

RECOMMENDED MOTION

Motion to reject all bids and waive the competitive bidding requirements for the Lynn Dillow Park Playground Removal and Replacement Project.

Lake in the Hills Public Works Department MEMORANDUM

To: Tom Migatz, Public Works Director

From Peter D'Agostino, Administrative Services Manager

Date: May 6, 2022

Subject: RFP Results - Lynn Dillow Park Playground Removal and Replacement

The RFP opening for the Lynn Dillow Park Playground Removal and Replacement RFP was held today at the Village of Lake in the Hills Public Works Facility at 10:00 a.m. No vendors were in attendance. At 10:00 a.m. I opened two sealed bids and read the bid amounts.

Vendor	Bid Amount
Parkreation/Hacienda Landscaping	\$215,500.00
Parkreation/Hacienda Landscaping	\$219,300.00
Play Illinois	
(Proposal #129-150457-2)	\$222,321.00
Play Illinois	
(Proposal #129-150458-2)	\$222,632.00



REQUEST FOR BOARD ACTION

MEETING DATE: May 24, 2022

DEPARTMENT: Public Works

SUBJECT: Well 12 Emergency Pump Repair Contract Ratification

EXECUTIVE SUMMARY

Staff seeks Board approval to ratify a contract approved by the Village Administrator in a not-to-exceed amount of \$52,555.00 to Municipal Well and Pump (Municipal) for an emergency repair to Well 12.

On May 9, 2022, Well 12 suffered a pump and motor failure. Currently, the Village water system has one other well out of service due to pending PFAS litigation (Well 6), and another well running on a limited basis due to a rehabilitation project (Well 15). Due to these factors and the upcoming summer season, it was imperative to begin replacement of the pump and motor immediately. As such, staff contacted Municipal Well and Pump, the Village's preferred vendor for well and pump motor services since 2015 to perform the task, receiving a proposal and work agreement to perform the work for \$52,555.00.

On May 10, 2022, Village Administrator Andrews gave Municipal emergency authorization to do the work. Municipal is gathering the necessary materials and expects to begin the repair process the first week of June. In accordance with Section 9.12 Emergency Procedures of the Municipal Code, staff requests that the Board ratify the contract approved by the Village Administrator to Municipal Well and Pump. The project proposal, a recommendation memo and the Village's well asset management plan is attached for the Board's review.

FINANCIAL IMPACT

The 2022 Village Budget includes \$55,000.00 in the Water Fund for this project as staff budgets for one shallow pump and motor replacement every year, should one of the Village's six shallow wells need an emergency repair. The total expense for replacement is the not-to-exceed amount of \$52,555.00, which is \$2,445.00 under budget.

ATTACHMENTS

- 1. Project Proposal
- 2. Well Asset Management Plan
- 3. Recommendation Memo

RECOMMENDED MOTION

Motion to ratify a contract approved by the Village Administrator in a not-to-exceed amount of \$52,555.00 to Municipal Well and Pump for an emergency repair to Well 12.



Project Proposal

Re: Lake in the Hills Well #12

Item #	Item Description	Quantity	Units	Unit Price	Extended Price
	-	Quantity	Ullits		
2	PHASE 1- Pump Removal Mobilize to site	5	Hours	\$ - 590.00	\$ - 2,950.00
3	Set-up and Remove Well Pump	5	Hours	668.00	3,340.00
4	Load and Secure pump & motor	2	Hours	590.00	1,180.00
5	Secure Site	1	each	590.00	590.00
6	Return to Base	3	Hours	590.00	1,770.00
7	Inspect pump, pipe and cable	2	Hours	590.00	1,180.00
8	Optional Televising	1	each	3,580.00	3,580.00
9	Optional Televising	<u>'</u>	eacii	3,300.00	3,360.00
10	MATERIALS				_
11	20HP 1800rpm, 3/60/460V motor	1	Each	3,400.00	3,400.00
12	Flowise FW8HC-1 stage	1	Each	3,080.00	3,080.00
13	8-inch column pipe	55	Feet	193.00	10,615.00
14	Check Valve	1	Each	3,070.00	3,070.00
15	New Submersible Cable	80	Feet	9.00	720.00
16	Splice Kit, tape and SS banding	80	Feet	5.00	400.00
17	Pitless O-rings (2)	2	each	255.00	510.00
18	Bac-T Samples (2)	2	each	100.00	200.00
19	bac-1 Samples (2)		еасп	100.00	200.00
20				-	•
21				-	-
22	PHASE2-Pump Installation			-	-
23	Load Equipment & Mobilize to site	5	Hours	590.00	2.050.00
23	Set-up Equipment	2	Hours		2,950.00 1,180.00
	Make splice & Install Well Pump		Hours	590.00	
25 26		7 2	Hours	680.00	4,760.00
27	Chlorinate pump and well Start-up & Pump to Waste	5	Hours Hours	590.00 590.00	1,180.00 2,950.00
28	Two Water Samples	2	Hours	590.00	1,180.00
28		3			
30	Return to BAse	3	Hours	590.00	1,770.00
31	Duran Matan & Contad Dina Daliyam, 40, 44 daya			-	-
32	Pump, Motor & Coated Pipe Delivery 12-14 days Coated pipe delivery subject to change			-	-
33	Coated pipe delivery subject to change			-	-
34				-	-
34 35				-	-
36				-	-
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48				-	_

Dated:	May 10, 2022	ву: Dick Milaeger	
		Dick Milaeger	
		Vice President Sales	
		Municipal Well & Pump	



Well Pumps and Motors

Public Works Asset Management Plan May 10, 2022

Introduction

The well pumps and motors that provide the community's water supply are valuable assets to the Village and their reliability is critical to providing safe drinking water. The Village currently owns nine well pumps. Three of the well pumps are deep wells, and six are shallow wells. The three deep wells are the most productive, and consequently the most critical part of the water system. The failure of one of these wells can be five times more costly than the shallow wells. Proper maintenance and reliability of well pumps and motors is crucial to the Village's water system. An inventory of the Village's well pumps and motors, including their location, installation year, and estimated replacement year are shown in Attachment 1.

Asset Conditions

All well pumps and motors have a current functionality of 80% of the specified pumping capacity or higher, determined through daily well checks completed by water division staff. Current conditions are tracked in E-Sheets, an excel document containing the Village's daily record of EPA inspections. Efficiency is also measured through annual maintenance inspections, performed by water division personnel. When staff concludes that well pumps and motors are functioning below 80% of the specified pumping capacity, the equipment must be repaired or replaced.

Well Pumps	Capacity	Current Pumpage	Efficiency
Well 6	545		
310 Council Trail	gpm	528	96.8%
Well 9	460		
4145 Spring Lake Dr.	gpm	447	97.1%
Well 10	485		
4010 Wright Dr.	gpm	485	100%
Well 11	1,150		
9010 Haligus Road	gpm	929	80% Throttled
Well 12	650		
5654 Mckenzie Drive	gpm	514	79% Throttled
Well 14	1,200		
842 McPhee Drive	gpm	1010	84% Throttled
Well 15	1,050		
550 Harvest Gate	gpm	1050	100%
Well 16	750		
9300 Haligus Road	gpm	704	93.8%
Well 17	650		
4145 Spring Lake Dr.	gpm	441	67% Throttled

Village of Lake in the Hills Public Works Department 9010 Haligus Road Lake in the Hills, IL 60156

Capacity: The current water system can serve up to approximately 400 new units in the Village, but would reach capacity beyond that level of growth. Beyond these estimated growth umbers, a new well, treatment plant, and tower would need to be constructed to supply adequate pumping capacity.

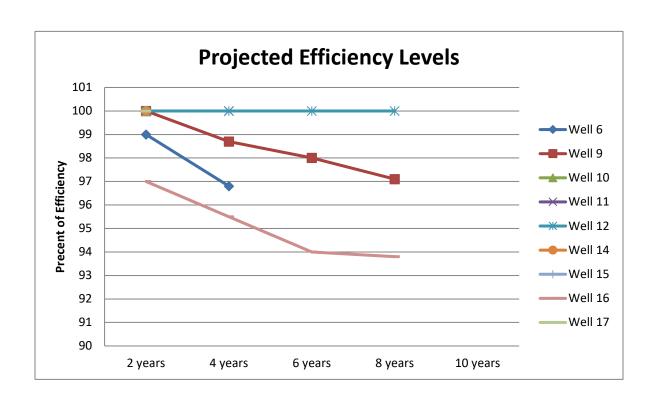
Level of Service: If the daily system demand is greater than the pumping capacity of the asset, the level of service is considered unacceptable and the asset must be replaced.

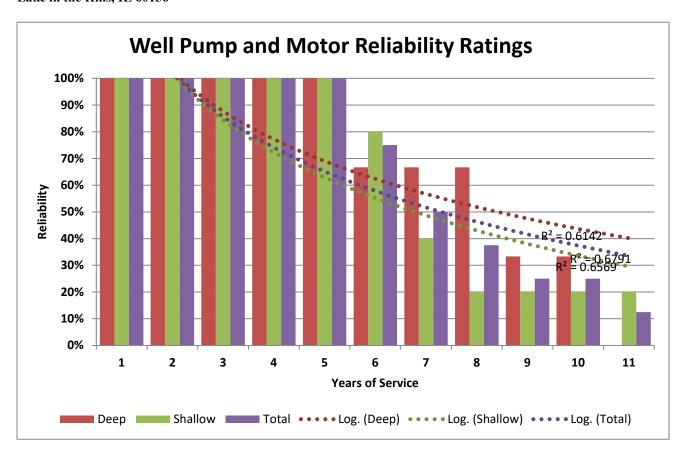
Mortality: When a well pump or motor physically fails, and the repair cost is cost prohibitive this requires a total replacement of the asset.

Efficiency: The lowest acceptable level of efficiency for well pumps and motors is 80% of the specified pumping capacity or less.

Residual Life

The average life of a deep well is 10 years between services, while a shallow well can run until the equipment is retired. The average expectancy of a well motor is 30 years and well pumps are expected to be in service for 15-20 years.





Risk Management/Criticality

The target level of service for well pumps and motors is 80% efficiency or higher. Well checks are completed by water division staff daily and efficiencies are tracked through E-Sheets, an excel document containing the Village's daily record of EPA inspections. Annual maintenance of the well pumps and motors is completed by water division personnel annually per manufacturer's recommendations. A work order is set up in Cartegraph's online management system for annual maintenance on the Village's well pumps and motors. Inspections are based on the well pump and motor manufacturer's recommendations. The most critical parts of the Village's water system are the three deep wells because they are the most productive. The lower producing shallow wells are less critical. Typically, it is not cost effective to repair a shallow well. Replacement and emergency repair for shallow wells are similar in cost; therefore the Village allows them to run until they are retired. Likelihood of failure is based on the projected conditions formulated through tracking in E-Sheets, daily checks, and annual maintenance. The failure of well pump or motors results in loss of water plant production, wear and tear on other well pumps and motors, and the cost of repair or replacement. In certain instances, well throttling is required to maintain consistent flow to the treatment plant. This would be required in a treatment plant that does not match the 100% flow capacity of the Well. Wells 11, 12, 14 and 17 are currently throttled to maintain consistent treatment capacities.

Attachment 1

Inventory of Village Well Pumps and Motors

Well Pumps	Capacity	Pump Manufacturer	Motor Manufacturer	Well Type	Installation Year	Estimated Replacement Year	Cost to Replace
Well 6 310 Council Trail	545 gpm	Grundfos	20HSP Centripro	Shallow	2013	2028	\$55,000
Well 9 4145 Spring Lake Dr.	460 gpm	Grundfos	50HSP Centripro	Shallow	2009	2024	\$55,000
Well 10 4010 Wright Dr.	485 gpm	Grundfos	50HSP Centripro	Shallow	2017	2032	\$55,000
Well 11 9010 Haligus Road	1,150 gpm	Goulds	350HSP Byron Jackson	Deep	2011	2021	\$250,000
Well 12 5654 Mckenzie Drive	650 gpm	Grundfos	20HSP Centripro	Shallow	2007	2022	\$55,000
Well 14 842 McPhee Drive	1,200 gpm	Goulds	300 HP Indar	Deep	2017	2027	\$250,000
Well 15 550 Harvest Gate	1,100 gpm	Goulds	300 HP Indar	Deep	2020	2030	\$250,000
Well 16 9300 Haligus Road	750 gpm	Simflow	20 HP Hitachi	Shallow	2021	2036	\$55,000
Well 17 4145 Spring Lake Dr.	650 gpm	Grundfos	40HSP Franklin	Shallow	2009	2024	\$55,000

Village of Lake in the Hills Public Works Department 9010 Haligus Road Lake in the Hills, IL 60156

Public Works Asset Management Plan Well Pumps and Motors May 10, 2022

<u>Date</u>	Summary of changes
May 10, 2022	Original

Lake in the Hills Public Works Department

MEMORANDUM

To: Tom Migatz, Public Works Director From: Ryan McDillon, Water Superintendent

Date: May 10, 2022

Subject: Well 12 Emergency Repair

On May 10, Larry Feffer discovered during well checks that Well 12 was running yet producing no water. After consulting Mike Cleary, of New Castle Electric, it was determined that the motor was engaged but the pump not running. This would be caused if the shaft between the motor and the pump has been damaged which would allow the motor to run free of the pump. Normal amp load on the motor while pumping is 34 amps; Well 12 is currently only drawing 23 amps, which is an indicator of a broken shaft.

Coming into the summer months, I'm requesting emergency authorization to proceed with repairs as soon as possible. Well 6 is currently down awaiting PFAS regulations, and Well 15 is currently undergoing a rehab project. Having three wells down puts extra strain on the rest of the system, however, we still have sufficient capacity.

Municipal Well and Pump submitted a proposal in the amount of \$52,555.00 for the repair. Lead-time on the equipment is 3-4 weeks with a 2-3 day install time once equipment has arrived. There is a \$55,000.00-line item in the Water O&M budget to cover this emergency repair. I recommend emergency authorization in the amount of \$52,555.00 to Municipal Well and Pump to start the process and make the repairs.



REQUEST FOR BOARD ACTION

MEETING DATE: May 24, 2022

DEPARTMENT: Community Development

SUBJECT: Ordinance Granting a Variation to Section 7.4 Residential Bulk Chart R-4

Zoning District rear yard setback at 9340 Haligus Road

EXECUTIVE SUMMARY

Joseph Billitteri and John Curtis request a Variation to Section 7.4 Residential Bulk Chart R-4 Zoning District rear yard setback be granted for the development of a Class III Solar Energy System.

A Class III Solar Energy System is a solar system which exceeds 1 acre and is the principal use of the property. Solar energy systems are regulated by Section 29 of the zoning code as well as all other applicable chapters. Section 29 requires solar energy systems to meet the setbacks and other bulk regulations for the subject property zoning designation. The subject property is zoned R-4 Multi-Family residential. Section 7 – Residential Districts, Residential Bulk Chart requires principal structures in the R-4 district to have a 75' rear yard setback. The property is located west of Sunset Park and north of a Village well house.

The applicant is proposing a ground-mounted solar energy system with a parking lot and security fence. The solar system consists of panel rows running north-south. Some of these panels are within 75′ of the rear property line; therefore, the applicant is requesting a 50′ variation from the 75′ requirement to allow solar panels within 25′ of the rear property line. In addition, Class III Solar Energy Systems are allowed only by Conditional Use Permit in the R-4 district. The applicant has applied for a Conditional Use Permit.

The Planning and Zoning Commission conducted a public hearing on May 16, 2022. The Commissioners voted 6-0 to recommend approval of the requested Variation to develop a Class III Solar Energy System on the subject property.

FINANCIAL IMPACT

None

ATTACHMENTS

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

RECOMMENDED MOTION

Approve an Ordinance for a variation of 50' from Section 7.4 Residential Bulk Chart R-4 Zoning District required rear yard setback of 75' at 9340 Haligus Road, Parcel # 18-22-200-031, to allow for the construction of a Class III Solar Energy System with the following condition;

1. Approval of Conditional Use Permit for Class III Solar Energy System.

REQUEST FOR PUBLIC HEARING AND COMMISSION ACTION



PLANNING AND ZONING COMMISSION

MEETING DATE: May 16, 2022

DEPARTMENT: Community Development

SUBJECT: Variation to Section 7.4 Residential Bulk Chart R-4 Zoning District rear yard setback

at 9340 Haligus Road

EXECUTIVE SUMMARY

General Information

Requested Action: Joseph Billitteri and John Curtis request a variation to Section 7.4 Residential

Bulk Chart R-4 Zoning District rear yard setbacks at 9340 Halligus Road to

allow for the development of a Class III Solar Energy System.

Owner: Joseph Billitteri, Parkside Apts. LITH, LLC

Applicant: Joseph Billitteri, John Curtis

Purpose: Develop a Class III Solar Energy System.

Location and Size: 9340 Halligus Road – approximately 2.69 acres.

Zoning and Land Use: Site: R-4 Multi-Family/Residential

North: O-S Open Space/Sunset Park

East: O-S Open Space/Sunset Park

South: O-S Open Space/Sunset Park

West: R-2 One Family/Residential

Future Land Use: Parks/Recreation

Background

The applicant proposes the development of a Class III Solar Energy System. A Class III Solar Energy System is a solar system which exceeds 1 acre and is the principal use of the property. Solar energy systems are regulated by Section 29 of the zoning code as well as all other applicable chapters. Section 29 requires solar energy systems to meet the setbacks and other bulk regulations for the subject property zoning designation. The subject property is zoned R-4 Multi-Family residential. Section 7 – Residential Districts, Residential Bulk Chart requires principal structures in the R-4 district to have a 75′ rear yard setback. The property is located west of Sunset Park and north of a Village well house.

The applicant is proposing a ground-mounted solar energy system with a parking lot and security fence. The solar system consists of panel rows running north-south. Some of these panels are within 75′ of the rear property line; therefore, the applicant is requesting a 50′ variation from the 75′ requirement to allow solar panels within 25′ of the rear property line. In addition, Class III Solar Energy Systems are allowed only by Conditional Use Permit in the R-4 district. The applicant has applied for a Conditional Use Permit.

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 due to its location next to a L.I.T.H. water facility, the highest and best use for the property is for a solar field. With current economic times of high material and labor costs and high taxation it is not feasible to build apartments.

Staff finds the property to be impacted by floodplain and to have a unique configuration, making development of multi-family residential or other developments difficult. The required 75' rear yard setback would add further constraints to the property, making the development and maintenance of a solar facility difficult, costly, and potentially unfeasible.

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

The applicant indicates they have held the property since 2014 and have been unable to find a use for the property which is economically feasible. A solar field is the only development which works economically.

Staff finds the property to be impacted by floodplain and to have a unique configuration. The shape of the property prohibits installation of access drives and parking throughout the site in a cost-effective manner.

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

The applicant indicates a solar field is low profile and is adjacent to a water treatment facility, which is in the same character.

Staff finds the surrounding area to be residential, parkland, and public utility. The installation of a solar system would not alter essential character of the surrounding area or the Village.

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 they have completed a wetland study showing the particular conditions of property.

Staff finds the property to be impacted by floodplain and to have a unique configuration. The shape of the property prohibits installation of access drives and parking throughout the site in a cost-effective manner, resulting in a property more suitable for solar systems. However, the required 75' rear yard setback would add further constraints to the property, making the development and maintenance of a solar facility difficult, costly and potentially unfeasible.

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; or

The applicant indicates other property in the same zoning classification does not have the L.I.T.H. water treatment facility and wetland next to it.

Staff finds the property to be impacted by floodplain and to have a unique configuration. In addition, the property is uniquely located between a public park and a well house. The variation request is for a lot line which borders Sunset path, limiting any potential impacts of the proposed project.

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 solar energy generation is a positive green effect on our environment and is also state mandated to achieve alternative energy sources.

Staff finds the required 75' rear yard setback would add further constraints to the property, making the development and maintenance of a solar facility difficult, costly and potentially unfeasible.

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

The applicant indicates the property is located next to a water treatment facility and has wetlands present. The applicant states the difficulty has not been created by ownership.

Staff finds the hardship was created when the lot was platted and when the well house was constructed, not by the current owners.

ATTACHMENTS

- 1. Application
- 2. Zoning Map
- 3. Future Land Use Map
- 4. Aerial Photo
- 5. Site Photos

RECOMMENDED ACTION

Planning and Zoning Commission recommend approval to the Village Board for a variation of 50' from Section 7.4 Residential Bulk Chart R-4 Zoning District required rear yard setback of 75' at 9340 Halligus Road, Parcel # 18-22-200-031, to allow for the construction of a Class III Solar Energy System with the following condition;

1. Approval of Conditional Use Permit for Class III Solar Energy System.



PLANNING & ZONING APPLICATION

Property Information

Common street address: Haligus Road, Hunt	ley, IL 60142	
PIN (Property Index Number): 18-22-200-031		
Current Zoning: R-4	Proposed Zoning:	
Current Use: vacant	Proposed Use: solar energy system 3	
Is the request consistent with the Comprehensive	Plan? yes	
Number of Acres: 2.69 acres If greater the manufacturing zoned land, application shall use. See definition of Planned Development	han 4 acres, 2 acres for government property or Il be processed as a Planned Development as a t and PD Section of Zoning Ordinance.	5 acres for Conditional
Legal description of the property (print or attach e	exhibit): see attached exhibit A	
- <u></u>		
Property Owner Information		
Name(s): Joseph Billitteri		_
Business/Firm Name (if applicable): Parkside Applicable	ots. LITH, LLC	
Address: 201 Penny Ave Apt 2D		
City/State/Zip: East Dundee, IL 60118		
Phone Number: 847-833-5004		_
- ioeh@nrofit_success net		
Applicant Information		
Name(s): Joseph Billitteri, John Curtis		
Business/Firm Name (if applicable): United Cons	struction Services	
Address: 1055 Nimco Drive Suite E		
City/State/Zip: Crystal Lake, IL 60014		
Phone Number: 847-417-9884 (John Curtis) 22	24-281-8279 (Malia Ohland phone)	
Email: malia@unitedconstructionserv.com,	csccommercial@gmail.com, joeb@profit-succ	ess.net

PLANNING & ZONING APPLICATION Page Two

Applicant' s Signature

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	D	Yes	
		annexation			
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	X	0-2 ac = \$250 Over 2 ac = \$500	L	Yes	\$500
Development Plan Review		\$500 + \$10/ac	M	No	
			add column 6 (S	eparate Check)	
Stormwater Per	mit Application		nal Fees time of permit issu	rance (Separate Check) Minor = \$250 r Major = \$1,000	
Reimbursement	of Fees Requir	ed Appendix B =	= \$2,000 + \$100/ac		
If the Village provides the sign is returned w	a sign to public within one week a the Village \$75.0	ize a public hearing i ifter completion of th 100 to allow for a repl	over 5 acres (S erelated to this application hearing. The applications of the serior	eparate Check) tion, the applicant a licant further agrees	accepts responsibility to that if the sign is not Village may withhold a
Property Owner's Si	gnature	Dat		rner/Applicant i ict please, fill ou	s a School It and submit App

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

Date

1.	Please indicate the variation that is being sought, include section(s) and paragraph(s) of the Zoning Or and any dimension(s) and a brief description of the proposed use, construction or development that proposed the request:	rdinance rompted
	Variation of 50 feet from rear yard requirement of 75 feet.	
_	This is prompted because of the proposed installation of solar field.	
	This is prompted because of the proposed installation of solar field.	
_		
_		

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.
_	Due to it's location next to a L.I.T.H. water facility, the highest and best use for the
_	property is for a solar field.
_	With current economic times of high material and labor costs and high taxation it
_	is not feasible to build apartments.
2.	The plight of the owner is due to unique circumstances. Explain how this standard is met.
_	Owner has held this property since 2014 and has been unable to find a use for the
_	property which is econimcally feasible. A solar field is the only development
_	which works economically.
3.	The variation, if granted, will not alter the essential character of the locality. Explain how this standard is met.
_	A solar field is low profile and is adjacent to a the water treatment facility, which is
_	in the same character.

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 would bring a particular hardship upon the owner as distinguished from a mere inconvenience if t letter of the regulation were to be carried out. Explain how this standard is met.	
	wetlands - see wetland study	
5.	That the conditions upon which the petition for variation is based would not be applicable generally property within the same zoning classification. Explain how this standard is met.	to other
	Other property in the same zoning classification does not have the L.I.T.H. water	
	treatment facility and wetland next to it.	
_		
6.	That the purpose of the variation is not based exclusively upon a desire to make more money ou property. Explain how this standard is met.	ıt of the
	Solar energy generation is a positive green effect on our environment and is	
	also state mandated to achieve alternative energy sources.	
7.	That the alleged difficulty or hardship has not been created by any person presently having interest property. Explain how this standard is met.	st in the
	see item 5 - The difficulty has not been created by ownership.	

be obtrusive.	allow for "green" energ			_
. That the proposed	variation will not impair se the danger of fire, or o	therwise endanger t	he public safety, or	substantially dim
substantially increas	ues within the neighborhoo	u. Explain now thi	s standard is inet	•••
substantially increa: impair property valu	ry low in height and wi			
substantially increa: impair property valu	ry low in height and wi			
substantially increasimpair property valu	ry low in height and wi			
substantially increasimpair property valu	ry low in height and wi			
substantially increasimpair property valu	ry low in height and wi			

EXHIBIT A

Legal Description of the Property

That part of the West Half of the Northeast Quarter of Section 22, Township 43 North, Range 7 East of the Third Principal Meridian, described as follows: commencing at the Northwest Corner of the Northeast Quarter of said Section 22, and running thence South along the West line thereof, 1288.33 feet; thence South 90 degrees 00 minutes 00 seconds East to the East right of way line of Haligus Road, said point also being the point of beginning; thence continuing South 90 degrees 00 minutes 00 seconds East, 214.00 feet; thence South 23 degrees 53 minutes 30 seconds East, 578.10 feet to the North line of the South 826.14 feet of the West half of said section; thence South 89 degrees 45 minutes 01 seconds West along said North line, 230.0 feet; thence North 00 degrees 00 minutes 00 seconds West, 249.57 feet; thence North 90 degrees 00 minutes 00 seconds West 217.83 feet to a point on said East line of Haligus Road; thence North 00 degrees 03 minutes 45 seconds West along said East line, 280.00 feet to the point of beginning in McHenry County, Illinois.

1445842m

WARRANTY DEED
Illinois Statutory

WATE TO:

Robert A. Roth
Roth, Melei, Santeler, Ltd
454 W. Virginia Street
Crystal Lake, IL 60014
NAME & ADDRESS OF TAXPAYER:

Billitteri Enterprises, LLC 707 Goldenrod Ct.

Crystal Lake, IL 60014

* 2 0 1 5 R 0 0 3 1 5 1 1

PHYLLIS K. WALTERS RECORDER-MCHENRY COUNTY, IL

2015R0031511

08/21/2015 02:36PM PAGES 4

RECORDING FEE 25.00

GIS FEE 15.00

STATE STAMP FEE 80.00

COUNTY STAMP FEE 40.00

RECORDER'S STAMP

THE GRANTOR(S) **GRAFTON TOWNSHIP**, County of McHenry, State of Illinois, for and in consideration of Ten and no/100 DOLLARS and other good and valuable considerations in hand paid.

CONVEYS AND WARRANTS TO **PARKSIDE APTS. LITH, LLC**, an Illinois limited liability company, of the City of Crystal Lake, County of McHenry, State of Illinois, the following described Real Estate situated in the County of McHenry, State of Illinois, to wit:

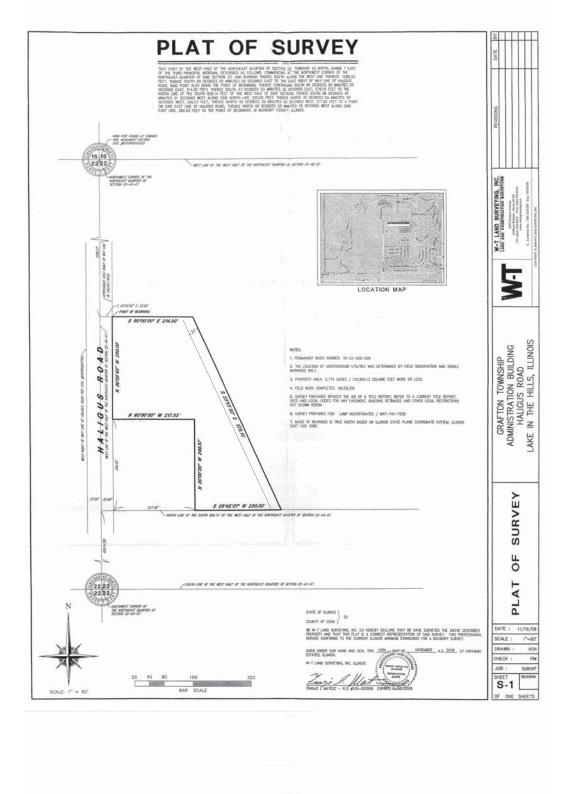
THAT PART OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 43 NORTH, RANGE 7 EAST OF THE THIRD PRINCIPAL MERIDIAN. DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF SAID SECTION 22, AND RUNNING THENCE SOUTH ALONG THE WEST LINE THEREOF, 1288.33 FEET; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS EAST TO THE EAST RIGHT OF WAY LINE OF HALIGUS ROAD, SAID POINT ALSO BEING THE POINT OF BEGINNING; THENCE CONTINUING SOUTH 90 DEGREES 00 MINUTES 00 SECONDS EAST, 214.00 FEET; THENCE SOUTH 23 DEGREES 53 MINUTES 30 SECONDS EAST, 578.10 FEET TO THE NORTH LINE OF THE SOUTH 826.14 FEET OF THE WEST HALF OF SAID SECTION; THENCE SOUTH 89 DEGREES 45 MINUTES 01 SECONDS WEST ALONG SAID NORTH LINE, 230.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 0 SECONDS WEST, 249.57 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, 217.83 FEET TO A POINT ON SAID EAST LINE OF HALIGUS ROAD; THENCE NORTH 00 DEGREES 03 MINUTES 45 SECONDS WEST ALONG SAID EAST LINE, 280.00 FEET TO THE POINT OF BEGINNING, IN MCHENRY COUNTY, ILLINOIS

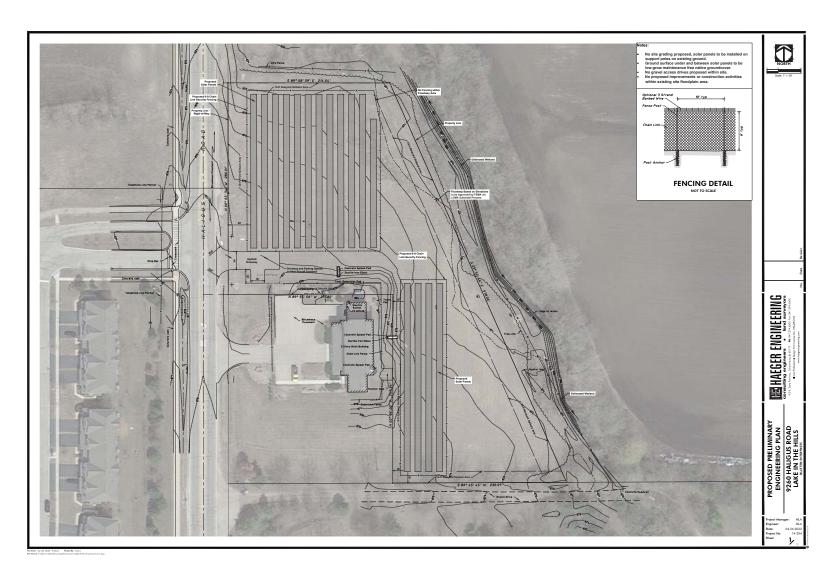
Subject to covenants, conditions restrictions of record.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. **TO HAVE AND TO HOLD** said premises in **Fee Simple**.

Mail to: HERITAGE TITLE COMPANY 4405 THREE OAKS ROAD CRYSTAL LAKE, IL 60014

HT 40.-





THE FLEXRACK SERIES G3-X





Pick your preference

Solar Developers and EPCs demand choices and continued innovation to maintain their leadership position. The Field Assembled G3-X Ground Rack joins our flagship Pre-assembled G3L and G2P series as the latest advancement in our ongoing quest to provide products which meet project-specific needs. Solar FlexRack stands alone as the only racking company able to provide you with these options.

Easy assembly

The G3-X system is easily staged on the jobsite, can be assembled in the field by crews of nearly any skill level, and has been third-party verified for speed of installation by The Industrial Time Study Institute, Inc. Multiple pre-drilled holes, slot to slot connections, and generous construction tolerances make the G3-X an efficient and adaptable model on the jobsite.

Seamless flexibility

The G3-X, available in both Portrait and Landscape orientations, leverages the knowledge gained in delivering nearly 1 GW of pre-assembled ground mounts into a racking system which is assembled in the field. This product is a perfect fit for projects where labor costs are low and field assembly is preferred.

Intelligent design

The series G3-X is value-engineered by our professional team of best-in-class engineers to optimize materials and limit components to create a cost-effective solution. Our field engineering team will work with you personally to ensure that whatever system you choose will be the most cost effective solution for your project needs.

Bankability

Solar FlexRack is a product of Northern States Metals, a full service manufacturer with over 40 years of experience. With close to 1 GW of installed capacity Solar FlexRack has the experience and sustainability to be a reliable partner for your next successful solar project. The G3-X series also comes standard with a 20 year warranty.

+ TURN-KEY SERVICES

We're here for you because we care about your projects. From engineering to installation, you can also leverage our expert turn-key services on any job from start to finish.

Contact us to see how our team of project engineers, field techs, geologists and other specialists can help make sure your next project is a success.

Experience the Flex

CALL US TO FIND OUT HOW THIS GROUNDBREAKING
RACK CAN IMPROVE HOW YOU DO SOLAR

1.888.380.8138 | SOLARFLEXRACK.COM

Variation request to allow for development of a Class III Solar Energy System at 9340 Halligus Road



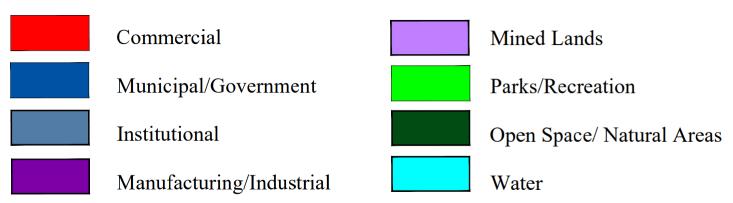
3. EXHIBITS

ZONING MAP



FUTURE LAND USE MAP

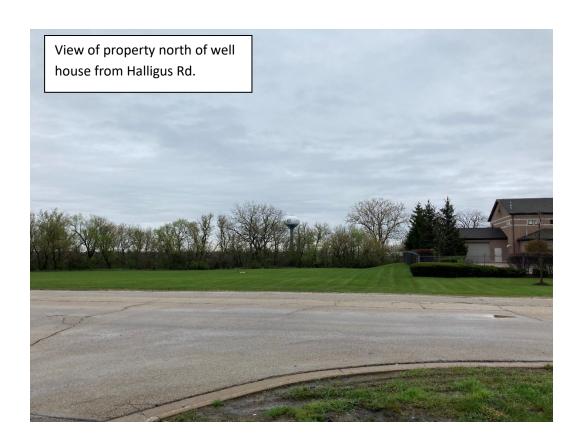




AERIAL PHOTO



SITE PHOTOS





VILLAGE OF LAKE IN THE HILLS

ORDINANCE NO. 2022 - ___

An Ordinance Granting a Variation to Section 7.4 Residential Bulk Chart R-4 Zoning District Rear Yard Setback at 9340 Haligus Road, Parcel 18-22-200-031, to Allow for a Class III Solar Energy System

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 to regulate for the protection of the public health, safety, morals, and welfare, as granted in the Constitution of the State of Illinois; and

WHEREAS, Joseph Billitteri and John Curtis, applicants at the subject property at 9340 Haligus Road, petitioned the Village of Lake in the Hills requesting a variation to 7.4 Residential Bulk Chart R-4 Zoning District rear yard setback to allow for a Class III Solar Energy System; and

WHEREAS, a public hearing was held by the Village of Lake in the Hills Planning and Zoning Commission, after due notice in the manner provided by law; and

WHEREAS, the Planning and Zoning Commission, after deliberation, has made a report and its recommendation relative to the requested variation 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 a variation to 7.4 Residential Bulk Chart R-4 Zoning District rear yard setback to allow for a Class III Solar Energy System at 9340 Haligus Road, Parcel 18-22-200-031, are hereby accepted.
- SECTION 3: Approval of a Variation to Section 7.4 Residential Bulk Chart R-4 Zoning District to reduce the rear yard setback from 50' from the required 75' to 25', at 9340 Haligus Road, Parcel 18-22-200-031, is hereby granted on the subject property.

- SECTION 4: Conditions. The approval granted in this Ordinance is granted expressly and specifically subject to the following condition:
 - 1. Approval of Conditional Use Permit for a Class III Solar Energy System.

SECTION 5: 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 6: 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 7: All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict.

SECTION 8: 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.

Passed this 26th day of May, 2022 by roll call vote as follows:

		Ayes	Nays	Absent	Abstain
Trustee Bo Trustee Bi Trustee Su Trustee Di Trustee We		APPROVED	THIS 26TH	DAY OF MAY	
		Village	e Presiden	t, Ray Bogo	 lanowski
(SEAL)					
ATTEST:	Village Clerk, S	hannon DuBe	eau		

Published: _____



REQUEST FOR BOARD ACTION

MEETING DATE: May 24, 2022

DEPARTMENT: Community Development

SUBJECT: Ordinance Granting a Conditional Use Permit to allow for a Class 3 Solar System at

9340 Haligus Road

EXECUTIVE SUMMARY

Joseph Billitteri and John Curtis request a Conditional Use Permit be granted for the development of a Class III Solar Energy System.

A Class III Solar Energy System is a solar system which exceeds 1 acre and is the principal use of the property. Solar energy systems are regulated by Section 29 of the zoning code as well as all other applicable chapters. The subject property is zoned R-4 Multiple Family. Class III Solar Energy Systems are allowed by Conditional Use Permit in the R-4, Multiple Family, zoning district. The applicant is proposing a ground-mounted solar energy system with a parking lot and security fence. The solar system consists of panel rows running north-south, some of which will encroach upon the 75' rear yard setback required on R-4 properties. The property is located west of Sunset Park and north of a Village well house. The applicant has applied for a variation to the setback requirement to allow for the encroachment.

The Planning and Zoning Commission conducted a public hearing on May 16, 2022. The Commissioners voted 6-0 to recommend approval of the requested Conditional Use Permit to develop a Class III Solar Energy System on the subject property.

FINANCIAL IMPACT

None

ATTACHMENTS

1.	Staff Report	3.	Exhibits
2.	Application	4.	Ordinance

RECOMMENDED MOTION

Approve an Ordinance for a Conditional Use Permit to allow for the construction of a Class III Solar Energy System Conditional Use Permit at 9340 Haligus Road, Parcel # 18-22-200-031, with the following condition;

1. Approval of a variation to the rear yard setback requirement to allow for the proposed facility and/or design changes of less intensity to maintain conformance with residential bulk standards.

REQUEST FOR PUBLIC HEARING AND COMMISSION ACTION



PLANNING AND ZONING COMMISSION

MEETING DATE: May 16, 2022

DEPARTMENT: Community Development

SUBJECT: Conditional Use for Class 3 Solar System at 9340 Halligus Road

EXECUTIVE SUMMARY

General Information

Requested Action: Joseph Billitteri and John Curtis request a Conditional Use Permit to allow for the

development of a Class III Solar Energy System.

Owner: Joseph Billitteri, Parkside Apts. LITH, LLC

Applicant: Joseph Billitteri, John Curtis

Purpose: Develop a Class III Solar Energy System.

Location and Size: 9340 Halligus Road – approximately 2.69 acres.

Zoning and Land Use: Site: R-4 Multi-Family/Residential

North: O-S Open Space/Sunset Park

East: O-S Open Space/Sunset Park

South: O-S Open Space/Sunset Park

West: R-2 One Family/Residential

Future Land Use: Parks/Recreation

Background

The applicant proposes the development of a Class III Solar Energy System. A Class III Solar Energy System is a solar system which exceeds 1 acre and is the principal use of the property. Solar energy systems are regulated by Section 29 of the zoning code as well as all other applicable chapters. Class III Solar Energy Systems are allowed by Conditional Use Permit in the R-4, Multiple Family, zoning district. The applicant is proposing a ground-mounted solar energy system with a parking lot and security fence. The solar system consists of panel rows running north-south, some of which will encroach upon the 75' rear yard setback required on R-4 properties. The property is located west of Sunset Park and north of a Village well house. The applicant has applied for a variation to the setback requirement to allow for the encroachment.

Standards and Findings of Fact for a Conditional Use

The Planning and Zoning Commission may recommend and the Board of Trustees shall consider the following factors and how they are relevant to the specific conditional use requested:

A. That the proposed use at the particular location requested is necessary or desirable to provide a service or a facility which is in the interest of public convenience and will contribute to the general welfare of the neighborhood or community;

The applicant indicates the Village zoning ordinance states that solar energy system would preserve the Village's public health, safety, and welfare by reducing the carbon footprint of each property by creating a clean, renewable energy source.

Staff finds there to be few solar energy systems in the Village. Staff also finds the solar energy system would be desirable as a public facility and would contribute to the general welfare of the Village by providing clean energy.

B. That the proposed use will not, under the circumstances of the particular case, be detrimental to the health, safety, morals or general welfare of persons residing or working in the vicinity, or injurious to property values or improvements in the vicinity;

The applicant indicates there are no negative environmental and health issues associated with solar energy systems.

Staff finds the proposed facility would not emit pollution or noise and do not generate traffic in any substantial amount. Solar facilities are compatible with parkland, public utilities, and residential neighborhoods. The facility would not be detrimental to the health, safety, morals or general welfare of Village residents and workers and would not be injurious to property values or improvements in the vicinity.

C. That the establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district;

The applicant indicates the solar energy system would be constructed to Section 29.4-2, Landscape Buffering, which doesn't require buffering for facilities not located within 150 feet of public streets or residentially zoned property. Otherwise buffering will be provided.

Staff finds the solar energy system to be surrounded by parkland and a built residential neighborhood. The majority of the facilities will not be within 150 of Halligus Road, with only the parking lot needing potential screening. The system would not impede the orderly developer and improvement of surrounding property.

D. The extent to which the conditional use is harmonious and compatible with the goals and objectives of the Village's comprehensive planning documents;

The applicant states the proposed facility would allow for the development of underutilized property to reduce the carbon footprint of the Village.

Staff finds the Village Future Land Use map designates this area as Parks/Recreation. The proposed facility would create very little impervious surface and would be compatible with the neighboring park area by providing a buffer to Halligus Road.

E. The amount of traffic congestion or hazards, if any, that may occur as a result of the conditional use, as well as the extent and adequacy of pedestrian and vehicular access and circulation;

The applicant indicates there would be no added traffic associated with the energy system.

Staff finds the facility would generate very little traffic. Occasional maintenance will be required; however, these would be limited to a few vehicle trips per week and parking has been provided.

F. The extent that the conditional use can be adequately served by essential public facilities and services, and by private utilities;

The applicant states no public or private facilities and services are required apart from ComED service with the solar energy system.

Staff finds the use can be adequately served by essential public and private facilities, services, and utilities as water and sewer will not be required and project development and operation will be coordinated with ComED.

G. That the proposed use will comply with the regulations and conditions specified in this Zoning Code for such use, and with the stipulations and conditions made a part of the authorization granted by the Board of Trustees;

The applicant indicates there would be no foreseeable issues with compliance of the Village Zoning Ordinance section 29.

Staff finds the proposed use will comply with regulations and conditions in the Zoning Code, with the exception of the applied-for variation to the rear yard setback.

ATTACHMENTS

- 1. Application
- 2. Zoning Map
- 3. Future Land Use Map
- 4. Aerial Photo
- 5. Site Photos

RECOMMENDED ACTION

Planning and Zoning Commission recommend approval to the Village Board for a Conditional Use Permit at 9340 Halligus Road, Parcel # 18-22-200-031, to allow for the construction of a Class III Solar Energy System with the following condition;

1. Approval of a variation to the rear yard setback requirement to allow for the proposed facility and/or design changes of less intensity to maintain conformance with residential bulk standards.



Village of Lake in the Hills Development and Zoning Application

Date:04/26/2022	
Property Information	
Common street address: Haligus Road, Huntley, IL 6	0142
PIN (Property Index Number): 18-22-200-031	
Current Zoning: R-4	Proposed Zoning:
Current Use: <u>Vacant</u> Is the request consistent with the Comprehensive Plan' Number of Acres: <u>2.69 acres</u> If greater than 4 a manufacturing zoned land, application shall be process See definition of Planned Development and PD Section Legal description of the property (print or attach exhibit	cres, 2 acres for government property or 5 acers for sed as a Planned Development as a Conditional Use. of Zoning Ordinance.
attached - exhibit A	
Property Owner Information	
Name(s): Joseph Billitteri, John Curtis	
Business/Firm Name (if applicable): Parkside Apts LIT	TH LLC
Address: 201 Penny Ave, Apt 2D	
City/State/Zip: East Dundee, IL 60118	
Phone Number: 847-833-5004	
i joeh@profit-success net	
Applicant Information	
Name(s): Joseph Billitteri / John Curtis	
Business/Firm Name (if applicable): United Construction	on Services, Inc
Address: 1055 Nimco Drive, Suite E	
City/State/Zip: Crystal Lake, IL 60014	
Phone Number: 847-417-9884 (John Curtis) 224- Email: malia@unitedconstructionserv.com / csccommercial@gmail.	

Lake in the Hills Development and Zoning Application Page 2

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	E	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	x	\$500 + \$10/ac over 2 ac	I	Yes	\$526.90
Rezoning		\$500 + \$10/ac over 2 ac	J	Yes	
Text Amendment		\$500	К	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	\$526.90
	Stormwater Permi		nal Fees be paid at time o	f permit issuance Minor = \$250 r Major = \$1,000	
Reimburser	ment of Fees Requ	ired (Attach App	endix B) = \$2,000 every) + \$100/acre for acre over 5 acres	

Property Owner Signature

Date

District please, complete and submit Appendix N

Applicant Signature

Date

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

Appendix I Conditional Use

Conditional Use Applying For:	solar energy systems
-------------------------------	----------------------

Standards and Findings of Facts Per Section 24.6 of the Zoning Ordinance

Before recommending any Conditional Use, the Planning and Zoning Commission and the Board of Trustees shall consider the following factors and how they are relevant to the specific conditional use being requested.

 That the proposed use at the particular location requested is necessary or desirable to provide a service or a facility which is in the interest of public convenience and will it contribute to the general welfare of the neighborhood or community? Explain how this standard is met.

	welfare of the neighborhood or community? Explain how this standard is met.				
Per the Village of Lake in the Hills Zoning Ordinance section 29, "solar energy systems preserve					
the Vil	the Village's public health, safety, and welfare by reducing the carbon footprint of each property				
by crea	ating a clean, renewable energy source".				
2.	That the proposed use, under the circumstances of the particular case, will not be detrimental to the health, safety, morals or general welfare of persons residing or working in the vicinity, or injurious to property values or improvements in the vicinity. Explain how this standard is met.				
There	are no negative environmental and health issues associated with solar energy systems.				
	That the establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district. Explain how this standard is met.				
The S	ES will be constructed within the guidelines per section 29.4-2, any SES located				
within	150 feet of public streets, residentially zoned property, or residential use will be				
screer	ned.				

Appendix I Conditional Use

4.	The extent to which the conditional use is harmonious and compatible with the goals and objectives of the Village's comprehensive planning documents. Explain how this standard is met.
The u	ise of SES on this parcel will allow for the development of underutilized property to reduce
	arbon footprint of the Village.
100	
5.	The amount of traffic congestion or hazards, if any, that may occur as a result of the conditional use, as well as the extent and adequacy of pedestrian and vehicular access and circulation. Explain how this standard is met.
There	e will be no added traffic associated with the solar energy system.
6.	The extent that the conditional use can be adequately served by essential public facilities and services, and by private utilities. Explain how this standard is met.
No p	ublic or private facilities and services required apart from ComEd service with the
solar	energy system.
7.	That the proposed use will comply with the regulations and conditions specified in this Zoning Code for such use, and with the stipulations and conditions made a part of the authorization granted by the Board of Trustees. Explain how this standard is met.
There	e are no foreseeable issues with compliances of the Village Zoning Ordinance
section	on 29.
8.	The Village may impose any other criteria as identified in the Zoning Code.
Droper	ty Owner Signature Date
Proper	Owner Signature Date
	4/4/22
Applica	ant Signature Date

Page 3 of 3

18 (x) 1445842m

WARRANTY DEED
Illinois Statutory

WATE-TO:

Robert A. Roth
Roth, Melei, Santeler, Ltd
454 W. Virginia Street
Crystal Lake, IL 60014
NAME & ADDRESS OF TAXPAYER:

Billitteri Enterprises, LLC

707 Goldenrod Ct. Crystal Lake, IL 60014 * 2 0 1 5 R 0 0 3 1 5 1 1

PHYLLIS K. WALTERS RECORDER-MCHENRY COUNTY, IL

2015R0031511

08/21/2015 02:36PM PAGES 4

RECORDING FEE 25.00

GIS FEE 15.00

STATE STAMP FEE 80.00

COUNTY STAMP FEE 40.00

RECORDER'S STAMP

THE GRANTOR(S) **GRAFTON TOWNSHIP**, County of McHenry, State of Illinois, for and in consideration of Ten and no/100 DOLLARS and other good and valuable considerations in hand paid.

CONVEYS AND WARRANTS TO **PARKSIDE APTS. LITH, LLC**, an Illinois limited liability company, of the City of Crystal Lake, County of McHenry, State of Illinois, the following described Real Estate situated in the County of McHenry, State of Illinois, to wit:

THAT PART OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 43 NORTH, RANGE 7 EAST OF THE THIRD PRINCIPAL MERIDIAN. DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF SAID SECTION 22, AND RUNNING THENCE SOUTH ALONG THE WEST LINE THEREOF, 1288.33 FEET; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS EAST TO THE EAST RIGHT OF WAY LINE OF HALIGUS ROAD, SAID POINT ALSO BEING THE POINT OF BEGINNING; THENCE CONTINUING SOUTH 90 DEGREES 00 MINUTES 00 SECONDS EAST, 214.00 FEET; THENCE SOUTH 23 DEGREES 53 MINUTES 30 SECONDS EAST, 578.10 FEET TO THE NORTH LINE OF THE SOUTH 826.14 FEET OF THE WEST HALF OF SAID SECTION; THENCE SOUTH 89 DEGREES 45 MINUTES 01 SECONDS WEST ALONG SAID NORTH LINE, 230.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 0 SECONDS WEST, 249.57 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, 217.83 FEET TO A POINT ON SAID EAST LINE OF HALIGUS ROAD; THENCE NORTH 00 DEGREES 03 MINUTES 45 SECONDS WEST ALONG SAID EAST LINE, 280.00 FEET TO THE POINT OF BEGINNING, IN MCHENRY COUNTY, ILLINOIS

Subject to covenants, conditions restrictions of record.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. **TO HAVE AND TO HOLD** said premises in **Fee Simple**.

Mail to: HERITAGE TITLE COMPANY 4405 THREE OAKS ROAD CRYSTAL LAKE, IL 60014

HT 40.-

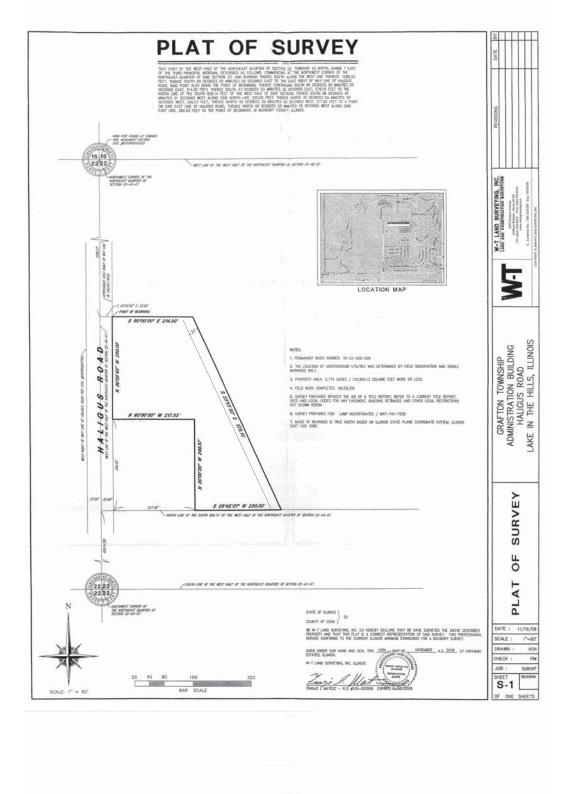


EXHIBIT A

Legal Description of the Property

That part of the West Half of the Northeast Quarter of Section 22, Township 43 North, Range 7 East of the Third Principal Meridian, described as follows: commencing at the Northwest Corner of the Northeast Quarter of said Section 22, and running thence South along the West line thereof, 1288.33 feet; thence South 90 degrees 00 minutes 00 seconds East to the East right of way line of Haligus Road, said point also being the point of beginning; thence continuing South 90 degrees 00 minutes 00 seconds East, 214.00 feet; thence South 23 degrees 53 minutes 30 seconds East, 578.10 feet to the North line of the South 826.14 feet of the West half of said section; thence South 89 degrees 45 minutes 01 seconds West along said North line, 230.0 feet; thence North 00 degrees 00 minutes 00 seconds West, 249.57 feet; thence North 90 degrees 00 minutes 00 seconds West 217.83 feet to a point on said East line of Haligus Road; thence North 00 degrees 03 minutes 45 seconds West along said East line, 280.00 feet to the point of beginning in McHenry County, Illinois.

THE FLEXRACK SERIES G3-X





Pick your preference

Solar Developers and EPCs demand choices and continued innovation to maintain their leadership position. The Field Assembled G3-X Ground Rack joins our flagship Pre-assembled G3L and G2P series as the latest advancement in our ongoing quest to provide products which meet project-specific needs. Solar FlexRack stands alone as the only racking company able to provide you with these options.

Easy assembly

The G3-X system is easily staged on the jobsite, can be assembled in the field by crews of nearly any skill level, and has been third-party verified for speed of installation by The Industrial Time Study Institute, Inc. Multiple pre-drilled holes, slot to slot connections, and generous construction tolerances make the G3-X an efficient and adaptable model on the jobsite.

Seamless flexibility

The G3-X, available in both Portrait and Landscape orientations, leverages the knowledge gained in delivering nearly 1 GW of pre-assembled ground mounts into a racking system which is assembled in the field. This product is a perfect fit for projects where labor costs are low and field assembly is preferred.

Intelligent design

The series G3-X is value-engineered by our professional team of best-in-class engineers to optimize materials and limit components to create a cost-effective solution. Our field engineering team will work with you personally to ensure that whatever system you choose will be the most cost effective solution for your project needs.

Bankability

Solar FlexRack is a product of Northern States Metals, a full service manufacturer with over 40 years of experience. With close to 1 GW of installed capacity Solar FlexRack has the experience and sustainability to be a reliable partner for your next successful solar project. The G3-X series also comes standard with a 20 year warranty.

+ TURN-KEY SERVICES

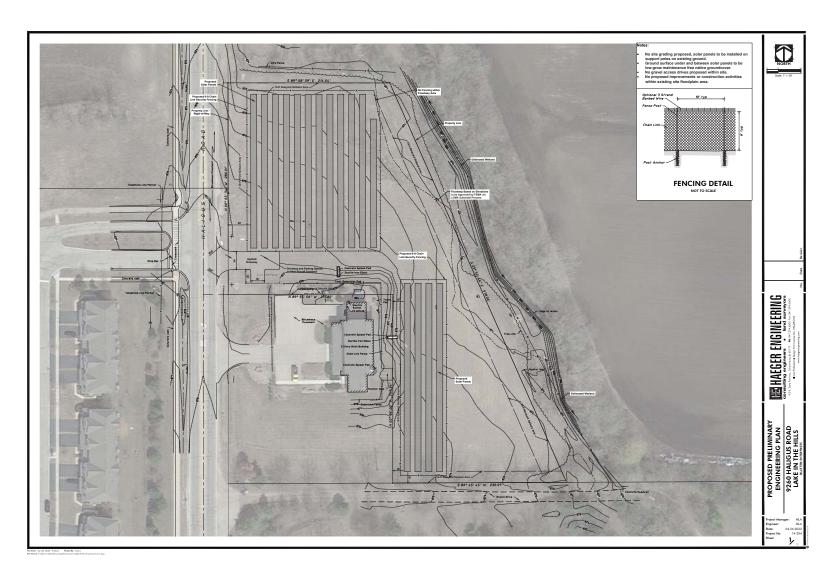
We're here for you because we care about your projects. From engineering to installation, you can also leverage our expert turn-key services on any job from start to finish.

Contact us to see how our team of project engineers, field techs, geologists and other specialists can help make sure your next project is a success.

Experience the Flex

CALL US TO FIND OUT HOW THIS GROUNDBREAKING
RACK CAN IMPROVE HOW YOU DO SOLAR

1.888.380.8138 | SOLARFLEXRACK.COM

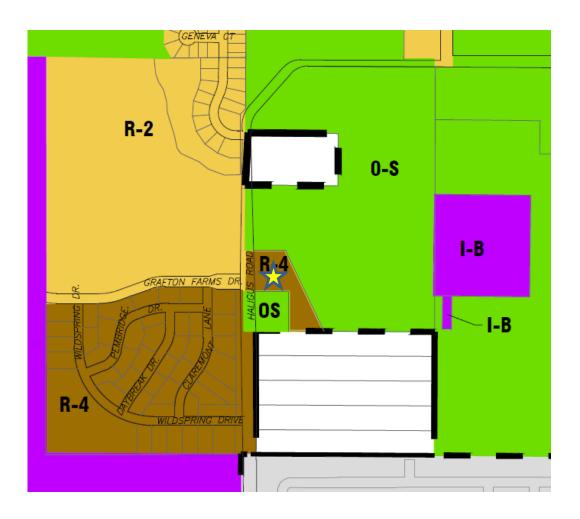


Conditional Use Permit request to allow for development of a Class III Solar Energy System at 9340 Halligus Road



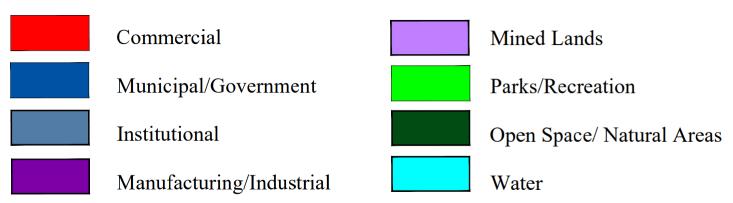
EXHIBITS

2. ZONING MAP



3. FUTURE LAND USE MAP

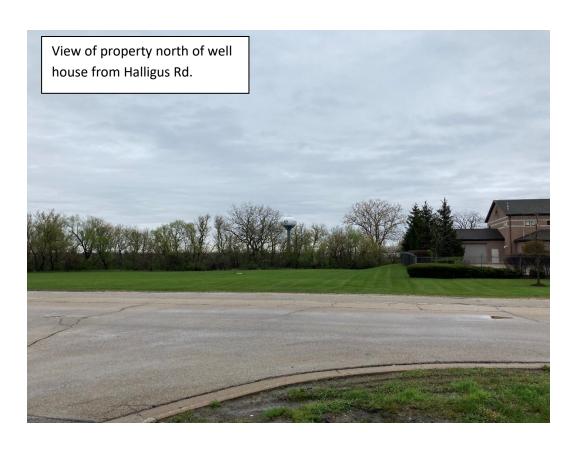




4. AERIAL PHOTO



5. SITE PHOTOS



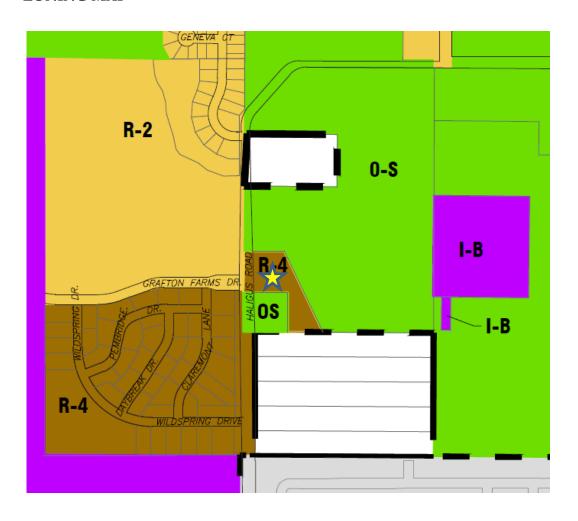


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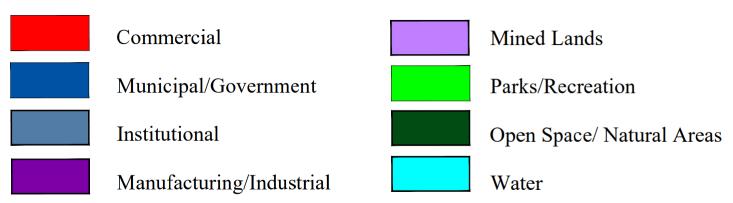
3. EXHIBITS

ZONING MAP



FUTURE LAND USE MAP

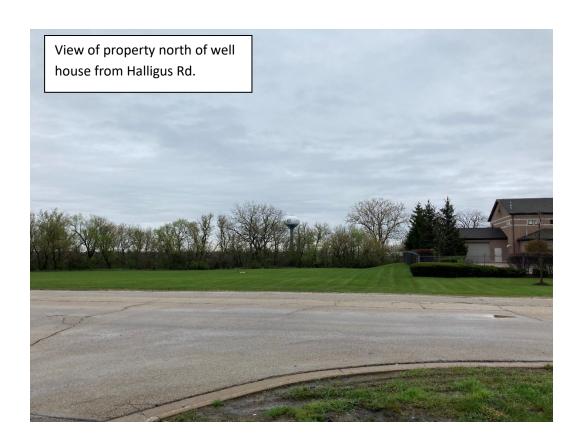




AERIAL PHOTO



SITE PHOTOS





VILLAGE OF LAKE IN THE HILLS

ORDINANCE NO. 2022 -

An Ordinance Granting a Conditional Use Approval to Allow for a Class III Solar Energy System at 9340 Haligus Road, Parcel 18-22-200-031

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 to regulate for the protection of the public health, safety, morals, and welfare, as granted in the Constitution of the State of Illinois; and

WHEREAS, Joseph Billitteri and John Curtis, applicants, at the subject property at 9340 Haligus Road, petitioned the Village of Lake in the Hills to request Conditional Use approval to allow for a Class III Solar Energy System; and

WHEREAS, a public hearing was held by the Village of Lake in the Hills Planning and Zoning Commission, after due notice in the manner provided by law; and

WHEREAS, the Planning and Zoning Commission, after deliberation, has made a report and its recommendation relative to the conditional use 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 a Conditional Use at 9340 Haligus Road, Parcel 18-22-200-031, to allow for a Class III Solar Energy System, is hereby accepted.
- SECTION 3: Conditional Use approval to allow for a Class III Solar Energy System at 9340 Haligus Road, Parcel 18-22-200-031, is hereby granted on the subject property.

SECTION 4: Conditions. The approval granted in this Ordinance is granted expressly and specifically subject to the following conditions:

- 1. Approval of a variation to the rear yard setback requirement to allow for the proposed facility and/or design changes of less intensity to maintain conformance with residential bulk standards.
- SECTION 5: 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 6: 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 7: All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict.

SECTION 8: 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.

Passed this 26th day of May, 2022 by roll call vote as follows:

	Ayes	Nays	Absent	Abstain
Trustee Stephen Harlfinger Trustee Bob Huckins Trustee Bill Dustin Trustee Suzette Bojarski Trustee Diane Murphy Trustee Wendy Anderson President Ray Bogdanowski				
API	PROVED THIS	S 26TH DAY	Y OF MAY 20)22
(SEAL)	Village Pi	resident,	Ray Bogdar	nowski
ATTEST: Village Clerk, Sh	nannon DuBe	 eau		
Published:				