

NOTICE - VILLAGE OF TINLEY PARK
MEETING OF THE COMMITTEE OF THE WHOLE

NOTICE IS HEREBY GIVEN that a regular Committee of the Whole Meeting of the Village of Tinley Park, Cook and Will Counties, Illinois, will be held on Tuesday, May 20, 2025, beginning at 5:45 p.m. in Council Chambers, located in the Tinley Park Village Hall, 16250 South Oak Park Avenue, Tinley Park, Illinois 60477.

THE AGENDA IS AS FOLLOWS:

1. CALL MEETING TO ORDER.
2. ROLL CALL.
3. CONSIDER APPROVAL OF THE MINUTES OF THE COMMITTEE OF THE WHOLE MEETING HELD ON MAY 6, 2025.
4. DISCUSS AMENDING CHAPTER 112 OF TITLE XI OF THE VILLAGE CODE RELATED TO LIQUOR LICENSE CLASSIFICATIONS.
5. DISCUSS A CLASS UV-2 LIQUOR LICENSE FOR LENNY'S GAS N WASH, 19420 S. HARLEM AVE.
6. DISCUSS EXTENSION OF THE HORTON GROUP BROKERAGE & CONSULTING AGREEMENT.
7. DISCUSS BLUE CROSS BLUE SHIELD BENEFITS SPECIAL OPEN ENROLLMENT PERIOD.
8. DISCUSS A CONTRACT WITH MAD BOMBER FIREWORKS FOR THE FOURTH OF JULY CELEBRATION.
9. DISCUSS A CONTRACT WITH MOTOROLA SOLUTIONS FOR THE PURCHASE OF APX NEXT-SE PORTABLE RADIOS.
10. DISCUSS A CONTRACT WITH MOTOROLA SOLUTIONS FOR THE PURCHASE OF APX8500 MOBILE RADIOS.
11. DISCUSS A CONTRACT WITH AIR ONE EQUIPMENT, INC., FOR THE PURCHASE OF SELF-CONTAINED BREATHING APPARATUS (SCBA).
12. DISCUSS A PURCHASE FROM RAY O'HERRON FOR GARRETT WALK-THROUGH METAL DETECTORS.
13. DISCUSS PAYMENT OF ANNUAL MEMBERSHIP FEES FOR THE NORTHEASTERN REGIONAL CRIME LAB (NIRCL).
14. DISCUSS A PURCHASE FROM AIR ONE EQUIPMENT, INC., FOR BUNKER GEAR.
15. DISCUSS A PURCHASE FROM RAY O'HERRON FOR A UNIFORM BLANKET PURCHASE ORDER.
16. DISCUSS FLEET VEHICLE PURCHASE LIST.
17. DISCUSS VEHICLE/ EQUIPMENT SURPLUS DISPOSAL LIST.
18. RECEIVE COMMENTS FROM THE PUBLIC.

ADJOURNMENT

NANCY M. O'CONNOR, VILLAGE CLERK

ROLL

CALL

MINUTES
Meeting of the Committee of the Whole
May 6, 2025 – 5:45 p.m.
Village Hall - Council Chambers
16250 S Oak Park Ave.
Tinley Park, IL 60477

Item #1 - At 5:46 p.m. the regular meeting of the Committee of the Whole was called to order.

Item #2 - Clerk O'Connor called the roll. Present and responding to roll call were the following:

Members Present: W. Brennan, President Pro Tem
 N. O'Connor, Village Clerk
 W. Brady, Village Trustee
 D. Mahoney, Village Trustee
 M. Mueller, Village Trustee
 C. Sullivan, Village Trustee
 M. Glotz, Village President

Members Absent: K. Shaw, Village Trustee

Staff Present: P. Carr, Village Manager
 H. Lipman, Assistant Village Manager/Interim Assistant Finance Director
 T. Tilton, Police Chief
 S. Klotz, Fire Chief
 D. Ritter, Community Development Director
 J. Urbanski, Public Works Director
 D. Framke, Marketing Director
 T. Nelson-Jaworski, Village Attorney

Others Present:

Item #3 - CONSIDER APPROVAL OF THE MINUTES OF THE COMMITTEE OF THE WHOLE MEETING HELD APRIL 29, 2025 – Motion was made by Trustee Mueller, seconded by Trustee Brady to approve the minutes of the Committee of the Whole meeting held on April 29, 2025

President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #4 – DISCUSS A LEASING AGREEMENT WITH MGT IMPACT SOLUTIONS, LLC FOR FINANCE PROFESSIONAL SERVICES – This Employee Leasing Agreement with MGT Impact Solutions, LLC is for Assistant Finance Director Professional Services for a 12-month period. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Sullivan, seconded by Trustee Mahoney to recommend a Leasing Agreement with MGT Impact Solutions, LLC, for finance professional services be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #5 – DISCUSS AN ORDINANCE IMPLEMENTING A MUNICIPAL GROCERY RETAILERS' OCCUPATION TAX AND MUNICIPAL GROCERY SERVICE OCCUPATION TAX - Effective January 1, 2026, Illinois Public Act 103-0781 eliminates the state's 1% grocery tax while permitting municipalities to impose a local sales tax on grocery items as a replacement. This change is expected to reduce the Village's General Fund revenues by approximately \$3 million annually. To offset the anticipated revenue loss, Staff has recommended the

Board adopt a 1% local grocery tax. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Mahoney, seconded by Trustee Sullivan to recommend an Ordinance Implementing a Municipal Grocery Retailers' Occupation Tax and Municipal Grocery Service Occupation Tax be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #6 – DISCUSS A CONTRACT WITH GRIFFIN, WILLIAMS, MCMAHON, & WALSH, LLP FOR LEGAL SERVICES – This contract retains Griffin, Williams, McMahon, & Walsh, LLP to preform various legal services. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Mahoney, seconded by Trustee Brady to recommend a contract with Griffin, Williams, McMahon, & Walsh, LLP for legal services be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #7 – DISCUSS AN AGREEMENT WITH CORNERSTONE GOVERNMENT AFFAIRS FOR GENERAL MATTERS LEGISLATIVE CONSULTING – This agreement with Cornerstone Government Affairs, Inc., is for assistance with governmental affairs on the county, state and federal levels. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Mahoney, seconded by Trustee Sullivan to recommend an agreement with Cornerstone Government Affairs for General Matters Legislative Consulting be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #8 – DISCUSS A CONTRACT WITH AMERICA'S PARKING REMARKING FOR THE 2025 PAVEMENT MARKING PROGRAM – Three (3) bids were received on March 24, 2025, for the 2025 Pavement Marking Program.

Contractor	Location	Base Bid Total
America's Parking Marking	Union, MO	\$182,957.64
Roadsafe Traffic Systems, Inc	Romeoville, IL	\$202,595.35
Marking Specialists Corp.	Arlington Heights, IL	\$249,339.51
Engineer's Estimate		\$175,503.11

Staff recommended approval of a contract with American's Parking Marking in the amount of 182,957.64 plus a \$17,042.36 contingency amount. Total contract amount not to exceed \$200,000. The contract has the option of two (2) – one (1) year renewals. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Brady, seconded by Trustee Mueller to recommend a contract with America's Parking Marking for the 2025 Pavement Marking Program be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #9 – DISCUSS A CONTRACT WITH STANTEC CONSULTING SERVICES, INC. FOR NATURALIZED STORMWATER AREA MAINTENANCE – Public Works recommended a contract with Stantec Consulting Services, Inc., for Naturalized Stormwater Areas Maintenance. This is the second year of a possible three-year contract. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Mueller, seconded by Trustee Sullivan to recommend a contract with Stantec Consulting Services, Inc. for Naturalized Stormwater Area Maintenance be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #10 – DISCUSS A CONTRACT WITH STEVE SPIESS CONSTRUCTION FOR POST 17 CONSTRUCTION IMPROVEMENTS – Two (2) bids were received on April 22, 2025, for the Post 17 Constructions Improvements.

Contractor	Location	Bid
Steve Spiess Const.	Frankfort, IL	\$1,033,863.75
Airy's Inc.	Joliet, IL	\$1,089,313.00

Staff recommended a contract with Steve Spiess Construction in the amount of \$1,033,863.75. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Mueller, seconded by Trustee Brady to recommend a contract with Steve Spiess Construction for Post 17 Construction Improvements be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #11 – DISCUSS A CONTRACT WITH HOMER TREE CARE, INC. FOR PARKWAY TREE PRUNING – Two (2) responses were received on March 31, 2025, for the Fiscal Year 2026 Parkway Tree Pruning program.

Contractor	Location	Year 1	Avg. Score
Homer Tree Care, Inc.	Lockport, IL	\$107,900	91.8
Winkler Services, LLC	LaGrange Park, IL	\$120,409	83.4

Staff recommended a contract with Homer Tree Care, Inc. in the amount of \$107,900. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Mueller, seconded by Trustee Mahoney to recommend a contract with Homer Tree Care, Inc. for Parkway Tree Pruning be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #12 – DISCUSS A CONTRACT WITH D CONSTRUCTION, INC. FOR THE 183RD STREET WATER MAIN CROSSING –Three (3) responses were received on April 29, 2025, for the 183rd Street Water Main Crossing.

Contractor	Total Price
D Construction	\$53,100
Airy's	\$78,509
Spiess	\$84,540

Staff recommended awarding a contract to D Construction with a not-to-exceed price of \$53, 100. This work will be coordinated with the 80th Avenue project. President Pro Tem Brennan asked if members of the Committee had any questions. There were none. Motion was made by Trustee Mueller, seconded by Trustee Sullivan to recommend a contract with D Construction, Inc. for the 183rd Street Water Main Crossing be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the motion carried.

Item #13 – RECEIVE COMMENTS FROM THE PUBLIC –

President Pro Tem Brennan asked if there were any comments from the public. There were none.

Motion was made by Trustee Sullivan, seconded by Trustee Brady, to adjourn the Committee of the Whole. Vote by roll call. Ayes: Brady, Brennan, Mahoney, Mueller, Sullivan. Nays: None. Absent: Shaw. President Pro Tem Brennan declared the meeting adjourned at 5:53 p.m.



Interoffice Memo

Date: May 20, 2025
To: Village Board of Trustees
From: Allison Tugend, Senior Finance Clerk
Subject: Liquor License Code Amendment

Amending License Classification code to provide more clarity and transparency for the eligibility for Class UV and UV-2 licenses/video gaming terminal eligibility.



Interoffice Memo

Date: May 20, 2025
To: Village Board of Trustees
From: Allison Tugend, Senior Finance Clerk
Subject: Lenny's Gas N Wash – Liquor License Reclassification

The petitioner contacted the Mayor's Office asking for a Liquor License Reclassification. Lenny's Gas N Wash, located at 19420 S. Harlem Ave, currently holds a UV license. They are seeking a UV-2 license.



Interoffice Memo

Date: May 12, 2025

To: Patrick Carr, Village Manager
Hannah Lipman, Assistant Village Manager

From: Angela Arrigo, Human Resources Director

Subject: 5-Month Extension Employee Benefit Consulting/Brokerage Services

To align the current benefit consulting and brokerage services with the benefit plan year, attached you will find a 5-month extension of the current client service agreement including a statement of work and compensation disclosure with The Horton Group. This agreement extension is for the period 8/1/2025 – 12/31/2025 and aligns the consulting and brokerage services with the renewals for all coverage lines. This extension continues the current level of services with no changes, including the online employee benefit website portal.

CLIENT SERVICE AGREEMENT

This Client Service Agreement and any statement of work , Exhibits and Appendices hereto (this “**Agreement**”) is made as of August 1, 2025 (the “**Effective Date**”), by and between Village of Tinley Park (herein referred to as “**Client**”), and The Horton Group, a Marsh & McLennan Agency LLC (herein referred to as (“**MMA**”).

NOW, THEREFORE, in consideration of mutual covenants and representations set forth in the Agreement, the parties hereby agree as follows:

Article I. Services Provided by MMA

MMA shall provide the services outlined on the Statement of Work (“SOW”) attached to this Agreement as Exhibit A and signed by the Client (the “**Services**”) and which may be amended, from time to time, by mutual written agreement of the parties. To the extent there is a direct conflict between the terms of this Agreement and an SOW, the terms of the SOW shall control.

Article II. Term/Termination

2.1 Term

This Agreement shall begin on the Effective Date and continue until (a) a termination occurs pursuant to provision 2.2; or (b) the end of a service period as described in the SOW, whichever occurs earlier. MMA’s obligations to provide Services hereunder will terminate upon termination of the Agreement for any reason.

2.2 Termination

This Agreement, and any SOW attached hereto, may be terminated for convenience by either party by providing 90 days’ prior written notice.

2.3 Events Upon Termination

Upon termination of this Agreement, commissions will be paid to MMA by applicable insurance carriers pursuant to such carriers’ agent-of-record policies and procedures. Notwithstanding any termination of this agreement, any retail commissions collected by MMA shall be considered fully earned upon receipt.

Article III. Confidentiality

3.1 Each of MMA and Client is likely to disclose information (in such capacity, the “**Disclosing Party**”) to the other (in such capacity, the “**Receiving Party**”) from time to time in the course of the provision of the Services, which is marked or designated as confidential or proprietary at or prior to disclosure or which would appear to a reasonably prudent person to be confidential and/or proprietary in nature (“**Confidential Information**”). Confidential Information shall also include this Agreement and all business strategies, plans and procedures, business information, proprietary information, scientific information, product plans, sales information and plans, data, and trade secrets of the Disclosing Party. Notwithstanding the foregoing, “Confidential Information” shall not include any information or materials that: (a) are or become known to the general public through no act or omission of the Receiving Party, (b) are received by the Receiving Party from a third party that the Receiving Party reasonably believes was legally entitled to disclose the same, (c) were legally in the Receiving Party’s possession prior to disclosure by Client; (d) are developed by or for the Receiving Party independently of the Disclosing Party’s Confidential Information, or (e) are de-identified and aggregated. In the event the Receiving Party is requested or required by legal or regulatory authority

to disclose any Confidential Information, the Receiving Party may, unless prohibited by law or regulation, disclose such information; provided, that prior to any such disclosure, the Receiving Party shall advise the Disclosing Party of such required disclosure promptly upon learning thereof such that the Disclosing Party may seek an appropriate protective order. In the event that a protective order or other remedy is not obtained, the Receiving Party agrees to furnish only that portion of the Confidential Information that it reasonably determines is consistent with the scope of the subpoena or demand.

The Receiving Party (a) shall safeguard and maintain in confidence all Confidential Information of the Disclosing Party provided to or learned or developed during the course of performing such Receiving Party's obligations hereunder and (b) shall not use or copy any Confidential Information, or authorize or permit others to use any such Confidential Information, for any purposes other than, in the case of MMA as the Receiving Party, to perform the Services. Notwithstanding anything to the contrary in this Agreement, Client expressly agrees that (i) MMA may share the Client's Confidential Information with carriers, third party providers, intermediaries and related parties in furtherance of the Services (and the same shall not be considered agents or representatives of MMA for this purpose) and (ii) MMA is expressly permitted to de-identify and aggregate Confidential Information for preparing commercially available normative and benchmarking data and for internal and external research, analysis, and product development purposes.

The confidentiality obligations contained in this section with respect to any Confidential Information shall survive for a period of two (2) years from receipt of such Confidential Information, or for such longer period as required by applicable law.

3.2 [Intentionally Blank.]

3.3 Ownership Rights

Client acknowledges and agrees that except to the extent they constitute Work (as defined below), all products, forms, procedures, pricing, and other materials, including any hardware or software products, proposals, and templates, utilized or made available by MMA to Client in connection with any Services rendered hereunder (collectively, the "**Products**") are the sole property of MMA. Client acknowledges and agrees that nothing herein shall be construed to grant or create any ownership rights in any hardware and software owned, operated by, or licensed to MMA. Client shall have no title or other ownership right to or interest in any of such Products, nor shall it acquire any such right, title, or interest by use thereof in accordance with this Agreement. Client shall not license, market, modify, sell, or transfer any of such Products, in whole or in part.

3.4 Deliverables and Intellectual Capital

Only materials prepared by MMA specifically, solely and exclusively for Client pursuant to this Agreement (the "**Work**") shall be owned by Client. Notwithstanding the foregoing, MMA will retain all ownership and copyright, patent and other intellectual property rights in the methodologies, methods of analysis, ideas, concepts, know-how, models, tools, techniques, skills, knowledge and experience owned or possessed by MMA before the commencement of, or developed or acquired by MMA during or after, the performance of the Services, including without limitation, all systems, software, algorithms, specifications, documentation and other materials created, owned or licensed and used by MMA or our affiliates or subcontractors in the course of providing the Services and the Work (collectively, the "**Intellectual Property**"), and shall not be restricted in any way with respect thereto.

Client will not use, in a manner other than as mutually contemplated when MMA was first retained by Client to perform the applicable Services, or disclose to any third party, any material, Work, Products and/or Intellectual Property supplied by MMA under this Agreement. MMA shall have no liability with respect to: (i) modifications made by any person other than MMA to the Work, Intellectual Property or other work product or deliverables provided to Client by MMA or (ii) any third party's use or reliance on the Work, Intellectual Property or other work product or deliverables provided to Client by MMA.

Article IV. Indemnification; Limitation of Liability; Disclaimers

4.1 Indemnity

MMA agrees to indemnify and hold harmless Client from and against any and all Losses (as defined below) to the extent resulting from (i) MMA's breach of this Agreement or (ii) MMA's negligence or willful misconduct in the performance of Services hereunder.

Client agrees to indemnify and hold harmless MMA from and against any and all Losses to the extent resulting from (i) Client's breach of this Agreement, (ii) any third party claims against MMA arising out of the Services, except to the extent resulting from MMA's negligence or willful misconduct, (iii) Client's negligent acts or omissions, or (iv) MMA's or a third party provider's reliance on the accuracy of information provided by Client hereunder.

4.2 Limitation of Liability

MMA shall not be liable for any indirect, incidental, consequential, punitive or other special damages suffered by Client arising out of or related to this Agreement, even if advised of the possibility of such damages. The aggregate liability of MMA, its affiliates and any officer, director or employee of MMA and its affiliates ("**MMA Parties**") to Client, its affiliates, and its and their officers, directors or employees and any third party (including any benefit plan, its fiduciaries or any plan sponsor) for any and all Losses arising out of or relating to the provision of any Services at any time by any of the MMA Parties shall not exceed an amount equal to one times revenues earned by MMA with respect to the applicable service period. MMA shall have no liability for the acts or omissions of any third party (other than any subcontractor performing Services hereunder). "**Losses**" as used herein shall mean any and all claims, damages, losses, judgments, costs, and expenses of any kind, including reasonable attorneys' fees.

4.3 Disclaimers

MMA does not assume any responsibility or authority hereunder for (i) the design, funding or operation of any Client-sponsored employee welfare benefit plan (as defined in ERISA Section 3(1)) or for compliance of any such plan with ERISA, including any aspect of COBRA, (ii) duties incumbent upon a "plan sponsor" or "covered entity" under HIPAA privacy and security rules, (iii) funding claims for benefits under any Health Savings Account (HSA) or employee welfare benefit plan or the payment of fees to third parties providing services or products to Client or its employees, (iv) insuring or underwriting any liability to provide benefits under any employee welfare plan, (v) the acts or omissions of any automated clearing house or other financial institution, or (vi) Wrap Plan documents prepared by third parties. MMA specifically disclaims any warranty regarding the compliance of Client's employee health and benefits plan with ERISA.

MMA does not act on behalf of any insurer or other service provider, is not bound to utilize any particular insurer or service provider, and does not have the authority to make binding commitments on behalf of any insurer or service provider. MMA does not guarantee or make any representation or warranty that coverage or services can be placed on terms acceptable to Client. MMA is not responsible for the solvency or ability to pay claims of any insurance carrier or the solvency or ability of any service provider to provide service. Client agrees that all decisions regarding the amount, type or terms of coverage shall be Client's ultimate responsibility. While MMA may provide advice and recommendations, Client must decide the specific coverages that are appropriate for its particular circumstances and financial position. The form of MMA's compensation, whether by commission, fee, or both, shall not affect MMA's role as insurance broker or the scope of the services to be provided by MMA.

MMA's service obligations to you are solely contractual in nature. The parties acknowledge and agree that, in performing the Services, MMA and its affiliates are not acting as a fiduciary for Client, except to the extent required by applicable law, and do not otherwise have a fiduciary or other enhanced duty to you.

In the event that a service, resource or tool listed on Exhibit A is being provided by a party that is not a subcontractor or MMA's the provision of such service, resource, or tool may be subject to terms and conditions or contract to be entered into between Client and such third-party provider. MMA shall have no liability with respect to any service, resource or tool not provided directly by MMA and/or one of its subcontractors.

Client shall be responsible for any fee or penalty arising out of or relating to its benefit plans that is assessed by the Internal Revenue Service, the Department of Labor, and/or other federal or state governmental agencies.

MMA is not engaged in the practice of law or tax accounting and the Services provided hereunder do not constitute and are not a substitute for legal, tax and/or accounting advice. Accordingly, MMA recommends that Client secure

the advice of competent legal counsel and/or tax advisor with respect to any legal or tax matters related to the Services or otherwise.

The Patient Protection and Affordable Care Act (ACA) is a complex law. Any statements or guidance regarding the ACA made by MMA concerning tax, accounting, or legal matters are based solely on our experience as insurance brokers and risk consultants and are not to be relied upon as accounting, tax, or legal advice.

Article V. Representations

5.1 Compliance with Applicable Law and Regulation

Each party agrees to comply in all material respects with all federal, state, and local laws and regulations applicable to such party in carrying out its obligations under this Agreement.

5.2 Accuracy of Information

Client shall provide to MMA timely, complete and accurate information to enable MMA to perform its obligations and provide Services hereunder. Client assumes full responsibility for any Client information provided to MMA, a general agent or a service provider hereunder, including, but not limited to, its condition, content, format, usability, or correctness and MMA has no obligation to confirm or verify the accuracy, authenticity, or completeness of any information provided by Client. Client understands that the failure to provide necessary, complete and accurate information to MMA and/or a general agent or service provider, whether intentional or by error, could result in the voiding of coverage or denial of claims. Client acknowledges that MMA: (i) relies upon the accuracy of all information provided by Client in effecting and performing its obligations under this Agreement, and (ii) understands and agrees that MMA shall have no liability for its reliance on inaccurate or incomplete information.

5.3 Plan Fiduciary; Instructions

MMA is not a “plan administrator” or “fiduciary” as defined under ERISA. Client acknowledges, agrees and warrants that Client or the appropriate Covered Entity is the named plan administrator and/or fiduciary for the plan(s) within the meaning of the Employee Retirement Income Security Act of 1974, as amended (“**ERISA**”), and, notwithstanding anything to the contrary contained herein, that MMA is not a fiduciary and does not have any discretionary authority or responsibility with respect to the plan(s) or plan assets. It is understood and agreed that Client and/or the relevant plan(s) have full and final authority and responsibility for the plan(s), plan(s) assets, and plan(s) operation. Client, and not MMA, shall be solely responsible for the review and payment of claims for benefits provided under any benefit plan and for all appeals brought under any such benefit plan and/or ERISA. Client shall be responsible for meeting any ERISA trust requirements to the extent applicable. MMA does not assume any responsibility for receiving or reviewing claims for benefits under or in connection with any benefit plan. MMA shall not have any duty or power to act on behalf of Client or any participant in connection with the plan(s) other than as expressly stated in this Agreement or upon instruction from Client.

Article VI. Other Provisions

6.1 No Third-Party Beneficiaries

Neither this Agreement nor the provision of the Services is intended to confer any right or benefit on any third party.

6.2 Governing Law/Waiver of Jury Trial

This Agreement shall be governed by and construed in accordance with the laws of the State of New York, without regard to choice of law principles. Each party, on behalf of itself and its affiliates, to the fullest extent permitted by law, knowingly, voluntarily, and intentionally waives its right to a trial by jury in any action or other legal proceeding arising out of or relating to this Agreement or any services provided by MMA or its affiliates. The waiver applies to any action or legal proceeding, whether sounding in contract, tort or otherwise. Each party agrees not to include any employee, officer, director or trustee of the other as a party in any action, proceeding or counterclaim relating to such dispute.

6.3 Amendment; Waiver

No changes, amendments, or alterations shall be effective unless signed by duly authorized representatives of both parties. Neither the waiver by either party of a breach or violation of any provision of this Agreement nor the failure by either party to insist upon strict performance of any provision herein shall operate or be construed to be a waiver of any subsequent breach or violation thereof. To be effective, all waivers must be in writing and signed by an authorized officer of the party to be charged.

6.4 Exhibits; Entire Agreement

This Agreement (including any SOW, Exhibits and Appendices hereto) sets forth the complete and sole understanding between MMA and Client with respect to its subject matter and supersedes any and all prior or contemporaneous communications, discussions, agreements, understandings, promises, and/or representations made by either party to the other, whether oral, written, or in any other form not expressly included herein. This Agreement includes the following Exhibit:

- **EXHIBIT A** – Statement of Work & Compensation
- **EXHIBIT B** – Compensation Disclosure

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties, through their authorized representatives, have executed this Agreement as of the Effective Date.

The Horton Group, a Marsh & McLennan Agency LLC Village of Tinley Park

By: _____
Printed Name: _____
Title: _____
Date: _____

By: _____
Printed Name: _____
Title: _____
Date: _____

STATEMENT OF WORK

This Statement of Work is entered into pursuant to the Client Service Agreement dated August 1, 2025 between the parties hereto, and sets forth the scope of services to be provided, and the compensation to be earned, by MMA. This SOW is subject to the terms and conditions contained in the Client Service Agreement.

PART 1 – SERVICE PERIOD 8/1/2025 – 12/31/2025

PART 2 – SCOPE OF SERVICES

Line(s) of Coverage / Commission	Policy Period
Core Benefits including Medical, Prescription Drug, Dental, Vision, Life, AD&D Voluntary Programs or other Core Benefits including Retiree Medical Plan option (Pre or Post-65)	8/1/2025 – 12/31/2025

See attached Core Consulting Services

PART 3 - COMPENSATION**1.1 Commission-Based Compensation**

MMA shall be compensated for its Services through retail commissions from insurers. Any retail commissions shall be considered fully earned by MMA at the time of receipt.

1.2 Third-Party Vendor Services

Client has opted to engage with the following identified third-party vendors. Service costs shall be fully covered by base commission received from Client's insurance plans for which MMA is the broker of record. In the event Client terminates MMA as broker of record with respect to any or all of the Client insurance plan(s), services under this Agreement will immediately terminate unless otherwise mutually agreed to in writing by the parties. Services will be provided in accordance with the terms and conditions of each respective third-party vendor and MMA disclaims any and all liability or loss incurred by client relating to such third-party services.

THIRD PARTY VENDOR	SERVICE PROVIDED
Employee Navigator	Technology
WEX	COBRA Administration
Mineral (formerly Think HR)	Employer Services

1.4 Out-of-Scope Services.

MMA can provide additional services at an additional cost. The cost and scope of additional services will be agreed in advance and reflected in an amendment to the SOW.

If there is a significant change in Client's operations that affects the complexity of Client's program or plan that may have the effect of increasing MMA's responsibilities and the Client's service needs, both parties agree to renegotiate MMA's compensation in good faith. Changes in scope include, but are not limited to, a change in operations due to merger or acquisition, a material increase in the number of employees and participants, a change in plan design and operations, and a change in Client's payroll or other systems vendor.

Please see Exhibit B for MMA's standard Compensation Disclosure which may be updated from time to time.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

The Horton Group, a Marsh & McLennan Agency LLC

Village of Tinley Park

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

EXHIBIT B: COMPENSATION DISCLOSURE

The Horton Group, a Marsh & McLennan Agency LLC (“MMA”) prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance producer, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. As an independent insurance agent, MMA may have authority to obligate an insurance company on behalf of our clients and as a result, we may be required to act within the scope of the authority granted to us under our contract with the insurer. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit: <https://mma.marshmma.com/non-us-affiliates>. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf.

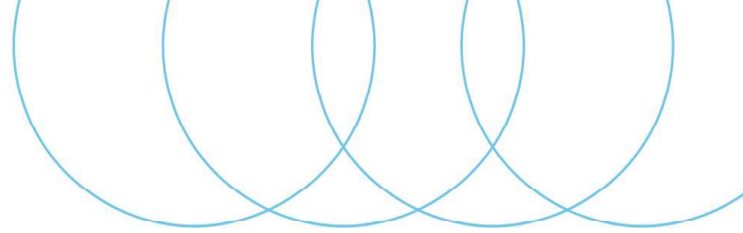
MMA receives compensation through one or a combination of the following methods:

- **Retail Commissions** – A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client. If MMA places business through an affiliated wholesale broker or managing general agent, MMA will advise the client of this at or prior to placement.
- **Client Fees** – Some clients may negotiate a fee for MMA’s services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA’s engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client’s placements.
- **Contingent Commissions** – Many insurers agree to pay contingent commissions to insurance producers who meet set goals for all or some of the policies the insurance producers place with the insurer during the current year. The set goals may include volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission attributable to any given policy typically will not be known at the time of placement.
- **Supplemental Commissions** – Certain insurers and wholesalers agree to pay supplemental commissions, which are based on an insurance producer’s performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.
- **Wholesale Broking Commissions** – Sometimes MMA acts as a wholesale insurance broker. In these placements, MMA is engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In these transactions, the insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to arrangements made between them.
- **Medallion Program and Sponsorships** – Pursuant to MMA’s Medallion Program, participating carriers sponsor educational programs, MMA events and other initiatives. Depending on their sponsorship levels, participating carriers are invited to attend meetings and events with MMA executives, have the opportunity to provide education and training to MMA colleagues and receive data reports from MMA. Insurers may also sponsor other national and regional programs and events.

- **Other Compensation & Sponsorships** – From time to time, MMA may be compensated by insurers for providing administrative services on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events. MMA may also have arrangements with vendors who compensate MMA for referring clients for vendor services.

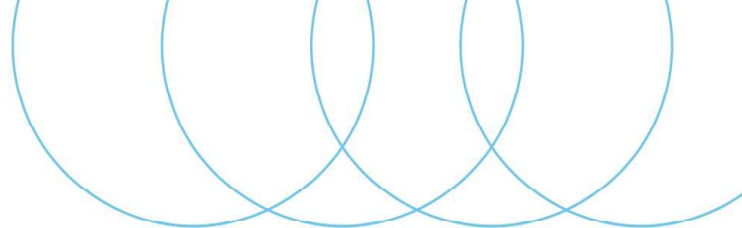
We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at <https://www.marshmma.com/us/compensation-guide.html>.

Rev March 15, 2024

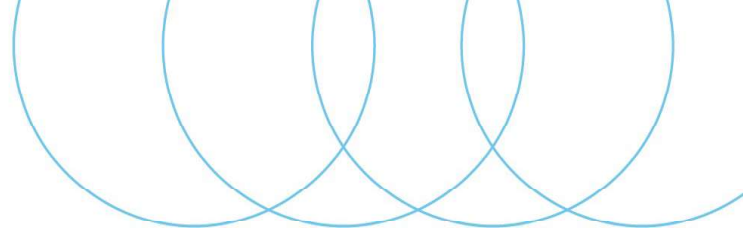


Core Consulting Services

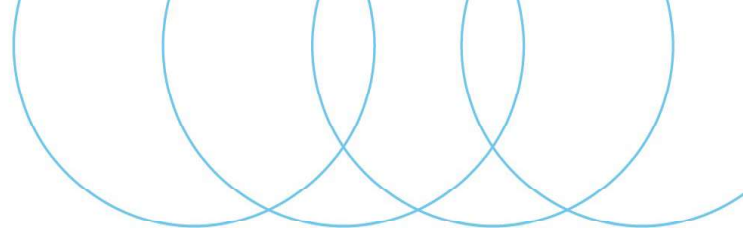
Service Categories	Compensation Structure
Strategic Planning and Market Insight; Financial and Benefit Analytics; Employee Benefit Compliance Support; Human Resource Assistance; Worksite Wellness Initiatives: Lines of Coverage: • Medical • Prescription Drug • Dental • Vision • Life, AD&D Additional Coverage / Benefits: • Mental Health Virtual Support Services • Medicare Supplements / Post-65 Retiree Carve-out • COBRA Services • Mineral / ThinkHR • Employee Navigator (Benefit Technology) ○ Includes Carrier File Feeds	Commissions are included in premiums and are paid to Horton by the carrier. 2.5% Standard Carrier Commission apply where included Included with our scope of service at no additional charge. Vendor costs covered by Horton
<i>Commissions based on current plan designs, member count and carriers. If any additional benefits are offered in the future, they would be at the standard carrier commission rates.</i>	



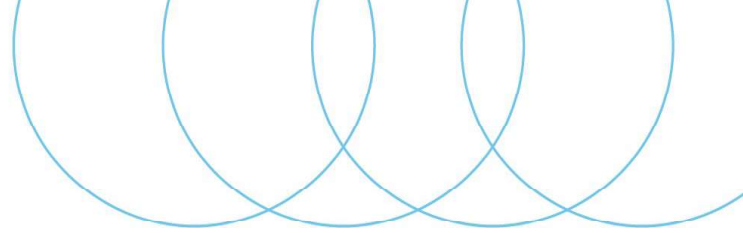
Strategic Planning and Market Insight	Included
Because of our multifaceted involvement in Health Care, we are proud of the insight we can bring to the Planning Room for intermediate and long-term actionable strategy planning in the following areas: • Health Care Reform (ACA) Impact Study: Compliance and Tax Impacts • Affordable Care Act (ACA) “Pay or Play” Options and Strategies • Market Trends and Forecasting • Benefit Philosophy Development • Benefit Design and Cost Sharing Benchmark: Industry, Horton Book • Benchmark Data for Union Negotiations • Exploration of Defined Contribution Cost Sharing Model • Eligibility Management: Working Spouse Carve-Out Provision, Eligibility Audits • “Bend The Trend” Best Practices • High-Deductible Health Plan Strategies (HSA, HRA, Gap Planning) • Engagement Strategies for Worksite Wellness / Early Detection • Development and Promotion of Consumer Centric Cost Transparency Tools • Voluntary Worksite Benefit Strategies for multigenerational needs. • Alternate Funding Techniques (Level Funding, Self- Funding & Captives)	



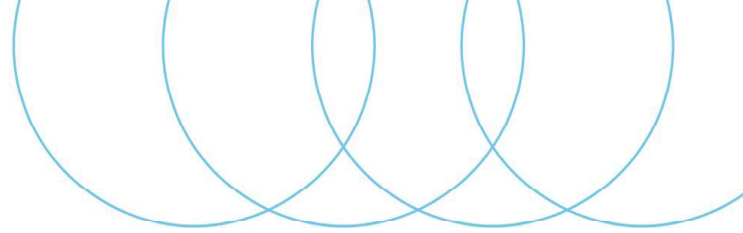
Financial and Benefit Analytics	Included
Initial Assessment • Executive Healthcare Summary • Review Benefit Plan Strategy – CBA Requirements • Plan Performance & Financial Benchmarking • Provider Network Utilization - Discount Analysis • Rx - PBM Analysis if data available • Generational study (including age 60+ member study) • Contribution Modeling and ACA Compliance • Medical Utilization Containment Strategies • Rx Utilization and Containment Strategies • Shock Claim Review • Plan Design Benchmark and Analytics • Plan Design Alternatives - Cost Modeling • Renewal Forecast • Actuarial Evaluation of Plan Designs using HHS AV Calculator Mid Plan Year – Pre-Renewal Strategy Meeting – Site Visit • Key Performance Indicators • Generational Study (including age 60+ member study) • Network Utilization and Discounts • High-Cost Claimants • Overall Plan Performance • Blue Insight (Carrier Equivalent) • Renewal Forecasting and Suggested Plan Alternatives • Plan Design Benchmarking • Retiree Carve Out Analysis • Network Options • Rx - PBM Analysis (depending on data availability) • Strategy Recommendations for Renewal • Plan design, employee cost sharing, product, carrier, network, communication strategies. Renewal Market Analysis – Site Visit • Prepare Renewal Specifications – ACA Compliant • Conduct RFP - Seek Quotes to Analyze and Compare Market • Negotiate Renewal and Market Pricing with Carriers/Vendors • Present Findings to Client	



Plan Year End Review - Site Visit or Virtual • Executive Healthcare Cost Analysis (year-end close out showing plan performance plus ○ Open Enrollment Review ○ CBA review ○ Blue Insight: Medical, Rx ○ Demographic Review ○ Plan Costs vs. Expected vs. Maximum (per capita) ○ Industry or carrier benchmarks (where available) ○ Plan administrative costs (per capita) ○ High-cost claimants ○ Utilization by service type (professional, in-patient, out-patient, pharmacy, and specialty pharmacy) ○ Office visits per thousand ○ Emergency room visits per thousand and cost ○ Medical diagnostic categories ○ Top 10 pharmacy charges ○ RX review – generic, mail order, specialty drug usage ○ Year-end summary of plan and contribution changes ○ Year-end summary of migration and analysis of cost impact ○ Utilization Containment Strategies ACA Impact Analysis • Penalty 4980H (a) and (b) Impact • Patient Centered Outcomes Research Institute Tax (PCORI) • Employee Eligibility Determination if needed • Strategies to Mitigate Rising Cost	
Compliance Support	Included
Designated Account Executive to assist with Health Care Reform News, Review of Compliance Requirements and Support Questions as requested: • COBRA • FMLA • HIPAA • HIPAA Privacy • ADA • Section 125 • Medicare Part D • CHIPRA • ACA • Compliance Newsletter Blast	



Administrative Services – Compliance	
• COBRA Administration (Outside Vendor) • Springbuk Analytics or similar (Outside Vendor) • Employee Navigator Administrative Service (Outside Vendor) • Mineral (Outside Vendor) • Plan Document and Group Policy/SPD/Certificate Review • Compliance Audit • Agency Engagement in Health Care Legislation on State and Federal Level • Model Notices (including ACA) • FMLA Administration • FSA Administration	Included Included Included Included Included Included Included TBD TBD
Other Services	Included
Eligibility Management Assistance • Determining Full-Time Status (per ACA) • Vetting of Online Enrollment and Communication Systems • Developing Participation Guidelines: Working Spouse Waiver Rules, Eligibility • Documentation Requirements • Contribution Strategies Employee Communication and Services • Onsite or Webcast Open Enrollment Meetings • Custom PowerPoint Presentations with voice over • Benefit Summary Guides • Employee Benefit Technology Enrollment Employee Benefit Website Portal – Employee Navigator • An easy way to provide information to your employees • This Portal is a complete employee communication system that helps you streamline processes, and improve communication • Online Enrollment Capabilities • Carrier Resources and Tools (including EDI File Feeds) Designated Horton Employee Claims Advocate / Product Support Claims, Billing, Eligibility Assistance, Benefit Administration Assistance Employer Services: Mineral Benefit Resource • HR-related articles • Access to a community of HR Professionals Benefit Education and Communication • Healthcare Literacy • Benefit Alerts • Compliance – Legislative Alerts	



Additional Services - Medicare Resources	Included
• Medicare 101 Training • Onsite Medicare Seminar for groups of 10 or more • Virtual Medicare Webinar for groups less than 10 One on One Medicare counseling available	
Additional Expertise Available Through Horton	
WORKSITE - Voluntary Benefits The Horton Group helps organizations improve morale and free up staff by offering well-designed, optional products such as individual life, short-term and long-term disability and supplemental vision, dental and high-deductible health plan gap plans including: critical illness and accident insurance.	
Personal Lines Horton Personal Insurance helps business owners, key executives and employees protect their homes, automobiles, watercraft and more. Services include annual detailed coverage reviews and programs designed for high-net worth individuals.	
Property & Casualty / Risk Management Services Horton Risk Management Services provides property, general liability, automobiles, excess liability, workers' compensation, employment practices liability, crime, fiduciary liability, professional liability and directors and officers insurance as well as many other products in a variety of industries.	
Safety Consulting and Loss Control From employee orientation and training to job-site inspections, Horton helps contractors and other commercial clients manage claims, facilitate appropriate return-to-work programs and incorporate safety into every aspect of their business operation	
Financial Wellness By merging with Marsh & McLennan Agency, Horton has deepened its resources to include Retirement planning expertise and can assist organizations with services to maximize the organization's fiduciary protection, eliminate personal liability and hidden conflicts of interest while making a difference in the financial lives of their employees.	
Population Health Management / Worksite Wellness By merging with Marsh & McLennan Agency, Horton assists clients with expanding worksite wellness efforts or helps create them from the ground up. This can include biometric screenings, flu shots, and much more.	
Benefit Technology / Benefit Concierge Services Horton can provide consultation and vetting of third-party benefit technology software to assist with open enrollment, payroll and HRIS needs.	



Interoffice Memo

Date: May 12, 2025

To: Patrick Carr, Village Manager
Hannah Lipman, Assistant Village Manager

From: Angela Arrigo, Human Resources Director

Subject: Blue Cross Blue Shield Special Open Enrollment Period

On February 26, 2025, Blue Cross Blue Shield (BCBS) announced that Advocate Healthcare will be leaving the HMO Illinois (HMOI) Network of providers effective July 1, 2025. It has been identified that this change would impact a small number of employees and retirees and/or their spouse or child(ren) who are currently enrolled in the HMO Illinois medical plan and have an Advocate Healthcare medical provider(s). The Village no longer offers the HMOI plan option to the majority of employment groups, thus only the IUOE employment group is affected. There are a total of 5 IUOE employees/retirees impacted.

Blue Cross Blue Shield is offering an option to allow those directly impacted to enroll in a different medical plan offered by the employer. I have contacted each of the five employees/retirees that would be impacted by the Advocate change to discuss the impact to them and their family. Most of those that I spoke to are interested in maintaining HMO benefits and would prefer to continue with their medical provider. The Village offers a Blue Advantage HMO (BAHMO) medical plan option that allows them to switch to a comparable plan and retain their current Advocate Healthcare provider(s). The BAHMO plan offers the same coverage level with lower copays for most services and the premium paid by the Village for this plan option is lower than the HMOI. As a result, it has been determined it would be in the best interest of both the employees and the Village to allow for a special open enrollment period.

I am recommending moving forward with amending the current Blue Cross Blue Shield Benefit Program Application (BPA) to allow for a special open enrollment period to occur in June 2025 for the impacted group of employees.



Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, 300 E Randolph, Chicago, IL 60601
Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148

BENEFIT PROGRAM APPLICATION ("BPA")

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (herein called "BCBSIL")

(All items are applicable to 151-Plus Grandfathered and Non-Grandfathered Insured Group Accounts unless otherwise specified.)
(All items are applicable to the HMO plan and the Non-HMO plan unless otherwise specified.)

Employer's Legal Name: Village of Tinley Park

(Specify the employer, the employee trust or the association applying for coverage. List subsidiary or affiliated companies to be covered below. An employee benefit plan may not be named.)

Employer Account Number: 271855
HMO Illinois Employer Group Number(s): H57096
HMO Illinois Section Number(s): 0104, 0105, 0106, 2001, 2002, 2003, 2004, 2005, 8888
Blue Advantage HMOSM Employer Group Number(s): B57096
Blue Advantage HMO Section Number(s): 0101, 0104, 0105, 0106, 0107, 0110, 0111, 0112, 2001, 2002, 2003, 2004, 2005, 8888
Non-HMO Plan Employer Group Number(s): P71855, PL2445, 402082
(P71855): 0101, 0104, 0105, 0106, 0107, 0110, 0111, 0112, 2001, 2002, 2003, 2004, 2005, 8888
Non-HMO Plan Section Number(s): (PL2445): 0101, 0107, 0110, 0111, 0112, 2001, 2002, 8888
(402082): 0101, 0107, 0110, 0111, 0112, 2001, 2002, 8888

Physical Address: 16250 South Oak Park Avenue

City: Tinley Park

State: IL

Zip Code: 60477

Billing Address (if different from above): _____

City: _____

State: _____

Zip Code: _____

Employer Identification Number ("EIN"): 36-6006127

Standard Industry Code (SIC): 9111

Wholly Owned Subsidiaries to be covered (if additional space is needed, use the Additional Provisions section):

Affiliated Companies to be covered (if additional space is needed, use the Additional Provisions section):

(Affiliated Companies must be required or permitted to be aggregated per IRS guidelines. Employer hereby confirms that Employer, Subsidiaries and Affiliates are treated as a single employer under Internal Revenue Code Section 414(b), or (c), or (m), or (o), or under applicable law.)

Administrative Contact: Angela Arrigo

Email: aarrigo@tinleypark.org

Phone: 708-444-5091

Fax: _____

Blue Access for EmployersSM ("BAESM") Contact: Angela Arrigo

(The BAE contact is the employee of the account authorized by the Employer to access and maintain its account via BAE.)

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical and Dental benefits are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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

Title: Human Resources Director

Email: aarrigo@tinleypark.org

Phone: 708-444-5091

Fax: _____

Policy Effective Date: 07/01/2025

Policy Anniversary Date (month/day/year): 01/01/2026

The **Employee Retirement Income Security Act of 1974 (ERISA)** is a federal law that sets minimum standards for employee benefit plans in the private industry. In general, **all** employer groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities and public school districts, and church plans as defined by the Internal Revenue Code.

ERISA Regulated Group Health Plan*: ☐ Yes ☒ No

If Yes, specify ERISA Plan Year* (month/day/year): Beginning Date: ____/____/____ End Date: ____/____/____

ERISA Plan Sponsor*: _____

ERISA Plan Administrator*: _____

ERISA Plan Administrator's Address: _____

City: _____

State: _____

Zip Code: _____

ERISA Plan Administrator's Email: _____

Please provide your Non-ERISA Plan Month/Year: 01/2025

If you contend ERISA is inapplicable to your group health plan, please give legal reason for exemption*:

☐ Federal Governmental Plan (e.g., the government of the United States or agency of the United States)

☒ Non-Federal Governmental Plan (e.g., the government of the State, an agency of the State, or the government of a political subdivision, such as a county or agency of the State)

☐ Church Plan

☐ Other, please specify: _____

For more information regarding ERISA, contact your Legal Advisor.

*All as defined by ERISA and/or other applicable law/regulations.

ELIGIBILITY

1. **Eligible Person:** Employer has decided that Eligible Person means: (For the HMO plan, an eligible person must reside or work in the Service Area of a Participating IPA.)

☒ A Full-Time Employee of the Employer.

☐ A Full-Time Employee who is a member of: _____ (name of union or association).

☐ Other (please specify): _____.

Full-Time Employee means:

☒ An Employee of the Employer who is regularly scheduled to work a minimum of 30 hours per week

☐ Other (please specify): _____

☒ An Eligible Person may also include a retiree of the Employer. Please specify: A police retiree must be at least 50 years of age and with a minimum of 20 years of service. An IMRF employee must be at least 55 years of age with a minimum of 8 years of service. Retiree and eligible dependents must be covered on the date immediately prior to the date of retirement. Retiree and/or eligible spouse may stay on the plan until Medicare entitlement (at which time Medicare becomes primary and BCBSIL becomes secondary), the retiree coverage is terminated, or otherwise as required by state statute. If the retiree coverage is terminated, the eligible covered spouse may continue on the plan under their own unique identification number until Medicare entitlement (at which time Medicare becomes primary and BCBSIL becomes secondary), the retiree spouse's coverage is terminated, or otherwise as required by state statute. The eligible dependent child(ren) may stay on the plan until reaching the dependent age limit at which time dependent is terminated and qualifies for COBRA. This eligibility language only applies to those early retired employees, their spouses, and their eligible dependents.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

The term "Employee" shall have the meaning set forth under ERISA and applicable law. BCBSIL reserves the right to audit Employer's initial and ongoing eligibility determinations.

2. **Civil Union Partner Coverage:** A Civil Union partner, as defined in the Policy, and his or her dependents are automatically eligible to enroll for coverage and, once enrolled, eligible for continuation of coverage as described in the Certificate Booklet. The Employer as Policyholder is responsible for providing notice of possible tax implications to those Insureds with coverage for Civil Union partners.

3. **Domestic Partner Coverage:** ☐ Yes ☒ No

If Employer elects "Yes," a Domestic Partner, as defined in the Certificate Booklet, shall be considered eligible for coverage. The Employer is responsible for providing notice of possible tax implications to those Insureds with Domestic Partner Coverage. An Employer may only elect or change Domestic Partner Coverage on the Policy Effective Date or Policy Anniversary Date.

Continuation coverage for Domestic Partners: If Employer elects coverage for Domestic Partners, a Domestic Partner is eligible for continuation coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) if an eligible Employee elects COBRA coverage. Employer may also elect whether to provide continuation coverage for Domestic Partners on an independent basis from the Employee. Please indicate your election below:

- ☐ Yes, Employer elects to offer continuation coverage to Domestic Partners on an independent basis from an Employee's election of COBRA.
- ☐ No, Employer does not elect to offer continuation coverage to Domestic Partners on an independent basis from an Employee's election of COBRA (Domestic Partners are not independently eligible for continuation coverage)
- ☐ Other: _____

4. **The Limiting Age for covered children:** Hereafter, Covered Children means a natural child, a stepchild, an eligible foster child, an adopted child (including a child involved in a suit for adoption), a child for whom the Insured is the legal guardian, under twenty-six (26) years of age, regardless of presence or absence of a child's financial dependency, residency, student status, employment status (if applicable under the Policy), marital status, or any combination of those factors. Unless Employer elects a Limiting Age over twenty-six (26), coverage will terminate at the end of the month in which the covered child turns age twenty-six (26). If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.

To cover children age twenty-six (26) or over, you may select option (a) or (b) below:

- (a) ☐ Limiting Age for covered children age twenty-six (26) or over, ☐ who are married ☐ who are unmarried ☐ regardless of marital status, is _____ years. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.
- (b) ☐ Limiting Age for covered children who are full-time students and age twenty-six (26) or over, ☐ who are married ☐ who are unmarried ☐ regardless of marital status, is _____ years. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.

For a covered child who reaches a Limiting Age over twenty-six (26), coverage will terminate:

- ☐ At the end of the period for which premium has been accepted.
- ☒ At the end of the month in which the Limiting Age is reached.
- ☐ At the end of the calendar year in which the Limiting Age is reached.
- ☐ On the Limiting Age birthday.
- ☐ Other (please specify): _____.

However, coverage shall be extended due to a leave of absence in accordance with any applicable federal or state law.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

5. **Disabled Dependent:** Disabled Dependent means a child who is medically certified as disabled and dependent upon the Employee or his/her spouse (or Civil Union partner and/or Domestic Partner if Domestic Partner coverage is elected). Disabled means any medically determinable physical or mental condition that prevents the child from engaging in self-sustaining employment. The disability must begin while the child is covered as a dependent under the Plan or as a dependent child under another employer plan and before the child attains the limiting age with no break in coverage. To administer medical certification of disabled dependents, you may select option (a) standard rules or (b) custom rules. If (b) is selected there are additional selections regarding age, proof of prior coverage, certification review, forms, and previous medical certification approvals.

- (a) ☒ Disabled Dependent Administration will follow **standard rules**.

A disabled dependent may continue coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26). A disabled dependent may add coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26), and proof of coverage as a disabled dependent is provided.

Certification Review is administered by BCBSIL; a Disabled Dependent Certification Form must be submitted to BCBSIL.

- (b) ☐ Disabled Dependent Administration will follow **custom rules**. Please make the following selections:

Age: Please select one (1) option regarding age of when the disability began.

- ☐ The disability must have begun before the child attained the age of twenty-six (26).
☐ All disabled dependents are covered regardless of when the disability began.

Proof of Prior Coverage: Please select required or not required below:

When adding coverage, proof of prior coverage as a disabled dependent is ☐ required
☐ not required.

Certification Review: Please select one (1) option regarding administration of Certification Review.

- ☐ Certification Review is administered by BCBSIL; a Disabled Dependent Certification Form must be submitted to BCBSIL.
☐ Certification Review is administered by the Employer; there are no Disabled Dependent Certification Form requirements.

If Certification Review is administered by BCBSIL, please select one (1) option regarding forms:

- ☐ BCBSIL's Disabled Dependent Certification Form will be utilized.
☐ A custom/other Disabled Dependent Certification Form will be utilized.

If Certification Review is administered by BCBSIL, please select allowed or not allowed below:

An approved disabled dependent medical certification from a prior carrier is ☐ allowed
☐ not allowed.

An approved disabled dependent medical certification from a prior BCBS policy is ☐ allowed ☐ not allowed.

6. **Eligibility Date:** All current and new Employees must satisfy the substantive eligibility criteria and required waiting period indicated below before coverage will become effective. No waiting period may result in an effective date that exceeds ninety-one (91) calendar days from the date that an Employee becomes eligible for coverage, unless otherwise permitted by applicable law.

If a person is added to the Policy and it is later determined that the Employer reported a Coverage Date earlier than what would apply to the Employee or dependent, based on the waiting period and eligibility conditions the Employer provided to BCBSIL, BCBSIL reserves the right to retroactively adjust the Coverage Date for such person.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

- ☒ The date of employment.
- ☐ The ____ day of employment. **Note:** This may not exceed ninety-one (91) calendar days.
- ☐ The ____ day of the month following ____ month(s) of employment.
- ☐ The ____ day of the month following ____ days (option of up to sixty (60) days) of employment.
- ☐ The ____ day of the month following the date of employment.
- ☐ Other (please specify): _____. **Note:** This may not exceed ninety-one (91) calendar days.

A full month's premium will be charged for the first (1st) month of coverage for those Employees whose Coverage Dates fall between the first (1st) and fifteenth (15th) day of the Premium period. No premium will be charged for the first month of coverage for those Employees whose Coverage Dates fall between the sixteenth (16th) day and the end of the Premium Period.

Substantive eligibility criteria. Provide a representation below regarding the terms of any eligibility conditions (other than any applicable waiting period already reflected above) imposed before an individual is eligible to become covered under the terms of the plan. If any of these eligibility conditions change, Employer is required to submit a new BPA to reflect that new information.

Check all that apply:

- ☐ An Orientation Period that:
 - 1) Does not exceed one (1) month (calculated by adding one (1) calendar month and subtracting one (1) calendar day from an Employee's start date); and
 - 2) If used in conjunction with a waiting period, the waiting period begins on the first (1st) day after the orientation period.
- ☐ A Cumulative hours of service requirement that does not exceed 1200 hours
- ☐ An hours-of-service per period (or full-time status) requirement for which a measurement period is used to determine the status of variable-hour Employees, where the measurement period:
 - 1) Starts between the Employee's date of hire and the first (1st) day of the following month;
 - 2) Does not exceed twelve (12) months; and
 - 3) Taken together with other eligibility conditions does not result in coverage becoming effective later than thirteen (13) months from the Employee's start date plus the number of days between a start date and the first (1st) day of the next calendar month (if start day is not the first (1st) day of the month).
- ☐ Other substantive eligibility criteria not described above; please describe: _____

7. Enrollment

Special Enrollment: An Eligible Person may apply for coverage, Family Coverage or add dependents within thirty-one (31) days of a Special Enrollment event if he/she did not apply prior to his/her Eligibility Date or when eligible to do so. Such person's Coverage Date, Family Coverage Date, and /or dependent's Coverage Date will be effective on the date of the Special Enrollment event or, in the event of Special Enrollment due to termination of previous coverage, the date of application for coverage. In the case of a Special Enrollment event due to loss of coverage under Medicaid or a state children's health insurance program, however, this enrollment opportunity is not available unless the Eligible Person requests enrollment within sixty (60) days after such coverage ends.

Annual Open Enrollment: Specify annual open enrollment period: open enrollment will occur November for a January 1st effective date. An Eligible Person may apply for coverage, Family coverage or add dependents if he/she did not apply prior to his/her Eligibility Date or did not apply when eligible to do so, during the Employer's annual open enrollment period. Such person's Coverage Date, Family Coverage Date, and/or dependent's Coverage Date will be a date mutually agreed to by BCBSIL and the Employer. Such date shall be subsequent to the annual open enrollment period.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

8. Extension of benefits due to Temporary Layoff, Disability or Leave of Absence:

Temporary Layoff: 30 days

Disability: 365 days

Leave of Absence: 30 days

☐ Other: (please specify): _____

However, benefits shall be extended for the duration of an Eligible Person's leave in accordance with any applicable federal or state law.

In the event of Total Disability at the time the group policy is terminated, an Extension of Benefits will be provided for a period of no more than twelve (12) months from the date of termination, to the extent required, and in accordance, with any applicable federal or state law.

9. FUNDING ARRANGEMENT: ☒ Standard Premium – Prospective ☐ Cost Plus Program

10. STANDARD PREMIUM INFORMATION. The following elections apply to both Grandfathered and Non-Grandfathered Groups. Premium Period:

☒ The first (1st) day of each calendar month through the last day of each calendar month. (This option applies to all coverages if the Employer has BlueCare Dental HMOSM coverage.)

☐ The _____ day of each calendar month through the _____ day of the next calendar month. (This option is not available for any coverage if the Employer has BlueCare Dental HMO coverage.)

11. MINIMUM PARTICIPATION AND EMPLOYER CONTRIBUTION INFORMATION:

(a) The following elections apply to both Grandfathered and Non-Grandfathered Groups. Employer contribution:

☐ One hundred percent (100%) of the Individual Coverage Premium and an amount equal to one hundred percent (100%) of the Individual Coverage Premium will be contributed toward the Family Coverage Premium.

☐ _____% of the Individual Coverage Premium and _____% of the Family Coverage Premium.

☒ Other (please specify): Varies based on group. Minimum 10% employee contribution.

(b) The following applies to both Grandfathered and Non-Grandfathered Groups: BCBSIL reserves the right to change premium rates when a substantial change occurs in the number or composition of Subscribers covered. A substantial change will be deemed to have occurred when the number of Subscribers covered changes by ten percent (10%) or more over a thirty (30) day period or twenty-five percent (25%) or more over a ninety (90) day period.

(c) The following applies to Non-Grandfathered Groups. BCBSIL reserves the right to take any or all of the following actions:

1) Initial rates will be finalized for the effective date of the policy based on the enrolled participation and Employer contribution levels;

2) After the policy effective date, the group will be required to maintain a minimum Employer contribution of twenty-five percent (25%), and at least a seventy percent (70%) participation of Eligible Employees (less valid waivers). In the event the group is unable to maintain the contribution and participation requirements, then the rates will be adjusted accordingly; and/or

3) Non-renew or discontinue coverage unless the twenty-five percent (25%) minimum Employer contribution is met and at least seventy percent (70%) of Eligible Employees (less valid waivers) have enrolled for coverage. Employer will promptly notify BCBSIL of any change in participation and Employer contribution.

(d) The following applies to Grandfathered Groups: It is understood that no Policy will be issued or renewed on a contributory basis unless at least twenty-five percent (25%) of the Eligible Persons, and for Family Coverage seventy-five percent (75%) of the Eligible Persons with eligible dependents, have enrolled for coverage.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

12. **Essential Health Benefits (“EHB”) Definition Election:** Employer elects EHBs based on the Illinois benchmark.
13. **The Effective Date of Termination for a person who ceases to meet the definition of an Eligible Person:**
- ☐ The date such person ceases to meet the definition of Eligible Person.
 - ☒ The last day of the calendar month in which such person ceases to meet the definition of Eligible Person.
 - ☐ Other (please specify): _____.

CURRENT ELIGIBILITY INFORMATION

Total Number of Employees (Please indicate the total number of actual Employees, not Enrollees):

- 1. On payroll _____
- 2. On COBRA continuation coverage _____
- 3. With retiree coverage (if applicable) _____
- 4. Who work part-time _____
- 5. Serving the new hire waiting period _____
- 6. Declining because of other **group** coverage (e.g., other commercial group coverage, Medicare, Medicaid, TRICARE/Champus) _____
- 7. Declining coverage (not covered elsewhere) _____

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

STANDARD PREMIUM RATES

☒ Yes ☐ No

	<i>For Internal Use Only - Blue StarSM Ben. Agree#:</i> <u>0018</u> <u>P71855</u>	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> <u>0022</u> <u>B57096</u>	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> <u>0020</u> <u>H57096</u>	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> <u>0023</u> <u>PL2445</u>	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> <u>0024</u> <u>402082</u>	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> _____ _____
1. Employee only:	\$ <u>972.13</u>	\$ <u>631.89</u>	\$ <u>680.50</u>	\$ <u>797.15</u>	\$ <u>865.20</u>	\$_____
2. Employee plus one (1) dependent (i.e. Employee plus one (1) spouse or one (1) child):	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
3. Employee plus two (2) or more dependents:	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
4. Employee plus Spouse:	\$ <u>1987.56</u>	\$ <u>1291.92</u>	\$ <u>1391.29</u>	\$ <u>1629.80</u>	\$ <u>1768.93</u>	\$_____
5. Employee plus Child(ren) (i.e. Employee plus one (1) or more children):	\$ <u>1907.30</u>	\$ <u>1239.74</u>	\$ <u>1335.11</u>	\$ <u>1563.99</u>	\$ <u>1697.49</u>	\$_____
6. Employee plus Family / Family:	\$ <u>2950.98</u>	\$ <u>1918.14</u>	\$ <u>2065.69</u>	\$ <u>2419.80</u>	\$ <u>2626.38</u>	\$_____
7. Other: _____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Single Tier Rate structure - Complete item 1.						
Two Tier Rate structure - Complete items 1. and 6.						
Three Tier Rate structure - Complete items 1., 2., and 3.						
Four Tier Rate Structure - Complete items 1., 4., 5., and 6.						
Indicate "N/A" in any rate field that does not apply.						
Medicare Eligible Rates (When BCBSIL is Secondary Payer)						
Single Coverage:	\$ <u>826.16</u>	\$ <u>537.01</u>	\$ <u>578.32</u>	\$ <u>677.46</u>	\$ <u>735.29</u>	\$_____
Family Coverage:	\$ <u>1652.35</u>	\$ <u>1074.03</u>	\$ <u>1156.64</u>	\$ <u>1354.93</u>	\$ <u>1470.59</u>	\$_____

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

COST PLUS PROGRAM☐ Yes ☒ No**Service Charges:****For the HMO Plan:****a) Service Charges for Claim Payments:**

- ☐ HMO Illinois: _____% of Claim Payments; or \$_____ per Enrollee per month for health Claim Payments.
- ☐ Blue Advantage HMO: _____% of Claim Payments; or \$_____ per Enrollee per month for health Claim Payments.

b) Physician's Services Fees:

- ☐ HMO Illinois: \$_____ per month per single Enrollee; or \$_____ per month per Enrollee with one (1) or more dependents.
- ☐ Blue Advantage HMO: \$_____ per month per single Enrollee; or \$_____ per month per Enrollee with one (1) or more dependents.

c) ☐ HMO Managed Care Fee: \$_____ per HMO Enrollee per month.**d) ☐ Other administrative charges (list service):**

- \$ Select Fee/Billing Type
- \$ Select Fee/Billing Type
- % Select Fee/Billing Type

For the Non-HMO Plan:

- ☐ _____% of Net Claim Payments or \$_____ per Employee per month.
- ☐ Applies to all coverage(s).
- ☐ Different percentage(s) or amount(s) for the following types of coverage. Please specify below:
For _____ coverage: _____% of _____ Claim Payments or \$_____ per Employee per month.
For _____ coverage: _____% of _____ Claim Payments or \$_____ per Employee per month.
Other (please specify): _____.

☐ Virtual Visits Program (Non-HMO Plan only)

- ☐ Fee: \$_____ per covered Employee per month for administration of the program.
- ☐ Fee is included in the Service Charges.

☐ Ancillary Program:

- ☐ Health Dialog (may select one (1)) Health Dialog Fee: \$_____ per covered Employee per month
- ☐ Health Coach Line (In bound)
- ☐ Health Coach Line (In and out bound)
- ☐ Health Coach Line (With Disease Management)
- ☐ Not applicable

☐ Other administrative charges (list service):

- \$ Select Fee/Billing Type
- \$ Select Fee/Billing Type
- % Select Fee/Billing Type

Payment Method: ☐ Transfer Payment ☐ Post Payment**If Transfer Payment, method of Transfer Payment:**☐ Wire Transfer ☐ Draft ☐ Electronic Fund Transfer ☐ Other (please specify): _____**Payment Period:**☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other (please specify): _____

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

Claim Settlement Period: ☐ Monthly ☐ Quarterly ☐ Other (please specify): _____
If Transfer Payment, Tentative Final Settlement Period: Transfer Payments to be made for the following time period after termination: ☐ three (3) months ☐ six (6) months ☐ nine (9) months ☐ twelve (12) months ☐ Other (please specify): _____
Excess Loss – Run Off Period: _____ months Standard is twelve (12) months.
Final Settlement: Final Settlement is to be made within _____ days after end of Excess Loss Run-Off Period. Standard is sixty (60) days.
Employer Payments are to be made past the run-off period for all claims and adjustments.
Advanced Payment Review (APR): APR is a suite of payment integrity offerings. Refer to the Automated Benefit Summary (“ABS”). Reimbursement Services are included for the Cost-Plus program. BCBSIL will retain twenty-five percent (25%) of any recovered amounts made on third-party liability claims other than recovery amounts received as a result of or associated with any Workers’ Compensation Law. Does Employer elect additional APR capabilities? ☐ Yes ☐ No If yes , indicate APR Savings Program or PEPM below: ☐ APR Savings Program ☐ PEPM For APR capabilities other than Reimbursement Services: If Employer elects APR Savings Program, BCBSIL will invoice twenty-five percent (25%) of any savings amounts identified by BCBSIL or third-party vendor.
Prescription Drugs covered under the Medical Benefit: Medical Drug Rebate Credit: PPO: \$_____ per covered Employee per month.
Prescription Drug Program: ☐ HMO (If selected, the Pharmacy Benefit Manager(s) (“PBM”) Fee Schedule Exhibit must be attached and is part of this BPA.) ☐ PPO (If selected, the PBM Fee Schedule Exhibit must be attached and is part of this BPA.) Rebate Credit for Drugs covered under the Pharmacy Benefit: PPO: \$_____ per covered Employee per month. HMO: \$_____ per covered Employee per month. HMO Pharmacy Network (Select one (1)): ☐ Traditional Select Network ☐ Network shown on PBM Fee Schedule Exhibit PPO Pharmacy Network (Select one (1)): ☐ Advantage Network ☐ Preferred Network ☐ Network shown on PBM Fee Schedule Exhibit PPO Drug List: Select Drug List Other (please specify): _____

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

Prescription Drug Program Clinical Management Programs

- ☐ Medication Therapy Management (MTM) (Retrospective) (HMO) Fee: \$_____ per member per month for administration of the program.
- ☐ Medication Therapy Management (MTM) (Retrospective) (PPO) Fee: \$_____ per member per month for administration of the program.

Termination Administrative Charge

As applies to the Run-Off Period indicated in the Payment Specifications section below:

- i. ***For service charges (including, but not limited to, access fees) billed on a per covered Employee basis at the time of termination of the Policy or partial termination of covered Employees,*** the Termination Administrative Charge will be the amount equal to ten percent (10%) of the annualized charges based on the service charges in effect as of the termination date or date of partial termination and the Policy participation of the two (2) months immediately preceding the termination date or date of partial termination. Such aggregate amount will be due BCBSIL within ten (10) days of BCBSIL's notification to the Employer of the Termination Administrative Charge described herein.
- ii. ***For service charges (including, but not limited to, access fees) billed on a basis other than per covered Employee at the time of termination of the Policy or partial termination of covered Employees,*** the Termination Administrative Charge will be such service charges in effect at the time of termination of the Policy or partial termination of covered Employees to be applied and billed by BCBSIL, and paid by the Employer, in the same manner as prior to termination of the Policy or partial termination of covered Employees.

Termination Administrative Charges assume the continuation of the Policy benefit program(s) and the administrative services in effect prior to termination. Should such Policy benefit program(s) and/or administrative services change, or in the event the average Policy enrollment during the three (3) months immediately preceding termination varies by ten percent (10%) or more from the enrollment used to determine the service charges in effect at the time of termination, BCBSIL reserves the right to adjust the rates for service charges (including, but not limited to, access fees) to be used to compute the Termination Administrative Charge.

**FOR NON-HMO COST-PLUS PROGRAMS ONLY:
PLAN PROVIDER ACCESS FEE(S)**

☐ Yes ☐ No

Group Number(s): _____

☐ % of Average Discount Percentage ("ADP") savings: _____%

☐ \$ per Employee per month: \$_____

Please complete for groups with multiple products (for example, Comprehensive Major Medical and PPO) with separate access fees:

Group Number(s): _____

☐ % of ADP savings: _____%

☐ \$ per Employee per month: \$_____

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

EMPLOYER STATEMENTS:

1. Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.
2. The undersigned representative is authorized and responsible for purchasing insurance on behalf of the Employer, has provided the information requested in this BPA and, on behalf of the Employer, offers to purchase the benefit program as outlined in the Request For Proposal ("RFP") or, in the case of an HMO Plan, the proposal document submitted to the Employer by the Sales Representative. Any changes to the RFP are specified below. It is understood and agreed that the actual terms and conditions of the benefit program are those contained in the Policy.
3. This BPA is subject to acceptance by BCBSIL. Upon acceptance, BCBSIL shall issue a Policy to the Employer and this BPA shall be incorporated and made a part of the Policy. Upon acceptance of this BPA and issuance of the Policy, the Employer shall be referred to as the Policyholder. In the event of any conflict between the RFP and the Policy, the provisions of the Policy shall prevail. No coverage will begin until receipt of the first (1st) premium by BCBSIL.
4. The undersigned representative acknowledges that any producer is acting on behalf of the Employer for purposes of purchasing the Employer's insurance, and that if BCBSIL accepts this BPA and issues a Policy to the Employer, BCBSIL may pay the Employer's producer a commission and/or other compensation in connection with the issuance of such Policy. The undersigned representative further acknowledges that if the Employer desires additional information regarding any commissions or other compensation paid the producer by BCBSIL in connection with the issuance of a Policy, the Employer should contact its producer.
5. The undersigned representative acknowledges that the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, establishes certain requirements for employee welfare benefit plans. As defined in Section 3 of ERISA, the term "employee welfare benefit plan" includes any plan, fund, or program which is established or maintained by an employer or by an employee organization, or by both, to the extent that such plan, fund, or program was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, surgical or hospital benefits, or benefits in the event of sickness, accident or disability. The undersigned representative further acknowledges that: (i) an employee welfare benefit plan must be established and maintained through a separate plan document which may include the terms hereof or incorporate the terms hereof by reference, and that (ii) an employee welfare benefit plan document may provide for the allocation or delegation of responsibilities thereunder. However, notwithstanding anything contained in the employee welfare benefit plan document of the Employer (or any group member if the group is an association), the Employer agrees that no allocation or delegation of any fiduciary or nonfiduciary responsibilities under the employee welfare benefit plan of the Employer (or, for Non-HMO Plans, any group member if the group is an association) is effective with respect to or accepted by BCBSIL except to the extent specifically provided and accepted in this BPA or the Policy or otherwise accepted in writing by BCBSIL.
6. The Rebate Credit (if applicable) is a per covered Employee per month (or, for the HMO plan, per covered Employee per month) credit applied to the monthly billing statement. Rebate Credits shall not continue after termination of the Prescription Drug Program, except as otherwise set forth in this BPA or the PBM Fee Schedule Exhibit. (Further information about rebates, the Pharmacy Benefit Manager and the Rebate Credit is included in the governing Group Administration Document to which this BPA is attached under the section titled "The Plan's Separate Financial Arrangements Regarding Prescription Drugs.").

OTHER PROVISIONS:

1. **Reimbursement:** It is understood and agreed that in the event BCBSIL makes a recovery on a third-party liability claim, BCBSIL will retain twenty-five percent (25%) of any recovered amounts, other than recovery amounts received as a result of, or associated with, any Workers' Compensation Law.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

2. **Third-Party Recovery Vendors (other than Reimbursement Services):** BCBSIL engages with third-party recovery vendors on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers. This provision does not apply to the Cost-Plus Program.
3. **Third-Party Law Firms Provisions (other than Reimbursement Services):** BCBSIL engages with third-party law firms on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers.
4. **Summary of Benefits and Coverage ("SBC"):** The SBC Addendum is attached and made a part of the Policy. BCBSIL will create the SBC (only for benefits BCBSIL insures under the Policy) and provide the SBC to the Employer in electronic format. If the Employer approves of the content, Employer will then distribute the SBC to participants and beneficiaries (or hire a third party to distribute) as required by law. If the Employer would like changes to the SBC, it will promptly notify BCBSIL. BCBSIL will also distribute the SBC to participants and beneficiaries via regular hardcopy mail or electronically in response to occasional requests received directly from individuals. All other distribution is the responsibility of the Employer.
5. **Preferred HSA purchased:** ☒ Yes ☐ No (If yes, select vendor) (**Vendor: HSA Bank**)
If HealthEquity, Inc. is selected, BCBSIL to send HSA enrollment to HealthEquity, Inc.: ☐ Yes ☐ No
 Non-Preferred Vendor:
6. **Preferred FSA purchased:** ☐ Yes ☒ No (If yes, select vendor) (**Vendor: Select Vendor**)
 Non-Preferred Vendor:
7. **HCA purchased:** ☐ Yes ☒ No (If yes, complete and attach a separate HCA Benefit Program Application)
8. **Preferred Health Reimbursement Account (HRA) purchased:** ☐ Yes ☒ No (if yes, select vendor) (**Vendor: Select Vendor**)
 Non-Preferred Vendor:

 An HSA must be paired with a qualified high deductible health plan (HDHP) and follow strict requirements set forth by the Internal Revenue Service (IRS). Employer Groups should seek advice from their independent tax advisor, legal counsel, or other professional counselor, to ensure their proposed benefit strategy, with respect to HSAs, FSAs, HRAs, or other benefit arrangements, does not conflict with current IRS requirements.
9. **BlueCare Dental HMO Coverage purchased:** ☐ Yes ☒ No (If yes, complete separate application.)
10. **Life, Disability, Critical Illness, Accident, Hospital Indemnity or Vision Insurance purchased:** ☐ Yes ☒ No (If yes, complete separate application.)
11. **Excess Loss Coverage purchased:** ☐ Yes ☒ No (If yes, complete separate application.)
12. **Blue Directions for Large BusinessSM purchased:** ☐ Yes ☒ No (if yes, the Blue DirectionsSM Addendum is attached and made a part of the Policy.)
13. **(For the Non-HMO Plan) Case Management:** ☒ Yes ☐ No If Yes, the undersigned representative authorizes provision of alternative benefits for services rendered to Covered Persons in accordance with the provisions of the Policy.
14. **Massachusetts Health Care Reform Act:** If elected below, BCBSIL will provide required written statements of Minimum Creditable Coverage ("MCC") to Covered Persons residing in Massachusetts and submit applicable electronic reporting to the Massachusetts Department of Revenue. Information transmitted will be exclusively based on information provided to BCBSIL by Employer and coverage under the Plan(s) during the term of the Policy. By electing to have BCBSIL transmit these creditable coverage reports on Employer's behalf, Employer hereby certifies that, to the best of its knowledge, such coverage under the Plan(s) is "creditable coverage" in accordance with the

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

Massachusetts Health Care Reform Act. Employer acknowledges that BCBSIL is not responsible for verifying nor ensuring compliance with any tax and/or legal requirements related to this service. Employer or its Covered Persons should seek advice from their legal or tax advisors as necessary. If not elected, Employer acknowledges it will provide written statements and electronic reporting to the Massachusetts Department of Revenue as required by the Massachusetts Health Care Reform Act.

☒ Employer consents to BCBSIL transmitting MCC reports on its behalf. Further, Employer attests that the information submitted is true and compliant with all relevant MCC Regulations.

☐ Employer will transmit MCC reports, and any other documentation as may be required to comply with the Massachusetts Health Care Reform Act.

15. ☒ **Wellbeing Management (WBM)**

16. ☐ **Medical and Ancillary Package Pricing:** The rates shown in this Policy reflect a volume-based discount in an amount up to three percent (3%) of the medical premium for the twelve (12) month period beginning on the Policy Effective Date. If any of the qualifying ancillary coverage (BlueCare Dental, Basic Life, Short-Term Disability, Long-Term Disability, Accident, Critical Illness, Hospital Indemnity and/or Vision product(s)) lapses during this twelve (12) month period, BCBSIL reserves the right to remove the volume-based discount attributable to the lapsed product on medical premium. In such event, upon sixty (60) days prior written notice to Employer, the premium payment will be adjusted to reflect the removal of the discount attributable to the lapsed product.

ADDITIONAL PROVISIONS:

A. Grandfathered Health Plans: Employer shall provide BCBSIL with written notice prior to renewal (and during the plan year, at least sixty (60) days advance written notice) of any changes in its Contribution Rate Based on Cost of Coverage or Contribution Rate Based on a Formula towards the cost of any tier of coverage for any class of Similarly Situated Individuals as such terms are described in the Affordable Care Act and applicable regulations. Any such changes (or failure to provide timely notice thereof) can result in retroactive and/or prospective changes by BCBSIL to the terms and conditions of coverage. In no event shall BCBSIL be responsible for any legal, tax, or other ramifications related to any benefit package of any group health insurance coverage (each hereafter a "plan") qualifying as a "grandfathered health plan" under the Affordable Care Act and applicable regulations or any representation regarding any plan's past, present and future grandfathered status. The grandfathered health plan form ("Form"), if any, shall be incorporated by reference and made part of the BPA and Group Policy, and Employer represents and warrants that such Form is true, complete, and accurate. If Employer fails to timely provide BCBSIL with any requested grandfathered health plan information, BCBSIL may make retroactive and/or prospective changes to the terms and conditions of coverage, including changes for compliance with state or federal laws or regulations or interpretations thereof.

B. Retiree Only Plans and/or Excepted Benefits: If the BPA includes any retiree only plans and/or excepted benefits, then Employer represents and warrants that one (1) or more such plans is not subject to some or all of the provisions of Part A (Individual and Group Market Reforms) of Title XXVII of the Public Health Service Act (and/or related provisions in the Internal Revenue Code and ERISA) (an "exempt plan status"). Any determination that a plan does not have exempt plan status can result in retroactive and/or prospective changes by BCBSIL to the terms and conditions of coverage. In no event shall BCBSIL be responsible for any legal, tax or other ramifications related to any plan's exempt plan status or any representation regarding any plan's past, present and future exempt plan status.

C. Employer shall indemnify and hold harmless BCBSIL and its directors, officers and employees against any and all loss, liability, damages, fines, penalties, taxes, expenses (including attorneys' fees and costs) or other costs or obligations resulting from or arising out of any claims, lawsuits, demands, governmental inquiries or actions, settlements or judgments brought or asserted against BCBSIL in connection with (a) any plan's grandfathered health plan status, (b) any plan's exempt plan status, (c) any directions, actions and interpretations of the Employer, (d) any provision of inaccurate information, (e) the SBC, (f) any plan's design (including but not limited to any directions, actions and interpretations of the Employer, and/or (g) Employer's selection of EHB definition for the

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

purpose of the Patient Protection and Affordable Care Act ("ACA"). Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.

The provisions of paragraphs A-C (directly above) shall be in addition to (and does not take the place of) the other terms and conditions of coverage and/or administrative services between the parties.

Notwithstanding anything in the Policy or Renewal(s) to the contrary, BCBSIL reserves the right to revise our charge for the cost of coverage (premium or other amounts) at any time if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSIL to pay, submit or forward, on its own behalf or on the Employer's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

Renewals Only: If this BPA is blank, it is intentional, and this BPA is an addendum to the existing BPA. In such case, all terms of the existing BPA as amended from time to time shall remain in force and effect. However, beginning with the Employer's first renewal date on or after September 23, 2010, the provisions of paragraphs A-C (above) shall be part of (and be in addition to) the terms of the existing BPA as amended from time to time.

Any reference in this BPA to eligible dependents may include Domestic Partners or Civil Union partners but will include dependent covered children under the Limiting Age of twenty-six (26), or election made above.

Any reference in this BPA to the Limiting Age for covered children means twenty-six (26) years, or election made above, regardless of presence or absence of a child's financial dependency, residency, student status, employment, marital status, or any combination of those factors. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the certificate booklet.

Any reference in this BPA to the "Employee plus one (1) dependent" rate structure means "Employee plus one (1) spouse (includes Civil Union partner and/or, if elected, Domestic Partner) or one (1) child."

Any reference in this BPA to the "Employee plus Child(ren)" rate structure means "Employee plus one (1) or more children."

VILLAGE OF TINLEY PARK IL271855

Effective 07/01/2025: Due to Advocate Medical Group network change group having Special Open Enrollment period from 06/01/2025-06/30/2025 for a 07/01/2025 effective date

Effective 01/01/2025:

Account renewing with the following:

BA0018: P71855 – PPO - Changes to Account Structure.

BA0020: H57096 – HMOI – Changes to Account Structure.

BA0022: B57096 – BAHMO - Changes to Account Structure.

BA0023: PL2445 – HSA – Changes – INN DED and OPX will both increase to \$3300/6600. OON DED and OPX will remain at \$6400/12800. Changes to Account Structure.

Adding BCO plan = BA0024/GRP 402082 with same sections as PL2445.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

Nicholas Moreno

Sales Representative

890

District

630-824-6706

Phone No.

Mike Wojick

Producer Representative

Signature of Producer Representative

The Horton Group, A Marsh & McLennan
Agency LLC

Producer Firm

10320 Orland Parkway, Orland Park, IL
60467

Producer Address

708-845-3126

Producer Phone No.

107960447

Producer Number

26-3237576

Producer Tax ID No.

Signature of Authorized Purchaser

Title

Date

Witness

\$_____ Amount Submitted (not required for renewals)

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

PROXY

The undersigned hereby appoints the Board of Directors of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"), or any successor thereof, with full power of substitution, and such persons as the Board of Directors may designate by resolution, as the undersigned's proxy to act on behalf of the undersigned at all meetings of members of HCSC (and at all meetings of members of any successor of HCSC) and any adjournments thereof, with full power to vote on behalf of the undersigned on all matters that may come before any such meeting and any adjournment thereof. The annual meeting of members is scheduled to be held each year in the HCSC corporate headquarters on the last Tuesday of October at 12:30 p.m. Special meetings of members may be called pursuant to notice provided to the member not less than thirty (30) nor more than sixty (60) days prior to such meetings. This proxy shall remain in effect until revoked either in writing by the undersigned at least twenty (20) days prior to any meeting of members or by attending and voting in person at any annual or special meeting of members.

HCSC pays indemnification or advances expenses to its directors, officers, employees, or agents consistent with HCSC's bylaws then in force and as otherwise required by applicable law.

Group No(s): H57096
B57096
P71855
PL2445
402082

By:

Print Signer's Name Here



Signature and Title

Group Name: Village of Tinley Park

Address: 16250 South Oak Park Avenue

City: Tinley Park State: IL Zip Code: 60477

Dated this _____ day of _____, _____
Month Year

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision Insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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



Interoffice Memo

Date: May 19, 2025

To: Committee of the Whole

From: Donna Framke and Amanda Gaus

Subject: 2025 Independence Day Fireworks

We are seeking approval to contract with Mad Bomber Fireworks for production of choreographed fireworks show, presentation, and cleanup of the fireworks show. The fireworks show will be at approximately 9:30 p.m. on Friday, July 4, 2025. The \$50,000 price reflects no increase over last year and Mad Bomber Fireworks is the same vendor that we used in 2023 and 2024. This expense is included in the FY26 budget.



Interoffice Memo

Date: April 5th, 2025

To: Pat Carr, Village Manager
Hannah Lipman, Assistant Village Manager

From: Steve Klotz, Fire Chief Administrator

Subject: Purchase of Motorola APX-Next XE Portable Radios for Tinley Park Fire Department

Presented for the Committee of the Whole and Village Board discussion and action.

Description:

For interoperability with Tinley Park PD, Will County and E-Com dispatch center departments be moving to 800 system this year. The fire department will be upgrading with the purchase of 12 APX Next Portable Radios. The existing radios are not compatible with communicating on the new police frequency, Will County or E-Com radio systems. The radios are budgeted and will complete the upgrade process for all suppression vehicles.

Budget / Finance: Funds are budgeted and available in Fire Department Capitol

Budget Amount	\$160,000.00
Radio Purchase	\$158,868.72
Difference – UNDER BUDGET	\$1,131.28

Staff Direction Request:

1. Approve the purchase of 12 Motorola APX-Next XE radios and 4 Bank Chargers through Motorola Solutions for the Tinley Park Fire Department at an amount of \$ 158,868.72.
2. Direct staff as necessary.

Attachments:

1. Motorola Quote.
2. Supporting Documents.



Interoffice Memo

Date: April 5th, 2025

To: Pat Carr, Village Manager
Hannah Lipman, Assistant Village Manager

From: Steve Klotz, Fire Chief Administrator

Subject: Purchase of Motorola APX-8500 Mobile Radios for Tinley Park Fire Department

Presented for the Committee of the Whole and Village Board discussion and action.

Description:

For interoperability with Tinley Park PD, Will County and E-Com dispatch center departments be moving to 800 system this year. The fire department will be upgrading suppression vehicles mobile radios with the purchase of 18 APX 8500 Mobile Radios. The existing radios are not compatible with communicating on the new police frequency, Will County or E-Com radio systems. The radios are budgeted and will complete the upgrade process for all suppression vehicles.

Budget / Finance: Funds are budgeted and available in Fire Department Capitol

Budget Amount	\$132,450.00
Radio Purchase	\$132,433.92
Difference – UNDER BUDGET	\$16.08

Staff Direction Request:

1. Approve the purchase of 18 Motorola APX-8500 Mobile radios through Motorola Solutions for the Tinley Park Fire Department at an amount of \$ 132,433.92.
2. Direct staff as necessary.

Attachments:

1. Motorola Quote.
2. Supporting Documents.



Interoffice Memo

Issued/Approved by: **Stephen C. Klotz,**
Fire Chief Administrator

Memo #25-52

Date: May 12, 2025

To: Patrick Carr, Village Manager

From: Stephen C. Klotz, Fire Chief Administrator

Subject: Authorize Sole Territorial to Air One Equipment, Inc. to Purchase MSA Air Packs and Masks

Description:

We are requesting authorization to replace 70 SCBA (Self Contained Breathing Apparatus) which reached their 15-year end of life at the end of June 2025. We currently have 70 SCBA units and will need to upgrade the face piece issued to each member. The total face pieces are 134 masks.

Background:

We replaced all the air bottles back in 2022 as those bottles were expiring. The current air SCBA units have reached their end-of-life use (15 years) which is mandated by NFPA and DOT Standards. Replacing these SCBA units along with the air bottle replacement 2 years ago will put us in compliance with these standards.

Budget:

We presently budgeted \$587,050 towards the replacement of these SCBA units. The cost to replace 70 SCBA units along with 134 new face pieces came in under budget at \$489,218 for savings of \$97,832.

SCK/mb



Interoffice Memo

Date: May 9, 2025

To: Pat Carr – Village Manager
Hannah Lipman – Asst. Village Manager

From: Bryan Bishop – Administrative Commander

Subject: Purchase of Garret Walk-through Metal Detectors

Presented at the Committee of the Whole and Village Board Meeting for consideration and possible action.

Description

Ray O'Herron's has submitted a quote for the acquisition of six (6) walk-through metal detectors. These detectors will be essential for ensuring security at village events, primarily focusing on Harmony Square.

Staff Direction Request

1. Approve the purchase of six (6) Garrett Model 1168442 walk-through metal detectors not to exceed \$43,530
2. Direct staff as necessary

Attachment

1. Quote from Ray O'Herron



Interoffice Memo

Date: May 12, 2025

To: Pat Carr – Village Manager
Hannah Lipman – Asst. Village Manager

From: Bryan Bishop – Commander, Police Department

Subject: Payment of Annual Membership Fees for the Northeastern IL Regional Crime Lab

Presented at the Committee of the Whole and Village Board Meeting for consideration and possible action.

Description

The annual fees for the Northeastern IL Regional Crime Lab (NIRCL) are currently due. The fees are assessed primarily on the population of the law enforcement agency's service area. Currently, the assessment fees \$83,101.00 which includes a \$3,000.00 maintenance agreement.

The Police Department uses NIRCL for a majority of its forensic service needs to include Drug Identification, Toxicology, Forensic Biology, DNA Analysis, Firearm and Tool mark Examination, Footwear Examination, Tire Track Examination, and Latent Print Analysis, NIRCL is a nationally accredited laboratory.

Staff Direction Request

1. Approve the payment of annual membership fees for FY26
2. Direct staff as necessary

Attachment

1. NIRCL Invoice for FY26 Fees



Interoffice Memo

Issued/Approved by:

Stephen C. Klotz,
Fire Chief Administrator

Memo #25-54

Date: May 13, 2025
To: Village Board
From: Stephen C. Klotz, Fire Chief Administrator
Subject: Blanket Purchase Order Request – Bunker Gear

In accordance with the Village's purchasing policy the Fire Department is requesting to make the following purchases for fiscal year 2026, which will be made under blanket purchase order.

Air One Equipment – Bunker Gear

Air One Equipment has been the local distributor for protective gear for the department for over ten years. They are an established vendor that offers competitive and bulk pricing discounts to the department. Air One is the local, sole source distributor of protective firefighter gear (Globe products) and accessories. This protective gear is requested to be purchased every year. In order to keep gear consistent throughout the department, MSA Fire Service products are utilized. Air One is the local authorized distributor for MSA products, replacement parts and service. Using MSA products benefits the department in mutual aid situations and offers the department compatibility and interoperability with existing equipment. Fiscal year 2024 the department spent \$88,601.00, Fiscal year 2025 the department spent \$114,015.00. Due to increased staffing and an additional fire academy class anticipated for fiscal year 2026, additional gear will need to be purchased.

We are requesting a blanket purchase order in the amount of \$125,000.00. The budgeted funds available are \$150,485.00.

Thank you for your consideration. Please feel free to reach out with any questions or concerns.

Sincerely,

Stephen C. Klotz,
Fire Chief Administrator

SCK/mb



Interoffice Memo

Issued/Approved by:

Stephen C. Klotz,
Fire Chief Administrator

Memo #25-55

Date: May 13, 2025
To: Village Board
From: Stephen C. Klotz, Fire Chief Administrator
Subject: Blanket Purchase Order Request – Uniforms

In accordance with the Village's purchasing policy the Fire Department is requesting to make the following purchases for fiscal year 2026, which will be made under a blanket purchase order.

Ray O'Herron Co. Inc. – Uniforms

Ray O'Herron Co. Inc. is a family business, serving the Chicagoland area and surrounding communities since 1964. Ray O'Herron provides consistent quality across different uniform items (Class A and Class B). They have a large in stock inventory, complete orders within 7-10 days (on average) and offer competitive pricing. In fiscal year 2025, employee demand shifted to heavily utilizing Ray O'Herron for department uniforms and accessories. The vendor's online storefront offers a streamlined process for employees, providing easy access to a centralized, user-friendly online store. Ordering with Ray O'Herron automated processes like order tracking, re-orders and direct shipping, increasing department efficiency.

For fiscal year 2026 we are requesting a blanket purchase order in the amount of \$68,000.00.

Thank you for your consideration. Please feel free to reach out with any questions or concerns.

Sincerely,

Stephen C. Klotz,
Fire Chief Administrator

SCK/mb



Interoffice Memo

Date: May 15, 2025

To: Pat Carr, Village Manager
Hannah Lipman, Assistant Village Manager
John Urbanski, Public Works Director
Kelly Mulqueeney, Street & Fleet Superintendent

From: Danny Quinn, Head Mechanic

Subject: Public Works Fleet Vehicle Purchase List

Presented at the Committee of the Whole and Village Board meetings for consideration and possible action.

Description: Approve the Public Works Fleet Vehicle Purchase List that includes various vehicles that were approved in the FY26 Budget, not to exceed estimates that are shown.

Background: Requesting purchase approval for the following vehicles that were previously pre-approved via FY 2026 budget:

<u>Vehicle/Equipment</u>	<u>Estimated Cost</u>	<u>Quantity</u>
Police Squad Cars	\$552,000	6
EMA John Deere Gator	\$24,951	1
PW Emergency Generator	\$180,000	1
PW Plow Truck	\$280,000	1
PW Wheel Loader	\$250,000	1
PW F450 Dump Truck	\$95,000	1
PW Aerial Truck	\$220,000	1
PW Pick-up Truck*	\$50,000	1
PW Gator w/ Trailer	\$30,000	1
Downtown Articulating Boom Lift	\$70,000	1
TOTAL	\$1,751,951	

* Denotes vehicles planned to be acquired via Enterprise.

All vehicles will be purchased through our standing cooperative purchasing agreements (Suburban Purchase Cooperative, Southwest Conference, Northwest Conference, Sourcewell, Illinois Procurement Bulletin, State of Iowa, and Enterprise Lease Program).

Budget / Finance: Funding is budgeted and available in the approved FY2026 Budget; Capital Fund.

Budget Available	\$1,876,951
<u>Estimated Total</u>	<u>\$1,751,951</u>
Difference – (Approximate)	\$125,000

Staff Direction Request:

1. Approve the Public Works Fleet Vehicle Purchase List as estimated in the following amount of \$1,751,951.
2. Direct staff as necessary.



Interoffice Memo

Date: May 14, 2025

To: Pat Carr, Village Manager
Hannah Lipman, Assistant Village Manager
John Urbanski, Public Works Director
Kelly Mulqueeny, Street/ Fleet Superintendent

From: Dan Quinn, Head Mechanic

Subject: Public Works Fleet Vehicle/Equipment List For Disposal

Presented at the Committee of the Whole and Village Board meetings for consideration and possible action.

Description: Approve the Public Works fleet vehicle/equipment list for disposal which includes various items valued over \$1,000.

Background: When the Village replaces vehicles or equipment, staff declares outdated and unused vehicles or equipment as surplus to be sold or disposed of. Staff is requesting authorization to dispose the following Village owned vehicles/equipment:

Vehicles/Equipment

Attached Exhibit A

The Village uses multiple methods to achieve the highest amount of compensation for its surplus vehicles or equipment. Most items will be sold through Public Auctions, Enterprise Leasing, Trade-in, or through salvage and recycling companies.

Staff Direction Request:

1. Approve the Public Works fleet vehicle/equipment list for disposal.
2. Direct staff as necessary.

Attachment:

1. Surplus List w/VIN numbers.

EXHIBIT A

SURPLUS LIST 2025

75	2016	Ford	Escape	1FMCU9GX4GUA32781
77	2016	Ford	Escape	1FMCU9GX6GUA32779
79	2017	Ford	Escape	1FMCU0F7XHUE75905
65	2015	Dodge	Caravan	2C4RDGBG2FR660330
682	2016	Ford	F150 Pickup Truck	1FTEX1CG7FFC38532
678	2017	Ford	Explorer	1FM5K8AR0HGE00876
679	2019	Ford	F250 Pickup Truck w/ Plow	1FT7X2B63KEC42388
1W	2008	Ford	Econoline Van	1FTSS34L38DA14777
1TZ	2013	Ford	Explorer (Tact)	1FM5K8B80EGB27312
20BZ	2015	Ford	Explorer	1FM5K8AR6FGA35214
0601	2005	John Deere	Gator TH 6 X 4	W06X4HD004730
1161	2011	Chevrolet	Tahoe -	1GNSK4E03BR193527
1160	2011	Chevrolet	Tahoe -	1GNSK4E00BR346123
1401	2014	Chevrolet	Tahoe	1GNSK2E05ER207940
1501	2015	Chevrolet	Tahoe -	1GNSK3EC9FR275871
1502	2015	Chevrolet	Tahoe -	1GNSK3KC7FR518047
1503	2015	Chevrolet	Tahoe-	1GNSK3EC9FR273831
INS346	2017	Ford	Escape	1FMCU0F73HUE75907
INS446	2018	Ford	Escape	1FMCU0F7XJUD31633
INS46	2012	Ford	Explorer	1FMHK8D82CGA09785
55	2017	Ford	Explorer	1FM5K8AR7HGE00874
18	2018	Ford	Transit Connect Van	NM0LS7E75J1341229
84	2018	Ford	Transit Connect Van	NM0LS7E73J1341228
88	2018	Ford	Transit Connect Van	NM0LS7E71J1341227
41	2019	Ford	F250 Pickup Truck	1FT7W2B65KEC42377
153	1998	Whisperwatt	Generator, Model DCA-15055JU	#760035
159	2009	Caterpillar	Generator XQ175, MRW00112	16MPF12279DD54184
15	2016	Ford	Escape	1FMCU9GX2GUA32780
64	2011	Ford	F350 with Utility Box	1FT8X3A65BEA75253
30	2014	Ford	Ford F550 Aerial Truck	1FD0X5GT7EEA10944
718	2016	Ford	Escape	1FMCU9GX4GUA32778
32	2016	Ford	F250 Pick up Truck	1FT7X2A69GEA44567
722	2017	Ford	Escape	1FMCU0F71HUE75906
37	2018	Ford	F150 Pick up Truck w ladder rack	1FTEX1CB8JFA33055
66	2018	Ford	F250 Pick up Truck w ladder rack	1FT7X2B67JEC62903
34	2019	Ford	Transit 250	1FTYR2CMXKKB82543
92	2008	Ford	F450 3/4 ton Crew Cab Dump Truck	1FDXW46Y98EC27439
112	2010	Caterpillar	928HZ Wheel Loader	CXK01269
40	2011	Ford	F350 Pickup w/ plow	1FTRF3B69BEA57909
3	2013	Ford	F350 4x4 Pick-up,	1FT8X3B62DEB64666
25	2013	Ford	F350, 4X4 Pick-up	1FT8W3B65DEB64664
719	2015	Ford	Explorer	1FM5K8D84FGB41549
43	2016	Ford	F250, 3/4 ton Pick-up	1FT7X2B62GEA44568
45	2016	Ford	F250, 3/4 ton Pick-up	1FT7X2B64GEA44569
53	2017	Ford	Explorer	1FM5K8AR5HGE00873
98	2019	Ford	F350 Pickup Truck	1FT8W3B66KED67785
93	2018	Ford	F150 Pickup Truck	1FTFW1E55JKF83707
59	2018	Ford	F150 Pick up Truck	1FTEX1CBXJFA33056

PUBLIC COMMENT

ADJOURNMENT