

NOTICE OF THE REGULAR COMMITTEE OF THE WHOLE MEETING

The special meeting of the Committee of the Whole is scheduled for
Tuesday, August 17, 2021 beginning at 7:00 p.m.

A copy of the agenda for this meeting is attached hereto and
can be found at www.tinleypark.org.

NOTICE - MEETING MODIFICATION DUE TO COVID-19

As of June 11, 2021, Governor Pritzker moved Illinois to Phase 5. Under Phase 5, all sectors of the economy can resume at regular capacity with new safety guidelines and procedures. Pursuant to the Illinois Department of Commerce & Economic Opportunity's Guidelines, it is recommended that any individual appearing in-person who is not fully vaccinated wear a face-covering to cover their nose and mouth.

Meetings are open to the public, but members of the public may continue to submit their public comments or requests to speak telephonically in advance of the meeting to clerksoffice@tinleypark.org or place requests in the Drop Box at the Village Hall by noon on August 17, 2021. Please note, written comments will not be read aloud during the meeting. A copy of the Village's Temporary Public Participation Rules & Procedures is attached to this Notice.

Kristin A. Thirion
Clerk
Village of Tinley Park

**VILLAGE OF TINLEY PARK
TEMPORARY PUBLIC PARTICIPATION RULES & PROCEDURES**

As of June 11, 2021, Governor Pritzker moved Illinois to Phase 5. Under Phase 5, all sectors of the economy can resume at regular capacity with new safety guidelines and procedures. Pursuant to the Illinois Department of Commerce & Economic Opportunity's Guidelines, it is recommended that any individual appearing in-person who is not fully vaccinated wear a face-covering to cover their nose and mouth.

The Mayor of Tinley Park is issuing the following rules for all Village Board and other public meetings in order to promote social distancing as required by the aforementioned Executive Orders and the requirements of the Open Meetings Act:

Written Comments

After publication of the agenda, email comments to clerksoffice@tinleypark.org. When providing written comments to be included as public participation at a public meeting, clearly identify the following in the subject line:

- The date of the meeting;
- The type of meeting for the written comments (e.g. Village Board meeting, Zoning Board of Appeals meeting, Plan Commission meeting, etc.);
- Name and any other identifying information the participant wish to convey to the public body;
- The category of public participation (e.g., Receive Comments from the Public, Agenda Items, etc.);
- For specific Agenda Items, identify and include the specific agenda item number;
- The entire content of the comments will be subject to public release. The Village of Tinley Park is under no obligation to redact any information.

The contents of all comments will be provided to the relevant public body for their review. **Written comments will not be read aloud during the meeting. If you wish to publicly address the public body, you may request to participate via teleconference as described below.**

Comments must be submitted by 12:00 pm on the day of the meeting. However, it is strongly recommended that comments be emailed not less than twenty-four (24) hours prior to the meeting so the appropriate Board members, Commissioners, Board members, and Committee members have sufficient time to review the comments prior to the meeting.

Live Public Participation During Meeting

After publication of the agenda, those wishing to participate in a live telephone call option at a public meeting must register by 12:00 pm on the day of the meeting. A Village representative will call the participant at the relevant portion of the meeting and the participant will be allowed to participate telephonically at the meeting. To participate in a live telephone call during the meeting, a request shall be submitted by email to clerksoffice@tinleypark.org. The following information must be included the subject line:

- The date of the meeting;
- The type of meeting for the written comments (e.g. Village Board meeting, Zoning Board of Appeals meeting, Plan Commission meeting, etc.);
- Name and any other identifying information the participant wish to convey to the public body;
- The category of public participation (e.g., Receive Comments from the Public, Agenda Items, etc.); and
- For specific Agenda Items, identify and include the specific agenda item number.

If the participant provides an email address, they will receive a confirmation email that their request has been logged. If the participant provides an email address and does not receive a confirmation email, they may call (708) 444-5000 during regular business hours to confirm the application was received.

Upon successful registration, the participant's name will be placed on an internal Village list. On the date and during relevant portion of the meeting, the participant will be called by a Village representative. The Village representative will call the provided telephone number and allow the phone to ring not more than four (4) times. If the call is not answered within those four (4) rings, the call will be terminated and the Village representative will call the next participant on the list.

The public comment should be presented in a manner as if the participant is in attendance at the meeting. At the start of the call, the participant should provide their name and any other information the participant wishes to convey. For comments regarding Agenda Items, identify and include the specific agenda item number. The participant should try to address all comments to the public body as a whole and not to any member thereof. Repetitive comments are discouraged. The total comment time for any single participant is three (3) minutes. Further time up to an additional three (3) minutes may be granted by motion. A participant may not give his or her allotted minutes to another participant to increase that person's allotted time.

NOTICE - VILLAGE OF TINLEY PARK
REGULAR 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, August 17, 2021, beginning at 7:00 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. CONSIDER APPROVAL OF THE MINUTES OF THE COMMITTEE OF THE WHOLE MEETING HELD ON AUGUST 3, 2021.
3. CONSIDER CLASS A LIQUOR LICENSE FOR 80TH AVE. TRAIN STATION - HARP GROUP.
4. CONSIDER HEALTH AND DENTAL INSURANCE RENEWAL.
5. CONSIDER PURCHASE APPROVAL FOR POLICE DEPARTMENT SIMULCAST RADIO SYSTEM.
6. CONSIDER PUBLIC SAFETY BUILDING/911 CENTER AIR HANDLER – CONDENSING UNIT REPLACEMENT.
7. CONSIDER PRESENTATION OF TINLEY PARK TOURISM MARKETING ACTION PLAN.
8. RECEIVE COMMENTS FROM THE PUBLIC.

ADJOURNMENT

KRISTIN A. THIRION, VILLAGE CLERK

MINUTES
Meeting of the Committee of the Whole
August 3, 2021 – 7:15 p.m.
Village Hall of Tinley Park – Council Chambers
16250 S. Oak Park Avenue
Tinley Park, IL 60477

President Pro Tem Brennan called the special meeting of the Committee of the Whole on August 3, 2021, to order at 7:18 p.m.

At this time, President Pro Tem Brennan stated this meeting is being conducted pursuant to Governor Pritzker's disaster proclamation and Public Act 101-0640, which amends requirements of the Open Meetings Act due to the COVID-19 pandemic. President Pro Tem Brennan introduced ground rules for effective and clear conduct of Village business.

Clerk Thirion called the roll. Present and responding to roll call were the following:

Members Present: M. Glotz, Village President
K. Thirion, Village Clerk
W. Brady, Village Trustee
W. Brennan, Village Trustee
D. Galante, Village Trustee
D. Mahoney, Village Trustee
M. Mueller, Village Trustee
C. Sullivan, Village Trustee

Members Absent:

Staff Present: D. Niemeyer, Village Manager
P. Carr, Assistant Village Manager
K. Clarke, Community Development Director
L. Godette, Deputy Village Clerk
A. Ardolino, Information Technology Manager
P. Connelly, Village Attorney

Others Present:

Item #2 - CONSIDER APPROVAL OF THE MINUTES OF THE COMMITTEE OF THE WHOLE MEETING HELD ON JULY 20, 2021 – Motion was made by Trustee Brady, seconded by Trustee Mahoney, to approve the minutes of the Committee of the Whole meeting held on July 20, 2021. Vote by roll call. Ayes: Brady, Brennan, Galante, Mahoney, Mueller, Sullivan. Nays: None. Absent: None. President Pro Tem Brennan declared the motion carried.

Item #3 – CONSIDER AMENDING CHAPTER 32 OF THE VILLAGE CODE (ZONING BOARD OF APPEALS) - ESTABLISHMENT & CONCURRENT MEMBERSHIP OF PLAN COMMISSION AND ZONING BOARD OF APPEALS – Kimberly Clarke, Community Development Director, presented the Code amendment. The Zoning Board of Appeals which is comprised of seven (7) appointed members hears cases of appeals from the Zoning Ordinance. Currently, they meet on the 2nd & 4th Thursday of each month.

The Plan Commission which is comprised of nine (9) appointed members hears cases about subdivisions, planned developments, map amendments, text amendments, variations (when combined with a request for rezoning,

Special Use Permit, or planned unit development), and long-range planning initiatives. Both Commissions make recommendations to the Village Board on the proposed petitions.

Dissolving the Zoning Board of Appeals and placing the responsibilities under the Plan Commission will streamline petitions for both residents and developers and provide efficiencies for village staff. Below is a summary of the last six years of meetings held by each commission. There is a total of 24 meetings scheduled per year for each commission.

ZBA	2020	2019	2018	2017	2016	2015
# Meetings	4	6	9	7*	10*	11*
Average # cases per agenda	1	2	1	1	2	1
Plan						
# Meetings	17	19	19	22	18	20*
Average # cases per agenda	3	2	2	3	2	2

*Includes one combined Plan Commission and Zoning Board of Appeals

The Plan Commission already reviews variation requests when combined with a request for rezoning, special use permit, or planned unit development. Adding a few additional cases to an agenda will be manageable. In addition, there will be less staff time needed to manage two separate commission meetings, agendas, and overall coordination. In addition, with the Tinley Park ZBA Commission meeting less than once per month, it is difficult for Commissioners to stay up to date with current zoning issues locally and nationwide and enforce the code consistently.

During the early years, it made sense to separate the residential requests from the large development projects so that meetings were not overwhelmed and residents would not be competing to be on an agenda. It is not uncommon for mature communities, such as Tinley Park, to fold in their Zoning Board of Appeals with their Plan Commission.

Trustee Galante is concerned this will reduce community involvement which is part of the Village’s Strategic Plan. She also asked Ms. Clarke if she has spoken to the Plan Commission members about the change. Ms. Clarke replied she has not spoken to all of the Plan members but has spoken to all of the ZBA members and they understand the need for the change.

Trustee Mueller feels with the low number of ZBA meetings and cases combining the Commissions makes sense. Trustee Brady concurs.

Motion was made by Trustee Mueller, seconded by Trustee Brady to recommend the amendment Chapter 32 of the Village Code (Zoning Board of Appeals) - Establishment & Concurrent Membership of Plan Commission and Zoning Board of Appeals be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Galante, Mahoney, Mueller, Sullivan. Nays: None. Absent: None. President Pro Tem Brennan declared the motion carried.

Item #4 – CONSIDER AMENDING CHAPTER 32 OF TITLE III OF THE TINLEY PARK MUNICIPAL CODE – INCREASING THE NUMBER OF COMMISSIONERS ON THE ADVISORY COMMISSION ON LABOR AND DEVELOPMENT – David Niemeyer, Village Manager, explained the Village President would like to amend the Ordinance increasing the number of commissioners, from 9 to 10, that are appointed to the Advisory Commission on Labor and Development.

President Pro Tem Brennan asked if any members of the Committee had any questions. There were none. Motion was made by Trustee Sullivan, seconded by Trustee Mahoney to recommend the amendment of Chapter 32 of Title III of the Tinley Park Municipal Code – Increasing the Number of Commissioners on the Advisory Commission on Labor and Development be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Galante, Mahoney, Mueller, Sullivan. Nays: None. Absent: None. President Pro Tem Brennan declared the motion carried.

Item #5 – CONSIDER APPROVING PURCHASE OF FIRE DEPARTMENT MOBILE DATA COMPUTERS, DOCKING STATIONS, NETWORKING EQUIPMENT, AND INSTALLATION SERVICES – Anthony Ardolino, Information Technology Manager, presented the purchase of computers for Fire Department vehicles. An RFP for new computer devices for Fire Department vehicles, which includes installation in three (3) new chief vehicles, was released in June 2021 from which seven (7) vendors and proposals were received. The lowest responsible bidder was selected.

President Pro Tem Brennan asked if any members of the Committee had any questions. There were none. Motion was made by Trustee Galante, seconded by Trustee Brady to recommend approving the purchase of Fire Department Mobile Data Computers, Docking Stations, Networking Equipment, and Installation Services be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Galante, Mahoney, Mueller, Sullivan. Nays: None. Absent: None. President Pro Tem Brennan declared the motion carried.

Item #6 – CONSIDER PUBLIC WORKS LOCAL 150 MEMORANDUM OF AGREEMENT (MOA) – Mr. Niemeyer, presented the Local 150 MOA. The Village and International Union of Operating Engineers Local 150 have been discussing a 2-year wage reopener agreement. Highlights include a cost of living adjustment of 2% for May 1, 2020, and May 1, 2021, fiscal years, step increases will be based on the employees' performance review. The union has also agreed to withdraw all outstanding grievances. The Village will provide a one-time \$500 insurance payout to each member.

President Pro Tem Brennan asked if any members of the Committee had any questions. There were none. Motion was made by Trustee Mahoney, seconded by Trustee Brady to recommend the Public Works Local 150 MOA be forwarded to the Village Board. Vote by roll call. Ayes: Brady, Brennan, Galante, Mahoney, Mueller, Sullivan. Nays: None. Absent: None. President Pro Tem Brennan declared the motion carried.

Item #7 – RECEIVE COMMENTS FROM THE PUBLIC –

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

Laura Godette, Deputy Village Clerk, stated there was no written comment or request to speak telephonically.

Motion was made by Trustee Mueller, seconded by Trustee Galante, to adjourn the Committee of the Whole. Vote by roll call. Ayes: Brady, Brennan, Galante, Mahoney, Mueller, Sullivan. Nays: None. Absent: None. President Pro Tem Brennan declared the meeting adjourned at 7:33 p.m.

dm



Interoffice Memo

Date: August 17, 2021

To: Village Board of Trustees

Cc: David Niemeyer, Village Manager

From: Hannah Lipman, Assistant to the Village Manager

Subject: Class A Liquor License Request Request – Harp Management, LLC – 18001 S 80th Ave – 80th Avenue Train Station

Background:

With the closure of Parmesan's at the 80th Avenue Train Station in 2020, the Village explored various options to fill the space. The Village has since entered into an agreement with Harp Management, LLC, who plans to operate what will be called the Illinois Central Diner.

The daily Monday through Friday operation of the Illinois Central Diner will have two different target markets. The first being the daily commuter and the potential capture of retail revenues. The second market being the classic Diner client that wants a leisurely breakfast or lunch while enjoying the beauty of the train station. The commuter retail side will include grab and go items as well as sundry items that similarly would be found in an airport convenience shop. In addition to the classic Diner experience, there will be programming of special themed events to promote the facility. Some of these may include High Tea every Saturday, Easter & Mother's Day Brunch, Breakfast with Santa and possibly a weekly Sunday Brunch as the demand grows. Harp group's management of the space will also allow for overflow of events from the Convention Center and Even Hotel. More information is attached.

Request: Award a Class A Liquor License to Harp Management, LLC (dba Illinois Central Diner) for the 80th Avenue Train Station.

1.0 – EXECUTIVE SUMMARY

Restaurant Concept:	Diner, Retail, Catering By Local 1
Restaurant Name:	Illinois Central Diner
Location:	The 80 Train Station, Tinley Park
Capacity:	86 Seats Indoors 20 Seats On The Patio
Event Capacity:	100 At Rounds Inside 200 Total Includes The Patio
Target Audience:	Local Residents 10 Mile Radius, Social, Commuters, Festivals
Cuisine:	Traditional Diner Fare/Home-Style Authentic Farm To Table
Beverage Program:	Proudly Serving Starbucks

Situation Analysis

The Train Station has been operating the previous restaurant from 2013 till it closed in March 2020. The current Covid-19 situation has dropped the commuter numbers drastically. The commuter numbers are only 10% of the 2,400 riders that were coming through the station previously. That combined with the Illinois Phase Four current mandate of only gathering of 50 guest or less make for a diminished audience. All of these factors dictate a phased-in approach of services to the facility to mitigate costs while still providing quality service to those who are commuting. The Even Hotel Tinley Park Convention Center is re-branding the Catering concept that has grown 64% in revenues between the June 4, 2011 expansion completion and December 2019. In the re-branding effort the goal is three fold. Local One restaurant will be the branded restaurant in the new EVEN Hotel along with the Cork & Kale outlet. Local One Catering will continue to be the exclusive Caterer to the Tinley Park Convention Center. Thirdly Local 1 Catering would now become the exclusive Catering Company at the 80th Avenue Train Station. There will be many opportunities for revenue growth by adding the Train Station to the portfolio.

Revenue & Market Segmentation

The Food & Beverage Division in the Hotel & Convention Center generated \$7.5 M in sales in 2019. With the addition of the Train Station and assuming the COVID-19 situation comes under control; the Train Station should generate \$250,000 in Catering Sales alone in year one. The obvious Market Segment that utilized the Station for events in the past is predominantly the Social Market. The number of Weddings that are turned down by the Convention Center yearly would fill the Train Station half of the year on Weekends. The other Segment that would be an opportunity for capture would be the Bridal/Baby Shower and all other Social Markets. The Hotel and Convention Center turns away dozens of these events yearly, mostly due to availability and the events not meeting yield management guidelines. One of the weekly events that will be programmed to enhance this Market will be High Tea every Saturday at 1pm. This programming will expose the public to the possibilities that are available for their own private events at the Train Station while showcasing Local One's cuisine.

Dual Outlet Operating Practice

The daily Monday through Friday operation of the Illinois Central Diner will have two different target markets. The first being the daily commuter and the potential capture of retail revenues. The second market being the classic Diner client that wants a leisurely breakfast or lunch while enjoying the beauty and serenity of the train station. The commuter retail side will include grab and go items as listed in the menus enclosed as well as sundry items that similarly would be found in an airport convenience shop. In addition to the classic Diner experience, there will programming of special themed events to promote the facility. Some of these item will include High Tea every Saturday, Easter & Mother's Day Brunch, Breakfast with Santa a possibly a weekly Sunday Brunch as the demand grows.

We Proudly Serve Starbucks

The Harp group is an approved franchise partners for Nestle Coffee Partners that carry Starbucks and Seattle's best among other SKU's. Exploring the possibility to either do a full franchise or a marketing partnership similar to the one in place at the newly renovated EVEN Hotel & Tinley Park Convention Center. In either case this will be a significant "point of difference" addition to the products and services offered at the station. The products would be available in the Grab & Go Market as well as in the Diner and Catered Events.

*80th Avenue Metra Station
September 1, 2020*

Classic Diner Menu

Traditional American Diner cuisine with all of the Classic Diner staples. In order to capitalize on the relaunch it is necessary to realize the strengths of the location. Creating items for the commuter on the go and the casual breakfast & lunch guest will be the main focus of the Diner Menu Monday through Friday. The Catering Menus will be in line with the Catering menus that are currently in place at the Convention Center. Please find all menu concepts on the following pages

Activation

The realistic expectation would be a steady growth in cover and revenue for the diner in year one. The last market segment that will get onboard will be the 10 mile radius target audience. Having identified the other market segments that are part of the current capture, this market segment will require a diverse marketing approach to reach. The first thing is finding the Manager that will be the face and personality of this project. There has been a candidate identified that could execute this as well as oversee the Banquet Sales & Service of the entire complex. The Manager will be responsible for a great deal of the marketing approach by means of community outreach, attendance and weekend farmers markets and coordinating all programming/special promotions. With respect to FF&E there would be some CAPEX expense to update the kitchen but the expense would be necessary to support the quality expectations. Convection Oven, Service and Presentation Items, Point of Sales system and replacing the table tops in the dining room. The dishwasher can be leased through ECOLAB. Some Hollowware to enhance the existing China, Glass & Silver inventory such as Chafing Dishes and other service pieces.



DINER ON THE ROCK ISLAND LINE



EXPRESS TO LASALLE
STREET STATION & BREAKFAST
MENU

bakery

FRESH BAKED MUFFINS	\$2.00
PECAN COFFEE CAKE	\$2.50
ALMOND COFFEE CAKE	\$2.50
KOLACHKI (ASSORTED)	\$2.00
BAGELS (ASSORTED)	\$2.00

fruit

FRESH FRUIT & BERRIES	\$2.50
FRUIT & GRANOLA PARFAIT	\$2.50
WHOLE FRUIT (ASSORTED)	\$1.50

breakfast

2 EGGS ANY WAY	\$9.50
3 EGG OMELET	\$9.50
MACADAMIA FRENCH TOAST	\$8.50
ALL AMERICAN SKILLET	\$9.50
BUTTERMILK PANCAKES	\$8.50
BACON, EGG. & CHEESE	\$3.50
EGG WHITE & SPINACH WRAP	\$3.50

coffee

AMERICANO	\$2.99
CAPPUCCINO	\$3.99
LATTE	\$3.99

18001 80TH AVENUE, TINLEY PARK, IL 60477

For private parties & catering by Local #1 contact 708.342.5485



DINER ON THE ROCK ISLAND LINE

burgers & sandwiches

All selections served w/ choice of side: Wedge Fries, Sweet Potato Fries, Fennel Coleslaw, Mac N Cheese, House Salad, or Roasted Corn Salsa

CLASSIC BURGER*

8 oz. Char-Broiled Black Angus & Your choice of Cheese

BBQ BACON CHEDDAR BURGER*

Char Broiled, Homemade BBQ Sauce, Applewood Smoked Bacon & Melted Cheddar

BUILD YOUR OWN BURGER*

Choice of: Cheddar, Swiss, or Pepper Jack
Grilled Onions, Mushrooms, Jalepenos, Pico De Gallo, Avocado

SPICY CHICKEN SANDWICH*

Dredged & Sauteed with Sweet Pickle & Siracha Aioli

MARYLAND CRAB CAKE*

Fresh Lump Crabmeat, Homemade Remoulade, Wedge Fries, Rpasted Corn & Black Bean Salsa

FRENCH DIP*

Tender Shaved Roast Beef & Swiss melted on a Hoagie Roll
Demi Au Jus

GRILLED VEGGIE SANDWICH*

Grilled Zucchini, Tomato, Onion, Roasted Red Peppers
Served on Ciabatta Roll w/ Provolone & Pesto Mayo

HOMEMADE MEATBALL TORPEDO*

Homemade Meatballs, Tomato Basil Marinara, Melted Provolone Served on a Torpedo Roll

EXPRESS TO LASALLE STREET STATION LUNCH MENU

lunch entrees

CEDAR PLANK SMOKED BUFFALO WINGS

Flash-crisped and sauce slathered.

Carrot and celery sticks.

Buffalo, BBQ or Featherbone Glaze

QUESADILLAS*

Peppers, Onions, Cheese Blend on a Flour Tortilla

Served with Salsa & Sour Cream

Add Chicken \$4 Add Steak \$6 Add Shrimp \$6

LOCAL ONE BEEF SLIDERS*

Angus Beef Sliders on Brioche with garlic slaw and swiss
Caramelized Onions, B&B Pickles, Siracha Mayo

SMOKEHOUSE NACHOS

Tri-Colored Nachos with Jalapeno, House Cheese Blend,
Black Olives, Pico de Gallo, Sour Cream, Guacamole
Smokeed Beef Brisket

MARGHERITA FLATBREAD*

Roasted Tomatoes, Fresh Mozzarella & Basil
Artisan Flatbread

LOADED IDAHO BAKERS*

Four Idaho Baked Potato Wedges Deep Fried
Bacon, Cheddar, & Sour Cream

CAESAR SALAD*

Crisp Romaine Lettuce, Shaved Parmesan & Croutons
Caesar Dressing served w/ Grilled Ciabatta
Add Chicken \$4 Add Steak \$7 Add Shrimp \$7

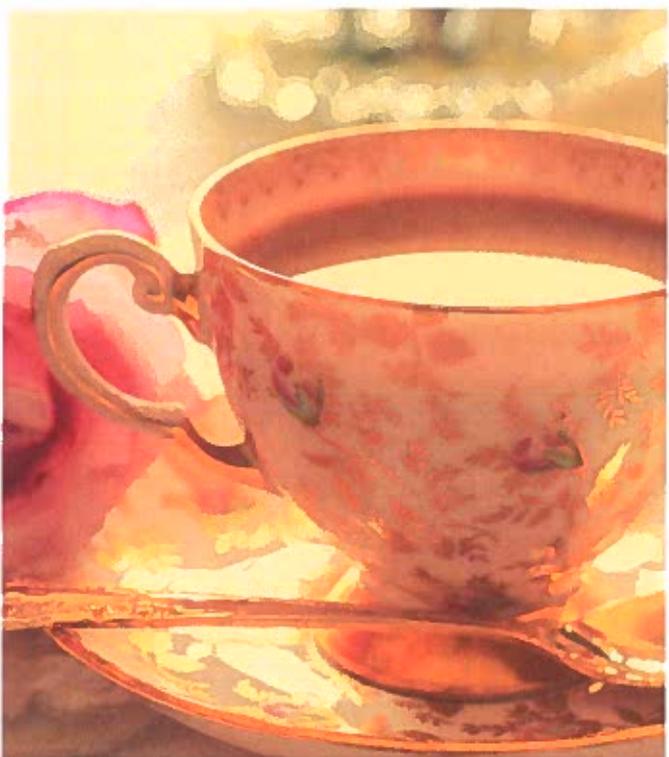
CHOPPED COBB*

Fresh Romaine w/ Diced Chicken, Turkey, Bacon,
Cucumber, Cherry Tomatoes, Edamame, Goat Cheese,
Red Onion, Avccado, & Chopped Egg
Lemon Vinaigrette

ALL ENTREES COME WITH YOUR CHOICE OF SIDE

18001 80TH AVENUE, TINLEY PARK, IL 60477

For private parties & catering by Local #1 contact 708.342.5485



Shower Package

CATERING BY LOCAL #1

BREAKFAST, BRUNCHES, & LUNCHEONS

Whether it's celebrating an engagement or welcoming new life into the world, we have a variety of buffet menus that compliment shower gatherings.

ALL PACKAGE PRICING LISTED INCLUDES:

- 3.5 Hour Package
- Sales Tax & Gratuity
- Tables, Chairs, & Black or White Linens
- Choice of Cocktail or Mocktail
- Votive Candles

BRUNCH TIME MENU

\$35 per person

HIGH TEA MENU

\$25 per person

LUNCH TIME MENU

\$35 per person



18001 80th Ave, Tinley Park, IL 60477



Brunch Menu

CATERING BY LOCAL #1

\$35 PER PERSON

*Served with orange juice, freshly brewed coffee
& decaf, hot tea, & iced tea*

**Herb Baked Chicken & Baked Rigatoni
Marinara**

Scrambled Eggs w/ Cheddar Cheese

Bacon & Sausage Links

Seasonal Vegetables

Breakfast Potatoes

CHOICE OF:

**Cinnamon Toast or Belgium Waffles w/
Warm Syrup & Fruit Compote**

**Freshly Baked Bagles, Muffins, Danishes, &
Breakfast Breads**

Seasonal Fresh Fruit

Home Style Oatmeal w/ Brown Sugar

**Assorted Cream Cheeses, Fruit Preserves, &
Butter**



18001 80th Ave, Tinley Park, IL 60477



Lunch Menu

CATERING BY LOCAL #1

\$35 PER PERSON

*Served with orange juice, freshly brewed coffee
& decaf, hot tea, & iced tea*

COMBINATION OF 4 SAVORY SANDWICHES:

Bay Shrimp Salad Sandwich

Watercress Egg Sandwich

Tarragon Chicken Salad Sandwich

Smoked Salmon on Black Bread

Egg Salad on Whole Wheat

Ham & Swiss on Rye

Turkey & Munster on Brioche Bun

Prosciutto & Provolone w/ Garlic Aioli

Grilled Vegetable w/ Balsamic Vinaigrette

CHOICE OF 2 SIDES:

Macaroni & Cheese

Potato Salad

Roasted Corn Salsa

Macaroni Salad

White Cheddar Mashed Potatoes

FRESH FRUIT & 3 ASSORTED DESSERTS



18001 80th Ave, Tinley Park, IL 60477



High Tea Menu

CATERING BY LOCAL #1

\$25 PER PERSON

*Served with orange juice, freshly brewed coffee
& decaf, assorted hot teas*

COMBINATION OF 4 FINGER SANDWICHES:

Bay Shrimp Salad Sandwich

Watercress Egg Sandwich

Tarragon Chicken Salad Sandwich

Smoked Salmon on Black Bread

Egg Salad on Whole Wheat

Ham & Swiss on Rye

Turkey & Munster on Brioche Bun

Prosciutto & Provolone w/ Garlic Aioli

Grilled Vegetable w/ Balsamic Vinaigrette

**Scones Served w/ Devonshire Cream &
Preserves**

CHOICE OF 3 DESSERTS:

Chocolate Eclairs or Crème Puffs

Lemon Bars

Assorted Truffles or Chocolate Mousse Cups

Cheesecake Lollipops or Squares

Chocolate Brownies

Chocolate Dipped Strawberries



18001 80th Ave, Tinley Park, IL 60477



Optional Items

CATERING BY LOCAL #1

STATIONARY DISPLAYS:

Fresh Seasonal Fruit Platter

\$205

Fresh Vegetable Crudites w/ Ranch Dip

\$115

Domestic Charcuterie Board

\$215

Imported Charcuterie Board

\$310

BEVERAGES:

Assorted Soda & Bottled Water

\$3 each

Bottle of Table Champagne or Wine

\$28 each

Spiked Punch Bowl (serves 50)

\$100

CAKE CUTTING:

Cake must be provided by a bakery

\$100

Other items are available upon request at an additional cost.



18001 80th Ave, Tinley Park, IL 60477



DINER ON THE ROCK ISLAND LINE



EXPRESS TO LASALLE
STREET STATION
MENU

bakery

FRESH BAKED MUFFINS	\$2.00
PECAN COFFEE CAKE	\$2.50
ALMOND COFFEE CAKE	\$2.50
KOLACHKI (ASSORTED)	\$2.00
BAGELS (ASSORTED)	\$2.00

fruit

FRESH FRUIT & BERRIES	\$2.50
FRUIT & GRANOLA PARFAIT	\$2.50
WHOLE FRUIT (ASSORTED)	\$1.50

breakfast

2 EGGS ANY WAY	\$9.50
3 EGG OMELET	\$9.50
MACADAMIA FRENCH TOAST	\$8.50
ALL AMERICAN SKILLET	\$9.50
BUTTERMILK PANCAKES	\$8.50
BACON, EGG. & CHEESE	\$3.50
EGG WHITE & SPINACH WRAP	\$3.50

coffee

AMERICANO	\$2.99
CAPPUCCINO	\$3.99
LATTE	\$3.99

18001 80TH AVENUE, TINLEY PARK, IL 60477

For private parties & catering by Local #1 contact 708.342.5485



Interoffice Memo

Date: August 17, 2021

To: Committee of the Whole

From: David Niemeyer, Village Manager
Angela Arrigo, Human Resources Director

Subject: Renewal of Medical, Dental, & Vision Insurance Benefits

In late July, we received a preliminary proposal for the annual Insurance Renewal for medical, dental, and vision insurance benefits for the policy year 2021-2022. Our broker, Alliant, diligently worked to ensure a comprehensive renewal and competitive pricing, re-negotiating on the Village's behalf. As a result of their efforts, the Village received a rather favorable renewal as outlined below.

Premium Renewal

Alliant was able to re-negotiate a 0% increase to the medical premium and with the 8.9% increase to the dental premium negotiated a \$20,000 billing credit to offset the increase. As a result, the net increase to the premium paid by the Village for medical and dental coverages from the current plan year to the new plan year is \$4,338.40. The Village budgeted 9% for anticipated health insurance increases for FY2022.

MEDICAL	BCBS of IL		
Contributory	<i>Current*</i>	<i>Renewal</i>	<i>Revised Renewal</i>
Estimated Monthly Premium	\$431,103.54	\$445,337.37	\$431,103.54
Estimated Annual Premium	\$5,173,242.48	\$5,344,048.44	\$5,173,242.48

Difference From Current Premium	\$170,805.96	\$0.00
	3.3%	0.0%

DENTAL	BCBS of IL		
Contributory	<i>Current</i>	<i>Renewal</i>	<i>Revised Renewal**</i>
Estimated Monthly Premium	\$22,837.52	\$24,865.72	\$24,865.72
Estimated Annual Premium	\$274,050.24	\$298,388.64	\$298,388.64

Difference From Current Premium	\$24,338.40	\$24,338.40
	8.9%	8.9%

Alliant was able to negotiate a 4.3% increase to the vision premium. The net increase to the vision premium paid 100% by employees is \$1,108.44.

VISION	VSP		
Voluntary	<i>Current</i>	<i>Renewal</i>	<i>Renewal</i>
Estimated Monthly Premium	\$2,125.70	\$2,218.07	\$2,218.07
Estimated Annual Premium	\$25,508.40	\$26,616.84	\$26,616.84
Difference From Current Premium		\$1,108.44 4.3%	\$1,108.44 4.3%

Village staff recommends that we accept the BlueCross BlueShield medical and dental renewal with the current plan design effective October 1, 2021 and VSP vision renewal effective November 1, 2021.

Employee Contributions

Based on the Mercer/Foster Higgins 2020 Survey, benchmarking data shows that the PPO employer health plan percent contribution for government employers is 82% Single / 72% Family. The Village currently contributes 90% Single/Family towards the medical and dental premiums for full-time, non-union employees. It is recognized that Village percent contributions will need to continue to increase to better align with the marketplace.

In addition, Village staff recommends an employee contribution increase for non-union, full-time employees from 10% to 11% for medical and dental insurance coverage effective January 1. Employee contributions for MAP & Sergeants are currently at 11% and will increase to 12% on May 1, 2022. Employee contributions for IUOE remain at 10% through April 2022.

THE VILLAGE OF TINLEY PARK

**Cook County, Illinois
Will County, Illinois**

**RESOLUTION
NO. 2021-R-074**

**A RESOLUTION AUTHORIZING THE RENEWAL OF THE VILLAGE HEALTH
INSURANCE FOR THE 2021-2022 BENEFIT PLAN YEAR**

**MICHAEL W. GLOTZ, PRESIDENT
KRISTIN A. THIRION, VILLAGE CLERK**

**WILLIAM P. BRADY
WILLIAM A. BRENNAN
DIANE M. GALANTE
DENNIS P. MAHONEY
MICHAEL G. MUELLER
COLLEEN M. SULLIVAN
Board of Trustees**

Published in pamphlet form by authority of the President and Board of Trustees of the Village of Tinley Park

RESOLUTION NO. 2021-R-074

A RESOLUTION AUTHORIZING THE RENEWAL OF THE VILLAGE HEALTH INSURANCE FOR THE 2021-2022 BENEFIT PLAN YEAR

WHEREAS, the Village of Tinley Park, Cook and Will Counties, Illinois, is a Home Rule Unit pursuant to the Illinois Constitution of 1970; and

WHEREAS, the Corporate Authorities of the Village of Tinley Park, Cook and Will Counties, Illinois, have considered entering into an Agreement with Blue Cross/Blue Shield of Illinois, a true and correct copy of such Agreement being attached hereto and made a part hereof as **EXHIBIT 1**; and

WHEREAS, the Corporate Authorities of the Village of Tinley Park, Cook and Will Counties, Illinois, have determined that it is in the best interests of said Village of Tinley Park that said Agreement be entered into by the Village of Tinley Park;

NOW, THEREFORE, Be It Resolved by the President and Board of Trustees of the Village of Tinley Park, Cook and Will Counties, Illinois, as follows:

Section 1: The Preambles hereto are hereby made a part of, and operative provisions of, this Resolution as fully as if completely repeated at length herein.

Section 2: That this President and Board of Trustees of the Village of Tinley Park hereby find that it is in the best interests of the Village of Tinley Park and its residents that the aforesaid "Agreement" be entered into and executed by said Village of Tinley Park, with said Agreement to be substantially in the form attached hereto and made a part hereof as **EXHIBIT 1**.

Section 3: That the President and Clerk of the Village of Tinley Park, Cook and Will Counties, Illinois are hereby authorized to execute for and on behalf of said Village of Tinley Park the aforesaid Agreement.

Section 4: That this Resolution shall take effect from and after its adoption and approval.

ADOPTED this 17th day of August, 2021, by the Corporate Authorities of the Village of Tinley Park on a roll call vote as follows:

AYES:

NAYS:

ABSENT:

APPROVED this 17th day of August, 2021, by the President of the Village of Tinley Park.

Village President

ATTEST:

Village Clerk

EXHIBIT 1

BLUE CROSS/BLUE SHIELD AGREEMENT

STATE OF ILLINOIS)
COUNTY OF COOK) SS
COUNTY OF WILL)

CERTIFICATE

I, KRISTIN A. THIRION, Village Clerk of the Village of Tinley Park, Counties of Cook and Will and State of Illinois, DO HEREBY CERTIFY that the foregoing is a true and correct copy of Resolution No. 2021-R-074, “**A RESOLUTION AUTHORIZING THE RENEWAL OF THE VILLAGE HEALTH INSURANCE FOR THE 2021-2022 BENEFIT PLAN YEAR,**” which was adopted by the President and Board of Trustees of the Village of Tinley Park on 17th day of August, 2021.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of the Village of Tinley Park this 17th day of August, 2021.

VILLAGE CLERK



**BlueCross BlueShield
of Illinois**

BENEFIT PROGRAM APPLICATION (“BPA”)

(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 Account Number: 271855
 HMO Illinois Employer Group Number(s): H57096
 HMO Illinois Section Number(s): 0101, 0102, 0103, 0104, 0105, 0106, 0107, 0108, 0109, 0110, 0111, 0112, 2001, 2002, 2003, 2004, 8888
 Blue Advantage HMOSM Employer Group Number(s): B57096
 Blue Advantage HMO Section Number(s): 0101, 0102, 0103, 0104, 0105, 0106, 0107, 0108, 0109, 0110, 0111, 0112, 2001, 2002, 2003, 2004, 8888
 Non-HMO Plan Employer Group Number(s): P71855, 071855 (Dental)
 Non-HMO Plan Section Number(s): 0101, 0102, 0103, 0104, 0105, 0106, 0107, 0108, 0109, 0110, 0111, 0112, 2001, 2002, 2003, 2004, 8888

Employer’ 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.)

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): _____

Wholly Owned Subsidiaries to be Covered: _____

Affiliated Companies to be Covered: _____

(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 Phone: 708-444-5091 Fax: n/a Email: aarrigo@tinleypark.org

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.)

Title: Human Resources Director Phone: 708-444-5091 Fax: n/a Email: aarrigo@tinleypark.org

Policy Effective Date: 10/01/2021 Policy Anniversary Date: 10 / 01 / 2022
 Month Day Year

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

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 and Disability insurance is underwritten 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

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

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: 10 /2021

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 (complete and attach a Medical Loss Ratio Assurance form)
- 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 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 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 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.

Employees that are deemed full-time using the 12 month measurement period will be eligible for medical and dental coverage for the subsequent 12 month stability period.

The term "Employee" shall have the meaning set forth under ERISA and applicable law. Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company ("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 Policy, shall be considered eligible for coverage. The Employer is responsible for providing notice of possible tax implications to those Insureds with Domestic Partner Coverage.

Continuation coverage for Domestic Partners: If Employer elects coverage for Domestic Partners, Domestic Partners are not eligible for continuation coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), but Employer may elect to offer continuation coverage to Domestic Partners similar to that available to spouses under COBRA continuation.

Domestic Partner Coverage Continuation (only available if Domestic Partners are covered) Yes No

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 (twenty-seven (27) – thirty (30) are the available options). 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 unmarried regardless of marital status, is _____ years (twenty-seven (27) – thirty (30) are the available options). 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. However, coverage shall be extended due to a leave of absence in accordance with any applicable federal or state law.

5. Disabled Dependent: A Disabled Dependent means a dependent child who is medically certified as disabled and dependent upon the Employee or his/her spouse.

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 26. A disabled Dependent may **add** coverage beyond the limiting age, provided the disability began before the child attained the age of 26, and proof of coverage as a disabled Dependent is provided.

Administration of Certification Review is handled by BCBSIL; a BCBSIL Disabled Dependent Certification Form must be submitted to BCBSIL.

- (b) Disabled Dependent Administration will follow **Custom Rules**. Please make the following sections:

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

- The disability must have begun before the child attained the age of 26 or other age permitted by law.
- 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 option regarding handling of Certification Review.

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

Certification Review is handled by the Employer; there are no Disabled Dependent Certification Form requirements.

If Certification Review is selected as handled by BCBSIL, please select one option regarding forms:

- The BCBSIL Disabled Dependent Certification Form will be utilized.
 A Custom or Other Disabled Dependent Certification Form will be utilized

If Certification Review is selected as handled by BCBSIL, please select allowed or not allowed below:

A disabled Dependent approved medical certification from a prior carrier is allowed not allowed.

A disabled Dependent approved 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.

- The date of employment.
 The ____ day of employment. **Note:** This may not exceed ninety-one (91) calendar days.
 The ____ day (select 1st or 15th) of the month following ____ month(s) (option of 1 or 2 months) of employment.
 The ____ day (select 1st or 15th) of the month following ____ days (option of up to 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.
 This election applies only to the HMO plan: 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 month (calculated by adding one calendar month and subtracting one 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 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 day of the following month;
2) Does not exceed 12 months; and
3) Taken together with other eligibility conditions does not result in coverage becoming effective later than 13 months from the Employee's start date plus the number of days between a start date and the first day of the next calendar month (if start day is not the first day of the month).
- Other substantive eligibility criteria not described above; please describe: _____

- 7. 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.

This election applies only to the Non-HMO plan: Annual Open Enrollment: Yes No

Annual Open Enrollment: Specify annual open enrollment period: The month of August for an October 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.

8. **This Section applies only to the HMO plan:** The Effective Date of Termination for a person who ceases to meet the definition of an Eligible Person:

- The last day of the calendar month in which such person ceases to meet the definition of an Eligible Person.
 Other (please specify): _____.

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

Temporary Layoff: 30 days Disability: 30 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.

10. **For the HMO Plan:**

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

Of the Employer: 310 Illinois Employees: 310 National Employees: _____

11. **FUNDING ARRANGEMENT:** Standard Premium – Prospective Cost Plus Program

12. **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.)

13. **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 25%, and at least a 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 25% minimum Employer contribution is met and at least 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 25% of the Eligible Persons, and for Family Coverage 75% of the Eligible Persons with eligible Dependents, have enrolled for coverage.

14. Essential Health Benefits (“EHB”) Definition Election:

Employer elects EHBs based on the Illinois benchmark.

STANDARD PREMIUM RATES

Yes **No**

	<i>For Internal Use Only - Blue StarSM</i> <i>Ben. Agree#:</i> <u>0021</u> <u>071855</u>	<i>For Internal Use Only - Blue Star</i> <i>Ben. Agree#:</i> <u>0018</u> <u>P71855</u>	<i>For Internal Use Only - Blue Star</i> <i>Ben. Agree#:</i> <u>0019</u> <u>B57096</u>	<i>For Internal Use Only - Blue Star</i> <i>Ben. Agree#:</i> <u>0020</u> <u>H57096</u>	<i>For Internal Use Only - Blue Star</i> <i>Ben. Agree#:</i> _____	Total
1. Employee only:	\$ <u>39.61</u>	\$ <u>775.11</u>	\$ <u>589.09</u>	\$ <u>596.84</u>	\$ _____	\$ _____
2. Employee plus one Dependent (i.e. Employee plus one spouse or one child):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. Employee plus two or more Dependents:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Employee plus Spouse:	\$ <u>87.43</u>	\$ <u>1,584.73</u>	\$ <u>1,204.39</u>	\$ <u>1,220.25</u>	\$ _____	\$ _____
5. Employee plus Child(ren) (i.e. Employee plus one or more children):	\$ <u>83.91</u>	\$ <u>1,520.74</u>	\$ <u>1,155.77</u>	\$ <u>1,170.98</u>	\$ _____	\$ _____
6. Employee plus Family / Family:	\$ <u>129.80</u>	\$ <u>2,352.88</u>	\$ <u>1,788.19</u>	\$ <u>1,811.72</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>658.72</u>	\$ <u>500.63</u>	\$ <u>507.23</u>	\$ _____	\$ _____
Family Coverage:	\$ _____	\$ <u>1,317.45</u>	\$ <u>1,001.27</u>	\$ <u>1,014.44</u>	\$ _____	\$ _____

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 or more dependents.
- Blue Advantage HMO: \$_____ Per month per single Enrollee; or \$_____ Per Month per Enrollee with one or more dependents.

c) HMO Managed Care Fee: \$_____ per HMO enrollee per month.

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**) 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

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): _____

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:

3 months 6 months 9 months 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.

For Cost Plus plans, Effective Date of Termination for a person who ceases to meet the definition of 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 an Eligible Person.
- Other (please specify): _____

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 Enrollee per month.

HMO Pharmacy Network (Select one):

- Traditional Select Network
- Network shown on PBM Fee Schedule Exhibit

PPO Pharmacy Network (Select one):

- Advantage Network
- Preferred Network
- Network shown on PBM Fee Schedule Exhibit

PPO Drug List: [Select Drug List]; **Other (please specify):** _____

Prescription Drug Program Clinical Management Programs

- | | |
|--|---|
| <input type="checkbox"/> Medication Therapy Management (MTM) (Retrospective) (HMO) | <input type="checkbox"/> Fee: \$_____ per member per month for administration of the program. |
| <input type="checkbox"/> Medication Therapy Management (MTM) (Retrospective) (PPO) | <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Group Number(s): _____	
<input type="checkbox"/> % of ADP Savings: _____%	
<input type="checkbox"/> \$ Per Employee per Month: \$_____	
<i>Please complete for groups with multiple products (for example, Comprehensive Major Medical and PPO) with separate access fees:</i>	
Group Number(s): _____	
<input type="checkbox"/> % of ADP Savings: _____%	
<input type="checkbox"/> \$ Per Employee per Month: \$_____	

Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.

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. 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.

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.

The undersigned representative acknowledges that the Employee Retirement Income Security Act of 1974, as amended, ("ERISA") 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.

The Rebate Credit is a per Covered Employee per month (or, for the HMO plan, per Enrollee 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:

- (a) **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 (25%) of any recovered amounts, other than recovery amounts received as a result of, or associated with, any Workers' Compensation Law.

- (b) **Third Party Recovery Vendors and Law Firms Provisions (other than Reimbursement Services):** BCBSIL engages with third party recovery vendors and law firms on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers.
- (c) **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.
- (d) **BlueEdge FSASM (Vendor: Select Vendor) purchased:** Yes No
- (e) **BlueCare Dental HMO Coverage purchased:** Yes No (If yes, complete separate application.)
- (f) **Life or Disability purchased:** Yes No (If yes, complete separate application.)
- (g) **Excess Loss Coverage purchased:** Yes No (If yes, complete separate application.)
- (h) **Blue Directions for Large BusinessSM purchased:** Yes No (if yes, The Blue DirectionsSM Addendum is attached and made a part of the Policy.)
- (i) **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.
- (j) **Massachusetts Health Care Reform Act:** Notwithstanding anything to the contrary in this BPA, with respect to the Employer’s Employees who live in Massachusetts (if any) the Employer represents that it offers the health insurance benefits provided for herein to all full-time Employees, and the Employer will not make a smaller premium contribution percentage to a full-time Employee living in Massachusetts than to any other full-time Employee living in Massachusetts who receives an equal or greater total hourly or annual salary. For purposes of this representation, a “full-time employee” is defined by Massachusetts law, generally an Employee who is scheduled or expected to work at least the equivalent of an average of thirty-five (35) hours per week.
- (k) **Wellbeing Management:** The undersigned representative authorizes provision of alternative benefits for services rendered to Covered Persons in accordance with the provisions of the Policy.

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 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 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 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 Employee Retirement Income Security Act) (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 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 do 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 Dependent” rate structure means “Employee plus one spouse (includes Civil Union partner and/or, if elected, Domestic Partner) or one child.”

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

All Illinois State and Federal Mandate apply

Cancel timing rule will remain end of the month.

Effective 10.1.2021, all outpatient psychiatric services rendered in an outpatient setting will be subject to deductible and coinsurance like any other outpatient service.

October 1st, 2021, the client will be offered a one-time wellness credit, and the language is: Wellness Credit: BCBSIL will provide a one-time wellness credit of \$20,000 for the twelve-month period beginning on the Contract Effective Date, (October 1st, 2021) to be used to cover costs and expenses associated with implementation and/or operation of a wellness program. If Employer cancels coverage before expiration of the policy period, Employer will be required to refund BCBSIL the full amount of the wellness credit.

Kevin R. Owen

Sales Representative

822

630-824-5134

District

Phone No.

Renee Formell

Producer Representative

Signature of Producer Representative

Mesirow Insurance Services, Inc.

Producer Firm

353 N. Clark Street, Chicago, IL 60654

Producer Address

000621500

Producer Number

36-3429604

Producer Tax ID No.

Signature of Authorized Purchaser

Title

Date

Witness

\$ _____ Amount Submitted (not required for renewals)

PROXY

The undersigned hereby appoints the Board of Directors of Health Care Service Corporation, a Mutual Legal Reserve Company, or any successor thereof ("HCSC"), 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 30 nor more than 60 days prior to such meetings. This proxy shall remain in effect until revoked either in writing by the undersigned at least 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): 071855,
P71855,
B57096,
H57096

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



June 1, 2021

MS. ANGELA ARRIGO
VILLAGE OF TINLEY PARK
16250 OAK PARK AVE
TINLEY PARK, IL 60477-1628

DEAR MS. ANGELA ARRIGO:

Thank you for choosing VSP® Vision Care — and for your continued business. Putting your employees first and guaranteeing their satisfaction is easy, when we have partners like you.

As the only national not-for-profit vision company, we're committed to giving your employees:

- **Lowest employee out-of-pocket costs** — employees' #1 priority in a vision plan.
- **Exclusive Member Extras.** offers you won't find anywhere else — only VSP members can save more than \$2,500 on vision, hearing, medical, and lifestyle services.
- **World class service** — the highest customer satisfaction in the industry, 15 years in a row.

Your VSP plan automatically renews on **October 1, 2021** and **no action is required** to continue to receive consumers' #1 choice in vision care.

Group Name/Number:	VILLAGE OF TINLEY PARK / 30061452
Renewal Period:	October 1, 2021 - September 30, 2023
Current Plan Frequency:	12 / 12 / 12
Current Copay:	\$10 Exam / \$25 Materials
Current Allowance:	\$130.00 Retail Frame / \$130.00 Elective Contact Lenses
Current Rates:	\$8.18 / 13.09 / 13.36 / 21.55
Renewal Rates:	\$8.47 / 13.55 / 13.83 / 22.30
Current Plan Frequency:	12 / 12 / 24
Current Copay:	\$10 Exam / \$25 Materials
Current Allowance:	\$180.00 Retail Frame / \$180.00 Elective Contact Lenses
Current Rates:	\$11.18 / 17.90 / 18.27 / 29.45
Renewal Rates:	\$11.68 / 18.69 / 19.08 / 30.77

Rates include all applicable taxes and health assessment fees known as of the date of your renewal.

Please let me know if you have any questions about your VSP plan or would like to see additional options to enhance your benefit or lower your premium. Please contact me at the number below and I can assist you.

Thank you,

Kevin Wickenkamp (800) 852-7600

cc: RENEE FORMELL SHEAHAN
MESIROW INSURANCE SERVICES, IN
353 N CLARK ST STE 1100
CHICAGO, IL 60654-3454

Central Team



Interoffice Memo

Date: August 9, 2021
To: David Niemeyer – Village Manager
From: John Urbanski – Public Works Director
Subject: Purchase Request – PD Simulcast Radio Upgrade Phase #2

Presented for the Committee of the Whole/Village Board Meeting consideration and possible action:

Description: As a main operational function of the Police Department's activities, the radio system receives annual maintenance checks. In response to an increase of "issues" compared to our standard of reliability for a system our size (over 90,000 transmissions per year at 98% reliability), staff requested an updated review and recommendation.

In response to findings, research to better improve the system coverage and operation for improved inbuilding coverage throughout the Village led staff to engineer a multi-site (simulcast) system operation. In conjunction with the findings of the system analysis along with improvements in technology, it was this recommendation that would assist with increased coverage and reduce some of the issues previously experienced within the Village. Currently, the radio system transmits to dispatch from a single site when field operations occur. This limits the potential of the system and signal. A simulcast system allows multiple transmitters at multiple locations, therefore creating a larger coverage footprint. This upgrade allows for a (3) site simulcast system that will allow migration to P25 VHF operation (digital) and upgrade and (8) receiver sites in (10) existing locations and (1) new location (Post #1).

Continuing the phased approach of improvements and respective of COVID-19 reductions, staff recommends purchasing the remaining equipment for Phase 2 of the system. This phase includes purchase of remaining necessary equipment (network gear, multiplex equipment, multicoupler equipment, UPS) and labor for installation of entire system as proposed in both phases. It is the recommendation of staff that the Village Board approve a purchase with On Site Communications (local vendor) for the remaining equipment and installation by Municipal Services Consulting (MSC) to our simulcast upgrade as reflected in the attached proposal of \$247,980.

Staff Direction Request:

1. Approve Purchase Order for Phase 2 equipment purchase with OnSite Communications and Municipal Services Consulting, in the amount of \$247,980 for simulcast equipment at a total of eleven (11) sites as requested and approved in the FY22 budget.
2. Direct Staff as necessary.

Attachment:

1. Municipal Services Consulting Proposal
2. On-Site Communications Proposal



Interoffice Memo

Date: August 10, 2021

To: David Niemeyer, Village Manager
Pat Carr, Assistant Village Manager

From: Terry Lusby, Jr., Facilities & Fleet Superintendent

Subject: Approve Job Order Contract (JOC) With Gordian/Robe For Public Safety Building/911 Center Air Handler/Condensing Unit Replacement

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

Description:

We are requesting authorization to replace the existing air handler and condensing unit at the Public Safety Building/911 Center utilizing the Job Order Contracting (JOC) procurement method. Robe is the awarded general contractor that will perform the work under an existing cooperative contract through the City of Naperville, this contract is for usage by other jurisdictions within Illinois pursuant to 30 ILCS 525 (Procurement #11-082). This contract can be utilized to quickly order repair or alteration construction services under an existing contract through the State of Illinois that satisfies the requirement for competitive bidding. Also, since JOC is administered by a general contractor (Robe), adequate coverage is consistently maintained on bonding and insurance requirements. Robe is also responsible for all aspects of contract administration, acceptance, and closeout.

Background:

The existing air handler unit is approximately 23 years old, the condensing unit approximately 12 years old; both have experienced several failures in the past years. The existing evaporator coil has had several leaks repaired and continues to spring refrigerant leaks. Also, this unit uses R-22 refrigerant which costs \$55.00 per pound and going up every year. R-22 is no longer being manufactured due the US Environmental Protection Agency deeming it illegal in the United States because of its harmful effects on the ozone layer. The units have reached its life expectancy and should be updated for overall energy efficiency.

Budget/Finance:

Funding is budgeted and available in the approved FY22 Capital Projects Budget.

Budget Available	\$264,000
<u>Contract Amount</u>	<u>\$256,797</u>
Difference – UNDER BUDGET	\$7,203

Recommendation:

1. Approve the JOC service contract for Public Safety/911 Center Air Handler/ Condensing Unit Replacement Project with Gordian/Robe, of Chicago, IL as estimated in the following amount: \$256,797.
2. Direct staff as necessary.

Attachments:

1. Gordian/Robe proposal and detailed scope of work.





Interoffice Memo

Date: August 10, 2021

To: Committee of the Whole

From: Donna Framke, Marketing Director

Subject: Presentaion of Tinley Park Tourism Marketing Plan

I will be presenting a Tinley Park-specific tourism marketing plan at the August 17, 2021 Committee of the Whole meeting.

**PUBLIC
COMMENT**

ADJOURNMENT