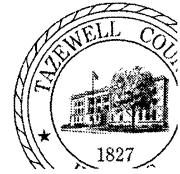


# Tazewell County Board

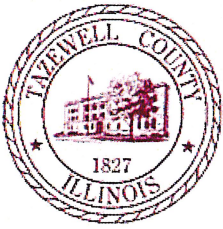
Wednesday, October 26, 2022

David Zimmerman, Chairman of the Board

Michael Harris, Vice-Chairman of the Board



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# TAZEWELL COUNTY BOARD

James Carius Community Room  
Wednesday, October 26, 2022 - 6:00 p.m.

David Zimmerman - Chairman of the Board  
Michael Harris - Vice Chairman of the Board

- A. Roll Call
- B. Invocation and Pledge of Allegiance
- C. Proclamation: Hopedale Medical Complex
- D. Communications from members of the public and county employees
- E. Communications from elected and appointed county officials
- F. Approve the minutes of the September 28, 2022 County Board Proceedings
- G. **In-Place Finance Committee Meeting**
- H. **In-Place Human Resources Committee Meeting**
- I. Consent Agenda:

## **Health Services:**

- HS-22-24 1. Approve rabies registration fee increase

## **Finance:**

- F-22-34 2. Approve renewal agreement with Zobrio for accounting software
- F-22-36 3. Approve transfer request for the Veterans Assistance Commission
- F-22-35 4. Approve pay increase for Election Judges
- F-22-37 5. Approve budget transfer for the Veterans Assistance Commission  
**Upon approval of In-Place meeting**
- F-22-33 6. Approve lease agreement for office space for the VAC and budget transfer for rent  
**Upon approval of In-Place meeting**

**Human Resources:**

- HR-22-20     7.     Approve agreement with VSP for optical services  
**Upon approval of In-Place meeting**
- HR-22-17     8.     Approve revision in FY23 Insurance Premiums  
**Upon approval of In-Place meeting**
- HR-22-19     9.     Approve FY23 COBRA rates  
**Upon approval of In-Place meeting**

**Risk Management:**

- RM-22-06     10.    Approve Release and Settlement Agreement
- RM-22-05     11.    Approve a Stop Loss Carrier as recommended by the Third Party Administrator for the County's Health Plan

**Executive:**

- E-22-102     12.    Approve 4<sup>th</sup> quarter payment to the Greater Peoria Economic Development Council
- E-22-100     13.    Approve County Delinquent Tax Sale Resolution

**Appointments and Reappointments**

- E-22-101             a.    Reappointment of Jeffrey Keyser to the Mackinaw Valley Water Authority
- E-22-104             b.    Reappointment of Don Taylor to the East Peoria Drainage and Levee District
- J.            Unfinished Business
- K.            New Business
- L.            Review of approved bills
- M.            Approve the November 2022 Calendar of Meetings
- N.            Recess to November 16, 2022

## Proclamation

### Tazewell County, Illinois

**WHEREAS**, the Hopedale Medical Complex was dedicated in 1955 with a 20 bed hospital in rural Hopedale, Illinois; and

**WHEREAS**, their facility now offers the same services as many larger hospitals in the area including many of the new innovative technologies needed for modern medicine; and

**WHEREAS**, the HMC has expanded to offer satellite offices in surrounding rural communities; and

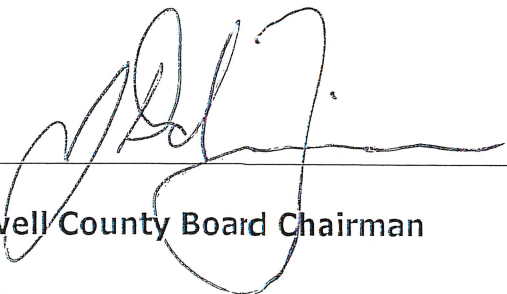
**WHEREAS**, the National Rural Health Association included HMC in the top twenty of critical access hospitals in 2022; and

**WHEREAS**, the dedicated staff donates thousands of volunteers every year to a variety of important causes throughout local communities as they are committed to playing an active role in the community; and

**WHEREAS**, this year marks the 67<sup>th</sup> anniversary of the founding of the Hopedale Medical Complex.

**NOW THEREFORE**, We, the Tazewell County Board, offer our congratulations and recognizes the achievements of this organization and their value to our communities.

**PASSED THIS 26<sup>TH</sup> DAY OF OCTOBER, 2022.**

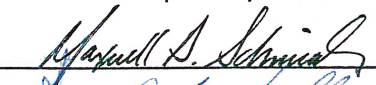
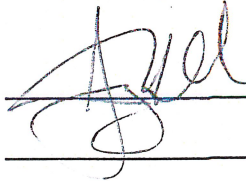
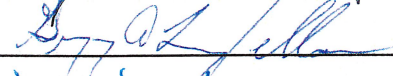

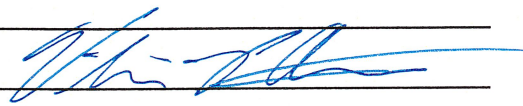
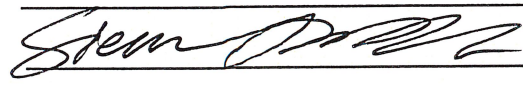


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Tazewell County Board Chairman

Mr. Chairman and Members of the Tazewell County Board:

Your Health Services Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

**RESOLUTION**

WHEREAS, the County's Health Services Committee recommends to the County Board to approve an increase of the rabies registration fee under 510 ILCS 5/3 - the Illinois Animal Control Act; and

WHEREAS, the Tazewell County Animal Control Rabies Registration fees will change as follows:

Altered Dogs and Cats:

- One year registration will increase from \$12.00 to \$16.00
- Three year registration will increase from \$28.00 to \$42.00

Intact Dogs and Cats:

- One year registration will increase from \$22.00 to \$33.00
- Three year registration for an intact animal will increase from \$50.00 to \$75.00

WHEREAS, the fee for an intact dog or cat under the age of 1 year will be at the same rate as an altered dog or cat as the recommended age for sterilization is between five and nine months; and

WHEREAS, the increase in fees allows the County to impose the minimum differential of \$10.00 for intact animals as required by state statute while promoting a healthier pet community.

THEREFORE BE IT RESOLVED that the Tazewell County Board approve this agreement.

BE IT FURTHER RESOLVED that the County Clerk notify the County Board Office, the Director of Animal & Rabies Control and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

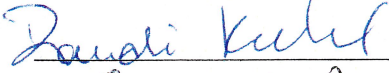

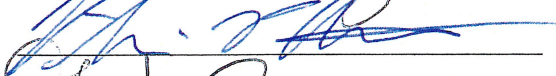
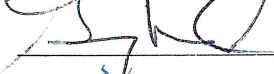
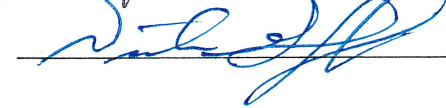
\_\_\_\_\_  
Tazewell County Clerk




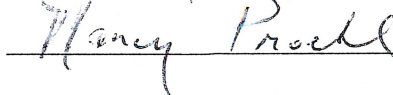
\_\_\_\_\_  
Tazewell County Board Chairman

**COMMITTEE REPORT**

Mr. Chairman and Members of the Tazewell County Board:

Your Finance Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

**RESOLUTION**

WHEREAS, the County's Finance Committee recommends to the County Board to accept the proposal from Zobrio for Abila MIP and Zobrio Cash Management renewal; and

WHEREAS, the payment terms are \$3,774 per month for service period December 01, 2022 through November 30, 2023.

THEREFORE BE IT RESOLVED that the County Board approve this renewal agreement.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, the County Administrator and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman



# Quotation

Page 1 of 2

St Louis Office  
 1741 South Big Bend Blvd  
 Saint Louis MO 63117  
 (800) 796-4984

**Date** 8/23/2022  
**Expires** 11/30/2022  
**Quotation #** QT18372

**Bill Terms**  
 Due on receipt of invoice

**Bill To**  
 Tazewell County Auditor  
 McKenzie Building  
 11 S 4th St Ste 120  
 Pekin IL 61554

**Ship To**  
 Tazewell County Auditor  
 McKenzie Building  
 11 S 4th St Ste 120  
 Pekin IL 61554

**Bill Schedule**  
 Due Upon Receipt of Invoice

Description	Quantity	Sales Price	Total
Abila MIP & Zobrio Cash Management Renewal 2022-2023			
Annual Subscription for Abila MIP Fund Accounting Modules and Users *Please note this is a 1 year agreement	12	2,874.00	34,488.00
General Ledger Accounts Payable Budget Management Data Import/Export Purchase Orders with Encumbrances Payroll Direct Deposit Accounts Receivable Billing and Reporting Bank Reconciliation Forms Designer eRequisitions Fixed Assets Human Resources (up to 500 active employees) Employee Web Services (up to 500 active employees) eRequisitions Users - 15 Named HR Users - 2 Additional Concurrent Users MIP Users - 12 Additional Concurrent Users			
15 User Zobrio Cash Management Annual Subscription (\$900 monthly) Zobrio Cash Management	12	900.00	10,800.00
Includes 1. Cash Balance Views 2. Bank Reconciliation for All Banks 3. Receipt Entry for All Remote Departments 4. Integration with MIP 5. Cash Balance of Remote Departments 6. Audit Trail 7. Credit Card Reconciliation			
Payment Terms: \$3,774 Due Monthly for the Next 12 Months			
Tazewell County, IL will pay all related: Time and Material Labor as they are incurred. All software subscriptions to be billed monthly.			
Service Period: December 1, 2022 through November 30, 2023			



# Quotation

Page 2 of 2

St Louis Office  
1741 South Big Bend Blvd  
Saint Louis MO 63117  
(800) 796-4984

**Date** 8/23/2022  
**Expires** 11/30/2022  
**Quotation #** QT18372

Description	Quantity	Sales Price	Total

Estimated Time and Materials - If required, professional services are billed as incurred based upon the actual hours. Actual hours may exceed the estimate.

**Total** \$45,288.00

Unless otherwise stated above, all Shipping and Handling charges will be invoiced in addition to the quoted amount.

All Reimbursable charges including but not limited to mileage, hotel, airfare, toll booths, meals, and other miscellaneous expenses will be invoiced in addition to the quoted amount.

Your signature indicates your acceptance of Zobrio, Inc. Standard Terms & Conditions dated April 1, 2021 located at <https://www.zobrio.com/tc> all of which are fully incorporated herein as if a part of this Agreement.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date



Mr. Chairman and Members of the Tazewell County Board:

Your Finance Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

*Kareem Khaled*  
 \_\_\_\_\_  
*Carroll Jones*  
 \_\_\_\_\_  
*[Signature]*  
 \_\_\_\_\_  
*[Signature]*  
 \_\_\_\_\_  
*[Signature]*  
 \_\_\_\_\_

*Sammy Spick Stinson*  
 \_\_\_\_\_  
*John Higgins*  
 \_\_\_\_\_  
*Raf Scortino*  
 \_\_\_\_\_  
*Nancy Proehl*  
 \_\_\_\_\_  
*[Signature]*  
 \_\_\_\_\_

**RESOLUTION**

WHEREAS, the Finance Committee recommends to the County Board to authorize the following transfer at the request of the Veterans Assistance Commission:

- Transfer \$4,000 from VA Contingency Line Item (230-550-5999) to Emergency Assistance Line Item (230-550-5280)

WHEREAS, the transfer of funds is needed to cover utility assistance for eligible veterans.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, the VAC, the Treasurer and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

**COMMITTEE REPORT**

F-22-35

Mr. Chairman and Members of the Tazewell County Board:

Your Finance Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

-----

**RESOLUTION**

WHEREAS, the County's Finance Committee recommends to the County Board to increase pay for Election Judges; and

WHEREAS, the single election pay will be increased from \$165 to \$200 effective immediately.

THEREFORE BE IT RESOLVED that the County Board approves this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

Vital Stats: (309) 477-2264  
Elections: (309) 477-2267  
Recorders: (309) 477-2210  
Print Shop:(309) 477-2733

**TAZEWELL COUNTY CLERK/RECORDER**

**JOHN C. ACKERMAN**

11 SOUTH 4<sup>TH</sup> STREET / SUITE 203 & 124 / PEKIN, IL 61554

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10/10/2022

I am asking the Tazewell County Board to move to pay rate for Tazewell County Election Judges from \$165 to \$200. The cost for this increase would be \$14,350 each election. This proposed Election Judge Pay Increase would take effect for the November 2022 Election and would be funded by existing approved 2022 Budget Limits and the increase is included in the proposed 2023 Budget.

When Tazewell County had 109 Precincts, the Election Judge Budget was \$92,650 for each election based on \$165 pay rate. Now Tazewell County has 82 Precincts and the Election Judge Budget is \$69,700 for each election based on \$165 pay rate. The savings from each election by moving from 109 precincts to 82 precincts is \$22,950.

As you can see from the information above, my request for this pay increase would use just over 60% of the savings from the Precinct Redistricting, with the remaining less than 40% reduced from the General Fund if this proposal is approved.

If this position was paid hourly, the current hourly rate would be \$11/hour. Under this pay increase, the hourly rate would be \$13.34. Minimum Wage would be \$13/hour in 2023.

Neighboring Counties

Peoria County: \$165  
Bureau County: \$175  
Fulton County: \$190  
Knox County: \$200  
LaSalle County: \$180  
Logan County: \$175  
Marshall County: \$175 Currently - \$200 Just Approved  
Mason County: \$225  
McLean County: \$200  
Putnam County: \$150  
Stark County: \$200  
Woodford County: \$188

Counties Our Size

Champaign County: 209,002 population - \$200

Sangamon County: 191,771 population - \$200

Peoria County: 174,856 population - \$165

McLean County: 168,838 population - \$200

Rock Island County: 139,653 population - \$175/\$265

Kendall County: 132,809 population - \$200

Tazewell County: 129,862 population - \$165

Sincerely,

John C. Ackerman

Tazewell County Clerk & Recorder of Deeds

Mr. Chairman and Members of the Tazewell County Board:

Your Finance Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**RESOLUTION**

WHEREAS, the Finance Committee recommends to the County Board to authorize the following budget transfer at the request of the Veterans Assistance Commission:

- Budget transfer \$400 from VA Contingency Line Item (230-550-5999) to Conference Registration Line Item (230-550-5400)

WHEREAS, the transfer of funds is needed for Veterans Service Officer training.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, the VAC, the Treasurer and the Auditor of this action.

PASSED THIS 26<sup>TH</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

**COMMITTEE REPORT**

F-22-33

Mr. Chairman and Members of the Tazewell County Board:

Your Finance Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

-----

**RESOLUTION**

WHEREAS, the Finance Committee recommends to the County Board to approve the attached Lease Agreement for office space for the Veterans Assistance Commission (VAC) ; and

WHEREAS, the VAC is currently located in the county owned Arcade/Monge building which is being vacated; and

WHEREAS, the Lease Agreement is for a one year period commencing December 15, 2022 with two one year options to renew; and

WHEREAS, a budget transfer of \$500 is being requested from VAC Contingency Line Item (230-550-5999) to VAC Rent Line Item (230-550-5360) for a first month deposit.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, the VAC, the Treasurer and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

# Commercial Net Lease for Part of Building

1. **Names.** This lease is made by CHARLES CURTIS, Landlord and \_\_\_\_\_, Tenant.

2. **Premises Being Leased.** Landlord is leasing to Tenant and Tenant is leasing from Landlord the following premises:  
335 COURT ST. PEKIN IL 61554

**Part of Building Only.** Specifically, Tenant is leasing the LOWER of the building.

**Shared Facilities.** As part of this lease, Tenant and Tenant's employees and customers may use the following additional facilities in common with other tenants, employees, and customers:

Parking spaces: \_\_\_\_\_.

Restroom facilities: \_\_\_\_\_.

Storage areas: \_\_\_\_\_.

Hallways, stairways, and elevators: \_\_\_\_\_.

Conference rooms: \_\_\_\_\_.

Other: NONE.

3. **Term of Lease.** This lease begins on 12-15-22 and ends on 12-14-23.

4. **Rent.** Tenant will pay rent in advance on the 1ST day of each month. Tenant's first rent payment will be on 1-1-23 in the amount of \$ 500. Tenant will pay rent of \$ 500 per month thereafter.

Tenant will pay this rental amount for the entire term of the lease.

Rent will increase each year, on the anniversary of the starting date in paragraph 3, as follows:

## 5. Option to Extend Lease

**First Option.** Landlord grants Tenant the option to extend this lease for an additional 1 years. To exercise this option, Tenant must give Landlord written notice on or before 12-1-23. Tenant may exercise this option only if Tenant is in substantial compliance with the terms of this lease. Tenant will lease the premises on the same terms as in this lease except as follows:

Second Option. If Tenant exercises the option granted above, Tenant will then have the option to extend this lease for 1 years beyond the first option period. To exercise this option, Tenant must give Landlord written notice on or before 12-1-24. Tenant may exercise this option only if Tenant is in substantial compliance with the terms of this lease. Tenant will lease the premises on the same terms as in this lease except as follows:

**6. Security Deposit.** Tenant has deposited \$ 500<sup>00</sup> with Landlord as security for Tenant's performance of this lease. Landlord will refund the full security deposit to Tenant within 30 days following the end of the lease if Tenant returns the premises to Landlord in good condition (except for reasonable wear and tear) and Tenant has paid Landlord all sums due under this lease. Otherwise, Landlord may deduct any amounts required to place the premises in good condition and to pay for any money owed to Landlord under the lease.

**7. Improvements by Landlord**

Before the lease term begins, Landlord (at Landlord's expense) will make the repairs and improvements listed in Attachment 1 to this contract.

Tenant accepts the premises in "as is" condition. Landlord need not provide any repairs or improvements before the lease term begins.

**8. Improvements by Tenant.** Tenant may make alterations and improvements to the premises after obtaining the Landlord's written consent. At any time before this lease ends, Tenant may remove any of Tenant's alterations and improvements, as long as Tenant repairs any damage caused by attaching the items to or removing them from the premises.

**9. Tenant's Use of Premises.** Tenant will use the premises for the following business purposes:  
OFFICES, NOT ALLOWED TO LIVE ON PROPERTY

Tenant may also use the premises for purposes reasonably related to the main use.

**10. Landlord's Representations.** Landlord represents that:

A. At the beginning of the lease term, the premises will be properly zoned for Tenant's stated use and will be in compliance with all applicable laws and regulations.

B. The premises have not been used for the storage or disposal of any toxic or hazardous substance, and Landlord has received no notice from any governmental authority concerning removal of any toxic or hazardous substance from the property.

**11. Utilities and Services.**

A. Separately Metered Utilities. Tenant will pay for the following utilities and services that are separately metered or billed to Tenant:

- Water
- Electricity
- Gas
- Heating Oil



- Trash Collection
- Other: WASTE WATER

B. Other Utilities. Tenant will pay 100 % of the following utilities and services that are not separately metered to Tenant:

- Water
- Electricity
- Gas
- Heating Oil
- Trash collection
- Other: WASTE WATER

*DUE DATE*

Tenant will pay for these utilities in monthly installments on or before the \_\_\_\_\_ day of each month, in advance, in an amount estimated by Landlord. Every 1 months, Landlord will give Tenant copies of the bills sent to Landlord. If Tenant's share of the actual costs for utilities and services exceeds the amount paid in advance by Tenant, Tenant will pay Landlord the difference within 30 days. If Tenant has paid more than Tenant's share of the actual costs, Tenant will receive a credit for the overage, which will be applied to reduce the next installments due from Tenant.

**12. Maintenance and Repair of Common Areas.** Landlord will maintain and make all necessary repairs to the common areas of the building and adjacent premises and keep these areas safe and free of trash. This includes:

- On-site parking areas
- Off-site parking areas
- Restroom facilities
- Storage areas
- Hallways, stairways, and elevators
- Conference rooms
- Sidewalks and driveways
- Other: NONE

Tenant will pay Landlord \_\_\_\_\_% of the cost of such maintenance and repairs. Tenant will pay these amounts in monthly installments on or before the \_\_\_\_\_ day of each month, in advance, in an amount estimated by Landlord. Within 90 days after the end of each lease year, Landlord will give Tenant a statement of the actual amount of Tenant's share of such costs for such period. If Tenant's share of the actual costs exceeds the amount paid in advance by Tenant, Tenant will pay Landlord the difference within 30 days. If Tenant has paid more than Tenant's share of the actual costs, Tenant will receive a credit for the overage, which will be applied to reduce the next installments due from Tenant.

**13. Maintenance and Repair of Leased Premises.** Landlord will maintain and make all necessary repairs to the following parts of the building in which the leased premises are located:

- Roof
- Foundation and structural components
- Exterior walls
- Interior common walls
- Exterior doors and windows

- Plumbing system
- Sewage disposal system
- Electrical system
- Heating, ventilating, and air-conditioning systems
- Sprinkler system
- Other: \_\_\_\_\_

Tenant will maintain and repair the leased premises and keep the leased premises in good repair except for those items specified above as being Landlord's responsibility.

**14. Insurance**

- A. Landlord will carry fire and extended coverage insurance on the building. Tenant will pay Tenant's proportionate share (0%) of such insurance within ten days after receiving a statement from Landlord as to the cost.
- B. Tenant will carry public liability insurance, which will include Landlord as a party insured. The public liability coverage for personal injury will be primary to any insurance maintained by landlord, and in at least the following amounts:
  - \$ 0 per occurrence.
  - \$ 0 in any one year.
- C. Landlord and Tenant release each other from any liability to the other for any property loss, property damage, or personal injury to the extent covered by insurance carried by the party suffering the loss, damage, or injury.
- D. Tenant will give Landlord a copy of all insurance policies that this lease requires Tenant to obtain.

**15. Taxes**

- A. Tenant will pay 0% of all taxes and assessments that may be levied or assessed against the building and the land for the period of the lease. Tenant will pay these taxes and assessments in monthly installments on or before the 0 day of each month, in advance, in an amount estimated by Landlord. Landlord will give Tenant copies of the tax bills and assessments as Landlord receives them. If Tenant's share of the actual taxes and assessments exceeds the amount paid in advance by Tenant, Tenant will pay Landlord the difference within 30 days. If Tenant has paid more than Tenant's share of the actual taxes and assessment, Tenant will receive a credit for the overage, which will be applied to reduce the next installments due from Tenant. Taxes and assessments to be paid by Tenant will be prorated on a due date basis and will be assumed to cover a period of one year from the due date.
- B. Tenant will pay all personal property taxes levied and assessed against Tenant's personal property.

**16. Subletting and Assignment.** Tenant will not assign this lease or sublet any part of the premises without the written consent of Landlord. Landlord will not unreasonably withhold such consent.

**17. Damage to Premises**

- A. If the premises are damaged through fire or other cause not the fault of Tenant, Tenant will owe no rent for any period during which Tenant is substantially deprived of the use of the premises.
- B. If Tenant is substantially deprived of the use of the premises for more than 90 days because of such damage, Tenant may terminate this lease by delivering written notice of termination to Landlord.

**18. Notice of Default.** Before starting a legal action to recover possession of the premises based on Tenant's default, Landlord will notify Tenant in writing of the default. Landlord will take legal action only if Tenant does not correct the default within ten days after written notice is given or mailed to Tenant.

**19. Quiet Enjoyment.** As long as Tenant is not in default under the terms of this lease, Tenant will have the right to occupy the premises peacefully and without interference. Tenant acknowledges that it must conduct itself so as not to interfere with other tenants' rights to quiet enjoyment.

**20. Eminent Domain.** This lease will become void if any part of the leased premises or the building in which the leased premises are located are taken by eminent domain. Tenant has the right to receive and keep any amount of money that the agency taking the premises by eminent domain pays for the value of Tenant's lease, its loss of business, and for moving and relocation expenses.

**21. Holding Over.** If Tenant remains in possession after this lease ends, the continuing tenancy will be from month to month.

**22. Disputes**

Litigation. If a dispute arises, either party may take the matter to court.

Mediation and Possible Litigation. If a dispute arises, the parties will try in good faith to settle it through mediation conducted by

\_\_\_\_\_

a mediator to be mutually selected.

The parties will share the costs of the mediator equally. Each party will cooperate fully and fairly with the mediator and will attempt to reach a mutually satisfactory compromise to the dispute. If the dispute is not resolved within 30 days after it is referred to the mediator, either party may take the matter to court.

Mediation and Possible Arbitration. If a dispute arises, the parties will try in good faith to settle it through mediation conducted by

\_\_\_\_\_

a mediator to be mutually selected.

The parties will share the costs of the mediator equally. Each party will cooperate fully and fairly with the mediator and will attempt to reach a mutually satisfactory compromise to the dispute. If the dispute is not resolved within 30 days after it is referred to the mediator, it will be arbitrated by

\_\_\_\_\_

an arbitrator to be mutually selected.

Judgment on the arbitration award may be entered in any court that has jurisdiction over the matter.

Costs of arbitration, including lawyers' fees, will be allocated by the arbitrator.

Landlord need not participate in mediation or arbitration of a dispute unless Tenant has paid the rent called for by this lease or has placed any unpaid rent in escrow with an agreed upon mediator or arbitrator.

**23. Additional Agreements.** Landlord and Tenant additionally agree that:

REPAIRS ROOF, AC + FURNACE, CEILING, BATHROOM,  
CARPETS SHAMPOOED, BEFORE MOVING IN. DONE BY LANDLORD,

ONLY RENTING LOWER PART OF BUILDING -

**24. Entire Agreement.** This is the entire agreement between the parties. It replaces and supersedes any and all oral agreements between the parties, as well as any prior writings.

**25. Successors and Assignees.** This lease binds and benefits the heirs, successors, and assignees of the parties.

26. **Notices.** All notices must be in writing. A notice may be delivered to a party at the address that follows a party's signature or to a new address that a party designates in writing. A notice may be delivered:

- in person
- via email, at the addresses provided below
- by certified mail, or
- by overnight courier.

27. **Governing Law.** This lease will be governed by and construed in accordance with the laws of the state of ILLINOIS.

28. **Counterparts.** The parties may sign several identical counterparts of this lease. Any fully signed counterpart shall be treated as an original.

29. **Modification.** This lease may be modified only by a writing signed by the party against whom such modification is sought to be enforced.

30. **Waiver.** If one party waives any term or provision of this lease at any time, that waiver will be effective only for the specific instance and specific purpose for which the waiver was given. If either party fails to exercise or delays exercising any of its rights or remedies under this lease, that party retains the right to enforce that term or provision at a later time.

31. **Severability.** If any court determines that any provision of this lease is invalid or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this lease invalid or unenforceable, and shall be modified, amended, or limited only to the extent necessary to render it valid and enforceable.

Dated: 10 - 22

**LANDLORD**

Name of Business: \_\_\_\_\_

at 335 COURT ST,  
PEKIN IL 61554

By: \_\_\_\_\_

Printed Name: CHARLES CURTO

Title: OWNER

Address: 15875 RED SHALE HILL

Email: PEKIN IL 61554

**TENANT**

Name of Business: \_\_\_\_\_

at \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

GUARANTOR

Cell: 309 241-7765

By signing this lease, I personally guarantee the performance of all financial obligations of \_\_\_\_\_ under this lease.

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**COMMITTEE REPORT**

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

-----  
**RESOLUTION**

WHEREAS, the County’s Human Resources Committee recommends to County Board to approve the attached agreement with VSP for vision insurance; and

WHEREAS, County is currently self funded for optical coverage and this agreement will move the optical coverage to fully insured; and

WHEREAS, options will be provided for employees to cover qualified dependents.

THEREFORE BE IT RESOLVED by the County Board this recommendation be approved.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources, Treasurer and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

# APPLICATION FOR VISION CARE PLAN



Attn: Sales  
 3333 Quality Drive  
 Rancho Cordova, CA 95670  
 (800) 216-6248

Complete all applicable questions accurately and in detail.

## CLIENT INFORMATION

1 Full legal name of client as it will appear on the policy: Tazewell County

Address: 11 South 4<sup>th</sup> Street

City: Pekin County: Tazewell State: IL ZIP: 61554

Phone: 309-478-5813 Fax: 309-478-5614

Principal Contact: Angela Hutton Title: Human Resources Director

Phone: 309-478-5917 Fax: 309-478-5614 E-mail: ahutton@tazewell-il.gov

Client is headquartered in state of *IL* (if different state from section 1, provide physical address for client in this state)

Address:

City: County: State: ZIP:

2 Who should we contact with payment questions?

Name: Hannah Clark / Elizabeth Gordon

Title: County Treasurer / Chief Deputy Collector

Phone: 309-478-5985 / 309-478-5977 Fax: 309-347-4621

E-mail: hclark@tazewell-il.gov / egordon@tazewell-il.gov

3a Who should we contact with eligibility questions?

Name: Angela Hutton / Roger Workheiser

Title: HR Director / HR Generalist

Phone: 309-478-5917 / 309-478-5934 Fax: 309-478-5614

E-mail: ahutton@tazewell-il.gov / rworkheiser@tazewell-il.gov

3b Does your broker need access to view/manage/update your eligibility?

yes  no

Name:

Title:

Phone:

Fax:

E-mail:

4 Who is the Benefit Administrator responsible for the overall administration of the plan (if not Principal Contact)?

Name:

Title:

Phone:

Fax:

E-mail:

*If multiple benefits administrators are at other locations, attach names, addresses, emails, phone, and fax numbers.*

5 What is the nature/type of your business? government - county

What is the DUNS number?

6 Membership information will be sent to VSP via:  Electronic Transfers  Online Eligibility Management

If electronic transfer reporting OR if a third party will handle your eligibility, please provide Third Party Administrator Information. Firm:

Contact:

Title:

Address:

City:

County:

State:

ZIP:

Phone:

Fax:

E-mail:

In conjunction with health plan industry practices when providing electronic eligibility, VSP requests clients to send dependent eligibility information to VSP. This would include providing the covered dependent's full name, date of birth, and relationship to the employee/member. Dependents will be reported as a dependent under the employee's ID number.

Will dependent information be sent to VSP for eligibility purposes?  yes  no

If no, please explain:

*Employers without Internet access for making membership updates will be contacted by VSP to review other options.*

7a Is a COBRA division required?  yes  no

7b Names of additional divisions that require separate billing:

Address of additional divisions if applicable. **IMPORTANT:** Separate divisions will be billed on separate invoices  
(If multiple divisions are needed, attach list of division names, contact names, address, email, phone, and fax numbers):

Billing address (if different than Client address):

City:

County:

State:

ZIP:

Phone:

Fax:

E-mail:

If Self-Funded Program, do claims billings and administrative fee billings go to the same person?  yes  no

If no, please supply contact, title, address, phone, and fax number for each type of billing.

8 Number of employees eligible for benefits:

Does this represent the total number of employees in the company?  yes  no  total number:

Do you have an employee population outside of the US?  yes  no If yes, what country:

Do you provide benefits to your retiree population?  yes  no

9 Dependents: Eligible dependents are the covered employee's spouse and dependent children until the end of the month that they reach their [26] birthday, or the end of the month that they reach their [ ] birthday, if attending school full time. (Includes an unmarried child if incapable of self-support because of physical or mental incapacity that commenced prior to reaching the above age)

Dependents other than employee's spouse & children:

domestic partners (all)

domestic partner's children

domestic partners (same sex only)

parents (IRS qualified)

## POLICY DETAILS

*The rates listed must support the plan design and benefit selected and must meet all eligibility requirements. Please refer to your VSP-provided rate sheet for details or contact your VSP Account Executive. Any discrepancies may preclude acceptance by VSP.*

10 Benefit Year (select one):

Service Year (from last date of service)

Calendar Year (**IMPORTANT:** only available if policy effective date and renewal date is January 1<sup>st</sup>)

11 Plan Type (select one):

Signature Plan

Choice Plan

Exam Plus

Exam Plus w/ Allowances

12 Is vision benefit:  Core  Voluntary  Packaged with medical and/or dental

If **Voluntary** (vision is included as a stand-alone menu item in a list of benefits to choose from.):  
 Employer contribution percentage: for employee: 100% for dependent: 100%  
 Voluntary Participation Structure: \*A minimum number of enrolled employees may apply.  
 Exam w/Voluntary Materials\*  Voluntary Pool 0-24% employer contribution\*  
 Voluntary Pool 25% or more employer contribution\*  Core Employee/Voluntary Dependent Coverage\*

If **Core Plus Options** (group provides a basic level of vision coverage to all employees with an option for the employee to buy up or enhance the benefit):  
 Employer contribution percentage: for employee: % for dependent: %

If **Packaged** vision is tied to which of the following benefits:  medical  dental

13 Plan Frequency of Service (select one):  
 A (12/24/24 - not available on a voluntary basis)  B (12/12/24)  C (12/12/12)  
 Other:

Copayment:

Total co-payment: \$0 (applies to exam and eyewear)  
 or  
 Split co-payment: \$ exam / \$ eyewear

14 a Elective Contact Lens Allowance:  \$120  \$130  \$140  \$150  \$180  \$200  \$225  \$250  
 Retail Frame Allowance:  \$120  \$130  \$140  \$150  \$180  \$200  \$225  \$250

Enhanced Featured Frame Additional \$50 Allowance

14 b Lens Enhancements:  yes  no  
 Scratch Coating  Anti-Reflective Coating  Progressive Lenses  
 Photochromic / Tint  Polycarbonate Lenses for Adults

14 c Specialty Care: yes  no   
 Covered Contact Lenses  ProTec Safety  
 Second Pair of Glasses  Computer Vision Care  
 Vision Therapy  Preferred Laser VisionCare (available on a self-funded basis only to clients with 200+ enrolled employees)  
 LightCare

15 Requested effective date (*The effective date should not precede the date VSP receives this application.*)  
 This policy will become effective on the first day of [ Dec ] (month) [ 2022 ] (year), provided that all of the following has been completed prior to this effective date:  
 A. VSP has received and accepted this application.  
 B. VSP has received and accepted membership, including the required information of all employees that will be covered under this policy showing name, member ID, and dependents, if applicable.

16 Schedule A Information: Fiscal Year [ 2022 ] through [ 2023 ].  
 Schedule A will be sent to the person named as the principal contact. A copy of the report may also be sent to your broker and/or your third party administrator.

17 Do you currently have vision coverage:  yes  no If yes, current vision plan carrier: self-funded (IPMG)  
 If current carrier is VSP, please provide client name:

18 Fully-insured programs:  
 Rates \$ 10.35/20.70/22.14/35.38  
**IMPORTANT: Sold rates are required to process this application**

19 Self-insured programs Administrative Fee:  
 Administrative fee: or Percentage of claims: %



# AGREEMENT

The undersigned client hereby applies for vision care coverage through VSP. It is understood that:

- A. All future employees will be covered when they become eligible or offered VSP coverage if voluntary.
- B. Coverage will terminate for an employee on the effective date indicated by the client.
- C. Member past service for clients previously covered by VSP will carry over and remain in force.
- D. Any non-VSP-created information outlining coverage or plan details must be reviewed by VSP prior to distribution to members.
- E. This agreement will continue in force 36 months from the effective date. Rates are based on the assumption that VSP will receive these amounts over the full plan term.

This application signed this [       ] (day) of [       ] (month) of [       ] (year).

Firm/Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

*Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.*

## BROKER / CONSULTANT

The broker/consultant indicated below is hereby designated Broker of Record by the above signed employer.

Broker of Record Legal Firm Name:

Address:

City:

County:

State:

ZIP:

Licensed Producer's Name:

Title:

Phone:

Fax:

E-mail:

Additional contact name:

Phone:

E-mail:

This application signed this [ ] (day) of [ ] (month) of [ ] (year).

Signature of state-licensed agent:

Agent License #:

Agent NPN #

*Please include a copy of agent/broker license, if not currently on file with VSP.*

## COMMISSION CHECKS PAYABLE TO

Commission Checks Payable to:

Firm Name

Contact Name

Not Paid

Taxpayer ID:

Corporation

Agency License #:

Independent

Agency NPN #:

Same as licensed producer listed above

Other: Legal Firm Name:

Address:

City:

County:

State:

ZIP:

Phone:

Fax:

E-mail:

## ACCOUNT MANAGEMENT / SERVICE / RENEWALS

BROKER/CONSULTANT LISTED BELOW TO RECEIVE CORRESPONDENCE

Same as licensed producer listed above

Other: Legal Firm Name:

State-licensed Agent / Contact Name:

License #:

Address:

City:

County:

State:

ZIP:

Phone:

Fax:

E-mail:

*If additional broker/consultant is to have access to this account, copy page and specify commission percentage split (if applicable).*

*Include copy of agent/broker license if not currently on file with VSP.*



**VSP VISION INSURANCE NETWORK PROVIDERS**

Exam Services	Comprehensive WellVision Exam covered in FULL
Lenses	Routine retinal screening covered after no more than a \$39 copay Glass or plastic single vision, line bifocal, line trifocal, or lenticular lenses are covered in FULL
Lens Enhancements	The most popular lens enhancements are covered after a copay, saving members an average of 30%

Lens Enhancement	Single Vision	Multifocal
Anti-reflective Coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-Resistant Coating	\$17	\$17

**VSP VISION INSURANCE OUT-OF-NETWORK PROVIDERS**

VSP offers a generous reimbursement schedule for services from other providers.	Exam	\$45
	Lenses -	
	Single Vision	\$30
	Lined Bifocal	\$50
	Lined Trifocal	\$65
	Frame	\$70
	Elective Contact Lenses (in lieu of lenses and frames)	\$105

VSP VISION INSURANCE NETWORK PROVIDERS					
Advanced Eyecare of Lincoln	623 Pulaski St	Lincoln	62656	217-732-9606	
Bixby Eye Center	6807 N Knoxville Ave	Peoria	61614	309-692-4400	*
Bloomington Eye Professionals	1015 S Mercer Ave	Bloomington	61701	309-213-9200	
Bloomington Family Eyecare Center	6 Heartland Dr Ste C	Bloomington	61704	309-663-0303	*
Bond Eye Associates	725 S 14th St	Pekin	61554	309-353-6660	
Bond Eye Associates	6800 N Knoxville Ave	Peoria	61614	309-692-2020	*
Chittick Family Eye Care	327 N Kickapoo St	Lincoln	62656	217-735-2020	
Focus on Eyes	829 W Jackson St	Morton	61550	309-266-8881	
Todd Funk OD and Associates	100 Hillcrest Dr Ste B	Washington	61571	309-444-5188	
Gailey Eye Clinic	1008 N Main St	Bloomington	61701	309-829-5311	
Gailey Eye Clinic	834 N Seminary St Ste 103	Galesburg	61401	309-343-6000	
Gailey Eye Clinic	8800 N Orange Prairie Rd	Peoria	61615	309-692-8460	
John Gysin OD	5901 N Prospect Rd Ste 11	Peoria	61614	309-692-2525	*
Heyde Eye Center	111 N 4th St	Pekin	61554	309-346-1234	
Heyde Eye Center	400 NE Saint Mark Ct	Peoria	61603	309-674-1234	
Illinois Eye Center	2709 Broadway St	Pekin	61554	309-243-2400	*
Illinois Eye Center	8921 N Wood Sage Rd	Peoria	61615	309-243-2400	*
Illinois Eye Center	93 Eastgate Dr	Washington	61571	309-243-2400	*
Illinois Vision Clinic / Peoria Eye Professionals	7815 N Knoxville Ave Ste 1A	Peoria	61614	309-839-1614	
Brendon Johnson OD PC	2611 Broadway St	Pekin	61554	309-347-5989	
Kehoe Eye Care	261 N Broad St Ste 35	Galesburg	61401	309-343-1179	
Clifford Myers MD	5401 N Knoxville Ave Ste 106	Peoria	61614	309-693-2710	
Prairie Eye Center	518 Broadway St	Lincoln	62656	217-732-6062	
Precision Family Eyecare	1115 N Henderson St	Galesburg	61401	309-343-1107	
Progressive Vision Center	42 N Main	Canton	61520	309-647-2020	
Reiger Eye Care Ltd	407 Kays Dr Ste A	Normal	61761	309-320-2020	
Tallis Optometry	915 N Main St	Bloomington	61701	309-827-8434	
Vintage Optical / Brian Sommer OD	417 W Jefferson St	Morton	61550	309-263-8611	
Vision Care Center	4727 N Sheridan Rd	Peoria	61614	309-670-2020	*
Vision Care Center	1009 N Cummings Ln	Washington	61571	309-444-8811	*
Visionpoint Eye Center	1107 Airport Rd	Bloomington	61704	309-662-7700	

\* Part of VSP Premier Program which includes a wide selection of featured frame brands backed by a free one-year warranty, advanced eye exams using the latest high-tech equipment, access to exclusive Premier Offers, and more.

The list above is not a complete list of preferred providers. You can search providers on [WWW.VSP.COM](http://WWW.VSP.COM)

# THE ULTIMATE PROVIDER PLAYLIST

The right song can set the mood, and the right vision provider can set the tone for a great eye care experience. With VSP, your employees have the freedom to choose a provider they can really groove with.



When it comes to choices, VSP® has your employees and their eyes covered with a huge network of independent doctors, popular retailers, and an online option.



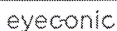
## PREMIER PROGRAM PRIVATE PRACTICE AND RETAIL



Visionworks

- VSP Premier program locations, where employees can maximize their benefits, include both private practice doctors and more than 700 Visionworks® retail locations nationwide
- Largest network of independent doctors
- 24-hour access to emergency care
- Integrated medical management with VSP Healthy Innovations

## BUY ONLINE, ANYTIME!



VSP members can shop the latest designer glasses and name brand contacts online at [eyeconic.com](http://eyeconic.com)® with their VSP benefits.

## OTHER RETAIL CHAINS

VSP provides a truly personalized network for your employees. In addition to Visionworks, your employees have access to retail chains including:



**MORE CHOICES  
MORE FREEDOM**

**VSP NETWORK PROVIDERS**

**UP TO**

**104K**

**ACCESS POINTS**

**Enjoy the sweet song of member satisfaction with true freedom of choice from VSP!**

Log in to confirm in-network locations based on plan type.

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Classification: Public



## ESSENTIAL MEDICAL EYE CARE

As the only national not-for-profit vision care company, VSP® Vision Care reinvests in the things you value most—like protecting your eyes. We are committed to providing members with the best care, which is why Essential Medical Eye Care allows you to receive additional follow-up medical eye care services from your VSP doctor, who knows your eyes best.



### WHAT'S COVERED UNDER ESSENTIAL MEDICAL EYE CARE?

- Covered-in-full retinal screening (digital imaging of the inside of the eye) for members with diabetes who do not have diabetic eye disease. These retinal photographs help your doctor establish a baseline to monitor and track changes in your eyes over time
- Additional exams and services that track and monitor diabetic eye disease progression
- Treatment for dry eye, pink eye, eye injury, and foreign body removal
- Exams and services to diagnose and monitor glaucoma and cataracts
- Tests to diagnose sudden vision changes

### DID YOU KNOW?

VSP members can save up to 75% on test strips and other diabetes care supplies. Visit [vsp.com/simplevalues](https://vsp.com/simplevalues) to access your savings.

### THE PROOF IS IN THE VISION PLAN

- Visit your VSP doctor whenever needed—services are covered with just a copay.<sup>2</sup> No referral is needed.
- At your appointment, tell them you have VSP. There's no ID card necessary.
- We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Find the VSP doctor who's right for you at  
[vsp.com](https://vsp.com) or call 800.877.7195.

1. National Eye Institute, <https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/diabetic-retinopathy> 2. Essential Medical Eye Care is considered supplemental medical eye care coverage. Your health insurance carrier should be billed as the primary payer when other coverage exists and your doctor participates on the health plan's network. Contact your VSP doctor for more information.

**2023 VISION (OPTICAL) PREMIUMS**

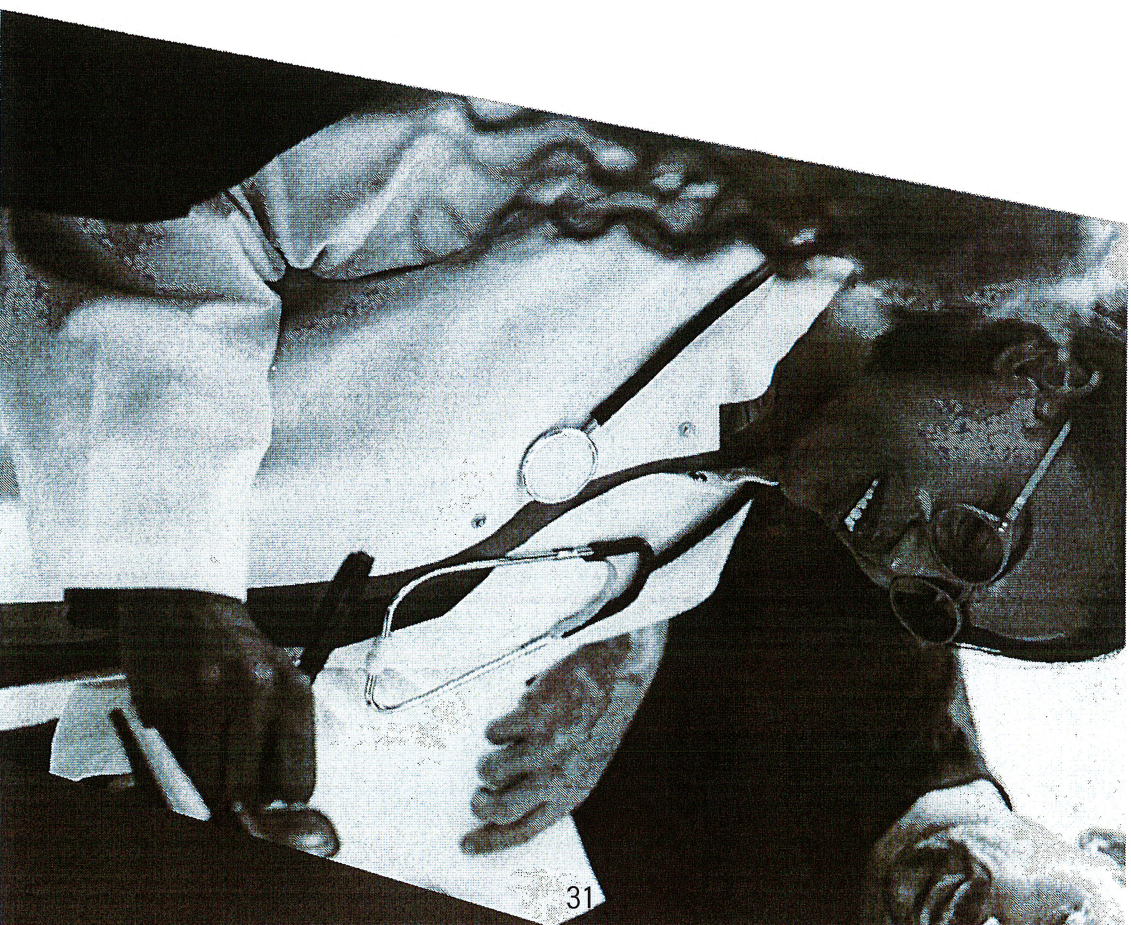
<b>TYPE</b>	<b>FY23 TOTAL PREMIUM</b>	<b>FY23 COUNTY PER MONTH</b>	<b>FY23 EMPLOYEE PER MONTH</b>	<b>FY23 PER PAY PERIOD (24)</b>
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515

# CURRENT VISION

Vision is self-insured by Tazewell County

Claims:

- Vision – 12/2020 to 7/2020
- \$26,278 Annualized (including Admin.)

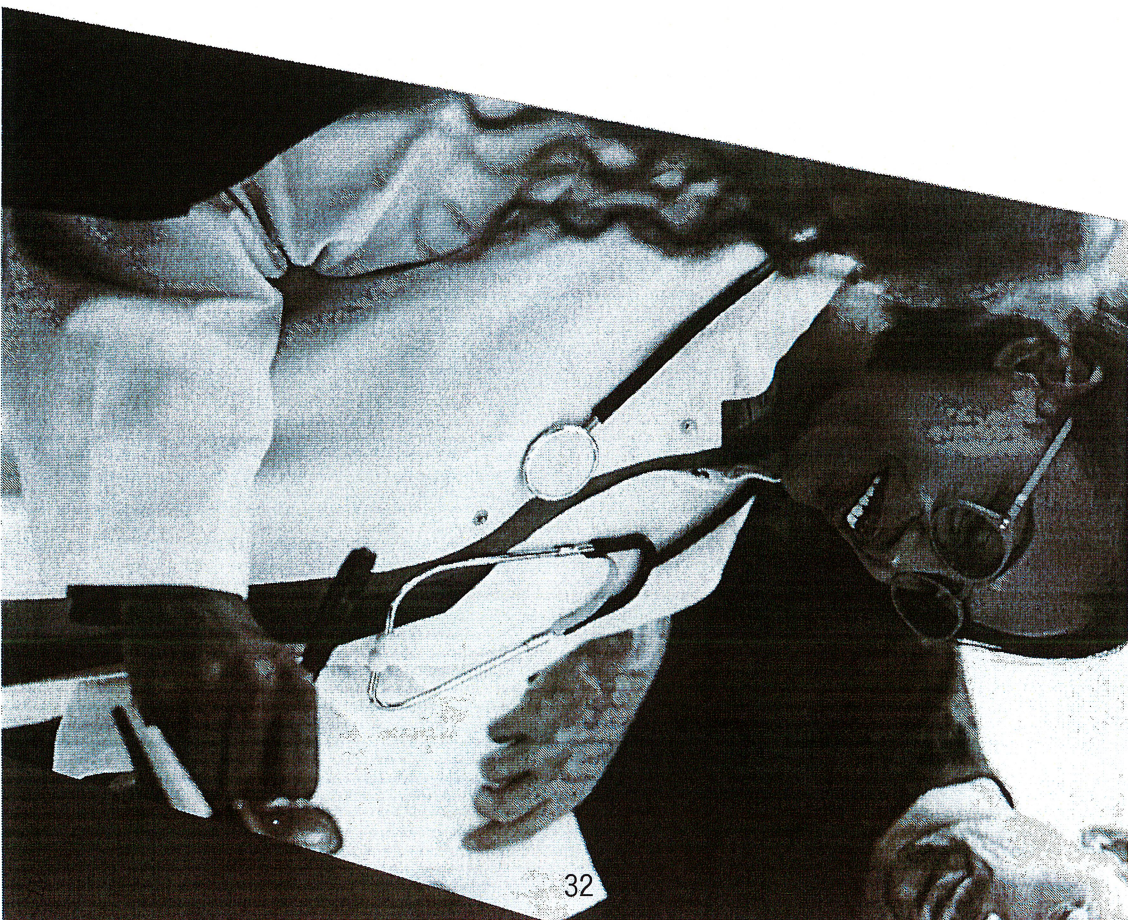




# FULLY INSURED VISION PLAN

Vision Option

- Annual Premium (Fully Insured): \$ 21,859





# COST ANALYSIS – VISION

Total Vision Claims:	\$26,278 (Annualized, including Admin.)
Total Fully Insured	\$21,859
Cost Difference:	\$ 4,419



## Current Vision Plan

- One Plan Option – Employee Only
- \$300 benefit every other year

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## Current Vision Plan

- One Plan Option – Employee Only
- \$300 benefit every other year

# Proposed Vision Plan – VSP CHOICE PLAN

TYPE	FY23 TOTAL PREMIUM	FY23 COUNTY PER MONTH	FY23 EMPLOYEE PER MONTH	FY23 PER PAY PERIOD (24)	
Employee Optical	\$12.50	\$12.50	\$0.00	\$0.00	CURRENT PLAN
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000	NEW PLAN
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175	
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895	
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515	

# ADVANTAGES OF NEW PLANS

- COST SAVINGS TO THE COUNTY
- NATIONWIDE COVERAGE FOR VISION PLAN
- VISION COVERAGE OFFERED ANNUALLY INSTEAD OF EVERY OTHER YEAR
- VISION COVERAGE AVAILABLE TO SPOUSES AND/OR DEPENDENTS – COUNTY CURRENTLY OFFERS VISION FOR EMPLOYEES ONLY
- INCREASED BENEFITS TO EMPLOYEES:
  - NEW LENS AND CONTACTS EVERY TWELVEMONTHS
  - \$200 ALLOWANCE FOR FRAMES AND CONTACTS
  - BENEFITS WILL COVER OVER \$500 WORTH OF SERVICES AND PRODUCTS EACH YEAR AS OPPOSED TO THE \$300 REIMBURSEMENT EVERY OTHER YEAR THE COUNTY PROVIDES CURRENTLY

**COMMITTEE REPORT**

Mr. Chairman and Members of the Tazewell County Board:

Your Human Resources Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

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**RESOLUTION**

WHEREAS, the Human Resources Committee recommends to the County Board to approve the revised premium costs for Tazewell County Health, Life and Dental for FY 2023 for all full-time non-union employees, and all full-time employees covered by the terms of the P.B.P.A., F.O.P and Teamsters Unit B Collective Bargaining Agreements, in accordance with the below schedules and will be effective December 1, 2022; and

WHEREAS, the premiums are revised to include the change in optical services with the approval of the VSP agreement with Resolution HR-22-20 of October 26, 2022; and

<b>2023 HEALTH CARE PREMIUMS FOR NON-UNION EMPLOYEES</b>				
<b>TYPE</b>	<b>FY23 TOTAL PREMIUM</b>	<b>FY23 COUNTY PER MONTH</b>	<b>FY23 EMPLOYEE PER MONTH</b>	<b>FY23 PER PAY PERIOD (24)</b>
Employee Health	\$1,137.73	\$942.61	\$195.12	\$97.56
Dependent Health	\$1,114.16	\$659.77	\$454.40	\$227.20
Dependent - No Spouse	\$889.99	\$541.89	\$348.10	\$174.05
Medical Reimbursement	\$535.68	\$489.26	\$46.42	\$23.21
Family Med. Reimbursement	\$626.30	\$532.38	\$93.92	\$46.96
Employee Dental	\$35.26	\$35.26	\$0.00	\$0.00
Dependent Dental	\$88.42	\$21.34	\$67.08	\$33.54
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515
Medicare	\$406.34	\$0.00	\$406.34	\$0.00
Dependent Medicare	\$406.34	\$0.00	\$406.34	\$0.00
25K Life	\$6.73	\$6.73	\$0.00	\$0.00

### 2023 HEALTH CARE PREMIUMS FOR P.B.P.A. DEPUTIES

TYPE	FY23 TOTAL PREMIUM	FY23 COUNTY PER MONTH	FY23 EMPLOYEE PER MONTH	FY23 PER PAY PERIOD (24)
Employee Health	\$1,137.73	\$925.76	\$211.96	\$105.98
Dependent Health	\$1,114.16	\$648.68	\$465.48	\$232.74
Dependent - No Spouse	\$889.99	\$532.85	\$357.14	\$178.57
Medical Reimbursement	\$535.68	\$489.26	\$46.42	\$23.21
Family Med. Reimbursement	\$626.30	\$524.16	\$102.14	\$51.07
Employee Dental	\$35.26	\$35.26	\$0.00	\$0.00
Dependent Dental	\$88.42	\$20.84	\$67.58	\$33.79
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515
Medicare	\$406.34	\$0.00	\$406.34	\$0.00
Dependent Medicare	\$406.34	\$0.00	\$406.34	\$0.00
25K Life	\$6.73	\$6.73	\$0.00	\$0.00

### 2023 HEALTH CARE PREMIUMS FOR P.B.P.A. CONROL ROOM OPERATORS

TYPE	FY23 TOTAL PREMIUM	FY23 COUNTY PER MONTH	FY23 EMPLOYEE PER MONTH	FY23 PER PAY PERIOD (24)
Employee Health	\$1,137.73	\$919.02	\$218.70	\$109.35
Dependent Health	\$1,114.16	\$643.14	\$471.02	\$235.51
Dependent - No Spouse	\$889.99	\$528.34	\$361.64	\$180.82
Medical Reimbursement	\$535.68	\$489.26	\$46.42	\$23.21
Family Med. Reimbursement	\$626.30	\$520.05	\$106.24	\$53.12
Employee Dental	\$35.26	\$35.26	\$0.00	\$0.00
Dependent Dental	\$88.42	\$20.58	\$67.84	\$33.92
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515
Medicare	\$406.35	\$0.00	\$406.35	\$0.00
Dependent Medicare	\$406.35	\$0.00	\$406.35	\$0.00
25K Life	\$6.73	\$6.73	\$0.00	\$0.00

### 2023 HEALTH CARE PREMIUMS FOR P.B.P.A. JUDICIAL CLERKS

TYPE	FY23 TOTAL PREMIUM	FY23 COUNTY PER MONTH	FY23 EMPLOYEE PER MONTH	FY23 PER PAY PERIOD (24)
Employee Health	\$1,137.73	\$919.02	\$218.70	\$109.35
Dependent Health	\$1,114.16	\$643.14	\$471.02	\$235.51
Dependent - No Spouse	\$889.99	\$528.34	\$361.64	\$180.82
Medical Reimbursement	\$535.68	\$489.26	\$46.42	\$23.21
Family Med. Reimbursement	\$626.30	\$520.05	\$106.24	\$53.12
Employee Dental	\$35.26	\$35.26	\$0.00	\$0.00
Dependent Dental	\$88.42	\$20.58	\$67.84	\$33.92
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515
Medicare	\$406.35	\$0.00	\$406.35	\$0.00
Dependent Medicare	\$406.35	\$0.00	\$406.35	\$0.00
25K Life	\$6.73	\$6.73	\$0.00	\$0.00

### 2023 HEALTH CARE PREMIUMS FOR F.O.P. CORRECTION OFFICERS

TYPE	FY23 TOTAL PREMIUM	FY23 COUNTY PER MONTH	FY23 EMPLOYEE PER MONTH	FY23 PER PAY PERIOD (24)
Employee Health	\$1,137.73	\$919.02	\$218.70	\$109.35
Dependent Health	\$1,114.16	\$643.14	\$471.02	\$235.51
Dependent - No Spouse	\$889.99	\$528.34	\$361.64	\$180.82
Medical Reimbursement	\$535.68	\$489.26	\$46.42	\$23.21
Family Med. Reimbursement	\$626.30	\$520.05	\$106.24	\$53.12
Employee Dental	\$35.26	\$35.26	\$0.00	\$0.00
Dependent Dental	\$88.42	\$20.58	\$67.84	\$33.92
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515
Medicare	\$406.35	\$0.00	\$406.35	\$0.00
Dependent Medicare	\$406.35	\$0.00	\$406.35	\$0.00
25K Life	\$6.73	\$6.73	\$0.00	\$0.00



**2023 HEALTH CARE PREMIUMS FOR F.O.P. PROBATION OFFICERS**

<b>TYPE</b>	<b>FY23 TOTAL PREMIUM</b>	<b>FY23 COUNTY PER MONTH</b>	<b>FY23 EMPLOYEE PER MONTH</b>	<b>FY23 PER PAY PERIOD (24)</b>
Employee Health	\$1,137.73	\$919.02	\$218.70	\$109.35
Dependent Health	\$1,114.16	\$643.14	\$471.02	\$235.51
Dependent - No Spouse	\$889.99	\$528.34	\$361.64	\$180.82
Medical Reimbursement	\$535.68	\$489.26	\$46.42	\$23.21
Family Med. Reimbursement	\$626.30	\$520.05	\$106.24	\$53.12
Employee Dental	\$35.26	\$35.26	\$0.00	\$0.00
Dependent Dental	\$88.42	\$20.58	\$67.84	\$33.92
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515
Medicare	\$406.35	\$0.00	\$406.35	\$0.00
Dependent Medicare	\$406.35	\$0.00	\$406.35	\$0.00
25K Life	\$6.73	\$6.73	\$0.00	\$0.00

**2023 HEALTH CARE PREMIUMS FOR TEAMSTERS UNIT B**

<b>TYPE</b>	<b>FY23 TOTAL PREMIUM</b>	<b>FY23 COUNTY PER MONTH</b>	<b>FY23 EMPLOYEE PER MONTH</b>	<b>FY23 PER PAY PERIOD (24)</b>
Employee Health	\$1,137.73	\$919.02	\$218.70	\$109.35
Dependent Health	\$1,114.16	\$643.14	\$471.02	\$235.51
Dependent - No Spouse	\$889.99	\$528.34	\$361.64	\$180.82
Medical Reimbursement	\$535.68	\$489.26	\$46.42	\$23.21
Family Med. Reimbursement	\$626.30	\$520.05	\$106.24	\$53.12
Employee Dental	\$35.26	\$35.26	\$0.00	\$0.00
Dependent Dental	\$88.42	\$20.58	\$67.84	\$33.92
Employee Optical	\$10.35	\$10.35	\$0.00	\$0.000
Spouse Only Optical	\$0.00	\$0.00	\$10.35	\$5.175
Child(ren) Only Optical	\$0.00	\$0.00	\$11.79	\$5.895
Family Optical	\$0.00	\$0.00	\$25.03	\$12.515
Medicare	\$406.35	\$0.00	\$406.35	\$0.00
Dependent Medicare	\$406.35	\$0.00	\$406.35	\$0.00
25K Life	\$6.73	\$6.73	\$0.00	\$0.00

WHEREAS, employees qualifying for and purchasing the employee health benefit who participate in a county sponsored Health Risk Assessment Program which includes compliance with the Health Coaching Program and, when necessary, the Clinical Care Coordination will receive an incentive of \$200 before taxes and up to \$100 before taxes for participation in the Points Program;

THEREFORE BE IT RESOLVED by the County Board that the Tazewell County Employee Health, Life and Dental premiums for FY 2023 be approved.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, and the Payroll Department of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

**COMMITTEE REPORT**

Mr. Chairman and Members of the Tazewell County Board:

Your Human Services Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**RESOLUTION**

WHEREAS, the Consolidated Omnibus Reconciliation Budget Act (COBRA) requires employers with twenty or more employees to offer continued coverage in their group health plans to certain former employees, retirees, spouses and dependent children; and

WHEREAS, the COBRA rates established and published for FY23 are as follows:

	<b><u>Medical/RX</u></b>	<b><u>Dental</u></b>	<b><u>Vision</u></b>
Employee Only	\$1,160.48	\$35.97	\$10.56
Employee and spouse	\$2,296.93	\$126.16	\$21.11
Employee and children	\$2,068.27	\$126.16	\$22.58
Employee and Family	\$2,296.93	\$126.16	\$36.09

The effective date for premium change will be December 01, 2022.

BE IT FURTHER RESOLVED that the County Clerk notifies County Board Office, IPMG and the Payroll Division of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

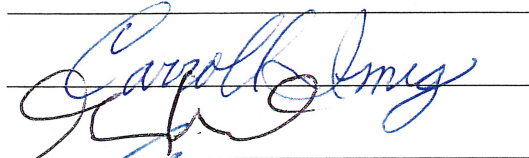
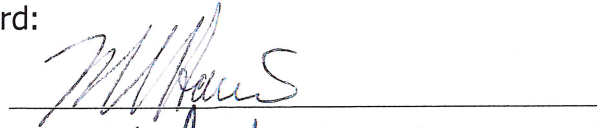
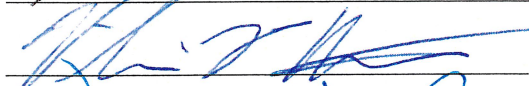
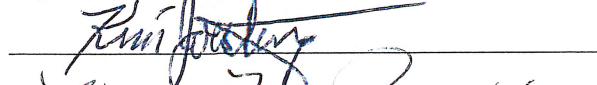

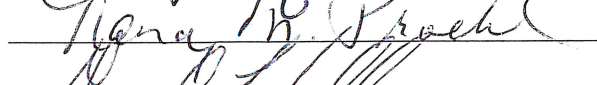

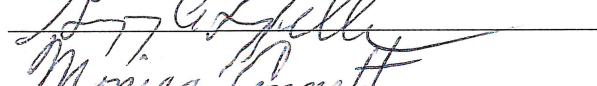
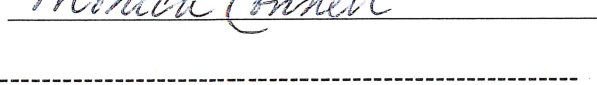
\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

**COMMITTEE REPORT**

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

**RESOLUTION**

WHEREAS, the County's Risk Management Committee recommends to the County Board to approve the Settlement Acceptance and Release of Claims for \$2,500 as presented; and

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, the Sheriff and the Auditor of this action.

PASSED THIS 26th DAY OF OCTOBER. 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

## RELEASE OF CLAIMS

This release of claims (hereinafter "Release") is made and entered into by [REDACTED] ("Plaintiff").

### RECITALS

There is presently pending in the U.S. District Court for the Central District of Illinois, a lawsuit titled [REDACTED] *et al.*, case no. [REDACTED] against defendants [REDACTED]. The defendants are current or former employees of the Tazewell County Sheriff's Office, Illinois, whose operations are funded by Tazewell County, Illinois.

Hereinafter, the lawsuit is referred to as "Lawsuit;" the defendants are collectively referred to as "Defendants;" Tazewell County Sheriff's Office as "the Sheriff;" Tazewell County, Illinois, as "the County;" Plaintiff, Defendants, and the County collectively as the "Parties" and each as a "Party."

The Parties determined that to avoid the uncertainty, expense, burden, and delay associated with further litigation it is in their individual and mutual interest to settle all claims arising out of or related in any way to the subject matter of the pending Lawsuit.

The Parties negotiated and have reached a binding settlement on the material terms contained in this Release.

In exchange for the consideration set forth in this Release, which Plaintiff acknowledges is sufficient, Plaintiff expressly agrees as follows:

### RELEASE

- 1. Recitals.** The foregoing Recitals are incorporated herein by reference and made a part hereof.
- 2. Dismissal of Lawsuit.** Plaintiff agrees to execute a Stipulation to Dismiss the Lawsuit and take all other action necessary to dismiss the Lawsuit with prejudice, with each Party to bear his, her, or its own costs and attorneys' fees.
- 3. Release of Claims by Plaintiff.** In exchange for the sole monetary consideration set forth in paragraph 4, Plaintiff himself and on behalf of his respective heirs, representatives and assigns, agrees to release, waive and forever discharge the County, Sheriff's Office, Defendants, and all of their respective officers, directors, agents, former and current employees, attorneys, third-party administrators, indemnitees, successors,

beneficiaries, representatives, special representatives, heirs, executors, trustees, distributees, and any of their primary and excess insurers (collectively, "Releasees") from any and all existing or potential claims, liabilities, actions, causes, rights, costs, loss of services, expenses, compensation, debts, sums of money, covenants, contracts, agreements, promises, damages, controversies, judgments, and demands whatsoever in law or in equity, known or unknown, which Plaintiff has, has had, or may have had against the Releasees arising out of or related in any way to the subject matter of the pending Lawsuit.

Plaintiff agrees that this Release covers claims and causes of action for any form of damages, whether compensatory, punitive, statutory, or otherwise, and includes claims and causes of action for all forms of costs, fees (including attorney's fees), or expenses, which have accrued before the date of the execution of this Release. Plaintiff also acknowledges that this Release covers and bars any and all potential state or federal claims, causes of action, or legal theories, whether brought under statute or common law, arising out of or related in any way to the subject matter of the pending Lawsuit, which have been brought or which could have been brought, regardless of whether Plaintiff discovers additional facts or legal theories after the execution of this Release.

4. **Payment.** In consideration for the agreements and releases set forth herein, the County (or its insurer), through its attorney, shall tender to Plaintiff a total sum of \$2,500 (Two Thousand Five Hundred Dollars) within 10 (ten) business days after both of the following events occur: (1) receipt of the signed Release and Stipulation of Dismissal from Plaintiff by the County's attorney, and (2) final approval of this settlement by the Board of Tazewell County, Illinois, at their next regularly scheduled meeting. The payment shall be made by check payable to [REDACTED]. The County (or its insurer), through their attorney, shall tender the payment check by mail via the United States Postal Service to [REDACTED]. [REDACTED] Upon sending the check by mail, payment will be deemed received by Plaintiff, the County's obligation to pay under this Release shall be considered satisfied, and Defendants' attorney will electronically file the Stipulation to Dismiss with the Court.

5. **Representations and Warranties.** In agreeing to enter into this Release, the Plaintiff expressly represents and warrants that he has full authority to execute this Release on behalf of himself. Plaintiff warrants that he has made no assignment of any of these rights, claims, or matters released herein to anyone, including any family member of his or other persons who may make a claim against any of the Releasees or

their agents and employees for monies spent on their behalf in connection with this Release.

**5. No Admission of Wrongdoing.** Plaintiff understands and agrees that this settlement is the compromise of doubtful and disputed claims, and that this settlement and the payment made are not to be construed as an admission of liability or wrongdoing on the part of the County, Sheriff's Office, Defendants, or any of the other Releasees. The County, Sheriff's Office, Defendants, and other Releasees expressly deny any and all liability or wrongdoing with respect to the subject matter of the Lawsuit, and intend merely to avoid further litigation costs in this matter. Plaintiff agrees that this settlement and Release is not and shall not be construed as evidence of or an admission by the County, Sheriff's Office, Defendants, or any of the other Releasees that any claim or fact alleged by Plaintiff is true or correct. Neither this Release nor any of its terms shall be offered or received in evidence in any other action or proceeding or used in any manner whatsoever by Plaintiff or any third party as an admission or concession of liability or wrongdoing on behalf of the County, Sheriff's Office, Defendants, or any of the other Releasees.

**6. Indemnification - Tax and Liens.** Plaintiff acknowledges that no representation has been made by the Releasees as to the appropriate tax treatment of any payments made to Plaintiff for alleged physical injuries under this Release. Further, Plaintiff agrees that he shall be solely responsible for, and promise and agree to pay, any applicable income or other taxes, interest or penalties with respect to the payments referred to in this Release, and will indemnify and hold harmless the Releasees from and against any interest, penalties or taxes as a result of Plaintiff's failure to report and pay any applicable taxes due on any payment.

Further, Plaintiff agrees to indemnify and hold harmless the Releasees from any and all costs, fees, liens, bills, expenses, liabilities, and losses, which might be incurred as a result of any outstanding medical bills or expenses or rights of reimbursements arising out of the Lawsuit, including but not limited to liens asserted by Medicare or Medicaid. The Plaintiff declares that he will hold harmless and indemnify the Releasees from any and all costs, fees, liabilities and losses which might be incurred by indemnitees as a result of any outstanding liens (medical or otherwise) or rights of reimbursements arising out of the Lawsuit.

**7. Successors and Assigns.** This Release and the terms, covenants, conditions, provisions, obligations, undertakings, rights and benefits hereto shall inure to the

benefit of the Parties, and their respective agents, heirs, executors, administrators, representatives, employees, successors and assigns.

8. **Attorneys' Fees and Costs.** Plaintiff understands and agrees that the payment set forth in paragraph 4 is in full settlement and satisfaction of all claims governed by the Release, including attorney's fees and costs. Each Party shall bear its own attorneys' fees and costs in connection with the Lawsuit, the settlement of the Lawsuit, any of the other claims released herein, and negotiation and execution of this Release.

9. **Independent determination of Plaintiff.** Plaintiff understands and agrees that he relied wholly upon his judgment, belief, and knowledge of the nature and extent of the claims, expenses and damages allegedly sustained.

10. **Governing Law.** This Release is to be construed in accordance with the laws of the State of Illinois.

11. **Copies deemed authentic.** Facsimiles and electronically transmitted copies of this executed Release, including copies in pdf format, shall be deemed to be authentic and valid.

Plaintiff, [REDACTED] by executing this Release, represents that he has read the entire document before affixing his initials and signature thereto, that he fully understands the terms and conditions of this Release and is voluntarily and freely executing this Release in consideration of the mutual covenants and promises made therein, and that no additional promises, consideration, or payment has been promised to him for executing and signing this Release.

EXECUTED:

[REDACTED]

10-7-22

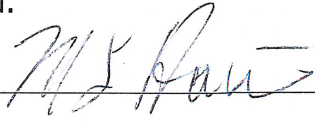
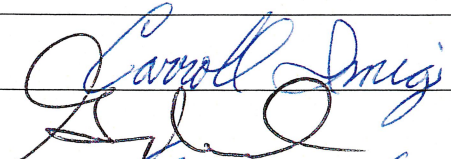
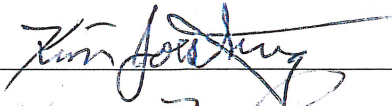
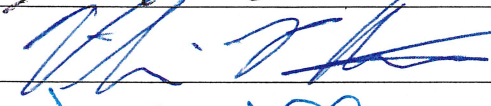
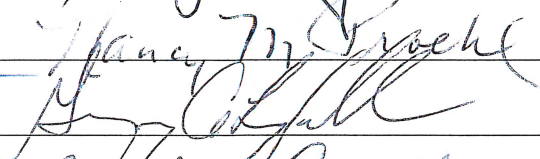
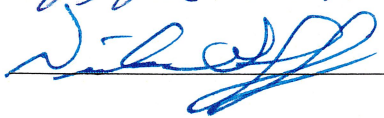
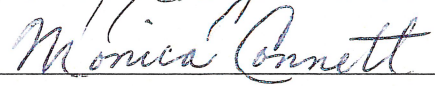
\_\_\_\_\_  
Date



**COMMITTEE REPORT**

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	
_____	_____
	
	
	

**RESOLUTION**

WHEREAS, the County's Risk Management Committee recommends to the County Board to approve a Stop Loss Carrier; and

WHEREAS, IPMG (Insurance Program Managers Group) serves as the County's Third Party Administrator for the County's health, dental and vision benefits plan; and

WHEREAS, IPMG has gone out for bids for a Stop Loss Carrier for Tazewell County and are recommending the lowest responsible bidder, BRM Specialty Markets, retain the agreement for the County's group health insurance; and

WHEREAS, the County Board authorizes the County Board Chairman to execute the agreement with BRM Specialty Markets as recommended by the Third Party Administrator.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Human Resources and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman



**BRM Specialty Markets**

**Medical Stop Loss Proposal For  
Tazewell County of Illinois  
Pekin, IL**

Producer  
Insurance Program Managers Group (IPMG)

Underwriter  
Carrie Urbanelli



Group: Tazewell County of Illinois
Administrator: Insurance Program Managers Group (IPMG)
Issuing Carrier: Pan American Life Insurance Company

Proposal No: 13679
Proposal Date: 09/08/2022
Effective Date: 12/01/2022
Proposal Valid Through: 12/11/2022

SPECIFIC STOP LOSS BENEFIT

Table with 4 columns: Covered Benefits, Option 1 (Medical, Rx Card), Option 2 (Medical, Rx Card), Option 3 (Medical, Rx Card). Rows include Contract Basis, Annual Specific Deductible, Maximum Annual Reimbursement, Quoted Rate Per Month (Employee, Spouse, Child, Family), and Estimated Annual Premium.

AGGREGATE STOP LOSS BENEFIT

Table with 4 columns: Covered Benefits, Option 1 (Medical, Rx Card), Option 2 (Medical, Rx Card), Option 3 (Medical, Rx Card). Rows include Contract Basis, Loss Limit, Maximum Annual Reimbursement, Rate Per Month (Composite), Annual Aggregate Deductible, Minimum Aggregate Deductible, and Monthly Aggregate Claim Factors (Employee, Spouse, Child, Family).



Group: **Tazewell County of Illinois**  
Administrator: **Insurance Program Managers Group (IPMG)**  
Issuing Carrier: **Pan American Life Insurance Company**

Proposal No: **13679**  
Proposal Date: **09/08/2022**  
Effective Date: **12/01/2022**  
Proposal Valid Through: **12/11/2022**

**OVERALL COST SUMMARY**

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Total Annual Fixed Costs	\$ <b>677,292</b>	\$ 671,082	\$ 652,487
Variable Costs	\$ <b>5,248,087</b>	\$ 5,206,097	\$ 5,069,627
Maximum Annual Liability	\$ <b>5,925,379</b>	\$ 5,877,179	\$ 5,722,114

If a rate for aggregate accommodation is shown on the proposal, this rate is in addition to the quoted aggregate premium rate.

This proposal does not cover the following:

1. PPO access fees
2. Claims for individuals who have been disclosed as terminated during the underwriting process. No run-in claims will be accepted for such individuals, and they will be subject to underwriting approval if they re-join the plan.
3. Claims for retirees, unless retirees are specifically included under the stop-loss policy
4. Rx administration fees
5. Rx rebates
6. PPO % of savings fees for in-network claims
7. In the event of a laser, claims between the group specific deductible and the lasered specific deductible are not applicable under the aggregate coverage.

The minimum specific premium is 80% of the estimated annual premium. The minimum aggregate premium is 100% of the estimated annual premium.

Claim negotiation fees for non-network claims are limited to 25% of savings.

LCM fees are limited to \$125/hour. Any exceptions to this must request underwriter approval prior to binding of coverage and policy issuance.

Specific advancement is included at no additional charge.

This proposal is subject to BRM's approval of the proposed TPA.

Rates and factors are subject to all final underwriting requirements, including, but not limited to:

- IMQs if noted as required
- signed and completed disclosure statement with all available accompanying documents dated within 30 days of the proposed effective date
- final enrollment census, including plan selection
- updated claims through the effective date, when applicable and noted as required
- signed proposal option
- binder premium received on or before the policy effective date

If the Contractholder were to terminate mid-contract, minimum premium requirements apply as noted in the stop-loss policy.

Rates and/or factors may be recalculated if any of the following occurs, either pre-sale, or during the plan year:

1. If the average monthly claims during the last two months of the prior policy period increase by 10% or more as compared to the first ten months. This applies to aggregate factors only and only cases that were underwritten based on claims data.
2. The final census varies by more than 10% from the original census used during the underwriting process
3. When the Contractholder adds or deletes a location, subsidiary, or affiliate
4. When there is a change in the geographical area where the Contractholder is located
5. When there is a change in the nature of business in which the Contractholder is engaged
6. When there is an increase or decrease in the number of Covered Units which exceeds 10% in any one month or 20% over any period of three consecutive months.

Please initial selected proposal option and return it to the BRM underwriter.

This proposal is based upon the current schedule of benefits with no change to the enrollment in each option, if more than one plan option is offered.

It is assumed that final enrollment will be at least 70% of all benefit eligible employees or 51% of all eligible employees if the remaining 49% provide confirmation that they have spousal or other coverage. If these minimums are not met, proposal is not valid.

Healthcare facilities only: Domestic charges shall be limited to 70% of the hospital's or facility's usual and customary charges, less any applicable PPO discounts.

In the event of a laser, any claims between the group specific deductible and the lasered specific deductible are not applicable under the aggregate coverage.

As part of final underwriting, please provide a detailed census of all employees in their COBRA election period, their termination date, status of COBRA election and status of premium remittance.

Please notify the underwriter immediately if you do not meet the above conditions/assumptions.

Proposal acceptance:

Option #: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature and Date: \_\_\_\_\_





# BRM Specialty Markets

## DISCLOSURE STATEMENT

Participant(s) shall include all active employees, COBRA beneficiaries and their dependents, retirees (if applicable) and disabled persons. Individuals required to be disclosed are (a) All employees and dependents who are medically confined (b) All high dollar claimants and (c) All claimants with potentially catastrophic medical conditions.

Full Legal Name of Applicant (Plan Sponsor)

*County of Tazewell, IL*

### PARTICIPANTS

Please list any Participant(s) who have paid or pending claims in excess of 50% of the specific deductible during the past 12 months or could reasonably be expected to have claims in excess of this amount. This should include any Participant(s) known to have cancer, immune or genetic disorder, severe cardiovascular disease, any severe disorder of a major organ system, severe burns or trauma, neonatal disorders, brain or spinal injuries, potential organ transplant, or taking high dollar medication. If the diagnosis or course of treatment of a disclosed individual changes prior to the effective date, we reserve the right to re-evaluate the risk and place a separate individual specific deductible on that individual, if necessary.

Name	Birth Date	Date of Disability	Diagnosis/ Prognosis	Current Treatment	Amounts Paid/ Pending	Currently Confined
------	------------	--------------------	----------------------	-------------------	-----------------------	--------------------

*See attached report*

### DISABLED PERSONS AND RETIREES: (Please note "None" if there are not any.)

Disabled Persons are those employees not actively at work (or, in the case of a dependent or continuation beneficiary, is by disability unable to perform his or her normal functions of a person of like sex and age) on the effective date of this contract or the date such person becomes eligible for coverage under the employee benefit plan.

Name	Birth Date	Date of Disability	Diagnosis/ Prognosis	Current Treatment	Amounts Paid/ Pending	Currently Confined
------	------------	--------------------	----------------------	-------------------	-----------------------	--------------------

*See attached report*

### COBRA PARTICIPANTS: (Please note "None" if there are not any.)

Name	COBRA Effective Date	Reason
------	----------------------	--------

*None*



# BRM Specialty Markets

**FULLY INSURED TAKEOVERS: (Please note "None" if there are not any.)**

Please list any Participant(s) who are not currently active at work/life. This should include anyone on COBRA, FMLA, sick leave (paid or unpaid), sabbaticals, salary continuance of any kind, LTD or STD; in addition, anyone who has missed more than 5 days of work in the most recent 12 months. This should include start/end date and reason for the leave. If the diagnosis or course of treatment of a disclosed individual changes prior to the effective date, we reserve the right to re-evaluate the risk and place a separate individual specific deductible on that individual, if necessary.

Name	Birth Date	Date of Disability	Reason For leave	Current Treatment	Days Missed	Currently Confined
None						

Please attach a separate sheet for shock loss claims, disabled persons, retirees or COBRA participants if additional space is needed.

BRM's quote is based upon the request for proposal submitted, including the claims experience, IMQs, and all supporting data. Any inaccuracies in the data and experience submitted may necessitate either revision or rescission of the quote(s). Coverage will not be bound until BRM's underwriting department can review all requested information and all disclosure information. Coverage will be bound upon review and acceptance of this information by BRM.

The Plan Sponsor, through its authorized representatives, warrants and represents that the above list and additional pages attached, is true, complete and accurate to the best of his/her knowledge and belief, and that nothing has been knowingly or intentionally omitted.

I have reviewed this completed form and the information given is complete and accurate, to the best of my knowledge. I understand that if the information given is not complete and accurate, the excess loss coverage proposed may be re-evaluated and Participants not disclosed may be individually underwritten retroactively to the effective date. The Insurer(s) reserves the right to terminate or limit the Participant's participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific and Aggregate Stop Loss coverage quoted. The Plan Sponsor further acknowledges, understands and agrees that the information provided herein may be used by the Insurer(s) in evaluating and determining the acceptability of the Plan Sponsor's risk and that no coverage shall be provided for such person(s) unless specifically agreed in writing by the Insurer(s).

This information shall be treated confidentially.

Plan Sponsor:	<u>County of Tazewell, IL</u>	Third Party Administrator:	_____
Officer's Signature:	<u><i>Michael D. Shubert</i></u>	Signature:	_____
Name/Title:	<u>County Administrator</u>	Name/Title:	_____
Date:	<u>10-4-22</u>	Date:	_____



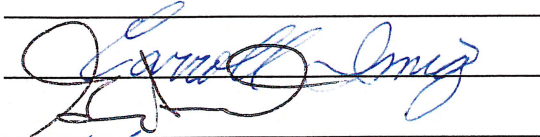
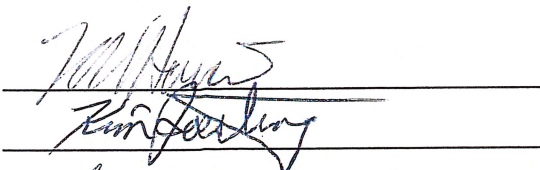
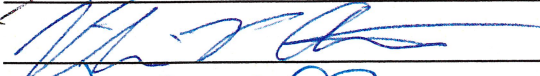
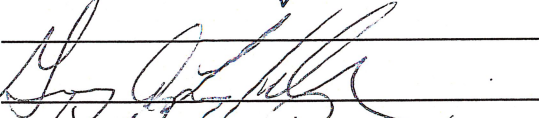
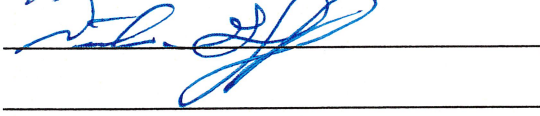
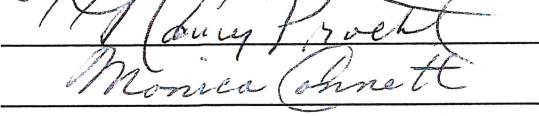
Tazewell County  
December 01, 2022

	OPTION 1	OPTION 2	OPTION 3	OPTION 1	OPTION 2	OPTION 3	OPTION 1
	ILLUSTRATIVE	ILLUSTRATIVE	ILLUSTRATIVE	FIRM	FIRM	FIRM	ILLUSTRATIVE
Proposal Status	ILLUSTRATIVE	ILLUSTRATIVE	ILLUSTRATIVE	FIRM	FIRM	FIRM	ILLUSTRATIVE
Underwriter	AccuRisk Solutions, LLC	AccuRisk Solutions, LLC	AccuRisk Solutions, LLC	BRM Specialty Markets, LLC	BRM Specialty Markets, LLC	BRM Specialty Markets, LLC	Ethos
Administrator							
Network							
PBM							
Enrollment							
Employee	183	183	183	183	183	183	183
Employee/Spouse	6	6	6	6	6	6	6
Employee/Child(ren)	18	18	18	18	18	18	18
Family	64	64	64	64	64	64	64
<b>Total Enrollment</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>
<b>SPECIFIC Terms</b>							
Specific Contract Basis	24/12	24/12	24/12	24/12	18/12	15/12	24/12
Specific Deductible	\$125,000	\$135,000	\$150,000	\$125,000	\$125,000	\$125,000	\$125,000
Aggregating Specific Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Commission % Included	0%	0%	0%	0%	0%	0%	0%
Benefits Covered Under Specific		MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX
Laser Liability							
Laser 1							
Additional Laser Liability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Specific Premium Rates</b>							
Employee	\$143.34	\$133.33	\$120.41	\$129.76	\$128.57	\$124.99	\$139.70
Employee/Spouse	\$315.76	\$292.73	\$263.02	\$258.48	\$256.10	\$248.98	\$271.99
Employee/Child(ren)	\$249.44	\$231.42	\$208.17	\$228.77	\$226.66	\$220.36	\$241.45
Family	\$514.70	\$476.65	\$427.57	\$388.24	\$384.67	\$373.98	\$405.35
<b>Annual Specific Premium</b>	<b>\$786,678.00</b>	<b>\$729,923.16</b>	<b>\$656,696.28</b>	<b>\$651,146.16</b>	<b>\$645,164.04</b>	<b>\$627,219.00</b>	<b>\$689,826.48</b>
<i>% increase</i>	<b>30%</b>	<b>21%</b>	<b>9%</b>	<b>8%</b>	<b>7%</b>	<b>4%</b>	<b>14%</b>
<b>AGGREGATE Terms</b>							
Benefits Covered Under Aggregate	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX
Aggregate Contract Basis	24/12	24/12	24/12	24/12	18/12	15/12	24/12
Aggregate Corridor	125%	125%	125%	125%	125%	125%	125%
Aggregate Run-In Limit							
Aggregate Liability Factors							
Employee	\$881.41	\$904.27	\$914.15	\$985.10	\$977.20	\$951.60	\$1,088.61
Employee/Spouse	\$2,027.23	\$2,079.82	\$2,102.54	\$1,962.31	\$1,946.62	\$1,895.59	\$2,168.51
Employee/Child(ren)	\$1,586.53	\$1,627.69	\$1,645.47	\$1,736.72	\$1,722.83	\$1,677.67	\$1,919.22
Family	\$3,349.33	\$3,436.23	\$3,473.77	\$2,947.40	\$2,923.83	\$2,847.18	\$3,257.12
<b>Annual Aggregate Liability</b>	<b>\$4,996,512.84</b>	<b>\$5,126,129.64</b>	<b>\$5,182,133.16</b>	<b>\$4,943,300.64</b>	<b>\$4,903,720.56</b>	<b>\$4,775,207.04</b>	<b>\$5,462,739.96</b>
<b>Expected Claims</b>	<b>\$3,997,210.27</b>	<b>\$4,100,903.71</b>	<b>\$4,145,706.53</b>	<b>\$3,954,640.51</b>	<b>\$3,922,976.45</b>	<b>\$3,820,165.63</b>	<b>\$4,370,191.97</b>
<b>Aggregate Premium Rates</b>							
Composite Rate	\$4.88	\$5.28	\$5.76	\$7.57	\$7.51	\$7.31	\$7.45
Accommodation Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Annual Aggregate Premium</b>	<b>\$15,869.76</b>	<b>\$17,170.56</b>	<b>\$18,731.52</b>	<b>\$24,617.64</b>	<b>\$24,422.52</b>	<b>\$23,772.12</b>	<b>\$24,227.40</b>
<b>ADMINISTRATIVE FEES</b>							
Broker Fee							
Medical Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medical Administration							
IPMG	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00
Subtotal	\$84,552.00	\$84,552.00	\$84,552.00	\$84,552.00	\$84,552.00	\$84,552.00	\$84,552.00
Administrative Fee - IPMG							
COBRA	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Teladoc	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00
Dental/Vision	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50
Subtotal	\$24,390.00	\$24,390.00	\$24,390.00	\$24,390.00	\$24,390.00	\$24,390.00	\$24,390.00
Utilization Review							
AHH IP/OP/DIAG	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85
Subtotal	\$6,016.20	\$6,016.20	\$6,016.20	\$6,016.20	\$6,016.20	\$6,016.20	\$6,016.20
<b>Total Administrative Fees</b>	<b>\$114,958.20</b>	<b>\$114,958.20</b>	<b>\$114,958.20</b>	<b>\$114,958.20</b>	<b>\$114,958.20</b>	<b>\$114,958.20</b>	<b>\$114,958.20</b>
<b>GRAND TOTALS</b>							
Annual Specific Premium	\$786,678.00	\$729,923.16	\$656,696.28	\$651,146.16	\$645,164.04	\$627,219.00	\$689,826.48
Annual Aggregate Premium	\$15,869.76	\$17,170.56	\$18,731.52	\$24,617.64	\$24,422.52	\$23,772.12	\$24,227.40
Admin Fees	\$114,958.20	\$114,958.20	\$114,958.20	\$114,958.20	\$114,958.20	\$114,958.20	\$114,958.20
<b>Total Fixed Costs</b>	<b>\$917,505.96</b>	<b>\$862,051.92</b>	<b>\$790,386.00</b>	<b>\$790,722.00</b>	<b>\$784,544.76</b>	<b>\$765,949.32</b>	<b>\$829,012.08</b>
<i>% increase</i>	<b>52%</b>	<b>43%</b>	<b>31%</b>	<b>31%</b>	<b>30%</b>	<b>27%</b>	<b>37%</b>
Aggregating Specific Deductible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Additional Laser Liability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Annual Aggregate Liability	\$4,996,512.84	\$5,126,129.64	\$5,182,133.16	\$4,943,300.64	\$4,903,720.56	\$4,775,207.04	\$5,462,739.96
<b>Total Expected Cost</b>	<b>\$4,914,716.23</b>	<b>\$4,962,955.63</b>	<b>\$4,936,092.53</b>	<b>\$4,745,362.51</b>	<b>\$4,707,521.21</b>	<b>\$4,586,114.95</b>	<b>\$5,199,204.05</b>
<b>Total Max Liability</b>	<b>\$5,914,018.80</b>	<b>\$5,988,181.56</b>	<b>\$5,972,519.16</b>	<b>\$5,734,022.64</b>	<b>\$5,688,265.32</b>	<b>\$5,541,156.36</b>	<b>\$6,291,752.04</b>

**COMMITTEE REPORT**

Mr. Chairman and Members of the Tazewell County Board:

Your Executive Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

	
	
	
_____	_____

**RESOLUTION**

WHEREAS, the Executive Committee recommends to the County Board to authorize the 4<sup>th</sup> quarterly payment for 2022 per the agreement between Tazewell County and the Greater Peoria Economic Development Council; and

WHEREAS, Resolution E-21-168 was approved in November 2021 approving an agreement with GPEDC for twelve months encompassing calendar year 2022; and

WHEREAS, Tazewell County agreed to pay the Greater Peoria Economic Development Council quarterly installments for the term of this Agreement provided that the full County Board approves based upon quarterly review of GPEDC performance.

THEREFORE BE IT RESOLVED that the County Board approve the recommendation and authorize payment of the 4<sup>th</sup> quarter investment for 2022.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, Greater Peoria Economic Development Council, 401 NE Jefferson, Peoria, IL 61603 and the Auditor of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman



**GREATER PEORIA**  
Economic Development Council

# Invoice


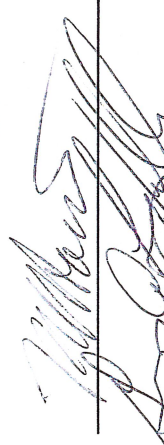

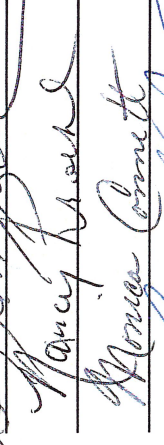

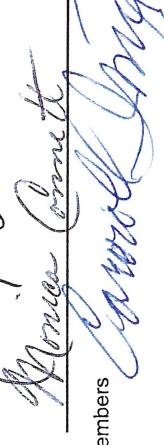


401 NE Jefferson Ave.  
Peoria IL 61603  
Tel. (309) 495-5910

Date	Invoice #
10/3/2022	GPEDC '22-4

Bill To
Tazewell County David Zimmerman 11 S. Fourth St., Suite 432 Pekin, IL 61554

Due Date
11/30/2022

Description	Amount
2022 Investment - 4 of 4	16,875.00
<b>Total</b>	<b>\$16,875.00</b>

RES#	Account	Type	Account Name	Parce#	Total Collected	County Clerk	Auctioneer	Recorder/ Sec of State	Agent	Misc/ Overpmt	Treasurer
10-22-001	0822026T	SAL	JOHN ESTES	04-10-03-320-017	807.40	0.00	0.00	57.40	450.00	0.00	300.00
Totals					\$807.40	\$0.00	\$0.00	\$57.40	\$450.00	\$0.00	\$300.00
											
											
											
											
			Committee Members								
								Clerk Fees		\$0.00	
								Recorder/Sec of State Fees		\$57.40	
								Total to County		\$357.40	

RESOLUTION



WHEREAS, The County of Tazewell, as Trustee for the Taxing Districts therein, has undertaken a program to collect delinquent taxes and to perfect titles to real property in cases in which the taxes on such real property have not been paid, pursuant to 35ILCS 200/21-90, and

WHEREAS, Pursuant to this program, the County of Tazewell, as Trustee for the Taxing Districts therein, has acquired an interest in the following described real estate:

PEKIN TOWNSHIP

PERMANENT PARCEL NUMBER: 04-10-03-320-017

As described in certificate(s) : 201800465 sold October 2019

and it appearing to the Executive Committee that it is in the best interest of the County to dispose of its interest in said property.

WHEREAS, John Estes, Sondra Estes, has bid \$807.40 for the County's interest, such bid having been presented to the Executive Committee at the same time it having been determined by the Executive Committee and the Agent for the County, that the County shall receive from such bid \$300.00 as a return for its certificate(s) of purchase. The County Clerk shall receive \$0.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account, the auctioneer shall receive \$0.00 for his services and the Recorder of Deeds shall receive \$57.40 for recording. The remainder is the amount due the Agent under his contract for services. The total paid by purchaser is \$807.40.

WHEREAS, your Executive Committee recommends the adoption of the following resolution:

BE IT RESOLVED BY THE COUNTY BOARD OF TAZEWell COUNTY, ILLINOIS, that the Chairman of the Board of Tazewell County, Illinois, be hereby authorized to execute a deed of conveyance of the County's interest or authorize the cancellation of the appropriate Certificate(s) of Purchase, as the case may be, on the above described real estate for the sum of \$300.00 to be paid to the Treasurer of Tazewell County Illinois, to be disbursed according to law. This resolution to be effective for sixty (60) days from this date and any transaction between the above parties not occurring within this period shall be null and void.

ADOPTED by roll call vote this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
CLERK

\_\_\_\_\_  
COUNTY BOARD CHAIRMAN

TAZEWELL COUNTY TRUSTEE PAYMENT ACCOUNT

BUSEY BANK PEKIN, IL 61554 70-232-711

2664

PAY EXACTLY FOUR HUNDRED FIFTY DOLLARS ONLY

TO THE ORDER OF Joseph E. Meyer & Assoc Inc Tazewell County Tax Agent

I.D. NO. 0822026T

DATE 10/05/2022

AMOUNT \$450.00

FOR Sale-John Estes 10-22-001

*White Estes*

SECURITY FEATURES INCLUDED. DETAILS ON BACK

VOID AFTER 180 DAYS

0002664 07102568 00343420

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

TAZEWELL COUNTY TRUSTEE PAYMENT ACCOUNT

BUSEY BANK PEKIN, IL 61554 70-232-711

2665

PAY EXACTLY THREE HUNDRED DOLLARS ONLY

TO THE ORDER OF Tazewell County Collector

I.D. NO. 0822026T

DATE 10/05/2022

AMOUNT \$300.00

FOR Sale-John Estes 10-22-001

*White Estes*

SECURITY FEATURES INCLUDED. DETAILS ON BACK

VOID AFTER 180 DAYS

0002665 07102568 00343420

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

TAZEWELL COUNTY TRUSTEE PAYMENT ACCOUNT

BUSEY BANK PEKIN, IL 61554 70-232-711

2666

PAY EXACTLY FIFTY-SEVEN DOLLARS AND FORTY CENTS ONLY

TO THE ORDER OF Tazewell County Recorder

I.D. NO. 0822026T

DATE 10/05/2022

AMOUNT \$57.40

FOR Sale-John Estes 10-22-001

*White Estes*

SECURITY FEATURES INCLUDED. DETAILS ON BACK

VOID AFTER 180 DAYS

0002666 07102568 00343420

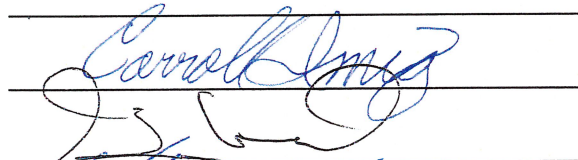
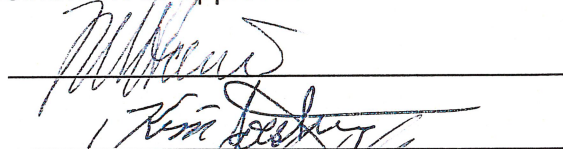
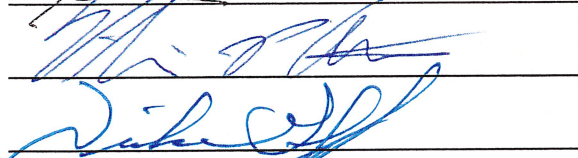
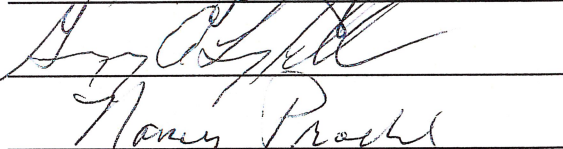

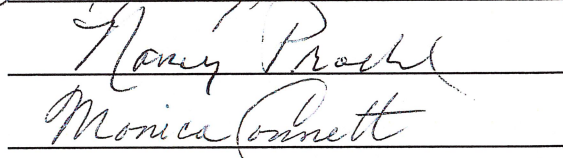

**REAPPOINTMENT**

I, David Zimmerman, Chairman of the Tazewell County (Illinois) Board, hereby reappoint Jeffrey Keyser of 13871 Keyser Road, Mackinaw, IL 61755 to the Mackinaw Valley Water Authority for a term commencing December 1, 2022 and expiring November 30, 2025.

**COMMITTEE REPORT**

TO: Tazewell County Board  
FROM: Executive Committee

This Committee has reviewed the reappointment of Jeffrey Keyser to the Mackinaw Valley Water Authority and we recommend said reappointment be approved.

**RESOLUTION OF APPROVAL**

The Tazewell County Board hereby approves the reappointment of Jeffrey Keyser to the Mackinaw Valley Water Authority.

The County Clerk shall notify the County Board Office and the County Board Office will notify McGrath Law Office of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman

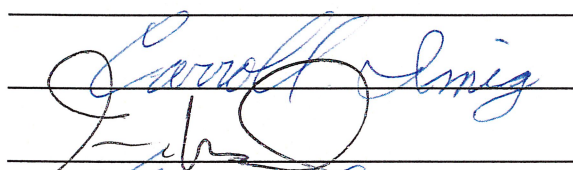
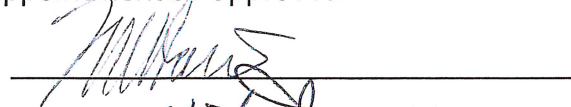
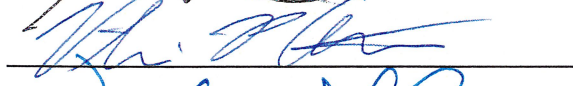
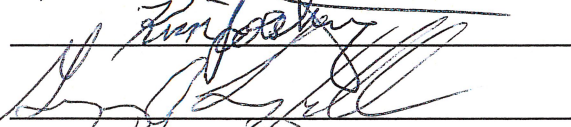
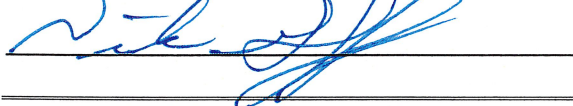
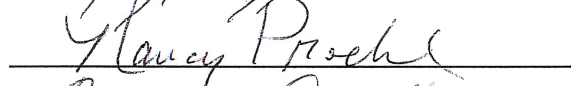
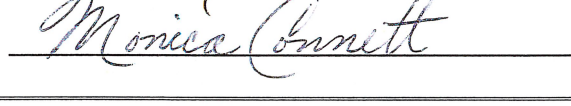
**REAPPOINTMENT**

I, David Zimmerman, Chairman of the Tazewell County (Illinois) Board, hereby reappoint Don Taylor who is employed by Tazewell & Peoria Railroad, 101 Wesley Road, Creve Coeur, IL to the East Peoria Drainage and Levee District for a term commencing September 06, 2022 and expiring September 05, 2025.

**COMMITTEE REPORT**

TO: Tazewell County Board  
FROM: Executive Committee

This Committee has reviewed the reappointment of Don Taylor to the East Peoria Drainage and Levee District and we recommend said reappointment be approved.

**RESOLUTION OF APPROVAL**

The Tazewell County Board hereby approves the reappointment of Don Taylor to the East Peoria Drainage and Levee District.

The County Clerk shall notify the County Board Office and the County Board Office will notify Attorney Kirk Bode of this action.

PASSED THIS 26<sup>th</sup> DAY OF OCTOBER, 2022.

ATTEST:

\_\_\_\_\_  
Tazewell County Clerk

\_\_\_\_\_  
Tazewell County Board Chairman





## **In-Place Finance Committee**

Nick Graff – Chairman

James Carius Community Room

Wednesday, October 26, 2022

I. Roll Call

II. New Business

F-22-37

A. Recommend to approve budget transfer for the Veterans Assistance Commission

F-22-33

B. Recommend to approve lease agreement for office space for the Veterans Assistance Commission and a budget transfer for rent

III. Recess

Members: Chairman Nick Graff, Tammy Rich-Stimson, Bill Atkins, Michael Harris, Carroll Imig, Randi Krehbiel, Greg Menold, David Mingus, Nancy Proehl, Frank Sciortino, Greg Sinn



## **In-Place Human Resources Committee**

Nancy Proehl, Chairman  
James Carius Community Room  
Wednesday, October 26, 2022

I. Roll Call

II. New Business

- HR-22-20      A.    Recommend to approve VSP agreement for optical services
- HR-22-17      B.    Recommend to approve revision in the FY23 Insurance Premiums
- HR-22-19      C.    Recommend to approve the FY23 COBRA rates

III. Recess

Members: Chairman Nancy Proehl, Mike Harris, Bill Atkins, Nick Graff,  
Carroll Imig, Randi Krehbiel, Greg Menold, David Mingus,  
Tammy Rich-Stimson, Frank Sciortino, Greg Sinn



## Tazewell County Board Calendar of Meetings November 2022

<b>Tentative Budget</b> Nick Graff, Chair	Tuesday, November 01 6:00pm - JCCR	All County Board Members
<b>Zoning Board of Appeals</b> Duane Lessen, Chair	Wednesday, November 02 5:30pm – JCCR	Altpeter, Connett, Crawford, Hall, Goddard, Imig, Joesting, Smith
<b>Health Services</b> Bill Atkins, Chair	Thursday, November 03 5:30pm - TCHD	Sinn, Altpeter, Hagaman, Hall, Longfellow, Schneider, Smith
<b>Transportation</b> Greg Menold, Chair	Tuesday, November 08 1:30pm - Tremont	Hall, Connett, Crawford, Goddard, Mingus, Proehl, Schneider
<b>Property</b> Greg Longfellow, Chair	Tuesday, November 08 3:30pm – JCCR	Harris, Graff, Hagaman, Imig, Joesting, Rich-Stimson, Sciortino
<b>Finance</b> Nick Graff, Chair	Tuesday, November 08 following Property – JCCR	Rich-Stimson, Atkins, Harris, Imig, Krehbiel, Menold, Mingus, Proehl, Sciortino, Sinn
<b>Human Resources</b> Nancy Proehl, Chair	Tuesday, November 08 following Finance – JCCR	Harris, Atkins, Graff, Imig, Krehbiel, Menold, Mingus, Rich-Stimson, Sciortino, Sinn
<b>Land Use</b> Kim Joesting, Chair	Tuesday, November 08 5:00pm – Jury Room	Connett, Altpeter, Crawford, Goddard, Hall, Imig, Smith
<b>Insurance Review</b> David Zimmerman, Chair	No November Meeting	Hagaman, Krehbiel, Rich-Stimson
<b>Risk Management</b> David Zimmerman, Chair	Wednesday, November 09 4:00pm – Jury Room	Harris, Atkins, Connett, Graff, Imig, Joesting, Longfellow, Menold, Proehl, Rich-Stimson, Sinn
<b>Executive</b> David Zimmerman, Chair	Wednesday, November 09 following Risk Management	Harris, Atkins, Connett, Graff, Imig, Joesting, Longfellow, Menold, Proehl, Rich-Stimson, Sinn
<b>Veterans Day Holiday</b>	Friday, November 11	County Offices Closed
<b>Board of Health</b> Bobbi Mullis, Chair	TBD 6:30pm - TCHD	Atkins
<b>County Board</b>	Wednesday, November 16 6:00 pm – JCCR	All County Board Members
<b>Final Budget</b>	Wednesday, November 16 immediately following County Board meeting	All County Board Members
<b>Thanksgiving Holiday</b>	Thursday, November 24 and Friday, November 25	County Offices Closed