

**CITY OF LINCOLN REGULAR CITY COUNCIL MEETING**

**AGENDA**

**DECEMBER 7, 2015**

**FOLLOWING THE COMPLETION OF THE  
PUBLIC HEARING FOR 2015 TAX LEVY**

- 1. Call to Order**
- 2. Roll Call**
- 3. Pledge of Allegiance**
- 4. Public Participation**
- 5. Consent Agenda By Omnibus Vote**

All items under the Consent Agenda are considered to be routine in nature and/or non-controversial and will be approved by one motion. If any one wishes to have a separate vote on any item, it will be pulled from the Consent Agenda and voted on separately.

- A. Payment of Bills
- B. Approval of minutes for April 1, 2015 Special Committee of Whole Meeting, September 15, 2015 and September 29, 2015 Committee of Whole Meetings and October 5, 2015 Regular City Council Meeting
- C. Resignation of Martha A. Neitzel as Alderman for Ward 4
- D. Acceptance of the 2014-2015 Audit

**6. Ordinances and Resolutions**

- A. Ordinance approving Tax Levy for tax year 2015
- B. Resolution abating the Tax Levied for 2015 to Pay Debt Service on \$2,285,000 in General Obligation Bonds (Alternative Revenue Source)
- C. Resolution abating the Tax Levied for 2015 to Pay Debt Service on \$5,285,000 in General Obligation Bonds (Alternative Revenue Source)

**7. Bids**

**8. Reports**

**9. New Business/Communications**

- A. Approval of 2016 Meeting Dates and Holiday Schedule
- B. Approval of 2016 Health Insurance Policy Renewal
- C. Approval of additional prescription plan with Health Alliance for Medicare Members
- D. Approval of 2016 Liability Insurance Policy Renewal
- E. Approval of branding initiative from DCC Marketing in an amount not to exceed \$17,225.00
- F. Advise and consent to the Mayoral appointment of Alderman for Ward 4
- G. Petition submitted by Quality Glass & Glazing, Inc. to close the alley between N. Chicago Street and N. Kickapoo Street (Pekin and Delavan Streets) on December 12, 2015 for business auction from 10:00 a.m. until the end of the auction
- H. Approval of closing City Hall on Thursday, December 24, 2015 and at 12:00 p.m. on Thursday, December 31, 2015

**10. Possible Executive Session**

**11. Adjournment**

We welcome the participation of persons with disabilities at all City of Lincoln meetings. If auxiliary aid or service is required for most effective participation and communication, please notify the City Clerk's Office at 217-735-2815 or [cityclerk@lincoln.il.gov](mailto:cityclerk@lincoln.il.gov) no later than 48 hours prior to the meeting time.

Lincoln, Illinois  
Special City Council Committee of the Whole Meeting  
April 1, 2015  
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Minutes of the Special City of Lincoln City Council Committee of the Whole Meeting held in the Council Chambers on Tuesday, April 1, 2015.

Those present were Alderman Bauer, Alderman Cooper, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, Alderman Parrott, and Alderman Tibbs. Also present were Street Superintendent Mr. Landers, Safety and Building Officer Mr. Lebegue, Fire Chief Miller, American Water/EMC Mgr. Mr. Ferguson, Police Chief Greenslate, and Deputy Police Chief Adams. Also present were City Clerk Mrs. Gehlbach, Deputy City Clerk Mrs. Fulk, City Treasurer Mr. Conzo, City Administrator Mr. Johnson, and Recording Secretary Mrs. Riggs.

Temporary Chairman Neitzel called the meeting to order at 6:30 p.m. City Clerk Mrs. Gehlbach called the roll call. There were eight Aldermen present (Alderman Bauer, Alderman Cooper, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, Alderman Parrott, and Alderman Tibbs) and none absent.

A moment of silence was given in memory of William C. Bates, father of City Attorney William B. Bates and grandfather of City Attorney Blinn Bates. The Pledge of Allegiance was led by Mayor Pro Tem Neitzel.

*Fiscal Year 2015/2016 Draft Budget Discussion:*

*Overview*

City Administrator Mr. Johnson has been developing a plan to cover if the State cuts 50% of the income tax which would be approximately \$717,750.00. The City wants to freeze the real estate taxes. The Governor has floated the idea of freezing the real estate taxes for a specific number of years. The City is still trying to give the citizens the services by keeping the equipment up to date.

Alderman Mourning asked about the plan for capital equipment. City Administrator Mr. Johnson said there is nothing set for the capital equipment. Alderman Tibbs said they normally have gone line for line and use highlighters and red pens. City Administrator Mr. Johnson said the strategic plan will drive the budget. Alderman Hoinacki said they went through each department's budget with the Department Head.

City Administrator Mr. Johnson said there are no new employees. They are giving 3% raises for full time employees and 25 cents for the part time employees. Mr. Johnson believes that the City should use small items in the General Bond.

*Departmental Budget Discussion*

Police Chief Greenslate said the clerical position is being paid \$10,000.00 less than the former clerical person with the salary being \$35,000.00. The overtime line has decreased by 25% due to the 12 hour shifts. The uniform line covers bullet proof vests and equipment. Technology is being moved to one separate line. The repairs equipment line was decreased to \$2,000.00. There is new technology with using body cameras but the City of Lincoln will wait until the State Supreme Court makes a decision on the issue. The vehicle repair line is showing an increase in the budget because it has already gone above what was budgeted this year. The Police Department would appreciate two (2) new cars but if they are not allowed then the repair line will need to be raised. Radios have gotten more expensive and that line item was raised to cover new ones. The Equipment replacement Fund is being deleted. The Investigations line has been raised to \$7,000.00 due to the high cost of keeping items in police custody. The labor attorney line has already gone over due to disputes and grievances. Training is an important area for both police and fire. When police departments get sued the first place that is looked at is the training line. The telephone line is the contract amount. The Police Department would like to bring back the citizen police academy. The department could also like to purchase new portable breath analyzers for alcohol stops. Tuition reimbursement is in the budget for \$20,000.00 because it is in the police contract.

Alderman Tibbs felt that the clerical person should be at \$30,000.00. Alderman Bauer said they could not take the money away. Deputy Chief Adams said the clerical person is an appointed position. Temporary Chairman Neitzel said the Council was never a part of the salary discussion.

City Treasurer Conzo stated that there would be an amended budget for 2014/2015 to make transfers to cover all the lines that are over their budget.

*City Clerk Budget*

City Clerk Mrs. Gehlbach said that the Deputy Clerk's salary is in two places with it being a half in each line. The two places are City Clerk and Sewer.

Deputy City Clerk Mrs. Fulk said she wanted to donate \$500.00 of her raise to Dawn Crowell. Alderman Bauer said she was ok with 3% increases raises but it has to be looked at after they have the full picture of the budget.

City Clerk Mrs. Gehlbach talked about Dawn Crowell and her creating the software for the sewer bills. She has saved the city money by not using WTI. She was the one that came up with the paper statements.

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*Sewer*

Mr. Ferguson went over the sewer plant line with the following changes:

5230 – Engineering up to \$15,000.00  
7860 – Equipment up to \$50,000.00  
7862 – Vehicles up to \$10,000.00  
7864 – Buildings & Grounds up to \$25,000.00

Break at 8:57 p.m. and return at 9:10 p.m.

*Building and Zoning*

The Building and Zoning Office has decreased the Zoning Board of Appeals line to \$500.00. The salaries for the part time office help has increased to \$15,652.00. The dues have been increased to \$600.00. The travel and training line was increased to \$2,000.00. The telephone/pagers line item was decreased to \$2,000.00. The demolition/cleanup was increased to \$15,000.00.

*City Administrator*

Capital Projects – Did not get to this item.  
Budget Considerations – Did not get to this item.

**Other Discussion:**

There was no Other Discussion.

**Upcoming Meetings:**

**Council: Monday, April 6, 2015 – 7:00 p.m.**  
**Committee of Whole: Tuesday, April 14, 2014 – 7:00 p.m.**

Alderman Tibbs made a motion to adjourn the meeting and Alderman Hoinacki seconded it. There were eight yeas (Alderman Bauer, Alderman Cooper, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, Alderman Parrott, and Alderman Tibbs) zero nays, and none absent; motion carried.

The City of Lincoln Committee of the Whole Meeting adjourned at 9:42 p.m.

Respectfully submitted,

Risa Riggs  
Recording Secretary

Lincoln, Illinois  
City Council Committee of the Whole Meeting  
September 15, 2015  
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Minutes of the City of Lincoln City Council Committee of the Whole Meeting held in the Council Chambers on Tuesday, September 15, 2015.

Those present were Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Tibbs, one seat vacant and one absent (Alderman Parrott). Also present were Street Department Superintendent Mr. Landers, Fire Chief Miller, Building and Safety Officer Mr. Lebegue, EMC Manager Mr. Ferguson, and Police Chief Adams. Also present were City Administrator Mr. Johnson, City Clerk Mrs. Gehlbach, and City Treasurer Mr. Conzo.

Mayor Pro Tem Neitzel called the meeting to order at 7:00 p.m. There were six Aldermen present (Alderman Bauer, Alderman Hoinacki Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Tibbs), one seat vacant and one absent (Alderman Parrott).

Acting Mayor Neitzel led the Pledge of Allegiance.

Acting Mayor Neitzel announced that City Attorney Mr. Blinn Bates was not able to attend the meeting.

*Presentation by Together for Lincoln*

Mr. Norm Newhouse said it was never the intention to do Together for Lincoln this long. He started looking at one last project and it was decided to build a pavilion at Ray White Park. It will be 24 X 40 and with a concrete floor. He said they would like to begin the next day with the project. The project will be finished on Sunday, September 27, 2015.

Alderman Mourning thanked Mr. Newhouse and those who helped with the Together for the Lincoln.

Public Participation:

Mrs. Wanda Rohlf's thanked Alderman Bauer for her comments which answered many questions that she had on the fence code. She wanted to know about the Rules of Order where it talks about private companies or partnerships.

City Administrator Mr. Johnson said this was so businesses could not come in to tell about specials for their company. This does not include entities that are not for profit such as Logan County Alliance.

**Request to Permit:**

*Homecoming Decorating on Wyatt Avenue by LCHS Football Boosters*  
*Homecoming Parade by LCHS*  
*Harvest of Talents*  
*Logan County Health Department*

These were all placed on the Consent Agenda for Monday, September 21, 2015.

**Logan County Bike Trail Plan Amendment:**

Mr. Bret Aukamp said it had been a few weeks since he had been there. This has been approved by the Logan County Regional Planning Commission and the City of Atlanta for their portion. This allows the plan to move forward and the City will then proceed as the City of Lincoln has the money. Mr. Aukamp would like to see the trail up to Kickapoo Park be the first part. Alderman Bauer wanted to see cohesion between the City and County. Mr. Aukamp said a plan is in place and they can take small steps to get the process going. Alderman Hoinacki asked to place this on the Regular Agenda for Monday, September 21, 2015.

**Ordinance: Amending City Code for Fence Requirement:**

Building and Safety Officer Mr. Lebeque said the fence requirement code has been amended and did not see any other issues. Alderman Bauer said there are fence issues within her Ward and a lot must have gotten an okay to change the setback. Mr. Landers said 3 feet would be better than 6 inches and it would be better for them plowing the alleys. Alderman Tibbs did not have a problem with the requirement. The existing fences are grandfathered in. Alderman Hoinacki, Alderman Neitzel, and Alderman Bauer were all in favor of 3 feet. It was agreed to change the Ordinance to 3 feet.

This will be placed on the agenda for Monday, September 21, 2015.

**Ordinance: Borrowing of Funds for the Purchase of Various Equipment:**

The total cost for the Fire Department rescue vehicles, two replacement Police vehicles, and a Spray Patching unit for the Street Department would be \$216,979.66. Two quotes were received with one being publicfinance.com and the other from State Bank of Lincoln. State Bank of Lincoln came in with the lowest rate of 2.75%. The repayment will be through the Equipment Replacement Fund. The City of Lincoln will make payments through the Equipment Replacement Fund. The City of Lincoln must approve an Ordinance allowing the borrowing of funds under 65 ILCS 5/8-1-3.1.

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**Resolution: Establishing a Salary for the Deputy Police Chief:**

City Administrator Mr. Johnson said that the City of Lincoln has to set the wages for the Deputy Police Chief. The salary of \$68,870.00 will be the salary which was the salary when Police Chief Adams came on as Deputy Chief.

**School Resource Officer Agreement – Lincoln Police Department and Lincoln Community High School:**

Each year school year the City of Lincoln has School Resource Officer, Tim Butterfield and the City of Lincoln enters into an agreement with Lincoln Community High School. The school pays half of Officer Butterfield's salary and the City pays the other half with each half being \$26,604.00. On the days the school is closed Officer Butterfield either uses personal days or works in the police department. During the summer months Officer Butterfield is in a patrol car.

**Waiver of Conflict of Interest for Enterprise Zone Ordinance Review:**

City Attorney Mr. Blinn Bates represents other municipalities in the Enterprise zone and the City of Lincoln needs to do a waiver of Conflict of Interest to allow Mr. Bates to enter into discussions for the Enterprise Zone.

It was agreed to place this on the Consent Agenda for Monday, September 21, 2015.

**City of Lincoln Rules of Order for Meetings of the City Council:**

The Rules of Order are set to allow people to speak at the City Council meetings. These rules are currently being used but this sets the rules for speaking at the City of Lincoln Council meetings.

**City Hall Recycling Contract – Area Disposal:**

Midwest Fiber, Inc. has offered to continue their services at a price of \$30.00 per service for the first 65 gallon container plus a fuel charge. Area Disposal was contacted and they will do a 90 gallon container for this service at \$18.00 per month and the contract is for 36 months.

**New Hire Confirmation – Police Department:**

Police Chief Adams would like to hire Brandon Berkley, as a police officer who is first on the list by the Fire and Police Commission. This was already approved and they were just keeping the Lincoln City Council up to date.

**Declaration of Surplus Property:**

Police Chief Adams said the department would like to sell a 1998 Ford Crown Victoria. City Administrator Mr. Johnson said this would require an Ordinance.

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**Municipal Aggregation Update – Oral Reporting Only:**

City Administrator Mr. Johnson said they have heard that Ameren may be raising their rates in October and the City of Lincoln and other municipalities are looking to see if the rates can be lowered.

**Appointment of Acting Mayor:**

City Administrator Mr. Johnson asked to place this on the Agenda for Monday, September 21, 2015.

**Other Discussion:**

Alderman Mourning said this weekend is a very busy weekend for Lincoln. There will be the Railsplitter Festival, Woofstock at Latham Park and the Soccer tournament will be played this weekend.

**Possible Executive Session:**

There was no Executive Session.

**Upcoming Meetings:**

**Council: Monday, October 5, 2015 – 7:00 p.m.**

**Committee of Whole: Tuesday, October 13, 2015 – 7:00 p.m.**

Alderman Tibbs made a motion to adjourn the meeting and Alderman Horn seconded it. There were six ayes (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Tibbs), zero nays, one seat vacant and one absent (Alderman Parrott); motion carried.

The City of Lincoln Committee of the Whole Meeting adjourned at 8:20 p.m.

Respectfully submitted,

Risa Riggs  
Recording Secretary

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City Council Committee of the Whole Meeting  
September 29, 2015  
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Minutes of the City of Lincoln City Council Committee of the Whole Meeting held in the Council Chambers on Tuesday, September 29, 2015.

Those present were Alderman Bauer, Alderman Hoinacki Alderman Horn, Alderman Mourning, Alderman Neitzel, Alderman Parrott, and Alderman Tibbs, one seat vacant and none absent. Also present were Street Department Superintendent Mr. Landers, Fire Chief Miller, Building and Safety Officer Mr. Lebegue, and Deputy Police Chief Vhalovich. Also present were City Clerk Mrs. Gehlbach, City Attorney Mr. Blinn Bates, City Treasurer Mr. Conzo, and Recording Secretary Mrs. Riggs.

Acting Mayor Neitzel called the meeting to order at 7:00 p.m. There were seven Aldermen present (Alderman Bauer, Alderman Hoinacki Alderman Horn, Alderman Mourning, Alderman Neitzel, Alderman Parrott and Alderman Tibbs), one seat vacant and none absent.

Acting Mayor Neitzel led the Pledge of Allegiance.

Public Participation:

There was no Public Participation.

Request to Permit:

Knights of Columbus – Tootsie Roll Drive

Acting Mayor Neitzel said this had already been done but wanted it on the Consent Agenda for Monday, October 5, 2015.

Proclamation for Fire Safety Month:

Acting Mayor Neitzel said this Proclamation would be placed on the regular agenda for Monday, October 5, 2015.

Ordinance Enforcement of Fire Lanes:

Deputy Police Chief Vhalovich said he and Police Chief Adams started looking into the issue of the fire lanes. By checking into this they found that the Police Department could not enforce the fire lanes on private property. Wal-Mart requested the enforcement of the fire lanes. This would allow the establishment and enforcement of the fire lanes.

This will be placed on the regular Agenda for Monday, October 5, 2015.

Highway Authority Agreement – 725 Broadway Street:

This was a request from Illico, Inc. at 725 Broadway Street. There is a leaking underground storage tank. This is the request to begin the process. The cost will be Illico's responsibility.

This will be placed on the regular Agenda for Monday, October 5, 2015.

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**Appointment of Mayor Pro Tem:**

Acting Mayor Neitzel said to place this on the Agenda for Monday, October 5, 2015.

**Other Discussion:**

*Reports from Illinois Municipal League Annual Conference for Monday, October 5, 2015*  
Acting Mayor Neitzel said all the attendees will have a chance to speak during Public Participation on Monday, October 5, 2015.

Fire Chief Miller said the removal of the rail cars will start on Monday, October 5, 2015. These will be hauled out on truck haulers with cranes lifting them onto the haulers. This is the first opportunity that they have been able to get cranes. This will be placed on the Consent Agenda for Monday, October 5, 2015.

Alderman Mourning wanted the constituents to contact their Aldermen with their issues so the Aldermen can take the complaints. By doing this, the Aldermen can take these to the City Administrator and a paper trail for follow through would be started.

Street Superintendent Mr. Landers said the rail crossings will begin next week on Pulaski and Tremont Streets.

Fire Chief Miller said there will be some outside work will be done around City Hall before the winter weather arrives. There are several areas that need different types of repairs. Alderman Mourning complimented the City for the phone upgrade which will save the City \$7,500.00 by doing these projects.

Acting Mayor Neitzel announced the activities at the Ray White Park on Thursday, October 8, 2015 beginning at 5:30 p.m. There is a rain date for October 15, 2015.

Acting Mayor Neitzel said they have Paint the Town Red with tulips being available for purchase of 60 bulbs for \$15.00.

Acting Mayor Neitzel said the October edition of The Linc was passed out to everyone and they are being sent out in the sewer bills.

**Possible Executive Session:**

There was no Executive Session.

**Upcoming Meetings:**

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**Council: Monday, October 5, 2015 – 7:00 p.m.**  
**Committee of Whole: Tuesday, October 13, 2015 – 7:00 p.m.**

Alderman Tibbs made a motion to adjourn the meeting and Alderman Horn seconded it. There were seven ayes (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, Alderman Parrott and Alderman Tibbs), zero nays, one seat vacant and none absent; motion carried.

The City of Lincoln Committee of the Whole Meeting adjourned at 7:39 p.m.

Respectfully submitted,

Risa Riggs  
Recording Secretary

Minutes of a regular City Council Meeting held in the Council Chambers of City Hall, Lincoln, IL, on Monday, October 5, 2015.

Acting Mayor Neitzel called the regular City Council Meeting to order at 7:00 p.m.

City Clerk Mrs. Gehlbach called the roll. There were six Aldermen present (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Parrott), one seat vacant and one absent (Alderman Tibbs). Also present were Street & Alley Superintendent Mr. Landers, EMC/American Water Manager Mr. Ferguson, Fire Chief Miller, and Police Chief Adams. Also present were City Treasurer Mr. Conzo, City Administrator Mr. Johnson, City Clerk Mrs. Gehlbach, and Recording Secretary Mrs. Riggs.

Acting Mayor Neitzel led The Pledge of Allegiance.

**Public Participation:**

*Reports City Officials who attended the Illinois Municipal League Conference in September 2015*  
Acting Mayor Neitzel reported that she had attended Women in Government, Vision 20/20 Filling the Promise of Public Education, and Round Table Discussion. Alderman Hoinacki reported on Doing Downtown Differently, Social Media Best Practices, and Community Revitalization. Alderman Horn reported she attended the Opening Ceremony, Round Table for Women, and Economic Impact of Tourism. Alderman Bauer reported that there were sessions on TIF, Property Blight, Retail Coach, video gaming, and one that she went to talked about how the Council should be working together. City Administrator Mr. Johnson said having been to two different states municipal league conferences he thought the one in Illinois was more for the entire state.

**Mayor Pro Tem Neitzel called for the Consent Agenda by Omnibus Vote:**

*Payment of Bills*

*Approval of the meeting minutes for the December 10, 2013, February 25, 2014, March 25, 2014, and August 11, 2015 Committee of the Whole Meetings, and July 20, 2015 Regular City Council Meeting*

*Request from Knights of Columbus 1250 for the Tootsie Roll Drive on Friday, September 26, 2015 and Saturday, September 27, 2015 from 8:00 a.m. to 5:00 p.m. at the intersection of Broadway and McLean Streets*

*Request to Permit Closing of Chicago Street between Pulaski Street and Broadway Street from October 5, 2015 through October 9, 2015 for removal of train cars*

Alderman Horn moved to approve the Consent Agenda as read and Alderman Hoinacki seconded it. City Clerk Mrs. Gehlbach called the roll call. There were six yeas (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Parrott), zero nays, one seat vacant and one absent (Alderman Tibbs); motion carried.

**New Business/Communications:**

There was no New Business/Communications to come before the City Council.

**Ordinances and Resolutions**

*Ordinance #2015- Creating Section 9-5-22 of the City Code regulating fire lanes*

Alderman Bauer moved to approve and Alderman Mourning seconded it. City Clerk Mrs. Gehlbach called the roll call. There were six yeas (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Parrott), zero nays, one seat vacant and one absent (Alderman Tibbs); motion carried.

**Bids:**

There were no Bids to come before the City Council.

**Unfinished Business:**

There was no Unfinished Business to come before the City Council.

**Reports:**

There were no Reports to come before the City Council.

**New Business/Communications:**

*Advise and consent to appoint a Mayor Pro Tem*

Alderman Bauer moved to approve Jeff Hoinacki as Mayor Pro Tem and Alderman Parrott seconded it. City Clerk Mrs. Gehlbach called the roll call. There were five yeas (Alderman Bauer, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Parrott), zero nays, one abstention (Alderman Hoinacki), one seat vacant and one absent (Alderman Tibbs); motion carried.

*Swearing in of Mayor Pro Tem*

Acting Mayor Neitzel swore in Jeff Hoinacki as Mayor Pro Tem.

*Approval of Highway Authority Agreement between the City of Lincoln and Illico, Inc. for the property at 725 Broadway Street*

Alderman Horn moved to approve and Alderman Mourning seconded it. City Clerk Mrs. Gehlbach called the roll call. There were six yeas (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Parrott), zero nays, one seat vacant and one absent (Alderman Tibbs); motion carried.

*Proclamation for Fire Prevention Week*

Alderman Bauer moved to approve and Alderman Mourning seconded it. City Clerk Mrs. Gehlbach called the roll call. There were six yeas (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Parrott), zero nays, one seat vacant and one absent (Alderman Tibbs); motion carried.

Announcements:

Alderman Horn said the Oasis had a wonderful fundraiser on Saturday, October 3, 2015.

Alderman Bauer said Thursday, October 7, 2015 at Ray White Park there would be activities for everyone, food, and different vehicles from the City of Lincoln departments for the children to check out.

City Treasurer Mr. Conzo said there will be a blessing at the Humane Society of Logan County, Saturday, October 10, 2015 at 10:00 a.m.

Acting Mayor Neitzel commended the Fire Department for the pancake breakfast for the 3<sup>rd</sup> grade class from Central School.

Acting Mayor Neitzel said tomorrow, October 6, 2015 the cranes will be removed from the Depot.

Acting Mayor Neitzel commended Lincoln Community High School for the parade.

Acting Mayor Neitzel thanked the Fire Department for the parade that was held on Sunday.

**Executive Session**

There was no Executive Session.

Alderman Hoinacki moved to adjourn the meeting and Alderman Horn seconded it. There were six yeas (Alderman Bauer, Alderman Hoinacki, Alderman Horn, Alderman Mourning, Alderman Neitzel, and Alderman Parrott), zero nays, one seat vacant and one absent (Alderman Tibbs); motion carried.

The City Council Meeting was adjourned at 7:46 p.m.

Respectfully Submitted By:

Risa Riggs  
Recording Secretary

December 4, 2015

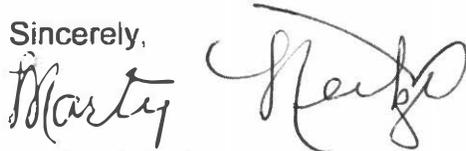
City Council of Lincoln  
700 Broadway St  
Lincoln, IL 62656

Dear City Council,

Please accept this letter as notice of my resignation from my position as City Councilman of Ward 4. This will be my last day to hold this position.

It has been a pleasure to represent the citizens of Ward 4 over the last 13 years. I am looking forward to continuing to serve the citizens in my new position as Acting Mayor and to working with the City Council for the betterment of the City of Lincoln.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marty Neitzel". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Martha "Marty" Neitzel

## MEMORANDUM

**TO:** Mayor and Aldermen of the City of Lincoln

**FROM:** Clay T. Johnson, City Administrator 

**MEETING**

**DATE:** November 24, 2015

**RE:** **Acceptance of 2015 Audit**

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On Tuesday evening, Lori Milosevich of Estes, Bridgewater, and Ogden will be presenting to the Council the final draft of the 2015 Financial Audit. In a preliminary meeting, Lori was pleased with the findings of the audit and only had a few recommendations on the balances of some funds. This includes funds that have some left over dollars that have gone unused for years. This may be something that the City Treasurer can complete at year end.

A hard copy of the audit will be at your places in the Council Chambers for your review. The electronic version was included with your COW materials on Friday.

Even though I don't believe it is a past practice, I think it would be appropriate for the Council to accept the findings of the audit. This action, while not as important when items are in compliance, would be a good practice for items that should be addressed.

**COW Recommendation: Place Acceptance of the 2015 Audit on the December 7<sup>th</sup> Consent Agenda.**

**Council Recommendation: Accept the findings of the 2015 Audit prepared by Estes, Bridgewater, and Ogden as part of the consent agenda.**

CITY OF LINCOLN, ILLINOIS  
 AUDIT SUMMARY FOR APRIL 30, 2015 AND 2014  
 GOVERNMENTAL FUNDS

	<u>GENERAL FUND</u>		
	<u>2015 Budget</u>	<u>2015 Actual</u>	<u>2014 Actual</u>
<b>REVENUES</b>			
Taxes .....	\$ 8,646,782	\$ 7,452,625	\$ 6,702,751
Intergovernmental revenue.....	-	612,265	-
Fees, Licenses, Fines and Charges for Services.....	528,810	480,566	514,202
Investment income .....	7,300	4,360	6,085
Other/grants.....	<u>79,829</u>	<u>274,948</u>	<u>212,893</u>
Total Revenues .....	<u>9,262,721</u>	<u>8,824,764</u>	<u>7,435,931</u>
<b>EXPENDITURES</b>			
General Government.....	2,301,366	2,264,104	2,282,020
Public safety .....	3,231,386	3,276,770	3,345,953
Public works/transportation.....	818,208	1,071,216	942,941
Capital outlay .....	-	2,708,251	1,266,336
Debt service.....	<u>-</u>	<u>-</u>	<u>-</u>
Total Expenditures .....	<u>6,350,960</u>	<u>9,320,341</u>	<u>7,837,250</u>
<b>OTHER FINANCING SOURCES (USES)</b>			
Transfers in.....	-	545,669	88,900
Transfers out.....	( 2,906,594)	( 387,449)	( 323,272)
Total Other Financing Sources (Uses).....	( 2,906,594)	<u>158,220</u>	( 234,372)
<b>NET CHANGE IN FUND BALANCE</b> .....	<u>\$ 5,167</u>	( 337,357)	( 635,691)
FUND BALANCE – Beginning .....		<u>3,295,388</u>	<u>3,931,079</u>
<b>FUND BALANCE – Ending</b> .....		<u>\$ 2,958,031</u>	<u>\$ 3,295,388</u>

	<u>TIF FUND</u>		
	<u>2015 Budget</u>	<u>2015 Actual</u>	<u>2014 Actual</u>
<b>REVENUES</b>			
Taxes .....	\$ 1,000	\$ 6,182	\$ 984
Investment income .....	<u>1,000</u>	<u>1,341</u>	<u>-</u>
Total Revenues .....	<u>2,000</u>	<u>7,523</u>	<u>984</u>
<b>EXPENDITURES</b>			
Economic development.....	<u>2,350,550</u>	<u>1,250,591</u>	<u>9</u>
Total Expenditures .....	<u>2,350,550</u>	<u>1,250,591</u>	<u>9</u>
<b>OTHER FINANCING SOURCES (USES)</b>			
Bond proceeds.....	2,350,000	2,285,000	-
Bond premium.....	<u>-</u>	<u>61,571</u>	<u>-</u>
Total Other Financing Sources (Uses).....	<u>2,350,000</u>	<u>2,346,571</u>	<u>-</u>
<b>NET CHANGE IN FUND BALANCE</b> .....	<u>\$ 1,450</u>	1,103,503	975
FUND BALANCE – Beginning .....		<u>975</u>	<u>-</u>
<b>FUND BALANCE – Ending</b> .....		<u>\$ 1,104,478</u>	<u>\$ 975</u>

CITY OF LINCOLN, ILLINOIS  
 AUDIT SUMMARY FOR APRIL 30, 2015 AND 2014  
 GOVERNMENTAL FUNDS

	<b>MOTOR FUEL TAX FUND</b>		
	2015 Budget	2015 Actual	2014 Actual
<b>REVENUES</b>			
Taxes .....	\$ 358,974	\$ 355,451	\$ 424,815
Other/grants.....	-	-	5,356
Investment income .....	<u>1,500</u>	<u>1,267</u>	<u>1,426</u>
Total Revenues .....	<u>360,474</u>	<u>356,718</u>	<u>431,597</u>
<b>EXPENDITURES</b>			
Public works.....	<u>1,065,309</u>	<u>502,485</u>	<u>362,090</u>
Total Expenditures .....	<u>1,065,309</u>	<u>502,485</u>	<u>362,090</u>
<b>OTHER FINANCING SOURCES (USES)</b>			
State Grant.....	-	133,486	-
Total Other Financing Sources (Uses).....	-	133,486	-
<b>NET CHANGE IN FUND BALANCE</b> .....	(\$ <u>704,835</u> )	( 12,281)	69,507
FUND BALANCE – Beginning.....		<u>736,104</u>	<u>666,597</u>
<b>FUND BALANCE – Ending</b> .....		<u>\$ 723,823</u>	<u>\$ 736,104</u>

	<b>NONMAJOR FUNDS</b>	
	2015 Actual	2014 Actual
<b>REVENUES</b>		
Taxes .....	\$ 354,668	\$ 219,170
Fees, Licenses, Fines and Charges for Services.....	226,390	124,939
Investment income .....	<u>1,430</u>	<u>1,036</u>
Total Revenues .....	<u>582,488</u>	<u>345,145</u>
<b>EXPENDITURES</b>		
General Government.....	192,719	61,587
Public works/transportation.....	64,864	78,034
Capital outlay .....	696,939	248,117
Debt service.....	<u>232,537</u>	<u>301,860</u>
Total Expenditures.....	<u>1,187,059</u>	<u>689,598</u>
<b>OTHER FINANCING SOURCES (USES)</b>		
Grant proceeds .....	377,803	60,370
Settlement – common Wealth Edison.....	404,894	501,364
Transfers in.....	387,449	323,272
Transfers out.....	( <u>545,669</u> )	( <u>88,900</u> )
Total Other Financing Sources (Uses).....	<u>624,477</u>	<u>796,106</u>
<b>NET CHANGE IN FUND BALANCE</b> .....	19,906	451,653
FUND BALANCE – Beginning.....	<u>1,153,994</u>	<u>702,341</u>
<b>FUND BALANCE – Ending</b> .....	<u>\$ 1,173,900</u>	<u>\$ 1,153,994</u>

**CITY OF LINCOLN, ILLINOIS  
STATEMENTS OF NET POSITION  
GOVERNMENTAL ACTIVITIES  
APRIL 30, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
<b>ASSETS</b>		
Current Assets.....	\$ 7,970,933	\$ 7,170,187
Capital Assets.....	<u>11,848,224</u>	<u>8,956,477</u>
<b>TOTAL ASSETS</b> .....	<b><u>19,819,157</u></b>	<b><u>16,126,664</u></b>
<b>LIABILITIES</b>		
Current Liabilities.....	397,116	294,772
Noncurrent Liabilities .....	4,095,066	1,506,567
Deferred Inflows of Resources – Property Taxes .....	<u>1,900,450</u>	<u>1,904,955</u>
<b>TOTAL LIABILITIES</b> .....	<b><u>6,392,632</u></b>	<b><u>3,706,294</u></b>
<b>NET POSITION</b>		
Net Investment in Capital Assets .....	9,039,621	8,216,873
Restricted.....	3,216,723	763,380
Unrestricted.....	<u>1,170,181</u>	<u>3,440,117</u>
<b>TOTAL NET POSITION</b> .....	<b><u>\$13,426,525</u></b>	<b><u>\$12,420,370</u></b>

**STATEMENTS OF ACTIVITIES  
GOVERNMENTAL FUNDS  
APRIL 30, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
<b>REVENUES</b>		
Taxes .....	\$ 7,813,476	\$ 7,347,721
Fees, Licenses, Fines and Charges for Services.....	706,958	639,141
Operating/Capital grants and contributions.....	1,911,343	137,728
Refunds and reimbursements.....	183,701	-
Miscellaneous.....	125,372	140,891
Investment income .....	<u>8,398</u>	<u>8,547</u>
Total Revenues .....	<u>10,749,248</u>	<u>8,274,028</u>
<b>EXPENDITURES</b>		
General Government .....	2,722,296	2,459,524
Public safety .....	3,810,794	4,017,730
Economic development.....	1,202,145	-
Public works/transportation.....	1,991,322	1,683,499
Interest on debt.....	<u>16,536</u>	<u>12,209</u>
Total Expenditures.....	<u>9,743,093</u>	<u>8,172,962</u>
<b>NET CHANGE IN FUND BALANCE</b> .....	1,006,155	101,066
<b>FUND BALANCE – Beginning</b> .....	<u>12,420,370</u>	<u>12,319,304</u>
<b>FUND BALANCE – Ending</b> .....	<b><u>\$13,426,525</u></b>	<b><u>\$12,420,370</u></b>

CITY OF LINCOLN, ILLINOIS  
STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION  
PROPRIETARY FUND – SEWER FUND  
APRIL 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<b>OPERATING REVENUES</b>		
User charges .....	\$ 2,889,050	\$ 2,875,365
Other income .....	<u>68,451</u>	<u>15,484</u>
Total Operating Revenues .....	<u>2,957,501</u>	<u>2,890,849</u>
<b>OPERATING EXPENSES</b>		
Operating expenses .....	1,830,006	1,821,198
Depreciation .....	<u>432,719</u>	<u>442,904</u>
Total Operating Expenses .....	<u>2,262,725</u>	<u>2,264,102</u>
<b>OPERATING INCOME (LOSS)</b> .....	<u>694,776</u>	<u>626,747</u>
<b>NONOPERATING REVENUE (EXPENSES)</b>		
Investment income .....	943	1,522
Interest (expense) .....	( <u>110,713</u> )	( <u>152,394</u> )
Total Nonoperating Revenues (Expenses) .....	( <u>109,770</u> )	( <u>150,872</u> )
<b>CHANGE IN NET POSITION</b> .....	585,006	475,875
<b>NET POSITION – Beginning</b> .....	<u>2,994,854</u>	<u>2,518,979</u>
<b>NET POSITION – Ending</b> .....	<u>\$ 3,579,860</u>	<u>\$ 2,994,854</u>

STATEMENT OF NET POSITION  
PROPRIETARY FUND – SEWER FUND  
APRIL 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<b>ASSETS</b>		
Current Assets .....	\$ 1,044,465	\$ 1,175,516
Capital Assets .....	<u>7,607,822</u>	<u>7,381,330</u>
<b>TOTAL ASSETS</b> .....	<u>8,652,287</u>	<u>8,556,846</u>
<b>LIABILITIES</b>		
Current Liabilities .....	525,000	504,199
Noncurrent Liabilities .....	<u>4,547,427</u>	<u>5,057,793</u>
<b>TOTAL LIABILITIES</b> .....	<u>5,072,427</u>	<u>5,561,992</u>
<b>NET POSITION</b>		
Net Investment in Capital Assets .....	2,535,395	1,819,870
Restricted for Debt Service .....	1,149,892	1,149,892
Unrestricted .....	( <u>105,427</u> )	<u>25,092</u>
<b>TOTAL NET POSITION</b> .....	<u>\$ 3,579,860</u>	<u>\$ 2,994,854</u>

CITY OF LINCOLN, ILLINOIS  
 STATEMENT OF FIDUCIARY NET POSITION  
 POLICE AND FIRE PENSION TRUST FUND  
 APRIL 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>ASSETS</b>		
Cash.....	\$ 287,445	\$ 790,629
Investments/Accrued Interest.....	<u>15,053,551</u>	<u>14,448,925</u>
<b>TOTAL ASSETS.....</b>	<b><u>15,340,996</u></b>	<b><u>15,239,554</u></b>
<b>LIABILITIES</b>		
Current liabilities.....	<u>-</u>	<u>-</u>
<b>NET POSITION HELD IN TRUST FOR PENSION BENEFITS.....</b>	<b><u>\$15,340,996</u></b>	<b><u>\$15,239,554</u></b>

STATEMENT OF CHANGES IN FIDUCIARY NET POSITION  
 POLICE AND FIRE PENSION TRUST FUND  
 APRIL 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<b>ADDITIONS</b>		
Contributions.....	\$ 1,561,697	\$ 1,378,577
Investment income.....	<u>733,400</u>	<u>1,148,712</u>
Total Additions.....	<u>2,295,097</u>	<u>2,527,289</u>
<b>DEDUCTIONS</b>		
Benefits and refunds.....	2,128,866	2,128,029
Administration.....	<u>64,789</u>	<u>66,770</u>
Total Deductions.....	<u>2,193,655</u>	<u>2,194,799</u>
<b>NET INCREASE.....</b>	<b>101,442</b>	<b>332,490</b>
<b>NET POSITION HELD IN TRUST FOR PENSION BENEFITS</b>		
Beginning.....	<u>15,239,554</u>	<u>14,907,064</u>
Ending.....	<b><u>\$15,340,996</u></b>	<b><u>\$15,239,554</u></b>
<b>NET POSITION OBLIGATION REPORTED – NOTE 9.....</b>	<b><u>\$ 1,266,576</u></b>	<b><u>\$ 982,964</u></b>

GASB 67-68 REPORTING REQUIREMENTS WILL BEGIN  
 WITH FISCAL YEAR ENDING APRIL 30, 2016

## MEMORANDUM

**TO:** Mayor and Aldermen of the City of Lincoln

**FROM:** Clay T. Johnson, City Administrator



**MEETING**

**DATE:** November 24, 2015

**RE: Ordinance \_\_\_\_: Approving Tax Levy for Tax Year 2015**

---

Each year the Council must approve an ordinance certifying the tax levy for the liability year of taxation within the City. This rate must then be provided to the County for the proper assessment of taxes prior to the end of the year. However, because of the Property Tax Extension Law (PTELL) approved by referendum in 1996, the amount that a non-home rule community can increase their levy is limited. A non-home rule unit of government may only increase their levy by 5% or the percent increase of the Consumer Price Index (CPI), whichever is less. The City Treasurer is verifying with the Logan County Treasurer the CPI for this year and will report on that prior to the adoption of an ordinance. He will also be able to report what the CPI adjustment means to the levy in terms of dollars generated.

Last year, the Council voted not to increase the tax levy for Tax Year 2014. District 27 has voted to lower their levy for 2015. It will be important to keep in mind that a potential budget deal may come with the imposition of a statewide property tax freeze for two years. Assuming that this occurs in 2016, the City may not be able to approve a property tax increase for four years. Should the Council choose to keep the tax levy flat, we will obviously continue to work to spend within our means and stretch property tax dollars to their greatest benefit.

**COW Recommendation: Decide whether or not to increase the levy by the CPI, and place Ordinance \_\_\_\_: Approving the Tax Levy for Tax Year 2015 on the Council agenda for December 7th.**

**Council Recommendation: Approve Ordinance \_\_\_\_: Approving the Tax Levy for Tax Year 2015 as presented.**

TAX LEVY ORDINANCE

CITY OF LINCOLN

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE FOR THE LEVYING OF TAXES FOR ALL CORPORATE PURPOSES,  
IN FOR THE CITY OF LINCOLN, ILLINOIS, FOR THE FISCAL YEAR  
BEGINNING MAY 1, 2015 AND ENDING APRIL 30, 2016.

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BE IT ORDAINED by the Mayor and City Council of the City of  
Lincoln, Logan County, Illinois:

SECTION 1: That the amount hereinafter set forth, or so much  
thereof as may be authorized by law, and the same are hereby  
levied upon all property subject to taxation within the  
municipality as that property is assessed and equalized for the  
current year, and for such purposes as General Corporate, Police  
Protection, Fire Protection, Streets and Alleys (Streets &  
Bridge), Audit, ESDA, Forestry, Liability Insurance, IMRF-Soc.  
Security, Public Benefits, Crossing Guards, Debt Service,  
Sewerage O. & M. (Chlorination), Police Pension, Firemen's  
Pension and Firemen's Spouse Benefit for the City of Lincoln,  
Logan County, Illinois, for the fiscal year beginning May 1, 2015  
and ending April 30, 2016.

SECTION 2: That the amount levied for each object and purpose is  
placed in a separate column under the heading, "Amount Of Tax  
Levy," which appears over same being as follows, to wit:

**SUMMARY--APPROPRIATION/LEVY**  
**FOR THE FISCAL YEAR ENDING APRIL 30, 2016**

<u>Fund Nos.</u>	<u>Fund Name</u>	<u>Appropriation</u>	<u>Amount Of Tax Levy</u>
02/01	General Fund-Corp.	\$12,789,650	\$ 52,535
02/012	Fire Protection (Incl. in Gen. Fund)		\$ 125,902
02/014	Police Protection (Incl. in Gen. Fund)		\$ 59,809
02/040	Street & Bridge (Incl. in Gen. Fund)		\$ 100
02-10/027	Audit Fund (Incl. in Gen. Fund)		\$ 17,470
02-12/046	ESDA Fund (Incl. in Gen. Fund)		\$ 4,064
02-16/065	Forestry Fund (Incl. in Gen. Fund)		\$ 48,705
02-18/035	Liability Ins./Tort (Incl. in Gen. Fund)		\$ 126,742
02-22/005	IMRF (Incl. in Gen. Fund)		\$ 137,006
02-22/047	Social Security (Incl. in Gen. Fund)		\$ 90,010
02-26/045	Public Benefits (Incl. in Gen. Fund)		\$ 47,010
02-32/048	Crossing Guard Fund (Incl. in Gen. Fund)		\$ 6,604
03	Police Grant	\$ 1,300	
04	Fire Apparatus Grant	\$ 26,000	
20	Motor Fuel Tax Fund	\$ 1,398,000	
40/003	G.O. Bond Retirement Fund	\$ 206,000	\$ 165,455
44	Debt Certificate Fund	\$ 34,350	
41	DCEO Downtown Rev. Fund	\$ 50,000	
70	Equipment Replacement Fund	\$ 309,000	
48	2010 G.O. Bond Expenditures	\$ 60,000	
49	2013 G.O. Bond Expenditures	\$ 235,000	
60	Capital Projects Fund	\$ 2,899,516	
50	Sewerage O. & M. Fund	\$ 3,975,600	
55	Tourism Fund	\$ 300,000	
56	Sewer Bond Retirement Fund	\$ 1,000,000	
64	Fifth Street Improvements	\$ 1,400,000	
65	TIF Bond Retirement Fund	\$ 150,750	
65	TIF Bond Expenditures	\$ 2,011,200	
66	Street Facility Constr.	\$ 4,200,000	
68	Library Parking Lot	\$ 350,000	
	Fifth Street Improvements	\$ 650,000	
74/015	Police Pension Fund	\$ 1,528,000	\$ 486,074
76	Firemen's Pension Fund	\$ 1,328,000	
/013	Firemen's Pension		\$ 443,928
/013A	Firemen's Spouse Benefit		\$ 771
82	Revolving Loan Fund	\$ 200,000	
89	"From The Ground Up" Fund	\$ 5,000	
07	Tobacco Grant Expenditures	\$ 5,000	
APPROPRIATIONS, THE TOTAL OF..... ..		\$35,112,366	
TAX LEVY, THE TOTAL OF..... ..			\$1,812,175

Section 3: That the City Clerk shall make and file with the County Clerk of said County of Logan on or before the last Tuesday in December, a duly certified copy of this ordinance.

Section 4: That if any section, subdivision, or sentence of this ordinance shall for any reason be held invalid or unconstitutional, such decision shall not affect the validity of the remaining portion of this ordinance.

Section 5: That this ordinance shall be in full force and effect after its passage, approval and publication in Pamphlet Form as provided by law.

Adopted this 7<sup>th</sup> day of December, 2015 pursuant to a roll call vote of the City council of the City of Lincoln, Logan County, Illinois.

The vote on the adoption of this Ordinance was as follows:

Alderman Parrott	_____	Alderman Welch	_____
Alderman Horn	_____	Alderman Bauer	_____
Alderman Tibbs	_____	Alderman Mourning	_____
Alderman Hoinacki	_____	Alderman _____	_____

Ayes: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

City of Lincoln,

By: \_\_\_\_\_  
Martha Neitzel, Mayor  
City of Lincoln,  
Logan County, Illinois

Attest: \_\_\_\_\_  
Susan K. Gehlbach, City Clerk  
City of Lincoln,  
Logan County, Illinois

(SEAL)

**Tax Levy—Tax Year 2015**

<u>Fund Name</u>	<u>Tax Levy-2014</u>	<u>Tax Levy--2015</u>
001 Corporate	\$ 52,535	\$ 52,535
005 I.M.R.F.	\$ 137,006	\$ 137,006
007 Road & Bridge	\$ 0	\$ 0
012 Fire Protection	\$ 125,902	\$ 125,902
013 Firemen Pension	\$ 417,261	\$ 443,928
013A Firemen's Spouse Pension	\$ 771	\$ 771
014 Police Protection	\$ 59,809	\$ 59,909
015 Police Pension	\$ 464,257	\$ 486,074
027 Audit	\$ 17,470	\$ 17,470
035 Tort Judgements	\$ 126,742	\$ 126,742
040 Street/Bridge	\$ 100	\$ 100
045 Public Benefit	\$ 47,010	\$ 47,010
046 Emergency Service Dist.	\$ 4,064	\$ 4,064
047 Social Security	\$ 90,010	\$ 90,010
048 School Crossing Guards	\$ 6,604	\$ 6,604
065 Forestry Program	\$ 48,705	\$ 48,705
072 Chlorination Sewage	\$ 0	\$ 0
Total Corp. & Special Purposes	\$1,598,247	\$1,646,730
Bonds	\$ 178,455	\$ 165,445
Total	\$1,776,702	\$1,812,175

Tax Levy—Tax Year 2015

<u>Fund Name</u>	<u>Tax Levy--2015</u>
001 Corporate	\$ 52,535
005 I.M.R.F.	\$ 137,006
007 Road & Bridge	\$ 0
012 Fire Protection	\$ 125,902
013 Firemen Pension	\$ 443,928
013A Firemen's Spouse Pension	\$ 771
014 Police Protection	\$ 59,809
015 Police Pension	\$ 486,074
027 Audit	\$ 17,470
035 Tort Judgements	\$ 126,742
040 Street/Bridge	\$ 100
045 Public Benefit	\$ 47,010
046 Emergency Service Dist.	\$ 4,064
047 Social Security	\$ 90,010
048 School Crossing Guards	\$ 6,604
065 Forestry Program	\$ 48,705
072 Chlorination Sewage	\$ 0
Total Corp. & Special Purposes	\$1,646,730
Bonds	\$ 165,445
Total	\$1,812,175

## MEMORANDUM

**TO:** Mayor and Aldermen of the City of Lincoln

**FROM:** Clay T. Johnson, City Administrator 

**MEETING**

**DATE:** November 24, 2015

**RE:** 8) Resolution \_\_\_\_: Abating the Tax Levied for 2015 to Pay Debt Service on \$2,285,000 in General Obligation Bonds (Alternative Revenue Source)

9) Resolution \_\_\_\_: Abating the Tax Levied for 2015 to Pay Debt Service on \$5,285,000 in General Obligation Bonds (Alternative Revenue Source)

---

I am including each of these items together as they both have a similar purpose and similar actions required. The first of the resolutions pertains to the Alternative Revenue Source Bonds sold in the amount of \$2,285,000 for the Lincoln Grand 8 Theater project. The second resolution pertains to \$5,285,000 in Alternative Revenue Bonds sold for sewer plant improvements. These bonds were sold in September and October of 2014, respectively.

Each year, the City must determine that it has the requisite revenue pledged to service the debt on each of these bonds. If, for some reason, the City did not have the revenue to pay down the debt on these bonds, the debt service for that year must be levied on the general property tax assessment.

Because the City does have the revenues necessary to pay down the debt service for these bonds, the City may, by resolution, abate the levying of new property tax to pay for the purposes of paying off that debt. Each of the resolutions presented tonight for your consideration and approval will abate that tax. These will then be filed with the County Clerk

**COW Recommendation: Place each of these resolutions on the December 7<sup>th</sup> agenda.**

**Council Recommendation: Approve each of the resolutions abating the levying of a tax for debt service for the bond issues referenced above.**

**RESOLUTION**

RESOLUTION ABATING THE TAX HERETOFORE LEVIED FOR  
THE YEAR 2015 TO PAY DEBT SERVICE ON  
\$5,285,000.00 GENERAL OBLIGATION BONDS  
(ALTERNATIVE REVENUE SOURCE) OF THE CITY OF  
LINCOLN, LOGAN COUNTY, ILLINOIS

THIS RESOLUTION is made and adopted by the CITY COUNCIL OF  
THE CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS, WITNESSETH:

WHEREAS, the CITY OF LINCOLN is a municipal corporation lo-  
cated in Logan County, Illinois; and,

WHEREAS, the CITY OF LINCOLN is a non-home rule municipal-  
ity; and,

WHEREAS, the CITY COUNCIL (hereinafter "City Council") for  
the CITY OF LINCOLN, Logan County, Illinois (hereinafter "the City"),  
adopted an Ordinance, (hereinafter "the Ordinance") which did provide  
for the issuance of \$5,285,000.00 general obligation bonds (alterna-  
tive revenue source) (hereinafter "the Bonds"), and the levy of a di-  
rect annual tax sufficient to pay the debt service on the Bonds; and,

WHEREAS, such Bonds were issued in the month of October,  
2014, in the amount of \$5,285,000.00; and,

WHEREAS, the City Council has determined and does hereby  
determine that there are funds available, on hand and irrevocably set  
aside sufficient to provide not less than an amount equal to debt  
service due on the Bonds in the next succeeding year; and,

WHEREAS, such Pledged Revenues are hereby directed to be  
used for the purpose of paying debt service on the Bonds; and,

WHEREAS, the City Council of the CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS, feels that it is necessary and in the best interest of the City that the tax heretofore levied for the year 2015 to pay the Bonds be abated;

NOW, THEREFORE, IT IS HEREBY RESOLVED by the CITY COUNCIL OF THE CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS, as follows:

1. *Abatement of tax.* The tax heretofore levied for the year 2015 in the Resolution is hereby abated in its entirety.

2. *Filing of Resolution.* Forthwith upon the adoption of this Resolution the City Clerk of the CITY OF LINCOLN, upon passage, shall file a certified copy hereof with the County Clerk of Logan County, Illinois, and it shall be the duty of said County Clerk to abate said tax levied for the year 2015 in accordance with the provisions hereof.

3. *Effective Date.* This Resolution shall be in full force and effect forthwith upon its adoption.

4. That the vote on the foregoing Resolution by the City Council was on the \_\_\_ day of \_\_\_\_\_, 2015, as follows:

Alderman Parrott	_____	Alderwoman Bauer	_____
Alderwoman Tibbs	_____	Alderman Mourning	_____
Alderman Hoinacki	_____	Alderman Welch	_____
Alderwoman Horn	_____	Alderwoman Neitzel	_____

Ayes: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Passed and approved this \_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Mayor, Martha Neitzel

\_\_\_\_\_  
City Clerk, Susan K. Gehlbach

MINUTES

MINUTES OF A REGULARLY SCHEDULED PUBLIC MEETING  
OF THE CITY COUNCIL OF THE CITY OF LINCOLN, LOGAN  
COUNTY, ILLINOIS HELD IN SAID CITY AT 7:00 P.M.,  
ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 2015.

The Mayor called the meeting to order and directed the secretary to call the roll. Upon the roll being called, Martha Neitzel, the Mayor, and the following members of the City Council answered present: \_\_\_\_\_  
\_\_\_\_\_

The following members were absent from the meeting: \_\_\_\_\_  
\_\_\_\_\_

The Mayor announced that the next item of business before the City Council was the consideration of a Resolution abating the tax heretofore levied for the year 2014 to pay debt service on the \$5,285,000.00 General Obligation Bonds (Alternative Revenue Source), of the City. Following a full and complete discussion thereof, Mayor Neitzel presented a Resolution, copies of which were available to all in attendance at said meeting who requested a copy

Alderman \_\_\_\_\_ moved and Alderman \_\_\_\_\_ seconded the motion that said Resolution, as presented, be adopted.

After a full discussion thereof, the Mayor directed that the roll be called for a vote upon the motion to adopt said Resolution.

Upon the roll being called, the following members voted

AYE: \_\_\_\_\_

NAYE: \_\_\_\_\_

WHEREUPON the Mayor declared the motion carried and said Resolution adopted, approved, and signed the same in open meeting and directed the Secretary to record the same in the records of the City of Lincoln, Logan County, Illinois, which was done.

Other business not pertinent to the adoption of said resolution was duly transacted at the meeting.

Upon motion duly made, seconded and carried, the meeting was adjourned.

\_\_\_\_\_  
City Clerk, Susan K. Gehlbach

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STATE OF ILLINOIS    )  
                                  ) SS  
COUNTY OF LOGAN    )

**CERTIFICATION OF RESOLUTION AND MINUTES**

I, the undersigned, do hereby certify that I am the duly qualified and acting City Clerk of the City of Lincoln, Logan County, Illinois, and as such official I am the keeper of records and files of the City of Lincoln and the City Council.

I do further certify that the foregoing constitutes a full, true and complete transcript of the minutes of the meeting of the City Council held on the \_\_\_\_ day of \_\_\_\_\_, 2015, insofar as the same relates to the adoption of a Resolution entitled:

RESOLUTION ABATING THE TAX HERETOFORE LEVIED FOR  
THE YEAR 2015 TO PAY DEBT SERVICE ON  
\$5,285,000.00 GENERAL OBLIGATION BONDS  
(ALTERNATIVE REVENUE SOURCE) OF THE CITY OF  
LINCOLN, LOGAN COUNTY, ILLINOIS

a true, correct and complete copy of said Resolution, as adopted at said meeting, is attached hereto.

I do further certify that the deliberations of the City Council on the adoption of said Resolution were conducted openly, that the vote on the adoption of said Resolution was taken openly, that said meeting was called and held at a specified time and place convenient to the public, that notice of said meeting was duly given to all of the news media requesting such notice, that an agenda for said meeting was posted at the location where said meeting was held at the

principal office of the City Council at least 48 hours in advance of the holding of said meeting, that said agenda contained a separate specific item concerning the proposed adoption of said Resolution, that said meeting was called and held in strict compliance with the provisions of the Open Meetings Act of the State of Illinois, as amended, and that the City Council has complied with all the provisions of said Act and with all the procedural rules of the City Council in the passage of said Resolution.

IN WITNESS WHEREOF, I hereunto affix my official signature, this  
\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
City Clerk, Susan K. Gehlbach

STATE OF ILLINOIS     )  
                                  )SS  
COUNTY OF LOGAN     )

FILING CERTIFICATE

I, the undersigned, do hereby certify that I am the duly qualified and acting County Clerk of the County of Logan, Illinois, and as such official I do further certify that on the \_\_\_ day of \_\_\_\_\_ 2015 there was filed in my office a duly certified copy of a Resolution entitled:

RESOLUTION ABATING THE TAX HERETOFORE LEVIED FOR  
THE YEAR 2015 TO PAY DEBT SERVICE ON  
\$5,285,000.00 GENERAL OBLIGATION BONDS  
(ALTERNATIVE REVENUE SOURCE) OF THE CITY OF  
LINCOLN, LOGAN COUNTY, ILLINOIS

duly adopted by the City Council of the City of Lincoln, Logan County, Illinois, on the \_\_\_ day of \_\_\_\_\_, 2015 and that the same has been deposited in the official files and records in my office.

I do further certify that the tax heretofore levied for the year 2015 for the payment of \$5,285,000.00 General Obligation Bonds (Alternative Revenue Source), as described in said Resolution will be abated in their entirety as provided in said Resolution.

IN WITNESS WHEREOF, I hereunto affix my official signature, this \_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
County Clerk, Sally Litterly (SEAL)

**RESOLUTION**

RESOLUTION ABATING THE TAX HERETOFORE LEVIED FOR  
THE YEAR 2015 TO PAY DEBT SERVICE ON  
\$2,285,000.00 GENERAL OBLIGATION BONDS  
(ALTERNATIVE REVENUE SOURCE) OF THE CITY OF  
LINCOLN, LOGAN COUNTY, ILLINOIS

THIS RESOLUTION is made and adopted by the CITY COUNCIL OF  
THE CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS, WITNESSETH:

WHEREAS, the CITY OF LINCOLN is a municipal corporation lo-  
cated in Logan County, Illinois; and,

WHEREAS, the CITY OF LINCOLN is a non-home rule municipal-  
ity; and,

WHEREAS, the CITY COUNCIL (hereinafter "City Council") for  
the CITY OF LINCOLN, Logan County, Illinois (hereinafter "the City"),  
adopted an Ordinance, (hereinafter "the Ordinance") which did provide  
for the issuance of \$2,285,000.00 general obligation bonds (alterna-  
tive revenue source) (hereinafter "the Bonds"), and the levy of a di-  
rect annual tax sufficient to pay the debt service on the Bonds; and,

WHEREAS, such Bonds were issued in the month of September,  
2014, in the amount of \$2,285,000.00; and,

WHEREAS, the City Council has determined and does hereby  
determine that there are funds available, on hand and irrevocably set  
aside sufficient to provide not less than an amount equal to debt  
service due on the Bonds in the next succeeding year; and,

WHEREAS, such Pledged Revenues are hereby directed to be  
used for the purpose of paying debt service on the Bonds; and,

WHEREAS, the City Council of the CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS, feels that it is necessary and in the best interest of the City that the tax heretofore levied for the year 2015 to pay the Bonds be abated;

NOW, THEREFORE, IT IS HEREBY RESOLVED by the CITY COUNCIL OF THE CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS, as follows:

1. *Abatement of tax.* The tax heretofore levied for the year 2015 in the Resolution is hereby abated in its entirety.

2. *Filing of Resolution.* Forthwith upon the adoption of this Resolution the City Clerk of the CITY OF LINCOLN, upon passage, shall file a certified copy hereof with the County Clerk of Logan County, Illinois, and it shall be the duty of said County Clerk to abate said tax levied for the year 2015 in accordance with the provisions hereof.

3. *Effective Date.* This Resolution shall be in full force and effect forthwith upon its adoption.

4. That the vote on the foregoing Resolution by the City Council was on the \_\_\_ day of \_\_\_\_\_, 2015, as follows:

Alderman Parrott	_____	Alderwoman Bauer	_____
Alderwoman Tibbs	_____	Alderman Mourning	_____
Alderman Hoinacki	_____	Alderman Welch	_____
Alderwoman Horn	_____	Alderwoman Neitzel	_____

Ayes: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Mayor, Martha A. Neitzel

\_\_\_\_\_  
City Clerk, Susan K. Gehlbach

MINUTES

MINUTES OF A REGULARLY SCHEDULED PUBLIC MEETING  
OF THE CITY COUNCIL OF THE CITY OF LINCOLN, LOGAN  
COUNTY, ILLINOIS HELD IN SAID CITY AT 7:00 P.M.,  
ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 2015.

The Mayor called the meeting to order and directed the secretary to call the roll. Upon the roll being called, Martha A. Neitzel, the Mayor, and the following members of the City Council answered present: \_\_\_\_\_  
\_\_\_\_\_

The following members were absent from the meeting: \_\_\_\_\_  
\_\_\_\_\_

The Mayor announced that the next item of business before the City Council was the consideration of a Resolution abating the tax heretofore levied for the year 2015 to pay debt service on the \$2,285,000.00 General Obligation Bonds (Alternative Revenue Source), of the City. Following a full and complete discussion thereof, Mayor Neitzel presented a Resolution, copies of which were available to all in attendance at said meeting who requested a copy

Alderman \_\_\_\_\_ moved and Alderman \_\_\_\_\_ seconded the motion that said Resolution, as presented, be adopted.

After a full discussion thereof, the Mayor directed that the roll be called for a vote upon the motion to adopt said Resolution.

Upon the roll being called, the following members voted

AYE: \_\_\_\_\_

NAYE: \_\_\_\_\_

WHEREUPON the Mayor declared the motion carried and said Resolution adopted, approved, and signed the same in open meeting and directed the Secretary to record the same in the records of the City of Lincoln, Logan County, Illinois, which was done.

Other business not pertinent to the adoption of said resolution was duly transacted at the meeting.

Upon motion duly made, seconded and carried, the meeting was adjourned.

\_\_\_\_\_  
City Clerk, Susan K. Gehlbach

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STATE OF ILLINOIS     )  
  )SS  
COUNTY OF LOGAN     )

CERTIFICATION OF RESOLUTION AND MINUTES

I, the undersigned, do hereby certify that I am the duly qualified and acting City Clerk of the City of Lincoln, Logan County, Illinois, and as such official I am the keeper of records and files of the City of Lincoln and the City Council.

I do further certify that the foregoing constitutes a full, true and complete transcript of the minutes of the meeting of the City Council held on the \_\_\_ day of \_\_\_\_\_, 2015, insofar as the same relates to the adoption of a Resolution entitled:

RESOLUTION ABATING THE TAX HERETOFORE LEVIED FOR  
THE YEAR 2015 TO PAY DEBT SERVICE ON  
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(ALTERNATIVE REVENUE SOURCE) OF THE CITY OF  
LINCOLN, LOGAN COUNTY, ILLINOIS

a true, correct and complete copy of said Resolution, as adopted at said meeting, is attached hereto.

I do further certify that the deliberations of the City Council on the adoption of said Resolution were conducted openly, that the vote on the adoption of said Resolution was taken openly, that said meeting was called and held at a specified time and place convenient to the public, that notice of said meeting was duly given to all of the news media requesting such notice, that an agenda for said meeting was posted at the location where said meeting was held at the

principal office of the City Council at least 48 hours in advance of the holding of said meeting, that said agenda contained a separate specific item concerning the proposed adoption of said Resolution, that said meeting was called and held in strict compliance with the provisions of the Open Meetings Act of the State of Illinois, as amended, and that the City Council has complied with all the provisions of said Act and with all the procedural rules of the City Council in the passage of said Resolution.

IN WITNESS WHEREOF, I hereunto affix my official signature, this \_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
City Clerk, Susan K. Gehlbach

STATE OF ILLINOIS    )  
                              )SS  
COUNTY OF LOGAN     )

FILING CERTIFICATE

I, the undersigned, do hereby certify that I am the duly qualified and acting County Clerk of the County of Logan, Illinois, and as such official I do further certify that on the \_\_\_ day of \_\_\_\_\_, 2015 there was filed in my office a duly certified copy of a Resolution entitled:

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\$2,285,000.00 GENERAL OBLIGATION BONDS  
(ALTERNATIVE REVENUE SOURCE) OF THE CITY OF  
LINCOLN, LOGAN COUNTY, ILLINOIS

duly adopted by the City Council of the City of Lincoln, Logan County, Illinois, on the \_\_\_ day of \_\_\_\_\_, 2015, and that the same has been deposited in the official files and records in my office.

I do further certify that the tax heretofore levied for the year 2015 for the payment of \$2,285,000.00 General Obligation Bonds (Alternative Revenue Source), as described in said Resolution will be abated in their entirety as provided in said Resolution.

IN WITNESS WHEREOF, I hereunto affix my official signature, this \_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
County Clerk, Sally Litterly (SEAL)

## MEMORANDUM

**TO:** Mayor and Aldermen of the City of Lincoln

**FROM:** Clay T. Johnson, City Administrator 

**MEETING**

**DATE:** November 24, 2015

**RE: 2016 Holiday and Meeting Schedule**

---

Included with this memo is a copy of the proposed 2016 Holiday Schedule and the 2016 Proposed Meeting Schedule for both the Committee of the Whole and City Council. The number of holidays observed in 2016 remain the same.

As some of you may recall, last year the City Council voted to reduce the number of Committee of the Whole Meetings in June, July, and August from two to one. During these months, those meetings were held on the second Tuesday of the month only. The schedule of meetings submitted to you currently has all the regular dates of the Committee of the Whole. Should the Council desire to do that again, the schedule will need to be revised, removing May 24, June 28, and July 26.

**COW Recommendation:** After a discussion of next year's meeting dates, place these items for approval on the December 7<sup>th</sup> consent agenda.

**Council Recommendation:** As part of the consent agenda, approve the 2016 Holiday and 2016 Meeting Schedules.

MARTHA A. NEITZEL  
ACTING MAYOR

CLAY T. JOHNSON  
CITY ADMINISTRATOR

SUSAN K. GEHLBACH  
CITY CLERK

CHARLES N. CONZO  
CITY TREASURER

WILLIAM B. BATES, JR.  
CITY ATTORNEY



# CITY OF LINCOLN, ILLINOIS

700 Broadway St., P.O. Box 509, Lincoln, IL 62656

Named for and Christened by Abraham Lincoln, 1853—Incorporated February 16, 1865  
CITY COUNCIL MEETS FIRST AND THIRD MONDAY NIGHTS EACH MONTH

## CITY OF LINCOLN SCHEDULED MEETING DATES FOR 2016 CALENDAR YEAR

### REGULAR CITY COUNCIL MEETINGS @ 7:00 P.M.

January 4, 2016  
January 19, 2016 (18<sup>th</sup> is Holiday)  
February 1, 2016  
February 16, 2016 (15<sup>th</sup> is Holiday)  
March 7, 2016  
March 21, 2016  
April 4, 2016  
April 18, 2016  
May 2, 2016  
May 16, 2016  
June 6, 2016  
June 20, 2016  
July 5, 2016  
July 18, 2016  
August 1, 2016  
August 15, 2016  
September 6, 2016 (5<sup>th</sup> is Holiday)  
September 19, 2016  
October 3, 2016  
October 17, 2016  
November 7, 2016  
November 21, 2016  
December 5, 2016  
December 19, 2016

### COMMITTEE OF A WHOLE MEETINGS @ 7:00 P.M.

January 12, 2016  
January 26, 2016  
February 9, 2016  
February 23, 2016  
March 15, 2016  
March 29, 2016  
April 12, 2016  
April 26, 2016  
May 10, 2016  
May 24, 2016  
June 14, 2016  
June 28, 2016  
July 12, 2016  
July 26, 2016  
August 9, 2016  
August 23, 2016  
September 13, 2016  
September 27, 2016  
October 11, 2016  
October 25, 2016  
November 15, 2016  
November 29, 2016  
December 13, 2016

REGULAR CITY COUNCIL MEETINGS - 1<sup>ST</sup> & 3<sup>RD</sup> Mondays of each month.

COMMITTEE OF A WHOLE MEETINGS - 2<sup>ND</sup> & 4<sup>TH</sup> Tuesdays of each month.  
If the 1<sup>st</sup> of the month falls on a Tuesday, then meetings would be held on the 3<sup>rd</sup> & 5<sup>th</sup> Tuesdays or as changed by City Council.

(If meeting date falls on a holiday, then it is held the following night as changed by Council).

If any of the above referenced meeting dates are changed, a notice will be sent out, setting forth the new time and date.

Susan K. Gehlbach

### CITY COUNCIL

FIRST WARD  
STEVE PARROTT  
TRACY WELCH

SECOND WARD  
MICHELLE BAUER  
KATHLEEN M. HORN

THIRD WARD  
TODD MOURNING  
JONEITE "JONIE" TIBBS

FOURTH WARD  
JEFF HOINACKI  
MARTHA NEITZEL

MARTHA A. NEITZEL  
ACTING MAYOR

CLAY T. JOHNSON  
CITY ADMINISTRATOR

SUSAN K. GEHLBACH  
CITY CLERK

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# CITY OF LINCOLN, ILLINOIS

700 Broadway St., P.O. Box 509, Lincoln, IL 62656

*Named for and Christened by Abraham Lincoln, 1853—Incorporated February 16, 1865*  
CITY COUNCIL MEETS FIRST AND THIRD MONDAY NIGHTS EACH MONTH

## CITY OF LINCOLN 2016 HOLIDAYS

JANUARY 1ST	FRIDAY	NEW YEAR'S DAY
JANUARY 18TH	MONDAY	MARTIN LUTHER KING DAY
FEBRUARY 12TH	FRIDAY	LINCOLN'S BIRTHDAY
FEBRUARY 15TH	MONDAY	PRESIDENT'S DAY
MARCH 25TH	FRIDAY	GOOD FRIDAY
MAY 30TH	MONDAY	MEMORIAL DAY
JULY 4TH	MONDAY	INDEPENDENCE DAY
SEPTEMBER 5TH	MONDAY	LABOR DAY
OCTOBER 10TH	MONDAY	COLUMBUS DAY
NOVEMBER 11TH	FRIDAY	VETERAN'S DAY
NOVEMBER 24TH	THURSDAY	THANKSGIVING DAY
NOVEMBER 25TH	FRIDAY	DAY AFTER THANKSGIVING
DECEMBER 26TH	MONDAY	CHRISTMAS

SUSAN K. GEHLBACH  
CITY CLERK

### CITY COUNCIL

FIRST WARD  
STEVE PARROTT  
TRACY WELCH

SECOND WARD  
MICHELLE BAUER  
KATHLEEN M. HORN

THIRD WARD  
TODD MOURNING  
JONETTE "JONIE" TIBBS

FOURTH WARD  
JEFF HOINACKI  
MARTHA NEITZEL

## MEMORANDUM

**TO:** Mayor and Aldermen of the City of Lincoln

**FROM:** Clay T. Johnson, City Administrator



**MEETING**

**DATE:** November 24, 2015

**RE: 2016 Health Insurance Renewal**

---

On Tuesday evening, Nancy Schaub of R.W. Garrett Agency will be present to discuss the 2016 Health Insurance Renewal. Our plan premiums will see a 9% increase over the previous year. While this is a significant increase, it is less than the premium increase of most comparable sized employers nationally, who are facing 15-18% increases. I have included some reference material from 2015 in your packet for your review. This year as an estimate, we budgeted for a 7% increase moving into the 2016 Plan Year. As a result of collective bargaining contract negotiations this year, the City will not have to pay for the complete 2% difference between the premium increase and what was budgeted. By increasing the employee share of the insurance premiums by 2.5% this year, the City will have saved over \$2,400 in the last eight months. The total amount the premium which was above estimate is approximately \$4,353 per year.

The largest impact however, will be to the retiree prescription drug plans, specifically Plan 2. This plan, due to high utilization increased from \$107 per month to \$149 per month. These are costs that we will need to account for in the 2016-2017 budget. This also comes with copay increases and a \$150 deductible on drugs from Tiers 2-5. The City's retiree Medicare Supplement Plan (Plan N) saw some very slight increases, but in most cases a decrease in the monthly premium, depending on age. The net change in the retiree's prescription drug increase and the savings on the Plan N premiums is about \$2,900 per year.

While insurance premium increases are never welcome, what we are faced with could have been entirely worse. Over the course of 2016, I anticipate that the Council will need to evaluate its health insurance program on two fronts: 1) overall cost of the plan and 2) compliance with the Affordable Care Act.

**COW Recommendation: Place the Approval of the 2016 Health Insurance Renewal on the Council's agenda for December 7<sup>th</sup>.**

**Council Recommendation: Authorize the City Administrator to execute the health insurance renewal with Health Alliance for 2016.**

**2016 Health Alliance Medicare Supplement Benefits**



Group: City Of Lincoln  
 County: LOGAN

Age	Plan A Premium	Plan F Premium	Plan G Premium	Plan N Premium
<65	\$177.00	\$295.00	\$266.00	\$210.00
65	\$84.00	\$139.00	\$125.00	\$99.00
66	\$89.00	\$148.00	\$133.00	\$105.00
67	\$96.00	\$161.00	\$145.00	\$114.00
68	\$101.00	\$169.00	\$152.00	\$120.00
69	\$111.00	\$185.00	\$166.00	\$131.00
70	\$118.00	\$197.00	\$177.00	\$140.00
71	\$125.00	\$208.00	\$187.00	\$148.00
72	\$132.00	\$220.00	\$198.00	\$156.00
73	\$139.00	\$232.00	\$209.00	\$165.00
74	\$145.00	\$242.00	\$218.00	\$172.00
75	\$157.00	\$262.00	\$236.00	\$186.00
76	\$165.00	\$275.00	\$247.00	\$195.00
77	\$171.00	\$285.00	\$257.00	\$203.00
78	\$177.00	\$295.00	\$265.00	\$209.00
79	\$182.00	\$303.00	\$273.00	\$215.00
80	\$184.00	\$307.00	\$276.00	\$218.00
81	\$190.00	\$317.00	\$285.00	\$225.00
82	\$193.00	\$322.00	\$290.00	\$229.00
83	\$196.00	\$327.00	\$294.00	\$232.00
84	\$201.00	\$336.00	\$302.00	\$238.00
85+	\$219.00	\$364.00	\$328.00	\$259.00

Acceptance: please initial and date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Broker Name \_\_\_\_\_ Agency \_\_\_\_\_

Medicare Supplement plans are offered in Illinois licensed counties only. Plans are available to residents of Cook, DuPage, Kane, Lake, McHenry and Will counties, but at Chicago-area rates (not shown). Chicago-area rates are available upon request.

Rates shown above are non-tobacco rates. Tobacco rates are available upon request.

Rates are valid 1/1/2016-12/31/2016

2016 Health Alliance Medicare Advantage Benefits

Group: City Of Lincoln  
 County: LOGAN



Plan	Network	Deductible	Out-of-pocket	OV/Spec OV	OP Surgery	ER	Inpatient	Rx	Price	Accept (please initial)
HMO 20 Rx	In-network	\$0	\$2,700	\$20/\$40	\$100	\$75	\$100/d (1-7) \$0/d (8-80) \$50/d (81-90)	\$0/10/33/45/55/27% w/\$220 Brand Ded.	\$143	
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
PPO 10 Rx	In-network	\$0	\$3,900	\$20/\$30	\$125	\$75	\$125/d (1-10) then \$0/d	\$0/14/20/47/100/25% w/\$360 Brand Ded. (N/A to Tier 1)	\$163	
	Out-of-network	\$0	\$5,100	\$30/\$40	\$200	\$75	\$200/d (1-8) then \$0/day	N/A		
PPO 30	In-network	\$0	\$5,000	\$15/\$45	\$175	\$75	\$150/d (1-8) \$0/d (9-20) \$100/d (21-90)	Not Covered	\$55	
	Out-of-network	\$0	\$10,000	\$90/\$50	\$200	\$75	\$200/d (1-8) \$0/d (9-80) \$150/d (81-90)	N/A		
PPO 30 Rx	In-network	\$0	\$5,000	\$15/\$45	\$175	\$76	\$150/d (1-8) \$0/d (9-80) \$100/d (81-90)	\$0/10/33/45/55/26% w/\$290 Brand Ded.	\$95	
	Out-of-network	\$0	\$10,000	\$50/\$50	\$200	\$75	\$200/d (1-8) \$0/d (9-80) \$150/d (81-90)	N/A		
HMO Option 1	In-network	\$0	\$3,400	\$20/\$40	\$100	\$75	\$100/d (1-7)	\$0/20/40/100/25/0 (no coverage gap)	\$208	
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
PPO Option 1	In-network	\$0	\$3,400	\$20/\$30	\$160	\$75	\$100/d (1-8)	\$0/20/40/100/25% (no coverage gap)	\$225	
	Out-of-network	\$200	\$5,100	\$30/\$40	\$280	\$75	\$200/d (1-8) \$0/d (9-80) \$150/d (81-90)	N/A		
PPO Option 2	In-network	\$0	\$3,400	\$20/\$30	\$150	\$75	\$100/d (1-8)	\$0/15/30/50/100/25% (no coverage gap)	\$288	
	Out-of-network	\$200	\$5,100	\$30/\$40	\$290	\$75	\$300/d (1-8) \$0/d (9-80) \$150/d (81-90)	N/A		
PPO Option 3	In-network	\$0	\$3,400	\$20/\$30	\$150	\$75	\$100/d (1-8)	\$0/10/20/25/100/26% (no coverage gap)	\$339	
	Out-of-network	\$200	\$5,100	\$30/\$40	\$290	\$76	\$200/d (1-8) \$0/d (9-80) \$150/d (81-90)	N/A		
Prescription Drug Plan 1								\$0/20/47/100/25%	\$62	
Prescription Drug Plan 2								\$0/20/47/100/25% (no coverage gap) w/\$150 Brand Ded. (N/A to Tier 1)	\$148	

10/5/2016  
Date

Signature

Nancy Schaub  
Broker Name

Agency

Medicare Advantage plans are offered in Illinois licensed counties only.  
 Rates are valid 1/1/2016-12/31/2016



**Exhibit C**

Proposal Rates for: City Of Lincoln

Health Alliance PPO 500 NS2 Rx7

**Effective Period: 01/01/2016 through 12/31/2016**

<b>Premium Rates:</b>	
EMPLOYEE:	\$861.00
EMPLOYEE & SPOUSE:	\$1,925.00
EMPLOYEE + CHILD(REN):	\$1,684.00
FAMILY:	\$2,748.00

<b>"Primary Medicare Eligible" Rates:</b>	
SINGLE (with "Primary Medicare Eligibility"):	\$560.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$1,323.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$1,624.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$2,447.00

Approved by: \_\_\_\_\_  
(Benefits Administrator)

Date Approved: \_\_\_\_\_

Health Alliance Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. A minimum of 75% of all eligible employees at City Of Lincoln must enroll in the Health Alliance plan to meet our participation requirements. In the event that membership changes by 20% or more during the contract year OR the conditions listed above are not met, Health Alliance reserves the right to review, revise and/or rescind this offer.



Health Alliance PPO 500 Rx7 NS2

Member Benefits			Member Responsibility	
			In-Network	Out-of-Network(OON)
<b>Plan Year Deductible</b>	<b>Medical</b>	Individual	\$500	\$1,000
<b>Embedded</b>		Family	\$1,000	\$2,000
	<b>Pharmacy</b>	Individual	Not Applicable	Not Applicable
		Family	Not Applicable	Not Applicable
<b>Plan Year Out-of-Pocket Maximum (OOPM)</b>				
<i>Combined medical &amp; pharmacy expenses including deductible, coinsurance &amp; copayments.</i>	<b>Medical/Pharmacy</b>	Individual	\$2,500	\$4,000
		Family	\$5,000	\$8,000
<b>Contract Year Maximum Benefits</b>				
	Cardiac Rehabilitation		36 OP sessions w/in 6 month of event combined in-net and DON	
	Outpatient Rehabilitation Services		60 visits per condition per plan year combined in-net and OON	
	Inpatient Rehabilitation Services/Skilled Nursing Facility		120 days per plan year combined in-net and OON	
	Home Health		Unlimited with Pre-authorization	
	Spinal Manipulations (includes muscle manipulations)		\$500 Maximum Per Plan Year combined in-net and OON	
	Temporomandibular Joint (TMJ) Treatment		\$2,500 Maximum per Plan Year	
	Vision Exam		Once every 12 months combined in-net and OON	
<b>Ambulatory Patient Services</b>				
	Vision Exam		*\$40 per exam	50%
	Primary Care Physician Office Visits		*\$20 per visit ^	30%
	Specialty Care Physician Office Visits		*\$40 per visit ^	30%
	Spinal Manipulations		*50%	*50%
	Urgent Care Visits		*\$20 per visit ^	30%
	Allergy Treatment and Testing		10%	30%
<b>Emergency Services</b>				
	Emergency Department Visits		*\$175 per visit	*\$175 per visit
	Emergency Ambulance Transportation		*\$100	*\$100
<b>Hospital Services</b>				
	Outpatient Surgery/Procedures Facility Fees		10%	30%
	Outpatient Surgery/Procedures Physician/Surgeon Fees		10%	30%
	Inpatient Hospitalization Facility Fees		10%	30%
	Inpatient Physician/Surgeon Fees		10%	30%
<b>Rehabilitative and Habilitative Services</b>				
	Outpatient Rehabilitation Services		10%	30%
	Inpatient Rehabilitation/Skilled Nursing Facility		10%	30%
	Home Health		10%	30%
<b>Diagnostic Services</b>				
	MRI and CT Scans		10%	30%
	Diagnostic Testing		10%	30%



# Health Alliance PPO 500 Rx7 NS2

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2016 - 12/31/2016

Coverage for: Individual or Individual + Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.healthalliance.org](http://www.healthalliance.org) or by calling 1-800-851-3379.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	<b>\$500 individual / \$1,000 family</b> Doesn't apply to Preventive Care, Emergency Visits, Emergency Transportation, Spinal Manipulations, Prescription Drugs and Office Visits.  <b>\$1,000 individual / \$2,000 family</b> Out of Network. Deductible doesn't apply to Emergency Visits, Emergency Transportation and Spinal Manipulations.	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
Are there other deductibles for specific services?	No	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services your plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For preferred providers <b>\$2,500 individual / \$5,000 family</b> . For non-preferred providers <b>\$4,000 individual / \$8,000 family</b> .	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Health care this plan does not cover. Maximum Allowable Charges, Preauthorization Penalties, Premiums.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <b>specific</b> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="http://www.healthalliance.org">www.healthalliance.org</a> or call 1-800-851-3379 for a list of preferred providers.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the cost of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a specialist?	No. You do not need a referral to see a specialist. Your level of coverage will be determined based on whether you utilize preferred or non-preferred provider.	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

Questions: Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copayment. The deductible does not apply. Additional services obtained while in the office may require an additional Deductible, Copayment or Coinsurance amount.	30% coinsurance	-----None-----
	Specialist visit	\$40 copayment. The deductible does not apply. Additional services obtained while in the office may require an additional Deductible, Copayment or Coinsurance amount.	30% coinsurance	-----None-----
	Other practitioner office visit	50% coinsurance for spinal manipulations. The deductible does not apply.	50% coinsurance for spinal manipulations. The deductible does not apply.	Limited to a \$500 maximum per plan year
	Preventive care/screening/immunization	No Charge	30% coinsurance	Limited to one per plan year. Additional visits will be subject to the office visit copayment. Additional services obtained while in the office may require an additional Deductible, Copayment or Coinsurance amount.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	Certain tests may require preauthorization. Please contact Customer Service for details.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	Certain tests may require preauthorization. Please contact Customer Service for details.

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.



**Health Alliance PPO 500 Rx7 NS2**

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual or Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b> More information about prescription drug coverage is available at <a href="http://www.healthalliance.org">www.healthalliance.org</a>	Generic drugs	\$15 copay	50% coinsurance	Covers a 30-day supply. 90-day option available for 2.75 copays. Some drugs may require preauthorization.
	Preferred brand drugs	\$30 copay	50% coinsurance	Covers a 30-day supply. 90-day option available for 2.75 copays. Some drugs may require preauthorization.
	Non-preferred brand drugs	\$50 copay	50% coinsurance	Covers a 30-day supply. 90-day option available for 2.75 copay. Some drugs may require preauthorization.
	Preferred specialty drugs	20% coinsurance	50% coinsurance	Preauthorization Required
	Non-preferred specialty drugs	20% coinsurance	50% coinsurance	Preauthorization Required
	Non-formulary specialty drugs	20% coinsurance	50% coinsurance	Preauthorization Required
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	Some procedures require preauthorization. Please contact Customer Service for more information.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	Some procedures require preauthorization. Please contact Customer Service for more information.
<b>If you need immediate medical attention</b>	Emergency room services	\$175 copay per visit	\$175 copay per visit	-----None-----
	Emergency medical transportation	\$100 copay	\$100 copay	-----None-----
	Urgent care	\$20 copay	30% coinsurance	-----None-----
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	-----None-----
	Physician/surgeon fee	10% coinsurance	30% coinsurance	-----None-----

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

**Health Alliance** Health Alliance PPO 500 Rx7 NS2  
 Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2016 - 12/31/2016

Coverage for: Individual or Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental Behavioral health outpatient services	\$20 copayment. The deductible does not apply.	30% coinsurance	-----None-----
	Mental Behavioral health inpatient services	10% coinsurance	30% coinsurance	-----None-----
	Substance use disorder outpatient services	\$20 copayment. The deductible does not apply.	30% coinsurance	-----None-----
	Substance use disorder inpatient services	10% coinsurance	30% coinsurance	-----None-----
<b>If you are pregnant</b>	Prenatal and postnatal care	10% coinsurance	30% coinsurance	-----None-----
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	-----None-----
<b>If you need help recovering or have other special health needs</b>	Home health care	10% coinsurance	30% coinsurance	Preauthorization Required.
	Rehabilitation services	10% coinsurance	30% coinsurance	Limited to 60 visits per condition, per plan year
	Habilitation services	10% coinsurance	30% coinsurance	-----None-----
	Skilled nursing care	10% coinsurance	30% coinsurance	Preauthorization Required. Limited to 120 days per plan year
	Durable medical equipment	20% coinsurance	50% coinsurance	Some Durable Medical Equipment may have certain limitations. Please contact Customer Service for more information.
	Hospice service	10% coinsurance	30% coinsurance	-----None-----
<b>If your child needs dental or eye care</b>	Eye exam	\$40 copay	50% coinsurance	-----None-----
	Glasses	Not Covered	Not Covered	-----None-----
	Dental check up	Not Covered	Not Covered	-----None-----

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- |                       |  |                        |
|-----------------------|--|------------------------|
| • Acupuncture         | • Heating Aids                                       | • Private-Duty Nursing |
| • Cosmetic Surgery    | • Long-Term Care                                     | • Weight Loss Programs |
| • Dental Care (Adult) | • Non-Emergency Care When Traveling Outside the U.S. |                        |

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- |                     |                            |                     |
|---------------------|----------------------------|---------------------|
| • Bariatric Surgery | • Infertility Treatment    | • Routine Foot Care |
| • Chiropractic Care | • Routine Eye Care (Adult) |                     |

**Your Rights to Continue Coverage:**

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-851-3379. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

**Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Health Alliance at 1-800-851-3379. You may also contact the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA(3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Illinois Department of Insurance at 1-877-850-4740 or [www.ins.state.il.us](http://www.ins.state.il.us).

**Does this Coverage Provide Minimum Essential Coverage?**

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan or policy does provide minimum essential coverage.**

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-851-3379.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-851-3379.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-851-3379.

Navajo (Dine): Dinck'chgo shika at'ohwol ninisingo, kwii'jigo holne' 1-800-851-3379.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

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**About these Coverage Examples:**

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

**⚠ This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

**Having a baby**  
(normal delivery)

- Amount owed to providers: **\$7,540**
- Plan pays **\$6020**
- Patient pays **\$1520**

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

**Patient pays:**

Deductibles	\$500
Copays	\$20
Coinsurance	\$800
Limits or exclusions	\$200
<b>Total</b>	<b>\$1520</b>

**Managing type 2 diabetes**

(routine maintenance of a well-controlled condition)

- Amount owed to providers: **\$5,400**
- Plan pays **\$3790**
- Patient pays **\$1610**

**Sample care costs:**

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

**Patient pays:**

Deductibles	\$500
Copays	\$1000
Coinsurance	\$30
Limits or exclusions	\$80
<b>Total</b>	<b>\$1610</b>

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.



## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

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**Exhibit C**

Proposal Rates for: City Of Lincoln

Health Alliance HMO 100 NS1 Rx7

**Effective Period: 01/01/2016 through 12/31/2016**

<b>Premium Rates:</b>	
EMPLOYEE:	\$744.00
EMPLOYEE & SPOUSE:	\$1,666.00
EMPLOYEE + CHILD(REN):	\$1,456.00
FAMILY:	\$2,377.00

<b>"Primary Medicare Eligible" Rates:</b>	
SINGLE (with "Primary Medicare Eligibility"):	\$484.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$1,146.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$1,406.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$2,117.00

Approved by: \_\_\_\_\_  
(Benefits Administrator)

Date Approved: \_\_\_\_\_

Health Alliance Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. A minimum of 75% of all eligible employees at City Of Lincoln must enroll in the Health Alliance plan to meet our participation requirements. In the event that membership changes by 20% or more during the contract year OR the conditions listed above are not met, Health Alliance reserves the right to review, revise and/or rescind this offer.



Exhibit C

Proposal Rates for: City Of Lincoln

Health Alliance PPO 500 NS2 Rx7

Effective Period: 01/01/2016 through 12/31/2016

<b>Premium Rates:</b>	
EMPLOYEE:	\$861.00
EMPLOYEE & SPOUSE:	\$1,925.00
EMPLOYEE + CHILD(REN):	\$1,684.00
FAMILY:	\$2,748.00

<b>"Primary Medicare Eligible" Rates:</b>	
SINGLE (with "Primary Medicare Eligibility"):	\$560.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$1,323.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$1,624.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$2,447.00

Approved by: \_\_\_\_\_  
(Benefits Administrator)

Date Approved: \_\_\_\_\_

Health Alliance Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. A minimum of 75% of all eligible employees at City Of Lincoln must enroll in the Health Alliance plan to meet our participation requirements. In the event that membership changes by 20% or more during the contract year OR the conditions listed above are not met, Health Alliance reserves the right to review, revise and/or rescind this offer.



**Health Alliance HMO 100 Rx7 NS1**

Member Benefits			Member Responsibility	
			In-Network	Out-of-Network(OON)
Plan Year Deductible Embedded	Medical	Individual	Not Applicable	Not Applicable
		Family	Not Applicable	Not Applicable
	Pharmacy	Individual	Not Applicable	Not Applicable
		Family	Not Applicable	Not Applicable
<b>Plan Year Out-of-Pocket Maximum (OOPM)</b>				
Combined medical & pharmacy expenses including deductible, coinsurance & copayments.	Medical/Pharmacy	Individual	\$1,500	Not Applicable
		Family	\$3,000	Not Applicable
<b>Contract Year Maximum Benefits</b>				
	Cardiac Rehabilitation		36 OP sessions w/in 6 month of event	
	Outpatient Rehabilitation Services		60 visits per condition per plan year	
	Home Health		Unlimited with Pre-authorization	
	Vision Exam		Once every 12 months	
<b>Ambulatory Patient Services</b>				
	Vision Exam		\$40 per exam	Not Applicable
	Primary Care Physician Office Visits		\$20 per visit ^	Not Applicable
	Specialty Care Physician Office Visits		\$40 per visit ^	Not Applicable
	Spinal Manipulations		\$20 per visit	Not Applicable
	Urgent Care Visits		\$20 per visit ^	\$20 per visit
	Allergy Treatment and Testing		\$0 per visit	Not Applicable
<b>Emergency Services</b>				
	Emergency Department Visits		\$175 per visit	\$175 per visit
	Emergency Ambulance Transportation		\$100	\$100
<b>Hospital Services</b>				
	Outpatient Surgery/Procedures Facility Fees		\$100 per procedure	Not Applicable
	Outpatient Surgery/Procedures Physician/Surgeon Fees		0%	Not Applicable
	Inpatient Hospitalization Facility Fees		\$50 per day	Not Applicable
	Inpatient Physician/Surgeon Fees		0%	Not Applicable
<b>Rehabilitative and Habilitative Services</b>				
	Outpatient Rehabilitation Services		\$40 per visit	Not Applicable
	Inpatient Rehabilitation/Skilled Nursing Facility		\$0 per stay	Not Applicable
	Home Health		\$0 per visit	Not Applicable
<b>Diagnostic Services</b>				
	MRI and CT Scans		\$0 per service	Not Applicable
	Diagnostic Testing		\$0 per service	Not Applicable

<b>Mental Health/Substance Use Treatment</b>			
	Outpatient Office Visits	\$20 per visit ^	Not Applicable
	Inpatient Services	\$50 per day	Not Applicable
	Non-Serious Mental Health Care	See in network outpatient office visit or inpatient services benefit	50%
<b>Prescription Drugs</b>			
30 day supply	Rxtra	\$0	Not Applicable
	Generic - Tier 1	\$15	Not Applicable
	Brand - Tier 2	\$30	Not Applicable
	Non-Preferred Brand - Tier 3	\$50	Not Applicable
	Preferred Specialty Pharmacy/Medical - Tier 4	20%	Not Applicable
	Non-Preferred Specialty Pharmacy/Medical - Tier 5	20%	Not Applicable
	Non-Formulary Specialty Pharmacy/Medical - Tier 6	20%	Not Applicable
<b>Maternity</b>			
Minimum of 48 hours of inpatient care following a vaginal delivery and minimum of 96 hours of inpatient care following a delivery by Cesarean section.	Routine Prenatal Care	\$100	Not Applicable
	Maternity Inpatient	\$50 per day	Not Applicable
	Newborn Care	\$50 per day	Not Applicable
<b>Preventive and Wellness Services</b>			
Immunizations, adult & child annual physical exams, mammograms, PAP smears, prostate screening & more. Age/frequency schedules apply.	Wellness Care	\$0	Not Applicable
<b>Other Services</b>			
Other services covered within your policy and not otherwise specified on this summary or on the SBC	Other Covered Services	0%	Not Applicable
	Durable Medical Equipment	20%	Not Applicable

\* Deductible does not apply

^ Additional, other services obtained while in the office may require an additional copayment or coinsurance

**Embedded deductible definition** - if there are two or more people on this plan – meaning the family amount(s) apply – you have a separate individual deductible within (or embedded within) the family deductible. This gives each member on the plan a chance to have his or her benefits start before the entire family meets the family deductible.

This is a brief statement of Health Alliance HMO benefits, exclusions and limitations which are subject to change. Please refer to the Health Alliance HMO Policy booklet for more detail about your health plan. This document is in conjunction with the Summary of Benefits and Coverage (SBC). You can view your SBC online at [www.healthalliance.org](http://www.healthalliance.org) or request a copy by contacting the customer service number on the back of your ID card.



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.healthalliance.org](http://www.healthalliance.org) or by calling 1-800-851-3379.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services your plan covers.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes. \$1,500 individual / \$3,000 family.	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	Pr imiums, ervices this plan does not cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <b>network of providers</b> ?	Yes. See <a href="http://www.healthalliance.org">www.healthalliance.org</a> or call 1-800-851-3379 for a list of <b>for a listing participating providers</b> .	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a <b>referral</b> to see a <b>specialist</b> ?	Yes. A <b>referral</b> may be required to see a <b>specialist</b> . You must utilize participating providers to guarantee coverage, except in an emergency situation.	This plan will pay some or all of the costs to see a <b>specialist</b> for covered services, but only if you have the plan's permission before you see the <b>specialist</b> .
Are there <b>services</b> this plan doesn't cover?	Yes.	Some of the <b>services</b> this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <b>excluded services</b> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.



**Health Alliance HMO 100 Rx7 NS1**

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual or Individual + Family | Plan Type: HMO

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$20 copay per visit	Not Covered	-----None-----
	Specialist visit	\$40 copay per visit	Not Covered	-----None-----
	Other practitioner office visit	\$20 copay spinal manipulations	Not Covered	-----None-----
	Preventive care/screening/immunization	No Charge	Not Covered	One preventive visit and/or well women visit per plan year.
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	\$0 copay/test	Not Covered	Certain tests may require preauthorization. Please contact Customer Service for details.
	Imaging (CT/PET scans, MRIs)	\$0 copay/test	Not Covered	Certain tests may require preauthorization. Please contact Customer Service for details.
<b>If you need drugs to treat your illness or condition</b> More information about prescription drug coverage is available at <a href="http://www.healthalliance.org">www.healthalliance.org</a>	Generic drugs	\$15 copay	Not Covered	Covers a 30-day supply. 90-day option available for 2.75 copays. Some drugs may require preauthorization.
	Preferred brand drugs	\$30 copay	Not Covered	Covers a 30-day supply. 90-day option available for 2.75 copays. Some drugs may require preauthorization.
	Non-preferred brand drugs	\$50 copay	Not Covered	Covers a 30-day supply. 90-day option available for 2.75 copay. Some drugs may require preauthorization.
	Preferred specialty drugs	20% coinsurance	Not Covered	Preauthorization Required
	Non-preferred specialty drugs	20% coinsurance	Not Covered	Preauthorization Required
	Non-formulary specialty drugs	20% coinsurance	Not Covered	Preauthorization Required

Questions: Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 copayment	Not Covered	Some procedures require preauthorization. Please contact Customer Service for more information.
	Physician/surgeon fees	No Charge	Not Covered	Some procedures require preauthorization. Please contact Customer Service for more information.
<b>If you need immediate medical attention</b>	Emergency room services	\$175 copay per visit	\$175 copay per visit	-----None-----
	Emergency medical transportation	\$100 copay	\$100 copay	-----None-----
	Urgent care	\$20 copay	\$20 copay	-----None-----
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$50 copay per day	Not Covered	-----None-----
	Physician/surgeon fee	No Charge	Not Covered	-----None-----
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental Behavioral health outpatient services	\$20 copay / office visit	50% coinsurance for non-serious mental health services	-----None-----
	Mental Behavioral health inpatient services	\$50 copay per day	50% coinsurance for non-serious mental health services	-----None-----
	Substance use disorder outpatient services	\$20 copay / office visit	50% coinsurance	-----None-----
	Substance use disorder inpatient services	\$50 copay per day	50% coinsurance	-----None-----
<b>If you are pregnant</b>	Prenatal and postnatal care	\$100 copay	Not Covered	-----None-----
	Delivery and all inpatient services	\$50 copay per day	Not Covered	-----None-----

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.



**Health Alliance HMO 100 Rx7 NS1**

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual or Individual + Family | Plan Type: HMO

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	\$0 copay	Not Covered	Preauthorization is required.
	Rehabilitation services	\$40 copay	Not Covered	60 visits per condition per plan year.
	Habilitation services	\$40 copay	Not Covered	See rehabilitation visit maximum.
	Skilled nursing care	\$0 copay	Not Covered	-----None-----
	Durable medical equipment	20% coinsurance	Not Covered	Preauthorization may be required for certain medical equipment. Contact Customer Service for detailed information.
	Hospice service	\$0 copay	Not Covered	-----None-----
If your child needs dental or eye care	Eye exam	\$40 copay / visit	Not Covered	-----None-----
	Glasses	Not Covered	Not Covered	-----None-----
	Dental check up	Not Covered	Not Covered	-----None-----

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Dental Care (Adult)
- Long-Term Care
- Cosmetic Surgery
- Hearing Aids (Adult)
- Weight Loss Programs

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric Surgery
- Non-Emergency Care When Traveling Outside the U.S.
- Routine Eye Care (Adult)
- Chiropractic Care
- Private-Duty Nursing
- Routine Foot Care
- Infertility Treatment

**Your Rights to Continue Coverage:**

Questions: Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

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If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-851-3379. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Health Alliance at 1-800-851-3379. You may also contact the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA(3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Illinois Department of Insurance at 1-877-850-4740 or [www.ins.state.il.us](http://www.ins.state.il.us).

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-851-3379.

Tagalog (Tagalog): Kungkailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-851-3379.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-851-3379.

Navajo (Dine): Dinek'ehgo shika a'ohwol ninisingo, kwijigo holne' 1-800-851-3379.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

**About these Coverage Examples:**

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

**⚠ This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

**Having a baby**  
 (normal delivery)

- Amount owed to providers: **\$7,540**
- Plan pays **\$7140**
- Patient pays **\$400**

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

**Patient pays:**

Deductibles	\$0
Copays	\$200
Coinsurance	\$0
Limits or exclusions	\$200
<b>Total</b>	<b>\$400</b>

**Managing type 2 diabetes**  
 (routine maintenance of a well-controlled condition)

- Amount owed to providers: **\$5,400**
- Plan pays **\$4260**
- Patient pays **\$1140**

**Sample care costs:**

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

**Patient pays:**

Deductibles	\$0
Copays	\$1000
Coinsurance	\$60
Limits or exclusions	\$80
<b>Total</b>	<b>\$1140</b>

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.



Exhibit C

Proposal Rates for: City Of Lincoln

Health Alliance PPO HSA 1500a Rx12

Effective Period: 01/01/2016 through 12/31/2016

<b>Premium Rates:</b>	
EMPLOYEE:	\$739.00
EMPLOYEE & SPOUSE:	\$1,651.00
EMPLOYEE + CHILD(REN):	\$1,443.00
FAMILY:	\$2,355.00

<b>"Primary Medicare Eligible" Rates:</b>	
SINGLE (with "Primary Medicare Eligibility"):	\$480.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$1,133.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$1,392.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$2,096.00

Approved by: \_\_\_\_\_  
(Benefits Administrator)

Date Approved: \_\_\_\_\_

Health Alliance Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. A minimum of 75% of all eligible employees at City Of Lincoln must enroll in the Health Alliance plan to meet our participation requirements. In the event that membership changes by 20% or more during the contact year OR the conditions listed above are not met, Health Alliance reserves the right to review, revise and/or rescind this offer.



**Health Alliance PPO HSA 1500a Rx12**

Member Benefits			Member Responsibility	
			In-Network	Out-of-Network(OON)
Plan Year Deductible	Medical	Individual	\$1,500	\$3,000
Aggregate		Family	\$3,000	\$6,000
	Pharmacy	Individual	Not Applicable	Not Applicable
		Family	Not Applicable	Not Applicable
<b>Plan Year Out-of-Pocket Maximum (OOPM)</b>				
Combined medical & pharmacy expenses including deductible, coinsurance & copayments.	Medical/Pharmacy	Individual	\$1,500	\$8,000
		Family	\$3,000	\$16,000
<b>Contract Year Maximum Benefits</b>				
	Cardiac Rehabilitation		36 OP sessions w/in 6 month of event combined in-net and OON	
	Outpatient Rehabilitation Services		60 visits per condition per plan year combined in-net and OON	
	Inpatient Rehabilitation Services/Skilled Nursing Facility		120 days per plan year combined in-net and OON	
	Home Health		Unlimited with Pre-authorization	
	Spinal Manipulations (includes muscle manipulations)		\$500 Maximum Per Plan Year combined in-net and OON	
	Temporomandibular Joint (TMJ) Treatment		\$2,500 Maximum per Plan Year	
	Vision Exam		Once every 12 months combined in-net and OON	
<b>Ambulatory Patient Services</b>				
	Vision Exam		0%	50%
	Primary Care Physician Office Visits		0%	50%
	Specialty Care Physician Office Visits		0%	50%
	Spinal Manipulations		0%	In Network Deductible Applies
	Urgent Care Visits		0%	50%
	Allergy Treatment and Testing		0%	50%
<b>Emergency Services</b>				
	Emergency Department Visits		0%	In Network Benefit Applies
	Emergency Ambulance Transportation		0%	In Network Benefit Applies
<b>Hospital Services</b>				
	Outpatient Surgery/Procedures Facility Fees		0%	50%
	Outpatient Surgery/Procedures Physician/Surgeon Fees		0%	50%
	Inpatient Hospitalization Facility Fees		0%	50%
	Inpatient Physician/Surgeon Fees		0%	50%
<b>Rehabilitative and Habilitative Services</b>				
	Outpatient Rehabilitation Services		0%	50%
	Inpatient Rehabilitation/Skilled Nursing Facility		0%	50%
	Home Health		0%	50%
<b>Diagnostic Services</b>				
	MRI and CT Scans		0%	50%
	Diagnostic Testing		0%	50%

<b>Mental Health/Substance Use Treatment</b>			
	Outpatient Office Visits	0%	50%
	Inpatient Services	0%	50%
	Non-Serious Mental Health Care	See in network outpatient office visit or inpatient services benefit	50%
<b>Prescription Drugs</b>			
30 day supply	Rxtra	0%	50%
	Generic - Tier 1	0%	50%
	Brand - Tier 2	0%	50%
	Non-Preferred Brand - Tier 3	0%	50%
	Preferred Specialty Pharmacy/Medical - Tier 4	0%	50%
	Non-Preferred Specialty Pharmacy/Medical - Tier 5	0%	50%
	Non-Formulary Specialty Pharmacy/Medical - Tier 6	0%	50%
<b>Maternity</b>			
Minimum of 48 hours of inpatient care following a vaginal delivery and minimum of 96 hours of inpatient care following a delivery by Cesarean section.	Routine Prenatal Care	0%	50%
	Maternity Inpatient	0%	50%
	Newborn Care	0%	50%
<b>Preventive and Wellness Services</b>			
Immunizations, adult & child annual physical exams, mammograms, PAP smears, prostate screening & more. Age/frequency schedules apply.	Wellness Care	*\$0	50%
<b>Other Services</b>			
Other services covered within your policy and not otherwise specified on this summary or on the SBC.	Other Covered Services	0%	50%
	Durable Medical Equipment	0%	50%

\* Deductible does not apply

^ Additional, other services obtained while in the office may require an additional copayment or coinsurance

**Aggregate deductible definition** - if one person is on the plan, he or she works toward the single deductible. If more than one person is on the plan, they work toward the family deductible

**When using out of network providers**, you also pay any charges in excess of the **maximum allowable charge**. Amounts over the maximum allowable charge do not apply to the Out-of-Pocket Maximum.

This is a brief statement of Health Alliance PPO benefits, exclusions and limitations which are subject to change. Please refer to the Health Alliance PPO Policy booklet for more detail about your health plan. This document is in conjunction with the Summary of Benefits and Coverage (SBC). You can view your SBC online at [www.healthalliance.org](http://www.healthalliance.org) or request a copy by contacting the customer service number on the back of your ID card.



**Health Alliance** Health Alliance PPO HSA 1500a Rx12

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2016 - 12/31/2016

Coverage for: Individual or Individual + Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.healthalliance.org](http://www.healthalliance.org), or by calling 1-800-851-3379.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	<b>\$1,500 individual / \$3,000 family</b> Doesn't apply to preventive care.  <b>\$3,000 individual / \$6,000 family</b> Out of Network.	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
Are there other deductibles for specific services?	No	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services your plan covers.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes. For preferred providers <b>\$1,500 individual / \$3,000 family</b> . For non-preferred providers <b>\$8,000 individual / \$16,000 family</b> .	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	Health care this plan does not cover, Maximum Allowable Charges, Preauthorization Penalties, Premiums.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <b>specific</b> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="http://www.healthalliance.org">www.healthalliance.org</a> or call 1-800-851-3379 for a list of preferred providers.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use a <b>out-of-network provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a <b>referral</b> to see a <b>specialist</b> ?	No. You do not need a referral to see a specialist. Your level of coverage will be determined based on whether you utilize preferred or non-preferred providers.	You can see the <b>specialist</b> you choose without permission from this plan.
Are there <b>services</b> this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

Questions: Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles, copayments and coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	50% coinsurance	-----None-----
	Specialist visit	0% coinsurance	50% coinsurance	-----None-----
	Other practitioner office visit	0% coinsurance for spinal manipulations.	0% coinsurance for spinal manipulations.	Limited to a \$500 maximum per plan year
	Preventive care/screening/immunization	No Charge	50% coinsurance	Limited to one per plan year. Additional visits will be subject to the office visit copayment. Additional services obtained while in the office may require an additional Deductible, Copayment or Coinsurance amount.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	50% coinsurance	Certain tests may require preauthorization. Please contact Customer Service for details.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	50% coinsurance	Certain tests may require preauthorization. Please contact Customer Service for details.

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.



**Health Alliance PPO HSA 1500a Rx12**

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual or Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at <a href="http://www.healthalliance.org">www.healthalliance.org</a> .	Generic drugs	0% coinsurance	50% coinsurance	Covers a 30-day supply. Some drugs may require preauthorization.
	Preferred brand drugs	0% coinsurance	50% coinsurance	Covers a 30-day supply. Some drugs may require preauthorization.
	Non-preferred brand drugs	0% coinsurance	50% coinsurance	Covers a 30-day supply. Some drugs may require preauthorization.
	Preferred specialty drugs	0% coinsurance	50% coinsurance	Preauthorization required
	Non-preferred specialty drugs	0% coinsurance	50% coinsurance	Preauthorization required
	Non-formulary specialty drugs	0% coinsurance	50% coinsurance	Preauthorization required
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	50% coinsurance	Some procedures require preauthorization. Please contact Customer Service for more information.
	Physician/surgeon fees	0% coinsurance	50% coinsurance	Some procedures require preauthorization. Please contact Customer Service for more information.
If you need immediate medical attention	Emergency room services	0% coinsurance	0% coinsurance	-----None-----
	Emergency medical transportation	0% coinsurance	0% coinsurance	-----None-----
	Urgent care	0% coinsurance	50% coinsurance	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	50% coinsurance	-----None-----
	Physician/surgeon fee	0% coinsurance	50% coinsurance	-----None-----

Questions: Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an In-Network Provider	Your Cost if you use an Out-of-Network Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental Behavioral health outpatient services	0% coinsurance	50% coinsurance	-----None-----
	Mental Behavioral health inpatient services	0% coinsurance	50% coinsurance	-----None-----
	Substance use disorder outpatient services	0% coinsurance	50% coinsurance	-----None-----
	Substance use disorder inpatient services	0% coinsurance	50% coinsurance	-----None-----
<b>If you are pregnant</b>	Prenatal and postnatal care	0% coinsurance	50% coinsurance	-----None-----
	Delivery and all inpatient services	0% coinsurance	50% coinsurance	-----None-----
<b>If you need help recovering or have other special health needs</b>	Home health care	0% coinsurance	50% coinsurance	Preauthorization Required.
	Rehabilitation services	0% coinsurance	50% coinsurance	Limited to 60 visits per condition, per plan year
	Habilitation services	0% coinsurance	50% coinsurance	-----None-----
	Skilled nursing care	0% coinsurance	50% coinsurance	Preauthorization Required. Limited to 120 days per plan year
	Durable medical equipment	0% coinsurance	50% coinsurance	Some Durable Medical Equipment may have certain limitations. Please contact Customer Service for more information.
	Hospice service	0% coinsurance	50% coinsurance	-----None-----
<b>If your child needs dental or eye care</b>	Eye exam	0% coinsurance	50% coinsurance	-----None-----
	Glasses	Not Covered	Not Covered	-----None-----
	Dental check up	Not Covered	Not Covered	-----None-----

Questions: Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.



Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Hearing Aids
- Private-Duty Nursing
- Cosmetic Surgery
- Long-Term Care
- Weight Loss Programs
- Dental Care (Adult)
- Non-Emergency Care When Traveling Outside the U.S.

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric Surgery
- Infertility Treatment
- Routine Foot Care
- Chiropractic Care
- Routine Eye Care (Adult)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-851-3379. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444 3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Health Alliance at 1-800-851-3379. You may also contact the Department of Labor, Employee Benefits Security Administration at 1-866-444 BSA(3272) or www.dol.gov/ebsa/healthreform or the Illinois Department of Insurance at 1-877-850-4740 or www.ins.state.il.us.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". This plan or policy does provide minimum essential coverage.

Questions: Call 1-800-851-3379 or visit us at www.healthalliance.org. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.healthalliance.org or call 1-800-851-3379 to request a copy.

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-851-3379.

Tagalog (Tagalog): Kungkailangan ninyo ang tulong sa Tagalog tumawagsa 1-800-851-3379.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-851-3379.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-851-3379.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

### About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

**⚠ This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

#### Having a baby (normal delivery)

- Amount owed to providers: **\$7,540**
- Plan pays **\$4840**
- Patient pays **\$2700**

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

**Patient pays:**

Deductibles	\$2500
Copays	\$0
Coinsurance	\$0
Limit or exclusions	\$200
<b>Total</b>	<b>\$2700</b>

#### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: **\$5,400**
- Plan pays **\$2820**
- Patient pays **\$2580**

**Sample care costs:**

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

**Patient pays:**

Deductibles	\$2500
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$80
<b>Total</b>	<b>\$2580</b>

**Questions:** Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Question** : Call 1-800-851-3379 or visit us at [www.healthalliance.org](http://www.healthalliance.org). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.healthalliance.org](http://www.healthalliance.org) or call 1-800-851-3379 to request a copy.



## Health Alliance Group Medicare Plans

### 2016 Benefit Highlights for Illinois PDP Plan 1

Please use this Benefit Highlight in conjunction with your Evidence of Coverage (EOC) to understand all of your benefits.

Pharmacy Benefits	Member Pays In-Network
Deductible	\$0
Does coverage continue through the Gap?	No
<b>Initial Coverage</b>	
Tier 1: Preferred Generic, 30-day supply	\$0 copay per prescription at Walmart and Sam's Club \$20 copay per prescription at other network pharmacies
Tier 2: Non-Preferred Generic, 30-day supply	\$47 copay per prescription
Tier 3: Preferred Brand, 30-day supply	\$47 copay per prescription
Tier 4: Non-Preferred Brand, 30-day supply	\$100 copay per prescription
Tier 5: Specialty Tier, 30-day supply	25% coinsurance per prescription
Mail-Order	Same copayments apply for mail-order as retail. (see above for more details)
<b>Coverage Gap</b>	
One-month (30-day) supply during the Coverage Gap (from \$3,310 until member's annual drug costs reach \$4,850)	65% percent for generic drugs and 58% percent for brand-name drugs
<b>Catastrophic Coverage</b> (when out-of-pocket drug costs reach \$4,850)	
Generics	\$2.95 OR 5% (whichever is higher)
All other drugs	\$7.40 OR 5% (whichever is higher)
Out-of-Network Coverage	<ul style="list-style-type: none"> <li>Coverage for medications purchased out-of-network may be available in special circumstances</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Certain prescription drugs have quantity limits</li> <li>Your doctor must get preauthorization from Health Alliance Medicare for certain prescription medications</li> </ul>
Formulary	The Health Alliance Medicare Part D Formulary is a list of drugs covered by Health Alliance. Generally, we only cover drugs listed in the formulary.

This is a summary of benefits. Please refer to your Evidence of Coverage for additional information. Health Alliance is a health plan with a Medicare contract.

Health Alliance's pharmacy network offers limited access to pharmacies with preferred cost sharing in Illinois. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Service at 1-800-956-4022, TTY 711 or consult the online pharmacy directory at [HealthAlliance.org](http://HealthAlliance.org).

mkt-GroupMedBenPDPcovgapapplies-0915



## Health Alliance Group Medicare Plans

### 2016 Benefit Highlights for Illinois PDP Plan 2

Please use this Benefit Highlight in conjunction with your Evidence of Coverage (EOC) to understand all of your benefits.

<b>Pharmacy Benefits</b>	<b>Member Pays In-Network</b>
Deductible	\$150 Brand Only
Does coverage continue through the Gap?	Yes
<b>Initial Coverage</b>	
Tier 1: Preferred Generic, 30-day supply	\$0 copay per prescription at Walmart and Sam's Club \$20 copay per prescription at other network pharmacies
Tier 2: Non-Preferred Generic, 30-day supply	\$47 copay per prescription
Tier 3: Preferred Brand, 30-day supply	\$47 copay per prescription
Tier 4: Non-Preferred Brand, 30-day supply	\$100 copay per prescription
Tier 5: Specialty Tier, 30-day supply	25% coinsurance per prescription
Mail-Order	Same copayments apply for mail-order as retail. (see above for more details)
<b>Coverage Gap</b>	
One-month (30-day) supply during the Coverage Gap (from \$3,310 until member's annual drug costs reach \$4,850)	Same copayments as Initial Coverage
<b>Catastrophic Coverage</b> (when out-of-pocket drug costs reach \$4,850)	
Generics	\$2.95 OR 5% (whichever is higher)
All other drugs	\$7.40 OR 5% (whichever is higher)
Out-of-Network Coverage	<ul style="list-style-type: none"> <li>Coverage for medications purchased out-of-network may be available in special circumstances</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Certain prescription drugs have quantity limits</li> <li>Your doctor must get preauthorization from Health Alliance Medicare for certain prescription medications</li> </ul>
Formulary	The Health Alliance Medicare Part D Formulary is a list of drugs covered by Health Alliance. Generally, we only cover drugs listed in the formulary.

This is a summary of benefits. Please refer to your Evidence of Coverage for additional information. Health Alliance is a health plan with a Medicare contract.

Health Alliance's pharmacy network offers limited access to pharmacies with preferred cost sharing in Illinois. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Service at 1-800-956-4022, TTY 711 or consult the online pharmacy directory at [HealthAlliance.org](http://HealthAlliance.org).

mkt-GroupMedBenPDPcovthrgap-0915

## MEMORANDUM

**TO:** Mayor and Aldermen of the City of Lincoln

**FROM:** Clay T. Johnson, City Administrator



**MEETING**

**DATE:** November 24, 2015

**RE: 2016 Liability Insurance Renewal**

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This year's liability insurance renewal proposal comes in essentially level with the previous year. There was a slight premium decrease of \$521. Here are some summary points regarding the renewal:

- The City increased its property exposures from a total of \$24,743,142 to \$25,485,435. This represents a 2.9% increase. This premium increased about 6%.
- Because of the two bridges that no longer meet state standards (Jefferson and State), Trident is limiting our general liability coverage to \$250,000. Once the bridges are addressed, the sublimit will be removed.
- The law enforcement deductible is being moved from \$5,000 to \$10,000 due to a higher volume of claims.
- Our cyber liability coverage is \$1,500 cheaper than the previous year through a new product offered through Gallagher.
- Even though payroll amounts increased this year, Illinois Public Risk Fund (Worker's Compensation) premiums decreased by 2.4%.
- The City will receive a Safety Grant award in the amount of \$29,089 in 2016.

Overall, the liability renewal came in quite well even with the inclusion of more property and a higher payroll. Hopefully, we can keep catastrophic and/or frequent worker's compensation claims down through 2016 to continue to see a decrease in premiums. We have purchased some good products using our Safety Grant funds this year to help limit the possibility of staff injury on the job.

**COW Recommendation: Place the Approval of the 2016 Liability Insurance Renewal on the Council's consent agenda for December 7<sup>th</sup>.**

**Council Recommendation: Authorize the City Administrator to bind and execute the liability insurance renewal through Arthur J. Gallagher for 2016.**

## City of Lincoln, IL

### Premium Summary

Line of Coverage	Trident/IPRF/Beazley Expiring	Trident/IPRF/Beazley Renewal	Trident/IPRF/BCS Option 1 Recommended	Trident/IPRF/BCS Option 2
Property, Inland Marine and Equipment Breakdown	29,819	29,760	29,760	29,760
General Liability	8,935	14,470	14,470	14,470
Law Enforcement Liability	19,185	18,119	18,119	18,119
Public Officials and Employment Practices Liability	4,768	7,358	7,358	7,358
Automobile Liability and Auto Physical Damage	36,307	35,970	35,970	35,970
Excess Liability	17,582	19,045	19,045	19,045
Crime	103	100	100	100
Cyber Liability	6,603	7,217	5,046	6,560
Workers Compensation	296,172	289,085	289,085	289,085
<b>Totals</b>	<b>419,474</b>	<b>421,124</b>	<b>418,953</b>	<b>420,467</b>

Quote From Argonaut Insurance Company (Argonaut Insurance Company) is valid until 12/15/2015  
 Quote From Syndicate 2633/623 at Lloyd's (Syndicate 2633/623 at Lloyd's) is valid until 12/15/2015  
 Quote From Illinois Public Risk Fund (Illinois Public Risk Fund) is valid until 1/1/2016

Gallagher is responsible for the placement of the following lines of coverage:  
 Package  
 Cyber Liability  
 Workers Comp

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

Arthur J. Gallagher Risk Management Services, Inc.

# Illinois Public Risk Fund's Grant Program

*City of Lincoln*

The Illinois Public Risk Fund has reserved

**\$29,089\***

***\*Congratulations***

***Your organization has qualified for a  
Preferred Loss Ratio Grant of \$5,644.00 which  
is included in the above amount.***

Please visit [www.iprf.com](http://www.iprf.com) for additional information and the  
Grant Application.

***Grant deadline is December 1, 2016***

*(Subject to the programs terms and conditions)*

## City of Lincoln, IL

### Premium Summary

	Argonaut and IPRF (Expiring)	Argonaut and IPRF (Renewal)
1. Property (including Flood/Earthquake)	\$26,479	\$28,101 P
2. Inland Marine	\$1,628	\$1,718
3. General Liability	\$6,016	\$8,935
4. Law Enforcement Liability	\$15,325	\$19,185
5. Public Officials Liability	\$1,080	\$1,224
6. Employment Practices	\$2,294	\$3,544
7. Automobile Liability and Physical Damage	\$33,477	\$36,307 ✓
8. Excess Liability	\$13,741	\$17,582
9. Crime	\$100	\$103
10. Workers Compensation	\$386,752	\$286,172 WC
11. Total Premium	\$486,892	\$412,871
12. Premium Savings		\$74,021
13. Percentage Change		(15.2%)

\* TRIA premium of \$1,643 is not included in the Argonaut lines of coverage. If TRIA is not rejected total premium will be increased by \$1,643.

Quote From Illinois Public Risk Fund (Illinois Public Risk Fund) is valid until 12/18/2014  
Quote From Argonaut Great Central Insurance Company (Argo Group) is valid until 12/15/2014

Gallagher is responsible for the placement of the following lines of coverage:

Property  
General Liability  
Law Enforcement Liability  
Public Officials and Employment Practices Liability  
Automobile Liability and Physical Damage  
Excess Liability  
Crime and Public Officials Bonds  
Workers Compensation

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

Arthur J. Gallagher Risk Management Services, Inc.

## MEMORANDUM

**TO:** Mayor and Aldermen of the City of Lincoln  
**FROM:** Clay T. Johnson, City Administrator   
**MEETING**  
**DATE:** March 24, 2015  
**RE:** Lincoln Branding Proposal - DCC Marketing

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A portion of the funds requested by the Logan County Alliance in Part 2 of their originally proposed agreement would assist the Alliance in contracting with a third-party marketing firm to develop a branding strategy for the City. After discussions over the course of a few meetings, it was decided that it is preferred that the City contract directly with a marketing firm to develop our brand image.

Branding is not simply having a group design the City a logo. A brand helps the City promote the assets of our community to potential businesses, potential tourists, and potential residents. It helps express how those outside of Lincoln view the City by enhancing those things we want to promote. Additionally, it will define an identity for residents of Lincoln who can spread the word about positive attributes of the community.

In your materials this evening is a proposal from DCC Interactive Marketing Agency of Decatur. The proposal includes steps that will assist in the creation of a "brand guide" document that will include a logo, tagline, messaging strategy, and wayfinding signage templates. For their services, DCC Marketing has quoted price of \$11,725.

The firm has also provided a costing for taking the brand initiative one step further toward implementation. DCC will also develop a written execution strategy of our brand that provides a plan for disseminating our brand and complies with budgetary constraints. The cost for this addendum would be \$5,500. If both options are approved, the total cost of the proposal comes to \$17,225. Funds for this proposal are budgeted within this year's budget.

From the date of the first meeting with the consultant, the whole process (including the addendum) takes 8-10 weeks without the addendum the process takes 6 weeks.

**COW Recommendation:** The concept of creating a brand identity is a good one that can create a cohesive message to prospective businesses and residents alike. The base proposal reflects the brand creation removed from the Alliance agreement. We should move forward with this task. Having the entire playbook for \$17,225 is worthwhile by providing a blueprint for the City to best implement the branding initiative. Place on April 6<sup>th</sup> council agenda.

**Council Recommendation:** Approve the proposal of DCC Marketing in the amount of \$17,225.

# PROPOSAL

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City of Lincoln, IL

Strategic Integrated Branding Proposal

January 2015

dcc Interactive [marketing] Agency

## FOCUS – CITY OF LINCOLN / ECONOMIC DEVELOPMENT BRANDING

### I. STRATEGIC INTEGRATED BRANDING PROCESS

The following outlines an **abridged version** of our assessment and planning process aimed at assisting you in gathering insight, agreement and hence the information needed to create a brand guide document for a unified and cohesive brand strategy that can integrate with other Logan County efforts. The assessment process and corresponding deliverable will provide a launch pad for your development initiative and implementation of a brand and brand messaging.

#### 1. ASSESSMENT

##### A. GOALS REVIEW

*Initial meeting to review the on-boarding process for the project*

DCC will meet (via conference call or in person in Decatur) with the project leaders from the Chamber to finalize the goals, process and desired outcomes from the following initiatives.

##### B. REVIEW OF EXISTING DATA

*Utilize the Chamber's data to further the analysis that contributes to the brand process.*

This data will be utilized in the analysis and overall creation of the brand.

- **Logan County Economic Development Master Plan**
- **Lincoln: Retail Market Research & Strategic Plan Overview**
- **Downtown Redevelopment Plan**
- **Tourism Marketing Plan**

DCC will use these as springboard for brand development that correlates back to the initiative in place and keeping end goal in mind – attracting new business to the City of Lincoln.

##### C. COUNCIL SESSION

*3 hours session in Lincoln*

This session is a very condensed version of what typically is a full 5 to 7 hour day retreat. DCC will use all the above information to gather a good baseline of knowledge prior to this session. This session will be used to help solidify ideas and vision that will be used in the brand creation.

##### D. STAKEHOLDER / BUSINESS OWNERS AND DEVELOPERS SESSION

*3 Hour session in Lincoln to occur on same day as council session*

Goal of Session:

1. Gain overall participation and insight from attendees to help shape the brand
2. Gain consensus of overall goal for branding effort
3. Discuss feedback from the council session and how that is the same or different from this group's vision





Interactive [marketing] Agency



City of Lincoln  
Project Contract

January 2015

This letter will serve as confirmation of the terms of the engagement of DCC Marketing, LLC ("DCC" or "us"), by City of Lincoln, IL (you") in connection with various marketing and advertising services and certain other services that may be requested by you from time to time.

You agree to pay DCC a fee of \$11,725 ("fee") for retention of time on services performed for the project scope detailed within the proposal. You agree to pay DCC in 4 equal installments of \$2,931.25 for the main project work. Any fee for time on services performed by DCC which is beyond the scope of work detailed in the attached proposal, will be mutually agreed upon in writing and billed on the final project invoice at the hourly overage rate of \$125/hour for services rendered. These rates will remain fixed for the duration of this Contract.

In addition to our fee for services, you agree to pay us for materials and placement services, including, without limitation, printing, film work, web hosting, domain names, photocopying and the services of independent contractors, and materials and placement services including, without limitation, ad placement and royalty free photos at our gross rates. You also agree to reimburse us for other cash disbursements and expenses, including, without limitation, courier/ mailing and long distance telephone charges at our gross cost or standard per page charge. We will not incur expenses for independent contractors, travel or other significant charges except at your request or approval in writing. Although we generally advance the cost of these expenses, we may require that significant charges be paid directly by you.

DCC retains all rights in all intellectual property created as a result of the work performed under this Agreement; however, subject to payment in full of all amounts owed to DCC by you, you will be deemed to have a royalty free, non-exclusive, perpetual license in any and all of such intellectual property, other than our internal work papers and documents and any of our preexisting intellectual property (except to the extent incorporated into finished product). Since our work is creative in nature, you understand that elements of our work for you may be incorporated into work for our other clients.

Statements are usually rendered monthly, and payment is due upon receipt of each statement. DCC may charge interest equal to 1 1/2% per month on the amount of any invoice more than 60 days past due.

DCC understands that you may be providing us with confidential information. We agree to safekeep that information using the industry standard that we use to safekeep our own confidential information and not to disclose that confidential information to anyone other than those of our officers, directors, employees, contractors and agents who need to know such information or as otherwise required by law. You agree that any confidential information or intellectual property that you provide us does not infringe any other individuals or entity's rights and agree to indemnify us against any liability resulting from any such infringement. We will perform our services to the highest standard of care applicable to those services. Under no circumstances will either you or we be liable to the other for any indirect, incidental, special, consequential or punitive damages, including, without limitation, lost profits.

You agree, to the best of your knowledge and understanding, that during the Term and for a period of two years thereafter, you will not solicit or hire any employee of DCC or our affiliates [unless you pay us a fee equal to that person's annual salary or annual full-time wages]. The term reflects the length of the time needed to complete the project -approximately six months.

If this letter accurately sets forth our agreement, please sign the copy of this letter enclosed and return it to me at your earliest convenience.

We look forward to working with you.

Very truly yours,

Kara Demirjian Huss  
President

AGREED AND CONFIRMED AS OF  
THE DATE SET FORTH ABOVE

\_\_\_\_\_ (printed name)  
\_\_\_\_\_ (signature)

REQUEST TO PERMIT

RECEIVED

DEC 01 2015

CITY CLERK  
LINCOLN, ILLINOIS

DATE: 12-1-2015

We, the undersigned of the City of Lincoln, do hereby respectfully request the Mayor and City Council to permit

*Behind*

To close the alley between

N. Chicago & N. Kickapoo, (Pekin, and

Delaware) for the Date of

December 12, 2015 from 10:00 AM

to ? for our Business Auction.

If the above request is for use of City property, including streets and/ or alleys, please check one of the two boxes below:

[ ] A Certificate of Insurance Liability for the event is attached.

[] A Certificate of Insurance Liability for the event will be provided to the City no later than 12-10-2015.

If City property is used, a Certificate of Insurance Liability is required listing the City as an additional insured. The City reserves the right to postpone review and consideration of this Request to Permit until a Certificate of Insurance Liability is provided.

Name: Quality Glass & Glazing, Inc.

Address: 210 N. Chicago St  
Lincoln, IL 62656

Phone: 217-732-2002 Cell: 217-737-5926

Email: Judy@ggnginc.com *Judy Earl*  
*President*

