VILLAGE PRESIDENT
Seth Speiser

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Ray Matchett, Jr.
Steve Smith
Mike Blaies
Mathew Trout
Dean Pruett
Elizabeth Niebruegge

VILLAGE OF FREEBURG

FREEBURG MUNICIPAL CENTER
14 SOUTHGATE CENTER, FREEBURG, IL 62243
PHONE: (618) 539-5545 • FAX: (618) 539-5590
Web Site: www.freeburg.com

September 9, 2013

VILLAGE ADMINISTRATOR
Tony Funderburg

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
John Tolan

POLICE CHIEF
Stanley Donald

VILLAGE ATTORNEY
Weilmuenster Law Group, P.C

NOTICE
MEETING OF PERSONNEL & PUBLIC SAFETY COMMITTEE
(Personnel/Police/ESDA/Fire)
(Matchett/Trout/Blaies)

A Personnel and Public Safety Committee Meeting of the Village of Freeburg will be held at the Municipal Center, Executive Board Room, **Wednesday, September 11, 2013, at 6:30 p.m.**

PERSONNEL AND PUBLIC SAFETY COMMITTEE MEETING

POLICE COMMITTEE

A. Old Business

1. Police car maintenance and fuel log

B. New Business

1. Police officer applications

PERSONNEL COMMITTEE:

A. Old Business
   1. Approval of August 14, 2013 minutes
   2. Employee handbook
   3. Job descriptions
   4. Plaques for Gene and Ron
   5. Time Clocks Policies
   6. Office Cleaning
   7. IML Conference

B. New Business
   1. Health Insurance Renewal

C. General Concerns

D. Public Participation

E. Adjourn

At said Personnel Meeting, the Village Trustees may vote on whether or not to hold an Executive Session to discuss the selection of a person to fill a public office [5 ILCS, 120/2 – (c) (3)], litigation [5 ILCS, 120/2 - (c)(11)] personnel [5 ILCS, 120/2 – (c)(1)]; real estate transactions [5 ILCS, 120/2 - (c)(5)] or collective negotiating matters between the public body and its employees or their representatives [5 ILCS 120/2 (C)(2).

VILLAGE PRESIDENT
Seth Speiser

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Ray Matchett, Jr.
Steve Smith
Mike Blaies
Mathew Trout
Dean Pruett
Elizabeth Niebruegge

VILLAGE OF FREEBURG

FREEBURG MUNICIPAL CENTER
14 SOUTHGATE CENTER, FREEBURG, IL 62243
PHONE: (618) 539-5545 • FAX: (618) 539-5590
Web Site: www.freeburg.com

PERSONNEL AND PUBLIC SAFETY COMMITTEE MEETING
Wednesday, September 11, 2013 at 6:30 p.m.

VILLAGE ADMINISTRATOR
Tony Funderburg

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
John Tolan

POLICE CHIEF
Stanley Donald

VILLAGE ATTORNEY
Weilmuenster Law Group, P.C

Chairperson Ray Matchett called the meeting of the Personnel and Public Safety Committee to order on Wednesday, September 11, 2013 at 6:58 p.m. Those present were Chairperson Ray Matchett, Trustee Matt Trout, Trustee Mike Blaies, Mayor Seth Speiser, Trustee Elizabeth Niebruegge, Chief Stan Donald, Village Administrator Tony Funderburg and Office Manager Julie Polson. Guest present: Janet Baechle.

POLICE: OLD BUSINESS:

1. Police car maintenance and fuel log: A copy of the maintenance and fuel logs was included for the committee's review. Tony said we had previously discussed purchasing a patrol car but decided to wait until further into the budget year. We need to replace the Ford Expedition. Chief Donald would like to purchase a used patrol car from the Missouri Highway Patrol. They average 54,000 – 55,000 miles and cost anywhere from $6,000 - $12,000 depending on the vehicle style and features. Stan said they have a constant turnover of cars. If he gets approval to purchase a car, he would call since they are located in Jefferson City. Stan said the officers take care of the vehicles because they are their own squad cars, and they are maintained very well. We need to wait on the other car because of other expenditures in the police department. Stan said we would need to make some modifications to the car because it will transport the K-9.

Trustee Mike Blaies motioned to recommend to the full Board we purchase a used patrol car not to exceed $12,000 and Trustee Matt Trout seconded the motion. All voting aye, the motion carried.

B. NEW BUSINESS:

1. Police officer applications: Tony copied two applications for the trustees' review. One application is to fill a part-time officer vacancy. The other application is Chief Donald's recommendation for a full-time hire. Tony said we can't do anything until the arbitration decision is known but he would like for the trustees to start considering Chief Donald's suggestion. Julie said if we are going to hire a full-time officer, we would need to post it internally first.

EXECUTIVE SESSION
7:18 P.M.

Trustee Mike Blaies motioned to enter into Executive Session citing personnel, 5 ILCS, 120/2-(c)(1)and Trustee Matt Trout seconded the motion. All voting aye, the motion carried.

EXECUTIVE SESSION ENDED
7:25 P.M.

VILLAGE BOARD OF TRUSTEES MEETINGS ARE HELD ON THE FIRST AND THIRD MONDAY OF EVERY MONTH

Trustee Matchett reconvened the meeting at 7:25 p.m.

Trustee Matt Trout motioned to recommend to the full Board the hire of John Schaefer as a part-time police officer and Trustee Mike Blaies seconded the motion. All voting aye, the motion carried.

The maintenance logs were further reviewed by the committee. Chief Donald left the meeting at 7:35 p.m.

PERSONNEL:

A. OLD BUSINESS:

1. Approval of August 14, 2013 Minutes: *Trustee Mike Blaies motioned to approve the August 14, 2013 minutes and Trustee Matt Trout seconded the motion.* All voting aye, the motion carried.

2. Employee handbook: On hold.

3. Job descriptions: On hold for now.

4. Plaques for Gene, Ron and Sam: Julie and Tony will work on this to get it done.

5. Time Clock Policies: Item can be taken off the agenda.

6. Office Cleaning: Matt said we don't have money in the budget to hire a cleaning firm right now. The committee agreed to revisit the issue after the next budget is in place.

7. IML Conference: Tony needs to know who is going so he can make the reservations. Please get back to him by tomorrow.

B. NEW BUSINESS:

1. Health Insurance Renewal: Tony explained to the committee that we need to sign the health insurance renewal form. It assures us of receiving no more than an 8.7% increase. It does not limit us from being able to go out for bid from other agents/companies. We will take this to the Board Monday night.

C. GENERAL CONCERNS: None.

D. PUBLIC PARTICIPATION: None.

E. ADJOURN: *Trustee Matt Trout motioned to adjourn at 8:00 p.m. and Trustee Mike Blaies seconded the motion.* All voting aye, the motion carried.

Julie Polson

Julie Polson
Office Manager

Maintenance and Fuel

1966.82

Maintenance Records Only
Dates 03/01/2013 To 09/06/2013

90 2006 Dodge Charger **Class SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
05/14/13	FRBG GLASS Replace Windshield			300.00	300.00	
05/17/13	MICK Align all 4 Wheels/ New Wiper Blades			120.00	120.00	50095

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			420.00	420.00	420.00

91 2011 Chevrolet Impala **Class SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
04/22/13	SHAFFER Oil Change			30.00	30.00	
07/22/13	SHAFFER Oil Change			30.00	30.00	39130

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			60.00	60.00	60.00

92 2007 Chevrolet Impala **Class SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
03/12/13	SHAFFER Oil Change			30.00	30.00	109144
04/16/13	AFFORD A/C Hose Suction and Pressure/ Freon Hose Leaking - Replaced.			278.02	278.02	117502
04/30/13	AFFORD Oil Change / New Battery			182.74	182.74	117759

Maintenance and Fuel

Page 2

05/23/13	AFFORD Replace A/C Compessor, Condensor, Expansion Valve, Upper Radiator Hose	1103.30	1103.30	118813
06/20/13	SHAFFER Oil Change	30.00	30.00	120678
07/16/13	GRNML Replace Transmission/New Catalytic Converter 3Year 100,000 Mile Warranty on Transmission.	3494.83	3494.83	121465
08/09/13	AFFORD Replace Battery No Charge Under Warranty.			

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			5118.89	5118.89	5118.89

93 **2006 Chevrolet Impala** **Class** **SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
03/05/13	JIM Oil Change/Replace Oil Cooler Lines/Thermostat			1238.47	1238.47	131476
07/17/13	SHAFFER Oil Change			30.00	30.00	135955
08/07/13	MICK Mount and Balance 2 New Tires Vehicle Needs New Struts.			75.00	75.00	136166
08/07/13	STATE Purchase 2 New Tires			188.42	188.42	136166
08/14/13	AFFORD New Oxygen Sensor / New Fuel Pump			802.97	802.97	136251

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			2334.86	2334.86	2334.86

Maintenance and Fuel

94 **2001 Ford Expedition** **Class** **SQUAD CAR**

NEW ENGINE 1-18-10

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
03/15/13	MICK Clean Battery Terminals			29.00	29.00	138401
04/17/13	MICK Oil Change			47.50	47.50	148527
04/30/13	CASEY'S Monthly Fuel Usage No Fuel Log Turned in for this Vehicle.					
06/05/13	AFFORD Replace Window Lift Hardware			42.97	42.97	
07/29/13	AFFORD New Battery FVP65HD			107.27	107.27	145067

TOTAL 179.24

8/2013 145697 146402 141166

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			226.74	226.74	226.74

95 **2013 Chevrolet Impala** **Class** **SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
08/19/13	SHAFFER Oil Change			30.00	30.00	4478

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			30.00	30.00	30.00

97 **2004 Chevrolet Impala** **Class** **SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
03/01/13	SHAFFER Oil Change			30.00	30.00	103261
04/17/13	SHAFFER Oil Change			30.00	30.00	106862

Maintenance and Fuel

04/17/13	SHAFFER Oil Change	30.00	30.00	106862
06/04/13	JERRY Replace Right Door Mirror Glass and Motor	109.72	109.72	
07/18/13	SHAFFER Oil Change	30.00	30.00	110023
08/01/13	JIM Replace Mass Air Flow Sensor Check Engine Light On. Showed Code of P0620. P0102.	390.10	390.10	110557

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			619.82	619.82	619.82

98 **2008 Chevrolet Impala** **Class** **SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
04/24/13	SHAFFER Oil Change / Brake Light Bulbs			42.00	42.00	
05/13/13	MICK Replace Radiator Radiator Leaking.			582.50	582.50	113099
05/22/13	MICK Replace Transmission Cooling Lines			129.00	129.00	113717
05/28/13	AFFORD Replace Fresh Air Actuator			125.99	125.99	114011
06/15/13	SHAFFER Oil Change			30.00	30.00	115122
06/15/13	STATE Purchase 2 New Tires			150.49	150.49	155122
06/17/13	MICK Mount and Balance 2 New Tires			58.00	58.00	115126

Maintenance and Fuel

07/03/13	JIM New Battery Battery Under Warranty. Paid for Instalation.	46.80	46.80	116070
08/19/13	SHAFFER Oil Change	30.00	30.00	118360
08/20/13	AFFORD Replace Rear Brakes and Turn Rotors	218.37	218.37	118385
08/21/13	JIM Check Brakes	45.00	45.00	118390
09/05/13	MICK Replace Cooling Fan Assembley Covered Under Warranty.			

1147.66

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			1458.15	1458.15	1458.15

99 **2007 Chevrolet Impala** **Class** **SQUAD CAR**

Date	Vendor/Desc	Gallons	Parts	Labor	Amount	Odom
04/20/13	SHAFFER Oil Change			30.00	30.00	77445
08/14/13	SHAFFER Oil Change			30.00	30.00	81055

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			60.00	60.00	60.00

REPORT TOTALS:

Total Gallons	Fuel Amt	Parts	Labor	Maint Amt	Total Amt
			10328.46	10328.46	10328.46

VILLAGE PRESIDENT
Seth Speiser

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Ray Matchett, Jr.
Steve Smith
Mike Blaies
Mathew Trout
Dean Pruett
Elizabeth Niebruegge

VILLAGE OF FREEBURG

FREEBURG MUNICIPAL CENTER
14 SOUTHGATE CENTER, FREEBURG, IL 62243
PHONE: (618) 539-5545 • FAX: (618) 539-5590
Web Site: www.freeburg.com

VILLAGE ADMINISTRATOR
Tony Funderburg

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
John Tolan

POLICE CHIEF
Stanley Donald

VILLAGE ATTORNEY
Weilmuenster Law Group, P.C

PERSONNEL AND PUBLIC SAFETY COMMITTEE MEETING
Wednesday, August 14, 2013 at 6:30 p.m.

Chairperson Ray Matchett called the meeting of the Personnel and Public Safety Committee to order on Wednesday, August 14, 2013 at 6:30 p.m. Those present were Chairperson Ray Matchett, Trustee Matt Trout, Trustee Mike Blaies, Mayor Seth Speiser (left at 7:05 p.m.), Trustee Dean Pruett, Trustee Elizabeth Niebruegge, Chief Stan Donald (absent), Village Clerk Jerry Menard, Village Administrator Tony Funderburg and Office Manager Julie Polson. Guest present: Janet Baechle.

POLICE: OLD BUSINESS:

1. Towing Issue: Tony said Chief Donald is handling this.

2. Transmission repair on 2009 car: Tony said the repair cost about $4,000 but that some other needed repairs were taken care of as well.

Tony advised the due date for the reply brief has been reset to August 28th.

B. NEW BUSINESS: Tony said we received a request from one of the officers who said that Motomart is asking if the Village would prepare an ordinance stating that they need two employees working after midnight. Seth said we can't run their business for them. Tony wanted to bring it here before he takes it to Legal/Ordinance committee. He also brought up the no parking requests for in front of Lighthouse Learning Center and on Richland by the high school. Trustee Trout will talk to Lighthouse Learning to confirm the location and the committee tabled this request. The committee was fine with the no parking signs on Richland by the high school and Tony will take it to the Streets committee. Janet Baechle had a petition signed by the residents to take down two stop signs, one on Silverthorne and the other on Red Cliff. Tony will have Stan review the requests and also take these to Streets.

Village Clerk Menard asked if we have a curfew and then asked if it is enforced? The curfew is 10:00 p.m. on weeknights and 11:00 p.m. on weekends. Seth advised the committee of an incident that happened with our Chief of Police being threatened by a resident. That resident also threatened our police officers and Chief is having this investigated. Seth will call the resident and advise him it was discussed at the police committee meeting. Seth also advised the committee he has a request from Lucky Joes to extend his liquor license until 2:00 a.m. Friday and Saturday night. He will let Stan know about it.

PERSONNEL:
A. OLD BUSINESS:

1. Approval of July 10, 2013 Minutes: *Trustee Matt Trout motioned to approve the July 10, 2013 minutes and Trustee Mike Blaies seconded the motion.* All voting aye, the motion carried. *Trustee Matt Trout motioned to approve the April 22, 2013, June 12,*

2013 #1 & #2; and July 10, 2013 Executive Session minutes and Trustee Mike Blaies seconded the motion. All voting aye, the motion carried.

2. Employee handbook: Tony said Attorney Manion is recommending we don't approve the employee handbook or job descriptions until the code book revisions have been completed.

3. Job descriptions: On hold for now.

4. Plaques for Gene, Ron and Sam: Julie said it will be difficult to get pictures of Ron. She asked the committee for direction on what kind of plaque they want. They liked the idea of displaying the Chief of Police pictures in the lobby.

5. Full-time hire of Crew Worker:

EXECUTIVE SESSION
7:05 P.M.

Trustee Matt Trout motioned to enter into Executive Session citing personnel, 5 ILCS, 120/2-(c)(1)and Trustee Mike Blaies seconded the motion. All voting aye, the motion carried.

EXECUTIVE SESSION ENDED
7:24 P.M.

Trustee Matchett reconvened the meeting at 7:25 p.m.

Trustee Mike Blaies motioned to recommend to the full board the hire of a full-time crew worker and Trustee Matt Trout seconded the motion. All voting aye, the motion carried.

6. Time Clock Policies: Tony advised Attorney Manion has reviewed the revised time clock policy and is fine with it. he said we have great employees and the policy protects us in the future.

Trustee Matt Trout motioned to recommend to the full Board to adopt the time clock policy and Trustee Mike Blaies seconded the motion. All voting aye, the motion carried.

7. Office Cleaning: Tony said we did not receive any additional bids. We have the two original bids from Jodie Main and Triple A Janitorial. He advised the committee even though we appropriated the funds, we didn't budget any money for it. The cost is about $3500 per year to clean. The committee tabled the topic since Mayor Speiser was not present to discuss the matter.

B. NEW BUSINESS:

1. IML Conference: Tony advised that Seth recently met with the mayors of Smithton and Millstadt. Smithton pays for the conference and gives each attendee $500 for hotel and travel. We don't have any money budgeted for the IML conference but Tony believes it is very important for someone from Freeburg to go. Elizabeth, Matt and Mike would like to attend. Tony will review the budget to see if we can find any money to send some people up there. Seth plans on attending. Julie said we could

use some of the money from video gaming. Jerry said Steve wanted that to be earmarked for community projects.

C. **GENERAL CONCERNS:** None.

D. **PUBLIC PARTICIPATION:** None.

E. **ADJOURN:** *Trustee Matt Trout motioned to adjourn at 7:55 p.m. and Trustee Mike Blaies seconded the motion.* All voting aye, the motion carried.

Julie Polson
Office Manager

COVENTRY
Health Care

550 Maryville Centre Drive
Suite 300
St. Louis, MO 63141

Jan 1st change to community rates
Our rates come out in Jan.

RECEIVED
AUG 06 2013

07/25/2013

JULIE POLSON
VILLAGE OF FREEBURG
14 SOUTHGATE CENTER
FREEBURG, IL 62243

Subject: 12/01/2013, Renewal for Subgroups: 6468650001, 6468650899

Dear JULIE POLSON:

IMPORTANT INFORMATION ENCLOSED: Please read this entire letter carefully.

Thank you for choosing Coventry Health Care of Missouri for your health care benefits plan. We understand the challenges small business employers face in managing health benefit programs and we appreciate the trust you have placed in us.

BE INFORMED - PREPARING FOR CHANGE
Many key provisions of the Affordable Care Act are bringing changes in the health benefits arena. Small business employers feel uncertain and concerned. You wonder what will change and how those changes will affect you, your employees and your bottom line. As we prepare for significant changes in 2014, Coventry Health Care wants to provide you with an opportunity to face those changes with the confidence that you are providing the most cost-efficient and effective health benefits.

BE EMPOWERED - ADVANTAGES FOR YOUR GROUP
A new contract beginning December 1, 2013 will provide you with the certainty that you have predictable rates through your next renewal in December 2014; A December 2013 effective date may deliver significant cost savings to you. A recent paper prepared by U.S. Senate and House of Representatives staff members cited data from several studies to estimate the potential impact of ACA changes on small-group premiums*:
- In analyzing data for several U.S. cities, the annual average increase in premium could be 145% for young adults.
- Additionally, the requirement to purchase coverage that includes mandated essential health benefits could increase premiums in some states by as much as 50%.

(SOURCE: *The Price of Obamacare's Broken Promises: Young Adults and Middle Class Families Set to Endure Higher Premiums and Unaffordable Coverage, prepared by House

(Over)

JULIE POLSON
VILLAGE OF FREEBURG
07/25/2013

Committee on Energy and Commerce, majority staff, the Senate Committee on Finance, minority staff, and the Senate Committee on Health, Education, Labor & Pensions, minority staff, March 2013.)

The enclosed package, separate and in addition to your standard renewal, includes

1) Rates for a new contract beginning December 1, 2013,
2) An overview of the benefits offered for this contract period and
3) Optional alternative plan designs for your review.

BE ENGAGED - ACTION REQUIRED

To accept the new contract effective December 1, 2013, simply return the proposal rate acceptance page with your signature. In order to comply with existing regulations around employee notifications of the Summary of Benefits and Coverage (SBC), we must receive your request before September 16, 2013. If you do not notify us by this time, we will be unable to implement the December 1 contract.

Important: This offer is voluntary. If you choose not to accept this offer, there will be no impact to your standard renewal and rates. You may choose to renew on your 2013 anniversary date and will maintain that policy until the 2014 anniversary date.

Finally, I would like to thank you once again for choosing Coventry Health Care of Missouri for your healthcare coverage. We look forward to continuing our relationship with you during your upcoming plan year and providing you and your employees with access to quality medical coverage and services. Please do not hesitate to contact me at (314) 506-1541 ext. 0 or at slkreamer@cvty.com with any questions you may have regarding your renewal.

Sincerely,

Stephanie Kreamer
Account Manager
slkreamer@cvty.com

cc: Bill Schmaltz

12/01/2013

COVENTRY
Health Care

VILLAGE OF FREEBURG 12/01/2013

RENEWAL PROPOSAL CONTINGENCIES

1. A minimum of 2 subscribers are required for group coverage.
2. This quote assumes Coventry Health Care of Missouri is the sole medical carrier.
3. For contributory plans, minimum participation of 75% of the total eligible employees less valid waivers (for example, spousal waivers) and a minimum of 50% of the total eligible employees is required. For non-contributory plans, 100% participation of eligible employees is required. Subject to state regulation.
4. Retirees are not eligible for coverage
5. The percentage of out-of-area subscribers cannot exceed 30% of the total number of enrolled subscribers and there is a minimum of ten enrolled subscribers for out-of-area plans to be available.
6. Employer contribution is equal to or exceeds 50% of the employee only premium and 50% of the entire premium.
7. Coventry Consumer Choice products are available separately and are not included in this quote.
8. Eligibility rules and employer contribution percentages remain consistent during the contract period.
9. The Carelink from Coventry product (if selected) is available only to groups located in the following areas: St. Louis City, St. Louis County, Franklin County, Jefferson County and St. Charles County. Due to the geographical limitations of this network, it is advised that this product is only to be considered for members residing within these areas.
10. Coverage is for full-time employees only, as defined by the employer with a minimum of 30 hours per week required unless otherwise agreed to by the Underwriting Department.
11. Any significant change in enrollment in the policy year may be cause for re-rating, subject to state regulations.
12. Failure to satisfy or comply with any of the criteria listed above may result in termination of the contract.
13. These rates are approved for sale by Underwriting and are guaranteed for a 12 month period from the effective date of coverage provided the above conditions are met. Coventry retains the right to adjust these rates as necessary to comply with changes in any federal or state law, statute or regulation, including but not limited to the federal Patient Protection and Affordable Care Act, as amended.
14. These rates assume no deductible, coinsurance or copays will be paid by the group or other third party except as an approved HSA or HRA account contribution. We reserve the right to adjust rates, or terminate the contract if such employer or supplemental coverage funding is in place.
15. The premium rates in this quote do not include broker commission, but do include a pass-through fee of $22 PEPM.

RENEWAL DISCLAIMERS

Proposed rates are subject to change based on the terms outlined on the Coventry Health Care of Missouri Contingencies page. Actual benefits, cost sharing provisions, limitations and exclusions are set forth in the Certificate of Coverage issued to members.

07/25/2013

VILLAGE OF FREEBURG
JULIE POLSON
14 SOUTHGATE CENTER
FREEBURG, IL 62243

Re: Questionnaire

Dear JULIE POLSON:

Federal laws require that health insurers and administrators determine how various laws apply to employer benefit plans. Also, certain laws mandate that we provide detailed information to the government. To comply with Section 111 of the Federal Medicare, Medicaid, and SCHIP Extension Act of 2007 (Medicare secondary payor reporting requirements), the Consolidated Omnibus Budget Reconciliation Act (COBRA), the Federal Mental Health Parity Act, and the Affordable Care Act (ACA), we need to provide the government with number of employees in your employer group. This can be challenging because these laws may define the terms "employee" and "employer group" differently, or may measure the number of employees over different time periods. The enclosed questionnaire will enable us to accurately report the size of your group as it relates to these various laws. **Please complete and return the questionnaire to the address or fax number listed below. Your response is required within 30 days of your renewal effective date to ensure that the proper benefits are provided to your employees.**

Please provide the average number of employees at your company during the preceding calendar year (i.e. 2012). This average must include all individuals employed by your company, whether an employee was full-time, part-time, and/or seasonal. **Important**: the government requires the total average number, regardless of whether employees were eligible to enroll, and/or participated in the group insurance coverage. Only include temporary employees if they worked for your company (i.e., employees to whom you issue a W-2).

Example:

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
FT Emp.	20	22	23	24	25	27	25	22	23	21	20	18	270	
PT Emp.	2	2	2	2	3	3	2	2	1	3	3	3	28	
Seasonal	1	1	1	0	0	0	0	0	0	30	40	40	113	
Total	**23**	**25**	**26**	**26**	**28**	**30**	**27**	**24**	**24**	**54**	**63**	**61**	**411**	**34**

Average = Total Number of Employees for 2012 ÷ 12 months (e.g., 411 ÷ 12 = 34).

If your business, along with one or more other businesses, is aggregated and treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code, provide the combined total number of employees for all businesses that are included in the "single employer group" when responding to this question.

Average number employed between January 1 and December 31, 2012: _____

For the following questions, "employee" refers to an individual who is working for the employer (whether full-time, part-time or seasonal), or an individual who, although not actually working for the employer, is receiving payments from the employer that are subject to FICA taxes. Such payments include those that would be subject to FICA taxes if the employer were not exempt from those taxes under the Federal Internal Revenue Code.

(1) Did you employ at least two individuals as of the first day of your current plan year?
☐ Yes ☐ No

(2) Do/have you employ(ed) 20 or more individuals for each working day of 20 or more calendar weeks in the current calendar year or the preceding calendar year?
☐ Yes ☐ No

(3) Have you had an average of more than 50 employees during the preceding calendar year?
☐ Yes ☐ No

(4) Have you employed 100 or more individuals on 50 percent or more of its regular business days during the previous calendar year?
☐ Yes ☐ No

If you answered "yes" to all of the above questions, please sign the bottom of this form and return the questionnaire.
If you answered "no" to any of the questions above, please answer the following additional questions:

(5) Are you an entity or corporation that is part of a group of corporations or entities under common control which file a consolidated tax return?
☐ Yes ☐ No

(6) If you answered yes to #5, do the entities/corporations that are part of the consolidated tax return employ 20 or more individuals in the aggregate for each working day of 20 or more calendar weeks in the current calendar year or the preceding calendar year?
☐ Yes ☐ No

(7) If yes to #5 and #6, did the entities/corporation that are part of the consolidated tax return employ an average of more than 50 employees during the preceding calendar year?
☐ Yes ☐ No

(8) If yes to #5, #6 and #7, did the entities/corporations that are part of the consolidated tax return employ 100 or more individuals in the aggregate on 50 percent or more of its regular business days during the previous calendar year?
☐ Yes ☐ No

(9) Are you an employer that is currently subject to the requirements set forth in the federal Consolidated Omnibus Budget Reconciliation Act (COBRA)?
☐ Yes ☐ No

(10) If you answered no to question #9, are you an employer that has individuals enrolled in your employer-sponsored benefit plan pursuant to COBRA as a result of a prior time period when you were subject to COBRA requirements?
☐ Yes ☐ No

I certify that all the answers above are complete and accurate, to the best of my knowledge. I understand that the answers will be utilized by Coventry Health Care, Inc. and its subsidiaries to report information to the Federal Government as required by Federal law.

Signature:	Date:	Tax Identification Number:

Please return this letter to: PO BOX 7740 London, KY 40742 or Fax Number 606-330-1360

Please contact your Account Manager or the CARETeam at the number referenced on your premium bill, if you have any questions. Thank you for your timely response.

Coventry Health Care of Missouri

VILLAGE OF FREEBURG

Demographics:			Contacts:		Other Factors:	
County:	Saint Clair		Agent:	Bill Schmaltz	SIC Code:	9111
Region:			Agency:	---Independent Agency---	Association:	None
State/Zip:	IL	62243	Account Mgr:	Stephanie Kreamer	Renewal Date:	12/01/2013

RATE COMPARISON FOR SUBGROUP(S): 6468650001, 6468650899

	EMPLOYEE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY	MONTHLY PREMIUM	% Change (Monthly Prem)
Current Rates	$254.78	$496.82	$496.82	$535.04	$777.08	$17,121.24	0%
PROPOSED RENEWING PRODUCT:							
PPO QAR5000-20	$289.05	$542.75	$542.75	$582.81	$836.50	$18,605.77	8.7%
ALTERNATE PRODUCT(S):							
Select QAR5000-20	$266.13	$498.05	$498.05	$534.67	$766.60	$17,065.55	-0.3%

DETAIL INCLUDING RIDERS:

PRODUCT NAME	RX	FSA	HSA
PROPOSED RENEWING PRODUCT:			
PPO QAR5000-20	$12/$30/$55/$150/$300-Q	None	None
ALTERNATE PRODUCT(S):			
Select QAR5000-20	$12/$30/$55/$150/$300-Q	None	None

Coventry Health Care of Missouri

VILLAGE OF FREEBURG

Demographics:			Contacts:		Other Factors:	
County:	Saint Clair		Agent:	Bill Schmaltz	SIC Code:	9111
Region:			Agency:	---Independent Agency---	Association:	None
State/Zip:	IL	62243	Account Mgr:	Stephanie Kreamer	Renewal Date:	12/01/2013

PRODUCT BENEFITS FOR SUBGROUP 6468650001, 6468650899

	IN-NETWORK SERVICES						OUT-OF-NETWORK SERVICES			PREMIUM	
PRODUCT NAME	OV	DED	COIN	HOSP	ER	OOP	DED	COIN	OOP	GROUP	% CHANGE
PROPOSED RENEWING PRODUCT:											
PPO QAR5000-20	$20	$5,000/ $10,000	0%	0%	$200	$5,250/ $10,500	$5,000/ $10,000	30%	$12,000/ $24,000	$18,605.77	8.7%
ALTERNATE(S):											
Select QAR5000-20	$20	$5,000/ $10,000	0%	0%	$200	$5,250/ $10,500	$5,000/ $10,000	30%	$12,000/ $24,000	$17,065.55	-0.3%

VILLAGE OF FREEBURG

Demographics:			Contacts:		Other Factors:	
County:	Saint Clair		Agent:	Bill Schmaltz	SIC Code:	9111
Region:			Agency:	---Independent Agency---	Association:	None
State/Zip:	IL	62243	Account Mgr:	Stephanie Kreamer	Renewal Date:	12/01/2013

DETAIL INCLUDING RIDERS FOR SUBGROUP 6468650001, 6468650899

☑	PRODUCT NAME	RX	FSA	HSA	PREMIUM GROUP	PREMIUM % CHANGE
	PROPOSED RENEWING PRODUCT:					
☐	PPO QAR5000-20	$12/$30/$55/$150/$300-Q	None	None	$18,605.77	8.7%
	ALTERNATE(S):					
☐	Select QAR5000-20	$12/$30/$55/$150/$300-Q	None	None	$17,065.55	-0.3%

NOTE: ☑ **Check the box associated with the product you are selecting for renewal. Please send the signed copy of this page to your Account Manager.**

Rate Accepted by: _____ Title: _____ Date: _____

Detailed rate tables and benefit summaries are attached for the proposed renewal plan and the first three alternative options. Please contact your Account Manager if you would like this information on any of the additional alternatives listed.

Run Date: 07/22/2013 10:39:36 PM MST

PPO QAR5000-20	Member Responsibility	
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE		
Individual	$5,000	$5,000
Family	$10,000	$10,000
OUT-OF-POCKET MAXIMUM		
Individual (Includes Deductible)	$5,250	$12,000
Family (Includes Deductible)	$10,500	$24,000
LIFETIME MAXIMUM	Unlimited	Unlimited
PHYSICIAN OFFICE VISITS	$20 Copay per visit after deductible	30% of covered expenses after deductible
SPECIALIST OFFICE VISITS	$40 Copay per visit after deductible	30% of covered expenses after deductible
PREVENTIVE CARE		
Annual Gynecological Exam	$0 Copay	30% of covered expenses after deductible
Well Child Care	$0 Copay	30% of covered expenses after deductible
Adult Physical	$0 Copay	30% of covered expenses after deductible
INPATIENT HOSPITAL SERVICES Coverage provided for semi-private room, lab, x-rays, diagnostic laboratory and radiology, medications, anesthesia, short-term rehabilitation services and radiation therapy.	0% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible **
OUTPATIENT SERVICES		
Outpatient Surgery	0% Coinsurance per visit after deductible	30% of covered expenses after deductible***
Lab	0% Coinsurance per visit after deductible	30% of covered expenses after deductible***
X-Ray	0% Coinsurance per visit after deductible	30% of covered expenses after deductible***
High Tech Diagnostic	0% Coinsurance per visit after deductible	30% of covered expenses* after deductible***
EMERGENCY ROOM (Waived if admitted)	$200 Copay per visit after deductible	$200 Copay per visit after deductible
URGENT CARE	$50 Copay per visit after deductible	$50 Copay per visit after deductible
VISION SERVICES	$40 Copay per visit after deductible	30% Coinsurance after deductible
CHIROPRACTIC SERVICES	$20 Copay per visit after deductible	30% of covered expenses after deductible
SKILLED NURSING FACILITY (Limited to 45 days per calendar year)	0% Coinsurance per admission after deductible	30% of covered expenses after deductible**
HOME HEALTH CARE	0% Coinsurance after deductible	30% of covered expenses after deductible***
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY (Limited to 60 combined visits)	0% Coinsurance per visit after deductible	30% of covered expenses after deductible***
MENTAL HEALTH, SUBSTANCE ABUSE SERVICES		
Inpatient Hospital	0% Coinsurance per visit after deductible	30% of covered expenses after deductible **
Outpatient Office Visit	$40 Copay per visit after deductible	30% of covered expenses after deductible
PRESCRIPTION DRUGS (Includes Oral Contraceptives and Managed Formulary)	$12 Tier 1/ $30 Tier 2/$55 Tier 3 / $150 Tier 4/$300 Tier 5	Covered at participating pharmacies for in-network copays
CLAIM FORM REQUIRED	No	Yes

*To receive In-Network benefits, services must be provided by a Coventry Health Care of Missouri contracted Physician or precertified by Coventry Health Care of Missouri.
** $1,000 penalty for failure to Pre-certify.
*** 20% penalty for failure to Pre-certify.
All Mental Health Services must be prior authorized in advance by calling the Coventry Health Care of Missouri Behavior Health line at 1-877-227-3520.

Select QAR5000-20		
	Member Responsibility	
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE		
Individual	$5,000	$5,000
Family	$10,000	$10,000
OUT-OF-POCKET MAXIMUM		
Individual (Includes Deductible)	$5,250	$12,000
Family (Includes Deductible)	$10,500	$24,000
LIFETIME MAXIMUM	Unlimited	Unlimited
PHYSICIAN OFFICE VISITS	$20 Copay per visit after deductible	30% of covered expenses after deductible
SPECIALIST OFFICE VISITS	$40 Copay per visit after deductible	30% of covered expenses after deductible
PREVENTIVE CARE		
Annual Gynecological Exam	$0 Copay	30% of covered expenses after deductible
Well Child Care	$0 Copay	30% of covered expenses after deductible
Adult Physical	$0 Copay	30% of covered expenses after deductible
INPATIENT HOSPITAL SERVICES Coverage provided for semi-private room, lab, x-rays, diagnostic laboratory and radiology, medications, anesthesia, short-term rehabilitation services and radiation therapy.	0% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible**
OUTPATIENT SERVICES		
Outpatient Surgery	0% Coinsurance per visit after deductible	30% of covered expenses* after deductible*****
Lab	0% Coinsurance per visit after deductible	30% of covered expenses* after deductible***
X-Ray	0% Coinsurance per visit after deductible	30% of covered expenses* after deductible*****
High Tech Diagnostic	0% Coinsurance per visit after deductible	30% of covered expenses* after deductible***
EMERGENCY ROOM (Waived if admitted)	$200 Copay per visit after deductible	$200 Copay per visit after deductible
URGENT CARE	$50 Copay per visit after deductible	$50 Copay per visit after deductible
VISION SERVICES	$40 Copay per visit after deductible	30% Coinsurance per visit after deductible
CHIROPRACTIC SERVICES	$20 Copay per visit after deductible	30% of covered expenses after deductible
SKILLED NURSING FACILITY (Limited to 45 days per calendar year)	0% Coinsurance per admission after deductible	30% of covered expenses after deductible**
HOME HEALTH CARE	0% Coinsurance after deductible	30% of covered expenses after deductible***
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY (Limited to 60 combined visits)	0% Coinsurance per visit after deductible	30% of covered expenses after deductible***
MENTAL HEALTH, SUBSTANCE ABUSE SERVICES		
Inpatient Hospital	0% Coinsurance per visit after deductible	30% of covered expenses after deductible**
Outpatient Office Visit	$40 Copay per visit after deductible	30% of covered expenses after deductible
PRESCRIPTION DRUGS (Includes Oral Contraceptives and Managed Formulary)	$12 Tier 1/ $30 Tier 2/$55 Tier 3 / $150 Tier 4/$300 Tier 5	Covered at participating pharmacies for in-network copays
CLAIM FORM REQUIRED	No	Yes

*To receive In-Network benefits, services must be provided by a Coventry Health Care of Missouri contracted Physician or precertified by Coventry Health Care of Missouri.
** $1,000 penalty for failure to Pre-certify.
*** 20% penalty for failure to Pre-certify.
All Mental Health Services must be prior authorized in advance by calling the Coventry Health Care of Missouri Behavior Health line at 1-877-227-3520.

Coventry Health Care of Missouri: PPO QAR5000-20

Coverage Period : 12/01/2013 - 11/30/2014

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

Coverage for: Employee, Emp+Spouse, Emp +Child, 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.chcmissouri.coventryhealthcare.com or by calling 1-800-755-3901.

Important Questions	Answers	Why This Matters:
What is the overall **deductible**?	In network: Individual: $5,000. Family: $10,000. Does not apply to preventive care. Out of network: Individual: $5,000 Family: $10,000	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** 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 **deductible**.
Are there other **deductibles** for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an **out-of-pocket limit** on my expenses?	In network: Yes. Individual: $5,250 Family: $10,500 Out of network: Yes. Individual: $12,000 Family: $24,000	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the **out-of-pocket limit**?	Premiums, Balance-billed charges, Health care this plan doesn't cover, Prior authorization penalties.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
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 *specific* covered services, such as office visits.
Does this plan use a **network** of **providers**?	Yes Phone: 1-800-755-3901; Web: www.chcmissouri.coventryhealthcare.com	If you use an in-network doctor or other health care **provider**, 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 **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a **specialist**?	No	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes. See your plan document for additional information about excluded services.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** 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 **co-insurance 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 a In network Provider	Your cost if you use a 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	Ded. then $20 co-pay/visit	30% co-insurance (co-ins)/visit	None
	Specialist visit	ded. then $40 co-pay/visit	30% co-ins/visit	None
	Other practitioner office visit	Chiro: ded. then $20 Co-pay; Nurse Pract. and Phys. Ass't.: ded. then $20 Co-pay (PCP)/ded. then $40 Co-pay(Spec.)	30% co-ins/visit	Chiro services limited to 26 visits/benefit year.
	Preventive care/ Screening/Immunization	$0 co-pay/visit	30% co-ins/visit	None
If you have a test	Diagnostic test (x-ray, blood work)	0% co-ins/visit x-ray $0 if in preferred independent lab. ded. then $20 (PCP)/ded. then $40 (Spec.) in doctor's office lab	30% co-ins/visit x-ray 30% co-ins/visit lab	Pre-authorization (Pre-auth) required. Failure: Additional charges equal to 20% of the Out-of-network (OON) rate.
	Imaging (CT/PET scans, MRIs)	0% co-ins/visit	30% co-ins/visit	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In network Provider	Out of network Provider	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.chcmissouri.coventryhealthcare.com.	Generic drugs	ded. then $12 co-pay/fill (retail)/ $30 co-pay/fill (mail order)	Not covered	31-day supply retail, 90-day supply mail order. May require pre-auth.
	Preferred brand drugs	ded. then $30 co-pay/fill (retail)/$75 co-pay/fill (mail order)	Not covered	31-day supply retail, 90-day supply mail order. May require pre-auth.
	Non-preferred brand drugs	ded. then $55 co-pay/fill (retail)/$165 co-pay/fill (mail order)	Not covered	31-day supply retail, 90-day supply mail order. May require pre-auth.
	Specialty drugs	ded. then $150/$300 co-pay/fill	Not covered	Preauthorization may be required for some drugs.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% co-ins/visit	30% co-ins/visit	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.
	Physician/surgeon fees	0% co-ins/visit	30% co-ins/visit	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.
If you need immediate medical attention	Emergency room services	ded. then $200 co-pay/visit	ded. then $200 co-pay/visit	Must meet emergency criteria. Co-pay waived if patient is admitted.
	Emergency medical transportation	0% co-ins/occurrence	0% co-ins/occurrence	Must meet emergency criteria.
	Urgent care	ded. then $50 co-pay/visit	ded. then $50 co-pay/visit	Must meet urgent care criteria.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% co-ins/admission	30% co-ins/admission	Pre-auth required unless Emergency admission. Failure: Additional charge of $1,000 for OON services.
	Physician/surgeon fee	0% co-ins/admission	30% co-ins/admission	Pre-auth required unless Emergency admission. Failure: Additional charge of $1,000 for OON services.

Common Medical Event	Services You May Need	Your cost if you use a In network Provider	Your cost if you use a Out of network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	ded. then $40 co-pay/visit	30% co-ins/visit	None
	Mental/Behavioral health inpatient services	0% co-ins/admission	30% co-ins/admission	Pre-auth required unless Emergency admission. Failure: Additional charge of $1,000 for OON services.
	Substance use disorder outpatient services	ded. then $40 co-pay/visit	30% co-ins/visit	None
	Substance use disorder inpatient services	0% co-ins/admission	30% co-ins/admission	Pre-auth required unless Emergency admission. Failure: Additional charge of $1,000 for OON services.
If you are pregnant	Prenatal and postnatal care	ded. then $20 co-pay first visit only	30% co-ins first visit only	None.
	Delivery and all inpatient services	0% co-ins/admission	30% co-ins/admission	Limited to 48 hrs (vaginal delivery) / 96 hrs (cesarean section). Stays beyond time frames require pre-auth. Failure: Additional charge of $1,000 for OON services.
If you need help recovering or have other special health needs	Home health care	0% co-ins/visit	30% co-ins/visit	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.
	Rehabilitation services	Inpatient 0% co-ins/admission Outpatient 0% co-ins/visit	Inpatient 30% co-ins/admission Outpatient 30% co-ins/visit	Pre-auth required for PT in custodial care setting. Failure: Additional charge of $1,000 (inpatient services) and 20% for OON services (outpatient). Limited to 60 visits/year (outpatient).
	Habilitation services	Inpatient: 0% co-ins/admission; Outpatient: 0% co-ins/visit	30% co-ins	Pre-auth required for PT in custodial care setting. Failure: Additional charge of $1,000 (inpatient services) and 20% for OON services (outpatient).
	Skilled nursing care (facility)	0% co-ins/visit	30% co-ins/visit	Pre-auth required. Failure: Additional charge equal to 20% of the OON rate. Limited to 45 days per benefit year.

Common Medical Event	Services You May Need	Your cost if you use a In network Provider	Your cost if you use a Out of network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Durable medical equipment (including supplies)	0% co-ins	30% co-ins	Pre-auth purchase over $500 and rental equipment (oxygen and TENS units not included). Additional charges equal to 20% of the OON rate.
	Hospice Services	0% co-ins/visit	30% co-ins/visit	None
If your child needs dental or eye care	Eye exam	ded. then $40 co-pay/visit	30% co-ins/visit	Limited to 1 annual eye exam per plan member.
	Glasses	Not Covered	Not Covered	Excluded Service
	Dental check-up	Not Covered	Not Covered	Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for others.)

- Acupuncture
- Bariatric Surgery
- Child/Dental Check-up
- Child/Glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Infertility Treatment
- Long-Term Care
- Non-Emergency Care when Traveling Outside the U.S.
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

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

- Chiropractic Care
- Hearing Aids
- 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 1-800-755-3901. 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 Appeals and Grievances:

For group health coverage subject to ERISA, you may contact 1-800-755-3901. You may also contact, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or your state department of insurance at Illinois Department of Insurance 320 W. Washington Street Springfield, IL 62767 Consumer Assistance Hotline: 866-445-5364 (Toll-Free) Email: DOI.InfoDesk@illinois.gov Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 76102-0690 800-726-7390 (Toll Free) E-mail: consumeraffairs@insurance.mo.gov.

For non-federal governmental group health plans and church plans that are group health plans, you may contact 1-800-755-3901 or your state department of insurance at Illinois Department of Insurance 320 W. Washington Street Springfield, IL 62767 Consumer Assistance Hotline: 866-445-5364 (Toll-Free) Email: DOI.InfoDesk@illinois.gov Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 76102-0690 800-726-7390 (Toll Free) E-mail: consumeraffairs@insurance.mo.gov.

Additionally, a consumer assistance program can help you file your appeal. Contact Illinois Department of Insurance 320 W. Washington St, 4th Floor Springfield, IL 62767 (877) 527-9431 http://www.insurance.illinois.gov DOI.Director@illinois.gov Missouri Department of Insurance 301 W. High Street, Room 830 Harry S. Truman State Office Building Jefferson City, MO 65101 (800) 726-7390 www.insurance.mo.gov consumeraffairs@insurance.mo.gov

Language Access Services:

Spanish (Espanol): Para obtener asistencia en Espanol, llame al 1-800-755-3901.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-755-3901.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-755-3901.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-755-3901.

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

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 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.

Demographics:			Contacts:		Other Factors:	
County:	Saint Clair		Agent:	Bill Schmaltz	SIC Code:	9111
Region:			Agency:	---Independent Agency---	Association:	None
State/Zip:	IL	62243	Account Mgr:	Stephanie Kreamer	Renewal Date:	12/01/2013

Consumer Directed Health Plans

COVENTRY CONSUMER CHOICE℠

Many employers have turned to consumer-directed health plans (CDHP) in order to manage their health care costs. Through integration with our medical plans, Coventry Consumer Choice (C3) provides simplified plan administration for employers and members.

Cost Effective

- **Premium Savings.** C3 offers many account types and funding arrangements with no added cost for employers.
- **No administrative costs**. C3 offers many account types and funding arrangements with no added cost for employers.
- **Decision Support Tools**. Contact us for your customized CDHP cost-savings analysis.

Choice

HRA. Health reimbursement arrangements are employer-funded and can be used to pay for eligible health care expenses.

FSA. Flexible spending accounts have long been the tool of choice for employers who want to help their members learn to plan ahead for health care expenditures. They also give tax advantages to employers and members.

HSA. Health savings accounts are an attractive alternative to traditional benefit plans since they have many benefits including tax and investment advantages.

Convenience

Our employer and member support makes the difference:

- **Seamless and integrated** claims processing minimizes the need for claim forms.
- **Smart Payment** reimburses the correct party, whether it is the provider or the member.
- **Coventry consumer coaches** assist employers and members with complex questions.
- **Flexible** banking options.

COVENTRY Dental

CHC Missouri - Illinois

Rates for Zips: 61452, 61756, 619, 620, 622, 623, 624, 625, 626, 627, 628, 629

Effective Date: 10/1/2013 - 12/31/2013

Dental Services	Preventive 2		Incentive PPO 6		Incentive PPO 13		Passive PPO 7		Passive PPO 16		Incentive PPO B 1		Passive PPO 3		Passive PPO 9	
Deductible (Individual/Family) – does not apply to Preventive & Diagnostic	$50/$150		$50/$150		$50/$150		$50/$150		$50/$150		$50/$150		$50/$150		$50/$150	
Annual Maximum	$1,000		IN - $1,500. OUT - $1,000		$1,000		$1,000		$1,000		$1,000		$1,000		$1,500	
Out of Network Reimbursement	Maximum Allowable Charge		Maximum Allowable Charge		90th*		Maximum Allowable Charge		90th*		90th*		90th*		90th*	
In and Out of Network	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**
Preventive & Diagnostic																
Oral Evaluations	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
X Rays	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lab/Diagnostic Tests	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services																
Restorations	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	90%	80%	80%	80%	80%	80%
General Services	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	90%	80%	80%	80%	80%	80%
Oral Surgery	discount**	0%	50%	50%	50%	50%	50%	50%	50%	50%	90%	80%	80%	80%	80%	80%
Periodontics	discount**	0%	50%	50%	50%	50%	50%	50%	50%	50%	90%	80%	80%	80%	80%	80%
Endodontics	discount**	0%	50%	50%	50%	50%	50%	50%	50%	50%	90%	80%	80%	80%	80%	80%
Major Services																
Inlays/Onlays/Crowns	discount**	0%	50%	50%	50%	50%	50%	50%	50%	50%	60%	50%	50%	50%	50%	50%
Dentures & Removable Prosthetics	discount**	0%	50%	50%	50%	50%	50%	50%	50%	50%	60%	50%	50%	50%	50%	50%
Bridges & Fixed Prosthetics	discount**	0%	50%	50%	50%	50%	50%	50%	50%	50%	60%	50%	50%	50%	50%	50%
Orthodontic Services (Child Only)																
Orthodontia (Lifetime Maximum)	Not Covered		50% to $1,000		50% to $1,000		Not Covered		Not Covered		Not Covered		Not Covered		50% to $1,000	
Contributory Rates	**Plan Code: P102C**		**Plan Code: P103C**		**Plan Code: P111C**		**Plan Code: P104C**		**Plan Code: P158C**		**Plan Code: P184C**		**Plan Code: P109C**		**Plan Code: P113C**	
Employee	$20.08		$26.11		$27.71		$30.12		$35.34		$39.36		$40.16		$45.79	
Employee + Spouse	$40.16		$52.21		$55.42		$60.24		$70.69		$78.72		$80.33		$91.57	
Employee + Child(ren)	$42.63		$63.41		$66.82		$63.94		$75.02		$83.55		$85.25		$105.19	
Employee + Family	$64.60		$91.98		$97.15		$96.90		$113.70		$126.62		$129.20		$155.29	
Voluntary Rates	**Plan Code: P102V**		**Plan Code: P103V**		**Plan Code: P111V**		**Plan Code: P104V**		**Plan Code: P158V**		**N/A**		**N/A**		**N/A**	
Employee	$22.09		$28.72		$30.48		$33.13		$38.88		N/A		N/A		N/A	
Employee + Spouse	$44.18		$57.43		$60.97		$66.27		$77.76		N/A		N/A		N/A	
Employee + Child(ren)	$46.89		$69.75		$73.51		$70.33		$82.52		N/A		N/A		N/A	
Employee + Family	$71.06		$101.18		$106.87		$106.59		$125.07		N/A		N/A		N/A	
Virgin Groups* – Use Voluntary Rates**	**Plan Code: P102W**		**N/A**		**N/A**		**Plan Code: P104W**		**Plan Code: P158W**		**N/A**		**N/A**		**N/A**	

Please refer to the plan's Summary of Benefits for a more complete plan description.
Please refer to your Coventry Dental Underwriting Guidelines for complete quoting requirements and sales instructions.

Contributory Rates require at least 50% employer contribution and 75% participation of eligible employees (50% including spousal waivers)

* 90th: Coventry Health Care's out-of-network fee allowance schedule is calculated based on 90th percentile charge data derived from a national database that tracks health care services charges ("National Database"), generally in three digit zip code groupings

** Members may be eligible for discounts on non-covered services provided by network providers in those states that allow for such contractual arrangements under the network provider contracts

*** Groups w/o prior coverage (Virgin) are subject to a 12 month waiting period on Endo, Perio, Oral Surgery and all Major Services

Rates are not valid for groups with overall average enrolled family size of 5 or more

Standard covered dependents include children to age 26 and full time students to age 26

Specific regulations relating to the Patient Protection Affordable Care Act (PPACA) have yet to be finalized. In order to calculate rates, CH&L made certain assumptions concerning PPACA. Rates may change subject to future regulatory guidance.

Rates are guaranteed for 12 months from the effective date

Run in Claims are NOT paid
Dental Services covered only in the USA
Rates assume full case takeover (no slice business)
70% of eligibles must be located in the service area
Rates assume Standard Exclusions and Limitations

For the following industries: Medical and Dental Laboratories, Offices and Clinics of Medical Doctors and Dentists, Hospitals, Health Services, Educational Services and Schools – please use voluntary rates.

Underwritten by Coventry Health and Life Insurance Company