Sandwich Community Fire Protection District

Agenda

June 8, 2023 *7:00 P.M.*

Call to Order / Pledge of Allegiance

Open Forum / Comments from the Public

Review, Correct and Approve Previous Meeting Minutes

Treasurer's Report

Correspondence

Attorney's Report

Chief's Report

Executive Session
(Roll Call/Reason)
OLSC120/2©(1):

Old Business
- Decennial Committee Appointees
- Savings for Capital Outlay / CD

New Business
- Equipment Purchase Request
- Training Requests
- Personnel
- Payroll
- District Employee Approval

Adjournment

Posted June 6, 2023 at 2:15 P.M. by Jackie Gramme, District Secretary

Sandwich Community Fire Protection District

Meeting Minutes

June 8, 2023 *7:00 P.M.*

Present:
Trustee President – Jeff Beverage
Trustee Secretary – Chuck Fish
Trustee Treasurer – Matt Weismiller
Chief – Derek Hagerty (By Phone)
Deputy Chief – Zach Morel
FF/Medic – Mike Platt
FF/Medic – Rob Cannon
District Secretary – Jackie Gramme

1. Call to Order / Pledge of Allegiance

Trustee Beverage called the meeting to order at 7:02 P.M. followed by the Pledge of Allegiance.

2. Open Forum / Comments from the Public

None

3. Review, Correct and Approve the Previous Meeting Minutes

Trustee Weismiller made a motion to approve the previous meeting minutes, seconded by Trustee Fish, Trustees Beverage, Fish and Weismiller all voted yes.

4. Treasurer's Report

Trustee Weismiller stated that the Cash On Hand is different than the report because two (2) bills came in after all the reports were printed, the two bills were for Art's and Grainco, the amended Cash on Hand is $1,793,956.27, he also stated for the same reason why the Disbursements are also different than the report, the amended Disbursements are $75,046.07, Trustee Fish made a motion to approve the amended Treasurer's Report, seconded by Trustee Weismiller. Trustees Beverage, Fish and Weismiller all voted yes.

5. Correspondence

Trustee Beverage read two (2) thank yous from Woodbury School and Carol Pruski.

6. Attorney's Report

None

7. Chief's Report

None

8. Executive Session

Trustee Fish asked that the Executive Session be moved to after Old and New Business

Old Business

- Trustee Weismiller stated that he ask that Justin Gifford be considered for the Decennial Committee and Trustee Beverage stated that he ask that Richard Olson be considered for the Decennial Committee. Trustee Beverage stated that he is formally appointing them. (Attached)
- Trustee Weismiller stated that the District opened a new 7 month CD for $1,000,000.00 at 5.2% interest. He also stated that he will look into a savings account.

Chief Notes:

The last Months happenings.

~~June~~ July 13th, 2024

Impact Fees: Made a few phone calls to similar departments, still waiting to hear back on a couple. Waiting until the next MABAS meeting to ask the area chiefs. I will send a email ahead of time so they bring their numbers to the table.

Had Officer interviews. Chief Lashaun and Chief Rob come out and do the interviews. Nate King, Jeff Grey, Riley Johnson and Brian Olson Interviewed for Lt positions.

Pub Ed events coming up: Reading with Sparky at the Library, National Night Out with the City, First Responders camp with the Park District, Book Club (Fire Safety) through the school district. Summer School bash.

Generator Grant: Must pass this ordinance through Kendall County, Once signed and submitted the grant can be submitted. Explanation in meeting.

Had all meters calibrated. Two of the meters were not working and failed inspection. 2013 and 2015. Obsolete parts. Quote to replace is attached.

Letter attached from attorney Shawn F. discussion on the city and fire Bureau.

Pension Letter update attached. Trust fund was set and first money transaction finally sent!

Hose testing is to start in the next week, The hose tester was having issues but won't delay testing hose.

Had our annual Safety meetings both with Sandwich Schools and IVVC.

Would like to purchase Particulate hoods with the IPRF Grants funds received.

Had our second Fair Meeting with the Fair. Discussing plans of EMS and First Aid. Currently making a new IAP for 2024 Fair.

Updated a Current Drivers License list for Mitch B to run for Insurance.

Started a committee about the open house in October. Would like to plane early

Have the football schedule. Only four home games this year to provide and ambulance.

LaSalle county grant is finished. Darby ended up doing the live interview with the county. He said it went well.

Cascade system quote

Two more starting the Fire academy July 27th Still Grant funded.

Sandwich Community Fire Protection District

Work Meeting Agenda

June 19, 2023 *5:00 P.M.*

Call to Order

Executive Session

Payroll & District Employee

Adjournment

Posted: Monday June 12, 2023 at 1:15 P.M. by Jackie Gramme, Secretary

Sandwich Community Fire Protection District

Work Meeting Minutes

June 19, 2023 *5:00 P.M.*

Present:
Trustee President – Jeff Beverage
Trustee Secretary – Chuck Fish
Trustee Treasurer – Matt Weismiller
Chief – Derek Hagerty
FF/Paramedic – Mike Platt
FF/EMT – Rob Cannon
Mechanic – Nick Moersch
District Secretary – Jackie Gramme

1. Call to Order / Pledge of Allegiance

Trustee Beverage called the Work Meeting to order at 5:00 P.M. followed by the Pledge of Allegiance.

2. Executive Session

Tabled

3. Payroll & District Employee

There was a discussion regarding a Pension Board and how it is funded, how the levy appears on resident's tax bills, the contract with Metro, Insurance and how to pay for the set up of the Pension Board. Trustee Fish amended a motion to proceed pending more county information, seconded by Trustee Beverage, Trustees Beverage, Fish and Weismiller all voted yes.

Adjournment

Trustee Beverage, made a motion to adjourn the Work Meeting at 6:10 P.M., seconded by Trustee Weismiller, Trustees Beverage, Fish and Weismiller all voted yes.

Emergency Meeting

Trustee Fish made a motion to enter into an Emergency Meeting to discuss and decide what to do about 441 ambulance repairs, seconded by Trustee Beverage, Trustees Beverage, Fish and Weismiller all voted yes. Mechanic Moersch explained what needs repaired on 441 and what the options were (Attached), there was a detailed discussion regarding the cost of parts, labor and how long the ambulance would be out of service. Trustee Fish made a motion to move forward with the repairs for 441 with payment to be taken from Line Item # 5245, seconded by Trustee Weismiller, Trustees Beverage, Fish and Weismiller all voted yes. Trustee Beverage made a motion to adjourn the Emergency Meeting at 6:44 P.M., seconded by Trustee Weismiller, Trustees Beverage, Fish and Weismiller all voted yes.

Layout for Hire

Put out public notice in Sandwich Record and our website for 10 days prior to deadline of application.

Applications: Recommend $30.00 Application fee. This will cover the background check.

- Available for pick up July 1st, 2023.
- Deadline to submit July 13th, 2023.

Orientation:

- July 24th, 2023, at 1800 hrs.

Written Test:

- August 21st, 2023, at 1800 hrs.

Physical agility test:

- August 24th, 2023, at 1800 hrs.

Oral interviews: Chiefs do interviews, and board does the chiefs interviews.

- September 1st, 2023. Appointments set by Chief and Board.

Distribute eligibility list:

- 1st list goes out before August 31st, 2023.
- 2nd list goes out before September 11th, 2023.

Swearing in Ceremony:

- September 30th, 2023, at 1800 hrs.

Preference points:

- **Veterans:**
  - Veterans will be awarded 5 preference points.
- **Residency:**
  - If you reside within 12 miles of the Station, you will be awarded 5 preference points.
- **Sandwich Fire member**
  - If you are rostered as a SFD member you will be awarded 5 preference points.
- **Sandwich Fire full time work experience**
  - If you have worked as a FT SFD member you will be awarded 5 preference points
- **Oral Interviews**
  - You will be scored up to a maximum of 10 points awarded by the interviewer.

Maximum number of points to receive is: 30

Sandwich Community Fire Protection District

Employment Opportunity

The Sandwich Community Fire Protection District is conducting an orientation and written examination to establish an eligibility list for firefighter/paramedic and firefighter/EMT. Orientation will be **Monday July 24th, 2023 at 1800 HRS and the written test will be Monday August 21st, 2023 at 1800 HRS**, both being held at the Sandwich Community Fire Protection District, 310 E. Railroad St. Sandwich, IL 60548. **Entrance Doors will be locked at 1800 HRS and there will be no provision for late arrivals.** Attendance at the Orientation is mandatory, and Check-in will begin at 1700 HRS. Applicants must meet all requirements of the Fire Department on the date of the application.

Applicant Requirements:

- At Least 21 years of age and not older than 35 at the time of hire, except as provided by state law
- U.S. citizen or meet requirements of Illinois Human Rights Act for Citizenship status.
- Valid Driver's License
- Licensed EMT-P or EMT-B through Illinois Department of Public Health at time of Hire.
- Basic Operation Firefighter at time of Hire through the OSFM of IL
- BLS certification Medics to have ACLS and PALS certification.

Applicants must pass a written test and pass an oral interview to make the eligibility list. Candidates selected for hire will also be subject to a medical examination, background investigation, and drug test.

Firefighter/Paramedic Salary is: $67,059.20.

Firefighter/EMT-Basic Salary is: $47,024.64.

Application Deadline: All applications with required documentation must be notarized and must be postmarked or returned by **Thursday July 13th, 2023, by 1600 HRS.** to 310 E. Railroad St. Sandwich, IL 60548

Event	Date	Time	Location
Application Deadline	July 13th, 2023	4:00 PM	310 E. Railroad St. Sandwich, IL 60548
Orientation	July 24th, 2023	6:00 PM	310 E. Railroad St. Sandwich, IL 60548
Written Test	August 21st, 2023	6:00 PM	310 E. Railroad St. Sandwich, IL 60548
Physical Agility	August 24th, 2023	6:00 PM	310 E. Railroad St. Sandwich, IL 60548
Oral Interviews	September 1st, 2023	TBA	310 E. Railroad St. Sandwich, IL 60548

Hiring process for District Employees

Initial Considerations:

1. You will need to do a written test
2. Public Notice in newspaper/website at least 10 days prior to deadline. We can help with this.
3. Set dates: (a) Deadline to pick up packet (or online), (b) Deadline to return/submit packet, (c) Date for Mandatory Orientation, (d) Date for Written Examination, (e) Date for Oral Examination (optional).
4. Prepare Application Form and Packet materials—returned either in person or online.
5. You may charge an application fee or waive it.
6. Establish prerequisites – licensures, education or certifications.
7. Candidate must provide proof of physical aptitude. CPAT or an In-house physical agility.
8. Determine if you want to set a minimum passing score on written exam and/or overall.
9. Determine if you want to have an oral examination by the Commissioners a.k.a. the Trustees.
10. Determine preference points categories and points for this hiring process. You can give preference points to your own employees.
11. Must be 21 to hire full time, there is a maximum hiring age of 35 with exceptions.

Post-Application Considerations:

12. Collect all applications
13. Written Examination
14. Optional scored Oral Examination. Do not ask questions about status in a protected class such as religion, national origin; race, gender, age, disabilities (pre-offer) or sexual orientation. You cannot ask about salary history. Vendor or attorney can help with questions.
15. Create INITIAL ELIGIBILITY REGISTER of candidates who successfully pass all components of testing process.
16. Provide copy of Register to candidates.
17. Request Preference Points and Apply Preference Points within 10 days after posting of initial eligibility list.
18. Commission/Trustees will prepare FINAL ELIGIBILITY REGISTER after adding in points.
19. Provide copy of Final Register to candidates
20. List is good for two years. Put the date on the Final Register.

Post-Final Register Considerations:

21. Provide candidates with Conditional Offers of Employment (COE). We can help with the language on this.
22. Medical background examination pursuant to NFPA 1582 Standard. Required by law.
23. Criminal background check. Looking for convictions not arrests. Required by law.
24. Employment background checks.
25. Optional psychological test. Not required.
26. If employee, passes 22-25, swear in employee as probationary employee.

Fire Protection
Annual Physical Pricing

REQUIRED

• NFPA 1582 Fire Fighter Physical Exam	$65
• Physical Ability Testing or	$65
• Physical Ability Testing with MET Testing (MET Testing is optional)	$97.50
• EKG with interpretation	$81
• Audio	$50
• PFT	$66
• CBC	$25
• Chem 23 – (complete metabolic panel and lipid panel combined)	$54
• Urinalysis with microscope	$18
• Hepatitis B Titer Antibody blood draw (if no proof of HEP B vaccine)	$48
• Check for Hernia on all examined	$00
• Routine Venipuncture	$00
• Vision Tests required: distant, near, Ishihara, peripheral, depth	$00

Chest X-Ray 2-View PA + Lat. (every 5 years) $111

Annual Cost: $3,417

Excluding every 5 year Chest X-Ray

We currently budget $2,000. We will have to add $1,500 to Line item 5215.

(If we go District before Oct 1st, 2023, 4 of our employees have had a NFPA with in the last year. There will be Two employees that will need them. Cost: $1,139. We have $2,000 budgeted now for physicals.)

Category:	District:		Metro:
Salaries W/ OT	$377,251		
BCBS IL HMO	$62,201.66 (80%)	$15,550.42 (20%)	
Dental	$7,789.54 (80%)	$1,947.38 (20%)	
Vision	$920.35 (80%)	$230.09 (20%)	
Pensions:	$33,128		
Workman's Comp	$40,365	10.7 per 100 (IPRF)	
Payroll Taxes:	$10,600		
Totals:	$525,510		$535,021

Difference of $9,511

FF/PM Pay $20.15/HR = $69,859

FF/EMT Pay $14.13/HR = $ 49,920.00

Blue Cross Blue Shield

Blue Precision HMO plan

Medical Plan:

- Annual Premium: $77,752.08
- District's 80%: $62,201.66

Dental Plan:

- Annual Premium: $9,736.92
- District's 80%: $7,789.54

Vision Plan:

- Annual Premium: $1150.44
- District's 80%: $920.35

FF PAY SCHEDULE

Raises to take effect May 1st of each budget year.

Firefighter/Paramedic	
Starting Salary	$69,859.00
Step 1	$74,880.00
Step 2	$79,872.00
Step 3	$84,864.00
Step 4	$89,856.00

Firefighter/Basic	
Starting Salary	$49,920.00
Step 1	$51,584.00
Step 2	$53,248.00
Step 3	$55,744.00
Step 4	$59,904.00

Prepared By:

AssuredPartners

Prepared For:

Sandwich Community FPD
Medical Proposed Options
Effective 10/1/23

	Rate Effective 8/1/2023			Rates Effective 10/1/2023		
	Carrier Opt 1	Carrier Opt 2		Carrier Opt 1	Carrier Opt 2	
CARRIER	BLUECROSS & BLUESHIELD 2023	BLUECROSS & BLUESHIELD 2023		UNITED HEALTHCARE 2023	UNITED HEALTHCARE 2023	
NETWORK	Blue Precision HMO	PPO(Big)		Blue Precision HMO	PPO(Big)	
PLAN NAME	P506PSN HMO	G534PPO		P506PSN HMO	G534PPO	
COINSURANCE	In - Network	In - Network	Out-of-Network	In - Network	In - Network	Out-of-Network
	100%	80%	50%	100%	80%	50%
DEDUCTIBLE						
Individual	$0	$1,000	$2,000	$0	$1,000	$2,000
Family	$0	$3,000	$6,000	$0	$3,000	$6,000
OUT-OF-POCKET						
Individual	$1,500	$7,750	Unlimited	$1,500	$7,750	Unlimited
Family	$4,500	$18,200	Unlimited	$4,500	$18,200	Unlimited
OFFICE CO-PAY						
Primary Physician	$10	$50	Ded & Coins	$10	$50	Ded & Coins
Specialist	$45	$70	Ded & Coins	$45	$70	Ded & Coins
Virtual Visit	$10^	$50^	Not Covered^	$10^	$50^	Not Covered^
FACILITY SERVICES		Ded & Coins Apply			Ded & Coins Apply	
Inpatient	$150	$250	$350	$150	$250	$350
Outpatient	$100	$200	$300	$100	$200	$300
Emergency Room	$300	$500 then Ded & 80%		$300	$500 then Ded & 80%	
Urgent Care	$45	$75	Ded & Coins	$45	$75	Ded & Coins
RX CARD		Pref/Non-Pref			Pref/Non-Pref	
Tier 1	$0	$0/$10	$10 + 50%	$0	$0/$10	$10 + 50%
Tier 2	$10	$10/$20	$20 + 50%	$10	$10/$20	$20 + 50%
Tier 3	$50	$50/$70	$70 + 50%	$50	$50/$70	$70 + 50%
Tier 4	$100	$100/$120	$120 + 50%	$100	$100/$120	$120 + 50%
Tier 5	$150	$150	$150 + 50%	$150	$150	$150 + 50%
Tier 6	$250	$250	$250 + 50%	$250	$250	$250 + 50%

Items in RED are changes to current plan(s)
^Approved Virtual Provider/Vendor only, otherwise standard Office and Out-of-Network Benefits apply

CENSUS	TIER	AGE	Carrier Opt 1	Carrier Opt 2	Carrier Opt 1	Carrier Opt 2
Derek Hagerty	FAM	37	$1,729.44	$2,111.51	$1,764.15	$2,153.92
Mike Platt	FAM	42	$1,729.44	$2,111.51	$1,764.15	$2,153.92
Rylie Johnson	EE	24	$606.82	$740.88	$619.00	$755.76
Mathew Davis	EE	25	$606.82	$740.88	$619.00	$755.76
Rob Cannon	EE	38	$606.82	$740.88	$619.00	$755.76
Curtis Moersch	EE	36	$606.82	$740.88	$619.00	$755.76
Jackie	EE	60	$606.82	$740.88	$619.00	$755.76
MONTHLY TOTAL			**$6,492.98**	**$7,927.42**	**$6,623.30**	**$8,086.64**
ANNUAL TOTAL			**$77,915.76**	**$95,129.04**	**$79,479.60**	**$97,039.68**

This is a summary of quotations received and is not meant to replace the original proposals received from the carriers represented. The original proposals stand alone and are not to be amended in any way by the information shown.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsil.com/member/policy-forms/2023 or by calling 1-800-892-2803. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes.	The plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Individual: Participating $1,500 Family: Participating $4,500	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-892-2803 for a list of Participating Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$10/visit	Not Covered	None
	Specialist visit	$45/visit	Not Covered	Referral required.
	Preventive care/screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	$45/test	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	$250/test	Not Covered	Referral required.

*For more information about limitations and exceptions, see the plan or policy document at http://www.bcbsil.com/member/policy-forms/2023.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsil.com/rx23h/6T	Preferred generic drugs	No Charge	Not Covered	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs limited to a 30-day supply. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Any differences between the cost of the generic drug and the cost of the brand name drug will apply to the deductible or out-of-pocket maximum. The applicable cost sharing (by tier) and the cost difference between the generic and brand will never exceed the overall cost of the drug. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed $100, when obtained from a Participating Pharmacy.
	Non-preferred generic drugs	Retail - $10/prescription Mail - $30/prescription	Not Covered	
	Preferred brand drugs	Retail - $50/prescription Mail - $150/prescription	Not Covered	
	Non-preferred brand drugs	Retail - $100/prescription Mail - $300/prescription	Not Covered	
	Preferred specialty drugs	$150/prescription	Not Covered	
	Non-preferred specialty drugs	$250/prescription	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$100/visit	Not Covered	Referral required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	$45/visit	Not Covered	
If you need immediate medical attention	Emergency room care	$300/visit	$300/visit	Per occurrence copayment waived upon inpatient admission.
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	$45/visit	Not Covered	Must be affiliated with member's chosen medical group or referral required.
If you have a hospital stay	Facility fee (e.g., hospital room)	$150/visit	Not Covered	Referral required.
	Physician/surgeon fees	No Charge	Not Covered	Referral required.

*For more information about limitations and exceptions, see the plan or policy document at http://www.bcbsil.com/member/policy-forms/2023.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$10/office visit; No Charge for other outpatient services	Not Covered	Referral required. Telepsychiatry benefits are available; see your benefit booklet* for details.
	Inpatient services	$150/visit	Not Covered	Referral required.
If you are pregnant	Office visits	Primary Care: $10 Specialist: $45	Not Covered	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	No Charge	Not Covered	
	Childbirth/delivery facility services	$150/visit	Not Covered	
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	$45/visit	Not Covered	Referral required.
	Habilitation services	$45/visit	Not Covered	
	Skilled nursing care	No Charge	Not Covered	Referral required.
	Durable medical equipment	No Charge	Not Covered	Referral required.
	Hospice services	No Charge	Not Covered	Referral required.
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	One visit per year. See your benefit booklet* for details.
	Children's glasses	No Charge	Not Covered	One pair of glasses per year up to age 19. See your benefit booklet* for details.
	Children's dental check-up	No Charge	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Weight loss programs

*For more information about limitations and exceptions, see the plan or policy document at http://www.bcbsil.com/member/policy-forms/2023.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Bariatric surgery • Chiropractic care (Chiropractic and Osteopathic manipulation limited to 25 visits per calendar year) • Cosmetic surgery (only for the correction of congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)	• Hearing aids (for children 1 per ear every 24 months, for adults up to $2,500 per ear every 24 months) • Infertility treatment (covered for 4 procedures per benefit period) • Private-duty nursing (with the exception of inpatient private-duty nursing)	• Routine eye care (Adult, 1 visit per benefit period) • Routine foot care (when medically necessary)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit http://insurance.illinois.gov.

Does this plan provide Minimum Essential Coverage? Yes
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-892-2803.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-892-2803.

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

*For more information about limitations and exceptions, see the plan or policy document at http://www.bcbsil.com/member/policy-forms/2023.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$0
Specialist copayment	$45
Hospital (facility) copayment	$150
Other	$0

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$1,000
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,060**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$0
Specialist copayment	$45
Hospital (facility) copayment	$150
Other	$0

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$900
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$920**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$0
Specialist copayment	$45
Hospital (facility) copayment	$150
Other	$0

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$700
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$700**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Summary of Vision Benefits

PLAN 4: 12/12/12/$130

Frequency	
Examination	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frame	Once every 12 months
Contact lens eval/fitting	N/A

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	$10 copay	Up to $30
Contact lens fit and follow-up	Up to $40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	$0 copay, $130 allowance, 20% off balance over $130	Up to $65
Standard Lenses		
Single vision	$10 copay	Up to $25
Bifocal	$10 copay	Up to $40
Trifocal	$10 copay	Up to $55
Lenticular	$10 copay	Up to $55
Standard progressive lens	$75 copay	Up to $40
Premium progressive lens	See table on page 2.	Up to $40
Lens Options		
Tint (solid and gradient)	$15	N/A
Scratch resistant coating	$0	Up to $5
Polycarbonate lenses	$0 kids; $40 adults	Up to $5 kids
Ultraviolet coating	$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	$0 copay, $130 allowance, 15% off balance over $130	Up to $104
Disposable	$0 copay, $130 allowance, plus balance over $130	Up to $104
Medically necessary	$0 copay, paid-in-full	Up to $210
Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A

Eligibility: All active full-time employees as defined by your employer.
Dependent coverage is available to age 26.

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbsilvis or call 1.855.362.5539.
- For LASIK providers, call 1.877.5LASER6.

BlueCross BlueShield of Illinois

Vision Care

Insurance products issued by Dearborn Life Insurance Company,
701 E. 22nd St. Suite 300, Lombard, IL 60148.

Summary of Benefits Continued

Progressive Price List[2]	Member Cost In-Network
Standard progressive	$75 copay
Premium progressives[3] as follows:	
Tier 1	$95 copay
Tier 2	$105 copay
Tier 3	$120 copay
Tier 4	$75 copay 80% of charge less $120 allowance

Anti-Reflective Coating Price List[2]	Member Cost In-Network
Standard anti-reflective coating	$45
Premium anti-reflective[3] coatings as follows:	
Tier 1	$57
Tier 2	$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
Photochromic	$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available

EyeMed | INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION TARGET OPTICAL

[1]Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. [2]Blue Cross Blue Shield of Illinois reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. [3]Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary. For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Illinois. Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

BlueCross BlueShield of Illinois

BlueCare Dental PPO℠

Plan ID: DILHR35

This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics	Contracting Dentist	Non-Contracting Dentist*
Benefit Period Maximum	$2,000	$2,000
Deductible	$0 Individual/$0 Family	$0 Individual/$0 Family
Covered Services		
Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)
Miscellaneous Preventive Services Sealants Space maintainers	100% (Deductible does not apply)	100% (Deductible does not apply)
Basic Restorative Services Amalgams Resin-based composite restorations	90%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	90%	80%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	90%	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	90%	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	90%	80%

Sandwich Fire Protection District

Normal Cost Summary as of May 1, 2023

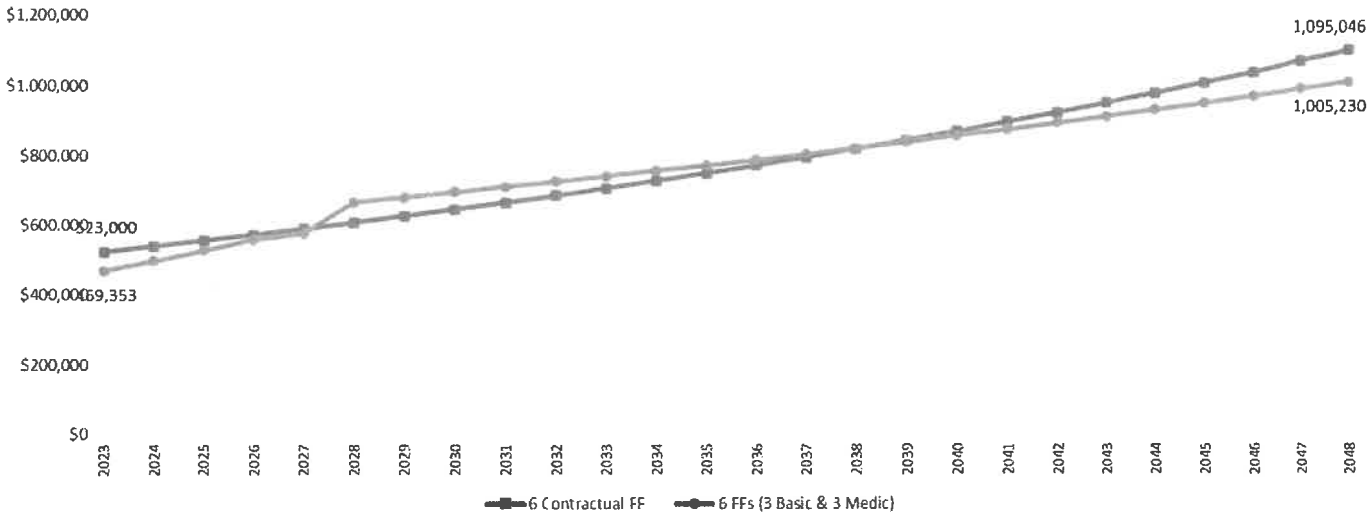
Cost of a New Hire

Current Results at 6.50% Expected Rate of Return							
Normal Cost of New Hire:	**Hagerty**	**Platt**	**Johnson**	**Davis**	**Cannon**	**Moersch**	**TOTAL**
Total Normal Cost	$15,249	$16,432	$7,437	$5,965	$11,119	$10,923	$67,125
Less: Employee Contributions	($6,612)	($6,612)	($6,612)	($4,721)	($4,720)	($4,720)	($33,997)
Net Employer Contribution	$8,637	$9,820	$825	$1,244	$6,399	$6,203	$33,128

Current Results at 7.00% Expected Rate of Return							
Normal Cost of New Hire:	**Hagerty**	**Platt**	**Johnson**	**Davis**	**Cannon**	**Moersch**	**TOTAL**
Total Normal Cost	$13,251	$14,546	$5,713	$4,653	$9,711	$9,491	$57,365
Less: Employee Contributions	($6,612)	($6,612)	($6,612)	($4,721)	($4,720)	($4,720)	($33,997)
Net Employer Contribution	$6,639	$7,934	$0	$0	$4,991	$4,771	$24,335

Total Compensation and Benefits

Starting Age 27
25 Years of Service



Sandwich Community Fire Protection District

Special Work Meeting Agenda

June 26, 2023 *5:00 P.M.*

Call to Order

District Employee

Adjournment

Posted: Tuesday June 20, 2023 at 12:30 P.M. by Jackie Gramme, Secretary

Sandwich Community Fire Protection District

Special Work Meeting Minutes

June 26, 2023 *5:00 P.M.*

Present:

Trustee President – Jeff Beverage
Trustee Secretary – Chuck Fish
Trustee Treasurer – Matt Weismiller
Chief – Derek Hagerty
Deputy Chief – Zach Morel
Assistant Chief – Jayson Darby
FF PM – Mike Platt
FF EMT – Rob Cannon
FF EMT – Matt Davis
District Secretary – Jackie Gramme

1. Call to Order

Trustee Beverage called the meeting to order at 5:00 P.M., waved the Pledge of Allegiance and took roll-call.

2. District Employee

Discussion with questions and answers between the Trustees and Chief, regarding health and welfare insurance, pensions, the hiring process, testing, physicals, salaries, not renewing the Metro contract and attorney fees (See attached). Trustee Fish made a motion to approve going District Employees, seconded by Trustee Weismiller, Trustee Beverage voted yes, Trustee Fish voted yes and Trustee Weismiller abstained from the vote.

Adjournment

Trustee Fish made a motion to adjourn the meeting at 5:33 P.M., seconded by Trustee Beverage, Trustees Beverage, Fish and Weismiller all voted yes.