2025-423

AN ORDINANCE ACCEPTING BIDS AND AUTHORIZING CONTRACT UE26-08-29 – SPECTRA LOGIC TAPE LIBRARY MAINTENANCE - 3 YEARS WITH MATRIX SYSTEMS GROUP, INC. IN AN AMOUNT NOT TO EXCEED $56,618.05, FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, by previous action, the Specifications Committee approved specifications for Contract UE26-08-29 – Spectra Logic Tape Library Maintenance - 3 Years, for the Office of Public Utilities, and

WHEREAS, as described in said specifications, an advertisement for bids for Contract UE26-08-29 was placed, and

WHEREAS, Matrix Systems Group, Inc. ("Matrix Systems") submitted the lowest bid, and

WHEREAS, the proposed contract documents and bid proposals are on file in the Office of the City Clerk and identified by Contract Index No. UE26-08-29.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves and accepts the bid from Matrix Systems for Contract UE26-08-29 – Spectra Logic Tape Library Maintenance - 3 Years in an amount not to exceed Fifty-Six Thousand Six Hundred Eighteen Dollars and Five Cents ($56,618.05) for the Office of Public Utilities.

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute said Contract with Matrix Systems on behalf of the Office of Public Utilities.

Section 3. The payment to Matrix Systems for the total maximum amount exceed Fifty-Six Thousand Six Hundred Eighteen Dollars and Five Cents ($56,618.05) from Account Nos. 101-200-JB-6238-1206 and 102-200-JB-7838-1206 is hereby authorized, approved, and directed.

Section 4. This Ordinance shall become effective immediately upon its passage and recording with the City Clerk.

PASSED: _____, 2025 SIGNED: _____, 2025

RECORDED: _____, 2025

_____
MAYOR

ATTEST: _____

Approved as to legal sufficiency:

_____ 10.14.25
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2025-423

Office of Public Utilities
ORDINANCE DISCUSSION SHEET

VENDOR/AWARD:

CONTRACTOR NAME: Matrix Systems Group, Inc.

CONTRACT AMOUNT: $56,618.05 – 3 yrs.

TYPE OF AWARD: Low Bid / UE26-08-29

PRIOR ORDINANCE INFORMATION:

N/a for Groth Street; Similar: Ord. #263-07-24, UE25-05-17 for Municipal Center West, Matrix, 3 yrs. $55,165.73, Low Bid.

INFORMATION:

This Ordinance accepts Contract UE26-08-29 in an amount not to exceed $56,618.05, with Matrix Systems Group, Inc. ("Matrix Systems"), for the purchase of a three (3) year support maintenance for the Groth Street Secondary Datacenter tape library. The backup storage device is used by the ISD Department for data retention. By having a multiple-year contract, the Utility will receive a multi-year discounted price for the service.

There were three (3) bidders on this contract. Matrix Systems was the only local bidder and they submitted the lowest bid.

2025-423

CONTRACT NAME: Spectra Logic Tape Library Maintenance – 3 Years
CONTRACT NO: UE26-08-29
DEPARTMENT: Information Systems Division
DATE: September 11, 2025

	Axelliant LLC Torrance, CA	vPrime Tech Inc Houston, TX	**Matrix Systems Group, Inc. Springfield, IL**
TOTAL BID	$58,162.20	$58,089.02	**$56,618.05**
5% Local Vendor	*$2,908.11*	*$2,904.45*	***N/A***
EVALUATED TOTAL	$61,070.31	$60,993.47	**$56,618.05**

Recommend award of bid to Matrix Systems Group, low bid.

2025-423

Agenda No. _____

Ordinance No. _____

CITY OF

Springfield ILLINOIS

CONTRACT BOOK

SECTION I	--	INTRODUCTION	SECTION V:	--	PRICING
SECTION II	--	INSTRUCTIONS TO BIDDERS	SECTION VI:	--	CERTIFICATIONS
SECTION III	--	SCOPE OF CONTRACT	SECTION VII:	--	ADDENDA
SECTION IV	--	TERMS & CONDITIONS	SECTION VIII:	--	CONTRACT

MISTY BUSCHER, MAYOR

CONTRACT INDEX NO: UE26-08-29

CONTRACT NAME: Spectra Logic Tape Library Maintenance – 3 Years

NAME OF BIDDER: Matrix Systems Group, Inc.

ADDRESS OF BIDDER: 519 South Grand Avenue West - Springfield, IL 62704

2025-423

SECTION V

5. PROPOSAL PRICING

PRICE PAGE
SPECTRA LOGIC TAPE LIBRARY MAINTENANCE (3 YEARS)

Part Number	Description	Total Cost
91010501R	3 years - SpectraGuard Next Business Day On-Site Support T380, 5 LTO-9, 250 Slots, S/N 1645803	$56,618.05
S380-RL-2-PH-R	3 years - 24 Hour Phone support Uplift	$Included
	Grand Total:	$56,618.05

CLARIFICATIONS The item quoted, #91010501R, includes the following:

SpectraGuard Next Business Day with 24 Hrs Phone and On Site Support, T380,

5LTO9, 270 Slots Supported, SN 1645803

2025-423

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21/25

OFFICE REQUESTING: Office of Public Utilities

CONTACT PERSON: Michelle Carlisle

PHONE NUMBER: x-2626

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: 56,618.05 - 3 7rs.

SUGGESTED TITLE: Accepting & authorize bid / bid # & title / item(s) / vendor / dollar amount / for Office of Public Utilities

CONTRACTOR / VENDOR NAME: Matrix Systems Group, Inc. **VENDOR NO:** VC*3509

CONTRACT TERM: 3 yrs. **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: see above - - -

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☑ Low Bid ☐ Other:

☐ Low Bid Meeting Specs ☐ Exception:

☐ Low Evaluated Bid **Code Provision:**

Previous Ord #'s n/a

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	101	200	JB	6238	1206	8,492.71
2	102	200	JB	7838	1206	48,125.34
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Bid tab, pages from contract book

STAFF ANALYSIS

Accepting Contract #UE26-08-29 - Spectra Logic Tape Library Maintenance - 3 years for the Groth Street secondary datcenter tape library.

FUNDS CHECK BY: Dakota Capranica Digitally signed by Dakota Capranica Date: 2025.09.30 10:07:11 -05'00' **Date:**

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.09.30 09:55:11 -05'00' **Date:**

CITY PURCHASING AGENT: **Date:** 9/30/2025

SIGN OFF:

(Mayor's Signature) GEM

(Director of OBM)

The information supplied on this form is not confidential information.

2025-423

2025-424

AN ORDINANCE APPROVING AN AGREEMENT WITH HANSON PROFESSIONAL SERVICES IN AN AMOUNT NOT TO EXCEED $45,000.00 FOR TITLE AND EASEMENT SERVICES AS PART OF THE DESIGN OF THE INTERSTATE - LANESVILLE 138KV TRANSMISSION LINE, FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, this Ordinance approves and authorizes execution of an agreement with Hanson Professional Services ("Hanson") in an amount not to exceed $45,000.00, for title and easement services that are part of the design of the Interstate - Lanesville 138kV transmission line, and

WHEREAS, Hanson Professional Services will review and provide title, legal description, and easement information for approximately 64 parcels located within the project area, and

WHEREAS, Hanson has extensive experience and knowledge in performing this type of work, and

WHEREAS, in accordance with the provisions of Section 38.42 of the City Code, the Purchasing Agent has determined that this contract is not subject to sealed competitive bidding, and

WHEREAS, a copy of the agreement shall be on file with the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves and authorizes execution of an agreement with Hanson in an amount not to exceed Forty-Five Thousand Dollars and No Cents ($45,000.00) for title and easement services as part of the design of the Interstate - Lanesville 138kV transmission line.

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute the above-referenced Professional Services Agreement with Hanson on behalf of the Office of Public Utilities.

Section 3. The Office of Budget and Management is hereby authorized and directed to pay Hanson in the total amount not to exceed Forty-Five Thousand Dollars and No Cents ($45,000.00) from Account No. 102-100-CBAC-3562-2306, in accordance with the terms of the agreement.

Section 4. This Ordinance is being adopted pursuant to the City's home rule authority and shall be in full force and effect from and after its passage and recording with the Office of the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____

SIGNED: _____, 2025

_____
MAYOR

Approved as to legal sufficiency:

10.14.25
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2025-424

Office of Public Utilities
ORDINANCE DISCUSSION SHEET

VENDOR/AWARD:

CONTRACTOR NAME: Hanson Professional Services

CONTRACT AMOUNT: $45,000.00

TYPE OF AWARD: Professional Service

PRIOR ORDINANCE INFORMATION:

n/a

INFORMATION:

This Ordinance approves and authorizes execution of an agreement with Hanson Professional Services ("Hanson") not exceeding $45,000.00 for title and easement services that are part of the design of the Interstate - Lanesville 138kV transmission line.

Electric Transmission and Distribution Engineering is in the design phase of reconstructing a transmission line from the CWLP Interstate substation to the Ameren Lanesville substation, a total distance of approximately 15 miles. The existing line has numerous structures dating from the 1920s, which were constructed by another utility and are at the end of their life. Additionally, multiple spun concrete poles installed in the 1970s and 1980s show structural deterioration. More generally, the line is a significant connection to the region's surrounding transmission system and has become increasingly important as the CWLP electric system has retired generating resources. Reconstruction of the line is warranted to ensure a reliable, high-capacity connection for many years to come.

As part of this work, title and easement research is required for the line. The Utility must ensure the it has complete and accurate easement rights for the existing route so that the Utility can utilize the same route for the reconstructed line. Especially given the age of the line in question, researching and verifying the easement rights is a significant task. This requires specialized knowledge and expertise in property rights for large infrastructure projects and specific considerations for transmission line projects. In addition, this type of research generally requires detailed knowledge of local conditions and the ability to perform research and examination in the area.

Hanson is a local vendor with local expertise in this specific type of project and has experience working with the principal design consultant being utilized for the transmission line design. Additionally, Hanson has demonstrated recent experience with similar services for the Springfield Rail Improvement Project, which is very similar in terms of the nature and scope of the required research services.

2025-424

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **Michelle Carlisle**

FROM: **Anthony Quinones – Central Purchasing**

DATE: **October 13, 2025**

SUBJECT: **Professional Services Determination**

I have reviewed the Ordinance Fact Sheet with Hanson Professional Services for a professional service agreement title and easement services as part of the design of the Interstate – Lanesville 138kV Transmission Line in an amount not to exceed $45,000.00 for CWLP – Office of Public Utilities.

Based on the information provided, I have determined that this vendor possesses a degree of professional skill and expertise in the required area. Pursuant to Section 38.42 of the City Purchasing Code, this purchase is exempt from the City's requirements for Sealed Competitive Bids.

300 SOUTH SEVENTH • ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2205 • FAX (217) 789-2207

2025-424

GCIU 409-C

PH 217.788.2450
HANSON-INC.COM
1525 S. Sixth St.
Springfield, IL 62703

October 7, 2025

VIA EMAIL

Shaun Anders, Superintendent of Engineering
Transmission and Distribution
City Water Light & Power
1008 East Miller St.
Springfield, IL 62702

Subject: Proposal For Title and Easement Services
15-mile 138 kV Transmission Line

Dear Mr. Anders:

Thank you for reaching out to Hanson Professional Services Inc. for right of way needs. Hanson's staff are ready to provide Title Research Services to CWLP for the reconstruction of approximately 15 miles of transmission line. Please consider this letter as our proposal for the scope of services outlined below.

Project Understanding

City Water Light and Power (CWLP) is planning to rebuild approximately a 15-mile 138kV line extending from its Interstate substation near I-55 and Ridgely, northeast through Riverton, then east to Ameren's substation approximately 0.5 miles east of Lanesville on Old Route 36. "CWLP Project"). At this time, CWLP does not anticipate any acquisitions; however, a significant portion of the existing ROW is former railroad ROW acquired from a predecessor company, so rights may be ambiguous or incomplete in some cases. CWLP has requested a review of the existing ROW/easement rights to determine if any adjustments or acquisitions are needed.

Scope of Services



2025-424

Title research services:

Hanson Professional Services will provide Title Research Services for the CWLP Project including reviewing and providing title, legal description and easement information for approximately 64 parcels located within the CWLP project area. The Scope of Services is limited to the following:

1. Preparing title and easement reports for 64 parcels.
   a. The reports will be identified with the Project Number, County, Political Township, , Parcel Number, PIN and the name of the presumptive fee owner as shown on the County tax assessor's website. A brief legal description will be provided, including the quarter section or subdivision lot number, section number, township and range numbers (including direction), and the acreage (unless in a subdivision). The record owner(s), as of the certification date, shall be identified as shown in the instrument vesting title in them. The address of the record owner(s) and recording information shall also be provided.

   b. Applicable easements and/or deed language and tax information shall be identified and copies of easement/deed attached.

2. Propose up to 2, 1-hour meetings with 3 of Hanson's project management team. This fee can be eliminated if the City does not require and/or use the allotted time.

3. Project Coordination will be with Hanson's project manager, CWLP's Project Engineer, and/or designated staff.

Items to be provided by the City Water Light and Power

1. KMZ file (already provided)

2. Existing known documents. (already provided)

Deliverables

For Title and Easement services, Hanson will provide title and easement report for the 64 parcels along with supporting easement document if available.

Schedule

We have immediate availability to start this work. Hanson can initiate work upon executed contract prepared by Hanson's project manager.

Proposed Project Staff

Project Manager	Cindy Bushur-Hallam, JD, LLM
QAQC Manager	Travis Emery, P.E.
Title and Easement Services	Paul Fields, PLS & Thomas Hayes

Fee for Services

We propose to offer the above-described services as outlined in the chart below.

HANSON PROFESSIONAL SERVICES INC.
COST ESTIMATE OF CONSULTANT SERVICES

HANSON NO.

HANSON
Engineering | Planning | Allied Services

PREPARED ON: 10/7/2025

TOTAL PROJECT ESTIMATE OF COST

	TASK	HOURS	IN-HOUSE DIRECT COSTS	OUTSIDE DIRECT COSTS	PROPOSAL ESTIMATE
1	Parcel Search		$ 10,000		$ 10,000
2	Legal Description & Easement Evaluation	148			$ 29,500
3	Develop Final Report	36		$ -	$ 5,500
4			$ -	$ -	
5			$ -	$ -	
6			$ -	$ -	
7			$ -	$ -	
8			$ -	$ -	
9					
10					
11			$ -	$ -	
12			$ -	$ -	
13			$ -	$ -	
14			$ -	$ -	
15			$ -	$ -	
	TOTAL	184	$ 10,000	$ -	$ 45,000

Thank you for your consideration of this proposal. Please feel free to reach me at 217-899-0423 (cell) if you would like to discuss this proposal in greater detail.

Sincerely,
HANSON PROFESSIONAL SERVICES, Inc.

Cindy Bushur-Hallam

Cindy Bushur-Hallam
Assistant Vice President

2025-424

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21/25

OFFICE REQUESTING: Office of Public Utilities

CONTACT PERSON: Michelle Carlisle

PHONE NUMBER: x-2626

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: 45,000.00

SUGGESTED TITLE: Accepting & authorize agreement / services / vendor / dollar amount / for Office of Public Utilities

CONTRACTOR / VENDOR NAME: Hanson Professional Services **VENDOR NO:** HA001570

CONTRACT TERM: - **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: see above - - -

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☐ Other:
☑ Exception: PS
Code Provision: 38.42

Previous Ord #s -

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	102	100	CBAC	3582	2308	45,000.00
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Hanson's proposal

STAFF ANALYSIS

Authorizing a PS agreement/contract with Hanson for title & easement services as part of the design of the Interstate - Lanesville 138kV transmission line.

FUNDS CHECK BY: Dakota Capranica **Date:** _____

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.10.09 13:10:26 -05'00' **Date:** _____

CITY PURCHASING AGENT: Scott Rogers **Date:** 10/15/25

SIGN OFF: _____ GEM

(Mayor's Signature)

_____

(Director of OBM)

The information supplied on this form is not confidential information.

2025-424

2025-425

AN ORDINANCE AUTHORIZING PAYMENT OF THE NORTH AMERICAN ELECTRIC RELIABILITY CORPORATION ("NERC") FEES FOR FISCAL YEAR 2026 IN AN AMOUNT NOT TO EXCEED $75,654.27, FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, this Ordinance approves the payment of North American Electric Reliability Corporation ("NERC") fees for Fiscal Year 2026 in an amount not to exceed $75,654.27, and

WHEREAS, NERC is a not-for-profit international regulatory authority whose mission is to assure reliability and security of the bulk power system in North America, and

WHEREAS, the Office of Public Utilities is subject to NERC's jurisdiction and is required to pay its pro rata share of fees based on net energy for load, and

WHEREAS, in accordance with the provisions of Section 38.40 of the City Code, the Purchasing Agent has determined that this purchase is not subject to sealed competitive bidding.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves payment to NERC for the FY2026 fees in an amount not to exceed Seventy-Five Thousand Six Hundred Fifty-Four Dollars and Twenty-Seven Cents ($75,654.27).

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute any necessary documents with NERC on behalf of the City of Springfield Office of Public Utilities.

Section 3. The payment to NERC for the total maximum amount Seventy-Five Thousand Six Hundred Fifty-Four Dollars and Twenty-Seven Cents ($75,654.27) from Account No. 102-100-CBF-7760-1215 is hereby authorized, approved, and directed.

Section 4. This Ordinance shall become effective immediately upon its passage and recording with the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____

SIGNED: _____, 2025

_____
MAYOR

Approved as to legal sufficiency:

_____ 10.14.25
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2025-425

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **Michelle Carlisle**

FROM: **James W. Peters – Acting Purchasing Agent**

DATE: **October 10, 2025**

SUBJECT: **Request for Sole Source Determination**

I have reviewed the Ordinance Fact Sheet concerning North American Electric Reliability Corporation for the annual ordinance for NERC Fees – FY26 in an amount not to exceed $75,654.27, for the Office of Public Utilities.

Based on the information provided, I have determined that North American Electric Reliability Corporation is the sole source. Pursuant to Article 38.40 of the City Purchasing Code, this purchase is exempt from the City's requirements for Sealed Competitive bids.

300 SOUTH SEVENTH • ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2205 • FAX (217) 789-2207

Office of Public Utilities
ORDINANCE DISCUSSION SHEET

VENDOR/AWARD:

CONTRACTOR NAME: North American Electric Reliability Corporation ("NERC")

CONTRACT AMOUNT: $ 75,654.27

TYPE OF AWARD: Sole Source

PRIOR ORDINANCE INFORMATION:

Most recent: Ord. 039-02-24, NERC, FY25, $71,399.37, Sole Source

INFORMATION:

This Ordinance approves payment to North American Electric Reliability Corporation ("NERC") in an amount not to exceed $ 75,654.27, for the FY2026 fees. NERC is a not-for-profit international regulatory authority whose mission is to assure the reliability and security of the bulk power system in North America. CWLP is subject to NERC's jurisdiction and is required to pay its pro rata share of fees based on net energy for the load.

The dollar amount is arrived by the sum of the three most recent quarters plus and additional percentage hike for projected cost for the final quarter. CWLP will only pay the invoice amount upon receipt from NERC.

Q2	$ 18,683.59
Q3	$ 18,683.60
Q4	$ 18,683.58
Q1	$ 19,603.50
Total	$ 75,654.27

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21/25

OFFICE REQUESTING: Office of Public Utilities

CONTACT PERSON: Michelle Carlisle

PHONE NUMBER: x-2626

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: 75,654.27

SUGGESTED TITLE: Authorize payment / item(s) / vendor / dollar amount / for Office of Public Utilities

CONTRACTOR / VENDOR NAME: North American Electric Reliability Corporation **VENDOR NO:** NO002950

CONTRACT TERM: 1 yr. **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: see above - - -

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

Previous Ord #'s most recent:039-02-24

☐ **Low Bid** ☐ **Other:**

☐ **Low Bid Meeting Specs** ☑ **Exception:** SS

☐ **Low Evaluated Bid** **Code Provision:** 38.40

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	102	100	CBF	7760	1215	75,654.27
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

3 past invoices

STAFF ANALYSIS

Annual ordinance for NERC Fees - FY26.

FUNDS CHECK BY: Cavanaugh, Rachel H. Digitally signed by Cavanaugh, Rachel H. Date: 2025.10.10 12:28:06 -05'00' **Date:**

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.10.09 13:16:08 -05'00' **Date:**

CITY PURCHASING AGENT: Scott Rogers **Date:** 10-10-2025

SIGN OFF:

(Mayor's Signature) GEM

Ramona Metzger

(Director of OBM)

The information supplied on this form is not confidential information.

2025-425

2025-426

AN ORDINANCE APPROVING A PROFESSIONAL SERVICES AGREEMENT WITH POWER SYSTEM ENGINEERING, INC. IN AN AMOUNT NOT TO EXCEED $78,700.00 TO DEVELOP A PLAN FOR A TEN-YEAR LONG-RANGE DISTRIBUTION PLANNING STUDY, FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, this Ordinance approves and authorizes execution of a Professional Services Agreement with Power System Engineering, Inc. ("PSE") in an amount not to exceed $78,700.00 to develop a plan for a Ten-Year Long-Range Distribution Planning Study, and

WHEREAS, the plan would address the available feeder tie capacity and capability including voltage drop and thermal capacity by feeder during normal configuration and continency switching, and feeder optimization and will also address substation capacity during normal configuration and contingency switching, and

WHEREAS, PSE has extensive experience and knowledge in performing this type of work and was deemed the most economical, and

WHEREAS, in accordance with the provisions of Section 38.42 of the City Code, the Purchasing Agent has determined that this contract is not subject to sealed competitive bidding, and

WHEREAS, a copy of the agreement shall be on file with the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves and authorizes execution of a Professional Services Agreement with PSE in an amount not to exceed Seventy-Eight Thousand Seven Hundred Dollars and No Cents ($78,700.00) to develop a plan for a Ten-Year Long-Range Distribution Planning Study.

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute the above-referenced Professional Services Agreement with PSE on behalf of the Office of Public Utilities.

Section 3. The Office of Budget and Management is hereby authorized and directed to pay PSE in the total amount not to exceed Seventy-Eight Thousand Seven Hundred Dollars and No Cents ($78,700.00) from Account No. 102-100-CBA-7781-1218, in accordance with the terms of the agreement.

Section 4. This Ordinance is being adopted pursuant to the City's home rule authority and shall be in full force and effect from and after its passage and recording with the Office of the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____

SIGNED: _____, 2025

_____
MAYOR

Approved as to legal sufficiency:
10.14.25
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2025-426

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **Michelle Carlisle**

FROM: **James W. Peters – Acting Purchasing Agent**

DATE: **October 10, 2025**

SUBJECT: **Professional Services Determination**

I have reviewed the Ordinance Fact Sheet concerning Power Systems Engineering, Inc. for a professional service agreement to perform a distribution planning study for transmission and distribution, in an amount not to exceed $78,700.00 for the Office of Public Utilities.

Based on the information provided, I have determined that this vendor possesses a degree of professional skill and expertise in the required area. Pursuant to Section 38.42 of the City Purchasing Code, this purchase is exempt from the City's requirements for Sealed Competitive Bids.

300 SOUTH SEVENTH • ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2205 • FAX (217) 789-2207

2025-426

Office of Public Utilities
ORDINANCE DISCUSSION SHEET

VENDOR/AWARD:

CONTRACTOR NAME: Power System Engineering, Inc.

CONTRACT AMOUNT: $78,700.00

TYPE OF AWARD: Professional Service

PRIOR ORDINANCE INFORMATION:

n/a

INFORMATION:

This Ordinance approves and authorizes execution of a Professional Services Agreement with Power System Engineering, Inc. ("PSE") in an amount not to exceed $78,700.00 to develop a plan for Ten-Year Long-Range Distribution Planning Study. PSE was selected based on the projected costs, relative expertise and experience, and the requested scope.

This distribution planning study will help to define a long-term improvement plan for the electric distribution system. The study will identify recommendations to strengthen the system, improve performance, and optimize operation. This will result in increased ability to manage contingencies and high-demand events, better reliability resulting in fewer outages and shorter durations when outages occur, and greater flexibility in responding to emergent issues on the system occurring in real-time. This type of long-term distribution planning study is generally accepted as good utility practice. It helps ensure capital expenditure plans for the system are prioritized, coherent, and focused on ensuring the best value in terms of reliability and operational impact for the customers.

Master Services Agreement for Professional Services

Consultant	Power System Engineering, Inc.	Client	City Water, Light, and Power
Address	2424 Rimrock Road, Suite 300	Address	1008 East Miller Street
	Madison WI 53713		Springfield IL 62702

This Master Services Agreement for Professional Services ("Agreement") is made and entered into between Consultant and Client as of **October 13, 2025**. This Agreement sets forth the general terms and conditions governing the provision of Professional Services by Consultant for the Client. This Agreement shall govern all Professional Services performed by Consultant for Client until such a date as this Agreement is terminated by either party. Professional Services shall be requested by Client on a General Services or a Project basis. Either party may document and submit to the other party for review and acceptance the scope of work in an email or other written form to help assure there is a clear understanding of expectations.

Prior to the commencement of services on a Project basis, the Consultant and Client may complete and execute a Project Authorization Request to specifically describe the scope of work, deliverables, costs and timeframe of services that the Consultant will provide to the Client. A sample of the Project Authorization Request is attached as Exhibit A to this Agreement. The Project Authorization Request will be subject to the Terms and Conditions attached to and incorporated into this Agreement. In the event of a conflict between the provisions of the Project Authorization Request and this Agreement, the provisions of the Project Authorization Request will take precedence over those of this Agreement.

In accordance with the Billing and Payment provision within the Terms and Conditions attached, Consultant shall be paid monthly for services on a time and materials basis using standard rates Consultant sets by position based on compensation levels and expertise. A Rate Schedule with the Consultant's current rates is attached for reference as Exhibit C. Client acknowledges that Consultant may make annual updates to the Rate Schedule on the first of each calendar year to reflect changes in Consultant staff and pay. As a result, the Rate Schedule may change annually without prior written notice to the Client. Consultant shall provide an updated copy of the Rate Schedule to the Client upon request.

The Terms and Conditions attached, when initialed by both parties, are incorporated and made a part of this Agreement.

The persons signing on behalf of the Consultant and Client warrant and represent that they have the authority to execute this Agreement on behalf of their respective companies.

Consultant: Power System Engineering, Inc.	**Client:**
Douglas F Joens 10/13/2025	
Signature and date	Signature and date GEA
Douglas F Joens / VP	
Printed name/title	Printed name/title

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Terms and Conditions to the Master Services Agreement

Section 1. Performance of Services: Consultant shall perform the services requested by Client and accepted by Consultant through email, written documentation, a Project Authorization Request or other request. Each request by Client shall be referred to as an individual Project unless it is a request for General Services. An oral request for the provision of General Services may be made by the Client to the Consultant. If an individual request for General Services will require efforts exceeding $10,000, then it shall be treated as a Project and the parties shall document the scope of work in a written instrument before commencing work. Both Projects and General Services shall be subject to the same Terms and Conditions of this Agreement.

Each individual Project shall be billed separately as a Work Order that allows the Client and Consultant to track the hours, services, and billing tied to each Project. Each Work Order shall be closed out upon the completion of the individual Project. If additional support is required to the Project after the Work Order has been closed out, the parties may agree to either reopen the original Work Order or to establish a new one for additional services.

In addition to the provision of services related to a Project, the Client may desire that Consultant provide support or services not tied to a specific Project. Such services, referred to as General Services, shall be subject to the Terms and Conditions of this Agreement, as well as the Rate Schedule attached as Exhibit C. These General Services shall be billed under an ongoing miscellaneous support Work Order that shall remain open for the duration of this Agreement.

From time to time, the Client and Consultant may find that the original scope of services or Project Authorization Request must be modified. In such instances, the parties may execute a Change Order to revise the scope of services for the Project. The Change Order shall be subject to the terms and conditions of this Agreement. A sample of the Change Order is attached as Exhibit B to this Agreement.

Section 2. Authorized Representative: The Client shall identify a representative authorized to act on the Client's behalf with respect to each Project performed under this Agreement. The Client shall render decisions and approve the Consultant's submittals in a timely manner, including the review and approval of any requested Change Orders, in order to avoid unreasonable delay in the progress of the Consultant's services.

Section 3. Accuracy of Information: The Consultant shall be entitled to rely on, and shall not be responsible for, the accuracy, completeness, and timeliness of information furnished by the Client and the Client's consultants and representatives. The Consultant shall provide prompt written notice to the Client if the Consultant becomes aware of any error, omission, or inconsistency in such information. If Client desires for Consultant to independently verify the information provided by Client, Consultant shall do so upon written request. The cost of independent verification by Consultant shall be subject to the Rate Schedule of this Agreement.

Section 4. Standard of Care: Consultant's services shall be performed consistent with the professional skill and care ordinarily provided by consultants practicing in the same or similar locality under the same or similar circumstances. Notwithstanding any other representations made elsewhere in this Agreement or in the performance of the Professional Services, this Standard of Care shall not be modified. The Consultant shall act as an independent contractor at

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all times during the performance of its services, and no term of this Agreement, either express or implied, shall create an agency or fiduciary relationship.

Section 5. Hazardous Materials: The Consultant shall have no responsibility for the discovery, presence, handling, removal or disposal of, or exposure of persons to hazardous materials or toxic substances in any form at the Project site. If hazardous materials are present, the Client shall be responsible to remove them from the Project site in a manner that will not adversely affect the health of any person and will comply with any applicable governmental laws and regulations. The Client shall indemnify and hold harmless the Consultant from any liability, loss, damage, or expense arising out of or with respect to the presence of hazardous materials on the Project site. The presence or discovery of any hazardous or toxic substance on the site shall be cause for extension of the schedule of Consultant's services and equitable adjustment of fees for the Consultant as mutually agreed by the parties.

Section 6. Access to Site: Unless otherwise stated, Consultant will have access to the site for activities necessary for the performance of the services.

Section 7. Billing and Payment: Client agrees to pay Consultant for all services performed and all costs incurred. Invoices for Consultant's services shall be submitted on a monthly basis. Invoices shall be due and payable upon receipt. Accounts unpaid thirty (30) business days after the invoice date may be subject to a monthly service charge of 1.5% (or the maximum legal rate) on the unpaid balance. If any invoice is not paid within sixty (60) business days, Consultant may, without waiving any claim or right against Client, and without liability whatsoever to Client, suspend or terminate the performance of services. In the event any portion of an account remains unpaid ninety (90) business days after the billing, Consultant may institute collection action and Client shall pay all costs of collection, including reasonable attorney's fees.

Section 8. Indemnification: The parties shall, to the fullest extent permitted by law, indemnify and hold harmless each other, their officers, directors, employees, agents and subconsultants, from and against all damage, liability and costs, including reasonable attorney fees and defense costs, arising out of or in any way connected with the performance of the services under this Agreement, in the proportion caused by the negligence and/or willful misconduct, of the indemnifying party.

Section 9. Information for the Sole Use and Benefit of Client: All services, opinions, or conclusions of Consultant, whether written or oral, and any plans, specifications or other documents, including any digital design files, and services provided by Consultant are for the sole use and benefit of Client for the subject Project or site and are not to be provided to any other person or entity or used for any other purposes without the prior written consent of Consultant. In the event that Client provides any such information to a third party without the prior written consent of the Consultant, Consultant shall be entitled to obtain injunctive relief and, in the event of such breach, an award of actual and exemplary damages. Consultant shall also be entitled to recover its reasonable legal fees and court costs for enforcement of this non-competition covenant.

Section 10. Certifications, Guarantees and Warranties: Consultant makes no warranties or guarantees, express or implied, under this Agreement or otherwise in connection with Consultant's services. Consultant shall not be required to execute any document that would result in Consultant certifying, guaranteeing or warranting the existence of any conditions.

Section 11. Electronic Data: Digital Data files, like any electronic data, transferred in any manner or translated from the system and format used by the Consultant under this Agreement to another system or format are subject to errors and modifications that may affect the accuracy and reliability of the data, and, in addition, that electronic data may be altered or corrupted whether inadvertently or otherwise. As a result, no representations or warranties, whether express or implied, as to the accuracy of the Digital Data files transferred are made herein.

Section 12. Consequential Damages: Notwithstanding any other provision of this Agreement, and to the fullest extent permitted by law, neither Client nor Consultant, their respective officers, directors, partners, employees, contractors or subconsultants shall be liable to the other or shall make any claim for any incidental, indirect or consequential damages arising out of or connected in any way to the Projects worked on under this Agreement or to this Agreement. This mutual waiver of consequential damages shall include, but is not limited to, loss of use, loss of business, loss of income, loss of reputation, lost profits, lost revenues, or any other consequential damages that either party may have incurred. This mutual waiver is applicable, without limitation, to all consequential damages whether arising in contract, warranty, tort (including negligence), strict liability, or equity, or that might arise out of the parties' indemnification obligations. Both Client and Consultant shall require similar waivers of consequential damages protecting all the entities or persons named herein in all contracts and subcontracts with others involved in any Project.

Section 13. Limitation of Liability: In recognition of the relative risk, rewards and benefits of any Project to both Client and Consultant, the risks have been allocated such that Client agrees that, to the fullest extent permitted by law, neither the Consultant, Consultant's subconsultants, nor their agents or employees shall be jointly, severally, or individually liable to the Client for any act or omission, in tort or contract, including breach of contract, breach of warranty, or negligence, errors or omissions in excess of four times the Consultant's total compensation received for the individual Project, not to exceed $500,000, in which the act or omission occurred.

Section 14. Insurance: Consultant shall maintain insurance coverage which shall protect it and Client from liability or claims for liability for bodily injury, including death and property damage, which may in any way arise out of or be in any manner connected with the performance of this Agreement in minimum limits as follows: (a) Workers' Compensation and Employers' liability as required by law; (b) Comprehensive General Liability of $1,000,000 per occurrence/$2,000,000 aggregate; (c) Automobile Public Liability (including all owned, hired and non-owned automotive equipment) of $1,000,000 combined single limit; (d) Umbrella of $5,000,000 on Comprehensive General Liability and Automobile Public Liability; and (e) Professional Liability with a $5,000,000 per claim limit. A certificate of insurance will be submitted to Client upon request.

Section 15. Ownership of Documents: All documents prepared or furnished by Consultant pursuant to this Agreement are instruments of Consultant's professional service, and Consultant shall retain ownership and property interest therein, including all copyrights. Upon payment for services rendered, Consultant grants Client a license to use instruments of Consultant's professional service for the purpose of constructing, occupying, or maintaining the Project. Reuse or modification of any such documents by Client, without Consultant's written permission, shall be at Client's sole risk, and Client agrees to indemnify, defend, and hold Consultant harmless from all claims, damages, and expenses, including attorneys' fees, arising out of such reuse by Client or by others acting through Client.

Section 16. Opinion of Probable Costs: If a cost opinion is included in the Project, Consultant's opinion of probable construction costs provided is based on Consultant's experience and represents Consultant's reasonable judgment. In the absence of gross negligence or willful misconduct, Consultant will not be responsible if bids or actual Project or construction costs vary from that opinion. Consultant cannot and does not guarantee that proposals, bids or actual Project or construction costs will not vary from the opinions.

Section 17. Construction Projects: For Projects or services associated with construction, Consultant has no control over, charge of, or responsibility for construction. Client shall retain a qualified contractor(s), licensed in the jurisdiction of the Project, to implement the construction ("Work") of the Project. The Contractor shall coordinate, supervise and direct all portions of the Work and shall be solely responsible for, and have control over, construction means, methods, techniques, sequences and procedures, safety, and security. The Consultant shall not be responsible for the Contractor's failure to perform the Work in accordance with any documents provided by the Consultant under this Agreement. The Client shall require, to the fullest extent permitted by law, the Contractor to indemnify and hold harmless the Client, Consultant, Consultant's subconsultants, and agents and employees of any of them from and against claims, damages, losses, and expenses, including but not limited to attorneys' fees, arising out of or resulting from performance of the Work. Client shall require the Contractor to provide insurance and name the Client, Consultant, and Consultant's subconsultants as additional insured on Contractor's Commercial General Liability insurance policies. The Client shall require the Contractor to provide a copy of the insurance to Consultant upon request.

Section 18. Confidential Information: For the purposes of this Agreement, "Confidential Information" shall include: (i) all Critical Energy/Electric Infrastructure Information ("CEII") as defined by the Federal Energy Regulatory Commission ("FERC"); (ii) any Personally Identifiable Information ("PII") as defined by the Federal Trade Commission; and (iii) any documents or data that the Client marks or otherwise designates in writing as "Confidential" at the time of disclosure (herein collectively called "Information"). Such Information shall be provided for the sole purpose of enabling Consultant to perform this Agreement. Consultant acknowledges that such Information shall be accepted and maintained on a confidential basis and shall not be used for any purpose other than to implement its obligations under this Agreement. .

These confidentiality obligations shall not apply to Information that is (1) in the public domain at the time of disclosure or becomes part of the public domain after disclosure, by publication or otherwise, except by breach of this Agreement by Consultant; or (2) shown by Consultant to have been in its possession at the time of disclosure; or (3) received by Consultant from a third party, provided that, to Consultant's actual knowledge, such Information was not obtained by said third party, directly or indirectly, from Client on a confidential basis; or (4) required to be disclosed by judicial action or government regulation after all available legal remedies to maintain such Information as confidential have been exhausted; or (5) unless withholding such information would violate the law, create the risk of significant harm to the public, or prevent Consultant from establishing a claim or defense in an adjudicatory proceeding.

The Parties agree that the Client will suffer irreparable injury if its Information is made public, released to a third party, or otherwise disclosed in breach of this Agreement and that the Client shall be entitled to obtain injunctive relief against a threatened breach or continuation of any such breach and, in the event of such breach, an award of actual and exemplary damages from any court of competent jurisdiction.

Section 20. Third-Party Exposure: Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against either the Client or Consultant.

Section 21. Termination of Services: This Agreement may be terminated at any time by either party through written notice. In the event of termination, Client shall pay Consultant for all services rendered to the date of termination, and all reimbursable expenses incurred prior to termination and reasonable termination expenses incurred as the result of termination. Written notice of termination shall be delivered to the other party ten (10) business days prior to the termination date.

Section 22. Choice of Law: This Agreement is to be governed by and in accordance with the laws of the State of Illinois. The legal venue for issues brought before the court regarding this Agreement shall take place in the State of the Client's primary business location.

Section 23. Attorney Fees: In the event that either party institutes any action or proceeding against the other, the party not substantially prevailing in such action or proceeding will reimburse the substantially prevailing party, to the extent it prevailed, for the proportional amount of its reasonable attorneys' fees, and all fees, costs, and expenses incurred in connection with such action or proceeding, including any post-judgment fees, costs, or expenses incurred on any appeal or in collection of any judgment. To substantially prevail on a claim, a party must obtain a judgment that exceeds 50% of the amount claimed or defend a claim so that the claiming party receives less than 50% of the amount claimed.

Section 24. Survival: All express representations, waivers, indemnifications, and limitations of liability included in this Agreement will survive its completion or termination for any reason.

Section 25. Severability: Any provision or part of the Agreement held to be void or unenforceable under any Laws or Regulations shall be deemed stricken, and all remaining provisions shall continue to be valid and binding upon Client and Consultant, who agree that the Agreement shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

Section 26. Waiver: A party's non-enforcement of any provision shall not constitute a waiver of that provision, nor shall it affect the enforceability of that provision or of the remainder of this Agreement.

Section 27. Non-Assignment: This Agreement, as well as the obligations, services, and deliverables hereunder, may not be assigned for any purpose except with the written consent of both parties.

Section 28. Non-Solicitation: Neither Client nor Consultant shall directly solicit any employee of the other party for employment, placement or other provision of services elsewhere (i.e. employment with any person or entity other than the party employing that employee) during the term of this agreement and for 12 months thereafter, except as otherwise agreed to in writing. Each party recognizes that the other party has spent significant time recruiting, training and developing the talent of its personnel and the calculation of actual damages from loss of an employee is difficult to quantify. Therefore, the parties agree that in lieu of actual damages and not as penalty, in the event a party solicits an employee of the other party in violation of this section, the non-breaching party shall be entitled to liquidated damages equal to thirty percent

(30%) of the solicited employee's annual salary plus 500 hours of the employee's standard billing rate.

It is agreed the above Terms and Conditions are incorporated into and made a part of the Agreement entered into on October 13, 2025 by and between Consultant and Client.

Initialed:

DFJ **Consultant,** Power System Engineering, Inc. _____ **Client,**

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Exhibit A
Project Authorization Request to the Master Services Agreement

Distribution Planning Study

PSE WORK ORDER NUMBER:

This document is an addendum to the Master Services Agreement for Professional Services between ("Client") and PSE ("Consultant"), dated Enter date. The Terms and Conditions in the Master Services Agreement for Professional Services apply to this Project Authorization Request. In the event of any discrepancy between the Terms and Conditions of the Agreement and this Project Authorization Request, the terms of the Project Authorization Request will apply. The current Rate Schedule to the Agreement also applies, unless otherwise noted. Any additional rates or Terms and Conditions are included in this Project Authorization Request. Consultant's services shall be limited to those expressly set forth in the foregoing proposal and agreement. Consultant shall have no other obligations or responsibilities for the Project except as agreed to in writing. All of Consultant's actions, communications, and services relative to the Project shall be subject to the Agreement.

SCOPE OF WORK SUMMARY:

This proposal includes the scope for a Ten-year Long-Range Plan for City Water, Light, and Power (City), studying 30 distribution substations, including 80 feeders. PSE proposes to support this by creating a Ten-Year Long-Range that would address the following:

- Available feeder tie capacity and capability
    - Voltage drop and thermal capacity by feeder during normal configuration and contingency switching
    - Feeder optimization
- Substation capacity during normal configuration and contingency switching

DELIVERABLES:

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Task	Hours to Complete	Cost
Project kick-off meeting, data request and review	16	$ 4,160
Create 10-year substation and feeder forecast	24	$ 4,140
Populate projected loads in engineering model and model review	24	$ 4,600
Analysis of system capabilities - voltage and thermal constraints	44	$ 7,400
N-1 Contingency Study	40	$ 6,400
Identify alternatives to mitigate identified deficiences and feeder optimization	32	$ 5,880
Preliminary Detailed Study Recommendation, including 5 year project break out	56	$ 10,560
Draft Report, preliminary study findings and costs	55	$ 12,900
Prepare Final Report and Updated Maps	60	$ 10,840
Presentation to City Water, Light & Power	24	$ 5,420
Finalize the report	20	$ 5,200
10-Year Study and 5-Year Work Plan	**395**	**$ 77,500**
Travel costs - 3 trips		**$ 1,200**
Total Study Costs		**$ 78,700**

APPROVED BUDGET AMOUNT:

$78,700

COMPLETION DATE:

February 2026

Consultant: PSE

Douglas F Joens 10/13/2025

Signature and date

Douglas F Joens / VP

Printed name/title

Client: Enter client name here

Signature and date GBM

Printed name/title

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Exhibit B
Change Order to Project Authorization Request

Enter project name here

CLIENT NAME: CHANGE ORDER NO:

PSE WORK ORDER NUMBER: DATE:

REASON FOR CHANGE ORDER:

The following items have or will occur causing an overall change from the original scope of work:

CHANGE ORDER AMOUNT:

CHANGE TO COMPLETION DATE:

This document is subject to the Terms and Conditions of the Project Authorization Request dated Enter Date and Master Services Agreement dated Enter Date between PSE ("Consultant") and Client Name ("Client"). In the event of a conflict between the documents, the order of precedence for the terms and conditions shall be (1) the Change Order, (2) the Project Authorization Request, and (3) the Master Services Agreement.

Consultant: PSE	**Client:** Enter client name here
Signature and date	Signature and date
Printed name/title	Printed name/title

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Exhibit C

Rate Schedule

Effective Date: January 1, 2025

- CONFIDENTIAL

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September 22, 2025

Mr. Shaun Anders
Superintendent of Engineering – Transmission and Distribution
City Water, Light, and Power
1008 East Miller St
Springfield, IL 62702

Subject: Distribution Planning Study Proposal Update

Dear Shaun:

Power System Engineering, Inc. (PSE) is pleased to present this updated proposal for City Water, Light, and Power. The attached proposal outlines the engineering tasks, and our understanding of the services and associated deliverables required for this project. The project cost is broken out to the Ten-Year Long-Range Plan and an optional Coordination Study.

We propose completing this study from our Madison, WI, office with a team of engineers who have extensive experience in system planning. We sincerely appreciate the opportunity to submit this proposal and are ready to begin to meet your timetable as soon as we have authorization to proceed.

If you would like us to modify any aspect of our proposal, please let me know. We are flexible to tailor tasks, level of detail, schedule, or costs to strike the balance that you would like to see. You may contact me by phone or email if you have any questions or items you wish to discuss. I can be reached at (608) 268-3555 or andrewh@powersystem.org.

Sincerely,

Heather Andrew
Manager, Distribution Planning and Studies (West)
Direct:608-268-3555
Cell: 608-712-6127

2424 Rimrock Road
Suite 300
Madison, WI 53713

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Distribution Planning Study

City Water, Light, and Power

September 22, 2025

PREPARED BY:

Heather Andrew, P.E.

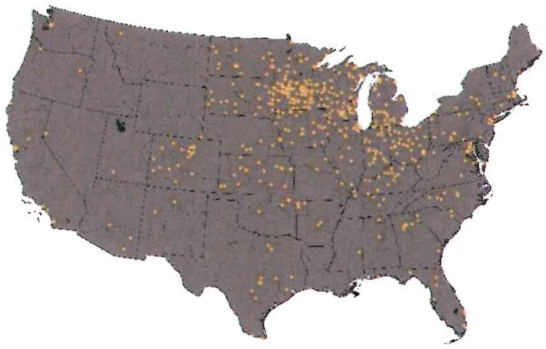
Manager, Distribution Planning and Studies (West)

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1 PSE Overview

1.1 Company History and Overview

History: PSE began in early 1974, establishing an office in Madison, WI, our corporate headquarters, to serve the engineering and technology needs of electric cooperatives. Over the past 51 years, PSE has evolved to become an engineering and consulting firm consisting of a breadth of experienced and professional engineers, economists, and financial analysts with a focus on the electric power and industrial sectors.



Company: PSE is a professional services consulting firm organized as a Subchapter "S" Wisconsin Corporation (TIN 39-1204386). PSE's stock is 100% owned by its employees. The President and other principals of the Company make up PSE's Executive Committee:

- Erik Sonju, P.E. – President
- Richard Macke - Vice President, Economics, Rates, and Business Planning
- Kevin McCutcheon – Vice President, Utility Engineering & Design
- Doug F. Joens, P.E. – Vice President, System Planning and Studies
- Ola Boye, P.E. - Vice President, Renewable Energy Resources
- Roy Duininck, P.E. – Vice President, Power Generation & Industrial Engineering
- Naomi Levesque – Vice President, Business Operations

Employees: Our 100+ employees are the experts behind all the departments listed above. We have developed a broad base of expertise and have substantial capability to help our clients in areas from communication and distribution system automation, system planning and protection, rates and financial studies, supporting IT infrastructure, and system design. Our mission–*WE are solvers, WE are a dedicated partner, WE approach every challenge with a client-first mindset*–shows the commitment we have to our clients and gives them the confidence that our team is motivated to satisfy their needs and represent their interests.

Offices: PSE has offices in Cincinnati, OH; Denver, CO, Madison, WI (headquarters), Marietta, OH; Prinsburg, MN; and St. Paul, MN.

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PSE is entirely focused as an independent consultant. PSE is NOT a value-added reseller (VAR) of any software, hardware, or services from any supplier. Our entire business model is based on being an agent, advocate, resource, and technical advisor to our clients.

PSE's Core Values

1. **People**: We foster strong relationships with our clients and colleagues to further the collective well-being of communities through integrity and teamwork.
2. **Problem-solving**: We thrive on the unique challenges that stretch our skills and expertise, where we can turn complex challenges into opportunities for collaborative achievement.
3. **Progress**: We build upon proven approaches, and create safe spaces for experimentation, treating each relationship and project as an opportunity to positively shape the future and drive collective advancement.

PSE's Vision Statement

Working as one to deliver the energy systems and solutions the world needs.

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2 Scope of Work

This proposal includes the scope for a Ten-year Long-Range Plan for City Water, Light, and Power (City), studying 30 distribution substations, including 80 feeders. PSE proposes to support this by creating a Ten-Year Long-Range that would address the following:

- Available feeder tie capacity and capability
  - Voltage drop and thermal capacity by feeder during normal configuration and contingency switching
  - Feeder optimization
- Substation capacity during normal configuration and contingency switching

The scop for an optional feeder coordination study is also included in Section 4.

3 Project Approach

PSE understands that the City is requesting professional engineering services to develop a ten-year long-range plan.

Regardless of the type of planning study that is conducted, there is a certain amount of effort required to establish the base on which all proceeding engineering analysis is performed. Base development items typically include the kick-off meeting, data collection, review of historical data, and preparation of the engineering model and maps. The following describes PSE's typical approach to short- and long-term system planning.

3.1 Project Management

PSE recognizes the importance of keeping City staff informed and involved in the overall system planning process. We will work closely with the City to facilitate project communications at key milestones and decision-making junctures. The following are proposed meetings for the project.

- Onsite kick-off meeting at the City for an initial introduction, system overview, and data collection. Conduct interviews with City staff as necessary.
- Conference call/web meeting to discuss load forecast.
- Conference call/web meeting to review recommended projects, studied alternatives, conclusions, and costs for the Electric System Study document.

If requested by the City, PSE will attend any of these meetings in person at the City's office at additional time and material costs. Three trips were included in the estimate.

3.2 Collect Needed Data

At the start of the planning process, PSE will be requesting data from the City. The following are some initial items that will be requested.

1. Monthly energy and demand data from the City's billing system for each of the unique identifiers with the engineering model and consumers.
2. Historical kW, kVAR, and kWh information by substation/metering point.

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3. Equipment (voltage regulators, capacitors, step-down transformers) nameplate information and settings in accordance with PSE's data request.
4. Any existing planning, reliability, and design criteria/guidelines used by the City.
5. Any available outage data by substation, feeder, or line section.
6. Historical construction costs.

DELIVERABLE: A full data request matrix will be submitted to the City at the commencement of the study.

3.3 10-Year Substation and Feeder Forecast and Analysis

One of the most important initial steps in the planning process is to obtain an accurate engineering analysis model and system map. It is assumed that the current CYME Electric model is up-to-date and will not require preliminary maintenance. It is also assumed that all overhead and underground conductors will have correct conductivity, impedance lengths, and accurate parameters in the corresponding Warehouse database. If PSE finds issues with the functionality or accuracy of the model, the City will be notified with a request on how to proceed.

Populace of Meter Reading Data in the Model: City will update the model with metered billing files and allocated load that is representative of the system's desired annual peak. Therefore, it is assumed, the CYME model will not require significant load allocation efforts as part of the study process.

Once the data has been collected and the engineering model updated, PSE will proceed with the following steps.

3.3.1 Create Ten-Year Substation Load Forecast

PSE will work with the City using historical load trends, existing transmission load forecast, MISO Module E forecast, and land use information to develop a ten-year load forecast. The forecast will take into consideration new loads and reconfigurations provided by the City.

DELIVERABLE: a ten-year load forecast by substation will be developed and applied to the system model.

3.3.2 Populate Projected Loads within Engineering Model

Using the provided CYME model, PSE will populate the existing system configuration with five and ten-year forecasted loads. Running the base model with these loads will provide an initial glimpse of electrically weak areas that are vulnerable to load growth over the next ten years and will allow for the analysis of key system characteristics.

3.3.3 Analysis of System Capabilities

A review of substation and feeder capabilities on a ten-year horizon will be performed. Analysis shall at a minimum include the following:

- Available fault current and interrupting capability
- Load flow / voltage drop analysis (including review of service voltage adequacy)

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- Contingency (N-1) failure mitigation at the substation and feeder level
- Power factor review
- Line and equipment loading – including fused cut-outs
- Feeder and tap loading
- Feeder switching optimization

3.3.4 Identify Alternatives to Mitigate Identified Deficiencies

Following the substation forecast and the identification of key system parameters, areas of concern will be noted. Multiple mitigation recommendations and implementation strategies will be developed per projected issues. These recommendations will be discussed with City staff to gather opinion on preferred alternatives based on operational experience. Each recommendation and implementation strategy will be discussed and assigned a level of preference based upon conversations with the City and supported by sound technical reasoning from PSE.

The costs of each scenario will also be evaluated to further identify priority projects. This will include the development of an estimated cost of each project, the appropriate timeframe in which to implement each solution, as well as any other solutions that should be completed beforehand.

DELIVERABLE: Following the cost review and development of alternatives, PSE will participate in a conference call with the City to offer the City the option of selecting the appropriate mitigation practice for each area of concern based on all information and alternatives available. The results of this conference call, any additional discussions with the City, and PSE's own recommendation will determine the next several steps for identifying projects related to the ten-year and five-year horizons.

3.4 Five and Ten-Year Construction Plan

Following the development of the ten-year substation forecast, a list of projects proposed for the five and ten-year horizon will be ranked in terms of importance and influence. If the existing level of analysis and detail is satisfactory, then the high priority construction projects identified during the system analysis will be further prioritized within a five-year plan. Those projects determined to be required or most useful within the first five years shall be associated with a five-year construction plan. These projects may be necessary earlier due to equipment loading, voltage drop, inadequate interrupting capability, reliability, economics, or several other construction constraints. The remaining projects will be included in the ten-year construction plan

DELIVERABLE: PSE will submit the Five and Ten-Year Construction Plan to the City for review. The plan will consist of:

7. Narrative indicating each recommended Construction Plan project and the need for each project (age and condition, voltage, loading, reliability, contingency, etc.). PSE will work closely with the City staff to get direct input into this project list.
8. Categorized list of project details, including length, unit cost, and total cost grouped by delivery point.
9. List of regulators, and capacitors recommended in the Construction Plan to meet planning criteria.
10. Cost of construction and a recommended timeframe for implementation for each project or recommendation.

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11. Schematic/Circuit diagram(s) with all recommended Construction Plan system improvements. The diagram(s) will indicate each recommended project or component for the five-year horizon. This will be achieved by a combination of explanatory text and highlighting of the affected area with sufficient detail to adequately express the intended construction. The color of each highlight will be associated with a certain year to better convey the timeline of the Construction Plan.

4 Optional Study

4.1 Coordination Study

Is the City chooses to complete an optional coordination study, it will provide recommendations to improve the level of coordination for the City's 30 distribution substations. The scope of this study will include the substation feeder reclosers, all existing primary line reclosers and recommendations for new electronic sectionalizing devices. A review of the current fuse schedule with any recommendations will be prepared, though site specific fuse recommendations will not be provided.

The following scope of work is proposed for the optional coordination study. The estimated cost of the study is $40,000.

4.1.1 Confirmation of Existing Protective Devices

PSE will verify the location of protective devices using both the provided engineering model and the geodatabase. Settings of electronic reclosers, VFIs, etc can be summarized in a table, or the native settings files may be provided to PSE. Any electronic settings may be provided in a table, or the native settings files sent.

4.1.2 Develop TCC Curves and Settings Sheets

Following the confirmation of protective device location and settings, PSE will determine the settings and adjustments necessary to achieve selective coordination between feeder reclosers, and line reclosers. These settings will consider specific requests and protection philosophies discussed with the City. Overcurrent settings sheets specific to each recloser type (when applicable) will be developed, as well as the time current characteristic (TCC) curves for each protection scenario.

4.1.3 Review and Prepare Fuse Schedule

The existing fuse schedule will be reviewed and adjusted for the selection of line fuses throughout the City's system. The schedule will allow for quick reference and selection of fuses based on the size of existing protective devices upstream and/or downstream. PSE will prepare the fuse schedule but will not identify site specific recommendations related to the selection of replacement of fuses.

4.1.4 Prepare Final Coordination Study

The final Coordination Study report will be developed by PSE. PSE will provide the City with a copy of the report and project maps.

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4.1.5 Coordination Study Meetings

Throughout the development of the Coordination Study, PSE is proposing a conference call/web-conference meeting to review the status of the Coordination Study. PSE will also communicate a draft of the final results of the Coordination Study during in a Teams meeting.

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5 Key partners, stakeholders, and responsibilities

The key partners and stakeholders, along with their roles and responsibilities are listed below:

- City Water, Light, and Power will be the primary partner and stakeholder. will provide input on existing system concerns, possible load growth, cost estimates, and plan development and timelines.
- PSE will facilitate discussions as needed for the project, complete studies, and alternative analysis, use industry expertise for alternative and cost development.

6 Cost and Schedule

Cost: PSE agrees to use its best efforts to perform the work specified in the Scope of Work for an estimated **cost of $78,700** as listed in the table below. The project is anticipated to be completed in February 2026 to accommodate the City's schedule and assuming contract signing is complete in September. The cost and schedule proposed is based on PSE's current understanding of your needs, combined with the experience and analysis PSE has gained on other projects. The cost is broken out in the steps of the Ten-Year system study.

Task	Hours to Complete	Cost
Project kick-off meeting, data request and review	16	$ 4,160
Create 10-year substation and feeder forecast	24	$ 4,140
Populate projected loads in engineering model and model review	24	$ 4,600
Analysis of system capabilities - voltage and thermal constraints	44	$ 7,400
N-1 Contingency Study	40	$ 6,400
Identify alternatives to mitigate identified deficiences and feeder optimization	32	$ 5,880
Preliminary Detailed Study Recommendation, including 5 year project break out	56	$ 10,560
Draft Report, preliminary study findings and costs	55	$ 12,900
Prepare Final Report and Updated Maps	60	$ 10,840
Presentation to City Water, Light & Power	24	$ 5,420
Finalize the report	20	$ 5,200
10-Year Study and 5-Year Work Plan	**395**	**$ 77,500**
Travel costs - 3 trips		**$ 1,200**
Total Study Costs		**$ 78,700**

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Delays/Change Orders: Should the evolution of this project provide for work outside the scope or additional costs, no work would be performed until PSE and City Water, Light, and Power approve a Change Order. PSE is responsible for notifying City Water, Light, and Power of any information City Water, Light, and Power needs to provide to PSE to prevent delays within the project. If the project runs longer than anticipated due to events such as client-provided data that is inaccurate or missing, client delays in scheduling or providing data, longer than predicted responses from third-party vendors, or other delays or rework outside of PSE's control, PSE will notify City Water, Light, and Power to authorize a change in the work, the time of performance, or an adjustment to the cost.

Travel: Travel expenses are an estimate only. Only actual expenses would be passed through to the client. Travel costs are defined as air travel (coach fares), car rental, lodging (Marriott, Holiday Inn, or similar), meals (covered by a per diem), and fuel for rental cars, as well as parking tolls. Travel shall be during business days only (no weekends).

Should any additional travel beyond the proposed trip(s) listed become necessary, no arrangements will be made until approved by PSE and City Water, Light, and Power.

Optional tasks are not included in the fixed fee labor cost. Should City Water, Light and Power desire to include the optional task, please let us know at the time of contract signing.

2025-426

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21/25

OFFICE REQUESTING: Office of Public Utilities

CONTACT PERSON: Michelle Carlisle

PHONE NUMBER: x-2626

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: 78,700.00

SUGGESTED TITLE: Accepting & authorize agreement/ for item(s) / vendor / dollar amount / for Office of Public Utilities

CONTRACTOR / VENDOR NAME: Power Systems Engineering, Inc. **VENDOR NO:** -

CONTRACT TERM: Approx. 2 yrs. **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: see above - - -

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☐ Other:
☑ Exception: PS
Code Provision: 38.42

Previous Ord #'s -

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	102	100	CBA	7781	1218	78,700.00
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Proposal

STAFF ANALYSIS

An agreement with Power Systems Engineering to perform a Distribution Planning Study for T&D.

FUNDS CHECK BY: Cavanaugh, Rachel H. Digitally signed by Cavanaugh, Rachel H. Date: 2025.10.10 09:05:59 -05'00' **Date:** _____

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.10.09 13:18:19 -05'00' **Date:** _____

CITY PURCHASING AGENT: Scott Rogers **Date:** 10-10-2025

SIGN OFF: _____ CEM (Mayor's Signature)

Aaron Metzger (Director of OBM)

The information supplied on this form is not confidential information.

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2025-427

AN ORDINANCE AUTHORIZING AN AMENDMENT TO THE STATE OF WORK AGREEMENT AND ADDITIONAL FUNDING IN AN AMOUNT NOT TO EXCEED $500,000.00 WITH CGI TECHNOLOGIES AND SOLUTIONS, INC. FOR ADDITIONAL HOURS ASSOCIATED WITH THE CGI ERP UPGRADE AND MIGRATION PROJECT FOR A TOTAL AMOUNT PAYABLE OF $13,169,555.00 FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, Ordinance 354-09-24 approved and authorized expenditure for a Statement of Work and Software as a Services Agreement for the use of a Proprietary Software License Agreement for the implementation and ongoing maintenance and support of an Enterprise Resource Plan ('ERP') System for use throughout the City of Springfield in an amount not to exceed $12,316,055.00, with CGI Technologies and Solutions, Inc. ("CGI"), and

WHEREAS, Ordinance 298-08-25 amends the Statement of Work ('SOW') for the city-wide ERP upgrade to utilize CGI's Advantage Training Academy and the development of functional Job Aids to assist in the implementation of the system for an additional $176,750.00, and

WHEREAS, this Ordinance amends the Statement of Work ('SOW') by increasing in the number of hours provided by CGI associated with the CGI ERP upgrade and migration to the cloud-based services, and

WHEREAS, this Ordinance authorizes an additional $500,000.00 payable under the contract, and the costs will be split between the Corporate Fund and the Utility, and

WHEREAS, in accordance with the provisions of Section 38.38 of the City Code, the Purchasing Agent has previously determined that this contract is not subject to sealed competitive bidding.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves an additional expenditure in an amount not to exceed Five Hundred Thousand Dollars and No Cents ($500,000.00).

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute all necessary documents with regards to the increase in the amount of hours CGI will provide in relation to the CGI ERP upgrade and migration project, on behalf of the City of Springfield Office of Public Utilities.

Section 3. The payment to CGI, for the total maximum amount of Thirteen Million One Hundred Sixty-Nine Thousand Five Hundred Fifty-Five Dollars and No Cents ($13,169,555.00) from Account Nos. 101-200-JB-4612-1605, 102-200-JB-3912-1605, and 001-107-GENC-VARI-1605 is hereby authorized, approved and directed.

Section 4. This Ordinance shall become effective immediately upon its passage and recording with the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____

SIGNED: _____, 2025

_____
MAYOR

Approved as to legal sufficiency:

10-14-25
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2025-427

Office of Public Utilities
ORDINANCE DISCUSSION SHEET

VENDOR/AWARD:

CONTRACTOR NAME: CGI Technologies & Solutions

CONTRACT AMOUNT: $500,000.00 additional

TYPE OF AWARD: Exemption to bid 38.38a

PRIOR ORDINANCE INFORMATION:

Ord. 354-09-24, CGI, 5 yr. term for the procurement of a new ERP system, $12,316,055.00. RFP CS22-17; Exception 38.38(a)
Ord. 298-08-25, CGI, Amendment to SOW to add CGI advantage Training Academy & development of functional Job Aids, $176,750.00 (SOW #2)

INFORMATION:

Ordinance 354-09-24 approved and authorized expenditure for a Statement of Work and Software as a Services Agreement for the use of a Proprietary Software License Agreement for the implementation and ongoing maintenance and support of an Enterprise Resource Plan ("ERP') System for use throughout the City of Springfield in an amount not to exceed $12,316,055.00, with CGI Technologies and Solutions, Inc. ("CGI"). Ordinance 298-08-25 amends the Statement of Work ("SOW') for the city-wide ERP upgrade to utilize CGI's Advantage Training Academy and the development of functional Job Aids to assist in the implementation of the system for an additional $176,750.00.

This Ordinance authorized the Statement of Work ('SOW') #3. This will facilitate the purchase of additional (approximately 2,500 hours) staff augmentation and project management services to assist in the completion of test scenarios, batch processing, cycle testing, payroll parallel testing, and various tasks associated with the CGI ERP upgrade and migration to the cloud-based services, for the Office of Public Utilities Division, Information Systems Division. The hourly cost is $200.00.

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2025-424

City of Springfield

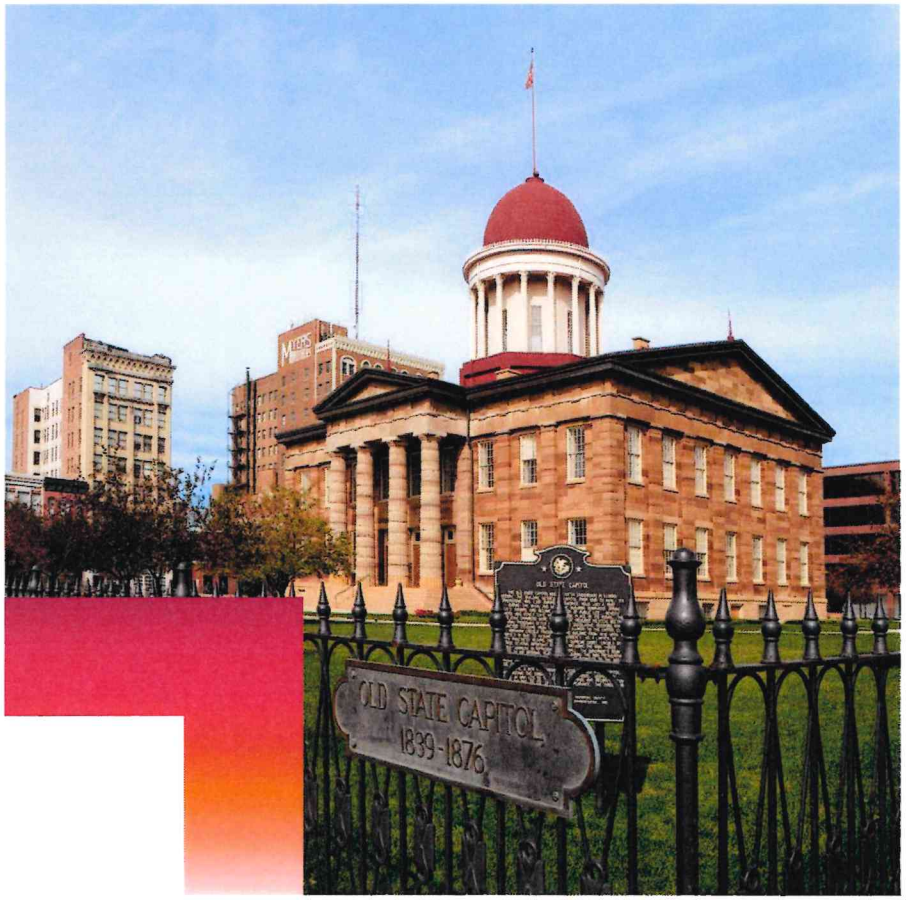
staff augmentation

budgetary estimate

Gregg Easterly, Account manager
Jennifer Ricker, Customer success manager

October 2 2025

CGI



2025-427

Overview

- The following budgetary estimate for staff augmentation is based on CGIs understanding of current City capacity constraints and known City activities[1]
- CGI will onboard resource(s)[2] upon written notification from City
- The City will need to indicate maximum number of hours allowed by resource
- CGI will provide hours worked by resource with monthly billing invoices
- The dates provided are estimated based upon City notification to onboard resource(s)

[1]The authorization and utilization of these resources is for staff augmentation only
[2]Resources will be onboarded, based upon availability

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Staff augmentation roles and expected activities

	Description of support activities
Project Manager	Manage the CGI staff augmentation staff, as well as to help the City manage their overall project activities (project schedule, tracking activities, reporting progress).
Business Analyst	Develop and execute test scenarios, including batch processing, cycle testing, and payroll parallel testing. Provide post-implementation support and troubleshooting.
Testing SME	Support City team with UAT script creation, execution, tracking, and reporting. Provide guidance on TestSavvy. Deliver post-implementation testing support (ex: feature sets).
Technical SME	Build, maintain, and troubleshoot custom City programs and technical components.
Reports Developer	Develop and support paginated reports, analytics and dashboards, custom reporting models, report migration activities, and multi-data-source reporting solutions.
Local Support Services	Help manage cloud operations, coordinate with CGI project team during transition from project phase to steady-state operations and support for system stabilization and long-term sustainability.

[1]Dependant on City written indication of resources needed by 10/9
[2]This is informational; estimated total cost is based upon estimate total hours and rate card from contract

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Staff augmentation budgetary estimate

	Timeframe (mm/dd – mm/dd)[1]	Approximate allocation (%)[2]	Estimated total hours	Estimated total cost ($, k)
Project Manager	10/20 – 01/31	50	160	32
Business Analyst	10/20 – 01/31	100	320	64
Testing SME	10/20 – 01/31	30	150	30
Technical SME	10/20 – 01/31	50	100	20
Reports Developer	10/20 – 01/31	100	320	64
Local Support Services	12/15 – 01/31	100	200	40
			Total	250

[1]Dependant on City written indication of resources needed by 10/9
[2]This is informational; estimated total cost is based upon estimate total hours and rate card from contract

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2025-4227

Contact us



Gregg Easterly
217-725-3211
gregg.easterly@cgi.com



Jennifer Ricker
217-303-6107
jennifer.ricker@cgi.com

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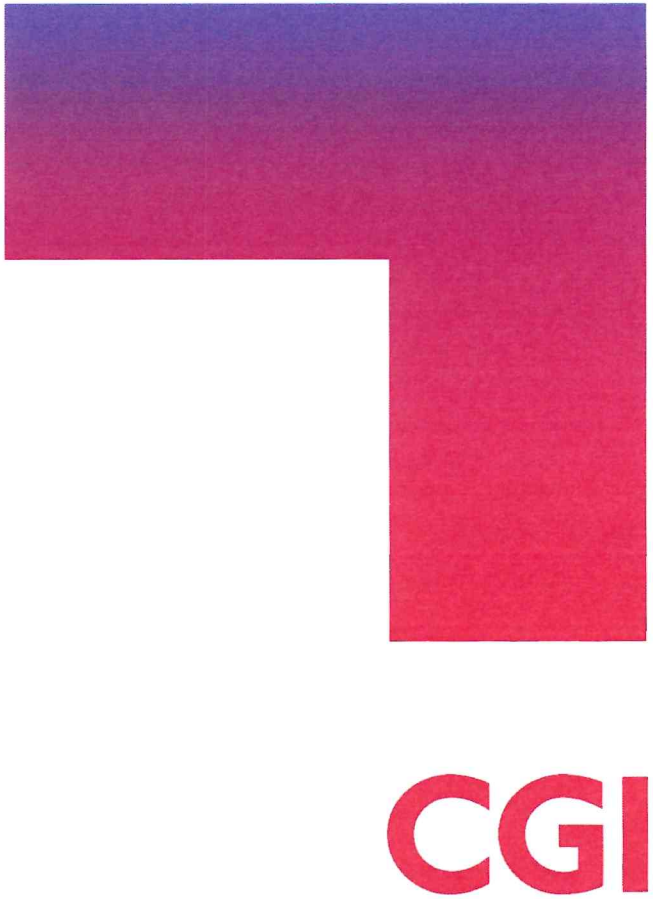
2025-4227

Insights you can act on

Founded in 1976, CGI is among the largest IT and business consulting services firms in the world.

We are insights-driven and outcomes-focused to help accelerate returns on your investments. Across hundreds of locations worldwide, we provide comprehensive, scalable and sustainable IT and business consulting services that are informed globally and delivered locally.

cgi.com



CGI

Consulting Services Statement of Work

City of Springfield, IL

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1 Introduction

1.1 Background

Based on mutual understanding of the City's current capacity constraints and ongoing activities, CGI will provide Consulting Services to support the City of Springfield project team in completing tasks related to the CGI Advantage® upgrade and post implementation support.

1.2 Contractual alignment

The Statement of Work No. 3 ("SOW") for Consulting Services is issued pursuant to the CGI Advantage® Software as a Service Agreement dated as of October 28, 2024 (the "Agreement") between the City of Springfield ("City" or "Client") and CGI Technologies and Solutions Inc. ("CGI"). This SOW incorporates the terms and conditions of the Agreement as if the Agreement were fully set forth in the text of this SOW.

2 Timeline

2.1 Term

This Statement of Work is effective as of the date of the last signature below (the "Effective Date") and remains in effect until the Authorized Amount identified in Section 5.1 has been expended, unless terminated earlier in accordance with the terms and conditions of the Agreement.

3 Scope of Work

3.1 Overview

The purpose of this SOW is to provide Consulting Services on a time and materials (T&M) basis, to be billed monthly in accordance with the Consulting Services rates itemized in Figure 1 below. Consulting Services roles are outlined in Figure 2 below. The allocation of hours for each role will be determined upon mutual written agreement between the project managers of both parties.

Figure 1 Consulting Services Rates

Time Period	Hourly Rate
October 1, 2025 – February 28, 2027	$200 / hour
March 1, 2027 – September 30, 2029	$212 / hour

Figure 2 Consulting Services Roles

Role	Consulting Services Description
Project Manager	Manage CGI resources, as well as helping the City project manager manage their overall project activities (project schedule, tracking activities, reporting progress)

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Role	Consulting Services Description
Business Analyst	Develop and execute test scenarios, including batch processing, cycle testing, and payroll parallel testing. Provide post-implementation support and troubleshooting
Testing SME	Support City team with UAT script creation, execution, tracking, and reporting. Provide guidance on TestSavvy. Deliver post-implementation testing support (ex: feature sets)
Technical SME	Build, maintain, and troubleshoot custom City programs and technical components
Reports Developer	Develop and support paginated reports, analytics and dashboards, custom reporting models, report migration activities, and multi-data-source reporting solutions.
Local Support Services	Help manage cloud operations, coordinate with CGI project team during transition from project phase to steady-state operations and support for system stabilization and long-term sustainability.

3.2 Support details, assumptions, and responsibilities

3.2.1 RASCI matrix definitions

The Responsible, Accountable, Support, Consulted, and Informed ("RASCI") matrix tables below summarize CGI's and the City's respective roles and responsibilities for the activities described in this SOW. For each activity, CGI's and the City's respective roles are delineated using the definitions below:

- **R**esponsible – Party responsible for accomplishing the activity/activities
- **A**ccountable – Party answerable for the correct and thorough completion of the activity/activities
- **S**upport – Party providing as-needed assistance in completing activity/activities
- **C**onsulted – Party consulting with the Responsible party in two-way communication
- **I**nformed – Party kept apprised by Responsible party regarding activity/activities being planned and/or performed in one-way communication

3.2.2 Consulting Services

3.2.2.1 Assumptions

- CGI part-time project manager will provide management of the CGI resources, while also assisting the City in coordinating key project activities such as schedule management, activity tracking, and progress reporting
- City project manager will oversee and coordinate City tasks, manage, and track progress of all City activities for timely completion of City deliverables and dependencies
- City project manager will facilitate access to necessary City resources, systems, and stakeholders
- City project manager will approve hours to be used for CGI-assigned tasks within two (2) client business days of CGI request
- CGI project manager will manage CGI resources, CGI-assigned tasks, corresponding City-approved T&M hours usage and provide monthly T&M hours usage and running totals to City project manager

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- CGI will submit monthly invoices that will include T&M Consulting Services as expended in the prior month
- CGI's Consulting Services will be delivered remotely. CGI meetings with the City may be recorded and provided to the City.
- CGI will not provide COBOL development support. City will complete updates to City in-house COBOL programs
- City project team members will actively and promptly engage with CGI resources to support CGI-assigned task completion in alignment with City requirements

3.2.2.2 RASCI Table

Figure 3 Consulting Services RASCI Table

Activity	City	CGI	Comments
Project Manager	R, A, C, S, I	R, A, C, S, I	Joint effort. CGI PM will oversee the CGI resources and collaborate with the City project manager to manage City project activities, including scheduling, task tracking, and progress reporting
Business Analyst	C, S, I	R, A	Functional tasks will be led by CGI resource(s), supported by City project team members through active and timely engagement
Testing SME	C, S, I	R, A	Testing tasks will be led by CGI resource(s), supported by City project team members through active and timely engagement
Technical SME	C, S, I	R, A	Technical tasks will be led by CGI resource(s), supported by City project team members through active and timely engagement
Reports Developer	C, S, I	R, A	Reports development tasks will be led by CGI resource(s), supported by City project team members through active and timely engagement
Local Support Services	R, A, C, S, I	R, A, C, S, I	Joint effort. CGI Local Support Services resource will help manage cloud operations, coordinate with CGI project team during transition from project phase to steady-state operations and support for system stabilization and long-term sustainability.

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4 Project Managers

The Project Managers are listed in Figure 4 below.

Figure 4 Project Managers

CGI Project Manager	City Project Manager
Name: Ellen Bliss Office Phone: 331-457-3462 Mobile Phone: 331-457-3462 Email: ellen.bliss@cgi.com	Name: Elaine Urekar Office Phone: 1-217-789-2044 (2815) Mobile Phone: 1-217-503-6855 Email: Elaine.Urekar@cwlp.com

5 Other Provisions

5.1 Authorized Funding

Consulting Services provided hereunder will not exceed $500,000 ("Authorized Amount"). CGI will not provide Consulting Services in excess of the Authorized Amount whether or not all activities have been completed, unless the parties agree upon a Change Order to authorize additional funding.

6 Approvals

In consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

City of Springfield, Illinois by:	CGI Technology and Solutions Inc. by:
Signature:	Signature:
Printed Name: CAM	Printed Name:
Title:	Title:
Date:	Date:

2095-427

COPY

2025-427

2024-349

354-09-24

AN ORDINANCE AUTHORIZING THE EXECUTION OF A SERIES OF AGREEMENTS WITH CGI TECHNOLOGIES AND SOLUTIONS, INC. IN AN AMOUNT NOT TO EXCEED $12,316,055.00, FOR A 5-YEAR TERM FOR THE PROCUREMENT OF A NEW ENTERPRISE RESOURCE PLANNING (ERP) SYSTEM PER RFP CS22-17 FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, this Ordinance approves and authorizes expenditure for a Statement of Work and Software as a Services Agreement for the use of a Proprietary Software License Agreement for the implementation and ongoing maintenance and support of an ERP System for use throughout the City of Springfield in an amount not to exceed $12,316,055.00, with CGI Technologies and Solutions, Inc. ("CGI") and,

WHEREAS, included these ERP System services will be: Financial Management, Budget, 1099 Reporting, Asset Management, Procurement, Vendor Self Service, Payroll, Employee Time and Attendance, Labor Cost Distribution, Human Resources, HR Self Service (Employee & Manager); Applicant Tracking, Maximo Inventory and Work Order Management, Insight Essential and TestSavvy Reporting, and

WHEREAS, the costs will be split between the Corporate Fund and the Utility, and

WHEREAS, in accordance with the provisions of Section 38.38 of the City Code, the Purchasing Agent has determined that this contract is not subject to sealed competitive bidding.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves a contract with CGI in an amount not to exceed Twelve Million Three Hundred Sixteen Thousand Fifty-Five Dollars and No Cents ($12,316,055.00).

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute any necessary documents with CGI on behalf of the City of Springfield Office of Public Utilities.

Section 3. The payment to CGI for the total maximum amount of Twelve Million Three Hundred Sixteen Thousand Fifty-Five Dollars and No Cents ($12,316,055.00) from Account Nos. 101-200-JB-4612-1605, 102-200-JB-3912-1605, and 001-107-GENC-VARI-1605, is hereby authorized, approved, and directed.

Section 4. This Ordinance shall become effective immediately upon its passage and recording with the City Clerk.

PASSED: September 17, 2024

RECORDED: September 19, 2024

ATTEST: _____

SIGNED: Sept 18, 2024

_____
MAYOR

Approved as to legal sufficiency:

8/29/24

_____
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2024-349

354-09-24

ORDINANCE FACT SHEET

DATE OF 1st READING: 09-03-24

CONTACT PERSON: E.Urekar /Michelle Carlisle

OFFICE REQUESTING: Public Utilities, Information Systems Division

PHONE NUMBER: 217-789-2043/ 2626

EMERGENCY PASSAGE: No ☐ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: $12,316,055.00 (through 2029)

SUGGESTED TITLE: An ordinance authorizing execution of a series of agreements with CGI Technologies and Solutions Inc. for a total amount not to exceed $12,076,056.00 for a 5-year term for the procurement of a new enterprise resource planning (ERP) system for the City of Springfield

CONTRACTOR / VENDOR NAME: CGI Technologies and Solutions Inc. **VENDOR NO:** 0AME3362

CONTRACT TERM: 5 years **Change in Scope** Yes ☐ No ☐

CONTRACT AMOUNT: $12,316,055.00 (cumulative through 2029) (Original amount if change order) | - Change Order # | - Additional Amount

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☑ Other: RFP# CS22-17
☐ Exception:
Code Provision:

Previous Ord #'s

Is Purchasing Agent approval required? No ☐ Yes ☐

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	101	200	JB	4612	1605	
2	102	200	JB	3912	1605	
3				3912		
4	001	107	Genc	Vari	1605	

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

STAFF ANALYSIS

This ordinance establishes approval and authorizes expenditure for a Statement of Work and Software as a Services Agreement for the use of a Proprietary Software License Agreement for the implementation and ongoing maintenance and support of an ERP System for use throughout the City of Springfield.

Included in these ERP System services will be: Financial Management, Budget, 1099 Reporting, Asset Management, Procurement, Vendor Self Service, Payroll, Employee Time and Attendance, Labor Cost Distribution, Human Resources, HR Self Service (Employee & Manager); Applicant Tracking, Maximo Inventory and Work Order Management, Insight Essential and TestSavvy Reporting.

Implentation of the new software is expected to take 12 months with CGI accepting new operational responsibilities through its Cloud storage following City approval and 'go live.' The City will then contract with CGI for a Software as a Service agreement for the commencing 4 years for daily, weekly, monthly and annual processing as necessary

With assistance and guidance from the Government Finance Officers Associations of the United States & Canada (GFOA), CGI was selected through evaluation of RFP# CS22-17 for this contract. CGI is the current software provider for many of these services. This agreement will allow the City to retire additional stand-alone systems and that work be integrated into this software.

FUNDS CHECK BY: Dakota Capranica Digitally signed by Dakota Capranica Date: 2024.08.29 09:17:34 -05'00' **Date:** _____

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2024.08.29 09:03:41 -05'00' **Date:** _____

CITY PURCHASING AGENT: Lesko, Mike Digitally signed by Lesko, Mike Date: 2024.08.29 10:53:57 -05'00' **Date:** _____

SIGN OFF: _____ (Mayor's Signature)

Metzger, Ramona M. Digitally signed by Metzger, Ramona M. Date: 2024.08.29 10:34:48 -05'00' (Director of OBM)

The information supplied on this form is not confidential information.

2024-349

354-09-24

COPY

2025-4227

COPY

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: Information Systems Division,
Office of Public Utilities

FROM: Mike Lesko, Purchasing Agent

DATE: August 27, 2024

SUBJECT: Determination for Sealed Competitive Proposal

I have reviewed the Request for Proposals for RFP# CS22-17 Enterprise Resource Planning (ERP) Software and Implementation Services and the Ordinance Fact Sheet for authorizing of an agreement with CGI Technologies and Solutions Inc. for the City of Springfield.

In accordance with the requirements of Section 38.38(a) of the Purchasing Code of the City of Springfield pertaining to Competitive Sealed Proposals, I have determined that it would be neither practicable nor advantageous to the City to utilize the Sealed Competitive Bid process to obtain bids for these services. Based on my determination, this procurement is exempt from the City's requirement for Sealed Competitive Bids.

300 SOUTH SEVENTH STREET, ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2191 • FAX (217) 789-2207

2024-343

354-05-24

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2025-427

COPY

298-08-25

AN ORDINANCE AUTHORIZING AN AMENDMENT TO THE STATE OF WORK AGREEMENT AND ADDITIONAL FUNDING IN AN AMOUNT NOT TO EXCEED $176,750.00 WITH CGI TECHNOLOGIES AND SOLUTIONS, INC. FOR UTILIZATOIN OF THE VENDOR TRAINING ACADEMY AND ADDITIONAL JOB AIDS FOR A TOTAL AMOUNT PAYABLE OF $12,669,555.00 FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, Ordinance 354-09-24 approved and authorized expenditure for a Statement of Work and Software as a Services Agreement for the use of a Proprietary Software License Agreement for the implementation and ongoing maintenance and support of an Enterprise Resource Plan ('ERP') System for use throughout the City of Springfield in an amount not to exceed $12,316,055.00, with CGI Technologies and Solutions, Inc. ("CGI"), and

WHEREAS, this Ordinance amends the Statement of Work ('SOW') for the city-wide ERP upgrade to utilize CGI's Advantage Training Academy and the development of functional Job Aids to assist in the implementation of the system, and

WHEREAS, the City's Executive Steering Committee has reviewed the requested proposals from CGI and is recommending an authorization of up to $176,750.00 for the CGI Training Academy ($52,750.00); 20 Job Aids ($82,000.00) and an additional 10 Job Aids ($42,000.00 if necessary).

WHEREAS, this Ordinance authorizes an additional $176,750.00 payable under the contract.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves an additional expenditure in an amount not to exceed One Hundred Seventy-Six Thousand Seven Hundred Fifty Dollars and No Cents ($176,750.00).

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute all necessary documents with regards to the amendment to SOW for the city-wide ERP upgrade and for the said funding increase, on behalf of the City of Springfield Office of Public Utilities.

Section 3. The payment to CGI, for the total maximum amount of Twelve Million Six Hundred Sixty-Nine Thousand Five Hundred Fifty-Five Dollars and No Cents ($12,669,555.00) from Account Nos. 101-200-JB-4612-1605, 102-200-JB-3912-1605, and 001-107-GENC-VARI-1605 is hereby authorized, approved and directed.

Section 4. This Ordinance shall become effective immediately upon its passage and recording with the City Clerk.

PASSED: Aug. 6, 2025

RECORDED: Aug. 7, 2025

ATTEST: C Rudpath

SIGNED: Aug. 7, 2025

MAYOR

Approved as to legal sufficiency:

7-9-25

Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2025-282

298-08-25

COPY

ORDINANCE FACT SHEET

DATE OF 1st READING: _____

CONTACT PERSON: Elaine Urekar

OFFICE REQUESTING: Public Utilities, Information Systems Division

PHONE NUMBER: 217-789-2043

EMERGENCY PASSAGE: No ☐ Yes ☐ If yes, explain justification - See attached document

FISCAL IMPACT: $176,750.00 (additional funding)

SUGGESTED TITLE: AN ORDINANCE APPROVING AN AMENDMENT TO STATEMENT OF WORK AGREEMENT WITH CGI TECHNOLOGIES AND SOLUTIONS, INC. FOR AN ADDITIONAL AMOUNT OF $176,750,00 FOR UTILIZATION OF THE VENDOR TRAINING ACADEMY AND ADDITIONAL JOB AIDS FOR THE OFFICE OF PUBLIC UTILITIES

CONTRACTOR / VENDOR NAME: CGI Technologies and Solutions Inc. VENDOR NO: 0AME3362

CONTRACT TERM: 5 years Change in Scope Yes ☐ No ☐

CONTRACT AMOUNT: $12,492,805.00 (cumulative through 2029) (Original amount if change order) | Change Order # | $176,750.00 Additional Amount

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☑ Other: RFP# CS22-17
☐ Exception:
Code Provision:

Previous Ord #'s_____

Is Purchasing Agent approval required? No ☐ Yes ☐

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	101	200	JB	4612	1605	
2	102	200	JB	3912	1605	
3				3912		
4	001	104	GENC	VARI	1605	

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Original Ordinance 354-09-24
Amendment 1
Statement of Work 2

STAFF ANALYSIS

This ordinance amends the Statement of Work for the city-wide Enterprise Resource Plain upgrade to utilize CGI's Advantage Training Academy and the development of functional Job Aids to assist in the implementation of the system.

The City's Executive Steering Committee has reviewed the requested proposals from CGI and is recommending an authorization of up to $176,750.00 for the CGI Training Academy ($52,750.00); 20 Job Aids ($82,000.00) and an additional 10 Job Aids ($42,000.00 if necessary).

Included in these ERP System services will be: Financial Management, Budget, 1099 Reporting, Asset Management, Procurement, Vendor Self Service, Payroll, Employee Time and Attendance, Labor Cost Distribution, Human Resources, HR Self Service (Employee & Manager); Applicant Tracking, Maximo Inventory and Work Order Management, Insight Essential and TestSavvy Reporting.

Implentation of the new software is expected to take 12 months with CGI accepting new operational responsibilities through its Cloud storage following City approval and 'go live.'

FUNDS CHECK BY: Cavanaugh, Rachel H. Digitally signed by Cavanaugh, Rachel H. Date: 2025.07.01 14:21:36 -05'00' Date: _____

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.07.01 12:49:12 -05'00' Date: _____

CITY PURCHASING AGENT: Lesko, Mike Digitally signed by Lesko, Mike Date: 2025.07.01 15:09:23 -05'00' Date: _____

SIGN OFF: _____ (Mayor's Signature) GBM

Ramona Metzger Digitally signed by Ramona Metzger Date: 2025.07.01 18:32:44 -05'00'

(Director of OBM)

The information supplied on this form is not confidential information

2025-282

298-08-25

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21/25

OFFICE REQUESTING: Office of Public Utilities

CONTACT PERSON: Michelle Carlisle

PHONE NUMBER: x-2626

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: 500,000.00

SUGGESTED TITLE: Authorize modification / item(s) / vendor / dollar amount / for Office of Public Utilities

CONTRACTOR / VENDOR NAME: CGI TECHNOLOGIES AND SOLUTIONS, INC. **VENDOR NO:** 0AME3362

CONTRACT TERM: 1 yr. **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: 12,669,555.00 (12,316,550 +176,750) - 500,000.00

(Original amount if ~~change order~~) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ Low Bid ☐ Other:

☐ Low Bid Meeting Specs ☑ Exception:

☐ Low Evaluated Bid **Code Provision:** 38.38(a)

Previous Ord #'s 354-09-24, 298-08-~~05~~ 25 MC

Is Purchasing Agent approval required? No ☑ Yes ☐

Is Purchasing Agent approval attached? No ☐ Yes ☑

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	101	200	JB	4612	1605	45,000
2	102	200	JB	3912	1605	255,000
3	001	107	GENC	VARI	1605	200,000
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

CGI lastest proposal, pgs. from Ord. 354-09-24

STAFF ANALYSIS

Modification to Ord. 354-09-24 for additional hours associated with the CGI ERP upgrade and migration project.

FUNDS CHECK BY: Dakota Capranica Digitally signed by Dakota Capranica Date: 2025.10.09 09:53:41 -05'00' **Date:** Courtney Hensil 10.09.2025

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.10.09 09:38:10 -05'00' **Date:**

CITY PURCHASING AGENT: **Date:** 10-09-2025

SIGN OFF:

(Mayor's Signature) GLM (Director of OBM)

The information supplied on this form is not confidential information.

2025-427

2025-428

No. GFE-294

AN ORDINANCE AUTHORIZING A RENEWAL OF A FIVE-YEAR AGREEMENT WITH EMERSON PROCESS MANAGEMENT POWER & WATER SOLUTIONS, INC. FOR WESTINGHOUSE DISTRIBUTIVE PROCESS FAMILY AND OVATION CONTROL SUPPORT IN AN AMOUNT NOT TO EXCEED $602,209.00 FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, this ordinance approves a renewal of a five-year agreement with Emerson Process Management Power & Water Solutions, Inc. ("Emerson") for support of Westinghouse Distributive Process Family ("WDPF") and Ovation controls at the Unit 4, Interstate and the Filter Plant, and

WHEREAS, Emerson will provide support for the maintenance, repair, troubleshooting, and tuning of WDPF and Ovation control systems, and

WHEREAS, due to the critical nature of these controls, it is important to develop maintenance systems that can repair this equipment in a rapid and efficient manner, and

WHEREAS, the cost of the contract will be split between the Water and Electric Funds, with 80% coming from Electric and 20% coming from Water, and

WHEREAS, in accordance with the provisions of Section 38.40 of the City Code, the Purchasing Agent has previously determined that this contract is not subject to sealed competitive bidding.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves a five-year support agreement with Emerson in an amount not to exceed Six Hundred Two Thousand Two Hundred Nine Dollars and No Cents ($602,209.00).

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute any necessary documents with Emerson on behalf of the City of Springfield Office of Public Utilities.

Section 3. The payment to Emerson for the total maximum amount of Six Hundred Two Thousand Two Hundred Nine Dollars and No Cents ($602,209.00) with 80% coming from Account No. 102-100-CAA-7713-1205, and 20% coming from 101-100-BB-6161-1218 is hereby authorized, approved, and directed.

Section 4. This Ordinance shall become effective immediately upon its passage and recording with the City Clerk.

PASSED: _____, 2025

SIGNED: _____, 2025

RECORDED: _____, 2025

_____
MAYOR

ATTEST: _____

Approved as to legal sufficiency:

10.14.25
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

2025-428

Office of Public Utilities
ORDINANCE DISCUSSION SHEET

VENDOR/AWARD:

CONTRACTOR NAME: Emerson Process Management Power & Water Solutions, Inc.

CONTRACT AMOUNT: $602,209.00 / 5 yrs.

TYPE OF AWARD: Sole Source

PRIOR ORDINANCE INFORMATION:

Most recent: Ord. 451-11-19; Emerson, 5 yrs, for Generation Facilities, Interstate, and the Filter Plant, $697,618.00

INFORMATION:

This is a recurring contract for support of the Westinghouse Distributive Process Family ("WDPF") and Ovation controls at the Unit 4, Interstate, and the Filter Plant.

This ordinance authorizes a renewal of a five-year support agreement with Emerson Process Management Power & Water Solutions, Inc. ("Emerson"). Emerson will provide support for the maintenance, repair, troubleshooting, and tuning of WDPF and Ovation control systems. The Utility has a large investment in hardware & software that is used to maintain control of our boilers, turbines & filter plant systems. Due to the critical nature of these controls, it is important to develop maintenance systems that can repair this equipment in a rapid & efficient manner. The cost of the contract will be split between the Water & Electric Funds, with 80% coming from Electric and 20% coming from Water.

Emerson is not a local vendor.

2025-428

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **Michelle Carlisle**

FROM: **James W. Peters – Acting Purchasing Agent**

DATE: **October 13, 2025**

SUBJECT: **Request for Sole Source Determination**

I have reviewed the Ordinance Fact Sheet concerning the renewal of a five-year agreement with Emerson Process Management Power & Water Solutions, Inc. for support of Westinghouse Distributive Process Family and Ovation controls at the Unit 4, Interstate and Filter Plant in an amount not to exceed $602,209.00 for the Office of Public Utilities.

Based on the information provided, I have determined that Emerson Process Management Power & Water Solutions, Inc is the sole source. Pursuant to Article 38.40 of the City Purchasing Code, this purchase is exempt from the City's requirements for Sealed Competitive bids.

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8 2 4 - 5 2 0 2

FY	25-26	26-27	27-28	28-29	29-30	
elec	$ 90,413.00	$ 93,574.00	$ 96,361.00	$ 99,231.00	$ 102,188.00	$ 481,767.00
water	$ 22,603.00	$ 23,394.00	$ 24,090.00	$ 24,808.00	$ 25,547.00	$ 120,442.00
	$ 113,016.00	$ 116,968.00	$ 120,451.00	$ 124,039.00	$ 127,735.00	$ 602,209.00

102-100-CAA-7713-1205

101-100-BB-6161-1218

Ovation™ Product Support

Features

- Provides unlimited access to expert technical phone support
- Securely delivers service intelligence tailored to the operating Ovation architecture and applications
- Provides visualization of installed Ovation™ system's inventory and its overall health through a centralized, secure dashboard
- Provides immediate access to online resources, software updates, patches and feature packs to help keep systems up-to-date and NERC CIP compliant



Introduction

Emerson is always committed to the quality of its product support. Our customer service program is fully designed to enable customers to reach their maintenance objectives while maximizing savings. We work together with them to ensure top-quality support and user satisfaction.

Product Support Subscription

Emerson's Product Support subscription enables utilities with the right maintenance package for the unique needs of the power generation and water/wastewater treatment industries.

The Ovation™ Product Support subscription is offered through a single contract containing dedicated support services that will help improve plant control, reduce plant maintenance and provide operational cost savings.

Ovation Product Support subscription bundle includes the following:

- Guardian™ portal access
- 24 / 7 expert phone support with remote diagnostics capability
- Operating system and antivirus patches
- Third-party hotfixes
- Ovation patches and minor version updates

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2025-428

Product Support Services

Guardian™ Digital Experience

Guardian™ is Emerson's collaborative and personalized digital support platform designed to help achieve maximum system and software availability through unlimited access to expert technical support and online resources. This digital support platform is a prognostic service designed to optimize the reliability and performance of your installed Ovation™ system.

As a core element of Emerson lifecycle services, Guardian provides visualization and management of critical service information that helps to improve system maintenance, reliability and performance.

Guardian enables efficient system management by replacing reactive maintenance activities with a predictive strategy for lower lifecycle costs. Guardian aggregates and securely delivers service intelligence tailored to the operating Ovation architecture and applications.

Guardian Mobile

Guardian mobile extends visualization and management of system lifecycle support requirements to smartphones or tablets. The Guardian mobile application can be downloaded for free from Google Play or the Apple App Store to Android or iOS compatible mobile devices for remote management of your Ovation systems.

24/7 Expert Phone Support

Ovation Product Support subscription provides incident management coverage with 24/7 expert technical support. Customers can call at any time or submit questions and issues through the Guardian platform.



Our Product Support response center stands ready twenty-four hours a day, seven days a week to immediately diagnose and resolve any Ovation™ system problems. Armed with powerful troubleshooting skills and a thorough knowledge of control systems, the Product Support team works with the customers to gather relevant information to correctly identify the problem, diagnose the situation and suggest actions to resolve your request.

Remote System Diagnostics

Remote system diagnosis helps speed-up troubleshooting and problem resolution, effectively reducing downtime in critical situations.

Remote system diagnostics leverages the remote network connectivity capabilities available with today's technology. This service allows the Product Support team to solve problems faster and easier than through expert phone support alone.

If requested by the customer, the Product Support engineer can even guide you to perform corrections online. Moreover, the support engineer may also recommend specific areas where preventative actions or assessments can further improve plant efficiency and processes.

The combination of experience, training and background of our operations staff makes remote system diagnostics the best assurance for identifying and resolving problems quickly.

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Software Updates and Security Patches

Product Support customers have access to software updates therefore, they have immediate access to operating system patches, security patches, third-party hotfixes, Ovation patches, feature packs and minor software updates as available to help keep systems up-to-date and NERC CIP compliant.

Emerson-issued software updates cover the Ovation system, while third-party updates are provided for Microsoft, Oracle, Adobe®, Java™ Runtime Environment (JRE), VMWare and antivirus signatures.

All software updates are validated by Emerson for system compatibility. For easier installation, updates are bundled together and available via downloads from Guardian under the "Support > Self–Service Update" section.

Supplementary Lifecycle Services and Subscriptions:

Core Ovation Product Support may be augmented with a wide range of other product support subscriptions to include:

- Advanced Application Services (basic, proactive)
- EDS Services (basic, premier)
- Digital Generator Controller or Ovation Excitation phone support
- Digital Generator Controller or Ovation Excitation services
- Power & Water Cybersecurity Suite (PWCS) services
- Cybersecurity Services & Assessments
- Optimization Services
- Software Backup & Archiving
- On-Site Services
- Preventive Maintenance
- Component Coverage
- Ovation Evergreen/Upgrade
- Simulation Maintenance
- Application Enrichment
- Alarm Management Services
- Training Programs
- Remote Diagnostics via dedicated secure server

Support that Meets Your Needs

Ovation™ Product Support provides extensive system and product management functions through its bundle subscription though:

- Integrated product support and expertise by connecting your team to our product experts
- Streamlined & secure user experience by providing access product insights and equip your team for action in a single location

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Ovation Product Support Subscription Benefits		
Functions	**Services**	**Benefits**
Risk Management	▪ 24/7 Expert phone support with remote system diagnosis ▪ Software updates access ▪ Knowledge Base Articles (KBAs) ▪ System Health Score that measures Key Performance Indicators (KPIs)	▪ Access real time intelligence and relevant updates matched to your assets ▪ Access to the latest software updates, including new features and enhancements for your Ovation version ▪ Improve Collaboration ▪ Decrease unplanned downtime
Lifecycle Management	▪ Asset and license inventory (serial numbers, warranty status, model numbers for spares, versions, drivers, hotfixes, lifecycle status of your system Ovation version) ▪ Operating system inventory ▪ Software and updates	▪ Effectively manage resources ▪ Access software and hardware content matched to your asset's lifecycle status ▪ Delivers predictive information that improves lifecycle management, leading to reduced maintenance costs ▪ Helps assist with lifecycle planning when scheduling upgrades or replacing parts ▪ Efficiently replaces reactive maintenance activities with a proactive strategy for lower lifecycle costs
Incident Management	▪ Historical record of all incidents, call logs, technical support and resolutions ▪ Real-time information access (product documentation, user manuals, service calls and system-specific information that simplify troubleshooting) ▪ Support request online form	▪ Monitor open and closed service expert phone support calls / call progress, past service calls, and send/receive call status updates ▪ Secure knowledge and efficiently solve problems based on past experiences ▪ Efficient causal analyses

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On-site Service

Scheduled On-Site Service

Even the most sophisticated control or generator excitation system requires routine maintenance to keep them in top operating condition. With scheduled on-site service, you can ensure that critical clean-up, backup, and maintenance services are performed regularly on both your Ovation™ distributed control system and your Ovation excitation system. Our field engineering experts can implement changes during normal plant operations and can assist you in preparing for planned outages. Additionally, we can perform the accumulated maintenance tasks on your control system or excitation system without diverting essential staff manpower from other important assignments.

During each of these visits, our engineer can resolve pre-identified issues, backup software, inspect the integrity of network communications, perform file clean-up, implement minor control and graphics changes at your direction and complete other necessary maintenance functions.

To ensure consistency, the field engineer most familiar with your system can be dispatched for each scheduled visit if available.

For Ovation optimization customers, an experienced engineer can be scheduled on-site for periodic tuning of the Ovation optimization software to accommodate seasonal or operational variation in optimization requirements.

Emergency On-Site Service

When Product Support cannot solve an immediate problem, emergency on-site assistance may be necessary. With Emergency On-Site support, an experienced field service engineer will be dispatched within 24 hours to your plant. The immediate availability of a field service expert helps to quickly return your control system or excitation system operations to normal, reducing or eliminating downtime and the potential for unplanned outages.

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Each contract for emergency on-site service is customized based on your needs, plant performance history, and system configuration. To eliminate unplanned costs, Lifecycle services personnel will work with you to determine a suitable number of emergency on-site visits to be included in the contract.

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Protect Your Application Software Investment

Software Archiving

Lifecycle Services Software Archiving is designed to protect the very heart of your control system investment. While control system hardware is generally replaceable, your unique application software is anything but. Once installed, application software is modified and perfected through years of experience, control strategy alterations, and changes in plant operating conditions. It is an investment that is absolutely critical to plant and process performance. If accidentally lost or damaged, the time, effort, and cost to replace this critical asset would be tremendous.

The software archiving uses a remote file storage system that adds an extra level of protection to your operation. On a periodic basis, Emerson electronically transfers your application software to our headquarters in Pittsburgh to be dated, archived and securely stored.

Application software includes the following data files:

- System databases
- Control sheets
- Graphics programs
- Log reports
- Configuration files for all system drops

Software is transferred via a server attached to your distributed control system network and a virtual private network, to an archival system located at our headquarters facility in Pittsburgh. Emerson utilizes RAID-array storage technology to archive your control system application software before it is burned to a disk. In the event that the application software on your control system needs restored, it is readily available to be re-loaded.

Note: This service also requires installation of a dedicated secure server on your control system network and a virtual private network connection.

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2025-428

Guardian™ Support for AMS Device Manager

- Risk Management
- Lifecycle Management
- Incident Management



Subscribe to an innovative service for achieving peak reliability and performance of your AMS Device Manager.

Introduction

Guardian™ Support is a prognostic service designed to optimize the reliability and performance of your AMS Device Manager system. It is the core element for Emerson Lifecycle Services, designed to help improve your competitive advantage and bottom line business results through critical service and support information. It enables real-time visualization and management of your control system. The service can help improve productivity by analyzing data and delivering useful, relevant, critical, system-specific information to keep your plant current. It will help you make more-informed, proactive decisions about your process automation system. By making day-to-day systems management tasks fast and efficient, Guardian Support will also allow you lower operations and maintenance costs by shifting from reactive/preventive maintenance to a predictive strategy.

Guardian aggregates and securely delivers personalized real-time service intelligence tailored to platform architecture and application — at the Individual System level, the Plant level and the Enterprise level. Guardian Support delivers technical support and lifecycle services for the AMS Device Manager architecture. Additionally, Guardian aggregates information related to digital field devices and Emerson Alliance partner products associated with AMS Device Manager. The result is a single point of critical system information to help you effectively manage your system.

Benefits

Risk management: Through continuous improvement and support allows you to focus on critical business objectives. Guardian Support provides risk management by matching system-specific information to your information to your systems and displaying it in a secure, customized support portal. You'll have a proactive way to manage risk by way of a secure web dashboard and push email notifications. The *Guardian Support dashboard* features user-configurable content specific to your systems, both real-time and historic.

A visual dashboard gauges the overall health of your system. The *System Health Score* measures Key Performance Indicators (KPIs) that determine how well risks to your system's safety, security and process are being managed. KPIs for risk areas are listed as KBA, Software Updates, Service Calls, and Support Status. It's an easy way to increase performance as you see which systems need attention, and which are at low risk. Drill down into your system information to immediately determine versions, hot-fixes, device installation kits, version compatibility, lifecycle status and more.

GUARDIAN™ SUPPORT

EMERSON.

2025-428

The Guardian website also includes proactive *Knowledge Base Articles (KBAs)* that are matched to the system and presented in executive summary format: one click for the full article and another click to download any applicable hot-fix. KBA management tools track the status of mitigation actions, and new or revised KBAs are continuously re-matched to the most recently captured system content information. Minimize risks related to cybersecurity threats, process control disruptions or safety concerns with this valuable resource to manage constant updates. Patching, Knowledge Based Articles (KBAs) and hot fixes — left unknown or unattended — can lead to production loss, and it's important to understand the applicability, necessity and urgency of updates. You need to be fully versed in your hardware and how it can be compromised. Improve capital efficiency and stay ahead of the technology curve with the latest software releases, including service packs and major new releases. *Microsoft Security Updates* are tested and confirmed for compatibility, and then bundled for easier installation. Risk alerts are ranked for urgency, with recommendations given about what to install and when. This supports your work planning and prioritization so you can make better business decisions.

Guardian Support subscription includes an *Automated Service Notification* feature that are user-selected and system-specific provide immediate notification whenever relevant, actionable system information becomes available via two delivery methods: email with a personally configured subject title, and RSS web feed.



Incident management: Delivers the expertise to troubleshoot and fix system failures. Slower repair times lead to longer production downtime. You strive to make efficient use of all your resources, but there can be a huge maintenance cost, in terms of both dollars and man-hours, to troubleshoot and fix a system if you're pulling away staff that should be focusing on other issues, or if your maintenance team doesn't have the right training or skill set. You need access to experts at all times to help you through critical issues.

Guardian Support provides incident management with standard *24x7 Expert Technical Support* coverage at no extra charge. You can call at any time, chat with our Technical Support or submit questions and issues through the dashboard on the Guardian portal. The Global Service Center (GSC) prioritizes calls to respond quickly when your plant is down, and experts are always on-hand to walk you through steps to fix the issue.

Remote system diagnosis helps GSC to speed troubleshooting and problem resolution, helping to reduce downtime and improve your operating performance. At the customer's request, Emerson Technical Specialist can remotely log on your automation system to perform online troubleshooting.

Information on *Call Logs* provides you the ability to monitor technical support calls of your systems. You can view, open and closed calls. It provides information such as for which system was the call made for, a brief description of the call, the severity of the call, the name of the caller, and when the call was last updated.

You can also *Submit New Call* via Guardian website. A service call form is needed in order for our technical support team to efficiently address your concerns. This includes information about the affected system issue and details of your query. Our technical support team will contact you via phone or email depending on your preferences.

Information from *Knowledge Base Articles* helps onsite staff fix issues quickly and correctly, and special tools collect system data to help diagnose issues faster. With a historical record of system issues, you can view all system incidents, calls and resolution. This makes it easy to share best practices and lessons learned, distribute information across your enterprise, build skills and collaborate with all your AMS Device Manager system managers worldwide on similar issues.

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Lifecycle management: Ensures your equipment runs reliably and is available. When done manually, it can take a lot of time to manage system hardware and software, to keep your assets current and to manage the lifecycle of all your equipment. With Guardian Support, you'll have access to a complete system inventory, so you can plan for upgrades, replacements and parts obsolescence. This is critical to sustaining your system investment as components, subassemblies and critically dependent software evolve. Use it to gain an accurate view of all the hardware, licensing and documentation in place, which is valuable for budget planning.

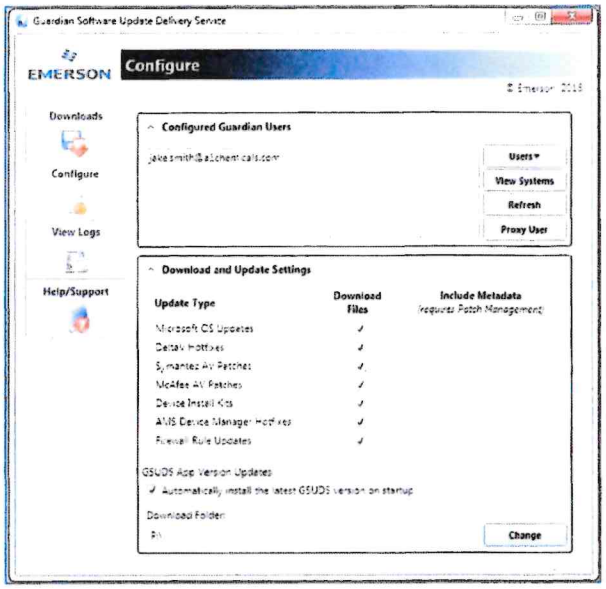
Guardian Support provides lifecycle management by matching your enrolled system-specific hardware and software content to its associated lifecycle status via the dashboard. Email alerts provide notice whenever there is a change on the lifecycle status of enrolled hardware/software. The service keeps an updated and accurate inventory of all system components and licensing in a readily viewable format through a secure site. *Asset Lifecycle* status information listed by node name and Emerson model number helps you plan system management and sustainability investments.

Guardian Support provides *Software Upgrade* by having the capability of downloading the latest DVD media directly from the website. The website also provides users with the Checksum Tool. Software downloads are highly reliable in most circumstances. However, if you want to check the integrity of the downloaded ISO files before burning DVD media, you can perform a checksum on the downloaded ISO file. This will redirect you to a Microsoft website download center for the tool.

Guardian Support features a *License Usage* screen that shows what licenses are available, assigned, and unused for each system node. This feature is also useful for demonstrating conformance of license utilization to license purchase.

Education screen allows you to view the list of training courses and schedules that Emerson can offer. You can choose from the five training delivery options that can best suite your needs. These are Regional Training Centers, On-Site, Local Training, Blended Learning Training, Virtual Classroom and eLearning. Videos and Webinars are also available in the page.

An automated *Guardian Software Update Delivery (GSUD)* applet that allows the user to download (either on demand or scheduled) system-specific DeltaV and AMS Device Manager hot fixes, Microsoft® OS Updates, Device Install kits (for DeltaV, AMS Device Manager, Ovation, Hart, Fieldbus™, Profibus® and DeviceNet™) McAfee Antivirus Patches and text files containing the filename of the latest Symantec™ Antivirus updates.



Fleet management: Collaborate with your peers and share best practices in managing your systems across the enterprise. System issues that occur in one site can be immediately mitigated in another site that is located in another part of the world through on-time notification and proper documentation. Knowing relevant information about all the systems in your enterprise helps in efficient planning and utilization of the already limited global resources you have.

Guardian Support provides fleet management by providing access to a user-configurable Dashboard Website where you view all systems across the enterprise or choose to view information as a group of systems. Depending on how your account is configured, you will be able to monitor the information that are presented in the website, and thus, act accordingly when issues arise. You can easily determine which system among the many systems you have globally need immediate attention, so you can flag the manpower you have locally to address these concerns.

Guardian Support provides a value page that shows realized Guardian Support benefits for your systems and provides a summary of deliverables associated to managing the risks, incidents, and lifecycle information of your systems. It focuses on critical system-specific information to efficiently manage your systems' health, consequently lowering your operations and maintenance costs, and optimizing the reliability and performance of your systems.

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An easy-to-use *System Explorer* provides a quick view of all the systems you have access to. Simply choose the systems you are interested in by placing a check mark beside the system name. Click OK and you will be able to view the system health score of the selected system. A Search field is also available, accepting entries such as system ID and system description, allowing you quick selection. You may also select by product line by using the dropdown provided.

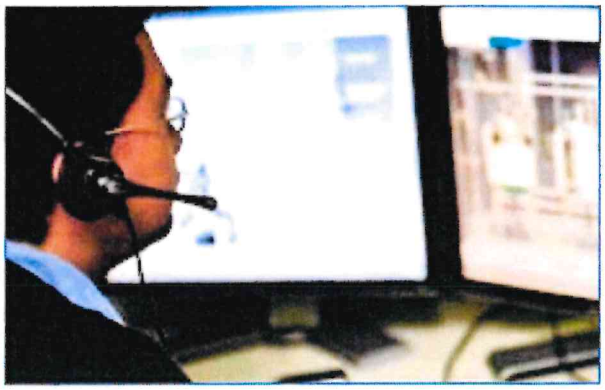
The *Notification Settings* from the Guardian Support website can be selected on an enterprise level, location level or system level, depending on user preference. A user having global responsibility of managing the systems can therefore receive timely information on KBAs, software updates or even retiring assets matched to his systems, and this triggers immediate need for action to be addressed by the affected sites globally.

Cost management: Save time and money by significantly reducing your unplanned downtime and maximizing the investment in your system. Guardian Support shifts maintenance strategies from being reactive/preventive to proactive/preventive, and having access to critical information and expert technical support round-the-clock not only gives you peace of mind, it also increases productivity of your workforce by focusing only on the most critical processes in the system.

The product safety notice, security and process hot fixes and updates that are matched to your system have been identified to have the potential to disrupt your control process. These *Knowledge Base Articles* are brought to your attention for mitigation or resolution to help you prevent unplanned events. If applied immediately, the risk of downtime, which usually tends to be expensive, will be lessened. These critical *Knowledge Base Articles (KBAs) and Microsoft Security Updates* are presented in the Guardian Support website using an easily readable table format that you can also export to Excel if needed.

The lack of engineering expertise in-house due to the aging workforce makes it difficult and expensive to keep the plant running at its peak. Especially in today's fast-paced technology-driven environment, having a network of highly skilled *Subject Matter Experts*, who have the resources to access the latest technology, helps you in maximizing your plant assets and provides the appropriate guidance in addressing any technical concerns that you encounter in your production process.

The *Lifecycle Status* information helps you plan your capital budget while prioritizing which system components to maintain, upgrade, or migrate. This information will also be useful in planning your spare parts inventory, aiding in the effective and efficient use of capital.



Guardian connect: Guardian Connect provides web access and system health visibility to systems without Guardian Support, allowing customers to immediately determine the relevant system security and safety risks they are exposed to. For those systems that are not yet registered, you are allowed to activate the one-time 30-Days Trial Support to experience the benefits of the Guardian Website by uploading your registration file.

Guardian Mobile: Guardian Mobile provides real-time visualization and management of your Lifecycle Support requirements using your mobile devices. It is an easy to use application to manage your AMS Device Manager systems. Guardian Mobile is the perfect solution for the on-the-go management professionals who want to extract the most performance from their system with the lowest lifecycle cost and maximum process availability.

Service Requirements

Technical Support is available to all AMS Device Manager users. Users with AMS Device Manager version 10.5 or higher also have access to Guardian dashboard.

- System information collection requires periodic use of an automation-assisted process using the standard AMS Device Manager System registration utility. This process does not require a direct Internet system connection.
- Guardian Support is available with a choice of service windows for telephone technical support service.
- Guardian Support quotation can be requested by logging -in at Guardian Website and click the Request to Quote button. An email notification will be sent to you as reference and also to the appropriate Emerson representative that will assist you with your request.
- Contact **Guardian.Info@emerson.com** for single site tag consolidation exceeding 30,000 DSTs.

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Ordering Information

Description	Model Number
Guardian Support Service with emergency telephone support (24 hours/day, 365 days/year)	AW7040STxxxx*
Guardian Support Service with emergency telephone support (24 hours/day, 365 days/year) – Multi-Year Option	AW7040STxxxx*-y**
Guardian Support for both DeltaV system and AMS Device Manager package, both with emergency telephone support (24 hours/day, 365 days/year)	VE9048Sxxxx*
Guardian Support for both DeltaV system and AMS Device Manager package, both withemergency telephone support(24 hours/day, 365 days/year) – Multi-Year Option	VE9048Sxxxx*-y**
Guardian Support for both DeltaV system and AMS Device Manager package, both with emergency telephone support (24 hours/day, 365 days/year), for an additional 1,000 DSTs when consolidation exceeds 30,000 DSTs	VE9048S1KEXT
Guardian Support for both DeltaV system and AMS Device Manager package, both with emergency telephone support (24 hours/day, 365 days/year), for an additional 1,000 DSTs when consolidation exceeds 30,000 DSTs – Multi-Year Option	VE9048S1KEXT-y**
Support Reinstatement for Guardian Support having been Expired between 90 Days and 1 Year	AW7041STxxxx
Support Reinstatement for Guardian Support having been Expired between 1 Year and 2 Years	AW7042STxxxx
Support Reinstatement for Guardian Support having been Expired between 2 Years and 3 Years	AW7043STxxxx
Support Reinstatement for Guardian Support having been Expired 3 or more Years	AW7044STxxxx

**Where xxxxx represents the location's aggregate DST count, up to 30,000 DSTs. Contact factory for single site location aggregation exceeding 30,000 DSTs.*

***Where y is the number of years for Multi-Year Agreement, choose from number 2, 3, 4 or 5.*

To learn how comprehensive Lifecycle Services solutions address your process management needs, contact your local Emerson sales office or representative, or visit **www.emerson.com/guardiansupport**

Emerson
North America, Latin America:
+1 800 833 8314 or
+1 512 832 3774

Asia Pacific:
+65 6777 8211

Europe, Middle East:
+41 41 768 6111

www.emerson.com/guardiansupport

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GUARDIAN™ SUPPORT

EMERSON

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Business Entity Search

Entity Information

Entity Name	EMERSON PROCESS MANAGEMENT POWER & WATER SOLUTIONS, INC.		
File Number	64404539	**Status**	ACTIVE
Entity Type	CORPORATION	**Type of Corp**	FOREIGN BCA
Qualification Date (Foreign)	09-09-2005	**State**	DELAWARE
Duration Date	PERPETUAL		
Annual Report Filing Date	09-15-2025	**Annual Report Year**	2025
Agent Information	ILLINOIS CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD ,IL 62703-4261	**Agent Change Date**	10-03-2022

Services and More Information

2025-428

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21/25 or 11/4/25

CONTACT PERSON: Michelle Carlisle

OFFICE REQUESTING: Office of Public Utilities

PHONE NUMBER: x-2626

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: 602,209.00 / 5 yrs.

SUGGESTED TITLE: Authorize renewal / item(s) / vendor / dollar amount / for Office of Public Utilities

CONTRACTOR / VENDOR NAME: Emerson Process Management Power & Water Solutions, In **VENDOR NO:** WE003124

CONTRACT TERM: 5 yrs. **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: see above (Original amount if change order) - **Change Order #** - **Additional Amount**

Method of Purchase (check one)

- ☐ Low Bid
- ☐ Low Bid Meeting Specs
- ☐ Low Evaluated Bid
- ☐ Other:
- ☑ Exception: SS
- **Code Provision:** 38.40

Previous Ord #'s 451-11-19

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	102	100	CAA	7713	1205	481,767.00
2	101	100	BB	6161	1218	120,442.00
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Agreement

STAFF ANALYSIS

A renewal of a five-year agreement with Emerson Process Management Power & Water Solutions, Inc. ("Emerson") for support of Westinghouse Distributive Process Family ("WDPF") and Ovation controls at the Unit 4, Interstate and the Filter Plant.

FUNDS CHECK BY: 10-13-25 **Date:**

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.10.13 08:54:35 -05'00' **Date:**

CITY PURCHASING AGENT: Scott Rogers **Date:** 10-13-2025

SIGN OFF:

(Mayor's Signature)

(Director of OBM)

The information supplied on this form is not confidential information.

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2025-429

AN ORDINANCE APPROVING A TELECOMMUNICATIONS CONTRACT
SERVICE AGREEMENT WITH BANK OF SPRINGFIELD
FOR THE OFFICE OF PUBLIC UTILITIES

WHEREAS, the City of Springfield Office of Public Utilities has constructed a fiber optic telecommunications system and has been granted certificates of service authority with the Illinois Commerce Commission, and

WHEREAS, Bank of Springfield ("BOS") wishes to enter into a three-year Telecommunications Contract Service Agreement for 100 Mbps and 250 Mbps Ethernet services from numerous external facilities, as identified in Exhibit A, to their facility at 3400 West Wabash Avenue, Springfield, Illinois, and

WHEREAS, the Office of Public Utilities will use existing fiber optics and communications infrastructure to provide service for said connection, and

WHEREAS, pursuant to the Telecommunications Contract Service Agreement, a copy of which shall be on file with the Office of the City Clerk, BOS shall pay the City of Springfield $2,900.00 per month for term of the three-year agreement.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1. The Council of the City of Springfield, Illinois, hereby approves and authorizes the execution of the Telecommunications Contract Service Agreement, a copy of which shall be on file with the City Clerk, between the City of Springfield and BOS for Ethernet service from various external facilities, as identified in Exhibit A of the Telecommunications Contract Service Agreement, to their facility at 3400 West Wabash Avenue, Springfield, Illinois.

Section 2. The Mayor and the City Clerk are hereby authorized and empowered to execute said Master Telecommunications Contract Service Agreement with BOS.

Section 3. This Ordinance shall become effective immediately upon its passage and recording with the City Clerk.

PASSED: _____, 2025 SIGNED: _____, 2025

RECORDED: _____, 2025 _____
MAYOR

ATTEST: _____

Approved as to legal sufficiency:

10.14.25
Office of the Corporation Counsel/Date

Requested by the Office of Public Utilities/Mayor Buscher

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Office of Public Utilities
ORDINANCE DISCUSSION SHEET

VENDOR/AWARD:

CONTRACTOR NAME: Bank of Springfield

CONTRACT AMOUNT: $-104,400.00

TYPE OF AWARD: Telecommunication Agreement

PRIOR ORDINANCE INFORMATION:

149-04-11, 247-08-11, 380-10-11, 405-10-19, and most recent 449-11-22 (3 yrs., $2,500 per month, 5 locations, -$90k.)

INFORMATION:

This Ordinance is to authorize a Telecommunication Contract Service Agreement for Ethernet service from the City's fiber optic telecommunications system with Bank of Springfield ("BOS") for the connections listed in Exhibit A. This Ordinance authorizes the City to provide telecommunications service to BOS, in exchange for payment by BOS to the City in an estimated amount of $104,400.00 over 3 years.

The Office of Public Utilities has a fiber optic telecommunications system and has been granted certificates of service authority with the Illinois Commerce Commission to provide facilities-based exchange telecommunications services in Sangamon County and interexchange telecommunications services within Illinois. The City's network has the ability to provide WAN (wide area network) services across the system. This allows computers to pass data between remote facilities at speeds that are as fast as in the local buildings. This technology allows for consolidation of computers, servers and the required network equipment along with enhancing the capabilities of the facilities.

BOS has requested 100 Mbps and 250 Mbps Ethernet connections from various external facilities, as identified in Exhibit A of the Telecommunications Contract Service Agreement to their facility at 3400 West Wabash Street. For these services, BOS will pay $2,900.00 per month for these sites for the term of the contract over a 3-year period. This will be done by utilizing existing fiber and communications infrastructure.

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TELECOMMUNICATIONS CONTRACT
SERVICE AGREEMENT

WHEREAS, the City of Springfield, Illinois (City), has been granted certificates of service authority by the Illinois Commerce Commission to provide facilities-based exchange telecommunications services in Sangamon County, Illinois, and interexchange telecommunications services within Illinois, and

WHEREAS, the City has filed a tariff with the Illinois Commerce Commission for local exchange telecommunications services in Sangamon County and interexchange telecommunications services within Illinois (ILL.C.C.No.1), which tariff provides for "Contract Service", and

WHEREAS, Bank of Springfield, hereinafter referred to as Customer, has requested "Contract Service" from the City under the terms and conditions set forth herein.

NOW THEREFORE, it is hereby agreed to by the parties as follows:

I. **Scope of Agreement** Customer desires to establish point to point Ethernet communications between the facilities utilizing fiber optic cable. This may be achieved by utilizing existing City fiber infrastructure, or it may require the construction of new fiber facilities, or a combination thereof. The bandwidth shall be provided using the City's Ethernet network, and shall establish point to point Ethernet service at Standard Bandwidth Rates. Customer may at any time during the contract request changes to the Bandwidth Rates of the services, request additional services at the Bandwidth Rates provided in this agreement, or request removal of services subject to the terms and costs within this agreement.

II. **Services**

A. **Service Requests.** During the Initial Term, Customer may, at any time, provide written request to City to add, change, or terminate, as provided in this agreement, the point to point Ethernet fiber optic connection service (Service) to the Customer's facilities. City shall, to the best of its ability, add, terminate, or change Service to the Customer's facilities within the time frames prescribed within the following paragraphs. If City is unable to reasonably perform a Service Request, City shall notify Customer within 30 days. Facilities detailed in Exhibit A, shall constitute an initial Service Request to provide Service to the facilities listed.

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B. New Services. The City shall provide Service to the facilities requested by Customer within 120 days of the greater of (1) the date a Service Request is received or (2) the date the City has procured all materials, easements, and site access agreements necessary for the Service.

C. Existing Interrupted Services. If an existing Service has been interrupted, but City fiber remained intact, City shall provide Service to facilities within 30 days of a Service Request. Any Service Requests regarding existing interrupted Services, that may require equipment or material changes, shall be connected within 120 days of the greater of (1) the Service Request or (2) the date the City has procured all materials, easements, and site access agreements as necessary for the connection.

D. Existing Uninterrupted Services. If Service has not been interrupted, Service shall continue without interruption of Service to existing facilities pursuant to approval of this agreement by both parties.

E. Termination of Services. Customer may, at any time, request the termination of individual Services. If the request for termination of Service meets the requirements of Section V, Term and Termination, City shall terminate the Service within 30 days of receiving written notice from Customer.

F. Addition of Services. Customer may, at any time, request the addition of Services. The installation of additional Services is subject to the paragraphs A through C, of this section.

III. Costs and Payments

A. Bandwidth Costs. Customer shall pay to City the monthly Bandwidth Cost for each Bandwidth Rate provided, as follows, for each Service:

Bandwidth Cost	Bandwidth Rate
$500	**100 Mbps**
$700	**250 Mbps**
$900	**500 Mbps**
$1100	**1000Mbps**

Customer may request, in writing, at any time, the City change the Bandwidth Rate of each Service. Within 30 days of receiving a Bandwidth Change Request, City shall change the Bandwidth Rate to the requested Bandwidth. Customer shall pay Bandwidth Cost of the greatest Bandwidth Rates used during a billing month; City shall not prorate monthly Bandwidth Costs within a month.

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B. Installation Costs. Upon receiving a Service Request, City shall determine the Installation Cost. Customer shall pay for Installation Cost, as determined by the City, at the time of installation, or Customer shall pay the installation cost prorated over the remaining monthly payments of the Initial Term of this Agreement.

C. Taxes. City shall bill Customer for, and Customer shall pay City for, any applicable state, local, and federal taxes and franchise fees.

D. Cost of Collection. The Customer shall be responsible for any and all costs incurred in the collection of monies due the City, including legal and accounting expenses.

E. Payments. Customer shall pay to City monthly installments, in accordance with the costs City shall issue invoices for Payments no later than the 1st of each month. Customer payment is due, not later than the 15th of each month.

IV. Operations and Maintenance Expenses. City shall have the responsibility to maintain and repair the entire fiber optic telecommunications system.

V. Term and Termination

A. Effective Date. This term of this Agreement shall take effect upon approval by the City Council and Customer.

B. Initial Term. The Initial Term of this Agreement shall remain in effect for three (3) years from the Effective Date of this Agreement. The Initial Term shall apply to all Services listed in Exhibit A and all Services that are added during the Initial Term of this Agreement.

C. Customer Termination with Cause. Customer may elect to terminate this Agreement in its entirety, or any Service individually, with cause, provided that Customer shall thereupon pay the remaining monthly Installation charges, if any. Provided Customer provides evidence to City, Customer may terminate this Agreement in its entirety, or any Service individually, for the following reasons:

i. The facility utilizing Service no longer requires Ethernet, or some like service,
ii. Customer is ceasing operations at a facility, or relocating operations to a facility at a different location,
iii. City is violating Terms of this Agreement, or
iv. City fails to provide Guaranteed Service Availability.

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D. Customer Termination without Cause. Notwithstanding such Initial Term, Customer may elect to terminate this Agreement in its entirety, or any Service individually, without cause, provided that Customer shall thereupon pay all the remaining monthly charges for the remainder of the Initial Term, including but not limited to Installation Costs and Bandwidth Costs.

E. City Termination City may immediately terminate Service to Customer without request by, or prior notice to, Customer if:

i. there exists a condition dangerous or hazardous to life, physical safety or property,
ii. there is an outstanding order of a court, the Illinois Commerce Commission or other duly authorized authority directing termination, or
iii. equipment owned by City has been tampered with or used in a manner disruptive to the service of other subscribers and City has reasonable grounds to believe Customer is responsible for such tampering or use.

F. City Disconnection for Non-Payment City may disconnect Service to Customer without request by Customer provided it gives notice thereof at least eight (8) days prior to the proposed disconnection if Customer fails to pay the bills rendered by City in accordance with the terms set forth in this Agreement. If any notice is required under this Section, said notice shall state the date of, and the reason for, the proposed disconnection, and City's telephone number that Customer may call during regular business hours for further information.

G. Extended Term. After the Initial Term, this Agreement shall automatically be extended and continue on a monthly basis until terminated by either party in accordance with this Agreement (Extended Term). During the Extended Term, the terminating party shall provide a 30-day written notice of termination. Termination during the Extended Term may be without cause by either Party.

VI. Use of Customer Property. Customer shall provide City with a location at each facility for installation of a fiber optic distribution unit and Ethernet equipment. Customer acknowledges that City may use such distribution unit for extension of the fiber optic system to other locations or customers, and Customer agrees to permit City access to such distribution unit during normal business hours upon reasonable advance notice from City or pursuant to such procedures as hereafter established by City and Customer.

VII. Customer's Use of System. During the Initial Term and Extended Term of this Agreement, Customer shall have exclusive use of the private Ethernet connection

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on the City's fiber optic network for which the Customer pays. The Customer may privately connect other Customer facilities at its own discretion to the Services listed on Exhibit A, or Services added during the Initial Term, to communicate across the connection provided by this Agreement.

VIII. General Conditions.

A. Force Majeure. Performance by either party shall be excused by an unforeseen occurrence beyond the control of a party which causes a delay or total or partial failure of performance by such party, including but not limited to (1) acts of God; (2) acts or failure to act on the part of any governmental authority other than City or Customer (including but not limited to changes in or enactment of laws, rules, regulations, codes or ordinances subsequent to the date of this Agreement); (3) acts of war or public disorders, civil violence or disobedience, blockages, strikes, lockouts, labor disputes, sabotage, insurrection or rebellion; (4) floods, hurricanes, earthquakes, tornadoes, or other similar calamities; (5) explosions or fires; (6) accidents in transportation; or (7) vandalism or cable cuts.

B. Limitations on Service

i. The Service provided under this Agreement is offered subject to the availability of the necessary facilities and/or equipment and is subject to the terms and conditions of City's tariff.
ii. City reserves the right to discontinue Service immediately or cancel an application for Service without liability when necessitated by conditions beyond its control, when Customer and/or the end user is using the service in violation of the provisions of City's tariff or in violation of the law, for nonpayment of service or any abuse of the system.
iii. The Service provided under this Agreement may not be used for any unlawful purpose.
iv. The Service provided under this Agreement may be used for any lawful purpose for which the service is technically suited.
v. City does not undertake to transmit messages, but offers the use of its facilities when available, and will not be liable for errors in transmission or for failure to establish connections.

C. Limitation of Liability

i. Any liability of the City for damages arising out of mistakes, omissions, interruptions, delays, errors or defects in providing service occurring in the course of furnishing service and not caused by the negligence of Customer, commences upon activation of the service. In no event will

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City's liability exceed an amount equivalent to the 3-month charge to Customer for the service during which such mistakes, omissions, interruptions, delays, errors, or defects in providing service occurred.

ii. City shall not be liable for any loss, claims, demands, suits, or other action or any liability whatsoever, whether suffered, made, instituted, or asserted by any third party or persons for any personal injury to, or death of, any person or persons, and for any loss, damage, defacement or destruction of the premises of any property caused or claimed to have been caused, directly or indirectly, by any act or omission of the City or by any installation, operation, failure to operate, maintenance, removal, presence, condition, location, or use of facilities or equipment provided by the City.

iii. No agents or employees of other carriers shall be deemed to be the agent or employees of the City.

iv. Customer is required to notify City of any changes to Customer's equipment, including software controlling the equipment's function. City is not liable for interruptions in service caused by Customer's failure to notify City prior to any change.

D. Guaranteed Service Availability Availability is on a 24 x 7 basis and is defined to be when Customer equipment is properly configured and connected to the City equipment, that Ethernet traffic will pass between the sites. Availability time pertains to the City network equipment only and does not include the following items: Section VIII. A. (Force Majeure) of this contract, an improper configuration in Customer's network equipment, or an optical cable failure that is beyond City's control. The loss of availability time begins upon notification to the City by Customer of the loss of WAN service. If the City deems the loss of availability to be a City network equipment problem, Customer may terminate service without liability if:

i. the availability is less than 95% for any one month, or

ii. the availability is less than 98.5% each month for 3 consecutive months.

E. <u>Notice of Termination.</u> Any requests to terminate this Agreement shall be in writing by facsimile transmission to 217-789-2136 or by mail to the General Manager of the Office of Public Utilities for City, MCE 4th Floor, 800 E. Monroe Street, Springfield, IL 62757 and to Customer at: Chief Information Officer of Bank of Springfield, 1025 South 6th Street, Springfield, IL 62703.

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CITY OF SPRINGFIELD, ILLINOIS

By: _____
Misty Buscher, Mayor

Attest: _____
Chuck Redpath, City Clerk

Customer

By: Misty Adams, CEO

Attest: _____

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9/9/2025

Exhibit A

Connection number	Point A		Point B		Service Start Date	Term of Service (Years)	Type of Service	Monthly Rate	Installation Charge
	Site Name	Address	Site Name	Address					
1	BoS West Wabash	3400 West Wabash Avenue Springfield Illinois	Downtown Madison	850 E. Madison Ave. Springfield Illinois	11/1/2025	3	100Mbs	$500	$0
2	BoS West Wabash	3400 West Wabash Avenue Springfield Illinois	Operations Center	2821 S. MacArthur Ave. Springfield Illinois	11/1/2025	3	250Mbs	$700	$0
3	BoS West Wabash	3400 West Wabash Avenue Springfield Illinois	Stevenson Dr.	2600 Stevenson Dr. Springfield Illinois	11/1/2025	3	250Mbs	$700	$0
4	BoS West Wabash	3400 West Wabash Avenue Springfield Illinois	Chatham	1140 Commercial Court Chatham, IL	11/1/2025	3	100Mbs	$500	$0
5	BoS West Wabash	3400 West Wabash Avenue Springfield Illinois	301 N. 2nd	301 N. 2nd Springfield, Illinois	11/1/2025	3	100mbs	$500	$0

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21

OFFICE REQUESTING: Office of Public Utilities

CONTACT PERSON: Michelle Carlisle

PHONE NUMBER: x-2626

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: -104,400.00

SUGGESTED TITLE: Authorize Telecom Agreement / vendor / dollar amount / for Office of Public Utilities

CONTRACTOR / VENDOR NAME: Bank of Springfield **VENDOR NO:** _____

CONTRACT TERM: 3 yrs. **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: see above - _____ - _____

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ **Low Bid**
☐ **Low Bid Meeting Specs**
☐ **Low Evaluated Bid**
☐ **Other:** _____
☐ **Exception:** _____
Code Provision: _____

Previous Ord #'s 449-11-22

Is Purchasing Agent approval required? No ☑ Yes ☐

Is Purchasing Agent approval attached? No ☑ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Telecommunications agreement

STAFF ANALYSIS

Bank of Springfield would like to enter into a 3 yr. telecommunication agreement for 100 Mbps & 250 Mbps Ethernet connections from their 3400 West Wabash location to various BOS sites for a monthly cost of $2,900.00.

FUNDS CHECK BY: – **Date:** _____

DIRECTOR / SUPERVISOR: Doug Brown Digitally signed by Doug Brown Date: 2025.10.09 13:14:39 -05'00' **Date:** _____

CITY PURCHASING AGENT: Scott Rogers **Date:** _____

SIGN OFF: _____ (Mayor's Signature) GEM

_____ (Director of OBM)

The information supplied on this form is not confidential information.

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AN ORDINANCE AUTHORIZING THE PURCHASE OF ROCK SALT FROM COMPASS MINERALS IN AN AMOUNT NOT TO EXCEED $268,530.00 UNDER STATE CONTRACT 25-416CMS-BOSS4-85806, FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the Office of Public Works desires to purchase rock salt from Compass Minerals under State Contract 25-416CMS-BOSS4-85806, in the amount not to exceed $268,530.00; and

WHEREAS, the City Purchasing Agent has made a determination that this contract is exempt from the provisions of the City Purchasing Code requiring sealed competitive bidding pursuant to the exceptions contained in Section 38.50 pertaining to Joint Purchases; and

WHEREAS, the state contract shall be located in the Office of the City Clerk and identified as State Contract 25-416CMS-BOSS4-85806.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby authorizes the purchase of rock salt from Compass Minerals under State Contract 25-416CMS-BOSS4-85806, in the amount not to exceed $268,530.00 for the Office of Public Works. The Mayor and City Clerk are authorized to execute a contract on behalf of the City of Springfield.

Section 2: That the Office of Budget and Management is hereby authorized to pay Compass Minerals (0NOR6600) an amount not to exceed $268,530.00 as follows:

ACCOUNT NUMBER	AMOUNT
041-110-GAST-STRS-1407	$268,530.00

Section 3: That this ordinance shall become effective upon its passage and recording by the City Clerk.

PASSED: _____, **2025**

RECORDED: _____, **2025**

SIGNED: _____, **2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.15.25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **Matt Gairani**

FROM: **Anthony Quinones – Central Purchasing**

DATE: **October 1, 2025**

SUBJECT: **Joint Contract Determination**

I have reviewed the Ordinancne Fact Sheet to Compass Minerals for the purchase of Rock Salt in an amount not to exceed $268,530.00 for the Office of Public Works

The State of Illinois Joint Purchase Contract Number is 25-416CMS-BOSS4-85806.

Pursuant to Article 38.50 (1) of the Purchasing Code of the City of Springfield, this purchase is exempt from the City's requirement for Sealed Competitive Bids as this purchase will be made pursuant to a U.S. General Services Administration contract available for joint purchasing.

300 SOUTH SEVENTH • ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2205 • FAX (217) 789-2207

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GCIU 409-C

06	Seneca Township	10300 Garden Valley Road	Woodstock	IL	60098	10300 Garden Valley Road	McHenry	1	600	$71.74 100%
07	Shelby County Hwy. Dept.	1590 State Highway 16	Shelbyville	IL	62565	1590 State Hwy 16	Shelby	7	110	$114.70 80%
08	Shiloh Township Road District	9253 E. Bellview Rd.	Mt. Vernon	IL	62864	9253 E. Bellview Rd.	Jefferson	9	88	$96.99 80%
09	Silver Creek Township	4527 S. Hollywood Rd	Baileyville	IL	61007	4527 S. Hollywood Rd., PO Box 37	Stephenson	2	176	$96.25 80%
10	South Chicago Heights, Village of	3275 Butler Ave	South Chicago Heights	IL	60411	3317 Chicago Road	Cook	1	350	$68.34 100%
11	Southeastern Illinois College	3575 College Road	Harrisburg	IL	62946	3575 College Rd.	Saline	9	22	$93.11 80%
12	Springfield, City of	301 N. 17th Street	Springfield	IL	62702	300 S 7th St, Room 203	Sangamon	6	3000	$89.51 80%
13	St. Charles #1, City of	1405 S. 7th Avenue	St. Charles	IL	60174	2 E. Main Street	Kane	1	748	$72.18 80%
14	St. Charles #2, City of	3805 Lincoln Highway	St. Charles	IL	60174	2 E. Main Street	Kane	1	1144	$72.02 80%
15	State, DOC-East Moline Corr. Center	100 Hillcrest Road	East Moline	IL	61244	100 Hillcrest Rd.	Rock Island	2	88	$90.30 80%
16	State, DVA- Veterans Home-Quincy	1707 N. 12-th Street	Quincy	IL	62301	1707 N 12th Street	Adams	6	100	$99.03 80%
17	State, IDOT - ALEDO (TS# 411A)	1610 SOUTHEAST 3RD STREET	Aledo	IL	61231	401 Main Street	Mercer	4	2425	$87.44 80%
18	State, IDOT - ANNA (TS# 931)	215 North Lime Kiln Road	Anna	IL	62906	PO Box 100	Union	9	3000	$96.53 80%
19	State, IDOT - ATWOOD (TS# 304A)	65 Commercial Drive	Atwood	IL	61913	240 Depot St	Douglas	5	600	$103.65 80%

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Central Management Services

Contract

JPMC Rock Salt, Bulk FY26

25-416CMS-BOSS4-P-85806

The Parties to this contract are the State of Illinois acting through the undersigned Agency (collectively the State) and the Vendor. This contract, consisting of the signature page and numbered sections listed below and any attachments referenced in this contract, constitute the entire contract between the Parties concerning the subject matter of the contract, and in signing the contract, the Vendor affirms that the Certifications and Financial Disclosures and Conflicts of Interest attached hereto are true and accurate as of the date of the Vendor's execution of the contract. This contract supersedes all prior proposals, contracts and understandings between the Parties concerning the subject matter of the contract. This contract can be signed in multiple counterparts upon agreement of the Parties.

1. SCOPE OF WORK

1.1. OVERVIEW AND PURPOSE:

To establish a joint purchase master contract (JPMC) for bulk rock salt to be purchased on an as-needed basis during the contract period.

This JPMC may be utilized by all governmental units as defined in Section 5 of this Contract.

Note: Participation in this contract is based upon the CY25-26 Illinois Department of Central Management Services Joint Participation Agreement Survey that defines the BidBuy line items and additional participation in the resultant contract is not allowed.

1.2. SUPPLIES AND/OR SERVICES REQUIRED:

1.2.1. The vendor will provide bulk rock salt based on quantity ordered within the timeframe listed herein.

1.2.2. Rock Salt Specification Requirements:

1.2.2.1. Rock Salt shall comply with the requirements of The American Association of State Highway and Transportation

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Officials (AASHTO) SPECIFICATION M143, SODIUM CHLORIDE TYPE 1, GRADE 1.

1.2.2.2. Rock Salt shall be free flowing fresh stock. Reclaimed or re-crushed rock salt will not be accepted and shall be rejected by delivery site.

1.2.3. Quantity Commitments: All participants who complete the annual survey will have the option to choose between a minimum of 80% or 100% purchase commitment and will be allowed a maximum of 120% purchase commitment as defined below. All minimum purchase commitments will be defined in the line item description within BidBuy.

1.2.3.1. Minimum 80% Commitment: Some participants identified from the annual survey have chosen a minimum purchase commitment of 80%. That means that if the participant estimates a quantity of 100 ton, the participant is only obligated to order 80 ton. That is 80% of the estimated quantity. The participant shall have no further liability to the Vendor for further remaining quantities.

1.2.3.2. Minimum 100% Commitment: Some participants identified from the annual survey have chosen a minimum purchase commitment of 100%. That means that if the participant estimates a quantity of 100 ton, the participant is obligated to order 100 ton. That is 100% of the estimated quantity.

1.2.3.3. Maximum 120% Commitment: The Vendor shall agree to provide up to 120% of the bid quantity estimated tonnage at the same contract price. That means that all participants who estimate a quantity of 100 ton can order up to 120 ton at the same contract price.

1.2.3.4. Quantities Exceeding 120% Maximum: In some instances, a participant may require quantities that would exceed the maximum commitment of the Vendor; in such instances, any delivery shall be made upon the mutual agreement of all parties.

1.2.3.5. Purchase Percentages for IDOT: The Illinois Department of Transportation (IDOT) has provided estimated quantities for individual locations. Quantities purchased from each Vendor shall be computed on a District by District basis (not by location). For example, if a Vendor has 2 locations in a District with estimated quantities of 100 and 200 tons with a minimum 80% commitment. Then the 80% commitment

will be met once the 300(0.8) = 240 tons has been purchased between the two locations. This may include all 240 tons purchased from one location.

1.2.4. Weights and Measures Requirements and Adjustments:

1.2.4.1. Weights and Measures: All measurements for weight shall be from scales meeting the requirements of The Weights and Measures Act of the State of Illinois (225 ILCS 470). The Vendor shall provide accurate weights of materials delivered to governmental units. These weights shall be documented on delivery tickets which shall identify the source of the material, type of material, the date and time the material was loaded, the release number, the net weight, the tare weight, and the identification of the transporting vehicle.

1.2.4.2. The State reserves the right to conduct random, independent vehicle weight checks for salt deliveries. This will require that trucks occasionally be directed to a scale near the delivery point.

1.2.4.3. Should the vehicle weight check result in the net weight of material on the vehicle to exceed the net weight of material shown on the Vendor's delivery ticket by 600 pounds or more, the State will document the independent vehicle weight check and immediately furnish a copy of the results to the Vendor. No adjustment in pay quantity will be made.

1.2.4.4. Should the vehicle weight check result in the net weight of material shown on the delivery ticket to be less than the net weight of material on the vehicle by the tolerance of 600 pounds or more, the State will document the independent vehicle weight check (IWC1), immediately furnish a copy of the results to the Vendor, and immediately perform a second independent weight check (IWC2). The vehicle will be weighed on a second independent Department of Agriculture certified scale used for the initial independent weight check. If the second independent weight check (IWC2) is within the 600-pound tolerance, no pay adjustments will be made, and random independent weight checks will resume. If the second weight check confirms the net weight of the material shown on the Vendor's delivery ticket is less than the net weight of material on the vehicle by 600 pounds or more, the State will adjust the net weight shown on the delivery ticket to the checked delivered

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net weight as determined by the initial independent vehicle weight check (IWC1).

1.2.4.5. Method of Measurement: The State will also adjust the method of measurement for subsequent truck loads using the same scale based on the out-of-tolerance independent weight checks (ICW1). The net weight of rock salt delivered to the State from this source, will be adjusted by applying a correction factor "A" as determined by the following formula:

$A = [1.0 - (B - C) / B]$; Where $A < 1.0$ and $B - C > 600$

Where: A = Adjustment factor

B = Net weight shown on the delivery ticket from Vendor

C = Net weight on the vehicle determined from independent weight check from IWC1

The adjustment factor will be applied as follows:

Adjusted Net Weight = A x Delivery Ticket Net Weight

The adjustment factor will be imposed until the cause of the deficient weight is identified and corrected by the Vendor to the satisfaction of the State. If the cause of the deficient weight is not identified and corrected within seven calendar days, the State reserves the right to immediately, and without notice to Vendor, take action to remedy Vendor failure. This action may include the termination of the order and purchase of salt from other sources, or other action to ensure ice control availability for public safety purposes. Note that any or all additional costs may be collected from the original Vendor, in addition to the applied weight adjustments.

Should the Vendor elect to challenge the results of the independent weight check, the State will continue to document the weight of material for which the adjustment factor would be applied. However, provided the Vendor furnishes the State with written documentation that the source scale has been calibrated within seven calendar days after the date of the independent weight check, adjustments in the weight of material paid for will not be applied unless the scale calibration demonstrates that the

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source scale was not within the specified Department of Agriculture tolerance.

1.2.4.6. Deductions: The State reserves the right to assess, and apply if applicable, invoice deductions for the following:

Moisture Content: Deductions by percentage for moisture content based on total weight shall be determined by the following ranges:

Moisture Content (%)	Deduction in Price (Per Truckload)
0.00 TO 2.00	NO DEDUCTION
2.01 TO 2.50	10% DEDUCTION
2.51 TO 3.00	15% DEDUCTION
3.01 TO 3.50	20% DEDUCTION
3.51 TO 4.00	25% DEDUCTION
GREATER THAN 4.01	REJECTION OF LOAD

Sodium Chloride (NACL) Content: The State reserves the right to accept delivery of rock salt which, according to the analysis by The Illinois Department of Transportation, has a Sodium Chloride (NACL) content of less than 95.0 percent, but not less than 90.0 percent. When such reservation is applied, final payment will be made on the following basis:

1.2.4.6.1. When NACL content is between 94.0 and 94.9 percent, the price to be paid shall be the contract price less $5.00 per ton.

1.2.4.6.2. When NACL content is between 90.0 and 93.9 percent, the price paid shall be contract price less $10.00 per ton.

1.2.4.6.3. When the NACL content is less than 90.0 percent, the load will be rejected.

1.2.5. Ordering

1.2.5.1. Order Placement: Orders may be placed with the Vendor (Monday-Friday) via telephone, with a written electronic communication (e-mail) to follow. All State agency orders will contain a purchase order generated from BidBuy in addition to an electronic communication (e-mail). Vendors shall arrange for immediate shipment upon receipt of order from an authorized participating agency representative. All

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other governmental units will use their own purchase order system.

1.2.5.2. Order Quantities: Orders shall be scheduled in amounts that make up full (22-25 tons) truckloads, orders for less than truckload will not be accepted.

1.2.5.3. Initial Orders: The Illinois Department of Transportation requires Vendors to ship initial fill-up orders prior to October 31st of the current year. If this date has passed prior to execution, we ask that the Vendor(s) start shipping as soon as contract has been executed. Please see the attached file within BidBuy titled "Initial Orders". Vendor(s) shall notify each destination entity when initial shipments are to begin.

1.2.5.4. Seasonal Orders: Non-State agencies reserve the right to purchase up to 50% of the estimated order requirements prior to November 30th of the current year. Vendor shall notify each delivery point of when shipment is to begin.

1.2.5.5. Order Timeline: For an order placed prior to 9:00 a.m. on a given day, that day would be considered as the first calendar day of the seven (7) day delivery period. For an order placed after 9:00 a.m. on a given day, the day following would be considered as the first calendar day of the seven (7) day delivery period, or as amended by order guidelines in Section 1.2.5.6.

1.2.5.6. Order Guidelines: An agency may order up to 20% of their 100% contracted tonnage in any given week and Vendor shall deliver within 7 working days after receipt of order. Quantities ordered above the 20 percent threshold shall have an extended delivery time of one-working-day for each one percentage-point above the 20% guideline. For example, if an agency orders 25% of their awarded total 100 tons, delivery of the first 20 tons (20%) shall be within 7 working days after receipt of order and the remaining 5 tons shall be delivered within 12 working days after receipt of the order.

1.2.5.7. Peak Season Orders: After hours and weekend delivery arrangements are encouraged during severe seasonal weather events to provide Vendor additional ability to maintain a prompt order delivery schedule. Orders placed during peak season should be in accordance with projected requirements and not in excess of the order guidelines,

thereby hindering a Vendor's ability to maintain a prompt order delivery schedule.

1.2.5.8. Post Season Orders: All orders for Rock Salt shall be placed by the end of July for the previous season's estimated usage. If the location does not have adequate capacity to hold the rock salt, the Vendor may elect to add a storage charge per ton/day. Storage for all post season orders shall not exceed a period of six (6) months.

1.2.5.9. Maximum Overage Tonnage Allowed for Quantity Commitments: The Vendor shall deliver within one full truck load of 22-25 tons for each governmental unit's total quantity commitments. All governmental units will be required to pay for any overage tons delivered over the quantity commitment and within the full truck load of 22-25 tons. If the Vendor should deliver more than the max. allowed, then the governmental unit will have the option to request that the Vendor pick up the tonnage amount of rock salt to meet the maximum overage tonnage at no cost to the governmental unit.

1.3. MILESTONES AND DELIVERABLES:

1.3.1. Stockpile and Order Status Reports: Vendor shall provide stockpile and order status reports upon request and as requested by the CMS Bureau of Strategic Sourcing for use in its contract administration effort. Failure to comply in a timely manner may be considered a breach of contract.

1.3.2. Delivery Invoices: Vendor invoices shall show the date orders were placed with the Vendor and the dates and tonnage amounts of salt delivered.

1.3.3. The Vendor warrants that all products furnished hereunder will be free from liens and encumbrances; defects in design, materials, and workmanship; and will conform in all respects to the terms of this Contract including any specifications or standards. In addition, Vendor warrants the products/equipment and related services are suitable for and will perform in accordance with the ordinary use for which they are intended.

1.3.4. The Vendor shall report to the Department of Central Management Services Bureau of Strategic Sourcing (BOSS) an annual Contract Usage Report which includes all governmental units and not-for-profit agencies. This report shall be in a tab-delimited text file or an Excel spreadsheet that references the BidBuy Purchase Order (PO) Number, time period being reported, and must include the following:

PO Line Number, Description, Quantity, Ordering Entity

A sample of the report's format is as follows:

Line Item #	Description	Quantity	Ordering Entity
1	XXXXXXXXX	XXX	XXXXXXX
2	XXXXXXXXX	XXX	XXXXXXX

1.4. VENDOR/STAFF SPECIFICATIONS:

1.4.1. Vendor Meetings:

1.4.1.1. The Vendor shall participate in a pre-season meeting with IDOT Central Bureau of Operations. This meeting will be scheduled after the execution of the contract(s).

1.4.1.2. The Vendor shall participate in weekly calls with IDOT Central Bureau of Operations throughout the winter season.

1.4.1.3. The Vendor shall participate in a post-season meeting with IDOT Central Bureau of Operations that will be scheduled between April to June.

1.4.2. Stockpile and Delivery Performance:

1.4.2.1. Delivery Performance: Freezing of waterways and the impact on delivery must be reasonably anticipated by the Vendor and is not a cause to claim Force Majeure.

1.4.2.2. STOCKPILE AVAILABILITY: Successful Vendors shall have stockpiles of Rock Salt in Illinois or near its boundaries in quantities that are sufficient to satisfy the State of Illinois contractual requirements and stockpile staging requirements shall be as follows:

1.4.2.2.1. 100% at upper MISSISSIPPI RIVER STOCKPILE locations, DISTRICT-1, DISTRICT-2, DISTRICT-3, and DISTRICT-4 by December 1st.

1.4.2.2.2. 50% at all other Downstate Stockpile locations by December 1st and 100% by January 1st.

Stockpiles must be securely covered within 10 calendar days of the required 100% staging dates listed above. This may be accomplished by storing the material in a building or covering it with a waterproof material (generally a tarp) that is sufficiently secured to withstand damage from wind. Such stockpiles must be near enough to delivery points to allow for timely delivery as required by the State of Illinois contractual requirements.

Vendors may also be required to furnish a list of rock salt commitments against these stockpiles as a result of other contractual agreements.

1.4.2.3. STOCKPILE INSPECTIONS: The State reserves the right to inspect and/or test the rock salt provided at the Vendor's stockpile points or at the salt storage facility destination, whichever is most convenient to the State.

1.4.3. Safety Data Sheets: The Vendor is required to furnish a Safety Data Sheet (SDS) for each toxic substance shipped. Submission of Safety Data Sheets is required by the Illinois Toxic Substances Disclosure to Employees Act. 820 ILCS 255/1 ET SEQ, or subsequent amendment.

1.4.4. Vendor must be registered in BidBuy before entering into the resulting Contract with the State of Illinois.

1.5. TRANSPORTATION AND DELIVERY:

1.5.1. Delivery Time: Delivery will be made F.O.B. Destination with all transportation and handling paid by the Vendor to any participating Governmental Unit. Deliveries are to be made within seven (7) working days, or as extended by order guidelines in Section 1.2.5.6. For all orders placed by contract participants on or after December 1 and prior to May 1st of any year, order delivery performance shall be subject to application of Liquidated Damages as stated in Section 1.5.10 below.

1.5.2. Delivery Schedule: Salt order deliveries will be accepted only during regular workdays (Monday thru Friday) and work hours (7:30 a.m. - 3:30 p.m.) excluding state holidays, except where special arrangements are made in advance with an appropriate representative at the delivery site.

1.5.3. Delivery Locations: All delivery locations are listed within each line item in BidBuy. Specific delivery notes for other governmental units will be given at the time of order.

1.5.4. Payment of Tolls: The Vendor shall be required to pay the full amount of tolls, if any, incurred during the duration of the contract. Said tolls will not be refunded by the ordering agency.

1.5.5. Delivery Tickets: Each Vendor and subcontractor shall have an automatic printer to record the gross weight of rock salt. The automatic printer shall be an integral part of the scale equipment, or the scale and printer shall be directly connected in a manner that will prohibit the manual entry of gross weights. Tare and net weights shall be shown on weigh tickets and may be printed automatically or entered manually. The State reserves the right to immediately, and without notice to Vendor or subcontractor, take action to remedy Vendor failure of automatic printing. This action may include the termination of the order and purchase of salt from other sources, or other action to ensure all weights and measures are correct. Unless otherwise directed, delivery ticket must also be signed by an authorized agency representative at the delivery location point to verify that agency has accepted the material. The Vendor shall include the release order number and the date of delivery on each delivery ticket. The Vendor shall ensure all weights and measures shown on all tickets are correct.

1.5.6. Delivery Requirements: All truck loads shall be covered with weatherproof material (generally a tarp). Any truck loads not covered may be rejected at the delivery site. Vendor shall ensure the delivery person inspects the inside of the trailer and all salt is removed from the trailer before leaving a delivery point. Pre-loading trucks prior to the date of delivery is not allowed and may be rejected at the delivery site. In the event any agency discovers preloaded rock salt already dumped at its location, the salt may be reloaded onto the cartage hauler's truck by the agency and returned for credit and the Vendor shall immediately ship a conforming load of replacement Rock Salt, or at agencies' option to issue a refund consistent with the dollar amount of the original order.

1.5.7. Delivery Method: All deliveries will be on the basis of the "End-Dumping" method. Vendors shall be governed by the specific delivery instructions, as to unloading point, issued by an applicable agency when they place their order for a particular location.

1.5.8. Weights and Measures: Governmental units reserve the right to require that trucks may occasionally be directed to a scale in the vicinity of the delivery point as a check on delivered truckloads. The governmental units reserve the right to take action to remedy Vendor's failure to provide accurate weights and measures.

1.5.9. Foreign Materials: All truck loads shall be free of any foreign material such as mud, rocks, grader teeth, wood, tarpaulins, etc. or the load may

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be rejected. In the event any agency discovers foreign material in truckloads of rock salt already dumped at its location, the salt and foreign matter may be reloaded onto the cartage hauler's truck by the agency and returned for credit and the Vendor shall immediately ship a conforming load of replacement Rock Salt, or at agencies' option to issue a refund consistent with the dollar amount of original order.

1.5.10. Damages: Governmental units reserve the right to take action against Vendor delivery failure as follows:

Liquidated Damages: From December 1 through May 1 of the current season, if the Vendor is unable to make delivery within the authorized delivery time, the governmental units shall assess and have the right to retain as Liquidated Damages, and not as a penalty, 5 percent per working day on the undelivered portion of the order, but not to exceed 50 percent of the total order. Governmental units and Vendor agree that at the time of contracting, the amount of actual damages is uncertain. Governmental units and Vendor further agree that the amount of Liquidated Damages in this Section is reasonable and bears relation to the damages which may be sustained in the event of a breach.

Delivery Failure Damages: If after seven (7) days' assessment of Liquidated Damage claims, a Vendor has still failed to deliver as required, governmental units reserve the right to immediately, and without notice to Vendor, take action to remedy Vendor failure. This may include the termination of the order and purchase of salt from other sources, or other action to ensure ice control availability for public safety purposes. Note that any or all additional costs may be collected from the original Vendor, in addition to the applied Liquidated Damages.

1.6. SUBCONTRACTING:

Subcontractors are allowed.

1.6.1. Will subcontractors be utilized? ☒ Yes ☐ No

A subcontractor is a person or entity that enters into a contractual agreement with a total value of $100,000 or more with a person or entity who has a contract subject to the Illinois Procurement Code pursuant to which the person or entity provides some or all of the goods, services, real property, remuneration, or other monetary forms of consideration that are the subject of the primary State contract, including subleases from a lessee of a State contract.

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All contracts with subcontractors where the annual value of the subcontract is greater than $50,000 must include Illinois Standard Certifications completed by the subcontractor.

1.6.2. Please identify below subcontracts with an annual value of $100,000 or more that will be utilized in the performance of the contract, the names and addresses of the subcontractors, and a description of the work to be performed by each.

- Subcontractor Name: Please see attached list.

  Amount to Be Paid: Please see attached list.

  Address: Click here to enter text

  Description of Work: Click here to enter text

- Subcontractor Name: Click here to enter text

  Amount to Be Paid: Click here to enter text

  Address: Click here to enter text

  Description of Work: Click here to enter text

If additional space is necessary to provide subcontractor information, please attach an additional page.

1.6.3. If the annual value of any subcontracts is more than $100,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.

1.6.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor is required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to this Contract. Any subcontracts entered prior to award of this Contract are done at the sole risk of the Vendor and subcontractor(s).

1.7. **WHERE SERVICES ARE TO BE PERFORMED:** Unless otherwise disclosed in this section all services shall be performed in the United States. If the Vendor performs the services purchased hereunder in another country in violation of this provision, such action may be deemed by the State as a breach of the contract by Vendor.

Vendor shall disclose the locations where the services required shall be performed and the known or anticipated value of the services to be performed at each location.

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If the Vendor received additional consideration in the evaluation based on work being performed in the United States, it shall be a breach of contract if the Offeror shifts any such work outside the United States.

- Location where services will be performed: Please see attached list.
- Value of services performed at this location: Please see attached list.

- Location where services will be performed: Click here to enter text
- Value of services performed at this location: Click here to enter text

2. PRICING

2.1. **TYPE OF PRICING:** The Illinois Office of the Comptroller requires the State to indicate whether the contract price is firm or estimated at the time it is submitted for obligation. The total price of this contract is estimated.

2.2. **VENDOR'S PRICING:** Vendor's pricing is located in the Items Tab in the BidBuy Purchase Order. The State includes in this contract the BidBuy Purchase Order as it contains the agreed pricing.

2.2.1. Pricing must include all costs shipped F.O.B. destination and may not include any additional costs due to taxes (federal or otherwise) unless accompanied by proof the State is subject to the tax.

2.3. **GOVERNMENT ACTIONS:** A price adjustment may be requested from the Vendor following the execution date of this Contract due to unforeseeable government actions including tariffs, duties or similar governmental charges that are beyond the control of either Party. The additional governmental charges will be added to the invoice as a separate line item.

2.3.1. Verifiable documentation of such changes, including but not limited to, invoices, published price lists or official price bulletins, etc., from the Vendor's supplier, will be provided with the request for economic adjustment in order to substantiate any requested change. The State reserves the right to consider various pertinent information sources to evaluate price increase requests (such as the CPI and PPI, as published by the US Department of Labor, Bureau of Labor Statistics). The State also reserves the right to consider other information related to special economic and/or industry circumstances, when evaluating a price change request. Changes may be either increases or decreases and may be requested by either party.

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2.3.2. The claim for such adjustment must include a certification from the manufacturer/supplier verifying the actual cost at the time of the bid award and at the time of the requested increase. The increase will be allowed only on the cost to the Vendor. No increase or change in the Vendor's overhead, profit or other factors will be approved. Vendor shall not be entitled to apply any governmental charges without first obtaining approval of such request from the Department of Central Management Bureau of Strategic Sourcing.

2.3.3. At the sole discretion of the Agency, if the government action that warranted a price adjustment granted under this Section is rescinded, the price shall automatically revert to the previous contract price, without notice to the Vendor.

2.4. **MAXIMUM AMOUNT:** This Joint Purchase Master Contract is an indefinite quantity contract.

3. TERM AND TERMINATION

3.1. **TERM OF THIS CONTRACT:** The contract will have an initial term commencing upon October 1, 2025 or the last dated signature of the Parties, whichever is later and ending on September 30, 2026. In no event will the maximum total term of the contract, including the initial term, any renewal terms, and any extensions, exceed ten (10) years. Vendor shall not commence billable work in furtherance of the contract prior to final execution of the contract except when permitted pursuant to 30 ILCS 500/20-80.

3.2. **TERMINATION FOR CAUSE:** The State may terminate this contract, in whole or in part, immediately upon notice to the Vendor if: (a) the State determines that the actions or inactions of the Vendor, its agents, employees or subcontractors have caused, or reasonably could cause, jeopardy to health, safety, or property, or (b) the Vendor has notified the State that it is unable or unwilling to perform the contract.

If Vendor fails to perform to the State's satisfaction any material requirement of this contract, is in violation of a material provision of this contract, or the State determines that the Vendor lacks the financial resources to perform the contract, the State shall provide written notice to the Vendor to cure the problem identified within the period of time specified in the State's written notice. If not cured by that date the State may either: (a) immediately terminate the contract without additional written notice or (b) enforce the terms and conditions of the contract.

For termination due to any of the causes contained in this Section, the State retains its rights to seek any available legal or equitable remedies and damages.

3.3. TERMINATION FOR CONVENIENCE: The State may, for its convenience and with thirty (30) days prior written notice to Vendor, terminate this contract in whole or in part and without payment of any penalty or incurring any further obligation to the Vendor.

Upon submission of invoices and proof of claim, the Vendor shall be entitled to compensation for supplies and services provided in compliance with this contract up to and including the date of termination.

3.4. AVAILABILITY OF APPROPRIATION: This contract is contingent upon and subject to the availability of funds. The State, at its sole option, may terminate or suspend this contract, in whole or in part, without penalty or further payment being required, if (1) the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation, or if funds needed are insufficient for any reason (30 ILCS 500/20-60), (2) the Governor decreases the Agency's funding by reserving some or all of the Agency's appropriation(s) pursuant to power delegated to the Governor by the Illinois General Assembly, or (3) the Agency determines, in its sole discretion or as directed by the Office of the Governor, that a reduction is necessary or advisable based upon actual or projected budgetary considerations. Contractor will be notified in writing of the failure of appropriation or of a reduction or decrease.

4. STANDARD BUSINESS TERMS AND CONDITIONS

4.1. PAYMENT TERMS AND CONDITIONS:

4.1.1. LATE PAYMENT: Payments, including late payment charges, will be paid in accordance with the State Prompt Payment Act and rules when applicable. 30 ILCS 540; 74 III. Adm. Code 900. This shall be Vendor's sole remedy for late payments by the State. Payment terms contained in Vendor's invoices shall have no force or effect.

4.1.2. MINORITY CONTRACTOR INITIATIVE: Any Vendor awarded a contract of $1,000 or more under Section 20-10, 20-15, 20-25 or 20-30 of the Illinois Procurement Code (30 ILCS 500) is required to pay a fee of $15. The Comptroller shall deduct the fee from the first check issued to the Vendor under the contract and deposit the fee in the Comptroller's Administrative Fund. 15 ILCS 405/23.9.

4.1.3. EXPENSES: The State will not pay for supplies provided or services rendered, including related expenses, incurred prior to the execution of this

contract by the Parties even if the effective date of the contract is prior to execution.

4.1.4. PREVAILING WAGE: As a condition of receiving payment Vendor must (i) be in compliance with the contract, (ii) pay its employees prevailing wages when required by law, (iii) pay its suppliers and subcontractors according to the terms of their respective contracts, and (iv) provide lien waivers to the State upon request. Examples of prevailing wage categories include public works, printing, janitorial, window washing, building and grounds services, site technician services, natural resource services, security guard and food services. The prevailing wages are revised by the Illinois Department of Labor (DOL) and are available on DOL's official website, which shall be deemed proper notification of any rate changes under this subsection. Vendor is responsible for contacting DOL at 217-782-6206 or (*https://labor.illinois.gov*) to ensure understanding of prevailing wage requirements.

4.1.5. FEDERAL FUNDING: This contract may be partially or totally funded with Federal funds. If Federal funds are expected to be used, then the percentage of the good/service paid using Federal funds and the total Federal funds expected to be used will be provided to the awarded Vendor in the notice of intent to award.

4.1.6. INVOICING: By submitting an invoice, Vendor certifies that the supplies or services provided meet all requirements of this contract, and the amount billed and expenses incurred are as allowed in this contract. Invoices for supplies purchased, services performed, and expenses incurred through June 30 of any year must be submitted to the State no later than July 31 of that year; otherwise Vendor may have to seek payment through the Illinois Court of Claims. 30 ILCS 105/25. All invoices are subject to statutory offset. 30 ILCS 210.

4.1.6.1. Vendor shall not bill for any taxes unless accompanied by proof that the State is subject to the tax. If necessary, Vendor may request the applicable agency's Illinois tax exemption number and Federal tax exemption information.

4.1.6.2. Vendor shall invoice at this completion of the contract unless invoicing is tied in this contract to milestones, deliverables, or other invoicing requirements agreed to in the contract.

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Send invoices to:

Agency:	Requesting Agency/Entity
Attn:	Requesting Agency/Entity
Address:	Requesting Agency/Entity
City, State Zip	Requesting Agency/Entity

For procurements conducted in BidBuy, the Agency may include in this contract the BidBuy Purchase Order as it contains the Bill To address.

4.2. **ASSIGNMENT:** This contract may not be assigned or transferred in whole or in part by Vendor without the prior written consent of the State.

4.3. **SUBCONTRACTING:** For purposes of this section, subcontractors are those with contracts with an annual value exceeding $100,000 and who are specifically hired to perform all or part of the work covered by this contract. Vendor must receive prior written approval before use of any subcontractors in the performance of this contract. Vendor shall describe, in an attachment if not already provided, the names and addresses of all authorized subcontractors to be utilized by Vendor in the performance of this contract, together with a description of the work to be performed by the subcontractor and the anticipated amount of money that each subcontractor is expected to receive pursuant to this contract. If required, Vendor shall provide a copy of any subcontracts within fifteen (15) days after execution of this contract. All subcontracts must include the same certifications that Vendor must make as a condition of this contract. Vendor shall include in each subcontract the Standard Illinois Certification form available from the State. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, then Vendor must promptly notify, by written amendment to the Contract, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses, the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract, and the general type of work to be performed. 30 ILCS 500/20-120.

4.4. **AUDIT/RETENTION OF RECORDS:** Vendor and its subcontractors shall maintain books and records relating to the performance of this contract and any subcontract necessary to support amounts charged to the State pursuant this contract or subcontract. Books and records, including information stored in databases or other computer systems, shall be maintained by the Vendor for a period of three (3) years from the later of the date of final payment under the contract or completion of the contract, and by the subcontractor for a period of three (3) years from the later of final payment under the term or completion of the subcontract. If Federal funds are used to pay contract costs, the Vendor and its subcontractors must retain their respective records for five (5) years. Books and records required to be maintained under this section shall be available for review or audit by representatives of the

procuring Agency, the Auditor General, the Executive Inspector General, the Chief Procurement Officer, State of Illinois internal auditors or other governmental entities with monitoring authority, upon reasonable notice and during normal business hours. Vendor and its subcontractors shall cooperate fully with any such audit and with any investigation conducted by any of these entities. Failure to maintain books and records required by this section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this contract or any subcontract for which adequate books and records are not available to support the purported disbursement. The Vendor or subcontractors shall not impose a charge for audit or examination of the Vendor's or subcontractor's books and records. 30 ILCS 500/20-65.

4.5. **TIME IS OF THE ESSENCE:** Time is of the essence with respect to Vendor's performance of this contract. Vendor shall continue to perform its obligations while any dispute concerning this contract is being resolved unless otherwise directed by the State.

4.6. **NO WAIVER OF RIGHTS:** Except as specifically waived in writing, failure by a Party to exercise or enforce a right does not waive that Party's right to exercise or enforce that or other rights in the future.

4.7. **FORCE MAJEURE:** Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence, including acts of nature, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel this contract without penalty if performance does not resume within thirty (30) days of the declaration.

4.8. **CONFIDENTIAL INFORMATION:** Each Party to this contract, including its agents and subcontractors, may have or gain access to confidential data or information owned or maintained by the other Party in the course of carrying out its responsibilities under this contract. Vendor shall presume all information received from the State or to which it gains access pursuant to this contract is confidential. Vendor information, unless clearly marked as confidential and exempt from disclosure under the Illinois Freedom of Information Act, shall be considered public. No confidential data collected, maintained, or used in the course of performance of this contract shall be disseminated except as authorized by law and with the written consent of the disclosing Party, either during the period of this contract or thereafter. The receiving Party must return any and all data collected, maintained, created or used in the course of the performance of this contract, in whatever form it is maintained, promptly at the end of this contract, or earlier at the request of the disclosing Party, or notify the disclosing Party in writing of its destruction. The foregoing obligations shall not apply to confidential data or information lawfully in the receiving Party's possession prior to its acquisition from the disclosing Party; received in good faith from a third Party not subject to any confidentiality obligation to the disclosing Party; now is or later becomes publicly known through no breach of confidentiality obligation by the receiving Party; or that is independently

developed by the receiving Party without the use or benefit of the disclosing Party's confidential information.

4.9. USE AND OWNERSHIP: All work performed or supplies created by Vendor under this contract, whether written documents or data, goods or deliverables of any kind, shall be deemed work for hire under copyright law and all intellectual property and other laws, and the State of Illinois is granted sole and exclusive ownership to all such work, unless otherwise agreed in writing. Vendor hereby assigns to the State all right, title, and interest in and to such work including any related intellectual property rights, and/or waives any and all claims that Vendor may have to such work including any so-called "moral rights" in connection with the work. Vendor acknowledges the State may use the work product for any purpose. Confidential data or information contained in such work shall be subject to the confidentiality provisions of this contract.

4.10. INDEMNIFICATION AND LIABILITY: The Vendor shall indemnify and hold harmless the State of Illinois, its agencies, officers, employees, agents and volunteers from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements and judgments, including in-house and contracted attorneys' fees and expenses, arising out of: (a) any breach or violation by Vendor of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any real or personal property, or any other damage or loss claimed to result in whole or in part from Vendor's negligent performance; (c) any act, activity or omission of Vendor or any of its employees, representatives, subcontractors or agents; or (d) any actual or alleged claim that the services or goods provided under this contract infringe, misappropriate, or otherwise violate any intellectual property (patent, copyright, trade secret, or trademark) rights of a third party. In accordance with Article VIII, Section 1(a),(b) of the Constitution of the State of Illinois and 1973 Illinois Attorney General Opinion 78, the State may not indemnify private parties absent express statutory authority permitting the indemnification. Neither Party shall be liable for incidental, special, consequential, or punitive damages.

4.11. INSURANCE: Vendor shall, at all times during the term of this contract and any renewals or extensions, maintain and provide a Certificate of Insurance naming the State as an additionally insured for all required bonds and insurance. Certificates may not be modified or canceled until at least thirty (30) days' notice has been provided to the State. Vendor shall provide: (a) General Commercial Liability insurance in the amount of $1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage) and $2,000,000 Annual Aggregate; (b) Auto Liability, including Hired Auto and Non-owned Auto (Combined Single Limit Bodily Injury and Property Damage), in amount of $1,000,000 per occurrence; and (c) Worker's Compensation Insurance in the amount required by law. Insurance shall not limit Vendor's obligation to indemnify, defend, or settle any claims.

4.12. INDEPENDENT CONTRACTOR: Vendor shall act as an independent contractor and not an agent or employee of, or joint venturer with the State. All payments by the State shall be made on that basis.

4.13. SOLICITATION AND EMPLOYMENT: Vendor shall not employ any person employed by the State during the term of this contract to perform any work under this contract. Vendor shall give notice immediately to the Agency's director if Vendor solicits or intends to solicit State employees to perform any work under this contract.

4.14. COMPLIANCE WITH THE LAW: The Vendor, its employees, agents, and subcontractors shall comply with all applicable Federal, State, and local laws, rules, ordinances, regulations, orders, Federal circulars and all license and permit requirements in the performance of this contract. Vendor shall be in compliance with applicable tax requirements and shall be current in payment of such taxes. Vendor shall obtain at its own expense, all licenses and permissions necessary for the performance of this contract.

4.15. BACKGROUND CHECK: Whenever the State deems it reasonably necessary for security reasons, the State may conduct, at its expense, criminal and driver history background checks of Vendor's and subcontractor's officers, employees or agents. Vendor or subcontractor shall immediately reassign any individual who, in the opinion of the State, does not pass the background check.

4.16. APPLICABLE LAW:

4.16.1. PREVAILING LAW: This contract shall be construed in accordance with and is subject to the laws and rules of the State of Illinois.

4.16.2. EQUAL OPPORTUNITY: The Department of Human Rights' Equal Opportunity requirements are incorporated by reference. 44 Ill. Adm. Code 750.

4.16.3. COURT OF CLAIMS; ARBITRATION; SOVEREIN IMMUNITY: Any claim against the State arising out of this contract must be filed exclusively with the Illinois Court of Claims. 705 ILCS 505. The State shall not enter into binding arbitration to resolve any dispute arising out of this contract. The State of Illinois does not waive sovereign immunity by entering into this contract.

4.16.4. OFFICIAL TEXT: The official text of the statutes cited herein is incorporated by reference. An unofficial version can be viewed at (*www.ilga.gov/legislation/ilcs/ilcs.asp*).

4.17. ANTI-TRUST ASSIGNMENT: If Vendor does not pursue any claim or cause of action it has arising under Federal or State antitrust laws relating to the subject matter of this contract, then upon request of the Illinois Attorney General, Vendor shall assign to the State all of Vendor's rights, title and interest to the claim or cause of action.

4.18. CONTRACTUAL AUTHORITY: The Agency that signs this contract on behalf of the State of Illinois shall be the only State entity responsible for performance and payment under this contract. When the Chief Procurement Officer or authorized designee or State Purchasing Officer signs in addition to an Agency, he/she does so as approving officer and shall have no liability to Vendor. When the Chief

Procurement Officer or authorized designee or State Purchasing Officer signs a master contract on behalf of State agencies, only the Agency that places an order or orders with the Vendor shall have any liability to the Vendor for that order or orders.

4.19. EXPATRIATED ENTITIES: Except in limited circumstances, no business or member of a unitary business group, as defined in the Illinois Income Tax Act, shall submit a bid for or enter into a contract with a State agency if that business or any member of the unitary business group is an expatriated entity.

4.20. NOTICES: Notices and other communications provided for herein shall be given in writing via electronic mail whenever possible. If transmission via electronic mail is not possible, then notices and other communications shall be given in writing via registered or certified mail with return receipt requested, via receipted hand delivery, via courier (UPS, Federal Express or other similar and reliable carrier), or via facsimile showing the date and time of successful receipt. Notices shall be sent to the individuals who signed this contract using the contact information following the signatures. Each such notice shall be deemed to have been provided at the time it is actually received. By giving notice, either Party may change its contact information.

4.21. MODIFICATIONS AND SURVIVAL: Amendments, modifications and waivers must be in writing and signed by authorized representatives of the Parties. Any provision of this contract officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions shall be interpreted, as far as possible, to give effect to the Parties' intent. All provisions that by their nature would be expected to survive, shall survive termination. In the event of a conflict between the State's and the Vendor's terms, conditions and attachments, the State's terms, conditions and attachments shall prevail.

4.22. PERFORMANCE RECORD/SUSPENSION: Upon request of the State, Vendor shall meet to discuss performance or provide contract performance updates to help ensure proper performance of this contract. The State may consider Vendor's performance under this contract and compliance with law and rule to determine whether to continue this contract, suspend Vendor from doing future business with the State for a specified period of time, or whether Vendor can be considered responsible on specific future contract opportunities.

4.23. FREEDOM OF INFORMATION ACT: This contract and all related public records maintained by, provided to, or required to be provided to the State are subject to the Illinois Freedom of Information Act (FOIA) notwithstanding any provision to the contrary that may be found in this contract. 5 ILCS 140.

4.24. SCHEDULE OF WORK: Any work performed on State premises shall be performed during the hours designated by the State and performed in a manner that does not interfere with the State and its personnel.

4.25. WARRANTIES FOR SUPPLIES AND SERVICES:

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4.25.1. Vendor warrants that the supplies furnished under this contract will: (a) conform to the standards, specifications, drawing, samples or descriptions furnished by the State or furnished by the Vendor and agreed to by the State, including but not limited to all specifications attached as exhibits hereto; (b) be merchantable, of good quality and workmanship, and free from defects for a period of twelve months or longer if so specified in writing, and fit and sufficient for the intended use; (c) comply with all federal and state laws, regulations and ordinances pertaining to the manufacturing, packing, labeling, sale and delivery of the supplies; (d) be of good title and be free and clear of all liens and encumbrances and; (e) not infringe any patent, copyright or other intellectual property rights of any third party. Vendor agrees to reimburse the State for any losses, costs, damages or expenses, including without limitations, reasonable attorney's fees and expenses, arising from failure of the supplies to meet such warranties.

4.25.2. Vendor shall ensure that all manufacturers' warranties are transferred to the State and shall provide to the State copies of such warranties. These warranties shall be in addition to all other warranties, express, implied or statutory, and shall survive the State's payment, acceptance, inspection or failure to inspect the supplies.

4.25.3. Vendor warrants that all services will be performed to meet the requirements of this contract in an efficient and effective manner by trained and competent personnel. Vendor shall monitor performances of each individual and shall immediately reassign any individual who does not perform in accordance with this contract, who is disruptive or not respectful of others in the workplace, or who in any way violates the contract or State policies.

4.26. **REPORTING, STATUS AND MONITORING SPECIFICATIONS:** Vendor shall immediately notify the State of any event that may have a material impact on Vendor's ability to perform this contract.

4.27. **EMPLOYEMENT TAX CREDIT:** Vendors who hire qualified veterans and certain ex-offenders may be eligible for tax credits. 35 ILCS 5/216, 5/217. Please contact the Illinois Department of Revenue (telephone #: 217-524-4772) for information about tax credits.

5. STATE SUPPLEMENTAL PROVISIONS

☒ Agency Definitions

5.1 "Chief Procurement Officer" means the chief procurement officer appointed pursuant to 30 ILCS 500/10-20(a)(4).

5.2 "Governmental unit" means State of Illinois, any State agency as defined in Section 1-15.100 of the Illinois Procurement Code, officers of the State of Illinois, any public authority which has the power to tax, or any other public entity created by statute. In addition, the governmental unit must have participated in the CY25-26 Illinois Department of Central Management Services Joint Participation Agreement Survey and additional participation in the resultant contract is not allowed.

☐ Required Federal Clauses, Certifications and Assurances

☐ Public Works Requirements (construction and maintenance of a public work) 820 ILCS 130/4.

☐ Prevailing Wage (janitorial cleaning, window cleaning, building and grounds, site technician, natural resources, food services, security services, and printing, if valued at more than $200 per month or $2,000 per year) 30 ILCS 500/25-60.

☒ Agency Specific Terms and Conditions

5.3. The Chief Procurement Officer for General Services makes this contract available to all governmental units.

5.4. Vendor agrees to extend all terms and conditions, specifications, and pricing or discounts specified in this contract for the items in this contract to all governmental units.

5.5. The supplies or services subject to this Contract shall be distributed or rendered directly to each governmental unit.

5.6. Vendor shall bill each governmental unit separately for its actual share of the costs of the supplies or services purchased.

5.7. The credit or liability of each governmental unit shall remain separate and distinct.

5.8. Disputes between vendors and governmental units shall be resolved between the affected parties.

5.9. All terms and conditions in this Contract apply with full force and effect to all purchase orders.

☒ Other (describe)

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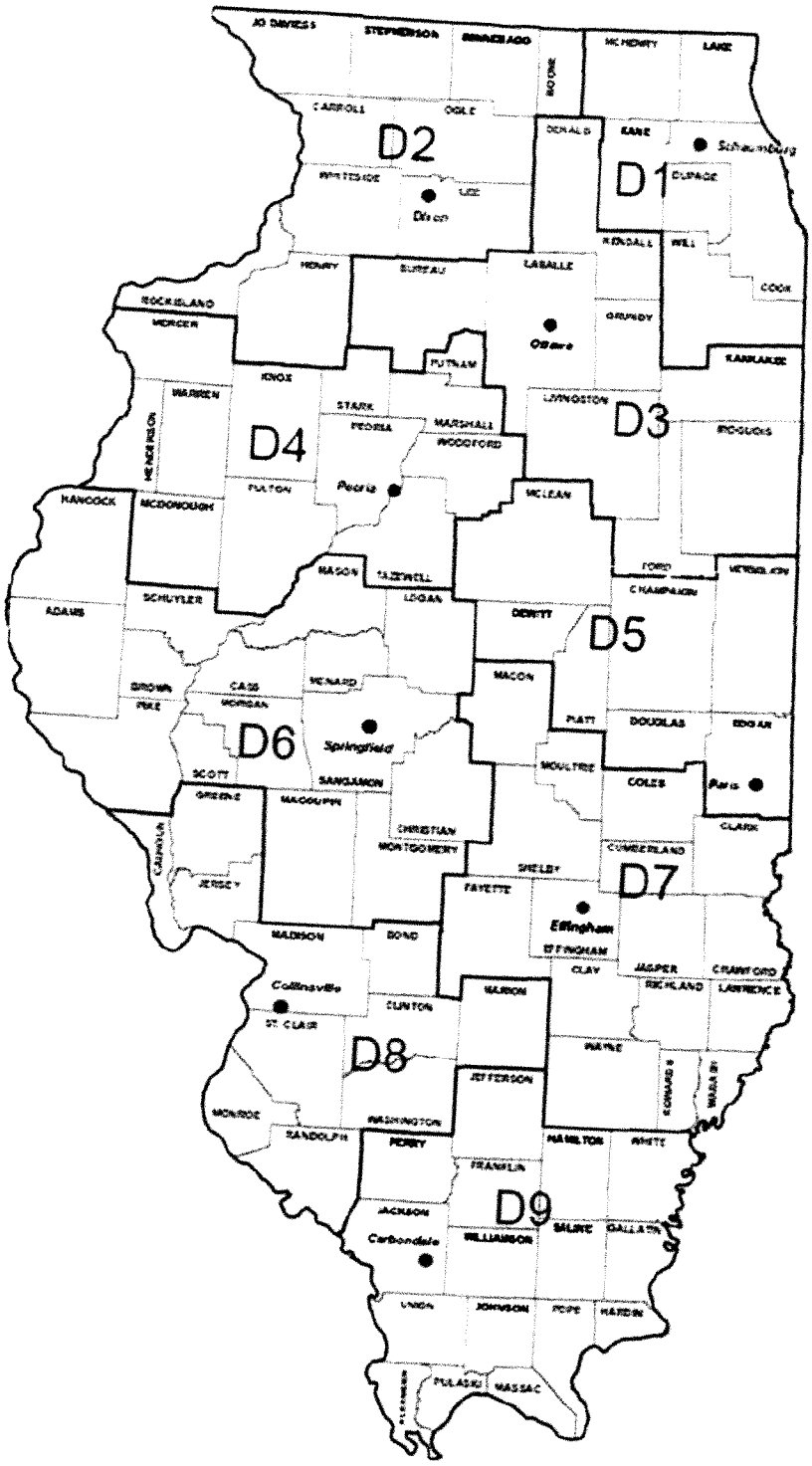
5.10 Districts are defined as follows:

DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5
COOK	BOONE	BUREAU	FULTON	CHAMPAIGN
DUPAGE	CARROLL	DEKALB	HENDERSON	DEWITT
KANE	HENRY	FORD	KNOX	DOUGLAS
LAKE	JO DAVIESS	GRUNDY	MARSHALL	EDGAR
MCHENRY	LEE	IROQUOIS	MCDONOUGH	MCCLEAN
WILL	OGLE	KANKAKEE	MERCER	PIATT
	ROCK ISLAND	KENDALL	PEORIA	VERMILLION
	STEPHENSON	LASALLE	PUTNAM	
	WHITESIDE	LIVINGSTON	STARK	
	WINNEBAGO		TAZEWELL	
			WARREN	
			WOODFORD	

DISTRICT 6	DISTRICT 7	DISTRICT 8	DISTRICT 9	
ADAM	CLARK	BOND	ALEXANDER	
BROWN	CLAY	CALHOUN	FRANKLIN	
CASS	COLES	CLINTON	GALLATIN	
CHRISTIAN	CRAWFORD	GREEN	HAMILTON	
HANCOCK	CUMBERLAND	JERSEY	HARDIN	
LOGAN	EDWARDS	MADISON	JACKSON	
MACOUPIN	EFFINGHAM	MARION	JEFFERSON	
MASON	FAYETTE	MONROE	JOHNSON	
MENARD	JASPER	RANDOLPH	MASSAC	
MONTGOMERY	LAWRENCE	ST. CLAIR	PERRY	
MORGAN	MACON	WASHINGTON	POPE	
PIKE	MOULTRIE		PULASKI	
SANGAMON	RICHLAND		SALINE	
SCHUYLER	SHELBY		UNION	
SCOTT	WABASH		WHITE	
	WAYNE		WILLIAMSON	

5.11 Illinois District Map

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6. ATTACHMENTS

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6.1. **Financial Disclosures (including Illinois Procurement Gateway print-off if applicable)**

6.2. **Business Enterprise Program Utilization Plan**

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Central Management Services

JPMC Rock Salt, Bulk FY26

25-416CMS-BOSS4-P-85806

VENDOR

Vendor Name: Compass Minerals America Inc.	Address (City/State/Zip): 9900 W. 109th St., Overland Park, KS 66210
Signature:	Phone: 800-323-1641
Printed Name: Joel Gerdes	Email: highwaygroup@compassminerals.com
Title: Director US Highway Sales	Date: July 17, 2025

STATE OF ILLINOIS

Purchasing Agency: Central Management Services	Phone: 866-455-2897
Street Address: 300 West Jefferson Street	
City, State ZIP: Springfield, IL 62702	
Official Signature:	Date: 9/29/25
Printed Name: Raven Devaughn by David W. Thomas	
Official's Title: Director by Agency Procurement Officer	

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AGENCY USE ONLY **NOT PART OF CONTRACTUAL PROVISIONS**

- Agency Reference #: 25-416CMS-BOSS4-R-266410
- Project Title: JPMC Rock Salt, Bulk FY26
- Contract #: 25-416CMS-BOSS4-P-85806
- Procurement Method (IFB, RFP, Small Purchase, etc.): IFB
- BidBuy / Bulletin Reference #: 25-416CMS-BOSS4-B-48267
- BidBuy / Bulletin Publication Date: 06/20/2025
- Award Code: A
- Subcontractor Utilization? X Yes ☐No Subcontractor Disclosure? X Yes ☐No
- Funding Source:
- Obligation #:
- Small Business Set-Aside? ☐ Yes X No Percentage:
- Minority Owned Business? ☐ Yes X No Percentage:
- Women Owned Business? ☐ Yes X No Percentage:
- Persons with Disabilities Owned Business? ☐ Yes X No Percentage:
- Veteran Owned Small Business? ☐ Yes X No Percentage:
- Other Preferences?

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Illinois State Bid Subcontractors Totals for Handling and Hauling

Solicitation: 25-416CMS-BOSS4-B-48267 / JPMC Rock Salt, Bulk FY26

Service Depot	LM	Depot Spend	Freight & Fuel Spend	Vendor Addresses	Forms A or B	Rec'd	LOI's
Chicago, IL	**Victor**						
Calumet Transload	Victor	$1,652,558		10730 Burley Avenue, Chicago, IL 60617			
S Star Hauling	Victor		$1,800,178	14210 Kenton Ave, Crestwood, Il 60418	Form B	X	
Garus Trucking	Victor		$545,500	7264 W 21st Ave., Gary IN 46406	Form B	X	X
Truck King Hauling Contractors, Inc.	Victor		$3,491,254	4600 W 48th St, Chicago. Il 60632	Form A	X	
Camanche, IA	**Andrew**				Form B	X	X
ADM	Andrew	$24,860		1419 N Washington Blvd, Comanche, IA 52730			
ADM- Transport	Andrew		$29,717	4666 Faries Parkway Decatur, IL 62526	Form A	X	
Louisiana, MO	**Andrew**	$85,840			Form A	X	
Wayne B Smith	Andrew		$14,089	10415 Hwy 79, Louisiana, MO 63353	Form B	X	
George Potterfield Trucking	Andrew			207 County Line Road, Monroe City, MO 63456	Form B	X	
Metropolis, IL	**Andrew**	$178,158					
Metropolis - Waterway Ag.	**Andrew**		$266,280	208 Yasada Street, Metropolis, IL 62960	Form B	X	
Waterway Ag.	Andrew			208 Yasada Street, Metropolis, IL 62960	Form B	X	
Milwaukee, WI	**Victor**	$954,229					
Compass Minerals	Brenda		$275,176	2001 S Lincoln Memorial, Milwaukee, WI 53207	Form B	X	
Jung Bros	Victor		$756,734	9825 Durand Ave., Sturtevant, WI 53177	Form A	X	
Blume Trucking	Victor		$343,970	1480 240th Ave, Brighton, WI 53139	Form B	X	
CLK Systems Inc	Victor		$309,573	39882 N Mauser Dr Wadsworth, IL 60083	Form B	X	
PJ's Trucking	Victor		$412,764	W125S9861 N Cape Road, Muskego, WI 53150	Form A	X	X
Portland	Victor		$275,176	98 E Shore Drive, Random Lake, WI 53075	Form B	X	
Tonyan Bros.	Victor		$1,066,307	5101 N Richmond Rd., Ringwood, IL 60072	Form A	X	
Zizzo's	Victor			3000 Sheridan Rd., Kenosha, WI 53140	Form B	X	
Castlen Terminals LLC - Mt. Vernon, IN	**Shahzad**	$118,909					
Castlen Terminals LLC	Shahzad		$264,368	4565 Hwy 2830, Owensboro KY 42303	Form A	X	
Mulzer Crushed Stone	Shahzad			10700 Hwy 69 S, Mt. Vernon, IN 47620	Form B	X	
Peoria, IL - J&L	**Shahzad**	$546,220					
J&L Dock	Shahzad		$907,935	92 South St., Peoria, IL 61602	Form A	X	
Heinz Bros. Trucking	Shahzad			538 W Knoxville St, Brimfield, IL 61517	Form A	X	
St. Louis, MO (Beelman)	**Andrew**	$177,936					
Beelman Terminal	Andrew		$297,107	210 Bremen Ave., Venice, IL 62090	Form B	X	
Beelman Logistics	Andrew			#1 Racehorse Drive, E. St. Louis, MO 62205	Form B	X	
St. Louis, MO (Oakley)	**Andrew**	$334,024					
Oakley	Andrew		$643,274	1 Angelica St. St. Louis, Mo 63353	Form B	X	
George Potterfield Trucking	Andrew			207 County Line Road, Monroe City, MO 63456	Form B	X	
Logistics Park Dubuque, IA	**Andrew**	$151,610					
Logistics Park Dubuque	Andrew		$221,780	2020 Lefebure Road, Fairfax, IA 52228	Form A	X	
All Seasons Trucking	Andrew			7750 Windy Ridge Dubuque, IA 52003	Form B	X	
Rock Island, Il	**Andrew**	$576,643					
Alter- Rock Island River Terminal	Andrew		$766,741	7th Ave Mill Street Rock Island, IL 61201	Form A	X	
Overland Systems	Andrew			13631 110th Ave Davenport, IA 52804	Form A	X	
Henry - Middle River Marine	**Shahzad**	$22,454					
Henry - Middle River Marine	Shahzad		$27,950	1440 County Road 1500 E, Henry, IL 61537	Form A	X	
Ozinga Transportation, Inc.	Shahzad			1440 County Road 1500 E, Henry, IL 61537	Form B	X	
Lemont - Middle River Marine	**Shahzad**	$14,303					
Lemont - Middle River Marine	Shahzad		$26,128	11400 Old Lemont Road, Lemont, IL 60439	Form A	X	
Ozinga Transportation, Inc.	Shahzad			11400 Old Lemont Road, Lemont, IL 60439	Form B	X	
Ottawa - Ottawa Barge Terminal	**Shahzad**	$227,828					
Ottawa - Ottawa Barge Terminal	Shahzad		$212,861	1365 N 2803 RD OTTAWA, IL 61350	Form A	X	
Wiesbrock Trucking	Shahzad			1748 E. 950th Road (PO Box 197) Leonore, IL 61335	Form A	X	
***All $'s are subject to change based on contract award**							

UNANIMOUS WRITTEN CONSENT
OF THE SOLE MEMBER
OF THE BOARD OF DIRECTORS
OF
COMPASS MINERALS AMERICA INC.

July 9, 2025

The undersigned, being all of the members of the board of directors (the "Board") of Compass Minerals America Inc., a Delaware corporation (the "Corporation") hereby consent in writing pursuant to Section 141(f) of the Delaware General Corporation Law to the adoption of the following resolutions without a meeting and waive any notice required in connection therewith.

Authorized Signatories

WHEREAS, from time to time, it is desirable for individuals to sign documents on behalf of the Corporation in connection with sales transactions relating to the Corporation's Highway Sales Department.

NOW, THEREFORE, BE IT RESOLVED, that the following individuals (the "Authorized Signatories") be, and each of them hereby is, authorized, subject to applicable limitations under the Corporation's Delegation of Authority Policy, on behalf of the Corporation, to sign bids, performance bonds and contracts for the sale of sodium chloride and other deicing products, and to sign any other documents which, in his or her opinion, are necessary or desirable in order to effectuate and carry out the foregoing, and all other individuals who were so authorized prior to the date first written above are no longer so authorized:

Edward C. Dowling, Jr.	President and CEO
Peter Fjellman	Chief Financial Officer
Benjamin S. Nichols	Chief Commercial Officer
Patrick Merrin	Chief Operations Officer
Ashley Ward	Chief Accounting Officer
James D. Hughes	General Counsel and Corporate Secretary
Gary R. Gose	Vice President, Tax and Assistant Secretary
Brent A. Collins	Vice President, Treasurer
Jared M. Campbell	Assistant Secretary
Jon Schnieders	Vice President, Salt
Joel Gerdes	Director, U.S. Highway Sales
Ryan Royer	Director of Sales – Chemical & MgCl2
Sean Lierz	Highway Sales Senior Manager
Jason Fritz	Highway Sales Manager
Austin Hilbrands	Highway Sales Manager
Tess Virden	Sales Manager
Scott Douglass	Senior Director, Supply Chain

2025-430

General

RESOLVED, that the officers of the Corporation are, and each of them is, hereby authorized, for and on behalf of the Corporation, to execute, deliver, file, acknowledge and record any and all such documents and instruments, and to take or cause to be done any and all such other things as they, or any of them, may deem necessary or desirable to effectuate and carry out the resolutions adopted hereby; and

FURTHER RESOLVED, that any actions previously taken or caused to be taken by any officer of the Corporation or any Authorized Signatory in connection with the matters contemplated by these resolutions, or in carrying out the terms and intentions of the above resolutions, are hereby acknowledged to be duly authorized acts performed on behalf of the Corporation and are hereby ratified, confirmed and adopted as such.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned have caused this consent to be duly executed as of the date first written above. This consent may be executed via .pdf, facsimile or other electronic means and in two or more counterparts, each of which will be deemed an original, and all of which together will constitute one and the same instrument.

_____

Jared M. Campbell

ORDINANCE FACT SHEET

REQUEST FORM NO:
DATE OF 1ST READING: 10/21/2025

OFFICE REQUESTING: Public Works **CONTACT PERSON:** Matt Gairani
PHONE NUMBER:

EMERGENCY PASSAGE: No ☐ Yes ☒ If yes, explain justification.

TYPE OF ORDINANCE: State Bid **FISCAL IMPACT:** $268,530.00

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE AUTHORIZING THE PURCHASE OF ROCK SALT FROM COMPASS MINERALS UNDER STATE CONTRACT 25-416CMS-BOSS4-P-85806 IN AN AMOUNT NOT TO EXCEED $268,530.00 FOR THE OFFICE OF PUBLIC WORKS.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

CONTRACTOR / VENDOR NAME: Compass Minerals **VENDOR NO:** 0NOR6600

CONTRACT TERM: **CONTRACT #** 25-416CMS-BOSS4-85806 **Change in Scope** Yes ☐ No ☐

CONTRACT AMOUNT: $ 268,530.00 (Original amount if change order) | **Change Order #** | **Additional Amount**

Method of Purchase (check one) **Previous Ord #s**

☐ Low Bid ☒ Other: STATE CONTRACT **Is Purchasing Agent approval required?** No ☐ Yes ☒
☐ Low Bid Meeting Specs ☐ Exception: **Is Purchasing Agent approval attached?** No ☐ Yes ☒
☐ Low Evaluated Bid **Code Provision:**

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	041	110	GAST	STRS	1407	$268,530.00
2						
3						
4						

FUNDS CHECK BY: Courtney Hines **Date:** 10.01.2025
DIRECTOR / SUPERVISOR SIGNATURE **Date:** 1 OCT 25
CITY PURCHASING AGENT: **Date:** 10/1/2025

COMMENTS

This ordinance will authorizing the execution of state contract 25-416CMS-BOSS4-P-85806 for the purchase of up to 3000 tons of rock salt at $89.51 per ton..

SIGN OFF:

(Mayor's Signature) GEM (Director of OBM)

2025-430

2025-431

A RESOLUTION NOTIFYING THE STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION THAT MOTOR FUEL TAX FUNDS IN THE AMOUNT OF $361,248.00 MAY BE USED FOR PRELIMINARY AND DESIGN ENGINEERING SERVICES (PE I AND PE II) FOR KOKE MILL ROAD IMPROVEMENT PROJECT (MFT SECTION 19-00486-00-PV), FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City anticipates using Motor Fuel Tax funds in the additional amount of $361,248.00 for Preliminary and Design Engineering Services (PE I and PE II) for the Koke Mill Road Improvement Project, from Old Jacksonville Road to Washington Street, MFT Section 19-00486-00-PV; and

WHEREAS, the City is required to notify the State regarding the expenditure of Motor Fuel Tax funds.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That improvements will be made to Koke Mill Road from Old Jacksonville Road to Washington Street under the Illinois Highway Code.

Section 2: That the improvements are designated as MFT Section No. 19-00486-00-PV.

Section 3: That the City anticipates using $361,248.00 for Preliminary and Design Engineering Services (PE I and PE II) for the improvement of said section from its allotment of Motor Fuel Tax Funds.

Section 4: That said work shall be done by contract.

Section 5: That the City Clerk is hereby directed to transmit two (2) certified copies of this resolution to the Illinois Department of Transportation, Division of Highways, through its District Engineer.

Section 6: That this resolution shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____
City Clerk Charles L. Redpath Sr.

SIGNED: _____, 2025

_____
Mayor Misty Buscher

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

Illinois Department of Transportation

Resolution for Improvement Under the Illinois Highway Code

Is this project a bondable capital improvement?
☒ Yes ☐ No

Resolution Type	Resolution Number	Section Number
Supplemental		19-00486-00-PV

BE IT RESOLVED, by the Council (Governing Body Type) of the City (Local Public Agency Type)
of Springfield (Name of Local Public Agency) Illinois that the following described street(s)/road(s)/structure be improved under the Illinois Highway Code. Work shall be done by Contract (Contract or Day Labor).

For Roadway/Street Improvements:

Name of Street(s)/Road(s)	Length (miles)	Route	From	To
Koke Mill Road	1	FAU 8052	Old Jacksonville Road	Washington St

For Structures:

Name of Street(s)/Road(s)	Existing Structure No.	Route	Location	Feature Crossed

BE IT FURTHER RESOLVED,

1. That the proposed improvement shall consist of

Koke Mill Road will be reconstructed between Washington Street and approximately 400 feet north of Old Jacksonville Road as an urban roadway. The construction will include pavement structure improvements, geometry improvements, drainage improvents to address flooding, and traffic signal improvements at the north end.

2. That there is hereby appropriated the sum of Three Hundred Sixty One Thousand Two Hundred Forty Eight Dollars Dollars ($361,248.00) for the improvement of said section from the Local Public Agency's allotment of Motor Fuel Tax funds.

BE IT FURTHER RESOLVED, that the Clerk is hereby directed to transmit four (4) certified originals of this resolution to the district office of the Department of Transportation.

I, Chuck Redpath (Name of Clerk) City (Local Public Agency Type) Clerk in and for said City (Local Public Agency Type)
of Springfield (Name of Local Public Agency) in the State aforesaid, and keeper of the records and files thereof, as provided by statute, do hereby certify the foregoing to be a true, perfect and complete original of a resolution adopted by
Council (Governing Body Type) of Springfield (Name of Local Public Agency) at a meeting held on _____ (Date).

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this _____ (Day) day of _____ (Month, Year).

(SEAL)

Clerk Signature & Date

Approved

Regional Engineer Signature & Date
Department of Transportation

2025-431

ORDINANCE FACT SHEET

REQUEST FORM NO: 25-55
DATE OF 1ST READING: 10/21/25

OFFICE REQUESTING: Public Works
CONTACT PERSON: T.J. Heavisides
PHONE NUMBER: 789-2255

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: _____ **FISCAL IMPACT:** _____

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

A RESOLUTION TO USE MFT FUNDS FOR SUPPLEMENT NO. 1 FOR PRELIMINARY AND DESIGN PHASE ENGINEERING SERVICES (PE-I AND PE-II) FOR THE KOKE MILL ROAD IMPROVEMENT PROJECT FROM OLD JACKSONVILLE ROAD TO WASHINGTON STREET (MFT SECTION NO. 19-00486-00-PV) FOR FOR THE OFFICE OF PUBLIC WORKS.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)
Illinois Department of Transportation - BLR 09110

CONTRACTOR / VENDOR NAME: _____ **VENDOR NO:** _____

CONTRACT TERM: _____ **CONTRACT #** _____ **Change in Scope** Yes [ ] No [ ]

CONTRACT AMOUNT: _____ (Original amount if change order) | **Change Order #** _____ | **Additional Amount** _____

Method of Purchase (check one) **Previous Ord #s** _____

[ ] Low Bid [X] Other: MFT Funding **Is Purchasing Agent approval required?** No [ ] Yes [ ]
[ ] Low Bid Meeting Specs [ ] Exception: _____ **Is Purchasing Agent approval attached?** No [ ] Yes [ ]
[ ] Low Evaluated Bid **Code Provision:** _____

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

FUNDS CHECK BY: Courtney Heid **Date:** 10.09.2025
DIRECTOR / SUPERVISOR SIGNATURE Tyler Bolton **Date:** 10/6/25
CITY PURCHASING AGENT: _____ **Date:** 10-09-2025

COMMENTS

Motor Fuel Tax is a state levy and the City is governed by state statutes. IDOT administers MFT monies and it takes prior approval from IDOT to expend any MFT funds. This resolution informs IDOT that City is using MFT funds (an addition $361,248.00) for preliminary engineering (phases I and II) of Koke Mill Road from Old Jacksonville Road to Washington Street.

SIGN OFF: _____ (Mayor's Signature) _____ (Director of OBM)

The information supplied on this form is not confidential information.

2025-431

2025-432

AN ORDINANCE AUTHORIZING EXECUTION OF SUPPLEMENT NO. 1 FOR PRELIMINARY AND DESIGN PHASE ENGINEERING SERVICES (PE-I AND PE-II) FOR THE KOKE MILL IMPROVEMENT PROJECT (MFT SECTION NO. 19-00486-00-PV) WITH CRAWFORD, MURPHY & TILLY, INC FOR AN ADDITIONAL AMOUNT NOT TO EXCEED $361,248.00 FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, this is for preliminary and design phase engineering services (PE-I and PE-II) for the Koke Mill Improvement Project (MFT Section No. 19-00486-00-PV) from Old Jacksonville Road to Washington Street for the Office of Public Works; and

WHEREAS, ordinance 184-05-2020 approved payment of $689,000.00 for the Koke Mill Improvement Project; and

WHEREAS, MFT funds will be utilized for this contract; and

WHEREAS, Supplemental No. 1 is necessary to authorize an additional amount of $361,248.00 for additional engineering services for the Koke Mill Improvement Project; and

WHEREAS, a copy of the agreement shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby authorizes execution of supplement no. 1 agreement with Crawford, Murphy & Tilly, Inc. for preliminary and design phase engineering services for the Koke Mill Improvement Project (MFT Section No. 19-00486-00-PV) from Old Jacksonville Road to Washington Street for an additional amount not to exceed $361,248.00 for the Office of Public Works. The Mayor and City Clerk are authorized to execute any necessary documents on behalf of the City of Springfield.

Section 2: That the Office of Budget and Management is hereby authorized to make payment to Crawford, Murphy & Tilly, Inc (0CRA4901) in an additional amount not to exceed $361,248.00 from account number 041-110-GAST-STRS-2306 upon satisfactory performance of the agreement.

Section 3: That this ordinance shall become effective immediately after its passage and recording by the City Clerk.

PASSED: _____**, 2025**

SIGNED: _____**, 2025**

RECORDED: _____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel /Date

Requested by: Mayor Misty Buscher

S:\WPDOCS\ORDINANC\SUPPLE\PWORKS\Crawford, Murphy & Tilly Inc - Koke Mill Improvements Project - Supple Addt'l $361,248.docx
F.R. 10.21.25 ~ NF

2025-432

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **T.J. Heavisides**

FROM: **James W. Peters – Acting Purchasing Agent, Central Purchasing**

DATE: **October 9, 2025**

SUBJECT: **Professional Services Determination**

I have reviewed the Ordinance Fact Sheet for Crawford Murphy and Tilly Inc. authorizing a professional services agreement for preliminary and design engineering services for the Koke Mill Road improvement project from Old Jacksonville Road to Washington Street.

Based on the information provided, I have determined that this vendor possesses a degree of professional skill and expertise in the required area. Pursuant to Section 38.42 of the City Purchasing Code, this purchase is exempt from the City's requirements for Sealed Competitive Bids.

300 SOUTH SEVENTH • ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2205 • FAX (217) 789-2207

2025-432

409-C

Illinois Department of Transportation

Local Public Agency
Engineering Services Agreement

Using Federal Funds? ☒ Yes ☐ No

Agreement For: Federal PE

Agreement Type: Supplement

Number: 1

LOCAL PUBLIC AGENCY

Local Public Agency: Springfield

County: Sangamon

Section Number: 19-00486-00-PV

Job Number:

Project Number:

Contact Name: T.J. Heavisides

Phone Number: (217) 789-2255

Email: Thomas.Heavisides@springfield.il.us

SECTION PROVISIONS

Local Street/Road Name: Koke Mill Road

Key Route: FAU 8052

Length: 5200 ft

Structure Number:

Location Termini: Washington Street to Old Jacksonville Road

Add Location / Remove Location

Project Description: Koke Mill Road will be reconstructed between Washington Street and approximately 400 feet north of Old Jacksonville Road as an urban roadway. Lane widths will consist of one northbound 12' wide lane, one southbound 12' wide lane, a 12' wide bidirectional left turn lane (only from Old Jacksonville Road to Conifer Drive). On the east side of the road, new 5' wide sidewalk is proposed and on the west side, new 8' wide multi-use path is proposed. The signalized intersection of Koke Mill Road and Washington Street will be shifted east to the relocated Koke Mill Road alignment extending south of Washington Street. Traffic signals are proposed for this intersection. Drainage improvements include raising Koke Mill Road from Washington Street to south of Victoria Drive to prevent overtopping.

Engineering Funding: ☒ MFT/TBP ☐ State ☐ Other

Anticipated Construction Funding: ☒ Federal ☒ MFT/TBP ☐ State ☒ Other ITEP, DCEO

AGREEMENT FOR

☒ Phase I - Preliminary Engineering ☒ Phase II - Design Engineering

CONSULTANT

Prime Consultant (Firm) Name: Crawford, Murphy & Tilly

Contact Name: Kristin Timmons

Phone Number: (217) 572-1099

Email: ktimmons@cmtengr.com

Address: 2750 West Washington Street

City: Springfield

State: IL

Zip Code: 62702

THIS AGREEMENT IS MADE between the above Local Public Agency (LPA) and Consultant (ENGINEER) and covers certain professional engineering services in connection with the improvement of the above SECTION. Project funding allotted to the LPA by the State of Illinois under the general supervision of the State Department of Transportation, hereinafter called the "DEPARTMENT," will be used entirely or in part to finance ENGINEERING services as described under AGREEMENT PROVISIONS.

Since the services contemplated under the AGREEMENT are professional in nature, it is understood that the ENGINEER, acting as an individual, partnership, firm or legal entity, qualifies for professional status and will be governed by professional ethics in its relationship to the LPA and the DEPARTMENT. The LPA acknowledges the professional and ethical status of the ENGINEER by entering into an AGREEMENT on the basis of its qualifications and experience and determining its compensation by mutually satisfactory negotiations.

WHEREVER IN THIS AGREEMENT or attached exhibits the following terms are used, they shall be interpreted to mean:

Regional Engineer — Deputy Director, Office of Highways Project Implementation, Regional Engineer, Department of

Completed 10/01/25

25-432

BLR 05530 (Rev. 07/08/22)

	Transportation
Resident Construction Supervisor	Authorized representative of the LPA in immediate charge of the engineering details of the construction PROJECT
In Responsible Charge	A full time LPA employee authorized to administer inherently governmental PROJECT activities
Contractor	Company or Companies to which the construction contract was awarded

AGREEMENT EXHIBITS

The following EXHIBITS are attached hereto and made a part of hereof this AGREEMENT:

☒ EXHIBIT A: Scope of Services

☒ EXHIBIT B: Project Schedule

☒ EXHIBIT C: Qualification Based Selection (QBS) Checklist

☒ EXHIBIT D: Cost Estimate of Consultant Services (CESCS) Worksheet (BLR 05513 or BLR 05514)

☐ _____

☐ _____

☐ _____

I. THE ENGINEER AGREES,

1. To perform or be responsible for the performance of the Scope of Services presented in EXHIBIT A for the LPA in connection with the proposed improvements herein before described.
2. The Classifications of the employees used in the work shall be consistent with the employee classifications and estimated staff hours. If higher-salaried personnel of the firm, including the Principal Engineer, perform services that are to be performed by lesser-salaried personnel, the wage rate billed for such services shall be commensurate with the payroll rate for the work performed.
3. That the ENGINEER shall be responsible for the accuracy of the work and shall promptly make necessary revisions or corrections required as a result of the ENGINEER'S error, omissions or negligent acts without additional compensation. Acceptance of work by the LPA or DEPARTMENT will not relieve the ENGINEER of the responsibility to make subsequent correction of any such errors or omissions or the responsibility for clarifying ambiguities.
4. That the ENGINEER will comply with applicable Federal laws and regulations, State of Illinois Statutes, and the local laws or ordinances of the LPA.
5. To pay its subconsultants for satisfactory performance no later than 30 days from receipt of each payment from the LPA.
6. To invoice the LPA for Preliminary and/or Design Engineering: The ENGINEER shall submit all invoices to the LPA within three months of the completion of the work called for in the AGREEMENT or any subsequent Amendment or Supplement.
7. To submit a completed BLR 05613, Engineering Payment Report, to the DEPARTMENT within three months of the completion of the work called for in this AGREEMENT or any subsequent Amendment or Supplement. The form shall be submitted with the final invoice.
8. The ENGINEER or subconsultant shall not discriminate on the basis of race, color, national origin or sex in the performance of this AGREEMENT. The ENGINEER shall carry out applicable requirements of 49 CFR part 26 in the administration of United States Department of Transportation (US DOT) assisted contract. Failure by the Engineer to carry out these requirements is a material breach of this AGREEMENT, which may result in the termination of this AGREEMENT or such other remedy as the LPA deems appropriate.
9. That none of the services to be furnished by the ENGINEER shall be sublet assigned or transferred to any other party or parties without written consent of the LPA. The consent to sublet, assign or otherwise transfer any portion of the services to be furnished by the ENGINEER shall be construed to relieve the ENGINEER of any responsibility for the fulfillment of this AGREEMENT.
10. For Preliminary Engineering Contracts:
    (a) To attend meetings and visit the site of the proposed improvement when requested to do so by representatives of the LPA or the DEPARTMENT, as defined in Exhibit A (Scope of Services).
    (b) That all plans and other documents furnished by the ENGINEER pursuant to the AGREEMENT will be endorsed by the ENGINEER and affix the ENGINEER's professional seal when such seal is required by law. Such endorsements must be made by a person, duly licensed or registered in the appropriate category by the Department of Professional Regulation of the State of Illinois. It will be the ENGINEER's responsibility to affix the proper seal as required by the Bureau of Local Roads and Streets manual published by the DEPARTMENT.
    (c) That the ENGINEER is qualified technically and is thoroughly conversant with the design standards and policies applicable for the PROJECT; and that the ENGINEER has sufficient properly trained, organized and experienced personnel to perform the services enumerated in Exhibit A (Scope of Services).
11. That the engineering services shall include all equipment, instruments, supplies, transportation and personnel required to perform the duties of the ENGINEER in connection with this AGREEMENT (See DIRECT COST tab in BLR 05513 or BLR 05514).

II. THE LPA AGREES,

1. To certify by execution of this AGREEMENT that the selection of the ENGINEER was performed in accordance with the following:
   (a) Professional Services Selection Act (50 ILCS 510), The Brooks Act (40 USC 11), and the Procurement, Management, and Administration of Engineering, and Design Related Services (23 CFR part 172). Exhibit C is required to be completed with this AGREEMENT.
2. To furnish the ENGINEER all presently available survey data, plans, specifications, and project information.
3. To pay the ENGINEER:
   (a) For progressive payments - Upon receipt of monthly invoices from the ENGINEER and the approval thereof by the LPA, monthly payments for the work performed shall be due and payable to the ENGINEER, such payments to be equal to the value of the partially completed work minus all previous partial payments made to the ENGINEER.
   (b) Final payment - Upon approval of the work by the LPA but not later than 60 days after the work is completed and reports have been made and accepted by the LPA and DEPARTMENT a sum of money equal to the basic fee as determined in this AGREEMENT less the total of the amount of partial payments previously paid to the ENGINEER shall be due and payable to the ENGINEER.
4. To pay the ENGINEER as compensation for all services rendered in accordance with the AGREEMENT on the basis of the following compensation method as discussed in 5-5.10 of the BLR Manual.

   Method of Compensation:

☐ Lump Sum

☐ Specific Rate

☒ Cost plus Fixed Fee:

Fixed

Total Compensation = DL + DC + OH + FF

Where:

DL is the total Direct Labor,
DC is the total Direct Cost,
OH is the firm's overhead rate applied to their DL and
FF is the Fixed Fee.

Where FF = (0.33 + R) DL + %SubDL, where R is the advertised Complexity Factor and %SubDL is 10% profit allowed on the direct labor of the subconsultants.

The Fixed Fee cannot exceed 15% of the DL + OH.

5. The recipient shall not discriminate on the basis of race, color, national original or sex in the award and performance of any US DOT assisted contract or in the administration of its DBE program or the requirements of 49 CFR part 26. The recipient shall take all necessary and reasonable steps under 49 CFR part 26 to ensure nondiscrimination in the award and administration of US DOT-assisted contracts. The recipient's DBE program, as required by 49 CFR part 26 and as approved by US DOT, is incorporated by reference in this agreement. Implementation of this program is a legal obligation and failure to carry out its terms shall be treated as violation of this AGREEMENT. Upon notification to the recipient of its failure to carry out its approved program, the Department may impose sanctions as provided for under part 26 and may, in appropriate cases, refer the matter for enforcement under 18 U.S.C. 1001 and/or the Program Fraud Civil Remedies Act of 1986 (31 U.S.C 3801 et seq.).

III. IT IS MUTUALLY AGREED,

1. No work shall be commenced by the ENGINEER prior to issuance by the IDOT of a written Notice to Proceed.
2. To maintain, for a minimum of 3 years after the completion of the contract, adequate books, records and supporting documents to verify the amount, recipients and uses of all disbursements of funds passing in conjunction with the contract; the contract and all books, records and supporting documents related to the contract shall be available for review and audit by the Auditor General, and the DEPARTMENT: the Federal Highways Administration (FHWA) or any authorized representative of the federal government, and to provide full access to all relevant materials. Failure to maintain the books, records and supporting documents required by this section shall establish a presumption in favor of the DEPARTMENT for the recovery of any funds paid by the DEPARTMENT under the contract for which adequate books, records and supporting documentation are not available to support their purported disbursement.
3. That the ENGINEER shall be responsible for any and all damages to property or persons arising out of an error, omission and/or negligent act in the prosecution of the ENGINEER's work and shall indemnify and save harmless the LPA, the DEPARMTENT, and their officers, agents, and employees from all suits, claims, actions or damage liabilities, costs or damages of any nature whatsoever resulting there from. These indemnities shall not be limited by the listing of any insurance policy.

   The LPA will notify the ENGINEER of any error or omission believed by the LPA to be caused by the negligence of the ENGINEER as soon as practicable after the discovery. The LPA reserves the right to take immediate action to remedy any error or omission if notification is not successful; if the ENGINEER fails to reply to a notification; or if the conditions created by the error or omission are in need of urgent correction to avoid accumulation of additional construction costs or damages to property and reasonable notice is not practicable.
4. This AGREEMENT may be terminated by the LPA upon giving notice in writing to the ENGINEER at the ENGINEER's last known post office address. Upon such termination, the ENGINEER shall cause to be delivered to the LPA all drawings, plats, surveys, reports, permits, agreements, soils and foundation analysis, provisions, specifications, partial and completed estimates and data, if any from soil survey and subsurface investigation with the understanding that all such material becomes the property of the

LPA. The LPA will be responsible for reimbursement of all eligible expenses incurred under the terms of this AGREEMENT up to the date of the written notice of termination.

5. In the event that the DEPARMENT stops payment to the LPA, the LPA may suspend work on the project. If this agreement is suspended by the LPA for more than thirty (30) calendar days, consecutive or in aggregate, over the term of this

   AGREEMENT, the ENGINEER shall be compensated for all services performed and reimbursable expenses incurred as a result of the suspension and resumption of its services, and the ENGINEER's schedule and fees for the remainder of the project shall be equitably adjusted.

6. This AGREEMENT shall continue as an open contract and the obligations created herein shall remain in full force and effect until the completion of construction of any phase of professional services performed by others based upon the service provided herein. All obligations of the ENGINEER accepted under this AGREEMENT shall cease if construction or subsequent professional services are not commenced within 5 years after final payment by the LPA.

7. That the ENGINEER shall be responsible for any and all damages to property or persons arising out of an error, omission and/or negligent act in the prosecution of the ENGINEER's work and shall indemnify and have harmless the LPA, the DEPARTMENT, and their officers, employees from all suits, claims, actions or damages liabilities, costs or damages of any nature whatsoever resulting there from. These indemnities shall not be limited by the listing of any insurance policy.

8. The ENGINEER and LPA certify that their respective firm or agency:

   (a) has not employed or retained for commission, percentage, brokerage, contingent fee or other considerations, any firm or person (other than a bona fide employee working solely for the LPA or the ENGINEER) to solicit or secure this AGREEMENT,
   (b) has not agreed, as an express or implied condition for obtaining this AGREEMENT, to employ or retain the services of any firm or person in connection with carrying out the AGREEMENT or
   (c) has not paid, or agreed to pay any firm, organization or person (other than a bona fide employee working solely for the LPA or the ENGINEER) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the AGREEMENT.
   (d) that neither the ENGINEER nor the LPA is/are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency,
   (e) has not within a three-year period preceding the AGREEMENT been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property,
   (f) are not presently indicated for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph e and
   (g) has not within a three-year period preceding this AGREEMENT had one or more public transaction (Federal, State or local) terminated for cause or default.

   Where the ENGINEER or LPA is unable to certify to any of the above statements in this certification, an explanation shall be attached to this AGREEMENT.

9. In the event of delays due to unforeseeable causes beyond the control of and without fault or negligence of the ENGINEER no claim for damages shall be made by either party. Termination of the AGREEMENT or adjustment of the fee for the remaining services may be requested by either party if the overall delay from the unforeseen causes prevents completion of the work within six months after the specified completion date. Examples of unforeseen causes include but are not limited to: acts of God or a public enemy; act of the LPA, DEPARTMENT, or other approving party not resulting from the ENGINEER's unacceptable services; fire; strikes; and floods.

   If delays occur due to any cause preventing compliance with the PROJECT SCHEDULE, the ENGINEER shall apply in writing to the LPA for an extension of time. If approved, the PROJECT SCHEDULE shall be revised accordingly.

10. This certification is required by the Drug Free Workplace Act (30 ILCS 580). The Drug Free Workplace Act requires that no grantee or contractor shall receive a grant or be considered for the purpose of being awarded a contract for the procurement of any property or service from the DEPARTMENT unless that grantee or contractor will provide a drug free workplace. False certification or violation of the certification may result in sanctions including, but not limited to suspension of contract on grant payments, termination of a contract or grant and debarment of the contracting or grant opportunities with the DEPARTMENT for at least one (1) year but not more than (5) years.

    For the purpose of this certification, "grantee" or "Contractor" means a corporation, partnership or an entity with twenty-five (25) or more employees at the time of issuing the grant or a department, division or other unit thereof, directly responsible for the specific performance under contract or grant of $5,000 or more from the DEPARTMENT, as defined the Act.

    The contractor/grantee certifies and agrees that it will provide a drug free workplace by:

    (a) Publishing a statement:

        (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace.

        (2) Specifying actions that will be taken against employees for violations of such prohibition.

        (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
            (a) abide by the terms of the statement; and
            (b) notify the employer of any criminal drug statue conviction for a violation occurring int he workplace

no later than (5) days after such conviction.

(b) Establishing a drug free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;
(2) The grantee's or contractor's policy of maintain a drug free workplace;
(3) Any available drug counseling, rehabilitation and employee assistance program; and
(4) The penalties that may be imposed upon an employee for drug violations.

(c) Providing a copy of the statement required by subparagraph (a) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.

(d) Notifying the contracting, or granting agency within ten (10) days after receiving notice under part (b) of paragraph (3) of subsection (a) above from an employee or otherwise, receiving actual notice of such conviction.

(e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program.

(f) Assisting employees in selecting a course of action in the event drug counseling, treatment and rehabilitation is required and indicating that a trained referral team is in place.

Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act, the ENGINEER, LPA and the Department agree to meet the PROJECT SCHEDULE outlined in EXHIBIT B. Time is of the essence on this project and the ENGINEER's ability to meet the PROJECT SCHEDULE will be a factor in the LPA selecting the ENGINEER for future project. The ENGINEER will submit progress reports with each invoice showing work that was completed during the last reporting period and work they expect to accomplish during the following period.

11. Due to the physical location of the project, certain work classifications may be subject to the Prevailing Wage Act (820 ILCS 130/0.01 et seq.).

12. For Preliminary Engineering Contracts:

(a) That tracing, plans, specifications, estimates, maps and other documents prepared by the ENGINEER in accordance with this AGREEMENT shall be delivered to and become the property of the LPA and that basic survey notes, sketches, charts, CADD files, related electronic files, and other data prepared or obtained in accordance with this AGREEMENT shall be made available, upon request to the LPA or to the DEPARTMENT, without restriction or limitation as to their use. Any re-use of these documents without the ENGINEER involvement shall be at the LPA's sole risk and will not impose liability upon the ENGINEER.

(b) That all reports, plans, estimates and special provisions furnished by the ENGINEER shall conform to the current Standard Specifications for Road and Bridge Construction, Bureau of Local Roads and Streets Manual or any other applicable requirements of the DEPARTMENT, it being understood that all such furnished documents shall be approved by the LPA and the DEPARTMENT before final acceptance. During the performance of the engineering services herein provided for, the ENGINEER shall be responsible for any loss or damage to the documents herein enumerated while they are in the ENGINEER's possession and any such loss or damage shall be restored at the ENGINEER's expense.

AGREEMENT SUMMARY

Prime Consultant (Firm) Name	TIN/FEIN/SS Number	Agreement Amount
Crawford, Murphy & Tilly	37-0844662	$361,248.00

Subconsultants	TIN/FEIN/SS Number	Agreement Amount
	Subconsultant Total	
	Prime Consultant Total	$361,248.00
	Total for all work	$361,248.00

2025-432

AGREEMENT SIGNATURES

Executed by the LPA:

The Local Public Agency Type: City of Local Public Agency: Springfield

Attest:

By (Signature & Date)

By (Signature & Date)

Name of Local Public Agency: Springfield

Local Public Agency Type: City

Clerk

Title: GEM

(SEAL)

Executed by the ENGINEER:

Attest:

Prime Consultant (Firm) Name: Crawford, Murphy & Tilly

By (Signature & Date): 10/1/2025

Title: Project Manager

By (Signature & Date): 10/1/25

Title: Senior Vice-President

Local Public Agency	Prime Consultant (Firm) Name	County	Section Number
Springfield	Crawford, Murphy & Tilly	Sangamon	19-00486-00-PV

To perform or be responsible for the performance of the engineering services for the LPA, in connection with the PROJECT herein before described and enumerated below

EXHIBIT A
SCOPE OF SERVICES

FOR FEDERAL PARTICIPATION PROJECTS

See attached Person-Hour Estimate and Direct Cost/ Services by Others Estimate.

2025-432

Local Public Agency	Prime Consultant (Firm) Name	County	Section Number
Springfield	Crawford, Murphy & Tilly	Sangamon	19-00486-00-PV

EXHIBIT B
PROJECT SCHEDULE

This contract supplement extends the original contract schedule through 12/31/2027.

2025-432

Local Public Agency	Prime Consultant (Firm) Name	County	Section Number
Springfield	Crawford, Murphy & Tilly	Sangamon	19-00486-00-PV

Exhibit C
Qualification Based Selection (QBS) Checklist

The LPA must complete Exhibit D. If the value meets or will exceed the threshold in 50 ILCS 510, QBS requirements must be followed. Under the threshold, QBS requirements do not apply. The threshold is adjusted annually. If the value is under the threshold with federal funds being used, federal small purchase guidelines must be followed.

☐ Form Not Applicable (engineering services less than the threshold)

Items 1-13 are required when using federal funds and QBS process is applicable. Items 14-16 are required when using State funds and the QBS process is applicable.

		No	Yes
1	Do the written QBS policies and procedures discuss the initial administration (procurement, management and administration) concerning engineering and design related consultant services?	☐	☐
2	Do the written QBS policies and procedures follow the requirements as outlined in Section 5-5 and specifically Section 5-5.06 (e) of the BLRS Manual?	☐	☐
3	Was the scope of services for this project clearly defined?	☐	☐
4	Was public notice given for this project?	☐	☐

If yes Due date of submittal

Method(s) used for advertisement and dates of advertisement

5	Do the written QBS policies and procedures cover conflicts of interest?	☐	☐
6	Do the written QBS policies and procedures use covered methods of verification for suspension and debarment?	☐	☐
7	Do the written QBS policies and procedures discuss the methods of evaluation?	☐	☐

Project Criteria	Weighting

8	Do the written QBS policies and procedures discuss the method of selection?	☐	☐

Selection committee (titles) for this project

Top three consultants ranked for this project in order	
1	
2	
3	

9	Was an estimated cost of engineering for this project developed in-house prior to contract negotiation?	☐	☐
10	Were negotiations for this project performed in accordance with federal requirements.	☐	☐
11	Were acceptable costs for this project verified?	☐	☐
12	Do the written QBS policies and procedures cover review and approving for payment, before forwarding the request for reimbursement to IDOT for further review and approval?	☐	☐
13	Do the written QBS policies and procedures cover ongoing and finalizing administration of the project (monitoring, evaluation, closing-out a contract, records retention, responsibility, remedies to violations or breaches to a contract, and resolution of disputes)?	☐	☐
14	QBS according to State requirements used?	☐	☒
15	Existing relationship used in lieu of QBS process?	☐	☒
16	LPA is a home rule community (Exempt from QBS).	☒	☐

2025-4382

Illinois Department of Transportation

EXHIBIT D

COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

FIXED RAISE

Local Public Agency	County	Section Number
CITY OF SPRINGFIELD	SANGAMON	19-00486-00-PV

Prime Consultant (Firm) Name	Prepared By	Date

Consultant / Subconsultant Name	Job Number

Note: This is name of the consultant the CECS is being completed for. This name appears at the top of each tab.

Remarks

PAYROLL ESCALATION TABLE

CONTRACT TERM	24	MONTHS	OVERHEAD RATE	168.07%
START DATE	10/1/2025		COMPLEXITY FACTOR	0
RAISE DATE	1/1/2026		% OF RAISE	3.00%
END DATE	9/30/2027			

ESCALATION PER YEAR

Year	First Date	Last Date	Months	% of Contract
0	10/1/2025	1/1/2026	3	12.50%
1	1/2/2026	1/1/2027	12	51.50%
2	1/2/2027	10/1/2027	9	39.78%

The total escalation = 3.78%

Local Public Agency	County	Section Number
CITY OF SPRINGFIELD	SANGAMON	19-00486-00-PV

Consultant / Subconsultant Name	Job Number

PAYROLL RATES

EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET FIXED RAISE

MAXIMUM PAYROLL RATE	90.00
ESCALATION FACTOR	3.78%

CLASSIFICATION	IDOT PAYROLL RATES ON FILE	CALCULATED RATE
Principal	$78.26	$81.22
Senior Specialty Engineer 2	$74.67	$77.50
Senior Structural Engineer 2	$72.62	$75.37
Senior Civil Engineer 2	$69.94	$72.59
Project Manager	$64.69	$67.14
Senior Environmental Scientist 2	$72.14	$74.87
Senior Civil Engineer	$55.61	$57.71
Project Civil Engineer	$46.23	$47.98
Senior Environmental Scientist	$56.76	$58.91
Project Specialty Engineer	$53.46	$55.48
Project Structural Engineer	$46.29	$48.04
Project Environmental Scientist	$45.63	$47.36
Senior Specialty Professional	$48.85	$50.70
Civil Engineer	$37.96	$39.40
Specialty Professional	$38.04	$39.48
Planner	$36.45	$37.83
Project Specialty Professional	$42.49	$44.10
Senior Structural Engineer	$61.50	$63.83
Structural Engineer	$39.45	$40.94
Senior Technician	$50.48	$52.39
Project Technician	$38.94	$40.41
Administrative Specialist	$41.66	$43.24
Technician	$31.75	$32.95
Administrative Coordinator	$29.96	$31.09

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Local Public Agency
CITY OF SPRINGFIELD

County
SANGAMON

Section Number
19-00486-00-PV

Consultant / Subconsultant Name

Job Number

DIRECT COSTS WORKSHEET

List ALL direct costs required for this project. Those not listed on the form will not be eligible for reimbursement by the LPA on this project.

EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

ITEM	ALLOWABLE	QUANTITY	CONTRACT RATE	TOTAL
Lodging (per GOVERNOR'S TRAVEL CONTROL BOARD)	Actual Cost (Up to state rate maximum)			$0.00
Lodging Taxes and Fees (per GOVERNOR'S TRAVEL CONTROL BOARD)	Actual Cost			$0.00
Air Fare	Coach rate, actual cost, requires minimum two weeks' notice, with prior IDOT approval			$0.00
Vehicle Mileage (per GOVERNOR'S TRAVEL CONTROL BOARD)	Up to state rate maximum	200	$0.70	$140.00
Vehicle Owned or Leased	$32.50/half day (4 hours or less) or $65/full day	22	$65.00	$1,430.00
Vehicle Rental	Actual Cost (Up to $55/day)			$0.00
Tolls	Actual Cost			$0.00
Parking	Actual Cost			$0.00
Overtime	Premium portion (Submit supporting documentation)			$0.00
Shift Differential	Actual Cost (Based on firm's policy)			$0.00
Overnight Delivery/Postage/Courier Service	Actual Cost (Submit supporting documentation)	35	$12.00	$420.00
Copies of Deliverables/Mylars (In-house)	Actual Cost (Submit supporting documentation)			$0.00
Copies of Deliverables/Mylars (Outside)	Actual Cost (Submit supporting documentation)			$0.00
Project Specific Insurance	Actual Cost			$0.00
Monuments (Permanent)	Actual Cost			$0.00
CADD	Actual Cost (Max $15/hour)			$0.00
Web Site	Actual Cost (Submit supporting documentation)			$0.00
Advertisements	Actual Cost (Submit supporting documentation)			$0.00
Public Meeting Facility Rental	Actual Cost (Submit supporting documentation)			$0.00
Public Meeting Exhibits/Renderings & Equipment	Actual Cost (Submit supporting documentation)			$0.00
Recording Fees	Actual Cost	8	$40.00	$320.00
Transcriptions (specific to project)	Actual Cost			$0.00
Courthouse Fees	Actual Cost			$0.00
Storm Sewer Cleaning and Televising	Actual Cost (Requires 2-3 quotes with IDOT approval)			$0.00
Traffic Control and Protection	Actual Cost (Requires 2-3 quotes with IDOT approval)			$0.00
Aerial Photography and Mapping	Actual Cost (Requires 2-3 quotes with IDOT approval)			$0.00
Utliity Exploratory Trenching	Actual Cost (Requires 2-3 quotes with IDOT approval)			$0.00
Testing of Soil Samples	Actual Cost			$0.00
Lab Services	Actual Cost (Provide breakdown of each cost)			$0.00
Equipment and/or Specialized Equipment Rental	Actual Cost (Requires 2-3 quotes with IDOT approval)			$0.00
Permit Review Fee (IDNR)		2	$3,130.00	$6,260.00
Permit Fee (IEPA)		1	$750.00	$750.00
Title Commitments and Updates		1	$6,845.00	$6,845.00
Report Printing (Appraisals & Review Appraisals)		1	$175.00	$175.00
			TOTAL DIRECT COSTS:	**$16,340.00**

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Local Public Agency
CITY OF SPRINGFIELD

County
SANGAMON

Section Number
19-00486-00-PV

Consultant / Subconsultant Name

Job Number

AVERAGE HOURLY PROJECT RATES

EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

SHEET 1 OF 5

PAYROLL CLASSIFICATION	AVG HOURLY RATES	TOTAL PROJ. RATES			PE I - PRELIMINARY ENGINEERING			DATA COLLECTION			FIELD SURVEYS			GEOTECHNICAL STUDIES			PRELIMINARY DESIGN STUDIES		
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg
Principal	81.22	74.0	3.74%	3.04													4	4.55%	3.69
Senior Specialty Engineer 2	77.50	66.0	3.34%	2.59				2	25.00%	19.37									
Senior Structural Engineer 2	75.37	18.0	0.91%	0.69															
Senior Civil Engineer 2	72.59	290.0	14.66%	10.64				2	25.00%	18.15	4	4.00%	2.90				28	31.82%	23.10
Project Manager	67.14	208.0	10.52%	7.06							4	4.00%	2.69						
Senior Environmental Scientist 2	74.87	72.0	3.64%	2.73															
Senior Civil Engineer	57.71	156.0	7.89%	4.55				2	25.00%	14.43							24	27.27%	15.74
Project Civil Engineer	47.98	0.0																	
Senior Environmental Scientist	58.91	24.0	1.21%	0.71															
Project Specialty Engineer	55.48	0.0																	
Project Structural Engineer	48.04	84.0	4.25%	2.04															
Project Environmental Scientist	47.36	0.0																	
Senior Specialty Professional	50.70	208.0	10.52%	5.33							16	16.00%	8.11						
Civil Engineer	39.40	84.0	4.25%	1.67													16	18.18%	7.16
Specialty Professional	39.48	130.0	6.57%	2.59															
Planner	37.83	0.0																	
Project Specialty Professional	44.10	88.0	4.45%	1.96							8	8.00%	3.53						
Senior Structural Engineer	63.83	32.0	1.62%	1.03															
Structural Engineer	40.94	0.0																	
Senior Technician	52.39	310.0	15.67%	8.21				2	25.00%	13.10	24	24.00%	12.57				16	18.18%	9.53
Project Technician	40.41	20.0	1.01%	0.41							20	20.00%	8.08						
Administrative Specialist	43.24	30.0	1.52%	0.66															
Technician	32.95	76.0	3.84%	1.27							24	24.00%	7.91						
Administrative Coordinator	31.09	8.0	0.40%	0.13															
		0.0																	
		0.0																	
		0.0																	
TOTALS		1978.0	100%	$57.30	0.0	0.00%	$0.00	8.0	100%	$65.05	100.0	100%	$45.79	0.0	0%	$0.00	88.0	100%	$59.22

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Local Public Agency
CITY OF SPRINGFIELD

County
SANGAMON

Section Number
19-00486-00-PV

Consultant / Subconsultant Name

Job Number

AVERAGE HOURLY PROJECT RATES

EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

PAYROLL CLASSIFICATION	AVG HOURLY RATES	DRAINAGE STUDIES			STRUCTURE STUDIES			INTERSECTION DESIGN STUDIES			ENVIRONMENTAL STUDIES			PROJECT DEVELOPMENT REPORT			RIGHT OF WAY SURVEYS AND DOCUMENTS		
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg
Principal	81.22	4	4.55%	3.69										4	8.33%	6.77	4	1.27%	1.03
Senior Specialty Engineer 2	77.50	24	27.27%	21.14				8	33.33%	25.83	4	16.67%	12.92	4	8.33%	6.46	4	1.27%	0.99
Senior Structural Engineer 2	75.37				8	20.00%	15.07												
Senior Civil Engineer 2	72.59	24	27.27%	19.80	8	20.00%	14.52				4	16.67%	12.10	24	50.00%	36.29	8	2.55%	1.85
Project Manager	67.14																12	3.82%	2.57
Senior Environmental Scientis	74.87										12	50.00%	37.43						
Senior Civil Engineer	57.71	16	18.18%	10.49				16	66.67%	38.48				8	16.67%	9.62	8	2.55%	1.47
Project Civil Engineer	47.98																		
Senior Environmental Scientis	58.91										4	16.67%	9.82						
Project Specialty Engineer	55.48																		
Project Structural Engineer	48.04	20	22.73%	10.92	16	40.00%	19.22												
Project Environmental Scienti	47.36																		
Senior Specialty Professional	50.70																48	15.29%	7.75
Civil Engineer	39.40																		
Specialty Professional	39.48																30	9.55%	3.77
Planner	37.83																		
Project Specialty Professiona	44.10																		
Senior Structural Engineer	63.83																		
Structural Engineer	40.94																		
Senior Technician	52.39				8	20.00%	10.48							8	16.67%	8.73	160	50.96%	26.70
Project Technician	40.41																		
Administrative Specialist	43.24																		
Technician	32.95																32	10.19%	3.36
Administrative Coordinator	31.09																8	2.55%	0.79
TOTALS		88.0	100%	$66.04	40.0	100%	$59.29	24.0	100%	$64.31	24.0	100%	$72.27	48.0	100%	$67.87	314.0	100%	$50.28

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Local Public Agency
CITY OF SPRINGFIELD

County
SANGAMON

Section Number
19-00486-00-PV

Consultant / Subconsultant Name

Job Number

AVERAGE HOURLY PROJECT RATES

EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

SHEET 3 OF 5

PAYROLL CLASSIFICATION	AVG HOURLY RATES	MEETINGS AND COORDINATION			PROJECT ADMINISTRATION			GRANT APPLICATION ASSISTANCE						PE II - DESIGN ENGINEERING			PRELIMINARY ROADWAY PLANS		
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg
Principal	81.22	2	5.56%	4.51	8	33.33%	27.07	4	10.00%	8.12							8	3.85%	3.12
Senior Specialty Engineer 2	77.50	8	22.22%	17.22	8	33.33%	25.83	4	10.00%	7.75									
Senior Structural Engineer 2	75.37																		
Senior Civil Engineer 2	72.59				8	33.33%	24.20	32	80.00%	58.07							40	19.23%	13.96
Project Manager	67.14	16	44.44%	29.84															
Senior Environmental Scientis	74.87																		
Senior Civil Engineer	57.71	10	27.78%	16.03													40	19.23%	11.10
Project Civil Engineer	47.98																		
Senior Environmental Scientis	58.91																		
Project Specialty Engineer	55.48																		
Project Structural Engineer	48.04																		
Project Environmental Scienti	47.36																		
Senior Specialty Professional	50.70																		
Civil Engineer	39.40																44	21.15%	8.33
Specialty Professional	39.48																		
Planner	37.83																		
Project Specialty Professional	44.10																		
Senior Structural Engineer	63.83																		
Structural Engineer	40.94																		
Senior Technician	52.39																56	26.92%	14.11
Project Technician	40.41																		
Administrative Specialist	43.24																		
Technician	32.95																20	9.62%	3.17
Administrative Coordinator	31.09																		
TOTALS		36.0	100%	$67.60	24.0	100%	$77.10	40.0	100%	$73.94	0.0	0%	$0.00	0.0	0%	$0.00	208.0	100%	$53.79

2020-136

Local Public Agency
CITY OF SPRINGFIELD

County
SANGAMON

Section Number
19-00486-00-PV

Consultant / Subconsultant Name

Job Number

AVERAGE HOURLY PROJECT RATES
EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

SHEET 4 OF 5

PAYROLL CLASSIFICATION	AVG HOURLY RATES	PREFINAL ROADWAY PLANS			FINAL ROADWAY PLANS			PREFINAL STRUCTURE PLANS			FINAL STRUCTURE PLANS			LAND ACQUISITION SERVICES			ENVIRONMENTAL SERVICES		
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg
Principal	81.22	2	2.94%	2.39	2	8.33%	6.77							8	1.54%	1.25	4	3.45%	2.80
Senior Specialty Engineer 2	77.50																		
Senior Structural Engineer 2	75.37							4	5.00%	3.77	4	16.67%	12.56						
Senior Civil Engineer 2	72.59	18	26.47%	19.21	10	41.67%	30.24							40	7.69%	5.58	8	6.90%	5.01
Project Manager	67.14													124	23.85%	16.01	24	20.69%	13.89
Senior Environmental Scient	74.87																60	51.72%	38.73
Senior Civil Engineer	57.71	16	23.53%	13.58	8	33.33%	19.24												
Project Civil Engineer	47.98																		
Senior Environmental Scient	58.91																20	17.24%	10.16
Project Specialty Engineer	55.48							40	50.00%	24.02	8	33.33%	16.01						
Project Structural Engineer	48.04																		
Project Environmental Scien	47.36													144	27.69%	14.04			
Senior Specialty Professiona	50.70																		
Civil Engineer	39.40	16	23.53%	9.27										100	19.23%	7.59			
Specialty Professional	39.48																		
Planner	37.83													80	15.38%	6.78			
Project Specialty Professiona	44.10							24	30.00%	19.15	8	33.33%	21.28						
Senior Structural Engineer	63.83																		
Structural Engineer	40.94																		
Senior Technician	52.39	16	23.53%	12.33	4	16.67%	8.73	12	15.00%	7.86	4	16.67%	8.73						
Project Technician	40.41																		
Administrative Specialist	43.24																		
Technician	32.95																		
Administrative Coordinator	31.09													24	4.62%	2.00			
TOTALS		68.0	100%	$56.78	24.0	100%	$64.98	80.0	100%	$54.80	24.0	100%	$58.58	520.0	100%	$53.25	116.0	100%	$70.58

2025-432

Local Public Agency
CITY OF SPRINGFIELD

County
SANGAMON

Section Number
19-00486-00-PV

Consultant / Subconsultant Name

Job Number

AVERAGE HOURLY PROJECT RATES

EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

SHEET 5 OF 5

PAYROLL CLASSIFICATION	AVG HOURLY RATES	MEETINGS AND COORDINATION			PROJECT ADMINISTRATION													
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg
Principal	81.22	12	23.08%	18.74	8	15.38%	12.50											
Senior Specialty Engineer 2	77.50																	
Senior Structural Engineer 2	75.37				2	3.85%	2.90											
Senior Civil Engineer 2	72.59	12	23.08%	16.75	20	38.46%	27.92											
Project Manager	67.14	12	23.08%	15.49	16	30.77%	20.66											
Senior Environmental Scientist	74.87																	
Senior Civil Engineer	57.71	8	15.38%	8.88														
Project Civil Engineer	47.98																	
Senior Environmental Scientist	58.91																	
Project Specialty Engineer	55.48																	
Project Structural Engineer	48.04																	
Project Environmental Scientis	47.36																	
Senior Specialty Professional	50.70																	
Civil Engineer	39.40	8	15.38%	6.06														
Specialty Professional	39.48																	
Planner	37.83																	
Project Specialty Professional	44.10																	
Senior Structural Engineer	63.83																	
Structural Engineer	40.94																	
Senior Technician	52.39																	
Project Technician	40.41																	
Administrative Specialist	43.24				6	11.54%	4.99											
Technician	32.95																	
Administrative Coordinator	31.09																	
TOTALS		52.0	100%	$65.93	52.0	100%	$68.96	0.0	0%	$0.00	0.0	0%	$0.00	0.0	0%	$0.00	0.0	0%	$0.00

2025-432

Local Public Agency
CITY OF SPRINGFIELD

County
SANGAMON

Section Number
19-00486-00-PV

Consultant / Subconsultant Name

Job Number

COST ESTIMATE WORKSHEET

EXHIBIT D COST ESTIMATE OF CONSULTANT SERVICES (CECS) WORKSHEET

OVERHEAD RATE 168.07%

COMPLEXITY FACTOR 0

TASK	DIRECT COSTS (not included in row totals)	STAFF HOURS	PAYROLL	OVERHEAD & FRINGE BENEFITS	FIXED FEE	SERVICES BY OTHERS	TOTAL	% OF GRAND TOTAL
PE I - PRELIMINARY ENGINEERING			-	-	-		-	0.00%
DATA COLLECTION		8	520	875	172		1,567	0.43%
FIELD SURVEYS	780	100	4,579	7,696	1,511		13,786	3.82%
GEOTECHNICAL STUDIES			-	-	-	3,650	3,650	1.01%
PRELIMINARY DESIGN STUDIES		88	5,211	8,758	1,720		15,689	4.34%
DRAINAGE STUDIES	6,260	88	5,811	9,767	1,918		17,496	4.84%
STRUCTURE STUDIES		40	2,371	3,986	783		7,140	1.98%
INTERSECTION DESIGN STUDIES		24	1,543	2,594	509		4,646	1.29%
ENVIRONMENTAL STUDIES		24	1,734	2,915	572		5,221	1.45%
PROJECT DEVELOPMENT REPORT		48	3,258	5,475	1,075		9,808	2.72%
RIGHT OF WAY SURVEYS AND DOCUMENTS	7,495	314	15,786	26,532	5,210		47,528	13.16%
MEETINGS AND COORDINATION		36	2,434	4,090	803		7,327	2.03%
PROJECT ADMINISTRATION		24	1,850	3,110	611		5,571	1.54%
GRANT APPLICATION ASSISTANCE		40	2,958	4,971	976		8,905	2.47%
			-	-	-		-	
PE II - DESIGN ENGINEERING			-	-	-		-	0.00%
PRELIMINARY ROADWAY PLANS		208	11,188	18,804	3,692		33,684	9.32%
PREFINAL ROADWAY PLANS		68	3,861	6,489	1,274		11,624	3.22%
FINAL ROADWAY PLANS		24	1,560	2,621	515		4,696	1.30%
PREFINAL STRUCTURE PLANS		80	4,384	7,368	1,447		13,199	3.65%
FINAL STRUCTURE PLANS		24	1,406	2,363	464		4,233	1.17%
LAND ACQUISITION SERVICES	1,055	520	27,692	46,542	9,138		83,372	23.08%
ENVIRONMENTAL SERVICES	750	116	8,187	13,760	2,702		24,649	6.82%
MEETINGS AND COORDINATION		52	3,428	5,762	1,131		10,321	2.86%
PROJECT ADMINISTRATION		52	3,586	6,027	1,183		10,796	2.99%
			-	-	-		-	
			-	-	-		-	
			-	-	-		-	
			-	-	-		-	
Subconsultant DL							$0.00	
Direct Costs Total ===>	$16,340.00						**$16,340.00**	4.52%
TOTALS		1978	113,347	190,505	37,406	3,650	361,248	100.00%

303,852

BLR 05514 (Rev. 02/06/25)
COST EST

CITY OF SPRINGFIELD - KOKE MILL ROAD
PE I AND PE II ENGINEERING
PERSON-HOUR ESTIMATE FORCONSULTANT SERVICES
Amendment No. 1

PREPARED BY: BMB DATE: 9/15/2025

REVIEWED BY: KLT DATE: 9/15/2025

ROUTE: FAU 8052 (KOKE MILL ROAD)

SECTION: 19-00486-00-PV

COUNTY: SANGAMON

JOB NO.

PTB NO. N/A

ITEM	Amendment No. 1 HOURS
PE I - PRELIMINARY ENGINEERING	
DATA COLLECTION	8
FIELD SURVEYS	100
GEOTECHNICAL STUDIES	0
PRELIMINARY DESIGN STUDIES	88
DRAINAGE STUDIES	88
STRUCTURE STUDIES	40
INTERSECTION DESIGN STUDIES	24
ENVIRONMENTAL STUDIES	24
PROJECT DEVELOPMENT REPORT	48
RIGHT OF WAY SURVEYS AND DOCUMENTS	314
MEETINGS AND COORDINATION	36
PROJECT ADMINISTRATION	24
GRANT APPLICATION ASSISTANCE	40
SUBTOTAL	834
PE II - DESIGN ENGINEERING	
PRELIMINARY ROADWAY PLANS	208
PREFINAL ROADWAY PLANS	68
FINAL ROADWAY PLANS	24
PREFINAL STRUCTURE PLANS	80
FINAL STRUCTURE PLANS	24
LAND ACQUISITION SERVICES	520
ENVIRONMENTAL SERVICES	116
MEETINGS AND COORDINATION	52
PROJECT ADMINISTRATION	52
SUBTOTAL	1144
TOTAL	1978

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PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION			Amendment No. 1
PE I - PRELIMINARY ENGINEERING			
DATA COLLECTION			
A. OBTAIN, LOG, REVIEW AND INCORPORATE DATA			
1. ELECTRONIC DATA & BASE MAPPING FILES (MICROSTATION & GEOPAK)			
2. RECORD PLAN INFORMATION			2
3. RIGHT-OF-WAY (EXISTING) & PARCEL DATA			
4. AERIAL MAPPING AND GIS INFORMATION			
5. UTILITY DATA AND FACILITY LOCATIONS			6
6. TRAFFIC COUNTS			
7. CRASH DATA REQUEST			
B. IDENTIFY & VERIFY DESIGN CRITERIA			
C. FIELD TRIP - INSPECT AND PHOTOGRAPH PROJECT			
ITEM TOTAL:			**8**
FIELD SURVEYS			
LENGTH OF SURVEYS		ADDED SURVEY LENGTH	
KOKE MILL ROAD	5200 FT		
OLD JACKSONVILLE ROAD	500 FT	150 FT	
WASHINGTON STREET	600 FT	225 FT	
CONIFER DRIVE	150 FT		
MACKINAW DRIVE/COBBLESTONE LANE	100 FT		
CASH RIVER ROAD	100 FT		
VICTORIA DRIVE	250 FT	50 FT	
LEWIS MEMORIAL ACRES	800 FT		
Koke Mill Road - Re-survey overlay, curb ramps and multi-use path		300 FT	
SVT Extension		1470 FT	
	7700 FT	2195 FT	
A. ESTABLISH HORIZONTAL CONTROL			4
B. ESTABLISH VERTICAL CONTROL			2
C. TOPOGRAPHIC SURVEYS			16
D. CROSS SECTIONS			16
E. INTERSECTIONS			12
F. DRAINAGE SURVEYS			20
G. BUILDING / STRUCTURE SURVEYS			
H. STAKE SOIL BORING LOCATIONS			
I. ABOVE GROUND UTILITY LOCATION SURVEYS			6
J. MISCELLANEOUS PICK-UPS			12
K. TRAFFIC CONTROL			2
L. OFFICE WORK			
1. DOWNLOAD AND DRAW EXISTING TOPOGRAPHIC INFORMATION			8
2. COORDINATION AND SCHEDULING OF CREW PERSONNEL			2
ITEM TOTAL:			**100**
GEOTECHNICAL STUDIES			
A. DETERMINE ROADWAY SOIL BORING LOCATIONS & PREPARE EXHIBIT			
B. DETERMINE STRUCTURE BORING LOCATIONS			
C. COORDINATE ROADWAY & STRUCTURE BORINGS WITH SUBCONSULTANT			
D. REVIEW SOILS REPORT AND RECOMMENDATIONS			
ITEM TOTAL:			
PRELIMINARY DESIGN STUDIES			
A. EXISTING CONDITIONS			
1. REVIEW AND DOCUMENT EXISTING CORRIDOR FEATURES			
a. EXISTING GROUND PROFILE			
b. CROSS SECTIONAL ELEMENTS (LANES, CURBING, SHLDRS, SIDESLOPES, DITCHES, ETC.)			
c. ACCESS CONTROL / ACCESS MANAGEMENT			
d. INTERSECTIONS AND TRAFFIC CONTROL			
e. PEDESTRIAN / BICYCLIST SAFETY (DROP-OFFS, OBSTACLES, ETC.)			
2. IDENTIFY EXISTING DEFICIENCIES WITHIN PROJECT LIMITS			
3. REVIEW WITH CITY ANY DEFICIENCIES PROPOSED TO REMAIN			
4. OBTAIN IDOT CONCURRENCE OF ANY DEFICIENCIES PROPOSED TO REMAIN			
B. ALIGNMENT STUDIES			
1. DEVELOP TYPICAL ROADWAY SECTIONS			
a. REVISIONS POST PUBLIC MEETING			16

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PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION	Amendment No. 1
2. REVIEW AND DEVELOP HORIZONTAL ALIGNMENT	
3. REVIEW AND DEVELOP VERTICAL ALIGNMENT	
4. COMPLETE STREETS ALTERNATIVES & EVALUATION	
5. SHARED USE PATH CONNECTION TO SANGAMON VALLEY TRAIL	
a. ALIGNMENT LOCATION STUDIES	8
b. PRELIMINARY CROSS SECTIONS	
c. COORDINATION WITH SANGAMON COUNTY AND PROPERTY OWNER	
d. Cost estimates, exhibits, field meeting w/ client	16
C. TRAFFIC STUDIES	
1. ANALYSIS OF EXISTING ROADWAY CONDITIONS & TRAFFIC VOLUMES	
2. TRAFFIC PROJECTIONS/FORECASTS	
a. IDENTIFY & CONFIRM GROWTH FACTORS	
b. DEVELOP DESIGN YEAR TRAFFIC VOLUMES AND TURNING MOVEMENTS	
D. PRELIMINARY PAVEMENT DESIGNS	
E. PRELIMINARY CRITICAL CROSS SECTIONS	
1. CORRIDOR MODELING FOR ALIGNMENT AND TYPICAL SECTION REVISIONS	48
ITEM TOTAL:	**88**
DRAINAGE STUDIES	
A. EXISTING DRAINAGE CONDITIONS	
1. DEVELOP EXISTING DRAINAGE PLAN	
2. SITE VISIT/REVIEW EXISTING DRAINAGE PATTERNS	
B. DRAINAGE ANALYSIS	
1. IDENTIFY PROPOSED DRAINAGE OUTLET LOCATION(S)	
2. REVIEW AND DELINEATE WATERSHEDS	
3. DETERMINE/CALC PEAK RUNOFFS	
4. HYDRAULIC STUDY - UNNAMED TRIBUTARY TO SPRING CREEK	
a. HYDRAULIC MODELING & ANALYSIS - Revisions for roadway alignment alternatives	40
b. REVIEW FLOODZONE & SPECIAL FLOOD ZONE AREAS	
c. CHANNEL MODIFICATIONS/REALIGNMENT	
d. ANALYSIS OF ROADWAY EMBANKMENT STABILITY	
e. COMPENSATORY STORAGE - Effort to model/develop cross sections to evaluate comp storage	48
5. PRELIMINARY ROADWAY DRAINAGE (DITCHES, CULVERTS, STORM SEWER)	
C. PRELIMINARY EROSION CONTROL PLAN	
D. LOCATION DRAINAGE REPORT	
1. DEVELOP REPORT TEXT	
2. PREPARE TABLES, EXHIBITS, DRAWINGS AND CALCULATIONS	
3. REPORT REVISIONS AND FINAL SUBMITTAL	
E. DETENTION ANALYSIS	
F. AGENCY COORDINATION AND RESPOND TO COMMENTS	
ITEM TOTAL:	**88**
STRUCTURE STUDIES	
A. RETAINING WALLS	
1. RETAINING WALL TYPE ALTERNATIVES	
2. PRELIMINARY RETAINING WALL LAYOUT & SKETCHES	
3. STRUCTURE GEOTECHNICAL REPORTS (ASSUMED NOT TO BE REQUIRED)	
B. PRELIMINARY TYPE, SIZE & LOCATION DRAWING (ADDED REQUIREMENT BY IDOT BDE)	40
ITEM TOTAL:	**40**
INTERSECTION DESIGN STUDIES (INCLUDES IDS @ OLD JACKSONVILLE ROAD AND WASHINGTON STREET)	
A. REVIEW ALIGNMENTS AND TRAFFIC DATA	
B. SIGNAL WARRANT ANALYSIS	
C. DETERMINE EXTENT OF IMPROVEMENTS	
1. OLD JACKSONVILLE ROAD	
2. WASHINGTON STREET	
D. INTERSECTION DESIGN STUDIES (2 INTERSECTIONS)	
1. PRELIMINARY SUBMITTAL	
a. DEVELOP CONCEPT PLAN VIEW	
b. DEVELOP PROPOSED VERTICAL ALIGNMENTS	
c. DEVELOP AND REVIEW CRITICAL CROSS SECTIONS	
d. REVIEW LAND ACQUISITION AND EASEMENT LIMITS	
e. CAPACITY ANALYSIS - Signal timing revisions per City and IDOT reviews	24
f. DEVELOP TRAFFIC DATA TABLES	
g. DEVELOP IDS PLAN SHEETS	
h. DEVELOP IDS PROFILE SHEETS	
2. PREFINAL SUBMITTAL - REVISIONS PER IDOT/CITY REVIEW	

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PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION	Amendment No. 1
3. FINAL SUBMITTAL - REVISIONS PER IDOT/CITY REVIEW	
ITEM TOTAL:	24
ENVIRONMENTAL STUDIES CATEGORICAL EXCLUSION (ASSUMED)	
A. PURPOSE AND NEED	
B. INVENTORY OF AFFECTED ENVIRONMENT	
1. PREPARATION OF ENVIRONMENTAL SURVEY REQUEST FORM	
2. REVIEW SURVEY RESULTS	
3. IDENTIFY ENVIRONMENTAL RESOURCES	
4. PLOT ENVIRONMENTAL RESOURCES ON ROADWAY PLAN SHEETS	
C. ANALYSIS OF ALTERNATIVES	
ENVIRONMENTAL IMPACTS OF ALTERNATIVES	
D. 1. SOCIAL / ECONOMIC	
E. 2. AGRICULTURAL IMPACTS	
3. CULTURAL RESOURCES	
4. AIR QUALITY	
5. NOISE	
6. ENERGY	
7. NATURAL RESOURCES	
8. WATER QUALITY / RESOURCES	
9. FLOODPLAIN ENCROACHMENT COORDINATION	
10. WETLAND ANALYSIS	
a. WETLAND DELINEATION (BDE (INHS) WILL CONDUCT FOR LPA)	
b. INVENTORY & ANALYSIS	
c. WETLAND IMPACT EVALUTION FORM	
11. SPECIAL WASTE	
a. CONDUCT PESA RESEARCH & RECONNAISSANCE	
b. PESA REPORT	
12. SPECIAL LANDS (4f COORDINATION)	
PERMITS (NATIONWIDE 404, IDNR, IEPA)	
SPECIAL REPORTS (HISTORIC ACT/IHPA COOR. AS NECESSARY)	
E. DRAFT PROJECT DEVELOPMENT REPORT TEXT	
F. FINAL PROJECT DEVELOPMENT REPORT TEXT	
G. ESR ADDENDUM(s) - SANGAMON VALLEY TRAIL EXTENSION	
1. ESR SUBMITTAL	16
2. COORDINATION AND REVIEW OF RESULTS	8
ITEM TOTAL:	**24**
PROJECT DEVELOPMENT REPORT	
A. IDOT BLR FORM 22210 - CATEGORICAL EXCLUSION	
1. APPROVAL FORM	
2. LOCATION, TERMINI, AND LOCATION MAP	
3. DESCRIPTION OF EXISTING CONDITIONS	
4. TRAFFIC DATA	
5. PURPOSE & NEED	
6. DESIGN CRITERIA	
7. PROPOSED IMPROVEMENTS	
a. ROADWAY	
b. STRUCTURES	
c. DRAINAGE	
d. UTILITIES	
e. RAILROADS	
f. EROSION & SEDIMENT CONTROL	
g. HAZARDOUS MAILBOX SUPPORTS	
h. TRUCK & PARKING RESTRICTIONS	
i. MAIL DELIVERY	
j. AIRPORTS	
k. TRAFFIC CONTROL	
l. SIDEWALKS & PEDESTRIANS	
m. BICYCLE FACILITIES	
n. ADA	
o. GEOTECHNICAL CONSIDERATIONS	
p. AGREEMENTS (STATE, LPA, CONSULTANTS, RAILROADS, UTILITIES)	
q. MAINTENANCE CONSIDERATIONS	
8. DESIGN EXCEPTIONS	
9. COST ESTIMATES	
10. CRASH ANALYSIS	
11. RIGHT-OF-WAY REQUIREMENTS	

2025-432

PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION	Amendment No. 1
12. ENVIRONMENTAL ISSUES (HOURS TO DEVELOP REPORT PREVIOUSLY INCLUDED)	
13. TRAFFIC CONTROL & ALTERNATIVE ROUTES DURING CONSTRUCTION	
14. PUBLIC INVOLVEMENT	
15. COORDINATION (MINUTES & LETTERS FROM LA-IDOT-FHWA-UTILITIES-RAILROADS)	
16. EXHIBITS / ATTACHMENTS	
a. Additional/updated exhibits: Sangamon Valley Trail, Land Ac Summary Table, Design Exceptions	8
17. TECHNICAL REPORTS	
18. PRINT, BIND AND DISTRIBUTE FOR REVIEW	
19. REVISIONS PER IDOT INTERBUREAU REVIEWS	24
20. FINAL REPORT DELIVERABLE AND DISTRIBUTION	
B. PUBLIC INVOLVEMENT ACTIVITIES	
1. STAKEHOLDER MEETINGS (3 MEETINGS ASSUMED)	
a. MEETING COORDINATION, PREP & ATTENDANCE	
b. MEETING SUMMARY & FOLLOW UP	
c. Homeowner's Association Meeting	16
2. PUBLIC INFORMATION MEETING / OPEN HOUSE	
a. IDENTIFY LOCATION AND SCHEDULE	
b. ROOM ARRANGEMENTS AND RENTAL	
c. ADVERTISEMENTS / MAILINGS	
d. MEETING HANDOUTS	
e. EXHIBITS / DISPLAYS	
f. REVIEW EXHIBITS, ETC. W/ CITY REVISIONS	
g. ATTENDANCE AT MEETING	
h. SUMMARY OF PUBLIC COMMENTS	
C. ASSIST WITH CONTACTING INDIVIDUAL PROPERTY OWNERS	
ITEM TOTAL:	**48**
RIGHT OF WAY SURVEYS AND DOCUMENTS	
A. OBTAIN COURTHOUSE DATA AND OWNER OF RECORD REPORTS	
B. REVIEW EXISTING R.O.W. AND PROPERTY LINE INFORMATION	
1. Coordinate ROW documentation from state/county/municipality/local jurisdictions	4
2. Ownership spreadsheet with tax parcel numbers	4
3. GIS coordination of county parcel shape files	4
C. ORDER TITLE COMMITMENTS	
D. DRAFT EXISTING RECORDED DOCS PRIOR TO FIELD SURVEY	40
E. PROPERTY SURVEYS (8 ADDITIONAL PARCELS)	
1. CONTACT PROPERTY OWNERS FOR SURVEY ACCESS	
2. FIELD RESEARCH FOR BOUNDARY AND SECTION CORNERS	
3. LAND SURVEYS	
Field locate Boundary/Property/ROW/Section corners with equipment	16
Field locate evidence of fences, structures and lines of possession	16
Field notes, sketches and ties for records	8
Monument record PLSS corners	8
4. PROCESS SURVEY DATA	
Review of field notes and raw data files	4
5. EVALUATE AND DRAFT BOUNDARIES (LAND AND PROPERTY LINES)	
Electronic drawing creation and note labeling of parcel numbers, ownership, addresses, tax acreage, etc.	12
Plot easements and encumbrances of record per commitment	16
6. EVALUATE TOTAL HOLDINGS VS PROPERTY LINE DETERMINATIONS	8
7. UNDEDRLYING FEE ANALYSIS AND COORDINATION WITH CLIENT	4
F. ROW / EASEMENT PLATS AND LEGAL DESCRIPTIONS	
(7 ADDITIONAL PARCELS)	
1. PRELIMINARY PLAT AND LEGAL DESCRIPTIONS	42
2. PRE-FINAL DOCUMENTS	28
Calculate coordinate geometry areas for preliminary total holdings, ROW takes, and easements	
3. FINAL DOCUMENTS	28
G. TEMPORARY EASEMENT DOCUMENTS (4 EST.)	
H. MONUMENT RECORDS FOR COURTHOUSE	
I. ROW STAKING	
1. COORDINATION WITH LAND ACQUISITION AND SCHEDULING OF CREW	8
2. ESTIMATE 8 PARCELS DURING LAND ACQUSITION (2 PEOPLE/4 HR/PARCEL)	64
ITEM TOTAL:	**314**
MEETINGS AND COORDINATION	
A. PROGRESS MEETINGS WITH CITY	
(4 MEETINGS X 2 HRS / MEETING X 2 PERSONS)	

2025-432

PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION		Amendment No. 1
PREPARE EXHIBITS AND MEETING SUMMARY		
24 Monthly meetings 1/2 hr/meeting		12
B. IDOT/FHWA COORDINATION MEETINGS		
(3 MEETINGS X 2 HRS / MEETING X 2 PERSONS)		
PREPARE EXHIBITS AND MEETING SUMMARY		
C. FIELD CHECK/PLAN IN HAND REVIEW		
(1 MEETINGS X 4 HRS / MEETING X 2 PERSONS)		
D. UTILITY COORDINATION AND MEETINGS		
Additional effort to identify conflicts and confirm relocations		24
ITEM TOTAL:		36
PROJECT ADMINISTRATION		
A. PROJECT SETUP AND CONDUCT KICKOFF MEETING		
B. COMMUNICATIONS WITH CITY		
(18 MONTHS X 1 HR/MONTH)		
C. MONTHLY PROGRESS REPORTS & INVOICING		
Phase I: June 2020 to Dec 2024 (42 months)		24
D. PERSONNEL PLANNING AND SCHEDULING CONTROL		
E. INTERNAL TEAM MEETINGS		
(4 MEETINGS X 1 HR / MEETING X 2 PERSONS)		
F. IMPLEMENT QUALITY ASSURANCE PLAN		
1. DEVELOP PROJECT SPECIFIC QUALITY ASSURANCE PLAN		
2. QUALITY ASSURANCE REVIEW OF MILESTONE DELIVERABLES		
ITEM TOTAL:		**24**
GRANT APPLICATION ASSISTANCE		
1 ITEP -Cost Estimate		16
2 DCEO -Cost Estimate and application form		24
		40
PE II - DESIGN ENGINEERING		
PRELIMINARY ROADWAY PLANS		
A. PRELIMINARY DESIGN		
1. REVIEW PROJECT DEVELOPMENT REPORT APPROVAL COMMITMENTS		
2. REVIEW/REVISE HORIZONTAL AND VERTICAL ALIGNMENTS		
3. REVIEW PROPOSED DRAINAGE PLAN		
B. PRELIMINARY ROADWAY DRAWINGS	**# OF SHEETS**	
1. COVER SHEET	1	
2. INDEX		
a. INDEX OF SHEETS AND IDOT HIGHWAY STANDARDS	1	
b. GENERAL NOTES AND ENVIRONMENTAL COMMITMENTS	1	
3. SUMMARY OF QUANTITIES	8	
4. SCHEDULE OF QUANTITIES	8	
5. TYPICAL SECTIONS	3	
6. ALIGNMENT, TIES AND BENCHMARKS	3	
7. CONSTRUCTION STAGING / MAINTENANCE OF TRAFFIC	4	
a. Additional sheets, level of design effort and detail		40
8. PLAN AND PROFILE SHEETS - KOKE MILL ROAD	10	
9. PLAN AND PROFILE SHEETS - WASHINGTON STREET	2	
10. PLAN AND PROFILE SHEETS - OLD JACKSONVILLE ROAD	1	
11. PLAN AND PROFILE SHEETS - SANG. VALLEY TRAIL CONNECTION	2	
12. DRAINAGE PLAN AND PROFILES	10	
13. STATUS OF UTILITIES	2	
14. RIGHT-OF-WAY PLANS	0	
15. INTERSECTION DETAIL SHEETS	5	
a. Intersection modeling for layout/grading		40
16. ENTRANCE DETAILS	3	

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PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION		Amendment No. 1
a. Entrance profile models		40
17. PAVEMENT MARKING PLANS AND DETAILS	7	
18. SIGNING PLANS	7	
19. REMOVAL PLANS	7	
20. EROSION & SEDIMENT CONTROL PLANS	7	
a. STREAM REALIGNMENT & GRADING PLANS		32
21. LANDSCAPING PLANS	7	
22. CULVERT DETAILS	2	
23. TRAFFIC SIGNAL PLANS	8	
a. Modify existing signals at Washington		16
24. LIGHTING PLANS	6	
25. MISCELLANEOUS DETAIL SHEETS	4	
26. CROSS SECTIONS/MODELING - KOKE MILL ROAD - 5 ADDED SHEETS	22	40
27. CROSS SECTIONS/MODELING - WASHINGTON STREET	3	
28. CROSS SECTIONS/MODELING - OLD JACKSONVILLE ROAD	2	
28. CROSS SECTIONS/MODELING - SANG. VALLEY TRAIL CONNECTION	2	
TOTAL	**148**	
C. PRELIMINARY SPECIAL PROVISIONS		
D. PRELIMINARY ESTIMATES OF COST AND TIME		
E PLOT, ASSEMBLE AND SUBMIT PLANS		
ITEM TOTAL:		**208**
PREFINAL ROADWAY PLANS		
A. REVISIONS PER CITY AND IDOT REVIEWS		
B. REVISIONS PER CMT QUALITY ASSURANCE REVIEWS		
C. PREFINAL QUANTITY COMPUTATIONS (120 PAY ITEMS X 1 HR/PAY ITEM) Additional 60 pay items		60
D. SCHEDULE OF QUANTITIES		
E. PREFINAL CONTRACT SPECIFICATIONS & SPECIAL PROVISIONS Additional special provisions for traffic signals and environmental items		8
F. PREFINAL ESTIMATES		
G. PLOT, ASSEMBLE AND SUBMIT PLANS		
ITEM TOTAL:		**68**
FINAL ROADWAY PLANS		
A. REVISIONS PER CITY AND IDOT REVIEWS		
B. REVISIONS PER CMT QUALITY ASSURANCE REVIEWS		
C. FINAL QUANTITY COMPUTATIONS AND CHECKING Additional pay items		8
D. SCHEDULE OF QUANTITIES Additional schedules		4
E. FINAL CONTRACT DOCUMENTS & ROADWAY SPECIFICATIONS Additional special provisions		4
F. FINAL ESTIMATES		
G. PLOT, ASSEMBLE AND SUBMIT PLANS		
H. COORDINATION OF LETTING WITH IDOT BLRS BLR 19110		8
ITEM TOTAL:		**24**
PREFINAL STRUCTURE PLANS		
A. KOKE MILL ROAD RETAINING WALL	# OF SHEETS	
1. RETAINING WALL LOCATION AND LAYOUT	2	

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PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION		Amendment No. 1
2. RETAINING WALL CONSTRUCTION AND FOUNDATION DETAILS	2	
3. BAR SPLICER ASSEMBLY DETAILS	1	
4. RAILING DETAILS	1	
5. MISC. CONSTRUCTION DETAILS	1	
6. BORING LOGS	1	
TOTAL STRUCTURAL SHEETS	8	
B. BOX CULVERT (wing wall design, reinforcement)		80
C. SUBGRADE/EMBANKMENT STABILITY ANALYSIS / GEOTECHNICAL ACCOMMODATIONS		
D. QUANTITIES / COMPUTATIONS / CHECKING / SUBMITTAL		
E. SPECIAL PROVISIONS- CHECKSHEET & GBSP CHECK SHEET		
ITEM TOTAL:		**80**
FINAL STRUCTURE PLANS		
A. ADDRESS REVIEW COMMENTS FROM IDOT		
B. ADDRESS CMT INTERNAL QA REVIEWS		
C. FINAL QUANTITY COMPUTATIONS		
D. FINAL SPECIAL PROVISIONS		
E. BOX CULVERT FINAL PLANS AND DETAILS		24
ITEM TOTAL:		**24**
LAND ACQUISITION SERVICES 15 additional parcels (4 APPRASAILS, 11 WAIVERS)		
A. COURTHOUSE RESEARCH/ORDERING TITLE COMMITMENT UPDATES		
B. PARCEL APPRAISALS (4 PARCELS) ***Additional parcels to be completed in-house***		
1. CONFIRM APPROVAL OF ROW LIMITS BEFORE INITIATING APPRAISALS		4
2. CONFIRM DESIGN AND INTENT OF PROPOSED ROW AND / OR EASMENTS		4
3. DEVELOP AN APPRAISAL BREAKOUT PLAN		
4. ~~COORDINATE DISTRIBUTING APPRAISAL ASSIGNMENTS TO SUBCONSULTANT~~		0
5. ~~ASSIST SUBCONSULTANT WITH PARCEL QUESTIONS~~		0
6. ~~REVIEW SUBCONSULTANT PROGRESS AND COORDINATE REVIEWS~~		0
7. COMPLETE APPRAISAL SITE VISTS		12
8. PREPARE APPRAISAL REPORTS		84
C. APPRAISAL REVIEWS (4 PARCELS)		
1. COMPLETE REVIEW OF ALL APPRAISALS		32
2. COORDINATE APPRAISAL REVISIONS PER REVIEWS		4
3. CONFIRM APPRAISALS ARE UPDATED PER REVIEW COMMENTS		4
4. PROVIDE FINAL APPRAISALS AND REVIEWS TO NEGOTIATORS		4
D. WAIVER VALUATIONS (11 PARCELS)		
1. SALES DATA COLLECTION AND PARCEL REVIEWS TO DETERMINE WAIVER STATUS		8
2. PREPARATION OF WAIVERS		66
3. COORDINATION WITH CITY FOR REVIEW AND APPROVAL		16
E. NEGOTIATION (11 PARCELS)		
1. PREPARATION OF OFFER MATERIALS		32
2. NEGOTIATIONS		220
3. UPDATES/REVISIONS TO NEGOTIATIONS		22
4. COORDINATION OF PARTIAL MORTGAGE RELEASE		4
5. TEMPORARY EASEMENTS		
F. COORDINATE LAND ACQUISITION DOCUMENTS & ROW CERTIFICATION WITH IDOT		4
ITEM TOTAL:		**520**
ENVIRONMENTAL SERVICES		
A. PRELIMINARY SITE INVESTIGATION		
1. PSI COORDINATION		
2. INCORPORATE INTO FINAL PS&E		
B. THREATENED & ENDANGERED SPECIES CONSERVATION PLAN		
1. FRANKLIN'S GROUND SQUIRREL		
C. COORDINATE/UPDATE ENVIRONMENTAL CLEARANCES FOR LETTING		

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PERSON HOUR ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION	Amendment No. 1
D. PERMITS	
1. USACE (NATIONWIDE)	60
2. IEPA WATER QUALITY	0
3. IEPA NOI (STORMWATER)	8
E. STREAM MITIGATION (ALTERNATIVES, ESTIMATES & COORDINATION OF CREDITS)	48
ITEM TOTAL:	**116**
MEETINGS AND COORDINATION	
A. PROGRESS MEETINGS WITH CITY	
(2 MEETINGS X 2 HRS / MEETING X 2 PERSONS)	
Monthly meetings Phase II (1/2 hr per meeting)	12
PREPARE EXHIBITS AND MEETING SUMMARY	
B. IDOT/FHWA COORDINATION MEETINGS	
(2 MEETINGS X 2 HRS / MEETING X 2 PERSONS)	
PREPARE EXHIBITS AND MEETING SUMMARY	
C. FIELD CHECK/PLAN IN HAND REVIEW	
D. UTILITY COORDINATION AND MEETINGS	
1. UTILITY COORDINATION (EMAIL & TELEPHONE)	
Estimate 3 hr/utility for 8 utility companies (12 hr total original estimate)	12
2. (2 MEETINGS X 2 HRS / MEETING X 2 PERSONS)	
4 Additional meetings estimated	8
3. PREPARE EXHIBITS AND MEETING SUMMARY	8
4. COORDINATION OF UTILITY SURVEYS (FIELD TIME & SCHEDULING)	12
ITEM TOTAL:	**52**
PROJECT ADMINISTRATION	
A. COMMUNICATIONS WITH CITY	
(6 MONTHS X 2 HR/MONTH)	12
B. MONTHLY PROGRESS REPORTS & INVOICING	
(6 MONTHS X 2 HR/MONTH)	12
C. PERSONNEL PLANNING AND SCHEDULING CONTROL	
(6 MONTHS X 1 HR/MONTH)	6
D. INTERNAL TEAM MEETINGS	
(6 MONTHS X 1 HR/MONTH)	6
E. IMPLEMENT QUALITY ASSURANCE PLAN	
1. DEVELOP PROJECT SPECIFIC QUALITY ASSURANCE PLAN	
2. QUALITY ASSURANCE REVIEW OF MILESTONE DELIVERABLES	
Additional deliveralbles (Box culvert, ROW and land acquitision documents)	16
F. PROJECT CLOSE-OUT	
ITEM TOTAL:	**52**

2025-432

CITY OF SPRINGFIELD - KOKE MILL ROAD
PE I AND PE II ENGINEERING
DIRECT COST AND SERVICES BY OTHERS ESTIMATE
Amendment No. 1

PREPARED BY: BMB DATE: 9/15/2025

REVIEWED BY: KLT DATE: 9/15/2025

ROUTE: FAU 8052 (KOKE MILL ROAD)

SECTION: 19-00486-00-PV

COUNTY: SANGAMON

JOB NO.

PTB NO. N/A

ITEM	Amendment No. 1 DIRECT COSTS	SERVICES BY OTHERS
PE I - PRELIMINARY ENGINEERING		
DATA COLLECTION	$0	$0
FIELD SURVEYS	$780	$0
GEOTECHNICAL STUDIES	$0	$3,650
PRELIMINARY DESIGN STUDIES	$0	$0
DRAINAGE STUDIES	$6,260	$0
STRUCTURE STUDIES	$0	$0
INTERSECTION DESIGN STUDIES	$0	$0
ENVIRONMENTAL STUDIES	$0	$0
PROJECT DEVELOPMENT REPORT	$0	$0
RIGHT OF WAY SURVEYS AND DOCUMENTS	$7,495	$0
MEETINGS AND COORDINATION	$0	$0
PROJECT ADMINISTRATION	$0	$0
SUBTOTAL	$14,535	$3,650
PE II - DESIGN ENGINEERING		
PRELIMINARY ROADWAY PLANS	$0	$0
PREFINAL ROADWAY PLANS	$0	$0
FINAL ROADWAY PLANS	$0	$0
PREFINAL STRUCTURE PLANS	$0	$0
FINAL STRUCTURE PLANS	$0	$0
LAND ACQUISITION SERVICES	$1,055	$0
ENVIRONMENTAL SERVICES	$750	$0
MEETINGS AND COORDINATION	$0	$0
PROJECT ADMINISTRATION	$0	$0
SUBTOTAL	$1,805	$0
TOTAL	$16,340	$3,650

2025-432

DIRECT COSTS ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION			Amendment No. 1
PE I - PRELIMINARY ENGINEERING			
DATA COLLECTION			
A. TRAFFIC COUNTS - 2 INTERSECTIONS (INCLUDES MIOVISION PROCESSING)			
		ITEM TOTAL:	
FIELD SURVEYS			
A. TRAVEL - ADDITIONAL SURVEYS			
VEHICLE DAY CHARGE - 12 DAYS X $65/DAY			780
B. ROBOTIC TOTAL STATION EQUIPMENT			
12 DAYS X $100 / DAY			
		ITEM TOTAL:	**$780.00**
GEOTECHNICAL STUDIES			
A. DRILLING - MET ADDITIONAL CHARGES		UNIT COST	$3,650.00
DRILL RIG MOB/DEMOB - LUMP SUM (LOCAL)	1.0	$500.00	
DRILLING WITH SAMPLING AT 5' INTERVALS			
10 ROAD BORINGS AT 7.5' (ESTIMATED)			
0-7.5' - PER FOOT	75.0	$15.00	
ADDITIONAL SPLIT SPOON SAMPLES-	10.0	$20.00	
DRILLING WITH SAMPLING AT 5' INTERVALS			
2 STRUCTURE BORINGS AT 30' (ESTIMATED)			
0-30' - PER FOOT	60.0	$20.00	
ADDITIONAL SPLIT SPOON SAMPLES-	12.0	$20.00	
THIN-WALL TUBES (3" DIA) -	5.0	$55.00	
UNDERGROUND UTILITY	1.0	$120.00	
BACKFILL AND SEAL HOLES - PER HOLE	12.0	$25.00	
TRAFFIC CONTROL - PER	3.0	$2,000.00	
B. LABORATORY TESTING (LUMP SUM)	1.0	$2500.00	
C. PROJECT MANAGEMENT			
FIELD ENGINEER - PER HOUR	8.0	$80.00	
PROJECT ENGINEER - PER HOUR	4.0	$100.00	
D. GEOTECHNICAL REPORT (LUMP SUM)	1.0	$5000.00	
		ITEM TOTAL:	**$3,650.00**
PRELIMINARY DESIGN STUDIES			
		ITEM TOTAL:	
DRAINAGE STUDIES			
A. TRAVEL - SITE VISIT			
VEHICLE DAY CHARGE - 1 DAY X $65/DAY			
B. DRAINAGE REPORT: 4 COPIES X $30 / COPY			
C. IDNR PERMIT			
1. INITIAL PERMIT REVIEW			$3,130.00
2. PERMIT RENEWAL REVIEW (STREAM REALIGNMENT)			$3,130.00
		ITEM TOTAL:	**$6,260.00**
STRUCTURE STUDIES			
		ITEM TOTAL:	
INTERSECTION DESIGN STUDIES			
		ITEM TOTAL:	

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DIRECT COSTS ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION	
ENVIRONMENTAL STUDIES	
A. ENVIRONMENTAL INVENTORY EXHIBITS	
B. SPECIAL WASTE - PRELIMINARY ENVIRONMENTAL SITE ASSESSMENT	
1. FIELD RECONNAISSANCE	
VEHICLE DAY CHARGE - 1 DAY X $65/DAY	
2. PESA REPORT	
OBTAIN/ORDER HISTORICAL INFORMATION	
PRINTING: 4 COPIES X $30/ COPY =	
ITEM TOTAL:	
PROJECT DEVELOPMENT REPORT	
A. PRINT, BIND	
DRAFT REPORT: 4 COPIES X $30/ COPY =	
FINAL REPORT: 4 COPIES X $30 / COPY =	
B. PUBLIC INFORMATION MEETING	
1. ROOM RENTAL	
2. ADVERTISEMENTS/MAILINGS	
3. PRINTING MEETING HANDOUTS	
4. PRINTING EXHIBITS/DISPLAYS	
ITEM TOTAL:	
RIGHT OF WAY SURVEYS AND DOCUMENTS	
A. COURTHOUSE RESEARCH	
B. PROPERTY SURVEYS - ADDITIONAL PARCELS	
1. TRAVEL	
VEHICLE DAY CHARGE - 4 DAYS X $65/DAY	$260
2. TOTAL STATION EQUIPMENT	
5 DAYS X $100 / DAY	
C. PLATS AND LEGAL DESCRIPTIONS - ADDITIONAL PARCELS	
1. TITLE COMMITMENTS & UPDATES	
COMMITMENTS, LETTER SEARCHES	$6,245.00
UPDATES - 6 PARCELS X $100 / PARCEL	$600
2. PREFINAL PLAT SUBMITTAL	
PLAT PRINTS - 36 SHEETS X 4 COPIES X $0.20/EACH =	
3. FINAL PLAT SUBMITTAL	
PLAT PRINTS - 36 SHEETS X 4 COPIES X $0.20/EACH =	
PLAT MYLARS - 36 SHEETS X 1 SET X 1.3 SQ FT X $1.50/SQ FT =	
D. ROW STAKING - 8 PARCELS	
1. TRAVEL	
VEHICLE DAY CHARGE - 6 DAYS X $65/DAY	$390
ITEM TOTAL:	**$7,495.00**
MEETINGS AND COORDINATION	
A. PRINTING & PLOTTING	
8 MEETINGS X $25 / MEETING	
B. TRAVEL	
15 MILES/TRIP X 8 TRIPS X $0.58/MILE	
ITEM TOTAL:	
PROJECT ADMINISTRATION	
A. PROJECT ADMINISTRATION	
ITEM TOTAL:	

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DIRECT COSTS ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION		
PE II - DESIGN ENGINEERING		
PRELIMINARY ROADWAY PLANS		
A. PLAN SUBMITTAL		
1/4 SIZE PRINTS-148 SHEETS X 6 COPIES X $0.20/ EACH		
	ITEM TOTAL:	
PREFINAL ROADWAY PLANS		
A. PLAN SUBMITTAL		
1/4 SIZE PRINTS-148 SHEETS X 6 COPIES X $0.20/ EACH		
	ITEM TOTAL:	
FINAL ROADWAY PLANS		
A. PLAN SUBMITTAL		
1/4 SIZE PRINTS-148 SHEETS X 6 COPIES X $0.20/ EACH		
	ITEM TOTAL:	
PREFINAL STRUCTURE PLANS		
	ITEM TOTAL:	
FINAL STRUCTURE PLANS		
	ITEM TOTAL:	
LAND ACQUISITION SERVICES		
A. PARCEL APPRAISALS - ADDITIONAL APPRAISALS TO BE COMPLETE IN-HOUSE		
1. COMPLEX APPRAISALS (2 PARCELS ESTIMATED)		
2. NON-COMPLEX APPRAISALS (14 PARCELS ESTIMATED)		
3. UDPATES/REVISIONSTO APPRAISALS (4 PARCELS ESTIMATED)		
4. 8 TRIPS x 5 MILES x $0.70 / MILE		$28.00
5. PRINT, BIND & REVIEW		
REPORTS / NARRATIVES - 300 PAGES X $0.15 / PAGE		$45.00
1/4 SIZE PLANS / EXHIBITS - 80 SHEETS X $0.20 EACH		$16.00
B. PARCEL REVIEW APPRAISALS		
1. 8 TRIPS x 5 MILES x $0.70 / MILE		$28.00
2. PRINT, BIND REVIEWS		
REPORTS / NARRATIVES - 300 PAGES X $0.15 / PAGE		$45.00
1/4 SIZE PLANS / EXHIBITS - 80 SHEETS X $0.20 EACH		$16.00
C. NEGOTIATIONS - ADDITIONAL PARCELS		
1. 8 TRIPS x 5 MILES x $0.70 / MILE		$56.00
2. NEGOTIATOR'S REPORT (16 PARCELS)		
REPORT/NARRATIVES - 300 PAGES X $0.15 / PAGE		$45.00
1/4 SIZE PLANS / EXHIBITS - 40 SHEETS X $0.20 EACH		$8.00
3 CERTIFIED MAILINGS FOR OFFER PACKAGES (23 PARCLES)		$276.00
4 CERTIFIED MAILINGS FOR 60-DAY LETTERS (12 PARCELS)		$144.00
D. COURTHOUSE RECORDING (16 PARCELS)		$320.00
1. 5 TRIPS x 8 MILES x $0.70 / MILE		$28.00
	ITEM TOTAL:	**$1,055.00**
ENVIRONMENTAL SERVICES		
A. PRELIMINARY SITE INVESTIGATION (PSI)		
B. PERMITS		
1. IEPA NOI (STORMWATER)		$750.00
	ITEM TOTAL:	**$750.00**
MEETINGS AND COORDINATION		
A. TRAVEL		
4 TRIPS x 5 MILES x $0.58 / MILE		
B. UTILITY COORDINATION MEETINGS		

2025-432

DIRECT COSTS ESTIMATE FOR CONSULTING SERVICES

ITEM/ DESCRIPTION

2 TRIPS x 5 MILES x $0.58 / MILE

ITEM TOTAL:

PROJECT ADMINISTRATION

A. COURIER SERVICES (UPS, FEDEX, USPS)
$15 / MONTH X 6 MONTHS

ITEM TOTAL:

2025-432

ORDINANCE FACT SHEET

REQUEST FORM NO: 25-56
DATE OF 1ST READING: 10/21/25

OFFICE REQUESTING: Public Works
CONTACT PERSON: T.J. Heavisides
PHONE NUMBER: 789-2255

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: professional services
FISCAL IMPACT: $ 361,248.00

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE AUTHORIZING EXECUTION OF SUPPLEMENTAL AGREEMENT #1 WITH CRAWFORD, MURPHY & TILLY, INC. FOR PRELIMINARY AND DESIGN ENGINEERING SERVICES FOR THE KOKE MILL ROAD IMPROVEMENT PROJECT FROM OLD JACKSONVILLE ROAD TO WASHINGTON STREET (MFT SECTION NO. 19-00486-00-PV) FOR FOR THE OFFICE OF PUBLIC WORKS.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Agreement Supplement (IDOT Form BLR 05530)
Ord 184-05-2020

CONTRACTOR / VENDOR NAME: Crawford, Murphy & Tilly, Inc.
VENDOR NO: 0CRA 4901

CONTRACT TERM: _____ **CONTRACT #** _____ **Change in Scope** Yes [ ] No [X]

CONTRACT AMOUNT:			
$689,000.00 (Original amount if change order)		Change Order #	$ 361,248.00 Additional Amount

Method of Purchase (check one) **Previous Ord #s** _____

[ ] Low Bid
[X] Other: professional services
[ ] Low Bid Meeting Specs
[ ] Exception:
[ ] Low Evaluated Bid
Code Provision:

Is Purchasing Agent approval required? No [X] Yes [ ]
Is Purchasing Agent approval attached? No [X] Yes [ ]

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	041	110	GAST	STRS	2306	$ 361,248.00
2						
3						
4						

FUNDS CHECK BY: Courtney Heinzl **Date:** 10.09.2025
DIRECTOR / SUPERVISOR SIGNATURE Patti Bolton **Date:** 10/6/25
CITY PURCHASING AGENT: **Date:** 10-09-2025

COMMENTS

This ordinance is for a supplemental agreement preliminary and design engineering (phases I and II) for Koke Mill Road from Old Jacksonville Road to Washington Street.

SIGN OFF:

(Mayor's Signature) GEM

(Director of OBM)

S\Excel\Forms\25-56 Ord CMT Supp 1_prel eng Koke Mill Rd

The information supplied on this form is not confidential information.

Revised 5/26/04

2025-432

2025-433

AN ORDINANCE ANNEXING CERTAIN DESCRIBED REAL PROPERTY LOCATED AT 78 WEST FAIRVIEW LANE, FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, Tina M. Pierce ("Owner") have filed a verified petition duly executed and sworn, that the City annex the following described real property:

Tract HH, West Fairview Area of Lake Lands, Section 33, Woodside Township, as shown on survey attached to Document No. J013362, recorded May 25, 1990, and Plat of Survey Document No. 2016R09019, recorded March 28, 2016.

Commonly known as 78 West Fairview Lane and as further described on the plat of annexation attached hereto as Exhibit "A"; and

WHEREAS, said property is contiguous to the City of Springfield; that no part thereof is included in the corporate limits of any municipality; that said Petitioners are the owners of said property and the only electors who reside upon or occupy any territory within the above-described property; and

WHEREAS, trustees of the Chatham Fire Protection District, the Chatham Public Library District, the Woodside Township Board of Trustees and the Woodside Township Commissioner of Highways have been given notice of this annexation in accordance with 65 ILCS 5/7-1-1.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the above-described real property be and the same is hereby annexed to the City of Springfield, Illinois, pursuant to the provisions of 65 ILCS 5/7-1-8.

Section 2: A certified copy of this Ordinance together with the plat attached hereto at Exhibit "A" shall be filed for recordation in the Sangamon County Recorder of Deeds office, filed with the Sangamon County Clerk and sent by certified or registered mail to the election authorities having jurisdiction in the territory annexed, the post office branches serving the territory annexed, and the Clerk of the Township from which said territory has been annexed.

Section 3: This ordinance shall become effective immediately upon its passage and proper recording.

PASSED: _____**, 2025**

SIGNED: _____**, 2025**

RECORDED: _____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

2025-433

Fallen, Nicole

From: McMasters, Kateah M.
Sent: Tuesday, October 7, 2025 1:56 PM
To: Fallen, Nicole
Subject: Legal description for 78 West Fairview Annexation

Tract HH, West Fairview Area of Lake Lands, Section 33, Woodside Township, as shown on survey attached to Document No. J013362, recorded May 25, 1990 and Plat of Survey Document No. 2016R09019, recorded March 28, 2016.

Kateah M. McMasters
(kuh-tee-uh; she/her)
Senior Assistant Corporation Counsel
Office of Corporation Counsel
800 E. Monroe St., Rm. 313
Springfield, Illinois 62701
(217) 789-2393

THE ABOVE MESSAGE, INCLUDING ANY ATTACHMENTS, IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND PROHIBITED FROM DISCLOSURE UNDER APPLICABLE LAW. YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU RECEIVE THIS E-MAIL IN ERROR, RETURN TO THE E-MAIL ADDRESS LISTED ABOVE.

2025-433

CERTIFICATE OF PUBLICATION
in
Illinois Times
Springfield, Illinois
by
Central Illinois Communications, LLC

STATE OF ILLINOIS
County of Sangamon

NOTICE BY PUBLICATION

78 FAIRVIEW LANE

Central Illinois Communications, LLC. DOES HERE CERTIFY:
That it is a corporation duly organized and existing under the laws of the State of Illinois;

That it is the publisher of *Illinois Times*, a secular weekly newspaper published in the city of Springfield, in the county of Sangamon, in the state of Illinois, and is of general circulation in the said city, county and state; and

That it is in every way a newspaper as defined in Section 5 of Notice by Publication Act, citation 715 ILCS 5/5.

That a notice, a true copy of which is hereto attached was regularly published in said newspaper one time each week for following successive week(s);
that the first publication of said notice was printed on these dates:

10/16/25

and that the notice was placed on a statewide public notice website as required by 715 ILCS 5/2.1.

And that said, it is in addition certified that *Illinois Times* has been regularly published in said location for at least one year prior to the first publication of said notice.

IN WITNESS THEREOF, said *Illinois Times*, publisher, has executed this Certificate of Publication by its officer or agent duly authorized on October 16, 2025

Copy of published notice below

78 FAIRVIEW LANE

NOTICE OF PUBLIC HEARING
Notice is hereby given that on Tuesday, November 4, 2025, at 5:30 p.m. in the City Council Chambers, third floor, Municipal Center West, 300 S. Seventh Street, Springfield, Illinois, a public hearing will be held to consider an annexation for the property located at 78 Fairview Lane, at parcel 22-33.0-327-002. The annexation consists of territory legally described as follows: Tract HH, West Fairview Area of Lake Lands, Section 33, Woodside Township, as shown on survey attached to Document No. J013362, recorded May 25, 1990, and Plat of Survey Document No. 2016R09019, recorded March 28, 2016.

Ad ID: 107622
2025-433

Legal Notification Sheet

Gregory Moredock

Date: **September 19, 2025**

Petitioner's Name: **Tina Pierce**

Property Address: **78 WEST FAIRVIEW LN**
SPRINGFIELD, IL 62707

Legal Description

TRACT "HH" WEST FAIRVIEW AREA, LAKE SPRINGFIELD, SECTION 33, WOODSIDE TOWNSHIP, AS SHOWN BY PLAT ATTACHED TO DOCUMENT NO. J013362, RECORDED MAY 25, 1990.

Public Library District: **N/A**

Fire Protection District: **CHATHAM**

Township & Commissioner: **Woodside - Brad Miller**

Attorney: **Corporation Counsel**
City of Springfield
Room 101, Municipal Building

Electors: **1**

ORDINANCE FACT SHEET

Department Information

Office Requesting: **Public Works**

Staff Member: **Daniel Crouse**

Date: **September 19, 2025**

First Reading: **10/7/2025**

Emergency Passage: **N**

Type of Ordinance: **Annexation**

Annexation Information

Petitioner Name: **Tina Pierce**

Property Address: **78 WEST FAIRVIEW LN**

Number of electors residing at property: **1**

Are the petitioners the only electors: **Y**

Annexation contingent on zoning: **N**

Is an annexation agreement necessary: **Y**

Director, Public Works/City Engineer | Mayor | Director, OBM

2025-423

2025-434

AN ORDINANCE AUTHORIZING EXECUTION OF AN ANNEXATION AGREEMENT BETWEEN THE CITY OF SPRINGFIELD, ILLINOIS AND TINA M. PIERCE FOR THE PROPERTY LOCATED AT 78 FAIRVIEW LANE, FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, Tina M. Pierce ("Owner") has filed a petition that the City annex certain property legally described as follows:

Tract HH, West Fairview Area of Lake Lands, Section 33, Woodside Township, as shown on survey attached to Document No. J013362, recorded May 25, 1990 and Plat of Survey Document No. 2016R09019, recorded March 28, 2016.

WHEREAS, the property is contiguous with the City of Springfield; and

WHEREAS, it is in the best interest of the City of Springfield to enter into an annexation agreement with the Owner; and

WHEREAS, said annexation agreement shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves an annexation agreement with Tina M. Pierce ("Owner") to consider the annexation of property located 78 Fairview Lane. The Mayor and City Clerk are hereby authorized to execute the annexation agreement, which shall be located in the Office of the City Clerk, on behalf of the City of Springfield.

Section 2: That the Office of the City Clerk is hereby directed to record this ordinance, agreement and any easement, if applicable, with the Sangamon County Recorder of Deeds.

Section 3: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: _____, 2025

SIGNED: _____, 2025

RECORDED: _____, 2025

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

2025-434

Office of Public Works
City of Springfield, Illinois
David Fuchs, Director
Rm 203, Municipal Center West
Springfield, Illinois 62701

MEMORANDUM

TO: Kateah McMasters
Sr. Assistant Corporation Counsel

FROM: Daniel Crouse (217) 789-2255 Ext. 5225

DATE: September 22, 2025

RE: Annexation Petition
78 West Fairview Ln Springfield
Tina M. Pierce

Attached is the annexation agreement signed by the petitioner. Please finalize the ordinances and place them on the agenda for council action and inform the City Clerk, if the first reading is different than I request, when to send the notifications.

REQUEST FIRST READING ON: October 7, 2025

2025-434

Return To:
City of Springfield, IL
Attn: City Clerk
Municipal Center West
300 S. Seventh St.
Springfield, IL 62701-1680

ANNEXATION AGREEMENT

THIS AGREEMENT, is made by and between **Tina M. Pierce** ("Owner(s)") and **CITY OF SPRINGFIELD, ILLINOIS,** ("City"), an Illinois Municipal Corporation, and is effective this _____ day of _____, 2025.

WHEREAS, the City is a home rule unit as defined in Section 6 of Article VII of the Illinois Constitution of 1970; and

WHEREAS, pursuant to Section 11-15.1-1 of the Illinois Municipal Code, the City has the power to enter into annexation agreements; and

WHEREAS, Tina M. Pierce, are the owner(s) of record of a tract of Land consisting of approximately **1.08** acres (irregularly shaped parcel) located at **78 West Fairview Ln**, Sangamon County, Illinois and otherwise being the parcel of Land included in permanent index tax parcel No.: **22-33.0-327-002**, being more particularly described in the annexation plat attached hereto as Exhibit A, and hereinafter referred to as the "Land"; and

WHEREAS, the Land is contiguous to the corporate limits of the City; and

WHEREAS, it is the mutual desire of the Parties to this Agreement that the Land described in Exhibit A be annexed to the City on the terms and conditions set forth herein; and

WHEREAS, the Owner(s) have submitted to the City a petition for annexation of the Land described on Exhibit A.

WHEREAS, a public hearing was held on _____, 2025, as required by law.

WHEREAS, the Parties to this Agreement desire to enter into a binding agreement, with respect to the annexation of the Land described in Exhibit A and to provide for the performance of other conditions and matters, pursuant to the provisions of 65 ILCS 5/11-15.1, et seq.

NOW THEREFORE, in consideration of the mutual covenants and agreements contained in this agreement, the Parties agree as follows:

Section 1. Annexation

The City agrees to adopt an ordinance to cause the Land described in Exhibit A to be validly annexed to the City.

Section 2. Permits and Approvals

This Agreement does not abrogate or supersede any applicable ordinance or regulation to obtain permits, licenses, inspections or approvals. All construction work shall comply with the requirements of the 1988 Springfield City Code of Ordinances and any future amendments thereto.

Section 3. Water Service

The Owner(s) agree to apply for a water main extension in accordance with Chapter 52 of the 1988 City Code of Ordinances, as amended. In order for the City to provide such service, the Owner(s) agree to execute any necessary easements and permits for the water main extension. The Owner(s) agree to pay all costs of the water system additions to be installed, and to post adequate security with the City in accordance with Section 52.12 of the 1988 City Code of Ordinances, as amended. The Owner(s) agree to connect to the City water system and to pay all standard fees and tariffs to do so.

The Land has frontage on a 6-inch water main owned and operate by the City between West Fairview Lane and Lake Springfield. No permanent structure shall be constructed within 10 feet of said water main. The Owner(s) shall be permitted to connect to said municipal water mains for the purpose of extending mains through the property to be annexed. All costs are to be the responsibility of the Owner(s). The Owner(s) agree that said extended water main shall be the exclusive property of the City of Springfield and be subject to the exclusive control of the City. The City shall maintain and keep in good repair such extended water main.

The Owner(s) further agree that the City has sole authority to determine if other persons or entities shall be granted permission to tap onto said water main or to supply water from these extensions to property not owned by the Owner(s), and further that said permission will ordinarily be governed by the then existing water policies of the City.

If the Springfield Fire Department determines that additional fire hydrant(s) are required to protect the proposed development, the owner(s) will pay for the cost of installation.

The Owner(s) agree that in the event any condition or covenant contained in this Agreement should be now or hereinafter violated, then, in addition to any other remedies available to the City, the City may after providing a ten-day written notice to the Owner(s), terminate the water service to the Land. The Owner(s) agree that all general rules and regulations of the City regarding water service as may be adopted from time to time by the City, shall be complied with and all charges for water paid. Nothing herein contained shall pertain to, alter or change the right of the City to make reasonable rules, regulations, or policies concerning size, materials, location of water mains, and water taps on its water system.

Section 4. Electric Service and Street Lights

In the event the Land is either: 1) subdivided as defined in the City of Springfield Code of Ordinances, 1988, as amended or 2) redeveloped, the Owner(s) agrees to enter into a contract for electrical service as defined by Chapter 50 of the 1988 City Code of Ordinances, and agrees to the following design standards for the installation of utilities:

A. Electric, telephone and cable TV should be installed in a joint trench;

B. The installation of all electric cables under roadways shall be installed within a 12" conduit system with proper ball markers at each side of the pavement;

C. The installation of all utilities shall be along the roadways, not in the rear of lots;

D. Owner(s) shall provide the City with drawings in electronic format, preferably AutoCAD, depicting the exact locations of all utilities installed by the Owner(s) or their contractors.

The City shall install street lighting in accordance with Chapter 50 of the 1988 City Code of Ordinances, as amended. Owner(s) agree and acknowledge that if such street lighting is installed per Chapter 50, such street lighting may not be operational until after the necessary electrical facilities are installed to energize it.

There is currently City electrical facilities that serve the Land.

Section 5. Utility Easements

Owner(s) agree that they shall convey at no cost to the City such utility easements as may be required to serve the Land and to allow the City to extend such service to adjacent land.

Section 6. Sanitary Sewer

The Land is located within the Springfield Metro Sanitary District. In coordination with the Springfield Metro Sanitary District, the Owner(s) agree to extend sewer service to the Land at its cost, and to construct a sewage collection system within the Land in accordance with the City's Subdivision Ordinance.

Section 7. Storm Water Management

The Owner(s) agree to follow all City Ordinances and Standards regarding storm water management with respect to development of the Land.

Section 8. Notices

All notices and other communications required under this Agreement shall be in writing and delivered either personally or by certified mail, with postage prepaid, to the Parties at the following addresses (or such other addresses as may be designated by the Parties from time to time):

To the City at:
City of Springfield, Illinois
Attn: City Engineer
Room 210 Municipal Center West
300 S. 7th Street
Springfield, IL 62701

To Owner(s):
Tina M. Pierce
78 West Fairview Ln
Springfield, IL 62711
tinagpierce@gmail.com

With a copy to:
Corporation Counsel
Room 313 Municipal Center East
800 East Monroe Street
Springfield, IL 62701

Section 9. Time

Time shall be of the essence in this Agreement.

Section 10. Power to Execute

The Owner(s) as well as the President and Secretary or other officer of any corporate owner, or Trustee, or other Party hereto, warrant that they are authorized to execute this Agreement. The Mayor and City Clerk warrant that they have been authorized by the City Council to execute this Agreement on behalf of the City. This agreement is binding on the City only upon authorization of two-thirds (2/3) majority vote of the corporate authorities, defined as the Mayor and the Aldermen, and upon compliance with the provisions set forth in the Illinois Municipal Code, 65 ILCS 5/11-15.1 *et seq.*, and as further amended.

Section 11. Recording

A copy of this Agreement shall be recorded in the Office of the Sangamon County Recorder of Deeds by the City within thirty (30) days of the execution of this Agreement.

Section 12. Binding Effect

This Agreement shall be binding upon the Parties hereto and their respective heirs, executors, personal representatives, corporate authorities, administrators, successors and assigns. This Agreement and all provisions shall be a covenant running with the Land described in Exhibit A and shall be effective for 20 years from the effective date.

Section 13. Waiver

Neither party shall be excused from complying with any of the terms and conditions of this Agreement by any failure of the other party upon one or more occasion to insist upon or seek compliance with any such terms or conditions.

Section 14. Continuity of Obligations

Notwithstanding any provision of this Agreement to the contrary, the Owner(s) or their successor and assigns shall at all times during the term of this Agreement remain liable to City for the faithful performance of all obligations imposed on the Owner(s) or their successor and assigns by this Agreement until such obligations have been fully performed or until City, at its sole option, has otherwise released the Owner(s) or their successor and assigns from any or all of such obligations.

Section 15. Remedies

Upon a breach of this Agreement, the City, in any court of competent jurisdiction, by an action or proceeding at law or in equity, may secure the specific performance of the covenants and agreements herein contained, may be awarded damages for failure of performance or both, or may obtain rescission for repudiation or material failure of performance. Notwithstanding the forgoing, before the failure of any Party to perform its obligations under this Agreement shall be deemed to be a breach of this Agreement, the Party claiming such failure shall notify, in writing, the Party alleged to have failed to perform of the alleged failure and shall demand performance. No breach of this Agreement may be found to have occurred if performance has commenced to the satisfaction of the complaining Party within thirty

(30) days of receipt of such notice. Owner(s) hereby waive any right to claim: consequential, exemplary, equitable, loss of profits, punitive or tort damages.

Section 16. Indemnification

Owner(s) shall indemnify and save harmless City against any and all damage to property or injuries to or death of any person or persons, and shall defend, indemnify and save harmless City from any and all claims, demands, suits, actions or proceedings of any kind or nature of or by anyone in connection with this Agreement.

Section 17. Amendment

This Agreement sets forth all the promises, inducements, agreements, conditions and understandings between the Parties relative to the subject matter hereof, and there are no promises, agreements, conditions or understanding, either oral or written, expressed or implied, between them, other than are herein set forth. Except as herein otherwise provided, no subsequent alteration, amendment, change or addition to this Agreement shall be binding upon the Parties hereto unless authorized in accordance with law and reduced in writing and signed by them.

Section 18. Severability

If any section, subsection, sentence, clause, phrase or portion of this Agreement is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate and distinct and independent provision and such holding shall not affect the validity of the remaining portions thereof.

Section 19. Force Majeure

If performance of any covenant to be performed hereunder by any Party is delayed as a result of circumstances which are beyond the reasonable control of such party, which circumstances may include acts of God, war, acts of civil disobedience, strikes or similar acts, the time for such performance shall be extended by the amount of time of such delay. As a condition precedent to such a time extension, the Party seeking protection under this Section shall provide notice to the other Party within fourteen (14) days from the event causing the delay.

Section 20. Code of Ordinances

All requirements of the 1988 Springfield City Code of Ordinances and any future amendments thereto, shall apply to the Land and to this Agreement. In the event any provisions of the Code are in direct conflict with any provisions of this Agreement, the provisions of this Agreement shall control.

Section 21. Governing Law

This Agreement shall be construed, interpreted and enforced in accordance with the laws of the State of Illinois. The City and Owner(s) voluntarily and freely submit to a court of competent jurisdiction in Sangamon County, Illinois, should any dispute arise between the City and the Owner(s). By execution and delivery of this Agreement, each of the parties knowingly, voluntarily and irrevocably: (i) waives any right to trial by jury; (ii) agrees that any dispute arising out of this Agreement shall be decided by trial without a jury; and (iii) agrees that the other party to this Agreement may file an original counterpart

or a copy of this Section as written evidence of the consents, waivers and agreements of the parties set forth in this Section.

NOW THEREFORE, this Agreement is entered into on the day and year first written above.

CITY OF SPRINGFIELD, ILLINOIS
an Illinois municipal corporation

By:_____ **ATTEST:**_____
Mayor GEM **City Clerk**

OWNER: Tina M. Pierce

By: Tina M. Pierce

STATE OF ILLINOIS)
) **SS.**
COUNTY OF SANGAMON)

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that **Tina M. Pierce**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered the forgoing instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 9th day of September, 2025.

Jadacia Isom
Notary Public

Notary Public, State of Illinois
Official Seal
Jadacia L Isom
Commission # 1009011
My Commission Expires 4/23/2029

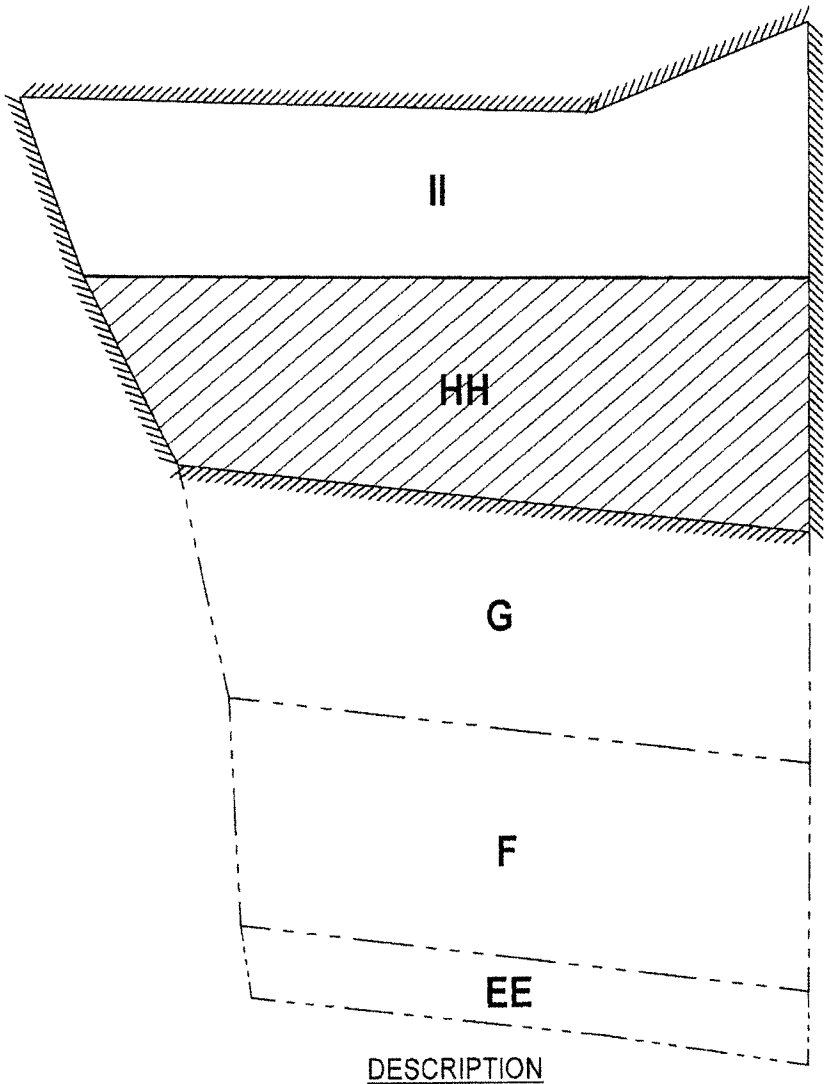
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2025-434

PIN: 22-33.0-327-002
78 West Fairview Lane

ANNEXATION PLAT

SW 1/4, SEC 33, T15N, R5W, 3rd PM



SCALE: 1" = 100'

DESCRIPTION
LOT HH
WEST FAIRVIEW AREA
LAKE SPRINGFIELD

EXHIBIT
A

NOTE:
THE PARCEL SHOWN IS BASED ON THE PLAT OF SURVEY RECORDED AS DOCUMENT NUMBER 2016R09019 IN THE SANGAMON COUNTY RECORDER'S OFFICE.

PROPOSED ANNEXATION

SPRINGFIELD CORPORATE LIMITS

I HEREBY CERTIFY THAT THE ABOVE PLAT CORRECTLY REPRESENTS AND IDENTIFIES THE PARCEL OF RECORD TO BE ANNEXED TO THE CITY OF SPRINGFIELD, ILLINOIS.

Ricky A. Irwin 9-30-25

ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 3654

PROFESSIONAL LAND SURVEYOR
RICKY A. IRWIN
035-003654
SPRINGFIELD, ILLINOIS
STATE OF ILLINOIS

EXPIRES: 11-30-2026

CITY OF SPRINGFIELD, DEPARTMENT OF PUBLIC WORKS MUNICIPAL CENTER WEST
300 S. 7TH STREET ROOM 203 SPRINGFIELD, ILLINOIS 62701 (217) 789-2255

2025-124

Legal Notification Sheet

Gregory Moredock

Date: **September 19, 2025**

Petitioner's Name: **Tina Pierce**

Property Address: **78 WEST FAIRVIEW LN**
SPRINGFIELD, IL 62707

Legal Description

TRACT "HH" WEST FAIRVIEW AREA, LAKE SPRINGFIELD, SECTION 33, WOODSIDE TOWNSHIP, AS SHOWN BY PLAT ATTACHED TO DOCUMENT NO. J013362, RECORDED MAY 25, 1990.

Public Library District: **N/A**

Fire Protection District: **CHATHAM**

Township & Commissioner: **Woodside - Brad Miller**

Attorney: **Corporation Counsel**
City of Springfield
Room 101, Municipal Building

Electors: **1**

ORDINANCE FACT SHEET

Department Information

Office Requesting: **Public Works**

Staff Member: **Daniel Crouse**

Date: **September 19, 2025**

First Reading: **10/7/2025**

Emergency Passage: **N**

Type of Ordinance: **Annexation**

Annexation Information

Petitioner Name: **Tina Pierce**

Property Address: **78 WEST FAIRVIEW LN**

Number of electors residing at property: **1**

Are the petitioners the only electors: **Y**

Annexation contingent on zoning: **N**

Is an annexation agreement necessary: **Y**

Director, Public Works/City Engineer | Mayor | Director, OBM

ORDINANCE FACT SHEET

Department Information

Office Requesting: **Public Works**

Staff Member: **Daniel Crouse**

Date: **September 19, 2025**

First Reading: **10/7/2025**

Emergency Passage: **N**

Type of Ordinance: **Annexation Agreement**

Annexation Information

Petitioner Name: **Tina Pierce**

Property Address: **78 WEST FAIRVIEW LN**

Number of electors residing at property: **1**

Are the petitioners the only electors: **Y**

Annexation contingent on zoning: **N**

Is an annexation agreement necessary: **Y**

Nath Bottom

Director, Public Works/City Engineer

Mayor GEM

Director, OBM

25-434

AN ORDINANCE SUPPLEMENTING AN AGREEMENT WITH HANSON PROFESSIONAL SERVICES INC. TO PERFORM PRELIMINARY ENGINEERING AND LAND ACQUISITION FOR THE SPRINGFIELD RAIL IMPROVEMENTS PROJECT AND AUTHORIZING A SUPPLEMENTAL APPROPRIATION IN THE AMOUNT OF $4,000,000.00 FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City Council previously passed ordinances 352-08-19, 504-12-21, 469-11-22, and 364-08-23 with Hanson Professional Services, Inc. to perform preliminary engineering services for the Springfield Rail Improvements Project along the Tenth Street and Nineteenth Street corridors; and

WHEREAS, the City Council previously passed ordinance 352-08-19 authorizing an agreement with Hanson Professional Services, Inc. to complete design and land acquisition of Usable Segments III, V and VI, including the portions of the Transportation Center for AMTRAK and SMTD; and

WHEREAS, the City Council previously passed ordinance 504-12-21 authorizing supplement no. 1 to an agreement with Hanson Professional Services, Inc. to complete design and land acquisition of Usable Segments III, V and VI, including the portions of the Transportation Center for AMTRAK and SMTD and authorize an additional payment of $7,800,000.00 to Hanson Professional Services, Inc. for a total of $17,800,000.00; and

WHEREAS, the City Council previously passed ordinance 469-11-22 authorizing supplement no. 2 to an agreement with Hanson Professional Services, Inc. to complete design and land acquisition of Usable Segments III, V and VI, including the portions of the Transportation Center for AMTRAK and SMTD and authorize an additional payment of $2,440,000.00 to Hanson Professional Services, Inc. for a total of $20,240,000.00; and

WHEREAS, the City Council previously passed ordinance 364-08-23 authorizing supplement no. 3 to an agreement with Hanson Professional Services, Inc. to complete design and land acquisition of Usable Segments III, V and VI, including the portions of the Transportation Center for AMTRAK and SMTD and authorize an additional payment of $7,822,000.00 to Hanson Professional Services, Inc. for a total of $28,062,000.00; and

WHEREAS, it is necessary to authorize an additional payment of $3,578,080.00 for supplement no. 4 to Hanson Professional Services, Inc. for a total of $28,062,000.00, and a supplemental appropriation in the amount of $4,000,000.00; and

WHEREAS, the preliminary engineering and land acquisition will be fully reimbursed by the Illinois Department of Transportation (IDOT); and

WHEREAS, a copy of the agreement shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves supplement no. 4 to the agreement with Hanson Professional Services Inc. to complete the design and land acquisition for the Springfield Rail Improvements Project and a supplemental appropriation in an amount of $4,000,000.00 to Hanson Professional Services, Inc. for a total of $28,062,000.00.

Section 2: That the Office of Budget and Management is hereby authorized to make payment to Hanson Professional Services Inc. (0HAN 1501) in the amount of $3,578,080.00 and a supplemental appropriation in the amount of $4,000,000.00 from account number 041-110-GAST-STRS-2306 upon satisfactory performance of the agreement.

Section 3: That this ordinance shall become effective immediately after its passage and recording by the City Clerk.

PASSED:_____, 2025

SIGNED: _____, 2025

RECORDED: _____, 2025

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

Requested By: Mayor Misty Buscher

10.17.25
Office of Corporation Counsel /Date

Docusign Envelope ID: 5290FFB0-B27A-4DF8-842B-C5A2D81BF7D6

LOCAL AGENCY		CONSULTANT
Local Agency City of Springfield County Sangamon Section Project No. Job No. Contact Name/Phone/E-mail Address Nate Bottom (217) 789-2255 nathan.bottom@springfield.il.us	Illinois Department of Transportation **Supplement #4** **Preliminary Engineering Services Agreement For Federal Participation**	Consultant Hanson Professional Services Inc. Address 1525 S. Sixth St. City Springfield State IL Zip Code 62703 Contact Name/Phone/E-mail Address Michael Mendenhall, (217) 788-2450 mmendenhall@hanson-inc.com

THIS AGREEMENT is made and entered into this _____ day of _____, 2025 between the above Local Agency (LA) and Consultant (ENGINEER) and covers certain professional engineering services in connection with the PROJECT. This AGREEMENT terminates a Professional Engineering Agreement dated July 27, 2019 and all supplements to that agreement. Federal-aid funds allotted to the LA by the state of Illinois under the general supervision of the Illinois Department of Transportation (STATE) will be used entirely or in part to finance engineering services as described under AGREEMENT PROVISIONS.

Project Description

Name Springfield Rail Improvements Project Route NS/UP Rail Length 4.75mi Structure No. _____

Termini Sangamon Ave to Stanford Ave

Description: Preliminary Engineering and Land Acquisition for the Springfield Rail Improvements Project from south of Sangamon Avenue to north of Stanford Avenue (25,066 ft, 4.75 mi) as shown in the approved Tier 2 Environmental Impact Statement.

I. THE ENGINEER AGREES,

1. To perform or be responsible for the performance, in accordance with STATE approved design standards and policies, of engineering services for the LA for the proposed improvement herein described.

2. To attend any and all meetings and visit the site of the proposed improvement at any reasonable time when requested by representatives of the LA or STATE.

3. To complete the services herein described within _____ calendar days from the date of the Notice to Proceed from the LA, excluding from consideration periods of delay caused by circumstances beyond the control of the ENGINEER.

4. The classifications of the employees used in the work should be consistent with the employee classifications and estimated man-hours shown in EXHIBIT A. If higher-salaried personnel of the firm, including the Principal Engineer, perform services that are indicated in Exhibit A to be performed by lesser-salaried personnel, the wage rate billed for such services shall be commensurate with the payroll rate for the work performed.

5. That the ENGINEER is qualified technically and is entirely conversant with the design standards and policies applicable for the PROJECT; and that the ENGINEER has sufficient properly trained, organized and experienced personnel to perform the services enumerated herein.

6. That the ENGINEER shall be responsible for the accuracy of the work and shall promptly make necessary revisions or corrections resulting from the ENGINEER's errors, omissions or negligent acts without additional compensation. Acceptance of work by the STATE will not relieve the ENGINEER of the responsibility to make subsequent correction of any such errors or omissions or for clarification of any ambiguities.

7. That all plans and other documents furnished by the ENGINEER pursuant to this AGREEMENT will be endorsed by the ENGINEER and will affix the ENGINEER's professional seal when such seal is required by law. Plans for structures to be built as a part of the improvement will be prepared under the supervision of a registered structural engineer and will affix structural engineer seal when such seal is required by law. It will be the ENGINEER's responsibility to affix the proper seal as required by the Bureau of Local Roads and Streets manual published by the STATE.

8. That the ENGINEER will comply with applicable federal statutes, state of Illinois statutes, and local laws or ordinances of the LA.

9. The undersigned certifies neither the ENGINEER nor I have:

   a. employed or retained for commission, percentage, brokerage, contingent fee or other considerations, any firm or person (other than a bona fide employee working solely for me or the above ENGINEER) to solicit or secure this AGREEMENT,
   b. agreed, as an express or implied condition for obtaining this AGREEMENT, to employ or retain the services of any firm or person in connection with carrying out the AGREEMENT or
   c. paid, or agreed to pay any firm, organization or person (other than a bona fide employee working solely for me or the above ENGINEER) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the AGREEMENT.
   d. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency,
   e. have not within a three-year period preceding the AGREEMENT been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property,
   f. are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (e) and
   g. have not within a three-year period preceding this AGREEMENT had one or more public transactions (Federal, State or local) terminated for cause or default.

10. To pay its subconsultants for satisfactory performance no later than 30 days from receipt of each payment from the LA.

11. To submit all invoices to the LA within one year of the completion of the work called for in this AGREEMENT or any subsequent Amendment or Supplement.

12. To submit BLR 05613, Engineering Payment Report, to the STATE upon completion of the project (Exhibit B).

13. Scope of Services to be provided by the ENGINEER:

Project Description:

Preliminary design of the Springfield Rail Improvements Project from south of Sangamon Avenue to north of Stanford Avenue (25,066 ft, 4.75 mi) as shown in the approved Tier 2 Environmental Impact Statement. The project consists of the following elements, many of which have been completed or are under construction:

- New alignment for the Union Pacific (UP) Railroad from north of Ridgely Avenue to Stanford Avenue.
- New alignment for Norfolk Southern (NS) Railroad from Enterprise Street to Stanford Avenue.
- New underpasses at North Grand Avenue (UP), Carpenter, Madison, Jefferson, Laurel and Ash streets on the 10th Street corridor'
- Reconstruction of the existing underpass structures at Cook Street, South Grand Avenue, 6th Street and 5th Street on the 10th Street corridor.
- Rail crossing and quiet zone improvements at Converse Street, Enos Street, Washington Street, Monroe Street and Capitol Avenue at the 10th Street corridor.
- New overpass over the I&M and NS Railroads between 11th & 19th Street along North Grand Avenue.

The Scope of Services to be provided under supplement #4 shall be limited to the design and land acquisition for the Springfield Rail Improvements Project (Including the portions of the Transportation Center necessary for Amtrak and SMTD). The following items are included in the scope of services for supplement #4:

- Continued coordination and status meeting
  - Rail Steering Committee Meetings (6 meetings / year for 2.5 years)
  - FRA Coordination Meetings (12 meetings / year for 2.5 years)
  - Railroad Coordination meetings (NS, UP & I&M)
  - Scope adjustment for number of railroad construction and maintenance agreements (NS – draft 3 agreements, UP – review 18 agreements)
- Continued Public Involvement
  - Presentations to interest groups (15 meetings)
  - Drone flights (6 flights / year for 2.5 years). Scope adjustment to include North Grand Avenue.
- Continued General Administration
  - Invoicing, scope of work reviews, progress and schedule control, contract administration
- Usable Segment VIB – ICC Hearing

  - Scope adjustment for 2 additional petitions/hearings/orders for the at-grade crossings

- Land acquisition for Usable Segment VIB and VIA, final relocation documentation closeout.
- Modification of track design and plans for the NS Iles Control Point. Scope adjustment for preparing 11 different alternatives for the railroads to review at the Iles CP.
- Railroad property exchange for 3rd and 10th Street Corridors with NS & UP railroads.
  - Continued negotiation process
  - Finalize plats & legal descriptions for parcels for right-of-way acquisition
  - Update draft property exchange agreement
- Complete NS Quiet Zone application from 11th Street to Stanford Avenue.
- Adjustment in scope for railroad design review and railroad property exchange review.
- Conduct Phase II, Preliminary Site Investigations (PSI) report for Usable Segment VIA. Scope adjustment to includes additional temporary easement area within the I&M railroad yard for access road.
- Additional scope for Transportation Center includes additional architectural, engineering, program management, and project management services for the Springfield-Sangamon County Transportation Center, addressing an extended project schedule due to delays in grant obligations, with services continuing through end of 2025. It also covers value engineering to reduce construction costs, pre-construction services by O'Shea Builders, and transformer relocation involving electrical and civil engineering for the Sangamon County building. These updates result in design revisions, bid evaluations, and coordination efforts to align with the revised project scope.

Construction Observation

This agreement does not include construction observation services.

The City Will Provide

- Any utility information in the corridor available in the City's or County's GIS database.
- Property line and ownership information in the County's GIS database.
- Administration of state and federal grant funds to the City.
- City credit analysis for loan and grant applications.
- Existing plans for City owned facilities.

IDOT Will Provide

- Existing plans for IDOT owned facilities.

☐ Make such detailed surveys as are necessary for the planning and design of the PROJECT.

☐ Make stream and flood plain hydraulic surveys and gather both existing bridge upstream and downstream high water data and flood flow histories.

☐ Prepare applications for U.S. Army Corps of Engineers Permit, Illinois Department of Natural Resources Office of Water Resources Permit and Illinois Environmental Protection Agency Section 404 Water Quality Certification.

☐ Design and/or approve cofferdams and superstructure shop drawings.

☐ Prepare Bridge Condition Report and Preliminary Bridge Design and Hydraulic Report, (including economic analysis of bridge or culvert types and high water effects on roadway overflows and bridge approaches).

☐ Prepare the necessary environmental and planning documents including the Project Development Report, Environmental Class of Action Determination or Environmental Assessment, State Clearinghouse, Substate Clearinghouse and all necessary environmental clearances.

☐ Make such soil surveys or subsurface investigations including borings and soil profiles as may be required to furnish sufficient data for the design of the proposed improvement. Such investigations to be made in accordance with the current Standard Specifications for Road and Bridge Construction, Bureau of Local Roads and Streets Administrative Policies, Federal-Aid Procedures for Local Highway Improvements or any other applicable requirements of the STATE.

☐ Analyze and evaluate the soil surveys and structure borings to determine the roadway structural design and bridge foundation.

☐ Prepare preliminary roadway and drainage structure plans and meet with representatives of the LA and STATE at the site of the improvement for review of plans prior to the establishment of final vertical and horizontal alignment, location and size of drainage structures, and compliance with applicable design requirements and policies.

☐ Make or cause to be made such traffic studies and counts and special intersection studies as may be required to furnish sufficient data for the design of the proposed improvement.

☐ Complete the general and detailed plans, special provisions and estimate of cost. Contract plans shall be prepared in accordance with the guidelines contained in the Bureau of Local Roads and Streets manual. The special provisions and detailed estimate of cost shall be furnished in quadruplicate.

☐ Furnish the LA with survey and drafts in quadruplicate all necessary right-of-way dedications, construction easements and borrow pit and channel change agreements including prints of the corresponding plats and staking as required.

II. THE LA AGREES,

1. To furnish the ENGINEER all presently available survey data and information
2. To pay the ENGINEER as compensation for all services rendered in accordance with this AGREEMENT, on the basis of the following compensation formulas:

Cost Plus Fixed Fee
☐ CPFF = 14.5%[DL + R(DL) + OH(DL) + IHDC], or
☐ CPFF = 14.5%[DL + R(DL) + 1.4(DL) + IHDC], or
☐ CPFF = 14.5%[(2.3 + R)DL + IHDC]

Where: DL = Direct Labor
IHDC = In House Direct Costs
OH = Consultant Firm's Actual Overhead Factor
R = Complexity Factor

Specific Rate
☒ (Pay per element) Direct Labor costs times a factor of 3.0 plus direct expenses

Lump Sum
☐ _____

3. To pay the ENGINEER using one of the following methods as required by 49 CFR part 26 and 605 ILCS 5/5-409:

☐ With Retainage

a) **For the first 50% of completed work**, and upon receipt of monthly invoices from the ENGINEER and the approval thereof by the LA, monthly payments for the work performed shall be due and payable to the ENGINEER, such payments to be equal to 90% of the value of the partially completed work minus all previous partial payments made to the ENGINEER.
b) **After 50% of the work is completed**, and upon receipt of monthly invoices from the ENGINEER and the approval thereof by the LA, monthly payments covering work performed shall be due and payable to the ENGINEER, such payments to be equal to 95% of the value of the partially completed work minus all previous partial payments made to the ENGINEER.
c) **Final Payment** – Upon approval of the work by the LA but not later than 60 days after the work is completed and reports have been made and accepted by the LA and the STATE, a sum of money equal to the basic fee as determined in this AGREEMENT less the total of the amounts of partial payments previously paid to the ENGINEER shall be due and payable to the ENGINEER.

☒ Without Retainage

a) **For progressive payments** – Upon receipt of monthly invoices from the ENGINEER and the approval thereof by the LA, monthly payments for the work performed shall be due and payable to the ENGINEER, such payments to be equal to the value of the partially completed work minus all previous partial payments made to the ENGINEER.
b) **Final Payment** – Upon approval of the work by the LA but not later than 60 days after the work is completed and reports have been made and accepted by the LA and STATE, a sum o money equal to the basic fee as determined in this AGREEMENT less the total of the amounts of partial payments previously paid to the ENGINEER shall be due and payable to the ENGINEER.

4. The recipient shall not discriminate on the basis of race, color, national origin or sex in the award and performance of any DOT-assisted contract or in the administration of its DBE program or the requirements of 49 CFR part 26. The recipient shall take all necessary and reasonable steps under 49 CFR part 26 to ensure nondiscrimination in the award and administration of DOT-assisted contracts. The recipient's DBE program, as required by 49 CFR part 26 and as approved by DOT, is incorporated by reference in this agreement. Implementation of this program is a legal obligation and failure to carry out its terms shall be treated as violation of this agreement. Upon notification to the recipient of its failure to carry out its approved program, the Department may impose sanctions as provided for under part 26 and may, in appropriate cases, refer the matter for enforcement under 18 U.S.C. 1001 and/or the Program Fraud Civil Remedies Act of 1986 (31U.S.C. 3801 et seq.).

III. IT IS MUTALLY AGREED,

1. That no work shall be commenced by the ENGINEER prior to issuance by the LA of a written Notice to Proceed.

2. That tracings, plans, specifications, estimates, maps and other documents prepared by the ENGINEER in accordance with this AGREEMENT shall be delivered to and become the property of the LA and that basic survey notes, sketches, charts and other data prepared or obtained in accordance with this AGREEMENT shall be made available, upon request, to the LA or to the STATE, without restriction or limitation as to their use.

3. That all reports, plans, estimates and special provisions furnished by the ENGINEER shall be in accordance with the current Standard Specifications for Road and Bridge Construction, Bureau of Local Roads and Streets Administrative Policies, Federal-Aid Procedures for Local Highway Improvements or any other applicable requirements of the STATE, it being understood that all such furnished documents shall be approved by the LA and the STATE before final acceptance. During the performance of the engineering services herein provided for, the ENGINEER shall be responsible for any loss or damage to the documents herein enumerated while they are in the ENGINEER's possession and any such loss or damage shall be restored at the ENGINEER's expense.

4. That none of the services to be furnished by the ENGINEER shall be sublet, assigned or transferred to any other party or parties without written consent of the LA. The consent to sublet, assign or otherwise transfer any portion of the services to be furnished by the ENGINEER shall not be construed to relieve the ENGINEER of any responsibility for the fulfillment of this agreement.

5. To maintain, for a minimum of 3 years after the completion of the contract, adequate books, records and supporting documents to verify the amounts, recipients and uses of all disbursements of funds passing in conjunction with the contract; the contract and all books, records and supporting documents related to the contract shall be available for review and audit by the Auditor General and the STATE; and to provide full access to all relevant materials. Failure to maintain the books, records and supporting documents required by this section shall establish a presumption in favor of the STATE for the recovery of any funds paid by the STATE under the contract for which adequate books, records and supporting documentation are not available to support their purported disbursement.

6. The payment by the LA in accordance with numbered paragraph 3 of Section II will be considered payment in full for all services rendered in accordance with this AGREEMENT whether or not they be actually enumerated in this AGREEMENT.

7. That the ENGINEER shall be responsible for any and all damages to property or persons arising out of an error, omission and/or negligent act in the prosecution of the ENGINEER's work and shall indemnify and save harmless the LA, the STATE, and their officers, agents and employees from all suits, claims, actions or damages of any nature whatsoever resulting there from. These indemnities shall not be limited by the listing of any insurance policy.

8. This AGREEMENT may be terminated by the LA upon giving notice in writing to the ENGINEER at the ENGINEER's last known post office address. Upon such termination, the ENGINEER shall cause to be delivered to the LA all drawings, plats, surveys, reports, permits, agreements, soils and foundation analysis, provisions, specifications, partial and completed estimates and data, if any from soil survey and subsurface investigation with the understanding that all such material becomes the property of the LA. The LA will be responsible for reimbursement of all eligible expenses to date of the written notice of termination.

9. This certification is required by the Drug Free Workplace Act (30ILCS 580). The Drug Free Workplace Act requires that no grantee or contractor shall receive a grant or be considered for the purpose of being awarded a contract for the procurement of any property or service from the State unless that grantee or contractor will provide a drug free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of a contract or grant and debarment of the contracting or grant opportunities with the State for at least one (1) year but no more than five (5) years.

   For the purpose of this certification, "grantee" or "contractor" means a corporation, partnership or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division or other unit thereof, directly responsible for the specific performance under a contract or grant of $5,000 or more from the State, as defined in the Act.

   The contractor/grantee certifies and agrees that it will provide a drug free workplace by:

   a. Publishing a statement:
      (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace.
      (2) Specifying the actions that will be taken against employees for violations of such prohibition.
      (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
         (a) abide by the terms of the statement; and
         (b) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
   b. Establishing a drug free awareness program to inform employees about:
      (1) The dangers of drug abuse in the workplace;
      (2) The grantee's or contractor's policy of maintaining a drug free workplace;
      (3) Any available drug counseling, rehabilitation and employee assistance program; and
      (4) The penalties that may be imposed upon an employee for drug violations.
   c. Providing a copy of the statement required by subparagraph (a) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
   d. Notifying the contracting or granting agency within ten (10) days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
   e. Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by,
   f. Assisting employees in selecting a course of action in the event drug counseling, treatment and rehabilitation is required and indicating that a trained referral team is in place.

   g. Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

10. The ENGINEER or subconsultant shall not discriminate on the basis of race, color, national origin or sex in the performance of this AGREEMENT. The ENGINEER shall carry out applicable requirements of 49 CFR part 26 in the administration of DOT assisted contracts. Failure by the ENGINEER to carry out these requirements is a material breach of this AGREEMENT, which may result in the termination of this AGREEMENT or such other remedy as the LA deems appropriate.

Agreement Summary

Prime Consultant:	TIN Number	Agreement Amount
Hanson Professional Services Inc.	37-0844717	$10,000,000

Supplement #1		$7,800,000
Supplement #2		$2,440,000
Supplement #3		$7,822,000
Supplement #4		$3,578,080
	Total for all Work:	$31,640,080

Executed by the LA:

_____
(Municipality/Township/County)

ATTEST:

By: _____ By: _____

_____ Clerk Title: _____

(SEAL)

Executed by the ENGINEER:

ATTEST:

By: Mike Mendenhall Signed by: Mike Mendenhall 911CDF169A9A473... By: Jeff Ball Signed by: C283D07AA8D24FC...

Title: Project Manager Title: Chief Operating Officer

Docusign Envelope ID: 5290FFB0-B27A-4DF8-842B-C5A2D81BF7D6

COST PLUS FIXED FEE
-TANT SERVICES

FIRM: Hanson
PSB
PRIME/SUPPLEMENT: SUPPLEMENT 4 / Prime

DATE: 09/25/25
MULTIPLIER: 3.00
COMPLEXITY FACTOR: 0

Hanson Task	ITEM	MANHOURS	PAYROLL	OVERHEAD, FRINGE BENF & PROFIT	IN-HOUSE DIRECT COSTS	Outside Direct Costs	SERVICES BY OTHERS	TOTAL	% OF GRAND TOTAL	COST TO DATE 9/6/25	COST TO DATE PLUS TOTAL
1000	Coordination & Status Meeting:	1877	132,269	264,537	0	10		396,816	10.9%	1,252,421	1,649,237
1001	Public Involvement	680	40,170	80,340	15,000	0		135,510	3.7%	1,295,791	1,431,301
1002	Public Involvement - US IV	0	0	0	0	0		0	0.0%	215,330	215,330
1003	Public Involvement - US V	0	0	0	0	0		0	0.0%	6,648	6,648
1004	Public Involvement Race Riot Memorial	0	0	0	0	0		0	0.0%	271,086	271,086
1300	General Admin	473	34,973	69,947	0	0		104,920	2.9%	719,317	824,238
1400	Usable Segment Closeout	144	10,531	21,062	0	0		31,594	0.9%	90,635	122,229
1500	US VIa - Pre Contract Award Engineering	0	0	0	0	0		0	0.0%	69,425	69,425
1600	US VIb - Pre Contract Award Engineering	0	0	0	0	0		0	0.0%	97,140	97,140
2000	US II Land Acq Relocation	0	0	0	0	0		0	0.0%	39,271	39,271
3000	US III - Survey & Plats	0	0	0	0	0		0	0.0%	156,570	156,570
3100	US III - Rail & Road Plans	0	0	0	0	0		0	0.0%	1,905,820	1,905,820
3200	US III - Structural & Geotech	0	0	0	0	0		0	0.0%	609,184	609,184
3300	US III - Admin & Program Management	0	0	0	0	0		0	0.0%	238,023	238,023
3400	US III - Environmental	0	0	0	0	0		0	0.0%	15,518	15,518
3500	US III - Land Acq Appraisals	0	0	0	0	0		0	0.0%	60,068	60,068
3600	US III - Land Acq Negotiation	0	0	0	0	0		0	0.0%	80,832	80,832
3700	US III - Land Acq Relocation	0	0	0	0	0		0	0.0%	48,769	48,769
3800	US III - Build Grant Applications	0	0	0	0	0		0	0.0%	35,390	35,390
3801	US III - CRISI Grant Applications	0	0	0	0	0		0	0.0%	7,342	7,342
4000	US IV Land Acq Relocation	0	0	0	0	0		0	0.0%	6,074	6,074
5000	US V - Survey & Plats	0	0	0	0	0		0	0.0%	80,270	80,270
5100	US V - Rail & Road Plans	0	0	0	0	0		0	0.0%	768,275	768,275
5200	US V - Structural & Geotech	0	0	0	0	0		0	0.0%	573,293	573,293
5300	US V - Admin & Program Management	0	0	0	0	0		0	0.0%	260,513	260,513
5400	US V - Environmental	0	0	0	0	0		0	0.0%	51,721	51,721
5500	US V - Land Acq Appraisals	0	0	0	0	0		0	0.0%	58,789	58,789
5600	US V - Land Acq Negotiation	0	0	0	0	0		0	0.0%	101,540	101,540
5700	US V - Land Acq Relocation	0	0	0	0	0		0	0.0%	312,297	312,297
6000	US VI - Survey & Plats	0	0	0	0	0		0	0.0%	161,391	161,391
6100	US VI - Rail & Road Plans	0	0	0	0	0		0	0.0%	2,808,397	2,808,397
6200	US VI - Structural & Geotech	0	0	0	0	0		0	0.0%	453,185	453,185
6300	US VI - Admin & Program Management	0	0	0	0	0		0	0.0%	359,152	359,152
6301	US VIB - ICC Hearing	312	24,229	48,457	0	0		72,686	2.0%	15,776	88,462
6400	US VI - Environmental	0	0	0	0	0		0	0.0%	-	-
6500	US VI - Land Acq Appraisals	0	0	0	0	0		0	0.0%	141,678	141,678
6600	US VI - Land Acq Negotiation	156	9,156	18,312	0	0		27,467	0.8%	269,934	297,401
6700	US VI - Land Acq Relocation	180	7,964	15,928	0	0		23,892	0.7%	539,439	563,331
6800	US VI - Raise Grant Application	0	0	0	0	0		0	0.0%	58,872	58,872
6901	US VIA - COORDINATION AND STATUS MEETING	0	0	0	0	0		0	0.0%	25,082	25,082
6902	US VIA - PUBLIC INVOLVEMENT	0	0	0	0	0		0	0.0%	5,680	5,680
6903	US VIA - LAND ACQUISITION DATABASE	0	0	0	0	0		0	0.0%	4,635	4,635
6904	US VIA - SURVEYS AND PLATS	0	0	0	0	0		0	0.0%	74,207	74,207
6905	US VIA - ROAD PLANS	0	0	0	0	0		0	0.0%	748,495	748,495
6906	US VIA - STRUCTURAL AND GEOTECH	0	0	0	0	0		0	0.0%	395,036	395,036
6907	US VIA - ADMIN AND PROGRAM MANAGEMENT	0	0	0	0	0		0	0.0%	96,616	96,616
6908	US VIA - ENVIRONMENTAL	0	0	0	0	0		0	0.0%	30,529	30,529
6909	US VIA - LAND ACQUISITION APPRAISALS	0	0	0	0	0		0	0.0%	170,005	170,005
6910	US VIA - LAND ACQUISITION NEGOTIATION	0	0	0	0	0		0	0.0%	121,272	121,272
6911	US VIA - LAND ACQUISITION RELOCATION	20	1,036	2,072	0	0		3,108	0.1%	199,954	203,061
6912	US VIA - Michigan Ave	0	0	0	0	0		0	0.0%	25,259	25,259
6913	US VIA - ICC Hearing	0	0	0	0	0		0	0.0%	168	168
6920	2022 MEGA/INFRA/RURAL GRANT	0	0	0	0	0		0	0.0%	37,509	37,509
6921	2022 Recon/Crossing Elemination Grants	0	0	0	0	0		0	0.0%	80,614	80,614
6922	2021 Raise Grant	0	0	0	0	0		0	0.0%	26,550	26,550
6923	2023 FSP Grant	0	0	0	0	0		0	0.0%	29,067	29,067
6924	2023 MEGA Grant	0	0	0	0	0		0	0.0%	25,342	25,342
6925	Hanson Subconsultant Design 25 Yrs	78	4,992	9,984	0	0		14,976	0.4%	83,538	98,514
6926	2023 NAE Grant	0	0	0	0	0		0	0.0%	6,017	6,017
6927	19th Street - Program Management	0	0	0	0	0		0	0.0%	2,354	2,354
6928	2024 CRISI Grant	0	0	0	0	0		0	0.0%	42,000	42,000
7000	Hanson Admin Costs	0	0	0	0	0		0	0.0%	6,000,689	6,000,689
7500	Advanced Land Acquisition	0	0	0	0	0		1,256,279	34.5%	7,350,410	8,606,689
7560	Public Involvement - US VI	0	0	0	0	0		0	0.0%	66,591	66,591
7570	Land Acquisition Database	0	0	0	0	0		0	0.0%	5,830	5,830
7580	Contengency	0	0	0	0	0		0	0.0%	23,052	23,052
7581	Contingency - US VIa	0	0	0	0	0		0	0.0%	0	0
7590	NS Property Exchange	528	32,413	64,826	0	0		97,239	2.7%	193,984	291,223
7591	NS Quiet Zone	80	5,767	11,534	0	20,000		37,300	1.0%	5,400	42,700
7600	UP Property Exchange	528	32,413	64,826	0	0		97,239	2.7%	240,319	337,558
	HANSON TOTAL	5056						2,297,735	63.0%	$24,386,380	$26,684,114
	SUBCONSULTANTS										
8300	NSRR - US III							0	0.0%	132,728	132,728
8301	UPRR - US III							0	0.0%	113,049	113,049
8401	NSRR - US IV							0	0.0%	72,407	72,407
8500	NSRR - US V							0	0.0%	61,728	61,728
8501	UPRR - US V							0	0.0%	311,540	311,540
8502	UPRR Property Exchange						296,316	296,316	8.1%	3,684	300,000
8600	NSRR - US VI						304,340	304,340	8.3%	81,819	386,159
8601	UPRR - US VI						180,000	180,000	4.9%	562,289	742,289
8602	NSRR - US VIA						37,801	37,801	1.0%	19,828	57,629
8603	I&M RR - US VIA						11987	11,987	0.3%	48,129	60,116
9000	Vector							0	0.0%	52,039	52,039
9300	Hinshaw - US III							0	0.0%	51,733	51,733
9302	Fever River - US III							0	0.0%	60,574	60,574
9303	Andrews - US III							0	0.0%	130,082	130,082
9304	Appraisal/Review Subs - US III							0	0.0%	47,780	47,780
9305	Fever River US III							0	0.0%	245,830	245,830
9500	Hinshaw - US V							0	0.0%	68,923	68,923
9501	V & K - US V							0	0.0%	101,496	101,496
9503	Andrews - US V							0	0.0%	135,952	135,952
9504	Elder - US V							0	0.0%	39,800	39,800
9506	Hinshaw - US V - Condemnations							0	0.0%	72,725	72,725
9600	Hinshaw - US VI						0	0	0.0%	424,421	424,421
9602	Fever River - US VI							0	0.0%	49,644	49,644
9603	Andrews - US VI							0	0.0%	142,530	142,530
9604	APPRAISAL SUB - US VI							0	0.0%	79,570	79,570
9605	Ferry & Associates							0	0.0%	3,060	3,060
9606	ERCS - Relocation							0	0.0%	3,000	3,000
9607	Springfield Analytical - US V							0	0.0%	37,260	37,260
9608	Springfield Analytical - US III							0	0.0%	13,350	13,350
9609	Springfield Analytical - US VI							0	0.0%	51,760	51,760
9610	HMMH - Noise/Vibration Study							0	0.0%	10,000	10,000
9611	HINSHAW - US VIA							0	0.0%	122,649	122,649
9612	ANDREWS - US VIA						40,838	40,838	1.1%	79,162	120,000
9613	Springfield Analytical - US VIa							0	0.0%	91,000	91,000
9614	APPRAISAL/REVIEW SUBS							0	0.0%	-	-
9615	RDG - US VIA							0	0.0%	18,260	18,260
9616	Mandell Menkes - US VIb						200000	200,000	5.5%	-	200,000
9630	Fever River - US I Site 11SG1432						276374	276,374	7.6%	70,509	346,883
	SUB TOTAL							1,347,656	37.0%	$3,608,310	$4,955,966
	TOTAL							3,645,391	100.0%	$27,994,690	$31,640,080

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HANSON
LABOR HOUR ESTIMATE
SPRINGFIELD RAIL IMPROVEMENTS PROJECT
SECTION
SANGAMON COUNTY
JOB NO.
SUPPLEMENT 4
09L0179B1

09/25/25

	TASK	PRIN.	P.M.	P.E.	ENG.	S.T.	TECH.	CLER.	TOTAL
1000	COORDINATION AND STATUS MEETINGS								
	Meetings with Steering Committee (assume 12 meetings/year x 2.5 years)	180	360					360	900
	FRA Coordination meetings (assume 12 meetings/year x 2.5 years)	30	60	30					120
	Technical Committee meetings								0
	Discussions with IL Commerce Commission		16						16
	Coordination with UP Railroad		65	65					130
	Coordination with NS Railroad		65	65					130
	Coordination with I&M Railroad		16	16					32
	Railroad Agreement (NS - 3 agreements, UP - 18 agreements)	45	360	96		48			549
	Prepare exhibits and meeting handouts								0
	SUBTOTAL	255	942	272	0	48	0	360	1877
		14%	50%	14%	0%	3%	0%	19%	100%
1001	PUBLIC INVOLVEMENT								
	Public informational meetings								0
	One advisory group meetings								0
	Dry run for each meeting								0
	Meeting materials								0
	-Display exhibits								0
	Review transcripts and comment sheets								0
	Prepare response to questions								0
	Presentation to interest groups (assume 15)		120	120					240
	Newsletter articles								0
	Website content		20						20
	Meeting with property owners (assume 20 in person + calls/email)								0
	Drone Flights (4 times/year x 2.5 years)		60	90		90	180		420
	SUBTOTAL	0	200	210	0	90	180	0	680
		0%	29%	31%	0%	13%	26%	0%	100%
1300	GENERAL ADMIN								
	Administrative set up								0
	Invoices and billling		40					20	60
	Scope of work reviews		36						36
	Progress and schedule control		36					18	54
	Internal coordination meetings	72	36						108
	Contract administration		120					40	160
	Documentation	4	36					15	55
									0
		76	304	0	0	0	0	93	473
		16%	64%	0%	0%	0%	0%	20%	100%
1400	Usable Segment Close Out								
	Phase Close Out			0				8	8
	Invoices and billling		16						16
	Program Management		40						40
	Field Documentation Closing			0					0
	Internal coordination meetings								0
	Contract administration		20	0					20
	Documentation	0	40	0				20	60
									0
		0	116	0	0	0	0	28	144
		0%	81%	0%	0%	0%	0%	19%	100%
6301	US VI - ICC HEARING								
	Review draft petition (2 Petition)	16	48						64
	Status Meetings (12 Meetings)		24						24
	Review draft order (2 Order)	16	64			48			128
	Hearing (2 Hearing)		96						96
									0
	SUBTOTAL	32	232	0	0	48	0	0	312
		10%	74%	0%	0%	15%	0%	0%	100%
6600	US VI - LAND ACQUISITION NEGOTIATION Total Parcels = 42; Negotiations Ongoing = 3								
	Negotiations		12			40			52

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	Total per Parcel								52
	Total		36			120			156
	SUBTOTAL	0	36	0	0	120	0	0	156
		0%	23%	0%	0%	77%	0%	0%	100%
6700	US VI - LAND ACQUISITION RELOCATION								
	Total Parcels = 42; Relocation Units = 1								
	Relocation Final Documentation Closeout					180			180
	Total per Parcel					180			180
	Total	0	0	0	0	180	0	0	180
	SUBTOTAL	0	0	0	0	180	0	0	180
		0%	0%	0%	0%	100%	0%	0%	100%
6911	US VIa - LAND ACQUISITION RELOCATION								
	Total Parcels = 0; Relocation Ongoing = 1								
	Relocation Final Documentation Closeout					20			20
	Total per Parcel								20
	Total					20			20
	SUBTOTAL	0	0	0	0	20	0	0	20
		0%	0%	0%	0%	100%	0%	0%	100%
6925	TRACK - ILES CONTROL POINT								
	Coordinate with railroads		4	8					12
	Set geometry								0
	Drainage								0
	Typical sections								0
	Removal plans								0
	Alignment plans								0
	Plan & Profile								0
	Division of work								0
	Staging plans								0
	Erosion control								0
	Fencing plans								0
	Cross Sections								0
	Compute quantities								0
	Address comments		2	24		40			66
	SUBTOTAL	0	6	32	0	40	0	0	78
		0%	8%	41%	0%	51%	0%	0%	100%
7590	NS PROPERTY EXCHANGE (HANSON)								
	Coordination	8	40						48
	Negotiations								0
	Property maps								0
	Agreement								0
	Plats		80			280			360
	Legal description		40			80	0		120
	SUBTOTAL	8	160	0	0	360	0	0	528
		2%	30%	0%	0%	68%	0%	0%	100%
7595	NS QUIET ZONE								
	Coordination		40	40					80
									0
									0
									0
									0
									0
	SUBTOTAL	0	40	40	0	0	0	0	80

Docusign Envelope ID: 5290FFB0-B27A-4DF8-842B-C5A2D81BF7D6

		0%	50%	50%	0%	0%	0%	0%	100%
7600	UP PROPERTY EXCHANGE (HANSON)								
	Coordination	8	40						48
	Negotiations								0
	Property maps								0
	Agreement								0
	Plats		80			280			360
	Legal description		40			80			120
	SUBTOTAL	8	160	0	0	360	0	0	528
		2%	30%	0%	0%	68%	0%	0%	100%

Docusign Envelope ID: 5290FFB0-B27A-4DF8-842B-C5A2D81BF7D6

HANSON
DIRECT COSTS
SPRINGFIELD RAIL IMPROVEMENTS PROJECT
SECTION
SANGAMON COUNTY
JOB NO.
SUPPLEMENT 4
09L0179B1

		IN-HOUSE							OTHERS									
		Miles	0.655/mi	CADD	$15 / hr	Lab testing	Survey equip	Total	Prints	.75 / sht	Copies	.15 / sht	Display Boards	$45.00/ea	Room Rental	Airfare	Title Work	Total
1000	Coordination & Status Meetings							$ -				$ 10		$ -	$ -			$ 10
1001	Public Involvement						$ 15,000	$ 15,000						$ -	$ -			$ -
7591	NS Quiet Zone							0							0	0	20000	$ 20,000
7600	UP Property Exchange							0							0	0		$ -
8502	UPRR Property Exchange							0							0	0	20000	$ 20,000

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PAYROLL ESCALATION TABLE
FIXED RAISES

FIRM NAME Hanson
PRIME/SUPPLEMENT Prime

DATE 09/25/25
PTB NO. SUPPLEMENT 4

CONTRACT TERM	30 MONTHS	**OVERHEAD RATE**	160.64%
START DATE	10/1/2025	**COMPLEXITY FACTOR**	0
RAISE DATE	1/1/2026	**% OF RAISE**	3.00%

ESCALATION PER YEAR

10/1/2025 - 1/1/2026	1/2/2026 1/1/2027	1/2/2027 1/1/2028	1/2/2028 3/1/2028
$\frac{2}{30}$	$\frac{12}{30}$	$\frac{12}{30}$	$\frac{2}{30}$
= 6.67%	= 40.00%	= 40.00%	= 6.67%

= 1.0150

The total escalation for this project would be: **1.50%**

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PAYROLL RATES

FIRM NAME Hanson DATE 09/25/25
PRIME/SUPPLEMENT Prime
PSB NO. PTB NO.

ESCALATION FACTOR 1.50%

CLASSIFICATION	CURRENT RATE	CALCULATED RATE
Principal	$ 86.00	$87.29
Project Manager	$ 80.47	$81.68
Project Engineer	$ 61.57	$62.49
Engineer	$ 43.59	$44.24
Senior Technician	$ 51.03	$51.80
Technician	$ 33.11	$33.61
Clerical	$ 37.18	$37.74

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Subconsultants

FIRM NAME Hanson
PRIME/SUPPLEMENT Prime
PSB NO. **PTB NO.**

DATE 09/25/25

NAME	Direct Labor Total	Contribution to Prime Consultant
NSRR - US III		
UPRR - US III		
UPRR - US IV		
NSRR - US V		
UPRR - US V		
UPRR PROPERTY EXCHANGE		
NSRR - US VI		
UPRR - US VI		
NSRR - US VIA		
I&M - US VIA		
VECTOR COMMUNICATIONS CORPORATION		
FAVOR, LLC		
HINSHAW - COORDINATION & STATUS MEETINGS		
HINSHAW - US III		
V & K - US III		
FEVER RIVER RESEARCH - US III		
ANDREWS ENGINEERING - US III		
APPRAISAL/REVIEW SUBS - US III		
HINSHAW - US V		
V & K - US V		
FEVER RIVER RESEARCH - US V		
ANDREWS ENGINEERING - US V		
APPRAISAL/REVIEW SUBS - US V		
HINSHAW CONDEMNATIONS - US V		
HINSHAW - US VI		
V & K - US VI		
FEVER RIVER RESEARCH - US VI		
FEVER RIVER - US VI		
ANDREWS ENGINEERING - US VI		
APPRAISAL SUB - US VI		
FERRY & ASSOC SUB		
ERCS - RELOCATION - SUB		
SPRINGFIELD ANALYTICAL - US V - SUB		
SPRINGFIELD ANALYTICAL - US III - SUB		
SPRINGFIELD ANALYTICAL - US VI - SUB		
HMMH - NOISE/VIBRATION STUDY		
HINSHAW - US VIA		
ANDREWS - US VIA		
SPRINGFIELD ANALYTICAL - US VIA		
APPRAISAL/REVIEW SUBS - US VIA		
RDG - US VIA		
Total	0.00	0.00

AVERAGE HOURLY PROJECT RATES

Hanson

PTB NO.

PPLEMENT Prime

09/25/25

ROLL ICATION	AVG HOURLY RATES	TOTAL PROJECT RATES			Coordination & Status Meetings			Public Involvement			General Admin		
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg
	87.29	379	7.50%	6.54	255	13.59%	11.86	0			76	16.07%	14.03
nager	81.68	2196	43.43%	35.48	942	50.19%	40.99	200	29.41%	24.02	304	64.27%	52.49
gineer	62.49	554	10.96%	6.85	272	14.49%	9.06	210	30.88%	19.30	0		
	44.24	180	3.56%	1.58	0			0			0		
hnician	51.80	1086	21.48%	11.13	48	2.56%	1.32	90	13.24%	6.86	0		
	33.61	180	3.56%	1.20	0			180	26.47%	8.90	0		
	37.74	481	9.51%	3.59	360	19.18%	7.24	0			93	19.66%	7.42
.S		5056	100%	$66.35	1877	100.00%	$70.47	680	100%	$59.07	473	100%	$73.94

-642B-C5A2D81BF7D6

:RAGE HOURLY PROJECT RATES

Hanson

PTB NO.

/SUPPLEMENT Prime

AYROLL SIFICATION	AVG HOURLY RATES	Usable Segment Closeout Hours	% Part.	Wgtd Avg
al	87.29	0		
Manager	81.68	116	80.56%	65.80
Engineer	62.49	0		
er	44.24	0		
Technician	51.80	0		
ian	33.61	0		
	37.74	28	19.44%	7.34
ALS		144	100%	$73.13

AVERAGE HOURLY PROJECT RATES

I Hanson

PTB NO.

/SUPPLEMENT Prime

DATE 09/25/25

SHEET 10 OF 10

AYROLL SIFICATION	AVG HOURLY RATES	US VIB - ICC Hearing			US VI - Land Acq Negotiation			US VI - Land Acq Relocation		
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg
al	87.29	32	10.26%	8.95	0			0		
Manager	81.68	232	74.36%	60.73	36	23.08%	18.85	0		
Engineer	62.49	0			0			0		
er	44.24	0			0			180	100.00%	44.24
Technician	51.80	48	15.38%	7.97	120	76.92%	39.84	0		
ian	33.61	0			0			0		
	37.74	0			0			0		
ALS		312	100%	$77.66	156	100%	$58.69	180	100%	$44.24

AVERAGE HOURLY PROJECT RATES

Hanson

PTB NO.

SUPPLEMENT Prime

DATE

SHEET

YROLL IFICATION	AVG HOURLY RATES	US VIA - LAND ACQUISITION RELOCATION Hours	% Part.	Wgtd Avg
	87.29	0		
lanager	81.68	0		
ngineer	62.49	0		
	44.24	0		
echnician	51.80	20	100.00%	51.80
in	33.61	0		
	37.74	0		
LS		20	100%	$51.80

AVERAGE HOURLY PROJECT RATES

Hanson

PTB NO.

IPPLEMENT Prime

ROLL FICATION	AVG HOURLY RATES	Track-Iles Control Point Design US VIb Hours	% Part.	Wgtd Avg
	87.29	0		
anager	81.68	6	7.69%	6.28
gineer	62.49	32	41.03%	25.64
	44.24	0		
chnician	51.80	40	51.28%	26.56
n	33.61	0		
	37.74	0		
LS		78	100%	$58.48

AVERAGE HOURLY PROJECT RATES

Hanson

PTB NO.

SUPPLEMENT Prime

DATE 09/25/25

SHEET _____ OF 10

AYROLL SIFICATION	AVG HOURLY RATES	UP Property Exchange Hours	% Part.	Wgtd Avg
l	87.29	8	1.52%	1.32
Manager	81.68	160	30.30%	24.75
Engineer	62.49	0		
r	44.24	0		
echnician	51.80	360	68.18%	35.32
an	33.61	0		
	37.74	0		

AVERAGE HOURLY PROJECT RATES

Hanson

PTB NO.

UPPLEMENT Prime

DATE 09/25/25

SHEET _____ OF 10

YROLL IFICATION	AVG HOURLY RATES	NS Property Exchange Hours	% Part.	Wgtd Avg	NS Quiet Zone Hours	% Part.	Wgtd Avg
	87.29	8	1.52%	1.32	0		
lanager	81.68	160	30.30%	24.75	40	50.00%	40.84
ngineer	62.49	0			40	50.00%	31.25
	44.24	0			0		
chnician	51.80	360	68.18%	35.32	0		
n	33.61	0			0		
	37.74	0			0		
LS		528	100%	$61.39	80	100%	$72.09

ORDINANCE FACT SHEET

REQUEST FORM NO: 25-60
DATE OF 1ST READING: 10/21/25

OFFICE REQUESTING: Public Works
CONTACT PERSON: Nathan Bottom
PHONE NUMBER: (217) 789-2255

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: professional services
FISCAL IMPACT: $ 3,578,080.00

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE SUPPLEMENTING AN AGREEMENT WITH HANSON PROFESSIONAL SERVICES INC. TO PERFORM PRELIMINARY ENGINEERING AND LAND ACQUISITION FOR THE SPRINGFIELD RAIL IMPROVEMENTS PROJECT AND AUTHORIZING A SUPPLEMENTAL APPROPRIATION OF $4,000,000 FOR THE OFFICE OF PUBLIC WORKS.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)
Agreement

CONTRACTOR / VENDOR NAME: Hanson Professional Services Inc. **VENDOR NO:** 0HAN1501

CONTRACT TERM: _____ **CONTRACT #** _____ **Change in Scope** Yes [X] No [ ]

CONTRACT AMOUNT:			
$28,062,000.00 (Original amount if change order)	4 Change Order #	$3,578,080.00 Additional Amount

Method of Purchase (check one) **Previous Ord #s** 352-08-19, 504-12-21, 469-11-22, 364-08-23

[ ] Low Bid [X] Other: professional services **Is Purchasing Agent approval required?** No [X] Yes [ ]
[ ] Low Bid Meeting Specs [ ] Exception: _____ **Is Purchasing Agent approval attached?** No [X] Yes [ ]
[ ] Low Evaluated Bid **Code Provision:** _____

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	041	110	GAST	STRS	2306	$ 3,578,080.00
2						
3						
4						

FUNDS CHECK BY: Date: 10.14.2025
DIRECTOR / SUPERVISOR SIGNATURE Date: 9 Oct 25
CITY PURCHASING AGENT: Date: 10-14-2025

COMMENTS

This is supplement #4 to an agreement for Hanson Professional Services to perform preliminary engineering and land acquisition services for the Springfield Rail Improvements Project. This agreement shall complete the design and land acquisition for the Springfield Rail Improvements Project, including portions of the Transportation Center for AMTRAK and SMTD.The preliminary engineering and land acquisition will be fully reimbursed by IDOT.

SIGN OFF: _____ (Mayor's Signature) GEM _____ (Director of OBM)

2025-495

AN ORDINANCE AUTHORIZING A PROFESSIONAL SERVICES AGREEMENT WITH CRAWFORD, MURPHY & TILLY, INC., FOR ENGINEERING SERVICES FOR SANITARY SEWER REHABILITATION INVESTIGATION IN RIDGELY PARK AREA 2, IN AN AMOUNT NOT TO EXCEED $291,016.00, FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the Office of Public Works desires an investigation and rehabilitation alternatives of sanitary and storm sewers mains and manholes; and

WHEREAS, the work is recommended in the Northeast Area – Revised Sanitary Sewer Alternatives Analysis report submitted to and approved by the U.S. EPA as a part of the Administrative Order Docket No. V-W-12-AO-23; and

WHEREAS, Crawford, Murphy & Tilly, Inc., is willing and able to provide these services for an amount not to exceed $291,016.00; and

WHEREAS, the City Purchasing Agent has made a determination that this contract is exempt from the provisions of the City Purchasing Code requiring sealed competitive bidding pursuant to the exceptions contained in Section 38.42; and

WHEREAS, a copy of the agreement with Crawford, Murphy & Tilly, Inc. shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby authorizes execution of a Professional Services Agreement with and payment in an amount not to exceed $291,016.00 to Crawford, Murphy & Tilly, Inc. for Engineering services for sanitary sewer investigation in the Northeast Area. The Mayor and City Clerk are authorized to execute any necessary documents on behalf of the City of Springfield.

Section 2: That the Office of Budget and Management is hereby authorized to make payment to Crawford, Murphy & Tilly, Inc. (0CRA4901) in the amount of $291,016.00 from account number 015-110-SEWR-OSUR-2306 upon satisfactory performance of the agreement.

Section 3: That this ordinance shall become effective immediately after its passage and recording by the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Requested by: Mayor Misty Buscher

SIGNED: _____, 2025

_____
Mayor Misty Buscher

Approved as to legal sufficiency:

10.17.25
Office of Corporation Counsel / Date

S:\WPDOCS\ORDINANC\EXCEPTIO\PROF\pworks\Crawford, Murphy, & Tilly, Inc - Sanitary Sewer Rehabilitation.docx
F.R. 10.21.25 ~ NF

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **Vince Smith**

FROM: **James W. Peters – Acting Purchasing Agent**

DATE: **October 16, 2025**

SUBJECT: **Professional Services Determination**

I have reviewed the Ordinance Fact Sheet concerning Crawford, Murphy & Tilly, Inc. for a professional service agreement to provide engineering services related to sewer rehabilitation investigation in Ridgley Park Area 2 in an amount not to exceed $291,016.00 for the Office of Public Works.

Based on the information provided, I have determined that this vendor possesses a degree of professional skill and expertise in the required area. Pursuant to Section 38.42 of the City Purchasing Code, this purchase is exempt from the City's requirements for Sealed Competitive Bids.

300 SOUTH SEVENTH • ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2205 • FAX (217) 789-2207

2025-436

GCIU 409-C

CMT

October 14, 2025

Mr. Vince Smith, PE
Sewer System Engineer
City of Springfield – Office of Public Works / Sewer Division
Municipal Center West, Room 201
Springfield, Illinois 62701

Re: City of Springfield – Office of Public Works / Sewer Division
Northeast Area – Ridgely Park Area 2 Sewer Investigation

Dear Mr. Smith:

As a follow-up to our discussion on providing sanitary sewer investigation services in the Northeast Area – Ridgely Park Area 2, CMT has prepared a proposal to provide professional engineering services to the City of Springfield to investigate the sanitary and storm sewer systems in accordance with the *Sanitary Sewer Alternatives Analysis Report* submitted to USEPA on January 29, 2019 and subsequent *Post Rehabilitation Performance Assessment Report* dated August 2025.

Please review the enclosed proposal and contact us if you have any questions. If our proposal is acceptable, please have the agreement executed and return a copy to CMT.

We appreciate the opportunity to provide these services to the City of Springfield. Thank you for your consideration.

Sincerely,
CRAWFORD, MURPHY & TILLY, INC.

Timothy F. Sumner, PE, CFM, CSM
Project Manager

enclosures

2025-436

2025 STANDARD AGREEMENT FOR PROFESSIONAL SERVICES

THIS AGREEMENT made between City of Springfield, IL, whose address is 203 Municipal Center West, 300 South Seventh Street, Springfield, Illinois 62701, hereinafter called the **CLIENT** and Crawford, Murphy & Tilly, Inc., Consulting Engineers, 2750 West Washington Street, Springfield, Illinois 62702, hereinafter called the **ENGINEER**.

WITNESSETH, that whereas the **CLIENT** desires the following described professional engineering, land surveying or architectural services:

Assist **CLIENT** with performing an evaluation of the **Northeast Ridgely Park Area 2** as recommended in the *Northeast Area – Revised Sanitary Sewer Alternatives Analysis* report dated January 29, 2019 and subsequent *Post Rehabilitation Performance Assessment Report* dated August 2025. A detailed scope of services is provided in Exhibit **A**.

NOW THEREFORE, the **ENGINEER** agrees to provide the above described services and the **CLIENT** agrees to compensate the **ENGINEER** for these services in the manner checked below:

☒ On a time and expense basis not to exceed **$291,016** in accordance with the attached Schedule of Hourly Charges which is subject to change at the beginning of each calendar year. Reimbursable direct expenses will be invoiced at cost. Professional or Subconsultant services performed by another firm will be invoiced at cost plus ten percent.

☐ At the lump sum amount of $_____.

IT IS MUTUALLY AGREED THAT, payment for services rendered shall be made monthly in accordance with invoices rendered by the **ENGINEER**.

IT IS FURTHER MUTUALLY AGREED:

- **ENGINEER** shall provide professional engineering services as outlined in the Scope of Services (Exhibit A) attached to this **AGREEMENT**.
- **ENGINEER** shall not proceed with work other than that shown in Exhibit A of the **AGREEMENT** without additional authorization and compensation from the **CLIENT** and an amendment to this **AGREEMENT**.
- Additional work required, if any, that is outside the Scope of Services of this **AGREEMENT** shall be compensated on an hourly rate basis according to the attached Schedule of Hourly Charges.
- **CLIENT** agrees to provide **ENGINEER** with requested documents and data pertaining to the sewer system.
- **CLIENT** agrees to clean and inspect sewers as described in Exhibit A for the **ENGINEER.**
- The Ridgely Park Area 2 draft evaluation report will be prepared and submitted to the **CLIENT** on or before July 31, 2026.

The **CLIENT** and the **ENGINEER** each binds himself, his partners, successors, executors, administrators and assignees to each other party hereto in respect to all the covenants and agreements herein and, except as above, neither the **CLIENT** nor the **ENGINEER** shall assign, sublet or transfer any part of his interest in this **AGREEMENT** without the written consent of the other party hereto. This **AGREEMENT**, and its construction, validity and performance, shall be governed and construed in accordance with the laws of the State of Illinois. This **AGREEMENT** is subject to the General Conditions attached hereto.

IN WITNESS WHEREOF, the parties hereto have affixed their hands and seals this _____ day of _____, 2025.

CLIENT:	**ENGINEER:**
CITY OF SPRINGFIELD	**CRAWFORD, MURPHY & TILLY, INC.**
(Client Name)	
	Raed Armouti
(Signature)	(Signature)
MISTY BUSCHER - MAYOR	**RAED A. ARMOUTI, PE – DIRECTOR OF WATER RESOURCES**
(Name and Title)	(Name and Title)
	10/8/2025
Date	Date

CMT Job No. 25008784.00

10/14/2025

2025-436

STANDARD GENERAL CONDITIONS
Crawford, Murphy & Tilly, Inc.

1. Standard of Care

In performing its professional services hereunder, the **ENGINEER** will use that degree of care and skill ordinarily exercised, under similar circumstances, by members of its profession practicing in the same or similar locality. No other warranty, express or implied, is made or intended by the **ENGINEER'S** undertaking herein or its performance of services hereunder.

2. Reuse of Document

All documents including Drawings and Specifications prepared by **ENGINEER** pursuant to this Agreement are instruments of service. They are not intended or represented to be suitable for reuse by **CLIENT** or others on extensions of the Project or on any other project. Any reuse without written verification or adaptation by **ENGINEER** for the specific purpose intended will be at **CLIENT'S** sole risk and without liability or legal exposure to **ENGINEER**; and **CLIENT** shall indemnify and hold harmless **ENGINEER** from all claims, damages, losses and expenses including attorneys' fees arising out of or resulting therefrom.

3. Termination

This Agreement may be terminated by either party upon seven days prior written notice. In the event of termination, the **ENGINEER** shall be compensated by the client for all services performed up to and including the termination date, including reimbursable expenses, and for the completion of such services and records as are necessary to place the **ENGINEER'S** files in order and/or to protect its professional reputation.

4. Parties to the Agreement

The services to be performed by the **ENGINEER** under this Agreement are intended solely for the benefit of the **CLIENT**. Nothing contained herein shall confer any rights upon or create any duties on the part of the **ENGINEER** toward any person or persons not a party to this Agreement including, but not limited to any contractor, subcontractor, supplier, or the agents, officers, employees, insurers, or sureties of any of them.

5. Construction and Safety

The **ENGINEER** shall not be responsible for the means, methods, procedures, techniques, or sequences of construction, nor for safety on the job site, nor shall the **ENGINEER** be responsible for the contractor's failure to carry out the work in accordance with the contract documents.

6. Payment

Payment for services rendered shall be made monthly in accordance with invoices rendered by the **ENGINEER**. If payment is to be on a lump sum basis, monthly payments will be based on the portion of total services completed during the month. Invoices, or any part thereof, which are not paid within 30 days after the date of issue shall bear interest at the rate of 1-1/2% for each month or fraction thereof from the date 30 days after issue to time of payment. **CLIENT** will pay on demand all collection costs, legal expenses and attorneys' fees incurred or paid by **ENGINEER** in collecting payment, including interest, for services rendered.

7. Indemnification for Release of Pollutants

If this project does not involve pollutants, this provision will not apply. This provision may not be deleted if the project involves pollutants.

If, due to the nature of the service covered under this Agreement including the potential for damages arising out of the release of pollutants, **CLIENT** agrees that in the event of one or more suits or judgments against **ENGINEER** in favor of any person or persons, or any entity, for death or bodily injury or loss of or damage to property or for any other claimed injury or damages arising from services performed by **ENGINEER**, **CLIENT** will indemnify and hold harmless **ENGINEER** from and against liability to **CLIENT** or to any other persons or entities irrespective of Engineer's compensation and without limitation. It is understood that the total aggregate liability of **ENGINEER** arising from services performed by **ENGINEER** shall in no event exceed $50,000 or the total compensation received under this agreement whichever is greater, irrespective of the number of or amount of such claims, suits, or judgments.

8. Risk Allocation ☐ Check box if this does not apply

The total liability, in the aggregate, of the **ENGINEER** and **ENGINEER'S** officers, directors, employees, agents and consultants, and any of them, to **CLIENT** and anyone claiming by, through or under **CLIENT**, for any and all injuries, claims, losses, expenses or damages arising out of the **ENGINEER'S** services, the project or this agreement, including but not limited to the negligence, errors, omissions, strict liability or breach of contract of **ENGINEER** or **ENGINEER'S** officers, directors, employees, agents or consultants, or any of them, shall not exceed the total compensation received by **ENGINEER** under this agreement, or the total amount of $50,000, whichever is greater.

9. Project Schedule and Scope

Based on the schedule objectives provided by **CLIENT, ENGINEER** will develop a schedule of important milestones as necessary for the project for **CLIENT'S** review and approval. **ENGINEER** will monitor performance of services for conformance with the schedule and will notify **CLIENT** of any necessary changes to or deviations from the schedule. Where required by approved project schedule, **ENGINEER** will present the required deliverables and complete the required tasks at the appropriate intervals for **CLIENT'S** review and approval prior to payment.

2025-436

CRAWFORD, MURPHY & TILLY, INC.
STANDARD SCHEDULE OF HOURLY CHARGES
JANUARY 1, 2025

Classification	Regular Rate
Director	$ 350
Senior Principal	$ 325
Principal	$ 310
Senior Specialty Engineer 2 Senior Structural Engineer 2 Senior Planner 2 Senior Specialty Professional 2 Senior Civil Engineer 2	$ 290
Senior Environmental Scientist 2 Project Manager Senior Architect 2 Senior Structural Engineer	$ 250
Senior Civil Engineer Senior Environmental Scientist Senior Specialty Professional	$ 235
Senior Administrative Specialist Senior Technician 2	$ 200
Senior Technician	$ 190
Project Environmental Scientist Project Civil Engineer Project Structural Engineer	$ 185
Project Planner Project Specialty Professional Civil Engineer Structural Engineer	$ 180
Administrative Specialist Specialty Professional Planner Project Technician	$ 160
Architect	$ 150
Environmental Scientist Technician	$ 135
Admin/ Admin Coordinator	$ 110

If the completion of services on the project assignment requires work to be performed on an overtime basis, labor charges above are subject to a 15% premium. These rates are subject to change upon reasonable and proper notice. In any event this schedule will be superseded by a new schedule effective January 1, 2026.

Out of pocket direct costs will be added at actual cost for blueprints, supplies, transportation and subsistence and other miscellaneous job-related expenses directly attributable to the performance of services. A usage charge may be made when specialized equipment is used directly on the project.
Subconsultant services furnished to CMT by another company will be invoiced at actual cost, plus ten percent.

2025-436

EXHIBIT A
CITY OF SPRINGFIELD – OFFICE OF PUBLIC WORKS - SEWER DIVISION
NORTHEAST AREA – RIDGELY PARK AREA 2 SEWER SYSTEM INVESTIGATION
SCOPE OF PROFESSIONAL SERVICES

General

Considering that most of the Pilot Area rehabilitation work is complete and the Control Area rehabilitation work will be initiated in 2026 (i.e., Pilot + Control = Ridgely Park Area 1), investigation should proceed in the next priority sewer district within the Northeast Study Area. From Appendix H of the *Northeast Area Sanitary Sewer Alternatives Analysis* report, investigation of Ridgely Park Area 2 is proposed to start in late fiscal year 2026, which is consistent with the Sewer Division's implementation schedule that requires all the evaluation, design and construction work in the study area to be completed by July 31, 2035.

Figure 1 shows the Ridgely Park Area 2 boundary (i.e., the project boundary). Intensive evaluation of the sewer system will be undertaken in this area, consistent with the recommendations provided in a report titled *Northeast Pilot Area Performance Assessment Report*, dated August 2025.

I&I Reduction Approach

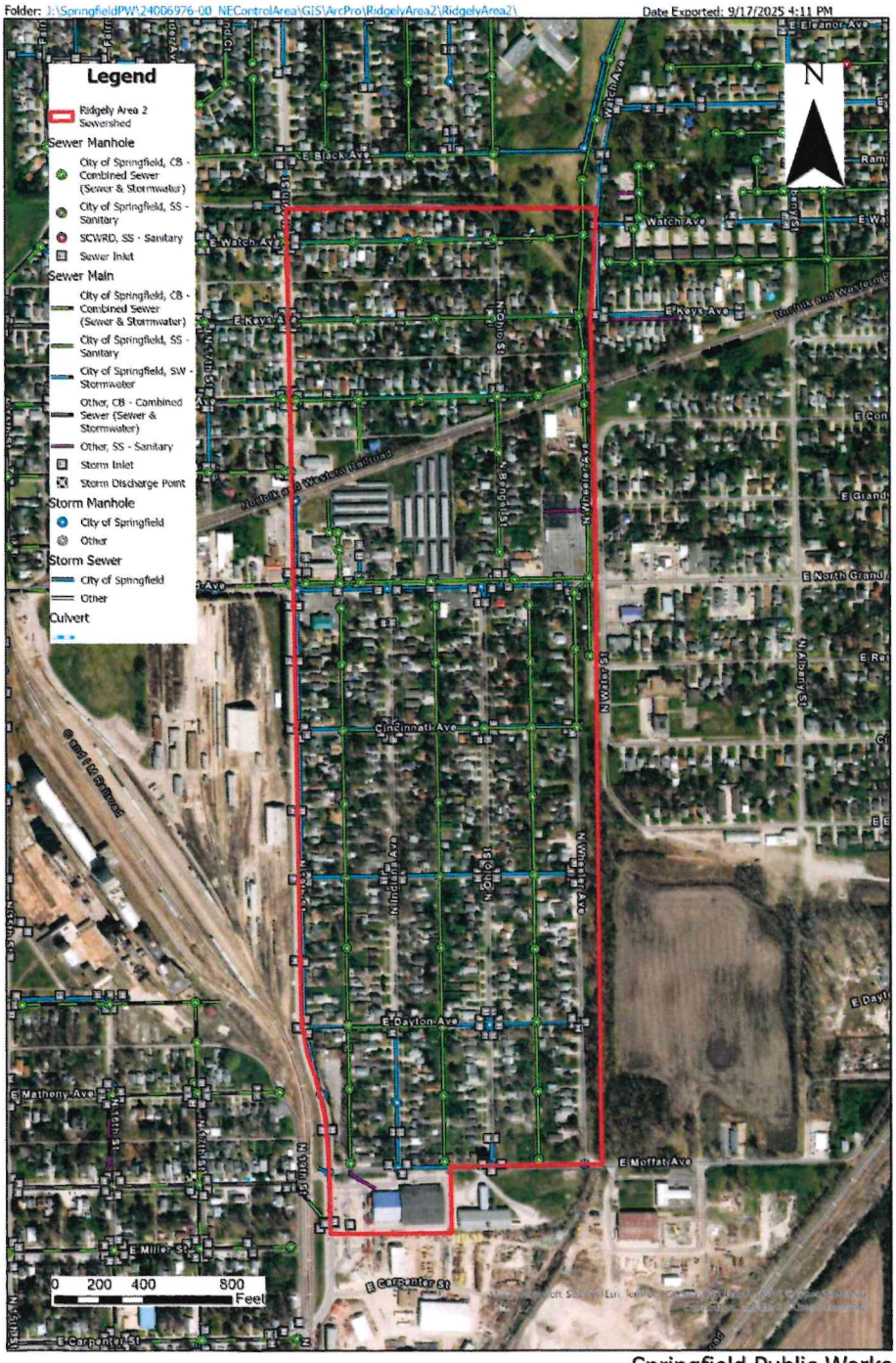
Intensive evaluation of the Pilot Area proved beneficial because the planning work identified most of the challenges with rehabilitating 65- to 80-year-old sewer mains, manholes and sewer lateral connections. Preliminary indications are that the recently completed sewer rehabilitation of sewer mains and manholes in the Pilot Area has reduced peak flows in the sewer. Therefore, a similar approach used in the Pilot Area will be used in Ridgely Park Area 2, which includes sewer main cleaning and inspection, manhole inspection, smoke testing of sewer mains and manholes to identify clear water connections, and evaluating private property for clear water connections (downspouts, area drains, & sump pump connections).

2025-436

EXHIBIT A

CITY OF SPRINGFIELD – OFFICE OF PUBLIC WORKS - SEWER DIVISION
NORTHEAST AREA – RIDGELY PARK AREA 2 SEWER SYSTEM INVESTIGATION
SCOPE OF PROFESSIONAL SERVICES

Figure 1 – Ridgely Park Area 2



2025-436

EXHIBIT A
CITY OF SPRINGFIELD – OFFICE OF PUBLIC WORKS - SEWER DIVISION
NORTHEAST AREA – RIDGELY PARK AREA 2 SEWER SYSTEM INVESTIGATION
SCOPE OF PROFESSIONAL SERVICES

Data Collection

Within the Ridgely Park Area 2, there are the following quantities based on available information:

- 8-inch sanitary sewer = 10,829 feet
- 10-inch sanitary sewer = 4,830 feet
- 12-inch sanitary sewer = 905 feet
- 15-inch sanitary sewer = 1,548 feet
- Unknown diameter sanitary sewer = 378 feet
- Number of sanitary manholes = 66
- Storm sewer length = 19,070 feet
- Number of storm manholes = 37
- Number of residential parcels = >500
- Number of commercial property parcels = ~10

There is no flow meter capturing data from the project area that could be used to assess pre and post rehabilitation performance. It is proposed that an available flow meter be installed in a manhole downstream of the project boundary (North Water Street area) to collect flow data. Data collected from this location will document how the project area sewer system responds to wet weather, before and after rehabilitation.

Rain gauges have been recording rainfall in 0.01-inch increments at five-minute intervals at Wilcox and Fairview Elementary Schools since April of 2013 and June of 2019, respectively. Rainfall data collected from the Fairview Elementary site will be used in the pre and post rehabilitation assessment of I&I reduction.

Ridgely Park Area 2 – City Responsibilities

The Sewer Division will perform, coordinate and/or provide the following services to assist in the project area investigation:

- Provide televised inspection of the sanitary and storm sewer mains in the project area. Inspections shall utilize the latest minimum standards established by the National Association of Sewer Service Companies (NASSCO).
- Locate and field survey all storm sewers (mains, manholes & inlets) on State Plane Coordinates and the local vertical datum within the project area.
- Perform regular interval street sweeping in the project area and provide documentation.

2025-436

EXHIBIT A
CITY OF SPRINGFIELD – OFFICE OF PUBLIC WORKS - SEWER DIVISION
NORTHEAST AREA – RIDGELY PARK AREA 2 SEWER SYSTEM INVESTIGATION
SCOPE OF PROFESSIONAL SERVICES

Scope of Services for Ridgely Park Area 2 – CMT Responsibilities

CMT will provide, coordinate and manage the following services. Data collected by or under CMT shall be provided to the Sewer Division.

1. Coordinate installation and maintenance of one flow meter installed in a suitable manhole that captures sanitary flow from the project area for a duration of two years.
2. Review and manage CCTV inspection video and reports for sanitary and storm sewer provided by the City of Springfield. Assess sewer condition and prepare recommendations for repair, rehabilitation and/or replacement.
3. Inspect and digitally scan the sanitary and storm manholes in the project area. Assess manhole condition and prepare recommendations for repair, rehabilitation and/or replacement.
4. Procure and implement subconsultant smoke testing services for sanitary sewer, storm sewer, and sewer laterals (~37,600 feet) to identify defects and improper exterior private property connections (e.g., downspouts, area drains, sump pumps) within the project area. Collect identified defects with GPS coordinates.
5. Schedule, track and inspect the exterior of private property for clear water connections (e.g., downspouts, area drains, sump pumps) to the sanitary sewer system identified through smoke testing efforts, where needed.
6. Review flow and rainfall data, smoke testing results, and televised sewer inspections to determine if any revisions to the XP-SWMM collection system model are required.
7. Prepare a sewer improvement plan report that recommends the work to be performed on the public sanitary and storm sewer systems (e.g., point repairs, rehabilitation or replacement, and disconnection), associated cost, priority and timing of the work in accordance with the Control Area rehabilitation work. A preliminary outline of the investigation report includes the following:
    - Introduction:
        - Sewer system summary
        - Investigation area boundaries
        - Investigation timeline
    - System Characterization, Monitoring and Modeling:
        - Sewer system characterization
        - Rainfall monitoring
        - Flow monitoring
        - Sewer system modeling
    - Sewer System Investigation:

- Smoke testing
- Private property inspections, if necessary
- Sewer main cleaning and televising
- Manhole inspections

- Sewer System Improvement Plan:
  - Sewer main repair and rehabilitation
  - Sewer manhole repair and rehabilitation
  - Sewer and manhole repair and rehabilitation priority and timing
  - Preliminary opinion of project cost
  - Pre and post construction monitoring
- Conclusions and Recommendations
- References and Appendices

8. Provide project management, coordination, oversight and quality control of CMT's staff and sub-consultants to ensure delivery of the aforementioned services in a timely manner. Deliverables include updated monitoring data, field inspection reports, updated modeling results, if necessary, and recommendations for improvement compiled in a report.

CRAWFORD, MURPHY & TILLY, INC.

CONTRACT ATTACHMENT - EXHIBIT B - 2025 PROFESSIONAL SERVICES COST ESTIMATE

CLIENT: CITY OF SPRINGFIELD, IL

PROJECT NAME: NORTHEAST RIDGELY PARK AREA 2 SEWER INVESTIGATION

CMT JOB NO.: 25008784.00

Prep By	
DATE	10/14/25

Approved by	
DATE	10/14/25

TASK NO.	TASKS \ CLASSIFICATIONS	Director	Senior Principal	Principal	Sr Spec or Sr Planner 2, Sr Spec Prof 2, Sr Civil Engineer 2	Proj Manager, Sr Struct Engr 2, Sr Struct Engineer	Senior Envir Scientist Specialty Prof, Sr Env Scientist 2, Sr Arch 2	Senior Civil Engr Technician 2	Specialist	Senior Admin	Senior Technician	Project Struct Engr	Proj Environ Scientist, Proj Civil Engr	Civil Engineer, Struct	Proj Specialty Prof	Project Planner	Specialty Professional Planner, Project Tech	Admin Specialist	Architect	Technician	Environmental Scientist	MAN HOURS & LABOR SUMMARY
	CURRENT YEAR 2025 HOURLY RATES	$350	$325	$310	$290	$250	$235	$200	$190	$185	$180	$160	$150	$135	TOTAL
1	Coordinate installation & maintenance of one flow meter in the project area			1	2		8		8						19
2	Review & manage CCTV inspection video & reports for sanitary & storm sewer				4		8				56				68
3	Inspect and digitally scan sanitary & storm manholes				4		8		111		60			111	294
4	Procure & implement smoke testing services for all sewers			1	4		4				80	80		80	249
5	Schedule, track and inspect the exterior of private property for clearwater connections (e.g., downspouts) if needed				4		4							12	20
6	Review data collection results to determine XP-SWMM updates				4		8				8				20
7	Prepare sewer improvement plan report with recommendations				4		8				60	8			80
8	Provide project management, coordination, oversight & quality control				72										72
9															
10															
11															
12															
13															
14															
15															
	TOTAL MAN HOURS			2	98		48		119		264	88		203	822
	SUBTOTAL - BASE LABOR EFFORT			$620	$28,420		$11,280		$22,610		$47,430	$14,080		$27,405	$151,845

	TASKS (CONTINUED)	TOTAL LABOR EFFORT	DIRECT EXPENSE & REIMBURSABLES: TRAVEL MILEAGE	MEALS & LODGING	PRINTING	EQUIP-MENT	MISC	SURVEY MTL	SUBS ADS/PP&E	SUBS ADMIN	OTHER EXP	OTHER EXP	OTHER EXP	TOTAL EXPENSE	TOTAL FEE
1	Coordinate installation & maintenance of one flow meter in the project area	$4,290	$28											$26,428	$30,718
2	Review & manage CCTV inspection video & reports for sanitary & storm se	$13,120	$28						$24,000	$2,400				$28	$13,148
3	Inspect and digitally scan sanitary & storm manholes	$49,825	$112											$112	$49,937
4	Procure & implement smoke testing services for all sewers	$40,410	$140											$105,740	$146,150
5	Schedule, track and inspect the exterior of private property for clearwater c	$3,720	$28						$96,000	$9,600				$28	$3,748
6	Review data collection results to determine XP-SWMM updates	$4,480													$4,480
7	Prepare sewer improvement plan report with recommendations	$15,120													$15,120
8	Provide project management, coordination, oversight & quality control	$20,880													$20,880
9															
10															
11															
12															
13															
14															
15															
	TOTALS	$151,845	$336						$120,000	$12,000				$132,336	$284,181
	TIME PERIOD OF PROJECT	2025	2026	2027	2028	TOTAL	EST % OF OT HRS INCLUDED ABOVE							MULTI-YEAR + OT	
	PERCENTAGE OF WORK TO BE PERFORMED BY YEAR	10%	90%			100%	AVERAGE OVERTIME RATE PREMIUM						15%	MLTPLR & AMT	
	WEIGHTING FACTOR FOR 5% ANNUAL ADJUSTMENT	0.1000	0.9450			1.0450	OT ADJUSTMENT FACTOR							1.0450	$6,835
	ESTIMATED CONTINGENCY														
	ROUNDING														
	TOTAL FEE	MATH CROSS CHECK IS OK													$291,016

ORDINANCE FACT SHEET

REQUEST FORM NO: _____
DATE OF 1ST READING: _____

OFFICE REQUESTING: Public Works **CONTACT PERSON:** Vince Smith
PHONE NUMBER: 789-2244 ext 5341

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: Professional Services **FISCAL IMPACT:** $291,016.00

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE AUTHORIZING A PROFESSIONAL SERVICES AGREEMENT BETWEEN CRAWFORD, MURPHY & TILLY, INC., AND THE CITY OF SPRINGFIELD FOR ENGINEERING SERVICES FOR SEWER REHABILITATION INVESTIGATION IN RIDGELY PARK AREA 2 IN AN AMOUNT NOT TO EXCEED $291,016.00 FOR THE OFFICE OF PUBLIC WORKS.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)
Agreement

CONTRACTOR / VENDOR NAME: Crawford, Murphy & Tilly, Inc. **VENDOR NO:** 0CRA4901

CONTRACT TERM: Completion **CONTRACT #** _____ **Change in Scope** Yes [ ] No [X]

CONTRACT AMOUNT:	Change Order #	Additional Amount
$291,016.00 (Original amount if change order)		

Method of Purchase (check one) **Previous Ord #s** _____

[ ] Low Bid [ ] Other: _____ **Is Purchasing Agent approval required?** No [ ] Yes [x]
[ ] Low Bid Meeting Specs [X] Exception: Professional Services **Is Purchasing Agent approval attached?** No [ ] Yes [x]
[ ] Low Evaluated Bid **Code Provision:** _____

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	015	110	SEWR	0SUR	2306	$291,016.00
2						
3						
4						

FUNDS CHECK BY: _____ **Date:** 10.14.2025
DIRECTOR / SUPERVISOR SIGNATURE **Date:** 14 OCT 25
CITY PURCHASING AGENT: _____ **Date:** 10-16-2025

COMMENTS

This ordinance is to execute a professional services agreement for the investigation of sanitary and storm sewer mains and manholes in the Ridgely Park Area 2 for the Office of Public Works. This work was recommended in the Northeast Area - Revised Sanitary Sewer Alternatives Analysis report submitted to and approved by the U.S. EPA as part of Administrative Order Docket No. V-W-12-AO-23, and the work will be done in accordance with the Post Rehabilitation Performance Assessment Report for the Northeast Area.

SIGN OFF: _____ (Mayor's Signature) GEM _____ (Director of OBM)

2025-456

2025-437

AN ORDINANCE APPROVING THE APPOINTMENT OF JAMES W. PETERS AS THE PURCHASING AGENT FOR THE CITY OF SPRINGFIELD

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, a vacancy exists for the position of City Purchasing Agent for the City of Springfield; and

WHEREAS, the Director of the Office of Budget and Management desires James W. Peters be appointed to be the City Purchasing Agent for the City of Springfield; and

WHEREAS, Mayor Misty Buscher approves of said appointment; and

WHEREAS, pursuant to Chapter 38, Section 38.11, of the 1988 City of Springfield Code of Ordinances, as amended, the Director of Office of Budget and Management shall appoint a purchasing agent with the approval of the Mayor and the advice and consent of the City Council.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves the appointment of James W. Peters, Springfield, Illinois, as the Purchasing Agent for the City of Springfield.

Section 2: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: _____, **2025**

SIGNED: _____, **2025**

RECORDED: _____, **2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/21/25

CONTACT PERSON: Billy Fleischli

OFFICE REQUESTING: OBM / Mayor

PHONE NUMBER: _____

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: N/A

SUGGESTED TITLE: An ordinance approving the appointment of James W. Peters as purchasing agent for the Office of Budget & Management

CONTRACTOR / VENDOR NAME: _____ **VENDOR NO:** _____

CONTRACT TERM: _____ **Change in Scope Yes** ☐ **No** ☐

CONTRACT AMOUNT: _____ (Original amount if change order) _____ **Change Order #** _____ **Additional Amount**

Method of Purchase (check one)

- ☐ Low Bid
- ☐ Low Bid Meeting Specs
- ☐ Low Evaluated Bid
- ☐ Other: _____
- ☐ Exception: _____
- **Code Provision:** _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No ☐ Yes ☐

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

An ordinance approving the appointment of James W. Peters as purchasing agent for the Office of Budget & Management

STAFF ANALYSIS

FUNDS CHECK BY: **Date:** _____

DIRECTOR / SUPERVISOR: **Date:** _____

CITY PURCHASING AGENT: **Date:** _____

SIGN OFF: _____ (Mayor's Signature) GEM

Ramon Hodges (Director of OBM)

The information supplied on this form is not confidential information.

2025-438

AN ORDINANCE AUTHORIZING AN INCREASE IN THE NUMBER OF CLASS "B" LIQUOR LICENSES BY ONE FOR CLEAR LAKE FOOD & FUEL, LLC D/B/A CLEAR LAKE FOOD MART, LOCATED AT 3300 E. CLEARLAKE

WHEREAS, Clear Lake Food & Fuel, LLC has applied for a Class "B" liquor license for the business known as Clear Lake Food Mart located at 3300 E. Clearlake; and

WHEREAS, all phases of the application process have been satisfactorily met; and

WHEREAS, in order for the Local Liquor Control Commission to issue said license it is necessary to control the number of licenses authorized per classification pursuant to Chapter 90, Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby authorizes an increase in the number of Class "B" liquor licenses.

Section 2: That this ordinance shall take effect immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025**

SIGNED: _____**, 2025**

RECORDED: _____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel /Date

Requested By: Mayor Misty Buscher

2025-438

ORDINANCE FACT SHEET
FOR LIQUOR LICENSES

DATE OF FIRST READING:	REQUESTED BY:	CONTACT:	PHONE #:
10/21/2025	Business Licensing	Todd Oliver	788-8411 ex. 4960
LICENSEE:	Clear Lake Food & Fuel, LLC dba Clear Lake Food Mart		
LOCATION:	3300 E. Clearlake		
EMERGENCY PASSAGE: (Please check one)	YES	X	NO
REASON FOR EMERGENCY:			
Increase / Decrease	Please indicate below if increasing "I" or decreasing "D"		
REASON FOR I / D	Package liquor sales - New Owners		

Column1	Column2	Column3	Column4
	AA	Tavern license with packaged sales	2:00 a.m.
	A	Tavern license - NO packaged sales	2:00 a.m.
I	B	Packaged sales	2:00 a.m.
	B1	Packaged sales	10:00 p.m.
	C	Packaged beer and wine only	2:00 a.m.
	C1	Packaged beer and wine only	10:00 p.m.
	D	In conjunction with restaurant	2:00 a.m.
	E	In conjunction with restaurant - beer and wine only	2:00 a.m.
	F	Nightclub with packaged sales	2:00 a.m.
	F1	Nightclub - NO packaged sales	2:00 a.m.
	G	Clubs - NO packaged sales	2:00 a.m.
	H	Convention Center - NO packaged sales	2:00 a.m.
	I	Rental Halls - NO packaged sales	2:00 a.m.
	J	Golf Course / Club House - with packaged sales	2:00 a.m.
	K	Hotel - full service - with packaged sales	2:00 a.m.
	L	Hotel - limited service - NO packaged sales	2:00 a.m.
	M	Supper Club - NO packaged sales	2:00 a.m.
	N	Restaurants - Class E or D - beer & wine only as package	
	O	Movie theaters	2:00 a.m.

It is necessary under Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended, to control the number of liquor licenses authorized per classification.

SIGN OFF: _____ GEM _____

Mayor's Signature **Date**

L:\Ordinance 2025\Increase Class B Clear Lake Food & Fuel .docx

Tracking No.

2025-438

2025-439

AN ORDINANCE AUTHORIZING AN INCREASE IN THE NUMBER OF CLASS "B" LIQUOR LICENSES BY ONE FOR DIRKSEN FOOD & FUEL, LLC D/B/A DIRKSEN FOOD MART, LOCATED AT 2121 N. DIRKSEN PKWY

WHEREAS, Dirksen Food & Fuel, LLC has applied for a Class "B" liquor license for the business known as Dirksen Food Mart located at 2121 N. Dirksen Pkwy; and

WHEREAS, all phases of the application process have been satisfactorily met; and

WHEREAS, in order for the Local Liquor Control Commission to issue said license it is necessary to control the number of licenses authorized per classification pursuant to Chapter 90, Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby authorizes an increase in the number of Class "B" liquor licenses.

Section 2: That this ordinance shall take effect immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025**

SIGNED: _____**, 2025**

RECORDED: _____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel /Date

Requested By: Mayor Misty Buscher

2025-439

ORDINANCE FACT SHEET
FOR LIQUOR LICENSES

DATE OF FIRST READING:	REQUESTED BY:	CONTACT:	PHONE #:
10/21/2025	Business Licensing	Todd Oliver	788-8411 ex. 4960
LICENSEE:	Dirksen Food & Fuel, LLC d/b/a Dirksen Food Mart		
LOCATION:	2121 N Dirksen Pkwy		
EMERGENCY PASSAGE: (Please check one)	YES	X	NO
REASON FOR EMERGENCY:			
Increase / Decrease	Please indicate below if increasing "I" or decreasing "D"		
REASON FOR I / D	New owners gas station and Connivence store with package liquor		

Column1	Column2	Column3	Column4
	AA	Tavern license with packaged sales	2:00 a.m.
	A	Tavern license - NO packaged sales	2:00 a.m.
I	B	Packaged sales	2:00 a.m.
	B1	Packaged sales	10:00 p.m.
	C	Packaged beer and wine only	2:00 a.m.
	C1	Packaged beer and wine only	10:00 p.m.
	D	In conjunction with restaurant	2:00 a.m.
	E	In conjunction with restaurant - beer and wine only	2:00 a.m.
	F	Nightclub with packaged sales	2:00 a.m.
	F1	Nightclub - NO packaged sales	2:00 a.m.
	G	Clubs - NO packaged sales	2:00 a.m.
	H	Convention Center - NO packaged sales	2:00 a.m.
	I	Rental Halls - NO packaged sales	2:00 a.m.
	J	Golf Course / Club House - with packaged sales	2:00 a.m.
	K	Hotel - full service - with packaged sales	2:00 a.m.
	L	Hotel - limited service - NO packaged sales	2:00 a.m.
	M	Supper Club - NO packaged sales	2:00 a.m.
	N	Restaurants - Class E or D - beer & wine only as package	
	O	Movie theaters	2:00 a.m.

It is necessary under Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended, to control the number of liquor licenses authorized per classification.

SIGN OFF: _____ _____

Mayor's Signature GEM **Date**

C:\Users\NFallen\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\EG82R9M5\Increase Class B Dirksen Food Mart.docx

Tracking No. 2025-439

2025-440

AN ORDINANCE TO DECREASE THE NUMBER OF CLASS "B" LIQUOR LICENSES BY ONE DUE TO THE SALE OF THE BUSINESS BY GPM INVESTMENTS LLC D/B/A JIFFI STOP #580 LOCATED AT 3300 E. CLEARLAKE AVE.

WHEREAS, GPM Midwest LLC currently holds a Class "B" liquor license for the business known as Jiffi Stop #580 located at 3300 E. Clearlake Ave.; and

WHEREAS, GPM Midwest, LLC d/b/a Jiffi Stop #580 has sold the business and desires to relinquish its Class "B" liquor license to Clear Lake Food & Fuel, LLC d/b/a Clear Lake Food Mart; and

WHEREAS, it is necessary to control the number of licenses authorized per classification pursuant to Chapter 90, Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves a decrease in the number of Class "B" liquor licenses by one from GPM Midwest, LLC d/b/a Jiffi Stop #580 due to the sale of the business to Clear Lake Food & Fuel, LLC d/b/a Clear Lake Food Mart.

Section 2: That this ordinance shall take effect immediately upon its passage and recording by the City Clerk.

PASSED: _____**, 2025**

SIGNED: _____**, 2025**

RECORDED: _____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel /Date

Requested By: Mayor Misty Buscher

2025-440

ORDINANCE FACT SHEET
FOR LIQUOR LICENSES

DATE OF FIRST READING:	REQUESTED BY:	CONTACT:	PHONE #:
10/21/2025	Business Licensing	Todd Oliver	788-8411 ex. 4960
LICENSEE:	GPM Investments, LLC dba Jiffi Stop #580		
LOCATION:	3300 E. Clearlake Ave.		
EMERGENCY PASSAGE: (Please check one)	YES	X	NO
REASON FOR EMERGENCY:			
Increase / Decrease	Please indicate below if increasing "I" or decreasing "D"		
REASON FOR I / D	Package liquor sales - Sold business		

Column1	Column2	Column3	Column4
	AA	Tavern license with packaged sales	2:00 a.m.
	A	Tavern license - NO packaged sales	2:00 a.m.
D	B	Packaged sales	2:00 a.m.
	B1	Packaged sales	10:00 p.m.
	C	Packaged beer and wine only	2:00 a.m.
	C1	Packaged beer and wine only	10:00 p.m.
	D	In conjunction with restaurant	2:00 a.m.
	E	In conjunction with restaurant - beer and wine only	2:00 a.m.
	F	Nightclub with packaged sales	2:00 a.m.
	F1	Nightclub - NO packaged sales	2:00 a.m.
	G	Clubs - NO packaged sales	2:00 a.m.
	H	Convention Center - NO packaged sales	2:00 a.m.
	I	Rental Halls - NO packaged sales	2:00 a.m.
	J	Golf Course / Club House - with packaged sales	2:00 a.m.
	K	Hotel - full service - with packaged sales	2:00 a.m.
	L	Hotel - limited service - NO packaged sales	2:00 a.m.
	M	Supper Club - NO packaged sales	2:00 a.m.
	N	Restaurants - Class E or D - beer & wine only as package	
	O	Movie theaters	2:00 a.m.

It is necessary under Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended, to control the number of liquor licenses authorized per classification.

SIGN OFF: _____ GEM _____

Mayor's Signature **Date**

L:\Ordinance 2025\Decrease Class B Jiffi Stop #580.docx Tracking No.

2025-440

AN ORDINANCE AUTHORIZING A DECREASE IN THE NUMBER OF CLASS "D" LIQUOR LICENSES BY ONE FOR DEW CHILLI PARLORS OF AMERICA, LLC D/B/A DEW CHILLI PARLOR NO. 2 LOCATED AT 4333 CONESTOGA DRIVE AND CHANGE LOCATION OF EXISTING CLASS "D" LIQUOR LICENSE LOCATED AT 301 NORTH GRAND AVENUE WEST TO 4333 CONESTOGA DRIVE

WHEREAS, Dew Chilli Parlors of America, LLC d/b/a Dew Chilli Parlor No. 2 currently holds a Class "D" liquor license located at 4333 Conestoga Drive; and

WHEREAS, the owner wishes to relinquish the liquor license at 301 North Grand Avenue West transfer its existing liquor license from 301 North Grand Avenue West 4333 Conestoga Drive; and

WHEREAS, it is necessary to control the number of licenses authorized per classification pursuant to Chapter 90, Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves a decrease in the number of Class "D" liquor licenses by one for Dew Chilli Parlors of America, LLC d/b/a Dew Chilli Parlor No. 2 located at 4333 Conestoga Drive and change location of an existing liquor license Dew Chilli Parlor No. 2 at 301 North Grand Avenue West to 4333 Conestoga Drive.

Section 2: That this ordinance shall take effect immediately upon its passage and recording by the City Clerk.

PASSED: _____, **2025**

RECORDED: _____, **2025**

ATTEST: _____
City Clerk Charles L. Redpath Sr.

SIGNED: _____, **2025**

_____
Mayor Misty Buscher

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel/Date

Requested by: Mayor Misty Buscher

ORDINANCE FACT SHEET
FOR LIQUOR LICENSES

DATE OF FIRST READING:	REQUESTED BY:	CONTACT:	PHONE #:
10/21/2025	Business Licensing	Todd Oliver	788-8411 ex. 4960
LICENSEE:	Dew Chilli Parlors of America, LLC d/b/a Dew Chilli Parlor No. 2		
LOCATION:	4333 Conestoga Drive		
EMERGENCY PASSAGE: (Please check one)	YES	X	NO
REASON FOR EMERGENCY:			
Increase / Decrease	Please indicate below if increasing "I" or decreasing "D"		
REASON FOR I / D	Change of location from 301 North Grand Ave. W. to 4333 Conestoga Drive.		

Column1	Column2	Column3	Column4
	AA	Tavern license with packaged sales	2:00 a.m.
	A	Tavern license - NO packaged sales	2:00 a.m.
	B	Packaged sales	2:00 a.m.
	B1	Packaged sales	10:00 p.m.
	C	Packaged beer and wine only	2:00 a.m.
	C1	Packaged beer and wine only	10:00 p.m.
D/Move	D	In conjunction with restaurant	2:00 a.m.
	E	In conjunction with restaurant - beer and wine only	2:00 a.m.
	F	Nightclub with packaged sales	2:00 a.m.
	F1	Nightclub - NO packaged sales	2 :00 a.m.
	G	Clubs - NO packaged sales	2:00 a.m.
	H	Convention Center - NO packaged sales	2:00 a.m.
	I	Rental Halls - NO packaged sales	2:00 a.m.
	J	Golf Course / Club House - with packaged sales	2:00 a.m.
	K	Hotel - full service - with packaged sales	2:00 a.m.
	L	Hotel - limited service - NO packaged sales	2:00 a.m.
	M	Supper Club - NO packaged sales	2:00 a.m.
	N	Restaurants - Class E or D - beer & wine only as package	
	O	Movie theaters	2:00 a.m.

It is necessary under Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended, to control the number of liquor licenses authorized per classification.

SIGN OFF: _____ _____

Mayor's Signature **Date**

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Tracking No.

2025-441

2025-442

AN ORDINANCE AUTHORIZING A DECREASE IN THE NUMBER OF CLASS "D" LIQUOR LICENSES BY ONE DUE TO CLOSURE OF RED ROBIN INTERNATIONAL INC, INC D/B/A RED ROBIN GOURMET BURGERS & BREWS LOCATED AT 2881 S. VETERAN PARKWAY

WHEREAS, Red Robin International, Inc. currently holds a Class "D" liquor license for the business known as Red Robin Gourmet Burgers & Brews located at 2881 S. Veteran Parkway; and

WHEREAS, Red Robin International, Inc. has closed the business and relinquished the Class "D" license; and

WHEREAS, it is necessary to control the number of licenses authorized per classification pursuant to Chapter 90, Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves a decrease in the number of Class "D" liquor licenses by one.

Section 2: That this ordinance shall take effect immediately upon its passage and recording by the City Clerk.

PASSED: _____**, 2025** **SIGNED:** _____**, 2025**

RECORDED: _____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath, Sr.

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel/Date

Requested by: Mayor Misty Buscher

ORDINANCE FACT SHEET
FOR LIQUOR LICENSES

DATE OF FIRST READING:	REQUESTED BY:	CONTACT:	PHONE #:
10/21/2025	Business Licensing	Todd Oliver	788-8411 ex. 4960
LICENSEE:	Red Robin International Inc. dba Red Robin Gourmet Burgers & Brews		
LOCATION:	2881 S. Veterans Parkway		
EMERGENCY PASSAGE: (Please check one)		YES	X NO
REASON FOR EMERGENCY:			
Increase / Decrease	Please indicate below if increasing "I" or decreasing "D"		
REASON FOR I / D	Business Closed		

Column1	Column2	Column3	Column4
	AA	Tavern license with packaged sales	2:00 a.m.
	A	Tavern license - NO packaged sales	2:00 a.m.
	B	Packaged sales	2:00 a.m.
	B1	Packaged sales	10:00 p.m.
	C	Packaged beer and wine only	2:00 a.m.
	C1	Packaged beer and wine only	10:00 p.m.
D	D	In conjunction with restaurant	2:00 a.m.
	E	In conjunction with restaurant - beer and wine only	2:00 a.m.
	F	Nightclub with packaged sales	2:00 a.m.
	F1	Nightclub - NO packaged sales	2:00 a.m.
	G	Clubs - NO packaged sales	2:00 a.m.
	H	Convention Center - NO packaged sales	2:00 a.m.
	I	Rental Halls - NO packaged sales	2:00 a.m.
	J	Golf Course / Club House - with packaged sales	2:00 a.m.
	K	Hotel - full service - with packaged sales	2:00 a.m.
	L	Hotel - limited service - NO packaged sales	2:00 a.m.
	M	Supper Club - NO packaged sales	2:00 a.m.
	N	Restaurants - Class E or D - beer & wine only as package	
	O	Movie theaters	2:00 a.m.

It is necessary under Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended, to control the number of liquor licenses authorized per classification.

SIGN OFF: _____ GEM _____

Mayor's Signature **Date**

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Tracking No. 2025-442

AN ORDINANCE TO DECREASE THE NUMBER OF CLASS "B" LIQUOR LICENSES BY ONE DUE TO THE SALE OF THE BUSINESS BY GPM INVESTMENTS, LLC D/B/A JIFFI STOP #577 LOCATED AT 2121 N. DIRKSEN PKWY

WHEREAS, GPM Investments, LLC currently holds a Class "B" liquor license for the business known as Jiffi Stop #577 located at 2121 N. Dirksen Pkwy; and

WHEREAS, GPM Investments, LLC d/b/a Jiffi Stop #577 has sold the business and desires to relinquish its Class "B" liquor license to Dirksen Food & Fuel, LLC d/b/a Dirksen Food Mart; and

WHEREAS, it is necessary to control the number of licenses authorized per classification pursuant to Chapter 90, Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves a decrease in the number of Class "B" liquor licenses by one from GPM Investments, LLC d/b/a Jiffi Stop #577 due to the sale of the business to Dirksen Food & Fuel, LLC d/b/a Dirksen Food Mart.

Section 2: That this ordinance shall take effect immediately upon its passage and recording by the City Clerk.

PASSED: _____, 2025

SIGNED: _____, 2025

RECORDED: _____, 2025

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel /Date

Requested By: Mayor Misty Buscher

ORDINANCE FACT SHEET
FOR LIQUOR LICENSES

DATE OF FIRST READING:	REQUESTED BY:	CONTACT:	PHONE #:
10/21/2025	Business Licensing	Todd Oliver	788-8411 ex. 4960
LICENSEE:	GPM Investments, LLC d/b/a Jiffi Stop #577		
LOCATION:	2121 N Dirksen Pkwy		
EMERGENCY PASSAGE: (Please check one)		YES	X NO
REASON FOR EMERGENCY:			
Increase / Decrease	Please indicate below if increasing "I" or decreasing "D"		
REASON FOR I / D	Owners selling gas station and Connivence store with package liquor		

Column1	Column2	Column3	Column4
	AA	Tavern license with packaged sales	2:00 a.m.
	A	Tavern license - NO packaged sales	2:00 a.m.
D	B	Packaged sales	2:00 a.m.
	B1	Packaged sales	10:00 p.m.
	C	Packaged beer and wine only	2:00 a.m.
	C1	Packaged beer and wine only	10:00 p.m.
	D	In conjunction with restaurant	2:00 a.m.
	E	In conjunction with restaurant - beer and wine only	2:00 a.m.
	F	Nightclub with packaged sales	2:00 a.m.
	F1	Nightclub - NO packaged sales	2:00 a.m.
	G	Clubs - NO packaged sales	2:00 a.m.
	H	Convention Center - NO packaged sales	2:00 a.m.
	I	Rental Halls - NO packaged sales	2:00 a.m.
	J	Golf Course / Club House - with packaged sales	2:00 a.m.
	K	Hotel - full service - with packaged sales	2:00 a.m.
	L	Hotel - limited service - NO packaged sales	2:00 a.m.
	M	Supper Club - NO packaged sales	2:00 a.m.
	N	Restaurants - Class E or D - beer & wine only as package	
	O	Movie theaters	2:00 a.m.

It is necessary under Section 90.17 of the 1988 City of Springfield Code of Ordinances, as amended, to control the number of liquor licenses authorized per classification.

SIGN OFF: _____ _____

Mayor's Signature GEM **Date**

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Tracking No 2025-443

2025-444

AN ORDINANCE AUTHORIZING AN INTERGOVERNMENTAL AGREEMENT WITH THE BOARD OF EDUCATION OF SPRINGFIELD SCHOOL DISTRICT NO. 186 AND THE CITY OF SPRINGFIELD REGARDING SCHOOL SAFETY OFFICERS FROM AUGUST 14, 2025, THROUGH MAY 28, 2026

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City of Springfield operates a Police Department under the direction of the Chief of Police; and

WHEREAS, Springfield School District No. 186 desires to use the services of specially trained police officers in certain schools to promote safety and security and establish positive working relationships between students, staff and the law enforcement community; and

WHEREAS, it is in the best interest of the City of Springfield to enter into an intergovernmental agreement with the Board of Education of Springfield School District No. 186 for reimbursement to the City of Springfield for three school safety officers assigned to work at Lanphier, Southeast and Springfield High Schools from August 14, 2025, through May 28, 2026; and

WHEREAS, the City of Springfield is authorized to enter into intergovernmental agreements pursuant to the Intergovernmental Cooperation Act (5 ILCS 220/1 *et seq.*); and

WHEREAS, a copy of the Intergovernmental Agreement shall be located in the Office of the City Clerk; and

WHEREAS, revenue for these services is estimated to be $263,856.50 from August 14, 2025, through May 28, 2026.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves and authorizes the execution of the Intergovernmental Agreement with the Board of Education of Springfield School District No. 186 regarding School Safety Officers from August 14, 2025, through May 28, 2026.

Section 2: That the Mayor and City Clerk are authorized to execute this agreement on behalf of the City of Springfield.

Section 3: That the Office of Budget and Management is hereby authorized to deposit reimbursement monies for these services into Account Number 001-112-POLC-POPR-0256.

Section 4: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: _____, 2025

SIGNED: _____, 2025

RECORDED: _____, 2025

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel/Date

Requested by: Mayor Misty Buscher

DISTRICT 186
SPRINGFIELD PUBLIC SCHOOLS

2025-2026 School Calendar

July

S	0
T	0

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

S	10
T	12

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	TI	TI	16
17	FD	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

S	20
T	21

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	H	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	TI	20
21	22	23	24	25	26	27
28	29	30				

October

S	21
T	22

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	H	14	15	16 FQ	P/T	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

S	17
T	17

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	H	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	H	H	29
30						

December

S	15
T	15

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17 finals	18 finals	SQ finals	20
21	X	X	H	H	X	27
28	X	X	H			

January

S	18
T	19

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				H	X	3
4	TI	6	7	8	9	10
11	12	13	14	15	16	17
18	H	20	21	22	23	24
25	26	27	28	29	30	31

February

S	19
T	19

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	H	17	18	19	20	21
22	23	24	25	26	27	28

March

S	16
T	16

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	H	3	4	5	6	7
8	9	10	11	12	13 TQ	14
15	X	X	X	X	X	21
22	23	24	25	26	27	28
29	30	31				

April

S	20
T	20

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	H	4
5	X	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	19
T	19

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	H	26 finals	27 finals	LD finals	E	30
31						

June

S	0
T	0

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	E	E	E	E	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

TI = Teacher Institute Day-No school for Students
60 minute early dismissal for students only
60 minute early dismissal for students/teachers

FD/LD = First Day / Last Day of School
FQ/SQ/TQ = End of 1st, 2nd, 3rd Quarter
Elementary End of Grading Period

P/T Conference-No school for students
H = Holiday - No school
X - No School
E = Emergency Day - Additional school days if needed due to emergency school closure.

2025-444

Springfield Police Department
800 E Monroe Street
Springfield, Il 62701

EXHIBIT A

School Safety Officer Costs
AUGUST 14, 2025 thru May 28,2025

	Title	Rate	HOURS	1102 Base Pay	1108 FICA	1106 Unemp.	1109 Insurance	1121 W/C	Grand Total
Springfield	Patrol +15 Years	$51.0368	1440	$ 73,493	$ 1,066	$ 51.92	$ 14,679.00	$ 734.93	$ 90,024.49
Southeast	Patrol +5	$47.7592	1440	$ 68,773	$ 997	$ 51.92	$ 14,679.00	$ 687.73	$ 85,189.12
Lanphier	Patrol + 10 Years	$50.1003	1440	$ 72,144	$ 1,046	$ 51.92	$ 14,679.00	$ 721.44	$ 88,642.89
								TOTAL:	**$ 263,856.50**

Number of Days per Month			
Aug-24	12		
Sep-24	21		
Oct-24	22		
Nov-24	17		
Dec-24	15		
Jan-25	19		
Feb-25	19		
Mar-25	16		
Apr-25	20		
May-25	19		
Jun-25	0		
Total	180	x8 hours*	1440

Insurance Costs Annually: $ 21,203.00 2080

*Based on a 40 hour work week at 8 hours per day.

The figures on this page are estimates only and are subject to change based on actual costs.

2025-444

ORDINANCE FACT SHEET

DATE OF 1st READING: _____

CONTACT PERSON: Kalvin Gaskill

OFFICE REQUESTING: Springfield Police Department

PHONE NUMBER: 217-788-8345 x4314

EMERGENCY PASSAGE: No ☐ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: _____

SUGGESTED TITLE: An ordinance authorizing the execution of an intergovernmental agreement with the Board of Education of Springfield School District No. 186 and the City of Springfield regarding the School Safety Officers from August 14, 2025 through May 28, 2026

CONTRACTOR / VENDOR NAME: _____ **VENDOR NO:** _____

CONTRACT TERM: 8/14/2025-5/28/2026 **Change in Scope Yes** ☐ **No** ☐

CONTRACT AMOUNT: _____ _____ _____

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☐ Other: _____
☐ Exception: _____
Code Provision: _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No ☒ Yes ☐

Is Purchasing Agent approval attached? No ☒ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1	001	112	POLC	POPR	0256	$263,856.50
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Dist. #186 Calendar, Costing Template, Agreement

STAFF ANALYSIS

The District desires to use the services of specially trained police officers of the City Police Department in Lanphier High School, Southeast High School and Springfield High School to promote safety and security and establish positive working relationships between students, staff and the law enforcement community. The Board of Education of Springfield School District No. 186 has approved the intergovernmental agreement.

FUNDS CHECK BY: C. Heinzel **Date:** 10/07/2025

DIRECTOR / SUPERVISOR: [signature] **Date:** 10-07-25

CITY PURCHASING AGENT: [signature] **Date:** 10-07-2025

SIGN OFF: _____ [signature]

(Mayor's Signature)

[signature]

(Director of OBM)

The information supplied on this form is not confidential information.

2025-144

2025-445

AN ORDINANCE AUTHORIZING PAYMENT TO COLIN VALENTI, A CURRENT CITY OF SPRINGFIELD POLICE OFFICER, FOR SETTLEMENT OF WORKERS COMPENSATION CLAIM NUMBER 25-WC-002593 IN AN AMOUNT NOT TO EXCEED $17,466.86

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, Colin Valenti works as a Police Officer for the City of Springfield hired April 6, 2015; and

WHEREAS, on January 16, 2025 Mr. Valenti filed a workers compensation claim from an altercation while making an arrest causing injury and is willing to settle his claim for case no. 25-WC-002593 in the amount of $17,466.86 representing a permanent partial disability equivalent to 10% man as a whole of the left foot; and

WHEREAS, Livingstone, Mueller, Bima & Murphy, P.C., the City's workers compensation advisors have recommended that settlement of Mr. Valenti workers compensation claim for case number 25-WC-002593 in an amount not to exceed $17,466.86 would be in the best interest of the City financially.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves settlement in the amount of $17,466.86 to Colin Valenti, a Current Police Officer with the Springfield Police Department, for workers compensation case for claim number 25-WC-002593, representing a permanent partial disability equivalent to 10% man as a whole of the left foot. The Mayor and the City Clerk are hereby directed to sign the Settlement Agreement on behalf of the City of Springfield.

Section 2: That the Office of Budget and Management is hereby authorized to pay the lump sum in an amount not to exceed $17,466.86 from Account Number 074-107-BGMT-WCMP-2205 as provided in the Settlement Agreement to Colin Valenti and his attorney Brent Beeman.

Section 3: That this ordinance is shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____
City Clerk Charles L. Redpath Sr.

SIGNED: _____, 2025

_____
Mayor Misty Buscher

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel /Date

Requested by: Mayor Misty Buscher

2025-445

ORDINANCE FACT SHEET FOR WORKERS' COMPENSATION CLAIMS

CASE INFORMATION:

WORKERS' COMPENSATION CASE#: 25WC002593

WORKERS' COMPENSATION CLAIM #: W004489063

WORKERS' COMPENSATION COMMISSION DECISION#:

TYPE OF ORDINANCE:
X WORKERS' COMPENSATION SETTLEMENT
☐WORKERS' COMPENSATION AWARD

TYPE OF AWARD/CASE:
☐DEATH
X PERMANENT PARTIAL DISABILITY
☐PERMANENT TOTAL DISABILITY
☐WAGE DIFFERENTIAL

LAW FIRM HANDLING CASE & CONTACT PERSON: Livingstone, Mueller, Bima & Murphy, P.C.
Kenneth S. Bima

NAME OF EMPLOYEE: Colin Valenti

DEPARTMENT: Springfield Police Department

JOB TITLE: Springfield Police Officer

STATUS: X CURRENT EMPLOYEE ☐FORMER EMPLOYEE

DATE OF ACCIDENT: 1/16/2025

DESCRIPTION OF ACCIDENT: Mr. Valenti was involved in an altercation while making an arrest resulting in a fracture to his left fibula. He was treated conservatively and returned to full duty work on 4/07/2025. Mr. Valenti reached maximum medical improvement on 7/29/2025 at which time he was released from care.

ATTORNEY: Brent Beeman

% OF LOSS OF USE: 10% loss of use of the left foot (16.7 weeks x $1,045.92), or $17,466.86

OBM INFORMATION FOR AWARDS ONLY:

AMOUNT OF AWARD: $ INTEREST PAID: $

AMOUNT OF AWARD NOT YET PAID: MEDICAL: $ TTD: $ OTHER

SIGN OFF APPROVAL FOR ORDINANCE

MAYOR'S OFFICE _____ **OBM** RMM

GEM

2025-445

ORDINANCE FACT SHEET

ORD. REQUEST FORM NO: _____
DATE OF 1ST READING: 10/21/2025

OFFICE REQUESTING: Corporation Counsel **CONTACT PERSON:** Greg Moredock
PHONE NUMBER: 789-2393

EMERGENCY PASSAGE: No [x] [ ] If yes, explain justification.

TYPE OF ORDINANCE: Work Comp Settlement **FISCAL IMPACT:** $17,466.86

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE AUTHORIZING PAYMENT TO COLIN VALENTI, A CURRENT CITY OF SPRINGFIELD POLICE OFFICER, TO SETTLE A WORKERS' COMPENSATION CLAIM FOR CASE #25WC002593 IN THE AMOUNT OF $17,466.86.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

CONTRACTOR / VENDOR NAME: Colin Valenti & Attorney Brent Beeman **VENDOR NO:** _____

CONTRACT TERM: _____ **Change in Scope** Yes [ ] No [x]

CONTRACT AMOUNT: _____ (Original amount if change order) | **Change Order #** _____ | **Additional Amount** _____

Method of Purchase (check one)

[ ] Low Bid [x] Other: _____
[ ] Low Bid Meeting Specs [ ] Exception: _____
[ ] Low Evaluated Bid **Code Provision:** _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No [x] Yes [ ]
Is Purchasing Agent approval attached? No [x] Yes [ ]

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	074	107	BGMT	WCMP	2205	$17,466.86
2						
3						
4						

FUNDS CHECK BY: C. Heinzel **Date:** 10/08/2025
DIRECTOR / SUPERVISOR SIGNATURE **Date:** 10.9.25
CITY PURCHASING AGENT: **Date:** 10-08-2025

COMMENTS

Colin Valenti, hired on 04/06/2015 as a City of Springfield Police Officer, reported a work injury on 01/16/2025. Mr. Valenti filed a workers' compensation claim (Case# 25WC002593) and is willing to settle for the amount of $17,466.86. Livingstone, Mueller, Bima & Murphy. P.C., the city's legal advisors, also recommend payment in the amount of $17,466.86 to settle (Case# 25WC002593).

SIGN OFF:

(Mayor's Signature) GEM (Director of OBM)

S\Excel\Forms\Rhet Spengel Ordinance The information supplied on this form is not confidential information. Revised 5/10/04

2025-445

AN ORDINANCE REPEALING ORDINANCE 287-06-23 AND ADOPTING AN ORDINANCE AUTHORIZING SIGNING OF CHECKS DRAWN ON CITY FUNDS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City Council previously passed ordinance 287-06-23 authorizing certain personnel to sign checks drawn on City funds; and

WHEREAS, it is necessary to repeal ordinance 287-06-23 to adopt a new ordinance which makes changes to those authorized to sign checks drawn on City funds.

NOW THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby repeals ordinance 287-06-23 and adopts a new ordinance authorizing signing of checks drawn on city funds.

Section 2: That all checks, including payroll checks, drawn on funds of the City of Springfield, Illinois, deposited in any of the banks designated as depositories for monies in custody of the City Treasurer shall be signed either personally or facsimile by:

Misty Buscher
Mayor _____ Signature

or by any one of the following:

Billy Fleischli
Chief of Staff _____ Signature

Ramona Metzger
Director of the Office of Budget & Management _____ Signature

Courtney Heinzel
Supervisor of Fiscal Services _____ Signature

Neha Rao
Chief Accountant _____ Signature

and either personally or by facsimile by:

Eric Ketchum
Deputy Treasurer

_____
Signature

Rachel Thomas
Office Manager

_____
Signature

Section 3: That this ordinance shall become effective immediately upon passage and recording by the City Clerk.

PASSED: _____**, 2025**

SIGNED:_____**, 2025**

RECORDED:_____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher
Treasurer Colleen Feger

2023-264

287-06-23

AN ORDINANCE REPEALING ORDINANCE 107-03-2020 AND ADOPTING AN ORDINANCE AUTHORIZING SIGNING OF CHECKS DRAWN ON CITY FUNDS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City Council previously passed ordinance 350-08-21 authorizing certain personnel to sign checks drawn on City funds; and

WHEREAS, it is necessary to repeal ordinance 350-08-21 to adopt a new ordinance which makes changes to those authorized to sign checks drawn on City funds.

NOW THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby repeals ordinance 350-08-21 and adopts a new ordinance authorizing signing of checks drawn on city funds.

Section 2: That all checks, including payroll checks, drawn on funds of the City of Springfield, Illinois, deposited in any of the banks designated as depositories for monies in custody of the City Treasurer shall be signed either personally or facsimile by:

Misty Buscher
Mayor — Signature

or by any one of the following:

Mike Disco
Chief of Staff — Signature

Ramona Metzger
Director of the Office of Budget & Management — Signature

Jeff Blazis
Division Manager — Signature

Neha Rao
Staff Accountant — Signature

287-06-23

2023-264

2025-446

and either personally or by facsimile by:

Colleen Redpath Feger
Treasurer

Signature

or by any one of the following:

Eric Ketchum
Office Manager

Signature

Section 3: That this ordinance shall become effective immediately upon passage and recording by the City Clerk.

PASSED: June 20, **2023**

SIGNED: June 20, **2023**

RECORDED: June 21, **2023**

Mayor Misty Buscher

ATTEST:

City Clerk Frank J. Lesko

Approved as to legal sufficiency:

Requested by: Mayor Misty Buscher
Treasurer Colleen Feger

CEH 6/20/23

Office of Corporation Counsel / Date

ORDINANCE FACT SHEET

REQUEST FORM NO: _____
DATE OF 1ST READING: _____

OFFICE REQUESTING: Mayor and Treasurer

CONTACT PERSON: _____
PHONE NUMBER: _____

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: check signing authority

FISCAL IMPACT: $ -

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

An ordinance repealing ordinance 107-03-2020 and adopting an ordinance authorizing signing of checks drawn on City funds.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

CONTRACTOR / VENDOR NAME: _____ VENDOR NO: _____

CONTRACT TERM: _____ CONTRACT # _____ Change in Scope Yes [ ] No [ ]

CONTRACT AMOUNT: _____ (Original amount if change order) | _____ Change Order # | _____ Additional Amount

Method of Purchase (check one)

[ ] Low Bid
[ ] Low Bid Meeting Specs
[ ] Low Evaluated Bid
[ ] Other: _____
[ ] Exception: _____
Code Provision: _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No [ ] Yes [ ]
Is Purchasing Agent approval attached? No [ ] Yes [ ]

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Source	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

FUNDS CHECK BY: Date:

DIRECTOR / SUPERVISOR SIGNATURE Date:

CITY PURCHASING AGENT: Date:

COMMENTS

SIGN OFF: _____ (Mayor's Signature) _____ (Director of OBM)

C:\Users\LOBrien\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\HFBTG1DL\Check Signatures 051223.xlsCheck Signatures 051223.xls

The information supplied on this form is not confidential information.

Revised 5/26/04

2023-264

287-06-23

2025-446

ORDINANCE FACT SHEET

DATE OF 1st READING: 10/7/25

CONTACT PERSON: Colleen Redpath Feg

OFFICE REQUESTING: Treasurer

PHONE NUMBER: 217-789-2224 x 5028

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: n/a

SUGGESTED TITLE: An Ordinanace repealing ordinace 2023-264 287-06-23 and adopting an ordinance authorizing signing of checks drawn on City funds.

CONTRACTOR / VENDOR NAME: _____ **VENDOR NO:** _____

CONTRACT TERM: _____ **Change in Scope Yes** ☐ **No** ☐

CONTRACT AMOUNT: _____ _____ _____

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ **Low Bid**
☐ **Low Bid Meeting Specs**
☐ **Low Evaluated Bid**
☐ **Other:** _____
☐ **Exception:** _____
Code Provision: _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No ☐ Yes ☐

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

STAFF ANALYSIS

FUNDS CHECK BY: **Date:** _____

DIRECTOR / SUPERVISOR: **Date:** _____

CITY PURCHASING AGENT: **Date:** _____

SIGN OFF: _____ GEM

(Mayor's Signature)

_____

(Director of OBM)

The information supplied on this form is not confidential information.

2025-446

2025-447

AN ORDINANCE AUTHORIZING THE EXECUTION OF A CONTRACT WITH AETNA TO PROVIDE COMPREHENSIVE HEALTH, CLAIMS PROCESSING AND ADMINISTRATIVE SERVICES FROM MARCH 1, 2026, THROUGH FEBRUARY 28, 2030, IN AN AMOUNT NOT TO EXCEED $145,988,112.00, FOR THE OFFICE OF HUMAN RESOURCES

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS the Office of Human Resources sought proposals under RFP HR26-12 for Comprehensive Health, Claim Processing, and Administrative Services for city employees, retirees, and eligible dependents; and

WHEREAS, Aetna submitted the lowest responsible bids under proposal RFP HR26-12 to provide Comprehensive Health, Claim Processing, and Administrative Services for city employees, retirees, and eligible dependents, for an amount not to exceed $145,988,112.00; and

WHEREAS, it is in the best interest of the City to accept the proposal from Aetna to provide Comprehensive Health, Claim Processing, and Administrative Services for city employees, retirees, and eligible dependents for city employees from March 1, 2026, through February 28, 2030, for an amount not to exceed $145,988,112.00; and

WHEREAS, a copy of RFP HR26-12 shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves the acceptance of RFP HR26-12 with Aetna to provide Comprehensive Health, Claim Processing, and Administrative Services for city employees, retirees, and eligible dependents for city employees from March 1, 2026, through February 28, 2030, for an amount not to exceed $145,988,112.00. The Mayor and City Clerk are authorized to execute any necessary documents on behalf of the City of Springfield.

Section 2: That the Office of Budget and Management is hereby authorized to make payment to Aetna (VC*3991), for an amount not to exceed $145,988,112.00, from account number 074-107-BMGT-HINS-1219 in accordance with the Agreement.

Section 3: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025**

SIGNED:_____**, 2025**

RECORDED:_____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

Aetna Health Cost Breakdown:

TPA / Network / Dental

TPA / Network RFP					
		Year 1	**Year 2**	**Year 3**	**Year 4**
Medical Fees PEPM	Est. enrollment: 1600	$30.75	$30.75	$30.75	$31.67
Medical Admin Fees Plan Year		$590,400	$590,400	$590,400	$641,917
Bundle Discount (w/Dental) *PEPM Discount off Medical*	Included in PEPM Fees above	($1.00)	($1.00)	($1.00)	($1.00)
Service Fee Guarantee % Change	Period 3/1/2026 – 2/28/2030		0.00%	0.00%	3.00%
Fee Credit*		($40,000)	$0.00	$0.00	$0.00
Service Fee Summary PEPM	***Not including Fee Credit**	**$29.75**	**$29.75**	**$29.75**	**$30.67**
Service Fee Summary (Plan Year)		**$584,000**	**$623,220**	**$623,220**	**$641,917**
Additional Credits & Programs		**Year 1**	**Year 2**	**Year 3**	**Year 4**
Annual Allowance – Health Plan	Use towards multiple items	($60,000)	($40,000)	($40,000)	($40,000)
Commissions to GIS	Estimated 5% Dental Premiums for Digital Benefits Administration System	($85,000)	($85,000)	($85,000)	($85,000)
Transform Diabetes Care	Per diabetic, per month	$14.15			
Wellbeing Management	PEPM	$5.85			
Additional Fees	PEPM	$1.94			
Carve-Out Drug (rx) Fees	*If do not go w/CVS for PBM				
Annual Fee	Year 1 only	$10,800			
PEPM Fee	On-going	$0.60			
Claim Costs		**PEPM**	**Monthly**	**Annual**	
Expected Claims	'26 - '27 Period Projection	$1,886	$3,017,936	$36,215,232	
Total Fixed & Claim Cost		**PEPM**	**Monthly**	**Annual**	**Contract**
Estimated to include all fees except Diabetes Care and Claims Does not include Credits, Allowances and Commissions to GIS		**$1,924**	**$3,077,664**	**$36,931,968**	**$147,727,872**
Programs Included at no additional cost:	-CVS Extra Care Membership for all members; Aetna Health Your Way Health Assessment; Discount programs				

2025-447

Dental RFP	
Pricing	
Rate Guarantee Period	3/1/2026 - 2/29/2028 (2 Years)
Estimated Monthly Premium	$144,980
Estimated Total Contract Period Premium	$3,479,520
Rate Cap (Year 3)	5.5% - 3/1/2028 – 02/28/2029
Estimated Lives	1,790
Credits	One-time premium credit of 1 month (up to $146,443)
Additional Notes:	Commission to be paid to GIS for use of ben admin system

Coverage	Lives	Monthly Rate PEPM	Monthly Amount Due
High Plan - PPO	Current		
EE	483	$38.99	$18,832
EE +1	277	$77.98	$21,600
Family	381	$152.02	$57,920
Low Plan – PPO			
EE	317	$32.41	$10,274
EE +1	91	$64.82	$5,899
Family	241	$126.37	$30,455
***Totals:**	**1,790**		**$144,980**

*Average 20% Savings from current MetLife costs.

2025-447



aetna®

An Aetna Proposal

Presented To

City Of Springfield

By Direct

Effective: March 1, 2026

aetna

City Of Springfield

Aetna's Dental Value Story — Effective Date: March 1, 2026

At Aetna, we dedicate ourselves to help members reach their best health. As a trusted carrier for millions of dental members, Aetna is the largest integrated carrier in the business. We're also one of the first to study the benefits of dental-medical integration, which leads to better health outcomes for our members.

Improving overall health through better dental health
Dental health has a significant impact on emotional health. One's overall happiness and confidence is often impacted by the health of their teeth. Our dental program meets members where they are on their dental health journey. Aetna's member outreach and education has helped change member behaviors, allowing them to reach dental health goals.

Aetna Dental focuses on driving value through three key areas:

Tailored benefits
Targeted, local networks make it easier for members to access care and keep costs low. A variety of plan options allow you to better manage cost, coverage and access. We are driving down the cost of care with several network initiatives that include getting members better discounts, partnering with key dental providers and dental offices, mobile and teledentistry, and alternative orthodontics.

Integrated care
Our care programs use dental health and primary care information to drive improved overall health outcomes. Our Dental-Medical Integration (DMI) program is the only automated program that identifies at-risk members who haven't had recent dental care and provides proactive educational outreach and enhanced benefits to those with pregnancy, diabetes, or cardiovascular conditions.

Member empowerment
Affordable plan options provide the coverage and protection members want. Tools and information drive engagement and help members make the most of their benefits.

Large provider networks offer greater access to care, choice and flexibility.

Our National Dental Preferred Provider Organization (DPPO) and Dental Maintenance Organization (DMO) are large networks that offer greater access to care, choice and flexibility. As we meet members on their journey, we'll focus on what's important—their needs and the needs of their families. We'll personalize their experience and guide them to their best dental health.

You can learn more about Aetna here: https://www.aetna.com/about-us.html

2025-447

Firm

City Of Springfield

ontact Information

ccount Executive: Courtney Mondzelewski
elephone Number: (312) 928-3041
Email: MondzelewskiC@cvshealth.com

ssumptions

Contract State: IL
Commissions: 0.00%
Lives: 1,790
SIC Code: 9111
Mem/EE Ratio: 2.21

Aetna Proposed Rates **Effective Date:** March 1, 2026 **End Date:** February 29, 2028

DPPO plans include a 5.50% Rate Cap for the period of 3/1/2028 to 2/28/2029*

Coverage	Lives	Monthly Rate PEPM	Monthly Amount Due
PPO			
High Plan			
EE	483	$38.99	$18,832
EE + 1	277	$77.98	$21,600
Family	381	$152.02	$57,920
Total	**1,141**		**$98,352**

Coverage	Lives	Monthly Rate PEPM	Monthly Amount Due
PPO			
Low Plan			
EE	317	$32.41	$10,274
EE + 1	91	$64.82	$5,899
Family	241	$126.37	$30,455
Total	**649**		**$46,628**

Total Dental Lives: **1,790**
Monthly Premium: **$144,980**
Total Contract Period Premium: **$3,479,520**

Bundle up Discount

Discount % *-1.00%*
Estimated Total Contract Period Discount: *($35,147)*
Estimated Total Contract Period Premium without Discount: ***$3,514,667***

Your rates include a discount for Medical. If actual lines of business awarded differs from our proposed package of benefits, we reserve the right to revise our quoted rates.

Quote ID: 936644

9/9/2025
Proprietary

2025-447

*Clarifications:

Rate Cap

Refer to the Rate Cap document for terms and conditions.

City Of Springfield

Effective Date: March 1, 2026

roposed Plan Designs

Plan Features	PPO High Plan		PPO Low Plan	
	In	Out	In	Out
Deductible Applies To	Basic and Major	Basic and Major	Basic and Major	Basic and Major
Deductible Ind/Fam	$50 / $150	$50 / $150	$75 / $225	$75 / $225
Preventive/Diagnostic Services	100%	100%	100%	100%
Basic Services	90%	80%	80%	70%
Major Services	60%	50%	50%	50%
Annual Benefit Maximum	$2,000	$2,000	$1,000	$1,000
Office Visit Copay	N/A	N/A	N/A	N/A
Ortho Applies To	Adult/Child	Adult/Child	Adult/Child	Adult/Child
Orthodontic Services	50%	50%	50%	50%
Orthodontic Lifetime Maximum	$1,000	$1,000	$1,000	$1,000
Orthodontics Work In Progress Exclusion	Exclusion Applies	Exclusion Applies	Exclusion Applies	Exclusion Applies
R&C	N/A	MAC	N/A	MAC
Partial List of Plan Provisions				
Root Canal Therapy	90%	80%	80%	70%
Osseous Surgery	90%	80%	80%	70%
Removal of Impacted Tooth	90%	80%	80%	70%
General Anesthesia	90%	80%	80%	70%
Implants	60%	50%	50%	50%
Posterior Composite	Not Covered	Not Covered	Not Covered	Not Covered
Prosthetic Replacement	8 years	8 years	8 years	8 years
Fluoride Age Limit	To age 19	To age 19	To age 19	To age 19
Sealant Age Limit	To Age 16	To Age 16	To Age 16	To Age 16
Non-surgical TMJ Service	Not Covered	Not Covered	Not Covered	Not Covered
Missing Tooth Exclusion	Exclusion Applies	Exclusion Applies	Exclusion Applies	Exclusion Applies

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

Benefits may vary due to state specific mandates and/or filing limitations.

Consult the plan documents: Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, and Group Insurance Certificate, to determine governing contractual provisions, including procedures, exclusions and limitations relating to Benefits described in this document are specific to your plan and otherwise our standards will apply. While this material is believed to be accurate as of the print date, it is subject to change.

City Of Springfield

Premium Credit **Effective Date: March 1, 2026**

Policy Period: March 01, 2026 through February 29, 2028
Dental Premium Credit: 1 month(s) of premium

We are offering a one-time premium credit for the number of month(s) stated above or $146,443, whichever is less. This credit will be calculated based on the first month's enrollment and applied to the second month's bill in the Policy Period unless you notify us otherwise at the time of sale. The credit will be included as part of the final contract and subject to the following provisions:

a. Our Fully Insured dental policy will remain in effect for the duration of the Policy Period.

b. You are required to make the premium payments in accordance with contract provisions.

c. Standard contract termination provisions apply.

d. All of the plan caveats as stated on the Caveats page in the final proposal are met.

e. We pay the producer based on the amount you pay in premium. We do not pay the producer for any credits you received to your total premium.

f. Future renewals will be calculated based on the annualized premium before giving any effect to the premium credit.

In the event that any of these provisions are not met or you terminate the contract prior to the end of the Policy Period listed above, you will be required to pay us the total amount of the credit within 31 days of notice of non-compliance.

The premium rates shown on the accompanying Rate Sheet will be billed every month of the Policy Period. The premium credit will be shown as a separate line item. When you accept our quote, the Rate Sheet will become part of your Group Agreement with us.

You may wish to consult with your legal advisors about any changes that you may need to make in the administration of your plan as a result of this credit consistent with your fiduciary obligations such as making adjustments to participant contributions.

Signature below indicates acceptance of these terms.

_____ _____

Mary Kate Pullman - Underwriting Director Date

_____ _____

. . - City Of Springfield Date

City Of Springfield

Rate Cap — Effective Date: March 1, 2026

We guarantee the per employee, per month (PEPM) premium for the Guarantee Period will not increase by more than the percentage(s) stated in the chart below from the Prior Period premium PEPM.

Any applicable change in Federal (ACA or otherwise) or State Tax, Fees, or Assessments for the subsequent 12-month period will be added to the premium rate increase. Any additional taxes or fees resulting from new Federal or State legislation will be added to the premium before the premium rate increase is applied.

Each plan is renewed separately then reviewed in aggregate against the maximum overall rate increase.

Product	Year 2
DPPO	5.5%
Guarantee Assumptions	
Guarantee Period	3/1/2028 - 2/28/2029
Prior Period	3/1/2026 - 2/29/2028

Conditions for the Guarantee:

We reserve the right to revise or remove the guarantee if any of the following occur during or prior to the guarantee period:

- **Novel Conditions and Circumstances**
  This offer does not contemplate the changes in costs, utilization, risk or any form or type of testing associated with novel conditions or circumstances affecting broad populations that place a significant strain on the health care system and/or your plan(s). These conditions include but are not limited to COVID-19. We reserve the right to adjust the terms and factors of this guarantee in response to these conditions and/or circumstances if necessary.
- **Base Year Claims**
  We reserve the right to adjust base year/gap claims used in the development of our experience and rate projection to account for the anticipated impact of novel conditions, as stated above. These adjustments would be applied to normalize the experience for the projected impact of these conditions. (Only applies to cases that are partially or fully experience rated at the time of proposal.)
- **Group Size Variation**
  - A total of 1,790 employees are expected to be enrolled in the quoted dental products.
  - Of this assumed enrollment, the combined enrolled COBRA, pre-65 retirees, and disabled employees does not vary by more than two percent of the total Aetna covered group from the originally assumed enrollment. In addition, we assume that the combined enrolled COBRA, pre-65 retirees, and disabled employees will not comprise more than five percent of total Aetna covered group.
- **Prior Carrier Claims Experience**
  We do not receive complete mature claims experience for all current plans including enrollment by month and by plan incurred to March 1, 2026 and paid through June 30, 2026.
- The premium rate increase is subject to the terms and conditions as stated in the caveats.
- A change of greater than 10 percent from the assumed enrollment in total or by plan.
- A change in the quoted plan designs.
- A change of greater than 10 percent from the current employee contributions.
- We are no longer the sole dental carrier including any self-funded plans we offer you.
- Failure to make your required premium payments in accordance with contract provisions.
- The dental plan is put out to bid for the first renewal period.
- Material changes required by legislative or regulatory action or initiated by you to the plan of benefits offered, claim payment requirements or procedures, changes in state premium taxes or assessments, or any other changes affecting the manner or cost of providing coverage.
- Filing changes that affect our ability to offer this guarantee or exercise underwriting judgment.

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City Of Springfield

Programs & Services - Conventional Prospective

Effective Date: March 1, 2026

Program Summary	High Plan	Low Plan
General Admin		
Communication Materials	Yes	Yes
Customer Team Services	Yes	Yes
Eligibility (Standard)	Yes	Yes
Experienced Account Management Team	Yes	Yes
Claim and Member Services		
Aetna Voice Advantage® Level 2	Yes	Yes
Claim Administration	Yes	Yes
Dental Medical Integration (DMI)	Yes	Yes
Digital ID Cards	Yes	Yes
Member Services	Yes	Yes
Network Information		
Network Access	Yes	Yes
Provider Relations	Yes	Yes
Web Tools		
Claim Research/forms/Contact us (English & Spanish Version)	Yes	Yes
Member Website and Mobile Experience	Yes	Yes
Aetna Discount Program		
Aetna Discount Program - at home products, fitness, hearing, LifeMart® shopping website, natural products and services, oral health care, vision, weight management	Yes	Yes
Reporting		
Utilization Management Reporting	Yes	Yes

City Of Springfield

Caveats - Conventional Prospective — Effective Date: March 1, 2026

For the purposes of this document, Aetna may be referred to using "we", "our" or "us" and City Of Springfield may be referred to using "you" or "your".

Underwriting Caveats

Contract Provisions
The final benefit provisions, account structure, claim payment requirements or services change from those proposed.

Enrollment
The actual enrollment in total or by plan changes by more than 10 percent compared with what was proposed. Our proposal assumes coverage will not be extended to additional employee groups without review of supplemental census information and other underwriting information for appropriate financial review.

Member-to-Employee Ratio
The member-to-employee ratio changes by more than 10 percent from the 2.21 ratio assumed in this quote.

Retiree Enrollment
If the number of Retirees enrolled exceeds 20 percent of the total enrolled group or the total number of Retirees enrolled increases by more than 10 percent from the 0 enrollees assumed in this quote.

Quoted Benefits and Administration
A material change is initiated by you or by legislative or regulatory action which materially affects the cost of the plan. This includes, but is not limited to, changes impacting standard contract provisions, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

Industry
The nature of business and/or Standard Industrial Code (SIC) 9111 changes compared with what was assumed in setting the rates.

Bundle up Discount
If additional products quoted are not sold, or if additional and/or existing products terminate during the policy period, any applicable multiline savings will be removed.

Information Accuracy/Demographics
The information provided is inaccurate and/or the demographics of the quoted group change resulting in +/- 5 percent premium difference.

We're relying on information from you and its representatives in establishing the rates and terms of this proposal. If any of this information is inaccurate or incomplete and has a material impact on the cost of the programs, we reserve the right to adjust our rates and terms. For example, but without limitation, we may change rates if there is a material deviation from the rate quotation assumptions or if you're unable to provide us with the requested information. As another example, if additional information related to this quotation is made available to us at a later date, we reserve the right to reassess, and potentially revise, this quotation based upon analysis of that information. For states that require approval of rate filings, your final rate may be different if the quoted rates are not approved by the effective date of coverage.

City Of Springfield

Caveats - Conventional Prospective — Effective Date: March 1, 2026

Multiple Employer Welfare Arrangements (MEWAs) and Employer Association Health Plans (AHPs)

This quote was prepared based on the situs state and demographic information for eligible enrollees, including their home zip codes, in accordance with all federal and state mandates. We must be notified immediately of any changes that affect plan locations due to new or changing enrollment statuses. We will evaluate regulatory requirements and may not be able to extend coverage in states which prohibit large group coverage through MEWAs and AHPs.

Assumptions

Underwriting

Prospective Quoting

The quoted insured dental rates are offered on a prospectively rated basis. No policy year accounting balance will be calculated for these coverages.

Aetna Medical/Dental Coverage

The proposed medical and dental rates are contingent upon you purchasing both medical and dental lines of coverage.

Contribution and Participation

Our rates assume compliance with our standard guidelines on employer contribution strategy. We standardly require that the employer contribute 75 percent of the employee cost, or 50 percent of the total employee and dependent cost. Minimum participation requirements for this contribution structure is 30 percent of total eligible lives.

Plan Design

The products offered are subject to the terms of our Benefit Review document.

Waiting Period

New employees must complete the waiting period designated by their employer prior to enrolling in one of our plans. The waiting period must be consistently applied within a class of employees.

Additional Products and Services

Costs for special services, that are not included or assumed in the rate guarantee will be direct billed after such services have been rendered. For example, additional charges will apply for customized communication materials. The costs for these types of services will depend upon the actual services performed and will be determined at the time the service is requested.

Billing Information

Billing and Payment of Premium

Amount due is payable on the first day of the month covered by the invoice. If the amount due is not paid in full within 30 days, we reserve the right to terminate the contract and/or assess late premium payment charges.

Producer Compensation

We are not serving as billing and collection agent for producer compensation. Our quoted rates do not include Producer Service Fees or commissions.

City Of Springfield

Caveats - Conventional Prospective — Effective Date: March 1, 2026

Claim and Member Services

Dental Service Center

Claim administration and member services for the quoted plans will be centrally managed. Members will be able to reach the Member Service representatives Monday through Friday, from 8 a.m. to 6 p.m., local time (based on where the member resides).

Summary Plan Description (SPD) Modification

Our premium rates include the standard Summary Plan Description language and any customization may require an additional cost.

Reporting and Data Transfer

Aetna Intellectual Property

Under the Group Policy, you may have access to certain of Aetna's Customer reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Group Policy ("Aetna IP"). Aetna will grant you, as the Customer, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Group Policy. You agree not to modify, create derivative product from, copy, duplicate, decompile, dissemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Group Policy shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent, or otherwise transfer or convey, the Aetna IP to you.

Additional

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your policy. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure Document, the information in your Renewal Package prevails.

https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/legal-notices/documents/large-group-dental-underwriting-fully-insured-disclosures-as-of-06-27-2025.pdf

Legislative and Regulatory Requirements

Regulatory Reporting

We are entitled to rely on information supplied by you in connection with any regulatory filings we provide on your behalf or any other services we provide. We are not responsible for any penalities or fees associated with reporting delays/errors caused by your failure to provide us with accurate or timely information.

City Of Springfield

Aetna's Dental/Medical Integration[SM] Program — Effective Date: March 1, 2026

Put the bite on medical costs with an integrated dental/medical program.
Help reduce the risks of heart disease, diabetes and the complications of pregnancy. Better dental care can mean healthier employees.

Early dental care may help lower risk for certain illnesses[1]
Recent medical studies suggest a connection between periodontal disease and complications of cardiovascular disease. Also, periodontal disease may increase the likelihood for expectant mothers to deliver their babies early. And it may even make it more difficult for diabetics to control their blood sugar levels. But that's not all: Periodontal disease has been linked to respiratory infections in people with lung problems.

Visit the Dentist Regularly[2]
Regular checkups, cleanings, and maintenance are important, certainly. But a study from Aetna and Columbia University College of Dental Medicine indicates that proactive periodontal care appears to have a positive effect on the cost of medical care, with earlier treatment resulting in lower medical expenses for members with diabetes, coronary artery disease and stroke.

Smart Aetna programs bring together dental and medical care
Educate at-risk members who may not be aware of how oral health can affect their specific medical conditions. Members of dental and medical insurance plans from Aetna may get these added benefits, when you select the DMI program.

Aetna's Outreach Program

Our Dental/Medical Integration competitive advantage lies in successfully affecting member behavior. Since we have medical and dental claims data, we can put our knowledge to work for your members because we have a complete picture of their claims history. We differentiate ourselves from the market because of how we identify those members who should be concerned with their dental health and its impact to their overall medical condition. At this time, Aetna defines at-risk members as those who are pregnant or have cardiovascular disease or diabetes.

- Focusing on members who have not had a recent dental visit, the DMI member outreach program uses multiple outreach methods proven to be successful in motivating at-risk members to seek care.
- Claim data is monitored to determine if the member sought care after initial contact. Follow-up outreach is provided if the member does not seek care.

Enhanced Benefit* Programs Fully Cover Additional Services with NO deductible

For pregnant women, members with diabetes and coronary artery disease/cerebrovascular disease

- One additional prophylaxis (cleaning visit)
- Scaling and root planning
- Full mouth debridement to enable comprehensive evaluations and diagnosis
- Periodontal maintenance

Members will receive educational material and will be encouraged to call our Dental Service Center to:
• Enroll in the enhanced benefit •Select a dentist •Get help with making a dentist appointment

*Exclusions and limitations may apply. Refer to your plan documents, available after enrollment, for details.

[1]Periodontal Disease and Systemic Health https://www.perio.org/consumer/other-diseases. Accessed October 2018

[2]"An examination of periodontal treatment and per member per month (PMPM) medical costs in an insured population" BMC Health Services Research 2006:103



aetna®

An Aetna Proposal
Presented to

City of Springfield

Effective: March 1, 2026

2025-447

Why Aetna?

Effective Date: March 01, 2026

We're more than products and programs. **We offer a health care experience that's more caring, more** connected and closer to home. With a holistic approach we join members on their personal health journey, removing barriers along the way. And we work proactively to help every member achieve their goals and stay on a path to better health.

Because you have unique needs we offer customized, tailored solutions. And we have a plan to take care of each of your employees, helping to increase engagement, improve outcomes and boost productivity.

We know health care can be overwhelming. So we work together with you to help make each member of your team a stronger individual. Stronger individuals lead to a stronger workforce. And when you have a stronger workforce, you can achieve stronger results.

You can learn more about Aetna here:
https://www.aetna.com/about-us.html

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

The Aetna companies include:

Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Washington Inc., Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company; Aetna Life Insurance Company; Aetna Dental Inc.; and/or Aetna Dental of California Inc.; Aetna Health of Utah Inc. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Managed care plans may not cover all health care expenses. Contracts should be read carefully to determine which health care services are covered. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.

Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at:
www.aetna.com

The information contained in this proposal is confidential and should not be shared with anyone other than your broker or benefit plan consultant.

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City of Springfield

Contact Information/Assumptions

Account Executive:	Brendan Lane	SIC Code:	9111
Email:	LaneB2@aetna.com	Mem/EE Ratio:	2.52
Telephone:	312-764-4195		

Administrative Service Fees — Effective Date: March 01, 2026 — End Date: February 28, 2027

Your fees include a savings for Dental, Vision, Accident (Voluntary), Hospital Indemnity Plan (Voluntary), Critical Illness (Voluntary).
If actual lines of business awarded differs from our proposed package of benefits, we reserve the right to revise our quoted fees.
The discount applied for purchasing Dental assumes actual Dental participation is at least 40 percent. If actual participation is below 40 percent, the discount will not apply.

	Year 1	Year 2	Year 3
Guarantee Period Effective Date	March 01, 2026	March 01, 2027	March 01, 2028
Fee Basis	Mature	Mature	Mature

Medical Fees as Billed (PEPM)*	Estimated Enrollment	Year 1	Year 2	Year 3
Choice POS II	1,598	$30.75	$30.75	$30.75
Plan Year Service Fees	**1,598**	**$589,662**	**$589,662**	**$589,662**

Included in PEPM Fees above	Year 1	Year 2	Year 3
Bundle up Discount	($2.75)	($2.75)	($2.75)

Service Fee Summary (Plan Year)	Year 1	Year 2	Year 3
Administrative Service Fees	$589,662	$589,662	$589,662
Service Fee Guarantee % Change*		**0.0%**	**0.0%**
Fee Credit*	($40,000)	$0	$0
Total Fees (incl Discounts, Credits, Broker Comp, Other Chrgs)	**$549,662**	**$589,662**	**$589,662**

Additional Service Fee Guarantee* (Excludes Other Charges)	Composite Fee	% Change
Year 4 of 4 (March 01, 2029) Mature	$31.67	3.0%

*Clarifications

- PEPM is defined as Per Employee Per Month
- Please see Programs and Services for additional information. Some services may come at additional cost to the fees shown above.
- Broker Compensation, if applicable, is subject to customer approval.
- Any Plan Year costs are based on the Estimated Enrollment and subject to change based on actual enrollment.

Prescription Drug Benefits
Our quotation assumes that prescription drug benefits are included and will be provided by Aetna.
Additional pharmacy administrative fees may apply. Refer to our Pharmacy Service and Fee Schedule for additional information.
If you terminate your prescription drug benefits with us, we will increase the ASC Service Fees and the medical trend assumption used for any applicable claim projections or guarantees. You may also be subject to additional charges to integrate data with external Pharmacy vendors. Refer to the reporting charges outlined in the Programs and Services exhibit for more information.
In addition to an increase in your ASC medical fees, the Fee Credit will not apply.

Service Fee Guarantee
Our offer includes a service fee guarantee for the guarantee period March 01, 2026 to February 28, 2030.
The guaranteed service fees excluding broker compensation are listed above. The service fee guarantee is subject to the terms and conditions as stated in the caveats and is contingent upon the customer maintaining all lines of business with Aetna.

9095-AAD

Contact Information/Assumptions

Account Executive:	Brendan Lane
Email:	LaneB2@aetna.com
Telephone:	312-764-4195

SIC Code: 9111
Mem/EE Ratio: 2.52

Administrative Service Fees

Effective Date: March 01, 2026 **End Date: February 28, 2027**

Fee Credit

We have included an administrative service fee credit. You agree to pay us the total amount of the fee credit issued if you terminate your medical plan(s) or any of the additional product(s) quoted (if applicable) prior to the end of the multi-year Guarantee Period. Refer to your fee credit letter for specific details.

City of Springfield

Medical Bundle up Discount — **Effective Date: March 01, 2026**

Our company's ability to integrate products and services to provide innovative customer solutions continues to be key element of our value proposition and a competitive differentiator for us in the marketplace.

Contact Information

Account Executive: Brendan Lane — Email: LaneB2@aetna.com

Included Bundle up Discounts

Our quoted medical fees include a credit adjustment for economies of scale pricing, assuming multiple product lines awarded. If actual lines of business awarded differs from our proposed package of benefits or coverage terminates during the guarantee period, we reserve the right to revise our quoted fees. The Financial Savings below apply for the duration that the product(s) are inforce with Aetna.

Quoted Medical Composite PEPM Administrative Fee: **$30.75**

	Discount off Medical Fees PEPM
Financial Savings with Purchase of Fully Insured Dental Assumes actual participation is at least 40 percent. If actual participation is below 40 percent, the discount will not apply.	$1.00
Financial Savings with Purchase of Vision	$0.25
Financial Savings with Purchase of Hospital Indemnity Plan (Voluntary)	$0.50
Financial Savings with Purchase of Critical Illness (Voluntary)	$0.50
Financial Savings with Purchase of Accident (Voluntary)	$0.50
Total Savings	$2.75

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City of Springfield

Administrative Fee Credit Letter **Effective Date: March 1, 2026**

We are offering you a fee credit which will save you $40,000.

We are offering you an administrative fee credit as shown in the chart below. This credit will be applied starting with the second month's bill in the Guarantee Period unless you notify us otherwise at the time of sale.

Administrative Fee Credit	Year 1
Plan Year Effective Date	03/01/2026
Fee Credit	$40,000

The fee credit will be subject to the following provisions:

- Our self-funded medical Agreement will remain in effect for the duration of the Guarantee Period.
- You are required to make the medical fee payments in accordance with your Agreement.
- Standard termination provisions apply.
- All of the plan caveats as stated on the Caveats page in the final proposal are met.
- Any producer compensations will be excluded from the medical fee credit.
- Future renewals will be calculated based on the annualized medical fees before giving any effect to the medical fee credit.
- Contingent upon Aetna being the sole provider for all quoted lines of coverage.

You agree to pay us the total amount of the fee credit issued for the multi-year Guarantee Period within 31 days of notice of non-compliance if any of the following occur:

- Any of the above provisions are not met
- You terminate the Agreement prior to the end of the multi-year Guarantee Period

The fees shown on the accompanying Fee Schedule will be billed every month of the Guarantee Period. The fee credit will be shown as a separate line item. When you accept our quote, the Fee Schedule will become part of your Agreement with us.

You may wish to consult with your legal advisors about any changes that you may need to make in the administration of your plan as a result of this credit consistent with your fiduciary obligations such as making adjustments to participant contributions.

Please sign and return to us by February 1, 2026 to indicate your acceptance of this offer.

_____

Shannon Blakeslee – Underwriting Director

_____

Officer – City of Springfield

City of Springfield

Programs and Services – Self-Funded	Effective Date: March 01, 2026

Program Summary	Choice POS II

Programs & Services Included in the Service Fee

Mature Base Service Fee	$30.75

General Administration	
Experienced Account Management Team	Included
Designated Implementation Manager	Included
Designated billing, eligibility, plan set up, underwriting	Included
Onsite Open Enrollment Meeting Preparation	Included
Open Enrollment Marketing Material (non-customized)	Included
ID Cards*	Included
Review or draft plan documents	Included
Summary of Benefits and Coverage (SBC)	Included
Claim Fiduciary Option 1	Included
External Review	Included
Non-ERISA	Included
Claim Administration	Included
Plan Sponsor Liaison	Included
Special Investigations / Zero Tolerance Fraud Unit	Included

Network Services	
Full National Reciprocity*	Included
CVS Health Virtual Care™*	Included
Institutes of Excellence™ *	Included
Institutes of Quality® (IOQ) Network	Included
Gene-Based, Cellular and other Innovative Therapies (GCIT®) network	Included
National Medical Excellence Program®	Included
Network access	Included

Care Management	
Aetna Compassionate Care℠	Included
Aetna Advice	Included
Preventive Care Considerations (Electronic)	Included
Utilization Management (Inpatient Precertification, Concurrent Review, Discharge Planning, Retrospective Review)	Included

Member Resources	
Designated Service Center	Included
Aetna Concierge (includes First Impression Treatment)	Included
Provider search (online provider directory)	Included
Member Website and Mobile Experience	Included
MindCheck℠	Included
Online Programs	Included

City of Springfield

Programs and Services – Self-Funded	Effective Date: March 01, 2026
Program Summary	**Choice POS II**
Wellness	
24-Hour Nurse Line: 1-800# Only	Included
Aetna Health Your Way™ Health Assessment and Digital Support	Included
Allowances	
Health Plan Allowance	Included
Reporting and Integration	
Analytic Consultation from Plan Sponsor Insights (10 Hours)	Included
ART Reports - New analytic reporting platform	Included
Aetna Health Information Advantage™ (AHIA)	Included
Monthly Financial Claim Detail Reports	Included
Monthly Banking Reports	Included
Behavioral Health	
Managed Behavioral Health	Included
Behavioral Health Condition Management Program - Standard	Included
Applied Behavior Analysis (ABA)	Included
AbleTo Network - member cost share may apply	Included
Aetna Discount Program	
at home products, fitness, hearing, LifeMart® shopping website, natural products and services, oral health care, vision, weight management	Included
Total Fees	**$30.75**

Additional Available Programs & Services (per employee, per month unless otherwise noted)

Care Management	
Aetna Enhanced Maternity Program	$0.75
Reporting and Integration	
If Pharmacy is not provided by Aetna or CVS Caremark	
Integrating 3rd-party Pharmacy data to support benefit accumulators (Set Up)	$5,000
Integrating 3rd-party Pharmacy data to support benefit accumulators (Ongoing)	$0.60
Integrating 3rd-Party Pharmacy data to support care management programs	$6,000
Other Reporting and Integration	
Monthly 3rd Party Stop Loss Vendor Reports (12 total reports)	$6,000

Programs and Services – Self-Funded

Effective Date: March 01, 2026

Program Summary	Choice POS II

Programs & Services Included in the Claim Wire*

No Surprises Act - Fees*	
No Surprises Act (NSA) claim administration fee (per NSA eligible claim)	$94
No Surprises Act (NSA) Independent Dispute Resolution (IDR) initial fee (per arbitration case)	Applicable fees are as set by law and passed through to the plan
No Surprises Act (NSA) Independent Dispute Resolution (IDR) arbitration expenses (per arbitration case)	Applicable fees are as set by law and passed through to the plan

Network Services	
Subrogation*	37.5% of savings
Contracted Services* (Coordination of Benefits, Retro Terminations, Medical Bill and Hospital Bill Audits, Workers Compensation, DRG and Implant Audits)	37.5% of savings
Claim and Code Review Program*	30.0% of savings
National Advantage™ Program (NAP)*	We will retain 50% of savings (includes FCR, IBR, DiS)
National Advantage™ Program Cap (includes Facility Charge Review, Itemized Bill Review, and Data iSight™ when applicable)	Cap of $100,000 per individual claim

City of Springfield

Programs and Services – Self-Funded	Effective Date: March 01, 2026
Program Summary	**Choice POS II**
Care Management	
Aetna One® Flex (per engaged member, per month)*	$735
MedQuery® (PEPM)	$1.80
Wellness	
Personal Health Record (PEPM)*	$0.50

Additional Available Programs & Services Billed through the Claim Wire*

Care Management	
Transform Diabetes Care® 2.0 (per diabetic, per month)*	$14.15
Transform Oncology (per engaged member, per month)*	$79
Wellness	
Aetna Back and Joint Care™ (per engaged member, per year)*	Not to exceed an average of $995

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*Additional Program Details

Claim Wire Billing, ID Cards, Subrogation, Contracted Services, Claim and Code Review
Details can be found in our UW Disclosure document located at the following URL:
https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/legal-notices/documents/large-group-and-public-labor-self-funded-medical-underwriting-disclosures-as-of-05-01-2024.pdf

Claim and Code Review Program
This financial proposal includes enhancements that have been made to our claim and code review programs. Some of these capabilities were previously a component of our base fees, but this proposal assumes they will now instead be part of our standard shared savings arrangement.

No Surprises Act - Fees
The NSA claim administration fee will increase at each annual renewal and apply to NSA eligible claims paid on or after that renewal date. Refer to the NSA Payment Practices in our Caveats for information on our payment practices for NSA eligible claims.

No Surprises Act - IDR Fees
IDR fees are required by the NSA rules and are payable to the IDR entity. There is an initial fee to begin an arbitration, which applies to each case. There is also an additional fee for the arbitration expenses; the losing party within the dispute is liable for this fee. For batch cases, the NSA permits IDR entities to charge a different arbitration fee based on a set fee range and/or percentage of the batch fee. The fees are passed through (with no mark up by Aetna) to a customer based on the number of line items for their plan that were included in the batch case. The current NSA fees are set by federal agencies. Both the initial fee and the arbitration expense fee are subject to future adjustments by the agencies (and any such adjustments shall be applied to your plan).

Aetna Back and Joint Care™
This program combines Hinge Health's MSK digital exercise therapy and prevention programs with Aetna's Care Management resources and claims predictive analytics to create a multi-faceted program to address musculoskeletal (MSK) related needs. It is available for medically covered members 18 years and older.

Prevention:
- There is no fee for members enrolled in the prevention program.

Acute and Chronic Care:
- You will be charged $250 for each engaged member's first session and $50 for each subsequent session.
- The maximum amount billed per individual engaged member will be capped at $1,750 per 365-day period, regardless of the number of programs or sessions utilized.
- The maximum average cost per member for your engaged members will be capped at $995. Calculation of this maximum average will occur after the end of the program year.
  – If your maximum average member program cost exceeds $995, a reconciliation credit will be allocated and provided by Hinge Health.

Aetna One® Flex
Engagement begins upon a two-way interaction (i.e. telephonic, email, secured messaging, etc.) with a member of the multi-disciplinary care team (i.e. nurse, registered social worker, pharmacist, health coach, or behavioral health specialist). After one month without a two-way interaction a member is no longer considered engaged.

CVS Health Virtual Care™
In addition to the administrative fees as outlined above, there is a per consultation charge which will be shared by the member and plan sponsor based on type of service provided and member's benefit plan. Specific charges are available upon request.

Full National Reciprocity
Excludes some standalone Aetna Whole Health networks. Details are available upon request.

Institutes of Excellence™ (IOE)
This program includes a steerage component by educating members on the benefits of using an IOE designated facility. However, benefit differential steerage is not supported for IOE Infertility network.

National Advantage™ Program (including the Contracted Rates, Facility Charge Review and Itemized Bill Review Components)
NAP includes a Contracted Rates component and two optional components: Facility Charge Review (FCR) and Itemized Bill Review (IBR). In addition, some plans also elect Data iSight (DiS) as their out-of-network plan rate for professional services. NAP's Contracted Rates component offers access to contracted rates for many medical claims from non-network providers (including claims for emergency services and claims by hospital-based specialists such as anesthesiologists and radiologists who do not contract with insurers) and ad hoc negotiations (when a contracted rate is not available). We retain a percentage of savings achieved through NAP, including savings achieved through FCR, IBR, and DiS, if elected. This NAP Fee is in addition to the per employee, per month administrative service fees.

Personal Health Record (PHR)
PHR requires MedQuery®.

Summary of Benefits and Coverage (SBC) Draft Documents
Our fees include the SBC draft cost for the number of plan design(s) noted above. If we help draft additional SBCs, the fee is $1,500 per SBC, with an annual maximum of $15,000.

Transform Diabetes Care® 2.0
Members are identified for the program based on diabetes diagnosis codes and at least one other identifier which corroborates diabetes. Additional identifiers may include but are not limited to pharmacy claims for antidiabetic medication, and/or laboratory test results.

Transform Oncology
Engagement begins upon the second two-way call with a Personal Navigator, regardless of timeframe. After one month without a two-way call with a Personal Navigator a member is no longer considered engaged. Reengagement occurs after the first two-way call with a Personal Navigator for a member that was previously engaged. The minimum duration for engagement-based billing is 2 months.

Allowances - Self-Funded

Effective Date: March 01, 2026

We are including allowance(s) for your Aetna plans applicable to each year of the Guarantee Period as outlined in the chart below. Allowance dollars must be used for your commercial Aetna medical plans and Aetna medical members.

Annual Allowance Type	Year 1	Year 2	Year 3	Year 4
Plan Year Effective Date	03/01/2026	03/01/2027	03/01/2028	03/01/2029
Health Plan	$60,000	$40,000	$40,000	$40,000
Total	**$60,000**	**$40,000**	**$40,000**	**$40,000**

Annual allowance amounts may be adjusted if actual enrollment changes by 15 percent or more from our enrollment assumptions.

Health Plan Allowance

- The **Health Plan allowance** can be used to offset reasonable documented expenses applicable to the Guarantee Period(s) for which it is offered. Your allowance can be used for implementation, communication, reporting, and audit associated with your Aetna Medical plan. Examples of reimbursable expenses include:
  - implementing your contract with us
  - promoting our products, programs or services, such as, educational content and materials for enrollees or prospective enrollees
  - Aetna required technology platforms or our system front-end charges to support our plans
  - communicating with our members
  - auditing our readiness
  - recurring or ad hoc reporting with us
  - reporting costs to integrate our data with third-party vendors.
- Your allowance can also be used to offset reasonable documented wellness-related programs or activities incurred during the Guarantee Period for which the allowance is offered. Wellness allowance expenses must be for wellness-related programs or activities that are reasonably designed to promote the health and well-being of Aetna members, or to educate Aetna members about healthy lifestyles and/or prevent disease. This means that there must be a connection to the health and well-being of the members, with a focus on preventative measures or healthy living (i.e., diet, exercise), not on acute care. Wellness programs and activities funded by allowance funds are not covered benefits under your Aetna plan.
- Claims audit expenses must be incurred during the Guarantee Period for which the allowance is offered.
- Should you terminate your contract with us, the allowance cannot be used to fund implementation/communication expenses related to the new carrier's contract.
- Any expenses associated with the implementation, administration or communication of another carrier's plans, programs or services are also ineligible.

The above referenced fund(s) will be available after the effective date of each plan year. Only those expenses performed and billed by a third party are payable. Reimbursement for time and materials incurred directly by the plan sponsor (e.g., hours worked by the plan sponsor's own employees) are not eligible. Your normal business operation expenses, including employee salaries and overtime, are not eligible under the allowance. Our preferred method of payment is directly to the third-party vendor. We require submission of appropriate documentation detailing charges for the services provided by the vendor. Acceptable documentation includes, but is not limited to, detailed vendor invoices itemizing services provided, specific cost-elements and associated line-item charges.

On an exception basis, we can reimburse you directly provided you submit both the detailed invoice and receipt showing payment to the third-party vendor.

You should submit documentation within 60 days of the invoice date. We must receive all documentation no later than 60 days following the close of the plan year to be considered for reimbursement.

The allowance amounts indicated above for the following Allowance Type(s) are available for the years indicated in the chart. These allowances are forfeited at the end of each plan year if not fully utilized. There is no roll over of unused funds to the next policy year. Any unredeemed wellness incentives that may be offered through a "reward program" are forfeited at the end of each plan year.

- Health Plan

Allowances - Self-Funded

Effective Date: March 01, 2026

We assume the funding of any allowance dollars is either at the request of your Plan Administrator acting in its fiduciary capacity or for the exclusive benefit of your Plan. You are responsible for determining that your use of allowance dollars is appropriate and legally compliant. With respect to allowance dollars that are used in connection with a wellness program, you are responsible for ensuring that the program and any incentives/rewards comply with applicable laws, including limitations on maximum allowable incentives/rewards. We will pay any allowances in accordance with applicable law. We suggest you seek appropriate accounting and legal counsel for all payments to ensure they comply with applicable accounting principles and laws.

If you terminate your medical plan with us in whole or in part (defined as a 50 percent or greater membership reduction from the membership we assumed in this proposal) prior to the end of the multi-year Guarantee Period, you'll be responsible for remitting payment for any allowance amounts used. Payment is due to us within 31 days of the invoice.

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Caveats - Self-Funded

Effective Date: March 01, 2026

For the purposes of this document, Aetna may be referred to using "we", "our" or "us"and City of Springfield may be referred to using "you" or "your".

If fees are adjusted, the caveats below will apply and be based on the new assumptions.

Underwriting Caveats

Your pricing considers all the products, programs and services you have with us and will be in effect for the full 12 months of the plan year. Pricing for some programs and services are amortized over a 12-month period. Therefore, fees will not be reduced if termination occurs prior to the end of the plan year. We also assume the proposal assumptions below remain consistent throughout the plan year. We require notice to properly terminate before the plan year ends in accordance with the Termination provision in your Agreement. Otherwise, you may be charged for the cost until that notice is met.

If any of the changes outlined below occur, we may adjust your Guaranteed Fees. If this happens, you'll have to pay any difference between the fees collected and the new fees calculated back to the start of the Guarantee Period. If you are not notified of the change in advance, such difference will be reconciled in the year-end accounting for the Guarantee Period. If fees are adjusted, the caveats below will be based on the new assumptions.

During the Guarantee Period we may adjust your Guaranteed Fees if:

Enrollment
There is a 15 percent change in total or by product from the assumed enrollment shown on the Fee exhibit.
Our proposal assumes coverage will not be extended to additional employee groups without review of supplemental census information and other underwriting information for appropriate financial review.

Member-to-Employee Ratio
The member-to-employee ratio changes by more than 15 percent from the 2.52 ratio assumed in this quote.

Age 65 and Over Enrollment
The number of enrolled employees age 65 and over (excluding those enrolled on Medicare Direct plans) exceeds 13.4 percent of the total enrolled group or changes by more than 15 percent from the 215 enrollees assumed in this quote. Patient Management programs are excluded for Medicare primary members.

Quoted Benefits and Administration
A material change is initiated by you or by legislative or regulatory action which materially affects the cost of the plan. This includes, but is not limited to, changes impacting standard contract provisions, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

National Advantage™ Program
You change or terminate the National Advantage™ Program (NAP), Facility Charge Review (FCR), Itemized Bill Review (IBR), or Data iSight™ (DiS) programs.

Bundle up Discount
If additional products quoted are not sold, or if additional and/or existing products terminate during the multi-year Guarantee Period, any applicable Bundle up Discounts as outlined in your fee exhibit will be removed.

Multi-Year Provision
You place the products, programs and services included in this multi-year fee guarantee out to bid with an effective date prior to February 28, 2030, then this guarantee is no longer valid.

Total Replacement
Any of the quoted lines of coverage are offered with an additional carrier.

Performance Guarantees
If any of the conditions outlined above occur, then any performance guarantees may be changed or terminated based on the caveats outlined in those guarantee documents.

We're relying on information from you and your representatives in establishing the fees and terms of this proposal. If any of this information is inaccurate and has an impact on the cost of the programs, we reserve the right to adjust our fees and terms upon the receipt of corrected information.

Assumptions

Underwriting

Agreement Provisions

Our quotation assumes our standard Agreement provisions and claim settlement practices apply unless otherwise stated.

Participation

A minimum of 150 enrolled employees is required to administer the proposed products on a self-funded basis.

Plan Design

This proposal is based on the current benefit plan designs, plus any noted deviations, subject to the terms of our Benefit Review document.

Claim Fiduciary - Option 1

Our proposal assumes we've been delegated claim fiduciary responsibilities. As claim fiduciary, we'll be responsible for final claim determination and the legal defense of disputed benefit payments. Our appeal administrative services are automatically included when we've been delegated claim fiduciary responsibilities.

External Review

We've included external review in our proposal. External review uses outside vendors who coordinate medical review through their network of outside physician reviewers.

Non-ERISA

For non-ERISA plan, the risk and responsibilities are different from those under ERISA plans, since the ERISA preemption and ERISA standard of performance do not apply. Our charge for non-ERISA plans must account for the additional liability risk as compared to known risks under an ERISA plan.

Member Communications

Pricing assumptions include direct communications access to Aetna membership through both ongoing Aetna Health communications and relevant ongoing included product/program specific communications. These communications can reduce member and plan costs by guiding in care navigation, managing chronic conditions, promoting preventive services, and more.

Wellness Incentives and Rewards

We offer several different wellness incentives and rewards programs that you may choose from to offer to your members. We, or our third-party vendors, will administer and distribute to your members any wellness incentives or rewards earned based on the programs selected under the direction and control of your plan. The wellness incentives and rewards earned through these programs may be taxable for your members. We will provide you with reporting which will identify members who have earned such wellness incentives or rewards. These reports will provide the data needed for any tax information reporting requirements that you determine are necessary.

With regard to these wellness incentives and rewards, you, as the Plan Sponsor have the following responsibilities:

- Ensure any incentives or rewards offered to your members comply with applicable law and any limitations imposed thereunder. This includes but is not limited to, the Health Insurance Portability Act (HIPAA), the Americans With Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA).
- Distribute notices and/or obtain any authorizations required by law.
- Comply with all tax information reporting requirements regarding any wellness incentives or rewards earned through these programs (cash, cash equivalent, or other tangible property) and provided by us or our third-party vendor to your members.
- Assume any and all liability for your noncompliance with any tax withholding or information reporting requirements.

You may wish to consult with your legal counsel or other advisors as to the proper tax treatment of such wellness incentives or rewards and to ensure that the incentives or rewards offered under your program comply with applicable law.

Third-Party Audits

We don't typically charge to recoup internal costs associated with a third-party audit. We reserve the right to recover these expenses if significant time and materials are required.

Mental Health/Substance Abuse Benefits

Our quotation assumes that mental health/substance abuse benefits are included.

Caveats - Self-Funded

Effective Date: March 01, 2026

Prescription Drug Benefits

Our quotation assumes that prescription drug benefits are included and will be provided by Aetna.
Additional pharmacy administrative fees may apply. Refer to our Pharmacy Service and Fee Schedule for additional information.
If you terminate your prescription drug benefits with us, we will increase your ASC medical fees and the medical trend assumption used for any applicable claim projections or guarantees. You may also be subject to additional charges to integrate data with external Pharmacy vendors. Refer to the reporting charges outlined in the Programs and Services exhibit for more information. In addition to an increase to your ASC medical fees, the Fee Credit will not apply.

Stop Loss Reporting

Our quotation assumes stop loss coverage is not provided by Aetna and reporting to an external vendor is excluded.

- The cost for 12 monthly reports is not included in your PEPM fees and is displayed on the Programs & Services exhibit.

Medical Pharmacy Rebates

Rebates for pharmacy products administered and paid through the medical benefit rather than the pharmacy benefit will be retained by Aetna as compensation for our efforts in administering this program.

Additional Products, Programs and Services

Costs for special services rendered that are not included or assumed in the pricing guarantee will be billed through the claim wire, on a single claim account, when applicable, to separately identify charges. Additional charges that are not collected through the claim wire during the year will either be direct-billed or reconciled in conjunction with the year-end accounting and may result in an adjustment to the final administration charge. For example, you will be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, booklet and SPD printing, etc. The costs for these types of services will depend upon the actual services performed and will be determined at the time the service is requested.

Billing Information

Advanced Notification of Fee Change

We'll notify you of any off-anniversary fee change within 31 days of the fee change.

Late Payment

We reserve the right to assess a late payment charge at a 12 percent annual interest rate as follows:

- if you fail to pay plan benefit payments the same day of the request.
- if you fail to pay administrative service fees within 31 days of the due date.

We'll notify you of any changes in late payment interest rates. The late payment charges described in this section are without limitation to any other rights or remedies available to us under the Agreement or at law or in equity for failure to pay.

Incurred late wire interest charges will be added to a future wire request and collected through your claim wire billing account.
Incurred late fee payment interest charges will be collected through the year-end accounting process.

Producer Compensation

The quoted fees don't include producer compensation.

Claim and Member Services

Run-In Claim Processing

Our proposal excludes run-in claim processing from the prior carrier (claims incurred before the effective date of the plan).

Runoff Claims Processing

Your administrative service fees are mature. The expenses associated with processing runoff claims following termination are covered for one year.

Medical Service Center

We've assumed that claim administration and member services for the quoted plans will be managed centrally by the New Albany, OH Service Center. Members will be able to reach the Member Service representatives Monday through Friday, from 8 a.m. to 6 p.m., local time (based on where the member resides).

Summary Plan Description (SPD) Modification

We've assumed that the standard SPD language will be used and any customization may require an additional cost.

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Reporting and Data Transfer

Aetna Intellectual Property

Under the Agreement, you may have access to certain of Aetna's Plan Sponsor reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Agreement ("Aetna IP"). Aetna will grant you, as the Plan Sponsor, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Agreement. You agree not to modify, create derivative product from, copy, duplicate, decompile, dissemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Agreement shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent, or otherwise transfer or convey, the Aetna IP to you.

Claims History Transfer

These files are used to administer deductible and internal maximums. There is no cost associated with receiving claim history files electronically from the prior carrier for initial implementation. There is a charge for files received in a format other than electronically; costs are based on the complexity and format of the data.

Data Integration (Historical)

Our proposal assumes one historical medical and one historical pharmacy data integration feed. Additional fees will apply if feeds from more than one historical vendor are required.

Data Integration (Ongoing)

Options and pricing for integrating claims data from an external vendor into one or more of our systems will vary depending on the scale of your integration needs.

Data Transfer at Termination

Upon Agreement termination, we agree to cooperate with succeeding administrators in producing and transferring required claim and enrollment data. Data will be transferred within 30 days after determination of specific format and content requirements, subject to a charge that is based on direct labor cost and data processing time.

Banking

We've assumed that you provide funds through a bank initiated Fedwire wire transfer for drafts issued under the self-funded arrangement assumed in this proposal.

When claims have accumulated to more than $20,000, a request will be sent to you and/or your bank requesting funds for the total claims from the previous day(s). For most customers, this will mean daily claim wire transfers. In addition, there will be a month end close out request on the first banking day of each subsequent month.

The proposed banking arrangement is subject to change based on results of a credit risk evaluation. We will complete an evaluation upon notification of sale.

We've assumed you'll use no more than three primary banking lines which are shared across all self-funded products, excluding Flexible Spending Account (FSAs). Additional wire lines and customized banking arrangements will result in an adjustment to the proposed pricing.

Additional

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your Agreement. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure Document, the information in your package prevails.
https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/legal-notices/documents/large-group-and-public-labor-self-funded-medical-underwriting-disclosures-as-of-05-01-2024.pdf

Legislative and Regulatory Requirements

Affordable Care Act (ACA) Taxes and Fees - Notice to Self-Funded Group Health Plan's Financial Liability

The Affordable Care Act (ACA) imposed Patient-Centered Outcome Research Trust Fund fee (PCORI) on the issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans. The fee was set to end in 2019, but it was extended for 10 years through 2029. The fee applies to policy or plan years ending on or after October 1, 2012, and before October 1, 2029.

Any taxes or fees (assessments) related to the Affordable Care Act that apply to the self-insured health plans are your obligation. The Administrative Service Fee does not include any such liability or the remittance of the fees on your behalf.

NSA Payment Practices

The No Surprises Act (NSA) applies to certain out of network claims at participating facilities when the member doesn't have a choice or is unaware the provider is out of network. The law protects plan participants by limiting cost sharing to the preferred benefit level and prohibits balance billing by out of network providers. For NSA eligible claims, we will pay the out of network provider an initial payment amount. In most cases, the initial payment will be an amount equal to the qualifying payment amount as defined in NSA regulations (generally, the median contracted rate for a specific service in a geographic area). A provider may choose to go to independent dispute resolution (IDR) if the provider does not accept our payment as payment in full. During the IDR process, you authorize us to pay more than the qualified payment amount in order to reasonably settle the matter when it appears expedient to do so.

Recovery of Overpayments

Our process of recovering overpayments attempts to recoup money in the most accurate, effective, and cost-efficient manner.

When seeking recovery of overpayments from a provider, we have established the following process: If unable to recover the overpayment through other means, we may offset one or more future payments to that provider for services rendered to Plan Participants by an amount equal to the prior overpayment. We may reduce future payments to the provider (including payments made to that provider involving your or other health and welfare plans that are administered by us) by the amount of the overpayment, and we will credit the recovered amount to the plan that overpaid the provider. By entering into an agreement with us, you are agreeing that its right to recover overpayments shall be governed by this process and that it has no right to recover any specific overpayment unless otherwise provided for in the Agreement.

Guarantee Summary

Effective Date: March 01, 2026

We believe that measuring the activities described below is an important indicator of how well we service your account, as such, we have included the following performance guarantee(s) as part of our proposed offering.

This information pertains to any performance guarantee(s) shown below, or for any additional guarantees which may be offered for the same Guarantee Period. Refer to the guarantee documents for additional conditions and details.

The performance guarantee(s) described herein will not apply if the Agreement is terminated prior to the end of the Guarantee Period. In addition, all included performance guarantee(s) are subject to enrollment requirements as outlined in the financial conditions of each included guarantee.

Aggregate Maximum

The maximum payout for all guarantees combined is 30 percent of the fees at risk based on the calculation as noted in the provisions below.

General Guarantee Provisions

1. Fees at risk are calculated at the year-end reconciliation, using the paid medical administrative service fees for employees covered under each guarantee for the Guarantee Period and excludes:
   - Allowance(s)
   - Any charges for services performed which are not included on the monthly administrative service fee bill
2. Results are estimated to be available at the end of the quarter noted below, following the close of the Guarantee Period:

   Second Quarter
   - Service Performance Guarantee
   - Aetna Back and Joint Care ROI

   Third Quarter
   - Discount Guarantee
3. If the guarantee(s) have not been met, we will either:
   - Provide reimbursement to you for the amount due, or
   - Reduce future administrative fee payment(s) by the amount due to you.
4. We reserve the right to revise or remove these guarantee(s) if a material change to the plan is initiated by you or legislative or regulatory action which:
   - Impacts our standard claim adjudication process, member services functions, medical management or network management
   - Changes the products, programs and services we offer you
5. The guarantee(s) are considered met if:
   - You terminate participation in products, programs and services tied directly to guarantee(s), prior to the end of the Guarantee Period.
   - You terminate your Aetna medical plan in whole or in part (defined as 50 percent or greater membership reduction from the membership we assumed in this proposal) prior to the end of the multi-year Guarantee Period, February 28, 2030.
   - You fail to meet your obligations under the Agreement (for example, a submission of incomplete eligibility or failure to fund claim payments)
   - We do not receive all of the necessary information in the allotted timeframe, as outlined in the guarantee document(s).
6. If you do not purchase a product, program or service tied directly to a guarantee, the guarantee will be removed.

City of Springfield

Guarantee Summary **Effective Date: March 01, 2026**

Medical Service Performance Guarantee

We guarantee the administration of your medical and behavioral health product(s) in the following areas:

Performance Category	Minimum Standard	Maximum Fees at Risk
Implementation		
Implementation	Average score of 3.0	3.00%
Account Management		
Overall Account Management	Average score of 3.0	3.00%
Claim Administration		
Turnaround Time (TAT)	14 days for 90.0%	2.00%
Turnaround Time (TAT Tier-2)	30 days for 95.0%	1.00%
Financial Accuracy	99.0%	2.00%
Payment Incidence Accuracy	96.0%	1.00%
Total Claim Accuracy	95.0%	2.00%
Member Services		
Customer Effort Score (CES)	95.0%	1.50%
Customer Satisfaction Score (CSAT)	95.0%	1.50%
Average Speed of Answer (ASA)	30 seconds	1.00%
Abandonment Rate	2.5%	1.00%
First Call Resolution (FCR)	90.0%	1.00%
Total		**20.0%**

Discount Guarantee

We guarantee that your in-network discount for the Guarantee Period will be 54.9 percent or better, assuming current enrollment and book-of-business service mix. The illustrative composite discounts are below.

Illustrative Inpatient Hospital Discount	Illustrative Outpatient Hospital Discount	Illustrative Physician/Other Discount	Illustrative Composite Target Discount	% of Fees at Risk
57.2%	59.3%	46.0%	54.9%	**25.0%**

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Medical Service Guarantees — Effective Date: March 01, 2026

Guarantee Period: March 1, 2026 through February 28, 2027
Medical Fees at Risk: 20.0%

We guarantee the administration of your medical and behavioral health product(s) in the following areas:

Category	Guarantee	Fees at Risk	Criteria
Implementation			
Implementation	An average score of 3.0 on the Implementation Evaluation Tool survey(s). Each question has a rating scale of 1 to 5 (1 = lowest, 5 = highest). The results of the surveys are used to facilitate a discussion between you, your Implementation Manager and your Account Team regarding the results achieved and opportunities for improvement. The implementation period begins at the initial implementation meeting and runs through the implementation sign-off. If the Implementation Evaluation Tool is not completed and returned within 30 business days of receipt, it is assumed that the service provided to you is satisfactory and the guarantee is deemed met.	Mutually agreed upon adjustment if the final evaluation score falls below a 3.0, (meaning that service levels have not improved), up to a maximum of 3.0% of medical fees.	Measurement basis Customer specific Measurement period Annually Reporting period Annually
Account Management			
Overall Account Management	An average score of 3.0 on the semi-annual surveys for on-going account management, financial, eligibility, drafting and benefit administration. The average is based on 24 questions with a rating scale of 1 to 5 (1 = lowest, 5 = highest). The results of the surveys are used to facilitate a discussion between you and your Account Team regarding the results achieved and opportunities for improvement. If the online surveys are not completed within 15 business days of receipt, it is assumed that the service provided to you is satisfactory and the guarantee is deemed met.	Mutually agreed upon adjustment if the final evaluation score falls below a 3.0, (meaning that service levels have not improved), up to a maximum of 3.0% of medical fees.	Measurement basis Customer specific Measurement period Annually Reporting period Annually

Medical Service Guarantees			Effective Date: March 01, 2026
Claim Administration			
Turnaround Time (TAT)	14 calendar days for 90.0% of the processed claims on a cumulative basis. We measure TAT from the claimant's viewpoint; that is, from the date the claim is received in the service center to the date that it is processed (paid, denied or pended). TAT excludes those claims identified as rework. **Weekends and holidays are included in turnaround time.**	0.40% for each full day that the TAT exceeds 14 calendar days for 90.0% of the processed claims, up to a maximum of 2.0% of medical fees.	Measurement basis Customer specific: *≥ 3,000 enrolled members* Site Level: *< 3,000 enrolled members* Measurement period Annually Reporting period Quarterly
Turnaround Time (TAT Tier-2)	30 calendar days for 95.0% of the processed claims on a cumulative basis. We measure TAT from the claimant's viewpoint; that is, from the date the claim is received in the service center to the date that it is processed (paid, denied or pended). TAT excludes those claims identified as rework. **Weekends and holidays are included in turnaround time.**	0.20% for each full day that the TAT exceeds 30 calendar days for 95.0% of the processed claims, up to a maximum of 1.0% of medical fees.	Measurement basis Customer specific: *≥ 3,000 enrolled members* Site Level: *< 3,000 enrolled members* Measurement period Annually Reporting period Quarterly
Financial Accuracy	99.0% Financial accuracy is measured using industry accepted stratified audit methodology. The results are determined by calculating the financial accuracy for a subset of claims (a stratum). We extrapolate the results based on the size of the population and combine them with the extrapolated results of the other strata. Each overpayment and underpayment is considered an error; they do not offset each other. Financial accuracy includes both manual and auto adjudicated claims. Dollars Paid Correctly Total Dollars Paid	0.40% for each full 1.0% that financial accuracy drops below 99.0%, up to a maximum of 2.0% of medical fees.	Measurement basis Unit(s) processing your claims (all customers' claims handled in that unit, not just your plan's claims) Measurement period Annually Reporting period Quarterly

Medical Service Guarantees			Effective Date: March 01, 2026
Payment Incidence Accuracy	96.0% Payment incidence accuracy is measured by industry accepted stratified audit methodology. We extrapolate the results based on the size of the population and combine them with the extrapolated results of the other strata. Accuracy in each stratum (a subset of the claim population) is calculated by: Number of claims paid correctly Total number of claims audited	0.20% for each full 1.0% that payment incidence drops below 96.0%, up to a maximum of 1.0% of medical fees.	Measurement basis Unit(s) processing your claims (all customers' claims handled in that unit, not just your plan's claims) Measurement period Annually Reporting period Quarterly
Total Claim Accuracy	95.0% Total claim accuracy is measured using industry accepted stratified audit methodology. We extrapolate the results based on the size of the population and combine them with the extrapolated results of the other strata. Accuracy in each stratum (a subset of the claim population) is calculated by: Number of claims processed correctly Total number of claims audited	0.40% for each full 1.0% that total claim accuracy drops below 95.0%, up to a maximum of 2.0% of medical fees.	Measurement basis Unit(s) processing your claims (all customers' claims handled in that unit, not just your plan's claims) Measurement period Annually Reporting period Quarterly
Member Services			
Customer Effort Score (CES)	Positive response rate of 95.0% or better on the following statement "On a scale of 1 to 5, with 1 being the least likely and 5 being the most likely, please indicate if you agree with the following: "The representative was easy to work with". The survey assumes a 5-point scale with the top 2 responses viewed as positive. The result is based on a member completing an interactive survey that is offered at the end of the call.	0.30% for each full 1.0% that our positive response rate falls below 95.0%, up to a maximum of 1.5% of medical fees.	Measurement basis Accountable unit or the business segment level that services your plan in effect at the time of the member's call Measurement period Annually Reporting period Annually

Customer Satisfaction (CSAT)	Positive response rate of 95.0% or better on the following statement "On a scale of 1 to 5, with 1 being the least likely and 5 being the most likely, please indicate if the following is true: "I was satisfied with the service I received today". The survey assumes a 5-point scale with the top 2 responses viewed as positive. The result is based on a member completing an interactive survey that is offered at the end of the call.	0.30% for each full 1.0% that our positive response rate falls below 95.0%, up to a maximum of 1.5% of medical fees.	Measurement basis Accountable unit or the business segment level that services your plan in effect at the time of the member's call Measurement period Annually Reporting period Annually
Average Speed of Answer (ASA)	30 seconds ASA is the amount of time that elapses between the time a call is received into the telephone system and the time a Customer Service Professional (CSP) responds to the call. The result is calculated as follows: Sum of all waiting times (in seconds) for all calls answered by the queue Number of incoming calls answered ASA measures the average speed of answer for all call answered. Interactive Voice Response (IVR) system calls are not included in the measurement of ASA.	0.20% for each full second that the ASA exceeds 30 seconds, up to a maximum of 1.00% of medical fees.	Measurement basis Phone skill(s) providing your customer service Measurement period Annually Reporting period Quarterly
Abandonment Rate	2.5% The result is calculated as follows: Total number of calls abandoned Number of calls accepted into the skill(s)	0.20% for each full 1.0% that the average abandonment rate exceeds 2.5%, up to a maximum of 1.00% of medical fees.	Measurement basis Phone skill(s) providing your customer service Measurement period Annually Reporting period Quarterly

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	90.0%		
First Call Resolution (FCR)	We define the first call resolution rate as percentage of member calls resolved on the first call.	0.20% for each full 1.0% that the first call resolution rate falls below 90.0%, up to a maximum of 1.00% of medical fees.	Measurement basis Accountable unit or the business segment level that services your plan in effect at the time of the member's call Measurement period Annually Reporting period Quarterly

General Guarantee Provisions

- For purposes of the performance guarantees, the term "Business Day" is defined as Aetna's normal business hours on any day other than a Saturday or Sunday or a day on which Aetna is closed for general business purposes.
- These guarantees do not apply to third party benefit administrators contracted by Aetna.
- This offer does not contemplate significant changes in volume of claims and calls that may occur with novel conditions or circumstances affecting broad populations that place a significant strain on the health care system and/or your plan(s). These conditions include but are not limited to COVID-19. We reserve the right to adjust the terms and factors of this guarantee in response to these conditions and/or circumstances if necessary.
- In the event there is an outage or when experiencing peak volumes, calls may be transferred to other Aetna call centers. This guarantee may not apply, and a payment may not be made if results are not achieved due to severe weather events which directly or indirectly impact performance during the Guarantee Period.
- If we process runoff claims upon termination of the Agreement, the Turnaround Time, Financial Accuracy, Payment Incidence Accuracy, and/or Total Claim Accuracy performance guarantee(s) will not apply to runoff claims.

Guarantee Period: March 01, 2026 through February 28, 2027

Your in-network discount will be 54.9 percent or better*

**Assuming current enrollment and book-of-business service mix.*

Products: Aetna Choice® Point of Service II (CPII)

What we guarantee

Attachment A of the Discount Guarantee Attachment shows:

- Our guaranteed network contracted discounts by market, for each of the following three service types:
  - Inpatient hospital
  - Outpatient hospital
  - Physician/other
- Illustrative aggregate guaranteed network contracted discount based on a weighting of:
  - Projected, customer-specific employees by market
  - Book-of-business weighting by service type

We finalize the discount target during the reconciliation process. The final aggregate guaranteed discount will be determined by weighting the discounts by the actual aggregate billed eligible charges by product and service type. The reconciliation will be completed once the actual enrolled employees by market and product, and the actual billed eligible charges are known.

How discounts are calculated

The achieved discount percentage is calculated using the following calculation:

$$\frac{\text{In-network provider discounts in dollars}}{\text{Total in-network billed eligible charges*}}$$

We calculate the discount using data from our Aetna Informatics® data warehouse. Three months of runout data will be included in the calculation. The guarantee reconciliation excludes each medical case where the claims in that medical case exceed $100,000.

A medical case summarizes clinical events by linking or associating all of the claims submitted for a member during the same treatment For example, all claims associated with an Inpatient Acute hospital stay or an Outpatient Facility based procedure.

The guarantee results combine the CPII product(s) and we report in aggregate for purposes of this guarantee reconciliation.

*Billed eligible charges are charges prior to application of plan design, discounts and member cost sharing (copays and deductibles). Billed eligible charges exclude the following:

- Duplicate or other ineligible/not covered/denied claims
- Claims paid by coordination of benefits where we are not primary (e.g. Medicare)
- Claims on members age 65 and over
- Claims incurred in passive or custom networks
- Behavioral health claims
- Non-medical claims (e.g. dental and vision hardware claims, pharmacy and specialty pharmacy claims, including some of those specialty pharmacy claims paid under the medical plan)
- Charges where the provider billed at or below the allowed amount
- All pay for performance payments, including but not limited to, accountable care payments (ACP) and coordination of care (COC) payments.

Guarantee reconciliation

We compare the guaranteed discount against the total achieved discount. The guaranteed discount is based on the actual enrollment by product and market, and billed eligible charges by product and service type. Based on the outcome of the comparison, we will make any applicable fee adjustments as shown in the table below.

Fee Adjustment	Max Guarantee Period Adjustment
3.0% fee reduction for each full 1.0% the achieved discount falls below the risk-free corridor	25.0%

There is a risk-free corridor of 1.0 percentage points.
Any fee adjustment is calculated as follows:

- A fee reduction occurs when the achieved discount falls below the difference of the guaranteed discount minus the risk-free corridor by a full percentage point or greater.

Conditions for the guarantee

We rely on information from you and your representatives in creating and reconciling the terms of this guarantee. If any of this information is inaccurate, it may have an impact on the guaranteed network discounts. We reserve the right to revise the guarantee if any of the following conditions are not met.

- **Group Composition**
  You do not close any acquisitions or divestitures during the Guarantee Period.
- **Minimum Enrollment**
  You must enroll a minimum of 300 subscribers in the quoted Aetna self-funded medical products.
- **Pharmacy claims**
  Pharmacy and specialty pharmacy claims, including those paid under the medical plan, are excluded.
- **In-Network Claim Utilization**
  Our discount guarantee requires at least 80 percent of claims paid are in-network.
- **Provider Practice**
  Guarantee Year provider billing and reimbursement practices remain consistent with current practices.

City of Springfield

Medical Discount Savings Illustration **Effective Date: March 01, 2026**

Attachment A

Illustrative Inpatient Hospital Discount [1]	Illustrative Outpatient Hospital Discount [1][3]	Illustrative Physician/Other Discount [1][3]	Illustrative Composite Target Discount [2]
57.3%	59.3%	46.0%	54.9%

(1) These discounts are illustrative only as they have been weighted by the distribution of employees by network from the current census file.

(2) This composite target is illustrative only. The final guaranteed target will depend on the actual enrolled members by network and claim service mix known at the end of the Guarantee Period. For purposes of this illustration, the service mix of network billed eligible charges prior to discount is based on network level assumed utilization of hospital inpatient, hospital outpatient, and physician/other.

(3) Charges where the provider billed at or below the allowed amount.

Discounts by Location

We consider information concerning fees negotiated with providers to be proprietary, commercially valuable information, which is not in public domain. Consequently, the information contained herein is to be maintained in a confidential manner, and used solely for the purposes of reviewing this proposal.

Product	Market Name	Rating Area	Employees Within	Hospital Inpatient	Hospital Outpatient	Physician/ Other
CPII	Northeast Ohio (MC)	OH - Youngstown	1	56.75%	64.95%	62.75%
CPII	Chicago (MC)	IL - Chicago	2	70.75%	67.25%	61.70%
CPII	Chicago (MC)	IN - Northwest	1	76.45%	69.75%	64.55%
CPII	Houston (MC)	TX - Houston	1	70.05%	71.65%	61.55%
CPII	Dallas/Ft. Worth (MC)	TX - Dallas	1	62.25%	62.05%	59.95%
CPII	Arizona (multi site) MC	AZ - Northern	1	52.85%	52.65%	62.95%
CPII	Arizona (multi site) MC	AZ - Phoenix	1	66.45%	74.45%	62.75%
CPII	Arizona (multi site) MC	AZ - Tucson	1	73.95%	77.95%	64.25%
CPII	St. Louis (MC)	IL - East St. Louis	6	60.98%	65.85%	55.02%
CPII	St. Louis (MC)	IL - Southern	16	60.25%	52.85%	48.15%
CPII	St. Louis (MC)	MO - St. Louis	1	59.75%	66.05%	53.65%
CPII	Atlanta (MC)	GA - Atlanta	1	63.05%	69.25%	51.05%
CPII	Ft. Myers (MC)	FL - Fort Myers	1	65.35%	70.95%	65.25%
CPII	Nashville (MC)	TN - Nashville	1	61.85%	72.95%	58.35%
CPII	TampaBay/St.Petersburg MC	FL - Tampa	3	74.78%	76.68%	62.95%
CPII	Orlando, FL (MC)	FL - Orlando	1	71.75%	70.95%	62.85%
CPII	Up State New York (MC)	NY - Western	1	51.75%	61.55%	57.25%
CPII	Brevard County, FL (MC)	FL - Brevard County	1	61.05%	66.35%	57.85%
CPII	Columbia, SC (MC)	SC - Columbia	1	54.25%	58.95%	53.95%
CPII	Birmingham/Central AL (MC	AL - Birmingham	1	78.65%	82.65%	55.45%
CPII	Columbia, MO (MC)	MO - S. Rural	1	55.95%	46.85%	55.75%
CPII	Arkansas (MC)	AR - Little Rock	1	59.95%	61.05%	52.55%
CPII	Indianapolis, IN (MC)	IN - Southern	1	43.95%	46.45%	60.55%
CPII	Mobile, AL	AL - Mobile/Dothan	1	62.15%	54.25%	62.05%
CPII	Daytona Beach MC	FL - Volusia County	2	60.45%	62.35%	60.15%
CPII	Chattanooga, TN	GA - Atlanta	1	57.75%	58.75%	55.35%
CPII	Chattanooga, TN	TN - Chattanooga	1	66.05%	57.45%	57.75%
CPII	Macon, GA	GA - Macon	1	67.85%	68.15%	59.15%
CPII	KC Region MC	MO - Kansas City	1	66.95%	73.15%	59.65%
CPII	Corpus Christi (MC)	TX - Corpus Christi	1	80.45%	76.75%	67.15%
CPII	Florida Panhandle MC	FL - Panhandle	3	73.25%	73.25%	60.05%
CPII	WKY Centercare	KY - Southwest	1	64.45%	59.95%	56.25%
CPII	Panama City OAMC/POSII	FL - Panhandle	1	73.55%	72.75%	60.65%

City of Springfield

Medical Discount Savings Illustration — **Effective Date: March 01, 2026**

Attachment A

Illustrative Inpatient Hospital Discount [1]	Illustrative Outpatient Hospital Discount [1][3]	Illustrative Physician/Other Discount [1][3]	Illustrative Composite Target Discount [2]
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(1) These discounts are illustrative only as they have been weighted by the distribution of employees by network from the current census file.

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(3) Charges where the provider billed at or below the allowed amount.

Discounts by Location

We consider information concerning fees negotiated with providers to be proprietary, commercially valuable information, which is not in public domain. Consequently, the information contained herein is to be maintained in a confidential manner, and used solely for the purposes of reviewing this proposal.

Product	Market Name	Rating Area	Employees Within	Hospital Inpatient	Hospital Outpatient	Physician/ Other
CPII	SW MO Region MC	MO - SW Missouri	1	58.45%	55.65%	48.45%
CPII	FCHN MT/SD/WY - CPOS II	MT - Montana	1	31.15%	32.45%	37.85%
CPII	Southern IL	IL - East St. Louis	8	62.75%	66.35%	55.25%
CPII	Southern IL	IL - Southern	1,522	56.99%	59.20%	45.57%
CPII	Northern IL	IL - Northern	1	69.55%	54.95%	59.95%
CPII	Northern IL	IL - Southern	2	56.65%	51.30%	56.25%
CPII	Charleston, SC MC	SC - Charleston	1	50.25%	50.45%	50.35%
CPII	North Mississippi MC	MS - North Miss/Greenville	2	59.35%	45.75%	55.55%
CPII	Minnesota First Health MC	MN - Minneapolis	1	42.25%	42.55%	33.25%
		Total Subscribers	**1,598**			

2025-447

City of Springfield

Account Management Evaluation Survey Tool — **Effective Date: March 01, 2026**

Evaluation Period:

We would like to better understand how you view your relationship with us. In responding to this survey, we ask you to look at the services received from your Account Management Team for the time period listed above. Your feedback will enable us to better meet your needs. Thank you for your participation.

Knowledge: Indicate the extent to which you agree that your Account Management Team:

	Rating	For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below
· understands your plan of benefits	Please Select	
· understands the business needs of your company	Please Select	
· understands the service expectations of your company	Please Select	
· displays knowledge regarding our products and services	Please Select	
· clearly explains report results	Please Select	
Total Rating	**0.0**	

Professionalism: Indicate the extent to which you agree that your Account Management Team:

	Rating	For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below
· actively listens to and acknowledges your issues and concerns	Please Select	
· provides appropriate verbal communication	Please Select	
· provides appropriate written communication	Please Select	
· works with you to develop a positive working relationship	Please Select	
Total Rating	**0.0**	

Proactive Management: Indicate the extent to which you agree that your Account Management Team:

	Rating	For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below
· monitors your account on an on-going basis	Please Select	
· communicates potential problematic issues	Please Select	
· provides viable alternatives to meet your business needs	Please Select	
· manages system conversions and changes in plan design in an organized	Please Select	
· sets realistic expectations regarding turn-around time	Please Select	
· sets realistic expectations regarding cost	Please Select	
Total Rating	**0.0**	

Accessibility: Indicate the extent to which you agree that your Account Management Team:

	Rating	For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below
· is available to you	Please Select	
· allocates appropriate time when meeting with you	Please Select	
· demonstrates flexibility with regard to schedule changes	Please Select	
· provides/communicates alternate contacts in the event of their absence	Please Select	
· advises you of schedule limitations	Please Select	
Total Rating	**0.0**	

Responsiveness: Indicate the extent to which you agree that your Account Management Team:

	Rating	For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below
· responds to your inquiries in a timely manner	Please Select	
· provides thorough responses to your inquiries	Please Select	
· follows-through regarding outstanding issues/items	Please Select	
· solicits the assistance of our product experts when needed	Please Select	
Total Rating	**0.0**	

Overall Account Management Team Evaluation:

Total Overall Rating	**0.0**
Average Overall Rating	**0.00**

Any other comments or suggested action steps:

Sample

Implementation Telephonic Implementation Survey — **Effective Date: March 01, 2026**

PLAN SPONSOR

	Script: Please rate your satisfaction that the Implementation Manager :	Completely Satisfied	Very Satisfied	Satisfied	Not Too Satisfied	Not At All Satisfied
1	Understood your overall implementation objective.	5	4	3	2	1
2	Explained the implementation process.	5	4	3	2	1
3	Provided appropriate and timely verbal and/or written communication.	5	4	3	2	1
4	Provided viable alternatives and suggestions to meet your business needs.	5	4	3	2	1
5	Effectively directed meetings/conference calls maintaining focus on critical issues and	5	4	3	2	1
6	Demonstrated effective follow through and responsiveness to outstanding	5	4	3	2	1
	Script: Please rate your satisfaction with the following attributes of the Installation	**Completely Satisfied**	**Very Satisfied**	**Satisfied**	**Not Too Satisfied**	**Not At All Satisfied**
7	Our ability to set clear expectations about the production and delivery of your employee ID Cards.	5	4	3	2	1
	(For example: Were you provided an approximate date of when the ID cards would be mailed? **Applicable for Key Accounts Only**: Did we show you a sample of the card for your review?)					
8	Accuracy of the ID cards.	5	4	3	2	1
	If 3 or below: What type of errors or issues were there with your ID cards?					
9	Have you received your first bill?	Yes	No	N/A		
9A	Our ability to set clear expectations regarding the appearance and content of your First	5	4	3	2	1
	(For example, Did we explain what it will look like? How and when it will be					
10	Accuracy of your First Bill.	5	4	3	2	1
	If 3 or below: Can you expand on that so I can capture what the issues were with your First Bill? (Did it reflect the correct rates and correct eligibility?)					
11	The manner in which your concerns or issues were addressed by the implementation	5	4	3	2	1
12	Overall, how would you rate your experience with the Implementation Process?	5	4	3	2	1
13	On the same rating scale (5-1), How would you rate this installation with similar services you may have received from other Health benefit companies?	5	4	3	2	1

BROKER

	Script: Please rate your satisfaction that the Implementation Manager :	Completely Satisfied	Very Satisfied	Satisfied	Not Too Satisfied	Not At All Satisfied
1	Understood your overall implementation objective.	5	4	3	2	1
2	Explained the implementation process.	5	4	3	2	1
3	Provided appropriate and timely verbal and/or written communication.	5	4	3	2	1
4	Provided viable alternatives and suggestions to meet your business needs.	5	4	3	2	1
5	Effectively directed meetings/conference calls maintaining focus on critical issues and	5	4	3	2	1
6	Demonstrated effective follow through and responsiveness to outstanding inquiries/items.	5	4	3	2	1
	Script: Please rate your satisfaction with the following attributes of the Installation	**Completely Satisfied**	**Very Satisfied**	**Satisfied**	**Not Too Satisfied**	**Not At All Satisfied**
11	The manner in which your concerns or issues were addressed by the implementation team.	5	4	3	2	1
12	Overall, how would you rate your experience with the Implementation Process?	5	4	3	2	1
13	On the same rating scale (5-1), How would you rate this installation with similar services you may have received from other Health benefit companies?	5	4	3	2	1

Dental RFP – Vendor Comparison

Vendor Name	MetLife (Incumbent)	Aetna	Blue Cross Blue Shield
Plan Design	Matched Current Plan (High Plan / Low Plan) Preventive Services: 100% / 100% Basic Services: 90% / 80% Major Services: 60% / 50% Annual Max. Benefit: $2,000/ $1,000 Adult/Child Ortho	Matched Current Plan (High Plan / Low Plan) Preventive Services: 100% / 100% Basic Services: 90% / 80% Major Services: 60% / 50% Annual Max. Benefit: $2,000/ $1,000 Adult/Child Ortho	Matched Current Plan (High Plan / Low Plan) Preventive Services: 100% / 100% Basic Services: 90% / 80% Major Services: 60% / 50% Annual Max. Benefit: $2,000/ $1,000 Adult/Child Ortho
Oral Surgeons	Philco Dental Group (within 100 miles)	Provided full list of dentists – 3 surgeons (within 100 miles)	Aspen Dental – 3 surgeons (within 25 miles)
Bundling Discount	None	$1 off medical admin fee 1% off stop loss	1% off medical
Participation Requirements	86% of eligible, minimum 10 lives	30 % of total eligible lives.	30% of total eligible lives
Monthly Rates	Basic: $30.00 / $60.03 / $91.47 Enhanced: $57.65 / $115.47 / $175.82	Low Plan: $32.41 / $64.82 / $126.37 High Plan: $38.99 / $77.98 / $152.02	Low Plan: $34.47 / $68.99 / $105.10 High Plan: $63.08 / $126.36 / $192.40
Pricing			
Rate Guarantee Period	3/01/2026 – 2/28/2027 (1 Year)	3/1/2026 - 2/29/2028 (2 Years)	1 Year
Estimated Lives		1,790	1,698
Monthly Costs (Estimate)	$150,357	$144,980	$170,601.25
Estimated Annual Cost	$1,804,280	$1,739,760	$2,047,215
Credits		One-time premium credit of 1 month	$50,000 included with quote
Additional Notes:		Commission to be paid to GIS for use of ben admin system ($85,000)	Commission to be paid to GIS for use of ben admin system

TPA / Network / Stop Loss RFP – Vendor Comparison

	Luminare		Aetna	BCBS
	w/ PHCS & HealthLink	w/ Aetna		
Estimated Lives	*1,600*	*1,600*		
Administrative and Estimated Claim Costs				
Base Admin Fee	$17.70	$17.70	$30.75	$43.16
Medical Rebate Credit (w/add'l lines)	$0.00	$0.00	-$2.50	-$2.50
Case Management	$4.50	$4.50	$0.00	$0.00
Wellbeing Management	$0.00	$0.00	$5.85	$5.90
Network Access Fee	$10.00	$10.75	N/A	N/A
Additional Fees	$1.00	$1.00	$1.94	$0.52
Administration Fee PEPM	**$30.42**	**$32.95**	**$36.04**	**$48.45**
Total Admin Fee – Monthly	**$48,674**	**$52,720**	**$49,200**	**$77,520**
Total Admin Fee – Annual	**$584,083**	**$632,640**	**$590,400**	**$930,240**
ACA Reporting	$2,952	$2,952		
Carve-Out Vendor/Drug (rx)			$10,800	
Claim Costs			*Estimated claims with guarantees	*Lower estimated claims average with no guarantees
Expected Claims PEPM	**$2,329**	**$2,073**	**$1,886**	**$1,602**
Total Expected Claims – Monthly	**$3,726,688**	**$3,317,158**	**$3,017,936**	**$2,563,584**
Total Expected Claims – Annual	**$44,720,256**	**$39,805,901**	**$36,215,232**	**$30,763,008**
Guarantees				
Claims Time to Process				
at 90%	</= 14 Calendar Days		14 Calendar Days	14 Calendar Days
Claims Accuracy				
Financial	>/= 99%		99%	98%
Payment	>/= 95%		96%	N/A
Coding accuracy	>/= 95%		95%	96%
Call / Inquiry				
Average speed to answer	</= 35 seconds		30 seconds	</= 30 seconds
Call Abandonment Rate	</= 3%		2.5%	3%
First Call Resolution	N/A		99%	85%
Additional Notes				
Wellness Offerings – at no cost	Can offer through preferred vendor partners but at a cost structured as PEPM		Health Your Way Others available which the City could apply the allowance to	Online HRA 24/7 Nurseline BluePoints program Well on Target

ORDINANCE FACT SHEET

DATE OF 1st READING: October 9, 2025

CONTACT PERSON: Kelley Martin

OFFICE REQUESTING: Human Resources

PHONE NUMBER: (217) 789-2446

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: See attached.

SUGGESTED TITLE: AN ORDINANCE AUTHORIZING THE APPROVAL TO CONTRACT WITH AETNA TO PROVIDE HEALTH/DENTAL NETWORK AND CLAIMS PROCESSING AND ADMINISTRATIVE SEREVICES FOR THE CITY'S SELF-INSURED HEALTH PLAN EFFECTIVE MARCH 1, 2026.

CONTRACTOR / VENDOR NAME: AETNA **VENDOR NO:** _____

CONTRACT TERM: 03/01/2026 - 02/28/2030 **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: $145,988,112
(Original amount if change order) **Change Order #** _____ **Additional Amount** _____

Method of Purchase (check one)

☐ Low Bid
☑ Other: RFP
☐ Low Bid Meeting Specs
☐ Exception: _____
☐ Low Evaluated Bid
Code Provision: _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☑

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	074	107	8MGT	HINS	1219	145,988,112
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Bidder Comparison and Cost Analysis

STAFF ANALYSIS

To authorize the City of Springfield to enter into a contract with Aetna to provide comprehensive Health Benefits and services for City employees, retirees, and eligible dependents as part of the City's Health Care RFP from 3/1/2026 - 2/28/2030. Aetna was selected as the recommended vendor for health network, medical claims processing services following a competitive pricing, access, administrative capabilities, and member experience.. Their proposal offers a access to a national network with robust local participation, full administrative services, cost containment and health management programs, including diabetes care and wellness support as well as a multi-year pricing guarantee and credits/allowances.

ESTIMATED FINANCIAL IMPACT: (Detailed Attached) 4-Year Estimated Employer Expense $145.988,112.

Note: These figures are estimates. The above expenses are before adjustments for: Annual Allowances, Commissions to digital benefits administration system and Performance Guarantees.

FUNDS CHECK BY: Courtney Heinzel Digitally signed by Courtney Heinzel Date: 2025.10.13 14:58:47 -05'00' **Date:** _____

DIRECTOR / SUPERVISOR: Ramona M Metzger Digitally signed by Ramona M Metzger Date: 2025.10.15 16:22:45 -05'00' **Date:** _____

CITY PURCHASING AGENT: Peters, James W. Digitally signed by Peters, James W. Date: 2025.10.15 15:05:37 -05'00' **Date:** _____

SIGN OFF: _____ (Mayor's Signature) GEM

Ramona M Metzger Digitally signed by Ramona M Metzger Date: 2025.10.15 16:22:18 -05'00'
(Director of OBM)

The information supplied on this form is not confidential information.

2025-448

AN ORDINANCE AUTHORIZING THE EXECUTION OF A FOUR-YEAR CONTRACT WITH MEMORIAL HEALTH TO PROVIDE COMPREHENSIVE NEAR SITE CLINIC SERVICES FOR CITY EMPLOYEES, RETIREES, AND ELIGIBLE DEPENDENTS FROM MARCH 1, 2026, THROUGH FEBRUARY 28, 2030, IN AN AMOUNT NOT TO EXCEED $2,476,090.00, FOR THE OFFICE OF HUMAN RESOURCES

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City sought requests for proposals under RFP HR26-06 in an effort to solicit proposals for a near site clinic to offer certain specified medical services to health plan participants; and

WHEREAS, the comprehensive care model will provide members with access to multiple Memorial Health locations, including primary care, urgent care, prompt care, and drive through lab services;

WHEREAS, Memorial Health submitted the lowest bid under proposal RFP HR26-06 to provide these specified near site clinic services that would help promote wellness and offer a cost effective alternative; and

WHEREAS, the City Purchasing Agent has made a determination that this contract is exempt from the provisions of the City Purchasing code requiring sealed competitive bidding pursuant to the exceptions contained in Section 38.38 pertaining to Competitive Sealed Proposals.

WHEREAS, it is in the best interest of the City to enter into a Contract with Memorial Health to provide comprehensive near-site clinic services for city employees, retirees, and eligible dependents for city employees from March 1, 2026, through February 28, 2030, for an amount not to exceed $2,476,090.00

NOW THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby authorizes execution of a four-year contract with Memorial Health to provide near site clinic services for City employees, retirees, and eligible dependents participating in the City of Springfield's Health Plan.

Section 2: That the Mayor and City Clerk are authorized to execute any necessary documents with Memorial Health on behalf of the City.

Section 3: That the Office of Budget and Management is hereby authorized to make payment to Memorial Health in an amount not to exceed $2,476,090.00 from March 1, 2026, through February 28, 2030, from account number 074-107-BMGT-HINS-1219.

Section 4: This ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025** **SIGNED:**_____**, 2025**

RECORDED:_____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

Memorial Health Cost Breakdown:

Near-Site Clinic RFP

Memorial Health Near-Site Clinic	
Clinic Location/Model	All Memorial sites of care (Memorial Care, Primary Care, Urgent Care and Drive-Thru Labs)
Locations	Existing Memorial Care sites across Central IL
Clinic Hours	Varying hours by location; 8am-8pm daily most locations
Services Offered	Free primary/urgent care, free virtual care, wellness, disease mgmt., labs
Technology Platform	Online scheduling, wait times; integrated with Memorial Health apps
Performance Guarantees	• $15k penalty per unmet guarantee; rebates on hospital spend • 20% primary care utilization or payback the difference not utilized
Local Integration	Memorial Hospital
Implementation Timeline	Immediate
Cost Model	Capitated + PDPY + 15% Admin
Pricing (Based on 4,500 members)	
Implementation Fee	$0
Year 1 Fee	Primary Care: $420,000 Health Services: $99,000 ($22/PDPY) Admin Fee: $77,850 **Total Employer Expense: $596,850**
Year 2 Fee	Primary Care $432,600 Health Services $99,000 ($22/PDPY) Admin Fee $79,740 **Total Employer Expense: $611,340**
Year 3 Fee	Primary Care $445,578 Health Services $99,000 ($22/PDPY) Admin Fee $81,686 **Total Employer Expense: $626,264**
Year 4 Fee	Primary Care $458,945 Health Services $99,000 ($22/PDPY) Admin Fee $83,691 **Total Employer Expense: $641,636**
4-Year Summary	**Primary Care $1,757,123** **Health Services $396,000** **Admin Fee $322,967**
Contract Total*	**Total Employer Expense: $2,476,090**
Medicare Billing	Not specified
References	Sangamon County (current) District 186 (current)
Reference Comments	Very Positive, responsive, same enthusiasm now as during RFP.

*The above employer expense is before adjustments for: Hospital Rebates, Shared Savings and Performance Guarantees

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Memorial Choice Proposal Strategy

ON-SITE/NEAR-SITE HEALTH CLINIC
RFP #HR26-06 FOR:

CITY OF SPRINGFIELD

Submitted by:
Henry Hurwitz, System Administrator, Population Health and CEO, Memorial Home Care

Memorial Health

Better Care

Better Health

Lower Costs

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SECTION I

Proposal

Memorial Health (MH) applauds City of Springfield (the client) for continuing to promote greater access to primary care and preventive healthcare services. It is an important step toward improving health and managing the total cost of care. To maximize quality and financial outcomes desired by the client, MH proposes to build on its strong primary care base in three ways if the contract is extended:

1. **Control of total medical expense through comprehensive population risk management**
   - A primary clinic by itself can address only a narrow spectrum of risk and a small component of medical expense. Appropriate management of expensive, high-risk patients requires a comprehensive, provider-driven approach.

2. **Integrated approaches to member engagement and risk management**
   - With a full continuum of providers and dedicated population health resources, MH will engage patients to improve management of chronic conditions such as diabetes, asthma and depression.
   - MH has a proven track record to reduce high-cost episodes, reduce the cost per episode and help individuals with complicated conditions achieve a better quality of life.

3. **Focus on quality and financial partnership**
   - MH is recognized for quality in the primary care space, as evident by achieving the highest level of accreditation as a level 3 Patient Centered Medical Home.
   - This proposal includes various performance and financial guarantees in addition to shared savings, rebates and other incentives. Management of total medical expense requires new approaches to partnership between providers and purchasers, which include aligned financial incentives to provide and manage care in the appropriate, lowest-cost setting.

For clarity purposes, Memorial Health Partners (MHP) will serve as the company overseeing the Memorial Choice product. MHP works closely with Memorial Medical Group to ensure members receive the highest level of care. In addition, MHP's staff consists of nurses and social workers who are well-versed in population health management, which allows your members to access the right care at the right time at the right location.

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SECTION II

Primary Care Building Blocks

FREE Primary Care with Guaranteed Access at All Memorial Sites

MHP's proposal consists of free enhanced access and services via existing sites of care at Memorial Care locations including primary care, urgent care and virtual services. Services provided at these care sites will be free to members and free to the client's health plan; when care is included within the CPT code set ($0.00 in charges will be billed to the TPA in order to continue to track utilization of services accurately). The CPT code set is included in the appendices section of the proposal. These services include the most common primary care and urgent care services, including wellness, prevention, sick visits, select in-office procedures, select labs and basic x-ray. When members access these services through the Nurse Concierge Line, same-day appointments are guaranteed.

ADVANTAGES AND DIFFERENTIATORS:

- Using existing care sites and existing providers means there is a much larger network of providers to utilize.
- Utilizing existing care sites allows for no start up time for the client.
- Members with a Memorial provider get to keep their already established, high-quality care team.
- Care will be integrated across a system, reducing duplication of services and costs and improving hand-offs should care need to progress to a specialty or hospital service.

SITES OF CARE

Springfield Region

- **Memorial Care on Koke Mill**
  Primary Care and Urgent Care
  3132 Old Jacksonville Road
  Springfield, IL 62704

- **Memorial Care on North Dirksen**
  3220 Atlanta St.
  Springfield, IL 62707

- **Memorial Care on South Sixth**
  Primary Care, Urgent Care and Drive-Thru Lab
  2950 S. Sixth St.
  Springfield, IL 62703

- **Memorial Care in Chatham**
  Primary Care and Urgent Care
  101 E. Plummer Blvd.
  Chatham, IL 62629

- **Memorial Care on Founders Lane**
  15 Founders Lane, Suite 100
  Jacksonville, IL 62650

- **Memorial Care on Morton**
  Urgent Care only
  901 W. Morton Ave., Suite 22
  Jacksonville, IL 62650

- **Memorial Care in Beardstown**
  8460 St. Lukes Drive
  Beardstown, IL 62618

- **Memorial Care in Petersburg**
  1 Centre Drive
  Petersburg, IL 62675

- **Memorial Care in Lincoln**
  515 N. College St.
  Lincoln, IL 62656

- **Memorial Specialty Care Psychiatry**
  3225 Hedley Road
  Springfield, IL 62711

Decatur Region

- **Memorial Care on West Hay**
  441 W. Hay St.
  Decatur, IL 62526

- **Memorial Care on East Maryland**
  4775 E. Maryland St.
  Decatur, IL 62521

- **Memorial Care in Forsyth**
  241 W. Weaver Road
  Forsyth, IL 62535

- **Memorial Care in Sullivan**
  1220 W. Jackson St.
  Sullivan, IL 61951

- **Memorial Care on US 36 East**
  Urgent Care only
  4455 US Route 36 East
  Decatur, IL 62521

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FREE Virtual Care

In addition to free primary care and urgent care services, MHP's proposal includes free virtual care with no charges to the client's health plan or members. Virtual care visits offer a safe, convenient way to speak with and see a Memorial Care urgent care provider through two-way technology from the comfort of your own home. Virtual care, also known as telehealth, is available during regular urgent care business hours, 8 a.m. to 8p.m. daily. Virtual care is unavailable Thanksgiving Day, Christmas Day and New Year's Day. Hours are 8 a.m. to 5 p.m. on Christmas Eve and New Year's Eve.

ADVANTAGES AND DIFFERENTIATORS:

- Care provided as part of an integrated system, at any time, from anywhere.
- Incredibly convenient and straightforward system
- Improves worker productivity as a 10–15-minute break with a virtual visit can result in a care plan ready to go within an hour, without having to leave the workplace.

Population Health Products

Nurse Concierge Services

To further improve convenience, access and productivity for the client's workforce and members, MHP has included in this proposal access to a dedicated Nurse Concierge Service via a one-stop-shop phone call. Nurse Concierge services are designed to answer basic medical questions for established Memorial Care patients to assist in triaging patients to the right level of care, scheduling appointments with Memorial providers and coordinating other healthcare activities. When calling the Nurse Concierge service, members are guaranteed same-day appointments with a Memorial provider (when established), if needed, at any of the Memorial Care primary and urgent care locations. Nurse Concierge services are available Monday through Friday from 7 a.m. to 7 p.m., and 8 a.m. to 5 p.m. Nurse Concierge services will be closed on major holidays. If members are not established with Memorial Care, the Nurse Concierge can provide limited services, such as establishing the patient with a Memorial provider and answering basic medical triage questions.

ADVANTAGES AND DIFFERENTIATORS:

- A one-stop-shop phone call for all the members' medical needs means that the Nurse Concierge will do the navigating and legwork, allowing members to use their time more productively.
- Nurse Concierge services can schedule appointments for all Memorial providers, reducing calls and hold time.
- Nurse Concierge services can help members navigate a problem and determine if the member should utilize primary care, urgent care or Emergency Department services based on their symptoms and needs, ensuring that members get the fastest, smoothest and most cost-effective services available.

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Care Coordination and Disease Management

As with any given population, to control total medical spend, special effort and focus must be given to the 10–20% of the client's population who drive 50–70% of the client's cost. MHP has a well-defined and high-functioning care coordination and disease management program that is included as part of this proposal. Based on claims data, HRA data, biometrics and data from our hospital and physician clinic medical records, MHP will stratify the client's population into high-risk, rising-risk and disease-specific risk groups. Members within these groups will be targeted, outreached and engaged in specific care coordination and disease management programs integrated with care from their primary care provider. Complex care management by an RN or LCSW will be utilized for high-risk members, with engagements lasting 6-9 months and focused around reducing spend and healthcare risk. Care management by an LPN or MSW will be utilized for rising-risk members, with engagements lasting 4–6 months and focused around controlling risk. Care gap management to close gaps in recommended care for members with disease-specific risk will be focused on diabetes, asthma and depression, as well as specific recommended, age-appropriate screening and prevention services. Employees and members must be established with a Memorial Care provider to access care coordination.

ADVANTAGES AND DIFFERENTIATORS:

- Care coordination and disease management that is integrated as part of the primary care office but also spans the entire continuum of care at MH and our partner specialty providers.
- Goal-based care management focused on engaging members and arming them with the right information, knowledge and motivation to improve their health and well-being.
- High-functioning and well-established care coordination team that has achieved results in this market for the last five years with other local insured groups.
- Proprietary and home-grown care coordination and disease management software for aggregating, analyzing, risk segmenting, tracking and reporting.
- A care coordination team that is local and embedded in the clinic, streamlining communication between the member and the primary care physician.

Data Analytics and Reporting

MHP will provide the client with a dedicated account team. Monthly reports on progress, including utilization statistics, engagement rates, visit rates and estimated ROIs will be provided from our proprietary population health software and electronic health record. Monthly or quarterly operations meetings with the account team will be established to discuss progress and strategize improvements, with ad hoc meetings available if needed.

ADVANTAGES AND DIFFERENTIATORS:

- MHP will be responsible for the creation of both standard and ad hoc reports and analytics that match the client's needs and requests.
- Analytics focused on the client's patient population health needs to ensure cost containment and that patients are receiving the most appropriate and efficient care.
- Targeted utilization management driven through intelligent alerts built into MHP's population health software system, allowing for MHP's care coordination team to better work directly with high- and rising-risk patients who need specialized approaches to care.
- Dedicated data scientist with experience in onboarding multiple data sources (including claims), analyzing key data trends and building meaningful dashboards and scorecards for monitoring performance.

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Health and Wellness Options

As a part of the package, MHP will include health and wellness initiatives designed to engage the client in healthy population health strategies, which further increase opportunities to reduce overall expenditure on the client's healthcare plan. Dedicated registered dieticians and wellness coaches lead a number of services, including personalized training sessions and group classes, wellness fairs, weight loss programs, diabetes management and prevention and nutrition services, all with the goal of sustaining overall health.

ADVANTAGES AND DIFFERENTIATORS:

- Wellness fairs, which include biometrics screenings and health-centric resources to begin educating and working with members on better self-care.
- Health indicator tracking based on employee population needs; indicators could include body mass index, fasting blood sugar, hemoglobin A1c or blood pressure.
- Health Assessment and Wellness Exam tailored to employee health needs.
- Tobacco-Free Me coaching program to help employees with smoking cessation.
- A physician-led weight loss program offering a way to lose weight and improve health.
- "LiveWell" Diabetes Prevention Program aimed at teaching lifestyle skills to prevent type 2 diabetes in high-risk individuals.
- A certified diabetes education program by the American Diabetes Association, including individual and group education for adults.
- Cooking classes; wellness-focused sessions and mindful eating sessions.
- Convenient drive-thru lab locations for wellness related labs or testing.
- Easy telehealth platform options for employees to utilize to improve access, minimize time off work and provide convenience

HRAs and Benefit Design

All members will have the ability to complete a health risk assessment and biometrics used in conjunction with claims data and EHR data to risk-stratify population. Health risk assessments will be available via the MyMemorial app. MHP leadership will consult with client leadership on designing health plan incentives and penalties to improve member engagement and overall health (such as requirement for health risk assessment completion, biometrics, etc.) utilizing results from health risk assessments, claims analytics and overall risk analysis. Additionally, MHP leadership will partner with the client on programs to reinforce existing wellness initiatives.

ADVANTAGES AND DIFFERENTIATORS:

- Integration of claims data, health risk assessment data, biometric data and electronic health record data will provide the most complete picture of population risk and individual risk for the client.
- MHP leadership has extensive knowledge of the local market and benefit design strategies and tactics being deployed to improve member engagement and health.

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Financial Structure

Guaranteed Savings on Primary Care

City of Springfield is guaranteed savings of 20% off the projected cost of medical services listed in designated CPT list. This 20% guaranteed savings has been projected and accounted for in the fixed compensation fee charged to City of Springfield. Memorial will calculate the projected cost of medical services based on actual utilization from the previous plan year and multiple the result by 80% to arrive at the actual cost for the medical services and completed during that plan year. Memorial will then compare the actual cost to the amount incorporated as part of the fixed compensation fee charged to City of Springfield for that year. Should the actual cost be less than the projected cost originally charged, Memorial will repay City of Springfield the difference.

ADVANTAGES AND DIFFERENTIATORS:

- By guaranteeing savings, City of Springfield is insulated from risk and ensures that if low utilization occurs, they will recover any funds not utilized.

Performance Guarantees

MHP will offer the client the following performance guarantees. Should Memorial Health Partners not meet these guarantees, monetary penalties of $10,000 per guarantee missed each year will be awarded to the client.

- Generic pharmacy utilization will be > 85 percent
- Greater than 90% of primary care sites will maintain Patient-Centered Medical Home status, the highest level of recognition for a model of care that puts patients at the forefront of care, builds better relationships between people and their clinical care teams and is proven by research to improve quality, the patient experience and staff satisfaction while reducing healthcare costs.
- Overall patient satisfaction at 50% of primary care sites will be above the median of the national compare group, as measured by the CAHPS® Clinician & Group Survey (CG-CAHPS), which assesses patients' experiences with healthcare providers and staff in doctors' offices
- Diabetic care measures as defined by The Healthcare Effectiveness Data and Information Set (HbA1c control, nephropathy attention, BP control) will be above the median of the national compare group

ADVANTAGES AND DIFFERENTIATORS:

- High-level performance guarantees with significant monetary penalties indicate the extent to which Memorial Health Partners values quality, satisfaction, service delivery and outcomes
- While Memorial Health Partners cannot offer pharmacy services within the primary care clinic, a guarantee for the generic prescribing rate will be utilized to improve pharmacy expense control
- Clinics are recognized as Patient-Centered Medical Home Level by the National Committee for Quality Assurance

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Shared Risk on Total Medical Expense

MHP is looking to create a true partnership with the client. As such, MHP will tie its financial success to the success of the client's goal of reducing the trend on overall increases in medical expense and will create a scenario where MHP only wins when the client wins. Each year, MHP and the client will agree upon an actuarial projected per-member-per-month total medical expense, after adjusting for any benefit design changes. MHP will commit to working to reduce the actual medical expense experienced during the plan year. The first 3% of savings against the actuarial projected budget is retained by the client. Any additional savings over 3% is shared 50-50 between the client and MHP.

ADVANTAGES AND DIFFERENTIATORS:

- MHP is committing to work on total medical expense, not just a portion of the total, and tie financial success to outcomes.
- Shared risk on total medical expense aligns the interests of both Memorial Health Partners and the client.
- The first 3% savings being retained by the client ensures that the client achieves more value than MHP.

Rebate on Hospital Spend When Memorial Hospitals Named Preferred Providers

As a bonus offering, at the end of each plan year MHP will produce a rebate check of 5% off the total hospital spend if the client commits to making Springfield Memorial Hospital the preferred hospital provider (for appropriate hospital services, with carve-outs for pediatrics, high-risk obstetrics, etc.) within their benefit design. By ensuring that members utilize Memorial hospital services wherever possible, MHP is better able to influence and control the cost of care and utilization of those services.

ADVANTAGES AND DIFFERENTIATORS:

- MHP, as a wholly owned company of Memorial Health, is the only company that can offer a rebate on hospital services at local hospitals.

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Contract Timing

Year 1	March 1, 2026 – Feb. 28, 2027
Year 2	March 1, 2027 – Feb. 28, 2028
Year 3	March 1, 2028 – Feb. 29, 2029
Year 4	March 1, 2029 –-Feb. 28, 2030

Employer Expenses

EMPLOYER EXPENSES *(Based on 4,500 Members)*					
MHP Operational Costs	Year 1	Year 2	Year 3	Year 4	4-year Total
Capitated Price for Primary Care Services	$420,000	$432,600	$445,578	$458,945	$1,757,123
Population Health Services ($22/PDPY)	$99,000	$99,000	$99,000	$99,000	$396,000
Administration Fee (15%)	$77,850	$79,740	$81,686	$83,691	$322,967
TOTAL EMPLOYER EXPENSE	**$596,850**	**$611,340**	**$626,264**	**$641,636**	**$2,476,090**

Memorial is proposing a 3% capitated price increase for primary care services. Additional services including Population Health Services will be charged on a per-dependent, per-year rate. A 15% administration fee will be charged to the City of Springfield to cover marketing, financial reporting and other activities associated with the partnership.

Employee Assistance Program (EAP)

Memorial Behavioral Health currently has an executed agreement with the City of Springfield to provide Employee Assistance Program (EAP) services. These services work in conjunction with the benefits included in this proposal.

Memorial Choice Health Services is exclusively offered through MHP's partnership with TROXELL. TROXELL is uniquely positioned to work with the employer to offer an unbiased opinion on what is best for the plan and its members. TROXELL's presence is at no cost to the employer. TROXELL facilitates the following processes:

- Assisting with marketing efforts and onsite employee engagement.
- Assisting with data interfacing/exchanges between the client and MHP when necessary.
- Assisting with identifying trends in self-funded health plans and how to develop programs on how to best manage total cost of care.

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SECTION III:

RFP Responses

RFP Questionnaire

YOUR ORGANIZATION/COMPANY INFORMATION

Your response to RFP should include information about your company. Your company information should include:

1 Provide a description of your organization/company.
Include your parent company and subcontractors/partners, if any.

a. Full Name of Organization/Company
Memorial Health serves as the parent corporation. Memorial Health Partners serves as the company who administers the Memorial Choice product.

b. Address of Corporate Headquarters
Memorial Health
701 N. First St.
Springfield, IL 62781

c. Brief history and ownership
Memorial Health is a community-based, not-for-profit organization that provides a full range of inpatient, outpatient, home health, hospice, behavioral health, primary and specialty care physician services. With numerous sites of care throughout central Illinois, we deliver high-quality, patient-centered care in support of our mission to improve lives and build stronger communities through better health.

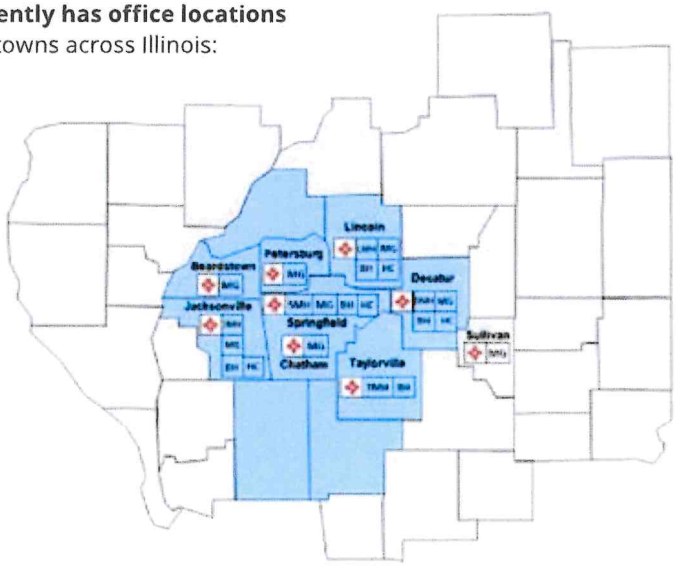
d. Name and contact information for this RFP
Henry Hurwitz
System Administrator, Population Health
CEO, Memorial Home Care
Hurwitz.Henry@mhsil.com | 217-862-0336

Michael Kos
Vice President, Revenue Cycle
Kos.Michael@mhsil.com | 217-788-2674

e. List of cities and states that your company currently has office locations
Memorial provides care in the following cities and towns across Illinois:

- Beardstown
- Chatham
- Clinton
- Decatur
- Forsyth
- Jacksonville
- Lincoln
- Petersburg
- Shelbyville
- Springfield
- Sullivan
- Taylorville

See figure on right for Memorial's full service area.



f. **Provide the number of employees in your organization/company (All companies under your Corporate). And the number of employees in each location and working remotely.**
Please see the table below for a headcount of colleagues working at each Memorial Health affiliate. Currently, Memorial Health has 448 remote colleagues.

Affiliate	Headcount
Decatur Memorial Hospital	1841
Jacksonville Memorial Hospital	642
Lincoln Memorial Hospital	330
Memorial Behavioral Health	148
Memorial Care	666
Memorial Health Executives	61
Memorial Health System	624
Memorial Home Services	115
Memorial Home Svcs Of Cntrl Il	65
Springfield Memorial Execs	72
Springfield Memorial Hospital	3601
Taylorville Memorial Hospital	319
Grand Total	**8484**

2 **If applicable, provide information on the company within your organization that oversees services provided on-site and/or near-site clinics.**
Memorial Health Partners functions both as a population health management company and as a clinically integrated network. The clinically integrated network is made up of both Memorial Health affiliates and participating provider groups. Memorial Health Partners has experience in managing the cost of care through both direct to employer contracts and through value-based arrangements with payers. Memorial Health Partners has been in existence since 2013 and has been managing direct-to-employer contracts since June 1, 2018.

3 **Describe your company's overall experience and qualifications specifically in the public sector.**
Memorial Health Partners has operationalized direct-to-employer programs since June 1, 2018. The company is comfortable onboarding large populations and is familiar with the work that has to occur to successfully launch a product geared toward driving utilization and lowering costs for the employer. One of the largest direct-to employer-contracts is a government entity. This organization has renewed the contract three separate times due to the customer-first experience they receive through the Memorial Choice product.

4 **THE CITY OF SPRINGFIELD is committed to providing opportunities to all genders and ethnic groups.**

a. **Is your firm a minority or a woman- owned business enterprise?**
No, Memorial Health is not a minority, or a woman-owned business enterprise.

b. **Describe your company's initiatives, practices and placement of women and minorities in your organization.**
Memorial partners with numerous community organizations to share job opportunities widely and to ensure we are reaching a diverse candidate pool. In addition, we proudly sponsor and send female leaders annually to the Illinois Women in Leadership (IWIL) Conference to support their professional growth. Memorial has also expanded our hiring leader training to recognize and mitigate bias to create a more equitable hiring process.

c. **Based on your total management positions, how many women and minorities do you employ in management?**
Memorial Health has 506 leaders. 369 leaders are women and 30 leaders are non-white.

5. **Provide the name, address, telephone number and email address for the person(s) any additional questions/information or scheduling of the finalist meeting should be directed to for the completion of this proposal process.**
Henry Hurwitz
System Administrator, Population Health
CEO, Memorial Home Care
Hurwitz.Henry@mhsil.com | 217-862-0336

6. **Is your company licensed and registered to operate in the State of Illinois, as a health insurance claim administrator (Please submit a certificate of good standing with your proposal)? Is your company licensed agent and registered to operate in the State which situs your corporate office(s)?**
No, Memorial Health Partners is not licensed or registered to operate in the State of Illinois as a health claim administrator. Memorial Choice is an agnostic product that sits on top of the self-funded insurance plan and is administered by Memorial. The product is not an insurance product, therefore Memorial Health Partners does not have to be licensed or registered in the State of Illinois as a health insurance claim administrator.

7. **Provide certificate of Insurance for Errors & Omission, Liability and/or Bonding.**
Please see Appendix 1. for the certificates requested.

8. **Provide brief information about the person who will be the primary representative for THE CITY OF SPRINGFIELD.**
The primary representative for the City of Springfield will be Henry Hurwitz, System Administrator, Population Health and CEO Memorial Home Care. Henry has overseen the operational aspect of Memorial Choice since 2018 and is familiar with how to properly implement and execute these types of programs.

9. **Provide brief information about the team that will be assigned to THE CITY OF SPRINGFIELD and their experience in servicing accounts like THE CITY OF SPRINGFIELD.**
The account team that would provide service to the City of Springfield would include the following key leaders from Memorial Health:

Henry Hurwitz,
System Administrator, Population Health
CEO, Memorial Home Care

Michael Kos
Vice President, Revenue Cycle

Kim Beggs
President, Memorial Medical Group

Ryan Fish
Director, Population Health Data Analytics

These leaders have 7+ years of experience working on the Memorial Choice product and with employers like the City of Springfield.

10. **An affidavit must be submitted substantiating that your company and/or company agents have not been paid directly or indirectly, by any person, firm or corporation, any money or valuable consideration for assistance in procuring the contract herein referred to. Your company further agrees that no such money or reward will be paid after the RFP is submitted. You must submit an affidavit stating the above with the request for proposal.**
Please see Appendix 2. for requested affidavit.

11. **Please include contact information for two (2) references; one (1) current client and one (1) former client for whom services have been provided for the last three years. Clients that are in municipalities and cities will be considered to have higher merit.**
The two clients below are active clients. We currently have no former clients for this product.

SANGAMON COUNTY:
Charlie Stratton , Director, Human Resources

Brian McFadden, Sangamon County Administrator

DISTRICT 186:
Jennifer Gill, Superintendent
Springfield School District 186

Steven Miller, Director of Business Services

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12 **Has your company or any principal/executive at your company been engaged as a defendant in any litigation and/or subject to any disciplinary action. If so, please provide a description of investigation, including any ongoing investigations.**
No, our company or any principal/executive at our company has not been engaged as a defendant in any litigation and/or subject to any disciplinary action.

CLINIC MODELING

Please document in detail your company's ability to provide the following for on-site and/or near-site health clinic facility.

1 **Prepare a preliminary on-site/near-site Health Service Clinic Model. Provide a blueprint of options for the model clinic you are proposing for the City of Springfield. On each model, keep in mind our size, location and structure.**
Memorial will not be submitting a blueprint or options for the clinic model because the proposal leverages Memorial's existing network of primary and urgent care sites. More detail on these locations is provided below.

For your proposed clinic and based on the utilization of current clinic provided, please provide information on:

a. **Recommended amount of space/location and how and who is responsible for obtaining it. Include ability of THE CITY OF SPRINGFIELD to incorporate or add new locations.**
Memorial's proposal will include existing sites of care. These sites are listed in the proposal document. This allows employees to seek care at the most convenient location. If Memorial primary or urgent care in the future, the locations will be automatically included in Memorial Choice.

b. **Describe how the staff is selected and how they are compensated. Include information regarding professional credentialing held by clinic staff members, background checks (educational and criminal) and drug screenings.**
Memorial is proposing already existing care sites. All staff go through a rigorous application process, which entails the submission of required information such as past work history and criminal background checks. Memorial employes physicians, advanced practice providers, physician assistants, registered nurses, licensed professional nurses, social workers and medical assistants in our clinics.

All Memorial colleagues are compensated through a standardized approach comparing fair market value compensation. This program is administered by our Human Resources department.

c. **Does staffing include any health coaches, dieticians, nutritionist or physical therapist?**
Memorial's proposal will include wellness services part of the Memorial Wellness Center. Staff do include dietitians and nutritionists. In addition, Memorial includes care coordinators in the proposal, who serve as a personal care navigator for employees. Memorial employs physical therapists, but services are not included under the Memorial Choice program.

d. **Provide strategy for providing back-up staffing when primary staff is unavailable.**
Because Memorial is utilizing an already existing network of care sites, the City of Springfield does not need to worry about staffing issues at one location. Adequate coverage is provided throughout Memorial's sites and if a primary care physician is out of office, physician coverage is provided for that panel of patients.

e. **Identify the anticipated hours of operations. Include the ability of THE CITY OF SPRINGFIELD determine days and hours of operation of clinic(s). Members accessing the clinic averages 74 visits a week.**
All primary care sites of care are open 7:30 a.m. to 5 p.m., Monday through Friday. Primary care sites are closed all major holidays. Urgent care sites are open seven days a week, 8 a.m. to 8 p.m. Memorial virtual care is also provided seven days a week, 8 a.m. to 8 p.m.

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f. **Technology to be utilized, including the type of software used to document services and exchange information to THE CITY OF SPRINGFIELD and our TPA's.**
Memorial utilizes Altera/Touchworks as the electronic health record to document services our of primary care. Cerner is utilized to document services provided at Urgent and Virtual care. In March 2027, Memorial is transitioning electronic health record systems to Epic. This electronic health record will be utilized for all services. To transition data, Memorial will utilize reporting out of excel to send to the City of Springfield's TPA.

g. **Do you have the ability to bill Medicare for our Medicare Retiree population?**
Yes, Memorial has the ability to bill Medicare.

h. **Indicate the number of exam rooms, conference rooms, offices, computer room, waiting room/ receptionist room, labs/x-ray, necessary equipment, storage facilities, bathroom, etc.**
Memorial is proposing utilizing 15 existing sites of care for this proposal. All necessary equipment is already set up for go-live.

i. **Include information on any necessary licensing and legal documentation required for the clinic and whose responsibility is it to obtain them.**
No licensing or legal documentation will be required for this proposal due to utilizing already existing sites of care.

j. **Describe maintenance of clinics, including but not limited to cleaning of office, equipment maintenance and repairs, etc.**
Memorial will utilize internal staff to clean and maintain all our locations. The City of Springfield will not be responsible for any maintenance associated with Memorial Choice.

2. **Describe intake process, including the availability of privacy during the intake process.**
All Memorial clinics operate under HIPAA to ensure patient privacy. Patients can call any of our phone lines to schedule their initial appointment or use our on-line scheduling tool. Patients would then arrive from the appointment, where pre-visit paperwork would be provided. These documents are then entered into the patient chart.

3. **Can your health clinic capture diagnosis, CPT and ICD health coding for integration with THE CITY OF SPRINGFIELD's prescription drug program and the claims' third-party administrator?**
Yes, Memorial captures CPT and ICD health codes during every visit. Memorial would be able to integrate that information with the City of Springfield's TPA.

4. **Does your clinic currently have a relationship with a client that may be willing to share space and cost with the City?**
Memorial currently does not have one location dedicated to Memorial Choice. Memorial would be willing to discuss the option if the City of Springfield were interested in that model during the contract term.

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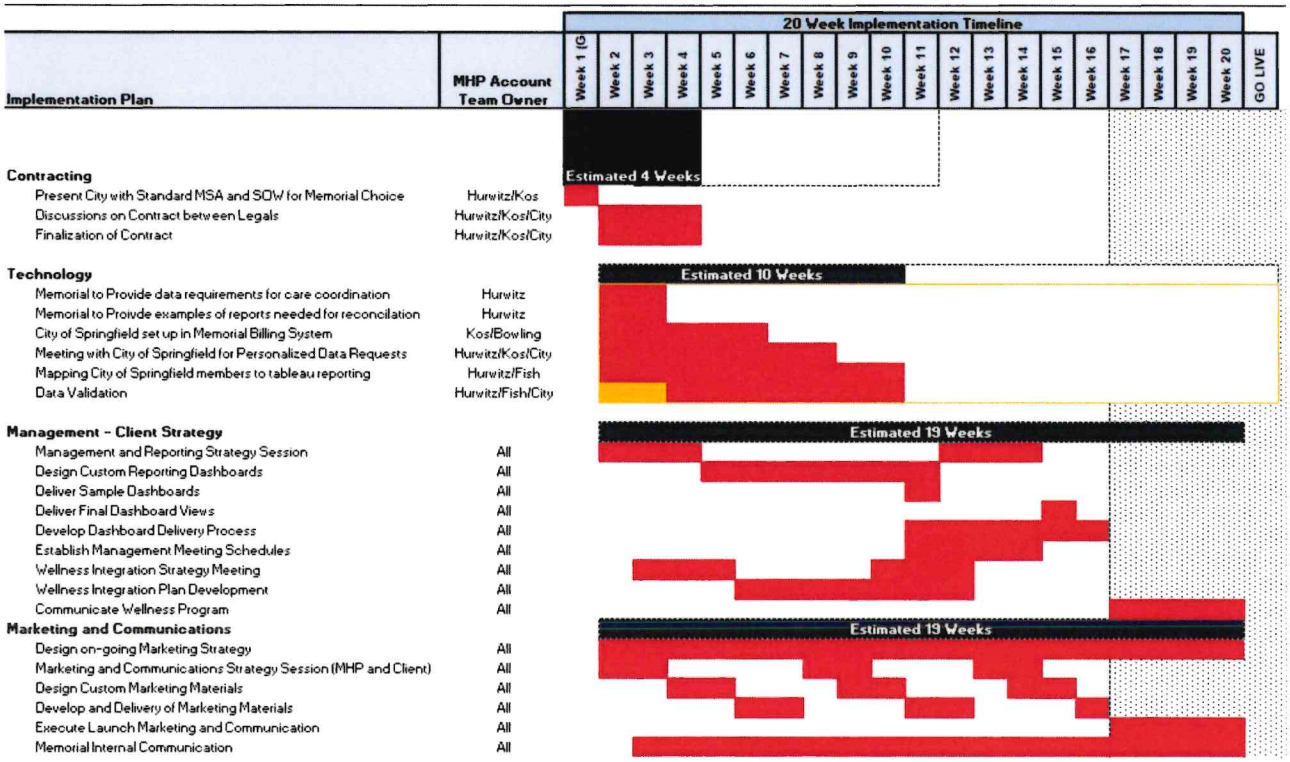
CLINIC PROGRAM STRUCTURE

Please include information on the following and any other service that we have not included.

1 Provide a week-by-week outline of your timeline for the implementation process of health clinic services, in the event you are selected. Include available alternative, if THE CITY OF SPRINGFIELD is unable to achieve items indicated in recommended timeline.

Because Memorial is utilizing an existing network of care sites, no time is lost on construction. Memorial believes over 20 weeks that Memorial Choice will be live by March 1, 2026. A proposed timeline is included below. Majority of the time will be spent around requested custom reporting and marketing.

Memorial Health Partners
Implementation Plan – City of Springfield



2 Do you have any contract relationships/partnerships with physicians, networks hospitals or other medical organizations in the Springfield area?

Memorial has several relationships with physician groups, payers and other organizations throughout the Springfield area. For the purpose of this proposal, Memorial will be a standalone vendor.

3 How do you plan to control, monitor and measure quality of service at the Clinic?

Memorial is certified as a Patient Centered Medical Home through the National Committee for Quality Assurance. Memorial recertifies as a Patient Centered Medical Home on an annual basis, meaning that the practice must always perform at the highest level of care. Being Patient Centered Medical Home certified means that patients will receive an enhanced level of care coordination and improved outcomes. In addition, Memorial utilizes Healthcare Effectiveness Data and Information Set (HEDIS) metrics to measure provider and practice level performance. These metrics often include care recommendations and outcomes associated with chronic conditions that are cared for in the ambulatory setting.

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4. **Describe how clinical practice guidelines are developed and disseminated among clinics and update on a regular basis.**
Memorial's primary and specialty care practice has several committees and workgroups who determine the best clinical practice guidelines that are standardized across our care sites. Primary and specialty care councils are made up of provider representatives from across our care sites and they vote on any clinical practices that should change. Once approved, the recommendations go to Medical Affairs Committee who then votes to implement the recommendations through final board approval. Medical Directors along with the Director of Quality implement the changes through front line staff training and protocol implementation.

5. **Please explain how you will be able to provide the following services in THE CITY OF SPRINGFIELD clinic.**

   a. **Online opportunities**
   Memorial offers virtual care to supplement our primary and urgent care practices. These appointments can be held over two-way video or phone call with a local provider. Virtual care is offered seven days a week, 8 a.m. to 8 p.m.

   b. **Walk in access**
   Memorial includes urgent care as part of the Memorial Choice product. Urgent care offers walk-in availability from 8 a.m. to 8 p.m., seven days a week.

   c. **Secure provider communication**
   Secure provider communication is handled through our secure patient portal.

   d. **Clinic visit summary**
   A visit clinic summary will be supplied to the patient once they leave their appointment. The summary will include all pertinent information such as ordered imaging/labs, prescribed medications and follow-up actions.

   e. **Secure personal health records**
   Memorial has standardized protocols for secure personal health records as required by HIPAA and HI-TECH act. Members can access their personal health records through our Health Information Management team or through signing up for our secure patient portal.

   f. **Submit information to the necessary parties**
   Memorial will submit all information that is required to any necessary parties.

6. **Are your health clinics structured under ERISA and subject to ERISA fiduciary requirements?**
No, Memorial's clinics are not structured under ERISA nor subjected to ERISA fiduciary requirements.

7. **Will the clinic allow $0 cost for services for HDHP members?**
Yes, Memorial will allow HDHP members to access $0 cost services.

8. **How do you access an injury/illness and determine if the condition is occupational or nonoccupational? How would you provide this information to THE CITY OF SPRINGFIELD, if it is found to be occupational? Can billing be presented to THE CITY OF SPRINGFIELD 's work compensation program?**
Memorial utilizes a questionnaire during the visit to determine whether the injury/illness is occupational or nonoccupational. Memorial can bill all appropriate work compensation carriers. If the patient needs occupational health, Memorial would refer out to another organization.

CLINIC VENDOR RELATIONSHIPS/SERVICES

1. **Does your organization have negotiated arrangements in place to leverage your national buying power to secure medical supplies, equipment and pharmaceuticals at a discount on retail prices? If yes, identify your major suppliers and explain how significant are the discounts?**
Memorial does have negotiated arrangements in place to leverage national buying power to secure supplies at a discount. However, because our proposal utilizes an existing network of care sites, all equipment and supply expense shall be borne by Memorial Medical Group and Memorial Health Partners.

2. **Would 100% of the discounted cost for the items identified above be passed on to the City of Springfield? Does your organization charge an administrative cost for this access?**
No costs would be passed onto the City of Springfield for medical supplies, equipment or pharmaceuticals.

3. **Do you have a reporting mechanism that can be provided to THE CITY OF SPRINGFIELD for monitoring referrals?**
Yes. Memorial has a centralized referral team that handles all ordered specialty consults and imaging and medication authorizations. All processes are tracked in an internally built software system that allows Memorial to have a clear understanding of referral patterns. This data set includes important aspects of the referral process, which includes the following:

   - Referral and ordering patterns from Memorial Primary Care
   - Referrals by specialty
   - Referrals by specialist and group
   - Days to appointment by specialty provider and group
   - Days to receive an appointment back by specialty provider and group
   - Referral closure showing did the patient attend the appointment or cancel

4. **Describe any and/or all necessary amenities for the facility that THE CITY OF SPRINGFIELD must provide.**
Because Memorial is proposing an already established network of primary care sites, no amenities will need to be provided by the City of Springfield. Memorial's main requirement is around partnering to market the product. Memorial will produce all the material but will rely on the City of Springfield to provide insights on how to best reach the City of Springfield employees.

5. **Tell us what makes your company the best fit for THE CITY OF SPRINGFIELD in relationship to the other vendors offering an on-site clinic. What attribute does your company lack in comparison to the other on-site vendors?**
Memorial has more than seven years of experience implementing the Memorial Choice program. Because Memorial is a local organization, we take great pride in taking care of our community members. We believe that your employees should have access to our team and should hold us accountable for doing what we say we are going to do.

6. **Describe any new or innovative ideas that may be beneficial for City members.**
Memorial proposes the services below as innovative ideas that will have tangible benefit for the City of Springfield employees:

   - Cooking classes; wellness-focused sessions and mindful eating sessions.
   - Convenient drive-thru lab locations for wellness related labs or testing.
   - Easy telehealth platform options for employees to utilize to improve access, minimize time off work and provide convenience
   - On-line scheduling tools through MyMemorial App for easy access.
   - Patient portals to view patient information and communicate with primary care provider electronically.

7 Will you support the City in development of wellness activities or promotions?
Yes, Memorial will support the City of Springfield in the development of wellness activities and promotions. The Memorial Choice product is geared toward wrapping population health and wellness services around a large primary care network to engage members in their health and take care of the population in the lowest cost environment.

CLINIC PATIENT EXPERIENCE

1 Describe THE CITY OF SPRINGFIELD's patient's anticipated scheduling and experience at the health clinic?
Memorial will offer several paths for patients to schedule an appointment with our clinics. These paths include the following:

- Via phone call with the clinic of choice
- Via phone call with a dedicated nurse line
- Via the MyMemorial App, which allows patients to establish care, schedule follow-up and sick appointments and has a feature that allows patients to hold their spot at urgent care

Outlined below is the typical patient experience at our primary care sites:

- Patients' check-in at our front desk and Memorial updates the system to let the provider team know of arrival
- During the check-in process, all necessary intake paperwork will be handed to the patient to complete prior to the visit
- Once the provider team is ready, the rooming nurse will come out and greet the patient and lead them to their room
- All necessary vitals are gathered by the nurse, along with recent health history
- The provider will do the physical exam, along with assessing any issues
- Provider talks through the care plan and instructs the patient on any follow-up care
- Nurse enters the room to hand the patient the visit summary documentation and talk through the next steps for the patient (ordered consults, medications, imaging, etc)
- If patient has received any follow-up items, they can expect to hear from our office in the coming days to ensure proper follow-up has occurred

2 What is the typical amount of face-to-face time a patient has with a treating physician during the appointment?
Memorial providers offer 15-, 20- or 30-minute timeslots for appointments. The amount of time depends on what the appointment is for and is decided by Memorial during the scheduling process.

3 What measures do you use to ensure minimum wait times, comfort of patient, accountability of staff, etc.?
The concept of "wait time" is broad with several factors contributing to not only the "physical wait," but also to the patient's "perception/expectation" of wait throughout their care journey (scheduling appointments, in-clinic time, virtual/telehealth experiences, contacting the office, etc.). Communication avenues, patient engagement tools/ systems and organizational processes all collectively contribute to the overall patient perception of wait time.

Thus, several indicators are monitored and analyzed throughout the Medical Group to provide a more comprehensive assessment of patient wait time. Real-time dashboards provide timely data, which include: new patient appointment lead time, phone queue wait times, online scheduling utilization, provider schedule analytics (filled, unfilled, no-show, cancellations, etc.) This data can then be overlayed with patient experience survey results and comments to provide additional insight as to the patient's perception and experiences throughout the organization. Looking at these various data points collectively, leadership is better able to better pinpoint issues in the care journey, make operational adjustments and continually work to improve the overall "wait time" that patients experience.

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4. **What measures do you use to maintain privacy of patients when at clinic?**
Industry standard policies and procedures to protect the privacy of patient information are in place as required by HIPAA and HI-TECH laws.

5. **If a participant misses an appointment without contacting the clinic, will there be any penalty to THE CITY OF SPRINGFIELD?**
Memorial will not penalize a patient for a patient no-show. However, Memorial does have a policy that if a patient no-shows three appointments in a rolling 12-month period, then they can be terminated from the practice. This is to ensure that patients are engaged in their healthcare.

6. **Describe incentives THE CITY OF SPRINGFIELD can provide to encourage participants to use the clinic.**
Memorial is willing to develop a Health Risk Assessment program with the City of Springfield that if the employee completes the necessary requirements, then they will receive a decrease in premium costs.

CLINIC COST & ACCOUNTING

1. **Please provide estimates of the following and complete the questions based on those estimates:**

a. **Implementation Cost**
There will be no implementation costs charged to the City of Springfield.

b. **Operational Cost**
Memorial will charge the City of Springfield a $22 Per Dependent Per Year fee for population health services. These services will include a dedicated team of nurses and social workers who will engage the City of Springfield employees and build personalized care plans. In addition, this will also cover costs associated with a dedicated nurse line that City of Springfield employees can utilize to navigate the product. The cost to City of Springfield is projected to be $99,000 annually based on 4,500 employees. No increases will be charged to this flat fee across the 4-year term.

c. **Utilization Cost**
Memorial will charge a capitated price for primary and urgent care services. The covered CPT list is included in Appendix 3. The total amount for capitated services is listed below. A 3% increase will be applied to the price year to year.

EMPLOYER EXPENSES *(Based on 4,500 Members)*					
MHP Operational Costs	Year 1	Year 2	Year 3	Year 4	4-year Total
Capitated Price for Primary Care Services	$420,000	$432,600	$445,578	$458,945	$1,757,123

d. **Prescription Cost**
There will be no prescription costs charged to the City of Springfield.

e. **Additional Clinic Costs**
An administration fee of 15% will be charged to the City of Springfield on an annual basis. This will be 15% of the annual capitated price plus population health service fees. This 15% fee will cover marketing, financial reporting and other activities associated with the administration of the product.

2. **Is there a start-up fee? What is your start-up procedure? Please explain.**
No, there is not a start-up fee that is charged to the City of Springfield. All fees are tied to primary and urgent care utilization, resources to manage cost of care and marketing/administration time. Because Memorial utilizes an already existing network of care sites, the start-up procedure consists of mostly communication activities with the employee population to ensure they know about the product and how to best utilize.

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3. **Describe any administrative and accounting procedures THE CITY OF SPRINGFIELD must adopt to administer the plan through THE CITY OF SPRINGFIELD's clinic.**
Memorial would request reports from the City of Springfield's TPA to assist with identifying members with chronic conditions to ensure our care coordination team can engage that member in hopes of improving health and driving down costs for the City of Springfield. In addition, end of the year reports would be requested from the TPA to ensure Memorial met performance guarantees (see question 11 below for more detail) and to issue the rebate check back to the City of Springfield on hospital utilization.

4. **List all supplies and equipment to be purchased, with the estimated cost. Include the cost for laboratory equipment.**
Memorial's proposal utilizes an already existing network of primary and urgent care sites to ensure City of Springfield employees have convenient access. Due to the utilization of an existing network, the City of Springfield would not be responsible for any supplies or equipment.

5. **Please describe the payment structures options that are available to THE CITY OF SPRINGFIELD, such as flat fee, etc.**
Memorial offers flexible payment structures for clients. Memorial charges a flat fee at the start of each plan year. This fee is sent to the client via invoice and no changes to the fee are made throughout the year. If the client wishes to have monthly or quarterly invoices, instead of a one-time lump sum, Memorial will work with the client to accommodate.

6. **Can implementation cost, including necessary equipment, clinic space, etc., be part of a monthly service charge?**
Because Memorial utilizes an already existing network of care sites, no implementation fee will be charged to the City of Springfield.

7. **With respect to the anniversary date, when does renewal underwriting take place?**
Memorial proposes the cost structure below as part of the four-year term. Memorial commits to holding the capitated price at the quoted price below for the entirety of the contract. Population health services can be calculated at the start of the plan year based on a report generated by the City of Springfield since Memorial is proposing a Per Dependent Per Year fee. The administration fee would then be applied once the population health services total amount is calculated.

EMPLOYER EXPENSES *(Based on 4,500 Members)*					
MHP Operational Costs	Year 1	Year 2	Year 3	Year 4	4-year Total
Capitated Price for Primary Care Services	$420,000	$432,600	$445,578	$458,945	$1,757,123
Population Health Services ($22/PDPY)	$99,000	$99,000	$99,000	$99,000	$396,000
Administration Fee (15%)	$77,850	$79,740	$81,686	$83,691	$322,967
TOTAL EMPLOYER EXPENSE	**$596,850**	**$611,340**	**$626,264**	**$641,636**	**$2,476,090**

8. **If a change in cost becomes necessary, what will the change in cost be based upon and when will the rate change (if any) go into effective? How much advance notice will THE CITY OF SPRINGFIELD receive regarding change in cost?**
Memorial will not change the price on capitated services throughout the contract. The only fluid charge will be associated with the number of dependents on the plan. Once that number is calculated the flat rate will be charged based on the $22/PDPY amount quoted above.

9. **Could a decrease in cost ever occur for THE CITY OF SPRINGFIELD?**
Yes, a price decrease could occur during the contract period. Memorial works with the client to ensure that the client is benefiting from the partnership. In addition, Memorial offers guarantees on primary care utilization and rebates that assists the client in offsetting the annual fee.

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10 **If applicable, do you have the capability to provide THE CITY OF SPRINGFIELD and THE CITY OF SPRINGFIELD's actuary all claims data needed to comply with GASB 45?**
The City of Springfield should have access to all claims necessary to comply with GASB 45 through their TPA. However, Memorial would be happy to provide any data necessary that would assist the City of Springfield to comply with GASB 45.

11 **Are there any performance guarantees provided to the CITY?**
Yes, there would be four performance guarantees provided for the City of Springfield. Should Memorial not meet these guarantees, monetary penalties of $15,000 per guarantee missed each year will be awarded to the City of Springfield. The performance guarantees are listed below:

- Generic pharmacy utilization will be > 85 percent.
- Greater than 90% of primary care sites will maintain Patient-Centered Medical Home Status, the highest level of recognition for a model of care that puts patients at the forefront of care, builds better relationships between people and their clinical care teams and is proven by research to improve quality, the patient experience and staff satisfaction while reducing healthcare costs.
- Overall patient satisfaction at 50% of primary care sites will be above the median of the national compare group.
- Diabetic care measures as defined by The Healthcare Effectiveness Data and Information Set (HbA1c control, nephropathy attention, BP control) will be above the median of the national compare group

ADVANTAGES AND DIFFERENTIATORS:

- High-level performance guarantees with significant monetary penalties indicate the extent to which Memorial Health Partners values quality, satisfaction, service delivery and outcomes
- While Memorial Health Partners cannot offer pharmacy services within the primary care clinic, a guarantee for the generic prescribing rate will be utilized to improve pharmacy expense control
- Clinics are recognized as Patient-Centered Medical Home Level by the National Committee for Quality Assurance

CLINIC PRESCRIPTION DRUG DISPENSING

1 **Tell us about your capability to offer prescription drugs. Include a list of the drugs you anticipate offering in the clinic and their cost to THE CITY OF SPRINGFIELD.**
Memorial does not have a retail pharmacy license; therefore Memorial does not directly prescribe medications from primary or urgent care sites. All prescribed medications will be sent to local pharmacies, who would then dispense the medication based on the provider order.

2 **Please indicate for persons age 65 and over, whether we will be able to report their cost for prescription drugs for the Retire Subsidy Program (RDS).**
Memorial can report any cost measure if appropriate financial data is provided to Memorial. Memorial will display the data in Tableau to provide actionable data for the City of Springfield.

3 **How will inventory for prescription drugs be maintained and replenished?**
See response to question 1. Under Clinic Prescription Drug Dispensing.

4. **How will THE CITY OF SPRINGFIELD be billed for prescription drugs dispensed at the clinic?**
See response to question 1. Under Clinic Prescription Drug Dispensing.

5. **Will the City be billed for any prescriptions that expire?**
See response to question 1. Under Clinic Prescription Drug Dispensing.

6. **Describe minimum and maximum number of day supply (1 week, 30 days, 90 days, etc.) that will be dispensed to participants.**
All prescribed medications will be ordered by the rendering provider. Day supply will be determined based on the patient's condition and will be prescribed to ensure proper treatment.

7. **What type of utilization review is incorporated into the prescription dispensing to participants?**
Memorial will not do any direct dispensing as described above, but Memorial will provide a performance guarantee around generic pharmacy utilization. If generic pharmacy utilization is below 85%, then Memorial will pay a $15,000 penalty to the City of Springfield.

CLINIC SERVICES

Please document in detail your company's ability to provide the following range of services available at on-site and/or near-site clinic, including but not limited to:

1. **Ability to treat plan participants, including employees and their covered dependents.**
Yes, Memorial will be able to treat all plan participants, including employees and their covered dependents.

2. **Ability to offer a Health Coach for plan participants.**
Yes, Memorial will be able to offer a health coach for plan participants.

3. **Ability to assist plan participants with obtaining a PCP, if they do not have one.**
Yes, Memorial will offer several paths for plan participants to establish a primary care physician through Memorial. These paths include the following:

   - Via phone through any of our primary care clinics
   - Via Nurse Concierge, which serves as a one-stop shop for all Memorial Choice participants
   - Via My Memorial App, which allows members to establish care and schedule follow-up appointments for themselves and dependents
   - Via account rep, which will serve as the Memorial Choice expert and navigator for all City of Springfield employees

4. **Immunizations/Vaccinations**
Yes, Memorial will offer immunizations and vaccinations.

5. **Physical exams**
Yes, Memorial will offer physical exams.

6. **Sports physicals**
Yes, Memorial will offer sports physicals.

7. **School physicals**
Yes, Memorial will offer school physicals.

8 Eye exams
Memorial offers eye chart exams as part of the annual physical appointment. Memorial also offers in-clinic diabetic retinal eye exams. For all other eye appointments, referrals or appointments can be made with local optometry and ophthalmologist offices.

9 Flu clinics
Yes, Memorial offers flu clinics at each clinic location during the fall months. In addition, Memorial offers a drive-thru lab where no appointment is needed to receive a flu-shot.

10 Preventive care; wellness for women, men and children
Yes, Memorial will be able to offer preventive care and wellness for women, men and children.

11 Laboratory services

- Rapid Strep
- Pregnancy
- Glucose
- Urinary Tract Infections
- Total Cholesterol
- CBC

Yes, Memorial will be able to provide all the laboratory services listed.

12 Chronic care visits, including follow-up visits
Yes, Memorial provides chronic care visits and provides follow-up visits.

13 Simple surgical treatments; mole and wart removal, infected toenails, removal of foreign objects under skin, etc.
Yes, Memorial will be able to provide simple surgical treatments like mole/wart removal, infected toenails and removal of foreign objects under the skin.

14 Radiology services
Yes, Memorial will be able to offer radiology services.

15 Acute illness

- Sore throat
- Swimmers' ear
- Flu
- Sinus infection
- Pink eye
- Pneumonia
- Ear infection
- Mononucleosis
- Sprains & Strains

Yes, Memorial will be able to offer all services listed under the acute illness section.

16 Rashes

- Ringworm
- Poison Ivy

Yes, Memorial will be able to treat rashes.

17 Prescribing and dispensing Rx Drugs
Yes, Memorial will be able to prescribe medications. Memorial utilizes local pharmacies for dispensing medications.

18 Biometric Screenings, Health Risk Assessment program and tracking mechanism
Yes, Memorial will be able to provide biometric screenings while also implementing a health risk assessment program which includes a tracking mechanism.

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19 **Height and Weight measurements**
Yes, Memorial will be able to provide height and weight measurements.

20 **Blood Pressure**
Yes, Memorial will be able to provide blood pressure screenings.

21 **BMI**
Yes, Memorial will be able to provide a Body Mass Index for any established patient.

22 **Body Fat Analysis**
Yes, Memorial will be able to provide body fat analysis through the Memorial Wellness Center.

23 **Any additional services offered in your clinic(s)**
Memorial Wellness Center will offer unique services to the City of Springfield population outside of general primary care services. These services include:

- Wellness fairs, which include biometrics screenings and health-centric resources to begin educating and working with members on better self-care.
- Health indicator tracking based on employee population needs; indicators could include body mass index, fasting blood sugar, hemoglobin A1c or blood pressure.
- Health Assessment and Wellness Exam tailored to employee health needs.
- Tobacco-Free Me coaching program to help employees with smoking cessation.
- A physician-led weight loss program offering a way to lose weight and improve health.
- "LiveWell" Diabetes Prevention Program aimed at teaching lifestyle skills to prevent type 2 diabetes in high-risk individuals.
- A certified diabetes education program by the American Diabetes Association, including individual and group education for adults.
- Cooking classes; wellness-focused sessions and mindful eating sessions.
- Convenient drive-thru lab locations for wellness related labs or testing.
- Easy telehealth platform options for employees to utilize to improve access, minimize time off work and provide convenience

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EXPERIENCE AND FINANCIAL REPORTS

Please document in detail your company's ability to provide experience, financial, and data management report requirements.

Reporting capabilities should include monthly, quarter-to-date and year-to-date summaries of utilization & activity in a standard format as defined by THE CITY OF SPRINGFIELD. Please provide sample reporting.

Memorial will work with the City of Springfield to develop all necessary reporting requirements. Memorial can provide the following non-custom reports now:

- Overall utilization of $0 CPT codes by location, service and unique patient counts
- Overall financial utilization for aggregate primary care savings
- Active care coordination patients by care level and disease state
- Nurse concierge utilization
- Total cost of care utilization (in conjunction with reports from City of Springfield TPA)
- Generic prescribing rates (in conjunction with reports from City of Springfield TPA)

All these reports will be supplied to the City of Springfield monthly unless requested at different time increments.

In addition, Memorial is confident that any custom report requirements can be provided. Sample reports are included in Appendix 4.

Confirm ability to provide written and verbal communication with THE CITY OF SPRINGFIELD's Health TPA.
Yes, Memorial will be able to provide written and verbal communication with the City of Springfield's Health TPA.

BILLING

Please provide billing process utilized by your organization/company including sample monthly invoice.
Memorial proposes an annual invoice to the City of Springfield. If the City of Springfield requests monthly or quarterly payments, Memorial will honor that request. Invoices can be sent in a multitude of ways and Memorial would honor how the City of Springfield would want to receive the invoice. An example invoice is included in Appendix 5.

**Note. Example marketing material is included in Appendix 6.*

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CITY OF SPRINGFIELD
OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
300 S. SEVENTH STREET
ROOM # 200 MCW
SPRINGFIELD, ILLINOIS 62701-1681

Contact: Office of the Purchasing Agent
Telephone: 217·789·2191

Date: April 2, 2025
Fax: 217·789·2207

Request for Proposal Index No: HR26-06
Request for Proposal Name: On-Site / Near-Site Health Clinic
Pre Bid Meeting: N/A
Bid Security: N/A

Due Date **August 14, 2025 @ 3 P.M. Central Time USA:**

Sealed responses must be received in the Office of Budget and Management Purchasing Department, 300 S. Seventh Street, Room #210 MCW, Springfield, Illinois 62701-1681 and date and time stamped in no later than the date and time stated . All responses will be publicly opened and portions thereof read aloud at the above date and time.
LATE RESPONSES WILL NOT BE CONSIDERED.

All attached General Terms and Conditions and Drawings and Specifications are part of the Bid and will be incorporated into any Contract(s) entered into as a result of the Bid.

All responses to the Bid must be prepared as stated herein and properly signed. Address all correspondence and inquiries regarding this Request for Proposal to the Purchasing Agent.

Name of Vendor: Memorial Health / Memorial Health Partners

Contact Name: Henry Hurwitz

Vendor Address: 701 N. 1st Street, Springfield, IL 62781

Vendor E-Mail: Hurwitz.Henry@mhsil.com

Phone: (217) 862-0336 **Fax:** _____

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SECTION III

CERTIFICATIONS AND SIGNATURE OF BIDDER

1. The undersigned bidder submits with this proposal and bid sheet, all information as called for, together with complete manufacturer's specifications covering any equipment bid upon.

2. The undersigned bidder states that he has been regularly engaged in work of the type required by the specifications herein for 7 years and respectfully invites your attention to the following products and/or services:

MemorialChoice. Primary Care benefit for City of Springfield employees.

3. The following proposal or bid sheet may be withdrawn at any time prior to the scheduled time for the opening of bids or any authorized postponement thereof. If written notice of the acceptance of this proposal or bid sheet is mailed, telegraphed or otherwise delivered to the undersigned within sixty (60) calendar days after the date of opening of the bids, or any time thereafter before this bid is withdrawn, the undersigned will, within ten (10) calendar days after the date of such mailing, telegraphing or delivery of such notice, execute and deliver the Contract Execution Page provided in Section IV of this booklet.

The undersigned bidder hereby designates as his office to which such notice of acceptance may be mailed, telegraphed or delivered as follows:

340 W. Miller Street

Springfield, IL 62702

(City, State and Zip Code)

Name and telephone number of person to contact regarding this bid

Name: Henry Hurwitz

Phone: (217) 862-0336

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4. The undersigned bidder hereby declares that the only person or persons interested in the above proposal as principals are named herein and that no other person than herein mentioned has any interest in this proposal or in the contract to be entered into; that this proposal is made without connection with any other person, company or parties making a bid or proposal; and that it is in all respects fair and in good faith without collusion or fraud.

Signature of Bidder

5. The undersigned bidder hereby certifies that it is not barred from bidding on any contract offered for bid by the State of Illinois or any unit of local government as a result of a conviction for violating Sections 33E-33 or 33E-4 of the Illinois Criminal Code.

Signature of Bidder

6. The undersigned bidder hereby certifies that it is not delinquent in the payment of any tax administered by the Illinois Department of Revenue. If the undersigned bidder has entered into an agreement with the Department of Revenue for the payment of any taxes that are past due and is in compliance with that agreement, the bidder shall so state.

Signature of Bidder

7. (a)If your organization is a corporation, limited liability company, limited liability partnership, or limited partnership, etc., you must provide a copy of your current certification of good standing from your State of incorporation with your bid. Failure to do so may result in the rejection of your bid.

Signature of Bidder

7. (b) Pursuant to Illinois law as it pertains to foreign corporations, foreign limited liability companies, foreign limited liability partnerships, or foreign limited partnerships, you may be required to register with the Illinois Secretary of State. A foreign entity is an entity organized or incorporated in a state other than Illinois. The undersigned bidder hereby certifies that it has examined the relevant statutes and determined that either: (1) It is not required to register as a foreign entity with the Illinois Secretary of State; or (2) It is required to register as a foreign entity with the Illinois Secretary of State, that is has so registered, and that proof of registration is attached hereto

Signature of Bidder

8. Pursuant to Section 38.47 of the City of Springfield Code of Ordinances, 1988, as amended, the undersigned bidder hereby certifies that it and any subcontractors (if any) it employs to perform work under a contract for the City of Springfield does not employ unauthorized aliens as defined in the Federal Immigration and Nationality Act (8 U.S.C. 1101, *et seq.*, Section 274A).

Signature of Bidder

EXHIBITS - REQUIRED SUBMISSIONS

Exhibit A - CONFIRMATIONS

Please answer all the following by placing an X in the appropriate box. Please complete this table even if you have included similar information in another part of your proposal. This will assist THE CITY OF SPRINGFIELD in accurately assessing the responses. Please specify any deviations from these specifications in your cover letter to the Proposal, and clearly state them in the Proposal. **This form must be used for your response**

Contract Terms and Conditions	Agree	Agree, with Deviations	Do Not Agree
A. General Requirements	X		
B. Term of Contract	X		
C. Cancellation of Contract		X	
D. Renewal Requirements	X		
F. Extensions	X		
G. Rates Adjustments	X		
H. No Loss Provisions		X	
J. Transfer Provisions		X	
K. Continuance of Coverage			
L. Coordination of Benefits (COB)			
M. Release		X	
N. Amendment	X		
O. No Third-Party Rights	X		
P. Commissions	X		
Q. Negotiations	X		
R. Meeting Attendance	X		
S. Non-Liability/Indemnification/Hold Harmless		X	
T. Records and Audits		X	
U. Confidentiality		X	
V. Responsibility for Compliance with Legal Requirements	X		
W. Status of Contractor	X		
Y. Assignment and Subcontracting	X		
AA. Severability	X		

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General Information and Specifications	Agree	Agree, with Deviations	Do Not Agree
A. Required Format and Necessary Information	X		
B. Proposal Conditions	X		
C. Proposal Discussions and Presentations	X		
D. Propriety Information - Confidentiality	X		
E. Rejection of Offers	X		
F. Withdrawal/Modification of Offer	X		
G. Amendments and Clarifications	X		
H. Disclosure	X		
I. Acknowledgement of Addenda	X		
J. Electronic Capabilities	X		
K. PBM Integration	X		

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Appendix 1

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/28/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Renate Bayer
Houston-Alliant Insurance Services, Inc. 1330 Post Oak Blvd. 3rd fl Houston TX 77056	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: renate.bayer@alliant.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Professional Security Ins. Co.	11811
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Memorial Health System
Attn: Mary Ann Pyle
701 North First Street
Springfield, IL 62781
MEMOHEA 03

COVERAGES **CERTIFICATE NUMBER:** 489799459 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY			SELF-INSURED RETENTION	4/15/2025	4/15/2026	EACH OCCURRENCE	$
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X Hospital Prof. Liability						MED EXP (Any one person)	$
	X Claims Made						PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB ☐ OCCUR			HUL09133458	4/15/2025	4/15/2026	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$ 10,000,000
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Excess Liability includes General Liability (GL) and Hospital Professional Liability (HPL) and is excess of $2M per claim/$2M aggregate excess of $3,000,000 Each Medical Incident (HPL)/$3,000,000 Each Occurrence (GL)/$15,000,000 Annual Aggregate Self Insured Retention.

Evidence of Insurance as respects RFP HR26-06.

CERTIFICATE HOLDER

City of Springfield
300 S. 7th St., Rm 200
Springfield, IL 62701

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Appendix 2

AFFIDAVIT

I, Henry Hamblr, being first duly sworn on oath, certify that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true, and hereby state as follows:

1. I am an adult and I am under no legal disability.

2. I am presently employed as System Administrator at Memorial Health in Springfield, IL.

3. I hereby attest that neither Memorial Health nor its employees nor agents have been paid, directly or indirectly, by any person, firm, or corporation, any money or valuable consideration for assistance in procuring the contract herein referenced.

4. I hereby attest that neither Memorial Health nor its employees nor agents will pay, directly or indirectly, by any person, firm, or corporation, any money or valuable consideration for assistance in procuring the contract herein referenced.

5. I say nothing further as part of this affidavit.

DATE: 7/25/25

Name

Subscribed and sworn to before me, a notary public, this 25th day of July 2025

Cassandra Clemens

Notary Public

OFFICIAL SEAL
CASSANDRA D CLEMENS
Notary Public - State Of Illinois
Commission No. 1005571
My Commission Expires February 28, 2029

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Appendix 3

Care available free of cost with Memorial Choice

Memorial Health

Many basic wellness services and care for minor illnesses and injuries are available for free through Memorial Choice.

Below is a listing of common services available at no cost. Treatment beyond these basic services will be billed according to your current insurance policy. For example, an X-ray is covered at no cost under Diagnostic Imaging 71046 at a Memorial Choice facility. If the reading of that X-ray is performed by a provider at a non-Memorial Choice facility, it will be subject to deductibles and coinsurance.

You can search for a Memorial primary care provider here.

$0 cost for select urgent care services at Memorial Care urgent care locations.

$0 cost for select primary care, pediatric and preventive care at Memorial Care locations.*

WELLNESS PROCEDURE CODES	DESCRIPTIONS
Immunizations	
90460–90461, 90471, 90472, 90474	Immunization administration
90632, 90633	Hepatitis A
90636	Hep A – Hep B adult
90733–90734	Meningococcal
90647, 90648	Hib
90649, 90651	HPV quadrivalent 3 dose ages 9–26 HPV bivalent 3 dose ages 9–26
90630, 90658, 90661, 90662, 90673, 90685–90688, Q2038	Influenza
90670, 90732	Pneumococcal
90380, 90381	RSV ages 2 and younger
90678	RSV for pregnant females ages 59 and younger at 32–36 weeks gestation
90678, 90679	RSV ages 60 and older
90680–90681	Rotavirus
90696	DTaP-IPV ages 4–6
90698	DTaP-Hib-IPV
90700	DTaP < 7 years
90707	Measles, mumps and rubella (MMR)
90710	Measles, mumps, rubella and varicella (MMRV)
90713	Poliovirus (IPV)
90714	Td 7 years and older

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WELLNESS PROCEDURE CODES	DESCRIPTIONS
Immunizations	
90715	Tdap 7 years and older
90716	Varicella (VZV)—chicken pox
90723	DTap–Hep B–IPV
90736	Herpes zoster (shingles) ages 60 and older
90744, 90746	Hepatitis B
G0008	Administration of influenza virus vaccine
91321, 91322	COVID-19
90480	Administration of COVID-19 vaccine
Cholesterol	
80061	Lipid profile
82465	Cholesterol
83718	Lipoprotein, direct measurement; high-density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement; LDL cholesterol
84478	Triglycerides
Diabetes	
82947	Glucose (fasting blood sugar)
82951	Glucose, tolerance test
83036	Hemoglobin A1C
G0108	Diabetes Self-Management Education—Individual
G0109	Diabetes Self-Management Education—Group
0403T	Preventive Behavior Change, Diabetes Prevention
HIV	
86703	Antibody, HIV-1 and HIV-2, single assay
Sexually Transmitted Disease	
86592	Syphilis test
87491	Chlamydia
87591	Gonorrhea
87624, 87625	Papillomavirus (HPV)
Rapid Infectious Agent Testing	
87637	COVID-19, Influenza A and B, RSV
87502	Influenza A and B RNA, Qualitative Real-Time PCR
87634	RALS Point of Care—RSV
87635	RALS Point of Care—COVID-19

WELLNESS PROCEDURE CODES	DESCRIPTIONS
Women's Health	
G0101	Cervical or vaginal cancer screening, pelvic and breast exam
88141, 88142, 88175	Cytopathology, cervical or vaginal
Smoking Cessation	
99406, 99407	Smoking and tobacco cessation counseling visit
Miscellaneous	
80048	Basic metabolic panel
80053	Comprehensive metabolic panel
93005	Electrocardiogram
96110	Developmental testing
Preventive Care Visit Exams	
99381–99386, 99391–99397	Preventive medicine services
99404	Preventive counseling
Office Visit Exams	
98008–98015	Telehealth Audio Only
98000–98007	Telehealth Audio-Visual
99205	Office Visit, New Patient
99202–99204, 99211–99215, G2211	Office Visit, Evaluation and Management
99417	Prolonged Office Visit
99441	Evaluation and Management, 5–10 minutes
99442	Evaluation and Management, 11–20 minutes
99443	Evaluation and Management, 21–30 minutes
G2012, 98016	Virtual Check-In
Behavorial Health and Other Therapy Visits	
96127	Brief Emotional/Behavioral Assessment
96160	Administration of Patient Health Risk Assessment
96161	Administration of Caregiver Health Risk Assessment
96164	Health Behavior Group, 30 min—Mindful Eating
96165	Health Behavior Group, addl 15 min—Mindful Eating
90791	Mental Health Assessment
90792	Mental Health Assessment—MD or APRN
90832	Therapy, 16–30 minutes
90833	Therapy, 30 minutes with E&M Service
90834	Therapy, 38–52 minute

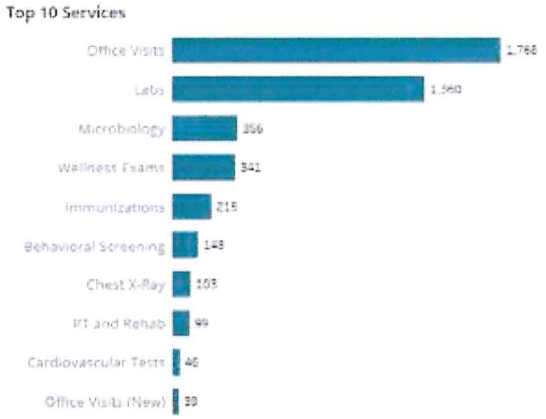
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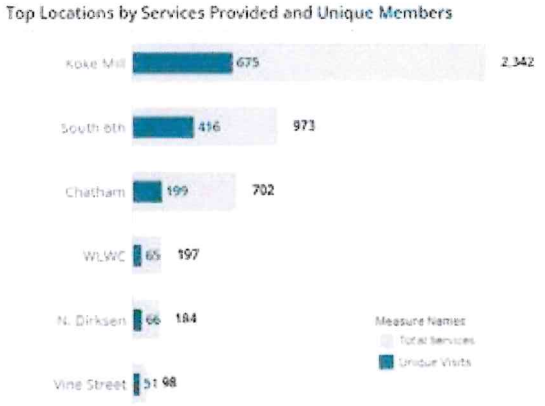
WELLNESS PROCEDURE CODES	DESCRIPTIONS
Behavorial Health and Other Therapy Visits	
90836	Therapy, 45 minutes with E&M Service
90837	Therapy, 60 minutes
90838	Therapy, 60 minutes with E&M Service
97161	Physical Therapy Assessment
97110	Physical Therapy Assessment
97802	Medical Nutritional Therapy—Initial
97803	Medical Nutritional Therapy—Reassessment
97804	Medical Nutritional Therapy—Group
G0444	Annual Depression Screening, 15 minutes
Diagnostic Imaging	
71046	Radiological Exam, Chest—2 View
Procedures	
12001, 12002, 12011	Repair and Closure
Other Labs	
36415	Venipuncture
36416	Capillary Blood Draw
80050	General Health Panel
81025	Urine Pregnancy Test
82043	Albumin; Urine or Other Source
82270, 82272	Blood, Occult
82306	Vitamin D Assay
87651	Streptococcus, Group A Assay
87880	Streptococcus, Group B Assay
81003	Urinalysis

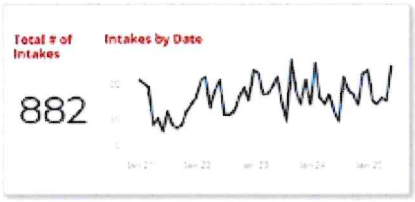
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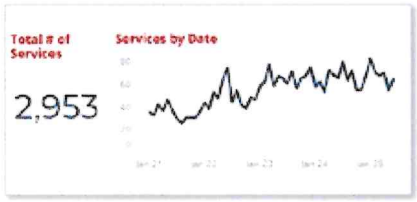
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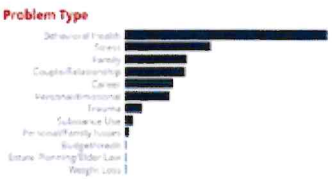


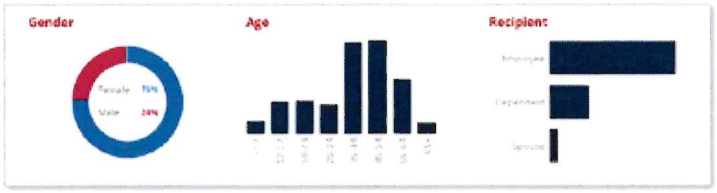


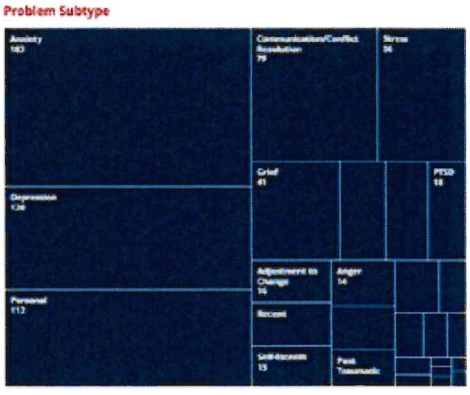


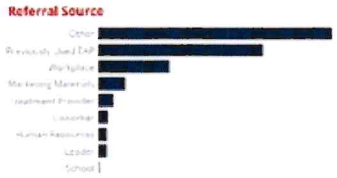


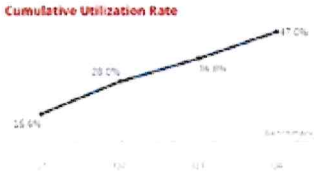








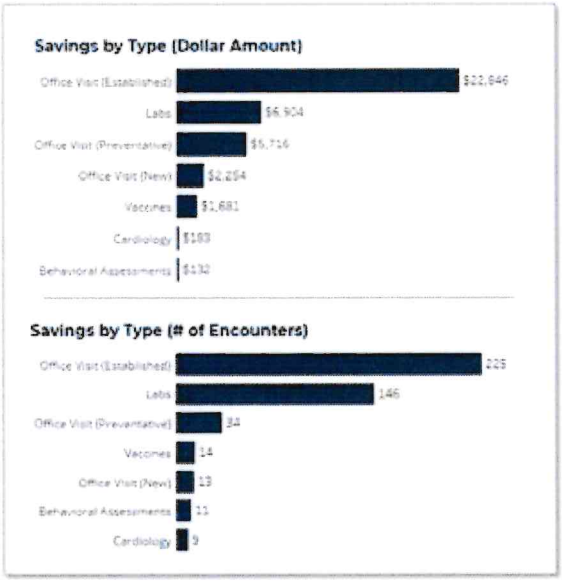


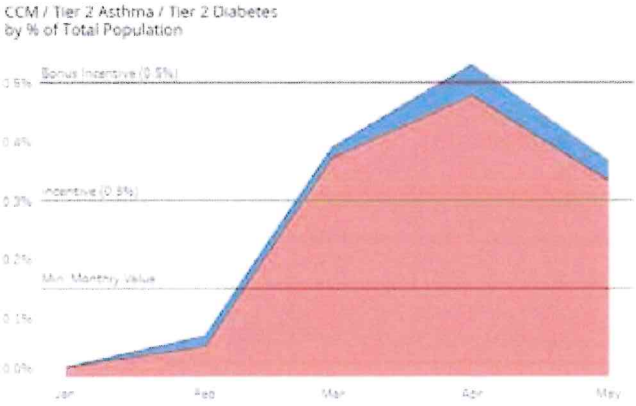


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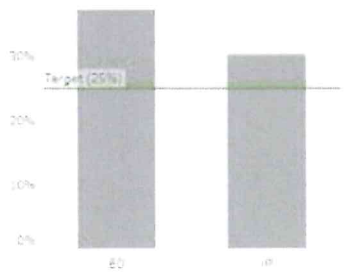
Memorial Choice Tracking

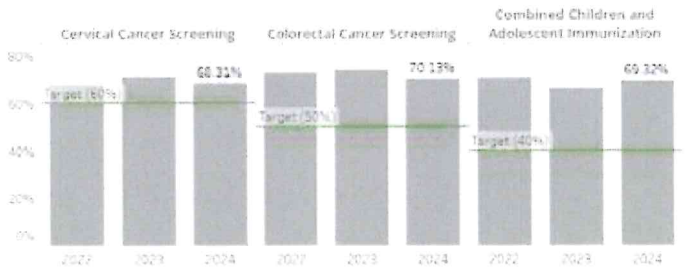












2025-448

Appendix 5

Memorial Health Partners, LLC
Attn: President, Box 136
701 N 1st Street
Springfield, IL 62781

Voice: 217-588-2674
Fax: 217-757-7550

INVOICE

Invoice Number: 20250610-SAMPLE
Invoice Date: June 1, 2025
Page: 1
Duplicate

Bill To:	Ship to:
SAMPLE	SAMPLE

Customer ID	Customer PO	Payment Terms	
30-9504-104308-SAMPLE		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			6/30/25

Quantity	Item	Description	Unit Price	Amount
1.00		Memorial Choice Services 6/1/2025-5/31/2026 SAMPLE	0.00	0.00

Subtotal	0.00
Sales Tax	
Total Invoice Amount	0.00
Payment/Credit Applied	
TOTAL	**0.00**

Check/Credit Memo No:

2025-448

Appendix 6

The Memorial medical plan is enhanced with Memorial Choice.

These benefits are only available to colleagues and dependents who are enrolled in the medical plan provided by Memorial Health.

SERVICE	YOUR INSURANCE + MEMORIAL CHOICE
Physician office visits *(primary care, internal medicine, OB/GYN, pediatrics, mental health)*	**$0 cost plus free select primary care, pediatric and preventive services** with Memorial Medical Group and Decatur Medical Group.
Urgent care	**$0 cost plus free select urgent care services** at Memorial Care urgent care locations only.
Memorial telehealth	**$0 cost two-way telehealth access** with Memorial Care providers from your smartphone, tablet or computer, all from the comfort of home. Providers are part of the Memorial Medical Group network and are able to access your medical history and share information about your visit with your physician.
Nurse concierge	**One-stop phone call** (217-862-0669) for appointment scheduling, select prescription refills, referrals and more, available 7 a.m.-7 p.m. Monday through Friday.
Care coordination	**Available free of charge to colleagues with more complex medical needs.** Care coordination helps you keep track of appointments, understand your insurance and access care. Care coordinators can also act as personal "health coaches" to help you manage your conditions and meet your goals.

Memorial Health

2025-448

Frequently asked questions about Memorial Choice

How do I access my benefits?

Memorial Health is proud to offer Memorial Choice at no cost to its colleagues and their dependents who are enrolled in our medical plan.

You do not need to sign up to receive these benefits.

Does Memorial Choice replace my current health insurance?

No. Memorial Choice provides enhanced benefits that can help you live a healthier life while lowering your healthcare expenses. It will supplement your current, employer-provided insurance.

What are the benefits of Memorial Choice?

The benefits include:

- Free access to common healthcare services like primary care visits, urgent care, online care, select lab tests and X-rays, wellness visits and more.
- Access to a convenient, one-stop nurse concierge service that can answer your questions, schedule appointments, manage prescriptions and make referrals.
- Access to care coordination services for colleagues who have more complex medical needs. Helps manage their conditions while increasing quality of life.

How do I choose what type of care I should access?

If you're not sure whether primary care, urgent care, telehealth or a visit to the Emergency Department is the best option, call the nurse concierge at 217-862-0669, available 7 a.m.-7 p.m. Monday through Friday. The nurse concierge can schedule a visit with your primary care physician, if appropriate, or help you access telehealth or urgent care.

What types of care are available to me for free through Memorial Choice?

You will receive basic medical services, including wellness visits and care for minor illnesses, for free through Memorial Choice. Treatment beyond these basic services will be billed according to your current insurance policy. For example, an X-ray is covered at no cost under Diagnostic Imaging 71046 at a Memorial Choice facility. If the reading of that X-ray is performed by a provider at a non-Memorial Choice facility, it will be subject to deductibles and coinsurance.

- Primary care is your main source for regular medical care, provided by a family physician, internist or pediatrician. A primary care physician can help you with ongoing medical needs and provide continuity of care across your lifetime.
- Urgent care offers immediate help in non-emergency situations. This care is provided on a walk-in basis at Memorial Care locations. Conditions commonly treated by urgent care include minor illnesses like cold or flu, ear or eye infections, urinary tract infections, sprains and strains, fevers and nausea.
- Telehealth provides quick, confidential treatment for non-emergency illnesses and injuries without leaving home. Get access to the expertise of Memorial Medical Group providers via two-way video link.

Will I need to change doctors?

If you already see a physician at Memorial Medical Group or Decatur Memorial Medical Group, there is no need to make a change to access the benefits through Memorial Choice.

How can I get more information about Memorial Choice?

Call 217-588-3580 or visit AskHR.mhsil.com. To find relevant Memorial Choice documents, search for 'Memorial Choice' on the site.

Memorial Health

2025-448

Memorial Health

Better Care

Better Health

Lower Costs

Nurse Concierge

QUALITY HEALTHCARE IS JUST A PHONE CALL AWAY

A nurse concierge service is just one perk of membership in Memorial Choice and your employer-provided health plan.

ONE CALL FOR ALL YOUR NEEDS

Calling a physician's office can be a hassle—especially when you end up on hold.

The nurse concierge service is a free, one-stop resource for all your healthcare needs at Memorial Health—we can schedule appointments, answer questions or assist your doctor in coordinating referrals. Because the nurse concierge only serves Memorial Choice members, you'll find the help you need faster.

Appointment scheduling is available only to members who have a Memorial Care provider. If you do not currently have a Memorial Care provider, the nurse concierge can help you transfer your care.

FIND THE LEVEL OF CARE RIGHT FOR YOU

If you are unsure, the nurse concierge can tell you if primary care, urgent care, virtual care or a visit to the Emergency Department is the best option. He or she can also schedule an appointment with your primary care physician, if appropriate, or help you access virtual care or urgent care.

Memorial Choice members are guaranteed same-day appointments with a Memorial provider when they call the nurse concierge Monday through Friday.

Monday through Friday | 7 a.m. to 7 p.m.
Saturday | 8 a.m. to 5 p.m.

217-862-0669 (0NOW)

161-0103 03/09/22

2025-448

Memorial Health

Better Care

Better Health

Lower Costs

Primary Care

QUALITY CARE. NO COPAY.

With Memorial Choice and your employer-provided insurance plan, you are eligible for a $0 copay* on select primary care services, including wellness checkups, at Memorial Care.

YOUR ADVOCATE FOR HEALTH

Primary care is your main source for regular medical care, provided by a family physician, internist or pediatrician. A primary care physician can help you with ongoing medical needs and provide continuity of care across your lifetime.

If you currently see a physician at another clinic, you do not have to make a change. However, you must transfer your care to Memorial Care to access the full range of services available through Memorial Choice.

EASY ACCESS

Memorial Care primary care physicians practice at the following clinics:

Memorial Care in Beardstown
8460 St. Luke's Drive
Beardstown, IL 62618
217-544-0306

Memorial Care in Chatham
101 E. Plummer Blvd.
Chatham, IL 62629
217-483-3487

Memorial Care on W. Hay
441 W. Hay St.
Decatur, IL 62526
217-876-4810

Memorial Care on Southland
550 Southland Drive
Decatur, IL 62521
217-876-3181

Memorial Care on E. Maryland
4775 E. Maryland St.
Decatur, IL 62521
217-243-0300

Memorial Care in Forsyth
241 W. Weaver Road
Forsyth, IL 62535
217-876-5220

Memorial Care on Founders Lane
15 Founders Lane, Suite 100
Jacksonville, IL 62650
217-243-0300

Memorial Care in Lincoln
515 N. College St.
Lincoln, IL 62656
217-732-9681

Memorial Care in Petersburg
1 Centre Drive
Petersburg, IL 62675
217-632-7761

Memorial Care on Koke Mill
3132 Old Jacksonville Road
Springfield, IL 62704
217-862-0800

Memorial Care on North Dirksen
3220 Atlanta St.
Springfield, IL 62707
217-588-7400

Memorial Care on South Sixth
2950 S. Sixth St.
Springfield, IL 62703
217-588-7450

Memorial Care in Sullivan
1220 W. Jackson St.
Sullivan, IL 61951
217-728-2042

** You will receive basic medical services, including wellness visits and care for minor illnesses, for free through Memorial Choice. Treatment beyond these basic services will be billed according to your current insurance policy. If you have questions about what services are offered for free, contact your benefits representative or consult the full listing of services available online through the employee portal.*

161-0106 05/24/22

2025-448

Appendix 7

File Number 5248-617-3



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEMORIAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1981, ADOPTED THE ASSUMED NAME MEMORIAL HEALTH ON SEPTEMBER 27, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* AUGUST *A.D.* 2025 .

Authentication #: 2521601608 verifiable until 08/04/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

2025-448

File Number 0458089-3



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEMORIAL HEALTH PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 25, 2013, AND HAVING ADOPTED THE ASSUMED NAME OF MEMORIAL CHOICE ON JUNE 28, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* AUGUST *A.D.* 2025 .

Authentication #: 2521601472 verifiable until 08/04/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

2025-448

File Number 5393-029-8



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEMORIAL PHYSICIAN SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 30, 1985, ADOPTED THE ASSUMED NAME MEMORIAL MEDICAL GROUP ON NOVEMBER 05, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* AUGUST *A.D.* 2025 .

Authentication #: 2521601668 verifiable until 08/04/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

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Better Care

Better Health

Lower Costs

2025-448

Memorial Health

161-0293 07/31/25

City of Springfield Illinois

Request for Proposal

On-Site and/or Near-Site Health Clinic

Effective Date: March 1, 2026

2025-448

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INTRODUCTION

THE CITY OF SPRINGFIELD is a Home-Rule Municipality with a strong mayor- aldermanic form of government, located in Central Illinois. In addition to the regular functions of municipal government, THE CITY OF SPRINGFIELD also provides electrical/water services to Springfield residence and other surrounding communities. The employment populations are represented by twenty-three bargaining units comprised of police, fire, electricians, laborers, inspectors and administrative personnel.

THE CITY OF SPRINGFIELD provides a self-insured health insurance program available to eligible employees, retirees and their dependents. THE CITY OF SPRINGFIELD currently has approximately 1,600 employees and retirees enrolled in a Non-ERISA and Self –Insured Program. The total plan including dependents is over 4,000. The program design is created and maintained through THE CITY OF SPRINGFIELD's Joint Labor-Management Health Insurance Committee with the Aldermanic City Council having final approval for all changes to the Health Plan. The daily administration of the programs is through the Office of Human Resources with the budgeting of the health fund directed by the Office of Budget and Management.

THE CITY OF SPRINGFIELD offers Medical and Prescription Drug coverage on a self- funded basis. There are two medical plans. The Plans are the (1) The POS plan, and (2) the HDHP plan. Both plans utilize the Healthlink network. The PHCS/Multiplan wrap network is available for persons not living in the Healthlink Network area. Medimpact integrates a pharmacy Rx program for both medical plans.

The plan year extends from March 1 through February 28/29 of the following calendar year. The Plan Year for employee benefits coincides with THE CITY OF SPRINGFIELD Fiscal Budget Year.

All Health Insurance Participants are eligible to utilize all clinic services. Included are covered employees, retirees and their dependents. Children should be at least 5 years of age (unless a different age is recommended). Please include what, if anything, can be provided to participants outside of the Springfield area, such as a mail - order service, etc.

Clinic participation is voluntary, and Health Insurance Participants may choose to use their own doctor, instead of using the services of the clinic. There are no co-payments required for medical services at the clinic. HDHP members pay a small portion of the cost for prescriptions. Participants, who opt to use a physician outside the clinic, will be subject to co-payments, deductibles, etc.

Health Insurance Participants who have the full coverage through THE CITY OF SPRINGFIELD and coverage through Medicare will have access to the clinic. If the clinic has the ability to bill Medicare, please indicate.

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REQUEST FOR PROPOSAL

THE CITY OF SPRINGFIELD, Illinois is currently in the process of requesting proposals to secure services for on-site and/or near-site clinic(s), effective March 1, 2026. All sealed proposals are subject to all specifications and conditions in accordance with THE CITY OF SPRINGFIELD's purchasing policies and procedures.

Proposals are being requested through THE CITY OF SPRINGFIELD, Illinois for a minimum of a 4-year contention on the agreement of both parties, with the option to renew based performance and pricing.

The City's Fiscal and Health Insurance Plan Year are as follows:

March 1, 2026 – February 28, 2027
March 1, 2027 – February 28, 2028
March 1, 2028 – February 29, 2029
March 1, 2029 – February 28, 2030

Purpose and Objective

THE CITY OF SPRINGFIELD is seeking sealed proposals from qualified firms to provide on-site and/or near-site health clinic(s). The bidding process will be used to determine if any value-added services are available and if any financial advantages can be gained.

It is requested that your best and final rates be submitted with your proposal. A finalist presentation will be required.

THE CITY OF SPRINGFIELD seeks to provide cost efficient on-site and/or near-site health clinic(s) that provides quality care and service to employees, retirees and their dependents.

Effective Date

The effective date of the new contract(s) will be March 1, 2026

Definitions

Bidder – carrier, vendor, insurance company and/or administrator submitting a proposal.

Contractor – bidder awarded a contract through the RFP process.

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Bid Schedule

The following schedule has been established for this RFP.

RFP Release	The week of March 31, 2025
Deadline for Bidders' Questions	April 11,2025
Responses to Bidders' Questions	April 25, 2025
RFP Response Due Date (Closing Date & Time)	May 8,2025 @ 3:00 p.m.
Opening of Sealed Proposals Room 200 Municipal Center West	May 8, 2025@ 3:00 p.m.
Vendor Interviews for Finalists	Week of June 23, 2025
Recommendations to the Mayor and Aldermanic Council. *Final approval is contingent upon the Mayor and Aldermanic Council.*	July 15, 2025

THE CITY OF SPRINGFIELD may modify the Request for Proposal, including bid schedule, at any time prior to the proposal due date by the issuance of a written addendum. Addendums shall be numbered consecutively and issued by THE CITY OF SPRINGFIELD's Purchasing Agent Appendices, attachments and addendums determined by the Purchasing Agent, are posted on THE CITY OF SPRINGFIELD's website to provide additional information to the RFP unless otherwise indicated.

THE CITY OF SPRINGFIELD website:
https://www.springfield.il.us/Departments/OBM/PurchasingHome.aspx

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Submission of the Proposal

Your organization is requested to prepare a proposal for THE CITY OF SPRINGFIELD.

You, the proposer, should complete all the requested information. The RFP is issued by THE CITY OF SPRINGFIELD. THE CITY OF SPRINGFIELD is the sole point of contact with regards to this RFP and all contractual matters related to the services described herein. The final selection will occur, contingent upon the approval of THE CITY OF SPRINGFIELD Aldermanic Council and the Mayor.

****** Please note, questions must be restated in the exact order as they appear in the RFP with answers appearing directly after each question.***

The RFP may be submitted electronically in association with the instructions herein.

A prospective bidder, who is in doubt as the meaning of any part of the contract documents, or of any addenda, may submit to the Purchasing Agent a written request for interpretation.

Such requests shall be addressed to: Office of the Purchasing Agent
Email: Purchasing@Springfield.il.us
Phone: (217) 789-2191

Any necessary clarifications will be made in the form of a written addendum which will be issued to all potential bidders. Any questions or clarification requests must be received by the Office of the Purchasing Agent at least 10 business days following the release of the RFP.

Contact by any company regarding this RFP with any person other than the above designated Purchasing Agent will be grounds for disqualification.

If any organization will subcontract for these services, please specify the name and address of the organization.

THE CITY OF SPRINGFIELD reserves the right to accept or reject any and all proposals that is, in their judgment, the best and most favorable to the interest of the City and to accept any item in the vendor's proposal or a portion thereof; to reject any and/or all vendor's proposals; to accept and incorporate corrections, clarifications or modifications following the opening of the vendor's proposals; to waive irregularities and informalities in the process or in any vendor's proposal submitted; and award based on initial offer alone.

Acceptance of the Proposal

All proposals will remain valid for acceptance 120 days after opening of proposals to allow the Committee time to review the proposals and to permit adequate time to act.

THE CITY OF SPRINGFIELD and the Joint Labor-Management Health Insurance Committee reserves the right to reject any or all proposals and to accept the proposal which is the most advantageous to THE CITY OF SPRINGFIELD, its employees and retirees. THE CITY OF SPRINGFIELD further reserves the right to choose the most responsible vendor, if the chosen proposal best meets THE CITY OF SPRINGFIELD's goals.

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Weighting Factors

Each identified evaluation criteria listed includes a weight ranking which will be used to determine the finalist.

CONSIDERATION	EXPLANATION	WEIGHT
Pricing & Cost	• Reasonable estimated savings • Demonstration of value-added Services	25
Services	• Ability to perform the necessary work • Cost containment strategies • Ability to meet THE CITY OF SPRINGFIELD's current needs and beyond • Accessibility and accountability	30
Communication	• Thoroughness of proposal responses • Ability to produce relevant reports to the Committee • Ability to communicate with participants and the Committee o before, during and after implementation	30
Administration	• Flexibility to comply with requested reports or direction • Experience • Diversity in your workplace • Quality of service delivery • Demonstration of compliance with o government regulations • References	10
Local Vendor	• Corporate City Limit or County Location	5

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In addition to the weighted factors, consideration of your proposal will also be defined by the following:

- Your experience and the ability to provide a client referral list, two (2) of which must be government agencies providing the same or similar services as proposed by the City of Springfield.
- Your ability to adhere to the RFP specification/requirements and the completion of the RFP in its entirety.
- Your ability to make presentations and interact with THE CITY OF SPRINGFIELD employees on multiple days (and/or evenings).

Weighing factors will be ranked and evaluated on a scale from 1 – 5, according to the following criteria:

1 Poor – Did not respond to the question.
2 Fair – Meets many of the basic requirements.
3 Above Average – Meets the minimum requirements.
4 Good – Meets the minimum requirements and exceeds some.
5 Excellent – Appears to exceed all minimum requirements and demonstrates a proficient vision in most aspects.

Total Maximum Available Points for the entire Evaluation Criteria is 100 points.

CONTRACT TERMS AND CONDITIONS

The initial term of proposal will be effective March 1, 2026 with the option to renew based on pricing and performance, and

- shall be for a term of four (4) years

THE CITY OF SPRINGFIELD reserves the right to terminate with a 60-day notification, without contract penalties. The City also requires the right to change the agreement or cancel if any portion of the administration is found to be in violation of local, state, or federal regulations.

THE CITY OF SPRINGFIELD will require a signed contract for services. This RFP and the proposal submitted by the successful Bidder will become part of such contract(s).

General Requirements

1. Rates/Fees must be quoted and guaranteed for a minimum 24-month period
2. Plans must agree to the Contract Terms and Conditions of this Request for Proposal.

Term of Contract

1. Any contract awarded for on-site and/or near-site health clinic services for THE CITY OF SPRINGFIELD will be awarded on or about September 2025 with implementation of services

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on March 1, 2026. The term of the contracts will be for four (4) years with the option of a negotiated renewal after year 2 based on mutual agreement as to price and terms for remaining year. Rates must be quoted for a minimum 24-month period. However, THE CITY OF SPRINGFIELD encourages rate quotes for multiple years.

2. The contract year will be March 1 through February 28/29, annually for on-site and/or near-site health clinic services. The contract may be extended contingent upon funding and agreement of both parties on an annual basis.

Cancellation of Contract

1. Notwithstanding the term of the contract set out in "Term of Contract," the contract may be terminated by THE CITY OF SPRINGFIELD in its sole discretion with or without cause upon written notice delivered to the Contractor at least sixty (60) days prior to the intended date of termination. Contractor, in the event it desires to terminate, may do so in its sole discretion with or without cause and must give THE CITY OF SPRINGFIELD at least sixty (60) days written notice of cancellation before termination or services set forth in this contract. By such termination, neither party may nullify obligations already incurred for performance or failure to perform prior to the termination date.
2. Notice of Cancellation by either party must be sent by Registered Mail, Return Receipt Requested.
3. The effective date of cancellation cannot be prior to the termination date of the original term of the policy. Thereafter, cancellation can take place at any time, subject to the notice requirements set forth herein.

Renewal Requirements

At least 180 days prior to the first plan anniversary date of March 1 and annually thereafter, the Insurer will notify THE CITY OF SPRINGFIELD in writing of the Insurer's intent to renew or not renew. If the Insurer proposes to renew, the letter will describe in detail all proposed changes in the plan, if any, including rates.

Extensions

THE CITY OF SPRINGFIELD reserves the right to negotiate a partial year extension to facilitate a renewal agreement or change of plan year.

Rate Adjustments

All rates are to be guaranteed for the full term of the first two contract periods. Renewal rate adjustments will be made only once a year thereafter, and on the plan's anniversary date. (See "Renewal Requirements" above.)

No Loss Provision

It is the intent of THE CITY OF SPRINGFIELD that no insured or dependent suffer a loss of coverage solely by virtue of any change in Contractor, other than such loss that might be occasioned by changes THE CITY OF SPRINGFIELD makes in the design of the plan. Previously accumulated

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covered charges applicable to calendar year deductibles and stop- loss will be used by the new Contractor in administration of claims. This provision will not prevent any company from making day-to-day decisions on individual claims.

Transfer Provisions
All claims incurred prior to the termination date of the master policy will be honored in accordance with the terms of the present group policy.

Continuance of Coverage
Not applicable.

Coordination of Benefits
Not applicable.

Release
The Contractor will, upon final payment of the amount due under the contract, release THE CITY OF SPRINGFIELD, THE CITY OF SPRINGFIELD officers and employees from liabilities, claims, and obligations whatsoever arising from or under the contract. The Contractor agrees not to purport to bind THE CITY OF SPRINGFIELD, THE CITY OF SPRINGFIELD's officers and employees to any obligation not assumed in the contract by THE CITY OF SPRINGFIELD, THE CITY OF SPRINGFIELD's officers and employees, unless the Contractor has expressed written authority to do so, and then only within the strict limits of that authority.

Amendment
The contract will not be altered, changed, or amended except by an instrument in writing executed by the parties.

No Third-Party Rights
This contract will not be construed to create any rights enforceable by any entity or individual not a party to the contract.

Should any provision of this contract be found to be void or unenforceable, that provision will be severed from this contract and the remaining provision will continue in full force and effect and will constitute the agreement of the parties.

Commissions
All rates presented should exclude standard commissions. Please exclude all types of compensation that will be paid including commissions, contingent commissions, etc.

Negotiations
Contractors should make all conditions of their offer clear and may state stipulations in conjunction with the rate proposals or other parts of the proposal, but THE CITY OF SPRINGFIELD reserves the right to negotiate such matters with the Bidder in discussions prior to contract award.

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Meeting Attendance

A condition of this contract requires in-person attendance for quarterly review meetings at THE CITY OF SPRINGFIELD, and as requested.

Non-Liability/Indemnification/Hold Harmless

Neither THE CITY OF SPRINGFIELD nor any of its officers or employees will be liable for, and the Contractor agrees to hold THE CITY OF SPRINGFIELD, its officers and employees harmless from any claims, injury, demand, or judgment based upon contract, tort, or other grounds (including warranty of merchantability) arising out of any acts or failure to act by Bidder pursuant to the Agreement or otherwise.

Records and Audit

THE CITY OF SPRINGFIELD RIGHT TO AUDIT: It will be the understanding of the Contractor and THE CITY OF SPRINGFIELD that all the provisions of the Agreement, as well as its exhibits, attachments, and amendments are subject to full audit by THE CITY OF SPRINGFIELD, with no exceptions. By entering into the Agreement, Contractor acknowledges the right of THE CITY OF SPRINGFIELD, at reasonable intervals, to fully examine, copy, and audit all records (including records containing proprietary information) within the possession or control of the Contractor which in any way pertain to THE CITY OF SPRINGFIELD and or THE CITY OF SPRINGFIELD benefits program. Upon receipt of a written audit request from THE CITY OF SPRINGFIELD, Contractor agrees to fully disclose, identify, and make available to THE CITY OF SPRINGFIELD, in a timely manner, all records (including records containing proprietary information) within the Contractor's possession or control which in any way pertains to THE CITY OF SPRINGFIELD audit request.

The Contractor will maintain and make available all records relating to the Agreement and its attachments, exhibits, and amendments at least through the term of the Agreement and for three (3) agreement years thereafter or at least two (2) calendar years after the termination of the Agreement, whichever is longer. The records will be made available to THE CITY OF SPRINGFIELD and its duly authorized representatives at the business location of Contractor nearest to the requesting member during regular business hours and such record audits will be conducted with reasonable diligence without duplication costs.

If there is any dispute between the Contractor and THE CITY OF SPRINGFIELD regarding the relevance of the records to the inspection, the Contractor agrees to accept as final THE CITY OF SPRINGFIELD determination as to which documents are relevant to the audit request. THE CITY OF SPRINGFIELD agrees to use Contractor's proprietary information, solely for audit purposes only. THE CITY OF SPRINGFIELD will have the right to audit charges both before and after payment. Payment under the Agreement will not foreclose the right of THE CITY OF SPRINGFIELD to recover overpayments or illegal payments or both. The Contractor acknowledges that time is of the essence with respect to identifying, disclosing, and making available records that respond to THE CITY OF SPRINGFIELD audit requests. Contractor agrees to cooperate with THE CITY OF SPRINGFIELD right to audit.

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Confidentiality

The relationship between the Contractor and THE CITY OF SPRINGFIELD will be that of Contractor and Client. Any information and other data developed or acquired by or furnished by the Contractor in the performance of the contract will be kept confidential and will not be made available to any individual or organization without the prior written approval of THE CITY OF SPRINGFIELD. The Contractor will return all information and other data developed, acquired, or furnished by the Contractor in the performance of the contract to THE CITY OF SPRINGFIELD within thirty (30) days of the termination date of the contract.

Responsibility for Compliance with Legal Requirements

The Contractor's products, services, and facilities will be in full compliance with all applicable federal, state, and local health, environmental, and safety laws, regulations, standards, and ordinances, regardless of whether or not they are referred to by this contract.

Status of Contractor

The Contractor, his agents and employees are independent contractors performing professional services for THE CITY OF SPRINGFIELD and are not employees of THE CITY OF SPRINGFIELD. The Contractor warrants that the recommendations, guidance, and performance of any person assigned under the contract will be in accordance with sound professional standards and the requirements of the contract.

Assignment and Subcontracting

The Contractor will not assign or transfer any interest in the contract, nor will the Contractor subcontract any portion of the services to be performed under the contract, without the prior written approval of THE CITY OF SPRINGFIELD.

Severability

Should any provision of this contract be found to be void or unenforceable, that provision will be severed from this contract and the remaining provision will continue in full force and effect and will constitute the agreement of the parties.

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GENERAL INFORMATION AND SPECIFICATIONS

Required Format and Necessary Information

To response to this RFP may be submitted electronically in association with the instructions herein.

Office of the Purchasing Agent
Email: Purchasing@Springfield.il.us
Phone: (217) 789-2191

Contact by any company regarding this RFP with any person other than the above designated Purchasing Agent will be grounds for disqualification.

If any organization will subcontract for these services, please specify the name and address of the organization.

All proposals must be typewritten. Changes or corrections must be initialed by the person signing the Proposal and will be accepted only prior to the proposal submission deadline.

Proposals must be signed by a person legally authorized to bind the Bidder and must contain a statement that the Proposal and costs proposed therein will remain firm. (See Proposal Certification).

That the company bidding with THE CITY OF SPRINGFIELD agrees not to discriminate against any employee, or applicant for employment, with respect to conditions related to employment based on race, color, religion, natural origin, sex, handicap status or ancestry.

THE CITY OF SPRINGFIELD has a healthcare committee that meets regularly. Your attendance will be required at vendor meetings (3 to 4 times per year) and sometimes at monthly or special session meetings. Meetings are held in Springfield, IL. Provide an acknowledgement of the primary liaison ability to attend vendor meetings, monthly meetings and special sessions.

This will be a direct contract with THE CITY OF SPRINGFIELD for proposed services and/or administration. No commissions and/or fees will be paid by THE CITY OF SPRINGFIELD to outside vendors, brokers or agents for the proposed services and/or administration. No commissions should be included in your rates.

Proposal Conditions

Bidders will be bound by the terms and conditions of the proposal that is submitted to The City of Springfield, as well as any follow-up information or correspondence transmitted to THE CITY

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OF SPRINGFIELD during the proposal process. The contract between THE CITY OF SPRINGFIELD and the successful Bidders will incorporate this RFP, amendments to this RFP, and the Bidders' responses and proposal, as an integral part of the contract except to the extent that the contract explicitly provides to the contrary. All material submitted during the proposal process becomes the property of THE CITY OF SPRINGFIELD for its use and disposition.

Proposal Discussions and Presentations

1. THE CITY OF SPRINGFIELD may, at its discretion, schedule proposal discussions with selected Bidders to promote understanding and facilitate arriving at a contract or contracts that will be most advantageous to THE CITY OF SPRINGFIELD.
2. THE CITY OF SPRINGFIELD reserves the right to request Bidders who are finalists in the selection process to attend an oral interview to answer pending questions. THE CITY OF SPRINGFIELD is not bound to accept a proposal based on lowest quoted price alone and reserves the right to reject any or all proposals if it is deemed in the best interest of THE CITY OF SPRINGFIELD to do so.

Proprietary Information – Confidentiality

1. The Bidder must clearly label any information in the bid Proposal that the Bidder regards as proprietary, so that THE CITY OF SPRINGFIELD may make a reasonable effort to preserve the confidentiality of that information, where legally permissible.
2. Any Bidder may request non-disclosure of confidential data. Such requests must be made in writing and submitted with the proposal response. THE CITY OF SPRINGFIELD will not unreasonably deny such requests; however, no Bidder may request the total exemption of a proposal. Price and information concerning the specifications cannot be considered confidential. Material or data that the Bidder wishes to consider confidential or proprietary will accompany the proposal but must be separated and readily identifiable to facilitate eventual public inspection of the non-confidential or non-proprietary portion of the proposal after award.

Rejection of Offers

THE CITY OF SPRINGFIELD reserves the right to award offers based on its evaluation criteria, to reject any and all offers or any part thereof, and to accept the offer that is in the best interest of THE CITY OF SPRINGFIELD.

Withdrawal/Modification of Offer

1. The established due date is the time and date announced for receipt of proposals.
2. Offers may be withdrawn by written notice, e-mail, telephone call, or in person by an authorized representative any time prior to the established deadline.

Amendments and Clarifications

This RFP can only be amended in writing. Any Bidder submitting a proposal must acknowledge, in writing, receipt of all amendments and clarifications issued.

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Disclosure

The contents of any proposal will not be disclosed or available to competing Bidders during the negotiation process.

Acknowledgement of Addenda

Bidders will acknowledge receipt of any proposal addenda to the RFP by identifying the addendum number and date in the space provided on the response form.

Electronic Capabilities

Ability to utilize and integrate electronic medical records, including the ability to accept the member's eligibility and claim information, as submitted by THE CITY OF SPRINGFIELD's third-party administrators for medical and prescription coverage.

RFP Questionnaire

Your Organization/Company Information

Your response to RFP should include information about your company. Your company information should include:

1. Provide a description of your organization/company. Include your parent company and subcontractors/partners, if any.
   a. Full Name of Organization/Company
   b. Address of Corporate Headquarters
   c. Brief history and ownership
   d. Name and Contact information for this RFP
   e. List of cities and states that your company currently has office locations
   f. Provide the number of employees in your organization/company (All companies under your Corporate). And the number of employees in each location and working remotely.
2. If applicable, provide information on the company within your organization that oversees services provided at on-site and/or near-site clinics.
3. Describe your company's overall experience and qualifications specifically in the public sector.
4. THE CITY OF SPRINGFIELD is committed to providing opportunities to all genders and ethnic groups.
   a. Is your firm a minority, or a woman- owned business enterprise?
   b. Describe your company's initiatives, practices and placement of women and minorities in your organization.
   c. Based on your total management positions, how many women and minorities do you employ in management?
5. Provide the name; address, telephone number and e-mail address for the person/s, any additional questions/information or scheduling of the finalist meeting should be directed to for the completion of this proposal process.
6. Is your company licensed and registered to operate in the State of Illinois, as a health insurance claim administrator (Please submit a certificate of good standing with your proposal)? Is your company licensed agent and registered to operate in the State which situs your corporate office(s)?
7. Provide certificate of Insurance for Errors & Omission, Liability and/or Bonding.
8. Provide brief information about the person who will be the primary representative for THE CITY OF SPRINGFIELD.
9. Provide brief information about the team that will be assigned to THE CITY OF SPRINGFIELD and their experience in servicing accounts like THE CITY OF SPRINGFIELD.

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10. An affidavit must be submitted substantiating that your company and/or company agents have not been paid directly or indirectly, by any person, firm or corporation, any money or valuable consideration for assistance in procuring the contract herein referred to. Your company further agrees that no such money or reward will be paid after the RFP is submitted. You must submit an affidavit stating the above with the request for proposal.
11. Please include contact information for two (2) references; one (1) current client and one (1) former client for whom services have been provided for the last three years. Clients that are municipalities and cities will be considered to have higher merit.
12. Has your company or any principal/executive at your company been engaged as a defendant in any litigation and/or subject to any disciplinary action. If so, please provide a description of investigation, including any ongoing investigations.

Clinic Modeling

Please document in detail your company's ability to provide the following for on-site and/or near-site health clinic facility.

1. Prepare a preliminary on-site/near-site Health Service Clinic Model. Provide a blueprint of options for the model clinic you are proposing for the City of Springfield. On each model, keep in mind our size, location and structure. For your proposed clinic and based on the utilization of current clinic provided, please provide information on
    a. Recommended amount of space/location and how and who is responsible for obtaining it. Include ability of THE CITY OF SPRINGFIELD to incorporate or add new locations.
    b. Describe how the staff is selected and how they are compensated. Include information regarding professional credentialing held by clinic staff members, background checks (educational and criminal) and drug screenings.
    c. Does staffing include any health coaches, dieticians, nutritionist or physical therapist?
    d. Provide strategy for providing back-up staffing when primary staff is unavailable.
    e. Identify the anticipated hours of operations. Include the ability of THE CITY OF SPRINGFIELD determine days and hours of operation of clinic(s). Members accessing the clinic averages 74 visits a week.
    f. Technology to be utilized, including the type of software used to document services and exchange information to THE CITY OF SPRINGFIELD and our TPA's.
    g. Do you have ability to bill Medicare for our Medicare Retiree population?
    h. Indicate the number of exam rooms, conference rooms, offices, computer room, waiting room/receptionist room, labs/x-ray, necessary equipment, storage facilities, bathroom, etc.
    i. Include information on any necessary licensing and legal documentation required for the clinic and whose responsibility is it to obtain them.

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j. Describe maintenance of clinics, including but not limited to cleaning of office, equipment maintenance and repairs, etc.

2. Describe in-take process, including the availability of privacy during the in-take process.
3. Can your health clinic capture diagnosis, CPT and ICD health coding for integration with THE CITY OF SPRINGFIELD's prescription drug program and the claims' third-party administrator?
4. Does your clinic currently have a relationship with a client that may be willing to share space and cost with the City?

Clinic Program Structure

Please include information on the following and any other service that we have not included.

1. Provide a, week by week, outline of your timeline for the implementation process of health clinic services, in the event you are selected. Include available alternative, if THE CITY OF SPRINGFIELD is unable to achieve items indicated in recommended timeline.
2. Do you have any contract relationships/partnerships with physicians, networks hospitals or other medical organizations in the Springfield Area?
3. How do you plan to control, monitor and measure quality of service at the Clinic?
4. Describe how clinical practice guidelines are developed and disseminated among clinics and update on a regular basis.
5. Please explain how you will be able to provide the following services in THE CITY OF SPRINGFIELD Clinic
    a. On-line opportunities
    b. Walk in access
    c. Secure provider communication
    d. Clinic visit summary
    e. Secure personal health records
    f. Submit information to the necessary parties
6. Are your health clinics structured under ERISA and subject to ERISA fiduciary requirements?
7. Will the clinic allow $0 cost for services for HDHP members?
8. How do you access an injury/illness and determine if the condition is occupational or non-occupational? How would you provide this information to THE CITY OF SPRINGFIELD, if it is found to be occupational? Can billing be presented to THE CITY OF SPRINGFIELD 's work compensation program?

Clinic Vendor Relationships/Services

1. Does your organization have negotiated arrangements in place to leverage your national buying power to secure medical supplies, equipment and pharmaceuticals at a discount on retail prices? If yes, identify your major suppliers and explain how significant are the discounts?
2. Would 100% of the discounted cost for the items identified above be passed on to the City of Springfield? Does your organization charge an administrative cost for this access?

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3. Do you have a reporting mechanism that can be provided to THE CITY OF SPRINGFIELD for monitoring referrals?
4. Describe any and/or all necessary amenities for the facility that THE CITY OF SPRINGFIELD must provide.
5. Tell us what makes your company the best fit for THE CITY OF SPRINGFIELD in relationship to the other vendors offering an on-site clinic. What attribute does your company lack in comparison to the other on-site vendors?
6. Describe any new or innovative ideas that may be beneficial for City members.
7. Will you support the City in development of wellness activities or promotions?

Clinic Patient Experience

1. Describe THE CITY OF SPRINGFIELD's patient's anticipated scheduling and experience at the health clinic?
2. What is the typical amount of face-to-face time a patient has with a treating physician during the appointment?
3. What measures do you use to ensure minimum wait times, comfort of patient, accountability of staff, etc.?
4. What measures do you use to maintain privacy of patients when at clinic?
5. If a participant misses an appointment without contacting the clinic, will there be any penalty to THE CITY OF SPRINGFIELD?
6. Describe incentives THE CITY OF SPRINGFIELD can provide to encourage participants to use the clinic.

Clinic Cost & Accounting

1. Please provide estimates of the following and completing the questions based on those estimates:
    a. Implementation Cost
    b. Operational Cost
    c. Utilization Cost
    d. Prescription Cost
    e. Additional Clinic Costs
2. Is there a start-up fee? What is your start-up procedure? Please explain.
3. Describe any administrative and accounting procedures THE CITY OF SPRINGFIELD must adopt to administer the plan through THE CITY OF SPRINGFIELD's clinic.
4. List all supplies and equipment to be purchased, with the estimated cost. Include the cost for laboratory equipment.
5. Please describe the payment structures options that are available to THE CITY OF SPRINGFIELD, such as "flat fee, etc.
6. Can implementation cost, including necessary equipment, clinic space, etc., be part of a monthly service charge?
7. With respect to the anniversary date, when does renewal underwriting take place?

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8. If a change in cost becomes necessary, what will the change in cost be based upon and when will the rate change (if any) go into effective? How much advance notice will THE CITY OF SPRINGFIELD receive regarding change in cost?
9. Could a decrease in cost ever occur for THE CITY OF SPRINGFIELD?
10. If applicable, do you have the capability to provide THE CITY OF SPRINGFIELD and THE CITY OF SPRINGFIELD's actuary all claims data needed to comply with GASB 45?
11. Are there any performance guarantees provided to the CITY?

Clinic Prescription Drug Dispensing

1. Tell us about your capability to offer prescription drugs. Include a list of the drugs you anticipate offering in the clinic and their cost to THE CITY OF SPRINGFIELD.
2. Please indicate for persons age 65 and over, whether we will be able to report their cost for prescription drugs for the Retire Subsidy Program (RDS).
3. How will inventory for prescription drugs be maintained and replenished?
4. How will THE CITY OF SPRINGFIELD be billed for prescription drugs dispensed at the clinic?
5. Will the City be billed for any prescriptions that expire?
6. Describe minimum and maximum number of day supply (1 week, 30 days, 90 days, etc.) that will be dispensed to participants.
7. What type of utilization review is incorporated into the prescription dispensing to participants?

Clinic Services

Please document in detail your company's ability to provide the following range of services available at on-site and/or near-site clinic, including but not limited to:

1. Ability to treat plan participants, including employees and their covered dependents.
2. Ability to offer a Health Coach for plan participants.
3. Ability to assist plan participants with obtaining a PCP, if they do not have one.
4. Immunizations/Vaccinations
5. Physical exams
6. Sports physicals
7. School physicals
8. Eye exams
9. Flu clinics
10. Preventive care; wellness for women, men and children
11. Laboratory services
    - Rapid Strep
    - Urinary Tract Infections
    - Pregnancy
    - Total Cholesterol
    - Glucose
    - CBC
12. Chronic care visits, including follow-up visits

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13. Simple surgical treatments; mole and wart removal, infected toenails, removal of foreign objects under skin, etc.
14. Radiology services
15. Acute illness
    - Sore throat
    - Sinus infection
    - Ear infection
    - Swimmers' ear
    - Pink eye
    - Mononucleosis
    - Flu
    - Pneumonia
    - Sprains & Strains
16. Rashes
    - Ringworm
    - Poison Ivy
17. Prescribing and dispensing Rx Drugs
18. Biometric Screenings, Health Risk Assessment program and tracking mechanism
19. Height and Weight measurements
20. Blood Pressure
21. BMI
22. Body Fat Analysis
23. Any additional services offered in your clinic(s)

Experience and Financial Reports

Please document in detail your company's ability to provide experience, financial, and data management report requirements.

Reporting capabilities should include monthly, quarter-to-date and year-to-date summaries of utilization & activity in a standard format as defined by THE CITY OF SPRINGFIELD. Please provide sample reporting.

Confirm ability to provide written and verbal communication with THE CITY OF SPRINGFIELD's Health TPA.

Billing

Please provide billing process utilized by your organization/company including sample monthly invoice.

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SUBMISSION CHECKLIST

Deadline for Response: Monday, May 5, 2025

Submission Requirements	Included
1. Submit electronically or hard copy	
2. Proposal Certification	
3. Affidavit	
4. RFP Questionnaire	
Your Organization/Company Information	
Clinic Modeling	
Clinic Program Structure	
Clinic Vendor Relationships/Services	
Clinic Patient Experience	
Clinic Cost & Accounting	
Clinic Prescription Drug Dispensing	
Clinic Services	
5. Experience and Financial Reports	
6. Confirmations	

The Submission Checklist is only a summary of the forms and materials required as part of your proposal. You are urged to thoroughly read the entire RFP to ensure compliance with the submission requirement

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EXHIBITS - REQUIRED SUBMISSIONS

Exhibit A - CONFIRMATIONS

Please answer all the following by placing an X in the appropriate box. Please complete this table even if you have included similar information in another part of your proposal. This will assist THE CITY OF SPRINGFIELD in accurately assessing the responses. Please specify any deviations from these specifications in your cover letter to the Proposal, and clearly state them in the Proposal. **This form must be used for your response**

Contract Terms and Conditions	Agree	Agree, with Deviations	Do Not Agree
A. General Requirements			
B. Term of Contract			
C. Cancellation of Contract			
D. Renewal Requirements			
F. Extensions			
G. Rates Adjustments			
H. No Loss Provisions			
J. Transfer Provisions			
K. Continuance of Coverage			
L. Coordination of Benefits (COB)			
M. Release			
N. Amendment			
O. No Third-Party Rights			
P. Commissions			
Q. Negotiations			
R. Meeting Attendance			
S. Non-Liability/Indemnification/Hold Harmless			
T. Records and Audits			
U. Confidentiality			
V. Responsibility for Compliance with Legal Requirements			
W. Status of Contractor			
Y. Assignment and Subcontracting			
AA. Severability			

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General Information and Specifications	Agree	Agree, with Deviations	Do Not Agree
A. Required Format and Necessary Information			
B. Proposal Conditions			
C. Proposal Discussions and Presentations			
D. Propriety Information - Confidentiality			
E. Rejection of Offers			
F. Withdrawal/Modification of Offer			
G. Amendments and Clarifications			
H. Disclosure			
I. Acknowledgement of Addenda			
J. Electronic Capabilities			
K. PBM Integration			

APPENDIX A

CURRENT PLAN DESIGNS

Please refer to the attached PDF file titled "SBC's" for plan details.

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Near-Site Clinic RFP – Vendor Comparison

Vendor Name	HSHS Medical Group (LeadWell)	Marathon Health, LLC	Springfield Clinic	Memorial Health
Clinic Location/Model	Existing near-site clinic at 5220 S. Sixth Street, Springfield	Near-site shared model 2930 Montvale Drive, Springfield	Near-site shared model: Springfield Clinic Main Campus East Building – 1025 South 6th Street	All Memorial sites of care (Memorial Care, Primary Care, Urgent Care and Drive-Thru Labs)
Locations	Springfield (2 locations)	Locations in Springfield, Bloomington, Champaign and nationwide	Locations in Springfield, Decatur and Peoria (18 communities in Illinois)	Existing Memorial Care sites across Central IL
Facility & Space	4+ exam rooms, lab, office, waiting area, managed by HSHS	4-6 exam rooms, 1 conference room, 1 clinic station, waiting room, lab, storage	3 exam rooms, lab and imaging services, office, waiting area	Exam rooms, lab, office, waiting area
Staffing	Nurse practitioners, health coach, MAs, PSRs; backup available	1.0–1.6 APP, 2.0 MA, optional health coach; scaled by usage	2 MDs, 1 Clinical (NP, MA, PSR), optional health coach, dietician	Existing Memorial providers; Nurse Concierge; urgent care
Clinic Hours	Mon–Thurs, 7:00 a.m.–5:30 p.m.; adjustable	Mon-Fri; hours vary Total 40 hours per week	Mon-Thurs, 8:30am – 4:30pm; adjustable	Varying hours by location; 8am-8pm daily most locations
Services Offered	Primary/acute care, screenings, wellness, Rx dispensing, referrals, Medicare billing	Primary/acute care, diagnostics, mental health, optional coaching	Primary/acute care, screenings, wellness, Rx dispensing, referrals, Medicare billing	Free primary/urgent care, free virtual care, wellness, disease mgmt., labs
Technology Platform	Epic EHR; TPA data integration; secure reporting	Athenahealth EHR; Ignite analytics platform	Athenahealth EHR	
Performance Guarantees	Quarterly reports, QA methods, shared governance	10% fees tied to KPIs (engagement, quality, savings)	Quarterly meetings,	$15k penalty per unmet; rebates on hospital spend
Local Integration	Springfield Clinic, HSHS hospitals	Not affiliated with hospitals; independent network	SIU, Memorial, HSHS	Memorial Hospital
Implementation Timeline	Immediate (incumbent, no setup delay)	3–6 months typical; phased buildout	3-6 months	Immediate
Cost Model	Direct cost model; no broker commissions	PMPM – Tiered pricing	Flat, fixed rate with annual re-evaluation	Capitated + PDPY + 15% Admin

Vendor Name	HSHS Medical Group (LeadWell)	Marathon Health, LLC	Springfield Clinic	Memorial Health
Pricing				
Implementation Fee	$0	$15,000	$0	$0
Year 1 Fee	Hourly Rates: Health Coach $81.26 Medical Assistant $54.78 Provider $130.11 Registrar $41.09 Supplies Expense/visit $9.00	$480,000* (+$60,687 for virtual health coach) *Assumes $10 PMPM	$1,200,000	Primary Care $420,000 Health Services $99,000 Admin Fee $77,850
Year 2 Fee	Hourly Rates: Health Coach $85.33 Medical Assistant $57.52 Provider $136.62 Registrar $43.14 Supplies Expense/visit $9.00	$748,000* (+$63,722 for virtual health coach) *Assumes $15.660 PMPM	Reviewed Annually $1,200,000	Primary Care $432,600 Health Services $99,000 Admin Fee $79,740
Projected Clinic Expenses through Year 2	$852,274 *Does not include lease agreement cost with Hope of $40,000	$1,228,000+($124,409 for Virtual Health coach) Pricing is tiered by engagement	$2,400,000* *Based on 74 patients a week	$1,208,190
Medicare Billing	Yes	No	Yes	Not specified
References	Steven's Industries (current), Horace Mann (former)	City of Rockford (current), City of Fishers (former)	Illinois State Police University of Illinois - SPFD	Sangamon County (current) District 186 (current)
Reference Comments		Very Positive, nationwide services + flexible for hours		Very Positive, responsive, same enthusiasm now as during RFP.
Additional Notes:		Reduced original proposal		Communication to employees is key for billing issues- Memorial Choice Card

ORDINANCE FACT SHEET

DATE OF 1st READING: October 9, 2025

OFFICE REQUESTING: Human Resources

CONTACT PERSON: Kelley Martin

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

PHONE NUMBER: (217) 789-2446

FISCAL IMPACT: See attached.

SUGGESTED TITLE: AN ORDINANCE AUTHORIZING THE APPROVAL TO CONTRACT WITH MEMORIAL HEALTH FOR COMPREHENSIVE NEAR-SITE CLINIC SERVICES TO CITY EMPLOYEES, RETIREES AND ELIGIBLE DEPENDENTS BEGINNING MARCH 1, 2026 - FEBRUARY 28, 2030.

CONTRACTOR / VENDOR NAME: Memorial Health

CONTRACT TERM: March 1, 2026 - February 28, 2030 **VENDOR NO:**

CONTRACT AMOUNT: $2,476,090 **Change in Scope Yes** ☐ **No** ☑

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☑ Other: RFP
☐ Exception:
Code Provision:

Previous Ord #'s

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☑

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	074	107	BMGT	HINS	1219	2,476,090
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Cost Breakdown and RFP Comparison

STAFF ANALYSIS

To authorize the City of Springfield to enter into a contract with Memorial Health to provide comprehensive near-site clinic services for City employees, retirees, and eligible dependents as part of the City's Health Care RFP from 3/1/2026 - 2/28/2030. Memorial Health was selected as the recommended vendor for near-site clinic services following a competitive evaluation process. Their proposal offers a comprehensive care model that provides members with access to multiple Memorial Health locations, including primary care, urgent care, prompt care, and drive-through lab services.

ESTIMATED FINANCIAL IMPACT: (Detailed Attached) 4-Year Estimated Employer Expense $2,476,090

Note: These figures are estimates. The above expenses are before adjustments for: Hospital Rebates, Shared Savings and Performance Guarantees.

FUNDS CHECK BY: Courtney Heinzel Digitally signed by Courtney Heinzel Date: 2025.10.13 15:00:25 -05'00' **Date:**

DIRECTOR / SUPERVISOR: **Date:**

CITY PURCHASING AGENT: **Date:** 10-14-2025

SIGN OFF: GEM

(Mayor's Signature) (Director of OBM)

2025-448

The information supplied on this form is not confidential information.

2025-449

AN ORDINANCE AMENDING CHAPTER 79, SECTION 79.30(b) OF THE 1988 CITY OF SPRINGFIELD CODE OF ORDINANCES, AS AMENDED, REVISING DESIGNATED SNOW EMERGENCY ROUTES, FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, it is in the best interest of the City to amend Chapter 79, Section 79.30(b) of the 1988 City of Springfield Code of Ordinances, as amended, revising designated snow emergency routes.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby amends Chapter 79, Section 79.30(b) of the 1988 City of Springfield Code of Ordinances, as amended, as follows:

SEE EXHIBIT A

Section 2: That the City Clerk is hereby directed to publish this ordinance in pamphlet form.

Section 3: That this ordinance shall become effective immediately upon its passage, recording by the City Clerk and publication in pamphlet form.

PASSED:_____**, 2025**

SIGNED:_____**, 2025**

RECORDED:_____**, 2025**

_____
Mayor Misty Buscher

ATTEST:_____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.15.25
Office of Corporation Counsel/Date

Requested by: Mayor Misty Buscher

§ 79.30. Snow emergency.

(a) Declaration of emergency. Whenever the director of public works, the city traffic engineer, or the chief of police, determine that an emergency exists or is imminently forecast in the city, or in a section or sections thereof, because of snow, freezing rain, sleet, ice, snowdrifts, or other natural phenomenon which creates hazardous road conditions impeding or likely to impede the free movement of fire, health, police, emergency, or other vehicular traffic threatening the safety and welfare of the community, the director of public works along with either of the other two mentioned officials together may declare a snow emergency to exist for a period of 72 hours or less. Said declaration of emergency shall be released to the public information media prior to its effect. The emergency declaration may be extended or renewed as conditions warrant.

(b) The following streets are designated as snow emergency routes and all such streets shall be posted with suitable signs or markers at intervals not exceeding 500 feet, which signs or markers shall bear the words "SNOW EMERGENCY" and also indicate where parking would otherwise exist that parking is prohibited during a snow emergency.

Street	From	To
~~*Sangamon*~~	~~*5th Street*~~	~~*Peoria Road*~~
5th Street	Sangamon	Stanford
6th Street	Bryn Mawr	5th Street
19th Street	Sangamon	Carpenter
Griffiths	Factory	19th Street
~~*Factory*~~	~~*Ridgely*~~	~~*Griffiths*~~
Peoria Road	9th Street	Sangamon
9th Street	Peoria Road	South Grand
11th Street	Ridgely	Toronto
North Grand	Bruns Lane	Wheeler
Carpenter	Walnut	19th Street
2nd Street	North Grand	Laurel
1st Street	North Grand	Adams
Adams	~~*2nd Street*~~ *9th Street*	Lewis
Rutledge	North Grand	Carpenter
Walnut	North Grand	~~*South Grand*~~ *Monroe*
~~*MacArthur*~~	~~*North Grand*~~	~~*Iles*~~
~~*Bruns Lane*~~	~~*North Grand*~~	~~*Washington*~~
~~*Chatham Road*~~	~~*Washington*~~	~~*Wabash*~~
~~*Madison*~~	~~*Walnut*~~	~~*16th Street*~~
~~*Clear Lake*~~	~~*16th Street*~~	~~*24th Street*~~
Jefferson	~~*16th Street*~~ *9th Street*	Amos
Washington	~~*Veterans Parkway*~~ *Chatham Road*	~~*2nd Street*~~ *9th Street*
~~*Lewis*~~	~~*Monroe*~~	~~*Madison*~~
Monroe	~~*Veterans Parkway*~~ *Stange*	9th Street
Capitol	*2nd St*	*5th St*
Capitol	~~*9th*~~ *11th Street*	Martin Luther King
7th Street	Carpenter	~~*Jefferson*~~ *South Grand*

~~16th Street~~	~~Carpenter~~	~~Clear Lake~~
Martin Luther King	Clear Lake	Ash
Edwards	MacArthur	2nd
College	Monroe	Edwards
Spring	South Grand	~~Edwards~~ Lawrence
Cook	~~Dirksen~~ 9th Street	Pasfield
Lawrence	Monroe	9th Street
~~Old J'ville Road~~	~~Monroe~~	~~Chatham Road~~
South Grand	~~MacArthur~~ 11th St	Taylor Avenue
Laurel	MacArthur	~~Taylor Avenue~~ 4th Street
Laurel	8th Street	Taylor
Ash	~~MacArthur~~ Glenwood	~~Dirksen Parkway~~ Spring
Ash	10th St	Dirksen Parkway
Outer Park Drive	Bates	1st Street
1st Street	Bonnie ~~Highland~~	Ash
~~Iles~~	~~I.C.G. RR Crossing~~	~~6th Street~~
Oberlin	6th Street	11th Street
Taylor Avenue	South Grand	Stevenson
~~West Lake Drive~~	~~Stevenson~~	~~Shepherd Road~~
~~Shepherd Road~~	~~West Lake Drive~~	~~Toronto Drive~~
~~9th Street~~	~~Ash~~	~~Oberlin~~
Stanford Ave	6th St	Fox Bridge Rd
Glenwood	South Grand	Laurel

(c) The city traffic engineer shall place and maintain all snow emergency signs or markers required by this section.

(d) Upon the declaration of a snow emergency, the parking, standing, or leaving of any vehicles upon any or all of the before designated snow emergency streets shall be prohibited. The emergency declaration provided for in this section may be extended to streets other than those designated as snow emergency routes.

(e) If any vehicle is parked, abandoned, or left standing in violation of the terms of this section, the same shall be considered a hazard and may be impounded and issued a citation.

(f) Parking may be resumed on individual streets upon termination of the emergency condition as soon as final plowing, as announced by the director of public works, has been completed on that street.

(g) The owners of vehicles parked in violation of a snow emergency declaration shall be responsible for all towing and storage charges and administrative fees unless the location at which the vehicle was parked was not properly marked as a snow emergency route in accordance with this chapter, without regard to whether or not actual notice of the declaration was received by the owner.

(Ord. No. 655-9-96, § 1(Exh. A), 9-17-96; Ord. No. 471-11-22, § 1(Exh. A), 11-15-22)

ORDINANCE FACT SHEET

REQUEST FORM NO: 25-58
DATE OF 1ST READING: 10/21/2025

OFFICE REQUESTING: Public Works
CONTACT PERSON: T.J. Heavisides
PHONE NUMBER: (217) 789-2255

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: Ordinance Revision
FISCAL IMPACT: $ -

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE REVISING CERTAIN DESIGNATED SNOW EMERGENCY ROUTES WITHIN CHAPTER 79.30 FOR THE OFFICE OF PUBLIC WORKS

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

CONTRACTOR / VENDOR NAME: **VENDOR NO:**

CONTRACT TERM: **CONTRACT #** **Change in Scope** Yes [ ] No [ ]

CONTRACT AMOUNT: (Original amount if change order) | **Change Order #** | **Additional Amount**

Method of Purchase (check one) **Previous Ord #s** 655-9-96, 471-11-22

[ ] Low Bid [ ] Other: **Is Purchasing Agent approval required?** No [X] Yes [ ]
[ ] Low Bid Meeting Specs [ ] Exception: **Is Purchasing Agent approval attached?** No [X] Yes [ ]
[ ] Low Evaluated Bid **Code Provision:**

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

FUNDS CHECK BY:	**Date:** 10.14.2025
DIRECTOR / SUPERVISOR SIGNATURE	**Date:** 9 OCT 25
CITY PURCHASING AGENT:	**Date:** 10-14-2025

COMMENTS

This is a proposed change to Exhibit A of Chatper 79.30 of the City's Code of Ordinances to revise the limits of certain streets designated as snow emergency routes. The proposed revisions vary, but generally the streets shown to be removed are proposed for removal either because they are already posted as no parking at all times, otherwise do not allow parking at all times, or because the street segment is no longer part of an arterial street system. Other revisions are to add street segments or modifications of limits to ensure snow operations are adequately addressed.

SIGN OFF:

(Mayor's Signature) GEA

(Director of OBM)

2025-450

AN ORDINANCE APPROVING AMENDMENT NO. 4 TO THE LOCAL AGENCY PARTICIPATION AGREEMENT WITH THE ILLINOIS DEPARTMENT OF TRANSPORTATION TO REIMBURSE THE CITY FOR LAND ACQUISITION AND PRELIMINARY ENGINEERING EXPENSES FOR THE SPRINGFIELD RAIL IMPROVEMENTS PROJECT MFT SECTION 19-STATE-00-RR

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City of Springfield, the County of Sangamon and the State of Illinois (the "Parties") entered into an Intergovernmental Cooperation Agreement for Construction of the Tenth Street Rail Corridor and certain Third Street Rail Corridor Improvements dated May 12, 2016; and

WHEREAS, the City Council previously passed ordinance 353-08-19 authorizing a local public agency agreement with the Illinois Department of Transportation to reimburse the city $40,700,000.00 for land acquisition and preliminary engineering expenses for the Springfield Rail Improvements Project, MFT Section 19-STATE-00-RR; and

WHEREAS, the City Council previously passed ordinance 505-12-21 authorizing amendment no. 1 to the local public agency agreement with the Illinois Department of Transportation to reimburse the city $2,600,000.00 for land acquisition and preliminary engineering expenses for the Springfield Rail Improvements Project, MFT Section 19-STATE-00-RR; and

WHEREAS, the City Council previously passed ordinance 415-10-22 authorizing amendment no. 2 to the local public agency agreement with the Illinois Department of Transportation to reimburse the city $4,240,000.00 for land acquisition and preliminary engineering expenses for the Springfield Rail Improvements Project, MFT Section 19-STATE-00-RR; and

WHEREAS, the City Council previously passed ordinance 363-08-23 authorizing amendment no. 3 to the local public agency agreement with the Illinois Department of Transportation to reimburse the city $14,556,000.00 for land acquisition and preliminary engineering expenses for the Springfield Rail Improvements Project, MFT Section 19-STATE-00-RR; and

WHEREAS, it is in the best interest of the City to approve amendment No. 4 to the Local Public Agency Agreement with the Illinois Department of Transportation for an additional reimbursement of $3,578,080.00 with a total of $62,518,000.00 to the City for land acquisition and preliminary engineering expenses associated with the Springfield Rail Improvements Project, MFT Section 19-STATE-00-RR; and

WHERAS, $3,578,080.00 of MFT funds is anticipated to be reprogrammed as Grade Crossing Protetion Funds, and subsequently reimbursed, after issuance of appropriate ICC order.

WHEREAS, a copy of the amendment No. 4 to the Local Public Agency Agreement shall be on file in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves amendment No. 4 to the Local Agency Participation Agreement with the Illinois Department of Transportation for an additional amount of $3,578,080.00 with a total of $62,518,000.00 to the City for land acquisition and preliminary engineering expenses associated with the Springfield Rail Improvements Project, MFT Section 19-STATE-00-RR. The Mayor and City Clerk are hereby authorized to execute the Agreement located in the Office of the City Clerk on behalf of the City of Springfield.

Section 2: That the Office of Budget and Management is hereby authorized to deposit the reimbursement funds in the amount of $3,578,080.00 into account number 041-110-GAST-STRS-0361.

Section 3: That this ordinance shall become effective from and after its passage and recording by the City Clerk.

PASSED: _____, 2025

RECORDED: _____, 2025

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Requested by: Mayor Misty Buscher

SIGNED: _____, 2025

_____
Mayor Misty Buscher

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel/ Date

Illinois Department of Transportation

Local Public Agency Amendment # ___

LOCAL PUBLIC AGENCY

Local Public Agency	County	Section Number
City of Springfield	Sangamon	19-STATE-00-RR

Fund Type	ITEP, SRTS, HSIP Number(s)	MPO Name	MPO TIP Number
State, ICC GCPF			

☐ Construction on State Letting ☐ Construction Local Letting ☐ Day Labor ☒ Local Administered Engineering ☒ Right-of-Way

Construction		**Engineering**		**Right of Way**	
Job Number	Project Number	Job Number	Project Number	Job Number	Project Number
		P-96-017-20		R-96-005-20	

Reason for modification of original Agreement

Amendment Adds GCPF and State funds for additional PE, Land Acquisition and demolition costs

This amended Agreement, hereinafter referred to as "**Amendment**" is made and entered to in between the above local public agency, hereinafter referred to as the "**LPA**" and the State of Illinois, acting by and through its Department of Transportation, hereinafter referred to as "**STATE**". The **LPA** and **STATE** agree to revise the original Agreement by execution of this **Amendment**.

LOCATION

Local Street/Road Name	Key Route	Length	Stationing From	Stationing To
Spfld Rail Improvement Project				

Location Termini

Sangamon Avenue to Stanford Avenue (including North Grand Overpass at NSRR/I&MRR)

Current Jurisdiction	Existing Structure Number(s)	Add Location / Remove

LOCAL PUBLIC AGENCY APPROPRIATION

For Amendments Increasing the LPA share: By execution of this **Amendment**, the LPA attests that additional moneys have been appropriated or reserved by resolution or ordinance to fund the additional share of **LPA** project costs. A copy of the resolution or ordinance is attached as an addendum (**required for increases to state-let contracts only**).

ADDENDA

Additional information and/or stipulations are hereby attached and identified below as being a part of this **Amendment**.

	X	1.	Location Map
	X	2.	Division of Cost

005-450

BE IT MUTUALLY AGREED that all remaining provisions of the original agreement not altered by the **Amendment** shall remain in full force and effect and the **Amendment** shall be binding upon the inure to the benefit of the parties hereto, their successor and assigns.

The **LPA** further agrees as a condition of payment, that it accepts and will comply with the application provisions set forth in this **Amendment** and all addenda indicated above.

APPROVED

Local Public Agency

Name of Official (Print or Type Name)

Misty Buscher

Title of Official

Mayor

Signature | Date

The above signature certifies the agency's TIN number is GBA

376002037 conducting business as a Governmental Entity.

DUNS Number 025955852

UEI VBD7LLHA3MJ3

APPROVED

State of Illinois
Department of Transportation

Omer Osman, P.E., Secretary of Transportation | Date

By:

George A. Tapas, P.E., S.E., Engineer of Local Roads & Streets | Date

Stephen M. Travia, P.E., Director of Highways PI/Chief Engineer | Date

Yangsu Kim, Chief Counsel | Date

Vicki Wilson, Chief Fiscal Officer | Date

NOTE: if the LPA signature is by an APPOINTED official, a resolution authorizing said appointed official to execute this agreement is required.

ADDENDA NUMBER 2

Local Public Agency	County	Section Number
City of Springfield	Sangamon	19-STATE-00-RR

Construction		Engineering		Right of Way	
Job Number	Project Number	Job Number	Project Number	Job Number	Project Number
		P-96-017-20		R-96-005-20	

ORIGINAL DIVISION OF COST (ODC)

	Federal Funds			State Funds			Local Public Agency Funds			
Type of Work	Fund Type	Amount	%	Fund Type	Amount	%	Fund Type	Amount	%	Totals
Preliminary Engineering				State Funds	$8,000,000.00					$8,000,000.00
Right-Of-Way				State Funds	$32,700,000.00					$32,700,000.00
ODC Federal Funds				ODC State Funds	$40,700,000.00		ODC LPA Funds		Total	$40,700,000.00

AMENDMENT # 1

	Federal Funds			State Funds			Local Public Agency Funds			
Type of Work	Fund Type	Amount	%	Fund Type	Amount	%	Fund Type	Amount	%	Work Totals
Preliminary Engineering				State Funds	$9,800,000.00					$9,800,000.00
Right-Of-Way				State Funds	($7,200,000.00)					($7,200,000.00)
Federal Funds Amendment # 1				State Funds Amendment # 1	$2,600,000.00		LPA Funds Amendment # 1		Total	$2,600,000.00

Add Amendment | Remove Amendment

AMENDMENT # 2

	Federal Funds			State Funds			Local Public Agency Funds			
Type of Work	Fund Type	Amount	%	Fund Type	Amount	%	Fund Type	Amount	%	Work Totals
Preliminary Engineering VIa				GCPF	$2,940,000.00					$2,940,000.00
Right-Of-Way VIa & Demo				GCPF	$1,000,000.00					$1,000,000.00
Right-Of-Way VIb Demo				State Funds	$300,000.00					$300,000.00
Federal Funds Amendment # 2				State Funds Amendment # 2	$4,240,000.00		LPA Funds Amendment # 2		Total	$4,240,000.00

Add Amendment | Remove Amendment

2025-450

ADDENDA NUMBER 2

Local Public Agency	County	Section Number
City of Springfield	Sangamon	19-STATE-00-RR

Construction		Engineering		Right of Way	
Job Number	Project Number	Job Number	Project Number	Job Number	Project Number
		P-96-017-20		R-96-005-20	

AMENDMENT # 3

	Federal Funds			State Funds			Local Public Agency Funds			
Type of Work	Fund Type	Amount	%	Fund Type	Amount	%	Fund Type	Amount	%	Work Totals
Right-Of-Way VIa & Demo				GCPF	$2,200,000.00					$2,200,000.00
Right-Of Way VIb Demo							Local	$422,000.00		$422,000.00
Preliminary Engineering				State Funds	$7,822,000.00					$7,822,000.00
Right-Of-Way				State Funds	$4,112,000.00					$4,112,000.00
Preliminary Engineering VIa				GCPF	($500,000.00)					($500,000.00)
Federal Funds Amendment # 3				State Funds Amendment # 3	$13,634,000.00		LPA Funds Amendment # 3	$422,000.00	Total	$14,056,000.00

Add Amendment | Remove Amendment

AMENDMENT # 4

	Federal Funds			State Funds			Local Public Agency Funds			
Type of Work	Fund Type	Amount	%	Fund Type	Amount	%	Fund Type	Amount	%	Work Totals
Right-Of-Way				State Funds	($774,880.00)					($774,880.00)
Preliminary Engineering				State Funds	$3,648,081.00					$3,648,081.00
Right-Of-Way VIb Demo				State Funds	($5,468.00)		Local	($98,198.00)		($103,666.00)
Right-Of-Way and Demo VIa				GCPF	($252,178.00)					($252,178.00)
Preliminary Engineering VIa				GCPF	($70,000.00)					($70,000.00)
Federal Funds Amendment # 4				State Funds Amendment # 4	$2,545,555.00		LPA Funds Amendment # 4	($98,198.00)	Total	$2,447,357.00

Add Amendment | Remove Amendment

Total Federal Funds		Total State Funds	$63,719,555.00	Total LPA Funds	$323,802.00	TOTAL	$64,043,357.00

2025-450

ADDENDA NUMBER 2

Local Public Agency	County	Section Number
City of Springfield	Sangamon	19-STATE-00-RR

Construction		**Engineering**		**Right of Way**	
Job Number	Project Number	Job Number	Project Number	Job Number	Project Number
		P-96-017-20		R-96-005-20	

CUMULATIVE DIVISION OF COST (CDC)

	Federal Funds			State Funds			Local Public Agency Funds			
Type of Work	Fund Type	Amount	%	Fund Type	Amount	%	Fund Type	Amount	%	Totals
Preliminary Engineering				State Funds	$29,270,081.00	*				$29,270,081.00
Right-Of-Way				State Funds	$28,837,120.00	*				$28,837,120.00
Preliminary Engineering VIa				GCPF	$2,370,000.00	**				$2,370,000.00
Right-Of-Way & Demo VIa				GCPF	$2,947,822.00	**				$2,947,822.00
Right-Of-Way & Demo VIb				State Funds	$294,532.00	*	Local	$323,802.00	***	$618,334.00
CDC Federal Funds			CDC State Funds		$63,719,555.00		CDC LPA Funds	$323,802.00	Total	$64,043,357.00

If funding is not a percentage of the total place an asterisk (*) in the space provided for the percentage and explain below:

*100% State Funds NTE $55,534,000
**100% ICC GCPF Funds NTE $5,640,000
State Funds ROW increased for Building Demolition for VIb -Amendment #2
ICC funds increased for Right-Of-Way VIa and Demo; Local funds increased for Right-Of Way VIb Demo, per Amendment #3
State funds for ROW decreased for Right-Of-Way, State and Local funds decreased for Right-Of-Way VIb Demo; ICC funds decreased for PE VIa and Right-Of-Way& Demo VIa per Amendment #4
***Local Funds for Right-Of-Way VIb Demo will be switched to GCPF after ICC approval

NOTE: The costs shown in the Division of Cost table are approximate and subject to change. The final **LPA** share is dependent on the final Federal and State participation. The actual costs will be used in the final division of cost for billing and reimbursement.

2025-450

ORDINANCE FACT SHEET

REQUEST FORM NO: 25-59
DATE OF 1ST READING: 10/21/25

OFFICE REQUESTING: Public Works
CONTACT PERSON: Nathan Bottom
PHONE NUMBER: 789-2255

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: Motor Fuel Tax
FISCAL IMPACT: $3,578,080.00

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE AMENDING A LOCAL PUBLIC AGENCY AGREEMENT WITH THE ILLINOIS DEPARTMENT OF TRANSPORTATION TO REIMBURSE THE CITY FOR LAND ACQUISITION AND PRELIMINARY ENGINEERING EXPENSES FOR THE SPRINGFIELD RAIL IMPROVEMENTS PROJECT. MFT SECTION 19-STATE-00-RR.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)
IDOT Local Public Agency Agreement

CONTRACTOR / VENDOR NAME: Illinois Department of Transportation
VENDOR NO: 0STA4950
CONTRACT TERM:
CONTRACT #
Change in Scope Yes [ ] No [X]

CONTRACT AMOUNT:	$62,518,000.00 (Original amount if change order)	4 Change Order #	$3,578,080.00 Additional Amount

Method of Purchase (check one) **Previous Ord #s** 353-08-19, 505-12-21, 363-08-23

[ ] Low Bid
[ ] Low Bid Meeting Specs
[ ] Low Evaluated Bid
[X] Other:
[ ] Exception:
Code Provision:

Is Purchasing Agent approval required? No [ ] Yes [ ]
Is Purchasing Agent approval attached? No [ ] Yes [ ]

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1	041	110	GAST	STRS	0361	$3,578,080
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

FUNDS CHECK BY: Date: 10.14.2025
DIRECTOR / SUPERVISOR SIGNATURE Date: 10/14/25
CITY PURCHASING AGENT: Date: 10-14-2025

COMMENTS

This ordinance is for Amendment #4 to a Local Agency Participation Agreement with the Illinois Department of Transportation to reimburse the City for expenses relating to preliminary engineering and land aquisition for the Springfield Rail Improvements Project (Sangamon Av. to Stanford Av., including North Grand Overpass at NSRR/I&MRR).

SIGN OFF:

(Mayor's Signature) GEM

(Director of OBM)

The information supplied on this form is not confidential information.

2025-450

2025-451

A RESOLUTION FOR THE MUNICIPALITY UNDER THE ILLINOIS HIGHWAY CODE, PERTAINING TO SPENDING MOTOR FUEL TAX FUNDS ON THE SPRINGFIELD RAIL IMPROVEMENTS PROJECT (MFT SECTION NO. 19-STATE-00-RR) FOR THE OFFICE OF PUBLIC WORKS

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City is required to notify the State of Illinois regarding the expenditure of Motor Fuel Tax Funds.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That improvements consists of improvements on Sangamon Avenue to Stanford Avenue including North Grand overpass at NSRR/I&MRR under the Illinois Highway Code.

Section 2: That the improvements are designated as MFT Section 19-STATE-00-RR.

Section 3: That the City anticipates using up to $3,578,080.00 for costs associated with improvement of said section from its allotment of Motor Fuel Tax Funds.

Section 4: That said work shall be done by contract.

Section 5: That the City Clerk is hereby directed to transmit two (2) certified copies of this resolution to the Illinois Department of Transportation, Division of Highways, through its District Engineer.

Section 6: That this resolution shall become effective immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025**

RECORDED:_____**, 2025**

ATTEST:_____
City Clerk Charles L. Redpath, Sr.

SIGNED:_____**, 2025**

_____
Mayor Misty Buscher

Approved as to legal sufficiency:

10-16-25
Office of Corporation Counsel/Date

Requested by: Mayor Misty Buscher

Illinois Department of Transportation

Resolution for Improvement Under the Illinois Highway Code

Is this project a bondable capital improvement?
☒ Yes ☐ No

Resolution Type	Resolution Number	Section Number
Supplemental		19-STATE-00-RR

BE IT RESOLVED, by the Council (Governing Body Type) of the City (Local Public Agency Type)
of Springfield (Name of Local Public Agency) Illinois that the following described street(s)/road(s)/structure be improved under the Illinois Highway Code. Work shall be done by Contract (Contract or Day Labor).

For Roadway/Street Improvements:

Name of Street(s)/Road(s)	Length (miles)	Route	From	To

For Structures:

Name of Street(s)/Road(s)	Existing Structure No.	Route	Location	Feature Crossed

BE IT FURTHER RESOLVED,
1. That the proposed improvement shall consist of

Springfield Rail Improvements Project (Sangamon Av. to Stanford Av., including North Grand Overpass at NSRR/I&MRR).

2. That there is hereby appropriated the sum of three million five hundred seventy-eight thousand eighty and 00/100 Dollars ($3,578,080.00) for the improvement of said section from the Local Public Agency's allotment of Motor Fuel Tax funds.

BE IT FURTHER RESOLVED, that the Clerk is hereby directed to transmit four (4) certified originals of this resolution to the district office of the Department of Transportation.

I, Charles Redpath (Name of Clerk) City (Local Public Agency Type) Clerk in and for said City (Local Public Agency Type)
of Springfield (Name of Local Public Agency) in the State aforesaid, and keeper of the records and files thereof, as provided by statute, do hereby certify the foregoing to be a true, perfect and complete original of a resolution adopted by
Council (Governing Body Type) of Springfield (Name of Local Public Agency) at a meeting held on _____ (Date).

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this _____ (Day) day of _____ (Month, Year).

(SEAL)

Clerk Signature _____ Date _____

Approved

Regional Engineer
Department of Transportation _____ Date _____

ORDINANCE FACT SHEET

REQUEST FORM NO: 25-61
DATE OF 1ST READING: 10/21/25

OFFICE REQUESTING: Public Works
CONTACT PERSON: Nathan Bottom
PHONE NUMBER: 789-2255

EMERGENCY PASSAGE: No [X] Yes [ ] If yes, explain justification.

TYPE OF ORDINANCE: MFT funding
FISCAL IMPACT:

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

A RESOLUTION FOR THE MUNICIPALITY UNDER THE ILLINOIS HIGHWAY CODE, PERTAINING TO SPENDING MOTOR FUEL TAX FUNDS ON THE SPRINGFIELD RAIL IMPROVEMENTS PROJECT (MFT SECTION # 19-STATE-00-RR) FOR THE OFFICE OF PUBLIC WORKS.

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

CONTRACTOR / VENDOR NAME: State of Illinois **VENDOR NO:**

CONTRACT TERM: **CONTRACT #** **Change in Scope** Yes [ ] No [ ]

CONTRACT AMOUNT: (Original amount if change order) | **Change Order #** | **Additional Amount**

Method of Purchase (check one) **Previous Ord #s**

[ ] Low Bid
[ ] Low Bid Meeting Specs
[ ] Low Evaluated Bid
[X] Other: MFT funding
[ ] Exception:
Code Provision:

Is Purchasing Agent approval required? No [ ] Yes [ ]
Is Purchasing Agent approval attached? No [ ] Yes [ ]

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

FUNDS CHECK BY: Courtney Hurst **Date:** 10.14.2025
DIRECTOR / SUPERVISOR SIGNATURE **Date:** 9 oct 25
CITY PURCHASING AGENT: **Date:** 10-14-2025

COMMENTS

This supplemental resolution outlines to IDOT that we may spend an additional $3,578,080.00 from MFT funds to pay for preliminary engineering and land acquisition for the Springfield Rail Improvements Project (Sangamon Ave. to Stanford Ave., including North Grand Overpass at NSRR/I&MRR).

SIGN OFF:

(Mayor's Signature) (Director of OBM)

2025-452

AN ORDINANCE APPROVING AMENDMENT 1 TO AN ORDINANCE PROVIDING FOR THE ISSUANCE OF TAXABLE SPORTS COMPLEX REVENUE BONDS, SERIES 2024 OF THE CITY OF SPRINGFIELD, SANGAMON COUNTY, ILLINOIS, AS AMENDED

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, on April 16, 2024, the City of Springfield passed Ordinance 141-04-24 "An Ordinance Providing for the Issuance of Taxable Sports Complex Revenue Bonds, Series 2024 of the City of Springfield, Sangamon County, Illinois, As Amended"; and

WHEREAS, the bonds authorized by Ordinance 141-04-24 were purchased by Heartland Bank and Trust Company on April 25, 2024; and

WHEREAS, pursuant to Ordinance 141-04-24 Section 3, the authority contained for making advances on the bonds expires on October 31, 2025; and

WHEREAS, the bonds will not be fully drawn in accordance with the Bond Ordinance, Bond Purchasing Agreement dated April 25, 2024, and the Escrow and Disbursing Agreement dated April 25, 2024 by October 31, 2025; and

WHEREAS, the City and Heartland Bank and Trust Company, as well as all additional necessary parties, agree that extending the draw date by a period of seven (7) months without changing the repayment schedule is in the best interest of the parties; and

WHEREAS, it is in the best interests of the City to extend the draw date as set forth herein.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby amends Ordinance 141-04-24 as set forth in Exhibit A.

Section 2: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: _____, **2025**

SIGNED: _____, **2025**

RECORDED: _____, **2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath

Approved as to legal sufficiency:

10-17-25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

2025-452

EXHIBIT A

AMENDMENT 1 TO
AN ORDINANCE PROVIDING FOR THE ISSUANCE OF TAXABLE SPORTS COMPLEX REVENUE BONDS, SERIES 2024 OF THE CITY OF SPRINGFIELD, SANGAMON COUNTY, ILLINOIS, AS AMENDED

WHEREAS, on April 16, 2024, the City of Springfield passed Ordinance 141-04-24 "An Ordinance Providing for the Issuance of Taxable Sports Complex Revenue Bonds, Series 2024 of the City of Springfield, Sangamon County, Illinois, As Amended"; and

WHEREAS, the bonds authorized by Ordinance 141-04-24 were purchased by Heartland Bank and Trust Company on April 25, 2024; and

WHEREAS, pursuant to Ordinance 141-04-24 Section 3, the authority contained for making advances on the bonds expires on October 31, 2025; and

WHEREAS, the bonds will not be fully drawn in accordance with the Bond Ordinance, Bond Purchasing Agreement dated April 25, 2024, and the Escrow and Disbursing Agreement dated April 25, 2024 by October 31, 2025; and

WHEREAS, the City and Heartland Bank and Trust Company, as well as all additional necessary parties, agree that extending the draw date by a period of seven (7) months without changing the repayment schedule is in the best interest of the parties; and

WHEREAS, all necessary parties have consented to this extension.

NOW THEREFORE, Ordinance 141-04-24 is hereby amended as follows:

...

Section 3. Bond Details.

For the purpose of paying the costs of providing for the Project, there shall be issued and sold the Bonds pursuant to the Applicable Acts as a single bond payable to the Purchaser or registered assigns as provided herein. The maximum principal face amount of the Bonds shall be shown on the face of the bond as $25,000,000.00 (the "Face Amount"), but only so much of the Face Amount as is advanced by the Purchaser pursuant to the Bond Purchase Agreement and received for value (the "Outstanding Principal Amount", subject to payments or prepayments as hereinbelow provided), as evidenced by the Bonds, shall be payable. Such advances necessary to pay costs of the Project shall be made from time to time in the amount of Disbursement Requisitions as approved by the City and the Purchaser as provided in the Development Agreement, the Bond Purchase Agreement and the Escrow Agreement, which advances and approvals are authorized without any further authorization or direction whatsoever from the Corporate Authorities. The authority contained herein for making advances on the Bonds expires ~~October 31, 2025.~~ May 31, 2026.

....

2025-452

Section 8. Sports Complex Account.

....

(c) The Special Redemption Account. Commencing ~~November 1, 2025~~ June 1, 2026, after crediting the required amounts to the Bond and Interest Account and the Reserve Account, twenty percent of all monies remaining in the • Sports Complex Account shall be credited to the Special Redemption Account until such account has received $100,000 each Bond Year. On April 1 of each year commencing April 1, 2026, all amounts in the Special Redemption Account shall be applied and paid for the partial special redemption of Bonds without premium or penalty. Provided, however, that prior to that partial special redemption on April 1 of each year the amounts in this account will be used at any time to fund any deficit in the Bond and Interest Account and to restore the Reserve Account.

(d) The Development Assistance Ongoing Costs Account. Commencing ~~November 1, 2025~~ June 1, 2026, after crediting the foregoing required amounts to the Bond and Interest Account, the Reserve Account and the Special Redemption Account, all moneys remaining in the Sports Complex Account but not exceeding (i) $500,000 each Bond Year plus (ii) the sum needed to pay shortfalls for prior Bond Years in which less than $500,000 has been deposited, shall be credited to the Development Assistance Ongoing Costs Account until such account reaches the amounts required by Section 2.5 of the Development Agreement ($500,000 for each Bond Year up to a total of $11,500,000). Amounts in the Development Assistance Ongoing Costs Account shall be used first, if necessary, to remedy any deficiencies in the Bond and Interest Account and the Reserve Account from time to time; and otherwise released on April 1 of each year commencing April 1, 2026, in accordance with Section 2.5 of the Development Agreement.

(e) The Excess Development Assistance Construction Costs Account. Commencing ~~November 1, 2025~~ June 1, 2026, after crediting the required amounts to the Bond and Interest Account, the Reserve Account, the Special Redemption Account, and the Development Assistance Ongoing Costs Account, all moneys remaining in the Sports Complex Account shall be credited to the Excess Development Assistance Construction Costs Account until the aggregate amount credited to the Excess Development Assistance Construction Costs Account is $2,600,000. Amounts in the Excess Development Assistance Construction Costs Account shall be used first, if necessary, to remedy any deficiencies in the Bond and Interest Account, the Reserve Account and the Development Assistance Ongoing Costs Account from time to time; and otherwise for Project Costs in the process described in the Escrow Agreement.

(f) The General Account. Commencing ~~November 1, 2025~~ June 1, 2026, all moneys remaining in the Sports Complex Account, after crediting the required amounts to the foregoing accounts shall be credited to the General Account. Moneys on deposit in the General Account shall be held and transferred by the City Treasurer first, if necessary, to remedy any deficiencies in the foregoing accounts from time to time; and second, any moneys remaining in the General Account may be used only with the written approval of the City, the Developer, and the Purchaser, including expressly the issuance of bonds or other obligations with a lien on Pledged Taxes that is subordinate to the Bonds, provided however that the City may use money in the General Account to redeem and prepay the Bonds in full without consent of the Developer and Purchaser.

(g) Investments. The moneys on deposit in the Sports Complex Account and the various accounts therein may be invested from time to time in Qualified Investments. Any such investments may be sold from time to time by the City as money may be needed for the purposes for which the Sports Complex Account and such accounts have been created. In addition, the City Treasurer shall sell such investments when necessary to remedy any deficiency in the Sports Complex Account or such accounts created therein. All investment earnings shall be attributed to the account within the Sports Complex Account for which the investment was made.

(h) Use of Pledged Taxes Prior to ~~November 1, 2025~~ June 1, 2026. Prior to ~~November 1, 2025~~ June 1, 2026, Pledged Taxes deposited in the Sport Complex Fund shall first be applied and credited to the Bond and Interest Account and the Reserve Account in the amounts required above, and any Pledged Taxes in excess of such amounts shall be deposited in the Project Account and used to pay Project Costs.

...

All other terms and conditions remain the same.

CITY OF SPRINGFIELD, ILLINOIS
A Municipal Corporation

ATTEST:

_____
Misty Buscher, Mayor GEM

_____
Charles Redpath, City Clerk

Purchaser: HEARTLAND BANK AND TRUST

By: _____
Printed Name: _____
Title: _____

STATE OF ILLINOIS)
)
COUNTY OF SANGAMON)

On this _____ day of _____, 2025, before me personally appeared _____, known to me to be the person who executed the above and foregoing Amendment 1 to Redevelopment Agreement and who this day represented to me that he is duly authorized to execute this Amendment 1 to Redevelopment Agreement and executed this Amendment 1 to Redevelopment Agreement as his free act and deed, in his representative capacity, for the uses and purposes therein set forth.

_____
Notary Public

ORDINANCE FACT SHEET

ORD. REQUEST FORM NO: _____
DATE OF 1ST READING: 10/21/2025

OFFICE REQUESTING: OFFICE OF CORPORATION COUNSEL **CONTACT PERSON:** GREGORY MOREDOCK
PHONE NUMBER: 217-78-2393 EXT 4904

EMERGENCY PASSAGE: No ☒ Yes ☐ If yes, explain justification.

TYPE OF ORDINANCE: AMENDMENT **FISCAL IMPACT:** $0.00

(If amending a previous ordinance, please attach a copy of the previous ordinance)

SUGGESTED TITLE:

AN ORDINANCE APPROVING AMENDMENT NO. 1 TO ORDINANCE 141-04-24 TO PROVIDE FOR A SEVEN MONTH DRAW EXTENSION FOR THE TAXABLE SPORTS COMPLEX REVENUE BONDS, SERIES 2024, FOR THE CITY OF SPRINGFIELD, SANGAMON COUNTY, ILLINOIS

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

CONTRACTOR / VENDOR NAME: _____ **VENDOR NO:** _____

CONTRACT TERM: _____ **Change in Scope** Yes ☐ No ☐

CONTRACT AMOUNT: _____ (Original amount if change order) | _____ Change Order # | _____ Additional Amount

Method of Purchase (check one)

☐ Low Bid ☐ Other: _____
☐ Low Bid Meeting Specs ☐ Exception: _____
☐ Low Evaluated Bid **Code Provision:** _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No ☒ Yes ☐
Is Purchasing Agent approval attached? No ☒ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

FUNDS CHECK BY:	**Date:**
DIRECTOR / SUPERVISOR SIGNATURE	**Date:**
CITY PURCHASING AGENT:	**Date:**

COMMENTS

THE TAXABLE SPORTS COMPLEX BONDS ISSUED BY THE CITY HAS A FINAL DRAW DATE OF OCTOBER 31, 2025. THIS NEEDS TO BE EXTENDED TO MAY 31, 2026 TO PROPERLY PROCESS DISBURSEMENTS THROUGH ESCROW. THE REPAYMENT SCHEDULE AND AMOUNT OWED WILL NOT BE CHANGED BY THIS EXTENSION. THERE IS NO FISCAL IMPACT.

SIGN OFF: _____ (Mayor's Signature) GEA _____ (Director of OBM)

2025-452

2025-453

AN ORDINANCE AUTHORIZING SUBRECIPIENT GRANT AGREEMENT NO. 23-203186 WITH MAX-OUT FOUNDATION AND BUDGETARY TRANSFER FOR PAYMENT IN AN AMOUNT NOT TO EXCEED $25,000.00 PURSUANT TO COMMUNITY CONNECTIONS FROM STATE OF ILLINOIS DEPARTMENT OF COMMERCE & ECONOMIC OPPORTUNITY FOR SPRINGFIELD POLICE DEPARTMENT

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, Max-Out Foundation is requesting the use of Community Connections Grant funds and a budgetary transfer in the amount of $25,000.00 to fund Youth Sports and Community Enrichment Programs; and

WHEREAS, it is in the best interest of the City of Springfield to authorize Sub-recipient Grant Agreement 23-203186 with Max-Out Foundation; and

WHEREAS, the proposed Subrecipient Agreement shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves the subrecipient agreement and budgetary transfer with Max-Out Foundation for the use of Community Connection Grant Funds to fund Youth Sports and Community Enrichment Programs as outlined in Exhibit A.

Section 2: That the Office of Budget and Management is hereby authorized to makea budgetary transfer payment in an amount not to exceed $25,000.00 to allocate expenses to the appropriate expense line as follows:

FROM: 001-112-POLC-ILCJ-1232 TO: 001-112-POLC-ILCJ-2110

Section 3: That the Office of Budget and Management is hereby authorized to make payment in an amount not to exceed $25,000.00 to Max-Out Foundation from account number 001-112-POLC-ILCJ-2110 pursuant to the terms and conditions of Sub-recipient Grant Agreement 23-203186.

Section 4: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025**

RECORDED:_____**, 2025**

ATTEST: _____
City Clerk Charles L. Redpath Sr.

SIGNED:_____**, 2025**

_____
Mayor Misty Buscher

Approved as to legal sufficiency:

10.17.25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

SUBRECIPIENT GRANT AGREEMENT

THIS AGREEMENT is made and entered this October 2, 2025, by and between, **MAX OUT FOUNDATION,** an Illinois not for profit corporation (the "Subrecipient") and the **CITY OF SPRINGFIELD, ILLINOIS**, a municipal corporation (the "City"), by and through the Springfield Police Department (the "SPD"). The Subrecipient and the City are sometimes collectively referred to herein as the "Parties."

WITNESSETH:

WHEREAS, the Subrecipient is to use the funds to provide health education, sporting equipment, sporting camps, and athletic experiences for at risk youth (the "Project"); and

WHEREAS, the City, through the SPD, has received a reimbursable grant award from the Illinois Department of Commerce & Economic Opportunity (the "DCEO") pursuant to the Community Connections Program Grant Agreement (Grant No. 23-203186), as amended, a copy of which is attached hereto as Exhibit A and incorporated by reference as part of this Agreement (the "Grant Agreement") for the Project; and

WHEREAS, the City desires to provide a reimbursable subaward to the Subrecipient in the amount of $25,000.

NOW THEREFORE, in consideration of the premises and mutual obligations set forth herein, the Parties hereby covenant and agree as follows:

Section 1. City Obligations. The City agrees to provide a reimbursable subaward in the total amount of Twenty-five Thousand Dollars ($25,000). Any and all obligations of the City shall cease immediately without penalty if the DCEO or any funding source fails to appropriate or otherwise make available sufficient funds for this Agreement. This contract does not authorize an expenditure of City funds in excess of $25,000 unless the city council specifically approves an additional expenditure. The Subrecipient agrees and acknowledges that absent such prior approval it proceeds at its own risk with no guarantee of payment if the amount billed to the City exceeds the amount so authorized.

Section 2. Subrecipient Obligations. The Subrecipient agrees as follows:

i. to use the subrecipient funds for grant eligible costs for the Project outlined in the submitted Budget Plan, a copy of which is attached hereto as Exhibit B and incorporated by reference as part of this Agreement.

ii. to comply with the requirements outlined in the Grant Agreement in Exhibit A, which are hereby incorporated in this Agreement as required by DCEO.

iii. to comply with all Federal, State, and City rules and regulations.

Section 3. Reporting Requirements. The Subrecipient shall submit the following reports to the City on a monthly basis:

i. Progress reports for the preceding month detailing the services provided.

ii. fiscal reports detailing financial expenditures for the previous month, including supporting documentation for said expenditures.

iii. any other reports requested in writing by the City.

Said reports shall be submitted by the 10th of every month following the first complete month of the grant period.

Section 4. Payment. The City agrees to make payment to the Subrecipient for the administration and implementation of the Project described in Exhibit B. Upon receipt of the fiscal and progress reports outlined above, payments will be made to the Subrecipient. No payment will be made until all outstanding reports are received by the City. No payment will be made to the Subrecipient unless and until the Subrecipient is in full compliance with applicable State, federal, and local laws and the terms and conditions of this Agreement.

The Subrecipient must provide for the deposit of grant funds into a bank account in the name of the Subrecipient. Grant funds shall be immediately deposited into such bank account. The Subrecipient may treat such funds as a separate line item per its budget and audited financial statements. If the Subrecipient receives more than one award from the City, the Subrecipient shall ensure that the grant funds for each award are accounted for separately.

Section 5. Terms and Conditions of Grant Agreement. The Subrecipient covenants and agrees to be bound by all of the terms and conditions contained in the Grant Agreement.

Section 6. Term and Termination. This Agreement shall commence upon execution by the Parties and shall terminate on June 30, 2026. The City may terminate this Agreement at any time for any reason. Any funds held by the Subrecipient at the termination of this Agreement, which remain unspent or undocumented, shall be returned to the City within thirty (30) days of said termination.

Section 7. Assignment. The Subrecipient may not assign this Agreement without the prior written consent of the City.

Section 8. Governing Law. This Agreement shall be construed in accordance with and governed by the laws of the State of Illinois, and the Subrecipient voluntarily and freely submits to a court of competent jurisdiction in Sangamon County, Illinois.

Section 9. Time for Performance. Time is of the essence in this Agreement.

Section 10. No Waiver. No waiver of a breach or violation of any provision of this Agreement by the City shall be construed as a waiver of any subsequent breach or limit or restrict any right or remedy otherwise available.

Section 11. Third Party Beneficiaries. This Agreement is not intended to benefit any third party.

Section 12. Successors. This Agreement shall inure to the benefit of and shall be binding upon the successors of the Parties.

Section 13. Entire Agreement. This Agreement constitutes the entire agreement between the Parties. Any changes or alterations in this Agreement shall be valid and effective only if agreed upon in writing between the Parties. No amendment, alteration, modification of or addition to this Agreement shall be valid or binding unless expressed in writing and signed by authorized representatives of each of the Parties.

IN WITNESS WHEREOF, the Parties execute this Agreement on the date first written above.

ATTEST:

CITY OF SPRINGFIELD, ILLINOIS, a municipal corporation

By: _____

City Clerk

Misty Buscher, Mayor GEM

MAX OUT FOUNDATION, an Illinois not for profit corporation

By: _____

Marke Freeman, President
112 Westbrook Dr
Springfield, IL 62702

Since October 2013, Max-OUT Foundation has been dedicated to transforming lives by educating, equipping, and empowering individuals through self-sustaining projects, youth extracurricular activities, health education, and teen empowerment. With a mission to maximize OPPORTUNITY, UNITY & TRAINING, we have positively impacted over 6,000 families in Central Illinois.

Our community initiatives include:

- ☑ Backpack, Computers and School supply giveaways
- ☑ Senior Outreach & Support Initiative (Nursing home giveaways)
- ☑ First responder care packages
- ☑ Care packages for the homeless
- ☑ Food drives
- ☑ Camp scholarships for youth
- ☑ Holiday sponsorships for families
- ☑ Youth trips to NBA games
- ☑ Fitness day at elementary schools
- ☑ College student and military care packages

... and much more!

We are thrilled to announce that the Springfield Police Department has awarded Max-OUT Foundation a $25,000 grant, which will significantly enhance our ability to serve the community. These funds will directly support initiatives that provide safe, constructive environments for youth, expand access to educational and leadership programs, and promote overall community well-being.

This investment fosters long-term positive community development, ensuring that individuals have the resources and encouragement to thrive. With continued support from partners like the Springfield Police Department, we will expand our outreach, strengthen community engagement, and create lasting opportunities for those in need.

We are deeply grateful for this partnership and for everyone who supports our mission. Together, we are building a stronger, more empowered community!

Springfield Police Department $25,000 Grant

Max-OUT Itemized List Total: $24,999.73

Max-OUT Foundation:

1. **Supplies - $11,175.73**
    - Custom MOF tent - $500
    - 10x10x8 Storage Unit - $114.95 x 12 = $1, 379.40
    - 10 gallon Coolers x 2 = $126
    - 5 Drawer File Cabinet $139.99
    - Speaker Set - $379.99
    - Microphone - $31.99
    - MOF Sponsors Banner - $140
    - Insurance - $1,725.00
    - Website Update (Update MOF & MOB) - $800
    - Logo Basketballs - $1,000
    - Ball Cage $485.37
    - Basketball Footwork Training Mat - $33.99
    - Shooting Machine - $3,999.99 + Shipping $435 = $4,434

2. **Experiences - $13,824**
    - MOF Athletic Training Program Camp 2-Days - $2,700
        - § Staff - $1,450
        - § Equip - $200
        - § Awards - $100
        - § Location – $400
        - § 75 T-Shirts - $500
        - § Marketing - $50
    - Game Day NBA/WNBA $7,524
        - § Tickets - $25 x 50 = $1,250
        - § Charter bus - $3,624
        - § Meals - $1,650
        - § Experience - $1,000
    - Community Basketball Hoop Giveaway - $1,000

- § 10 x $99.99

- 1 Day Free Basketball Training Camp $2, 600
  - § Staff - $1,350
  - § Equip - $200
  - § Awards - $100
  - § Location – $400
  - § 75 T-Shirts - $500
  - § Marketing - $50

City Water, Light & Power	Contract	Personnel costs for staffing related community connections events		*$72,835*
Jermaine Ward	Contract	Ring Doorbell installation contractor		*$11,286*
			$	-
			State Total	***$ 1,532,782.00***

Contractual Services Narrative:

• Data Analytic Software ($100,000.00) - the purchase of data analytic software will assist SPD officers by utilizing historical information to calculate and predict future nefarious activity. • Shotspotter Expansion (150,000) – The SPD will expand the Shotspotter cabablilities and additional 2 square miles. • Audio Visual Components for De-escalation – ($78,000) - Technological Components to assist in emergency response incidents and de-escalation before entry into a residence. • Marketing Coordinator – ($65,000/year) - To offer citizens a full complement of engagement opportunities, the SPD will contract with a marketing specialist. This position is designed to showcase the events of the SPD within the community to garner discussion, leading to future events. Having a professional capitalize on the great engagement efforts will restore trust and confidence. • Marketing Software – ($40,000) – The SPD, in conjunction with the Marketing Consultant, will purchase/upgrade necessary software to plan, market, and evaluate Community Connections events. • Ring Doorbell Subscriptions ($40 X 500) – Each household with a Ring Doorbell installed will receive a one-year subscription. • Equipment Rental – ($38,400) The SPD will contract with a local vendor to supply all equipment and recreational supplies for three Community Connections event. • Table Rental (60 X $20 X 3 = $3,600) – The SPD will rent 20 8 foot folding tables or three Community Connections events to be used by City employee representatives and Community Resource members. • Catering (600 meals X $15 = $9,000) – The SPD will provide 600 sack lunches and snacks at each of three Community Connections events. • Chair Rental (600 X $2.10 = $1,260) – The SPD will rent 20 Chairs @ $2.10 for three Community Connections events to be used by Community Resource members in their booths. • Printing Services ($21,901) – The City of Springfield Communications Department will contract with a local printshop to prepare marketing collateral to promote the Community Connections events. The cost for one mailer for each household in underserved areas is approximately and signage is $20,901 • Transparency Portal/Evaluation Program – ($150,000) - Power DMS software component that seeks the community's feedback regarding SPD's customer service. Again this will foster transparency and trust.

Amendment Proposal Narrative #1 The original budget called for design and construction for a teen empowerment zone intended to provide programs for youth in the area. The above proposed subaward recipients are all proposing programs that would provide the programming for at risk youth in that area.

Amendment Proposal Narrative #2 • Boys and Girls Club of Central Illinois has been a positive place for children in the Springfield area since 1956. They serve approximately 1000 youth every day, providing acedmeic programs and healthy activities for youth in our community. These funds will be used to update their current sports facilites and purchase items needed for programming. • MAX-OUT Foundation is a community organization started by a local sports hero which provides extra-curricular activities, health education and teen empowerment to youth for over ten years in the Springfield area. These funds will provide equipment for the programs and an opportunity for at risk youth in our community to attend camps and events at no cost. • Lights ON! partners with law enforcement and auto service providers to replace traffic tickets with repair vouchers. The SPD had previously put money into the budget to purchase gift cards for this purpose, but had difficulty managing how the system would work. Lights ON! handles the vouchering systems so that a stop for a broken taillight can turn into a positive encounter with law enforcement. • Clean Slate Advocates is dedicated to providing clean laundry solutions for underserved communities. These funds will provide laundry services free of charge for those who cannot afford to pay. • Washington Street Mission has been providing services in the Springfield community for over 100 years. The Mission provides many programs from basic needs, clothes, social services, job readiness and laundry services. The proposed funding would provide for equipment and one year of laundry services at the mission where they process 8,000 to 10,000 loads of laundry per year for the homeless individuals who access services at the Mission. • The Department has an established relationship with Flock Safety, who provides a variety of public safety technology equipment. This funding ($75,000) would provide for three mobile video surveillance trailers. In recent years the requests for additonal security at community events has been significant. These surveilance trailers would assist in providing safe environments for community events • City Water, Light & Power has provided personnel for community connections events. In the previous budget this was approved as personnel costs and fringe benefits, however it was not possible to process pyaments in this manner as they were not Police Department employees. MOving those funds ($72,835) to contractual will allow the Department to reimburse CWLP for the employees who attend and assist with the

State Total ***$ 1,532,782.00***

Amendment No. 002
Agreement No. 23-203186

AMENDMENT TO THE GRANT AGREEMENT

BETWEEN
THE STATE OF ILLINOIS, DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
AND
City of Springfield

The State of Illinois (State), acting through the undersigned agency (Grantor) and **City of Springfield** (Grantee) (collectively, the "Parties" and individually, a "Party") agree that this Amendment (Amendment) will amend the Grant Agreement (Agreement) referenced herein. All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

The Parties or their duly authorized representatives hereby execute this Amendment.

ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

Kristin A Richards by Karen Winberg-Jensen, Accounting Manager
Digitally signed by Kristin A Richards by Karen Winberg-Jensen, Accounting Manager
Date: 2025.05.14 16:09:47 -05'00'

By: _____
Signature of Kristin A. Richards, Director

Date: _____

By: _____
Signature of Designee

Date: _____

Printed Name: _____

Printed Title: _____
Designee

City of Springfield

By: _____
Signature of Authorized Representative GEM

Date: 5/9/25

Printed Name: Misty Buscher

Printed Title: Mayor

Email: Misty.Buscher@springfield.il.us

By: _____
Signature of Second Grantor Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____
Second Grantor Approver

By: _____
Signature of Second Grantee Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____
Second Grantee Approver
(optional at Grantee's discretion)

2025-453

ORDINANCE FACT SHEET

DATE OF 1st READING: _____

CONTACT PERSON: Kalvin Gaskill

OFFICE REQUESTING: Springfield Police Department

PHONE NUMBER: 217-788-8345 x4314

EMERGENCY PASSAGE: No ☒ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: $25,000.00

SUGGESTED TITLE: An Ordinance Authorizing Subrecipient Grant Agreement with Max-Out Foundation and Budgetary Transfer for Payment in an amount not to exceed $25,000.00 pursuant to Community Connections Grant #23-203186 from State of Illinois Department of Commerce & Economic Opportunity for Springfield Police Department

CONTRACTOR / VENDOR NAME: Max-Out Foundation **VENDOR NO:** _____

CONTRACT TERM: _____ **Change in Scope Yes** ☐ **No** ☐

CONTRACT AMOUNT: $25,000.00 (Original amount if change order) **Change Order #** _____ **Additional Amount** _____

Method of Purchase (check one)

☐ Low Bid ☐ Other: _____

☐ Low Bid Meeting Specs ☐ Exception: _____

☐ Low Evaluated Bid **Code Provision:** _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No ☐ Yes ☐

Is Purchasing Agent approval attached? No ☐ Yes ☐

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	001	112	POLC	ILCJ	2110	25,000.00
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Max-Out Budget, Subrecipient Agreement Documentation

STAFF ANALYSIS

Subrecipient Agreement with Max-Out Foundation for $25,000.00 to fund Youth Sports and Community enrichment programs.

Budgetary Transfer in the amount of $25,000.00 to allocate expenses to the appropriate expense line:
$25,000.00 From: 001-112-POLC-ILCJ-1232 To: 001-112-POLC-ILCJ-2110

FUNDS CHECK BY: C. Heinzel **Date:** 10/06/2025

DIRECTOR / SUPERVISOR: _____ **Date:** 10/6/25

CITY PURCHASING AGENT: _____ **Date:** 10-07-2025

SIGN OFF: _____ (Mayor's Signature) _____ (Director of OBM)

The information supplied on this form is not confidential information.

AN ORDINANCE AUTHORIZING A SUPPLEMENTAL APPROPRIATION AND APPROVAL OF AN AGREEMENT BETWEEN THE CITY OF SPRINGFIELD AND CARASOFT TECHNOLOGY CORP. FOR LABOR COST AND BENCHMARKING SOFTWARE IN AN AMOUNT NOT TO EXCEED $331,500.00 FOR A (3) THREE YEAR PERIOD

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the City of Springfield desires to enter into an agreement with Carasoft Technology Corp., to centralize labor cost, and benchmarking for a period of (3) three years; and

WHEREAS, this software can allow the City to have a centralized database of compensation and CBA rules, real-time benchmarking comparables, automated costing engine, scenario modeling, dashboards, audit trails, and reduced reliance on spreadsheets; and

WHEREAS, the City Purchasing Agent has made a determination in writing, that this purchase is exempt from the provisions of the City Purchasing Code requiring sealed competitive bidding pursuant to the exceptions contained in Section 38.42 pertaining to Professional Services; and

WHEREAS, it is in the best interest of the City to authorize this purchase with Carasoft Technology Corp.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby authorizes a approval of agreement for a (3) three year period with Carasoft Technology Corp., a software database to centralize labor costing and benchmarking for an amount not to exceed $331,500.00 from June 1, 2025, through May 31, 2028.

Section 2: That the Office of Budget and Management is hereby authorized to make a supplemental appropriation and payment in the amount of $331,500.00 as follows:

FROM ACCOUNTS	**AMOUNTS**
001-106-HUMN LABR-1218	$331,500.00

Section 3: This ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025**

SIGNED:_____**, 2025**

RECORDED:_____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.16.25
Office of Corporation Counsel /Date

Requested by: Mayor Misty Buscher

OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

MEMORANDUM

TO: **Michelle Carlilse**

FROM: **Anthony Quinones – Central Purchasing**

DATE: **October 9, 2025**

SUBJECT: **Joint Contract Determination**

I have reviewed the Ordinance Fact Sheet to Carahsoft Technology Corp., for the purchase of TrueComp Benchmarking Software licensing and service for an initial three (3) year term beginning 12/1/2025 and ending 11/30/2028 in an amount not to exceed $331,500.00 for the Office of Human Relations

The OMNIA Partners Contract Number is R240303.

Pursuant to Article 38.50 (3)(b) of the Purchasing Code of the City of Springfield, this purchase is exempt from the City's requirement for Sealed Competitive Bids as this purchase will be made pursuant to a U.S. General Services Administration contract available for joint purchasing.

300 SOUTH SEVENTH • ROOM 200 • SPRINGFIELD, ILLINOIS 62701-1681 • (217) 789-2205 • FAX (217) 789-2207

2025-455

GCIU 409-C

ORDINANCE FACT SHEET

DATE OF 1st READING: October 21, 2025

CONTACT PERSON: Nicholas Correll

OFFICE REQUESTING: Human Resources

PHONE NUMBER: (217) 789-2446

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: $331,500.00

SUGGESTED TITLE: See staff analysis below.

CONTRACTOR / VENDOR NAME: Carahsoft Technologies Corp **VENDOR NO:** VC1802

CONTRACT TERM: 3 Year **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: $331,500.00 (Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☑ Other: Exempt
☐ Exception:
Code Provision:

Previous Ord #'s

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☑

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	001	106	HUMN	LABR	1605	331,500.00
2						
3						
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

TrueComp Proposal

STAFF ANALYSIS

Suggested title: AN ORDINANCE AUTHORIZING A SUPPLEMENTAL APPROPRIATION AND APPROVAL OF AN AGREEMENT BETWEEN THE CITY OF SPRINGFIELD, OFFICE OF HUMAN RESOURCES, AND CARAHSOFT TECHNOLOGY CORP. FOR LABOR COSTING AND BENCHMARKING SOFTWARE IN AN AMOUNT NOT TO EXCEED $331,500.00 FOR A (3) THREE YEAR PERIOD

The City lacks a centralized benchmarking or compensation software system. This software can allow the City to have a centralized database of compensation and CBA rules, real-time benchmarking comparables, automated costing engine, scenario modeling, dashboards, audit trails, and reduced reliance on spreadsheets.

FUNDS CHECK BY: Egizii, Jeff Digitally signed by Egizii, Jeff Date: 2025.10.15 11:50:07 -05'00' **Date:**

DIRECTOR / SUPERVISOR: Kink, Sarah B. Digitally signed by Kink, Sarah B. Date: 2025.10.15 12:47:13 -05'00' **Date:**

CITY PURCHASING AGENT: Peters, James W. Digitally signed by Peters, James W. Date: 2025.10.15 13:38:27 -05'00' **Date:**

SIGN OFF:

(Mayor's Signature) GEM

Ramona M Metzger Digitally signed by Ramona M Metzger Date: 2025.10.15 14:39:31 -05'00'

(Director of OBM)

The information supplied on this form is not confidential information.

2025-455

2025-456

AN ORDINANCE AUTHORIZING THE EXECUTION OF A CONTRACT WITH METLIFE, INC. TO PROVIDE VISION, BASIC LIFE, AND ANCILLARY PRODUCT LINES AND SERVICES FOR THE CITY'S SELF-INSURED HEALTH PLAN EFFECTIVE MARCH 1, 2026, THROUGH FEBRUARY 28, 2029, IN AN AMOUNT NOT TO EXCEED $603,696.00, AND AETNA TO PROVIDE DENTAL SERVICES IN THE AMOUNT NOT TO EXCEED $1,739,760.00 FOR VISION AND BASIC LIFE AND ANCILLARY BENEFITS, FOR THE OFFICE OF HUMAN RESOURCES

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS the Office of Human Resources sought proposals under RFP HR26-10 for the City's self-insured health plan to provide Vision Insurance, Dental Insurance, Basic Life, and AD&D Insurance, and Voluntary Ancillary Benefits for city employees, retirees, and eligible dependents; and

WHEREAS, MetLife, Inc. submitted the lowest responsible bids under proposal RFP HR26-10 for an amount not to exceed $603,696.00; and

WHEREAS, it is in the best interest of the City to accept the proposal from MetLife, Inc. to provide Vision Insurance, Basic Life, and AD&D Insurance, and Voluntary Ancillary Benefits and Aetna for Dental Insurance; and

WHEREAS Aetna submitted the lowest responsible bid for dental insurance in an amount not to exceed $1,739,760.00 for March 1, 2026, through February 28, 2030; and

WHEREAS, a copy of RFP HR26-10 shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby approves the acceptance of RFP HR26-10 with MetLife, Inc., to provide Vision Insurance, Basic Life, and AD&D Insurance, and Voluntary Ancillary Benefits for city employees, retirees, and eligible dependents from March 1, 2026, through February 28, 2029, for an amount not to exceed $603,696.00 and with Aetna for Dental Insurance in an amount not to exceed $1,739,760.00 for the period of March 1, 2026 through February 28, 2030. The Mayor and City Clerk are authorized to execute any necessary documents on behalf of the City of Springfield.

Section 2: That the Office of Budget and Management is hereby authorized to make payment to MetLife, Inc. (VC*5924), for an amount not to exceed $603,696.00 and Aetna (VC*3991) in an amount not to exceed $1,739760.00.

Section 3: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED:_____**, 2025**

SIGNED:_____**, 2025**

RECORDED:_____**, 2025**

_____
Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

10.17.25
Office of Corporation Counsel / Date

Requested by: Mayor Misty Buscher

S:\WPDOCS\Ordinances\HR\2025\RFP\Metlife, Inc - Vision, Basic Life, Ancillary Products & Aetna for Dental Insurance.docx
F.R. 10.21.25 - NF

2025-456

August 12, 2025

MetLife

Dear City of Springfield,

On behalf of MetLife, we are pleased to submit our proposal to the City of Springfield for Dental, Vision, Life, Accident, Cancer, Critical Illness and Hospital Indemnity coverage. Thank you for the opportunity.

For more than 150 years, MetLife has been insuring the lives of the people who depend on us, including 70 years with public sector customers. With a robust suite of customizable products and services, industry-leading expertise, and community efforts, we empower employees to thrive.

Our unmatched product suite, flexible coverage options, and proven experience allow us to build the right plans in a simple, cost-effective way. Drawing on our extensive employee benefits expertise, best practices in implementation and ongoing administration, and vast experience working with 4,000 Public Sector employers, covering 11.7M eligibles – including 1,800+ State and Local Government Agencies - our team will continue to partner with the City of Springfield to deliver a high-quality, easy-to-administer benefits program that provides extraordinary customer service and value to you and your employees.

- We can provide best in class ben-admin platform, billing and enrollment support in partnership with GIS Benefits for no cost to the city or employees
- With MetLife vision, achieve savings and proper care through smart plan design, convenient access to credentialed providers, and an exceptional customer service experience
- Deep dental discounts due to negotiating power (fees are typically 35-50% lower than average charges in same community)
- MetLife is the #1 Group Life carrier based on total premium and inforce coverage
- More than 5M employees, and 80% of the Fortune 500 organizations, have our Accident & Health products
- Accident & Health Insurance payments are made directly to the covered employee, and are paid regardless of what is covered by medical insurance

The attached proposal covers additional details around our offer for Dental, Vision, Life, Accident, Cancer, Critical Illness and Hospital Indemnity coverage. It includes the following two Vision plan deviations from your specifications:

1. The Out-of-Network Reimbursements are MetLife standard, and are not a duplicate of the current plan
2. The current contact lenses fitting and evaluation cannot be duplicated. MetLife standard is included in the quoted rates

If you have any questions or require additional information, please feel free to reach out me directly at (513)582-1647 or todd.a.reed@metlife.com.

We appreciate the opportunity to submit our proposal and look forward to growing our relationship with the City of Springfield.

Please note that this communication does not represent our complete proposal but summarizes some of the key terms and conditions of our proposal. For more details about our proposal, including the exclusions, limitations, and other terms and conditions of the plans, please refer to the proposal enclosed with this communication.

Sincerely,

Todd Reed
Account Executive
MetLife

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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L0822024834[exp0824][All States][DC,GU,MP,PR,VI]

RFP Questionnaire

Your Organization/Company Information

Your response to RFP should include information about your company. Your company information should include:

1. **Provide a description of your organization/company. Include your parent company and subcontractors/partners, if any.**

   a. **Full Name of Organization/Company**

   Our legal name is Metropolitan Life Insurance Company. We are a subsidiary of MetLife, Inc.

   b. **Address of Corporate Headquarters**

   Our address is as follows:
   200 Park Avenue
   New York, NY 10166-0188

   c. **Brief history and ownership**

   Metropolitan Life Insurance Company opened for business in 1868.

   Serving approximately 100 million customers, we have operations in nearly 50 countries. As a global company, we hold leading market positions in the U.S., Japan, Latin America, Asia, Europe and the Middle East.

   We are a marketplace leader with a broad range of employee benefit capabilities and rank competitively in a majority of our group products.

   d. **Name and Contact information for this RFP**

   During the proposal and plan design stage, Account Executive, Todd Reed, is your main point of contact for questions regarding your proposal and may be contacted at the following:

   - Address: 10 South LaSalle Street, Suite 3350, Chicago, IL 60603
   - Phone: 513-582-1647
   - Email: todd.a.reed@metlife.com

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e. **List of cities and states that your company currently has office locations.**

MetLife, Inc. is a leading global provider of insurance, annuities and employee benefit programs. Through our subsidiaries and affiliates, we hold leading market positions in the U.S., Japan, Latin America, Asia Pacific, Europe and the Middle East. Due to the size and complexity of our organization, we are unable to list our company locations.

f. **Provide the number of employees in your organization/company (All companies under your Corporate). And the number of employees in each location and working remotely.**

MetLife, Inc. has 43,740 employees worldwide. Of these, 14,803 are U.S. employees.

Due to the size and complexity of our organization, we are unable to list our company locations, or provide the number of employees in each location.

2. **Describe your company's overall experience and qualifications, specifically in the public sector.**

We began providing group insurance in 1917. During this time, we have gained a tremendous amount of experience and knowledge in servicing our public sector customers, making us uniquely qualified to serve public entity organizations.

Our experience within the public sector includes a broad range of customers such as educational institutions, employee trust funds, governments and government agencies. We have a team dedicated to working with cities, counties, states, unions and other public entities of all sizes, made up of industry experts experienced in understanding the unique requirements of employers in the public sector.

3. **THE CITY OF SPRINGFIELD is committed to providing opportunities to all genders and ethnic groups.**

Gender equity

We are committed to establishing gender equity across MetLife. We are driving leadership accountability when addressing gender equity in the workplace, marketplace and community.

We kickstarted this work in early 2020 by asking managers worldwide to sign on to the United Nation's Women's Empowerment Principles. The principles reinforce that we are focused on building a workplace that works for women and aims to close gender gaps.

In February 2020, MetLife became the first U.S.-based insurer to sign the UN WEP.

As global Women's Empowerment Principles signatories, we did more than pledge to make improvements, we began taking actions to identify our strengths and areas of opportunity. We

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used the Women's Empowerment Principles Gender Gaps Analysis to gather the data to inform further efforts. The findings from 37 markets that completed the analysis gave us a customized and systemic perspective on gender equality in the areas of leadership, workplace, marketplace and community. Upon completion, all markets received support in developing a time-bound action plan to close any identified gaps.

Supporting Cultural Diversity Around the World

In October 2024, we hosted our third Triangle Tech X, a virtual summit featuring experts and leaders in technology and business.

In the U.S., our Multicultural Professionals Network (MPN) led Inclusion Dialogues to promote courageous conversations focused on racial injustice and other DEI topics. These sessions focused on amplifying the voices of ethnically and racially diverse communities.

MOMENTUM is our inclusive community at work – a vibrant network of employee-led groups organized under one umbrella to enhance workplace vitality and foster a consistent experience of connection and belonging. At the heart of MOMENTUM is our purpose: Always with you, building a more confident future – for everyone.

This network, open to all employees regardless of race, gender or other characteristics, empowers colleagues to engage with one another, cultivating meaningful relationships and driving impactful change within our organization and the people we serve. Centered around the pillars of culture, career, and community, MOMENTUM Networks create a supportive environment where diverse perspectives are valued, and individuals feel empowered to contribute. Each network is championed by dedicated executive sponsors, serving as culture ambassadors and career connectors who guide our inclusion efforts and amplify the voices of our workforce. Through mentorship, advocacy, and volunteerism, MOMENTUM reinforces our belief that together, we can create a workplace where all individuals thrive, inspire, and learn from one another.

"We are able to build a more confident future for stakeholders when we leverage our unique perspectives and foster a culture where our teams are respected, recognized, and valued for their contributions. When we get this right, we realize the powerful impact of diversity, equity, and inclusion for all."
- Shurawl Sibblies, Executive Vice President, Chief Human Resources Officer

EXCELERATE: Talent Sponsorship

EXCELERATE, a talent sponsorship program driven by senior leaders, to help accelerate the development and progression of high-performing talent. The program provides sponsorship, skill-based training and external coaching. Launched in 2020, it has impacted mobility and has been externally recognized for delivering measurable outcomes, winning the Brandon Hall Gold Award for Best Advancement in Leadership Development for Women.

ADVANCE Roundtable

We created the ADVANCE Racial Equity and Inclusion Advisory Roundtable to identify actions we can take to make a difference with our employees, customers and shareholders. The roundtable consists of a small group of external thought leaders from business, academia and nonprofits.

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4. **Is your firm a minority, or a woman – owned business enterprise?**

   No.

5. **Describe your company's initiatives, practices and placement of women and minorities in your organization.**

   We attract, develop and recognize the best talent with a focus on building a diverse workforce.

   As a Corporation
   Our focus on women ties to our bottom line. Women are a major, global, economic force accounting for an increasing portion of financial and healthcare spending decisions, so building a workplace reflecting our customer base is critical. We work to understand and incorporate women's needs and values as customers.

   As an Employer
   Having employees from diverse backgrounds and experiences contributes greatly to our success as a company as we strive to become a more customer-centric organization and develop the products and services that meet the need of our customers.

   Our Executive job category is made up of 20% female and 14% people of color. Our management population is 45% female and 24% people of color. The total workforce is 59% female and 29% people of color.

6. **Based on your total management positions, how many women and minorities do you employ in management?**

   As indicated above, our Executive job category is made up of 20% female and 14% people of color. Our management population is 45% female and 24% people of color. The total workforce is 59% female and 29% people of color.

7. **Provide the name; address, telephone number and e-mail address for the person/s, any additional questions/information or scheduling of the finalist meeting should be directed to for the completion of this proposal process.**

   During the proposal and plan design stage, Account Executive, Todd Reed, is your main point of contact for questions regarding your proposal and may be contacted at the following:

   - Address: 10 South LaSalle Street, Suite 3350, Chicago, IL 60603
   - Phone: 513-582-1647

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- Email: todd.a.reed@metlife.com

8. **Is your company licensed and registered to operate in the State of Illinois, as a insurance claim administrator? Please submit a certificate of good standing with your proposal. Is your company licensed agent and registered to operate in the State which situs your corporate office(s)?**

Yes.

Metropolitan Life Insurance Company is licensed in all 50 states. Metropolitan Life Insurance Company is also licensed in the District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands and the U.S. Virgin Islands.

A copy of our Certificate of Good Standing has been provided with our proposal.

9. **Provide certificate of Insurance for Errors & Omission, Liability and Bonding**

The requested insurance certificates have been provided with our proposal.

Additionally, per the RFP, the bid security is not required for this contract; therefore, a bond has not been provided as part of our proposal.

10. **Provide brief information about the person who will be the primary representative for THE CITY OF SPRINGFIELD.**

During the proposal and plan design stage, Account Executive, Todd Reed, is your main point of contact for questions regarding your proposal and may be contacted at the following:

- Address: 10 South LaSalle Street, Suite 3350, Chicago, IL 60603
- Phone: 513-582-1647
- Email: todd.a.reed@metlife.com

Todd answers your questions related to your MetLife quote and our product solutions. Todd develops benefit solutions specifically for you by using his detailed knowledge of our product offering and a comprehensive understanding of your benefit goals.

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11. Provide brief information about the team that will be assigned to THE CITY OF SPRINGFIELD and their experience in servicing accounts similar to THE CITY OF SPRINGFIELD.

Your service team consists of your Account Executive, Account Manager and Client Services Consultant. Your cross-functional service team administers your benefit program through consistent, responsive and proactive service.

Account Executive

Account Executive, Todd Reed, answers your questions related to your MetLife quote and our product solutions. Todd develops benefit solutions specifically for you by using his detailed knowledge of our product offering and a comprehensive understanding of your benefit goals.

Todd began his career at MetLife in 2016 as a Sales Trainee in our Group Benefits Sales Academy. The training program provided him with the knowledge and tools to lead your MetLife service team. Todd became an AE in 2017 and has nine years of insurance industry experience. He has worked with the public sector since 2017.

Todd holds a Bachelor of Arts in communications and a minor in supply chain management from the Miami (OH) University. He is also a Registered Representative with FINRA, holding Series 6 and Series 63 licenses.

Account Manager

Account Manager, Ryan Brandt, is your end-to-end service experience manager. Ryan provides additional consultation on our products and/or assists you through renewal planning.

Ryan began his career with MetLife in 2009 as a Total Absence Management Claim Specialist and stepped into the AM role in 2020.

Prior to supporting your service team, Ryan was a member and eventual team manager for MetLife's absence claims. He then moved into a Client Services Consultant role working as the day to day contact for many of MetLife's customers prior to becoming an Account Manager.

Ryan holds a bachelor's degree from the American Academy of Art in Chicago, IL.

Client Services Consultant

Client Services Consultant*, Leslie Hodges, is your MetLife contact for day-to-day administrative needs and claims escalation. Leslie answers questions, facilitates resolutions for billing inquiries, provides reporting, escalates claim inquiries, and coordinates plan changes.

Leslie began her career at MetLife in 2017 as a Billing Representative in 2020. She transitioned over to our service department as a Client Services Consultant servicing clients with less than 1,000 lives. In 2023 she transitioned to servicing clients with more than 1,000 lives. Currently, Leslie services clients within our 1,000 to 4,999 eligible lives market space.

[1] Please note: Official assignment is subject to change.

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12. **An affidavit must be submitted substantiating that your company and/or company agents have not been paid directly or indirectly, by any person, firm or corporation, any money or valuable consideration for assistance in procuring the contract herein referred to. Your company further agrees that no such money or reward will be paid after the RFP is submitted. You must submit an affidavit stating the above with the request for proposal.**

    The requested affidavit has been provided with this proposal.

13. **Please include contact information for three (3) references; two (2) of which must be government agencies providing the same or similar services as proposed by THE CITY OF SPRINGFIELD.**

    We receive a large number of RFPs requesting references. As a current Life, Dental, Accident & Health customer, you are our best reference.

14. **Has your company or any principal/executive at your company been engaged as a defendant in any litigation and/or subject to any disciplinary action. If so, please provide a description of investigation, including any ongoing investigations.**

    Lawsuits happen occasionally during the normal course of business. Additionally, state and federal authorities regularly make inquiries and conduct investigations regarding our compliance with applicable laws and regulations. In some cases, we have been assessed a financial penalty.

    Current and recent litigation, regulation and claims matters can be found in MetLife, Inc.'s most recent 10-K and 10-Q filings. These filings are available at www.metlife.com. We believe the matters noted within will not affect the quality service and support you expect from us.

    We are happy to address any specific questions you may have.

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Dental Services

Eligible employees, retirees and other eligible individuals pay 100% of the dental premium.

Plan Confirmations

The group policy must include the following provisions. If not, your bid will not be considered.

1. **All current enrollees will be covered on a no loss/no gain basis.**

   As the incumbent carrier of your Dental coverage, the no loss/no gain provision would not apply.

2. **Please note clearly if quotes are subject to any stipulations or dependencies.**

   Not applicable as we are the incumbent carrier of your Dental coverage.

The City is looking to consolidate and streamline coverage where possible with no negative financial or benefit affect to the City or its employees.

Noted.

Proposed rates must be net of commission.

Noted.

Plan Benefits

Benefit Summary included in Appendix. There is no missing tooth exclusion.

Please confirm your organization's ability to duplicate coverage at the current plan levels, except for any exceptions noted in the Appendix. Be sure to clearly note any deviations or enhancements. Please list any differences and/or enhancements by completing the tables in the following pages of this RFP. If no differences or enhancements are noted in the following tables, it will be assumed that none exist, and the policies match exactly to the current/requested coverages.

We are the incumbent carrier of your Dental plan. Therefore, the current plan benefits will remain in place.

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Plan Benefit Difference/Enhancements (Dental)

Not applicable as we are the incumbent carrier of your Dental coverage.

	Differences	Enhancements
Benefits		
Pre-estimate		
Alternate Treatment		
Late Entrant Limitation		
Pre-existing		
Treatment Waiting Periods		
Treatments in Progress		
Implants		
Dentures		
Crowns		
Bridges		
Bony Impacted Teeth		
Orthodontics		
TMJ		
Missing Tooth Exclusion		
Other		

Questionnaire

1. **List the required exclusions and limitations.**

- Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
- Services for which a covered person would not be required to pay in the absence of dental insurance.
- Services or supplies received by a covered person before the insurance starts for that person.
- Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment.
- Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).
- Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
- Restorations or appliances used for the purpose of periodontal splinting.
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
- Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

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- Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- Services covered under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

2. Does your plan offer last quarter deductible carry over?

No.

3. Describe the initial distribution of ID cards. Describe the distribution of new hire ID cards.

ID cards are not required with a MetLife Dental plan. Members simply notify their dentists that we are their dental benefits provider.

We provide all dental offices with real-time access to patient eligibility and benefit information so that this information can be verified prior to the appointment. This information is available online or via a dedicated toll-free number.

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Members who prefer to have a physical card can download and print one from the employee website. If enrollment kits are elected as part of the plan materials, members have access to two cards as part of the kit.

In addition to using the employee website, members can access their reference cards via our mobile app, available through the Apple App Store or Google Play, with the ability to add to Apple Wallet. The app allows employees to view their dental claims, find a participating dentist, look up an estimate of fees for most dental procedures and set up dental appointments.

4. If the policy is terminated, describe how coverage is affected for employees and/or retirees currently with treatment in process.

Providing continuity of care is important, which is why we have specific provisions to cover treatment already in progress if the group's or employee's coverage terminates.

If treatment is in progress for a procedure requiring more than one appointment, such as a crown or bridge, the provider can complete the procedure after the coverage ends. For benefit consideration, the treatment must have started before the coverage termination and must be completed within a reasonable amount of time, no more than 90 days.

For orthodontic claims, the benefits are prorated over the course of the entire treatment. If the patient's coverage ends, we will finalize the claim as of the last eligible month of treatment. This prorated approach considers the work that has been completed as well as the treatment that remains.

5. What are your online capabilities regarding employee and/or retiree communication?

Our employee website provides a seamless way to log on and review real-time dental benefit information. Our site is a single, integrated access point with personalized information on our products and services. Education and decision support tools are available to assist members with dental care choices.

Employee Website	
Function	**Description of Function**
View Benefit Information	• View eligibility and the effective date of coverage; • Learn about covered services, benefit levels, plan maximums, frequency limitations and deductibles and maximums used for most dental procedures; • Access a list of common procedures and the in- and out-of-network fee range using our Cost Estimator Tool; • Download and print PPO reference cards showing company name, group number, insured name,

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Employee Website	
Function	**Description of Function**
	dependent(s) names, claims submission address, website address and call center telephone number; • Submit a claim or policy question using the Contact Us form.
Claims	• File a claim; • View the status of outstanding claims; • Access PDF or HTML versions of Explanation of Benefits (EOB) /pretreatment estimates; • View claims history and/or produce a printed copy; • Print and complete claim forms; • Receive email notification when claims have been processed and opt in to review the EOB online.
Find a Dentist	• Access a listing of participating dentists in our PPO program based on ZIP code with maps and driving directions; • Refine provider search criteria by language, specialty, radius, gender, board certification, new patient acceptance and ability to treat members with special needs; • Print or email search results; • Nominate a dentist; • Identify Preferred Dentist Program (PDP) network providers who achieved "SpotLite" status, a designation given to providers with a proven focus on patient oral health outcomes.
Educational Tools and Resources	• Access interactive risk assessments, term glossaries and frequently asked questions; • Use the Cost Estimator Tool to generate in- and out-of-network estimates by ZIP code for common Dental procedures.

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6. **Describe your enrollment capabilities:**

   a. **Online**
   b. **Paper**
   c. **Census enrollment reports**

   As the incumbent carrier, we currently process eligibility updates via electronic eligibility files.

   Note, we accept ongoing eligibility updates electronically or via hard copy. Electronic updates are applied in real time and hard copy updates are applied within 24 to 48 hours.

7. **Describe your billing capabilities:**

   a. **Online**
   b. **Paper**

   As the incumbent carrier of your Dental coverage, your current coverages are set up under our self-billed option.

   Our self-administered billing process requires that you provide the number of lives, volume of insurance (if applicable) and premiums to us on a monthly basis.

   At the end of each plan year, we generate financial reports and perform a year-end reconciliation. Any required adjustments are made as soon as possible following the end of the plan year.

   You have the option of recording monthly premium on an emailed billing statement or via our employer website.

   The current method of recording monthly premium will remain in place unless changes are being requested.

8. **What, if any, pre-existing conditions limitations exist?**

   As the incumbent carrier, your plan includes a missing tooth provision which excludes payment for services related to the initial installation of dentures, bridgework or implants to replace one or more natural teeth lost before the dental benefits started for the covered person. Benefits are considered for a tooth that was extracted or lost after the effective date of coverage.

   While our standard language is provided above, we offer the flexibility to remove the missing tooth exclusion from the contract (subject to underwriting). When included, our administration of this provision is generally more liberal than many in the industry. Even when the exclusion is in place, we will accommodate prosthetic replacement when the missing tooth is due to a congenital defect, or when the tooth was lost after the date of hire with the current plan sponsor, even if that was prior to coverage with MetLife.

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9. Please list any additional benefits or plan features that could you offer.

For members, we offer a number of services and features that support Dental and our value proposition. These include access to our Health and Wellness Library and Oral Fitness Library. Members whose plan include our risk-based benefits enhancement feature, offering increased coverage and out-of-pocket reimbursement for specific preventive and periodontal dental services.

For employers, we continually improve our Dental offerings by tapping into member and provider surveys, using this information to improve our current programs and plan offerings. We offer an array of plan types and incentive features to encourage members to maintain their oral care, while realizing savings through nationwide network of dentists.

For providers, we offer opportunities to attain MetLife SpotLite status, educational opportunities, such as continuing education credits and office visits and consultations; ongoing newsletter communications keep dentist apprised of clinical trends, advances in technology and best practices; and ongoing support from our Dental Advisory Council provides expert industry perspectives and information on the latest research and practice patterns.

We also offer wellness reporting; availability will vary by customer; your assigned account team member can provide more details.

10. What allowable will you used for non-network providers claims?

Out-of-network claims are paid in accordance with the plan design and the reasonable and customary (R&C) allowance for the applicable ZIP code. Our claim system utilizes data accumulated through internal claim processing to establish R&C charges.

You can specify the R&C percentage. We typically use the 90th percentile; however, the 80th, 70th, 51st and 99th percentiles are also available. Please note your choice has pricing implications.

As the incumbent carrier of your Dental coverage, your plan currently includes the 90th percentile for R&C for out-of-network services.

11. Are you able to offer direct bill for retirees?

No.

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12. **Regarding your proposed network, complete the table below.**

This response is considered confidential. Please see the Confidential and Proprietary document provided with this proposal.

13. **Do the following dentists participate with your proposed network?**

This response is considered confidential. Please see the Confidential and Proprietary document provided with this proposal.

Financial

1. **Will your dental proposal be subject to any participation requirements? If so, what are the requirements?**

Yes.

We require that a minimum of 86% and at least 10 covered lives of the eligible population participate in the Dental plan as a guideline.

2. **Will final dental enrollment affect your proposed rates? If so, how will proposed rates be affected?**

Yes.

A change in rates may occur if any of the following take effect:

- Plan design change;
- Group demographics change;
- Number of employees increases or decreases by 10%;
- An applicable law, or administration of that law, results in a benefits change.

Rate adjustments for plan design and/or group demographic changes will take effect on the next premium due date following the changes. The adjusted rates only apply to premiums due on or after the date the rate change takes effect.

3. **Is there a bundling discount included with your proposal? Is so, please note the discounts.**

No.

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4. **Are you providing a quote for the medical? If so, is there an additional bundling discount associated with the medical? If so, please note the discounts.**

   No. Medical insurance is not in the suite of products we offer.

5. **Do you partner with any enrollment firms at a discounted rate or at no cost if multiple lines of coverage are purchased?**

   For select enrollment firms, we provide an ongoing platform fee based on a percent of premium, as long as there is dedicated MetLife product placement, standard-format enrollment files, and/or integrated billing support.

   The platform fee must be paid to a licensed entity, subject to MetLife's compensation filings and any applicable state insurance laws. It is paid on monthly. Any exceptions to pay the group policyholder directly must be approved in advance by MetLife.

   Platform fees are reviewed on a case-by-case basis

   a. **How many lines of coverage need to be bundled to get an enrollment firm at no cost**

      This is reviewed on a case-by-case basis.

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Vision Services

Eligible employees, retirees and other eligible individuals pay 100% of the vision premium.

Plan Confirmations

The group policy must include the following provisions. If not, your bid will not be considered.

1. **All current enrollees will be covered on a no loss/no gain basis.**

   This is not applicable to Vision benefits, as benefits are reset for all new employers joining MetLife.

2. **Please note clearly if quotes are subject to any stipulations or dependencies.**

   Not applicable as we are the incumbent carrier of your Dental coverage.

The City is looking to consolidate and streamline coverage where possible with no negative financial or benefit affect to the City or its employees.

Noted.

Proposed rates must be net of commission.

Noted.

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Plan Benefits

Benefit Summary included in Appendix.

Please confirm your organization's ability to duplicate coverage at the current plan levels, except for any exceptions noted in the Appendix. Be sure to clearly note any deviations or enhancements. Please list any differences and/or enhancements by completing the tables in the following pages of this RFP. If no differences or enhancements are noted in the following tables, it will be assumed that none exist, and the policies match exactly to the current/requested coverages.

Plan Benefit Difference/Enhancements (Vision)

	Differences	Enhancements
Benefits		
Routine Eye Exam		
Eye Exam Frequency		
Eyeglass Frames		
Eyeglass Frames Frequency		
Eyeglass Lenses		
Eyeglass Lenses Frequency		
Eyeglass Lens Enhancement		
Contact Lenses	The current contact lenses fitting and evaluation cannot be duplicated. MetLife standards are included in the quoted rates.	Standard: Covered in Full after $25 copay. Specialty: $50 allowance after $25 copay.
Contact Lense Frequency		
Laser Eye Surgery		
Eye Lens Upgrades		
Additional Eyewear discounts		
Other	The Out-of-Network Reimbursements are MetLife standard and are not a duplicate of the current plan.	Out of network allowances are richer and are $5-$10 higher than the current plan.

Questionnaire

1. **List the required exclusions and limitations.**

While we offer a variety of vision benefits, there are a few materials, services and treatments that are generally not covered, or have limitations to their coverage.

The following are standard exclusions that are detailed in the contract for your proposed routine

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vision care program.

No benefits are payable for any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits;
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits;
- Plano lenses (lenses with refractive correction of less than ± .50 diopter);
- Two pairs of glasses instead of bifocals;
- Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available;
- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eyes;
- Prescription and non-prescription medications;
- Contact lens insurance policies or service agreements;
- Refitting of contact lenses after the initial (90-day) fitting period;
- Contact lens modification, polishing or cleaning;
- Local, state and/or federal taxes, except where MetLife is required by law to pay;
- Any eye examination or any corrective eyewear required as a condition of employment;
- Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person;
- Missed appointments;
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits;
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony;
- Services and materials obtained while outside the United States, except for emergency vision care;
- Services, procedures or materials for which a charge would not have been made in the absence of insurance.

Exclusions may vary by state.

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Employee Website	
Function	**Description of Function**
	topic areas, including common vision problems and diseases, in-depth answers on vision facts and statistics, and information about children's, women's and senior's eye health.

4. Describe your enrollment capabilities:

a. Online
b. Paper

Eligibility updates can be made online and are reflected in our eligibility system within 24 hours. Your Client Services Consultant can also assist you with managing eligibility for your plan.

5. Census enrollment reports

See our response above.

6. Describe your billing capabilities:

a. Online
b. Paper

We are offering this quote assuming that your program will be self-billed. Our self-administered billing process requires that you provide the number of lives, volume of insurance (if applicable) and premiums to us on a monthly basis.

At the end of each plan year, we generate financial reports and perform a year-end reconciliation. Any required adjustments are made as soon as possible following the end of the plan year.

You have the option of recording monthly premium on an emailed billing statement or via our employer website.

As the incumbent carrier of your Life, Dental and Accident & Health coverages, the current method of recording monthly premium will remain in place unless changes are being requested.

7. Are you able to offer direct bill for retirees?

No.

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8. **Please list any additional benefits or plan features that you could offer.**

We offer the following value-added features to our members:

- Retinal imaging discount: a discounted fee of $39 on retinal imaging at participating providers;
- Laser eye surgery: discounts and savings of 20 to 35% off the national average usual and customary pricing for LASIK at more than 1,000 locations nationwide, offered through QualSight, along with flexible financing options, including interest free credit for up to 12 months;
- Hearing aid discounts: savings of up to 40% off national average selling prices for brand name hearing aids;
- Health and Wellness Content Library: We offer educational materials online that present a range of information for your employees covering wellness topics such as mental health and wellness, healthy living, smoking cessation, fighting colds and flus and disease management. For more information, visit our public page at metlife.com/wellnesstoolkits;
- Cost Estimator Tool: The cost estimator tool will take users through a short, guided experience with questions about their eyecare needs and desired eyewear options to generate an estimated range of out-of-pocket costs. Estimated costs are calculated based on the average out of pocket costs of all MetLife networks (Davis, Superior, and VSP Choice). Actual member costs will be determined based on the member's enrolled plan and final selections at their point of service. Currently, there is no customization available.
- Digital Estate Planning: Available to everyone by visiting www.willscenter.com and allows users to create estate planning documents online by answering a few questions.

9. **Regarding your proposed network, complete the table below.**

This response is considered confidential. Please see the Confidential and Proprietary document provided with this proposal.

Financial

1. **Will your vision proposal be subject to any participation requirements? If so, what are the requirements?**

Yes.

The minimum participation requirement is 10 employees or 10%, whichever is greater.

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2. Describe the initial distribution of ID cards. Describe the distribution of ID cards for new hires.

Members are not required to present an ID card to receive benefits. Members only need to identify us as their Vision benefits provider when making an appointment, and we will take care of the rest. All providers have real-time access to patient eligibility and benefit information online or via a dedicated toll-free number.

For members who feel more comfortable having an ID card, member reference cards can be downloaded and printed from our employee website. Member reference cards contain pre-printed lines where members can enter their plan information. The cards also contain our claims submission address, website address and customer service telephone number. Note that reference cards do not guarantee coverage.

3. What are your online capabilities regarding employee and/or retiree communication?

Our employee website is a self-service website your employees can use to manage their benefits, from finding participating providers to printing claim forms.

Employee Website	
Function	**Description of Function**
Confirm Eligibility	• View effective date of coverage and coverage details.
Find a Vision Provider	• Access a full listing of providers including maps, office hours, languages spoken and contact information.
Nominate a Provider	• Nominate a provider be added to the network.
View Claim Savings Statement	• View a savings statement.
Explore Plan Options	• View and assess available plan options.
Understand Plan Benefits	• Learn about covered services, benefit levels, plan maximums, frequency limitations, deductibles and the maximums set for most procedures.
Download a Vision Reference Card	• Download or print a reference card.
Claim Forms	• Download or submit out-of-network claim forms.
Vision Cost Estimator Tool	• Estimate a range of out-of-pocket costs.
Gain Valuable Information	• Access the Vision Health Library, term glossaries and frequently asked questions. Members can also access educational materials and resources. The library features in-depth information on many

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2. **Will final vision enrollment affect your proposed rates? If so, how will proposed rates be affected?**

   Yes.

   A change in rates may occur if any of the following take effect:

   - Plan design change;
   - Group demographics change;
   - Number of employees increases or decreases by 10%;
   - An applicable law, or administration of that law, results in a benefits change.

   Rate adjustments for plan design and/or group demographic changes will take effect on the next premium due date following the changes. The adjusted rates only apply to premiums due on or after the date the rate change takes effect.

   Please refer to the Cost & Benefit Summary for further information.

3. **Is there a bundling discount included with your proposal? Is so, please note the discounts.**

   No.

4. **Are you providing a quote for the medical? If so, is there an additional bundling discount associated with the medical? If so, please note the discounts.**

   No. Medical insurance is not in the suite of products we offer.

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Basic and Voluntary Life/AD&D

THE CITY OF SPRINGFIELD pays 100% of Basic Life/AD&D premium. Eligible employees pay 100% of Voluntary Life/AD&D premium.

Census included in Appendix. Note that highlighted areas on census are exceptions and must be grandfathered in.

Proposed rates must be net of commission. Plan year begins 03/1/2026.

Noted.

Plan Confirmations

The group policy must include the following provisions. If not, your bid will not be considered.

1. **All current enrollees will be covered on a no loss/no gain basis.**

   We are your current carrier for the Life coverages. On the contract or renewal effective date, actively at work for eligibility purposes would not be applicable to existing participating employees.

2. **Please note clearly if quotes are subject to any stipulations or dependencies.**

   Not applicable as we are the incumbent carrier of your Life coverages.

The City is looking to consolidate and streamline coverage where possible with no negative financial or benefit affect to the City or its employees.

Noted.

Plan Benefits

Certificate included in Appendix.

Please confirm your organization's ability to duplicate coverage at the current plan levels, except for any exceptions noted in the Appendix. Be sure to clearly note any deviations or enhancements. Please list any differences and/or enhancements by completing the tables in the following pages of this RFP. If no differences or enhancements are noted in the following tables, it will be assumed that none exist, and the policies match exactly to the current/requested coverages.

We are the incumbent carrier of your Life plans. Therefore, the current plan benefits will remain in place.

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Plan Benefit Difference/Enhancements (Basic Life)

Not applicable as we are the incumbent carrier of your Life plans.

	Differences	Enhancements
Benefit		
Accelerated Death Benefit		
Waiver of Premium		
Suicide Exclusion		
Conversion of Benefit		
Portability		
Age Reduction		
Other		

Plan Benefit Difference/Enhancements (Voluntary Employee Life)

Not applicable as we are the incumbent carrier of your Life plans.

	Differences	Enhancements
Benefit		
Accelerated Death Benefit		
Waiver of Premium		
Suicide Exclusion		
Conversion of Benefit		
Portability		
Age Reduction		
Other		

Plan Benefit Difference/Enhancements (Voluntary Dependent Life)

Not applicable as we are the incumbent carrier of your Life plans.

	Differences	Enhancements
Benefit		

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Accelerated Death Benefit		
Waiver of Premium		
Suicide Exclusion		
Conversion of Benefit		
Portability		
Age Reduction		
Other		

Plan Benefit Difference/Enhancements (Basic Employee AD&D)

Not applicable as we are the incumbent carrier of your Life plans.

	Differences	Enhancements
Benefit		
Seat Belt		
Waiver of Premium		
Conversion of Benefit		
Portability		
Age Reduction		
Other		

Plan Benefit Difference/Enhancements Voluntary Employee AD&D)

Not applicable as we are the incumbent carrier of your Life plans.

	Differences	Enhancements
Benefit		
Seat Belt		
Waiver of Premium		
Conversion of Benefit		
Portability		
Age Reduction		
Other		

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Plan Benefit Difference/Enhancements (Voluntary Dependent AD&D)

Not applicable as we are the incumbent carrier of your Life plans.

	Differences	Enhancements
Benefit		
Seat Belt		
Waiver of Premium		
Conversion of Benefit		
Portability		
Age Reduction		
Other		

Questionnaire

1. **List any required exclusions and limitations for Life and AD&D coverages.**

Basic Life

We do not have any exclusions for Basic Life coverage.

Supplemental and Dependent Life

A Life claim benefit is not payable for deaths due to suicide within the first two years of the insurance effective date or the date of an increase in coverage, subject to state variation. The two-year period includes any time the individual was insured under the prior plan.

There are no other exclusions for Supplemental or Dependent Life.

AD&D Exclusions

We will not pay benefits for any loss caused by or contributed to by:

- Physical or mental illness or infirmity, diagnosis of or treatment for the illness or infirmity;
- An infection, other than infection occurring in an external accidental wound or from food poisoning;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- The voluntary intake or use by any means of:
  - Any drug, medication or sedative, unless it is:
    - Taken or used as prescribed by a physician;
    - If "over the counter" drug, medication or sedative, taken as directed;
  - Alcohol in combination with any drug, medication or sedative;
  - Poison, gas or fumes.

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- War, whether declared or undeclared, or any act of war, insurrection, rebellion or active participation in a riot;
- Committing or trying to commit a felony;
- Service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
- Any incident related to travel in an aircraft:
  - As a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - For the purpose of parachuting or otherwise exiting from such aircraft while it is in flight, except for self-preservation;
  - Device used for testing or experimental purposes; or by or for any military authority; or for travel or designed for travel beyond earth's atmosphere.
- Driving a vehicle while intoxicated as defined by the laws of the jurisdiction in which the vehicle was being operated.

2. Will you grandfather employee's current amounts?

a. Above your proposed guaranteed issue amount?
b. Above our proposed benefit maximum?

Not applicable as we are the incumbent carrier of your Life plans.

3. Confirm that coverage will be provided on a no loss/no gain basis and if the actively-at-work provision will be completely waived, including employees who are disabled long-term who continue to receive coverage for life (except those on disability premium waiver under current plan, as of the effective date). Explain who will and will not be covered under this provision. Does this provision apply differently to:

a. Employees not actively at work upon the effective date of the policy, and
b. Employees not actively at work after the effective date.

We are your current carrier for the Life coverages. On the contract or renewal effective date, actively at work for eligibility purposes would not be applicable to existing participating employees.

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4. **Confirm that coverage will be provided on a no loss/no gain basis and that the actively-at- work provision will be administered as follows for the Basic Life and AD&D plan.**

As indicated above, we are your current carrier for the Life coverages. On the contract or renewal effective date, actively at work for eligibility purposes would not be applicable to existing participating employees.

	Who is responsible for claim
Diagnosed as disabled prior to March 1, 2022 and receiving benefits with premium waiver	Current Vendor
Diagnosed as disabled prior to March 1, 2022 and receiving benefits	Current Vendor
Satisfying elimination period from a disability that was diagnosed prior to March 1, 2022	Current Vendor
Absent due to disabling ailment that was diagnosed prior to March 1, 2022	New Vendor
Absent due to non-disabling ailment	New Vendor
On vacation	New Vendor
On leave of absence/forced leave/suspension	New Vendor
On excused absence (funeral, etc.)	New Vendor
At work	New Vendor

5. **Confirm that your proposal includes a waiver of premium component for disabled employees.**

Confirmed.

6. **Confirm length of the total disability period required for waiver to apply?**

Disabled prior to 60, waiting period 9 months, coverage continues to age 70.

7. **If the policy is terminated, describe how coverage is affected for:**

   a. **Employees currently covered by a waiver of premium, and**
   b. **Employees that are not actively at work that have not met the definition of disability upon termination of the policy if they later meet the definition.**

We must receive proof of total disability no later than 12 months after the employee ceased to be actively at work due to total disability. Proof must establish that total disability has continued for at least nine months (or the period stated in the certificate) from the date last worked and is ongoing. The employee must also satisfy other eligibility requirements as set forth in the

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certificate. If waiver of premium is approved, we retain liability in accordance with the certificate terms.

Upon termination of the contract, disabled employees who have not yet met the waiting period for waiver should be furnished with a conversion notice to protect coverage in the event the claimant does not qualify for waiver of premium.

8. What is the evidence of insurability requirements for these products?

Contributory and Voluntary Plans

Medical examinations/questionnaires are required for insurability in the following situations for contributory and voluntary plans:

- If an active employee does not apply for coverage within the 31 days of their eligibility date;
- If any amounts exceed the number of levels of opt ups allowed by the plan;
- If an active employee does not apply for coverage during the first open enrollment period in which they were eligible to apply for coverage;
- If an active employee was eligible for coverage under the prior plan but did not elect to be covered under the prior plan;
- If a newly eligible employee requests a level of coverage above the guaranteed issue amount of the plan.

Non-Contributory Plans

For non-contributory coverages, medical examinations and/or questionnaires are not required for an employee qualifying for amounts up to the medical evidence of insurability level.

Medical questionnaires are required in the following situations:

- An employee's salary increase generates a benefit that exceeds the stated medical evidence of insurability level;
- An employee's coverage amount at the initial enrollment exceeds the stated medical evidence of insurability level;
- The employee applies for coverage after an application was previously declined.

9. What are your online capabilities regarding employee communication, enrollment and EOI form processing?

Employee Communication

As the incumbent carrier, employees continue to have access to the employee portal. Our employee portal is a self-service website that allows your employees to perform common benefit-related tasks. It offers tools to help employees make informed decisions, such as how much life insurance coverage they may need. Additionally, the employee portal provides our

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Contact Link which is an email in-box where enrolled employees can send questions to a MetLife Life Insurance Specialist.

Also, at the time of claim submission, a claimant can elect to receive electronic status updates via text message or email. With this process, we notify a claimant by email or text message when a status change has been made to a claim. The email and text messages will be sent in addition to a letter, not as a substitute.

At the Online Beneficiary Claim Submission website, beneficiaries can check claim status and upload additional documents to the claim as needed.

Enrollment

Our quoted rates do not include the enrollment and maintenance of eligibility for Group Term Life coverages. Eligibility information, including the maintenance of completed enrollment and beneficiary forms, are handled by you. We verify eligibility at the time of claim submission.

EOI Form Processing

As recordkeeper, you maintain all individual employee records and manage the distribution of Statement of Health (SOH) forms. The employer information section of the SOH form must be completed prior to distributing the form to your employees. The employee or dependent sends the completed application to us for processing.

If the insured is approved, the effective date of coverage is assigned by the employer and should be consistent with the provisions in the booklet/certificate.

Upon receipt of the application, our SOH unit will conduct the review of late plan entrant applications and/or evidence of insurability requests.

Information obtained from the application is loaded into our SOH system. If certain criteria are not met, the SOH application is referred to an underwriter for further review. The underwriter either approves or declines the SOH application. If necessary, the underwriter may request additional information from the applicant's physician or require that the applicant take a paramedical examination.

10. What, if any, pre-existing conditions limitations exist for these products?

There are no pre-existing condition limitations for Life Insurance. However, we have medical evidence of insurability requirements for certain high amounts of insurance and for late entrants to the plan.

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11. Confirm the inclusion of an Accelerated Death Benefit provision. Please describe provision.

An Accelerated Benefit Option is included with your plan at no additional charge. This is a living benefit feature that allows a terminally ill insured early access to their face amount of insurance:

- Up to 80%;
- To a maximum of $500,000;
- Based on a $20,000 minimum face amount.

12. What are your Life Insurance settlement options?

We mail checks for less than $5,000. For payments over $5,000, we can set up an interest-bearing account or mail a check. The account offers access to funds through drafts, a free Visa debit card and the ability to link the account to Apple Pay®, Google Pay™, PayPal®, Cash App® and Venmo®.

13. Please include a Line of Duty for Police and Fire personnel proposal.

A Line of Duty benefit is included.

14. Please list any additional benefits or plan features that could you offer.

Our Life insurance products include value-added services that help participants plan for the future, reduce stress and navigate life's twists and turns.

Available at No Cost

Critical Incident Support

Critical Incident Onsite Support is provided if there is a sudden death of an employee, violence in the workplace, a workplace accident, a disaster that occurs in the workplace, or anticipated but impactful incidents that occur outside work that cause the employees to experience trauma and grief. TELUS Health is our Grief Counseling and Employee Assistance Program (EAP) partner. A TELUS Health counselor can be deployed for a one-time, four-hour counseling session to one of your locations.

Grief Counseling

Face-to-face sessions with a licensed counselor are available to help participants and their loved ones cope with a loss. Participants can speak to a licensed counselor while in the comfort of their home through the helpline as well. Grief Counseling is available to all Life customers.

The following services are available to beneficiaries who receive the life insurance proceeds:

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- Telephonic intake by a licensed mental health professional for assessment and referral to licensed counselors with at least a master's degree in counseling, psychology or sociology based upon the beneficiary's specific grief counseling needs;
- 24-hour availability of grief counseling clinical services via a toll-free telephone line 365 days a year;
- Up to five 50 minute face-to-face, telephonic or video grief counseling sessions per loss event;
- Courtesy follow-up with beneficiaries using the Grief Counseling Services;
- Access to educational materials and self-assessments as it pertains to the loss experienced by the beneficiaries.

Health and Wellness Content Library

We offer educational materials online at metlife.com/wellnesstoolkits that present a range of information for your employees covering wellness topics such as mental health and wellness, healthy living, smoking cessation, fighting colds and flus, and disease management. Each toolkit contains an easy-to-follow roadmap of the topic and campaign, email templates that align with the roadmap and digital materials such as short articles and flyers that you can send as email communications. The toolkits are turnkey ready. Our content can help you encourage wellness as a key part of your benefit offering. For more information, visit our public page at metlife.com/wellnesstoolkits.

Empathy

Empathy, Inc., a third-party provider, provides our complimentary Empathy services necessary to help beneficiaries and their families cope with and plan for the, oftentimes, overwhelming tasks that follow the loss of a loved one. Empathy can assist beneficiaries with completing these tasks and contacting applicable third parties.

Financial Wellness Tools

Retirewise

Retirewise is an award-winning workshop series that can play a fundamental role in your employees' basic financial health and retirement planning. Retirewise provides objective information that covers a broad spectrum of financial topics suited to all employees, ranging from budgeting and investment principles to tax strategies and estate planning.

Financial Planning: Invest in Yourself

Our newest workshop, offered as a three-part series, takes a holistic approach to financial needs and solutions looking beyond products, transaction, or a single goal. We offer a roadmap to guide your employees from setting short and long-term goals and determining suitable housing costs to portfolio construction and managing risk, including insurance options and benefits.

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Single-Topic Workshops

We provide a range of educational workshops that address the different needs of your employees. Our one-hour workshops cover topics of interest among employees of varying ages and career stages across your workforce. The workshops fall into six main categories: Early Career, Mid-Career, Pre-Retirement, All Ages and Career Stages, Special Interest and Pre-recorded (some available in Spanish).

Digital Estate Planning

Estate Planning is available to anyone, regardless of their affiliation with MetLife, at no additional cost. The online platform enables individuals to create estate planning documents by answering questions through an easy, guided electronic experience. The estate planning documents available include simple wills, living wills and powers of attorney. Individuals enrolled for Supplemental Life also have access to online notary, witnessing and remote identity verification, where available. Not all services are available in all jurisdictions.

Face-to-Face Will Preparation Services through MetLife Legal Plans

Participants can work online or one-on-one with an attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney. Face-to-Face Will Preparation Services are available to participants of Supplemental Life. The service includes creating or updating: Wills to document a person's final wishes regarding distribution of assets and guardianship of minor children;

- Living wills, also called "advanced directives," to record a person's written instructions regarding use of extraordinary life-support measures. Living wills appoint a representative authorized to make decisions regarding life-support if the person becomes incapacitated and cannot communicate his or her wishes;
- Power of Attorney, which allows individuals to designate a person they know and trust to act on their behalf in the event of unexpected occurrences or if they become incapacitated. Power of Attorney grants a designated person the legal power to act on another's behalf.

Estate Resolution Services

With unlimited consultations, either face-to-face with an attorney or over the phone, your participants and/or their beneficiaries can settle an estate with confidence. Covered services include matters related to probating the estate, tax filings, preparation of documents and representation at court proceedings needed to transfer the probate assets from the deceased's estate to the heirs. Estate Resolution Services are available to participants of Supplemental Life insurance and make available attorneys who are in the MetLife Legal Plan.

Funeral Planning and Discounts

Through our partner, Dignity Memorial, participants have exclusive access to discounted services in a large network of funeral homes and cemeteries to pre-plan services with a counselor. The program is available to all participants of Life products. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI

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and TN, the discount is available for "At Need" services only. Not available in AK, FL, KY, MT, ND, NY and WA.

Funeral Assistance

Participants work with compassionate counselors who assist with customizing funeral arrangements with personalized, one-on-one service. Funeral Assistance is available to all Life customers.

Beneficiary Claim Assistance

Beneficiaries receive guidance from experts as they work through their options and financial needs. Specialists work with beneficiaries and their families to file paperwork, annuity claims and government benefits. Specialists also provide information about local resources, government programs and financial planning. Beneficiary Claim Assistance is available to all Life and AD&D customers.

Financial

1. **Will your proposal be subject to any participation requirements? If so, what are the requirements?**

Yes.

We require 25% participation for all voluntary coverages with a minimum of 10 enrolled employees. If participation falls between 20% and 25%, we reserve the right to adjust our rates. If participation falls below 20%, we reserve the right to decline coverage.

2. **Will final enrollment affect your proposed rates? If so, how will proposed rates be affected?**

Yes.

A change in rates may occur if any of the following take effect:

- Plan design change;
- Group demographics change;
- Number of employees increases or decreases by 10%;
- An applicable law, or administration of that law, results in a benefits change.

Rate adjustments for plan design and/or group demographic changes will take effect on the next premium due date following the changes. The adjusted rates only apply to premiums due on or after the date the rate change takes effect.

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3. **Is there a bundling discount included with your proposal? If so, please note the discounts.**

   No.

4. **Are you providing a quote for the medical? If so, is there an additional bundling discount associated with the medical coverage? If so, please note the discounts.**

   No. Medical insurance is not in the suite of products we offer.

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Accident, Cancer, Critical Illness, and Hospital

Eligible employees pay 100% of Critical Illness, Cancer/Intensive Care and Accident premium.

Census included in Appendix. Note that highlighted areas on census are exceptions and must be grandfathered in.

Proposed rates must be net of commission.

Plan year begins 03/1/2026.

Noted.

Plan Confirmations

The group policy must include the following provisions. If not, your bid will not be considered.

1. **All current enrollees will be covered on a no loss/no gain basis.**

   As the incumbent carrier of your Accident & Health plans, the no-loss, no-gain provision would not apply.

2. **Please note clearly if quotes are subject to any stipulations or dependencies.**

   Not applicable as we are the incumbent carrier of your Accident & Health plans.

The City is looking to consolidate and streamline coverage where possible with no negative financial or benefit affect to the City or its employees.

Noted.

Plan Benefits

Benefit Summary included in Appendix.

Please confirm your organization's ability to duplicate coverage at the current plan levels, except for any exceptions noted in the Appendix. Be sure to clearly note any deviations or enhancements. Please list any differences and/or enhancements by completing the tables in the following pages of this RFP. If no differences or enhancements are noted in the following tables, it will be assumed that none exist, and the policies match exactly to the current/requested coverages.

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We are the incumbent carrier of your Accident & Health plans. Therefore, the current plan benefits will remain in place.

Plan Benefit Difference/Enhancements (Accident)

Not applicable as we are the incumbent carrier of your Accident & Health Plans coverage.

	Differences	Enhancements
Benefit		
Elimination Period		
Maximum Benefit		
Wellness Benefit		
Guarantee Issue		
Pre-Existing Limitations		
Other		

Plan Benefit Difference/Enhancements (Cancer)

Not applicable as we are the incumbent carrier of your Accident & Health Plans coverage.

	Differences	Enhancements
Benefit		
Elimination Period		
Maximum Benefit		
Wellness Benefit		
Guarantee Issue		
Pre-Existing Limitations		
Other		

Plan Benefit Difference/Enhancements (Critical Illness)

Not applicable as we are the incumbent carrier of your Accident & Health Plans coverage.

	Differences	Enhancements
Benefit		
Elimination Period		
Maximum Benefit		
Wellness Benefit		

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Guarantee Issue		
Pre-Existing Limitations		
Other		

Plan Benefit Difference/Enhancements (Hospital)

Not applicable as we are the incumbent carrier of your Accident & Health Plans coverage.

	Differences	Enhancements
Benefit		
Elimination Period		
Maximum Benefit		
Wellness Benefit		
Guarantee Issue		
Pre-Existing Limitations		
Other		

Questionnaire

If you are submitting a proposal for Accident, Cancer, Critical Illness and Hospital please respond to the following questions as they relate to proposed lines of coverage.

1. **List the required exclusions and limitations.**

We have included our standard Accident & Health exclusions below.

Accident

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:

- *the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person's Physician for the Covered Person;*
- *the Covered Person's suicide or attempted suicide (while sane or insane);*
- *the Covered Person's intentionally self-inflicted injury;*
- *war, whether declared or undeclared; or act of war;*
- *the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;*
- *the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;*
- *the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;*

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- *food poisoning;*
- *the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:*
  - *intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and*
  - *motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;*
- *dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:*
  - *treat an Injury;*
  - *correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or*
  - *reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate;*
- *the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:*
  - *any drug, medication or sedative that is taken or used as prescribed by a Physician; or*
  - *an "over the counter" drug, medication or sedative taken as directed;*
- *activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;*
- *the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;*
- *the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;*
- *the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;*
- *the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or*
- *the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.*

In addition, We will not pay benefits for:

- *a Covered Person while incarcerated in any type of penal or detention facility; or*
- *any of the following outside of the United States, Canada or Mexico:*
  - *any medical or healthcare treatment, services or transportation described in the Accident – Medical Treatment & Services Benefits section of this Certificate;*
  - *any inpatient admission or stay in any medical or health care facility.*

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Hospital Indemnity

We have standard exclusions within our Hospital Indemnity offering. Exclusions may vary by state. Per our booklet/certificate, we have the following exclusions:

We will not pay benefits for any loss due to an Accident or Sickness for a Covered Person caused or contributed to by:

- *The Covered Person's voluntary use, by any means, of:*
  - *Any drug, medication or sedative, unless it is:*
    - *Taken or used as prescribed by a Physician; or*
    - *An "over the counter" drug, medication or sedative taken as directed;*
  - *Alcohol in combination with any drug, medication or sedative; or*
  - *Poison, gas, or fumes;*
- *The Covered Person's suicide or attempted suicide (while sane or insane);*
- *The Covered Person's intentionally self-inflicted injury;*
- *War, whether declared or undeclared, or act of war;*
- *The Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;*
- *The Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;*
- *Dental procedures or Surgery except as the result of an Accident causing Injury to a sound natural tooth;*
- *Cosmetic surgery, except when such surgery is performed to:*
  - *Treat an Injury or Sickness;*
  - *Correct a disorder of normal bodily function or structure that was caused by an Injury or Sickness for which coverage is not otherwise excluded under this Certificate; or*
  - *Reconstruct a part of the body which was disfigured or removed as a result of an Injury or Sickness for which coverage is not otherwise excluded under this Certificate;*
- *The Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:*
  - *Any drug, medication or sedative that is taken or used as prescribed by a Physician; or*
  - *An "over the counter" drug, medication or sedative taken as directed; or*
- *Activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.*

In addition, We will not pay benefits for:

- *A Covered Person while incarcerated in any type of penal or detention facility; or*
- *Any of the following outside of the United States, Canada or Mexico:*
  - *Any medical or healthcare treatment, services or transportation; or*
  - *Any inpatient admission or stay in any medical or health care facility.*

The following additional exclusions apply to payment of benefits for any loss due to an Accident. We will not pay benefits for any loss due to an Accident for a Covered Person caused or

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contributed to by:

- *The Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:*
  - *Intoxicated means that the Covered Person's blood alcohol level met or exceeded .08%; and*
  - *Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;*
- *The Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;*
- *The Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;*
- *The Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;*
- *The Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or*
- *The Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet, spelunking or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.*

The following additional exclusions apply to payment of benefits for any loss due to a Sickness. We will not pay benefits under this Certificate for:

- *A Dependent Child's Routine Pregnancy or Routine Childbirth; or*
- *The Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof.*

Critical Illness

We have standard exclusions within our Critical Illness offering. Exclusions may vary by state. Our booklet/certificate contains specific exclusions to individual covered conditions not listed here. Per our booklet/certificate, we have the following exclusions:

- the Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;
- the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the Covered Person's intentionally self-inflicted injury;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the Covered Person's:
- blood alcohol level met or exceeded .08%; or

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- blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:
- taken or used as prescribed by a Physician, or
- an "over the counter" drug, medication or sedative taken according to package directions; or
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

- Any Covered Condition for which Diagnosis is made outside the United States, Canada or Mexico unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States, Canada or Mexico.

Cancer

We have standard exclusions within our Cancer offering. Exclusions may vary by state. Our booklet/certificate contains specific exclusions to individual covered conditions not listed here. Per our booklet/certificate, we have the following exclusions:

We will not pay benefits for any Covered Condition for a Covered Person caused by, or that takes place during:

- the Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;
- the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the Covered Person's intentionally self-inflicted injury;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the Covered Person's:
- blood alcohol level met or exceeded .08%; or
- the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:
- taken or used as prescribed by a Physician, or
- an "over the counter" drug, medication or sedative taken according to package directions; or
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

- any Covered Condition for which Diagnosis is made outside the United States, Canada or

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Mexico unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States, Canada or Mexico.

2. Will you grandfather employee's current amounts?

Not applicable as we are the incumbent carrier of your Accident & Health plans.

3. List treatments and/or services covered under your proposal.

Accident

Modification Benefit (also called Reasonable Accommodation)
Our Accident Insurance offers a Modification Benefit which pays for modifications made to a covered person's home or vehicle in the event of a dismemberment, functional loss or paralysis. The high plan Modification Benefit is $1,500, the low plan Modification Benefit is $1,000.

Lodging Benefit

The Accident Insurance plan offers a Lodging Benefit for an accompanying companion's lodging more than 50 miles from the insured's primary residence during an insured's hospitalization due to an Accident. The high plan Lodging Benefit is $200 per day, the low plan Lodging Benefit is $100 per day.

Recurrence

Benefits are paid on a flat schedule and there are no limitations on the number of covered accidents.

Hospital Confinement

The hospital confinement benefit (non-ICU) is limited to 15 days per accident.

Hospital Indemnity

Recurrence Benefit and Suspension/Waiting Period

Our Hospital Indemnity Plan standardly pays up to four admission benefits per participant per calendar year. There is a 90 day benefit suspension period between admittances for the same sickness.

Hospital Confinement Benefit

The hospital confinement benefit is limited to 31 days per calendar year.

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Inpatient Rehabilitation Benefit

The maximum confinement for the inpatient rehabilitation benefit is 15 days per calendar year. The Inpatient Rehabilitation Benefit pays a fixed benefit amount per day if a participant is confined for a covered injury or sickness and must go directly to an Inpatient Rehabilitation Facility for continued treatment.

Cancer

Our Cancer Insurance provides insureds with a lump-sum benefit payment in the event they or their covered dependent experience one of the covered conditions listed below.

Benefits of the Certificate

Covered Condition	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Benefit Amount.	100% of Initial Benefit.
Partial Benefit Cancer	25% of Benefit Amount.	12.50% of Initial Benefit.

If any of the covered conditions first occurs for a covered person while they are insured under the certificate, proof of the covered condition must be confirmed. Once confirmed, and if the claim is approved, we will pay the benefit described for the covered condition.

Recurrence

We will pay the Recurrence Benefit shown in the Schedule of Insurance for a Recurrence subject to the following
limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which We paid an Initial Benefit.

Critical Illness

Benefits of the Certificate

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount.	None.
Coronary Artery Bypass Graft	100% of Benefit Amount.	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount.	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount.	50% of Benefit Amount

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Covered Condition	Initial Benefit	Recurrence Benefit
Kidney Failure	100% of Benefit Amount.	None.
Major Organ Transplant	100% of Major Organ Transplant Benefit Amount	None.
Stroke	100% of Benefit Amount.	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	None.

Listed Condition or Listed Conditions means any of the following diseases:

- Addison's disease (adrenal hypofunction);
- amyotrophic lateral sclerosis (Lou Gehrig's disease);
- cerebrospinal meningitis (bacterial);
- cerebral palsy;
- cystic fibrosis;
- diphtheria;
- encephalitis;
- Huntington's disease (Huntington's chorea);
- Legionnaire's disease;
- malaria;
- multiple sclerosis (definitive diagnosis);
- muscular dystrophy;
- myasthenia gravis;
- necrotizing fasciitis;
- osteomyelitis;
- poliomyelitis;
- rabies;
- sickle cell anemia (excluding sickle cell trait);
- systemic lupus erythematosus (SLE);
- systemic sclerosis (scleroderma);
- tetanus; and
- tuberculosis.

A recurrence benefit is also payable for most covered conditions at 100% of the initial benefit amount. A Health Screening Benefit of $50 is standardly included. Additional covered conditions are available to add to the plan upon request.

4. Is there a wellness benefit included?

Yes.

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5. If the policy is terminated, describe how coverage is affected for Employees currently with treatment in process.

If treatment for an accident occurs within the coverage effective dates, the benefit will be reviewed and processed accordingly. We will also pay benefits if a participant seeks treatment for the same accident after the coverage ends.

To extend coverage, portability is available if the group policy is canceled. With portability, coverage remains consistent for employees via direct bill with the same active group rates they had under their employer's plan.

6. What are your online capabilities regarding employee communication, and enrollment processing?

We created a self-service website to help your employees better understand and manage their benefits and allow you more time to work on strategic tasks. It provides employees with personalized and integrated access to information, tools and self-service capabilities for their benefits. Employees have one place to go to see what benefits are available to them, get their questions answered and conduct transactions, allowing them to spend less time and get more value out of their benefits.

Employee Website	
Product	**Capabilities**
Accident, Critical Illness, Cancer, Hospital Indemnity	• View and print certificate of insurance; • Review personalized benefit information and coverage details; • Initiate a claim and upload claim documents; • Check claim status and correspondence; • Submit information to a physician electronically; • Declare and change beneficiaries; • View contact information and FAQs.

7. What, if any, pre-existing conditions limitations exist?

Please see your booklet certificates for a full listing.

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8. **In addition to any proposed coverage, can current policies remain in place with payroll deductions?**

As the incumbent carrier, payroll deduction will remain in place unless changes are being requested.

9. **Please list any additional benefits or plan features that could you offer.**

We offer value-added services that provide support, planning and protection when your enrolled employees need it. Value-added services are not insurance; they are additional benefits offered outside of the insurance product. There is no cost to you or your employee participants.

Upwise

Our Upwise Benefits Engagement Platform, which can be provided at no cost to you, can help employees get more from their benefits during enrollment and throughout the year. Upwise can help employees choose and use their benefits by providing personalized and comprehensive recommendations that tie all of your benefits together, regardless of carrier. Employees can access all their elected benefits across carriers, plus employer point solutions from Upwise's benefits hub, providing convenience and accessibility.

- Upwise CHOOSE is a data and Machine Learning decision support capability that leverages employee inputs, medical spend data, financial data, and personal risk preferences to deliver hyper-personalized, carrier-agnostic benefit recommendations across Core products such as major medical (including health spending accounts), dental & vision, life & disability, as well as across the full spectrum of voluntary benefits.
- Upwise USE helps employees with maximizing the use of their benefits throughout the year by providing timely educational and reminder emails ("nudges") throughout the year to help employees take advantage of their enrolled and available benefits, such as wellness programs and point solutions. If medical data integration is permissioned, Upwise can send employees hyper-relevant and timely emails based on medical data triggers, informing them about benefits that can support their very specific health needs (e.g. pregnancy, diabetes). In addition, when MetLife is the supplemental health carrier, we can automatically pay benefits from the medical data.

Health and Wellness Content Library

We offer educational materials online at metlife.com/wellnesstoolkits that present a range of information for your employees covering wellness topics such as mental health and wellness, healthy living, smoking cessation, fighting colds and flus, and disease management. Each toolkit contains an easy-to-follow roadmap of the topic and campaign, email templates that align with the roadmap and digital materials such as short articles and flyers that you can send as email communications. The toolkits are turnkey ready. Our content can help you encourage wellness as a key part of your benefit offering. For more information, visit our public page at metlife.com/wellnesstoolkits.

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Online Will Preparation

Online Will Preparation is a document generation service that allows the employee to create a will, living will, power of attorney and HIPAA authorization form in a secure web environment.

VisionAccess

VisionAccess provides discount savings on eye exams, glasses, frames and lower costs for laser visions correction.

Dignity Memorial

We offer funeral discounts and planning services that span the loss spectrum from preparing for a loss to providing support following a loss. Through our partner, Dignity Memorial, participants have exclusive access to discounted services in a large network of funeral homes, cremation services and cemeteries to pre-plan or plan services with a counselor. Dignity Memorial simplifies the process for your employees and their families so that they can plan an event honoring the life of a loved one.

Financial

1. **Will your proposal be subject to any participation requirements? If so, what are the requirements?**

   Yes.

   If non-preferred enrollment conditions apply, there is a 5% minimum participation requirement.

2. **Will final enrollment affect your proposed rates? If so, how will proposed rates be affected?**

   A change in rates may occur if any of the following take effect:
   - Plan design change;
   - Group demographics change;
   - Number of employees increases or decreases by 10%;
   - An applicable law, or administration of that law, results in a benefits change.

   Rate adjustments for plan design and/or group demographic changes will take effect on the next premium due date following the changes. The adjusted rates only apply to premiums due on or after the date the rate change takes effect.

3. **Is there a bundling discount included with your proposal? Is so, please note the discounts.**

   No.

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4. **Are you providing a quote for the medical? If so, is there an additional bundling discount associated with the medical? If so, please note the discounts.**

   No. Medical insurance is not in the suite of products we offer.

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SUBMISSION CHECKLIST

Deadline for Response: June 26, 2025

Submission Requirements	Included
1. Submit electronically	X
2. Proposal Certification	X
3. Affidavit	X
4. RFP Questionnaire	X
Your Organization/Company Information	X
Dental Services	X
Vision Services	X
Basic and Voluntary Life/ AD&D	X
Accident, Cancer, Critical Illness, and Hospital	X
5. Exhibits	X
Confirmations	X
Dental Cost Rate Form	X
Vision Cost Rate Form	X
Basic Life/AD&D Cost Rate Form	X

The Submission Checklist is only a summary of the forms and materials required as part of your proposal. You are urged to thoroughly read the entire RFP to ensure compliance with the submission requirement.

Please indicate the lines of coverage that your company will be responding to:

Basic Life: X

Voluntary Life: X

Dental: X

Vision: X

Accident: X

Critical Illness: X

Hospital Indemnity: X

Cancer: X

2025-456

MetLife

Nick Carlson
Regional Vice President
Regional Business
10 South LaSalle Street
Suite 3350
Chicago IL, 60603

Tel: 612-386-2541
ncarlson@metlife.com

August 8, 2025

Mike Lesko
City of Springfield
300 S. 7th St., Rm 200
Springfield, IL 62701

RE: Request for Proposal #. RFP HR26-10 – City of Springfield Dental and Ancillary

Hello Mike,

Metropolitan Life Insurance Company confirms our company and/or company agents have not been paid directly or indirectly, by any person, firm or corporation, any money or valuable consideration for assistance in procuring the contract herein referred to. Metropolitan Life Insurance Company further agrees that no such money or reward will be paid after the RFP is submitted.

Metropolitan Life Insurance Company
Name of Business Submitting this Bid

August 8, 2025
Date

Nicholas P. Carlson
Name of Authorized Person

Signature of Authorized Person

Vice President
Title of Authorized Person

2025-456

EXHIBITS - REQUIRED SUBMISSIONS

Exhibit A - CONFIRMATIONS

Please answer all of the following by placing an X in the appropriate box. Please complete this table even if you have included similar information in another part of your proposal. This will assist THE CITY OF SPRINGFIELD in accurately assessing the responses. Please specify any deviations from these specifications in your cover letter to the Proposal, and clearly state them in the Proposal.

This form must be used for your response.

Contract Terms and Conditions	Agree	Agree, with Deviations	Do Not Agree
General Requirements		X	
Term of Contract		X	
Cancellation of Contract		X	
Renewal Requirements	X		
Extensions	X		
Rates Adjustments		X	
No Loss Provisions	X		
Transfer Provisions	X		
Continuance of Coverage	X		
Coordination of Benefits (COB)	X		
Release		X	
Amendment	X		
No Third-Party Rights	X		
Commissions	X		
Negotiations	X		
Meeting Attendance	X		
Non-Liability/Indemnification/Hold Harmless			X
Records and Audits	X		
Confidentiality		X	
Responsibility for Compliance with Legal Requirements	X		

Contract Terms and Conditions	Agree	Agree, with Deviations	Do Not Agree
Status of Contractor	X		
Assignment and Subcontracting		X	
Severability	X		

General Information and Specifications	Agree	Agree, with Deviations	Do Not Agree
Required Format and Necessary Information	X		
Proposal Conditions		X	
Proposal Discussions and Presentations	X		
Propriety Information - Confidentiality	X		
Rejection of Offers	X		
Withdrawal/Modification of Offer	X		
Amendments and Clarifications	X		
Disclosure	X		
Acknowledgement of Addenda	X		
Electronic Capabilities	X		
Enrollment	X		
Communication Materials – Enrollment services	X		

Exhibit B - DENTAL COST RATE FORM

Please provide cost to provide administration to THE CITY OF SPRINGFIELD enrollees. Finally, indicate if any of these items are standard and included in the rates quoted.

This form must be used for your response.

Dental costs (assume 1,800 covered employee/retirees)	Monthly Cost*	Annual Cost*
	$1,804,280	$150,357
Bundling Discount (if applicable)	Not applicable.	Not applicable.

Cost presented should not include any commissions.

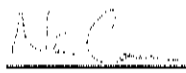
Participation Requirements, list any minimums	25% for Voluntary Coverage
Rates above are firm until	03/01/2026
Initial Rate Guarantee period	03/01/2026-02/28/2027
Name of Authorized Officer	Nicholas P. Carlson
Signature of Authorized Officer	
Title of Authorized Officer	Vice President
Date	August 8, 2025

Exhibit C - VISION COST RATE FORM

Please provide cost to provide administration to THE CITY OF SPRINGFIELD enrollees. Finally, indicate if any of these items are standard and included in the rates quoted.

This form must be used for your response.

Vision costs (assume 1,800 covered employee/retirees)	Monthly Cost*	Annual Cost*
Cost	$12,555	$150,657
Miscellaneous fees, not included in above fees		
Bundling Discount (if applicable)	Not applicable.	Not applicable.

Cost presented should not include any commissions.

Participation Requirements, list any minimums 25% for Voluntary Coverage

Rates above are firm until 03/01/2026

Initial Rate Guarantee period 03/01/2026-02/28/2030

Name of Authorized Officer Nicholas P. Carlson

Signature of Authorized Officer N. P. C.

Title of Authorized Officer Vice President

Date August 8, 2025

Exhibit D – BASIC LIFE/AD&D COST RATE FORM

Please provide cost to provide administration to THE CITY OF SPRINGFIELD enrollees. Finally, indicate if any of these items are standard and included in the rates quoted.

This form must be used for your response.

Basic Life/AD&D Cost (assume 1,550 eligible employees)	Monthly Cost*	Annual Cost*
Cost	$4,215	$50,575
Miscellaneous fees, not included in above fees	Not applicable.	Not applicable.
Bundling Discount (if applicable)	Not applicable.	Not applicable.

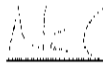
Cost presented should not include any commissions.

Participation Requirements, list any minimums 100% for Non Contributory coverage.

Rates above are firm until 03/01/2026

Initial Rate Guarantee period 03/01/2026-02/28/2029

Name of Authorized Officer Nicholas P. Carlson

Signature of Authorized Officer 

Title of Authorized Officer Vice President

Date August 8, 2025

CITY OF SPRINGFIELD
OFFICE OF BUDGET AND MANAGEMENT
PURCHASING DEPARTMENT
300 S. SEVENTH STREET
ROOM # 200 MCW
SPRINGFIELD, ILLINOIS 62701-1681

Contact: Office of the Purchasing Agent
Telephone: 217·789·2191

Date: May 8, 2025
Fax: 217·789·2207

Request for Proposal Index No: HR26-10
Request for Proposal Name: City Springfield Dental and Ancillary
Pre Bid Meeting: N/A
Bid Security: N/A

Due Date **August 14, 2025 @ 3 P.M. Central Time USA**:

Sealed responses must be received in the Office of Budget and Management Purchasing Department, 300 S. Seventh Street, Room #210 MCW, Springfield, Illinois 62701-1681 and date and time stamped in no later than the date and time stated . All responses will be publicly opened and portions thereof read aloud at the above date and time.
LATE RESPONSES WILL NOT BE CONSIDERED.

All attached General Terms and Conditions and Drawings and Specifications are part of the Bid and will be incorporated into any Contract(s) entered into as a result of the Bid.
Subject to the deviations provided with our proposal response.
All responses to the Bid must be prepared as stated herein and properly signed. Address all correspondence and inquiries regarding this Request for Proposal to the Purchasing Agent.

Name of Vendor: Metropolitan Life Insurance Company

Contact Name: *Todd Reed, Account Executive

Vendor Address: 200 Park Avenue, New York, NY 10166

Vendor E-Mail: todd.a.reed@metlife.com*

Phone: 513-582-1647* **Fax:** Not available.

SECTION III

CERTIFICATIONS AND SIGNATURE OF BIDDER

1. The undersigned bidder submits with this proposal and bid sheet, all information as called for, together with complete manufacturer's specifications covering any equipment bid upon.

2. The undersigned bidder states that he has been regularly engaged in work of the type required by the specifications herein for 157 years and respectfully invites your attention to the following products and/or services:

Our proposal includes Life and AD&D, Vision, Dental PPO, Accident, Cancer, Critical Illness and Hospital Indemnity products.

3. The following proposal or bid sheet may be withdrawn at any time prior to the scheduled time for the opening of bids or any authorized postponement thereof. If written notice of the acceptance of this proposal or bid sheet is mailed, telegraphed or otherwise delivered to the undersigned within sixty (60) calendar days after the date of opening of the bids, or any time thereafter before this bid is withdrawn, the undersigned will, within ten (10) calendar days after the date of such mailing, telegraphing or delivery of such notice, execute and deliver the Contract Execution Page provided in Section IV of this booklet.

The undersigned bidder hereby designates as his office to which such notice of acceptance may be mailed, telegraphed or delivered as follows:

10 South LaSalle Street, Suite 3350

Chicago, IL 60603

(City, State and Zip Code)

Name and telephone number of person to contact regarding this bid

Name:

Todd Reed, Account Executive

Phone:

513-582-1647

4. The undersigned bidder hereby declares that the only person or persons interested in the above proposal as principals are named herein and that no other person than herein mentioned has any interest in this proposal or in the contract to be entered into; that this proposal is made without connection with any other person, company or parties making a bid or proposal; and that it is in all respects fair and in good faith without collusion or fraud.

*Nicholas P. Carlson, Vice President

Signature of Bidder

5. The undersigned bidder hereby certifies that it is not barred from bidding on any contract offered for bid by the State of Illinois or any unit of local government as a result of a conviction for violating Sections 33E-33 or 33E-4 of the Illinois Criminal Code.

*

Signature of Bidder

6. The undersigned bidder hereby certifies that it is not delinquent in the payment of any tax administered by the Illinois Department of Revenue. If the undersigned bidder has entered into an agreement with the Department of Revenue for the payment of any taxes that are past due and is in compliance with that agreement, the bidder shall so state.

*

Signature of Bidder

7. (a)If your organization is a corporation, limited liability company, limited liability partnership, or limited partnership, etc., you must provide a copy of your current certification of good standing from your State of incorporation with your bid. Failure to do so may result in the rejection of your bid.

*

Signature of Bidder

7. (b) Pursuant to Illinois law as it pertains to foreign corporations, foreign limited liability companies, foreign limited liability partnerships, or foreign limited partnerships, you may be required to register with the Illinois Secretary of State. A foreign entity is an entity organized or incorporated in a state other than Illinois. The undersigned bidder hereby certifies that it has examined the relevant statutes and determined that either: (1) It is not required to register as a foreign entity with the Illinois Secretary of State; or (2) It is required to register as a foreign entity with the Illinois Secretary of State, that is has so registered, and that proof of registration is attached hereto

*

Signature of Bidder

8. Pursuant to Section 38.47 of the City of Springfield Code of Ordinances, 1988, as amended, the undersigned bidder hereby certifies that it and any subcontractors (if any) it employs to perform work under a contract for the City of Springfield does not employ unauthorized aliens as defined in the Federal Immigration and Nationality Act (8 U.S.C. 1101, *et seq.*, Section 274A).

Confirmed for Metropolitan Life Insurance Company. Our subcontractors must comply with all applicable state and federal laws and regulations in performing services on our behalf. We are accountable for contractor performance as it relates to the services requested in this RFP.

*

Signature of Bidder

MetLife

August 11, 2025

<Recipient Name>
<Recipient Address line 1>
<Recipient Address line 2>
<Recipient Address Line 3>

Re: 212942 - City of Springfield
Renewal – 03/01/2026

Dear <Recipient Name>,

MetLife appreciates the opportunity to be a part of your benefit program. This letter confirms your renewal for the **03/01/2026** plan year.

In determining the rates for the coming plan year, we have evaluated your plan experience, taking into account the credibility of the experience and the demographics of your group. Our objective in the renewal process is to identify rates that will maintain the overall financial stability of your benefit program.

We have set the following rates for the coming year:

Coverage	Current Rate/Fee	Renewal Rate/Fee	Change in Rate/Fee (+/- %)
Long-Term Disability *(rates per $100 Monthly Covered Payroll)*			
• <25	**$0.08**	**$0.08**	**0.00%**
• 25-29	**$0.10**	**$0.10**	**0.00%**
• 30-34	**$0.16**	**$0.16**	**0.00%**
• 35-39	**$0.24**	**$0.24**	**0.00%**
• 40-44	**$0.34**	**$0.34**	**0.00%**
• 45-49	**$0.50**	**$0.50**	**0.00%**
• 50-54	**$0.69**	**$0.69**	**0.00%**
• 55-59	**$0.89**	**$0.89**	**0.00%**
• 60-64	**$0.91**	**$0.91**	**0.00%**
• 65-69	**$1.19**	**$1.19**	**0.00%**
• 70+	**$1.44**	**$1.44**	**0.00%**
FMLA *(per employee, per month)*	**$1.05**	**$2.99**	**+185%**
Disability rates are guaranteed through 02/28/2028 (24 months).			

The rates shown above assume your existing plan design, contribution structure and group demographics remain the same. The rates also assume that there will be no change in any Source of Other Income Benefits by which our disability benefit payments may be reduced. In addition, the number of covered employees must

Request to Notify Alaska Residents of Impending Coverage and/or Premium Changes
Under Alaska Statute 21.36.225, covered individuals residing in Alaska must be notified of impending coverage and/or premium changes, as applicable. If you have employees residing in Alaska who are covered under MetLife's Disability, Dental, Vision or Accidental Death and Dismemberment policies, we ask that you provide them with written notice at least 45 days in advance of the effective date of the renewal, notifying them that coverage and/or premiums may change. Once renewal details are finalized, a second notice must be provided setting forth the details of the coverage or premium change. If you would like wording for these notices, please contact your MetLife service team.

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be maintained at a level of ten or more.

Please do not hesitate to contact me at <Telephone #> if I may answer any questions or assist in any way.

Once again, thank you for the privilege you have extended to us. You are the reason we are in business. We look forward to continuing our relationship in the months and years ahead.

Sincerely,

<Sales Representative / Account Manager>

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U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, MetLife Consumer Services, Inc. and Metropolitan General Insurance Company (collectively herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products *("Products")* with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products *(each an "Intermediary")*. MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business *(number of products sold or dollar value of premium)* with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 9% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 9% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife *(e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements)*.

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers

and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L0824042390[exp1025][All States][DC,GU,MP,PR,VI]

August 5, 2025
Ms. Kelley Martin
City of Springfield
300 S. Seventh Street Room #309 MCW
Springfield, IL 62701

Re: City of Springfield
Renewal - March 1, 2026

Dear Ms. Martin,

I am pleased to present MetLife's annual renewal package for **City of Springfield.**

The package contains important information about the financial status of the plan. Included is a Technical Overview, containing the renewal rate adjustments, renewal analysis, underwriting assumptions and supporting exhibits.

After you have reviewed this information, I would be happy to provide more specifics on any of the material covered in this package.

All of us at MetLife appreciate your business. We have provided BSCL, OPTL, DEPL, PADD, VADD and DENT to **City of Springfield** for 7 years, and we place a high value on the mutual success of our relationship.

Thank you for your trust in Metropolitan Life Insurance Company. I look forward to working with you in the coming year.

Sincerely,

Todd Reed

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

Request to Notify Alaska Residents of Impending Coverage and/or Premium Changes
Under Alaska Statute 21.36.225, covered individuals residing in Alaska must be notified of impending coverage and/or premium changes, as applicable. If you have employees residing in Alaska who are covered under MetLife's Disability, Dental, Vision or Accidental Death and Dismemberment policies, we ask that you provide them with written notice at least 45 days in advance of the effective date of the renewal, notifying them that coverage and/or premiums may change. Once renewal details are finalized, a second notice must be provided setting forth the details of the coverage or premium change. If you would like wording for these notices, please contact your MetLife service team.

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Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business *(number of products sold or dollar value of premium)* with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 9% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 9% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife *(e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements)*.

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in

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New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L0824042390[exp1025][All States][DC,GU,MP,PR,VI]

March 1, 2026

Renewal Package

for

City of Springfield

provided by

MetLife

MetLife Representative

Todd Reed
10 South LaSalle Street, Suite 3350
Chicago, IL 60603

***Phone Number* - 513-582-1647**
***Fax Number* -**

This renewal is for plan year, March 1, 2026 to February 28, 2027.

The information included in this renewal is proprietary to Metropolitan Life Insurance Company. It is intended for use only by City of Springfield and may not be shared with any other party without the written permission of Metropolitan Life Insurance Company.

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TECHNICAL OVERVIEW

RENEWAL RATE ADJUSTMENTS

Coverage	Current Rate/Fee	Renewal Rate/Fee	Change in Rate/Fee +/- %
Basic Life - Active Employees			
• Active Employees	$0.097/$1,000	$0.097/$1,000	0.00%
Optional Life - Active Employees			
• less than30	$0.050/$1,000	$0.050/$1,000	0.00%
• 30-34	$0.060/$1,000	$0.060/$1,000	0.00%
• 35-39	$0.084/$1,000	$0.084/$1,000	0.00%
• 40-44	$0.100/$1,000	$0.100/$1,000	0.00%
• 45-49	$0.150/$1,000	$0.150/$1,000	0.00%
• 50-54	$0.230/$1,000	$0.230/$1,000	0.00%
• 55-59	$0.430/$1,000	$0.430/$1,000	0.00%
• 60-64	$0.660/$1,000	$0.660/$1,000	0.00%
• 65-69	$1.270/$1,000	$1.270/$1,000	0.00%
• 70+	$2.060/$1,000	$2.060/$1,000	0.00%
Dependent Life - Active Employees			
• less than30	$0.050/$1,000	$0.050/$1,000	0.00%
• 30-34	$0.060/$1,000	$0.060/$1,000	0.00%
• 35-39	$0.084/$1,000	$0.084/$1,000	0.00%
• 40-44	$0.100/$1,000	$0.100/$1,000	0.00%
• 45-49	$0.150/$1,000	$0.150/$1,000	0.00%
• 50-54	$0.230/$1,000	$0.230/$1,000	0.00%
• 55-59	$0.430/$1,000	$0.430/$1,000	0.00%
• 60-64	$0.660/$1,000	$0.660/$1,000	0.00%
• 65-69	$1.270/$1,000	$1.270/$1,000	0.00%
• 70+	$2.060/$1,000	$2.060/$1,000	0.00%
• child(ren)	$0.144/$1,000	$0.144/$1,000	0.00%
Personal AD&D - Active Employees			
• Active Employees	$0.028/$1,000	$0.028/$1,000	0.00%
Voluntary AD&D - Active Employees			
Single	$0.029/$1,000	$0.029/$1,000	0.00%
Family	$0.037/$1,000	$0.037/$1,000	0.00%
Dental - Basic Plan			
• Employee only	$30.00/Ee	$30.00/Ee	0.00%
• Employee + One	$60.03/Ee	$60.03/Ee	0.00%
• Employee + Family	$91.47/Ee	$91.47/Ee	0.00%

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Dental - Enhanced Plan			
• Employee only	**$54.90/Ee**	**$57.65/Ee**	**5.00%**
• Employee + One	**$109.97/Ee**	**$115.47/Ee**	**5.00%**
• Employee + Family	**$167.45/Ee**	**$175.82/Ee**	**5.00%**

LIFE / AD&D BENEFITS

RENEWAL ANALYSIS

MetLife reviews past claims experience to predict future claims activity, which is the basis for setting new rates.

Life premium rates are established to account for claims charges, margin and retention charges. In calculating your renewal rates for the upcoming policy year, we use the following process:

- Claims data is divided into yearly blocks.
- For each year, claim charges are divided by the premium to determine the claim loss ratio.
- Claim loss ratios for each year are then adjusted to reflect the demographics of the current group.
- The expected claim loss ratio for each year is then averaged into a single claim loss ratio.
- The expected claim loss ratio is then adjusted for margin and retention charges.

In some cases, we do not use all of a group's past claims experience when determining future experience and rates. Some rates are a combination of past experience and a manual rate that is based on the demographics of the group. Credibility is the term we use to describe how much of the rate is based on claims experience and how much is based on manual rate. The amount of credibility assigned to a group's prior experience is generally based on a number of considerations, including, but not limited to, the frequency of claims for the coverage in question, the severity of the claims for the coverage in question, the size of the group, and the amount of prior experience available for analysis.

For **City of Springfield**:

UNDERWRITING ASSUMPTIONS

- The **Basic, Optional, Dependent, etc.** life experience rate was determined using 28 months of experience.
- The **Basic, Optional, Dependent, AD&D/VAD&D** rates are guaranteed from March 1, 2026 to February 28, 2029.
- The rates may be changed any time the current plan or contribution structure is modified.
- MetLife reserves the right to retroactively adjust rates from the effective date of a plan change.
- MetLife reserves the right to change the rates if the number of covered employees and/or dependents or volume of insurance changes by more than 10%.

SUPPORTING EXHIBITS

Please refer to the Exhibit Section of this renewal for all supporting Exhibits.

LIFE / AD&D Exhibit 1	Underwriting Fact Sheet
LIFE / AD&D Exhibit 2	Renewal Analysis

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DENTAL BENEFITS (Insured)

RENEWAL ANALYSIS

MetLife reviews past claims experience to predict future claims activity, which is the basis for setting rates.

Dental premium rates are established to account for claim charges (which include paid claims), margin and retention charges.* In calculating your renewal rates for the upcoming policy year, we use the following process:

- Claims data is separated into experience blocks.
- The blocks of claims are then adjusted to account for changes in PDP payment schedules, inflation and increased utilization into the upcoming plan year.
- Premium for each block is then adjusted for billing rate changes to bring all premium to the current rate level.
- Claim loss ratios are derived by dividing the claims data by the adjusted premium using setback methodology (because of claim lag, claims are compared to premium from a time period month earlier).
- The expected claim loss ratios for each of the blocks are averaged into a single claim loss ratio.
- If the group is partially credible, the claim cost will be based partially on a manual rate looking at the demographics of the group.
- The expected claim loss ratio is then compared to the tolerable loss ratio to determine the appropriate renewal rate action.

* Paid claims may include charges and other amounts as determined by MetLife in connection with certain network arrangements.

UNDERWRITING ASSUMPTIONS

- The most recent year of experience is weighted 2-1 to prior years.
- Dental renewal rates are guaranteed from **March 1, 2026** to **February 28, 2027**.
- The Preferred Dentist Program access fee is included in the renewal rates.
- The rates may be changed any time the current plan or contribution structure is modified.
- MetLife reserves the right to retroactively adjust rates from the effective date of a plan change.

SUPPORTING EXHIBITS

Please refer to the Exhibit Section of this renewal for all supporting Exhibits.

DENTAL Exhibit 1	Underwriting Fact Sheet
DENTAL Exhibit 2	Monthly Claims, EOBs, Lives, Premium and Lives
DENTAL Exhibit 3	Dental Setback Analysis
DENTAL Exhibit 4	PDP Savings Report

DENTAL EXHIBIT 1 – Basic Plan

UNDERWRITING FACT SHEET

City of Springfield
Group Number # 212942
Renewal Date March 1, 2026

		Lives by Tier
Employee Only		275
Employee + One		126
Employee + Family		202

In-Network Plan Design:	Deductible (B&C Services)	$75
	Coinsurance:	
	- Type A	100%
	- Type B	80%
	- Type C	50%
	- Type D	50%
	Annual Max	$1,000
	Ortho Max	$1,000
Out-of-Network Plan Design:	Deductible (B&C Services)	$75
	Coinsurance:	
	- Type A	100%
	- Type B	70%
	- Type C	50%
	- Type D	50%
	Annual Max	$1,000
	Ortho Max	$1,000
Funding Arrangement:	Non-retrospectively Experience Rated	

2025-456

DENTAL EXHIBIT 2 – Basic Plan

DENTAL MONTHLY CLAIMS, EOB'S, PREMIUM, AND LIVES

City of Springfield
Group Number # 212942
Renewal Date March 1, 2026

	Paid Claims*	EOB's		Premium	Lives
07/2022	$18,424	146	06/2022	$28,107	486
08/2022	$19,832	151	07/2022	$28,046	487
09/2022	$19,198	179	08/2022	$29,019	505
10/2022	$20,699	172	09/2022	$28,200	490
11/2022	$19,497	161	10/2022	$28,686	501
12/2022	$17,274	143	11/2022	$28,505	495
01/2023	$18,033	146	12/2022	$28,197	495
02/2023	$19,724	157	01/2023	$28,139	492
03/2023	$27,108	189	02/2023	$27,212	492
04/2023	$16,655	148	03/2023	$28,414	500
05/2023	$27,929	205	04/2023	$28,294	497
06/2023	$19,713	153	05/2023	$28,569	500
07/2023	$17,238	142	06/2023	$28,266	496
08/2023	$20,897	173	07/2023	$29,202	518
09/2023	$20,866	156	08/2023	$28,323	502
10/2023	$17,679	149	09/2023	$28,810	506
11/2023	$18,842	155	10/2023	$29,053	511
12/2023	$17,144	146	11/2023	$28,530	510
01/2024	$20,492	165	12/2023	$29,205	514
02/2024	$13,570	118	01/2024	$28,657	509
03/2024	$18,661	163	02/2024	$28,596	507
04/2024	$26,376	177	03/2024	$30,869	547
05/2024	$24,839	180	04/2024	$30,572	535
06/2024	$29,982	198	05/2024	$30,506	539
07/2024	$19,210	160	06/2024	$30,805	545
08/2024	$28,574	197	07/2024	$30,805	545
09/2024	$24,147	158	08/2024	$30,835	543
10/2024	$32,912	208	09/2024	$30,835	543
11/2024	$21,961	146	10/2024	$30,835	543
12/2024	$19,560	153	11/2024	$31,048	550
01/2025	$22,668	189	12/2024	$31,681	557
02/2025	$19,865	162	01/2025	$31,686	557
03/2025	$23,907	185	02/2025	$31,864	563
04/2025	$31,105	209	03/2025	$33,140	583
05/2025	$23,528	159	04/2025	$33,199	585
06/2025	$24,096	175	05/2025	$33,199	585

* Paid claims may include charges and other amounts as determined by MetLife in connection with certain network arrangements.

2025-456

DENTAL EXHIBIT 3– Basic Plan

DENTAL SETBACK ANALYSIS

City of Springfield
Group Number # 212942
Renewal Date March 1, 2026

	07/01/2022 - 06/30/2023		07/01/2023 - 06/30/2024		07/01/2024 - 06/30/2025	
Gross Paid Claims*		$244,086		$246,586		$291,533
Plan/Demographic		1.000		1.000		1.000
Change Adjustment						
Maturity Adjustment		1.000		1.000		1.000
	In-Net	Out-of-Net	In-Net	Out-of-Net	In-Net	Out-of-Net
Trend Factor	1.1690	null	1.1202	null	1.0735	null
Trended Paid Claims	$285,337	null	$276,226	null	$312,961	null
Effective Annual Trend	4.350%	null	4.350%	null	4.350%	null
Change in IBNR		1.010		1.010		1.010
Total Incurred Claims		$288,190		$278,988		$316,091
Adjusted Premium		$339,388		$350,589		$379,932
Loss Ratio		84.91%		79.58%		83.20%
Weighted Average	2-1 Ratio 82.0%					

Credibility Factor	100%
Manual Loss Ratio	64.78%
Blended Loss Ratio	82.00%
Tolerable Loss Ratio	82.63%
Rate Action	(0.77%)
Recommended Rate Action	0.00%

* Paid claims may include charges and other amounts as determined by MetLife in connection with certain network arrangements.

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DENTAL EXHIBIT 4 – Basic Plan

PDP SAVINGS REPORT

City of Springfield
Group Number #212942
Renewal Date March 1, 2026

DENTAL EXHIBIT 1 – Enhanced Plan

UNDERWRITING FACT SHEET

City of Springfield
Group Number # 212942
Renewal Date March 1, 2026

		Lives by Tier
Employee Only		458
Employee + One		306
Employee + Family		309
In-Network Plan Design:	Deductible (B&C Services)	$50
	Coinsurance:	
	- Type A	100%
	- Type B	90%
	- Type C	60%
	- Type D	50%
	Annual Max	$2,000
	Ortho Max	$1,000
Out-of-Network Plan Design:	Deductible (B&C Services)	$50
	Coinsurance:	
	- Type A	100%
	- Type B	80%
	- Type C	50%
	- Type D	50%
	Annual Max	$2,000
	Ortho Max	$1,000
Funding Arrangement:	Non-retrospectively Experience Rated	

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DENTAL EXHIBIT 2 – Enhanced Plan

DENTAL MONTHLY CLAIMS, EOB'S, PREMIUM, AND LIVES

City of Springfield
Group Number # 212942
Renewal Date March 1, 2026

	Paid Claims*	EOB's		Premium	Lives
07/2022	$96,804	477	06/2022	$105,754	1124
08/2022	$111,488	511	07/2022	$109,486	1135
09/2022	$84,623	422	08/2022	$108,463	1127
10/2022	$91,307	464	09/2022	$109,024	1132
11/2022	$94,194	472	10/2022	$108,152	1129
12/2022	$86,980	405	11/2022	$107,701	1120
01/2023	$91,705	433	12/2022	$108,203	1126
02/2023	$95,888	457	01/2023	$107,548	1118
03/2023	$105,531	501	02/2023	$107,548	1118
04/2023	$86,427	432	03/2023	$107,493	1121
05/2023	$104,340	508	04/2023	$108,811	1136
06/2023	$100,572	463	05/2023	$106,781	1113
07/2023	$66,157	351	06/2023	$105,418	1096
08/2023	$88,718	431	07/2023	$106,168	1108
09/2023	$98,356	418	08/2023	$106,426	1110
10/2023	$96,203	477	09/2023	$104,386	1097
11/2023	$89,534	406	10/2023	$104,490	1096
12/2023	$91,170	414	11/2023	$104,488	1095
01/2024	$68,496	398	12/2023	$104,537	1099
02/2024	$71,193	349	01/2024	$103,629	1087
03/2024	$99,289	500	02/2024	$103,577	1087
04/2024	$111,477	560	03/2024	$109,593	1090
05/2024	$121,171	515	04/2024	$110,434	1102
06/2024	$86,654	391	05/2024	$110,112	1098
07/2024	$108,629	463	06/2024	$109,203	1087
08/2024	$96,035	472	07/2024	$109,203	1087
09/2024	$91,872	402	08/2024	$110,279	1088
10/2024	$94,770	480	09/2024	$110,279	1088
11/2024	$99,194	441	10/2024	$110,279	1088
12/2024	$87,400	395	11/2024	$107,364	1070
01/2025	$81,139	408	12/2024	$106,871	1070
02/2025	$86,507	388	01/2025	$106,120	1061
03/2025	$105,075	463	02/2025	$105,314	1055
04/2025	$110,068	465	03/2025	$109,713	1077
05/2025	$98,475	451	04/2025	$109,593	1073
06/2025	$97,385	444	05/2025	$109,593	1073

* Paid claims may include charges and other amounts as determined by MetLife in connection with certain network arrangements.

DENTAL EXHIBIT 3– Enhanced Plan

DENTAL SETBACK ANALYSIS

City of Springfield
Group Number # 212942
Renewal Date March 1, 2026

	07/01/2022 - 06/30/2023		07/01/2023 - 06/30/2024		07/01/2024 - 06/30/2025	
Gross Paid Claims*		$1,149,859		$1,088,418		$1,156,549
Plan/Demographic Change Adjustment		1.000		1.000		1.000
Maturity Adjustment		1.000		1.000		1.000
	In-Net	Out-of-Net	In-Net	Out-of-Net	In-Net	Out-of-Net
Trend Factor	1.1865	1.2678	1.1325	1.1883	1.0808	1.1139
Trended Paid Claims	$309,698	$1,126,873	$285,971	$993,306	$348,749	$928,850
Effective Annual Trend	4.775%	6.685%	4.775%	6.685%	4.775%	6.685%
Change in IBNR		1.010		1.010		1.010
Total Incurred Claims		$1,450,937		$1,292,070		$1,290,375
Adjusted Premium		$1,414,101		$1,370,026		$1,332,495
Loss Ratio		102.60%		94.31%		96.84%
Weighted Average	2-1 Ratio 96.0%					

Credibility Factor	100%
Manual Loss Ratio	62.37%
Blended Loss Ratio	96.00%
Tolerable Loss Ratio	82.63%
Rate Action	16.18%
Recommended Rate Action	5.00%

* Paid claims may include charges and other amounts as determined by MetLife in connection with certain network arrangements.

DENTAL EXHIBIT 4 – Enhanced Plan

PDP SAVINGS REPORT

City of Springfield
Group Number #212942
Renewal Date March 1, 2026

LIFE / AD&D EXHIBIT 1

UNDERWRITING FACT SHEET

City of Springfield

Group Number # 212942
Renewal Date March 1, 2026

	Basic Life (employee)	Dependent Life	Optional Life	AD&D	Vol AD&D
Lives	1358	351	417	1358	264
Volume	$33,716,250	$7,710,000	$39,700,000	$33,716,250	$41,580,000
Average Benefit	24,828	21,966	95,204	24,828	157,500
Plan Maximum	Flat Amount $25,000	Flat Amount $100,000	Lesser of Flat Amount or Multiple 3 $500,000	Matches BSCL	Lesser of Flat Amount or Multiple 10 $500,000
Pooling Level					
Funding Arrangement	Non-Retro	Non-Retro	Non-Retro	Non-Retro	Non-Retro
Disability Provision Participation	Premium Pay	None	CP	N/A	N/A
Employer Contribution %	100	0	0	100	0
Plan Design	Flat Amount $25,000	Increments 5,000	Increments 5,000	Matches BSCL	Increments 10,000
Medical Evidence of Insurability	Flat Amount $25,000	Flat Amount $30,000	Flat Amount $100,000	N/A	N/A

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LIFE / AD&D EXHIBIT 2A – Active Employees

BASIC LIFE RENEWAL ANALYSIS

City of Springfield

Group Number #212942
Renewal Date March 1, 2026

	03/01/2021 - 02/28/2022	03/01/2022 - 02/28/2023	03/01/2023 - 02/29/2024	03/01/2024 - 02/28/2025	03/01/2025 - 06/30/2025
Incurred Analysis					
Death Claims Paid	$100,000	$41,250	$50,000	$50,000	$0
Claims Above Pooling Level	$0	$0	$0	$0	$0
Change in Death Pendings	$0	$0	$0	$0	$0
Conversion Charge	$0	$0	$0	$0	$0
Portability Charge	$0	$0	$0	$0	$0
Interest to Beneficiaries	$0	$0	$0	$0	$0
Pool charges	$0	$0	$0	$0	$0
Change in Disability Reserves	$0	$0	$0	$0	$0
Change in IBNR	($361)	$23	$204	($1,436)	$1,560
Subtotal	$99,639	$41,273	$50,204	$48,564	$1,560
Demographic Adjustment	1.000	1.000	1.000	1.000	1.000
Total Incurred Claims	$99,639	$41,273	$50,204	$48,564	$1,560
Premium Analysis					
Premium Earned	$48,669	$48,797	$49,950	$41,837	$16,884
Adjusted Premium	$48,669	$48,797	$49,950	$41,837	$16,884
Loss Ratio	204.7%	84.6%	100.5%	116.1%	9.2%
Average	3 Year Average	94.1%			
Experience Average	94.1%				
Credibility	20%				
Manual Expected Claims	115.46%				
Blended Expected Claims	111.2%				
Margin	(21.88%)				
Estimated Retention	13.02%				
Renewal Rate	$0.097				
Current Rate	$0.097				
Renewal Rate Action	0.00%				

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LIFE / AD&D EXHIBIT 2B – Active Employees

OPTIONAL LIFE RENEWAL ANALYSIS

City of Springfield

Group Number #212942
Renewal Date March 1, 2026

	03/01/2021 - 02/28/2022	03/01/2022 - 02/28/2023	03/01/2023 - 02/29/2024	03/01/2024 - 02/28/2025	03/01/2025 - 06/30/2025
Incurred Analysis					
Death Claims Paid	$100,000	$5,000	$0	$50,000	$0
Claims Above Pooling Level	$0	$0	$0	$0	$0
Change in Death Pendings	$0	$0	$0	$0	$0
Conversion Charge	$0	$0	$0	$0	$0
Portability Charge	$0	$0	$0	$0	$0
Interest to Beneficiaries	$0	$0	$0	$0	$0
Pool charges	$0	$0	$0	$0	$0
Change in Disability Reserves	$0	$0	$0	$0	$0
Change in IBNR	($868)	($2,466)	($2,718)	$508	$3,101
Subtotal	$99,132	$2,534	($2,718)	$50,508	$3,101
Demographic Adjustment	1.000	1.000	1.000	1.000	1.000
Total Incurred Claims	$99,132	$2,534	($2,718)	$50,508	$3,101
Premium Analysis					
Premium Earned	$95,450	$89,079	$82,055	$83,367	$30,460
Adjusted Premium	$95,450	$89,079	$82,055	$83,367	$30,460
Loss Ratio	103.9%	2.8%	(3.3%)	60.6%	10.2%

Average	3 Year Average 26.0%
Experience Average	26.0%
Credibility	0%
Manual Expected Claims	79.17%
Blended Expected Claims	79.2%
Margin	(2.44%)
Estimated Retention	26.95%
Renewal Rate	$0.203
Current Rate	$0.203
Renewal Rate Action	0.00%

LIFE / AD&D EXHIBIT 2C – Active Employees

DEPENDENT LIFE RENEWAL ANALYSIS

City of Springfield

Group Number #212942
Renewal Date March 1, 2026

	03/01/2021 - 02/28/2022	03/01/2022 - 02/28/2023	03/01/2023 - 02/29/2024	03/01/2024 - 02/28/2025	03/01/2025 - 06/30/2025
Incurred Analysis					
Death Claims Paid	$45,000	$0	$0	$20,000	$0
Claims Above Pooling Level	$0	$0	$0	$0	$0
Change in Death Pendings	$0	$0	$0	$0	$0
Conversion Charge	$0	$0	$0	$0	$0
Portability Charge	$0	$0	$0	$0	$0
Interest to Beneficiaries	$0	$0	$0	$0	$0
Pool charges	$0	$0	$0	$0	$0
Change in Disability Reserves	$0	$0	$0	$0	$0
Change in IBNR	($481)	($414)	$137	$58	($36)
Subtotal	$44,519	($414)	$137	$20,058	($36)
Demographic Adjustment	1.000	1.000	1.000	1.000	1.000
Total Incurred Claims	$44,519	($414)	$137	$20,058	($36)
Premium Analysis					
Premium Earned	$18,579	$16,238	$17,010	$17,340	$5,712
Adjusted Premium	$18,579	$16,238	$17,010	$17,340	$5,712
Loss Ratio	239.6%	(2.5%)	0.8%	115.7%	(0.6%)
Average	3 Year Average	49.8%			

Experience Average	49.8%
Credibility	0%
Manual Expected Claims	64.85%
Blended Expected Claims	64.9%
Margin	6.51%
Estimated Retention	26.95%
Renewal Rate	$0.191
Current Rate	$0.191
Renewal Rate Action	0.00%

LIFE / AD&D EXHIBIT 2D – Active Employees

PERSONAL AD&D RENEWAL ANALYSIS

City of Springfield

Group Number #212942
Renewal Date March 1, 2026

	03/01/2021 - 02/28/2022	03/01/2022 - 02/28/2023	03/01/2023 - 02/29/2024	03/01/2024 - 02/28/2025	03/01/2025 - 06/30/2025
Incurred Analysis					
Death Claims Paid	$0	$0	$0	$25,000	$0
Claims Above Pooling Level	$0	$0	$0	$0	$0
Change in Death Pendings	$0	$0	$0	$0	$0
Conversion Charge	$0	$0	$0	$0	$0
Portability Charge	$0	$0	$0	$0	$0
Interest to Beneficiaries	$0	$0	$0	$0	$0
Pool charges	$0	$0	$0	$0	$0
Change in Disability Reserves	$0	$0	$0	$0	$0
Change in IBNR	$0	$0	$0	$1,690	$326
Subtotal	$0	$0	$0	$26,690	$326
Demographic Adjustment	1.000	1.000	1.000	1.000	1.000
Total Incurred Claims	$0	$0	$0	$26,690	$326
Premium Analysis					
Premium Earned	$0	$0	$0	$9,497	$3,776
Adjusted Premium	$0	$0	$0	$9,497	$3,776
Loss Ratio	0.0%	0.0%	0.0%	281.0%	8.6%
Average	3 Year Average	121.7%			
Experience Average	121.7%				
Credibility	0%				
Manual Expected Claims	53.57%				
Blended Expected Claims	53.6%				
Margin	62.36%				
Estimated Retention	13.02%				
Renewal Rate	$0.028				
Current Rate	$0.028				
Renewal Rate Action	0.00%				

LIFE / AD&D EXHIBIT 2G – Active Employees

VOLUNTARY AD&D RENEWAL ANALYSIS

City of Springfield

Group Number #212942
Renewal Date March 1, 2026

	03/01/2021 - 02/28/2022	03/01/2022 - 02/28/2023	03/01/2023 - 02/29/2024	03/01/2024 - 02/28/2025	03/01/2025 - 06/30/2025
Incurred Analysis					
Death Claims Paid	$0	$0	$0	$0	$0
Claims Above Pooling Level	$0	$0	$0	$0	$0
Change in Death Pendings	$0	$0	$0	$0	$0
Conversion Charge	$0	$0	$0	$0	$0
Portability Charge	$0	$0	$0	$0	$0
Interest to Beneficiaries	$0	$0	$0	$0	$0
Pool charges	$0	$0	$0	$0	$0
Change in Disability Reserves	$0	$0	$0	$0	$0
Change in IBNR	$274	$226	$1,532	($1,245)	($21)
Subtotal	$274	$226	$1,532	($1,245)	($21)
Demographic Adjustment	1.000	1.000	1.000	1.000	1.000
Total Incurred Claims	$274	$226	$1,532	($1,245)	($21)
Premium Analysis					
Premium Earned	$12,881	$14,150	$22,756	$15,762	$5,214
Adjusted Premium	$12,881	$14,150	$22,756	$15,762	$5,214
Loss Ratio	2.1%	1.6%	6.7%	(7.9%)	(0.4%)

Average	3 Year Average (0.6%)
Experience Average	(0.6%)
Credibility	0%
Manual Expected Claims	56.25%
Blended Expected Claims	56.2%
Margin	29.87%
Estimated Retention	26.95%
Renewal Rate	$0.032
Current Rate	$0.032
Renewal Rate Action	0.00%

ACCIDENT COVERAGE PLAN 1

2025-453

MetLife

METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder:	City of Springfield
Group Policy Number:	0212942
MetLife Contact Information:	1-800-GET-MET8

We have issued this Certificate to You in consideration of the payment of the Contribution and the statements made in Your enrollment form.

Important Notice: The insurance evidenced by this Certificate provides limited benefits. Subject to its terms, conditions and limitations, this Certificate provides benefits for accidental injuries, and benefits for treatment of an accidental injury in a Hospital. The benefit amounts are shown in the Schedule and are not based on any medical expenses that are incurred. You should have medical coverage in force when You enroll for this insurance.

THIS CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from MetLife.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE NOTICE CAREFULLY.

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to Metropolitan Life Insurance Company, You may write to:
Metropolitan Life Insurance Company – Group Accident Product
501 Route 22
Bridgewater, New Jersey 08807

The address of the Illinois Department of Insurance is:
Illinois Department of Insurance
Public Services Division

Springfield, Illinois 72767

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COVERED PERSON SPECIFICATIONS

Certificate Effective Date:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Group Policyholder:	City of Springfield
Group Policy Number:	0212942
MetLife Contact Information:	1-800-GET-MET8
Your Name:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Your Certificate Number:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Coverage for Your Dependents	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife If You elect coverage for Your Dependent Children, once Dependent Insurance is in effect for at least one Dependent Child, any additional child who becomes Your Dependent Child will be insured from the date the child becomes Your Dependent Child. You do not need to enroll such additional Dependent Children in order for them to become insured for Dependent Insurance.

This Covered Person Specifications page is part of Your Certificate. Please keep it with Your Certificate.

SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate. PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.

The benefit amounts listed on this Schedule are subject to reduction in accordance with the Benefit Reduction Due to Age section of this Certificate.

The listing of benefits for Your Spouse or Domestic Partner and Your Dependent Child only apply if Coverage is in effect for those Dependents under this Certificate. Please refer to the Eligibility Provisions: Dependent Insurance section of this Certificate for details.

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	**Benefit for Closed Reduction**	**Benefit for Open Reduction**
Face or Nose (except mandible or maxilla)	$500	$1,000
Skull fracture – depressed (except bones of face or nose)	$1,500	$3,000
Skull fracture – non-depressed (except bones of face or nose)	$1,000	$2,000
Lower Jaw, Mandible (except alveolar process)	$250	$500
Upper Jaw, Maxilla (except alveolar process)	$500	$1,000
Upper Arm between Elbow and Shoulder (humerus)	$500	$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	$250	$500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	$250	$500
Rib	$250	$500
Finger, Toe	$50	$100
Vertebrae, Body of (excluding vertebral processes)	$1,000	$2,000
Vertebral Processes	$250	$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	$1,000	$2,000
Hip, Thigh (femur)	$1,500	$3,000
Coccyx	$250	$500
Leg (tibia and/or fibula)	$1,000	$2,000
Kneecap (patella)	$250	$500
Ankle	$250	$500
Foot (except toes)	$250	$500

***Chip Fracture Benefit** for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

Dislocation Benefit: **Full Dislocation Benefit*:**	**Benefit for Closed Reduction**	**Benefit for Open Reduction**
Lower Jaw	$250	$500
Collarbone (sternoclavicular)	$500	$1,000
Collarbone (acromioclavicular and separation)	$250	$500
Shoulder (glenohumeral)	$250	$500
Rib	$250	$500
Elbow	$250	$500
Wrist	$250	$500
Bone or Bones of the Hand (other than fingers)	$250	$500
Hip	$1,500	$3,000
Knee (except patella)	$1,000	$2,000
Ankle - Bone or Bones of the Foot (other than toes)	$500	$1,000
One Toe or Finger	$50	$100

***Partial Dislocation Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

Burn Benefit: **Percentage of total surface skin area that is burnt**	**Benefit for 2nd Degree Burn**	**Benefit for 3rd Degree Burn**
Less than 10%	$50	$500
At least 10% but less than 25%	$100	$1,000
At least 25% but less than 35%	$250	$2,500
35% or more	$500	$5,000

Skin Graft Benefit:	**Benefit**
Skin Graft for 2nd or 3rd degree burn	50% of the applicable Burn Benefit

	Benefit
	$200
Concussion Benefit	$5,000
Coma Benefit	$500
Ruptured Disc with Surgical Repair Benefit	
Torn Cartilage in Knee Benefit:	$500
With surgical repair	$100
Exploratory Surgery without repair	
Laceration Benefit:	$25
Repaired without stitches	
Repaired with stitches:	$50
Total of all lacerations is less than two inches (5.08 cm) long	$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	$200
Total of all lacerations is over six inches (over 15.24 cm) long	
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	$500
Surgical repair: one tendon/ligament/rotator cuff	$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	$100
Exploratory Surgery without repair	
Broken Tooth Benefit:	$100
Crown	$50
Extraction	$25
Filling	$200
Eye Injury Benefit	

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	**Benefit**
	$750
Air Ambulance Benefit	$200
Ground Ambulance Benefit	
Emergency Care Benefit:	$50
Emergency Room	$25
Physician's Office	$25
Urgent Care	$25
Non-Emergency Initial Care Benefit	$100
Medical Testing Benefit	$50
Physician Follow-Up Visit Benefit	$200
Transportation Benefit	

	Benefit
Therapy Services Benefit:	$15
Cognitive behavioral therapy	$15
Occupational therapy	$15
Physical therapy	$15
Respiratory therapy	$15
Speech therapy	$15
Vocational therapy	
Pain Management Benefit (for Epidural Anesthesia)	$50
Prosthetic Device Benefit	$500
One device only	$1,000
More than one device	

Medical Appliance Benefit:	Benefit
Brace	$50
Cane	$50
Crutches	$50
Walker – expected use less than 1 year	$100
Walker – expected use 1 year or longer	$250
Walking boot	$50
Wheel chair or motorized scooter – expected use less than 1 year	$100
Wheel chair or motorized scooter – expected use 1 year or longer	$500
Other medical device used for mobility	$50
Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined, per Covered Person, per Accident	$500
Blood/Plasma/Platelets Benefit	$300
Inpatient Surgery Benefit:	
Cranial Surgery	$1,000
Exploratory Surgery	$100
Hernia repair	$100
Thoracic cavity or abdominal pelvic cavity Surgery	$1,000
Outpatient Ambulatory Surgery Benefit	$150

ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit	
Non-ICU Hospital Admission	$500
Intensive Care Unit Admission	$1,000
Accident - Hospital Confinement Benefit	
Non-ICU Hospital Confinement	$100
Intensive Care Unit Confinement	$200
Inpatient Rehabilitation Benefit	$100

OTHER BENEFITS	
Health Screening Benefit	$60
Lodging Benefit	$100

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Accident means an act or event which:
- is unforeseen;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:
- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Certificate means this Certificate including any riders attached to it.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.

Dependent means Your Spouse, Domestic Partner and/or Dependent Child.

Dependent Child means the following:

Your biological, adopted, or stepchild who is under age 26.

The term does not include an unborn or stillborn child. No person can be insured under the Group Policy as both an employee and a Dependent Child.

A person cannot be insured as a Dependent Child of more than one employee under the Group Policy. A child who is in Your custody pursuant to an interim court order of adoption or placement of adoption is an adopted child.

Dependent Insurance means insurance under this Certificate for Your Dependents.

Domestic Partner means each of two people, one of whom is an employee of the Group Policyholder, who:

1. have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
   - 18 years of age or older;
   - unmarried;
   - the sole domestic partner of the other;
   - sharing a Primary Residence with the other; and
   - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

   A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the employee.

No person can be insured under the Group Policy as both an employee and a Domestic Partner.

Emergency Room means an area within a Hospital that is dedicated to the provision of emergency care. This area must:
- be staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

Full-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means City of Springfield.

Hospital means a short-term, acute care, general facility which:
- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine;
- has facilities for major Surgery either on its premises or through contractual arrangement with another Hospital;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section titled Accident - Exclusions.

DEFINITIONS (continued)

Intensive Care Unit or **ICU** means a place which:

- is a specifically dedicated area of a Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive monitoring and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a Physician assigned to the intensive care unit on a full-time basis.

The term Intensive Care Unit includes Hospital units with the following names: Intensive Care Unit; Coronary Care Unit; Neonatal Intensive Care Unit; Pulmonary Care Unit; Burn Unit; or Transplant Unit.

Medical Restriction means a person is:

- restricted to the person's home under a Physician's care;
- receiving or applying to receive disability benefits from any source;
- an inpatient in a Hospital;
- receiving care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receiving chemotherapy, radiation therapy or dialysis.

Outpatient Ambulatory Surgery Facility means a facility mainly engaged in performing outpatient Surgery. It must:

- be accredited as an ambulatory surgery facility by either the Joint Commission or the Accreditation Association for Ambulatory Care;
- be approved as an ambulatory surgery facility by Medicare; or
- meet all of the following criteria:
  - maintains all appropriate licensing for a facility that provides ambulatory Surgery;
  - is staffed by Physicians and nurses, under the supervision of a Physician;
  - has permanent operating and recovery rooms;
  - is staffed and equipped to provide emergency care; and
  - has written back-up arrangements with a local Hospital for emergency care.

Physician means:

- a person licensed to practice medicine and prescribe and administer drugs or to perform Surgery in the jurisdiction where such services are performed; or
- a medical practitioner who is licensed to provide a service for which a benefit is payable under this Certificate, according to the laws and regulations of the jurisdiction where such service is performed, and who is acting within the scope of such license.

The term Physician does not include:

- You;
- Your Spouse, Your Domestic Partner or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or stepchild;
- anyone with whom You share a business interest; or
- Your employee.

DEFINITIONS (continued)

Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Rehabilitation Facility means a facility that:

- provides rehabilitation care services on an inpatient basis; and
- maintains all required licenses and certifications.

Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by an Injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of Physicians.

The term Rehabilitation Facility does not include:

- a nursing home;
- an extended care facility, unless the Covered Person is receiving rehabilitation care services at the extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Schedule means the Schedule of Insurance that appears in this Certificate, and the Covered Person Specifications page.

Sickness means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Spouse means Your lawful spouse. No person can be insured under the Group Policy as both an employee and a Spouse.

Surgery means a procedure performed by a Physician involving an incision of the Covered Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.

DEFINITIONS (continued)

Urgent Care Facility means a health care facility that:

- is separate from a Hospital or a separate unit within a Hospital; and
- its primary purpose is the offering and provision of immediate, short-term medical care, for urgent care.

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means an employee who is insured under the Group Policy for the insurance described in this Certificate.

2025-456

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

CLASS 1

All Active Full-Time Employees.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

If You enter an eligible class after the date insurance becomes available to members of that class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. You must also provide Written permission to deduct Contributions from Your pay for such insurance, if You are required to make such Contributions.

DATE YOUR INSURANCE TAKES EFFECT

Provided that You are Actively at Work in an eligible class, insurance under this Certificate will take effect for You on the Certificate effective date.

If You are not Actively at Work in an eligible class on the date insurance would otherwise take effect under the above paragraph, insurance will take effect on the date You return to Active Work in an eligible class.

BENEFIT INCREASES

If You are insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that You are Actively at Work in an eligible class, the benefit increase will take effect on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If You are not Actively at Work in an eligible class on the date the benefit increase would otherwise take effect under the above paragraph, Your benefit increase will take effect on the date You return to Active Work in a class that is eligible for the benefit increase.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

ELIGIBLE CLASSES FOR DEPENDENT INSURANCE

All Class 1 employees of the Group Policyholder as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

A Dependent will not be eligible while the Dependent:
- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside of the United States, Canada or Mexico for more than 12 consecutive months.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of employees who are eligible for Dependent Insurance on the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:
- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of employees who are eligible for Dependent Insurance after the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:
- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

Except as provided in the Newborn and Adopted Children provision, if You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with the information We require for each Dependent to be insured. You must also provide Written permission to deduct Contributions from Your pay for Dependent Insurance, if You are required to make such Contributions.

DATE DEPENDENT INSURANCE TAKES EFFECT

Except as provided in the Newborn and Adopted Children provision, Dependent Insurance for a Dependent who is not under a Medical Restriction will take effect on the later of:
- the date You are eligible for Dependent Insurance; and
- the date You complete the form required to enroll that Dependent.

Except as provided in the Newborn and Adopted Children provision, if the Dependent is under a Medical Restriction on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer under a Medical Restriction.

NEWBORN AND ADOPTED CHILDREN

A Dependent Child born to You while insurance is in effect under this Certificate will be covered for 31 days from the moment of such Dependent Child's birth. To continue coverage beyond the first 31 days You must notify Us of the child's birth and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the newborn child.

ADOPTED CHILDREN

Your adopted child will be covered for 31 days from the earlier of: the date the child is placed in Your custody pursuant to an interim court order; or the placement of adoption. In order to continue coverage beyond the first 31 days, You must provide Us with notice of the adopted child and give us permission to deduct Contributions from Your pay for Dependent Insurance for the adopted child. Coverage will end if the child's placement is disrupted prior to legal adoption.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE (continued)

BENEFIT INCREASES

If a Dependent is insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that the Dependent is not under a Medical Restriction on that date, the benefit increase will take effect for that Dependent on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If the Dependent is under a Medical Restriction on that date, the benefit increase will take effect on the date the Dependent is no longer under a Medical Restriction.

ACCIDENTAL INJURY BENEFITS

Payment of the Accidental Injury Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

FRACTURE BENEFIT

If a Covered Person sustains an Injury that is a Fracture, We will pay the Fracture Benefit, shown in the Schedule, that is applicable to the type of Fracture sustained by the Covered Person, subject to all of the following:

- The Injury must be diagnosed and treated as a Fracture by a Physician within 180 days after the Accident occurs.
- The Fracture must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician. Closed reduction includes immobilization.
- We will pay no more than one Fracture Benefit per bone, per Accident.
- If more than one bone is Fractured in a single Accident, the amount We will pay for all Fractures combined will be no more than 2 times the highest Fracture Benefit that would otherwise be payable for any one of the bones involved.
- The Chip Fracture Benefit will be 25% of the Fracture Benefit shown in the Schedule for the bone involved.
- If the same Fracture is treated with both open reduction and closed reduction, We will pay no more than the Fracture Benefit payable for the open reduction.

Fracture means a break in a bone of a body part that is listed on the Schedule under Fracture Benefit, which can be detected by an x-ray or a similar diagnostic exam.

Chip Fracture means a Fracture in which a small fragment of the bone is broken off.

DISLOCATION BENEFIT

If a Covered Person sustains an Injury that is a Dislocation, We will pay the Dislocation Benefit, shown in the Schedule, that is applicable to the type of Dislocation the Covered Person sustained, subject to all of the following:

- The Injury must be diagnosed and treated as a Dislocation by a Physician within 180 days after the Accident occurs.
- The Dislocation must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician.
- If more than one joint is Dislocated in a single Accident, the amount We will pay for all Dislocations combined will be no more than 2 times the highest Dislocation Benefit that would otherwise be payable for any one of the joints involved.
- The Partial Dislocation Benefit will be 25% of the Dislocation Benefit shown in the Schedule for a Full Dislocation of the joint involved.
- If a Partial Dislocation Benefit was paid, or becomes payable, and the Covered Person subsequently sustains an Injury that is a Full Dislocation, We will reduce what We pay for the Full Dislocation by the amount that was paid, or is payable, for the Partial Dislocation.
- For each joint, We will pay no more than one Full Dislocation Benefit amount for all Injuries combined that are Dislocations of that same joint, regardless of whether the Injuries are sustained in the same Accident. Once the Covered Person has received an amount equal to one Full Dislocation Benefit for a joint, no further Dislocation Benefits will be paid for that same joint, even if the Covered Person subsequently sustains an Injury that is a Dislocation of that same joint in a new Accident.
- We will only pay benefits for those Dislocations specifically listed in the Schedule.

Dislocation means a separated joint of a body part that is listed on the Schedule under Dislocation Benefit. The term Dislocation does not include vertebral subluxation complex (misaligned vertebrae).

Full Dislocation means a Dislocation in which the joint is completely separated.

Partial Dislocation means a Dislocation in which the joint is not completely separated.

ACCIDENTAL INJURY BENEFITS (continued)

BURN BENEFIT

If a Covered Person sustains an Injury that is a second or third degree burn, We will pay the Burn Benefit, shown in the Schedule, that is applicable to the size and severity of the burn, subject to all of the following:

- The burn must be treated by a Physician within 96 hours after the Accident occurs.
- If a burn meets more than one of the burn classifications shown in the Schedule, the amount We pay will be based on the classification of the burn that pays the highest benefit.
- We will pay the Burn Benefit no more than one time per Covered Person, per Accident.
- No benefit is payable for a first degree burn.

SKIN GRAFT BENEFIT

We will pay the applicable Skin Graft Benefit shown in the Schedule if a Covered Person receives a skin graft for a burn for which We paid a Burn Benefit. We will pay a Skin Graft Benefit no more than one time per Covered Person, per Accident.

CONCUSSION BENEFIT

If a Covered Person sustains an Injury that is a concussion, We will pay the Concussion Benefit shown in the Schedule, subject to all of the following:

- The Injury must be diagnosed as a concussion by a Physician within 96 hours after the Accident occurs.
- We will pay the Concussion Benefit no more than one time per Covered Person, per calendar year.

COMA BENEFIT

If a Covered Person sustains an Injury that is a Coma, We will pay the Coma Benefit shown in the Schedule, subject to both of the following:

- The Coma must begin within 180 days after the Accident occurs.
- We will pay the Coma Benefit no more than one time per Covered Person, per Accident.

Coma means a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by the absence of purposeful response to commands, including:

- eye opening;
- verbal response; and
- motor response.

RUPTURED DISC WITH SURGICAL REPAIR BENEFIT

If a Covered Person sustains an Injury that is a Ruptured Disc and undergoes Surgery to repair it, We will pay the Ruptured Disc with Surgical Repair Benefit shown in the Schedule, subject to all of the following:

- The Covered Person must be treated by a Physician for the Ruptured Disc within 180 days after the Accident occurs.
- The Surgery to repair the Ruptured Disc must be performed by a Physician within 365 days after the Accident occurs.
- We will pay the Ruptured Disc with Surgical Repair Benefit no more than 1 time per Covered Person, per Accident.

Ruptured Disc means a tear in the spinal disc capsule. It does not include a bulging disc.

ACCIDENTAL INJURY BENEFITS (continued)

TORN CARTILAGE IN KNEE BENEFIT

If a Covered Person sustains an Injury that is torn cartilage in the knee (meniscus) and undergoes Surgery to repair or explore it, We will pay the Torn Cartilage in Knee Benefit, shown in the Schedule, that is applicable to the type of Surgery performed as follows:

- if the Surgery performed is to repair the knee, We will pay the Torn Cartilage in Knee Benefit with surgical repair; and
- if the Surgery performed is exploratory Surgery and either no repair is done or the cartilage is shaved or trimmed, We will pay the Torn Cartilage in Knee Benefit for exploratory Surgery without repair.

Payment of the Torn Cartilage in Knee Benefit is subject to all of the following:

- The Covered Person must be treated by a Physician for the torn cartilage in the knee within 180 days after the Accident occurs.
- Surgery must be performed by a Physician on the knee within 365 days after the Accident occurs.
- We will pay the Torn Cartilage in Knee Benefit no more than 1 time per Covered Person, per Accident.

LACERATION BENEFIT

If a Covered Person sustains an Injury that is a Laceration and receives treatment from a Physician to repair it, We will pay the Laceration Benefit, shown in the Schedule, that is applicable to the length of the Laceration and the treatment received as follows:

- if the Laceration is repaired with stitches, We will pay the Laceration Benefit repaired with stitches; or
- if the Laceration is not repaired with stitches, We will pay the Laceration Benefit repaired without stitches.

Payment of the Laceration Benefit is subject to all of the following:

- The Laceration must be treated by a Physician within 96 hours after the Accident occurs.
- A Laceration repaired with sutures or staples will be deemed to be a Laceration repaired with stitches for purposes of this Laceration Benefit.
- If the Covered Person has more than one Laceration, the amount We pay will be based on the total length of all Lacerations received in any one Accident that are repaired with stitches. If some, but not all, of the Lacerations require repair with stitches, We will not pay any benefit for the Laceration or Lacerations that are repaired without stitches.
- We will pay the Laceration Benefit no more than one time per Covered Person, per Accident and no more than 3 times per Covered Person, per calendar year.

Laceration means a cut.

TORN, RUPTURED OR SEVERED TENDON / LIGAMENT / ROTATOR CUFF BENEFIT

If a Covered Person sustains an Injury that is a torn, ruptured or severed tendon, ligament or rotator cuff and undergoes Surgery to explore or repair it; We will pay the Torn, Ruptured or Severed Tendon/Ligament/Rotator Cuff Benefit shown in the Schedule, that is applicable to the type of Surgery performed as follows:

- if the Surgery is performed to repair the tendon, ligament or rotator cuff, the benefit We will pay will be for torn, ruptured, or severed tendon, ligament or rotator cuff with surgical repair; or
- if the Surgery performed is exploratory Surgery and no repair is done, the benefit We will pay will be for exploratory Surgery without repair.

Payment of the Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit is subject to all of the following:

- The Covered Person must be treated by a Physician for the torn, ruptured or severed tendon, ligament or rotator cuff within 180 days after the Accident occurs.
- Surgery must be performed by a Physician on the tendon, ligament or rotator cuff within 365 days after the Accident.
- We will pay the Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit no more than one time per Covered Person, per Accident.

ACCIDENTAL INJURY BENEFITS (continued)

BROKEN TOOTH BENEFIT

If a Covered Person sustains an Injury that is a broken tooth and the tooth is repaired by a dental crown or filling, or is extracted, We will pay the Broken Tooth Benefit, shown in the Schedule, that is applicable to the dental crown, filling and/or extraction, subject to all of the following:

- No benefit will be payable for an Injury to a tooth that is not a sound, natural tooth.
- No benefit will be payable for an Injury caused by biting or chewing.
- The dental services must begin within 180 days after the Accident occurs.
- Regardless of the number of teeth involved, We will pay the Broken Tooth Benefit for no more than 1 dental crown, no more than 1 dental filling, and no more than 1 dental extraction per Covered Person, per Accident.

EYE INJURY BENEFIT

If a Covered Person sustains an Injury to an eye, We will pay the Eye Injury Benefit shown in the Schedule, subject to both of the following:

- The Injury to the eye must require Surgery or the removal of a foreign object by a Physician within 180 days after the Accident occurs.
- We will pay the Eye Injury Benefit no more than 1 time per Covered Person, per Accident and no more than 3 times per Covered Person, per calendar year.

ACCIDENT - MEDICAL TREATMENT & SERVICES BENEFITS

Payment of the Accident – Medical Treatment and Services Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

AIR AMBULANCE BENEFIT

We will pay the Air Ambulance Benefit shown in the Schedule if a licensed professional air ambulance service is required to transport a Covered Person by air to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The air ambulance transportation must be within 90 days after the Accident occurs.
- We will pay the Air Ambulance Benefit no more than 1 time per Covered Person, per Accident.

GROUND AMBULANCE BENEFIT

We will pay the Ground Ambulance Benefit shown in the Schedule if a licensed professional ambulance service is required to transport a Covered Person by ground to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The ambulance transportation must be within 90 days after the Accident occurs.
- We will pay the Ground Ambulance Benefit no more than 1 time per Covered Person, per Accident.

EMERGENCY CARE BENEFIT OR NON-EMERGENCY INITIAL CARE BENEFIT

If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury in an Emergency Room, a Physician's office, or an Urgent Care Facility, within 96 hours after the Accident occurs, We will pay the Emergency Care Benefit, shown in the Schedule that is applicable to the place where care is received.

If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury in an Emergency Room, a Physician's office, or an Urgent Care Facility, more than 96 hours but less than 180 days after the Accident occurs, We will pay the Non-Emergency Initial Care Benefit shown in the Schedule.

Payment of the Emergency Care Benefit and the Non-Emergency Initial Care Benefit is subject to both of the following:

- We will never pay both the Emergency Care Benefit and the Non-Emergency Care Benefit for the same Covered Person, for the same Accident.
- If We pay either the Emergency Care Benefit or the Non-Emergency Initial Care Benefit, We will pay the benefit no more than one time per Covered Person, per Accident.

MEDICAL TESTING BENEFIT

If a Covered Person sustains an Injury and receives any of the following medical tests to evaluate the Injury, We will pay the Medical Testing Benefit shown in the Schedule:

- x-rays;
- magnetic resonance imaging (MRI) or magnetic resonance (MR);
- ultrasound;
- nerve conduction velocity test (NCV);
- computed tomography scan (CT) or computed axial tomography (CAT); or
- electroencephalogram (EEG).

Payment of the Medical Testing Benefit is subject to both of the following:

- The test must be ordered by a Physician and be performed within 180 days after the Accident occurs.
- We will pay the Medical Testing Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

PHYSICIAN FOLLOW-UP VISIT BENEFIT

If a Covered Person sustains an Injury and receives follow-up care, for the Injury, that is recommended by a Physician or is a second opinion, We will pay the Physician Follow-Up Visit Benefit shown in the Schedule, subject to all of the following:

- Treatment must:
  - begin within 180 days after the Accident occurs and be provided within 365 days after the Accident occurs;
  - be specific to the Injury;
  - occur on an outpatient basis in a Physician's office, Urgent Care Facility or Hospital; and
  - not be for routine examinations, preventive testing, or any treatment for which a benefit is payable under the Therapy Services Benefit.
- We will pay the Physician Follow-Up Visit Benefit no more than:
  - 2 times per Covered Person, per Accident; and
  - 6 times per Covered Person, per calendar year.

TRANSPORTATION BENEFIT

We will pay the Transportation Benefit shown in the Schedule when a Covered Person travels more than 50 miles one way for follow-up treatment of an Injury for which We pay a benefit under this Certificate at a Hospital or other treatment facility, subject to all of the following:

- Mileage is measured from the Covered Person's Primary Residence to the facility where the follow-up treatment is provided.
- The follow-up treatment must be prescribed by a Physician and not available within 50 miles of the Covered Person's Primary Residence.
- You must submit Proof that the follow-up treatment was provided.
- We will not pay the Transportation Benefit if the Ground Ambulance Benefit or Air Ambulance Benefit is payable for the trip.
- We will pay the Transportation Benefit no more than:
  - 1 time per Covered Person, per Accident; and
  - 3 times per Covered Person, per calendar year.

THERAPY SERVICES BENEFIT

If a Covered Person sustains an Injury and receives Therapy Services, We will pay the Therapy Services Benefit shown in the Schedule that applies to the type of Therapy Service received, subject to all of the following:

- Therapy Services must:
  - begin within 180 days and be provided within 365 days after the Accident occurs;
  - be provided on an outpatient basis;
  - be prescribed by a Physician; and
  - be provided by a practitioner licensed to provide the type of Therapy Services provided and operating within the scope of such license.
- We will pay the Therapy Services Benefit for Therapy Services received no more than 10 times per Covered Person, per Accident.
- We will not pay a Therapy Services Benefit for Therapy Services received by the Covered Person on the same day for which the Inpatient Rehabilitation Benefit is payable under the Accident – Hospital Benefits section of this Certificate.

Therapy Services means any of the following:

- cognitive behavioral therapy;
- occupational therapy;
- physical therapy;
- respiratory therapy;
- speech therapy; and
- vocational therapy.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

PAIN MANAGEMENT BENEFIT (FOR EPIDURAL ANESTHESIA)

If a Covered Person sustains an Injury and receives epidural anesthesia to manage the pain from the Injury, We will pay the Pain Management Benefit shown in the Schedule, subject to both of the following:

- We will not pay a benefit for epidural anesthesia administered more than 180 days after the Accident occurs.
- We will pay the Pain Management Benefit no more than 1 time per Covered Person, per Accident.

PROSTHETIC DEVICE BENEFIT

If a Covered Person sustains an Injury that is a loss of a limb, hand, foot or sight in an eye and receives a Prosthetic Device as a result of the loss, We will pay the Prosthetic Device Benefit, shown in the Schedule, that is applicable to the number of Prosthetic Devices the Covered Person receives, subject to all of the following:

- The Prosthetic Device must be received within 365 days after the Accident occurs.
- No benefit will be payable for replacement of a Prosthetic Device.
- No benefit will be payable for more than one Prosthetic Device for the same body part.
- We will not pay the Prosthetic Device Benefit for a joint replacement such as an artificial hip or knee.
- We will pay the Prosthetic Device Benefit no more than 1 time per Covered Person, per Accident.

Prosthetic Device means an artificial device that replaces a missing body part. The term Prosthetic Device does not include hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as wigs.

MEDICAL APPLIANCE BENEFIT

If a Covered Person sustains an Injury for which a Physician prescribes the use of a Medical Appliance as an aid in personal locomotion or mobility, We will pay the Medical Appliance Benefit, shown in the Schedule, for the type of Medical Appliance that the Physician prescribes, subject to all of the following:

- The use of such Medical Appliance must begin within 180 days after the Accident occurs.
- The amount We will pay for all Medical Appliances combined, per Covered Person, per Accident, will be no more than the Medical Appliances Benefit Limit shown in the Schedule.
- We will not pay the Medical Appliance Benefit for the replacement of a Medical Appliance.

Medical Appliance means any of the following:

- brace for the neck, back or leg;
- cane;
- crutches;
- walker;
- walking boot that extends above the ankle;
- wheelchair or motorized scooter for medical purposes; and
- any other medical device used for mobility.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

BLOOD / PLASMA / PLATELETS BENEFIT

If a Covered Person sustains an Injury for which the Covered Person receives a transfusion of blood, plasma or platelets, We will pay the Blood/Plasma/Platelets Benefit shown in the Schedule, subject to both of the following:

- The blood, plasma or platelets must be prescribed by a Physician on an emergency basis or provided while the Covered Person is undergoing Surgery and must be administered within 180 days after the Accident.
- We will pay the Blood/Plasma/Platelets Benefit no more than one time per Covered Person, per Accident.

INPATIENT SURGERY BENEFIT

If a Covered Person undergoes Covered Surgery to treat an Injury while the Covered Person is Confined as an inpatient in a Hospital, We will pay the Inpatient Surgery Benefit, shown in the Schedule, for the type of Covered Surgery the Covered Person undergoes, subject to all of the following:

- The Covered Person must seek treatment for the Injury within 180 days after the Accident occurs.
- The Surgery must be performed within 365 days after the Accident occurs.
- If a Covered Person has open abdominal and hernia Surgery, or open thoracic and hernia Surgery as a result of the same Accident, the benefit We pay will be based on the abdominal or thoracic Surgery and We will not pay a benefit for the hernia Surgery.
- If a Covered Person has exploratory Surgery at the same time as any other type of Covered Surgery, We will not pay a benefit for the exploratory Surgery.
- We will not pay the Inpatient Surgery Benefit if any of the following Benefits are payable for the same Surgery:
  - Broken Tooth Benefit;
  - Eye Injury Benefit;
  - Ruptured Disc with Surgical Repair Benefit;
  - Skin Graft Benefit;
  - Torn Cartilage in Knee Benefit; or
  - Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit.

Covered Surgery means:

- cranial Surgery;
- exploratory Surgery;
- hernia repair; or
- thoracic cavity and abdominal pelvic cavity Surgery.

OUTPATIENT AMBULATORY SURGERY BENEFIT

If a Covered Person sustains an Injury and undergoes Surgery required to treat the Injury in an Outpatient Ambulatory Surgery Facility, We will pay the Outpatient Ambulatory Surgery Benefit shown in the Schedule, subject to all of the following:

- The Covered Person must seek treatment for the Injury within 180 days after the Accident occurs.
- The Surgery must be performed in an Outpatient Surgery Facility within 365 days after the Accident occurs.
- We will pay the Outpatient Ambulatory Surgery Benefit no more than one time, per Covered Person, per Accident.

ACCIDENT - HOSPITAL BENEFITS

Payment of the Accident - Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

ACCIDENT – HOSPITAL ADMISSION BENEFIT

If a Covered Person is admitted to a Hospital for treatment of an Injury, We will pay the Accident - Hospital Admission Benefit shown in the Schedule that applies to the type of Hospital admission, subject to all of the following:

- In order for the Accident - Hospital Admission Benefit to be payable for a non-ICU Hospital admission, admission must occur within 180 days after the Accident occurs.
- In order for the Accident - Hospital Admission Benefit to be payable for an Intensive Care Unit admission, admission to the Intensive Care Unit must occur within 180 days after the Accident occurs.
- This benefit does not apply to Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation area.
- We will only pay one Accident - Hospital Admission Benefit per Covered Person, per Accident. If the Covered Person moves from or to an Intensive Care Unit after initial admission to a Hospital, We will not pay an additional Accident - Hospital Admission Benefit.

ACCIDENT - HOSPITAL CONFINEMENT BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the Accident - Hospital Confinement Benefit shown in the Schedule that applies to the type of Hospital Confinement for each day the Covered Person is Confined in the Hospital, subject to all of the following:

- In order for the Accident - Hospital Confinement Benefit to be payable for a non-ICU Hospital Confinement, the initial Confinement must begin within 180 days after the Accident occurs.
- In order for the Accident - Hospital Confinement Benefit to be payable for an Intensive Care Unit Confinement, the initial Confinement must begin within 180 days after the Accident occurs.
- For a non-ICU Hospital Confinement, the Accident - Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- For an Intensive Care Unit Confinement, the Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- We will pay the Accident – Hospital Confinement Benefit for only one Hospital Confinement at a time, even if the Confinement is caused by more than one Accident.
- We will only pay one Accident - Hospital Confinement Benefit per day. If the Covered Person has a non-ICU Hospital Confinement and an Intensive Care Unit Confinement on the same day, We will only pay the Accident - Hospital Confinement Benefit that applies to Intensive Care Unit Confinement.
- If a Covered Person exhausts the Accident – Hospital Confinement Benefit that applies to Confinement in an Intensive Care Unit and remains Confined in an Intensive Care Unit, the Covered Person may still be eligible for the Accident – Hospital Confinement Benefit that applies to a non-ICU Hospital Confinement.

INPATIENT REHABILITATION BENEFIT

If a Covered Person is transferred to a Rehabilitation Facility immediately after a period of Confinement for treatment of an Injury for which We paid an Accident – Hospital Confinement Benefit, We will pay the Inpatient Rehabilitation Benefit shown in the Schedule, subject to all of the following:

- We will pay the Inpatient Rehabilitation Benefit for each day of the Covered Person's continuous stay as a resident inpatient in a Rehabilitation Facility, up to a maximum stay of 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
- The Covered Person's inpatient stay in the Rehabilitation Facility must start within 365 days after the Accident.
- After the Covered Person is discharged from the Rehabilitation Facility, We will not pay the Inpatient Rehabilitation Benefit for a subsequent admission to a Rehabilitation Facility for treatment of the same Injury for which We already paid the Inpatient Rehabilitation Benefit.
- We will not pay the Inpatient Rehabilitation Benefit for any day for which We paid an Accident – Hospital Confinement Benefit.

OTHER BENEFITS

Payment of the Other Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while insured under this Certificate, We will pay the Health Screening Benefit shown in the Schedule, subject to both of the following:

- We will only pay the Health Screening Benefit one time per Covered Person, per calendar year.
- We will not pay a Health Screening Benefit for a screening/prevention measure if benefits are paid or payable for that same screening/prevention measure under another section of this Certificate.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;
- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;
- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.

OTHER BENEFITS (continued)

LODGING BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, and a companion who accompanies the Covered Person while the Covered Person is so Confined stays in a Lodging for which a charge is made, We will pay the Lodging Benefit shown in the Schedule subject to all of the following:

- We will pay the Lodging Benefit for each day the companion stays in a Lodging while the Covered Person is Confined in a Hospital for treatment of an Injury, and for the 24 hours following the Hospital Confinement.
- We will pay the Lodging Benefit for up to 31 days per calendar year.
- The Lodging Benefit is only payable on account of a Hospital Confinement for which We are paying an Accident - Hospital Confinement Benefit.
- You must submit Proof that the companion incurred an expense for staying at a Lodging.

Lodging means an establishment licensed under the laws where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee and is located at least 50 miles from the Covered Person's Primary Residence.

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BENEFIT REDUCTION DUE TO AGE

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person's Attained Age.

Attained Age means the Covered Person's age on the date of an Accident, for all benefits that become payable because of the Accident.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person's Attained Age is 67.
70 or older	Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person's Attained Age is 72.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

ACCIDENT – EXCLUSIONS

The exclusions set forth in this section apply to the benefits described in the following sections of this Certificate:

- ACCIDENTAL INJURY BENEFITS
- ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS
- ACCIDENT – HOSPITAL BENEFITS

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:

- any drug, medication or sedative that is taken or used as prescribed by a Physician; or
- an "over the counter" drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a Covered Person caused by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a Physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit; or
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

ACCIDENT – EXCLUSIONS (continued)

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - medical treatment;
  - Hospital admission or Confinement; or
  - inpatient stay in a Rehabilitation Facility.

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WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance will end on the earliest of:

- the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the date the person ceases to be a Dependent;
- the date the Dependent is no longer eligible as described in the Eligible Classes for Dependent Insurance provision; or
- the end of the period for which the last full premium has been paid for the Dependent.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

In certain cases insurance may be continued as stated in the Continuation of Insurance With Premium Payment section of this Certificate. Please see that section for details.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Dependent Child attains the age limit and at reasonable intervals after such date.

Except as stated in the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance. For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required Contribution; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the Group Policyholder.

Request Period

To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

Premiums for Continued Insurance

The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

End of Continued Insurance

Continued Insurance will end on the earliest of the following dates:

- the date You die;
- if You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made;
- if the Group Policy ends, the date You become eligible for insurance under another policy providing similar coverage issued to or provided through the Group Policyholder;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason;
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent; or
- with respect to Dependent Insurance, the date the Dependent is no longer eligible as described in the Eligibility for Dependent Insurance section of this Certificate.

If Your insurance ends, Your Dependent Insurance will also end in accordance with the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate.

CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant (for a death claim) with a claim form. If We do not provide the claim form within 15 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF LOSS

Proof must be provided to Us not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date of the loss.

PAYMENT OF BENEFITS

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy. If We pay benefits more than 30 days after the date We receive the claim form and Proof, We will pay interest at the rate required by Illinois law accruing from the thirtieth day after Our receipt of such Proof to the date that We pay the claim, provided that if such interest amounts to less than one dollar it will not be paid.

All benefits to be paid under this Certificate will be paid to You.

If You are living when benefits are to be paid to You, but You are not legally competent to claim or receive the benefits, or if You are not alive when benefits are to be paid, We may pay up to $1,000 to anyone related to You by blood or marriage who We believe is entitled to payment of the benefits. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative if You are alive, or to Your estate if You are not alive.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

At Our expense, as often as is reasonably necessary, We may require a Covered Person to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

GENERAL PROVISIONS

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- Your enrollment form;
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in an enrollment form that is in Writing;
- You have Signed the enrollment form; and
- a copy of the enrollment form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, We will not use such statements to contest a benefit increase after the benefit increase has been in force for 2 years, unless such statement is fraudulent.

MISSTATEMENTS

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or Contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable except as required by law.

CONFORMITY WITH LAW

If the terms and provisions of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed.

CANCER PLAN - LEVEL

2025-456

MetLife®

METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder:	City of Springfield
Group Policy Number:	0212942
Employee Name:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Employee Number:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Effective Date of Insurance:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
MetLife Contact Information:	1-800-GET-MET8

We have issued this Certificate to You in consideration of the payment of the Contribution and the statements made in Your Enrollment Form. Your Enrollment Form is part of Your Certificate.

Notice to Buyer: This is a critical illness insurance Certificate. Subject to the provisions of this Certificate, including limitations, exclusions and submission of Proof of a Covered Condition, this Certificate provides a limited benefit in the event You are Diagnosed with certain specified diseases. Benefits provided are a supplement, and not a substitute for, Medical Coverage. You should have Medical Coverage when You enroll for this insurance.

GUARANTEED RENEWABLE

Your coverage under this Certificate is guaranteed renewable. This means that although MetLife reserves the right to change any or all premium rates as provided in the group policy, MetLife cannot end Your coverage under this Certificate except for reasons stated in this Certificate.

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WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

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Notice to Residents of Illinois

IMPORTANT NOTICE

To make a complaint to Metropolitan Life insurance Company, You may write to:

Metropolitan Life Insurance Company
Attn: Critical Illness
P.O. Box 5923
Bridgewater, New Jersey 08807-5923

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

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SCHEDULE OF INSURANCE

This schedule shows the benefits that You have selected under the Group Policy. You and Your Dependents will only be insured for benefits:

- for which You and Your Dependents become and remain eligible; and
- which are in effect under the Group Policy and this Certificate.

BENEFIT AMOUNT	
For You	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Spouse or Domestic Partner	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Dependent Child	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

TOTAL BENEFIT AMOUNT	
For You	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Spouse or Domestic Partner	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Dependent Child	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

***BENEFIT REDUCTION DUE TO AGE**

The Benefit Amount for You is reduced to:
See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

The Total Benefit Amount for You is reduced to:
See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

The Benefit Amount for Your Spouse or Domestic Partner is reduced to:
See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

The Total Benefit Amount for Your Spouse or Domestic Partner is reduced to:
See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

*Please see the Benefit Reduction Due to Age provision.

SCHEDULE OF INSURANCE (continued)

BENEFITS FOR COVERED CONDITIONS

Covered Condition	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.50% of Benefit Amount

IMPORTANT NOTE: This Certificate contains certain Proof requirements, exclusions, limitations and other provisions that may reduce benefits or prevent a Covered Person from receiving any benefits under this Certificate. PLEASE READ YOUR ENTIRE CERTIFICATE CAREFULLY.

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Benefit Amount means the amount We use to determine the benefit payable for a Covered Condition.

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 180 day period following the date a Covered Condition, for which this Certificate pays a benefit, Occurs with respect to a Covered Person.

Board Certified means a Physician has received certification in the appropriate medical specialty by a member board of the American Board of Medical Specialties.

Certificate means this Certificate including any riders attached to it.

Clinical Diagnosis means a Diagnosis of Partial Benefit Cancer or Full Benefit Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Partial Benefit Cancer or Full Benefit Cancer only if the following conditions are met:

- under generally accepted medical standards, a pathological Diagnosis cannot be made because it would be medically inappropriate or life-threatening;
- medical diagnostic testing supports the Diagnosis; and
- a Physician who is a Board Certified oncologist is treating the Covered Person for Partial Benefit Cancer or Full Benefit Cancer.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Covered Condition means the following, as they are defined in this Certificate:

- Full Benefit Cancer; or
- Partial Benefit Cancer.

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.

Dependent means Your Spouse, Domestic Partner and/or Dependent Child.

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Dependent Child means the following:

Your biological, adopted, or step child who is under age 26.

The term does not include an unborn or stillborn child, or any person who;

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country;
- lives outside of the United States for more than 12 consecutive months; or
- is insured under the Group Policy as an employee.

A person cannot be insured as a Dependent Child of more than one employee under the Group Policy. Your adopted child will not be a Dependent Child prior to: (1) the date the child is placed in Your home for adoption; and (2) when the child is placed in Your custody pursuant to an interim court order of adoption, whichever comes first.

Dependent Insurance means insurance under this Certificate for Your Dependents.

Diagnosis means the establishment of a Covered Condition by a Physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

Domestic Partner means each of two people, one of whom is an employee of the Group Policyholder, who:

1. have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:

   - 18 years of age or older;
   - unmarried;
   - the sole domestic partner of the other;
   - sharing a primary residence with the other;
   - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and signed by the employee.

The term "Domestic Partner" does not include any person who:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside the United States for more than 12 consecutive months.

No person can be insured under the Group Policy as both an employee and as a Domestic Partner.

Enrollment Form means the Written form provided by Us that You use to enroll for insurance under the Group Policy, including any amendments thereto.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician who is Board Certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- Surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Full-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means the employer named on the first page of this Certificate.

Hospital means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for Diagnosis, treatment and care of injured or sick persons;
- has an organized department of medicine;
- has an organized Department of major surgery either on the premises or in the facility available to the Hospital on a prearranged basis;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Hospitalized means:

- admission for inpatient care in a Hospital;
- receipt of care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receipt of the following treatment, wherever performed:
- chemotherapy;
- radiation therapy; or
- dialysis.

Initial Benefit means the benefit, as specified in the Schedule of Insurance, that We pay:

- the first time Full Benefit Cancer Occurs while coverage is in effect under this Certificate;
- any subsequent time Full Benefit Cancer Occurs while coverage is in effect under this Certificate and after an Initial Benefit has already been paid for Full Benefit Cancer if the subsequently Occurring Full Benefit Cancer is Separate & Unrelated to the Full Benefit Cancer for which an Initial Benefit has already been paid;
- the first time Partial Benefit Cancer Occurs while coverage is in effect under this Certificate; and
- any subsequent time Partial Benefit Cancer Occurs while coverage is in effect under this Certificate and after an Initial Benefit has already been paid for Partial Benefit Cancer if the subsequently Occurring Partial Benefit Cancer is Separate & Unrelated to the Partial Benefit Cancer for which an Initial Benefit has already been paid;

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Medical Coverage means coverage under Medicare or an insurance policy, health maintenance organization contract, or employer's plan of self-insurance providing benefits for hospital, surgical and medical expenses or treatment. Medical Coverage does not include Medicaid.

Occurs or **Occurrence** means:

- with respect to Full Benefit Cancer or Partial Benefit Cancer that the Covered Person:

  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that Surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a Physician who is Board Certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

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Physician means an individual who has received a degree of doctor of medicine (M.D.), or doctor of osteopathy (D.O.), and is acting within the scope of a valid license issued in the United States to Diagnose a Covered Condition or to perform the services required for a Covered Condition for which a claim is made. A Physician is not:

- You,
- Your Spouse, Your Domestic Partner or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or step-child;
- anyone with whom You share a business interest; or
- Your employee.

Practitioner of the Healing Arts means any person who holds a valid license in the United States to engage in the diagnosis or treatment of disease or any ailment of the human body.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Recur or **Recurrence** means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that Occurs after an Initial Benefit was paid for an earlier Occurrence of that same Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that Occurs after an Initial Benefit was paid for an earlier Occurrence of that same Partial Benefit Cancer.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Spouse means Your lawful spouse. The term does not include any person who:

- is serving in the armed forces, or auxiliary units of the armed forces, of any country;
- lives outside the United States for more than 12 consecutive months; or
- is insured under the Group Policy as an employee.

Supplemental Benefit(s) are the following:

- Health Screening Benefit.

Surgery means a procedure performed by a Physician involving the cutting of the Covered Person's skin or tissue that in and of itself is intended to be curative or palliative. Surgery does not include endoscopic procedures.

TNM Staging means the classification standards for cancer developed by the American Joint Committee on Cancer.

Total Benefit Amount means the maximum aggregate amount, as specified in the Schedule of Insurance, that We will pay for any and all Covered Conditions combined, per Covered Person, per lifetime, as provided under this Certificate. The Total Benefit Amount does not include Supplemental Benefits.

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means an employee who is insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

CLASS 1

All Active Full-Time Employees.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

If You enter an eligible class after the date insurance becomes available to members of that class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. You must also provide Written permission to deduct Contributions from Your pay for such insurance, if You are required to make such Contributions.

DATE YOUR INSURANCE TAKES EFFECT

Provided that You are Actively at Work in an eligible class, insurance under this Certificate will take effect for You on the Effective Date shown on the first page of this Certificate.

If You are not Actively at Work in an eligible class on the date insurance would otherwise take effect under the above paragraph, insurance will take effect on the date You return to Active Work in an eligible class.

BENEFIT INCREASES

If You are insured under this Certificate at the time a Benefit Increase is offered for Your eligible class, You will be eligible for the Benefit Increase if You have not already attained the Maximum Benefit Amount. You may complete the form required to elect the Benefit Increase. If You do, provided that You are Actively at Work in an eligible class, the Benefit Increase will take effect for You on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the Benefit Increase.

If You are not Actively at Work in an eligible class on the date the Benefit Increase would otherwise take effect under the above paragraph, Your Benefit Increase will take effect on the date You return to Active Work in a class that is eligible for the Benefit Increase.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

ELIGIBLE CLASSES FOR DEPENDENT INSURANCE

All Class 1 employees of the Group Policyholder as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of employees who are eligible for Dependent Insurance on the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of employees who are eligible for Dependent Insurance after the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

Except as provided in the Newborn Children provision, if You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with the information We require for each Dependent to be insured. You must also provide Written permission to deduct Contributions from Your pay for Dependent Insurance, if You are required to make such Contributions.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE (CONTINUED)

DATE DEPENDENT INSURANCE TAKES EFFECT

Except as provided in the Newborn Children provision, Dependent Insurance for a Dependent will take effect on the later of the date You are eligible for Dependent Insurance and the date the Dependent becomes Your Dependent, provided that on that date the Dependent meets the following requirements:

- the Dependent is not confined at home under a Physician's care;
- the Dependent is not receiving or applying to receiving disability benefits from any source; and
- the Dependent is not Hospitalized.

Except as provided in the Newborn Children provision, if a Dependent does not meet these requirements on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer:

- confined at home under a Physician's care;
- receiving or applying to receiving disability benefits from any source; or
- Hospitalized.

Once Dependent Insurance is in effect for at least one Dependent Child, any additional child who becomes Your Dependent Child will be insured from the date the child becomes Your Dependent Child. You do not need to enroll such additional Dependent Children for them to become insured for Dependent Insurance.

NEWBORN CHILDREN

A Dependent Child born to You while insurance is in effect under this Certificate will be covered for 31 days from the moment of such Dependent Child's birth. To continue coverage beyond the first 31 days You must notify Us of the child's birth and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the newborn child.

BENEFIT INCREASES

If a Dependent is insured under this Certificate at the time a Benefit Increase is offered for Your eligible class, You may complete the form required to elect the Benefit Increase. If You do, the Benefit Increase will take effect for that Dependent on the later of the date it is scheduled to go into effect for Your eligible class and the date You complete the form required to elect the Benefit Increase provided that on that date the Dependent meets the following requirements:

- the Dependent is not confined at home under a Physician's care;
- the Dependent is not receiving or applying to receiving disability benefits from any source; and
- the Dependent is not Hospitalized.

If a Dependent does not meet these requirements on that date, the Benefit Increase will take effect on the date the Dependent is no longer:

- confined at home under a Physician's care;
- receiving or applying to receiving disability benefits from any source; or
- Hospitalized.

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CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER

If the following Covered Condition Occurs for a Covered Person, while such Covered Person is insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more with respect to any Covered Person than the Total Benefit Amount shown in the Schedule of Insurance.

100% of the Benefit Amount is payable for an Occurrence that is not a Recurrence of the following Covered Condition experienced by a Covered Person while such Covered Person is insured under this Certificate:

1. Full Benefit Cancer.

Once We have paid an Initial Benefit for Full Benefit Cancer, We will not pay another Initial Benefit for Full Benefit Cancer unless the subsequent Occurrence of Full Benefit Cancer is Separate & Unrelated.

Payment of this benefit reduces the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If the following Covered Condition Occurs for a Covered Person, while such Covered Person is insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more with respect to any Covered Person than the Total Benefit Amount shown in the Schedule of Insurance.

25% of the Benefit Amount is payable for an Occurrence that is not a Recurrence of the following Covered Condition experienced by a Covered Person while such Covered Person is insured under this Certificate:

1. Partial Benefit Cancer.

Once We have paid an Initial Benefit for Partial Benefit Cancer, We will not pay another Initial Benefit for Partial Benefit Cancer unless the subsequent Occurrence of Partial Benefit Cancer is Separate & Unrelated.

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

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RECURRENCE BENEFIT

We will pay the Recurrence Benefit shown in the Schedule of Insurance for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which We paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

REDUCTION ON ACCOUNT OF PRIOR CLAIMS PAID

We will reduce what We pay for a claim so that the amount We pay, when combined with amounts for all claims We have previously paid for the same Covered Person, does not exceed the Total Benefit Amount that was in effect for that Covered Person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while such Covered Person is insured under this Certificate, We will pay a Health Screening Benefit upon submission of Proof that such measure was taken. When We receive such Proof, We will review it, and if We approve the claim, We will pay a Health Screening Benefit of $50.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL or HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;
- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;
- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.

We will only pay one Health Screening Benefit per Covered Person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS

FULL BENEFIT CANCER

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

PARTIAL BENEFIT CANCER

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION

FULL BENEFIT CANCER

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Full Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissues or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Full Benefit Cancer will be deemed to Occur upon the date that the Diagnosis of Full Benefit Cancer is made.

PARTIAL BENEFIT CANCER

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Partial Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissue or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Partial Benefit Cancer will be deemed to Occur upon the date the Diagnosis of Partial Benefit Cancer is made.

LIMITATIONS

BENEFIT REDUCTION DUE TO AGE

Your Benefit Amount and the Total Benefit Amount will each be reduced when You reach certain ages, as shown in the Schedule of Insurance. The Benefit Amount and the Total Benefit Amount for Your Spouse or Domestic Partner will each be reduced when Your Spouse or Domestic Partner reach certain ages, as shown in the Schedule of Insurance.

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OTHER EXCLUSIONS

EXCLUSION FOR INTOXICATION

We will not pay benefits for any Covered Condition that is caused by, or results from, a Covered Person's involvement in an incident, where such Covered Person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the Covered Person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

GENERAL EXCLUSIONS

We will not pay benefits for any Covered Conditions caused by, or resulting from, a Covered Person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a Physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in any illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States.

WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance will end on the earliest of:

- the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the date the person ceases to be a Dependent;
- the date You cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the sections titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. Please see that section for details.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Dependent Child attains the age limit and at reasonable intervals after such date.

Except as stated in the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.

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CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (CONTINUED)

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance. For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required Contribution; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder.

Request Period
To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

Premiums for Continued Insurance
The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the Employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

End of Continued Insurance
Continued Insurance will end on the earliest of the following dates:

- the date You die;
- if You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made;
- if the Group Policy ends, the date You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder that calculates contributions due under the replacing group policy based on Your age on the original effective date of coverage under this Certificate;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason; or
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent.

If Your insurance ends, Your Dependent Insurance will also end in accordance with the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.

CLAIMS

FILING A CLAIM

To file a claim for benefits under this Certificate, You must give Us notice of the claim and submit Proof of the claim to Us as described in this provision.

Notice of claim and Proof must be given to Us by following the steps set forth below:

Step 1
You must give Us notice by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

Step 2
We will send a claim form to You and explain how to complete it. You should receive the claim form within 15 days of giving Us notice of claim.

Step 3
When You receive the claim form You should fill it out as instructed and return it with the required Proof described in this Certificate and the claim form. If You do not receive a claim form within 15 days after giving Us notice of claim, You may send Us Proof using any form sufficient to provide Us with the required Proof.

Step 4
You must give Us Proof not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date of the loss.

PAYMENT OF BENEFITS

When We receive the claim form and Proof We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy. If We pay benefits more than 30 days after the date We receive the claim form and Proof, We will pay interest at the rate required by Illinois law accruing from the thirtieth day after the date We pay the claim, provided that if such interest amounts to less than one dollar it will not be paid.

All benefits paid under this Certificate while You are living will be paid to You, unless You have assigned this insurance. But, if You are not legally competent to claim or receive benefits under this Certificate, We may pay up to $10,000 to anyone related to You by blood or marriage who We believe is entitled to it. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative.

If You designated a beneficiary, upon Your death We will pay to Your beneficiary any amount that is or becomes due. You may designate a beneficiary in Your Enrollment Form. You may change Your beneficiary at any time. To do so, You must send a Signed and dated, Written request to Us using a form satisfactory to Us. Your Written request to change the beneficiary must be sent to Us no later than 90 days of the date You Sign such request.

CLAIMS (continued)

PAYMENT OF BENEFITS (continued)

You do not need the beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no beneficiary designated or no surviving beneficiary at Your death, We may determine the beneficiary to be one or more of the following who survive You, in the order listed below:

1. Your Spouse or Domestic Partner;
2. Your child(ren);
3. Your parent(s); or
4. Your sibling(s).

Instead of making payment in the order above, We may pay Your estate. Any payment made in good faith will discharge Our liability to the extent of such payment.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

At Our expense, as often as is reasonably necessary, We may require You to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

BASE-456

CHANGES IN STANDARDS

This Certificate refers to classification standards for disease that have been developed by independent third parties. If those independent third parties change the classification standards, or if new standards are developed that become generally accepted in the medical community in the United States, We will interpret this Certificate in a manner that recognizes such changed or new standards when We determine it is appropriate to do so.

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- Your Enrollment Form;
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in an Enrollment Form that is in Writing;
- You have Signed the Enrollment Form; and
- a copy of the Enrollment Form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, We will not use such statements to contest a Benefit Increase after the Benefit Increase has been in force for 2 years, unless such statement is fraudulent.

MISSTATEMENTS

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or contributions.

If Your or Your Dependent's tobacco usage is misstated, the information regarding the correct tobacco usage will be used, as appropriate, to adjust the benefits and/or contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable except as required by law.

CONFORMITY WITH LAW

If the terms and provision of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

2025-156

CRITICAL ILLNESS - ATT AGE

MetLife

METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder:	City of Springfield
Group Policy Number:	0212942
Employee Name:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Employee Number:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Effective Date of Insurance:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
MetLife Contact Information:	1-800-GET-MET8

We have issued this Certificate to You in consideration of the payment of the Contribution and the statements made in Your Enrollment Form. Your Enrollment Form is part of Your Certificate.

Notice to Buyer: This is a critical illness insurance Certificate. Subject to the provisions of this Certificate, including limitations, exclusions and submission of Proof of a Covered Condition, this Certificate provides a limited benefit in the event You are Diagnosed with certain specified diseases, or have certain surgical procedures performed. Benefits provided are a supplement, and not a substitute for, Medical Coverage. You should have Medical Coverage when You enroll for this insurance.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

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NOTICE TO RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to Metropolitan Life Insurance Company, You may write to:

Metropolitan Life Insurance Company
Attn: Critical Illness
P.O. Box 5923
Bridgewater, New Jersey 08807-5923

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

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SCHEDULE OF INSURANCE

This schedule shows the benefits that You have selected under the Group Policy. You and Your Dependents will only be insured for benefits:

- for which You and Your Dependents become and remain eligible; and
- which are in effect under the Group Policy and this Certificate.

BENEFIT AMOUNT	
For You	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Spouse or Domestic Partner	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Dependent Child	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

MAJOR ORGAN TRANSPLANT BENEFIT AMOUNT	
For You	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Spouse or Domestic Partner	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Dependent Child	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

TOTAL BENEFIT AMOUNT	
For You	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Spouse or Domestic Partner	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
For Your Dependent Child	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

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SCHEDULE OF INSURANCE (continued)

BENEFITS FOR COVERED CONDITIONS

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Major Organ Transplant Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE

IMPORTANT NOTE: This Certificate contains certain Proof requirements, exclusions, limitations and other provisions that may reduce benefits or prevent a Covered Person from receiving any benefits under this Certificate. PLEASE READ YOUR ENTIRE CERTIFICATE CAREFULLY.

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount means the amount We use to determine the benefit payable for a Covered Condition.

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which this Certificate pays a benefit, Occurs with respect to a Covered Person.

Board Certified means a Physician has received certification in the appropriate medical specialty by a member board of the American Board of Medical Specialties.

Certificate means this Certificate including any riders attached to it.

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Clinical Diagnosis means a Diagnosis of Partial Benefit Cancer or Full Benefit Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Partial Benefit Cancer or Full Benefit Cancer only if the following conditions are met:

- under generally accepted medical standards, a pathological Diagnosis cannot be made because it would be medically inappropriate or life-threatening;
- medical diagnostic testing supports the Diagnosis; and
- a Physician who is a Board Certified oncologist is treating the Covered Person for Partial Benefit Cancer or Full Benefit Cancer.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Coronary Artery Bypass Graft means the undergoing of open heart Surgery performed by a Physician who is a Board Certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a Physician who is a Board Certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique.

Covered Condition means the following, as they are defined in this Certificate:

- Alzheimer's Disease;
- Coronary Artery Bypass Graft;
- Full Benefit Cancer;
- Partial Benefit Cancer;
- Heart Attack;
- Kidney Failure;
- Major Organ Transplant;
- Stroke; or
- any of the Listed Conditions.

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.

Dependent means Your Spouse, Domestic Partner and/or Dependent Child.

Dependent Child means the following:

Your biological, adopted, or step child who is under age 26.

The term does not include an unborn or stillborn child, or any person who;

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country;
- lives outside of the United States for more than 12 consecutive months; or
- is insured under the Group Policy as an employee.

A person cannot be insured as a Dependent Child of more than one employee under the Group Policy. Your adopted child will not be a Dependent Child prior (1) the date the child is placed in Your home for adoption; or (2) the date the child is placed in Your custody pursuant to an interim court order of adoption, whichever comes first.

Dependent Insurance means insurance under this Certificate for Your Dependents.

Diagnosis means the establishment of a Covered Condition by a Physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

Domestic Partner means each of two people, one of whom is an employee of the Group Policyholder, who:

1. have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:

   - 18 years of age or older;
   - unmarried;
   - the sole domestic partner of the other;
   - sharing a primary residence with the other;
   - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and signed by the employee.

The term "Domestic Partner" does not include any person who:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside the United States for more than 12 consecutive months.

No person can be insured under the Group Policy as both an employee and as a Domestic Partner.

Enrollment Form means the Written form provided by Us that You use to enroll for insurance under the Group Policy, including any amendments thereto.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician who is Board Certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- Surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Full-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.

Geriatrician means a Physician specializing in the assessment and treatment of elderly people. The Physician must be Board Certified in geriatric medicine by the American Board of Geriatric Medicine.

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means the employer named on the first page of this Certificate.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Hospital means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for Diagnosis, treatment and care of injured or sick persons;
- has an organized department of medicine;
- has an organized department of major surgery either on the premises or in the facility available to the Hospital on a prearranged basis;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Hospitalized means:

- admission for inpatient care in a Hospital;
- receipt of care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receipt of the following treatment, wherever performed:
    - chemotherapy;
    - radiation therapy; or
    - dialysis.

Initial Benefit means the benefit, as specified in the Schedule of Insurance, that We pay:

- the first time any one of the Listed Conditions Occurs while coverage is in effect under this Certificate;
- the first time Full Benefit Cancer Occurs while coverage is in effect under this Certificate;
- any subsequent time Full Benefit Cancer Occurs while coverage is in effect under this Certificate and after an Initial Benefit has already been paid for Full Benefit Cancer if the subsequently Occurring Full Benefit Cancer is Separate & Unrelated to the Full Benefit Cancer for which an Initial Benefit has already been paid;
- the first time Partial Benefit Cancer Occurs while coverage is in effect under this Certificate;
- any subsequent time Partial Benefit Cancer Occurs while coverage is in effect under this Certificate and after an Initial Benefit has already been paid for Partial Benefit Cancer if the subsequently Occurring Partial Benefit Cancer is Separate & Unrelated to the Partial Benefit Cancer for which an Initial Benefit has already been paid; and
- the first time each of the following Covered Conditions Occurs while coverage is in effect under this Certificate: Alzheimer's Disease; Coronary Artery Bypass Graft; Heart Attack; Kidney Failure and Stroke

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a Physician who is a Board Certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such Physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or **Listed Conditions** means any of the following diseases:

- Addison's disease (adrenal hypofunction);
- amyotrophic lateral sclerosis (Lou Gehrig's disease);
- cerebrospinal meningitis (bacterial);
- cerebral palsy;
- cystic fibrosis;
- diphtheria;
- encephalitis;
- Huntington's disease (Huntington's chorea);
- Legionnaire's disease;
- malaria;
- multiple sclerosis (definitive diagnosis);
- muscular dystrophy;
- myasthenia gravis;
- necrotizing fasciitis;
- osteomyelitis;
- poliomyelitis;
- rabies;
- sickle cell anemia (excluding sickle cell trait);
- systemic lupus erythematosus (SLE);
- systemic sclerosis (scleroderma);
- tetanus; and
- tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a Covered Person's heart, lung, pancreas, entire kidney or any combination thereof, for which a Physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such Covered Person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a Covered Person's liver for which a Physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a Physician and either such Covered Person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a Covered Person's bone marrow with bone marrow from the Covered Person's or another human donor, which replacement is determined to be medically necessary by a Physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such Covered Person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Medical Coverage means coverage under Medicare or an insurance policy, health maintenance organization contract, or employer's plan of self-insurance providing benefits for hospital, surgical and medical expenses or treatment. Medical Coverage does not include Medicaid.

Neurologist means a Physician who specializes in the diagnosis and treatment of disorders of the nervous system and who is Board Certified by the American Board of Psychiatry and Neurology, Inc.

Neuropsychologist means a psychologist who has completed special training in the neurological causes of brain disorders and who specializes in diagnosing and treating these illnesses using a predominantly medical approach and is Board Certified by the American Board of Professional Neuropsychology.

Occurs or **Occurrence** means:

- with respect to Full Benefit Cancer, Partial Benefit Cancer, Heart Attack, Kidney Failure, Stroke or a Listed Condition that the Covered Person:

    1. experiences such Covered Condition; and
    2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the Covered Person undergoes a Coronary Artery Bypass Graft.

- with respect to Major Organ Transplant, that the Covered Person:
    1. is placed on the Transplant List; or
    2. undergoes such Major Organ Transplant.

- with respect to Alzheimer's Disease that the Covered Person:

    1. experiences such Covered Condition;
    2. is Diagnosed with such Covered Condition; and
    3. all other etiologies have been ruled out by a Neurologist; Geriatrician or Neuropsychologist.

Partial Benefit Cancer means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that Surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a Physician who is Board Certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Physician means an individual who has received a degree of doctor of medicine (M.D.), or doctor of osteopathy (D.O.), and is acting within the scope of a valid license issued in the United States to Diagnose a Covered Condition or to perform the services required for a Covered Condition for which a claim is made. A Physician is not:

- You,
- Your Spouse, Your Domestic Partner or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or step-child;
- anyone with whom You share a business interest; or
- Your employee.

Practitioner of the Healing Arts means any person who holds a valid license in the United States to engage in the diagnosis or treatment of disease or any ailment of the human body.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft
  1. an Occurrence of Coronary Artery Bypass Graft if We have already paid an Initial Benefit for an earlier Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that
  1. Occurs after an Initial Benefit was paid for an earlier Occurrence of that same Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that
  1. Occurs after an Initial Benefit was paid for an earlier Occurrence of that same Partial Benefit Cancer.

- with respect to Heart Attack
  1. an Occurrence of Heart Attack after We have already paid an Initial Benefit for an earlier Occurrence of Heart Attack.

- with respect to Stroke
  1. an Occurrence of Stroke after We have already paid an Initial Benefit for an earlier Occurrence of Stroke.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Spouse means Your lawful spouse. The term does not include any person who:
- is serving in the armed forces, or auxiliary units of the armed forces, of any country;
- lives outside the United States for more than 12 consecutive months; or
- is insured under the Group Policy as an employee.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which result in an infarction of brain tissue:
- hemorrhage;
- thrombus; or
- embolus from an extra-cranial source.

Supplemental Benefit(s) are the following:
- Health Screening Benefit.

Surgery means a procedure performed by a Physician involving the cutting of the Covered Person's skin or tissue that in and of itself is intended to be curative or palliative. Surgery does not include endoscopic procedures.

TNM Staging means the classification standards for cancer developed by the American Joint Committee on Cancer.

Total Benefit Amount means the maximum aggregate amount, as specified in the Schedule of Insurance, that We will pay for any and all Covered Conditions combined, per Covered Person, per lifetime, as provided under this Certificate. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means an employee who is insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

CLASS 1

All Active Full-Time Employees.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

If you enter an eligible class after the date insurance becomes available to members of that class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. You must also provide Written permission to deduct Contributions from Your pay for such insurance, if You are required to make such Contributions.

DATE YOUR INSURANCE TAKES EFFECT

Provided that You are Actively at Work in an eligible class, insurance under this Certificate will take effect for You on the Effective Date shown on the first page of this Certificate.

If You are not Actively at Work in an eligible class on the date insurance would otherwise take effect under the above paragraph, insurance will take effect on the date You return to Active Work in an eligible class.

BENEFIT INCREASES

If You are insured under this Certificate at the time a Benefit Increase is offered for Your eligible class, You will be eligible for the Benefit Increase if You have not already attained the Maximum Benefit Amount. You may complete the form required to elect the Benefit Increase. If You do, provided that You are Actively at Work in an eligible class, the Benefit Increase will take effect for You on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the Benefit Increase.

If You are not Actively at Work in an eligible class on the date the Benefit Increase would otherwise take effect under the above paragraph, Your Benefit Increase will take effect on the date You return to Active Work in a class that is eligible for the Benefit Increase.

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ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

ELIGIBLE CLASSES FOR DEPENDENT INSURANCE

All Class 1 employees of the Group Policyholder as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of employees who are eligible for Dependent Insurance on the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of employees who are eligible for Dependent Insurance after the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

Except as provided in the Newborn Children provision, if You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with the information We require for each Dependent to be insured. You must also provide Written permission to deduct Contributions from Your pay for Dependent Insurance, if You are required to make such Contributions.

DATE DEPENDENT INSURANCE TAKES EFFECT

Except as provided in the Newborn Children provision, Dependent Insurance for a Dependent will take effect on the later of the date You are eligible for Dependent Insurance and the date the Dependent becomes Your Dependent, provided that on that date the Dependent meets the following requirements:

- the Dependent is not confined at home under a Physician's care;
- the Dependent is not receiving or applying to receiving disability benefits from any source; and
- the Dependent is not Hospitalized.

Except as provided in the Newborn Children provision, if a Dependent does not meet these requirements on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer:

- confined at home under a Physician's care;
- receiving or applying to receiving disability benefits from any source; or
- Hospitalized.

Once Dependent Insurance is in effect for at least one Dependent Child, any additional child who becomes Your Dependent Child will be insured from the date the child becomes Your Dependent Child. You do not need to enroll such additional Dependent Children for them to become insured for Dependent Insurance.

NEWBORN CHILDREN

A Dependent Child born to You while insurance is in effect under this Certificate will be covered for 31 days from the moment of such Dependent Child's birth. To continue coverage beyond the first 31 days You must notify Us of the child's birth and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the newborn child.

BENEFIT INCREASES

If a Dependent is insured under this Certificate at the time a Benefit Increase is offered for Your eligible class, You may complete the form required to elect the Benefit Increase. If You do, the Benefit Increase will take effect for that Dependent on the later of the date it is scheduled to go into effect for Your eligible class and the date You complete the form required to elect the Benefit Increase provided that on that date the Dependent meets the following requirements:

- the Dependent is not confined at home under a Physician's care;
- the Dependent is not receiving or applying to receiving disability benefits from any source; and
- the Dependent is not Hospitalized.

If a Dependent does not meet these requirements on that date, the Benefit Increase will take effect on the date the Dependent is no longer:

- confined at home under a Physician's care;
- receiving or applying to receiving disability benefits from any source; or
- Hospitalized.

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CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, KIDNEY FAILURE AND STROKE

If any of the following Covered Conditions Occurs for a Covered Person, while such Covered Person is insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more with respect to any Covered Person than the Total Benefit Amount shown in the Schedule of Insurance.

100% of the Benefit Amount is payable for an Occurrence that is not a Recurrence of the following Covered Conditions experienced by for a Covered Person while such Covered Person is insured under this Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Kidney Failure; or
6. Stroke.

Once We have paid an Initial Benefit for Alzheimer's Disease, We will not pay another Initial Benefit for Alzheimer's Disease.

Once We have paid an Initial Benefit for Coronary Artery Bypass Graft, We will not pay another Initial Benefit for Coronary Artery Bypass Graft.

Once We have paid an Initial Benefit for Full Benefit Cancer, We will not pay another Initial Benefit for Full Benefit Cancer unless the subsequent Occurrence of Full Benefit Cancer is Separate & Unrelated.

Once We have paid an Initial Benefit for Heart Attack, We will not pay another Initial Benefit for Heart Attack.

Once We have paid an Initial Benefit for Kidney Failure, We will not pay another Initial Benefit for Kidney Failure.

Once We have paid an Initial Benefit for Stroke, We will not pay another Initial Benefit for Stroke.

Payment of this benefit reduces the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions Occurs for a Covered Person, while such Covered Person is insured under this Certificate, Proof of the Covered Condition must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit described below for such Covered Condition, provided, however, that We will never pay more with respect to any Covered Person than the Total Benefit Amount shown in the Schedule of Insurance.

25% of the Benefit Amount is payable for an Occurrence that is not a Recurrence of the following Covered Conditions that First Occur for a Covered Person while such Covered Person is insured under this Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Once We have paid an Initial Benefit for Partial Benefit Cancer, We will not pay another Initial Benefit for Partial Benefit Cancer unless the subsequent Occurrence of Partial Benefit Cancer is Separate & Unrelated.

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for a Covered Person, while such Covered Person is insured under this Certificate, Proof of Major Organ Transplant must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the benefit shown below.

100% of the Major Organ Transplant Benefit Amount is payable for Major Organ Transplant that First Occurs for a Covered Person while coverage is in effect under this Certificate.

We will only pay for one Major Organ Transplant per Covered Person while coverage is in effect under this Certificate.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit shown in the Schedule of Insurance for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which We paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the *Reduction on Account of Prior Claims Paid* provision.

REDUCTION ON ACCOUNT OF PRIOR CLAIMS PAID

We will reduce what We pay for a claim so that the amount We pay, when combined with amounts for all claims We have previously paid for the same Covered Person, does not exceed the Total Benefit Amount that was in effect for that Covered Person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

SUPPLEMENTAL BENEFITS

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while such Covered Person is insured under this Certificate, We will pay a Health Screening Benefit upon submission of Proof that such measure was taken. When We receive such Proof, We will review it, and if We approve the claim, We will pay a Health Screening Benefit of $50.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL or HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;
- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;
- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.

We will only pay one Health Screening Benefit per Covered Person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

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EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS

ALZHEIMER'S DISEASE

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not diagnosed as Alzheimer's Disease.

CORONARY ARTERY BYPASS GRAFT

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

FULL BENEFIT CANCER

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

PARTIAL BENEFIT CANCER

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS (continued)

MAJOR ORGAN TRANSPLANT

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

STROKE

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

LISTED CONDITIONS

We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

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ADDITIONAL PROOF REQUIREMENTS FOR EACH COVERED CONDITION

ALZHEIMER'S DISEASE

Proof of Alzheimer's Disease requires a Diagnosis made in Writing by a Neurologist, Geriatrician, or Neuropsychologist and supported by all of the following:

- formal neuropsychological testing performed by a Neuropsychologist confirming dementia;
- laboratory tests have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease; and
- magnetic resonance imaging, computerized tomography or other reliable imaging techniques that have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease.

The Covered Condition for Alzheimer's Disease will be deemed to Occur on the date that the Diagnosis of Alzheimer's Disease is made and all other etiologies have been ruled out.

CORONARY ARTERY BYPASS GRAFT

Proof of Coronary Artery Bypass Graft requires submission of medical records evidencing that the Coronary Artery Bypass Graft:

- was determined to be medically necessary by a Physician who is Board Certified in cardiology;
- was supported by pre-operative angiographic evidence; and
- has been performed.

The Covered Condition for Coronary Artery Bypass Graft will be deemed to Occur on the date that the Coronary Artery Bypass Graft is performed.

FULL BENEFIT CANCER

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Full Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissues or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Full Benefit Cancer will be deemed to Occur upon the date that the Diagnosis of Full Benefit Cancer is made.

PARTIAL BENEFIT CANCER

Unless We accept a Clinical Diagnosis as provided in this Certificate, Diagnosis of Partial Benefit Cancer must be based upon microscopic (histologic) examination of fixed tissue or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Covered Condition for Partial Benefit Cancer will be deemed to Occur upon the date the Diagnosis of Partial Benefit Cancer is made.

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HEART ATTACK

Diagnosis of Heart Attack must be made in Writing by a Physician and supported by medical records showing an elevation of enzymes, troponins or other biochemical cardiac markers, and two of the three following criteria associated with the Heart Attack for which a claim is being made:

1. typical chest pain characteristic of an acute myocardial infarction, requiring the Covered Person to be Hospitalized as an inpatient;
2. electrocardiograph (EKG) changes on one or a series of electrocardiograms taken at the time the Covered Person experiences the Heart Attack for which a claim is being made, which changes are indicative of an acute myocardial infarction, but, if the Covered Person had any prior electrocardiogram(s), the electrocardiogram(s) presented as Proof of Heart Attack must show changes from the Covered Person's last electrocardiogram, and such changes must be indicative of an acute myocardial infarction; or
3. confirmatory imaging studies such as thallium scans, or echocardiograms indicative of an acute myocardial infarction, but, if the Covered Person had any prior imaging studies, the imaging studies presented as Proof of Heart Attack must show changes from the Covered Person's last imaging studies, which changes must be indicative of a myocardial infarction.

The Covered Condition for Heart Attack will be deemed to Occur on the date the Diagnosis of Heart Attack is made.

KIDNEY FAILURE

Diagnosis of Kidney Failure must be made in Writing by a Physician who is Board Certified in nephrology, and must be supported by medical records. The Covered Condition for Kidney Failure will be deemed to Occur on the date the Diagnosis of Kidney Failure is made.

MAJOR ORGAN TRANSPLANT

Proof of Major Organ Transplant requires submission of medical records evidencing that the Major Organ Transplant was deemed medically necessary by a Physician who is Board Certified in a medical specialty that is appropriate for the organ involved and that either:

- the Covered Person has been placed on the Transplant List; or
- the Major Organ Transplant has been performed.

The Covered Condition for Major Organ Transplant will be deemed to Occur on the earlier of:

- the date the Covered Person is placed on the Transplant List; or
- the date the Major Organ Transplant is performed.

STROKE

Diagnosis of Stroke must be made in Writing and be based upon medical records indicating objective evidence of significant neurological impairment that is functional, measurable and permanent as demonstrated by magnetic resonance imaging, computerized tomography or other reliable imaging techniques. Such neurological impairment must be confirmed in Writing no earlier than 30 days after the cerebrovascular accident or incident by a Physician who is Board Certified in neurology and be based upon objective evidence of significant neurological, motor or sensory impairment, which impairment must be present on the date that such Written confirmation is made. The Covered Condition for Stroke will be deemed to Occur on the date the Diagnosis of Stroke is made.

LISTED CONDITIONS

Diagnosis of a Listed Condition must be made in Writing by a Physician and must be supported by medical records. The Covered Condition for a Listed Condition will be deemed to Occur on the date the Diagnosis of a Listed Condition is made.

OTHER EXCLUSIONS

EXCLUSION FOR INTOXICATION

We will not pay benefits for any Covered Condition that is caused by, or results from a Covered Person's involvement in an incident, where such Covered Person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the Covered Person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

GENERAL EXCLUSIONS

We will not pay benefits for any Covered Conditions caused by, or resulting from a Covered Person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a Physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in any illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States.

WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance will end on the earliest of:

- the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the date the person ceases to be a Dependent;
- the date You cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the sections titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. Please see that section for details.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Dependent Child attains the age limit and at reasonable intervals after such date.

Except as stated in the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (CONTINUED)

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance. For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required Contribution; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder.

REQUEST PERIOD
To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

PREMIUMS FOR CONTINUED INSURANCE
The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the Employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

END OF CONTINUED INSURANCE
Continued Insurance will end on the earliest of the following dates:

- the date You die;
- if You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made;
- if the Group Policy ends, the date You become eligible for insurance under another policy of critical illness or specified disease insurance issued to or provided through the Group Policyholder;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason; or
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent.

If Your insurance ends, Your Dependent Insurance will also end in accordance with the *Date Dependent Insurance Ends* provision of the section titled WHEN INSURANCE ENDS.

CLAIMS

FILING A CLAIM

To file a claim for benefits under this Certificate, You must give Us notice of the claim and submit Proof of the claim to Us as described in this provision.

Notice of claim and Proof must be given to Us by following the steps set forth below:

Step 1

You must give Us notice by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

Step 2

We will send a claim form to You and explain how to complete it. You should receive the claim form within 15 days of giving Us notice of claim.

Step 3

When You receive the claim form You should fill it out as instructed and return it with the required Proof described in this Certificate and the claim form. If You do not receive a claim form within 15 days after giving Us notice of claim, You may send Us Proof using any form sufficient to provide Us with the required Proof.

Step 4

You must give Us Proof not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date of the loss.

PAYMENT OF BENEFITS

When We receive the claim form and Proof We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy. If We pay benefits more than 30 days after the date We receive the claim form and Proof, We will pay interest at the rate required by Illinois law accruing from the thirtieth day after the date We pay the claim, provided that if such interest amounts to less than one dollar it will not be paid.

All benefits paid under this Certificate while You are living will be paid to You, unless You have assigned this insurance. But, if You are not legally competent to claim or receive benefits under this Certificate, We may pay up to $10,000 to anyone related to You by blood or marriage who We believe is entitled to it. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative.

If You designated a beneficiary, upon Your death we will pay to Your beneficiary any amount that is or becomes due. You may designate a beneficiary. You may change Your beneficiary at any time. To do so, You must send a Signed and dated, Written request to Us using a form satisfactory to Us. Your Written request to change the beneficiary must be sent to Us no later than 90 days of the date You Sign such request.

CLAIMS (continued)

PAYMENT OF BENEFITS (continued)

You do not need the beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no beneficiary designated or no surviving beneficiary at Your death, We may determine the beneficiary to be one or more of the following who survive You, in the order listed below:

1. Your Spouse or Domestic Partner;
2. Your child(ren);
3. Your parent(s); or
4. Your sibling(s).

Instead of making payment in the order above, We may pay Your estate. Any payment made in good faith will discharge Our liability to the extent of such payment.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

At Our expense, as often as is reasonably necessary, We may require You to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

GENERAL PROVISIONS

CHANGES IN STANDARDS

This Certificate refers to classification standards for disease that have been developed by independent third parties. If those independent third parties change the classification standards, or if new standards are developed that become generally accepted in the medical community in the United States, We will interpret this Certificate in a manner that recognizes such changed or new standards when We determine it is appropriate to do so.

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- Your Enrollment Form;
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in an Enrollment Form that is in Writing;
- You have Signed the Enrollment Form; and
- a copy of the Enrollment Form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, We will not use such statements to contest a Benefit Increase after the Benefit Increase has been in force for 2 years, unless such statement is fraudulent.

MISSTATEMENTS

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable except as required by law.

CONFORMITY WITH LAW

If the terms and provision of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

3025-456

HOSPITAL INDEMNITY PLAN 1

MetLife

METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder:	City of Springfield
Group Policy Number:	0212942
MetLife Contact Information:	1-800-GET-MET8

We have issued this Certificate to You in consideration of the payment of the Contribution and the statements made in Your enrollment form.

Important Notice: The insurance evidenced by this Certificate provides limited benefits. Subject to its terms, conditions and limitations, this Certificate provides benefits for treatment of an accidental Injury or Sickness in a Hospital. The benefit amounts are shown in the Schedule and are not based on any medical expenses that are incurred. You should have medical coverage in force when You enroll for this insurance.

THIS CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from MetLife.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE NOTICE CAREFULLY.

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to Metropolitan Life Insurance Company, You may write to:
Metropolitan Life Insurance Company -- Group Accident Product
501 Route 22
Bridgewater, New Jersey 08807

The address of the Illinois Department of Insurance is:
Illinois Department of Insurance
Public Services Division

Springfield, Illinois 72767

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COVERED PERSON SPECIFICATIONS

Certificate Effective Date:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Group Policyholder:	City of Springfield
Group Policy Number:	0212942
MetLife Contact Information:	1-800-GET-MET8
Your Name:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Your Certificate Number:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Coverage for Your Dependents	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife If You elect coverage for Your Dependent Children, once Dependent Insurance is in effect for at least one Dependent Child, any additional child who becomes Your Dependent Child will be insured from the date the child becomes Your Dependent Child. You do not need to enroll such additional Dependent Children in order for them to become insured for Dependent Insurance.

This Covered Person Specifications page is part of Your Certificate. Please keep it with Your Certificate.

SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate. PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.

The benefit amounts listed on this Schedule are subject to reduction in accordance with the Benefit Reduction Due to Age section of this Certificate.

The listing of benefits for Your Spouse or Domestic Partner and Your Dependent Child only apply if Coverage is in effect for those Dependents under this Certificate. Please refer to the Eligibility Provisions: Dependent Insurance section of this Certificate for details.

ACCIDENT - HOSPITAL BENEFITS	**Benefit**
Accident - Hospital Admission Benefit	
Non-ICU Hospital Admission	$1,000
Intensive Care Unit Admission	$2,000
Accident - Hospital Confinement Benefit	
Non-ICU Hospital Confinement	$200
Intensive Care Unit Confinement	$400
Inpatient Rehabilitation Benefit	$200

SICKNESS - HOSPITAL BENEFITS	**Benefit**
Sickness - Hospital Admission Benefit	
Non-ICU Hospital Admission	$1,000
Intensive Care Unit Admission	$2,000
Sickness - Hospital Confinement Benefit	
Non-ICU Hospital Benefit	$200
Intensive Care Unit Benefit	$400
OTHER BENEFITS	
Health Screening Benefit	$60

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Accident means an act or event which:
- is unforeseen;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:
- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Certificate means this Certificate including any riders attached to it.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.

Dependent means Your Spouse, Domestic Partner and/or Dependent Child.

Dependent Child means the following:

Your biological, adopted, or stepchild who is under age 26.

The term does not include an unborn or stillborn child. No person can be insured under the Group Policy as both an employee and a Dependent Child.

A person cannot be insured as a Dependent Child of more than one employee under the Group Policy. A child who is in Your custody pursuant to an interim court order of adoption or placement of adoption is an adopted child.

DEFINITIONS (continued)

Dependent Insurance means insurance under this Certificate for Your Dependents.

Domestic Partner means each of two people, one of whom is an employee of the Group Policyholder, who:

1. have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
   - 18 years of age or older;
   - unmarried;
   - the sole domestic partner of the other;
   - sharing a Primary Residence with the other; and
   - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

   A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the employee.

No person can be insured under the Group Policy as both an employee and a Domestic Partner.

Emergency Room means an area within a Hospital that is dedicated to the provision of emergency care. This area must:
- be staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

Full-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means City of Springfield.

Hospital means a short-term, acute care, general facility which:
- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine;
- has facilities for major Surgery either on its premises or through contractual arrangement with another Hospital;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section titled Accident - Exclusions.

Intensive Care Unit or **ICU** means a place which:

- is a specifically dedicated area of a Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive monitoring and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a Physician assigned to the intensive care unit on a full-time basis.

The term Intensive Care Unit includes Hospital units with the following names: Intensive Care Unit; Coronary Care Unit; Neonatal Intensive Care Unit; Pulmonary Care Unit; Burn Unit; or Transplant Unit.

Medical Restriction means a person is:

- restricted to the person's home under a Physician's care;
- receiving or applying to receive disability benefits from any source;
- an inpatient in a Hospital;
- receiving care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receiving chemotherapy, radiation therapy or dialysis.

Physician means:

- a person licensed to practice medicine and prescribe and administer drugs or to perform Surgery in the jurisdiction where such services are performed; or
- a medical practitioner who is licensed to provide a service for which a benefit is payable under this Certificate, according to the laws and regulations of the jurisdiction where such service is performed, and who is acting within the scope of such license.

The term Physician does not include:

- You;
- Your Spouse, Your Domestic Partner or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or stepchild;
- anyone with whom You share a business interest; or
- Your employee.

Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Rehabilitation Facility means a facility that:

- provides rehabilitation care services on an inpatient basis; and
- maintains all required licenses and certifications.

Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by an Injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of Physicians.

The term Rehabilitation Facility does not include:

- a nursing home;
- an extended care facility, unless the Covered Person is receiving rehabilitation care services at the extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Schedule means the Schedule of Insurance that appears in this Certificate, and the Covered Person Specifications page.

Sickness means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Spouse means Your lawful spouse. No person can be insured under the Group Policy as both an employee and a Spouse.

Surgery means a procedure performed by a Physician involving an incision of the Covered Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means an employee who is insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

CLASS 1

All Active Full-Time Employees.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

If You enter an eligible class after the date insurance becomes available to members of that class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. You must also provide Written permission to deduct Contributions from Your pay for such insurance, if You are required to make such Contributions.

DATE YOUR INSURANCE TAKES EFFECT

Provided that You are Actively at Work in an eligible class, insurance under this Certificate will take effect for You on the Certificate effective date.

If You are not Actively at Work in an eligible class on the date insurance would otherwise take effect under the above paragraph, insurance will take effect on the date You return to Active Work in an eligible class.

BENEFIT INCREASES

If You are insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that You are Actively at Work in an eligible class, the benefit increase will take effect on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If You are not Actively at Work in an eligible class on the date the benefit increase would otherwise take effect under the above paragraph, Your benefit increase will take effect on the date You return to Active Work in a class that is eligible for the benefit increase.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

ELIGIBLE CLASSES FOR DEPENDENT INSURANCE

All Class 1 employees of the Group Policyholder as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

A Dependent will not be eligible while the Dependent:
- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside of the United States, Canada or Mexico for more than 12 consecutive months.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of employees who are eligible for Dependent Insurance on the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:
- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of employees who are eligible for Dependent Insurance after the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:
- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

Except as provided in the Newborn and Adopted Children provision, if You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with the information We require for each Dependent to be insured. You must also provide Written permission to deduct Contributions from Your pay for Dependent Insurance, if You are required to make such Contributions.

DATE DEPENDENT INSURANCE TAKES EFFECT

Except as provided in the Newborn and Adopted Children provision, Dependent Insurance for a Dependent who is not under a Medical Restriction will take effect on the later of:
- the date You are eligible for Dependent Insurance; and
- the date You complete the form required to enroll that Dependent.

Except as provided in the Newborn and Adopted Children provision, if the Dependent is under a Medical Restriction on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer under a Medical Restriction.

NEWBORN AND ADOPTED CHILDREN

A Dependent Child born to You while insurance is in effect under this Certificate will be covered for 31 days from the moment of such Dependent Child's birth. To continue coverage beyond the first 31 days You must notify Us of the child's birth and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the newborn child.

ADOPTED CHILDREN

Your adopted child will be covered for 31 days from the earlier of: the date the child is placed in Your custody pursuant to an interim court order; or the placement of adoption. In order to continue coverage beyond the first 31 days, You must provide Us with notice of the adopted child and give us permission to deduct Contributions from Your pay for Dependent Insurance for the adopted child. Coverage will end if the child's placement is disrupted prior to legal adoption.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE (continued)

BENEFIT INCREASES

If a Dependent is insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that the Dependent is not under a Medical Restriction on that date, the benefit increase will take effect for that Dependent on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If the Dependent is under a Medical Restriction on that date, the benefit increase will take effect on the date the Dependent is no longer under a Medical Restriction.

ACCIDENT - HOSPITAL BENEFITS

Payment of the Accident - Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

ACCIDENT – HOSPITAL ADMISSION BENEFIT

If a Covered Person is admitted to a Hospital for treatment of an Injury, We will pay the Accident - Hospital Admission Benefit shown in the Schedule that applies to the type of Hospital admission, subject to all of the following:

- In order for the Accident - Hospital Admission Benefit to be payable for a non-ICU Hospital admission, admission must occur within 180 days after the Accident occurs.
- In order for the Accident - Hospital Admission Benefit to be payable for an Intensive Care Unit admission, admission to the Intensive Care Unit must occur within 180 days after the Accident occurs.
- This benefit does not apply to Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation area.
- We will only pay one Accident - Hospital Admission Benefit per Covered Person, per Accident. If the Covered Person moves from or to an Intensive Care Unit after initial admission to a Hospital, We will not pay an additional Accident - Hospital Admission Benefit.

ACCIDENT - HOSPITAL CONFINEMENT BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the Accident - Hospital Confinement Benefit shown in the Schedule that applies to the type of Hospital Confinement for each day the Covered Person is Confined in the Hospital, subject to all of the following:

- In order for the Accident - Hospital Confinement Benefit to be payable for a non-ICU Hospital Confinement, the initial Confinement must begin within 180 days after the Accident occurs.
- In order for the Accident - Hospital Confinement Benefit to be payable for an Intensive Care Unit Confinement, the initial Confinement must begin within 180 days after the Accident occurs.
- For a non-ICU Hospital Confinement, the Accident - Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- For an Intensive Care Unit Confinement, the Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- We will pay the Accident – Hospital Confinement Benefit for only one Hospital Confinement at a time, even if the Confinement is caused by more than one Accident.
- We will only pay one Accident - Hospital Confinement Benefit per day. If the Covered Person has a non-ICU Hospital Confinement and an Intensive Care Unit Confinement on the same day, We will only pay the Accident - Hospital Confinement Benefit that applies to Intensive Care Unit Confinement.
- If a Covered Person exhausts the Accident – Hospital Confinement Benefit that applies to Confinement in an Intensive Care Unit and remains Confined in an Intensive Care Unit, the Covered Person may still be eligible for the Accident – Hospital Confinement Benefit that applies to a non-ICU Hospital Confinement.

INPATIENT REHABILITATION BENEFIT

If a Covered Person is transferred to a Rehabilitation Facility immediately after a period of Confinement for treatment of an Injury for which We paid an Accident – Hospital Confinement Benefit, We will pay the Inpatient Rehabilitation Benefit shown in the Schedule, subject to all of the following:

- We will pay the Inpatient Rehabilitation Benefit for each day of the Covered Person's continuous stay as a resident inpatient in a Rehabilitation Facility, up to a maximum stay of 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
- The Covered Person's inpatient stay in the Rehabilitation Facility must start within 365 days after the Accident.
- After the Covered Person is discharged from the Rehabilitation Facility, We will not pay the Inpatient Rehabilitation Benefit for a subsequent admission to a Rehabilitation Facility for treatment of the same Injury for which We already paid the Inpatient Rehabilitation Benefit.
- We will not pay the Inpatient Rehabilitation Benefit for any day for which We paid an Accident – Hospital Confinement Benefit.

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SICKNESS - HOSPITAL BENEFITS

Payment of the Sickness - Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

PREEXISTING CONDITION LIMITATION

We will not pay any benefits under this SICKNESS – HOSPITAL BENEFITS section for Sickness caused by or resulting from a Covered Person's Preexisting Condition if the Sickness occurs during the first 12 months that the Covered Person is insured under this Certificate.

Preexisting Condition means a Sickness for which, in the 12 months before a Covered Person becomes insured under this Certificate:

- medical advice, treatment or care was sought by the Covered Person, or, was recommended by, prescribed by or received from a Physician; or
- the Covered Person had symptoms, or any medical or physical conditions that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

SICKNESS - HOSPITAL ADMISSION BENEFIT

If a Covered Person is admitted to a Hospital for treatment of a Sickness, We will pay the Sickness - Hospital Admission Benefit shown in the Schedule that applies to the type of the Hospital admission, subject to the all of following:

- This benefit does not apply to Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit.
- We will only pay one Sickness – Hospital Admission Benefit per Covered Person, per Sickness. If the Covered Person moves from or to an Intensive Care Unit after initial admission to a Hospital, We will not pay an additional Sickness - Hospital Admission Benefit.
- We will pay the Sickness – Hospital Admission Benefit no more than 1 time per Covered Person, per calendar year.

SICKNESS - HOSPITAL CONFINEMENT BENEFIT

If a Covered Person is Confined in a Hospital for treatment of a Sickness, We will pay the Sickness - Hospital Confinement Benefit shown in the Schedule that applies to the type of Hospital Confinement for each day the Covered Person is Confined in the Hospital for treatment of a Sickness, subject to all of the following:

- For a non-ICU Hospital Confinement, the Sickness - Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Sickness.
- For an Intensive Care Unit Confinement, the Sickness - Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Sickness.
- We will pay the Sickness – Hospital Confinement Benefit for only one Hospital Confinement at a time, even if the Confinement is caused by more than one Sickness.
- We will only pay one Sickness - Hospital Confinement Benefit per day. If the Covered Person has a non-ICU Hospital Confinement and an Intensive Care Unit Confinement on the same day, We will only pay the Sickness - Hospital Confinement Benefit that applies to Intensive Care Unit Confinement.
- If a Covered Person exhausts the Sickness – Hospital Confinement Benefit that applies to Confinement in an Intensive Care Unit and remains Confined in an Intensive Care Unit, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit that applies to a non-ICU Hospital Confinement.

ADDITIONAL LIMITATION IF THE COVERED PERSON IS CONFINED FOR BOTH INJURY AND SICKNESS

If a Covered Person is Confined for both an Injury and Sickness at the same time, We will only pay benefits for the admission and Confinement under the Accident – Hospital Benefits section, and not this section. In this case, if the Covered Person exhausts the benefits under the Accident – Hospital Benefits section for Hospital Confinement and remains Confined for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit under this section.

SICKNESS - EXCLUSIONS

We will not pay benefits under this Sickness – Hospital Benefits section of the Certificate for any Covered Person's Sickness that is caused by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits under this Sickness – Hospital Benefits section of this Certificate for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any Hospital admission or Confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.

OTHER BENEFITS

Payment of the Other Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while insured under this Certificate, We will pay the Health Screening Benefit shown in the Schedule, subject to both of the following:

- We will only pay the Health Screening Benefit one time per Covered Person, per calendar year.
- We will not pay a Health Screening Benefit for a screening/prevention measure if benefits are paid or payable for that same screening/prevention measure under another section of this Certificate.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;
- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;
- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.

BENEFIT REDUCTION DUE TO AGE

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person's Attained Age.

Attained Age means the Covered Person's age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of Confinement, for all benefits that become payable under the Sickness – Hospital Benefits section.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person's Attained Age is 67.
70 or older	Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person's Attained Age is 72.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

ACCIDENT – EXCLUSIONS

The exclusions set forth in this section apply to the benefits described in the following sections of this Certificate:
- ACCIDENT – HOSPITAL BENEFITS

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:
- any drug, medication or sedative that is taken or used as prescribed by a Physician; or
- an "over the counter" drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a Covered Person caused by:
- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a Physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

ACCIDENT – EXCLUSIONS (continued)

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - Hospital admission or Confinement; or
  - inpatient stay in a Rehabilitation Facility.

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WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance will end on the earliest of:

- the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the date the person ceases to be a Dependent;
- the date the Dependent is no longer eligible as described in the Eligible Classes for Dependent Insurance provision; or
- the end of the period for which the last full premium has been paid for the Dependent.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

In certain cases insurance may be continued as stated in the Continuation of Insurance With Premium Payment section of this Certificate. Please see that section for details.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Dependent Child attains the age limit and at reasonable intervals after such date.

Except as stated in the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance. For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required Contribution; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the Group Policyholder.

Request Period

To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

Premiums for Continued Insurance

The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

End of Continued Insurance

Continued Insurance will end on the earliest of the following dates:

- the date You die;
- If You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made;
- if the Group Policy ends, the date You become eligible for insurance under another policy providing similar coverage issued to or provided through the Group Policyholder;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason;
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent; or
- with respect to Dependent Insurance, the date the Dependent is no longer eligible as described in the Eligibility for Dependent Insurance section of this Certificate.

If Your insurance ends, Your Dependent Insurance will also end in accordance with the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate.

CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant (for a death claim) with a claim form. If We do not provide the claim form within 15 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF LOSS

Proof must be provided to Us not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date of the loss.

PAYMENT OF BENEFITS

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy. If We pay benefits more than 30 days after the date We receive the claim form and Proof, We will pay interest at the rate required by Illinois law accruing from the thirtieth day after Our receipt of such Proof to the date that We pay the claim, provided that if such interest amounts to less than one dollar it will not be paid.

All benefits to be paid under this Certificate will be paid to You.

If You are living when benefits are to be paid to You, but You are not legally competent to claim or receive the benefits, or if You are not alive when benefits are to be paid, We may pay up to $1,000 to anyone related to You by blood or marriage who We believe is entitled to payment of the benefits. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative if You are alive, or to Your estate if You are not alive.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

At Our expense, as often as is reasonably necessary, We may require a Covered Person to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

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GENERAL PROVISIONS

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- Your enrollment form;
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in an enrollment form that is in Writing;
- You have Signed the enrollment form; and
- a copy of the enrollment form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, We will not use such statements to contest a benefit increase after the benefit increase has been in force for 2 years, unless such statement is fraudulent.

MISSTATEMENTS

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or Contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable except as required by law.

CONFORMITY WITH LAW

If the terms and provisions of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed.

HOSPITAL INDEMNITY PLAN 2

2025-456

MetLife

METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder:	City of Springfield
Group Policy Number:	0212942
MetLife Contact Information:	1-800-GET-MET8

We have issued this Certificate to You in consideration of the payment of the Contribution and the statements made in Your enrollment form.

Important Notice: The insurance evidenced by this Certificate provides limited benefits. Subject to its terms, conditions and limitations, this Certificate provides benefits for treatment of an accidental Injury or Sickness in a Hospital. The benefit amounts are shown in the Schedule and are not based on any medical expenses that are incurred. You should have medical coverage in force when You enroll for this insurance.

THIS CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from MetLife.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE NOTICE CAREFULLY.

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to Metropolitan Life Insurance Company, You may write to:
Metropolitan Life Insurance Company – Group Accident Product
501 Route 22
Bridgewater, New Jersey 08807

The address of the Illinois Department of Insurance is:
Illinois Department of Insurance
Public Services Division

Springfield, Illinois 72767

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COVERED PERSON SPECIFICATIONS

Certificate Effective Date:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Group Policyholder:	City of Springfield
Group Policy Number:	0212942
MetLife Contact Information:	1-800-GET-MET8
Your Name:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Your Certificate Number:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Coverage for Your Dependents	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife If You elect coverage for Your Dependent Children, once Dependent Insurance is in effect for at least one Dependent Child, any additional child who becomes Your Dependent Child will be insured from the date the child becomes Your Dependent Child. You do not need to enroll such additional Dependent Children in order for them to become insured for Dependent Insurance.

This Covered Person Specifications page is part of Your Certificate. Please keep it with Your Certificate.

SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate. PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.

The benefit amounts listed on this Schedule are subject to reduction in accordance with the Benefit Reduction Due to Age section of this Certificate.

The listing of benefits for Your Spouse or Domestic Partner and Your Dependent Child only apply if Coverage is in effect for those Dependents under this Certificate. Please refer to the Eligibility Provisions: Dependent Insurance section of this Certificate for details.

ACCIDENT - HOSPITAL BENEFITS	**Benefit**
Accident - Hospital Admission Benefit	
Non-ICU Hospital Admission	$500
Intensive Care Unit Admission	$1,000
Accident - Hospital Confinement Benefit	
Non-ICU Hospital Confinement	$100
Intensive Care Unit Confinement	$200
Inpatient Rehabilitation Benefit	$100

SICKNESS - HOSPITAL BENEFITS	**Benefit**
Sickness - Hospital Admission Benefit	
Non-ICU Hospital Admission	$500
Intensive Care Unit Admission	$1,000
Sickness - Hospital Confinement Benefit	
Non-ICU Hospital Benefit	$100
Intensive Care Unit Benefit	$200
OTHER BENEFITS	
Health Screening Benefit	$60

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DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Accident means an act or event which:
- is unforeseen;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:
- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Certificate means this Certificate including any riders attached to it.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.

Dependent means Your Spouse, Domestic Partner and/or Dependent Child.

Dependent Child means the following:

Your biological, adopted, or stepchild who is under age 26.

The term does not include an unborn or stillborn child. No person can be insured under the Group Policy as both an employee and a Dependent Child.

A person cannot be insured as a Dependent Child of more than one employee under the Group Policy. A child who is in Your custody pursuant to an interim court order of adoption or placement of adoption is an adopted child.

DEFINITIONS (continued)

Dependent Insurance means insurance under this Certificate for Your Dependents.

Domestic Partner means each of two people, one of whom is an employee of the Group Policyholder, who:

1. have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
   - 18 years of age or older;
   - unmarried;
   - the sole domestic partner of the other;
   - sharing a Primary Residence with the other; and
   - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

   A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the employee.

No person can be insured under the Group Policy as both an employee and a Domestic Partner.

Emergency Room means an area within a Hospital that is dedicated to the provision of emergency care. This area must:
- be staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

Full-Time means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means City of Springfield.

Hospital means a short-term, acute care, general facility which:
- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine;
- has facilities for major Surgery either on its premises or through contractual arrangement with another Hospital;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section titled Accident - Exclusions.

DEFINITIONS (continued)

Intensive Care Unit or **ICU** means a place which:

- is a specifically dedicated area of a Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive monitoring and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a Physician assigned to the intensive care unit on a full-time basis.

The term Intensive Care Unit includes Hospital units with the following names: Intensive Care Unit; Coronary Care Unit; Neonatal Intensive Care Unit; Pulmonary Care Unit; Burn Unit; or Transplant Unit.

Medical Restriction means a person is:

- restricted to the person's home under a Physician's care;
- receiving or applying to receive disability benefits from any source;
- an inpatient in a Hospital;
- receiving care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receiving chemotherapy, radiation therapy or dialysis.

Physician means:

- a person licensed to practice medicine and prescribe and administer drugs or to perform Surgery in the jurisdiction where such services are performed; or
- a medical practitioner who is licensed to provide a service for which a benefit is payable under this Certificate, according to the laws and regulations of the jurisdiction where such service is performed, and who is acting within the scope of such license.

The term Physician does not include:

- You;
- Your Spouse, Your Domestic Partner or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or stepchild;
- anyone with whom You share a business interest; or
- Your employee.

DEFINITIONS (continued)

Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Rehabilitation Facility means a facility that:

- provides rehabilitation care services on an inpatient basis; and
- maintains all required licenses and certifications.

Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by an injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of Physicians.

The term Rehabilitation Facility does not include:

- a nursing home;
- an extended care facility, unless the Covered Person is receiving rehabilitation care services at the extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Schedule means the Schedule of Insurance that appears in this Certificate, and the Covered Person Specifications page.

Sickness means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Spouse means Your lawful spouse. No person can be insured under the Group Policy as both an employee and a Spouse.

Surgery means a procedure performed by a Physician involving an incision of the Covered Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.

DEFINITIONS (continued)

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means an employee who is insured under the Group Policy for the insurance described in this Certificate.

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ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

CLASS 1

All Active Full-Time Employees.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

If You enter an eligible class after the date insurance becomes available to members of that class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. You must also provide Written permission to deduct Contributions from Your pay for such insurance, if You are required to make such Contributions.

DATE YOUR INSURANCE TAKES EFFECT

Provided that You are Actively at Work in an eligible class, insurance under this Certificate will take effect for You on the Certificate effective date.

If You are not Actively at Work in an eligible class on the date insurance would otherwise take effect under the above paragraph, insurance will take effect on the date You return to Active Work in an eligible class.

BENEFIT INCREASES

If You are insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that You are Actively at Work in an eligible class, the benefit increase will take effect on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If You are not Actively at Work in an eligible class on the date the benefit increase would otherwise take effect under the above paragraph, Your benefit increase will take effect on the date You return to Active Work in a class that is eligible for the benefit increase.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

ELIGIBLE CLASSES FOR DEPENDENT INSURANCE

All Class 1 employees of the Group Policyholder as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

A Dependent will not be eligible while the Dependent:
- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside of the United States, Canada or Mexico for more than 12 consecutive months.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of employees who are eligible for Dependent Insurance on the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:
- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of employees who are eligible for Dependent Insurance after the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:
- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

Except as provided in the Newborn and Adopted Children provision, if You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with the information We require for each Dependent to be insured. You must also provide Written permission to deduct Contributions from Your pay for Dependent Insurance, if You are required to make such Contributions.

DATE DEPENDENT INSURANCE TAKES EFFECT

Except as provided in the Newborn and Adopted Children provision, Dependent Insurance for a Dependent who is not under a Medical Restriction will take effect on the later of:
- the date You are eligible for Dependent Insurance; and
- the date You complete the form required to enroll that Dependent.

Except as provided in the Newborn and Adopted Children provision, if the Dependent is under a Medical Restriction on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer under a Medical Restriction.

NEWBORN AND ADOPTED CHILDREN

A Dependent Child born to You while insurance is in effect under this Certificate will be covered for 31 days from the moment of such Dependent Child's birth. To continue coverage beyond the first 31 days You must notify Us of the child's birth and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the newborn child.

ADOPTED CHILDREN

Your adopted child will be covered for 31 days from the earlier of: the date the child is placed in Your custody pursuant to an interim court order; or the placement of adoption. In order to continue coverage beyond the first 31 days, You must provide Us with notice of the adopted child and give us permission to deduct Contributions from Your pay for Dependent Insurance for the adopted child. Coverage will end if the child's placement is disrupted prior to legal adoption.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE (continued)

BENEFIT INCREASES

If a Dependent is insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that the Dependent is not under a Medical Restriction on that date, the benefit increase will take effect for that Dependent on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If the Dependent is under a Medical Restriction on that date, the benefit increase will take effect on the date the Dependent is no longer under a Medical Restriction.

ACCIDENT - HOSPITAL BENEFITS

Payment of the Accident - Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

ACCIDENT – HOSPITAL ADMISSION BENEFIT

If a Covered Person is admitted to a Hospital for treatment of an Injury, We will pay the Accident - Hospital Admission Benefit shown in the Schedule that applies to the type of Hospital admission, subject to all of the following:

- In order for the Accident - Hospital Admission Benefit to be payable for a non-ICU Hospital admission, admission must occur within 180 days after the Accident occurs.
- In order for the Accident - Hospital Admission Benefit to be payable for an Intensive Care Unit admission, admission to the Intensive Care Unit must occur within 180 days after the Accident occurs.
- This benefit does not apply to Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation area.
- We will only pay one Accident - Hospital Admission Benefit per Covered Person, per Accident. If the Covered Person moves from or to an Intensive Care Unit after initial admission to a Hospital, We will not pay an additional Accident - Hospital Admission Benefit.

ACCIDENT - HOSPITAL CONFINEMENT BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the Accident - Hospital Confinement Benefit shown in the Schedule that applies to the type of Hospital Confinement for each day the Covered Person is Confined in the Hospital, subject to all of the following:

- In order for the Accident - Hospital Confinement Benefit to be payable for a non-ICU Hospital Confinement, the initial Confinement must begin within 180 days after the Accident occurs.
- In order for the Accident - Hospital Confinement Benefit to be payable for an Intensive Care Unit Confinement, the initial Confinement must begin within 180 days after the Accident occurs.
- For a non-ICU Hospital Confinement, the Accident - Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- For an Intensive Care Unit Confinement, the Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- We will pay the Accident – Hospital Confinement Benefit for only one Hospital Confinement at a time, even if the Confinement is caused by more than one Accident.
- We will only pay one Accident - Hospital Confinement Benefit per day. If the Covered Person has a non-ICU Hospital Confinement and an Intensive Care Unit Confinement on the same day, We will only pay the Accident - Hospital Confinement Benefit that applies to Intensive Care Unit Confinement.
- If a Covered Person exhausts the Accident – Hospital Confinement Benefit that applies to Confinement in an Intensive Care Unit and remains Confined in an Intensive Care Unit, the Covered Person may still be eligible for the Accident – Hospital Confinement Benefit that applies to a non-ICU Hospital Confinement.

INPATIENT REHABILITATION BENEFIT

If a Covered Person is transferred to a Rehabilitation Facility immediately after a period of Confinement for treatment of an Injury for which We paid an Accident – Hospital Confinement Benefit, We will pay the Inpatient Rehabilitation Benefit shown in the Schedule, subject to all of the following:

- We will pay the Inpatient Rehabilitation Benefit for each day of the Covered Person's continuous stay as a resident inpatient in a Rehabilitation Facility, up to a maximum stay of 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
- The Covered Person's inpatient stay in the Rehabilitation Facility must start within 365 days after the Accident.
- After the Covered Person is discharged from the Rehabilitation Facility, We will not pay the Inpatient Rehabilitation Benefit for a subsequent admission to a Rehabilitation Facility for treatment of the same Injury for which We already paid the Inpatient Rehabilitation Benefit.
- We will not pay the Inpatient Rehabilitation Benefit for any day for which We paid an Accident – Hospital Confinement Benefit.

SICKNESS - HOSPITAL BENEFITS

Payment of the Sickness - Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

PREEXISTING CONDITION LIMITATION

We will not pay any benefits under this SICKNESS – HOSPITAL BENEFITS section for Sickness caused by or resulting from a Covered Person's Preexisting Condition if the Sickness occurs during the first 12 months that the Covered Person is insured under this Certificate.

Preexisting Condition means a Sickness for which, in the 12 months before a Covered Person becomes insured under this Certificate:

- medical advice, treatment or care was sought by the Covered Person, or, was recommended by, prescribed by or received from a Physician; or
- the Covered Person had symptoms, or any medical or physical conditions that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

SICKNESS - HOSPITAL ADMISSION BENEFIT

If a Covered Person is admitted to a Hospital for treatment of a Sickness, We will pay the Sickness - Hospital Admission Benefit shown in the Schedule that applies to the type of the Hospital admission, subject to the all of following:

- This benefit does not apply to Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit.
- We will only pay one Sickness – Hospital Admission Benefit per Covered Person, per Sickness. If the Covered Person moves from or to an Intensive Care Unit after initial admission to a Hospital, We will not pay an additional Sickness - Hospital Admission Benefit.
- We will pay the Sickness – Hospital Admission Benefit no more than 1 time per Covered Person, per calendar year.

SICKNESS - HOSPITAL CONFINEMENT BENEFIT

If a Covered Person is Confined in a Hospital for treatment of a Sickness, We will pay the Sickness - Hospital Confinement Benefit shown in the Schedule that applies to the type of Hospital Confinement for each day the Covered Person is Confined in the Hospital for treatment of a Sickness, subject to all of the following:

- For a non-ICU Hospital Confinement, the Sickness - Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Sickness.
- For an Intensive Care Unit Confinement, the Sickness - Hospital Confinement Benefit is payable for up to 31 days per Covered Person, per Sickness.
- We will pay the Sickness – Hospital Confinement Benefit for only one Hospital Confinement at a time, even if the Confinement is caused by more than one Sickness.
- We will only pay one Sickness - Hospital Confinement Benefit per day. If the Covered Person has a non-ICU Hospital Confinement and an Intensive Care Unit Confinement on the same day, We will only pay the Sickness - Hospital Confinement Benefit that applies to Intensive Care Unit Confinement.
- If a Covered Person exhausts the Sickness – Hospital Confinement Benefit that applies to Confinement in an Intensive Care Unit and remains Confined in an Intensive Care Unit, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit that applies to a non-ICU Hospital Confinement.

ADDITIONAL LIMITATION IF THE COVERED PERSON IS CONFINED FOR BOTH INJURY AND SICKNESS

If a Covered Person is Confined for both an Injury and Sickness at the same time, We will only pay benefits for the admission and Confinement under the Accident – Hospital Benefits section, and not this section. In this case, if the Covered Person exhausts the benefits under the Accident – Hospital Benefits section for Hospital Confinement and remains Confined for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit under this section.

SICKNESS - EXCLUSIONS

We will not pay benefits under this Sickness – Hospital Benefits section of the Certificate for any Covered Person's Sickness that is caused by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits under this Sickness – Hospital Benefits section of this Certificate for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any Hospital admission or Confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.

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OTHER BENEFITS

Payment of the Other Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while insured under this Certificate, We will pay the Health Screening Benefit shown in the Schedule, subject to both of the following:

- We will only pay the Health Screening Benefit one time per Covered Person, per calendar year.
- We will not pay a Health Screening Benefit for a screening/prevention measure if benefits are paid or payable for that same screening/prevention measure under another section of this Certificate.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;
- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;
- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.

BENEFIT REDUCTION DUE TO AGE

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person's Attained Age.

Attained Age means the Covered Person's age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of Confinement, for all benefits that become payable under the Sickness – Hospital Benefits section.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person's Attained Age is 67.
70 or older	Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person's Attained Age is 72.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

ACCIDENT – EXCLUSIONS

The exclusions set forth in this section apply to the benefits described in the following sections of this Certificate:
- ACCIDENT – HOSPITAL BENEFITS

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:
- any drug, medication or sedative that is taken or used as prescribed by a Physician; or
- an "over the counter" drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a Covered Person caused by:
- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a Physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

ACCIDENT – EXCLUSIONS (continued)

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - Hospital admission or Confinement; or
  - inpatient stay in a Rehabilitation Facility.

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WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance will end on the earliest of:

- the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the date the person ceases to be a Dependent;
- the date the Dependent is no longer eligible as described in the Eligible Classes for Dependent Insurance provision; or
- the end of the period for which the last full premium has been paid for the Dependent.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

In certain cases insurance may be continued as stated in the Continuation of Insurance With Premium Payment section of this Certificate. Please see that section for details.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Dependent Child attains the age limit and at reasonable intervals after such date.

Except as stated in the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance. For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required Contribution; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the Group Policyholder.

Request Period

To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

Premiums for Continued Insurance

The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

End of Continued Insurance

Continued Insurance will end on the earliest of the following dates:

- the date You die;
- if You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made;
- if the Group Policy ends, the date You become eligible for insurance under another policy providing similar coverage issued to or provided through the Group Policyholder;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason;
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent; or
- with respect to Dependent Insurance, the date the Dependent is no longer eligible as described in the Eligibility for Dependent Insurance section of this Certificate.

If Your insurance ends, Your Dependent Insurance will also end in accordance with the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate.

CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant (for a death claim) with a claim form. If We do not provide the claim form within 15 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF LOSS

Proof must be provided to Us not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date of the loss.

PAYMENT OF BENEFITS

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy. If We pay benefits more than 30 days after the date We receive the claim form and Proof, We will pay interest at the rate required by Illinois law accruing from the thirtieth day after Our receipt of such Proof to the date that We pay the claim, provided that if such interest amounts to less than one dollar it will not be paid.

All benefits to be paid under this Certificate will be paid to You.

If You are living when benefits are to be paid to You, but You are not legally competent to claim or receive the benefits, or if You are not alive when benefits are to be paid, We may pay up to $1,000 to anyone related to You by blood or marriage who We believe is entitled to payment of the benefits. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative if You are alive, or to Your estate if You are not alive.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

At Our expense, as often as is reasonably necessary, We may require a Covered Person to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

GENERAL PROVISIONS

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- Your enrollment form;
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in an enrollment form that is in Writing;
- You have Signed the enrollment form; and
- a copy of the enrollment form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, We will not use such statements to contest a benefit increase after the benefit increase has been in force for 2 years, unless such statement is fraudulent.

MISSTATEMENTS

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or Contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable except as required by law.

CONFORMITY WITH LAW

If the terms and provisions of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed.



City of Springfield

Vision

Proposal produced on August 11, 2025
Quote valid through the effective date of the coverage quoted

2025-456

MetLife

City of Springfield
Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
New Vision Option 7788031				
Vision ***(Per Employee Per Month)***	1,323			$150,657
▪ Employee Only	548		$5.39	
▪ Employee + 1 Dependent	365		$9.41	
▪ Employee + Family	410		$15.04	
Rates are guaranteed from March 1, 2026 - February 28, 2030				

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MetLife

Summary of Benefits
VISION - New Vision Option

Superior		
Network	Superior Vision National Network	
Class Description	All Active Full Time Employees (30 Hours)	
Reimbursement	**In-Network Coverage (Using a Network Provider)**	**Out-of-Network Reimbursement (Using a Non-Network Provider)**
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	$10 copay	$45 allowance after $0 copay
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to $39 copay	Applied to the exam allowance
Materials / Eyewear Glasses		
Standard Corrective Lenses		
• **Single vision**	$15 copay	$30 allowance*
• **Lined bifocal**	$15 copay	$50 allowance*
• **Lined trifocal**	$15 copay	$65 allowance*
• **Lenticular**	$15 copay	$100 allowance* *after $0 copay

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Standard Lens Enhancement		
• **Ultraviolet coating**	$12	Applied to the allowance for the applicable corrective lens
• **Standard Polycarbonate (child up to age 18)**	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements[1] (In addition to Materials Copay) These Lens options are available with a "not to exceed" pricing/maximum member out of pocket amount.		
• **Progressive Standard**	$55	$50 allowance
• **Progressive Premium**	$85	$50 allowance
• **Progressive Ultra**	$95	$50 allowance
• **Progressive Ultimate**	$110	$50 allowance
• **Standard Polycarbonate (adult)**	$40	Applied to the allowance for the applicable corrective lens
• **Scratch-resistant coating (variable by type)**	Covered in Full	Applied to the allowance for the applicable corrective lens
• **Tints (plastic lenses – Solid)**	$15	Applied to the allowance for the applicable corrective lens
• **Tints (plastic lenses – Gradient)**	$18	Applied to the allowance for the applicable corrective lens
• **Anti-reflective coating (variable by type)**	$45 - $120	Applied to the allowance for the applicable corrective lens
• **Photochromic (variable by type)**	Covered in Full	Applied to the allowance for the applicable corrective lens
• **Blue Light Filtering**	$15	Applied to the allowance for the applicable corrective lens
• **Digital Single Vision**	$30	Applied to the allowance for the applicable corrective lens
• **Polarized**	$75	Applied to the allowance for the applicable corrective lens
• **High Index (1.67/1.74)**	$80 / $120	Applied to the allowance for the applicable corrective lens
Frame Allowance (You will receive an additional **20%** off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)	$120 allowance Additional $25 frame allowance at select providers. Visit www.metlife.com/mybenefits to locate participating providers.	$55 allowance
Contact Lenses		
• **Elective**	$105 allowance	$105 allowance
• **Necessary**	Covered in full	$210 allowance

• **Contact Fitting and Evaluation**	Standard: Covered in Full after $25 copay Specialty: $50 allowance after $25 copay	Applied to the contact lens allowance
Value Added Features		
LASER VISION CORRECTION	Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.	
ADDITIONAL SAVINGS ON GLASSES AND SUNGLASSES	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.[2]	
ADDITIONAL SAVINGS ON LENS ENHANCEMENTS	Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program. [2]	
ADDITIONAL SAVINGS ON FRAMES	20% off any amount over your frames allowance. [2]	
SAVINGS ON ADDITIONAL EXAMS	30% savings on additional exams.[2]	
ADDITIONAL SAVINGS ON CONTACTS	10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance.[2] 10% - 20% discount on additional contacts.[2]	
HEARING AIDS	Savings of up to 40% off national average selling prices for brand name hearing aids. A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.	

[1]Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

[2]These features may not be available in all states and with all In-Network Vision Providers. Please check withYour In-Network Vision Provider.

Vision	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
▪ Employee Only	$5.39	548	$12,555	$150,657
▪ Employee + 1 Dependent	$9.41	365		
▪ Employee + Family	$15.04	410		
▪ Total		1,323		
Rates are guaranteed from March 1, 2026 - February 28, 2030 (48)				

Frequency / Exclusions

Class Description: All Active Full Time Employees	
	Frequencies
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 24 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
▪ Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
▪ Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits.
▪ Plano lenses (lenses with refractive correction of less than ± .50 diopter)
▪ Two pairs of glasses instead of bifocals.
▪ Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available.
▪ Orthoptics or vision training and any associated supplemental testing.
▪ Medical or surgical treatment of the eyes.
▪ Prescription and non-prescription medications.
▪ Contact lens insurance policies or service agreements.
▪ Refitting of contact lenses after the initial (90-day) fitting period.
▪ Contact lens modification, polishing or cleaning.
▪ Local, state and/or federal taxes, except where MetLife is required by law to pay.
▪ Any eye examination or any corrective eyewear required as a condition of employment.
▪ Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person.
▪ Missed appointments.
▪ Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
▪ Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
▪ Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
▪ Services and materials obtained while outside the United States, except for emergency vision care.
▪ Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

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Highlights
Broker Commissions included in the rate: None
GA Commissions included in the rate: 5%
Expected Participation: 60%
Employee Contributions: 100%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is ILLINOIS
SIC Code: 9199
Dependent Child Definition: A Child is covered up to age 26; A student is covered up to age 26.
This quote assumes the plan is not a Section 125 plan.
An Open Enrollment period occurring annually is included
This quote is based upon the enclosed benefit schedule and plan provision. This may not be a duplication of current benefits. This quote assumes the current contribution structure and demographics remain the same. Any plan changes, contributions adjustments and/or demographics changes of +/- 10%, MetLife reserves the right to reevaluate the rates. The Out-of-Network Reimbursements are MetLife standard, and are not a duplicate of the current plan. The current contact lenses fitting and evaluation cannot be duplicated. MetLife standard is included in the quoted rates.

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Underwriting Assumptions
Digital Estate Planning: Available to anyone regardless of affiliation with MetLife at no additional cost. This service allows individuals to create key estate planning documents by answering a few simple questions in as little as 15 minutes. The estate planning documents available include wills, living wills and power of attorney. Individuals enrolled for Supplemental Life also have access to online notary, where applicable. Digital Estate Planning with online notary is not available for customers situsedin Florida, GU, PR and VI. Domestic partnerships are not currently supported; however, if individuals in a domestic partnership have supplemental term life, they may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not included with basic or dependent term life insurance and is not available to individuals residing in GU, PR or VI. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product, except those residing in GU, PR and VI.
PlanSmart*- PlanSmart offers a no cost, multi-channel financial wellness solution to help meet employees where they are. Our financial education programs are designed not only to educate but motivate employees to take action to get to a better financial state. We provide your employees with access to a range of financial and retirement education resources through virtual and on-site (Where available) workshops, with optional personal consultations, an app and decision-support assistance. *Retirewise* - Retirewise is an award-winning workshop series that delivers objective financial and retirement information covering a broad spectrum of topics from basic investment concepts to tax strategies and the importance of having a will. Each workshop is delivered by a specially trained financial professional, that understands the company's specific benefits offering. Topical Workshops - we offer over 20+ workshops that cover a range of financial topics identified to generate high interest, regardless of identity, career stage or age and can support a company's DE&I initiatives. Personal Consultations - For employees who prefer more assistance, they can meet one-on-one with a financial professional who can help them address their specific financial situation; from a specific question to creating a financial plan. Personal Finance app - Recognizing the importance of a digital solution in our financial wellness offerings, we also have MetLife's Personal Finance app, that helps employees build positive financial habits, make real progress, gain confidence in their financial health, and feel good about their money. It's designed to help a workforce be at its best: less financially stressed and more engaged. *Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.
If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.
If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.
The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.
Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

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NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

SIC Code: 9199

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MetLife

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, MetLife Consumer Services, Inc. and Metropolitan General Insurance Company (collectively herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products *("Products")* with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products *(each an "Intermediary")*. MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business *(number of products sold or dollar value of premium)* with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 9% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 9% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife *(e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements)*.

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

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When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L0824042390[exp1025][All States][DC,GU,MP,PR,VI]

Metropolitan Life Insurance Company, New York, NY 10166
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L0624041368[exp0826][All States][DC,GU,MP,PR,VI]

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Vision Performance Guarantees

Following are general descriptions of the performance guarantees that MetLife is willing to make available if the business is awarded to MetLife. Please note that in order for these performance guarantees to be effective, each guarantee: (i) will contain specific contractual provisions determined by MetLife that further define the terms of each guarantee; and (ii) needs to be contained in a written agreement executed by MetLife and the customer.

Performance guarantees are based on an annual average, while data is tracked monthly. *All performance guarantees are measured and reported based on MetLife's book of business (not on the activity of a specific customer).

Category	Measurement	Standard (Metric)	Amount at Risk
Claims Financial Accuracy	A random sampling of claims is audited for financial accuracy. Any error found that results in a financial impact are recorded as a financial error. At the end of the month, financial errors are totaled and taken as a percentage of the total dollar paid for all claims audited during the given month.	99.5%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
Claims Processing Accuracy	Claims processing accuracy is calculated on a monthly basis based upon daily audit results. The term "processing error" encompasses all errors found in the audit regardless of whether the error caused a financial impact. At month's end, all processing errors for the month are totaled and taken as a percentage of the total number of claims audited for the month.	99%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
MetLife Preferred Provider Network Claims Processed within Five Business Days	Claims timeliness, or turnaround time, is measured on a monthly basis. Timeliness is measured by calculating the number of working days elapsing between the received date and the pricing date. When additional information is needed to process a claim, the timeliness date is calculated from the date the information needed to process the claim was received to the pricing date.	95%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.

MetLife

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Category	Measurement	Standard (Metric)	Amount at Risk
All Other Provider Claims Processed	Claims timeliness, or turnaround time, is measured on a monthly basis. Timeliness is measured by calculating the number of working days elapsing between the received date and the pricing date. When additional information is needed to process a claim, the timeliness date is calculated from the date the information needed to process the claim was received to the pricing date.	95% within 5 business days AND 99% within 15 business days.	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
Abandoned Call Rate	The Call Center telephone abandon rate is calculated monthly by taking the total number of abandoned calls before and after sixty (60) seconds, divided by the total number of calls accepted by the Call Center, which includes calls answered via the Interactive Voice Response and Automated Call Distribution systems. Calls abandoned in the first fifteen (15) seconds of the call are considered misdialed or mistaken calls and are excluded from the calculation.	Less than or equal to 2%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
Average Speed of Answer	Response time will be measured from the time the caller completes the prompts of the automated telephone system to the time the caller reaches a customer representative.	90% in 30 seconds	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
Call Resolution (Same Day Response)	The percentage of telephone inquiries handled within the same day is obtained by taking the number of research inquiries entered into our system and dividing by the number of calls answered in the Call Center, and subtracting the result from 1.00.	98%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.

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Category	Measurement	Standard (Metric)	Amount at Risk
Complaint Acknowledgement within Five Business Days	"Telephone complaints" not resolved by the end of the following business day must be acknowledged in writing within 5 business days. "Written complaints" not resolved within 5 business days will be acknowledged in writing on the 5th business day from receipt. Complaint acknowledgement compliancy is calculated monthly. The method for calculating the percentage is: total number of complaints meeting the 5 business day goal divided by total number of complaints.	96%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
Complaint Resolution within 30 Calendar Days	When a complaint is received, in writing or via phone, the person receiving it documents it in our online Research Inquiry system. The Complaint and Grievance unit monitors this workflow to assure all complaints have been resolved by the 30th calendar day.	99%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
Average Response to Email Inquiries within Two Business Days	The average time required to send the first manual reply to an email, in the specified time period. A "business day" is defined as Monday through Friday, and excludes Saturdays, Sundays and national holidays.	80% in 1 day AND 100% in 2 days	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
Overall Satisfaction with MetLife	Based on results of the patient satisfaction survey.	96%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.
MetLife Preferred Provider Retention Rate	Based on voluntary turnover.	98%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.

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Category	Measurement	Standard (Metric)	Amount at Risk
Web Portal Availability	Based on down time not associated with planned maintenance.	99%	The penalty if this guarantee is not met is 0.20% of the premium paid during the guarantee period.

Implementation Performance Guarantees

Following are general descriptions of the performance guarantees that MetLife is willing to make available if the business is awarded to MetLife. Please note that in order for these performance guarantees to be effective, each guarantee: (i) will contain specific contractual provisions determined by MetLife that further define the terms of each guarantee; and (ii) needs to be contained in a written agreement executed by MetLife and the customer.

Category	Measurement	Standard Metric	Amount at Risk
Implementation Meeting	MetLife will attempt to schedule and conduct a meeting with the Policyholder/Customer to establish timeframes and expectations for the implementation process.	The meeting must be scheduled within 15 business days, not including holidays, from the date the Policyholder/Customer has agreed to contract with MetLife.	The penalty if this guarantee is not met is 0.50% of the Vision premium paid during the first policy/contract period.
Implementation Survey	MetLife agrees to conduct a post implementation survey through the use of a third party vendor to determine the Policyholder's satisfaction with the implementation process following the completion of all tasks and procedures necessary to complete this process.	MetLife will achieve an overall score of "Somewhat Satisfied" to "Very Satisfied". (This will be conducted approximately 45 business days following the closing of the implementation process)	The penalty if this guarantee is not met is 0.50% of the Vision premium during the first policy/contract period.

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Account Management Performance Guarantees
(Account management guarantees apply after Year 1 of the policy period.)

Following are general descriptions of the performance guarantees that MetLife is willing to make available if the business is awarded to MetLife. Please note that in order for these performance guarantees to be effective, each guarantee: (i) will contain specific contractual provisions determined by MetLife that further define the terms of each guarantee; and (ii) needs to be contained in a written agreement executed by MetLife and the customer.

Category	Measurement	Standard Metric	Amount at Risk
Account Management Survey	For each Policy Period after the First Policy Period, MetLife will conduct an annual account management survey with the Customer to gauge satisfaction levels.	A response in the range of Dissatisfied (rating of 1 to 3) with the overall satisfaction with MetLife and/or the overall satisfaction with the account manager will activate the penalty. If the Policyholder/Customer does not complete the account management survey, MetLife will not be subject to the penalty of this guarantee.	The penalty if this guarantee is not met is 1% of the Vision premium paid during the guarantee period.

Maximum Aggregate Penalty (For the first Policy Period and for each Policy Period following the first Policy Period): The maximum penalty payable in the aggregate by MetLife to the customer as a consequence of failing to meet any or all of the foregoing Performance Guarantees is an amount not to exceed 2% of the Vision premium paid during the guarantee period.

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MetLife | Dental Insurance

XYZ COMPANY LOGO

Supplement your healthcare coverage with Dental Insurance.

Help safeguard your family's health and your wallet.



Why is having a good dental plan so important?

Because a healthier smile can be important to maintaining overall health.

Maintaining good oral health matters. Staying on top of your care is the key to preventing costly problems that can add up. Plus, going to the dentist regularly can help prevent problems that have been linked to diabetes or heart disease.[1]

Regular visits to the dentist are key to having a healthy smile.[1]

Two valuable plan options to choose from:

Dental PPO

- Provides benefits for a broad range of covered services/procedures.
- Flexibility to choose any licensed dentist, in- or out-of-the-network.
- Save an average of 35–50% on dentist list prices.[2]
- No paperwork, in- or out-of-network, if your dentist submits your claims for you.

Dental HMO/Managed Care

- Broad network of carefully screened general dentists and specialists who provide quality dental care at a reduced cost.
- At time of enrollment, pre-select a dentist who participates in the network.
- No waiting periods, claim forms, deductibles or annual maximums.

Why should I enroll now?

Help protect your smile and your wallet. You and your family can get the dental care you need in the coming year and save money too.[3]

Having dental coverage makes it easier to visit the dentist and helps lower your costs.[3] You get support to keep up with dental cleanings and other preventive care that helps you avoid problems and live healthier. Now that's something to smile about.

2025-456

ADF# D3084.23

Comparing your choice of plans:

The information below compares the two plan options to help you make a more informed decision. Please refer to the enrollment materials for complete details.

Features	Preferred Dentist Program PPO	Dental HMO/Managed Care Plan
Eligibility	Available to individuals and their family members nationwide.	Available to residents of CA, FL, NJ, NY and TX.
Choice of Dentists	You have the flexibility to choose any licensed dentist, in or out of the network. Your cost may be higher when you visit an out-of-network dentist.	You pre-select a dentist, at time of enrollment, who participates in the network. Each family member may select a different participating dentist.
Specialty Care	No referral needed for specialty care.	Your selected dentist will determine if you need the services of a specialty care provider.[4]
Network Discounts	All participating dentists have agreed to accept negotiated fees as payment in full for covered services. These fees typically range from 35%–50% less than the average charges in the same community.[3]	You have access to hundreds of dental services at costs that may be considerably lower than your cost would be without this plan.[3]

For added convenience, MetLife's Mobile App[5] is now available on the App Store and Google Play.

With the mobile app, you can:

- Find a dentist and view their ratings where available
- Access your plan summary, with quick links to Important information on deductibles, plan maximums, and covered services
- Access the Dental Cost Estimator
- View your claims
- View, download, and save your ID card
- Online appointment booking

Now that you know the benefits of having dental coverage, learn more and enroll today!

Enroll at www.enrollmentsite.com
or contact your HR representative to **learn more.**

Questions? Call MetLife Customer Service.
1-800-GET-MET8 (1-800-438-6388)

1. American Dental Association; Dentists: Doctors of Oral Health; American Dental Association; Chicago, IL. http://www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health.
2. Negotiated fees refer to the fees that in network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.
3. Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including costs of the program, how often members visit a dentist and the cost of services rendered.
4. In California, orthodontic and pedodontic specialty services requires pre-approval. Your selected participating dentist will contact SafeGuard (a MetLife company) for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.
5. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans. Before using the MetLife Mobile App, you must register at metlife.com/mybenefits from a computer or directly through the app.

See table above for state availability. Dental Managed Care plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation, in CA; SafeGuard Health Plans, Inc., a Florida corporation, in FL; SafeGuard Health Plans, Inc., a Texas corporation, in TX; and MetLife Health Plans, Inc., a Delaware corporation, and Metropolitan Life Insurance Company, a New York corporation, in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. "DHMO" is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166

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MetLife

Life Insurance

Having enough coverage can be essential to a family's financial well-being.

No matter the size of your workforce or their unique needs, we'll collaborate with you to help provide financial security for your employees. And we're always working to enhance our offerings so that your employees continue to feel confident and covered.



User-friendly experience

Providing meaningful support to the employee and their beneficiaries

- Automated evidence of insurability process with online submission and instant decision response, reducing administrative burden
- On-demand guidance following a loss, including educational resources, tools and personal support as needed
- Digital tools and resources to expedite the claims process—with 96% of claims processed in 5 days in 2023[1]

An unmatched suite of valuable services

Helping to plan for the future and navigate life changes

- A broad range of value-added services to help meet needs over time, including but not limited to:
  - Grief counseling and support services specifically designed to assist employees, their dependents and beneficiaries[2]
  - Planning tools and discounts (based on state availability) with the largest funeral home network in the US[3]
  - Access to a competitive interest-bearing account to help beneficiaries keep and grow their life insurance funds[4]
- Enrollment communications, resources and tools available to help employees make more informed and confident choices

Comprehensive product portfolio

So you can offer employees the coverage that best fits their needs

- A variety of life insurance coverages (including group term life, permanent life, whole life and customized options such as Business Travel Accident[5]) to meet you and your workforce's evolving needs
- Industry-leading portability[6] allows you to offer employees the option to continue their life insurance coverage when they retire or if they become disabled ($2M maximum and coverage continues to age 100)
- Executive carve-out options and retirement solutions that help you offer a more competitive benefits package to attract and retain key employees

Experience you can count on[7]

#1

Group Life carrier based on total premium and in-force coverage[8]

59

Beneficiary claimant tNPS[9]

95%

Beneficiary satisfaction[1]

To learn more about the advantages of MetLife Life Insurance, contact your MetLife representative.

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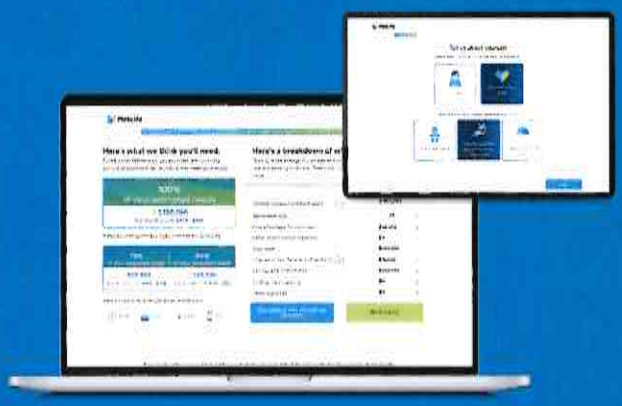
Providing helpful tools and support every step of the way

Life is full of challenges, and life insurance can be crucial to reducing employees' financial stress. With the planning and support from MetLife, your employees can be confident that their families' well-being is taken care of.



of employees say that the safety and protection of themselves and their family is more important now than ever before[10]

Best-in-class resources and guidance



www.metlife.com/lifeneeds

Planning tools for employees

- Digital Estate Planning[3]: Provides the ability to create important estate planning documents in as little as 15 minutes
- Life Insurance Calculator: An educational tool to help make the enrollment process easier
- Will Preparation[11]: Legal resources to assist with creating or updating a will

Beneficiary Microsite



http://www.metlife.com/beneassist

Care beyond the claim for beneficiaries

- Beneficiary Microsite: Assistance with managing tasks when a loved one passes away
- Total Control Account (TCA)[4]: A smart, secure account to grow, manage and access your life insurance funds
- Grief support and counseling at the time of loss through Empathy[12]
- Legacy Trees: A tree planted on behalf of every Group Benefits life insurance policyholder who passes away

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Support for a recent loss, beyond the claim



MetLife has partnered with Empathy to provide your employees and their families with on-demand personalized guidance to help them throughout the weeks and months following a loss.

From settling the estate to dealing with grief, Empathy's tech-enabled assistance and real-time human support help beneficiaries save valuable time while dealing with the challenges that loss brings. Empathy helps ease the burden, so they can focus on the things that matter most.

Case Managers provide on-demand assistance

Guidance for probate and estate settlement processes

Automated tools that take care of tasks for the beneficiary

Emotional support and help for dealing with grief

MetLife beneficiaries in their own words

"I think it's a good program – the whole thing … People usually just go out and try to take care of themselves, maybe have friends of course or family, but it's not the same as having somebody outside of your friends and family leading you through different things."

"You've been able to answer and assist with everything that was in question for me during and after (the loss) … Thank you. I appreciate everything. You've been a lifesaver and wealth of knowledge and support, so thank you."

"I can't thank you enough – this is just so helpful and so wonderful. I can't tell you how much I appreciate Empathy. It's been a godsend."

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empathy.

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Metropolitan Tower Life Insurance Company | 5601 South 59th Street | Lincoln, Nebraska 68516

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MetLife | Disability



Product overview

Comprehensive benefits and value-added services help you establish a program that balances your business goals of productivity and cost control with employee satisfaction.

Group disability products and services

Short Term and Long Term Disability	Benefits and provisions that may offer meaningful financial protection, while managing financial risk and maximizing workforce productivity. • Partial income replacement if full amount not guaranteed • Flexible plan features • Return-to-Work incentives
Self-funded services[1]	Comprehensive administration for your self-funded disability program. • Administrative Services Only (ASO) with check cutting • Advice-to-Pay (ATP) with and without benefit calculations • Salary Continuance
Voluntary Short Term and Long Term Disability	• Additional, essential coverage can be added to your benefits programs without increasing overall costs • Employees are provided with the opportunity to choose coverage that fits their needs
Statutory disability and paid family leave[2]	Income protection in states where disability/medical and/or paid family leave coverage is state mandated
LTD reserve buy-out (RBO)	Administration and claim liability is transferred from your self-funded LTD Plans to MetLife
Supplemental Disability Insurance[3]	Enhanced coverage (of a greater portion of income) for executive and highly compensated employees

Special Considerations for Voluntary Short Term Disability: If you have employees who work in a state with state-mandated disability or paid medical leave benefits ("State Benefits"),* they should carefully consider whether to enroll for this coverage. If employees are eligible for State Benefits, they must apply if required by state law. If permitted, your employees' STD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your employees' compensation, the amount of the State Benefit, and other factors, they may only receive the minimum weekly benefit. Your employees should consider, based on their individual circumstances, whether they need additional coverage beyond the State Benefit.

*These jurisdictions include, but may not be limited to, California, Colorado, Connecticut, District of Columbia, Hawaii, Massachusetts, New Jersey, New York, Oregon, Puerto Rico, Rhode Island, Washington (and Delaware and Minnesota as of 1/1/26, Maine as of 5/1/26, and Maryland as of 7/1/26).

2025-456

Absence Management Solutions:[4]

Improves employee productivity by ensuring leave entitlements are not overextended and helps you comply with federal, state, and company guidelines with simplified administration for a variety of absences including:

- Federal Family Medical Leave Act (FMLA)
- State Family Medical Leave Laws
- Non-FML State Leave Laws
- Company-Sponsored Leaves

Paid Family and Medical Leave:

- State Paid Medical Leave applies when an employee has a serious health condition that prevents them from working. Leaves can be taken intermittently or continuously based on physician certification as defined by each state.
- State Paid Family Leave applies when the employee needs leave due to a covered event such as bonding with a child, caring for a family member with a serious health condition, or military exigency. Leaves can be taken intermittently or continuously as defined by each state.

Disability health and wellness connection:[5]

- Disease management integration services coordinate with existing medical plans and disease management programs, subject to applicable laws.
- Services include disease management outreach and coordination, trends, and analysis reporting.

Employee Assistance Program (EAP):[6]

- Confidential counseling and referral services.
- Assistance with behavioral health, well-being,and life issues.
- Three service-level options that include telephone and face-to-face counseling sessions, manager training, and more.

TELUS Health Cognitive Behavioral Therapy (CBT):[7]

TELUS Health Cognitive Behavioral Therapy (CBT) is available to LTD group customers, supporting the full continuum of mental health and addiction concerns at no cost to you or the employee. A therapist customizes the program according to the patient's needs with resources available via a convenient app or the web. Licensed therapists are also available via phone as needed.

Get expert guidance for confident decisions. Contact your MetLife representative today.

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MetLife | Accident



Accidents happen. And unexpected injuries can lead to unexpected costs. MetLife Accident Insurance helps cover expenses like copayments and deductibles. Benefits are paid no matter what medical plans cover, and employees can spend it as they choose.[1]

Intelligent plans, designed with you and your employees in mind

We tailor our plans to best suit you — paying attention to market trends and industry benchmarks so we can provide more value to you and your employees.

- Annual Guaranteed Issue coverage[3]
- No waiting periods
- Up to 180 days allowed between date of occurrence and care received[4]
- Portable coverage that employees can take with them[5]
- No age restriction for your employees or their spouses to enroll[6]
- Most benefits pay the same amount for employees and dependents

Roughly

50%

of working-age Americans with health insurance are carrying medical debt.[2]

Broad coverage for a variety of needs

We provide coverage for about 150 events in 5 different categories, meeting the needs of all ages and lifestyles, with the flexibility to customize to better supplement your healthcare strategy.

- Injuries
- Medical services and treatment[1]
- Hospitalization due to accident[7]
- Accidental death and dismemberment[8]
- Limb loss and paralysis

2025-456

We're here whenever they need us

It's easy for employees to get the support they need.

- Lump sum paid directly to employees to use as they choose
- No coordination of benefits with medical insurance is needed
- Options to suit every preference. Paper or online, our claims submission channels help ensure employees feel comfortable and confident.
- We want everyone to get the most from their plans. Online capabilities help employees use their plans efficiently and intelligently.
- Our consultative customer service team is on hand with the support your employees need, whenever they need it.

A full range of enrollment solutions are available to help employees make confident benefits decisions. Give your employees access to coverage that helps protect them from the unexpected — helping them keep their focus on getting back on their feet.

Get expert guidance for benefits decisions — for your organization and your employees.
Contact your MetLife representative today.

[1] Covered services/treatments must be the result of an accident or sickness as defined in the certificate.

[2] 60% Of Americans Now Carry Medical Debt, A New Chronic Condition For Millions, https://www.forbes.com/sites/dolugordon/2022/02/15/60-of-americans-now-carry-medical-debt-a-new-chronic-condition-for-millions/?sh=69b1f09a5e5d, as of accessed January 2025.

[3] Coverage is guaranteed provided: (1) the employee is actively at work, and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional regulations apply to dependents serving in the armed forces or living overseas.

[4] In Washington it may be shorter in some cases.

[5] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility qualifications and limitations. For more information, contact your MetLife representative.

[6] Children may be covered to age 26. There are benefit reductions that may begin at age 65.

[7] "Hospital" does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Please consult your certificate for details.

[8] MD&D coverage does not include payment for certain losses as described in more detail in your Certificate. Specific information pertaining to your insurance can be obtained by contacting your MetLife benefits administrator.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for this coverage. The policy's provisions may vary or not be available in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting period, and contain certain exclusions, limitations and terms for keeping the policy in force. For complete details of coverage and availability, please call 1-800-638-6620 or refer to the group policy form GTMP18-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage Disclosure Document for full details.

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MetLife | Critical Illness

Help employees focus on recovery, not expenses



A serious illness can take a toll on an employee's health and financial wellness. MetLife's Critical Illness Insurance can help lessen the burden of unexpected costs, without raising your benefit costs.

Help your employees manage the unexpected. Besides expenses covered by medical plans, other expenses like deductibles, copays and everyday non-medical expenses can cause financial strain that employees may not be prepared for.

With MetLife, Critical Illness Insurance can provide:

- A lump-sum payment directly to the covered employee for a verified diagnosis of a covered condition
- **Guaranteed acceptance**[1] for your employees, their spouses and their children[2]
- **Benefits paid** regardless of what is covered by medical insurance
- **Choice of premium structure** — Attained Age or Issue Age Plan — whichever works best for your employees
- **An annual Health Screening Benefit**[3] for employees, their spouses and their children, which includes over 45 wellness tests
- **Recurrence Benefits**[4] for additional protection
- **No suspension period** for different covered illnesses

Widening the safety net

MetLife offers a broad range of options to enhance your benefits strategy. You can trust our experienced professionals to collaborate with you and recommend the right benefit solution for your workforce.

75%

of employers are enabling employees to have greater customization of their benefits[5]

Covered conditions[6]

- Full Benefit Cancer[7]
- Partial Benefit Cancer[7]
- Stroke[8]
- Heart Attack[10]
- Coronary Artery Bypass Graft[9]
- Alzheimer's Disease[11]
- Kidney Failure
- Major Organ Transplant[12]

Plus 22 listed conditions[13]
An optional Occupational HIV benefit may also be added to the plan.[14]

Get expert guidance for confident decisions — for your organization and your employees. Contact your MetLife representative today.

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MetLife | Cancer

Extra coverage, for those who need it most.

Supplementing your existing benefit plan

A cancer diagnosis can be devastating. Despite having medical coverage, many people may not be prepared for the expenses that follow. Offering voluntary benefits like cancer insurance can help better address the diverse needs of your employees. It can help employees focus on their health, not financial worries.



Cancer insurance is a simple way to offer your employees additional financial protection to meet their individual needs, without increasing your benefits costs. It can supplement existing medical and disability benefits caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

- Benefits are paid regardless of what's covered by medical insurance.
- Lump sum benefits are paid directly to the covered employee to spend as they choose.

Extra protection against unexpected costs

Offering MetLife Cancer Insurance is an effective way to enhance the security offered by your benefits package. With intuitive plan designs, coordinated administration, dedicated enrollment support, and efficient claims processing, we ensure a hassle-free experience for you, and minimize stress for your employees, letting them focus on what's important.

- Guaranteed issue coverage[1]
- Industry leading 3/6 pre-existing condition limitation[2]
- Recurrence benefit[3]
- Portability of coverage[4]

Cancer coverage overview:[5]

- **Invasive Cancer** — All forms of invasive cancers are covered and may qualify for Invasive Cancer Benefit as defined by the certificate.
- **Non-Invasive Cancer** — Most forms of early stage cancers are covered and may qualify for the Non-Invasive Cancer Benefit as defined by the certificate.
- **Skin Cancer** — Pays a benefit for any malignant growth that arises on the surface of the skin as defined in the certificate.
- **Additional Benefits** — A Health Screening Benefit is also available as a part of the MetLife Cancer plan.[6]

Now available!

Telephonic claim capability for Health Screening Benefits. Employees can now submit multiple claims for spouse and dependent children[7], all on one call to **1-800-GET-MET8. (800-438-6388)**

Get expert guidance for confident decisions — for your organization and your employees. Contact your MetLife representative today.

Navigating life together

2025-456

1. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. For CA-sitused cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.
2. The pre-existing condition limitation may not apply to all Covered Conditions. Refer to your certificate for details.
3. Please review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period .
4. Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.
5. Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
6. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.
7. Dependent Child coverage varies by state. Please contact MetLife for more information.

metlife.com

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Cancer Covered Condition Category.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverages and availability, please refer to the group policy form GPPM97-CII, GPPM99-CII, GPNE10-CII, GPPM14-CII, GPNE18-CII or contact MetLife for more information. Please consult MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Care and providing benefits for medical treatment, including global, surgical and medical expenses. MetLife's CII, a fixed insurance benefit, provides reimbursement for such expenses.

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MetLife | Hospital Indemnity



Help employees focus on recovery, not expenses

Hospital[1] stays don't only cause emotional burdens, they can also create financial strains — particularly for people with high deductibles in their medical plans.

Our Hospital Indemnity Insurance[1] can help employees with their copays, deductibles and other unexpected expenses. Benefits are paid no matter what medical insurance covers and employees can spend payments as they choose.

We'll help you design the right benefit plan to reflect your employees' needs, with coverage that's simple to understand and easy to use. And when paired with our other supplemental products, Hospital Indemnity Insurance can help employees focus more on their health and less on their expenses.

Tailored to their needs

Everyone's healthcare needs are unique. That's why we offer coverage in four categories to meet a broad range of needs and for a variety of events. What's more, you have the flexibility to customize the plan to better supplement your overall healthcare benefits strategy.



Healthcare debts are one of the leading causes for bankruptcies.[2]

Coverage available:

Hospitalization[3]	e.g., Admission, Intensive Care Unit [ICU] Supplemental Admission, Confinement, ICU Supplemental Confinement, Inpatient Rehabilitation
Surgery	e.g., Inpatient Surgery, Outpatient Surgery, Anesthesia
Additional Care Benefits	e.g., Ambulance, Emergency Care, Nursing Care, Outpatient Therapy, Hospice, Prescriptions, Physician's Visit, Outpatient IV Infusion Therapy, Diagnostic Procedure
Other Benefits[4]	e.g., Lodging, Transportation, Health Screening[5], Childcare

2025-456

Simple to understand

Medical plans can be complicated. We've designed our supplemental health plans to be simple — so employees can clearly see the value we offer and make the right decisions. Leveraging insights from market trends and industry benchmarks, we help ensure our plans meet the needs of today's workforce — including standards like:

- Annual Guaranteed Issue coverage[6]
- Portability for continuation of coverage[7]
- No age restriction for employee or spouse to enroll[8]

Easy to use

Our people, processes and tools make using the plan easy — and help give your employees confidence in their decisions. Your employees can enjoy:

- Lump-sum benefit payments to use as they choose
- No coordination of benefits with medical insurance
- Choice of claim submission channels to fit their needs
- Online capabilities helping employees use their plan
- Consultative customer services when employees need it most

With a variety of easy-to-use-and-understand options, your employees can create a benefits plan that fits their financial needs. So when the unexpected happens, they can worry less about getting by — and can focus more on getting better.

Get expert guidance for confident decisions — for your organization and your employees. Contact your MetLife representative today.

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MetLife | Vision



MetLife's industry-leading plan is anchored in what employees are looking for — and delivered by benefits experts

Choice

Enabling members to access vision services they need, when and where they want

- **Largest[1], most well-balanced provider network[2],** credentialed according to NCQA standards[3]
- **Top 50** US retailers in network, plus Warby Parker[2]

Value

Offering extensive vision coverage at predictable, low out-of-pocket costs

- **Fixed co-pays** on popular lens enhancements[6], delivering as standard what others consider extra
- **$25** additional frame allowance[4]

Care

Optimizing the benefits experience through simple, knowledgeable support and solutions

- **One carrier, one experience, and one point of contact** across all offered employee benefit coverages
- **Unique, customized employee communication strategies** to drive enrollment and engagement

An experience employees can count on

200K+
Nationwide provider access points[2]

$375
Typical member savings on an eye exam and materials[5]

95%
Member satisfaction[6]

2025-456

To learn more about the advantages of Superior Vision, contact your MetLife representative.

A benefits experience that's easy

From simplified carrier management to unique employee engagement strategies, MetLife is elevating the vision benefits experience and supporting you and your employees along the way.

Administrator Support



Collaborative approach ensures your benefits are optimized to your employees' unique needs



Dedicated account manager supports you from implementation to post-enrollment and beyond



Single file feed and billing process streamlines administration, across all offered MetLife benefits

Employee Education & Engagement



Customized communications simplify benefit decision-making and supports utilization of benefits year-round



Cost estimator tool helps to predict costs and reduce surprises during an exam



Onsite clinics bring eye exams and frames to your employees for added convenience

Beyond Vision Care



MetLife proactively brings benefits together to help employees maximize plan usage



MyBenefits login and support team streamline employee service across all MetLife benefits



Hearing services promote holistic well-being with hearing aid discounts and free hearing exams[7]

MetLife

2025-456

upwise



Driving employee wellness with Upwise's New Benefits Engagement Platform

You put a lot of time, money and resources toward benefits.

And yet, employees still report struggling to understand and effectively utilize them

45% **of employees are confused about their benefits[1]**

53% **of employees say they have difficulty navigating and understanding their benefits[1,2]**

Upwise helps your employees choose their benefits and use them wisely

With our **Benefits Engagement Platform,** employees can get more from their benefits during enrollment and throughout the year so they can feel confident and cared for.

Choose Benefits

Empower employees with personalized and comprehensive recommendations.

A short interactive survey at the start of enrollment provides employees with an AI-powered benefits recommendation based on their health, lifestyle and finances—now and in the future.

Use Benefits

Guide employees with relevant, continuous education and communications.

Our smart benefits platform lets employees access their benefits information and sends optional reminders to encourage use of their benefits and employer-provided point solutions at key moments throughout the year.

Contact your MetLife Representative for more information

MetLife

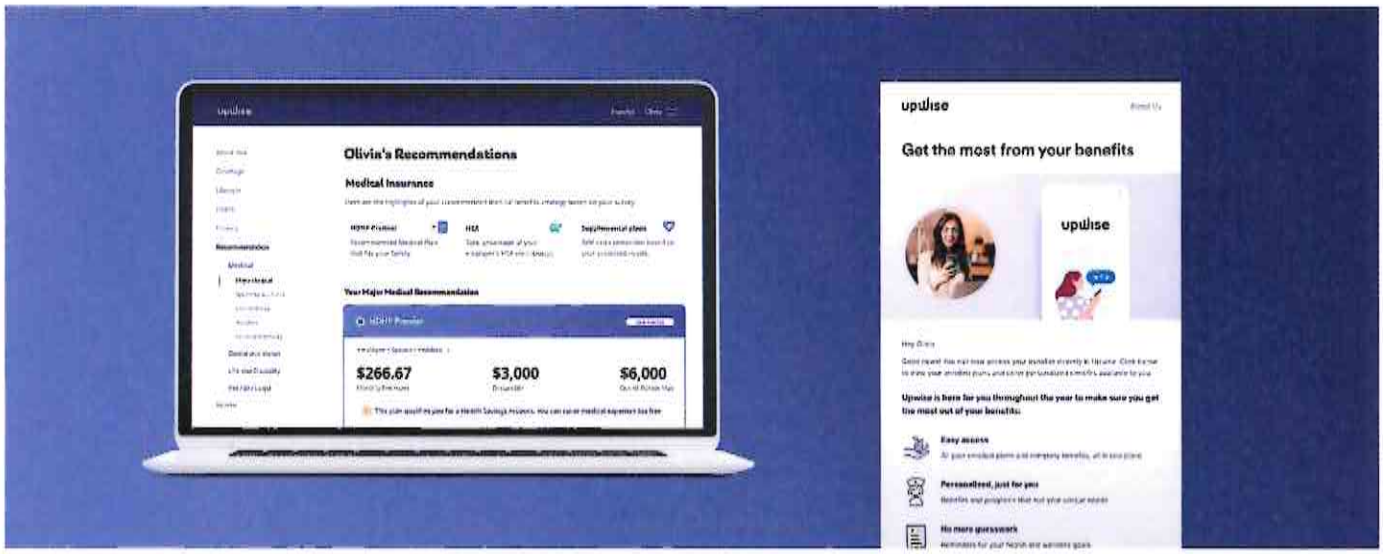
2025-456

Upwise offers a unique benefits experience, powered by AI

Comprehensive
Upwise provides benefits recommendations and guidance across your full range of benefits, not only medical insurance.[3]

Personalized
The full Upwise experience is tailored to each employee's unique circumstances and preferences.

Continuous
Upwise is always-on, enabling not only smarter benefits enrollment, but better access and utilization as well.



Give your employees a more confident benefits experience with Upwise

Maximize Benefits Utilization
Help employees understand exactly which benefits to choose and use with data-driven recommendations, explanations and nudges throughout the year

Increase Benefits Awareness and Comprehension
Proactively address benefits-related questions and confusion with timely experiences, notifications and content

Support Diversity, Equity & Inclusion
Go beyond one-size-fits-all benefits education with a platform that understands and considers each employee's unique circumstances

Contact your MetLife Representative for more information

MetLife Consumer Services, Inc. | Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company | 8501 South 69th Street | Lincoln, Nebraska 68516

MetLife

2025-150

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/14/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, LLC.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.certs@Marsh.com

CN102808112--AOS-25-26

CONTACT NAME:
PHONE (A/C, No, Ext): | **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B : N/A	N/A
INSURER C : AIU Insurance Co	19399
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
MetLife, Inc. and its Subsidiaries
200 Park Avenue, 6th Floor
New York, NY 10166

COVERAGES **CERTIFICATE NUMBER:** NYC-011917324-02 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MWZY-312002-25	01/01/2025	01/01/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X CONTRACTUAL LIABILITY						MED EXP (Any one person)	$ 2,500
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MWTB-312001-25	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC 80772087 (AOS)	01/01/2025	01/01/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF INSURANCE ONLY

CERTIFICATE HOLDER
MetLife, Inc. and its Subsidiaries
200 Park Avenue, 6th FL
New York, NY 10166

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/05/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New Jersey Office 44 Whippany Road, Suite 220 Morristown NJ 07960 USA	PHONE (A/C, No, Ext): (866) 283-7122	FAX (A/C, No.): 800-363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
MetLife, Inc. and its Subsidiaries 200 Park Avenue New York NY 10166 USA	INSURER A: TDC Specialty Insurance Company	34487
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570109673873 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR						EACH OCCURRENCE	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC						GENERAL AGGREGATE	
	OTHER:						PRODUCTS - COMP/OP AGG	
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	
	DED / RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Health Care Provider Liability			MCP011262404 Managed Care E&O $10M SIR applies per policy terms & conditions	12/15/2024	12/15/2025	Each Claim Aggregate Limit	$1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Managed Care Professional Liability Claims Made Policy. Evidence of Insurance.

CERTIFICATE HOLDER

MetLife, Inc. including Its Subsidiaries
200 Park Avenue
New York NY 10166 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570109673873

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2025-458

File Number 6258-361-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

METLIFE GROUP, INC., INCORPORATED IN NEW YORK AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 23, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* JUNE *A.D.* 2021 .

Authentication #: 2115205252 verifiable until 06/01/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

2025-456

10 South LaSalle Street, Suite 3350
Chicago, IL 60603

Nicholas P. Carlson
Vice President
Registered Principal

ncarlson@metlife.com

August 8, 2025

Self-Assumption Standard

For Life coverages, MetLife self assumes the risk of Errors and Omissions Liability Insurance at the level of limits of liability required in any single contract. MetLife is one of the leading global insurance and employee benefits companies in the world. Given its financial strength, on an enterprise level, it does not ordinarily maintain relatively low levels of limits for Errors and Omissions Liability Insurance. MetLife, however, does maintain catastrophic-type coverage through AIG and other companies. Please visit our website www.metlife.com and click over to our "Investor Relations" section to review our financial results and assigned financial strength ratings.

Sincerely,

Nicholas P. Carlson
Vice President

Metropolitan Life Insurance Company, New York, NY 10166. Variable products distributed by MetLife Investors Distribution Company ("MLIDC") (member FINRA). Both are MetLife companies.

2025-456

Confidential and Proprietary Information

With respect to "Proprietary Information – Confidentiality" (**page 32**) of the RFP, the following list of items/sections are considered confidential and proprietary. Please note that such information is considered secret; of value; used in the operation of our business; provides MetLife an advantage, or an opportunity to obtain an advantage, over those who do not know or use it; and that MetLife takes measures to prevent such information from becoming available to persons other than those selected by MetLife to have access thereto for limited purposes.

- MetLife Response to RFP Questionnaire
    - Dental Services
        - Question 12
        - Question 13
    - Vision Services
        - Question 9
- Network Accessibility Analysis PDP Plus Network
- Network Accessibility Analysis PDP Plus Network (Radius)
- Network Accessibility Analysis Superior Vision Network
- Network Accessibility Analysis Superior Vision Network (Radius)

MetLife

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MetLife Response to RFP Questionnaire

Dental Services

12. Regarding your proposed network, complete the table below.

	List the number
How many participating dentists are there in Springfield, IL?	427,556
How many participating dentists are the within 25 miles of Springfield, IL?	1,158
How many Oral Surgeons are there in Springfield, IL?	27,748
How many Oral Surgeons are there within 25 miles of Springfield, IL?	7
How many Pediatric dentists are there in Springfield, IL?	34,875
How many Pediatric dentists are there within 25 miles of Springfield, IL?	203
How many participating dentists see patients in Independent dental offices in Springfield, IL?	We maintain a list of our large DSO by TIN, but do not report by this information. We have 175 dentist access points in Springfield, IL (627 ZIP code): 130 General Dentists and 45 Specialists.
How many participating dentists see patients in Retail dental offices in Springfield, IL?	We maintain a list of our large DSO by TIN, but do not report by this information. We have 175 dentist access points in Springfield, IL (627 ZIP code): 130 General Dentists and 45 Specialists.
How many participating dentists accept new patients?	96% Across our national network, approximately 4% of providers are not

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	accepting new patients. Dentists participating in our network can only close their practice to new patients if they do so for all carriers.

13. Do the following dentists participate with your proposed network?

	Tax ID	Yes or No
Ethan Duewer; 1140 Rickard Rd	874067843	No
James McDermott; 904 S 2nd St	371348286	No
Andrew Boyer; 3250 Conifer Dr	844511157	No
Meagan Hanney; 2809 Mansion RD Ste D	464775171	Yes
Deontay Crawford; 1900 E Sangamon Ave	883000021	Yes
Keith Cummins; 1825 S 6th St	371394259	No
Andrew Martens; 997 Clock Tower Dr Ste C	834138881	No
Michael Morley; 3240 Hedley Rd Ste B	843701434	No
Kevin Schlee; 4701 Wabash Ave	853276289	No
Grace Cheng; 2701 S Koke Mill Rd	200408488	Yes

Vision Services

9. Regarding your proposed network, complete the table below.

This response is considered confidential. Please see the Confidential and Proprietary document provided with this proposal.

	List the number
How many participating providers are there in Springfield, IL?	215,266
How many participating providers are the within 25 miles of Springfield, IL?	847

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Deviations to the RFP

Metropolitan Life Insurance Company ("MetLife") lists below the deviations it is submitting with respect to its response to the Request for Proposal by City of Springfield ("Customer").

I. GENERAL COMMENT

Insurance policies (the "Group Contract") will be issued by MetLife in accordance with state law. With respect to Section 7 – Contract Documents on page 7 of the RFP, Section 12 – Specifications Shall Control on page 8 of the RFP, and Item 3 of the Contract Execution Pages on page 78 of the RFP, the Group Contract governs the terms and conditions of the insurance coverage being provided, and governs in the event of any conflict with any other documents.

II. INDEMNIFICATION

With respect to the last paragraph of the Illinois Prevailing Wage Act on the third page of the cover pages (page 3 of 85 of the RFP), Section 14 – Royalties and Fees on page 9 of the RFP, Section 16 – Indemnification on page 9 of the RFP and the Non-Liability/Indemnification/Hold Harmless section on page 24 of the RFP, while we cannot agree to the indemnification language as written without future discussion, if MetLife is awarded the business, we would be happy to discuss the indemnification language further to address any customer concerns. MetLife can assure you that we will provide coverage in accordance with the terms of the group contract and we will defend, at our expense, lawsuits seeking coverage under the group contract.

III. EQUAL EMPLOYMENT OPPROTUNITY

With respect to Section 6(c)(2) – Commitment to Provide Equal Employment Opportunity on page 6 of the RFP, MetLife is an Equal Employment Opportunity Employer and complies with all affirmative action requirements permissible by law.

With respect to Section 6(c)(4) – Commitment to Provide Equal Employment Opportunity on page 6 of the RFP MetLife proposes the following modifications: To submit to the city, on request upon reasonable suspicion of noncompliance, written evidence of the effectiveness of the above required practices, policies and goals.

With respect to Section 6(c)(5) – Commitment to Provide Equal Employment Opportunity on page 6 of the RFP, MetLife proposes the following modifications, To submit to the city, on request upon reasonable suspicion of noncompliance, statistical data concerning employee composition or membership composition on race, color, sex, and job description.

With respect to Section 6(c)(6) – Commitment to Provide Equal Employment Opportunity on

Please note: Except when required otherwise by law or regulation, the information provided herein should be considered proprietary and confidential.

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page 6 of the RFP, MetLife can distribute our own substantially similar notices.

IV. BID/PROPOSAL AS OFFER TO CONTRACT

With respect to Section 7 – Contract Documents on page 7 of the RFP, MetLife agrees that the signed bid shall be considered an offer, subject to the terms and conditions of the Group Contract, if and when the Group Contract is accepted.

V. ASSIGNMENT OF CONTRACT

With respect to Section 9 – Assignment on page 8 of the RFP and the Assignment and Subcontracting section on page 25 of the RFP, MetLife will agree to seek written consent from the City of Springfield prior to assignment except in the event of an assignment to a MetLife affiliate or in the event of a sale of its assets.

VI. SUBCONTRACTOR

With respect to Section 10 – Insurance on page 8 of the RFP, MetLife agrees to be liable for all acts/omissions of its subcontractors. For practical purposes, MetLife is unable to revise preexisting subcontracts.

With respect to the Assignment and Subcontracting section on page 25 of the RFP, we use subcontractors for various workflow activities across our entire Life, AD&D, Accident, Cancer, Critical Illness, Hospital Indemnity, Vision, and Dental book of business. MetLife cannot agree to seek the written consent of its customers with respect to the use of its subcontractors. However, MetLife can provide a list of its subcontractors utilized at the time the contract is entered into and agree to provide reasonable notice of any additional subcontractors utilized.

VII. INTELLECTUAL PROPERTY

With respect to Section 14 – Royalties and Fees on page 9 of the RFP, MetLife proposes the following modifications:

The successful bidder shall pay all royalties and license fees. The successful bidder shall defend all suits or claims for infringement of any patent rights and shall save the City harmless from loss on account thereof, provided, however, that the successful bidder shall have no obligation to defend any suits or claims for infringement of any patent rights based on modifications made to the Specifications contained in Section II by or at the request of the City, or combinations of the Specifications contained in Section II with products or services not provided by the successful bidder.

Please note: Except when required otherwise by law or regulation, the information provided herein should be considered proprietary and confidential.

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VIII. TERMINATION

With respect to the second paragraph under Contract Terms and Conditions and the Cancellation of Contract section on page 21 of the RFP, please see General Comment above. Please note that there are termination provisions in the Group Contract. We note that the Customer has the right to terminate coverage without cause.

IX. GENERAL REQUIREMENTS

With respect to Item 2 under the General Requirements section on page 21 of the RFP, MetLife can agree to the Contract Terms and Conditions subject to our deviations provided with our proposal response.

X. AUDIT/INSPECTION OF RECORDS

With respect to the Records and Audit section on page 24 of the RFP, MetLife proposes that any claim audits be performed at MetLife's premises upon reasonable notice and, if conducted by a third-party examiner, will be subject to the execution of an appropriate confidentiality agreement.

XI. OWNERSHIP OF WORK PRODUCT

With respect to the Confidentiality section on page 25 of the RFP, claim records are our property. Upon cancellation, we can provide a detailed claim history. These may be chargeable items; the cost is based on the number of claim records.

XII. OWNERSHIP OF PROPOSAL

With respect to the last sentence of the Proposal Conditions section on page 27 of the RFP, the materials included in this proposal, and all concepts and ideas in connection with the proposal, including all intellectual property rights thereto, are proprietary to MetLife. This proposal, including any exhibits, attachments, addenda or other material accompanying this proposal is intended for use only by the intended customer and its representatives and may not be shared with any other party without the written permission of MetLife, 200 Park Avenue, New York, New York, 10166.

XIII. AFFIDAVITS, DECLARATIONS, CERTIFICATIONS

All affidavits, declarations, certifications and similar statements included in our response are made to the best of the knowledge and belief of the signer.

Please note: Except when required otherwise by law or regulation, the information provided herein should be considered proprietary and confidential.

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2025-456

I. INSURANCE

Insurance Requirement on the third page of the cover pages (page 3 of 85 of the RFP):

We accept Vision & Dental and we self-assume Term life, AD&D, Accident, CI, Hospital indemnity & Cancer.

Please note: Except when required otherwise by law or regulator, the information provided herein should be considered proprietary and confidential.

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2025-456

SEC 2025 - 45

Network Accessibility Analysis

PDP Plus Network

Created for...

CITY OF SPRINGFIELD

Created by...

MetLife

July 31, 2025

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2023-4369

Summary of All Providers - With Access

July 31, 2025

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CITY OF SPRINGFIELD

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MetLife

Access Analysis
Access Analysis_Dental

Employee Group
All Employees

Provider Group
All Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Providers) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee Group	With Access[1]			Counts[2]			Average Distance
	#	#	%	#	P	L	1
All Employees	7	7	100.0	427,556	119,822	80,421	1.3

Key Geographic Areas

City	Employee	With Access[1]		Average Distance
	#	#	%	1
Springfield, IL	7	7	100.0	1.3

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Summary of All Providers - Without Access

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Employee Group
All Employees

Provider Group
All Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Providers) provider in 25 miles

Key Geographic Areas				
	Employee	Without Access[1]		Average Distance
City	#	#	%	1
No data that meets the criteria				

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Radius Search By Zip Code - All Providers

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Not Applicable

Employee / Provider Groups
All Employees
All Providers

[1] Zip code geographic centroids were used as the search points.

[2] Radius is in miles.

All Employees					
State Name	City	Zip[1] Code	Employee #	Provider #	Providers within radius[2] 25
Illinois	Springfield	62701	1	0	166
		62702	1	67	164
		62703	1	15	166
		62704	1	37	166
		62707	1	0	164
		62711	1	43	166
		62712	1	0	166

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Summary of Oral Surgeons - With Access

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Employee Group
All Employees

Provider Group
Oral Surgeons

[1] The Access Standard is defined as 'All Employees' employees accessing:
1 (Oral Surgeons) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee Group	With Access[1] #	With Access[1] #	With Access[1] %	Counts[2] #	Counts[2] P	Counts[2] L	Average Distance 1
All Employees	7	7	100.0	27,748	5,633	11,806	5.1

Key Geographic Areas

City	Employee #	With Access[1] #	With Access[1] %	Average Distance 1
Springfield, IL	7	7	100.0	5.1

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Summary of Oral Surgeons - Without Access

2025-1459

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Employee Group
All Employees

Provider Group
Oral Surgeons

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (Oral Surgeons) provider in 25 miles

Key Geographic Areas				
	Employee	Without Access[1]		Average Distance
City	#	#	%	1
No data that meets the criteria				

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Radius Search By Zip Code - Oral Surgeons

2025-4569

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Not Applicable

Employee / Provider Groups
All Employees
Oral Surgeons

[1] Zip code geographic centroids were used as the search points.

[2] Radius is in miles.

All Employees					
State Name	City	Zip[1] Code	Employee #	Provider #	Providers within radius[2] 25
Illinois	Springfield	62701	1	0	1
		62702	1	0	1
		62703	1	0	1
		62704	1	1	1
		62707	1	0	1
		62711	1	0	1
		62712	1	0	1

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Summary of Pediatric Dentist - With Access

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Employee Group
All Employees

Provider Group
Pediatric Dentist

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (Pediatric Dentist) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee Group	With Access[1] #	With Access[1] #	With Access[1] %	Counts[2] #	Counts[2] P	Counts[2] L	Average Distance 1
All Employees	7	7	100.0	34,875	7,618	11,110	2.3

Key Geographic Areas

City	Employee #	With Access[1] #	With Access[1] %	Average Distance 1
Springfield, IL	7	7	100.0	2.3

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Summary of Pediatric Dentist - Without Access

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Employee Group
All Employees

Provider Group
Pediatric Dentist

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (Pediatric Dentist) provider in 25 miles

Key Geographic Areas				
City	Employee #	Without Access[1] #	Without Access[1] %	Average Distance 1
No data that meets the criteria				

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Radius Search By Zip Code - Pediatric Dentist

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Not Applicable

Employee / Provider Groups
All Employees
Pediatric Dentist

[1] Zip code geographic centroids were used as the search points.

[2] Radius is in miles.

All Employees					
State Name	City	Zip[1] Code	Employee #	Provider #	Providers within radius[2] 25
Illinois	Springfield	62701	1	0	29
		62702	1	3	29
		62703	1	0	29
		62704	1	6	29
		62707	1	0	29
		62711	1	20	29
		62712	1	0	29

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2025-456

Network Accessibility Analysis

PDP Plus Network

Created for...

CITY OF SPRINGFIELD

Created by...

MetLife

July 25, 2025

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Summary of All Providers - With Access

2025145G

July 25, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Distance Method
Estimated Driving Distance

Employee Group
All Employees

Provider Group
All Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Providers) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee		With Access[1]		Counts[2]			Average Distance
Group	#	#	%	#	P	L	1
All Employees	1,322	1,319	99.8	427,556	119,822	80,421	3.1

Key Geographic Areas

	Employee	With Access[1]		Average Distance
City	#	#	%	1
Springfield, IL	908	908	100.0	1.6
Chatham, IL	68	68	100.0	2.3
Sherman, IL	39	39	100.0	4.5
Rochester, IL	29	29	100.0	7.5
Petersburg, IL	14	14	100.0	19.6
Pleasant Plains, IL	14	14	100.0	13.3
Riverton, IL	14	14	100.0	5.0
Auburn, IL	13	13	100.0	1.3
New Berlin, IL	13	13	100.0	8.9
Athens, IL	11	11	100.0	13.0
Glenarm, IL	10	10	100.0	6.1
Williamsville, IL	10	10	100.0	11.1
Taylorville, IL	9	9	100.0	2.1
Pawnee, IL	8	8	100.0	9.0
Jacksonville, IL	7	7	100.0	1.7
Decatur, IL	6	6	100.0	2.3
Girard, IL	6	6	100.0	6.5
Loami, IL	6	6	100.0	9.0
Mechanicsburg, IL	6	6	100.0	12.8
Cantrall, IL	5	5	100.0	8.2
Virden, IL	5	5	100.0	0.4
Divernon, IL	4	4	100.0	5.8
Edinburg, IL	4	4	100.0	12.3
Greenview, IL	4	4	100.0	20.4
Waverly, IL	4	4	100.0	13.0
Bloomington, IL	3	3	100.0	0.3
Dawson, IL	3	3	100.0	8.7
Elkhart, IL	3	3	100.0	13.0
Farmersville, IL	3	3	100.0	12.0
Arenzville, IL	2	2	100.0	12.0
Cape Coral, FL	2	2	100.0	0.7
Collinsville, IL	2	2	100.0	1.0
East Peoria, IL	2	2	100.0	1.0
Hillsboro, IL	2	2	100.0	9.4
Jerseyville, IL	2	2	100.0	0.4

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Summary of All Providers - Without Access

July 25, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Distance Method
Estimated Driving Distance

Employee Group
All Employees

Provider Group
All Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Providers) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee		Without Access[1]		Counts[2]			Average Distance
Group	#	#	%	#	P	L	1
All Employees	1,322	3	0.2	427,556	119,822	80,421	29.0

Key Geographic Areas

City	Employee	Without Access[1]		Average Distance
	#	#	%	1
Barry, IL	1	1	100.0	29.3
Easton, IL	1	1	100.0	28.1
Pittsfield, IL	1	1	100.0	29.5

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1 All Providers Within 25 Miles

2025-4569

July 25, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Distance Method
Estimated Driving Distance

Employee / Provider Groups
All Employees
All Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Providers) provider in 25 miles

Employees With and Without Access									
			Employee Counts		With Access[1]		Without Access[1]		Average Distance
County	City	Zip Code	#	#	#	%	#	%	1
Aransas, TX	Rockport	78382	1	16	1	100.0	0	0.0	1.2
Baldwin, AL	Foley	36535	1	28	1	100.0	0	0.0	2.1
Beaufort, SC	Hilton Head Island	29926	1	22	1	100.0	0	0.0	0.9
Brevard, FL	Rockledge	32955	1	262	1	100.0	0	0.0	1.0
Brown, IL	Mount Sterling	62353	2	0	2	100.0	0	0.0	17.6
Bureau, IL	Walnut	61376	1	0	1	100.0	0	0.0	18.5
Camden, MO	Lake Ozark	65049	1	0	1	100.0	0	0.0	3.8
Cass, IL	Arenzville	62611	2	0	2	100.0	0	0.0	12.0
	Ashland	62612	1	0	1	100.0	0	0.0	14.3
	Beardstown	62618	1	6	1	100.0	0	0.0	1.4
	Chandlerville	62627	1	0	1	100.0	0	0.0	9.9
	Virginia	62691	2	10	2	100.0	0	0.0	0.3
Champaign, IL	Champaign	61820	1	57	1	100.0	0	0.0	0.4
Chickasaw, MS	Houston	38851	1	0	1	100.0	0	0.0	24.5
Christian, IL	Edinburg	62531	4	0	4	100.0	0	0.0	12.3
	Kincaid	62540	2	0	2	100.0	0	0.0	6.2
	Mechanicsburg	62545	1	0	1	100.0	0	0.0	15.0
	Morrisonville	62546	2	0	2	100.0	0	0.0	15.8
	Rochester	62563	1	0	1	100.0	0	0.0	11.3
	Taylorville	62568	9	4	9	100.0	0	0.0	2.1
Cook, IL	Chicago	60609	1	150	1	100.0	0	0.0	0.5
De Witt, IL	Clinton	61727	1	0	1	100.0	0	0.0	15.7
Douglas, IL	Tuscola	61953	1	0	1	100.0	0	0.0	13.6
Fayette, IL	Vandalia	62471	1	7	1	100.0	0	0.0	0.3
Fulton, IL	Astoria	61501	1	0	1	100.0	0	0.0	18.7
Genesee, NY	Batavia	14020	1	26	1	100.0	0	0.0	0.3
Hancock, IL	La Harpe	61450	1	0	1	100.0	0	0.0	13.6
Jersey, IL	Jerseyville	62052	2	17	2	100.0	0	0.0	0.4
Johnson, TX	Burleson	76028	1	220	1	100.0	0	0.0	0.2
La Crosse, WI	Bangor	54614	1	0	1	100.0	0	0.0	7.2
Lake, IN	Gary	46403	1	1	1	100.0	0	0.0	1.3
Lawrence, IN	Bedford	47421	1	17	1	100.0	0	0.0	0.6
Lee, FL	Cape Coral	33914	1	60	1	100.0	0	0.0	0.6
		33990	1	41	1	100.0	0	0.0	0.7
Logan, IL	Cornland	62519	1	0	1	100.0	0	0.0	15.5
	Elkhart	62634	3	0	3	100.0	0	0.0	13.0
	Lincoln	62656	2	20	2	100.0	0	0.0	1.0
	Mount Pulaski	62548	2	0	2	100.0	0	0.0	13.2
Macon, IL	Decatur	62521	3	6	3	100.0	0	0.0	2.3
		62522	1	0	1	100.0	0	0.0	4.4

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Continued on next page...

1 All Providers Within 25 Miles

July 25, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Distance Method
Estimated Driving Distance

Employee / Provider Groups
All Employees
All Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Providers) provider in 25 miles

Employees With and Without Access									
			Employee Counts		With Access[1]		Without Access[1]		Average Distance
County	City	Zip Code	#	#	#	%	#	%	1
Macon, IL	Decatur	62526	2	64	2	100.0	0	0.0	1.2
	Mt Zion	62549	2	1	2	100.0	0	0.0	1.1
Macoupin, IL	Carlinville	62626	1	22	1	100.0	0	0.0	0.3
	Girard	62640	6	0	6	100.0	0	0.0	6.5
	Palmyra	62674	2	0	2	100.0	0	0.0	15.4
	Staunton	62088	2	3	2	100.0	0	0.0	0.4
	Virden	62690	5	2	5	100.0	0	0.0	0.4
Madison, IL	Collinsville	62234	2	27	2	100.0	0	0.0	1.0
Mahoning, OH	Youngstown	44515	1	19	1	100.0	0	0.0	1.3
Maricopa, AZ	Glendale	85304	1	9	1	100.0	0	0.0	0.4
Mason, IL	Bath	62617	1	0	1	100.0	0	0.0	18.8
	Easton	62633	1	0	0	0.0	1	100.0	28.1
	Mason City	62664	1	0	1	100.0	0	0.0	19.3
McDonough, IL	Macomb	61455	1	10	1	100.0	0	0.0	0.9
McLean, IL	Bloomington	61704	3	70	3	100.0	0	0.0	0.3
McMinn, TN	Athens	37303	1	35	1	100.0	0	0.0	0.4
Menard, IL	Athens	62613	11	0	11	100.0	0	0.0	13.0
	Greenview	62642	4	0	4	100.0	0	0.0	20.4
	Petersburg	62675	14	0	14	100.0	0	0.0	19.6
Montgomery, IL	Farmersville	62533	3	0	3	100.0	0	0.0	12.0
	Hillsboro	62049	2	0	2	100.0	0	0.0	9.4
	Litchfield	62056	2	42	2	100.0	0	0.0	0.3
	Nokomis	62075	1	0	1	100.0	0	0.0	16.7
	Waggoner	62572	2	0	2	100.0	0	0.0	12.2
Morgan, IL	Chapin	62628	1	0	1	100.0	0	0.0	9.0
	Jacksonville	62650	7	6	7	100.0	0	0.0	1.7
	Waverly	62692	4	0	4	100.0	0	0.0	13.0
Ozark, MO	Tecumseh	65760	1	0	1	100.0	0	0.0	9.5
Peach, GA	Byron	31008	1	2	1	100.0	0	0.0	0.9
Peoria, IL	Hanna City	61536	1	0	1	100.0	0	0.0	9.8
	Peoria	61603	1	0	1	100.0	0	0.0	1.5
		61607	1	0	1	100.0	0	0.0	4.2
Pike, IL	Barry	62312	1	0	0	0.0	1	100.0	29.3
	Pittsfield	62363	1	0	0	0.0	1	100.0	29.5
Pinal, AZ	Florence	85132	1	4	1	100.0	0	0.0	0.2
	Gold Canyon	85118	1	4	1	100.0	0	0.0	1.1
Sangamon, IL	Auburn	62615	13	2	13	100.0	0	0.0	1.3
	Buffalo	62515	1	0	1	100.0	0	0.0	11.0
	Cantrall	62625	5	0	5	100.0	0	0.0	8.2
	Chatham	62629	68	0	68	100.0	0	0.0	2.3

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1 All Providers Within 25 Miles

July 25, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Dental

Distance Method
Estimated Driving Distance

Employee / Provider Groups
All Employees
All Providers

* The Access Standard is defined as (All Employees) employees accessing:
1 (All Providers) provider in 25 miles

Employees With and Without Access									
			Employee Counts		With Access*		Without Access*		Average Distance
County	City	Zip Code	#	#	#	%	#	%	1
Sangamon, IL	Dawson	62520	3	0	3	100.0	0	0.0	8.7
	Divernon	62530	4	0	4	100.0	0	0.0	5.8
	Glenarm	62536	10	0	10	100.0	0	0.0	6.1
	Loami	62661	6	0	6	100.0	0	0.0	9.0
	Mechanicsburg	62545	5	0	5	100.0	0	0.0	12.3
	New Berlin	62670	13	0	13	100.0	0	0.0	8.9
	Pawnee	62558	8	0	8	100.0	0	0.0	9.0
	Pleasant Plains	62677	14	0	14	100.0	0	0.0	13.3
	Riverton	62561	14	0	14	100.0	0	0.0	5.0
	Rochester	62563	28	0	28	100.0	0	0.0	7.4
	Sherman	62684	39	0	39	100.0	0	0.0	4.5
	Springfield	62701	2	0	2	100.0	0	0.0	0.8
		62702	175	67	175	100.0	0	0.0	1.0
		62703	149	15	149	100.0	0	0.0	0.9
		62704	243	37	243	100.0	0	0.0	0.8
		62707	97	0	97	100.0	0	0.0	3.3
		62711	135	43	135	100.0	0	0.0	1.8
		62712	107	0	107	100.0	0	0.0	3.2
	Thayer	62689	1	0	1	100.0	0	0.0	2.9
	Williamsville	62693	10	0	10	100.0	0	0.0	11.1
Santa Rosa, FL	Milton	32583	1	4	1	100.0	0	0.0	3.5
Sarasota, FL	North Port	34287	1	29	1	100.0	0	0.0	0.9
		34288	1	7	1	100.0	0	0.0	2.3
Schuyler, IL	Browning	62624	1	0	1	100.0	0	0.0	10.8
	Rushville	62681	1	0	1	100.0	0	0.0	13.8
Scott, IL	Winchester	62694	1	0	1	100.0	0	0.0	14.5
Shelby, AL	Birmingham	35242	1	63	1	100.0	0	0.0	0.2
Spartanburg, SC	Woodruff	29388	1	23	1	100.0	0	0.0	2.4
St. Louis, MO	Saint Louis	63132	1	8	1	100.0	0	0.0	0.2
Sumner, TN	Gallatin	37066	1	91	1	100.0	0	0.0	0.0
Sumter, FL	The Villages	32163	1	38	1	100.0	0	0.0	1.7
Tazewell, IL	East Peoria	61611	2	30	2	100.0	0	0.0	1.0
	Morton	61550	1	0	1	100.0	0	0.0	8.5
	Tremont	61568	1	0	1	100.0	0	0.0	7.8
Volusia, FL	Daytona Beach	32124	1	0	1	100.0	0	0.0	3.0
Washington, MD	Fairplay	21733	1	0	1	100.0	0	0.0	4.0
Grand Totals			1,322	1,747	1,319	99.8	3	0.2	3.2

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2023-4539

2025-455

Network Accessibility Analysis

Superior Vision Network

Created for...

CITY OF SPRINGFIELD

Created by...

MetLife

July 31, 2025

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Summary of All Vision Providers - With Access

20250731-4539

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Vision

Distance Method
Estimated Driving Distance

Employee Group
All Employees

Provider Group
All Vision Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Vision Providers) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee Group	With Access[1]			Counts[2]			Average Distance
	#	#	%	#	P	L	1
All Employees	7	7	100.0	215,266	41,604	24,982	2.0

Key Geographic Areas

City	Employee	With Access[1]		Average Distance
	#	#	%	1
Springfield, IL	7	7	100.0	2.0

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Summary of All Vision Providers - Without Access

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Access Analysis_Vision

Distance Method
Estimated Driving Distance

Employee Group
All Employees

Provider Group
All Vision Providers

[1] The Access Standard is defined as {All Employees} employees accessing:
1 {All Vision Providers} provider in 25 miles

Key Geographic Areas				
City	Employee #	Without Access[1] #	Without Access[1] %	Average Distance 1
No data that meets the criteria				

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Radius Search By Zip Code - All Vision Providers

2025-459

July 31, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
Not Applicable

Distance Method
Estimated Driving Distance

Employee / Provider Groups
All Employees
All Vision Providers

[1] Zip code geographic centroids were used as the search points.

[2] Radius is in miles.

All Employees					
State Name	City	Zip[1] Code	Employee #	Provider #	Providers within radius[2] 25
Illinois	Springfield	62701	1	0	121
		62702	1	29	121
		62703	1	2	121
		62704	1	90	121
		62707	1	0	121
		62711	1	0	121
		62712	1	0	121

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SG-EA-2025

Network Accessibility Analysis

Superior Vision Network

Created for...

CITY OF SPRINGFIELD

Created by...

MetLife

July 25, 2025

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Summary of All Vision Providers - With Access

2025145G

July 25, 2025

Created for...
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
2 Providers Within 10 Miles - All Vision Providers

Distance Method
Estimated Driving Distance

Employee Group
All Employees

Provider Group
All Vision Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Vision Providers) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee		With Access[1]		Counts[2]			Average Distance
Group	#	#	%	#	P	L	1
All Employees	1,322	1,312	99.2	210,374	41,576	24,987	4.3

Key Geographic Areas

City	Employee	With Access[1]		Average Distance
	#	#	%	1
Springfield, IL	908	908	100.0	2.2
Chatham, IL	68	68	100.0	5.6
Sherman, IL	39	39	100.0	4.5
Rochester, IL	29	29	100.0	8.2
Pleasant Plains, IL	14	14	100.0	13.9
Riverton, IL	14	14	100.0	4.9
Petersburg, IL	14	13	92.9	20.6
Auburn, IL	13	13	100.0	12.3
New Berlin, IL	13	13	100.0	9.9
Athens, IL	11	11	100.0	13.8
Glenarm, IL	10	10	100.0	8.7
Williamsville, IL	10	10	100.0	11.1
Taylorville, IL	9	9	100.0	3.1
Pawnee, IL	8	8	100.0	12.7
Jacksonville, IL	7	7	100.0	2.2
Decatur, IL	6	6	100.0	1.5
Girard, IL	6	6	100.0	20.7
Loami, IL	6	6	100.0	12.9
Mechanicsburg, IL	6	6	100.0	12.6
Cantrall, IL	5	5	100.0	9.3
Virden, IL	5	5	100.0	18.8
Divernon, IL	4	4	100.0	13.0
Edinburg, IL	4	4	100.0	10.8
Greenview, IL	4	4	100.0	20.7
Waverly, IL	4	4	100.0	22.0
Bloomington, IL	3	3	100.0	0.9
Dawson, IL	3	3	100.0	8.7
Elkhart, IL	3	3	100.0	11.8
Farmersville, IL	3	3	100.0	18.9
Arenzville, IL	2	2	100.0	15.4
Cape Coral, FL	2	2	100.0	3.0
Collinsville, IL	2	2	100.0	1.2
East Peoria, IL	2	2	100.0	1.8
Hillsboro, IL	2	2	100.0	11.0
Jerseyville, IL	2	2	100.0	0.6

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Summary of All Vision Providers - Without Access

July 25, 2025

Created for ..
CITY OF SPRINGFIELD

Created by...
MetLife

Access Analysis
2 Providers Within 10 Miles - All Vision Providers

Distance Method
Estimated Driving Distance

Employee Group
All Employees

Provider Group
All Vision Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Vision Providers) provider in 25 miles

[2] Provider counts represent:
#: Provider access points
P: Unique providers
L: Unique provider locations

Accessibility Analysis Specifications

Employee		Without Access[1]		Counts[2]			Average Distance
Group	#	#	%	#	P	L	1
All Employees	1,322	10	0.8	210,374	41,576	24,987	28.1

Key Geographic Areas

	Employee	Without Access[1]		Average Distance
City	#	#	%	1
Mount Sterling, IL	2	2	100.0	27.3
Palmyra, IL	2	2	100.0	29.5
Petersburg, IL	14	1	7.1	26.9
Astoria, IL	1	1	100.0	30.3
Bath, IL	1	1	100.0	28.1
Browning, IL	1	1	100.0	30.3
Easton, IL	1	1	100.0	26.4
Rushville, IL	1	1	100.0	25.3

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1 All Vision Providers Within 25 Miles

2025-4569

July 25, 2025

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CITY OF SPRINGFIELD

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MetLife

Access Analysis
2 Providers Within 10 Miles - All Vision Providers

Distance Method
Estimated Driving Distance

Employee / Provider Groups
All Employees
All Vision Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Vision Providers) provider in 25 miles

Employees With and Without Access

County	City	Zip Code	Employee Counts		With Access[1]		Without Access[1]		Average Distance
			#	#	#	%	#	%	1
Aransas, TX	Rockport	78382	1	1	1	100.0	0	0.0	1.9
Baldwin, AL	Foley	36535	1	37	1	100.0	0	0.0	1.2
Beaufort, SC	Hilton Head Island	29926	1	7	1	100.0	0	0.0	1.2
Brevard, FL	Rockledge	32955	1	1	1	100.0	0	0.0	3.5
Brown, IL	Mount Sterling	62353	2	0	0	0.0	2	100.0	27.3
Bureau, IL	Walnut	61376	1	0	1	100.0	0	0.0	16.6
Camden, MO	Lake Ozark	65049	1	0	1	100.0	0	0.0	4.2
Cass, IL	Arenzville	62611	2	0	2	100.0	0	0.0	15.4
	Ashland	62612	1	0	1	100.0	0	0.0	21.6
	Beardstown	62618	1	0	1	100.0	0	0.0	24.9
	Chandlerville	62627	1	0	1	100.0	0	0.0	24.4
	Virginia	62691	2	0	2	100.0	0	0.0	16.2
Champaign, IL	Champaign	61820	1	12	1	100.0	0	0.0	0.4
Chickasaw, MS	Houston	38851	1	1	1	100.0	0	0.0	1.0
Christian, IL	Edinburg	62531	4	0	4	100.0	0	0.0	10.8
	Kincaid	62540	2	0	2	100.0	0	0.0	6.7
	Mechanicsburg	62545	1	0	1	100.0	0	0.0	13.6
	Morrisonville	62546	2	0	2	100.0	0	0.0	16.1
	Rochester	62563	1	0	1	100.0	0	0.0	12.5
	Taylorville	62568	9	1	9	100.0	0	0.0	3.1
Cook, IL	Chicago	60609	1	35	1	100.0	0	0.0	0.4
De Witt, IL	Clinton	61727	1	1	1	100.0	0	0.0	1.3
Douglas, IL	Tuscola	61953	1	0	1	100.0	0	0.0	18.1
Fayette, IL	Vandalia	62471	1	4	1	100.0	0	0.0	0.5
Fulton, IL	Astoria	61501	1	0	0	0.0	1	100.0	30.3
Genesee, NY	Batavia	14020	1	152	1	100.0	0	0.0	0.4
Hancock, IL	La Harpe	61450	1	0	1	100.0	0	0.0	19.9
Jersey, IL	Jerseyville	62052	2	4	2	100.0	0	0.0	0.6
Johnson, TX	Burleson	76028	1	32	1	100.0	0	0.0	0.3
La Crosse, WI	Bangor	54614	1	0	1	100.0	0	0.0	10.3
Lake, IN	Gary	46403	1	0	1	100.0	0	0.0	2.5
Lawrence, IN	Bedford	47421	1	9	1	100.0	0	0.0	0.6
Lee, FL	Cape Coral	33914	1	0	1	100.0	0	0.0	4.5
		33990	1	122	1	100.0	0	0.0	1.4
Logan, IL	Cornland	62519	1	0	1	100.0	0	0.0	15.3
	Elkhart	62634	3	0	3	100.0	0	0.0	11.8
	Lincoln	62656	2	28	2	100.0	0	0.0	1.6
	Mount Pulaski	62548	2	0	2	100.0	0	0.0	15.5
Macon, IL	Decatur	62521	3	31	3	100.0	0	0.0	1.2
		62522	1	0	1	100.0	0	0.0	3.3

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Continued on next page...

1 All Vision Providers Within 25 Miles

July 25, 2025

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CITY OF SPRINGFIELD

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MetLife

Access Analysis
2 Providers Within 10 Miles - All Vision Providers

Distance Method
Estimated Driving Distance

Employee / Provider Groups
All Employees
All Vision Providers

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (All Vision Providers) provider in 25 miles

Employees With and Without Access

County	City	Zip Code	Employee Counts		With Access[1]		Without Access[1]		Average Distance
			#	#	#	%	#	%	1
Macon, IL	Decatur	62526	2	29	2	100.0	0	0.0	1.0
	Mt Zion	62549	2	7	2	100.0	0	0.0	1.6
Macoupin, IL	Carlinville	62626	1	0	1	100.0	0	0.0	16.9
	Girard	62640	6	0	6	100.0	0	0.0	20.7
	Palmyra	62674	2	0	0	0.0	2	100.0	29.5
	Staunton	62088	2	0	2	100.0	0	0.0	17.5
	Virden	62690	5	0	5	100.0	0	0.0	18.8
Madison, IL	Collinsville	62234	2	42	2	100.0	0	0.0	1.2
Mahoning, OH	Youngstown	44515	1	24	1	100.0	0	0.0	1.3
Maricopa, AZ	Glendale	85304	1	88	1	100.0	0	0.0	0.6
Mason, IL	Bath	62617	1	0	0	0.0	1	100.0	28.1
	Easton	62633	1	0	0	0.0	1	100.0	26.4
	Mason City	62664	1	0	1	100.0	0	0.0	17.6
McDonough, IL	Macomb	61455	1	2	1	100.0	0	0.0	1.6
McLean, IL	Bloomington	61704	3	18	3	100.0	0	0.0	0.9
McMinn, TN	Athens	37303	1	7	1	100.0	0	0.0	0.8
Menard, IL	Athens	62613	11	0	11	100.0	0	0.0	13.8
	Greenview	62642	4	0	4	100.0	0	0.0	20.7
	Petersburg	62675	14	0	13	92.9	1	7.1	21.0
Montgomery, IL	Farmersville	62533	3	0	3	100.0	0	0.0	18.9
	Hillsboro	62049	2	0	2	100.0	0	0.0	11.0
	Litchfield	62056	2	31	2	100.0	0	0.0	1.0
	Nokomis	62075	1	0	1	100.0	0	0.0	19.2
	Waggoner	62572	2	0	2	100.0	0	0.0	13.5
Morgan, IL	Chapin	62628	1	0	1	100.0	0	0.0	9.7
	Jacksonville	62650	7	54	7	100.0	0	0.0	2.2
	Waverly	62692	4	0	4	100.0	0	0.0	22.0
Ozark, MO	Tecumseh	65760	1	0	1	100.0	0	0.0	17.8
Peach, GA	Byron	31008	1	2	1	100.0	0	0.0	0.4
Peoria, IL	Hanna City	61536	1	0	1	100.0	0	0.0	9.8
	Peoria	61603	1	0	1	100.0	0	0.0	2.1
		61607	1	0	1	100.0	0	0.0	6.1
Pike, IL	Barry	62312	1	0	1	100.0	0	0.0	17.6
	Pittsfield	62363	1	7	1	100.0	0	0.0	0.4
Pinal, AZ	Florence	85132	1	0	1	100.0	0	0.0	10.0
	Gold Canyon	85118	1	0	1	100.0	0	0.0	11.0
Sangamon, IL	Auburn	62615	13	0	13	100.0	0	0.0	12.3
	Buffalo	62515	1	0	1	100.0	0	0.0	10.9
	Cantrall	62625	5	0	5	100.0	0	0.0	9.3
	Chatham	62629	68	0	68	100.0	0	0.0	5.6

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1 All Vision Providers Within 25 Miles

2025145 2025

July 25, 2025

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Access Analysis
2 Providers Within 10 Miles - All Vision Providers

Distance Method
Estimated Driving Distance

Employee / Provider Groups
All Employees
All Vision Providers

[1] The Access Standard is defined as [All Employees] employees accessing:
1 [All Vision Providers] provider in 25 miles

Employees With and Without Access

County	City	Zip Code	Employee Counts		With Access[1]		Without Access[1]		Average Distance
			#	#	#	%	#	%	1
Sangamon, IL	Dawson	62520	3	0	3	100.0	0	0.0	8.7
	Divernon	62530	4	0	4	100.0	0	0.0	13.0
	Glenarm	62536	10	0	10	100.0	0	0.0	8.7
	Loami	62661	6	0	6	100.0	0	0.0	12.9
	Mechanicsburg	62545	5	0	5	100.0	0	0.0	12.4
	New Berlin	62670	13	0	13	100.0	0	0.0	9.9
	Pawnee	62558	8	0	8	100.0	0	0.0	12.7
	Pleasant Plains	62677	14	0	14	100.0	0	0.0	13.9
	Riverton	62561	14	0	14	100.0	0	0.0	4.9
	Rochester	62563	28	0	28	100.0	0	0.0	8.1
	Sherman	62684	39	0	39	100.0	0	0.0	4.5
	Springfield	62701	2	0	2	100.0	0	0.0	0.8
		62702	175	29	175	100.0	0	0.0	2.2
		62703	149	2	149	100.0	0	0.0	1.5
		62704	243	90	243	100.0	0	0.0	1.3
		62707	97	0	97	100.0	0	0.0	3.7
		62711	135	0	135	100.0	0	0.0	2.3
		62712	107	0	107	100.0	0	0.0	4.2
	Thayer	62669	1	0	1	100.0	0	0.0	16.3
	Williamsville	62693	10	0	10	100.0	0	0.0	11.1
Santa Rosa, FL	Milton	32583	1	0	1	100.0	0	0.0	4.5
Sarasota, FL	North Port	34287	1	109	1	100.0	0	0.0	1.3
		34288	1	0	1	100.0	0	0.0	3.8
Schuyler, IL	Browning	62624	1	0	0	0.0	1	100.0	30.3
	Rushville	62681	1	0	0	0.0	1	100.0	25.3
Scott, IL	Winchester	62694	1	0	1	100.0	0	0.0	16.4
Shelby, AL	Birmingham	35242	1	55	1	100.0	0	0.0	0.0
Spartanburg, SC	Woodruff	29388	1	5	1	100.0	0	0.0	2.9
St Louis, MO	Saint Louis	63132	1	4	1	100.0	0	0.0	0.1
Sumner, TN	Gallatin	37066	1	19	1	100.0	0	0.0	0.4
Sumter, FL	The Villages	32163	1	0	1	100.0	0	0.0	6.4
Tazewell, IL	East Peoria	61611	2	30	2	100.0	0	0.0	1.8
	Morton	61550	1	1	1	100.0	0	0.0	1.2
	Tremont	61568	1	0	1	100.0	0	0.0	6.9
Volusia, FL	Daytona Beach	32124	1	0	1	100.0	0	0.0	2.6
Washington, MD	Fairplay	21733	1	0	1	100.0	0	0.0	4.2
Grand Totals			1,322	1,133	1,312	99.2	10	0.8	4.4

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PDP Plus Disclosure

MetLife Preferred Dentist Program

The Preferred Dentist Program, our dental preferred provider organization (DPPO), is supported by two networks – our PDP network and the expanded PDP "Plus" network. PDP Plus consists of the PDP network dentists and dentists who are contracted through certain vendor networks. The PDP Plus Network supplements MetLife's existing network and gives plan members a greater selection of in-network options and may help lower the cost of dental care due to negotiated rates available at more locations[1].

The fee levels for providers available through a vendor are negotiated between those providers and the vendor. However, just as with providers who directly contract with MetLife, these providers' negotiated fees are usually 20% to 45%[2] less than average charges in the same community.

Providers contracted through a vendor relationship meet or exceed MetLife's standard requirements for credentialing and re-credentialing, and are subject to the same review analysis of utilization profiling, monitoring, and claims review, as providers who directly contract with MetLife. Providers available through a vendor are subject to the vendor's credentialing process and education programs, and other vendor requirements that may differ from PDP network requirements[3].

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife for complete details.

[1]Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

[2] Based on MetLife internal data. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

[3] Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service. If you should have any questions, contact MetLife Customer Service.

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Metropolitan Life Insurance Company, New York, NY 10166

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company (herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products *("Products")* with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products *(each an "Intermediary")*. MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business *(number of products sold or dollar value of premium)* with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 9% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 9% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife *(e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements)*.

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

2025-456

Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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2025-456

Ancillary Products RFP – Vendor Comparison

Vendor Name	MetLife (Incumbent)	Aetna	Blue Cross Blue Shield
Plan Design (all Ancillary)	Matching Current Plan Design	Matching Current Plan Design	Matching Current Plan Design

Life / AD&D	MetLife (Incumbent)	Aetna	Blue Cross Blue Shield
Basic Life Rates	.097/.028 PER $1,000	Declined to quote	.087/.028 PER $1,000
Rate Guarantee	3 Year RG thru 3/1/2029	Declined to quote	3 Year RG thru 3/1/2029
Supplemental Rates	Included - matched	Declined to quote	Included - matched

Critical Illness	MetLife (Incumbent)	Aetna	Blue Cross Blue Shield
45-49	$9.00	$8.82	$8.10
50-54	$13.60	$13.33	$12.24
55-59	$19.70	$19.31	$17.73

Accident	MetLife (Incumbent)	Aetna	Blue Cross Blue Shield
	$5.09	$4.98	$4.58
	$9.56	$9.36	$8.60
	$11.05	$10.82	$9.95
	$13.60	$13.32	$12.24

Hospital Indemnity	MetLife (Incumbent)	Aetna	Blue Cross Blue Shield
Low Plan / Option 1	$12.26	$9.91	$11.03
	$24.07	$19.81	$21.66
	$22.18	$17.83	$19.96
	$37.74	$27.73	$33.97
High Plan / Option 2	$22.62	$19.39	$20.36
	$44.43	$38.78	$36.85
	$40.94	$34.90	$39.99
	$69.65	$54.29	$62.69

STD / LTD	MetLife (Incumbent)	Aetna	Blue Cross Blue Shield
STD	Rate Pass	Declined to Quote	Declined to Quote
LTD	Rate Pass		

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Vision RFP – Vendor Comparison

*Incumbent Wellpoint Vision – Did not Bid

Vendor Name	Aetna	BCBS (Blue Cross Blue Shield)	Metlife
Plan Design	Eye Exam: $10 Copay annual Standard Contact Lens Fitting: $40 Contacts: $105 allowance / year Single Vision Lenses: $15 copay / year Frames: $120 allowance / 2 years	Eye Exam: $10 Copay annual Contacts: $105 allowance / year Single Vision Lenses: $15 copay / year Frames: $120 allowance / 2 years	Eye Exam: $10 Copay annual Contacts: $105 allowance / year Single Vision Lenses: $15 copay / year Frames: $120 allowance / 2 years
Monthly Rates / Premiums EE / EE+1 / Family	$6.32 / $12.00 / $17.62	$5.39 / $9.41 / $15.04	$5.39 / $9.41 / $15.04
Rate Guarantee	48 Months	48 Months	48 months
Bundling Discounts	$0.25 PEPM	$1.00 PEPM 1% Stop Loss Discount	N/A
Total Estimated Lives	1,323	1,323	1,323
Pricing			
Monthly Cost	$15,068	$12,554.50	$12,555
Annual Cost	$180,816	$150,657	$150,657
Total Contract Cost (48 months)	$723,264	$602,628	$602,628
Who they use – ie EyeMed	EyeMed	EyeMed	Superior Vision

MetLife Cost Breakdown:

Vision / Life / Accident / Critical Illness / Hospital Indemnity / LTD / FMLA

Vision RFP	
Plan Design (Richer than current plan design)	*Superior Vision* Plan Eye Exam: $10 Copay annual Contacts: *Standard $25 Copay* *Specialty $50 allowance after Copay* Single Vision Lenses: $15 copay / year Frames: $120 allowance / 2 years *Out of network allowances are $5-$10 higher than current plan*
Additional Benefits Included:	Retinal imaging discount; Laser eye surgery discounts; Hearing aid discounts; Digital Estate Planning
Monthly Rates	EE $5.39 EE+1 $9.41 Family $15.04
Rate Guarantee	36 months
Bundling Discounts	N/A
Participation Requirements	25%
Pricing	Assume 1,800 covered employee/retirees
Monthly Cost	$12,555
Annual Cost	$150,657
Contract Cost – 3 Years	$451,971

Basic Life RFP	
Basic Life	
Plan Design	$25,000 Life / $25,000 AD&D
Basic Life Rates	.097/.028 PER $1,000
Rate Guarantee	36 months
Pricing	Assume 1,550 eligible employees
Monthly Cost	$4,215
Annual Cost	$50,575
Contract Cost – 3 Years	$151,725

FMLA RFP	
PEPM	
Current Rate	$1.05
Renewal Rate	$2.99

LTD / Accident / Critical Illness / Hospital Indemnity / Cancer RFP	
Rates	
LTD	No Change
Accident	No Change
Critical Illness	No Change
Hospital Indemnity	No Change
Cancer	No Change

2025-456

ORDINANCE FACT SHEET

DATE OF 1st READING: _____

CONTACT PERSON: Kelley Martin

OFFICE REQUESTING: Human Resources

PHONE NUMBER: (217) 789-2446

EMERGENCY PASSAGE: No ☑ Yes ☐ **If yes, explain justification - See attached document**

FISCAL IMPACT: See attached.

SUGGESTED TITLE: AN ORDINANCE AUTHORIZING THE APPROVAL TO CONTRACT WITH METLIFE TO PROVIDE VISION, BASIC LIFE, ANCILLARY PRODUCT LINES AND SERVICES AND AETNA TO PROVIDE DENTAL SERVICES FOR THE CITY'S SELF-INSURED HEALTH PLAN EFFECTIVE MARCH 1, 2026.

CONTRACTOR / VENDOR NAME: METLIFE / AETNA **VENDOR NO:** _____

CONTRACT TERM: 03/01/2026 - 02/28/2029 **Change in Scope Yes** ☐ **No** ☑

CONTRACT AMOUNT: $2,343,456 _____ _____

(Original amount if change order) **Change Order #** **Additional Amount**

Method of Purchase (check one)

☐ Low Bid
☐ Low Bid Meeting Specs
☐ Low Evaluated Bid
☑ Other: RFP
☐ Exception: _____
Code Provision: _____

Previous Ord #'s _____

Is Purchasing Agent approval required? No ☐ Yes ☑

Is Purchasing Agent approval attached? No ☐ Yes ☑

Accounting information (if more than four accounts, please attach list)

REVENUE

	Fund	Agency	Org	Activity	Object	Amount
1						
2						
3						
4						

EXPENDITURE

	Fund	Agency	Org	Activity	Object	Amount
1	074	107	BMGT	HINS	1219	$2,191,731
2	074	107	BMGT	HINS	1260	$151,725
3				HINS		
4						

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)

Summary Plan Description,

STAFF ANALYSIS

To authorize COS to enter into a contract with MetLife to provide Vision, Insurance, Basic Life and AD&D Insurance, and Voluntary Ancillary Benefits (Accident, Critical Illness, Hospital Indemnity, Cancer, LTD, and FMLA administration) services and AETNA for Dental Benefits for City employees, retirees and eligible dependents as part of the City's Health Care RFP from 3/1/2026 - 2/28/2029. MetLife & AETNA were selected as the recommended vendors for following a competitive pricing, access, administrative capabilities and member experience proposal. The proposals offers a strong pricing stability with 36 month rate guarantees, enhanced plan designs for vision, no change in premium ancillary rates.

ESTIMATED FINANCIAL IMPACT: (Detailed Attached)
Vision: $451,971
Basic Life: $151,725
Dental $1,739,760

Note: These figures are estimates. The above expenses are based off an estimated number of lives.

FUNDS CHECK BY: Courtney Heinzel Digitally signed by Courtney Heinzel Date: 2025.10.13 16:01:42 -05'00' **Date:** _____

DIRECTOR / SUPERVISOR: Ramona M Metzger Digitally signed by Ramona M Metzger Date: 2025.10.15 16:31:26 -05'00' **Date:** _____

CITY PURCHASING AGENT: Peters, James W. Digitally signed by Peters, James W. Date: 2025.10.15 16:04:51 -05'00' **Date:** _____

SIGN OFF: _____ GFM
(Mayor's Signature)

Ramona M Metzger Digitally signed by Ramona M Metzger Date: 2025.10.15 16:32:15 -05'00'
(Director of OBM)

The information supplied on this form is not confidential information.

2025-456