

# McLean County Unit District No. 5 Board of Education Regular Meeting Agenda

Wednesday, May 26, 2021

Public Session 6:30 PM

Normal West High School

501 N Parkside Rd

Normal, IL 61761

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## **MASKS ARE REQUIRED.**

### **1. CALL TO ORDER AND ROLL CALL**

### **2. ADJOURN TO CLOSED SESSION(5:15p.m.)**

**Recommended motion:** Move to adjourn to closed session to discuss the following matter according to the exceptions provided in the Open Meetings Act and specified as follows:

•2(c)(1) The appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity.

### **3. RETURN TO PUBLIC SESSION**

### **4. PLEDGE OF ALLEGIANCE**

### **5. FOCUS ON STUDENTS AND GOOD NEWS REPORTS**

#### **A Beyond the Books Recipients**

#### **B ACT-SO medal winners at NCHS and NCWHS**

**2**

#### **C NCWHS FFA State Livestock Judging Winners**

**3**

#### **D NCHS FFA Ag Education Career Development Event Winner and Beyond the Box Recipient**

**4**

### **6. SUPERINTENDENT COMMENTS**

### **7. PUBLIC COMMENTS**

### **8. REPORTS**

#### **A 2021-2022 School Year**

#### **B HR Report**

#### **C Amended Budget 2020-2021**

**5**

### **9. CONSENT AGENDA**

#### **A Approval of Minutes**

Minutes are not released for public viewing until approved by the Board of Education

##### **1 Closed Session 05.12.21**

##### **2 Regular Session 05.12.21**

#### **B Personnel Matters**

**44**

#### **C Payment of Bills and Payrolls**

##### **1 Bills & Payrolls Reports**

**49**

#### **D Approve Finance Department Reports**

##### **1 Financial Statements for April 2021**

**83**

#### **E Approve Embrace Contract 2021-2022**

**92**

#### **F Approve School Messenger Contract 2021-2022**

**114**

#### **G Approve Employee Group Medical and Dental Renewal 2021-2022**

**116**

#### **H Approve Requests for Authorization to Use Fire Prevention and Safety Funds**

##### **1 Parkside Junior High School, Ten Year Survey**

**200**

##### **2 Prairieland Elementary School, Ten Year Survey**

**204**

### **10. BOARD REPRESENTATIVE COMMITTEE MEETING REPORTS, ANNOUNCEMENTS AND COMMENTS**

### **11. ADJOURNMENT**



To: Dr. Weikle and the Unit 5 Board of Education  
From: Mr. Dave Johnson & Dr. Trevor Chapman  
Re: Good News Report - ACT-SO Competition  
Date: May 26, 2021

On May 1, 2021, students in the Bloomington-Normal area participated in the ACT-SO competition. Both Normal West and Normal Community had students earn medals in this competition and we are proud of their accomplishments.

Kodzo Aduonum - Normal West	Gold Metal - Drawing
Destinee Byrd - Normal West	Gold Medal - Poetry Written Silver Medal - Poetry Performance
Isha Gollapudi - Normal Community	Gold Medal - Architecture Gold Medal - Painting
Bradley Ross Jackson - Normal Community	Bronze Medal - Poetry Performance
Jasmyn Jordan - Normal West	Silver Medal - Poetry Written
Nashyla McQuirter - Normal West	Gold Medal - Biology/Microbiology
Aniya Thompson - Normal Community	Gold Medal - Music Vocal Contemporary
Sahara Williams - Normal West	Bronze Medal - Poetry Written Bronze Medal - Music Vocal Contemporary

**ACT-SO** is an acronym for Academic, Cultural, Technological Scientific Olympics. It is a yearlong enrichment program designed to recruit, and encourage high academic and cultural achievement among high school students. The program centers around the dedication and commitment of community volunteers and business leaders to serve as mentors and coaches. There are 32 categories of competition in the areas of STEM, humanities, performing arts, visual arts, business, and culinary arts.





501 North Parkside Road  
Normal, IL 61761  
Phone: (309) 557-4402  
Office Fax: (309) 557-4503

Mr. Dave Johnson, Principal  
Mrs. Angie Codron, Associate Principal  
Mr. Wes Temples, Athletic Director

Dr. Brandon Caffey, Assistant Principal  
Mrs. Becky Frangella, Assistant Principal  
Mr. Terry Gliege, Assistant Principal

To: Dr. Weikle and the Unit 5 Board of Education  
From: Mr. Dave Johnson  
Re: Good News Report  
Date: May 26, 2021

On May 1, 2021, the Normal West FFA Team placed first at the State FFA Livestock Judging Event which was held virtually. Team members were Chloe Boitnott, Paige Lenemager, Lauren Mohr, and Preston Rhode. Our FFA Sponsor is Mr. Parker Bane.

At the competition, students evaluated 8 classes. In addition to placing classes of beef, swine, sheep, and goats, the students completed three breeding female selection classes and one class of cattle yield and quality grading. Upon submission of their scorecards, the students prepared and recorded three sets of oral reasons in which they defended their placings of sheep, beef, and swine. These videos were submitted to the state for evaluation.

The livestock evaluation career development event is the capstone experience for these students after studying animal science in agriculture courses such as Introduction to Agriculture, Food, and Natural Resources, Biological Science Applications in Agriculture, and Veterinary Science.

Congratulations to all involved for representing Normal West at the FFA event!





## NORMAL COMMUNITY HIGH SCHOOL

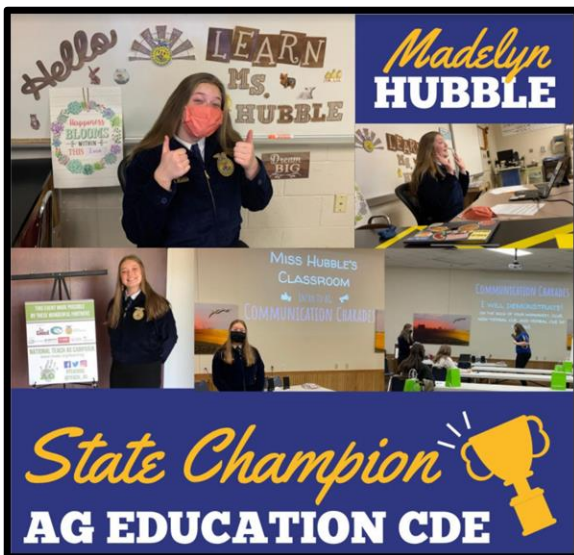
3900 East Raab Road | Normal, Illinois 61761 | Phone (309) 557-4401 | Website: [www.unit5.org/NCHS](http://www.unit5.org/NCHS)

**TO:** Unit 5 Board of Education & Dr. Kristen Kendrick-Weikle  
**FROM:** Dr. Trevor Chapman, NCHS Principal  
**DATE:** May 26, 2021  
**RE:** FFA Ag Ed Career Development Event + Beyond the Box Grant Recipient

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Madelyn Hubble won the Illinois FFA Ag Education Career Development Event. For this competition, she wrote a lesson plan and taught her lesson on communication to a group of high school students. This is the second year in a row she has won this contest, but the first year that she was actually able to present her lesson in-person!

**Beyond the Box: Making a (Green)house a Home.** The goal of this project is to renovate the NCHS greenhouse which is currently not in functional condition. The \$10,000 Beyond the Box grant will be used to update heating/cooling, watering and electrical systems in order to grow flowers and vegetables. Additionally, the plan is to use this space to support hands-on learning opportunities for our new Dual Credit Introduction to Animal Science course. One of the topics students learn about in this class is animal reproduction and husbandry, and our goal (which Dr. Chapman is REALLY excited about!) is for students to be able to experience concepts of animal health, nutrition and reproduction live in action by birthing piglets in the greenhouse during the winter when plants are growing there. While the piglets stay in the greenhouse will be short, the impact on our students will be great!



Dr. Trevor Chapman, *Principal* | Mrs. Nikki Maurer, *Associate Principal*

Mr. Jeff Barnard, *Asst. Principal* | Mr. Anthony Clark, *Asst. Principal* | Mrs. Courtney McClure, *Asst. Principal*  
Mrs. Wendy Davis, *Asst. Principal* | Mr. Nic Kearfott, *Athletic Director*

# **AMENDED BUDGET HIGHLIGHTS 2020-2021**

MAY 26, 2021

# Amended Budget Overview

- Overall budget tracked as expected. Adjustments in the amendment were identified last fall as programs most likely impacted by the pandemic.
- 2020 EAV increase lower than expected
- 30 day grace period before interest is applied to property tax payments, July 17<sup>th</sup> which could impact local tax revenue for this fiscal year.
- Amended budget assumes that all budgeted supplies and purchase services funds will be spent.

Historical EAV



**MCLEAN COUNTY UNIT 5  
BUDGET  
2020-2021 SCHOOL YEAR**

<b>FUND DESCRIPTION</b>	<b>ADOPTED BUDGET REVENUE 2020-2021</b>	<b>ADOPTED BUDGET EXPENDITURES 2020-2021</b>	<b>ADOPTED REVENUE Vs. EXPENDITURES 2020-2021</b>
EDUCATION	\$ 124,912,115	\$ 119,818,428	\$ 5,093,688
OPERATIONS & MAINTENANCE	12,964,366	12,502,680	461,686
BOND & INTEREST	36,702,417	30,715,622	5,986,796
TRANSPORTATION	11,177,917	10,756,893	421,024
MUNICIPAL RETIREMENT / SS	4,997,076	4,697,605	299,471
CAPITAL PROJECTS	245,000	245,000	-
WORKING CASH	1,229,675	13,100,000	(11,870,325)
TORT FUND	6,153,391	5,817,391	336,000
FIRE PREVENTION - LIFE SAFETY	\$ 1,229,675	\$ 4,872,070	\$ (3,642,395)

7

**MCLEAN COUNTY UNIT 5  
AMENDED BUDGET  
2020-2021 SCHOOL YEAR**

<b>FUND DESCRIPTION</b>	<b>AMENDED BUDGET REVENUE 2020-2021</b>	<b>AMENDED BUDGET EXPENDITURES 2020-2021</b>	<b>AMENDED REVENUE Vs. EXPENDITURES 2020-2021</b>
EDUCATION	\$ 124,977,744	\$ 119,853,896	\$ 5,123,848
OPERATIONS & MAINTENANCE	13,213,212	12,643,261	569,951
BOND & INTEREST	36,695,853	30,831,174	5,864,679
TRANSPORTATION	11,631,491	8,798,371	2,833,120
MUNICIPAL RETIREMENT / SS	5,044,331	4,679,689	364,642
CAPITAL PROJECTS	369,000	368,680	320
WORKING CASH	1,247,595	13,224,000	(11,976,405)
TORT FUND	6,349,432	5,990,561	358,871
FIRE PREVENTION - LIFE SAFETY	6,285,786	5,935,997	349,789

# Education Fund

- **Revenue**

- Food service considerably lower than budget due to fewer meals served during the pandemic.
- Increased Federal revenue due to ESSER grants.

- **Expenses**

- Lower than expected salary and benefit expenses due to online learning. Savings primarily due to unfilled positions not needed for online learning.

- **Working Cash**

- Amended budget includes \$13 million abatement from Working Cash into Education Fund. Actual amount could be lower and will be Board approved at the June meeting.

# Operations Fund

- **Revenue**
  - Majority of revenue from property taxes.
- **Expenses**
  - FEMA COVID related reimbursement claims have been largely denied up to this point.
  - Savings from energy projects have been critical to balance the O&M Fund.

# Transportation Fund

- **Revenue**

- Four State payments have been received leaving one outstanding. The budget does not include the fifth payment.
- State revenue is based on previous years expenses so will be down next school year.

- **Expenses**

- Lower than budgeted due to the pandemic impact on student attendance.
- Expenses next year are expected to return to normal.

QUESTIONS?

ILLINOIS STATE BOARD OF EDUCATION

School Business Services Division

School District  
 Joint Agreement

Accounting Basis:

Cash  
 Accrual

**SCHOOL DISTRICT/JOINT AGREEMENT BUDGET FORM \***  
**July 1, 2020 - June 30, 2021**

Unbalanced budget, however, a deficit reduction plan is not required at this time.

**Date of Amended Budget:** 06/16/2021  
 (MM/DD/YY)

**District Name:** McLean County Unit School District No. 5

**District RCDT No:** 17-064-0050-26

**If your FY20 AFR states that you need to do a deficit reduction plan and your FY21 budget is balanced please state the measures you took to have your budget become balanced. (Bckgrnd-Assumpt 25-26)**

Budget of McLean County Unit School District No. 5, County of McLean & Woodford,  
 State of Illinois, for the Fiscal Year beginning July 1, 2020 and ending June 30, 2021.

WHEREAS the Board of Education of McLean County Unit School District No. 5,  
 County of McLean & Woodford, State of Illinois, caused to be prepared in tentative form a budget, and the Secretary  
 of this Board has made the same conveniently available to public inspection for at least thirty days prior to final action thereon;  
 AND WHEREAS a public hearing was held as to such budget on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 notice of said hearing was given at least thirty days prior thereto as required by law, and all other legal requirements have been complied with;

NOW, THEREFORE, Be it resolved by the Board of Education of said district as follows:

Section 1: That the fiscal year of this school district be and the same hereby is fixed and declared to be  
 beginning July 1, 2020 and ending June 30, 2021.

Section 2: That the following budget containing an estimate of amounts available in each Fund, separately, and expenditures from each be  
 and the same is hereby adopted as the budget of this school district for said fiscal year.

**ADOPTION OF BUDGET**

The budget shall be approved and signed below by members of the School Board. Adopted this

day of \_\_\_\_\_, 20\_\_\_\_ by a roll call vote of \_\_\_\_\_ Yeas, and \_\_\_\_\_ Nays, to wit:

** MEMBERS VOTING YEA:	** MEMBERS VOTING NAY:

\* Based on the 23 Illinois Administrative Code-Part 100 and inconformity with Section 17-1 of the School Code.  
 \*\* Type in the members who voted "YEA" nor "NAY". Actual school board member signatures are not required for electronic submission.

- (1) A certified copy of this document must be filed with the county clerk within 30 days of adoption as required by Section 18-50 of the Property Tax Code (35 ILCS 200/18-50).
- (2) Districts are required to submit the adopted/amended budget electronically to ISBE within 30 days of adoption or by October 30, whichever comes first. Budgets are submitted to **School Finance Report (SFR)**: <https://sec1.isbe.net/attachmgr/default.aspx>  
**The electronic version does not require member signatures, we do not accept PDF copies.**

<i>Begin entering data on EstRev 5-10 and EstExp 11-17 tabs.</i>		(10)	(20)	(30)	(40)	(50)	(60)	(70)	(80)	(90)	
Description: Enter Whole Numbers Only		Acct #	Educational	Operations & Maintenance	Debt Service	Transportation	Municipal Retirement/ Social Security	Capital Projects	Working Cash	Tort	Fire Prevention & Safety
ESTIMATED BEGINNING FUND BALANCE July 1, 2020 <sup>1</sup> (without Student Activity Funds)			5,622,235	250,377	12,476,694	648,987	1,644,044	0	47,567,753	(228,848)	3,954,074
<b>RECEIPTS/REVENUES (without Student Activity Funds)</b>											
LOCAL SOURCES	1000		72,984,431	12,954,217	35,446,677	4,924,979	5,044,331	0	1,247,595	6,169,897	1,231,264
FLOW-THROUGH RECEIPTS/REVENUES FROM ONE DISTRICT TO ANOTHER DISTRICT	2000		0	0		0	0				
STATE SOURCES	3000		24,903,259	0	0	6,692,329	0	145,000	0	0	0
FEDERAL SOURCES	4000		12,195,710	25,717	0	5,156	0	0	0	0	0
Total Direct Receipts/Revenues <sup>8</sup>			110,083,400	12,979,934	35,446,677	11,622,464	5,044,331	145,000	1,247,595	6,169,897	1,231,264
Receipts/Revenues for "On Behalf" Payments <sup>2</sup>	3998										
Total Receipts/Revenues			110,083,400	12,979,934	35,446,677	11,622,464	5,044,331	145,000	1,247,595	6,169,897	1,231,264
<b>DISBURSEMENTS/EXPENDITURES (without Student Activity Funds)</b>											
INSTRUCTION	1000		83,242,255				2,163,658			1,477,423	
SUPPORT SERVICES	2000		33,547,573	12,132,642		8,312,310	2,446,704	368,680		4,513,138	5,886,137
COMMUNITY SERVICES	3000		1,352,380	0		0	69,327			0	
PAYMENTS TO OTHER DISTRICTS & GOVT UNITS	4000		772,172	0	0	0	0	0		0	0
DEBT SERVICES	5000		22,440	0	30,831,174	486,061	0			0	0
PROVISION FOR CONTINGENCIES	6000		0	0	0	0	0	0		0	0
Total Direct Disbursements/Expenditures <sup>9</sup>			118,936,820	12,132,642	30,831,174	8,798,371	4,679,689	368,680		5,990,561	5,886,137
Disbursements/Expenditures for "On Behalf" Payments <sup>2</sup>	4180		0	0	0	0	0	0		0	0
Total Disbursements/Expenditures			118,936,820	12,132,642	30,831,174	8,798,371	4,679,689	368,680		5,990,561	5,886,137
Excess of Direct Receipts/Revenues Over (Under) Direct Disbursements/Expenditures			(8,853,420)	847,292	4,615,503	2,824,093	364,642	(223,680)	1,247,595	179,336	(4,654,873)
<b>OTHER SOURCES/USES OF FUNDS</b>											
<b>OTHER SOURCES OF FUNDS (7000)</b>											
<b>PERMANENT TRANSFER FROM VARIOUS FUNDS</b>											
Abolishment the Working Cash Fund <sup>16</sup>	7110										
Abatement of the Working Cash Fund <sup>16</sup>	7110		13,000,000	224,000							
Transfer of Working Cash Fund Interest	7120										
Transfer Among Funds	7130										
Transfer of Interest	7140										
Transfer from Capital Projects Fund to O&M Fund	7150			0							
Transfer of Excess Fire Prev & Safety Tax & Interest <sup>3</sup> Proceeds to O&M Fund	7160			0							
Transfer of Excess Accumulated Fire Prev & Safety Bond and Int <sup>3a</sup> Proceeds to Debt Service Fund	7170				0						
<b>SALE OF BONDS (7200)</b>											
Principal on Bonds Sold <sup>4</sup>	7210				45,480						5,054,522
Premium on Bonds Sold	7220										
Accrued Interest on Bonds Sold	7230										
Sale or Compensation for Fixed Assets <sup>5</sup>	7300			9,278		9,027				179,535	
Transfer to Debt Service to Pay Principal on Capital Leases	7400				1,162,184						
Transfer to Debt Service Fund to Pay Interest on Capital Leases	7500				41,512						
Transfer to Debt Service Fund to Pay Principal on Revenue Bonds	7600				0						
Transfer to Debt Service Fund to Pay Interest on Revenue Bonds	7700				0						
Transfer to Capital Projects Fund	7800							224,000			
ISBE Loan Proceeds	7900										
Other Sources Not Classified Elsewhere	7990		1,894,344								
Total Other Sources of Funds <sup>8</sup>			14,894,344	233,278	1,249,176	9,027	0	224,000	0	179,535	5,054,522

<i>Begin entering data on EstRev 5-10 and EstExp 11-17 tabs.</i>		(10)	(20)	(30)	(40)	(50)	(60)	(70)	(80)	(90)
Description: Enter Whole Numbers Only		Educational	Operations & Maintenance	Debt Service	Transportation	Municipal Retirement/ Social Security	Capital Projects	Working Cash	Tort	Fire Prevention & Safety
Acct #										
<b>OTHER USES OF FUNDS (8000)</b>										
<b>TRANSFER TO VARIOUS OTHER FUNDS (8100)</b>										
Abolishment or Abatement of the Working Cash Fund <sup>16</sup>	8110							13,224,000		
Transfer of Working Cash Fund Interest	8120							0		
Transfer Among Funds	8130									
Transfer of Interest <sup>6</sup>	8140									
Transfer from Capital Projects Fund to O&M Fund	8150									
Transfer of Excess Fire Prev & Safety Tax & Interest <sup>3</sup> Proceeds to O&M Fund	8160									
Transfer of Excess Accumulated Fire Prev & Safety Bond <sup>3a</sup> and Int Proceeds to Debt Service Fund	8170									
Taxes Pledged to Pay Principal on Capital Leases	8410	887,184	275,000							
Grants/Reimbursements Pledged to Pay Principal on Capital Leases	8420									
Other Revenues Pledged to Pay Principal on Capital Leases	8430									
Fund Balance Transfers Pledged to Pay Principal on Capital Leases	8440									
Taxes Pledged to Pay Interest on Capital Leases	8510	29,893	11,619							
Grants/Reimbursements Pledged to Pay Interest on Capital Leases	8520									
Other Revenues Pledged to Pay Interest on Capital Leases	8530									
Fund Balance Transfers Pledged to Pay Interest on Capital Leases	8540									
Taxes Pledged to Pay Principal on Revenue Bonds	8610									
Grants/Reimbursements Pledged to Pay Principal on Revenue Bonds	8620									
Other Revenues Pledged to Pay Principal on Revenue Bonds	8630									
Fund Balance Transfers Pledged to Pay Principal on Revenue Bonds	8640									
Taxes Pledged to Pay Interest on Revenue Bonds	8710									
Grants/Reimbursements Pledged to Pay Interest on Revenue Bonds	8720									
Other Revenues Pledged to Pay Interest on Revenue Bonds	8730									
Fund Balance Transfers Pledged to Pay Interest on Revenue Bonds	8740									
Taxes Transferred to Pay for Capital Projects	8810									
Grants/Reimbursements Pledged to Pay for Capital Projects	8820									
Other Revenues Pledged to Pay for Capital Projects	8830									
Fund Balance Transfers Pledged to Pay for Capital Projects	8840		224,000							
Transfer to Debt Service Fund to Pay Principal on ISBE Loans	8910									
Other Uses Not Classified Elsewhere	8990									49,860
<b>Total Other Uses of Funds <sup>9</sup></b>		917,077	510,619	0	0	0	0	13,224,000	0	49,860
<b>Total Other Sources/Uses of Fund</b>		13,977,267	(277,341)	1,249,176	9,027	0	224,000	(13,224,000)	179,535	5,004,662
<b>ESTIMATED ENDING FUND BALANCE June 30, 2021 (Without Student Activity Funds)</b>		10,746,082	820,328	18,341,373	3,482,107	2,008,686	320	35,591,348	130,023	4,303,863
<b>Student Activity ESTIMATED BEGINNING FUND BALANCE July 1, 2020 Fund 11</b>		1,727,212								
<b>RECEIPTS/REVENUES (For Student Activity Funds)</b>										
<b>Total Student Activity Direct Receipts/Revenues (Local Sources)</b>	1799	2,294,594								
<b>DISBURSEMENTS/EXPENDITURES (For Student Activity Funds)</b>										
<b>Total Student Activity Direct Disbursements/Expenditures</b>	1999	2,249,497								
<b>Excess of Direct Receipts/Revenues Over (Under) Direct Disbursements/Expenditures</b>		45,097								
<b>Student Activity ESTIMATED ENDING FUND BALANCE June 30, 2021</b>		1,772,309								
<b>Total ESTIMATED BEGINNING FUND BALANCE July 1, 2020 (All Sources Including Student Activity Funds)</b>		7,349,447	250,377	12,476,694	648,987	1,644,044	0	47,567,753	(228,848)	3,954,074
<b>RECEIPTS/REVENUES (All Sources with Student Activity Funds)</b>										
<b>LOCAL SOURCES</b>	1000	75,279,025	12,954,217	35,446,677	4,924,979	5,044,331	0	1,247,595	6,169,897	1,231,264
<b>FLOW-THROUGH RECEIPTS/REVENUES FROM ONE DISTRICT TO ANOTHER DISTRICT</b>	2000	0	0		0	0				
<b>STATE SOURCES</b>	3000	24,903,259	0	0	6,692,329	0	145,000	0	0	0
<b>FEDERAL SOURCES</b>	4000	12,195,710	25,717	0	5,156	0	0	0	0	0
<b>Total Direct Receipts/Revenues <sup>8</sup></b>		112,377,994	12,979,934	35,446,677	11,622,464	5,044,331	145,000	1,247,595	6,169,897	1,231,264
<b>Receipts/Revenues for "On Behalf" Payments <sup>2</sup></b>	3998	0	0	0	0	0	0		0	0
<b>Total Receipts/Revenues</b>		112,377,994	12,979,934	35,446,677	11,622,464	5,044,331	145,000	1,247,595	6,169,897	1,231,264

<i>Begin entering data on EstRev 5-10 and EstExp 11-17 tabs.</i>		(10)	(20)	(30)	(40)	(50)	(60)	(70)	(80)	(90)
Description: Enter Whole Numbers Only	Acct #	Educational	Operations & Maintenance	Debt Service	Transportation	Municipal Retirement/ Social Security	Capital Projects	Working Cash	Tort	Fire Prevention & Safety
<b>DISBURSEMENTS/EXPENDITURES (All Sources with Student Activity Funds)</b>										
INSTRUCTION	1000	85,491,752				2,163,658			1,477,423	
SUPPORT SERVICES	2000	33,547,573	12,132,642		8,312,310	2,446,704	368,680		4,513,138	5,886,137
COMMUNITY SERVICES	3000	1,352,380	0		0	69,327			0	
PAYMENTS TO OTHER DISTRICTS & GOVT UNITS	4000	772,172	0	0	0	0	0		0	0
DEBT SERVICES	5000	22,440	0	30,831,174	486,061	0			0	0
PROVISION FOR CONTINGENCIES	6000	0	0	0	0	0	0		0	0
<b>Total Direct Disbursements/Expenditures<sup>9</sup></b>		<b>121,186,317</b>	<b>12,132,642</b>	<b>30,831,174</b>	<b>8,798,371</b>	<b>4,679,689</b>	<b>368,680</b>		<b>5,990,561</b>	<b>5,886,137</b>
Disbursements/Expenditures for "On Behalf" Payments <sup>2</sup>	4180	0	0	0	0	0	0		0	0
<b>Total Disbursements/Expenditures</b>		<b>121,186,317</b>	<b>12,132,642</b>	<b>30,831,174</b>	<b>8,798,371</b>	<b>4,679,689</b>	<b>368,680</b>		<b>5,990,561</b>	<b>5,886,137</b>
Excess of Direct Receipts/Revenues Over (Under) Direct Disbursements/Expenditures		(8,808,323)	847,292	4,615,503	2,824,093	364,642	(223,680)	1,247,595	179,336	(4,654,873)
<b>OTHER SOURCES/USES OF FUNDS</b>										
<b>OTHER SOURCES OF FUNDS (7000)</b>										
Total Other Sources of Funds <sup>8</sup>		14,894,344	233,278	1,249,176	9,027	0	224,000	0	179,535	5,054,522
<b>OTHER USES OF FUNDS (8000)</b>										
Total Other Uses of Funds <sup>9</sup>		917,077	510,619	0	0	0	0	13,224,000	0	49,860
<b>Total Other Sources/Uses of Fund</b>		<b>13,977,267</b>	<b>(277,341)</b>	<b>1,249,176</b>	<b>9,027</b>	<b>0</b>	<b>224,000</b>	<b>(13,224,000)</b>	<b>179,535</b>	<b>5,004,662</b>
ESTIMATED ENDING FUND BALANCE June 30, 2021 (All Sources With student Activity Funds)		12,518,391	820,328	18,341,373	3,482,107	2,008,686	320	35,591,348	130,023	4,303,863

<b>SUMMARY OF EXPENDITURES Without Student Activity Funds (by Major Object)</b>											
Description	Acct #	(10)	(20)	(30)	(40)	(50)	(60)	(70)	(80)	(90)	15
		Educational	Operations & Maintenance	Debt Service	Transportation	Municipal Retirement/ Social Security	Capital Projects	Working Cash	Tort	Fire Prevention & Safety	Total By Object
<b>Object Name</b>											
Salaries	100	83,998,806	5,984,177		185,779		0		2,609,585	0	92,778,347
Employee Benefits	200	14,714,768	1,035,140		35,889	4,679,689	0		665,379	0	21,130,865
Purchased Services	300	2,946,485	1,273,810	0	7,408,042		20,939		2,541,976	445,299	14,636,551
Supplies & Materials	400	9,353,026	3,563,403		648,736		0		89,160	40	13,654,365
Capital Outlay	500	2,776,796	238,359		28,101		347,741		36,005	5,440,798	8,867,800
Other Objects	600	4,999,962	1,222	30,831,174	486,814	0	0		22,169	0	36,341,341
Non-Capitalized Equipment	700	146,977	36,531		5,010		0		26,287	0	214,805
Termination Benefits	800	0	0		0				0		0
<b>Total Expenditures</b>		<b>118,936,820</b>	<b>12,132,642</b>	<b>30,831,174</b>	<b>8,798,371</b>	<b>4,679,689</b>	<b>368,680</b>		<b>5,990,561</b>	<b>5,886,137</b>	<b>187,624,074</b>

Description: Enter Whole Numbers Only	Acct #	(10) Educational	(20) Operations & Maintenance	(30) Debt Service	(40) Transportation	(50) Municipal Retirement/ Social Security	(60) Capital Projects	(70) Working Cash	(80) Tort	(90) Fire Prevention & Safety
<b>BEGINNING CASH BALANCE ON HAND July 1, 2020 <sup>7</sup> (Without Student Activity Funds)</b>		5,617,141	250,377	12,476,694	648,987	1,644,044	0	10,767,606	0	3,100,239
<b>Total Direct Receipts &amp; Other Sources <sup>8</sup></b>		124,977,744	13,213,212	36,695,853	11,631,491	5,044,331	369,000	1,247,595	6,349,432	6,285,786
<b>OTHER RECEIPTS</b>										
Interfund Loans Payable (Loans from Other Funds)	411									
Interfund Loans Receivable (Repayment of Loans)	141							228,848		
Notes and Warrants Payable	433									
Other Current Assets	199	5,094						13,224,000		853,835
<b>Total Other Receipts</b>		5,094	0	0	0	0	0	13,452,848	0	853,835
<b>Total Direct Receipts, Other Sources, &amp; Other Receipts</b>		124,982,838	13,213,212	36,695,853	11,631,491	5,044,331	369,000	14,700,443	6,349,432	7,139,621
<b>Total Amount Available</b>		130,599,979	13,463,589	49,172,547	12,280,478	6,688,375	369,000	25,468,049	6,349,432	10,239,860
<b>Total Direct Disbursements &amp; Other Uses <sup>9</sup></b>		119,853,897	12,643,261	30,831,174	8,798,371	4,679,689	368,680	13,224,000	5,990,561	5,935,997
<b>OTHER DISBURSEMENTS</b>										
Interfund Loans Receivable (Loans to Other Funds) <sup>10</sup>	141									
Interfund Loans Payable (Repayment of Loans)	411								228,848	
Notes and Warrants Payable	433									
Other Current Liabilities	499									
<b>Total Other Disbursements</b>		0	0	0	0	0	0	0	228,848	0
<b>Total Direct Disbursements, Other Uses, &amp; Other Disbursements</b>		119,853,897	12,643,261	30,831,174	8,798,371	4,679,689	368,680	13,224,000	6,219,409	5,935,997
<b>ENDING CASH BALANCE ON HAND June 30, 2021 <sup>7</sup> (Without Student Activity Funds)</b>		10,746,082	820,328	18,341,373	3,482,107	2,008,686	320	12,244,049	130,023	16 4,303,863
<b>Activity Funds BEGINNING CASH BALANCE ON HAND July 1, 2020 <sup>7</sup></b>		1,727,212								
<b>Total Direct Receipts &amp; Other Sources <sup>8</sup></b>		2,294,594								
<b>Total Amount Available</b>		4,021,806								
<b>Total Direct Disbursements &amp; Other Uses <sup>9</sup></b>		2,249,497								
<b>Activity funds ENDING CASH BALANCE ON HAND June 30, 2021 <sup>7</sup></b>		1,772,309								
<b>Total BEGINNING CASH BALANCE ON HAND July 1, 2020 <sup>7</sup> (With Student Activity Funds)</b>		7,344,353	250,377	12,476,694	648,987	1,644,044	0	10,767,606	0	3,100,239
<b>Total Direct Receipts &amp; Other Sources <sup>8</sup></b>		127,272,338	13,213,212	36,695,853	11,631,491	5,044,331	369,000	1,247,595	6,349,432	6,285,786
<b>Total Other Receipts</b>		5,094	0	0	0	0	0	13,452,848	0	853,835
<b>Total Direct Receipts, Other Sources, &amp; Other Receipts</b>		127,277,432	13,213,212	36,695,853	11,631,491	5,044,331	369,000	14,700,443	6,349,432	7,139,621
<b>Total Amount Available</b>		134,621,785	13,463,589	49,172,547	12,280,478	6,688,375	369,000	25,468,049	6,349,432	10,239,860
<b>Total Direct Disbursements &amp; Other Uses <sup>9</sup></b>		122,103,394	12,643,261	30,831,174	8,798,371	4,679,689	368,680	13,224,000	5,990,561	5,935,997
<b>Total Other Disbursements</b>		0	0	0	0	0	0	0	228,848	0
<b>Total Direct Disbursements, Other Uses, &amp; Other Disbursements</b>		122,103,394	12,643,261	30,831,174	8,798,371	4,679,689	368,680	13,224,000	6,219,409	5,935,997
<b>Total ENDING CASH BALANCE ON HAND June 30, 2021 <sup>7</sup> (With Student Activity Funds)</b>		12,518,391	820,328	18,341,373	3,482,107	2,008,686	320	12,244,049	130,023	4,303,863

Description: Enter Whole Numbers Only	Acct #	(10) Educational	(20) Operations & Maintenance	(30) Debt Service	(40) Transportation	(50) Municipal Retirement/ Social Security	(60) Capital Projects	(70) Working Cash	(80) Tort	(90) Fire Prevention & Safety
<b>RECEIPTS/REVENUES FROM LOCAL SOURCES (1000)</b>										
<b>AD VALOREM TAXES LEVIED BY LOCAL EDUCATION AGENCY 1100</b>										
Designated Purposes Levies <sup>11 (1110-1120)</sup>	-	66,898,334	12,297,500	35,410,891	4,918,958	1,960,298		1,229,722	6,153,694	1,229,722
Leasing Purposes Levy <sup>12</sup>	1130	882,853	346,869							
Special Education Purposes Levy	1140	983,792								
FICA and Medicare Only Levies	1150					2,886,188				
Area Vocational Construction Purposes Levy	1160									
Summer School Purposes Levy	1170									
Other Tax Levies (Describe & Itemize)	1190									
<b>Total Ad Valorem Taxes Levied by District</b>		<b>68,764,979</b>	<b>12,644,369</b>	<b>35,410,891</b>	<b>4,918,958</b>	<b>4,846,486</b>	<b>0</b>	<b>1,229,722</b>	<b>6,153,694</b>	<b>1,229,722</b>
<b>PAYMENTS IN LIEU OF TAXES 1200</b>										
Mobile Home Privilege Tax	1210	63,752	11,685	29,586	4,558	4,491		1,139	5,702	1,139
Payments from Local Housing Authority	1220									
Corporate Personal Property Replacement Taxes <sup>13</sup>	1230	1,927,166				192,555				
Other Payments in Lieu of Taxes (Describe & Itemize)	1290									
<b>Total Payments in Lieu of Taxes</b>		<b>1,990,918</b>	<b>11,685</b>	<b>29,586</b>	<b>4,558</b>	<b>197,046</b>	<b>0</b>	<b>1,139</b>	<b>5,702</b>	<b>1,139</b>
<b>TUITION 1300</b>										
Regular Tuition from Pupils or Parents (In State)	1311									
Regular Tuition from Other Districts (In State)	1312									
Regular Tuition from Other Sources (In State)	1313									
Regular Tuition from Other Sources (Out of State)	1314									
Summer School Tuition from Pupils or Parents (In State)	1321									
Summer School Tuition from Other Districts (In State)	1322									
Summer School Tuition from Other Sources (In State)	1323									
Summer School Tuition from Other Sources (Out of State)	1324									
CTE Tuition from Pupils or Parents (In State)	1331									
CTE Tuition from Other Districts (In State)	1332									
CTE Tuition from Other Sources (In State)	1333									
CTE Tuition from Other Sources (Out of State)	1334									
Special Education Tuition from Pupils or Parents (In State)	1341									
Special Education Tuition from Other Districts (In State)	1342	10,129								
Special Education Tuition from Other Sources (In State)	1343									
Special Education Tuition from Other Sources (Out of State)	1344									
Adult Tuition from Pupils or Parents (In State)	1351									
Adult Tuition from Other Districts (In State)	1352									
Adult Tuition from Other Sources (In State)	1353									
Adult Tuition from Other Sources (Out of State)	1354									
<b>Total Tuition</b>		<b>10,129</b>								
<b>TRANSPORTATION FEES 1400</b>										
Regular Transportation Fees from Pupils or Parents (In State)	1411									
Regular Transportation Fees from Other Districts (In State)	1412									
Regular Transportation Fees from Other Sources (In State)	1413									
Regular Transportation Fees from Co-curricular Activities (In State)	1415									
Regular Transportation Fees from Other Sources (Out of State)	1416									
Summer School Transportation Fees from Pupils or Parents (In State)	1421									
Summer School Transportation Fees from Other Districts (In State)	1422									
Summer School Transportation Fees from Other Sources (In State)	1423									
Summer School Transportation Fees from Other Sources (Out of State)	1424									
CTE Transportation Fees from Pupils or Parents (In State)	1431									
CTE Transportation Fees from Other Districts (In State)	1432									
CTE Transportation Fees from Other Sources (In State)	1433									
CTE Transportation Fees from Other Sources (Out of State)	1434									
Special Education Transportation Fees from Pupils or Parents (In State)	1441									
Special Education Transportation Fees from Other Districts (In State)	1442									
Special Education Transportation Fees from Other Sources (In State)	1443									
Special Education Transportation Fees from Other Sources (Out of State)	1444									
Adult Transportation Fees from Pupils or Parents (In State)	1451									
Adult Transportation Fees from Other Districts (In State)	1452									

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Description: Enter Whole Numbers Only	Acct #	(10) Educational	(20) Operations & Maintenance	(30) Debt Service	(40) Transportation	(50) Municipal Retirement/ Social Security	(60) Capital Projects	(70) Working Cash	(80) Tort	(90) Fire Prevention & Safety
Adult Transportation Fees from Other Sources (In State)	1453									
Adult Transportation Fees from Other Sources (Out of State)	1454									
<b>Total Transportation Fees</b>					0					
<b>EARNINGS ON INVESTMENTS</b>	<b>1500</b>									
Interest on Investments	1510	6,261	352	6,200	1,463	799		16,734	186	403
Gain or Loss on Sale of Investments	1520									
<b>Total Earnings on Investments</b>		<b>6,261</b>	<b>352</b>	<b>6,200</b>	<b>1,463</b>	<b>799</b>	<b>0</b>	<b>16,734</b>	<b>186</b>	<b>403</b>
<b>FOOD SERVICE</b>	<b>1600</b>									
Sales to Pupils - Lunch	1611	43,920								
Sales to Pupils - Breakfast	1612									
Sales to Pupils - A la Carte	1613									
Sales to Pupils - Other (Describe & Itemize)	1614	426								
Sales to Adults	1620	23								
Other Food Service (Describe & Itemize)	1690	1,403								
<b>Total Food Service</b>		<b>45,772</b>								
<b>DISTRICT/SCHOOL ACTIVITY INCOME</b>	<b>1700</b>									
Admissions - Athletic	1711	4,974								
Admissions - Other	1719									
Fees	1720	651,685								
Book Store Sales	1730									
Other District/School Activity Revenue (Describe & Itemize)	1790									
Student Activity Fund Revenues	1799	2,294,594								
<b>Total District/School Activity Income (without Student Activity Funds 1799)</b>		<b>656,659</b>								
<b>Total District/School Activity Income (with Student Activity Funds 1799)</b>		<b>2,951,253</b>								
<b>TEXTBOOK INCOME</b>	<b>1800</b>									
Rentals - Regular Textbooks	1811	1,012,913								
Rentals - Summer School Textbooks	1812									
Rentals - Adult/Continuing Education Textbooks	1813									
Rentals - Other (Describe)	1819									
Sales - Regular Textbooks	1821	27								
Sales - Summer School Textbooks	1822									
Sales - Adult/Continuing Education Textbooks	1823									
Sales - Other (Describe & Itemize)	1829	10,696								
Other (Describe & Itemize)	1890									
<b>Total Textbooks</b>		<b>1,023,636</b>								
<b>OTHER REVENUE FROM LOCAL SOURCES</b>	<b>1900</b>									
Rentals	1910		18,433							
Contributions and Donations from Private Sources	1920	290,096								
Impact Fees from Municipal or County Governments	1930									
Services Provided Other Districts	1940									
Refund of Prior Years' Expenditures	1950	25,367								
Payments of Surplus Moneys from TIF Districts	1960									
Drivers' Education Fees	1970	74,032								
Proceeds from Vendors' Contracts	1980	6,387	47,344							
School Facility Occupation Tax Proceeds	1983									
Payment from Other Districts	1991	56,851								
Sale of Vocational Projects	1992									
Other Local Fees (Describe & Itemize)	1993	10,882	179,857							
Other Local Revenues (Describe & Itemize)	1999	22,462	52,177						10,315	
<b>Total Other Revenue from Local Sources</b>		<b>486,077</b>	<b>297,811</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,315</b>	<b>0</b>
<b>Total Receipts/Revenues from Local Sources (without Student Activity Funds 1799)</b>	<b>1000</b>	<b>72,984,431</b>	<b>12,954,217</b>	<b>35,446,677</b>	<b>4,924,979</b>	<b>5,044,331</b>	<b>0</b>	<b>1,247,595</b>	<b>6,169,897</b>	<b>1,231,264</b>
<b>Total Receipts/Revenues from Local Sources (with Student Activity Funds 1799)</b>		<b>75,279,025</b>								
<b>FLOW-THROUGH RECEIPTS/REVENUES FROM ONE DISTRICT TO ANOTHER DISTRICT (2000)</b>										
Flow-Through Revenue from State Sources	2100									
Flow-Through Revenue from Federal Sources	2200									

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Description: Enter Whole Numbers Only	Acct #	(10) Educational	(20) Operations & Maintenance	(30) Debt Service	(40) Transportation	(50) Municipal Retirement/ Social Security	(60) Capital Projects	(70) Working Cash	(80) Tort	(90) Fire Prevention & Safety
Other Flow-Through Revenue (Describe & Itemize)	2300									
<b>Total Flow-Through Receipts/Revenues From One District to Another District</b>	<b>2000</b>	0	0		0	0				
<b>RECEIPTS/REVENUES FROM STATE SOURCES (3000)</b>										
<b>UNRESTRICTED GRANTS-IN-AID (3001-3099)</b>										
Evidence Based Funding Formula (Section 18-8.15)	3001	21,423,566								
Reorganization Incentives (Accounts 3005-3021)	3005									
Fast Growth District Grants	3030									
Other Unrestricted Grants-In-Aid From State Sources (Describe & Itemize)	3099									
<b>Total Unrestricted Grants-In-Aid</b>		21,423,566	0	0	0	0	0		0	0
<b>RESTRICTED GRANTS-IN-AID (3100-3900)</b>										
<b>SPECIAL EDUCATION</b>										
Special Education - Private Facility Tuition	3100	1,334,665								
Special Education - Funding for Children Requiring Sp Ed Services	3105									
Special Education - Personnel	3110									
Special Education - Orphanage - Individual	3120	252,716								
Special Education - Orphanage - Summer Individual	3130									
Special Education - Summer School	3145									
Special Education - Other (Describe & Itemize)	3199									
<b>Total Special Education</b>		1,587,381	0		0					
<b>CAREER AND TECHNICAL EDUCATION (CTE)</b>										
CTE - Technical Education - Tech Prep	3200									
CTE - Secondary Program Improvement (CTEI)	3220									
CTE - WECEP	3225									
CTE - Agriculture Education	3235	28,292								
CTE - Instructor Practicum	3240									
CTE - Student Organizations	3270									
CTE - Other (Describe & Itemize)	3299									
<b>Total Career and Technical Education</b>		28,292	0			0				
<b>BILINGUAL EDUCATION</b>										
Bilingual Education - Downstate - TPI and TBE	3305									
Bilingual Education - Downstate - Transitional Bilingual Education	3310									
<b>Total Bilingual Education</b>		0				0				
State Free Lunch & Breakfast	3360	18,828								
School Breakfast Initiative	3365									
Driver Education	3370	41,311								
Adult Education (from ICCB)	3410									
Adult Education - Other (Describe & Itemize)	3499									
<b>TRANSPORTATION</b>										
Transportation - Regular and Vocational	3500				2,880,220					
Transportation - Special Education	3510				3,812,109					
Transportation - Other (Describe & Itemize)	3599									
<b>Total Transportation</b>		0	0		6,692,329	0				
Learning Improvement - Change Grants	3610									
Scientific Literacy	3660									
Truant Alternative/Optional Education	3695									
Early Childhood - Block Grant	3705	1,557,272								
Chicago General Education Block Grant	3766									
Chicago Educational Services Block Grant	3767									
School Safety & Educational Improvement Block Grant	3775									
Technology - Technology for Success	3780									
State Charter Schools	3815									
Extended Learning Opportunities - Summer Bridges	3825									
Infrastructure Improvements - Planning/Construction	3920									
School Infrastructure - Maintenance Projects	3925									

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Description: Enter Whole Numbers Only	Acct #	(10) Educational	(20) Operations & Maintenance	(30) Debt Service	(40) Transportation	(50) Municipal Retirement/ Social Security	(60) Capital Projects	(70) Working Cash	(80) Tort	(90) Fire Prevention & Safety
Other Restricted Revenue from State Sources (Describe & Itemize)	3999	246,609					145,000			
<b>Total Restricted Grants-In-Aid</b>		3,479,693	0	0	6,692,329	0	145,000	0	0	0
<b>Total Receipts/Revenues from State Sources</b>	<b>3000</b>	24,903,259	0	0	6,692,329	0	145,000	0	0	0
<b>RECEIPTS/REVENUES FROM FEDERAL SOURCES (4000)</b>										
<b>UNRESTRICTED GRANTS-IN-AID RECEIVED DIRECTLY FROM FEDERAL GOVT. (4001-4009)</b>										
Federal Impact Aid	4001									
Other Unrestricted Grants-In-Aid Received Directly from the Federal Govt. (Describe & Itemize)	4009									
<b>Total Unrestricted Grants-In-Aid Received Directly from Fed Govt</b>		0	0	0	0	0	0	0	0	0
<b>RESTRICTED GRANTS-IN-AID RECEIVED DIRECTLY FROM FEDERAL GOVT (4045-4090)</b>										
Head Start	4045									
Construction (Impact Aid)	4050									
MAGNET	4060									
Other Restricted Grants-In-Aid Received Directly from Federal Govt. (Describe & Itemize)	4090									
<b>Total Restricted Grants-In-Aid Received Directly from Federal Govt.</b>		0	0		0	0	0			0
<b>RESTRICTED GRANTS-IN-AID RECEIVED FROM FEDERAL GOVT. THRU THE STATE (4100-4999)</b>										
<b>TITLE V</b>										
Title V - Flexibility and Accountability	4100									
Title V - SEA Projects	4105									
Title V - Rural Education Initiative (REI)	4107									
Title V - Other (Describe & Itemize)	4199									
<b>Total Title V</b>		0	0		0	0				
<b>FOOD SERVICE</b>										
Breakfast Start-Up Expansion	4200									
National School Lunch Program	4210	5,723								
Special Milk Program	4215									
School Breakfast Program	4220	3,704								
Summer Food Service Admin/Program	4225	2,972,657								
Child and Adult Care Food Program	4226									
Fresh Fruit and Vegetables	4240									
Food Service - Other (Describe & Itemize)	4299									
<b>Total Food Service</b>		2,982,084				0				
<b>TITLE I</b>										
Title I - Low Income	4300	1,815,275								
Title I - Low Income - Neglected, Private	4305									
Title I - Migrant Education	4340									
Title I - Other (Describe & Itemize)	4399	203,448								
<b>Total Title I</b>		2,018,723	0		0	0				
<b>TITLE IV</b>										
Title IV - Student Support & Academic Enrichment Grant	4400									
Title IV - 21st Century	4421									
Title IV - Other (Describe & Itemize)	4499									
<b>Total Title IV</b>		0	0		0	0				
<b>FEDERAL - SPECIAL EDUCATION</b>										
Federal Special Education - Preschool Flow-Through	4600	72,381								
Federal Special Education - Preschool Discretionary	4605									
Federal Special Education - IDEA Flow Through	4620	2,744,834								
Federal Special Education - IDEA Room & Board	4625	511,917								
Federal Special Education - IDEA Discretionary	4630									
Federal Special Education - IDEA - Other (Describe & Itemize)	4699									
<b>Total Federal Special Education</b>		3,329,132	0		0	0				
<b>CTE - PERKINS</b>										
CTE - Perkins-Title III E Tech Prep	4770									
CTE - Other (Describe & Itemize)	4799									

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Description: Enter Whole Numbers Only	Acct #	(10) Educational	(20) Operations & Maintenance	(30) Debt Service	(40) Transportation	(50) Municipal Retirement/ Social Security	(60) Capital Projects	(70) Working Cash	(80) Tort	(90) Fire Prevention & Safety
<b>Total CTE - Perkins</b>		0	0			0				
Federal - Adult Education	4810									
ARRA - General State Aid - Education Stabilization	4850									
ARRA - Title I - Low Income	4851									
ARRA - Title I - Neglected, Private	4852									
ARRA - Title I - Delinquent, Private	4853									
ARRA - Title I - School Improvement (Part A)	4854									
ARRA - Title I - School Improvement (Section 1003g)	4855									
ARRA - IDEA - Part B - Preschool	4856									
ARRA - IDEA - Part B - Flow-Through	4857									
ARRA - Title IID - Technology - Formula	4860									
ARRA - Title IID - Technology - Competitive	4861									
ARRA - McKinney - Vento Homeless Education	4862									
ARRA - Child Nutrition Equipment Assistance	4863									
Impact Aid Formula Grants	4864									
Impact Aid Competitive Grants	4865									
Qualified Zone Academy Bond Tax Credits	4866									
Qualified School Construction Bond Credits	4867									
Build America Bond Tax Credits	4868									
Build America Bond Interest Reimbursement	4869									
ARRA - General State Aid - Other Government Services Stabilization	4870									
Other ARRA Funds - II	4871									
Other ARRA Funds - III	4872									
Other ARRA Funds - IV	4873									21
Other ARRA Funds - V	4874									
ARRA - Early Childhood	4875									
Other ARRA Funds - VII	4876									
Other ARRA Funds - VIII	4877									
Other ARRA Funds - IX	4878									
Other ARRA Funds - X	4879									
Other ARRA Funds - Ed Job Fund Program	4880									
<b>Total Stimulus Programs</b>		0	0	0	0	0	0		0	0
Race to the Top Program	4901									
Race to the Top - Preschool Expansion Grant	4902									
Title III - Instruction for English Learners & Immigrant Students	4905									
Title III - English Language Acquisition	4909	58,506								
McKinney Education for Homeless Children	4920									
Title II - Eisenhower - Professional Development Formula	4930									
Title II - Teacher Quality	4932	316,097								
Federal Charter Schools	4960									
State Assessment Grants	4981									
Grant for State Assessments and Related Activities	4982									
Medicaid Matching Funds - Administrative Outreach	4991	141,807								
Medicaid Matching Funds - Fee-For-Service Program	4992	219,556								
Other Restricted Grants Received from Federal Government through State (Describe & Itemize)	4999	3,129,805	25,717		5,156					
<b>Total Restricted Grants-In-Aid Received from Federal Govt. Thru the State</b>		12,195,710	25,717	0	5,156	0	0		0	0
<b>TOTAL RECEIPTS/REVENUES FROM FEDERAL SOURCES</b>	<b>4000</b>	12,195,710	25,717	0	5,156	0	0	0	0	0
<b>TOTAL DIRECT RECEIPTS/REVENUES (without Student Activity Funds 1799)</b>		110,083,400	12,979,934	35,446,677	11,622,464	5,044,331	145,000	1,247,595	6,169,897	1,231,264
<b>TOTAL DIRECT RECEIPTS/REVENUES (with Student Activity Funds 1799)</b>		112,377,994								

Description: Enter Whole Numbers Only	Funct #	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
<b>10 - EDUCATIONAL FUND (ED)</b>										
<b>INSTRUCTION (ED)</b>	<b>1000</b>									
Regular Programs	1100	39,427,437	6,366,302	163,516	3,513,863		445,366	76,048		49,992,532
Tuition Payment to Charter Schools	1115									0
Pre-K Programs	1125									0
Special Education Programs (Functions 1200 - 1220)	1200	17,682,601	4,319,316	179,008	285,588		3,712,596	(6,262)		26,172,847
Special Education Programs Pre-K	1225	1,230,749	215,130	49,861	83,617					1,579,357
Remedial and Supplemental Programs K-12	1250	1,639,474	267,210		515,959					2,422,643
Remedial and Supplemental Programs Pre-K	1275									0
Adult/Continuing Education Programs	1300									0
CTE Programs	1400	15,306	579		3,610			2,380		21,875
Interscholastic Programs	1500	584,469	16,398	138,185	181,751	8,600	25,098			954,501
Summer School Programs	1600	250,546	10,839		26,752					288,137
Gifted Programs	1650									0
Driver's Education Programs	1700	26,253	873			73,430	269			100,825
Bilingual Programs	1800	1,441,195	207,819	8,313	41,152					1,698,479
Truant Alternative & Optional Programs	1900						11,059			11,059
Pre-K Programs - Private Tuition	1910									0
Regular K-12 Programs Private Tuition	1911									0
Special Education Programs K-12 Private Tuition	1912									0
Special Education Programs Pre-K Tuition	1913									0
Remedial/Supplemental Programs K-12 Private Tuition	1914									0
Remedial/Supplemental Programs Pre-K Private Tuition	1915									0
Adult/Continuing Education Programs Private Tuition	1916									0
CTE Programs Private Tuition	1917									22
Interscholastic Programs Private Tuition	1918									0
Summer School Programs Private Tuition	1919									0
Gifted Programs Private Tuition	1920									0
Bilingual Programs Private Tuition	1921									0
Truants Alternative/Opt Ed Programs Private Tuition	1922									0
Student Activity Fund Expenditures	1999						2,249,497			2,249,497
<b>Total Instruction<sup>14</sup> (Without Student Activity Funds 1999)</b>	<b>1000</b>	<b>62,298,030</b>	<b>11,404,466</b>	<b>538,883</b>	<b>4,652,292</b>	<b>82,030</b>	<b>4,194,388</b>	<b>72,166</b>	<b>0</b>	<b>83,242,255</b>
<b>Total Instruction<sup>14</sup> (With Student Activity Funds 1999)</b>	<b>1000</b>	<b>62,298,030</b>	<b>11,404,466</b>	<b>538,883</b>	<b>4,652,292</b>	<b>82,030</b>	<b>6,443,885</b>	<b>72,166</b>	<b>0</b>	<b>85,491,752</b>
<b>SUPPORT SERVICES (ED)</b>	<b>2000</b>									
<b>Support Services - Pupil</b>	<b>2100</b>									
Attendance & Social Work Services	2110	1,794,532	204,098	901						1,999,531
Guidance Services	2120	1,557,034	239,696	200,000						1,996,730
Health Services	2130	1,285,877	176,286	2,899	15,931			534		1,481,527
Psychological Services	2140	1,627,608	157,184	1,034						1,785,826
Speech Pathology & Audiology Services	2150	1,049,901	91,665							1,141,566
Other Support Services - Pupils (Describe & Itemize)	2190	2,082	19		540					2,641
<b>Total Support Services - Pupil</b>	<b>2100</b>	<b>7,317,034</b>	<b>868,948</b>	<b>204,834</b>	<b>16,471</b>	<b>0</b>	<b>0</b>	<b>534</b>	<b>0</b>	<b>8,407,821</b>
<b>Support Services - Instructional Staff</b>	<b>2200</b>									
Improvement of Instruction Services	2210	2,003,162	282,412	554,981	377,346		6,553	1,415		3,225,869
Educational Media Services	2220	1,583,110	162,041		55,855					1,801,006
Assessment & Testing	2230			180,000						180,000
<b>Total Support Services - Instructional Staff</b>	<b>2200</b>	<b>3,586,272</b>	<b>444,453</b>	<b>734,981</b>	<b>433,201</b>	<b>0</b>	<b>6,553</b>	<b>1,415</b>	<b>0</b>	<b>5,206,875</b>
<b>Support Services - General Administration</b>	<b>2300</b>									
Board of Education Services	2310	8,145	154	92,255	3,304		15,315			119,173
Executive Administration Services	2320	234,156	57,311	97,998	17,802		9,191	7,066		423,524
Special Area Administration Services	2330	289,115	53,870		1,000		150			344,135
Tort Immunity Services	2360 - 2370									0
<b>Total Support Services - General Administration</b>	<b>2300</b>	<b>531,416</b>	<b>111,335</b>	<b>190,253</b>	<b>22,106</b>	<b>0</b>	<b>24,656</b>	<b>7,066</b>	<b>0</b>	<b>886,832</b>
<b>Support Services - School Administration</b>	<b>2400</b>									
Office of the Principal Services	2410	5,033,557	1,187,960	8,333			14,583			6,244,433
Other Support Services - School Administration (Describe & Itemize)	2490									0
<b>Total Support Services - School Administration</b>	<b>2400</b>	<b>5,033,557</b>	<b>1,187,960</b>	<b>8,333</b>	<b>0</b>	<b>0</b>	<b>14,583</b>	<b>0</b>	<b>0</b>	<b>6,244,433</b>

Description: Enter Whole Numbers Only	Func #	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
<b>Support Services - Business</b>	<b>2500</b>									
Direction of Business Support Services	2510	125,387	23,198	16,167	11,518		4,970			181,240
Fiscal Services	2520	328,651	49,440	26,409	4,659		76,439			485,598
Operation & Maintenance of Plant Services	2540			250,000	260,000		4,834	20,418		535,252
Pupil Transportation Services	2550									0
Food Services	2560	2,408,776	341,870	47,863	2,104,426	18,468	3,905	18,981		4,944,289
Internal Services	2570	51,488		266,910	(5,545)					312,853
<b>Total Support Services - Business</b>	<b>2500</b>	<b>2,914,302</b>	<b>414,508</b>	<b>607,349</b>	<b>2,375,058</b>	<b>18,468</b>	<b>90,148</b>	<b>39,399</b>	<b>0</b>	<b>6,459,232</b>
<b>Support Services - Central</b>	<b>2600</b>									
Direction of Central Support Services	2610									0
Planning, Research, Development & Evaluation Services	2620									0
Information Services	2630	77,240	22,767	9,229	23,546		309			133,091
Staff Services	2640	236,696	49,615	112,258	42,282		5,325			446,176
Data Processing Services	2660	960,501	121,300	288,915	1,715,099	2,676,298				5,762,113
<b>Total Support Services - Central</b>	<b>2600</b>	<b>1,274,437</b>	<b>193,682</b>	<b>410,402</b>	<b>1,780,927</b>	<b>2,676,298</b>	<b>5,634</b>	<b>0</b>	<b>0</b>	<b>6,341,380</b>
<b>Other Support Services (Describe &amp; Itemize)</b>	<b>2900</b>				1,000					1,000
<b>Total Support Services</b>	<b>2000</b>	<b>20,657,018</b>	<b>3,220,886</b>	<b>2,156,152</b>	<b>4,628,763</b>	<b>2,694,766</b>	<b>141,574</b>	<b>48,414</b>	<b>0</b>	<b>33,547,573</b>
<b>COMMUNITY SERVICES (ED)</b>	<b>3000</b>	<b>1,043,758</b>	<b>89,416</b>	<b>120,838</b>	<b>71,971</b>			<b>26,397</b>		<b>1,352,380</b>
<b>PAYMENTS TO OTHER DIST &amp; GOVT UNITS (ED)</b>	<b>4000</b>									
<b>Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>									
Payments for Regular Programs	4110									0
Payments for Special Education Programs	4120									0
Payments for Adult/Continuing Education Programs	4130									0
Payments for CTE Programs	4140									23
Payments for Community College Programs	4170									0
Other Payments to In-State Govt Units (Describe & Itemize)	4190			130,612						130,612
<b>Total Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>			<b>130,612</b>			<b>0</b>			<b>130,612</b>
Payments for Regular Programs - Tuition	4210									0
Payments for Special Education Programs - Tuition	4220									0
Payments for Adult/Continuing Education Programs - Tuition	4230									0
Payments for CTE Programs - Tuition	4240						373,088			373,088
Payments for Community College Programs - Tuition	4270									0
Payments for Other Programs - Tuition	4280						23,145			23,145
Other Payments to In-State Govt Units (Describe & Itemize)	4290									0
<b>Total Payments to Other Dist &amp; Govt Units - Tuition (In State)</b>	<b>4200</b>						<b>396,233</b>			<b>396,233</b>
Payments for Regular Programs - Transfers	4310									0
Payments for Special Education Programs - Transfers	4320									0
Payments for Adult/Continuing Ed Programs - Transfers	4330									0
Payments for CTE Programs - Transfers	4340									0
Payments for Community College Program - Transfers	4370									0
Payments for Other Programs - Transfers	4380						244,419			244,419
Other Payments to In-State Govt Units - Transfers (Describe & Itemize)	4390						908			908
<b>Total Payments to Other Dist &amp; Govt Units-Transfers (In State)</b>	<b>4300</b>			<b>0</b>			<b>245,327</b>			<b>245,327</b>
Payments to Other Dist & Govt Units (Out of State)	4400									0
<b>Total Payments to Other Dist &amp; Govt Units</b>	<b>4000</b>			<b>130,612</b>			<b>641,560</b>			<b>772,172</b>
<b>DEBT SERVICE (ED)</b>	<b>5000</b>									
<b>Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>									
Tax Anticipation Warrants	5110						22,440			22,440
Tax Anticipation Notes	5120									0
Corporate Personal Property Repl Tax Anticipated Notes	5130									0
State Aid Anticipation Certificates	5140									0
Other Interest on Short-Term Debt (Describe & Itemize)	5150									0
<b>Total Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>						<b>22,440</b>			<b>22,440</b>
<b>Debt Service - Interest on Long-Term Debt</b>	<b>5200</b>									0
<b>Total Debt Service</b>	<b>5000</b>						<b>22,440</b>			<b>22,440</b>
<b>PROVISION FOR CONTINGENCIES (ED)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures (without Student Activity Funds (1999))</b>		<b>83,998,806</b>	<b>14,714,768</b>	<b>2,946,485</b>	<b>9,353,026</b>	<b>2,776,796</b>	<b>4,999,962</b>	<b>146,977</b>	<b>0</b>	<b>118,936,820</b>
<b>Total Direct Disbursements/Expenditures (with Student Activity Funds (1999))</b>		<b>83,998,806</b>	<b>14,714,768</b>	<b>2,946,485</b>	<b>9,353,026</b>	<b>2,776,796</b>	<b>7,249,459</b>	<b>146,977</b>	<b>0</b>	<b>121,186,317</b>

Description: Enter Whole Numbers Only	Func #	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures (Without Student Activity Funds 1999)										(8,853,420)
Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures (With Student Activity Funds 1999)										(8,808,323)

**20 - OPERATIONS AND MAINTENANCE FUND (O&M)**

<b>SUPPORT SERVICES (O&amp;M)</b>	<b>2000</b>									
<b>Support Services - Pupil</b>	<b>2100</b>									
Other Support Services - Pupils (Describe & Itemize)	2190				518					518
<b>Support Services - Business</b>	<b>2500</b>									
Direction of Business Support Services	2510									0
Facilities Acquisition & Construction Services	2530			45,593						45,593
Operation & Maintenance of Plant Services	2540	5,984,177	1,035,140	1,228,217	3,562,885	238,359	1,222	36,531		12,086,531
Pupil Transportation Services	2550									0
Food Services	2560									0
<b>Total Support Services - Business</b>	<b>2500</b>	<b>5,984,177</b>	<b>1,035,140</b>	<b>1,273,810</b>	<b>3,562,885</b>	<b>238,359</b>	<b>1,222</b>	<b>36,531</b>	<b>0</b>	<b>12,132,124</b>
<b>Other Support Services (Describe &amp; Itemize)</b>	<b>2900</b>									0
<b>Total Support Services</b>	<b>2000</b>	<b>5,984,177</b>	<b>1,035,140</b>	<b>1,273,810</b>	<b>3,563,403</b>	<b>238,359</b>	<b>1,222</b>	<b>36,531</b>	<b>0</b>	<b>12,132,642</b>
<b>COMMUNITY SERVICES (O&amp;M)</b>	<b>3000</b>									0
<b>PAYMENTS TO OTHER DIST &amp; GOVT UNITS (O&amp;M)</b>	<b>4000</b>									
<b>Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>									
Payments for Regular Programs	4110									0
Payments for Special Education Programs	4120									0
Payments for CTE Program	4140									24
Other Payments to In-State Govt Units (Describe & Itemize)	4190									0
<b>Total Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>			<b>0</b>			<b>0</b>			<b>0</b>
Payments to Other Dist & Govt Units (Out of State) <sup>14</sup>	4400									0
<b>Total Payments to Other Dist &amp; Govt Unit</b>	<b>4000</b>			<b>0</b>			<b>0</b>			<b>0</b>
<b>DEBT SERVICE (O&amp;M)</b>	<b>5000</b>									
<b>Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>									
Tax Anticipation Warrants	5110									0
Tax Anticipation Notes	5120									0
Corporate Personal Prop Repl Tax Anticipated Notes	5130									0
State Aid Anticipation Certificates	5140									0
Other Interest on Short-Term Debt (Describe & Itemize)	5150									0
<b>Total Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>						<b>0</b>			<b>0</b>
<b>Debt Service - Interest on Long-Term Debt</b>	<b>5200</b>									0
<b>Total Debt Service</b>	<b>5000</b>						<b>0</b>			<b>0</b>
<b>PROVISION FOR CONTINGENCIES (O&amp;M)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures</b>		<b>5,984,177</b>	<b>1,035,140</b>	<b>1,273,810</b>	<b>3,563,403</b>	<b>238,359</b>	<b>1,222</b>	<b>36,531</b>	<b>0</b>	<b>12,132,642</b>
Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures										847,292

**30 - DEBT SERVICE FUND (DS)**

<b>PAYMENTS TO OTHER DIST &amp; GOVT UNITS (DS)</b>	<b>4000</b>									
<b>Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>									
Payments for Regular Programs	4110									0
Payments for Special Education Programs	4120									0
Other Payments to In-State Govt Units (Describe & Itemize)	4190									0
<b>Total Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4000</b>						<b>0</b>			<b>0</b>
<b>DEBT SERVICE (DS)</b>	<b>5000</b>									
<b>Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>									
Tax Anticipation Warrants	5110									0
Tax Anticipation Notes	5120									0
Corporate Personal Prop Repl Tax Anticipation Notes	5130									0
State Aid Anticipation Certificates	5140									0
Other Interest on Short-Term Debt (Describe & Itemize)	5150									0
<b>Total Debt Service - Interest On Short-Term Debt</b>	<b>5100</b>						<b>0</b>			<b>0</b>

Description: Enter Whole Numbers Only	Func #	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
Debt Service - Interest on Long-Term Debt	5200						3,680,993			3,680,993
Debt Service - Payments of Principal on Long-Term Debt <sup>15</sup> (Lease/Purchase Principal Retired)	5300						27,147,184			27,147,184
Debt Service Other (Describe & Itemize)	5400						2,997			2,997
<b>Total Debt Service</b>	<b>5000</b>			0			30,831,174			30,831,174
<b>PROVISION FOR CONTINGENCIES (DS)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures</b>				0			30,831,174			30,831,174
<b>Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures</b>										4,615,503

40 - TRANSPORTATION FUND (TR)										
<b>SUPPORT SERVICES (TR)</b>	<b>2000</b>									
<b>Support Services - Pupils</b>	<b>2100</b>									
Other Support Services - Pupils (Describe & Itemize)	2190									0
<b>Support Services - Business</b>										
Pupil Transportation Services	2550	185,779	35,889	7,408,042	648,736	28,101	753	5,010		8,312,310
Other Support Services (Describe & Itemize)	2900									0
<b>Total Support Services</b>	<b>2000</b>	<b>185,779</b>	<b>35,889</b>	<b>7,408,042</b>	<b>648,736</b>	<b>28,101</b>	<b>753</b>	<b>5,010</b>	<b>0</b>	<b>8,312,310</b>
<b>COMMUNITY SERVICES (TR)</b>	<b>3000</b>									0
<b>PAYMENTS TO OTHER DIST &amp; GOVT UNITS (TR)</b>	<b>4000</b>									
<b>Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>									
Payments for Regular Program	4110									0
Payments for Special Education Programs	4120									0
Payments for Adult/Continuing Education Programs	4130									25
Payments for CTE Programs	4140									0
Payments for Community College Programs	4170									0
Other Payments to In-State Govt Units (Describe & Itemize)	4190									0
<b>Total Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>			0			0			0
<b>Payments to Other Dist &amp; Govt Units (Out-of-State) (Describe &amp; Itemize)</b>	<b>4400</b>									0
<b>Total Payments to Other Dist &amp; Govt Units</b>	<b>4000</b>			0			0			0
<b>DEBT SERVICE (TR)</b>	<b>5000</b>									
<b>Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>									
Tax Anticipation Warrants	5110									0
Tax Anticipation Notes	5120									0
Corporate Personal Prop Repl Tax Anticipation Notes	5130									0
State Aid Anticipation Certificates	5140									0
Other Interest on Short-Term Debt (Describe and Itemize)	5150									0
<b>Total Debt Service - Interest On Short-Term Debt</b>	<b>5100</b>						0			0
<b>Debt Service - Interest on Long-Term Debt</b>	<b>5200</b>						44,405			44,405
<b>Debt Service - Payments of Principal on Long-Term Debt<sup>15</sup> (Lease/Purchase Principal Retired)</b>	<b>5300</b>						441,656			441,656
<b>Debt Service - Other (Describe and Itemize)</b>	<b>5400</b>									0
<b>Total Debt Service</b>	<b>5000</b>						486,061			486,061
<b>PROVISION FOR CONTINGENCIES (TR)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures</b>		<b>185,779</b>	<b>35,889</b>	<b>7,408,042</b>	<b>648,736</b>	<b>28,101</b>	<b>486,814</b>	<b>5,010</b>	<b>0</b>	<b>8,798,371</b>
<b>Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures</b>										<b>2,824,093</b>

50 - MUNICIPAL RETIREMENT/SOC SEC FUND (MR/SS)										
<b>INSTRUCTION (MR/SS)</b>	<b>1000</b>									
Regular Program	1100		665,919							665,919
Pre-K Programs	1125									0
Special Education Programs (Functions 1200-1220)	1200		1,387,959							1,387,959
Special Education Programs Pre-K	1225		54,412							54,412
Remedial and Supplemental Programs K-12	1250		17,683							17,683
Remedial and Supplemental Programs Pre-K	1275									0
Adult/Continuing Education Programs	1300									0

Description: Enter Whole Numbers Only	Func#	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
CTE Programs	1400		220							220
Interscholastic Programs	1500		18,467							18,467
Summer School Programs	1600		(650)							(650)
Gifted Programs	1650									0
Driver's Education Programs	1700		328							328
Bilingual Programs	1800		19,320							19,320
Truant Alternative & Optional Programs	1900									0
<b>Total Instruction</b>	<b>1000</b>		<b>2,163,658</b>							<b>2,163,658</b>
<b>SUPPORT SERVICES (MR/SS)</b>	<b>2000</b>									
<b>Support Services - Pupil</b>	<b>2100</b>									
Attendance & Social Work Services	2110		18,961							18,961
Guidance Services	2120		40,312							40,312
Health Services	2130		61,233							61,233
Psychological Services	2140		16,812							16,812
Speech Pathology & Audiology Services	2150		8,479							8,479
Other Support Services - Pupils (Describe & Itemize)	2190		32							32
<b>Total Support Services - Pupil</b>	<b>2100</b>		<b>145,829</b>							<b>145,829</b>
<b>Support Services - Instructional Staff</b>	<b>2200</b>									
Improvement of Instruction Services	2210		54,570							54,570
Educational Media Services	2220		19,749							19,749
Assessment & Testing	2230									0
<b>Total Support Services - Instructional Staff</b>	<b>2200</b>		<b>74,319</b>							<b>74,319</b>
<b>Support Services - General Administration</b>	<b>2300</b>									
Board of Education Services	2310		43							26 43
Executive Administration Services	2320		45,987							45,987
Special Area Administrative Services	2330		15,194							15,194
Claims Paid from Self Insurance Fund	2361									0
Workers' Compensation or Workers' Occupation Disease Acts Payments	2362									0
Unemployment Insurance Payments	2363									0
Insurance Payments (regular or self-insurance)	2364									0
Risk Management and Claims Services Payments	2365									0
Judgment and Settlements	2366									0
Educatl, Inspectl, Supervisory Serv. Related to Loss Prevention or Reduction	2367									0
Reciprocal Insurance Payments	2368									0
Legal Service	2369		7,453							7,453
<b>Total Support Services - General Administration</b>	<b>2300</b>		<b>68,677</b>							<b>68,677</b>
<b>Support Services - School Administration</b>	<b>2400</b>									
Office of the Principal Services	2410		371,250							371,250
Other Support Services - School Administration (Describe & Itemize)	2490									0
<b>Total Support Services - School Administration</b>	<b>2400</b>		<b>371,250</b>							<b>371,250</b>
<b>Support Services - Business</b>	<b>2500</b>									
Direction of Business Support Services	2510		29,930							29,930
Fiscal Services	2520		68,496							68,496
Facilities Acquisition & Construction Services	2530									0
Operation & Maintenance of Plant Service	2540		1,049,657							1,049,657
Pupil Transportation Services	2550		30,829							30,829
Food Services	2560		346,975							346,975
Internal Services	2570		10,792							10,792
<b>Total Support Services - Business</b>	<b>2500</b>		<b>1,536,679</b>							<b>1,536,679</b>
<b>Support Services - Central</b>	<b>2600</b>									
Direction of Central Support Services	2610									0
Planning, Research, Development & Evaluation Services	2620									0
Information Services	2630		17,842							17,842
Staff Services	2640		67,309							67,309
Data Processing Services	2660		164,799							164,799
<b>Total Support Services - Central</b>	<b>2600</b>		<b>249,950</b>							<b>249,950</b>
<b>Other Support Services (Describe &amp; Itemize)</b>	<b>2900</b>									0
<b>Total Support Services</b>	<b>2000</b>		<b>2,446,704</b>							<b>2,446,704</b>

Description: Enter Whole Numbers Only	Func #	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
<b>COMMUNITY SERVICES (MR/SS)</b>	<b>3000</b>		69,327							69,327
<b>PAYMENTS TO OTHER DIST &amp; GOVT UNITS (MR/SS)</b>	<b>4000</b>									
Payments for Regular Programs	4110									0
Payments for Special Education Programs	4120									0
Payments for CTE Programs	4140									0
<b>Total Payments to Other Dist &amp; Govt Units</b>	<b>4000</b>		0							0
<b>DEBT SERVICE (MR/SS)</b>	<b>5000</b>									
<b>Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>									
Tax Anticipation Warrants	5110									0
Tax Anticipation Notes	5120									0
Corporate Personal Prop Repl Tax Anticipation Notes	5130									0
State Aid Anticipation Certificates	5140									0
Other (Describe & Itemize)	5150									0
<b>Total Debt Service</b>	<b>5000</b>						0			0
<b>PROVISION FOR CONTINGENCIES (MR/SS)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures</b>			4,679,689				0			4,679,689
<b>Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures</b>										364,642

<b>60 - CAPITAL PROJECTS (CP)</b>										
<b>SUPPORT SERVICES (CP)</b>	<b>2000</b>									
<b>Support Services - Business</b>										
Facilities Acquisition & Construction Services	2530			20,939		347,741				368,680
Other Support Services (Describe & Itemize)	2900									27,000
<b>Total Support Services</b>	<b>2000</b>	0	0	20,939	0	347,741	0	0		368,680
<b>PAYMENTS TO OTHER DIST &amp; GOVT UNITS (CP)</b>	<b>4000</b>									
<b>Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>									
Payments to Regular Programs	4110									0
Payment for Special Education Programs	4120									0
Payment for CTE Programs	4140									0
Payments to Other Govt Units (In-State) (Describe & Itemize)	4190									0
<b>Total Payments to Other Districts &amp; Govt Units</b>	<b>4000</b>			0			0			0
<b>PROVISION FOR CONTINGENCIES (CP)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures</b>		0	0	20,939	0	347,741	0	0		368,680
<b>Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures</b>										(223,680)

**70 WORKING CASH FUND (WC)**

<b>80 - TORT FUND (TF)</b>										
<b>INSTRUCTION (TF)</b>	<b>1000</b>									
Regular Programs	1100									0
Tuition Payment to Charter Schools	1115									0
Pre-K Programs	1125									0
Special Education Programs (Functions 1200 - 1220)	1200	1,398,326								1,398,326
Special Education Programs Pre-K	1225									0
Remedial and Supplemental Programs K-12	1250									0
Remedial and Supplemental Programs Pre-K	1275									0
Adult/Continuing Education Programs	1300									0
CTE Programs	1400									0
Interscholastic Programs	1500	21,026		58,071						79,097
Summer School Programs	1600									0
Gifted Programs	1650									0
Driver's Education Programs	1700									0
Bilingual Programs	1800									0
Truant Alternative & Optional Programs	1900									0
Pre-K Programs - Private Tuition	1910									0
Regular K-12 Programs Private Tuition	1911									0
Special Education Programs K-12 Private Tuition	1912									0

Description: Enter Whole Numbers Only	Func#	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
Special Education Programs Pre-K Tuition	1913									0
Remedial/Supplemental Programs K-12 Private Tuition	1914									0
Remedial/Supplemental Programs Pre-K Private Tuition	1915									0
Adult/Continuing Education Programs Private Tuition	1916									0
CTE Programs Private Tuition	1917									0
Interscholastic Programs Private Tuition	1918									0
Summer School Programs Private Tuition	1919									0
Gifted Programs Private Tuition	1920									0
Bilingual Programs Private Tuition	1921									0
Truants Alternative/Opt Ed Programs Private Tuition	1922									0
<b>Total Instruction<sup>14</sup></b>	<b>1000</b>	<b>1,419,352</b>	<b>0</b>	<b>58,071</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,477,423</b>
<b>SUPPORT SERVICES (TF)</b>	<b>2000</b>									
<b>Support Services - Pupil</b>	<b>2100</b>									
Attendance & Social Work Services	2110									0
Guidance Services	2120									0
Health Services	2130	463,429	401		4,605					468,435
Psychological Services	2140									0
Speech Pathology & Audiology Services	2150									0
Other Support Services - Pupils (Describe & Itemize)	2190									0
<b>Total Support Services - Pupil</b>	<b>2100</b>	<b>463,429</b>	<b>401</b>	<b>0</b>	<b>4,605</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>468,435</b>
<b>Support Services - Instructional Staff</b>	<b>2200</b>									
Improvement of Instruction Services	2210									0
Educational Media Services	2220									28
Assessment & Testing	2230									0
<b>Total Support Services - Instructional Staff</b>	<b>2200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Support Services - General Administration</b>	<b>2300</b>									
Board of Education Services	2310									0
Executive Administration Services	2320	152,503	19,225							171,728
Special Area Administration Services	2330									0
Claims Paid from Self Insurance Fund	2361									0
Risk Management and Claims Services Payments	2365	121,070		1,851,281	31,260	1,703	22,169			2,027,483
<b>Total Support Services - General Administration</b>	<b>2300</b>	<b>273,573</b>	<b>19,225</b>	<b>1,851,281</b>	<b>31,260</b>	<b>1,703</b>	<b>22,169</b>	<b>0</b>	<b>0</b>	<b>2,199,211</b>
<b>Support Services - School Administration</b>	<b>2400</b>									
Office of the Principal Services	2410	364,202								364,202
Other Support Services - School Administration (Describe & Itemize)	2490									0
<b>Total Support Services - School Administration</b>	<b>2400</b>	<b>364,202</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>364,202</b>
<b>Support Services - Business</b>	<b>2500</b>									
Direction of Business Support Services	2510	24,637								24,637
Fiscal Services	2520									0
Operation & Maintenance of Plant Services	2540			589,153	51,560	34,302		26,287		701,302
Pupil Transportation Services	2550									0
Food Services	2560									0
Internal Services	2570									0
<b>Total Support Services - Business</b>	<b>2500</b>	<b>24,637</b>	<b>0</b>	<b>589,153</b>	<b>51,560</b>	<b>34,302</b>	<b>0</b>	<b>26,287</b>	<b>0</b>	<b>725,939</b>
<b>Support Services - Central</b>	<b>2600</b>									
Direction of Central Support Services	2610									0
Planning, Research, Development & Evaluation Services	2620									0
Information Services	2630									0
Staff Services	2640	64,392	645,753	27,440						737,585
Data Processing Services	2660			16,031	1,735					17,766
<b>Total Support Services - Central</b>	<b>2600</b>	<b>64,392</b>	<b>645,753</b>	<b>43,471</b>	<b>1,735</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>755,351</b>
<b>Other Support Services (Describe &amp; Itemize)</b>	<b>2900</b>									
<b>Total Support Services</b>	<b>2000</b>	<b>1,190,233</b>	<b>665,379</b>	<b>2,483,905</b>	<b>89,160</b>	<b>36,005</b>	<b>22,169</b>	<b>26,287</b>	<b>0</b>	<b>4,513,138</b>
<b>COMMUNITY SERVICES (TF)</b>	<b>3000</b>									
<b>PAYMENTS TO OTHER DIST &amp; GOVT UNITS (TF)</b>	<b>4000</b>									
<b>Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>									
Payments for Regular Programs	4110									0
Payments for Special Education Programs	4120									0

Description: Enter Whole Numbers Only	Func#	(100) Salaries	(200) Employee Benefits	(300) Purchased Services	(400) Supplies & Materials	(500) Capital Outlay	(600) Other Objects	(700) Non-Capitalized Equipment	(800) Termination Benefits	(900) Total
Payments for Adult/Continuing Education Programs	4130									0
Payments for CTE Programs	4140									0
Payments for Community College Programs	4170									0
Other Payments to In-State Govt Units <i>(Describe &amp; Itemize)</i>	4190									0
<b>Total Payments to Other Dist &amp; Govt Units (In-State)</b>	<b>4100</b>			0			0			0
Payments for Regular Programs - Tuition	4210									0
Payments for Special Education Programs - Tuition	4220									0
Payments for Adult/Continuing Education Programs - Tuition	4230									0
Payments for CTE Programs - Tuition	4240									0
Payments for Community College Programs - Tuition	4270									0
Payments for Other Programs - Tuition	4280									0
Other Payments to In-State Govt Units <i>(Describe &amp; Itemize)</i>	4290									0
<b>Total Payments to Other Dist &amp; Govt Units - Tuition (In State)</b>	<b>4200</b>						0			0
Payments for Regular Programs - Transfers	4310									0
Payments for Special Education Programs - Transfers	4320									0
Payments for Adult/Continuing Ed Programs - Transfers	4330									0
Payments for CTE Programs - Transfers	4340									0
Payments for Community College Program - Transfers	4370									0
Payments for Other Programs - Transfers	4380									0
Other Payments to In-State Govt Units - Transfers <i>(Describe &amp; Itemize)</i>	4390									0
<b>Total Payments to Other Dist &amp; Govt Units-Transfers (In State)</b>	<b>4300</b>			0			0			0
Payments to Other Dist & Govt Units (Out of State)	4400									0
<b>Total Payments to Other Dist &amp; Govt Units</b>	<b>4000</b>			0			0			0
<b>DEBT SERVICE (TF)</b>	<b>5000</b>									29
<b>Debt Service - Interest on Short-Term Debt</b>										0
Tax Anticipation Warrants	5110									0
Corporate Personal Property Replacement Tax Anticipation Notes	5130									0
Other Interest on Short-Term Debt <i>(Describe &amp; Itemize)</i>	5150									0
<b>Total Debt Service</b>	<b>5000</b>						0			0
<b>PROVISION FOR CONTINGENCIES (TF)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures</b>		2,609,585	665,379	2,541,976	89,160	36,005	22,169	26,287	0	5,990,561
<b>Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures</b>										179,336
<b>90 - FIRE PREVENTION &amp; SAFETY FUND (FP&amp;S)</b>										
<b>SUPPORT SERVICES (FP&amp;S)</b>	<b>2000</b>									
<b>Support Services - Business</b>	<b>2500</b>									
Facilities Acquisition & Construction Services	2530			357,363						357,363
Operation & Maintenance of Plant Service	2540			87,936	40	5,440,798				5,528,774
<b>Total Support Services - Business</b>	<b>2500</b>	0	0	445,299	40	5,440,798	0	0		5,886,137
Other Support Services <i>(Describe &amp; Itemize)</i>	2900									0
<b>Total Support Services</b>	<b>2000</b>	0	0	445,299	40	5,440,798	0	0		5,886,137
<b>PAYMENTS TO OTHER DISTRICTS &amp; GOVT UNITS (FP&amp;S)</b>	<b>4000</b>									
Payments to Regular Programs	4110									0
Payments to Special Education Programs	4120									0
Other Payments to In-State Govt Units <i>(Describe &amp; Itemize)</i>	4190									0
<b>Total Payments to Other Districts &amp; Govt Units (FPS)</b>	<b>4000</b>						0			0
<b>DEBT SERVICE (FP&amp;S)</b>	<b>5000</b>									
<b>Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>									
Tax Anticipation Warrants	5110									0
Other Interest on Short-Term Debt <i>(Describe &amp; Itemize)</i>	5150									0
<b>Total Debt Service - Interest on Short-Term Debt</b>	<b>5100</b>						0			0
<b>Debt Service - Interest on Long-Term Debt</b>	<b>5200</b>									0
<b>Debt Service - Payments of Principal on Long-Term Debt <sup>15</sup></b> <b>(Lease/Purchase Principal Retired)</b>	<b>5300</b>									0
<b>Total Debt Service</b>	<b>5000</b>						0			0
<b>PROVISIONS FOR CONTINGENCIES (FP&amp;S)</b>	<b>6000</b>									0
<b>Total Direct Disbursements/Expenditures</b>		0	0	445,299	40	5,440,798	0	0		5,886,137
<b>Excess (Deficiency) of Receipts/Revenues Over Disbursements/Expenditures</b>										(4,654,873)

**This page is provided for detailed itemizations as requested within the body of the Report.**

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**DEFICIT BUDGET SUMMARY INFORMATION - Operating Funds Only (School Districts Only)**

Description	EDUCATIONAL FUND (10)	OPERATIONS & MAINTENANCE FUND (20)	TRANSPORTATION FUND (40)	WORKING CASH FUND (70)	TOTAL
<b>Direct Revenues</b>	110,083,400	12,979,934	11,622,464	1,247,595	<b>135,933,393</b>
<b>Direct Expenditures</b>	118,936,820	12,132,642	8,798,371		<b>139,867,833</b>
<b>Difference</b>	<b>(8,853,420)</b>	847,292	2,824,093	1,247,595	<b>(3,934,440)</b>
<b>Estimated Fund Balance - June 30, 2021</b>	10,746,082	820,328	3,482,107	35,591,348	<b>50,639,865</b>

**Unbalanced budget, however, a deficit reduction plan is not required at this time.**

*A deficit reduction plan is required if the local board of education adopts (or amends) the 2020-21 school district budget in which the "operating funds" listed above result in direct revenues (line 9) being less than direct expenditures (line 19) by an amount equal to or greater than one-third (1/3) of the ending fund balance (line 81).*

**Note:** *The balance is determined using only the four funds listed above. That is, if the estimated ending fund balance is less than three times the deficit spending, the district must adopt and file with ISBE a deficit reduction plan to balance the shortfall within three years.*

*The School Code, Section 17-1 (105 ILCS 5/17-1) - If the 2019-2020 Annual Financial Report (AFR) reflects a deficit as defined above (page 36), then the school district shall adopt and submit a deficit reduction plan (found here on page 20-24) to ISBE within 30 days after acceptance of the AFR.*

*The deficit reduction plan, if required, is developed using ISBE guidelines and format.*

*School Districts Only #7064000026		DEFICIT REDUCTION PLAN ESTIMATED BUDGET FY2020-2021					ESTIMATED BUDGET FY2021-2022					ESTIMATED BUDGET FY2022-2023					ESTIMATED BUDGET FY2023-2024					SUMMARY BUDGET ADDENDUM - DEFICIT REDUCTION PLAN ESTIMATED BUDGET Date of Adoption: _____ (Enter as MM/DD/YYYY)			
District Name McLean County Unit School District No. 5		Educational Fund	Operations & Maintenance Fund	Transportation Fund	Working Cash Fund	Total	Educational Fund	Operations & Maintenance Fund	Transportation Fund	Working Cash Fund	Total	Educational Fund	Operations & Maintenance Fund	Transportation Fund	Working Cash Fund	Total	Educational Fund	Operations & Maintenance Fund	Transportation Fund	Working Cash Fund	Total	FY2020-2021	FY2021-2022	FY2022-2023	FY2023-2024
<b>ESTIMATED BEGINNING FUND BALANCE</b> (Must equal prior ending fund balance)		5,623,235	250,373	648,987	47,567,753	54,089,352	10,746,082	820,328	3,482,107	35,591,348	50,639,865	10,746,082	820,328	3,482,107	35,591,348	50,639,865	10,746,082	820,328	3,482,107	35,591,348	50,639,865	54,089,352	50,639,865	50,639,865	50,639,865
<b>RECEIPTS/REVENUES</b>																									
1000	72,984,431	12,954,217	4,924,979	1,247,595	92,111,222																				
<b>FLOW-THROUGH RECEIPTS/REVENUES FROM ONE DISTRICT TO ANOTHER DISTRICT</b>																									
2000	0	0	0	0	0																				
3000	24,903,259	0	6,692,329	0	31,595,588																				
<b>FEDERAL SOURCES</b>																									
4000	12,195,710	25,717	5,156	0	12,226,583																				
<b>Total Receipts/Revenues</b>		110,083,400	12,979,934	11,622,464	1,247,595	135,933,393	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,933,393	0	0
<b>DISBURSEMENTS/EXPENDITURES</b>																									
1000	83,242,255				83,242,255																				
2000	33,547,573	12,132,642	8,312,310		53,992,525																				
3000	1,352,380	0	0		1,352,380																				
4000	772,172	0	0		772,172																				
5000	22,440	0	488,061		508,501																				
<b>PROVISION FOR CONTINGENCIES</b>																									
6000	0	0	0		0																				
<b>Total Disbursements/Expenditures</b>		118,936,820	12,132,642	8,798,371		139,867,833	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	139,867,833	0	0
<b>Excess of Receipts/Revenues Over (Under) Disbursements/Expenditures</b>		(8,853,420)	847,292	2,824,093	1,247,595	(5,934,440)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(5,934,440)	0	0
<b>OTHER SOURCES/USES OF FUNDS</b>																									
<b>OTHER SOURCES OF FUNDS (7000)</b>																									
14,894,344	233,278	9,027	0	15,136,649																					
<b>OTHER USES OF FUNDS (8000)</b>																									
13,977,267	(777,341)	9,027	(13,224,000)	484,953																					
<b>TOTAL OTHER SOURCES/USES OF FUNDS</b>		1,917,081	(544,063)	9,054	(11,737,351)	484,953	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	484,953	0	0
<b>ESTIMATED ENDING FUND BALANCE</b>		10,746,082	820,328	3,482,107	35,591,348	50,639,865	10,746,082	820,328	3,482,107	35,591,348	50,639,865	10,746,082	820,328	3,482,107	35,591,348	50,639,865	10,746,082	820,328	3,482,107	35,591,348	50,639,865	50,639,865	50,639,865	50,639,865	

**Deficit Reduction Plan-Background/Assumptions (School Districts Only)**

**Fiscal Year 2020-2021 through Fiscal Year 2023-2024**

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**McLean County Unit School District No. 5      17064005026**

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*Please complete the following schedule and include a brief description to identify any areas of the budget that will be impacted from one year to the next. If the deficit reduction plan relies upon new local revenues, identify contingencies for further budget reductions which will be enacted in the event those new revenues are not available.*

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**1. Background and Narrative of Budget Reductions:**

**2. Assumptions Used in the Deficit Reduction Plan:**

- EBF and Estimated New Tier Funding:

- Equal Assessed Valuation and Tax Rates:

- Employee Salaries and Benefits:

- Short and Long Term Borrowing:

- Educational Impact:



- Other Assumptions:

- Has the district considered shared services or outsourcing (Ex: Transportation, Insurance) If yes please explain:

**ESTIMATED LIMITATION OF ADMINISTRATIVE COSTS (School Districts Only)**

*(For Local Use Only)*

***This is an estimated Limitation of Administrative Costs Worksheet only and will not be accepted for Official Submission of the Limitation of Administrative Costs Worksheet.***

The worksheet is intended for use during the budgeting process to estimate the district's percent increase of FY2021 budgeted expenditures over FY2020 actual expenditures. Budget information is copied to this page. Insert the prior year estimated actual expenditures to compute the estimated percentage increase (decrease).

The official Limitation of Administrative Costs Worksheet is attached to the end of the Annual Financial Report (ISBE Form 50-35) and may be submitted in conjunction with that report.

An official Limitation of Administrative Costs Worksheet can also be found on the ISBE website at: [Limitation of Administrative Costs](#)

**ESTIMATED LIMITATION OF ADMINISTRATIVE COSTS WORKSHEET**  
(Section 17-1.5 of the School Code)

School District Name: McLean County Unit School District No. 5  
RCDT Number: 17-064-0050-26

Description	Funct. No.	Estimated Actual Expenditures, Fiscal Year 2020				Budgeted Expenditures, Fiscal Year 2021			
		(10) Educational Fund	(20) Operations & Maintenance Fund	(80) Tort Fund *	Total	(10) Educational Fund	(20) Operations & Maintenance Fund	(80) Tort Fund	Total
1. Executive Administration Services	2320	463,390		176,496	639,886	423,524		171,728	595,252
2. Special Area Administration Services	2330	292,074		0	292,074	344,135		0	344,135
3. Other Support Services - School Administration	2490			0	0	0		0	0
4. Direction of Business Support Services	2510	188,783		22,358	211,141	181,240	0	24,637	205,877
5. Internal Services	2570	324,022		0	324,022	312,853		0	312,853
6. Direction of Central Support Services	2610			0	0	0		0	0
7. Deduct - Early Retirement or other pension obligations required by state law and included above.					0				0
<b>8. Totals</b>		1,268,268	0	198,854	1,467,122	1,261,752	0	196,365	1,458,117
<b>9. Estimated Percent Increase (Decrease) for FY2021 (Budgeted) over FY2020 (Actual)</b>									-1%

\* For FY 2020 Tort Fund Expenditures, first complete the Estimated Limitation of Administrative Costs - Crosswalk of FY 2020 Tort Fund Expenditures, located below on lines 43-70

## Estimated Limitation of Administrative Costs - Crosswalk of FY 2020 Tort Fund Expenditures

The 23 Illinois Administrative Code, Part 100 Requirements for Accounting, Budgeting, Financial Reporting and Auditing, was amended effective with the beginning of FY 2021.

To assist districts with the crosswalk of its Limitation of Administrative Costs Worksheet (LAC) within the school district's FY 2021 budget, please complete the crosswalk of FY 2020 Tort Fund expenditures that would have been reflected within one of the Limitation of Administrative Costs functions if the amended rules were effective beginning with FY 2020.

**If a school district has FY 2020 Tort Fund expenditures, a Limitation of Administrative Costs – Tort Fund Crosswalk must be completed and must be submitted in conjunction with the FY 2021 Limitation of Administrative Costs Worksheet.**

School District Name: McLean County Unit School District No. 5  
 RCDT Number: 17-064-0050-26

			How Expenditures would have been reported had FY 2021 Amended Rules been implemented for FY 2020							
FY 2020 Tort Fund Expenditures	FY 2020 Function	FY 2020 Total Expenditure	Function 2320	Function 2330	Function 2490	Function 2510	Function 2570	Function 2610	Other Function Outside of the LAC Functions	Total (Must agree with Expenditures in column E)
Claims Paid from Self Insurance Fund	2361	0								0
Workers' Compensation or Worker's Occupation Disease Acts Pymts	2362	591,816							591,816	591,816
Unemployment Insurance Payments	2363	(107)							(107)	(107)
Insurance Payments (Regular or Self-Insurance)	2364	0								0
Risk Management and Claims Services Payments	2365	13,027							13,027	13,027
Judgment and Settlements	2366	1,176							1,176	1,176
Educational, Inspectional, Supervisory Services Related to Loss Prevention or Reduction	2367	3,832,802	10,282			22,358			3,800,162	3,832,802
Reciprocal Insurance Payments	2368	0								0
Legal Services	2369	387,057	166,214						220,843	387,057
Property Insurance (Buildings & Grounds)	2371	883,802							883,802	883,802
Vehicle Insurance (Transportation)	2372	0								0
<b>Totals</b>		<b>5,709,573</b>	<b>176,496</b>	<b>0</b>	<b>0</b>	<b>22,358</b>	<b>0</b>	<b>0</b>	<b>5,510,719</b>	<b>5,709,573</b>

Please email [finance1@isbe.net](mailto:finance1@isbe.net) or call 217-785-8779 with any questions.



## Reference Description

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- 1 Each fund balance should correspond to the fund balance reflected on the books as of June 30th - Balance Sheet Accounts #720 and #730 (audit figures, if available).
- 2 Accounting and Financial Reporting for Certain Grants and Other Financial Assistance. The "On-Behalf" Payments should only be reflected on this page (Budget Summary, Lines 10 and 20).
- 3 Requires the secretary of the school board to notify the county clerk (within 30 days of the transfer approval) to abate an equal amount of taxes to be next extended. See Sec. 10-22.14 & 17-2.11.
- 3<sup>a</sup> Requires notification to the county clerk to abate an equal amount from taxes next extended. See section 10-22.14
- 4 Principal on Bonds Sold:
  - (1) Funding Bonds are to be entered in the fund or funds in which the liability occurs.
  - (2) Refunding Bonds can be entered in the Debt Services Fund only.
  - (3) Building Bonds can be entered in the Capital Projects Fund only.
  - (4) Fire Prevention and Safety Bonds can be entered in the Fire Prevention & Safety Fund only.
- 5  
The proceeds from the sale of school sites, buildings, or other real estate shall be used first to pay the principal and interest on any outstanding bonds on the property being sold, and after all such bonds have been retired, the remaining proceeds from the sale next shall be used by the school board to meet any urgent district needs as determined under Sections 2-3.12 and 17-2.11 of the School Code. Once these issues have been addressed, any remaining proceeds may be used for any other authorized purpose and for deposit into any district fund.
- 6 The School Code, Section 10-22.44 prohibits the transfer of interest earned on the investment of "any funds for purposes of Illinois Municipal Retirement under the Pension Code." This prohibition does not include funds for Social Security and Medicare-only purposes. For additional requirements on interest earnings, see 23 Illinois Administrative Code, Part 100, Section 100.50.
- 7 Cash plus investments must be greater than or equal to zero.
- 8 For cash basis budgets, this total will equal the Budget Summary - Total Direct Receipts/Revenues (Line 9) plus Total Other Sources of Funds (Line 46).
- 9 For cash basis budgets, this total will equal the Budget Summary - Total Direct Disbursements/Expenditures (Line 19) plus Total Other Uses of Funds (Line 79).
- 10 Working Cash Fund loans may be made to any district fund for which taxes are levied (Section 20-5 of the School Code).
- 11 Include revenue accounts 1110 through 1115, 1117, 1118 & 1120.
- 12 The School Code Section 17-2.2c. Tax for leasing educational facilities or computer technology or both, and for temporary relocation expense purposes.
- 13 Corporate personal property replacement tax revenue must be first applied to the Municipal Retirement/Social Security Fund to replace tax revenue lost due to the abolition of the corporate personal property tax (30 ILCS 115/12). This provision does not apply to taxes levied for Medicare-Only purposes.
- 14 Only tuition payments made to private facilities. See Functions 4200 or 4400 for estimated public facility disbursements/expenditures.
- 15 Payment towards the retirement of lease/purchase agreements or bonded/other indebtedness (principal only) otherwise reported within the fund - e.g.: alternate revenue bonds. (Describe & Itemize)
- 16 Only abolishment of Working Cash Fund must transfer its funds directly to the Educational Fund upon adoption of a resolution and at the close of the current school Year (see 105 ILCS 5/20-8 for further explanation)  
Only abatement of working cash fund can transfer its funds to any fund in most need of money  
(see 105 ILCS 5/20-10 for further explanation)

**CHECK FOR ERRORS**

This worksheet checks various cells to assure that selected items are in balance.

Out-of-balance conditions are accompanied by an error message.

Errors must be corrected before the budget is finalized and submitted to ISBE.

Budget Item References	Message
Is Deficit Reduction Plan Required? (Joint Agreements do not complete a deficit reduction plan.)	<b>Deficit reduction plan is not required.</b>
If required, is Deficit Reduction Plan Completed (Page: DefReductPlan 23-27)?	
<b>1. Cover Page - "School District or Joint Agreement" and "CASH or ACCRUAL"</b>	
Check School District or Joint Agreement.	<b>School District</b>
Check one type of Accounting Basis used on the Cover sheet.	<b>CASH</b>
<b>2. Budget Summary: Other Sources (Page BudgetSum 2-3 - Acct 7000), must equal Other Uses (BudgetSum 2-3 - Acct. 8000).</b>	
Estimated Beginning Fund Balance July,1 2020 for all Funds (Cells C3 - K3) <b>(Line must have a number or zero. Do not leave blank.)</b>	<b>OK</b>
Estimated Activity Fund Beginning Fund Balance July,1 2020 (Cell C83) <b>(Cell must have a number or zero. Do not leave blank.)</b>	<b>OK</b>
Transfer Among Funds (Funds 10, 20, 40 - Acct 7130 - Cells C29, D29, F29), must equal (Funds 10, 20 & 40 - Acct 8130 - Cells C52, D52, F52).	<b>OK</b>
Transfer of Interest (Funds 10 thru 90 - Acct 7140 - Cells C30:K30), must equal (Funds 10 thru 60, & 80 - Acct 8140 - Cells C53:H53, J53).	<b>OK</b>
Transfer to Debt Service to Pay Principal on Capital Leases (Fund 30 - Acct 7400 - Cell E39) must equal (Funds 10, 20 & 60 - Acct 8400 Cells C57:H60).	<b>OK</b>
Transfer to Debt Service to Pay Interest on Capital Leases (Fund 30 - Acct 7500 - Cell E40) must equal (Funds 10, 20 & 60 - Acct 8500 - Cells C61:H64).	<b>OK</b>
Transfer to Debt Service Fund to Pay Principal on Revenue Bonds (Fund 30 - Acct 7600 - Cell E41) must equal (Funds 10 & 20 - Acct 8600 - Cells C65:D68).	<b>OK</b>
Transfer to Debt Service to Pay Interest on Revenue Bonds (Fund 30 - Acct 7700 - Cell E42) must equal (Funds 10 & 20 - Acct 8700 - Cells C69:D72).	<b>OK</b>
Transfer to Capital Projects Fund (Fund 60 - Acct 7800 - Cell H43) must equal (Fund 10 & 20, Acct 8800 - Cells C73:D76).	<b>OK</b>
<b>3. Summary of Cash Transactions: Beginning Cash Balance on Hand July 1, 2020, (CashSum 4, All Funds), cannot be negative.</b>	
Educational (Fund 10 - Cell C3)	<b>OK</b>
Operations & Maintenance (Fund 20 - Cell D3)	<b>OK</b>
Debt Service (Fund 30 - Cell E3)	<b>OK</b>
Transportation (Fund 40 - Cell F3)	<b>OK</b>
Municipal Retirement/Social Security (Fund 50 - Cell G3)	<b>OK</b>
Capital Projects (Fund 60 - Cell H3)	<b>OK</b>
Working Cash (Fund 70 - Cell I3)	<b>OK</b>
Tort (Fund 80 - Cell J3)	<b>OK</b>
Fire Prevention & Safety (Fund 90 - Cell K3)	<b>OK</b>
Activity Funds (Cell C23)	<b>OK</b>
<b>4. Summary of Cash Transactions: Ending Cash Balance on Hand June 30, 2021, (Page CashSum 4 - All Funds), cannot be negative.</b>	
Educational (Fund 10 - Cell C21)	<b>OK</b>
Operations & Maintenance (Fund 20 - Cell D21)	<b>OK</b>
Debt Service (Fund 30 - Cell E21)	<b>OK</b>

Transportation <b>(Fund 40 - F21)</b>	<b>OK</b>
Municipal Retirement/Social Security <b>(Fund 50 - Cell G21)</b>	<b>OK</b>
Capital Projects <b>(Fund 60 - H21)</b>	<b>OK</b>
Working Cash <b>(Fund 70 - Cell I21)</b>	<b>OK</b>
Tort <b>(Fund 80 - Cell J21)</b>	<b>OK</b>
Fire Prevention & Safety <b>(Fund 90 - Cell K21)</b>	<b>OK</b>
<b>5. Summary of Cash Transactions: Other Receipts, (Page CashSum 4), must equal Other Disbursements, (Page CashSum 4).</b>	
Interfund Loans Payable <b>(Funds 10:60, 80, 90 - Acct 411 - Cells C6:H6, J6:K6)</b> must equal Interfund Loans Receivable <b>(Funds 10:20, 40, 70 - Acct 141 - Cells C15:D15, F15, I15).</b>	<b>OK</b>
Interfund Loans Receivable <b>(Funds 10, 20, 40 &amp; 70 - Acct 141 - Cells C7:D7, F7, I7)</b> must equal Interfund Loans Payable <b>(Funds 10:60, 80, 90 - Acct 411 - Cells C16:H16, J16, K16).</b>	<b>OK</b>

*End of Balancing*

***School districts are reminded that, in addition to the budget template, they are required to submit an annual EBF Spending Plan. The IWAS application for the EBF Spending Plan will open on August 1, 2020. All EBF Spending Plans are due by September 30, 2020. The budget template is envisioned to include the EBF Spending Plan by FY 2023. More information is available at [www.isbe.net/ebfspendingplan](http://www.isbe.net/ebfspendingplan). Questions not addressed there may be directed to [ebfspendingplan@isbe.net](mailto:ebfspendingplan@isbe.net).***

PERSONNEL MATTERS - May 26, 2021

Revisions appear in bold

Personnel Matters							
<b>Resignations/Retirements/Releases/Terminations</b>							
	Homebase	Assignment	Action	Effective			
<b><u>Certified</u></b>							
<b>Cavinder, Lynette</b>	<b>Hoose</b>	<b>LBS1</b>	<b>Resignation</b>	<b>5/27/2021</b>			
Spitzzeri, Fred	Oakdale	Psychologist	Resignation	5/27/2021			
<b>Surian, Jason</b>	<b>Pepper</b>	<b>Kindergarten</b>	<b>Resignation</b>	<b>5/27/2021</b>			
<b>Holtzhauer, Lindsey</b>	<b>Sugar</b>	<b>Social Worker</b>	<b>Resignation</b>	<b>5/27/2021</b>			
<b>Loofburrow, Valerie</b>	<b>EJHS</b>	<b>LBS1</b>	<b>Resignation</b>	<b>5/27/2021</b>			
<b>Watts, Erica</b>	<b>NCHS</b>	<b>LBS1</b>	<b>Resignation</b>	<b>5/27/2021</b>			
<b>Kimball, Kyle</b>	<b>NCWHS</b>	<b>Math</b>	<b>Resignation</b>	<b>5/27/2021</b>			
<b><u>Educational Support Personnel</u></b>							
Clark, Tiffane	Carlock	Noon Hour Supervisor	Resignation	5/27/2021			
Shoemaker, Heather	Carlock	EOP - 9.5months	Resignation	5/28/2021			
<b>Bradley, Mary</b>	<b>Cedar</b>	<b>Noon Hour Supervisor</b>	<b>Resignation</b>	<b>8/27/2020</b>			
<b>Miller, Linda</b>	<b>Cedar</b>	<b>Noon Hour Supervisor</b>	<b>Resignation</b>	<b>8/27/2020</b>			
Kilpatrick, Sheila	Fox Creek	Noon Hour Supervisor	Resignation	5/27/2021			
Hartzler, Haley	Grove	Para - Spec Ed	Resignation	5/27/2021			
Minnekanti, Aruna	Grove	Noon Hour Supervisor	Resignation	5/27/2021			
<b>Allen, Thomas</b>	<b>Hoose</b>	<b>Para - Spec Ed</b>	<b>Resignation</b>	<b>7/15/2021</b>			
Deapo-Tinsley, Kelley	Prairieland	Noon Hour Supervisor	Resignation	5/27/2021			
<b>Grosse, Susan</b>	<b>Prairieland</b>	<b>Noon Hour Supervisor</b>	<b>Resignation</b>	<b>5/27/2021</b>			
<b>Henson, Lori</b>	<b>Prairieland</b>	<b>Noon Hour Supervisor</b>	<b>Resignation</b>	<b>5/27/2021</b>			
Mercer, Karen	CJHS	Para - Spec Ed	Retirement	5/21/2021			
<b><u>Substitutes</u></b>							

<b>Employment</b>		<b>(R = Replacement; A = Additional; LR = Leave Replacement; RE=Reemployment)</b>						
		<b>Homebase</b>	<b>Assignment</b>	<b>Step</b>	<b>Lane</b>	<b>FTE</b>	<b>Effective</b>	
<b><u>Certified</u></b>								
<b>(R) Bozarth, Megan</b>		<b>Carlock</b>	<b>Principal - 10mo</b>			<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Herren, Stacy</b>		<b>Carlock</b>	<b>Kindergarten</b>	<b>Step 12</b>	<b>M+0</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b>(R) Helling, Carrie</b>		<b>Hoose</b>	<b>Psychologist</b>	<b>Step 9</b>	<b>M+48</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b>(R) Jimenez, Aaron</b>		<b>Hudson</b>	<b>PE</b>	<b>Step 4</b>	<b>B+0</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Provin, Kate</b>		<b>Oakdale</b>	<b>LBS1</b>	<b>Step 6</b>	<b>M+0</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b>(R) Kwilas, Megan</b>		<b>Parkside</b>	<b>2nd Grade</b>	<b>Step 1</b>	<b>B+0</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b>(R) Sherrets, Cari</b>		<b>Pepper</b>	<b>Asstistant Principal</b>			<b>1.0</b>	<b>8/9/2021</b>	
<b>(R) Klokkenga, Kathryn</b>		<b>CJHS</b>	<b>6th Grade - Science/LA</b>	<b>Step 11</b>	<b>M+48</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b>(R) Thompson, Keo</b>		<b>CJHS</b>	<b>LBS1</b>	<b>Step 11</b>	<b>B+24</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b>(R) Haws, Jon</b>		<b>PJHS</b>	<b>Associate Principal - 12mo</b>			<b>1.0</b>	<b>7/1/2021</b>	
<b>(R) Batty, Sydney</b>		<b>NCHS</b>	<b>Science</b>	<b>Step 1</b>	<b>B+24</b>	<b>1.0</b>	<b>8/16/2021</b>	
<b><u>Educational Support Personnel</u></b>								
<b>(RE) Larimer, Marika</b>		<b>Fairview</b>	<b>Para - Spec Ed</b>	<b>Step 3</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Lentz, Bonnie</b>		<b>Fairview</b>	<b>Para - Spec Ed</b>	<b>Step 2</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Marin, Shanna</b>		<b>Fox</b>	<b>Para - Spec Ed</b>	<b>Step 7</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Cleveland, Marla</b>		<b>Grove</b>	<b>Para - Spec Ed</b>	<b>Step 2</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Tiemann, Danielle</b>		<b>Hudson</b>	<b>Para - Spec Ed</b>	<b>Step 4</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Gardner, Todd</b>		<b>Northpoint</b>	<b>Para - Spec Ed</b>	<b>Step 2</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Lindsay, Travis</b>		<b>Parkside</b>	<b>Para - Spec Ed</b>	<b>Step 1</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) McCoy, Hannah</b>		<b>Parkside</b>	<b>Para - Spec Ed</b>	<b>Step 3</b>		<b>1.0</b>	<b>8/16/2021</b>	
<b>(RE) Spaid, Robin</b>		<b>Pepper</b>	<b>Para - Spec Ed</b>	<b>Step 5</b>		<b>1.0</b>	<b>8/16/2021</b>	

(RE) Wheeler, Patricia	Pepper	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Palafox-DeLa Rosa	Sugar	Para - Spec Ed	Step 4	1.0	8/16/2021
(RE) Banks, Lakeisha	CJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Bonne, Tiffany	CJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Heisel, Sarah	EJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Mays, Melinda	EJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Ortiz, Kevin	EJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Puntoni, Janet	EJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Seth, Shruti	EJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Terven, Cailee	EJHS	Para - Spec Ed	Step 3	1.0	8/16/2021
(RE) Walker, Larimer	EJHS	Para - Spec Ed	Step 3	1.0	8/16/2021
(RE) Dabney, Darlene	KJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) West, Kaitlyn	KJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Debord, Jill	PJHS	Para - Spec Ed	Step 3	1.0	8/16/2021
(RE) Pedurti, Sessa	PJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Schroeder, Carly	PJHS	Para - Spec Ed	Step 7	1.0	8/16/2021
(RE) Sexton, Stephanie	PJHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Budak, Michael	NCHS	Para - Reg Ed - ISS	Step 2	1.0	8/16/2021
(RE) Korattiparambil, Shama	NCHS	Para - Spec Ed	Step 2	1.0	8/16/2021
(RE) Sampson, Sydney	NCWHS	Para - Reg Ed - CLS	Step 3	1.0	8/16/2021
<b><u>Substitutes</u></b>					
<b>Contract Revisions</b>					
<b>Homebase</b>		<b>Revision</b>		<b>Effective</b>	
<b><u>Certified</u></b>					
<b>Rogers, Heather</b>	<b>Cedar/Asst. Principal</b>	<b>From Asst. Principal - 9.5mo to Principal - 10mo</b>			<b>8/2/2021</b>
<b><u>Schedule B</u></b>					



Fletcher, Cheryl		Glenn/Para - Spec Ed			From Glenn to Pepper		8/16/2021
<b>Franklin, Cindy</b>		<b>PSE/Para - Spec Ed</b>			<b>From PSE to Field</b>		<b>8/16/2021</b>
Gibson, Erika		PSE/LBS1			From PSE to Grove		8/16/2021
Musslewhite, Kylie		Pepper/LBS1			From Pepper Ridge to Northpoint		8/16/2021
Newton-Gonzalez, Jordan		NCHS/LBS1			From NCHS to Field		8/16/2021
Rutler, Toni		Prairieland/Spec Ed			From Prairieland to Grove		8/16/2021
Sikyta, Melanie		Prairieland/Spec Ed			From Prairieland to Grove		8/16/2021
Szarek, Jessica		Northpoint/LBS1			From Northpoint to Fox Creek		8/16/2021

**MCLEAN COUNTY UNIT DISTRICT NO. 5**  
**Authorization for Payment of Bills and Payrolls**  
**May 13, 2021 through May 26, 2021**

**SUMMARY OF BILLS & PAYROLLS BY FUND**

<b>Fund</b>	<b><sup>1</sup> Prepaid Bills</b>	<b><sup>2</sup> Bills To Be Paid</b>	<b><sup>3</sup> Payrolls</b>	<b>Total</b>
07 Flexible Benefit Plan Trust Fund	22,563.05	0.00	0.00	22,563.05
08 Unit 5 Self-Funded Insurance	442,297.79	0.00	0.00	442,297.79
10 Educational	712.35	636,167.65	4,270,022.59	4,906,902.59
20 Operations & Maintenance	15,477.13	307,219.56	249,481.17	572,177.86
30 Debt Service	1,458,400.00	0.00	0.00	1,458,400.00
40 Transportation	567.24	953,424.28	9,200.78	963,192.30
50 Social Security	0.00	0.00	107,920.66	107,920.66
51 IMRF	0.00	0.00	89,283.81	89,283.81
60 Capital Projects	0.00	0.00	0.00	0.00
70 Working Cash	0.00	0.00	0.00	0.00
80 Tort Immunity	0.00	3,094.17	9,849.22	12,943.39
90 Life Safety	0.00	29,276.05	0.00	29,276.05
99 Student Activity Funds <sup>4</sup>	62,001.79	0.00	0.00	62,001.79
<b>Grand Total</b>	<b>\$2,002,019.35</b>	<b>\$1,929,181.71</b>	<b>\$4,735,758.23</b>	<b>\$8,666,959.29</b>

<sup>1</sup> For funds 8 through 90, these bills were paid on and between 5/13/21 and 5/25/21. Please see the "Vendor Bill Listing - PREPAID" report for details.

<sup>2</sup> These bills have not been paid yet. Please see the "Vendor Bill Listing - TO BE PAID" report for details.

<sup>3</sup> Please see the "Payroll Fund Totals" report for details.

<sup>4</sup> These bills will always be listed as "prepaid" and include bills paid on the date of the last Board meeting. This is to ensure that all payments are captured for reporting purposes. For this report, these bills were paid on and between 5/12/21 and 5/25/21. Please see the Student Activity Funds section of the "Vendor Bill Listing - PREPAID" and the "Vendor Bill Listing - PREPAID - SA" report for details. The Student Activity Funds totals on these reports will equal the Student Activity Funds total on this summary.

**ATTEST:**

**I do certify that the Board of Education has reviewed and authorized the payment of bills and payrolls in the amount of \$8,666,959.29.**

\_\_\_\_\_  
 Amy Roser, President, Board of Education

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Barry Hitchins, Secretary, Board of Education

\_\_\_\_\_  
 Date

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Payroll Fund Totals**

Fiscal Year: 2020-2021

Pay Cycle:	Pay Period:	Start Date:	End Date:	Pay Date:
Certified - Semi	210	05/01/2021	05/15/2021	05/14/2021
Certified - Semi	211	05/01/2021	05/15/2021	05/14/2021
Certified - Semi	212	05/01/2021	05/15/2021	05/14/2021
Classified - Semi	210	05/01/2021	05/15/2021	05/14/2021

FUND	GROSS	FICA	RETIREMENT	BENEFITS	TOTALS
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**Certified - Semi - Period Number: 210**

10	2,992,598.72	0.00	134,961.35	334,224.50	3,461,784.57
50	0.00	41,521.80	0.00	0.00	41,521.80
<b>Period Total:</b>	<b>\$2,992,598.72</b>	<b>\$41,521.80</b>	<b>\$134,961.35</b>	<b>\$334,224.50</b>	<b>\$3,503,306.37</b>

**Classified - Semi - Period Number: 210**

10	636,277.27	0.00	0.00	156,258.75	792,536.02
20	247,097.67	0.00	0.00	2,383.50	249,481.17
40	7,638.28	0.00	0.00	1,562.50	9,200.78
50	0.00	65,204.17	0.00	0.00	65,204.17
51	0.00	0.00	89,283.81	0.00	89,283.81
80	8,735.72	0.00	0.00	1,113.50	9,849.22
<b>Period Total:</b>	<b>\$899,748.94</b>	<b>\$65,204.17</b>	<b>\$89,283.81</b>	<b>\$161,318.25</b>	<b>\$1,215,555.17</b>

**Certified - Semi - Period Number: 211**

10	15,597.00	0.00	0.00	0.00	15,597.00
50	0.00	1,193.17	0.00	0.00	1,193.17
<b>Period Total:</b>	<b>\$15,597.00</b>	<b>\$1,193.17</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$16,790.17</b>

**Certified - Semi - Period Number: 212**

10	105.00	0.00	0.00	0.00	105.00
50	0.00	1.52	0.00	0.00	1.52
<b>Period Total:</b>	<b>\$105.00</b>	<b>\$1.52</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$106.52</b>

<b>Grand Totals:</b>	<b>\$3,908,049.66</b>	<b>\$107,920.66</b>	<b>\$224,245.16</b>	<b>\$495,542.75</b>	<b>\$4,735,758.23</b>
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End of Report

**Expenditure Summary Report**

From Date: 5/12/2021  
To Date: 5/12/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Ahart, Carissa Jo	V567542	0	1552	5/12/2021	73.86
<b>Ahart, Carissa Jo Total</b>					<b>73.86</b>
American Red Cross	22333574	0	45159	5/12/2021	40.00
<b>American Red Cross Total</b>					<b>40.00</b>
Bloomington High School	V91423	0	125343	5/12/2021	150.00
<b>Bloomington High School Total</b>					<b>150.00</b>
Chapman, Trevor Michael	Remb Gift Cards	0	45160	5/12/2021	250.00
<b>Chapman, Trevor Michael Total</b>					<b>250.00</b>
Coit, Ron	V613759	0	125344	5/12/2021	110.00
<b>Coit, Ron Total</b>					<b>110.00</b>
Culligan Water Conditioning	4/26/2021	0	45161	5/12/2021	30.14
<b>Culligan Water Conditioning Total</b>					<b>30.14</b>
Feeney, David	reimb food	0	45162	5/12/2021	41.00
<b>Feeney, David Total</b>					<b>41.00</b>
Finck, Nick	V836875	0	125345	5/12/2021	55.00
<b>Finck, Nick Total</b>					<b>55.00</b>
Frietsch, Marissa Kate	V803325	0	1554	5/12/2021	119.20
<b>Frietsch, Marissa Kate Total</b>					<b>119.20</b>
Game Time Gym	Gym/turf rental	0	45163	5/12/2021	360.00
<b>Game Time Gym Total</b>					<b>360.00</b>
Haddock, Tommy	Team shop items	0	45164	5/12/2021	128.37
<b>Haddock, Tommy Total</b>					<b>128.37</b>
Hafermann, Eduard	V928310	0	21074	5/12/2021	107.37
<b>Hafermann, Eduard Total</b>					<b>107.37</b>
Heggie, Baylee Nicole	V390041	0	4984	5/12/2021	14.99
<b>Heggie, Baylee Nicole Total</b>					<b>14.99</b>
Hetz, Tanner	V313686	0	125346	5/12/2021	90.00
<b>Hetz, Tanner Total</b>					<b>90.00</b>
Hobson, Katie Jean	V656337	0	2444	5/12/2021	107.82
<b>Hobson, Katie Jean Total</b>					<b>107.82</b>
Intercity Program Fund	V646050	0	125347	5/12/2021	300.00
<b>Intercity Program Fund Total</b>					<b>300.00</b>
Kamp, Kris	V613759	0	125348	5/12/2021	110.00
<b>Kamp, Kris Total</b>					<b>110.00</b>
Kaufman, Trevor Allen	Reimb for Gear organ	0	45165	5/12/2021	122.98
<b>Kaufman, Trevor Allen Total</b>					<b>122.98</b>
Knowles, Courtney L	V360714	0	21075	5/12/2021	73.38
<b>Knowles, Courtney L Total</b>					<b>73.38</b>
Konopasek, Christine Marie	Reimb for Hudl	0	45166	5/12/2021	1,250.00
<b>Konopasek, Christine Marie Total</b>					<b>1,250.00</b>

**Expenditure Summary Report**

From Date: 5/12/2021  
To Date: 5/12/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount	
Lavin, Charles	V808844	0	125349	5/12/2021	90.00	
<b>Lavin, Charles Total</b>					<b>90.00</b>	
Martin, Ty	V313686	0	125350	5/12/2021	90.00	
<b>Martin, Ty Total</b>					<b>90.00</b>	
Mc Clelland, Tony	Refund	0	45167	5/12/2021	65.00	
<b>Mc Clelland, Tony Total</b>					<b>65.00</b>	
McLean Co Unit Dist No 5	V231502	0	1553	5/12/2021	296.54	
<b>McLean Co Unit Dist No 5 Total</b>					<b>296.54</b>	
Meller, Craig A.	V174829	0	125351	5/12/2021	350.00	
<b>Meller, Craig A. Total</b>					<b>350.00</b>	
Morey, Joseph	V956493	0	19263	5/12/2021	45.00	
<b>Morey, Joseph Total</b>					<b>45.00</b>	
Newberry, Jacob	Team shop items	0	45168	5/12/2021	67.39	
<b>Newberry, Jacob Total</b>					<b>67.39</b>	
Pritchett, Mark L	V836875	0	125352	5/12/2021	55.00	
<b>Pritchett, Mark L Total</b>					<b>55.00</b>	
RED TOP CAB COMPANY		521	0	45169	5/12/2021	23.70
<b>RED TOP CAB COMPANY Total</b>					<b>23.70</b>	
Rodgers, Kirby	V270687	0	125353	5/12/2021	110.00	
<b>Rodgers, Kirby Total</b>					<b>110.00</b>	
Schmittner, Garen	ILS worker Banc	0	45170	5/12/2021	97.50	
<b>Schmittner, Garen Total</b>					<b>97.50</b>	
Scholastic Inc.	V4328	0	21076	5/12/2021	16.50	
<b>Scholastic Inc. Total</b>					<b>16.50</b>	
Topping, Elizabeth	V94265	0	21077	5/12/2021	35.96	
<b>Topping, Elizabeth Total</b>					<b>35.96</b>	
<b>Grand Total</b>					<b>4,876.70</b>	

**Expenditure Summary Report**

From Date: 5/12/2021  
To Date: 5/12/2021

Fund	Amount
99	4,876.70
<b>Grand Total</b>	<b>4,876.70</b>

**Expenditure Summary Report**

From Date: 5/13/2021  
To Date: 5/25/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Abbott, Greg	V867859	0	125360	5/14/2021	90.00
<b>Abbott, Greg Total</b>					<b>90.00</b>
Acasio, Jenna	V872470	0	125402	5/24/2021	78.00
<b>Acasio, Jenna Total</b>					<b>78.00</b>
Ace Hardware	3-INV5, 3/9-4/29	2104623	244269	5/19/2021	69.27
<b>Ace Hardware Total</b>					<b>69.27</b>
Airgas Usa, LLC	9979301631	0	44814	5/17/2021	8.65
<b>Airgas Usa, LLC Total</b>					<b>8.65</b>
Alvis, Gregory	V533761	0	19270	5/19/2021	45.00
	V773006	0	125354	5/13/2021	55.00
<b>Alvis, Gregory Total</b>					<b>100.00</b>
Aper, Mary A	V528434	0	2787	5/21/2021	11.96
	V530742	0	2787	5/21/2021	184.94
<b>Aper, Mary A Total</b>					<b>196.90</b>
Arbogast, John	V334896	0	125405	5/24/2021	55.00
<b>Arbogast, John Total</b>					<b>55.00</b>
Arendt, Steve	V105678	0	125381	5/19/2021	135.00
<b>Arendt, Steve Total</b>					<b>135.00</b>
Artome, LLC	V918987	0	2784	5/13/2021	1,005.00
<b>Artome, LLC Total</b>					<b>1,005.00</b>
Aubin, Chad Stephen	Food for team	0	44846	5/20/2021	42.57
<b>Aubin, Chad Stephen Total</b>					<b>42.57</b>
August Fire Designs	V611934	0	5056	5/14/2021	25.00
<b>August Fire Designs Total</b>					<b>25.00</b>
Avanti's Italian Restaurant - Normal	V741512	0	9372	5/25/2021	479.00
	Normal West (5/17)	0	44815	5/17/2021	299.95
<b>Avanti's Italian Restaurant - Normal Total</b>					<b>778.95</b>
B & B Awards & Recognition	V484600	0	5762	5/14/2021	14.50
<b>B &amp; B Awards &amp; Recognition Total</b>					<b>14.50</b>
Baby Fold	V384269	0	2557	5/25/2021	65.64
<b>Baby Fold Total</b>					<b>65.64</b>
Bacon, Leon	V416207	0	125361	5/14/2021	110.00
<b>Bacon, Leon Total</b>					<b>110.00</b>
Beddigs, Krista	V806453	0	5759	5/14/2021	89.50
<b>Beddigs, Krista Total</b>					<b>89.50</b>
Behrends, Krista	Reimbursement	0	44816	5/17/2021	93.96
<b>Behrends, Krista Total</b>					<b>93.96</b>
Bennett, Susan C	V571113	0	1792	5/25/2021	52.16
<b>Bennett, Susan C Total</b>					<b>52.16</b>
Bettis, Sheri L	V898708	0	21078	5/25/2021	87.50
<b>Bettis, Sheri L Total</b>					<b>87.50</b>

**Expenditure Summary Report**

From Date: 5/13/2021  
To Date: 5/25/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Bierbaum, John	Membership	0	44847	5/20/2021	51.50
	Amazon videos	0	44847	5/20/2021	54.97
	AP Govt supplies	0	44817	5/17/2021	73.14
<b>Bierbaum, John Total</b>					<b>179.61</b>
Blick Art Materials	6339092	0	5422	5/13/2021	58.94
<b>Blick Art Materials Total</b>					<b>58.94</b>
Bliss, Paul Andrew	V854137	0	21079	5/25/2021	27.00
	V628460	0	21079	5/25/2021	100.13
<b>Bliss, Paul Andrew Total</b>					<b>127.13</b>
Bloodworth, Bryan A.	V902327	0	125390	5/21/2021	165.00
<b>Bloodworth, Bryan A. Total</b>					<b>165.00</b>
Bloomington High School	V864136	0	125391	5/21/2021	125.00
<b>Bloomington High School Total</b>					<b>125.00</b>
Blue Cross Blue Shield Of Illinois	V246410	0	0	5/26/2021	213,960.04
	V893154	0	0	5/20/2021	223,028.77
<b>Blue Cross Blue Shield Of Illinois Total</b>					<b>436,988.81</b>
Bohlmann, Michael	V966493	0	19271	5/19/2021	90.00
<b>Bohlmann, Michael Total</b>					<b>90.00</b>
Bond, Zachary R.	V516481	0	19277	5/21/2021	100.00
<b>Bond, Zachary R. Total</b>					<b>100.00</b>
Bovenkerk, Bradley Alan	Reib templates	0	45171	5/18/2021	301.10
<b>Bovenkerk, Bradley Alan Total</b>					<b>301.10</b>
Bowling, Justin	V477794	0	125392	5/21/2021	55.00
<b>Bowling, Justin Total</b>					<b>55.00</b>
Brown, Debbie	V907908	0	21080	5/25/2021	194.24
<b>Brown, Debbie Total</b>					<b>194.24</b>
Bruce, Amanda Christine	V526950	0	21081	5/25/2021	40.48
<b>Bruce, Amanda Christine Total</b>					<b>40.48</b>
Bruster, Mark	V274408	0	19278	5/21/2021	115.00
<b>Bruster, Mark Total</b>					<b>115.00</b>
Bruun, Sheri	Post Prom gc	0	44848	5/20/2021	700.00
<b>Bruun, Sheri Total</b>					<b>700.00</b>
BSN Sports	911775031	0	44849	5/20/2021	97.50
	Track, football	0	44818	5/17/2021	2,039.59
<b>BSN Sports Total</b>					<b>2,137.09</b>
Bullock, Jeannie Marie	V592370	0	23562	5/24/2021	69.00
<b>Bullock, Jeannie Marie Total</b>					<b>69.00</b>
Bultemeier, William	V416207	0	125362	5/14/2021	110.00
<b>Bultemeier, William Total</b>					<b>110.00</b>
Bury, Alexis S	Meijer receipt	0	5419	5/13/2021	36.48
<b>Bury, Alexis S Total</b>					<b>36.48</b>

**Expenditure Summary Report**

From Date: 5/13/2021  
To Date: 5/25/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount	
Byrne, Phillip R.	V925028	0	19279	5/21/2021	110.00	
<b>Byrne, Phillip R. Total</b>					<b>110.00</b>	
Carey, Kathleen Susan	V555976	0	23545	5/20/2021	51.54	
<b>Carey, Kathleen Susan Total</b>					<b>51.54</b>	
Carlock, Kimberly Jill	V21847	0	4882	5/14/2021	130.13	
<b>Carlock, Kimberly Jill Total</b>					<b>130.13</b>	
Carl's Pro Band Instrument Repair	V328615	0	23558	5/21/2021	16.09	
	V136991	0	23549	5/20/2021	-	
<b>Carl's Pro Band Instrument Repair Total</b>					<b>16.09</b>	
Carls, Jon	V334896	0	125406	5/24/2021	165.00	
	V356498	0	19280	5/21/2021	110.00	
<b>Carls, Jon Total</b>					<b>275.00</b>	
Challenging Learning NA Inc.		2066	2104474	244270	5/19/2021	675.00
<b>Challenging Learning NA Inc. Total</b>					<b>675.00</b>	
Chapman, Trevor Michael	Pom Poms-graduation	0	45185	5/21/2021	1,519.24	
<b>Chapman, Trevor Michael Total</b>					<b>1,519.24</b>	
Christian, David	V712456	0	19281	5/21/2021	50.00	
<b>Christian, David Total</b>					<b>50.00</b>	
Church, Stephanie	V598793	0	125355	5/13/2021	100.00	
<b>Church, Stephanie Total</b>					<b>100.00</b>	
Coit, Ron	V907604	0	125403	5/24/2021	65.00	
	V557201	0	125363	5/14/2021	75.00	
<b>Coit, Ron Total</b>					<b>140.00</b>	
College Entrance Exam Board	382168733B	0	44819	5/17/2021	566.10	
<b>College Entrance Exam Board Total</b>					<b>566.10</b>	
Collins, Lance	V63121	0	125375	5/17/2021	78.00	
<b>Collins, Lance Total</b>					<b>78.00</b>	
Conley, Rebecca Renae	Office supplies	0	45186	5/21/2021	31.34	
<b>Conley, Rebecca Renae Total</b>					<b>31.34</b>	
Connor Co	8 INVS 4/27-5/06	2104638	244271	5/19/2021	771.51	
<b>Connor Co Total</b>					<b>771.51</b>	
Correll, Allecia	V928409	0	23526	5/13/2021	94.11	
<b>Correll, Allecia Total</b>					<b>94.11</b>	
Coyle, Cynthia Marie	V110060	0	21082	5/25/2021	50.00	
<b>Coyle, Cynthia Marie Total</b>					<b>50.00</b>	
Cremeens, Jason		6/21/2021	0	44850	5/20/2021	75.00
<b>Cremeens, Jason Total</b>					<b>75.00</b>	
Crescent Electric Supply Co	7-INV 4/22-5/10	2104639	244272	5/19/2021	476.87	
	3-INVS, 3/17	2104696	244272	5/19/2021	11,573.93	
<b>Crescent Electric Supply Co Total</b>					<b>12,050.80</b>	

**Expenditure Summary Report**

From Date: 5/13/2021  
To Date: 5/25/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Cross, Lynn	6/21/2021	0	44851	5/20/2021	-
	6/28/2021	0	44851	5/20/2021	-
<b>Cross, Lynn Total</b>					<b>-</b>
Culligan Water Conditioning	68434	0	6083	5/19/2021	80.30
<b>Culligan Water Conditioning Total</b>					<b>80.30</b>
Curriculum Associates, Inc.	V36831	0	5111	5/20/2021	91.78
<b>Curriculum Associates, Inc. Total</b>					<b>91.78</b>
Cutely Crafted by Cam	V988664	0	23563	5/24/2021	644.00
<b>Cutely Crafted by Cam Total</b>					<b>644.00</b>
Denny's Doughnuts & Bakery	V384186	0	21083	5/25/2021	65.00
	V809549	0	23550	5/20/2021	77.00
<b>Denny's Doughnuts &amp; Bakery Total</b>					<b>142.00</b>
Domino's Pizza - Nrm	V995113	0	23540	5/18/2021	32.94
<b>Domino's Pizza - Nrm Total</b>					<b>32.94</b>
Don Owen Tire Service, Inc	3-INVS, 4/6-4/19	2104607	244273	5/19/2021	537.27
	285515	2104609	244273	5/19/2021	567.24
<b>Don Owen Tire Service, Inc Total</b>					<b>1,104.51</b>
Donny B's Gourmet Popcorn and Gifts	V805852	0	2790	5/24/2021	45.88
<b>Donny B's Gourmet Popcorn and Gifts Total</b>					<b>45.88</b>
DSK Gas and Gear, LLC.	1027	0	44852	5/20/2021	22.00
<b>DSK Gas and Gear, LLC. Total</b>					<b>22.00</b>
Dyke, Curtis	V448735	0	125364	5/14/2021	110.00
<b>Dyke, Curtis Total</b>					<b>110.00</b>
Eagle Automotive-Bloomington	22-176301	2104693	244274	5/19/2021	46.27
<b>Eagle Automotive-Bloomington Total</b>					<b>46.27</b>
Edwards, Melissa	V882985	0	44820	5/17/2021	201.90
<b>Edwards, Melissa Total</b>					<b>201.90</b>
Edwards, Sarah	V280387	0	4888	5/24/2021	38.97
	V380455	0	4883	5/14/2021	65.68
<b>Edwards, Sarah Total</b>					<b>104.65</b>
Egan, Paula	V293865	0	23527	5/13/2021	7.99
<b>Egan, Paula Total</b>					<b>7.99</b>
Ehlers, Daniel	V253078	0	125365	5/14/2021	45.00
<b>Ehlers, Daniel Total</b>					<b>45.00</b>
Elston, Jill	V435708	0	4884	5/14/2021	178.90
<b>Elston, Jill Total</b>					<b>178.90</b>
Engel Jr., Robert E.	V676571	0	125388	5/20/2021	55.00
<b>Engel Jr., Robert E. Total</b>					<b>55.00</b>
Evans Junior High School PTO	V850763	0	5771	5/25/2021	160.00
<b>Evans Junior High School PTO Total</b>					<b>160.00</b>
Evergreen Racquet Club	1535-1	0	44821	5/17/2021	48.00

**Expenditure Summary Report**

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
<b>Evergreen Racquet Club Total</b>					<b>48.00</b>
Ewan, Eric	Script	0	44822	5/17/2021	350.00
<b>Ewan, Eric Total</b>					<b>350.00</b>
Fahnestock, Richard	V508266	0	125366	5/14/2021	103.00
<b>Fahnestock, Richard Total</b>					<b>103.00</b>
Fairfield, Kristyn K	Supplies for class	0	44823	5/17/2021	208.92
<b>Fairfield, Kristyn K Total</b>					<b>208.92</b>
Fasig, Melissa	Pink game	0	44853	5/20/2021	2,500.00
<b>Fasig, Melissa Total</b>					<b>2,500.00</b>
Fastsigns	458-29905	0	44854	5/20/2021	210.00
<b>Fastsigns Total</b>					<b>210.00</b>
Ficek, Jennifer L	Jewel/DTree/CancFoun	0	5425	5/24/2021	109.87
<b>Ficek, Jennifer L Total</b>					<b>109.87</b>
Fink, Julie A	V730846	0	7101	5/14/2021	100.00
<b>Fink, Julie A Total</b>					<b>100.00</b>
Five Star Water	V900890	0	1369	5/19/2021	42.50
<b>Five Star Water Total</b>					<b>42.50</b>
Forget Me Not Flowers	V609700	0	125393	5/21/2021	90.00
<b>Forget Me Not Flowers Total</b>					<b>90.00</b>
Foster, Nathan C	coaches office food	0	45172	5/18/2021	95.71
<b>Foster, Nathan C Total</b>					<b>95.71</b>
Freeman, Matthew Gregory	6/14/2021	0	44855	5/20/2021	-
	6/7/2021	0	44855	5/20/2021	-
<b>Freeman, Matthew Gregory Total</b>					<b>-</b>
Freeman, Tracy	V604179	0	44856	5/20/2021	95.71
<b>Freeman, Tracy Total</b>					<b>95.71</b>
Fujimoto, Leann	V238199	0	23564	5/24/2021	20.00
<b>Fujimoto, Leann Total</b>					<b>20.00</b>
Further	39825766	0	0	5/21/2021	9,752.19
	V181286	0	0	5/19/2021	3,487.48
	39817290	0	0	5/14/2021	12,810.86
	15697064	0	0	5/25/2021	1,821.50
<b>Further Total</b>					<b>27,872.03</b>
Galliard, Lisa Goeken	V715965	0	23570	5/25/2021	22.50
	V991894	0	23541	5/19/2021	60.85
<b>Galliard, Lisa Goeken Total</b>					<b>83.35</b>
Garapati, Satya	V627619	0	125382	5/19/2021	45.00
<b>Garapati, Satya Total</b>					<b>45.00</b>
George, Dennis	V561698	0	125356	5/13/2021	55.00
<b>George, Dennis Total</b>					<b>55.00</b>
Gerrietts, Jennifer Lee	V584697	0	21084	5/25/2021	98.65

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
<b>Gerrietts, Jennifer Lee Total</b>					<b>98.65</b>
Go Solutions Group Inc.	V449269	0	23532	5/14/2021	-
<b>Go Solutions Group Inc. Total</b>					<b>-</b>
Goben, Denise L	V95756	0	23533	5/14/2021	176.20
<b>Goben, Denise L Total</b>					<b>176.20</b>
Golden, Matt M	V508266	0	125367	5/14/2021	78.00
<b>Golden, Matt M Total</b>					<b>78.00</b>
Greenberger, Bart	V888487	0	19282	5/21/2021	110.00
	V558407	0	19266	5/14/2021	110.00
<b>Greenberger, Bart Total</b>					<b>220.00</b>
Griffin, Timothy E.	V112438	0	125407	5/25/2021	55.00
	V902327	0	125394	5/21/2021	55.00
	V811611	0	125376	5/17/2021	45.00
<b>Griffin, Timothy E. Total</b>					<b>155.00</b>
Hafermann, Tera L	IMC (5-20-21)	0	44857	5/20/2021	172.43
	IMC supplies (5/17)	0	44824	5/17/2021	183.57
<b>Hafermann, Tera L Total</b>					<b>356.00</b>
Hansen, Michael Elvyn Zahradnik	V751587	0	125395	5/21/2021	100.00
<b>Hansen, Michael Elvyn Zahradnik Total</b>					<b>100.00</b>
Hansen, Nick	V730982	0	125377	5/17/2021	78.00
<b>Hansen, Nick Total</b>					<b>78.00</b>
Harms, Kristin Elizabeth	V592492	0	4885	5/14/2021	99.86
<b>Harms, Kristin Elizabeth Total</b>					<b>99.86</b>
Harris, Robert	V936199	0	5766	5/19/2021	200.00
<b>Harris, Robert Total</b>					<b>200.00</b>
Hassel, Steve	pie after game	0	45173	5/18/2021	37.89
<b>Hassel, Steve Total</b>					<b>37.89</b>
Hawkins, Christopher	Senior awards	0	44825	5/17/2021	159.96
<b>Hawkins, Christopher Total</b>					<b>159.96</b>
Hazewinkel, Lisa M	V377330	0	7106	5/25/2021	23.48
<b>Hazewinkel, Lisa M Total</b>					<b>23.48</b>
Heggie, Baylee Nicole	V822475	0	4986	5/25/2021	7.48
<b>Heggie, Baylee Nicole Total</b>					<b>7.48</b>
Henderson, DeAndre A	V391942	0	21085	5/25/2021	68.15
<b>Henderson, DeAndre A Total</b>					<b>68.15</b>
Henson, Nicole	V313518	0	5767	5/19/2021	57.69
<b>Henson, Nicole Total</b>					<b>57.69</b>
Hernandez, Elisabeth A	V20988	0	23542	5/19/2021	113.00
<b>Hernandez, Elisabeth A Total</b>					<b>113.00</b>
Herron, Kimberly	V559917	0	7109	5/25/2021	18.22
<b>Herron, Kimberly Total</b>					<b>18.22</b>

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From Date: 5/13/2021  
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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Hieser, Laura B	V441092	0	2792	5/25/2021	75.00
<b>Hieser, Laura B Total</b>					<b>75.00</b>
Higby Custom Makers	202105	0	45187	5/21/2021	15.00
<b>Higby Custom Makers Total</b>					<b>15.00</b>
Higby, Daniel L	Postage	0	45188	5/21/2021	23.12
<b>Higby, Daniel L Total</b>					<b>23.12</b>
Hinshaw, Rachel	V395473	0	23565	5/24/2021	75.35
<b>Hinshaw, Rachel Total</b>					<b>75.35</b>
Ho, Son	V105678	0	125383	5/19/2021	135.00
	V557201	0	125368	5/14/2021	75.00
<b>Ho, Son Total</b>					<b>210.00</b>
Hoke, Ryan	V868845	0	23528	5/13/2021	252.59
<b>Hoke, Ryan Total</b>					<b>252.59</b>
Holland, Anita	V230358	0	14093	5/19/2021	17.76
<b>Holland, Anita Total</b>					<b>17.76</b>
Holleman, Adam	V112438	0	125408	5/25/2021	55.00
	V286875	0	19272	5/19/2021	55.00
<b>Holleman, Adam Total</b>					<b>110.00</b>
Huey, Douglas K	V526757	0	19283	5/21/2021	65.00
<b>Huey, Douglas K Total</b>					<b>65.00</b>
Iasc - IL Assoc Student Council	V849822	0	44826	5/17/2021	75.00
<b>Iasc - IL Assoc Student Council Total</b>					<b>75.00</b>
ICSS	Membership	0	44858	5/20/2021	25.00
<b>ICSS Total</b>					<b>25.00</b>
IHSA	JRN21-0049	0	45174	5/18/2021	180.00
<b>IHSA Total</b>					<b>180.00</b>
Illini Elite Volleyball Club	Summer league	0	44859	5/20/2021	500.00
<b>Illini Elite Volleyball Club Total</b>					<b>500.00</b>
Ilmea	V242257	0	23551	5/20/2021	8.00
<b>Ilmea Total</b>					<b>8.00</b>
Ince, Addie	Exec Board lunch	0	45175	5/18/2021	73.83
<b>Ince, Addie Total</b>					<b>73.83</b>
Instrumentalist Awards	2103	0	45189	5/21/2021	8.75
<b>Instrumentalist Awards Total</b>					<b>8.75</b>
Interstate All Battery Center	4-INVS, 3/1-4/7	2104641	244275	5/19/2021	1,274.60
	4-INVS, 2/8-3/3	2104695	244275	5/19/2021	653.00
<b>Interstate All Battery Center Total</b>					<b>1,927.60</b>
Interstate Batteries Of Mid-II	191866	2104694	244276	5/19/2021	74.41
<b>Interstate Batteries Of Mid-II Total</b>					<b>74.41</b>
Inter-State Studio	V943014	0	23559	5/21/2021	1,015.00

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From Date: 5/13/2021  
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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
<b>Inter-State Studio Total</b>					<b>1,015.00</b>
Iron Light & Sound	V76407	0	23571	5/25/2021	30.00
<b>Iron Light &amp; Sound Total</b>					<b>30.00</b>
J.W. Pepper & Son, Inc.	363368019	0	45176	5/18/2021	19.00
<b>J.W. Pepper &amp; Son, Inc. Total</b>					<b>19.00</b>
Jaggi, John	V34603	0	19265	5/14/2021	110.00
<b>Jaggi, John Total</b>					<b>110.00</b>
Janet's Cakes	V459240	0	2791	5/24/2021	187.50
<b>Janet's Cakes Total</b>					<b>187.50</b>
Jasien, Morgan	V738155	0	23552	5/20/2021	20.00
<b>Jasien, Morgan Total</b>					<b>20.00</b>
Johns, Sara Lyn	V445914	0	2558	5/25/2021	29.96
<b>Johns, Sara Lyn Total</b>					<b>29.96</b>
Johnson, Argie	V502554	0	125396	5/21/2021	90.00
	V867859	0	125369	5/14/2021	90.00
<b>Johnson, Argie Total</b>					<b>180.00</b>
Jones, Ryan Kay	V229120	0	4886	5/14/2021	17.10
<b>Jones, Ryan Kay Total</b>					<b>17.10</b>
Jones, Steven	V338813	0	125404	5/24/2021	90.00
	V477794	0	125397	5/21/2021	55.00
<b>Jones, Steven Total</b>					<b>145.00</b>
JOSTEN'S	23166911	0	44827	5/17/2021	301.94
<b>JOSTEN'S Total</b>					<b>301.94</b>
Kafer, Veronica Jo	Induction supplies	0	44828	5/17/2021	363.47
<b>Kafer, Veronica Jo Total</b>					<b>363.47</b>
Kagy, Tara M	V942501	0	9370	5/21/2021	40.00
<b>Kagy, Tara M Total</b>					<b>40.00</b>
Keag, Sara E	Countdown	0	44860	5/20/2021	25.94
<b>Keag, Sara E Total</b>					<b>25.94</b>
Kearfott, Hollie	V486461	0	19284	5/21/2021	45.00
	V328853	0	19264	5/13/2021	90.00
<b>Kearfott, Hollie Total</b>					<b>135.00</b>
Kearfott, Nicolas	Office supply	0	45190	5/21/2021	63.82
<b>Kearfott, Nicolas Total</b>					<b>63.82</b>
Keeler, Bradford J	V421611	0	5772	5/25/2021	90.15
<b>Keeler, Bradford J Total</b>					<b>90.15</b>
Kerber, Geri L	V290477	0	7105	5/20/2021	100.00
<b>Kerber, Geri L Total</b>					<b>100.00</b>
Kerr, Ryan D	Scripts (5-19-21)	0	44861	5/20/2021	182.27
<b>Kerr, Ryan D Total</b>					<b>182.27</b>

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount	
Kimmel, Tamara	V206966	0	4887	5/14/2021	46.98	
<b>Kimmel, Tamara Total</b>					<b>46.98</b>	
Klockenga-Goss, Rhonda S	V576117	0	23566	5/24/2021	391.47	
<b>Klockenga-Goss, Rhonda S Total</b>					<b>391.47</b>	
Knapp, Brenda	V978435	0	125384	5/19/2021	-	
<b>Knapp, Brenda Total</b>					<b>-</b>	
Kniery, Debbie	Award reimbursement	0	44829	5/17/2021	14.50	
<b>Kniery, Debbie Total</b>					<b>14.50</b>	
Knowles, Sherry Marie	V567989	0	23537	5/18/2021	22.14	
<b>Knowles, Sherry Marie Total</b>					<b>22.14</b>	
Knox, Samuel H.	V640926	0	125409	5/25/2021	90.00	
<b>Knox, Samuel H. Total</b>					<b>90.00</b>	
La Gondola Spaghetti House	V209966	0	4889	5/24/2021	222.50	
<b>La Gondola Spaghetti House Total</b>					<b>222.50</b>	
Landstrom, Brian	V824320	0	19295	5/21/2021	90.00	
	V627619	0	125385	5/19/2021	45.00	
	V767269	0	125370	5/14/2021	45.00	
<b>Landstrom, Brian Total</b>					<b>180.00</b>	
Lavin, Charles	V363277	0	19285	5/21/2021	90.00	
	V189342	0	19273	5/19/2021	55.00	
<b>Lavin, Charles Total</b>					<b>145.00</b>	
Leamer, Donna Lee	Walmart receipt	0	5420	5/13/2021	171.82	
<b>Leamer, Donna Lee Total</b>					<b>171.82</b>	
Legett, William John	V115490	0	19267	5/18/2021	90.00	
<b>Legett, William John Total</b>					<b>90.00</b>	
Lewis, Marcus A.	V626524	0	19286	5/21/2021	55.00	
	V981670	0	125386	5/19/2021	-	
<b>Lewis, Marcus A. Total</b>					<b>55.00</b>	
Lincoln Boys Basketball Booster Club	Shootout fee	0	44862	5/20/2021	50.00	
<b>Lincoln Boys Basketball Booster Club Total</b>					<b>50.00</b>	
Lincoln Community High School	Shootout 21	0	45191	5/21/2021	300.00	
<b>Lincoln Community High School Total</b>					<b>300.00</b>	
Litwiller, Jo	V334586	0	2788	5/21/2021	5.00	
<b>Litwiller, Jo Total</b>					<b>5.00</b>	
Loofbourrow, Valerie	V15621	0	5769	5/24/2021	200.00	
<b>Loofbourrow, Valerie Total</b>					<b>200.00</b>	
Luginbuhl, Benjamin	Arion Award Music	0	45192	5/21/2021	34.95	
	A cappella Night Mea	0	45177	5/18/2021	195.19	
	Key of she	0	45177	5/18/2021	16.99	
<b>Luginbuhl, Benjamin Total</b>					<b>247.13</b>	
Maffett, Kevin		6/14/2021	0	44863	5/20/2021	75.00
		6/21/2021	0	44863	5/20/2021	75.00

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Maffett, Kevin	6/28/2021	0	44863	5/20/2021	75.00
	6/7/2021	0	44863	5/20/2021	75.00
<b>Maffett, Kevin Total</b>					<b>300.00</b>
Main, Ellen M	V752930	0	21086	5/25/2021	16.65
<b>Main, Ellen M Total</b>					<b>16.65</b>
Maples, Richard	V983008	0	125371	5/14/2021	110.00
<b>Maples, Richard Total</b>					<b>110.00</b>
Martin-Boyd, Kimberly	Prom supplies	0	44830	5/17/2021	137.60
<b>Martin-Boyd, Kimberly Total</b>					<b>137.60</b>
Marvin, Ellie	Nationals	0	44864	5/20/2021	325.00
	Shirts, supplies	0	44831	5/17/2021	462.30
<b>Marvin, Ellie Total</b>					<b>787.30</b>
Mathews, James E.	V402915	0	19294	5/21/2021	110.00
<b>Mathews, James E. Total</b>					<b>110.00</b>
Maurer, Nicole L	Grad snacks	0	45193	5/21/2021	83.20
<b>Maurer, Nicole L Total</b>					<b>83.20</b>
Mcgraw, Christopher R	V85247	0	5773	5/25/2021	41.52
<b>Mcgraw, Christopher R Total</b>					<b>41.52</b>
McLean Co Unit Dist No 5	V913089	0	2559	5/25/2021	160.02
	V897027	0	23560	5/21/2021	23.08
	V857291	0	2445	5/21/2021	256.36
	V438946	0	5110	5/20/2021	29.97
	NW102 (20-21)	0	44865	5/20/2021	11.40
	V985389	0	4985	5/20/2021	175.61
	V555751	0	5058	5/18/2021	92.14
	V665950	0	5768	5/19/2021	679.53
	V326136	0	14094	5/19/2021	885.94
	V324213	0	23538	5/18/2021	419.88
	V435846	0	23538	5/18/2021	310.00
	V888557	0	23538	5/18/2021	1,239.36
	NW103 & 104	0	44832	5/17/2021	198.50
	Overage	0	44832	5/17/2021	550.01
	Reimbursement 2	0	5424	5/13/2021	1,019.64
<b>McLean Co Unit Dist No 5 Total</b>					<b>6,051.44</b>
McLeod, Emily J	V6678	0	23555	5/21/2021	154.54
	V806438	0	23555	5/21/2021	28.00
<b>McLeod, Emily J Total</b>					<b>182.54</b>
McMullen, Jeffrey	V751587	0	125398	5/21/2021	100.00
<b>McMullen, Jeffrey Total</b>					<b>100.00</b>
Mello, Kiarra	V368662	0	23572	5/25/2021	72.75
	V309078	0	23539	5/18/2021	20.00
<b>Mello, Kiarra Total</b>					<b>92.75</b>
Meltdown Creative Works LLC	1282	0	44833	5/17/2021	230.00
<b>Meltdown Creative Works LLC Total</b>					<b>230.00</b>
Menards Lumber	48788	0	44834	5/17/2021	70.87
<b>Menards Lumber Total</b>					<b>70.87</b>

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Mercer, Karen Jane	V748180	0	9369	5/13/2021	20.00
<b>Mercer, Karen Jane Total</b>					<b>20.00</b>
Miller, Andrew M	V615902	0	23573	5/25/2021	49.37
	V737331	0	23573	5/25/2021	63.90
<b>Miller, Andrew M Total</b>					<b>113.27</b>
Minerva Promotions	V293178	0	5770	5/24/2021	90.00
	V458782	0	5760	5/14/2021	240.00
	V458830	0	23534	5/14/2021	136.00
<b>Minerva Promotions Total</b>					<b>466.00</b>
Mister Softee Of Bloomington	V389980	0	4987	5/25/2021	384.00
<b>Mister Softee Of Bloomington Total</b>					<b>384.00</b>
Modglin, Margaret Kathleen	Reimb for beads	0	44835	5/17/2021	39.00
<b>Modglin, Margaret Kathleen Total</b>					<b>39.00</b>
Morey, Joseph	V260687	0	19290	5/21/2021	90.00
	V968115	0	19287	5/21/2021	45.00
	V253078	0	125372	5/14/2021	45.00
<b>Morey, Joseph Total</b>					<b>180.00</b>
Morton High School	V919321	0	125357	5/13/2021	190.00
<b>Morton High School Total</b>					<b>190.00</b>
Mr. Softee Ice Cream	V759938	0	5763	5/14/2021	822.00
	V594541	0	23529	5/13/2021	25.00
<b>Mr. Softee Ice Cream Total</b>					<b>847.00</b>
Mueller, Kelsey Rae	Coach gifts	0	44836	5/17/2021	505.95
<b>Mueller, Kelsey Rae Total</b>					<b>505.95</b>
My Binding.Com	Quote 5/18/21	0	45178	5/18/2021	495.70
<b>My Binding.Com Total</b>					<b>495.70</b>
Neff by Jostens	N002921229	0	44837	5/17/2021	333.50
<b>Neff by Jostens Total</b>					<b>333.50</b>
Nelson, Kirk	V684124	0	125379	5/18/2021	100.00
<b>Nelson, Kirk Total</b>					<b>100.00</b>
Niemerg, Nicholas	V815410	0	44838	5/17/2021	300.00
<b>Niemerg, Nicholas Total</b>					<b>300.00</b>
Nuding, Gwendolyn Jane	V544175	0	23530	5/13/2021	50.00
<b>Nuding, Gwendolyn Jane Total</b>					<b>50.00</b>
Ogdon, Tricia L	V9211	0	23546	5/20/2021	9.96
<b>Ogdon, Tricia L Total</b>					<b>9.96</b>
Ostling, Corey Matthew	V187908	0	14095	5/19/2021	697.30
<b>Ostling, Corey Matthew Total</b>					<b>697.30</b>
Pabst, Rebecca J	V248957	0	21087	5/25/2021	35.45
<b>Pabst, Rebecca J Total</b>					<b>35.45</b>
Pachlhofer, Paul	V676571	0	125389	5/20/2021	55.00

**Expenditure Summary Report**

From Date: 5/13/2021  
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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
<b>Pachlhofer, Paul Total</b>					<b>55.00</b>
Palmer, Elisa L	V474723	0	23567	5/24/2021	59.97
<b>Palmer, Elisa L Total</b>					<b>59.97</b>
Pankey, Andrew	V33367	0	19274	5/19/2021	55.00
<b>Pankey, Andrew Total</b>					<b>55.00</b>
Papa John's Pizza	V19372	0	23547	5/20/2021	(95.00)
	V726738	0	23547	5/20/2021	(269.20)
	V781287	0	23547	5/20/2021	(92.00)
	V529094	0	23531	5/13/2021	(70.00)
<b>Papa John's Pizza Total</b>					<b>(526.20)</b>
Papa John's Pizza 1	V162759	0	23561	5/21/2021	95.00
	V412456	0	23556	5/21/2021	269.20
	V19372	0	23547	5/20/2021	95.00
	V726738	0	23547	5/20/2021	269.20
	V781287	0	23547	5/20/2021	92.00
	V773479	0	23553	5/20/2021	92.00
	V529094	0	23531	5/13/2021	70.00
	V482979	0	23535	5/14/2021	70.00
<b>Papa John's Pizza 1 Total</b>					<b>1,052.40</b>
Payne, Catherine L	V514309	0	9371	5/21/2021	19.25
<b>Payne, Catherine L Total</b>					<b>19.25</b>
PEOPLES, TERESA	V606044	0	23568	5/24/2021	47.45
<b>PEOPLES, TERESA Total</b>					<b>47.45</b>
Pepper Ridge Elementary School	V323726	0	2560	5/25/2021	50.00
<b>Pepper Ridge Elementary School Total</b>					<b>50.00</b>
Pfleger, Carley Ann	V532411	0	23574	5/25/2021	20.00
	V590142	0	23569	5/24/2021	16.42
<b>Pfleger, Carley Ann Total</b>					<b>36.42</b>
Pizza Hut	V691677	0	5765	5/18/2021	47.42
<b>Pizza Hut Total</b>					<b>47.42</b>
Pizza Ranch	V830268	0	2785	5/13/2021	18.00
<b>Pizza Ranch Total</b>					<b>18.00</b>
Potts, Justin	Honorable Ironmen	0	45179	5/18/2021	1,000.00
<b>Potts, Justin Total</b>					<b>1,000.00</b>
Price, Dennis C.	V345346	0	19288	5/21/2021	55.00
<b>Price, Dennis C. Total</b>					<b>55.00</b>
Pritchett, Mark L	V773006	0	125358	5/13/2021	55.00
<b>Pritchett, Mark L Total</b>					<b>55.00</b>
Puritan Springs	1274737 (5-17)	0	44839	5/17/2021	229.68
<b>Puritan Springs Total</b>					<b>229.68</b>
Quattro, Tracy	V788688	0	6084	5/19/2021	72.50
<b>Quattro, Tracy Total</b>					<b>72.50</b>
Quill Corporation	16635426	0	45180	5/18/2021	49.97

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
<b>Quill Corporation Total</b>					<b>49.97</b>
Read's Sporting Goods	4 invoices	0	45181	5/18/2021	173.30
	V717561	0	23536	5/14/2021	1,008.00
<b>Read's Sporting Goods Total</b>					<b>1,181.30</b>
Richards, Michael	V564432	0	125359	5/13/2021	55.00
<b>Richards, Michael Total</b>					<b>55.00</b>
Richardson, Marcy Lynn	V41164	0	7107	5/25/2021	100.00
<b>Richardson, Marcy Lynn Total</b>					<b>100.00</b>
Rieke Office Interiors	V674068	0	5764	5/14/2021	450.00
<b>Rieke Office Interiors Total</b>					<b>450.00</b>
Roberts Trophies	V270107	0	19268	5/18/2021	58.10
	7949 & 7955	0	44840	5/17/2021	307.85
<b>Roberts Trophies Total</b>					<b>365.95</b>
Rolling Meadows High School	V897817	0	125399	5/21/2021	70.00
<b>Rolling Meadows High School Total</b>					<b>70.00</b>
Rutter, Douglas	V751587	0	125400	5/21/2021	65.00
	V675548	0	125387	5/19/2021	100.00
<b>Rutter, Douglas Total</b>					<b>165.00</b>
Safranek, Jason Allen	Start up cash	0	45182	5/18/2021	50.00
<b>Safranek, Jason Allen Total</b>					<b>50.00</b>
Sarver, Michael S	V411521	0	21088	5/25/2021	64.88
<b>Sarver, Michael S Total</b>					<b>64.88</b>
Sauve, Haley Rose	Reimbursement	0	44841	5/17/2021	50.00
<b>Sauve, Haley Rose Total</b>					<b>50.00</b>
Sawyer, Vance		0	44866	5/20/2021	75.00
	6/14/2021	0	44866	5/20/2021	75.00
	6/28/2021	0	44866	5/20/2021	75.00
	6/7/2021	0	44866	5/20/2021	75.00
<b>Sawyer, Vance Total</b>					<b>225.00</b>
Schaidle, Jacob	V203514	0	125378	5/17/2021	125.00
	V863674	0	125373	5/14/2021	180.00
<b>Schaidle, Jacob Total</b>					<b>305.00</b>
Scholastic Inc.	V874675	0	5774	5/25/2021	2,965.02
	2732107400	0	5426	5/24/2021	625.86
	B5100652FR	0	5057	5/14/2021	1,860.96
<b>Scholastic Inc. Total</b>					<b>5,451.84</b>
Schonauer, Derrick J	entry fee 5/15/21	0	45183	5/18/2021	60.00
<b>Schonauer, Derrick J Total</b>					<b>60.00</b>
School Mate	V230465	0	5108	5/17/2021	313.50
<b>School Mate Total</b>					<b>313.50</b>
Schrof, Jennifer	Post prom	0	44867	5/20/2021	660.97
<b>Schrof, Jennifer Total</b>					<b>660.97</b>
Select Screen Prints	V896767	0	23575	5/25/2021	585.00

**Expenditure Summary Report**

From Date: 5/13/2021  
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Vendor	Invoice	PO No.	Check No.	Check Date	Amount	
Select Screen Prints	V750179	0	5109	5/20/2021	316.50	
	V20244	0	1793	5/25/2021	83.00	
	NCWHS invoices	0	44842	5/17/2021	639.50	
<b>Select Screen Prints Total</b>					<b>1,624.00</b>	
Sennett, Timothy E	V531196	0	19269	5/18/2021	150.00	
<b>Sennett, Timothy E Total</b>					<b>150.00</b>	
Shackley, Thomas	V652109	0	23543	5/19/2021	46.00	
<b>Shackley, Thomas Total</b>					<b>46.00</b>	
Sheppelman, Dawn Demlow	V654429	0	1555	5/18/2021	201.04	
<b>Sheppelman, Dawn Demlow Total</b>					<b>201.04</b>	
Smith, Beth	Rocket project	0	45194	5/21/2021	-	
<b>Smith, Beth Total</b>					<b>-</b>	
Smith, Christopher	V194603	0	19275	5/19/2021	55.00	
<b>Smith, Christopher Total</b>					<b>55.00</b>	
Smith, Frank	V681992	0	125401	5/21/2021	90.00	
	V86788	0	125401	5/21/2021	90.00	
	V767269	0	125374	5/14/2021	45.00	
<b>Smith, Frank Total</b>					<b>225.00</b>	
Smith, Joshua E.	V589005	0	19289	5/21/2021	-	
	V547938	0	19291	5/21/2021	50.00	
	V684124	0	125380	5/18/2021	65.00	
<b>Smith, Joshua E. Total</b>					<b>115.00</b>	
Soliday, Mackenzie	V469530	0	23548	5/20/2021	212.23	
<b>Soliday, Mackenzie Total</b>					<b>212.23</b>	
SPROUT, JASON	V946878	0	19276	5/19/2021	45.00	
<b>SPROUT, JASON Total</b>					<b>45.00</b>	
Steers, Priscilla Dawn	V229061	0	2446	5/21/2021	346.71	
<b>Steers, Priscilla Dawn Total</b>					<b>346.71</b>	
Stillwell, Tonya	Post Prom gift cards	0	44843	5/17/2021	600.00	
<b>Stillwell, Tonya Total</b>					<b>600.00</b>	
Stork, Kyler	V753766	0	19292	5/21/2021	55.00	
<b>Stork, Kyler Total</b>					<b>55.00</b>	
Strader, Abbi Michele	V245617	0	7108	5/25/2021	82.39	
	V374279	0	7103	5/18/2021	98.53	
	V86452	0	7102	5/14/2021	50.00	
<b>Strader, Abbi Michele Total</b>					<b>230.92</b>	
Stricklin, Julie Cristine	V53585	0	7104	5/18/2021	50.00	
<b>Stricklin, Julie Cristine Total</b>					<b>50.00</b>	
Strubhar, Mike		6/14/2021	0	44868	5/20/2021	75.00
		6/21/2021	0	44868	5/20/2021	75.00
		6/28/2021	0	44868	5/20/2021	75.00
		6/7/2021	0	44868	5/20/2021	75.00
<b>Strubhar, Mike Total</b>					<b>300.00</b>	

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Sun, Qingyue	REIMB LUNCH ACT BLN	0	244277	5/19/2021	37.35
<b>Sun, Qingyue Total</b>					<b>37.35</b>
Syring, Randal	V534714	0	19293	5/21/2021	55.00
<b>Syring, Randal Total</b>					<b>55.00</b>
Taylor, Tiffany A	Hyvee receipt	0	5421	5/13/2021	37.50
<b>Taylor, Tiffany A Total</b>					<b>37.50</b>
Thomas, Amber Nicole	V923545	0	2789	5/21/2021	52.47
<b>Thomas, Amber Nicole Total</b>					<b>52.47</b>
Topping, Elizabeth	V433699	0	21089	5/25/2021	31.95
<b>Topping, Elizabeth Total</b>					<b>31.95</b>
Traynor, Grace M	V645565	0	2786	5/13/2021	25.00
<b>Traynor, Grace M Total</b>					<b>25.00</b>
Twaddle, Theresa M	V158794	0	5761	5/14/2021	323.70
<b>Twaddle, Theresa M Total</b>					<b>323.70</b>
Twin City Awards	2782	0	44844	5/17/2021	364.00
<b>Twin City Awards Total</b>					<b>364.00</b>
Vincent, Susan Anne	V571863	0	23576	5/25/2021	44.04
	V934379	0	23557	5/21/2021	117.92
	V582988	0	23554	5/20/2021	52.58
<b>Vincent, Susan Anne Total</b>					<b>214.54</b>
Washington Community High Schl DIST #308	7 on 7	0	44845	5/17/2021	130.00
<b>Washington Community High Schl DIST #308 Total</b>					<b>130.00</b>
Whitman, Donald Oliver	Laser cutter	0	45195	5/21/2021	56.15
	Coop student gifts	0	45184	5/18/2021	23.12
	paint and t-shirt	0	45184	5/18/2021	108.16
<b>Whitman, Donald Oliver Total</b>					<b>187.43</b>
Winn, Carly A	V216350	0	23544	5/19/2021	11.98
<b>Winn, Carly A Total</b>					<b>11.98</b>
Wollenweber, Sarah Kathleen	Prom receipts	0	44869	5/20/2021	96.02
<b>Wollenweber, Sarah Kathleen Total</b>					<b>96.02</b>
Yaklich, Megan Kathryn	V43118	0	2561	5/25/2021	25.00
<b>Yaklich, Megan Kathryn Total</b>					<b>25.00</b>
Zimmerman, Betsy A	Lowes receipts	0	5423	5/13/2021	-
<b>Zimmerman, Betsy A Total</b>					<b>-</b>
Zimmerman, Betsy Jo	V920604	0	5427	5/24/2021	240.28
<b>Zimmerman, Betsy Jo Total</b>					<b>240.28</b>
Zions First National Bank	V371105	0	0	5/26/2021	1,458,400.00
<b>Zions First National Bank Total</b>					<b>1,458,400.00</b>
<b>Grand Total</b>					<b>1,997,142.65</b>

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Fund	Amount
07	22,563.05
08	442,297.79
10	712.35
20	15,477.13
30	1,458,400.00
40	567.24
99	57,125.09
<b>Grand Total</b>	<b>1,997,142.65</b>

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount	
Ace Hardware	6 INVS 5/03-05/18	2103491	244278	5/26/2021	92.81	
	12 INVS 4/13-5/08	2103491	244278	5/26/2021	249.26	
<b>Ace Hardware Total</b>					<b>342.07</b>	
Adams, Julie	HOURS 3/19-5/19	2104808	244279	5/26/2021	60.50	
<b>Adams, Julie Total</b>					<b>60.50</b>	
Alta Construction Equipment Illinois	SR4 23330	2104610	244280	5/26/2021	1,200.00	
	SR422307,23330,22763	2104759	244280	5/26/2021	1,965.00	
<b>Alta Construction Equipment Illinois Total</b>					<b>3,165.00</b>	
Amazon Capital Services	2 INVS 5/24	2104663	244281	5/26/2021	2,150.55	
	2 INVS 05/23	2104662	244281	5/26/2021	1,193.41	
	1XRM-JWC3-1FYF	2104702	244281	5/26/2021	1,102.00	
	17QQ-TJTP-KH3R	2104703	244281	5/26/2021	2,049.12	
	1NR9-6LXM-1Q7F	2104705	244281	5/26/2021	514.44	
	1N7D-9Q1Y-N4JG	2104727	244281	5/26/2021	529.58	
	1YH7-K6WL-VKRT	2104724	244281	5/26/2021	23.08	
	11NM-M17T-4MFG	2104664	244281	5/26/2021	555.13	
	1R71-9RJW-YL76	2104704	244281	5/26/2021	555.13	
	1HNJ-Y6Q1-QYPK	2104656	244281	5/26/2021	1,029.15	
	199G-DHHX-MRQV	2104632	244281	5/26/2021	71.94	
	1T17-DH7K-D7LF	2104586	244281	5/26/2021	96.16	
	13CN-1N7Q-4HQ6	2104598	244281	5/26/2021	757.32	
	13CN-1N7Q-FWDW	2104619	244281	5/26/2021	70.79	
	1W7G-MR7H-K794	2104561	244281	5/26/2021	86.42	
	13NY-Q3K7-G7Y6	2104533	244281	5/26/2021	73.92	
	2 INVS 5/10-5/12	2104418	244281	5/26/2021	382.98	
	1TRN-DN6T-W1RJ	2104534	244281	5/26/2021	135.36	
	1NCW-7VW4-Y6QH	2104546	244281	5/26/2021	40.59	
	1TQG-7VWG-NM6X	2104522	244281	5/26/2021	90.54	
	1J1G-XMF3-RF16	2104594	244281	5/26/2021	29.97	
	2 INVS 4/18-4/19	2103989	244281	5/26/2021	1,232.39	
	17MC-K27R-CNTT	2103979	244281	5/26/2021	124.70	
<b>Amazon Capital Services Total</b>					<b>12,894.67</b>	
Athletic Solutions, LLC.		118	2104666	244282	5/26/2021	2,000.00
<b>Athletic Solutions, LLC. Total</b>					<b>2,000.00</b>	
Batteries Plus		153040	2104753	244283	5/26/2021	6.25
<b>Batteries Plus Total</b>					<b>6.25</b>	
Benchmark Education Com		423010	2104387	244284	5/26/2021	4,263.60
<b>Benchmark Education Com Total</b>					<b>4,263.60</b>	
Benik Corporation		715596	2104515	244285	5/26/2021	224.50
<b>Benik Corporation Total</b>					<b>224.50</b>	
Bennett Electronics		32459	2103849	244286	5/26/2021	585.00
		32438	2103714	244286	5/26/2021	1,193.00
<b>Bennett Electronics Total</b>					<b>1,778.00</b>	
Blaum, Melissa Marie	TRAVEL APR21	0	244287	5/26/2021	26.15	
<b>Blaum, Melissa Marie Total</b>					<b>26.15</b>	
Blick Art Materials	5 INVS 4/6-5/19	2103767	244288	5/26/2021	1,080.67	
	6203505, 6389691	2103889	244288	5/26/2021	194.39	
	5707677	2102709	244288	5/26/2021	178.55	
<b>Blick Art Materials Total</b>					<b>1,453.61</b>	

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Blue Springs, Inc.	41010	2104665	244289	5/26/2021	176.00
<b>Blue Springs, Inc. Total</b>					<b>176.00</b>
Bowers, Jennifer	REG FEE REFUNDS	0	244290	5/26/2021	52.50
<b>Bowers, Jennifer Total</b>					<b>52.50</b>
Bradford Supply Company	2315223	2104640	244291	5/26/2021	63.43
<b>Bradford Supply Company Total</b>					<b>63.43</b>
Brainpop LLC	RENEWAL- HOOSE	2104597	244292	5/26/2021	405.00
<b>Brainpop LLC Total</b>					<b>405.00</b>
BSN Sports	912713588	2104539	244293	5/26/2021	657.11
<b>BSN Sports Total</b>					<b>657.11</b>
Burris Equipment	2 INVS 4/28-4/29	2104603	244294	5/26/2021	904.49
	PS3002768-1	2104622	244294	5/26/2021	1,492.64
<b>Burris Equipment Total</b>					<b>2,397.13</b>
Caldwell, Christopher	REG FEE REFUND	0	244295	5/26/2021	260.00
<b>Caldwell, Christopher Total</b>					<b>260.00</b>
Carle Foundation Hospital	BILL SUPPORT MAY 21	2104732	244296	5/26/2021	3,975.00
<b>Carle Foundation Hospital Total</b>					<b>3,975.00</b>
Carter, Kory	TRAVEL APR 21	0	244297	5/26/2021	72.58
<b>Carter, Kory Total</b>					<b>72.58</b>
Cdw Computer Centers, Inc	ZR001691148	2102827	244298	5/26/2021	2,965.86
<b>Cdw Computer Centers, Inc Total</b>					<b>2,965.86</b>
CDW Computer Centers, Inc 1	D220935	2104463	244299	5/26/2021	8,544.00
<b>CDW Computer Centers, Inc 1 Total</b>					<b>8,544.00</b>
Central Illinois Trucks Inc	101W21518	2104605	244300	5/26/2021	230.35
<b>Central Illinois Trucks Inc Total</b>					<b>230.35</b>
Charnstrom	66140-00	2104252	244301	5/26/2021	960.90
<b>Charnstrom Total</b>					<b>960.90</b>
Chiddix Junior High School	REIMB ACT FUND 5/3	2104552	244302	5/26/2021	995.00
<b>Chiddix Junior High School Total</b>					<b>995.00</b>
Childers Door Service, Inc	294089	2104648	244303	5/26/2021	457.52
<b>Childers Door Service, Inc Total</b>					<b>457.52</b>
City of Bloomington	WATER BILL 05/14	0	244304	5/26/2021	3,127.76
<b>City of Bloomington Total</b>					<b>3,127.76</b>
Clean The Uniform Company	3 INVS 4/27-5/11	2100162	244305	5/26/2021	171.12
<b>Clean The Uniform Company Total</b>					<b>171.12</b>
Confidential On-Site Paper Shreddin	117144	2104480	244306	5/26/2021	63.60
<b>Confidential On-Site Paper Shreddin Total</b>					<b>63.60</b>
Conley, Rebecca Renae	TRAVEL SEP20	0	244307	5/26/2021	28.98
	TRAVEL OCT 20	0	244307	5/26/2021	36.23
	TRAVEL NOV 20	0	244307	5/26/2021	21.74

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Conley, Rebecca Renae	TRAVEL DEC 20	0	244307	5/26/2021	14.49
	TRAVEL JAN 21	0	244307	5/26/2021	28.22
	TRAVEL FEB 21	0	244307	5/26/2021	35.28
	TRAVEL MAR 21	0	244307	5/26/2021	33.60
<b>Conley, Rebecca Renae Total</b>					<b>198.54</b>
Connolly, Kerry Ann	TRAVEL APR 21	0	244308	5/26/2021	35.73
<b>Connolly, Kerry Ann Total</b>					<b>35.73</b>
Connor Co	3 INVS 5/10-5/13	2104743	244309	5/26/2021	136.00
<b>Connor Co Total</b>					<b>136.00</b>
Corn Belt Energy Corporation	ELECTRIC BILL 05/10	0	244310	5/26/2021	98,540.99
<b>Corn Belt Energy Corporation Total</b>					<b>98,540.99</b>
Cornell Interventions, Inc.	429340421	2104803	244311	5/26/2021	2,262.75
<b>Cornell Interventions, Inc. Total</b>					<b>2,262.75</b>
Crescent Electric Supply Co	2 INVS 5/11-5/17	2104750	244312	5/26/2021	282.66
<b>Crescent Electric Supply Co Total</b>					<b>282.66</b>
Culligan Water Conditioning	68683	0	244313	5/26/2021	34.50
<b>Culligan Water Conditioning Total</b>					<b>34.50</b>
Current, Julia Marie	RENEWAL 76847	2104629	244314	5/26/2021	150.00
<b>Current, Julia Marie Total</b>					<b>150.00</b>
Demco, Inc	6951236	2102752	244315	5/26/2021	91.00
<b>Demco, Inc Total</b>					<b>91.00</b>
Di Vita, Margherita	TRAVEL MAY 21	0	244316	5/26/2021	32.14
<b>Di Vita, Margherita Total</b>					<b>32.14</b>
Dicken, Douglas	CLOTH ALLOW 5/09	2104573	244317	5/26/2021	160.16
<b>Dicken, Douglas Total</b>					<b>160.16</b>
Dreambox Learning, Inc.	DB052072853	2104416	244318	5/26/2021	22,000.00
<b>Dreambox Learning, Inc. Total</b>					<b>22,000.00</b>
EDUCATIONAL INSIGHTS, INC.	5464937	2104562	244319	5/26/2021	419.70
<b>EDUCATIONAL INSIGHTS, INC. Total</b>					<b>419.70</b>
EduTyping	79219	2104535	244320	5/26/2021	3,760.62
<b>EduTyping Total</b>					<b>3,760.62</b>
Ely, Kathleen Ann	REIMB BEST BUY	2104556	244321	5/26/2021	29.99
<b>Ely, Kathleen Ann Total</b>					<b>29.99</b>
Eta Hand 2 Mind, Inc.	60315671,40092449-1	2104563	244322	5/26/2021	1,574.73
<b>Eta Hand 2 Mind, Inc. Total</b>					<b>1,574.73</b>
Evans Junior High School	REIMB ACT FUND 5/3-	2104786	244323	5/26/2021	670.00
<b>Evans Junior High School Total</b>					<b>670.00</b>
Fargo Additive Manufacturing Equip	INV/2021/3233	2103385	244324	5/26/2021	170.41
<b>Fargo Additive Manufacturing Equip Total</b>					<b>170.41</b>
First Student	11730764	2104787	244325	5/26/2021	917,522.76
<b>First Student Total</b>					<b>917,522.76</b>

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From Date: 5/26/2021  
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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Follett Book Fairs	871484	2104232	244326	5/26/2021	1,423.61
<b>Follett Book Fairs Total</b>					<b>1,423.61</b>
Frontier 1	PHONE BILL - 5/13	0	244327	5/26/2021	6,793.07
<b>Frontier 1 Total</b>					<b>6,793.07</b>
Fs Custom Turf	34000386	2104626	244328	5/26/2021	670.25
<b>Fs Custom Turf Total</b>					<b>670.25</b>
Fulling Interpreting Services, LLC.	21099	2104807	244329	5/26/2021	100.00
<b>Fulling Interpreting Services, LLC. Total</b>					<b>100.00</b>
Game Time	PJI-0142721	2104576	244331	5/26/2021	1,019.45
<b>Game Time Total</b>					<b>1,019.45</b>
Getz Fire Equipment Company	I2-565716	2104654	244332	5/26/2021	360.00
<b>Getz Fire Equipment Company Total</b>					<b>360.00</b>
Glatt, Daniel A	TRAVEL APR 21	0	244333	5/26/2021	203.22
<b>Glatt, Daniel A Total</b>					<b>203.22</b>
Gordon Food Service, Inc	26 INVS 5/5-5/14	2104766	244334	5/26/2021	29,094.49
	24 INVS 11/14/19-	2104628	244334	5/26/2021	21,866.52
	3 INVS 5/6-5/7	2104764	244334	5/26/2021	3,034.70
<b>Gordon Food Service, Inc Total</b>					<b>53,995.71</b>
Grainger Parts Operations Ww Graing	2 INVS 4/23	2104643	244335	5/26/2021	210.26
<b>Grainger Parts Operations Ww Graing Total</b>					<b>210.26</b>
Gross, Chelsea Elizabeth	TRAVEL APR 21	0	244336	5/26/2021	22.40
<b>Gross, Chelsea Elizabeth Total</b>					<b>22.40</b>
G-Sports Corporation	67288	2103987	244330	5/26/2021	4,347.00
<b>G-Sports Corporation Total</b>					<b>4,347.00</b>
Hameray Publishing Group	131535	2103869	244337	5/26/2021	1,318.00
<b>Hameray Publishing Group Total</b>					<b>1,318.00</b>
Heartland Community College	C0409-C062375 3/17	2104776	244338	5/26/2021	2,000.00
<b>Heartland Community College Total</b>					<b>2,000.00</b>
Heinemann	7319152	2104437	244339	5/26/2021	5,609.14
	7316485	2104295	244339	5/26/2021	1,953.88
<b>Heinemann Total</b>					<b>7,563.02</b>
Higby, Valerie Maria	REIMB SUPPLS 4/15-	2104538	244340	5/26/2021	104.84
<b>Higby, Valerie Maria Total</b>					<b>104.84</b>
Hoerr, Thomas Dean III	REIMB TRAVEL 4/30	0	244341	5/26/2021	73.41
<b>Hoerr, Thomas Dean III Total</b>					<b>73.41</b>
Illini Supply Inc	13149	2104789	244342	5/26/2021	8,812.00
<b>Illini Supply Inc Total</b>					<b>8,812.00</b>
Illinois OIL Marketing Equipment, I	13344	2104773	244343	5/26/2021	4,181.14
<b>Illinois OIL Marketing Equipment, I Total</b>					<b>4,181.14</b>
Illuminate Education, Inc.	ASSESSMENT CONT	2104774	244344	5/26/2021	177,686.60

**Expenditure Summary Report**

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount	
<b>Illuminate Education, Inc. Total</b>					<b>177,686.60</b>	
J & L Morris		9096	2104674	244345	5/26/2021	9,000.00
<b>J &amp; L Morris Total</b>						<b>9,000.00</b>
J Spencer Construction LLC		1575	2104747	244347	5/26/2021	23,215.00
		1568	2104673	244346	5/26/2021	272.00
<b>J Spencer Construction LLC Total</b>						<b>23,487.00</b>
Jerome, Ruth H	REIMB MONICALS		2104785	244348	5/26/2021	68.05
<b>Jerome, Ruth H Total</b>						<b>68.05</b>
Jewell, Lisa	REG FEE REFUND		0	244349	5/26/2021	300.00
<b>Jewell, Lisa Total</b>						<b>300.00</b>
Johnstone Supply	7 INVS 5/6-5/17		2104749	244350	5/26/2021	642.50
	8 INVS 4/26-5/07		2104642	244350	5/26/2021	1,852.08
<b>Johnstone Supply Total</b>						<b>2,494.58</b>
Jones School Supply Co, Inc.		1816607	2104537	244351	5/26/2021	677.25
<b>Jones School Supply Co, Inc. Total</b>						<b>677.25</b>
Keller, Sheila Ann	TRAVEL APR 21		0	244352	5/26/2021	35.84
<b>Keller, Sheila Ann Total</b>						<b>35.84</b>
Kemmerer Village	TUITION APR		2104588	244353	5/26/2021	5,025.31
	TUITION ADJ AUG 20		2104809	244353	5/26/2021	821.00
<b>Kemmerer Village Total</b>						<b>5,846.31</b>
Ken's OIL Service, Inc.		100251.3571	2104760	244354	5/26/2021	4,177.64
		1.00347E+14	2104611	244354	5/26/2021	18,933.90
<b>Ken's OIL Service, Inc. Total</b>						<b>23,111.54</b>
Kessinger, Julie	REG FEE REFUNDS		0	244355	5/26/2021	255.00
<b>Kessinger, Julie Total</b>						<b>255.00</b>
Kingsley Junior High School	REIMB ACT FUND 5/4		2104725	244356	5/26/2021	445.00
<b>Kingsley Junior High School Total</b>						<b>445.00</b>
Kinsey, Rebecca Lynn	REIMB SUPPLS, ETC		2104772	244357	5/26/2021	1,703.80
<b>Kinsey, Rebecca Lynn Total</b>						<b>1,703.80</b>
Koenig Body & Equipment		88970.03704	2104748	244358	5/26/2021	400.00
<b>Koenig Body &amp; Equipment Total</b>						<b>400.00</b>
Kosier, Naomi Rae	REIMB MONICALS		2104687	244359	5/26/2021	46.09
<b>Kosier, Naomi Rae Total</b>						<b>46.09</b>
Kuebrich, Jennifer L	TRAVEL APR 21		0	244360	5/26/2021	58.69
<b>Kuebrich, Jennifer L Total</b>						<b>58.69</b>
LAKE CO REGIONAL OFC OF EDUCATION		1000780521	2104262	244361	5/26/2021	1,700.00
<b>LAKE CO REGIONAL OFC OF EDUCATION Total</b>						<b>1,700.00</b>
Lakeshore Learning Materials		1681360521	2104324	244362	5/26/2021	2,051.76
<b>Lakeshore Learning Materials Total</b>						<b>2,051.76</b>
Lincoln Prairie Behavioral Health C	2021-15695		2104806	244363	5/26/2021	350.00
<b>Lincoln Prairie Behavioral Health C Total</b>						<b>350.00</b>

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
LKM Mowing & Landscaping	26942	2104677	244364	5/26/2021	8,800.00
<b>LKM Mowing &amp; Landscaping Total</b>					<b>8,800.00</b>
Mark's Plumbing Parts	INV-001942818	2104646	244365	5/26/2021	368.05
<b>Mark's Plumbing Parts Total</b>					<b>368.05</b>
Martin Sullivan Inc.	1271242	2104635	244366	5/26/2021	14.26
<b>Martin Sullivan Inc. Total</b>					<b>14.26</b>
Mc Clelland, Tony	REIMB REG. FEES.	0	244367	5/26/2021	85.00
<b>Mc Clelland, Tony Total</b>					<b>85.00</b>
Mc Master-Carr Supply Co	57671586	2104647	244368	5/26/2021	1,045.55
<b>Mc Master-Carr Supply Co Total</b>					<b>1,045.55</b>
Mclean County Asphalt Co, Inc	63024	2104624	244369	5/26/2021	108.63
<b>Mclean County Asphalt Co, Inc Total</b>					<b>108.63</b>
Media Technologies	PROFORMA 2456	2104420	244370	5/26/2021	2,180.00
	PROFORMA 2455	2104421	244370	5/26/2021	4,974.22
<b>Media Technologies Total</b>					<b>7,154.22</b>
Menards Lumber	6-INVS, 5/4-5/7	2102859	244371	5/26/2021	125.00
	48810	2104740	244371	5/26/2021	934.87
	48622	2104744	244371	5/26/2021	37.82
	48385	2104746	244371	5/26/2021	269.73
	11-INVS, 4/20-4/29	2102859	244371	5/26/2021	533.54
	48260	2104627	244371	5/26/2021	48.93
	47108	2104634	244371	5/26/2021	4.24
	44702, 46778	2104653	244371	5/26/2021	389.34
<b>Menards Lumber Total</b>					<b>2,343.47</b>
METRO FIBERNET LLC	ACCT#1399756 - 5/31	2104602	244372	5/26/2021	15,396.22
<b>METRO FIBERNET LLC Total</b>					<b>15,396.22</b>
Midamerican Energy	ELECTRIC BILL 05/20	0	244374	5/26/2021	50,043.22
<b>Midamerican Energy Total</b>					<b>50,043.22</b>
Middleton Associates Inc	INV-1.PROJ.25510020	2104574	244375	5/26/2021	1,716.00
	INV-1.PROJ.25580021	2104575	244375	5/26/2021	1,207.00
	INV-2,PROJ.24952319	2104577	244375	5/26/2021	4,947.60
<b>Middleton Associates Inc Total</b>					<b>7,870.60</b>
Mid-Illinois Mechanical, Inc	8549-IN	2104606	244373	5/26/2021	21,405.45
<b>Mid-Illinois Mechanical, Inc Total</b>					<b>21,405.45</b>
Midland Paper Company	IN01564185	2104745	244376	5/26/2021	12,980.42
	IN01554840	2104572	244376	5/26/2021	2,644.16
<b>Midland Paper Company Total</b>					<b>15,624.58</b>
Midwest Equipment li	533088	2104675	244377	5/26/2021	12,899.00
	4-INVS, 4/21-5/11	2104637	244377	5/26/2021	842.81
<b>Midwest Equipment li Total</b>					<b>13,741.81</b>
Midwest Fiber Inc	301424	2104608	244378	5/26/2021	495.00
<b>Midwest Fiber Inc Total</b>					<b>495.00</b>
Midwest Glass Tinters, Inc	12419	2104676	244379	5/26/2021	1,767.00

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
<b>Midwest Glass Tinters, Inc Total</b>					<b>1,767.00</b>
Miller, Darrell	REIMB-DAMAGE TO AUTO	2104812	244380	5/26/2021	2,439.92
<b>Miller, Darrell Total</b>					<b>2,439.92</b>
Minerva Promotions	I-90998	2104558	244381	5/26/2021	2,239.36
<b>Minerva Promotions Total</b>					<b>2,239.36</b>
Montoya, Suzanne	REIMB REG. FEES	0	244382	5/26/2021	85.00
<b>Montoya, Suzanne Total</b>					<b>85.00</b>
Morris Avenue Garage	5-INVS, 4/2-4/28	2104604	244383	5/26/2021	1,872.71
<b>Morris Avenue Garage Total</b>					<b>1,872.71</b>
Morrow, Colletta	REIMB REG. FEES	0	244384	5/26/2021	174.00
<b>Morrow, Colletta Total</b>					<b>174.00</b>
Motion Industries, Inc	IL66-139631	2104620	244385	5/26/2021	121.76
<b>Motion Industries, Inc Total</b>					<b>121.76</b>
Mutual Wheel Co	8608458	2104636	244386	5/26/2021	300.82
<b>Mutual Wheel Co Total</b>					<b>300.82</b>
MyFleetCenter.com	14413736	2104756	244387	5/26/2021	100.27
<b>MyFleetCenter.com Total</b>					<b>100.27</b>
National Louis University 1	2022-UNIT5-1	2104775	244388	5/26/2021	2,600.00
<b>National Louis University 1 Total</b>					<b>2,600.00</b>
Nelson, Vickie	REIMB TRAVEL 12/17	0	244389	5/26/2021	89.01
<b>Nelson, Vickie Total</b>					<b>89.01</b>
Nevco Sports, LLC	192785	2104177	244390	5/26/2021	638.50
<b>Nevco Sports, LLC Total</b>					<b>638.50</b>
Nicor Gas	GAS BILLING 05/17	0	244391	5/26/2021	322.61
	BILLING 05/05-05/09	0	244391	5/26/2021	320.04
<b>Nicor Gas Total</b>					<b>642.65</b>
Nielsen, Barb	REIMB REG. FEES.	0	244392	5/26/2021	20.00
<b>Nielsen, Barb Total</b>					<b>20.00</b>
Normalite Newspaper	BID NOTICE AD	2104768	244393	5/26/2021	60.00
<b>Normalite Newspaper Total</b>					<b>60.00</b>
Northern Illinois Academy	NIA001577	2104589	244394	5/26/2021	2,811.60
<b>Northern Illinois Academy Total</b>					<b>2,811.60</b>
Northwest Evaluation Association	53213	2104698	244395	5/26/2021	1,620.00
<b>Northwest Evaluation Association Total</b>					<b>1,620.00</b>
OSF OCCUPATIONAL HEALTH	00112850-00	2104567	244396	5/26/2021	249.00
<b>OSF OCCUPATIONAL HEALTH Total</b>					<b>249.00</b>
Parts Town, LLC	26944338, 26945144	2104742	244397	5/26/2021	465.66
<b>Parts Town, LLC Total</b>					<b>465.66</b>
Peoria Co Reg.Ofc Ed.	BILLING INV-05/05/21	2104591	244398	5/26/2021	350.00
	OT-HB INV-5/5	2104592	244398	5/26/2021	175.00

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Vendor	Invoice	PO No.	Check No.	Check Date	Amount
<b>Peoria Co Reg.Ofc Ed. Total</b>					<b>525.00</b>
Pepsi Cola General Bot, Inc	53298703	2104767	244399	5/26/2021	33.63
	4-INVS, 5/5-5/6	2104600	244399	5/26/2021	482.03
<b>Pepsi Cola General Bot, Inc Total</b>					<b>515.66</b>
Piercy Auto Body	15524	2104633	244400	5/26/2021	7,015.40
<b>Piercy Auto Body Total</b>					<b>7,015.40</b>
Pioneer Valley Books	I207334	2104601	244401	5/26/2021	2,257.18
	I206618	2103891	244401	5/26/2021	326.96
	I206555	2103794	244401	5/26/2021	647.06
	I206570	2103874	244401	5/26/2021	876.10
<b>Pioneer Valley Books Total</b>					<b>4,107.30</b>
Praxair Distribution Inc	3-INVS, 4/22/21	2104644	244402	5/26/2021	357.91
<b>Praxair Distribution Inc Total</b>					<b>357.91</b>
Priller, Kimberly Erin	REIMB TRAVEL 05/27	0	244403	5/26/2021	10.47
<b>Priller, Kimberly Erin Total</b>					<b>10.47</b>
Principal Life Insurance-Sbd Grand	STMT-JUN 21	2104791	244404	5/26/2021	5,184.78
<b>Principal Life Insurance-Sbd Grand Total</b>					<b>5,184.78</b>
Project Lead The Way, Inc.	283145	2104613	244407	5/26/2021	5,400.00
	283531	2104614	244407	5/26/2021	5,400.00
	284081	2104615	244407	5/26/2021	950.00
	284080	2104616	244407	5/26/2021	950.00
	284082	2104617	244407	5/26/2021	950.00
	284737	2104618	244407	5/26/2021	950.00
<b>Project Lead The Way, Inc. Total</b>					<b>14,600.00</b>
Pro-Sound Center/The Music Shoppe	3074071	2103975	244405	5/26/2021	6,284.06
<b>Pro-Sound Center/The Music Shoppe Total</b>					<b>6,284.06</b>
Pro-Type Printing	6159	2104660	244406	5/26/2021	937.00
<b>Pro-Type Printing Total</b>					<b>937.00</b>
Quill Corporation	16604194	2104486	244408	5/26/2021	432.55
	3-INVS, 5/5-5/6	2104436	244408	5/26/2021	698.42
	15935080	2103988	244408	5/26/2021	133.14
<b>Quill Corporation Total</b>					<b>1,264.11</b>
Rackauskas, Jarrod Anthony	REIMB SUPPLIES	2104657	244409	5/26/2021	247.26
<b>Rackauskas, Jarrod Anthony Total</b>					<b>247.26</b>
Rainbow Book Company	192391	2104112	244410	5/26/2021	1,283.91
<b>Rainbow Book Company Total</b>					<b>1,283.91</b>
Reading Recovery Council Of	1001044	2104495	244412	5/26/2021	1,190.00
<b>Reading Recovery Council Of Total</b>					<b>1,190.00</b>
Read's Sporting Goods	A4244	2104253	244411	5/26/2021	4,416.00
	B3319	2104554	244411	5/26/2021	89.90
	A4248	2104328	244411	5/26/2021	480.00
	A4232	2104085	244411	5/26/2021	4,990.00
<b>Read's Sporting Goods Total</b>					<b>9,975.90</b>
Redneck Trailer Supplies, Inc	RNK1-01769166, 0229	2104621	244413	5/26/2021	204.55

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<b>Redneck Trailer Supplies, Inc Total</b>					<b>204.55</b>
Rients, Jennifer	REIMB TRAVEL 03/31	0	244414	5/26/2021	150.36
<b>Rients, Jennifer Total</b>					<b>150.36</b>
Riveredge Hospital	2021-0675	2104595	244415	5/26/2021	150.00
<b>Riveredge Hospital Total</b>					<b>150.00</b>
Rochester 100 Inc	INV-73889	2104700	244416	5/26/2021	56.25
<b>Rochester 100 Inc Total</b>					<b>56.25</b>
Romagnoli, Leslie Marie	REIMB TRAVEL 04/28	0	244417	5/26/2021	170.58
<b>Romagnoli, Leslie Marie Total</b>					<b>170.58</b>
Rybarczyk, Claire Christine	REIMB TRAVEL 04/30	0	244418	5/26/2021	104.05
<b>Rybarczyk, Claire Christine Total</b>					<b>104.05</b>
S & S Builders Hardware Co	569017	2104752	244419	5/26/2021	5,006.00
	568636	2104655	244419	5/26/2021	860.00
<b>S &amp; S Builders Hardware Co Total</b>					<b>5,866.00</b>
Salyer, Tisa Marie	REIMB TRAVEL 04/27	0	244420	5/26/2021	42.00
<b>Salyer, Tisa Marie Total</b>					<b>42.00</b>
Scholastic Inc.	3-INV, 4/20-5/10	2103976	244421	5/26/2021	431.00
<b>Scholastic Inc. Total</b>					<b>431.00</b>
School Specialty	3.08104E+11	2104382	244422	5/26/2021	462.69
	2-INV, 5/18	2104433	244422	5/26/2021	1,170.87
	2.08127E+11	2104631	244422	5/26/2021	196.50
	2.08127E+11	2103895	244422	5/26/2021	685.95
	3.08104E+11	2104434	244422	5/26/2021	36.84
	3.08104E+11	2103162	244422	5/26/2021	1,350.00
<b>School Specialty Total</b>					<b>3,902.85</b>
School's In, LLC	PREPAY ORD 15586	2103871	244423	5/26/2021	229.42
<b>School's In, LLC Total</b>					<b>229.42</b>
Serv-U Restaurant & Bar Supply	814604-1	2104765	244424	5/26/2021	1,940.60
<b>Serv-U Restaurant &amp; Bar Supply Total</b>					<b>1,940.60</b>
Sheppelman, Dawn Demlow	REIMB TRAVEL	0	244425	5/26/2021	38.92
<b>Sheppelman, Dawn Demlow Total</b>					<b>38.92</b>
Shoemaker, Bayleigh	HOURS - 5/11-5/13	2104730	244426	5/26/2021	193.75
	HOURS - 4/27-5/6	2104593	244426	5/26/2021	406.25
<b>Shoemaker, Bayleigh Total</b>					<b>600.00</b>
Shumaker, Natalie Elise	REIMB TRAVEL 04/26	0	244427	5/26/2021	33.15
<b>Shumaker, Natalie Elise Total</b>					<b>33.15</b>
Sos Technologies	78127	2104672	244428	5/26/2021	3,984.00
<b>Sos Technologies Total</b>					<b>3,984.00</b>
Spear Corporation	202202	2104770	244429	5/26/2021	5,961.00
<b>Spear Corporation Total</b>					<b>5,961.00</b>
Specialized Education Of Illinois	INV-113360	2104771	244430	5/26/2021	65,992.89
<b>Specialized Education Of Illinois Total</b>					<b>65,992.89</b>

**Expenditure Summary Report**

From Date: 5/26/2021  
To Date: 5/26/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Springfield Electric	2-INVS, 5/4-5/10	2104741	244431	5/26/2021	199.01
	2-INVS, 4/22-4/27	2104649	244431	5/26/2021	141.56
<b>Springfield Electric Total</b>					<b>340.57</b>
Sprint	477027196-48	0	244432	5/26/2021	2,160.00
<b>Sprint Total</b>					<b>2,160.00</b>
State Of Illinois - State Fire Mars	9645553	2104739	244433	5/26/2021	770.00
<b>State Of Illinois - State Fire Mars Total</b>					<b>770.00</b>
Stenhouse Publishers	10290391	2104728	244434	5/26/2021	689.00
<b>Stenhouse Publishers Total</b>					<b>689.00</b>
Streamwood Behavioral Health Center	14138	2104804	244435	5/26/2021	490.00
<b>Streamwood Behavioral Health Center Total</b>					<b>490.00</b>
Stuard & Associates, Inc	30087	2104754	244436	5/26/2021	140.00
<b>Stuard &amp; Associates, Inc Total</b>					<b>140.00</b>
Sugar Creek Elementary School	REIMB-STAMPS	2104489	244437	5/26/2021	550.00
<b>Sugar Creek Elementary School Total</b>					<b>550.00</b>
Swank Motion Pictures, Inc.	373801M	2104395	244438	5/26/2021	7,750.00
<b>Swank Motion Pictures, Inc. Total</b>					<b>7,750.00</b>
The Copy Shop	487.5	2104587	244439	5/26/2021	165.60
<b>The Copy Shop Total</b>					<b>165.60</b>
The Great Display Company	DEPOSIT #3069	2104254	244440	5/26/2021	803.30
<b>The Great Display Company Total</b>					<b>803.30</b>
The Music Shoppe, Inc	3066818	2104553	244441	5/26/2021	160.39
<b>The Music Shoppe, Inc Total</b>					<b>160.39</b>
The Omni Group	2105-7601	2104585	244442	5/26/2021	38.00
<b>The Omni Group Total</b>					<b>38.00</b>
Thoennes, Lisa	HOURS - 5/10-5/14	2104729	244443	5/26/2021	1,040.00
	HOURS - 5/3-5/7	2104596	244443	5/26/2021	1,105.00
<b>Thoennes, Lisa Total</b>					<b>2,145.00</b>
Thresholds	TR21-10-06,10-09BR	2104590	244444	5/26/2021	8,543.00
	TR21-10-01SP,09-09OT	2104731	244444	5/26/2021	1,120.00
<b>Thresholds Total</b>					<b>9,663.00</b>
Town Of Normal Water Dept.	WATER BILL - 05/11	0	244445	5/26/2021	24,202.80
<b>Town Of Normal Water Dept. Total</b>					<b>24,202.80</b>
Traffic Sign Store	T21820	2104650	244446	5/26/2021	16.50
<b>Traffic Sign Store Total</b>					<b>16.50</b>
Twin Supplies, LTD.	14656E, 14561F	2104612	244447	5/26/2021	5,761.46
<b>Twin Supplies, LTD. Total</b>					<b>5,761.46</b>
Uline	133440244	2104524	244448	5/26/2021	2,382.94
	133383259	2104758	244448	5/26/2021	620.37
	132863871	2104651	244448	5/26/2021	273.14
<b>Uline Total</b>					<b>3,276.45</b>

**Expenditure Summary Report**

From Date: 5/26/2021  
To Date: 5/26/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Unit 5 Decker Industries	INV-99	2104582	244449	5/26/2021	15.00
<b>Unit 5 Decker Industries Total</b>					<b>15.00</b>
Us Mechanical Services, Inc	18811	2104652	244450	5/26/2021	595.98
<b>Us Mechanical Services, Inc Total</b>					<b>595.98</b>
Vanguard Energy Services,LLC	G404551050621 APR 21	0	244451	5/26/2021	20,978.08
<b>Vanguard Energy Services,LLC Total</b>					<b>20,978.08</b>
Vernier Software	5394552	2104494	244452	5/26/2021	725.00
	5392648. FREIGHT CHG	2104052	244452	5/26/2021	12.03
	5391174.FREIGHT CHG	2103754	244452	5/26/2021	11.15
<b>Vernier Software Total</b>					<b>748.18</b>
Vision Service Plan - (II)	STMT-JUN 21	2104790	244453	5/26/2021	1,101.01
<b>Vision Service Plan - (II) Total</b>					<b>1,101.01</b>
Visions, LLC	INVOICE - #1	2104805	244454	5/26/2021	450.00
<b>Visions, LLC Total</b>					<b>450.00</b>
Watts Copy Systems, Inc	1060508	2104708	244455	5/26/2021	8,916.63
	1060291	2104709	244455	5/26/2021	210.00
<b>Watts Copy Systems, Inc Total</b>					<b>9,126.63</b>
Watts Copy Systems, Inc.	29278565	2104707	244456	5/26/2021	1,991.82
<b>Watts Copy Systems, Inc. Total</b>					<b>1,991.82</b>
Weakly, Shelly	REIMB TRAVEL 04/30	0	244457	5/26/2021	316.79
<b>Weakly, Shelly Total</b>					<b>316.79</b>
Weber, David Jonathan	REIMB AMAZON/MENARD	2104658	244458	5/26/2021	95.24
<b>Weber, David Jonathan Total</b>					<b>95.24</b>
Welch, Carrie	REIMB REG. FEES.	0	244459	5/26/2021	30.00
<b>Welch, Carrie Total</b>					<b>30.00</b>
Weyrauch, Brian	REIMB REG. FEES.	0	244460	5/26/2021	170.00
<b>Weyrauch, Brian Total</b>					<b>170.00</b>
Wherry Machine & Welding, Inc	149514	2104625	244461	5/26/2021	19.44
<b>Wherry Machine &amp; Welding, Inc Total</b>					<b>19.44</b>
Whitlow, Lynnette	REIMB LUNCH ACT BLN	0	244462	5/26/2021	22.55
<b>Whitlow, Lynnette Total</b>					<b>22.55</b>
Winsupply	4-INVS, 4/19-4/28	2104645	244463	5/26/2021	278.65
<b>Winsupply Total</b>					<b>278.65</b>
Wisconsin Center for Ed Products & Serv.	PLC 0035	2104599	244464	5/26/2021	100.00
<b>Wisconsin Center for Ed Products &amp; Serv. Total</b>					<b>100.00</b>
XYZ Printing	BM 400586	2104214	244465	5/26/2021	546.79
<b>XYZ Printing Total</b>					<b>546.79</b>
Ymca Of Bloomington-Normal	CERT FEE - LGT	2104777	244466	5/26/2021	75.00
<b>Ymca Of Bloomington-Normal Total</b>					<b>75.00</b>
Youthbuild Mclean Co.Charter School	INSTLMT-3/02-5/01	2104397	244467	5/26/2021	84,472.00

**Expenditure Summary Report**

From Date: 5/26/2021  
 To Date: 5/26/2021

Vendor	Invoice	PO No.	Check No.	Check Date	Amount
Youthbuild Mclean Co.Charter School Total					84,472.00
<b>Grand Total</b>					<b>1,929,181.71</b>

**Expenditure Summary Report**

From Date: 5/26/2021  
To Date: 5/26/2021

<b>Fund</b>	<b>Amount</b>
10	636,167.65
20	307,219.56
40	953,424.28
80	3,094.17
90	29,276.05
<b>Grand Total</b>	<b>1,929,181.71</b>

CUSD No. 5, McLean and Woodford Counties, Illinois

Unit 5 Treasurer's Report As of 04/30/2021

Fiscal Year: 2020-2021

**ASSETS**

Educational Fund		
Cash (+)		\$666,451.28
Sub-total : Educational Fund		\$666,451.28
Operations & Maintenance Fund		
Cash (+)		\$83,575.60
Sub-total : Operations & Maintenance Fund		\$83,575.60
Debt Service Fund		
Cash (+)		\$1,453,972.23
Sub-total : Debt Service Fund		\$1,453,972.23
Transportation Fund		
Cash (+)		\$3,976,970.94
Sub-total : Transportation Fund		\$3,976,970.94
Social Security Fund		
Cash (+)		\$42,658.47
Sub-total : Social Security Fund		\$42,658.47
Municiple Retirement Fund		
Cash (+)		\$536,637.37
Sub-total : Municiple Retirement Fund		\$536,637.37
Working Cash Fund		
Cash (+)		(\$4,836,666.30)
Investments (+)		\$28,885,391.79
Interfund Receivables (+)		\$24,183,241.58
Sub-total : Working Cash Fund		\$48,231,967.07
Tort Immunity Fund		
Cash (+)		\$62,775.29
Sub-total : Tort Immunity Fund		\$62,775.29
Life Safety Fund		
Cash (+)		\$26,772.96
Sub-total : Life Safety Fund		\$26,772.96
<b>Total : ASSETS</b>		<b>\$55,081,781.21</b>

**LIABILITIES**

Educational Fund		
Interfund Payables (+)		\$18,900,000.00
Payroll Withholdings (+)		\$189.34
Sub-total : Educational Fund		\$18,900,189.34
Operations & Maintenance Fund		
Interfund Payables (+)		\$3,000,000.00

Balance Sheet

CUSD No. 5, McLean and Woodford Counties, Illinois

Unit 5 Treasurer's Report As of 04/30/2021

Fiscal Year: 2020-2021

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Other Liabilities (+)	\$18.00
Sub-total : Operations & Maintenance Fund	\$3,000,018.00
Social Security Fund	
Interfund Payables (+)	\$100,000.00
Sub-total : Social Security Fund	\$100,000.00
Capital Projects Fund	
Interfund Payables (+)	\$243,241.58
Sub-total : Capital Projects Fund	\$243,241.58
Tort Immunity Fund	
Interfund Payables (+)	\$1,890,000.00
Sub-total : Tort Immunity Fund	\$1,890,000.00
Life Safety Fund	
Interfund Payables (+)	\$50,000.00
Sub-total : Life Safety Fund	\$50,000.00
<b>Total : LIABILITIES</b>	<b>\$24,183,448.92</b>
<b>FUND BALANCE</b>	
Educational Fund	
Fund Balance (+)	\$5,622,235.13
Sub-total : Educational Fund	\$5,622,235.13
Operations & Maintenance Fund	
Fund Balance (+)	\$250,377.03
Sub-total : Operations & Maintenance Fund	\$250,377.03
Debt Service Fund	
Fund Balance (+)	\$12,476,694.20
Sub-total : Debt Service Fund	\$12,476,694.20
Transportation Fund	
Fund Balance (+)	\$648,986.73
Sub-total : Transportation Fund	\$648,986.73
Social Security Fund	
Fund Balance (+)	\$350,785.63
Sub-total : Social Security Fund	\$350,785.63
Municiple Retirement Fund	
Fund Balance (+)	\$1,293,258.59
Sub-total : Municiple Retirement Fund	\$1,293,258.59
Working Cash Fund	
Fund Balance (+)	\$47,567,753.21
Sub-total : Working Cash Fund	\$47,567,753.21

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Balance Sheet

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Unit 5 Treasurer's Report As of 04/30/2021**

Fiscal Year: 2020-2021

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Tort Immunity Fund		
Fund Balance (+)		(\$228,847.97)
Sub-total : Tort Immunity Fund		<u>(\$228,847.97)</u>
Life Safety Fund		
Fund Balance (+)		\$3,954,073.62
Sub-total : Life Safety Fund		<u>\$3,954,073.62</u>
NET CHANGE IN FUND BALANCE		
NET CHANGE IN FUND BALANCE (+)		(\$41,036,983.88)
Sub-total : NET CHANGE IN FUND BALANCE		<u>(\$41,036,983.88)</u>
<b>Total : FUND BALANCE</b>		<u>\$30,898,332.29</u>
<b>Total LIABILITIES + FUND BALANCE</b>		\$55,081,781.21

**End of Report**

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Unit 5 Treasurer's Report For the Period 04/01/2021 through 04/30/2021**

Fiscal Year: 2020-2021

	<u>04/01/2021 - 04/30/2021</u>	<u>Year To Date</u>	<u>Budget</u>	<u>Budget Balance</u>	
<b>REVENUE COLLECTED</b>					
Educational Fund					
Local Sources (+)	\$615,025.99	\$39,972,432.18	\$75,125,187.54	\$35,152,755.36	53.2%
State Sources (+)	\$2,674,035.91	\$20,837,748.36	\$25,639,965.80	\$4,802,217.44	81.3%
Federal Sources (+)	\$1,753,534.35	\$8,982,401.39	\$11,291,235.27	\$2,308,833.88	79.6%
Sub-total : Educational Fund	\$5,042,596.25	\$69,792,581.93	\$112,056,388.61	\$42,263,806.68	62.3%
Operations & Maintenance Fund					
Local Sources (+)	\$17,756.78	\$6,950,645.27	\$12,998,592.75	\$6,047,947.48	53.5%
Federal Sources (+)	\$0.00	\$25,717.46	\$0.00	(\$25,717.46)	0.0%
Sub-total : Operations & Maintenance Fund	\$17,756.78	\$6,976,362.73	\$12,998,592.75	\$6,022,230.02	53.7%
Debt Service Fund					
Local Sources (+)	\$0.00	\$16,815,736.36	\$35,616,277.00	\$18,800,540.64	47.2%
Sub-total : Debt Service Fund	\$0.00	\$16,815,736.36	\$35,616,277.00	\$18,800,540.64	47.2%
Transportation Fund					
Local Sources (+)	\$0.00	\$2,590,841.68	\$4,923,699.00	\$2,332,857.32	52.6%
State Sources (+)	\$1,669,992.04	\$6,692,328.58	\$6,335,855.98	(\$356,472.60)	105.6%
Federal Sources (+)	\$0.00	\$5,156.25	\$12,000.00	\$6,843.75	43.0%
Sub-total : Transportation Fund	\$1,669,992.04	\$9,288,326.51	\$11,271,554.98	\$1,983,228.47	82.4%
Social Security Fund					
Local Sources (+)	\$49,672.44	\$1,684,033.62	\$3,034,576.29	\$1,350,542.67	55.5%
Sub-total : Social Security Fund	\$49,672.44	\$1,684,033.62	\$3,034,576.29	\$1,350,542.67	55.5%
Municipal Retirement Fund					
Local Sources (+)	\$0.00	\$1,032,591.02	\$1,962,500.00	\$929,908.98	52.6%
Sub-total : Municipal Retirement Fund	\$0.00	\$1,032,591.02	\$1,962,500.00	\$929,908.98	52.6%
Capital Projects Fund					
States Sources (+)	\$0.00	\$125,438.07	\$145,000.00	\$19,561.93	86.5%
Sub-total : Capital Projects Fund	\$0.00	\$125,438.07	\$145,000.00	\$19,561.93	86.5%
Working Cash Fund					
Local Sources (+)	\$783.94	\$664,213.86	\$1,229,675.00	\$565,461.14	54.0%
Sub-total : Working Cash Fund	\$783.94	\$664,213.86	\$1,229,675.00	\$565,461.14	54.0%
Tort Immunity Fund					
Local Sources (+)	\$165.92	\$3,250,605.05	\$6,153,391.00	\$2,902,785.95	52.8%
Sub-total : Tort Immunity Fund	\$165.92	\$3,250,605.05	\$6,153,391.00	\$2,902,785.95	52.8%
Life Safety Fund					
Local Sources (+)	\$0.00	\$647,882.10	\$1,229,675.00	\$581,792.90	52.7%
Sub-total : Life Safety Fund	\$0.00	\$647,882.10	\$1,229,675.00	\$581,792.90	52.7%
<b>Total : REVENUE COLLECTED</b>	<b>\$6,780,967.37</b>	<b>\$110,277,771.25</b>	<b>\$185,697,630.63</b>	<b>\$75,419,859.38</b>	<b>59.4%</b>
<b>EXPENDITURES PAID</b>					
Educational Fund					
Salaries (-)	\$7,089,212.37	\$69,619,555.83	\$86,507,444.36	\$16,887,888.53	80.5%
Employee Benefits (-)	\$1,264,736.53	\$12,074,781.66	\$15,510,438.00	\$3,435,656.34	77.8%

Operating Statement with Budget

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Unit 5 Treasurer's Report For the Period 04/01/2021 through 04/30/2021**

Fiscal Year: 2020-2021

	<u>04/01/2021 - 04/30/2021</u>	<u>Year To Date</u>	<u>Budget</u>	<u>Budget Balance</u>	
Purchased Services (-)	\$262,954.84	\$1,551,657.79	\$2,937,768.21	\$1,386,110.42	52.8%
Supplies and Materials (-)	\$561,964.37	\$5,888,351.51	\$8,476,173.70	\$2,587,822.19	69.5%
Capital Outlay (-)	\$30,990.00	\$1,524,173.00	\$1,983,201.40	\$459,028.40	76.9%
Other Objects (-)	\$765,195.84	\$3,847,003.29	\$5,487,419.61	\$1,640,416.32	70.1%
Non-Capitalized Equipment (-)	\$26,396.56	\$120,299.41	\$168,953.88	\$48,654.47	71.2%
Sub-total : Educational Fund	(\$10,001,450.51)	(\$94,625,822.49)	(\$121,071,399.16)	(\$26,445,576.67)	78.2%
<b>Operations &amp; Maintenance Fund</b>					
Salaries (-)	\$495,526.45	\$4,952,763.72	\$5,950,542.00	\$997,778.28	83.2%
Employee Benefits (-)	\$82,040.50	\$856,187.50	\$1,079,028.00	\$222,840.50	79.3%
Purchased Services (-)	\$94,549.53	\$991,572.80	\$1,223,680.00	\$232,107.20	81.0%
Supplies and Materials (-)	\$308,122.00	\$2,940,573.05	\$3,367,461.00	\$426,887.95	87.3%
Capital Outlay (-)	\$0.00	\$112,603.80	\$453,289.00	\$340,685.20	24.8%
Other Objects (-)	(\$66.93)	\$1,181.05	\$1,152.00	(\$29.05)	102.5%
Non-Capitalized Equipment (-)	\$0.00	\$15,015.74	\$40,909.00	\$25,893.26	36.7%
Sub-total : Operations & Maintenance Fund	(\$980,171.55)	(\$9,869,897.66)	(\$12,116,061.00)	(\$2,246,163.34)	81.5%
<b>Debt Service Fund</b>					
Other Objects (-)	\$0.00	\$29,038,097.86	\$30,715,621.68	\$1,677,523.82	94.5%
Sub-total : Debt Service Fund	\$0.00	(\$29,038,097.86)	(\$30,715,621.68)	(\$1,677,523.82)	94.5%
<b>Transportation Fund</b>					
Salaries (-)	\$14,734.84	\$154,998.52	\$197,484.00	\$42,485.48	78.5%
Employee Benefits (-)	\$3,125.00	\$31,250.00	\$29,925.00	(\$1,325.00)	104.4%
Purchased Services (-)	\$786,130.13	\$4,798,413.84	\$8,821,538.00	\$4,023,124.16	54.4%
Supplies and Materials (-)	\$66,304.00	\$495,323.29	\$859,487.00	\$364,163.71	57.6%
Capital Outlay (-)	\$0.00	\$0.00	\$367,237.00	\$367,237.00	0.0%
Other Objects (-)	\$174.00	\$486,756.55	\$487,827.42	\$1,070.87	99.8%
Non-Capitalized Equipment (-)	\$2,627.10	\$2,627.10	\$85,183.00	\$82,555.90	3.1%
Sub-total : Transportation Fund	(\$873,095.07)	(\$5,969,369.30)	(\$10,848,681.42)	(\$4,879,312.12)	55.0%
<b>Social Security Fund</b>					
Employee Benefits (-)	\$213,958.75	\$2,092,160.78	\$2,586,707.00	\$494,546.22	80.9%
Sub-total : Social Security Fund	(\$213,958.75)	(\$2,092,160.78)	(\$2,586,707.00)	(\$494,546.22)	80.9%
<b>Municipal Retirement Fund</b>					
Employee Benefits (-)	\$176,061.10	\$1,789,212.24	\$2,066,909.00	\$277,696.76	86.6%
Sub-total : Municipal Retirement Fund	(\$176,061.10)	(\$1,789,212.24)	(\$2,066,909.00)	(\$277,696.76)	86.6%
<b>Capital Projects Fund</b>					
Purchased Services (-)	\$0.00	\$20,939.00	\$0.00	(\$20,939.00)	0.0%
Capital Outlay (-)	\$0.00	\$347,740.65	\$245,000.00	(\$102,740.65)	141.9%
Sub-total : Capital Projects Fund	\$0.00	(\$368,679.65)	(\$245,000.00)	\$123,679.65	150.5%
<b>Tort Immunity Fund</b>					
Salaries (-)	\$216,553.18	\$2,174,191.65	\$2,739,777.00	\$565,585.35	79.4%
Employee Benefits (-)	\$11,622.75	\$560,785.81	\$627,556.00	\$66,770.19	89.4%
Purchased Services (-)	\$83,270.14	\$2,195,135.68	\$2,082,899.00	(\$112,236.68)	105.4%
Supplies and Materials (-)	\$1,592.02	\$63,184.57	\$149,723.00	\$86,538.43	42.2%

Operating Statement with Budget

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Unit 5 Treasurer's Report For the Period 04/01/2021 through 04/30/2021**

Fiscal Year: 2020-2021

	<u>04/01/2021 - 04/30/2021</u>	<u>Year To Date</u>	<u>Budget</u>	<u>Budget Balance</u>	
Capital Outlay (-)	\$0.00	\$8,722.35	\$163,872.00	\$155,149.65	5.3%
Other Objects (-)	\$0.00	\$20,810.00	\$8,154.00	(\$12,656.00)	255.2%
Non-Capitalized Equipment (-)	\$0.00	\$5,687.15	\$45,410.00	\$39,722.85	12.5%
Sub-total : Tort Immunity Fund	(\$313,038.09)	(\$5,028,517.21)	(\$5,817,391.00)	(\$788,873.79)	86.4%
Life Safety Fund					
Purchased Services (-)	\$29,400.00	\$334,384.74	\$458,226.00	\$123,841.26	73.0%
Supplies and Materials (-)	\$0.00	\$0.00	\$3,116.00	\$3,116.00	0.0%
Capital Outlay (-)	\$49,372.30	\$4,290,798.02	\$4,410,728.00	\$119,929.98	97.3%
Sub-total : Life Safety Fund	(\$78,772.30)	(\$4,625,182.76)	(\$4,872,070.00)	(\$246,887.24)	94.9%
<b>Total : EXPENDITURES PAID</b>	<b>(\$12,636,547.37)</b>	<b>(\$153,406,939.95)</b>	<b>(\$190,339,840.26)</b>	<b>(\$36,932,900.31)</b>	<b>80.6%</b>
<b>OTHER FINANCING SOURCES (USES)</b>					
Educational Fund					
Capital Lease Proceeds (+)	\$0.00	\$1,894,344.40	\$1,894,344.40	\$0.00	100.0%
Transfers In (+)	\$0.00	\$0.00	\$13,000,000.00	\$13,000,000.00	0.0%
Transfers Out (-)	\$0.00	\$917,077.03	\$799,521.54	(\$117,555.49)	114.7%
Sub-total : Educational Fund	\$0.00	\$977,267.37	\$14,094,822.86	\$13,117,555.49	6.9%
Operations & Maintenance Fund					
Proceeds From Capital Asset Disposal (+)	\$0.00	\$9,278.00	\$0.00	(\$9,278.00)	0.0%
Transfers In (+)	\$0.00	\$0.00	\$100,000.00	\$100,000.00	0.0%
Transfers Out (-)	\$0.00	\$282,562.50	\$386,618.75	\$104,056.25	73.1%
Sub-total : Operations & Maintenance Fund	\$0.00	(\$273,284.50)	(\$286,618.75)	(\$13,334.25)	95.3%
Debt Service Fund					
Transfers In (+)	\$0.00	\$1,199,639.53	\$1,086,140.29	(\$113,499.24)	110.4%
Sub-total : Debt Service Fund	\$0.00	\$1,199,639.53	\$1,086,140.29	(\$113,499.24)	110.4%
Transportation Fund					
Proceeds From Capital Asset Disposal (+)	\$0.00	\$9,027.00	\$0.00	(\$9,027.00)	0.0%
Sub-total : Transportation Fund	\$0.00	\$9,027.00	\$0.00	(\$9,027.00)	0.0%
Capital Projects Fund					
Transfers In (+)	\$0.00	\$0.00	\$100,000.00	\$100,000.00	0.0%
Sub-total : Capital Projects Fund	\$0.00	\$0.00	\$100,000.00	\$100,000.00	0.0%
Working Cash Fund					
Transfers Out (-)	\$0.00	\$0.00	\$13,100,000.00	\$13,100,000.00	0.0%
Sub-total : Working Cash Fund	\$0.00	\$0.00	(\$13,100,000.00)	(\$13,100,000.00)	0.0%
Tort Immunity Fund					
Proceeds From Capital Asset Disposal (+)	\$0.00	\$179,535.42	\$0.00	(\$179,535.42)	0.0%
Sub-total : Tort Immunity Fund	\$0.00	\$179,535.42	\$0.00	(\$179,535.42)	0.0%
<b>Total : OTHER FINANCING SOURCES (USES)</b>	<b>\$0.00</b>	<b>\$2,092,184.82</b>	<b>\$1,894,344.40</b>	<b>(\$197,840.42)</b>	<b>110.4%</b>

Operating Statement with Budget

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Unit 5 Treasurer's Report For the Period 04/01/2021 through 04/30/2021**

Fiscal Year: 2020-2021

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	<u>04/01/2021 - 04/30/2021</u>	<u>Year To Date</u>	<u>Budget</u>	<u>Budget Balance</u>	
<b>NET CHANGE IN FUND BALANCE</b>	(\$5,855,580.00)	(\$41,036,983.88)	(\$2,747,865.23)	\$38,289,118.65	1493.4%

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End of Report

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Unit 5 Self-Funded Insurance As of 04/30/2021**

Fiscal Year: 2020-2021

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**ASSETS**

Current Assets

Cash In Bank (+) \$2,898,279.71

Accounts Receivable (+) \$14,292.00

Sub-total : Current Assets \$2,912,571.71

**Total : ASSETS**

\$2,912,571.71

**LIABILITIES**

Current Liabilities

Other Current Liabilities (+) \$2,445.53

Sub-total : Current Liabilities \$2,445.53

**Total : LIABILITIES**

\$2,445.53

**FUND BALANCE**

Fund Balance

Fund Balance (+) \$2,547,467.01

Sub-total : Fund Balance \$2,547,467.01

NET CHANGE IN FUND BALANCE

NET CHANGE IN FUND BALANCE (+) \$362,659.17

Sub-total : NET CHANGE IN FUND BALANCE \$362,659.17

**Total : FUND BALANCE**

\$2,910,126.18

**Total LIABILITIES + FUND BALANCE**

\$2,912,571.71

End of Report

**CUSD No. 5, McLean and Woodford Counties, Illinois**

**Unit 5 Self-Funded Insurance For the Period 04/01/2021 through 04/30/2021**

Fiscal Year: 2020-2021

	04/01/2021 - 04/30/2021	Year To Date
<b>REVENUE COLLECTED</b>		
Revenue From Payroll		
Board Contributions (+)	\$992,648.00	\$9,839,217.75
Employee Contributions (+)	\$268,473.46	\$2,672,326.00
Sub-total : Revenue From Payroll	<u>\$1,261,121.46</u>	<u>\$12,511,543.75</u>
Revenue From Other Sources		
Retiree Contributions (+)	\$6,316.00	\$522,601.11
Cobra Contributions (+)	\$1,669.00	\$29,579.43
Interest & Dividends (+)	\$110.03	\$877.49
Other Revenue (+)	\$490.66	\$490.66
Sub-total : Revenue From Other Sources	<u>\$8,585.69</u>	<u>\$553,548.69</u>
<b>Total : REVENUE COLLECTED</b>	<u>\$1,269,707.15</u>	<u>\$13,065,092.44</u>
<b>EXPENDITURES PAID</b>		
Operating Expenditures		
Heath Ins Claims (-)	\$937,896.02	\$11,545,293.56
HSA Contributions (-)	\$10,087.44	\$72,339.17
Health Ins Admin Fees (-)	\$99,836.02	\$1,033,982.80
Other Fees & Expense (-)	\$8,010.57	\$50,817.74
Sub-total : Operating Expenditures	<u>(\$1,055,830.05)</u>	<u>(\$12,702,433.27)</u>
<b>Total : EXPENDITURES PAID</b>	<u>(\$1,055,830.05)</u>	<u>(\$12,702,433.27)</u>
<b>NET CHANGE IN FUND BALANCE</b>	<u>\$213,877.10</u>	<u>\$362,659.17</u>

End of Report



## EmbraceIEP<sup>®</sup> Contract

Embrace<sup>®</sup>  
PO Box 305  
Highland, IL 62249

McLean County Unit School District No. 5  
1809 West Hovey Avenue  
Normal, IL 61761

The following is an EmbraceIEP<sup>®</sup> Contract (hereinafter “Agreement”) for software, website hosting, and support services. This Agreement is made between Brecht’s Database Solutions, Inc. d/b/a Embrace<sup>®</sup> (hereinafter “Embrace<sup>®</sup>”, “We”, “Us” or “Licensor”) and McLean County Unit School District No. 5 (hereinafter “School District”, “You”, “Your” or “Licensee”).

EMBRACE<sup>®</sup>  
EmbraceIEP<sup>®</sup> (INDIVIDUAL EDUCATION PROGRAM)  
WEBSITE LICENSE AGREEMENT

NOTICE TO USER: PLEASE READ THIS AGREEMENT CAREFULLY. BY USING ALL OR ANY PORTION OF THE WEBSITE YOU ACCEPT ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT.

YOU AGREE THAT THIS AGREEMENT IS LIKE ANY WRITTEN NEGOTIATED AGREEMENT SIGNED BY YOU. THIS AGREEMENT IS ENFORCEABLE AGAINST YOU AND ANY LEGAL ENTITY THAT OBTAINS ACCESS THROUGH LICENSEE TO THE WEBSITE AND ON WHOSE BEHALF IT IS USED. IF YOU DO NOT AGREE TO THE TERMS OF THIS AGREEMENT, DO NOT EXECUTE THIS AGREEMENT OR USE ANY OF OUR PRODUCTS OR WEBSITE.

Embrace<sup>®</sup> owns all intellectual property in/on the Embrace<sup>®</sup> website (hereafter “website”) and its related Embrace<sup>®</sup> software (hereafter “software”). Embrace<sup>®</sup> agrees to allow you and/or your authorized agents to login and access the website and use our software only in accordance with the terms of this Agreement. Any unauthorized access or use of Embrace’s products is cause for immediate termination of your access to its products by all means available to us.

**1. LICENSE TO ACCESS WEBSITE.** As long as you obtained access to the website from Embrace<sup>®</sup> and as long as you comply with the terms of this and any other Agreement you have with Embrace<sup>®</sup>, Embrace<sup>®</sup> grants you a non-exclusive license to use the website in the manner and for the term and purposes described below.

**2. INTELLECTUAL PROPERTY OWNERSHIP.** The website and its related software are the intellectual property of and are owned by Embrace<sup>®</sup>. The structure, organization, and code of the website and its related software contain valuable trade secrets and confidential information of

Embrace®. Except as expressly stated herein, this Agreement does not grant you any intellectual property rights whatsoever in the website and its related software and all rights are reserved by Embrace®.

Any form, database, or software that is altered, conceived, made, or developed in whole or in part by Embrace® (including any developed jointly with you) during or as a result of our relationship with you shall become and remain the sole and exclusive property of Embrace®. You agree to make no claim in the rights or ownership of any such form, database or software.

To the extent that any custom form is created by Embrace® for you, based upon any prior form, template or exemplar provided by you, you warrant and represent to Embrace® that you created said form(s) or have the legal right to use said form(s). You agree to indemnify Embrace® for any third-party claims for infringement, misappropriation or other violation of any third-party's intellectual property rights where such claims are made against Embrace® for forms, templates or exemplars created based upon material provided by you to Embrace®.

**3. DATA SECURITY.** Embrace's database or software may host privacy protected data provided by you concerning students and employees. This information is privacy protected by federal and state law, including the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g)(“FERPA”), the Illinois School Student Record Act (105 ILCS 10/), the Personnel Record Review Act (820 ILCS 40/) and the Student Online Personal Protection Act (105 ILCS 85/1 et seq.)(“SOPPA”).

The information ("Data") transmitted to Embrace® for storage may include, but is not limited to the following (as more specifically identified in Exhibit A Schedule of Data attached hereto), student identification; attendance; educational and therapeutic recommendations; educational and therapeutic completion; communications between administration, educators, staff and parents/guardians regarding student, their education and any necessary assistance students may require. Embrace will store and process Data in accordance with industry best practices and comply with 105 ILCS 85/15(1). Embrace will implement and maintain reasonable security procedures and practices that otherwise meet or exceed industry standards designed to protect “covered information” as defined in SOPPA from unauthorized access, destruction, use, modification, or disclosure. This includes appropriate administrative, physical, and technical safeguards to secure Data from unauthorized access, disclosure, and use. Embrace will conduct periodic risk assessments and remediate any identified security vulnerabilities in a timely manner. Embrace will also have a written incident response plan, which will include prompt notification to the School District in the event of a security or privacy incident, as well as best practices for responding to a breach of Personally Identifiable Information (“PII”). PII shall include, but is not limited to, student data, metadata, and user or pupil-generated content obtained by reason of the use of Embrace's software, website, service, or app, including mobile apps, whether gathered by Provider or provided by District or its users, students, or students' parents/guardians.

Embrace® acknowledges that all of your data uploaded, stored, or otherwise coming into contact with Embrace's database or software, is and shall remain your sole and exclusive property and be subject to all applicable federal and state privacy protections through the term of this Agreement.

#### **4. SOPPA COMPLIANCE, 105 ILCS 85/15(4).**

(a) A listing of the categories or types of “covered information” as defined in SOPPA is provided in Section 3 of this Agreement and Exhibit “A” Schedule of Data attached hereto.

(b) The services provided by Embrace® are set forth below in Section 10 of this Agreement.

(c) The Party’s expressly agree and state that in performing its obligations hereunder Embrace® is acting as a “school official” with a legitimate educational interest in the School District data and it is performing an institutional service or function under this Agreement for which the School District would otherwise use its own employees. Embrace’s® use and maintenance of the data is under the direct control of the School District and such data shall only be used for authorized purposes. Embrace® shall not re-disclose such information to third parties or affiliates (unless permitted or required under law) without permission from the School District or pursuant to a court order.

(d) Data Breach.

a. In the event of a data breach attributed to Embrace®, which means an unauthorized disclosure, access, alteration, or use of School District data by Embrace® or its employees, Embrace® shall promptly institute the following: (1) notify the School District by telephone and email as soon as practicable, but no later than twenty-four hours after Embrace® becomes aware of the data breach; (2) provide the School District with the name and contact information for an Embrace® employee who shall serve as the Embrace’s® primary security contact; (3) assist the School District with any investigation, including interviews of Embrace® employees and review of all relevant records; (4) assist the School District with notification(s) the School District deems reasonably necessary related to the security breach; (5) provision of credit monitoring for one year to those students whose covered information was exposed in a manner during the breach such that a reasonable person would believe it could impact their credit or financial security; and (6) pay the reasonable legal fees (or assume the defense of the School District at Embrace's discretion), reasonable audit costs, fines, and any other fees or damages imposed against the school solely as a result of Embrace's actions or failure to act.

b. In the event of a data breach attributed to the School District, which means an unauthorized disclosure, access, alteration, or use of School District data the School District shall promptly: (1) notify Embrace® by telephone and email as soon as practicable, but no later than twenty-four hours after the School District becomes aware of the data breach; (2) provide Embrace® with the name and contact information for an employee of the School who shall serve as the School District’s primary security contact; (3) assist Embrace® with any investigation, including interviews with School employees and review of all relevant records. Embrace® shall have no liability for any damages related to a data breach due to or caused by School District’s software, equipment, personnel, students or unauthorized third-parties using or exceeding their authorized use of the School’s access, computer system or network.(4) pay the reasonable legal fees (or assume the defense of Embrace at the district's discretion), reasonable audit costs, and any other fines, fees or damages imposed against Embrace solely as a result of district's actions or failure to act.

(e) Embrace® shall provide all notifications required by the State Board of Education or any other State or federal law. Embrace® shall not provide any other notices without prior written permission from the School District.

(f) Upon written notification by School District that student information is no longer needed for the purposes of this Agreement, Embrace® shall delete the information within 60 days so long as Embrace® is not required by law or court order to retain the same. Embrace® is not responsible for the deletion of any data due to School District request.

(g) This Agreement and any amendments hereto must be published on the School District's website or, if the District does not have a website, made available for public review at its administrative office.

**5. RESTRICTIONS.** You may not copy, modify, adapt or translate any Embrace® software. You may not reverse engineer, decompile, disassemble, or otherwise attempt to discover the source code of any Embrace® software.

You may not rent, lease, sell, sublicense, assign or transfer your rights in the website, or authorize any portion of the website and its related software to be copied onto another individual or legal entity's computer except as may be permitted herein.

You may not allow access or use of our website or software for any other purpose than agreed to in advance between Embrace® and you.

**6. LIMITED WARRANTY.** Embrace® warrants to the School District that the website will permit the School District to produce, fill-out, and print the IEP forms published by the Illinois State Board of Education for the period of time outlined in the current Agreement. All warranty claims must be made within the current Agreement period. If the website or software does not perform as above, the entire liability of Embrace® and your sole and exclusive remedy will be limited to a prorated refund of the license fee you have paid Embrace®. This limited warranty is the only warranty provided by Embrace®. Embrace® expressly disclaims all other warranties, either expressed or implied, including but not limited to implied warranties of merchantability and fitness for a particular purpose with regard to the website, software and accompanying written materials.

**7. DISCLAIMER.** Except as otherwise expressly provided in this Agreement, Embrace® makes no representations, warranties, conditions, or guarantees as to the usefulness, quality, suitability, truth, accuracy, or completeness of the website and/or the forms produced therefrom.

Embrace® does not warrant that special education services provided in the IEP forms completed by the School District and produced from the website will provide FAPE or otherwise comply with federal or state laws or regulations.

Embrace® will take all commercially reasonable steps to provide an uninterrupted, timely, secure, and error-free website. Nonetheless, Embrace® makes no warranty or representation that

(a) the website will be uninterrupted, timely, secure, or error-free; or (b) the results that may be obtained from the use of the website will be accurate or reliable.

**8. DISTRICT E-SIGNATURE USAGE.** Embrace® has the ability to include electronic signatures. If your District is using electronic signatures in the Embrace system it agrees to hold Embrace harmless against any and all claims arising out of the negligent use of the feature by District. If you choose not to use electronic signatures for either your staff or all meeting attendees, you must notify your implementation specialist and verify that they are not available in your system.

All Parties shall ensure that the person entering an e-signature onto any Embrace® document is an authorized signatory. The e-signature of any Party or Person is to be considered as an original signature, and the document transmitted is to be considered to have the same binding effect as an original signature on an original document. All e-signatures shall be subject to the Uniform Electronic Transactions Act and/or any similar State statutes which have jurisdiction over the transactions of the Parties; this applies to any Parties or end-user's use of Embrace® software's electronic signature functionality. District, and any person using electronic signature functionality, agrees to hold Embrace® harmless for any and all claims which may arise out of their negligent use of that feature. Documents which contain e-signatures may be preserved by Embrace® longer than the duration of the Agreement for the purposes of enforcement of rights and obligations.

**9. LIMITATION OF LIABILITY.** Except as otherwise expressly provided in this Agreement, in no event will Embrace® be liable to you for any consequential, indirect or incidental damages, any lost profits or lost savings, or any damages resulting from business interruption.

**10. SERVICES PROVIDED.** Embrace® agrees to provide the following services:

- Website access to the School District for all ISBE required IEP forms and Notice and Consent forms
- Objectives bank with over 4,000 objectives
- Built in Illinois Learning Standards and Core Standards for inclusion on Goal pages
- I-Star FACTS tracking form
- Restrictive access to the website to allow for multiple levels of users, providing each level with only the access that they need
- Servers, security, and hosting to ensure that our programs are secure, fast, and available
- Multiple support channels available to all users
- A user management system will be included allowing a system administrator to create new users, edit existing users, and delete users
- Secure socket layer (“SSL”) and session tracking for user authorization (the SSL is the component of the software which encrypts the information going between the website and the user, and confirms the identity of the host and the user)
- Website hosting
- Maintenance and updates
- Daily backups
- Website updates as necessary to maintain Illinois State Board of Education required forms

99.99% uptime guarantee

**11. IEP YEARLY COSTS.** Website access is per IEP student per year. Student count used for price calculation is the most recent I-Star December child count. “Read Only Users” such as regular education staff are free if added and trained by the district. The initial contract is for a one year period from July 1, 2021 to June 30, 2022. (Prices apply to individual districts, cooperatives, joint agreements, and associations.) Custom forms and/or programs, if requested, are an additional cost and will be billed on an individual basis.

Program Subscription	District Price
EmbraceIEP® Annual Subscription	\$22,000.00
<b>Subtotal</b>	<b>\$22,000.00</b>
Additional Components Per District (Annual Fee)	District Price
Embrace504®	\$4,400.00
Behavior Incident Reporting	\$2,200.00
<b>Subtotal</b>	<b>\$6,600.00</b>
Additional Services Per District (Annual Fee)	District Price
SFTP (Secure File Transfer Protocol) Student Import	\$500.00
SFTP (Secure File Transfer Protocol) Student Export	\$500.00
<b>Subtotal</b>	<b>\$1,000.00</b>
<b>TOTAL COST FOR 2021-2022 SCHOOL YEAR</b>	<b>\$29,600.00</b>

All quoted prices apply to individual districts, cooperatives, joint agreements, and associations. Custom forms, software and/or programs are available from Embrace® and, if requested, will be subject to a separate Agreement between you and us. Customized work is an additional cost and will be billed separately.

**12. GENERAL PROVISIONS.** If any part of this Agreement is found void and unenforceable, it will not affect the validity of the balance of this Agreement if permitted under applicable law, which will remain valid and enforceable according to its terms.

**13. INDEMNITY.**

13.1 The District agrees to indemnify Embrace® from any and all third-party liabilities, losses, actions, damages, or claims (including all reasonable expenses, costs, and attorney fees) directly arising out of the District’s breach of this contract or negligent act(s) or omission(s) up to the limits of its insurance coverage.

13.2 Embrace® agrees to indemnify the District from any and all third-party liabilities, losses, actions, damages, or claims (including all reasonable expenses, costs, and attorney fees) directly arising out of the Embrace’s® breach of this contract or negligent act(s) or omission(s) up to the limits of its insurance coverage.

14. **DURATION.** This contract for website access to EmbraceIEP® is for a 1 year period.

15. **CONTRACT RENEWAL.** In the event that you renew this Agreement, we will enter into a Renewal Agreement with you on an annual basis. The terms of this Master Agreement shall apply to any renewal unless specifically noted otherwise in the written Renewal Agreement.

16. **NON-RENEWAL OF CONTRACT.** In the event that you do not enter into a Renewal Agreement, Embrace® will maintain your database information in read-only format for one (1) year from the date of expiration of this Agreement or subsequent failure to renew. Embrace® is not responsible for the loss of any information after termination or failure to renew the Agreement on your behalf.

17. **ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement and understanding between the parties in relation to the subject matter hereof and there are no premises, representations, conditions, provisions, or terms related thereto other than those set forth in this Agreement.

18. **GOVERNING LAW.** This Agreement will be governed by and construed in accordance with the laws of the State of Illinois.

19. **VENUE.** The Parties agree that should a dispute arise regarding this Agreement, any claim or lawsuit shall be brought in McLean County, Illinois, or the United States District Court for the Central District of Illinois.

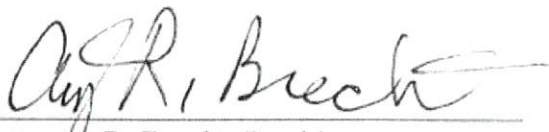
20. **CAPTIONS.** The captions for the paragraphs of this Agreement shall not be deemed to have legal significance, and are simply designed as an aid in reading and to represent the general terms of the paragraph involved.

21. **BENEFIT.** This Agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, beneficiaries, heirs, executors, administrators, and legal representatives.

LICENSOR:

BRECHT'S DATABASE SOLUTIONS, INC.  
d/b/a EMBRACE®

FEIN: 20-4100129

BY:   
August R. Brecht, President

LICENSEE:

McLean County Unit District No. 5

FEIN: \_\_\_\_\_

BY:  \_\_\_\_\_  
Amy Roser, Board President

Date: 5-20-21 \_\_\_\_\_

[KLF]

**EXHIBIT A**  
**SCHEDULE OF DATA**

Category of Data	Elements	Check if Used by Your System
Application Technology Meta Data	IP Addresses of users, Use of cookies, etc.	<input type="checkbox"/>
	Other application technology meta data-Please specify:	<input type="checkbox"/>
Application Use Statistics	Meta data on user interaction with application	<input type="checkbox"/>
Assessment	Standardized test scores	<input type="checkbox"/>
	Observation data	<input type="checkbox"/>
	Other assessment data-Please specify:	<input type="checkbox"/>
Attendance	Student school (daily) attendance data	<input type="checkbox"/>
	Student class attendance data	<input type="checkbox"/>
Communications	Online communications captured (emails, blog entries)	<input type="checkbox"/>
Conduct	Conduct or behavioral data	<input type="checkbox"/>
Demographics	Date of Birth	<input type="checkbox"/>
	Place of Birth	<input type="checkbox"/>
	Gender	<input type="checkbox"/>
	Ethnicity or race	<input type="checkbox"/>
	Language information (native, or primary language spoken by student)	<input type="checkbox"/>
	Other demographic information-Please specify:	<input type="checkbox"/>
Enrollment	Student school enrollment	<input type="checkbox"/>
	Student grade level	<input type="checkbox"/>
	Homeroom	<input type="checkbox"/>
	Guidance counselor	<input type="checkbox"/>
	Specific curriculum programs	<input type="checkbox"/>
	Year of graduation	<input type="checkbox"/>
	Other enrollment information-Please specify:	<input type="checkbox"/>
Parent/Guardian Contact Information	Address	<input type="checkbox"/>
	Email	<input type="checkbox"/>

Category of Data	Elements	Check if Used by Your System
	Phone	<input type="checkbox"/>
Parent/Guardian ID	Parent ID number (created to link parents to students)	<input type="checkbox"/>
Parent/Guardian Name	First and/or Last	<input type="checkbox"/>
Schedule	Student scheduled courses	<input type="checkbox"/>
	Teacher names	<input type="checkbox"/>
Special Indicator	English language learner information	<input type="checkbox"/>
	Low income status	<input type="checkbox"/>
	Medical alerts/ health data	<input type="checkbox"/>
	Student disability information	<input type="checkbox"/>
	Specialized education services (IEP or 504)	<input type="checkbox"/>
	Living situations (homeless/foster care)	<input type="checkbox"/>
	Other indicator information-Please specify:	<input type="checkbox"/>
Student Contact Information	Address	<input type="checkbox"/>
	Email	<input type="checkbox"/>
	Phone	<input type="checkbox"/>
Student Identifiers	Local (School district) ID number	<input type="checkbox"/>
	State ID number	<input type="checkbox"/>
	Provider/App assigned student ID number	<input type="checkbox"/>
	Student app username	<input type="checkbox"/>
	Student app passwords	<input type="checkbox"/>
Student Name	First and/or Last	<input type="checkbox"/>
Student In App Performance	Program/application performance (typing program-student types 60 wpm, reading program-student reads below grade level)	<input type="checkbox"/>
Student Program Membership	Academic or extracurricular activities a student may belong to or participate in	<input type="checkbox"/>
Student Survey Responses	Student responses to surveys or questionnaires	<input type="checkbox"/>
Student work	Student generated content; writing, pictures, etc.	<input type="checkbox"/>
	Other student work data -Please specify:	<input type="checkbox"/>
Transcript	Student course grades	<input type="checkbox"/>
	Student course data	<input type="checkbox"/>

Category of Data	Elements	Check if Used by Your System
	Student course grades/ performance scores	<input type="checkbox"/>
	Other transcript data - Please specify:	<input type="checkbox"/>
Transportation	Student bus assignment	<input type="checkbox"/>
	Student pick up and/or drop off location	<input type="checkbox"/>
	Student bus card ID number	<input type="checkbox"/>
	Other transportation data – Please specify:	<input type="checkbox"/>
Other	Please list each additional data element used, stored, or collected by your application:	<input type="checkbox"/>
None	No Student Data collected at this time. Provider will immediately notify LEA if this designation is no longer applicable.	<input type="checkbox"/>



## **EmbraceDS® Contract**

Embrace®  
PO Box 305  
Highland, IL 62249

McLean County Unit School District No. 5  
1809 West Hovey  
Normal, IL 61761

The following is an EmbraceDS® Contract (hereinafter “Agreement”) for software, website hosting, and support services. This contract is made between Brecht’s Database Solutions, Inc. d/b/a Embrace® (hereinafter “Embrace®”, “We”, “Us” or “Licensor”) and McLean County Unit School District No. 5 (hereinafter “School District”, “You”, “Your” or “Licensee”).

**EMBRACE®  
EmbraceDS®  
WEBSITE LICENSE AGREEMENT**

**NOTICE TO USER: PLEASE READ THIS AGREEMENT CAREFULLY. BY USING ALL OR ANY PORTION OF THE WEBSITE YOU ACCEPT ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT.**

YOU AGREE THAT THIS AGREEMENT IS LIKE ANY WRITTEN NEGOTIATED AGREEMENT SIGNED BY YOU. THIS AGREEMENT IS ENFORCEABLE AGAINST YOU AND ANY LEGAL ENTITY THAT OBTAINS ACCESS THROUGH LICENSEE TO THE WEBSITE AND ON WHOSE BEHALF IT IS USED. IF YOU DO NOT AGREE TO THE TERMS OF THIS AGREEMENT, DO NOT EXECUTE THIS AGREEMENT OR USE ANY OF OUR PRODUCTS OR WEBSITE.

Embrace® owns all intellectual property in/on the Embrace® website (hereafter “website”) and its related Embrace® software (hereafter “software”). Embrace® agrees to allow you and/or your authorized agents to login and access the website and use our software only in accordance with the terms of this Agreement. Any unauthorized access or use of Embrace’s products is cause for immediate termination of your access to its products by all means available to us.

**1. LICENSE TO ACCESS WEBSITE.** As long as you obtained access to the website from Embrace® and as long as you comply with the terms of this and any other Agreement you have with Embrace®, Embrace® grants you a non-exclusive license to use the website in the manner and for the term and purposes described below.

**2. INTELLECTUAL PROPERTY OWNERSHIP.** The website and its related software are the intellectual property of and are owned by Embrace®. The structure, organization, and code of the website and its related software contain valuable trade secrets and confidential information of Embrace®. Except as expressly stated herein, this Agreement does not grant you any intellectual property rights whatsoever in the website and its related software and all rights are reserved by Embrace®.

Any form, database, or software that is altered, conceived, made, or developed in whole or in part by Embrace® (including any developed jointly with you) during or as a result of our relationship with you shall become and remain the sole and exclusive property of Embrace®. You agree to make no claim in the rights or ownership of any such form, database or software.

To the extent that any custom form is created by Embrace® for you, based upon any prior form, template or exemplar provided by you, you warrant and represent to Embrace® that you created said form(s) or have the legal right to use said form(s). You agree to indemnify Embrace® for any third-party claims for infringement, misappropriation or other violation of any third-party's intellectual property rights where such claims are made against Embrace® for forms, templates or exemplars created based upon material provided by you to Embrace®.

**3. DATA SECURITY.** Embrace's database or software may host privacy protected data provided by you concerning students and employees. This information is privacy protected by federal and state law, including the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g)(“FERPA”), the Illinois School Student Record Act (105 ILCS 10/), the Personnel Record Review Act (820 ILCS 40/) and the Student Online Personal Protection Act (105 ILCS 85/1 et seq.)(“SOPPA”).

The information ("Data") transmitted to Embrace® for storage may include, but is not limited to the following (as more specifically identified in Exhibit A Schedule of Data attached hereto), student identification; attendance; educational and therapeutic recommendations; educational and therapeutic completion; communications between administration, educators, staff and parents/guardians regarding student, their education and any necessary assistance students may require. Embrace will store and process Data in accordance with industry best practices and comply with 105 ILCS 85/15(1). Embrace will implement and maintain reasonable security procedures and practices that otherwise meet or exceed industry standards designed to protect “covered information” as defined in SOPPA from unauthorized access, destruction, use, modification, or disclosure. This includes appropriate administrative, physical, and technical safeguards to secure Data from unauthorized access, disclosure, and use. Embrace will conduct periodic risk assessments and remediate any identified security vulnerabilities in a timely manner. Embrace will also have a written incident response plan, which will include prompt notification to the School District in the event of a security or privacy incident, as well as best practices for responding to a breach of Personally Identifiable Information (“PII”). PII shall include, but is not

limited to, student data, metadata, and user or pupil-generated content obtained by reason of the use of Embrace's software, website, service, or app, including mobile apps, whether gathered by Embrace or provided by School District or its users, students, or students' parents/guardians.

Embrace® acknowledges that all of your data uploaded, stored, or otherwise coming into contact with Embrace's database or software, is and shall remain your sole and exclusive property and be subject to all applicable federal and state privacy protections through the term of this Agreement.

**4. SOPPA COMPLIANCE, 105 ILCS 85/15(4).**

- (a) A listing of the categories or types of "covered information" as defined in SOPPA is provided in Section 3 of this Agreement and Exhibit "A" Schedule of Data attached hereto.
- (b) The services provided by Embrace® are set forth below in Section 10 of this Agreement.
- (c) The Party's expressly agree and state that in performing its obligations hereunder Embrace® is acting as a "school official" with a legitimate educational interest in the School District data and it is performing an institutional service or function under this Agreement for which the School District would otherwise use its own employees. Embrace's® use and maintenance of the data is under the direct control of the School District and such data shall only be used for authorized purposes. Embrace® shall not re-disclose such information to third parties or affiliates (unless permitted or required under law) without permission from the School District or pursuant to a court order.
- (d) Data Breach.
  - a. In the event of a data breach attributed to Embrace®, which means an unauthorized disclosure, access, alteration, or use of School District data by Embrace® or its employees, Embrace® shall promptly institute the following: (1) notify the School District by telephone and email as soon as practicable, but no later than twenty-four hours after Embrace® becomes aware of the data breach; (2) provide the School District with the name and contact information for an Embrace® employee who shall serve as the Embrace's® primary security contact; (3) assist the School District with any investigation, including interviews of Embrace® employees and review of all relevant records; (4) assist the School District with notification(s) the School District deems reasonably necessary related to the security breach; (5) provision of credit monitoring for one year to those students whose covered information was exposed in a manner during the breach such that a reasonable person would believe it could impact their credit or financial security; and (6) pay the reasonable legal fees (or assume the defense of the School District at Embrace's discretion), reasonable audit costs, fines, and any other fees or damages imposed against the school solely as a result of Embrace's actions or failure to act.
  - b. In the event of a data breach attributed to the School District, which means an unauthorized disclosure, access, alteration, or use of School District data the School District shall promptly: (1) notify Embrace® by telephone and email as soon as practicable, but no later than twenty-four hours after the School District becomes aware of the data breach; (2) provide Embrace® with the name and contact information for an employee of

the School who shall serve as the School District's primary security contact; (3) assist Embrace® with any investigation, including interviews with School employees and review of all relevant records. Embrace® shall have no liability for any damages related to a data breach due to or caused by School District's software, equipment, personnel, students or unauthorized third-parties using or exceeding their authorized use of the School's access, computer system or network.(4) pay the reasonable legal fees (or assume the defense of Embrace at the district's discretion), reasonable audit costs, and any other fines, fees or damages imposed against Embrace solely as a result of district's actions or failure to act.

- (e) Embrace® shall provide all notifications required by the State Board of Education or any other State or federal law. Embrace® shall not provide any other notices without prior written permission from the School District.
- (f) Upon written notification by School District that student information is no longer needed for the purposes of this Agreement, Embrace® shall delete the information within 60 days so long as Embrace® is not required by law or court order to retain the same. Embrace® is not responsible for the deletion of any data due to School District request.
- (g) This Agreement and any amendments hereto must be published on the School District's website or, if the District does not have a website, made available for public review at its administrative office.

**5. RESTRICTIONS.** You may not copy, modify, adapt or translate any Embrace® software. You may not reverse engineer, decompile, disassemble, or otherwise attempt to discover the source code of any Embrace® software.

You may not rent, lease, sell, sublicense, assign or transfer your rights in the website, or authorize any portion of the website and its related software to be copied onto another individual or legal entity's computer except as may be permitted herein.

You may not allow access or use of our website or software for any other purpose than agreed to in advance between Embrace® and you.

**6. LIMITED WARRANTY.** Embrace® warrants to the School District that the website will permit the School District to produce, fill-out, and print the DS forms for the period of time outlined in the current Agreement. All warranty claims must be made within the current Agreement period. If the website or software does not perform as above, the entire liability of Embrace® and your sole and exclusive remedy will be limited to a prorated refund of the license fee you have paid Embrace®. This limited warranty is the only warranty provided by Embrace®. Embrace® expressly disclaims all other warranties, either expressed or implied, including but not limited to implied warranties of merchantability and fitness for a particular purpose with regard to the website, software and accompanying written materials.

**7. DISCLAIMER.** Except as otherwise expressly provided in this Agreement, Embrace® makes no representations, warranties, conditions, or guarantees as to the usefulness, quality, suitability, truth, accuracy, or completeness of the website and/or the forms produced therefrom.

Embrace® does not warrant that the forms that may be produced from the website will comply with federal or state laws or regulations, including those which limit the extent to which the information may be disclosed to third parties.

Embrace® will take all commercially reasonable steps to provide an uninterrupted, timely, secure, and error-free website. Nonetheless, Embrace® makes no warranty or representation that (a) the website will be uninterrupted, timely, secure, or error-free; or (b) the results that may be obtained from the use of the website will be accurate or reliable.

**8. DISTRICT E-SIGNATURE USAGE.** Embrace® has the ability to include electronic signatures. If your District is using electronic signatures in the Embrace® system it agrees to hold Embrace® harmless against any and all claims arising out of the negligent use of this feature by the School District. If you choose not to use electronic signatures for either your staff or all meeting attendees, you must notify your implementation specialist and verify that they are not available in your system.

All Parties shall ensure that the person entering an e-signature onto any Embrace® document is an authorized signatory. The e-signature of any Party or Person is to be considered as an original signature, and the document transmitted is to be considered to have the same binding effect as an original signature on an original document. All e-signatures shall be subject to the Uniform Electronic Transactions Act and/or any similar State statutes which have jurisdiction over the transactions of the Parties; this applies to any Parties or end-user's use of Embrace® software's electronic signature functionality. District, and any person using electronic signature functionality, agrees to hold Embrace® harmless for any and all claims which may arise out of their negligent use of that feature. Documents which contain e-signatures may be preserved by Embrace® longer than the duration of the Agreement for the purposes of enforcement of rights and obligations.

**9. LIMITATION OF LIABILITY.** Except as otherwise expressly provided in this Agreement, in no event will Embrace® be liable to you for any consequential, indirect or incidental damages, any lost profits or lost savings, or any damages resulting from business interruption.

**10. SERVICES PROVIDED:** Embrace® agrees to provide the following services:

- Website access to the School District for staff completion of medical service sheets with respect to Medicaid billing.
- Restrictive access to the website to allowing for multiple levels of use, providing each level with only the access needed.
- A user management system will be included allowing a system administrator to create new users, edit existing users, and delete users.
- Secure Socket Layer ("SSL") and session tracking for user authorization (the SSL is the component of the software which encrypts the information going between the website and the user, and confirms the identity of the host and the user).
- Identification of Medicaid recipients using the Recipient Eligibility Verification System.
- Provide projected claim amounts based on services provided.
- Support for district as needed to file claims and interpret adjudication notices.

- Web hosting.
- Cross-reference data with the IEP system to track percentages of services to be provided against services delivered.
- Maintenance and updates.
- Multiple support channels available to all users
- Maintain all student data in secure facility on secure servers.
- Daily backups.

**11. DISTRICT RESPONSIBILITIES.**

- Register with HFS as a Medicaid Provider obtain a HFS ID number and an NPI number.
- Provide Embrace® access to the HFS/MEDI/IEC system by accepting August Brecht as an administrator.
- Register, or Re-validate, the district with IMPACT.
- Provide Embrace® access to district IMPACT Application.
- Identify staff that provide covered services and give them access to the EmbraceDS® software.
- Complete a Fee-for-Service cost calculation form for each service provider type in the EmbraceDS® software.
- Maintain the IEP system student data including Medicaid eligibility and ID numbers for students.
- Use the MEDI system to look up Medicaid numbers for new IEP students and students transferring in from other districts.
- Based on reports available in the EmbraceDS® system, the district will be responsible for making sure that practitioners are claiming appropriately for their services provided.
- The LEA must verify that no practitioner providing service has been terminated, suspended, or barred from the Medicaid program. The lists of terminated, suspended, and barred practitioners are available at the following Websites. Both lists must be queried to obtain a complete list of terminated, suspended, or barred providers. <http://exclusions.oig.hhs.gov/> and <http://www.state.il.us/dpa/html/sbhs.htm>
- The LEA must maintain Practitioner credential records. These records must:
  1. Be retained on the premises of the LEA
  2. Be current
  3. Include copies of all applicable licenses and certificates
  4. Include a list of current practitioners and associated license numbers

**12. FEE-FOR-SERVICE WEBSITE YEARLY COSTS.** The Agreement is for a one-year period from July 1, 2021 to June 30, 2022 (2021-2022 school year). (Prices apply to individual districts, cooperatives, joint agreements, and associations.) Custom forms, software and/or programs are available from Embrace® and, if requested, will be subject to a separate Agreement between you and us. Customized work is an additional cost and will be billed separately from your annual contract.

Program Subscription	District Price
EmbraceDS® (Percentage Fee): 5% of HFS Reimbursements Facilitated by Embrace®	5% of Reimbursements

Special Transportation Services Per District (Percentage Fee)	District Price
Special Transportation (District Data Entry Percentage Fee): 5% of HFS Reimbursement Facilitated by Embrace®	
Special Transportation (Embrace® Data Entry Percentage Fee): 10% of HFS Reimbursement Facilitated by Embrace®	

**13. GENERAL PROVISIONS.** If any part of this Agreement is found void and unenforceable, it will not affect the validity of the balance of this Agreement, which will remain valid and enforceable according to its terms.

**14. INDEMNITY.**

13.1 The District agrees to indemnify Embrace® from any and all third-party liabilities, losses, actions, damages, or claims (including all reasonable expenses, costs, and attorney fees) directly arising out of the District's breach of this contract or negligent act(s) or omission(s) up to the limits of its insurance coverage.

13.2 Embrace® agrees to indemnify the District from any and all third-party liabilities, losses, actions, damages, or claims (including all reasonable expenses, costs, and attorney fees) directly arising out of the Embrace's® breach of this contract or negligent act(s) or omission(s) up to the limits of its insurance coverage.

**15. DURATION.** This contract for website access to EmbraceDS® is for a 1 year period.

**16. CONTRACT RENEWAL.** In the event that you renew this Agreement, we will enter into a Renewal Agreement with you on an annual basis. The terms of this Master Agreement shall apply to any renewal unless specifically noted otherwise in the written Renewal Agreement.

**17. NON-RENEWAL OF CONTRACT.** In the event that you do not enter into a Renewal Agreement, Embrace® will maintain your database information in read-only format for one (1) year from the date of expiration of this Agreement or subsequent failure to renew. Embrace® is not responsible for the loss of any information after termination or failure to renew the Agreement on your behalf.

**18. ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement and understanding between the parties in relation to the subject matter hereof and there are no premises, representations, conditions, provisions, or terms related thereto other than those set forth in this Agreement.

**19. GOVERNING LAW.** This Agreement will be governed by and construed in accordance with the laws of the State of Illinois.

**20. VENUE.** The Parties agree that should a dispute arise regarding this Agreement, any claim or lawsuit shall be brought in McLean County, Illinois, or the United States District Court for the Central District of Illinois.

**21. CAPTIONS.** The captions for the paragraphs of this Agreement shall not be deemed to have legal significance, and are simply designed as an aid in reading and to represent the general terms of the paragraph involved.

**22. BENEFIT.** This Agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, beneficiaries, heirs, executors, administrators, and legal representatives.

LICENSOR:

BRECHT'S DATABASE SOLUTIONS, INC.  
d/b/a EMBRACE®

FEIN: 20-4100129


BY:   
August R. Brecht, President

DATE: \_\_\_\_\_

LICENSEE:

McLean County Unit District No. 5

FEIN: \_\_\_\_\_

BY:   
Andy Roser, Board President

DATE: 5-20-19

**EXHIBIT A  
SCHEDULE OF DATA**

Category of Data	Elements	Check if Used by Your System
Application Technology Meta Data	IP Addresses of users, Use of cookies, etc.	<input type="checkbox"/>
	Other application technology meta data-Please specify:	<input type="checkbox"/>
Application Use Statistics	Meta data on user interaction with application	<input type="checkbox"/>
Assessment	Standardized test scores	<input type="checkbox"/>
	Observation data	<input type="checkbox"/>
	Other assessment data-Please specify:	<input type="checkbox"/>
Attendance	Student school (daily) attendance data	<input type="checkbox"/>
	Student class attendance data	<input type="checkbox"/>
Communications	Online communications captured (emails, blog entries)	<input type="checkbox"/>
Conduct	Conduct or behavioral data	<input type="checkbox"/>
Demographics	Date of Birth	<input type="checkbox"/>
	Place of Birth	<input type="checkbox"/>
	Gender	<input type="checkbox"/>
	Ethnicity or race	<input type="checkbox"/>
	Language information (native, or primary language spoken by student)	<input type="checkbox"/>
	Other demographic information-Please specify:	<input type="checkbox"/>
Enrollment	Student school enrollment	<input type="checkbox"/>
	Student grade level	<input type="checkbox"/>
	Homeroom	<input type="checkbox"/>
	Guidance counselor	<input type="checkbox"/>
	Specific curriculum programs	<input type="checkbox"/>
	Year of graduation	<input type="checkbox"/>
	Other enrollment information-Please specify:	<input type="checkbox"/>
Parent/Guardian Contact Information	Address	<input type="checkbox"/>
	Email	<input type="checkbox"/>

Category of Data	Elements	Check if Used by Your System
	Phone	<input type="checkbox"/>
Parent/Guardian ID	Parent ID number (created to link parents to students)	<input type="checkbox"/>
Parent/Guardian Name	First and/or Last	<input type="checkbox"/>
Schedule	Student scheduled courses	<input type="checkbox"/>
	Teacher names	<input type="checkbox"/>
Special Indicator	English language learner information	<input type="checkbox"/>
	Low Income status	<input type="checkbox"/>
	Medical alerts/ health data	<input type="checkbox"/>
	Student disability information	<input type="checkbox"/>
	Specialized education services (IEP or 504)	<input type="checkbox"/>
	Living situations (homeless/foster care)	<input type="checkbox"/>
	Other indicator information-Please specify:	<input type="checkbox"/>
Student Contact Information	Address	<input type="checkbox"/>
	Email	<input type="checkbox"/>
	Phone	<input type="checkbox"/>
Student Identifiers	Local (School district) ID number	<input type="checkbox"/>
	State ID number	<input type="checkbox"/>
	Provider/App assigned student ID number	<input type="checkbox"/>
	Student app username	<input type="checkbox"/>
	Student app passwords	<input type="checkbox"/>
Student Name	First and/or Last	<input type="checkbox"/>
Student In App Performance	Program/application performance (typing program-student types 60 wpm, reading program-student reads below grade level)	<input type="checkbox"/>
Student Program Membership	Academic or extracurricular activities a student may belong to or participate in	<input type="checkbox"/>
Student Survey Responses	Student responses to surveys or questionnaires	<input type="checkbox"/>
Student work	Student generated content; writing, pictures, etc.	<input type="checkbox"/>
	Other student work data -Please specify:	<input type="checkbox"/>
Transcript	Student course grades	<input type="checkbox"/>
	Student course data	<input type="checkbox"/>

Category of Data	Elements	Check if Used by Your System
	Student course grades/ performance scores	<input type="checkbox"/>
	Other transcript data - Please specify:	<input type="checkbox"/>
Transportation	Student bus assignment	<input type="checkbox"/>
	Student pick up and/or drop off location	<input type="checkbox"/>
	Student bus card ID number	<input type="checkbox"/>
	Other transportation data – Please specify:	<input type="checkbox"/>
Other	Please list each additional data element used, stored, or collected by your application:	<input type="checkbox"/>
None	No Student Data collected at this time. Provider will immediately notify LEA if this designation is no longer applicable.	<input type="checkbox"/>



## SchoolMessenger

Intrado Interactive Services Corporation

## Quote

**Date** 2/16/2021  
**Quote #** 139877  
**Expires** 3/18/2021  
**Quote Type**  
**Representative** AM Carrie Anne Moore  
**Agent**

**THIS IS NOT A BILL.**

**Prepared for:**

Accounts Payable  
McLean County Unit Sch Dist 5  
1809 W Hovey Ave  
Normal IL 61761-4315  
United States

Item	Quantity	Description	Rate	Amount
R-SM Complete	1	Renewal SchoolMessenger Complete -- 12-month Unlimited Notification Service Include Secure Document Delivery	24,500.00	24,500.00
			<b>Total</b>	<b>\$24,500.00</b>

The terms and conditions available at <https://www.west.com/legal-privacy/webterms/> apply to this quote, unless the parties have entered into a separate mutually executed agreement.  
Sales tax may be applied on invoice. Tax exemption certificates can be sent to [SchoolMessengerBilling@west.com](mailto:SchoolMessengerBilling@west.com).



139877

# SchoolMessenger Order Authorization with Preview

## ACCOUNT INFORMATION

District Name: McLean County Unit School District 5

Solutions Included: Extended Text Characters of Additional  
160

Annual Rate: \$0.50 @ 12,250 = \$6,125

Preview Start Date: 5/24/2021

Adjustments: \$500 one-time setup fee

Service Start Date: 7/1/2021

Amount Due: \$6,625

## ACKNOWLEDGEMENTS

Intrado Interactive Services Corporation d/b/a SchoolMessenger ("Provider") will provide the district named above ("Client") with the online communications applications further described in the Reference Quote subject to the following terms and conditions:

### Order Authorization Terms.

The terms and conditions available at [www.schoolmessenger.com/webterms](http://www.schoolmessenger.com/webterms) will apply to this order authorization, unless the parties have entered into a separate mutually executed agreement. The terms of this order will govern any conflict with the above-mentioned terms. No additional terms in Customer's purchase order will apply.

### Term and Termination.

This Agreement will commence on the Service Start Date and continue for 12 months (the "Initial Term"), and then will automatically renew for successive one year periods unless either party provides written notice of its desire not to renew at least 30 days prior to the end of the then-current term.

### Agreed and Acknowledged by the following who is authorized to sign on behalf of the Client:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or initials if signing electronically)

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

# Renewal Rates

**Confidential**



## McLean County Unit 5 Custodial

Effective Period:  
Jul 1, 2021-Jun 30, 2022

Your Health Alliance Client Consultant

Jodi Dacar  
(217) 902-8126  
[Jodi.Dacar@healthalliance.org](mailto:Jodi.Dacar@healthalliance.org)



Exhibit C

Proposal Rates for: Mclean County Unit 5 Custodial

HMO HSA 3500 NS1 RX233

Effective Period: 07/01/2021 through 06/30/2022

<b>Premium Rates:</b>	
EMPLOYEE:	\$414.00
EMPLOYEE & SPOUSE:	\$879.00
EMPLOYEE + CHILD(REN):	\$695.00
FAMILY:	\$1,158.00

<b>"Primary Medicare Eligible" Rates:</b>	
SINGLE (with "Primary Medicare Eligibility"):	\$269.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$589.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$734.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$1,013.00

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

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

Health Alliance Officer: \_\_\_\_\_  
Andrew Weintraub

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

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. Health Alliance requires no more than 50% out of service area membership for. In the event that membership changes by 20% or more during the contract year Health Alliance reserves the right to review and/or revise this offer. Please see last page for Medicare eligibility rules.



**Exhibit C**

Proposal Rates for: Mclean County Unit 5 Custodial

POS 2500e NS1 RX260

**Effective Period: 07/01/2021 through 06/30/2022**

<b>Premium Rates:</b>	
EMPLOYEE:	\$491.00
EMPLOYEE & SPOUSE:	\$1,041.00
EMPLOYEE + CHILD(REN):	\$822.00
FAMILY:	\$1,371.00

<b>"Primary Medicare Eligible" Rates:</b>	
SINGLE (with "Primary Medicare Eligibility"):	\$319.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$697.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$869.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$1,199.00

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

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

Health Alliance Officer: \_\_\_\_\_  
Andrew Weintraub

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

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. Health Alliance requires no more than 50% out of service area membership for. In the event that membership changes by 20% or more during the contract year Health Alliance reserves the right to review and/or, revise this offer. Please see last page for Medicare eligibility rules.



**Exhibit C**

Proposal Rates for: Mclean County Unit 5 Custodial

POSC 250d NS1 RX264

**Effective Period: 07/01/2021 through 06/30/2022**

<b>Premium Rates:</b>	
EMPLOYEE:	\$645.00
EMPLOYEE & SPOUSE:	\$1,369.00
EMPLOYEE + CHILD(REN):	\$1,083.00
FAMILY:	\$1,805.00

<b>"Primary Medicare Eligible" Rates:</b>	
SINGLE (with "Primary Medicare Eligibility"):	\$419.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$917.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$1,143.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$1,579.00

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

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

Health Alliance Officer: \_\_\_\_\_  
Andrew Weintraub

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

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. Health Alliance requires no more than 50% out of service area membership for. In the event that membership changes by 20% or more during the contract year Health Alliance reserves the right to review and/or revise this offer. Please see last page for Medicare eligibility rules.



Plan Name	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 4 Tier census				Total Monthly Premium*	Percent Change^
						Employee Only (5)	Employee/Spouse (0)	Employee/Child(ren) (0)	Emp/Sp/Child(ren) (0)		
HMO HSA 3500 NS1	RX233	\$3,500/\$7,000	20%	\$5,000/\$10,000	20%/20%, 20%	\$414	\$879	\$695	\$1,158	\$2,070	0.00%
HMO 7000C 21	Rx231	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$413	\$877	\$693	\$1,155	\$2,065	-0.26%
HMO 8150H 21	Rx232	\$8,150/\$16,300	0%	\$8,150/\$16,300	\$40/\$65, **	\$368	\$781	\$618	\$1,029	\$1,840	-11.14%
POS 8150H 21	Rx232	\$8,150/\$16,300	0%	\$8,150/\$16,300	\$40/\$65, **	\$381	\$809	\$640	\$1,066	\$1,905	-7.94%
HSA 21 5000 HMO 100 EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	**/**, **	\$400	\$849	\$671	\$1,119	\$2,000	-3.37%
HSA 21 5000 HMO 80 EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	**/**, **	\$378	\$803	\$635	\$1,057	\$1,890	-8.72%
HSA 21 5000 POS 80 EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	**/**, **	\$392	\$832	\$658	\$1,096	\$1,960	-5.35%

120

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

^Percent Change is based off of the current plan HMO HSA 3500 NS1

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\*\*Deductible, Coinsurance

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Plan Name	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 4 Tier census				Total Monthly Premium*	Percent Change^
						Employee Only (38)	Employee/Spouse (2)	Employee/Child(ren) (7)	Emp/Sp/Child(ren) (1)		
POS 2500e NS1	RX260	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$40/\$65, \$250	\$491	\$1,041	\$822	\$1,371	\$27,865	0.00%
HMO 2500C 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$40/\$65, \$250	\$488	\$1,035	\$817	\$1,363	\$27,696	-0.58%
HMO 2500C 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$40/\$65, \$250	\$485	\$1,028	\$812	\$1,354	\$27,524	-1.24%
HMO 3000A 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$10/\$25, \$150	\$490	\$1,039	\$820	\$1,368	\$27,806	-0.22%
HMO 3000A 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$10/\$25, \$150	\$485	\$1,028	\$812	\$1,354	\$27,524	-1.24%
HMO 3000B 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$25/\$40, \$250	\$479	\$1,016	\$802	\$1,337	\$27,185	-2.48%
HMO 3000B 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$25/\$40, \$250	\$476	\$1,009	\$797	\$1,329	\$27,014	-3.06%
HMO 3000C 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$40/\$65, \$250	\$472	\$1,001	\$790	\$1,318	\$26,786	-3.87%
POS 3000C 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$40/\$65, \$250	\$490	\$1,039	\$820	\$1,368	\$27,806	-0.22%
HMO 3000C 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$40/\$65, \$250	\$469	\$994	\$785	\$1,310	\$26,615	-4.45%
POS 3000C 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$40/\$65, \$250	\$486	\$1,030	\$814	\$1,357	\$27,583	-1.02%
HMO 3500A 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$10/\$25, \$150	\$476	\$1,009	\$797	\$1,329	\$27,014	-3.06%
HMO 3500A 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$10/\$25, \$150	\$472	\$1,001	\$790	\$1,318	\$26,786	-3.87%
POS 3500A 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$10/\$25, \$150	\$490	\$1,039	\$820	\$1,368	\$27,806	-0.22%
HMO 3500B 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$25/\$40, \$250	\$466	\$988	\$780	\$1,301	\$26,445	-5.11%
POS 3500B 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$25/\$40, \$250	\$484	\$1,026	\$810	\$1,351	\$27,465	-1.46%
HMO 3500B 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$25/\$40, \$250	\$463	\$982	\$775	\$1,293	\$26,276	-5.69%
POS 3500B 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$25/\$40, \$250	\$480	\$1,018	\$804	\$1,340	\$27,244	-2.26%
HMO 3500C 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$40/\$65, \$250	\$459	\$973	\$768	\$1,282	\$26,046	-6.49%
POS 3500C 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$40/\$65, \$250	\$476	\$1,009	\$797	\$1,329	\$27,014	-3.06%
HMO 3500C 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$40/\$65, \$250	\$455	\$965	\$762	\$1,270	\$25,824	-7.37%
POS 3500C 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$40/\$65, \$250	\$472	\$1,001	\$790	\$1,318	\$26,786	-3.87%

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

^Percent Change is based off of the current plan POS 2500e NS1

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Plan Name	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 4 Tier census				Total Monthly Premium*	Percent Change^
						Employee Only (38)	Employee/Spouse (2)	Employee/Child(ren) (7)	Emp/Sp/Child(ren) (1)		
HMO 4000A 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$10/\$25, \$150	\$466	\$988	\$780	\$1,301	\$26,445	-5.11%
POS 4000A 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$10/\$25, \$150	\$484	\$1,026	\$810	\$1,351	\$27,465	-1.46%
HMO 4000A 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$10/\$25, \$150	\$462	\$980	\$773	\$1,290	\$26,217	-5.91%
POS 4000A 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$10/\$25, \$150	\$479	\$1,016	\$802	\$1,337	\$27,185	-2.48%
HMO 4000B 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$456	\$967	\$763	\$1,273	\$25,876	-7.15%
POS 4000B 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$474	\$1,005	\$794	\$1,324	\$26,904	-3.43%
HMO 4000B 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$452	\$958	\$757	\$1,262	\$25,653	-7.95%
POS 4000B 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$469	\$994	\$785	\$1,310	\$26,615	-4.45%
HMO 4000C 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$449	\$952	\$752	\$1,254	\$25,484	-8.53%
POS 4000C 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$466	\$988	\$780	\$1,301	\$26,445	-5.11%
HMO 4000C 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$444	\$941	\$743	\$1,240	\$25,195	-9.56%
POS 4000C 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$461	\$977	\$772	\$1,287	\$26,163	-6.13%
HMO 5000B 21	Rx230	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$447	\$948	\$748	\$1,248	\$25,366	-8.97%
POS 5000B 21	Rx230	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$464	\$984	\$777	\$1,296	\$26,335	-5.47%
HMO 5000B 21	Rx231	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$443	\$939	\$742	\$1,237	\$25,143	-9.77%
POS 5000B 21	Rx231	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$459	\$973	\$768	\$1,282	\$26,046	-6.49%
HMO 5000C 21	Rx230	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$440	\$933	\$737	\$1,229	\$24,974	-10.36%
POS 5000C 21	Rx230	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$456	\$967	\$763	\$1,273	\$25,876	-7.15%
HMO 5000C 21	Rx231	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$436	\$924	\$730	\$1,217	\$24,743	-11.23%
POS 5000C 21	Rx231	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$452	\$958	\$757	\$1,262	\$25,653	-7.95%
HMO 6000B 21	Rx230	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$442	\$937	\$740	\$1,234	\$25,084	-9.99%

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

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						Employee Only (38)	Employee/Spouse (2)	Employee/Child(ren) (7)	Emp/Sp/Child(ren) (1)		
POS 6000B 21	Rx230	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$459	\$973	\$768	\$1,282	\$26,046	-6.49%
HMO 6000B 21	Rx231	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$438	\$929	\$733	\$1,223	\$24,856	-10.80%
POS 6000B 21	Rx231	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$455	\$965	\$762	\$1,270	\$25,824	-7.37%
HMO 6000C 21	Rx230	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$435	\$922	\$728	\$1,215	\$24,685	-11.38%
POS 6000C 21	Rx230	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$451	\$956	\$755	\$1,259	\$25,594	-8.17%
HMO 6000C 21	Rx231	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$431	\$914	\$722	\$1,203	\$24,463	-12.25%
POS 6000C 21	Rx231	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$447	\$948	\$748	\$1,248	\$25,366	-8.97%
HMO 7000B 21	Rx230	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$439	\$931	\$735	\$1,226	\$24,915	-10.58%
POS 7000B 21	Rx230	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$455	\$965	\$762	\$1,270	\$25,824	-7.37%
HMO 7000B 21	Rx231	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$435	\$922	\$728	\$1,215	\$24,685	-11.38%
POS 7000B 21	Rx231	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$451	\$956	\$755	\$1,259	\$25,594	-8.17%
HMO 7000C 21	Rx230	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$432	\$916	\$723	\$1,206	\$24,515	-12.04%
POS 7000C 21	Rx230	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$448	\$950	\$750	\$1,251	\$25,425	-8.75%
POS 7000C 21	Rx231	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$444	\$941	\$743	\$1,240	\$25,195	-9.56%
PPO 8150H 21	Rx232	\$8,150/\$16,300	0%	\$8,150/\$16,300	\$40/\$65, **	\$443	\$939	\$742	\$1,237	\$25,143	-9.77%
HSA 21 2800 HMO 80 EMB	Rx233	\$2,800/\$5,600	20%	\$5,600/\$11,200	**/**, **	\$442	\$937	\$740	\$1,234	\$25,084	-9.99%
HSA 21 2800 POS 80 EMB	Rx233	\$2,800/\$5,600	20%	\$5,600/\$11,200	**/**, **	\$459	\$973	\$768	\$1,282	\$26,046	-6.49%
HSA 21 5000 POS 100 EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	**/**, **	\$430	\$912	\$720	\$1,201	\$24,405	-12.40%
HSA 21 5000 PPO 100 EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	**/**, **	\$482	\$1,022	\$807	\$1,346	\$27,355	-1.82%
HSA 21 5000 PPO 80 EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	**/**, **	\$455	\$965	\$762	\$1,270	\$25,824	-7.37%

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

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Plan Name	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 4 Tier census				Total Monthly Premium*	Percent Change^
						Employee Only (43)	Employee/Spouse (5)	Employee/Child(ren) (6)	Emp/Sp/Child(ren) (1)		
POSC 250d NS1	RX264	N/A	20%	\$2,500/\$4,500	\$25/\$50, \$200	\$645	\$1,369	\$1,083	\$1,805	\$42,883	0.00%
HMO 1500A 21	Rx230	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$10/\$25, \$150	\$611	\$1,297	\$1,026	\$1,710	\$40,624	-5.26%
POS 1500A 21	Rx230	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$10/\$25, \$150	\$635	\$1,348	\$1,066	\$1,777	\$42,218	-1.55%
HMO 1500A 21	Rx231	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$10/\$25, \$150	\$608	\$1,290	\$1,021	\$1,701	\$40,421	-5.76%
POS 1500A 21	Rx231	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$10/\$25, \$150	\$631	\$1,339	\$1,059	\$1,766	\$41,948	-2.16%
HMO 1500B 21	Rx230	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$25/\$40, \$250	\$600	\$1,273	\$1,007	\$1,679	\$39,886	-6.98%
POS 1500B 21	Rx230	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$25/\$40, \$250	\$623	\$1,322	\$1,046	\$1,743	\$41,418	-3.43%
HMO 1500B 21	Rx231	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$25/\$40, \$250	\$597	\$1,267	\$1,002	\$1,671	\$39,689	-7.42%
POS 1500B 21	Rx231	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$25/\$40, \$250	\$620	\$1,316	\$1,041	\$1,735	\$41,221	-3.88%
HMO 1500C 21	Rx230	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$40/\$65, \$250	\$592	\$1,257	\$994	\$1,657	\$39,362	-8.20%
POS 1500C 21	Rx230	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$40/\$65, \$250	\$615	\$1,305	\$1,033	\$1,721	\$40,889	-4.65%
HMO 1500C 21	Rx231	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$40/\$65, \$250	\$589	\$1,250	\$989	\$1,648	\$39,159	-8.70%
POS 1500C 21	Rx231	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$40/\$65, \$250	\$611	\$1,297	\$1,026	\$1,710	\$40,624	-5.26%
HMO 2000A 21	Rx230	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$10/\$25, \$150	\$581	\$1,233	\$976	\$1,626	\$38,630	-9.92%
POS 2000A 21	Rx230	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$10/\$25, \$150	\$603	\$1,280	\$1,012	\$1,687	\$40,088	-6.54%
HMO 2000A 21	Rx231	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$10/\$25, \$150	\$577	\$1,225	\$969	\$1,615	\$38,365	-10.53%
POS 2000A 21	Rx231	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$10/\$25, \$150	\$600	\$1,273	\$1,007	\$1,679	\$39,886	-6.98%
HMO 2000B 21	Rx230	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$25/\$40, \$250	\$570	\$1,210	\$957	\$1,595	\$37,897	-11.63%
POS 2000B 21	Rx230	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$25/\$40, \$250	\$592	\$1,257	\$994	\$1,657	\$39,362	-8.20%
HMO 2000B 21	Rx231	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$25/\$40, \$250	\$567	\$1,203	\$952	\$1,587	\$37,695	-12.08%
POS 2000B 21	Rx231	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$25/\$40, \$250	\$588	\$1,248	\$987	\$1,645	\$39,091	-8.86%
HMO 2000C 21	Rx230	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$40/\$65, \$250	\$562	\$1,193	\$944	\$1,573	\$37,368	-12.85%

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

^Percent Change is based off of the current plan POSC 250d NS1

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						Employee Only (43)	Employee/Spouse (5)	Employee/Child(ren) (6)	Emp/Sp/Child(ren) (1)		
POS 2000C 21	Rx230	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$40/\$65, \$250	\$583	\$1,237	\$979	\$1,631	\$38,759	-9.64%
HMO 2000C 21	Rx231	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$40/\$65, \$250	\$559	\$1,186	\$939	\$1,564	\$37,165	-13.35%
POS 2000C 21	Rx231	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$40/\$65, \$250	\$580	\$1,231	\$974	\$1,623	\$38,562	-10.08%
HMO 2500A 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$10/\$25, \$150	\$557	\$1,182	\$935	\$1,559	\$37,030	-13.63%
POS 2500A 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$10/\$25, \$150	\$578	\$1,227	\$971	\$1,618	\$38,433	-10.36%
HMO 2500A 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$10/\$25, \$150	\$553	\$1,174	\$929	\$1,548	\$36,771	-14.24%
POS 2500A 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$10/\$25, \$150	\$574	\$1,218	\$964	\$1,606	\$38,162	-11.02%
HMO 2500B 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$25/\$40, \$250	\$546	\$1,159	\$917	\$1,528	\$36,303	-15.35%
POS 2500B 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$25/\$40, \$250	\$567	\$1,203	\$952	\$1,587	\$37,695	-12.08%
PPO 2500B 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$25/\$40, \$250	\$637	\$1,352	\$1,070	\$1,783	\$42,354	-1.22%
HMO 2500B 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$25/\$40, \$250	\$542	\$1,150	\$910	\$1,517	\$36,033	-15.96%
POS 2500B 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$25/\$40, \$250	\$563	\$1,195	\$945	\$1,576	\$37,430	-12.69%
PPO 2500B 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$25/\$40, \$250	\$632	\$1,341	\$1,061	\$1,769	\$42,016	-1.99%
POS 2500C 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$40/\$65, \$250	\$558	\$1,184	\$937	\$1,562	\$37,098	-13.46%
PPO 2500C 21	Rx230	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$40/\$65, \$250	\$627	\$1,331	\$1,053	\$1,755	\$41,689	-2.77%
POS 2500C 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$40/\$65, \$250	\$554	\$1,176	\$930	\$1,550	\$36,832	-14.13%
PPO 2500C 21	Rx231	\$2,500/\$5,000	20%	\$5,000/\$10,000	\$40/\$65, \$250	\$623	\$1,322	\$1,046	\$1,743	\$41,418	-3.43%
POS 3000A 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$10/\$25, \$150	\$559	\$1,186	\$939	\$1,564	\$37,165	-13.35%
PPO 3000A 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$10/\$25, \$150	\$629	\$1,335	\$1,056	\$1,760	\$41,818	-2.49%
POS 3000A 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$10/\$25, \$150	\$555	\$1,178	\$932	\$1,553	\$36,900	-13.96%
PPO 3000A 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$10/\$25, \$150	\$623	\$1,322	\$1,046	\$1,743	\$41,418	-3.43%

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Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

^Percent Change is based off of the current plan POSC 250d NS1

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\*\*Deductible, Coinsurance

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Plan Name	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 4 Tier census				Total Monthly Premium*	Percent Change^
						Employee Only (43)	Employee/Spouse (5)	Employee/Child(ren) (6)	Emp/Sp/Child(ren) (1)		
POS 3000B 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$25/\$40, \$250	\$548	\$1,163	\$920	\$1,534	\$36,433	-15.01%
PPO 3000B 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$25/\$40, \$250	\$616	\$1,307	\$1,034	\$1,724	\$40,951	-4.49%
POS 3000B 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$25/\$40, \$250	\$544	\$1,155	\$913	\$1,522	\$36,167	-15.68%
PPO 3000B 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$25/\$40, \$250	\$611	\$1,297	\$1,026	\$1,710	\$40,624	-5.26%
PPO 3000C 21	Rx230	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$40/\$65, \$250	\$605	\$1,284	\$1,016	\$1,693	\$40,224	-6.20%
PPO 3000C 21	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	\$40/\$65, \$250	\$601	\$1,276	\$1,009	\$1,682	\$39,959	-6.81%
POS 3500A 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$10/\$25, \$150	\$544	\$1,155	\$913	\$1,522	\$36,167	-15.68%
PPO 3500A 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$10/\$25, \$150	\$611	\$1,297	\$1,026	\$1,710	\$40,624	-5.26%
PPO 3500A 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$10/\$25, \$150	\$606	\$1,286	\$1,018	\$1,696	\$40,292	-6.04%
PPO 3500B 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$25/\$40, \$250	\$599	\$1,271	\$1,006	\$1,676	\$39,824	-7.15%
PPO 3500B 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$25/\$40, \$250	\$593	\$1,259	\$996	\$1,659	\$39,429	-8.09%
PPO 3500C 21	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$40/\$65, \$250	\$589	\$1,250	\$989	\$1,648	\$39,159	-8.70%
PPO 3500C 21	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$40/\$65, \$250	\$584	\$1,240	\$981	\$1,634	\$38,832	-9.47%
PPO 4000A 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$10/\$25, \$150	\$598	\$1,269	\$1,004	\$1,673	\$39,756	-7.31%
PPO 4000A 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$10/\$25, \$150	\$592	\$1,257	\$994	\$1,657	\$39,362	-8.20%
PPO 4000B 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$585	\$1,242	\$982	\$1,637	\$38,894	-9.31%
PPO 4000B 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$579	\$1,229	\$972	\$1,620	\$38,494	-10.25%
PPO 4000C 21	Rx230	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$576	\$1,223	\$967	\$1,612	\$38,297	-10.69%
PPO 4000C 21	Rx231	\$4,000/\$8,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$570	\$1,210	\$957	\$1,595	\$37,897	-11.63%
PPO 5000B 21	Rx230	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$573	\$1,216	\$962	\$1,604	\$38,095	-11.14%
PPO 5000B 21	Rx231	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$567	\$1,203	\$952	\$1,587	\$37,695	-12.08%

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

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Plan Name	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 4 Tier census				Total Monthly Premium*	Percent Change^
						Employee Only (43)	Employee/Spouse (5)	Employee/Child(ren) (6)	Emp/Sp/Child(ren) (1)		
PPO 5000C 21	Rx230	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$564	\$1,197	\$947	\$1,578	\$37,497	-12.58%
PPO 5000C 21	Rx231	\$5,000/\$10,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$558	\$1,184	\$937	\$1,562	\$37,098	-13.46%
PPO 6000B 21	Rx230	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$567	\$1,203	\$952	\$1,587	\$37,695	-12.08%
PPO 6000B 21	Rx231	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$561	\$1,191	\$942	\$1,570	\$37,300	-13.02%
PPO 6000C 21	Rx230	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$557	\$1,182	\$935	\$1,559	\$37,030	-13.63%
PPO 6000C 21	Rx231	\$6,000/\$12,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$552	\$1,172	\$927	\$1,545	\$36,703	-14.40%
PPO 7000B 21	Rx230	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$562	\$1,193	\$944	\$1,573	\$37,368	-12.85%
PPO 7000B 21	Rx231	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$25/\$40, \$250	\$557	\$1,182	\$935	\$1,559	\$37,030	-13.63%
PPO 7000C 21	Rx230	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$553	\$1,174	\$929	\$1,548	\$36,771	-14.24%
PPO 7000C 21	Rx231	\$7,000/\$14,000	20%	\$8,150/\$16,300	\$40/\$65, \$250	\$548	\$1,163	\$920	\$1,534	\$36,433	-15.01%
POSC+ 500F 21 80	Rx230	\$500/\$1,000	20%	\$2,500/\$5,000	\$25/\$50, \$150	\$619	\$1,314	\$1,039	\$1,732	\$41,153	-4.04%
POSC+ 500G 21 80	Rx231	\$500/\$1,000	20%	\$2,500/\$5,000	\$40/\$65, \$150	\$608	\$1,290	\$1,021	\$1,701	\$40,421	-5.76%
POSC+ 1000D 21 100	Rx230	\$1,000/\$2,000	0%	\$3,000/\$6,000	\$10/\$25, \$200	\$638	\$1,354	\$1,071	\$1,785	\$42,415	-1.11%
POSC+ 1000E 21 100	Rx231	\$1,000/\$2,000	0%	\$3,000/\$6,000	\$25/\$50, \$200	\$622	\$1,320	\$1,044	\$1,741	\$41,351	-3.55%
POSC+ 1000D 21 80	Rx230	\$1,000/\$2,000	20%	\$3,000/\$6,000	\$10/\$25, \$200	\$596	\$1,265	\$1,001	\$1,668	\$39,627	-7.59%
POSC+ 1000E 21 80	Rx231	\$1,000/\$2,000	20%	\$3,000/\$6,000	\$25/\$50, \$200	\$582	\$1,235	\$977	\$1,629	\$38,692	-9.75%
HSA 21 1500 HMO 100 AGG	Rx232	\$1,500/\$3,000	0%	\$1,500/\$3,000	**/**, **	\$629	\$1,335	\$1,056	\$1,760	\$41,818	-2.49%
HSA 21 1500 HMO 80 AGG	Rx233	\$1,500/\$3,000	20%	\$3,000/\$6,000	**/**, **	\$565	\$1,199	\$949	\$1,581	\$37,565	-12.41%
HSA 21 1500 POS 80 AGG	Rx233	\$1,500/\$3,000	20%	\$3,000/\$6,000	**/**, **	\$586	\$1,244	\$984	\$1,640	\$38,962	-9.14%
HSA 21 2800 HMO 100 EMB	Rx232	\$2,800/\$5,600	0%	\$2,800/\$5,600	**/**, **	\$548	\$1,163	\$920	\$1,534	\$36,433	-15.01%
HSA 21 2800 POS 100 EMB	Rx232	\$2,800/\$5,600	0%	\$2,800/\$5,600	**/**, **	\$568	\$1,206	\$954	\$1,590	\$37,768	-11.91%

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

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HSA 21 2800 PPO 100 EMB	Rx232	\$2,800/\$5,600	0%	\$2,800/\$5,600	**/**, **	\$638	\$1,354	\$1,071	\$1,785	\$42,415	-1.11%
HSA 21 2800 PPO 80 EMB	Rx233	\$2,800/\$5,600	20%	\$5,600/\$11,200	**/**, **	\$567	\$1,203	\$952	\$1,587	\$37,695	-12.08%

Drug Code:	
Rx230 - \$0/\$7/\$35/\$70/\$140/50%	Rx232 - Medical Deductible then 0%
Rx231 - \$0/\$10/\$40/\$80/30%/50%	Rx233 - Medical Deductible then 20%

^Percent Change is based off of the current plan POSC 250d NS1

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# Group insurance benefits

Proposal for: MCLEAN COUNTY UNIT DISTRICT NO. 5  
Effective date: July 1, 2021  
Prepared by: Kevin Ryan

Presented by: JEFFREY GILMORE  
BPA TROXELL BENEFITS LLC

Thanks for considering group insurance from Principal® for your employee benefits program. This proposal includes rates and benefit information for:

-  Group term life
-  Voluntary term life
-  Short-term disability
-  Long-term disability
-  **Dental**
-  Vision
-  Critical illness
-  Accident

## Benefits you can depend on

You can count on Principal for the choice, flexibility and support you need. Choose from our broad portfolio of products which includes life, short-term disability, long-term disability, dental, vision, critical illness and accident insurance. These comprehensive benefits can help you attract and retain the best employees.

Also, take advantage of our service. Professional staff helps you with employee education, enrollment and account management. And you benefit from our experienced local sales and service teams who are here to address your needs – every step of the way.

## Rates

# MCLEAN COUNTY UNIT DISTRICT NO. 5



Effective date: July 1, 2021

Dental				
	Lives	Monthly rate	Estimated monthly cost	Estimated annual cost
Employee	80	\$29.89	\$2,391.20	\$28,694.40
Employee & spouse	13	\$61.51	\$799.63	\$9,595.56
Employee & child(ren)	12	\$74.89	\$898.68	\$10,784.16
Family	4	\$111.88	\$447.52	\$5,370.24
<b>Total</b>	<b>109</b>	<b>N/A</b>	<b>\$4,537.03</b>	<b>\$54,444.36</b>

**Rate guarantee:** this policy change does not impact your next renewal or rate guarantee period.

Rate includes:

- Orthodontia - child

Effective date: July 1, 2021

Dental PPO network benefit design						
all members						
	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum benefit	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
<b>Preventive</b>	\$0	\$0	100%	100%	\$1,500	\$1,500
<b>Basic</b>	\$0	\$50	80%	80%	\$1,500	\$1,500
<b>Major</b>	\$50	\$50	50%	50%	\$1,500	\$1,500

Family deductible = 3 x per person deductible.

Combined deductibles: deductibles for in-network services and basic and major non-network services are combined.

Combined maximums: calendar year maximums for preventive, basic and major services are combined.

We process claims using prevailing fees at the 99<sup>th</sup> percentile.

The maximum accumulation plan was elected. This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

Additional benefit riders						
	Lifetime deductible		Coinsurance (policy pays)		Lifetime maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
<b>Orthodontia Child</b>	\$0	\$0	50%	50%	\$1,500	\$1,500

Minimum enrolled lives required for child orthodontia: 5

Child orthodontia provides coverage for children up to age 19.

**Participation:** 100% employee participation assumed

Covered services	
<b>Preventive</b>	Exams (1 per 6 months ) Second opinion consultation Cleanings ( 1 per 6 months) <ul style="list-style-type: none"> <li>Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.</li> </ul>

Effective date: July 1, 2021

...continued	
	<p>X-rays</p> <ul style="list-style-type: none"> <li>• Bitewing (1 per calendar year)</li> <li>• Occlusal (2 per calendar year)</li> <li>• Periapical (4 per calendar year)</li> <li>• Full mouth survey (1 per 60 months)</li> <li>• Extraoral (2 per 12 months)</li> </ul> <p>Fluoride application (1 per calendar year); covered only for dependent children under age 14</p>
<b>Basic</b>	<p>Emergency exams (subject to exam frequency 1 per 6 months)</p> <p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit )</p> <ul style="list-style-type: none"> <li>• Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.</li> </ul> <p>Sealants on first and second permanent molars for dependent children under age 14 (1 per 36 months)</p> <p>Space maintainers (covered only for dependent children under age 14; repairs not covered)</p> <p>Harmful habit appliance (covered only for dependent children under age 14)</p> <p>Fillings</p> <p>Stainless steel crowns</p>
<b>Major</b>	<p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>General anesthesia/IV sedation</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p> <p>Crowns (1 per tooth per 120 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 120 months)</p> <p>Implants (1 per tooth per 120 months)</p> <p>Bridges - initial placement; replacement after 120 months</p> <p>Complete or partial dentures - initial placement; replacement after 60 months</p>

Dental

MCLEAN COUNTY UNIT DISTRICT  
NO. 5



Effective date: July 1, 2021

...continued

	Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)
<b>Orthodontia</b>	X-rays and other diagnostic procedures Fixed and removable appliances Lifetime maximum

Highlights

<b>Coordination of benefits</b>	As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution - other than student accident policies, governmental program or state law. Total benefits from all sources cannot exceed 100% of covered charges.
<b>Eligibility</b>	<p><b>Employee:</b> Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p><b>Dependent:</b> Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
<b>Waiting periods</b>	None
<b>Prior dental coverage</b>	This proposal assumes the group had prior dental coverage for preventive/basic/major/ortho services.
<b>Open enrollment period</b>	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.

Effective date: July 1, 2021

...continued

<p><b>Limitations</b></p>	<p>The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.</p> <p>The insurance does not pay for treatment or services above: unless specifically mentioned above, veneers, anterior ¾ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a covered charge / that exceed prevailing fee charges / unless specifically mentioned above, implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / unless specifically mentioned above, occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis orthodontic treatment, service, appliance or bands provided prior to Ortho Procedures effective date / temporomandibular joint (TMJ) disorders.</p>
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## Discounts and services

# MCLEAN COUNTY UNIT DISTRICT NO. 5



Effective date: July 1, 2021

Discounts and services	
<b>Laser vision correction</b>	Through the National Lasik Network, administered by LCA-Vision, Inc., employees, their spouses and dependent children receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% off standard pricing or 5% off promotional pricing.
<b>Hearing aid program</b>	Through American Hearing Benefits, Inc. (AHB), employees and their families are eligible for up to 60% off hearing aids.
<b>Vision care</b>	Employees, their spouses and dependent children can get discounts on eye exams, prescription glasses and lens options, contact lens evaluations and fittings, as well as LASIK surgery through a nationwide network of VSP providers.
<b>Dental Health Edge<sup>SM4</sup></b>	This resource helps employees make better decisions about oral health care. Certified dentists can answer questions, and a dental cost estimator shows approximate costs in a specific ZIP code. The site is also available in Spanish.
<p><b>These discounts are not insurance.</b></p> <p>The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.</p> <p><sup>4</sup>The articles and resources on Employers Dental Health Edge are made available for the sole purpose of general education on dental health related matters. This information is not intended as medical advice. For answers to your own health concerns, contact your dentist or other health care provider. Employers Dental Services (EDS) does not provide dental or medical advice. EDS is a member of the Principal Financial Group®.</p>	

Effective date: July 1, 2021

Our services	
<b>Online benefit administration</b>	eService offers free administration and management of all group insurance for employers and employees. Employers can add or remove employees, view and update employee information, pay premiums and more. Employees can view statuses of claims, confirm covered dependents and more.
<b>Claim services</b>	At Principal Life, we know filing a claim is a defining moment for clients. That's why we strive to make the claims process quick and easy for our customers.
General provisions	
<b>Renewing your coverage</b>	Your insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.
<b>Termination and renewability of your coverage</b>	The insurance is renewable at your option. Principal Life has the right to nonrenew or terminate the insurance if: you fail to pay premium / fraud or misrepresentation occurs / your company relocates to a state where Principal Life does not offer group coverage(s) provided by your policy / your company no longer meets the participation or contribution rules / you no longer qualify as an eligible business or group / we give you advance notice of termination as required by your state.
<b>Policy changes</b>	Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.
<b>Federal and state laws</b>	Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.

## Rating assumptions

MCLEAN COUNTY UNIT DISTRICT  
NO. 5



Effective date: July 1, 2021

### Rating assumptions

#### These rates are based on the following:

**Illinois as the contract state. If you have employees located in other states, we may apply benefits based on those states' provisions, when applicable.**

An effective date of July 1, 2021. Suggested premiums and benefits are provided for illustration purposes only. Acceptance of your group, the final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy.

There are limitations, restrictions and exclusions in this policy. There are also certain restrictions involving payment of premium, termination, fraud, eligibility and participation. Final rates are dependent on entering into an insurance contract where all limitations, exclusions, and restrictions are taken into consideration.

As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.

The state of Illinois requires disclosure of outsourcing to foreign countries when proposing group coverage to government entities. Principal Life Insurance Company conducts some data entry and technical support activities in Mexico and India. These activities do not involve contact with customers in the United States. Vendors that contract with Principal Life may perform additional work outside of the United States.

This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state, read your policy carefully for the exact definitions and provisions. Policy limitations and exclusions apply. Benefits are limited when living outside the United States. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group®.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

Insurance issued by Principal Life Insurance Company, 7137 High Street, Des Moines, IA 50392

GP61699-06 | 12/2020 | Proposal number: 04142110365-8 | 1077842 | Today's date: 04/20/2021 | SIC



Effective date: July 1, 2021

### Existing group amendment information

Principal Life Insurance Company is pleased to team up with you to develop flexible benefit solutions that fit your employees' needs and your budget. With our customer-first approach, we're committed to offering you comprehensive benefits at an affordable price.

We're pleased to present you with this proposal, generated from your existing Principal Life account. The proposal contains additional benefit options you may wish to consider. If this proposal reflects a revision of existing products, the changes indicated on this proposal will be made to the products selected. Other features and provisions would stay the same. The sign-off below will approve the revisions for processing.

If this proposal adds a coverage to your account, [please include a signed application](#) with this proposal.

If non-benefit changes such as updates to eligibility, waiting periods and/or name or contact information are requested, please document in the space below.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Sign below for authorization of request(s):

Officer Signature	Date
-------------------	------

Producer Signature	Date
--------------------	------

**Please note:** The final approval of this proposal and any accompanying non-benefit changes are subject to Principal Life underwriting guidelines and federal or state regulations.



**BlueCross BlueShield  
of Illinois**

**ADMINISTRATIVE SERVICES AGREEMENT**

The Effective Date of this Agreement is July 1, 2021.

For Employer Group Number(s): As specified on the most current ASO BPA (as defined below).

Account Number: IL992918

IN WITNESS WHEREOF, the parties hereto have executed this Agreement and consent to all of its terms and conditions as of the date and year specified below.

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS,  
a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company**

**MCLEAN COUNTY UNIT DISTRICT NO. 5  
("EMPLOYER")**

By: \_\_\_\_\_  
Title: Vice President and Chief Underwriter  
Date: Effective Date of Coverage noted above

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Proprietary and Confidential Information of Claim Administrator  
Not for use or disclosure outside Claim Administrator, Employer, their respective affiliated companies and third-party  
representatives, except with written permission of Claim Administrator.**

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This Agreement made as of the Effective Date, by and between **Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company** (“Claim Administrator”), and Employer, for Employer Group Number(s) set forth on page one (1) of this Agreement (each a “Party” and collectively, the “Parties”), WITNESSETH AS FOLLOWS:

## RECITALS

**WHEREAS**, as part of Employer's benefit plan offered to its employees and their eligible dependents, Employer has established and adopted a Plan as defined herein; and

**WHEREAS**, Employer on behalf of the Plan has executed an Administrative Services Only Benefit Program Application (“ASO BPA”) and Claim Administrator has accepted such ASO BPA attached hereto as Exhibit 4; and

**WHEREAS**, Employer on behalf of the Plan desires to retain Claim Administrator to provide certain administrative services with respect to the Plan; and

**WHEREAS**, the Parties agree that it is desirable to set forth more fully the obligations, duties, rights and liabilities of Claim Administrator and Employer;

**NOW, THEREFORE**, in consideration of these premises and the mutual promises and agreements hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Employer and Claim Administrator hereby agree as follows:

### SECTION 1: CLAIM ADMINISTRATOR RESPONSIBILITIES

- 1.1 **Appointment.** Employer hereby retains and appoints Claim Administrator to provide the services set forth in Exhibit 1 in connection with the administration of the Plan (“Services”). Employer agrees that it will not perform or engage any other party to perform the Services with respect to any Covered Persons while this Agreement is in effect.
- 1.2 **Claim Administrator Responsibility.** Claim Administrator shall be responsible for and bear the cost of compliance with any federal, state or local laws that may apply to Claim Administrator's performance of its Services except as otherwise provided in this Agreement. Claim Administrator does not have final authority to determine Covered Persons' eligibility or discretion to establish or construe the terms and conditions of the Plan. Claim Administrator shall have no responsibility for or liability with respect to the compliance or non-compliance of the Plan with any applicable federal, state and local rules, laws and regulations; and Employer shall have the sole responsibility for and shall bear the entire cost of compliance with all federal, state and local rules, laws and regulations, including, but not limited to, any licensing, filing, reporting, modification requirements and disclosure requirements that may apply to the Plan, and all costs, expenses and fees relating thereto, including, but not limited to, local, state or federal taxes, penalties, Surcharges or other fees or amounts regardless of whether payable directly by Employer or by or through Claim Administrator.
- 1.3 **Claim Appeals.** Appeals will be reviewed with a new full and fair review. If the denial reason was due to medical necessity or experimental/investigational rationale, the appeal will be reviewed by a qualified Physician who had no involvement in the initial review or any prior reviews. If, pursuant to such review, the clinical decision is upheld, then the member may have the right to seek Independent External Review. The decision of the Independent Review Organization will be final and binding.
- 1.4 **External Review Coordination.** If elected by Employer on the most current ASO BPA, Claim Administrator will coordinate, and Employer shall pay for, external reviews by Independent Review Organizations (“IROs”) as described in Exhibit 1 and/or the most current ASO BPA, but in no event shall IROs be considered subcontractors of Claim Administrator under this Agreement.
- 1.5 **Claim Administrator Review of Eligibility Records.** During the term of this Agreement and within one hundred eighty (180) days after its termination, Claim Administrator may, upon at least thirty (30) days' prior written notice to Employer, conduct reasonable reviews of Employer's membership records with respect to eligibility.

- 1.6 **Administrative Services.** In performing the Services, Claim Administrator, at its sole discretion, may contract with or delegate to other entities for performance of any of the Services; provided, however, Claim Administrator shall remain fully responsible and liable for performance of any such Services to be performed by Claim Administrator but contracted or delegated to other entities. Further, any of the Services may be performed by Claim Administrator, any subsidiary or affiliate of Claim Administrator, and any successor entity or entities to Claim Administrator, whether by merger, consolidation, or reorganization, without prior written approval by Employer.

## SECTION 2: EMPLOYER RESPONSIBILITIES

- 2.1 **Employer Responsibility.** Employer retains full and final authority and responsibility for the Plan, payment of claims under the Plan, determinations of eligibility under the Plan, and its operation. Notwithstanding the foregoing, Claim Administrator remains responsible for the performance of its obligations under the terms of this Agreement. Claim Administrator performs Services for Employer in connection with the Plan within the framework, practices, and procedures of Employer and only as expressly stated in this Agreement or as otherwise mutually agreed.

The Parties acknowledge and agree Claim Administrator does not insure or underwrite the liability of Employer under the Plan and has no responsibility for designing the terms of the Plan or the benefits to be provided thereunder.

- 2.2 **Employer's Direction as to Benefit Design.** Employer shall direct Claim Administrator as to the terms and scope of benefits under the Plan and such directions shall be documented in an automated benefit summary and similar documentation (collectively, "ABS") and the ASO BPA. Employer agrees that Claim Administrator shall process claims in accordance with the ABS and the ASO BPA. Employer agrees Claim Administrator may rely on the most current version of the ABS and the ASO BPA as the authorized document that governs administration of Employer's Plan under this Agreement and will prevail in the event of any conflict with any other electronic or paper file.

- 2.3 **Eligibility.** Employer shall determine eligibility for coverage under the Plan. Employer is responsible for any benefits paid for a terminated Covered Person until Employer has notified Claim Administrator of such Covered Person's termination. Any clerical errors with respect to eligibility will not invalidate coverage that would otherwise be validly in force or continue coverage that would otherwise validly terminate. Such errors will be corrected according to Claim Administrator's reasonable administrative practices including, but not limited to, those related to Timely notification of a change in a Covered Person's status.

- 2.4 **Notices to Covered Persons.** Unless otherwise stated in this Agreement, Employer is responsible for all communications to Covered Persons, including as to the terms of the Plan. In addition, if this Agreement is terminated pursuant to Section 6.1, Employer agrees to notify all Covered Persons. Employer shall also communicate the provisions of Exhibit 3 to Covered Persons.

- 2.5 **Required Plan Information.** Employer shall furnish on a Timely basis to Claim Administrator information concerning the Plan and Covered Persons that Claim Administrator may require and request to perform its duties including, but not limited to, the following:

- a. All documents by which the Plan is established and any amendments or changes to the Plan.
- b. All data as may be required by Claim Administrator with respect to any Covered Persons.

Employer shall Timely notify Claim Administrator in a mutually agreeable format of any change in a Covered Person's status under this Agreement. Employer shall obtain any consent(s) from Covered Persons necessary for Claim Administrator to contact Covered Persons by telephone or text, including by pre-recorded message, artificial voice, or by use of an automatic telephone dialing system. Employer is responsible for ensuring that the terms of the Plan are consistent with the terms of this Agreement.

- 2.6 **Grandfathered Health Plans (If Applicable).** Employer shall provide Claim Administrator with written notice prior to renewal (and during the plan year, at least sixty (60) days' advance written notice) of any changes that would cause any benefit package of its Plan(s) to lose its status as a "grandfathered health plan" under the Affordable Care Act and applicable regulations. Any such changes (or failure to provide notice thereof as required) can result in retroactive and/or prospective changes by Claim Administrator to the terms and conditions of this Agreement. In no event shall Claim Administrator be responsible for any

legal, tax or other ramifications related to any Plan's grandfathered health plan status or any representation regarding any Plan's past, present and future grandfathered status. The grandfathered health plan form ("Form"), if any, shall be incorporated by reference into and become part of this Agreement, and Employer represents and warrants that the information it submits on such Form is true, complete and accurate.

- 2.7 Retiree Only Plans, Excepted Benefits and/or Self-Insured Nonfederal Governmental Plans (If Applicable).** If Claim Administrator provides Services for any retiree only plans, excepted benefits and/or self-insured nonfederal governmental plans (with an exemption election), then Employer represents and warrants that one or more such plans is not subject to some or all of the provisions of Part A (Individual and Group Market Reforms) of Title XXVII of the Public Health Service Act (and/or related provisions in the Internal Revenue Code and Employee Retirement Income Security Act) (an "exempt plan status"). Any determination that a Plan does not have exempt plan status can result in retroactive and/or prospective changes by Claim Administrator to the terms and conditions of this Agreement. In no event shall Claim Administrator be responsible for any legal, tax or other ramifications related to any Plan's exempt plan status or any representation regarding any Plan's exempt plan status.
- 2.8 Summary of Benefits and Coverage ("SBC").** Unless otherwise provided in the applicable ASO BPA, Employer acknowledges and agrees that Employer will be responsible for the creation and distribution of the SBC as required by Section 2715 of the Public Health Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time, and that in no event will Claim Administrator have any responsibility or obligation with respect to the SBC and Claim Administrator will not be obligated to respond to or forward misrouted calls, but may, at its option, provide participants and beneficiaries with Employer's contact information.
- 2.9 Massachusetts Health Care Reform Act.** If elected on the applicable ASO BPA, Claim Administrator will provide required written statements of creditable coverage to individuals residing in Massachusetts and submit applicable electronic reporting to the Massachusetts Department of Revenue, in accordance with the Massachusetts Health Care Reform Act based on information provided to Claim Administrator by Employer and coverage under the Plan(s) during the term of this Agreement. Employer hereby certifies that, to the best of its knowledge, such coverage under the Plan(s) is "creditable coverage" in accordance with the Massachusetts Health Care Reform Act. Employer acknowledges that Claim Administrator is not responsible for verifying nor ensuring compliance with any tax and/or legal requirements related to this Service. Employer or its Covered Persons should seek advice from their legal or tax advisors as necessary. If not elected on the applicable ASO BPA, Employer acknowledges it will provide written statements and electronic reporting to the Massachusetts Department of Revenue as required by the Massachusetts Health Care Reform Act.
- 2.10 Employer Audits Claim Administrator.** During the term of this Agreement and within one hundred eighty (180) days after its termination, Employer or an authorized agent of Employer (subject to Claim Administrator's reasonable approval) may, upon at least ninety (90) days' prior written notice to Claim Administrator, conduct reasonable audits of records related to Claim Payments and Net Claim Payments to verify that Claim Administrator's administration of the covered health care benefits is performed according to the terms of this Agreement. Contingency fee-based audits are not supported by Claim Administrator. Audit samples will be limited to no more than three hundred (300) Claims. If a pattern of errors is identified in an audit sample, Claim Administrator shall also identify Claims with the same errors and will reprocess such identified Claims in accordance with Claim Administrator policies and procedures. Notwithstanding anything in this Agreement to the contrary, in no event will Claim Administrator be obligated to reprocess Claims or reimburse Employer for alleged errors based upon audit sample extrapolation methodologies or inferred errors in a population of Claim Payments and Net Claim Payments. Employer will be responsible for all costs associated with the audit. Employer will reimburse Claim Administrator for all reasonable expenditures necessary to support audits conducted after termination of this Agreement. All such audits shall be subject to Claim Administrator's then current external audit policy and procedures, a copy of which shall be furnished to Employer upon request to Claim Administrator. The audit period will be limited to the current Agreement year and the immediately preceding Agreement year. No more than one (1) audit shall be conducted during a twelve (12) consecutive-month period, except as required by state or federal government agency or regulation. Employer and such agent that have access to the information and files maintained by Claim Administrator will agree not to disclose any proprietary information, and to hold harmless and indemnify Claim Administrator in writing of any liability from disclosure of such information by executing an Audit Agreement with Claim Administrator that sets forth the terms and conditions of the audit.

Claim Administrator has the right to implement reasonable administrative practices in the administration of Claims.

### SECTION 3: CONFIDENTIAL DATA, INFORMATION AND RECORDS

**3.1 Use and Disclosure of Covered Persons' Information.** The Parties acknowledge and agree that they have entered into a Business Associate Agreement ("BAA") as required by HIPAA. Although the BAA was executed to comply with the requirements of HIPAA, the Parties agree the BAA will govern the use, access, or disclosure of all personally identifiable information ("PII"), including Protected Health Information ("PHI"), Claim Administrator may collect or receive. While Claim Administrator does not anticipate receiving or collecting PII about Covered Persons that is not PHI, Claim Administrator agrees to protect and secure any PII of Covered Persons according to the terms of the BAA and agrees to fulfill any other obligations related to PII as required therein.

**3.2 Electronic Exchange of Information.** If Employer and Claim Administrator exchange data and information electronically, Employer agrees to transfer on a Timely basis all required data to Claim Administrator via secure electronic transmission on the intranet and/or internet or otherwise, in a format mutually agreed to by the Parties. Further, Employer is responsible for maintaining any enrollment applications and enrollment documentation, including any changes completed by Covered Persons, and to allow Claim Administrator reasonable access to this information as needed for administrative purposes.

Employer authorizes Claim Administrator to submit reports, data and other information to Employer in the electronic format mutually agreed to by the Parties.

**3.3 Providing Data to Employer's Vendor(s).** If Employer directs Claim Administrator to provide data directly to Employer's third-party consultant and/or vendor ("Employer's Vendor"), and Claim Administrator agrees in its sole discretion, then Employer acknowledges and agrees that it shall require Employer's Vendor(s) to execute Claim Administrator's then-current data exchange agreement as required by Claim Administrator. Employer hereby acknowledges and agrees, and Employer's Vendor shall acknowledge and agree:

- a. That the requested documents, records and other information (for purposes of this Section 3, "Confidential Information") are proprietary and confidential in nature and that the release of the Confidential Information may reveal Claim Administrator's Business Confidential Information.
- b. To maintain the confidentiality of the Confidential Information and any Business Confidential Information (for purposes of this Section 3, collectively, "Information") and to prevent unauthorized use or disclosure by Employer's Vendor(s) or unauthorized third parties, including those of its employees not directly involved in the performance of duties under its contract with Employer, to the same extent that it protects its own confidential information.
- c. To use and limit the disclosure of the Information strictly for and to the minimum extent necessary to fulfill the purpose for which it is disclosed and consistent with the Inter-Plan provisions of this Agreement.
- d. To maintain the Information at a specific location under its control and take reasonable steps to safeguard the Information.
- e. To use, and require its employees to use, at least the same degree of care to protect the Information as is used with its own proprietary and confidential information.
- f. To not duplicate the Information furnished in written, pictorial, magnetic and/or other tangible form except as necessary to fulfill the purposes of this Agreement or as required by law.
- g. To not sell, re-sell or lease the Information.
- h. To securely return or securely destroy the Information at the direction of Claim Administrator or within a reasonable time after the termination of this Agreement, not to exceed sixty (60) days thereafter.

Employer shall provide Claim Administrator in writing the names of any Employer's Vendor(s) with whom Claim Administrator is authorized to release, disclose or exchange data and provide written authorization and specific directions with respect to such release, disclosure, or exchange. If Employer's Vendor(s) is under contract to perform services that involve the use, access or disclosure of PHI as defined by HIPAA,

the identity of Employer Vendor(s) shall be documented within the BAA between Claim Administrator and Employer.

- 3.4 Business Confidential Information and Proprietary Marks.** The Parties acknowledge that Claim Administrator has developed, acquired, or owns certain Business Confidential Information (“BCI”). Employer shall not use or disclose such Business Confidential Information, including this Agreement, to any third party without prior written consent of Claim Administrator. Employer agrees to provide written notice to Claim Administrator if Employer believes it is required by law to disclose BCI, including but not limited to this Agreement, to any entity or person, including but not limited to any Covered Person, any Covered Person’s authorized representative, or any governmental entity, so that Claim Administrator has the opportunity to object and ensure appropriate confidentiality protections are in place. Employer will at all times remain liable for maintaining the confidentiality of this Agreement and shall ensure that any affiliated entities or third-party representatives to whom the Agreement is disclosed are bound in writing not to further disclose this Agreement without the prior written consent of Claim Administrator. Neither Party shall use the name, symbols, copyrights, trademarks or service marks (“Proprietary Marks”) of the other Party or the other Party’s respective clients in advertising or promotional materials without prior written consent of the other Party; provided, however, that Claim Administrator may include Employer in its list of clients.
- 3.5 Claim Administrator/Association Ownership.** Employer acknowledges that certain of Claim Administrator’s Proprietary Marks and Business Confidential Information are utilized under a license from the Blue Cross and Blue Shield Association (“BCBSA” or “the Association”). Employer agrees not to contest (i) the Association’s ownership of, or the license granted by the Association to Claim Administrator for use of, such Proprietary Marks and (ii) Claim Administrator’s ownership of its Proprietary Marks or Business Confidential Information.
- 3.6 Infringement.** Claim Administrator agrees not to infringe upon, dilute or harm Employer’s rights in its Proprietary Marks. Employer agrees not to infringe upon, dilute or harm Claim Administrator’s rights in its Proprietary Marks, including those Proprietary Marks owned by the Association and utilized by Claim Administrator under a license with the Association.
- 3.7 Records.** For a period of one (1) year following termination of this Agreement, Claim Administrator shall, upon the request of the Employer, provide to Employer, a copy of all Claim determination records, excluding any and all of the Business Confidential Information of Claim Administrator, other Blue Cross and Blue Shield companies, or Claim Administrator’s subsidiaries, affiliates, and vendors, in the possession of Claim Administrator. Such copy shall be transmitted in a form as agreed upon by the Parties with the cost of preparing the information for transmittal to be borne by Employer. Claim Administrator shall retain all such Claim records for the time period required by Claim Administrator’s records retention policy, which policy is subject to change by Claim Administrator. The failure to agree upon a retention period shall not constitute breach of this Agreement.
- 3.8 Use of Data for Industry Improvement Activities.** Claim Administrator may use or disclose a limited data set or de-identified data (“Data”) as permitted by the executed BAA, HIPAA and other applicable federal and state laws for the purpose of supporting industry improvement activities such as analytic reviews, research studies and other similar projects focused solely on promoting quality health care, managing health care costs, reducing administrative costs or enhancing the plan’s performance. Any Data used or disclosed will be managed and coordinated by the Claim Administrator or by the Association including any vendors that assist the Claim Administrator and the BCBSA in the industry improvement activities. The Data shall not be sold, used or disclosed for the financial benefit or profit of the Claim Administrator, BCBSA or vendor.

#### **SECTION 4: LITIGATION, LEGAL PROVISIONS, ERRORS AND DISPUTE RESOLUTION**

- 4.1 Litigation.** Employer shall, to the extent practical, advise Claim Administrator of any legal actions against one or both Parties that specifically or directly concern (a) the terms of or administration of the Plan, or (b) the obligations of either Party under the Plan and this Agreement. Employer shall undertake the defense of such action and be responsible for the costs of defense, including but not limited to attorneys’ fees and costs, external claim reviews, and other expenses. Notwithstanding the foregoing, Claim Administrator shall have the option, at its sole discretion, to select and employ attorneys to defend any such action, in which

event the fees and costs of those attorneys shall be the responsibility of Claim Administrator. For such actions, each Party shall reasonably cooperate with the other Party's defense, unless a conflict of interest exists. Some defense support by Claim Administrator, such as external claim review, may require an additional fee, the costs for which shall be Employer's responsibility.

**4.2 Claim Overpayments.** Employer acknowledges that unintentional administrative errors may occur. If Claim Administrator becomes aware of a Claim Overpayment to a Provider or Covered Person, Claim Administrator is authorized to follow its recovery processes, including, but not necessarily limited to, those items described below ("Recovery Process(es)"). Claim Administrator, however, will not be required to enter into litigation to obtain a recovery, unless specifically provided for elsewhere in this Agreement, nor will Claim Administrator be required to reimburse the Plan, except for when gross negligence or intentional misconduct by Claim Administrator caused the Overpayment.

**Recovery Process.** Claim Administrator, on behalf of Employer, or on behalf of itself as an insurer, has the right to obtain a refund of an Overpayment from a Provider or a Covered Person. Unless otherwise agreed upon between Claim Administrator and the Provider, when a Provider fails to return an Overpayment to Claim Administrator, Claim Administrator has the right to utilize the following mechanisms to recover the Overpayment:

For purposes of Section 4.2(a.-e.) below, "Other Plan(s)" or "Another Plan" means any health benefit plan, including, but not limited to, individual and group plans or policies administered or insured by Claim Administrator.

- a. Reductions from Future Payments to Contracted Providers.** Claim Administrator has the right to offset future payments owed to the Provider: (i) from the Plan, or, (ii) if the Provider is a Contracted Provider, from Other Plans, up to an amount equal to the Overpayment (collectively, "Offset").
- b. Cross-Plan Offsets for Contracted Providers.** Claim Administrator has the right to reduce Another Plan's payment to a Contracted Provider by the amount necessary to recover the Plan's Overpayment to the same Contracted Provider and to remit the recovered amount to Employer (net of fees, if any). Likewise, Claim Administrator has the right to reduce the Plan's payment to a Contracted Provider by the amount necessary to recover Another Plan's Overpayment to the same Contracted Provider and to remit the recovered amount to the Other Plan (each, a "Cross-Plan Offset").
- c. Division of Recovery for Multiple Plans.** If Claim Administrator has made Overpayments to a Contracted Provider for more than one (1) Other Plan, Claim Administrator has the right to Offset two (2) or more of the Overpayments collectively, against future payments owed to Another Plan as part of a single transaction, resulting in an Overpayment recovery amount which shall be applied based on the age of the Overpayments, beginning with the oldest outstanding Overpayment, or has the right to Offset as otherwise set forth in this Section 4.
- d. Employer Authorization for Offsets and Cross-Plan Offsets.** Employer authorizes and directs Claim Administrator to perform Offsets and Cross-Plan Offsets. Cross-Plan Offsets will be carried out consistent with the terms of the Provider contract. Notwithstanding the foregoing, Employer acknowledges and agrees that claims processed through Inter-Plan Arrangements with other Blue Cross and Blue Shield licensees operate under rules and procedures issued by the Association, and the recovery policies and procedures of each Blue Cross and Blue Shield independent licensee may apply.
- e. No Independent Right of Recovery.** Subject to the exception(s) set forth in this Section 4, Employer agrees that Claim Administrator will recover Overpayments in accordance with its Recovery Process and that Employer has no separate or independent right to recover any Provider Overpayment from Claim Administrator, Providers, or Another Plan.

**4.3 Third Party Recovery Vendors and Outside Attorneys.** To assist in the recovery of payments, Claim Administrator may engage a third party to assist in identification or collection of recovery amounts related to Claim Payments and Net Claim Payments made under the Agreement. In such event, the recovered amounts will be applied according to Claim Administrator's refund recovery policies. Claim Administrator may also engage a third party to assist in the review of healthcare Providers' Claim coding or billing to identify discrepancies post Claim Payment. Third parties' fees, as defined in the ASO BPA, associated with

such assistance and Claim Administrator's fee for its related administrative expenses to support such third party recovery identification and collection will be paid by Employer and are separate from and in addition to the Reimbursement Fees set forth in the ASO BPA.

- 4.4 Claim Administrator Indemnifies Employer.** Claim Administrator hereby agrees to indemnify and hold harmless Employer and its directors, officers and employees against any and all loss, liability, damages, penalties and expenses, including reasonable attorneys' fees, or other cost or obligation resulting from or arising out of claims, lawsuits, demands, settlements or judgments with respect to this Agreement resulting from or arising out of any acts or omissions of Claim Administrator or its directors, officers or employees (other than acts or omissions of Claim Administrator done at Employer's direction) which have been adjudged to be (i) grossly negligent, fraudulent or criminal or (ii) in material breach of the terms of this Agreement.
- 4.5 Employer Indemnifies Claim Administrator.** Employer agrees to indemnify and hold harmless Claim Administrator and its directors, officers and employees against any and all loss, liability, damages, fines, penalties, taxes and expenses, including attorneys' fees and costs, or other cost or obligation resulting from or arising out of claims, lawsuits, demands, governmental inquiries or actions, settlements or judgments brought or asserted against Claim Administrator in connection with the design, operation, or administration of the Plan, including but not limited to (a) the Plan's grandfathered health plan status, if applicable, (b) the Plan's exempt plan status, if applicable, (c) any provision of inaccurate information to Claim Administrator, (d) any disclosure of information Employer directs Claim Administrator to make to Employer Vendor(s) or (e) selection of Employer's Essential Health Benefits benchmark for the purpose of ACA; unless the liability therefor was the direct consequence of the acts or omissions of Claim Administrator or its directors, officers or employees (other than acts or omissions of Claim Administrator done at Employer's direction) and the acts or omissions are adjudged to be (i) grossly negligent, dishonest, fraudulent or criminal or (ii) in material breach of the terms of this Agreement.
- 4.6 Adjudication of Preventive Care.** If, either on the applicable ASO BPA or other document, Employer directs Claim Administrator to process and adjudicate Claims at one-hundred percent (100%) of the applicable Eligible Charge, Maximum Allowance, Prescription Drug Program Eligible Charge, and/or Allowable Amount, regardless of whether the high-deductible health plan's deductible has been met ("First Dollar Coverage"), Employer acknowledges and agrees that such direction is a benefit design decision and the responsibility of the Employer. Notwithstanding any other provision of this Agreement, Employer shall indemnify and hold harmless (and upon request defend) Claim Administrator against claims brought by any employees of Employer, participants in any benefit plan provided by Employer, or any governmental agency, in connection with or arising out of, directly or indirectly of the First Dollar Coverage. Employer acknowledges and agrees that Claim Administrator shall have no fiduciary obligation with respect to the directions to provide First Dollar Coverage.
- 4.7 Assignment.** Except as otherwise permitted by Section 1 of this Agreement, no part of this Agreement, or any rights, duties or obligations described herein, shall be assigned, transferred, or delegated, directly or indirectly, without the prior express written consent of both Parties. Any such attempted assignment in the absence of the prior written consent of the Parties shall be null and void. Claim Administrator's contractual arrangements for the acquisition and use of facilities, services, supplies, equipment and personnel shall not constitute an assignment or delegation under this Agreement. This Agreement shall, however, be binding on any permitted assignees, delegates or successors to the Parties.
- 4.8 Applicable Law.** This Agreement shall be governed by and construed in accordance with applicable federal laws and the laws of the state of Illinois without regard to any state choice-of-law statutes. All disputes between Employer and Claim Administrator arising out of or related to this Agreement will be resolved in Chicago, Illinois. Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of the Services.
- 4.9 Notice and Satisfaction.** Unless specifically stated otherwise in this Agreement or in any written Exhibit or Addenda thereto, Employer and Claim Administrator agree to give one another written notice (in accordance with this section) of any complaint or concern the other Party may have about the performance of obligations under this Agreement and to allow the notified Party ninety (90) days in which to make necessary adjustments or corrections to satisfy the complaint or concern prior to taking any further action with regard to such, including but not limited to initiation of Dispute Resolution under Section 4.11 below. The written notice shall provide a description of the complaint or concern in such reasonable detail as to

allow the notified Party the opportunity to make the necessary modifications within the agreed upon term. All notices given under this Agreement shall be deemed to have been given for all purposes when personally delivered and received or when deposited in the United States mail, first-class postage prepaid, and addressed to the Parties' respective contact names at their respective addresses or when transmitted by facsimile via their respective facsimile numbers as indicated on the most current ASO BPA. Each Party may change such notice mailing and/or transmission information upon Timely prior written notification to the other Party. Claim Administrator may also provide such notices electronically, to the extent permitted by applicable law.

**4.10 Limitations; Limitation of Liability.** No action or dispute shall be brought to recover under this Agreement after the expiration of three (3) years from the date the cause of action accrued, except to the extent that a later date is permitted under Section 413 of ERISA. As part of the consideration for services provided by Claim Administrator and for the fees paid by Employer under this Agreement, except as otherwise agreed below or otherwise prohibited by Law, Claim Administrator's liability (whether in contract, tort, or any other liability at law or equity) for any errors or omissions by Claim Administrator (or its officers, directors, employees, agents or independent contractors) in connection with this Agreement shall not exceed the maximum benefits which should have been paid under the terms of the Plan had the errors or omissions not occurred (plus Claim Administrator's share of any arbitration expenses incurred), unless any such errors or omissions are adjudged to be the result of gross negligence, fraud or criminal actions by Claim Administrator.

**4.11 Dispute Resolution.** Any dispute arising out of or related to this Agreement shall be resolved in accordance with the procedures specified in this section, which shall be the sole and exclusive procedures for the resolution of any such disputes.

**a. Initial Notice and Negotiation.** Employer or Claim Administrator shall give written notice to the other party of the existence of a dispute. Within sixty (60) days of receipt of the written notice, the Parties shall seek to resolve that dispute through informal discussions between authorized representatives of the Parties with appropriate authority to approve any resolution. All negotiations pursuant to this section are confidential and shall be treated as compromise and settlement negotiations for purposes of applicable rules of evidence.

**b. Confidential Arbitration.** In the event the Parties fail to agree with respect to any matter covered herein and only after making good faith efforts to resolve any dispute under this Agreement under this section, Employer or Claim Administrator may submit the dispute to confidential, binding arbitration before the American Arbitration Association ("AAA"), subject to the following:

1. For matters in which the amount in controversy is \$10,000 or less, Claim Administrator shall select an arbitrator. For matters in which the amount in controversy exceeds \$10,000, the arbitration shall be conducted by a single arbitrator selected by the Parties from a list furnished by the AAA. If the Parties are unable to agree on an arbitrator from the list, AAA shall appoint an arbitrator.
2. Arbitration shall be held in Chicago, Illinois.
3. Arbitration proceedings will be governed by the AAA Commercial Rules.
4. The arbitrator shall be required to issue a written opinion resolving all disputes in any matter in which the controversy exceeds \$10,000 and designating one party as the prevailing party.
5. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute.
6. The arbitrator's fees and any costs imposed by the arbitrator will be shared equally by the Parties. All costs and expenses, including but not limited to reasonable attorney and witness fees shall be borne by the non-prevailing Party or as apportioned by the arbitrator.
7. This provision precludes Employer from filing an action at law or in equity and from having any dispute covered by this Agreement heard by a judge or jury.
8. Except as may be required by law, neither a Party nor an arbitrator may disclose the existence, content, or results of any arbitration pursuant to this section without the prior written consent of both Parties.

- c. Except as provided otherwise in this Agreement, each Party is required to continue to perform its obligations under this Agreement pending final resolution of any dispute arising out of or relating to this Agreement.

## **SECTION 5: NON-ERISA GOVERNMENT REGULATIONS**

- 5.1 **In Relation to the Plan.** Although Employer has advised Claim Administrator that Employer's Plan is currently not covered by ERISA, Employer hereby acknowledges (i) its employee benefit plan is established and maintained through a plan document, and (ii) its employee benefit plan document may provide for the allocation and delegation of responsibilities thereunder. However, notwithstanding anything contained in the Plan or any other employee benefit plan document of Employer, Employer agrees that Claim Administrator does not and will not accept any allocation or delegation of any responsibilities under the Plan or any other plan document of Employer and no such allocation or delegation is effective with respect to or accepted by Claim Administrator. Employer will promptly notify Claim Administrator in the event Employer's Plan is no longer exempt from ERISA.
- 5.2 **In Relation to the Plan Administrator/Named Fiduciary(ies).** Claim Administrator is not the plan administrator of Employer's employee benefit plan and is not a fiduciary of Employer, the plan administrator or of the Plan.
- 5.3 **In Relation to Claim Administrator's Responsibilities.** Claim Administrator's responsibilities hereunder are intended to be limited to those of a contract claims administrator rendering advice to and administering claims on behalf of the plan administrator of Employer's Plan. As such, the Parties intend for Claim Administrator to be a service provider but not a fiduciary with respect to Employer's employee benefit plan. Employer acknowledges and agrees that Claim Administrator may render advice with respect to claims and administer claims on behalf of the plan administrator of Employer's benefit plan. Claim Administrator has no other authority or responsibility with respect to Employer's employee benefit plan. Employer will promptly notify Claim Administrator in the event Employer's Plan is no longer exempt from ERISA.

## **SECTION 6: OTHER PROVISIONS**

- 6.1 **Term and Termination.** This Agreement will continue in full force and effect from the effective date and continue from year to year unless terminated as provided herein. This Agreement may be terminated as follows:
  - a. By either Party at the end of any month after the end of the Fee Schedule Period indicated in the Fee Schedule specifications of the most current ASO BPA with ninety (90) days' prior written notice to the other party; or
  - b. By both Parties on any date mutually agreed to in writing; or
  - c. By either Party, in the event of conduct by the other Party constituting fraud, misrepresentation of material fact or material breach of the terms of this Agreement, upon written notice and following expiration of the cure period as provided under Section 4.9 above; or
  - d. By Claim Administrator, if Employer fails to pay Timely all amounts due under this Agreement including, but not limited to, all amounts pursuant to and in accordance with the specifications of the Fee Schedule of the most current ASO BPA, upon Employer's failure to cure the non-payment within ten (10) days of written notice of the nonpayment to Employer as provided in Section 7.1 of Exhibit 2 of this Agreement.
- 6.2 **Relationship of the Parties and Non-Parties.** Claim Administrator is an independent contractor with respect to Employer. Neither Party shall be construed, represented or held to be an agent, partner, associate, joint venturer nor employee of the other. Nothing in this Agreement shall create or be construed to create the relationship of employer and employee between Claim Administrator and Employer; nor shall Employer's agents, officers or employees be considered or construed to be employees of Claim Administrator for any purpose whatsoever. Nothing contained in this Agreement shall confer or be construed to confer any benefit on persons who are not parties to this Agreement including, but not limited to, employees of Employer and their dependents. Claim Administrator or its subsidiaries or affiliates may

also have ownership interests in certain Providers who provide Covered Services to Covered Persons, and/or in vendors or other third parties who provide services related to this Agreement or provide services to certain providers. Upon Employer request (not more than once per calendar year), Claim Administrator will provide a list of such entities to Employer.

**6.3 Entire Agreement.** This Agreement, including all Exhibits and Addenda of this Agreement, represents the entire agreement and understandings of the Parties with respect to the subject matter of this Agreement. All prior or contemporaneous agreements, understandings, representations, promises, or warranties, whether written or oral, in regard to the subject matter of this Agreement, including any and all proposal documents submitted by Claim Administrator to Employer (collectively, the "Prior Communications") are superseded, except as otherwise expressly incorporated into this Agreement. The provisions of this Agreement, shall prevail in the event of a conflict with any Prior Communications that either Party or a third party asserts to be a component of the Agreement between the Parties.

The Exhibits and Addenda of this Agreement are:

- a. Exhibit 1 – Claim Administrator Services
- b. Exhibit 2 – Fee Schedule and Financial Terms
- c. Exhibit 3 – Notices/Required Disclosures
- d. Exhibit 4 – ASO Benefit Program Application ("ASO BPA")
- e. Exhibit 5 – Blue Cross and Blue Shield Association Disclosures and Provisions
- f. Exhibit 6 – Recovery Litigation Authorization
- g. Exhibit 7 – Pharmacy Benefit Management Services
- h. Exhibit 8 – Cobra Health Benefits Continuation Coverage

**6.4 Amending.** This Agreement may be amended only by mutual written agreement of the Parties. Notwithstanding the foregoing, any amendments required by law, regulation or order ("Law") or by Claim Administrator or the Association may be implemented by Claim Administrator upon sixty (60) calendar days' prior notice to Employer or such time period as may be required by law. Amendments required by Law shall be effective retroactively, if applicable, as of the date required by such Law. If Employer objects to such amendment within thirty (30) days of receipt of notice of such amendment, the Parties shall then engage in good faith negotiations to amend the amendment. If the Parties cannot agree on terms of the amendment in a satisfactory manner, either Party shall be allowed to proceed to dispute resolution, as set forth in Section 4.

**6.5 Severability; Enforcement; Force Majeure; Survival.** Should any provision(s) contained in this Agreement be held to be invalid, illegal, or otherwise unenforceable, the remaining provisions of the Agreement shall be construed in their entirety as if separate and apart from the invalid, illegal or unenforceable provision(s) unless such construction were to materially change the terms and conditions of this Agreement.

Any delay or inconsistency by either Party in the enforcement of any part of this Agreement shall not constitute a waiver by that Party of any rights with respect to the enforcement of any part of this Agreement at any future date nor shall it limit any remedies which may be sought in any action to enforce any provision of this Agreement.

Neither Party shall be liable for any failure to Timely perform its obligations under this Agreement if prevented from doing so by a cause or causes beyond its commercially reasonable control including, but not limited to, acts of God or nature, fires, floods, storms, earthquakes, riots, strikes, wars, terrorism, cybersecurity crimes or restraints of government.

Certain provisions of this Agreement survive expiration or termination of the Agreement, whether expressly or by their nature. These include, but are not limited to, the following: Section 1 "Claim Administrator Responsibilities"; Section 2 "Employer Responsibilities"; Section 3 "Confidential Data, Information and Records"; Section 4 "Litigation, Legal Provisions, Errors and Dispute Resolution" (for acts or omissions occurring during the term of the Agreement or under Section 8 of Exhibit 2); and Section 8 of Exhibit 2 "Financial Obligations Upon Agreement Termination."

**6.6 Notice of Annual Meeting.** Employer is hereby notified that it is a member of Health Care Service Corporation ("HCSC"), a Mutual Legal Reserve Company, and is entitled to vote either in person, by its designated representative, or by proxy at all meetings of members of said Company, consistent with HCSC

bylaws. The annual meeting is scheduled to be held at its principal office at 300 East Randolph Street, Chicago, Illinois, each year on the last Tuesday in October at 12:30 P.M. For purposes of this section, the term “member” means the group, trust, association or other entity with which this Agreement has been entered. It does not include Covered Employees or Covered Persons under the Plan. Employer is also hereby notified that, from time to time, Claim Administrator pays indemnification or advances expenses to a director, officer, employee or agent consistent with HCSC’s bylaws then in force and as otherwise required by applicable law.

## SECTION 7: DEFINITIONS

Capitalized terms used in this Agreement shall have the meanings set forth in this Section 7, unless otherwise provided in the Agreement.

- 7.1** “**Administrative Charge**” means the monthly service charge that is required by Claim Administrator for the administrative services performed under this Agreement. The Administrative Charge(s) is set forth in the Fee Schedule.
- 7.2** “**Allowable Amount**” means the maximum amount for dental benefits coverage, if elected on the most current ASO BPA, determined by the Claim Administrator to be eligible for consideration of payment for a particular service, supply, or procedure.
- i. ***For Dentists contracting with the Claim Administrator*** – The Allowable Amount is based on the terms of the Dentist’s contract and the Claim Administrator’s methodology in effect on the date of service.
  - ii. ***For Dentists not contracting with the Claim Administrator*** – The Allowable Amount is based on the amount the Claim Administrator would have paid for the same covered service, supply, or procedure if performed or provided by a Contracting Dentist.

Unless otherwise stipulated by a contract between the Dentist and the Claim Administrator:

- i. ***For services performed in Illinois*** – The Allowable Amount is based upon the applicable methodology for Dentists with similar experience and/or skills.
  - ii. ***For services performed outside of Illinois*** – The Allowable Amount will be established by identifying Dentists with similar experience or skills in order to establish the applicable amount for the procedure, services, or supplies.
  - iii. ***For multiple surgical procedures performed in the same operative area*** – The Allowable Amount for all surgical procedures performed on the same patient on the same day will be the amount for the single procedure with the highest Allowable Amount plus an additional Allowable Amount for covered supplies or services.
- 7.3** “**Ambulance Transportation**” means local transportation in a specially equipped vehicle for certified ground and air transportation options from Covered Persons’ home, scene of accident or medical emergency to a Hospital, between Hospital and Hospital, between Hospital and skilled nursing facility or from a skilled nursing facility or Hospital to a Covered Persons’ home. If there are no facilities in the local area equipped to provide the care needed, Ambulance Transportation then means the transportation to the closest facility that can provide the necessary service. Ambulance Transportation provided for the convenience of the Covered Person, the Covered Person’s family/caregivers or Physician, or the transferring facility, is not considered medically necessary.
- 7.4** “**Average Discount Percentage**” (“**ADP**”) means a percentage discount determined by Claim Administrator that will be applied to a Provider’s Eligible Charge for Covered Services rendered to Covered Persons by Hospitals and certain other health care facilities for purposes of calculating Coinsurance amounts, deductibles, out-of-pocket maximums and/or any benefit maximums. The ADP will often vary from Claim to Claim. The ADP applicable to a particular Claim for Covered Services is the ADP, current on the date the Covered Service is rendered, that is determined by Claim Administrator to be relevant to the particular Claim. The ADP reflects Claim Administrator’s reasonable estimate of average payments, discounts and/or other allowances that will result from its contracts with Hospitals and other facilities under circumstances similar to those involved in the particular Claim, reduced by an amount, not to exceed fifteen

percent (15%) of such estimate, to reflect related costs. (See provisions regarding “Claim Administrator’s Separate Financial Arrangements With Providers” in Exhibit 3.) In determining the ADP, Claim Administrator will take into account differences among Hospitals and other facilities, Claim Administrator’s contracts with Hospitals and other facilities, the nature of the Covered Services involved and other relevant factors. The ADP shall not apply to Eligible Charges when the Covered Person’s benefits under the Plan are secondary to Medicare and/or coverage under any other group program.

- 7.5 “Business Confidential Information”** means, but is not limited to, intellectual property, trade secrets, inventions, applications, tools, methodologies, software, operating manuals, technology, technical documentation, techniques, product or services specifications or strategies, operational plans and methods, automated claims processing systems, payment systems, membership systems, privacy and security measures, cost or pricing information (including but not limited to provider discounts and rates), business plans and strategies, company financial planning and financial data, prospect and customer lists, contracts, vendor and supplier lists and information, symbols, trademarks, service marks, designs, copyrights, know-how, data, databases, processes, plans, procedures, and any other information developed, acquired or owned by Claim Administrator, its subsidiaries and affiliates, and its contracted vendors, including information acquired from other Blue Cross and Blue Shield licensees through Inter-Plan Arrangements, that reasonably should be understood to be confidential, whether developed or acquired before or after the Effective Date of this Agreement. Business Confidential Information also includes modifications, enhancements, derivatives and improvements of the Business Confidential Information described in the preceding sentence.
- 7.6 “Claim”** means a properly completed notification in a form acceptable to Claim Administrator, including but not limited to, form and content required by applicable law, that service has been rendered or furnished to a Covered Person. This notification must set forth in full the details of such service including, but not limited to, the Covered Person’s name, age, sex and identification number, the name and address of the Provider, a specific itemized statement of the service rendered or furnished (including appropriate codes), the date of service, applicable diagnosis (including appropriate codes), the Claim Charge, and any other information which Claim Administrator may request in connection for such service.
- 7.7 “Claim Charge”** means the amount which appears on a Claim as the Provider’s regular charge for service rendered to a patient, without further adjustment or reduction and irrespective of any separate financial arrangement between Claim Administrator and the particular Provider. (See provisions regarding “Claim Administrator’s Separate Financial Arrangements With Providers And Other Entities” in Exhibit 3).
- 7.8 “Claim Payment”** means the benefit calculated by Claim Administrator, plus any related Surcharges, upon submission of a Claim, in accordance with the benefits specified in the Plan for which Claim Administrator has agreed to provide administrative services. All Claim Payments shall be calculated on the basis of the Provider’s Eligible Charge, Maximum Allowance, Prescription Drug Program Eligible Charge and/or Allowable Amount, in accordance with the benefit coverage(s) elected on the most current ASO BPA, for Covered Services rendered to the Covered Person, irrespective of any separate financial arrangement between Claim Administrator and the particular Provider. (See provisions regarding “Claim Administrator’s Separate Financial Arrangements With Providers And Other Entities” in Exhibit 3.) The term “Claim Payment” also includes Employer’s share of Alternative Provider Compensation Arrangement Payments, whether billed to Employer as part of a Claim or billed separately, as described in the definition of “Alternative Provider Compensation Arrangement Payments.”
- 7.9 “Coinsurance”** means a percentage of an eligible expense that a Covered Person is required to pay toward a Covered Service.
- 7.10 “Contracted Provider”** means a Participating Provider and a Participating Professional Provider, collectively.
- 7.11 “Contracting Dentist”** means a Dentist who has entered into a written agreement with the Claim Administrator to participate as a dental Provider.
- 7.12 “Coordinated Home Care Program”** means an organized skilled patient care program in which care is provided in the home. Care may be provided by a Hospital’s licensed home health department or by other licensed home health agencies. A Covered Person must be homebound (that is, unable to leave home without assistance and requiring supportive devices or special transportation) and must require Skilled Nursing Service on an intermittent basis under the direction of a Physician, a Physician assistant who has been authorized by a Physician to prescribe those services, or an advanced practice nurse with a

collaborating agreement with a Physician that delegates that authority. A Coordinated Home Care Program includes physical, occupational and speech therapists, and necessary medical supplies. The program does not include and is not intended to provide benefits for Private Duty Nursing Service or Custodial Care Service. It also does not cover services for activities of daily living (personal hygiene, cleaning, cooking, etc.).

- 7.13** “**Copayment**” means a specified dollar amount that a Covered Person is required to pay toward a Covered Service.
- 7.14** “**Covered Employee**” shall have the same meaning as defined in Employer’s Plan to the extent consistent with the applicable ASO BPA.
- 7.15** “**Covered Person**” shall have the same meaning as defined in Employer’s Plan to the extent consistent with the applicable ASO BPA.
- 7.16** “**Covered Service**” means a service or supply specified in the Plan for which benefits will be provided and for which Claim Administrator has agreed to provide administrative services under this Agreement.
- 7.17** “**Custodial Care Service**” means any service primarily for personal comfort or convenience that provides general maintenance, preventive, and/or protective care without any clinical likelihood of improvement of a Covered Person’s condition. Custodial Care Services also means those services which do not require the technical skills, professional training and clinical assessment ability of medical and/or nursing personnel in order to be safely and effectively performed. These services can be safely provided by trained or capable non-professional personnel, are to assist with routine medical needs (including but not limited to dressings, administration of routine medications, ventilator suctioning and other care) and are to assist with activities of daily living (including but not limited to bathing, eating and dressing).
- 7.18** “**Dentist**” means a person, when acting within the scope of their license, who is a Doctor of Dentistry (D.D.S. or D.M.D. degree) and shall also include a person who is a Doctor of Medicine or a Doctor of Osteopathy.
- 7.19** “**Eligible Charge**” means (a) in the case of a Provider, other than a professional Provider, which has a written agreement with Claim Administrator or another Blue Cross and Blue Shield Plan to provide care to Covered Persons, or is designated as a participating Provider by any Blue Cross and Blue Shield Plan, at the time Covered Services for medical benefits are rendered (“Participating Provider”), such Participating Provider’s Claim Charge for Covered Services; and (b) in the case of a Provider, other than a professional Provider, which does not have a written agreement with Claim Administrator or another Blue Cross and Blue Shield Plan to provide care to Covered Persons, or is not designated as a Participating Provider by any Blue Cross and Blue Shield Plan, at the time Covered Services for medical benefits are rendered (“Non-Participating Provider”), the following amount (unless otherwise required by applicable law or arrangement with the Non-Participating Provider):
- i. the lesser of (A) the Provider’s standard Claim Charges, and (B) an amount determined by Claim Administrator to be approximately 100% of the base Medicare reimbursement rate, excluding any Medicare adjustment(s) which is/are based on information on the Claim; or
  - ii. if there is no base Medicare reimbursement rate available for a particular Covered Service, or if the base Medicare reimbursement amount cannot otherwise be determined under subsection (i) above based upon the information submitted on the Claim, the lesser of (A) the Provider’s standard Claim Charges and (B) an amount determined by Claim Administrator to be one hundred and fifty percent (150%) of the Maximum Allowance that would apply if the services were rendered by a Participating Professional Provider on the date of service; or
  - iii. if the base Medicare reimbursement amount and the Eligible Charge cannot be determined under subsections (i) or (ii) above, based upon the information submitted on the Claim, then the amount will be fifty percent (50%) of the Provider’s standard Claim Charges, provided, however, that Claim Administrator may limit such amount to the lowest contracted rate that Claim Administrator has with a Participating Provider for the same or similar service based upon the type of Provider and the information submitted on the Claim, as of January 1 of the same year that the Covered Services are rendered to the Covered Person.

Claim Administrator will utilize the same Claim processing rules, edits or methodologies that it utilizes in processing Participating Provider Claims for processing Claims submitted by Non-Participating Providers which may also alter the non-contracting Eligible Charge for a particular service. In the event Claim

Administrator does not have any Claim edits, rules or methodologies, Claim Administrator may utilize the Medicare claim rules or edits that are used by Medicare in processing such Claims. The non-contracting Eligible Charge will not include any additional payments that may be permitted under the Medicare laws or regulations which are not directly attributable to a specific Claim, including, but not limited to, disproportionate share payments and graduate medical education payments. In the event the non-contracting Eligible Charge amount does not equate to the Non-Participating Provider's Claim Charge, a Covered Person will be responsible for the difference between such amount and the Claim Charge, along with any applicable Copayment, Coinsurance and deductible amount(s).

Any change to the Medicare reimbursement amount will be implemented by Claim Administrator within one hundred and ninety (190) days after the effective date that such change is implemented by the Centers for Medicaid and Medicare Services, or its successor.

- 7.20** “**ERISA**” means the Employee Retirement Income Security Act of 1974, as amended.
- 7.21** “**Fee Schedule**” means the fees and charges specified in the initial ASO BPA, including but not limited to, the Administrative Charge and other service charges; or subsequent fees and charges set forth in a subsequent ASO BPA as replacement or supplement to the initial ASO BPA. The Fee Schedule shall be applicable to the Fee Schedule Period therein, except that any item of the Fee Schedule may be changed in accordance with Exhibit 2.
- 7.22** “**Fee Schedule Period**” means the period of time indicated in the Fee Schedule and, if applicable, the PBM Fee Schedule Addendum of the most current ASO BPA.
- 7.23** “**HIPAA**” means the Health Insurance Portability and Accountability Act and its implementing regulations (45 C.F.R. Parts 160-164) and the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009, and its implementing regulations, each as amended, and their respective implementing regulations, as issued and amended by the Secretary of Health and Human Services (all the foregoing, collectively “HIPAA”).
- 7.24** “**Hospital**” means a duly licensed institution for the care of the sick which provides service under the care of a Physician including the regular provision of bedside nursing by registered nurses. It does not mean health resorts, rest homes, nursing homes, skilled nursing facilities, convalescent homes, custodial homes of the aged or similar institutions.
- 7.25** “**Inpatient**” means the Covered Person is a registered bed patient and treated as such in a health care facility.
- 7.26** “**Maximum Allowance**” means in the case of a professional Provider one of the following amounts in accordance with the type of medical benefits coverage elected on the most current ASO BPA:
- a.** For professional Providers who have a written agreement with Claim Administrator or another Blue Cross and Blue Shield Plan or is designated as a participating Provider by any Blue Cross and Blue Shield Plan to provide care to Covered Persons at the time Covered Services for medical benefits are rendered (“Participating Professional Provider”), the Maximum Allowance is the amount such Participating Professional Provider has agreed to accept as payment in full, or the reimbursement amount set by Claim Administrator or the Host Blue for Providers designated as Participating Professional Providers for a particular Covered Service. All benefit payments for Covered Services rendered by a Participating Professional Provider will be based on the Schedule of Maximum Allowances which such Provider has agreed to accept as payment in full.
  - b.** For professional Providers who do not have a written agreement with Claim Administrator or another Blue Cross and Blue Shield Plan or is not designated as a participating Provider by any Blue Cross and Blue Shield Plan, to provide care to Covered Persons at the time Covered Services for medical benefits are rendered (“Non-Participating Professional Provider”), the Maximum Allowance is the lesser of (unless otherwise required by applicable law or arrangement with the Non-Participating Provider):
    - i.** the Provider's Claim Charge, or;
    - ii.** Claim Administrator's non-contracting Maximum Allowance. Except as otherwise provided in this section, the non-contracting Maximum Allowance is developed from base Medicare reimbursements and represents approximately one hundred percent (100%) of the base Medicare reimbursement rate and will exclude any Medicare adjustment(s) which is/are based on information on the Claim. Notwithstanding the preceding sentence, (1) the non-

contracting Maximum Allowance for Coordinated Home Care Program Covered Services will be fifty percent (50%) of the Non-Participating Professional Provider's standard Claim Charge for such Covered Services, (2) the non-contracting Maximum Allowance for Ambulance Transportation services provided by Providers (other than Providers that bill through a Participating Provider, which use "Eligible Charge") will be the price set forth in the ABS, and (3) the non-contracting Maximum Allowance for other unsolicited Providers will be the same as the Maximum Allowance described in (a) above. When a Medicare reimbursement rate is not available for a Covered Service or is unable to be determined based on the information submitted on the Claim, the Maximum Allowance for Non-Participating Professional Providers will be one hundred percent (100%) of Claim Administrator's rate for such Covered Services according to its current Schedule of Maximum Allowances. If there is no rate according to the Schedule of Maximum Allowance, then the Maximum Allowance will be twenty-five percent (25%) of Claim Charges. Claim Administrator will utilize the same Claim processing rules, edits or methodologies that it utilizes in processing Participating Professional Provider Claims for processing Claims submitted by Non-Participating Professional Providers which may also alter the non-contracting Maximum Allowance for a particular Covered Service. In the event Claim Administrator does not have any Claim edits, rules or methodologies, Claim Administrator may utilize the Medicare claim rules or edits that are used by Medicare in processing such Claims. The non-contracting Maximum Allowance will not include any additional payments that may be permitted under the Medicare laws or regulations which are not directly attributable to a specific Claim including, but not limited to, disproportionate share payments and graduate medical education payments. In the event the non-contracting Maximum Allowance amount does not equate to the Non-Participating Professional Provider's Claim Charge, a Covered Person will be responsible for the difference between such amount and the Claim Charge, along with any applicable Copayment, Coinsurance and deductible amount(s).

Any change to the Medicare reimbursement amount will be implemented by Claim Administrator within one hundred and ninety (190) days after the effective date that such change is implemented by the Centers for Medicaid and Medicare Services, or its successor.

- 7.27 "Net Claim Payment"** means the net benefit payment calculated by Claim Administrator, upon submission of a Claim, in accordance with the benefits specified in the Plan for which Claim Administrator has agreed to provide administrative services under this Agreement, plus any related Surcharges. All Net Claim Payments shall be calculated on the basis of the Provider's Eligible Charge for Covered Services rendered to the Covered Person, less the ADP if applicable, irrespective of any separate financial arrangement between Claim Administrator and the particular Provider. (See provisions regarding "Claim Administrator's Separate Financial Arrangements With Providers And Other Entities" in Exhibit 3.) The term "Net Claim Payment" also includes Employer's share of Alternative Provider Compensation Arrangement Payments, whether billed to Employer as part of a Claim or billed separately, as described in the definition of "Alternative Provider Compensation Arrangement Payments" in Exhibit 5.
- 7.28 "Network"** means identified Providers, including Physicians, other professional health care Providers, Hospitals, ancillary Providers, and other health care facilities, that have entered into agreements with Claim Administrator (and, in some instances, with other participating Blue Cross and Blue Shield Plans) for participation in a participating provider option and/or point-of-service managed care health benefits coverage program(s), if applicable to the Plan under this Agreement.
- 7.29 "Non-Contracting Dentist"** means a Dentist who is not a Contracting Dentist as defined herein.
- 7.30 "Outpatient"** means a Covered Person's receiving of treatment while not an Inpatient. Services considered Outpatient include, but are not limited to, services in an emergency room regardless of whether the Covered Person is subsequently registered as an Inpatient in a health care facility.
- 7.31 "Overpayment"** means a payment to a Provider or a Covered Person that was more than it should have been, or a payment that was made in error.
- 7.32 "Physician"** means a physician duly licensed to practice medicine in any of its branches recognized by applicable state law.

- 7.33** “**Plan**” means, as applied to this Agreement, the separate self-insured group health plan as defined by Section 160.103 of HIPAA.
- 7.34** “**Prescription Drug Program Eligible Charge**” means (1) for purposes of calculating Employer Payment and Covered Persons’ required deductible and Coinsurance, in the case of a Provider which has a written agreement with Claim Administrator, a Blue Cross and Blue Shield Plan or the entity chosen by Claim Administrator to administer its prescription drug program, to provide prescription drug services to a Covered Person at the time Covered Services under the prescription drug benefit are rendered (“Participating Prescription Drug Provider”), the Prescription Drug Program Eligible Charge is the cost mutually agreed upon by Employer and Claim Administrator set forth in the PBM Fee Schedule Addendum to the ASO BPA, if applicable; and (2) for purposes of calculating both Employer Payment and the Covered Persons’ required deductible and Coinsurance, in the case of a Provider which does not have a written agreement with Claim Administrator, a Blue Cross and Blue Shield Plan or the entity chosen by Claim Administrator to provide prescription drug program, to provide prescription drug services to a Covered Person at the time Covered Services under the prescription drug benefit are rendered (“Non-Participating Prescription Drug Provider”), the Prescription Drug Program Eligible Charge is the lesser of the following charges for Covered Services:
- i. the charge which the particular Non-Participating Prescription Drug Provider usually charges for Covered Services, or
  - ii. the amount Claim Administrator would reimburse Participating Prescription Drug Providers for the same service, minus twenty-five percent (25%) unless otherwise agreed upon by Claim Administrator and Employer.
- 7.35** “**Primary Care Physician**” means a Physician who is a Network Provider at the time Covered Services are rendered who is selected by or assigned to a Covered Person to coordinate and arrange for the Covered Person’s medical care and who provides medical care within the scope of a license permitting him/her to legally practice medicine in one of the recognized areas of pediatrics, obstetrics and gynecology (if applicable), internal medicine and family practice.
- 7.36** “**Private Duty Nursing Service**” means (T1000) Skilled Nursing Service provided on a one-to-one basis by an actively practicing registered nurse (R.N.) or licensed practical nurse (L.P.N.). Private Duty Nursing Service is shift nursing of eight (8) hours or greater per day and does not include nursing care of less than eight (8) hours per day. Private Duty Nursing Service does not include Custodial Care Service.
- 7.37** “**Provider**” means any Hospital, health care facility, laboratory, person or entity duly licensed to render Covered Services to a Covered Person or any other provider of medical or dental services, products or supplies which are Covered Services.
- 7.38** “**Reminder Notice**” means a notice sent when claims have not been paid within 10 (ten) days.
- 7.39** “**Skilled Nursing Service**” means (T1000, S9123, S9124) those services provided by a registered nurse (R.N.) or licensed practical nurse (L.P.N.) which require the clinical skill and professional training of an R.N. or L.P.N. and which cannot reasonably be taught to a person who does not have specialized skill and professional training. Benefits for Skilled Nursing Service will not be provided due to the lack of willing or available non-professional personnel. Skilled Nursing Service does not include Custodial Care Service.
- 7.40** “**Supplemental Charge**” means a fee or charge payable to Claim Administrator by Employer in addition to the fees and charges set forth in the Fee Schedule. A Supplemental Charge may be applied for any customized reports, forms or other materials or for any additional services or supplies not documented in the applicable Fee Schedule. Such services and/or supplies and any applicable Supplemental Charge(s) are to be agreed upon by the parties in advance.
- 7.41** “**Surcharges**” means local, state or federal taxes, surcharges or other fees or amounts, including, but not limited to, Blue Cross Blue Shield Global Core Access Vendor Fees, paid by Claim Administrator which are imposed upon or resulting from this Agreement, or are otherwise payable by or through Claim Administrator. Upon request, Employer shall furnish to Claim Administrator in a Timely manner all information necessary for the calculation or administration of any Surcharges. Surcharges may or may not be related to a particular claim for benefits.
- 7.42** “**Timely**” means the following:
- a. With respect to all payments due Claim Administrator by Employer under this Agreement, weekly claim invoices are due within forty-eight (48) hours of notification to Employer by Claim

- Administrator, monthly fees (e.g. Administrative Charges) are due within thirty (30) calendar days of notification to Employer by Claim Administrator; or
- b.** With respect to all information due Claim Administrator by Employer concerning Covered Persons, within thirty-one (31) calendar days of a Covered Person's effective date of coverage or change in coverage status under the Plan; or
  - c.** With respect to all Plan information due Claim Administrator by Employer, upon the effective date of this Agreement and at least ninety (90) calendar days prior to the effective date of change or amendment to the Plan thereafter.

**EXHIBIT 1**  
**CLAIM ADMINISTRATOR SERVICES**

- **ALTERNATIVE PROVIDER COMPENSATION ARRANGEMENTS**  
Employer agrees to participate in Alternative Provider Compensation Arrangements as applicable based on Covered Person criteria established by Claim Administrator.
- **CLAIMS ADJUDICATION**  
Determination of payment levels of Claims according to Employer's directions on applicable benefit plan terms and design, including determination of pre-service or prior authorization of services. Employer agrees that Claim Administrator will apply Claim Administrator's standard medical and utilization management criteria and policies and Coordination of Benefits (COB) processes for self-funded customers, unless otherwise provided on the ASO BPA.
- **EXPLANATION OF BENEFITS ("EOB")**  
Preparation of EOBs.
- **CLAIMS/MEMBERSHIP INQUIRIES**  
Providing responses to inquiries — written, phone or in-person — related to membership, benefits, and Claim Payment, Net Claim Payment or Claim denial.
- **ENROLLMENT SERVICE**  
Upon Employer request, assist Employer, in accordance with Claim Administrator's standard procedures, when scheduled in advance based on staffing availability, in initial enrollment activities, including education of Covered Persons about benefits, the enrollment process, selection of health care Providers and how to file a Claim for benefits; issue Claim submission instructions on behalf of Employer to health care Providers who render services to Covered Persons.
- **DISABLED DEPENDENT VERIFICATION**  
Determine the disabled status of any dependent children of Covered Persons, for purposes of administering the Group's age limit for eligibility. Determination will be made based on Claim Administrator's review of clinical information received by Claim Administrator from the Covered Person or the dependent's medical provider(s).
- **CLIENT SERVICES AND MATERIALS**  
Provision of those items as elected by Employer from listing below:
  - a. **Enrollment Materials.** Claim Administrator's Marketing Administration Division will provide implementation materials during the enrollment process; any custom designed materials may be subject to Supplemental Charge.
  - b. **Standard Identification Cards.** Prepare identification cards appropriate to health benefit Plan coverage(s) selected.
  - c. **Standard Provider Directories.** Access to Network Provider directories and periodic updates to such, if applicable to the health benefit plan coverage(s) under the Agreement.
  - d. **Customer Service.** Access to a toll-free Customer Service telephone number.
  - e. **Medical Prior-Authorization Service Telephone Number.** For those services determined by Employer and provided in writing to Claim Administrator that require prior authorization, advance Claim Administrator review of medical necessity, based on Claim Administrator's standard medical and utilization management criteria and policies, of such services covered under the Plan; access to toll-free medical prior-authorization service telephone number for Covered Persons and their health care Providers to call for assistance.
- **INTERNAL APPEALS**  
Determination of properly filed internal appeal requests received by Claim Administrator from a Covered Person or a Covered Person's authorized representative.

- **MEMBERSHIP**  
Using membership information provided to Claim Administrator by Employer to make Claim and appeal determinations and for other purposes as described in the Agreement.
- **STANDARD REPORTS**  
Make available Claim data, Claim settlements (as outlined in Exhibit 2, Section 6) and periodic reports in Claim Administrator's standard format(s) in accordance with Claim Administrator's standard reporting processes at no additional charge. Any additional reports required by Employer must be mutually agreed upon by the Parties in writing prior to their development and may be subject to a Supplemental Charge.
- **STOP LOSS COORDINATION**  
Coordinate all necessary reporting, tracking, notification and other similar financial and/or administrative services pursuant to settlements under stop loss policy(ies) purchased (or proposed to be purchased) from Claim Administrator in conjunction with the Agreement. For stop loss coverage purchased from entity(ies) other than Claim Administrator, such coordination is limited to this Exhibit's STANDARD REPORTS to be made available to Employer subject to the Agreement's disclosure requirements.
- **REPORTING SERVICES**  
Preparation and filing of annual Internal Revenue Service ("IRS") 1099 forms for the reporting of payments to health care Providers who render services to Covered Persons and who are reimbursed under the Plan for those services.
- **ACTUARIAL AND UNDERWRITING**  
Provide Claims projections and pricing of administrative services and stop-loss coverage.
- **FRAUD DETECTION AND PREVENTION**  
Identify and investigate suspected fraudulent activity by Providers and/or Covered Persons and inform Employer of findings and proof of fraud applying Claim Administrator's standard processes; address any related recovery litigation as set forth in Exhibit 6.
- **EMPLOYER PORTAL (currently called "BLUE ACCESS FOR EMPLOYERS<sup>SM</sup>")**  
Provide Employer with an on-line resource that allows Employer the ability to perform a variety of plan administrative functions, currently managing membership and enrollment, inquiring about Claims status, generating reports, and receiving billing information. Functions may be changed or added as they become available.
- **MEMBER PORTAL (currently called "BLUE ACCESS FOR MEMBERS<sup>SM</sup>")**  
Provide Member with an on-line resource that allows individuals access to information about their health care coverage and benefits, currently verifying the status of finalized Claims, receiving email notifications, accessing health and wellness information, verifying dependents coverage, and taking a health risk assessment. Information may be changed or added as it becomes available.
- **PROVIDER NETWORK(S)**  
If applicable to the health benefit plan coverage(s) under the Agreement, establish, arrange and maintain a Network(s) through contractual arrangements with Providers.
- **MEDICARE SECONDARY PAYER ("MSP") INFORMATION REPORTING**  
Pursuant to Exhibit 3, Section 7 entitled "Medicare Secondary Payer Information Reporting", reporting preparation and filing as required of Claim Administrator as Responsible Reporting Entity ("RRE") for the Plan as that term is defined in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007.
- **UNCASHED FUNDS**  
Regarding outstanding funds that are or become "stale" (over three hundred and sixty-five (365) days old), issue notification letters to payees and upon completion of notification process, reissue such funds to payees based upon payee response, if any. When fund reissuance is not possible and unless stated otherwise in the Agreement, escheat such funds to state of payee's last known address on behalf of Employer or escheat amounts pursuant to such funds to Employer, as elected by Employer, less any amount(s) owed by payee to Claim Administrator, in accordance with Claim Administrator's established procedures and/or the applicable state's unclaimed property law.

- **ADDITIONAL SERVICES NOT SPECIFIED**

Claim Administrator may provide additional services not specified in the Agreement; such services will be mutually agreed upon between the Parties in writing prior to their performance and may be subject to Supplemental Charge.

- **ACTIVITIES THAT ARE NOT CONSIDERED SERVICES**

Claim Administrator does not provide Employer with software, facilities, phone systems, computers, database or information management, quality or security services, and the term “Services” does not include backroom operations such as support functions.

**THE FOLLOWING IF ELECTED ON THE MOST CURRENT BPA**

- **EXTERNAL REVIEW COORDINATION**

Claim Administrator will coordinate external reviews of certain adverse benefit determinations for Employer as described and for the fee set forth in the most current ASO BPA and/or this Agreement. If elected on the ASO BPA, Claim Administrator’s coordination includes reviewing external review requests to assess whether they meet eligibility requirements, referring requests to IROs, and reversing the Plan’s determinations if so indicated by the IRO. External reviews shall be performed by an IRO and not Claim Administrator. Amounts received by Claim Administrator and IROs may be revised from time to time and may be paid each time an external review is undertaken.

- **BLUE CARE CONNECTION® PROGRAM**

Provide a program that may include utilization management, case management, condition management, lifestyle management, predictive modeling, Well on Target, 24/7 nurseline and access to a personal health manager or such other features as determined by Employer and agreed to by Claim Administrator.

- **WELLBEING MANAGEMENT**

Provide a program that may include holistic health care management, including behavioral health care management, utilization management, maternity management, and 24/7 nurseline, and access to Well on Target digital tools and resources as determined by Employer and agreed to by Claim Administrator.

- **MASSACHUSETTS STATEMENTS OF CREDITABLE COVERAGE AND ELECTRONIC REPORTING**

At the written direction of Employer, issuance of written statements of creditable coverage and related electronic reporting to the Massachusetts Department of Revenue with respect to Covered Persons subject to the Massachusetts Health Care Reform Act.

- **REFERENCE BASED PRICING (“RBP”)**

Assist Employer with establishing a maximum coverage amount for specified imaging, Inpatient, and Outpatient procedures derived from a pricing method based on either the Employee’s or Provider’s location, as elected by Employer in the most current ASO BPA.

- **VIRTUAL VISITS PROGRAM MANAGEMENT**

Provide or arrange for a program that allows Covered Persons to access benefits for certain Covered Services remotely from virtual visit participating Providers via i) interactive audio communication (via telephone or similar technology) and/or ii) interactive audio/video examination and communication (via online portal, mobile app or similar technology), where available.

- **SUMMARY OF BENEFITS AND COVERAGE (“SBC”)**

Create SBCs for benefits Claim Administrator administers under this Agreement and provide SBCs to Employer and Covered Persons as described in the ASO BPA.

- **HEALTH ADVOCACY SOLUTIONS**

Provide a program that may include utilization management, concierge customer service for Covered Persons from Health Advocates behavioral health care management, incentives for Covered Persons, maternity benefit management, access by Covered Persons to digital tools and resources, or such other or alternative features as determined by Employer and agreed to by Claim Administrator.

**EXHIBIT 2  
FEE SCHEDULE AND FINANCIAL TERMS**

**SECTION 1: FEE SCHEDULE**

Service charges and other service specifications applicable to the Agreement are set forth in the Fee Schedule section of the most current ASO BPA and the PBM Fee Schedule Addendum, if applicable. They are to apply for the period(s) of time indicated therein and shall continue in full force and effect until the earlier of: i) the end of the Fee Schedule Period noted on such ASO BPA and the PBM Fee Schedule Addendum, if applicable; ii) the date a Fee Schedule is amended or replaced in its entirety by the execution of a subsequent ASO BPA or PBM Fee Schedule Addendum, if applicable; or iii) the date the Agreement is terminated (or, if applicable, in the case of the PBM Fee Schedule Addendum, the date such PBM Exhibit is terminated).

**Inter-Plan Arrangement Fees:**

- i. **BlueCard® Program/Network Access Fees\* (as applicable):** Additional information is available upon request; included in the Claim Charge, if applicable;
- ii. **Negotiated Arrangement/Custom Fees (as applicable):** Additional information is available upon request; included in the medical Administrative Charge(s) noted in the ASO BPA and in any Termination Administrative Charge(s) noted in the ASO BPA calculated on the basis of such medical Administrative Charge(s);
- iii. **For Non-Participating Healthcare Providers Outside Claim Administrator's Service Area/processing fees (as applicable):** Additional information is available upon request; included in the medical Administrative Charge(s) noted in the ASO BPA and in any Termination Administrative Charge(s) noted in the ASO BPA calculated on the basis of such medical Administrative Charge(s).

*\*If applicable, such fees may not exceed the lesser of the applicable annual percentage of the discount (dependent upon group size) permitted under the BlueCard Program or \$2,000 per Claim.*

**SECTION 2: EXHIBIT DEFINITIONS**

*Other definitions applicable to this Exhibit are contained in Section 7 DEFINITIONS of the Agreement.*

- 2.1 **"Employer Payment"** means the amount owed or payable to Claim Administrator by Employer for a given Employer Payment Period in accordance with Section 5 of this Exhibit which is the sum of Net Claim Payments made plus applicable service charges incurred during that Employer Payment Period.
- 2.2 **"Employer Payment Method"** means the method elected in the Fee Schedule specifications of the most current ASO BPA by which Employer Payments will be made.
- 2.3 **"Employer Payment Period"** means the time period indicated in the Fee Schedule specifications of the most current ASO BPA.
- 2.4 **"Medicare Secondary Payer ("MSP")"** means those provisions of the Social Security Act set forth in 42 U.S.C. §1395 y (b), and the implementing regulations set forth in 42 C.F.R. Part 411, as amended, which regulate the manner in which certain employers may offer group health care coverage to Medicare-eligible employees, their spouses and, in some cases, dependent children. (See Exhibit 3 Section 7 titled "Medicare Secondary Payer Information Reporting.")
- 2.5 **"Run-Off Claim"** means a Claim incurred prior to the termination of the Agreement that is submitted for payment during the Run-Off Period.
- 2.6 **"Run-Off Period"** means the time period immediately following termination of the Agreement, indicated in the Fee Schedule specifications of the most current ASO BPA, during which Claim Administrator will accept Run-Off Claims submitted for payment.
- 2.7 **"Termination Administrative Charge"** means the consideration indicated in the Fee Schedule specifications of the most current ASO BPA that is required by Claim Administrator upon termination of the

Agreement, or the termination of Covered Employees but not the Agreement, including any services that may be performed by Claim Administrator during the Run-Off Period indicated on such ASO BPA.

### SECTION 3: COMPENSATION TO CLAIM ADMINISTRATOR

- 3.1 *Intent of Service Charges.*** Employer will pay service charges to Claim Administrator in accordance with the Fee Schedule specifications of the most current ASO BPA and PBM Fee Schedule Addendum, if applicable, as compensation for the processing of Claims and administrative and other services provided to Employer.
- 3.2 *Determining Service Charges.*** The service charges, which are for the Fee Schedule Period indicated in the Fee Schedule specifications of the most current ASO BPA and PBM Fee Schedule Addendum, if applicable, have been determined in accordance with Claim Administrator's current regulatory status and Employer's existing benefit program.
- 3.3 *Changing Service Charges.*** Such service charges shall be subject to change by Claim Administrator as follows:
- a. At the end of the Fee Schedule Period indicated in the Fee Schedule specifications of the most current ASO BPA, provided that sixty (60) days' prior written notice is given by Claim Administrator;
  - b. On the effective date of any changes or benefit variances in the Plan, its administration by Employer, or the level of benefit valuation which would increase Claim Administrator's cost of administration;
  - c. On any date changes imposed by governmental entities increase expenses incurred by Claim Administrator, provided that such increases shall be limited to an amount sufficient to recover such increase in expenses;
  - d. On any date that the actual number of Covered Employees (in total, by product or by benefit plan), the single/family mix, or the Medicare/Non-Medicare mix varies +/- 10% from Claim Administrator's projections;
  - e. The information upon which Claim Administrator's projections were based (benefit levels, census/demographics, producer/broker fees, etc.) becomes outdated or inaccurate; or
  - f. On any date an affiliate, subsidiary, or other business entity is added or dropped by Employer.
- 3.4 *Service Charges upon Termination.*** In the event the Agreement is terminated in accordance with the "Term and Termination" provisions of the Agreement, Employer will Timely pay Claim Administrator the Termination Administrative Charge indicated in the Fee Schedule specifications of the most current ASO BPA. Termination Administrative Charges assume the continuation of the Plan benefit program(s) and the administrative services in effect prior to termination. Should such Plan benefit program(s) and/or administrative services change, or in the event the average Plan enrollment during the three (3) months immediately preceding termination varies by ten percent (10%) or more from the enrollment used to determine the service charges in effect at the time of termination, Claim Administrator reserves the right to adjust the fees for service charges (including, but not limited to, access fees) to be used to compute the Termination Administrative Charge. In the event of a termination by Employer of more than ten percent (10%) of Claim Administrator's projections of Covered Employees, Employer will pay the Termination Administrative Charge as specified in the current ASO BPA for such terminated Covered Employees.
- 3.5 *Additional Service Charges.*** In addition to the amounts due and payable each month in accordance with the Fee Schedule specifications of the most current ASO BPA, Claim Administrator may charge Employer for:
- a. Any applicable Supplemental Charge(s); and/or
  - b. Reasonable fees for the reproduction or return of Claim records requested by Employer, a governmental agency or pursuant to a court order; and/or
  - c. Any other fees that may be assessed by third parties for services rendered to Employer, a portion of which may be retained by Claim Administrator as compensation for Claim Administrator's support of such services; and/or
  - d. Any other fees for services mutually agreed upon by the Parties in writing.

- 3.6 **Effect of Plan Enrollment.** Administrative Charges will be paid based upon information Claim Administrator receives regarding current Plan enrollment as of the first day of each month. Appropriate adjustments will be made for enrollment variances or corrections.
- 3.7 **Timely Payment.** Performance of all duties and obligations of Claim Administrator under the Agreement are contingent upon the Timely payment of any amount owed Claim Administrator by Employer.

#### SECTION 4: CLAIM PAYMENTS

- 4.1 **Claim Administrator's Payment.** Upon receipt of a Claim, Claim Administrator will make a Claim Payment provided that all payments due Claim Administrator under the terms of the Agreement are paid when due.
- 4.2 **Employer's Liability.** Any reasonable determination by Claim Administrator in adjudicating a Claim under the Agreement that a Covered Person is entitled to a Net Claim Payment is conclusive evidence of the liability of Employer to Claim Administrator for such Net Claim Payment pursuant to Section 6 below titled "Claim Settlements." Further, if a Covered Person is an Inpatient at the time his or her coverage under the Plan terminates, the Plan shall provide benefits for Covered Services which are provided by and regularly charged for by a Hospital or other facility Provider until the Covered Person is discharged ("Extended Benefits"). Employer shall be liable to Claim Administrator for all Claim Payments, and the applicable service charges for such Extended Benefits.
- 4.3 **Covered Person's Certain Liability.** Under certain circumstances, if Claim Administrator pays the health care Provider amounts that are the responsibility of the Covered Person under this Agreement, Claim Administrator may collect such amounts from the Covered Person.
- 4.4 **Cessation of Claim Payments.** If Employer has failed to pay when due any amount owed Claim Administrator, Claim Administrator shall be under no obligation to make any further Claim Payments until such default is cured.

#### SECTION 5: EMPLOYER PAYMENT

- 5.1 **Intent.** In consideration of Claim Administrator's obligations as set forth in the Agreement and at the end of each Employer Payment Period, Employer shall pay to Claim Administrator or shall provide access for Claim Administrator to obtain, Employer Payment amount due for that Employer Payment Period.
- 5.2 **Confirmation or Notification of Amount Due and Payment Due Date.** Employer shall confirm with Claim Administrator or Claim Administrator shall notify Employer's financial division, of Employer Payment for each Employer Payment Period and when such payment is due. Confirmation or notification shall be in accordance with Employer Payment Method elected in the Fee Schedule specifications of the most current ASO BPA and the following:
- a. **If Employer Payment Method is by Check,** Claim Administrator shall issue Employer a settlement statement which will include Claim Administrator's mailing address for check remittance and the date payment is due.
  - b. **If Employer Payment Method is other than Check,** Employer shall confirm on-line the amount due by accessing Claim Administrator's "Blue Access for Employers" (as provided in Exhibit 1); or Claim Administrator shall advise Employer by email or facsimile (at an email address or facsimile number to be furnished by Employer prior to the effective date of the Agreement) or by such other method mutually agreed to by the Parties, of the amount due. Employer Payment must be made or obtained within forty-eight (48) hours of confirmation by Employer or Employer's notification by Claim Administrator. If any day on which an Employer payment is due is a holiday, such payment will be made or obtained on the next business day.
- 5.3 **Late Payments.** Late payments are subject to the penalties outlined in Section 7.3 of this Exhibit.

## SECTION 6: CLAIM SETTLEMENTS

- 6.1 *Determining What Employer Owes.*** A Claim settlement shall be determined for each Claim Settlement Period indicated in the Fee Schedule specifications of the most current ASO BPA. The Claim settlement shall reflect the sum of the following:
- a. All Net Claim Payments calculated on the basis of Claim Payments paid by Claim Administrator in the particular Claim Settlement Period.
  - b. All Net Claim Payments calculated on the basis of Claim Payments paid by Claim Administrator in prior Claim Settlement Periods that have not been included in a prior Claim settlement.
  - c. The Administrative Charges and credits, Surcharges, and other applicable service charges as indicated in the Fee Schedule specifications of the most current ASO BPA of the Agreement and any applicable Supplemental Charge(s).
- The sum of a., b., and c. above shall be referred to as the "Claim Settlement Total."
- 6.2 *Employer Underpayment.*** If, within the Claim Settlement Period, the Claim Settlement Total exceeds Employer Payments, Employer will pay the difference to Claim Administrator. The Claim settlement will be determined within sixty (60) days from the last day of the Claim Settlement Period. Claim Administrator will notify Employer in writing of the results of the Claim settlement. Any sums due Claim Administrator will be paid Timely by Employer.
- 6.3 *Employer Overpayment.*** If, within the Claim Settlement Period, Employer Payments exceed the Claim Settlement Total, Claim Administrator may, at its option, pay such difference to Employer, apply the difference against amounts then owed Claim Administrator by Employer or authorize a reduction equal to such difference from the next Claim Settlement Total due Claim Administrator from Employer.

## SECTION 7: LATE PAYMENTS AND REMEDIES

- 7.1 *When Employer Fails to Pay.*** If Employer fails to pay when due any amount required to be paid to Claim Administrator under the Agreement, and such default is not cured within ten (10) days of the due date, a Reminder Notice will be sent to the Employer via email. If payment is not received within ten (10) days of the date the Reminder Notice is sent, Claim Administrator reserves the right to consider the Employer delinquent. If defaults are not cured following notice via email to Employer, Claim Administrator may, at its option:
- a. Suspend Claim Payments; or
  - b. Terminate the Agreement as of the effective date specified in such notice.
- 7.2 *When Claim Administrator Fails to Timely Notify.*** Pursuant to Section 6.5 "Severability; Enforcement; Force Majeure; Survival" of the Agreement, Claim Administrator's failure to provide Employer with Timely notice of any amount due hereunder shall not be considered a waiver of payment of any amount which may otherwise be due hereunder from Employer.
- 7.3 *Late Charge.*** If Employer fails to make any payment required by the Agreement on a Timely basis, Claim Administrator, at its option, may assess a daily charge for the late remittance from the due date of any amount(s) payable to Claim Administrator by Employer. This daily charge shall be an amount equal to the amount resulting from multiplying the amount due times the lesser of:
- a. The rate of .0329% per day which equates to an amount of twelve percent (12%) per annum; or
  - b. The maximum rate permitted by state law.
- 7.4 *Insolvency.*** In addition, if Employer becomes insolvent, however evidenced, or is in default of its obligation to make any Employer Payment as provided hereunder, or if any other default hereunder has occurred and is continuing, then any indebtedness of Claim Administrator to Employer (including any and all contractual obligations of Claim Administrator to Employer) may be offset and/or recouped and applied toward the payment of Employer's obligations hereunder, whether or not such obligations, or any part thereof, shall then be due Employer.

## SECTION 8: FINANCIAL OBLIGATIONS UPON AGREEMENT TERMINATION

- 8.1 Run-Off Claims.** Employer hereby acknowledges that on the date of termination of the Agreement in accordance with the provisions of either Section 7 of this Exhibit or Section 6 of the Agreement, or on the date of a termination by Employer of more than ten percent (10%) of Claim Administrator's projections of Covered Employees, there may be an undetermined but substantial number of Claims for services rendered or furnished prior to that date which have not been submitted to Claim Administrator for reimbursement and also an undetermined but substantial number of Claims submitted for reimbursement which have not been paid by Claim Administrator ("Run-Off Claims"). Employer shall be responsible for the reimbursement of all Run-Off Claims, whether or not such Claims have been submitted, or whether or not Net Claim Payments calculated on the basis of Claim Payments for such Claims have been made by Claim Administrator, as of the date of termination or termination of Covered Employees but not the Agreement, including, but not limited to, Claim Payments and/or Net Claim Payments made in accordance with MSP laws, and for the payment of the Termination Administrative Charge and any other applicable service charges indicated in the Fee Schedule specifications of the most current ASO BPA and any applicable Supplemental Charge(s) pursuant to the processing of such Claims after the Agreement's termination date or date of termination of Covered Employees but not the Agreement.
- 8.2 Corresponding Employer Payments.** In consideration of Claim Administrator's continuing to make Claim Payments in accordance with Section 4 of this Exhibit for Run-Off Claims, Employer shall continue to make Employer Payments for all such Claims paid by Claim Administrator up to the final settlement outlined below.
- 8.3 Final Settlement.** A final settlement shall be made within sixty (60) days after the last day of the Run-Off Period. This final settlement shall compare Employer Payments against the Claim Settlement Totals for all Run-Off Claims paid up to the date of the final settlement. The difference shall be paid or applied as set forth in Section 6 of this Exhibit. However, if Employer Payments exceed the Claim Settlement Totals for all Run-Off Claims paid up to the final settlement, Claim Administrator shall pay such difference to Employer after applying the difference against amounts, if any, then owed to Claim Administrator by Employer. After the final settlement, Claim Administrator shall be released from any further liability for Claim Payments and Claim adjustments under this Agreement, and as of the date Employer shall assume full liability and responsibility for all further administration of Claim Payments. Further, after the final settlement, any refunds resulting from Claim adjustments for Overpayments, regardless of when such adjustments occurred shall be retained by Claim Administrator and Employer shall have no liability for any charges associated with any adjustments.
- 8.4 Uncashed Funds.** As of the date of termination of the Agreement and during the Run-Off Period, any outstanding funds that are or become "stale" (over 365 days old) will be escheated to the state of payee's last known address by Claim Administrator, on Employer's behalf, less any amount(s) owed by such funds' payees to Claim Administrator, in accordance with Claim Administrator's established procedures and/or the applicable state's unclaimed property law.

**EXHIBIT 3  
NOTICES/REQUIRED DISCLOSURES**

**SECTION 1: PAYMENT OF CLAIMS AND ASSIGNMENT OF BENEFITS**

- 1.1 Claim Payment.** All payments by Claim Administrator for the benefit of any Covered Person may be made directly to any Provider furnishing Covered Services for which such payments are due, and Claim Administrator is authorized by such Covered Person to make such payments directly to such Providers. However, Claim Administrator reserves the right to pay any benefits that are payable under the terms of the Plan directly to the Covered Person or to the Provider furnishing Covered Services at Claim Administrator's option and in its sole discretion. Claim Administrator's decision to pay a Provider directly is not intended to waive and shall not constitute a waiver of the prohibition on assignment described in Section 1.3, below. All benefits payable to the Covered Person that remain unpaid at the time of the death of the Covered Person will be paid to the estate of the Covered Person.
- 1.2 Claim Dispute.** Once Covered Services are rendered by a Provider, the Covered Person has no right to request Claim Administrator not to pay the Claim submitted by such Provider and no such request by a Covered Person or his agent will be given effect. Furthermore, Claim Administrator will have no liability to the Covered Person or any other person because of its rejection of such request.
- 1.3 Invalidity of Assignments.** Neither coverage under the Plan nor a Covered Person's claims or rights under the Plan, including but not limited to claims for payment of benefits, are assignable in whole or in part to any person or entity at any time, and any such assignments shall be considered void. Coverage under the Plan is expressly non-assignable and non-transferable and will be forfeited if a Covered Person attempts to assign or transfer coverage or aids or attempts to aid any other person in fraudulently obtaining coverage under the Plan. If Claim Administrator makes payment because of a person's wrongful use of the identification card of a Covered Person, such payment will be considered a proper payment and Claim Administrator will have no obligation to pursue recovery of such payment; however, once the invalid assignment or transfer has been identified and Claim Administrator has acknowledged the situation, Claim Administrator will pursue recoveries as described in Section 4.2 "Claim Overpayments."

**SECTION 2: COVERED PERSON/PROVIDER RELATIONSHIP**

- 2.1 Relationship to a Provider.** The choice of a Provider is solely the choice of the Covered Person and Claim Administrator will not interfere with the Covered Person's relationship with any Provider. Each Provider provides Covered Services only to Covered Persons and does not otherwise interact with or provide any services to Employer (except to the extent Employer is a Covered Person) or the Plan.
- 2.2 Claim Administrator's Role.** It is expressly understood that Claim Administrator does not itself undertake to furnish Hospital, medical or dental service, but acts solely to make Claim Payments to a Provider for the Covered Services received by Covered Persons. Claim Administrator is not in any event liable for any act or omission of any Provider or the agent or employee of such Provider, including, but not limited to, the failure or refusal to render services to a Covered Person. Professional services that can only be legally performed by a Provider are not provided by Claim Administrator. Any contractual relationship between a Provider and Claim Administrator shall not be construed to mean that Claim Administrator is providing professional service. Any reference or statement by Claim Administrator to a Provider shall in no way be construed as a representation, recommendation, referral, inference, or other statement by Claim Administrator as to the ability or quality, positive or negative, of such Provider.

**SECTION 3: LIMITED BENEFITS FOR NON-NETWORK PROVIDERS**

***Regarding any comprehensive major medical coverage with access to Network Providers elected on the most current ASO BPA.*** Employer acknowledges that when Covered Persons elect to utilize the services of a non-Network Provider for a Covered Service in non-emergency situations, benefit payments to such non-Network Provider are not based upon the amount billed. The basis of the benefit payment will be determined

according to the Plan's Fee Schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined under the Plan. Non–Network Providers may bill the Plan's Covered Person for any amount up to the billed charge after Claim Administrator has paid the Plan's portion of the bill. Network Providers have agreed to accept discounted payments for services with no additional billing to the Covered Person other than Coinsurance, Copayments, and deductible amounts. A Covered Person may obtain further information about the Network status of Providers and information on out–of–pocket expenses by calling the toll–free number on their identification card or by accessing online tools and services such as Blue Access for Members or Provider Finder.

#### **SECTION 4: CLAIM ADMINISTRATOR'S SEPARATE FINANCIAL ARRANGEMENTS WITH PRESCRIPTION DRUG PROVIDERS**

- 4.1** For Covered Services provided by Participating Prescription Drug Providers under the prescription drug benefit, all amounts payable to Claim Administrator by Employer for Claim Payments provided by Claim Administrator and applicable service charges pursuant to the terms of the Agreement shall be calculated on the basis of an amount mutually agreed upon by Employer and Claim Administrator. For Covered Services provided by the Participating Prescription Drug Providers under the prescription drug benefit, required deductible and Coinsurance amounts under the Agreement shall be calculated on the basis of the Prescription Drug Program Eligible Charge, subsection (1). All (a) amounts payable to Claim Administrator by Employer for Claim Payments provided by Claim Administrator for Covered Services provided by Non-Participating Prescription Drug Providers under the prescription drug benefit, and (b) required deductible and Coinsurance amounts for Covered Services provided by Non-Participating Prescription Drug Providers under the prescription drug benefit shall be calculated on the basis of the Prescription Drug Program Eligible Charge, subsection (2).
- 4.2** Claim Administrator hereby informs Employer and all Covered Persons that it has contracts, either directly or indirectly, with Participating Prescription Drug Providers for the provision of, and payment for, prescription drug services to all persons entitled to prescription drug benefits under individual certificates, group health insurance policies and contracts to which Claim Administrator is a party, including the Covered Persons under the Agreement, and that pursuant to Claim Administrator's contracts with Participating Prescription Drug Providers, under certain circumstances described therein, Claim Administrator may receive payments, discounts and/or other allowances for prescription drugs dispensed to Covered Persons under the Agreement. Some rates are currently based on benchmark prices including, but not limited to, Wholesale Acquisition Cost ("WAC"), Average Sales Price ("ASP") and Average Wholesale Price ("AWP"), which are determined by third parties and are subject to change.
- 4.3** Employer understands that Claim Administrator may receive such payments, discounts and/or other allowances during the term of the Agreement. Neither Employer nor Covered Persons hereunder are entitled to receive any portion of any such payments, discounts and/or allowances except as such items may be indirectly or directly reflected in the service charges specified in the Agreement. The drug fees/discounts that Claim Administrator has negotiated with Prime Therapeutics LLC ("Prime") through the Pharmacy Benefit Management ("PBM") Agreement, will be used to calculate Covered Persons deductibles and Coinsurance for both retail and mail/specialty drugs, except as otherwise mutually agreed to by the Parties. Except for mail/specialty drugs, the PBM Agreement requires that the fees/discounts, payments and/or other allowances that Prime has negotiated with pharmacies (or other suppliers) are passed-through to Claim Administrator. For the mail-order pharmacy and specialty pharmacy program, which as of the Effective Date are partially owned by Prime and administered through Prime affiliates, Prime retains the difference between its acquisition cost and the negotiated prices as its fee for the various administrative services provided as part of the mail-order pharmacy and/or specialty pharmacy program. Claim Administrator pays a fee to Prime for pharmacy benefit services, which may be included in the Administrative Charge charged by Claim Administrator to Employer. A portion of Prime's PBM fees are tied to certain performance standards, including, but not limited to, Claims processing, customer service response, and mail-order processing.
- 4.4** "Weighted Paid Claim" refers to the methodology of counting claims for purposes of determining Claim Administrator's fee payment to Prime. Each retail (including claims dispensed through PBM's specialty pharmacy program) paid claim will be weighted according to the days' supply dispensed. A paid claim is

weighted in thirty-four (34) day supply increments so a 1-34 days' supply is considered 1 weighted claim, a 35-68 days' supply is considered 2 weighted claims, and the pattern continues up to 6 weighted claims for 171 or more days' supply. Claim Administrator pays Prime a Program Management Fee ("PMF") on a per weighted claim basis.

- 4.5 The amounts received by Prime from Claim Administrator, pharmacies, manufacturers or other third parties may be revised from time to time. Some of the amounts received by Prime may be charged each time a claim is processed (or, in some instances, requested to be processed) through Prime and/or each time a prescription is filled, and include, but are not limited to, administrative fees charged by Prime to Claim Administrator (as described above), administrative fees charged by Prime to pharmacies, and administrative fees charged by Prime to pharmaceutical manufacturers. Currently, none of these fees will be passed on to Employer as expenses, or accrue to the benefit of Employer, unless otherwise specifically set forth in the Agreement.

## **SECTION 5: CLAIM ADMINISTRATOR'S SEPARATE FINANCIAL ARRANGEMENTS WITH PHARMACY BENEFIT MANAGERS**

- 5.1 Claim Administrator hereby informs Employer and all Covered Persons that it owns a significant portion of the equity of Prime and that Claim Administrator has entered into one or more agreements with Prime or other entities (collectively referred to as "Pharmacy Benefit Managers"), for the provision of, and payment for, prescription drug benefits to all persons entitled to prescription drug benefits under individual certificates, group health insurance policies and contracts to which Claim Administrator is a party, including the Covered Persons under the Agreement. Pharmacy Benefit Managers have agreements with pharmaceutical manufacturers to receive rebates for using their products. In addition, the mail-order pharmacy and specialty pharmacy operate through an affiliate partially owned by Prime Therapeutics, LLC.
- 5.2 The Pharmacy Benefit Manager(s) ("PBM") negotiates rebate contracts with pharmaceutical manufacturers and has agreed to provide rebates made available pursuant to such contracts to Claim Administrator under the PBM's agreement with Claim Administrator. Claim Administrator may also negotiate rebate contracts with pharmaceutical manufacturers. This negotiation is conducted by the PBM (or Claim Administrator, as applicable) for the benefit of Claim Administrator and not for the benefit of Employer or Covered Persons. The PBM collects the rebates from the pharmaceutical manufacturers, for drugs covered under both the prescription drug program and medical benefit, and forwards the entire amount collected to Claim Administrator (other than any interest or late fees earned on rebates received from manufacturers, which the PBM retains). PBM may contract with pharmaceutical manufacturers through a group purchasing organization and, in such case, rebates collected by PBM and paid to Claim Administrator will be net of any fee the group purchasing organization may retain for its role in securing rebates. Each year, Claim Administrator will calculate a projection of the amount of rebates it expects to receive from the PBM and Claim Administrator's own rebate contracts with pharmaceutical manufacturers. Such projections are referred to as the "Expected Rebates". Expected Rebates are calculated based on a number of factors and projections for the Fee Schedule Period, which may include Employer-specific demographics, retail, mail-order pharmacy and specialty pharmacy utilization, cost of prescription drugs, Employer's benefit design, and rebate arrangements entered into by the PBM, none of which Claim Administrator directly controls, and rebate arrangements between Claim Administrator and pharmaceutical manufacturers. Claim Administrator's estimate of the Expected Rebates is set forth in the proposal or renewal packet, as appropriate, which is hereby incorporated into this Agreement. Rebates, like all Claim Administrator assets and revenue sources, are utilized by Claim Administrator in various ways to enable Claim Administrator to provide cost-effective products and services. Claim Administrator may provide Employer with a rebate credit, the amount of which is set forth in the ASO BPA (the "Rebate Credit"). The Rebate Credit provided to Employer will be provided from Claim Administrator's own assets and may or may not equal the entire amount of rebates provided to Claim Administrator by the PBM or pharmaceutical manufacturers. Employer acknowledges that it has negotiated for the specific Rebate Credit included as part of this Agreement and that it and its Plan have no right to, or legal interest in, any portion of the rebates provided by the PBM or such manufacturers to Claim Administrator and consents to Claim Administrator's retention of all such rebates. Rebate Credits shall not continue after termination of the prescription drug program.

- 5.3 As of the Effective Date, the maximum that a PBM has disclosed to Claim Administrator that the PBM will receive from any pharmaceutical manufacturer for manufacturer administrative fees is five and a half percent (5.5%) of the Wholesale Acquisition Cost (“WAC”) for all products of such manufacturer dispensed during any given calendar year to members of Claim Administrator and to members of the other Blue Cross and Blue Shield operating divisions of Health Care Service Corporation or for which Claims are submitted to PBM at Claim Administrator’s Request; provided, however, that Claim Administrator will advise Employer if such maximum has changed.

## **SECTION 6: CLAIM ADMINISTRATOR’S SEPARATE FINANCIAL ARRANGEMENTS WITH PROVIDERS AND OTHER ENTITIES**

- 6.1 All amounts payable to Claim Administrator by Employer for Claim Payments provided by Claim Administrator and applicable service charges pursuant to the terms of the Agreement and all required deductible and Coinsurance amounts under the Agreement shall be calculated on the basis of the Provider’s Eligible Charge or Provider’s Claim Charge less the ADP unless otherwise directed in writing by Employer, for Covered Services rendered to a Covered Person, irrespective of any separate financial arrangement between any Administrator Provider or Employer and Claim Administrator.
- 6.2 Employer acknowledges that Claim Administrator has contracts with certain Providers (“Administrator Providers”) for the provision of, and payment for, health care services to all persons entitled to health care benefits under individual certificates, agreements and contracts to which Claim Administrator is a party, including the Covered Persons under the Agreement, and that pursuant to Claim Administrator’s contracts with Administrator Providers, under certain circumstances described therein, Claim Administrator may receive substantial payments from Administrator Providers with respect to services rendered to all such persons for which Claim Administrator was obligated to pay Administrator Providers, or Claim Administrator may pay Administrator Providers less than their Claim Charges for services, by discounts or otherwise, or may receive from Administrator Providers other allowances under Claim Administrator’s contracts with them. Employer acknowledges that in negotiating the service charges set forth in the Agreement, it has taken into consideration that Claim Administrator may receive such payments, discounts and/or other allowances during the term of the Agreement and that the service charges specified in the Agreement reflect the amount of additional consideration expected to be received by Claim Administrator in the form of such payments, discounts or allowances. Neither Employer nor Covered Persons hereunder are entitled to receive any portion of any such payments, discounts and/or other allowances in excess of the ADP as part of any Claim settlement or otherwise except as such items may be indirectly or directly reflected in the service charges specified in the Agreement.
- 6.3 Claim Administrator’s compensation for its Services under the Agreement shall include the difference between the Net Claim Payments reimbursed to Claim Administrator by Employer under the Agreement and the net amounts paid to Providers by Claim Administrator after giving effect to Claim Administrator’s separate financial arrangements with Providers.

## **SECTION 7: MEDICARE SECONDARY PAYER INFORMATION REPORTING**

- 7.1 For the purposes of mandatory reporting requirements for group health plan (“GHP”) arrangements under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L.110-173), Claim Administrator shall serve as the RRE and shall report information to the Centers for Medicare & Medicaid Services (“CMS”) about individuals enrolled in the GHP who are also covered by Medicare so that CMS and Claim Administrator can effectively coordinate health care payments consistent with the MSP rules. Employer hereby authorizes and directs Claim Administrator to disclose to CMS, periodically, information pertaining to Medicare–eligible Covered Persons under the Plan so that Claim Administrator may make accurate primary/secondary MSP determinations. Employer agrees to Timely and accurately respond to Claim Administrator’s requests for information.
- 7.2 It shall be Employer’s responsibility to notify Claim Administrator promptly as may be required for such continuing accuracy, of any change in the number of individuals employed by Employer or status of its employees that might affect the order of payment under the MSP statute, such as information regarding

working-aged persons who retire and changes in the number of individuals employed by Employer that place it in, or take it out of, the scope of the MSP statute.

- 7.3 Disclosure Statement:** Employer acknowledges that Claim Administrator has furnished it with a copy of a pamphlet entitled "Information Regarding the Medicare Secondary Payer Statute" (also referred to as the "Disclosure Statement"), prepared by the Association and reviewed by CMS, which administers Medicare.
- 7.4** Notwithstanding any other provision herein, in instances where the Employer has carved out prescription drug coverage administration to an entity other than Claim Administrator, Claim Administrator shall not serve as the RRE for prescription drug coverage under the Plan.

## **SECTION 8: REIMBURSEMENT PROVISION**

***Applicable only if this service is elected in the Fee Schedule specifications of the most current Exhibit 4 - ASO Benefit Program Application ("ASO BPA")***

- 8.1** If a Covered Person incurs expenses for sickness or injury that occurred due to the negligence of a third party and benefits are provided for Covered Services described in the Plan, the following provisions will apply:
- a.** Claim Administrator on behalf of Employer has the right to reimbursement for all benefits Claim Administrator provided from any and all damages collected from the third party for those same expenses whether by action at law, settlement, or compromise, by the Covered Person, the Covered Person's parents or guardians if the Covered Person is a minor, or the Covered Person's legal representative, as a result of that sickness or injury, in the amount of the total Eligible Charge or Provider's Claim Charge for Covered Services for which Claim Administrator has provided benefits to the Covered Person, reduced by any ADP applicable to the Covered Person's Claim or Claims.
  - b.** Claim Administrator is assigned the right to recover from the third party, or the third party's insurer, to the extent of the benefits Claim Administrator provided for that sickness or injury.
- 8.2** Claim Administrator shall have the right to first reimbursement out of all funds the Covered Person, the Covered Person's parents or guardians if the Covered Person is a minor, or the Covered Person's legal representative, is or was able to exercise for the same expenses for which Claim Administrator has provided benefits as a result of that sickness or injury. The Covered Person is required to furnish any information or assistance or provide any documents that Claim Administrator may reasonably require in order to obtain its rights under this provision. This provision applies whether or not the third party admits liability.

## **SECTION 9: REPLACEMENT COVERAGE**

A Covered Person may, under certain circumstances, as specified below, apply for and obtain replacement coverage, subject to the replacement coverage's applicable terms and conditions. The replacement coverage will be that which is offered by Claim Administrator, or, if Covered Person does not reside in Claim Administrator's service area, by the Host Blue(s) whose service area covers the geographic area in which the Covered Person resides. The circumstances mentioned above may arise from involuntary termination of Covered Person's health coverage sponsored by Employer but solely as a result of a reduction in force, plan/office closing(s) or group health plan termination (in whole or in part), or when a Covered Person approaches the age of Medicare eligibility. If the Covered Person does not reside in Claim Administrator's service area, Claim Administrator may facilitate a Covered Person's right to apply for and obtain such replacement coverage, subject to applicable eligibility requirements, from the Host Blue in which the Covered Person resides. To do this, Claim Administrator or the Host Blue may communicate directly with the Covered Persons to provide resources and replacement coverage options available to them. Claim Administrator's provision of information about replacement coverage is not part of the Services provided to Employer under the Agreement, and neither Employer nor the Plan has any responsibility for replacement coverage information provided by Claim Administrator in accordance with this Section 9.

**EXHIBIT 4**  
**ASO BENEFIT PROGRAM APPLICATION (“ASO BPA”)**

**EXHIBIT 5**  
**BLUE CROSS AND BLUE SHIELD ASSOCIATION DISCLOSURES AND PROVISIONS**

**SECTION 1: INTER-PLAN ARRANGEMENT DEFINITIONS**

*Other definitions applicable to this Exhibit are contained in Section 7 DEFINITIONS of the Agreement.*

- 1.1 **“Accountable Care Organization”** means a group of health care Providers who agree to deliver coordinated care and meet performance benchmarks for quality and affordability to manage the total cost of care for their member populations.
- 1.2 **“Alternative Provider Compensation Arrangements”** means the arrangements described in the definition of “Alternative Provider Compensation Arrangement Payments.”
- 1.3 **“Alternative Provider Compensation Arrangement Payments”** means a payment Claim Administrator makes to Network Providers for any services, including but not limited to, any capitation payments, performance-based payments, Care Coordination payments, Value-Based Program payments, Accountable Care Organization payments, Global Payments/Total Cost of Care payments, Patient-Centered Medical Home payments, Provider Incentives or other incentives or bonus payments, Shared Savings payments and any other alternative funding arrangement payments as described in Claim Administrator’s arrangement with the Network Provider, all as further described in Section 4.4 of this Exhibit. If the actual amount of an Alternative Provider Compensation Arrangement Payment (for purposes of this Section 1.3, a “Payment”) is not known at the time Claim Administrator bills Employer under this Agreement, then Claim Administrator may bill Employer in advance for expected Payments to Network Providers (the “Expected Payments”). Such Expected Payments will be calculated for each member in each specific Alternative Provider Compensation Arrangement on a per member per month (“PMPM”) basis or on another agreed upon compensation mechanism between Participating Healthcare Provider and Claim Administrator, in the same manner as methodologies described in Section 4.4 of this Exhibit. Where such Alternative Provider Compensation Arrangements include a PMPM Payment structure, the calculation of the Expected Payments will be made using (i) the estimated number of members involved in a particular Arrangement (as of the end of the month preceding the calculation), and (ii) the estimated Payments for all such Covered Persons, unless an alternate calculation method is used (in the same manner as described in Section 4.4 of this Exhibit). Expected Payment may vary from Member to Member. For the purposes of this Section 1.3, a “Member” means all of the members in a health benefit plan insured or administered by Claim Administrator, including but not limited to Employer’s Covered Persons. Employer will be billed for its share of the Expected Payment, calculated based on (i) the number of Employer’s Covered Persons participating (or expected to participate) in an Alternative Provider Compensation Arrangement per month and/or (ii) the number and/or cost of the Covered Services received (or expected to be received) by Employer’s Covered Persons per month. Any difference (surplus or deficit) between the Expected Payments and actual Payments will be factored into Claim Administrator’s calculation of future Expected Payments. Interest on such difference (surplus or deficit) will be credited (or charged) to Employer and included in the calculation of future Expected Payments. Claim Administrator may recalculate the PMPM amounts and any other applicable expected Payments or charges from time to time in a manner consistent with this Agreement. In the case of any modification to the PMPM or Expected Payments, Claim Administrator shall inform Employer of such modifications. Thereafter, Employer will be deemed to have approved the modifications, which will become part of this Agreement.
- 1.4 **“Blue Cross Blue Shield Global Core Access Vendor Fees”** means the charges to Claim Administrator for the transaction fees through Blue Cross Blue Shield Global Core which are payable to the medical assistance vendor for assisting Covered Persons traveling or living outside of the United States, Puerto Rico, and U.S. Virgin Islands to obtain medical services.
- 1.5 **“Care Coordination”** means organized, information-driven patient care activities intended to facilitate the appropriate responses to Covered Person’s health care needs across the continuum of care.
- 1.6 **“Care Coordinator”** means an individual within a Provider organization who facilitates Care Coordination for patients.
- 1.7 **“Care Coordinator Fee”** means a fixed amount paid by a Blue Cross and Blue Shield Plan to Providers periodically for Care Coordination under a Value-Based Program.

- 1.8** “**Global Payment/Total Cost of Care**” means a payment methodology that is defined at the patient level and accounts for either all patient care or for a specific group of services delivered to the patient such as Outpatient, Physician, ancillary, Hospital services, and prescription drugs.
- 1.9** “**Host Blue**” means a local Blue Cross and Blue Shield licensee outside the geographic area that Claim Administrator serves.
- 1.10** “**Negotiated Arrangement**” means an agreement negotiated between one or more Blue Cross and Blue Shield Plans for any national account that is not delivered through the BlueCard Program.
- 1.11** “**Non-Participating Healthcare Provider**” means a health care Provider that does not have a contractual agreement with a Host Blue.
- 1.12** “**Participating Healthcare Provider**” means a health care Provider that has a contractual agreement with a Host Blue.
- 1.13** “**Patient-Centered Medical Home**” means a model of care in which each patient has an ongoing relationship with a Primary Care Physician who coordinates a team to take collective responsibility for patient care and, when appropriate, arranges for care with other qualified Physicians.
- 1.14** “**Provider Incentive**” means an additional amount of compensation paid to a health care Provider by a Blue Cross and Blue Shield Plan, based on the Provider’s compliance with, or participation in, agreed-upon procedural and/or outcome measures, joint-initiatives, including but not limited to any measures or initiatives related to a particular population of Covered Persons.
- 1.15** “**Shared Savings**” means a payment mechanism in which the Provider and the Blue Cross and Blue Shield Plan share cost savings achieved against a target cost budget based upon agreed-upon terms and may include downside risk.
- 1.16** “**Value-Based Program**” means a payment arrangement and/or a Care Coordination model facilitated through one or more Providers that may utilize one (1) or more of the following metrics: (i) Covered Person health outcomes; (ii) Covered Person Care Coordination; (iii) quality of Covered Services; (iv) cost of Covered Services; (v) Covered Person access; (vi) Covered Person experience with a Provider; or (vii) joint initiatives to increase collaboration in the provision of Covered Services to Covered Persons, and which payment arrangement is reflected in one (1) or more Provider payments, including but not limited to Alternative Provider Compensation Arrangement Payments.

## **SECTION 2: ADMINISTRATIVE SERVICES ONLY, NETWORK ONLY**

Claim Administrator must disclose that it does not underwrite or assume any financial risk with respect to claims liability; and disclose the nature of the services and/or network access Claim Administrator is providing. Such disclosures must be made to Employer, Employer’s Covered Persons, and Providers and must include, at a minimum, disclosure on identification cards, benefit booklets, Employer contracts and explanation of benefits documentation.

## **SECTION 3: DISCLOSURES IN ACCOUNT CONTRACTS**

Employer, on behalf of itself and its Covered Persons, hereby expressly acknowledges its understanding that this Agreement constitutes a contract solely between Employer and Claim Administrator, which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans (the “Association”), permitting Claim Administrator to use the Blue Cross and Blue Shield Service Mark, and that Claim Administrator is not contracting as the agent of the Association. Employer on behalf of itself and its Covered Persons further acknowledges and agrees that it has not entered into this Agreement based upon representations by any person other than Claim Administrator and that no person, entity, or organization other than Claim Administrator shall be held accountable or liable to Employer for any of Claim Administrator’s obligations to Employer created under this Agreement. This subsection shall not create any additional obligations whatsoever on the part of Claim Administrator other than those obligations created under other provisions of this Agreement.

## SECTION 4: INTER-PLAN ARRANGEMENTS

### 4.1 *Out-of-Area Services*

Claim Administrator has a variety of relationships with other Blue Cross and Blue Shield licensees referred to generally as “Inter-Plan Arrangements.” These Inter-Plan Arrangements operate under rules and procedures issued by the Association. Whenever Covered Persons access health care services outside the geographic area Claim Administrator serves, the Claim for those services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described generally below. Claim Administrator’s services under this Agreement are governed by and subject to the Inter-Plan Arrangements rules in effect during the term of this Agreement, and a Host Blue is neither the agent nor the subcontractor of Claim Administrator. Typically, when accessing care outside the geographic area Claim Administrator serves, Covered Persons obtain care from Participating Healthcare Providers. In some instances, Covered Persons may obtain care from Non-Participating Healthcare Providers. Claim Administrator remains responsible for fulfilling its contractual obligations to Employer. Claim Administrator’s payment practices in both instances are described below. This disclosure describes how Claims are administered for Inter-Plan Arrangements and the fees that are charged in connection with the Inter-Plan Arrangements. Dental care benefits, when paid as stand-alone benefits, and prescription drug benefits or vision care benefits that may be administered by a third party contracted by Claim Administrator to provide the specific service or services, are not processed through Inter-Plan Arrangements.

### 4.2 *BlueCard Program*

The BlueCard Program is an Inter-Plan Arrangement. Under this Arrangement, when Covered Persons access Covered Services within the geographic area served by a Host Blue, the Host Blue will be responsible for contracting and handling all interactions with its Participating Healthcare Providers. The financial terms of the BlueCard Program are described generally below. Individual circumstances may arise that are not directly covered by this description; however, in those instances, Claim Administrator’s action will be consistent with the spirit of this description.

#### a. *Liability Calculation Method – In General*

##### i. Covered Person Liability Calculation.

Unless subject to a fixed dollar Copayment, the calculation of the Covered Person’s liability on Claims for Covered Services will be based on the lower of the Participating Healthcare Provider’s billed charges for Covered Services or the negotiated price made available to Claim Administrator by the Host Blue.

##### ii. Employer’s Liability Calculation.

The calculation of Employer’s liability on Claims for Covered Services processed through the BlueCard Program will be based on the negotiated price made available to Claim Administrator by the Host Blue. Sometimes, this negotiated price may, for a particular service or services, exceed the billed charge in accordance with how the Host Blue has negotiated with its Participating Healthcare Provider(s) for specific health care services. In cases where the negotiated price exceeds the billed charge, Employer may be liable for the excess amount even when the Covered Person’s deductible has not been satisfied. This excess amount reflects an amount that may be necessary to secure (a) the Provider’s participation in the Network and/or (b) the overall discount negotiated by the Host Blue. In such a case, the entire contracted price is paid to the Provider, even when the contracted price is greater than the billed charge.

#### b. *Claims Pricing*

Host Blues determine a negotiated price, which is reflected in the terms of each Host Blue’s Provider contracts. The negotiated price made available to Claim Administrator by the Host Blue may be represented by one of the following:

##### i. An actual price. An actual price is a negotiated rate of payment in effect at the time a Claim is processed without any other increases or decreases; or

##### ii. An estimated price. An estimated price is a negotiated rate of payment in effect at the time a Claim is processed, reduced or increased by a percentage to take into account certain

payments negotiated with the Provider and other Claim- and non-Claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, Provider refunds not applied on a Claim-specific basis, retrospective settlements, and performance-related bonuses or incentives; or

- iii. An average price. An average price is a percentage of billed charges for Covered Services in effect at the time a Claim is processed representing the aggregate payments negotiated by the Host Blue with all of its health care Providers or a similar classification of its Providers and other Claim- and non-Claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

The Host Blue determines whether it will use an actual, estimated or an average price. The use of estimated or average pricing may result in a difference (positive or negative) between the price Employer pays on a specific Claim and the actual amount the Host Blue pays to the Provider. However, the BlueCard Program requires that the amount paid by the Covered Person and Employer is a final price; no future price adjustment will result in increases or decreases to the pricing of past Claims. Any positive or negative differences in estimated or average pricing are accounted for through variance accounts maintained by the Host Blue and are incorporated into future Claim prices. As a result, the amounts charged to Employer will be adjusted in a following year, as necessary, to account for over- or under-estimation of the past years' prices. The Host Blue will not receive compensation from how the estimated price or average price methods, described above, are calculated. Because all amounts paid are final, neither positive variance account amounts (funds available to be paid in the following year), nor negative variance amounts (the funds needed to be received in the following year), are due to or from Employer. If Employer terminates, Employer will not receive a refund or charge from the variance account. Variance account balances are small amounts relative to the overall paid Claims amounts and will be liquidated/drawn down over time. The timeframe for the liquidation depends on variables, including, but not limited to, overall volume/number of Claims processed and variance account balance. Variance account balances may earn interest at the federal funds or similar rate. Host Blues may retain interest earned on funds held in variance accounts.

**c. *BlueCard Program Fees and Compensation***

Employer understands and agrees to reimburse Claim Administrator for certain fees and compensation which Claim Administrator is obligated under the BlueCard Program to pay to the Host Blues, to the Association, and/or to vendors of the BlueCard Program-related services. The specific BlueCard Program fees and compensation that are charged to Employer are set forth in the most current ASO BPA. The specific BlueCard Program fees and compensation may be revised from time to time as described in Section 4.9 below.

Claim Administrator will charge these fees as follows:

- i. **BlueCard Program Access Fees**

The access fee is charged by the Host Blue to Claim Administrator for making its applicable Provider Network available to Employer. A BlueCard Program access fee may be charged only if the Host Blue's arrangement with its health care provider prohibits billing Covered Persons for amounts in excess of the negotiated payment. However, a health care provider may bill for non-covered health care services and for Covered Person cost sharing (for example, deductibles, Copayments, and/or Coinsurance) related to a particular Claim.
- ii. **How the BlueCard Program Access Fee Affects Employer**

When Claim Administrator is charged a BlueCard Program access fee, Claim Administrator may pass the charge along to Employer as a Claim expense or as a separate amount. The access fee will not exceed \$2,000 for any Claim. If Claim Administrator receives an access fee credit, Claim Administrator will give Employer a Claim expense credit or a separate credit. Instances may occur in which the Claim payment is zero or Claim Administrator pays only a small amount because the amounts eligible for payment were applied to patient cost sharing (such as a deductible or coinsurance). In these instances, Claim Administrator will pay the Host Blue's access fee and pass it along to Employer as stated above even though Employer paid little or had no Claim liability.

### 4.3 ***Negotiated Arrangements***

With respect to one or more Host Plans, instead of using the BlueCard Program, Claim Administrator may process Employer's Covered Persons' Claims for Covered Services through a Negotiated Arrangement. Pursuant to such a Negotiated Arrangements, the Host Blue(s) has/have agreed to provide, on Claim Administrator's behalf, Claim Payments and certain administrative services for those Covered Persons of Employer receiving Covered Services in the state and/or service area of the Host Blue(s). Pursuant to the agreement between Claim Administrator and the Host Blue(s), Claim Administrator has agreed to reimburse each Host Blue for all Claim Payments made on Claim Administrator's behalf for those Covered Persons of Employer receiving Covered Services in the state and/or service area of such Host Blue. In addition, if Claim Administrator and Employer have agreed that (a) Host Blue(s) shall make available (a) custom health care Provider Network(s) in connection with this Agreement, then the terms and conditions set forth in Claim Administrator's Negotiated Arrangement(s) for national accounts with such Host Blue(s) shall apply. These include the provisions governing the processing and payment of claims when Covered Persons access such networks. In negotiating such arrangement(s), Claim Administrator is not acting on behalf of or as an agent for Employer, Employer's Plan or Employer's Covered Persons.

#### **a. *Covered Person and Employer Liability Calculation***

Covered Person liability calculation will be based on the lower of either billed charges for Covered Services or negotiated price (refer to the description of negotiated price under Section 4.2.a., BlueCard Program) that the Host Blue makes available to Claim Administrator and that allows Employer's Covered Persons access to negotiated participation agreement Networks of specified Participating Healthcare Providers outside of Claim Administrator's service area. Employer's liability calculation will be based on the negotiated price (refer to the description of negotiated price under Section 4.2.a, BlueCard Program).

Employer acknowledges that pursuant to the Host Blue's contracts with Host Blues' Participating Healthcare Providers, under certain circumstances described therein, the Host Blue (i) may receive substantial payment from Host Blues' Participating Healthcare Providers with respect to services rendered to such Covered Persons for which the Host Blue was initially obligated to pay the Host Blues' Participating Healthcare Providers, (ii) may pay Host Blues' Participating Healthcare Providers more or less than their billed charges for services, by discounts or otherwise, or (iii) may receive from Host Blues' Participating Healthcare Providers other allowances under the Host Blue's contracts with them. One example of this is quality improvement programs/payments. If charged by the Host Blue to Claim Administrator, Employer shall reimburse Claim Administrator for any payments made to the Host Blue, unless otherwise set forth in the Agreement's Fee Schedule, including "Claim-like" charges, which are those charges for payments to Host Blues' Participating Healthcare Providers on other than a fee for services basis which include, but are not limited to, incentive payments. Employer acknowledges that, in negotiating the Administrative Charge set forth in the Agreement's Fee Schedule, it has taken into consideration that, among other things, the Host Blue may receive such payments, discounts and/or other allowances during the term of its agreement with Claim Administrator. Further, all amounts payable by Covered Person and Employer shall be calculated on the basis described in this subsection, irrespective of any separate financial arrangement between the Host Blue's Participating Healthcare Provider that rendered the applicable Covered Service and the Host Blue other than the negotiated price as described in this subsection.

#### **b. *Fees and Compensation***

Employer understands and agrees to reimburse Claim Administrator for certain fees and compensation which Claim Administrator is obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blues, to the Association, and/or to vendors of Inter-Plan Arrangement-related services. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time as described in Section 4.9 below. In addition, the participation agreement with the Host Blue may provide that Claim Administrator must pay an administrative and/or a network access fee to the Host Blue, and Employer further agrees to reimburse Claim Administrator for any such applicable administrative and/or network access fees. The specific fees and compensation that are charged to Employer under Negotiated Arrangements are set forth in the most current ASO BPA.

#### 4.4 **Special Cases: Value-Based Programs**

##### a. **Value-Based Programs Overview**

Employer's Covered Persons may access Covered Services from Providers that participate in a Host Blue's Value-Based Program. Value-Based Programs may be delivered either through the BlueCard Program or a Negotiated Arrangement. These Value-Based Programs may include, but are not limited to, Accountable Care Organizations, Global Payment/Total Cost of Care arrangements, Patient Centered Medical Home and Shared Savings arrangements.

##### b. **Value-Based Programs under The BlueCard Program**

###### i. **Value-Based Programs Administration**

Under Value-Based Programs, a Host Blue may pay Providers for reaching agreed-upon cost/quality goals in the following ways: retrospective settlements, Provider Incentives, a share of target savings, Care Coordinator Fees and/or other allowed amounts. The Host Blue may pass these Provider payments to Claim Administrator, which Claim Administrator will pass on to Employer in the form of either an amount included in the price of the Claim or an amount charged separately in addition to the Claim.

When such amounts are included in the price of the Claim, the Claim may be billed using one of the following pricing methods, as determined by a Host Blue:

1. **Actual Pricing:** The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is part of the Claim. These charges are passed to Employer via an enhanced Provider fee schedule.
2. **Supplemental Factor:** The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is a supplemental amount that is included in the Claim as an amount based on a specified supplemental factor (e.g. a small percentage increase in the claim amount). The supplemental factor may be adjusted from time to time. This pricing method may be used only for non-attributed Value-Based Programs.

When such amounts are billed separately from the price of the Claim, they may be billed as Per Member Per Month ("PMPM") billings for Value-Based Programs incentives/Shared Savings settlements to accounts outside of the Claim system. Claim Administrator will pass these Host Blue charges directly through to Employer as a separately identified amount on the group billings. The amounts used to calculate either the supplemental factors for estimated pricing or PMPM billings are fixed amounts that are estimated to be necessary to finance the cost of a particular Value-Based Program. Because amounts are estimates, there may be positive or negative differences based on actual experience, and such differences will be accounted for in a variance account maintained by the Host Blue (in the same manner as described in the BlueCard Claim pricing section above) until the end of the applicable Value-Based Program payment and/or reconciliation measurement period. The amounts needed to fund a Value-Based Program may be changed before the end of the measurement period if it is determined that amounts being collected are projected to exceed the amount necessary to fund the program or if they are projected to be insufficient to fund the program. At the end of the Value-Based Program payment and/or reconciliation measurement period for these arrangements, Host Blues will take one of the following actions:

- a. Use any surplus in funds in the variance account to fund Value-Based Program payments or reconciliation amounts in the next measurement period.
- b. Address any deficit in funds in the variance account through an adjustment to the PMPM billing amount or the reconciliation billing amount for the next measurement period.

The Host Blue will not receive compensation resulting from how estimated average or PMPM price methods, described above, are calculated. If Employer terminates, Employer will not receive a refund or charge from the variance account. This is because any resulting

surpluses or deficits would be eventually exhausted through prospective adjustment to the settlement billings in the case of Value-Based Programs. The measurement period for determining these surpluses or deficits may differ from the term of this Agreement. Variance account balances are small amounts relative to the overall paid Claims amounts and will be liquidated/drawn down over time. The timeframe for the liquidation depends on variables, including, but not limited to, overall volume/number of Claims processed and variance account balance. Variance account balances may earn interest, and interest is earned at the federal funds or similar rate. Host Blues may retain interest earned on funds in variance accounts. Note: Covered Persons will not bear any portion of the cost of Value-Based Programs except when a Host Blue uses either average pricing or actual pricing to pay Providers under Value-Based Programs.

ii. **Care Coordinator Fees**

Host Blues may also bill Claim Administrator for Care Coordinator Fees for Provider services which Claim Administrator will pass onto Employer as follows:

1. PMPM billings; or
2. Individual Claim billings through applicable Care Coordination codes from the most current editions of either *Current Procedural Terminology* ("CPT") published by the American Medical Association ("AMA") or *Healthcare Common Procedure Coding System* ("HCPCS") published by the US Centers for Medicare and Medicaid Services ("CMS").

As part of this Agreement, Claim Administrator and Employer will not impose Covered Person cost sharing for Care Coordinator Fees.

c. **Value-Based Programs under Negotiated Arrangements**

If Claim Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to Employer's Covered Persons, Claim Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted in BlueCard Program section.

**4.5 Return of Overpayments**

Recoveries from a Host Blue or its Participating Healthcare Providers and Non-Participating Healthcare Providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, health care Provider/Hospital bill audits, credit balance audits, utilization review refunds, and unsolicited refunds. Recoveries will be applied, in general, on either a claim-by-claim or prospective basis. In some cases, the Host Blue will engage a third party to assist in identification or collection of recovery amounts. The fees of such a third party may be charged to Employer. Unless otherwise agreed to by the Host Blue, for retroactive cancellations of membership, Claim Administrator may request the Host Blue to provide full refunds from Participating Healthcare Providers for a period of only one year after the date of the Inter-Plan financial settlement process for the original Claim. For Care Coordinator Fees associated with Value-Based Programs, Claim Administrator may request such refunds for a period of only up to ninety (90) days from the termination notice transaction on the payment innovations delivery platform. In some cases, recovery of Claim Payments associated with a retroactive cancellation may not be possible if, as an example, the recovery (a) conflicts with the Host Blue's state law or health care Provider contracts, (b) would result from Shared Savings and/or Provider Incentive arrangements, or (c) would jeopardize the Host Blue's relationship with its Participating Healthcare Providers, notwithstanding to the contrary any other provision of this Agreement.

**4.6 Inter-Plan Arrangements: Federal/State Taxes/Surcharges/Fees**

In some instances federal or state laws or regulations may impose a surcharge, tax or other fee that applies to self-funded accounts. If applicable, Claim Administrator will charge any such surcharge, tax or other fee to Employer, which will be Employer's liability.

#### **4.7 Non-Participating Healthcare Providers outside Claim Administrator's Service Area**

##### **a. Covered Person Liability Calculation**

###### **i. In General**

When Covered Services are provided outside of Claim Administrator's service area by Non-Participating Healthcare Providers, the amount(s) a Covered Person pays for such services will be calculated using the methodology described in the Agreement for Non-Participating Providers and Non-Participating Professional Providers located inside Claim Administrator's service area or the pricing requirements required by applicable law. The Covered Person may be responsible for the difference between the amount that the Non-Participating Healthcare Provider bills and the payment Claim Administrator will make for the Covered Services as set forth in this paragraph.

###### **ii. Exceptions**

In some exception cases, Claim Administrator may, but is not required to, negotiate a payment with such Non-Participating Healthcare Provider on an exception basis. If a negotiated payment is not available, then Claim Administrator may make a payment based on the lesser of:

1. the amount calculated using the methodology described in Section 4.7(a)(1) above; or
2. the following:
  - a. for professional Providers, make a payment based on publicly available Provider reimbursement data for the same or similar professional services, adjusted for geographical differences, where applicable; or
  - b. for Hospital or facility Providers, make a payment based on publicly available data reflecting the approximate costs that Hospitals or facilities have incurred historically to provide the same or similar service, adjusted for geographical differences where applicable, plus a margin factor for the Hospital or facility.

In these situations, a Covered Person may be liable for the difference between the amount that the Non-Participating Healthcare Provider bills and the payment Claim Administrator will make for the Covered Services as set forth in this paragraph.

##### **b. Fees and Compensation**

Employer understands and agrees to reimburse Claim Administrator for certain fees and compensation which Claim Administrator is obligated under applicable Inter-Plan Arrangements requirements to pay to the Host Blues, to the Association, and/or to vendors of Inter-Plan Arrangements related services. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time as provided in Section 4.9 below.

#### **4.8 Blue Cross Blue Shield Global<sup>®</sup> Core**

##### **a. General Information**

If Covered Persons are outside the United States, the Commonwealth of Puerto Rico and the U.S. Virgin Islands (hereinafter: "BlueCard Service Area"), the Covered Persons may be able to take advantage of Blue Cross Blue Shield Global Core when accessing Covered Services. Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard Service Area in certain ways. For instance, although Blue Cross Blue Shield Global Core assists Covered Persons with accessing a network of Inpatient, Outpatient and professional Providers, the network is not served by a Host Blue. As such, when Covered Persons receive care from Providers outside the BlueCard Service Area, the Covered Persons will typically have to pay the Providers and submit the Claims themselves to obtain reimbursement for these services.

###### **i. Inpatient Services**

In most cases, if Covered Persons contact the service center for assistance, Hospitals will not require Covered Persons to pay for covered Inpatient services, except for their cost-share amounts/deductibles, Coinsurance, etc. In such cases, the Hospital will submit the

Covered Person's Claims to the service center to initiate Claims processing. However, if the Covered Person paid in full at the time of service, the Covered Person must submit a Claim to obtain reimbursement for Covered Services. Covered Persons must contact Claim Administrator to obtain preauthorization/precertification for non-emergency Inpatient services, if Employer's Plan requires preauthorization or precertification for such services.

ii. **Outpatient Services**

Physicians, urgent care centers and other Outpatient Providers located outside the BlueCard Service Area will typically require Covered Persons to pay in full at the time of service. Covered Persons must submit a Claim to obtain reimbursement for Covered Services.

iii. **Submitting a Blue Cross Blue Shield Global Core Claim**

When Covered Persons pay for Covered Services outside the BlueCard Service Area, they must submit a Claim to obtain reimbursement. For institutional and professional Claims, Covered Persons should complete a Blue Cross Blue Shield Global Core International Claim form and send the Claim form with the Provider's itemized bill(s) to the service center address on the form to initiate Claims processing. The Claim form is available from Claim Administrator, the service center or online at [bcbsglobalcore.com](http://bcbsglobalcore.com). If Covered Persons need assistance with their Claim submissions, they should call the service center at 800-810-BLUE (2583) or call collect at 804-673-1177, 24 hours a day/seven days a week.

b. **Blue Cross Blue Shield Global Core Program-Related Fees**

Employer understands and agrees to reimburse Claim Administrator for certain fees and compensation which Claim Administrator is obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blues, to the Association and/or to vendors of Inter-Plan Arrangement-related services. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time as provided for in Section 4.9 below.

**4.9 Modifications or Changes to Inter-Plan Arrangement Fees or Compensation**

Modifications or changes to Inter-Plan Arrangement fees are generally made effective Jan. 1 of the calendar year, but they may occur at any time during the year. In the case of any such modifications or changes, Claim Administrator shall provide Employer with at least thirty (30) days' advance written notice of any modification or change to such Inter-Plan Arrangement fees or compensation describing the change and the effective date thereof and Employer's right to terminate this Agreement without penalty by giving written notice of termination before the effective date of the change, which notice will be effective after ninety (90) days in accordance with Section 6.1(a) of the Agreement. If Employer fails to respond to the notice and does not terminate this Agreement during the notice period, Employer will be deemed to have approved the proposed changes, and Claim Administrator will then allow such modifications to become part of this Agreement.

**EXHIBIT 6**  
**RECOVERY LITIGATION AUTHORIZATION**

Employer hereby acknowledges and agrees that Claim Administrator may, at its election, pursue claims of Employer and/or the Plan, which are related to claims that Claim Administrator pursues on its own behalf, subject to the following terms and conditions:

1. Claim Administrator shall have the right to select and retain legal counsel.
2. Any lawsuit filed or arbitration initiated by Claim Administrator will be done in the name of Claim Administrator for its own benefit, as well as on behalf of Employer and possibly other parties. Claim Administrator will not cause any litigation to be filed or arbitration to be initiated in the name of Employer and/or the Plan without Employer's express advance consent. With such permission, any such litigation can be filed or arbitration initiated in the name of Employer and/or the Plan with attorneys identified as counsel for Employer or in the name of two or more parties, including Employer and Claim Administrator, with attorneys identified as counsel for Employer, Claim Administrator and possibly other parties.
3. The Parties agree to cooperate with each other in pursuit of recovery efforts pursuant to the provisions of this Exhibit.
4. Claim Administrator shall control any recovery strategy and decisions, including decisions to mediate, arbitrate or litigate.
5. Claim Administrator shall have the exclusive right to approve any and all settlements of any claims being mediated, arbitrated or litigated.
6. Claim Administrator shall have the right to assign claims belonging to Employer and/or the Plan to a third party for the purpose of allowing the third party to pursue the claims on Employer's behalf via mediation, arbitration, or litigation. If such an assignment is made, the rights and obligations of Claim Administrator in this Exhibit 6 shall become the rights and obligations of the third party for purposes of the assigned claims only.
7. Any and all recoveries, net of all investigative and other expenses relating to the recovery made through any means pursuant to the provisions of this Exhibit, including any costs of settlement, mediation, arbitration, litigation or trial including attorney's fees, will be prorated based upon each party's percentage interest in the recoverable compensatory monetary damages, which allocation shall be done by Claim Administrator on any reasonable basis it deems appropriate.
8. Any and all information, documents, communications or correspondence provided to or obtained by attorneys from either party, as well as communications, correspondence, conclusions and reports by or between attorneys and either party, shall be and are intended to remain privileged and confidential. Each party intends that the attorney-client and work product privileges shall apply to all information, documents, communications, correspondence, conclusions and reports to the full extent allowed by state or federal law. Claim Administrator shall be permitted to make such disclosures of such privileged and confidential information to law enforcement authorities as it deems necessary or appropriate in its sole discretion. Employer shall not waive the attorney-client privilege or otherwise disclose privileged or confidential information received in connection with the provisions of this Exhibit or cooperative efforts pursuant to the provisions of this Exhibit without the express written consent of Claim Administrator.
9. The discharge of attorneys by one party shall not disqualify or otherwise ethically prohibit the attorneys from continuing to represent the other party pursuant to the provisions of this Exhibit.
10. Nothing in the provisions of this Exhibit shall require Claim Administrator to assert any claims on behalf of Employer and/or the Plan.
11. Nothing in the provisions of this Exhibit and nothing in attorneys' statements to either party and/or the Plan will be construed as a promise or guarantee about the outcome of any particular litigation, mediation, arbitration or settlement negotiation; therefore, Employer acknowledges that the efforts of Claim Administrator may not result in recovery or in full recovery in any particular case.
12. The terms and conditions described herein shall survive the expiration or termination of the Agreement; however, nothing herein shall require Claim Administrator to assert any claims on Employer's and/or the Plan's behalf following the termination of the Agreement. If the Agreement is terminated after Claim

Administrator has asserted a claim on behalf of Employer and/or the Plan but before any recovery, Claim Administrator may in its sole discretion continue to pursue the claim or discontinue the claim.

13. If Employer should desire to participate in a class or multi-district settlement rather than defer to Claim Administrator, Employer may revoke the grant of authority established herein for that specific matter by affirmatively opting into a class settlement and by notifying Claim Administrator of its decision in writing, immediately upon making such determination as provided for under Section 4.9 Notice and Satisfaction of the Agreement.
14. Employer further acknowledges and agrees that, unless it notifies Claim Administrator to the contrary in writing as provided for under Section 4.9 Notice and Satisfaction of the Agreement, it consents to the terms and conditions of this Exhibit and authorizes Claim Administrator, on behalf of Employer and/or the Plan, consistent with Section 2 above, to:
  - a. Pursue, without advance notice to Employer, claims that Claim Administrator pursues on its own behalf in class action litigation, federal multi-district litigation, private lien resolution programs, or otherwise, including, but not limited to, antitrust, fraud, unfair and deceptive business or trade practice claims pursuant to and in accordance with the provisions of this Exhibit effective immediately;
  - b. Opt out of any class action settlement or keep Employer and/or the Plan in the class, if Claim Administrator reasonably determines that it should do so;
  - c. Investigate and pursue recovery of monies unlawfully, illegally or wrongfully obtained from the Plan.
15. Employer further acknowledges and agrees that Claim Administrator's decision to pursue recovery in connection with particular claims shall be in Claim Administrator's sole discretion and Claim Administrator does not enter into this undertaking as a fiduciary of the Plan or its Covered Persons, but only in connection with its undertaking to pursue recovery of claims of Employer and/or the Plan when, as, and if, Claim Administrator determines that such claims may be pursued in the common interest of the parties.
16. Employer is responsible for ensuring that the terms of its health benefit plan are consistent with the terms of this Exhibit.
17. The Parties agree in the event that the language in the Agreement shall be in conflict with this Exhibit, the provisions of this Exhibit shall prevail with respect to the subject matter hereof.

**EXHIBIT 7**  
**PHARMACY BENEFIT MANAGEMENT SERVICES**  
**(GUARANTEED TRADITIONAL AGGREGATE PRICING ARRANGEMENT)**  
**(FOR USE ONLY FOR 151+ EMPLOYEES)**

1. **Pharmacy Management:** Claim Administrator has contracted with Prime Therapeutics LLC (Prime) and/or other pharmacy benefit manager(s), mail order pharmacies, specialty pharmacies or other pharmacies to furnish certain pharmacy benefit management and other prescription drug benefit programs, including Rebate management and fee schedule management, including but not limited to MAC List management. Other services Prime will provide may include certain account management, clinical management, Drug List management, and Utilization Management services as set forth in the agreement between Prime and Claim Administrator. Claim Administrator reserves the right to contract with other pharmacy benefit managers and pharmacies directly for such services or to authorize Prime to subcontract certain services pursuant to the terms of Claim Administrator's agreement with Prime. Please see the Agreement for additional information regarding Claim Administrator's use of Pharmacy Benefit Managers.

Employer acknowledges that Claim Administrator currently owns a significant portion of the equity of Prime. Employer further understands and agrees that fees and compensation that Prime receives related to the pharmacy benefit management program and/or the provision of pharmaceutical products and services by pharmacies may be revised. Some of these fees and compensation may be charged each time a Claim is processed (or requested to be processed) through Prime and/or each time a prescription is filled, and include, but are not limited to, administrative fees charged by Prime to Claim Administrator, administrative fees charged by Prime to pharmacies or compensation otherwise received by Prime related to network administration, and administrative fees charged by Prime to Manufacturers. Currently, none of these fees are passed on to Employer as expenses or accrue to the benefit of Employer, unless otherwise specifically set forth in the Agreement or this Exhibit.

2. **Services:** Pharmacy Benefit Management services to be provided include Drug List management services, Rebate management services; management of the pharmacy networks for Members; Claims processing (electronic and paper); management of clinical management programs; reporting and account support services. Claim Administrator pays a fee to Prime for pharmacy benefit management services, which may be factored into the pricing set forth in the ASO BPA and the PBM Fee Schedule Addendum to the ASO BPA (the "BPA Addendum").
3. **Drug List Services:** Claim Administrator utilizes its own Drug List and Prime supports Claim Administrator in the development, maintenance and updating of such Drug List. Prime performs Drug List exception reviews in accordance with the agreement between Prime and Claim Administrator. Prime provides Drug List management services, in accordance with NCQA and URAC standards, to Claim Administrator in supporting Claim Administrator Pharmacy and Therapeutics ("P&T") and Business Committees. Employer acknowledges and agrees that Claim Administrator may, in a manner consistent with the Benefit Plan, promote the dispensing of pharmaceuticals in a manner consistent with the designated Drug List selected by Employer.
4. **Prime's Rebate and Manufacturer Administrative Fee Management:** In Claim Administrator's agreement with Prime, Prime has agreed to negotiate with Manufacturers directly or through a group purchasing organization to obtain Rebates for Covered Prescription Drug Products and Services as described in the Agreement.

In addition, Prime has advised Claim Administrator that Prime receives Manufacturer Administrative Fees for bona fide administrative services provided to the Manufacturer. Claim Administrator may also negotiate with Manufacturers to obtain Rebates for Covered Prescription Drug Products and Services as described in the Agreement. Prime or Claim Administrator contracts with Manufacturers directly or indirectly, for Rebates and Manufacturer Administrative Fees on its own behalf (or Claim Administrator's behalf, as applicable) and for its own benefit (or Claim Administrator's benefit, as applicable), and not on behalf of Employer. Accordingly, Prime (or Claim Administrator, as applicable) retains all right, title and interest to any and all actual Rebates and/or Manufacturer Administrative Fees received from manufacturers. Prime has advised Claim Administrator that Rebate arrangements are based on formulary status, market share, or other similar arrangements with Manufacturers. Employer will be provided with applicable Rebate Credits

as set forth in the Agreement, the BPA, the Section of this PBM Exhibit entitled Rebates and in the PBM Fee Schedule Addendum to the BPA but otherwise shall have no right, title or interest in Rebates received by Prime, Claim Administrator under its agreement with Prime, or Claim Administrator under its agreements with Manufacturers. Employer shall have no right, title or interest in Manufacturer Administrative Fees. Prime may retain Manufacturers Administrative Fees or pass them along, in whole or in part, to Claim Administrator in accordance with Prime's agreement with Claim Administrator. As of the Effective Date, Prime has disclosed to Claim Administrator that the maximum that Prime will receive from any Manufacturer for Manufacturer Administrative Fees is five and one-half percent (5.5%) of the wholesale acquisition cost ("WAC") for all products of such Manufacturer dispensed during any given calendar year to members of Claim Administrator, as applicable; provided, however, Claim Administrator will advise Employer if such maximum has changed.

5. **Disclosures:** All other disclosures set forth in the Agreement will apply to pharmacy benefit management services.

6. **Pharmacy Network:**

a. **Network Establishment and Maintenance:** In Prime's agreement with Claim Administrator, Prime has agreed it is responsible for providing and maintaining a network of Network Participants for use by Members to obtain Covered Prescription Drug Products and Services. Employer acknowledges that in negotiating the Agreement and this Exhibit, it has taken into consideration that Claim Administrator and/or Prime will keep all or a portion of the discounts and/or other allowances that Claims Administrator or its pharmacy benefits manager has negotiated with the Network Participant. Prime will implement the methodology described in the Prescription Drug Program Eligible Charge when calculating the Copayment/Deductible, and Coinsurance amounts. Prime will reimburse Network Participants in accordance with the applicable Network Contract. Employer acknowledges actual network savings achieved may vary by Network Participant and plan size and/or other demographics. Prime requires its Network Participants to not switch Covered Prescription Drug Products to a higher cost product unless requested to by the Member and/or the Member's Physician.

b. **Non-Payment to Excluded Providers:** Prime will use commercially reasonable efforts to not make payments to Providers that are not licensed as required by law or that have been debarred, suspended or otherwise excluded from a federal or state program.

c. **Prime Maximum Allowable Cost ("MAC") Lists:** Prime owns and will maintain proprietary database listings of multi-source pharmaceutical drug products and supplies that also identifies a recommended maximum allowable cost for drugs or supplies within specified categories, commonly referred to as Prime's MAC Lists. Prime's MAC Lists applicable to this Exhibit will be available for viewing by authorized representatives of Employer after 30 days' prior written request submitted by Employer to Claim Administrator, and subject to Employer's execution of Prime's non-disclosure agreement(s). Such requests shall be made no more frequently than four (4) times per calendar year. Prime's MAC List will only be made available for viewing at Prime's corporate headquarters or another secured location designated by Prime.

d. **Pharmacy Locator:** Prime will provide a means, either toll-free telephone line or electronic, to enable Members to identify Network Participants in a particular area.

e. **Mail Service:** Prime will provide or cause to be provided a mail order prescription drug service through which Members may receive Covered Prescription Drug Products and Services through the mail ("Mail Service"). Upon termination of the Agreement between Claim Administrator and Employer, Prime agrees to provide or cause to be provided mail order open refill and prior authorization files for purposes of transition to any new vendor selected by Employer at Prime's standard rate. Mail Service and specialty pharmacies may operate through an affiliate partially owned by Prime Therapeutics LLC.

f. **Pharmacy Network Audit Services:** Prime will perform or cause to be performed pharmacy Claims audits to promote Network Participant contract integrity.

g. **Audits:** In addition to the audit rights available elsewhere in the Agreement, Employer may request that Claim Administrator inspect and/or audit Prime's records, pursuant to the terms and conditions of the agreement between Claim Administrator and Prime, as they relate to the Claims under the

Agreement. Subject to the audit terms elsewhere in the Agreement, Employer may also audit Prime's records as they relate to the aforementioned Claims by coordinating such audit through Claim Administrator and executing an audit agreement with Prime as a party. Audits will be performed during normal business hours and are subject to providing Claim Administrator and Prime with reasonable advance written notice. Prime will make available records, as they relate to the Claims, unless Prime is legally or otherwise contractually prohibited from doing so. No material shall be copied or removed from Claim Administrator or Prime without prior written approval by Prime or Claim Administrator as applicable. Employer will bear its own cost and expenses for all such audits.

- h. **Specialty Pharmacy:** Claim Administrator and Prime have contracted with specialty pharmacies and/or vendors to provide Members with access to in-network benefits for covered Specialty Drugs.

## 7. **Claims Processing**

- a. **Adjudication of Prescription Drug Claims from Network Participants:** Prime will process Claims for Prescription Drugs Products and Services electronically submitted by Network Participants through the Claims Adjudication System, according to Benefit Plan benefit and eligibility information submitted by Claim Administrator to Prime and will pay eligible Claims and provide to the submitting entity electronic notification of declined or ineligible Claims. Prime will also process and pay Paper Claims received from a Member at the benefit level set forth in the Benefit Plan, and based on the Prescription Drug Program Eligible Charge, in accordance with the terms of the Benefit Plan, provided that the Benefit Plan allows such reimbursement.
- b. **Material Change to AWP:** If after the Effective Date: (i) changes to the formula, methodology or manner in which AWP is calculated or reported by Medi-Span take effect or (ii) Medi-Span ceases to publish AWP for the Covered Prescription Drug Services under this Exhibit, then the financial terms of this Exhibit shall be automatically adjusted at the time of such change to return the Parties to their respective economic positions as they existed under the Agreement immediately prior to such change. If the event described in item (ii) above occurs, the AWP pricing under this Exhibit shall immediately and automatically be converted to an alternative pricing benchmark determined by Prime. Claim Administrator shall inform Employer in writing, in advance if practicable, of any conversion to an alternative pricing benchmark for Covered Services, and give Employer a reasonable opportunity to review such new benchmark. Thereafter, Employer will be deemed to have approved the designation, which will become part of this Agreement, unless Employer terminates this Exhibit in accordance with its terms. Failure to reach agreement on the new benchmark shall not be a breach of contract.
- c. **Statement of Account:** Prime will furnish to Claim Administrator, at least weekly, a statement of account of the amount of payments that have become due for Claims processed by Prime.
- d. **NDC File:** Prime will maintain a National Drug Code (NDC) File for prescription drugs and required elements for each NDC.
- e. **Help Desk Service:** Prime will provide help desk service for pharmacist assistance in processing a pharmacy claim.
- f. **Benefit Plan Design:**  
In the event Employer wishes to implement Benefit Plan design changes including, but not limited to, implementation of Coinsurance or increase of Copayment/Deductible, the pricing in the BPA Addendum may no longer be applicable. If such Benefit Plan design changes impact the existing pricing, a new BPA Addendum pricing must be negotiated. If the Parties cannot agree on the terms of the new BPA Addendum pricing, either Party shall be allowed to (a) proceed to dispute resolution, as set forth in the Agreement or (b) terminate this Exhibit with 90 days' prior written notice to the other Party. Failure to reach agreement on the new Addendum pricing shall not be a breach of contract.

- 8. **Term:** This PBM Exhibit will be in effect for the term of the Agreement or the Term as stated in the BPA Addendum, whichever is shorter (the "Term").

## 9. **Termination**

This Exhibit may be terminated as follows:

- a. By either Party at the end of any period(s) of time for which guaranteed pricing is defined in the BPA Addendum (“Guarantee Period(s)”) upon ninety (90) days prior written notice to the other Party; or
- b. By both Parties on any date mutually agreed to in writing; or
- c. By termination of the entire Agreement by either Party at the end of any month after the end of the Fee Schedule Period indicated in the Fee Schedule specifications of the most current ASO BPA upon ninety (90) days prior written notice to the other Party; or
- d. By either Party, in the event of fraud, misrepresentation of a material fact or not complying with the terms of this Exhibit, upon written notice as provided in the “Notice and Satisfaction” section of the Agreement; or
- e. By Claim Administrator, upon Employer’s failure to pay all amounts due under the Agreement or this Exhibit including, but not limited to, all amounts pursuant to and in accordance with the specifications of the Fee Schedule of the most current ASO BPA and BPA Addendum.

**10. Program Pricing Terms**

The pricing terms for Pharmacy Benefit Management services are as follows, subject to the Copayment/Deductible and Coinsurance in the applicable Benefit Plan:

**a. Pharmacy Program Claims**

- 1. (a) Employer will reimburse Claim Administrator for Claims submitted under the pharmacy program based on the pricing set forth in the BPA Addendum.  
(b) Payment by Employer is subject to applicable Copayment/Deductible and/or Coinsurance or other coverage features set forth in the Benefit Plan designated by Employer under the pharmacy program.

In each case, if applicable, Employer will pay Claim Administrator the price set forth in subsection (a) above, plus any Provider Taxes and any federal, state, or local sales, use or other tax or assessment related to any Prescription Drug Products and Services less the Member’s cost share as established by Employer.

In no event will Employer be charged if the Member Copayment/Deductible or Coinsurance covers one-hundred percent (100%) of the Covered Prescription Drug Products and Services. Member Deductible and Coinsurance will be calculated as described in the Agreement, and Member is also responsible for the applicable Copayment plus applicable taxes. Zero balance logic is not employed.

- 2. **Direct Claims:** The Member reimbursement terms applicable to direct reimbursement of Paper Claims submitted by Members are determined by the benefit design.

**b. Specialty Drug Claims**

If covered under Employer Benefit Plan, notwithstanding anything to the contrary in Sections a and b above and elsewhere in the Agreement, Employer will reimburse Claim Administrator for Covered Prescription Drug Products and Services designated as Specialty Drugs under the Specialty Drug program, at the pricing set forth in the BPA Addendum, subject to the Copayment/Deductible and Coinsurance in the applicable Benefit Plan. Specialty Drugs may be provided by Prime, an affiliate of Prime, or other specialty pharmacy that has a written arrangement with Prime or Claim Administrator. Pricing for Specialty Drug Claims under the Specialty Drug program is not included in the retail and mail pharmacy pricing described in the BPA Addendum. Member Deductible and Coinsurance will be calculated as described in the Agreement, and Member is also responsible for the applicable Copayment plus applicable taxes.

**c. Copayments/Deductibles/Coinsurance**

The Brand Drug and Generic Drug Copayment/Deductible and Coinsurance will apply as indicated in the applicable Drug List and Benefit Plan for Employer.

**d. Rebates for Drugs Covered under the Prescription Drug Program**

In connection with Rebates earned for drugs covered under the prescription drug program, Rebate Credits are paid prospectively to Employer as a credit on the monthly billing statement and shall

not continue after termination of the Prescription Drug Program or the PBM Exhibit. Additional information about rebates and Rebate Credits are included in the Agreement and the ASO BPA.

## 11. DEFINITIONS

Certain terms are defined in the Administrative Services Agreement, but the following terms and phrases will have the meaning set forth below, for purposes of the services described in this Exhibit.

1. **“Average Wholesale Price” or “AWP”** means the average wholesale price of a prescription drug as set forth in the Prime price file at the time a Claim is processed. The price file will be updated no less frequently than weekly through the Pricing Source. The applicable AWP used for retail and mail will be based on the actual NDC-11 of the dispensed product. AWP discounts do not include savings from DUR or other clinical or medical management programs.
2. **“Benefit Plan”** means the benefit plan document that describes the Covered Prescription Drug Products and Services reimbursement for which an applicable Member of that Benefit Plan is entitled.
3. **“Brand Drug”** means, except as otherwise designated in the Additional Provisions of the BPA Addendum, a drug that may be protected by a patent and/or marketed under a trade name which the Pricing Source designates as a Brand Drug. The Pricing Source used on the effective date of this Exhibit, Medi-Span, typically designates Brand Drugs as M, N or O in their multi-source code indicator.
4. **“Claim” or “Claims”** means requests for payment submitted by Network Participants or Members for Prescription Drug Products and Services.
5. **“Claim Administrator”** has the meaning set forth in the Agreement.
6. **“Claims Adjudication”** means the determination of whether a given Claim is entitled to reimbursement pursuant to the terms and conditions of a Benefit Plan and the amount payable to or by a Network Participant or Member pursuant to such Benefit Plan, the applicable Network Contract and any other applicable factors, including any Copayment/Deductible or Coinsurance payable by a Member, as well as drug utilization review. Claims Adjudication shall accommodate any e-prescribing procedures that may be adopted after the date hereof.
7. **“Compound Drug”** means a prescription product composed of two or more medications mixed together, with at least one of the component medications being a Federal Legend Drug. The end product must not be available in an equivalent commercial form. The product will not be considered a Compound Drug if it is reconstituted or if, to the active ingredient, only water, alcohol, flavoring, coloring or sodium chloride solutions are added.
8. **“Coinsurance”** means that portion of the amount claimed for Covered Prescription Drug Products and Services, calculated as a percentage of the Prescription Drug Program Eligible Charge (or its substitute) for such services, which is to be paid by Members pursuant to Member’s Benefit Plan.
9. **“Copayment/Deductible”** means a fixed dollar portion of the amount claimed for Covered Prescription Drug Products and Services that is to be paid by Members pursuant to Member’s Benefit Plan.
10. **“Covered Prescription Drug Products and Services”** means the pharmaceuticals and associated services available to Members and eligible for reimbursement pursuant to the Member’s Benefit Plan, subject to any Copayment/Deductible or Coinsurance.
11. **“Dispensing Fee”** means the negotiated fee for Network Participants’ professional service of filling a prescription and is added to the Ingredient Cost for the prescription.
12. **“Drug Utilization Review” or “DUR”** means the process whereby the therapeutic effects and cost effectiveness of various drug therapies are reviewed, monitored and acted upon consistent with the Member’s Benefit Plan. DUR can be prospective, concurrent or retrospective.
13. **“Drug List”** means a list of pharmaceutical products which is available to Network Participants, Members, physicians or other health care providers for purposes of providing information about the coverage and tier status of individual pharmaceutical products.

14. **“Extended Supply Network”** or **“ESN”** means claims for Covered Prescription Drug Products and Services for which the quantity of medication is at least an Eighty-Four (84) days’ quantity supply of medication, provided that the Member’s Benefit Plan provides for an ESN benefit.
15. **“Foreign Claim”** means a Claim for a prescription product or service obtained outside the United States which prescription product or service has an equivalent FDA approved version available for dispensing inside the United States. Prescription products or services that do not have equivalent FDA approved versions are not eligible for reimbursement.
16. **“Generic Drug”** means, unless otherwise designated in the Additional Provisions of the BPA Addendum, a drug that is not protected by a patent nor marketed under a trade name which the Pricing Source designates as a Generic Drug. The Pricing Source used on the effective date of this Exhibit, Medi-Span, typically designates Generic Drugs as Y in their multi-source code indicator.
17. **“Ingredient Cost”** means the negotiated rate (e.g., discount of AWP or MAC) for a prescription drug dispensed by a Network Participant and which, when combined with the applicable Dispensing Fee, constitutes the full amount payable for the given prescription drug and the professional service of dispensing such drug.
18. **“Legend Drugs”** means drugs, biologicals, or compounded prescriptions which are required by law to have a label stating “Caution — Federal Law Prohibits Dispensing Without a Prescription,” and which are approved by the FDA for a particular use or purpose.
19. **“MAC List”** means the list of unit prices established by Prime for multi-source Covered Drugs, each such unit price specified by Generic Product Identifier (“GPI”) and including the dates for which such price was in effect. The MAC List is maintained by Prime and updated from time to time in accordance with this Exhibit and the BPA Addendum.
20. **“Mail Service”** means the service through which Members may receive Covered Prescription Drug Products and Services through the mail.
21. **“Manufacturer”** means a company that manufactures, and/or distributes pharmaceutical drug products.
22. **“Manufacturer Administration Fee”** means all negotiated fees received by Prime from any given Manufacturer, directly or through a group purchasing organization, relating to administration of Rebates under a Manufacturer Agreement.
23. **“Maximum Allowable Cost”** or **“MAC”** means the unit price established by Prime for a specific multi-source drug present on the MAC List at the time of service.
24. **“Member”** or **“Members”** means an individual who is eligible to receive Covered Prescription Drug Products and Services as a beneficiary at the time of service under a Benefit Plan.
25. **“Network Contract”** has the meaning set forth in the definition of “Network Participant.”
26. **“Network Participant”** means each individual pharmacy, chain or Pharmacy Services Administrative Organizations (PSAO) that has entered into an agreement(s) with Prime or Claim Administrator (“Network Contract”) to provide Covered Prescription Drug Products and Services to Members, as may be amended.
27. **“Paper Claims”** means Claims for prescription drug services that are submitted to Prime for Claim Adjudication through the use of a paper claim form, generally by a Member, subsequent to the point of sale.
28. **“Pass-Through Price”** means the rate (inclusive of Ingredient Cost, Dispensing Fee and Provider Tax) paid by PBM to the Network Participant based on the rate set forth in the Claims Adjudication System at the time a Claim is processed.
29. **“Pricing Source”** means Medi-Span, or other such national drug database or alternate pricing benchmark as Prime and Claim Administrator may designate, which establishes and provides updates to Prime no less frequently than weekly or as otherwise required by law, regarding AWP or other alternative pricing benchmark for Covered Prescription Drug Products and Services.
30. **“Provider Tax”** means any tax on a Covered Prescription Drug Product and Service required to be collected or paid by a pharmacy provider for a Covered Prescription Drug Product and Service.

31. **“Rebate(s)”** means any discount or other remuneration of any kind received or recovered by Prime, directly or through a group purchasing organization, from any Manufacturer which is directly attributable to purchase or utilization of Covered Prescription Drug Products and Services by Members. Rebates do not include Manufacturer Administration Fees which Prime is entitled to retain pursuant to the Agreement and this Exhibit unless otherwise required by law, or fees retained by a group purchasing organization for its role in securing Rebates and/or Manufacturer Administrative Fees.
32. **“Rebate Credit”** has the meaning set forth elsewhere in this Agreement.
33. **“Rebate Management Services”** means the services which Prime is obligated to provide pursuant to Section 4.
34. **“Specialty Drugs”** means prescription drugs generally prescribed for use in limited patient populations or diseases. These drugs are typically injected, but may also include drugs that are for serious or chronic conditions, oral medications and/or that have special handling or storage requirements, or are infused medications. In addition, patient support and/or education may be required for these drugs. The list of Specialty Drugs is determined by Prime or Claim Administrator and subject to change.
35. **“Usual and Customary”** or **“U&C”** means the price, including any Dispensing Fee, that a Network Participant would charge a particular customer if such customer were paying cash for the identical prescription drug service on the date dispensed. This includes any applicable discounts including but not limited to senior discounts, frequent shopper discounts, and other special discounts offered to attract customers.
36. **“Utilization Management”** means clinical management services designed to encourage proper utilization of prescription drugs in order to enhance (or not diminish) Member outcomes while managing drug benefit costs, directly and/or indirectly, for Benefit Plan and Members. Such services include, but are not limited to the following: drug list exception, prior authorization, step therapy, quantity limits and DUR.
37. **“Zero Balance Due Claim”** means any Claim where the Member cost share covers one hundred percent (100%) of the Prescription Drug Program Eligible Charge for such Claim.

**EXHIBIT 8**  
**COBRA HEALTH BENEFITS CONTINUATION COVERAGE**

**1. DEFINITIONS**

In the event that there is a conflict between the definitions set forth below and those found under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") or under the Internal Revenue Code of 1986, and the regulations thereunder, as may be amended, the statutory definitions shall control.

- 1.1 "Health Benefits Continuation Coverage"** shall mean the administrative services Claim Administrator offers to assist the Employer in fulfilling its responsibilities under the Consolidated Omnibus Budget Reconciliation Act of 1985.
- 1.2 "COBRA"** shall mean the Consolidated Omnibus Budget Reconciliation Act of 1985, as may be amended.
- 1.3 "Continuation of Coverage Provisions"** shall mean continuation of group health care coverage provisions mandated by COBRA.
- 1.4 "Covered Employee"** shall mean an individual who is (*or was*) provided coverage under the Plan by virtue of the individual's employment or previous employment with an employer.
- 1.5 "Qualified Beneficiary"** shall mean:
- A.** In general, the term "**Qualified Beneficiary**" shall mean, with respect to a Covered Employee under the Plan, any individual who, on the day before the qualifying event for that employee, is a beneficiary under the Plan:
    - 1.** as the spouse of the Covered Employee, or
    - 2.** as the dependent child of the Covered Employee.
  - B.** In the case of a qualifying event which is caused by termination (*other than by reason for such employee's gross misconduct*), or reduction of hours, of the Covered Employee's employment, the term "**Qualified Beneficiary**" includes the Covered Employee.
- 1.6 "Qualifying Event"** shall mean, with respect to any Covered Employee, any of the following events which, but for the continuation coverage required, would result in the loss of coverage of a Qualified Beneficiary:
- A.** The death of the Covered Employee;
  - B.** The termination (other than by reason of such employee's gross misconduct) or reduction of hours, of the Covered Employee's employment;
  - C.** The divorce or legal separation of the Covered Employee from the employee's spouse;
  - D.** The Covered Employee becoming entitled to benefits under Title XVIII of the Social Security Act;
  - E.** A dependent child ceasing to be a dependent child under the generally applicable requirements of the Plan; or
  - F.** A determination made under the Social Security Act that the Covered Employee is disabled.
- 1.7 "Applicable Premium"** shall mean the amount a Plan will require a Qualified Beneficiary to pay, for any period of COBRA continuation coverage, that does not exceed one hundred and two percent (*102%*) of the applicable premium for that period or does not exceed one hundred and fifty percent (*150%*) of the applicable premium after the 18th month of coverage for Qualified Beneficiaries eligible for extended coverage due to disability. The applicable premium is defined in Section 4980B(f)(4) of the Internal Revenue Code of 1986.
- 1.8 "Employer"** shall mean the individual proprietor, partnership or corporation identified in the Plan and any predecessor thereto, and any corporation with which the Employer shall be merged or consolidated, or any corporation resulting in any manner from a reorganization of the Employer or any individual, firm or corporation which shall assume the Health Benefits Continuation Coverage obligations of the Employer.

**1.9** "Plan Administrator" shall have the meaning given the term "administrator" by Section 3(16)(a) of the Employee Retirement Income Security Act of 1974.

**2. SERVICES TO BE PROVIDED BY CLAIM ADMINISTRATOR**

During the term of this Agreement, Claim Administrator will perform such services as are set forth in Schedule I attached hereto and made a part hereof.

**3. RESPONSIBILITIES OF THE EMPLOYER**

**3.1** The Employer retains full and final authority and responsibility with respect to compliance with COBRA Continuation of Coverage Provisions and except as provided in Article IV of this Exhibit, the Employer shall have the sole responsibility for and shall bear the entire cost of compliance with all federal, state and local rules and laws including, but not limited to: any licensing; filing; reporting and disclosure requirements as they may apply to its Health Benefits Continuation Coverage or COBRA Continuation Provisions; and all costs, expenses and fees relating thereto.

**3.2** Subject to the terms of 5.3 of the Agreement, the Employer shall undertake the defense of any action against it and/or Claim Administrator and shall be responsible for the costs of defense; provided, however, that Claim Administrator shall have the option, at its sole discretion, to employ attorneys selected by it to defend any such action, the costs and expenses of which shall be the responsibility of the Employer.

**3.3** It is understood by the Employer that COBRA imposes penalties on an employer or Plan Administrator who fails to accurately comply with the COBRA Continuation of Coverage Provisions. Subject to the terms of 5.3 of the Agreement it is further understood by the Employer that Claim Administrator shall in no way be responsible for any said penalties nor does Claim Administrator agree to be liable for damages resulting from any said penalties which may be imposed on the Employer or Plan Administrator for non-compliance of COBRA Continuation of Coverage Provisions. The penalties may include, but are not limited to: loss of federal tax deduction for expenses paid or incurred for any Plan maintained by the Employer; failure to notify the employee of continuation rights, either initially or upon a Qualifying Event resulting in a penalty payment of up to \$100.00/ per Qualified Beneficiary per day of delay; and highly compensated individuals who participate in a Plan for which the Employer fails to follow the COBRA requirements may not be permitted to exclude from income the amount contributed by the Employer in his or her behalf for such coverage.

**3.4** The Employer hereby agrees to identify the employee who shall act as the sole contact between the Employer and Claim Administrator in regard to COBRA Health Benefits Continuation Coverage matters under this Agreement.

**3.5** The Employer hereby agrees to be solely responsible for providing the initial notice regarding Health Benefits Continuation Coverage under COBRA and for providing and updating their Summary Plan Descriptions regarding COBRA.

**3.6** Unless an insurance policy issued by Claim Administrator is in force, the Employer understands that Claim Administrator does not insure or underwrite the liability of the Employer for the Health Benefits Continuation Coverage it offers pursuant to COBRA. The Employer retains the ultimate responsibility for claims made under the Health Benefits Continuation Coverage and all expenses incident to the Health Benefits Continuation Coverage, except as specifically assumed in this Agreement by Claim Administrator.

**3.7** The Employer shall furnish on a timely basis to Claim Administrator certain information concerning the Employer's Plan descriptions and employees and dependents covered under the Health Benefits Continuation Coverage including Qualified Beneficiaries entitled to the Health Benefits Continuation Coverage as may from time to time be required by Claim Administrator for the performance of its duties including, but not limited to, the following:

All documents by which the Health Benefits Continuation Coverage is established and any amendments or changes to the Health Benefits Continuation Coverage as may from time to time be adopted including thirty (30) days prior written notification to Claim Administrator when the

Employer plans a reduction in force, lay-off, strike, or shutdown or filing for bankruptcy, or makes changes to any of the following: its Health Benefits Continuation Coverage; benefit pricing; or benefit carriers.

All data as may be required by Claim Administrator regarding the Qualified Beneficiaries who are to be covered under this Agreement.

- A. Such data may include, without limitation, a list of Qualified Beneficiaries who are to be covered under this Agreement, and completed Health Benefits Continuation Coverage applications.

Further, the Employer will notify Claim Administrator of the effective date of coverage for all Qualified Beneficiaries who are to be covered under this Agreement. Clerical errors or delays in keeping or reporting data relative to coverage under this Agreement will not invalidate coverage which would otherwise be validly in force or continue coverage which would otherwise validly terminate. However, the Employer is liable for any benefits paid for a terminated Qualified Beneficiary if the Employer had not timely notified Claim Administrator as required by COBRA of such Qualified Beneficiary's termination or ineligibility under COBRA.

- B. All such notification by the Employer to Claim Administrator must be furnished on forms or in a format approved by Claim Administrator and must include all information reasonably required by Claim Administrator to effect such changes.

Such information as to Health Benefit Continuation Coverage benefits as will enable Claim Administrator to accurately prepare any reports required under this Agreement. The Employer, furthermore, shall use its best efforts to cooperate with and assist Claim Administrator as applicable, in the performance of its duties hereunder.

#### **4. RESPONSIBILITIES OF CLAIM ADMINISTRATOR**

- 4.1 Claim Administrator is empowered to act on behalf of the Employer in connection with the Health Benefits Continuation Coverage only as expressly stated in this Agreement or as mutually agreed to in writing by the parties hereto.
- 4.2 Claim Administrator shall have no responsibility for the compliance of the Health Benefits Continuation Coverage or COBRA Continuation of Coverage Provisions with any applicable federal, state or local rule or law.
- 4.3 Claim Administrator shall be responsible for expenses arising out of its performance of the services described in Schedule I.
- 4.4 Claim Administrator hereby agrees to assume full responsibility for timely and complete notice to Qualified Beneficiaries of their respective rights under COBRA provided that the Plan Administrator has given timely and complete notice of the Qualifying Event to Claim Administrator. Notification shall be made in accordance with the notice and time requirements specified in the Consolidated Omnibus Budget Reconciliation Act of 1985. Upon notice of a Qualifying Event from the Plan Administrator, Claim Administrator will provide a notification package to the Qualified Beneficiary.

#### **5. TERM AND TERMINATION OF COBRA SERVICES**

- 5.1 This Exhibit shall run concurrent with the Agreement and shall terminate when the Agreement terminates, subject to Run-Out provisions. In the event of such termination Claim Administrator agrees to use its best efforts to assist the Employer in notifying Qualified Beneficiaries, transferring data, files, and all other relevant information to the Employer or its delegate. Unless agreed otherwise in writing by the parties, in the event of such termination, the Employer shall have responsibility for current and future COBRA Qualified Beneficiaries Applicable Premium billing and collection services and all other responsibilities contained in this Exhibit.
- 5.2 In the event that the Employer ceases to have an obligation under COBRA to provide Health Benefit Continued Coverage to all covered employees and all Qualified Beneficiaries, the Employer will provide Claim Administrator with at least ten (10) days advance written notice of the cessation of

its obligations. Upon receipt of such notice, Claim Administrator at its sole option, has the right to terminate this Agreement upon ten (10) days written notice to the Employer. In the event of such termination by Claim Administrator, the Employer shall immediately have complete responsibility for current and future COBRA Qualified Beneficiaries Applicable Premium billing and collection services and all other responsibilities contained in this Agreement. Further, in the event of such termination, the Employer agrees to notify all Qualified Beneficiaries.

- 5.3** Termination of COBRA services by either the Employer or Claim Administrator shall not terminate any other terms and/or conditions of this Agreement unless provided in this Agreement.

## **6. NOTICES**

All notices, directions or requests under this Exhibit shall be in writing and shall either be delivered or mailed to the parties as follows.

If to the Claim Administrator:

**Health Care Service Corporation  
PO Box 655082  
Dallas, TX 75265-5082**

or if to the Employer:

The Employer address indicated on Exhibit 4, the Benefit Program Application ("BPA").

## SCHEDULE I

### Claim Administrator will perform the following services:

1. Claim Administrator will provide notice to Qualified Beneficiaries of their COBRA rights.
2. Claim Administrator will, within the time frames required by COBRA, produce and mail monthly COBRA premium bills for the Qualified Beneficiaries.
3. Claim Administrator will post premium payments received.
4. Claim Administrator will produce and mail late and/or insufficient premium notices within the time frames required by COBRA, when appropriate, that advise Qualified Beneficiaries that they are in jeopardy of losing their Health Benefits Continuation Coverage.
5. Where premiums are not paid in full or in a timely fashion as defined by COBRA, Claim Administrator will produce and mail a cancellation letter. Unless otherwise agreed to in writing by the parties, Claim Administrator will deem payments that are less than ninety percent (90%) of the premium to be insufficient and cancel coverage.
6. Claim Administrator will send out conversion letters 90 days prior to the end of eligibility period.
7. Claim Administrator will respond to written or phone inquiries relating to COBRA.
8. Claim Administrator will, within 14 days after receipt of the enrollment form from the Qualified Beneficiary, produce and mail the initial COBRA benefit continuation billing.
9. Claim Administrator will, upon receipt of an enrollment form and initial premium payment, update membership for that Qualified Beneficiary. Once premiums have been received, claims will be processed through normal claims processing channels.
10. Claim Administrator will on a monthly basis furnish a check payable to the Employer in the amount of COBRA premiums received less COBRA Administration fees described in Schedule II. A detailed report of premiums collected broken down by individual carrier(s) will accompany this remittance.

## SCHEDULE II

### **Administrative Fee**

The Employer will pay a separate and distinct Administrative Fee to Claim Administrator as payment for the Administrative Services Claim Administrator provides under this Agreement. This Administrative Fee will be due and payable as follows:

1. The Employer will pay Claim Administrator Seventy-Five Dollar (\$75.00) monthly administrative fee. The sum of Seventy-Five Dollars (\$75.00) will be deducted from the monthly remittance to the Employer pursuant to Schedule I, paragraph 10. If the Seventy-Five Dollar (\$75.00) fee exceeds the amount of premium received, the excess will be due and payable to Claim Administrator upon receipt of a monthly invoice.
2. The Employer will pay Claim Administrator a sum of Ten Dollars (\$10.00) per Qualified Beneficiary on a monthly basis as the payment for the billing and Applicable Premium collection services Claim Administrator provides under this Agreement. The sum of Ten Dollars (\$10.00) per Qualified Beneficiary per month will be deducted from the monthly remittance to the Employer pursuant to Schedule I, paragraph 10. If the Ten Dollars (\$10.00) per Qualified Beneficiary per month fee exceeds the amount of premium received, the excess will be due and payable to Claim Administrator upon receipt of a monthly invoice.
3. The Employer will pay Claim Administrator a sum of Ten Dollars (\$10.00) per Qualified Beneficiary for each notice to Qualified Beneficiaries of their COBRA rights. The sum of Ten Dollars (\$10.00) per Qualified Beneficiary notice will be deducted from the monthly remittance to the Employer, pursuant to Schedule I, paragraph 10. If the Ten Dollars (\$10.00) per Qualified Beneficiary notice fee exceeds the amount of premium received, the excess will be due and payable to Claim Administrator upon receipt of a monthly invoice.
4. The Employer will pay Claim Administrator a sum of One Hundred Dollars (\$100.00) per hour for any system programming costs associated with non-standard administration services. The sum of One Hundred Dollars (\$100.00) per hour will be deducted from the monthly remittance to the Employer pursuant to Schedule I, paragraph 10. If the One Hundred Dollars (\$100.00) per hour fee exceeds the amount of premium received, the excess will be due and payable to Claim Administrator upon receipt of a monthly invoice.

**McLean County Unit District No. 5  
1809 West Hovey Avenue  
Normal, Illinois 61761-4339**



May 26, 2021

To: Board of Education

From: Martin Hickman

Re: Employee Group Medical, Dental, and Life Insurance Renewal

The Health Insurance Committee has approved the following for the Health and Dental renewal for the 2021-2022 plan year:

- Health Insurance Committee has approved the following for the July 1<sup>st</sup>, 2021 effective date:
  - o Offer the Current 3 PPO plans – \$500, \$750, and \$1,000 deductible
  - o Offer the Current HDHP - \$4,500 deductible
  - o Stop Loss Deductible – recommend renewing with the current deductible of \$200,000
  - o Medical – the BCBS projected total cost of \$15,715,117
  - o Dental – the BCBS projected total cost of \$719,759

Recommendation for the Board to formally approve the contracts as noted below.

- Approve renewal of Health and Dental self-insured insurance with Blue Cross Blue Shield of IL through Clemens & Associates.
- Approve Health fully-insured insurance with Health Alliance through BPA and Dental fully-insured insurance with Principal through BPA for the Unit 5 Custodial and Maintenance group.



# ILLINOIS GROUP SIZE 51+ EXHIBIT B

Employer Federal Tax ID Number (TIN):

Group Number:

Group Name:

Group Contact:

Email Address:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

## SECTION 1: EXHIBIT B FOR GROUP SIZE 51+

1. Plan year effective date: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Contract renewal date, if different than plan year: From: \_\_\_\_\_ To: \_\_\_\_\_  same as plan year

3. Benefit year type:  
 Annual (January 1 to December 31, regardless of contract renewal month)  
 Contract (12 months starting with the contract year date)

4. Enrollment (*please check Yes or No*)

Open Enrollment:

Yes; Group shall conduct an open enrollment period each year the Agreement is in effect, during which time all eligible employees and their eligible Dependents who are not enrolled as Members of Health Alliance may enroll as Members. This open enrollment period shall only apply if all plans of coverage offered by the group agree to conduct an annual open enrollment whereby eligible employees and their eligible Dependents may enroll in any plan.  
If yes, what is your open enrollment date? \_\_\_\_\_

No; employees and any eligible Dependents enrolling after the eligible grace period expires will be treated as a "Late Entrant."

Dual Choice:  Yes or  No

Yes; Group shall conduct a dual choice period each year the Agreement is in effect, during which time all eligible employees and/or family Dependents who are currently enrolled as a Member in one of the Health Alliance Plans may switch to the other Health Alliance Plan. Dual choice is subject to underwriting guidelines.  
If yes, what is your dual choice date? \_\_\_\_\_

Annual Election:  Yes or  No

Yes; Group shall conduct an annual election period each year the Agreement is in effect, during which time all eligible employees and/or family Dependents who are currently enrolled as Members in any group sponsored healthcare insurance plan may switch plans without pre-existing condition limitations. This annual election period shall only apply if all plans of coverage offered by the Group agree to conduct an annual election whereby eligible employees and/or family Dependents may enroll in any plan.  
If yes, what is your annual election date? \_\_\_\_\_

5. Total number of employees including full-time, part-time, seasonal, owners, etc.?

6. Number of employees eligible for coverage?

7. How many hours per week must the employee work in order to be eligible for coverage?  
**Please note:** 30 hours per week or more = full time.

8. When are new hires eligible for coverage? You may not have a waiting period that exceeds 90 days.

Choose one eligibility option:

- Employees are eligible for coverage the first of the month following 30 days.
- Employees are eligible for coverage the first of the month following 60 days.
- Date of Hire.
- Other \_\_\_\_\_

Choose one termination option:

- The employee coverage terminates the end of the month the employee leaves employment.
- The employee coverage terminates the date the employee leaves employment.

9. Are there classes of employees not eligible for coverage?  Yes  No

If Yes, please list:

10. Are there classes of employees with different eligibility dates (i.e. management vs. non-management)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
11. Is retiree coverage offered (age 65 and older)? <input type="checkbox"/> Yes <input type="checkbox"/> No To be eligible at retirement, retirees must receive at least a 25% contribution from their former group toward the cost of a single premium rate <u>or</u> the retiree must be "Primary Medicare Eligible" (not applicable to IMRF participants).  Do you have employees eligible for IMRF benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are early retirees (prior to age 65) offered coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what age? _____ Years of service? _____ Other? _____  Medicare Part D Creditable vs Non-Creditable. Send notices? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you allowing Late Entrants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, coverage is effective the first of the month after Health Alliance receives the Group Application/Change Form.
13. Are you offering an Employee Only or Employee Child(ren) Only plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note dependent information in this exhibit may not be applicable.
14. What is the employer's percentage of contribution toward the employees premium? (a minimum of [50%] is required) % or Other: _____
15. <i>Please note:</i> Civil Unions and Legally Married Spouses are eligible in Illinois regardless of Domestic Partner Coverage. Would you like to offer Domestic Partner Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Domestic Partner is defined as: • They are over age 18 • They must share a common permanent residence with the employee • The employee and their domestic partner agree to be jointly responsible for each other's basic living expenses during the domestic partnership • Neither the employee or their domestic partner is legally married, legally separated or a member of another domestic partnership • Both the employee and domestic partner are capable of consenting to the domestic partnership • The employee and the domestic partner are not related by blood closer than permitted by state law for marriage.
16. Do you have a Health Savings Account (HSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Health Reimbursement Account (HRA)? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. When someone returns from Leave of Absence, when are they eligible for coverage? <input type="checkbox"/> Standard (effective immediately upon return) <input type="checkbox"/> Other _____
18. When is a rehire eligible for coverage? <input type="checkbox"/> Standard (treat as New Hire) <input type="checkbox"/> Other _____
19. What is the effective date of coverage for an employee who moves from ineligible to eligible (i.e. part-time to full-time status)? <input type="checkbox"/> Standard (treat as New Hire) <input type="checkbox"/> Other _____
20. When is a transfer eligible for coverage? <input type="checkbox"/> Standard (effective first of the month following the date of transfer) <input type="checkbox"/> Other _____
<b>SECTION 2: HEALTH ALLIANCE MEDICAL PLANS STANDARDS FOR ELIGIBILITY AND ENROLLMENT</b>
A. <b>Applications:</b> Must be submitted within 31 days from the eligibility date or a special enrollment period.
B. <b>Effective Date of Dependent Coverage Termination:</b> Coverage may continue through the last day of the month the dependent turns age 26. For former military personnel, coverage may continue through age 30 with proof of honorable discharge. Dependents with an apparent handicapped condition that does not allow him or her to stay employed and is totally dependent on his or her parents or other caregivers for lifetime care and supervision may stay on the plan after age 26. Physician documentation may be required.
C. <b>Effective Date of Employee Coverage Termination:</b> The group shall not be entitled to receive a refund of any portion of a premium paid to Health Alliance as a result of the Group's failure to accurately notify Health Alliance in writing within 31 days of the employee's effective date of termination. Premiums for the month of termination are payable according to the 15th of the month rule. See "Remittance of Premiums," Section 3.6 of the Group Enrollment Agreement.
D. <b>Job Status Change:</b> Non-benefit eligible to benefit eligible treated as a new hire.
E. <b>Medicare-Eligible Policy:</b> This policy applies to certain active employees age 65 and older, retirees age 65 and older and disabled persons eligible for Medicare primary coverage. If a "Medicare-Eligible" Member does not elect Part B coverage when they are first eligible then Health Alliance shall determine payment as if the Member had elected Part B coverage. This is required for Groups.
F. <b>Leave of Absence Policy:</b> Health Alliance will allow employees on leaves of absence longer than six months to remain on the Plan if the Group resumes monthly contributions for these employees that meet or exceed the "Minimum Group Contribution" after the initial six month period. Employees on leaves of absence (medical, disability, education or personal leave) authorized by the Group will be allowed to pay 100% of their own premium for a maximum of six months. There must be a documented bona fide reason to believe that the employee will return to work upon conclusion of the leave of absence.

G. **Return from Leave of Absence Policy:** Coverage is effective immediately upon return from leave of absence.

H. **Continuation Coverage:** For those plans eligible for COBRA (20 or more employees), please note that dependents may not be qualified beneficiaries if they don't meet the IRS rules or guidelines as a tax dependent.

Dependents that are eligible for this plan can be qualified beneficiaries for state continuation, spousal continuation and dependent continuation.

I. **Layoff Policy:** Health Alliance will allow employees on temporary layoffs longer than six months to remain on the Plan if the Group resumes monthly contributions for these employees that meet or exceed the "Minimum Group Contribution" after the initial six-month period. Employees on temporary layoff authorized by the Group will be allowed to pay 100% of their own premium for a maximum of six months.

J. **Return from Layoff Policy:** Coverage is effective immediately upon return from layoff.

K. **Rehire Policy:** Treat as a new hire.

L. **Transfer Policy:** Coverage is effective the first of the month following the date of transfer.

**SECTION 3: AGREEMENT**

Approved by:

Name of Company \_\_\_\_\_

Health Alliance Medical Plans, Inc.

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

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

Its: \_\_\_\_\_

Its: \_\_\_\_\_

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

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

By clicking this checkbox, you acknowledge that you are authorized to sign for \_\_\_\_\_, understand that an electronic signature is taking place, and hereby Electronically Acknowledge Execution of this Exhibit on the date so acknowledged and such Acknowledgement shall be treated as a valid signature for all purposes of the Agreement.

Name of Company \_\_\_\_\_

## CERTIFICATE OF APPROVAL FOR A TEN YEAR SURVEY REPORT

(Section 2-3.12 of the School Code)

PARKSIDE JR HIGH SCHOOL	McLean
School Building	County
McLean County USD 5, 0050	
District Name and Number	

I, \_\_\_\_\_, State Superintendent of Education, acknowledge receipt of this ten-year safety survey report, approved for the year **0**. Hence, the next safety survey report will be due in the year **0**. The District architect has provided assurances that the building named above has been surveyed in accordance with 105 ILCS 5/2-3.12. This Certificate of Approval for a Ten Year survey Report does not necessarily imply that Fire Prevention and Safety Funds can be used for the work items listed in this survey report.

Date	Signature of State Superintendent of Education

**COMMENTS:**

ITEM ID	DESCRIPTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	DIFFERENCE	REASON
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**OTHER COMMENTS:**

ITEM ID	DESCRIPTION	REASON
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(35-22) (7/07) Prescribed for ISBE for ISBE Use

# REQUEST FOR AUTHORIZATION To use Fire Prevention and Safety Funds

Amendment Number

## PART I. CERTIFICATION OF ESTIMATED COSTS

### This is to certify that:

The PARKSIDE JR HIGH SCHOOL school, located at 101 N Parkside Rd Normal, Illinois, and under the management and control of the Board of Education of School District # 0050, McLean County, was surveyed by me on 7/23/2019.

All of the urgent or necessary work as indicated on the attached Form 35-48 is necessary to abate the violations of applicable code requirements and should result in effecting compliance with said requirements within prescribed timelines. No violations of applicable code requirements other than those cited in previously approved safety survey reports or amendments and those noted in this survey or amendment were noted.

All other work recommended in the attached Form 35-48, though not required to abate violations of applicable requirements of the Health/Life Safety Code for Public Schools, is recommended for energy conservation; disabled accessibility; school security; repair of school sidewalks, playgrounds, parking lots, or school bus turnarounds; and other repair purposes provided in Section 17 2.11 of the School Code.

**The certified estimated cost figures were prepared by me and to the best of my knowledge are true and accurate estimates of the costs to execute the work as specified. The total estimated costs to finance the work involved is \$ 4,440.00.**

<i>Name of Architect/Engineer</i> Randall Edward Middleton	<i>Name of Firm</i> MIDDLETON ASSOCIATES INC.
<i>Phone Number</i> (309) 452-1271	<i>Fax Number</i> (309) 454-8049.
<i>License Number</i> 001-007938	<i>Expiration Date</i> 11/30/2022
<i>Email Address</i> rand@miltonassociates.net	
<i>[Seal and Signature]</i>	

## PART II. CERTIFICATION OF NEED (Provided by district through IWAS)

The local Board of Education hereby certifies and assures the State Board of Education:

- a. Based upon the report of the architect referred to above, the district faces total estimated costs of \$ to finance the work involved.
- b. The district has \$ available in its operations and maintenance fund, fire prevention and safety fund, school facility occupation tax fund and/or other fund to finance the work.
- c. The district needs to raise \$ in additional revenue through the levy of the Fire Prevention and Safety Tax or issuance of Bonds to finance the recommended work.
- d. Plans and specifications for the work will be submitted to the Regional Superintendent for review and approval.
- e. The work to be financed with Fire Prevention and Safety funds will not commence until the Certificate of Approval of the State Superintendent is received, the detailed plans and specifications have been approved by the regional superintendent and the regional superintendent (or other lawful agency) has issued an appropriate Order to Effect Compliance with the Health/Life Safety Code for public schools (or other lawful order requiring the work to be done).
- f. All work authorized by the District will be executed in conformity with all applicable codes.
- g. In the case of work recommended to repair school sidewalks, playgrounds, parking lots, or school bus turnarounds the notice and hearing requirements of Section 17-2.11 of the School Code were complied with by publishing the required notice on and holding the required public hearing on .

**SCHEDULE OF RECOMMENDED WORK ITEMS AND ESTIMATED COSTS**

1. COUNTY CODE 064, McLean			2. DISTRICT CODE/NAME 0050, McLean County USD 5			3. FACILITY CODE/NAME PARKSIDE JR HIGH SCHOOL					
4. Item I.D.	5. Action I.D.	6. Priority Code	7. Specification(s)	8. Units Of Measure	9. Quantity	10. Labor Code	11. Estimated Cost (Architect / Engineer)	12. ROE Adjustment	13. ISBE Adjustment	14. Estimated Completion Date	15. Funding Type
1	e	b.	Repair as necessary and replace clogged supply pipe in wall with new copper pipe.	assembly	1	2	\$1,000.00			7/15/2024	F
2	e	b.	This Item Deleted	assembly	0	1	\$0.00			8/15/2026	F
3	c	b.	This Item deleted.	each	0	1	\$0.00			7/15/2025	F
4	c	b.	Remove fan unit. Replace fan motor	each	1	2	\$700.00			7/15/2025	F
5	f	b.	The door and hinges are pulled out enough so that the door is difficult to open. Remove the door and install new door and 3 hinges.	assembly	1	2	\$2,000.00			8/15/2024	F
6	c	b.	Repair door operation	assembly	1	1	\$0.00			8/16/2021	F

	Original Subtotal	\$3,700.00	Adjusted Subtotal	\$3,700.00
	Original 10.00% Contingency	\$370.00	Adjusted 10.00% Contingency	\$370.00
	Original 10.00% A/E Fees	\$370.00	Adjusted 10.00% A/E Fees	\$370.00
	Original Grand Total	\$4,440.00	Adjusted Grand Total	\$4,440.00

Items with a Funding Type of 'O' are not included in the cost calculation.  
35-48 (7/07) (Prescribed by ISBE for Local Board Use)

**VIOLATION AND RECOMMENDATION SCHEDULE**

(23 IL Adm. Code 180, Sections 180.320)

1. COUNTY CODE <b>064, McLean</b>		2. DISTRICT CODE/NAME <b>0050, McLean County USD 5</b>			3. FACILITY CODE/NAME <b>PARKSIDE JR HIGH SCHOOL</b>	
4. Item ID	5. Location(s) (Room No)	6. Priority Code	7. Rule Violated	8. Description of the violation	9. Recommendation to correct violation	
1	Corridor 200K	b.	175.60a) & IDPH 7890.110.6)2)	Drinking Fountain not operable.	Repair and provide adequate water supply to unit.assembly	
2	Several locations	b.	1745.60 a)	Door frame is rusted and wood door is delaminated.	This Item Deleted. An evaluation of all doors will be submitted in a separate Amendment not in this survey.	
3	Various locations doors to classrooms	b.	175.60 a)	Door edge split, splintered, veneer loose/broken.	This Item Deleted. An evaluation of all doors will be submitted in a separate Amendment, not in this 10 Year Survey.	
4	Restroom 166A	b.	175.564	Exhaust fan inoperative.	Repair or replace	
5	Locker room 184	b.	175.310 a)	Exit door requires excessive force to open.	Install new set of hinges and replace door	
6	Corridor 200K	b.	175.495	Fire Extinguisher cabinet is locked or the door is inoperable and cannot be opened.	Repair door	

Form 35-84 (7/07) (Prescribed by ISBE for local board use)

### CERTIFICATE OF APPROVAL FOR A TEN YEAR SURVEY REPORT

(Section 2-3.12 of the School Code)

PRAIRIELAND ELEMENTARY SCHOOL	McLean
School Building	County
McLean County USD 5, 0050	
District Name and Number	

I, \_\_\_\_\_, State Superintendent of Education, acknowledge receipt of this ten-year safety survey report, approved for the year **0**. Hence, the next safety survey report will be due in the year **0**. The District architect has provided assurances that the building named above has been surveyed in accordance with 105 ILCS 5/2-3.12. This Certificate of Approval for a Ten Year survey Report does not necessarily imply that Fire Prevention and Safety Funds can be used for the work items listed in this survey report.

Date	Signature of State Superintendent of Education

**COMMENTS:**

ITEM ID	DESCRIPTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	DIFFERENCE	REASON
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**OTHER COMMENTS:**

ITEM ID	DESCRIPTION	REASON
15	Storage on shelf to close to celing and sprinkler	
16	ceiling hung light string on extension cord	
17	extension cords.	

(35-22) (7/07) Prescribed for ISBE for ISBE Use

# REQUEST FOR AUTHORIZATION To use Fire Prevention and Safety Funds

Amendment Number

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## PART I. CERTIFICATION OF ESTIMATED COSTS

### This is to certify that:

The PRAIRIELAND ELEMENTARY SCHOOL school, located at 1300 E Raab Rd Normal, Illinois, and under the management and control of the Board of Education of School District # 0050, McLean County, was surveyed by me on 4/16/2021.

- All of the urgent or necessary work as indicated on the attached Form 35-48 is necessary to abate the violations of applicable code requirements and should result in effecting compliance with said requirements within prescribed timelines. No violations of applicable code requirements other than those cited in previously approved safety survey reports or amendments and those noted in this survey or amendment were noted.

- All other work recommended in the attached Form 35-48, though not required to abate violations of applicable requirements of the Health/Life Safety Code for Public Schools, is recommended for energy conservation; disabled accessibility; school security; repair of school sidewalks, playgrounds, parking lots, or school bus turnarounds; and other repair purposes provided in Section 17 2.11 of the School Code.

**The certified estimated cost figures were prepared by me and to the best of my knowledge are true and accurate estimates of the costs to execute the work as specified. The total estimated costs to finance the work involved is \$ 16,290.00.**

<i>Name of Architect/Engineer</i> Russell W Middleton	<i>Name of Firm</i> MIDDLETON ASSOCIATES INC.
<i>Phone Number</i> (309) 452-1271	<i>Fax Number</i> (309) 454-8049.
<i>License Number</i> 001-007820	<i>Expiration Date</i> 11/30/2022
<i>Email Address</i> russ@miltonassociates.net	
<i>[Seal and Signature]</i>	

## PART II. CERTIFICATION OF NEED (Provided by district through IWAS)

The local Board of Education hereby certifies and assures the State Board of Education:

- a. Based upon the report of the architect referred to above, the district faces total estimated costs of \$ to finance the work involved.
- b. The district has \$ available in its operations and maintenance fund, fire prevention and safety fund, school facility occupation tax fund and/or other fund to finance the work.
- c. The district needs to raise \$ in additional revenue through the levy of the Fire Prevention and Safety Tax or issuance of Bonds to finance the recommended work.
- d. Plans and specifications for the work will be submitted to the Regional Superintendent for review and approval.
- e. The work to be financed with Fire Prevention and Safety funds will not commence until the Certificate of Approval of the State Superintendent is received, the detailed plans and specifications have been approved by the regional superintendent and the regional superintendent (or other lawful agency) has issued an appropriate Order to Effect Compliance with the Health/Life Safety Code for public schools (or other lawful order requiring the work to be done).
- f. All work authorized by the District will be executed in conformity with all applicable codes.
- g. In the case of work recommended to repair school sidewalks, playgrounds, parking lots, or school bus turnarounds the notice and hearing requirements of Section 17-2.11 of the School Code were complied with by publishing the required notice on and holding the required public hearing on .

**SCHEDULE OF RECOMMENDED WORK ITEMS AND ESTIMATED COSTS**

1. COUNTY CODE 064, McLean			2. DISTRICT CODE/NAME 0050, McLean County USD 5				3. FACILITY CODE/NAME PRAIRIELAND ELEMENTARY SCHOOL				
4. Item I.D.	5. Action I.D.	6. Priority Code	7. Specification(s)	8. Units Of Measure	9. Quantity	10. Labor Code	11. Estimated Cost (Architect / Engineer)	12. ROE Adjustment	13. ISBE Adjustment	14. Estimated Completion Date	15. Funding Type
1	c	b.	Replace/refit ceiling tile, support exhaust fan to grid	each	1	2	\$200.00			6/30/2026	F
2	f	b.	Remove or replace with power strip	each	1	1	\$0.00			6/30/2026	F
3	f	b.	remove or replace cord with protected power strip.	each	1	1	\$0.00			6/30/2026	F
4	c	b.	Replace ceiling tile	each	1	1	\$25.00			6/30/2026	F
5	c	a.	Repair or replace lockset	each	1	2	\$650.00			6/30/2022	F
6	f	b.	Install maximum occupancy 53 sign	each	1	1	\$0.00			6/30/2026	F
7	c	b.	Replace missing ceiling tile	each	1	2	\$50.00			6/30/2026	F
8	b	b.	Remove top shelf storage to allow 2' clear.	each	1	1	\$0.00			6/30/2026	F
9	f	b.	Post OCCupancy not to Exceed 420	each	1	1	\$0.00			6/30/2026	F
10	c	a.	Repair or replace exit device and closer	each	1	2	\$900.00			6/30/2022	F
11	f	a.	Repair or replace closer	each	1	2	\$350.00			6/30/2021	F
12	e	a.	Replace door frame	each	1	2	\$3,000.00			6/30/2022	F
13	f	a.	Replace door frame	each	1	2	\$3,000.00			6/30/2022	F
14	f	a.	Replace door and frame	each	1	2	\$5,000.00			6/30/2022	F
15	b	b.	Remove upper storage top shelf	each	1	1	\$0.00			6/30/2026	O
16	f	b.	remove or provide power strip	each	1	1	\$0.00			6/30/2026	O
17	f	b.	Remove extension cords or provide power strips	each	1	1	\$0.00			6/30/2026	O
18	f	a.	Repair or replace closer	each	1	2	\$400.00			6/30/2022	F

	Original Subtotal	\$13,575.00	Adjusted Subtotal	\$13,575.00
	Original 10.00% Contingency	\$1,357.50	Adjusted 10.00% Contingency	\$1,357.50
	Original 10.00% A/E Fees	\$1,357.50	Adjusted 10.00% A/E Fees	\$1,357.50
	Original Grand Total	\$16,290.00	Adjusted Grand Total	\$16,290.00

Items with a Funding Type of 'O' are not included in the cost calculation.  
35-48 (7/07) (Prescribed by ISBE for Local Board Use)

**VIOLATION AND RECOMMENDATION SCHEDULE**

(23 IL Adm. Code 180, Sections 180.320)

1. COUNTY CODE <b>064, McLean</b>		2. DISTRICT CODE/NAME <b>0050, McLean County USD 5</b>			3. FACILITY CODE/NAME <b>PRAIRIELAND ELEMENTARY SCHOOL</b>	
4. Item ID	5. Location(s) (Room No)	6. Priority Code	7. Rule Violated	8. Description of the violation	9. Recommendation to correct violation	
1	Bathroom classroom 36	b.	175.210	Exhaust fan fatened to ceiling tile that is broken	Replace/refit ceiling tile, support exhaust fan to grid	
2	exit off Commons 33	b.	175.610	extension cord, not protected power strip.	Remove or replace with power strip	
3	Classroom 39	b.	175.610	Extension cord	remove or replace cord with protected power srtrip.	
4	Custodial Commons 33	b.	175.210	missing ceiling tile in sprinklered building	replace ceiling tile	
5	custodial Closet Commons 33	a.	175.285	Lockset latch will not extend to engage strike	Repair or replace Lockset	
6	IMC 21	b.	175.130 NFPA	Did not find the occupancy sign	Install maximum occupancy sign	
7	Server room off IMC	b.	175.210	Ceiling tile missing in sprinklered building	Replace missing ceiling tile	
8	Work Room 10C	b.	175.110	Storage to close to ceiling	Remove top shelf storage	
9	multi purpose/cafeteria	b.	180F:601.7	Did not see posted Occupancy sign	Post Occupancy sign	
10	Eastexit Gymnasium	a.	175.410 Exits	Exit hardware LH leaf loose assembly, door closer needs adjust or replace	Repair or replace exit device and closer	
11	Gymnasium north exit	a.	105ILCS 5/17-2.11	Door closer does not return the door to latch and lock	Repair or replace closer	
12	Classroom 51	a.	174.410	Exterior door frame rusted out	Replace Door frame	
13	Classroom50	a.	175.410 Exits	Door Frame is rusted out	Replace door frame	
14	Classroom 49	a.	175.410 Exits	Door and frame bind does not open smoothly	Replace door and frame	
15	custodial closet commons 11	b.	175.450	Storage on shelf to close to celing and sprinkler	Remove upper storage top shelf	
16	Classroom 13	b.	175.650	ceiling hung light string on extension cord	Remove or provide power srtrip	
17	Commons 11 exit hall	b.	175.650	extension cords.	remove extension cords or provide power strips	
18	Exit door from Commons 22	a.	105ILCS 5/17-2.11	Closer does not return door to latch and lock	Repair or replace closer	

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