



220 W. 23rd Ave.
Coal Valley, IL 61240
877-542-7257
support.prairiecat.info

PrairieCat Finance Committee Agenda June 18, 2026

The Committee will meet on Thursday, June 18, 2026, 10:30 am – 12:00 pm in person at the Sycamore Public Library, 103 East State Street, Sycamore, IL 60178-1440 and at the RAILS Coal Valley Service Center., 220 W. 23rd Street Ave, Coal Valley, IL 61240. The meeting will also be available online via Zoom.

[Register to attend the meeting: https://support.prairiecat.info/events/prairiecat-finance-committee-meeting-2026-06-18](https://support.prairiecat.info/events/prairiecat-finance-committee-meeting-2026-06-18)

We require an in-person quorum for this meeting.

1. Call to order, introductions
2. Introduction of guests and public comments
3. ACTION: Approve minutes of March 19, 2026, meeting (pp. 2-4)
4. ACTION: Approve meeting dates for FY27 (p. 5)
5. Review and discussion, CD renewal options (Elena Mendoza, RAILS/PrairieCat accountant) (pp. 6-7)
6. Discussion, insurance options for FY28 (pp. 8-28)
7. Discussion, Innovative SMS contract options (p. 29)
8. Adjournment

Next meeting: September 17, 2026, 10:30 am – 12:00 pm, in person at the Sycamore Public Library, the Coal Valley Service Center, and online via Zoom



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PrairieCat Finance Committee Minutes March 19, 2026

The Committee met on Thursday, March 19, 2026, 10:30 am – 12:00 pm in person at the Sycamore Public Library, 103 East State Street, Sycamore, IL 60178-1440 and at the RAILS Coal Valley Service Center., 220 W. 23rd Street Ave, Coal Valley, IL 61240. The meeting will also be available online via Zoom.

[Register to attend the meeting: https://support.prairiecat.info/events/prairiecat-finance-committee-meeting-2026-03-19](https://support.prairiecat.info/events/prairiecat-finance-committee-meeting-2026-03-19)

We require an in-person quorum for this meeting.

1. Call to order, introductions

Present at Sycamore: Lauren Offerman (Chair-TC), Kim Halsey (SY), Jason Shirley (BY), Megan Gove (TF), Michael Skwara (HC)

Present at Coal Valley: Carolyn Coulter (PrairieCat), Bryon Lear (MX), Angela Campbell (RP), Chelsey Knippel (PrairieCat), Elizabeth Smith (PrairieCat)

Present via Zoom:

Absent: Maria Meachum (WL), Nick Weber (WO)

Offerman (TC) called the meeting to order at 10:31 am

2. Introduction of guests and public comments

There were no guests or public comments.

3. Discussion, Committee membership

Coulter (PrairieCat) introduced Lauren Offerman, Director at Three Rivers Public Library District,

as the new PrairieCat Administrative Council Treasurer and Chair of the Finance Committee due to the retirement of Beth Ryan. Coulter also introduced a newly appointed member of the Finance Committee, Jason Shirely, Director of Byron Public Library District.

4. Approve minutes from December 18, 2025, meeting

Motion #1: Skwara (HC) moved and Campbell (RP) seconded to approve the December 18, 2025, meeting minutes as presented. There was no discussion on the motion. Motion carried by vocal affirmation.

5. Review and discussion, Mitinet three-year proposal for bibliographic services

Coulter (PrairieCat) explained that in the past PrairieCat has worked with Marcive for bibliographic services. They were a small business and decided to retire and close their business last year. We use these services to clean up our records. They fix any bad tags, subfields and ensure we have clean data. They will also add lexile and other markers for reading level. PrairieCat's cataloging group, led by Magda Bonny, investigated other companies we could use to replace Marcive. They decided that the best option for PrairieCat's needs would be Mitinet Corporation. The PrairieCat team conducted extensive testing of Mitinet's services and were satisfied that Mitinet could handle our workload and are able to deliver services at the level we require. Coulter stated that Bonny(PrairieCat) was able to do a great job negotiating a three-year contract with Mitinet for a little over \$10,000/year. The Finance Committee agreed to pass the Mitinet contract onto Administrative Council and ultimately to the Delegates Assembly for approval.

6. Review and discussion, PrairieCat FY27 budget and fees

Coulter (PrairieCat) reviewed the final draft FY27 budget. The per-library fee for both fully participating and basic online circulating members has been increased, as was the hosting contribution. Both fees were adjusted by 3% in FY27. Reserves were calculated at 1% of total expenditure as recommended by the Administrative Council. This reduced the overall percentage of increase across all libraries from 5.04% (at a rate of 2% of reserves) to 3.22%. Union List per library and reserve fees have been recalibrated to reflect the rate of 25% of the

Fully Participating rates, as detailed in the General Policy Manual. This was calculated on the per-library fee and does not include the hosting fees that are incorporated for circulating members. A remote PUG Day is reflected, as was instructed by Administrative Council. This decision was based on feedback we have received from members via Strategic Planning surveys that reflect a desire to alternate between in-person and remote events. Increases to health insurance that we will incur in FY26 are reflected at 14.32%. We have included an additional 15% increase in the last six months of FY27, as an estimation of the following year's increase in premiums. This budget also includes short-term disability insurance. Other insurance increases are reflected based on FY25 and FY26 numbers, considering an average increase based on previous years. This budget reflects our IMRF rate for FY27, which declined to 11.16% from the FY26 rate of 11.29%. This budget also reflects the RAILS grant amount. We have been notified that our grant amount for FY27 will be \$588,629.53. Accounting services, which will be charged against this amount, will come to \$54,142.75, leaving the amount of \$534,486.78 in revenues for FY27. This budget also shows Reserves expenditure for a replacement vehicle that will be needed in FY27. Our current van is 10 years old and has over 78,000 miles on it currently. This budget also reflects the sunsetting of Encore in FY27 and thus saving the Encore hosting fees (approx. \$9,150.00). Aside from the cost savings in eliminating this platform, Innovative has made it clear that they are sunsetting this product and will not be developing it or making it accessible in the future. The budget and fees reflect a 3% COLA increase and 1% merit increase for all staff. The Finance Committee agreed to recommend this draft FY27 budget to the Administrative Council and the Delegates Assembly meeting for approval.

7. Adjournment

The meeting adjourned at 10:49 am.

Next meeting: June 18, 2026, 10:30 am – 12:00 pm, in person at the Sycamore Public Library, the Coal Valley Service Center, and online via Zoom

FINANCE COMMITTEE (AC subcommittee)

This Committee makes recommendations to the Administrative Council on membership and budget issues to ensure the sustainability of PrairieCat.

Chair: **Lauren Offerman (TC)**

Usually meets the third Thursday in September, December, March, and June. Additional meetings scheduled as needed.

PC Host: Carolyn Coulter Alternate Host: Chelsey Knippel, Elizabeth Smith

Who should attend: members of the Committee and any other interested parties

Date	Location	Time	Format
Sep 17, 2026	Sycamore PL, RAILS Coal Valley	10:30am-12:00pm	In person
Dec 17, 2026	Sycamore PL, RAILS Coal Valley	10:30am-12:00pm	In person
Mar 18, 2027	Sycamore PL, RAILS Coal Valley	10:30am-12:00pm	In person
June 17, 2027	Sycamore PL, RAILS Coal Valley	10:30am-12:00pm	In person

Date: 6/18/2026

To: PrairieCat Finance Committee

From: Elena Mendoza, RAILS Staff Accountant

Re: Investment Analysis and Options

Background

At the end of August 2025, PrairieCat invested \$481,500 in two CDs - one for \$250,000 with Bank Orion, at a 4.05% interest rate maturing on September 29, 2026, and a second for \$231,500 with the Public Treasury Management and Advisory (PTMA), at a 3.969% interest rate maturing on August 27, 2027. We have reached out to financial institutions to inquire about investment options for the Bank Orion CD that will be maturing at the end of September.

The remainder of PrairieCat's funds are maintained in three interest bearing accounts. The checking account with Bank Orion holds the bulk of PrairieCat's funds with a balance of \$1,057,617 as of June 2. The current interest rate on this account equals the rate offered by Bank Orion for their money market accounts (.30%). The Illinois Funds money market account balance is currently \$332,459 and has earned year-to-date interest of \$11,581, with a rate that closely tracks the rate set by the Federal Reserve. The PTMA iPrime ISC money market account balance is currently \$5,305 and has earned year-to-date interest of \$492, with a rate that also closely tracks the rate set by the Federal Reserve.

Analysis

After speaking with several banks, the investment options presented were:

<u>Bank/Investment Group Name</u>	<u>9 or 12-month CD</u>	<u>24-month CD</u>
Bank Orion	9-month CD at 3.75%	24-month CD at 0.90%
PTMA	12-month CD at 3.898%	24-month CD at 3.980% 24-month DTC-CD at 4.005%
Blackhawk Bank & Trust	12-month CD at 3.00%	24-month CD at 2.00%
Quad City Bank & Trust	12-month CD at 3.24%	No option

Please note that these interest rates are adjusted as often as daily, bi-weekly, or monthly and float with the market. The three highest returns quoted were from PTMA for a 24-month DTC-CD at 4.005% or a 24-month traditional CD at 3.980%, and from Bank Orion for a 9-month CD at 3.75%.

Considerations

PrairieCat has a long relationship with Bank Orion, and, over the years, they have been extremely responsive and attentive. The rate they offered for their 9-month CD was the third highest among all quotes received. The CD that matures at the end of September is from Bank Orion.

PrairieCat has been a client of PTMA for almost three years and maintains a depository account as well as a CD that matures at the end of August 2027. PTMA came in slightly higher on their 12 and 24-month CDs than Bank Orion.

As we re-evaluate investment options this year, PrairieCat must keep in mind the economic uncertainty and the recent change in leadership that may affect the Federal Reserve's interest rate expectations. At their last three meetings, the Federal Reserve has held its target borrowing rate between 3.50% and 3.75%. Their decisions about interest rates are being driven by inflation and employment statistics. The projections they shared in December 2025 for calendar year 2026 and 2027 interest rates have remained unchanged at 3.4% and 3.1%, respectively.

Recommendation

Since interest rates are predicted to decrease over the next two calendar years, we are recommending that PrairieCat secure a 24-month CD with PTMA to lock in interest rates for longer. The investment would be completed once the 13-month CD with Bank Orion matures on September 29, 2026, for an amount that would keep the total investment under the \$250,000 FDIC insurance coverage limit, including the projected net interest earned over the CD term. To do this, PrairieCat will need to transfer the matured CD funds of \$250,000 plus accrued interest from Bank Orion to the PTMA ISC account.

The remaining balance in the Bank Orion account could be transferred to Illinois Funds or PTMA to float with the market. Currently, the average interest rates as of May for the PTMA ISC money market account and Illinois Funds are 3.510% and 3.737%, respectively.



Date: June 18, 2026

To: PrairieCat Finance Committee

From: Carolyn Coulter, Director

Re: Alternative Health Insurance Offerings

Executive Summary:

In FY26, PrairieCat budgeted \$149,188.00 for medical, dental and vision insurance for its employees. Due to a 14.32% increase for medical insurance in 2026, we underbudgeted by \$9,442.82 for the last half of FY26. Anticipating another 14% plus increase in 2027 we budgeted \$190,673.34. This is an increase of \$32,042.52 from what we spent in FY26, not what we budgeted. Because of the drastic increases in medical insurance, PrairieCat is exploring alternative coverage options that will lower the cost for PrairieCat while maintaining affordable options for the employees.

Detailed Description:

Current coverage

PrairieCat offers the PPO 1000, PPO 2000, and HDHP plans through LIMRiCC. For employee only coverage, PrairieCat pays 80% of the premiums. For family coverage, PrairieCat pays 70% of the premiums. This applies to any plan chosen.

Alternative 1A

PrairieCat would pay 80% for all coverage levels of the HDHP plan. PrairieCat would still offer the PPO 2000, however, the employee would pay the premium difference for the PPO 2000. This alternative would save PrairieCat \$26,102.84 for the year. This alternative inequitably increases the cost for employee-only coverage by \$116/month and family coverage by \$15.80/month.

Alternative 1B

Similarly to alternative 1A, PrairieCat would pay for the HDHP plan premiums, but we would cover 80% for employee-only coverage and 75% for family coverage. PrairieCat would still offer the PPO 2000, however, the employee would pay the premium difference for the PPO 2000. This change would save PrairieCat

\$31,658.38 for the year. It would also be a more equitable cost increase for employees choosing to go to the PPO plan regardless of their coverage level.

Alternative 2A

In this scenario, PrairieCat would only offer the HDHP plan, but would contribute to an HSA account. We would pay 80% of the premiums for all coverage levels and contribute to HSA account: \$1,500 for employee only coverage and \$3,000 for family coverage. This would only save PrairieCat \$6,602.84. This would save employees money on premiums, but it forces them to take a HDHP plan, which is not ideal for all employees.

Alternative 2B

This scenario is the same as Alternative 2A, except with PrairieCat contributing less to the employees' HSA accounts. PrairieCat would contribute \$1,000 to employee only coverage and \$2,000 for family coverage. This would save PrairieCat \$13,102.84, but again forces employees to the HDHP plan with no other options.


Alternative 3

PrairieCat would continue to offer both the PPO and HDHP plans. To push employees to the HDHP plan, we changed the premium percentages that PrairieCat would cover. PrairieCat would only cover 60% of the premiums for any coverage level of the PPO plan but would cover 80% of the premiums for any coverage level of the HDHP plan. Assuming all employees stay with the PPO plan, this would save PrairieCat \$36,878.98. This would increase the monthly cost for employees by \$200-\$300 per month. On the other hand, if we assume all the employees jump to the HDHP plan, this will save PrairieCat \$26,102.84. This would also lower the premium costs for employees.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-828-3116 or at www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$2,000 Individual / \$6,000 Family Out-of-Network: \$2,000 Individual / \$6,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care, services that charge a copay, emergency room services and prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for these services.
What is the out-of-pocket limit for this plan?	In-Network: \$3,000 Individual / \$9,000 Family Out-of-Network: \$5,000 Individual / \$15,000 Family Prescription drug limit: \$1,000 Individual / \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-828-3116 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	Virtual visits: \$30/visit; <u>deductible</u> does not apply. See your benefit booklet* for details.
	<u>Specialist</u> visit	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	40% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	25% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	25% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsil.com</p>	Generic drugs	\$20 <u>copay</u> /prescription (retail) \$40 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply	40% <u>coinsurance</u> after \$20 <u>copay</u> /prescription (retail); <u>deductible</u> does not apply	30-day supply at Retail 90-day supply at Mail Order Rx Out-of-Pocket Expense Limit: \$1,000 Individual / \$3,000 Family
	Preferred brand drugs	\$50 <u>copay</u> /prescription (retail) \$100 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply	40% <u>coinsurance</u> after \$50 <u>copay</u> /prescription (retail); <u>deductible</u> does not apply	For Out-of-Network drug <u>provider</u> , you are responsible for 40% of the eligible amount after the <u>copayment</u> . Dispensing limit may apply to certain drugs.
	Non-preferred brand drugs	\$75 <u>copay</u> /prescription (retail) \$150 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply	40% <u>coinsurance</u> after \$75 <u>copay</u> /prescription (retail); <u>deductible</u> does not apply	Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. Certain individual <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service. The amount you may pay per 30-day supply of covered insulin drug, regardless of quantity or type, shall not exceed \$35, when obtained from a Preferred Participating or Participating Pharmacy.
	<u>Specialty drugs</u>	\$125 <u>copay</u> /prescription (retail); <u>deductible</u> does not apply	Not Covered	<u>Specialty drug</u> coverage based on group policy. Prior authorization may be required. Specialty retail limited to a 30-day supply.
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	25% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Physician/surgeon fees	25% <u>coinsurance</u>	40% <u>coinsurance</u>	None

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	Facility Charges: \$150 <u>copay/visit</u> ; <u>deductible</u> does not apply ER Physician Charges: No Charge; <u>deductible</u> does not apply	Facility Charges: \$150 <u>copay/visit</u> ; <u>deductible</u> does not apply ER Physician Charges: No Charge; <u>deductible</u> does not apply	<u>Copay</u> waived if admitted.
	<u>Emergency medical transportation</u>	\$100 <u>copay/trip</u> ; <u>deductible</u> does not apply	\$100 <u>copay/trip</u> ; <u>deductible</u> does not apply	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	\$30 <u>copay/visit</u> ; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	25% <u>coinsurance</u> after \$150 <u>copay/stay</u>	40% <u>coinsurance</u> after \$300 <u>copay/stay</u>	<u>Preauthorization</u> required.
	Physician/surgeon fees	25% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 <u>copay/office visit</u> ; <u>deductible</u> does not apply; 25% <u>coinsurance</u> for other outpatient services	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual visits: \$30/visit; <u>deductible</u> does not apply. See your benefit booklet* for details.
	Inpatient services	25% <u>coinsurance</u> after \$150 <u>copay/stay</u>	40% <u>coinsurance</u> after \$300 <u>copay/stay</u>	<u>Preauthorization</u> required.
If you are pregnant	Office visits	\$30 <u>copay/visit</u> ; <u>deductible</u> does not apply	40% <u>coinsurance</u>	<u>Copay</u> applies to first prenatal visit (per pregnancy) <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	25% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	25% <u>coinsurance</u> after \$150 <u>copay/stay</u>	40% <u>coinsurance</u> after \$300 <u>copay/stay</u>	None

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	25% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Rehabilitation services</u>	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	Limited to 60 visits per benefit period for occupational therapy, 60 visits per benefit period for speech therapy, and 60 visits per benefit period for physical therapy. <u>Preauthorization</u> may be required.
	<u>Habilitation services</u>	No Charge	40% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	25% <u>coinsurance</u> after \$150 <u>copay</u> /stay	40% <u>coinsurance</u> after \$300 <u>copay</u> /stay	
	<u>Durable medical equipment</u>	25% <u>coinsurance</u>	40% <u>coinsurance</u>	Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price) <u>Preauthorization</u> may be required.
	<u>Hospice services</u>	\$150 <u>copay</u> /visit plus 25% <u>coinsurance</u>	\$300 <u>copay</u> /visit plus 40% <u>coinsurance</u>	<u>Preauthorization</u> may be required.

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Acupuncture Dental care (Adult) Long-term care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S. Routine eye care (Adult) 	<ul style="list-style-type: none"> Routine foot care (with the exception of person with diagnosis of diabetes) Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Bariatric surgery Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year) 	<ul style="list-style-type: none"> Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases) Hearing aids (1 per ear every 24 months) 	<ul style="list-style-type: none"> Infertility treatment (4 invitro attempt maximum per benefit period) Private-duty nursing (with the exception of inpatient private duty nursing) (unlimited visits per calendar year)

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's overall deductible</u>	\$2,000
■ <u>Specialist copayment</u>	\$40
■ Hospital (facility) both	\$150+25%
■ Other <u>coinsurance</u>	25%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$900
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,060

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's overall deductible</u>	\$2,000
■ <u>Specialist copayment</u>	\$40
■ Hospital (facility) both	\$150+25%
■ Other <u>coinsurance</u>	25%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$900
<u>Copayments</u>	\$900
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,820

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's overall deductible</u>	\$2,000
■ <u>Specialist copayment</u>	\$40
■ Hospital (facility) both	\$150+25%
■ Other <u>coinsurance</u>	25%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-828-3116 or at www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$3,500 Individual / \$7,000 Family Out-of-Network: \$7,000 Individual / \$14,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Certain <u>preventive care</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$3,500 Individual / \$7,000 Family Out-of-Network: \$14,000 Individual / \$28,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-828-3116 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge	20% <u>coinsurance</u>	Virtual visits: No Charge; <u>deductible</u> applies. See your benefit booklet* for details.
	<u>Specialist</u> visit	No Charge	20% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	20% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	No Charge	20% <u>coinsurance</u>	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com	Generic drugs	No Charge	No Charge	30-day supply at Retail 90-day supply at Mail Order
	Preferred brand drugs	No Charge	No Charge	Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available.
	Non-preferred brand drugs	No Charge	No Charge	Dispensing limit may apply to certain drugs. Certain individual <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	<u>Specialty drugs</u>	No Charge	Not Covered	The amount you may pay per 30-day supply of covered insulin drug, regardless of quantity or type, shall not exceed \$35, when obtained from a Preferred Participating or Participating Pharmacy. <u>Specialty drug</u> coverage based on group policy. Prior authorization may be required. Specialty retail limited to a 30-day supply.

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Physician/surgeon fees	No Charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	Facility Charges: No Charge ER Physician Charges: No Charge	Facility Charges: No Charge ER Physician Charges: No Charge	None
	<u>Emergency medical transportation</u>	No Charge	No Charge	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	No Charge	20% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> required.
	Physician/surgeon fees	No Charge	20% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual visits: No Charge; <u>deductible</u> applies. See your benefit booklet* for details.
	Inpatient services	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> required.
If you are pregnant	Office visits	No Charge	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No Charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	No Charge	20% <u>coinsurance</u>	None

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Rehabilitation services</u>	No Charge	20% <u>coinsurance</u>	Limited to 70 visits per calendar year for occupational therapy, 45 visits per calendar year for speech therapy, and 65 visits per calendar year for physical therapy.
	<u>Habilitation services</u>	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Skilled nursing care</u>	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Durable medical equipment</u>	No Charge	20% <u>coinsurance</u>	Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price) <u>Preauthorization</u> may be required.
	<u>Hospice services</u>	No Charge	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> • Dental care (Adult) • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Routine eye care (Adult) 	<ul style="list-style-type: none"> • Routine foot care (with the exception of person with diagnosis of diabetes) • Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year) 	<ul style="list-style-type: none"> • Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases) • Hearing aids (1 per ear every 24 months) 	<ul style="list-style-type: none"> • Infertility treatment (4 invitro attempt maximum per benefit period) • Private-duty nursing (with the exception of inpatient private duty nursing) (unlimited visits per calendar year)

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
■ <u>Specialist</u> <u>coinsurance</u>	0%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	0%
■ <u>Other</u> <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$3,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,560

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
■ <u>Specialist</u> <u>coinsurance</u>	0%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	0%
■ <u>Other</u> <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
 Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$3,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$3,520

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
■ <u>Specialist</u> <u>coinsurance</u>	0%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	0%
■ <u>Other</u> <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

Monthly Costs for Employees

Employee	Current Cost	Alt 1A	Increase	Alt 1B	Increase	Alt 2A	Increase	Alt 2B	Increase	Alt 3	Increase
Emp1	\$ 223.80	\$ 339.80	\$ 116.00	\$ 339.80	\$ 116.00	\$ 194.80	\$ (29.00)	\$ 194.80	\$ (29.00)	\$ 447.60	\$ 223.80
Emp2	\$ 1,301.70	\$ 1,065.20	\$ (236.50)	\$ 1,217.25	\$ (84.45)	\$ 608.20	\$ (693.50)	\$ 608.20	\$ (693.50)	\$ 1,399.20	\$ 97.50
Emp3	\$ 276.60	\$ 339.80	\$ 63.20	\$ 339.80	\$ 63.20	\$ 194.80	\$ (81.80)	\$ 194.80	\$ (81.80)	\$ 447.60	\$ 171.00
Emp4	\$ 276.60	\$ 339.80	\$ 63.20	\$ 339.80	\$ 63.20	\$ 194.80	\$ (81.80)	\$ 194.80	\$ (81.80)	\$ 447.60	\$ 171.00
Emp5	\$ -	\$ -	\$ -		\$ -		\$ -		\$ -		\$ -
Emp6	\$ 223.80	\$ 339.80	\$ 116.00	\$ 339.80	\$ 116.00	\$ 194.80	\$ (29.00)	\$ 194.80	\$ (29.00)	\$ 447.60	\$ 223.80
Emp7	\$ 1,049.40	\$ 1,065.20	\$ 15.80	\$ 1,217.25	\$ 167.85	\$ 608.20	\$ (441.20)	\$ 608.20	\$ (441.20)	\$ 1,399.20	\$ 349.80
Emp8	\$ 223.80	\$ 339.80	\$ 116.00	\$ 339.80	\$ 116.00	\$ 194.80	\$ (29.00)	\$ 194.80	\$ (29.00)	\$ 447.60	\$ 223.80
Emp9	\$ 223.80	\$ 339.80	\$ 116.00	\$ 339.80	\$ 116.00	\$ 194.80	\$ (29.00)	\$ 194.80	\$ (29.00)	\$ 447.60	\$ 223.80
Emp10	\$ 679.50	\$ 693.80	\$ 14.30	\$ 792.00	\$ 112.50	\$ 392.80	\$ (286.70)	\$ 392.80	\$ (286.70)	\$ 906.00	\$ 226.50
Emp11	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -
Emp12	\$ 276.60	\$ 339.80	\$ 63.20	\$ 339.80	\$ 63.20	\$ 194.80	\$ (81.80)	\$ 194.80	\$ (81.80)	\$ 447.60	\$ 171.00

These Alternatives force employees to HDHP

Alternative Coverage Option 1

Employer pays 80% for all coverage levels of the HDHP plan. Employee pays the difference to upgrad to the PPO plan.

Employee	15%						PC Percentage	Monthly				Annual FY27 Benefit Costs
	July-December 2026			January - June 2027				2026 PC Cost	2027 PC Cost	Life	Admin Fee	
	Medical	Dental	Vision	Medical	Dental	Vision						
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 3,041.00	\$ 131.00	\$ 23.09	\$ 3,497.15	\$ 150.65	\$ 26.55	80%	\$ 2,556.07	\$ 2,939.48	\$ 3.60	\$ 6.00	\$ 33,088.53
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ -	\$ -	\$ 14.02	\$ -	\$ -	\$ 16.12	80%	\$ 11.22	\$ 12.90	\$ 3.60	\$ 6.00	\$ 259.89
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 3,041.00	\$ 131.00	\$ 14.02	\$ 3,497.15	\$ 150.65	\$ 16.12	80%	\$ 2,548.82	\$ 2,931.14	\$ 3.60	\$ 6.00	\$ 32,994.93
	\$ 974.00	\$ -	\$ -	\$ 1,120.10	\$ -	\$ -	80%	\$ 779.20	\$ 896.08	\$ 3.60	\$ 6.00	\$ 10,166.88
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 1,964.00	\$ 131.00	\$ 23.09	\$ 2,258.60	\$ 150.65	\$ 26.55	80%	\$ 1,694.47	\$ 1,948.64	\$ 3.60	\$ 6.00	\$ 21,973.89
	\$ -	\$ 86.00	\$ 14.02	\$ -	\$ 98.90	\$ 16.12	80%	\$ 80.02	\$ 92.02	\$ 3.60	\$ 6.00	\$ 1,147.41
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32

	PPO	HDHP	Diff	20% HDHP	EE Cost (monthly)	Current PPO Cost		Total LIMRiCC Costs	
EE	\$ 1,119.00	\$ 974.00	\$ 145.00	\$ 194.80	\$ 339.80	\$ 223.80	\$ 116.00	\$	164,085.46
ES	\$ 2,357.00	\$ 2,050.00	\$ 307.00	\$ 410.00	\$ 717.00	\$ 707.10	\$ 9.90	Current LIMRiCC	190,188.30
EC	\$ 2,265.00	\$ 1,964.00	\$ 301.00	\$ 392.80	\$ 693.80	\$ 679.50	\$ 14.30		
EF	\$ 3,498.00	\$ 3,041.00	\$ 457.00	\$ 608.20	\$ 1,065.20	\$ 1,049.40	\$ 15.80	Savings	26,102.84

223.8 \$ 116.00
 707.1 \$ 9.90
 679.5 \$ 14.30
 1049.4 \$ 15.80

Alternative Coverage Option 1

Employer pays 80% for employee only and 75% of family coverages of the HDHP plan. Employee pays the difference to upgrade to the PPO plan.

Employee	15%			15%			PC Percentage	Monthly				Annual FY27 Benefit Costs
	Medical	Dental	Vision	Medical	Dental	Vision		2026 PC Cost	2027 PC Cost	Life	Admin Fee	
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 3,041.00	\$ 131.00	\$ 23.09	\$ 3,497.15	\$ 150.65	\$ 26.55	75%	\$ 2,396.32	\$ 2,755.77	\$ 3.60	\$ 6.00	\$ 31,027.70
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ -	\$ -	\$ 14.02	\$ -	\$ -	\$ 16.12	75%	\$ 10.52	\$ 12.09	\$ 3.60	\$ 6.00	\$ 250.84
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 3,041.00	\$ 131.00	\$ 14.02	\$ 3,497.15	\$ 150.65	\$ 16.12	75%	\$ 2,389.52	\$ 2,747.94	\$ 3.60	\$ 6.00	\$ 30,939.94
	\$ 974.00	\$ -	\$ -	\$ 1,120.10	\$ -	\$ -	80%	\$ 779.20	\$ 896.08	\$ 3.60	\$ 6.00	\$ 10,166.88
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ 1,964.00	\$ 131.00	\$ 23.09	\$ 2,258.60	\$ 150.65	\$ 26.55	75%	\$ 1,588.57	\$ 1,826.85	\$ 3.60	\$ 6.00	\$ 20,607.72
	\$ -	\$ 86.00	\$ 14.02	\$ -	\$ 98.90	\$ 16.12	75%	\$ 75.02	\$ 86.27	\$ 3.60	\$ 6.00	\$ 1,082.89
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32

	PPO	HDHP	Diff	20/25% HDHP	EE Cost (monthly)	Current PPO Cost		Total LIMRICC Costs
EE	\$ 1,119.00	\$ 974.00	\$ 145.00	\$ 194.80	\$ 339.80	\$ 223.80	\$ 116.00	\$ 158,529.92
ES	\$ 2,357.00	\$ 2,050.00	\$ 307.00	\$ 512.50	\$ 819.50	\$ 707.10	\$ 112.40	\$ 190,188.30
EC	\$ 2,265.00	\$ 1,964.00	\$ 301.00	\$ 491.00	\$ 792.00	\$ 679.50	\$ 112.50	
EF	\$ 3,498.00	\$ 3,041.00	\$ 457.00	\$ 760.25	\$ 1,217.25	\$ 1,049.40	\$ 167.85	\$ 31,658.38

223.8 \$ 116.00
 707.1 \$ 112.40
 679.5 \$ 112.50
 1049.4 \$ 167.85

Alternative Coverage Option 2

Employer pays 80% for all coverage levels of the HDHP plan. Supplements with HSA contribution.

Employee	15%						PC Percentage	Monthly				Annual FY27 Benefit Costs	HSA
	July-December 2026			January - June 2027				2026 PC Cost	2027 PC Cost	Life	Admin Fee		
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1500
	\$ 3,041.00	\$ 131.00	\$ 23.09	\$ 3,497.15	\$ 150.65	\$ 26.55	80%	\$ 2,556.07	\$ 2,939.48	\$ 3.60	\$ 6.00	\$ 33,088.53	3000
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1500
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1500
	\$ -	\$ -	\$ 14.02	\$ -	\$ -	\$ 16.12	80%	\$ 11.22	\$ 12.90	\$ 3.60	\$ 6.00	\$ 259.89	0
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1500
	\$ 3,041.00	\$ 131.00	\$ 14.02	\$ 3,497.15	\$ 150.65	\$ 16.12	80%	\$ 2,548.82	\$ 2,931.14	\$ 3.60	\$ 6.00	\$ 32,994.93	3000
	\$ 974.00	\$ -	\$ -	\$ 1,120.10	\$ -	\$ -	80%	\$ 779.20	\$ 896.08	\$ 3.60	\$ 6.00	\$ 10,166.88	1500
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1500
	\$ 1,964.00	\$ 131.00	\$ 23.09	\$ 2,258.60	\$ 150.65	\$ 26.55	80%	\$ 1,694.47	\$ 1,948.64	\$ 3.60	\$ 6.00	\$ 21,973.89	3000
	\$ -	\$ 86.00	\$ 14.02	\$ -	\$ 98.90	\$ 16.12	80%	\$ 80.02	\$ 92.02	\$ 3.60	\$ 6.00	\$ 1,147.41	0
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1500

	HDHP	20% HDHP	EE Cost (monthly)
EE	\$ 974.00	\$ 194.80	<u>\$ 194.80</u>
ES	\$ 2,050.00	\$ 410.00	<u>\$ 410.00</u>
EC	\$ 1,964.00	\$ 392.80	<u>\$ 392.80</u>
EF	\$ 3,041.00	\$ 608.20	<u>\$ 608.20</u>

\$ 164,085.46 19500

Total LIMRiCC Costs \$ 183,585.46

Current LIMRiCC \$ 190,188.30

Savings \$ 6,602.84

Alternative Coverage Option 2

Employer pays 80% for all coverage levels of the HDHP plan. Supplements with HSA contribution.

Employee	15%						PC Percentage	Monthly				Annual FY27 Benefit Costs	HSA
	July-December 2026			January - June 2027				2026 PC Cost	2027 PC Cost	Life	Admin Fee		
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1000
	\$ 3,041.00	\$ 131.00	\$ 23.09	\$ 3,497.15	\$ 150.65	\$ 26.55	80%	\$ 2,556.07	\$ 2,939.48	\$ 3.60	\$ 6.00	\$ 33,088.53	2000
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1000
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1000
	\$ -	\$ -	\$ 14.02	\$ -	\$ -	\$ 16.12	80%	\$ 11.22	\$ 12.90	\$ 3.60	\$ 6.00	\$ 259.89	0
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1000
	\$ 3,041.00	\$ 131.00	\$ 14.02	\$ 3,497.15	\$ 150.65	\$ 16.12	80%	\$ 2,548.82	\$ 2,931.14	\$ 3.60	\$ 6.00	\$ 32,994.93	2000
	\$ 974.00	\$ -	\$ -	\$ 1,120.10	\$ -	\$ -	80%	\$ 779.20	\$ 896.08	\$ 3.60	\$ 6.00	\$ 10,166.88	1000
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1000
	\$ 1,964.00	\$ 131.00	\$ 23.09	\$ 2,258.60	\$ 150.65	\$ 26.55	80%	\$ 1,694.47	\$ 1,948.64	\$ 3.60	\$ 6.00	\$ 21,973.89	2000
	\$ -	\$ 86.00	\$ 14.02	\$ -	\$ 98.90	\$ 16.12	80%	\$ 80.02	\$ 92.02	\$ 3.60	\$ 6.00	\$ 1,147.41	0
	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32	1000

	HDHP	20% HDHP	EE Cost (monthly)
EE	\$ 974.00	\$ 194.80	\$ 194.80
ES	\$ 2,050.00	\$ 410.00	\$ 410.00
EC	\$ 1,964.00	\$ 392.80	\$ 392.80
EF	\$ 3,041.00	\$ 608.20	\$ 608.20

\$ 164,085.46 13000

Total LIMRiCC Costs \$ 177,085.46

Current LIMRiCC \$ 190,188.30

Savings \$ 13,102.84

Alternative Coverage Option 3 Adjusting the Employer coverage %. HDHP - 80% PPO - 60%

Estimated % Increase 15%

Employee	July-December 2026			January - June 2027			PC Percentage	Monthly				Annual FY27 Benefit Costs
	Medical	Dental	Vision	Medical	Dental	Vision		2026 PC Cost	2027 PC Cost	Life	Admin Fee	
PPO 2000	\$ 1,119.00	\$ 47.00	\$ 8.76	\$ 1,286.85	\$ 54.05	\$ 10.07	60%	\$ 704.86	\$ 810.58	\$ 3.60	\$ 6.00	\$ 9,207.84
PPO 1000	\$ 4,339.00	\$ 131.00	\$ 23.09	\$ 4,989.85	\$ 150.65	\$ 26.55	60%	\$ 2,695.85	\$ 3,100.23	\$ 3.60	\$ 6.00	\$ 34,891.72
PPO 1000	\$ 1,383.00	\$ 47.00	\$ 8.76	\$ 1,590.45	\$ 54.05	\$ 10.07	60%	\$ 863.26	\$ 992.74	\$ 3.60	\$ 6.00	\$ 11,251.20
PPO 1000	\$ 1,383.00	\$ 47.00	\$ 8.76	\$ 1,590.45	\$ 54.05	\$ 10.07	60%	\$ 863.26	\$ 992.74	\$ 3.60	\$ 6.00	\$ 11,251.20
	\$ -	\$ -	\$ 14.02	\$ -	\$ -	\$ 16.12	60%	\$ 8.41	\$ 9.67	\$ 3.60	\$ 6.00	\$ 223.71
PPO 2000	\$ 1,119.00	\$ 47.00	\$ 8.76	\$ 1,286.85	\$ 54.05	\$ 10.07	60%	\$ 704.86	\$ 810.58	\$ 3.60	\$ 6.00	\$ 9,207.84
PPO 2000	\$ 3,498.00	\$ 131.00	\$ 14.02	\$ 4,022.70	\$ 150.65	\$ 16.12	60%	\$ 2,185.81	\$ 2,513.68	\$ 3.60	\$ 6.00	\$ 28,312.17
PPO 2000	\$ 1,119.00	\$ -	\$ -	\$ 1,286.85	\$ -	\$ -	60%	\$ 671.40	\$ 772.11	\$ 3.60	\$ 6.00	\$ 8,776.26
PPO 2000	\$ 1,119.00	\$ 47.00	\$ 8.76	\$ 1,286.85	\$ 54.05	\$ 10.07	60%	\$ 704.86	\$ 810.58	\$ 3.60	\$ 6.00	\$ 9,207.84
PPO 2000	\$ 2,265.00	\$ 131.00	\$ 23.09	\$ 2,604.75	\$ 150.65	\$ 26.55	60%	\$ 1,451.45	\$ 1,669.17	\$ 3.60	\$ 6.00	\$ 18,838.96
	\$ -	\$ 86.00	\$ 14.02	\$ -	\$ 98.90	\$ 16.12	60%	\$ 60.01	\$ 69.01	\$ 3.60	\$ 6.00	\$ 889.35
PPO 1000	\$ 1,383.00	\$ 47.00	\$ 8.76	\$ 1,590.45	\$ 54.05	\$ 10.07	60%	\$ 863.26	\$ 992.74	\$ 3.60	\$ 6.00	\$ 11,251.20

Total LIMRiCC Costs \$ 153,309.31

Current LIMRiCC \$ 190,188.30

Savings \$ 36,878.98

	PPO	40% PPO	EE Cost (monthly)	Current Rate	Increase
EE	\$ 1,119.00	\$ 447.60	\$ 447.60	\$ 223.80	\$ 223.80
ES	\$ 2,357.00	\$ 942.80	\$ 942.80	\$ 707.10	\$ 235.70
EC	\$ 2,265.00	\$ 906.00	\$ 906.00	\$ 679.50	\$ 226.50
EF	\$ 3,498.00	\$ 1,399.20	\$ 1,399.20	\$ 1,049.40	\$ 349.80

Alternative Coverage Option 3 Adjusting the Employer coverage %. HDHP - 80% PPO - 60%

Estimated % Increase 15%

Employee	July-December 2026			January - June 2027			PC Percentage	Monthly				Annual FY27 Benefit Costs
	Medical	Dental	Vision	Medical	Dental	Vision		2026 PC Cost	2027 PC Cost	Life	Admin Fee	
PPO 2000	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
PPO 1000	\$ 3,041.00	\$ 131.00	\$ 23.09	\$ 3,497.15	\$ 150.65	\$ 26.55	80%	\$ 2,556.07	\$ 2,939.48	\$ 3.60	\$ 6.00	\$ 33,088.53
PPO 1000	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
PPO 1000	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
	\$ -	\$ -	\$ 14.02	\$ -	\$ -	\$ 16.12	80%	\$ 11.22	\$ 12.90	\$ 3.60	\$ 6.00	\$ 259.89
PPO 2000	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
PPO 2000	\$ 3,041.00	\$ 131.00	\$ 14.02	\$ 3,497.15	\$ 150.65	\$ 16.12	80%	\$ 2,548.82	\$ 2,931.14	\$ 3.60	\$ 6.00	\$ 32,994.93
PPO 2000	\$ 974.00	\$ -	\$ -	\$ 1,120.10	\$ -	\$ -	80%	\$ 779.20	\$ 896.08	\$ 3.60	\$ 6.00	\$ 10,166.88
PPO 2000	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32
PPO 2000	\$ 1,964.00	\$ 131.00	\$ 23.09	\$ 2,258.60	\$ 150.65	\$ 26.55	80%	\$ 1,694.47	\$ 1,948.64	\$ 3.60	\$ 6.00	\$ 21,973.89
	\$ -	\$ 86.00	\$ 14.02	\$ -	\$ 98.90	\$ 16.12	80%	\$ 80.02	\$ 92.02	\$ 3.60	\$ 6.00	\$ 1,147.41
PPO 1000	\$ 974.00	\$ 47.00	\$ 8.76	\$ 1,120.10	\$ 54.05	\$ 10.07	80%	\$ 823.81	\$ 947.38	\$ 3.60	\$ 6.00	\$ 10,742.32

Total LIMRiCC Costs \$ 164,085.46

Current LIMRiCC \$ 190,188.30

Savings \$ 26,102.84

	HDHP	20% HDHP	EE Cost (monthly)	Current Rate	Increase
EE	\$ 974.00	\$ 194.80	\$ 194.80	\$ 223.80	\$ (29.00)
ES	\$ 2,050.00	\$ 410.00	\$ 410.00	\$ 707.10	\$ (297.10)
EC	\$ 1,964.00	\$ 392.80	\$ 392.80	\$ 679.50	\$ (286.70)
EF	\$ 3,041.00	\$ 608.20	\$ 608.20	\$ 1,049.40	\$ (441.20)

Vega Interact SMS and Staff Licenses Quote

PrairieCat
May 16, 2026

Vega Interact SMS Text Alerts

Vega Interact SMS sends trusted text messages to your patrons who prefer to receive their circulation notices via text. Messages are sent from an authorized and verified phone number, rather than email to text, to ensure receipt by your patrons.

Vega Interact SMS includes:

- Customizable messages
- Multi-lingual messages available in English, Spanish and French
- Hold pickup, hold cancel and overdue notices with reminders
- Authorized and verified phone number with **unlimited messages**
- Daily performance metrics through portal and integrated with Sierra

Custom Pricing for PrairieCat

Based on our longstanding relationship, Innovative would like to provide the following **discounted** prices. These represent a combined savings of \$45,003 from our list pricing (60% off SMS).

Vega Interact SMS Text Alerts

Annual subscription license for Vega Interact SMS Text Alerts: \$19,469

One-time implementation services for Vega Interact SMS Text Alerts: \$4,500

Value Add – Additional staff licenses

Annual subscription licenses for 75 additional staff users: \$4,000
(a \$19,800 value – discount applies if purchased with SMS)

Total discounts for PrairieCat \$45,003

Private and Confidential exclusively for the staff of PrairieCat.

Pricing is based on a minimum three-year commitment, billed annually.

Licenses include hosting, support, new releases, and uptime commitments.

All pricing, terms and conditions are subject to the approval of Innovative’s Contract Administration Department.

Implementation is a one-time fee. Nothing is invoiced until live links are delivered for use.

Annual increase allowance would match your current products during the initial term.

New products would be co-termed to align to a single billing cycle with Sierra.

Both parties would sign an Order Form with detailed terms and conditions like the current agreement.

Offer expires July 31, 2026.