



SPECIAL CITY COUNCIL MEETING
WEDNESDAY, DECEMBER 2, 2015 – 5:15PM
POLICE TRAINING ROOM, CITY HALL

AGENDA

1. Mayor Connors calls the meeting to order
2. Pledge of Allegiance
3. Roll Call
4. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda, except for public hearing items. Comments will to be limited to 5 minutes.
5. Discussion/Action on health benefits plan design modification including changing from a self-insured plan to a fully-insured plan
6. **Resolution 15-R58**, establishing ward boundaries for property recently annexed from the Town of Lyons
7. **Resolution 15-R59**, amending the 2016 Section 125 (Flex) Plan
8. **Closed Session**
Motion to go into Closed Session pursuant to Wis. Stat. 19.85(1)(e) for deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session concerning:
 - a. The Sale of City property located at 120 Sheridan Springs Road
 - b. Lake Geneva Firefighters' Association Labor Agreement
9. **Open Session**
Motion to return to open session pursuant to Wisconsin Statutes 19.85(2) and take action on any items discussed in closed session
10. Adjournment

Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the City Clerk's office in advance so the appropriate accommodations can be made.

City Clerk

From: Blaine Oborn
Sent: Tuesday, December 01, 2015 3:12 PM
To: City Clerk
Subject: for Council
Attachments: 2016 FI Comparison - UHC.pdf

From: MATTHEW CHADWICK [mailto:mchadwick@cottinghambutler.com]
Sent: Tuesday, November 24, 2015 2:17 PM
To: Peg Pollitt; Blaine Oborn
Cc: GREGGORY RIEK; CONSTANCE SAEGER
Subject: 2016 FI Comparison - UHC.xls

Peg and Blaine,

Hot off the press is the firm proposal from UHC. We've also included a proposal from WPS to show an alternative carrier. Here are the highlights:

1. UHC
 - a. The plan design that most closely matches your current plan show about \$100,000 in savings from the current funding rates. HOWEVER
 - b. When we factor in the run out costs of the self-funded plan (\$400,000), the expected cost is \$250,000 over what you're currently spending
 - c. The first two plan options have an in and out of network benefit, but the other plans do not have any out of network benefits and will be considered a take away by employees.
 - d. Option 3 and 4 are on the Navigate platform – which means all employees will need to establish a primary care physician that directs all specialist care. That means people can no longer go to just go to specialists without getting a referral from their primary care physician.
 - e. Options 3 and 4 show an opportunity for savings, but require a significant network adjustment
2. WPS
 - a. Completely uncompetitive

We do not see a compelling financial reason to make a move to a fully-insured plan at this time. Both Gregg and I are free for much of the rest of the day to talk if you have any questions. Also, please provide us an update on the ACA reporting decision Gregg has provided to you.

Best Regards,

Matthew Chadwick

Account Executive
tel 608 467 0694
cell 608 259 6204
fax 608 467 5020
877.288.0622 ext: 2694
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Cottingham & Butler

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City of Lake Geneva

Group Medical - UHC Choice Plus Network Fully Insured Options
 Effective Date: January 1, 2016

	SISCO Self-Funded Plan		UHC		UHC		UHC	UHC
	Current		Alternate Option 1		Alternate Option 2 (H.S.A.)		Alternate Option 3 (HMO)	Alternate Option 4
General Plan Information	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Network	HPS/HealthEOS	N/A	Choice +	N/A	Choice +	N/A	Choice +	Choice +
Deductible	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$2,850 Single \$5,700 Family	\$5,000 Single \$10,000 Family	\$1,000 Single \$2,000 Family	\$2,850 Single \$5,700 Family
Coinsurance	100%	80%	100%	80%	100%	80%	100%	100%
Out-of-Pocket Maximum (Including Deductible and Copays)	\$6,600 Single \$13,200 Family	\$13,200 Single \$26,400 Family	\$3,500 Single \$7,000 Family	\$7,000 Single \$14,000 Family	\$6,350 Single \$12,700 Family	\$12,700 Single \$25,400 Family	\$5,000 Single \$10,000 Family	\$6,350 Single \$12,700 Family
Physician Services					ALL Copays listed below apply Once Deductible is Satisfied, up to Maximum Out of Pocket Limit			
Office Visits - Primary Care	\$25 copay	80% after deductible	\$30 copay	80% after deductible	\$30 copay	80% after deductible	\$30 copay	100% after deductible
Office Visits - Specialist Care	\$50 copay	80% after deductible	\$60 copay	80% after deductible	\$60 copay	80% after deductible	\$60 copay	100% after deductible
Preventive Care	100%	Not Covered	100%	80% after deductible	100%	80% after deductible	100%	100%
Diagnostic X-Ray & Lab	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	100% after deductible
Chiropractic Care	\$50 copay	80% after deductible	\$30 copay	80% after deductible	\$30 copay	80% after deductible	\$30 copay	100% after deductible
Hospital Services								
Inpatient	\$250 copay	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	100% after deductible
Outpatient	\$250 copay	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	100% after deductible
Emergency and Urgent Care								
Emergency Room	\$150 copay		\$250 copay		\$250 copay		\$250 copay (Includes Non-Network)	100% after deductible
Urgent Care/Walk-in Clinic	\$50 copay	80% after deductible	\$100 copay	80% after deductible	\$100 copay	80% after deductible	\$100 copay	100% after deductible
Prescription Drugs								Copays apply after DED
Retail	\$10 / \$25 / \$50		\$10 / \$35 / \$60		\$10 / \$35 / \$60		\$10 / \$35 / \$60	\$10 / \$35 / \$60
Mail Order	\$20 / \$50 / \$100		\$25 / \$87.50 / \$150		\$25 / \$87.50 / \$150		\$25 / \$87.50 / \$150	\$25 / \$87.50 / \$150
Premium Information	Current							
Single (17)	\$1,315.93		\$1,211.05		\$883.52		\$1,030.22	\$923.71
Family (58)	\$2,601.22		\$2,393.90		\$1,746.47		\$2,036.45	\$1,825.91
Total Monthly Premium	\$173,242		\$159,434		\$116,315		\$118,114	\$121,606
Total Annual Premium	\$2,078,899		\$1,913,209		\$1,395,781		\$1,417,369	\$1,459,270
Estimated Run Out	\$0		\$400,000		\$400,000		\$400,000	\$400,000
Total Premium + Run Out	\$2,078,899		\$2,313,209		\$1,795,781		\$1,817,369	\$1,859,270

We have endeavored to provide you with an accurate proposal based on the information given to us. Although we believe the rate and benefit information to be correct, please keep in mind that final rates and benefits are based upon actual enrollment and underwriting and must be approved by the Insurance Carrier. We assume no liability for rate differences and advise you not to cancel your prior coverage until final rating information and underwriting approval has been received from the carrier. This proposal is a summary of plan benefits; for complete details refer to the master Contract or Benefit Booklet.

City of Lake Geneva

Group Medical - WPS Statewide Network Fully Insured Options
Effective Date: January 1, 2016

	SISCO Self-Funded Plan		WPS		WPS		WPS	
	Current		Alternate Option 1		Alternate Option 2		Alternate Option 3	
General Plan Information	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	HPS/HealthEOS	N/A	Statewide	N/A	Statewide	N/A	Statewide	N/A
Deductible	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
Coinsurance	100%	80%	100%	80%	80%	60%	80%	60%
Medical Out-of-Pocket Maximum (Including Deductible)	\$6,600 Single \$13,200 Family	\$13,200 Single \$26,400 Family	\$1,000 Single \$2,000 Family	\$4,000 Single \$8,000 Family	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family	\$4,000 Single \$8,000 Family	\$8,000 Single \$16,000 Family
Overall Out-of-Pocket Maximum (Including Deductible & All Copays)			\$6,850 Single \$13,700 Family	N/A	\$6,850 Single \$13,700 Family	N/A	\$6,850 Single \$13,700 Family	N/A
Physician Services								
Office Visits - Primary Care	\$25 copay	80% after deductible	\$25 copay	80% after deductible	\$25 copay	60% after deductible	80% after deductible	60% after deductible
Office Visits - Specialist Care	\$50 copay	80% after deductible	\$50 copay	80% after deductible	\$50 copay	60% after deductible	80% after deductible	60% after deductible
Preventive Care	100%	Not Covered	100%	80% after deductible	100%	60% after deductible	100%	60% after deductible
Diagnostic X-Ray & Lab	100% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Chiropractic Care	\$50 copay	80% after deductible	\$50 copay	80% after deductible	\$50 copay	60% after deductible	80% after deductible	60% after deductible
Hospital Services								
Inpatient	\$250 copay	80% after deductible	100% after deductible	80% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient	\$250 copay	80% after deductible	100% after deductible	80% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency and Urgent Care								
Emergency Room	\$150 copay		\$150 copay		\$150 copay		\$150 copay	
Urgent Care/Walk-in Clinic	\$50 copay	80% after deductible	\$50 copay	80% after deductible	\$50 copay	60% after deductible	80% after deductible	60% after deductible
Prescription Drugs								
Retail	\$10 / \$25 / \$50		\$10 / \$25 / \$50 / 25%		\$10 / \$25 / \$50 / 25%		\$10 / \$25 / \$50 / 25%	
Mail Order	\$20 / \$50 / \$100		\$25 / \$62.50 / \$125 / 25%		\$25 / \$62.50 / \$125 / 25%		\$25 / \$62.50 / \$125 / 25%	
Premium Information								
	<i>Current</i>				<i>Not Firm - Apps Required</i>			
Single (17)	\$1,315.93		\$1,468.27		\$1,306.32		\$1,210.29	
Family (58)	\$2,601.22		\$2,902.36		\$2,582.23		\$2,392.42	
Total Monthly Premium	\$173,242		\$193,297		\$171,977		\$159,335	
Total Annual Premium	\$2,078,899		\$2,319,570		\$2,063,721		\$1,912,023	
Estimated Run Out	\$0		\$400,000		\$400,000		\$400,000	
Total Premium + Run Out	\$2,078,899		\$2,719,570		\$2,463,721		\$2,312,023	

We have endeavored to provide you with an accurate proposal based on the information given to us. Although we believe the rate and benefit information to be correct, please keep in mind that final rates and benefits are based upon actual enrollment and underwriting and must be approved by the Insurance Carrier. We assume no liability for rate differences and advise you not to cancel your prior coverage until final rating information and underwriting approval has been received from the carrier. This proposal is a summary of plan benefits; for complete details refer to the master Contract or Benefit Booklet.

Actuarial Modeling

Model Comparison: \$500 PPO Plan

Total Paid Comparison	Current	"Normalized"		
Value of Medical Plan Changes		-16%		
Value of Rx Plan Changes		n/a		
Total Value of Plan Changes		-16%		
Total Medical Paid	\$915,500.22			
Total Rx Paid	\$354,018.00			
Total Projected Paid	\$1,269,518.22	\$1,066,395.30		

Members Affected Comparison

Total Claimants	169							
Total Enrolled	190							

	Current		"Normalized"					
	In-Network	Out-of-Network	In-Network	Out-of-Network				
Deductible	500	500	1000	2000				
Members affected			-129	-23				
% of total claimants			-76.33%	-13.61%				
% of total enrolled			-67.89%	-12.11%				
Primary Care Copay	10	10	25	0				
Members affected			-79	4				
% of total claimants			-46.75%	2.37%				
% of total enrolled			-41.58%	2.11%				
Specialist Copay	10	10	50	0				
Members affected			-39	2				
% of total claimants			-23.08%	1.18%				
% of total enrolled			-20.53%	1.05%				
Plan Coinsurance	100	80	100	80				
Members affected			0	0				
% of total claimants			n/a	n/a				
% of total enrolled			n/a	n/a				

Single Out of Pocket Max	500	1000	1000	2000				
Members affected			-129	-23				
% of total claimants			-76.33%	-13.61%				
% of total enrolled			-67.89%	-12.11%				
Inpatient Copay	0	0	250	200				
Members affected			-5	0				
% of total claimants			-2.96%	0%				
% of total enrolled			-2.63%	0%				
Outpatient Surgery Copay	0	0	250	0				
Members affected			-85	0				
% of total claimants			-50.3%	n/a				
% of total enrolled			-44.74%	n/a				
Emergency Room Copay	25	25	150	150				
Members affected			-24	-2				
% of total claimants			-14.2%	-1.18%				
% of total enrolled			-12.63%	-1.05%				
Urgent Care Copay	10	10	50	50				
Members affected			-13	0				
% of total claimants			-7.69%	0%				
% of total enrolled			-6.84%	0%				
Well Child Annual Max	10000	10000	10000	10000				
Members affected			0	0				
% of total claimants			n/a	n/a				
% of total enrolled			n/a	n/a				
Adult Wellness Annual Max	10000	10000	10000	10000				
Members affected			0	0				
% of total claimants			n/a	n/a				
% of total enrolled			n/a	n/a				

Medical Plan Comparison	Current		"Normalized"				
	In-Network	Out-of-Network	In-Network	Out-of-Network			
Deductible	500	500	1000	2000			
Family Deductible	1000	1000	2000	4000			
HSA Style Family Limit	No	No	No	No			
Primary Care Copay	10	10	25	0			
Specialist Copay	10	10	50	0			
Copay Type	Just O.V.	Just O.V.	Just O.V.	Just O.V.			
Plan Coinsurance	100%	80%	100%	80%			
Single Out of Pocket Max	500	1000	1000	2000			
Family Out of Pocket Max	1000	2000	2000	4000			
Inpatient Copay	0	0	250	200			
Outpatient Surgery Copay	0	0	250	0			
Emergency Room Copay	25	25	150	150			
Urgent Care Copay	10	10	50	50			
Plan Psych Chem Dep Coinsurance	0%	0%	0%	0%			
Psych Chem Dep Inpatient Limit	0	0	0	0			
Psych Chem Dep Outpatient Limit	0	0	0	0			
Well Child Annual Max	Unlimited	Unlimited	Unlimited	Unlimited			
Adult Wellness Annual Max	Unlimited	Unlimited	Unlimited	Unlimited			
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited			
Percent of Total Care in Network	99%	1%	99%	1%			
PCP & SCP Copays Apply After Deductible	No	No	No	No			
Do Copays Apply to Out of Pocket Max?	Yes	Yes	Yes	Yes			

Prescription Drug Comparison	Current	"Normalized"		
Separate Rx Card?	No	No		
Drug Claims as Percent of Total Claims	27.8860%	27.8860%		

	Tier 1; Tier 2; Tier 3	Tier 1; Tier 2; Tier 3		
Deductible	0; 0; 0	0; 0; 0		
Plan Coinsurance	100%; 100%; 100%	100%; 100%; 100%		
Employee Coinsurance Minimum	n/a; n/a; n/a	n/a; n/a; n/a		

Employee Coinsurance Maximum	Unlimited; Unlimited; Unlimited	Unlimited; Unlimited; Unlimited		
Copay	10; 20; 30	10; 25; 50		
Generic Mandate Options	None	None		
Rx Copays Apply After Medical Deductible	No	No		
Do Copays Apply Against Out of Pocket Max?	Yes	Yes		

Actuarial Modeling

Model Comparison: \$500 PPO Plan

Total Paid Comparison	Current	3300 HSA 100%	2000 HSA 100%	Normalized 90%
Value of Medical Plan Changes		-31.8%	-22.8%	-20.7%
Value of Rx Plan Changes		n/a	n/a	n/a
Total Value of Plan Changes		-31.8%	-22.8%	-20.7%
Total Medical Paid	\$915,500.22			
Total Rx Paid	\$354,018.00			
Total Projected Paid	\$1,269,518.22	\$865,811.43	\$980,068.07	\$1,006,727.95

Members Affected Comparison

Total Claimants	169							
Total Enrolled	190							
	Current		3300 HSA 100%		2000 HSA 100%		Normalized 90%	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	500	500	3300	6600	2000	6000	1000	2000
Members affected			-138	-23	-138	-23	-138	-23
% of total claimants			-81.66%	-13.61%	-81.66%	-13.61%	-81.66%	-13.61%
% of total enrolled			-72.63%	-12.11%	-72.63%	-12.11%	-72.63%	-12.11%
Primary Care Copay	10	10	0	0	0	0	25	0
Members affected			79	4	79	4	-79	4
% of total claimants			46.75%	2.37%	46.75%	2.37%	-46.75%	2.37%
% of total enrolled			41.58%	2.11%	41.58%	2.11%	-41.58%	2.11%
Specialist Copay	10	10	0	0	0	0	50	0
Members affected			39	2	39	2	-39	2
% of total claimants			23.08%	1.18%	23.08%	1.18%	-23.08%	1.18%
% of total enrolled			20.53%	1.05%	20.53%	1.05%	-20.53%	1.05%
Plan Coinsurance	100	80	100	70	100	70	90	70
Members affected			0	-23	0	-23	-138	-23
% of total claimants			n/a	-13.61%	n/a	-13.61%	-81.66%	-13.61%
% of total enrolled			n/a	-12.11%	n/a	-12.11%	-72.63%	-12.11%

Single Out of Pocket Max	500	1000	3300	13200	2000	12000	1500	4000
Members affected			-138	-23	-138	-23	-138	-23
% of total claimants			-81.66%	-13.61%	-81.66%	-13.61%	-81.66%	-13.61%
% of total enrolled			-72.63%	-12.11%	-72.63%	-12.11%	-72.63%	-12.11%
Inpatient Copay	0	0	0	0	0	0	250	0
Members affected			0	0	0	0	-5	0
% of total claimants			n/a	n/a	n/a	n/a	-2.96%	n/a
% of total enrolled			n/a	n/a	n/a	n/a	-2.63%	n/a
Outpatient Surgery Copay	0	0	0	0	0	0	0	0
Members affected			0	0	0	0	0	0
% of total claimants			n/a	n/a	n/a	n/a	n/a	n/a
% of total enrolled			n/a	n/a	n/a	n/a	n/a	n/a
Emergency Room Copay	25	25	0	0	0	0	150	150
Members affected			24	2	24	2	-24	-2
% of total claimants			14.2%	1.18%	14.2%	1.18%	-14.2%	-1.18%
% of total enrolled			12.63%	1.05%	12.63%	1.05%	-12.63%	-1.05%
Urgent Care Copay	10	10	0	0	0	0	50	0
Members affected			13	0	13	0	-13	0
% of total claimants			7.69%	0%	7.69%	0%	-7.69%	0%
% of total enrolled			6.84%	0%	6.84%	0%	-6.84%	0%
Well Child Annual Max	10000	10000	10000	10000	10000	10000	10000	10000
Members affected			0	0	0	0	0	0
% of total claimants			n/a	n/a	n/a	n/a	n/a	n/a
% of total enrolled			n/a	n/a	n/a	n/a	n/a	n/a
Adult Wellness Annual Max	10000	10000	10000	10000	10000	10000	10000	10000
Members affected			0	0	0	0	0	0
% of total claimants			n/a	n/a	n/a	n/a	n/a	n/a
% of total enrolled			n/a	n/a	n/a	n/a	n/a	n/a

Medical Plan Comparison	Current		3300 HSA 100%		2000 HSA 100%		Normalized 90%	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	500	500	3300	6600	2000	6000	1000	2000
Family Deductible	1000	1000	6600	13200	4000	12000	2000	4000
HSA Style Family Limit	No	No	No	No	No	No	No	No
Primary Care Copay	10	10	0	0	0	0	25	0
Specialist Copay	10	10	0	0	0	0	50	0
Copay Type	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.
Plan Coinsurance	100%	80%	100%	70%	100%	70%	90%	70%
Single Out of Pocket Max	500	1000	3300	13200	2000	12000	1500	4000
Family Out of Pocket Max	1000	2000	6600	26400	4000	24000	3000	8000
Inpatient Copay	0	0	0	0	0	0	250	0
Outpatient Surgery Copay	0	0	0	0	0	0	0	0
Emergency Room Copay	25	25	0	0	0	0	150	150
Urgent Care Copay	10	10	0	0	0	0	50	0
Plan Psych Chem Dep Coinsurance	0%	0%	100%	70%	100%	70%	90%	70%
Psych Chem Dep Inpatient Limit	0	0	0	0	0	0	0	0
Psych Chem Dep Outpatient Limit	0	0	0	0	0	0	0	0
Well Child Annual Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Adult Wellness Annual Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Percent of Total Care in Network	99%	1%	99%	1%	99%	1%	99%	1%
PCP & SCP Copays Apply After Deductible	No	No	No	No	No	No	No	No
Do Copays Apply to Out of Pocket Max?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Prescription Drug Comparison	Current		3300 HSA 100%		2000 HSA 100%		Normalized 90%	
Separate Rx Card?	No		No		No		No	
Drug Claims as Percent of Total Claims	27.8860%		27.8860%		27.8860%		27.8860%	

	Tier 1; Tier 2; Tier 3			
Deductible	0; 0; 0	0; 0; 0	0; 0; 0	0; 0; 0
Plan Coinsurance	100%; 100%; 100%	0%; 0%; 0%	0%; 0%; 0%	100%; 100%; 100%
Employee Coinsurance Minimum	n/a; n/a; n/a	n/a; n/a; n/a	n/a; n/a; n/a	n/a; n/a; n/a

Employee Coinsurance Maximum	Unlimited; Unlimited; Unlimited	0; 0; 0	0; 0; 0	Unlimited; Unlimited; Unlimited
Copay	10; 20; 30	0; 0; 0	0; 0; 0	10; 25; 50
Generic Mandate Options	None	None	None	None
Rx Copays Apply After Medical Deductible	No	No	No	No
Do Copays Apply Against Out of Pocket Max?	Yes	No	Yes	Yes

Resolution 15-R58

**A RESOLUTION ESTABLISHING WARD BOUNDARIES FOR TERRITORY
RECENTLY ANNEXED TO THE CITY OF LAKE GENEVA**

WHEREAS, on October 12, 2015, the Common Council of the City of Lake Geneva, Walworth County, Wisconsin, (the “**City**”) approved the annexation of territory located in Section 31, Town of Lyons, Walworth County, Wisconsin, more particularly described in the legal description of the property attached hereto as Exhibit “A” and incorporated herein by reference (the “**Subject Territory**”); and

WHEREAS, the Subject Territory is located in Walworth County Supervisory District #1 and is required to remain in said Supervisory District #1; and

WHEREAS, the City is required to annex Subject Territory into a Ward and Aldermanic District.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Lake Geneva as follows:

1. That Subject Territory is annexed into existing Ward #6 in Aldermanic District #3, as depicted on the Exhibit “B” attached hereto and incorporated herein by reference.
2. That the City Clerk is hereby directed to notify the State of Wisconsin Government Accountability Board and the Walworth County Clerk of the annexation.

Approved this 2nd day of December, 2015.

James R. Connors, Mayor

Attest:

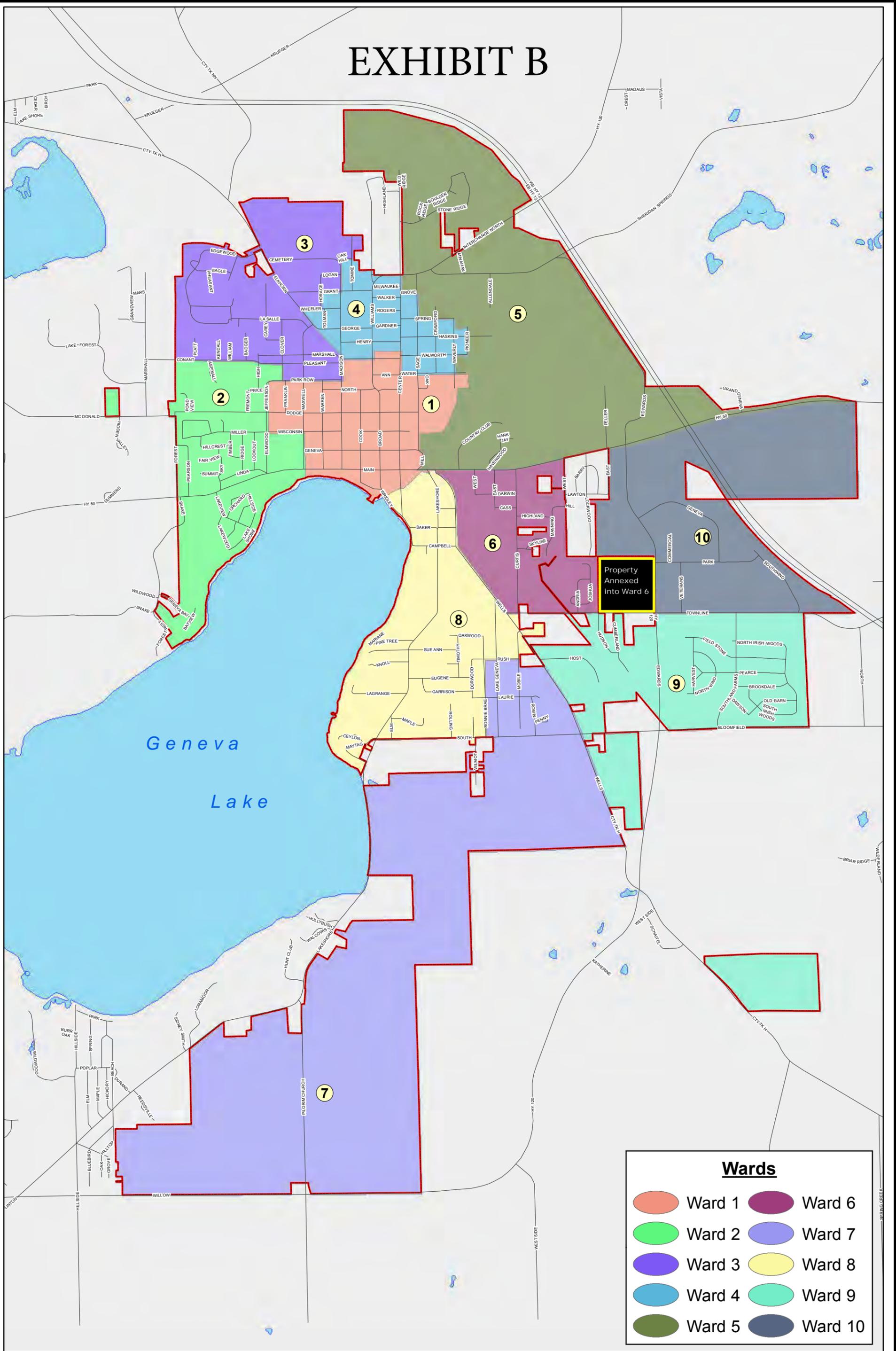
Sabrina Waswo, City Clerk

EXHIBIT A

LEGAL DESCRIPTION OF THE SUBJECT TERRITORY

A PART OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 AND PART OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 31, TOWN 2 NORTH, RANGE 18 EAST, WALWORTH COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTH 1/4 CORNER OF SAID SECTION 31 (T2N, R18E); THENCE S 89DEG 51MIN 55SEC W, 772.80 FEET ALONG THE SOUTH LINE OF THE SOUTHWEST 1/4 OF SAID SECTION 31 TO THE SOUTHEAST CORNER OF MEADOWLAND SUBDIVISION; THENCE ALONG THE EAST LINE OF SAID MEADOWLAND SUBDIVISION, N 00DEG 43MIN 37SEC W, 1321.83 FEET TO THE SOUTH LINE OF GENEVA EAST SUBDIVISION; THENCE N 89DEG 51MIN 51SEC E, ALONG THE SOUTH LINE OF GENEVA EAST SUBDIVISION, THE SOUTH LINE OF THE FIRST ADDENDUM TO THE OAKS OF GENEVA EAST, A CONDOMINIUM, AND THE SOUTH LINE OF THE OAKS OF GENEVA EAST CONDOMINIUM, 1298.69 FEET TO THE WEST LINE OF STATE TRUNK HIGHWAY 120 (EDWARDS BOULEVARD); THENCE S 00DEG 41MIN 51SEC E, ALONG SAID HIGHWAY, 1207.65 FEET; THENCE CONTINUE ALONG SAID HIGHWAY, S 59DEG 59MIN 34SEC W, 91.36 FEET; THENCE CONTINUE ALONG SAID HIGHWAY, S 89DEG 53MIN 32SEC W, 444.85 FEET TO TOWN LINE ROAD; THENCE S 00DEG 06MIN 59SEC E, 68.90 FEET TO THE POINT OF BEGINNING. CONTAINING 1,678,210 SQUARE FEET OF LAND (38.53) ACRES OF LAND MORE OR LESS.(End of legal description.)

EXHIBIT B



Wards	
	Ward 1
	Ward 2
	Ward 3
	Ward 4
	Ward 5
	Ward 6
	Ward 7
	Ward 8
	Ward 9
	Ward 10

11/1/2011 \\CSDATA\Mapping\Lake Geneva\City\Projects\Voting\GIS\Wards_2011_11x17.mxd



Voting Wards

City of Lake Geneva, Walworth County



CRISPELL-SNYDER, INC.
PROFESSIONAL CONSULTANTS

1 inch equals 2,000 feet

Fax to: 608 831 4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
Phone support: 800 346 2126 | 608 831 8445
E-mail support: employerservices@ebcflex.com

CITY OF LAKE GENEVA

Employer

395005495
Federal Employer ID Number (FEIN) (xx-xxxxxx)

Validation

Please return ALL pages.

ALL Plan Design changes are subject to review and approval by Employee Benefits Corporation. A \$50 fee will be charged for mid-year changes. Plan Renewal changes will be processed at no additional charge up through two weeks following the start of your new plan year.

Authorization

The undersigned, as an authorized representative of the Employer hereby certifies that on

Empty date grid box

the governing body¹ of the Employer adopted the following resolutions:

Date (mm-dd-yyyy)

WHEREAS, the Employer had maintained for the benefit of its employees and their beneficiaries a Section 125 cafeteria plan (the Plan) with the name of

Choose only one option:

- [X] [Employer Name] Flexible Compensation Plan
[] Previously established custom name:

Empty text box for custom plan name

Enter the custom Plan name

WHEREAS, the Employer wishes to amend the Plan pursuant to the Employer's amendment authority as set forth in the Plan Document.

NOW, THEREFORE, BE IT RESOLVED, that the Employer hereby amends the Plan as follows, effective

01-01-2016
Effective date of the change (mm-dd-yyyy)

INSTRUCTIONS: Please check the box in the appropriate section and enter the information completely. Leave the section blank and do NOT check the box if there are no changes.

[] Change Collectively Bargained Benefit

- [] Yes, this benefit is collectively bargained
[X] No, this benefit is not collectively bargained

[X] Change Plan Year

If the new start date is before the current plan year's end date, the current plan will be shortened.

If the new start date is after the current plan year's end date, a short initial plan year will be created.

- [X] Use a calendar Plan Year (January 01 - December 31) beginning January 1, 20 16
[] Use an off-calendar Plan Year. The new plan year end date will be 12 months later.

Empty date grid box for New Plan Year Start Date

New Plan Year Start Date (mm-dd-yyyy)

¹Board of directors, in the case of a corporation. Voting partners in the case of a partnership. Managers in the case of a limited liability.

Change Group Premium Accounts

	Renewal Month (mm-dd)	Add	Remove		Renewal Month (mm-dd)	Add	Remove
Medical Insurance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death and Dismemberment Insurance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Savings Account (HSA) contributions	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Insurance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital Indemnity	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Term Life Insurance (up to \$50,000/Employee only)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	MA Commonwealth Connector Benefits/Individual Medical Insurance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: Insurance type name

Change Flexible Spending Accounts

	Add	Remove		Add	Remove
Health Care FSA	<input type="checkbox"/>	<input type="checkbox"/>	Dependent Care FSA	<input type="checkbox"/>	<input type="checkbox"/>
Limited Health Care FSA	<input type="checkbox"/>	<input type="checkbox"/>	Individual Billed Premium Account	<input type="checkbox"/>	<input type="checkbox"/>

Change 2-1/2 Month Grace Period

	Add	Remove
Health Care FSA/Limited Health Care FSA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dependent Care FSA	<input type="checkbox"/>	<input type="checkbox"/>
Individual Billed Insurance Premium	<input type="checkbox"/>	<input type="checkbox"/>

Health Care FSA Rollover

	Add	Remove
(May not elect 2-1/2 month Grace Period)	<input type="checkbox"/>	<input type="checkbox"/>

Change Flexible Spending Accounts Annual Limits

Health Care and Limited Health Care FSA

\$ No minimum
Minimum election amount (0000)

\$ Statutory maximum
Maximum election amount (0000)

Dependent Care FSA

\$ No minimum
Minimum election amount (0000)

Individual Billed Insurance Premiums Account

\$ No minimum
Minimum election amount (0000)

Change Employer Contributions

- None Group Premiums Health Care FSA Limited Health Care FSA Dependent Care FSA
- All Individual Billed Premium Account

\$
Amount (0000)

Eligibility:

Frequency: Pay Period Annually-Plan Start Other:

