



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING**

A G E N D A

**Thursday December 06, 2018
7:00 PM**

CALL TO ORDER AND QUORUM ESTABLISHED:

PUBLIC HEARINGS:

- 1. Proposed Budget Amendment

DELEGATIONS:

- 2. Caroline County EDA Representatives – Supervisor Sili and Gary Wilson

PUBLIC COMMENTS:

STAFF REPORTS & PRESENTATIONS:

- 3. Police Department Council Monthly Report for November 2018
- 4. Public Works Director Council Monthly Report for November 2018
- 5. Events Coordinator Council Monthly Report for November 2018
- 6. Town Clerk/Treasurer's Monthly Report to Council November 2018
- 7. Town Manager Council Monthly Report for November 2018

CONSENT AGENDA:

- 8. November 2018 Bills
- 9. Town Council Meeting Minutes November 1, 2018
- 10. R-2018-012 – In recognition of Council Member Coleman
- 11. R-2018-013 – In recognition of Council Member Gibson

UNFINISHED BUSINESS:

- 12. Billing of customers with multiple addresses on single meter

REPORT OF COUNCIL COMMITTEES/MEMBER COMMENTS:

CLOSED SESSION:

RECONVENE IN OPEN SESSION

ADJOURNMENT



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
AGENDA ITEM REPORT**

AGENDA ITEM: Proposed Budget Amendment
ITEM TYPE: Public Hearing - Duly Advertised
PURPOSE OF ITEM: Decision - By Motion
PRESENTER: Reese Peck, townmanager@townofbowlinggreen.com
PHONE: (804) 633-6212

BACKGROUND / SUMMARY:

The reason for this amendment is to provide funds for water and sewer system repairs, fund EDA development activities and to fund certain capital improvements. Since the adoption of the FY18-FY19 budget, the Town has received two grants and has another grant application awaiting approval, and a budget amendment is needed to allow expenditure of these funds. Additionally, several capital projects and water projects have been identified that need attention this fiscal year. And finally, funds are needed to bring to fruition an economic development project the Town has been working on for many years.

ATTACHMENTS:

Proposed Budget Amendment
Public Hearing Notice Published in the Free Lance Star on 11/20/18 and 11/27/18

REQUESTED ACTION:

Act on the presented item.

Proposed Budget Amendment

REVENUE INCREASES		
	FUND #300 CIP (From USDA Loan/Grants and Fund Balance)	\$1,535,000
	FUND #320 Economic Development Authority (EDA Fund Balance)	\$25,000
	FUND #500 Water (From Fund Balance and USDA SEARCH Grant)	\$110,000
	FUND #520 Sewer (Transfer from General Fund Unassigned Balance)	\$120,000
TOTAL REVENUE INCREASES		\$1,790,000
EXPENDITURE INCREASES		
GENERAL FUND TRANSFERS		
	FUND #520 Sewer Operations (From GF Unassigned Fund Balance)	\$120,000
	Total Transfers	\$120,000
OTHER FUND EXPENDITURES INCREASES		
	FUND #300 CIP	\$1,535,000
	FUND #320 Economic Development Authority	\$25,000
	FUND #500 Water Operations	\$130,000
	Total Other Funds	\$1,690,000
TOTAL EXPENDITURE INCREASES (Net of Transfers)		\$1,690,000

**TOWN OF BOWLING GREEN
NOTICE OF PUBLIC HEARING**

Notice is hereby given that on December 6, 2018 at 7:00 P.M. the Bowling Green Town Council will conduct a public hearing in Bowling Green Town Hall, 117 Butler Street, Bowling Green, Virginia, to receive comments on the following matter:

AN AMENDMENT AND APPROPRIATION TO THE FY2018-2019 TOWN BUDGET

Proposed Budget Amendment		
REVENUE INCREASES		
	FUND #300 CIP (From USDA Loan/Grants and Fund Balance)	\$1,535,000
	FUND #320 Economic Development Authority (EDA Fund Balance)	\$25,000
	FUND #500 Water (From Fund Balance and USDA SEARCH Grant)	\$110,000
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EXPENDITURE INCREASES		
GENERAL FUND TRANSFERS		
	FUND #520 Sewer Operations (From GF Unassigned Fund Balance)	<u>\$120,000</u>
	Total Transfers	\$120,000
OTHER FUND EXPENDITURES INCREASES		
	FUND #300 CIP	\$1,535,000
	FUND #320 Economic Development Authority	\$25,000
	FUND #500 Water Operations	<u>\$130,000</u>
	Total Other Funds	\$1,690,000
TOTAL EXPENDITURE INCREASES (Net of Transfers)		\$1,690,000

The reason for this amendment is to provide funds for water and sewer system repairs, fund EDA development activities and to fund certain capital improvements.

The Bowling Green Town Council will take action on the proposed budget amendment on December 6, 2018. A complete copy of the budget amendment may be reviewed at Town Hall. Interested parties are encouraged to attend the meeting and express their views regarding this matter. If you require assistance in order to participate in the public hearing, please contact the Town Manager at (804) 633-6212.



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
AGENDA ITEM REPORT**

AGENDA ITEM: Caroline County EDA Representatives – Supervisor Sili and Gary Wilson

ITEM TYPE: Presentation

PURPOSE OF ITEM: Information Only

PRESENTER: Mayor Satterwhite Jasonsatterwhite@townofbowlinggreen.com

PHONE: (804) 633-6212

BACKGROUND / SUMMARY:

Mr. Sili and Mr. Wilson on matters relating to Economic Development in the County that will affect the Town.

ATTACHMENTS:

None

REQUESTED ACTION:

None.



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
MONTHLY REPORT / PROJECT UPDATE**

AGENDA ITEM: Police Department Council Monthly Report for November 2018

DATE: 11/29/18

PREPARED BY: Chief David Lipscomb

MONTHLY REPORT / PROJECT UPDATE:

Statistical Data:

- 31 Calls for service
- 2 Reportable crimes (Possession of suspected marijuana)
- 83 Virginia uniform summonses issued (102 traffic stops)
- 17 Parking violations issued
- 4 suspended/revoked drivers
- 3 motor vehicle crashes
- 61 Park walk and talk
- 78 Property checks
- 8 Motorist assists
- 10 court appearances

Chief's Report:

The Police Department is please to announce that we have secured the services of Omnigo for our records management software. As council is aware the BGPD was lacking in the areas of records management and case reporting to the Virginia State Police as required. This software will enable us to properly report crime data and retain our allotted 599 funding from the state. This system comes as a web-based model which was a considerable cost savings compared to server-based systems. This system will also include an e-summons interface which is paid in part by the ordinance passed by Town Council last February. We wish to thank Town Council as well as the Town Manager for your diligent efforts to make this program a success. This program is a giant step for the BGPD and will greatly benefit us moving forward.

Conducted a background check for one person wishing to volunteer as an auxiliary officer.

Attended weekly staff meetings.

Met with events coordinator in regards to the upcoming Christmas parade.

Attended training in Gloucester County in reference to Omnigo software.

Met with Town manager in reference to the possible replacement cost and grant availability for the 2005 police vehicle.

Met with one college student for a case study they were assigned as it pertains to crime data.

ATTACHMENTS:

HEADS UP ITEMS:

The Police Chief needs to start meeting with the policy committee beginning in January in regards to the police department policy manual.

MAJOR ACCT#	DESCRIPTION	BUDGET AMOUNT	APPR. AMOUNT	CURRENT AMOUNT	Y-T-D AMOUNT	BALANCE	REMAIN.
140101	***FINES AND FORFEITURES***						
0001	POLICE/COURT FINES	30,000.00	30,000.00	21,516.71	21,516.71	8,483.29	28.27
0002	RETURNED CHECK FEE	400.00	400.00	25.00	25.00	375.00	93.75
0003	E SUMMONS FEES **RESTRICTED USE**	.00	.00	1,910.00	1,910.00	1,910.00	100.00
	FINES AND FORFEITURES	30,400.00	30,400.00	23,451.71	23,451.71	6,948.29	22.85
	FINES AND FORFEITURES	30,400.00	30,400.00	23,451.71	23,451.71	6,948.29	22.85
220109	***STATE/COUNTY FUNDS***						
0001	VA 599 POLICE FUNDING	23,000.00	23,000.00	6,130.00	6,130.00	16,870.00	73.34
	STATE/COUNTY FUNDS	23,000.00	23,000.00	6,130.00	6,130.00	16,870.00	73.34

Fines and Forfeitures \$23,451.71
 State Funding \$6,130.00
 Total \$29,581.71



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
MONTHLY REPORT / PROJECT UPDATE**

AGENDA ITEM: Public Works Director Council Monthly Report for November 2018

DATE: November 30, 2018

PREPARED BY: Billy Deavers

MONTHLY REPORT / PROJECT UPDATE:

Wastewater

- Set up CUPPS Program and began collecting asset information for entry
- White Oak Electric installed new panel and leave transducers at Oak Ridge Pump Station
- Sewer leak repaired on Elliott Avenue on November 11th
- Sewer project starting the last week on November
- Normal sampling and cleaning tasks of processes

Water

- Meters were moved out of the parking lot to the grass area to avoid further vehicle damage at 147-153 Lee Street
- Water leak repaired at 116 Sunset Avenue
- Hydrant flushing/maintenance and valve maintenance still underway
- Monthly Bac-T samples were collected and sent in to lab
- Did meter re-reads as directed
- Set up CUPPS Program, beginning to collect information for entry purposes
- Replaced all water hoses inside the Well houses

Public Works

- Flower planters were taken down and stored
- Leaf collection is underway
- Christmas lights are being put up last week of November
- The Flag assembly from Town Hall was broken, and is being repaired
- The leaf vacuum was serviced
- Cleared storm drains of debris
- Applied lime and fertilizer to Town Hall and the WWTP

ATTACHMENTS:

- Environmental report of spill clean-up at Chase Street and Meadow Dr
- 311 report



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Certificate of Analysis

Final Report

Laboratory Order ID 18J0906

Client Name: First Call Environmental, LLC
11008 Richardson Rd,
Ashland, VA 23005

Date Received: October 19, 2018 16:16

Date Issued: October 25, 2018 12:08

Project Number: FCE 1736

Submitted To: Wade Williams

Purchase Order: FCE 1736

Client Site I.D.: 172 Meadow Lane Bowling Green Va

Enclosed are the results of analyses for samples received by the laboratory on 10/19/2018 16:16. If you have any questions concerning this report, please feel free to contact the laboratory.

Sincerely,

Ted Soyars
Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a wet weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field. The results of field analyses performed by the Sampler included in the Certificate of Analysis are done so at the client's request and are not included in the laboratory's fields of certification nor have they been audited for adherence to a reference method or procedure.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

This report shall not be reproduced except in full without the expressed and written approval of an authorized representative of Air Water & Soil Laboratories, Inc.



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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Laboratory Order ID: 18J0906

Analytical Results

Sample I.D. FCE 1736 PRE	Laboratory Sample ID: 18J0906-01
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Grab Date/Time: 10/18/2018 15:30

Field Residual Cl:	Field pH:
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Parameter	Samp ID	Method	Result	Qual	Reporting Limit	D.F.	Sample Prep Date/Time	Analysis Date/Time	Analyst
Metals (Total) by EPA 6000/7000 Series Methods									
Silver	01	SW6010C	<0.500 mg/kg		0.500	1	10/22/18 10:00	10/23/18 11:42	BG
Arsenic	01	SW6010C	1.97 mg/kg		1.00	1	10/22/18 10:00	10/23/18 11:42	BG
Barium	01	SW6010C	28.1 mg/kg		0.500	1	10/22/18 10:00	10/23/18 11:42	BG
Cadmium	01	SW6010C	1.14 mg/kg		0.200	1	10/22/18 10:00	10/23/18 11:42	BG
Chromium	01	SW6010C	21.3 mg/kg		0.500	1	10/22/18 10:00	10/23/18 11:42	BG
Mercury	01	SW7471B	0.016 mg/kg		0.008	1	10/23/18 12:00	10/24/18 09:21	MWL
Lead	01	SW6010C	6.93 mg/kg		0.500	1	10/22/18 10:00	10/23/18 11:42	BG
Selenium	01	SW6010C	<2.50 mg/kg		2.50	1	10/22/18 10:00	10/23/18 11:42	BG
Semivolatile Hydrocarbons by GC									
TPH-Semi-Volatiles (DRO)	01RE1	SW8015C	10200 mg/kg		490	10	10/22/18 15:00	10/24/18 10:59	HLM
<i>Surr: Pentacosane (Surr)</i>	<i>01RE1</i>	<i>SW8015C</i>	<i>1150 %</i>	<i>DS</i>	<i>40-160</i>		<i>10/22/18 15:00</i>	<i>10/24/18 10:59</i>	<i>HLM</i>
Wet Chemistry Analysis									
Extractable Organic Halides (EOX)	01	SW9023	<10.0 mg/kg		10.0	1	10/23/18 09:30	10/23/18 09:30	JCM

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Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Laboratory Order ID: 18J0906

Analytical Results

Sample I.D. FCE 1736 Background	Laboratory Sample ID: 18J0906-02
Grab Date/Time: 10/18/2018 15:30	Field pH:

Parameter	Samp ID	Method	Result	Qual	Reporting Limit	D.F.	Sample Prep Date/Time	Analysis Date/Time	Analyst
Semivolatile Hydrocarbons by GC									
TPH-Semi-Volatiles (DRO)	02	SW8015C	18.7 mg/kg		10.0	1	10/22/18 15:00	10/23/18 17:21	HLM
<i>Surr: Pentacosane (Surr)</i>	02	SW8015C	58.3 %		40-160		10/22/18 15:00	10/23/18 17:21	HLM



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Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Analytical Summary

Preparation Method:

Sample ID	Preparation Factors Initial / Final	Method	Batch ID	Sequence ID	Calibration ID
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Wet Chemistry Analysis

Preparation Method: No Prep Halides

18J0906-01	10.0 g / 10.0 mL	SW9023	BBJ0731	SBJ0705	AG80015
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Sample ID	Preparation Factors Initial / Final	Method	Batch ID	Sequence ID	Calibration ID
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Metals (Total) by EPA 6000/7000 Series Methods

Preparation Method: SW3050B

18J0906-01	1.07 g / 50.0 mL	SW6010C	BBJ0675	SBJ0689	AJ80119
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Sample ID	Preparation Factors Initial / Final	Method	Batch ID	Sequence ID	Calibration ID
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Semivolatile Hydrocarbons by GC

Preparation Method: SW3550C

18J0906-01	51.0 g / 5.00 mL	SW8015C	BBJ0710	SBJ0745	AH80058
18J0906-01RE1	51.0 g / 5.00 mL	SW8015C	BBJ0710	SBJ0745	AH80058
18J0906-02	52.8 g / 1.00 mL	SW8015C	BBJ0710	SBJ0745	AH80058

Sample ID	Preparation Factors Initial / Final	Method	Batch ID	Sequence ID	Calibration ID
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Metals (Total) by EPA 6000/7000 Series Methods

Preparation Method: SW7470A

18J0906-01	0.513 g / 20.0 mL	SW7471B	BBJ0719	SBJ0742	AJ80134
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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Metals (Total) by EPA 6000/7000 Series Methods - Quality Control

Air Water & Soil Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD	RPD Limit	Qual
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Batch BBJ0675 - SW3050B

Blank (BBJ0675-BLK1)

Prepared: 10/22/2018 Analyzed: 10/23/2018

Cadmium	<0.200 mg/kg	0.200	mg/kg						
Silver	<0.500 mg/kg	0.500	mg/kg						
Selenium	<2.50 mg/kg	2.50	mg/kg						
Arsenic	<1.00 mg/kg	1.00	mg/kg						
Chromium	<0.500 mg/kg	0.500	mg/kg						
Barium	<0.500 mg/kg	0.500	mg/kg						
Lead	<0.500 mg/kg	0.500	mg/kg						

LCS (BBJ0675-BS1)

Prepared: 10/22/2018 Analyzed: 10/23/2018

Lead	102 mg/kg	0.500	mg/kg	94.2	mg/kg	108	80-120		
Chromium	104 mg/kg	0.500	mg/kg	94.2	mg/kg	110	80-120		
Selenium	98.7 mg/kg	2.50	mg/kg	94.2	mg/kg	105	80-120		
Cadmium	96.9 mg/kg	0.200	mg/kg	94.2	mg/kg	103	80-120		
Barium	108 mg/kg	0.500	mg/kg	94.2	mg/kg	115	80-120		
Arsenic	100 mg/kg	1.00	mg/kg	94.2	mg/kg	107	80-120		
Silver	5.18 mg/kg	0.500	mg/kg	4.71	mg/kg	110	80-120		

LCS Dup (BBJ0675-BSD1)

Prepared: 10/22/2018 Analyzed: 10/23/2018

Cadmium	99.1 mg/kg	0.200	mg/kg	97.6	mg/kg	102	80-120	2.26	20
Arsenic	103 mg/kg	1.00	mg/kg	97.6	mg/kg	105	80-120	2.12	20
Chromium	106 mg/kg	0.500	mg/kg	97.6	mg/kg	108	80-120	2.00	20
Silver	5.26 mg/kg	0.500	mg/kg	4.88	mg/kg	108	80-120	1.61	20
Lead	104 mg/kg	0.500	mg/kg	97.6	mg/kg	107	80-120	2.17	20
Barium	110 mg/kg	0.500	mg/kg	97.6	mg/kg	113	80-120	2.33	20
Selenium	101 mg/kg	2.50	mg/kg	97.6	mg/kg	103	80-120	1.84	20

Matrix Spike (BBJ0675-MS1)

Source: 18J0906-01

Prepared: 10/22/2018 Analyzed: 10/23/2018

Selenium	79.7 mg/kg	2.50	mg/kg	95.7	<2.50 mg/kg	83.3	75-125		
Chromium	118 mg/kg	0.500	mg/kg	95.7	21.3 mg/kg	101	75-125		
Cadmium	90.1 mg/kg	0.200	mg/kg	95.7	1.14 mg/kg	92.9	75-125		
Arsenic	86.4 mg/kg	1.00	mg/kg	95.7	1.97 mg/kg	88.2	75-125		
Silver	4.80 mg/kg	0.500	mg/kg	4.78	<0.500 mg/kg	100	75-125		
Barium	127 mg/kg	0.500	mg/kg	95.7	28.1 mg/kg	104	75-125		



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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Metals (Total) by EPA 6000/7000 Series Methods - Quality Control

Air Water & Soil Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qual
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Batch BBJ0675 - SW3050B

Matrix Spike (BBJ0675-MS1)	Source: 18J0906-01	Prepared: 10/22/2018 Analyzed: 10/23/2018
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Lead	97.3 mg/kg	0.500	mg/kg	95.7	6.93 mg/kg	94.4	75-125		
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Matrix Spike Dup (BBJ0675-MSD1)	Source: 18J0906-01	Prepared: 10/22/2018 Analyzed: 10/23/2018
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Silver	4.98 mg/kg	0.500	mg/kg	4.85	<0.500 mg/kg	103	75-125	3.56	20
Arsenic	88.2 mg/kg	1.00	mg/kg	97.1	1.97 mg/kg	88.8	75-125	2.07	20
Chromium	121 mg/kg	0.500	mg/kg	97.1	21.3 mg/kg	103	75-125	2.83	20
Barium	128 mg/kg	0.500	mg/kg	97.1	28.1 mg/kg	103	75-125	0.418	20
Selenium	81.8 mg/kg	2.50	mg/kg	97.1	<2.50 mg/kg	84.2	75-125	2.62	20
Lead	99.3 mg/kg	0.500	mg/kg	97.1	6.93 mg/kg	95.1	75-125	2.00	20
Cadmium	92.9 mg/kg	0.200	mg/kg	97.1	1.14 mg/kg	94.5	75-125	3.09	20

Batch BBJ0719 - SW7470A

Blank (BBJ0719-BLK1)	Prepared: 10/23/2018 Analyzed: 10/24/2018
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Mercury	<0.008 mg/kg	0.008	mg/kg						
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LCS (BBJ0719-BS1)	Prepared: 10/23/2018 Analyzed: 10/24/2018
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Mercury	0.095 mg/kg	0.008	mg/kg	0.0928	mg/kg	102	80-120		
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LCS Dup (BBJ0719-BSD1)	Prepared: 10/23/2018 Analyzed: 10/24/2018
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Mercury	0.096 mg/kg	0.008	mg/kg	0.0982	mg/kg	97.5	80-120	0.787	20
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Matrix Spike (BBJ0719-MS1)	Source: 18J0861-01	Prepared: 10/23/2018 Analyzed: 10/24/2018
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Mercury	0.107 mg/kg	0.008	mg/kg	0.0949	0.021 mg/kg	90.3	80-120		
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Matrix Spike Dup (BBJ0719-MSD1)	Source: 18J0861-01	Prepared: 10/23/2018 Analyzed: 10/24/2018
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Mercury	0.114 mg/kg	0.008	mg/kg	0.0965	0.021 mg/kg	96.6	80-120	6.84	20
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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Semivolatile Hydrocarbons by GC - Quality Control

Air Water & Soil Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qual
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Batch BBJ0710 - SW3550C

Blank (BBJ0710-BLK1)

Prepared: 10/22/2018 Analyzed: 10/23/2018

TPH-Semi-Volatiles (DRO)	<10.0 mg/kg	10.0	mg/kg							
Surr: Pentacosane (Surr)	2.28		mg/kg	4.76		47.9	40-160			

LCS (BBJ0710-BS1)

Prepared: 10/22/2018 Analyzed: 10/23/2018

TPH-Semi-Volatiles (DRO)	58.1 mg/kg	10.0	mg/kg	90.9	mg/kg	63.9	40-160			
Surr: Pentacosane (Surr)	2.65		mg/kg	4.58	mg/kg	57.8	40-160			

Matrix Spike (BBJ0710-MS2)

Source: 18J0861-01RE1

Prepared: 10/22/2018 Analyzed: 10/24/2018

TPH-Semi-Volatiles (DRO)	536 mg/kg	95.6	mg/kg	95.6	517 mg/kg	20.0	40-160			M2
Surr: Pentacosane (Surr)	3.85		mg/kg	4.82	mg/kg	79.8	40-160			

Matrix Spike Dup (BBJ0710-MSD2)

Source: 18J0861-01RE1

Prepared: 10/22/2018 Analyzed: 10/24/2018

TPH-Semi-Volatiles (DRO)	350 mg/kg	94.0	mg/kg	94.0	517 mg/kg	-178	40-160	42.1	20	M2, P
Surr: Pentacosane (Surr)	2.61		mg/kg	4.74	mg/kg	55.1	40-160			



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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Wet Chemistry Analysis - Quality Control

Air Water & Soil Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qual
Batch BBJ0731 - No Prep Halides										
Blank (BBJ0731-BLK1) Prepared & Analyzed: 10/23/2018										
Extractable Organic Halides (EOX)	<10.0 mg/kg	10.0	mg/kg							
LCS (BBJ0731-BS1) Prepared & Analyzed: 10/23/2018										
Extractable Organic Halides (EOX)	110 mg/L	10	mg/L	100	mg/L	110	80-120			
LCS Dup (BBJ0731-BSD1) Prepared & Analyzed: 10/23/2018										
Extractable Organic Halides (EOX)	100 mg/L	10	mg/L	100	mg/L	100	80-120	9.52	20	
Matrix Spike (BBJ0731-MS1) Source: 18J0828-03 Prepared & Analyzed: 10/23/2018										
Extractable Organic Halides (EOX)	120 mg/L	10	mg/L	100	<10 mg/L	114	70-130			
Matrix Spike Dup (BBJ0731-MSD1) Source: 18J0828-03 Prepared & Analyzed: 10/23/2018										
Extractable Organic Halides (EOX)	120 mg/L	10	mg/L	100	<10 mg/L	114	70-130	0.00	20	



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Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Certified Analyses included in this Report

Analyte	Certifications
SW6010C in Solids	
Arsenic	VELAP
Barium	VELAP,WVDEP
Cadmium	VELAP,WVDEP
Chromium	VELAP
Lead	VELAP,WVDEP
Selenium	VELAP,WVDEP
Silver	VELAP,WVDEP
SW7471B in Solids	
Mercury	VELAP,WVDEP
SW8015C in Solids	
TPH-Semi-Volatiles (DRO)	VELAP,NC,WVDEP
SW9023 in Solids	
Extractable Organic Halides (EOX)	VELAP,WVDEP

Code	Description	Lab Number	Expires
MdDOE	Maryland DE Drinking Water	341	12/31/2018
NC	North Carolina DENR	495	12/31/2018
VELAP	NELAC-Virginia Certificate #9991	460021	06/14/2019
WVDEP	West Virginia DEP	350	11/30/2018



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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Summary of Data Qualifiers

- DS Surrogate concentration reflects a dilution factor.
- M2 Sample was diluted due to matrix interference.
- P Duplicate analysis does not meet the acceptance criteria for precision
- RPD Relative Percent Difference
- Qual Qualifiers
- RE Denotes sample was re-analyzed
- D.F. Dilution Factor. Please also see the Preparation Factor in the Analysis Summary section.
- TIC Tentatively Identified Compounds are compounds that are identified by comparing the analyte mass spectral pattern with the NIST spectral library . A TIC spectral match is reported when the pattern is at least 75% consistent with the published pattern. Compound concentrations are estimated and are calculated using an internal standard response factor of 1.
- PCBs, Total Total PCBs are defined as the sum of detected Aroclors 1016, 1221, 1232, 1248, 1254, 1260, 1262, and 1268.



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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/25/2018 12:08
Submitted To:	Wade Williams	Project Number:	FCE 1736
Client Site I.D.:	172 Meadow Lane Bowling Green Va	Purchase Order:	FCE 1736

Sample Conditions Checklist

Samples Received at:	2.20°C
How were samples received?	Walk In
Were Custody Seals used? If so, were they received intact?	No
Are the custody papers filled out completely and correctly?	Yes
Do all bottle labels agree with custody papers?	Yes
Is the temperature blank or representative sample within acceptable limits? (above freezing to 6°C) or received on ice and recently taken?	Yes
Are all samples within holding time for requested laboratory tests?	Yes
Is a sufficient amount of sample provided to perform the tests included?	Yes
Are all samples in appropriate containers for the analyses requested?	Yes
Were volatile organic containers received?	No
Are all volatile organic and TOX containers free of headspace?	NA
Is a trip blank provided for each VOC sample set? VOC sample sets include EPA8011, EPA504, EPA8260, EPA624, EPA8015 GRO, EPA8021, EPA524, and RSK-175.	NA
Are all samples received appropriately preserved? Note that metals containers do not require field preservation but lab preservation may delay analysis.	Yes



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Certificate of Analysis

Final Report

Laboratory Order ID 18J1100

Client Name:	First Call Environmental, LLC	Date Received:	October 26, 2018 10:58
	11008 Richardson Rd,	Date Issued:	October 31, 2018 13:59
	Ashland, VA 23005	Project Number:	FCE-1736
Submitted To:	Wade Williams	Purchase Order:	FCE-1736
Client Site I.D.:	172 Meadow Lane		

Enclosed are the results of analyses for samples received by the laboratory on 10/26/2018 10:58. If you have any questions concerning this report, please feel free to contact the laboratory.

Sincerely,

Ted Soyars
Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a wet weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field. The results of field analyses performed by the Sampler included in the Certificate of Analysis are done so at the client's request and are not included in the laboratory's fields of certification nor have they been audited for adherence to a reference method or procedure.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

This report shall not be reproduced except in full without the expressed and written approval of an authorized representative of Air Water & Soil Laboratories, Inc.





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Certificate of Analysis

Final Report

Client Name: First Call Environmental, LLC Date Issued: 10/31/2018 13:59
11008 Richardson Rd,
Ashland VA, 23005
Submitted To: Wade Williams Project Number: FCE-1736
Client Site I.D.: 172 Meadow Lane Purchase Order: FCE-1736

ANALYTICAL REPORT FOR SAMPLES

Laboratory Order ID 18J1100

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
FCE-1736 Post	18J1100-01	Solids	10/24/2018 15:30	10/26/2018 10:58

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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/31/2018 13:59
Submitted To:	Wade Williams	Project Number:	FCE-1736
Client Site I.D.:	172 Meadow Lane	Purchase Order:	FCE-1736

Laboratory Order ID: 18J1100

Analytical Results

Sample I.D. FCE-1736 Post	Laboratory Sample ID: 18J1100-01
Grab Date/Time: 10/24/2018 15:30	Field pH:
Field Residual Cl:	

Parameter	Samp ID	Method	Result	Qual	Reporting Limit	D.F.	Sample Prep Date/Time	Analysis Date/Time	Analyst
Semivolatile Hydrocarbons by GC									
TPH-Semi-Volatiles (DRO)	01	SW8015C	69.9 mg/kg		10.0	1	10/29/18 09:30	10/30/18 15:45	HLM
<i>Surr: Pentacosane (Surr)</i>	01	SW8015C	48.8 %		40-160		10/29/18 09:30	10/30/18 15:45	HLM

Analytical Summary

Sample ID	Preparation Factors Initial / Final	Method	Batch ID	Sequence ID	Calibration ID
Semivolatile Hydrocarbons by GC					
18J1100-01	50.2 g / 1.00 mL	SW8015C	BBJ0899	SBJ0935	AH80058

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Certificate of Analysis

Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/31/2018 13:59
Submitted To:	Wade Williams	Project Number:	FCE-1736
Client Site I.D.:	172 Meadow Lane	Purchase Order:	FCE-1736

Semivolatile Hydrocarbons by GC - Quality Control

Air Water & Soil Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qual
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Batch BBJ0899 - SW3550C

Blank (BBJ0899-BLK1)

Prepared: 10/29/2018 Analyzed: 10/30/2018

TPH-Semi-Volatiles (DRO)	<10.0 mg/kg	10.0	mg/kg							
Surr: Pentacosane (Surr)	2.91		mg/kg	4.98		58.5	40-160			

LCS (BBJ0899-BS1)

Prepared: 10/29/2018 Analyzed: 10/30/2018

TPH-Semi-Volatiles (DRO)	82.3 mg/kg	10.0	mg/kg	99.8	mg/kg	82.4	40-160			
Surr: Pentacosane (Surr)	2.76		mg/kg	5.03	mg/kg	54.8	40-160			

Matrix Spike (BBJ0899-MS1)

Source: 18J1101-01

Prepared: 10/29/2018 Analyzed: 10/30/2018

TPH-Semi-Volatiles (DRO)	80.5 mg/kg	10.0	mg/kg	97.1	40.5 mg/kg	41.2	40-160			
Surr: Pentacosane (Surr)	2.40		mg/kg	4.89	mg/kg	49.1	40-160			

Matrix Spike Dup (BBJ0899-MSD1)

Source: 18J1101-01

Prepared: 10/29/2018 Analyzed: 10/30/2018

TPH-Semi-Volatiles (DRO)	63.2 mg/kg	10.0	mg/kg	93.8	40.5 mg/kg	24.1	40-160	24.1	20	M, P
Surr: Pentacosane (Surr)	1.69		mg/kg	4.73	mg/kg	35.7	40-160			S



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Certificate of Analysis Final Report

Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/31/2018 13:59
Submitted To:	Wade Williams	Project Number:	FCE-1736
Client Site I.D.:	172 Meadow Lane	Purchase Order:	FCE-1736

Certified Analyses included in this Report

Analyte	Certifications		
SW8015C in Solids			
TPH-Semi-Volatiles (DRO)	VELAP,NC,WVDEP		
Code	Description	Lab Number	Expires
MdDOE	Maryland DE Drinking Water	341	12/31/2019
NC	North Carolina DENR	495	12/31/2018
VELAP	NELAC-Virginia Certificate #9991	460021	06/14/2019
WVDEP	West Virginia DEP	350	11/30/2018



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Submitted To:	Wade Williams	Project Number:	FCE-1736
Client Site I.D.:	172 Meadow Lane	Purchase Order:	FCE-1736

Summary of Data Qualifiers

M Matrix spike recovery is outside established acceptance limits

P Duplicate analysis does not meet the acceptance criteria for precision

S Surrogate recovery was outside acceptance criteria

RPD Relative Percent Difference

Qual Qualifiers

-RE Denotes sample was re-analyzed

D.F. Dilution Factor. Please also see the Preparation Factor in the Analysis Summary section.

TIC Tentatively Identified Compounds are compounds that are identified by comparing the analyte mass spectral pattern with the NIST spectral library . A TIC spectral match is reported when the pattern is at least 75% consistent with the published pattern. Compound concentrations are estimated and are calculated using an internal standard response factor of 1.

PCBs, Total Total PCBs are defined as the sum of detected Aroclors 1016, 1221, 1232, 1248, 1254, 1260, 1262, and 1268.



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Certificate of Analysis

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Client Name:	First Call Environmental, LLC 11008 Richardson Rd, Ashland VA, 23005	Date Issued:	10/31/2018 13:59
Submitted To:	Wade Williams	Project Number:	FCE-1736
Client Site I.D.:	172 Meadow Lane	Purchase Order:	FCE-1736

Sample Conditions Checklist

Samples Received at:	1.80°C
How were samples received?	Walk In
Were Custody Seals used? If so, were they received intact?	No
Are the custody papers filled out completely and correctly?	Yes
Do all bottle labels agree with custody papers?	Yes
Is the temperature blank or representative sample within acceptable limits? (above freezing to 6°C) or received on ice and recently taken?	Yes
Are all samples within holding time for requested laboratory tests?	Yes
Is a sufficient amount of sample provided to perform the tests included?	Yes
Are all samples in appropriate containers for the analyses requested?	Yes
Were volatile organic containers received?	No
Are all volatile organic and TOX containers free of headspace?	NA
Is a trip blank provided for each VOC sample set? VOC sample sets include EPA8011, EPA504, EPA8260, EPA624, EPA8015 GRO, EPA8021, EPA524, and RSK-175.	NA
Are all samples received appropriately preserved? Note that metals containers do not require field preservation but lab preservation may delay analysis.	Yes

#	Street Name	Work Type	Time Open	Description	Comments
107	Lacy Ln	Meter Read	0 days 14 hrs 43 mins	107 Lacy Ln read meter 11/30/2018 new customer moving in 12/01/2018 Chris Burns 134 Milford St. 11/30/2018 Please turn water on new customer	
134	Milford St	Service Connect	0 days 15 hrs 40 mins	MacDoc Property Management	Will collect tomorrow
117	Butler St	Landscaping	0 days 17 hrs 51 mins	Rake leaves into piles to be collected	
355	Roper Dr	Garbage	0 days 1 hrs 14 mins	355 Roper Drive-Remove extra trash can that was delivered due to overflow from holiday	
121	Maury Ave	Garbage	0 days 1 hrs 17 mins	121 Maury Ave Remove and replace broken trash can for customer 11-29-18	
0	Lafayette Gill, Hoornes Circle, Maury Ave, South Main, Lacy/Lakewood	Other - PW	0 days 0 hrs 0 mins	leaf collection	Collected three loads of leaves Malik assisted
17570	A P Hill Blvd	Garbage	0 days 23 hrs 12 mins	17570 AP Hill Blvd-Remove old trash can from property. Should be sitting off by itself, lighter green can	
18073	Harding Dr	Service Connect	0 days 4 hrs 34 mins	18073 Harding Dr Turn water back on, hot water heater has been installed	
15441	Caroline Manor Cir Apt 3D	Meter Read	0 days 0 hrs 8 mins	15441 Caroline Manor Cir Apt 3D read meter please	
114	N Main St	Other - PW	0 days 2 hrs 43 mins	New customer moving in 11/28/2018 Put Christmas lights up	Reading 193,100.1
17485	Jackson Dr	Service Connect	0 days 5 hrs 19 mins	17485 Jackson Dr Turn water on new customer Lori Petrovitch moved in 11/28/18	
0	Pizza Hut and 133 South Main	Water Sampling	0 days 0 hrs 0 mins	Collect bac T samples	Collect and deliver to lab
0	Anderson Ave, Maury Ave, So Other - PW	Other - PW	0 days 0 hrs 0 mins	Leaf collection	Completed by Shawn and Alicia
0	Cedar Lane warehouse	Other - PW	0 days 0 hrs 0 mins	Inventory of stuff in warehouse	
107	S Main St	Garbage	0 days 3 hrs 7 mins	107 S. Main St. Take 1 new trash can and Pick up 1 re-cycle Thanks	
18073	Harding Dr	Service Disconnect	0 days 0 hrs 0 mins	18073 Harding Dr Turn water off, having hot water heater replaced	
16334	Tinder Dr	Meter Re-Read	0 days 1 hrs 34 mins	16334 Tinder Dr. Re-Read meter high usage	1129200 reading
18073	Harding Drive	Service Disconnect	0 days 0 hrs 0 mins	Cut water off to replace water tank	
18035	Harding Dr	Other - Water Utility	0 days 0 hrs 0 mins	Utility ticket mark	
147	-153 Lee St	Install/Set Meter	0 days 0 hrs 0 mins	Install touch read hardware on meter boxes	
16015	Grant Ct	Meter Re-Read	3 days 23 hrs 23 mins	16015 Grant Ct. 11/28/2018 read meter customer has high usage Thanks	0,656,855.6 Monday
206	N Main St	Landscaping	0 days 18 hrs 52 mins	Water Planters	Repaired cracked around whole pipe line is in bad shape
116	Sunset	Water Main Break	4 days 23 hrs 26 mins	Water main break	Malik assisted 6 hrs
0	North Main, Lacy, Oak Ridge,, Other - PW	Other - PW	0 days 0 hrs 0 mins	Collected five loads of leaves	
147	-153 Lee St.	Install/Set Meter	1 days 2 hrs 58 mins	Move meters into grass area out of parking lot	Malik assisted 6.5
0	North Main, South Main, Lafa Other - PW	Other - PW	0 days 0 hrs 0 mins	Leaf collection	
133	E Broadus Ave	Meter Re-Read	1 days 23 hrs 14 mins	meter re-read high usage	0218710
14266	Farmer Dr	Meter Re-Read	6 days 22 hrs 36 mins	meter re-read high usage	Reading 00,017,339
219	Anderson Ave	General Maintenance	0 days 0 hrs 0 mins	Work on sump pump for pits	
0	Well 5	Other - Water	0 days 0 hrs 0 mins	Replace hoses in well	
109	Cedar Lane	Other - Water	0 days 0 hrs 0 mins	Replace hoses inside well	
107	Lacy Ln	Service Disconnect	0 days 1 hrs 47 mins	Disconnect Service 11/16/18 pick up tent and return to cedar lane 11/15/18rw thank you	Riding 0541606.5
117	Butler St	Other	3 days 22 hrs 16 mins	Service connect new customer 11/14/18	
104	Lacy Ln	Service Connect	0 days 17 hrs 18 mins	Service connect new customer	
13991	Farmer Dr	Service Connect	11 days 18 hrs 1 mins	Service connect new customer	Reading 0526699.8
228	Milford St	Meter Read	0 days 1 hrs 4 mins	Please connect today, thanks	
16015	Grant Ct	Meter Read	0 days 18 hrs 28 mins	meter re-read high usage	0655613.3
141	Lee St	Meter Re-Read	0 days 1 hrs 13 mins	meter re-read high usage	Reading 401023.3
133	Oak Ridge St	Pump Station	13 days 22 hrs 54 mins	Replacing panel and top on liftstation	Work being done by White Oak Electric
233	Maury Ave	Landscaping	0 days 0 hrs 0 mins	Rake,seed and straw yard where sewer repairs were made	Malik assisted
105	Milford St	Meter Read	14 days 0 hrs 46 mins	re-reading meter	0625850
219	Anderson Ave	Other - PW	0 days 0 hrs 0 mins	Prep truck for leaf box and put it on truck	Malik assisted
219	Anderson Ave	Clean Drying Beds	0 days 0 hrs 35 mins	Showering drying bed	Malik and Kendrick assisted



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
MONTHLY REPORT / PROJECT UPDATE**

AGENDA ITEM: Events Coordinator Council Monthly Report for November 2018

DATE: 11/30/18

PREPARED BY: Jo-Elsa Jordan

MONTHLY REPORT / PROJECT UPDATE:

Harvest Festival

Send invoice to Caroline County for donation
Complete after-action event report *See attached
Process invoices for payment
Coordinate with Town Treasurer to determine expenditures and revenues

Bowling Green Christmas Parade of Lights: 12/8/18, 5:00 p.m.

Complete VDOT Land-Use Permit application as required for road closures
Coordinate with Town Clerk and Public Works to order new Christmas decorations for light poles
Coordinate with Town staff to enter installation of Christmas decorations for light poles into 311
Coordinate with Town staff to enter request for lattice work to be delivered and set up at 114 N. Main Street for the Caroline County Student Winter Art Show
Finalize marketing graphic *See attached
Accept parade registration forms *See attached
Create event on Facebook
Facebook promotion
Create spreadsheet for participants
Order trophies
Coordinate with Roma's for awards ceremony
Create and distribute letters to Maury Avenue residents *See attached
Coordinate horse-drawn carriage for Santa
Hire photographer for photos with Santa
Coordinate with store owner, Mark Gaines, for Santa photos at Flower Fashions
Coordinate with Caroline County Social Services to accept non-perishable food items as donations for photos with Santa
Recruit volunteers
Coordinate with CHS Football for clean up services

Misc.

Create and send invitation to Town Council and EDA for grand opening at B. Marie's
Order cake for B. Marie's
Participate in silent auction for tents at A.P. Hill
Facebook posts
Weekly staff meetings on Monday's (10:00 a.m.)

Town Council meeting on 11/01/18

Staff report

ATTACHMENTS:

2018 Harvest Festival AAR

Bowling Green Christmas Parade of Lights marketing graphic

2018 Bowling Green Christmas Parade of Lights Registration Form

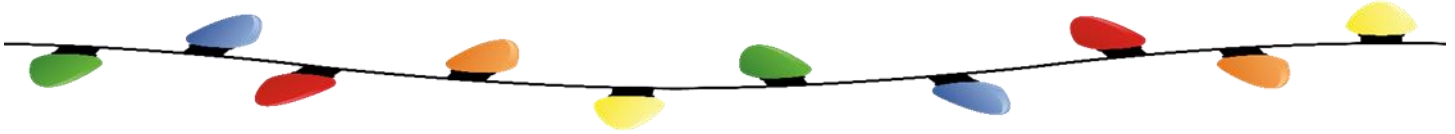
Letter to Maury Avenue residents

HEADS UP ITEMS:

Mayor and Events Coordinator to schedule meeting with property owners of Old Mansion to discuss 2019 event(s).

The Bowling Green Christmas Parade of Light 36

SATURDAY, DECEMBER 8, 2018 at 5:00pm
(Rain Date scheduled for Sunday, December 9, 2018 at 5:00pm)



PARADE APPLICATION FORM

Parade will begin promptly at 5:00 p.m.

In order to participate in the parade, all units **MUST** be in line prior to 5:00pm on the day of the parade.

Entries must be **RECEIVED** no later than close-of-business **Monday, December 3, 2018**. Applications are available at the Bowling Green Business Office located at the Town Hall, or downloaded online through the Events Calendar for both the Town of Bowling Green and Caroline County websites.

Applications may be submitted in person to the Bowling Green Town Hall Business Office or by mail to:

Town of Bowling Green

P.O. Box 468

Bowling Green, Virginia 22427

Or emailed to the Bowling Green Events Coordinator at:

bgtownevents@gmail.com

*Commercial vehicles are limited to two (2) per company. ALL entries are required to be decorated in accordance with the theme, *"Parade of Lights"*.

Type of entry (please check one only): Float Marching Unit Emergency Unit

Animal (Please indicate what type of animal(s)): _____

Vehicle (Please select a category): () Commercial () Tractor () Motorized () Vintage

Name of Sponsor or Organization: _____

Contact Person: _____

Phone Number: _____

Mailing Address: _____

Email: _____

Description of entry, including approximate length: _____

*You may attach a separate narrative about your entry for the MC to read.

I hereby certify that I have read the rules and regulations and agree to abide by them. I understand that the Town of Bowling Green cannot be held responsible for theft, damage or injury during this event.

Signature: _____ Date: _____

JUDGING CRITERIA & INSTRUCTIONS

Floats

Best Reason for the Season Float

Best Parade Theme Float: 1st, 2nd, 3rd

Animal Entries

1st, 2nd

Vehicles

Commercial: 1st, 2nd

Tractor: 1st, 2nd

Motorized: 1st, 2nd

Marching Units

1st, 2nd, 3rd

Emergency Units

Rescue Squad: 1st, 2nd

Fire Dept.: 1st, 2nd

Judges Choice

Best in Parade

Winners will be announced at ROMA'S PIZZA after the parade!

- **No Santas on floats!** Only ONE (1) Santa will be allowed in the Parade; Will ride at the end.
 - Commercial vehicle entries are limited to TWO (2) per company. Excessive horns are NOT PERMITTED in the parade route.
 - Please maintain the appropriate distance between your unit and the next. Stop in front of the judge's stand for no more than one (1) minute.
 - Parade numbers will be given out right before the start of the parade and must be clearly visible on the **driver's side** of the entry. Please make space for this on the driver's side of the entry.
 - Sirens and horns are prohibited while lining up, waiting in line and DURING the parade route.
 - Walkers must NOT walk back through the parade route, but may use any of the side streets.
 - Once lined up, motorized vehicles must remain parked and turned off until instructed to move.
 - Candy may not be thrown from floats or vehicles, but may be handed out as the float passes.
 - Children on floats and in marching units should be supervised by the appropriate number of adults at all times.
 - Each unit is responsible for cleaning up their staging area, as well as along the parade route, if necessary.
 - If at any time leading up to the parade day, the weather or street conditions are determined to be unsafe, the parade will be rescheduled to Sunday, December 9, 2018 at 5:00pm. If road conditions are still deemed unsafe for the rain date, the parade will be cancelled. Information will be available on the Town of Bowling Green's Facebook page, at the Bowling Green Town Hall or by calling the Events Coordinator at 804-516-5045.
 - No alcohol allowed.
 - The Town of Bowling Green reserves the right to reject any parade entry deemed inappropriate or unsafe.
-

**PARADE ROUTE - LINE UP ON MAURY AVENUE - TRAVELING NORTH ON
MAIN STREET!**

(See next page)

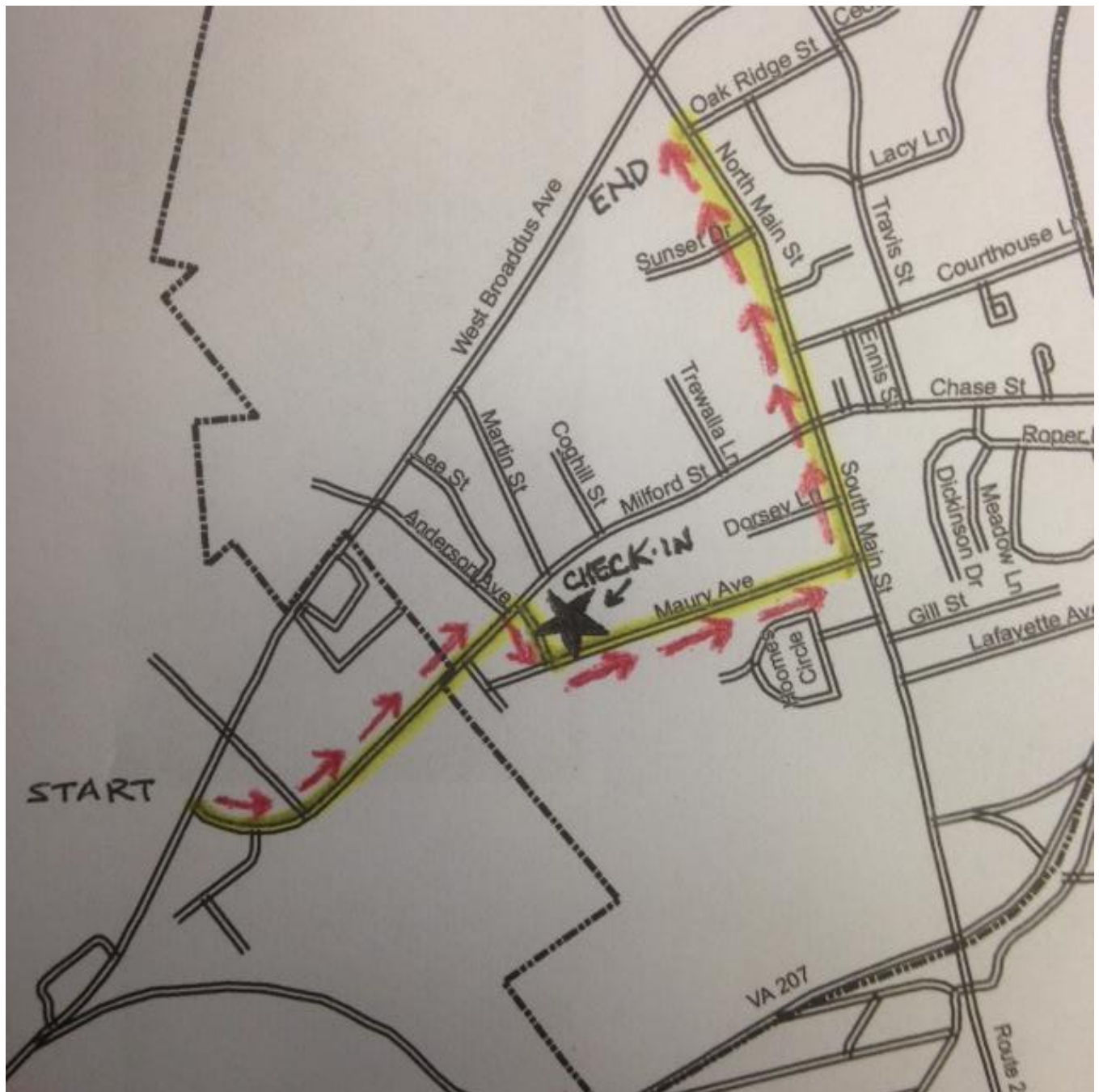
PARADE ROUTE

Check in will begin at 3:30 p.m. at the **Milford Street and White Street** intersection, with parade entries **lining up along Maury Avenue**. The parade will begin promptly at 5:00pm and will proceed **NORTH** on Main Street. **Marching units will end their route at Union Bank and proceed to the Town Hall where vehicles for pick up will be staged**. All motorized parade entries will proceed to Oakridge, where the parade will conclude.

LINE UP INSTRUCTIONS

1. Staging and line-up for the parade will occur on Maury Avenue.
2. Vehicles will access Maury Avenue by turning RIGHT onto Milford Street from Broaddus Avenue and turning RIGHT again onto White Street, where registered parade entries can check-in.
3. Maury Avenue will be closed to through traffic at 3:30pm. Main Street will close when the parade begins at 4:30 pm.
4. Vehicles transporting bands and/or marching units will drop off parade participants at the Antioch Christian Church located at 131 S. Main Street, Bowling Green. **CHECK-IN FOR MARCHING UNITS WILL BE AT THE ANTIOCH CHRISTIAN CHURCH**. Marching units will assemble with their groups in the front church yard. A Parade Assistant will be available to guide the units. Empty band vehicles will proceed to the Town Hall parking lot on Butler Street. Drivers will park their vehicles at the Town Hall and meet marching unit participants at the Town Hall after the parade.
5. All other parade units will proceed as follows:
 - All units other than marching units (including floats, trucks and other vehicles) are to begin registration and check-in at the intersection of Milford Street and White Street. Upon being checked in, parade entries will proceed to line up along Maury Avenue. Maury Avenue will serve as the staging area for final decorations on floats and vehicles.
 - The leader of each unit or the operator of each vehicle (other than a marching unit) **MUST CHECK IN** with the Bowling Green Events Coordinator at the corner of Milford Street and White Street. Failure to follow the required check-in procedure will result in your unit or vehicle **NOT** participating in the parade or being judged.
 - After check in at the Milford Street and White Street intersection, the Events Coordinator will assign your unit or vehicle a position in the line-up and you will move immediately to that position along Maury Avenue.
6. When the parade begins (promptly at 5:00pm), a Parade Assistant will inform each unit when to begin to enter the parade route.

PARADE ROUTE



Grab a bite to eat or a hot beverage while you're in Bowling Green!

BEFORE & DURING THE PARADE:

THE MIX HOUSE & LOS DOS AMIGOS ON MAIN STREET

AFTER THE PARADE:

WINNERS WILL BE ANNOUNCED AT ROMA'S PIZZA AFTER THE PARADE

MORE RESTAURANTS IN BOWLING GREEN:

PINO'S, CHINA INN, SUBWAY, THE FLYING PIG STOP, PIZZA HUT, McDONALD'S



AFTER ACTION REPORT

EVENT: Bowling Green Harvest Festival

DATE OF EVENT: Saturday, October 20, 2018

DATE AAR COMPLETED: Monday, November 19, 2018

COMPLETED BY: Jo-Elsa Jordan, Events Coordinator

MEMBERS INVOLVED:

- Jason Satterwhite, Mayor
- Bowling Green Police Department
- Tracy Wright, Volunteer
- Melissa Lewis, Volunteer
- Lynn Jordan, Volunteer
- Frankie Chenault, Tractor Show Coordinator
- Judy Beazley, Volunteer
- Jean Broaddus, Volunteer
- J.P. Calhoun, Caroline Fire/Rescue
- Rachel Farmer, Motorcycle Show Coordinator
- Jimmy Farmer, Volunteer
- Tingler Insurance, Beer Garden
- Wick Coleman, Emcee; Volunteer
- Public Works & Utilities Department
- Terri Harrison, Car Show Coordinator
- Chris Gayle, Volunteer
- Jared Watts, Volunteers
- Sam and Caroline Frye, Volunteers
- David Swink, Motorcycle Show Vol.

DESCRIPTION OF THE EVENT:

Harvest Festival is an annual fall festival hosted by the Town of Bowling Green every third Saturday in October. This year marked the 29th anniversary of the event. The Harvest Festival is considered to be the largest annual event in Caroline County, boasting an estimated 12,000 – 15,000 attendees each year.

BACKGROUND INFORMATION:

Festival attractions traditionally include vendors (i.e. crafts, direct sales, food, informational, fundraising, public organizations, political candidates and local merchants), live entertainment, car & truck show, tractor show, motorcycle show, farmers market, children’s activities, children’s amusements and local shopping.

WHAT TOOK PLACE:

VENDOR RECRUITMENT:

Vendor applications were completed in January and made available on the internet, via websites for the Town of Bowling Green and Caroline County, at the Town Offices and on Facebook. In an effort to save on postage, vendors that provided email addresses from previous years were emailed the application for participation in 2018. (See attached)

Vendor fees were not increased from previous years.

Vendors were also recruited throughout the year by attending various regional festivals and tradeshow.

No more than two food vendors with similar food were accepted at the festival. Exclusivity was offered to any direct sales vendors based on a first come-first serve basis.

2018/2017

Food: 23/23

Craft 31/33

Business 18/18

Direct Sales 12/17

Public Service 14/12

Fundraising 4/6

Political Organizations 2/2

BG Merchant 5/6

Total: 109/117

VDOT:

The Events Coordinator completed all required paperwork to obtain a Land-Use Permit from VDOT to allow for road closures on event day along with the request to have two (2) programmed message boards provided at Broaddus/Main and Main/Rt. 301 bypass, detouring traffic to the Rt. 301 bypass. The application was submitted to VDOT on July 30, 2018, and the permit was obtained on August 16, 2018. (See attached)

MARKETING:

The 2018 marketing graphic was designed by a professional graphic designer. The design was whimsical and playful. The design itself featured fall trees and leaves, however the color scheme showcased pastel colors that would not normally be associated with the season.

Digital advertising was done on Fredericksburg.com during the week of the festival.

Print advertising was purchased in The Free Lance Star and Cooperative Living Magazine. The Caroline Progress and Caroline Magazine are no longer in business, leaving Bowling Green/Caroline County without a local paper. The Free Lance Star and Cooperative Living Magazine had the best circulation numbers for local and regional readership.

Radio advertising spots were purchased through B101.5 and aired two weeks leading up to the event. Union Bank picked up radio advertising for the Harvest Festival independently on WFLS the week leading up to the event.

WFLS broadcasted live from Union Bank & Trust on event day. The Events Coordinator was featured “live” on WFLS, plugging the Town of Bowling Green and various festival features available to attendees.

The Harvest Festival was promoted aggressively on social media and specifically, through Facebook. The vendor application was posted on the Town’s Facebook page through a link driving traffic to the Town’s website where folks could download the pdf and send back to the Town with payment. In promoting the Harvest Festival itself, an event was created on the Town’s Facebook page, shared on multiple group pages and promoted through boosts paid for by the Events Coordinator.

DONATIONS:

Caroline County donated the approved budget amount of \$3,000.

Waste Management donated three (3) dumpster units in-kind for event day.

McKesson provided twelve (12) volunteers for the pumpkin decorating station.

CORPORATE SPONSORSHIPS:

Sponsor letters and package options were sent to sponsors from previous years in July. Additionally, the Events Coordinator worked with the Town Treasurer to identify companies with whom the Town of Bowling Green had entered into substantial business contracts for 2018. (See attached)

Rather than receiving a sponsor letter and package options, McKesson receives a “Community Outreach Proposal”, requesting \$1,500.00 to cover the cost of pumpkins and other event expenditures plus, 10-12 volunteers to manage the pumpkin decorating. This change was made in 2014 when the Events Coordinator learned that McKesson’s corporate culture supports “projects versus payment”. (See attached).

- McKesson: \$1,500.00
- Sydnor: \$1,500.00
- Waste Management: \$1,200.00
- Mid-Atlantic Communications: \$1,000.00

- Dominion Energy: \$1,000.00
- REC: \$500.00
- Atlantic Broadband: \$500.00
- Matern Staffing: \$500.00
- TOTAL: \$7,700.00

*Event sponsorships increased by \$2,500 in 2018. This is a \$2,300.00 increase from 2017.

PRE-EVENT:

A pre-event meeting was held Monday, September 17, 2018 at the Town Hall. Those present included David Lipscomb, Police Chief for the Town of Bowling Green, a deputy from the Caroline County Sheriff's Office and J.P. Calhoun, Command Chief for Caroline County Fire/Rescue. The objective of this meeting was to discuss operations for event day, protocols for safety and the approved budget for security. The group went over check points for vendors (North Main, Business District and South Main), along with examples of the color coded vendor passes and maps with suggested vendor parking. The check-in and set up process was explained to the group, including start times for road closures. Event Branch and control points were also determined at that time.

A second pre-event meeting was scheduled for event volunteers on Thursday, October 11th. BGPD, CCSO and Fire/Rescue were also in attendance. This meeting served to inform check-in volunteers of their duties and to go over event protocols for safety. The Events Coordinator issued necessary items for the Car Show Coordinator and Motorcycle Show Coordinator to include registration forms, pre-registration forms that had already been submitted, information cards, Sharpies, a cash box of \$200 (each) and raffle tickets for a 50/50 raffle, trophies and dash plaques.

Waste Management delivered seven (7) dumpster units to Bowling Green on Thursday, October 18, 2018. Dumpster locations were marked on an aerial photo and sent to Waste Management and Bowling Green Public Works in an email prior to 10/18. Locations were confirmed on site through coordination among Shawn Fortune, Public Works, and Waste Management.

Friday, October 19, 2018 included acceptance/installation of the entertainment stage, which was setback approximately 100' from the right-of-way.

Port-o-Potties were also delivered and located by the Events Coordinator, with an objective to make the units visible and easily accessible to festival-goers and vendors alike.

Public Works worked to secure the Beer Garden area with plastic fencing and safety cones. The Events Coordinator also worked to reserve parking for band members and corporate sponsors. Tents, tables and chairs were installed for pumpkin painting activities. Sponsorship banners were also installed.

300 pumpkins were delivered to the Courthouse Lawn and placed around a large tree.

*Pumpkins are \$2 each, totaling \$600. Cost is covered by McKesson sponsorship.

(50) posters were printed stating, "NO DOGS" and were installed along Main Street.

Friday also consisted of Main Street being marked with tape, according to the vendor maps for each district. This was done with the assistance of the Bowling Green Police Department and event volunteers, Melissa Lewis and Jimmy Farmer. Vendor spaces were marked directly on the tape Friday evening. Chalk and printed vendor numbers were not a practical applications as a result of overnight and early morning rain.

Some food vendors also arrived Friday evening between 6pm and 7pm to set up. This was helpful and allowed for less early morning set up the following day.

MORNING PREPARATION:

The Event Staff arrived to the Town Hall at 5:00am to gather all necessary supplies (e.g. orange vests, flashlights, vendor maps and 'Event Staff' badges.) Vendor spaces were reviewed.

Bowling Green Police Department and hired officers from CCSO arrived at the command post at 5:30 a.m. to debrief. All law enforcement officers were positioned in place promptly at 6:00 a.m. to assist with vendor check-in and traffic control.

Event staff volunteer, Lynn Jordan, set up the pumpkin decorating stations with decorative table clothes and festive plates with a variety of foam stickers, paint pens, etc.

VENDOR CHECK-IN:

Check points for vendors were separated into three (3) locations. North and South Main vendors were given the same check-in times (6:30am), while the Business District checked in at 7:15am. Vendors received information packets via USPS by October 10, 2018, as indicated on the application. Information packets included vendor passes with assigned vendor spaces, a map indicating the assigned check-in location and suggested vendor parking, and a 'Vendor Tip Sheet'.

Food vendors that were unable or unauthorized to set up the night before arrived at 6:00am to be located by the Events Coordinator. Vendors began arriving at the North and South Main check points as early as 6:30 am. Business district vendors began arriving at 7:00 a.m. Vendors were greeted by local law enforcement and directed to event staff volunteer(s) who then directed the vendor to their assigned location. Vendors arriving late or at the wrong check point were given a color-coded map to direct them to the correct check-in location. All vendors were asked to wait with their booth supplies on the side walk until notified by the Events Coordinator. When the majority of vendors were in place, vendors were notified to move into their spot (this was critical in order to leave the Main Street thoroughfare clear until all vendors were checked in).

As a result of thorough planning and a strong volunteer team, vendor check-in was smooth and organized. Communication with local law enforcement was incredibly efficient. The Police Chief and the BCPD provided unparalleled security, followed specific protocol and did so under budget. Several vendors commented on the organization and convenience of the process.

Courthouse Lawn vendors were given specific vendor passes and designation to park behind the Main Street business section adjacent to the Courthouse Lawn. The parking lot was marked with signage and designated exclusively for Courthouse Lawn vendors, the petting zoo and business employees.

DURING THE EVENT:

Early morning hours were rainy. The rain stopped around 9:00 a.m., but the sky was overcast and cloudy. Temperatures ranged from 56- 69 degrees and little to no wind.

The JROTC Color Guard presented the colors while CMS Band played the National Anthem at 9:00am.

Foot traffic seemed to flow very smoothly along Main Street. This may be attributed to larger walkways (approximately 30-40') between "clusters" of vendors and the entertainment stage being pushed back by 100' from the right-of-way. This did not change from the previous year and proved to be a successful implementation once again.

Live music started promptly at 10:00 am.

McKesson volunteers worked the pumpkin decorating tables. This was largely successful for both participants and volunteers alike. McKesson was pleased with the sponsorship and volunteer opportunity.

Throughout the day, vendors were visited by the Events Coordinator to see how their day was going and to determine levels of satisfaction. Each vendor was given the Event Coordinator's business card at the end of the festival and encouraged to send any feedback for improvement in coming years. Vendors indicated that they had a positive experience and would be returning next year.

ENTERTAINMENT:

- 9:00 a.m. WELCOMING REMARKS (Wick Coleman, Emcee)
- 9:05a.m. – 9:10 a.m. CHS JROTC COLOR GUARD & CMS BAND
(National Anthem)
- 9:10 a.m. – 9:30 a.m. CMS CHORUS & STRINGS
- 9:30 a.m. – 9:50 a.m. CMS BAND
- 10:00 a.m. – 11:00 p.m. REUNION
(30 MIN. FOR EXIT AND SET UP)
- 11:30 a.m. – 12:30 p.m. RVAGrowlers

(30 MIN. FOR EXIT AND SET UP)

- 1:00 p.m. – 2:00 p.m. CACTUS JACK

(30 MIN. FOR EXIT AND SET UP)

***** BEER GARDEN OPENS AT 2:00 P.M. *****

- 2:30 p.m. – 3:30 p.m. MILFORD STATION

(40 MIN. FOR EXIT AND SET UP)

- 4:10 p.m. – 5:40 p.m. THE MASHUP

MOTORCYCLE SHOW:

Thirteen (13) bikes registered for the Motorcycle Show. While organizers had hoped for a larger turn out, the show proved to fulfill its purpose by attracting foot traffic to the merchants on Milford Street.

CAR SHOW:

109 classic cars/trucks were featured at the 2018 Classic Car & Truck show.

BEER GARDEN

Tingler Insurance volunteered in the Beer Garden this year. The Beer Garden was held in the back of the Bowling Green Suites parking lot, directly behind the entertainment stage and secured with plastic fencing, caution tape, barrels and cones. The Beer Garden opened at 2:00pm. Access into the beer garden was located between Snip-N-Trim and The Fudge Factory, where patrons were greeted by volunteers that would check I.D.'s and issue wristbands, as required in order to buy alcohol. Patrons then got to the beer ticket table and were allowed to purchase up to six (6) tickets at \$6.00 each. A mark was placed on the patron's wristband for each ticket that was remitted to the volunteer pouring beer.

EXPENDITURES/REVENUES:

HARVEST FESTIVAL BUDGET: \$23,500.00

EXPENDITURES: \$21,500.10 (\$1,999.90 Under budget)

REVENUES: \$28,350.00

*Meals tax from food vendors was due on November 20, 2018. Revenues are subject to increase as collection efforts for past due vendors continue.

NET REVENUE: \$6,849.90

Commonwealth Of Virginia
 Department Of Transportation
 Land Use Permit



Permit No **640-45329**
 Status **APPROVED**

This permit only grants permission to use whatever rights the Commonwealth Transportation Board and the Department of Transportation have in the right of way and no more, and it is the obligation of the permittee to secure any other releases or permission that may be needed in order to perform the work.

Effective Date	Aug 14, 2018	Expiration Date	Oct 20, 2018	Reinstatement Date
Permittee Information		Your Job# Harvest Festival Event (2018)		Surety & Account Receivable Information
Owner & Address	Town of Bowling Green P.O. Box 468 117 Butler Street Bowling Green VA 22427	Agent		Name
Contact	A. Reese Peck	Contact		Surety Account
Phone#	804-633-6212	Phone#		Surety Type
Fax#	804-633-5523	Fax#		Amount
24 Hr#	804-994-4130	24 Hr#		Obligation Amount 0.00
				Surety Holder CUSTOMER

AUTHORIZATION: In compliance with your application, permission is hereby given insofar as the Commonwealth Transportation Board has the right, power, and authority under sections 33.2 - 210;33.2 - 240;33.2 - 241 of the Code of Virginia as amended, to grant by Special Agreement and/or by Land Use Permit for you to perform the work and or activity(s) described below:

Location			
County/City/Town	Town of Bowling Green	Highway Route(s)	301/2 - North & South Main Street
From Route Number	2	From Route Name	Fredericksburg Turnpike
To Route Number	301	To Route Name	Richmond Turnpike

Work Description
 To host the Town of Bowling Green's Annual Harvest Festival Event-Oct. 20, 2018 from 5:30AM until 7:00PM. North & South Main Street will be closed to all traffic. North Main St. will be closed on the south side of its intersection with Broadus Ave. South Main St. will be closed on the north side of the entrance to the BG By-pass (301/207). "Road Closed" signs will be present at these locations, and BG Town Police &/or Caroline County Sheriff's Deputies will be stationed throughout the event. Approximately 100 +/- vendors. **Any detours must be manned for the duration & have the appropriate signs;**Traffic/spectator control is to be assisted or supervised by the Sheriff's Office, Town of BG Police or State Police. **Any comments by the Co. Administrator, Sheriff, State Police &/or VDOT must be adhered to.

Fee Description	Fee
Special Use Event Permit Fee	\$100.00

Applicant has complied with VA Code Section 56-265.15 Affidavit is attached.

TERMS:Applicable as stated in the VDOT Land Use Permit Regulations (current edition) and/or as per approved plans, and/or regulatory instructions, including but not limited to the LUP-SPG and/or agreement(s) attached hereto.

COMMONWEALTH TRANSPORTATION BOARD

By:  Aug 16, 2018
 Area Land Use Engineer

- C Call before you dig
- A Allow the required time for marking
- R Respect and protect the marks/flags
- E Excavate carefully



Call Miss Utility
811

FINAL INSPECTION & SURETY REQUIREMENTS: Upon completion of the work or activity(s) authorized under this Land Use Permit, the permittee shall contact the following office in writing or by electronic communication to request final inspection and release of the surety obligation for this permit.

Fredericksburg Residency
 86 Deacon Road
 Fredericksburg, VA VA 22405



♦ *29th Annual Harvest Festival* ♦

2018 Corporate Sponsorship Opportunities

To Whom It May Concern:

As an influential business in the region, the Town of Bowling Green is offering an opportunity for your company to further strengthen its community relations through sponsorship of the ***largest annual event in Caroline County***. Enclosed, please find the packages available for sponsorship of the 29th Annual Bowling Green Harvest Festival, scheduled for Saturday, October 20, 2018.

The event boasts an estimated attendance of 15,000 people each year, coming from all over Caroline County and surrounding areas. The celebration begins at 9:00 am and continues until 5:30 pm. Families enjoy a large classic car show, high-end crafts, gourmet food trucks, kiddie rides, children's activities, an entertainment stage, a beer garden and much more.

The number of available packages are limited and on a first come-first serve basis. Also, there is a deadline of September 21st, in order to get the radio, print and digital advertising that is promised, so please secure your sponsorship right away!

Thank you for your consideration and for your continued community support. The Town of Bowling Green looks forward to hearing back from your company soon with details on which sponsorship opportunity works best.

Sincerely,

Jo-Elsa Jordan
Events Coordinator
Town of Bowling Green

ENCLOSURE



◆ *29th Annual Harvest Festival* ◆

2018 Corporate Sponsorship Packages

- **THE “JACK-O-LANTERN JAM” SPONSORSHIP: \$2,000.00**
(1) Sponsorships available; Deadline: September 21, 2018
Package includes:
 - (1) Banner with company name/logo; Installed on the Entertainment Stage
 - (15) Radio spots on B101.5 with your company mentioned as the title sponsor of Harvest Festival; Commercials will air over a ten (10) day period.
 - Premium space for company logo in two (2) Harvest Festival ads placed in the Free-Lance Star.
 - Logo in Free-Lance Start ad placed on the front page of the Region section.
 - Logo in ad placed in Cooperative Living Magazine
 - Logo included on Festival map
 - Company name and/or logo advertised on Fredericksburg.com web banner and in various digital marketing mediums.
 - Company name and/or logo advertised on all social media campaigns
 - (4) V.I.P. Parking Spaces at the Bowling Green Event Hall
 - (8) Beer tickets for the Beer Garden

- **THE “HAPPY HARVEST” SPONSORSHIP: \$1,500.00**
(2) Sponsorships available; Deadline: September 21, 2018
Package includes:
 - (1) Banner displayed at the Harvest Festival
 - (10) Radio spots on B101.5; Your company listed as the presenting sponsor. Commercials will air over a ten (10) day period.
 - Company logo in two (2) Harvest Festival ads placed in the Free-Lance Star
 - Logo in ad placed in Cooperative Living Magazine
 - Company name and/or logo advertised on Fredericksburg.com web banner and in various digital marketing mediums.
 - Company name and/or logo advertised on all social media campaigns
 - (2) V.I.P. Parking Spaces at the Bowling Green Event Hall
 - (8) Beer tickets for the Beer Garden

THE TOWN OF BOWLING GREEN, VIRGINIA

- **THE “AUTUMN APPLES” SPONSORSHIP: \$1,000.00**
(3) Sponsorships available; Deadline: September 21, 2018
Package includes:
 - (5) Radio spots on B101.5; Your company mentioned as the presenting sponsor.
 - Company logo on large Sponsorship Banner displayed at the Harvest Festival
 - Logo in ad placed in Cooperative Living Magazine
 - Company name and/or logo advertised in various digital marketing mediums.
 - Company name and/or logo advertised in all social media campaigns
- **THE “CANDY CORN CLASSIC” SPONSORSHIP: \$500.00**
(3) Sponsorships available; Deadline: September 21, 2018
Package includes:
 - Company logo on large Sponsorship Banner displayed at the Harvest Festival
 - Company name and/or logo advertised in various digital marketing mediums.
 - Company name and/or logo advertised on the Harvest Festival website
 - (2) V.I.P. Parking Spaces at the Bowling Green Event Hall
 - (8) Beer tickets for the Beer Garden

***Please make checks payable to The Town of Bowling Green and THANK YOU for supporting the 2018 Bowling Green Harvest Festival!**



29th Annual Bowling Green Harvest Festival Community Outreach Proposal

McKESSON

Empowering Healthcare

SATURDAY, OCTOBER 20, 2018

•THE "HAPPY HARVEST" SPONSORSHIP: \$1,500.00

EXCLUSIVITY OFFERED TO McKESSON ONLY

Package includes:

- (1) Banner displayed at the Harvest Festival
- (10) Radio spots on B101.5; Your company listed as the presenting sponsor. Commercials will air over a ten (10) day period from 10/10 – 10/20.
- Company logo in two (2) Harvest Festival ads placed in the Free-Lance Star
- Logo in Cooperative Living Magazine
- Company name and/or logo advertised on Fredericksburg.com web banner and in various digital marketing mediums.
- Company name and/or logo advertised on all social media campaigns
- (2) V.I.P. Parking Spaces at the Bowling Green Event Hall
- (8) Beer tickets for the Beer Garden
- Sponsorship includes a 10' x 10' vendor booth.
- McKesson provides 10-12 staff volunteers to manage the Pumpkin Decorating station for children from 9 am – 2pm on the historic Courthouse Lawn. The Town of Bowling Green to provide pumpkins and decorating supplies.

"PUMPKIN DECORATING PERKS":

- * Gives McKesson optimal visibility, as Children's Activities are centrally located on the historic Courthouse Lawn.
- * The Bowling Green Harvest Festival is the largest annual event in Caroline County, boasting an estimated 15,000 attendees each year. Management of the pumpkin decorating activities offers an unprecedented opportunity for McKesson to interact with families and children in the community, further enhancing McKesson's position as a leading business in Caroline with a dedication to community outreach.



The Historic Town of
BOWLING GREEN
V I R G I N I A

Syndor
Attention: Jay Royal
P.O. Box 27186
Richmond, VA 23261

September 4, 2018

Dear Mr. Royal:

As a frequent and valued customer, the Town of Bowling Green would like to invite Syndor to be a title sponsor for Caroline County's largest annual event, the Bowling Green Harvest Festival.

Saturday, October 20th, will mark the 29th year for this beloved tradition. The Harvest Festival is a large street festival, boasting approximately 12,000-15,000 attendees. Folks from all over the region come to Bowling Green to enjoy a large classic car show, an antique tractor show, children's activities, a large petting zoo, pumpkin painting, food trucks, a beer garden, over 150 vendors and live entertainment all day!

The Town of Bowling Green believes in preserving and sustaining good relationships with our contractors. Not only is this sponsorship opportunity a great way of doing just that, it's an excellent opportunity for Syndor to show its dedication to the communities in which it serves.

Please find enclosed the opportunities that are available to Syndor and get back to us with which package is the best fit. We will look forward to hearing from you, Mr. Royal!

Sincerely,

Jo-Elsa Jordan
Events Coordinator, Town of Bowling Green
bgtownevents@gmail.com
(804) 516-5045

CC: Reese Peck, Town Manager
Melissa Lewis, Town Treasurer
Billy Deavers, Director of Public Works & Utilities

ENCLOSURE

MAIN STREET

BOWLING GREEN

2018

CHRISTMAS PARADE OF LIGHTS

5 P.M. • Saturday, Dec. 8

ART SHOW

12 p.m. – 5 p.m. Caroline County Schools Winter Art Show at 114 Main Street

PICTURES WITH SANTA

At Flower Fashions • 4 p.m. – 5 p.m.
A donation of one non-perishable food item per child.

PROCESSION

From Maury Avenue,
heading North on Main Street

AWARDS CEREMONY

Roma's Italian Restaurant following the parade.

*For more information or to
register for the parade*

Call 804-633-6212

Email bgtownevents@gmail.com

Rain date, Sunday, December 9



The Bowling Green Christmas Parade of Light

54

SATURDAY, DECEMBER 8, 2018 at 5:00pm

(Rain Date scheduled for Sunday, December 9, 2018 at 5:00pm)



November 30, 2018

Dear Maury Avenue Resident,

It's that time of year again and the annual Bowling Green Christmas Parade is approaching! This year is expected to be a great celebration of the holidays and our community, as floats and marching units will transform Main Street into a magical display of lights!

This letter is to notify you that the parade procession will be the same as last year, with the line-up occurring on Maury Avenue and the parade entries heading North on Main Street. Maury Avenue will be closed to non-residents from 3:00-5:30pm Saturday, December 8, 2018. You will have a front row seat, as the parade participants begin lining up! Line-up begins at 3:00pm, at the intersection of Maury Avenue and White Street, with the parade beginning at 5:00pm.

We politely ask that you park your vehicles in your driveway, rather than on the street between 3:00pm and 5:00pm.

In the event of inclement weather on Saturday, the parade will be rescheduled to occur the following Sunday, December 9, 2018 at the same times indicated above.

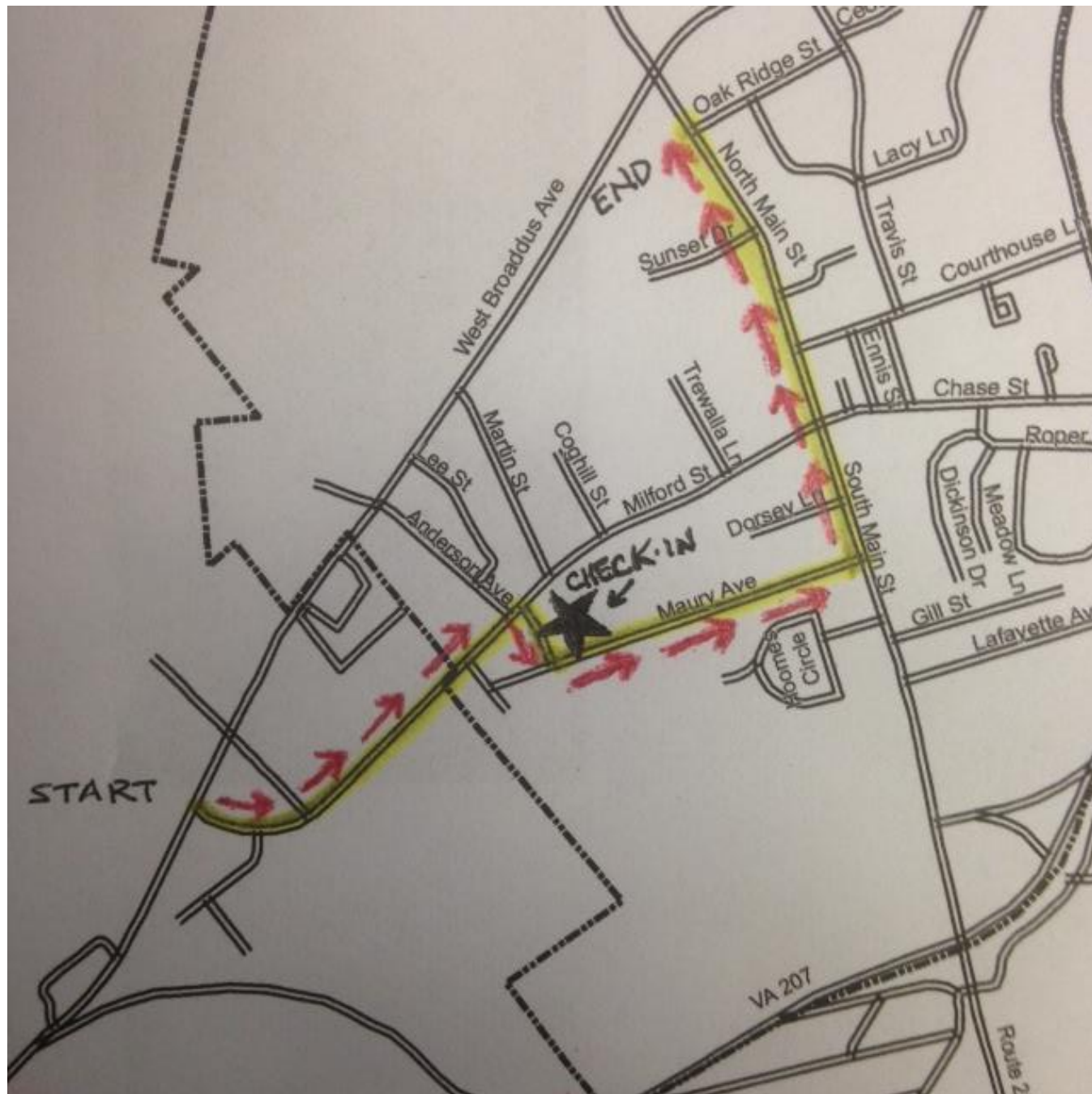
Finally, if you have any questions or concerns, please feel free to contact me directly on my cell phone at (804) 516-5045 or by email at bgtownevents@gmail.com *before* Saturday, December 8th.

Warm regards,

Jo-Elsa Jordan
Events Coordinator

Winners will be announced at **ROMA'S PIZZA** at approximately 7:30pm

PARADE ROUTE



Grab a bite to eat while you're in Bowling Green!

BEFORE & DURING THE PARADE:

VISIT THE MIX HOUSE & LOS DOS AMIGOS ON MAIN STREET

AFTER THE PARADE:

WINNERS WILL BE ANNOUNCED AT ROMA'S PIZZA AFTER THE PARADE

MORE RESTAURANTS IN BOWLING GREEN:

PINO'S, CHINA INN, SUBWAY, THE FLYING PIG STOP, McDONALD'S, PIZZA HUT



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
MONTHLY REPORT / PROJECT UPDATE**

AGENDA ITEM: Town Clerk/Treasurer's Monthly Report to Council November 2018

DATE: December 1, 2018

PREPARED BY: Melissa Lewis

MONTHLY REPORT / PROJECT UPDATE:

Utility Billing:

- Prepared utility bills from handheld meter readings, reviewed for accuracy, sent file to printing company for mailing.
- Researched customer accounts based on customer-initiated inquiries to determine possible leaks, billing errors, etc.
- Ongoing discussions with Public Utilities staff on ways to resolve chronic meter reading issues. Contacted Bright for assistance.
- Made adjusting entries when necessary based on research of customer accounts.

Payroll/Human Resources:

- Prepared 2 bi-weekly payrolls to include: initiating of bank file for Direct Deposit payments, independent tracking of leave, preparation and distribution of direct deposit and leave statements to staff. Reporting and paying State and Federal Withholding, Social Security, and Medicare following each payroll.
- Prepared, reconciled, and submitted payment to VRS and ICMA-RC for VRS Hybrid Retirement Employees following each payroll.

Treasurer/Financial:

- Worked extensively with CPA to resolve General Ledger discrepancies.
- Reviewed and posted Accounts Payable and Receivable transactions.
- Reviewed and reconciled bank deposits and online payments.
- Supplied USDA with requested information in relation to SEARCH grant application.

Town Clerk:

- Responded to public in-person, telephone, and email inquiries regarding taxes, utilities, zoning, and other miscellaneous inquiries and complaints.
- Assisted Town Manager, Police Chief, and Public Works and Utilities staff in researching

information pertaining to Town Code, policy, accounts payable transactions, and customer usage.

- Maintained a list of Agenda items for Town Council, recorded and prepared minutes, prepared packets for distribution

Meeting attended:

- November 1st Town Council Meeting
- 4 weekly staff meetings
- 5 Municode Pay Module Meetings
- 1 Payment request meeting with USDA
- 1 pre-sewer project progress meeting teleconference
- 1 sewer project progress meeting

ATTACHMENTS:

- Delinquent Tax Report

HEADS UP ITEMS:

The night of the meeting an Expense Summary report will be placed on the table. The report is to inform Council of our current Budget status and will be produced monthly the day of the Council Meeting to give the most up to date figures.

-TREASURER INVENTORY BALANCE-

DEPT	HALF	CLASS	OTHER CHARGES	TAXES	PENALTY PAID	INT. PAID	PAYMENTS	ADJUSTMENTS	BALANCE DUE	COUNT
RE2000	1									
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
RE2001	1									
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
RE2002	1									
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
RE2003	1									
	HALF	TOTALS =	.00	59.08	.00	.00	.00	.00	59.08	1
	DEPT#	TOTALS =	.00	59.08	.00	.00	.00	.00	59.08	1
RE2004	1									
	HALF	TOTALS =	.00	42.00	.00	.00	.00	.00	42.00	1
	DEPT#	TOTALS =	.00	42.00	.00	.00	.00	.00	42.00	1
RE2005	1									
	HALF	TOTALS =	.00	105.98	.00	.00	.00	.00	105.98	1
	DEPT#	TOTALS =	.00	105.98	.00	.00	.00	.00	105.98	1
RE2006	1									
	HALF	TOTALS =	.00	271.80	2.42	13.33	24.25-	.00	247.55	2
	DEPT#	TOTALS =	.00	271.80	2.42	13.33	24.25-	.00	247.55	2
RE2007	1									
	HALF	TOTALS =	.00	271.80	.00	.00	.00	.00	271.80	2
	DEPT#	TOTALS =	.00	271.80	.00	.00	.00	.00	271.80	2
RE2008	1									
	HALF	TOTALS =	.00	271.80	.00	.00	.00	.00	271.80	2
	DEPT#	TOTALS =	.00	271.80	.00	.00	.00	.00	271.80	2
RE2009	1									
	HALF	TOTALS =	.00	271.80	.00	.00	.00	.00	271.80	2
	DEPT#	TOTALS =	.00	271.80	.00	.00	.00	.00	271.80	2
RE2010	1									
	HALF	TOTALS =	.00	424.80	.00	.00	.00	.00	424.80	3
	DEPT#	TOTALS =	.00	424.80	.00	.00	.00	.00	424.80	3

DEPT	HALF	CLASS	OTHER CHARGES	TAXES	PENALTY PAID	INT. PAID	PAYMENTS	ADJUSTMENTS	BALANCE DUE	COUNT
RE2011	1	HALF	TOTALS =	454.56	.00	.00	.00	.00	454.56	3
				454.56	.00	.00	.00	.00	454.56	3
RE2012	1	HALF	TOTALS =	454.56	.00	.00	.00	.00	454.56	3
				454.56	.00	.00	.00	.00	454.56	3
RE2013	1	HALF	TOTALS =	564.24	.00	.00	.00	.00	564.24	5
				564.24	.00	.00	.00	.00	564.24	5
RE2014	1	HALF	TOTALS =	1,042.32	16.24	43.57	105.18-	.00	937.14	10
				1,042.32	16.24	43.57	105.18-	.00	937.14	10
RE2015	1	HALF	TOTALS =	1,220.40	6.78	.18	14.64-	.00	1,205.76	13
				1,220.40	6.78	.18	14.64-	.00	1,205.76	13
RE2016	1	HALF	TOTALS =	2,355.86	33.67	70.98	336.70-	.00	2,019.16	21
				2,355.86	33.67	70.98	336.70-	.00	2,019.16	21
RE2017	1	HALF	TOTALS =	3,597.36	35.91	13.77	294.69-	.00	3,302.67	28
				3,597.36	35.91	13.77	294.69-	.00	3,302.67	28
RE		TOTALS =		11,408.36	95.02	141.83	775.46-	.00	10,632.90	97
COMPANY TOTALS =				11,408.36	95.02	141.83	775.46-	.00	10,632.90	97

DEPT. TOTALS DEPT ADJUSTMENTS PPTRA CREDIT ADJUSTED TOTAL

DEPT	HALF	CLASS	OTHER CHARGES	TAXES	PENALTY PAID	INT. PAID	PAYMENTS	ADJUSTMENTS	BALANCE DUE	COUNT
TD2011	1	01	.00	.00	.00	.00	.00	.00	.00	0
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
TD2012	1	01	.00	.00	.00	.00	.00	.00	.00	0
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
TD2013	1	01	.00	.00	.00	.00	.00	.00	.00	0
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
TD2014	1	01	.00	.00	.00	.00	.00	.00	.00	0
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
TD2015	1	01	.00	.00	.00	.00	.00	.00	.00	0
	HALF	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
	DEPT#	TOTALS =	.00	.00	.00	.00	.00	.00	.00	0
TD2016	1	01	.00	4,662.24	.00	.00	.00	.00	4,662.24	3
	HALF	TOTALS =	.00	4,662.24	.00	.00	.00	.00	4,662.24	3
	DEPT#	TOTALS =	.00	4,662.24	.00	.00	.00	.00	4,662.24	3
TD2017	1	01	.00	2,717.52	.00	.00	.00	.00	2,717.52	4
	HALF	TOTALS =	.00	2,717.52	.00	.00	.00	.00	2,717.52	4
	DEPT#	TOTALS =	.00	2,717.52	.00	.00	.00	.00	2,717.52	4
TD		TOTALS =	.00	7,379.76	.00	.00	.00	.00	7,379.76	7
COMPANY TOTALS =			.00	7,379.76	.00	.00	.00	.00	7,379.76	7

DEPT. TOTALS

DEPT ADJUSTMENTS

PPTRA CREDIT ADJUSTED TOTAL

DEPT. TOTALS



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
MONTHLY REPORT / PROJECT UPDATE**

AGENDA ITEM: Town Manager Council Monthly Report for November 2018
DATE: November 30, 2018
PREPARED BY: A. Reese Peck, Town Manager

MONTHLY REPORT / PROJECT UPDATE:

Meeting:

Town Council: November 1th regular meeting.

Town Council Committees: None

Commission and Authority Meetings: None

Other Meetings: MuniCode - Web Site Training, Sewer Project Progress, Wellhead Protection Grant, and Reid Engineering.

One Notices of Violation issued for failure to properly store an inoperable vehicle and investigated another complaint for failure to properly store an inoperable vehicle found the site not to be in violation.

Attended orientation session for one of the new Council members.

Designed layout of new web site and worked on posting its content.

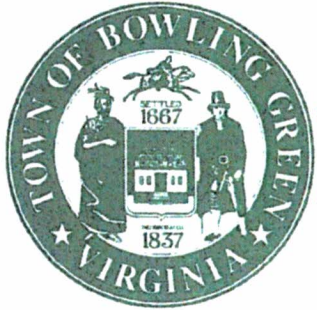
ATTACHMENTS:

County Sewer Rate Adjustment
County Insurance Rates for 2018
County Insurance Coverage Materials

HEADS UP ITEMS:

Decision on Town's participation in the County Health Insurance program will be on January's Agenda as well as the appointment of two Town Council members and appointment of one general member to the EDA.

The employees of Bowling Green, Virginia are committed to providing the highest quality service to the community as directed by the Town Council within the constraints of the town's resources and will do so without regard to personal gain or privilege.



The Historic Town of BOWLING GREEN VIRGINIA

November 29, 2018

Mr. Charles M. Culley, Jr.
Caroline County Administrator
P.O. Box 447
Bowling Green, VA 22427

Dear Mr. Culley,

The County currently pays the Town a user fee of \$5.88 per thousand gallons for all wastewater originating in the County and processed at the Town's Treatment Plant. The user fee was to be adjusted annually under an April 11, 2000 Wastewater Treatment Agreement between the Town and County. The provision governing the User Fee Adjustment allows the Town to request the rate adjustment by December and for it to take effect in January of the following year.

As outlined in the agreement the User Fee Adjustment shall be based on the Town's annual expenditures and costs of operation of the Waste Treatment System for the fiscal year ended in June of that same year preceding the year in which the User Fee Adjustment is effective and shall be determined as follows. The total amount of all expenses of operation for the fiscal year just ended shall be divided by the total number of gallons of wastewater processed at the Treatment Facility (from all sources) during the fiscal year just ended to determine a cost per gallon for wastewater processed at the Treatment Facility (the "Per Gallon Cost"). The per Gallon Cost shall then be multiplied by one thousand (1,000), and the result shall be the amount of the User Fee during the calendar year beginning on January 1 following the December in which the request was made.

Enclosed is the breakdown of the cost per 1,000 gallons to treat wastewater and the operational cost in the calculation. The new cost per thousand gallons will be \$8.55 effective January 1, 2019.

Sincerely,

A. Reese Peck
Town Manager

Attachments: User Fee Adjustment Calculation Sheet

Cc: The Honorable Jason E. Satterwhite, Mayor ✓
Alan Partin, Deputy County Administrator
Joseph C. Schiebel, Director of Public Utilities

User Fee Adjustment Calculations

Month & Year	Monthly Influent
July-17	3,905,310
August-17	3,423,420
September-17	3,600,470
October-17	3,199,230
November-17	2,856,887
December-17	2,955,170
January-18	2,911,400
February-18	3,478,990
March-18	3,151,890
April-18	2,944,950
May-18	5,093,850
Jun-18	5,199,095
Total Treated	<u>42,720,662</u>
Total Operating Cost	\$365,269
2019 Cost Per Thousand	\$8.55

Fund 520

SEWER FUND

	FY18	FY18 Final
	Expenditures	Operating Cost*
520100 SEWER OPERATIONS		
520100-1101	Salaries	\$120,339
520100-1102	Contracted Services	\$6,200
520100-1201	Overtime	\$4,410
520100-2100	FICA	\$9,464
520100-2210	VRS	\$14,380
520100-2300	Health Insurance	\$15,940
520100-2400	Group Life	\$1,364
520100-5200	Hybrid Disability Insurance	\$275
520100-3160	Testing	\$21,056
500100-3180	Sludge Removal	\$40,352
500100-3311	Vehicle Maintenance	\$644
500100-3320	Building Maintenance	\$5,375
500100-5110	Electricity	\$28,801
500100-5120	Propane	\$1,114
500100-5210	Mailing Costs	\$259
500100-5230	Telecommunications	\$4,455
500100-5300	Insurance	\$4,167
500100-5540	Education/Training/License/P	\$3,508
500100-5613	VPDES Fees/DEQ	\$2,721
500100-5840	Miscellaneous	\$636
500100-5899	Miss Utility Costs	\$206
500100-6001	Office Supplies	\$563
500100-6004	Lab Supplies/Chemicals	\$9,744
500100-6005	Janitorial Supplies	\$298
500100-6006	Small Tools	\$163
500100-6007	Repair/ Maintenance	\$109,721
500100-6008	Vehicle Fuel & Oil	\$2,199
500100-6011	Uniforms/ Safety Equipment	\$4,834
500100-6030	Plant & Lab Supplies/Chemicals	\$5,039
500100-8101	Office Equipment/Supplies	\$8,223
	--Total Department--	\$426,450
		\$365,269

* Adjustments made for non-plant cost - lift stations, main maintenance, etc.

**CAROLINE COUNTY
HEALTH INSURANCE AND DENTAL PREMIUM RATES 2017-2018**

			<u>HMO POS Coverage</u>				<u>PPO 25 Coverage</u>				<u>Enhanced Dental</u>			
			<u>Total Premium</u>	<u>County Share</u>	<u>Employee Share</u>	<u>Per Payday</u>	<u>Total Premium</u>	<u>County Share</u>	<u>Employee Share</u>	<u>Per Payday</u>	<u>Total Premium</u>	<u>County Share</u>	<u>Employee Share</u>	<u>Per Payday</u>
Employee Only	92%	Medical	530.54	489.04	41.50	20.75	629.19	478.69	150.50	75.25	30.50	25.14	5.36	2.68
	88%	Dental	28.60	25.14	3.46	1.73	28.60	25.14	3.46	1.73				
	Total		559.14	514.18	44.96	22.48	657.79	503.83	153.96	76.98				
Employee + Child	85%	Medical	899.30	767.82	131.48	65.74	1,064.95	750.37	314.58	157.29	61.00	49.82	11.18	5.59
	87%	Dental	57.20	49.82	7.38	3.69	57.20	49.82	7.38	3.69				
	Total		956.50	817.64	138.86	69.43	1,122.15	800.19	321.96	160.98				
Employee + Spouse	84%	Medical	1,027.50	867.34	160.16	80.08	1,216.45	847.37	369.08	184.54	60.08	45.64	14.44	7.22
	81%	Dental	56.34	45.64	10.70	5.35	56.34	45.64	10.70	5.35				
	Total		1,083.84	912.98	170.87	85.43	1,272.79	893.01	379.78	189.89				
Family	77%	Medical	1,618.74	1,241.58	377.16	188.58	1,914.45	1,210.19	704.26	352.13	91.50	62.60	28.90	14.45
	72%	Dental	85.80	62.60	23.20	11.60	85.80	62.60	23.20	11.60				
	Total		1,704.54	1,304.18	400.36	200.18	2,000.25	1,272.79	727.46	363.73				
<u>Dual Enrollment</u>														
Employee + Spouse		Medical	1,027.50	957.42	70.08	35.04	1,216.45	936.67	279.78	139.89	60.08	53.10	6.98	3.49
		Dental	56.34	53.11	3.58	1.79	56.34	53.11	3.58	1.79				
		Total	1,083.84	1,010.53	73.66	36.83	1,272.79	989.78	283.36	141.68				
Family		Medical	1,618.74	1,304.47	314.27	157.14	1,914.45	1,273.07	641.38	320.69	91.50	71.20	20.30	10.15
		Dental	85.80	71.20	14.60	7.30	85.80	71.20	14.60	7.30				
		Total	1,704.54	1,375.67	328.87	164.43	2,000.25	1,344.27	655.98	327.99				



Ready to choose
your benefits?

We can point you in the right direction.

County of Caroline
2018 Anthem Benefits Guide
Effective March 1, 2018



Let's take a look

We know picking a health plan is a big deal, so this guide makes it easier for you to understand your benefit options. We'll explain how the plans work and give you other important details. That way you can enroll with confidence!

In this guide, you'll find:

- Your health care basics
- How to use your health plan
- Health and wellness programs
- Your privacy and rights

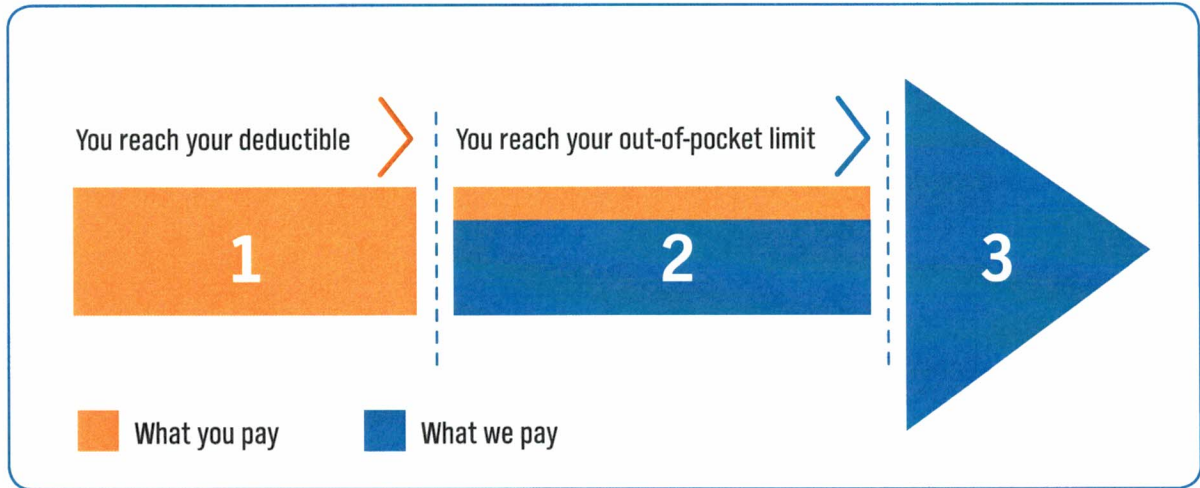
Pay a visit to [anthem.com](https://www.anthem.com) to get an idea of what you can do once you're a member. Find a doctor, estimate care costs, sign up to get emails instead of mail and much more!





Know your health care basics

Learn about the kinds of costs you'll share with your plan



This chart is only an example. Your actual cost share will depend on your plan, the service you get and the doctor you choose. For your actual cost share, see your plan details.



You pay your deductible.

This is a set amount that you pay before we start sharing in the cost of the covered health care you receive. If your plan has copays (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.



What happens after I pay my deductible?

You pay a copay or a percentage of the cost, also called coinsurance, each time you get care and then your plan covers the rest.



What's an out-of-pocket limit?

Each year, there's a maximum amount you can pay out of your own pocket for covered services — that's your out-of-pocket limit. Once you've reached that limit — it varies by plan — we cover the rest. With some plans, you still have copays even after you reach your out-of-pocket limit.



What about the money for the plan that gets taken out of my paycheck?

That's what you pay for the plan. Think of it like a membership fee. It's separate from what you pay when you get care.



Using your health plan

How to get started with your plan and make the best of your benefits



Choose a doctor in your plan

Avoid getting care from doctors outside of your plan; it will cost you more or your plan may not cover it at all. We've made it easy for you to find doctors in your plan. Just use our **Find a Doctor** tool on **anthem.com** to look for a primary care doctor, hospitals, labs and other health care professionals in your plan.



Use your ID card

You'll be a member after you complete enrollment and your benefits begin. Then, you'll be able to use your ID card. Don't forget, it's always available on the Anthem Anywhere mobile app. It's like your passport to care since you'll need to show it whenever you go to the doctor.



Anthem.com

Once your benefits begin and you access your ID card, register on **anthem.com** to get personalized information about your wellness programs and health plan.

- Find a doctor.
- Estimate your costs, before you step into the doctor's office.
- Set up your communication preferences to receive important information electronically, instead of by mail.

Learn more at [anthem.com/guidedtour](https://www.anthem.com/guidedtour).



Preventive care is covered at no extra cost

Preventive care from a doctor in your plan is covered at 100%. Getting these regular checkups, screenings and shots can help you stay healthy and catch problems early – when they're easier to treat. So, talk to your doctor about what preventive care you may need to protect your health.



Save emergency room visits for emergencies only

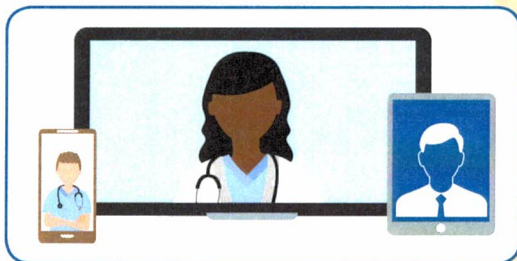
Knowing where to go for care saves you time and money. So if you have a real emergency, head straight to the ER or call 911. Otherwise, visit your regular doctor or an urgent care center for minor medical issues.



We're here for you

When you become a member, you can get your questions answered in the way that works best for you.

- **By phone:** Call the Member Services number on your mobile ID card.
- **Online:** Register at **anthem.com** or download the Anthem Anywhere mobile app to chat with a team member.



Done driving to the doctor? Hey there, Live Health Online!

You can visit a board-certified doctor 24/7 for simple things like the cold, flu, allergies and more with no appointments and no waiting room. All you need is the LiveHealth Online mobile app or a computer with a webcam to have a video visit with a doctor.* LiveHealth Online costs as little as an office visit or at most \$49. Learn more at [livehealthonline.com](https://www.livehealthonline.com).

*Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand in the near future. Visit [livehealthonline.com](https://www.livehealthonline.com) to view the service map by state.



Health and wellness programs support you along the way

Your plan goes way beyond covering doctor visits

We can help you reach your health goals and save money on healthy products and services. After your benefits begin, you can access these programs and tools on **anthem.com** or by calling the Member Services number on your mobile ID card.



24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night. All you have to do is call.



ConditionCare — Get added support if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. You can work with dietitians, health educators and pharmacists to reach your goals and feel your best.



Employee Assistance Program (EAP) — When you're having a hard time and aren't sure where to turn, your EAP can help. Caring staff will work with you to solve problems about family, work or money. You can even get help finding services like childcare, eldercare and more.



Future Moms — Moms-to-be get one-on-one support from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.



LiveHealth Online — Using LiveHealth Online, you can have a video visit with a board-certified doctor or therapist on your smartphone, tablet or computer with a webcam. It's easy to use and there when you need it. All you have to do is sign up at **livehealthonline.com** or download the app.

Your plan details

In this next section, you'll find more information about your plan.

Anthem HealthKeepers 25 POS Open Access

Covered Services	You Pay
Preventive Care Services	
Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits. *During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and your provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by your provider, which will result in a member cost share.	*No Charge
Doctor Visits	
<ul style="list-style-type: none"> ○ office visits ○ home visits ○ online visits (https://livehealthonline.com) 	
<ul style="list-style-type: none"> ○ in-office surgery ○ voluntary family planning 	\$25 for each visit to your PCP \$50 for each visit to a specialist
	\$15 for each visit
Labs, Diagnostic X-rays and Other Outpatient Diagnostic Tests	
<ul style="list-style-type: none"> ○ diagnostic tests ○ diagnostic x-rays ○ lab work <p><i>*This fee is not required when these services are provided by the same professional on the same day as the office visit.</i></p>	\$25 for each visit to your PCP \$50 for each visit to a specialist
<ul style="list-style-type: none"> ○ advanced diagnostic imaging services 	20% of the amount the health care professionals in our network have agreed to accept for their services
Autism Spectrum Disorder (ASD) – For children from age 2 through 10	
<ul style="list-style-type: none"> ○ diagnosis and treatment of autism spectrum disorder including: <ul style="list-style-type: none"> ○ behavioral health treatment* ○ psychiatric care ○ therapeutic care** ○ pharmacy care ○ psychological care <p>* Mental Health Services **Unlimited physical, occupational and speech therapy.</p>	Member cost shares will be dependent on the services rendered.
<ul style="list-style-type: none"> ○ applied behavioral analysis <ul style="list-style-type: none"> ○ unlimited per member annual maximum 	20% of the amount the health care professionals in our network have agreed to accept for their services
Early Intervention – For children from birth up to age 3	
<ul style="list-style-type: none"> ○ Unlimited per member per calendar year up to age 3 	Member cost shares will be dependent on the services rendered.
Other Outpatient Services	
<ul style="list-style-type: none"> ○ hospice care 	No Charge
<ul style="list-style-type: none"> ○ diabetic supplies, equipment and education 	Member cost shares will be dependent on the services rendered.
<ul style="list-style-type: none"> ○ ambulance travel 	\$150 per transport
<ul style="list-style-type: none"> ○ prosthetic devices ○ durable medical equipment ○ home health care (100 visits) ○ injectable medication* (excluding immunizations, preventive care, allergy injections and serum dispensed in a physician's office) <p>*You will also pay an additional \$25 or \$50 office visit copayment depending on the type of provider who treats you.</p>	20% of the amount the health care professionals in our network have agreed to accept for their services

Your benefit period may be a calendar year or a plan year. A calendar year means your benefit period runs from January through December while a plan year runs from the effective date of the plan through a 12-month period (e.g. February 1 through January 31 or July 1 through June 30). Check with your employer to learn whether your benefits will be calculated on a calendar year or plan year basis.

For benefits listed with specific limits all services received in the calendar year or plan year for that benefit are applied to that limit (whether received in or out of network).

Covered Services	You Pay
Therapy Services	
<ul style="list-style-type: none"> ○ physical and occupational therapy (30 combined visits)* ○ spinal manipulation and manual medical therapy services (30 visit limit) ○ speech therapy (30 visit limit)* <p>*Limit does not apply to Autism Spectrum Disorder.</p>	\$25 for each visit
<ul style="list-style-type: none"> ○ chemotherapy, radiation, cardiac and respiratory therapy 	\$50 for each visit
<ul style="list-style-type: none"> ○ dialysis 	20% of the amount health care professionals in our network have agreed to accept for their services
Outpatient Therapy Services in a Hospital or Facility	
<ul style="list-style-type: none"> ○ physical and occupational therapy (30 combined visits)* ○ speech therapy (30 visit limit)* <p>*Limit does not apply to Autism Spectrum Disorder.</p>	20% of the amount health care professionals in our network have agreed to accept for their services
Outpatient Infusion Services	
<ul style="list-style-type: none"> ○ facility ○ ambulatory infusion centers ○ home services 	\$50 for each visit
Outpatient Surgery in a Hospital or Facility	
<ul style="list-style-type: none"> ○ surgery 	\$350 for each visit
Inpatient Stays in a Hospital or Facility	
<ul style="list-style-type: none"> ○ skilled nursing facility (100 days for each admission) 	20% of the amount health care professionals in our network have agreed to accept for their services
<ul style="list-style-type: none"> ○ semi-private room ○ private room when approved when approved in advance ○ intensive or coronary care unit <p>*You do not have to pay another inpatient copay if you are readmitted for the same or related condition within less than 72 hours from when you went home.</p>	\$350 per day (not to exceed \$1,750) for an admission *
Maternity	
<ul style="list-style-type: none"> ○ all routine pre- and postnatal care (excluding inpatient stays) 	\$300 per pregnancy
<ul style="list-style-type: none"> ○ diagnostic testing (such as ultrasounds, non-stress tests and other fetal monitor procedures) 	\$50 for each visit
Outpatient Mental Health and Substance Use	
<ul style="list-style-type: none"> ○ Outpatient facility (partial day mental health and substance use services) 	No charge
<ul style="list-style-type: none"> ○ office visit 	\$25 for each visit
<ul style="list-style-type: none"> ○ outpatient facility professional provider services 	\$30 for each visit
Routine Vision	
<ul style="list-style-type: none"> ○ an annual routine eye exam <p>Plus valuable discounts on eyewear</p>	\$15 for each visit
Emergency Care and Urgent Care	
<ul style="list-style-type: none"> ○ urgent care visits 	\$50 for each visit
<ul style="list-style-type: none"> ○ emergency care visits in or out of the service area <p>*Waived if admitted directly to the hospital.</p>	\$300 for each visit to an emergency room*

Out-of-Plan Services

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Deductible for services received from out-of-plan health care professionals

You will pay all of the costs associated with covered services until you pay \$1,000 in one calendar year. If two or more people are covered under your health plan, each member will be responsible for paying the first \$1,000 toward covered services within a calendar year.

- If two people are covered under your plan, each of you will pay the first \$1000 of the cost of your care (\$2,000 total).
- If three or more people are covered under your plan, together you will pay the first \$2,000 of the cost of your care. However, the most one family member will pay is \$1,000.

Once this amount has been reached, we will pay 70% of the amount doctors, hospitals and other health care professionals have agreed to accept for the same covered services.

If you go to an eye care professional not in our network for your routine eye examination, we will pay \$30 (whether or not you have reached the \$1,000 calendar year out-of-plan deductible) and you will pay the rest of what the professional charges.

In addition, you may seek spinal manipulation and manual medical therapy services (chiropractic care) from a provider not in our network without first meeting the out-of-plan deductible.

Out-of-Pocket Maximums

What You Will Pay for Covered Services in One Calendar Year or Plan Year

When using in-plan professionals

If you are the only one covered by your plan, you will pay \$4,500 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.

- If two people are covered under your plan, each of you will pay \$4,500 (\$9,000 total).
- If three or more people are covered under your plan, together you will pay \$9,000. However, no family member will pay more than \$4,500 toward the limit.

When using out-of-plan professionals

If you are the only one covered by your plan, you will pay \$5,500 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.

- If two people are covered under your plan, each of you will pay \$5,500 (\$11,000 total).
- If three or more people are covered under your plan, together you will pay \$11,000. However, no family member will pay more than \$5,500 toward the limit.

The following do not count toward the calendar year out-of-pocket maximum:

- your share of the cost of adult routine vision care
- the cost of care received when the benefit limits have been reached
- the cost of services and supplies not covered under your benefits
- the additional amount health care professionals not in our network may bill you when their charge is more than what we pay

Some benefits may be subject to balance billing, if provided by a non-participating provider. For more information on balance billing, see the enrollment brochure.

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Anthem KeyCare 25

In-Network Services	You Pay
Preventive Care Services	
Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits. * During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and <i>your</i> provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by <i>your</i> provider, which will result in a member cost share.	No charge*
Routine Vision	
o annual routine eye exam <i>Plus valuable discounts on eyewear</i>	\$15 for each visit
Doctor Visits	
o office visits o home visits *If your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as maternity delivery services. (See Inpatient stay section.)	o pre- and postnatal office visits* \$25 for each visit to a PCP \$50 for each visit to a specialist
o online visits (https://livehealthonline.com)	\$15 for each visit
o mental health and substance use visits	\$25 for each visit
o spinal manipulations and other manual medical intervention visit (30 visit limit)	\$25 for each visit
o urgent care visits	\$50 for each visit
All Other In-Network Services	You Pay
You will pay all the costs associated with care until you have paid \$500 in one calendar or plan year. This is known as your deductible. o If two people are covered under your plan, each of you will pay the first \$500 of the cost of your care (\$1,000 total). o If three or more people are covered under your plan, together you will pay the first \$1,000 of the cost of your care. However, the most one family member will pay is \$500. Once you reach your deductible you pay:	
Autism Spectrum Disorder (ASD) – For children from age 2 through 10	
o diagnosis and treatment of autism spectrum disorder including: o behavioral health treatment* o psychiatric care o therapeutic care** * Mental Health Services ** Unlimited physical, occupational and speech therapy.	o pharmacy care o psychological care Member cost shares will be dependent on the services rendered.
o applied behavioral analysis o unlimited per member annual maximum	20% of the amount the health care professionals in our network have agreed to accept for their services
Early Intervention – For children from birth up to age 3	
o unlimited per member per calendar year up to age 3	Member cost shares will be dependent on the services rendered.
Other Outpatient Services	
o shots and therapeutic injections o medical appliances, supplies and medications, including infusion medications o durable medical equipment o diagnostic lab services o in –office surgery o chemotherapy (not given orally), IV, radiation, cardiac and respiratory therapy *Limit does not apply to Autism Spectrum Disorder.	o physical and occupational therapy visits in an office setting (30 combined visits)* o speech therapy visits in an office setting (30 visit limit)* o dialysis o diagnostic x-rays o ambulance travel 20% of the amount the health care professionals in our network have agreed to accept for their services

Your benefit period may be a calendar year or a plan year. A calendar year means your benefit period runs from January through December while a plan year runs from the effective date of the plan through a 12-month period (e.g. February 1 through January 31 or July 1 through June 30). Check with your employer to learn whether your benefits will be calculated on a calendar year or plan year basis.

For benefits listed with specific limits all services received in the calendar year or plan year for that benefit are applied to that limit (whether received in or out-of-network)

In-Network Services**You Pay****Other Outpatient Services - Continued**

- o diabetic supplies, equipment and education

Member cost shares will be dependent on the services rendered.

Outpatient Visits in a Hospital or Facility

- o physical therapy and occupational therapy (30 combined visits)*
- o speech therapy (30 visit limit)*
- o partial day mental health and substance use services
- o emergency room
- o surgery

20% of the amount the health care professionals in our network have agreed to accept for their services

**Limit does not apply to Autism Spectrum Disorder.*

Care at Home

- o home health care (100 visits)
- o private duty nursing limited to 16 hours per member per calendar year*
**Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.*

20% of the amount the health care professionals in our network have agreed to accept for their services

- o hospice care

No charge

Inpatient Stays in a Network Hospital or Facility

- o semi-private room, intensive care or similar unit
- o physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services.
- o skilled nursing facility care (100 days for each admission)

20% of the amount the health care professionals in our network have agreed to accept for their services

Out-of-Network Services**Using Doctors, Hospitals and Other Health Care Professionals not Contracted to Provide Benefits**

It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts. You will pay all the costs associated with the covered services outlined in this insert until you have paid \$750 in one calendar or plan year. This is called your out-of-network deductible.

- o If two people are covered under your plan, each of you will pay the first \$750 of the cost of your care (\$1,500 total).
- o If three or more people are covered under your plan, together you will pay the first \$1,500 of the cost of your care. However, the most one family member will pay is \$750.

Once you have reached this amount, when you receive covered services we will pay 60% of the fee our network health care professionals have agreed to accept for the same service. You will pay the rest, including any difference between the fee our network health care professionals have agreed to accept for the same service and the amount the health care professional not in our network charges. If you go to an eye care professional not in our network for your routine eye examination, we will pay \$30 (whether or not you have reached the \$750 out-of-network deductible) and you will pay the rest of what the professional charges.

Out-of-Pocket Maximums**What You Will Pay for Covered Services in One Calendar or plan Year****When using network professionals**

If you are the only one covered by your plan, you will pay \$4,000 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*

- o If two people are covered under your plan, each of you will pay \$4,000 (\$8,000 total).
- o If three or more people are covered under your plan, together you will pay \$8,000. However, no family member will pay more than \$4,000 toward the limit.

When not using network professionals

If you are the only one covered by your plan, you will pay \$5,500 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*

- o If two people are covered under your plan, each of you will pay \$5,500 (\$11,000 total).
- o If three or more people are covered under your plan, together you will pay \$11,000. However, no family member will pay more than \$5,500 toward the limit.

The following do not count toward the calendar year out-of-pocket maximum:

- o your share of the cost of adult routine vision care
- o the cost of care received when the benefit limits have been reached
- o the cost of services and supplies not covered under your benefits
- o the additional amount health care professionals not in our network may bill you when their charge is more than what we pay

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Your prescription drug plan

Your Prescription Drug 10-30-50-20% Plan	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Tier 4 Copay
Up to a 30-day medication supply at participating pharmacies	\$10	\$30	\$50	20% coinsurance with a \$200 prescription maximum*
Up to a 90-day medication supply delivered to your home	\$25	\$75	\$125	Not Applicable*
Up to a 90-day medication supply purchased at a participating** retail pharmacy	\$30	\$90	\$150	Not Applicable*
*Most specialty medications are limited to a 30 day supply regardless of whether they are retail or mail.				

Under the Affordable Care Act, prescription, medical and behavioral costs all count toward one combined out of pocket maximum. Please refer to the benefit summary included with your enrollment brochure for the out-of-pocket maximum established for your medical and pharmacy benefit.

30-Day Retail Pharmacy Network

Our network includes more than 69,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your plan ID card.

Retail 90 Pharmacy

Retail 90** is a unique network that offers more ways for you to get the maintenance medications you need. Maintenance medications are drugs taken on an ongoing basis for conditions such as asthma, diabetes or high cholesterol. Through Retail 90, you can choose to get a 90-day supply of medications from a participating retail pharmacy.

**Approximately 98% of the pharmacies in our network participate in the Retail 90 program. Be sure to check with your local pharmacy to verify their participation status prior to placing your 90 day retail prescription order.

To make sure your pharmacy's in our network, visit anthem.com and select Find a Doctor which will take you to the list of providers, pharmacies and hospitals who participate in our network.

Home Delivery Pharmacy

Members needing maintenance medications also have the option to use our Home Delivery Pharmacy service. Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- 90-day maintenance medications for less cost than if you purchased them at a retail location
- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

Ordering refills

With home delivery, you don't have to worry about running out of medication. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail or online.

Specialty Pharmacy

Accredo, the Express Scripts specialty pharmacy, provides support and medicine for people with complex, long-term conditions. Most specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail (Transplant and HIV/AIDS medications are covered up to a 90 day supply). They include (but are not limited to):

- Asthma
- Bleeding Disorders
- Cancer
- Cystic Fibrosis
- Crohn's Disease
- Growth Hormone
- Hepatitis
- HIV/AIDS
- Iron Overload
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)
- Transplant

Accredo CareLogic® programs help people with the conditions listed on this page. These programs teach you about treatment for your condition and help you understand and cope with medication and side effects. CareLogic nurses and pharmacists will schedule time with you to find out how you are doing. Nurses, pharmacists and patient care advocates work together to help improve your care. Their goal is to help you get the best results from your treatments. Call 800-870-6419 to learn about how CareLogic can help you better manage your health condition.

Drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand and generic drugs. We research drugs and select ones that are safe, work well and offer the best value. That's because we think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

Sometimes we update the Drug List if new drugs come to market, or if new research becomes available. To view the current list, visit anthem.com. Click on "Customer Care" in the top-right corner. Select your state, then click "Download Forms." You'll find the Drug List on this page. If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your plan ID card.

Preferred Generics

If you're taking a brand name drug, you could save money by switching to an effective, lower cost generic drug. Your plan covers both brand and generic (or non-brand) drugs. When you choose a generic, you'll get the effectiveness of a brand drug – but usually at a lower cost.

Prescription drugs will always be dispensed as ordered by your physician. If you or your doctor requests a brand name drug when a generic is available, you will pay your usual copayment for the generic drug plus the difference in the allowable charge between the generic and brand name drug.

Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. But, some drugs need our review and approval before they're covered. This process is called prior authorization. It focuses on drugs that may have:

- Risk of serious side effects
- High potential for incorrect use or abuse
- Better options that may cost you less

If your drug needs approval, your pharmacist will let you know. To check in advance, call the Customer Service phone number on your ID plan card.

Your prescription drug plan (continued)

Step Therapy

Step Therapy may be required for certain drugs. Step Therapy refers to the process in which you may be required to use one type of medication before benefits are available for another. Step Therapy helps you and your doctor choose drugs that are safe, affordable and right for you. When your doctor prescribes a drug that requires step therapy, a message is sent to your pharmacy. This lets the pharmacist know you must first try a different, similar drug that's covered by your plan. The pharmacist will call your doctor to get a prescription for the new drug.

Quantity Limit

Taking too much medicine or using it too often isn't safe. And it may even drive up your health care costs. That's why your plan may limit the amount of medicine that's covered for a certain length of time. For example, a drug may have a limit of 30 pills per 30 days. If you refill a prescription too soon or your doctor prescribes an amount that's higher than usual, your pharmacist will tell you.

Anthem Blue Cross and its affiliate, HealthKeepers, Inc., receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem Blue Cross and Blue Shield and Anthem HealthKeepers members. These credits are retained by Anthem Blue Cross and Blue Shield and HealthKeepers, Inc. as a part of its fee for administering the program for self-funded groups and used to help stabilize rates for fully-insured groups. Reimbursements to pharmacies are not affected by these credits.

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliates, HealthKeepers, Inc., are independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

This benefits overview insert is only one piece of your entire enrollment package. See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.

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**WELCOME TO
BLUE VIEW VISION!**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Blue View VisionSM Exam Only A15 Plan

Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at the telephone number listed on the back of their ID card with questions about vision benefits or provider locations.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES

Routine eye exam – once every calendar year

IN-NETWORK

\$15 copay

OUT-OF-NETWORK

\$30 allowance

USING YOUR BLUE VIEW VISION PLAN

Just make an appointment for a comprehensive eye exam with your choice of any of the Blue View Vision participating eye care doctors. Your Blue View Vision plan provides services for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

ADDITIONAL SAVINGS ON EYEWEAR AND MORE

As a Blue View Vision member, you can take advantage of valuable discounts through our Additional Savings program. See page 2 for further details.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

This is a primary vision care benefit intended to cover only routine eye examinations. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.


anthem.com

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY

In-network Member Cost

Retinal Imaging	<ul style="list-style-type: none"> At member's option can be performed at time of eye exam 	Not more than \$39
Eyeglass Frame	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses* 	35% off retail price
Eyeglass Lenses Standard plastic material	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses*: <ul style="list-style-type: none"> Single Vision \$50 Bifocal \$70 Trifocal \$105 	
Eyeglass Lens Options and Upgrades When purchasing a complete pair of eyeglasses* (frame and lenses), you may choose to upgrade your new eyeglass lenses at a discounted cost. Member costs shown are in addition to the member cost of the standard plastic eyeglass lenses.	<ul style="list-style-type: none"> UV Coating \$15 Tint (Solid and Gradient) \$15 Standard Scratch-Resistant Coating \$15 Standard Polycarbonate \$40 Standard Anti-Reflective Coating \$45 Standard Progressive Lenses (add-on to Bifocal) \$65 Other Add-Ons and Services 20% off retail price 	
Conventional Contact Lenses (non-disposable type)	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price

SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM

	<ul style="list-style-type: none"> For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	<p>Save \$20 on orders of \$100 or more and get free shipping</p> <p>Discount per eye</p>
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* If frames, lenses or lens options are purchased separately, members will receive a 20% discount instead.

Cannot be combined with any other offer. Discounts on frames do not apply in the event the manufacturer has imposed a no discount policy on the frame. Discount on frames and special member pricing apply when complete pairs of eyeglasses are purchased together. If purchased separately, members receive a 20% discount off the retail price.

Discounts referenced are not covered benefits under the vision plan and therefore are not included in the member's policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Discounts are subject to change without notice.

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
Annual Benefit Maximum ▪ Per insured person	Contract Year	\$1,250	\$1,250	
Annual Maximum Carryover		No	No	
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person		\$1,250	\$1,250	
Annual Deductible ▪ Per insured person ▪ Family maximum	Contract Year	\$25 3X Individual	\$25 3X Individual	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement Options:		90th percentile		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Covered as Composites ▪ Simple Extractions		80% Coinsurance	100% Coinsurance	No Waiting Period
Endodontics ▪ Root Canal		80% Coinsurance	60% Coinsurance	No Waiting Periods
Periodontics ▪ Scaling and root planing		80% Coinsurance	60% Coinsurance	No Waiting Periods
Oral Surgery ▪ Surgical Extractions		80% Coinsurance	60% Coinsurance	No Waiting Periods
Major Services ▪ Crowns		50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Not Covered		50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments		50% Coinsurance	50% Coinsurance	No Waiting Periods
Orthodontic Services -Dependent children only*		50% Coinsurance	50% Coinsurance	No Waiting Periods

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to anthem.com/mydentalvision
- Call Customer Service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

- Oral evaluations (exam)** Limited to two per Calendar Year
- Teeth cleaning (prophylaxis)** Limited to two per Calendar Year
- Intraoral X-rays, single film** Limited to four films per 12-month period
- Complete series X-rays** (panoramic or full-mouth) Coverage Every 5 Years
- Topical fluoride application** Limited to once every 12 months for members through age 18

Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services**

- Fillings** Limited to once per surface per tooth in any 24 months
 - Space Maintainers** Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.
 - Crowns** Limited to once per tooth in a seven-year period
 - Fixed or removable prosthodontics – dentures, partials, bridges**
Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.
 - Root canal therapy** Limited to once per lifetime per tooth; coverage is for permanent teeth only.
 - Periodontal surgery** Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater
 - Periodontal scaling and root planing** Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater
 - Brushed Biopsy** Standard - Covered
- ***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.
There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

- Services provided before or after the term of this coverage**
- Services received before your effective date or after your coverage ends, unless otherwise specified in the employee benefits booklet**
- Orthodontics (unless included as part of your dental plan benefits)** Orthodontic braces, appliances and all related services
- Cosmetic dentistry** Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- Drugs and medications** Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
- Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care** except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.
- Extractions -** Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.



Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: $\$400$ coinsurance + $\$400$ provider balance = $\$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
Annual Benefit Maximum * Per insured person	Contract Year	\$1,250	\$1,250	
Annual Maximum Carryover		No	No	
Orthodontic Lifetime Benefit Maximum * Per eligible insured person		N/A	N/A	
Annual Deductible * Per insured person * Family maximum	Contract Year	\$25 3X Individual	\$25 3X Individual	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement Options:		90th percentile		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services * Periodic oral exam * Teeth cleaning (prophylaxis) * Bitewing X-rays: 1X per 12 months * Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services * Amalgam (silver-colored) Filling * Front composite (tooth-colored) Filling * Back composite Filling, Covered as Composites * Simple Extractions		80% Coinsurance	60% Coinsurance	No Waiting Period
Endodontics * Root Canal		80% Coinsurance	60% Coinsurance	No Waiting Periods
Periodontics * Scaling and root planing		80% Coinsurance	60% Coinsurance	No Waiting Periods
Oral Surgery * Surgical Extractions		80% Coinsurance	60% Coinsurance	No Waiting Periods
Major Services * Crowns		50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics * Dentures * Bridges * Dental implants Not Covered		50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments		50% Coinsurance	50% Coinsurance	No Waiting Periods
Orthodontic Services -None		Not Covered	Not Covered	N/A

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to anthem.com/mydentalvision
- Call Customer Service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

<p>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.</p> <p>Diagnostic and Preventive Services</p> <p>Oral evaluations (exam) Limited to two per Calendar Year</p> <p>Teeth cleaning (prophylaxis) Limited to two per Calendar Year</p> <p>Intraoral X-rays, single film Limited to four films per 12-month period</p> <p>Complete series X-rays (panoramic or full-mouth) Coverage Every 5 Years</p> <p>Topical fluoride application Limited to once every 12 months for members through age 18</p> <p>Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.</p> <p>Basic and/or Major Services***</p> <p>Fillings Limited to once per surface per tooth in any 24 months</p> <p>Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.</p> <p>Crowns Limited to once per tooth in a seven-year period</p> <p>Fixed or removable prosthodontics – dentures, partials, bridges</p> <p>Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.</p> <p>Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p>Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p>Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater</p> <p>Brushed Biopsy Standard - Covered</p> <p>***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.</p> <p>There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p>	<p>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</p> <p>Services provided before or after the term of this coverage</p> <p>Services received before your effective date or after your coverage ends, unless otherwise specified in the employee benefits booklet</p> <p>Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services</p> <p>Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p>Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p>Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member</p>
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For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

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Employee Assistance Program Summary of Services

Caroline County

The Anthem Employee Assistance Program (EAP) provides solutions to help you balance work and life through confidential and easily accessible services. Anthem EAP puts convenient resources within your reach, and that helps you – and your household members – stay healthy. Anthem EAP services include:

Face-to-Face Counseling. You and your household members are eligible for up to four (4) visits for each personal situation, as needed. You don't have to have Anthem insurance to qualify for this benefit. You can simply call the toll-free Anthem EAP number or access services online using the "Member Center."

Legal Assistance. You can receive a free 30 minute consultation in person or over the phone at a time that is convenient for you. You can even receive a discount on fees should you retain the attorney. Online resources include free legal forms, seminars and a full library of articles.

Financial Assistance. Our financial professionals provide free telephonic consultation on the financial topics that are important to you. Counseling sessions have no time limitations, and are available without appointment during regular business. Online resources include an assortment of financial calculators and access to PocketSmith, a budgeting and management tool.

ID Recovery. Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft. All services are provided to you free of charge. This may include completing any necessary paperwork, reporting to the consumer credit agencies, and negotiating with creditors to repair debt history. Our specialists will work with you to restore your financial identity to its pre-theft status. Free credit monitoring services available via the website.

Tobacco Cessation (Online and Coaching)

Online Program: LivingFree™ is a free 10 sessions, online training program which will help you learn how to break the tobacco habit. The program focuses on the root emotional and physical causes of using tobacco.

Telephonic Coaching: A free service provided via telephone or through instant messaging. The certified Coach will help you address the triggers of your tobacco use and how to overcome them as well as address issues related to weight management and fitness.

Dependent Care and Daily Living Resources. You and your household members can get information on child care, adoption, summer camps, college placement relocation, plus resources on elder care issues and assisted living by accessing the website at www.anthemead.com Or call (800) 346-5484 to speak directly with a representative.

Other Web Resources. Full library of health and emotional well-being articles. Monthly webinars. Self-assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.

Crisis Consultation. If you have an emergency, simply call the Anthem toll-free number. Consultants are available 24/7/365 to help or just listen, depending on your needs.

MyStrength is an online and mobile "health club for the mind" that delivers easy-to-use cognitive-behavioral information and real world content to consumers who need support with anxiety, depression, trauma, substance abuse and daily stress.

To contact Anthem EAP, please call us toll-free at (800) 346-5484 or visit us at www.anthemead.com.

Enter your company code: Caroline County

Take care of yourself

Use your preventive care benefits

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.¹ As long as you see a doctor or use a pharmacy in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision²
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening⁶
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit²

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenzae type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0-5
- Fluoride supplements for children ages 0-6

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 60 years old
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco-cessation products, including select generic prescription drugs, select brand-name drugs with no generic alternative and FDA-approved OTC products, for those ages 18 and older
- Vitamin D for adults over age 65

Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic alternative and OTC items like female condoms and spermicides^{6,8,9}
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant
- Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria³

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.

2 Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

3 You may be required to get preapproval for these services.

4 Check your medical policy for details.

5 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

6 This benefit also applies to those younger than age 19.

7 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

8 A cost share may apply for other prescription contraceptives, based on your drug benefits.

9 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary

The savvy member's action guide

Smart ways Anthem members get more from their health plans

Sometimes the simple things make a big difference

Here are a few easy tips you can use to get more from your benefits and save money on health care. You can find more detailed information on these tips at anthem.com.

Savvy ways to keep overall costs down

Tip #1: Ask about your choices for certain kinds of care

Hospitals have higher overhead costs, so they usually charge more for their inpatient and outpatient care. Many services can be performed in a doctor's office, surgery center or freestanding radiology center. This saves you out-of-pocket costs. You usually only pay your copay (a set amount of your share of the costs) instead of coinsurance (a percentage of the costs) for care you get in a doctor's office or freestanding center.

It's also important to know that not all providers within a contracted hospital may be individually contracted to provide care to our members. For example, if you are scheduled for a procedure that would involve the services of several providers, such as an anesthesiologist or a radiologist, it's possible that not all of the providers helping to render your care are contracted providers within our network. If that occurs, nonparticipating providers can charge you for costs above and beyond what we have agreed to pay for covered services with providers who are in our network.

So it's important to find out up front if all of the hospital-based providers who will be serving you are part of our network. There are several ways you can check to make sure a hospital-based provider is also part of our network:

- Ask for a complete list of all providers who will be providing services.
- Ask the facility if each provider is a contracted provider within our network.
- Call Member Services to confirm if the provider is in our network.
- Log on to anthem.com and use the **Find a Doctor** tool to look up the provider and verify if the provider is in our network.
- If your admission to a hospital is unplanned and therefore considered an emergency, there may not be time to determine up front if providers treating you are in our network. If possible, a family member may be able to check on your behalf.

Tip #2: Estimate your Cost

Did you know that different hospitals and facilities charge different amounts for the same services? Now you can know your cost before you set foot in the hospital. By getting an estimate of your costs based on the benefits of your health plan, you can choose a facility that fits your budget.

How to get an estimate of costs:

- Log in at anthem.com and select **Estimate Your Cost**.
- Simply search or browse for the procedure you are looking for and the tool will help guide you.
- You can easily compare facilities in your area.

Tip #3: Keep an eye on your EOB

You'll receive an *Explanation of Benefits* (EOB) whenever you get care. It's like your personal claim and coverage report. When you get one, make sure it's right and only lists care you received. If you're ever unsure about a charge, call the Member Services number on your Anthem ID card and we'll help clear things up.

Tip #4: Use network doctors and hospitals

You have access to some of the largest networks of doctors. That means the doctors you already know and trust are likely in our networks. We work with our large provider networks to make sure when you visit a network doctor, your share of the cost is lower — even before you pay any deductible — so you can save from day one of your coverage. You also get access to providers across the country. When you get care out of the network, you'll pay more and you'll likely have to file claims yourself (network doctors do that for you).

Three quick ways to find network care:

1. Type anthem.com into your smartphone browser to use our easy mobile app.
2. Log in to anthem.com and select **Find a Doctor**.
3. Call the Member Services number on your Anthem ID card.

Savvy places to get quality care at lower cost

Tip #1: Get live access to doctors 24/7 with your computer or phone through LiveHealth Online

LiveHealth Online is a new benefit that allows you to speak directly to doctors 24 hours a day for the cost of an office visit copay. Visit livehealthonline.com to register.

Tip #2: Ask about your options for radiology services

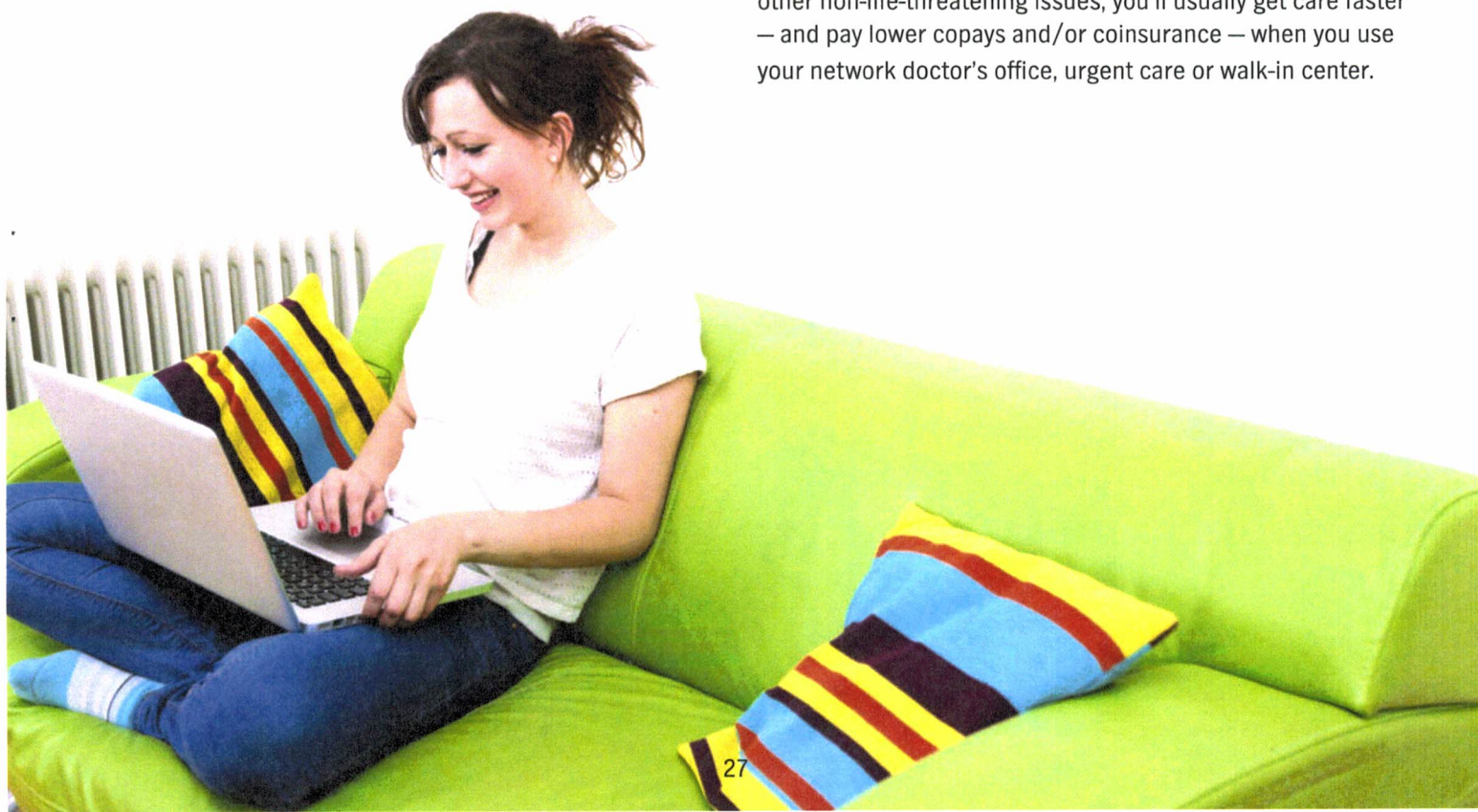
We give your doctor quality and cost information for radiology centers in your area. This list can help you get the highest quality care at the lowest cost. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. (Anthem) include in-network radiology centers that have been rated on many factors, including quality and cost. You and your doctor can use this list together to help you choose the right radiology center for you.

Tip #3: Use freestanding labs

You can usually visit a freestanding lab for things like blood and urine tests. This is another way you can lower your out-of-pocket costs.

Tip #4: Use urgent care or walk-in centers when it's not life-threatening

Emergency room (ER) care costs a lot more money and time than care you get in your doctor's office, urgent care or walk-in centers. So save the ER for true emergencies. For things like minor cuts and sprains, ear or throat infections, bronchitis and other non-life-threatening issues, you'll usually get care faster — and pay lower copays and/or coinsurance — when you use your network doctor's office, urgent care or walk-in center.



Tip #1: Get preventive care

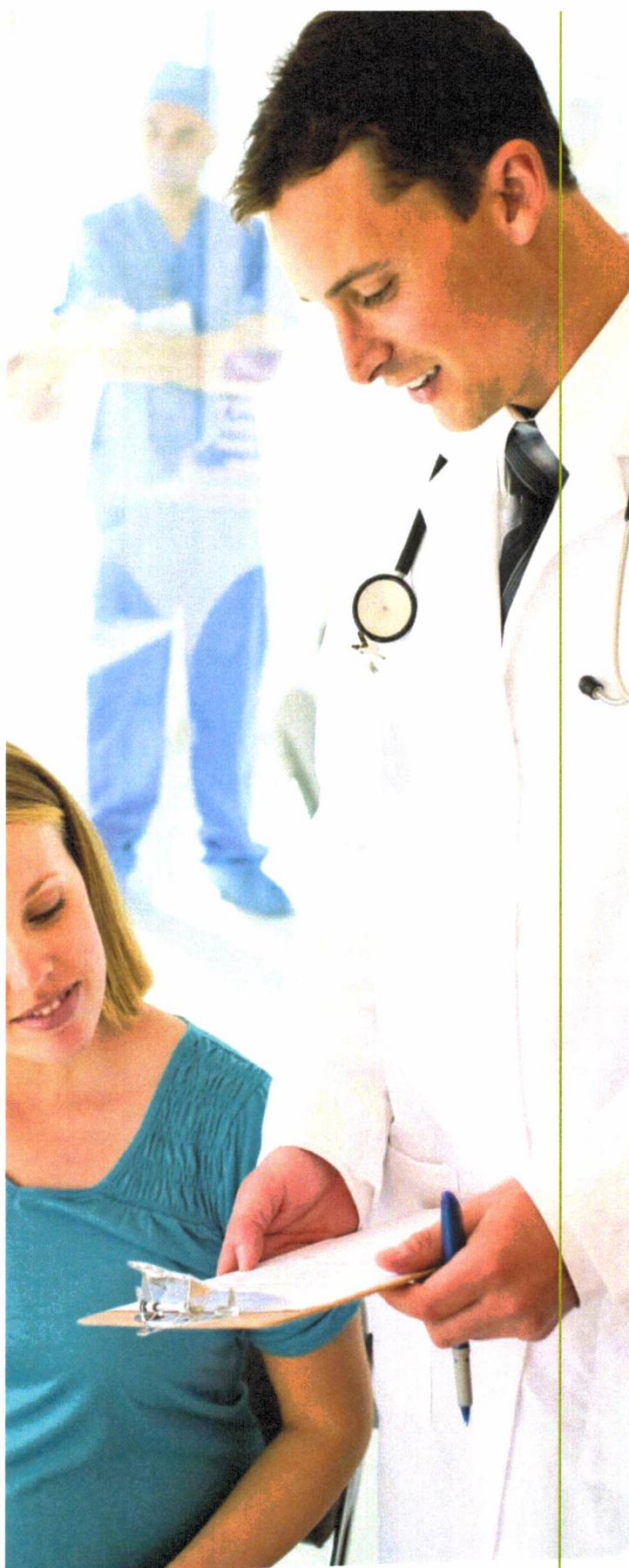
You have 100% coverage for network checkups, flu shots and some cancer screenings like mammograms. Getting preventive care can help prevent childhood diseases, diabetes, high blood pressure, cancer and other health issues that could cost you a lot more in the long run. Get peace of mind and better health at no extra cost to you!

Tip #2: Understand the difference between preventive care and diagnostic care

Your coverage includes access to preventive care services at no cost, which can really help you stay on track with your health. But it's important to understand the difference between preventive care and diagnostic care so there will be no surprises about out-of-pocket costs. If you see your doctor for a routine screening, such as a checkup, and there are no health issues discovered, that will be billed as a preventive care service. But if the doctor uncovers something that warrants more testing or treatment, it will be billed as a diagnostic visit and you will be expected to pay your regular cost share for an office visit copay. Also, if you have previously been diagnosed with a condition such as high cholesterol or diabetes and visit your doctor for a subsequent checkup, that visit will also be considered diagnostic rather than preventive and the applicable cost share will apply.

Tip #3: Take advantage of health and wellness programs at no extra cost

Let us help you live healthier, feel better and save money. Get help with an ongoing health problem, call our 24/7 NurseLine, or have a coach help you get fit, lose weight or quit smoking. It's all part of your plan at no extra cost. Not sure where to start? Take the Health Assessment at anthem.com. It looks at where you are now and the steps you can take to be your healthiest.



Tip #1: Shop around for the lowest drug costs

You can buy your prescription drugs from different places: local pharmacies, retailers, grocery stores and home delivery pharmacy. Drug prices can vary quite a bit from place to place. You can save money by comparing costs before you fill your prescription.

Tip #2: Choose generic drugs

Generic drugs generally work just as well as brand-name drugs, but cost much less. The Food and Drug Administration (FDA) requires that brand and generic drugs have the same active ingredients, strength and dose. Ask your doctor if generics are available and right for you. If not, your doctor may know of other brand names that cost less.

Tip #3: Use over-the-counter drugs when you can

You don't need a prescription for over-the-counter (OTC) drugs. They often have the same active ingredients as some prescription drugs, but usually cost a lot less. OTC allergy and heartburn medicines are good examples. Just make sure to ask your doctor if it's okay to swap your prescription drug for an OTC medicine.

Tip #4: Look into our special pharmacy programs

We have two programs that can help you save right away by lowering your copay or coinsurance. Call the pharmacy number on your Anthem ID card to see if you qualify for these programs. Then, ask your doctor if one could be right for you:

- Use our Half Tablet program to save money without changing drugs. You get your current medicine on the Half Tablet program drug list prescribed at double the strength, then use a tablet splitter to cut the tablet in half. You can save up to 50% off your typical copay with this program.
- Use our GenericSelect program the first time you fill a new prescription by filling it with a generic on our list. We'll waive your first copay at a retail pharmacy or our home delivery pharmacy.

Register today at anthem.com

Explore and sign up on our members-only site to learn more about your health care options, costs and ways to help take control of your health. You can also call Member Services for help.



Looking for a doctor?



Finding one online is fast and easy

Use our online Find a Doctor tool to look for doctors, hospitals, pharmacies, labs and other health care providers in your Anthem network. Check if your favorite doctor is in the network, or look for one near you. Avoid getting out-of-network care if you can — it will cost you more or your plan may not cover it all.



Here's all you need to do:

If you're a member

Go to anthem.com and log in.

Or use your ID number or the first three letters to search without logging in.

Under *Useful Tools* on the right, select **Find a Doctor**.

1 If you're not a member yet

Go to anthem.com.

Under *Useful Tools* on the right, select **Find a Doctor**.



Next, select a type of provider, place or name. Select **Search**.

2

First answer a few questions, so we can help find you the right plan and in-network doctor. Then enter or select the plan/network*.

Next, select a type of provider, place or name. Select **Search**.

3

Select a provider to see more information, such as:

- Training
- Specialties
- Languages spoken
- Address (including a map)
- Phone number



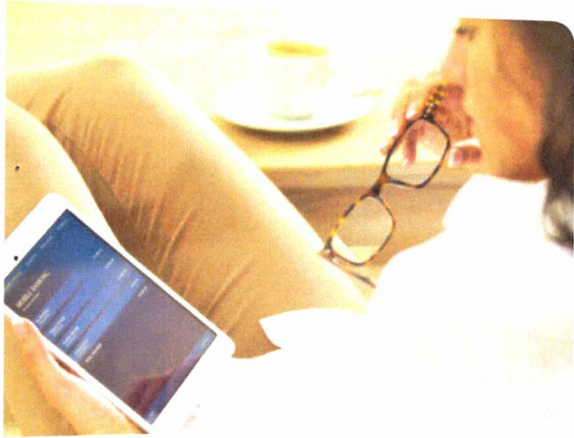
Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App StoreSM or Google PlayTM. Just search for Anthem Blue Cross and Blue Shield and download the app. You can even get turn-by-turn directions to find a doctor's office.

*If you don't know the name of the plan or network, check with your human resources department or benefits administrator.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE[®] Managed Care, Inc. (RIT). Healthy Alliance[®] Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; Compicare Health Services Insurance Corporation (Compicare), which underwrites or administers the HMO policies; and Compicare and BCBSWI collectively, which underwrite or administer the PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

LiveHealth Online Saves You Time – and Can Now Also Save You Money. (for groups with 51+ employees)



LiveHealth Online

Easy, fast doctor visits. All from the comfort of your own computer or mobile device.

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.* The program is available 365 days a year, 24 hours a day, seven days a week (including holidays) anywhere you have an internet connection.

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Private, secure and convenient online visits.
- Help at a cost that is same as your office visit copay or \$49 per visit, subject to deductible and coinsurance, depending on your health plan benefits.

New! LiveHealth Online can save you money

And, new for 2017, LiveHealth Online has gotten better because we're now reducing member cost shares for several of our plans when members use a LiveHealth Online provider instead of visiting their PCP. Members enrolled in a health care plan that requires at least a \$15 copay for visiting their PCP will now pay less when alternatively seeking care from LiveHealth Online. Of course, it's important that members make the health care decisions that are right at the time and for their particular situation. LiveHealth Online just gives you one more option.

Common treatments include:

- Cold/fever/flu
- Allergies
- Pink eye
- Sinus pain
- Sore throat
- Headache
- Vomiting
- Diarrhea
- Bronchitis
- Cold Sores
- Minor rashes
- Hives
- Trouble sleeping
- Ear pain

You will need your ID number from your ID card when creating your account in order for Anthem to identify you as a Plan participant.

LiveHealth Online is not intended for medical emergencies. If you experience an emergency, always call 911.



And Its Affiliate HealthKeepers, Inc.

*As legally permitted in certain states.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

To access this program:

1. Log on to LiveHealthOnline.com.
2. Click **Sign Up** in the top right corner of the screen.
3. Complete the form to create your account and click **Finish**.
4. Review the physician profiles to select the one that's right for you and begin your consultation.

Register with **anthem.com** to get online access to your benefits.

From any computer with Internet access, type **anthem.com** in the Web browser address field and click **Register Now**.* This can be found on the top right-hand side of your screen in the *Member Log In* area.

Step 1: Personal information

Enter your personal information, including member identification number, first and last name, date of birth (mm/dd/yyyy). For security, you'll also be asked to put in the security code that's shown. Click **Save & Continue**.

Step 2: Username and password

Create your username and password. Then select a security question from the drop-down menu and give the answer. You'll be asked to answer your security question if you ever forget your password. Please keep this information secure.

Once you're done with your username, password and security question, check the box to agree to the terms and conditions of Anthem and click **Save & Continue**.

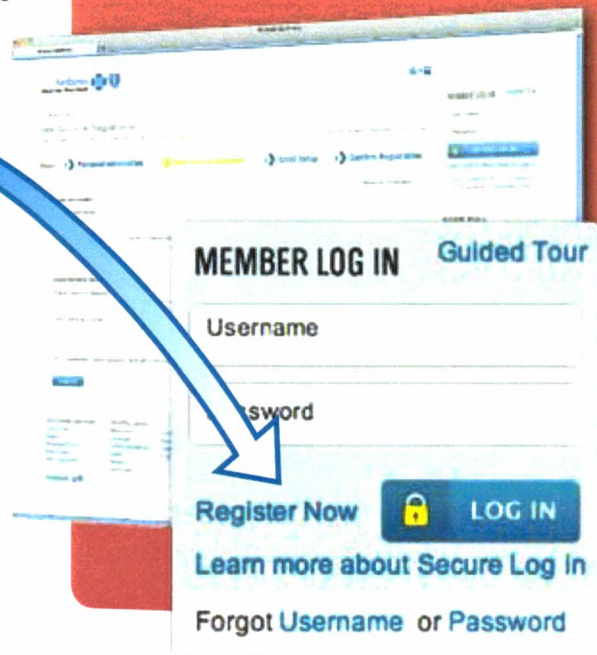
Step 3: Email setup

You'll be able to choose how you'd like to get future legal notifications, special offers and other health plan notifications.

Enter your email address to set up your online profile. You can also choose to receive information about new products and services, benefit updates, and required notices. Click **Save & Continue**.

Step 4: Confirm registration

Here you'll make sure all your personal information, username and password and your notification choices are right. Click **Confirm**.



**Having problems signing up?
Call the eBusiness Help Desk
at 866-755-2680 for help.**



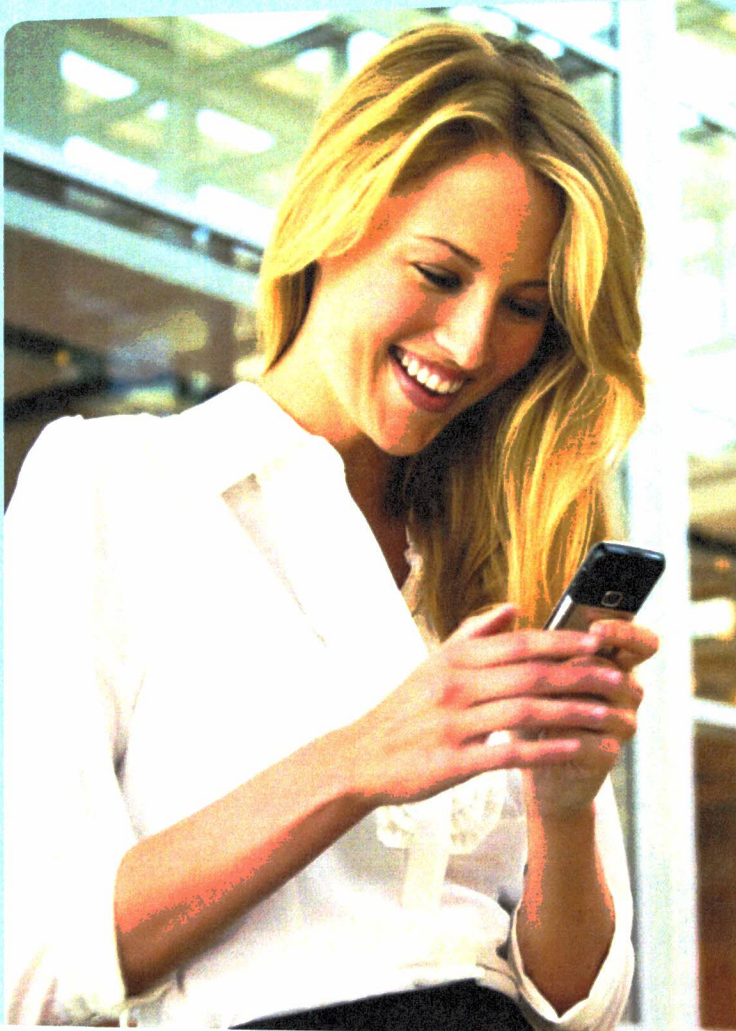
Now you can log in to start taking advantage of online access to your benefits.

It's all the information you need to make an informed decision - coverage, quality, cost, and patient experience information - all in one place.

*If you are 18 years of age or older, you must register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Three ways to manage your health care conveniently on your smartphone or tablet



1. **Download our free app** — just search for Anthem Blue Cross and Blue Shield at the app store on your mobile device. Find doctors and urgent care centers, and get driving directions from wherever you are. You can also log in and view, email or fax an electronic version of your ID card.
2. **Get to our mobile site by going to anthem.com on your smartphone** — and you'll get many of the same features of our app.
3. **Get the full anthem.com experience on the go** — by using your tablet computer. Check your claims and benefits, use your health and wellness tools, get discounts on contact lenses and glasses, coupons for healthy foods and much more.

To log in on your smartphone, you must be registered on our secure member site and have a username and password. If you're an Anthem Blue Cross and Blue Shield member but haven't registered, go to anthem.com from your computer and click *Register Now*.

Using new technology can make it easier and more convenient to manage your health and health care.



Android



iPhone

Scan one of the QR codes to download our app directly to your device.

Don't have a QR code reader? Download the free ScanLife app to your mobile device or visit scanlife.com.



The ins and outs of coverage

Knowing that you have health care coverage that meets your and your family's needs is reassuring.

But part of your decision in choosing a plan also requires understanding:

- Who can be enrolled.
- How coverage changes are handled.
- What's not covered by your plan.
- How your plan works with other coverage.

Who can be enrolled

You can choose coverage for you alone or family coverage that includes you and any of the following family members:

- Your spouse
- Your children age 26 or younger, which includes:
 - A newborn, natural child or a child placed with you for adoption
 - A stepchild, or
 - Any other child for whom you have legal guardianship

Coverage will end on the last day of the month in which they turn 26.

Some children have mental or physical challenges that prevent them from living independently. The dependent age limit does not apply to these enrolled children as long as these challenges were present before they reached age 26.

1. On the employer level – which impacts you, as well as all employees under your employer's plan – your plan can be . . .

renewed	canceled	changed	when . . .
•			Your employer maintains its status as an employer, remains located in our service area, meets our guidelines for employee participation and premium contribution, pays the required health care premiums and does not commit fraud or misrepresent itself.
	•		Your employer makes a bad payment, voluntarily cancels coverage (30-day advance written notice required), is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan, or still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice).
	•		We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice) or if we decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice).
		•	Your employer and you received a 30-day advance written notice that the coverage was being changed (services added to your plan or the copayment amounts decreased). Copayments can be increased or services can be decreased only when it is time for your group to renew its Lumenos coverage.

2. On an individual level – factors that apply to you and covered family members – your plan can be . . .

renewed	canceled	when . . .
•		You maintain your eligibility for coverage with your employer, pay your required portion of the health care premium and do not commit fraud or misrepresent yourself.
	•	You purposely give wrong information about yourself or your dependents when you enroll. Cancellation is effective immediately.
	•	You lose your eligibility for coverage, don't make required payments or make bad payments, commit fraud, are guilty of gross misbehavior, don't cooperate with coordination of benefits recoveries, let others use your ID card, use another member's ID card or file false claims with us. Your coverage will be canceled after you receive a written notice from us.



The ins and outs of coverage

(continued)

Special enrollment periods

Typically, you are only allowed to enroll in your employer's health plan during certain eligibility periods, such as when it is first offered to you as a "new hire" or during your employer's open enrollment period when employees can make changes to their benefits for an upcoming year. But there may be instances other than these situations in which you may be eligible to enroll. For example, if the first time you are offered coverage and you state in writing that you don't want to enroll yourself, your spouse or your covered dependents because you have coverage through another carrier or group health plan, you may be able to enroll your family later if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage. But, you must ask to be enrolled within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents.

However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Finally, if you or your dependents' coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) is terminated as a result of a loss of eligibility, or if you or your dependents become eligible for premium assistance under a state Medicaid or SCHIP plan, a special enrollment period of 60 days will be allowed. To request special enrollment or obtain more information, contact your employer.

When you're covered by multiple plans

If you're fortunate enough to be covered by more than one health plan, you may not be so thrilled about the paperwork hassles that can come with it when you're trying to figure out which plan should pay for what. Our Coordination of Benefits (COB) program helps ensure that you receive the benefits due and avoid overpayment by either carrier. Because up-to-date, accurate information is the key to our Coordination of Benefits program, you can expect to receive a COB questionnaire on an annual basis. Timely response to these questionnaires will help avoid delays in claims payment.

If you are covered by two different group health plans, one is considered primary and the other is considered secondary. The primary carrier is the first to pay a claim and provide reimbursement according to plan allowances; the secondary carrier then provides reimbursement, typically covering the remaining allowable expenses.



The ins and outs of coverage

(continued)

Determining the primary versus secondary carrier

See the chart below for how determination gets made over which health plan is the primary carrier. The term “participant” is used and means the person who is signing up for coverage:

When a person is covered by two group plans, and	Then	Primary	Secondary
One plan does not have a COB provision	The plan without COB is	•	
	The plan with COB is		•
The person is the participant under one plan and a dependent under the other	The plan covering the person as the participant is	•	
	The plan covering the person as a dependent is		•
The person is the participant in two active group plans	The plan that has been in effect longer is	•	
	The plan that has been in effect the shorter amount of time is		•
The person is an active employee on one plan and enrolled as a COBRA participant for another plan	The plan in which the participant is an active employee is	•	
	The COBRA plan is		•
The person is covered as a dependent child under both plans	The plan of the parent whose birthday occurs earlier in the calendar year (known as the birthday rule) is	•	
	The plan of the parent whose birthday is later in the calendar year is		•
	Note: When the parents have the same birthday, the plan that has been in effect longer is	•	
The person is covered as a dependent child and coverage is stipulated in a court decree	The plan of the parent primarily responsible for health coverage under the court decree is	•	
	The plan of the other parent is		•
The person is covered as a dependent child and coverage is not stipulated in a court decree	The custodial parent's plan is	•	
	The noncustodial parent's plan is		•
The person is covered as a dependent child and the parents share joint custody	The plan of the parent whose birthday occurs earlier in the calendar year is	•	
	The plan of the parent whose birthday is later in the calendar year is		•
	Note: When the parents have the same birthday, the plan that has been in effect longer is	•	



The ins and outs of coverage

(continued)

How benefits apply when Medicare-eligible

Some people under age 65 are eligible for Medicare in addition to any other coverage they may have. The following chart shows how payment is coordinated under various scenarios:

When a person is covered by Medicare and a group plan, and	Then	Your plan	Medicare is primary
Is a person who is qualified for Medicare coverage due solely to end-stage renal disease (ESRD-kidney failure)	During the 30-month Medicare entitlement period	•	
	Upon completion of the 30-month Medicare entitlement period		•
Is a disabled member who is allowed to maintain group enrollment as an active employee	If the group plan has more than 100 participants	•	
	If the group plan has fewer than 100 participants		•
Is the disabled spouse or dependent child of an active full-time employee	If the group plan has more than 100 participants	•	
	If the group plan has fewer than 100 participants		•
Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to disability	If Medicare had been secondary to the group plan before ESRD entitlement	•	
	If Medicare had been primary to the group plan before ESRD entitlement		•

Recovery of overpayments

If health care benefits are inadvertently overpaid, reimbursement for the overpayment will be requested. Your help in the recovery process would be appreciated. We reserve the right to recover any overpayment from:

- Any person to or for whom the overpayments were made.
- Any health care company.
- Any other organization.



The ins and outs of coverage

(continued)

What's not covered (exclusions)

When it comes to your health, you're the final decision maker about what services you need to get and where you should get them. But, in order for us to keep the cost of health care as low as possible for both you and your employer, we have to exclude certain services. The following list of services and supplies are excluded from coverage by your health plan and will not be covered in any case.

Acupuncture

Services not **authorized in advance** by us and prearranged by your primary care physician, unless otherwise specified in this book (applies to HMO Anthem Healthkeepers plans; does not apply to POS OA plans).

Applied behavioral therapy treatment

Your coverage does not include benefits for applied behavioral treatment unless otherwise covered by law.

Biofeedback therapy

Over-the-counter **convenience** and hygienic items including, but not limited to, adhesive removers, cleansers, underpads, and ice bags.

Certain prescription drugs if you could use a **clinically equivalent drug**, unless required by law. If you have questions about whether a certain drug is covered and which drugs fall into this group, visit our website at anthem.com. If you or your doctor believes you need to use a different prescription drug, please have your doctor get in touch with us. We will cover the other prescription drug only if we agree that it is medically necessary and appropriate over the clinically equivalent drug. We will review benefits for the prescription drug from time to time to make sure the drug is still medically necessary.

Cosmetic surgery or procedures, including complications that result from such surgeries and/or procedures. Cosmetic surgeries and procedures are performed mainly to improve or alter a person's appearance, including body piercing and tattooing. However, a cosmetic surgery or procedure does not

include a surgery or procedure to correct deformity caused by disease, trauma, or a previous therapeutic process. Cosmetic surgeries and/or procedures also do not include surgeries or procedures to correct congenital abnormalities that cause functional impairment. We will not consider the patient's mental state in deciding if the surgery is cosmetic.

Delivery charges for the delivery of prescription drugs.

Your coverage does not include benefits for the following **dental or oral surgery services**:

- Shortening or lengthening of the mandible or maxillae for cosmetic purposes.
- Surgical correction of malocclusion or mandibular retrognathia unless such condition creates significant functional impairment that cannot be corrected with orthodontic services.
- Dental appliances required to treat TMJ pain dysfunction syndrome or correct malocclusion or mandibular retrognathia.
- Medications to treat periodontal disease.
- Treatment of natural teeth due to diseases.
- Treatment of natural teeth due to accidental injury unless you submitted a treatment plan to us for prior approval. No approval of a plan of treatment by us is required for emergency treatment of a dental injury.
- Biting and chewing related injuries unless the chewing or biting results from a medical or mental condition.
- Restorative services and supplies necessary to promptly repair, remove, or replace sound natural teeth.
- Extraction of either erupted or impacted wisdom teeth.
- Anesthesia and hospitalization for dental procedures and services except as specified as otherwise being covered.
- Oral surgeries or periodontal work on the hard and/or soft tissue that supports the teeth meant to help the teeth or their supporting structures (applies to Anthem KeyCare and Lumenos plans).
- Periodontal care, prosthodontal care or orthodontic care (applies to Anthem KeyCare and Lumenos plans).



The ins and outs of coverage

(continued)

Donor searches for organ and tissue transplants, including compatibility testing of potential donors who are not immediate, blood-related family members (parent, child, sibling).

Educational, vocational or self management training purposes, except as otherwise specified as being covered or when received as part of covered preventive care.

Experimental/investigative procedures, as well as services related to or complications from such procedures except for clinical trial costs for cancer as described by the National Cancer Institute. This will not prevent a member from being able to appeal Anthem's decision that a service is not experimental/investigative.

Family planning

- Artificial insemination services, in vitro fertilization or any other types of artificial or surgical means of conception, including drugs administered in connection with these procedures
- Drugs used to treat infertility
- Non-prescription contraceptive devices (applies to HMO Anthem Healthkeepers plans; does not apply to POS OA plans)
- Any services or supplies provided to a person not covered that is in connection with a surrogate pregnancy, including, but not limited to, the bearing of a child by another woman for an infertile couple
- Services to reverse voluntarily induced sterility

Services for palliative or cosmetic foot care

- Flat foot conditions
- Support devices, arch supports, foot inserts, orthopedic and corrective shoes that are not part of a leg brace and fittings, castings and other services related to devices of the feet
- Foot orthotics
- Subluxations of the foot

- Corns, calluses and care of toenails (except in treatment for patients with diabetes or vascular disease)
- Bunions (except capsular or bone surgery)
- Fallen arches, weak feet, chronic foot strain
- Symptomatic complaints of the feet

Gene therapy as well as any drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.

Services for surgical treatments of **gynecomastia** for cosmetic purposes.

Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

Hearing aids or for examinations to prescribe or fit hearing aids, except for cochlear implants, are not covered.

Home care services

- Homemaker services (except as rendered as part of Hospice care)
- Maintenance therapy
- Food and home-delivered meals
- Custodial care and services

Hospital services

- Guest meals, telephones, televisions, and any other convenience items received as part of your inpatient stay
- Care by interns, residents, house physicians, or other facility employees that are billed separately from the facility
- A private room, unless it is medically necessary

Immunizations required for travel or work, unless such services are received as part of the covered preventive care services

Refills of **lost or stolen drugs**.



The ins and outs of coverage

(continued)

Medical equipment (durable), appliances, devices and supplies as outlined below:

- items that have both a non-therapeutic and therapeutic use, including but not limited to exercise equipment; air conditioners, humidifiers, and purifiers; hypoallergenic bed linens, bed boards; whirlpool baths; handrails, ramps, elevators and stair glides; telephones; adjustments made to a vehicle; foot orthotics; and changes made to a home or place of business;
- replacement or repair of purchased or rental equipment because of misuse, abuse or loss/theft;
- surgical supports, corsets or articles of clothing unless needed to recover from surgery or injury;
- non-medically necessary enhancements to standard equipment and devices; and
- supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is medically necessary. Reimbursement will be based on the maximum allowed amount for the standard item which is a covered service, serves the same purpose, and is medically necessary. Any expense that exceeds the maximum allowed amount for the standard item will be the member's responsibility.

Medical equipment (durable) that is not appropriate for use in the home.

Services or supplies deemed not **medically necessary** as determined by us at our sole discretion. Notwithstanding this exclusion, all preventive care services and hospice care services described in the benefits summary that is included in this booklet are covered. This exclusion shall not apply to services you receive on any day of inpatient care that is determined by us to be not medically necessary if such services are received from a professional provider who does not control whether you are treated on an inpatient basis or as an outpatient, such as a pathologist, radiologist, anesthesiologist or consulting physician. Additionally this exclusion shall not apply to inpatient services rendered by your admitting or attending physician other than inpatient evaluation and management services provided to you notwithstanding this exclusion. Inpatient evaluation and management services include routine visits by your admitting or attending physician for purposes of reviewing patient status, test results, and patient medical records. Inpatient evaluation and

management visits do not include surgical, diagnostic, or therapeutic services provided by your admitting or attending physician. Also, this exclusion shall not apply to the services rendered by pathologists, radiologists, or anesthesiologists in an (i) outpatient hospital setting (ii) emergency room or (iii) ambulatory surgery setting. However, this exception does not apply if and when any such pathologist, radiologist or anesthesiologist assumes the role of attending physician. This will not prevent a member from being able to appeal our decision that a service is not medically necessary.



Experimental ... or not?

Many of our medical directors and staff actively participate in a number of national health care committees that review and recommend new experimental or investigative treatments for coverage. To be approved for coverage, the service or product must have:

- Regulatory approval from the Food and Drug Administration.
- Been put through extensive research study to find all the benefits and possible harms of the technology.
- Benefits that are far better than any potential risks.
- At least the same or better effectiveness as any similar service or procedure already available.
- Been tested enough so that we can be certain it will result in positive results when used in real cases.



The ins and outs of coverage

(continued)

Nutrition counseling and related services, except when provided as part of diabetes education, mental health treatment of an eating disorder or when received as part of a covered preventive care services visit or screening.

Nutritional and/or dietary supplements, except as specifically listed in this enrollment brochure or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

Obesity services and supplies related to weight loss or dietary control, including complications that directly result from such surgeries and/or procedures. This includes weight reduction therapies/activities, even if there is a related medical problem. Notwithstanding provisions of other exclusions involving cosmetic surgery to the contrary, services rendered to improve appearance (such as abdominoplasties, panniculectomies, and lipectomies), are not covered services even though the services may be required to correct deformity after a previous therapeutic process involving gastric bypass surgery.

Off label use, unless we must cover it by law or if we approve it.

Organ or tissue transplants, including complications caused by them, except when they are considered medically necessary, have received pre-authorization, and are not considered experimental/investigative. Autologous bone marrow transplants for breast cancer are covered only when the procedure is performed in accordance with protocols approved by the institutional review board of any United States medical teaching college. These include, but are not limited to, National Cancer Institute protocols that have been favorably reviewed and used by hematologists or oncologists who are experienced in high-dose chemotherapy and autologous bone marrow transplants or stem cell transplants. This procedure is covered despite the exclusion in the plan of experimental/investigative services.

Paternity testing

Prescription drug benefits

- **Administrative charges:** Charges for the administration of any drug except for covered immunizations as approved by us or the Pharmacy Benefits Manager.
- **Clinically-equivalent alternatives** - certain prescription drugs may not be covered if a member could use a clinically equivalent drug, unless required by law. "Clinically equivalent" means drugs that for most members will give similar results for a disease or condition. If you have questions about whether a certain drug is covered and which drugs fall into this group, visit our website at anthem.com.

If you or your doctor believes you need to use a different prescription drug, please have your doctor or pharmacist get in touch with us. We will cover the other prescription drug only if we agree that it is medically necessary and appropriate over the clinically equivalent drug. We will review benefits for the prescription drug from time to time to make sure the drug is still medically necessary.

- **Compound drugs:** Compound drugs unless all of the ingredients are FDA-approved and require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA-approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.
- **Contrary to approved medical and professional standards:** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
- **Delivery charges:** Charges for delivery of prescription drugs.
- **Drugs given at the provider's office/facility:** Drugs you take at the time and place where you are given them or where the prescription order is issued. This includes samples given by the doctor. This exclusion does not apply to drugs used with diagnostic services, drugs used during chemotherapy in the office, or drugs covered under the medical supplied benefit; those would be covered services.
- **Drugs not on the Anthem prescription drug list (a formulary):** You can get a copy of this list by calling us or



The ins and outs of coverage

(continued)

visiting us at anthem.com. If you or your doctor believes you need a certain prescription drug not on the list, please refer to the "prescription drug benefits at a retail or home delivery (mail order) pharmacy" section in your post enrollment *Evidence of Coverage* for details on requesting an exception.

- Drugs that do not need a prescription: Drugs that do not need a prescription by federal law (including drugs that need a prescription by state law, but not by federal law), except for injectable insulin.
- Drugs over the quantity or age limits: Drugs in quantities which are over the limits set by the Plan, or which are over any age limits set by us.
- Drugs over the quantity prescribed or refills after one year: Drugs in amounts over the quantity prescribed, or for a refill given more than one year after the date of the original prescription order.
- Drugs prescribed by providers lacking qualifications/certifications. Prescription drugs prescribed by a provider who does not have the necessary qualifications, including certifications, as determined by us.
- Gene therapy as well as any drugs, procedures, health care services related to it that introduce or relate to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.
- Infertility treatments: Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT).
- Items covered as durable medical equipment (DME): Therapeutic DME, devices and supplies except peak flow meters, spacers and blood glucose monitors. Items not covered under the prescription drugs at a retail pharmacy or home delivery (mail service) pharmacy benefit may be covered under the medical equipment (durable) or medical supplies benefit.
- Items covered the medical supplies and medications benefit: Allergy desensitization products or allergy serum. While not covered under the "prescription drugs at a retail pharmacy or home delivery (mail service) pharmacy" benefit, these items may be covered under the medical supplies and medications benefit.
- Mail-order providers other than our home delivery mail-order provider: Prescription drugs dispensed by any mail order provider other than our mail order provider unless we must cover them by law.
- Non-approved drugs: Drugs not approved by the FDA.
- Off label use: Off label use, unless we must cover the use by law or if we, or the Pharmacy Benefits Manager, approve it.
- Onychomycosis drugs: Drugs for Onychomycosis (tonail fungus), except when we allow it to treat members who are immuno-compromised or diabetic.
- Over-the-counter items: Drugs, devices and products, or prescription legend drugs with over the counter equivalents and any drugs, devices or products that are therapeutically comparable to an over the counter drug, device or product. This includes prescription legend drugs when any version or strength becomes available over the counter. This exclusion does not apply to over the counter products that we must cover under federal law with a prescription.
- Sexual dysfunction drugs: Drugs to treat sexual or erectile problems.
- Syringes: Hypodermic syringes except when given for use with insulin and other covered self-injectable drugs and medicine.
- Weight loss drugs: Any drug mainly used for weight loss. This exclusion does not apply to over-the-counter products that we must cover as a preventive care benefit under federal law with a prescription.

Your coverage does not include benefits for **private duty nurses** in an inpatient setting (applies to Anthem KeyCare and Lumenos plans).

Residential accommodations to treat medical or behavioral health conditions, except when provided in a hospital, hospice, skilled nursing facility, or residential treatment center.



The ins and outs of coverage

(continued)

Rest cures, custodial, residential or domiciliary care and services. Whether care is considered residential will be determined based on factors such as whether you receive active 24-hour skilled professional nursing care, daily physician visits, daily assessments, and structured therapeutic service.

Services or supplies or devices:

- Not listed as covered under your health plan
- Not prescribed, performed, or directed by a provider licensed to do so.
- Received before the effective date or after a covered person's coverage ends.
- Services prescribed, ordered, referred by or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- Benefits for charges from stand-by physicians in the absence of covered services being rendered.
- Telephone consultations, charges for not keeping appointments, or charges for completing claim forms.

Services or supplies if provided or available to a member:

- Under the Medicare program or under any similar program authorized by state or local laws or regulations or any future amendments to them. This exclusion does not apply to those laws or regulations which make the government program the secondary payor after benefits under this plan have been paid.
- Provided under a U.S. government program or a program for which the federal or state government pays all or part of the cost. This exclusion does not apply to health benefits plans for civilian employees or retired civilian employees of the federal or state government.

Services for which a charge is not usually made including those services for which you would not have been charged if you did not have health care coverage services or benefits for:

- Amounts above the allowable charge for a service
- Neurofeedback, and related diagnostic tests
- Penile implants

Services or supplies if they are received from providers not licensed by law to provide services. Examples include masseurs (massage therapists), physical therapist technicians and athletic trainers.

Benefits for services or supplies to treat **sexual dysfunction** (male and female sexual problems). This includes medical and mental health services.

Skilled nursing facility stays

- Treatment of psychiatric conditions and senile deterioration
- Facility services during a temporary leave of absence from the facility
- A private room unless it is medically necessary

Smoking cessation programs not affiliated with us

Spinal manipulation and manual medical interventions for an illness or injury other than musculoskeletal conditions.

Telemedicine

Non-interactive telemedicine services, including audio-only telephone, electronic mail message, facsimile transmissions or online questionnaire.

Therapies

- Physical therapy, occupational therapy, or speech therapy to maintain or preserve current functions if there is no chance of improvement or reversal except for children under age 3 who qualify for early intervention services
- Group speech therapy
- Group or individual exercise classes or personal training sessions
- Recreation therapy including, but not limited to, sleep, dance, arts, crafts, aquatic, gambling, and nature therapy

Services for treatment of varicose veins or telangiectatic dermal **veins** (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes



The ins and outs of coverage

(continued)

Vision services

- For members through age 18, there is no benefit for frames or contact lenses purchased outside of our formulary.
- Vision services or supplies, unless needed due to eye surgery and accidental injury
- Routine vision care and materials
- Services for radial keratotomy and other surgical procedures to correct refractive defects such as nearsightedness, farsightedness and/or astigmatism. This type of surgery includes keratoplasty and Lasik procedure
- Services for vision training and orthoptics
- Tests associated with the fitting of contact lenses, unless the contact lenses are needed due to eye surgery or to treat accidental injury
- Sunglasses or safety glasses and accompanying frames of any type
- Any non-prescription lenses, eyeglasses or contacts, or Plano lenses or lenses that have no refractive power
- Any lost or broken lenses or frames
- Cosmetic lens options that are not otherwise specifically listed as covered.

- Services needed for employment or given by a medical department, clinic, or similar service provided or maintained by the employer or any government entity
- Any other vision services not specifically listed as covered

Waived cost shares

Your coverage does not include waived cost shares out-of-plan. For any service in which you are responsible under the terms of this plan to pay a copayment, coinsurance or deductible, and the copayment coinsurance or deductible is waived by an out-of-network provider.

Weight loss programs whether or not they are pursued under medical or physician supervision, unless specifically listed as covered. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers®, Jenny Craig®, LA Weight Loss®) and fasting programs.

Services or supplies if they are for **work-related** injuries or diseases when the employer must provide benefits by federal, state, or local law or when that person has been paid by the employer. This exclusion applies even if you waive your right to payment under these laws and regulations or fail to comply with your employer's procedures to receive the benefits. It also applies whether or not the covered person reaches a settlement with his or her employer or the employer's insurer or self insurance association because of the injury or disease.



Let's talk about your privacy and rights

Safeguarding your information

As a member, you have the right to expect us to protect the privacy of your personal health information. We do this according to state and federal laws, and our policies. You also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care and your rights under the Women's Health and Cancer Rights Act, go to www.anthem.com/memberrights. To ask for a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). Doctors and pharmacists who want to be sure you get the best treatments for certain health conditions make up Anthem's UM team. They review the information your doctor sends us. These reviews can be done before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more detailed information about how we help manage your care, visit www.anthem.com/memberrights. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.



Notes

Lined area for notes, consisting of horizontal lines for writing.



We've got your back!



And Its Affiliate HealthKeepers, Inc.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of.

These policies have exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please contact your insurance agent or contact us. The most detailed description of benefits, exclusions and restrictions can be found in the following publications which are issued upon initial enrollment or at renewal for Anthem HealthKeepers plans. If you have questions, please contact your agent, Group Administrator, or member services: Group Enrollment Agreement - HK-GEA (1/17), H-INTRO-HK (1/17), H-TOC (1/15), H-SB-HMD (1/17), H-SB-PDS (1/17), H-SB-LUM (1/17), HK-WORKS-HK (1/17), H-COVERED-HK (1/17), H-EXCL (1/17), H-CLAIMS-HK (1/17), H-ENR (1/17), H-COB (1/16), H-INFO-HK (1/17), H-RIGHTS (1/17), H-DEF-HK (1/17), H-EXH-A (1/17), H-INDEX (1/14), H-ENDS (1/17) Enrollment applications used for Anthem HealthKeepers: 490773 (7/15) This is not a contract or policy. This brochure is not a contract with Anthem HealthKeepers offered by HealthKeepers, Inc. If there is any difference between this brochure and the Evidence of Coverage, Summaries of Benefits, and related Amendments, the provisions of the Evidence of Coverage, Summaries of Benefits and related Amendments will govern. For more information, please call Member Services at 800-421-1880. Member Services may also be contacted at PO Box 26623 Richmond, VA 23261-0031 Life and Disability products underwritten by Anthem Life Insurance. HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

The most detailed description of benefits, exclusions and restrictions can be found in the following publications which are issued upon initial enrollment or at renewal for KeyCare or Lumenos plans. If you have questions, please contact your agent, Group Administrator, or member services at 800-451-1527 or 804-358-1551 if calling from the Richmond area: Group Policy GP-1 (7/02), GP-TOC, GP-ELIG (1/14) and GP-GEN (1/17), PP-INTRO (1/17), P-TOC (1/15), P-SB6 (1/17), P-SB7 (1/17), P-WORKS (1/17), P-COVERED (1/17), P-EXCL (1/17), P-CLAIMS (1/17), P-COB (1/16), P-ENR (1/15), P-ENDS (1/17), P-INFO (1/17), P-RIGHTS (1/17), P-DEF (1/17), P-EXH-A (1/17), P-INDEX (1/14). Enrollment application used for these plans: 490773 (7/15). This is not a contract or policy. This brochure is not a contract with Anthem Blue Cross and Blue Shield. It is a summary of benefits available through Anthem KeyCare offered by Anthem Blue Cross and Blue Shield. If there is any difference between this brochure and the group policy, the provisions of the group policy will govern. Anthem Blue Cross and Blue Shield's service area for the sale of its policies is the Commonwealth of Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123. However, Anthem Blue Cross and Blue Shield's provider networks include doctors, hospitals and other health care professionals located in those areas and in other contiguous regions outside of the Anthem Blue Cross and Blue Shield service area. Life and Disability products underwritten by Anthem Life Insurance Company. For more information, please call Member Services at 800-451-1527 or 804-358-1551 from the Richmond calling area. Member Services may also be contacted at P.O. Box 27401 Richmond, VA 23279-7401.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
AGENDA ITEM REPORT**

AGENDA ITEM: November 2018 Bills
ITEM TYPE: Consent Agenda
PURPOSE OF ITEM: Decision - By Motion
PRESENTER: Melissa Lewis, towntreasurer@townofbowlinggreen.com
PHONE: (804) 633-6212

BACKGROUND / SUMMARY:

Invoices for items purchased and services rendered in November 2018

ATTACHMENTS:

Check Reports:

- 11/09/18
- 11/16/18
- 11/23/18
- 11/30/18

REQUESTED ACTION:

Approve invoices.

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TR	ACCT#	VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
23930		47	CAROLINE GARAGE	000	11/09/2018	102.96	.00
23931		10	DOMINION VIRGINIA POWER	000	11/09/2018	5,335.18	.00
23932		28	G & G MILFORD FARM SERV.	000	11/09/2018	206.30	.00
23933		237	GRATINGER	000	11/09/2018	39.80	.00
23934		1021	MUNICIPAL CODE CORP	000	11/09/2018	2,020.00	.00
23935		999999	PECK REESE	000	11/09/2018	402.21	.00
23936		880	REID ENGINEERING CO INC	000	11/09/2018	2,947.98	.00
23937		75	SYDNOR HYDRO INC	000	11/09/2018	45,950.90	.00
23938		12	WASTE MANAGEMENT	000	11/09/2018	7,047.07	.00
23939		902	WBOB/WFVA RADIO	000	11/09/2018	1,550.00	.00
			CLASS TOTAL			65,602.40	.00
			ACH TOTAL			.00	
			CHECK TOTAL			65,602.40	
			FINAL TOTAL			65,602.40	.00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 65,602.40 - EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

ENDOR NO.	VENDOR NAME	INVOICE NO.	INVOICE DATE	A/P ACCEL	ACCOUNT NO.	NET AMOUNT	CHECK NO.	ACH PMT	ACH ACH	G/L ACCOUNT DESC.	BATCH INV. DESCRIPTION
00000 000047	CAROLINE GABRAGE	22672	11/09/2018		4100-043100-3311-	34.32	23930			VEHICLE MAINT	00698 01 GMC ST INS & BUL
00000 000047		22672	11/09/2018		4500-500100-3311-	34.32	23930			VEHICLE MAINTENANCE	00698 01 GMC ST INS & BUL
00000 000047		22672	11/09/2018		4520-500100-3311-	34.32	23930			VEHICLE MAINTENANCE	00698 01 GMC ST INS & BUL
	DISC. TOTAL					102.96					
						.00					
00000 000010	DOMINION VIRGINIA POWER	2018-10	11/09/2018		4100-043100-7200-	338.37	23931			TOWN HALL EXPENSES	00698 TH
00000 000010		2018-10	11/09/2018		4100-043100-5110-	1,670.96	23931			ELECTRICITY-STREETLIGHTS	00698 STREETLIGHTS
00000 000010		2018-10	11/09/2018		4100-043100-5110-	59.19	23931			ELECTRICITY-STREETLIGHTS	00698 MAIN ST ST LITERS
00000 000010		2018-10	11/09/2018		4100-031100-5110-	81.56	23931			ELECTRICITY	00698 PC
00000 000010		2018-10	11/09/2018		4500-500100-5110-	106.23	23931			ELECTRICITY	00698 BUTLER GRAND TNK
00000 000010		2018-10	11/09/2018		4500-500100-5110-	530.67	23931			ELECTRICITY	00698 WELL #5
00000 000010		2018-10	11/09/2018		4500-500100-5110-	325.88	23931			ELECTRICITY	00698 BUT/CHASE WTR TOWER
00000 000010		2018-10	11/09/2018		4520-500100-5110-	77.04	23931			ELECTRICITY	00698 SCHOOL RD PMP STAT
00000 000010		2018-10	11/09/2018		4520-500100-5110-	30.00	23931			ELECTRICITY	00698 ROGER CK PMP STAT
00000 000010		2018-10	11/09/2018		4520-500100-5110-	2,021.59	23931			ELECTRICITY	00698 WMP
00000 000010		2018-10	11/09/2018		4520-500100-5110-	67.68	23931			ELECTRICITY	00698 CHASE PMP STAT
00000 000010		2018-10	11/09/2018		4520-500100-5110-	26.01	23931			ELECTRICITY	00698 LACY LN PMP STAT
	DISC. TOTAL					5,335.18					
						.00					
00000 000028	G & G MILFORD FARM SERV.	175816	11/09/2018		4100-043100-6009-	60.95	23932			EQUIPMENT/ SUPPLIES	00698 TRIMMER
00000 000028		176004	11/09/2018		4100-043100-6009-	32.85	23932			EQUIPMENT/ SUPPLIES	00698 SHOP PARTS & LABOR
00000 000028		176123	11/09/2018		4400-071200-1210-	112.50	23932			HARVEST FESTIVAL	00698 STRAW
	DISC. TOTAL					206.30					
						.00					
00000 000237	GAININGER	9909387327	11/09/2018		4520-500100-6007-	39.80	23933			REPAIR/ MAINTENANCE	00698 ADAPTER MALE 3IN
	DISC. TOTAL					39.80					
						.00					
00000 001021	MUNICIPAL CODE CORP	00319451	11/09/2018		4100-012110-3152-	2,020.00	23934			WEB BASED SERVICES	00698 LEGAL MANUSCRIPT
	DISC. TOTAL					2,020.00					
						.00					
00000 999999	BECK REESE	2018-11	11/09/2018		4100-012110-3000-	402.21	23935			TOWN MANAGER EXPENSES	00698 MILEAGE
	DISC. TOTAL					402.21					
						.00					
00000 000880	REID ENGINEERING CO INC	1018	11/09/2018		4300-300100-8700-	2,947.98	23936			REFINANCING AND USDA PROJECTS	00698 ENGINEERING SERVICE
	DISC. TOTAL					2,947.98					
						.00					
00000 000075	SYDNOR HYDRO INC	39304	11/09/2018		4500-500100-6050-	39,280.00	23937			METER/FIRE HYDRANTS	00698 FIRE HYDRANT REPLACE
00000 000075		39313	11/09/2018		4500-500100-6007-	2,475.00	23937			REPAIR/MAINTENANCE	00698 MAIN ST WATER LEAK
00000 000075		39314	11/09/2018		4500-500100-6007-	1,615.90	23937			REPAIR/MAINTENANCE	00698 GILL ST & MAIN ST
00000 000075		39315	11/09/2018		4500-500100-6007-	2,580.00	23937			REPAIR/MAINTENANCE	00698 GILL ST & MAIN
	DISC. TOTAL					45,950.90					
						.00					
00000 000012	WASTE MANAGEMENT	267764202813	11/09/2018		4520-500100-3320-	83.99	23938			PROFESSIONAL SERVICES	00698 WMP
00000 000012		267802402813	11/09/2018		4100-043100-7130-	1,228.12	23938			REFUSE COLLECTION	00698 DUMPSTER
00000 000012		33166924245	11/09/2018		4100-043100-7130-	5,734.96	23938			REFUSE COLLECTION	00698 RESIDENTS
	DISC. TOTAL					7,047.07					
						.00					
00000 000902	WBQB/WFVA RADIO	3672-00007-0000	11/09/2018		4400-071200-1210-	1,550.00	23939			HARVEST FESTIVAL	00698 HARVEST FESTIVAL
	DISC. TOTAL					1,550.00					
						.00					
						65,602.40					
						.00					
						65,602.40					
						.00					
						65,602.40					

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 THE TOTAL 65,602.40 - EQUALS THE WEEKLY LOS SHEET TOTALS AS ADJUSTED.

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PK#	VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
23940	944	ATLANTIC BROADBAND /	000	11/16/2018	189.40	.00
23941	679	DAVID L BROOKS HAULING &	000	11/16/2018	69.96	.00
23942	999999	DEAVERS BILLY	000	11/16/2018	138.24	.00
23943	850	HAUN DAWN	000	11/16/2018	75.00	.00
23944	48	MID-ATLANTIC LAB	000	11/16/2018	60.00	.00
23945	1015	RED BUD SUPPLY INC	000	11/16/2018	265.56	.00
23946	991	RGS&S COMMERCIAL CLEANING	000	11/16/2018	289.00	.00
23947	659	SOSMETAL PRODUCTS INC	000	11/16/2018	63.80	.00
23948	75	SYDOR HYDRO INC	000	11/16/2018	2,520.12	.00
23949	148	THE FREE LANCE STAR	000	11/16/2018	1,238.13	.00
23950	291	USA BLUE BOOK	000	11/16/2018	566.24	.00
23951	44	VUPS	000	11/16/2018	50.40	.00
23951	451	XEROX CORPORATION	000	11/16/2018	249.08	.00
		CLASS TOTAL			5,774.93	.00
		ACH TOTAL			.00	
		CHECK TOTAL			5,774.93	
		FINAL TOTAL			5,774.93	.00

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 THE TOTAL 5,774.93- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

P. NO.	ROOM NO.	VENDOR NAME	INVOICE NO.	INVOICE DATE	A/P ACCTL	ACCOUNT NO.	NET AMOUNT	CHECK NO.	ACH AMT	ACH PMT	G/L ACCOUNT	BATCH INV. DESCRIPTION
00000	000944	ATLANTIC BROADBAND /	2018-11	11/16/2018		4100-012410-5230-	118.20	23940			TELECOMMUNICATIONS	00700 TH
00000	000944		2018-11	11/16/2018		4520-500100-5230-	71.20	23940			TELECOMMUNICATIONS	00700 WWTTP
		DISC. TOTAL					.00					
00000	000679	DAVID L BROOKS HAULING & 21585		11/16/2018		4520-500100-6004-	69.96	23941			LAB SUPPLIES/CHEMICALS	00700 HAULING SAND TO WWTTP
		DISC. TOTAL					.00					
00000	999999	DEAVERS BILLY	20181116	11/16/2018		4500-500100-5540-	138.24	23942			EDUCATION/TRAINING/LICENSES	00700 MILEAGE TO CLASS
		DISC. TOTAL					.00					
00000	000850	HAUN DAWN		11/16/2018		4400-071200-1250-	75.00	23943			PARADE/HOLIDAY EVENTS	00700 CHRISTMAS PARADE
		DISC. TOTAL					.00					
00000	000048	MID-ATLANTIC LAB		11/16/2018		4500-500100-6022-	60.00	23944			WATER TESTING	00700 24 HR TEST
		DISC. TOTAL					.00					
00000	001015	RED BUD SUPPLY INC		11/16/2018		4520-500100-6030-	265.56	23945			PLANT & LAB SUPPLIES/CHEMICALS	00700 SAFETY GLOVES
		DISC. TOTAL					.00					
00000	000991	RGSAS COMMERCIAL CLEANING 1446		11/16/2018		4100-043100-7200-	289.00	23946			TOWN HALL EXPENSES	00700 2018-10
		DISC. TOTAL					.00					
00000	000659	SOSMETAL PRODUCTS INC		11/16/2018		4520-500100-6030-	63.80	23947			PLANT & LAB SUPPLIES/CHEMICALS	00700 DURA FLOCK
		DISC. TOTAL					.00					
00000	000075	SYDNOR HYDRO INC		11/16/2018		4500-500100-6007-	1,527.11	23948			REPAIR/MAINTENANCE	00700 115 DAVIS CT
		DISC. TOTAL				4500-500100-6007-	993.01	23948			REPAIR/MAINTENANCE	00700 17089 BLM ST
		DISC. TOTAL					.00					
00000	000148	THE FREE LANCE STAR		11/16/2018		4400-071200-1210-	1,238.13	23949			HARVEST FESTIVAL	00700 ADS
		DISC. TOTAL					.00					
00000	000291	USA BLUE BOOK		11/16/2018		4520-500100-6030-	566.24	23950			PLANT & LAB SUPPLIES/CHEMICALS	00700 SETTLING AGENT
		DISC. TOTAL					.00					
00000	000044	VUPS		11/16/2018		4500-500100-5899-	50.40	23951			MISS UTILITY COSTS	00700 TRANSMISSIONS
		DISC. TOTAL					.00					
00000	000451	XEROX CORPORATION		11/16/2018		4100-012410-3310-	249.08	23952			OFFICE EQUIPMENT	00700 2018-10
		DISC. TOTAL					.00					
		DISC. TOTAL					.00					
		DISC. TOTAL					.00					
		DISC. TOTAL					.00					

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 THE TOTAL 5,774.93 - EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE

TOWN MANAGER

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CHK#	VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
23955	1039	BIG DOG AUTOMOTIVE, LLC	000	11/23/2018	394.39	.00
23956	764	BLUE TARP FINANCIAL	000	11/23/2018	51.28	.00
23957	341	DOMINION CHEMICAL CO	000	11/23/2018	345.00	.00
23958	546	JOHNSON'S EXTERMINATING	000	11/23/2018	925.00	.00
23959	1040	KELVIC CONSTRUCTION CO	000	11/23/2018	98,281.65	.00
23960	999999	MONROE REGINA	000	11/23/2018	150.00	.00
23961	1021	MUNICIPAL CODE CORP	000	11/23/2018	3,400.00	.00
23962	11	RAPPAHANNOCK ELEC COOP	000	11/23/2018	111.33	.00
23963	13	SHELL FLEET PLUS	000	11/23/2018	1,079.39	.00
23964	999999	WARNER ALICIA	000	11/23/2018	118.37	.00
23965	863	WILLIAMS MULLEN	000	11/23/2018	10,301.00	.00
		CLASS TOTAL			115,157.41	.00
		ACH TOTAL			.00	
		CHECK TOTAL			115,157.41	
		FINAL TOTAL			115,157.41	.00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 115,157.41 EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

ENDOR NO.	VENDOR NAME	INVOICE NO.	INVOICE DATE	A/P ACCT#	ACCOUNT NO.	NET AMOUNT	CHECK NO.	ACH PMT	G/L ACCOUNT	BATCH INV. DESCRIPTION
00000 001039	BIG DOG AUTOMOTIVE, LLC	1049	11/23/2018		4100-043100-3311-	131.46	23955		VEHICLE MAINT	00703 04 INTERNATIONAL
00000 001039		1049	11/23/2018		4500-500100-3111-	131.46	23955		VEHICLE MAINTENANCE	00703 04 INTERNATIONAL
00000 001039		1049	11/23/2018		4520-500100-3111-	131.47	23955		VEHICLE MAINTENANCE	00703 04 INTERNATIONAL
	DISC. TOTAL					394.39		TOTAL		
00000 000764	BLUE TARP FINANCIAL	41152231	11/23/2018		4100-043100-6007-	17.09	23956		REPAIR/ MAINT TOWN BUILDINGS	00703 TIRES POWER WASHER
00000 000764		41152231	11/23/2018		4500-500100-6007-	17.09	23956		REPAIR/MAINTENANCE	00703 TIRES POWER WASHER
00000 000764		41152231	11/23/2018		4520-500100-6007-	17.10	23956		REPAIR/ MAINTENANCE	00703 TIRES POWER WASHER
	DISC. TOTAL					.00		TOTAL		
00000 000341	DOMINION CHEMICAL CO	37000082	11/23/2018		4500-500100-6021-	345.00	23957		TESTING SUPPLIES/CHEMICALS	00703 SODIUM HYPOCHLORITE
	DISC. TOTAL					.00		TOTAL		
00000 000546	JOHNSON'S EXTERMINATING	20181123	11/23/2018		4100-043100-7200-	925.00	23958		TOWN HALL EXPENSES	00703 CLEAN UP BREAK DOWN
	DISC. TOTAL					.00		TOTAL		
00000 001040	KELVIC CONSTRUCTION CO	1	11/23/2018		4300-300100-8700-	98,281.65	23959		REFINANCING AND USDA PROJECTS	00703 SEWER PROJECT
	DISC. TOTAL					.00		TOTAL		
00000 999999	MONROE REGINA	THDR 2018-11-10	11/23/2018		100-000200-3500-	150.00	23960		REFUNDS PAYABLE	00703 THDR 2018-11-10
	DISC. TOTAL					.00		TOTAL		
00000 001021	MUNICIPAL CODE CORP	00320417	11/23/2018		4100-012110-3152-	3,400.00	23961		WEB BASED SERVICES	00703 WEBSITE
	DISC. TOTAL					.00		TOTAL		
00000 000011	RAPPANNOCK ELEC COOP	2018-10	11/23/2018		4100-043100-5110-	77.01	23962		ELECTRICITY-STREETLIGHTS	00703 CEDAR LN WAREHOUSE
00000 000011		2018-10	11/23/2018		4500-500100-5110-	1.71	23962		ELECTRICITY	00703 WEL # 4
00000 000011		2018-10	11/23/2018		4500-500100-5110-	102.04	23962		ELECTRICITY	00703 TRANS CEDAR LN
00000 000011		2018-10	11/23/2018		4500-500100-5110-	21.76	23962		ELECTRICITY	00703 WATER TOWER LITE
00000 000011		2018-10	11/23/2018		4520-500100-5110-	25.75	23962		ELECTRICITY	00703 OAK RIDGE PMP STAT
00000 000011		2018-10	11/23/2018		4520-500100-5110-	87.14	23962		ELECTRICITY	00703 LAKEWOOD PMP STAT
	DISC. TOTAL					.00		TOTAL		
00000 000013	SHELL FLEET PLUS	9806811	11/23/2018		4100-031100-6008-	350.73	23963		VEHICLE FUEL/OIL	00703 PC
00000 000013		9806811	11/23/2018		4100-043100-6008-	242.88	23963		VEHICLE FUEL/ OIL	00703 PW
00000 000013		9806811	11/23/2018		4500-500100-6008-	242.89	23963		VEHICLE FUEL/OIL	00703 WATER
00000 000013		9806811	11/23/2018		4520-500100-6008-	242.89	23963		VEHICLE FUEL & OIL	00703 SEWER
	DISC. TOTAL					1,079.39		TOTAL		
00000 999999	WARRNER ALICIA	20181123	11/23/2018		4100-043100-5540-	39.45	23964		EDUCATION/ TRAINING	00703 LEADERSHIP MILEAGE
00000 999999		20181123	11/23/2018		4500-500100-5540-	39.46	23964		EDUCATION/TRAINING/LICENSES	00703 LEADERSHIP MILEAGE
00000 999999		20181123	11/23/2018		4520-500100-5540-	39.46	23964		EDUCATION/TRAINING/LICENSE/ PBO0703	00703 LEADERSHIP MILEAGE
	DISC. TOTAL					.00		TOTAL		
00000 000863	WILLIAMS MILLER	2018-09	11/23/2018		4320-032100-0100-	5,068.50	23965		EDA LOANS AND GRANTS	00703 HOTEL DEVELOPMENTS
00000 000863		2018-10	11/23/2018		4320-032100-0100-	5,232.50	23965		EDA LOANS AND GRANTS	00703 HOTEL DEVELOPMENT
	DISC. TOTAL					.00		TOTAL		
	DISC. TOTAL					10,301.00		TOTAL		
	DISC. TOTAL					.00		TOTAL		
	DISC. TOTAL					115,157.41		TOTAL		
	DISC. TOTAL					.00		TOTAL		
	DISC. TOTAL					115,157.41		TOTAL		

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 115,157.41- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

121

23966
23967
23968
23969
23970
23971

VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
179	LUCK STONE CORPORATION	000	11/30/2018	398.25	.00
1041	MASTINS ROOFING & CONST	000	11/30/2018	26,500.00	.00
651	MVP AWARDS	000	11/30/2018	1,113.00	.00
1042	OMNIGO SOFTWARE	000	11/30/2018	2,888.00	.00
291	USA BLUE BOOK	000	11/30/2018	211.90	.00
256	VERIZON WIRELESS	000	11/30/2018	40.01	.00
	CLASS TOTAL			31,151.16	.00
	ACH TOTAL			.00	
	CHECK TOTAL			31,151.16	
	FINAL TOTAL			31,151.16	.00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 31,151.16- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

ENDOR NO.	VENDOR NAME	INVOICE NO.	INVOICE DATE	A/P ACCHL	ACCOUNT NO.	NET AMOUNT	CHECK NO.	ACH PMT	ACH AMOUNT	G/L ACCOUNT DESC.	BATCH INV. DESCRIPTION
00000	LUCK STONE CORPORATION	IV100951696	11/30/2018		4520-500100-6007-	398.25	23966	TOTAL	398.25	REPAIR/ MAINTENANCE	00704 SAND FOR WWTP
	DISC. TOTAL					.00			.00		
00000	MASTINS ROOFING & CONST	2018	11/30/2018		4300-300100-8600-	26,500.00	23967	TOTAL	26,500.00	GENERAL	00704 ROOF ON TOWN HALL
	DISC. TOTAL					.00			.00		
00000	WVP AWARDS	16580	11/30/2018		4400-071200-1210-	1,113.00	23968	TOTAL	1,113.00	HARVEST FESTIVAL	00704 TROPHIES
	DISC. TOTAL					.00			.00		
00000	OMNIGO SOFTWARE	12018-15814	11/30/2018		4100-012110-3152-	2,888.00	23969	TOTAL	2,888.00	WEB BASED SERVICES	00704 SOFTWARE FOR PC
	DISC. TOTAL					.00			.00		
00000	USA BLUE BOOK	736534	11/30/2018		4520-500100-6030-	211.90	23970	TOTAL	211.90	PLANT & LAB SUPPLIES/CHEMICAL	00704 SETTILING AGENT
	DISC. TOTAL					.00			.00		
00000	VERIZON WIRELESS	9818069572	11/30/2018		4100-031100-5230-	40.01	23971	TOTAL	40.01	TELECOMMUNICATIONS	00704 PC
	DISC. TOTAL					.00			.00		
	CHECK TOTAL					31,151.16		TOTAL	31,151.16		
	CHECK TOTAL					.00		TOTAL	.00		

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 31,151.16- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____



TOWN OF BOWLING GREEN TOWN COUNCIL MEETING AGENDA ITEM REPORT

AGENDA ITEM: Town Council Meeting Minutes November 1, 2018

ITEM TYPE: Consent Agenda

PURPOSE OF ITEM: Decision - By Motion

PRESENTER: Melissa Lewis, towntreasurer@townofbowlinggreen.com

PHONE: (804) 633-6212

BACKGROUND / SUMMARY:

Transcribed Minutes from the November 1, 2018 Town Council Meeting.

ATTACHMENTS:

Minutes and bills approved at the 11/1/18 meeting

REQUESTED ACTION:

Approve Minutes.

**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING**

MINUTES

**Thursday, November 01, 2018
7:00 PM**

CALL TO ORDER AND QUORUM ESTABLISHED:

The Mayor called the meeting to order at 7:00 P.M. and noted a quorum was present.

PRESENT

Mayor Jason Satterwhite
Vice-Mayor Glenn McDearmon
Council Member Otis Wright
Council Member Mark Gaines
Council Member Mary Frances Coleman
Council Member Jean Davis
Council Member Tyler Gibson
Council Member Valarie Coyle

DELEGATIONS:

There were no Delegations.

PUBLIC COMMENTS:

There were no Public Comments.

STAFF REPORTS & PRESENTATIONS:

The following staff reports were noted:

Police Department Monthly Report to Council October 2018
Public Works and Utilities Monthly Report to Council October 2018
Events Coordinator Council Monthly Report for October 2018
Town Clerk/Treasurer's Monthly Report to Council October 2018
Town Manager Monthly Report to Council October 2018

CONSENT AGENDA:

Bills - October 2018 – Attached to these minutes
Town Council Meeting Minutes – October 4, 2018
Part-Time Office Assistant Pay Range Adjustment
Proposed Budget Transfers
Budget Amendment

Motion made by Council Member Gibson, Seconded by Council Member Coyle to approve the consent agenda as presented and to set a Public Hearing date of December 6, 2018 for the proposed Budget Amendment.

Voting Yea: Vice-Mayor McDearmon, Council Member Wright, Council Member Gaines, Council Member Coleman, Council Member Davis, Council Member Gibson, Council Member Coyle
Voting Abstaining: Mayor Satterwhite

NEW BUSINESS:

Health Insurance Proposal - the Town Manager asked Council to consider allowing the Town's staff to join Caroline County's health insurance plan beginning with the County's 2019 renewal period.

Motion made by Council Member Gaines, Seconded by Council Member Gibson to authorize staff to submit a letter to Caroline County formally asking for their consideration in allowing the Town staff to join the County health insurance.
Voting Yea: Vice-Mayor McDearmon, Council Member Wright, Council Member Gaines, Council Member Coleman, Council Member Davis, Council Member Gibson, Council Member Coyle.

Property Management Memorandum of Understanding - the Town Manager asked Council to authorize staff to develop a draft MOU with Caroline County that would allow County staff to carry out property maintenance responsibilities under the State's Uniform Building Code.

Motion made by Vice-Mayor McDearmon, Seconded by Council Member Wright to authorize staff to develop a draft MOU with Caroline County and present to the Facilities Committee for recommendation before being presented to Council.
Voting Yea: Vice-Mayor McDearmon, Council Member Wright, Council Member Gaines, Council Member Coleman, Council Member Davis, Council Member Gibson, Council Member Coyle

REPORT OF COUNCIL COMMITTEES/MEMBER COMMENTS:

Glenn McDearmon – Mr. McDearmon stated that the Public Information meeting held on October 26 on the sewer line replacement project had a good turnout of citizens and that the replacement of fire hydrants was complete. He also noted that the EDA had met in October.

Otis Wright – had no comments.

Mark Gaines – Mr. Gaines stated that he had attended a seminar on the financial aspect of Water Operations with the Town Manager. He said that he found it to be very informative.

Mary Frances Coleman – had no comments.

Jean Davis – Ms. Davis noted that she and Ms. Coleman had attended a RASCB event and reminded Council of the upcoming "Bring your Legislators to School Day."

Valarie Coyle - had no comments.

Tyler Gibson – had no comments.

Jason Satterwhite, Mayor – Mr. Satterwhite stated that he, Vice Mayor McDearmon, EDA member David Storke, and the Town Manager met with the Commander and other representatives of Fort A.P. Hill.

INFORMATIONAL ITEMS:

Groundwater Withdrawal Permit - the Town Manger informed Council that the Town had recently been issued its permit governing groundwater withdrawal for the next ten years. He noted that under the conditions of the permit, the State requires the Town to abandon one well, raise its pumps in two remaining wells, and drill a replacement well within the next seven years.

ADJOURNMENT

On motion made by Vice-Mayor McDearmon, Seconded by Council Member Davis Council voted unanimously to adjourn the meeting at 7:50 P.M.

127

23841 1033 BOBCAT OF RICHMOND CLASS 000 10/05/2018 47,697.30 .00
 CLASS TOTAL 47,697.30 .00
 ACH TOTAL .00
 CHECK TOTAL 47,697.30
 FINAL TOTAL 47,697.30 .00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 47,697.30- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

ACCT#	VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
23845	1036	ANDREWS MICHAEL	000	10/12/2018	500.00	.00
23846	944	ATLANTIC BROADBAND /	000	10/12/2018	182.90	.00
23847	117	BAI MUNICIPAL SOFTWARE	000	10/12/2018	400.00	.00
23848	477	BEAZLEY A W	000	10/12/2018	600.00	.00
23849	999999	BEAZLEY JUDY	000	10/12/2018	193.49	.00
23850	119	BOWLING GREEN FIRE DEPT	000	10/12/2018	11,000.00	.00
23851	1037	BUCKLEY ANTHONY	000	10/12/2018	700.00	.00
23852	621	CAROLINE COUNTY	000	10/12/2018	600.00	.00
23853	1009	CAROLINE COUNTY HIGH	000	10/12/2018	500.00	.00
23854	47	CAROLINE COUNTY GARAGE	000	10/12/2018	47.94	.00
23855	500	CARTER MACHINERY CO INC	000	10/12/2018	147.41	.00
23856	865	CASH	000	10/12/2018	800.00	.00
23857	592	CHAD NEAL-LEADER	000	10/12/2018	550.00	.00
23858	1035	CHENAULT FRANKIE	000	10/12/2018	600.00	.00
23859	550	COLEMAN WICK	000	10/12/2018	100.00	.00
23860	10	DOMINION VIRGINIA POWER	000	10/12/2018	6,050.30	.00
23861	636	ENVIRONMENTAL RESOURCE	000	10/12/2018	155.12	.00
23862	805	FRENCH BILL	000	10/12/2018	500.00	.00
23863	931	HERDICK MICHAEL	000	10/12/2018	1,000.00	.00
23864	546	JOHNSON'S EXTERMINATING	000	10/12/2018	375.00	.00
23865	846	LAWHORNE RIK	000	10/12/2018	350.00	.00
23866	416	MAIN STAGE PRODUCTIONS	000	10/12/2018	2,400.00	.00
23867	519	MILFORD STATION	000	10/12/2018	600.00	.00
23868	257	ON SITE PC	000	10/12/2018	1,915.97	.00
23869	659	SOMETAL PRODUCTS INC	000	10/12/2018	300.59	.00
23870	1034	SPIMAN THOMAS & BATTLE	000	10/12/2018	9,000.00	.00
23871	148	THE FREE LANCE STAR	000	10/12/2018	34.00	.00
23872	861	THE UPS STORE #6358	000	10/12/2018	330.00	.00
23873	1038	VA EAGLE DISTRIBUTING	000	10/12/2018	1,950.00	.00
23874	728	VML INSURANCE	000	10/12/2018	51.45	.00
23875	44	VUBS	000	10/12/2018	43,085.17	.00
		CLASS TOTAL			43,085.17	.00
		ACH TOTAL			.00	
		CHECK TOTAL			43,085.17	
		FINAL TOTAL			43,085.17	.00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 43,085.17 EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

CHK#	VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
23878	843	CAROLINE COUNTY PUBLIC	000	10/25/2018	321.00	.00
23879	500	CARTER MACHINERY CO INC	000	10/25/2018	8,679.95	.00
23880	813	FOLEY HEATHER, CPA	000	10/25/2018	5,000.00	.00
23881	55	GALL'S LLC	000	10/25/2018	745.14	.00
23882	280	KUSTOM SIGNALS INC	000	10/25/2018	266.33	.00
23883	48	MID-ATLANTIC LAB	000	10/25/2018	410.00	.00
23884	257	ON SITE PC	000	10/25/2018	117.50	.00
23885	11	RAPPAHANNOCK ELEC COOP	000	10/25/2018	481.73	.00
23886	13	SHELL FLEET PLUS	000	10/25/2018	941.07	.00
23887	659	SOSMETAL PRODUCTS INC	000	10/25/2018	177.60	.00
23888	949	ULINE	000	10/25/2018	320.22	.00
23889	291	USA BLUE BOOK	000	10/25/2018	208.66	.00
23890	1002	VACORP	000	10/25/2018	116.79	.00
23891	256	VERIZON WIRELESS	000	10/25/2018	40.01	.00
23892	863	WILLIAMS MULLEN	000	10/25/2018	5,572.59	.00
		CLASS TOTAL			23,398.59	.00
		ACH TOTAL			.00	
		CHECK TOTAL			23,398.59	
		FINAL TOTAL			23,398.59	.00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 23,398.59- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

10/25/2018 TOWN OF BOWLING GREEN A/P CHECK REGISTER
 14:10:22 Check Date - 10/25/2018

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CHK#	VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
23893	13	SHELL FLEET PLUS	000	10/25/2018	266.33	.00
					266.33	.00
					.00	
					266.33	
					266.33	.00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 266.33- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____ TOWN MANAGER _____

K#	VEND#	VENDOR	CLASS	DATE	AMOUNT	DISCOUNT
23894	18	A & M HOME CENTER	000	11/02/2018	111.17	.00
23895	18	A & M HOME CENTER	000	11/02/2018	122.60	.00
23896	644	BMS DIRECT	000	11/02/2018	635.25	.00
23897	429	CAROLINE COUNTY SHERIFF'S	000	11/02/2018	960.00	.00
23898	865	CASH	000	11/02/2018	68.99	.00
23899	897	CINTAS CORPORATION	000	11/02/2018	27.43	.00
23900	14	CINTAS OF RICHMOND	000	11/02/2018	482.36	.00
23901	234	ENVIROCOMPLIANCE LAB INC	000	11/02/2018	1,290.00	.00
23902	234	ENVIROCOMPLIANCE LAB INC	000	11/02/2018	650.00	.00
23903	648	ERARD ANDREA G	000	11/02/2018	1,667.00	.00
23904	28	G & G MILLFORD FARM SERV.	000	11/02/2018	51.23	.00
23905	55	GALL'S LLC	000	11/02/2018	237.83	.00
23906	9999999	HARRIE BOBBY	000	11/02/2018	150.00	.00
23907	932	IBM CORPORATION	000	11/02/2018	854.59	.00
23908	898	JAMES MARY	000	11/02/2018	140.00	.00
23909	836	JOHN ALLISON	000	11/02/2018	70.00	.00
23910	546	JOHNSON'S EXTERMINATING	000	11/02/2018	1,540.00	.00
23911	743	LOCAL SERVICES	000	11/02/2018	1,280.00	.00
23912	725	MCGINLEY MICHELLE B	000	11/02/2018	1,105.00	.00
23913	515	MEMORABLE MOMENTS	000	11/02/2018	500.00	.00
23914	694	MSC EQUIPMENT INC	000	11/02/2018	544.86	.00
23915	919	PRO SHRED SECURITY	000	11/02/2018	45.00	.00
23916	918	STAPLES ADVANTAGE	000	11/02/2018	575.13	.00
23917	653	STEMMLE PLUMBING REPAIR	000	11/02/2018	4,625.00	.00
23918	75	SYDOR HYDRO INC	000	11/02/2018	9,649.22	.00
23919	861	THE UPS STORE #6358	000	11/02/2018	310.00	.00
23920	15	TREASURER OF VIRGINIA	000	11/02/2018	859.79	.00
23921	291	USA BLUE BOOK	000	11/02/2018	42.91	.00
23922	19	VACORP	000	11/02/2018	116.79	.00
23923	19	VERIZON	000	11/02/2018	323.56	.00
23924	256	VERIZON WIRELESS	000	11/02/2018	495.12	.00
23925	228	VIRGINIA DEPARTMENT OF	000	11/02/2018	100.00	.00
23926	930	WEBB EMILY	000	11/02/2018	280.00	.00
23927	878	WHITE OAK ELECTRIC	000	11/02/2018	30,782.40	.00
		CLASS TOTAL			59,693.23	.00
		ACH TOTAL			.00	
		CHECK TOTAL			59,693.23	
		FINAL TOTAL			59,693.23	.00

I HEREBY APPROVE THIS REGISTER FOR PAYMENT WITH EXCEPTIONS LISTED BELOW OR PREVIOUSLY DOCUMENTED.
 THE TOTAL 59,693.23- EQUALS THE WEEKLY LOG SHEET TOTALS AS ADJUSTED.

DATE _____

TOWN MANAGER _____



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
AGENDA ITEM REPORT**

AGENDA ITEM: R-2018-012 – In recognition of Council Member Coleman

ITEM TYPE: Action Item

PURPOSE OF ITEM: Decision - By Motion

PRESENTER: Reese Peck, townmanager@townofbowlinggreen.com

PHONE: (804) 633-6212

BACKGROUND / SUMMARY:

A Resolution recognizing Council Member Coleman for serving on Town Council

ATTACHMENTS:

R-2018-012

REQUESTED ACTION:

Adopt Resolution



A Resolution of the Bowling Green Town Council Commending Mary Frances Coleman for Her Service and Dedication to the Town of Bowling Green and its Governing Body

WHEREAS, Mary Frances Coleman has served on the Town Council of the Town of Bowling Green from July 1, 2010, until December 31, 2018; and

WHEREAS, Mary Frances Coleman was elected to serve by the citizens of the Town of Bowling Green from a group of excellent and highly qualified civic-minded residents of the Town of Bowling Green; and

WHEREAS, Mary Frances Coleman as chosen not to seek election to a new term as a member of Town Council; and

WHEREAS, Mary Frances Coleman, as is the case with all Town Council members, has given many hours of her time in service to the Town as a member of the Town Council; and

WHEREAS, Mary Frances Coleman has steadfastly represented the Town of Bowling Green with her reliable attendance at Town sponsored events; and

WHEREAS, Mary Frances Coleman, as a member of Town Council, has been involved in actions that have provided for the improvement of the Town, and actions that have benefitted the overall governance of the Town of Bowling Green, actions and activities that have made Bowling Green a better place in which to live and work;

Now Therefore, be it Resolved by the Town Council of the Town of Bowling Green,

THAT Mary Frances Coleman be commended for her service and dedication to the Town of Bowling Green and its Town Council; and

THAT the Town Council expresses its gratitude to Mary Frances Coleman for all her efforts and support, and wishes her well in all future endeavors.

Adopted this 6th day of December, 2018
by the Town Council of Bowling Green, Virginia

Honorable Jason E. Satterwhite



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
AGENDA ITEM REPORT**

AGENDA ITEM: R-2018-013 – In recognition of Council Member Gibson

ITEM TYPE: Action Item

PURPOSE OF ITEM: Decision - By Motion

PRESENTER: Reese Peck, townmanager@townofbowlinggreen.com

PHONE: (804) 633-6212

BACKGROUND / SUMMARY:

A Resolution recognizing Council Member Gibson for serving on Town Council

ATTACHMENTS:

R-2018-013

REQUESTED ACTION:

Adopt Resolution



A Resolution of the Bowling Green Town Council Commending Tyler Gibson for His Service and Dedication to the Town of Bowling Green and its Governing Body

WHEREAS, Tyler Gibson has served on the Town Council of the Town of Bowling Green from September 12, 2017, until December 31, 2018; and

WHEREAS, Tyler Gibson was appointed to serve by the Town Council of the Town of Bowling Green from a group of excellent and highly qualified civic-minded residents of the Town of Bowling Green; and

WHEREAS, Tyler Gibson, as is the case with all Town Council members, has given many hours of his time in service to the Town as a member of the Town Council; and

WHEREAS, Tyler Gibson has been instrumental in addressing many issues affecting the Town as a member of Town Council's Budget and Personnel committee; and

WHEREAS, Tyler Gibson, considering the future for Bowling Green and understanding that promoting industry and developing trade will allow the Town to thrive, serves as a member of the Economic Development Authority; and

WHEREAS, Tyler Gibson, as a member of Town Council, has been involved in actions that have provided for the improvement of the Town, and actions that have benefitted the overall governance of the Town of Bowling Green, actions and activities that have made Bowling Green a better place in which to live and work;

Now Therefore, be it Resolved by the Town Council of the Town of Bowling Green,

THAT Tyler Gibson be commended for his service and dedication to the Town of Bowling Green and its Town Council; and

THAT the Town Council expresses its gratitude to Tyler Gibson for all his efforts and support, and wishes him well in all future endeavors.

Adopted this 6th day of December, 2018
by the Town Council of Bowling Green, Virginia

Honorable Jason E. Satterwhite



**TOWN OF BOWLING GREEN
TOWN COUNCIL MEETING
AGENDA ITEM REPORT**

AGENDA ITEM: Billing of customers with multiple addresses on single meter

ITEM TYPE: Action Item

PURPOSE OF ITEM: Decision - By Motion

PRESENTER: Glenn McDearmon, glennmcdearmon@townofbowlinggreen.com

PHONE: (804) 633-6212

BACKGROUND / SUMMARY:

At the May 3, 2018 Town Council Meeting Council Member Davis asked Council to review and consider making an exception to Town Code Section 5-177 (A)(2) for the owner of a commercial property located at 100 S. Main Street that rented out the building to multiple tenants; the building is serviced by a single water meter. At that time, the request was sent to the facilities committee for review and recommendation.

At the June 7, 2018 meeting, Council Member Davis followed up on the request and staff was directed to conduct a study on the financial impact of sending a single bill for shared meters (attached).

At the August 2, 2018 meeting a second business owner came before Council to request an exception for multiple billing of a single shared meter. The Town Manager suggested that the issue be addressed during recodification of Town Code.

On October 4, 2018 at a meeting between Town Staff and the Town Attorney to discuss recodification, the Town Attorney pulled staff's recommendation of amendments to Town Code Section 5-177 (A)(2) to address the billing of shared meters for further review.

At this this time there has not been a follow up meeting set between staff and the attorney to discuss how Town Code Section 5-177 (A)(2) will be addressed. Council has requested that this issue be revisited.

ATTACHMENTS:

- Town Code Sections Section 5-169 and 5-177.
- Financial Analysis of shared meters.

REQUESTED ACTION:

Direct staff on what action to take.

Section 5-169. Separate connection and meter required; responsibility for payment of bills.

(a) Each individual residence or property shall be required to have a separate connection and meter unless otherwise authorized by the Town Council or an authorized Town official.

(b) There shall be a separate water meter for each residence or commercial establishment.

(c) When water is supplied by the Town through a single service line on which there is only one meter and such meter serves a building used in whole or in part for apartment or multiple-occupancy purposes, the owner shall file with the Town Clerk a written agreement stating to be responsible for the water rates incurred in connection with such building. Where separate service lines and meters are installed to apartments, Townhouse complexes or multiple-occupancy buildings, the Town may require the property owner or lessee to be responsible for the water bills.

Section 5-177. Rates for service within Town.

(a) Water rates for services within the Town shall be as follows:

(1) Water customers within the Town who are served by the waterworks of the Town shall be charged for water consumed between each bimonthly meter reading at the rate of \$24.80 for 5,000 gallons or less, plus the following rates for consumption per 1,000 gallons or fraction thereof in excess of 5,000 gallons

(2) Multiple-unit facilities. Water rates for multifamily dwellings and commercial facilities designed for occupancy by more than one business or commercial activity having fewer than one meter per unit shall be determined as if each dwelling unit or independent commercial unit therein receiving water service constituted a separate customer, regardless of the number of connections or meters serving such buildings or complex of buildings. The water rate for such buildings or complex of buildings not having separate water meters for each unit receiving water service shall be \$24.80 multiplied by the number of residential or independent commercial units served by each meter plus the applicable residential or commercial rate for each 1,000 gallons or fraction thereof for each unit over the total of 5,000 gallons.

Section 5-181. Complaints.

Any customer of water service having a complaint in connection with the assessment of charges shall report the same to the Town Manager, who shall adjust the same or refer the complaint to the Town Council.

Address	# Billed	Usage	W/S	Current Billing	Non-Split Billing	Difference	Note
AP Hill Blvd	20	100,000	W	1205.6	763.33	-442.27	Hill Mobile Home Park
120 E. Broaddus Ave	3	28,500	W/S	403.5	270.66	-132.84	Apartments
121 E. Broaddus Ave	5	12,600	W/S	544.1	166.61	-377.49	Apartments
125 E. Broaddus Ave	2	10,200	W/S	218.75	151.27	-67.48	Apartments
132 E. Broaddus Ave	2	7300	W	60.28	37.02	-23.26	Apartments
150 E. Broaddus Ave	2	20,800	W/S	300.92	175.31	-125.61	Gas Station/Restaurant
103 Chase Street/101 &103 N Main St	3	1,100	W/S	345.45	115.15	-230.30	Church & 2 Businesses (1 vacant) - average
111 Chase St	4	1,300	W/S	460.6	115.15	-345.45	Welcome Lodge
153 Chase St (37-40)	4	5,390	W/S	435.28	109.84	-325.44	Courthouse Apartments
153 Chase St (41-44)	4	3,500	W/S	435.28	107.7	-327.58	Courthouse Apartments
153 Chase St (45-48)	4	13,700	W/S	435.28	156.27	-279.01	Courthouse Apartments
153 Chase St (49-52)	4	9,700	W/S	435.28	133.36	-301.92	Courthouse Apartments
153 Chase St (53-56)	4	6,200	W/S	435.28	114.25	-321.03	Courthouse Apartments
111/113 Courthouse Ln	2	1,100	W/S	230.3	115.15	-115.15	Attorneys Office
115/117 Courthouse Ln	2	15,700	W/S	267.1	183.2	-83.90	Dentist
150 Courthouse Ln (1-4)	4	10,300	W/S	435.28	136.72	-298.56	Courthouse Apartments
150 Courthouse Ln (5-8)	4	10,900	W/S	435.28	140.17	-295.11	Courthouse Apartments
150 Courthouse Ln (9-12)	4	13,200	W/S	435.28	153.4	-281.88	Courthouse Apartments
150 Courthouse Ln (13-16)	4	12,400	W/S	435.28	148.8	-286.48	Courthouse Apartments
150 Courthouse Ln (17-20)	4	6,100	W/S	435.28	113.71	-321.57	Courthouse Apartments
150 Courthouse Ln (21-24)	4	13,900	W/S	435.28	147.52	-287.76	Courthouse Apartments
150 Courthouse Ln (25-28)	4	16,700	W/S	435.28	173.53	-261.75	Courthouse Apartments
150 Courthouse Ln (29-32)	4	8,400	W/S	435.28	126.26	-309.02	Courthouse Apartments
133 Courthouse Ln	2	2,500	W	60.28	30.14	-30.14	Currently 1 vacant (average w/ minimum)
107/109/111 N Main St	3	2,000	W/S	145.45	115.15	-30.30	Currently vacant (average w/ minimum)
135 S. Main St	5	12,700	W/S	544.1	150.52	-393.58	Apartments
204 N. Main St.	5	6,800	W/S	575.75	125.42	-450.33	Office Building
218 N. Main St	2	2,000	W/S	222.15	115.15	-107.00	Commercial w/ apartment (apartment Vacant) - average
221 N. Main	2	5,900	W/S	247.07	119.7	-127.37	Office Building
117 N Main st	2	18,000	W/S	293.75	198.3	-95.45	Salon and Restaurant
210 Milford St	3	6,800	W/S	326.46	117.53	-208.93	Apartments
					Total Per billing cycle	-7,283.96	(based on July 1, 2018 billing)
					Total Annually	-43,703.76	
				Breakdown:			
					Commercial Annually	-\$10,446.00	
					Residential Annually	-\$33,257.76	