Enrolled Memorandum of the Meeting
Study Session/Meeting (In person)
Thirtieth Town Council of Highland
Monday, August 10, 2026

The Thirtieth Town Council of the Town of Highland, Lake County, Indiana met in a study session on **Monday, August 10, 2026,** at 8:00 o'clock P.M., in the regular place, the Highland Municipal Building, 3333 Ridge Road, Highland, Indiana.

**Pursuant to Enrolled House Bill 1167, this meeting is convened as an in person meeting and live streamed to the Town of Highland Facebook. Facebook permits the public to observe and record the proceedings but allows no interaction between and among the Town Council and members of the public. The public is able to participate in person. If you are in the audience and unwilling to be recorded and live streamed, we ask you to depart the meeting now, otherwise your continued presence is your consent to be recorded and live streamed.

*All Councilors were simultaneously seen and heard. Councilor George Georgeff, Councilor Doug Turich, Councilor Alex Robertson, Councilor Tom Black and Councilor Scheeringa all participated in person.

Silent Roll Call: Councilors George Georgeff, Doug Turich, Alex Robertson, Tom Black and Philip Scheeringa were present in person as indicated. Clerk-Treasurer, Mark Herak was present to memorialize the proceedings. *A quorum was attained.*

Officials Present: IT Director Ed Dabrowski, Redevelopment Director Maria Becerra and Fire Chief Glenn Schlesser, Metropolitan Police Ralph Potesta were in person.

x. **Discussion:** Appointments. None
Unless otherwise noted, all terms expire on the 1st Monday in January 2026 and or until a successor is appointed or qualified, not exceeding ninety (90) days.

- ***Statutory Boards and Commissions***
  Executive Appointments *(May be made in meeting or at another time)*

- ***Regional Statutory Appointments***

Home Rule Commissions or Boards

- ***Legislative Appointments***

- ***Regional Statutory Appointments***

- ***Home Rule Commissions or Boards***

Place Holders should the Council decide to take up:

1. **Main Street Bureau Board:** (17) appointments to be made by the Town Council. Term: Two years ending 1 Jan 2027. *Currently only 8 of 17 appointed.*
   (Note: Current Appointees are: Diane Barr-Roumbus, James Roumbus, Sandy McKnight, Al Simmons, Sandy Ray, Ben Tomera, and Desiree Biro, term ending 1st Monday January 2027).Term is for two (2) years.

x. Discussion: Renewal of Group Medical & Life Plans. Current provider, Aim Medical Trust (through United Health Care (UHC)) rates are proposed for renewal: Rates will be provided on Monday, August 10th and will be provided at the Council's study session. The 2027 decision is due by September 4, 2026 and with the Council's next meeting is August 24, 2026 and the one thereafter September 14, 2026.

The Clerk-Treasurer passed out the 2027 Final Aim Medical Trust Renew that arrived earlier in the day. Highland's rate came in 5.1% for medical. Vision and Life remain the same for another. Highland does not have their dental through AIM but MetLife. The 5.1% increase would increase Highland's PPO Plan 2 from $141,548 monthly or $1,698,580 to a monthly charge of $148,767 and an annual charge of $1,785, 207. The 5.1% increase would increase Highland's HDHP Plan 7 from $79,722 monthly or $956,667 to a monthly charge of $83,788 and an annual charge of $1,005,459. The Clerk-Treasurer had prepared for the Council an interactive spreadsheet, allowing the Council to put in the various plan amounts and see the effect on the bottom line. He had asked the Council to consider raising the deductible from $750 to $1,000 (Plan 3) which would save the Town roughly $16,000. He also asked the Council to change the current charge to employees from the 1%,2% and 3% of the employees salary to a straight percentage. Highland is the only community that does it this way. He suggested maybe a flat rate of $10 and increasing the wellness increase wellness to 5%. The Council decided to keep the present Plans the same and instructed the Clerk-Treasurer to place the renewal (Plans 2 PPO and $3,500 HDHP Plan 7) on the August 24, 2026 Plenary meeting agenda. The Council said they would revisit in October of this year when they would have more time to study the various other plans.

2027 Final Aim Medical Trust Renewal

aim medical trust
Your Partner for Municipal Health

August 10, 2026

Highland

The Board of Trustees takes its fiduciary responsibility seriously, carefully balancing the long-term financial strength of the Trust with the goal of providing competitive benefit plans, meaningful plan choice, and exceptional service to the Trust's more than 85 participating municipalities.

We're pleased to announce that the overall 2026 Trust renewal rate is 5.8%. For the upcoming year, individual renewal rate actions will range from a minimum **3.3% increase** to a maximum **9% increase.** These results reflect the continued financial strength of the Trust and demonstrate the value of the collaborative purchasing model, particularly in today's healthcare environment.

The 2027 Renewal for Highland is 5.1%.

Enclosed is a detailed renewal calculation worksheet showing how your renewal was determined, including the application of the Trust's renewal banding methodology. Please note that the rate change calculation listed above and the premium rate increases presented in your renewal packet will vary due to the changes made to plan designs for 2027.

Plan Design Changes for 2027

As part of the 2027 renewal process, the Aim Medical Trust Board of Trustees completed a comprehensive review of the Trust's medical plan portfolio. In addition to incorporating IRS-required updates for High Deductible Health Plans (HDHPs), the Board evaluated the overall lineup to ensure the plans continue to provide meaningful choice while maintaining appropriate separation in both plan design and premium. Based on that review, the Board approved several enhancements designed to simplify the Trust's medical plan offerings, improve consistency across plan options, and better meet the evolving needs of participating municipalities.

Key changes for 2027 include:

- **Updated PPO plan lineup.** The current **Primary Care Advantage PPO (Plan 4)** has been discontinued and a new PPO Plan with a new **$3,000 Deductible** has been added. This change simplifies the PPO portfolio while providing an additional higher-deductible PPO option.
- **Standardized PPO office visit copays.** Office visit copays have been standardized across all PPO plans to create a more consistent member experience and simplify plan comparisons.
- **Standardized PPO prescription drug copays.** Prescription drug copays have also been standardized across all PPO plans, providing a consistent pharmacy benefit regardless of the PPO option selected.
- **Updated specialty prescription drug cost sharing.** As part of standardizing the PPO pharmacy benefit, the specialty prescription drug copay has been replaced with **20% coinsurance, up to a maximum of $250 per prescription**. This approach better aligns member cost sharing with the cost of specialty medications while maintaining a predictable maximum out-of-pocket cost.

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2027 Final Aim Medical Trust Renewal

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- **Updated High-Deductible Health Plan lineup.** The IRS increased the minimum deductible required for HSA-qualified health plans to **$3,500** for 2027. As part of implementing this required change, the Board took the opportunity to evaluate the Trust's entire HDHP portfolio. The result is a streamlined lineup with clearer distinctions between plan options, creating clearer distinctions between plan options while continuing to meet the needs of participating municipalities.
- **Continued HRA-compatible High Deductible Health Plan.** The Trust will continue to offer an **HRA-compatible HDHP** for employers that prefer an employer-funded Health Reimbursement Arrangement (HRA) rather than an HSA, providing additional flexibility to meet the needs of participating municipalities.

Renewal Information and Key Dates

This renewal packet includes:

- Rate calculation showing the application of the banding formula
- 2027 premium rates for all medical plan options
- 2027 benefit summaries for all Aim Medical Trust benefit options
- 2027 Aim Medical Trust Renewal Decision Tool

The Renewal Decision Tool summarizes all Aim Medical Trust benefit options and is used to document your municipality's final benefit elections for 2027, including medical plans, employee contributions, and employer HSA contributions (if applicable).

Please return your completed Renewal Decision Tool to Audrie Simison no later than September 4, 2026.

If you have questions regarding your renewal, contribution strategy, or the decision tool, the Trust staff and our consulting partners are happy to assist. Don't hesitate to contact Audrie Simison for assistance at asimison@aimindiana.org or 317-237-6200 ext. 247.

Sincerely,

Caroline Shaw
Aim Medical Trust Deputy Director

FOR JANUARY 1, 2027

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Renewal Information

Member Name	**Town of Highland**
Date Joined	January 1, 2010
# months in the Trust by January 1, 2027	204
Member of small group pool?	No
Subject to Market Based Renewal Adjustment (MBRA)?	Yes

For 2027, the required Trust increase is **5.8%**

Note that members of the Trust for 18 months or less will receive the required Trust increase.

Explanation of Individual Rate Increase

(A) Calculation of Adjustment for Historical Experience

Calculated using actual vs expected (A/E) claims experience for the 4 year period from CY 2022 - CY 2025
** For small groups, uses actual vs expected claims for entire small group pool*

CY 2022	109.5%
CY 2023	93.6%
CY 2024	94.9%
CY 2025	90.0%
Cumulative Actual vs Expected (2022 - 2025)	96.5%

If a large group has been in the Trust for at least 5 full years (CY 2021 - 2025) and has a Cumulative A/E less than 90%, that group is eligible for an additional adjustment to their renewal.
If a group has received this adjustment within the past 3 years, the group is not eligible for an adjustment the year.

(B) Calculation of MBRA

The MBRA is calculated by solving for the required premium increase so that Projected Premium Income covers the Total Projected Expenses.

Projected Annual Expected Claims for 2027*	$2,577,100
Projected Administrative Costs for 2027**	$183,487
Total Projected Expenses for 2027	$2,760,587
Projected Premium Income from Current Rates	$2,655,248
Highland's MBRA for 2027 is	**4.0%**

** Calculated based on Highland's historical enrollment and claims experience for the 24-month period ending June 30, 2026.*
*** Calculated based on Highland's current enrollment.*

(C) Calculation of Blended Rate Increase

Eligible for Additional Adjustment? **No**

MBRA Applies? **Yes**

Weighting:	40% of MBRA is	1.6%
	60% of required Trust increase is	3.5%
	Highland's blended rate increase is***	5.1%

**** Due to rounding, the sum of the individual percentages may not add up to the blended rate increase.*

Limiting Factors: The blended rate increase is restricted to a minimum of 3.3% and a maximum of 9.0%.
Limiting factors do not apply to groups eligible for the additional adjustment

Final blended rate increase for Highland is 5.1%.

8/7/2026

Renewal Rates Effective on January 1, 2027
Town of Highland

aim medical trust

Current 2026 Rates

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12	Plan 13
EE		$ 1,078.89					$ 943.46						
ES		$ 2,157.73					$ 1,886.89						
EC		$ 2,049.87					$ 1,792.57						
Family		$ 3,128.73					$ 2,736.05						

2027 Rates

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
EE	$ 1,145.25	$ 1,133.51	$ 1,124.04	$ 1,107.26	$ 1,081.07	$ 1,063.83	$ 991.58	$ 952.73	$ 920.42	$ 887.99	$ 927.69
ES	$ 2,290.45	$ 2,267.77	$ 2,248.04	$ 2,214.48	$ 2,162.09	$ 2,127.62	$ 1,983.12	$ 1,905.43	$ 1,840.80	$ 1,775.95	$ 1,855.35
EC	$ 2,175.95	$ 2,154.41	$ 2,135.67	$ 2,103.78	$ 2,054.01	$ 2,021.27	$ 1,883.99	$ 1,810.18	$ 1,748.78	$ 1,687.17	$ 1,762.61
Family	$ 3,321.18	$ 3,288.30	$ 3,259.69	$ 3,211.02	$ 3,135.07	$ 3,085.06	$ 2,875.59	$ 2,762.94	$ 2,669.22	$ 2,575.18	$ 2,690.32

	2026 Rates Highland 2	Enrollment Highland 2	2026 Rates Highland 7	Enrollment Highland 7
EE	$ 1,078.89	25	$ 943.46	22
ES	$ 2,157.73	16	$ 1,886.89	10
EC	$ 2,049.87	7	$ 1,792.57	1
Family	$ 3,128.73	21	$ 2,736.05	14

	2027 Rates Highland 2	Enrollment Highland 2	2027 Rates Highland 7	Enrollment Highland 7
EE	$ 1,133.91	25	$ 991.58	22
ES	$ 2,267.77	16	$ 1,983.12	10
EC	$ 2,154.41	7	$ 1,883.99	1
Family	$ 3,288.30	21	$ 2,875.59	14

Current 2026 premium	$ 2,655,248
Projected 2027 premium	$ 2,790,665
% increase in premium	5.1%

8/7/2026

2027 PPO Medical and Prescription Plan Options

PLAN HIGHLIGHTS	$500 PPO Plan 1		$750 PPO Plan 2		$1,000 PPO Plan 3		$1,500 PPO Plan 4		$2,500 PPO Plan 5		$3,000 PPO Plan 6	
UHC Choice Plus Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible												
Individual	$500	$1,000	$750	$1,500	$1,000	$2,000	$1,500	$3,000	$2,500	$5,000	$3,000	$6,000
Family	$1,000	$2,000	$1,500	$3,000	$2,000	$4,000	$3,000	$6,000	$5,000	$10,000	$6,000	$12,000
Coinsurance (applied after deductible is met)												
Paid by Insurance	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Paid by Individual	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum (includes deductible and medical copays)												
Individual	$3,000	$6,000	$3,250	$6,500	$3,500	$7,000	$4,000	$8,000	$5,000	$10,000	$6,000	$12,000
Family	$6,000	$12,000	$6,500	$13,000	$7,000	$14,000	$8,000	$16,000	$10,000	$20,000	$12,000	$24,000
Co-Payments (paid by individual)												
Primary Care Office Visit												
Premium Designated	$15	40%*	$15	40%*	$15	40%*	$15	40%*	$15	40%*	$15	40%*
Non-Premium Designated	$30	40%*	$30	40%*	$30	40%*	$30	40%*	$30	40%*	$30	40%*
Specialist Office Visit												
Premium Designated	$30	40%*	$30	40%*	$30	40%*	$30	40%*	$30	40%*	$30	40%*
Non-Premium Designated	$60	40%*	$60	40%*	$60	40%*	$60	40%*	$60	40%*	$60	40%*
Virtual Visit	$0	Not covered	$0	Not covered	$0	Not covered	$0	Not covered	$0	Not covered	$0	Not covered
Urgent Care	$75	40%*	$75	40%*	$75	40%*	$75	40%*	$75	40%*	$75	40%*
Emergency Room	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250
Inpatient Hospital	20%*	40%*	20%*	40%*	20%*	40%*	20%*	40%*	20%*	40%*	20%*	40%*
Preventive Care												
Preventive Care Services	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Prescriptions – paid by individual / copays for 30-day supply shown												
Tier 1	$10	$10	$10	$10	$10	$10	$10	$10	$10	$10	$10	$10
Tier 2	$40	$40	$40	$40	$40	$40	$40	$40	$40	$40	$40	$40
Tier 3	$60	$60	$60	$60	$60	$60	$60	$60	$60	$60	$60	$60
Specialty	20%, max $250	Not Covered	20%, max $250	Not Covered	20%, max $250	Not Covered	20%, max $250	Not Covered	20%, max $250	Not Covered	20%, max $250	Not Covered
Lifetime maximum is unlimited for all plan options.												

Notes:

*After deductible

Medical and prescription copayments accumulate towards the out-of-pocket maximum.

Premium rates are calculated for new municipal members based upon underwriting requirements set forth by the Indiana Department of Insurance.

PP: Premium Provider Designation

Non-PP: Non-Premium Provider Designation

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2027 HDHP and HRA Medical and Prescription Plan Options

PLAN HIGHLIGHTS	$3,500 HDHP Plan 7		$4,500 HDHP Plan 8		$5,500 HDHP Plan 9		$6,500 HDHP Plan 10		$5,000 HRA Plan 11	
UHC Choice Plus Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible										
Individual	$3,500	$7,000	$4,500	$9,000	$5,500	$11,000	$6,500	$13,000	$5,000	$10,000
Family	$7,000	$14,000	$9,000	$18,000	$11,000	$22,000	$13,000	$26,000	$10,000	$20,000
Coinsurance (applied after deductible is met)										
Paid by Insurance	100%	60%	100%	60%	100%	60%	100%	60%	100%	60%
Paid by Individual	0%	40%	0%	40%	0%	40%	0%	40%	0%	40%
Out-of-Pocket Maximum (includes deductible and medical/prescription copays)										
Individual	$3,500	$10,500	$4,500	$13,500	$5,500	$16,500	$6,500	$19,500	$5,000	$12,250
Family	$7,000	$21,000	$9,000	$27,000	$11,000	$33,000	$13,000	$39,000	$10,000	$24,500
Co-Payments (paid by individual)										
Primary Care Office Visit										
Premium Designated	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*
Non-Premium Designated	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*
Specialist Office Visit										
Premium Designated	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*
Non-Premium Designated	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*
Virtual Visit	0%*	Not Covered	0%*	Not Covered	0%*	Not Covered	0%*	Not Covered	0%*	Not Covered
Urgent Care	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*
Emergency Room	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*
Inpatient Hospital	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*	0%*	40%*
Preventive Care										
Preventive Care Services	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Prescriptions – paid by individual / copays for 30-day supply shown										
Tier 1	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	$10	$20
Tier 2	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	$40	$40
Tier 3	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	$60	$60
Specialty	0%*	Not Covered	0%*	Not Covered	0%*	Not Covered	0%*	Not Covered	25%, max $250	Not Covered
Lifetime maximum is unlimited for all plan options.										

Notes:
*After deductible
Medical and prescription copayments accumulate towards the out-of-pocket maximum.
Premium rates are calculated for new municipal members based upon underwriting requirements set forth by the Indiana Department of Insurance.
PP: Premium Provider Designation
Non-PP: Non-Premium Provider Designation

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Dental Plan Options

Delta Dental	Option 1	Option 2	Option 3*	Option 4
Deductible (Single/Family)	$50/$150	$50/$150	$50/$150	$50/$150
Coinsurance (Preventive/Basic/Major/Ortho Services)	100/80/50/50	100/80/50/50	100% Preventative/80% Minor	100/80/50/50
Annual Dental Maximum (per insured)	$1,500	$1,000	$1,000	$3,000
Lifetime Child Ortho Maximum (to age 19)	$1,500	$1,000	Not included	$2,000
Out-of-network	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Endodontics & Periodontics	Basic	Basic	Not included	Basic
Monthly Premium Rates	**Guaranteed from January 1, 2026 through December 31, 2027**			
Employee Only	$28.16	$26.12	$15.13	$32.84
Employee/Spouse	$56.35	$52.23	$30.07	$65.67
Employee/Child(ren)	$76.10	$69.21	$43.29	$88.41
Family	$114.36	$104.46	$64.31	$132.88

Vision Plan Options

VSP Vision Care	Option 1	Option 2	Option 3	Option 4
Exam Copay	$10	$15	$10	$10
Materials Copay	$20	$25	$20	$30
Frequency (Exam / Lenses / Frames)	12 / 12 / 24	12 / 24 / 24	12 / 12 / 24*	12 / 12 / 12
Monthly Premium Rates	**Guaranteed from January 1, 2026 through December 31, 2029**			
Employee Only	$6.15	$4.59	$7.08	$8.80
Employee/Spouse	$12.33	$9.20	$14.15	$17.66
Employee/Child(ren)	$13.16	$9.82	$15.15	$18.84
Family	$21.05	$15.70	$24.20	$30.15

Notes:
*Dental Option 3 includes coverage for Preventative and Minor services only. Minor services include fillings and crown repair.
*Vision Option 3 includes KidsCare Plan–2 exams and 1 pair of glasses every year.
Dental and vision coverage is available to municipalities participating in the medical plan. Dental and vision coverage can be provided as a contributory, non-contributory or voluntary insurance benefit.
The Aim Medical Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for the Aim Medical Trust.

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Basic Life and AD&D Plan Options

PLAN HIGHLIGHTS	Plan 1	Plan 2	Plan 3	Plan 4
Life Benefit	$25,000	$50,000	1 x Basic Annual Earnings to $50,000 Max	2 x Basic Annual Earnings to $100,000 Max
AD&D Benefit	$25,000	$50,000	1 x Basic Annual Earnings to $50,000 Max	2 x Basic Annual Earnings to $100,000 Max
Age Reduction Schedule				
	35% @ 65	35% @ 65	35% @ 65	35% @ 65
	50% @ 70	50% @ 70	50% @ 70	50% @ 70
	65% @ 75	65% @ 75	65% @ 75	65% @ 75
	Terminate @ retirement	Terminate @ retirement	Terminate @ retirement	Terminate @ retirement
Guaranteed Issue	$25,000	$50,000	$50,000	$100,000
Dependent Life: Spouse / Child(ren)				
Option 1	$2,500 / $2,500	$2,500 / $2,500	$2,500 / $2,500	$2,500 / $2,500
Option 2	$10,000 / $10,000	$10,000 / $10,000	$10,000 / $10,000	$10,000 / $10,000
Employee Contributions	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Minimum Participation	100%	100%	100%	100%
Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)				
Life Rate per $1,000 of Benefit	$0.100	$0.100	$0.100	$0.100
AD&D Rate per $1,000 of Benefit	$0.020	$0.020	$0.020	$0.020
Monthly Premium Per Person	$3.00 per month	$6.00 per month	Based on Earnings	Based on earnings
Dependent Life Rate per Family Unit				
Option 1	$1.50	$1.50	$1.50	$1.50
Dependent Life Rate per Family Unit				
Option 2	$6.00	$6.00	$6.00	$6.00

Notes:
*Life plan offers Value Added Features such as: Accelerated Life Benefits, Life Conversion and Portability, and an additional Line of Duty Benefit for Public Safety Members (additional 100% of AD&D benefit if loss is suffered in line of duty)

Plans offered by American United Life Insurance Company (AUL) a OneAmerica® Company: AA- Standard and Poor Rating

The Aim Medical Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for the Aim Medical Trust.

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Voluntary Life and AD&D Coverage

PLAN HIGHLIGHTS	Voluntary Life/AD&D Coverage
Employee Schedule of Benefits	
Benefit Options	Coverage in increments of $10,000
Maximum Benefit	$500,000, not to exceed 8x annual earnings
Guaranteed Issue Amount	$250,000
AD&D Benefit	Matches Life Benefit
Age Reduction Schedule	50% @ 70
	65% @ 75
	Terminates at Retirement
Spouse Schedule of Benefits	
Benefit Options	Coverage in increments of $5,000
Maximum Benefit	$250,000
Guaranteed Issue Amount	$50,000
AD&D Benefit	Matches Life Benefit
Age Reduction Schedule	50% @ 70
	65% @ 75
	Terminates at Retirement
Child(ren) Schedule of Benefits	
Benefit Options	$10,000 Benefit
Guaranteed Issue Amount	Full Benefit
AD&D Benefit	Matches Life Benefit

Voluntary Life/AD&D Monthly Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)

Employee and Spouse Coverage

Age Bands	Rate Per $1,000 Benefit for Life/AD&D Combined
0 – 24	$0.155
25 – 29	$0.155
30 – 34	$0.166
35 – 39	$0.195
40 – 44	$0.243
45 – 49	$0.355
50 – 54	$0.534
55 – 59	$0.831
60 – 64	$1.049
65 – 69	$1.469
70+	$3.813

Child(ren) Coverage *(to age 26)*

$0.23 (one rate covers all children in a family)

- Employee must elect coverage to purchase spouse or dependent coverage
- Spouse elected amount may not exceed 100% of the employee elected amount
- Members Basic Life benefits plus Voluntary Life benefits may not exceed 8 times annual earnings
- Dependent Child Coverage extends from live birth to age 26

Notes:

Municipality must elect Basic Life/AD&D coverage with One America to purchase Voluntary Life/AD&D

When first eligible for coverage, all members may select coverage up to the guaranteed issue amount without submitting evidence of insurability. Each year all enrolled employees and spouses may increase their benefit amount by up to two increments of coverage, including amounts above the guaranteed issue, up to the plan maximum, without providing evidence of insurability.

Coverage includes Conversion, Portability, Accelerated Death Benefit

Plans offered by American United Life Insurance Company (AUL) a OneAmerica® Company: AA- Standard and Poor Rating

The Aim Medical Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for the Aim Medical Trust.

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Short-Term Disability Coverage

PLAN HIGHLIGHTS	Plan 1	Plan 2	Plan 3	Plan 4
Employee Contributions	Employer Paid	Employer Paid	Employer Paid	Employer Paid
Schedule of Benefits				
Benefit Percentage	66.67%	66.67%	66.67%	66.67%
Maximum Weekly Benefit	$350	$750	$1,000	$1,500
Benefit Waiting Period – Accident	7 Days	7 Days	7 Days	7 Days
Benefit Waiting Period – Sickness	7 Days	7 Days	7 Days	7 Days
Maximum Benefit Period	90 Days	90 Days	90 Days	90 Days
Definition of Earnings	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime
Pre-existing Condition Limitation	None	None	None	None
Maternity	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)				
STD Rate per $10 of Weekly Benefit	$0.253	$0.253	$0.253	$0.253

- Coverage is non-occupational covering disabilities occurring off the job
- STD benefits may be reduced by deductible income. State Disability and/or Own Medical Leave Benefits under Paid Family Medical Leave Laws are considered deductible income.
- Coverage is employer-paid; STD benefits are taxable

Notes:

Plans offered by American United Life Insurance Company (AUL) a OneAmerica® Company: AA- Standard and Poor Rating

The Aim Medical Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for the Aim Medical Trust.

aim medical trust | OneAmerica® Financial

Long-Term Disability Coverage

PLAN HIGHLIGHTS	Plan 1	Plan 2	Plan 3	Plan 4
Employee Contributions	Employer Paid	Employer Paid	Employer Paid	Employer Paid
Schedule of Benefits				
Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	$3,000	$4,000	$5,000	$7,500
Benefit Waiting Period	90 Days	90 Days	90 Days	90 Days
Maximum Benefit Period	To SSNRA	To SSNRA	To SSNRA	To SSNRA
Own Occupation Period	24 Months	24 Months	24 Months	24 Months
Definition of Earnings	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime
Pre-existing Conditions Limitation	3 / 12	3 / 12	3 / 12	3 / 12
Mental/Nervous, Substance Abuse Limitation	24 Months	24 Months	24 Months	24 Months
Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)				
LTD Rate per $100 Covered Monthly Earnings	$0.270	$0.270	$0.270	$0.270

- LTD benefits may be reduced by deductible income. Worker's compensation and primary/dependent Social Security benefits are considered deductible income
- Includes a survivors benefit that pays a lump sum equal to three times the LTD benefit
- Coverage includes a $5,000 Reasonable Accommodation Expense Benefit, which reimburses employers for workplace modifications that enable employees to return to work or remain at work. The Reasonable Accommodation Expense Benefit is separate from the LTD claim payment.

Notes:

Plans offered by American United Life Insurance Company (AUL) a OneAmerica® Company; AA- Standard and Poor Rating

The Aim Medical Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for the Aim Medical Trust.

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x. Discussion: Proposed Ordinance No. 1626-A: An Ordinance to Amend Section 5.05.050 of the Highland Municipal Code regarding Business License Fees, all Pursuant to I.C. 36-1-5 ET SEQ.

The Council President asked the Council to review the numbers and asked the Clerk-Treasurer to place it on the August 24, 2026 plenary meeting.

ORDINANCE No. 1626-A
of the
TOWN of HIGHLAND, INDIANA

AN ORDINANCE TO AMEND SECTION 5.05.050 OF THE HIGHLAND MUNICIPAL CODE REGARDING BUSINESS LICENSE FEES, ALL PURSUANT TO IC 36-1-5 ET SEQ.

WHEREAS, Title 36, Article 1, Chapter 5 of the Indiana Code provides that the legislative body of a unit **shall** codify, revise, rearrange, or compile the ordinances of the unit into a complete, simplified code excluding formal parts of the ordinances;

WHEREAS, The legislative body of this unit, the Town of Highland, is the Town Council, pursuant to IC 36-1-2-9(5) and IC 36-5-2-2;

WHEREAS, The present general and permanent ordinances of the Town of Highland, formally codified in 2012, are in need of technical and substantive modifications desirable to further improve and perfect the Code; and

WHEREAS, The Town Council, is persuaded that it is necessary and desirable to adopt a technical and substantive modification to Section 5.05.050 in order to further improve and perfect the Code,

NOW, THEREFORE, BE IT HEREBY ORDAINED BY the Town Council of the Town of Highland, Lake County, Indiana, as follows:

Section 1. That Section 5.05.050 subdivisions (A), (B) and (C) of the Highland Municipal Code are hereby repealed in their entirety and amended by successor subdivisions, which shall be identified and read as follows:

5.05.050 Business license fee and registration fee.

(A) Any person maintaining, operating or conducting any business, business activity, occupation or commercial establishment, or doing business, or engaging in any service or occupation within the town, including but not limited to acting as lessor for residential or commercial properties, or renting residential properties month to month, shall pay an annual fee prescribed by this section.

(B) In the event there is no specific fee set for the engagement of a particular business as lessor for residential or renting residential properties month to month

or service, then an annual license fee for business or service not otherwise classified shall be **as follows:**

(1) $100.00. if paid before March 1st of the calendar year.

(2) $120.00 if paid after February 28th of the calendar year.

(3) If the business is being established for the first time, the license fee shall be that prescribed for payments made before March 1st.

(C) In the event there is no specific fee set for the engagement of a particular business as a commercial property, then an annual license fee for business or service not otherwise classified shall be **as follows:**

(1) $200.00. if paid before March 1st of the calendar year.

(2) $220.00 if paid after February 28th of the calendar year.

(3) If the business is being established for the first time, the license fee shall be that prescribed for payments made before March 1st.

(D) Exempt businesses as described in HMC 5.05.080 shall pay a registration fee as follows:

(1) $100.00, if paid before March 1st of the calendar year.

(2) $120.00 if paid after February 28th of the calendar year,

(3) If the exempt business is being established for the first time, the license fee shall be that prescribed for payments made before March 1st.

Section 2. That this ordinance shall be effective from and after its passage and adoption, but not sooner than October 1, 2026, as evidenced by the signature of the Town Council President and attested thereto by the Clerk-Treasurer, all pursuant to IC 36-5-2-10 and IC 36-5-2-10.2.

Introduced and Filed on the 10th day of August 2026. Consideration on same day or at same meeting of introduction was not considered, pursuant to IC 36-5-2-9.8.

DULY ORDAINED and ADOPTED this 24 day of August, 2026, by the Town Council of the Town of Highland, Lake County, Indiana, having been passed by a vote of _____ in favor and _____ opposed.

TOWN COUNCIL of the TOWN of HIGHLAND, INDIANA

_____
George Georgeff, President (IC 36-5-2-10)

Attest:

_____
Mark Herak
Clerk-Treasurer (IC 33-42-4-1; IC 36-5-6-5;IC 36-5-2-10.

x. Discussion: Proposed Ordinance No. 1852: An Ordinance amending the Highland Municipal Code, by adding to Title 10 Vehicles and Traffic, a new Chapter 0.50 to by styled Electric Bicycles ("E-Bikes") and Electric Scooters ("E-Scooters)
**First introduced by Councilor Black at the Town Council Plenary meeting of July 6, 2026. There was no further action.*

Attorney Reed to provide the final version for adoption if ready. A draft copy is in the Council's
meeting packet. .

x. Discussion: Proposed Ordinance No. 1853: An Ordinance establishing a Civil Town of Highland Motor Vehicle Excise Surtax and Wheel Tax

*First introduced by Councilor Scheeringa at the Town Council Plenary meeting of July 6, 2026. There was no further action.

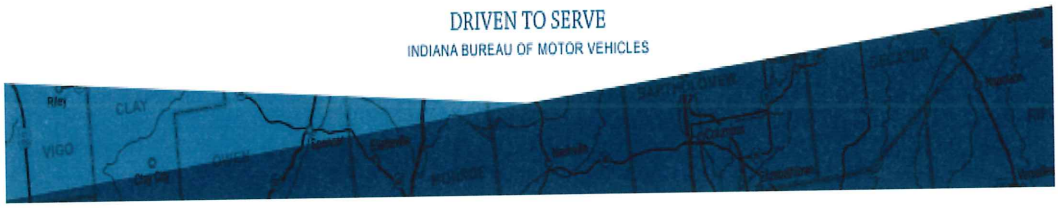
The Clerk-Treasurer passed out the 2025 registrations by vehicles classification for passenger vehicles and the 2025 registrations by vehicles classification for non-passenger vehicles. He also passed out a power point prepared by Tamytha Cooper of the Indiana BMV, as well as, her response to a couple of questions the Council had. She said:

1. All vehicle types must be listed in the ordinance with an amount to charge.
2. Collector Vehicles can be at the minimum of $7.50 but cannot be zero.
3. Handicapped does not exempt vehicle taxes. These are based on vehicle types so they would not be a factor in forecasting revenue.

The Council reviewed the answers supplied by Ms. Copper as they found they couldn't exempt vehicles nor could they charge under $5 for the Wheel Tax amount and under $7.50 on the excise amount. The Council was not in an agreement on what they wanted to charge and whether they wanted both a wheel and excise tax. The Council president advised the Clerk-Treasurer to place it on the August 24, 2026 plenary meeting.

Municipal Excise and Wheel Taxes

DRIVEN TO SERVE
INDIANA BUREAU OF MOTOR VEHICLES



Crossing the starting line

- "Eligible municipality" with a population of at least 5,000
- Concurrently adopt an ordinance for wheel tax and excise tax
- Use a TAMP approved by INDOT

Municipal Excise Tax

Municipal Vehicle Excise Tax – IC 6-3.5-10

- On **each** vehicle that is subject to the vehicle excise tax IC 6-6-5:
  - Passenger motor vehicles
  - Motorcycles
  - Motor driven cycles
  - Collector vehicles
  - Trailers with a DGVW of 9,000 lbs or less (except permanent 3,000 lbs trailers)
  - Trucks with a DGVW of 11,000 lbs or less
  - Mini Trucks
  - Military Vehicles

Excise Tax – Imposed on either

- The same amount on each vehicle or
- One or more different amounts based on the class of vehicle

Timing

- Ordinance adopted or amended on or before September 1 → vehicles subject to tax if the vehicle is registered after December 31
- Ordinance adopted or amended after September 1 → vehicles subject to tax if the vehicle is registered after December 31, the following year

Excise Tax – Specific Amount

- At least $7.50 and not more than $25.

Reduction/Credit/Adjustment/Refund

- Vehicle acquired / brought into Indiana prior to regular registration date...
- Vehicle disposed of after registration date…
- Owner had a name change resulting in a change of the registration date…

Tax is reduced in the manner provided in IC 6-6-5-7.2 (i.e. it is prorated)

- Owner moves out of state prior to regular registration date…

Municipal Wheel Tax

Municipal Wheel Tax – IC 6-3.5-11

- Vehicles subject to tax:
  - Buses
  - Recreational vehicles (excluding truck campers)
  - Semitrailers
  - Trailers with a DGVW of more than 9,000 lbs
  - Trucks with a DGVW of 16,000 lbs or more
  - Semi-tractors with a DGVW of more than 11,000 lbs
  - Recovery vehicles

Municipal Wheel Tax – IC 6-3.5-11

- Vehicles exempt from to tax:
  - Owned by the state
  - Owned by a state agency
  - Owned by a political subdivision of the state
  - Subject to the municipal vehicle excise tax
  - A bus owned and operated by a religious or nonprofit youth organization and used to transport person to religious services or for the benefit of its members
  - A school bus
  - Funeral equipment that is used in funeral services

Wheel Tax – Amount

- A different rate for each of the classes of vehicles
  - Buses
    - For-hire
    - Not-for-hire
  - Recreational vehicles
  - Semitrailers
  - Trailers with a DGVW of more than 9,000 lbs
  - Trucks and tractors with a DGVW of more than 11,000 lb
- Different rates with the classes based on weight classification

Wheel Tax – Amount

- A different rate for each of the classes of vehicles
  - Buses
    - For-hire
    - Not-for-hire
  - Recreational vehicles
  - Semitrailers
  - Trailers with a DGVW of more than 9,000 lbs
  - Trucks and tractors with a DGVW of more than 11,000 lb
- Different rates with the classes based on weight classification

Wheel Tax – Trailers Weight Classifications
(including farm trailers 12,000 lbs and over)

- 12,000 (9,001 – 12,000 lbs)
- 16,000 (12,001 – 16,000 lbs)
- 22,000 (16,001 – 22,000 lbs)
- >22,000 (22,001 and over)

Wheel Tax – For-hire Bus Weight Classifications

- 11,000 (1-11,000 lbs)
- 16,000 (11,001 – 16,000 lbs)
- 26,000 (16,001 – 26,000 lbs)
- 36,000 (26,001 – 36,000 lbs)
- 48,000 (36,001 – 48,000 lbs)
- 66,000 (48,001 – 66,000 lbs)
- 78,000 (66,001 – 78,000 lbs)
- >78,000 (78,001 and over)

Wheel Tax – amount

- Not less than $5 and may not exceed $40

Credit upon sale

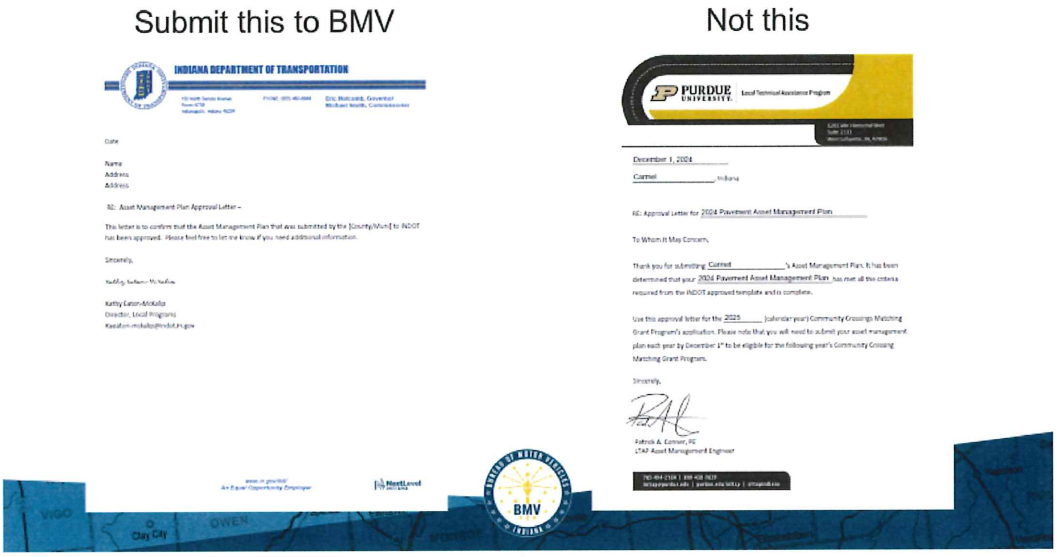
- Sell a vehicle
- Get a credit of the wheel tax
- Applied only against the wheel tax for
- A vehicle purchased
- During the same registration year

Apportioned wheel tax

- International Registration Plan vehicle → pay an apportioned tax
- In-state actual miles / total feel miles during the preceding year

Getting across the finish line

- On or before September 1st
- Indiana Gateway (https://gateway.ifionline.org)
- Copy of approved ordinance
- Cover letter - County Excise/Wheel Tax Rate Designation
- INDOT-approved TAMP confirmation letter



x. Discussion: E-Bikes & Scooters - Attorney Reed to provide revised draft based upon the Council discussion of July 6 and forward to the Council for review.

Plenary Business Meeting of Monday August 24, 2026

- Minutes of the Meeting of Monday, August 10, 2026.
- Accounts Payable Voucher
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