

**REGULAR MEETING  
VIGO COUNTY PUBLIC LIBRARY  
680 Poplar Street  
Terre Haute, IN 47807  
Monday, November 18, 2024, 5:30 PM**

**A G E N D A**

- 1. Call to Order and Roll Call of Members**
- 2. Public Input on Action Items**
- 3. Consideration of Minutes of October 21, 2024 Regular Meeting**
- 4. Treasurer's Report**
  - A. Monthly Financial Statement
  - B. Claims and Payroll
  - C. Special Claims
  - D. Gift Fund Report
- 5. Reports to the Library Board**
  - A. Special Collections Manager David Kite
- 6. Director's Report**
- 7. Old Business**
- 8. New Business**
  - A. 2025 Health Insurance
  - B. Library Executive Director Evaluation Committee
- 9. Suggestions from the Staff, Board or Public for Action or Study**
- 10. Next Regular Meeting:** Monday, December 16 at 5:30 p.m., Main Library.
- 11. Adjournment**

At the regular meeting of the Vigo County Public Library Board at the Vigo County Public Library, 680 Poplar Street, at 5:30 p.m. on the 21<sup>st</sup> day of October 2024, the following persons were present:

Library Board Members Present: James M. Young, President; Christi A. Fenton, Vice President; George L. Heubel, Secretary; Brian L. Cain; Tiffany D. Cherry and Kelly J. Ford.

Library Board Members Absent: Stacy D. Killion.

Library Staff: Kristi Howe; Dennis Shepard; Hope Rice, Lauren Elyea, Kris Toney, and Shaleena Barker.

Others: none.

**PUBLIC INPUT ON ACTION ITEMS** - none.

### **CONSIDERATION OF REGULAR MEETING MINUTES**

A motion to approve the minutes as written for September 30, 2024, special meeting, made by Cherry, seconded by Ford, passed.

### **TREASURER'S REPORT**

#### **Monthly Cash Statement**

Mr. Shepard presented the Cash Statement for September 2024 (copy attached to official minutes).

#### **Claims and Payroll**

Mr. Shepard presented the Month End Claims dated September 30, 2024, in the amount of \$88,532.14 (Library Operating, \$84,784.21; Gift Fund, \$3,747.93). Library Operating Claims dated October 21, 2024, in the amount of \$176,162.47 (Library Operating Fund, \$171,581.26; Gift Fund, \$1,800.46; Grants, \$2,780.75). (Copy of Cash Statement, Month End Claims, Board Claims, and Payroll Summaries attached to official minutes.)

#### **Special Claims**

Mr. Shepard presented a special claim dated September 30, 2024, for \$39,787.02 to Keymark Construction for 12 Points remodeling and change orders.

#### **Gift Fund Report**

Mr. Shepard presented the Gift Fund report for September 30, 2024, for \$53,826.10.

#### **Approval of Treasurer's Report**

A motion to approve the Treasurer's Report, made by Heubel, seconded by Fenton, passed.

### **REPORTS TO THE LIBRARY BOARD**

Hope Rice, Program and Event Manager, provided an overview of VCPL's 30<sup>th</sup> Anniversary Family Learning Day, which took place on Saturday, September 28. The event aims to connect community

members with local organizations, provide information about available resources, and foster community engagement. A total of fifty-four organizations offered a variety of educational activities and experiences for attendees of all ages. In addition to books, crafts, and various activities, the event showcased therapy dogs from Love on a Leash, alpacas from the Sisters of Providence White Violet Center for Eco-Justice, goats from Old 40 Farm, a Foam Homies Bubble Party, music and dancing with DJ Danny Wayne, a Touch-a-Truck area, and a popular new attraction this year, Indiana Jim’s Reptiles. Mrs. Rice expressed her enthusiasm in announcing that more than 1,800 people attended this year’s event.

**DIRECTOR’S REPORT**

Ms. Howe provided comments on her written report and noted that the report includes a request to serve alcohol provided by The Saratoga Restaurant at an afterhours/adult only event, *Rock the Highlands with Highland Reign*, on Friday, December 13 from 6:00 – 8:00 p.m.

A motion approving the Director’s Report made by Cherry, seconded by Fenton, passed. (Copy of Director’s Report attached to official minutes.)

**OLD BUSINESS** - None.

**NEW BUSINESS**

**Adoption of 2025 Library Budget**

A motion to adopt the 2025 Library Budget, made by Cain, seconded by Heubel, passed. (A copy of the Ordinance or Resolution for Appropriations and Tax Rates is attached to the official minutes).

**SUGGESTIONS FROM THE BOARD, STAFF, OR PUBLIC FOR ACTION OR STUDY** - none.

**NEXT MEETING**

Regular Meeting, Monday, November 18, 2024, 5:30 PM, Main Library.

**ADJOURNMENT**

A motion to adjourn the meeting made by Ford, seconded by Heubel, passed. The meeting was adjourned at 6:08 p.m.

\_\_\_\_\_  
James M. Young, President

\_\_\_\_\_  
Christi A. Fenton, Vice President  
**ABSENT**

\_\_\_\_\_  
George L. Heubel, Secretary

\_\_\_\_\_  
Stacy D. Killion, Board Member

\_\_\_\_\_  
Brian L. Cain, Board Member

\_\_\_\_\_  
Tiffany D. Cherry, Board Member

\_\_\_\_\_  
Kelly J. Ford, Board Member

Cash Statement  
 Vigo County Public Library  
 October 2024

Account Title Number	Beginning MTD Balance YTD Balance	MTD Debits YTD Debits	MTD Credits YTD Credits	Ending Balance	MTD Change YTD Change
Cash Library Operating Fund 100-01-1010	4,475,096.41 5,786,755.08	139,923.88 5,711,163.44	774,026.62 7,656,924.85	3,840,993.67	(634,102.74) (1,945,761.41)
Cash Gift Fund 200-00-1010	53,826.10 70,043.77	2,170.06 24,657.87	3,079.59 41,785.07	52,916.57	(909.53) (17,127.20)
Cash Rainy Day Fund 201-00-1010	1,748,249.16 1,748,249.16	0.00 0.00	0.00 0.00	1,748,249.16	0.00 0.00
Cash-State Technology Reimburs 276-00-1010	(10,538.75) (12,325.97)	0.00 12,370.68	1,549.33 12,132.79	(12,088.08)	(1,549.33) 237.89
Cash-WVCF Creating a Better To 277-00-1010	0.00 10,000.00	0.00 0.00	0.00 10,000.00	0.00	0.00 (10,000.00)
Cash-UW Neighborhood Improveme 278-00-1010	0.00 5,000.00	0.00 0.00	0.00 5,000.00	0.00	0.00 (5,000.00)
Cash-WVCF Impact Grant 279-00-1010	3,603.70 10,600.00	0.00 0.00	988.50 7,984.80	2,615.20	(988.50) (7,984.80)
Cash-Lifelong Arts Indiana Agi 280-00-1010	4,250.00 0.00	0.00 5,000.00	2,943.92 3,693.92	1,306.08	(2,943.92) 1,306.08
Cash-APS Monster Quest 281-00-1010	4,000.00 0.00	0.00 4,000.00	0.00 0.00	4,000.00	0.00 4,000.00

Cash Statement  
 Vigo County Public Library  
 October 2024

Account Title Number	Beginning MTD Balance YTD Balance	MTD Debits YTD Debits	MTD Credits YTD Credits	Ending Balance	MTD Change YTD Change
Cash-NICCL Technology Improvem 282-00-1010	500.00 0.00	0.00 500.00	0.00 0.00	500.00	0.00 500.00
Cash Public Library Access Car 800-00-1010	0.00 65.00	0.00 65.00	0.00 130.00	0.00	0.00 (65.00)
Cash-Payroll Withholdings 803-00-1010	870.24 54.09	77,489.53 824,755.97	77,489.53 823,939.82	870.24	0.00 816.15

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31290	BENNETT*EMILY	280	Check	1,312.50	56964	CREATIVE AGING PROGRAM
*31354	NETWORK SOLUTIONS INCORP	100	Check	1,589.90	56965	NETWORK INFRASTRUCTURE 12 POINT
*31403	YMCA OF THE WABASH VALLE'	100	Check	75.00	56966	TICKET FOR YMCA INSPIRATION GALA I
*31433	TERRE HAUTE PARKS & RECRI	280	Check	400.00	56967	CREATIVE AGING FIRING FEE
*31347	HISTORIC MAP WORKS ONLINE	100	Check	1,066.00	56968	DATABASE RENEWAL
*31465	INTELLI-BUILDING CONTROL &	100	Check	7,400.00	56969	3/24 - 2/25 SERVICE CONTRACT
					Total Count:	6
					Total Amount:	11,843.40
*31345	ADP INC - AUTOPAY II*	100	ACH	551.00	10658	PAYROLL SERVICES
*31455	ADP INC - AUTOPAY II*	100	ACH	857.90	10659	PAYROLL SERVICES
*31301	AMAZON.COM LLC*	100	ACH	91.82	10660	CIRC PRINT MATERIAL
*31302	AMAZON.COM LLC*	100	ACH	140.84	10661	CIRC PRINT MATERIAL
*31303	AMAZON.COM LLC*	100	ACH	35.21	10662	CIRC PRINT MATERIAL
*31304	AMAZON.COM LLC*	100	ACH	117.15	10663	SHELVING UNIT FOR 12 POINTS
*31305	AMAZON.COM LLC*	100	ACH	1,161.90	10664	SUPPLIES FOR 12 POINTS
*31306	AMAZON.COM LLC*	100	ACH	629.97	10665	STORAGE CABINETS FOR 12 POINTS

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31307	AMAZON.COM LLC*	100	ACH	360.95	10666	CIRC PRINT MATERIAL AND DVD/VIDEO
*31308	AMAZON.COM LLC*	100	ACH	49.99	10667	CIRC PRINT MATERIAL AND DVD/VIDEO
*31309	AMAZON.COM LLC*	100	ACH	87.54	10668	CIRC PRINT MATERIAL AND DVD/VIDEO
*31310	AMAZON.COM LLC*	100	ACH	87.59	10669	DVD/VIDEO MATERIAL
*31311	AMAZON.COM LLC*	100	ACH	29.99	10670	DVD/VIDEO MATERIAL
*31312	AMAZON.COM LLC*	100	ACH	159.96	10671	DVD/VIDEO MATERIAL
*31313	AMAZON.COM LLC*	100	ACH	35.00	10672	CIRC PRINT MATERIAL
*31314	AMAZON.COM LLC*	100	ACH	26.46	10673	CIRC PRINT MATERIAL
*31324	AMAZON.COM LLC*	100	ACH	164.04	10674	AUD REC BOOKS AND NON-PRINT CIRC
*31325	AMAZON.COM LLC*	100	ACH	124.45	10675	AUD REC BOOKS AND NON-PRINT CIRC
*31326	AMAZON.COM LLC*	100	ACH	17.99	10676	CIRC PRINT MATERIAL
*31327	AMAZON.COM LLC*	100	ACH	23.45	10677	CIRC PRINT MAT AND REF MAT
*31328	AMAZON.COM LLC*	100	ACH	25.50	10678	CIRC PRINT MAT AND REF MAT
*31329	AMAZON.COM LLC*	100	ACH	108.63	10679	CIRC PRINT MAT AND REF MAT
*31330	AMAZON.COM LLC*	100	ACH	227.77	10680	REF MATERIAL AND CIRC PRINT MAT

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31331	AMAZON.COM LLC*	100	ACH	215.95	10681	REF MATERIAL AND CIRC PRINT MAT
*31332	AMAZON.COM LLC*	100	ACH	364.51	10682	REF MATERIAL AND CIRC PRINT MAT
*31333	AMAZON.COM LLC*	100	ACH	113.51	10683	REF MATERIAL AND CIRC PRINT MAT
*31334	AMAZON.COM LLC*	100	ACH	36.11	10684	CIRC PRINT MATERIAL
*31335	AMAZON.COM LLC*	100	ACH	44.28	10685	CIRC PRINT MATERIAL
*31336	AMAZON.COM LLC*	100	ACH	65.38	10686	CIRC PRINT MATERIAL
*31337	AMAZON.COM LLC*	100	ACH	59.26	10687	CIRC PRINT MATERIAL
*31338	AMAZON.COM LLC*	100	ACH	7.34	10688	CIRC PRINT MATERIAL
*31339	AMAZON.COM LLC*	100	ACH	64.98	10689	CIRC PRINT MATERIAL
*31340	AMAZON.COM LLC*	100	ACH	68.72	10690	CIRC PRINT MATERIAL
*31341	AMAZON.COM LLC*	100	ACH	82.26	10691	PROGRAM SUPPLIES
*31342	AMAZON.COM LLC*	100	ACH	159.96	10692	DVD/VIDEO MATERIAL AND CIRC PRINT
*31343	AMAZON.COM LLC*	200	ACH	50.93	10693	FINAL BABY LAPSIT FRIENDS ORDER
*31344	AMAZON.COM LLC*	100	ACH	39.99	10694	DVD/VIDEO MATERIAL
*31351	AMAZON.COM LLC*	100	ACH	59.00	10695	CIRC PRINT MATERIAL AND DVD/VIDEO
*31376	AMAZON.COM LLC*		ACH	11.59	10696	REF MATERIAL AND CIRC PRINT MAT

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
		100				
*31377	AMAZON.COM LLC*	100	ACH	14.99	10697	REF MATERIAL AND CIRC PRINT MAT
		100				
*31378	AMAZON.COM LLC*	100	ACH	258.85	10698	CIRC PRINT MATERIAL
		100				
*31379	AMAZON.COM LLC*	100	ACH	100.08	10699	CIRC PRINT MATERIAL
		100				
*31380	AMAZON.COM LLC*	100	ACH	136.63	10700	CIRC PRINT MATERIAL
		100				
*31381	AMAZON.COM LLC*	100	ACH	12.86	10701	CIRC PRINT MATERIAL
		100				
*31382	AMAZON.COM LLC*	100	ACH	12.86	10702	CIRC PRINT MATERIAL
		100				
*31383	AMAZON.COM LLC*	100	ACH	14.05	10703	CIRC PRINT MAT AND REF MAT
		100				
*31384	AMAZON.COM LLC*	100	ACH	47.83	10704	CIRC PRINT MAT AND REF MAT
		100				
*31385	AMAZON.COM LLC*	100	ACH	207.01	10705	CIRC PRINT MAT AND REF MAT
		100				
*31386	AMAZON.COM LLC*	100	ACH	42.90	10706	CIRC PRINT MATERIAL
		100				
*31387	AMAZON.COM LLC*	100	ACH	22.27	10707	CIRC PRINT MATERIAL
		100				
*31388	AMAZON.COM LLC*	100	ACH	15.70	10708	CIRC PRINT MATERIAL
		100				
*31389	AMAZON.COM LLC*	100	ACH	19.65	10709	CIRC PRINT MATERIAL
		100				
*31390	AMAZON.COM LLC*	100	ACH	81.12	10710	CIRC PRINT MATERIAL
		100				
*31391	AMAZON.COM LLC*	100	ACH	22.27	10711	CIRC PRINT MATERIAL
		100				

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31392	AMAZON.COM LLC*	100	ACH	29.35	10712	DVD/VIDEO MATERIAL
*31393	AMAZON.COM LLC*	100	ACH	629.93	10713	SOLAR POST LIGHTS
*31394	AMAZON.COM LLC*	100	ACH	68.76	10714	CABLE ORDER FOR 12 POINTS
*31395	AMAZON.COM LLC*	100	ACH	34.35	10715	CABLES FOR 12 POINTS
*31396	AMAZON.COM LLC*	100	ACH	122.11	10716	WALL MOUNTS FOR 12 POINTS
*31397	AMAZON.COM LLC*	100	ACH	30.68	10717	PROGRAM SUPPLIES - CLAY
*31398	AMAZON.COM LLC*	279	ACH	988.50	10718	NINJA PROFESSIONAL BLENDERS
*31399	AMAZON.COM LLC*	100	ACH	104.12	10719	CABLES FOR SYSTEMS
*31405	AMAZON.COM LLC*	100	ACH	177.36	10720	SUPPLIES FOR 12 POINTS
*31406	AMAZON.COM LLC*	100	ACH	23.62	10721	CIRC PRINT MATERIAL
*31407	AMAZON.COM LLC*	100	ACH	166.53	10722	CIRC PRINT MATERIAL
*31408	AMAZON.COM LLC*	100	ACH	231.43	10723	CIRC PRINT MATERIAL
*31409	AMAZON.COM LLC*	100	ACH	11.99	10724	CIRC PRINT MATERIAL
*31410	AMAZON.COM LLC*	100	ACH	218.39	10725	CIRC PRINT MATERIAL
*31411	AMAZON.COM LLC*	100	ACH	242.24	10726	CIRC PRINT MATERIAL
*31412	AMAZON.COM LLC*	100	ACH	16.28	10727	CIRC PRINT MATERIAL

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
*31415	AMAZON.COM LLC*	100	ACH	27.95	10728	CIRC PRINT MATERIAL
*31416	AMAZON.COM LLC*	100	ACH	81.72	10729	REF MATERIAL AND CIRC PRINT MAT
*31417	AMAZON.COM LLC*	100	ACH	15.99	10730	TRUNK OR TREAT PRIZES
*31418	AMAZON.COM LLC*	100	ACH	173.00	10731	JANITORIAL CART FOR 12 POINTS
*31434	AMAZON.COM LLC*	100	ACH	20.86	10732	CIRC PRINT MAT AND REF MAT
*31435	AMAZON.COM LLC*	100	ACH	89.98	10733	DVD/VIDEO MATERIAL
*31439	AMAZON.COM LLC*	100	ACH	236.63	10734	CIRC PRINT MATERIAL
*31440	AMAZON.COM LLC*	100	ACH	455.50	10735	CIRC PRINT MATERIAL
*31444	AMAZON.COM LLC*	100	ACH	39.99	10736	DVD/VIDEO MATERIAL
*31445	AMAZON.COM LLC*	100	ACH	24.23	10737	REF MATERIAL AND CIRC PRINT MAT
*31446	AMAZON.COM LLC*	100	ACH	16.87	10738	CIRC PRINT MATERIAL
*31447	AMAZON.COM LLC*	100	ACH	69.00	10739	DVD/VIDEO MATERIAL
*31452	AMAZON.COM LLC*	100	ACH	185.45	10740	12 POINTS SUPPLIES
*31456	AMAZON.COM LLC*	100	ACH	103.45	10741	CIRC PRINT MATERIAL
*31457	AMAZON.COM LLC*	100	ACH	318.40	10742	CIRC PRINT MATERIAL

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31458	AMAZON.COM LLC*	100	ACH	189.97	10743	DVD/VIDEO MATERIAL
*31459	AMAZON.COM LLC*	100	ACH	22.80	10744	CIRC PRINT MATERIAL
*31460	AMAZON.COM LLC*	100	ACH	188.13	10745	CIRC PRINT MATERIAL
*31461	AMAZON.COM LLC*	100	ACH	119.96	10746	CIRC PRINT MAT AND DVD/VIDEO MAT
*31462	AMAZON.COM LLC*	100	ACH	55.14	10747	CIRC PRINT MATERIAL
*31463	AMAZON.COM LLC*	100	ACH	64.98	10748	DVD/VIDEO MATERIAL
*31300	BAKER & TAYLOR INC*	100	ACH	5,900.40	10749	CIRC PRINT MATERIAL, AUD REC BOOK
*31466	BAKER & TAYLOR INC*	100	ACH	18,218.93	10750	CIRC PRINT MATERIAL, AUD REC BOOK
*31450	E-Z CLEAN INC*	100	ACH	73.59	10751	JANITORIAL SUPPLIES
*31467	EBSCO INFORMATION SERVICE	100	ACH	12,665.58	10752	MAGAZINES AND NEWSPAPERS
*31299	GALE/CENGAGE LEARNING*	100	ACH	389.91	10753	CIRC PRINT MATERIAL
*31359	GLOBAL INDUSTRIAL COMPANY	100	ACH	919.86	10754	12 POINTS ADMIN SUPPLIES
*31471	GOV CONNECTION INC*	100	ACH	325.63	10755	SSD AND POWER TAPS
*31472	GOV CONNECTION INC*	100	ACH	45.96	10756	12 FOOT POWER TAPS
*31473	GOV CONNECTION INC*	100	ACH	645.00	10757	RECEIPT PRINTERS FOR 12 POINTS
*31321	HOWE*KRISTI		ACH	184.32	10758	REIMBURSEMENT FOR 12 PTS AND STA

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
		100				
		200				
*31298	MIDWEST TAPE*	100	<i>ACH</i>	1,149.73	10763	DVD/VIDEO MATERIAL
*31464	RICE*HOPE	100	<i>ACH</i>	112.81	10764	REIMBURSEMENT FOR 12 POINTS SUPP
*31322	RICOH USA INC*	100	<i>ACH</i>	3,846.30	10765	COPIER LEASE
*31437	RICOH USA INC*	100	<i>ACH</i>	1,613.66	10766	COPIER LEASE
					Total Count:	105
					Total Amount:	59,255.26
*31317	CITY OF TERRE HAUTE SEWAG	100	<i>E-pay</i>	947.23	11328	MAIN SEWAGE BILLING
*31346	JOINK LLC*	100	<i>E-pay</i>	275.00	11329	MONTHLY CLOUD BACKUP
*31348	NATIONAL BUSINESS FURNITU	100	<i>E-pay</i>	681.34	11330	12 POINTS FURNITURE
*31355	INDIANA FARMERS MUTUAL IN:	100	<i>E-pay</i>	10.00	11331	COMMERCIAL INSURANCE POLICY- LAT
*31356	INDIANA FARMERS MUTUAL IN:	100	<i>E-pay</i>	10.00	11332	COMMERCIAL INSURANCE POLICY- LAT
*31358	COURTESY CLEANING CENTEF	100	<i>E-pay</i>	40.60	11333	LAUNDERING OF MAIN TABLECLOTHS A
*31361	T-MOBILE USA, INC.*	100	<i>E-pay</i>	882.83	11335	MAIN HOTSPOT DATA
*31362	T-MOBILE USA, INC.*	100	<i>E-pay</i>	139.16	11336	WEST HOTSPOT DATA
*31363	REPUBLIC SERVICES OF WEST	100	<i>E-pay</i>	446.56	11337	MAIN TRASH SERVICE

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31255	SAM'S CLUB DIRECT*	100 200	<i>E-pay</i>	1,042.57	11338	PROGRAM SUPPLIES
*31366	OFFICE DEPOT*	100	<i>E-pay</i>	49.38	11339	OFFICE SUPPLIES
*31367	OFFICE DEPOT*	100	<i>E-pay</i>	86.99	11340	OFFICE SUPPLIES FOR 12 POINTS
*31368	OFFICE DEPOT*	100	<i>E-pay</i>	143.49	11341	OFFICE SUPPLIES FOR 12 POINTS
*31369	OFFICE DEPOT*	100	<i>E-pay</i>	20.18	11342	OFFICE SUPPLIES FOR 12 POINTS
*31370	OFFICE DEPOT*	100	<i>E-pay</i>	10.34	11343	OFFICE SUPPLIES FOR 12 POINTS
*31371	OFFICE DEPOT*	100	<i>E-pay</i>	6.10	11344	OFFICE SUPPLIES FOR 12 POINTS
*31372	OFFICE DEPOT*	100	<i>E-pay</i>	1.36	11345	OFFICE SUPPLIES
*31373	OFFICE DEPOT*	100	<i>E-pay</i>	12.58	11346	OFFICE SUPPLIES
*31374	OFFICE DEPOT*	100	<i>E-pay</i>	187.99	11347	OFFICE SUPPLIES
*31375	OFFICE DEPOT*	100	<i>E-pay</i>	1,183.47	11348	OFFICE SUPPLIES
*30921	BAESLERS MARKET*	100	<i>E-pay</i>	700.00	11350	PROGRAM SUPPLIES
*31404	LAKESHORE LEARNING MATEF	100	<i>E-pay</i>	429.00	11351	STORYBOARD CART FOR 12 POINTS
*31413	INDIANA AMERICAN WATER CC	100	<i>E-pay</i>	636.01	11352	MAIN IRRIGATION SERVICE
*31414	INDIANA AMERICAN WATER CC	100	<i>E-pay</i>	875.57	11353	MAIN WATER SERVICE

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31092	CAPITAL ONE	100	E-pay	585.84	11354	PROGRAM SUPPLIES
*31350	VISA CARD SERVICES	100 200	E-pay	21,938.53	11355	VARIOUS SUPPLIES, TRAVEL, REGISTR.
*31436	COURTESY CLEANING CENTEF	100	E-pay	128.10	11356	LAUNDERING OF MAIN TABLECLOTHS A
*31449	COURTESY CLEANING CENTEF	100	E-pay	28.70	11357	LAUNDERING OF MAIN TABLECLOTHS A
*31454	VERIZON - WIRELESS*	100	E-pay	175.46	11358	PHONE SERVICE
*31468	GRAINGER INDUSTRIAL SUPPL	100	E-pay	127.39	11359	PARTS FOR LEAF VACUUM
*31469	OFFICE DEPOT*	100	E-pay	66.15	11360	CARD STOCK FOR PR
*31470	OFFICE DEPOT*	100	E-pay	21.56	11361	OFFICE SUPPLIES
*31474	COURTESY CLEANING CENTEF	100	E-pay	17.50	11362	LAUNDERING OF MAIN TABLECLOTHS A
*31475	COURTESY CLEANING CENTEF	100	E-pay	25.38	11363	LAUNDERING OF MAIN TABLECLOTHS A

Total Count: 34  
Total Amount: 31,932.36

Library Operating Fund 100:	98,933.85
Gift Fund 200:	1,396.17
Rainy Day Fund 201:	0.00
State Technology Reimbursement Grant Fund 276:	0.00
WVCF Creating a Better Tomorrow Grant Fund 277:	0.00
UW Neighborhood Improvement Grant Fund 278:	0.00
WVCF Impact Grant Fund 279:	988.50
Lifelong Arts Indiana Grant Fund 280:	1712.50
Public Library Access Card Fund 800:	0.00

Grand Total Count:	145
Grand Total Amount:	103,031.02

Executive Director  
Kristi Howe

VISA - OCTOBER- MONTHLY TOTAL			PAY 10/24/2024	
DATE	PO#	VENDOR	DESCRIPTION	AMOUNT
<b>KRISTI HOWE</b>		<b>XXXX XXXX XXXX 3729</b>		
9/27/2024	241707	4IMPRINT, INC	VCPL PROMO SUPPLIES	2842.18
10/16/2024	241856	DOLLAR TREE STORES	SUPPLIES FOR 12 POINTS	200.25
10/18/2024	241887	JBL DISPOSAL	DUMPSTER FOR 12 POINTS	410.00
<b>ADM TOTAL</b>				<b>3452.43</b>
<b>DENNIS SHEPARD</b>		<b>XXXX XXXX XXXX 6317</b>		
9/29/2024	240419	MAILCHIMP	MAILCHIMP RENEWAL	138.00
9/30/2024	241734	GOOGLE	GOOGLE WORKSPACE	187.20
10/11/2024	241832	WEBSTAUANTSTORE	STORAGE CABINETS FOR 12 POINTS	774.32
10/14/2024	241910	PAYPAL	DOCUMENT STUDIO SUBSCRIPTION FOR PR	158.00
10/17/2024	241876	BAYPHOTO.COM	CANVASES FOR 12 POINTS GALLERY WALL	1926.51
10/24/2024	241542	GOOGLE	FLD AD FOR YOUTUBE/GOOGLE	399.40
10/24/2024	241539	FACEBOOK	FAMILY LEARNING DAY FACEBOOK BOOST	31.38
10/24/2024	241727	FACEBOOK	HALLOWEEN BOOK GIVEAWAY BOOST	118.15
10/24/2024	241729	FACEBOOK	CON AT THE CROSSROADS FACEBOOK BOOST	60.01
<b>DENNIS S TOTAL</b>				<b>3792.97</b>
<b>BRANDY BRIDGEWATER</b>		<b>XXXX XXXX XXXX 1093</b>		
9/23/2024	241658	SAM'S CLUB DIRECT	SEPTEMBER PROGRAMMING SNACKS	90.08
9/25/2024	241690	CNA SURETY DIRECT BILL	NOTARY BOND- H MACKELBURGER	75.00
9/25/2024	241691	INBIZ	NOTARY BACKGROUND CHECK	15.70
9/25/2024	241692	INDIANA LICENSING ENTERPRISE	NOTARY APPLICATION FEE- H MACKELBURGER	74.37
9/27/2024	241758	INBIZ	NOTARY BACKGROUND CHECK- K MEEKS-JOHNSON	15.70
9/27/2024	241757	INDIANA LICENSING ENTERPRISE	NOTARY FEE- K MEEKS-JOHNSON	74.37
9/27/2024	241756	CNA SURETY DIRECT BILL	NOTARY BOND- K MEEKS-JOHNSON	75.00

9/28/2024	241723	MARATHON	ICE FOR FLD	42.50
9/30/2024	241843	THE TRASH MAN	2ND DUMPSTER FOR 12 POINTS	470.00
10/1/2024	240121	ICONIC DIGITAL MARKETING	ANNUAL FEE FOR ICONIC DIGITAL	355.50
10/2/2024	240343	FACEBOOK	FRIENDS SALES FACEBOOK AD BOOSTS	5.00
10/3/2024	240343	FACEBOOK	FRIENDS SALES FACEBOOK AD BOOSTS	5.00
10/4/2024	241752	CCI SOLUTIONS	SINGLE DVD CASES	171.27
10/5/2024	240343	FACEBOOK	FRIENDS SALES FACEBOOK AD BOOSTS	5.00
10/7/2024	241796	SIGNS.COM	SIGNAGE FOR MONSTER QUEST GRANT	98.75
10/10/2024	241813	BAMBU LAB	FILAMENT FOR BAMBU 3D PRINTERS	194.89
10/10/2024	241778	WALMART	PLASTIC STORAGE BINS	23.94
10/16/2024	241844	ALDI	SCHOOLHOUSE ORANGES	15.96
10/18/2024	241676	OLIVE GARDEN	STAFF INSTITUTE LUNCH	1592.50
10/18/2024	241880	MARATHON	ICE FOR STAFF INSTITUTE	34.00
10/21/2024	241886	TECHSOUP GLOBAL	MONTHLY CLOUD SOLUTIONS LICENSE	270.00
10/21/2024	241884	AMERICAN ASSOCIATION OF NOTARIES	NOTARY KIT AND 2 NOTARY LOG BOOKS	104.54
10/21/2024	240343	FACEBOOK	FRIENDS SALES FACEBOOK AD BOOSTS	10.15
<b>BRANDY TOTAL</b>				<b>3819.22</b>
<b>HEATHER RAYL</b>		<b>XXXX XXXX XXXX 6325</b>		
9/24/2024	241687	MENARDS INC	RUG FOR 12 POINTS	79.42
10/17/2024	241863	BEST BUY	TVS FOR 12 POINTS MEETING SPACES	1759.95
<b>HEATHER TOTAL</b>				<b>1839.37</b>
<b>VIGO CO PUBLIC LIBRARY</b>		<b>XXXX XXXX XXXX 4648</b>		
9/24/2024	241688	CACKLEBERRIES	LUNCH FOR NEW EMPLOYEE ORIENTATION	42.70
9/27/2024	241708	T-SHIRT 1	12 POINTS BRANCH T-SHIRTS	385.00

10/7/2024	241776	WEBSTaurantSTORE	12 POINTS SUPPLIES	8606.84
VIGO TOTAL				9034.54
<b>GRAND TOTAL</b>				<b>21938.53</b>

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31650	DO ART PRODUCTIONS*	100	Check	600.00	56978	PRESENTER FOR CAC
*31598	BUSINESS OFFICE PETTY CASI	100	Check	36.70	56979	CASH DRAWER REIMBURSEMENT
*31645	CAHILL'S RENTAL AND SALES I	100	Check	50.00	56980	COMPACTOR RENTAL FOR 12 POINTS
*31599	CARDIO PARTNERS INC*	100	Check	2,240.00	56981	ZOLL AED 3 FOR 12 POINTS
*31657	CLAY COUNTY GENEALOGICAL	100	Check	22.00	56982	REF MATERIAL
*31646	COSUGI*	100	Check	150.00	56983	ANNUAL COSUGI MEMBERSHIP
*31644	S&G EXCAVATING INC*	100	Check	2,610.30	56984	WHITE ROCK DELIVERY FOR 12 POINTS
					Total Count:	7
					Total Amount:	5,709.00
*31523	HOWE*KRISTI	100 200	ACH	184.32	10768	REISSUE- REIMBURSEMENT FOR 12 PO
*31641	ADP INC - AUTOPAY II*	100	ACH	863.51	10769	PAYROLL SERVICES
*31477	ADP SCREENING & SELECTION	100	ACH	72.57	10770	BACKGROUND SCREENINGS
*31628	ADTEC INC*	100	ACH	575.00	10771	E-RATE CONSULTING FEE
*31479	AMAZON.COM LLC*	100	ACH	14.84	10772	CIRC PRINT MATERIAL
*31480	AMAZON.COM LLC*	100	ACH	30.31	10773	CIRC PRINT MAT AND DVD/VIDEO MATE
*31481	AMAZON.COM LLC*	100	ACH	9.89	10774	CIRC PRINT MATERIAL

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
*31482	AMAZON.COM LLC*	100	ACH	13.75	10775	CIRC PRINT MATERIAL
*31483	AMAZON.COM LLC*	100	ACH	21.57	10776	REF MAT AND CIRC PRINT MATERIAL
*31484	AMAZON.COM LLC*	100	ACH	80.52	10777	CIRC PRINT MATERIAL AND DVD/VIDEO
*31485	AMAZON.COM LLC*	100	ACH	16.47	10778	CIRC PRINT MATERIAL AND DVD/VIDEO
*31486	AMAZON.COM LLC*	100	ACH	14.24	10779	CIRC PRINT MATERIAL AND DVD/VIDEO
*31487	AMAZON.COM LLC*	100	ACH	16.92	10780	CIRC PRINT MATERIAL AND DVD/VIDEO
*31488	AMAZON.COM LLC*	100	ACH	44.20	10781	CIRC PRINT MATERIAL
*31502	AMAZON.COM LLC*	100	ACH	31.96	10782	CIRC PRINT MATERIAL
*31503	AMAZON.COM LLC*	100	ACH	34.99	10783	DVD/VIDEO MATERIAL
*31504	AMAZON.COM LLC*	100	ACH	17.09	10784	SUPPLIES FOR 12 POINTS
*31505	AMAZON.COM LLC*	100	ACH	202.97	10785	SUPPLIES FOR 12 POINTS
*31506	AMAZON.COM LLC*	100	ACH	189.97	10786	CIRC PRINT MATERIAL AND DVD/VIDEO
*31507	AMAZON.COM LLC*	100	ACH	17.83	10787	CIRC PRINT MATERIAL
*31526	AMAZON.COM LLC*	100	ACH	56.92	10788	CIRC PRINT MATERIAL
*31527	AMAZON.COM LLC*	100	ACH	46.03	10789	CIRC PRINT MATERIAL

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31528	AMAZON.COM LLC*	100	ACH	42.85	10790	CIRC PRINT MATERIAL
*31529	AMAZON.COM LLC*	100	ACH	53.21	10791	CIRC PRINT MATERIAL
*31530	AMAZON.COM LLC*	100	ACH	17.64	10792	CIRC PRINT MATERIAL
*31531	AMAZON.COM LLC*	100	ACH	14.73	10793	CIRC PRINT MATERIAL
*31532	AMAZON.COM LLC*	100	ACH	74.57	10794	CIRC PRINT MATERIAL
*31533	AMAZON.COM LLC*	100	ACH	80.61	10795	CIRC PRINT MATERIAL
*31534	AMAZON.COM LLC*	100	ACH	13.88	10796	CIRC PRINT MATERIAL
*31535	AMAZON.COM LLC*	100	ACH	13.02	10797	CIRC PRINT MATERIAL
*31536	AMAZON.COM LLC*	100	ACH	12.22	10798	CIRC PRINT MATERIAL
*31537	AMAZON.COM LLC*	100	ACH	253.16	10799	CIRC PRINT MATERIAL
*31538	AMAZON.COM LLC*	100	ACH	288.92	10800	CIRC PRINT MATERIAL
*31539	AMAZON.COM LLC*	100	ACH	276.00	10801	CIRC PRINT MATERIAL AND DVD/VIDEO
*31540	AMAZON.COM LLC*	100	ACH	66.94	10802	CIRC PRINT MATERIAL AND DVD/VIDEO
*31541	AMAZON.COM LLC*	100	ACH	56.10	10803	CIRC PRINT MATERIAL AND DVD/VIDEO
*31542	AMAZON.COM LLC*	100	ACH	99.47	10804	CIRC PRINT MATERIAL AND DVD/VIDEO
*31543	AMAZON.COM LLC*		ACH	224.91	10805	CIRC PRINT MATERIAL AND DVD/VIDEO

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
		100				
*31544	AMAZON.COM LLC*	100	ACH	17.77	10806	CIRC PRINT MATERIAL
		100				
*31545	AMAZON.COM LLC*	100	ACH	8.70	10807	CIRC PRINT MATERIAL
		100				
*31546	AMAZON.COM LLC*	100	ACH	98.54	10808	CIRC PRINT MATERIAL
		100				
*31547	AMAZON.COM LLC*	100	ACH	100.57	10809	CIRC PRINT MATERIAL
		100				
*31548	AMAZON.COM LLC*	100	ACH	11.18	10810	DVD/VIDEO MATERIAL AND CIRC PRINT
		100				
*31549	AMAZON.COM LLC*	100	ACH	15.73	10811	CIRC PRINT MATERIAL
		100				
*31550	AMAZON.COM LLC*	100	ACH	15.83	10812	CIRC PRINT MATERIAL
		100				
*31551	AMAZON.COM LLC*	100	ACH	80.56	10813	CIRC PRINT MATERIAL
		100				
*31552	AMAZON.COM LLC*	100	ACH	28.51	10814	CIRC PRINT MATERIAL
		100				
*31553	AMAZON.COM LLC*	100	ACH	159.76	10815	DVD/VIDEO MATERIAL
		100				
*31554	AMAZON.COM LLC*	100	ACH	119.86	10816	DVD/VIDEO MATERIAL
		100				
*31555	AMAZON.COM LLC*	100	ACH	119.96	10817	CIRC PRINT MAT AND DVD/VIDEO MATE
		100				
*31556	AMAZON.COM LLC*	100	ACH	64.21	10818	CIRC PRINT MAT AND DVD/VIDEO MATE
		100				
*31557	AMAZON.COM LLC*	100	ACH	437.93	10819	CIRC PRINT MAT AND DVD/VIDEO MATE
		100				
*31558	AMAZON.COM LLC*	100	ACH	50.57	10820	CIRC PRINT MAT AND DVD/VIDEO MATE
		100				

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
*31559	AMAZON.COM LLC*	100	ACH	356.88	10821	CIRC PRINT MAT AND DVD/VIDEO MATE
*31560	AMAZON.COM LLC*	100	ACH	16.12	10822	REF MAT AND CIRC PRINT MATERIAL
*31561	AMAZON.COM LLC*	100	ACH	28.64	10823	REF MAT AND CIRC PRINT MATERIAL
*31562	AMAZON.COM LLC*	100	ACH	682.27	10824	REF MAT AND CIRC PRINT MATERIAL
*31563	AMAZON.COM LLC*	100	ACH	8.03	10825	CIRC PRINT MATERIAL
*31564	AMAZON.COM LLC*	100	ACH	36.25	10826	CIRC PRINT MATERIAL
*31565	AMAZON.COM LLC*	200	ACH	168.49	10827	1,000 BOOKS BEFORE KINDERGARTEN
*31566	AMAZON.COM LLC*	100	ACH	65.98	10828	SUBLIMATION MUGS
*31567	AMAZON.COM LLC*	100	ACH	13.85	10829	CIRC PRINT MATERIAL
*31568	AMAZON.COM LLC*	100	ACH	37.60	10830	CIRC PRINT MATERIAL
*31569	AMAZON.COM LLC*	100	ACH	59.23	10831	CIRC PRINT MATERIAL
*31570	AMAZON.COM LLC*	100	ACH	367.59	10832	CIRC PRINT MATERIAL
*31571	AMAZON.COM LLC*	100	ACH	199.96	10833	CIRC PRINT MAT AND DVD/VIDEO MAT
*31572	AMAZON.COM LLC*	100	ACH	69.00	10834	DVD/VIDEO MATERIAL
*31573	AMAZON.COM LLC*	100	ACH	94.97	10835	DVD/VIDEO MATERIAL
*31574	AMAZON.COM LLC*		ACH	269.78	10836	PHOTO FRAMES

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
		100				
*31575	AMAZON.COM LLC*		ACH	14.34	10837	CIRC PRINT MATERIAL
		100				
*31576	AMAZON.COM LLC*		ACH	91.71	10838	HOMESCHOOL HANGOUT SUPPLIES
		100				
*31577	AMAZON.COM LLC*		ACH	30.16	10839	CON AT THE CROSSROADS
		200				
*31578	AMAZON.COM LLC*		ACH	149.82	10840	DVD/VIDEO MATERIAL AND CIRC PRINT
		100				
*31579	AMAZON.COM LLC*		ACH	67.68	10841	LYSOL WIPES AND TISSUES
		100				
*31661	AMAZON.COM LLC*		ACH	31.34	10842	CIRC PRINT MATERIAL
		100				
*31662	AMAZON.COM LLC*		ACH	16.64	10843	CIRC PRINT MATERIAL
		100				
*31663	AMAZON.COM LLC*		ACH	19.80	10844	CIRC PRINT MATERIAL
		100				
*31664	AMAZON.COM LLC*		ACH	45.00	10845	REF MAT AND CIRC PRINT MATERIAL
		100				
*31666	AMAZON.COM LLC*		ACH	38.88	10846	CIRC PRINT MATERIAL
		100				
*31667	AMAZON.COM LLC*		ACH	13.45	10847	CIRC PRINT MATERIAL
		100				
*31668	AMAZON.COM LLC*		ACH	25.72	10848	CIRC PRINT MATERIAL
		100				
*31669	AMAZON.COM LLC*		ACH	8.90	10849	CIRC PRINT MATERIAL
		100				
*31670	AMAZON.COM LLC*		ACH	174.61	10850	CIRC PRINT MATERIAL
		100				

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31671	AMAZON.COM LLC*	100	ACH	530.26	10851	CIRC PRINT MATERIAL
*31672	AMAZON.COM LLC*	100	ACH	129.67	10852	DVD/VIDEO MATERIAL AND CIRC PRINT
*31673	AMAZON.COM LLC*	100	ACH	172.41	10853	DVD/VIDEO MATERIAL AND CIRC PRINT
*31674	AMAZON.COM LLC*	100	ACH	135.65	10854	DVD/VIDEO MATERIAL AND CIRC PRINT
*31675	AMAZON.COM LLC*	100	ACH	494.29	10855	DVD/VIDEO MATERIAL AND CIRC PRINT
*31676	AMAZON.COM LLC*	100	ACH	98.75	10856	CIRC PRINT MAT AND DVD/VIDEO MATE
*31677	AMAZON.COM LLC*	100	ACH	407.07	10857	CIRC PRINT MATERIAL
*31678	AMAZON.COM LLC*	100	ACH	556.37	10858	CIRC PRINT MATERIAL
*31679	AMAZON.COM LLC*	100	ACH	325.54	10859	CIRC PRINT MATERIAL
*31680	AMAZON.COM LLC*	100	ACH	15.20	10860	CIRC PRINT MATERIAL
*31681	AMAZON.COM LLC*	100	ACH	71.70	10861	OFFICE SUPPLIES
*31682	AMAZON.COM LLC*	100	ACH	7.98	10862	HEX KEYS FOR 12 POINTS
*31683	AMAZON.COM LLC*	100	ACH	107.46	10863	CIRC PRINT MATERIAL
*31684	AMAZON.COM LLC*	100	ACH	59.98	10864	DVD/VIDEO MATERIAL
*31685	AMAZON.COM LLC*	100	ACH	65.79	10865	LAUNDRY BAGS AND HOLDERS
*31686	AMAZON.COM LLC*	100	ACH	137.76	10866	FIRST AID CABINET FOR 12 POINTS

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
*31687	AMAZON.COM LLC*	200	ACH	44.48	10867	CON AT THE CROSSROADS
*31699	AMAZON.COM LLC*	100	ACH	174.56	10868	2025 CALENDAR ORDER
*31700	AMAZON.COM LLC*	100	ACH	58.19	10869	CIRC PRINT MATERIAL
*31701	AMAZON.COM LLC*	100	ACH	9.19	10870	CIRC PRINT MATERIAL
*31702	AMAZON.COM LLC*	100	ACH	72.98	10871	3D PRINT ABS FILAMENT FOR DEC PRO
*31703	AMAZON.COM LLC*	100	ACH	66.80	10872	LAMINATING SHEETS
*31704	AMAZON.COM LLC*	200	ACH	32.11	10873	CON AT THE CROSSROADS SUPPLIES
*31705	AMAZON.COM LLC*	100	ACH	13.00	10874	CIRC PRINT MAT AND DVD/VIDEO MATE
*31706	AMAZON.COM LLC*	100	ACH	108.37	10875	CIRC PRINT MAT AND DVD/VIDEO MATE
*31707	AMAZON.COM LLC*	100	ACH	19.50	10876	CIRC PRINT MAT AND DVD/VIDEO MATE
*31708	AMAZON.COM LLC*	100	ACH	42.99	10877	CIRC PRINT MAT AND DVD/VIDEO MATE
*31709	AMAZON.COM LLC*	100	ACH	70.94	10878	SUPPLIES FOR IN ARTS GRANT MONST
*31710	AMAZON.COM LLC*	100	ACH	13.57	10879	CIRC PRINT MATERIAL
*31711	AMAZON.COM LLC*	100	ACH	7.99	10880	CIRC PRINT MATERIAL AND CIRC NON-F
*31712	AMAZON.COM LLC*	100	ACH	217.89	10881	CIRC PRINT MATERIAL AND CIRC NON-F

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31713	AMAZON.COM LLC*	100	ACH	23.80	10882	CIRC PRINT MATERIAL AND CIRC NON-F
*31714	AMAZON.COM LLC*	100	ACH	49.98	10883	CIRC PRINT MATERIAL AND CIRC NON-F
*31715	AMAZON.COM LLC*	100	ACH	47.09	10884	CIRC PRINT MATERIAL
*31716	AMAZON.COM LLC*	100	ACH	17.81	10885	CIRC PRINT MATERIAL AND REF MATEF
*31717	AMAZON.COM LLC*	100	ACH	219.48	10886	CIRC PRINT MATERIAL AND REF MATEF
*31718	AMAZON.COM LLC*	100	ACH	11.66	10887	CIRC PRINT MATERIAL
*31719	AMAZON.COM LLC*	100	ACH	24.70	10888	CIRC PRINT MATERIAL
*31720	AMAZON.COM LLC*	100	ACH	11.12	10889	CIRC PRINT MATERIAL
*31721	AMAZON.COM LLC*	100	ACH	7.92	10890	CIRC PRINT MATERIAL
*31722	AMAZON.COM LLC*	100	ACH	17.12	10891	CIRC PRINT MATERIAL
*31723	AMAZON.COM LLC*	100	ACH	139.23	10892	CIRC PRINT MATERIAL
*31596	BAKER & TAYLOR INC*	100	ACH	6,434.41	10893	CIRC PRINT MATERIAL
*31660	BAKER & TAYLOR INC*	100	ACH	17,552.21	10894	CIRC PRINT MATERIAL
*31627	BRIDGEWATER*BRANDY	200	ACH	31.77	10895	SPRAY PAINT FOR CHRISTMAS IN THE I
*31593	CULLIGAN WATER CONDITIONI	100	ACH	55.00	10896	WEST COOLER RENTAL
*31642	DEMCO, INC*	100	ACH	222.09	10897	ACRYLIC DISPLAY FOR FALL FESTIVAL

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
*31588	E-Z CLEAN INC*	100	ACH	1,781.92	10898	CLEANING SUPPLIES
*31589	E-Z CLEAN INC*	100	ACH	55.92	10899	TORK PAPER TOWELS FOR 12 POINTS
*31656	EBSCO INFORMATION SERVICE	100	ACH	108.13	10900	MAGAZINES AND NEWSPAPERS
*31585	ENA*	100	ACH	571.00	10901	VOICE SERVICE
*31586	ENA*	276	ACH	1,549.33	10902	INTERNET SERVICE
*31580	GALE/CENGAGE LEARNING*	100	ACH	336.66	10903	CIRC PRINT MATERIAL
*31665	GOV CONNECTION INC*	100	ACH	1,321.44	10904	RESTICK PRINTERS FOR 12 POINTS
*31587	HANK METZGER LANDSCAPE*	100	ACH	150.00	10905	IRRIGATION SERVICE
*31584	HOWE*KRISTI	100	ACH	42.50	10906	REIMBURSEMENT FOR 12 POINTS SUPP
*31583	KIRBY RISK CORPORATION*	100	ACH	91.76	10907	ELECTRICAL OUTLET
*31594	MIDWEST COMMUNICATIONS, I	100	ACH	840.00	10908	AD SPOTS FOR OCTOBER
*31595	MIDWEST TAPE*	100	ACH	1,439.86	10909	DVD/VIDEO MATERIAL
*31643	MIDWEST TAPE*	100	ACH	6,562.13	10910	HOOPLA INVOICE FOR OCT
*31658	MIDWEST TAPE*	100	ACH	548.08	10911	PROCESSING
*31647	NEW AVENUES*	100	ACH	166.24	10912	ALA CARTE ADMIN FEE

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31592	PAYPAL INC*	100	ACH	19.95	10913	MONTHLY PAYFLOW LINK
*31640	PITNEY BOWES*	100	ACH	97.80	10914	POSTAGE LEASE
*31590	QUIPU GROUP LLC*	100	ACH	3,605.00	10915	PITS ANNUAL SUBSCRIPTION
*31698	RICOH USA INC*	100	ACH	23.58	10916	COPIER LEASE
*31189	STAPLES BUSINESS CREDIT*	100 200	ACH	214.60	10917	OFFICE SUPPLIES
*31688	TECH ELECTRONICS OF INDIAI	100	ACH	4,027.00	10918	12 POINTS ELEVATOR RELAY INSTALLA
*31689	TECH ELECTRONICS OF INDIAI	100	ACH	3,583.96	10919	FIRE/INTRUSION SYSTEM INSTALLATIO
*31690	TECH ELECTRONICS OF INDIAI	100	ACH	11,277.00	10920	FIRE ALARM EXPANSION
*31653	UNIQUE MANAGEMENT SERVIC	100	ACH	751.37	10921	NOTICES
*31654	UNIQUE MANAGEMENT SERVIC	100	ACH	597.40	10922	PLACEMENTS
*31655	WAGeworks, INC.*	100	ACH	168.82	10923	COBRA MONTHLY FEE
*31591	WEAS ENGINEERING INC*	100	ACH	491.72	10924	WATER TREATMENT MANAGEMENT
						Total Count: 157
						Total Amount: 78,233.47
*31495	COMPUTYPE*	100	E-pay	928.82	11370	SPINE LABEL KITS
*31498	LARGE INK, LLC*	100	E-pay	108.10	11372	ART WALL FOR 12 POINTS 29

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
*31508	CROWN ELECTRIC, INC*	100	<i>E-pay</i>	<b>3,015.00</b>	<b>11375</b>	TROUBLESHOOT LIGHTING/REPAIR LIF
*31509	SHERWIN-WILLIAMS*	100	<i>E-pay</i>	<b>77.84</b>	<b>11376</b>	GALLON OF TRICORN BLACK 12 POINTS
*31510	CROSSROADS DOOR & HARDV	100	<i>E-pay</i>	<b>213.00</b>	<b>11377</b>	EXTRA CORES FOR 12 POINTS
*31521	TOWN OF WTH WATER & SEWE	100	<i>E-pay</i>	<b>79.86</b>	<b>11387</b>	WEST WATER SERVICE
*31522	INDIANA AMERICAN WATER CC	100	<i>E-pay</i>	<b>57.12</b>	<b>11388</b>	PRIVATE FIRE SERVICE
*31524	WEX BANK*	100	<i>E-pay</i>	<b>254.02</b>	<b>11389</b>	FUEL SERVICE
*31357	LOWE'S COMMERCIAL SERVICI	100	<i>E-pay</i>	<b>643.02</b>	<b>11390</b>	MAINTENANCE SUPPLIES
*31581	NICHE ACADEMY*	100	<i>E-pay</i>	<b>3,800.00</b>	<b>11391</b>	2025 INVOICE
*31597	TRIBUNE STAR PUBLISHING CC	100	<i>E-pay</i>	<b>728.00</b>	<b>11392</b>	STICKY NOTE PROGRAM
*31600	PRIORITY ENGINEERING*	100	<i>E-pay</i>	<b>3,500.00</b>	<b>11393</b>	BOOK EYE MAINTENANCE AGREEMENT
*31601	TABCO PRINTING & PROMOTIC	100	<i>E-pay</i>	<b>30.50</b>	<b>11394</b>	BOARD MEMBER NAMEPLATE
*31296	BAESLERS MARKET*	100	<i>E-pay</i>	<b>53.78</b>	<b>11395</b>	PROGRAM SUPPLIES
*31603	COURTESY CLEANING CENTEF	100	<i>E-pay</i>	<b>17.50</b>	<b>11396</b>	LAUNDERING OF WEST TABLECLOTHS
*31604	COURTESY CLEANING CENTEF	100	<i>E-pay</i>	<b>29.75</b>	<b>11397</b>	LAUNDERING OF MAIN TABLECLOTHS A
*31605	CENTER POINT LARGE PRINT*	100	<i>E-pay</i>	<b>2,531.85</b>	<b>11398</b>	CIRC PRINT MATERIAL

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31629	OFFICE DEPOT*	100	E-pay	10.76	11399	OFFICE SUPPLIES
*31630	OFFICE DEPOT*	100	E-pay	6.68	11400	OFFICE SUPPLIES
*31631	OFFICE DEPOT*	100	E-pay	1,091.41	11401	OFFICE SUPPLIES
*31632	CENTERPOINT ENERGY*	100	E-pay	63.70	11402	WEST GAS SERVICE
*31633	OVERDRIVE*	100	E-pay	9,750.00	11403	NOV MONTHLY DEPOSIT
*31634	DUKE ENERGY *	100	E-pay	492.22	11404	WEST ELECTRIC SERVICE
*31635	DUKE ENERGY *	100	E-pay	1,030.21	11405	12 POINTS ELECTRIC SERVICE
*31636	DUKE ENERGY *	100	E-pay	13,088.21	11406	MAIN ELECTRIC SERVICE
*31648	TABCO PRINTING & PROMOTIC	100	E-pay	120.00	11407	FACILITIES TECH SHIRTS
*31649	COURTESY CLEANING CENTEF	100	E-pay	46.20	11408	LAUNDERING OF MAIN TABLECLOTHS A
*31277	KROGER*	100 200	E-pay	155.76	11409	PROGRAM SUPPLIES
*31659	THIEMANN OFFICE PRODUCTS	100	E-pay	870.00	11410	12 POINTS FURNITURE
*31724	COURTESY CLEANING CENTEF	100	E-pay	27.65	11411	LAUNDERING OF MAIN TABLECLOTHS A
*31725	COURTESY CLEANING CENTEF	100	E-pay	56.88	11412	LAUNDERING OF MAIN TABLECLOTHS A

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check #</i> <i>ACH #</i> <i>EFT #</i>	<i>Description</i>
------------------	-------------------------	-------------	---------------	--------------	--	--------------------

<i>Library Operating Fund 100:</i>			<b>124,644.59</b>			
<i>Gift Fund 200:</i>			<b>626.39</b>			
<i>Rainy Day Fund 201:</i>			<b>0.00</b>			
<i>State Technology Reimbursement Grant Fund 276:</i>			<b>1,549.33</b>			
<i>WVCF Creating a Better Tomorrow Grant Fund 277:</i>			<b>0.00</b>			
<i>UW Neighborhood Improvement Grant Fund 278:</i>			<b>0.00</b>			
<i>WVCF Impact Grant Fund 279:</i>			<b>0.00</b>			
<i>Lifelong Arts Indiana Grant Fund 280:</i>			<b>0.00</b>			
<i>Public Library Access Card Fund 800:</i>			<b>0.00</b>			

Grand Total Count:	<b>195</b>
Grand Total Amount:	<b>126,820.31</b>

---

Executive Director  
Kristi Howe

**Payroll Payable  
Voucher Register**

**Vigo County Public Library**

For Period October -2024

Date Filed	Voucher Number	NAME OF CLAIMANT	AMOUNT OF VOUCHER	AMOUNT ALLOWED	CHECK/ WARRANT NUMBER	MEMORANDUM
10/11	Pay #21	Gross Payroll	\$ 148,844.83	\$ 148,844.83	ACH	
10/11	Pay #21	FICA	\$ 10,775.46	\$ 10,775.46	ACH	
10/11	Pay #21	PERF	\$ 19,643.77	\$ 19,643.77	ACH	
10/25	Pay #22	Gross Payroll	\$ 147,798.74	\$ 147,798.74	ACH	
10/25	Pay #22	FICA	\$ 10,679.36	\$ 10,679.36	ACH	
10/25	Pay #22	PERF	\$ 19,506.74	\$ 19,506.74	ACH	
10/25	Pay #22	UHC	\$ 83,350.22	\$ 83,350.22	ACH	
10/25	Pay #22	Guardian	\$ 7,603.01	\$ 7,603.01	ACH	
		Gross Payroll	\$ -	\$ -	ACH	
		FICA	\$ -	\$ -	ACH	
		PERF	\$ -	\$ -	ACH	

		Total library cost	\$ 448,202.13			
October	Pay 21 & 22	Nationwide	\$ 2,082.26	\$ 2,082.26	ACH	Staff withholding
October	Pay 21 & 22	Garnishments	\$ 367.31	\$ 367.31	ACH	Staff withholding
October	Pay 21 & 22	Garnishment Reim	\$ -	\$ -	ACH	Staff withholding
October	Pay 21 & 22	AFLAC	\$ 870.24	\$ 870.24	ACH	Staff withholding
October	Pay 21 & 22	United Way	\$ 252.00	\$ 252.00	ACH	Staff withholding
October	Pay 21 & 22	UHC	\$ 10,460.00	\$ 10,460.00	ACH	Staff withholding
October	Pay 21 & 22	HSA adj.		\$ -	ACH	Staff withholding
October	Pay 21 & 22	Guardian	\$ 1,527.21	\$ 1,527.21	ACH	Staff withholding
October	Pay 21 & 22	Boston Mutual	\$ 516.24	\$ 516.24	ACH	Staff withholding
October	Pay 21 & 22	Fed Tax	\$ 20,060.17	\$ 20,060.17	ACH	Staff withholding
October	Pay 21 & 22	State Tax	\$ 8,741.24	\$ 8,741.24	ACH	Staff withholding
October	Pay 21 & 22	Local Tax	\$ 5,491.84	\$ 5,491.84	ACH	Staff withholding
October	Pay 21 & 22	FICA	\$ 21,454.74	\$ 21,454.74	ACH	Staff withholding
October	Pay 21 & 22	Vol. PERF	\$ 5,666.28	\$ 5,666.28	ACH	Staff withholding
		Staff Cost	\$ 77,489.53	\$ 77,489.53		

<b>Voucher #</b>	<b>Name of Claimant</b>	<b>Fund</b>	<b>Amount</b>	<b>Total</b>	<b>Check # ACH # EFT #</b>	<b>Description</b>
*31429	KEYMARK CONSTRUCTION*	100	ACH	171.89	10759	COR 109
*31430	KEYMARK CONSTRUCTION*	100	ACH	104.96	10760	COR 110
*31431	KEYMARK CONSTRUCTION*	100	ACH	40,738.71	10761	COR 113, 114, 120, 121, 125, 127, 128
*31432	KEYMARK CONSTRUCTION*	100	ACH	13,671.39	10762	12 POINTS REMODELING

Total Count: **4**  
Total Amount: **54,686.95**

Library Operating Fund 100:	<b>54,686.95</b>
Gift Fund 200:	0.00
Rainy Day Fund 201:	0.00
State Technology Reimbursement Grant Fund 276:	0.00
WVCF Creating a Better Tomorrow Grant Fund 277:	0.00
UW Neighborhood Improvement Grant Fund 278:	0.00
WVCF Impact Grant Fund 279:	0.00
Lifelong Arts Indiana Grant Fund 280:	0.00
Public Library Access Card Fund 800:	0.00

Grand Total Count:	<b>4</b>
Grand Total Amount:	<b>54,686.95</b>

Executive Director  
Kristi Howe

**October 31, 2024**

**Gift Fund Balances**

**2024**

<b>FUND</b>	<b>AMOUNT</b>	<b>PURPOSE</b>	<b>APPROVAL</b>
00-General	\$ 2,363.50	Unrestricted Use	Admin.
64-SPC	\$ 6,020.59	Support of SPC	Admin.
65-Big Read	\$ 450.00	Big Read	Admin.
66-YS	\$ 4,161.28	Support of YS	Admin.
67-WVCF Endowment	\$ 535.00	Support of Strategic Plan Goals	Admin.
68-Crackerbarrel	\$ 38.10	Support of Crackerbarrel	Admin.
69-Wright Foundation	\$ 5,225.54	Unrestricted Use	Admin.
70- West Emily's Garden	\$ 200.00	Maintenance of Emily's Garden at West Branch	Admin.
71-West Branch	\$ 1,408.39	Support of West Branch	Admin.
72-Friends	\$ 2,864.83	Support of Pre-Approved Programs/Initiatives	Admin.
73-WVLC	\$ -	Support of LLC Literacy Events	Admin.
74-Wiley Cupola	\$ 1,467.87	Maintenance of Cupola	Admin.
75-Wiley Memorial	\$ 20,130.68	Maintenance of Memorial	Admin.
77-WVCF Meeks	\$ 13.92	Childrens Literature	Admin.
81-Community Connections	\$ 216.95	Support of Community Connections	Admin.
83-Kiwanis Ys	\$ 97.86	Childrens Book Label Commemorating Speakers	Admin.
85-Phillips	\$ 3,305.47	Support of LLC and Archives	Admin.
87-Cox	\$ 646.48	Hearing Impaired Support	Admin.
89-Christmas in the Park	\$ 618.04	Christmas in the Park	Admin.
92-Marketing	\$ 945.05	Unrestricted Use	Admin.
93-Programming and Events	\$ 197.00	Support of Programming and Events	Admin.
94-TH Econ.Dev.	\$ 139.58	Adult Nonfiction Commemorating Speakers	Admin.
95-12 Points	\$ 1,100.00	Support of 12 Points	Admin.
96-Fundraiser	\$ 770.44	Buy a Book	Admin.
<b>TOTAL</b>	<b>\$ 52,916.57</b>		

# DIRECTOR'S REPORT TO THE VIGO COUNTY PUBLIC LIBRARY BOARD NOVEMBER 18, 2024

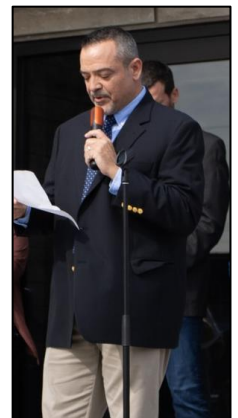
## 12 POINTS BRANCH OPENING & MONSTER QUEST UNVEILING



On Monday, October 30 at 2pm, VCPL held the long-awaited ribbon cutting and grand opening of the 12 Point Branch Library. Current and former Library Board members, VCPL Administration, Mayor Brandon Sakbun, Keymark Construction President Jacob Hellmann, and Thomas family descendent Michael Butts participated in the ribbon cutting ceremony, including comments from Board President Jamie Young and Board VP Christi Fenton, Executive Director Kristi Howe, Mayor Sakbun, and Jacob Hellmann.

Hundreds of people visited the branch that day to tour the building, play on the playground (and the slide), get library cards, and check out materials. 12 Points Branch staff continued to welcome curious visitors all week and participated in the 12 Points neighborhood's Trick or Treat by handing out books and candy to costumed guests.

Many guests were astounded by the transformation of the building from the former Thomas Funeral Home to a modern library branch. Visitors also shared their appreciation for opening a branch on the north side of Terre Haute. Residents expressed great interest in forthcoming cooking classes in the activities garage and look forward to enjoying the splash pad when warm weather returns.



On Friday, November 1, Emily Bennett Studio in collaboration with VCPL unveiled Monster Quest, a public art installation that adorns the front of the building. Harry Bennett drew the monsters at the age of four, and his mother, Emily, used his designs to create life-sized sculptures. This public art installation was funded by an Indiana Arts Commission grant and is accompanied by a monster-themed scavenger hunt at the 12 Point Branch to encourage families and children to explore their new library.

In the first week, the library saw more than 1,100 people walk through its doors, and the staff issued 81 new library cards. The 12 Points Branch staff have enjoyed getting to know the neighborhood and look forward to developing relationships with their regular customers.



# DIRECTOR'S REPORT TO THE VIGO COUNTY PUBLIC LIBRARY BOARD NOVEMBER 18, 2024

## FALL FESTIVAL OF WRITERS



VCPL welcomed 17 local authors and 129 visitors to the annual Fall Festival of Writers on November 9. This event provides writers a chance to network with the public and each other while selling copies of their books. Four authors participated in a roundtable event where aspiring authors had the opportunity to seek advice and tips from published

writers. One author said of the event, “It was great meeting other authors and readers, and it was a very well-organized event. I appreciate your care for the authors.” Several praised the Maintenance team for the layout and appearance of the event. One author even stated, “Libraries in northern Indiana need to learn from VCPL!”

## INDIANA ARTS COMMISSION'S CREATIVE AGING GRANT

Programming associated with the grant VCPL received from the Indiana Arts Commission is underway in the form of felting and ceramics classes being led by local artists Emily Bennett and Hayley Bean. These programs are limited to those aged 60 and above and are designed to decrease isolation and increase intellectual and creative stimulation. A total of 39 individuals are participating in the classes, and many have formed friendships and engaged in social activities beyond the classroom. Participants have commented on how much they are enjoying the instruction and one stated, “I’m so glad you’re offering this class. I have an arm injury, and this is the first art class I’ve been able to join without feeling like I shouldn’t be there.”

## ESL PROGRAM



VCPL continues to build connections and empower families through many of its programs. The English-as-a-Second Language (ESL) Women’s Conversation Group and ESL Family Nights events provide important resources, community awareness, and social interaction for many new to Vigo County and to this country. A recent activity was a visit to St Mary-of-the-Woods College to learn about the Equine Studies program. One frequent participant of these programs commented to Adult Services Assistant Kim Meeks-Johnson, “The Library is a great resource for me and my family while we are away from our country this school year. The library is my family’s base!”

# DIRECTOR'S REPORT TO THE VIGO COUNTY PUBLIC LIBRARY BOARD NOVEMBER 18, 2024

## EMPOWERING INDIVIDUALS

VCPL empowers individuals, as well as families. Kim Meeks-Johnson was approached by an unhoused customer who had spent a good deal of time at VCPL and wanted to let her know that he was okay and employed. "The kindness and respect from Library staff were a big part of getting my self-esteem back."

## NIGHT WITH THE FORCE



Youth Service Assistant Matt Shattuck organized a spectacular event for young people, collaborating with community partner Tom McKinney and his team from Minton's ATA Black Belt Academy. Participants received the crystal needed for a lightsaber during a special ceremony and were officially inducted into the Jedi Academy by a Mandalorian, who proclaimed, "That is the way." After adding their crystal to the lightsaber, they personalized their lightsabers with decorations before navigating an obstacle course and receiving instruction on the proper use of their lightsaber. The unexpected arrival of Darth Vader prompted Master Kinney to protect the younglings, ultimately defeating Vader and securing the Empire for another day. All parents and participants remarked that the program was amazing and well-organized, with many asking if it would be held again soon.



## SPC CREATES ANOTHER HALLOWEEN SPECIAL

On October 29, Special Collections released its latest installment in the Terror Tales series of Halloween videos, "The Spirits of Mogger's Restaurant & Pub." The project was another collaboration between SPC and Public Relations. With more than 150 views in the first week, the video also featured at the October Staff Association meeting and received great applause. Though the project involved all staff from Special Collections and Public Relations, congratulations must go to Sean Eisele for spearheading it and seeing it through to completion.



# DIRECTOR'S REPORT TO THE VIGO COUNTY PUBLIC LIBRARY BOARD NOVEMBER 18, 2024

## LIBRARY LEARNING IN ACTION



Tech Team members Hailey Mackelburger and Chelsea Howard had the pleasure of hosting students from West Vigo High School to highlight STEAM opportunities in Haute Create. Students learned how to use the laser cutter and the podcast booth while also learning about the ways tech literacy skills are taught through the lens of creativity and crafting.

Tech Team also hosted students from the German exchange group from Villingen-Schwenningen on their Terre Haute tour. This year's group included twenty students who spent an hour learning about what maker activities and services VCPL has to offer, including virtual reality, robotics, and audio recording.

## PERSONNEL CHANGES

### EMPLOYMENT

Denny, Sydney M. - Hired for the full-time non-exempt position of Youth Services Assistant Librarian for the Youth Services Department effective September 24, 2024.

Jakaitis, Susan M. - Re-hired for the part-time non-exempt position of Program and Event Specialist in the Program and Events Department effective November 4, 2024.

### RESIGNATION

Dickison, Arianna C. - Resigned the full-time non-exempt position of Facilities Assistant in the Facilities Department effective October 23, 2024.

Respectfully submitted,

Kristi J. Howe

11/13/24 AG

	October-24	October-23		YTD 2024	YTD 2023	
Print Circulation	16,509	17,505	-5.7%	179,653	188,377	-4.6%
A/V Circulation	7,054	6,257	12.7%	58,910	64,679	-8.9%
Misc	284	335	-15.2%	3,208	3,115	3.0%
Electronic Devices	57	65	-12.3%	555	622	-10.8%
<b>TOTAL</b>	<b>23,904</b>	<b>24,162</b>	<b>-1.1%</b>	<b>242,326</b>	<b>256,793</b>	<b>-5.6%</b>

	October-24	October-23		YTD 2024	YTD 2023	
Overdrive						
E-book	7,475	7,423	0.7%	77,795	71,572	8.7%
E-audiobook	6,066	5,267	15.2%	59,537	47,245	26.0%
E-Magazines	968	1,148	-15.7%	9,428	4,331	117.7%
<b>TOTAL</b>	<b>14,509</b>	<b>13,838</b>	<b>4.8%</b>	<b>146,760</b>	<b>123,148</b>	<b>19.2%</b>

	October-24	October-23		YTD 2024	YTD 2023	
Hoopla						
E-audiobook	1,802	1,895	-4.9%	16,465	18,634	-11.6%
Bingepasses	21	35	-40.0%	282	227	24.2%
E-Books	594	930	-36.1%	6,552	8,983	-27.1%
E-Comics	109	164	-33.5%	1,009	1,623	-37.8%
E-music	62	178	-65.2%	826	1,524	-45.8%
E-video movie	199	230	-13.5%	1,904	2,222	-14.3%
E-video TV	72	127	-43.3%	871	1,574	-44.7%
<b>TOTAL</b>	<b>2,859</b>	<b>3,559</b>	<b>-19.7%</b>	<b>27,909</b>	<b>34,787</b>	<b>-19.8%</b>

	October-24	October-23		YTD 2024	YTD 2023	
Reference [fact-finding]	2,121	2,267	-6.4%	22,084	24,506	-9.9%

**MATERIALS ADDED TO COLLECTION**

Purchased Items	October-24	YTD 2024
Book	1,586	9,864
Video	204	2,580
Video Game	35	226
Music CD	0	15
Audio Book	239	298
Misc	13	183
<b>TOTAL</b>	<b>2,077</b>	<b>13,166</b>

Donated Items	October-24	YTD 2024
Book	29	666
Video	0	0
Video Game	0	0
Music CD	0	0
Audio Book	0	0
Misc	0	1
<b>TOTAL</b>	<b>29</b>	<b>667</b>

New Items Ordered	October-24	YTD 2024
Book	5,786	15,059
Video	923	2,985
Video Game	33	313
Music CD	0	8
Audio Book	409	523
Misc	13	184
<b>TOTAL</b>	<b>7,164</b>	<b>19,072</b>

New Items Received	October-24	YTD 2024
Book	2,121	10,036
Video	162	2,357
Video Game	51	229
Music CD	0	0
Audio Book	304	386
Misc	25	175
<b>TOTAL</b>	<b>2,663</b>	<b>13,183</b>

<b>ON-SITE PROGRAMS</b>	<b>October-24</b>	<b>October-23</b>		<b>YTD 2024</b>	<b>YTD 2023</b>	
Early Literacy (ISL: 0-5 yrs)	25	8	212.5%	222	131	69.5%
Children (ISL: 6-11 yrs)	13	28	-53.6%	165	122	35.2%
Teens (ISL: 12-18yrs)	19	9	111.1%	110	92	19.6%
Adults (ISL: 19 + yrs)	12	8	50.0%	162	157	3.2%
General (all ages)	15	16	-6.3%	174	157	10.8%
<b>TOTAL</b>	<b>84</b>	<b>69</b>	<b>21.7%</b>	<b>833</b>	<b>659</b>	<b>26.4%</b>

<b>ON-SITE ATTENDANCE</b>	<b>October-24</b>	<b>October-23</b>		<b>YTD 2024</b>	<b>YTD 2023</b>	
Early Literacy (ISL: 0-5 yrs)	455	312	45.8%	3,766	3,309	13.8%
Children (ISL: 6-11 yrs)	234	815	-71.3%	2,121	2,750	-22.9%
Teens (ISL: 12-18yrs)	61	42	45.2%	533	561	-5.0%
Adults (ISL: 19 + yrs)	86	237	-63.7%	1,909	1,830	4.3%
General (all ages)	1,669	1,854	-10.0%	9,122	5,905	54.5%
<b>TOTAL</b>	<b>2,505</b>	<b>3,260</b>	<b>-23.2%</b>	<b>17,451</b>	<b>14,355</b>	<b>21.6%</b>

<b>OFF-SITE PROGRAMS</b>	<b>October-24</b>	<b>October-23</b>		<b>YTD 2024</b>	<b>YTD 2023</b>	
Early Literacy (ISL: 0-5 yrs)	0	0	null	4	0	null
Children (ISL: 6-11 yrs)	0	0	null	6	21	-71.4%
Teens (ISL: 12-18yrs)	0	0	null	0	2	-100.0%
Adults (ISL: 19 + yrs)	14	18	-22.2%	129	119	8.4%
General (all ages)	4	2	100.0%	20	9	122.2%
<b>TOTAL</b>	<b>18</b>	<b>20</b>	<b>-10.0%</b>	<b>159</b>	<b>151</b>	<b>5.3%</b>

<b>OFF-SITE ATTENDANCE</b>	<b>October-24</b>	<b>October-23</b>		<b>YTD 2024</b>	<b>YTD 2023</b>	
Early Literacy (ISL: 0-5 yrs)	0	0	null	149	0	null
Children (ISL: 6-11 yrs)	0	0	null	265	419	-36.8%
Teens (ISL: 12-18yrs)	0	0	null	0	34	-100.0%
Adults (ISL: 19 + yrs)	207	199	4.0%	1,751	1,591	10.1%
General (all ages)	1,773	1,023	73.3%	3,528	1,712	106.1%
<b>TOTAL</b>	<b>1,980</b>	<b>1,222</b>	<b>62.0%</b>	<b>5,693</b>	<b>3,756</b>	<b>51.6%</b>

<b>COMMUNITY OUTREACH</b>	<b>October-24</b>	<b>October-23</b>		<b>YTD 2024</b>	<b>YTD 2023</b>	
# of Community Events Participated In	10	6	66.7%	70	69	1.4%
# of Interactions at Community Events	3,501	2,353	48.8%	13,658	13,936	-2.0%

	<b>October-24</b>	<b>October-23</b>		<b>YTD 2024</b>	<b>YTD 2023</b>	
Web Site Visits	15,974	14,526	10.0%	159,666	119,156	34.0%
Mobile App Visits	28	40	-30.0%	241	761	-68.3%
Computer Users	4,912	4,070	20.7%	44,610	38,331	16.4%
Subscription Databases	8,636	9,792	-11.8%	74,720	83,843	-10.9%
ILL provided to other Libraries	231	127	81.9%	2,887	2,271	27.1%
ILL received from other Libraries	125	87	43.7%	1,010	721	40.1%

	<b>October-24</b>	<b>October-23</b>		<b>YTD 2024</b>	<b>YTD 2023</b>	
Adult materials deliveries	30	31	-3.2%	315	253	24.5%
Youth materials deliveries	11	12	-8.3%	91	163	-44.2%
<b>TOTAL</b>	<b>41</b>	<b>43</b>	<b>-4.7%</b>	<b>406</b>	<b>416</b>	<b>-2.4%</b>

	Employee Cost Bi-Weekly for Each of 2 Pays per Month	Employee Cost per Month	Library Cost per Month	Total Premium per Month
<b>Vision – Davis Designer B Guardian</b>				
Employee	1	2	6.02	8.02
Employee/Spouse	2	4	12.92	16.92
Employee/Children	1.50	3	9.35	12.35
Employee/Family	4	8	14.45	22.45
<b>Vision – VSP Choice B Guardian</b>				
Employee	4	8	5.82	13.82
Employee/Spouse	8	16	10.17	26.17
Employee/Children	8	16	10.66	26.66
Employee/Family	14	28	14.21	42.21
<b>Dental – Guardian</b>				
Employee	3	6	35.82	41.82
Employee/Spouse	7.50	15	74.45	89.45
Employee/Children	8	16	80.84	96.84
Employee/Dependents	13.50	27	118.06	145.06
<b>Medical – ANTHEM PPO</b>				
Employee	100	200	1080.39	1280.39
Employee/Spouse	240	480	2541.73	3021.73
Employee/Children	170	340	1977.51	2317.51
Employee/Family	265	530	2815.67	3345.67
<b>Medical – ANTHEM HDHP</b>				
Employee	15	30	1051.22	1081.22
Employee/Spouse	55	110	2441.67	2551.67
Employee/Children	30	60	1897.00	1957.00
Employee/Family	60	120	2705.22	2825.22

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO HSA Option 2 with Rx Option T8

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$2,000 person / \$4,000 family	\$6,000 person / \$12,000 family
Overall Out-of-Pocket Limit	\$3,000 person / \$6,000 family	\$9,000 person / \$18,000 family

The family deductible and out-of-pocket limit are non-embedded, meaning the cost shares of all family members apply to one family deductible and one family out-of-pocket limit. The per person deductible and per person out-of-pocket limit apply to individuals enrolled under single-only coverage.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
<b><u>Other Practitioner Visits</u></b>		
<b>Maternity Doctor services</b> (prenatal/postnatal care and delivery)	No charge after deductible is met	30% coinsurance after deductible is met
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	No charge after deductible is met	30% coinsurance after deductible is met
<b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i></p> <p><b>Surgery</b></p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Preventive care / screenings / immunizations</b></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b><u>Diagnostic Services</u></b></p> <p><b>Lab</b></p> <p>Office</p> <p>Freestanding Lab/Reference Lab</p> <p>Outpatient Hospital</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>X-Ray</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b>Emergency Room Facility Services</b></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b>  <i>Non-emergency Out-of-Network ambulance services are limited to an Anthem maximum payment of \$50,000 per trip. The \$50,000 limit does not apply to air ambulance services.</i></p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p><b>Physician and other services including surgeon fees</b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><b>Facility Fees</b></p> <p><b>Human Organ and Tissue Transplants</b>  <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p><b>Physician and other services including surgeon fees</b></p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Home Health Care</b>  <i>Coverage is limited to 120 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met<sup>45</sup></p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i>  <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>  <i>Coverage is limited to 20 visits per benefit period.</i></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i>  <i>Coverage is limited to 36 visits per benefit period.</i></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Skilled Nursing Care (facility)</b>  <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Inpatient Hospice</b></p>	<p>No charge after deductible is met</p>	<p>Covered as In-Network</p>
<p><b>Durable Medical Equipment</b></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Prosthetic Devices</b>  <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p>

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<p><b>Pharmacy Deductible</b></p>	<p>Combined with In-Network medical deductible</p>	<p>Combined with In-Network medical deductible</p>	<p>Combined with Out-of-Network medical deductible</p>
<p><b>Pharmacy Out-of-Pocket Limit</b></p>	<p>Combined with In-Network medical out-of-</p>	<p>Combined with In-Network medical out-of-</p>	<p>Combined with Out-of-Network medical out-of-</p>

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	pocket limit	pocket limit	pocket limit
<b>Prescription Drug Coverage</b> <b>Network: Rx Choice Tiered Network</b> <b>Drug List: Essential</b> Drugs not included on the Essential drug list will not be covered.			
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.			
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription after deductible is met (retail) and \$20 copay per prescription after deductible is met (home delivery)	\$20 copay per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 2 - Typically Preferred Brand</b>	\$35 copay per prescription after deductible is met (retail) and \$88 copay per prescription after deductible is met (home delivery)	\$45 copay per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$75 copay per prescription after deductible is met (retail) and \$188 copay per prescription after deductible is met (home delivery)	\$85 copay per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	25% coinsurance up to \$350 per prescription after deductible is met (retail and home delivery)	25% coinsurance up to \$450 per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>		
<b>Children's Vision exam (up to age 19)</b> <i>Limited to 1 exam per benefit period.</i>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<b>Adult Vision exam (age 19 and older)</b> <i>Limited to 1 exam per benefit period.</i>	No charge	Reimbursed Up to \$42

**Notes:**

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible / copayment / coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- The representations of benefits in this document are subject to Indiana Department of Insurance (IN DOI) approval and are subject to change.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. 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.

Questions: (833) 578-4441 or visit us at [www.anthem.com](http://www.anthem.com)

# Your summary of benefits



Your Plan: Anthem Blue Access PPO HSA Option 2 with Rx Option T8

Your Network: Blue Access

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

## Language Access Services:

### Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4441

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

**Arabic (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4441.

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4441:

**Chinese (中文):** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4441。

**Farsi (فارسی):** در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4441 تماس بگیرید.

**French (Français):** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4441.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4441.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4441.

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 578-4441 にお電話ください。

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4441로 문의하십시오.

**Navajo (Diné):** Dii naaltsoos biká'ígíí lahgo bina'ídiikidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee níl hodoonih t'áadoo báąh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo koj' hodiílnih (833) 578-4441.

## Language Access Services:

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4441.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4441 ਤੇ ਕਾਲ ਕਰੋ।

**Russian (Русский):** если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 578-4441.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 578-4441.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 578-4441.

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4441.

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO Option 1 with Rx Option T1

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	\$40 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$500 person / \$1,500 family	\$1,500 person / \$4,500 family
Overall Out-of-Pocket Limit	\$2,500 person / \$5,000 family	\$7,500 person / \$15,000 family

The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$20 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	\$40 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
<b>Other Practitioner Visits</b>		
<b>Maternity Doctor services</b> (prenatal/postnatal care and delivery)	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Retail Health Clinic</b> for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.	\$20 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
<b>Manipulation Therapy</b> Coverage is limited to 12 visits per benefit period.	\$40 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
<u><b>Other Services in an Office</b></u>  <b>Allergy Testing</b> When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.  <b>Prescription Drugs Dispensed in the office</b>  <b>Surgery</b>	10% coinsurance after medical deductible is met  10% coinsurance after medical deductible is met  \$40 copay per visit medical deductible does not apply <sup>‡</sup>	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	30% coinsurance after medical deductible is met
<b>Preventive Care for Chronic Conditions per IRS guidelines</b>	No charge	30% coinsurance after medical deductible is met
<u><b>Diagnostic Services</b></u>  <b>Lab</b> Office  Freestanding Lab/Reference Lab  Outpatient Hospital	No charge  No charge  10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>X-Ray</b> Office	No charge	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p><b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b> <i>Non-emergency Out-of-Network ambulance services are limited to an Anthem maximum payment of \$50,000 per trip. The \$50,000 limit does not apply to air ambulance services.</i></p>	<p>\$75 copay per visit medical deductible does not apply</p> <p>\$250 copay per visit and 10% coinsurance medical deductible does not apply</p> <p>10% coinsurance medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p><b>Physician and other services <i>including surgeon fees</i></b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><b>Facility Fees</b></p> <p><b>Human Organ and Tissue Transplants</b> <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p><b>Physician and other services <i>including surgeon fees</i></b></p>	<p>10% coinsurance after medical deductible is met</p> <p>No charge</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Home Health Care</b> <i>Coverage is limited to 120 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p>
<p><b>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i></b> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i></p> <p>Office</p>	<p>\$40 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>Coverage is limited to 20 visits per benefit period.</i>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>Coverage is limited to 36 visits per benefit period.</i>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b>  Office  Outpatient Hospital	  No charge  10% coinsurance after medical deductible is met	  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply <sup>‡</sup>  10% coinsurance after medical deductible is met	  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	No charge	No charge
<b>Durable Medical Equipment</b>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: Rx Choice Tiered Network</b> <b>Drug List: Essential</b> <i>Drugs not included on the Essential drug list will not be covered.</i>			
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.			
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	\$20 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Tier 2 - Typically Preferred Brand</b>	\$35 copay per prescription (retail) and \$88 copay per prescription (home delivery)	\$45 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$75 copay per prescription (retail) and \$188 copay per prescription (home delivery)	\$85 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	25% coinsurance up to \$350 per prescription (retail and home delivery)	25% coinsurance up to \$450 per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)
Covered Vision Benefits		Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
<b>Children's Vision exam (up to age 19)</b> <i>Limited to 1 exam per benefit period.</i>		No charge	\$0 copayment up to plan's Maximum Allowed Amount
<b>Adult Vision exam (age 19 and older)</b> <i>Limited to 1 exam per benefit period.</i>		No charge	Reimbursed Up to \$42

**Notes:**

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible / copayment / coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- † You will pay the PCP's office visit copay when services are provided in their office.
- The representations of benefits in this document are subject to Indiana Department of Insurance (IN DOI) approval<sup>58</sup> and are subject to change.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. 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.

Questions: (833) 578-4441 or visit us at [www.anthem.com](http://www.anthem.com)

# Your summary of benefits



Your Plan: Anthem Blue Access PPO Option 1 with Rx Option T1

Your Network: Blue Access

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

## Language Access Services:

### Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4441

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

**Arabic (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4441.

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4441:

**Chinese (中文):** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4441。

**Farsi (فارسي):** در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4441 تماس بگیرید.

**French (Français):** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4441.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4441.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4441.

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 578-4441 にお電話ください。

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4441로 문의하십시오.

**Navajo (Diné):** Dii naaltsoos biká'ígíí lahgo bina'ídiikidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee níl hodoonih t'áadoo báąh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo kojí' hodiílnih (833) 578-4441.

## Language Access Services:

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4441.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4441 ਤੇ ਕਾਲ ਕਰੋ।

**Russian (Русский):** если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 578-4441.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 578-4441.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 578-4441.

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4441.

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.