



Your Touchstone Energy® Cooperative 

Hi-Lites



Marcia Scott
General Manager

Remodel Update

If you have driven by the Mt. Vernon office, you may have noticed that our temporary office building is no longer standing. In late January, contractors demolished the 53 Crownview office.

We are grateful it was able to be utilized because it allowed our employees and members to stay out of the construction mess and noise. Having that additional building also allowed us to complete our building remodel in fewer phases, thus saving both time and money.

Now that it has served its purpose, we have torn the building down to create a safer entrance/exit for our line trucks on the east side of the building. Having the new drive will keep our line trucks from driving in front of the building where members enter. It will also provide a safe passage to the stop light, which is the most ideal way for our trucks to enter and exit Broadway.

Phase two of the interior remodel is almost complete. You can expect to see images of the progress in the next issue of our Hi-Lites.



Demolition of the temporary office at 53 Crownview is complete.

MISSION STATEMENT

To safely provide our member-owners with reliable electric service, superior customer service, and practical energy solutions, all at reasonable prices.

3906 Broadway
Mt. Vernon, IL 62864

618-244-5151
Toll-Free: 800-244-5151
Fax: 618-244-1496
Pay by phone:
855-385-9902

Mt. Vernon
Office Hours
Monday - Friday
7:30 a.m. - 4:30 p.m.

Salem
Office Hours
Tuesday - Thursday
7:30 a.m. - 4:30 p.m.
(Closed 12 p.m. - 1 p.m.)

BOARD OF DIRECTORS

President

Greg Vieira - Salem

Vice-President

Donnie Laird - Waltonville

Secretary/Treasurer

Sam Phillips - Salem

Tom Beyers - Odin
Phil Carson - Oakdale
Doug Knolhoff - Hoyleton
Larry Manning - Belle Rive
Rick Russell - Richview
Kathy Withers - Mt. Vernon

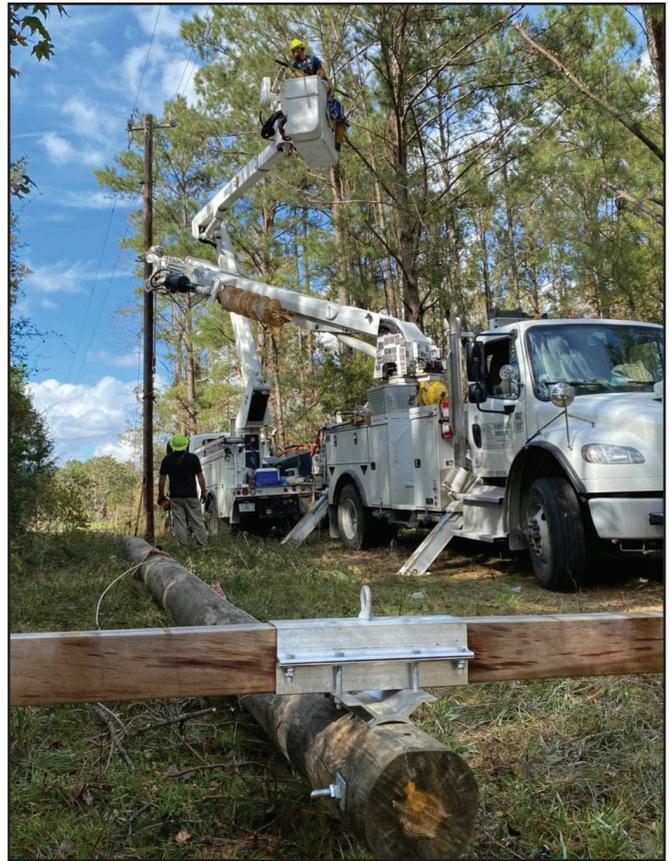
Always on the Front Line

Thank you to our linemen who answered the call for assistance at both Spoon River Electric Cooperative and Singing River Electric Cooperative.



Northern Illinois Ice Storm
January 2021
Spoon River Electric Cooperative
Canton, IL

TCEC Linemen: Jess Longley, Brent Livesay, Chad Hope, and Shannon Davis



Hurricane Zeta
November 2020
Singing River Electric Cooperative
Lucedale, MS

TCEC Linemen: Skyler Wütges, John Shirley, Justin Tellefsen, and Brannon Dasch

Geothermal Tax Credits Extended!

We're pleased to announce that the 26% federal tax credit for geothermal heat pumps will be extended for two more years. The tax credit extension is part of the federal government's \$900 million Covid relief package that was passed and signed into law in December of 2020.

The new law extends the credits for geothermal heat pump installations through 2023. Residential credits are 26% through 2022, step down to 22% in 2023, and expire January 1, 2024. Commercial credits remain at 10% through 2023. Please consult your tax professional for details.

Welcome, Chad Wynn!



Please join us in welcoming our newest Line Clearance Journeyman, Chad Wynn! Chad has served your cooperative well as a contracted line clearance journeyman for several years. He is from the Woodlawn area and is excited to serve the members of the cooperative.

PROTECT YOUR FAMILY AND YOUR FINANCES

Tri-County Electric Cooperative

has partnered with AirMedCare Network (AMCN) to offer you the opportunity to join our membership program at a special discounted rate! Membership is now available through an affordable monthly billing plan or at an annual discounted rate.

\$5

per household

MONTHLY MEMBERSHIP FEES

added to your bill for

Tri-County Electric Cooperative

\$65

per household

ANNUAL MEMBERSHIP FEES

one-time annual payment submitted directly to AirMedCare Network

In a medical emergency every second counts, especially when transporting patients who are far away from adequate medical treatment. AMCN providers respond to scene calls and provide hospital-to-hospital transports—carrying seriously ill or injured patients to the nearest appropriate medical facility.

ABOUT AIRMEDCARE NETWORK

AirMedCare Network is America's largest air medical membership network, providing financial coverage for emergency air medical transport. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however an AMCN membership ensures no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider.

Not only does AMCN membership provide financial protection, our 3+ million members help support the healthcare needs of the community as a whole. Our mission is to make it possible for people living in rural areas to get the life and limb saving emergency care they need, when they need it.

JOINING IS EASY!

Simply complete the enrollment form on the reverse side of this letter and pick the payment option that is best for you.

Monthly membership fees will automatically be charged on your monthly utility bill so you don't need to send money directly to your provider. If you select the annual membership fee, mail the completed enrollment form with payment to: AirMedCare Network, PO Box 948, West Plains, MO 65775.

Contact your local Membership Sales Manager for questions or to enroll:

Becky Phillips 417-274-3402

Becky.Phillips@gmr.net

5863 | 2710



ENROLL TODAY!



MAIL

Mail the attached application to:

AirMedCare Network

P.O. Box 948, West Plains, MO 65775



ONLINE

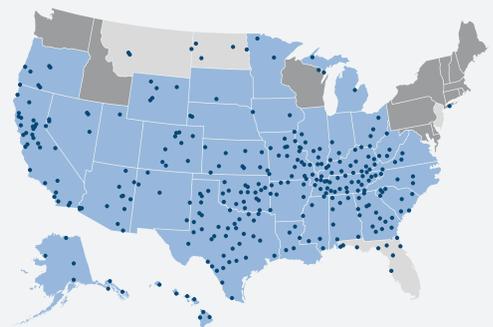
amcnrep.com/Becky-Phillips



PHONE

417.274.3402

AMERICA'S LARGEST AIR MEDICAL MEMBERSHIP NETWORK



320+
LOCATIONS

38
STATES

Membership terms & conditions apply.

Tri-County Electric Cooperative



1. MEMBER CONTACT INFORMATION (please print)

Primary First Name	Primary Last Name	Date of Birth / /	Mailing Address		City
Home Phone Number ()	Cell Phone Number ()		State	Zip	County
E-mail Address			Home Address (if different than above)		
Don't miss out on important AirMedCare Network news and updates... leave us your e-mail address and stay in the loop!			City	State	Zip

2. LIST ADDITIONAL MEMBERS IN HOUSEHOLD

Secondary Member First Name	Secondary Member Last Name	Date of Birth / /	First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /	First Name	Last Name	Date of Birth / /

3. CHOOSE YOUR MEMBERSHIP AND BILLING OPTION (select one)

Monthly Membership Payment Option

I authorize Tri-County Electric Cooperative to add \$5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of AirMedCare Network, or until I submit a cancellation in writing.

Signature as it appears on bill _____

Account number (if known) _____

A member's membership will be effective 15 calendar days after receipt by AirMedCare Network of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AMCN from member for a 60 calendar day period.

A member may discontinue their AMCN membership at any time by signing a discontinuation notice (as provided by AMCN).

Tri-County Electric Cooperative and AirMedCare Network are not affiliated. Tri-County Electric Cooperative is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Tri-County Electric Cooperative acts of omissions. All AMCN membership relations are directly between AMCN and its members.

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AMCN fees added to my Tri-County Electric Cooperative bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service.

Completed enrollment forms may be simply returned with your next payment.

X

Signature required

Month / Day / Year

FOR OFFICE USE ONLY

PLAN CODE
2709

EMERGENT (AMCN) COVERAGE

MEMBERSHIP OPTIONS	DISCOUNT
10-Year Membership*	<input type="checkbox"/> \$575
5-Year Membership*	<input type="checkbox"/> \$300
3-Year Membership*	<input type="checkbox"/> \$185
1-Year Membership	<input type="checkbox"/> \$65

*Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.

Check or Money Order Payable to: **AirMedCare Network, P.O. Box 948, West Plains, MO 65775**

Automatic transfer from checking account

Name on Bank Account (Attach voided check) _____

Routing Number _____

Account Number _____

Credit Card



Credit Card Number _____

Expires _____

3 digit CVV# _____

STATEMENT OF AUTHORIZATION

I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA).

X

Signature required for automatic withdrawal

Month / Day / Year

FOR OFFICE USE ONLY

PLAN CODE
2710

QUESTIONS? CONTACT YOUR LOCAL MEMBERSHIP SALES MANAGER:

Becky Phillips | 417-274-3402
Becky.Phillips@gmr.net

FOR OFFICE USE ONLY

TRACK CODE
14344

By applying for membership, I agree to AMCN's and/or Fly-U-Home's terms and conditions. (reverse side/below)

Initials _____

Date _____

AIRMEDCARE NETWORK TERMS & CONDITIONS

AirMedCare Network is an alliance of affiliated air ambulance providers* (each a "Company"). An AirMedCare Network membership automatically enrolls you as a member in each Company's membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing prepaid protection against a Company's air ambulance costs that are not covered by a member's insurance or other benefits or third party responsibility, subject to the following terms and conditions:

- Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.
- AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews. Emergent ground ambulance transport of a member by an AMCN Provider will be covered under the same terms and conditions.
- Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regular charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.
- Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.
- Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.
- These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

* Air Evac EMS, Inc. / Guardian Flight LLC / Med-Trans Corporation / REACH Air Medical Services, LLC—These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you. In Nebraska, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.

IMPORTANT INFORMATION: Our network provider in your area is not requested for your transport or if it is not available for any reason such as being committed on another patient flight or out of service for weather or maintenance-related issues, you may need to be transported by a ground ambulance or an out of network air ambulance provider. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.