AGENDA
CITY OF GAUTIER, MISSISSIPPI
CITY HALL COUNCIL CHAMBERS
September 13, 2018 @ 6:00 PM

I. Call to Order

1. Prayer

2. Pledge of Allegiance

II. Agenda Order Approval

III. Announcements

IV. Presentation Agenda

V. Business Agenda

1. Resolution approving and adopting the budget for the fiscal year beginning October 1, 2018 and ending September 30, 2019.

☐	STAFF PRESENTATION	☐	PUBLIC QUESTIONS/COMMENTS (3 MINUTES PER PERSON)	☐	MOTION COUNCIL DISCUSSION/QUESTIONS	☐	VOTE

2. Creation and reclassification of specified positions, and approval of the Revised Schedule of Authorized Positions

☐	STAFF PRESENTATION	☐	PUBLIC QUESTIONS/COMMENTS (3 MINUTES PER PERSON)	☐	MOTION COUNCIL DISCUSSION/QUESTIONS	☐	VOTE

3. Renewal of Self Funded Health Insurance Plan for FY 2019

☐	STAFF PRESENTATION	☐	PUBLIC QUESTIONS/COMMENTS (3 MINUTES PER PERSON)	☐	MOTION COUNCIL DISCUSSION/QUESTIONS	☐	VOTE

VI. Consent Agenda (All items approved in one motion)

VII. STUDY AGENDA

1. Discuss Citizen Comments

2. **Discuss Council Comments**

3. **Discuss City Manager Comments**

4. **Discuss City Clerk Comments**

5. **Discuss City Attorney Comments**

Recess until September 18, 2018
www.gautier-ms.gov

CITY OF GAUTIER, MISSISSIPPI
ANNOUNCEMENT AGENDA
September 13, 2018

ITEM DESCRIPTION:

ANNOUNCEMENTS

NONE

NOTES:

CITY OF GAUTIER, MISSISSIPPI
PRESENTATION AGENDA
September 13, 2018

ITEM DESCRIPTION:

PRESENTATION AGENDA

None

NOTES:

CITY OF GAUTIER
Business Agenda Item #1
Fact Sheet

Council Meeting:	**September 13, 2018**
Title:	**Resolution approving and adopting the budget for the fiscal year beginning October 1, 2018 and ending September 30, 2019**
Introduced by:	
Contact Person/Telephone	**City Manager 497-8000 ext. 306**

Summary Explanation: Resolution approving and adopting the budget of the City of Gautier for the fiscal year beginning October 1, 2018 and ending September 30, 2019 as required by Section 21-35-3, et seq., of the Mississippi Annotated Code of 1972.

EXHIBITS FOR REVIEW

Resolution	☒
Ordinance	☐
Contract	☐
Minutes	☐
Plan Maps	☐
Order	☐
Other/Discussion	☐
Submittal Authorization	**City Manager**

Staff Recommendation:
Approval

Motion Made by:													
Torjusen	☐	**Martin**	☐	**George**	☐	**Jackson**	☐	**Vaughan**	☐	**Anderson**	☐	**Colledge**	☐

Second Made by:													
Torjusen	☐	**Martin**	☐	**George**	☐	**Jackson**	☐	**Vaughan**	☐	**Anderson**	☐	**Colledge**	☐

Voted as follows:		**Ayes**	**Nays**	**Abstained**	**Absent**
Mayor	**Torjusen**	☐	☐	☐	☐
At Large	**Martin**	☐	☐	☐	☐
Ward 1	**George**	☐	☐	☐	☐
Ward 2	**Jackson**	☐	☐	☐	☐
Ward 3	**Vaughan**	☐	☐	☐	☐
Ward 4	**Anderson**	☐	☐	☐	☐
Ward 5	**Colledge**	☐	☐	☐	☐

Action Taken:

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

RESOLUTION NUMBER 000-2018

RESOLUTION APPROVING AND ADOPTING THE BUDGET OF THE CITY OF GAUTIER, MISSISSIPPI FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2018 AND ENDING SEPTEMBER 30, 2019

WHEREAS, the Mayor and Members of the Council of the City of Gautier, Mississippi, have prepared a complete budget of the municipal revenues and expenses estimated for fiscal year 2018-2019 as required by Section 21-35-3, et seq., of the Mississippi Annotated Code of 1972; and

WHEREAS, the Mayor and Members of the Council have studied and considered the budget, a copy of which is attached and finds that the budget is sufficient and prepared according to law for the fiscal year aforesaid; and

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND MEMBERS OF THE COUNCIL OF THE CITY OF GAUTIER, MISSISSIPPI, that the budget be, and is hereby approved and adopted as finally determined, and that the budget shall be entered at length and in detail in the minutes of the City Council and published as required by law.

IT IS FURTHER ORDERED that the contracts for the City Attorney and City Manager are amended and revised in accordance with the relevant budgetary provisions.

IT IS FURTHER ORDERED that the City Manager and City Clerk are authorized to execute any and all documents necessary for this purpose.

Motion made by **BLANK,** seconded by **BLANK** and the following vote was recorded:

AYES:

NAYS:

_____

MAYOR

ATTEST:

_____

CITY CLERK

BLANK by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of September 13, 2018.

City of Gautier
October 1, 2018 - September 30, 2019
Annual Budget

GENERAL FUND: FUND 001 REVENUES	Original BUDGET FY 2018	PROPOSED BUDGET FY 2019
Licenses & Permits	$ 91,000.00	$ 97,000.00
Inter-Governmental Revenue:		
In Lieu of Taxes	$ 342,000.00	$ 352,000.00
Franchise Fees	$ 155,000.00	$ 148,000.00
General Sales Tax	$ 2,235,000.00	$ 2,235,000.00
ABC Licenses	$ 13,000.00	$ 13,000.00
Homestead Reimbursement	$ 90,000.00	$ 95,000.00
Motor Fuel Tax	$ 115,560.00	$ 15,000.00
Shared Revenues - Road Tax	$ 487,000.00	$ 487,000.00
Shared Revenues - Recreation	$ 135,000.00	$ 138,000.00
Rail Car Tax	$ 2,200.00	$ 2,500.00
Privilege Tax-Heavy Duty Vehicle	$ 4,000.00	$ 4,200.00
Municipal Aid Surplus	$ 9,200.00	$ 9,250.00
FEMA/MEMA Reimbursement	$ -	$ 179,285.00
Fine & Forfeits	$ 474,000.00	$ 510,000.00
Grants	$ 29,000.00	$ 51,449.00
Surplus Property	$ -	$ -
Loan - Public Safety Vehicles	$ -	$ 120,000.00
Loan - Recreation Vehicles	$ -	$ 80,000.00
Miscellaneous	$ 110,255.00	$ 115,700.00
Transfer from Other Funds	$ -	$ -
Transfer from Solid Waste Fund	$ 500,000.00	$ 189,102.00
Transfer from Enterprise Fund	$ 300,000.00	$ 641,821.00
Total revenue from sources other than taxation	$ 5,092,215.00	$ 5,483,307.00
Balance at beginning of year	$ 1,500,000.00	$ 1,900,000.00
Total from all sources other than taxation	$ 6,592,215.00	$ 7,383,307.00
Amount necessary to be raised by tax levy	$ 4,500,273.00	$ 4,737,378.00
Total available cash and anticipated revenue	$ 11,092,488.00	$ 12,120,685.00
GENERAL FUND		
EXPENDITURES		
LEGISLATIVE DEPARTMENT		
Personnel Services	$ 102,562.00	$ 141,719.00
Supplies	$ 4,000.00	$ 3,000.00
Other Services & Charges	$ 22,650.00	$ 14,250.00
Total	$ 129,212.00	$ 158,969.00
CITY COURT		
Personnel Services	$ 174,520.00	$ 176,705.00
Supplies	$ 3,000.00	$ 2,500.00
Other Services & Charges	$ 141,650.00	$ 143,050.00
Capital Outlay	$ -	$ -
Total	$ 319,170.00	$ 322,255.00
CITY MANAGER		
Personnel Services	$ 148,614.00	$ 169,233.00
Supplies	$ 5,500.00	$ 2,500.00
Other Services & Charges	$ 89,450.00	$ 87,800.00
Total	$ 243,564.00	$ 259,533.00
HUMAN RESOURCES		
Personnel Services	$ 128,900.00	$ 112,931.00
Supplies	$ 3,700.00	$ 3,700.00
Other Services & Charges	$ 10,250.00	$ 9,000.00
Capital Outlay	$ 200.00	$ -
Total	$ 143,050.00	$ 125,631.00
ELECTIONS		
Supplies	$ -	$ -
Other Services & Charges	$ -	$ -
Total	$ -	$ -
CITY CLERK		
Personnel Services	$ 235,955.00	$ 249,491.00
Supplies	$ 11,500.00	$ 11,750.00
Other Services & Charges	$ 28,400.00	$ 28,400.00
Capital Outlay	$ 1,600.00	$ 1,600.00
Total	$ 277,455.00	$ 291,241.00

FINANCE				
Personnel Services	$	180,775.00	$	222,702.00
Supplies	$	1,050.00	$	3,000.00
Capital Outlay	$	2,000.00	$	-
Total	$	183,825.00	$	225,702.00
CITY ATTORNEY				
Other Services & Charges	$	105,000.00	$	130,000.00
Total	$	105,000.00	$	130,000.00
BUILDING & PLANNING				
Personnel Services	$	294,077.00	$	315,529.00
Supplies	$	10,000.00	$	10,900.00
Other Services & Charges	$	30,060.00	$	44,780.00
Capital Outlay	$	3,000.00	$	-
Total	$	337,137.00	$	371,209.00
GENERAL EXPENSES & FACILITIES				
Supplies	$	16,000.00	$	12,000.00
Other Services & Charges	$	540,200.00	$	540,200.00
Capital Outlay	$	10,500.00	$	17,000.00
Total	$	566,700.00	$	569,200.00
GRANTS & PROJECTS ADMIN				
Personnel Services	$	134,948.00	$	143,284.00
Supplies	$	1,000.00	$	1,250.00
Other Services & Charges	$	3,320.00	$	9,005.00
Capital Outlay	$	2,500.00	$	1,100.00
Total	$	141,768.00	$	154,639.00
POLICE DEPARTMENT				
Personnel Services	$	2,762,195.00	$	2,938,596.00
Supplies	$	203,500.00	$	210,500.00
Other Services & Charges	$	160,900.00	$	161,400.00
Capital Outlay	$	13,792.00	$	97,000.00
Debt Service	$	63,976.00	$	63,976.00
Total	$	3,204,363.00	$	3,471,472.00
FIRE DEPARTMENT				
Personnel Services	$	2,232,040.00	$	2,342,151.00
Supplies	$	62,867.00	$	66,867.00
Other Services & Charges	$	104,250.00	$	108,270.00
Capital Outlay	$	6,000.00	$	45,000.00
Total	$	2,405,157.00	$	2,562,288.00
RECREATION DEPARTMENT				
Personnel Services	$	311,184.00	$	357,355.00
Supplies	$	44,500.00	$	57,000.00
Other Services & Charges	$	97,250.00	$	86,250.00
Capital Outlay	$	-	$	85,100.00
Total	$	452,934.00	$	585,705.00
STREETS				
Supplies	$	70,000.00	$	70,000.00
Other Services & Charges	$	163,000.00	$	171,420.00
Capital Outlay	$	45,000.00	$	45,000.00
Total	$	278,000.00	$	286,420.00
MAINTENANCE				
Personnel Services	$	208,480.00	$	219,738.00
Supplies	$	19,900.00	$	19,900.00
Other Services & Charges	$	6,150.00	$	6,150.00
Capital Outlay	$	-	$	-
Total	$	234,530.00	$	245,788.00
INTERFUND TRANSFERS				
Transfer to Other Funds	$	795,982.00	$	830,452.00
Transfer to Health Benefit Fund	$	250,000.00	$	-
Total	$	1,045,982.00	$	830,452.00
TOTAL EXPENDITURES	$	10,067,847.00	$	10,590,504.00
YEAR END BALANCE	$	1,024,641.00	$	1,530,181.00
BALANCE	$	11,092,488.00	$	12,120,685.00

MS DEVELOPMENT BANK KATRINA LOAN FUND: FUND 007 (Original issue $2.5 million)

REVENUE		
Balance at beginning of year	$ 310.00	$ 240.20
Transfer from General Fund	$ 279,229.00	$ 280,259.00
Total available cash and anticipated revenue	$ 279,539.00	$ 280,499.20
EXPENDITURES		
Annual Fees	$ 1,200.00	$ 1,250.00
Ms Dev Katrina Loan - Debt Service	$ 278,029.00	$ 279,059.00
TOTAL EXPENDITURES	$ 279,229.00	$ 280,309.00
YEAR END BALANCE	$ 310.00	$ 190.20
BALANCE	$ 279,539.00	$ 280,499.20

TRANSPORTATION ENHANCEMENT - DOWNTOWN: FUND 13

REVENUE		
Balance at beginning of year	$ 13,631.67	$ (40,971.45)
Grant	$ 40,971.45	$ 40,971.45
Transfer from General Fund	$ -	$ -
Total available cash and anticipated revenue	$ 54,603.12	$ -
EXPENDITURES		
Capital Outlay	$ 54,603.12	$ -
TOTAL EXPENDITURES	$ 54,603.12	$ -
YEAR END BALANCE	$ -	$ -
BALANCE	$ 54,603.12	$ -

ALLEN ROAD WIDENING: FUND 20

REVENUES		
Balance at beginning of year	$ 31,890.00	$ -
Transfer from General Fund	$ 14,434.00	$ 46,324.00
Total available cash and anticipated revenue	$ 46,324.00	$ 46,324.00
EXPENDITURES		
Other Services & Charges	$ -	$ -
Debt Service	$ 46,324.00	$ 46,324.00
TOTAL EXPENDITURES	$ 46,324.00	$ 46,324.00
YEAR END BALANCE	$ -	$ -
BALANCE	$ 46,324.00	$ 46,324.00

MDOT SAFE ROUTES TO SCHOOL: FUND 29

REVENUES		
Balance at beginning of year	$ (36,558.55)	$ (27,155.81)
MDOT Reimbursements	$ 59,938.88	$ 27,155.81
Transfer from General Fund	$ -	$ -
Total available cash and anticipated revenue	$ 23,380.33	$ -
EXPENDITURES		
Street Improvements (Sidewalks)	$ 23,380.33	$ -
TOTAL EXPENDITURES	$ 23,380.33	$ -
YEAR END BALANCE	$ -	$ -
BALANCE	$ 23,380.33	$ -

USFW CITY PARK BOAT LAUNCH : FUND 50

REVENUES		
Balance at beginning of year	$ (90,836.53)	$ -
Grant	$ 169,610.00	$ -
Transfer from Tidelands Grant	$ 99,518.00	$ -
Total available cash and anticipated revenue	$ 178,291.47	$ -
EXPENDITURES		
Capital Outlay	$ 178,291.47	$ -
TOTAL EXPENDITURES	$ 178,291.47	$ -
YEAR END BALANCE	$ -	$ -
BALANCE	$ 178,291.47	$ -

MARTIN BLUFF ROAD PROJECT: FUND 128

REVENUES		
Balance at beginning of year	$ 102,012.64	$ 102,012.64
Total available cash and anticipated revenue	$ 102,012.64	$ 102,012.64
EXPENDITURES		
Capital Outlay	$ 102,012.64	$ 102,012.64
TOTAL EXPENDITURES	$ 102,012.64	$ 102,012.64
YEAR END BALANCE	$ -	$ -
BALANCE	$ 102,012.64	$ 102,012.64

$7M CAPITAL IMPROVEMENT BOND ISSUE - FUND 130

REVENUES		
Balance at beginning of year	$ 286,500.00	$ 237,104.13
Interest	$ 1,200.00	$ 1,000.00
MDOT Reimbursements	$ 3,611,043.21	$ 4,923,498.47
Transfer from GF Debt Service	$ 502,319.00	$ 503,869.00
Total available cash and anticipated revenue	$ 4,401,062.21	$ 5,665,471.60
EXPENDITURES		
Annual Bond Fees	$ 2,200.00	$ 2,300.00
Annual Bond Payment - Debt Service	$ 501,318.76	$ 501,569.00
Capital Improvements	$ 3,897,543.45	$ 5,161,602.60
Transfer to General Fund		
TOTAL EXPENDITURES	$ 4,401,062.21	$ 5,665,471.60
YEAR END BALANCE	$ -	$ -
BALANCE	$ 4,401,062.21	$ 5,665,471.60

U S JUSTICE EQUITABLE SHARING: FUND 157

REVENUES		
Balance at beginning of year	$ 423,959.65	$ 390,477.38
Assets Forfeited	$ -	$ -
Total available cash and anticipated revenue	$ 423,959.65	$ 390,477.38
EXPENDITURES		
Capital Outlay	$ 50,000.00	$ 50,000.00
TOTAL EXPENDITURES	$ 50,000.00	$ 50,000.00
YEAR END BALANCE	$ 373,959.65	$ 340,477.38
BALANCE	$ 423,959.65	$ 390,477.38

FIRE PROTECTION FUND: FUND 160

REVENUES		
Balance at beginning of year	$ 277,000.00	$ 237,861.26
Fire Insurance Rebate	$ 100,000.00	$ 101,000.00
MS Code Rebate	$ 3,000.00	$ 3,000.00
Loan Proceeds	$ -	$ -
Total available cash and anticipated revenue	$ 380,000.00	$ 341,861.26
EXPENDITURES		
Other Services & Charges	$ 13,131.85	$ 15,161.06
Capital Outlay	$ 62,000.00	$ 62,000.00
Debt Service	$ 120,504.00	$ 102,754.00
Transfer to Fund 161	$ -	$ -
TOTAL EXPENDITURES	$ 195,635.85	$ 179,915.06
YEAR END BALANCE	$ 184,364.15	$ 161,946.20
BALANCE	$ 380,000.00	$ 341,861.26

TIDELANDS GRANT FUND - FUND 171

REVENUES		
Balance at beginning of year	$ (81,532.55)	$ (10,501.50)
Grant: Public Access	$ 377,780.65	$ 195,089.25
Grant: Town Center	$ 336,016.64	$ 504,611.74
Grant: MS G Coast Heritage Grant	$ -	$ 8,000.00
Total available cash and anticipated revenue	$ 632,264.74	$ 697,199.49
EXPENDITURES		
Capital Outlay: City Park-Town Commons	$ 167,165.33	$ 154,236.74
Capital Outlay: Graveline Bayou	$ 33,050.00	$ 700.00
Capital Outlay: Shepard State Park	$ 232,531.41	$ 192,262.75
Captial Outlay: Mary Walker Bayou Parks	$ 100,000.00	$ 350,000.00
Trans to other Grants: Fund 50	$ 99,518.00	$ -
TOTAL EXPENDITURES	$ 632,264.74	$ 697,199.49
YEAR END BALANCE	$ -	$ -
BALANCE	$ 632,264.74	$ 697,199.49

LIBRARY SUPPORT FUND: FUND 172

REVENUES		
Balance at Beginning of Year	$ -	$ -
Amount to be raised by tax levy	$ 109,578.00	$ 110,096.00
Total available cash and anticipated revenue	$ 109,578.00	$ 110,096.00
EXPENDITURES		
Other Services & Charges	$ 109,578.00	$ 110,096.00
TOTAL EXPENDITURES	$ 109,578.00	$ 110,096.00
YEAR END BALANCE	$ -	$ -
BALANCE	$ 109,578.00	$ 110,096.00

SHEPARD STATE PARK: FUND 176

REVENUES		
Balance at beginning of year	$ 45,000.00	$ 63,407.00
Other Revenue	$ 500.00	$ -
Camping Fees	$ 85,000.00	$ 90,000.00
Admission Fees/Day Use	$ 4,000.00	$ 5,500.00
Total available cash and anticipated revenue	$ 134,500.00	$ 158,907.00
EXPENDITURES		
Personnel Services	$ 36,723.00	$ 44,930.00
Supplies	$ 16,000.00	$ 15,750.00
Other Services & Charges	$ 54,700.00	$ 55,570.00
Capital Outlay	$ 17,200.00	$ 12,200.00
TOTAL EXPENDITURES	$ 124,623.00	$ 128,450.00
YEAR END BALANCE	$ 9,877.00	$ 30,457.00
BALANCE	$ 134,500.00	$ 158,907.00

S2018 UTILITY REVENUE BOND DEBT SERVICE: FUND 250

REVENUES		
Balance at beginning of year	$ -	$ 82,500.00
Miscellaneous - Interest	$ -	$ 200.00
Transfers In	$ -	$ 335,000.00
Total available cash and anticipated revenue	$ -	$ 417,700.00
EXPENDITURES		
Debt Service	$ -	$ 274,964.00
TOTAL EXPENDITURES	$ -	$ 274,964.00
YEAR END BALANCE	$ -	$ 142,736.00
BALANCE	$ -	$ 417,700.00

RESERVE FUND - S2018 UTILITY REVENUE BOND: FUND 251

REVENUES		
Balance at Beginning of Year	$ -	$ 306,810.00
Miscellaneous - Interest	$ -	$ 1,200.00
Transfers In	$ -	$ 10,000.00
Total available cash and anticipated revenue	$ -	$ 318,010.00
EXPENDITURES	$ -	$ -
YEAR END BALANCE	$ -	$ 318,010.00
BALANCE	$ -	$ 318,010.00

USDA-NRCS EMERGENCY WATERSHED: FUND 300

REVENUES		
Balance at beginning of year	$ 178,387.00	$ (153,497.80)
Grant	$ 486,453.00	$ 344,795.00
JCBS Interlocal Funds	$ -	$ -
Total available cash and anticipated revenue	$ 664,840.00	$ 191,297.20
EXPENDITURES		
Other Services & Charges	$ 664,840.00	$ 161,250.00
TOTAL EXPENDITURES	$ 664,840.00	$ 161,250.00
YEAR END BALANCE	$ -	$ 30,047.20
BALANCE	$ 664,840.00	$ 191,297.20

PINE CONE DRIVE SPILLWAY: FUND 301

REVENUES		
Balance at beginning of year	$ -	$ 164,525.60
Total available cash and anticipated revenue	$ -	$ 164,525.60
EXPENDITURES		
Other Services & Charges	$ -	$ 164,525.60
TOTAL EXPENDITURES	$ -	$ 164,525.60
YEAR END BALANCE	$ -	$ -
BALANCE	$ -	$ 164,525.60

ROBERT HIRAM BRIDGE SHEET PILE WALL: FUND 302

REVENUES		
Balance at beginning of year	$ -	$ 76,261.71
Total available cash and anticipated revenue	$ -	$ 76,261.71
EXPENDITURES		
Other Services & Charges	$ -	$ 76,261.71
TOTAL EXPENDITURES	$ -	$ 76,261.71
YEAR END BALANCE	$ -	$ -
BALANCE	$ -	$ 76,261.71

MDOT TA GRANT-MARTIN BLUFF SIDEWALK: FUND 303

REVENUES		
Balance at beginning of year	$ -	$ 481,564.40
MDOT Reimbursements	$ -	$ 578,784.00
Total available cash and anticipated revenue	$ -	$ 1,060,348.40
EXPENDITURES		
Other Services & Charges		$ 193,275.77
Capital Outlay	$ -	$ 867,072.63
TOTAL EXPENDITURES	$ -	$ 1,060,348.40
YEAR END BALANCE	$ -	$ -
BALANCE	$ -	$ 1,060,348.40

ELEVATED WATER TANK: FUND 350

REVENUES		
Balance at beginning of year	$ -	$ (42,500.00)
Development Infrastructure Program Funds	$ 350,000.00	$ 350,000.00
CAP Loan Proceeds	$ 736,500.00	$ -
Transfers In (Enterprise)	$ 36,000.00	$ 736,500.00
Total available cash and anticipated revenue	$ 1,122,500.00	$ 1,044,000.00
EXPENDITURES		
Other Services & Charges	$ 152,500.00	$ 99,000.00
Capital Outlay	$ 970,000.00	$ 945,000.00
TOTAL EXPENDITURES	$ 1,122,500.00	$ 1,044,000.00
YEAR END BALANCE	$ -	$ -
BALANCE	$ 1,122,500.00	$ 1,044,000.00

BEMIS SEWER PROJECT: FUND 351

REVENUES		
Balance at beginning of year	$ -	$ -
CDBG Grant Funds	$ 600,000.00	$ 600,000.00
Transfers In (Enterprise)	$ 600,000.00	$ 702,014.00
Total available cash and anticipated revenue	$ 1,200,000.00	$ 1,302,014.00
EXPENDITURES		
Other Services & Charges	$ 112,400.00	$ 175,814.00
Capital Outlay	$ 1,087,600.00	$ 1,126,200.00
TOTAL EXPENDITURES	$ 1,200,000.00	$ 1,302,014.00
YEAR END BALANCE	$ -	$ -
BALANCE	$ 1,200,000.00	$ 1,302,014.00

2018 BOND - GENERAL CONSTRUCTION: FUND 352

REVENUES		
Balance at beginning of year	$ -	$ 3,442,777.21
Interest	$ -	$ 10,000.00
Total available cash and anticipated revenue	$ -	$ 3,452,777.21
EXPENDITURES		
Admin-General Services	$ -	$ 60,500.00
Transfers Out (Capital Accounts)	$ -	$ 1,385,948.00
TOTAL EXPENDITURES	$ -	$ 1,446,448.00
YEAR END BALANCE	$ -	$ 2,006,329.21
BALANCE	$ -	$ 3,452,777.21

HWY 57 UTILITY LINE RELOCATION: FUND 353

REVENUES		
Balance at beginning of year	$ -	$ -
MDOT Reimbursements	$ -	$ 1,093,849.00
Transfers In (Bond Construction)	$ -	$ 1,049,630.00
Total available cash and anticipated revenue	$ -	$ 2,143,479.00
EXPENDITURES		
Water Lines: Other Services & Charges	$ -	$ 59,909.00
Water Lines: Capital Outlay	$ -	$ 821,439.00
Sewer Lines: Other Services & Charges	$ -	$ 87,545.00
Sewer Lines: Capital Outlay	$ -	$ 1,174,586.00
TOTAL EXPENDITURES	$ -	$ 2,143,479.00
YEAR END BALANCE	$ -	$ -
BALANCE	$ -	$ 2,143,479.00

ROBINSON STILL RD UTILITY EXTENSION: FUND 354

REVENUES		
Balance at beginning of year	$ -	$ -
Transfers In (Bond Construction)	$ -	$ 336,318.00
Total available cash and anticipated revenue	$ -	$ 336,318.00
EXPENDITURES		
Other Services & Charges	$ -	$ 42,440.00
Capital Outlay	$ -	$ 293,878.00
TOTAL EXPENDITURES	$ -	$ 336,318.00
YEAR END BALANCE	$ -	$ -
BALANCE	$ -	$ 336,318.00

WATER AND SEWER UTILITY FUND: FUND 400

REVENUES		
Water Sales	$ 3,713,534.00	$ 3,880,000.00
Sewer Sales	$ 1,935,704.00	$ 1,980,000.00
Wastewater Treatment Collections	$ 2,094,280.00	$ 2,280,000.00
Capacity Fee	$ 564,300.00	$ 465,000.00
Service Connections	$ 75,000.00	$ 85,000.00
Inspection Fees	$ -	$ -
Miscellaneous	$ 561,000.00	$ 434,000.00
Transfer from Solid Waste Fund	$ -	$ -
Total Revenue from All Sources	$ 8,943,818.00	$ 9,124,000.00
Balance at Beginning of Year	$ 1,400,000.00	$ 2,600,000.00
Total available cash and anticipated revenue	$ 10,343,818.00	$ 11,724,000.00
EXPENDITURES		
WATER & SEWER - ADMINISTRATION		
Personnel Services	$ 249,133.00	$ 487,033.00
Supplies	$ 15,000.00	$ 25,000.00
Other Services & Charges	$ 2,537,643.00	$ 2,563,693.00
Capital Outlay	$ 4,000.00	$ 112,000.00
Total Water & Sewer	$ 2,805,776.00	$ 3,187,726.00
WATER & SEWER - OPERATION & MAINTENANCE		
Supplies	$ 315,000.00	$ 280,000.00
Other Services & Charges	$ 2,490,884.00	$ 2,640,016.00
Capital Outlay	$ 150,000.00	$ 100,000.00
Total Water & Sewer	$ 2,955,884.00	$ 3,020,016.00
OTHER		
Debt Service	$ 2,476,684.00	$ 1,164,489.00
Contingency Fund	$ 200,000.00	$ 200,000.00
Transfer to General Fund	$ 500,000.00	$ 641,821.00
Transfer to Capital Project Funds	$ 36,000.00	$ 1,448,514.00
Transfer to Debt Service & Reserve Funds	$ -	$ 345,000.00
Total Other	$ 3,212,684.00	$ 3,799,824.00
TOTAL EXPENDITURES	$ 8,974,344.00	$ 10,007,566.00
YEAR END BALANCE	$ 1,369,474.00	$ 1,716,434.00
BALANCE	$ 10,343,818.00	$ 11,724,000.00

SOLID WASTE FUND: FUND 404

REVENUES		
Balance at beginning of year	$ 21,000.00	$ 64,500.00
Garbage Collection Fees	$ 1,284,000.00	$ 1,567,944.00
Total available cash and anticipated revenue	$ 1,305,000.00	$ 1,632,444.00
EXPENDITURES		
Other Services and Charges	$ 1,005,000.00	$ 1,295,424.00
Transfer to General Fund	$ 300,000.00	$ 189,102.00
Transfer to Enterprise Fund	$ -	$ -
TOTAL EXPENDITURES	$ 1,305,000.00	$ 1,484,526.00
YEAR END BALANCE	$ -	$ 147,918.00
BALANCE	$ 1,305,000.00	$ 1,632,444.00

EPA BROWNFIELDS ASSESSMENT GRANT: FUND 409

REVENUES		
Balance at Beginning of Year	$ -	$ -
Grant	$ 7,693.90	$ -
Total available cash and anticipated revenue	$ 7,693.90	$ -
EXPENDITURES		
Other Services & Charges	$ 7,693.90	$ -
TOTAL EXPENDITURES	$ 7,693.90	$ -
YEAR END BALANCE	$ -	$ -
BALANCE	$ 7,693.90	$ -

MSB - WATER IONIZATION PROJECT: FUND 421

REVENUES		
Balance at beginning of year	$ 55,131.74	$ 56,287.52
Loan Proceeds	$ -	$ -
Total available cash and anticipated revenue	$ 55,131.74	$ 56,287.52
EXPENDITURES		
Capital Outlay	$ 55,131.74	$ 56,287.52
TOTAL EXPENDITURES	$ 55,131.74	$ 56,287.52
YEAR END BALANCE	$ -	$ -
BALANCE	$ 55,131.74	$ 56,287.52

RESERVE FUND - 2012 GUD BOND REFINANCE: FUND 495

REVENUES		
Balance at Beginning of Year	$ 486,716.00	$ 490,725.00
Miscellaneous - Interest	$ 1,000.00	$ 600.00
Total available cash and anticipated revenue	$ 487,716.00	$ 491,325.00
EXPENDITURES		
Transfer Out (Debt Service Fund 602)	$ -	$ 491,325.00
TOTAL EXPENDITURES	$ -	$ 491,325.00
YEAR END BALANCE	$ 487,716.00	$ -
BALANCE	$ 487,716.00	$ 491,325.00

RESERVE FUND - 2013 3.5 SO BOND: FUND 497

REVENUES		
Balance at Beginning of Year	$ -	$ 274,783.97
Miscellaneous - Interest	$ -	$ 1,000.00
Total available cash and anticipated revenue	$ -	$ 275,783.97
EXPENDITURES		
Debt Service	$ -	$ 2,000.00
TOTAL EXPENDITURES	$ -	$ 2,000.00
YEAR END BALANCE	$ -	$ 273,783.97
BALANCE	$ -	$ 275,783.97

GUD BOND ESCROW FUND 602 - RESTRICTED DEBT SERVICE

REVENUES		
Cash at Beginning of Year	$ 825,500.00	$ 828,620.00
Miscellaneous - Interest	$ 1,000.00	$ 600.00
Transfer In (Enterprise Fund)	$ 1,396,350.00	$ 83,355.00
Transfer In (Reserve Fund 495)	$ -	$ 491,325.00
Total available cash and anticipated revenue	$ 2,222,850.00	$ 1,403,900.00
EXPENDITURES		
Bonds Payable	$ 1,396,350.00	$ 1,403,900.00
TOTAL EXPENDITURES	$ 1,396,350.00	$ 1,403,900.00
YEAR END BALANCE	$ 826,500.00	$ -
BALANCE	$ 2,222,850.00	$ 1,403,900.00

CITY OF GAUTIER
Business Agenda Item #2
Fact Sheet

Council Meeting:	**September 13, 2018**
Title:	**Creation and reclassification of specified positions, and approval of the Revised Schedule of Authorized Positions**
Introduced by:	
Contact Person/Telephone	**Jason Pugh 497-8000 ext. 307**

Summary Explanation: Creation and reclassification of specified positions, and approval of the Revised Schedule of Authorized Positions.

EXHIBITS FOR REVIEW

Resolution	☐
Ordinance	☒
Contract	☐
Minutes	☐
Plan Maps	☐
Order	☐
Other	☐
Submittal Authorization	**City Manager**

Staff Recommendation:
Approval

Motion Made by:													
Torjusen	☐	**Martin**	☐	**George**	☐	**Jackson**	☐	**Vaughan**	☐	**Anderson**	☐	**Colledge**	☐

Second Made by:													
Torjusen	☐	**Martin**	☐	**George**	☐	**Jackson**	☐	**Vaughan**	☐	**Anderson**	☐	**Colledge**	☐

Voted as follows:		**Ayes**	**Nays**	**Abstained**	**Absent**
Mayor	**Torjusen**	☐	☐	☐	☐
At Large	**Martin**	☐	☐	☐	☐
Ward 1	**George**	☐	☐	☐	☐
Ward 2	**Jackson**	☐	☐	☐	☐
Ward 3	**Vaughan**	☐	☐	☐	☐
Ward 4	**Anderson**	☐	☐	☐	☐
Ward 5	**Colledge**	☐	☐	☐	☐

Action Taken:

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi the following:

ORDINANCE NUMBER 000-2018

ORDINANCE APPROVING CREATION AND RECLASSIFICATION OF SPECIFIED POSITIONS, AND A REVISED SCHEDULE OF AUTHORIZED POSITIONS
AN ORDINANCE OF THE CITY COUNCIL OF GAUTIER, MISSISSIPPI, PROVIDING AUTHORITY & INTENT; PURSUANT TO MISSISSIPPI ANNOTATED CODE 21-9-45, AUTHORIZING THE CITY COUNCIL TO CREATE AND RECLASSIFY SPECIFIED POSITIONS, AND TO APPROVE THE REVISED SCHEDULE OF AUTHORIZED POSITIONS.

WHEREAS, the City Manager has recommended creation and reclassification of the following positions pursuant to Miss. Code Ann. 21-9-45:

1. Executive Department
    a. Reclassify Administrative Assistant I grade 9 to Administrative Assistant III/Deputy City Clerk grade 11
2. Finance Department/Court Division
    a. Reclassify Deputy Court Clerk from grade 9 to grade 10
3. Human Resources Department
    a. Reclassify HR Director from grade 21 to grade 19
4. Recreation Department
    a. Create part-time Student Administrative Clerk
    b. Reclassify one (1) current Grounds and Maintenance Operator grade 7 to Grounds and Maintenance Operator Crew Leader grade 9
5. City Clerk Department/Utility Billing Division
    a. Create one (1) Customer Service Representative grade 8
    b. Create one (1) Administrative Clerk grade 8
    c. Create one (1) Meter Reader Crew Leader grade 8
    d. Create two (2) Meter Readers grade 7

WHEREAS, the City Manager recommends the approval of the attached Revised Schedule of Authorized Positions including the necessary funding to reflect these changes;

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GAUTIER, MISSISSIPPI, THAT THE CODE OF ORDINANCES OF THE CITY OF GAUTIER IS AMENDED AS FOLLOWS:

SECTION 1. Authority & Intent

A. The Gautier City Council held a public meeting on September 13, 2018 to consider creation and funding of specified positions, the reclassification of specified positions, and the Revised Schedule of Authorized Positions.

SECTION 2.

A. The Gautier City Council creates the following positions:

1. Recreation Department
    a. Student Administrative Clerk
2. City Clerk Department/Utility Billing Division
    a. 1 Customer Service Representative
    b. 1 Administrative Clerk
    c. 1 Meter Reader Crew Leader

B. The Gautier City Council reclassifies the following positions:

1. Executive Department
    a. Administrative Assistant I grade 9 to Administrative III/Deputy City Clerk grade 11
2. Finance Department/Court Division
    a. Deputy Court Clerk from grade 9 to grade 10
3. Human Resources Department
    a. Human Resources Director from grade 21 to grade 19
4. Recreation Department
    a. Grounds and Maintenance Operator grade 7 to Grounds and Maintenance Operator Crew Leader grade 9
5. City Clerk Department/Utility Billing Division
    a. Customer Service Representative grade 8
    b. Administrative Clerk grade 8
    c. Meter Reader Crew Leader grade 8
    d. Meter Readers grade 7

C. The Official Schedule of Authorized Positions Shall be amended as Attached.

SECTION 3. This Article shall be effective upon advertisement and adoption, pursuant to Mississippi Annotated Code.

Thereupon, upon motion duly made by _____, seconded by _____ to adopt the foregoing ordinance and received the following votes:

AYES:

NAYS:

Thereupon, the Mayor declared said Ordinance approved, passed and adopted on this the **13th** day of September, 2018.

_____
Phil Torjusen, Mayor

Attest: _____
Cynthia Russell
City Clerk

The Ordinance and Schedule of Authorized Positions will be available for viewing at Gautier City Hall, Gautier Public Library and Gautier Utilities Department.

CITY OF GAUTIER
MEMORANDUM

To: Paula Yancey, City Manager
From: Jason Pugh, Human Resources Director
Date: 08/30/2018
Subject: Approval of Schedule of Authorized Positions and Creation of New Positions for FY 2019.

REQUEST:
Approval of Schedule of Authorized Positions and creation of new positions for FY 2019.

BACKGROUND:
The Gautier Council approves the Schedule of Authorized Positions each year upon approval of the fiscal year budget.

DISCUSSION:
As discussed in the FY 2019 budget work sessions, the attached Schedule of Authorized Positions is being presented for city council approval in conjunction with the approved FY 2019 budget.

With the listed changes the city will add five (5) new full-time positions and one (1) new part-time position for FY 2019. The total funded positions for FY 2019 will be 128 full-time positions and 14 part-time positions.

Changes, Additions, Deletions:

Executive Department
Reclassify Administrative Assistant I grade 9 to Administrative Assistant III/Deputy City Clerk grade 11.

Finance Department/Court Division
Reclassify Deputy Court Clerk from grade 9 to grade 10.

Human Resources Department
Reclassify HR Director from grade 21 to grade 19.

Recreation Department
Create part-time Student Administrative Clerk.
Reclassify one (1) current Grounds and Maintenance Operator grade 7 to Grounds and Maintenance Operator Crew Leader grade 9.

City Clerk Department/Utility Billing Division
Create one (1) Customer Service Representative grade 8
Create one (1) Administrative Clerk grade 8
Create one (1) Meter Reader Crew Leader grade 8
Create two (2) Meter Readers grade 7

RECOMMENDATION:

The City Manager recommends the approval of the attached Schedule of Authorized Positions as presented.

City Council may:

1. Approve the agenda item as presented, or
2. Approve the agenda item with changes; or
3. Reject the agenda item as presented.

ATTACHMENTS:

1. SAP 09-13-18
2. Citywide Org Chart 09-13-18
3. Meter Reader - Crew Leader
4. Meter Reader
5. Student Administrative Clerk

Approved by Council 09/13/18	Pay Scale	Pay Grade	Number of Full-Time Authorized Positions	Number of Part-Time Authorized Positions	Number of Reserve Authorized Positions (Not Paid)
JUDICIAL DEPARTMENT					
City Judge	N/A	N/A		1	
Public Defender	N/A	N/A		1	
Total Funded				**2**	
Total Non-Funded					
EXECUTIVE DEPARTMENT					
City Manager	N/A	N/A	1		
Administrative Assistant III - DCC	2080	11	1		
Economic Developer			Unfunded (1)		
Total Funded			**2**		
Total Non-Funded			**1**		
GRANTS AND PROJECTS DEPT.					
Director	2080	19	1		
Contract and Project Administrator	2080	17	1		
Total Funded			**2**		
Total Non-Funded					
RECREATION DEPT.					
Director	2080	19	1		
Recreation Coordinator	2080	10	1		
Parks Supervisor	2080	12	1		
Grounds and Maint. Oper. Crew Ldr	2080	9	1		
Grounds and Maintenance Oper.	2080	7	2		
Student Administrative Clerk	N/A	N/A		1	
Student Laborer	N/A	N/A		1	
Park Attendant	N/A	N/A		3	

Total Funded			**6**	**5**
Total Non-Funded				
FINANCE DEPARTMENT				
Comptroller	2080	21	1	
Assistant Comptroller	2080	17	1	
Accounting Generalist	2080	11	1	
Court Division				
Court Clerk	2080	13	1	
Deputy Court Clerk	2080	10	1	
Total Funded			**5**	
Total Non-Funded				
HUMAN RESOURCES DEPARTMENT				
Director	2080	19	1	
HR Generalist	2080	10	1	
Maintenance Division				
Mechanic	2080	14	2	
Multi-Craft Maintenance Worker	2080	12	1	
Custodian	2080	7	1	
Total Funded			**6**	
Total Non-Funded				
CITY CLERK DEPARTMENT				
City Clerk	2080	21	1	
Deputy City Clerk	2080	15	1	
Purchasing Agent	2080	12	1	
Administrative Clerk	2080	8	1	

Utility Services Division			
Utility Services Manager	2080	15	1
Utility Billing Supervisor	2080	13	1
Utility Billing Clerk	2080	12	1
Administrative Clerk	2080	8	1
Customer Service Representative	2080	8	3
Meter Reader Crew Leader	2080	8	1
Meter Reader	2080	7	2
Total Funded			**14**
Total Non-Funded			
PLANNING DEPARTMENT			
Director/Building Official	2080	21	1
Planning Technician	2080	11	1
Administrative Clerk	2080	8	1
Building and Code Inspector	2080	13	1
Code Enforcement Officer	2080	10	1
Animal Control Officer	2080	9	1
Total Funded			**6**
Total Non-Funded			
POLICE DEPARTMENT			
Police Chief	2080	22	1
Administrative Assistant IV	2080	12	1
Captain	2080	15	3
CID			
Detective Lieutenant	2080	14	1
Detective Sergeant	2080	13	1
Detective	2080	12	2
Detective	2080	12	Unfunded (1)
FBI Task Force Officer	2080	12	1

Narcotics Officer	2080	12	1		
Crime Prevention Officer	2080	12	Unfunded (1)		
Records Clerk	2080	8	1		
Patrol					
Patrol Lieutenant	2184	11	4		
Patrol Sergeant	2184	10S	4		
Patrol Officer	2184	9 or 10*	15		
Dispatcher/TAC Officer	2080	11	1		
Dispatcher	2184	7 or 8	8		
Traffic					
Traffic Sergeant	2184	10S	Unfunded (1)		
K9 Officer	2184	10	1		
Traffic Officer	2184	10	3		
Traffic Officer	2184	10	Unfunded (1)		
School Crossing Guard	N/A	N/A		4	
Reserve Officer	N/A	N/A			21
Total Funded			**48**	**4**	**21**
Total Non-Funded			**4**		

** Probationary Officer/Grade 9*
Certified Officer/Grade 10

FIRE DEPARTMENT					
Fire Chief	2080	22	1		
Deputy Fire Chief/Fire Marshall	2080	20	1		
Administrative Assistant I	2080	9	1		
Fire Captain	2496	12	3		
Fire Lieutenant	2496	11	9		
Firefighter	2496	9 or 10*	24		
Part Time Firefighter	N/A	N/A		3	
Total Funded			**39**	**3**	

Total Non-Funded

**Probationary Firefighter/Grade 9*

Certified Firefighter/Grade 10

Summary of Authorized Positions	Full Time	Part Time	Reserve Positions
Judicial: Funded		2	
Executive Dept: Funded	2		
Executive Dept: Unfunded	1		
Grants and Projects Dept.	2		
Recreation Dept.	6	5	
Finance Dept: Funded	5		
Human Resources Dept: Funded	6		
City Clerk Dept: Funded	14		
Planning Dept: Funded	6		
Police Department: Funded	48	4	21
Police Department: Unfunded	4		
Fire Dept: Funded	39	3	
TOTAL	**128**	**14**	**21**
TOTAL UNFUNDED	**5**		

CITY OF GAUTIER ORGANIZATION CHART

FY 2018

Effective Oct. 1, 2018

Mayor & City Council

- **City Attorney**
- **City Manager**
  - Admin. Asst. III—DCC (1)
  - Economic Developer (1) Unfunded
- **Municipal Judge**
- **Public Defender**

Planning Director: Acting City Manager during temporary/short term absence of City Manager. Also acts as the direct supervisor to the Grants and Projects Director.

POLICE (Police Chief)
- Admin. Asst. IV (1)
- Captain (3)
  - Reserve Officers (21)
  - Crime Prevention Officer (1) Unfunded
  - Records Clerk II (1)
  - Lieutenant (5)
    - Sergeant (5) Unfunded (1)
      - Crossing Guards (4)
      - Traffic Officers (3) Unfunded (1)
      - K9 Officer (1)
      - Police Officers (15)
      - TAC Officer (1)
        - Dispatcher (8)
      - Detectives (2) Unfunded (1)
      - FBI Task Force Officer (1)
      - Narcotics Officer (1)

PLANNING DIRECTOR (Building Official)
- Building & Code Inspector (1)
- Code Enforcement Officer (1)
- Animal Control Officer (1)
- Planning Technician (1)
- Administrative Clerk (1)

GRANTS & PROJECTS (Director)
- Contracts and Projects Administrator (1)

RECREATION (Director)
- Parks Supervisor (1)
- Grounds and Maint. Oper. Crew Leader (1)
- Grounds and Maintenance Op. (2)
- Student Laborer Part-Time (1)
- Recreation Coordinator (1)
- Student Admin. Clerk PT(1)
- Part Time Park Attendants (3)

FIRE (Fire Chief)
- Admin. Asst. I (1)
- Deputy Chief/ Fire Marshall (1)
- Captain (3)
- Lieutenant (9)
- Firefighters (24) PT Firefighters (3)

FINANCE (Comptroller)
- Assistant Comptroller (1)
- Accounting Generalist (1)
- Court Clerk (1)
- Deputy Court Clerk (1)

HUMAN RESOURCES (Director)
- HR Generalist (1)
- Custodian (1)
- Multi-Craft Maintenance Worker (1)
- Mechanic (2)

CITY CLERK (Director)
- Deputy City Clerk (1)
- Administrative Clerk (1)
- Purchasing Agent (1)
- Utility Services Manager(1)
  - Utility Billing Supervisor (1)
  - Utility Billing Clerk (1)
  - Customer Service Representative(3)
  - Administrative Clerk (1)
  - Meter Reader Crew Leader (1)
  - Meter Reader (2)

New Positions for FY2018
1 Customer Svc Rep.
1 Admin Clerk
1 Meter Reader Crew Ldr
2 Meter Readers
1 PT Student Admin Clerk

Other Changes for FY 2018:
Reclassify Admin Asst. I to Admin Asst. III-DCC
Reclassify one (1) Grounds Maintenance Operator to Grounds Maintenance Operator Crew Leader

METER READER – CREW LEADER

Department:	City Clerk Department	**Pay Grade:**	08 (Schedule 2080)
Reports To:	Utility Services Manager	**Exempt (Y/N):**	N
Competitive (Y/N):	N		

SUMMARY:

Reads gas or water meters and records volumes used by residential and commercial consumers by performing the following duties. Supervises meter readers in the performance of daily duties.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

(Any one position of this class may not include all duties listed, nor do listed examples include all duties which may be found in positions of this class.)

- Walks or drives city vehicle over established route and takes readings of meter dials.
- Inspects meters and connections for defects, damage, and unauthorized connections.
- Indicates irregularities on forms for necessary action by public works staff or makes repairs as needed.
- Verifies readings to locate abnormal consumption and records reasons for fluctuations.
- Turns service off for non-payment of charges in vacant premises, or on for new occupants.
- Collects bills in arrears.
- Issues notices to customers as required.
- Meets daily quota with minimal rereads.
- Assists with rereading of meters.
- Returns route book to office for billing purposes.
- Keeps city vehicle clean and maintained.
- Reports meter tampering and works with law enforcement to prosecute violaters.
- Any other duties as required by the Utilities Services Manager.

REQUIRED KNOWLEDGE, ABILITIES AND SKILLS:

- Ability to read and comprehend simple instructions, short correspondence, and memos.
- Ability to write simple correspondence.
- Ability to effectively present information in one on one and small group situations to customers, clients and other employees of the city.
- Ability to add and subtract with two digit numbers and to multiply and divide with 10’s and 100’s.
- Ability to perform these operations using units of United States currency and standard weight, volume and distance measurements.
- Ability to apply common sense understanding to carry out instructions furnished in written, oral or diagram form.
- Ability to deal with problems involving several concrete variables in standardized situations.
- Must possess and maintain a valid Mississippi vehicle operator’s license and be insurable by the city’s insurance provider.

SUPERVISORY RESPONSIBILITIES:

Supervises meter readers in their daily duties.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee regularly works in outside weather conditions. The noise level in the work environment is usually moderate.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand, walk; use hands and fingers, handle, or feel objects, tools, or controls; reach with hands and arms; stoop, kneel, crouch, or crawl; and talk and hear. The employee is occasionally required to sit, climb or balance, and taste or smell. The employee must frequently lift and/or move 10 pounds and occasionally lift and/or move more than 100 pounds. Specific vision required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

MINIMUM REQUIRED EDUCATION AND EXPERIENCE:

High school diploma or general education degree (GED) equivalent. Two (2) years related experience and/or training is preferred.

CIVIL SERVICE MINIMUM QUALIFICATIONS (Rule 4, Section 4.2)

For minimum qualifications established by the Mississippi Code, see Section 21-31-15.

METER READER

Department:	City Clerk Department	**Pay Grade:**	07 (Schedule 2080)
Reports To:	Utility Services Manager	**Exempt (Y/N):**	N
Competitive (Y/N):	N		

SUMMARY:

Reads gas or water meters and records volumes used by residential and commercial consumers by performing the following duties.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

(Any one position of this class may not include all duties listed, nor do listed examples include all duties which may be found in positions of this class.)

- Walks or drives city vehicle over established route and takes readings of meter dials.
- Inspects meters and connections for defects, damage, and unauthorized connections.
- Indicates irregularities on forms for necessary action by public works staff or makes repairs as needed.
- Verifies readings to locate abnormal consumption and records reasons for fluctuations.
- Turns service off for non-payment of charges in vacant premises, or on for new occupants.
- Collects bills in arrears.
- Issues notices to customers as required.
- Meets daily quota with minimal rereads.
- Assists with rereading of meters.
- Returns route book to office for billing purposes.
- Keeps city vehicle clean and maintained.
- Any other duties as required by the Utilities Services Manager.

REQUIRED KNOWLEDGE, ABILITIES AND SKILLS:

- Ability to read and comprehend simple instructions, short correspondence, and memos.
- Ability to write simple correspondence.
- Ability to effectively present information in one on one and small group situations to customers, clients and other employees of the city.
- Ability to add and subtract with two digit numbers and to multiply and divide with 10’s and 100’s.
- Ability to perform these operations using units of United States currency and standard weight, volume and distance measurements.
- Ability to apply common sense understanding to carry out instructions furnished in written, oral or diagram form.
- Ability to deal with problems involving several concrete variables in standardized situations.
- Must possess and maintain a valid Mississippi vehicle operator’s license and be insurable by the city’s insurance provider.

SUPERVISORY RESPONSIBILITIES:

None

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

City Manager _____ Date _____

While performing the duties of this job, the employee regularly works in outside weather conditions. The noise level in the work environment is usually moderate.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand, walk; use hands and fingers, handle, or feel objects, tools, or controls; reach with hands and arms; stoop, kneel, crouch, or crawl; and talk and hear. The employee is occasionally required to sit, climb or balance, and taste or smell. The employee must frequently lift and/or move 10 pounds and occasionally lift and/or move more than 100 pounds. Specific vision required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

MINIMUM REQUIRED EDUCATION AND EXPERIENCE:

High school diploma or general education degree (GED) equivalent. Two (2) years related experience and/or training is preferred.

CIVIL SERVICE MINIMUM QUALIFICATIONS (Rule 4, Section 4.2)

For minimum qualifications established by the Mississippi Code, see Section 21-31-15.

STUDENT ADMINISTRATIVE CLERK
(Recreation Department)

Department:	Recreation Department	**Pay Grade:**	PT- $9.00
Reports To:	Recreation Director	**Exempt (Y/N):**	N
Competitive (Y/N):	N		

SUMMARY:

This is part time clerical and technical work in administrative support to the Recreation Department responsible for the coordination of community recreation programs for seniors, adults, and/or youth, physical activities, special interest classes and summer programs.

Work of this class involves responsibility for general administration, development, and direction of the City's parks and recreation programs; development and maintenance of an adequate park and playground system, with the necessary physical facilities to make all programs effective. Assignments are received in general form or in consultation with the Recreation Director and or Recreation Coordinator.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

(Any one position of this class may not include all duties listed, nor do listed examples include all duties which may be found in positions of this class.)

- Assists with the development of and manages well-rounded recreational programs and activities both indoor and outdoor for all segments, groups, ages, and interest levels of the City.
- Assists and interprets recreation philosophies to City authorities, public and private groups and the general public.
- Maintains and continues to develop community partnerships and identify funding and programmatic resources for the department.
- Creates publicity and marketing materials for the department including but not limited to brochures, newsletters, press releases, flyers, etc.
- Responsible for updating, maintaining and growing the Recreations Departments social media presence including Facebook, LinkedIn, Twitter, Snap Chat and other relevant platforms. Create, curate, and manage all published content (images, video and written).
- Assists the recreation coordinator with athletics and programs where necessary.
- Practices continuous learning through individual study, classroom training, seminars and conferences.
- Performs special projects and other duties as assigned by the Recreation Director.
- Answers variety of inquiries from citizens and employees, in person, by letter, and by telephone.
- Establishes and maintains files; compiles and prepares reports from such files.
- Performs clerical duties on a daily/ monthly basis such as filing, copying, faxing, monthly reports, requisitions, work orders, newsletters, etc.
- Performs other duties as assigned.

REQUIRED KNOWLEDGE, ABILITIES AND SKILLS:

- Knowledge of English, spelling, punctuation, grammar and arithmetic.
- Ability to communicate effectively in English both orally and in writing.
- Ability to handle cash transactions, issue receipts and balance deposits.
- Ability to concentrate, perform accurately and work under stress of deadlines.
- Ability to meet and deal with people tactfully and courteously.
- Ability to take direction and work well with others
- Ability to react to change productively and to handle other tasks as assigned.
- Skilled in operation of computers, calculators, typewriters, fax machines, copier, and other office machines.

City Manager _____ Date _____

- Maintains and continues to develop community partnerships and identify funding and programmatic resources for the department.
- Must be able to come to work promptly and regularly.
- Must maintain a valid Mississippi vehicle operator's license.

SUPERVISORY RESPONSIBILITIES:

This job has no supervisory responsibilities.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

This job operates in a clerical office setting. This role routinely uses standard office equipment such as computers, phones, photocopiers, filing cabinets and fax machines.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

This is largely a sedentary role; however, some filing is required which would require the ability to lift files, open filing cabinets and bend or stand as necessary.

MINIMUM REQUIRED EDUCATION AND EXPERIENCE:

High School diploma or (GED) equivalent and proof of full time enrollment at an accredited university or community college.

CIVIL SERVICE MINIMUM QUALIFICATIONS: (RULE 4, SECTION 4.2)

For minimum qualifications established by the Mississippi Code, see Section 21-31-15.

CITY OF GAUTIER
Business Agenda Item #3
Fact Sheet

Council Meeting:	**September 13, 2018**
Title:	**Renewal of Self-Funded Health Insurance Plan for FY 2019**
Introduced by:	
Contact Person/Telephone	**Jason Pugh 497-8000 Ext. 307**

Summary Explanation: Approval to renew the Self-Funded Health Insurance Plan for FY 2019. This request also includes the renewal of all associated voluntary insurance policies. An increase in funding rates for FY 2019 is recommended at this time. It is further recommended that the Gautier City Council approve amendment #15 to the Plan Document.

EXHIBITS FOR REVIEW

Resolution	☐
Ordinance	☐
Contract	☐
Minutes	☐
Plan Maps	☐
Order	☒
Other	☐
Submittal Authorization	**City Manager**

Staff Recommendation:
Approval

Motion Made by:													
Torjusen	☐	**Martin**	☐	**George**	☐	**Jackson**	☐	**Vaughan**	☐	**Anderson**	☐	**Colledge**	☐

Second Made by:													
Torjusen	☐	**Martin**	☐	**George**	☐	**Jackson**	☐	**Vaughan**	☐	**Anderson**	☐	**Colledge**	☐

Voted as follows:		**Ayes**	**Nays**	**Abstained**	**Absent**
Mayor	**Torjusen**	☐	☐	☐	☐
At Large	**Martin**	☐	☐	☐	☐
Ward 1	**George**	☐	☐	☐	☐
Ward 2	**Jackson**	☐	☐	☐	☐
Ward 3	**Vaughan**	☐	☐	☐	☐
Ward 4	**Anderson**	☐	☐	☐	☐
Ward 5	**Colledge**	☐	☐	☐	☐

Action Taken:

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

ORDER NUMBER 000-2018

WHEREAS, the City and Members of Council have hereby determined that adoption and approval of the attached insurance plans is in the best interests of the City;

IT IS HEREBY ORDERED by the Mayor and Member of the Council of the City of Gautier, Mississippi that the following is hereby authorized for the FY 2019 Budget effective October 1, 2018, to accept the recommended Reinsurance proposal from Excess Risk/Ironshore and provide funding for the self-insured health insurance policy with Fox Everett/HUB International as third party administrator.

1. To continue to pay 100% of premiums for employee only coverage in the amount of $518.20 per month.
2. To continue to pay 90.762% of premiums for employee/child coverage in the amount of $870.14 per month – total premium $958.70 per month. Employee portion will be in the amount of $88.56 per month.
3. To continue to pay 89.238% of premiums for employee/spouse coverage in the amount of $924.86 per month – total premium $1,036.40 per month. Employee portion will be in the amount of $111.54 per month.
4. To continue to pay 90.693% of premiums for family coverage in the amount of $1,339.44 per month – total premium $1,476.90 per month. Employee portion will be in the amount of $137.46 per month.
5. To continue to pay monthly to Teledoc a fee of $2.95 per employee per month.
6. To continue to pay 100% of premiums for life only covered employees in the amount of $6.00 per month.

IT IS FURTHER ORDERED that the renewal notification for dental coverage submitted by Fox Everett Hub International for FY 2019 is hereby accepted. This renewal maintains current benefits and does not include a rate increase. All dental premiums are 100% employee funded.

IT IS FURTHER ORDERED that the renewal notification for vision coverage by Always Care Benefits for FY 2019 is hereby accepted. This renewal maintains current benefits and does not include a rate increase. All vision premiums are 100% employee funded.

IT IS FURTHERED ORDERED that the renewal notification for the Humana Cancer & Specified Disease policy FY 2018 is hereby accepted. All premiums are 100% employee funded.

IT IS FURTHER ORDERED that Amendment #15 is hereby adopted. Amendment #15 increases coinsurance amount to 90% at Singing River Hospital system facilities and implements reference based pricing at all other facilities.

IT IS FURTHER ORDERED that the City Manager and City Clerk are authorized to execute any and all documents necessary for this purpose.

Motion made by **BLANK**, seconded by **BLANK** and the following vote was recorded:

AYES:

NAYS:

_____
MAYOR

ATTEST:

_____
CITY CLERK

BLANK by the Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of September 13, 2018.

CITY OF GAUTIER
MEMORANDUM

To: Paula Yancey, City Manager
From: Jason Pugh, Human Resources Director
Date: 08/31/2018
Subject: Renewal of Self Funded Health Insurance Plan.

REQUEST:
The Human Resources Department requests council approval to renew the Self-Funded Health Insurance plan for FY 2019. This request also includes the renewal of all associated voluntary policies and an increase in funding rates as indicated below. It is further recommended that the Gautier City Council approve Amendment #15 to the Plan Document.

BACKGROUND:
The City of Gautier has operated a self-funded health, dental, and voluntary benefits plan since 2004. Fox Everett/Hub International acts as our Third Party Administrator over the plan.

DISCUSSION:
In renewing this plan, it is recommended that the city accept the reinsurance proposal from Excess/Ironshore with an individual specific deductible of $65,000, no laser option, and a 50% rate cap with Fox Everett/Hub International acting as our Third Party Administrator. Approval of this renewal includes all voluntary policies currently being offered by the city to it's employees.

It is recommended that the city council approve Amendment #15 to the plan which increases the Coinsurance at Singing River Hospital System to 90% and establishes Reference Based Pricing at all other facilities.

It is also recommended that the city approve funding rates as indicated below:

Employee Only	$518.20 monthly
Employee/Child	$958.70 monthly
Employee/Spouse	$1,036.40 monthly
Employee/Family	$1,476.90 monthly

These changes will be effective 10/01/2018.

RECOMMENDATION:
It is recommended that the Gautier City Council approve the renewal of the City of Gautier Self-Funded Health Plan and all accompanying voluntary policies, including Amendment #15, and an increase in funding rates as presented above, with Fox Everett/Hub International acting as our Third Party Administrator for FY 2019.

ATTACHMENTS:
1. City of Gautier 2018 Renewal Checklist
2. Amendment No 15
3. Excess Risk Ironshore Proposal
4. 2018 Recap Final City of Gautier
5. 2018 Optum Transplant
6. Teledoc Usage Report 2018

7. 2018 AlwaysCare Vision
8. Dental Summary of Benefits
9. Humana Cancer

City Of Gautier
September 13, 2018

The Board votes to accept the plan amendment increasing the coinsurance to 90% at Singing River and using reference-based-pricing at other facilities.	Yes ☐	No ☐
The Board votes to accept the reinsurance proposal from Excess Risk/Ironshore effective date Oct 1, 2018 with a Specific Deductible $65,000, No Laser Option and Rate Cap of 50% with Fox/Everett Hub International as the Third Party Administrator.	Yes ☐	No ☐
The Board votes to accept the Fully Insured transplant renewal from Optum and the Teladoc program effective Oct 1, 2018.	Yes ☐	No ☐
The Board votes to accept the Voluntary Vision Renewal from Always Care with no rate increase effective Oct 1, 2018.	Yes ☐	No ☐
The Board votes to accept the Voluntary Self Funded Dental with no change in rates or benefits for October 1, 2018.	Yes ☐	No ☐
The Board votes to continue the Humana Cancer and Specified Disease policy with no changes.	Yes ☐	No ☐

Signed:_____ Title:_____

Date:_____

AMENDMENT NUMBER 15
And Summary of Material Modification
to the
Plan Document and Summary Plan Description for
City of Gautier Employee Health Benefit Plan
Effective October 1, 2004

Amendment Effective October 1, 2018

The City of Gautier believes the City of Gautier Employee Health Benefit Plan (the "Plan") is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at P.O. Box 670, Gautier, Mississippi 39553. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The Plan Document which also serves as a Summary Plan Description is hereby amended to incorporate the following changes to the Schedule of Benefits effective October 1, 2017. The schedule listed in this plan amendment supersedes all prior amendments of the Plan Document/Summary Plan Description.

The section entitled **SCHEDULE OF BENEFITS** is updated to include:

Hospital Services	Singing River Health System
Outpatient Hospital	90% after Calendar Year Deductible
Inpatient Hospital	90% after Calendar Year Deductible

All other facilities will be reimbursed according to the Value-Based Payments program.

The Plan Document is also amended to include:

REASONABLE AND ALLOWED AMOUNT / REASONABLE AND ALLOWABLE AMOUNT

"Reasonable and Allowed Amount" or "Reasonable and Allowable Amount" means the maximum amount payable by the Plan for a service, supply and/or treatment that is considered a Covered Expense. The

Reasonable and Allowable Amount is the lesser of: 1) the charge made by the Provider that furnished the care, service, or supply; 2) the negotiated amount established by a discounting or negotiated arrangement; 3) the reasonable and customary charge for the same treatment, service, or supply furnished in the same geographic area by a Provider of like service of similar training and experienced as further described below; or 4) an amount equivalent to the following:

> For inpatient or outpatient facility claims, an amount equivalent to 140% of the Medicare equivalent allowable amount;

The term 'reasonable and customary charge' shall mean an amount equivalent to the lesser of a commercially available database or such other cost or quality-based reimbursement methodologies as may be available and utilized by the Plan from time to time.

If there is insufficient information submitted for a given procedure, the Plan will determine the Reasonable and Allowed Amount based upon charges made for similar services. Determination of the reasonable and customary charge will take into consideration the nature and severity of the condition being treated, medical complications or unusual circumstances that require more time, skill or experience, and the cost and quality data for that Provider.

The term 'geographic area' shall be defined as a metropolitan area, county, zip code, state or such greater area as is necessary to obtain a representative cross-section of Providers, persons, or organizations rendering such treatment, service or supply for which a specific charge is made. For Covered Expenses rendered by a Physician, Hospital or Ancillary Provider in a geographic area where applicable law may dictate the maximum amount that can be billed by the rendering Provider, the Reasonable and Allowed Amount shall mean the lesser of amount established by applicable law for that Covered Expense or the amount determined as set forth above.

The Plan Administrator or its designee has the *ultimate discretionary authority* to determine the Reasonable and Allowable Amount, including establishing the negotiated terms of a Provider arrangement as the Reasonable and Allowable Amount even if such negotiated terms do not satisfy the lesser of test described above.

PATIENT ADVOCACY CENTER

It is the Plan's position that the Provider should not balance bill the Plan Participant for amounts in excess of the Reasonable and Allowable Amount. It is the Plan's position that these Excess Charges are clearly excessive and exorbitant. However, balance billing for such amounts can occur for out of network claims and the Plan has no control over the actions of the Providers or their desire to pursue you for such amounts.

In the event you receive a balance-bill for an amount in excess of the Reasonable and Allowable Amount payable, please immediately email pac@hstechnology.com or call the Patient Advocacy Center toll free at (888) 837-2237.

Please Note: The Patient Advocacy Center provides assistance to Plan Participants with the understanding that (i) the Patient Advocacy Center is not acting in a fiduciary capacity under this Plan, (ii) that the Plan Participant must make their own independent decision with respect to any course of action in connection

with any balance-bill, including whether such course of action is appropriate or proper based on the Participant's specific circumstances and objectives, and (iii) the Patient Advocacy Center does not provide legal or tax advice.

ASSIGNMENT OF BENEFITS

The term "Assignment of Benefits" shall mean an arrangement whereby the Plan Participant assigns their right to seek and receive payment from the Plan for eligible Covered Expenses to a Provider, in strict accordance with the conditions and limitations of such rights provided under the terms of this Plan Document.

Conditions and Limitations of an Assignment of Benefits:

1. The validity of an Assignment of Benefits by a Plan Participant to a Provider is limited by the terms of this Plan Document. An Assignment of Benefits is considered valid on the condition that Provider accepts the payment received from the Plan as consideration, in full, for Covered Expenses for services, supplies and/or treatment rendered. This amount does not include any cost sharing amounts (i.e. copayments, deductibles, or coinsurance), or charges for non-covered services; the Provider may bill the Plan Participant directly for these amounts.

2. An Assignment of Benefits cannot be inferred, implied or transferred. An Assignment of Benefits must be made by the Plan Participant to the Provider directly through a valid written instrument that is signed and dated by the Plan Participant.

3. Unless specifically prohibited by a Participant, a Provider with a valid Assignment of Benefits may exhaust, on behalf of the Plan Participant, any administrative remedies available under the terms of the Plan Document, including initiating an internal or external appeal of an adverse benefit determination in accordance with the terms of the Plan Document. Notwithstanding the foregoing, the Plan Participant does not, under any circumstances, have the right to assign to any Provider (or their representative) through an Assignment of Benefits any right to initiate any cause of action against the Plan that the Plan Participant them self may be afforded under applicable law. The assignment of any right to initiate suit against the Plan to a Provider is strictly prohibited.

4. An Assignment of Benefits does not grant the Provider any rights other than those specifically set forth herein.

5. The Plan Administrator may disregard an Assignment of Benefits at its discretion and continue to treat the Plan Participant as the sole recipient of the benefits available under the terms of the Plan.

6. An Assignment of Benefits by a Participant to a Provider will not constitute the appointment of an Authorized Representative.

By submitting a claim to the Plan and accepting payment by the Plan, the Provider is expressly agreeing to the foregoing conditions and limitations of an Assignment of Benefits in addition to the terms of the Plan Document. The Provider further agrees that the payments received constitute an 'accord and satisfaction' and consideration, in full, for the Covered Expenses for services, supplies and/or treatment rendered. The

Provider agrees that the conditions and limitations of an Assignment of Benefits as set forth herein shall supersede any previous terms and/or agreements. The Provider agrees to the specific condition that the patient not be balance billed for any amount beyond applicable cost sharing amounts (i.e. copayments, deductibles, or coinsurance), or charges for non-covered services; the Provider may bill the Plan Participant directly for these amounts.

If a Provider refuses to accept an Assignment of Benefits under the conditions and limitations as set forth herein, any Covered Expenses payable under the terms of the Plan Document will be payable directly to the Plan Participant, and the Plan will be deemed to have fulfilled its obligations with respect to such Covered Expense.

DIALYSIS

Dialysis Services, diagnostic testing, laboratory tests, equipment and supplies are a Covered Expense under the Plan only to the extent they are Medically Necessary and only insofar as their cost does not exceed the Reasonable and Allowable Amount specified on the Schedule of Benefits, specific to Dialysis Services.

Dialysis Services, diagnostic testing, laboratory tests, equipment and supplies are those services and items used in the dialysis treatment for acute renal failure or chronic irreversible renal insufficiency (treatment of anemia and other diagnoses related to renal failure). This also includes injectable and intravenous medication including, but not limited to, Heparin, Epogen, Procrit, and other medications administered directly before, during or after a dialysis procedure. Dialysis procedures are for the removal of waste materials from the body, including hemodialysis and peritoneal dialysis regardless of whether they are provided on an inpatient or outpatient basis

SECONDARY COVERAGE

Plan Participants who are eligible for secondary coverage by any other health plan are encouraged to obtain such coverage. Failure to obtain secondary coverage may result in the Plan Participant incurring costs, which are not covered by the Plan and which would otherwise be covered by the secondary coverage. The Plan will not pay for any costs which are payable by such secondary coverage when said coverage is primary, except to the extent that such costs are payable in any event by the Plan.

Applicable to Active Employees and Their Spouses Ages 65 and Over

A Plan Participant that is an active Employee and his or her spouse (ages 65 and over) may, at the option of such Employee, elect or decline coverage under this Plan at open enrollment or some other specified special enrollment period. If such Employee elects coverage under this Plan, the benefits of this Plan shall be determined before any benefits provided by Medicare. If coverage under this Plan is declined by such Employee, benefits listed herein will not be payable even as secondary coverage to Medicare. The Plan will at all times, when applicable, adhere to the requirements set forth in the Medicare Secondary Payer regulations.

Applicable to All Other Plan Participants Eligible for Medicare Benefits

To the extent required by Federal regulations, this Plan will pay Covered Expenses at the Reasonable and Allowable Amount before Medicare makes any secondary payment for benefits. There are some circumstances under which Medicare would be required to pay its benefits first. In these cases, benefits under this Plan would be calculated as secondary payer (as described under the Article entitled "Coordination of Benefits"). The Plan Participant will be assumed to have full Medicare coverage (that is, both Parts A & B) whether or not the Plan Participant has enrolled for the full coverage. If the Provider accepts assignment with Medicare, Covered Expenses will not exceed the Medicare allowable amount.

Applicable to Medicare Services Furnished to End Stage Renal Disease ("ESRD") Plan Participants Who Are Covered Under This Plan

If any Plan Participant is eligible for Medicare benefits because of ESRD, the benefits of the Plan will be determined before Medicare benefits for the first 30 months of Medicare entitlement, unless applicable Federal law provides to the contrary, in which event the benefits of the Plan will be determined in accordance with such law.

STATUTE OF LIMITATIONS: VENUE/FORUM

Before filing a lawsuit, the Claimant must exhaust all available levels of review as described in this section, unless an exception under applicable law applies. A legal action to obtain benefits must be commenced within one (1) year of the date of the Notice of Determination on the final level of internal or external review, whichever is applicable. Further, any legal action brought against the Plan must be brought exclusively in the County of Jackson, State of Mississippi. The Participant, or any Authorized Representative, submits to and accepts the exclusive jurisdiction of such courts for the purpose of such legal action. To the fullest extent permitted by law, Participant, and any Authorized Representative, irrevocably waive any objection which they may now or in the future have as to venue, as well as any claim that any legal action or proceeding brought in such court has been brought in an inconvenient forum.

DEFINITIONS

Clean Claim - A claim for a Covered Expense that (a) is timely received by the Administrator; (b) (i) when submitted via paper has all the elements of the UB 04 or CMS 1500 (or successor standard) forms; or (ii) when submitted via an electronic transaction, uses only permitted transaction code sets (e.g. CPT4, ICD9, ICD10, HCPCS) and has all the elements of the standard electronic formats required by applicable Federal authority; (c) is a claim for which the Plan is the primary payer or the Plan's responsibility as a secondary payor has been established; and (d) contains no defect, error or other shortcoming resulting in the need for additional information to adjudicate the claim; and (d) that does not lack necessary substantiating documentation to completely adjudicate the claim.

A Clean Claim does not include a claim that is being reviewed for the Reasonable and Allowable Amount payable under the terms of the Plan. Additionally, any claim over $10,000 must be accompanied by a valid itemization, and submitted to the Third Party Administrator before it will be deemed a Clean Claim.

Covered Expense - Those Medically Necessary services, supplies and/or treatment that are covered under this Plan. Covered Expenses does not necessarily mean the actual charge made nor the specific service or

supply furnished to a Plan Participant by a Provider. Charges for services, supplies, and/or treatments meant to treat or correct a preventable condition or cost which arises solely due to a Provider's medical error are not considered Covered Expenses. A finding of Provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not Reasonable and Allowed or not a Covered Expense.

Plan Participant - An Employee or Dependent who is covered under this Plan at the time the services are rendered.

Excess Charges - The part of an expense for services, supplies and/or treatment of an Injury or Sickness that is in excess of the Reasonable and Allowable Charge. *(Definition and Exclusion)*

No obligation to pay - Charges incurred for which the Plan has no legal obligation to pay. *(Exclusion)*

PRE-CERTIFICATION

Pre-certification Requirements are listed on the Summary Plan Description indicating services that require pre-certification from the Claim Administrator Utilization Review Department in order for the services to be covered under the Plan.

All services requiring pre-certification, as noted on the Summary Plan Description are to be certified in advance by the Utilization Review Department, except for emergencies. The Member or their representative is required to call the phone number for pre-certification located on the back of their ID card for the services specified above at least seven (7) business days prior to services being rendered. The Member or their representative must identify the services to be rendered and the associated diagnosis and procedure codes necessary for pre-certification determinations and service pre-pricing.

UTILIZATION REVIEW

Utilization review is the process of evaluating if services, supplies or treatment are medically necessary, appropriate and priced at the prevailing rates to help ensure cost-effective care. Utilization review can eliminate unnecessary services, hospitalizations, and shorten confinements while improving quality of care and reducing costs to the Member and the Plan.

Pre-certification establishes the medical necessity of certain care and services covered under the Plan. It ensures that the pre-certified care and services will not be denied on the basis of medical necessity (as defined by this Plan). The Pre-certification process will also establish the reference prices for requested services. However, pre-certification does not guarantee the payment of benefits. Coverage and benefits are always subject to other requirements and provisions of the Plan, such as, Plan limitations, exclusions, and eligibility at the time care and services are provided.

All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

IN WITNESS WHEREOF, this Amendment has been executed this ___ day of_____, 2018.

By:_____
Signature

_____
Name/Title

_____
Date

EXCESS RISK REINSURANCE, Inc.
An Ironshore Company

P.O. Box 1170, 605 Renaissance Way Ridgeland, MS 39157
Phone 601.427.0235 Fax 601.427.0245
www.excessriskms.com

Chantel Foster
chantel.foster@ironshore.com

8/22/2018

Jackie Cooper
Fox Everett

Re: City of Gautier

Attached is Excess Risk's proposal for City of Gautier effective 10/1/2018. ERR's quote assumptions are outlined below. Detailed contingencies are found in the Conditions and Assumptions of this quote.

Rates in this proposal assume 0% Specific and Aggregate commissions.

This proposal assumes that Fox Everett will act as Third Party Administrator with network access through MPCN.

Human Organ / Tissue Transplants and related services covered under a Fully Insured Transplant Policy are not eligible for reimbursement under the Specific or Aggregate stop loss.

This proposal includes rate options with a No New Laser guarantee and a 50% maximum rate increase on renewal. See the Conditions and Assumptions for additional details on this provision.

Reports Needed for Disclosure:

- Updated Specific 50% reports and Aggregate reports as of 7/31/2018.
- Reports detailing open, pending, and held claims as of 7/31/2018.
- Pre-cert and/or case management reports, as applicable, for claimants at or above 50% of the Specific or for potential catastrophic claimants who have not reached 50% as of 7/31/2018.

This proposal may be contingent on the receipt and review of additional information for certain large claimants. Further, the proposal may include individuals who require higher Specific lasers or special contingencies. Please refer to the proposal Conditions and Assumptions for full details and requested information.

If you have any questions or if I can be of assistance, please contact me at the number above. As always, thank you for this opportunity.

Chantel Foster

EXCESS RISK REINSURANCE, Inc.
An Ironshore Company

P.O. Box 1170, 605 Renaissance Way, Ridgeland, MS 39157
Phone 601.427.0235 Fax 601.427.0245
www.excessriskms.com

Insured	City of Gautier	Effective Date	10/1/2018
Producer	Fox Everett	Proposal Expires	10/6/2018
Contact	Jackie Cooper	Proposal Date	8/22/2018
Carrier	IRONSHORE INDEMNITY	Underwriter	Chantel Foster

Third Party Administrator: Fox Everett; PPO Network: MPCN

SPECIFIC STOP LOSS COVERAGE

	Option 1	***Option 2***	***Option 3***	***Option 4***
Coverages	**Med, Rx**	**Med, Rx**	**Med, Rx**	**Med, Rx**
Contract Basis	**12/15**	**12/15**	**12/24**	**12/24**
Individual Specific Deductible	**$65,000**	**$75,000**	**$65,000**	**$75,000**
Specific Maximum Per Contract Period	**UNLIMITED**	**UNLIMITED**	**UNLIMITED**	**UNLIMITED**
No New Laser Option; 50% Renewal Rate Cap	INCLUDED	INCLUDED	INCLUDED	INCLUDED
Human Organ / Tissue Transplants	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
Monthly Premium Rates				
Enrollment				
Single 62	**$109.26**	**$100.27**	**$109.59**	**$100.27**
Family 61	**$273.15**	**$250.68**	**$273.98**	**$250.68**
Estimated Contract Premium	**$281,235**	**$258,099**	**$282,088**	**$258,099**
Commission Included	0.0%	0.0%	0.0%	0.0%

AGGREGATE STOP LOSS COVERAGE

Coverages	**Med, Rx**	**Med, Rx**	**Med, Rx**	**Med, Rx**
Contract Basis	**12/15**	**12/15**	**12/24**	**12/24**
Maximum Aggregate Reimbursement	**$1,000,000**	**$1,000,000**	**$1,000,000**	**$1,000,000**
Individual Claim Limit	**$65,000**	**$75,000**	**$65,000**	**$75,000**
Aggregate Corridor	**125%**	**125%**	**125%**	**125%**
Human Organ / Tissue Transplants	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
Monthly Aggregate Factors				
Enrollment				
Single 62	**$488.04**	**$499.28**	**$487.63**	**$499.28**
Family 61	**$1,220.11**	**$1,248.20**	**$1,219.08**	**$1,248.20**
Minimum Annual Aggregate Attachment Point	**$1,256,226**	**$1,285,147**	**$1,255,163**	**$1,285,147**
Aggregate Premium Rate				
Enrollment				
123	**$6.48**	**$6.48**	**$6.48**	**$6.48**
Estimated Annual Aggregate Premium	**$9,564**	**$9,564**	**$9,564**	**$9,564**
Commission Included	0.0%	0.0%	0.0%	0.0%

ESTIMATED ANNUAL COSTS

Estimated Annual Specific Premium	$281,235	$258,099	$282,088	$258,099
Estimated Annual Aggregate Premium	$9,564	$9,564	$9,564	$9,564
Minimum Annual Aggregate Attachment Point	$1,256,226	$1,285,147	$1,255,163	$1,285,147
Estimated Maximum Costs	$1,547,025	$1,552,810	$1,546,815	$1,552,810

City of Gautier

PROPOSAL CONDITIONS AND ASSUMPTIONS

This proposal is based on the information provided and is subject to the conditions and assumptions contained herein.

- The proposal assumes that Fox Everett will act as Third Party Administrator with network access through MPCN.
- The Employer will provide a Plan Document acceptable to Excess Risk within twenty-one (21) days of the effective date of any stop loss coverage quoted in the proposal.
- No stop loss coverage will be effective until Excess Risk confirms acceptance in writing to the Employer or its representative requesting the proposal.

A signed Disclosure Statement must be completed and submitted for the Underwriter's review prior to final acceptance of the risk by ERR. Final acceptance is contingent on receipt and approval of the Disclosure Statement which should detail the following: 1) Any covered person who has incurred claims in excess of 50% of the requested Specific deductible; 2) Any known claimants under Case Management review; and, 3) Any claims pended for COBRA continuees or retirees, COB, subrogation, or for any other reasons in the last 12 months.

This proposal is a tentative quote and is based on the information submitted. The rates, factors, and premium are subject to change based on the receipt and review of claims experience and open claimants for a period of up to one month prior to the proposed effective date. Further, Excess Risk reserves the right to adjust the premium rates and/or attachment factors or make appropriate changes in the Policy terms if there is any inaccuracy in the data provided or a substantial change in the Plan design or census prior to the actual effective date or at any time during the Policy period. Rates and factors are subject to re-calculation in the event there is a 10% change in the final enrollment when compared to the initial quoted enrollment.

Any sale subject to contingencies is null and void if such contingencies are not satisfied within twenty-one (21) days of the proposed effective date.

SPECIAL CONDITIONS

This proposal is based on the Employer's current benefit plan and contribution structure unless otherwise noted.

The final rates and factors are contingent on the recipt and review of the following information and reports. **Excess Risk reserves the right to modify the premium rates, factors, or terms of the Policy based on the information received.**

- Specific 50% reports as of: 7/31/2018. (Including diagnosis, prognosis, and case management reports for each claimant listed as well as any known potentially catastrophic claimants not at 50%.)
- Monthly paid claims as of: 7/31/2018. (Including Single and Family enrollment counts.)

Any Aggregate terms shown in the proposal are contingent on the receipt and review of complete monthly paid claims for the 10-month period immediately preceding the proposed effective date. Should there be any substantial variance in the claim levels from the initial quote, it may be necessary to adjust the proposed premium rates and/or Aggregate factors.

QUOTE ASSUMES HST RBP PRODUCT @ 140% OF MEDICARE

- Specific Advance Funding included.
- Retirees excluded.

SPECIAL CONDITIONS, continued

In exchange for premium considerations, ERR guarantees that, if the Employer renews this stop loss coverage in the next Policy year, the Renewal Policy will not contain any additional Covered Persons with lasered Specific deductibles. ERR reserves the right to carry over to the Renewal Policy any or all Covered Persons that already have a lasered Specific deductible as noted in the Proposal. Further, ERR guarantees that the Specific premium rates will not be increased by more than 50% upon renewal.

Updated medical information is required for: 1) Any member who has incurred expenses at or above 50% of the quoted Specific deductible; 2) Any known members under Case Management review; 3) Any member who has not reached 50% of the Specific but is a potential catastrophic claimant that could reasonably be expected to meet or exceed 50% of the Specific deductible in the upcoming Policy period.

Updated medical information or current case management notes are required for the following members:

- Daniel Kauppi: Updated CM notes.
- Stephen Rodriguez: Updated CM notes.

FINAL CONTINGENCIES WILL BE DETERMINED ON RECEIPT AND REVIEW OF UPDATED MEDICAL INFORMATION AND SIGNED AND COMPLETED DISCLOSURE STATEMENT.

HUB | FOX | EVERETT

City of Gautier
Recap of Costs
October 1, 2018

	2017 ERR/Ironshore NNLO with 39% Rate Cap	ERR/Ironshore NNLO with 50% Rate Cap HST RBP
SPECIFIC EXCESS COVERAGE	**Current**	**Renewal**
Coverages	Medical & Rx	Medical & Rx
Contract Basis	12/15	12/24
Laser #1 D. K.	**N/A**	**N/A**
1. Individual Specific Deductible	$ 65,000	$ 65,000
2. Limit of Liability Per Covered Person	Unlimited	Unlimited
3. Employees without dependents	62	62
4. Families (including employees)	61	61
TOTAL CENSUS	**123**	**123**
5. Monthly Premium Rates - Single	$ 102.81	$ 128.93
6. Monthly Premium Rates - Family	$ 257.04	$ 322.33
7. Estimated Annual Specific Premium	$ 264,642	$ 331,869
AGGREGATE EXCESS LOSS		
Coverages	Medical & Rx	Medical & Rx
Contract Basis	12/15	12/24
Maximum Aggregate Reimbursement	$ 1,000,000	$ 1,000,000
Individual Claim Limit	$ 65,000	$ 65,000
Aggregate Corridor	125%	125%
8. Monthly Aggregate Factor - Single	$ 460.32	$ 487.63
9. Monthly Aggregate Factor - Family	$ 1,217.09	$ 1,219.08
10. Minimum Annual Aggregate Attachment Point	$ 1,233,388	$ 1,255,163
11. Expected Annual Claims	$ 986,710	$ 1,004,131
12. Monthly Premium Rate - Composite PEPM	$7.66	$7.62
13. Estimated Annual Aggregate Premium	$ 11,304	$ 11,252
FULLY INSURED TRANSPLANT POLICY	***Optum***	***Optum***
14. Monthly Premium Rates - Single	$ 5.62	$ 5.74
15. Monthly Premium Rates - Family	$ 13.51	$ 13.78
16. Estimated Annual Transplant Premium	**$ 14,070**	**$ 14,356**
ADMINISTRATIVE FEES		
17. Claims Administration (Medical) - (PEPM)	$ 16.25	$ 16.25
18. Teladoc - (PEPM)	$ 2.95	$ 2.95
19. COBRA & HIPAA Administration - (PEPM)	$ 1.50	$ 1.50
20. Pre-Admission Certification - (PEPM)	$ 2.00	$ 2.75
21. PPO Access Fee - (PEPM)	$ 6.95	$ 2.50
22. Verisk "Claims Edit" - (PEPM)	$ 0.50	$ 0.50
23. PPACA Fee	$ 1.00	$ 1.00
24. RBP Admin		$ 14.00
25. Estimated Annual Administration Cost	**$ 45,977**	**$ 61,180**
TOTAL ANNUAL COST		
26. Minimum annual cost* ($-0- claims) (7+13+16+25)	$ 335,994	$ 418,657
27. Expected annual cost* (7+11+13+16+25)	$ 1,322,704	$ 1,422,788
28. Maximum annual cost* (7+10+13+16+25)	$ 1,569,382	$ 1,673,820
ANNUAL PPACA AND OTHER TAXES		
29. PCORI Fee $2.45 (estimated) AVERAGE Covered Lives 188 (estimated)	$ 441.80	$ 460.60
FUNDING & COBRA calculations "expected" w/ACA tax	**$ 1,323,145.99**	**$ 1,423,248.18**

Optum
11000 Optum Circle
Eden Prairie, MN 55344

www.myoptumhealthcomplexmedical.com

June 27, 2018

Policyholder:	City of Gautier
Policy Date:	10/1/2018 to 9/30/2019
Policy Number:	1001264
Premium Due Date:	10/1/2018

The Policyholder has selected the following critical care benefits plan: Optum's Managed Transplant Program

Renewal Premium Rates:	Single: $4.88
	Family: $11.71
Commissions*:*	0.00%

Please notify Optum if you have any changes in your Third Party Administrator, Case Management or Agent of Record. This will allow Optum to continue to administer the Managed Transplant Program without disruption.

By signing this document I agree to renew the Managed Transplant Program policy.

_____

(Signature)

_____

(Title)

_____

(Date)

TELADOC

City of Gautier
July 2018

SAVINGS YEAR TO DATE
$517 Savings Per Episode x Visits YTD

$39,809

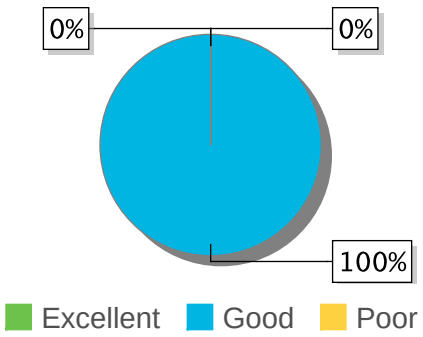
ANNUALIZED UTILIZATION
YTD Visits X 12 / # Months Accrued / YTD Average Primary Members

83.5%

AVERAGE RESPONSE TIME

21 minutes

MEMBER SATISFACTION YTD



	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	YTD	Report Period	Since Inception
Primaries	2	38	159	158	0	8	0	50
Dependents	5	39	175	180	0	13	1	49
Eligible Lives	7	77	334	339	0	21	1	99

TOP DIAGNOSES YTD

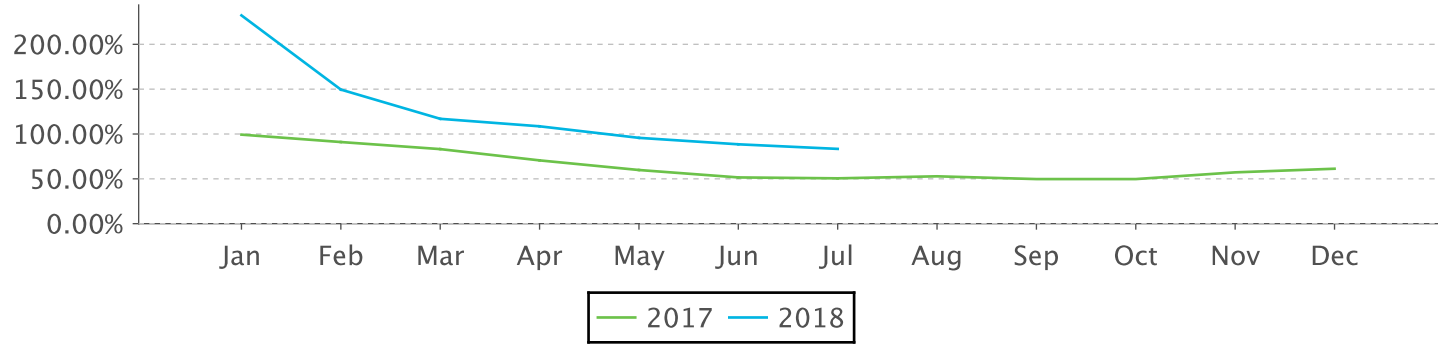
Acute sinusitis, unspecified
Other acute sinusitis
Acute bronchitis, unspecified
Acute maxillary sinusitis,
Flu due to ident novel influenza A

TOP PRESCRIPTIONS YTD

Tamiflu 75 mg oral capsule
Azithromycin 5 Day Dose Pack 250
Flonase 50 mcg/inh nasal spray
Amoxicillin 500 mg oral capsule
Augmentin 875 mg-125 mg oral

Visits w/Rx	69
% Visits w/Rx	90%
Visits w/out Rx	8
Total Rx YTD	90
Avg Rx/Visit	1.2

ANNUALIZED UTILIZATION TREND



Peter Whitman
8485 Goodwood Boulevard
Baton Rouge, LA 70806-7878
(888) 729-5433
www.StarmountLife.com
www.AlwaysCareBenefits.com

6/14/2018

Hub International Midwest
PO BOX 6650
METAIRIE, LA 700096650

Re: City of Gautier
Subject: Group Insurance Renewal Notification

Dear Agent:

Enclosed is a copy of the renewal letter that will be sent to your client. Please feel free to contact your account manager at 888-729-5433 ext. 5 to answer any questions regarding this matter!

Thank you for your business!

Sincerely,

Account Management

Enclosure: Copy of customer renewal letter.

STARMOUNT | AlwaysCare

8485 Goodwood Boulevard
Baton Rouge, LA 70806-7878
(888) 729-5433
www.StarmountLife.com
www.AlwaysCareBenefits.com

6/14/2018

Jason Pugh
City of Gautier (2COGA1010)
PO Box 670
Gautier, MS 39553

Dear Jason Pugh:

Thank you for choosing AlwaysCare Benefits, Inc. (A Starmount Life Insurance Company). We appreciate your business and look forward to serving City of Gautier (2COGA1010), its employees, and their dependents for many years. We have completed the annual review of your group policy.

Our renewal analysis is based on cost factors related to the utilization and claim activity for your group and other groups of comparable size. Based on this data, underwriting has completed your 10/1/2018 renewal. Listed below are your current and renewal rates based on your in force plan design.

Coverage	Current Premium	Renewal Premium
Vision		
Employee only	$7.40	$7.40
Employee + spouse	$14.76	$14.76
Employee + child(ren)	$15.56	$15.56
Employee + family	$24.48	$24.48

It is our pleasure to provide competitive benefits at affordable rates with outstanding customer service. If you have any questions, please feel free to contact your account manager at 888-729-5433 ext. 5, or your agent.

Sincerely,

Account Management
CC: Hub International Midwest

City of Gautier
85A & 85Z Dental

Annual Maximum - $1000
$50 Annual Deductible / $150 Family
Preventative Services - No Deductible Covered 100%
Oral Exams-- Limited to 1 every 6 Months
Prophylaxis--Limited to 1 every 6 Months
Bitewing X-Rays--Limited to 1 every 6 Months
Full Mouth X-Rays--Limited to 1 every 3 Years
Fluoride Treatment--Limited to dependent children under age 19. Limit of 1 every Year.
Emergency palliative treatment for pain
Sealants--For Dependent Children under age 14 for the occlusal surface of a permanent posterior tooth. One Treatment per Tooth in any 3 Years.
Dental Basic Services - 80% after Annual Deductible
Amalgam fillings
Extractions
Oral Surgery
Anesthesia
Space maintainer for Dependent children under age 14
Major Services - 50% after Annual Deductible
Dental Major Services
Periodontics
Endodontics, including pulpotomy, direct pulpcapping and root canal treatment
Crowns
Bridges -- 5 Year Replacement
Dentures -- 5 Year Replacement
Orthodontia – 50% after Annual Deductible
Covered children 18 and under only, $1,000 lifetime maximum

Humana Insurance Company

Cancer & Specified Disease Policy Form HIC-CAN-POL-2010 -MS 02/10

PROPOSED PLAN HIGHLIGHTS

SEE OUTLINE OF COVERAGE FOR COMPLETE LIST OF BENEFITS PROVIDED

WELLNESS BENEFIT

Pays Actual Charge – Up $100 Per Calendar Year Per Covered Person

Includes tests such as mammograms, flexible sigmoidoscopy, pap smear, chest x-ray, hemocult stool specimen, and prostate screen.

FIRST DIAGNOSIS BENEFIT

Pays – $2,500 (Option I) or $5,000 (Option II) or $10,000 (Option III)] – Per Covered Person

Benefit Based on Option Selected

Pays a one-time benefit when a covered person is diagnosed for the first time as having cancer (other than skin cancer) or a specified disease. Pays this benefit only once for each covered person.

NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER TREATMENT CENTER EVALUATION/CONSULTATION BENEFIT

The Company will pay the expense incurred limited to a **lifetime maximum up to $750 for evaluation** if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, the Company will also pay the transportation and lodging expenses incurred limited to a **lifetime maximum up to $350 for transportation and lodging.** This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.

RADIATION, RADIOACTIVE ISOTOPES THERAPY, CHEMOTHERAPY OR IMMUNOTHERAPY

Administered by a radiologist, chemotherapist or oncologist or used to modify or destroy cancerous tissue..

Includes Hormone Therapy

Pays Actual Charge – Up to **$10,000** Per **Month**

NO LIFETIME MAXIMUM

MISCELLANEOUS THERAPY CHARGES

Pays Actual Charge – Up To $10,000 – Per Covered Person

Pays actual charges up to a lifetime maximum of $10,000 for services performed while a person is receiving one or more of the treatments shown above. This includes lab work and its interpretations; or routine or diagnostic x-rays, scans, and interpretations.

SELF-ADMINISTERED OR ORAL CHEMOTHERAPY OR IMMUNOTHERAPY

Includes Hormone Therapy

Pays Actual Charge – Up To **$4,000 Per Month**

NO LIFETIME MAXIMUM

COLONY STIMULATING FACTORS

Pays Actual Charge – Up To **$4,000 Per Month**

Pays the cost of the chemical substances and their administration to stimulate the production of blood cells.

NO LIFETIME MAXIMUM

BREAST PROSTHESIS

Pays **Actual Charge Incurred** for a prosthesis to restore normal body contour lost due to breast cancer and the implantation of the prosthesis.

NO LIFETIME MAXIMUM

SURGERY

Pays the amount listed on the surgical schedule but not to exceed **$3,000 (Option I) or $4,500 (Options II and III).** It does not pay an amount which exceeds the actual surgeon's fees for the surgery

Benefit Based on Option Selected

BONE MARROW AND STEM CELL TRANSPLANT.

Pays Actual Charge – Up To $15,000 Per Covered Person

Pays Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant combined lifetime maximum of $15,000

HOSPITAL CONFINEMENT. $100 per day, up to 60 days. Benefit is two times the amount for covered children under age 21. **No Lifetime Maximum.**

EXTENDED BENEFITS. If hospital confinement is more than 60 days continuous, we will pay three times the selected hospital confinement benefit shown on the schedule page. Payment will begin on the 61st day of continuous hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit. **No Lifetime Maximum.**

Mississippi Only 3 Option Highlights of Coverage with Payroll Deduction Monthly Premium Rates

The Policy Also Provides Specific Benefits For	
Positive Diagnosis Test	*Private Duty Nursing*
Second and Third Surgical Opinions	*Artificial Limb or Prosthesis*
Non-Local Transportation	*Physical or Speech Therapy*
Adult Companion Lodging and Transportation	*Extended Benefits*
Ambulance	*Extended Care Facility*
Blood Plasma and Platelets	*At Home Nursing*
Donor-Benefit Bone Marrow and Stem Cell Transplant	*New or Experimental Treatment*
Daily Hospital Confinement	*Hospice Care*
Anesthesia	*Government or Charity Hospital*
Ambulatory Surgical Center	*Hairpiece*
Drugs and Medicines	*Rental or Purchase of Durable Goods*
Outpatient Anti-Nausea Drugs	*Physician's Attendance*
Waiver of Premium	

Covered Diseases. Cancer; Addison's Disease; Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease); Cystic Fibrosis; Diptheria; Encephalitis; Epilepsy; Hansen's Disease; Legionaire's Disease; Lupus Erythematosus; Lyme Disease; Malaria; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Nieman-Pick Disease; Osteomyelitis; Poliomyelitis; Rabies; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Scarlet Fever; Sickle Cell Anemia; Tay-Sachs Disease; Tetanus; Toxic Epidermal Necrolysis; Tuberculosis; Tularemia; Typhoid Fever; Undulant Fever; Whipple's Disease

PLUS

All Benefits Are Payable in Addition to Any Other Insurance or Medicare	**Benefits Provided for Cancer or Specified Disease Do Not Reduce Because of Age**
Guaranteed Renewable for Life	**Portable – Take it with You If You Change Jobs or Retire**

All Benefits Are Subject to the Provisions of the Policy.
Read the Policy for Complete Descriptions of Benefits Provided and the Exceptions and Limitations.

Cancer & Specified Disease Insurance Monthly Payroll Deduction Premium Rates

Issue Age	Under 44			45 - 54			55 - 64			65 +		
	Option I	Option II	Option III	Option I	Option II	Option III	Option I	Option II	Option III	Option I	Option II	Option III
Monthly Individual	$27.72	$31.90	$37.91	$31.23	$35.93	$42.70	$60.67	$70.69	$85.13	$75.25	$88.85	$108.47
Monthly Single Parent	$37.73	$42.92	$50.44	$41.24	$46.97	$55.26	$70.87	$81.94	$97.92	$83.73	$98.37	$119.54
Monthly Family	$57.46	$65.88	$77.95	$64.03	$73.44	$86.93	$122.66	$142.85	$171.73	$154.48	$182.85	$223.40

Optional Intensive Care Unit Rider Available for Additional Monthly Payroll Deduction Premium

Issue Age	0 - 44			45 - 54			55 - 64			65 +		
	Daily Benefit Amount			Daily Benefit Amount			Daily Benefit Amount			Daily Benefit Amount		
	$325.00	$625.00	$825.00	$325.00	$625.00	$825.00	$325.00	$625.00	$825.00	$325.00	$625.00	$825.00
Individual	$2.49	$4.79	$6.33	$2.81	$5.40	$7.13	$3.42	$6.58	$8.68	$3.54	$6.81	$8.99
Single Parent	$4.01	$7.71	$10.18	$4.33	$8.32	$10.99	$4.97	$9.56	$12.61	$5.09	$9.79	$12.92
Family	$5.64	$10.84	$14.31	$6.24	$12.00	$15.84	$7.10	$13.66	$18.03	$6.40	$12.30	$16.24

This is a brief description of the coverage available. The Policy will contain limitations, exclusions and termination provisions. Humana Insurance Company has its principal place of business in Green Bay, Wisconsin.

These Are Highlights of the Coverage Proposed and To Be Used Only With Outline of Coverage

CITY OF GAUTIER, MISSISSIPPI
STUDY AGENDA
September 13, 2018

ITEM DESCRIPTION:

Citizen Comments

City Council Comments

City Manager Comments

City Clerk Comments

City Attorney Comments

NOTES:
