

OSAWATOMIE CITY COUNCIL

**REVISED** AGENDA

June 14, 2018

6:30 p.m., Memorial Hall

1. Call to order
2. Roll Call
3. Pledge of Allegiance
4. Invocation
5. Consent Agenda
  - Consent Agenda items will be acted upon by one motion unless a Council member requests an item be removed for discussion and separate action.*
  - A. June 14<sup>th</sup> Agenda
  - B. Council Minutes for May 10 and May 24, 2018
  - C. Pay Application Final – Virginia Transformer – Substation Transformer -- \$14,150.95
  - D. Certificate of Substantial Completion – Substation Transformer
  - E. Pay Applications May 2018 – JEO Consulting – Generation Project – \$3,170.00
  - F. Pay Application May 2018 – BG Consultants – Phase 2 Main Street – \$145
  - G. Pay Applications #3 – Kansas Heavy – Phase 2 Main Street – \$608,955.93
  - H. Fireworks Permit – Moon’s Discount Fireworks
6. Comments from the Public
  - Citizen participation will be limited to 5 minutes. Stand & be recognized by the Mayor.*
7. Presentations & Proclamations
  - A. Proclamation - Business Appreciation Month**
8. Public Hearings
9. Unfinished Business
  - A. Resolution – Lights on the Lake
  - B. UTV Procedures
  - C. Fee Resolution Update – For UTV Fees
  - D. Main Street Sidewalks**
10. New Business
  - A. 2018-2019 Health Insurance Proposal
  - B. CIP and Budget Presentations by Department Heads
11. Council Report
12. Mayor’s Report
13. City Manager & Staff Reports
14. Executive Session – Attorney/Client Matters
15. Other Discussion/Motions
16. Adjourn

*NEXT REGULAR MEETING – June 28, 2018*

Osawatomie, Kansas. **May 10, 2018.** The Council Meeting was held in Memorial Hall. Mayor Govea called the meeting to order at 6:30 p.m. Council members present were Dickinson, Diehm, Hampson, LaDuex, Macek, Maichel and Wright. Absent was Walmann. City Staff present at the meeting were: City Attorney Dick Wetzler, City Clerk Tammy Seamands, City Manager Don Cawby, Police Chief Dave Ellis, Police Corporal Ed Beaudry, Fire Chief Brian Love, Fireman Lance Kerr, Golf Course Superintendent Eric Draper and Media Coordinator Jennifer McDaniel. Members of the public were Bill Hall, George Feebeck, Brooks Damron, Rick Anderson, Layla Poage and Heather Poage.

**INVOCATION.** Brooks Damron with Spring Grove Friends Church

**CONSENT AGENDA.** Approval of May 10<sup>th</sup> Agenda, April 12<sup>th</sup> and April 26<sup>th</sup> Council Minutes, Fireworks Stand Permits (a) Eddie's Fireworks LLC (b) Dale & Jo's Firworks, City of Osawatomie Fireworks Display Permit, Lights on the Lake Special Event Permit and Pay Application #2 – Kansas Heavy Construction – Main Street Phase II - \$277,490.97 **Motion** made by LaDuex, seconded by Hampson to Approve the Consent Agenda as presented without Items D and E. Councilman Macek mentioned that Item D should have a display date of June 30<sup>th</sup> on the application and Item E had the correct date. **Motion** made by LaDuex, seconded by Hampson to Approve Items D with the date change on D. Yeas: All. **Motion** made by LaDuex, seconded by Dickinson to Amend the first motion with no change to Item E. Yeas: All.

**COMMENTS FROM THE PUBLIC.**

Council and attendees of the meeting took a ten-minute break to go outside and view the new fire truck.

Heather Poage, 429 Walnut Ave, purchased the home back in October. Didn't realize the lot next to her was going to be used the way it has been. The property is an eye sore with the weeds, lumber, etc. Has spoken with the property owner and nothing has been resolved. Staff will look into the property.

Rick Anderson, Paola, has no ID that he is member of Great Life with his golf membership. Also, would like to see the advisory board active again.

**PRESENTATIONS.** None.

**PUBLIC HEARINGS.** None.

**UNFINISHED BUSINESS.**

**SPECIAL VEHICLES ORDINANCE.** Cawby prepared a draft ordinance allowing UTV's on the streets within the city limits with special requirements. He reviewed items that were in the ordinance such as; if operated in the dark there will need to be lights, if equipped with seatbelts they will need to be worn, if operating will require a license and that we will still have a registration process where proof of insurance will be required as well. **Motion** made by Wright, seconded by Hampson to Amend the Proposed Ordinance 14-602 (a.1) to read 55 miles per hour instead of 40

miles per hour. Yeas: All. **Motion** made by Hampson, seconded by Maichel to Approve the Special Vehicles Ordinance as presented. Yeas: All.

RESOLUTION – SALES TAX BALLOT QUESTION. Cawby explained that in order to authorize the county clerk to put the sales tax question on the ballot, there would need to be a resolution. He incorporated the language that was previously proposed and agreed upon. **Motion** made by Maichel, seconded by Dickinson to Approve the Resolution – Sales Tax Ballot Question. Yeas: All.

### **NEW BUSINESS.**

RESOLUTION – STREET CLOSING FOR ALUMNI DANCE. The state requires a resolution stating that the city is allowing a group to have alcohol on public property during a special event. **Motion** made by Hampson, seconded by LaDuex to Approve the Resolution – Street Closing for Alumni Dance. Yeas: All.

### **COUNCIL REPORTS.**

Karen LaDuex ~ Will be selling pancake tickets for the annual library pancake feed and will be bringing tickets to the next meeting.

Lawrence Dickinson ~ Main Street looks real good and if weather cooperates, should keep moving along well.

Tamara Maichel ~ Would like to encourage all council if they have the opportunity to participate in a ride along with the police department, to do so.

### **MAYOR'S REPORT.**

Mayor Govea passed on information from his governing body phone conference with the league regarding the Tobacco 21 Ordinance.

### **CITY MANAGER & STAFF REPORTS.**

#### Staff Report

Chief of Police Dave Ellis reviewed the April activity report. The department has been in full force with the click-it-or-ticket. Hampson did want to report that he attended the milo training and he like it a lot.

#### City Manager Report

The new governing body handbook is out, if anyone is wanting/needing one.

## Projects:

~ Had a private contractor go through barricades without permission and drove over the curb and down the sidewalk to tear out a driveway. There has been a complaint filed with the police department and their license has been suspended on pulling any new permits until this issue is resolved with our contractor and our DPWU Director.

~ KwiKom is wanting to move ahead with getting fiber to the home in some form. We will need to do a pole attachment agreement on how to attach to the poles and will work on negotiations to help off-set costs. They mentioned everything is going really well.

### ~ Water Plant issues:

The state is asking that the city water plant begin bi-weekly testing for cryptosporidium for one year. After testing, KDHE will determine if anything will need to be done.

The high-service pump and motor went out again at the plant. There was also the discovery that the blowout pump is not functioning either. This will require to reinstall the pump and have the pit vacuumed out.

~ The block work on the front of the auditorium is done and scaffolding will be taken down soon. The marquee and roof are the only things remaining to finish.

~ City Hall is moving along with cabinets and paint. Flooring will be after Memorial Day. New lettering will be going up on the new entrance and need to look at options such as double-pane windows/doors to help keep the heat out.

## Issues:

~ We have had two employees give their notice recently. One being the meter reader/nuisance officer and the other within the public works department. There might be interest in house for the meter reader/nuisance officer position.

~ We have switched health benefits brokers and moved to Bukaty Companies. We have worked with them in the past and offer things that we will like such as self-enrollment.

~ RFP for trash services will go out sometime in the next few weeks.

~ Was at the paintball park and it is a nice setup. Before long we will start hearing about them being open.

~ Will discuss 5-year CIP plan at the next meeting.

**EXECUTIVE SESSION.** None.

**OTHER DISCUSSION/MOTIONS.**

**Motion** made by LaDuex, seconded by Hampson to adjourn. Yeas: All. Mayor declared the meeting adjourned at 8:06 p.m.

/s/ Ashley Kobe  
Ashley Kobe, Executive Assistant

DRAFT

Osawatomie, Kansas. **May 24, 2018.** The Council Meeting was held in Memorial Hall. Mayor Govea called the meeting to order at 6:47 p.m. Council members present were Dickinson, Diehm, Hampson, LaDuex, Maichel and Walmann. Absent was Macek, Walmann and Wright. City Staff present at the meeting were: City Attorney Dick Wetzler and City Clerk Tammy Seamands. Members of the public were Rev. Ted Hunter.

**INVOCATION.** Rev. Ted Hunter with United Methodist Church

**CONSENT AGENDA.** Approval of May 24<sup>th</sup> Agenda, Register Report 2018-04, Pay Application #2 – Legacy Contractors – City Hall Renovation - \$20,278.00 , Pay Application #6 – MTS – Auditorium Façade - \$44,075.00 , Special Event Permit – CrossPoint Church and Addendum No. 2 – BG Consultants – Main Street Improvements 7<sup>th</sup> to 12<sup>th</sup> Street. **Motion** made by LaDuex, seconded by Hampson to Approve the Consent Agenda as presented. Yeas: All.

**COMMENTS FROM THE PUBLIC.**

Rev. Ted Hunter with United Methodist Church spoke of the annual appreciation dinner they do for the city employees/officials and are glad to do that. They also offer mornings out for mothers once a week, anytime a family needs a dinner after a funeral they try to help out, they try and help with anything within the city. The church has been established here since 1854 and loves the community. He also wanted to mention that Bill Roseberry does an excellent job at the cemeteries.

**PRESENTATIONS.** None.

**PUBLIC HEARINGS.** None.

**UNFINISHED BUSINESS.**

**KWIKOM POLE ATTACHMENT AND UNDERGROUND FIBER AGREEMENTS.** City Manager Cawby provided information to the council after efforts to help provide fiber to more businesses and homes in town. Kansas Fiber Net and KwiKom have both given estimates on underground fiber through town, with KwiKom's estimates coming in lower. KwiKom has also given a proposal with the bid to help cut with costs. Which include a slight route change, revised estimates to actual cost, split cost of construction, pavement repairs, ownership/leasing and a pole attachment agreement. Cawby provided the council with a proposed map and segments for the east side of town, west side of town and schools. Cawby is asking if council likes the scenario and would want him to move forward working on the agreement. Council discussed and would like Cawby to move forward. No Action Taken.

**NEW BUSINESS.**

**2017 GAAP WAIVER.** **Motion** made by Maichel, seconded by LaDuex to Waive the 2017 GAAP Requirements. Yeas. All

## **COUNCIL REPORTS.**

Karen LaDuex ~ Brought the Library Pancake Feed tickets for anyone to purchase.

Lawrence Dickinson ~ Main Street is still coming along nicely.

Kenny Diehm ~ While driving around today, noticed that the new storage facility looks very nice.

Tamara Maichel ~ Last week helped volunteer for Olive's Hope and has been thinking of different fundraisers to help with what they do.

**MAYOR'S REPORT.** None.

## **CITY MANAGER & STAFF REPORTS.**

### City Manager Report

~ Ordered picnic tables for the shelter house at the park, they are like the ones at the lake.

~ Lights on the lake is moving forward, sponsorship is looking really good.

~ Scaffolding is down at the auditorium.

~ Electric outage a few nights ago was all breaker related.

~ Ed Beaudry will be moving over from the police department to fill the meter reader/nuisance officer position. He will also be training in the building inspection department. We are also in the process of hiring for the public works crew member position.

**EXECUTIVE SESSION.** None.

## **OTHER DISCUSSION/MOTIONS.**

**Motion** made by Maichel, seconded by Hampson to adjourn. Yeas: All. Mayor declared the meeting adjourned at 7:30 p.m.

Work Session for CIP Overview and Renewal of Neighborhood Revitalization Program for 2019 began at 7:30 p.m. and ended at 8:09 p.m.

/s/ Ashley Kobe

Ashley Kobe, Executive Assistant

DRAFT



# Contractor's Application for Payment No. 3 (FINAL)

Application Period: 5/23/2018  From (Contractor): Virginia Transformer Corp. Contract: 2016 Substation Transformer Owner's Contract No.: C755A	Application Date: 5/23/2018  Via (Engineer): JEO Consulting Group, Inc.  Engineer's Project No.: 141554.03
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### Application For Payment Change Order Summary

Approved Change Orders Number	Additions	Deductions	
1	\$1,257.50		
TOTALS			
		\$1,257.50	\$1,257.50
NET CHANGE BY CHANGE ORDERS			

1. ORIGINAL CONTRACT PRICE.....	\$ 283,019.00
2. Net change by Change Orders.....	\$ 1,257.50
3. Current Contract Price (Line 1 + 2).....	\$ 284,276.50
4. TOTAL COMPLETED AND STORED TO DATE (Column F total on Progress Estimates).....	\$ 284,276.50
5. RETAINAGE:	
a. X \$142,138.25 Work Completed.....	\$
X Stored Material.....	\$
c. Total Retainage (Line 5.a + Line 5.b).....	\$
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5.c).....	\$ 284,276.50
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application).....	\$ 270,125.55
8. AMOUNT DUE THIS APPLICATION.....	\$ 14,150.95
9. BALANCE TO FINISH, PLUS RETAINAGE (Column G total on Progress Estimates + Line 5.c above).....	\$

**Contractor's Certification**

The undersigned Contractor certifies, to the best of its knowledge, the following:

(1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment.

(2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all Liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such Liens, security interest, or encumbrances); and

(3) All the Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Payment of: \$ 14,150.95 (Line 8 or other - attach explanation of the other amount)	
is recommended by: <u>Matthew E. Kato</u> (Engineer) <span style="float: right;">06-06-18</span> (Date)	
Payment of: \$ 14,150.95 (Line 8 or other - attach explanation of the other amount)	
is approved by: _____ (Owner)	(Date)
Approved by: _____ Funding or Financing Entity (if applicable)	(Date)



**CERTIFICATE OF SUBSTANTIAL COMPLETION**

Owner: City of Osawatomie, Kansas	Owner's Contract No.:
Contractor: Virginia Transformer Corp.	Contractor's Project No.:
Engineer: JEO Consulting Group, Inc.	Engineer's Project No.: 141554.03
Project: 2016 Substation Transformer, Osawatomie, Kansas	Contract Name: 2016 Substation Transformer, Osawatomie, Kansas

**This final Certificate of Substantial Completion applies to:**

- All Work  The following specified portions of the Work:

June 14, 2018

**Date of Substantial Completion**

The Work to which this Certificate applies has been inspected by authorized representatives of Owner, Contractor, and Engineer, and found to be substantially complete. The Date of Substantial Completion of the Work or portion thereof designated above is hereby established, subject to the provisions of the Contract pertaining to Substantial Completion. The date of Substantial Completion in the final Certificate of Substantial Completion marks the commencement of the contractual correction period and applicable warranties required by the Contract.

A punch list of items to be completed or corrected is attached to this Certificate. This list may not be all-inclusive, and the failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract.

The responsibilities between Owner and Contractor for security, operation, safety, maintenance, heat, utilities, insurance, and warranties upon Owner's use or occupancy of the Work shall be as provided in the Contract, except as amended as follows: *[Note: Amendments of contractual responsibilities recorded in this Certificate should be the product of mutual agreement of Owner and Contractor; see Paragraph 15.03.D of the General Conditions.]*

Amendments to Owner's responsibilities:

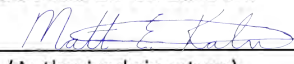

- None  
 As follows

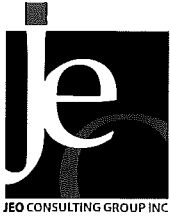
Amendments to Contractor's responsibilities:

- None  
 As follows:

The following documents are attached to and made a part of this Certificate: *None*

This Certificate does not constitute an acceptance of Work not in accordance with the Contract Documents, nor is it a release of Contractor's obligation to complete the Work in accordance with the Contract.

<b>EXECUTED BY ENGINEER:</b>	<b>RECEIVED:</b>	<b>RECEIVED:</b>
By: <u>                    </u> (Authorized signature)	By: _____ Owner (Authorized Signature)	By: <u>                    </u> Contractor (Authorized Signature)
Title: <u>          Project Manager          </u>	Title: _____	Title: _____
Date: <u>          06-06-18          </u>	Date: _____	Date: _____



Invoice

May 23, 2018  
 Project No: R141554.03  
 Invoice No: 102962  
 Invoice Amount: 3,170.00

City of Osawatomie  
 439 Main Street  
 PO Box 37  
 Osawatomie, KS 66064

Project Manager Matt Kalin  
 Project R141554.03 Osawatomie 12 MW Generation Capacity Improvements  
**Professional Services through May 11, 2018**

	Contract Amount	Percent Complete	Billed-to-Date	Previous Billing	Current Billing
<b>Lump Sum Phase(s)</b>					
Preliminary Design	\$138,250.00	100 %	\$138,250.00	\$138,250.00	0.00
Final Design	\$47,040.00	100 %	\$47,040.00	\$47,040.00	0.00
Bidding & Negotiation	\$16,100.00	100 %	\$16,100.00	\$16,100.00	0.00
Construction Services	\$65,340.00	100 %	\$65,340.00	\$65,340.00	0.00
Post Construction	\$6,400.00	0 %	0.00	0.00	0.00
<b>Hourly to a Maximum Phase(s)</b>					
Add'l Construction Services	\$23,190.00		\$22,520.50	\$21,723.00	\$797.50
Add'l RPR Services	\$4,810.00		\$3,947.50	\$1,575.00	\$2,372.50
RPR Services	\$43,680.00		\$43,680.00	\$43,680.00	0.00
<b>Total</b>	<b>\$344,810.00</b>		<b>\$336,878.00</b>	<b>\$333,708.00</b>	<b>\$3,170.00</b>
<b>Total Amount Due Upon Receipt</b>					<b>\$3,170.00</b>

June 9, 2018

City of Osawatomie  
 Don Cawby  
 PO Box 37  
 Osawatomie, KS 66064

Re: Main Street Improvements (7th Street to 12th Street)  
 Engineering Services Billing  
 15-1493L

-----Invoice for Consulting Services-----

This invoice is for services which were performed including **May** time:

**Design Services - Street System Improvements**

<b><u>Task</u></b>	<b><u>Lump Sum Amount</u></b>	<b><u>Completion Progress</u></b>	<b><u>May Total</u></b>
1. Study and Report	\$0.00	N/A	\$0.00
3a. Preliminary Design	\$35,250.00	100.0%	\$35,250.00
3b. Final Design Submittal	\$23,500.00	100.0%	\$23,500.00
3c. Final Design Review	\$23,500.00	100%	\$23,500.00
3d. Field Check	\$11,750.00	100%	\$11,750.00
3e. Final Revisions	\$17,625.00	100%	\$17,625.00
3f. Design Completion	\$5,875.00	100.0%	\$5,875.00
3g. Amend 1	\$19,750.00	100.0%	\$19,750.00
		Subtotal Work Completed	\$137,250.00
		Subtotal Billings to Date:	\$137,250.00
		<b>Subtotal Amount Due:</b>	<b>\$0.00</b>
		Subtotal Contract Amount:	\$137,250.00

**Bidding and Construction Phase Additional Services**

	<b><u>Hours/Miles</u></b>	<b><u>Rate per Hour/Mile</u></b>	<b><u>May Total</u></b>
Project Engineer	1	\$145.00	\$145.00
Design Engineer	0	\$95.00	\$0.00
Mileage	0	\$0.580	\$0.00
		<b>Subtotal Due:</b>	<b>\$145.00</b>
		Total Completed to date:	\$24,639.68
		Prior Billings to Date:	\$24,494.68
		Total Contract Amount	\$35,000.00

**Construction Observation (CO)**

	<b><u>Hours/Miles</u></b>	<b><u>Rate per Hour/Mile</u></b>	<b><u>May Total</u></b>
Resident Construction Observation	0	\$82.00	\$0.00
Resident Engineer Observation	0	\$95.00	\$0.00
Mileage	0	\$0.560	\$0.00
Equipment	0	\$600.00	\$0.00
		<b>Subtotal CO Due:</b>	<b>\$0.00</b>
		Total CO Completed to date:	\$0.00
		Prior CO Billings to Date:	\$0.00
		Total Contract Amount:	\$88,000.00

**Total Amount Due this Billing \$145.00**

Sincerely,

BG CONSULTANTS, INC.



Brian P. Kingsley, P.E.  
 Principal



Contractor's Application

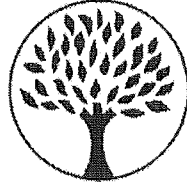
Progress Estimate 2

Application Period: 5-4-18 - 6-5-18		2018 Main Street Improvements										Application Number: 3		Application Date 6/5/2018					
A		B										C		D		E		F	
Bid Item No.	Item Description	Bid Quantity	Unit Price	Bid Value	Estimated Quantity Installed	Value	Materials Presently Stored (not in C)	Total Completed and Stored to Date (D + E)	% (F) B	Balance to Finish (B - F)									
1.	Contractor Construction Staking	1	\$ 9,500.00	\$9,500.00	1	\$9,500.00		\$9,500.00	100.0%										
2.	Removal of Existing Structures	1	\$ 30,000.00	\$30,000.00	1	\$30,000.00		\$30,000.00	100.0%										
3.	Cleaning and Grubbing	1	\$ 35,000.00	\$35,000.00	1	\$35,000.00		\$35,000.00	100.0%										
4.	Traffic Control	1	\$ 25,600.00	\$25,600.00	0.9	\$23,040.00		\$23,040.00	90.0%	\$2,560.00									
5.	Inlet Sediment Barrier	9	\$ 20.00	\$180.00						\$180.00									
6.	Gutterbuddy	121	\$ 5.00	\$605.00						\$605.00									
7.	Sediment Trap	164	\$ 5.00	\$820.00						\$820.00									
8.	Slope Barrier	500	\$ 2.00	\$1,000.00						\$1,000.00									
9.	Temp Gravel Const. Entrance	1	\$ 2,600.00	\$2,600.00	1	\$2,600.00		\$2,600.00	100.0%										
10.	Concrete Washout	1	\$ 1,000.00	\$1,000.00	1	\$1,000.00		\$1,000.00	100.0%										
11.	Temporary Seeding	1	\$ 6,600.00	\$6,600.00						\$6,600.00									
12.	Temporary Seeding	9	\$ 75.00	\$675.00	9	\$675.00		\$675.00	100.0%										
13.	Curb Inlet Sediment Barrier Temp	126	\$ 5.50	\$693.00						\$693.00									
14.	Curb Inlet Sed. Barrier Long Term	1	\$ 8,500.00	\$8,500.00						\$8,500.00									
15.	Seed, Fertilizer, Mulch	4,982	\$ 20.00	\$99,640.00	4880	\$97,600.00		\$97,600.00		\$2,040.00									
16.	Unclassified Excavation	13,852	\$ 7.00	\$96,964.00	13319	\$93,233.00		\$93,233.00		\$3,731.00									
17.	Pavement Removal	612	\$ 10.00	\$6,120.00	612	\$6,120.00		\$6,120.00	100.0%										
18.	Compaction of Earthwork	1	\$ 750.00	\$750.00	1	\$750.00		\$750.00	100.0%										
19.	Adjustment of Manholes	4	\$ 750.00	\$3,000.00	4	\$3,000.00		\$3,000.00	100.0%										
20.	Adjustment of Water Meters	3	\$ 250.00	\$750.00	2	\$500.00		\$500.00	66.7%	\$250.00									
21.	Adjustment of Valve Boxes	1,435	\$ 58.00	\$83,230.00	673	\$39,034.00		\$39,034.00	46.9%	\$44,196.00									
22.	Conc. Pvmtr 6" Uniform AE Drives	1878	\$ 64.00	\$120,192.00	1772	\$113,408.00		\$113,408.00	94.4%	\$6,784.00									
23.	Conc. Pvmtr 8" Uniform Intersection	35	\$ 85.00	\$2,975.00	35	\$2,975.00		\$2,975.00	100.0%										
24.	Conc. Pvmtr 8" Reinforced AE	5616	\$ 8.40	\$47,174.40	5016	\$42,134.40		\$42,134.40	89.3%	\$5,040.00									
25.	Aggregate Base AB-3	6866	\$ 19.00	\$130,454.00	6466	\$122,854.00		\$122,854.00	94.2%	\$7,600.00									
26.	Curb and Gutter	252	\$ 190.00	\$47,880.00						\$47,880.00									
27.	SW Ramp	2	\$ 4,200.00	\$8,400.00	3	\$12,600.00		\$12,600.00	150.0%										
28.	CI 10"x2.5'	6	\$ 5,000.00	\$30,000.00	6	\$30,000.00		\$30,000.00	100.0%										
29.	CI 10"x3'	1	\$ 5,000.00	\$5,000.00	2	\$10,000.00		\$10,000.00	200.0%										
30.	CI 5'x4'	1	\$ 4,725.00	\$4,725.00	1	\$4,725.00		\$4,725.00	100.0%										
31.	CI 5'x5'	1	\$ 3,750.00	\$3,750.00	1	\$3,750.00		\$3,750.00	100.0%										
32.	JB 4" Dia	1	\$ 4,250.00	\$4,250.00	1	\$4,250.00		\$4,250.00	100.0%										
33.	JB 5" Dia	81	\$ 42.00	\$3,402.00	81	\$3,402.00		\$3,402.00	100.0%										
34.	12" PVC Storm	153	\$ 40.00	\$6,120.00	153	\$6,120.00		\$6,120.00	100.0%										
35.	15" HDPE/RCP	120	\$ 44.00	\$5,280.00	120	\$5,280.00		\$5,280.00	100.0%										
36.	18" RCP	262	\$ 52.00	\$13,624.00	260	\$13,520.00		\$13,520.00	99.2%	\$104.00									
37.	18" HDPE/RCP	225	\$ 48.00	\$10,800.00	225	\$10,800.00		\$10,800.00	100.0%										
38.	24" RCP	115	\$ 65.00	\$7,475.00	115	\$7,475.00		\$7,475.00	100.0%										
39.	15" ES	1	\$ 960.00	\$960.00	1	\$960.00		\$960.00	100.0%										

2018 Main Street Improvements										Application Number: 3		6/5/2018	
Application Period: 5-4-18 - 6-5-18										Application Date			
A										E		F	
Bid Item No.	Item Description	Bid Quantity	Unit Price	Bid Value	Estimated Quantity Installed	Value	Materials Presently Stored (not in C)	Total Completed and Stored to Date (D + E)	% (F) B	Balance to Finish (B - F)			
40.	18" ES	1	\$ 750.00	\$750.00	1	\$750.00		\$750.00	100.0%	-\$2,827.50			
41.	Flow Fill Low Strength	17	\$ 145.00	\$2,465.00	36.5	\$5,292.50		\$5,292.50	214.7%	\$1,080.00			
42.	Aggregate Ditch Lining D50=6"	12	\$ 90.00	\$1,080.00						\$739.20			
43.	4" White Multi-component	112	\$ 6.60	\$739.20						\$7,518.24			
44.	4" Yellow Multi Component	5448	\$ 1.38	\$7,518.24						\$8,938.60			
45.	24" White Intersection Grade PTP	478	\$ 18.70	\$8,938.60	9040	\$519,800.00		\$519,800.00	91.7%	\$47,092.50			
46.	Alt 1 8" NRDJ Concrete Pvmnt	9859	\$ 57.50	\$566,892.50	9550	\$90,220.00		\$90,220.00	97.9%	\$1,696.80			
47.	Alt 1 Agg Base AB-3	9752	\$ 8.40	\$81,916.80	0.75	\$7,012.50		\$7,012.50	75.0%	\$2,337.50			
48.	Alt 1 Mobilization	1	\$ 9,350.00	\$9,350.00									
50.	Totals			\$1,545,338.74		\$1,349,380.40		\$1,349,380.40	87.3%	\$195,958.34			



CITY OF OSAWATOMIE



439 Main Street  
P.O. Box 37  
Osawatomie, Kansas 66064

913.755.2146 (p)  
913.755.4146 (f)  
ozcity@osawatomiex.org  
www.osawatomiex.org

L. Mark Govea, Mayor

2018

APPLICATION FOR FIREWORKS STAND PERMIT

Name of Stand: MOON'S DISCOUNT FIREWORKS

Location of Stand: NE CORNER 6TH & WALNUT (POW'S) of Storage: SAME IN TRAILER

Applicant's Name: MIKE MOON

Address: [REDACTED]

Home #: [REDACTED] Cell #: [REDACTED] Email: [REDACTED]

JACKS Fed ID #: \_\_\_\_\_ State of KS Tax ID #: \_\_\_\_\_

I understand and agree to follow the laws of the State of Kansas and the Ordinances of the City of Osawatomie. I have received a copy of the City of Osawatomie Code 2010, Chapter 7, Article 3. The application fee does not guarantee issuance of a permit. Final approval is subject to inspection approval at the time of setup.

Applicant's Signature: [REDACTED] Date: 5/31/18

Applications for the sale of fireworks shall be filed with the City Clerk between January 1 & May 31 of the year in which the permit is to be effective. Upon submittal of the application with the permit fee, the City Council will consider the application for approval at their next regularly scheduled meeting. However, all necessary documents must be received by the Deputy City Clerk at least 5 working days before a Council meeting if wanting approval before the May 31st deadline. Those documents are listed below in bold.

FOR OFFICE USE ONLY (Stand Fee \$1,000)

Date of Application: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_

- \_\_\_\_\_ **Drawing**
- \_\_\_\_\_ **Certificate of Insurance - City of Osawatomie MUST be named as ADDITIONAL INSURED**
- \_\_\_\_\_ **If located in a tent, proof of flame retardant.**
- \_\_\_\_\_ **Letter of permission from property owner (if applicable).**
- \_\_\_\_\_ **Letter of permission from property owner of structures, etc. within 50' (if applicable).**
- \_\_\_\_\_ **Electricity Temporary Hookup** Rcpt #: \_\_\_\_\_ Check #: \_\_\_\_\_

\_\_\_\_\_ Council Approval Date  
\_\_\_\_\_ Endorsement of Chief of Police, Fire Chief, Utility Distribution Supervisor & Building Official  
(Inspction sheet attached)  
\_\_\_\_\_ Permit Approved by Deputy City Clerk Signature: \_\_\_\_\_

# CITY OF OSAWATOMIE



## PROCLAMATION ISSUED BY THE MAYOR AND CITY COUNCIL

**WHEREAS**, the businesses of Osawatomie are vital to our state's economic health; and

**WHEREAS**, Osawatomie's existing businesses are the key to a prosperous future; and

**WHEREAS**, these businesses provide the most important components of growth as their expansion accounts for the majority of new jobs created for the citizens of Osawatomie; and

**WHEREAS**, public awareness of the contributions made by businesses is the key to sustaining a healthy business – community relationship; and

**WHEREAS**, the people of Osawatomie are grateful to the businesses of Osawatomie for their generous contributions to the quality of life we all enjoy;

**WHEREAS**, over 200 private sector businesses have chosen Osawatomie as their place of business; and

**WHEREAS**, those businesses employ more than 1,375 people, with over 1,500 being employed within our school district boundaries;

**NOW, THEREFORE, I**, L. Mark Govea, Mayor of Osawatomie, do hereby proclaim

**June, 2018**

### **Kansas Business Appreciation Month**

in Osawatomie, and urge all citizens to salute their local businesses and their employees for their outstanding contributions and commitment to our community.

Proclaimed this 14th day of June, 2018.

---

L. Mark Govea, Mayor  
City of Osawatomie

RESOLUTION NO. 751

A RESOLUTION AUTHORIZING TEMPORARY CLOSING OF PORTIONS OF CERTAIN STREETS IN OSAWATOMIE ON JUNE 30, 2018, TO PERMIT THE CONSUMPTION OF ALCOHOLIC BEVERAGES IN DESIGNATED AREAS DURING THE OSAWATOMIE LIGHTS ON THE LAKE CELEBRATION.

WHEREAS, the 2018 Osawatomi Lights on the Lake Celebration will be held at various locations within the City of Osawatomi and having approved the Special Event Permit for the Osawatomi Lights on the Lake Celebration at its May 10, 2018 meeting, which would allow the possession and consumption of alcoholic liquor in the areas designated in the permit.

WHEREAS, pursuant to state law, alcoholic liquor may be consumed at a special event to be held on designated public streets, alleys, and sidewalks when a temporary permit has been issued by the Kansas Division of Alcohol Beverage Control (ABC) and the governing body has approved the event as required by K.S.A. 41-719 and 41-2645 and amendments thereto; and

WHEREAS, the Kansas Division of ABC has requested a formal resolution approved by the governing body to affirm the permit that was issued;

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS:

**SECTION ONE:** The City Council hereby approves the event to be held on June 30, 2018, from 3:00 p.m. to 11:30 p.m. provided the Osawatomi Lights on the Lake Celebration secures a temporary permit from ABC and complies with all state laws and ordinances regulating alcoholic liquor.

**SECTION TWO:** A portion or all of the following streets/alleys shall be closed to motor vehicle traffic during the dates and times identified in Section One: Osawatomi City Lake. Pursuant to K.S.A. 41-719 and 41-2645, the sponsor shall ensure that the area in which alcoholic liquor is possessed or consumed is clearly marked by signs, a posted map or other means ("Designated Barricaded Area").

**SECTION THREE:** Event attendees may purchase, possess and consume alcoholic beverages within the Designated Barricaded Area. Pursuant to K.S.A. 41-719, no alcoholic liquor may be removed from Designated Barricaded Area or consumed inside vehicles while on public streets or alleys at the event.

**SECTION FOUR:** This Resolution shall be in full force and effect from and after its adoption.

Resolution No. \_\_\_\_

**PASSED AND APPROVED** by the Governing Body of the City of Osawatomie, Kansas  
this 14<sup>th</sup> day of June, 2018, a majority being in favor thereof.

**APPROVED AND SIGNED** by the Mayor.

---

L. Mark Govea  
Mayor

(SEAL)

ATTEST:

---

Tammy Seamands  
City Clerk

DRAFT

# CITY OF OSAWATOMIE



---

## STAFF AGENDA MEMORANDUM

**DATE OF MEETING:** June 14, 2018

**AGENDA ITEM:** **UTV Procedures and Fee Resolution Update**

**PRESENTER:** Tammy Seamands, City Clerk

**ISSUE SUMMARY:** On May 10, 2018, council passed Ordinance No. 3763 which authorized the operation of UTV vehicles to be operated on the city streets effective July 1, 2018. Since the May 10<sup>th</sup> meeting, staff has worked on a registration process for these vehicles.

Attached is the application which lists the UTV specifications required for registration and a sample of a license plate we are suggesting and a sticker that will show the year.

To register a UTV, the applicant will contact the police department to set up an appointment for an officer to inspect the vehicle. The registrant will complete parts A and C of the application and will need to provide a valid driver's license and insurance card listing the UTV. The officer will then inspect the vehicle and complete part B which includes running the vehicle through NCIC. If the UTV passes the inspection, the officer will sign and print his name on the form and fax, email, or drop off the form, copy of the driver's license and insurance card to city hall. The registrant will then go to city hall to pay for the registration and pick up their license plate/and or sticker to be displayed on the rear of the vehicle.

Staff recommends fees be set based on the time of year vehicles are registered. To keep the process as simple as possible, we are recommending the registration run from July – June of each year. We also suggest the fee be set at \$200.00 per year. If the vehicles are registered during the months of July 1 – December 31, the fee is \$200.00 and if they are registered from January 1 – June 30 the fee be reduced to \$100 for the six-month period.

**COUNCIL ACTION NEEDED:** Review, discuss and approve the resolution.

**STAFF RECOMMENDATION TO COUNCIL:** Review the application and suggested fees and provide any feedback to staff.

**RESOLUTION NO. 752**

**A RESOLUTION REVISING THE ANNUAL  
FEE RESOLUTION NO. 745.**

**WHEREAS**, a “comprehensive fee listing” promotes efficiency and expediency regarding City fees and charges; and

**WHEREAS**, the Governing Body shall at least annually review prior to the next fiscal year’s budget all fees and charges.

**BE IT RESOLVED BY THE CITY OF OSAWATOMIE, KANSAS**, that the fees and charges in “Exhibit A” attached be established.

**SECTION ONE:** Resolution No. 743 and all fees that are in conflict with this Resolution regarding fees and charges are hereby repealed.

**SECTION TWO:** This Resolution shall take effect the 1<sup>st</sup> day of July, 2018.

**PASSED AND APPROVED** by the Governing Body of the City of Osawatomie, Kansas this 14<sup>th</sup> day of June 2018, a majority being in favor thereof.

**APPROVED AND SIGNED** by the Mayor.

---

L. Mark Govea  
Mayor

(SEAL)

ATTEST:

---

Tammy Seamands  
City Clerk

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
<b>ADMINISTRATIVE:</b>						
<b>ALCOHOL &amp; CEREAL MALT BEVERAGE</b>						
3-201		Cereal Malt Beverage general retailer/consumption limited retailer/retail sales change location application fee * plus any state assessed costs/taxes	\$100.00* \$50.00*	13-Dec-07 13-Dec-07 13-Dec-07	\$50.00 per calendar year * \$50.00 per calendar year * \$25.00	
3-302		Occupational Tax – Retail Liquor sales off premises consumption	\$300.00		\$300.00 per year	
		Private Club License - Class A Club			\$250.00 per year	
		Private Entertainment Event			\$100.00	
3-502		Drinking Establishment License - Class B Club	\$100.00		\$250.00 per year	
3-215	Ord. 3690	Special Event Cereal Malt Beverage Permit		12-Jan-12	\$50 + \$25 State Fee	
		Temporary Liquor License - by the drink		28-Jul-05	\$50.00 per day + state license	
<b>BUILDING RENTALS</b>						
	Governing Body Nov-05	Auditorium per hour per day deposit if CMB/alcohol is served or allowed microphone deposit	\$125.00	17-Dec-15 17-Dec-09 28-Dec-17	\$10.00 \$150.00 \$100.00 \$250.00 \$25.00	
		Memorial Hall Monday - Friday 7:00 a.m. - 3:00 p.m. 4:00 p.m. - midnight all day Saturday, Sunday, Holidays 7:00 a.m. - 3:00 p.m. 4:00 p.m. - midnight all day Grandfathered organizations deposit	\$35.00 \$45.00 \$55.00 \$40.00 \$50.00 \$60.00 \$25.00 per year \$100.00	13-Dec-07 13-Dec-07 13-Dec-07 13-Dec-07 13-Dec-07 13-Dec-07	\$40.00 \$50.00 \$60.00 \$50.00 \$60.00 \$70.00 \$35.00 per year \$100.00	
		Old Stone Church Rental Waivers	\$50 rent + \$50 deposit	17-Dec-15	\$50 rent + \$100 deposit	
		USD #367, Homeschooling Groups & Chamber of Commerce Approved public events with no admission charges (or retail sales) Osawatomic Alumni Association Benefit for someone with severe illness	no rent/no deposit	14-Dec-06	no rent/no deposit no rental charge no rental charge no rental charge	

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
<b>CEMETERIES</b>						
12-304	Ord. 3600	Opening & closing grave, reopening or disinterment Single grave space	contractor's cost		contractor's cost	
		City Limits	\$100.00	9-Jan-14	\$150.00	
		Oswatomie Zip Code	\$0.00	9-Jan-14	\$250.00	
		All Other	\$200.00	9-Jan-14	\$400.00	
		Permit for setting monument single/double/corner markers reset repair	\$40.00 \$0.00	28-Dec-17 9-Jan-14	\$50.00 no charge no charge	
		Burial Permit during business hours after business hours	\$30.00 \$80.00	28-Dec-17 28-Dec-17	\$35.00 \$90.00	
		Permit for disinterment	\$80.00	28-Dec-17	\$100.00	
		Stone Setting Bond	\$300.00	14-Dec-06	\$300 w/liability ins of \$1M	
<b>FIREWORKS</b>						
7-305	Ord 3582	Permit for sale of fireworks	\$750.00	11-Dec-08	\$1,000.00	
		Permit for public display	none		none	
<b>LIBRARY</b>						
		Collection Fee - Additional fee for all delinquent accounts sent to a collection agency		12-May-16	\$20.00	
		Late Fees		12-May-16	Established by Library Board	
		Printing-Copy-Faxing Charges		12-May-16	Established by Library Board	
<b>MISCELLANEOUS/OTHER</b>						
		Insufficient check charge for checks returned unpaid by a bank (KSA 21-5821(d)(1))			\$30.00	
<b>MUNICIPAL COURT</b>						
9-111	Ord. 3706	Court Cost - plus any state assessed costs	\$55.50 + State costs	17-Dec-15	\$60.00 + State costs	
		Other Court Fees not to exceed \$500		13-Dec-12	As assessed by the Judge	
		Court Fines			fine schedule determined by Judge	



**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED	
<b>OPEN RECORDS FEES</b>							
		Copies	\$0.20	28-Jul-05	\$.60 per page		
		Research fee per employee	\$13/hr.		\$20.00 hr. w/ \$20.00 min.		
		Utility Histories	150% of cost	9-Jan-14	\$.60 per page or \$10 per multi-family housing complex		
		Letters of Credit	150% of cost	9-Jan-14	\$.60 per page		
		Maps, postage, manuals, misc.	manuals - \$10		150% of City cost including labor		
<b>SOLICITORS, CANVASSERS, PEDDLERS (ETC. City Code 5-201)</b>							
5-207		License fee per person	\$10/day/person	14-Dec-06	\$30.00 per day per person		
		License fee for Ice Cream Street Vendors		12-Jul-12	\$50.00 per year per vehicle		
<b>BUILDING, ZONING &amp; NUISANCES:</b>							
<b>BUILDING PERMITS</b>							
Ord 3577		Residential Structures					
		New, Additions, Remodel, or Accessory Structures over 120 ft <sup>2</sup> , including unfinished basements & garages	\$.30 per sq. ft., minimum \$40 + UTILITIES as required	28-Dec-17	\$.33 per sq. ft., minimum \$40 + UTILITIES as required		
		Non-Residential & Public Projects (Other than City)					
		New, Alterations or Additions with a Construction Value less than \$300,000	\$.25 per sq. ft., \$100 minimum + UTILITIES as required	28-Dec-17	\$.28 per sq. ft., \$100 minimum + UTILITIES as required		
		New, Alterations or Additions with a Construction Value of \$300,000 or greater			Adopted Building Code Rates		
		Accessory Structures					
		Residential/Commercial	120 sf and greater	\$.30 per sq. ft. - min of \$40	28-Dec-17	\$.33 per sq. ft., minimum \$40	
		Agricultural	All square footage	\$30.00	28-Dec-17	\$35	
		Re-roof/New Roof/fences over 6' in height		\$30.00	28-Dec-17	\$35	
		Demolition					
		Free Standing Building with Shared Wall		\$30.00	28-Dec-17	\$35	
		Building with Shared Wall		\$100.00	13-Dec-12	\$100 + engineer review costs	
	Electric Wiring	replacement (of existing wiring only)	\$30.00	28-Dec-17	\$35		
	new structures (expansion of existing system)		\$50.00	28-Dec-17	\$55		
	Plumbing	replacement (of existing plumbing only)	\$30.00	28-Dec-17	\$35		
	new structures (expansion of existing system)		\$50.00	28-Dec-17	\$55		

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
		Mechanical, Heating, Venting & AC replacement (of existing HVAC only) new structures (expansion of existing system)	\$30.00 \$50.00	28-Dec-17 28-Dec-17	\$35 \$55	
	Ord. 3577	Earthwork - excavation or fill 18" or more	\$50 plus actual City cost	28-Dec-17	\$55	
		Towers, Generating Stations, & Generating Plants			Adopted Building Code Rates	
		Temporary Occupancy Permit		17-Dec-09	\$25.00	
		Decks	\$30.00	28-Dec-17	\$35	
		Signs	\$30.00	28-Dec-17	\$35	
		Structure Moving Fee	\$50 + cost of City labor - \$500 in escrow prior to permit - total cost = actual City cost*		\$100 + cost of City labor - \$500 in escrow prior to permit - total cost = actual City cost*	
		* does not include all cost of required new structure permits				
		Street excavation fee per occurrence or street/curb damage fee (permit required for each occurrence)	\$300 escrow ...		\$1,000 escrow held up to 1 year, 48 hr response to trigger escrow	
15-702	Ord 3320	Oil or gas drilling permit fee	\$100.00	13-Dec-07	\$1,000.00	
		Plan Review Fee				
		Non-Residential & Public Housing* * may include (but not limited to) all plans such as utility site plans, storm water plans, traffic flow plans, outside lighting plans, landscaping plans, building plans, etc.	\$250 or adopted building code rates if value is over \$300,000	17-Dec-15	\$250 minimum or actual cost of third-party review	
		Residential Homes and Accessory Structures	\$50/hour w/1 hour min./3 hour max. or Adopted Building Code Rate for Buildings valued over \$300,000	17-Dec-15	\$50 minimum up to \$150, based on \$50/hr, or Actual Cost of Third-Party Review, if necessary	
		Working without building permit (in addition to any citation)	double permit fee	"	triple permit fee	
<b>CONTRACTOR REGISTRATION FEES*</b>						
4-219		* All must present proof of required insurance				
		General Builder or Limited Building Contractor	\$30.00	13-Dec-07	\$50.00 per calendar year	
		Engages in general contract work, except house moving				
		General Electrician or Electrical Contractor	\$30.00	13-Dec-07	\$50.00 per calendar year	
		Engages in more than one kind of electrical construction work				
		General Plumber or Plumbing Contractor	\$30.00	13-Dec-07	\$50.00 per calendar year	
		Engages in more than one kind of plumbing work				
		Mechanical Contractor	\$30.00	13-Dec-07	\$50.00 per calendar year	
		Engages in more than one kind of mechanical work				
		Tree Trimmers	\$30.00	13-Dec-07	\$50.00 per calendar year	

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
		House Movers	\$30.00	13-Dec-07	\$50.00 per calendar year	
		Sign Hangers and Panel Posters	\$30.00	13-Dec-07	\$50.00 per calendar year	
		Operating without being registered		14-Dec-06	maximum \$500.00	
<b>MOWING ASSESSMENT</b>						
		Mowing of Nuisance Lots - each occurrence	\$150/hour	17-Dec-09	\$200.00/hr, 1 hr minimum (round up to next hour)	
<b>ZONING*</b>						
	Ord 3577	* All zoning requests will be fees plus actual City costs for publication, notifications, legal costs		28-Jul-05		
		Rezoning – All districts				
		0 - 5 acres	\$150.00 + \$5.00 per owner		\$250.00	
		5.1 - 50 acres			\$300.00	
		50.1 and up			\$400.00	
		Special Use Permit – Initial Application				
		0 - 5 acres	\$100.00 + \$5.00 per owner		\$200.00	
		5.1 - 50 acres			\$300.00	
		50.1 and up			\$400.00	
		Land use permit			\$400.00	
		Board of Zoning Appeals				
		Variations	\$300.00	9-Feb-06	\$150.00	
		Appeals	\$150.00		\$300.00	
		Subdivision Application				
		Per lot, 10 or less	\$75 + \$5/lot	14-Dec-06	\$200.00 + \$5.00 per lot	
		Per lot, 11 or more	\$75 + \$3.50/lot		\$200.00 + \$3.50 per lot	
		Preliminary Plat	\$600.00		\$300.00	
		Final Plat - not combined with preliminary plat			\$300.00	
		Lot Splits	\$75.00		\$150.00	

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
<b>PUBLIC SAFETY:</b>						
<b>ADMINISTRATIVE</b>						
		Fee for Police Responses to Party*		28-Jul-05	Actual Cost*	
		* Fees including but not limited to: <i>Officer salaries, pro rate cost of equipment, cost of repairing City equipment or property, officer medical treatment, reasonable attorney fees, etc.</i>				
	Ord 3763	Utility Vehicle Registration July through following June Registration (12 Month) January - June Registration (6 Month)	\$0.00 \$0.00	14-Jun-18 14-Jun-18	0 0	\$200 \$100
	Ord 3482	Adult entertainment licenses Business license Manager's license Entertainer's license Server's license * plus investigation costs	\$500.00 per year* \$100.00 per year* \$250.00 per year* \$50.00 per year*	13-Dec-07 13-Dec-07 " "	\$1,000.00 per year* \$250.00 per year* \$1,000.00 per year* \$50.00 per year*	
		Access/ Copy Fees*				
		Copies	\$4.00 per report	18-Dec-14	\$5.00 per report	
		Mail Charge		"	\$2.00 per report	
		Fax Charge		"	\$1.00 per report	
		Search Charge		"	\$20.00 per hour	
		Computer Time		"	\$40.00 per hour	
		Video Reproduction	\$20.00 per copy	"	\$20.00 per hour	
		*No charge for law enforcement agencies or victims of crimes				
<b>ANIMALS</b>						
2-301	Ord 3709	Dog or Cat License (registered for first time after Nov 1 will apply to the following year) sexually altered unaltered updated micro-chip discount (must provide proof) duplicate tag	\$7.00 per animal per year \$10.00 <i>not available</i> \$2.00	13-Jun-13 13-Dec-07 13-Jun-13 13-Dec-07	\$5.00 per animal per year \$10.00 per animal per year Free, one tag (if not picked up unlicensed) \$2.50	
		Pickup Fee per licensed non-aggressive animal (in lieu of citation) 1st Pickup per animal 2nd Pickup (within 12 months of 1st) 3rd Pickup (within 12 months of 1st)	<i>not available</i> <i>not available</i> \$25.00	13-Jun-13 " 28-Dec-17	\$0 (Warning) \$10.00 General Pickup Fee + at large citation	
		Unlicensed Animal Pickup Fee (in lieu of citation)				

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
2-209	3709	1st Pickup per owner	<i>not available</i>	13-Jun-13	\$25 + license	
		2nd Pickup (within 24 months of 1st)	<i>not available</i>	"	\$50 + license	
		3rd Pickup (within 24 months of 1st)	\$100 + license	28-Dec-17	<i>General Pickup Fee + license + at large citation</i>	
		General Pickup fee	\$25.00	13-Jun-13	\$25.00 with at large citation	
		Boarding fee (paid if animal is checked into pound)	\$7.00 per day	28-Dec-17	\$8.00 per day	
		Euthanization Fee	\$20.00	13-Dec-07	\$50.00	
		Vaccination fee per animal	\$15.00	28-Dec-17	\$20.00	
		Vaccination deposit	\$10.00	28-Dec-17	\$20.00	
		Live Trap Rental		12-May-16	\$15 rental for 5 days minimum; \$3 per day late fee; \$50 deposit.	
2-124		Dead Animal Removal			<i>Not Available</i>	
		Small animal from private property (commercial operation)	\$30.00 per animal	13-Jun-13	\$25.00	
		Small animal from private property	Actual cost of removal	14-Dec-06	\$50.00 or Actual Cost if higher	
		Large animal from private property (over 50 lbs.)		13-Jun-13		
		Animal Adoption, dog or cat				
		License Fee	Same as above		Same as above	
		Adoption fee	\$20.00 per animal	22-Dec-16	\$25.00 per animal	
		Spay/neuter fee or deposit			no charge for authorized placement organization	
		Vaccination fee	Same as above	28-Dec-17	\$100.00	
					no charge for authorized placement organization	
					Same as above	

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
<b>RECREATION:</b>						
<b>CAMPING</b>						
12-108	Ord. 3277	no hook-up electric	7-day limit combined with all City parks	28-Dec-17	\$10 per day \$25 per day	
<b>GOLF COURSE FEES</b>						
	Ord 3552	Memberships, Greens Fees and Golf Carts			All Rates To Be Established by the Operator Subject to City Manager Approval	
		Tournament Rates			Tournament Rates to be Negotiated by the Operator	
<b>UTILITIES:</b>						
<b>ADMINISTRATIVE</b>						
15-126	3744	Customer utility service fee (connections & transfers)	\$15.00	13-Dec-07	\$20.00 + tax	
15-130	3744	Utility Deposits Residential - single family or unit Commercial - average of previous 3 mos or similar business Senior citizen housing unit	\$100.00 \$300.00 \$50.00	13-Dec-07	\$200.00 \$300 min \$75.00	
15-126	3744	Late charge for delinquent utility bills Monthly interest rate for unpaid balances over one month past due Termination Fee	3%	11-Dec-08 22-Dec-16 22-Dec-16	7% of amount billed 1.0% on balance due \$25.00 + tax	

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
<b>ELECTRIC SERVICE RATES</b>						
15-308	3744	Residential* Meter Charge Usage Rate per kWh First 500 kWh per month All kWh over 500 kWh per month  Small General* Meter Charge Usage Rate per kWh First 500 kWh per month Next 4,500 kWh per month All over 5,000 kWh per month	\$9.00     \$15.00	28-Dec-17 28-Dec-17 28-Dec-17 13-Dec-12 28-Dec-17 " "	\$11.00 \$0.107 \$0.081  \$14.00 \$0.107 \$0.096 \$0.081	
		Large General (Demand Meters)* Monthly Customer Charge Demand Demand Charge per kW of Demand Usage Rate for first 150 demand kWh (150 x demand) Usage Rate for next 150 demand kWh (150 x demand) Usage Rate for all additional kWh Minimum bill	\$75.00   \$5.35 \$0.063 \$0.057 \$0.049 demand + cc	   28-Dec-17 " " "	\$75.00   \$5.50 \$0.067 \$0.061 \$0.052 demand + customer chg	
		School District* Demand Meters Monthly Customer Charge Demand Demand Charge per kW of Demand Usage Rate for first 150 demand kWh (150 x demand) Usage Rate for next 150 demand kWh (150 x demand) Usage Rate for all additional kWh Minimum bill	    \$5.35 \$0.059 \$0.053 \$0.049	17-Dec-15   28-Dec-17 " "	\$75.00   \$5.50 \$0.063 \$0.057 \$0.052 demand + customer chg (school added) \$0.088	
15-312	3744	City Use & School District Non-Demand* Usage Rate kWh per month Outside City limits Energy Cost Adjustment (ECA) Charge* Base Rate for Calculation (Calculation in Ordinance) ECA Calculation Period	    \$0.05/kWh thru Jan 2016 Based on 3 month rolling	17-Dec-15 28-Dec-17 14-Dec-06  17-Dec-15 17-Dec-15	50% over rates listed above   \$0.04/kWh beg. Feb 2016 Based on energy costs for	

**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
15-126	3744	* ECA applied to all electric rates Service Connection	average of actual costs		actual billing period	
		Regular meter - res. & small commercial - 200 amps & less			\$500.00	
		Demand meter - 400 amps & more			\$750.00	
		Padmount transformer			cost + labor + 10%	
15-126	3744	Temporary Electric Hookup	as applicable		as applicable	
		rate			\$100.00	
		installation			\$100.00	
		deposit				
15-126	3744	Security/Yard Lights				
		Monthly Rate	\$9.50 per month	28-Dec-17	\$10.00	
		175 watt	\$20.00 per month	"	\$21.00	
		400 watt	\$60.00	13-Dec-12	\$100 per light	
		Installation	\$100 per pole	28-Dec-17	\$200.00	
		Pole	\$150 per pole	"	\$250.00	
		30'		"		
		35'		"		
		After Hours Repair	\$125/hr equipment charge + \$75/hour per employee		\$150/hr equipment charge + \$75/hour per employee (max 2 employees)	



**OSAWATOMIE FEE SCHEDULE**  
**Proposed 06/14/2018; Resolution No. xxx**  
**Changes Effective - July 1, 2018**

CODE REF.	ORD. #	DESCRIPTION	PREVIOUS FEE(S)	LAST CHANGED	CURRENT FEE	PROPOSED
<b>SEWER SERVICE CHARGES</b>						
15-126	3744	Inside City Limits Fixed Charges Monthly user charge Monthly net capital charge Minimum monthly charge (user charge + net capital charge)	\$4.33 \$21.75 \$28.00 per housing unit	18-Dec-14 " 12-May-16	\$5.00 \$23.25 \$28.25 per housing unit	
		Volume Charges Volume charge per 100 gallons of metered water	\$0.27 per 100 gallons	12-May-16	\$0.29 per 100 gallons	
		Volume charge based on metered water used during two month winter average (Dec-Jan). No charge for water meters dedicated to lawns or other non-sewer users. Staff may delay 1-Charge 2 months for weather event. If winter history average is not yet established.		12-May-16	Based on two month winter average	
		Non-Residential Charge Based on actual water usage. No charge for water meters dedicated to lawns or other non-sewer users.		"	Bill based on 4,000 gallon usage Based on Actual Usage	
		Outside City limits		14-Dec-06	50% over rates listed above	
		Service to the State Hospital Monthly user charge Monthly net capital charge Minimum monthly charge (user charge + net capital charge) Volume charge per 100 gallons of metered water	\$2.33 \$5,953.37 \$5,955.70 \$.27 per 100 gallons	18-Dec-14 " " 12-May-16	\$5.00 \$9,545.93 \$9,550.93 \$0.29 per 100 gallons	
		Extra Strength Sewage Surcharge BOD Suspended Solids	S=Vs x 0.00624 [\$.2364 (BOD-300) + \$.1734 (SS-350)] \$0.2364 per pound \$0.1734 per pound	18-Dec-14 " "	S=Vs x 0.00624 [\$.2647 (BOD-300) + \$.1942 (SS-350)] \$0.2647 per pound \$0.1942 per pound	
15-403	Ord 3496	Service Connection connection within existing districts reconnection	\$250.00 \$50.00	13-Dec-07	\$350.00 \$50.00	
	Ord 3457	Amortization Assessment fee - outside the bounds of an assessed Private system inspection & permit fee - does not include regular plumbing	\$1,000.00	14-May-98 28-Jul-05	\$1,000.00 \$50.00	





City of Osawatอมie  
Utility Terrain Vehicle Application

Tag#
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A. REGISTRANT / BUYER – only one registrant is listed on the registration				
Primary Owner's Name (Last) _____ (First) _____ (M.I.) _____		Business Name _____		
Mailing Address _____			Physical Address _____	
City _____	State _____	Zip Code _____	Phone Number _____	
Driver's License Number _____		Driver's License State _____	Email Address _____	
Make _____	Model _____	Year _____	Descriptors _____	

B. UTV VEHICLE (For Office Use Only)				
Osawatอมie Tag Number – found on plate UV _____ (UV #####)		<p>YOUR VEHICLES MUST MEET ALL THE SPECIFICATIONS LISTED AS AN UTV TO QUALIFY FOR REGISTRATION. ALL SPECIFICATIONS MUST BE COMMERCIALY DESIGNED AND MANUFACTURED (not homemade or modified)</p> <p>“Utility terrain vehicle” means a motor driven device that is designed to be used primarily off highway:</p> <ul style="list-style-type: none"> <li>• rearview mirror</li> <li>• 4 or more low-pressure or non-pneumatic tires (see definition above)</li> <li>• steering wheel as originally manufactured</li> <li>• taillight as originally manufactured</li> <li>• brake light as originally manufactured</li> <li>• two headlights as originally manufactured</li> <li>• width of not more than 65 inches as originally manufactured</li> <li>• an overall length, including the bumper, of not more than 135 inches</li> <li>• seatbelts as originally manufactured</li> <li>• roll bar as originally manufactured or similar device designed to reduce the likelihood that an occupant would be crushed as the result of a rollover</li> <li>• foot controlled throttle/braking except handicapped</li> <li>• electronic turn signal required when UTV is greater than 80 inches in width or in operation before sunrise/after sunset</li> <li>• horn or warning device plainly audible from 200 feet or less</li> </ul> <p>Golf carts, low-speed vehicles, dune buggies, mini-trucks, homemade, tracked, or modified vehicles are not included and may not be registered as a utility terrain vehicle. [Chapter 14 Article 6 Special Purpose Vehicles]</p>		
Serial Number of Body/Frame (verify number on ATV/UTV – NOT the engine serial number) _____				
Width _____ in	Length _____ in			
Engine Size (cc) or indicate Electric _____	# of Wheels _____			Cleared NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO
Review Mirrors <input type="checkbox"/> YES <input type="checkbox"/> NO	Muffling System <input type="checkbox"/> YES <input type="checkbox"/> NO			
Straddled Seat <input type="checkbox"/> YES <input type="checkbox"/> NO	Steering Wheel <input type="checkbox"/> YES <input type="checkbox"/> NO			
Two Headlights <input type="checkbox"/> YES <input type="checkbox"/> NO	Seatbelts for Each Occupant <input type="checkbox"/> YES <input type="checkbox"/> NO			
Tail Light <input type="checkbox"/> YES <input type="checkbox"/> NO	Brake Lights <input type="checkbox"/> YES <input type="checkbox"/> NO			
Roll Bar or similar device that protects occupants during rollover <input type="checkbox"/> YES <input type="checkbox"/> NO				
Officer Signature _____				Printed Name _____

C. REGISTRANT SIGNATURE / DATE	
I certify the information and statements provided on this application are true, accurate, and complete. I understand that intentionally making a false statement may be punished under the full extent of the law.	
Signature _____	Date _____

**Notice:** The Department will not consider your application unless you provide all necessary information. Personally identifiable information provided may be used to determine identity of the applicant, eligibility for approvals, participation in natural resources surveys, other enforcement purposes, and may be provided to requesters as required by Kansas Open Records laws. The vehicle owner is responsible for complying with all state, county and local UTV and traffic laws beyond what is described herein.

*City of Osawatomie*

2018



*[www.osawatomieks.org](http://www.osawatomieks.org)*

ORDINANCE NO. 3763

AN ORDINANCE AUTHORIZING THE OPERATION OF WORK-SITE UTILITY VEHICLES, MICRO UTILITY TRUCKS, AND ALL TERRAIN VEHICLES ON THE STREETS WITHIN THE CORPORATE CITY LIMITS OF THE CITY OF OSAWATOMIE AND PROVIDING FOR RELATED MATTERS, INCLUDING PENALTIES FOR VIOLATION THEREOF; BY AMENDING CHAPTER 14, ARTICLE 6, OF THE MUNICIPAL CODE OF THE CITY OF OSAWATOMIE, AND REPEALING ALL EXISTING SECTIONS THEREIN;

WHEREAS, the City of Osawatomie, Kansas has adopted the current version of the “Standard Traffic Ordinance for Kansas Cities” as published by the League of Kansas Municipalities; and

WHEREAS, said Standard Traffic Ordinance prohibits the operation of golf carts, work-site utility vehicles, micro-utility trucks, and all-terrain vehicle on city streets; and

WHEREAS, the City of Osawatomie wishes to specifically allow the operation of golf carts, work-site utility vehicles, micro-utility trucks and all-terrain vehicles on city streets under certain conditions;

NOW THEREFORE, BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS:

**Section 1.** Article 6 of Chapter 14 of the Code of the City of Osawatomie is hereby amended to read as follows:

**ARTICLE 6. SPECIAL PURPOSE VEHICLES**

**14-601. Definitions.**

As used in this ordinance, the following words and phrases shall have the meanings respectively ascribed to them in this section, except when the context requires otherwise.

(a) “Multipurpose Off-Highway Utility Vehicle, or UTV” means any vehicle designed for off-highway use which has: a width no less than 48 inches; an overall length, including the bumper, of not more than 135 inches; four or more wheels; low-pressure tires; side by side seating; a steering wheel; non-straddle seating; manufacturer provided foot controls for throttle and braking, excluding any modifications for use by handicapped persons; occupant restraints, and rollover protective structures.

(b) “Pocket bike” means every device having two tandem wheels, or three wheels, which may be propelled by a gasoline engine and on which the headlights are lower than 24 inches from the ground, its tailpipe is lower than 15 inches, and no vehicle

identification number is located on the vehicle nor can ownership of the vehicle be registered.

(c) “Motorized scooter” means a vehicle consisting of a footboard between two small end wheels, controlled by an upright steering handle attached to the front wheel, propelled by an electric or gasoline motor, and no vehicle identification number is located on the vehicle nor can ownership of the vehicle be registered.

#### **14-602. Operation of a UTV in City Limits.**

It shall be unlawful for any person to operate, or for the owner thereof knowingly to permit the operation, any UTV, upon any street or alley within the City limits of Osawatomie, Kansas or upon any City owned or leased property within or without the City limits of the City of Osawatomie, Kansas, except as provided for in this article.

(a) A UTV, may be operated upon the public highways, streets, roads and alleys within the corporate limits of the city as provided:

(1) No UTV may be operated upon U.S. Highway-169, Osawatomie Road, Plum Creek Road, Old Kansas City Road, 343<sup>rd</sup> Street, 335<sup>th</sup> Street, or any public highway, street, road and alley with a posted speed limit in excess of 55 miles per hour, however, that the provisions of this subsection shall not prohibit a UTV from crossing any public highway, street, road or alley unless otherwise prohibited by state law.

(2) No UTV shall be operated upon any public highway, street, road or alley between sunset and sunrise unless such vehicle is equipped with lights and reflectors as required for motor vehicles under Article 17 of Chapter 8 of the Kansas Statutes Annotated (K.S.A), and amendments thereto.

(b) In addition to any equipment required by this ordinance, a UTV operating upon any public highway, street, road or alley shall be equipped with at least one rear view mirror.

(c) All UTV shall comply with noise and muffler requirements as set forth in K.S.A. 8-1739, and amendments thereto.

#### **14-603. Operator Requirements; Owner Duties; Insurance; Penalty.**

(a) All persons are required to wear seatbelts in a UTV if originally equipped by the manufacturer.

(b) Every person operating a UTV on the public highways, streets, roads and alleys of the city shall be subject to all of the duties applicable to a driver of a vehicle imposed by law.

(c) No person shall operate a UTV on any public highway, street, road or alley within the corporate limits of the city unless such person has a valid, unrestricted, driver's license. Violation of this section is punishable by a fine of not more than \$1,000 or by imprisonment for not more than six months or by both such fine and imprisonment.

(d) All provisions of the most current adopted Standard Traffic Ordinance with regards to liability insurance for motor vehicles, and amendments thereto, including penalty provisions, shall be applicable to all owners and operators of a UTV.

**14-604. Registration; Fee; Application; Inspection; Penalty.**

(a) Before operating any UTV on any public highway, street, road or alley within the corporate limits of the city, the UTV shall be registered with the city and display a valid registration decal or tag affixed and displayed in such a manner as to be clearly visible from the rear of the vehicle.

(b) Application for registration of a UTV shall be made by the owner, or owner's agent, in the office of the Police Department. All applications shall be made upon forms provided by the city and each application shall contain the name of the owner, the owner's residence address, or bona fide place of business, a brief description of the UTV to be registered (including make, model and serial number).

(c) An initial registration fee and any registration renewal for a UTV shall be established by the annual fee resolution, but shall not be less than twenty-five dollars (\$25.00).

(d) Proof of insurance, as required in this article, shall be furnished at the time of application for registration or any renewal of the registration.

(e) The registration decal or tag issued hereunder is not transferrable. In the event of sale or other transfer of ownership of a UTV licensed under the provision of this section, the existing registration decal or tag and the right to use the numbered decal or tag shall expire, and the decal or tag shall be removed by the owner. It is unlawful for any person other than the person to whom the license was originally issued to have the same in his possession.

(f) In the event a registration decal or tag is lost, stolen or destroyed, it is the responsibility of the owner and must be re-registered with a full initial registration fee before the UTV may be operated on a public road.

(g) It is unlawful for any person to willfully or maliciously remove, destroy, mutilate or alter such registration decal or tag during the time in which the same is operative.

(h) It shall be unlawful for any person to:

(1) Operate, or for the owner thereof knowingly to permit the operation, upon a

public highway, street, road or alley within the corporate limits of the city a UTV which is not registered and which does not have attached thereto and displayed thereon the registration decal or tag assigned thereto by the city.

- (2) Display, cause or permit to be displayed, or to have in possession, any registration receipt, registration license or registration decal knowing the same to be fictitious or to have been canceled, revoked, suspended or altered. A violation of this subsection (2) shall constitute an unclassified misdemeanor punishable by a fine of not less than \$100.00 and forfeiture of the item. A mandatory court appearance shall be required of any person violating this subsection.
- (3) Lend to or knowingly permit the use by one not entitled thereto any registration receipt, registration license plate or registration decal issued to the person so lending or permitting the use thereof.
- (4) Remove, conceal, alter, mark or deface the license number plate, plates or decals or any mark of identification upon any UTV. Licenses shall be kept clean and placed as required by law so as to be plainly visible and legible.
- (5) Carry or display a registered number plate or plates or registration decal upon any UTV not lawfully issued for such vehicle.
- (6) Any person convicted of a violation of any provision of this section, shall for the first conviction thereof be punished by a fine of not less than \$250.00. .

#### **14-605 Pocket Bikes and Motorized Scooters Prohibited.**

The operation of pocket bikes, and motorized scooters on the streets, roads, alleys or public property within the corporate limits of the City of Osawatomie is prohibited, unless specifically authorized for a City sponsored event or City permitted special event.

#### **14-606 Penalty.**

Unless specifically provided for herein, a violation of this section shall be deemed an ordinance traffic infraction. Upon an entry of a plea of guilty or no contest or upon being convicted of such violation, the penalty imposed shall be in accordance with Article 20 of the Standard Traffic Ordinance as currently adopted by the city, and amendments thereto, or such other similar provision as the city may then have in effect.

#### **14-607 Exemptions.**

(a) UTVs which are owned, leased or operated by the City or other governmental entities that are being operated for the purpose of maintaining roads, right of ways or for other specific purpose as required in the performance of a job other than general transportation, are exempt from the restrictions of this article, except for insurance and



operator requirements in Section 14-603.

**Section 3. EXISTING ARTICLES AND SECTIONS REPEALED.** Chapter 14, Article 6 in its entirety of the Code of the City of Osawatomie as adopted prior to the passage of this Ordinance is hereby repealed.

**Section 4. EFFECTIVEDATE.** This ordinance shall take effect and be in force from and after July 1, 2018 and one publication in the official City newspaper.

**PASSED AND APPROVED** by the Governing Body of the City of Osawatomie, Kansas, a majority being in favor thereof, this 10th day of May, 2018.

**APPROVED AND SIGNED** by the Mayor.

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L. Mark Govea  
Mayor

—  
  
(SEAL)

ATTEST:

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Tammy Seamands  
City Clerk

# CITY OF OSAWATOMIE



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## STAFF AGENDA MEMORANDUM

**DATE OF MEETING:** June 14, 2018

**AGENDA ITEM:** Health Insurance Proposal

**PRESENTER:** Don Cawby, City Manager

**ISSUE SUMMARY:** This year we received a health insurance renewal offer of a 14% increase from United Healthcare. We asked our new brokers, Bukaty Company, to take this renewal and look at other options. Bukaty came back with a renewal of 3%. However, they also looked at several other options, and came back with a plan from Humana, that we felt was a much better overall plan than our current plan.

Last renewal, we had to continue to lower the City's dependent contribution, provide three plans which had very little difference, and we had to adopt a much less attractive prescription drug plan.

The current proposal from Humana, would give us back much of what we lost the previous year and provide enough premium differences between plans, that employees have a real choice in picking what they want. The cost of the primary program is essentially flat from last year. We will add back a buy up program, and we will continue to offer the HAS, which will be able to provide even more money an employee's HSA account if they have dependent coverage.

With this proposed renewal, we would also increase our "deductible buy-down" plan from \$500 to \$1,000. That means we would pay the last \$1,000 of any employee's deductible on the normal or premium plan. We don't believe HSA plans are eligible for such a benefit. However, I would also like to offer to increase the employee only HSA contribution to \$1,000 for anyone on that plan. We began the year with over \$62,000 in the Cafeteria plan, so I believe we have plenty of cushion to see what the usage rate is on both incentives.

Finally, this plan would switch us to Guardian for dental, vision, life and optional short-term disability coverage. The Guardian plan has several improved benefits, including:

1. Slightly reduced premiums
2. The same or better benefits
3. Allowing some savings in dental to roll over and accumulate
4. A college tuition benefit for eligible students

As far as provider eligibility, we have investigated the networks for Humana and Guardian and feel comfortable with their coverage of area providers. Humana is the provider for the school district, so we have incentive for any non-covered provider in the area to do so.

The attached forms show the differences between our current plans and the new plan.

**COUNCIL ACTION NEEDED:** Review and discuss.

**STAFF RECOMMENDATION TO COUNCIL:** Approve a Motion for adoption of the City Health Insurance Benefits program as presented for 2018-2019.

**Monthly Health Care Insurance Rates for 2018-19**

<b>MEDICAL</b>	<b>Monthly Premium</b>	<b>Change from 2018</b>	<b>Percent Change</b>	<b>Employer</b>	<b>Employee</b>
<b>OPT 51 Plan (\$4000 Ded)</b>					
EE	\$ 389.37	\$ 1.16	0.30%	\$ 292.03	\$ 97.34
ES	\$ 778.73	\$ 2.31	0.30%	\$ 525.64	\$ 253.09
EC	\$ 739.80	\$ 2.19	0.30%	\$ 502.29	\$ 237.51
FA	\$ 1,245.98	\$ 3.71	0.30%	\$ 805.99	\$ 439.99

<b>OPT 47 Plan (\$2500 Ded)</b>					
EE	\$ 411.12	\$ 1.82	0.44%	\$ 292.03	\$ 119.09
ES	\$ 822.23	\$ 3.63	0.44%	\$ 525.64	\$ 296.59
EC	\$ 781.12	\$ 3.44	0.44%	\$ 502.29	\$ 278.83
FA	\$ 1,315.58	\$ 5.82	0.44%	\$ 805.99	\$ 509.59

<b>HSA OPT 17 Plan</b>					
EE	\$ 324.32	\$ (27.52)	-7.82%	\$ 243.24	\$ 81.08
ES	\$ 648.65	\$ (55.03)	-7.82%	\$ 437.84	\$ 210.81
EC	\$ 616.21	\$ (52.29)	-7.82%	\$ 418.37	\$ 197.84
FA	\$ 1,037.83	\$ (88.06)	-7.82%	\$ 671.35	\$ 366.48

<b>HSA Contribution from City</b>	<b>Mo Savings</b>	<b>Yr Savings</b>	<b>HRA Contr.</b>	<b>Total</b>
	\$ 48.79	\$ 585.45	\$ 414.55	\$ 1,000.00
	\$ 87.81	\$ 1,053.67	0	\$ 1,053.67
	\$ 83.91	\$ 1,006.94	0	\$ 1,006.94
	\$ 134.65	\$ 1,615.77	0	\$ 1,615.77

<b>DENTAL</b>	<b>Monthly Premium</b>	<b>Change from 2018</b>	<b>Percent Change</b>	<b>Employer</b>	<b>Employee</b>
EE	\$ 28.61	\$ (1.76)	-5.80%	\$ 21.46	\$ 7.15
E+1	\$ 55.17	\$ (3.41)	-5.82%	\$ 28.10	\$ 27.07
FA	\$ 93.69	\$ (5.78)	-5.81%	\$ 37.73	\$ 55.96

<b>VISION</b>					
EE	\$ 5.68	\$ (0.35)	-5.80%	\$ 3.41	\$ 2.27
ES	\$ 12.18	\$ (0.49)	-3.87%	\$ 6.01	\$ 6.17
EC	\$ 10.44	\$ (0.42)	-3.87%	\$ 5.31	\$ 5.13
FA	\$ 20.30	\$ (0.81)	-3.84%	\$ 9.26	\$ 11.04



# City of Osawatomie

## Renewal Plan Summary

Effective Date: July 1, 2018

Plan	Renewal
<b>Medical Renewal - United Healthcare</b> <i>Negotiated Renewal</i> <i>Recommended - Humana (with Stronger Plan Design)</i> <i>*Includes Wellness Program with Potential to Save Additional 15%</i> <i>Annual Savings (From Renewal)</i>	14.00% 3.00% 0.10% <b>\$12,348.72</b>
<b>Dental Renewal - Delta Dental of KS</b> <i>Recommended - Guardian (with Maximum Rollover Benefit &amp; 2 Year Rate Guarantee)</i> <i>Annual Savings (From Renewal)</i>	1.90% <b>-4.00%</b> <b>\$2,237.28</b>
<b>Vision Renewal - Superior Vision</b> <i>Recommended - Guardian (with Stronger Plan Design, Larger Network, &amp; 2 Year Rate Guarantee)</i> <i>Annual Savings</i>	<i>Under Rate Guarantee until 2021</i> <b>-4.10%</b> <b>\$317.76</b>
<b>Basic Life/AD&amp;D Renewal - Unum</b> <i>Recommended - Guardian (with 2 Year Rate Guarantee)</i> <i>Annual Savings</i>	<i>Under Rate Guarantee until 2019</i> <b>-11.50%</b> <b>\$262.08</b>
<b>Voluntary Life/AD&amp;D Renewal - Unum</b> <i>Recommended - Guardian</i> <i>Annual Savings</i>	<i>Under Rate Guarantee until 2020</i> 0.00% -
<b>Worksite Products - AFLAC</b> <i>Recommended - Guardian</i> <i>Recommended - Guardian (with Stronger Plan Design, including a Short Term Disability Policy)</i> <i>Annual Savings</i>	\$1,750.42 \$1,375.09 <b>-24.0%</b> <b>\$375.33</b>
<b>Total Annual Savings</b>	<b>\$15,541.17</b>

City of Osawatomie  
Medical  
Effective: July 1, 2018



MEDICAL PROGRAM - July 1, 2018	United Healthcare ANEE (Rx 455)		United Healthcare ANEF (Rx 455)		United Healthcare AE3P (H.S.A.) (Rx NO-H.S.A.)	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>BENEFITS</b>	Primary Advantage - Choice Plus					
<b>CALENDAR YEAR DEDUCTIBLE</b>	Participant Pays		Participant Pays		Participant Pays	
- Individual	\$3,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
- Family	\$6,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
<b>PHYSICIAN OFFICE VISITS &amp; OTHER</b>	Participant Pays					
Primary Care Physician Office Visit	\$0 Copay	Deductible: Co-Insurance	\$0 Copay	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Specialist Physician Office Visit	\$100 Copay	Deductible: Co-Insurance	\$100 Copay	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Urgent Care Center Visit	\$50 Copay	Deductible: Co-Insurance	\$50 Copay	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Emergency Room Visit	\$250 Copay, then Ded & Coins	\$250 Copay, then Ded & Coins	\$250 Copay, then Ded & Coins	\$250 Copay, then Ded & Coins	Paid As In Network	Paid As In Network
Lab Services (Physicians Office)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Lab Services (Outpatient Hospital / Outpatient Facility)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
X-Ray Services (Physicians Office)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
X-Ray Services (Outpatient Hospital / Outpatient Facility)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
HI-Tech Radiological Services	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Surgery (Physicians Office)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Chiropractor Visit/Spinal Manipulation (Limits May Apply)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Inpatient/Outpatient Hospital Services (General)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Other Covered Services (General)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
<b>PLAN CO-INSURANCE (General)</b>	80%	50%	80%	50%	80%	50%
<b>CALENDAR YEAR OUT-OF-POCKET MAX.</b>	Participant Pays					
(Includes: The Deductible, Medical & RX Copay's)	\$6,500	\$20,000	\$6,500	\$20,000	\$6,350	\$10,000
- Individual	\$13,000	\$40,000	\$13,000	\$40,000	\$12,700	\$20,000
<b>RETAIL PRESCRIPTION DRUGS COPAY</b>	Participant Pays					
Benefits	Participant Pays					
Individual Deductible (Does not apply to Tier 1 & 2)	\$250	\$250	\$250	\$250	\$250	\$250
Family Deductible (Does not apply to Tier 1 & 2)	\$300	\$300	\$300	\$300	\$300	\$300
Tier 1 - \$5 Copay	\$5	\$5	\$5	\$5	\$5	\$5
Tier 2 - \$50 Copay	\$50	\$50	\$50	\$50	\$50	\$50
Tier 3 - \$100 Copay	\$100	\$100	\$100	\$100	\$100	\$100
Tier 4 - \$250 Copay	\$250	\$250	\$250	\$250	\$250	\$250
<b>COST</b>	Additional RX Information					
<b>Employee Only</b>	15	\$409.30	4	\$388.21	0	\$351.84
<b>Employee Plus Spouse</b>	7	\$818.60	0	\$776.42	0	\$703.68
<b>Employee Plus Child(ren)</b>	4	\$777.68	4	\$737.61	0	\$688.50
<b>Employee Plus Family</b>	4	\$1,309.76	8	\$1,242.27	1	\$1,125.89
Estimated Monthly Cost		\$20,219.46		\$14,441.44		\$1,125.89
Estimated Total Monthly Cost				\$35,786.79		
Estimated Annual Cost				\$429,441.48		
Increase/Decrease Over Current						
Annual Savings from Renewal						
<b>ADDITIONAL INFORMATION</b>						

City of Osawatomie  
Medical

Effective: July 1, 2018

MEDICAL PROGRAM - July 1, 2018	United Healthcare ANEH (Rx 455)		Renewal		United Healthcare AE3P (H.S.A.) (Rx NO-H.S.A.)	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>BENEFITS</b>						
<b>CALENDAR YEAR DEDUCTIBLE</b>						
- Individual						
- Family						
<b>PHYSICIAN OFFICE VISITS &amp; OTHER</b>						
Primary Care Physician Office Visit						
Specialist Physician Office Visit						
Urgent Care Center Visit						
Emergency Room Visit						
Lab Services (Physicians Office)						
Lab Services (Inpatient Hospital / Outpatient Facility)						
X-Ray Services (Physicians Office)						
X-Ray Services (Outpatient Hospital / Outpatient Facility)						
Hi-Tech Radiological Services						
Surgery (Physicians Office)						
Chiropractor Visit/Spinal Manipulation (Limits May Apply)						
Inpatient/Outpatient Hospital Services (General)						
Other Covered Services (General)						
<b>PLAN CO-INSURANCE (General)</b>						
80%						
<b>CALENDAR YEAR OUT-OF-POCKET MAX.</b> <i>(Includes The Deductible, Medical &amp; RX Copays,</i>						
- Individual						
- Family						
<b>RETAIL PRESCRIPTION DRUGS COPAY</b> <i>Mail Order - Please See Carrier/Vendor Detailed Summary of Benefits</i>						
\$250 Individual Deductible (Does not apply to Tier 1 & 2)						
\$300 Family Deductible (Does not apply to Tier 1 & 2)						
Tier 1 - \$5 Copay						
Tier 2 - \$50 Copay						
Tier 3 - \$100 Copay						
Tier 4 - \$250 Copay						
<b>COST</b>						
Additional RX Information						
Employee Only	15	\$421.58	4	\$399.86	0	\$362.40
Employee Plus Spouse	7	\$843.16	0	\$799.72	0	\$724.80
Employee Plus Child(ren)	4	\$801.01	4	\$759.75	0	\$688.56
Employee Plus Family	4	\$1,349.06	8	\$1,279.55	1	\$1,159.68
Estimated Monthly Cost		\$20,826.10		\$14,874.84		\$11,159.68
Estimated Total Monthly Cost				\$36,860.62		
Estimated Annual Cost				\$442,327.44		
Increase/Decrease Over Current				3.0%		
Annual Savings from Renewal						
<b>ADDITIONAL INFORMATION</b>						

City of Osawatomie  
Medical

Effective: July 1, 2018

MEDICAL PROGRAM - July 1, 2018	United Healthcare ANE (Rx 455)		United Healthcare 1G8 Balanced (Rx 2V)		United Healthcare AE3P (H.S.A.) (Rx NO-H.S.A.)	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>BENEFITS</b>						
<b>CALENDAR YEAR DEDUCTIBLE</b>						
- Individual		\$10,000		\$5,000		\$5,000
- Family		\$20,000		\$10,000		\$10,000
<b>PHYSICIAN OFFICE VISITS &amp; OTHER</b>						
Primary Care Physician Office Visit	\$0 Copay	Deductible: Co-Insurance	\$50 Copay	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Specialist Physician Office Visit	\$100 Copay	Deductible: Co-Insurance	\$80 Copay	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Urgent Care Center Visit	\$50 Copay	Deductible: Co-Insurance	\$100 Copay	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Emergency Room Visit	\$250 Copay, then Ded & Coins	\$250 Copay, then Ded & Coins	Deductible: Co-Insurance	<b>Paid As In Network</b>	Deductible: Co-Insurance	Paid As In Network
Lab Services (Physicians Office)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Lab Services (Inpatient Hospital / Outpatient Facility)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
X-Ray Services (Physicians Office)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
X-Ray Services (Inpatient Hospital / Outpatient Facility)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Hi-Tech Radiological Services	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Surgery (Physicians Office)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Chiropractor Visit/Spinal Manipulation (Limits May Apply)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Inpatient/Outpatient Hospital Services (General)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
Other Covered Services (General)	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance	Deductible: Co-Insurance
<b>PLAN CO-INSURANCE (General)</b>	80%	50%	50%	50%	80%	50%
<b>CALENDAR YEAR OUT-OF-POCKET MAX.</b> (Includes: The Deductible, Medical & RX Copays)						
- Individual	\$6,500	\$20,000	\$6,350	\$10,000	\$6,350	\$10,000
- Family	\$13,000	\$40,000	\$12,700	\$20,000	\$12,700	\$20,000
<b>RETAIL PRESCRIPTION DRUGS COPAY</b> <i>Mail Order - Please See Carrier/Vendor Detailed Summary of Benefits</i>						
Tier 1 - \$5 Copay	\$260 Individual Deductible (Does not apply to Tier 1 & 2)	Tier 1 - \$5 Copay	Tier 1 - \$10 Copay	Tier 1 - \$10 Copay	Tier 1 - \$10 Copay AD	Tier 1 - \$10 Copay AD
Tier 2 - \$50 Copay	\$500 Family Deductible (Does not apply to Tier 1 & 2)	Tier 2 - \$50 Copay	Tier 2 - \$35 Copay	Tier 2 - \$35 Copay	Tier 2 - \$35 Copay AD	Tier 2 Specialty - \$10 Copay AD
Tier 3 - \$100 Copay		Tier 3 - \$100 Copay	Tier 3 - \$60 Copay	Tier 3 - \$60 Copay	Tier 2 Specialty - \$100 Copay AD	Tier 2 Specialty - \$100 Copay AD
Tier 4 - \$250 Copay		Tier 4 - \$250 Copay			Tier 3 - \$60 Copay AD	Tier 3 Specialty - \$60 Copay AD
<b>COST</b>						
Employee Only	15	\$421.58	4	\$420.44	0	\$416.15
Employee Plus Spouse	7	\$843.16	0	\$840.88	0	\$832.30
Employee Plus Child(ren)	4	\$801.01	4	\$798.85	0	\$790.70
Employee Plus Family	4	\$1,349.06	8	\$1,345.41	1	\$1,331.68
Estimated Monthly Cost		\$20,826.10		\$15,640.44		\$1,331.68
Estimated Total Monthly Cost				\$37,798.22		
Estimated Annual Cost				\$453,576.64		
Increase/Decrease Over Current				<b>5.6%</b>		
Annual Savings from Renewal						
<b>ADDITIONAL INFORMATION</b>						
Additional RX Information						



City of Osawatomie  
Medical  
Effective: July 1, 2018

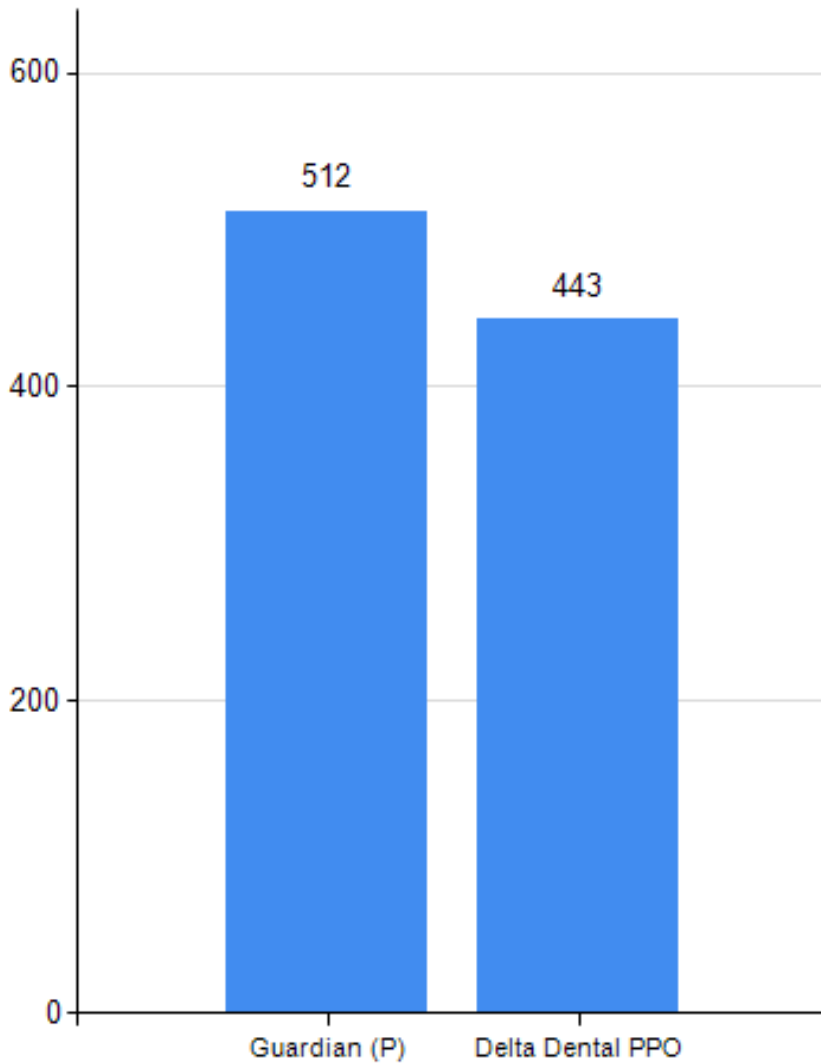
MEDICAL PROGRAM - July 1, 2018	Humana KS PPO 16 Copay Opt 47		Humana KS PPO 16 Copay Opt 51		Humana KS EHDHP PPO Opt 17	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>BENEFITS</b>						
<b>CALENDAR YEAR DEDUCTIBLE</b>						
- Individual						
- Family	\$2,500	\$5,000	\$4,000	\$6,000	\$5,000	\$7,500
<b>PHYSICIAN OFFICE VISITS &amp; OTHER</b>						
Primary Care Physician Office Visit	\$35 Copay		\$40 Copay		Deductible: Co-Insurance	Deductible: Co-Insurance
Specialist Physician Office Visit	\$60 Copay		\$55 Copay		Deductible: Co-Insurance	Deductible: Co-Insurance
Urgent Care Center Visit	\$100 Copay		\$100 Copay		Deductible: Co-Insurance	Deductible: Co-Insurance
Emergency Room Visit	\$350 Copay		\$350 Copay		Deductible: Co-Insurance	Deductible: Co-Insurance
	Copay waived if admitted		Copay waived if admitted		Deductible: Co-Insurance	Deductible: Co-Insurance
Lab Services (Physicians Office)	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
Lab Services (Outpatient Hospital / Outpatient Facility)	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
X-Ray Services (Physicians Office)	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
X-Ray Services (Outpatient Hospital / Outpatient Facility)	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
Hi-Tech Radiological Services	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
Surgery (Physicians Office)	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
Chiropractor Visit/Spinal Manipulation (Limits May Apply)	\$50 Copay		\$55 Copay		Deductible: Co-Insurance	Deductible: Co-Insurance
Inpatient/Outpatient Hospital Services (General)	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
Other Covered Services (General)	Deductible: Co-Insurance		Deductible: Co-Insurance		Deductible: Co-Insurance	Deductible: Co-Insurance
<b>PLAN CO-INSURANCE (General)</b>	80%	50%	80%	50%	90%	60%
<b>CALENDAR YEAR OUT-OF-POCKET MAX.</b>						
(Includes The Deductible, Medical & RX Copays)						
- Individual	\$6,500	\$16,250	\$6,500	\$16,250	\$6,350	\$19,050
- Family	\$13,000	\$32,500	\$13,000	\$32,500	\$12,700	\$38,100
<b>RETAIL PRESCRIPTION DRUGS COPAY</b>						
(Mail Order - Please See Center/Vendor Detailed Summary of Benefits)						
Tier 1 - \$10 Copay			Tier 1 - \$10 Copay		Tier 1 - Ded & Coins	Tier 1 - Ded & Coins
Tier 2 - \$45 Copay			Tier 2 - \$45 Copay		Tier 2 - Ded & Coins	Tier 2 - Ded & Coins
Tier 3 - \$90 Copay			Tier 3 - \$90 Copay		Tier 3 - Ded & Coins	Tier 3 - Ded & Coins
Tier 4 - 25%			Tier 4 - 25%		Tier 4 - Ded & Coins	Tier 4 - Ded & Coins
Specialty - 35%			Specialty - 35%		Specialty - Ded & Coins	Specialty - Ded & Coins
Specialty - 50%			Specialty - 50%		Specialty - Ded & Coins	Specialty - Ded & Coins
<b>COST</b>						
Employee Only	15	\$411.12	4	\$388.37	0	\$324.32
Employee Plus Spouse	7	\$822.23	0	\$778.73	0	\$648.65
Employee Plus Child(ren)	4	\$781.12	4	\$739.80	0	\$616.21
Employee Plus Family	4	\$1,315.58	8	\$1,245.98	1	\$1,037.83
Estimated Monthly Cost		\$20,309.21		\$14,464.52		\$1,037.83
Estimated Total Monthly Cost				\$35,831.56		
Estimated Annual Cost				\$429,978.72		
Increase/Decrease Over Current				0.1%		
Annual Savings from Renewal						
<b>ADDITIONAL INFORMATION</b>						
						Underwritten

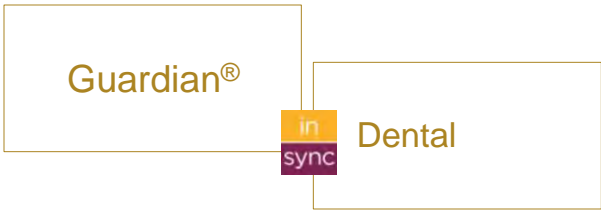
# City of Osawatomie Dental Effective: July 1, 2018

		RENEWAL		
		Delta Dental of KS		
		Guardian		
<b>Carrier</b>				
<b>Plan Type</b>				
<b>Network</b>				
<b>BENEFITS</b>				
<b>CALENDAR YEAR DEDUCTIBLE</b>				
Individual		<u>Network</u>	<u>Non-Network</u>	
Family		<i>Participant Pays</i>		
		\$50	\$150	
		<i>Plan Pays</i>		
		Perio / Endo : Type B		
A. DIAGNOSTIC & PREVENTIVE SERVICES		100%	100%	
B. BASIC SERVICES		80%	80%	
C. MAJOR SERVICES		50%	50%	
D. ORTHODONTIC SERVICES		N/A	N/A	
<b>CALENDAR YEAR MAXIMUM BENEFIT (A, B, &amp; C)</b>		\$1,000 plus Rollover		
<b>ORTHODONTIC LIFETIME MAXIMUM (D)</b>		N/A		
<b>COST</b>		<b>COUNTS</b>		
Employee Only	<b>Current</b>	17	<b>\$28.61</b>	
Employee Plus Spouse or EE+1	\$29.80	12	<b>\$55.17</b>	
Employee Plus Child(ren)	\$57.47	0	<b>\$0.00</b>	
Employee Plus Family	\$0.00	20	<b>\$93.69</b>	
	\$97.59			
<b>Estimated Monthly Cost</b>	\$3,148.04		<b>\$3,022.21</b>	
<b>Estimated Annual Cost</b>	\$37,776.48		<b>\$36,266.52</b>	
			<b>-4.0%</b>	
<b>Additional Information</b>				
Rate Guarantee Period				To 07/01/2020
Dependent Age Limits				Age 26
Participation				92%
Waiting Periods				None

## Guardian Dental Network Comparison VS Delta Dental

County	Network	Total
FRANKLIN	Delta Dental PPO	16
	Guardian (P)	15
JOHNSON	Guardian (P)	427
	Delta Dental PPO	379
MIAMI	Guardian (P)	14
	Delta Dental PPO	9
WYANDOTTE	Guardian (P)	125
	Delta Dental PPO	77





# Get the “Maximum” from your dental benefits

A solution to reducing costs and allowing employees to get more out of their dental funds.

Guardian will roll over a portion of the unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years if the plan’s annual maximum is reached. As an added advantage, more money is rolled over if in-network dentists are used exclusively during the benefit year.

## How Maximum Rollover Works

Depending on the plan’s annual maximum, if claims dollars for the year don’t exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1,000	\$500	\$250	\$350	\$1,000
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	The Maximum Rollover Account cannot exceed \$1,000

\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan

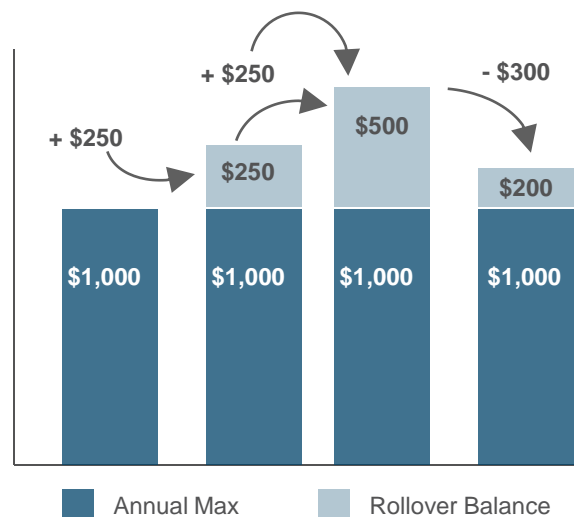
## Here’s how the benefits work (Sample Plan)

**YEAR ONE:** Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not exceed the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$250 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,300 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

**YEAR FOUR:** Jane’s Plan Annual Maximum is \$1,200 (\$1,000 Plan Annual Maximum + \$200 remaining Maximum Rollover Amount accumulated)



- DENTAL
- DISABILITY
- LIFE
- VISION
- CRITICAL ILLNESS
- CANCER
- ACCIDENT
- STOP LOSS

GuardianAnytime.com



# College Tuition Benefit® Rewards

## Proposal Overview

### Employees now have an added incentive to participate in Guardian’s Dental Plan.

They earn Tuition Rewards that can be used to pay up to one year’s tuition at SAGE Scholar colleges, over 330 private colleges and universities across the nation. That’s one third of the National Association of Independent Colleges and Universities, NAICU. 80% of SAGE colleges have received an “America’s Best” ranking by US News and World Report. One Tuition Reward point = 1 USD.

#### What you can expect from the College Tuition Benefit?

- 🌀 2,000 Tuition Rewards® are given to each **dental plan subscriber** when they register an eligible student or students. Subscriber Tuition Rewards® can be allocated to any registered student.
- 🌀 500 Tuition Rewards are given to each **student registered**. Student Tuition Rewards® can only be used by the specific registered student.
- 🌀 2,000 additional Tuition Rewards® are given to the **subscriber**, annually in the month following the Dental Plan’s renewal.
- 🌀 2,500 **bonus** Tuition Rewards® are given to the **subscriber** the month following the Dental Plan’s third renewal (**4<sup>th</sup> year**), for a total reward of 4,500 for that year.

Policy Year	Subscriber Reward*	Subscriber’s Reward Balance (balance does not accrue interest)
Initial Registration, Subscriber & Student Rewards		2,500 (2,000 + 500)
2	2,000	4,500
3	2,000	6,500
4	<b>4,500 (Bonus Year)</b>	11,000
5	2,000	13,000
6	2,000	15,000
7	2,000	17,000

This example shows how the program would help a 12 year old in the family of a Guardian dental subscriber. If the registered student attends a participating SAGE Scholar College, the tuition will be reduced by \$17,000 spread evenly over four years.

#### Important Information:

- 🌀 Following the dental plan enrollment, subscribers receive a Welcome email. **Check your spam folder.** If you do not receive a welcome email contact [Admin@CollegeTuitionBenefit.com](mailto:Admin@CollegeTuitionBenefit.com).
- 🌀 The welcome email is notification that an online account is established. Subscribers can log in to see the points posted to their account, and add additional eligible students as they wish. **If you do not log in to your account in the first 6 months, your Tuition Reward may be reduced.**
- 🌀 Eligible students include children, grandchildren, nieces, and nephews.
- 🌀 The maximum rewards you can use, per registered student, cannot exceed one year’s tuition at a participating school.
- 🌀 Families do not select a college ahead of time.
- 🌀 Each Tuesday, registered employees receive Market Cap and Gown, an e-newsletter that details events and topics related to college financing, and notifies employees of new colleges in the network.

#### Deadline dates:

- 🌀 To use Tuition Rewards, a child must be registered by August 24<sup>th</sup> of the year they enter 11<sup>th</sup> grade.
- 🌀 The Scholarship credits are held in the subscriber’s account until they are pledged to a registered student. When a Subscriber has a registered student in 11<sup>th</sup> grade, the subscriber will be emailed and asked if they want to pledge some or all of their Tuition Rewards to the Registered Student. If the subscriber wants to use their Tuition Rewards, they must go online before August 24<sup>th</sup> of the year the registered student enters 12<sup>th</sup> grade and transfer Tuition Rewards to that registered student’s account.

To find out more information, go to [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com)

Guardian’s Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries.

The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

#2014-15023 Exp. 12/16.

City of Osawatomie  
 Vision  
 Effective: July 1, 2018

	Current	Guardian VSP Network
<b>Carrier Plan Name</b>	Superior Vision	Guardian VSP Network
<b>Copays:</b>		
Vision Exam Copay	\$10	In - Network Benefits \$10
Material Copay	\$25	\$25
<b>Allowances:</b>		
Frame Allowance	\$130	\$130 + 20% off balance
Contact Lenses Allowance	\$130	\$130 + 15% off balance
<b>Frequencies:</b>		
Exams Frequency	Once every 12 months	Once every 12 months
Lenses Frequency	Once every 12 months	Once every 12 months
Frames Frequency	Once every 12 months	Once every 12 months
<b>Cost:</b>		
Employee Only	13 \$6.03	13 \$5.68
Employee Plus Spouse	9 \$12.67	9 \$12.18
Employee Plus Child(ren)	7 \$10.86	7 \$10.44
Employee Plus Family	18 \$21.11	18 \$20.30
Estimated Monthly Cost	\$648.42	\$621.94
Estimated Annual Cost	\$7,781.04	\$7,463.28 -4.1%
<b>Additional Information</b>		
Rate Guarantee Period	To 07/01/2021	To 07/01/2020
Dependent Age Limits	Age 26	Age 26
Participation		90%



City of Osawatomie  
 Voluntary Life/ADD  
 Effective: July 1, 2018



Voluntary Life - July 1, 2018		Current
<b>Unum</b>		
<b>BENEFITS - Employee Paid</b>		
<b>EMPLOYEE SUPPLEMENTAL LIFE/AD&amp;D</b>		
<b>Guaranteed Issue</b>	\$10,000 increments to a maximum of \$500,000 or 5x pay, whichever is less	
<b>Reductions</b>	\$100,000	
	Benefits reduce by 35% at age 65, and by 50% at age 70	
<b>SPOUSE BASIC LIFE/AD&amp;D</b>		
<b>Guaranteed Issue</b>	\$5,000 increments to a maximum of \$500,000, not to exceed 100% of employee's amount	
	\$25,000	
	6 months of age and younger; \$1,000	
	Ages 6 months - 19 (26 for full-time students): 100% of employee's amount or \$10,000	
<b>CHILD SUPPLEMENT LIFE/AD&amp;D</b>		
<b>COST - Employee Paid</b>		
Under Age 30	Employee Rate - Rate Per \$10,000	Spouse Rate - Rate Per \$5,000
30 - 34	\$0.750	\$0.395
35 - 39	\$1.010	\$0.525
40 - 44	\$1.500	\$0.755
45 - 49	\$2.290	\$1.140
50 - 54	\$3.570	\$1.775
55 - 59	\$5.260	\$2.635
60 - 64	\$7.530	\$3.890
65 - 69	\$9.690	\$5.395
70-74	\$13.790	\$7.680
75-79	\$26.080	\$14.530
80+	\$80.620	\$44.920
	Employee AD&D Rate - Rate Per \$10,000	Spouse AD&D Rate - Rate Per \$5,000
	\$0.656	\$0.345
	Child(ren) Rate - Rate Per \$2,000	Child Rate Based On Family Unit (Not Per Child)
	\$0.819	\$0.819
	Rate Guarantee To: 07/01/2020	Rate Guarantee To: 07/01/2020
<b>ADDITIONAL INFORMATION</b>		

This is an Overview of Benefits only, where this summary & the contract differ, the contract will prevail.





## CITY OF OSAWATOMIE

NAME	PRODUCT	TIER	AFLAC	GUARDIAN	SAVINGS	NOTES
ANDERSON/RICK	ACCIDENT	EE	\$ 28.56	\$ 18.10	\$ 10.46	ADVANTAGE PLAN
ANDERSON/RICK	CANCER	EE	\$ 31.32	\$ 13.88	\$ 17.44	15000 CI/CANCER
ANDERSON/RICK	HOSPITAL	ES	\$ 29.16	\$ 45.05	\$ (15.89)	PLAN 1
BARTLETT/TEDDY	ACCIDENT	EE	\$ 32.52	\$ 26.50	\$ 6.02	PREMIER PLAN
BARTLETT/TEDDY	HOSPITAL	EE	\$ 41.28	\$ 39.15	\$ 2.13	PLAN 2
BEAUDRY/JAMES	ACCIDENT	EE	\$ 28.44	\$ 18.10	\$ 10.34	ADVANTAGE PLAN
BUTCHER/WILLIAM	ACCIDENT	F	\$ 62.04	\$ 56.50	\$ 5.54	PREMIER PLAN
CALLAHAN/THOMAS	ACCIDENT	F	\$ 55.80	\$ 37.10	\$ 18.70	ADVANTAGE PLAN
DEERING/DIANA	ACCIDENT	ES	\$ 43.56	\$ 27.60	\$ 15.96	ADVANTAGE PLAN
EDWARDS/JEFFERY	ACCIDENT	EE	\$ 23.64	\$ 18.10	\$ 5.54	ADVANTAGE PLAN
FENOUGHTY/CHRISTINA	ACCIDENT	F	\$ 39.96	\$ 37.10	\$ 2.86	ADVANTAGE PLAN
FENOUGHTY/CHRISTINA	CANCER	EE	\$ 20.96	\$ 25.48	\$ (4.52)	15000 CI/CANCER
FOLSOM/JASON	ACCIDENT	F	\$ 62.04	\$ 56.50	\$ 5.54	PREMIER PLAN
GLASER/KYLE	ACCIDENT	EE	\$ 28.56	\$ 18.10	\$ 10.46	ADVANTAGE PLAN
GODFREY/MATTHEW	STD	EE	\$ 54.00	\$ 39.78	\$ 14.22	STD 8/8/26
GODFREY/MATTHEW	ACCIDENT	EE	\$ 24.48	\$ 18.10	\$ 6.38	ADVANTAGE PLAN
GODFREY/MATTHEW	CI	EE	\$ 8.40	\$ 13.88	\$ (5.48)	15000 CI/CANCER
HURLOCK/DALE	ACCIDENT	F	\$ 46.44	\$ 37.10	\$ 9.34	ADVANTAGE PLAN
HURLOCK/DALE	HOSPITAL	F	\$ 98.04	\$ 59.99	\$ 38.05	PLAN 1
HURT/BRENT	ACCIDENT	EE	\$ 24.48	\$ 18.10	\$ 6.38	ADVANTAGE PLAN
HURT/BRENT	CANCER	EC	\$ 19.56	\$ 44.97	\$ (25.41)	15000 CI/CANCER
HURT/BRUCE	ACCIDENT	EE	\$ 24.48	\$ 18.10	\$ 6.38	ADVANTAGE PLAN
HURT/BRUCE	CI	EE	\$ 29.40	\$ 7.86	\$ 21.54	15000 CI/CANCER
JUSTESEN/WILLIAM	ACCIDENT	ES	\$ 43.56	\$ 27.60	\$ 15.96	ADVANTAGE PLAN
JUSTESEN/WILLIAM	CANCER	ES	\$ 64.80	\$ 39.08	\$ 25.72	15000 CI/CANCER
JUSTESEN/WILLIAM	CI	ES	\$ 20.64	\$ -	\$ 20.64	COVERED UNDER OTHER PLAN
KOBE/ASHLEY	ACCIDENT	F	\$ 39.96	\$ 37.10	\$ 2.86	ADVANTAGE PLAN
KOBE/ASHLEY	CANCER	F	\$ 33.36	\$ 21.69	\$ 11.67	15000 CI/CANCER
KRUEGER/PATRICIA	ACCIDENT	ES	\$ 43.56	\$ 27.60	\$ 15.96	ADVANTAGE PLAN
KRUEGER/PATRICIA	CI	ES	\$ 45.36	\$ 68.32	\$ (22.96)	15000 CI/CANCER
LEACH/DALLESHA	CANCER	EC	\$ 32.16	\$ 13.88	\$ 18.28	15000 CI/CANCER
LEWIS/CLIFTON	ACCIDENT	F	\$ 55.80	\$ 37.10	\$ 18.70	ADVANTAGE PLAN
MADDEN/ZACH	ACCIDENT	F	\$ 55.80	\$ 37.10	\$ 18.70	ADVANTAGE PLAN
MERSMAN/BRIAN	ACCIDENT	F	\$ 55.80	\$ 37.10	\$ 18.70	ADVANTAGE PLAN
MERSMAN/BRIAN	CANCER	F	\$ 55.20	\$ 39.08	\$ 16.12	15000 CI/CANCER
RAYL/JOHN	ACCIDENT	F	\$ 62.04	\$ 56.50	\$ 5.54	PREMIER PLAN
RONE/JASON	ACCIDENT	EE	\$ 24.48	\$ 18.10	\$ 6.38	ADVANTAGE PLAN
SEAMANDS/TAMMY	ACCIDENT	EE	\$ 14.40	\$ 9.20	\$ 5.20	VALUE PLAN
SEAMANDS/TAMMY	CANCER	EE	\$ 31.32	\$ 44.97	\$ (13.65)	15000 CI/CANCER
SINGER/DOUGLAS	ACCIDENT	EE	\$ 28.56	\$ 18.10	\$ 10.46	ADVANTAGE PLAN
SINGER/DOUGLAS	HOSPITAL	EE	\$ 38.64	\$ 21.77	\$ 16.87	PLAN 1
STUTEVILLE/DAVID	ACCIDENT	EE	\$ 22.24	\$ 18.10	\$ 4.14	ADVANTAGE PLAN
SULLIVAN/JANINE	ACCIDENT	ES	\$ 29.82	\$ 27.60	\$ 2.22	ADVANTAGE PLAN
SULLIVAN/JANINE	STD	EE	\$ 40.00	\$ 42.86	\$ (2.86)	STD 8/8/26
UPSHAW/TERRY	ACCIDENT	F	\$ 55.80	\$ 37.10	\$ 18.70	ADVANTAGE PLAN
			<b>\$ 1,750.42</b>	<b>\$ 1,375.09</b>	<b>\$ 375.33</b>	<b>24% TOTAL MONTHLY SAVINGS</b>

### CITY OF OSAWATOMIE

NAME	AGE	PRODUCT	TIER	SUN LIFE	GUARDIAN	SAVINGS	NOTES
HOWELL/ERIC		ACCIDENT	F	\$ 39.18	\$ 37.10	\$ 2.08	ADVANTAGE PLAN
HOWELL/ERIC	57	CI	F	\$ 30.18	\$ 68.32	\$ (38.14)	15000 CI/CANCER
HURT/BRUCE		ACCIDENT	EE	\$ 14.66	\$ 9.20	\$ 5.46	VALUE PLAN
KRUEGER/PATRICIA		ACCIDENT	F	\$ 24.59	\$ 19.80	\$ 4.79	VALUE PLAN
KRUEGER/PATRICIA	59	CI	EE	\$ 20.00	\$ 44.97	\$ (24.97)	15000 CI/CANCER
STUTEVILLE/DAVID		ACCIDENT	EC	\$ 29.25	\$ 27.60	\$ 1.65	ADVANTAGE PLAN
STUTEVILLE/DAVID	49	CI	EC	\$ 10.93	\$ 25.48	\$ (14.55)	15000 CI/CANCER
				\$ 168.79	\$ 232.47	\$ (63.68)	37% TOTAL MONTHLY SAVINGS

ACCIDENT COMPARISON	AFLAC	GUARDIAN
<b>Policy Specifications</b>		
Plan/Policy #	Group Accident	Group Accident
Rate Structure	Composite Rates	Composite Rates
Guaranteed Issue	Yes	Yes
Pre-Existing Condition	No	No
Plan Design	24 Hour	24 Hour
<b>Injury Benefits</b>		
Fractures	Up to \$2,500	Up to \$15,000
Dislocations	Up to \$2,500	Up to \$12,000
Burns Benefit	Up to \$12,500	Up to \$12,000
Concussion Benefit	\$50	\$450
Coma Benefit	\$12,500	\$12,500
Rupture Disk with Surgical Repair Benefit	\$625	\$750
Torn Cartilage in Knee Benefit	\$625	\$1,500
Laceration Benefit	Up to \$500	Up to \$1,200
Tenden/Ligament/Rotator Cuff Benefit	\$625	\$1,500
Broken Tooth Benefit	\$200	\$200
Eye Injury Benefit	\$300	\$750
<b>Medical Services and Treatment</b>		
Air Ambulance	\$1,500	N/A
Ground Ambulance	\$200	\$300
Emergency Care Benefit	\$120	\$500
Non Emergency Initial Care Benefit	\$120	\$200
Medical Imaging	\$200	\$500
Physician Follow-Up Visit Benefit	\$35	\$50
Transportation Benefit	\$600	N/A
Therapy Services Benefit	\$35	\$75
Prosthetic Device	\$750	N/A
Medical Appliance Benefit	\$125	\$175
Blood/Plasma/Platelets Benefit	\$200	N/A
Inpatient Surgery Benefit	\$1,250	\$1,500
<b>Hospital coverage due to an accident</b>		
Hospital Admission Benefit - Non-ICU	\$1,000	\$3,000
Hospital Admission Benefit - ICU	\$2,000	\$6,000
Hospital Confinement Benefit - Non-ICU	\$250	\$750
Hospital Confinement Benefit - ICU	\$400	\$1,500
Inpatient Rehab Benefit	\$150	\$150
<b>Accident Death and Dismemberment</b>		
AD&D - Employee	\$40,000	N/A
AD&D - Spouse	\$40,000	N/A
AD&D - Child(ren)	\$12,500	N/A
<b>Additional Benefits</b>		
Health Screening Benefit	\$60	N/A
Child Organized Sport Benefit	N/A	20% increase to child benefit

<b>CRITICAL ILLNESS COMPARISON</b>	<b>AFLAC</b>	<b>GUARDIAN</b>
<b>Policy Specifications</b>		
<b>Guarantee Issue</b>	N/A	\$15,000
<b>Benefit Amounts</b> <i>(Employee Choice)</i>	N/A	\$15,000
<b>Spouse Coverage</b>	N/A	50% OF EE BENEFIT
<b>Child Coverage</b>	N/A	25% OF EE BENEFIT
<b>Pre-Existing Conditions</b>	N/A	NONE
<b>Benefit Reduction due to Age</b>	N/A	N/A
<b>Covered Conditions</b>		
<b>Heart Attack</b>	N/A	100%
<b>Heart Failure</b>	N/A	100%
<b>Stroke</b>	N/A	100%
<b>Coronary Artery Bypass</b>	N/A	30%
<b>Blindness</b>	N/A	100%
<b>Loss of Hearing</b>	N/A	100%
<b>Major Organ Failure</b>	N/A	100%
<b>End Stage Renal Failure</b>	N/A	100%
<b>Paralysis</b>	N/A	100%
<b>Coma</b>	N/A	100%
<b>Benign Brain Tumor</b>	N/A	75%
<b>Alzheimer's Disease</b>	N/A	50%
<b>Parkinson's Disease</b>	N/A	100%
<b>Addison's Disease</b>	N/A	30%
<b>ALS</b>	N/A	100%
<b>Huntington's Disease</b>	N/A	30%
<b>Multiple Sclerosis</b>	N/A	30%
<b>Severe Burns</b>	N/A	100%
<b>Cancer</b>	Scheduled benefits	100%
<b>Carcinoma in Situ</b>	N/A	30%

HOSPITAL COMPARISON	AFLAC	GUARDIAN
<b>Policy Specifications</b>		
<b>Guarantee Issue</b>	No	Yes
<b>Pre-Existing Conditions</b>	12/12	3/12
<b>Coverage</b>		
<b>Hospital Admission Benefit</b>	\$1,000	\$1,000
<b>Hospital Confinement (Per Day)</b>	\$100	\$100

# Guardian® Disability Choice - Voluntary Short-Term Disability

Case Name: City of Osawatomie --Agent Name: Bukaty Companies

State: KS ZIP Code Range: 66000 - 66999 SIC Code Range: 9111 - 9211

Industry: Executive, Legislative & General

Eligible Employees: All

Quote Date: 5/24/2018

Expiration Date: 6/30/2018

## Weekly Premium

Weekly Benefit	Minimum Annual Salary Required	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$100	\$8,667	\$2.13	\$2.81	\$2.43	\$1.79	\$1.72	\$2.14	\$2.59	\$3.23
\$150	\$13,000	\$3.19	\$4.22	\$3.65	\$2.69	\$2.58	\$3.22	\$3.89	\$4.85
\$200	\$17,333	\$4.26	\$5.63	\$4.87	\$3.58	\$3.44	\$4.29	\$5.19	\$6.47
\$250	\$21,667	\$5.32	\$7.03	\$6.08	\$4.48	\$4.30	\$5.36	\$6.49	\$8.08
\$300	\$26,000	\$6.38	\$8.44	\$7.30	\$5.37	\$5.17	\$6.43	\$7.78	\$9.70
\$350	\$30,333	\$7.45	\$9.85	\$8.51	\$6.27	\$6.03	\$7.50	\$9.08	\$11.32
\$400	\$34,667	\$8.51	\$11.25	\$9.73	\$7.16	\$6.89	\$8.58	\$10.38	\$12.93
\$450	\$39,000	\$9.58	\$12.66	\$10.95	\$8.06	\$7.75	\$9.65	\$11.67	\$14.55
\$500	\$43,333	\$10.64	\$14.07	\$12.16	\$8.95	\$8.61	\$10.72	\$12.97	\$16.17
\$600	\$52,000	\$12.77	\$16.88	\$14.59	\$10.75	\$10.33	\$12.86	\$15.56	\$19.40
\$700	\$60,667	\$14.89	\$19.69	\$17.03	\$12.54	\$12.05	\$15.01	\$18.16	\$22.63
\$800	\$69,333	\$17.02	\$22.51	\$19.46	\$14.33	\$13.77	\$17.15	\$20.75	\$25.87
\$1,000	\$86,667	\$21.28	\$28.13	\$24.32	\$17.91	\$17.22	\$21.44	\$25.94	\$32.33
\$1,500	\$130,000	\$31.92	\$42.20	\$36.49	\$26.86	\$25.82	\$32.16	\$38.91	\$48.50

Rate Guarantee 2 Years

## BENEFITS

Contribution/Participation	10 to 24 eligible lives - Voluntary / 30%, min. 4 enrolled employees. 25 or more eligible lives - Voluntary / Greater of 25% or 10 enrolled employees.
Benefits Begin Accident/Sickness	15th Day/15th Day
Duration of Benefits	26 Week Duration
Definition of Disability	Own Job
Weekly Benefit	Employee may choose from the options above. The benefit option is limited to a maximum of 60% of the employee's earnings before disability.
Return to Work	Zero Day Residual
Partial Disability Calculation	Greater of direct reduction or proportionate loss
Integration Method	Benefits reduced by other group disability benefits, social security benefits not included
Minimum Weekly Benefit	None
Pre-Existing Condition	3/12 with 2 week limitation, Continuity of Coverage
Earnings Definition	All available Guardian options
Coverage Type	Non-occupational
Rehabilitation Services	110% benefit amount, mandatory participation
Annual Re-Enrollment	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment.
TeleGuard	Included

**You are quoting a restricted industry. This coverage will not be effective until approved by a Guardian underwriter.**

**Important Information:** We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor and the employee's loss of earnings is not solely due to disability. This policy provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department. A pre-existing condition includes pregnancy and any condition for which an employee, in the specified period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. Contract #s GP-1-STD-1.0, et al; GP-1-STD2K-1.0, et al.

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. State variations may apply.



# City of Osawatomie

## 2018 BENEFITS PLAN OVERVIEW







# Welcome...

We recognize that our employees are our most valuable resource and your benefits program is extremely important to the City of Osawatomie. It is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our success and position us well for the future. Thank you for your ongoing commitment. We are proud to include all of you as part of the City of Osawatomie family.

Please take the time to review this entire packet and utilize our consultants to verify or reaffirm your elections.

*This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.*

## Your Bukaty Service Team

Your dedicated service team is available to help address claims, billing and other benefit-related questions. Please contact them by phone, email, or fax. They will work to ensure your satisfaction.



**Karen Friedeman**  
*Client Service Specialist*  
[kfriedeman@bukaty.com](mailto:kfriedeman@bukaty.com)

913-222-5510

Karen is responsible for assisting clients and members with day-to-day administrative and service issues.



**Millie Kingsbury**  
*New Business/Renewal Specialist*  
[mkingsbury@bukaty.com](mailto:mkingsbury@bukaty.com)

913-222-5563

Millie obtains carrier quotes, prepares spreadsheets, and assists clients through the enrollment process.



**Michael Looney**  
*Benefits Consultant*  
[mlooney@bukaty.com](mailto:mlooney@bukaty.com)

913-345-0440

Michael oversees all aspects of your employee benefits program.



**Matt Miller**  
*Vice President, Enrollment Services*  
[mmiller@bukaty.com](mailto:mmiller@bukaty.com)

913-653-8754

Matt oversees all aspects of client benefits enrollment and implementation.



**Emily Paredes**  
*Enrollment Services Manager*  
[eparedes@bukaty.com](mailto:eparedes@bukaty.com)

913-222-5510

Emily manages the overall employee and administrator experience with the enrollment platform and ACA reporting tool.

# Medical Network Information

To find providers that are in-network for your Humana medical plan:

Visit Humana's Website at [www.Humana.com](http://www.Humana.com)

Your Medical Network - **Humana/ChoiceCare Network PPO**

Your Prescription Drug Network - **Humana National RX Plan**

1. Scroll down and find "Find a Doctor or Pharmacy" and select SEARCH
2. Under "Search Type" select Medical and hit GO
3. Coverage Type: Insurance through your Employer, then enter your Zip Code
4. Under Network, select "Humana/ChoiceCare Network PPO"
5. Under SEARCH you may choose by Specialty, etc.

The Humana logo is displayed in a bold, green, sans-serif font. The word "Humana" is followed by a registered trademark symbol (®).

## Health Reimbursement Plan

The HRA benefit through NueSynergy allows the City of Osawatome to reimburse you for out of pocket charges that are subject to your deductible.

**The HRA benefit reimburses the last \$1,000 of the deductible for one person per family.**

*\*This benefit is not available for those enrolled in an H.S.A.*



# Medical Plan I



The City of Osawatomie will contribute a monthly allowance toward the cost of medical premiums. A complete summary of benefits is available on the online enrollment platform. Employees and eligible dependents may participate in the medical plan on the first day of the month following full time employment. Eligible dependents include your legal spouse and dependent children to age 26.

KS PPO 16 Copay Opt 47	Network (CHC)	Non-Network
Deductible Individual/family (per calendar yr.)	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-pocket max. individual/family (includes deductible.)	\$6,500 / \$13,000	\$16,250 / \$32,500
Co-insurance	80%	50%
Office visit/specialist	\$35 Copay / \$50 Copay	Deductible: Co-Insurance
Preventive Care Services	Covered at 100%	Deductible: Co-Insurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty	\$10 / \$45 / \$90 / 25% / 35%	In Network Copay/Co-Insurance + 30%
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty	\$25 / \$112.50 / \$225 / 25%	In Network Copay/Co-Insurance + 30%
Urgent care facility	\$100 Copay	Deductible: Co-Insurance
Inpatient hospital care	Deductible: Co-Insurance	Deductible: Co-Insurance
Outpatient hospital care	Deductible: Co-Insurance	Deductible: Co-Insurance
Outpatient lab services	Deductible: Co-Insurance	Deductible: Co-Insurance
Outpatient surgery and scopes	Deductible: Co-Insurance	Deductible: Co-Insurance
Emergency services (Copay waived if admitted)	\$350 Copay	\$350 Copay
Skilled nursing facility (60 day calendar yr. max.)	Deductible: Co-Insurance	Deductible: Co-Insurance
Durable medical equipment	Deductible: Co-Insurance	Deductible: Co-Insurance
Rehabilitation Services (Physical, occupational, speech, cognitive, audiology therapy and manipulations - 60 visit limit per year)	\$50 Copay	Deductible: Co-Insurance
Lifetime maximum	Unlimited	

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$119.09	\$296.59	\$278.83	\$509.59
Employer Pays	\$292.03	\$525.64	\$502.29	\$805.99
Total Premium	\$411.12	\$822.23	\$781.12	\$1,315.58

# Medical Plan 2



The City of Osawatomie will contribute a monthly allowance toward the cost of medical premiums. A complete summary of benefits is available on the online enrollment platform. Employees and eligible dependents may participate in the medical plan on the first day of the month following full time employment. Eligible dependents include your legal spouse and dependent children to age 26.

KS PPO 16 Copay Opt 51	Network (CHC)	Non-Network
Deductible Individual/family (per calendar yr.)	\$4,000 / \$8,000	\$6,000 / \$12,000
Out-of-pocket max. individual/family (includes deductible.)	\$6,500 / \$13,000	\$16,250 / \$32,500
Co-insurance	80%	50%
Office visit/specialist	\$40 Copay / \$55 Copay	Deductible: Co-Insurance
Preventive Care Services	Covered at 100%	Deductible: Co-Insurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty	\$10 / \$45 / \$90 / 25% / 35%	In Network Copay/Co-Insurance + 30%
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty	\$25 / \$112.50 / \$225 / 25%	In Network Copay/Co-Insurance + 30%
Urgent care facility	\$100 Copay	Deductible: Co-Insurance
Inpatient hospital care	Deductible: Co-Insurance	Deductible: Co-Insurance
Outpatient hospital care	Deductible: Co-Insurance	Deductible: Co-Insurance
Outpatient lab services	Deductible: Co-Insurance	Deductible: Co-Insurance
Outpatient surgery and scopes	Deductible: Co-Insurance	Deductible: Co-Insurance
Emergency services (Copay waived if admitted)	\$350 Copay	\$350 Copay
Skilled nursing facility (60 day calendar yr. max.)	Deductible: Co-Insurance	Deductible: Co-Insurance
Durable medical equipment	Deductible: Co-Insurance	Deductible: Co-Insurance
Rehabilitation Services (Physical, occupational, speech, cognitive, audiology therapy and manipulations - 60 visit limit per year)	\$55 Copay	Deductible: Co-Insurance
Lifetime maximum	Unlimited	

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$97.34	\$253.09	\$237.51	\$439.99
Employer Pays	\$292.03	\$525.64	\$502.29	\$805.99
Total Premium	\$389.37	\$778.73	\$739.80	\$1,245.98

# Medical Plan 3



The City of Osawatomie will contribute a monthly allowance toward the cost of medical premiums. A complete summary of benefits is available on the online enrollment platform. Employees and eligible dependents may participate in the medical plan on the first day of the month following full time employment. Eligible dependents include your legal spouse and dependent children to age 26.

KS EHDHP PPO Opt 17	Network (CHC)	Non-Network
Deductible Individual/family (per calendar yr.)	\$5,000 / \$10,000	\$7,500 / \$15,000
Out-of-pocket max. individual/family (includes deductible.)	\$6,350 / \$12,700	\$19,050 / \$38,100
Co-insurance	90%	60%
Office visit/specialist	Deductible; Co-Insurance	Deductible; Co-Insurance
Preventive Care Services	Covered at 100%	Deductible; Co-Insurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty	Deductible; Co-Insurance	Deductible; Co-Insurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty	Deductible; Co-Insurance	Deductible; Co-Insurance
Urgent care facility	Deductible; Co-Insurance	Deductible; Co-Insurance
Inpatient hospital care	Deductible; Co-Insurance	Deductible; Co-Insurance
Outpatient hospital care	Deductible; Co-Insurance	Deductible; Co-Insurance
Outpatient lab services	Deductible; Co-Insurance	Deductible; Co-Insurance
Outpatient surgery and scopes	Deductible; Co-Insurance	Deductible; Co-Insurance
Emergency services	Deductible; Co-Insurance	Paid As In Network
Skilled nursing facility (60 day calendar yr. max.)	Deductible; Co-Insurance	Deductible; Co-Insurance
Durable medical equipment	Deductible; Co-Insurance	Deductible; Co-Insurance
Rehabilitation Services (Physical, occupational, speech, cognitive, audiology therapy and manipulations - 60 visit limit per year)	Deductible; Co-Insurance	Deductible; Co-Insurance
Lifetime maximum	Unlimited	

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$81.08	\$210.81	\$197.84	\$366.48
Employer Pays	\$243.24	\$437.84	\$418.37	\$671.35
Total Premium	\$324.32	\$648.65	\$616.21	\$1,037.83

*For employees enrolled in the HDHP with an HSA, the City of Osawatomie will contribute the below amounts into each employee's H.S.A. account:*

H.S.A. Contributions from the City of Osawatomie	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Per Month	\$48.79	\$87.81	\$83.91	\$134.65
Annually	*\$1,000.00	\$1,053.67	\$1,006.94	\$1,615.77

\*Single H.S.A. account receives an additional \$414.55 annually, for an annual total of \$1,000.

# You have choices for care

When you have to make an urgent healthcare decision, make sure you're ready. Review some of the choices of care that are available so you know where to go the next time you need treatment.

## Life is about decisions



## Why being prepared is important

**Immediate** – Knowing where to go for care can help you receive faster treatment and an overall better experience.

Ensure a provider participates in the Humana network by going to **Humana.com** or use the MyHumana app on your mobile device.



### HumanaFirst® Nurse Advice Line

When a health concern arises, and you aren't sure what to do, call the HumanaFirst Nurse Advice Line. It's available 24 hours, seven days a week. Look for the telephone number on the back of your ID card. A nurse will provide advice on how to treat your situation at home or advise that another level of care is appropriate.



### Doctor's office

Take advantage of the relationship you have with your doctor. Calling your doctor's office, during business hours, is your best option for treatment.



### Retail clinic

When you can't see your doctor, a retail clinic can help you with minor problems like a cold, earache or sore throat. Retail clinics are conveniently located at certain stores, such as CVS, Target, Kroger and Walgreens. Other retail clinics may also be available in the network.



### Urgent care center

When you have a minor illness or injury and your doctor isn't available, you might consider going to an urgent care center. Waiting periods are usually shorter than in an emergency room. Many centers have X-ray and lab services and are open in the evenings and on weekends.\*



### Emergency room

Visit the emergency room for a serious medical situation that might represent a threat to your life or limbs. It's appropriate for situations like uncontrolled bleeding, chest pain, heart attack, difficulty breathing and possible stroke.

\*Consult with your nearest urgent care center to confirm services.

# Humana®

[Humana.com](https://www.humana.com)

# Decide where to seek medical care



	Retail health clinic	Doctor's office	Urgent care center *
Stitches			✓
X-ray			✓
Back pain		✓	✓
Minor headache		✓	✓
Sprain, strain		✓	✓
Nausea, vomiting, diarrhea		✓	✓
Bumps, cuts, scrapes	✓	✓	✓
Cough, sore throat congestion	✓	✓	✓
Vaccination	✓	✓	✓
Urinary burning	✓	✓	✓
Mild abdominal pain	✓	✓	✓
High blood pressure	✓	✓	✓

## Emergency room

- Sudden or unexplained loss of consciousness
- Signs of a heart attack, such as sudden/severe chest pain or pressure
- Signs of a stroke, such as numbness of the face, arm or leg on one side of the body; difficulty talking; sudden loss of vision
- Severe shortness of breath
- High fever with stiff neck, mental confusion and/or difficulty breathing
- Coughing up or vomiting blood
- Cut or wound that won't stop bleeding
- Possible broken bones
- Poisoning
- Stab wounds
- Sudden, severe abdominal pain
- Suicidal feelings
- Partial or total amputation of a limb



# READY. SET. Go365



It's simple to get started with Go365™. Here's how to get rewarded for your healthy behaviors.

## 1. Register now

Download the Go365 App or visit [Go365.com](https://Go365.com) to access your secure, password-protected Go365 account and program.

## 2. Take the next step

Three easy ways to start earning Points and get to Bronze Status:

- Complete at least one section of your Health Assessment
- Log a verified workout
- Get your biometric screening

Adult children are not eligible to earn Points or Bucks for Health Assessment completion or bonuses, biometric screening completion or for having in-range results.

## 3. Enjoy the rewards

Keep earning Points by completing healthy activities. The more Points you earn, the more Bucks you will have to spend in the Go365 Mall. Reward yourself with brands including:

[amazon.com](https://amazon.com)

[TARGET](https://target.com)

[Spafinder](https://Spafinder.com)  
Wellness365™

[fitbit](https://fitbit.com)



Join the Go365 support community  
[community.Go365.com](https://community.Go365.com)



Register or sign in at [Go365.com](https://Go365.com)  
or on the App

Go365 is not an insurance product. Not available with all Humana health plans.

Adult children can only move a family into Bronze Status by completing a verified workout.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions.



## Healthy rewards

Receive Wellness Engagement Incentive credits on your monthly medical premium invoice when your employees achieve Silver Status or greater in Go365™



## How do I get the Wellness Engagement Incentive credits?

It's easy!



It's already part of your plan



Encourage participation in Go365



Credits are based on Go365 Silver, Gold or Platinum Status and appear on your monthly medical premium invoice\*



Available to fully insured businesses with 99 employees or fewer

What credits will I receive?

**7%**

based on the premium for each employee who reaches Silver Status

**15%**

based on the premium for each employee who reaches Gold or Platinum Status

**Contact your Humana representative to learn more, and visit [Engagement.Humana.com](https://www.humana.com) to learn ways to encourage Go365 employee participation.**

\*If your company receives its medical premium invoices from a third-party administrator, any earned Wellness Engagement Incentives will be issued quarterly by Humana directly to your company, separate from your medical premium invoice. Please contact your third-party administrator for details.

**Humana**®



GUARDIAN®

## **Introducing Maximum Rollover, Guardian's New Innovative Dental Feature**

**Members can now save their annual maximum dollars for a time when they need them most!**

With Maximum Rollover, we'll roll over a portion of each DentalGuard member's unused annual maximum into their personal Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's annual maximum.

Even better, if a member uses the services of Preferred Providers exclusively during the benefit year, we'll increase the amount credited to his or her MRA. To qualify, a member must submit a claim and not exceed the paid claims threshold during the benefit year.

- The employee and each insured dependent maintain separate MRAs based on their own claim activity. Each member's MRA may not exceed the MRA Limit.
- Each employee will receive an annual MRA statement detailing his or her account and those of his or her dependents. Each employer will receive a statement showing all members' MRAs.

**For Maximum Rollover plan details, please see the accompanying chart and example.**

**Thank you for choosing Guardian – a dental market Leader.**



# Maximum Rollover In Action

Following is an example demonstrating how Maximum Rollover works:

PLAN ANNUAL MAXIMUM	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1500	\$700	\$350	\$500	\$1250

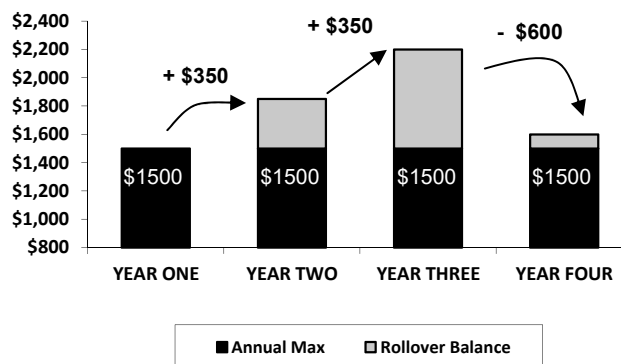
### Here's how the benefits work:

**YEAR ONE:** Jane starts with a \$1,500 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$700 Threshold, she receives a \$350 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$1,850. This year, she submits \$50 in claims and receives an additional \$350 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$2,200. This year, she submits \$2,100 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$1,600 (\$1,500 Plan Annual Maximum + \$100 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

### NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form #GP-1-DG2000, et al.



# College Tuition Benefit® Rewards

## Proposal Overview

### Employees now have an added incentive to participate in Guardian’s Dental Plan.

They earn Tuition Rewards that can be used to pay up to one year’s tuition at SAGE Scholar colleges, over 330 private colleges and universities across the nation. That’s one third of the National Association of Independent Colleges and Universities, NAICU. 80% of SAGE colleges have received an “America’s Best” ranking by US News and World Report. One Tuition Reward point = 1 USD.

#### What you can expect from the College Tuition Benefit?

- 🌀 2,000 Tuition Rewards® are given to each **dental plan subscriber** when they register an eligible student or students. Subscriber Tuition Rewards® can be allocated to any registered student.
- 🌀 500 Tuition Rewards are given to each **student registered**. Student Tuition Rewards® can only be used by the specific registered student.
- 🌀 2,000 additional Tuition Rewards® are given to the **subscriber**, annually in the month following the Dental Plan’s renewal.
- 🌀 2,500 **bonus** Tuition Rewards® are given to the **subscriber** the month following the Dental Plan’s third renewal (**4<sup>th</sup> year**), for a total reward of 4,500 for that year.

Policy Year	Subscriber Reward*	Subscriber’s Reward Balance (balance does not accrue interest)
Initial Registration, Subscriber & Student Rewards		2,500 (2,000 + 500)
2	2,000	4,500
3	2,000	6,500
4	<b>4,500 (Bonus Year)</b>	11,000
5	2,000	13,000
6	2,000	15,000
7	2,000	17,000

This example shows how the program would help a 12 year old in the family of a Guardian dental subscriber. If the registered student attends a participating SAGE Scholar College, the tuition will be reduced by \$17,000 spread evenly over four years.

#### Important Information:

- 🌀 Following the dental plan enrollment, subscribers receive a Welcome email. **Check your spam folder.** If you do not receive a welcome email contact [Admin@CollegeTuitionBenefit.com](mailto:Admin@CollegeTuitionBenefit.com).
- 🌀 The welcome email is notification that an online account is established. Subscribers can log in to see the points posted to their account, and add additional eligible students as they wish. **If you do not log in to your account in the first 6 months, your Tuition Reward may be reduced.**
- 🌀 Eligible students include children, grandchildren, nieces, and nephews.
- 🌀 The maximum rewards you can use, per registered student, cannot exceed one year’s tuition at a participating school.
- 🌀 Families do not select a college ahead of time.
- 🌀 Each Tuesday, registered employees receive Market Cap and Gown, an e-newsletter that details events and topics related to college financing, and notifies employees of new colleges in the network.

#### Deadline dates:

- 🌀 To use Tuition Rewards, a child must be registered by August 24<sup>th</sup> of the year they enter 11<sup>th</sup> grade.
- 🌀 The Scholarship credits are held in the subscriber’s account until they are pledged to a registered student. When a Subscriber has a registered student in 11<sup>th</sup> grade, the subscriber will be emailed and asked if they want to pledge some or all of their Tuition Rewards to the Registered Student. If the subscriber wants to use their Tuition Rewards, they must go online before August 24<sup>th</sup> of the year the registered student enters 12<sup>th</sup> grade and transfer Tuition Rewards to that registered student’s account.

To find out more information, go to [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com)

Guardian’s Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries.

The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.



# Dental

The City of Osawatomie will contribute a monthly allowance toward the cost of dental premiums. A complete summary of benefits is available on the online enrollment platform. Employees and eligible dependents may participate in the dental plan on the first day of the month following full time employment. Eligible dependents include your legal spouse and dependent children to age 26. To identify participating providers, please contact Guardian at 1-800-627-4200 or visit [www.guardiananytime.com](http://www.guardiananytime.com).

DentalGuard Preferred Network	Network	Non-Network
Annual maximum benefit	\$1,000 plus Rollover	\$1,000 plus Rollover
Deductible For B & C services (below)	\$50 / \$150 (Family)	\$50 / \$150 (Family)
Dependent age limit	26	26
<b>Preventive Dental Services</b> <ul style="list-style-type: none"> <li>• Oral Exams (once/6 mos.)</li> <li>• Cleanings (once/6 mos.)</li> <li>• X-Rays (Full-mouth series once/60 mos.)</li> <li>• Fluoride Treatment (to age 19, once/6 mos.)</li> <li>• Sealants (to age 16, once/36 mos.)</li> <li>• Space Maintainers/Harmful Habit Appliances</li> </ul>	100%	100%
<b>Basic Dental Services</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Perio Maintenance Procedure (once/6 mos.)</li> <li>• Periodontal Services (eg. Scaling and Root Planing)</li> <li>• Periodontal Surgery</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Endodontic Services (eg. Root Canal)</li> <li>• General Anesthesia</li> </ul>	80%	80%
<b>Major Dental Services</b> <ul style="list-style-type: none"> <li>• Bridges &amp; Dentures</li> <li>• Single Crowns</li> <li>• Repair &amp; Maintenance of Crowns, Bridges &amp; Denture</li> <li>• Inlays, Onlays &amp; Veneers</li> </ul>	50%	50%

Rates per Month	Employee Only	Employee/Spouse	Family
Employee Pays	\$7.15	\$27.07	\$55.96
Employer Pays	\$21.46	\$28.10	\$37.73
Total Premium	\$28.61	\$55.17	\$93.69



# Vision

The City of Osawatomie will contribute a monthly allowance toward the cost of vision premiums. A complete summary of benefits is available on the online enrollment platform. Employees and eligible dependents may participate in the vision plan on the first day of the month following full time employment. Eligible dependents include your legal spouse and dependent children to age 26. To locate a network provider go to [vsp.com](http://vsp.com) and choose the Choice plan network.

VSP Network	Frequency	In Network Copay
Routine exams	Once every 12 months	\$10 Copay
Frames	Once every 12 months	\$130 Retail Maximum + 20% off Balance
Standard plastic lenses	Once every 12 months	\$25 Copay
Medically Necessary Contacts (instead of glasses)	Once every 12 months	Covered (Copay Waived)
Elective Contacts (instead of glasses)	Once every 12 months	\$130 Maximum

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$2.27	\$6.17	\$5.13	\$11.04
Employer Pays	\$3.41	\$6.01	\$5.31	\$9.26
Total Premium	\$5.68	\$12.18	\$10.44	\$20.30

# Life and AD&D



## Basic Life/AD&D

Coverage is provided by the City of Osawatomie and is effective on the first day of the month following full time employment.

Basic Life/AD&D Benefit	
Benefit amount	Flat \$15,000
Reduction schedule	Benefits Reduce By: <ul style="list-style-type: none"> <li>• 35% at age 65</li> <li>• 50% at age 70</li> </ul>

## Voluntary Life/AD&D

You also have the option of purchasing additional life insurance for yourself and your spouse.

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue*	Benefit reduction/termination
Employee	\$10,000	\$150,000	Under Age 65: \$100,000 Age 65-70: \$50,000 Age 70 and over: \$10,000	Benefits Reduce By: <ul style="list-style-type: none"> <li>• 35% at age 65</li> <li>• 50% at age 70</li> </ul>
Spouse	\$5,000	\$150,000, not to exceed 100% of Employee's Amount	Under Age 65: \$25,000 Age 65-70: \$10,000	Benefits Reduce By: <ul style="list-style-type: none"> <li>• 35% at age 65</li> <li>• 50% at age 70</li> </ul>
Child(ren)	\$2,000	\$10,000, not to exceed 100% of Employee's amount	\$10,000	N/A – Coverage for children from 14 days to age 20 (26 if full-time student)

\* Without medical documentation

## Voluntary Life/AD&D Rates Per \$1000

Upon termination of this coverage, a term life portability plan is available. Contact Human Resources.

Age/Rate Table	Employee	Spouse	Child(ren)
0 - 19	\$0.141	\$0.148	\$0.479
20 - 24	\$0.141	\$0.148	\$0.479
25 - 29	\$0.141	\$0.148	\$0.479
30 - 34	\$0.167	\$0.174	
35 - 39	\$0.216	\$0.220	
40 - 44	\$0.295	\$0.297	
45 - 49	\$0.423	\$0.424	
50 - 54	\$0.592	\$0.596	
55 - 59	\$0.819	\$0.847	
60 - 64	\$1.035	\$1.148	
65 - 69	\$1.445	\$1.605	
70 - 74	\$2.674	\$2.975	
75 - 79	\$2.674	\$9.053	
80 - 84	\$2.674	\$9.053	
85 - 89	\$2.674	\$9.053	

# Disability



GUARDIAN®

## Voluntary Short-Term Disability

Employees have the option to purchase Short Term Disability effective on the first day of the month following full time employment. This important benefit provides financial security in the event of a short-term illness or accident that doesn't allow you to work.

Short-Term Disability	
Weekly Benefit	60% of weekly earnings
Elimination Period	15 <sup>th</sup> day for Accident / Sickness
Maximum Benefit Duration	26 weeks

*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.*

Weekly Premiums									
Weekly Benefit	Minimum Annual Required Salary	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$100	\$8,667	\$2.13	\$2.81	\$2.43	\$1.79	\$1.72	\$2.14	\$2.59	\$3.23
\$150	\$13,000	\$3.19	\$4.22	\$3.65	\$2.69	\$2.58	\$3.22	\$3.89	\$4.85
\$200	\$17,333	\$4.26	\$5.63	\$4.87	\$3.58	\$3.44	\$4.29	\$5.19	\$6.47
\$250	\$21,667	\$5.32	\$7.03	\$6.08	\$4.48	\$4.30	\$5.36	\$6.49	\$8.08
\$300	\$26,000	\$6.38	\$8.44	\$7.30	\$5.37	\$5.17	\$6.43	\$7.78	\$9.70
\$350	\$30,333	\$7.45	\$9.85	\$8.51	\$6.27	\$6.03	\$7.50	\$9.08	\$11.32
\$400	\$34,667	\$8.51	\$11.25	\$9.73	\$7.16	\$6.89	\$8.58	\$10.38	\$12.93
\$450	\$39,000	\$9.58	\$12.66	\$10.95	\$8.06	\$7.75	\$9.65	\$11.67	\$14.55
\$500	\$43,333	\$10.64	\$14.07	\$12.16	\$8.95	\$8.61	\$10.72	\$12.97	\$16.17
\$600	\$52,000	\$12.77	\$16.88	\$14.59	\$10.75	\$10.33	\$12.86	\$15.56	\$19.40
\$700	\$60,667	\$14.89	\$19.69	\$17.03	\$12.54	\$12.05	\$15.01	\$18.16	\$22.63
\$800	\$69,333	\$17.02	\$22.51	\$19.46	\$14.33	\$13.77	\$17.15	\$20.75	\$25.87
\$1,000	\$86,667	\$21.28	\$28.13	\$24.32	\$17.91	\$17.22	\$21.44	\$25.94	\$32.33
\$1,500	\$130,000	\$31.92	\$42.20	\$36.49	\$26.86	\$25.82	\$32.16	\$38.91	\$48.50



# Voluntary Accident

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. Fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose. Benefits include coverage for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

*This product includes a \$50 Wellness Benefit.*



	Value Plan	Advantage Plan	Premier Plan
Accident Coverage	On & Off Job	On & Off Job	On & Off Job
Accident Emergency Treatment	\$100	\$300	\$500
Accident Follow-Up Visit - Doctor	\$50/day - up to 2 visits	\$50/day up to 2 visits	\$50/day – up to 2 visits
Ambulance	\$100	\$200	\$300
Child Organized Sport	20% increase to child benefits	20% increase to child benefits	20% increase to child benefits
Chiropractic Visits	\$30/day up to 5 visits	\$50/day up to 5 visits	\$75/day up to 5 visits
Concussions	\$150	\$300	\$450
Diagnostic Exam (Major)	\$250	\$500	\$500
Eye Injury	\$250	\$500	\$750
Fracture	Schedule up to \$5,000	Schedule up to \$10,000	Schedule up to \$15,000
Hospital Admission	\$1,000	\$2,000	\$3,000
Hospital Confinement	\$250/day - up to 1 year	\$500/day - up to 1 year	\$750/day - up to 1 year
Hospital ICU Admission	\$2,000	\$4,000	\$6,000
Hospital ICU Confinement	\$500/day – up to 30 days	\$1,000/day – up to 30 days	\$1,500/day – up to 30 days
Initial Physician’s office or Urgent Care Facility Treatment	\$50	\$100	\$200
Occupational or Physical Therapy	\$25/day – up to 10 days	\$50/day – up to 10 days	\$75/day - up to 10 days
Wellness Benefit	\$50	\$50	\$50

\*Please see full benefit summary for a more comprehensive description of benefit coverage

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
<b>Accident – Value Plan</b>	\$9.20	\$14.50	\$14.50	\$19.80
<b>Accident – Advantage Plan</b>	\$18.10	\$27.60	\$27.60	\$37.10
<b>Accident – Premier Plan</b>	\$26.50	\$41.50	\$41.50	\$56.50

# Voluntary Critical Illness

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings. *This product includes a \$50 Wellness Benefit.*



Benefits			
Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$15,000. Dependents are eligible for 50%		
Covered Conditions (lump sum payments)			
	<b>Cancer</b>	<b>First Occurrence</b> <b>Second Occurrence</b>	
	Invasive Cancer	100%	100%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250 per lifetime	Not Covered
	<b>Vascular</b>		
	Heart Attack	100%	100%
	Stroke	100%	100%
	Heart Failure	100%	100%
	Arteriosclerosis	30%	0%
	<b>Other</b>		
	Organ Failure	100%	100%
Kidney Failure	100%	100%	
Group 2 Covered Conditions	First Occurrence of these additional illnesses: Addison's Disease 30%, ALS (Lou Gehrig's Disease) 100%, Alzheimer's Disease 50%, Coma 100%, Huntington's Disease 30%, Multiple Sclerosis 30%, Loss of Speech, Sight or Hearing 100%, Parkinson's Disease 100%, Permanent Paralysis 50% for 1 limb, 100% for 2 limbs, Severe Burns 100%		
Group 3 Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes		
Hospital Admission Benefit	Provides \$150 per day for each day employee is hospitalized for a condition other than the critical illnesses listed above. 10 day per year limit after a 2 day elimination period.		
Dependent Age Limit	Child birth to 26 years		

Monthly Premium - Employee							
Benefit Amounts		<30	30-39	40-49	50-59	60-63	64+
NT	\$15,000	\$7.86	\$13.88	\$25.48	\$44.97	\$72.94	\$95.39
T	\$15,000	\$11.58	\$21.58	\$45.01	\$75.85	\$124.90	\$164.99

Monthly Premium - Spouse							
Benefit Amounts		<30	30-39	40-49	50-59	60-63	64+
NT	\$7,500	\$4.80	\$7.81	\$13.60	\$23.35	\$37.33	\$52.60
T	\$7,500	\$6.66	\$11.66	\$23.37	\$38.78	\$63.32	\$83.35

Age band and tobacco status for spouse is based on employee's age and tobacco status (NT= Non Tobacco)

Premiums listed are for Issue Age and will not increase due to an insured's age. Child cost is included with employee election.

# KPERS/KP&F Benefits

All employees of the city working 1,000 or more hours per year are members of the Kansas Public Employees Retirement System (KPERS) or the Kansas Police & Fire Retirement System (KP&F) and receive the benefits in accordance with state laws and guidelines. Employees' required contribution to KPERS or KP&F will be made through payroll deduction. The employer's share is determined by KPERS or KP&F, and varies.

**Retirement Benefits** – You automatically earn service credit for the years you work in a covered position. After five years of service, you are vested and guaranteed a monthly retirement benefit for the rest of your life, provided you don't withdraw your benefits prior to retirement eligibility.

**Basic Life Insurance Benefits** – You have group life insurance equal to 150% of your annual salary. The City pays for the cost of this benefit. KPERS also returns your contributions and interest if you die. You can name a different beneficiary for these benefits.

**Optional Life Insurance** – Available to employees as part of the KPERS/KP&F benefit through Minnesota Life Insurance. During the first 30 days of employment, employees cannot be turned down for up to \$50,000 of coverage. After 30 days of employment, coverage can be turned down based on health condition. Coverage is available for purchase in \$5,000 increments from \$5,000 to \$250,000 and the cost is based on age.

Within 30 days of a family status change, employees may enroll or increase coverage by up to \$25,000 without proof of good health. This benefit can be added at any time, subject to proof of good health.

**Job-Related Death Benefits** – If you die from an on-the-job accident, your spouse will receive a monthly benefit based on 50% of your final average salary, less any Workers Compensation. The minimum benefit is \$100 per month. He or she will also receive a \$50,000 lump sum payment. This is in addition to the Basic Life and Return of Contributions.

**Disability Benefits** – If you become disabled, you may qualify for a disability benefit based on your annual salary, minus social security, worker's compensation, and any other employer-provided disability benefits. You must be totally disabled for 180 days and no longer receive any employer compensation. You must apply for Social Security benefits and complete any appeal process. The City provides this long-term disability benefit. You will continue receiving service credit and basic life insurance coverage for approved disability periods.



# Health Savings Account



A Health Savings Account (HSA) is an individually owned, tax-favored account that allows individuals to pay for qualified health care expenses. To set up or contribute to an HSA, you must be covered by a Qualified High-Deductible Health Plan (HDHP). Premiums associated with an HSA-qualified plan are usually lower than a traditional plan, allowing employees to capture the savings and fund their HSA account. HSA funds can be used to pay for any qualified out-of-pocket medical, dental or vision expenses for the account holder as well as a legal spouse and any tax dependents.

## Tax Savings

One of the best benefits of an HSA is that it offers triple tax savings on all contributions. This means that any HSA contribution can be made either pre-tax or is tax deductible at year-end. Any interest income or earnings on investments tied to your HSA also remain tax free. Lastly, as long as the HSA funds are used to pay for qualified health care expenses, then no taxes will be charged upon distribution.

## HSA Benefits

- 100% of unused funds roll over year-after-year
- Portable — the HSA goes with you even if you switch employers
- Can pay for the eligible expenses of your legal spouse and tax dependents regardless of their insurance
- Can be used for Medicare premiums as well as qualified long-term care premiums

## How an HSA Works with Insurance

The primary purpose of your HSA is to help pay any eligible out-of-pocket expenses you incur. With an HDHP, you are responsible for paying 100% of health care costs until you meet your annual deductible. However, under an HDHP all out-of-pocket-expenses (i.e., prescriptions, doctor visits, MRI, etc.) processed through your health insurance apply to your out-of-pocket maximum defined by your health plan. After you reach the out-of-pocket maximum, all eligible expenses for the remainder of the year are paid by your insurance coverage.

## HOW AN HSA WORKS



## How Do You Activate An HSA Account?

If you elect the HDHP option, you'll be prompted during the online enrollment process to elect your annual/per-pay period HSA contribution. The 2018 HSA contribution limits are listed below.

2018 IRS HSA Contribution Limit	
Individual	\$3,450
Family	\$6,900
Catch-Up Contribution (Age 55 or older)	\$1,000

# Flexible Spending Account



The City of Osawatomie has set the health FSA reimbursement limit at \$2,650. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period.

## Why Enroll?

If you could save 25% or more on your medical, dental, vision, and dependent care expenses, would you? The FSA can help you do just that.

## Healthcare FSA

With this account you are able to pay for out-of-pocket eligible medical, dental, prescription and, vision expenses. Eligible expenses include but are not limited to:

- Co-pays, coinsurance & deductible
- Hearing aids
- Dental (excludes cosmetic)
- Laser surgery
- Eyeglasses & contact lenses
- Prescriptions
- Over-the-counter (OTC) items\*
- Orthodontics
- Physical therapy & chiropractic care

\*OTC medicines and drugs require a prescription from your doctor in order to be reimbursed through an FSA. There are, however, many OTC items that do not require a prescription to be reimbursed such as:

- Contact lens supplies
- Braces & supports
- Band-aids, elastic bandages
- Denture adhesive
- Insulin & diabetic supplies
- Reading glasses
- Ostomy products
- First aid supplies

## Dependent Care FSA

If you have dependent care costs for a child under the age of 13 or a spouse or dependent, who is unable to care for themselves, you should consider the dependent care FSA.

As long as both spouses or custodial parents are employed, you can contribute up to \$5,000 pre-tax per calendar year to pay for expenses such as:

- Day care (child & adult)
- Summer day camp
- Nursery school & preschool
- Before and after school programs

## Tools and Resources

### eClaims Manager — NEW!

Sign up for eClaims Manager after you login to NueSynergy.com to have FSA reimbursements simplified. Follow the eClaims Manager prompts, and claims data for medical and dental carriers elected will be sent electronically to your NueSynergy portal. Claim forms are pre-filled for easy online claim submission and the data is used also for automatic debit card claim substantiation for expenses paid using your FSA debit card.

### NueSynergy Mobile

A free mobile app provides access to your benefit account anywhere at any time. Participants are able to securely:

- File a claim and submit documentation
- Check balances and transaction history
- View plan communications

### NueSynergy Benefits Debit Card

Your NueSynergy debit card is a convenient way to pay for eligible expenses directly from your designated benefit account, rather than paying out-of-pocket and waiting for reimbursement.

- Online and mobile account access to conveniently manage transactions
- Ability to access multiple benefit accounts with one card

# BUKATY ONLINE ENROLLMENT

*Benefit Enrollment Has Never Been Easier*

## NEW USER ENROLLMENT PROCESS

### What you will need:

Please have the following information available when you enroll:

- Your date of birth and SSN
- Your home address, telephone number and email address
- Eligible dependents' names, dates of birth and SSNs
- Beneficiary information

### Step 1: Getting Started

[www.bukaty.com/online-enrollment](http://www.bukaty.com/online-enrollment)

### Step 2: How to Register & Enroll

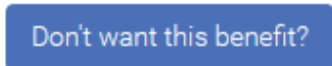
- Click on **New User Registration**
- Date of Birth: MM/DD/YYYY
- Company Identifier: COO
- Username MUST be an email address  
(Personal or work)
- Create password
- Once logged into the system, it will take you to your home screen.

### Step 3: Begin Enrollment

- Click on the **Start Benefits** tab and complete your personal information page



- Complete all Dependent information if applicable
- Make your enrollment selections for each coverage provided
- If you are waiving coverage you must select the decline enrollment option
- Click **Save & Continue** or **Don't want this benefit?** after each section



### Step 4: Complete Enrollment

- In the summary tab, review enrollment elections for accuracy and click **Agree** to confirm your enrollment
- Your enrollment process is now complete and you may log in at any time to access all your benefit information

For assistance please contact  
the Benefit Enrollment Team at  
[enrollmentsupport@bukaty.com](mailto:enrollmentsupport@bukaty.com)

## EXISTING USER ENROLLMENT PROCESS

### What you will need:

Please have the following information available when you enroll:

- Eligible dependents' names, dates of birth and SSNs
- Beneficiary information

### Step 1: Getting Started

[www.bukaty.com/online-enrollment](http://www.bukaty.com/online-enrollment)

### Step 2: How to Log in as an Existing User

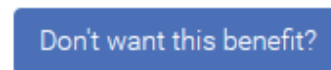
- Enter Username and Password to login
  - If you need your Username and Password reset, contact [enrollmentsupport@bukaty.com](mailto:enrollmentsupport@bukaty.com)
- Once logged into the system, it will take you to your home screen

### Step 3: Begin Enrollment

- Click on the **Start Benefits** tab and complete your personal information page



- Complete all Dependent information if applicable
- Make your enrollment selections for each coverage provided
- If you are waiving coverage you must select the decline enrollment option
- Click **Save & Continue** or **Don't want this benefit?** after each section



### Step 4: Complete Enrollment

- In the summary tab, review enrollment elections for accuracy and click **Agree** to confirm your enrollment
- Your enrollment process is now complete and you may log in at any time to access all your benefit information



# Rights and Disclosures

## *This information is intended to be shared by employees with their spouse and dependents*

### Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

### Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

### COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

### Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

### Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

### Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## Keep Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

## Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

## Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP

programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1.877.KIDS.NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1.866.444.EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

### Kansas - Medicaid

[kdheks.gov/hcf/](http://kdheks.gov/hcf/)

1.800.967.4660

### Missouri - Medicaid

[dss.mo.gov/mhd/participants/pages/hipp.htm](http://dss.mo.gov/mhd/participants/pages/hipp.htm)

573.751.2005



## Proposed Budget for 2019– Osawatomie Public Library

The Library Budget request for the 2019 fiscal year is \$160,750.84. This is to cover expenses, utilities, payroll, insurance and contracts. The requested amount is \$16,193.00 more than the 2018 budget. The reason for the increase is for the following reasons:

**Programming Budget:** Increased from \$8000 to \$10,000. It is the goal of the library to become a resource for the community and serve a multitude of purposes in the community. One of our focuses for 2018 and beyond is to create a community center environment by increasing programming. The increase of \$2000.00 will allow us to continue our strong children's programming and introduce more adult programming

**Payroll:** Increase from \$96,948 to \$105,000. In 2018 we are finally at the point where we have the resources to create a contained children's department in the lower level of the library. In order to make this a reality we must have staff coverage any time the library is open on both levels. We are asking for this increase in payroll to cover the increased personnel hours.

**Remaining:** The remaining increase is to cover increased contractals. For example, the service contract on the elevator through Schindler has increased from \$960.00 per year to \$1150.00 per year.

## Osawatomie Public Library 2019 CIP fund Requests

The Osawatomie Public Library relies on CIP funds for the maintenance of and repairs to the library building at 527 Brown Ave. For 2019 We request the following improvements:

1. Masonry Repair – The Library is currently having issues with water coming into the basement from the ground level during rain storms. After review by Blake Madden (Public Works), Rob George (Legacy Contractors) and Superior Masonry and Restoration a 2 tiered approach was suggested. First we propose to have the mortar joints re-tuck-pointed and the exterior windows re-caulked. All masonry will receive a coat of water-proofing. In addition, all damaged exterior EIFS will be repaired.

Estimated Cost: (\$7000.00)

2. Upgrade Existing Ceiling Lighting – At this time the library currently has the overhead lighting that was installed in the building when it was built in 1980. We currently must call and request light bulbs be changed in a monthly basis as the ballasts are wearing out regularly. In addition to the labor costs and costs of continuously replacing bulbs – the bulbs themselves are getting harder to find. We propose to upgrade all overhead lighting to LED. We have 143 lights using 80 Watts per. The upgrade would take the wattage down to 32. This will result in a savings of approximately \$6000.00 over 6 years.

Estimated Cost: (\$6792.50)

3. Resurface Parking Lot – Due primarily to drainage issues the parking lot of the library is in very poor condition. After every storm, large pot holes appear. The city crew have been very responsive to repairing these holes, but if it is a busy time of year, or other storm damage takes precedent, the potential damage to cars exists until such time as the repair can be completed. In addition the library staff have taken great pains to present the library as a location the city can be proud of. The existing condition of the parking lot does not support that vision. We propose to work with city crews to have the parking lot milled, drainage issues addressed and the lot resurfaced.

Estimated Cost: (\$30,000)

Future CIP Improvements: At this time the library board continues their efforts to explore potential grant opportunities to expand the existing library. Once drainage issues are addressed we foresee no immediate capital improvements needed for 2020. Eventually, we would like to have the ventilation needed to install an oven in the basement to continue to expand our program options.

# GOLF COURSE

## CIP highlights and information

Grant and I worked through the CIP budget and what we were able to come up is as follows

-2018

Finish cart path work on the back nine. We will be using the carryover amount of \$10,401 from 2017. Projected start date of November.

The split rail fence that runs the length of hole 5 with the west lake road is needing replaced. I was able to work up a close estimate of \$6,900. Almost every post is rotten and most of the rails have weathered enough that they do not fit anymore.

Utilize the \$5,000 under the equipment to expand the cart fleet.

-2019

Replace rough mower. Currently we are using a Bush hog 15ft pull behind mower. Last season this machine totaled 34 hours in repairs which was just over a third of total repair hours for last season. This year we have already spent 7.5 hours repairing this machine. We have had to purchase two tires and repair a drive shaft plus a few other repairs. This is our primary machine to mow rough. It takes about 24-28 hours to mow rough a week, and a dependable mower is needed.

-2020

Replace John Deere Gator- \$12,00 used approximate ~3,600 hours

Replace John Deere greens mower ~ 4,500 hrs or trim mower ~ 4,000 hrs - \$12,000 - \$16,000

. The John Deere machines are 2005 models.

Purchase Dakota topdresser – This could be either a pull behind or mounted on a either a gator or workman. We do have a small topdresser currently it is a tow behind that is a drop style. It only drops sand the width of the machine meaning the operator must make multiple passes across each green or tee to evenly distribute the sand. The Dakota brand has spinners on it, which cuts down the amount of trips across the green and spreads the more evenly.

Finding a used topdresser is very difficult. Most golf courses use them until they become unusable. The average cost of a new one is about \$14,000

2021

Replace John Deere fairway mower ~4,300 hrs - \$30,000 used

Replace Toro workman

2022

Replace Toro fairway mower

Replace Toro greens mower

I try to look for equipment that is coming off lease that the dealers want to liquidate. We can usually get decent equipment for close to half original cost if not cheaper. Most equipment coming off lease is low hours and maintenance records are usually included.

Facilities

2021 and beyond

Remove the trailer house on hole 14 and build new maintenance facility, with on course bathrooms and upgrade irrigation controls and software. ~ 200k

That amount is a very rough estimate but it is important that as the overall operation improves we are looking forward and planning for these bigger picture items.

# CAPITAL IMPROVEMENT PROPOSAL

(2019)

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**2019** (Total CIP Request of \$69,040.00.)

- The **Patrol Vehicle** situation has improved with the recent acquisitions from Lawrence PD. The PD is requesting we stay on track with a new vehicle purchase every two years in order to keep maintenance costs to a minimum. Replacing a vehicle every two years would insure that the City/Police Department is never in a situation where it needs to replace multiple vehicles in a single budget year. We would like to purchase a new Patrol Vehicle in 2019 and put the current 2010 Charger (Unit #7) out of service. This vehicle is currently being used by the SRO. This vehicle continues to be plagued with heater and battery issues. In 2019 the PD plans on assigning Unit 3 to the School Recourse Officer, in an attempt to keep the miles down. Unit 3 is a high mileage vehicle, with a front end that cannot be aligned. Our hope is that Unit #3 will last until 2020, at which time we could acquire a good quality used patrol vehicle. As we have found when ordering the new patrol vehicle and equipment for 2017, the cost of a new vehicle and equipment is roughly \$40,000. We are estimating that the cost for a 2019 SUV, and equipment install to be around (\$42,000.)
- The Police Department is in need of upgrading and replacing its current **Radio Repeater System**. The cost of a new digital repeater is approximately \$5,000, assuming the new repeater is installed at its current location. It has even been discussed with sheriff staff that we jointly move the repeater location to either the Brown Water Tower, or the “stick tower” located within the R.R. yard. Currently there is discussion going on with the Union Pacific R.R. as it relates to the stick tower, and the use of this tower would obviously improve the signal from what we are using at the power plant.

Currently issue is clear communication between Officers and Dispatch. Ever since the communication center was moved, OPD Officers continue to have problems transmitting to dispatch. These issues have been brought to TFM’s attention, and they have expressed concern as to the height of the repeater tower on the power plant in relation to the height of the antenna located at the station. This concern as it relates to the antenna heights was voiced prior to the PD moving. Currently officers have to re-transmit their radio traffic as many as four or five times before the transmission are received. Most of the radio issues revolve around officers transmitting on portables within the City and mobile transmissions out on the highway. As a side note, the MISO Deputies have trouble communicating with their dispatch in the southwest portion of Miami County. The MISO repeater is currently located near 169 Hwy and 271 Street, and it has been discussed to add a repeater with our system either at the Brown Street Water Tower, or the R.R. yard. Cost of replacement and labor to install the system is estimated on the high side at \$10,000. This cost may be less depending upon what MISO may be willing to assist with, or we keep the repeater at the current location. (\$10,000)

- The PD is in need of an Emergency Radio Traffic recording system. Currently the PD is out of compliance with the law as it relates to radio communications. Bill Justesen has estimated that a good quality recording system will run just under \$10,000. This estimate was obtained through VPI. Justesen indicated the cost may be less since we do not need the phone recording portion of the system. We checked with TFM in Topeka, and Troy Fair advised there is a recorder named Even Tide and the estimated cost of equipment and install at \$13,000 for long term storage. (90 days) (\$13,000)
- The maintenance at the range has been neglected for many years, and the gravel has almost disappeared. The range cannot be used if the ground is moist. We are currently making plans to fix up the range, doing some dirt work, and if approved, laying down more chat. The cost of the chat is estimated at about \$4,500 on the high side. The rest of the maintenance costs for the range will be either donated or hourly wage. (\$2,500)
- The Motorola portable, HT1250's, that we are currently using are about 20 plus years old. I would like to replace a minimum of two portable radios in 2019. The cost per Mototurbo portable radio is \$770.00 each. (\$1,540.00)

OSAWATOMIE POLICE DEPT.

CHIEF ELLIS / DEP. CHIEF STUTEVILLE

04/03/2018

# **POLICE**

OSAWATOMIE

## **2019 Budget**

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Listed below are the Line Items of the 2019 Budget for which an increase is requested. All other Line Items in the 2019 Budget are the same as the 2018 Approved Budget.

### **Acct. Class: 7100 Personal Services**

#### **Line Item #700.101 Salaries**

The 2019 **Estimated Salary** was derived by using the Approved 2018 Salary Budget of \$754,002.00. The only change was the addition of a Patrol Officer position.

**Additional Officer:** With the number of current Officers, the Police Department struggles to have an adequate and safe number of Officers on every shift. Not only has the Police Department's call load increased, but the amount of self-initiated activity has increased as well. I would venture to say that the Osawatome Police Department, by far, has the highest call load of any Law Enforcement Agency within Miami County. Another issue we have found to be difficult with the number of current Officers is finding coverage to allow individuals to burn comp time, take vacations and/or coverage of sick days. In the past 4 months, the Police Department has made an effort to lower the amount of Comp Time on the books as to not cause any unforeseen financial burdens to the City. However, it is very difficult to find coverage without creating additional overtime. The salary of one additional Patrol Officer was figured at \$18.00 per hour. The addition of this position would add \$37,440.00 to the 2019 Budget. **The estimated Annual Salary Budget for 2019 (with the addition of one Patrol Officer) is; \$791,442.00.**

#### **Line Item #700.102 Overtime**

The 2018 **Estimated Overtime Budget** was derived by using 8% of the Annual Estimated Salary as a template. **The estimated Overtime Budget for 2019 using 8% as a template is; \$63,315.36.**

### **Acct. Class: 7200 Contractual Services**

#### **Line Item #700.204 Insurance**

Due to the date of submission of this document, I obviously do not know the *actual* costs of Insurance in 2018. However, the *actual* costs of **Insurance** in 2017 was \$20,650.47. The Police Department would request that the amount of \$21,000.00 be approved for the 2019 Insurance line item. **The estimated cost of Insurance for 2019 is; \$21,000.00.**

#### **Line Item #700.205 Education, Meetings and Travel**

The approved funds in 2018 for **Education, Meetings & Training** was \$4,500.00. The Police Department would request that an additional of \$1,500.00 be added to this line item. **The estimated cost of Education, Meetings & Travel for 2019 is; \$6,000.00.**

### **Line Item #700.209 Maintenance of Machinery and Equipment**

The actual funds spent in 2017 for **Maintenance of Machinery/Equipment** was \$16,684.00. In 2018 the Police Department was approved for \$8,500.00 in this line item. The Police Department would like to request at least another \$1,500.00 for this line item. [The estimated costs of Maintenance of Machinery/Equipment for 2019 is; \\$10,000.00.](#)

### **Line Item #700.302 Clothing and Personal Supplies**

The actual funds spent in 2017 for **Clothing & Personal Supplies** was \$5,044.09. In 2018 the Police Department was approved for \$4,600.00 in this Line Item. The Police Department would request that this amount be raised by \$400.00. [The estimated cost of Clothing & Personal Supplies for 2019 is; \\$5,000.00.](#)

### **Line Item #700.304 Machine Parts and Supplies**

The 2019 **Machine Parts & Supplies Budget** was derived by using the Approved 2018 Machine Parts & Supplies Budget of \$12,000.00. In addition the 2018 approved budget of \$12,000.00, the Police Department is in need of additional ammunition for yearly qualifications and we're also in need of additional cartridges and batteries for our Tasers. As of now we are taking these shortfalls out of other line items. The Police Department would request an additional \$3,000.00 to cover these expenses. [The estimated cost of Machine Parts & Supplies for 2019 is; \\$15,000.00.](#)

### **Line Item #700.309 Motor Fuels and Lubricants**

The 2019 **Motor Fuels & Lubricants Budget** was derived by using the Approved 2018 Motor Fuels & Lubricants Budget of \$18,000.00. With the projected rise in fuel costs, the Police Department would request an additional \$4,000.00 for this Line Item. [The estimated cost of Fuels & Lubricants for 2019 is; \\$22,000.00.](#)

### **Line Item #700.313 Narcotic K-9**

Due to the Police Department now having a K-9, there will be expenses such as; kennel fees when the handler is out of town, veterinary bills and miscellaneous K-9 related expenses. As the K-9 is new to this department it is unknown the exact amount of such expenses, but it is felt that some amount should be budgeted as to not cause financial shortfalls in the future. [The estimated cost of the Narcotic K-9 Budget for 2019 is; \\$1,000.00.](#)

### **Acct. Class: 7400 Capital Improvement & Outlay**

### **Line Item #700.401 Building & Fixed Equipment**

The current building the Police Department is in, is occasionally in need of minor repairs. A couple of doors and door jams need replaced, the door locking system is continually being worked on and a few other minor jobs. We currently have nothing budgeted for this line item. As we work on these types of projects the funds are coming from other line items. The amount is minimal, however, it is felt that we should put something in this line item as to not create shortfalls somewhere else. [The estimated cost of Building & Fixed Equipment for 2019 is; \\$1,000.00.](#)

### **Line Item #700.413 Computer Equipment & Software**

The 2019 **Computer Equipment & Software Budget** was derived by using the Approved 2018 Computer Equipment & Software Budget of \$2,000.00. The Police Department has numerous computers that are outdated and need replaced. In an attempt to keep costs down, our plans are to replace two computers per year until all outdated computers are replaced. The Police Department would request an additional \$4,000.00 be added to this Line Item. [The estimated cost of Computer Equipment & Software for 2019 is; \\$6,000.00.](#)





Osawatomie Fire Department  
P.O Box 37  
Osawatomie, KS 66064  
Dispatch: 913-755-2101

## 2018-2022 Fire Department CIP Requests

### 1) 2018 - \$5,000.00 - Upgrade the current SCBA compressor

The current SCBA compressor needs to be upgraded to 6000 PSI due to our move from 2200 psi SCBA systems to 4500 psi. Currently the compressor has to run constantly to keep up because it cannot store over 4500 psi. This will have a minimal impact to the annual operating budget. Maintenance will be comparable to what we are currently paying. There will be a savings in energy costs and staff efficiency.

### 2) 2018 - \$65,000.00 – Roof and gutter repair

The roof leaks in many areas and has for several years. Insulation is moldy and waterlogged in several areas of the building and many holes have been made in the insulation to allow the water to drain. A new roof coating seems to be the best repair option. Several gutters and downspouts that have been damaged and fail to move water away from the building will also need to be replaced. This will have a moderate impact to the annual operating budget. There will be savings in roof maintenance and repair costs. Additionally, after roof is repaired, the insulation can be dried and treated to provide a mold-free environment for the fire department staff.

*Update 6/14/2018: We now believe this estimate to be quite high. We would definitely like to get this completed prior to buildout/remodel of station.*

### 3) 2019 - \$10,000.00 – Backup generator and transfer switch

The department needs a backup generator and transfer switch to power the station (lights, doors, EOC, etc.) until the city generators can be started. This will have a minimal impact to the annual operating budget; however, it will have a significant impact on continuity of service during emergencies.

### 4) 2020 - \$7,000.00 – Large diameter hose

The department will need to replace 1,175' of 5" large diameter hose because the current hose is nearly 20 years old and beginning to fail. This will have a minimal impact to the annual operating budget.

*Update 6/14/2018: As we purchased new LDH with the ladder truck, we now recommend delaying this until replacement of the pumper scheduled in CIP for 2022.*

### 5) 2020 - \$50,000.00 – Chief's vehicle

The current Chief's vehicle is rusting and maintenance issues are becoming more frequent due to age and use. This will have a moderate impact to the annual operating budget. Maintenance will be reduced as the new vehicle should require less repairs and there is a potential savings in fuel efficiency. The current chief vehicle will be taken out of service.

*Update 6/14/2018: Very questionable if it will make it that far. Bids to repair exhaust manifolds are nearly \$1,000.00. Numerous other issues are developing/worsening. Don has previously advised we could shop used but we have yet to find an appropriate, affordable vehicle.*

### 6) 2022 - \$500,000.00 – City pumper

1991 Pierce Pumper will need to be retired due to age and the need to establish a routine vehicle replacement plan. The end goal will be for our normal, first alarm response for structure fires to include the Quint and 2 pumpers. This will allow us to meet equipment and personnel levels as required for compliance with NFPA 1720. This will have a moderate impact to the annual operating budget. Maintenance will be reduced as the new vehicle should require less repairs.

Other Discussion: Radio Upgrade, Ladder in Service, New Extractor, New PR Equipment, Dive Program

May 18, 2018		Prior	
Wauwatamie Police Department		Month	Change
Activity Report		Change	Prior Year
		Change	Change
28	Warrant Arrests	22	27
49	Other Arrest and /or Charges filed	6	56
237	Traffic Stops	161	359
192	Suspicious Activ., Inv. Persons, Ped Checks, Prowlers	159	121
16	Traffic Accident Calls	15	22
51	Assist EMS	52	47
83	Fights , Disturbance, Assaults, Domestic, Harras, Violation of Protection Orders, Trespass	29	46
3	Sex crimes	1	2
31	Damage to Prop., Thefts, Burglarys,	25	33
7	Drug Case or Calls	5	3
11		13	19
49	Animal calls	46	59
4	Child in Need of Care, Runaways, Missing Children	5	7
20	Vehicle Lock outs	13	17
74	Escorts, Civil Stand-bys, 911 Misdiags, Motor Assist, X-Patrol, Alarm Calls, Welfare Checks, building checks	80	61
64	Citizen Inquires	114	66
111	Calls for service otherwise not classified	95	115
101	Assist Out Side Agency, Loud Music, , Traffic Haz, Driving Complaints, Drug Testing Finger Printing, Open Doors, Follow-ups, Found Property, Warrant Attempts, etc..	96	92
1071	Calls handled by Officers	918	1152
<b>1432</b>	<b>* Totals occurrences for the month</b>	<b>1295</b>	<b>1389</b>
140	Traffic Citations	91	257
77	Other Citations	68	27
<b>217</b>	<b>Total Citations</b>	<b>159</b>	<b>284</b>

\* Total occurrences for the month include calls for service and dispatch activity, such as the issuance of burn permits, accepting fine payments, logging vehicle fuel, county fire calls, and other public assistance.

CASH TRANSACTIONS REPORT

YEAR: THROUGH APRIL  
City of Osawatomie

Page: 1  
6/5/2018  
4:25 pm

Account Number		Beginning Balance	Debit	Credit	Ending Balance
<b>100.101 CASH &amp; INVESTMENTS</b>					
100.101 CASH & INVESTMENTS					
01-000-100.101	CASH & INVESTMENTS	359,414.51	1,118,755.35	880,015.06	598,154.80
02-000-100.101	CASH & INVESTMENTS	214,466.04	361,951.01	302,146.72	274,270.33
03-000-100.101	CASH & INVESTMENTS	435,765.21	1,297,096.57	1,159,920.01	572,941.77
04-000-100.101	CASH & INVESTMENTS	167,293.43	413,399.00	303,843.56	276,848.87
05-000-100.101	CASH & INVESTMENTS	13,817.59	40,255.92	41,949.19	12,124.32
06-000-100.101	CASH & INVESTMENTS	142,919.70	15,127.35	3,062.29	154,984.76
07-000-100.101	CASH & INVESTMENTS	0.00	18.27	18.27	0.00
08-000-100.101	CASH & INVESTMENTS	0.00	0.00	0.00	0.00
09-000-100.101	CASH & INVESTMENTS	91,669.73	20,942.16	10,039.75	102,572.14
10-000-100.101	CASH & INVESTMENTS	0.00	0.00	0.00	0.00
11-000-100.101	CASH & INVESTMENTS	82,338.03	7,071.80	0.00	89,409.83
12-000-100.101	CASH & INVESTMENTS	184,943.24	59,108.26	12,390.63	231,660.87
13-000-100.101	CASH & INVESTMENTS	193,896.28	326,763.79	130,640.00	390,020.07
14-000-100.101	CASH & INVESTMENTS	22,442.51	306,943.36	216,806.19	112,579.68
15-000-100.101	CASH & INVESTMENTS	0.84	40,300.50	40,300.50	0.84
16-000-100.101	CASH & INVESTMENTS	222,860.37	318,023.30	252,136.19	288,747.48
17-000-100.101	CASH & INVESTMENTS	0.00	2.28	2.28	0.00
18-000-100.101	CASH & INVESTMENTS	11,035.48	79,505.58	79,300.33	11,240.73
19-000-100.101	CASH & INVESTMENTS	0.00	0.00	0.00	0.00
20-000-100.101	CASH & INVESTMENTS	9,897.41	0.00	0.00	9,897.41
21-000-100.101	CASH & INVESTMENTS	0.00	0.00	0.00	0.00
22-000-100.101	CASH & INVESTMENTS	35,772.24	18,401.25	7,011.54	47,161.95
23-000-100.101	CASH & INVESTMENTS	12,899.79	0.00	0.00	12,899.79
24-000-100.101	CASH & INVESTMENTS	132,645.97	32,500.00	55,223.40	109,922.57
25-000-100.101	CASH & INVESTMENTS	1,730,623.32	0.00	435,007.35	1,295,615.97
26-000-100.101	CASH & INVESTMENTS	4,000.00	0.00	0.00	4,000.00
27-000-100.101	CASH & INVESTMENTS	269,023.13	16.90	189,910.22	79,129.81
28-000-100.101	CASH & INVESTMENTS	0.00	0.00	0.00	0.00
30-000-100.101	CASH & INVESTMENTS	0.00	2,858,862.90	2,858,862.90	0.00
33-000-100.101	CASH & INVESTMENTS	951,631.80	6,099.20	251,155.58	706,575.42
43-000-100.101	CASH & INVESTMENTS	149,992.60	145,241.68	100,362.50	194,871.78
50-000-100.101	CASH & INVESTMENTS	62,520.36	16,635.98	11,156.81	67,999.53
51-000-100.101	CASH & INVESTMENTS	7,401.00	0.00	0.00	7,401.00
52-000-100.101	CASH & INVESTMENTS	15,251.54	9,122.42	11,249.42	13,124.54
53-000-100.101	CASH & INVESTMENTS	1,918.17	7,611.94	1,618.11	7,912.00
54-000-100.101	CASH & INVESTMENTS	0.00	0.00	0.00	0.00
55-000-100.101	CASH & INVESTMENTS	0.01	0.00	0.00	0.01
56-000-100.101	CASH & INVESTMENTS	0.00	239,334.88	5,685.19	233,649.69
Total for 100.101		5,526,440.30	7,739,091.65	7,359,813.99	5,905,717.96
<b>Total for 100.101</b>		<b>5,526,440.30</b>	<b>7,739,091.65</b>	<b>7,359,813.99</b>	<b>5,905,717.96</b>
Grand Totals:		5,526,440.30	7,739,091.65	7,359,813.99	5,905,717.96