City of Lakeland
2020 Prelim Budget - City Clerk and Staff

Description	City Clerk	Deputy Clerk	Other	Total
Annual Wages/Other Pay	$31,200	$41,600	$12,000	$84,800
Hourly Rate	$25.00	$20.00		
Pay Increase 2.5%	$936	$1,248		$2,184
Contingency	$0	$0	$6,000	$6,000
Employer Paid Taxes/Benefits				
Soc Sec/Medicare 7.65%	$2,458	$3,278		$5,736
PERA 7.75%	$2,491	$3,321		$5,811
Health/Dental Ins	$9,000	$9,000		$18,000
Life/Disability	$360	$360		$720
Subtotal - Emp Pd Taxes/Benefits	$14,309	$15,959	$0	$30,268
Employer Pd Taxes/Benefits % of Wages	45.86%	38.36%	0.00%	35.69%
Total Wages & Emp Pd Taxes/Benefits	$46,445	$58,807	$18,000	$123,252
Other Expenses:				
Office Supplies				$0
Miscellaneous				$500
				$0
Total Budget				$123,752
Allocated to Water Utility & Other Depts	0%	0.0%		$0
Net General Fd Budget for City Clerk & Staff				$123,752

AGENDA ITEM
8C

HEALTHPARTNERS MN MEDICAL PRODUCT RATE SHEET (ACA)

HP SE HSA Embedded Gold $3000-100%

Age	Renewal Rate
0-17	$323.64
18	$323.64
19	$323.64
20	$323.64
21	$363.64
22	$363.64
23	$363.64
24	$363.64
25	$365.09
26	$372.37
27	$381.09
28	$395.28
29	$406.91
30	$412.73
31	$421.46
32	$430.19
33	$435.64
34	$441.46
35	$444.37
36	$447.28
37	$450.19
38	$453.10
39	$458.91
40	$464.73
41	$473.46

Age	Renewal Rate
42	$481.82
43	$493.46
44	$508.01
45	$525.10
46	$545.46
47	$568.37
48	$594.55
49	$620.37
50	$649.46
51	$678.19
52	$709.83
53	$741.83
54	$776.37
55	$810.92
56	$848.37
57	$886.19
58	$926.55
59	$946.55
60	$986.92
61	$1,021.83
62	$1,044.74
63	$1,073.47
64	$1,090.92
65-115	$1,090.92

Remember...

HEALTHPARTNERS MN MEDICAL PRODUCT RATE SHEET (ACA)

HP SE HSA Embedded Bronze $6500-100% Achieve Network

Age	Renewal Rate
0-17	$242.76
18	$242.76
19	$242.76
20	$242.76
21	$272.76
22	$272.76
23	$272.76
24	$272.76
25	$273.85
26	$279.31
27	$285.85
28	$296.49
29	$305.22
30	$309.58
31	$316.13
32	$322.68
33	$326.77
34	$331.13
35	$333.31
36	$335.49
37	$337.68
38	$339.86
39	$344.22
40	$348.59
41	$355.13

Age	Renewal Rate
42	$361.41
43	$370.14
44	$381.05
45	$393.87
46	$409.14
47	$426.32
48	$445.96
49	$465.33
50	$487.15
51	$508.70
52	$532.43
53	$556.43
54	$582.34
55	$608.25
56	$636.35
57	$664.72
58	$694.99
59	$709.99
60	$740.27
61	$766.46
62	$783.64
63	$805.19
64	$818.28
65-115	$818.28

Remember...

MNsure

Back to all plans

	Total Expense Estimate Low	Total Expense Estimate Low	Total Expense Estimate Low
	UCare M Health Fairview ...	SmartCare $6,900 HSA Bro...	Bold by M Health Fairvie...
	BRONZE HMO	BRONZE PPO	BRONZE EPO
	$303.19 /month after $90.00 tax credit	$327.11 /month after $90.00 tax credit	$333.24 /month after $90.00 tax credit
	ADD	ADD	ADD

Summary

Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	PPO	EPO
HSA-compatible	No	Yes	No

Yearly Deductible & Out-of-Pocket Maximum (In Network)

Yearly Deductible	$5900 (Individual)	$6900 (Individual)	$6850 (Individual)
Out-of-Pocket Maximum	$8550 (Individual)	$6900 (Individual)	$8550 (Individual)

Doctor Office Visits

Primary Care Visit	First 3 visits at $60 Copay,	No Charge after deductible	First 3 visits at $60 Copay with deductible,

MNsure

Back to all plans

	Total Expense Estimate Low	Total Expense Estimate Medium	Total Expense Estimate Medium
	ucare	MEDICA Individual & Family Health Plans	HealthPartners
	UCare Bronze HSA	Medica Applause Bronze C...	Peak $6,250 Plus Bronze
	BRONZE HMO	BRONZE EPO	BRONZE PPO
	$315.73 /month after $90.00 tax credit	$385.87 /month after $90.00 tax credit	$366.95 /month after $90.00 tax credit
	ADD	ADD	ADD
Summary			
Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	EPO	PPO
HSA-compatible	Yes	No	No
Yearly Deductible & Out-of-Pocket Maximum (In Network)			
Yearly Deductible	$6950 (Individual)	$7200 (Individual)	$6250 (Individual)
Out-of-Pocket Maximum	$6950 (Individual)	$8550 (Individual)	$8550 (Individual)
Doctor Office Visits			
Primary Care Visit	No Charge after deductible	$90 Copay	First 3 visits at $0 Copay with deductible,

MNsure

Back to all plans

	Total Expense Estimate Medium	Total Expense Estimate Low	Total Expense Estimate Medium
	ucare	MEDICA Individual & Family Health Plans	HealthPartners
	UCare Silver	Bold by M Health Fairvie...	SmartCare $3,000 HSA Sil...
	SILVER HMO	SILVER EPO	SILVER PPO
	$417.11 /month after $90.00 tax credit	$387.49 /month after $90.00 tax credit	$394.26 /month after $90.00 tax credit
	ADD	ADD	ADD

Summary

Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	EPO	PPO
HSA-compatible	No	No	Yes

Yearly Deductible & Out-of-Pocket Maximum (In Network)

Yearly Deductible	$2900 (Individual)	$3900 (Individual)	$3000 (Individual)
Out-of-Pocket Maximum	$7900 (Individual)	$8550 (Individual)	$6900 (Individual)

Doctor Office Visits

Primary Care Visit	First 3 visits at $30 Copay,	$45 Copay	20% Coinsurance after deductible

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Back to all plans

	Total Expense Estimate High	Total Expense Estimate High	Total Expense Estimate Medium
	ucare	HealthPartners	MEDICA Individual & Family Health Plans
	UCare Gold	SmartCare $1,000 w/Copay...	Bold by M Health Fairvie...
	GOLD HMO	GOLD PPO	GOLD EPO
	$539.60 /month after $90.00 tax credit	$501.42 /month after $90.00 tax credit	$494.00 /month after $90.00 tax credit
	ADD	ADD	ADD

Summary

Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	PPO	EPO
HSA-compatible	No	No	No

Yearly Deductible & Out-of-Pocket Maximum (In Network)

Yearly Deductible	$900 (Individual)	$1000 (Individual)	$1100 (Individual)
Out-of-Pocket Maximum	$7300 (Individual)	$7600 (Individual)	$8550 (Individual)

Doctor Office Visits

Primary Care Visit	$20 Copay	$30 Copay	$25 Copay

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Back to all plans

Total Expense Estimate **High**

BlueCross BlueShield Minnesota

Blue Plus Minnesota Valu...

GOLD PPO

$517.62 /month

after $90.00 tax credit

ADD

Summary

Doctors & Facilities	View Directory
Plan Type	PPO
HSA-compatible	No

Yearly Deductible & Out-of-Pocket Maximum (In Network)

Yearly Deductible	$1100 (Individual)
Out-of-Pocket Maximum	$7500 (Individual)

Doctor Office Visits

Primary Care Visit	$30 Copay
Specialist Visit	$60 Copay

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Back to Preferences

Medical Plans | 6 Dental Plans

0

Dental Coverage

For 1 Member in ZIP code 55082.

Anticipated coverage start date 01/01/2021

SORT BY

- (•) Monthly Price
- ( ) Yearly Deductible
- ( ) Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE

- [ ] PPO

PLAN TIER

- [ ] Low
- [ ] High

YEARLY DEDUCTIBLE

- [ ] $49 and under
- [ ] $50 to $99
- [ ] $100 and over

COMPANY

- [ ] Delta Dental of Minnesota
- [ ] Dentegra Insurance Company

DELTA DENTAL

Delta Dental Bronze + De...

LOW PPO

$14.95 /month

Routine Dental (Adult)	$0 Copay
Dental Checkup (Child)	$0 Copay
Yearly Deductible (Child)	$50
Out-Of-Pocket Max	$350

[ ] COMPARE DETAILS ADD

DENTEGRA Insurance Company

Dentegra Dental PPO Fami...

LOW PPO

$20.08 /month

Routine Dental (Adult)	0% Coinsurance
Dental Checkup (Child)	0% Coinsurance
Yearly Deductible (Child)	$65

Out-Of-Pocket Max $350

COMPARE DETAILS ADD

Delta Dental Silver + De...

LOW PPO

$27.15 /month

Routine Dental (Adult) $0 Copay

Dental Checkup (Child) 50% Coinsurance

Yearly Deductible (Child) $50

Out-Of-Pocket Max $350

COMPARE DETAILS ADD

Delta Dental Gold + Delt...

LOW PPO

$41.75 /month

Routine Dental (Adult) $0 Copay

Dental Checkup (Child) $0 Copay

Yearly Deductible (Child) $50

Out-Of-Pocket Max $350

COMPARE DETAILS ADD

Dentegra Dental PPO Fami...

HIGH PPO

$43.43 /month

Routine Dental (Adult) 0% Coinsurance

Dental Checkup (Child)	0% Coinsurance
Yearly Deductible (Child)	$65
Out-Of-Pocket Max	$350

☐ COMPARE DETAILS **ADD**

DELTA DENTAL

Delta Dental Platinum + ...

LOW PPO

$50.95 /month

Routine Dental (Adult)	$0 Copay
Dental Checkup (Child)	$0 Copay
Yearly Deductible (Child)	$50
Out-Of-Pocket Max	$350

☐ COMPARE DETAILS **ADD**