

**Personnel Committee Meeting**  
**Tuesday, June 18, 2024 5:00 PM**  
**Crete City Hall**  
**243 E 13th Street**  
**Crete, NE 68333**

**1. Open Meeting**

- In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
- Items listed on the agenda may be considered in any order.

**2. Roll Call**

- Attendance of members will be recorded to determine the presence of a quorum for official actions.

**3. Items of Business**

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.

3.A. Consider the Mid-America Health Reimbursement Arrangement Amendments

3.B. Consider Ordinance 2205 updating the non-union pay scale.

**4. Officers' Reports**

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

**5. Adjournment**

**Disclaimers & Notices**

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at [www.crete.ne.gov](http://www.crete.ne.gov).



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.**

For more information about your coverage, or to get a copy of the complete terms of coverage, contact your employer or Mid-American Benefits, LLC at 402-571-6224 or 800-364-9505. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 402-571-6224 or 800-364-9505 to request a copy.

**This document contains only a partial description of the benefits, limitations, exclusions, and other provisions of this health care plan. It is not a Plan document. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions, and Plan limitations. In the event there are discrepancies between this document and the Plan document, the terms and conditions of the Plan document will govern.**

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In- <u>Network</u> \$3,000.00 individual \$3,200.00 individual within a family \$6,000.00 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Refer to the SBC of the Integrated Group Health Plan	Refer to the SBC of the Integrated Group Health Plan
Are there other <u>deductibles</u> for specific services?	Refer to the SBC of the Integrated Group Health Plan	Refer to the SBC of the Integrated Group Health Plan
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In- <u>Network</u> \$3,000.00 individual \$3,200.00 individual within a family \$6,000.00 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. After the HRA Out-of-Pocket limit is met, the employee is responsible for charges subject to the terms of the Integrated Group Health Plan. Refer to the SBC of the Group Health Plan.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, penalties	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Refer to the SBC of the Integrated Group Health Plan	Refer to the SBC of the Integrated Group Health Plan
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Refer to the SBC of the Integrated Group Health Plan	Refer to the SBC of the Integrated Group Health Plan

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	<u>Specialist</u> visit	Refer to the SBC of the Integrated Group Health Plan		
	<u>Preventive care/screening/immunization</u>	Refer to the SBC of the Integrated Group Health Plan		
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	Imaging (CT/PET scans, MRIs)	Refer to the SBC of the Integrated Group Health Plan		
If you need drugs to treat your illness or condition	Generic drugs	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	Preferred brand drugs	Refer to the SBC of the Integrated Group Health Plan		
	Non-preferred brand drugs	Refer to the SBC of the Integrated Group Health Plan		
	<u>Specialty drugs</u>	Refer to the SBC of the Integrated Group Health Plan		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	Physician/surgeon fees	Refer to the SBC of the Integrated Group Health Plan		
If you need immediate medical attention	<u>Emergency room care</u>	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	<u>Emergency medical transportation</u>	Refer to the SBC of the Integrated Group Health Plan		
	<u>Urgent care</u>	Refer to the SBC of the Integrated Group Health Plan		
If you have a hospital stay	Facility fee (e.g., hospital room)	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	Physician/surgeon fees	Refer to the SBC of the Integrated Group Health Plan		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	Inpatient services	Refer to the SBC of the Integrated Group Health Plan		

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	Childbirth/delivery professional services	Refer to the SBC of the Integrated Group Health Plan		
	Childbirth/delivery facility services	Refer to the SBC of the Integrated Group Health Plan		
If you need help recovering or have other special health needs	<u>Home health care</u>	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	<u>Rehabilitation services</u>	Refer to the SBC of the Integrated Group Health Plan		
	<u>Habilitation services</u>	Refer to the SBC of the Integrated Group Health Plan		
	<u>Skilled nursing care</u>	Refer to the SBC of the Integrated Group Health Plan		
	<u>Durable medical equipment</u>	Refer to the SBC of the Integrated Group Health Plan		
<u>Hospice services</u>	Refer to the SBC of the Integrated Group Health Plan			
If your child needs dental or eye care	Children's eye exam	Refer to the SBC of the Integrated Group Health Plan		Refer to the SBC of the Integrated Group Health Plan
	Children's glasses	Refer to the SBC of the Integrated Group Health Plan		
	Children's dental check-up	Refer to the SBC of the Integrated Group Health Plan		

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Please check the terms of the Summary Plan Description of the Integrated Group Health Plan

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Please check the terms of the Summary Plan Description of the Integrated Group Health Plan

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x-61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact your employer or Mid-American Benefits, LLC at 402-571-6224 or 1-800-364-9505 or visit us at [www.mid-americanbenefits.com](http://www.mid-americanbenefits.com).

**Does this plan provide Minimum Essential Coverage? No**

**This HRA plan, by itself, does not provide minimum essential coverage. These requirements may be satisfied in coordination with the major medical plan of which this HRA is a component piece. Please refer to the SBC of the Integrated Group Health Plan.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? No**

**This HRA plan, by itself, does not provide minimum essential coverage. These requirements may be satisfied in coordination with the major medical plan of which this HRA is a component piece. Please refer to the SBC of the Integrated Group Health Plan.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

Refer to the Integrated Group Health Plan for Specialist, Hospital (facility) and Other information.

- The plan's overall deductible \$3,000
- Specialist [cost sharing] \$
- Hospital (facility) [cost sharing] %
- Other [cost sharing] %

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,060</b>

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

Refer to the Integrated Group Health Plan for Specialist, Hospital (facility) and Other information.

- The plan's overall deductible \$3,000
- Specialist [cost sharing] \$
- Hospital (facility) [cost sharing] %
- Other [cost sharing] %

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$70
<b>The total Joe would pay is</b>	<b>\$3,070</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

Refer to the Integrated Group Health Plan for Specialist, Hospital (facility) and Other information.

- The plan's overall deductible \$3,000
- Specialist [cost sharing] \$
- Hospital (facility) [cost sharing] %
- Other [cost sharing] %

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan and/or the Integrated Group Health plan would be responsible for the other costs of these EXAMPLE covered services.

**City of Crete**  
**Health Reimbursement Arrangement Plan Document and Summary Plan Description**  
**Amendment #1**  
**Effective: January 1, 2024**

The following changes, clarifications, revisions and/or updates will become part of the City of Crete Employee Health Reimbursement Arrangement Plan Document and Summary Plan Description.

**INTEGRATED GROUP HEALTH PLAN:** Embedded Out-of-Pocket  
 In-Network Out-of-Pocket: \$5,500.00 (Single) - \$11,000.00 (Family)

**HEALTH REIMBURSEMENT ARRANGEMENT (HRA) ADMINISTERED AS:** Embedded Benefit  
 Single Coverage: Employee Liability \$3,000.00 / Employer Liability \$2,500.00  
 Individual Coverage Within A Family: Employee Liability \$3,200.00 / Employer Liability \$2,300.00 Embedded Benefit  
 Family Coverage: Employee Liability \$6,000.00 / Employer Liability \$5,000.00 Embedded Benefit  
 HRA benefits do not apply to out-of-network services.

**Illustration for Single Coverage**

<b>\$5,500.00 Out-of-Pocket</b>			
\$3,500.00 Deductible			\$2,000.00 Coinsurance
Employee	Employer		Employer
\$3,000.00	\$500.00		\$2,000.00

- For single coverage, once the employee satisfies the first \$3,000.00 in deductible, the next \$500.00 of claims is processed at 100% being paid by the employer. At that point, the deductible that must be met before the Integrated Group Health Plan will pay claims has been fulfilled by a combination of the employee and the employer. For the coinsurance, the employer pays 20%, up to a maximum of \$2,000.00. After the out-of-pocket limit has been met, the Integrated Group Health Plan pays 100%.

**Illustration for Individual Coverage within a Family**

<b>\$5,500.00 Out-of-Pocket</b>			
\$3,500.00 Deductible			\$2,000.00 Coinsurance
Individual	Employer		Employer
\$3,200.00	\$300.00		\$2,000.00

- For individual coverage within a family, once the individual satisfies the first \$3,200.00 in deductible, the next \$300.00 of claims is processed at 100% being paid by the employer. At that point, the deductible that must be met before the Integrated Group Health Plan will pay claims has been fulfilled by a combination of the employee and the employer. For the coinsurance, the employer pays 20%, up to a maximum of \$2,000.00. After the out-of-pocket limit has been met, the Integrated Group Health Plan pays 100%.

**Illustration for Family Coverage**

<b>\$11,000.00 Out-of-Pocket</b>			
\$7,000.00 Deductible			\$4,000.00 Coinsurance
Family	Employer		Employer
\$6,000.00	\$1,000.00		\$4,000.00

- For family coverage, once the family satisfies the first \$6,000.00 in deductible, the next \$1,000.00 of claims is processed at 100% being paid by the employer. At that point, the deductible that must be met before the Integrated Group Health Plan will pay claims has been fulfilled by a combination of the family and the employer. For the coinsurance, the employer pays 20%, up to a maximum of \$4,000.00. After the out-of-pocket limit has been met, the Integrated Group Health Plan pays 100%.

**The Health Reimbursement Arrangement Document will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.**

**Accepted: City of Crete**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**City of Crete**  
**Health Reimbursement Arrangement Plan Document and Summary Plan Description**  
**Amendment #2**  
**Effective: July 1, 2024**

The following changes, clarifications, revisions and/or updates will become part of the City of Crete Employee Health Reimbursement Arrangement Plan Document and Summary Plan Description.

**GENERAL PLAN INFORMATION**

**PLAN NAME:** CITY OF CRETE Health Reimbursement Arrangement

**PLAN NUMBER:** 501

**GROUP NUMBER:** 43070000

**TAX ID NUMBER:** 47-6006154

**PLAN YEAR:** July 1 through June 30

**EMPLOYER INFORMATION:** CITY OF CRETE  
P.O. Box 86  
Crete, NE 68333  
402-826-4312

**PLAN ADMINISTRATOR:** CITY OF CRETE  
P.O. Box 86  
Crete, NE 68333  
402-826-4312

**NAMED FIDUCIARY:** CITY OF CRETE  
P.O. Box 86  
Crete, NE 68333  
402-826-4312

**AGENT FOR SERVICE OF LEGAL PROCESS:** CITY OF CRETE  
P.O. Box 86  
Crete, NE 68333  
402-826-4312

**CLAIMS ADMINISTRATOR:** Mid-American Benefits, LLC  
5310 N. 99th Street #1  
Omaha, Nebraska 68134  
402-571-6224 or 800-364-9505

**The Health Reimbursement Arrangement Document will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.**

**Accepted: City of Crete**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**ORDINANCE 2205 -**

**Exhibit A**

**Amending Ordinance 2196**

**NON-BARGAINING UNIT OFFICER AND EMPLOYEE SALARIES & WAGES**

**SALARIED POSITIONS**

<b>APPOINTED POSITIONS</b>	Maximum Salary Per Biweekly Pay Period
City Administrator	\$6,679.50
City Attorney	\$5,572.32
City Clerk	\$3,498.45
City Treasurer/Finance Director	\$3,910.15
Fire Chief	\$460.98

<b>NON-APPOINTED POSITIONS</b>	Maximum Salary Per Biweekly Pay Period
Airport Manager	\$2,307.69
Ambulance Administrator	\$352.77
Assistant Fire Chief	\$276.57
Building Inspector	\$2,946.21
Community Assistance Director	\$2,587.36
Deputy City Clerk	\$2,425.21
Economic Development Coordinator	\$2,425.63
Economic Development Director	\$3,553.73
Electric Superintendent	\$4,095.61
GIS Technician & Technical Support Specialist	\$2,589.24
Grant Writer	\$2,343.20
Human Resource Coordinator	\$2,589.68
Human Resources Director	\$3,254.00
IT Director	\$3,423.15
Library Director	\$3,211.15
Media Specialist	\$2,130.73
Office Manager	\$2,611.34
Parks and Recreation Director	\$3,706.34
Police Chief	\$4,366.08
Police Captain	\$3,470.41
Public Works Director	\$4,524.14
SSAR Report Preparation	1/4 Annual State Incentive Payment
Street Superintendent	3/4 Annual State Incentive Payment
Street Supervisor	\$2,860.62

**HOURLY POSITIONS**

<b>CITY ADMINISTRATION</b>	1	2	3	4	5	6	7	8
Administrative Assistant	\$15.43	\$16.37	\$17.32	\$18.24	\$19.18	\$20.12	\$21.05	\$21.98
Purchasing Clerk	\$20.77	\$21.82	\$22.87	\$23.92	\$24.97	\$26.02	\$27.07	\$28.14
<b>FIRE &amp; RESCUE</b>	1							
Ambulance Attendant	\$24.04							
Ambulance Maintenance	\$17.07							

**ORDINANCE 2205 -**

**Exhibit A**

**Amending Ordinance 2196**

Firefighter Call Response	\$8.00		per call					
Officer Call Response	\$10.00		per call					
<b>LIBRARY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Assistant Director	\$21.84	\$22.96	\$24.08	\$25.20	\$26.32	\$27.44	\$28.56	\$29.69
Children's Librarian	\$19.81	\$20.80	\$21.79	\$22.78	\$23.77	\$24.76	\$25.75	\$26.71
Librarian	\$19.81	\$20.80	\$21.79	\$22.78	\$23.77	\$24.76	\$25.75	\$26.71
Library Clerk	\$16.05	\$16.82	\$17.59	\$18.36	\$19.13	\$19.90	\$20.67	\$21.41
Library Aide	\$14.00							
<b>PARKS &amp; RECREATION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Parks Groundskeeper I	\$18.17	\$19.09	\$20.01	\$20.93	\$21.85	\$22.77	\$23.69	\$24.62
Parks Groundskeeper II	\$21.31	\$22.35	\$23.39	\$24.43	\$25.47	\$26.51	\$27.55	\$28.60
Park Facilities and Groundskeeper	\$22.00	\$22.94	\$23.88	\$24.82	\$25.76	\$26.70	\$27.65	\$28.60
Parks Seasonal Laborer	\$13.29	\$13.65	\$14.01	\$14.37	\$14.74			
Pool Cashiers	\$12.00	\$12.35	\$12.65	\$12.96				
Pool Lifeguards	\$12.77	\$13.43	\$14.09	\$14.74				
Pool Manager/Swim Coach	\$14.61	\$15.22	\$15.83	\$16.44	\$17.05	\$17.66		
Assistant Pool Manager/Swim Coach	\$13.43	\$14.09	\$14.74	\$15.48				
Recreation Coordinator	\$21.31	\$22.35	\$23.39	\$24.43	\$25.47	\$26.51	\$27.55	\$28.60
Referees/Coaches	\$12.00							
Training Pay	\$12.00							
<b>POLICE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Administrative Assistant (PD)	\$17.59	\$18.66	\$19.73	\$20.80	\$21.87	\$22.94	\$24.01	\$25.05
Code Enforcement Officer	\$19.46	\$20.49	\$21.52	\$22.55	\$23.58	\$24.61	\$25.64	\$26.67
Noncertified Conditional Officer	\$22.40							
<b>PUBLIC WORKS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>ADMINISTRATION</b>								
Admin Asst/Asst Office Manager	\$20.54	\$21.60	\$22.66	\$23.72	\$24.78	\$25.84	\$26.90	\$27.98
Bookkeeper	\$17.65	\$18.72	\$19.79	\$20.86	\$21.93	\$23.00	\$24.07	\$25.14
Customer Service Rep.	\$22.00	\$23.43	\$24.86	\$26.29	\$27.72	\$29.15	\$30.58	\$32.01
Janitor/Custodian	\$15.84	\$16.49	\$17.14	\$17.79	\$18.44	\$19.09	\$19.74	\$20.37
Transfer Station Attendant	\$13.29	\$13.65	\$14.01	\$14.37	\$14.74			
Additional Duty	\$0.63	\$0.99	\$1.35	\$1.70	\$2.05	\$2.41	\$2.76	\$3.12
Meter Reader	\$0.39	per meter						
<b>CEMETERY</b>								
Cemetery Sexton	\$22.00	\$23.43	\$24.86	\$26.29	\$27.72	\$29.15	\$30.58	\$32.01
Seasonal/Laborer	\$13.29	\$13.65	\$14.01	\$14.37	\$14.74			
<b>ELECTRIC</b>								
Electric Foreman	\$33.81	\$35.28	\$36.75	\$38.22	\$39.69	\$41.16	\$42.63	\$44.11
Electric Groundperson	\$22.21	\$23.48	\$24.77	\$26.05	\$27.33	\$28.61	\$29.89	\$31.18

**ORDINANCE 2205 -  
Exhibit A  
Amending Ordinance 2196**

Electric Lineman I		\$32.14	\$33.51	\$34.88	\$36.25	\$37.62	\$38.99	\$40.36	\$41.74
Electric Lineman II		\$26.52	\$27.81	\$29.10	\$30.39	\$31.68	\$32.97	\$34.26	\$35.54
Power Plant Operator		\$24.78	\$25.68	\$26.59	\$27.48	\$28.39	\$29.29	\$30.20	\$31.11
Power Plant Superintendent		\$31.29	\$32.51	\$33.73	\$34.95	\$36.17	\$37.39	\$38.61	\$39.84
	STREET								
Street Foreman		\$24.93	\$26.15	\$27.37	\$28.59	\$29.81	\$31.03	\$32.25	\$33.50
Street Operator		\$22.00	\$23.43	\$24.86	\$26.29	\$27.72	\$29.15	\$30.58	\$32.01
	WASTEWATER								
Wastewater Lead Operator		\$27.38	\$28.77	\$30.16	\$31.55	\$32.94	\$34.33	\$35.72	\$37.13
Wastewater Operator		\$22.00	\$23.43	\$24.86	\$26.29	\$27.72	\$29.15	\$30.58	\$32.01
Wastewater Superintendent		\$33.64	\$35.26	\$36.88	\$38.50	\$40.12	\$41.74	\$43.36	\$44.95
	WATER								
Water Foreman		\$26.80	\$28.17	\$29.54	\$30.91	\$32.28	\$33.65	\$35.02	\$36.36
Water Operator		\$22.00	\$23.43	\$24.86	\$26.29	\$27.72	\$29.15	\$30.58	\$32.01
Water Superintendent		\$28.20	\$29.68	\$31.16	\$32.64	\$34.12	\$35.60	\$37.08	\$38.59

## ORDINANCE NO. 2205

**AN ORDINANCE OF THE CITY OF CRETE, NEBRASKA RELATING TO WAGES AND SALARIES; TO AMEND ORDINANCE NO. 2177, 2189, 2193, AND 2196 TO ADJUST THE WAGES AND SALARIES OF CITY OFFICERS AND NON-BARGAINING UNIT EMPLOYEES OF THE CITY OF CRETE.**

**BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF CRETE, NEBRASKA:**

**Section 1.** That the wages and salaries of city officers and non-bargaining unit employees specified in Exhibit A of Ordinance No. 2177, 2189, 2193, and 2196 shall be amended and replaced by the new Exhibit A attached hereto. Said Exhibit shall be incorporated herein and in Ordinance No. 2177, 2189, 2193, and 2196 as though set out in full.

**Section 2.** That all other sections, provisions, or parts of Ordinance No. 2177, 2189, 2193, and 2196 that are not amended by this ordinance shall remain in full force and effect.

**Section 3.** That all ordinances or parts of ordinances in conflict herewith shall be repealed and that any partial repeal shall not affect the other parts of ordinances that can be given effect without the repealed parts.

**Section 4.** That if any section, part, or provision of this ordinance is for any reason held invalid, the invalidity thereof shall not affect the validity of any other section, part, or provision of this ordinance.

**Section 5.** That this ordinance shall be published in pamphlet or book form and shall take effect and be in full force and effect from and after its passage, approval, and publication, as provided by law.

PASSED AND ENACTED the 18th day of June, 2024.

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Mayor

ATTEST:

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City Clerk

Seal