

CITY OF CRETE, NEBRASKA
CITY COUNCIL REGULAR MEETING
June 10, 2013

Notice of the meeting was given by posting and publishing in The Crete News, the appointed method for giving notice as shown by the Proof of Publication attached to the minutes. Advance notice of the meeting was also given to the Mayor and City Council. Pursuant to Section 84-1412(8) of the Nebraska Open Meetings Act, the City has posted a current copy of the Open Meetings Act, Laws of the State of Nebraska in the back of the Council Chambers. Additional copies are available to read. The City may consider items listed on the agenda in random order. All proceedings shown were taken while the meeting was open to the attendance of the public.

Those in attendance pledged allegiance to the flag.

1. Open Meeting - Posted June 7, 2013

2. Roll Call

3. Special Order of Business

3.A. Self-Funded Health Reinsurance Renewal

Recommend City Council approval of renewal of the health coverage reinsurance policy at a \$30,000 specific deductible with American National through Bardon Insurance Carried with a motion by Kyle Frans and a second by Dale Strehle.

Kyle Frans: Aye, Dale Strehle: Aye

Aye: 2, No: 0

4. Officers' Reports

5. Adjournment

5:28 pm Carried with a motion by Kyle Frans and a second by Dale Strehle.

Kyle Frans: Aye, Dale Strehle: Aye

Aye: 2, No: 0

Mayor

(SEAL)

City Clerk-Treasurer

I, Jerry Wilcox, City Clerk for the City of Crete, hereby certify that the foregoing is a true and correct copy of the proceedings had and done by the Mayor and Council. I hereby certify that a copy of the Open Meetings Act was posted in the back of the Council Chambers. I certify that all of the subjects included in the foregoing proceedings were contained in the agenda for the meeting, kept continually current and available for public inspection at the office of the City Clerk. I certify that such subjects were contained in said agenda for at least twenty-four hours prior to said meeting and that at least one copy of all reproducible material

discussed at the meeting was available at the meeting for examination and copying by members of the public. I certify that the minutes were in written form and available for public inspection within ten working days and prior to the next convened meeting of the City Council. I certify that all news media requesting notification concerning meetings of the City Council were provided with advance notification of the time and place of said meeting and the subjects to be discussed.

City Clerk-Treasurer

(S E A L)



CITY OF CRETE

Renewal Date: 7/1/2013

Single
Family
Total

41
20
61

QUALITY SERVICE, CARING PEOPLE

| | Current | Renewal | Optional #1 | Optional #2 | Optional #3 | Optional #4 |
|--|-----------------------------|-----------------------------|--------------------------------|---------------------|---------------------|-----------------|
| CARRIER MGU/INTERMEDIARY | American National Bardon | American National Bardon | U.S. Fire Fairmont/McEvilly | U.S. Fire IOA Re | Gerber Life ARAN | Sirius IMG |
| REINSURANCE INFORMATION | | | | | | |
| Specific Deductible | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 |
| Maximum Lifetime Reimbursement | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Maximum Annual Reimbursement | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 |
| Aggregating Specific | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| ADMINISTRATIVE FEES | | | | | | |
| PPO Access Fee | 21.50 | 22.25 | 22.25 | 22.25 | 22.25 | 22.25 |
| Agent/Broker Fee | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TOTAL ADMINISTRATIVE FEES - COMPOSITE | - | - | - | - | - | - |
| TOTAL ADMINISTRATIVE FEES - ANNUAL | 26.50 | 27.25 | 27.25 | 27.25 | 27.25 | 27.25 |
| | \$ 19,398.00 | \$ 19,947.00 | \$ 19,947.00 | \$ 19,947.00 | \$ 19,947.00 | \$ 19,947.00 |
| REINSURANCE COST - FIXED | | | | | | |
| Single Specific Premium | \$ 184.11 | \$ 198.81 | \$ 175.97 | \$ 190.17 | \$ 207.92 | \$ 187.84 |
| Family Specific Premium | \$ 332.39 | \$ 353.62 | \$ 411.36 | \$ 442.74 | \$ 488.22 | \$ 385.71 |
| Aggregate Premium - Composite | \$ 10.85 | \$ 11.52 | \$ 11.26 | \$ 9.64 | \$ 10.83 | \$ 14.52 |
| TOTAL REINSURANCE FIXED COSTS - ANNUAL | \$ 178,297.92 | \$ 191,113.39 | \$ 193,546.99 | \$ 206,877.73 | \$ 227,396.34 | \$ 195,613.14 |
| FIXED COST BREAKDOWN | | | | | | |
| Single Fixed Cost | \$ 221.46 | \$ 237.58 | \$ 214.48 | \$ 227.06 | \$ 246.00 | \$ 229.61 |
| Family Fixed Cost | \$ 369.74 | \$ 392.39 | \$ 449.87 | \$ 479.63 | \$ 526.30 | \$ 427.47 |
| TOTAL FIXED COSTS - ANNUAL | \$ 197,695.92 | \$ 211,060.39 | \$ 213,493.99 | \$ 226,824.73 | \$ 247,343.34 | \$ 215,560.14 |
| REINSURANCE COST - CLAIM LIABILITY | | | | | | |
| Single Expected Claim Rate | \$ 390.79 | \$ 384.55 | \$ 410.82 | \$ 392.10 | \$ 451.34 | \$ 444.68 |
| Family Expected Claim Rate | \$ 1,073.53 | \$ 1,096.02 | \$ 1,043.14 | \$ 985.05 | \$ 1,087.39 | \$ 1,026.50 |
| Single Maximum Claim Rate | \$ 488.49 | \$ 480.69 | \$ 513.53 | \$ 490.12 | \$ 564.18 | \$ 555.85 |
| Family Maximum Claim Rate | \$ 1,341.91 | \$ 1,370.02 | \$ 1,303.92 | \$ 1,231.31 | \$ 1,359.24 | \$ 1,283.12 |
| TOTAL EXPECTED CLAIM LIABILITY - ANNUAL | \$ 449,916.38 | \$ 452,243.42 | \$ 452,478.05 | \$ 429,322.75 | \$ 483,035.33 | \$ 465,141.60 |
| TOTAL MAXIMUM CLAIM LIABILITY | \$ 562,395.48 | \$ 565,304.28 | \$ 565,597.56 | \$ 536,653.44 | \$ 603,794.16 | \$ 581,427.00 |
| COST BREAKDOWN | | | | | | |
| Single Expected Cost | \$ 612.25 | \$ 622.13 | \$ 625.31 | \$ 619.16 | \$ 697.34 | \$ 674.29 |
| Family Expected Cost | \$ 1,443.27 | \$ 1,488.40 | \$ 1,493.01 | \$ 1,464.68 | \$ 1,613.69 | \$ 1,453.97 |
| Single Maximum Cost | \$ 709.95 | \$ 718.27 | \$ 728.01 | \$ 717.18 | \$ 810.18 | \$ 785.46 |
| Family Maximum Cost | \$ 1,711.65 | \$ 1,762.41 | \$ 1,753.79 | \$ 1,710.94 | \$ 1,885.54 | \$ 1,710.59 |
| REINSURANCE ADDITIONAL LIABILITY | | | | | | |
| LASER SPECIFICS | \$ - | \$ 75,000.00 | \$ - | \$ - | \$ - | \$ - |
| ORGAN TRANSPLANT PREMIUM-ANNUAL | \$ 8,141.04 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 |
| AGGREGATING SPECIFICS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL ADDITIONAL LIABILITY | \$ 8,141.04 | \$ 84,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 |
| TOTAL COST | | | | | | |
| EXPECTED COST | \$ 655,753.34 | \$ 747,823.65 | \$ 675,491.88 | \$ 665,667.32 | \$ 739,898.50 | \$ 690,221.58 |
| MAXIMUM COST | \$ 768,232.44 | \$ 860,884.51 | \$ 788,611.39 | \$ 772,998.01 | \$ 860,657.34 | \$ 806,506.98 |
| PERCENT CHANGE | | | | | | |
| FIXED COSTS | | 6.76% | 7.99% | 14.73% | 25.11% | 9.04% |
| EXPECTED COSTS | | 14.04% | 3.01% | 1.51% | 12.83% | 5.26% |
| MAXIMUM COSTS | | 12.06% | 2.65% | 0.62% | 12.03% | 4.98% |



CITY OF CRETE

Renewal Date: 7/1/2013

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Total

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20
61

QUALITY SERVICE, CARING PEOPLE

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|--|-----------------------------|-----------------------------|--------------------------------|---------------------|---------------------|-----------------|
| CARRIER MGU/INTERMEDIARY | American National Bardon | American National Bardon | U.S. Fire Fairmont/McEvilly | U.S. Fire IOA Re | Gerber Life ARAN | Sirius IMG |
| REINSURANCE INFORMATION | | | | | | |
| Specific Deductible | \$ 25,000.00 | \$ 30,000.00 | \$ 30,000.00 | \$ 30,000.00 | \$ 30,000.00 | \$ 30,000.00 |
| Maximum Lifetime Reimbursement | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Maximum Annual Reimbursement | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 | \$ 5,000,000.00 |
| Aggregating Specific | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| ADMINISTRATIVE FEES | | | | | | |
| PPO Access Fee | 21.50 | 22.25 | 22.25 | 22.25 | 22.25 | 22.25 |
| Agent/Broker Fee | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TOTAL ADMINISTRATIVE FEES - COMPOSITE | - | - | - | - | - | - |
| TOTAL ADMINISTRATIVE FEES - ANNUAL | 26.50 | 27.25 | 27.25 | 27.25 | 27.25 | 27.25 |
| | \$ 19,398.00 | \$ 19,947.00 | \$ 19,947.00 | \$ 19,947.00 | \$ 19,947.00 | \$ 19,947.00 |
| REINSURANCE COST - FIXED | | | | | | |
| Single Specific Premium | \$ 184.11 | \$ 180.96 | \$ 155.89 | \$ 166.17 | \$ 183.41 | \$ 175.29 |
| Family Specific Premium | \$ 332.39 | \$ 321.23 | \$ 364.58 | \$ 389.32 | \$ 431.15 | \$ 360.39 |
| Aggregate Premium - Composite | \$ 10.85 | \$ 12.03 | \$ 13.37 | \$ 10.00 | \$ 13.40 | \$ 14.82 |
| TOTAL REINSURANCE FIXED COSTS - ANNUAL | \$ 178,297.92 | \$ 174,933.98 | \$ 173,984.84 | \$ 182,510.65 | \$ 203,522.15 | \$ 183,587.49 |
| FIXED COST BREAKDOWN | | | | | | |
| Single Fixed Cost | \$ 221.46 | \$ 220.24 | \$ 196.51 | \$ 203.42 | \$ 224.06 | \$ 217.37 |
| Family Fixed Cost | \$ 369.74 | \$ 360.51 | \$ 405.20 | \$ 426.57 | \$ 471.80 | \$ 402.46 |
| TOTAL FIXED COSTS - ANNUAL | \$ 197,695.92 | \$ 194,880.98 | \$ 193,931.84 | \$ 202,457.65 | \$ 223,469.15 | \$ 203,534.49 |
| REINSURANCE COST - CLAIM LIABILITY | | | | | | |
| Single Expected Claim Rate | \$ 390.79 | \$ 406.39 | \$ 434.47 | \$ 425.85 | \$ 474.26 | \$ 466.22 |
| Family Expected Claim Rate | \$ 1,073.53 | \$ 1,135.63 | \$ 1,103.18 | \$ 1,069.90 | \$ 1,142.61 | \$ 1,074.90 |
| Single Maximum Claim Rate | \$ 488.49 | \$ 507.99 | \$ 543.09 | \$ 532.31 | \$ 592.83 | \$ 582.77 |
| Family Maximum Claim Rate | \$ 1,341.91 | \$ 1,419.54 | \$ 1,378.98 | \$ 1,337.38 | \$ 1,428.26 | \$ 1,343.62 |
| TOTAL EXPECTED CLAIM LIABILITY - ANNUAL | \$ 449,916.38 | \$ 472,496.54 | \$ 478,524.38 | \$ 466,294.18 | \$ 507,563.81 | \$ 487,353.31 |
| TOTAL MAXIMUM CLAIM LIABILITY | \$ 562,395.48 | \$ 590,620.68 | \$ 598,155.48 | \$ 582,867.72 | \$ 634,454.76 | \$ 609,191.64 |
| COST BREAKDOWN | | | | | | |
| Single Expected Cost | \$ 612.25 | \$ 626.63 | \$ 630.99 | \$ 629.27 | \$ 698.32 | \$ 683.58 |
| Family Expected Cost | \$ 1,443.27 | \$ 1,496.15 | \$ 1,508.38 | \$ 1,496.47 | \$ 1,614.41 | \$ 1,477.36 |
| Single Maximum Cost | \$ 709.95 | \$ 728.23 | \$ 739.60 | \$ 735.73 | \$ 816.89 | \$ 800.14 |
| Family Maximum Cost | \$ 1,711.65 | \$ 1,780.05 | \$ 1,784.18 | \$ 1,763.95 | \$ 1,900.06 | \$ 1,746.08 |
| REINSURANCE ADDITIONAL LIABILITY | | | | | | |
| LASER SPECIFICS | \$ - | \$ 65,000.00 | \$ - | \$ - | \$ - | \$ - |
| ORGAN TRANSPLANT PREMIUM-ANNUAL | \$ 8,141.04 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 |
| AGGREGATING SPECIFICS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL ADDITIONAL LIABILITY | \$ 8,141.04 | \$ 74,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 | \$ 9,519.84 |
| TOTAL COST | | | | | | |
| EXPECTED COST | \$ 655,753.34 | \$ 741,897.36 | \$ 681,976.07 | \$ 678,271.67 | \$ 740,552.80 | \$ 700,407.65 |
| MAXIMUM COST | \$ 768,232.44 | \$ 860,021.50 | \$ 801,607.16 | \$ 794,845.21 | \$ 867,443.75 | \$ 822,245.97 |
| PERCENT CHANGE | | | | | | |
| FIXED COSTS | | -1.42% | -1.90% | 2.41% | 13.04% | 2.95% |
| EXPECTED COSTS | | 13.14% | 4.00% | 3.43% | 12.93% | 6.81% |
| MAXIMUM COSTS | | 11.95% | 4.34% | 3.46% | 12.91% | 7.03% |