

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

ORDER NUMBER 210-2013

IT IS HEREBY ORDERED by the Mayor and Member of the Council of the City of Gautier, Mississippi that the Gautier Dental Insurance Self-Funded Plan submitted by Sun Life Financial and by Fox Everett Inc. to renew the voluntary dental insurance for FY 2014 is hereby accepted.

IT IS HEREBY ORDERED that the renewal notification for dental coverage submitted by Sun Life Financial for FY 2014 is hereby accepted. This renewal will maintain current benefits and does not include a rate increase. All dental premiums are 100% employee funded.

IT IS HEREBY ORDERED that the renewal notification for vision coverage by Always Care Benefits for FY 2014 is hereby accepted. This renewal maintains current benefits and does not include a rate increase. All vision premiums are 100% employee funded.

IT IS HEREBY ORDERED that the renewal notification for a Cancer & Specified Disease policy by Bay Bridge Administrators, LLC for FY 2014 is hereby accepted. The optional insurance will be offered as long as there are a sufficient number of participants. If a plan drops below the requisite number of participants, the benefit will be cancelled. All premiums are 100% employee funded.

IT IS HEREBY ORDERED that the renewal notification for UNUM voluntary benefits at the employees' expense for life, accidental death & dismemberment, disability and accident/injury for FY 2014 is hereby accepted. This optional insurance will be offered as long as there are a sufficient number of participants. If a plan drops below the requisite number of participants, the benefit will be cancelled. All premiums are 100% employee funded.

IT IS FURTHER ORDERED that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by Councilwoman Martin, seconded by Councilman Jones and the following vote was recorded:

AYES: Gordon Gollott
Mary Martin
Johnny Jones
Casey Vaughan
Rusty Anderson
Adam Colledge

NAYS: None

ABSTAINED Hurley Ray Guillotte

MAYOR

ATTEST:

CITY CLERK

PASSED AND ADOPTED by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of September 3, 2013.

**CITY OF GAUTIER
MEMORANDUM**

To: Samantha Abell, City Manager
From: Jason D. Pugh, Human Resources Director
Date: August 30, 2013
Subject: Renewal of FY 2014 Employee Voluntary Insurance Benefits

REQUEST:

The Human Resources Department requests City Council approval to renew employee voluntary insurance benefits for FY 2014.

BACKGROUND:

The Human Resources Department has received the renewal premium rates for the employee voluntary insurance plans for FY 2014 from Fox Everett Inc. These plans include dental, vision, Life Term, Accidental Death & Dismemberment (Employee and Dependents), Accident (On & Off job) policy, Cancer, etc. all of which are paid by the employee.

RECOMMENDATION:

Staff recommends the City Council authorize the renewal of the aforementioned voluntary benefits for full-time employees for FY2014.

The City Council may:

1. Approve the attached order;
2. Approve the attached order with changes; or
3. Disapprove the attached order.

ATTACHMENT(S):

Summaries of Benefits



City of Gautier
Dental Plan
Effective: **October 1, 2012**



Plan Design:

| | | | |
|------------------------|--------------------|-------------|---------------|
| ➤ Type I: | | Deductible: | Waived |
| ➤ Type II, III: | Individual: | | \$50 |
| | Family: | | \$150 |
| ➤ Coinsurance: | | | |
| ➤ Type I: | | | 100% |
| ➤ Type II: | | | 80% |
| ➤ Type III: | | | 50% |

- **Maximum Benefit/Period:**
 - Type I, II, III \$1000/calendar year
- **Type I Plan Pays 100%**
 - Oral Examinations (Non-Emergency)
 - Dental Cleaning
 - X-Rays
 - Fluoride Treatment (under age 15)
 - Sealants (under age 15)
 - Space Maintainers (under age 15)
- **Type II Plan Pays 80% after deductible for benefits including:**
 - Emergency Oral Examinations
 - Repairs to Dentures, Crowns and Bridges
 - Fillings
 - Extractions
 - Palliative Treatment
 - Consultations
- **Type III Plan Pays 50% after deductible for benefits including:**
 - Crowns
 - Dentures
 - Bridge Work
 - Periodontics (Non-Surgical)
 - Scaling and Root Planning
 - Periodontics (Surgical)
 - Gingivectomy
 - Gingival Curettage
 - Endodontics
 - Oral Surgery

Coverage Frequencies

| | |
|----------------------------|---|
| Full Mouth X-Rays: | Once in 60 months |
| Fluoride Treatments: | Once in 12 months for dependents under 15 |
| Scaling/Root Planning | Once per quadrant in 36 months |
| Prosthodontics Replacement | 10 years |

Dental Rates
Effective: **October 1, 2012**

| | <u>Bi-Weekly Rate</u> | <u>Monthly Rate</u> |
|-----------------------|-----------------------|---------------------|
| Employees Only | \$12.20 | \$24.40 |
| Employee & Spouse | \$24.40 | \$48.80 |
| Employee & Child(ren) | \$27.45 | \$54.90 |
| Employee & Family | \$45.41 | \$90.82 |

6/17/2013

Veneice Barnett
City of Gautier (2COGA1010)
PO Box 670
Gautier, MS 39553

Dear Veneice:

Thank you for being a client of AlwaysCare Benefits, Inc. (A Starmount Life Insurance Company). We appreciate your business. We have completed the annual review of your group policy. Based on your group's current plan design and the most recent claims activity, underwriting has recommended no rate change for your 10/01/2013 renewal date. Listed below are your renewal rates.

| Coverage | Current Premium | Renewal Premium |
|-----------------------|-----------------|-----------------|
| Vision | | |
| Employee only | \$7.04 | \$7.04 |
| Employee + spouse | \$14.06 | \$14.06 |
| Employee + child(ren) | \$14.82 | \$14.82 |
| Employee + family | \$23.30 | \$23.30 |

We look forward to serving City of Gautier, its employees, and their dependents for many years. It is our pleasure to provide competitive benefits at affordable rates with outstanding customer service. If you have any questions, please feel free to contact your account manager at 888-729-5433 ext. 5, or your agent.

Sincerely,

Account Management

CC: Fox-Everett, Inc. & Rogers Benefit Group

Renewing your Unum benefits

City of Gautier
133110
133111

Thank you for choosing Unum as your benefits provider. We are committed to providing insurance plans and services that are responsive to both your organization's – and to your employees' – unique and individual needs. This commitment has enabled Unum to become the world's leading provider of income protection and related coverages, and that leadership is benefiting you through innovative plan designs, unparalleled service offerings, and proven expertise in claimant care, return-to-work assistance and absence management.

As we near the time to renew our partnership with you, we have evaluated claim trends and activity in your industry and size segment. Based on this information and on your company's specific claims experience and history, the current rates will remain inforce, effective November 1, 2013:

| Policy 133110 | Inforce & Renewal | Rate Guarantee |
|-----------------------|------------------------------|-----------------------|
| Long Term Disability | See Attached | November 1, 2014 |
| Short Term Disability | See Attached | November 1, 2014 |
| Life | 0.23/\$1000 | November 1, 2014 |
| AD&D | 0.02/\$1000 | November 1, 2014 |

| Policy 133110 | Inforce & Renewal | Rate Guarantee |
|-----------------------|------------------------------|-----------------------|
| Lifestyle Life & AD&D | See Attached | November 1, 2014 |

Again, we thank you for choosing Unum as your benefits provider. We look forward to strengthening our relationship and continuing to serve your company's benefit needs.

Sincerely,

Steven Lee

Steven Lee
Sales Consultant

Contact your sales representative to further discuss any renewal options or alternatives for your current Unum benefits plan.

unum.com

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MK-2869 (6-12) **FOR BROKERS AND EMPLOYERS**



Unum's accident insurance offers you and your family the following benefits. Please refer to the chart below for the benefit amounts payable for covered injuries and accident-related expenses.

| Covered injuries | Benefit amount |
|---|----------------------|
| Fractures | |
| Open | Up to \$5,000 |
| Closed | Up to \$2,500 |
| Chips | 25% of closed amount |
| Dislocations | |
| Open | Up to \$4,000 |
| Closed | Up to \$2,000 |
| Burns | |
| Second degree for 36% or more of body surface | \$750 |
| Third degree covering at least 9 but less than 35 square inches of body surface | \$1,500 |
| Third degree for 35 or more square inches of body surface | \$10,000 |
| Skin grafts | 25% of burn benefit |
| Concussion | \$100 |
| Ruptured disc | \$400 |
| Knee cartilage | |
| Torn | \$500 |
| Exploratory | \$100 |
| Laceration | \$25-\$400 |
| Tendon/ligament and rotator cuff | |
| Repair of one | \$400 |
| Repair of more than one | \$600 |
| Exploratory only | \$100 |
| Dental work, emergency | |
| Extraction | \$50 |
| Crown | \$150 |
| Eye injury (requires surgery or removal of foreign body) | \$200 |
| Emergency and hospitalization benefits | |
| Ambulance | \$100 |
| Air ambulance | \$500 |
| Emergency room treatment (includes X-rays) | \$150 |
| Hospital admission (per admission) | \$750 |
| Hospital confinement (per day up to 365 days) | \$200 |
| Hospital intensive care unit | \$400 |

| Treatment and other services | Benefit amount |
|---|-----------------------|
| Doctor's office initial visit | \$50 |
| Surgery benefit | |
| Open abdominal, thoracic | \$1,000 |
| Exploratory | \$100 |
| Follow-up treatment for accident (initial follow-up visit) | \$50 |
| Physical therapy (6 treatments) | \$25 per treatment |
| Prosthetic device or artificial limb | |
| One | \$500 |
| More than one | \$1,000 |
| Appliance | \$100 |
| Blood, plasma and platelets | \$300 |
| Transportation (100+ miles up to 3 trips) | \$300 |
| Lodging (per night up to 30 days) | \$100 |
| Accidental death and other covered losses | |
| Accidental death | |
| Employee | \$25,000 |
| Spouse | \$10,000 |
| Child | \$5,000 |
| The accidental death benefit doubles if the insured individual is injured as a fare-paying passenger on a common carrier: Employee - \$50,000; spouse - \$20,000; child - \$10,000 | |
| Catastrophic accident — Loss of use of sight, hearing, speech, arms or legs (exceptions for PA, NJ and VT noted below) | |
| Employee (under 65 years old) | \$100,000 |
| Spouse or child (under 65 years old) | \$50,000 |
| Ages 65-69 | Amount reduced by 50% |
| 70+ years old | Amount reduced by 75% |
| Loss of finger, toe, hand, foot or sight of an eye | |
| Loss of both hands, feet, sight of both eyes, or any combination of two or more losses | \$15,000 |
| Loss of one hand, foot or sight in one eye | \$7,500 |
| Loss of two or more fingers, toes or any combination of two or more losses | \$1,500 |
| Loss of one finger or toe | \$750 |

Benefits may vary by state. For CO, FL, NC, NH and WA, please refer to the state-specific forms for benefit variations. Not approved in CT. Plan 2 is not approved in NY and PA. Non-cancellable in MA.

Catastrophic accident benefit exceptions: Catastrophic accident benefits are payable after fulfilling a 365-day elimination period. See policy for details. In PA, NJ and VT, the benefit is paid immediately upon written proof of loss. Sight, hearing and speech are not covered.

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This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21762 or contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN
unum.com

THIS IS A LIMITED POLICY.

Voluntary Workplace Benefits - Accident Insurance

On & Off-Job Plan

On & Off-Job Plan

Semi-Monthly Premiums

These rates are not for use in California or New York

| Family Coverage Options | | | |
|-------------------------|-----------------------|-------------------|-------------------|
| Individual | Individual and Spouse | One Parent Family | Two Parent Family |
| \$8.19 | \$11.70 | \$15.60 | \$19.11 |

May not be available in all states.

Humana Insurance Company

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

PROPOSED PLAN HIGHLIGHTS

SEE OUTLINE OF COVERAGE FOR COMPLETE LIST OF BENEFITS PROVIDED

WELLNESS BENEFIT

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

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

FIRST DIAGNOSIS BENEFIT

**Pays – \$2,500 (Option I) or \$5,000 (Option II)
or \$10,000 (Option III) – Per Covered Person
Benefit Based on Option Selected**

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

NATIONAL CANCER INSTITUTE DESIGNATED

COMPREHENSIVE CANCER TREATMENT CENTER EVALUATION/CONSULTATION BENEFIT

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

RADIATION, RADIOACTIVE ISOTOPES THERAPY, CHEMOTHERAPY OR IMMUNOTHERAPY

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

Includes Hormone Therapy

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

NO LIFETIME MAXIMUM

MISCELLANEOUS THERAPY CHARGES

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

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

SELF-ADMINISTERED OR ORAL CHEMOTHERAPY OR IMMUNOTHERAPY

Includes Hormone Therapy

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

NO LIFETIME MAXIMUM

COLONY STIMULATING FACTORS

Pays Actual Charge – Up To \$4,000 Per Month
Pays the cost of the chemical substances and their administration to stimulate the production of blood cells.

NO LIFETIME MAXIMUM

BREAST PROSTHESIS

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

NO LIFETIME MAXIMUM

SURGERY

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

Benefit Based on Option Selected

BONE MARROW AND STEM CELL TRANSPLANT.

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

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

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

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

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

The Policy Also Provides Specific Benefits For

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

Waiver of Premium

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

PLUS

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

All Benefits Are Subject to the Provisions of the Policy.

Read the Policy for Complete Descriptions of Benefits Provided and the Exceptions and Limitations.

Cancer & Specified Disease Insurance Monthly Payroll Deduction Premium Rates

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

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

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

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

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

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

ORDER NUMBER 211-2013

ORDER APPROVING JACKSON COUNTY DISTRICT 3 PAVING IMPROVEMENTS FOR ROADS MORE Particularly DESCRIBED IN THE BODY OF THIS ORDER

WHEREAS, the City of Gautier has an inter-local agreement with Jackson County, Mississippi for the paving of certain roads in the City of Gautier; and

WHEREAS, the City of Gautier identifies roads necessary for repair and asphalt paving by Jackson County, Mississippi.

NOW, THEREFORE, IT IS HEREBY ORDERED by the Mayor and Members of the Council of the City of Gautier, Mississippi, that Jackson County, Mississippi add John Daley Drive (Sioux Bayou), Martin Bluff Road Bridge, Portion of Westgate Parkway, Rolling Meadows, Seabass, Oxford Dr., Auburn Dr., Calle Hermosa, Calle Desoto, Gatti Place, Mawaki, Guillotteville Dr., Townsend Rd., Shamrock, Shaw, Garden Lane, Seamist, Ruth Street, and Bayou Vista as more particularly described in the attached project description for necessary repair and asphalt paving.

IT IS FURTHER ORDERED that the City Manager is to submit this Order to Jackson County, Mississippi for approval by the Board of Supervisors, along with any and all associated documents necessary.

Motion was made by Councilwoman Martin, seconded by Councilman Guillotte and the following vote was recorded:

AYES: Hurley Ray Guillotte
 Rusty Anderson

NAYS: Gordon Gollott
 Mary Martin
 Johnny Jones
 Casey Vaughan
 Adam Colledge

MAYOR

ATTEST:

CITY CLERK

DENIED AND FAILED by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of September 3, 2013.