

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
<b>Vision</b>		
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:

<b>Policy 133110</b>	<b>Inforce &amp; Renewal</b>	<b>Rate Guarantee</b>
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

<b>Policy 133110</b>	<b>Inforce &amp; Renewal</b>	<b>Rate Guarantee</b>
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
<b>Fractures</b>	
Open	Up to \$5,000
Closed	Up to \$2,500
Chips	25% of closed amount
<b>Dislocations</b>	
Open	Up to \$4,000
Closed	Up to \$2,000
<b>Burns</b>	
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
<b>Knee cartilage</b>	
Torn	\$500
Exploratory	\$100
Laceration	\$25-\$400
<b>Tendon/ligament and rotator cuff</b>	
Repair of one	\$400
Repair of more than one	\$600
Exploratory only	\$100
<b>Dental work, emergency</b>	
Extraction	\$50
Crown	\$150
Eye injury (requires surgery or removal of foreign body)	\$200
<b>Emergency and hospitalization benefits</b>	
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
<b>Surgery benefit</b>	
Open abdominal, thoracic	\$1,000
Exploratory	\$100
Follow-up treatment for accident (initial follow-up visit)	\$50
Physical therapy (6 treatments)	\$25 per treatment
<b>Prosthetic device or artificial limb</b>	
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
<b>Accidental death and other covered losses</b>	
<b>Accidental death</b>	
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	
<b>Catastrophic accident</b> — 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%
<b>Loss of finger, toe, hand, foot or sight of an eye</b>	
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**

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

**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

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**MAYOR**

**ATTEST:**

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**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.

**Ward 1 - Johnny Jones**

No.	Asphalt	Description	Length (ft)	Width (ft)	Area (sy)	Volume (Tons)	Milling (sy)	Approx. Cost	Notes
1	Oakwood	1-1/2" Overlay						\$ <del>16,887.50</del>	FY2012 Funds
2	C-Byrd	New Asphalt						\$ -	FY2012 Funds
3	Seabass	1-1/2" Overlay	2271	20	5047	416.35		\$ 41,635.00	
4	Honduras	1-1/2" Overlay	3381	20	7513	619.85		\$ 61,985.00	
5	Bahama	1-1/2" Overlay	1823	22	4456	367.638		\$ 36,763.83	
6	Hakes	1-1/2" Overlay	400	14	622	51.3333		\$ 5,133.33	Prefer Old Shell Landing Striping if out of budget
7	Pompano	1-1/2" Overlay	1370	18	2740	226.05		\$ 22,605.00	
								<b>TOTAL:</b>	\$ 168,122.17 does not include Oakwood
<b>Drainage</b>									
1									
2									
3									
4									
5									
								<b>TOTAL:</b>	\$ -
<b>Misc.</b>									
1	Old Shell Landing	Striping - Thermoplast						\$ 8,960.00	
2									
3									
4									
5									
								<b>TOTAL:</b>	\$ 8,960.00

**Ward 2 - Hurley Ray Goillotte**

No.	Asphalt	Description	Length (ft)	Width (ft)	Area (sy)	Volume (Tons)	Milling (sy)	Approx. Cost	Notes
1	Oxford Dr.	Mill & 1-1/2" Overlay	1398	24	3728.0	307.56	3728	\$ 45,668.00	
2	Auburn Drive	Mill & 1-1/2" Overlay	2400	24	6400.0	528	6400	\$ 78,400.00	
3	Calle Hermosa	Mill & 1-1/2" Overlay	1697	24	4525.3	373.34	4525	\$ 55,434.00	
4	Calle Desoto	Mill & 1-1/2" Overlay	845	24	2253.3	185.9	225	\$ 19,490.00	
5								\$ -	
								<b>TOTAL:</b>	\$ 198,992.00
<b>Drainage</b>									
1	De La Forrest	Clean & Grade ditch							Pursue grants???
2	College Park	Clean & Grade ditch							Pursue grants???
3	Ladnier	Clean & Grade ditch							Pursue grants???
4									
5									
								<b>TOTAL:</b>	\$ -
<b>Misc.</b>									
1									
2									
3									
4									
5									
								<b>TOTAL:</b>	0

**Ward 3 - Casey Vaughn**

No.	Asphalt	Description	Length (ft)	Width (ft)	Area (sy)	Volume (Tons)	Milling (sy)	Approx. Cost	Notes
1	Gatti Place	1-1/2" Overlay	610	12	813.3	67.1		\$ 6,710.00	
2	Mawaki	1-1/2" Overlay	447	12	596.0	49.2		\$ 4,917.00	
3	Guillottville Dr.	1-1/2" Overlay	846	18	1692.0	139.6		\$ 13,959.00	
4	Townsend Rd. (south of Hwy 90)	1-1/2" Overlay	500	18	1000.0	82.5		\$ 8,250.00	
5	Shamrock (south of Hwy 90)	1-1/2" Overlay	600	18	1200.0	99.0		\$ 9,900.00	
6	Shaw	1-1/2" Overlay	545	16	968.9	79.9		\$ 7,993.33	
7	Garden Lane	1-1/2" Overlay	1377	18	2754.0	227.2		\$ 22,720.50	
8	Seamist	1-1/2" Overlay	606	15	1010.0	83.3		\$ 8,332.50	
9	Ruth Street	1-1/2" Overlay	583	15	971.7	80.2		\$ 8,016.25	
10	Bayou Vista	1-1/2" Overlay	1115	20	2477.8	204.4		\$ 20,441.67	
								<b>TOTAL:</b>	<b>\$ 111,240.25</b>
<b>Drainage</b>									
1	Soundview/ McRae Cemetery	New 15" & 18" pipe w/2 drain inlets						\$ 7,500.00	Work to be completed by CWS
2									
3									
4									
5									
								<b>TOTAL:</b>	<b>\$ 7,500.00</b>
<b>Misc.</b>									
1	Bemis Sewer Rehab								Pursue grants???
2	Johnston Road Failure	Mill, Base, 1-1/2" Overlay						\$ 34,500.00	Waiting on estimate from Mallette
3									
4									
5									
								<b>TOTAL:</b>	<b>\$ 34,500.00</b>

**Ward 4 - Rusty Anderson**

No.	Asphalt	Description	Length (ft)	Width (ft)	Area (sy)	Volume (Tons)	Milling (sy)	Approx. Cost	Notes
1	John Daley Drive (Sioux Bayou)	1-1/2" Overlay, Milling						\$ 16,000.00	
	Martin Bluff Bridge patch	Patch Roadway	50	25	139	11		\$ 1,145.83	
2	Westgate Parkway	1-1/2" Overlay, Milling	9504	48	50688	4182	50688	\$ 620,928.00	
3	Rolling Meadows	1-1/2" Overlay	2016	18	4032	333		\$ 33,264.00	
4	Charesholm Dr.	1-1/2" Overlay, Milling	1327	24	3539	292	3539	\$ 43,348.67	
5	Hamstead Ave.	1-1/2" Overlay, Milling	550	24	1467	121	1467	\$ 17,966.67	
6	Collingswood Blvd	1-1/2" Overlay, Milling	586	24	1563	129	1563	\$ 19,142.67	
							<b>TOTAL:</b>	<b>\$ 734,650.00</b>	
	<b>Drainage</b>								
1									
2									
3									
4									
5									
							<b>TOTAL:</b>	<b>\$ -</b>	
	<b>Misc.</b>								
1									
2									
3									
4									
5									
							<b>TOTAL:</b>	<b>0</b>	