

Le Sueur County, MN

Tuesday, September 20, 2016 Board Meeting

ltem 6

9:55 a.m. Darrell Pettis, County Administrator / Engineer

RE: Partial Revocation of CSAH 53

RE: Clear Lake Public Access Drive Funding

RE: CD #70

RE: Budgets

RE: Health Insurance

Staff Contact:

Partial Revocation of CSAH 53 - City of Waterville

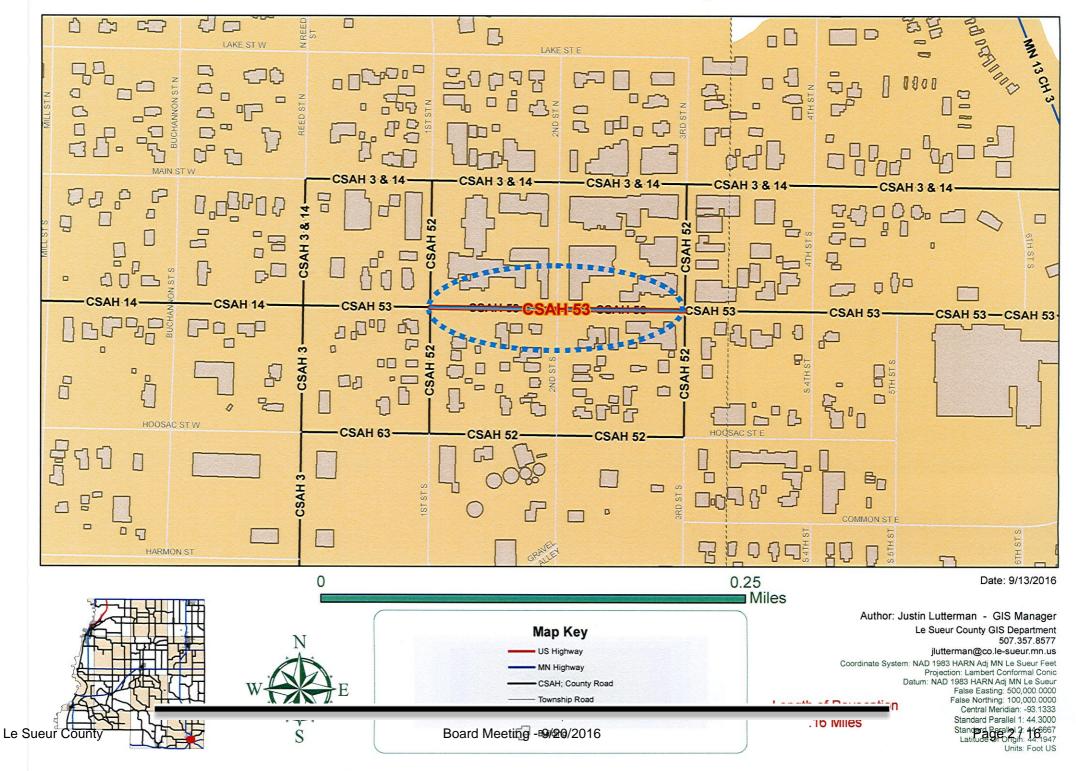


Exhibit A

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is made this _____ day of _____, 2016, by and between Le Sueur County, a political subdivision organized under the Laws of the State of Minnesota, and the City of Waterville, a Minnesota Municipal Corporation.

WHEREAS, Le Sueur County is responsible for the maintenance and upkeep of various County State Aid Highways (CSAH), some of which are also located within the City of Waterville; and

WHERAS, Le Sueur County is desirous of having two blocks of CSAH 53, also known as Paquin Street, removed from the CSAH system; and

WHEREAS, the City of Waterville is desirous of sealcoating CSAH 53, also known as Paquin Street, from Second Street to Highway 13;

NOW, THEREFORE, THE PARTIES DO HEREBY AGREE AS FOLLOWS:

- 1. Le Sueur County has agreed that it will, in 2017, sealcoat Paquin Street, from Second Street to Highway 13, in the City of Waterville, at Le Sueur County's sole cost.
- 2. In exchange for the promises from Le Sueur County set forth above, the City of Waterville agrees that it will not object to the passage of a Resolution calling for the following sections of Paquin Street to be taken off of the CSAH system: that Part of Paquin Street starting at First Street and Continuing East to Third Street.

FOR LE SUEUR COUNTY:

	Dated:
Le Sueur County Board Chair	
	Dated:
Darrell Pettis, County Administrator	
FOR THE CITY OF WATERVILLE:	
	Dated:
Stephen Mihalik, Waterville/Mayor	
	Dated:
Teresa K. Hill, City Administrator	

RESOLUTION REVOKING COUNTY STATE AID HIGHWAY

<u>WHEREAS</u>, It appears to the County Board of the County of Le Sueur that the road hereinafter described as a County State Aid Highway under the provisions of Minnesota Laws:

<u>NOW, THEREFORE, BE IT RESOLVED</u>, by the County Board of the County of Le Sueur that the road described as follows, to-wit:

<u>A PARTIAL REVOCATION OF COUNTY STATE AID HIGHWAY NO. 53</u> Beginning at a point on County State Aid Highway 52, being the intersection of First Street and Paquin Street, in the City of Waterville thence along the established centerline of the public street, as described as follows: From said point of beginning thence east along or near the center line of Paquin Street to its junction with Third Street in said City of Waterville, and there terminating being 0.16 miles in length be, and hereby is, revoked as a County State Aid Highway of said County subject to the approval of the Commissioner of Transportation of the State of Minnesota.

<u>BE IT FURTHER RESOLVED</u>, that the County Administrator is hereby authorized and directed to forward two certified copies of this resolution to the Commissioner of Transportation for his consideration.

ADOPTED_____, 2016

County Board Chairperson

ATTEST:

County Administrator

CERTIFICATION

I hereby certify that the above is a true and correct copy of a resolution duly passed, adopted and approved by the County Board of said County of on ______, 2016.

(SEAL)

County Administrator County of Le Sueur

RESOLUTION

WHEREAS, the County Board of the County of Le Sueur did adopt a resolution on ______ 20_____, revising designation of County State Aid Highway No. <u>53</u> within the corporate limits of the City of <u>Waterville</u>, as follows:

A PARTIAL REVOCATION OF COUNTY STATE AID HIGHWAY NO. 53

Beginning at a point on County State Aid Highway 52, being the intersection of First Street and Paquin Street, in the City of Waterville thence along the established centerline of the public street, as described as follows: From said point of beginning thence east along or near the center line of Paquin Street to its junction with Third Street in said City of Waterville, and there terminating being 0.16 miles in length be, and hereby is, revoked as a County State Aid Highway of said County subject to the approval of the Commissioner of Transportation of the State of Minnesota.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of <u>Waterville</u> that said resolution is in all things approved.

ADOPTED _____, 20___.

Mayor

ATTEST:

City Clerk

Certification

I hereby certify that the above is true and correct copy of a resolution duly passed, adopted and approved by the City Council of said City on ______, 20_____.

City Clerk City of <u>Waterville</u>

RESOLUTION NO.: _____

A RESOLUTION AUTHORIZING AN AGREEMENT WITH LE SUEUR COUNTY

THE CITY COUNCIL FOR THE CITY OF WATERVILLE, MINNESOTA, DOES HEREBY RESOLVE AS FOLLOWS:

WHEREAS, the City Council for the City of Waterville met at its regularly scheduled meeting on October 4, 2016; and

WHEREAS, the council discussed entering into an agreement with Le Sueur County as is set forth in the Attached Exhibit A; and

WHEREAS, the council agrees to the terms and conditions contained in the Agreement Attached hereto as Exhibit A and resolves that entering into this agreement is in the best interest of the City of Waterville as the County will, in 2017, sealcoat Pacquin street from Second Street to Highway 13 at the County's sole cost;

WHEREAS, in consideration for the 2017 Pacquin Street sealcoat the City agrees and resolves to remove that portion of Pacquin street starting at First Street and Continuing East to Third Street from the County State Aid Highway system; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL FOR THE CITY OF WATERVILLE, LE SUEUR COUNTY, MINNESOTA, that the agreement attached hereto as Exhibit A shall be entered into and thus in 2017 Le Sueur County shall sealcoat Pacquin street from Second Street to Highway 13 at its own expense and in consideration of the same the City of Waterville consents and agrees that Pacquin street starting at First Street and Continuing East to Third Street shall be removed from the County State Aid Highway system.

BE IT FURTHER RESOLVED, that the Mayor and City Administrator are hereby authorized to sign all documents necessary to effectuate the intent of this Resolution and the intent of the Agreement attached hereto as Exhibit A. Adopted by the Council this _____ day of _____, 2016.

Approved:

Stephen Mihalik, Mayor

ATTEST:

Teresa K. Hill, City Administrator

Selly Excavating, Inc. 525 W. Derrynane St. Le Center, MN 56057

3

QUOTATIO ON

Quote Number: 16033 Quote Date: Page: 1

Aug 19, 2016

Voice: 507-357-6200 Fax: 507-357-6200

Quoted To: L.S. COUNTY DITCH SYSTEM 181 MINNESOTA ST W. LE CENTER, MN 56057

Customer ID	Good Thru	Payment Terms	Sales Rep
L.S. COUNTY DITCH 70	9/18/16	Net 15 Days	

Quantity	Item	Description	Unit Price	Amount
10,600.00	LF	Clean & level spoil. Co Ditch #70 from 281st Ave to #4 Scott county.	JD 2.10	22,260.0
с.				
2				
		•	Subtotal	22,260.0
PLEASE SIGN A	ND RETURN	UPON ACCEPTANCE	Sales Tax	
			TOTAL	22,260.0

REPAIR REQUEST

We, the undersigned landowners, do hereby request the Le Sueur County Board of Commissioners to clean out and repair Le Sueur County Ditch # 70 located in <u>Sec /641</u> Tyrese township.

Signed Dale Kessler

Address/Phone #

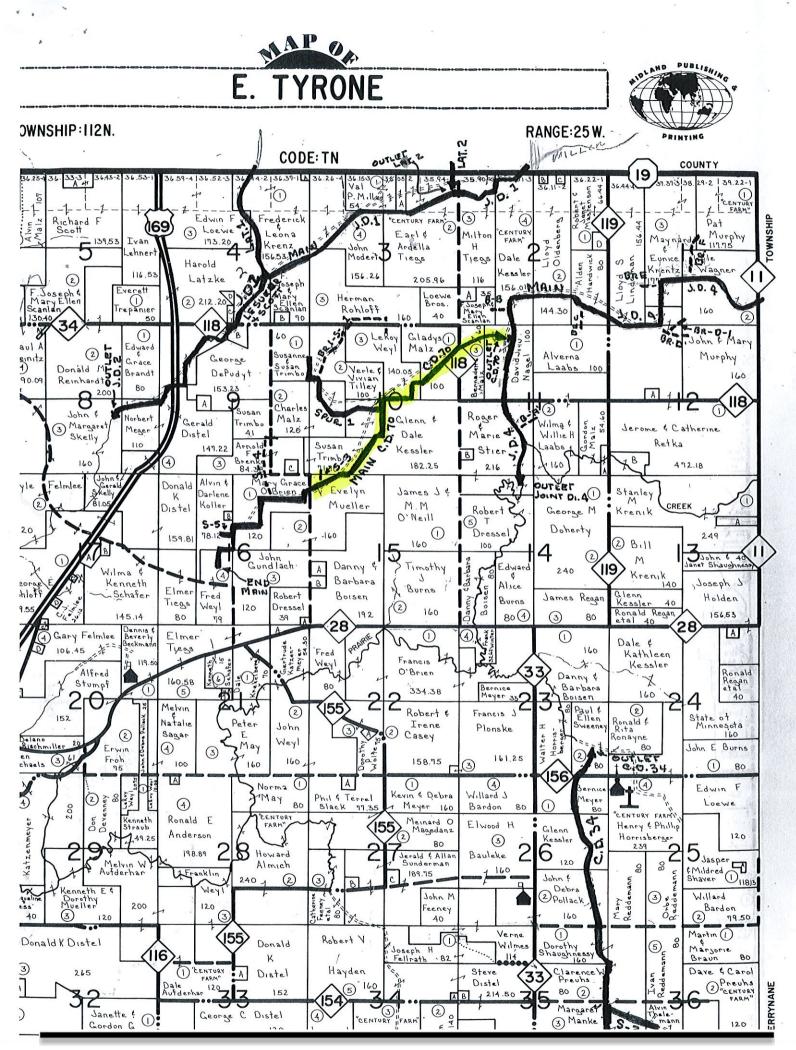
Belle Flome

6 12 - 756-0747

Date: 8-10-16

Description of problem: Ditch meds cleaning

Roger Ruhland



Dule Kessler Co Ditch# 70

Le Sueur County, MN



10.600

COUNTY INSURANCE CONTRIBUTIONS

	SINGLE	FAMILY
2010	\$665.00	
2011	\$700.50	
2012	\$700.50	
2013	\$846.30	
2014	\$846.30 Union	
	\$758.16 Non-Union	\$1,240.40
2015	\$846.30	\$1,240.40
2016	\$846.30	\$1.240.40

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LeSueur County

South Central Service Cooperative Pool

Coverage Effective Date: 01/01/2017

Group Renewal Rate Exhibit and Acceptance Form

Renewa	al Months	12						
				Ra	ites	Change	Rene	ewing
Min Value			Contracts	Current	Renewal	in Rates	Plan D	Design?
66%	PLAN 1	CDHP Plan 850 \$5	5000 Ded					
		Single	96	\$529.00	\$597.00	-	Yes	No
		Family	25	\$1,532.00	\$1,729.50			
			Annual Total Premium	\$1,069,008	\$1,206,594			
74%	PLAN 2	CDHP Plan 860 \$3	3250 Ded					
		Single	75	\$639.50	\$722.00	-	Yes	No
		Family	2	\$1,853.50	\$2,092.50			
			Annual Total Premium	\$620,034	\$700,020			
				en Suur per manus anno basa manus di banen mensione en se				
		Group Total	198	\$1,689,042	\$1,906,614	12.9%		

- No agent commission included in rates

- Minimum Value percentage is based on plan value only

60% Min 70% SILYER



LeSueur County

newal Development Summary			COVEI	age Effective Dat	
hted Experience Claims Projection					PMPM
Period 1 weighted projected renewal year claims					\$299.63
Period 2 weighted projected renewal year claims					\$155.44
Total projected renewal year claims					\$455.07
ual Incurred Claims Projection				\$340.11	
Experience to Manual: 1.338*					
ected Claims (PMPM)			<u> </u>	1000/	Annualized
	Current C	-	Current	100%	
	Single	Family	Members	Experience	Total
Projected Incurred Claims for CDHP Plan 850 \$5000 Ded	96	25	193	\$455.07	\$1,053,94
Projected Incurred Claims for CDHP Plan 860 \$3250 Ded	75	2	83	\$544.58	\$542,40
	171	27	276		
					4
l Projected Renewal Year Incurred Claims***					\$1,596,34
itional Charges					\$1,596,34
	\$19.16	\$51.18			\$1,596,34
itional Charges	\$25.27	\$67.46			\$1,596,34
itional Charges Administrative Service Charge - CDHP	\$25.27 \$62.82	\$67.46 \$168.21			\$1,596,34
itional Charges Administrative Service Charge - CDHP Network Access Fee	\$25.27	\$67.46 \$168.21 \$3.33			\$1,596,34
itional Charges Administrative Service Charge - CDHP Network Access Fee Stop Loss Rates	\$25.27 \$62.82	\$67.46 \$168.21 \$3.33 \$11.85			\$1,596,34
itional Charges Administrative Service Charge - CDHP Network Access Fee Stop Loss Rates Fitness Discounts	\$25.27 \$62.82 \$3.33	\$67.46 \$168.21 \$3.33		PMPM	
itional Charges Administrative Service Charge - CDHP Network Access Fee Stop Loss Rates Fitness Discounts Service Coop Admin	\$25.27 \$62.82 \$3.33 \$11.85	\$67.46 \$168.21 \$3.33 \$11.85		PMPM \$105.40	
itional Charges Administrative Service Charge - CDHP Network Access Fee Stop Loss Rates Fitness Discounts Service Coop Admin Commission	\$25.27 \$62.82 \$3.33 \$11.85 \$0.00	\$67.46 \$168.21 \$3.33 \$11.85 \$0.00			\$349,08
itional Charges Administrative Service Charge - CDHP Network Access Fee Stop Loss Rates Fitness Discounts Service Coop Admin Commission Total	\$25.27 \$62.82 \$3.33 \$11.85 \$0.00	\$67.46 \$168.21 \$3.33 \$11.85 \$0.00			\$1,596,34 \$349,08 \$1,945,42 \$1,689,04
itional Charges Administrative Service Charge - CDHP Network Access Fee Stop Loss Rates Fitness Discounts Service Coop Admin Commission Total	\$25.27 \$62.82 \$3.33 \$11.85 \$0.00	\$67.46 \$168.21 \$3.33 \$11.85 \$0.00			\$349,08

*Experience to manual ratio provides a benchmark comparing the group's experience to the book-of-business manual ratio.

***For each plan, the annualized sum of the projected claims (PMPM) times current member counts.

****For each plan, the annualized sum of the claim rates times current contract counts. (See rate display for contract counts.)



LeSueur County

Coverage Effective Date: 01/01/2017

								PAID DA	TA								L			INCUR				
				(A)		(B)		(C)		(D)		(E)				(F)		(G)		(H)		(1)		
				(A)		(0)		(0)		(= A - B - C)											(= D +	+ E - F + G + H)	5 1 1 1 A	a factilitation and a fact
ERIOD 1 (MOST RECE	NT)																						
						199.00	Member					va	alue Based		Amt Pd in		Amt Pd in							
			Eligible Billed			Provider		Liability		Plan Paid	Var	iable Blue		Program		Current Mo		ater Mos for		IBNR	To	otal Incurred		
ear / Month	Contracts	Mbrs	19-022	Charges		Savings	8	Other Ins		Amount	Ca	ard Fees	Reir	nbursement	_	for Prior Mos		Current Mo	-	stimate	20	Claims		ncome
	196	267	¢	288,687	\$	107,361	Ś	62,652	\$	118,674	\$	381	\$	318	\$	72,197	\$	49,559	\$	8,669		105,086	\$	137,579
1602		262	~	332,781		123,382		27,198		182,201	\$	-	\$	4	\$	154,320	\$	45,254	\$	2,765	\$	75,899	\$	136,940
01601	195		\$			126,061		20,548		142,945		5	\$	1,476	\$	57,284	\$	174,616	\$	6,867	\$	267,149	\$	127,449
01512	196	253	\$	289,554						182,910		-	Ś	157	Ś	96,279	Ś	58,708	\$	544	\$	145,882	\$	128,566
01511	198	254	\$	297,380		99,873		14,598				-	è	199	•	48,498		97,746	s	1,213	\$	145,232	\$	129,071
01510	199	255	\$	214,556	\$	95,399		24,385		94,771			\$	410	- 53	74,965		48,777		255		119,587	Ś	128,218
1509	199	251	\$	280,580	\$	113,645	\$	21,415		145,520		-	>			68,566		66,990		184	10	112,566	\$	127,713
1508	198	250	\$	319,214	\$	181,520	\$	23,752	\$	113,942	\$	17	\$	714	\$					159		109,843	ć	127,71
01507	198	250	\$	328,450	\$	150,574	\$	24,432	\$	153,444	\$	10	\$	841	Ş	77,331		33,562					\$	127,515
01506	197	246	Ś	290,171		119,784	\$	30,827	\$	139,560	\$	-	\$	1,417	\$	86,293	\$	54,553		118	Ş	107,938	\$	
		245	ě	215,911		83,572		41,905	Ś	90,433	\$	13	\$	438	\$	30,301	\$	113,742	\$	194	\$	174,082	Ş	127,22
01505	196		Ş	Second Research		94,371		34,966		92,310	\$	20	\$	661	\$	39,450	\$	44,401	\$	69	\$	97,349	\$	126,768
01504	197	243	Ş	221,647			4	48,378	ć	82,036			\$	406	Ś	47,244	\$	34,276	\$	58	\$	69,126	\$	125,25
01503	194	240	\$	195,921	>	65,506	2	375.057	4	1.538,746	100	445	-	7,041	-	852,728	1000	822,184	¢	21,095	\$	1,529,741	Ś	1,550,001

375,057 \$ 1,538,746 \$

1,361,049 \$

High Cases above \$150,000 \$ (243,305) 1,286,436 -

Adjusted Incurred Claims: \$

Adjusted Incurred Claims PMPM: \$ 426.54

			Eli	igible Billed		Provider		Member Liability		Plan Paid		ariable Blue		Value Based Program		Amt Pd in Current Mo	- 25	Amt Pd in later Mos for		IBNR	3	Total Incurred Claims		ncome
Year / Month	Contracts	Mbrs		Charges		Savings		& Other Ins	_	Amount		Card Fees	_	Reimbursement	_	for Prior Mos		Current Mo		Estimate				
201502	193	240	¢	188,752	\$	85,422	Ś	59,020	\$	44,311	\$	-	1	\$ 358	\$	3,568	\$	45,203	\$	45		85,991	Ş	124,640
	193	236	ć	126,303	Ś	54,268	Ś	33,132	\$	38,903	\$	5	1	\$ 263	\$	34,063	\$	34,534	\$	6	\$	39,385	\$	123,175
201501		230	ć	316,161		97,891	s	19,863		198,407	\$	-		\$-	\$	130,423	\$	31,707	\$	20	\$	99,710	\$	125,373
201412	191		3			66,382	è	14,451		229,891	s	-		s -	\$	57,726	\$	128,323	\$	70	\$	300,558	\$	123,619
201411	188	217	\$	310,724	\$	Contraction of the second second	\$	32,496		130,751		-			Ś	74,162	Ś	61,968	\$	10	\$	118,567	\$	125,202
201410	189	223	\$	220,821	\$	57,573	>							ې د -	ć	23,579	¢	35,876		12	\$	69,979	\$	125,202
201409	189	223	\$	124,837	\$	50,597	\$	16,570		57,670		-		÷	ç		2	68,062		19		155,999	Ś	123,948
201408	189	220	\$	248,917	\$	89,985	\$	17,554	\$	141,378		40		\$ -	Ş	53,499	\$						č	124,323
201407	188	223	\$	223,762	\$	111,061	\$	18,296	\$	94,404	\$	-		\$-	\$	74,281	Ş	52,793		4		72,920	2	
201406	187	222	Ś	188,129	Ś	55,690	Ś	17,140	\$	115,298	\$	-	1	\$ -	\$	70,284	\$	73,454		1	\$	118,469	\$	123,777
	188	223	é	191.012		74,037	Ś	36,832	\$	80,143	Ś	-		\$ -	\$	41,528	\$	72,345	\$		\$	110,960	\$	124,438
201405			\$		4	41,747	ž	35,847		30,475		-		¢ -	\$	10,625	Ś	41,719	\$	-	\$	61,569	\$	123,401
201404	188	218	\$	108,069	\$		2		2		ć		1	¢ .	ć	24,709	Ś	11,564		-	Ś	37,199	Ś	122,855
201403	187	217	\$	150,362	Ş	53,945	\$	46,073	>	50,344	2	-	• •	<u> </u>	-		*		-		-			1,489,951
Totals	2,269	2,682	\$	2,397,849	\$	838,599	\$	347,276	\$	1,211,974	\$	45		\$ 622	\$	598,447	Ş	657,547	Ş	187	Ş	1,271,306	\$	1,469,95.

High Cases above \$150,000 \$ (29,603) 1,241,704 Adjusted Incurred Claims: \$

Adjusted Incurred Claims PMPM: \$ 462.98

This report is for projection purposes only.

Rating Period Report

2,363

Totals

3,016

\$

3,274,852 \$



For the health of all. Board Meeting - 9/20/2016

2016 Current Health Benefits

	Prem	nium Cost	Monthly Per Employee Contribution				
Single Deduc	tible			Deposit into HSA/VEBA			
32	250	639.50	846.30	206.80			
50	000	529.00	846.30	317.30			
Family Dedu	ctible			Employee Cost			
3250/65	500	1853.50	1240.40	613.10			
5000/10,0	000	1532.00	1240.40	291.60			
			Monthly				
2017	Scen	ario #1	Per Employee				
	Prem	nium Cost	Contribution		Number of Policies		
Single Deduc	tible			Deposit into HSA/VEBA	171		
32	250	722.00	909.50	187.50		129686.40	
50	000	597.00	909.50	312.50			
Family				Employee Cost	27		
3250/65	500	2092.50	1300.00	792.50		20476.80	
5000/10,0	000	1729.50	1300.00	429.50		\$150,163.20	
						2017 Increase to B	Budget
0.0			Monthly				
OR	Scon	ario #2	Per Employee				
		nium Cost	Contribution		Number of Policies		
Single Deduc		num cost	contribution	Deposit into HSA/VEBA	171	129686.40	
	250	722.00	909.50	187.50			
	000	597.00	909.50	312.50			
Family				Employee Cost	27	51710.40	
3250/65	500	2092.50	1400.00	692.50		\$181,396.80	
5000/10,0		1729.50	1400.00	329.50		2017 Increase to B	Budget