



**CITY OF JONESBORO
Work Session
170 SOUTH MAIN STREET
November 6, 2017 – 6:00 PM**

NOTE: As set forth in the Americans with Disabilities Act of 1990, the City of Jonesboro will assist citizens with special needs given proper notice to participate in any open meetings of the City of Jonesboro. Please contact the City Clerk's Office via telephone (770-478-3800) or email at rclark@jonesboroga.com should you need assistance.

Agenda

- I. CALL TO ORDER - MAYOR JOY B. DAY**
- II. ROLL CALL - RICKY L .CLARK, JR., CITY MANAGER**
- III. PUBLIC HEARING**
 - 1. Public Hearing regarding FY' 18 Budget.
- IV. INVOCATION**
- V. WORK SESSION**
 - A. Discussion regarding Conditional Use at 8557 Tara Blvd as requested by Uhaul.
 - B. Council to consider approval of United Healthcare's Medical Plan.
 - C. Discussion regarding FY' 18 Recommended Budget.
- VI. OTHER BUSINESS**
- VII. ADJOURNMENT**



CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary

Agenda Item #

5.A

- A

COUNCIL MEETING DATE

November 6, 2017

Requesting Agency (Initiator)

Office of the City Manager

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Conditional Use at 8557 Tara Blvd as requested by Uhaul.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Conditional Use Permit

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

The City has received an application for a Conditional Use Permit. The owner of the property is Cathy Morris Field, and the applicant is AMERCO/ U-Haul. The location is 8557 Tara Blvd. Jonesboro, Georgia. This site served as home to the Hoops & Fitness Center for many years. The current zoning of the property is C-2. The structure that is on the premises is a grey metal building approximately 77,000 sq. ft., and sits on 5.74 acres with five bay doors and a loading dock to the left side. At the rear of the structure to the right, there is warehouse with a private entrance. The property has adequate parking to support the applicant business. The frontage, side, rear, and width setbacks for this property complies with the current zoning.

Staff Findings:

The proposed elevation renderings do not comply with the codes for the Tara Blvd. Overlay District pursuant to the following:

- Sec. 86-109 (b) 4 Encourage a balance of uses for living that are conveniently accessible.
- Sec. 86-109 (a) Promote tourism within Tara Blvd. Overlay District by creating distinct & aesthetically pleasing commercial corridors.
- Sec. 86-109 (K) 4 All materials shall be earth-tone in color
- With limited recreational spaces with the City, staff wishes to work with the owner on finding a Developer to bring back the recreational use of the

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky L. Clark, City Manager

Date

November, 6, 2017

Signature

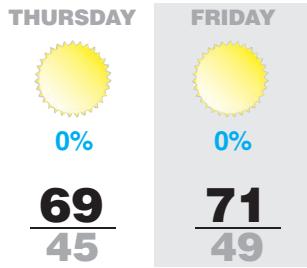
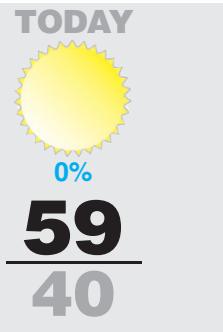
City Clerk's Office

- Clayton News-Pg 3A_Oct 25 2017 Legal Display
- Acceptance Letter_Cathy Fields
- 000000_PRESENTATION 11x17 03AC
- Conditional Use Application - FINAL

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Denial

HOROSCOPES



SOLUNAR TABLES

The solunar tables for lakes are based on studies that show fish and game are more active at certain times during the lunar period.

MAJOR

5:40-7:40 a.m. 6:04-8:04 p.m.

MINOR

12:50-1:50 p.m. 11:17 a.m.-12:17 p.m.

.....

POLLEN COUNTS

Trees: Low

Weeds: Low

Grass: Low

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LAKE LEVELS

Lake Full Yesterday Lake Full Yesterday

Allatoona	(840.0)	836.63	Lanier	(1071.0)	1065.38
Blackshear	(237.0)	237.08	Nottely	(1779.0)	1765.36
Blue Ridge	(1690.0)	1676.63	Oconee	(435.0)	434.85
Burton	(1865.0)	1865.80	Seminole	(77.5)	76.78
Carters	(1072.0)	1072.79	Sinclair	(339.8)	338.90
Chatuge	(1927.0)	1919.70	Thurmond	(330.0)	320.66
Harding	(521.0)	520.85	Tugalo	(891.5)	889.79
Hartwell	(660.0)	652.37	Walter F. George	(188.0)	188.14
Jackson	(530.0)	529.22	West Point	(635.0)	629.61

READER'S GUIDE

Clayton News

OFFICIAL LEGAL ORGAN OF CLAYTON COUNTY
news-daily.com

Phone — 770-478-5753

WHO TO CALL

The Clayton News encourages your input. Here are some guidelines to help you communicate with us.

OFFICE HOURS:

We are located at 148 Courthouse St., Jonesboro, GA 30236. Office hours are Monday through Friday, from

10 a.m. to 5 p.m. Between 1 and 2 p.m. the office will be closed for lunch.

SUBSCRIPTION RATES:

Subscriptions are \$12 for three months; \$23 for six months; or \$46 for one year.

TO PLACE AN AD:

Call Tammy Cody 770-560-1935 or email tcody@news-daily.com.

GOT AN OLDER CAR, VAN OR SUV?

Do the humane thing.



Donate it to the Humane Society.

You'll be supporting the nation's largest and most effective animal protection organization, seeking a humane world for people and animals alike.

Call 1-866-358-4194

DENTAL Insurance

Physicians Mutual Insurance Company

A less expensive way to help get the dental care you deserve

If you're over 50, you can get coverage for about \$1 a day*

Keep your own dentist! NO networks to worry about

NO annual or lifetime cap on the cash benefits you can receive

No wait for preventive care and no deductibles — you could get a checkup tomorrow

Coverage for over 350 procedures including cleanings, exams, fillings, crowns...even dentures

*Individual plan. Product not available in MN, MT, NH, RI, VT, WA. Acceptance guaranteed for one insurance policy/certificate of this type. Contact us for complete details about this insurance offer. Not specific to CO, NY, or OK. P1500K, P1500N, P1500R

MBN-NMOOG

FREE Information Kit

1-877-914-2062

www.dental50plus.com/georgia

Individual plan. Product not available in MN, MT, NH, RI, VT, WA. Acceptance guaranteed for one insurance policy/certificate of this type. Contact us for complete details about this insurance offer. Not specific to CO, NY, or OK. P1500K, P1500N, P1500R

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MBN-NMOOG

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MEMORANDUM

To: Cathy Fields
3424 Great Neck Road
Amityville, New York 11701

From: Ricky L. Clark, Jr.
124 North Avenue
Jonesboro, GA 30236

Date: October 17, 2017

Re: Notification of Request for a Conditional Use Request – 8557 Tara Blvd

Ms. Fields,

This letter is to serve as notification that the City of Jonesboro has accepted your request to consider a conditional use to operate a U-Haul Rental, Self-storage facility at property located at 8557 Tara Blvd.

A Public Hearing has been scheduled for Monday, November 13, 2017 before the Jonesboro Mayor and City Council to consider the request as described above. The Jonesboro Mayor and Council will first discuss this item at the next Work Session on Monday, November 6, 2017.

Both meetings will be held at 6:00 p.m. in the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro GA 30236. Your presence is strongly recommended.

Should you have any questions regarding the decision, please do not hesitate to contact me at 770-478-3800 or at rclark@jonesboroga.com

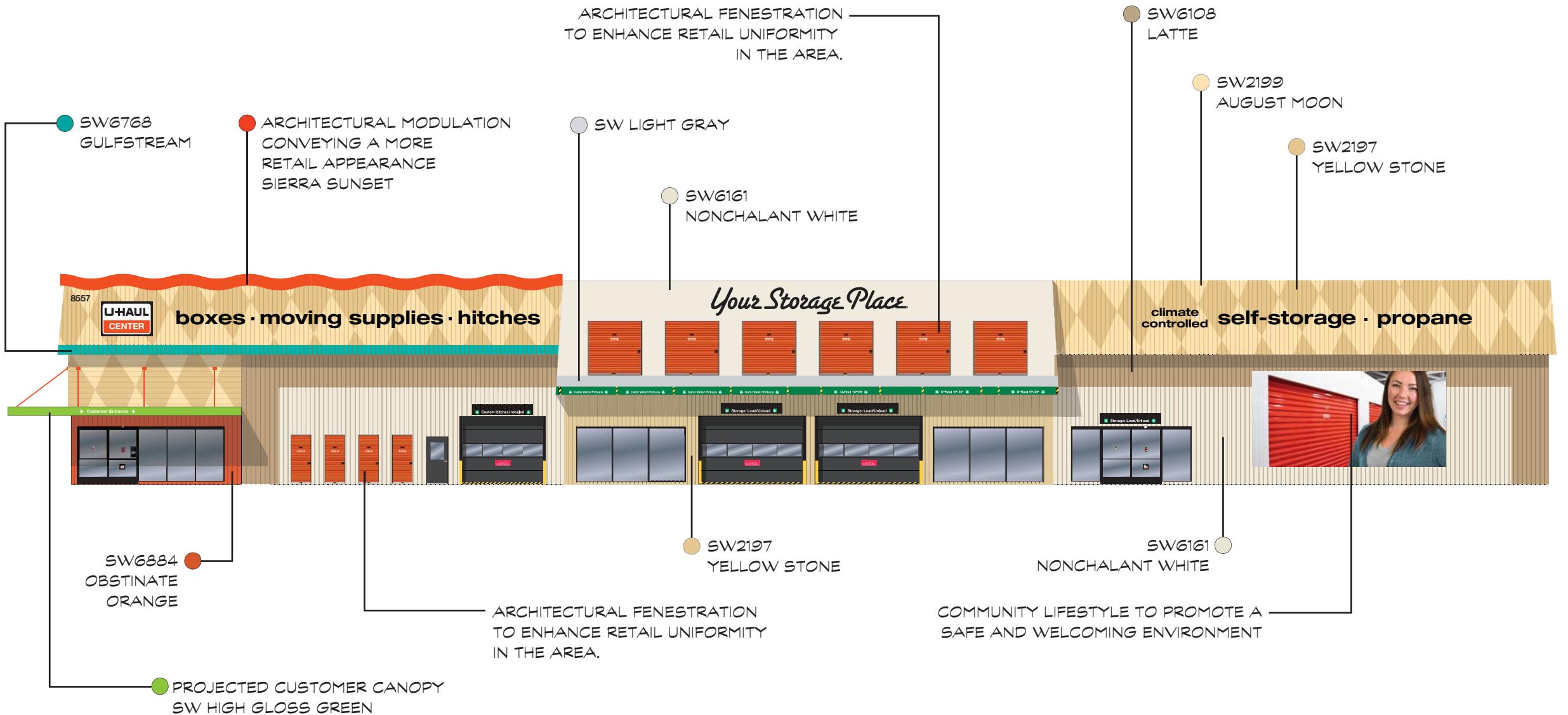
Sincerely,

Ricky L. Clark, Jr.
City Manager



AT
TARA BLVD.

8557 TARA BLVD.
JONESBORO, GA 30236



SW2199
August Moon



SW2197
Yellow Stone



SW6768
Gulfstream



Sierra Sunset



SW6108
Latte



SW High
Gloss Green



SW6884
Obstinate Orange

FINAL APPROVED IMAGING

Attachment: 000000_PRESENTATION 11x17 03AC (1186 : U Haul 8557 Tara Blvd)

ANY CHANGES REQUIRE
REBID OF PROJECT

00000
00000 MSTR ART-01AC
10/04/2017

U-HAUL
ADVERTISING & MARKETING ASSOCIATES, INC.

AT
TARA BLVD.

8557 TARA BLVD.
JONESBORO, GA 30236



SW2199
August Moon



SW2197
Yellow Stone



SW6768
Gulfstream



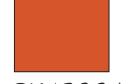
Sierra Sunset



SW6108
Latte



SW High
Gloss Green



SW6884
Obstinate Orange

ANY CHANGES REQUIRE
REBID OF PROJECT

00000
00000 MSTR ART-01AC
10/04/2017

ajm
ADVERTISING & MARKETING ASSOCIATES, INC.
2727 N. CENTRAL AVENUE • PHOENIX, ARIZONA 85004 • (602) 760-4983



CITY OF JONESBORO
124 North Avenue
Jonesboro, Georgia 30236
City Hall: (770) 478-3800
Fax: (770) 478-3775
www.jonesboroga.com

CONDITIONAL USE PERMIT APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

APPLICATION FEE: \$700.00 (Non-Refundable).

Check # D763-12972

Date of Application:

8/30/2017

Property Owner Authorization

I (We) Cathy Morris Fields the

owner(s) of the following property located at: 8537 Tara Blvd

Jonesboro, GA 30236

Tax Parcel Number: 13242 DA016A Size of Property: 77k Sq. ft. on 5.74 Acre

13242 DA002

13242 DA018

Located in Zoning District C-2 do hereby request permission for a

conditional use for the above described property under the Zoning Ordinance zoned for

the following purposes:

C-2

Property Owner Information

Name: Cathy Morris Heids
 Mailing Address: 8557 Tara Blvd
 City: Jonesboro State: GA Zip: 30236
 Phone: (Day) 516-639-3857 (Evening) 516-639-3851

Applicant's Information

(If Different from Owner's Information)

Name: Americo/U-Haul/ Jon Scoville (mcP)
 Mailing Address: 5390 Old National Blvd.
 City: College Park State: GA Zip: 30349
 Phone: (Day) 404 768 2027 office (Evening) 502 382 7090 cell
502 382 7090 cell

Jonesboro Property Information

Existing Uses and Structures: Abandoned /Empty for over 3yrs.

Property address: 8557 Tara Blvd.

Surrounding Uses and Structures: (See Official Zoning Map): Attached to this Packet

Surrounding Zoning:

North: C2 South: C2 East: C2 West: Co. Parcels

Details of Proposed Use: Adjusted lease! Interior Self-Storage, U-Haul trucks & trailer share + retail showing of moving supplies

Public Utilities: _____

Access, Traffic and Parking:

Straight off Tara Blvd. & from Smith St.

Special Physical Characteristics: Currently an EYE SOAR for the City of Jonesboro.

Pursuant to Sec. 86-244 of the Jonesboro Code of Ordinances, a site plan shall accompany an application proposing the rezoning of property to one of the zoning districts contained in article V that is initiated by an owner of property or his agent.

SITE PLAN INFORMATION INCLUDING:

1. Name, address and phone number of property owner.
2. Name, address and phone number of the applicant (if different from the owner).
3. Nature of proposed uses, including a statistical summary of development indicators such as density, nonresidential floor area, maximum building heights, number of lots or dwelling units and minimum unit sizes, as appropriate.
4. A graphic indication of the architectural style, building materials and elevations anticipated.
5. Date of survey and source of datum, as appropriate.
6. Date of site plan and revision dates, as appropriate.
7. North arrow and scale, not to exceed one inch equals 50 feet.
8. Location (district and land lot) and size of the property in acres (or square feet if below one acre).
9. Location sketch of the property in relation to the surrounding area with regard to landmarks such as arterial streets or railroads. Sketches shall be at a scale sufficient to clearly indicate the location of the property, but not greater than one inch equals 2,000 feet. U.S. Geological Survey maps may be used as a reference guide for the location sketch.
10. Proposed zoning classification of the property and zoning of all adjacent properties.
11. Man-made features adjacent to the property, including street right-of-ways and street names, city limits and other significant information such as bridges, water and sanitary sewer mains, storm drainage systems and other features, as appropriate.
12. Location and right-of-way width of all proposed streets.
13. Indication of domestic water supply source.
14. Indication of sanitary sewer service.
15. Approximate location of proposed storm water drainage and detention facilities.
16. Any existing or proposed easements.
17. Location of all improvements, public areas or community facilities proposed for dedication to public use.
18. Proposed lot lines and minimum front, side and rear building setbacks for each lot.
19. Approximate footprint and location of all existing and proposed buildings and structures on and adjacent to the site.
20. All existing and proposed access, driveways, parking and loading areas on or adjacent to the site.
21. Proposed solid waste disposal facilities and outdoor storage areas.
22. Proposed buffers and greenspace.
23. Proposed development schedule.

The City may require submission of additional information as may be useful in understanding the proposed use and development of the property.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ALL ATTACHED INFORMATION IS TRUE AND CORRECT:

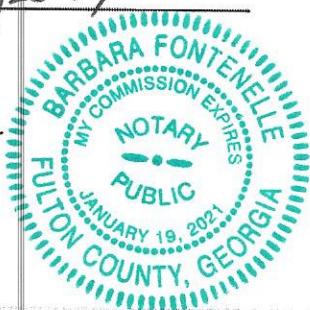
Date: 8/30/2017

Signed: 8/30/2017

Notary:

Barbara Fontenelle

SEAL



FOR OFFICE USE ONLY:

Date Received: ____ / ____ /20 ____ Received By: _____

Fee Amount Enclosed: \$ _____

Public Notice Sign Posted (Date) _____

Legal Ad Submitted (Date) _____

Legal Ad Published (Date) _____

Date Approved: ____ / ____ /20 ____

Date Denied ____ / ____ /20 ____

Permit Issued ____ / ____ /20 ____

Comment:

PROPERTY OWNER'S AUTHORIZATION

The undersigned below, or as attached, is the owner of the property which is subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of an amendment to the property.

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Clayton County, Georgia.

I hereby depose and say that all above statements and attached statements and/or exhibits submitted are true and correct, to the best of knowledge and belief.

PROPERTY OWNER:

Cathy Morris Fields

PRINT NAME

Cathy Morris Fields 8/30/2017

SIGNATURE/DATE

APPLICANT:

Jonathan A. Scoville

PRINT NAME

Jonathan A. Scoville

SIGNATURE/DATE

NOTARY:

Barbara Fontenelle 8/30/2017

SIGNATURE/DATE

SEAL



Marina W.



CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
www.jonesboroga.com

ZONING VERIFICATION REQUEST

Important Notice:

BEFORE leasing, purchasing, or otherwise committing to a property you are **STRONGLY ADVISED** to confirm that the zoning and physical layout of the building and site are appropriate for the business use intended and will comply with the City's Zoning Ordinance. This includes having a clear understanding of any code restrictions, limitations or architectural guidelines that may impact your operation and any building and site modifications that may be necessary to open your business. This document does not authorize a business to conduct business without an Occupational Tax Certificate. This could result in closure and/or ticketing.

Applicant's Information

Name of Applicant: Stephany Sheekey
 Name of Business: U-Haul Moving + Storage
 Property's Address: 8557 Tara Blvd
 Email Address: Stephany_sheekey@uhaul.com
 Phone: (Day): (602) 735-2082 (Evening): _____

Property Information

Current Use of Property: Commercial Vacant

Proposed Use of Property (Please provide in great detail the intended use of the property):

We are proposing an adaptive reuse of the existing property to utilize as a U-Haul Moving + Storage Store. Our uses would include interior self-storage, U-Haul truck/trailer share, + associated retail sales (boxes, tape, trailer hitches).

Stephany Sheekey
 Applicant's Signature

08/03/17

Date

FOR OFFICE USE ONLY:

Current Zoning: C2

Required Zoning: C2

NAICS Code:

5321 / 53113

Conditional Use Needed?

Yes or No

DENIED

Comments:

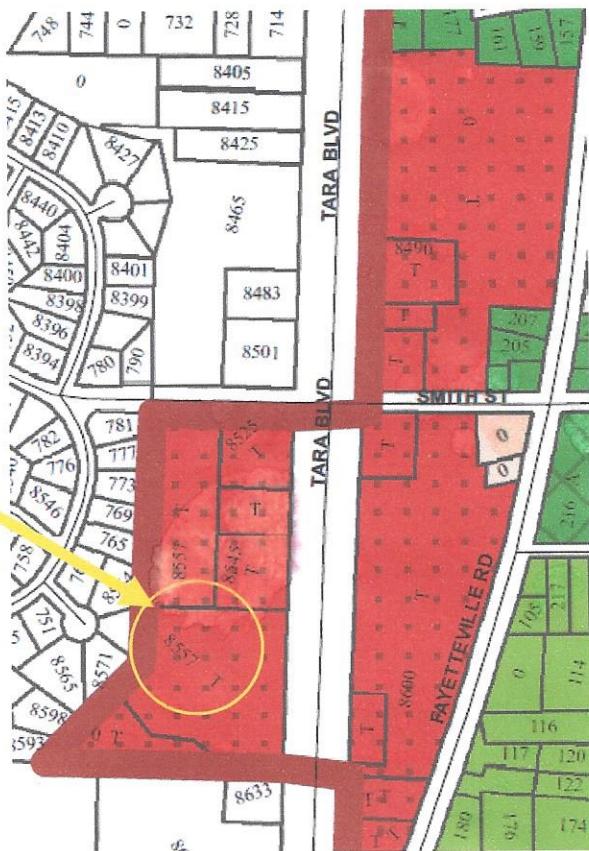
APPROVED

R. C. W.
 Zoning Official Signature

08/03/17
 Date

Applicant – Stephany Sheekey
Name of Business – U-Haul Moving & Storage
Address – 8557 Tara Blvd
Zoning District – C-2
NAICS – 53113
Proposed Use: U-Haul Moving & Storage Store

NAICS Code	USES	R-2	R-4	R-C	R-A	RM	H-1	H-2	O&I	MX	C-1	C-2	M-1	Code Section
53113	Mini-warehouses and Self-Storage Units	N	N	N	N	N	N	N	N	N	N	N	P	



Zoning Classifications

Jonesboro Boundaries

- A Assembly Rights
- H Historic Residential
- HA Historic Residential and Assembly Rights
- Tara Boulevard
- County Parcels
- C-1 Neighborhood Commercial
- C-2 Highway Commercial
- H-1 Historic District
- H-2 Historic District
- M-1 Light Industrial District
- O-I Office and Institutional
- R-2 Single Family Residential
- R-4 Single Family Residential
- R-C Cluster Residential
- RM Multifamily Residential

Ricky L. Clark, Jr., Zoning Administrator
 August 4, 2017



CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary

Agenda Item #

5.B

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COUNCIL MEETING DATE

November 6, 2017

Requesting Agency (Initiator)

Office of the City Manager

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Council to consider approval of United Healthcare's Medical Plan.

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Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Upon receipt of our 2018 major medical insurance rates, we experienced a 15% increase in our insurance rates (major medical) from GMA. After seeing the budgetary impact of an increase that significant, we informed our brokers that we wished to go to market.

After speaking with our broker and reviewing all options, I am recommending that we in fact switch carriers from GMA (Blue Cross / Blue Shield) to United Healthcare.

United Healthcare offers a comprehensive network of providers. In addition, the proposal, if approved by Mayor & Council will result in a cost saving for both the City and a great majority of our employees. For the five of our employees that currently have employee & spousal coverage, the rate is proportionally higher.

The overall savings compared to GMA is roughly \$85,000 per annum.

See attachments for a full breakdown of costs.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- AR-W3 Plan Summary
- AR-WW Plan Summary
- City of Jonesboro - Renewal Presentation
- Prescription Drug 2V Plan Summary

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky L. Clark, City Manager

Date

November, 6, 2017

Signature

City Clerk's Office

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

5.B



Benefit Summary

Georgia - Choice PI
Traditional with Deductible - Plan ARV

What is a benefit summary?

This is a summary of what the plan does and does not cover. This summary can also help you understand your share of the costs. It's always best to review your Certificate of Coverage (COC) and check your coverage before getting a health service, when possible.

What are the benefits of the Choice Plus Plan?

Get more protection with a national network and out-of-network coverage.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in or out of our network, but you save money when you use the network.

- > **There's coverage if you need to go out of the network.** Out-of-network means that a provider does not have a contract with us. Choose what's best for you. Just remember out-of-network providers will likely charge you more.
- > **There's no need to choose a primary care provider (PCP) or get referrals to see a specialist.** Consider a PCP; they can be helpful in managing your care.
- > **Preventive care is covered 100% in our network.**

Are you a member?

Easily manage your benefits online at myuhc.com® or on the go with the **UnitedHealthcare Health4Me™** mobile app.

For questions, call the member phone number or your health plan ID card.

Not enrolled yet? Learn more about this plan and search for network doctors or hospitals at atwelcometouhc.com/choiceplus or call 1-866-873-3903, TTY 711, 8 a.m. to 8 p.m. local time, Monday through Friday.

Benefits At-A-Glance

What you may pay for network care

This chart is a simple summary of the costs you may have to pay when you receive care in the network. It doesn't include all of the deductibles and co-payments you may have to pay. You can find more benefit details beginning on page 2.

Co-payment (Your cost for an office visit)	Individual Deductible (Your cost before the plan starts to pay)	Co-insurance (Your cost share after the deductible)
\$30	\$500	20%

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage for certain conditions. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

UnitedHealthcare Insurance Company

Your Costs

In addition to your premium (monthly) payments paid by you or your employer, you are responsible for paying these costs.

	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Deductible		
What is a deductible?		
The deductible is the amount you have to pay for covered health care services (common medical event) before your health plan begins to pay. The deductible may not apply to all services. You may have more than one type of deductible.		
> Your co-pays don't count towards meeting the deductible unless otherwise described within the specific common medical event.		
> All individual deductible amounts will count towards meeting the family deductible, but an individual will not have to pay more than the individual deductible amount.		
Medical Deductible - Individual	\$500 per year	\$1,000 per year
Medical Deductible - Family	\$1,000 per year	\$2,000 per year
Out-of-Pocket Limit		
What is an out-of-pocket limit?		
The most you pay during a policy year before your health plan begins to pay 100%. Once you reach the out-of-pocket limit, your health plan will pay for all covered services. This will not include any amounts over the amount we allow when you see an out-of-network provider.		
> All individual out-of-pocket limit amounts will count towards meeting the family out-of-pocket limit, but an individual will not have to pay more than the individual out-of-pocket limit amount.		
> Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.		
Out-of-Pocket Limit - Individual	\$4,000 per year	\$8,000 per year
Out-of-Pocket Limit - Family	\$8,000 per year	\$16,000 per year

Your Costs

What is co-insurance?

Co-insurance is your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. Co-insurance is not the same as a co-payment (or co-pay).

What is a co-payment?

A co-payment (co-pay) is a fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. You will pay a co-pay or the allowed amount, whichever is less. The amount can vary by the type of covered health care service. Please see the specific common medical event to see if a co-pay applies and how much you have to pay.

What is Prior Authorization?

Prior Authorization is getting approval before you can get access to medicine or services. Services that require prior authorization are noted in the list of Common Medical Events. To get approval, call the member phone number on your health plan ID card.

Want more information?

Find additional definitions in the glossary at justplainclear.com.

Your Costs

Following is a list of services that your plan covers in alphabetical order. In addition to your premium (monthly) payment paid by you or your employer, you are responsible for paying these costs.

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Ambulance Services		
Emergency	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the network medical deductible has been met.
Non-Emergency	20% co-insurance, after the medical deductible has been met. Prior Authorization is required for Non-Emergency Ambulance.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for Non-Emergency Ambulance.
Autism Spectrum Disorder Services		
Unlimited physical, speech and occupational therapy services for autism spectrum disorders for members age 6 and under.	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for certain services.
Clinical Trials		
	The amount you pay is based on where the covered health service is provided.	
	Prior Authorization is required.	Prior Authorization is required.
Congenital Heart Disease (CHD) Surgeries		
	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Dental Services - Accident Only		
	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the network medical deductible has been met. Prior Authorization is required.
Dental Services - Anesthesia and Hospitalization		
	The amount you pay is based on where the covered health service is provided.	
	Prior Authorization is required.	Prior Authorization is required.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Diabetes Services		
Diabetes Self Management and Training/Diabetic Eye Examinations/Foot Care:	The amount you pay is based on where the covered health service is provided.	
Diabetes Self Management Items:	The amount you pay is based on where the covered health service is provided under Durable Medical Equipment or in the Prescription Drug Rider.	Prior Authorization is required for Durable Medical Equipment that costs more than \$1,000.
Durable Medical Equipment		
Limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every 3 years. This limit does not apply to wound vacuums.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
		Prior Authorization is required for Durable Medical Equipment that costs more than \$1,000.
Emergency Health Services - Outpatient		
	\$350 co-pay per visit. A deductible does not apply.	\$350 co-pay per visit. A deductible does not apply.
		Notification is required if confined in an Out-of-Network Hospital.
Gender Dysphoria		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for certain services.
Hearing Aids		
Limited to one hearing aid per hearing impaired ear not to exceed \$3,000 per hearing aid including its medically necessary services and supplies. Repair and/or replacement of a hearing aid is limited to a single purchase per hearing impaired ear every three years.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
Home Health Care		
Limited to 60 visits per year.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
		Prior Authorization is required.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Hospice Care	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for Inpatient Stay.
Hospital - Inpatient Stay	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Lab, X-Ray and Diagnostics - Outpatient	You pay nothing. A deductible does not apply.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Mental Health Services		
Inpatient:	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
Outpatient:	\$60 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.
Partial Hospitalization/Intensive Outpatient Treatment:	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Neurobiological Disorders – Autism Spectrum Disorder Services		
Inpatient:	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
Outpatient:	\$60 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.
Partial Hospitalization/Intensive Outpatient Treatment:	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Ostomy Supplies	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Pharmaceutical Products - Outpatient		
This includes medications given at a doctor's office, or in a Covered Person's home.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
Physician Fees for Surgical and Medical Services		
	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
Physician's Office Services - Sickness and Injury		
Primary Physician Office Visit Services include the diagnosis of infertility.	\$30 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.
Specialist Physician Office Visit Services include the diagnosis of infertility.	\$60 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.
Additional co-pays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.		
Pregnancy - Maternity Services		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer.
		Prior Authorization is required if the stay in the hospital is longer than 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.
Prescription Drug Benefits		
Prescription drug benefits are shown in the Prescription Drug benefit summary.		
Preventive Care Services		
Physician Office Services, Scopic Procedures, Lab, X-Ray or other preventive tests.	You pay nothing. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.
Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA) with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a co-pay, co-insurance or deductible.		

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Prosthetic Devices		
Limited to a single purchase of each type of prosthetic device every 3 years.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for Prosthetic Devices that costs more than \$1,000.
Reconstructive Procedures		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required.
Rehabilitation and Habilitative Services - Outpatient Therapy and Manipulative Treatment		
Limited to: 20 visits of pulmonary rehabilitation. 36 visits of cardiac rehabilitation. 37 visits of physical therapy. 37 visits of occupational therapy. 37 visits of speech therapy. 30 visits of post-cochlear implant aural therapy. 20 visits of cognitive rehabilitation therapy. 20 visits of manipulative treatments.	\$30 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Limited to 60 days per year.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Substance Use Disorder Services		
Inpatient:	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met.
Outpatient:	\$60 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.
Partial Hospitalization/Intensive Outpatient Treatment:	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Surgery - Outpatient		
	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Temporomandibular Joint Services		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for Inpatient Stay.
Therapeutic Treatments - Outpatient		
Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.	20% co-insurance, after the medical deductible has been met.	40% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Transplantation Services		
Network Benefits must be received at a designated facility.	The amount you pay is based on where the covered health service is provided. Prior Authorization is required.	Prior Authorization is required.
Urgent Care Center Services		
Additional co-pays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery.	\$75 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Virtual Visits		
Network Benefits are available only when services are delivered through a Designated Virtual Visit Network Provider. Find a Designated Virtual Visit Network Provider Group at myuhc.com or by calling Customer Care at the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.	\$10 co-pay per visit. A deductible does not apply.	40% co-insurance, after the medical deductible has been met.

Services your plan does not cover (Exclusions)

It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Alternative Treatments

Acupressure; acupuncture; aromatherapy; hypnotism; massage therapy; rolfing; art therapy, music therapy, dance therapy, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in Section 1 of the COC.

Dental

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to Benefits as described under Dental Services – Anesthesia and Hospitalization in Section 1 of the COC. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Policy, limited to: Transplant preparation; prior to initiation of immunosuppressive drugs; the direct treatment of acute traumatic Injury, cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: extraction, restoration and replacement of teeth; medical or surgical treatments of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to preventive care for which Benefits are provided under the United States Preventive Services Task Force requirement or the Health Resources and Services Administration (HRSA) requirement. This exclusion also does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in Section 1 of the COC. Dental implant bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly.

Devices, Appliances and Prosthetics

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics and some types of braces, including over-the-counter orthotic braces. Cranial banding. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice device, for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC. Oral appliances for snoring. Repairs to prosthetic devices due to misuse, malicious damage or gross neglect. Replacement of prosthetic devices due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Services your plan does not cover (Exclusions)

Drugs

Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medication. This exclusion does not apply to medications which, due to their characteristics (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy. New Pharmaceutical Products and/or new dosage forms until the date they are reviewed. A Pharmaceutical Product that contains (an) active ingredient(s) available in and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. Such determinations may be made up to six times during a calendar year. A Pharmaceutical Product that contains (an) active ingredient(s) which is (are) a modified version of and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. Such determinations may be made up to six times during a calendar year. A Pharmaceutical Product with an approved biosimilar or a biosimilar and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. For the purpose of this exclusion a "biosimilar" is a biological Pharmaceutical Product approved based on showing that it is highly similar to a reference product (a biological Pharmaceutical Product) and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Such determinations may be made up to six times per calendar year. Certain Pharmaceutical Products for which there are therapeutically equivalent (having essentially the same efficacy and adverse effect profile) alternatives available, unless otherwise required by law or approved by us. Such determinations may be made up to six times during a calendar year.

Experimental, Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven Services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits. The procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC.

Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Treatment of subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports. Note: This exclusion does not apply to therapeutic shoes, custom fitted inserts and related orthopedic footwear for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC.

Gender Dysphoria

Cosmetic Procedures including the following: Abdominoplasty. Blepharoplasty. Breast enlargement, including augmentation mammoplasty and breast implants. Body contouring, such as lipoplasty. Brow lift. Calf implants. Cheek implants, and nose implants. Injection of fillers or neurotoxins. Face lift, forehead lift, or neck tightening. Facial bone remodeling for facial feminizations. Hair removal. Hair transplantation. Lip augmentation. Lip reduction. Liposuction. Mastopexy. Pectoral implants for chest masculinization. Rhinoplasty. Skin resurfacing. Thyroid cartilage reduction; reduction thyroid chondroplasty; trachea shave (removal or reduction of the Adam's Apple). Voice modification surgery. Voice lessons and voice therapy.

Services your plan does not cover (Exclusions)

Medical Supplies

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: compression stockings, ac bandages, gauze and dressings, urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in Section 1 of the COC.
- Ostomy supplies for which Benefits are provided as described under Ostomy Supplies in Section 1 of the COC.

Tubing and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in Section 1 of the COC.

Mental Health, Neurobiological/Autism Spectrum, and Substance Use Disorders

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Outside of an initial assessment, services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Outside of initial assessment, services as treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, pyromania, kleptomania, gambling disorder, and paraphilic disorder. Educational services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Tuiting or services that are school-based for children and adolescents required to be provided by, or paid for, by the school under the Individuals with Disabilities Education Act. Outside of initial assessment, unspecified disorders for which the provider is not obligated to provide clinical rationale as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Transitional Living services.

Nutrition

Individual and group nutritional counseling including non-specific disease nutritional education such as general good eating habits, calorie control or dietary preferences. This exclusion does not apply to preventive care for which Benefits are provided under the United States Preventive Services Task Force requirement. This exclusion also does not apply to medical nutritional education services that are provided as part of treatment for a disease by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is an important component of treatment.
- There exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional.

Enteral feedings, even if the sole source of nutrition. Infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).

Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps (This exclusion does not apply to breast pumps for which Benefits are provided under the Health Resources and Services Administration (HRSA) requirement); car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; exercise equipment; home modifications such as elevators, handrails and ramps; heat and cold compresses; hot tubs; humidifiers; Jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

Services your plan does not cover (Exclusions)

Physical Appearance

Cosmetic Procedures. See the definition in Section 9 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

Procedures and Treatments

Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including routine, long-term or maintenance/preventive treatment. Rehabilitation services for speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly or Autism Spectrum Disorder. Outpatient cognitive rehabilitation therapy except as Medically Necessary following a post-traumatic brain Injury or cerebral vascular accident. Psychosurgery. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. The following services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; craniosacral therapy; orthodontic occlusal adjustment; dental restorations. Upper and lower jawbone surgery, orthognathic surgery, and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute traumatic Injury, dislocation, tumors, cancer or obstructive sleep apnea. This exclusion does not apply to Benefits as described under Dental Services – Anesthesia and Hospitalization and Temporomandibular Joint Service in Section 1 of the COC. Surgical and non-surgical treatment of obesity. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional. The programs usually include intensive psychological support, behavior modification techniques and medications to control cravings. Breast reduction surgery except as coverage is required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under Reconstructive Procedures in Section 1 of the COC. In vitro fertilization regardless of the reason for treatment.

Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services provided at a Freestanding Facility or diagnostic Hospital-based Facility without an order written by a Physician or other provider. Services which are self-directed to a Freestanding Facility or diagnostic or Hospital-based Facility. Services ordered by a Physician or other provider who is an employee or representative of a Freestanding Facility or diagnostic Hospital-based Facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.

Services your plan does not cover (Exclusions)

Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization.

Services Provided under Another Plan

Health services for which other coverage is required by federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers' compensation or similar legislation. If coverage under workers' compensation or similar legislation is optional for you because you could elect it, or could have it elect for you, Benefits will not be paid for any Injury, Sickness, or Mental Illness that would have been covered under workers' compensation or similar legislation had that coverage been elected. Services resulting from accidental bodily injuries arising out of a motor vehicle accident to the extent the services are payable under a medical expense payment provision of an automobile insurance policy. Health services for treatment of military service-related disabilities, where you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

Transplants

Health services for organ and tissue transplants, except those described under Transplantation Services in Section 1 of the COC. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs that are directly related to organ removal are payable for a transplant through the organ recipient's Benefits under the Policy.) Health services for transplants involving permanent mechanical or animal orga

Travel

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed as determined by us. This exclusion does not apply to ambulance transportation for which Benefits are provided as described under Ambulance Services in Sector of the COC.

Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care or maintenance care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are provided as described under Hospice Care in Sector of the COC. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

Vision and Hearing

Purchase cost and fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Eye exercise or vision therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser, and other refractive eye surgery. Bone anchored hearing aids except when either of the following applies: For Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid. For Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. More than one bone anchored hearing aid per Covered Person who meets the above coverage criteria during the entire period of time the Covered Person is enrolled under the Policy. Repairs and/or replacement for a bone anchored hearing aid for Covered Persons who meet the above coverage criteria, other than for malfunctions. Routine vision examinations, including refractive examinations to determine the need for vision correction.

Services your plan does not cover (Exclusions)

All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Sector of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products which we determine to be all of the following: Medically Necessary; described as a Covered Health Service in Sector of the COC and Schedule of Benefits; and not otherwise excluded in Section 2 of the COC. Physical, psychiatric or psychological exams, testing, all form of vaccinations and immunizations or treatments that are otherwise covered under the Policy when: required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research (This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC); required to obtain or maintain a license of a type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war, or terrorism in non-war zones. Health services received after the date your coverage under the Policy ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Policy ended. This exclusion does not apply to those Health Services covered as described under Extended Coverage for Total Disability in Section 4 of the COC. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy. In the event an Out-of-Network provider waives, does not pursue, or fails to collect co-payments, co-insurance, any deductible or other amount owed for a particular health service, no Benefits are provided for the health service for which the co-payments, co-insurance and/or deductible are waived. Charges in excess of Eligible Expenses or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy. Foreign language and sign language services. Health services related to a non-Covered Health Service: When a service is not a Covered Health Service, all services related to that non-Covered Health Service are also excluded. This exclusion does not apply to services we would otherwise determine to be Covered Health Services if they are to treat complications that arise from the non-Covered Health Service. For the purpose of this exclusion, a “complication” is an unexpected or unanticipated condition that is superimposed on an existing disease and that affects or modifies the prognosis of the original disease or condition. Examples of a “complication” are bleeding or infections, following a Cosmetic Procedure, that require hospitalization.

For Internal Use only:

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UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. United HealthCare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 3 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in others languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. ET.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

٤: إذا كنت تتحدث العربية (**Arabic**), فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyé sèvis ki gratis pou ede w nan lang pa w. Tan nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, entre em contato com o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

جه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت اسلامی شما قید شده تماس بگیرید.

कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा अपने पहचान पत्र पर दिए टाल-फी फोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb daw uas teev muai nyob rau ntawm koi daim yuaj cim ghia tus kheej.

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahen nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jiik'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nitt'lízí bee nééhozinííí bine'déé' t'áá jiik'ehgo béésh bee hane'íí biká'ígíí bee hodilníh.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wa jambarka telefonka khadka bilaashka ee ku vaalla kaarkaaga agoonsiga.



Benefit Summary

Georgia - Choice PI
Traditional with Deductible - Plan ARW

What is a benefit summary?

This is a summary of what the plan does and does not cover. This summary can also help you understand your share of the costs. It's always best to review your Certificate of Coverage (COC) and check your coverage before getting a health service, when possible.

What are the benefits of the Choice Plus Plan?

Get more protection with a national network and out-of-network coverage.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in or out of our network, but you save money when you use the network.

- > **There's coverage if you need to go out of the network.** Out-of-network means that a provider does not have a contract with us. Choose what's best for you. Just remember out-of-network providers will likely charge you more.
- > **There's no need to choose a primary care provider (PCP) or get referrals to see a specialist.** Consider a PCP; they can be helpful in managing your care.
- > **Preventive care is covered 100% in our network.**

Are you a member?

Easily manage your benefits online at myuhc.com® or on the go with the **UnitedHealthcare Health4Me™** mobile app.

For questions, call the member phone number or your health plan ID card.

Not enrolled yet? Learn more about this plan and search for network doctors or hospitals at atwelcometouhc.com/choiceplus or call 1-866-873-3903, TTY 711, 8 a.m. to 8 p.m. local time, Monday through Friday.

Benefits At-A-Glance

What you may pay for network care

This chart is a simple summary of the costs you may have to pay when you receive care in the network. It doesn't include all of the deductibles and co-payments you may have to pay. You can find more benefit details beginning on page 2.

Co-payment (Your cost for an office visit)	Individual Deductible (Your cost before the plan starts to pay)	Co-insurance (Your cost share after the deductible)
\$20	\$250	10%

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage for certain conditions. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

UnitedHealthcare Insurance Company

Your Costs

In addition to your premium (monthly) payments paid by you or your employer, you are responsible for paying these costs.

	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Deductible		
What is a deductible?		
The deductible is the amount you have to pay for covered health care services (common medical event) before your health plan begins to pay. The deductible may not apply to all services. You may have more than one type of deductible.		
> Your co-pays don't count towards meeting the deductible unless otherwise described within the specific common medical event.		
> All individual deductible amounts will count towards meeting the family deductible, but an individual will not have to pay more than the individual deductible amount.		
Medical Deductible - Individual	\$250 per year	\$500 per year
Medical Deductible - Family	\$500 per year	\$1,000 per year
Out-of-Pocket Limit		
What is an out-of-pocket limit?		
The most you pay during a policy year before your health plan begins to pay 100%. Once you reach the out-of-pocket limit, your health plan will pay for all covered services. This will not include any amounts over the amount we allow when you see an out-of-network provider.		
> All individual out-of-pocket limit amounts will count towards meeting the family out-of-pocket limit, but an individual will not have to pay more than the individual out-of-pocket limit amount.		
> Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.		
Out-of-Pocket Limit - Individual	\$3,000 per year	\$6,000 per year
Out-of-Pocket Limit - Family	\$6,000 per year	\$12,000 per year

Your Costs

What is co-insurance?

Co-insurance is your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. Co-insurance is not the same as a co-payment (or co-pay).

What is a co-payment?

A co-payment (co-pay) is a fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. You will pay a co-pay or the allowed amount, whichever is less. The amount can vary by the type of covered health care service. Please see the specific common medical event to see if a co-pay applies and how much you have to pay.

What is Prior Authorization?

Prior Authorization is getting approval before you can get access to medicine or services. Services that require prior authorization are noted in the list of Common Medical Events. To get approval, call the member phone number on your health plan ID card.

Want more information?

Find additional definitions in the glossary at justplainclear.com.

Your Costs

Following is a list of services that your plan covers in alphabetical order. In addition to your premium (monthly) payment paid by you or your employer, you are responsible for paying these costs.

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Ambulance Services		
Emergency	10% co-insurance, after the medical deductible has been met.	10% co-insurance, after the network medical deductible has been met.
Non-Emergency	10% co-insurance, after the medical deductible has been met. Prior Authorization is required for Non-Emergency Ambulance.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for Non-Emergency Ambulance.
Autism Spectrum Disorder Services		
Unlimited physical, speech and occupational therapy services for autism spectrum disorders for members age 6 and under.	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for certain services.
Clinical Trials		
	The amount you pay is based on where the covered health service is provided.	
	Prior Authorization is required.	Prior Authorization is required.
Congenital Heart Disease (CHD) Surgeries		
	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Dental Services - Accident Only		
	10% co-insurance, after the medical deductible has been met.	10% co-insurance, after the network medical deductible has been met. Prior Authorization is required.
Dental Services - Anesthesia and Hospitalization		
	The amount you pay is based on where the covered health service is provided.	
	Prior Authorization is required.	Prior Authorization is required.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Diabetes Services		
Diabetes Self Management and Training/Diabetic Eye Examinations/Foot Care:	The amount you pay is based on where the covered health service is provided.	
Diabetes Self Management Items:	The amount you pay is based on where the covered health service is provided under Durable Medical Equipment or in the Prescription Drug Rider.	Prior Authorization is required for Durable Medical Equipment that costs more than \$1,000.
Durable Medical Equipment		
Limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every 3 years. This limit does not apply to wound vacuums.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
		Prior Authorization is required for Durable Medical Equipment that costs more than \$1,000.
Emergency Health Services - Outpatient		
	\$350 co-pay per visit. A deductible does not apply.	\$350 co-pay per visit. A deductible does not apply.
		Notification is required if confined in an Out-of-Network Hospital.
Gender Dysphoria		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for certain services.
Hearing Aids		
Limited to one hearing aid per hearing impaired ear not to exceed \$3,000 per hearing aid including its medically necessary services and supplies. Repair and/or replacement of a hearing aid is limited to a single purchase per hearing impaired ear every three years.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Home Health Care		
Limited to 60 visits per year.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
		Prior Authorization is required.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Hospice Care	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for Inpatient Stay.
Hospital - Inpatient Stay	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Lab, X-Ray and Diagnostics - Outpatient	You pay nothing. A deductible does not apply.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Mental Health Services		
Inpatient:	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Outpatient:	\$40 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
Partial Hospitalization/Intensive Outpatient Treatment:	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Neurobiological Disorders – Autism Spectrum Disorder Services		
Inpatient:	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Outpatient:	\$40 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
Partial Hospitalization/Intensive Outpatient Treatment:	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Ostomy Supplies	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Pharmaceutical Products - Outpatient		
This includes medications given at a doctor's office, or in a Covered Person's home.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Physician Fees for Surgical and Medical Services		
	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Physician's Office Services - Sickness and Injury		
Primary Physician Office Visit Services include the diagnosis of infertility.	\$20 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
Specialist Physician Office Visit Services include the diagnosis of infertility.	\$40 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
Additional co-pays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.		
Pregnancy - Maternity Services		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer.
		Prior Authorization is required if the stay in the hospital is longer than 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.
Prescription Drug Benefits		
Prescription drug benefits are shown in the Prescription Drug benefit summary.		
Preventive Care Services		
Physician Office Services, Scopic Procedures, Lab, X-Ray or other preventive tests.	You pay nothing. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA) with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a co-pay, co-insurance or deductible.		

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Prosthetic Devices		
Limited to a single purchase of each type of prosthetic device every 3 years.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for Prosthetic Devices that costs more than \$1,000.
Reconstructive Procedures		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required.
Rehabilitation and Habilitative Services - Outpatient Therapy and Manipulative Treatment		
Limited to: 20 visits of pulmonary rehabilitation. 36 visits of cardiac rehabilitation. 37 visits of physical therapy. 37 visits of occupational therapy. 37 visits of speech therapy. 30 visits of post-cochlear implant aural therapy. 20 visits of cognitive rehabilitation therapy. 20 visits of manipulative treatments.	\$20 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Limited to 60 days per year.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Substance Use Disorder Services		
Inpatient:	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Outpatient:	\$40 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
Partial Hospitalization/Intensive Outpatient Treatment:	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Surgery - Outpatient		
	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Temporomandibular Joint Services		
	The amount you pay is based on where the covered health service is provided.	Prior Authorization is required for Inpatient Stay.
Therapeutic Treatments - Outpatient		
Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.	10% co-insurance, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Transplantation Services		
Network Benefits must be received at a designated facility.	The amount you pay is based on where the covered health service is provided. Prior Authorization is required.	Prior Authorization is required.
Urgent Care Center Services		
Additional co-pays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery.	\$75 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.

Your Costs

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Virtual Visits		
Network Benefits are available only when services are delivered through a Designated Virtual Visit Network Provider. Find a Designated Virtual Visit Network Provider Group at myuhc.com or by calling Customer Care at the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.	\$10 co-pay per visit. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.

Services your plan does not cover (Exclusions)

It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Alternative Treatments

Acupressure; acupuncture; aromatherapy; hypnotism; massage therapy; rolfing; art therapy, music therapy, dance therapy, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in Section 1 of the COC.

Dental

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to Benefits as described under Dental Services – Anesthesia and Hospitalization in Section 1 of the COC. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Policy, limited to: Transplant preparation; prior to initiation of immunosuppressive drugs; the direct treatment of acute traumatic Injury, cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: extraction, restoration and replacement of teeth; medical or surgical treatments of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to preventive care for which Benefits are provided under the United States Preventive Services Task Force requirement or the Health Resources and Services Administration (HRSA) requirement. This exclusion also does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in Section 1 of the COC. Dental implant bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly.

Devices, Appliances and Prosthetics

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics and some types of braces, including over-the-counter orthotic braces. Cranial banding. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice device, for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC. Oral appliances for snoring. Repairs to prosthetic devices due to misuse, malicious damage or gross neglect. Replacement of prosthetic devices due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Services your plan does not cover (Exclusions)

Drugs

Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medication. This exclusion does not apply to medications which, due to their characteristics (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy. New Pharmaceutical Products and/or new dosage forms until the date they are reviewed. A Pharmaceutical Product that contains (an) active ingredient(s) available in and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. Such determinations may be made up to six times during a calendar year. A Pharmaceutical Product that contains (an) active ingredient(s) which is (are) a modified version of and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. Such determinations may be made up to six times during a calendar year. A Pharmaceutical Product with an approved biosimilar or a biosimilar and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. For the purpose of this exclusion a "biosimilar" is a biological Pharmaceutical Product approved based on showing that it is highly similar to a reference product (a biological Pharmaceutical Product) and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Such determinations may be made up to six times per calendar year. Certain Pharmaceutical Products for which there are therapeutically equivalent (having essentially the same efficacy and adverse effect profile) alternatives available, unless otherwise required by law or approved by us. Such determinations may be made up to six times during a calendar year.

Experimental, Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven Services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits. The procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC.

Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Treatment of subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports. Note: This exclusion does not apply to therapeutic shoes, custom fitted inserts and related orthopedic footwear for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC.

Gender Dysphoria

Cosmetic Procedures including the following: Abdominoplasty. Blepharoplasty. Breast enlargement, including augmentation mammoplasty and breast implants. Body contouring, such as lipoplasty. Brow lift. Calf implants. Cheek implants, and nose implants. Injection of fillers or neurotoxins. Face lift, forehead lift, or neck tightening. Facial bone remodeling for facial feminizations. Hair removal. Hair transplantation. Lip augmentation. Lip reduction. Liposuction. Mastopexy. Pectoral implants for chest masculinization. Rhinoplasty. Skin resurfacing. Thyroid cartilage reduction; reduction thyroid chondroplasty; trachea shave (removal or reduction of the Adam's Apple). Voice modification surgery. Voice lessons and voice therapy.

Services your plan does not cover (Exclusions)

Medical Supplies

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: compression stockings, ac bandages, gauze and dressings, urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in Section 1 of the COC.
- Ostomy supplies for which Benefits are provided as described under Ostomy Supplies in Section 1 of the COC.

Tubing and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in Section 1 of the COC.

Mental Health, Neurobiological/Autism Spectrum, and Substance Use Disorders

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Outside of an initial assessment, services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Outside of initial assessment, services as treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, pyromania, kleptomania, gambling disorder, and paraphilic disorder. Educational services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Tuiting or services that are school-based for children and adolescents required to be provided by, or paid for, by the school under the Individuals with Disabilities Education Act. Outside of initial assessment, unspecified disorders for which the provider is not obligated to provide clinical rationale as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Transitional Living services.

Nutrition

Individual and group nutritional counseling including non-specific disease nutritional education such as general good eating habits, calorie control or dietary preferences. This exclusion does not apply to preventive care for which Benefits are provided under the United States Preventive Services Task Force requirement. This exclusion also does not apply to medical nutritional education services that are provided as part of treatment for a disease by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is an important component of treatment.
- There exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional.

Enteral feedings, even if the sole source of nutrition. Infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).

Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps (This exclusion does not apply to breast pumps for which Benefits are provided under the Health Resources and Services Administration (HRSA) requirement); car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; exercise equipment; home modifications such as elevators, handrails and ramps; heat and cold compresses; hot tubs; humidifiers; Jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

Services your plan does not cover (Exclusions)

Physical Appearance

Cosmetic Procedures. See the definition in Section 9 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

Procedures and Treatments

Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including routine, long-term or maintenance/preventive treatment. Rehabilitation services for speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly or Autism Spectrum Disorder. Outpatient cognitive rehabilitation therapy except as Medically Necessary following a post-traumatic brain Injury or cerebral vascular accident. Psychosurgery. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. The following services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; craniosacral therapy; orthodontic occlusal adjustment; dental restorations. Upper and lower jawbone surgery, orthognathic surgery, and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute traumatic Injury, dislocation, tumors, cancer or obstructive sleep apnea. This exclusion does not apply to Benefits as described under Dental Services – Anesthesia and Hospitalization and Temporomandibular Joint Service in Section 1 of the COC. Surgical and non-surgical treatment of obesity. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional. The programs usually include intensive psychological support, behavior modification techniques and medications to control cravings. Breast reduction surgery except as coverage is required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under Reconstructive Procedures in Section 1 of the COC. In vitro fertilization regardless of the reason for treatment.

Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services provided at a Freestanding Facility or diagnostic Hospital-based Facility without an order written by a Physician or other provider. Services which are self-directed to a Freestanding Facility or diagnostic or Hospital-based Facility. Services ordered by a Physician or other provider who is an employee or representative of a Freestanding Facility or diagnostic Hospital-based Facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.

Services your plan does not cover (Exclusions)

Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization.

Services Provided under Another Plan

Health services for which other coverage is required by federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers' compensation or similar legislation. If coverage under workers' compensation or similar legislation is optional for you because you could elect it, or could have it elect for you, Benefits will not be paid for any Injury, Sickness, or Mental Illness that would have been covered under workers' compensation or similar legislation had that coverage been elected. Services resulting from accidental bodily injuries arising out of a motor vehicle accident to the extent the services are payable under a medical expense payment provision of an automobile insurance policy. Health services for treatment of military service-related disabilities, where you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

Transplants

Health services for organ and tissue transplants, except those described under Transplantation Services in Section 1 of the COC. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs that are directly related to organ removal are payable for a transplant through the organ recipient's Benefits under the Policy.) Health services for transplants involving permanent mechanical or animal orga

Travel

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed as determined by us. This exclusion does not apply to ambulance transportation for which Benefits are provided as described under Ambulance Services in Sector of the COC.

Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care or maintenance care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are provided as described under Hospice Care in Sector of the COC. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

Vision and Hearing

Purchase cost and fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Eye exercise or vision therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser, and other refractive eye surgery. Bone anchored hearing aids except when either of the following applies: For Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid. For Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. More than one bone anchored hearing aid per Covered Person who meets the above coverage criteria during the entire period of time the Covered Person is enrolled under the Policy. Repairs and/or replacement for a bone anchored hearing aid for Covered Persons who meet the above coverage criteria, other than for malfunctions. Routine vision examinations, including refractive examinations to determine the need for vision correction.

Services your plan does not cover (Exclusions)

All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Sector of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products which we determine to be all of the following: Medically Necessary; described as a Covered Health Service in Sector of the COC and Schedule of Benefits; and not otherwise excluded in Section 2 of the COC. Physical, psychiatric or psychological exams, testing, all form of vaccinations and immunizations or treatments that are otherwise covered under the Policy when: required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research (This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC); required to obtain or maintain a license of a type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war, or terrorism in non-war zones. Health services received after the date your coverage under the Policy ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Policy ended. This exclusion does not apply to those Health Services covered as described under Extended Coverage for Total Disability in Section 4 of the COC. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy. In the event an Out-of-Network provider waives, does not pursue, or fails to collect co-payments, co-insurance, any deductible or other amount owed for a particular health service, no Benefits are provided for the health service for which the co-payments, co-insurance and/or deductible are waived. Charges in excess of Eligible Expenses or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy. Foreign language and sign language services. Health services related to a non-Covered Health Service: When a service is not a Covered Health Service, all services related to that non-Covered Health Service are also excluded. This exclusion does not apply to services we would otherwise determine to be Covered Health Services if they are to treat complications that arise from the non-Covered Health Service. For the purpose of this exclusion, a “complication” is an unexpected or unanticipated condition that is superimposed on an existing disease and that affects or modifies the prognosis of the original disease or condition. Examples of a “complication” are bleeding or infections, following a Cosmetic Procedure, that require hospitalization.

For Internal Use only:

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Item# Rev. Date
200-10542 0317_rev01

Base/Value/Sep/Emb/28825/2011

UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. United HealthCare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 3 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in others languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. ET.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

٤: إذا كنت تتحدث العربية (**Arabic**), فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyé sèvis ki gratis pou ede w nan lang pa w. Tanboyele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

جه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت اسایی شما قید شده تماس بگیرید.

कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा अपने पहचान पत्र पर दिए टाल-फ्री फोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb daw uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

កំណត់សម្រាប់ខ្មែរ: សិនសិទ្ធិខ្មែរ សាស្ត្រខ្មែរ (Khmer)

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahé nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáñílti'go, saad bee áka'anída'awo'ígíí, t'áá jiík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nitl'ízi bee nééhozinígíí bine'déé' t'áá jiík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wa lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

City of Jonesboro

2017-2018 Medical Renewal Presentation



Midsouth

BENEFITS

Presented by:

Dan Nackers & Karen Larkin
Midsouth Benefits
4994 Lower Roswell Road
Suite 5
Marietta, GA 30068

MEDICAL RENEWAL & MARKETING SUMMARY

Renewal Date: 1/1/2018

BCBS (current carrier)

City of Jonesboro received a 15% increase on the Medical rates for the upcoming plan year for the benefits in place with BCBS through the Georgia Municipal Association (GMA). After going to market, we have found that nearly every carrier is offering lower rates than BCBS renewal rates. See below for details on each carrier. Our recommendation after reviewing all options is to move the Medical coverage to United Healthcare, effective 1/1/18.

Aetna

Aetna is coming in very competitive, at about 12.3% below the current BCBS rates. However, Aetna does not offer plans as rich as what Jonesboro currently has in place. So, the richest plan options available are a \$1,000 80% plan and a \$1,500 100% plan. That said, we feel that there are better options available in the marketplace for Jonesboro at this time.

Cigna

Cigna is the only carrier that is able to match the current benefits. For nearly identical plans (Rx is slightly different), Cigna is coming in around 2% below the BCBS renewal rates. The small savings here likely isn't enough to warrant a change in carriers.

Humana

Humana was unable to provide underwritten rates due to the fact that Jonesboro is currently covered under an association plan. Their baseline rates look somewhat competitive, however UHC is coming in extremely competitive and would not require employees to complete individual applications.

United Healthcare

United Healthcare is the most competitive option, coming in at about 3.6% below the current BCBS rates for similar options. This would offer just over \$85,000 in savings for the year compared to the BCBS renewal rates. There are some differences in the plans compared to BCBS, but overall the benefits are still very rich and the in-network out-of-pocket exposure to employees is actually lower than on the current BCBS plans.

City of Jonesboro
BCBS Current Medical Benefits & Rates
1/1/2017 - 12/31/2017

			CURRENT - BCBS			
			HMO		POS	
In-Network Benefits						
Carrier Coinsurance			90%		80%	
Individual/Family Annual Deductible			\$0 / \$0		\$500 / \$1,500	
Medical Annual Out-of-Pocket Max (Ind/Fam)			\$1,000 / \$2,000 (includes deductible, coinsurance & copayments)		\$2,500 / \$5,000 (includes deductible, coinsurance & copayments)	
Rx Annual Out-of-Pocket Max (Ind/Fam)			\$4,450 / \$8,900		\$1,600 / \$3,200	
Primary Care Provider Office Visit Copay			\$20		\$30	
Specialist Care Provider Office Visit Copay			\$30		\$40	
Hospital Emergency Copay			\$150 (waived if admitted)		\$150 (waived if admitted)	
Urgent Care Copay			\$60		\$60	
In-Patient Facilities			10% after the deductible		20% after the deductible	
Out-Patient Facilities			10% after the deductible		20% after the deductible	
Major Diagnostic Testing (MRI, CT, etc.)			10% after the deductible		20% after the deductible	
Out-of-Network Benefits						
Carrier Coinsurance			N/A		60%	
Individual/Family Annual Deductible			N/A		\$1,000 / \$3,000	
Medical Annual Out-of-Pocket Max (Ind/Fam)			N/A		\$5,000 / \$10,000 (includes deductible, coinsurance & copayments)	
Rx Annual Out-of-Pocket Max (Ind/Fam)			N/A		\$3,200 / \$6,400	
Pharmacy Benefits						
Rx Deductible			N/A		N/A	
Rx Tier 1 Copay - Retail/Mail Order			\$10 / \$20		\$10 / \$20	
Rx Tier 2 Copay - Retail/Mail Order			\$35 / \$70		\$35 / \$70	
Rx Tier 3 Copay - Retail/Mail Order			\$60 / \$120		\$60 / \$120	
Rx Tier 4 Copay - Retail/Mail Order			N/A		N/A	
Monthly Rates			HMO			
Coverage Type	HMO	POS	Monthly Premium	Total Monthly Cost	Jonesboro Monthly Cost	Combined EE Monthly Cost
Employee Only	6	19	\$ 705.00	\$ 4,230.00	\$ 3,744.00	\$ 486.00
Employee & Spouse	1	4	\$ 1,409.00	\$ 1,409.00	\$ 935.50	\$ 473.50
Employee & Child(ren)	2	7	\$ 1,339.00	\$ 2,678.00	\$ 1,808.00	\$ 870.00
Family	0	6	\$ 2,112.00	\$ -	\$ -	\$ -
Total Monthly Premium			\$ 8,317.00		\$ 6,487.50	
Combined Total Monthly Cost			POS			
			Monthly Premium	Total Monthly Cost	Jonesboro Monthly Cost	Combined EE Monthly Cost
			\$ 624.00	\$ 11,856.00	\$ 11,856.00	\$ -
			\$ 1,247.00	\$ 4,988.00	\$ 3,742.00	\$ 1,246.00
			\$ 1,184.00	\$ 8,288.00	\$ 6,328.00	\$ 1,960.00
			\$ 1,870.00	\$ 11,220.00	\$ 7,482.00	\$ 3,738.00
			\$ 36,352.00		\$ 29,408.00	
			Packet Pg. 55			

This is only an outline of coverage and rates; and is not considered binding. Please reference carrier contracts for full details. Should there be a discrepancy between this outline and any contracts, the contracts will apply. Proposed carrier rates are estimated based on preliminary census submitted; firm rates are not set until final application is made with final census and effect.

City of Jonesboro
BCBS Renewal Medical Benefits & Rates
1/1/2018 - 12/31/2018

			RENEWAL - BCBS							
In-Network Benefits			HMO				POS			
Carrier Coinsurance				90%				80%		
Individual/Family Annual Deductible				\$0 / \$0				\$500 / \$1,500		
Medical Annual Out-of-Pocket Max (Ind/Fam)				\$1,000 / \$2,000 (includes deductible, coinsurance & copayments)				\$2,500 / \$5,000 (includes deductible, coinsurance & copayments)		
Rx Annual Out-of-Pocket Max (Ind/Fam)				\$4,450 / \$8,900				\$1,600 / \$3,200		
Primary Care Provider Office Visit Copay				\$20				\$30		
Specialist Care Provider Office Visit Copay				\$30				\$40		
Hospital Emergency Copay				\$150 (waived if admitted)				\$150 (waived if admitted)		
Urgent Care Copay				\$60				\$60		
In-Patient Facilities				10% after the deductible				20% after the deductible		
Out-Patient Facilities				10% after the deductible				20% after the deductible		
Major Diagnostic Testing (MRI, CT, etc.)				10% after the deductible				20% after the deductible		
Out-of-Network Benefits										
Carrier Coinsurance			N/A				60%			
Individual/Family Annual Deductible			N/A				\$1,000 / \$3,000			
Medical Annual Out-of-Pocket Max (Ind/Fam)			N/A				\$5,000 / \$10,000 (includes deductible, coinsurance & copayments)			
Rx Annual Out-of-Pocket Max (Ind/Fam)			N/A				\$3,200 / \$6,400			
Pharmacy Benefits										
Rx Deductible			N/A				N/A			
Rx Tier 1 Copay - Retail/Mail Order			\$10 / \$20				\$10 / \$20			
Rx Tier 2 Copay - Retail/Mail Order			\$35 / \$70				\$35 / \$70			
Rx Tier 3 Copay - Retail/Mail Order			\$60 / \$120				\$60 / \$120			
Rx Tier 4 Copay - Retail/Mail Order			N/A				N/A			
Monthly Rates			HMO				POS			
Coverage Type	HMO	POS	Monthly Premium	Total Monthly Cost	Jonesboro Monthly Cost	Combined EE Monthly Cost	Monthly Premium	Total Monthly Cost	Jonesboro Monthly Cost	Combined EE Monthly Cost
Employee Only	6	19	\$ 811.00	\$ 4,866.00	\$ 4,308.00	\$ 558.00	\$ 718.00	\$ 13,642.00	\$ 13,642.00	\$ -
Employee & Spouse	1	4	\$ 1,621.00	\$ 1,621.00	\$ 1,076.00	\$ 545.00	\$ 1,434.00	\$ 5,736.00	\$ 4,304.00	\$ 1,432.00
Employee & Child(ren)	2	7	\$ 1,540.00	\$ 3,080.00	\$ 2,080.00	\$ 1,000.00	\$ 1,362.00	\$ 9,534.00	\$ 7,280.00	\$ 2,254.00
Family	0	6	\$ 2,429.00	\$ -	\$ -	\$ -	\$ 2,151.00	\$ 12,906.00	\$ 8,607.00	\$ 4,299.00
Total Monthly Premium			\$ 9,567.00				\$ 41,818.00			
Combined Total Monthly Cost			\$ 51,385.00				\$ 33,833.00			
Monthly \$ Increase from Current			\$ 6,716.00				\$ 1,314.50			
Percentage Increase from Current			15.04%				15.05%			

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City of Jonesboro
Aetna Medical Benefits & Rates
1/1/2018 - 12/31/2018

In-Network Benefits	OPTION 1 - Aetna			
	OAMC 1500 100/70		OAMC 1000 80/60	
Carrier Coinsurance	100%		80%	
Individual/Family Annual Deductible	\$1,500 / \$3,000		\$1,000 / \$2,000	
Medical Annual Out-of-Pocket Max (Ind/Fam)	\$4,500 / \$9,000 (includes deductible, coinsurance & copayments)		\$4,000 / \$8,000 (includes deductible, coinsurance & copayments)	
Rx Annual Out-of-Pocket Max (Ind/Fam)	N/A - Rx copays count towards Medical OOP Maximum		N/A - Rx copays count towards Medical OOP Maximum	
Primary Care Provider Office Visit Copay	\$35		\$20	
Specialist Care Provider Office Visit Copay	\$60		\$50	
Hospital Emergency Copay	\$300 (waived if admitted)		\$300 (waived if admitted)	
Urgent Care Copay	\$75		\$75	
In-Patient Facilities	\$100 Copay after the deductible		20% after the deductible	
Out-Patient Facilities	0% after the deductible		20% after the deductible	
Major Diagnostic Testing (MRI, CT, etc.)	0% after the deductible		20% after the deductible	
Out-of-Network Benefits				
Carrier Coinsurance	70%		60%	
Individual/Family Annual Deductible	\$3,000 / \$6,000		\$2,000 / \$4,000	
Medical Annual Out-of-Pocket Max (Ind/Fam)	\$13,000 / \$26,000 (includes deductible, coinsurance & copayments)		\$12,000 / \$24,000 (includes deductible, coinsurance & copayments)	
Rx Annual Out-of-Pocket Max (Ind/Fam)	N/A - Rx copays count towards Medical OOP Maximum		N/A - Rx copays count towards Medical OOP Maximum	
Pharmacy Benefits				
Rx Deductible	N/A		N/A	
Rx Tier 1 Copay - Retail/Mail Order	Tier 1A: \$3 / \$7.50; Tier 1: \$15 / \$37.5		Tier 1A: \$3 / \$7.50; Tier 1: \$10 / \$25	
Rx Tier 2 Copay - Retail/Mail Order	\$35 / \$87.50		\$35 / \$87.50	
Rx Tier 3 Copay - Retail/Mail Order	\$65 / \$162.50		\$65 / \$162.50	
Rx Tier 4 Copay - Retail	Preferred: 30% to \$250 Max; Non-Preferred: 40% to \$500 Max		Preferred: 30% to \$250 Max; Non-Preferred: 40% to \$500 Max	
Monthly Rates				
Coverage Type	OAMC 1500 100/70		OAMC 1000 80/60	
	Monthly Premium	Total Monthly Cost	Jonesboro Monthly Cost	Combined EE Monthly Cost
Employee Only	\$ 525.00	\$ 3,150.00	\$ 3,150.00	\$ -
Employee & Spouse	\$ 1,155.00	\$ 1,155.00	\$ 840.00	\$ 315.00
Employee & Child(ren)	\$ 1,076.00	\$ 2,152.00	\$ 1,601.00	\$ 551.00
Family	\$ 1,654.00	\$ -	\$ -	\$ -
Total Monthly Premium	\$ 6,457.00	\$ 5,591.00	\$ 866.00	
Combined Total Monthly Cost	\$ 39,184.00	\$ 31,066.50	\$ 8,117.50	
Monthly \$ Increase from Current	\$ (5,485.00)	\$ (4,829.00)	\$ (656.00)	
Percentage Increase from Current	-12.28%	-13.45%	-7.48%	

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City of Jonesboro
Cigna Medical Benefits & Rates
1/1/2018 - 12/31/2018

			OPTION 2 - Cigna (LEVEL FUNDED)			
			Open Access Plus In		Open Access Plus	
In-Network Benefits			90%		80%	
Carrier Coinsurance			\$0 / \$0		\$500 / \$1,500	
Individual/Family Annual Deductible			\$1,000 / \$2,000 (includes deductible, coinsurance & copayments)		\$2,500 / \$5,000 (includes deductible, coinsurance & copayments)	
Medical Annual Out-of-Pocket Max (Ind/Fam)			\$4,450 / \$8,900		\$1,600 / \$3,200	
Rx Annual Out-of-Pocket Max (Ind/Fam)			\$20		\$30	
Primary Care Provider Office Visit Copay			\$30		\$40	
Specialist Care Provider Office Visit Copay			\$150 (waived if admitted)		\$150 (waived if admitted)	
Hospital Emergency Copay			\$60		\$60	
Urgent Care Copay			10% after the deductible		20% after the deductible	
In-Patient Facilities			10% after the deductible		20% after the deductible	
Out-Patient Facilities			10% after the deductible		20% after the deductible	
Major Diagnostic Testing (MRI, CT, etc.)						
Out-of-Network Benefits			N/A		60%	
Carrier Coinsurance			N/A		\$1,000 / \$3,000	
Individual/Family Annual Deductible			N/A		\$5,000 / \$10,000 (includes deductible, coinsurance & copayments)	
Medical Annual Out-of-Pocket Max (Ind/Fam)			N/A		\$3,200 / \$6,400	
Rx Annual Out-of-Pocket Max (Ind/Fam)			N/A			
Pharmacy Benefits			N/A		N/A	
Rx Deductible			\$10 / \$30		\$10 / \$30	
Rx Tier 1 Copay - Retail/Mail Order			\$35 / \$105		\$35 / \$105	
Rx Tier 2 Copay - Retail/Mail Order			\$60 / \$180		\$60 / \$180	
Rx Tier 3 Copay - Retail/Mail Order			N/A		N/A	
Rx Tier 4 Copay - Retail/Mail Order						
Monthly Rates			Open Access Plus In			
Coverage Type	OAPIN	OAP	Monthly Premium	Total Monthly Cost	Jonesboro Monthly Cost	Combined EE Monthly Cost
Employee Only	6	19	\$ 773.25	\$ 4,639.50	\$ 4,263.90	\$ 375.60
Employee & Spouse	1	4	\$ 1,546.51	\$ 1,546.51	\$ 1,065.97	\$ 480.54
Employee & Child(ren)	2	7	\$ 1,469.20	\$ 2,938.40	\$ 2,060.88	\$ 877.52
Family	0	6	\$ 2,319.75	\$ -	\$ -	\$ -
Total Monthly Premium			\$ 9,124.41	\$ 7,390.75	\$ 1,733.66	
Combined Total Monthly Cost			\$ 50,555.05	\$ 40,897.77	\$ 9,657.28	
Monthly \$ Increase from Current			\$ 5,886.05	\$ 5,002.27	\$ 883.78	
Percentage Increase from Current			13.18%	13.94%	10.07%	

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City of Jonesboro
United Healthcare Medical Benefits & Rates
1/1/2018 - 12/31/2018

In-Network Benefits	OPTION 3 - UHC			
	AR-WW w/2V Rx		AR-W3 w/2V Rx	
Carrier Coinsurance	90%	\$250 / \$500	80%	\$500 / \$1,000
Individual/Family Annual Deductible	\$3,000 / \$6,000 (includes deductible, coinsurance & copayments)	N/A - Rx copays count towards Medical OOP Maximum	\$4,000 / \$8,000 (includes deductible, coinsurance & copayments)	N/A - Rx copays count towards Medical OOP Maximum
Medical Annual Out-of-Pocket Max (Ind/Fam)	\$20	\$40	\$30	\$60
Rx Annual Out-of-Pocket Max (Ind/Fam)	\$350 (waived if admitted)	\$75	\$350 (waived if admitted)	\$75
Primary Care Provider Office Visit Copay	10% after the deductible	10% after the deductible	20% after the deductible	20% after the deductible
Specialist Care Provider Office Visit Copay	10% after the deductible	10% after the deductible	20% after the deductible	20% after the deductible
Hospital Emergency Copay				
Urgent Care Copay				
In-Patient Facilities				
Out-Patient Facilities				
Major Diagnostic Testing (MRI, CT, etc.)				
Out-of-Network Benefits				
Carrier Coinsurance	70%	\$500 / \$1,000	60%	\$1,000 / \$2,000
Individual/Family Annual Deductible	\$6,000 / \$12,000 (includes deductible, coinsurance & copayments)	N/A - Rx copays count towards Medical OOP Maximum	\$8,000 / \$16,000 (includes deductible, coinsurance & copayments)	N/A - Rx copays count towards Medical OOP Maximum
Medical Annual Out-of-Pocket Max (Ind/Fam)	\$10 / \$25		\$10 / \$25	
Rx Annual Out-of-Pocket Max (Ind/Fam)	\$35 / \$87.50		\$35 / \$87.50	
Pharmacy Benefits				
Rx Deductible	N/A		N/A	
Rx Tier 1 Copay - Retail/Mail Order	\$10 / \$25		\$10 / \$25	
Rx Tier 2 Copay - Retail/Mail Order	\$35 / \$87.50		\$35 / \$87.50	
Rx Tier 3 Copay - Retail/Mail Order	\$60 / \$150		\$60 / \$150	
Rx Tier 4 Copay - Retail/Mail Order	N/A		N/A	
Monthly Rates				
Coverage Type	AR-WW	AR-W3	AR-WW w/2V Rx	
			Monthly Premium	Total Monthly Cost
Employee Only	6	19	\$ 651.79	\$ 3,910.74
Employee & Spouse	1	4	\$ 1,564.06	\$ 1,564.06
Employee & Child(ren)	2	7	\$ 1,100.42	\$ 2,200.84
Family	0	6	\$ 2,116.64	\$ -
Total Monthly Premium			\$ 7,675.64	\$ 6,148.11
Combined Total Monthly Cost			\$ 43,127.63	\$ 34,527.23
Monthly \$ Increase from Current			\$ (1,541.37)	\$ (1,368.27)
Percentage Increase from Current			-3.45%	-3.81%
			\$ (173.10)	-1.97%

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YOUR BENEF

5.B.d

Benefit Summary

Outpatient Prescription Drug

Georgia

10/31/16 Plan 0

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2 or Tier 3. Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to www.myuhc.com® or calling the Customer Care number on your ID card.

Annual Drug Deductible

Individual Deductible	No Deductible
Family Deductible	No Deductible

Out-of-Pocket Drug Maximum

Individual Out-of-Pocket Maximum	See Medical Benefit Summary
Family Out-of-Pocket Maximum	See Medical Benefit Summary

Tier Level	Retail Up to 31-day supply	*Mail Order Up to 90-day supply
Tier 1	\$10	\$25
Tier 2	\$35	\$87.50
Tier 3	\$60	\$150

* Only certain Prescription Drug Products are available through mail order; please visit www.myuhc.com or call Customer Care the telephone number on the back of your ID card for more information.

This summary of Benefits is intended only to highlight your Benefits for Outpatient Prescription Drug Products and should not be relied upon to determine coverage. Your plan may not cover all of your Outpatient Prescription Drug expenses. Please refer to your Outpatient Prescription Drug Rider and Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Outpatient Prescription Drug Rider or the Certificate of Coverage, the Outpatient Prescription Drug Rider and Certificate of Coverage shall prevail.

GAMQAA02V15

Item#	Rev. Date
200-7758	0914_rev02

UnitedHealthcare of Georgia, Inc.

Other Important Information about your Outpatient Prescription Drug Benefits

You are responsible for paying the lower of the applicable Copayment and/or Coinsurance or the retail Network Pharmacy's Usual and Customary Charge, or the lower of the applicable Copayment and/or Coinsurance or the mail order Network Pharmacy's Prescription Drug Cost.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. Supply limits apply to Specialty Prescription Drug Products whether obtained at a retail pharmacy or through a mail order pharmacy.

Some Prescription Drug Products or Pharmaceutical Products for which Benefits are described under the Prescription Drug Rider or Certificate are subject to step therapy requirements. This means that in order to receive Benefits for such Prescription Drug Products or Pharmaceutical Products you are required to use a different Prescription Drug Product(s) or Pharmaceutical Product first.

Also note that some Prescription Drug Products require that you obtain prior authorization from us in advance to determine whether the Prescription Drug Product meets the definition of a Covered Health Service and is not Experimental, Investigational or Unproven.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, no Benefit will be paid for that Prescription Drug Product.

You may be required to fill an initial Prescription Drug Product order and obtain one refill through a retail pharmacy prior to using a mail order Network Pharmacy.

Georgia law allows you to request, without penalty and in a timely fashion, that we authorize payment for a Prescription Drug Product that is not covered on any tier of the PDL if: You had been taking the Prescription Drug Product prior to its exclusion from coverage and we determine, after consulting with your prescribing Physician, that the PDL's Therapeutically Equivalent drug has been ineffective in the treatment of the disease or condition; or the PDL's Therapeutically Equivalent drug causes or is reasonably expected to cause adverse or harmful reactions in the patient. If the request is denied, you have the right to appeal that decision. The process is described in your Certificate in Section 6: Questions, Complaints and Appeals. You may also call Customer Care using the telephone number on your ID card for assistance.

Benefits are available for refills of Prescription Drug Products only when dispensed as ordered by a duly licensed health care provider and only after 3/4 of the original Prescription Drug Product has been used.

If you require certain Maintenance Medications, we may direct you to the Mail Order Network Pharmacy to obtain those Maintenance Medications. If you choose not to obtain your Maintenance Medications from the Mail Order Network Pharmacy, you may opt-out of the Maintenance Medication Program each year through the Internet at myuhc.com or by calling Customer Care using the telephone number on your ID card.

PHARMACY EXCLUSIONS

Exclusions from coverage listed in the Certificate apply also to this Rider. In addition, the exclusions listed below apply.

Exclusions

- Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
- Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which is less than the minimum supply limit.
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Experimental, Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental, investigational or unproven. This exclusion does not apply to drugs prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration ("FDA"), provided all of the following conditions are met: The drug has been approved by the FDA; The drug is prescribed by a Physician for the treatment of a life-threatening disease or condition, or the treatment of a chronic or seriously debilitating disease or condition and is medically appropriate to treat that disease or condition, or the treatment of a disease or condition in a child where it has been approved by the FDA for similar conditions or diseases in adults and the drug is medically appropriate to treat that disease or condition; and The drug has been recognized for treatment of that disease or condition or pediatric application by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United States Pharmacopoeia Dispensing Information; or Two articles from major peer reviewed medical journals. This exclusion does not apply to prescribed drugs ordered for Phase II and III in prescription drug children's cancer clinical trial programs.
- Prescription Drug Products furnished by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.
- Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- A Pharmaceutical Product for which Benefits are provided in your Certificate. This exclusion does not apply to Depo Provera and other injectable drugs used for contraception.
- Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, a single entity vitamins.
- Unit dose packaging or repackagers of Prescription Drug Products.
- Medications used for cosmetic purposes.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Service.
- Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, stolen, broken or destroyed.
- Prescription Drug Products when prescribed to treat infertility.
- Certain Prescription Drug Products for smoking cessation.
- Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration (FDA) and requires a Prescription Order or Refill. Compounded drugs that contain a non-FDA approved bulk chemical. Compounded drugs that are available as a similar commercially available Prescription Drug Product. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier 3.) Any prescription medication that must be compounded into its final form by the dispensing pharmacist, Physician, or other health care provider.
- Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless we have designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that we have determined are Therapeutically Equivalent to an over-the-counter drug or supplement. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and assigned to a tier by the PDL Management Committee.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

PHARMACY EXCLUSIONS CONTINUED

- A Prescription Drug Product that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
- A Prescription Drug Product that contains (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug Product. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
- Certain Prescription Drug Products that have not been prescribed by a Specialist Physician.
- Outpatient Prescription Drug Products obtained from a non-Network Pharmacy.
- A Prescription Drug Product that contains marijuana, including medical marijuana.



CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary

Agenda Item #

5.C

-C

COUNCIL MEETING DATE

November 6, 2017

Requesting Agency (Initiator)

Office of the City Manager

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding FY' 18 Recommended Budget.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Presentation

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Honorable Mayor and Members of the City Council
City of Jonesboro, Georgia

I am pleased to present to you the proposed Fiscal Year (FY' 18) balanced budget as required by Georgia statute. This budget contains a summary of revenues and expenditures for the General Fund and budgets for Special Projects. In addition, this budget represents our strategic plan for the fiscal year. As with years prior, we are projecting improvements in local job growth and sales tax collections to increase due to new businesses locating in the City. Along with this growth comes increased demands on City services and infrastructure, and ultimately the requests for and use of City dollars. We will continue to build upon previous years' efforts to make the City leaner and more effective to ensure the long-term protection of our quality of life.

I am presenting you with a balanced \$4.7 million General Fund budget that achieves the following:

- Increase of 1.5 (total 3.0) millage rate
- Provides a 2% step increase for all employees hired before October 1, 2017
- Decrease in purchasing of office supplies
- Implementation of a Purchase Requisition process to monitor costs
- No additional personnel
- Purchase of two (2) new vehicles for the Police Department
- Purchase of two (2) new trucks for the Public Works Department
- No cuts in personnel for any full-time employees.
- \$80,000.00 appropriation for Reserves

The proposed spending plan maintains existing services, provides long term funding for future projects, and advances the City's strategic direction in public safety and education, at a property tax rate below revenue neutral. Efficient management across the organization, coupled with a focus on strategic goals has enabled me to bring this recommended budget to the City Council for its consideration.

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky L. Clark, City Manager

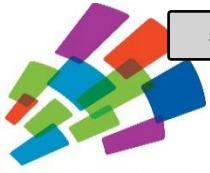
Date

November, 6, 2017

Signature

City Clerk's Office

Fiscal Impact	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>
Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)	
<ul style="list-style-type: none">• FY18 Budget Book - FINAL• FY' 18 City of Jonesboro Budget (Web View)	
Staff Recommendation <i>(Type Name, Title, Agency and Phone)</i> Public Hearing	



Jonesboro

FY2018

ANNUAL BUDGET
AND PROGRAM OBJECTIVES

.....

BUDGET BOOK





City of Jonesboro

City Officials

Joy B. Day
Mayor

Jack Bruce
Councilmember

Billy Powell
Councilmember

Ed Wise
Councilmember

Larry Boak
Councilmember

Pat Sebo
Councilmember

Alfred Dixon
Councilmember



Ricky L. Clark, Jr.
City Manager

Sandra Meyers
Finance Officer

Chief Franklin Allen
Chief of Police

Joe Nettleton
Public Works Director



October 13, 2017

Honorable Mayor and Members of the City Council
City of Jonesboro, Georgia

I am pleased to present to you the proposed Fiscal Year (FY' 18) balanced budget as required by Georgia statute. This budget contains a summary of revenues and expenditures for the General Fund and budgets for Special Projects. In addition, this budget represents our strategic plan for the fiscal year. As with years prior, we are projecting improvements in local job growth and sales tax collections to increase due to new businesses locating in the City. Along with this growth comes increased demands on City services and infrastructure, and ultimately the requests for and use of City dollars. We will continue to build upon previous years' efforts to make the City leaner and more effective to ensure the long-term protection of our quality of life.

I am presenting you with a balanced \$4.7 million General Fund budget that achieves the following:

- Increase of 1.5 (total 3.0) millage rate
- Provides a 2% step increase for all employees hired before October 1, 2017
- Decrease in purchasing of office supplies
- Implementation of a Purchase Requisition process to monitor costs
- No additional personnel
- Purchase of two (2) new vehicles for the Police Department
- Purchase of two (2) new trucks for the Public Works Department
- No cuts in personnel for any full-time employees.
- \$80,000.00 appropriation for Reserves

The proposed spending plan maintains existing services, provides long term funding for future projects, and advances the City's strategic direction in public safety and education, at a property tax rate below revenue neutral. Efficient management across the organization, coupled with a focus on strategic goals has enabled me to bring this recommended budget to the City Council for its consideration.

Respectfully Submitted,

Ricky L. Clark, Jr.
City Manager

EXECUTIVE SUMMARY

The Fiscal Year 2018 (FY2018) Proposed Budget is the product of prioritizing revenue sources with expenditures through a comprehensive process of looking at the City's financial health not only for the upcoming year, but well into the future. Our administration has worked hard to fulfill its commitment to stabilize our City finances, provide a safe and secure City and to make the delivery of City services to our constituents more effective, efficient and equitable, and to do all of these things without placing any undue burden on the real property tax payers in our City.

Year after year, the City has presented budgets that have been structurally balanced, without the use of reserves. During that time period, despite the pressures of unfunded mandates, and the slow growth of our national economy, we have been able to double our unrestricted fund balance.

It is important to note, that this budget contains no reductions to City programs or to the City workforce and includes a 2% raise for City employees. Lastly, this budget does not call for the use of any reserves out of the City General Fund but in fact appropriates approximately \$80,000 to the reserve account.

OVERVIEW

The FY2018 Proposed Budget consists of five operating departments across various funds, including the General Fund, SPLOST, Proprietary Funds & Solid Waste Funds. Of the total budget, \$4.7 Million reflects the cost of General Fund activities such as public safety, parks, neighborhood services, economic development, planning and development, public works and the general management of the City.

The citywide budget also includes 57 authorized positions (AP), which includes both part-time and full-time employees.

BUDGET DEVELOPMENT PROCESS

The Mayor, City Manager & the Finance Officer began the FY2018 budget process by utilizing projection data for FY18 revenues. In February of 2017, the City Council retreat was held as an effort to align the City Council goals with the City Executive Staff guiding principles. By request of the City Manager, City Council members were asked to submit their budget priorities to the Executive Staff for consideration to be included in the FY' 18 Budget. City staff set out to prepare the FY2018 Proposed Budget by relying on the following budget development strategies:

1. Fund current operations without a property tax increase
2. General Fund reserves would not be used for operations
3. Departments to only request those items needed to operate and allow for the City to begin planning for long range capital improvement projects.

As staff worked to close the budget gap, the inclusion or exclusion of various citywide expenditures, revenue opportunities, individual programs and existing service levels were all evaluated against these strategies.

As with last year, the City Manager utilized the Management Plan to provide key guidance in weighing critical decisions throughout the budget development process. The Management Plan, which is displayed below, is designed to provide staff with a framework to help Jonesboro in fulfilling its vision to be the *“One Great Community, Many Stories.”* These core objectives are a useful measure for allocating limited resources amongst competing needs.



Throughout the budget development process, staff updated City Executive Staff & the Mayor on the performance of the FY2018 budget. While revenue downturn was the hallmark of the FY2018 budget the City Executive staff tightened their belts to ensure the same level of city services was provided. Even though the amount generated from property taxes remains constant even with the increased millage rate, staff is hopeful that the Special Election slated for November 2017, the homestead exemption is lowered and will serve as a “hedge” against the future. Ultimately, the fruit of these efforts is a FY2018 Proposed Budget that is balanced. Due to some tough reduction in line items, department-wide, there is no need to use the excess fund balance in the General Fund.

SIGNIFICANT ISSUES

Before highlighting specifics of the FY2018 budget, below are several topics that received significant attention during the budget development process: budget development improvements, pay plan, and capital projects funding.

Budget Development Improvements. Continuing to update the budget processes is intended to provide more funding to support existing and proposed new City infrastructure, focusing on maintenance of current assets before funding expansions; to facilitate a more proactive approach

to budget management; to enhance budget accuracy; and to increase transparency in financial stability.

Maintain updating processes for the FY2018 financial planning and budgeting process to assist in ‘continuing the journey,’ both as a City and individual departments, include the following:

- Emphasize corporate decision-making regarding needs and funding priorities based on performance measures;
- Continue not to rely on the usage of fund balance;
- Develop a five-year, master plan-based on capital funding strategies that include operating and capital expenses, secured and potential funding, funding prioritization and annual spending schedules by project/budget item;
- Producing attainable revenue and expenditure budgets that come in under budget at fiscal year-end.

Capital Planning. The City Manager wishes to develop a Five-Year Capital Improvement Plan, as mentioned at the strategic retreat, which includes the identification and prioritization of current and future funding of capital projects. Through this strategy, the City is prepared to make sound decisions as it relates to capital planning.

MAJOR FUNDING AND ORGANIZATIONAL CHANGES

Changes to the FY 2018 Budget reflect the challenges present as the City strives to continue providing its citizens with high levels of service, while operating within constrained budget parameters. These changes include departmental improvements to ensure City services operate in the most efficient and effective manner possible.

Program Improvements. Providing essential public programs at the required levels of services sometimes necessitates program improvements, even in the most challenging of times. As part of the budget development process, departments submitted any/all personnel changes, which were then vetted against the core objectives outlined by Mayor & Council. Due to future forecasted infrastructure projects, there are no new personnel requests within the FY' 18 Budget.

ORGANIZATIONAL CHANGES

The FY2018 Proposed Budget includes a few minor changes to the City’s organizational structure, including the following:

- **Comprehensive Pay Scale.** Due to pay compression issues throughout our organization, the minimum salary/grade was increased to \$12.06. This pay compression issue created a pay inequity within the Public Works Department and the Police Department. Those employees with affected salaries have been raised to above the minimum threshold of the pay scale. The four (4) employees within the Public Works Department and the two (2) within the Police Department that were affected, will not receive the two (2) percent step increase effective January 1, 2018.

GENERAL FUND REVENUES

The economic outlook for Jonesboro is encouraging. After reviewing FY' 17 Revenues and FY' 18 Revenue projections, we have seen an uptick in fees, taxes, etc. Due to this projection, revenues have increased.

Proposed General Fund Revenue Budget

FY2017 <u>Adopted</u>	FY2018 <u>Proposed</u>	Percent <u>Change</u>	Dollar <u>Change</u>
\$4,611,386.00	\$4,725,128.00	2%	\$113,742

PROPERTY TAX

As with other municipalities, the City receives a portion of its revenue from property taxes assessed on real and personal property. City staff works with Clayton County appraisal offices to prepare property tax revenue projections. By State law, the County Assessor is responsible for the valuation of all property within the County. The certified property tax rolls received from the County showed a slight increase in the City's property tax base. The FY' 18 Budget includes the approved increase to a 3.0 millage rate. An increase of 1.5.

When updating the five-year financial forecast and preparing the budget for the City Council consideration, staff analyzed many of the factors affecting property tax revenue, including the homestead exemption, anticipated commercial growth, the impact of foreclosures, as well other exemptions. Last year, Mayor & Council approved a contract with GTS to begin collection proceedings on delinquent taxes. To date, we have collected over 60% of delinquent taxes.

LOCAL OPTION SALES & USE TAXES

Sales tax collections are a major revenue component. Economic conditions within the City of Jonesboro have been making a continued recovery from the economic recession which impacted all businesses. The City has seen a decrease in the commercial vacancy rate and is steadily working to offer economic development incentives.

Among other small cities, Jonesboro is continuing a positive trend with year-to-date sales tax revenue. There were no significant adjustments at the time of budget preparation.

GENERAL FUND EXPENDITURES

Proposed General Fund Expenditure Budget

FY2017 <u>Adopted</u>	FY2018 <u>Proposed</u>	Percent <u>Change</u>	Dollar <u>Change</u>
\$4,407,586.00	\$4,725,128.00	2 %	\$113,742

For FY2018 General Fund expenditures are keeping pace with revenues. However, costs are increasing due to a variety of factors, including rising supply and contractual service costs, rising fixed costs (insurance, etc.)

Salary and Benefit Changes. In keeping with the City's commitment to invest in its employees, the following salary and benefit changes are included in the FY 2018 budget:

- 2% Step increase for all employees hired on or before October 1, 2017
- Continuity in 100% Major Medical Coverage by City for employees
- 50% Coverage by City for dependents.

BUDGET FORMAT

The FY2018 proposed budget document for the City of Jonesboro provides historical and current comparisons of revenues and expenditures; planned allocations of resources - both fiscal and personnel; and brief descriptions of the anticipated annual accomplishment of the City programs outlined in each department's business plan.

FUND STRUCTURE

Operating budgets are divided into several funds. Activities supported by tax dollars are included in the General Fund. Enterprise Funds are those funded by a fee-for-service basis, such as the Solid Waste Fund. Services that are provided internally by City departments on a fee-for-service basis are specified within each department. Finally, Special Revenue Funds are financial accounts for special revenue sources. An example is the Hotel-Motel Tax Fund, which administers revenue collected from the City's hotel and motel tax and from the operation of the City's venues. Each of these fund types is included in the City of Jonesboro proposed budget.

BUDGET DOCUMENT

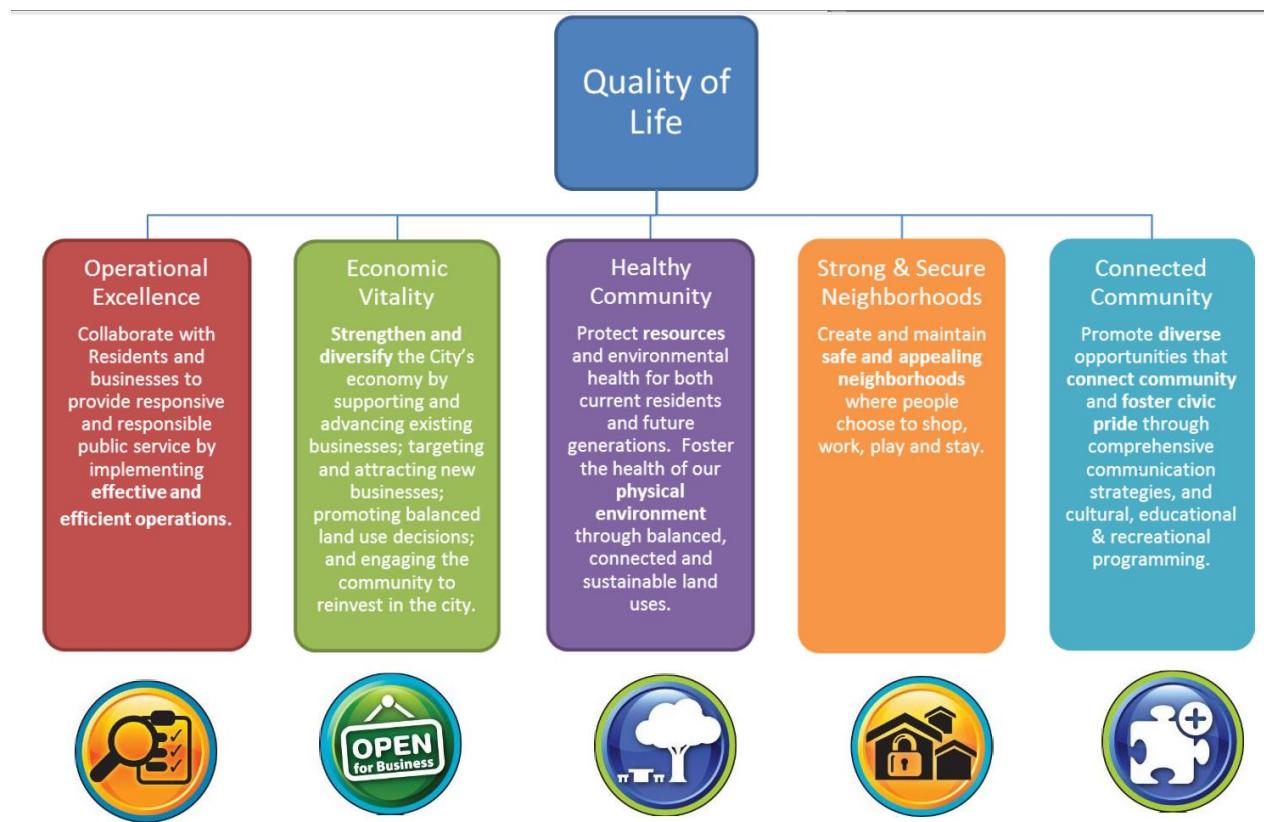
The budget document itself is divided into several sections. The document begins with an overview of the City's proposed budget in the City Manager's message. It is followed by introductory information and summaries of revenues and expenditures. The next sections describe personnel resources by department and finally, a calendar of budget milestones is included.

CITY STRATEGIC GOALS FOR CITY DEPARTMENTS

The Jonesboro City Council conducted a strategic retreat to deal proactively with the many opportunities and challenges facing the Jonesboro community. This process was very influential in guiding the activities of citizens, council and staff for years to come. Overall, the City of Jonesboro will continue to concentrate on the five-step strategic outline presented at the 2017 Retreat:

- Operational Excellence
- Economic Vitality
- Healthy Community
- Strong & Secure Neighborhoods
- Connected Community

The intention of these strategic objectives is to provide a clear and concise statement regarding City Council goals for Jonesboro in the next five years and to stimulate broader discussion of the important issues facing Jonesboro now and in the future. These strategic goals are interrelated and all departments will strive toward the achievement and realization of these goals.



GOVERNMENTAL FUNDS

Departments that comprise the General Fund are listed in an alphabetical order in the budget document.

- City Hall
- Code Enforcement
- Court Services
- Police Department
- Public Works Department

PROPRIETARY FUNDS

This section is comprised of the Proprietary Funds that account for the City's organizations and activities similar to businesses found in the private sector. These funds are intended to be self-supporting with services being financed through user charges or on a cost reimbursement basis.

Enterprise Funds:

Solid Waste Management



GOVERNMENTAL FUNDS

GENERAL FUND

Administration / Mayor & Council

The FY2018 proposed City Hall budget is \$1,246,878 which is a 4.0 percent decrease from the FY2017 amended budget. The decrease accounts for a leaner budget due to the forecasted capital projects. In addition, no major repairs have been budgeted for City Hall and office expenditures have been decreased. The measure will be accompanied by a purchasing requisition process city-wide to ensure the recommended budget remains in-tact. Further, the City Hall Budget includes funding to further the City's desire for continued marketing and advertising of the City (i.e. Four City Concerts). Included in the City Hall Budget is an appropriation of \$2,500 for the Jonesboro Beautification Commission, \$10,000 for the annual Downtown Development Authority appropriation and the annual payment for Lee Street Park is included.

Office of Code Enforcement

The FY2018 proposed Code Enforcement budget is \$68,424.00 which is only a 4.0 percent increase from the FY2017 adopted budget. The primary change to the Code Enforcement budget includes a deduction in the cost associated with the dilapidated house demolition program as handled by the Code Enforcement Office. The FY' 18 budget increase is primarily attributed to increased insurance, salary, etc.

Office of Court Services

The FY2018 proposed Court Services budget is \$357,786.00 which is a 3.5 percent increase from the FY2017 adopted budget. The factors attributing to the increase include increased fixed costs and also salary increase. In addition, we are recommending that both the Judge and the Solicitor receive the 2% increase that employees are receiving.

Office of Public Works

The FY2018 Public Works Department Budget is \$803,428.00 which is a 7.5% increase from the FY2017 amended budget. The factors attributing to the increase the purchase of a new truck to assist in departmental operations. An additional truck is also being purchased through the Solid Waste enterprise fund., The Public Works Department has one outstanding lease payment. Further, based on events at Lee Street Park, funding is allocated for equipment, supplies & maintenance and overtime for personnel.

Police Department

The FY2018 proposed Police Department budget is \$2,245,886.00 which is a 4.5 percent increase from the FY2017 amended budget. The proposed budget provides for no additional staff and the purchase of two (2) Dodge Chargers. The proposed Police Department budget also includes several line item decreases including the fuel usage. Lastly, the proposed budget includes the debt service for the two vehicles purchased last year.

GENERAL FUND REVENUE SUMMARY

31.1000	General Property Taxes			
31.1100	Real Property - Current Year	70,000.00	70,000.00	\$70,000.00
31.1200	Real Property - Prior Year	5,000.00	8,000.00	\$5,000.00
31.1300	Personal Property - Current Year	2,000.00	5,000.00	\$5,000.00
31.1310	Motor Vehicle	5,000.00	5,000.00	\$5,000.00
31.1315	TAVT Tax	39,000.00	39,000.00	\$15,000.00
31.1400	Personal Property - Prior Years	0.00	0	\$0.00
31.1600	Real Estate Transfer Tax (intang)	1,000.00	1,000.00	\$1,000.00
31.1610	Recording Transfer Tax	200.00	300.00	\$500.00
31.1700				
31.1710	Electric	240,000.00	240,000.00	\$240,000.00
31.1730	Gas	20,000.00	20,000.00	\$20,000.00
31.1750	Television Cable	30,000.00	40,000.00	\$50,000.00
31.1760	Telephone	40,000.00	40,000.00	\$41,000.00
31.3000				
31.3100	Local Option Sales & Use Taxes	1,400,000.00	1,400,000.00	\$1,500,000.00
31.4000				
31.4200	Alcoholic Beverage Excise Tax	60,000.00	60,000.00	\$60,245.00
31.6000	Business Taxes			
31.6100	Business and Occupation Taxes	200,000.00	225,000.00	\$230,000.00
31.6200	Insurance Premium Taxes	270,000.00	270,000.00	\$270,000.00
31.6300	Financial Institution Taxes	25,000.00	30,000.00	\$30,000.00
31.9500	FIFA	0.00	0.00	\$100.00
Total Tax		\$2,407,200.00	\$2,453,300.00	\$2,542,845.00

32.1000	ALCOHOL FEES			
32.1101	Application Fee	1500.00	1500.00	\$2,500.00
32.1102	Alcohol Background Fee	1,000.00	1,000.00	\$1,000.00
32.1103	Alcohol ID Fee	5,000.00	5,000.00	\$6,000.00
32.1110	Beer/Wine	25,000.00	25,000.00	\$25,000.00
32.1140	Alcohol Temp License Fee	\$2,000.00	3,300.00	\$3,000.00
32.1130	Alcohol Pouring License	\$4,000.00	8,000.00	\$8,000.00
32.2210	Zoning & Land Use	10,000.00	10,000.00	\$7,000.00
32.2230	Signs	4,000.00	5,000.00	\$5,000.00
32.3100				
32.3110	Certificate of Occupancy Permits	2,500.00	2,500.00	\$3,000.00
32.3120	Building Permits	15,000.00	38,000.00	\$41,000.00
32.3130	Plumbing Permits	1,000.00	5,000.00	\$5,000.00
32.3140	Electrical Permits	2,000.00	5,000.00	\$5,000.00
32.3150	Demolition Fee	500.00	500.00	\$500.00
32.3160	HVAC Permits	1,000.00	6,000.00	\$6,000.00
32.3171	Certificate of Appropriateness	300.00	300.00	\$500.00
32.3900	Special Event Permits	0.00	400.00	\$500.00
32.3910	Yard Sale Permits	200.00	200.00	\$200.00
Total Licenses & Permits		\$22,500.00	\$116,700.00	\$119,200.00

33.4150	State Grant Indirect	0.00	40,000.00	\$0.00
33.6100	GMA Wellness Grant	5,000.00	5,000.00	\$4,000.00
	Total Intergovernmental	\$5,000.00	\$45,000.00	\$4,000.00

34.000				
34.1120	Probation Fees	900,000.00	900,000.00	\$900,000.00
34.1910	Election Qualifying Fee	1,000.00	1,000.00	\$0.00
34.1930	Plan Review Fees	3,000.00	3,000.00	\$7,000.00
34.2120	Accident Reports - Misc. Other	15,000.00	15,000.00	\$10,800.00
34.2902	DEA Overtime Reimbursement	17,500.00	\$17,500.00	\$17,500.00
34.5410	AT&T Parking Fees	14,400.00	14,400.00	\$14,400.00
34.6910	Sale of Cemetery Lots	5,000.00	5,000.00	\$3,000.00
34.6920	Burial Fees	500.00	500.00	\$500.00
34.9300	Return Check Fees	0.00	0	\$0.00
	Total Charges For Services	\$956,400.00	\$956,400.00	\$953,200.00

FINES & FORFEITURES

35.1170	Municipal Court	800,000.00	800,000.00	\$800,000.00
	Total Fines & Forfeitures	\$800,000.00	\$800,000.00	\$800,000.00

INVESTMENT INCOME

36.1020	Interest Revenues-Cemetery	0.00		
.	Interest Revenues- Payroll	0.00		
36.1070	Interest Revenues-General Fund	1,000.00	1,000.00	\$10,000.00
36.1080	Interest Revenues-Municipal	0.00		\$2,500.00
36.1090	Interest Revenue- Firehouse Museum	0.00		
	Total Investment Income	\$1,000.00	\$1,000.00	\$12,500.00
37.1025	Concert Sponsors	25,000.00	35,000.00	\$35,000.00
37.1026	Contributions to Veteran Markers	100.00	100.00	\$100.00
37.1060	Contribution to Firehouse Museum	0.00	0.00	\$0.00
	Total Investment Income	\$25,100.00	\$35,100.00	\$35,100.00

MISCELLANEOUS REVENUE

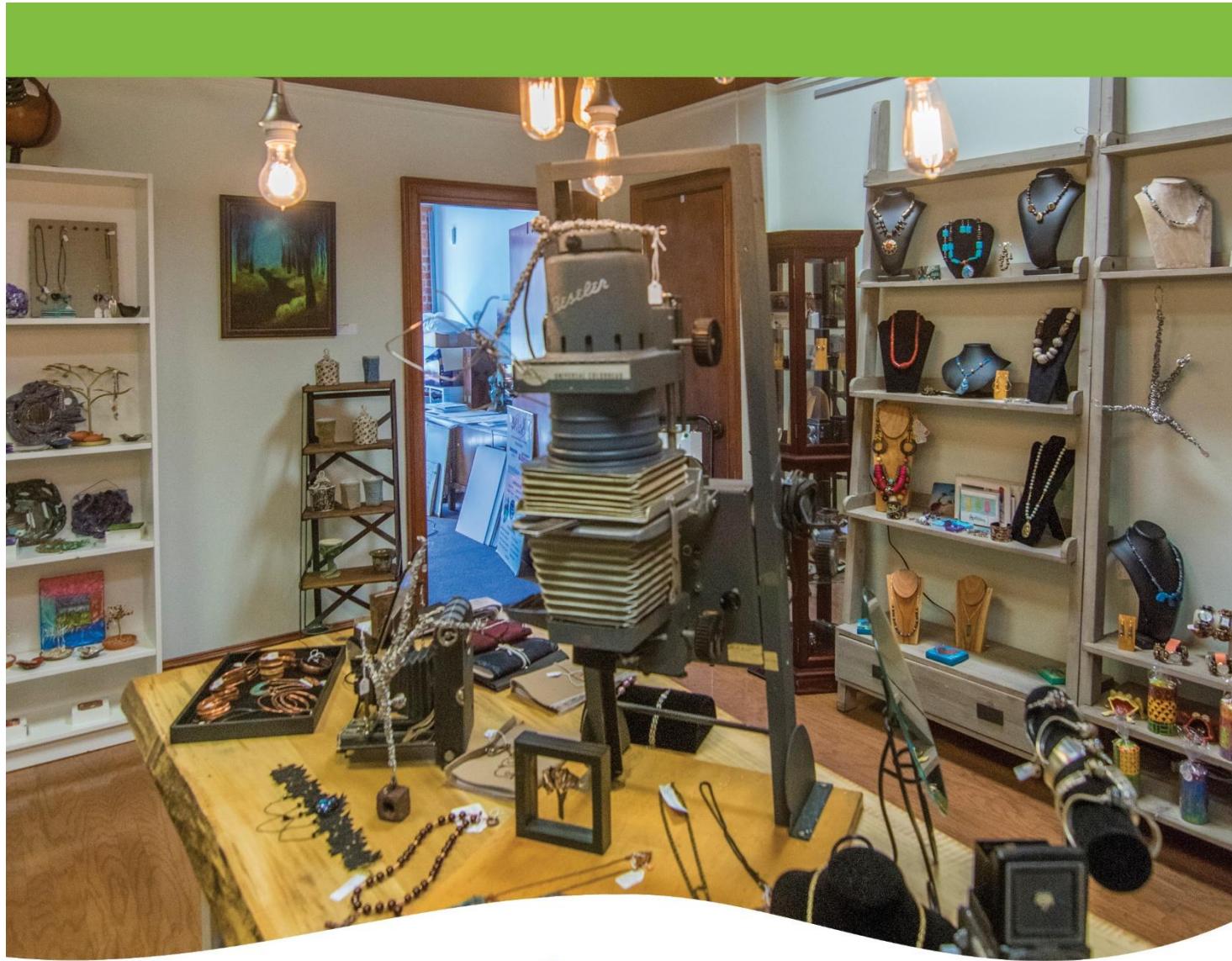
38.1010	Park Pavilion Rental	1,386.00	1,386.00	\$1,500.00
38.1011	Lee Street Park Rental	10,000.00	10,000.00	\$4,000.00
38.1020	Fire Station Rental	75,000.00	75,000.00	\$75,000.00
38.1030	Event Vendors	10,000.00	10,000.00	\$13,000.00
38.1100	Rental Property (Cloud Street)	9,000.00	9,000.00	\$9,000.00
38.2001	Disposal Fees	1,000.00	1,000.00	\$1,000.00
38.9000	Miscellaneous Revenue	5,000.00	5,000.00	\$10,600.00
38.9050	Lee Street Concession Stand	4,000.00	4,000.00	\$0.00
38.9100	Transfer of Reserve Funds	0.00	65000.00	\$0.00
38.9300	Towing Fees	12,000.00	12,000.00	\$15,000.00
	Total Miscellaneous Revenue	\$127,386.00	\$192,386.00	\$129,100.00

REVENUE - CAPITAL PROJECTS

39.2100	Sale of Assets	11,500.00	11,500.00	\$0.00
39.3200	Capital Lease	0.00	0.00	\$129,183.00
	Total Revenue - Capital Projects	\$11,500.00	\$11,500.00	\$129,183.00
	Total FY' 2018 Revenue	\$4,356,086.00	\$4,611,386.00	\$4,725,128.00



DEPARTMENTAL BUDGETS



Great art!

Our character is not just one of a typical small town, but a Home Town epitomized our People. There is a purity in Jonesboro's charm, one founded on respect for each other, warmth and hospitality! We celebrate our many cultures, and are proud of the progressive nature that truly is ingrained in the Jonesboro Spirit. As each new chapter is written in Jonesboro, the characters include young and old, multiple races and nationalities, local natives and new transplants.



DEPARTMENTAL BUDGET SUMMARY

DEPARTMENT: CITY HALL	FUND: 1500
SUMMARY OF DEPARTMENT RESPONSIBILITIES:	
<p>City Hall is comprised of four divisions: Administration, Mayor & Council, Human Resources, Finance & Zoning.</p> <p>Administration is responsible for administering the programs and policies established by the City Council. It directs and coordinates the operations of the City and informs and advises the City Council regarding City transactions, existing conditions and future requirements. City Hall handles all permits and licensing, zoning, finance & human resources related activities.</p> <p>The Mayor and Council, as the legislative body, oversees the City at large. The Mayor directs the day-to-day operations.</p>	
BUDGET NOTES:	
PERSONNEL SERVICES 51.1100 SALARIES	This line item covers the elected official's salaries of \$74,000 and four full time employees as well as funding for Firehouse Museum part-time staff member. Also included is the mileage stipend for the City Manager and a 2% increase for all employees. There are no additional position recommended budget. 2017 Budget was \$327,500 and the 2017 Budget is set at \$247,000
51.1300 OVERTIME	Line Item covers pay for staff who are required to work special events.
51.2100 INSURANCE	Line item includes health and dental insurance for four full-time employees.
51.2200 SOCIAL SECURITY	Line item is for employer's share of Social Security for City Hall employees and Mayor and Council.
51.2300 MEDICARE	Line item is for employer's share of Medicare for City Hall employees and the Mayor and Council.
51.2400 RETIREMENT	Line item is the City's contribution to the retirement program through GMA for all full-time employees and retirement for the Mayor and Council Members.
51.2600 UNEMPLOYMENT INSURANCE	Administration Department portion of unemployment insurance paid into the State Department of Labor.
51.2700 WORKERS COMPENSATION	Workers Compensation necessary for employees.
52.1210 LEGAL SERVICES	Budgeting that covers our City Attorney fees and other charges for other litigation.

52.1220 AUDIT	Line item is for charges for the annual audit that is required yearly by State law.
52.1230 ENGINEERING FEES	This line item covers fees for all engineering of site plans and plan reviews.
52.1240 INSPECTIONS	This line item is for all inspection fees for buildings, electrical, heating and air, and plumbing when permits are issued.
52.1290 OTHER PROFESSIONAL SERVICES	This line item covers fees for Municipal Code updates, alarm company monitoring services which also monitor the telephone system and other professional cost.
52.1300 IT SERVICES	This line item covers the yearly fee for services from Sophicity who maintains all our computer hardware.
52.1310 PAYROLL PROCESSING	Fees from ADP who processes our payroll, pays all taxes, unemployment insurance, child support payments, bankruptcy payments, quarterly taxes, and W-2 forms. Also reporting that is required for the Affordable Care Act.
52.1320 BANK FEES - CREDIT CARD PAYMENTS	Line item will be for charges from SunTrust for credit card payments we collect.
52.1330 SOFTWARE SUPPORT	This line item covers our software support with Tyler Technology.
52.2250 PEST CONTROL SERVICES	This line item covers the monthly fee of \$30 from Taylor Exterminating. This covers City Hall, the Firehouse Museum and the rental house on Cloud Street.
52.2310 RENTAL OF LAND	This line item covers the right of way rental for Norfolk Southern Railroad.
52.2321 CITY EVENTS	This line item will cover summer concerts, Christmas Lighting Event, Jonesboro Days and Business Breakfast Meetings.
52.2330 RENTAL OF POSTAGE METER/COPY MACHINE	This line item covers the cost of leasing from Konica Minolta our copier and the postage meter from Pitney Bowes.
OTHER PURCHASED SERVICES	This line item is for insurance coverage for our general liability, public officials, auto, and property.
52.3100 INSURANCE (NON-BENEFIT)	
52.3210 TELEPHONE	The line item is for the City Hall telephone service.

52.3211 TELEPHONE FIREHOUSE MUSEUM	This line item covers the cost of the telephone service at the Firehouse Museum.
52.3230 CELLULAR PHONES	This line item is for three cellular phones, Mayor Day, City Manager Ricky Clark and Executive Assistant Cable Brooks.
52.3260 POSTAGE	This line item covers cost of postage for all mailings from City Hall that covers such items as taxes, business license renewals, issued business licenses, all official correspondence, etc.
52.3310 LEGAL NOTICES	This line item covers all Public Notices that are required to be published in the legal organ newspaper.
52.3330 PROMOTIONAL ADVERTISING	This line item covers advertising that promotes the city events.
52.3410 ELECTIONS	This line item covers the cost of ordering ballots and fees for programming machines.
52.3420 NEWSLETTER	This line item is for the cost of printing and mailing the City's Newsletter.
52.3500 TRAVEL EXPENSE	This line item covers travel expense for elected officials and city hall staff for schools and conferences to cover mileage, hotel accommodations and meals.
52.3600 DUES & FEES	This line item is for membership fees for the Georgia Municipal Association, Clayton County Chamber of Commerce, Clayton County Municipal Association functions and also professional memberships for City Hall Staff.
52.3700 EDUCATION & TRAINING	This line item is for training classes for both elected officials and city hall staff.
52.3701 GMA WELLNESS PROGRAM	City has been awarded the wellness grant again from GMA. The grant was in the amount of \$4,000 and will be used for breakfast or luncheons for city employees to receive information of health and wellness programs offered.
52.3851 POLL WORKERS	This line item covers the cost of the election manager and election clerks. No election is scheduled for 2018.
52.3905 SPECIAL EVENTS	This line item covers some expense for City Employee Christmas Breakfast or luncheon. Gift cards for employees (Christmas). Flowers (funerals, etc.) Last year this line item was used for the fireworks display at the 4 th of July concert. Plans are to have a fireworks display again for 2018.

SUPPLIES	This line item covers all office supplies and cleaning supplies for City Hall.
53.1110 OFFICE & BUILDING SUPPLIES	
53.1111 OFFICE SUPPLIES FOR FIREHOUSE MUSEUM	This line item covers supplies for the Museum. .
53.1115 NEIGHBORHOOD WATCH	This line item covers expenses generated from Neighborhood Watch.
53.1171 BUILDING MAINTENANCE	Line item covers any maintenance related expenses at City Hall. This line item also covers routine maintenance of both the Firehouse Museum & City Hall.
ENERGY	This line item covers payments to CCWA for services to City Hall.
53.1210 WATER/SEWERAGE	
53.1211 WATER/SEWERAGE FIREHOUSE MUSEUM	This line item covers payments to the CCWA for services to the Firehouse Museum.
53.1212 WATER/SEWERAGE CLOUD STREET	
53.1220 NATURAL GAS	This line item cover payments to Gas South for City Hall.
53.1230 ELECTRIC	This line item covers payments to Georgia Power for the City Hall
53.1231 ELECTRICITY FOR FIREHOUSE MUSEUM	This line item is for payment to Georgia Power for the Firehouse Museum.
53.1232 NATURAL GAS FIREHOUSE MUSEUM	This line item is for payment to Georgia Power for the Firehouse Museum.
SMALL EQUIPMENT	This line item is for computer equipment and/or maintenance for City Hall.
53.1610 COMPUTER EQUIPMENT/MAINTENANC E	
53.1620 FURNITURE OR FIXTURES	This item item covers furniture and fixtures for City Hall.

53.1690 BEAUTIFICATION COMMISSION	This item item covers expenses generated by the newly formed Jonesboro Beautification Commission.
53.1700 SUPPLIES FOR LEE STREET PARK	Line item is for concession stand purchases
54.2200 VEHICLE PURCHASE	No vehicle requested within the FY' 18 Budget.
54.2301 FURNITURE & FIXTURES	Line Item covers furniture and fixtures at Lee Street Park.
57.9000 CONTINGENCY	This line item can be used for an unexpected non-budgeted expense and the funds will be moved to that line item. .
58.1301 CAPITAL EXPENSE	No payments.
58.2300 INTEREST - LEE STREET PARK	This Line Item covers interest payments for Lee Street Park.

DEPT. 1500 – ADMINISTRATION (LINE ITEM DETAIL)

Acct#	Account Name	2017 Approved	Amended FY' 17	Requested FY' 18
51.1000 PERSONAL SERVICES – SALARIES & WAGES				
51.1100	Regular Employees	\$247,000.00	\$247,000.00	\$270,700.00
51.1100	Mayor and Council	\$67,200.00	\$67,200.00	\$74,000.00
51.1300	Overtime	\$2,000.00	\$6,000.00	\$6,000.00

51.2000 PERSONAL SERVICES – EMPLOYEE BENEFITS				
51.2100	Group Insurance	\$34,400.00	\$34,400.00	\$41,578.00
51.2200	Social Security (FICA) Contributions	\$15,400.00	\$15,400.00	\$20,000.00
51.2300	Medicare	\$3,800.00	\$3,800.00	\$5,000.00
	Social Security (FICA) Contributions - Mayor & Council	\$4,170.00	\$4,170.00	\$5,000.00
	Medicare - Mayor & Council	\$1,000.00	\$1,000.00	\$1,000.00
51.2400	Retirement Contributions	\$22,774.00	\$22,774.00	\$21,000.00
51.2600	Unemployment Insurance	\$3,500.00	\$3,500.00	\$2,800.00
51.2700	Worker's Compensation	\$2,000.00	\$4,000.00	\$5,000.00
TOTAL PERSONAL SERVICES AND EMPLOYEE BENEFITS		\$403,244.00	\$409,244.00	\$452,078.00

52.1000 PURCHASED PROFESSIONAL & TECH SERVICES				
52.1200 PROFESSIONAL				
52.1210	Legal Expense	\$65,000.00	\$65,000.00	\$65,000.00
52.1220	Audit	\$20,000.00	\$26,000.00	\$26,000.00
52.1230	Planning/Development/Engineering	\$40,000.00	\$65,000.00	\$55,000.00
52.1240	Inspections	\$5,000.00	\$32,000.00	\$5,000.00
52.1290	Other Professional Services	\$10,000.00	\$35,000.00	\$20,000.00
52.1300	IT Services	\$25,000.00	\$25,000.00	\$25,000.00
52.1310	Payroll Processing	\$16,000.00	\$16,000.00	\$16,000.00
52.1320	Bank Fees for Credit Cards	\$2,000.00	\$2,000.00	\$2,000.00
52.1330	Software Support	\$9,000.00	\$9,000.00	\$8,000.00

TOTAL PROFESSIONAL SERVICES	\$192,000.00	\$275,000.00	\$222,000.00
	0	0	

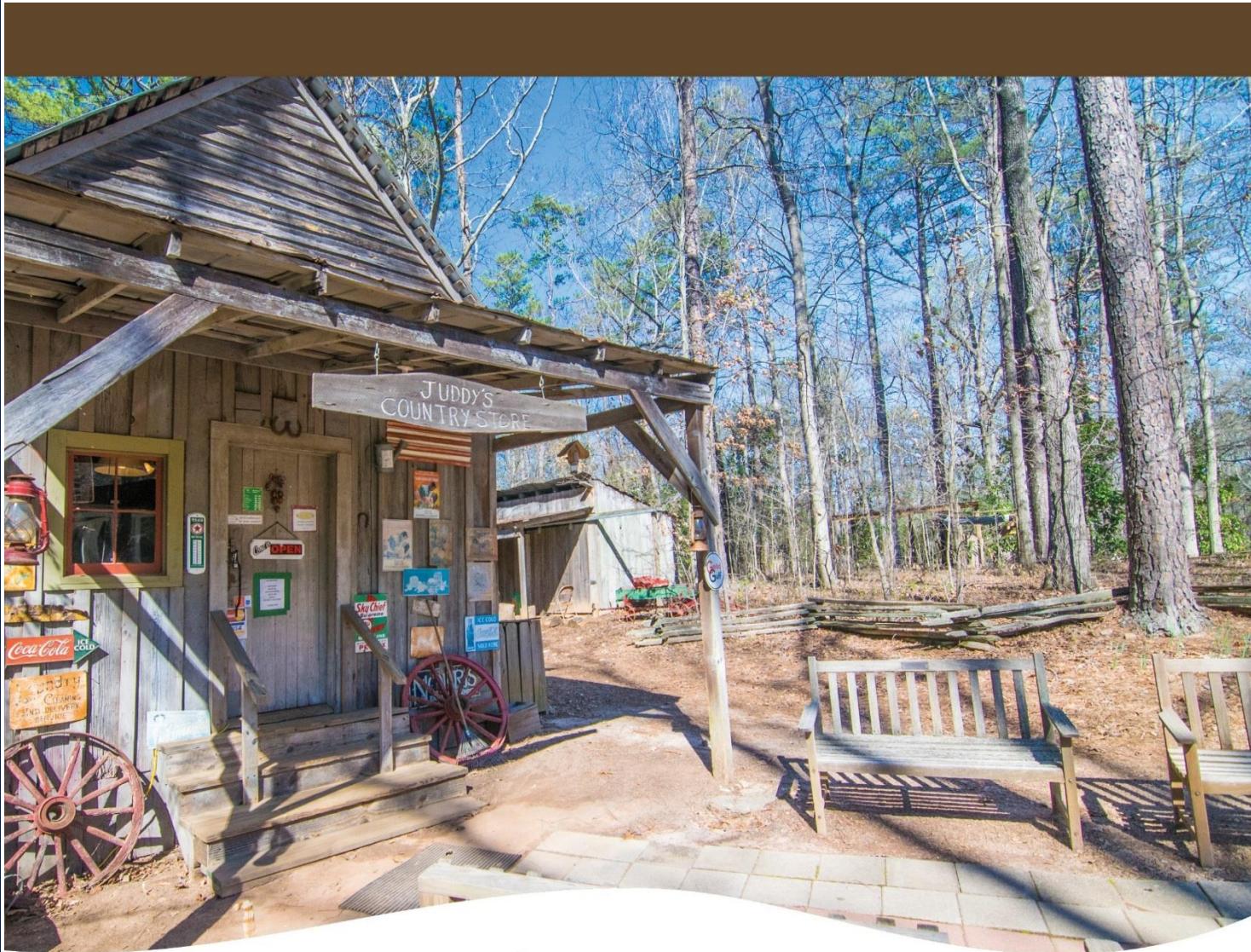
52.2200				
52.2250	Pest Control	\$400.00	\$400.00	\$500.00
52.2300 RENTALS				
52.2310	Rental of Land	\$1,200.00	\$1,200.00	\$3,000.00
52.2321	City Events	\$45,000.00	\$65,000.00	\$55,000.00
52.2330	Rental of Copiers/Maintenance	\$8,000.00	\$8,000.00	\$8,000.00
52.3000				
52.3100	Insurance, other than employee benefits	\$27,000.00	\$40,000.00	\$40,000.00
52.3200				
52.3210	Telephone	\$4,440.00	\$4,440.00	\$5,000.00
52.3211	Telephone Firehouse Museum	\$1,380.00	\$1,380.00	\$1,300.00
52.3230	Cellular Phones	\$2,000.00	\$2,000.00	\$2,000.00
52.3260	Postage	\$6,000.00	\$6,000.00	\$6,000.00
52.3290	Other	\$0.00	\$0.00	\$0.00
52.3300 ADVERTISING				
52.3310	Legal Notices	\$4,000.00	\$6,000.00	\$6,000.00
52.3330	Advertising	\$20,000.00	\$20,000.00	\$15,000.00
52.3400 PRINTING & BINDING				
52.3410	Elections	\$3,000.00	\$6,500.00	\$0.00
52.3420	Newsletter	\$8,000.00	\$8,000.00	\$8,000.00
52.3500	Travel	\$16,000.00	\$16,000.00	\$14,000.00
52.3600	Dues and Fees	\$6,000.00	\$9,000.00	\$9,000.00
52.3700	Education & Training	\$10,000.00	\$10,000.00	\$8,000.00
52.3701	GMA Wellness Program	\$4,000.00	\$4,000.00	\$4,000.00
52.3851	Poll Workers	\$1,500.00	\$1,500.00	\$0.00
52.3905	Special Events	\$16,000.00	\$16,000.00	\$14,000.00
TOTAL PURCHASED/CONTRACTED SERVICES		\$183,920.00	\$225,420.00	\$198,800.00

53.1000 SUPPLIES				
53.1100	General Supplies & Material			
53.1110	Office and Building Supplies	\$18,000.00	\$18,000.00	\$15,000.00
53.1111	Supplies for Firehouse Museum	\$1,000.00	\$1,000.00	\$1,000.00
53.1150	Supplies for Neighborhood Watch	\$1,000.00	\$1,000.00	\$500.00
53.1171	Building Maintenance	\$20,000.00	\$20,000.00	\$5,000.00
53.1200 ENERGY				
53.1210	Water/Sewerage	\$1,000.00	\$1,000.00	\$1,000.00

53.1211	Water/Sewerage Firehouse Museum	\$800.00	\$800.00	\$800.00
53.1212	Water/Sewerage Cloud Street	\$400.00	\$700.00	\$700.00
53.1220	Natural Gas	\$3,500.00	\$3,500.00	\$3,500.00
53.1230	Electricity	\$6,000.00	\$6,000.00	\$6,000.00
53.1231	Electricity Firehouse Museum	\$4,000.00	\$4,000.00	\$4,000.00
53.1232	Natural Gas Firehouse Museum	\$2,000.00	\$2,000.00	\$2,000.00
53.1610	Computer Equip/Maint. (less than \$5000)	\$6,000.00	\$6,000.00	\$5,000.00
53.1620	Furniture/Fixtures	\$5,000.00	\$5,000.00	\$2,500.00
53.1700	Supplies/Lee Street Park	\$6,000.00	\$6,000.00	\$4,000.00
53.1690	Beautification Commission	\$5,000.00	\$5,000.00	\$2,500.00
TOTAL SUPPLIES/ENERGY/SMALL EQUIPMENT		\$79,700.00	\$80,000.00	\$53,500.00

54.1300	Property Purchase	\$0.00	\$65,000.00	\$0.00
54.2200	Vehicle Purchase	\$0.00		
54.2301	Furniture & Fixtures	\$0.00		
	Transfer to Reserve (Municipal Complex)			\$80,000.00
INTERGOVERNMENTAL				
57.2100	Payments to Downtown Develop. Authority	\$10,000.00	\$10,000.00	\$10,000.00
57.4001	Returned Checks	\$0.00	\$500.00	\$500.00
57.9000	Contingencies	\$15,000.00	\$15,000.00	\$15,000.00
TOTAL INTERGOVERNMENTAL		\$25,000.00	\$140,000.00	\$105,500.00

58.1000	Debt Service Principal			
58.1200	Capital Lease - Principle			
58.1212	Vehicle Lease	\$0.00	\$0.00	\$0.00
58.1230	Other Debt - Fire Station	\$0.00		\$0.00
58.1301	Lee Street Park URD payment	\$150,000.00	\$150,000.00	\$150,000.00
		0	0	
58.2300	Other Debt Building - Interest on Fire Station	\$0.00	\$0.00	\$0.00
58.2301	Interest Lee Street Park URD	\$68,385.00	\$68,385.00	\$65,000.00
TOTAL DEBT SERVICE		\$218,385.00	\$218,385.00	\$215,000.00
TOTAL EXPENDITURES				
		\$1,102,249.00	\$1,298,549.00	\$1,246,878.00



Great stories!

Our character is not just one of a typical small town, but a Home Town epitomized our People. There is a purity in Jonesboro's charm, one founded on respect for each other, warmth and hospitality! We celebrate our many cultures, and are proud of the progressive nature that truly is ingrained in the Jonesboro Spirit. As each new chapter is written in Jonesboro, the characters include young and old, multiple races and nationalities, local natives and new transplants.



Jonesboro

DEPARTMENT: COURT SERVICES	FUND: 2500
SUMMARY OF DEPARTMENT RESPONSIBILITIES:	
The Court Services consists of the Clerk of Court, Probation Officers, Probation Supervisor and Intake Officer.	
Court Services; specifically, the Court Clerks are responsible for the processing and filing of all Court related documents, management of all judicial proceedings, complying with open records request, validation of citations and warrants, GCIC compliance of warrant entry and removal, mandated reporting to Georgia Department of Transportation of traffic violation adjudicated in Municipal Court. Probation is responsible for the registering of violators, case file management of probation cases, conducting daily reporting of probationers, GCIC compliance, compliance with the Georgia Department of Community Supervision, receiving and accounting for probation fines collected, conducting interviews of probationers and case file maintenance.	
BUDGET NOTES:	
PERSONNEL SERVICES 51.1100 SALARIES	Line Item is for salaries for the Court Clerk. The position of part-time court clerk has not been funded for FY 18.
51.2100 INSURANCE	Line item is for health, dental and life for Court Services.
51.2200 SOCIAL SECURITY	Line item is for city's portion of employee's social security.
51.2300 MEDICARE	Line item is for city's portion of Medicare.
51.2400 RETIREMENT	Line Item is for Employee Retirement Benefits.
PROFESSIONAL SERVICES/CONTRACT SERVICES 52.1290 JUDGE	Yearly salary for Municipal Court Judge.
52.1291 SOLICITOR	Yearly salary for Municipal Court Solicitor
52.1320 COURT REPORTER/INTERPRETER S	This expense line item covers the cost of hiring mainly an interpreter.
52.3310 LEGAL NOTICES	Line items covers mandated legal notices for certain arrests.

52.3500 TRAVEL	Line item covers cost of mileage, hotel, and meals . Some travel expense for this Department were included in the Police Department's Budget line item by Chief Allen.
52.3600 DUES AND FEES	Line item covers cost of membership dues for Court Services.
52.3700 EDUCATION AND TRAINING	Line item covers expense for all conferences and training classes.

Acct#	Account Name	2017 Approved	Amended FY' 17	Requested FY' 18	Recommended FY' 18
51.1000 PERSONAL SERVICES – SALARIES & WAGES					
51.1100	Regular Employees	\$204,500.00	\$204,500.00	\$189,220.00	\$192,000.00
51.2100	Group Insurance	\$38,000.00	\$38,000.00	\$43,700.00	\$62,436.00
51.2200	Social Security (FICA) Contributions	\$12,800.00	\$12,800.00	\$12,800.00	\$12,000.00
51.2300	Medicare	\$3,800.00	\$3,800.00	\$3,800.00	\$3,000.00
51.2400	Retirement Contributions	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00
TOTAL PERSONAL SERVICES AND EMPLOYEE BENEFITS		\$265,100.00	\$265,100.00	\$255,520.00	\$275,436.00
52.1000 PURCHASED PROFESSIONAL & TECH SERVICES					
52.1200 PROFESSIONAL					
52.1290	Judge Salary	\$42,700.00	\$42,700.00	\$42,700.00	\$43,600.00
52.1291	Solicitor Salary	\$34,700.00	\$34,700.00	\$34,700.00	\$35,400.00
52.1320	Court Reporter/Interpreter	\$500.00	\$500.00	\$500.00	\$1,000.00
Total Professional Services		\$77,900.00	\$77,900.00	\$77,900.00	\$80,000.00
52.3280	Credit Card Merchant Fee	\$0.00			
52.3310	Legal Notices	\$400.00	\$400.00	\$400.00	\$400.00
52.3500	Travel	\$500.00	\$500.00	\$500.00	\$500.00
52.3600	Dues and Fees	\$750.00	\$750.00	\$750.00	\$750.00
52.3700	Education & Training	\$1,000.00	\$1,000.00	\$1,000.00	\$700.00
Total Services		\$2,650.00	\$2,650.00	\$2,650.00	\$2,350.00
TOTAL BUDGET		\$345,650.00	\$345,650.00	\$336,070.00	\$357,786.00

DEPARTMENT: POLICE DEPARTMENT	FUND: 3200
SUMMARY OF DEPARTMENT RESPONSIBILITIES:	
<p>The Police Department, under the direction of the Chief of Police, develops and implements programs to deter crime and to protect life and property in Jonesboro. Specific departmental responsibilities are:</p> <ul style="list-style-type: none"> 1) To reduce violent crime and gang-related activities through enhanced enforcement activities and crime prevention programs. 2) To increase the safety of residents and to decrease crime throughout Jonesboro neighborhoods. 3) To increase the safety of youth and reduce juvenile crime through crime prevention and intervention programs. 4) To enhance crime fighting and prevention tools and efforts through diverse recruitment, training, and retention of high quality officers, technology and equipment, and capital improvements. 	
BUDGET NOTES AS PROVIDED BY CHIEF ALLEN:	
PERSONNEL SERVICES 51.1100 SALARIES	This line item covers personnel within the Police Department. There are no additional positions budgeted for FY' 18. Based on the current staffing level, I feel we are optimized for the most efficient and effective level of service and I do not project a need to add additional personnel. The overall goal would be to maintain current staffing levels and replace existing personnel as required through attrition, retirement, termination and/or resignation.
51.1300 OVERTIME	It shall be the responsibility of the Chief to monitor overtime expenditures to prevent exceeding the budgeted amount. Chief Allen has incorporated a system in which employees are granted compensation time if normal work hours are exceeded. This has been proven to be an effective method of compensation with the police department. However, due to the increasing number of City sponsored events the overtime budget may be effected in 2018. It has been generally agreed upon that when City sponsored events are held and additional officers are required to work the event, the officers will be paid at their overtime rate.
51.1310 OVERTIME DEA	This line item is for the personnel assigned to the DEA. This is offset by the revenue line item.
51.2100 INSURANCE	Health and dental insurance for Police Department.
51.2200 SOCIAL SECURITY	This line item is for the city's share of employees Social Security

51.2300 MEDICARE	This line item is for the city's share of the employees Medicare.
51.2400 RETIREMENT	City contribution for employee's retirement through Georgia Municipal Association.
51.2600 UNEMPLOYMENT INSURANCE	Police Department share for entire department.
51.2700 WORKERS COMP	Workers Compensation.
PURCHASED/CONTRACT SERVICES	Computer support will be charged through Technology Fees.
52.1300 IT SERVICES	
52.1330 SOFTWARE SUPPORT	Fees for software support for Police Department covers Mega Path, Georgia Technology Authority, Bell South (A T & T) G.C.I.C.
52.1340 DRUG TESTING	Line item is used to purchase drug testing kits used by the Probation Office.
52.1350 BACKGROUND INVESTIGATIONS	Fees for conducting some background investigation using Thomason Rueters, Inc.
52.2230 COMPUTER EQUIPMENT	Line item cover small equipment purchases, (keyboards, mouse, etc.)
52.2250 PEST CONTROL	Covers \$30 a month for pest control - Taylor Exterminating.
52.2330 RENTAL COPIER/POSTAGE METER	Line item covers the monthly fee for copier and postage machine
52.3100 INSURANCE	This line item covers liability, property, public official's liability insurance. . .
52.3210 TELEPHONE	also covers replace telephones and repairs. Service is being changed to Comcast.
52.3230 CELLULAR PHONES	Verizon cellular telephones
52.3260 POSTAGE	Postage services for the Police Department.
52.3310 LEGAL NOTICES	Line item is for required legal notices for DUI's etc.
52.3500 TRAVEL	Staff travel expense (hotel, gas, meals) for training and conferences.
52.3600 DUES AND FEES	Membership fees for Chief Association. This also covers several membership dues for the Police Department.
52.3700 EDUCATION AND TRAINING	This line item is reserved for training expenses when officers attend out of state training. Typically, specific seminars and conferences are budget for and any additional training depends on the amount of funds available in the item. Chief Allen will monitor the line item to ensure that the training costs are specifically assigned to the budgeted

	conferences. With the inception of a training officer, cost for outside training can be minimized and restricted to an as needed basis.
SUPPLIES 53.1110 OFFICE SUPPLIES	Chief Allen has issued a strict ordering policy for office and building supplies. Office staff has been encouraged to be extremely thrifit in their usage of supplies. Every employee is making a conscious effort to reduce spending and certain supplies that are considered a luxury are being eliminated from future orders. Also, the police department is converting more to electronic transmission and maintaining an electronic file in place of hardcopies
53.1130 UNIFORMS	The costs of uniforms are directly attributed to turn over and replacement officers. A newly hired officer costs approximately \$700.00 to \$750.00 dollars to outfit.
53.1140 VEHICLE/EQUIPMENT PARTS	This line item is for vehicle equipment and parts that are ordered by Public Works.
53.1141 EQUIPMENT	Line item to cover additional equipment expense for vehicles.
53.1171 BUILDING MAINTENANCE	Line item covers building maintenance.
53.1210 WATER/SEWER	Payments are made to the Clayton County Water Authority
53.1220 NATURAL GAS	Payments are made to Gas South.
53.1230 ELECTRIC	Payments are made to the Georgia Power Company.
53.1270 GASOLINE	This line item is directly affected by the cost of crude oil and the gasoline manufacturing. This market is extremely hard to predict and anticipate projected costs. The objective of the police department is the remain operational with the approved line item that has been budgeted for 2018 in conjunction with this significant reduction in the budgeted amount. The goal for the police department is to maximize fuel efficiency and directives have been issued to the officers to eliminate idling vehicles and cease unnecessary travel. Through the combined efforts of all personnel the police department will remain under budget in this line item.
53.1610 COMPUTER EQUIP.	Items will be budgeted under the Technology Fee.
53.1620 FURNITURE/FIXTURES	
53.1690 OTHER SMALL EQUIPMENT	No funds budgeted
54.1200 SITE IMPROVEMENTS	Additional improvements to Police Department.
54.2000 MACHINERY & EQUIPMENT	Police Department Equipment.
54.2200	This line items covers the cost of two additional vehicles for the Police Department. expiring in 2017.

CAPITAL OUTLAY - VEHICLES	
DEBT SERVICES	Lease payment(s) through GMA Lease Program.
58.1220 VEHICLES- LEASE	Interest payments for leased vehicles.
58.1220 INTEREST	No funds are budgeted as the Police Department is paid for in full.
58.1300 OTHER DEBT BUILDING	N/A
58.2300 OTHER DEBT INTEREST	



Acct#	Account Name	2017 Approved	Amended FY' 17	Requested FY' 18	Recommended FY' 18
51.1000 PERSONAL SERVICES - SALARIES & WAGES					
51.1100	Regular Employees	1,283,000.00	\$1,283,000.00	\$1,308,660.00	\$1,308,660.00
51.1300	Overtime	15,000.00	20,000.00	\$25,000.00	\$20,000.00
51.1310	Overtime (DEA)	17,500.00	17500.00	\$17,500.00	\$17,500.00
51.2000					
51.2100	Group Insurance	220,000.00	\$220,000.00	\$253,000.00	\$284,766.00
51.2200	Social Security (FICA) Contributions	80,000.00	\$80,000.00	\$80,000.00	\$80,000.00
51.2300	Medicare	19,000.00	\$19,000.00	\$19,000.00	\$19,000.00
51.2400	Retirement Contributions	61,274.00	\$61,274.00	\$61,274.00	\$53,300.00
51.2600	Unemployment Insurance	7,000.00	\$7,000.00	\$7,000.00	\$6,000.00
51.2700	Worker's Compensation	40,500.00	\$40,500.00	\$40,500.00	\$40,500.00
TOTAL PERSONAL SERVICES AND EMPLOYEE BENEFITS		1,743,274.00	\$1,748,274.00	\$1,811,934.00	\$1,829,726.00

52.1000 PURCHASED PROFESSIONAL & TECH SERVICES					
52.1200 PROFESSIONAL					
52.1330	Software Support	6,000.00	\$6,000.00	\$4,000.00	\$4,000.00
52.1340	Drug Testing	3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
52.1350	Background Investigation(s)	1,800.00	\$1,800.00	\$1,800.00	\$1,800.00
52.2000 PURCHASED PROPERTY SERVICES					
52.2200 REPAIRS & MAINTENANCE					
52.2230	Computer	500.00	\$500.00	\$500.00	\$500.00
52.2250	Pest Control	360.00	\$360.00	\$360.00	\$360.00
52.2300					
Rentals					
52.2330	Rental of copiers/maintenance	3,200.00	\$3,200.00	\$3,200.00	\$3,200.00
52.3000					
Other Purchased Services					

52.3100	Insurance, other than employee benefits	67,000.00	\$67,000.00	\$67,000.00	\$67,000.00
52.3200	Communications				
52.3210	Telephone	8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
52.3230	Cellular Telephones	21,000.00	\$21,000.00	\$15,000.00	\$15,000.00
52.3260	Postage	3,000.00	\$3,000.00	\$3,500.00	\$3,500.00
52.3310	Legal Notices	2,000.00	\$2,000.00	\$1,000.00	\$1,000.00
52.3500	Travel	9,000.00	\$9,000.00	\$6,000.00	\$6,000.00
52.3600	Dues and Fees	1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
52.3700	Education & Training	6,000.00	\$6,000.00	\$4,000.00	\$4,000.00
TOTAL PURCHASED/CONTRACTED SERVICES		\$132,360.00	\$132,360.00	\$118,860.00	\$118,860.00

53.1000	SUPPLIES				
53.1110	Office and Building Supplies	25,000.00	\$25,000.00	\$15,000.00	\$15,000.00
53.1130	Uniforms	20,000.00	\$20,000.00	\$15,000.00	\$15,000.00
53.1140	Vehicles/Equipment Parts	30,000.00	\$30,000.00	\$25,000.00	\$20,000.00
53.1141	Equipment Parts	5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
53.1171	Building Maintenance	4,000.00	\$4,000.00	\$1,000.00	\$1,000.00
TOTAL SUPPLIES		84,000.00	84,000.00	\$61,000.00	\$56,000.00

53.1200	Energy				
53.1210	Water/Sewerage	2,000.00	\$2,000.00	\$2,000.00	\$2,000.00
53.1220	Natural Gas	3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
53.1230	Electricity	15,300.00	\$15,300.00	\$15,300.00	\$15,300.00
53.1270	Gasoline/Diesel	70,000.00	\$70,000.00	\$70,000.00	\$65,000.00
TOTAL ENERGY		90,300.00	\$90,300.00	\$90,300.00	\$85,300.00

SMALL EQUIPMENT					
53.1610	Computer Equip/Maintenance (less than \$5000)	0.00		\$0.00	\$0.00
53.1620	Furniture & Fixtures (less than \$5000)	0.00		\$0.00	\$0.00
53.1690	Other Small Equipment (less than \$5000)	0.00		\$0.00	\$0.00
TOTAL SMALL EQUIPMENT			0.00	\$0.00	\$0.00

54.1000	PROPERTY				
54.1200	Site Improvements	5,000.00	5,000.00	\$1,000.00	\$1,000.00
54.2000	Equipment	10,000.00	10,000.00	\$10,000.00	\$2,000.00
54.2200	Capital Outlay Vehicle	0.00	0.00	\$95,000.00	\$95,000.00
54.2201	Vehicle Equipment	0.00	0.00		
54.2400	Computers	0.00	0		
54.2410	Hardware	0.00	0		
Total Capital Outlay		15,000.00	15,000.00	\$106,000.00	\$98,000.00
58.1000	Principal				
58.1200	Capital Lease - Principle				
58.1210	Lease - Machinery	0.00	0		
58.1220	Lease - Vehicles	76,100.00	76,100.00		\$55,000.00
58.2220	Other Debt -Vehicle Interest	5,000.00	5,000.00		\$3,000.00
58.1230	Lease - Other	0.00	0.00		
58.1300	Other Debt - Building	0.00	0.00		
58.2300	Other Debt Building - Interest	0.00	0.00		
TOTAL DEBT SERVICE		81,100.00	\$81,100.00	\$0.00	\$58,000.00
TOTAL EXPENDITURES		2,146,034.00	2,151,034.00	\$2,188,094.00	\$2,245,886.00

DEPARTMENT:	FUND:
PUBLIC WORKS	3200
SUMMARY OF DEPARTMENT RESPONSIBILITIES:	
<p>The Public Works Department strives to improve the condition of the City's infrastructure by effectively managing City roadways, drainage structures, alleyways, street lights, street signs, pavement markings, traffic signals and City-owned buildings.</p> <p>The Department also includes Fleet Maintenance & Street Services. Street Services is responsible for maintenance and repair work on City streets through routine maintenance, major maintenance, concrete pavement rehabilitation and also responds during inclement weather and other emergencies.</p>	
BUDGET NOTES:	
PERSONNEL SERVICES	This line item covers personnel services. It includes a 2% increase.
51.1100 SALARIES	
51.1300 OVERTIME	This line item covers any overtime required by Public Works Personnel.
51.2100 GROUP INSURANCE	Health insurance for employees.
51.2200 SOCIAL SECURITY	City's share of Social Security.
21.2300 MEDICARE	City's share of Medicare.
51.2400 RETIREMENT	City contribution for employee's retirement through Georgia Municipal Association.
51.2600 UNEMPLOYMENT INSURANCE	This is paid with our payroll taxes into the Department of Labor.
51.2700 WORKERS COMP	Workers Compensation Insurance.
52.2110 DISPOSAL	Landfill fees are used for disposal of leaf and limbs, items the city picks up for residents, etc.
52.2160 TREE REMOVAL	Tree removal costs for those issues that City staff is unable to remove.
52.2210 STREET MAINTENANCE	Repair and maintenance of equipment.
52.3100 INSURANCE	(non benefit). Insurance is for Property and Casualty.
52.3210 TELEPHONE	Telephone services at Public Works and also internet service. (Comcast)

52.3230 CELLULAR PHONES	Line item covers both the Public Works Director's cell phone and the City Mechanic.
52.3500 TRAVEL	Travel expense for school or conferences.
52.3600 DUES/FEES	Membership fees.
52.3700 EDUCATION & TRAINING	Conferences and training.
53.1110 OFFICE SUPPLIES	Office Supplies for entire department.
52.1111 TOOLS	Purchase of new tools for shop.
53.1130 UNIFORMS	Uniform expense
53.1140 VEHICLE PARTS	Line item covers equipment and parts needed for vehicle repairs.
53.1141 MOWER EQUIPMENT PARTS	Parts and Supplies for weed eaters, lawnmower blades, belts, tires etc.
53.1142 SAFETY EQUIPMENT	Line item is for traffic cones, A-frame barricades, flags, etc.
53.1143 SIGNS-BANNERS	New signs (stop, yield, MPH, etc.)
53.1144 CHRISTMAS SUPPLIES	Christmas decorations, lights, bulbs, etc.
53.1150 LANDSCAPING SUPPLIES	Supplies for landscaping.
53.1160 PARK SUPPLIES	Line item is for supplies for Massengale and Battleground parks.
53.1171 BUILDING MAINTENANCE	Building maintenance expenses for Public Works.
53.1180 CEMETERY EQUIPMENT	Equipment necessary for Cemetery.
53.1190 OTHER SUPPLIES	Supplies for building, vehicles, equipment, tools.
53.1210 WATER/SEWAGE	Line Item is for water and sewer for Gloria Drive and three parks.
53.1220 NATURAL GAS	Heating for Gloria Drive Public Works building.
53.1230 ELECTRICITY	Line item is for electricity at Public Works.
53.1231 STREET LIGHTS	Line item covers all street light, flashing signals and traffic lights.
53.1270 GASOLINE	Fuel cost for Public Works vehicles.
53.1610 COMPUTER EQUIPMENT UNDER \$5,000	

53.1690 OTHER SMALL EQUIPMENT UNDER \$5,000	Line item used to purchase items such as blowers, etc.
CAPITAL - PROPERTY	
54.1101 CDBG ENGINEERING FEES	
54.1200 SITE IMPROVEMENTS	Site improvements at Public Works.
54.1201 MACHINERY	
54.2200 CAPITAL OUTLAY - VEHICLE	One additional vehicle at Public Works
DEBT SERVICE	
58-1210 LEASE-MACHINERY	Debt Service for lease purchases.
58-1220	

Acct#	Account Name	2017 Approved	Amended FY' 17	Requested FY' 18	Recommended FY' 18
51.1000	Personal Services - Salaries & Wages				
51.1100	Regular Employees	\$300,000.00	\$300,000.00	\$322,787.00	\$318,000.00
51.1300	Overtime	\$3,500.00	\$6,000.00	\$6,500.00	\$6,500.00
51.2000	Personal Services - Employee Benefits				
51.2100	Group Insurance	\$82,000.00	\$82,000.00	\$82,000.00	\$93,120.00
51.2200	Social Security (FICA) Contributions	\$18,600.00	\$18,600.00	\$18,600.00	\$10,010.00
51.2300	Medicare	\$4,400.00	\$4,400.00	\$4,400.00	\$2,340.00
51.2400	Retirement Contributions	\$26,274.00	\$26,274.00	\$26,274.00	\$27,000.00
51.2600	Unemployment Insurance	\$3,000.00	\$3,000.00	\$3,000.00	\$2,000.00
51.2700	Worker's Compensation	\$24,000.00	\$24,000.00	\$24,000.00	\$28,000.00
Total Personal Services and Employee Benefits		\$461,774.00	\$464,274.00	\$487,561.00	\$486,970.00
52.1000	Purchased Professional & Tech Services				
52.1200	Professional				
52.1300	Technical				
52.2000	Purchased-Property Services				
52.2100	Cleaning Services				
52.2100	Disposal	\$7,500.00	\$7,500.00	\$8,000.00	\$7,500.00
52.2160	Tree Removal	\$9,500.00	\$9,500.00	\$12,000.00	\$9,500.00
52.2200					
52.2210	Street Maintenance	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
52.3000					
52.3100	Insurance, other than employees	\$26,000.00	\$26,000.00	\$26,000.00	\$30,000.00
52.3200					
52.3210	Telephone & Internet	\$1,300.00	\$1,300.00	\$1,450.00	\$1,300.00
52.3230	Cellular Phones	\$1,400.00	\$1,400.00	\$1,400.00	\$1,200.00
52.3500	Travel	\$0.00	\$0.00	\$0.00	\$0.00
52.3600	Dues and Fees	\$100.00	\$100.00	\$100.00	\$100.00
52.3700	Education & Training	\$0.00	\$0.00	\$0.00	\$0.00
Total Purchased/Contracted Services		\$50,800.00	\$50,800.00	\$53,950.00	\$54,600.00

53.1000	Supplies				
53.1100	General Supplies & Materials				
53.1110	Office	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
53.1111	Tools	\$1,000.00	\$1,000.00	\$2,700.00	\$1,500.00
53.1130	Uniforms	\$4,200.00	\$4,200.00	\$5,000.00	\$5,000.00
53.1140	Vehicle/Equipment Parts	\$15,000.00	\$15,000.00	\$13,000.00	\$13,000.00
53.1141	Equipment Parts	\$6,200.00	\$6,200.00	\$6,200.00	\$5,000.00
53.1142	Safety Equipment	\$1,500.00	\$1,500.00	\$1,500.00	\$1,000.00
53.1143	Signs & Banners	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
53.1144	Christmas Supplies	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
53.1150	Landscaping	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
53.1160	Park Supplies	\$5,000.00	\$5,000.00	\$7,000.00	\$7,000.00
53.1171	Building Improvements	\$5,000.00	\$5,000.00	\$15,000.00	\$5,000.00
53.1180	Cemetery Equipment	\$0.00	\$0.00	\$15,400.00	\$0.00
53.1190	Other Supplies	\$15,000.00	\$15,000.00	\$12,500.00	\$12,500.00
TOTAL				\$104,300.00	\$76,000.00
53.1200	Energy				
53.1210	Water/Sewerage	\$3,000.00	\$3,000.00	\$4,000.00	\$4,000.00
53.1220	Natural Gas	\$3,500.00	\$3,500.00	\$4,000.00	\$4,000.00
53.1230	Electricity	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
53.1231	Street Lights-Signals-etc	\$110,000.00	\$110,000.00	\$115,000.00	\$115,000.00
53.1270	Gasoline/Diesel	\$13,000.00	\$13,000.00	\$10,000.00	\$10,000.00
TOTAL				\$141,500.00	\$141,500.00
53.1600	Small Equipment				
53.1610	Computer Equip/Maint (Less than \$5000)	\$250.00	\$250.00	\$0.00	\$0.00
53.1690	Other Small Equipment (Less than \$5000)	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00
Total Supplies		\$220,650.00	\$220,650.00	\$249,300.00	\$221,000.00
54.1000	Property				
54.1101	CDBG Engineering Fees	\$0.00	\$0.00	\$0.00	\$0.00
54.1200	Site Improvements	\$0.00	\$0.00	\$0.00	\$0.00
54.1401	Infrastructure (Curb-cuts)	\$0.00	\$0.00	\$0.00	\$0.00
54.2200	Capital Outlay - Vehicle	\$5,000.00	\$5,000.00	\$54,097.00	\$23,683.00
54.2201	Capital Outlay - Equipment	\$0.00	\$0.00	\$0.00	\$8,500.00

54.2102	Cemetery Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Total Capital Outlay		\$5,000.00	\$5,000.00	\$54,097.00	\$32,183.00
54.1300	Lee Street Park storage facility			\$100,000.00	\$0.00
57.1000	Intergovernmental				
57.2000	Payments to Other Agencies				
Total Other Cost		\$0.00	\$0.00	\$100,000.00	\$0.00
	Debt Service				
58.1000	Principal				
58.1200	Capital Lease - Principal				
58.1210	Lease - Machinery	\$0.00	\$0.00		\$0.00
58.1220	Lease - Vehicles	\$6,330.00	\$6,330.00		\$8,000.00
58.2000	Interest	\$675.00	\$675.00		\$675.00
Total Debt Service		\$7,005.00	\$7,005.00	\$0.00	\$8,675.00
Total Expenditures		\$745,229.00	\$747,729.00	\$944,908.00	\$803,428.00

DEPARTMENT: CODE ENFORCEMENT	FUND: 7450
SUMMARY OF DEPARTMENT RESPONSIBILITIES:	
<p>Mission: To promote and maintain a safe and desirable living and working environment for the citizens of Jonesboro. It is our responsibility to help maintain and improve the quality of our community by administering a fair and unbiased enforcement program to abate violations of the City Codes of Ordinances.</p> <p>Description of Duties: Code Enforcement conducts inspection of all residential and commercial properties within the City Limits relating to violations on premises and structures (interior & exterior) which includes tall grass, illegal signage, junk vehicles, cleanliness of premises, zoning inspections, erosion control inspections, business licenses, animal control and noise abatements.</p>	
BUDGET NOTES:	
PERSONNEL SERVICES	This line item covers the salary for one Code Enforcement Officer.
51.1100 SALARIES	
51.1300 OVERTIME	Line item covers any overtime.
51.2100 GROUP INSURANCE	Health and dental insurance for one employee and children.
51.2300 MEDICARE	City's portion of Medicare.
51.2400 RETIREMENT	This line item is the City's contribution for employee's retirement through the Georgia Municipal Association.
51.2600 UNEMPLOYMENT INSURANCE	Unemployment Insurance - This line item has been budgeted with the Administration Department.
51.2700 WORKERS COMP	This line item has been included with the Administration Department in previous years.
52.2200 REPAIRS & DEMOLITION	This line item was added during the 2016 Budget year with a budget amendment.
52.3500 TRAVEL	This line item will cover expense for hotel and meals when employee attends training.
52.3600 DUES - FEES	This line items covers membership fees for GACE and ICC.
SUPPLIES 53.1130	Office Supplies

UNIFORMS	
53.1140 VEHICLES	Vehicle Equipment Parts - Service in the past has been covered under the Public Works Department Budget.
53.1270 GASOLINE	Gasoline for Code Enforcement

Acct#	Account Name	2017 Approved	Amended FY' 17	Request FY' 18	Recommended FY' 18
51.1000	Personal Services - Salaries & Wages				
51.1100	Regular Employees	\$41,500.00	\$41,500.00	\$42,800.00	\$42,800.00
51.2100	Group Insurance	\$9,800.00	\$9,800.00	\$12,000.00	\$12,000.00
51.2200	Social Security (FICA) Contributions	\$3,000.00	\$3,000.00	\$2,700.00	\$2,700.00
51.2300	Medicare	\$650.00	\$650.00	\$650.00	\$650.00
51.2400	Retirement Contributions	\$1,274.00	\$1,274.00	\$2,000.00	\$2,000.00
51.2700	Workers Compensation	\$2,000.00	\$2,000.00	\$4,000.00	\$4,000.00
Total Personal Services and Employee Benefits		\$58,224.00	\$58,224.00	\$63,424.00	\$64,150.00
	Services				
52.2200	Repairs & Demolitions	\$5,000.00	\$5,000.00	\$5,000.00	\$2,500.00
52.3260	Cellular Telephone	\$500.00	\$500.00	\$500.00	\$500.00
52.3500	Travel	\$1,000.00	\$1,000.00	\$1,000.00	\$750.00
52.3600	Dues and Fees	\$500.00	\$500.00	\$250.00	\$250.00
52.3700	Education & Training	\$1,500.00	\$1,500.00	\$1,500.00	\$1,000.00
Total Services		\$8,500.00	\$8,500.00	\$8,250.00	\$5,000.00
53.1130	Uniforms	\$500.00	\$500.00	\$500.00	\$500.00
53.1270	Gasoline	\$1,200.00	\$1,200.00	\$1,500.00	\$1,500.00
58.1200	Vehicle Lease - Purchase	\$0.00	\$0.00	\$0.00	\$0.00
		\$1,700.00	\$1,700.00	\$2,000.00	\$2,000.00
Total Budget		\$68,424.00	\$68,424.00	\$73,674.00	\$71,150.00

2017 SOLID WASTE REVENUES

34.4110 – Sanitation Fee Collected – Fees are collected at this time on the property tax bills. We have some business customers that we bill separately from the tax bills.

Acct#	Account Name	2017 Approved	Amended FY' 17	Requested FY' 18
	Sanitation Revenues			
34.4110	Refuse Collection Fees	\$164,400.00	\$164,400.00	\$180,600.00
36.1010	Interest	\$0.00	\$0.00	\$0.00
	Transfer From Reserves	\$0.00	\$0.00	\$0.00
39.3200	Capital Lease	\$0.00	\$0.00	\$25,000.00
Total Personal Services and Employee Benefits		\$164,400.00	\$164,400.00	\$205,600.00

Acct#	Account Name	Approved 2017	Amended FY' 17	Requested FY' 18
51.1000	Personal Services - Salaries & Wages			
51.1100	Regular Employees	\$50,800.00	\$50,800.00	\$55,500.00
51.2200	Social Security (FICA) Contributions	\$3,200.00	\$3,200.00	\$3,500.00
51.2300	Medicare	\$740.00	\$740.00	\$900.00
51.2700	Workers Compensation	\$6,000.00	\$6,000.00	\$8,000.00
Total Personal Services and Employee Benefits		\$60,740.00	\$60,740.00	\$67,900.00
	Other Costs			
52.2110	Disposal Landfill Fees	\$84,000.00	\$84,000.00	\$90,000.00
52.3100	Insurance (Non- Benefit)	\$6,000.00	\$6,000.00	\$9,000.00
53.1100	Supplies/Materials	\$200.00	\$200.00	\$200.00
53.1130	Uniforms	\$500.00	\$500.00	\$500.00
53.1140	Vehicle/Equipment Parts	\$8,000.00	\$8,000.00	\$8,000.00
53.1270	Gasoline	\$5,000.00	\$5,000.00	\$5,000.00

54.2200	Vehicle Purchase	\$0.00	\$0.00	\$25,000.00
Total Other Costs		\$103,700.00		\$137,700.00
Total Budget		\$164,440.00	\$164,440.00	\$205,600.00