

119 North Hersey Avenue P.O. Box 567 Beloit, Kansas 67420 Phone: 785-738-3551 Fax: 785-738-2517 www.beloitks.org

1. CALL TO ORDER

- A. Roll Call
- B. Invocation
- C. Pledge of Allegiance

2. MAYOR AND COUNCIL REPORTS

3. STAFF REPORTS

- A. City Attorney Report
- B. City Manager Report
 - a. WTP/Pipeline
 - b. Solar Update
 - c. Drainage Projects
 - d. SRTS 2D Update
 - e. City Wide Cleanup
 - f. Airport Land Swap
- C. Police Chief Report
- D. Economic Development Report

4. PUBLIC COMMENT

A. None

5. CONSENT AGENDA

- A. 6/7/2023 City Council Meeting Minutes
- B. Appropriations 6B

6. ORDINANCES

A. None

7. RESOLUTIONS

A. None

8. FORMAL ACTIONS

A. AWOS Purchase

CITY COUNCIL AGENDA

Wednesday, June 21, 2023 7:00 p.m.

9. CLOSED SESSION

A. None

10. ADJOURNMENT

PUBLIC BUILDING COMMISSION

- A. Call to Order
- B. Roll Call
- C. 6/15/2022 PBC Meeting Minutes
- D. Adjournment

WORK SESSION AGENDA

CORRESPONDENCE AND STAFF REPORTS

- A. City Attorney Report
- B. City Manager Report

2. DISCUSSION ITEMS

- A. On-call and Shift Differential Pay
- B. BCBS Health Insurance
- C. Ray's Electric Upgrade

ADJOURNMENT

NOTE: Background information is available for review in the office of the City Clerk prior to the meeting. The Public Comment section is to allow members of the public to address the Council on matters pertaining to any business within the scope of Council authority and not appearing on the Agenda. Kansas Statutes prohibit the Council from taking action on any item not appearing on the Agenda, except where an emergency is determined to exist.

Amanda Lomax is inviting you to a scheduled Zoom meeting.

Topic: My Meeting

Time: Jun 21, 2023 07:00 PM Central Time (US and Canada)

Join Zoom Meeting

https://us02web.zoom.us/j/81711917807

Meeting ID: 817 1191 7807

Passcode: 951701

One tap mobile

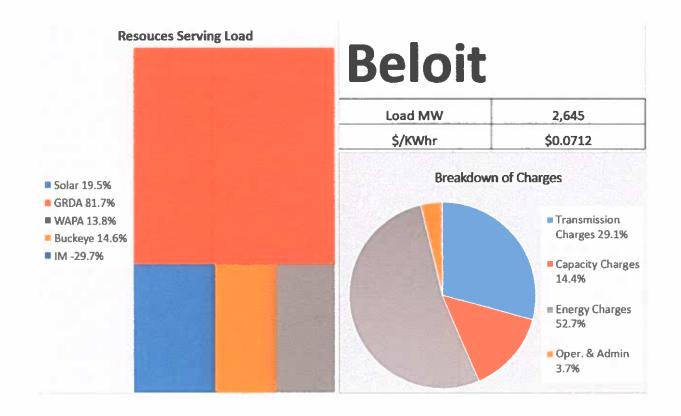
+12532158782,,81711917807#,,,,*951701# US (Tacoma)

+13462487799,,81711917807#,,,,*951701# US (Houston)

Dial by your location

- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US

Cost Distribution & Energy Resources Mix (Beloit)





BELOIT CITY COUNCIL MEETING MINUTES June 7, 2023

The Beloit City Council met in regular session on June 7, 2023, in the Council Chambers. Mayor Tom Naasz called the meeting to order at 7:00 p.m. Council Members in attendance were Gretchin Staples, Andrew Grabon, Tony Gengler, Lee Mcmillan and Jamie Meier. Also, present was City Attorney Katie Schroeder, Interim City Manager Mandy Lomax, and Deputy City Clerk Jessica Rosebaugh. Councilor Todd Adolph was absent from the meeting.

Department Heads in attendance were Emily Benedick and Chad Lackey.

Mayor Tom Naasz gave the invocation, and the Pledge of Allegiance was recited.

Mayor Tom Naasz thanked Council for filing again and discussed safety issues of riding bicycles/scooters on downtown sidewalks. Councilor Grabon commented on how well the community took advantage of the City-Wide Cleanup program.

City Attorney Katie Schroeder reported on the following:

- 1. WTP/Pipeline update. Easements were mostly completed and mailed out. They are due back by July 15, 2023.
- 2. Cruisin Mill safety issues.

Interim City Manager Mandy Lomax reported on the following:

- 1. Solar AGCO REC update.
- 2. North campus Commercial Lot update
- 3. Property Insurance Rebate update.
- 4. SRTS 2D project is ongoing.
- 4. East 8th St project update.
- 5. BCBS Renewal update.
- 6. 2023 Budget Timeline update.
- 7. City Manager Recruitment update.
- 8. Beloit Rebrand update.
- 9. Sales Tax Report.

Beloit Police Chief Chad Lackey commented on special events happening in the community and reported on the following:

- 1. Cruisin Mill safety issues.
- 2. City-wide Garage Sales.
- The Kettle street event.

Community Development Director Emily Benedick reported on the following:

- 1. Working on wayfinding signs
- 2. Working on the downtown lot project that was named the Willow Springs Courtyard. Emily is working on fundraising efforts by selling personalized bricks and building the support wall around the edges is next on the list.
- 3. Rural Development Group out of DeSoto, Ks has approached Emily about acquiring the Administrative building at North Campus.

A motion was made by Councilor Grabon and seconded by Councilor Meier to approve the May 17, 2023, Council Meeting Minutes, and Appropriations 6A in its entirety. Motion carried 5-0. Nays: None.

A motion was made by Councilor Grabon and seconded by Councilor McMillan to approve the updated Mini Excavator JD 50G bid from Carrico Implement in the amount of \$74,631.68. Motion carried 5-0. Nays: None.

A motion was made by Councilor McMillan and seconded by Councilor Gengler to approve the appointment of Councilor Grabon for a two year appointment on the 12th Judicial District Juvenile/Corrections Advisory (JACB) Board beginning July 1st, 2023. Motion carried 5-0. Nays: None.

A motion was made by Councilor Grabon and seconded by Councilor Meier to approve the three year contract renewal with Wilson Communications for the city's whole computer network in the monthly amount of \$3,595.00. Motion carried 5-0. Nays: None.

A motion was made by Councilor McMillan and seconded by Councilor Adolph to approve the purchase of a mini excavator JD 50G from Carrico Implement for \$73,131.68 plus an additional \$1,300.00 for additional assessories. Motion carried 5-0. Nays: None.

A motion was made by Councilor Grabon and seconded by Councilor Grabon to accept the bid from Brummer Construction to build concrete support walls for the Willow Springs Courtyard in the amount of \$84,428.00. Motion carried 5-0. Nays: None.

A motion was made by Councilor Grabon and seconded by Councilor Meier to approve the Airport Consultation Selection of Olsson for the Blue Hanger Rehabilitation Project. Motion carried 5-0. Nays: None

A motion was made by Councilor Gengler and seconded by Councilor Grabon to approve a 15 minute closed session with the City Attorney pursuant to the attorney-client privilege exception, K.S.A 75-4319(b)(2). Motion carried 5-0. Nays: None

Time started: 8:06 p.m. Time ended: 8:21 p.m.

A motion was made by Councilor McMillan and seconded by Councilor Meier to adjourn the meeting. Motion carried 5-0. Nays: None. The meeting ended at 8:22 p.m.

Mayor Tom Naasz started Work Session at 8:22 p.m. Council Members in attendance were Gretchin Staples, Andrew Grabon, Tony Gengler, Lee McMillan, and Jamie Meier. Also, present was City Attorney Katie Schroeder, Interim City Manager Mandy Lomax, and Deputy City Clerk Jessica Rosebaugh. Councilor Todd Adolph was absent from the meeting.

No Department Heads attended the work session.

Interim City Manager Mandy Lomax reported on the Water Plant intake lines diminished capacity.

Interim City Manager Mandy Lomax discussed the quote from DBT Transportation Services, LLC for an AWOS IIIPT that includes one year of maintenance in the amount of \$135,634.00. This will be presented to Council for final approval next meeting.

Interim City Manager Mandy Lomax discussed the KMEA ARR/TCR and what percentage of the monthly credit should be retained by the city and/or passed on to our customers to offset summer utility bills. The consensus was to pass on 80% of the credit and retain 20% for the city.

TOM NAASZ, Mayor	
ATTEST:	
JESSICA ROSEBAUGH, Deputy City Cler	k

Work Session was adjourned at 8:46 p.m.

Vend#	<u>Vendor Name</u>	O.I., O. 2010.		
Pay#	Post Date Due Date Account# Work Orde	Amount Invoice Date PO#	<u>Date</u> <u>Debit</u>	Status Credit
	7M LAWN CARE LLC			
89903	6/23/2023 6/23/2023 10-11-3000	2,326.44 1693 MOSQUITO DEFENSE TREATMENT	2,326.44 🗸	Posted 0.00
	ABRAM READY-MIX, INC			
89854	6/23/2023 6/23/2023	4,422.50		Posted
	25-00-6150 41-00-8417	47206-ROCK	176.90 √ 4,245.60 √	0.00
	41-00-8417	47051-ROCK	4,422.50	0.00
89898	6/23/2023 6/23/2023	3,272.65 47253	4,422.00	Posted
10	30-00-6150	4000 A/E PER YD	3,272.65✔	0.00
8 89816	ACE HARDWARE 6/23/2023 6/23/2023	69.32		Posted
03010	51-43-6000	582814-SPRAY PAINT	15.99✓	0.00
	51-43-4360	582756-WEATHER STRIPS	29.98	0.00
	51-41-6000	582900-BATTERY & SNAPS	11.37✓	0.00
	52-43-6000	582698-MAGNETS	11.98	0.00
		_	69.32	0.00
89835	6/23/2023 6/23/2023	29.99 582815		Posted
	53-41-6000	GLASS	29.99✓	0.00
89891	6/23/2023 6/23/2023	61.96	40.07	Posted
	10-21-4330	583175-ELBOW & CARTRIDGE	46.97	0.00
	10-21-6190	583140-SCOOP	14.99 61.96	0.00
89906	6/23/2023 6/23/2023	13.12 583042	01.90	Posted
03300	26-00-6000	KEYS, BANDS, TAGS	13.12✓	0.00
9	ACKERMAN SUPPLY		10.12	0.00
89817	6/23/2023 6/23/2023	58.96 335171	,	Posted
00000	51-41-6000	BOOTS, GLOVES, GOGGLES	58.96✓	0.00
89892	6/23/2023 6/23/2023 10-18-6000	24.99 335729 HANDGUN	24.00.	Posted
774		HANDGON	24.99✓	0.00
89822	AIR AND FIRE SYSTEMS INC 6/23/2023 6/23/2023	202.00		D44
09022	52-41-3000	206.00	117.25✔	Posted
	51-41-3000	67256-EXTINGUISHER INSPECTION 67262-EXTINGUISHER INSPECTION	88.75 √	0.00 0.00
	01-41-0000	07202-EXTINODISTIER INSPECTION	206.00	0.00
89839	6/23/2023 6/23/2023	660.30	200.00	Posted
	51-43-3000	67257-EXTINGUISHER INSPECTION	140.42√	0.00
	52-43-3000	67257-EXTINGUISHER INSPECTION	140.42	0.00
	53-43-3000	67257-EXTINGUISHER INSPECTION	140.41	0.00
	53-41-3000	67260-EXTINGUISHER INSPECTION	239.05	0.00
			660.30	0.00
3386	ARAMARK UNIFORM SERVIC	ES		
89868	6/23/2023 6/23/2023	211.41 2801380084	W. C.	Posted
3113	10-13-4300 AXON ENTERPRISE, INC.	ACCT#234430022-2801380084	211.41	0.00
89867	6/23/2023 6/23/2023	1.207.50 INUS157907		Posted
00001	10-13-7440	TASER CARTRIDGES	1,207.50	0.00
3127	BACKGROUND INVESTIGATION		1,207.30	0.00
	6/23/2023 6/23/2023	274.55 INV-27128		Posted
03323	10-17-3000	BACKGROUND CHECKS X 19	274.55	0.00
2565	BAYER CONSTRUCTION COM		214.00	0.00
89855	6/23/2023 6/23/2023	1,344.28		Posted
	41-00-8417	SMS660732-RIPRAP-DETENTION POND	686.28✓	0.00
	41-00-8417	SMS660480-RIPRAP-DETENTION POND	658.00✓	0.00
		_	1,344.28	0.00
3423	ALEX BELL			
89887	6/23/2023 6/23/2023	11.26		Posted
	53-43-5800	MEAL REIMBURSEMENT	11.26	0.00
2809	BELOIT CAR WASH LLC			
	6/23/2023 6/23/2023	155.48		Posted
	10-13-4310	MAY CAR WASHES	155.48✓	0.00

<u>Vend</u> #	Vendor Name	ony or bolon		
Pay#	Post Date Due Date	Amount Invoice Date PO#	<u>Date</u>	<u>Status</u>
	Account# Work Ore	der <u>Description</u>	Debit	Credit
80	BELOIT TYPEWRITER EXC	HANGE (continued)		
89819	6/23/2023 6/23/2023	337.61 970758	<u> </u>	Posted
	52-41-6000	UPS	337.61√	0.00
89838	6/23/2023 6/23/2023	127.38		Posted
	53-41-6110	960741-CARTRIDGE	51.50	0.00
	53-41-6110 53-41-6110	960730-HIGHLIGHTERS	7.56	0.00
	53-41-6110	960747-LAMINATING POUCHES	68.32 127.38	0.00
89905	6/23/2023 6/23/2023	46.75	127.30	Posted
09900	10-11-6110	970754-PENCIL & LEAD	4.89✔	0.00
	26-00-6000	970751-POST ITS & PAPER	41.86	0.00
	20 00 0000		46.75	0.00
2735	BEVERAGE CARBONATION	SERVICE		
89907	6/23/2023 6/23/2023	1,547.82 H236130		Posted
00007	51-41-6170	CO2	1,547,82✓	0.00
660	BLADE-EMPIRE PUBLISHIN		1,017.02	0.00
89908	6/23/2023 6/23/2023	832.80		Posted
09900	53-43-5400	246365-NOTICE OF BID	114.60√	0.00
	51-41-5400	247353-WTR USERS	51.30	0.00
	51-41-5400	247257-WTR USERS	51.30✓	0.00
	52-43-5400	246360-WTR SYS OP	102.60	0.00
	10-15-5400	246679-TRANSPORTATION JOB AD	102.60	0.00
	10-15-5400	246571-TRANSPORTATION JOB AD	102.60 🗸	0.00
	10-15-5400	246511-TRANSPORTATION JOB AD	102.60	0.00
	10-15-5400	246465-TRANSPORTATION JOB AD	102.60	0.00
	10-15-5400	246358-TRANSPORTATION JOB AD	102.60	0.00
	0/00/0000	4.004.00	832.80	0.00
89909	6/23/2023 6/23/2023	1,964.98	444.00 4	Posted
	10-18-6110 10-11-6110	82687-2 CASES PAPER 82687-10 CASES PAPER	111.98 √ 559.90 √	0.00 0.00
	10-11-5400	246457-COUNCIL AGENDA	153.90	0.00
	10-11-5400	246583-RES 2331	38.20	0.00
	10-11-5400	246586-RES2023-9	191.00 🗸	0.00
	10-11-5400	246585-RES2023-8	210.10	0.00
	10-11-5400	246584-RES2023-07	382.00	0.00
	10-11-5400	247254-NOTICE OF BID	114.60🗸	0.00
	10-11-5400	246506-CHURCH DIRECTORY	7.50✓	0.00
	10-11-5 4 00	246806-CHURCH DIRECTORY	7.50	0.00
	10-11-5400	246996-CHURCH DIRECTORY	7.50	0.00
	10-11-5400	247250-CHURCH DIRECTORY	7.50	0.00
	10-11-5400	246414-BELOIT RELAYS	10.00	0.00
	10-11-5400 10-11-5400	247345-DRUG AWARENESS 247136-2023 STATE TRACK	10.00 / 10.00 /	0.00 0.00
	10-11-5400	247136-2023 STATE TRACK 247055-2023 HOMECOMING	75.00	0.00
	10-11-5400	247033-2023 HOMECOMING 246738-MOTHERS DAY	25.00	0.00
	10-11-5400	246636-GRADUATION	30.00	0.00
	10-11-5400	247499-DISCOUNT	0.00	86.70
	26-00-5400	KS WORKFORCE CENTER AD-ECONON	100.00✓	0.00
			2,051.68	86.70
91	BOETTCHER SUPPLY INC			
89823	6/23/2023 6/23/2023	0.96 1225821-1		Posted
	52-41-3000	SLIP CAP	0.96	0.00
			0.555	10000

Pay#	Vendor Name Post Date Due Date	Amount Invoice Date PO#	<u>Date</u>	<u>Status</u>
	Account# Work Ord		Debit	Credit
91	BOETTCHER SUPPLY INC	continued)		
89840	6/23/2023 6/23/2023	712.12		Posted
	53-43-6000	1224167-1-WIRE HOLDER	16.89✓	0.00
	53-43-6000	1225781-1-JCT BOX, BREAKER, COVER,	311.91✓	0.00
	53-43-6000	1225818-1-RECEPTACLES	24.30	0.00
	53-43-6000	1224312-1-CORD, GRIP, BREAKER	58.50✓	0.00
	53-43-6000	1224313-1-BREAKER PANEL	101.95 _V	0.00
	53-43-6000	1223316-1-SLIP CAP	5.43	0.00
	53-43-6000	1223204-1-ADAPTER & COUPLING	7.83	0.00
	53-43-6000	1224602-1-CONDUIT, GASKET, PLUG	50.53	0.00
	53-43-6000	1224608-1-ADAPTERS & CLAMPS	5.76✓	0.00
	53-43-7450	1225664-1-HOLE SAW	63.22✓	0.00
	53-41-6000	1223395-1-BULBS	65.80	0.00
	00 11 0000		712.12	0.00
89856	6/23/2023 6/23/2023	12.00 1223286-1		Posted
33000	10-15-4330	HANDLING CHARGE	12.00√	0.00
39896	6/23/2023 6/23/2023	315.91	12.00	Posted
33030	10-20-6000	1225123-1-TRIMMER LINE	64.85	0.00
	10-21-4300	1225257-1-VALVE	114.27	0.00
	10-20-6000	1223936-1-TRIMMER LINE	129.70	0.00
	10-21-6000	1224261-1-PRESSURE GAUGE	7.09	0.00
	10-21-0000	1224201-1-PRESSORE GAUGE	315.91	0.00
111			310.81	0.00
	BOMGAARS			
39852	6/23/2023 6/23/2023	33.53 177696		Posted
	10-15-6000	RAIN GAUGE & WATER	33.53✓	0.00
39857	6/23/2023 6/23/2023	100.03		Posted
	10-15-6000	00162850-WATER & LIQUID	20.05	0.00
	10-13-3510	00163879-DOG FOOD	79.98	0.00
			100.03	0.00
89922	6/23/2023 6/23/2023	29.97 180766		Posted
	10-22-6000	SPRAY PAINT	29.97✔	0.00
1258	BUMPER TO BUMPER AUT	O PARTS		
89824	6/23/2023 6/23/2023	393.76		Posted
	52-41-4360	840746-FILTER, BATTERY, CASTING	120.96✓	0.00
	52-41-4360	840821-WIPER BLADE	13.28	0.00
	52-41-4360	840683-BATTERY	259.52	0.00
	02 41 4000		393.76	0.00
89841	6/23/2023 6/23/2023	122.50	000.10	Posted
00041	53-43-4310	841603-OIL FILTER	64.72✓	0.00
	53-41-6000	840976-FLOOR SWEEP	23.58	0.00
	51-43-6000	841111-BRAKE CLEANER	11.40	0.00
	52-43-6000	841111-BRAKE CLEANER	11.40	0.00
	53-43-6000	841111-BRAKE CLEANER	11.40	0.00
	33-43-0000	OTTITI-DIVARE CELAREIX	122.50	0.00
poen	6/23/2023 6/23/2023	250 04	122.50	
89850		256.94 841398-OIL FILTER	70.55✓	Posted
	10-14-4310		70.55 √	0.00
	10-14-4310	841070-OIL FILTERS		0.00
	10-14-4310	841047-OIL & FUEL FILTERS	57.54	0.00
	010010000	40.00.0444=4	256.94	0.00
89870	6/23/2023 6/23/2023	13.99 841171	40.00	Posted
20000	10-13-4310	ANTI FREEZE & WASHER FLUID	13.99✓	0.00
89899	6/23/2023 6/23/2023	199.74		Posted
	10-18-4330	840908-AIR LINE COUPLER & NIPPLE	38.95	0.00
	10-18-6000	841324-GREASE	48.80	0.00
	40.40.4045	840793-BATTERY	111.99 🗸	0.0
	10-18-4310			
	10-18-4310		199.74	0.00
118	C & R BODY SHOP INC		199.74	0.00
	C & R BODY SHOP INC	358.05 15257	199.74	
118 89871		358.05 15257 2022 DURANGO REPAIRS	199.74✓	0.00 Posted 0.00

Vend#	Vendor Name	City of Beloit		
Pay#	Post Date Due Date	Amount Invoice Date PO#	<u>Date</u>	<u>Status</u>
	Account# Work Orde	<u>Description</u>	<u>Debit</u>	Credit
1091	CARD SERVICES (continued)			
89924	6/23/2023 6/23/2023	204.48 8199		Posted
	51-41-4360	TUBING	106.22	0.00
	51-41-6000	FREIGHT FOR TUBING	98.26	0.00
			204.48	0.00
89925	6/23/2023 6/23/2023	46.35 9539	00.00./	Posted
	28-00-6000 10-11-3000	MEAL-LANDBANK MTG	30.36 √ 15.99 √	0.00
	10-11-3000	ZOOM MTG	46.35	0.00
89926	6/23/2023 6/23/2023	4,658.84 3920	70.00	Posted
00020	10-11-5320	POSTAGE	16.26√	0.00
	10-11-5320	POSTAGE	10.05	0.00
	10-11-5320	STAMPS	400.00√	0.00
	10-11-3000	ADOBE	16.26 √	0.00
	10-21-2400	LG CLASS	440.00 ✓	0.00
	10-21-2400	LG CLASS	528.00√	0.00
	10-21-2400	LG CLASS	294.00	0.00
	10-21-4300	STEEL STRAINER BASKET ROTOR	1,971.96 √ 860.40 √	0.00 0.00
	10-18-6000 10-11-5320	STAMPS.COM MEMBER FEE	19.99	0.00
	10-15-3000	TERRASTRIDE	26.86	0.00
	25-00-7450	GOOGLE AP	10.74	0.00
	10-15-6000	PARTS	64.32	0.00
			4,658.84	0.00
89927	6/23/2023 6/23/2023	2,438.44 1954		Posted
	10-13-2400	MEAL FOR TRAINING	42.45	0.00
	10-13-5800	MEAL	18.56	0.00
	10-13-5800	FUEL	36.00	0.00
	10-13-5800 10-13-5800	MEAL HOTEL	26.84 √ 527.68 √	0.00 0.00
	10-13-6140	TIRES	422.02	0.00
	10-13-6140	TIRES	396.51	0.00
	10-13-6140	TIRES	519.60✓	0.00
	10-13-6000	SKUNK TRAP	99.78✓	0.00
	10-13-6000	CSI CLASSES	449.00 ∨	0.00
	10-13-5800	HOTEL	100.00	0.00
	10-13-5800	HOTEL REIMBURSEMENT	0.00	200.00
		200 07 2072	2,638.44	200.00
89928	6/23/2023 6/23/2023	693.97 6378	9.80✓	Posted 0.00
	10-20-4330 10-20-4330	POSTAGE POSTAGE	9.55 /	0.00
	53-43-5800	MEAL	46.12 √	0.00
	53-43-5800	HOTEL	391.83	0.00
	26-00-3000	ADOBE	16.26	0.00
	30-00-6000	OUTDOOR BANNERS-WILLOW SPRING:	116.37	0.00
	10-11-2400	BUDGET WORKSHOP	75.00✓	0.00
	53-41-5800	MEAL	29.04	0.00
			693.97	0.00
124	CARRICO IMPLEMENT			
89821	6/23/2023 6/23/2023	817.12		Posted
	51-41-4360	IA23718-BATTERY & OIL	374.18✓	0.00
	52-41-4360	IA23809-OIL	117.94	0.00
	51-43-4330	IA23537-SKID STEER RENT-MAY	325.00	0.00
00050	<i>E1</i> 2212022 <i>E1</i> 2212022	65.33 1435005	817.12	
89858	6/23/2023 6/23/2023 10-15-4310	65.22 IA25095 FLANG, NUT, PULLEY	65.22✓	Posted 0.00
89894	6/23/2023 6/23/2023	164.93	00.ZZV	Posted
00004	10-20-4330	IA25318-BATTERY	136.79	0.00
	10-20-4330	IA23720-FITTING & SWIVEL	28.14	0.00
			164.93 V	0.00
3586	JEFF CLARK			
89872	6/23/2023 6/23/2023	350.00		Posted
	10-12-3320	BOND REFUND-CASE 202300097	350.00	0.00
				

		City of Beloit		. 090 0
Vend# Pay#	<u> Vendor Name</u> <u>Post Date</u> <u>Due Date</u>	Amount Invoice Date	PO# Date	<u>Status</u>
raym		Order Description	Debit	Credit
3149	COMPLIANCE ONE (conf			
89910	6/23/2023 6/23/2023	1,325.45		Posted
	10-21-3000	304886-PRE-EMPLOYMENT X 5	396.50✓	0.00
	51-41-3000	304886-PRE-EMPLOYMENT	79.50✓	0.00
	53-41-3000	304886-PRE-EMPLOYMENT	79.50✓	0.00
	53-43-3000	304886-PRE-EMPLOYMENT	79.50	0.00
	10-15-3000	304886-PRE-EMPLOYMENT X 2	158.00	0.00
	10-20-3000	304886-PRE-EMPLOYMENT	79.50✓	0.00
	53-41-3000	304886-PRE-EMPLOYMENT	79.50	0.00
	10-11-3000 10-11-3000	304886-ADMIN FEE 304886-EAP FEE	90.75 √ 46.20 √	0.00 0.00
	10-11-3000	305318-ADMIN FEE	157.30	0.00
	10-11-3000	305318-EAP FEE	79.20	0.00
	10 11 0000	000010-E/11 1 EE	1,325.45	0.00
3425	CRUMBAKER OIL & FEE	DLLC	· ·	
89818	6/23/2023 6/23/2023	187.54		Posted
	51-43-6270	97854-FUEL	35.51√	0.00
	51-43-6260	97374-FUEL	107.60√	0.00
	51-43-6270	95109-FUEL	44.43	0.00
89836	6/23/2023 6/23/2023	455.64	187.54	0.00 Posted
09030	53-43-6270	97850-FUEL	110.03	0.00
	53-43-6270	95110-FUEL	164.23	0.00
	53-43-6270	94959-FUEL	88.62 🗸	0.00
	53-43-6270	94880-FUEL	127.37	0.00
	53-43-6270	EXCISE TAX CREDIT-MAY	0.00	34.61
000=0	0.000.0000	04.00.00405	490.25	34.61
89873	6/23/2023 6/23/2023 10-13-4310	94.00 98165 BALANCE	94.00✓	Posted 0.00
3137				0.00
89815	6/23/2023 6/23/2023	810.24		Posted
	52-41-6260	7547-FUEL	212.74✓	0.00
	52-43-6260	7554-FUEL	120.32✓	0.00
	52-43-6270	7554-FUEL	477.18	0.00
			810.24	0.00
89834	6/23/2023 6/23/2023	692.27	70.44	Posted
	53-41-6260	7542-FUEL	78.44	0.00
	53-43-6260 53-43-6270	7552-FUEL 7552-FUEL	245.29√ 169.57 <mark>√</mark>	0.00 0.00
	53-43-6260	7553-FUEL	198.97	0.00
	00-40-0200	7000-1 022	692.27	0.00
89851	6/23/2023 6/23/2023	83.55 4510	VV2.21	Posted
	10-14-6260	FUEL	37.05✓	0.00
	10-14-6260	FUEL	46.50	0.00
			83.55	0.00
89865	6/23/2023 6/23/2023	1,476.15	400.44.4	Posted
	10-15-6260	3840-FUEL	139.41	0.00
	10-15-6270 10-15-6260	3840-FUEL 7548-FUEL	260.81 / 83.88 /	0.00 0.00
	10-15-6270	7546-FUEL	531.49 /	0.00
	10-15-6260	7549-FUEL	95.20✓	0.00
	10-15-6270	7549-FUEL	89.88	0.00
	10-15-6260	7586-FUEL	79.58	0.00
	10-15-6270	7586-FUEL	115.18	0.00
	10-15-6270	7587-FUEL	80.72	0.00
			1,476.15	0.00

Pay#	Post Date Due Date	Amount Invoice Date PO#	<u>Date</u>	<u>Status</u>
	Account# Work Ord		<u>Debit</u>	<u>Credit</u>
	CVA AREA 3 BELOIT OFFICE	·		
89866	6/23/2023 6/23/2023	2,099.98		Posted
	10-13-6260	7551-FUEL	129.13 V	0.00
	10-13-6260	7579-FUEL	381.66	0.00
	10-13-6260	7580-FUEL	304.32	0.00
	10-13-6260	7581-FUEL	356.61	0.00
	10-13-6260	7582-FUEL	271.03	0.00
	10-13-6260	7583-FUEL	312.79	0.00
	10-13-6260	7584-FUEL	344.44	0.00
		_	2,099.98	0.00
39890	6/23/2023 6/23/2023	939.25	,	Posted
	10-18-6260	7558-FUEL	198.50 🗸	0.00
	10-18-6260	7559-FUEL	77.66	0.00
	10-18-6260	7560-FUEL	90.67	0.00
	10-18-6270	7560-FUEL	261.32	0.00
	10-18-6260	7561-FUEL	152.69	0.00
	10-20-6260	7585-FUEL	158.41	0.00
			939.25	0.00
3080	DBT TRANSPORTATION SE	RVICES LLC		
39911	6/23/2023 6/23/2023	5,000.00 2551418		Posted
	10-22-3000	AWOS ANNUAL MAINTENANCE-JUNE 20	5,000.00√	0.00
102			~) ~ ~ ~ ~ ~ ~ 1	5.50
	DOLLAR GENERAL STORE-			D. d. d
39893	6/23/2023 6/23/2023	27.50 1001252839		Posted
	10-21-6190	BLEACH & PAPER PLATES	27.50	0.00
2399	DPC INDUSTRIES, INC.			
39825	6/23/2023 6/23/2023	6.821.10 817001267-23		Posted
	51-41-6170	POTASSIUM PERMANGANATE	6,821.10✓	0.00
200		TO THOUSANT ENABLE AND	0,021.10	0.00
	DUNSTAN TRUCKING			
9859	6/23/2023 6/23/2023	1,037.02 745		Posted
	41-00-8417	FREIGHT-RIPRAP-DETENTION POND	1,037.02	0.00
39912	6/23/2023 6/23/2023	1,079.78 751		Posted
	41-00-8417	DITCH LINER-DETENTION POND	1,079.78	0.00
3393	WESTIN ETHRIDGE			
39888	6/23/2023 6/23/2023	14.18		Posted
3000	53-43-5800		14.18✓	0.00
		MEAL REIMBURSEMENT	14.10	0.00
2515	F & A FOOD SALES, INC.			
39900	6/23/2023 6/23/2023	1,349.39		Posted
	10-21-6190	2672061-POOL CONCESSIONS	1,155.44	0.00
	10-21-6190	2678897-POOL CONCESSIONS	193.95	0.00
	-		1,349.39	0.00
2042	CADES SALES CO INC			10
	GADES SALES CO INC	000 00 0004044 IN		Destad
39889	6/23/2023 6/23/2023	200.00 0084811-IN	200 22 /	Posted
	53-43-6000	GREEN & RED LENS	200.00	0.00
661	HAMPEL OIL DISTRIBUTOR	SINC		
	6/23/2023 6/23/2023	318.12 91679787		Posted
	53-41-6180	MOBIL DTE HEAVY, 5 GAL	318.12✓	0.00
2050			J. 101.12.	20410740
	HAWKINS			B
39826	6/23/2023 6/23/2023	1,542.41 6483655		Posted
	51-41-6170	CHLORINE & SODIUM HEXAMETAPHOS	1,542.41✓	0.00
3587	HOLSTEIN MANUFACTURIN	IG		
39897	6/23/2023 6/23/2023	2.450.00 13666		Ck# 86238 Printe
	10-11-7460	GAS GRILL DOWN PAYMENT	2.450.00	0.00
064-		Or to Orstone WOTTER FOR INTE	m1-100.00*	0.00
	HQH2O INC.			
39874	6/23/2023 6/23/2023	17.25		Posted
	10-13-6000	375886-WATER	11.50V	0.00
	10-13-6000	376051-WATER	5.75 <u>√</u>	0.00
			17.25	0.00
3161	IMAGE QUEST			
39875	6/23/2023 6/23/2023	11.50 IN4487127		Posted
20010	10-13-7460	CONTRACT-PD	14 50./	and the second second
	10-13-7400	CONTRACT-FD	11.50	0.00

Vond4	Vendor Name	Oity of Beloit		
	-	Amount Invaine Date DOS	Doto	Chahua
Pay#	Post Date Due Date	Amount Invoice Date PO#	<u>Date</u>	Status Grad
	Account# Work		<u>Debit</u>	Cred
	KANSAS CHILDFIRST (co			
89878	6/23/2023 6/23/2023	500.00		Posted
	10-13-2400	REGISTRATION FEES	500.00	0.0
2042	KMEA EMP2 OPERATING	ACCOUNT		
89913	6/23/2023 6/23/2023	49,248.49 EMP2-BE-2023-05	A	Posted
	53-41-6215	MAY SERVICE	49,248.49	0.0
3515	GAVIN KOCH			
89844	6/23/2023 6/23/2023	95.00		Posted
	53-43-3000	BREATHALYZER FOR CDL CLASS-REIM	95.00✓	0.0
304	KRIERS AUTO PARTS		00.00	
		04.40.4005.00404		Posted
89820	6/23/2023 6/23/2023 51-43-6000	21.18 4925-398121 PARTS	21.18	Posted 0.0
89837	6/23/2023 6/23/2023	26.78 4925-398521	41.10V	Posted
1 006	53-43-4310	DIESEL EXHAUST FLUID	26.78	O.(
89853	6/23/2023 6/23/2023	127.48	20.70	Posted
38033	10-15-4310	4925-398950-STARTING FLUID & SPARK	16.63	0.0
	10-15-6000	4925-398576-SEAFOAM	8.99	0.0
	10-15-6000	4925-397610-GLOVES	35.98	0.0
	10-15-6000	4925-397661-BRAKE CLEANER	65.88	0.0
	10 10 0000		127.48	0.0
89879	6/23/2023 6/23/2023	66.36	.=	Posted
	10-13-4310	4925-398025-GAS CAN & POUR SPOUT	39.48	0.0
	10-13-4310	4925-398366-INT DETAILER & TOWELS	21.18	0.0
	10-13-4310	4925-398368-TOWELS	5.70✓	0.0
			66.36	0.0
89895	6/23/2023 6/23/2023	76.34 4925-399217		Posted
	10-18-6000	OXYGEN	76.34✓	0.0
3170	KRIZ-DAVIS/BORDER ST			
89843	6/23/2023 6/23/2023	4.584.61		Posted
09043	53-43-6000	926404119-WIRE	4,066.73 √	0.0
	53-43-6000	926404131-STAPLES	283.50	0.0
	51-43-6000	926429824-FLAGS	117.19	0.0
	53-43-6000	926429824-FLAGS	117.19	0.0
	00 10 0000		4,584.61	0.0
100	LAWRON PRODUCTS IN		1,001101	0
188 200 <i>45</i>				Doctor
89845	6/23/2023 6/23/2023	673.19 9310632837	224 40	Posted
	51-43-6000 52-43-6000	DRILL BITS, SCREWS, WASHERS, PAIN DRILL BITS, SCREWS, WASHERS, PAIN	224.40 224.40	0.0
	53-43-6000	DRILL BITS, SCREWS, WASHERS, PAIN DRILL BITS, SCREWS, WASHERS, PAIN	224.39	0.0
	JJ-4J-0000	DIVILL BITO, SOREVVO, VVASHERO, PAIN	673.19	0.0
			010.10	0.0
	ANA LEON			
89876	6/23/2023 6/23/2023	150.00	450.00	Posted
	10-12-3000	INTERPRETER FEES	150.00	0.0
	LIGHT & WATER UTILITI			

Pay#	Post Date Due Date	Amount Invoice Date PO#	Date	Status
		Order Description	<u>Date</u>	Credit
409	LIGHT & WATER UTILIT			010411
39921	6/23/2023 6/23/2023	27,822.04		Posted
	10-11-6220	ADMIN	1,872.01	0.00
	10-11-6220	ADMIN SHARE	31.45	0.00
	10-13-6220	PD SHARE	31.44	0.00
	51-41-6220	WATER SHARE	31.44√	0.00
	10-14-6220	FIRE DEPT	224.91/	0.00
	10-15-6220	TRANSPORTATION	300.36	0.00
	10-18-6220	PARKS & REC	3,882.11	0.00
	10-20-6220	CEMETERY	168.18 🗸	0.00
	10-22-6220	AIRPORT	222.85	0.00
	51-41-6220	WATER PLANT	8,179.39	0.00
	52-41-6220	SEWER PLANT	10,310.58	0.00
	53-41-6220	POWER PLANT	232.46	0.00
	51-43-6220	WATER SYSTEMS	112.44	0.00
	52-43-6220	SEWER SYSTEMS	112.44	0.00
	53-43-6220	SYSTEMS OP SHARE	112.43	0.00
	51-43-6220	SYSTEMS OP SHARE	43.35✓	0.00
	52-43-6220	SYSTEMS OP SHARE	43.35✓	0.00
	53-43-6220	SYSTEMS OP SHARE	43.35✓	0.00
	10-13-6220	PD SHARE	43.34√	0.00
	53-43-6220	ELECTRIC SYSTEMS	71.18	0.00
	10-19-6220	NORTH CAMPUS	1,556.64	0.00
	10-21-6220	POOL	175.72 √	0.00
	10-13-6220	PD	20.62	0.00
			27,822.04	0.00
3156	LOCKIT TECHNOLOGIE	SLLC		
39877	6/23/2023 6/23/2023	1,375.99		Posted
	10-13-7460	13428-SERVICE CONTRACT	1,341.00	0.00
	10-13-7460	13159-SWITCH	34.99	0.00
			1,375.99	0.00
428	MAR KAN SALES CO			
39901	6/23/2023 6/23/2023	1,749.41 538999		Posted
	10-21-6190	POOL CONCESSIONS	1,749.41√	0.00
424	MCHENRY ELECTRIC &	SUPPLY		
89923	6/23/2023 6/23/2023	160.00 032761		Posted
,,,,,	25-00-6000	PARTS	160.00√	0.00
1018	MANFRED MILBERS			
89846	6/23/2023 6/23/2023	85.15		Posted
33040	53-41-5800		85.15	0.00
450		REIMBURSEMENT FOR MILEAGE	65.15	0.00
	MISSISSIPPI LIME CO		65.15	
	MISSISSIPPI LIME CO 6/23/2023 6/23/2023	9,361.78 1673330		Posted
89827	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170	9,361.78 1673330 QUICKLIME	9,361.78	Posted
89827	MISSISSIPPI LIME CO 6/23/2023 6/23/2023	9,361.78 1673330 QUICKLIME		Posted
89827 470	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170	9,361.78 1673330 QUICKLIME		Posted
89827 470	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO	9,361.78 1673330 QUICKLIME LID WASTE		Posted 0.00
89827 470 89886	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES	9,361.78	Posted 0.00 Posted
470 89886 2480	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES	9,361.78	Posted 0.00
470 89886 2480	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES	9,361.78	Posted 0.00 Posted 0.00
470 39886 2480 39828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES -C 6,046.50 65750601 INSTALL RADIO V2	9,361.78 √ 26.00 √	Posted 0.00 Posted 0.00
470 89886 2480 89828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA	9,361.78 √ 26.00 √	Posted 0.00 Posted 0.00 Posted
470 89886 2480 89828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32	9,361.78 ✓ 26.00 ✓ 6,046.50 ✓	Posted 0.00 Posted 0.00 Posted 0.00
470 89886 2480 89828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS	9,361.78 ✓ 26.00 ✓ 6,046.50 ✓	Posted 0.00 Posted 0.00 Posted 0.00
470 89886 2480 89828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS 0872188-IN-HYDRANTS	9,361.78 ✓ 26.00 ✓ 6,046.50 ✓ 1,400.82 ✓ 9,188.79 ✓	Posted 0.00 Posted 0.00 Posted 0.00 0.00
470 89886 2480 89828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000 51-43-6000 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS 0872188-IN-HYDRANTS 0872189-IN-SADDLE & BALL	9,361.78 ✓ 26.00 ✓ 6,046.50 ✓ 1,400.82 ✓ 9,188.79 ✓ 177.73 ✓	Posted 0.00 Posted 0.00 Posted 0.00 0.00 0.00 0.00
470 89886 2480 89828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000 51-43-6000 51-43-6000 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS 0872188-IN-HYDRANTS 0872189-IN-SADDLE & BALL 0872693-IN-PARTS	9,361.78 26.00 6,046.50 1,400.82 9,188.79 177.73 817.80	Posted 0.00 Posted 0.00 Posted 0.00 Posted 0.00 0.00 0.00 0.00
470 39886 2480 39828	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000 51-43-6000 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS 0872188-IN-HYDRANTS 0872189-IN-SADDLE & BALL	9,361.78 26.00 6,046.50 1,400.82 9,188.79 177.73 817.80 3,167.18	Posted 0.00 Posted 0.00 Posted 0.00 Posted 0.00 0.00 0.00 0.00 0.00
470 89886 2480 89828 342 89829	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000 51-43-6000 51-43-6000 51-43-6000 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS 0872188-IN-HYDRANTS 0872189-IN-SADDLE & BALL 0872693-IN-PARTS	9,361.78 26.00 6,046.50 1,400.82 9,188.79 177.73 817.80	Posted 0.00 Posted 0.00 Posted 0.00 Posted 0.00 0.00 0.00 0.00
470 89886 2480 89828 342 89829	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000 51-43-6000 51-43-6000 51-43-6000 51-43-6000 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS 0872188-IN-HYDRANTS 0872189-IN-SADDLE & BALL 0872693-IN-PARTS 0873041-IN-TEE, COUPLING, CLAMPS	9,361.78 26.00 6,046.50 1,400.82 9,188.79 177.73 817.80 3,167.18	Posted 0.00 Posted 0.00 Posted 0.00 Posted 0.00 0.00 0.00 0.00 0.00
89827 470 89886 2480 89828 342 89829	MISSISSIPPI LIME CO 6/23/2023 6/23/2023 51-41-6170 MITCHELL COUNTY SO 6/23/2023 6/23/2023 53-43-3000 MUELLER SYSTEMS, LI 6/23/2023 6/23/2023 51-43-7500 MUNICIPAL SUPPLY INC 6/23/2023 6/23/2023 51-43-6000 51-43-6000 51-43-6000 51-43-6000 51-43-6000	9,361.78 1673330 QUICKLIME LID WASTE 26.00 022900A POLES C 6,046.50 65750601 INSTALL RADIO V2 C. OF NEBRASKA 14,752.32 0872187-IN-PARTS 0872188-IN-HYDRANTS 0872189-IN-SADDLE & BALL 0872693-IN-PARTS	9,361.78 26.00 6,046.50 1,400.82 9,188.79 177.73 817.80 3,167.18	Posted 0.00 Posted 0.00 Posted 0.00 0.00 0.00 0.00 0.00 0.00

Page 9 of 11

		City of Beloit			1 age 5 of 1
•	Vendor Name				
Pay#	Post Date Due Date	Amount Invoice	Date PO#	<u>Date</u>	Status
		Vork Order Description		<u>Debit</u>	<u>Credit</u>
	PIERCE ELECTRONI				.
39880		226.11 31652		000.444	Posted
	10-13-7440	SURVEILLANCE KITS		226.11	0.00
	PRO TECHS				
39847		55.00 5953			Posted
	51-43-3000	PEST CONTROL		18.33	0.00
	52-43-3000	PEST CONTROL		18.33	0.00
	53-43-3000	PEST CONTROL		18.34	0.00
113				55.00	0.00
		MENT TESTING LABORATORY			_
39848	6/23/2023 6/23/2023	140.74 80800			Posted
	53-43-3000	BRANDING ON GLOVES		140.74 ✓	0.00
1335	PUR- 0- ZONE, INC.				
39914	6/23/2023 6/23/2023	427.88 875259			Posted
	10-11-6000	BOWL CLEANER & GLO	VES	427.88√	0.00
2979	RAY'S APPLE MARK	KET			
39864	6/23/2023 6/23/2023	58.44 9069			Posted
	52-41-6000	WATER & BOUNTY		58,44	0.00
3209	RESPONDER				
89881	6/23/2023 6/23/2023	1,183.00			Posted
	10-13-5310	APR-JUNE SERVICE		1,183.00✔	0.00
575	SAGE PRODUCTS				
89831	6/23/2023 6/23/2023	134.90 0095384-IN			Posted
	51-41-6000	PAPER TOWELS		134.90 √	0.00
3533	SOLOMON VALLEY	COMMUNITY FOUNDATION			
89795	6/23/2023 6/7/2023	100.00 6/7/2023			Ck# 86183 Print
	30-00-3000	WILLOW SPRINGS COU	RTYARD PROJE	100.00✓	0.00
626	SOLOMON VALLEY	HOME CENTER			
89832		122.32			Posted
	52-41-3000	50#LIME		32.98	0.00
	52-43-6000	COMPRESSION SLEEVE		6.58	0.00
	52-41-4360	BULB		36.98	0.00
	51-43-6000	SPRAY PAINT		11.79	0.00
	51-41-6000	GRASS KILLER		33.99	0.00
				122.32	0.00
39860	6/23/2023 6/23/2023	3,643.25			Posted
	30-00-6150	56494-BAR TIES		39.99✓	0.00
	41-00-8417	57974-2x6 BTR		26.80✓	0.00
	41-00-8417	57598-2X6 BTR & BAR T		88.97	0.00
	30-00-6000	56453-PAINT, PRIMER, I		48.35✓	0.00
	30-00-6000	56497-PAINT & SPRAY (CAN HANDLE	26.07	0.00
	30-00-6150	56125-CONCRETE BIT		18.99	0.00
	30-00-6130	56870-2X8 ACQ		22.38	0.00
	41-00-8417	56785-REBAR-DETENTI		1,573.50	0.00
	41-00-8417	58280-REBAR-DETENTI	ON POND	1,573.50 v /	0.00
	30-00-6150	58166-CONCRETE MIX		15.58	0.00
	30-00-6130	57846-PLYWOOD		93.35✓	0.00
	41-00-8417	57598-2X6 & BAR TIES		88.97	0.00
	11 00 0117	0.000 =			
	41-00-8417	57974-2X6		26.80 3,643.25	0.00

Manufel	Vandas Nama	City of Beloit		
	Vendor Name Post Date Due Date	Amount Invoice Date PO#	Date	Status
1 44 9 17	Account# Work (<u>Debit</u>	Credit
626	SOLOMON VALLEY HOM			
89902	6/23/2023 6/23/2023	720.24		Posted
	10-18- 4 330	58714-BUSHING, TEE, CONNECTOR, CC	41.24 v	0.00
	10-21-6000	56084-SOAP, BRUSH, SCOURING PADS	4 1.65 √	0.00
	10-21-6000	56450-PLUG & HEAD	31.78✓	0.00
	10-18-6000	56296-FLAGS	21.98	0.00
	10-18-4300	56909-LATCH & POWER BITS	31.06	0.00
	10-21-4300 10-18-7310	56822-ROLLER COVER & PAINT 57471-FLAGS	53.78 √ 10.99 √	0.00
	10-21-4300	56965-BITS, SEALANT, BAR, ACRYLIC	195.24√	0.00
	10-21-4300	57428-UNION, SLEEVE, TUBE	10.40	0.00
	10-21-4300	57078-ELBOW, CEMENT, COUPLING	26.85	0.00
	10-21-4300	57164-SCREWDRIVER & BUTT SPLICE	50.97√	0.00
	10-21-4300	57769-CLAMPS, CAP, SEALANT	30.89	0.00
	10- 21-4 300	57183-ROLLER COVER & PAINT	53.78✓	0.00
	10-21-6000	58588-FAN SPRAY & HOSE END SPRAY	18.28√	0.00
	10-21-4300	58378-BIT & ELBOW	42.38V	0.00
	10-21-6000	58162-BIT & CABLE TIES	58.97	0.00
			720.24	0.00
	SOLOMON VALLEY TRAN			D 1 1
B9915	6/23/2023 6/23/2023 10-11-3000	13,945.41 FY 2024 ANNUAL DONATION	13,945.41✓	Posted
500			13,843.41	0.00
	SOLOMON VALLEY VET			Deeted
89882	6/23/2023 6/23/2023 10-13-3510	62.64 355909 EXAM, MEDS, BATH-JUDGE	62.64✓	Posted 0.00
2450		LANN, MILDS, DATTI-SODOL	02.04*	0.00
3130 39916	STUMBO HANSON LLP 6/23/2023 6/23/2023	92.10 69904		Posted
09910	51-41-3000	DRAFT LETTER TO PUMPHREY AND ED	92.10	0.00
673	THOMPSON'S OK TIRE, I		02.10	0.00
39849	6/23/2023 6/23/2023	695.16		Posted
50010	53-43-4310	106022-FLAT REPAIR	12.50✓	0.00
	53-43-6140	105962-TIRES	682.66	0.00
		_	695.16	0.00
89861	6/23/2023 6/23/2023	110.20 105777		Posted
	10-15-6140	TIRE	110.20	0.00
39883	6/23/2023 6/23/2023	95.00 104729	05.00.	Posted
0070	10-13-4310	ALIGNMENT	95.00✔	0.00
	U.S. BANK EQUIPMENT F			D41
39920	6/23/2023 6/23/2023 10-11-3360	443.70 503125627 503125627-ADMIN COPIER	443.70✓	Posted 0.00
704		303123027-ADMIN COFILA	443.700	0.00
70 4 39917	UNIVAR USA INC 6/23/2023 6/23/2023	26 054 59 54499727		Bootod
09917	51-41-6170	26,951.58 51188727 SODA ASH	26,951.58	Posted 0.00
922	USA BLUE BOOK	OODA AOIT	20,951.50	0.00
	6/23/2023 6/23/2023	780.97 INV00019235		Posted
09033	51-41-6000	SOLUTION, SYRINGES, BRUSHES	780.97	0.00
410	UTILITIES	SOLO HON, OTHINGLO, DINGGILLO	700.57	0.00
89904	-	710.56 7346		Posted
09904	10-13-6220	CITY SHARE OF JAIL UTILITIES	710.56✓	0.00
712	WACONDA TRADER	OTT OTHER OF WALL OF THE OTHER	7 10.00	0.00
	6/23/2023 6/23/2023	27.00 47472		Posted
0000	10-13-6000	C. LACKEY-BUSINESS CARDS	27.00✓	0.00
89918	6/23/2023 6/23/2023	95.00		Posted
	30-00-3000	47452-WILLOW SPRINGS COURTYARD	35.00✓	0.00
	10-11-5400	47157-WELCOME TO BELOIT	60.00	0.00
			95.00	0.00
	JOE WITT			
89919		2,500.00	0.500.00	Posted
	10-11-6600	DEMO REIMBURSEMENT-412 W 4TH	2,500.00	0.00

6/16/2023 2:12:40 PM

Accounts Payable Detail Listing

City of Beloit

Page 11 of 11

Vend# Vendor Name

Due Date Amount Invoice Pay# Post Date <u>Date</u> <u>PO#</u> **Date Status** Account# Work Order **Description Debit** Credit

3435 XEROX FINANCIAL SERVICES (continued)

89885 6/23/2023 6/23/2023 142.73 4330654 10-13-7460

INV 4330654-PD COPIER

Posted 142.73√ 0.00

233,555.77 114 Non-voided payables listed.

Report Setup

AP - Accounts Payable Listing : Vendor Name

Filter Options

Starting: 6/23/2023 Ending: 6/23/2023

Banks: Ali

Payable Status: Posted, Printed, ACH, Recorded, Voided

All Vendors Selected

REQUEST FOR COUNCIL ACTION

DATE: 6/21/2023	TITLE: AWOS IIIPT		
ORIGINATING DEPARTMENT: Administration	TYPE OF ACTION:	ORDINANCE FORMAL ACTION	RESOLUTION
RECOMMENDATION:			
I recommend that Council approve the from DBT Transportation Services, LLC.		S IIIPT for \$135,634.00 th	at includes one year of service
BACKGROUND:			
FINANCIAL IMPACT:			
The funding for the AWOS system will a 10% plus 100% of non-participating co		t funding for 90% of the pi	roject cost and city's local match of
OPTIONS:			
DISCUSSION:			
Respectfully submitted, Amanda Lomax City Clerk			

COUNCIL ACTION PAGE 1 OF 1

DBT Transportation Services, LLC

City of Beloit

119 N Hersey Ave

Beloit KS 67420

119

1500 CityWest Blvd Suite 550 Houston TX 77042



Original

Document Number

Document Date

Page

05/26/2023

1/3

SALES QUOTATION

Customer No.

KSMORIKK6167420

2683813

Your Reference

Payment Terms

AWOS-IIIPT Upgrade

Net 30

Your Contact

Michael Trosclair 303-330-7883 mtrosclair@dbttranserv.com

Delivery Address

Moritz Memorial Airport 1520 W 8th St Beloit KS 67420

Currancu •

				Currency. \$
Description		Quantity UoM	Price	Total
AWOS-IIIP R	eplacement/Upgrade, AW10 Split to AWI AW0	S-IIIPT		
Domestic AW	OS IIIPT, p/n: AWOS3PT	1	126,974.0000	\$126,974.00
Item Code:	AWI-AWOS SYSTEM			
99 20 X				
Includes the I	ollowing Items:			
AWOS CDP wi	th VHF Radio, p/n: CDP&VHF	1		
Item Code:	AWI-AWOS SYSTEM			
AWOS Heated	Ultrasonic Winds Kit, p/n: HEAT-ULTRA	1		
Item Code.	AWI-AWOS SYSTEM			
Replace stand	ard length cable for Vaisala H-frame retrofit			
UHF Radio Da	ta Link Kit, p/n: AWOSUHFDATAKIT	1		
Item Code:	AWI-AWOS SYSTEM			
Thunderstorm	Sensor Assembly, p/n: 6500-DC	1		
Item Code:	AWI-AWOS SYSTEM	.1		
ttern Code.	AMI-AMOS STSTEIN			
M488276-00	ghts - Dual 810 Kit, 120 volt, p/n:	1		
Item Code:	AWI-AWOS SYSTEM			

Subtotal: 126,974.00

970-237-3526

DBT Transportation Services, LLC

1500 CityWest Blvd Suite 550 Houston TX 77042



Original

Document Number

2683813



Document Date

Page 2/3

Subtotal: 126,974.00

05/26/2023

Currency: \$

Description		Quantity UoM	Price	Total			
Coupling Red	uce 2-1/2" to 1-1/2", p/n: M026661-00	1					
Item Code:	AWI-AWOS SYSTEM						
Can Dino 1-1/	2" Galvanized Iron, p/n: M026658-00	= = = = = =					
Item Code:	AWI-AWOS SYSTEM	•					
p/n: M019174	24" Galvanized Steel Thread Both ENDS, 4-00	1					
ftem Code:	AWI-AWOS SYSTEM						
AWOS Net Re Monitor, p/n:	mote Display & Internet, RS-232, 20*	1					
Item Code:	AWI-AWOS SYSTEM						
Hard Copy Ma	inuals, p/n: AWOSMANUALS	1					
Item Code:	AWI-AWOS SYSTEM						
Package and Pkg & Handlin	Handling - Does Not Include Freight, p/n:	í					
Item Code:	AWI-AWOS SYSTEM						
FAA AWOS Sii	ting 7460-NR Application Service	1					
Item Code:	Siting-7460 Service						
FCC License -	UHF Frequency Coordination, Gov't	1					
Item Code:	FCC License						
	nent Installation & Civils for Thunderstorm	1					
Sensor Item Code	Installation - AWOS						
_	Commissioning with FAA for Operational	i					
Service	Installation - AWOS						

Subtotal: 126,974.00

DBT Transportation Services, LLC

1500 CityWest Blvd Suite 550 Houston TX 77042



Original

Document Number

2683813

SALES QUOTATION Page

Document Date

3/3

05/26/2023

Currency: \$

iubtotal: 126,974.00	<u> </u> s								
Total	Price	Quantity UoM		Description					
\$5,000.00	5,000.0000	1		illy (Initial Year)	Periodic Maintenance - AWOS Annually (Initial Year)				
				Item Code: Maintenance - AN					
\$1,000.00	1,000.0000	1		and a	Services into NAS - /	Weather Date			
\$2,000.00	1,000.0000	•			NADIN - AN	Item Code:			
\$ 132,974.00	total:	Quotation Subto				etails	Tax De		
\$ 2,660.00		Freight:	Tax	Net	Tax %	de	Tax Cod		
\$ 135,634.00	ax:	Total Before Tax			50 000000000000000000000000000000000000				
\$ 0.00	unt:	Total Tax Amou							

Quotation Valid Until: 06/26/2023

Website

This Quotation is deemed accepted when Purchaser returns the acknowledgement copy of this Quotation with a valid Purchase Order Number (when applicable),	
sopy of this Quotation with a valid cultiliase order Number (when applicable).	
The DBT Transportation Services Standard Terms of Sales are incorporated herein by refere	nce
Purchaser	
Billing Address	
E-Mail Address:	
Signature:	
Title	
Purchase Order No:	
Ship to Address:	
	70

PUBLIC BUILDING COMMISSION MEETING MINUTES June 15, 2022

The Public Building Commission met in regular session on June 15, 2022 in the Council Chambers. Those in attendance were Andrew Grabon and Tom Naasz.

Commissioner Tom Naasz called the meeting to order at 7:30 p.m.

A motion was made by Commissioner Grabon and seconded by Commissioner Naasz to approve June 16, 2021 meeting minutes. Motion passed 2-0. Nays: None

A motion was made by Commissioner Naasz and seconded by Commissioner Grabon to appoint Lee McMillan as President. Motion passed 2-0. Nays: None

A motion was made by Commissioner Grabon and seconded by Commissioner Naasz to adjourn the meeting. Motion passed 2-0. The meeting ended at 7:31 p.m.

Secretary

COUNCIL MEMO

DATE: 6/21/2023

SUBJECT: On-call and Shift Differential Pay

ORIGINATING DEPARTMENT: Administration

DISCUSSION:

I would like to discuss updating compensation for employees who are required to be on rotation to be on-call and work night shifts. Employees are paid \$10/day during the week and \$20/day for weekends and holidays to be on-call after working hours. The city does pay for call-outs which is a minimum of two hours at time and a half. The city does not pay shift differential for employees that are required to be on a night shift rotation.

Respectfully submitted, Amanda Lomax City Clerk

COUNCIL MEMO PAGE 1 OF 1

COUNCIL MEMO

DATE: 6/21/2023

SUBJECT: BCBS Renewal

ORIGINATING DEPARTMENT: Administration

DISCUSSION:

We will utilize our work session to do an initial review of our BCBS renewal options for 2023-2024.

Respectfully submitted, Amanda Lomax City Clerk

COUNCIL MEMO PAGE 1 OF 1

	MEVI	TH CARE OF	OTIONS AVA	II ABI E EOD SEDT	TERAD	ED 1 20	23 THROUGH AUG	ELICT 21 202/	1		
OPTION A	HEML	ITI CARE OI	- HONS AVA	ILABLE FOR SEF	LEIVID	ICK 1, 20	23 THROUGH AUC	1031 31, 202-			
DEDUCTIBLE OF \$500/\$1,000 THEN	1 00/204	COINCHBAN	TE TO ÉE 000/È	10.000		84%	16%	Deduction	Employee	CITY	
Rx Formulary	1 80/207	6 COINSURAN	LE 10 \$5,000/\$	10,000		0470	10%	Deduction	riiibioaee	CITY	
COVERAGE LEVEL		HEALTH	DENTAL	BENEFIT AMOUNT	CITY	PORTION	EMPLOYEE PAYOUT	Per Pay Check	Portion / year	Portion/year	EMPLOYEE OUT OF POCKET EXPOSURE
EMP/CHILDREN	3 \$	1,717.93	\$80.92			\$1,511.03	\$287.82	\$132.84			\$ 13,453.79
FAMILY	7 \$	2,664.84	\$123.62			\$2,342.31	\$446.15	\$205.92	•		\$ 15,353-84
EMP/SPOUSE	4 \$	1,820.14	\$80.02	•		\$1,596.13	\$304.03	\$140.32			\$ 13,648.31
SINGLE	3 \$	873.20	\$37.29	•		\$764.81	\$145.68	\$67.24			\$ 6,748.14
Monthly	\$		\$ 1,540.05		\$	29,608.22		•	,		
Annual	\$	404,493.96	\$ 18,480.60	\$ 422,974.56	\$ 35	55,298.63	\$ 67,675.93				
OPTION B											
DEDUCTIBLE OF \$1,000/\$2,000 TH	EN 80/2	0% COINSURA	NCE TO \$5,000	/10.000		83%	17%	Deduction	Employee	CITY	
Rx Formulary	,_		,								
COVERAGE LEVEL		HEALTH	DENTAL	BENEFIT AMOUNT	CITY	PORTION	EMPLOYEE PAYOUT	Per Pay Check	Portion / year	Portion/year	EMPLOYEE OUT OF POCKET EXPOSURE
EMP/CHILDREN	1 \$	1,698.09	\$80.92	\$ 1,779.01		\$1,476.58	\$302.43	\$139,58	\$ 3,629.18	\$17,718.94	\$ 13,629.18
FAMILY	2 \$	2,633.82	\$123.62	\$ 2,757.44	;	\$2,288.68	\$468.76	\$216.35	\$ 5,625.18	\$27,464.10	\$ 15,625.18
EMP/SPOUSE	\$	1,799.05	\$80.02	\$ 1,879.07		\$1,559.63	\$319.44	\$147.43	\$ 3,833.30	\$18,715.54	\$ 13,833.30
SINGLE	\$	863.29	\$37.29	\$ 900.58		\$747.48	\$153.10	\$70.66	\$ 1,837.18	\$8,969.78	\$ 6,837.18
Monthly	\$	6,965.73	\$ 328.16	\$ 7,293.89	\$	6,053.93	\$ 1,239.96				
Annual	\$	83,588.76	\$ 3,937.92	\$ 87,526.68	\$	72,647.14	\$ 14,879.54				
OPTION C											
DEDUCTIBLE OF \$1,500/\$3,000 TH	EN 80/2	0% COINSURA	NCE TO \$5,000	/10,000		84%	16%	Deduction	Employee	CITY	
Rx Formulary				•							
COVERAGE LEVEL		HEALTH	DENTAL	BENEFIT AMOUNT	CITY	PORTION	EMPLOYEE PAYOUT	Per Pay Check	Portion / year	Portion/year	EMPLOYEE OUT OF POCKET EXPOSURE
EMP/CHILDREN	0 \$	1,682.78	\$80.92	\$ 1,763.70		\$1,481.51	\$282.19	\$130.24	\$ 3,386.30	\$17,778.10	\$ 13,386.30
FAMILY	0 \$	2,609.97	\$123.62	\$ 2,733.59		\$2,296.22	\$437.37	\$201.87	\$ 5,248.49	\$27,554.59	\$ 15,248.49
EMP/SPOUSE	0 \$	1,782.79	\$80.02	\$ 1,862.81		\$1,564.76	\$298.05	\$137.56	\$ 3,576.60	\$18,777.12	\$ 13,576.60
SINGLE	0_\$	855.87	\$37.29	\$ 893.16		\$750.25	\$142.91	\$65.96	\$ 1,714.87	\$9,003.05	\$ 6,714.87
Monthly	\$	-	\$ -	\$ -	\$	-	\$ -				
Annual	\$	•	\$ -	\$ -	\$	-	\$ -				
	HEAL	TH CARE OI	PTIONS AVA	ALABLE FOR SEP	TEMB	SER 1, 20	21 THROUGH AUG	SUST 31, 2022	2		
MCU DEDUCTION CHEATER PLANT						•		•			
HIGH DEDUCTIBLE HEALTH PLAN \$		•	Commi								
Prescription Drugs subject to dedu Qualifies for H S A	ride (L	ien ax formul	ary cobay			95%	5%	Deduction	Employee	CITY	
COVERAGE LEVEL		HEALTH	DENTAL	BENEFIT AMOUNT		PORTION	EMPLOYEE PAYOUT	Per Pay Check	Portion / year		EMPLOYEE OUT OF POCKET EXPOSURI
EMP/CHILDREN	4	\$1,639.02		\$1,719.94		\$1,633.94	\$86.00	•			2 \$ 13,731.96
FAMILY	4	\$2,541.40	• • • •	\$2,665.02		\$2,531.77	•				3 \$ 14,299.01
LWINIET	~	24,341.40	2123.02	\$2,003.02	•	42,231.11	¥133.23	201.30	1,000.01	JJUJUL.Z.	J 17/2/3/01

IND/SPOUSE

SINGLE Monthly

GRAND TOTAL

Annual

Monthly

Employee Contracts

Annual

5

22

42

\$

\$

\$

\$1,736.33

\$834.38

32,912.75 \$ 1,553.87 \$

394,953.00 \$ 18,646.44 \$

73,586.31 \$ 3,422.08 \$

883,035.72 \$ 41,064.96 \$

\$80.02

\$37.29

\$1,816.35

\$871.67

34,466.62 \$

413,599.44 \$ 392,919.47 \$

77,008.39 \$ 68,405.44 \$

924,100.68 \$ 820,865.24 \$

\$1,725.53

\$828.09

32,743.29 \$

\$90.82

\$43.58

1,723.33

20,679.97

8,602.95

103,235.44

\$41.92 \$

\$20.12 \$

1,089.81

523.00

\$20,706.39 \$ 13,789.81

\$9,937.04 \$ 6,873.00

DPTION A
COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT Per Pay Check Portion / year 514,769.95 \$ 13,487.09 \$ 13,487.09 \$ 514,769.95 \$ 13,487.09 \$ 14,487.00 \$ 13,487.09 \$ 14,487.09
COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT Per Pay Check Portion / year S14.769.95 S13.681 S14.789.95 S13.680.79 S15.590.37 S15.590.37 S15.590.37 S15.590.37 S13.680.79 S13.681 S14.789.95 S13.789.95 S13.78
EMP/CHILDREN 2 \$ 1,448.52 \$72.90 \$ 1,521.42 \$1,230.83 \$290.59 \$134.12 \$ 3,487.09 \$14,769.95 \$ 13,487.09 \$ 14,769.95 \$ 13,487.09 \$ 14,769.95 \$ 13,487.09 \$ 14,769.95 \$ 13,487.09 \$ 14,769.95 \$ 13,487.09 \$ 14,769.95 \$ 13,487.09 \$ 15,394.63 \$ 15,394.6
FAMILY 8 \$ \$ 2,242.26 \$111.42 \$ 2,353.68 \$1,904.13 \$449.55 \$207.49 \$ 5,394.63 \$22,849.53 \$15,394.63 EMP/SPOUSE 6 \$ 1,533.74 \$72.19 \$ 1,605.93 \$1,299.20 \$306.73 \$141.57 \$ 3,680.79 \$15,590.37 \$ 13,680.79 \$ 13
EMP/SPOUSE 6 \$ 1,533.74 \$72.19 \$ 1,605.93 \$1,299.20 \$306.73 \$141.57 \$ 3,680.79 \$15,590.37 \$ 13,680.79 \$14,690.29 \$ 14,690.20 \$ 14,690.
SINGLE 3 \$ 739.98 \$33.64 \$ 773.62 \$625.86 \$147.76 \$68.20 \$ 1,773.14 \$7,510.30 \$ 6,773.14 Monthly \$ 32,257.50 \$ 1,571.22 \$ 33,828.72 \$ 27,367.43 \$ 6,461.29 Annual \$ 387,090.00 \$ 18,854.64 \$ 405,944.64 \$ 328,409.21 \$ 77,535.43 DPTION B DEDUCTIBLE OF \$1,000/\$2,000 THEN 80/20% COINSURANCE TO \$5,000/10,000 82.05% 17.95% Deduction Employee CITY EX FORMULARY COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT FAMILY S1,430.44 \$72.90 \$ 1,503.34 \$ 1,233.49 \$ 269.85 \$ 5124.55 \$ 3,238.19 \$ 14,801.89 \$ 13,238.19 \$ 1,430.44 \$72.90 \$ 1,503.34 \$ 1,233.49 \$ 269.85 \$ 5124.55 \$ 3,238.19 \$ 14,801.89 \$ 13,238.19 \$ 1,503.34 \$ 1,233.49 \$ 1,241.91 \$ 1,430.44 \$ 1,500.874 \$ 1,500.8
Monthly \$ 32,257.50 \$ 1,571.22 \$ 33,828.72 \$ 27,367.43 \$ 6,461.29 Annual \$ 387,090.00 \$ 18,854.64 \$ 405,944.64 \$ 328,409.21 \$ 77,535.43 DPTION B DEDUCTIBLE OF \$1,000/\$2,000 THEN 80/20% COINSURANCE TO \$5,000/10,000 \$ 82.05% 17.95% Deduction Employee CITY EXECUTED B EMP/CHILDREN 1 \$ 1,430.44 \$72.90 \$ 1,503.44 \$1,233.49 \$269.85 \$124.55 \$ 3,238.19 \$14,801.89 \$13,238.19 \$14,801.89 \$13,238.19 \$1,400.89 \$13,238.19 \$1,400.89 \$13,238.19 \$1,400.89 \$1,500.89
DPTION B DEDUCTIBLE OF \$1,000/\$2,000 THEN 80/20% COINSURANCE TO \$5,000/10,000 82.05% 17.95% Deduction Employee CITY EMP/CHILDREN 1 \$ 1,430.44 \$72.90 \$ 1,503.34 \$1,233.49 \$269.85 \$124.55 \$ 3,238.19 FAMILY 2 \$ 2,213.90 \$111.42 \$ 2,325.32 \$1,907.93 \$417.99 \$192.64 \$5,008.74 EMP/SPOUSE \$ 1,514.55 \$72.19 \$ 1,586.74 \$1,301.92 \$284.82 \$131.46 \$3,417.84 \$15,623.04 \$13,417.84 SINGLE 1 \$ 731.08 \$33.64 \$ 764.72 \$627.45 \$1,241.91
DPTION B DEDUCTIBLE OF \$1,000/\$2,000 THEN 80/20% COINSURANCE TO \$5,000/10,000 82.05% 17.95% Deduction Employee CITY TX FORMULARY COVERAGE LEVEL EMP/CHILDREN 1 \$ 1,430.44 \$72.90 \$ 1,503.34 \$1,233.49 \$269.85 \$124.55 \$3,238.19 \$14,801.89 \$14,801.89 \$13,238.19 FAMILY 2 \$ 2,213.90 \$111.42 \$ 2,325.32 \$1,907.93 \$417.39 \$192.64 \$5,008.74 \$22,895.10 \$15,008.74 EMP/SPOUSE 5 1,514.55 \$72.19 \$ 1,586.74 \$1,301.92 \$284.82 \$131.46 \$3,417.84 \$15,623.04 \$13,417.84 SINGLE 1 \$ 731.08 \$33.64 \$ 764.72 \$627.45 \$137.27 \$63.35 \$1,647.21 \$7,529.43 \$6,647.21 Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ 5,676.79 \$ 1,241.91
DEDUCTIBLE OF \$1,000/\$2,000 THEN 80/20% COINSURANCE TO \$5,000/10,000 82.05% 17.95% Deduction Employee CITY RX Formulary COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT Per Pay Check Portion / year \$1,430.44 \$72.90 \$1,503.34 \$1,233.49 \$269.85 \$124.55 \$3,238.19 \$14,801.89 \$13,238.19 FAMILY 2 \$ 2,213.90 \$111.42 \$ 2,325.32 \$1,907.93 \$417.39 \$192.64 \$5,008.74 \$22,895.10 \$15,008.74 EMP/SPOUSE \$ 1,514.55 \$72.19 \$ 1,586.74 \$1,301.92 \$284.82 \$131.46 \$3,417.84 \$15,623.04 \$13,417.84 SINGLE 1 \$ 731.08 \$33.64 \$764.72 \$627.45 \$137.27 \$63.35 \$1,647.21 \$7,529.43 \$6,647.21 Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ 5,676.79 \$ 1,241.91
COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT Per Pay Check Portion / year Porti
COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT Per Pay Check Portion / year Portion/year EMPLOYEE OUT OF POCKET EXPOSURE EMP/CHILDREN 1 \$ 1,430.44 \$72.90 \$ 1,503.34 \$1,233.49 \$269.85 \$124.55 \$ 3,238.19 \$14,801.89 \$ 13,238.19 FAMILY 2 \$ 2,213.90 \$111.42 \$ 2,325.32 \$1,907.93 \$417.39 \$192.64 \$ 5,008.74 \$22,895.10 \$ 15,008.74 EMP/SPOUSE \$ 1,514.55 \$72.19 \$ 1,586.74 \$1,301.92 \$284.82 \$131.46 \$ 3,417.84 \$15,623.04 \$ 13,417.84 SINGLE 1 \$ 731.08 \$33.64 \$ 764.72 \$627.45 \$137.27 \$63.35 \$ 1,647.21 \$7,529.43 \$ 6,647.21 Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ 5,676.79 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 \$ 1,241.91 </td
EMP/CHILDREN 1 \$ 1,430.44 \$72.90 \$ 1,503.34 \$1,233.49 \$269.85 \$124.55 \$ 3,238.19 \$14,801.89 \$ 13,238.19 FAMILY 2 \$ 2,213.90 \$111.42 \$ 2,325.32 \$1,907.93 \$417.39 \$192.64 \$ 5,008.74 \$22,895.10 \$ 15,008.74 EMP/SPOUSE \$ 1,514.55 \$72.19 \$ 1,586.74 \$1,301.92 \$284.82 \$131.46 \$ 3,417.84 \$15,623.04 \$ 13,417.84 SINGLE 1 \$ 731.08 \$33.64 \$ 764.72 \$627.45 \$137.27 \$63.35 \$ 1,647.21 \$7,529.43 \$ 6,647.21 Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ 5,676.79 \$ 1,241.91 \$1,241.91
FAMILY 2 \$ 2,213.90 \$111.42 \$ 2,325.32 \$1,907.93 \$417.39 \$192.64 \$ 5,008.74 \$22,895.10 \$ 15,008.74 EMP/SPOUSE \$ 1,514.55 \$72.19 \$ 1,586.74 \$1,301.92 \$284.82 \$131.46 \$ 3,417.84 \$15,623.04 \$ 13,417.84 SINGLE 1 \$ 731.08 \$33.64 \$ 764.72 \$627.45 \$137.27 \$63.35 \$ 1,647.21 \$7,529.43 \$ 6,647.21 Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ 5,676.79 \$ 1,241.91
EMP/SPOUSE \$ 1,514.55 \$72.19 \$ 1,586.74 \$1,301.92 \$284.82 \$131.46 \$ 3,417.84 \$15,623.04 \$ \$13,417.84 SINGLE 1 \$ 731.08 \$33.64 \$ 764.72 \$627.45 \$137.27 \$63.35 \$ 1,647.21 \$7,529.43 \$ \$6,647.21 Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ \$5,676.79 \$ 1,241.91
SINGLE 1 \$ 731.08 \$33.64 \$ 764.72 \$627.45 \$137.27 \$63.35 \$ 1,647.21 \$7,529.43 \$ 6,647.21 Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ 5,676.79 \$ 1,241.91
Monthly \$ 6,589.32 \$ 329.38 \$ 6,918.70 \$ 5,676.79 \$ 1,241.91
ANNUAL 5 /9.0/1.84 5 3.952.56 5 85.024.40 5 68.121.52 5 14.302.88
OPTION C
DEDUCTIBLE OF \$1,500/\$3,000 THEN 80/20% COINSURANCE TO \$5,000/10,000 83% 17% Deduction Employee CITY
Rx Formulary
COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT Per Pay Check Portion / year Portion/year EMPLOYEE OUT OF POCKET EXPOSURE
EMP/CHILDREN 1 \$ 1,416.03 \$72.90 \$ 1,488.93 \$1,235.81 \$253.12 \$116.82 \$ 3,037.42 \$14,829.74 \$ 13,037.42
FAMILY 1 \$ 2,191.28 \$111.42 \$ 2,302.70 \$1,911.24 \$391.46 \$180.67 \$ 4,697.51 \$22,934.89 \$ 14,697.51
EMP/SPOUSE 0 \$ 1,499.06 \$72.19 \$ 1,571.25 \$1,304.14 \$267.11 \$123.28 \$ 3,205.35 \$15,649.65 \$ 13,205.35
SINGLE 0 \$ 723.81 \$33.64 \$ 757.45 \$628.68 \$128.77 \$59.43 \$ 1,545.20 \$7,544.20 \$ 6,545.20
Monthly \$ 3,607.31 \$ 184.32 \$ 3,791.63 \$ 3,147.05 \$ 644.58
Annual \$ 43,287.72 \$ 2,211.84 \$ 45,499.56 \$ 37,764.63 \$ 7,734.93
HEALTH CARE OPTIONS AVAILABLE FOR SEPTEMBER 1, 2021 THROUGH AUGUST 31, 2022
HIGH DEDUCTIBLE HEALTH PLAN \$3,000/\$6,000
Prescription Drugs subject to deductible then Rx Formulary Copay
Qualifies for H S A 94% 6% Deduction Employee CITY
COVERAGE LEVEL HEALTH DENTAL BENEFIT AMOUNT CITY PORTION EMPLOYEE PAYOUT Per Pay Check Portion / year Portion/year EMPLOYEE OUT OF POCKET EXPOSURE
EMP/CHILDREN 3 \$1,367.58 \$72.90 \$1,440.48 \$1,354.05 \$86.43 \$39.89 \$ 1,037.15 \$16,248.61 \$ 13,737.15
FAMILY 6 \$2,115.39 \$111.42 \$2,226.81 \$2,093.20 \$133.61 \$61.67 \$ 1,603.30 \$25,118.42 \$ 14,303.30
IND/SPOUSE 6 \$1,447.65 \$72.19 \$1,519.84 \$1,428.65 \$91.19 \$42.09 \$ 1,094.28 \$17,143.80 \$ 13,794.28
SINGLE 10 \$700.10 \$33.64 \$733.74 \$689.72 \$44.02 \$20.32 \$ 528.29 \$8,276.59 \$ 6,878.29
Monthly \$ 32,481.98 \$ 1,656.76 \$ 34,138.74 \$ 32,090.42 \$ 2,048.32
Annual \$ 389,783.76 \$ 19,881.12 \$ 409,664.88 \$ 385,084.99 \$ 24,579.89

78,677.79 \$ 68,281.70 \$ 944,133.48 \$ 819,380.36 \$

10,396.09

124,753.12

\$ 74,936.11 \$ 3,741.68 \$

\$ 899,233.32 \$ 44,900.16 \$

GRAND TOTAL

Monthly

Annual

Employee Contracts 58



City of Beloit Medical / Prescription / Dental Funding Comparison September 1, 2023

Name of the Party	44	B	i i			B EXPE		Blue Shield	of Kansı		ENT EMUM	NE		EXPE		Blue Shiel	d of Kansa		AL IMUM	
Reinsurer						Blue	Cross			Slue	Cross			Blue	Cross			Blue	Cross	
Stop Lose Reimbursement												ı								
Contract Type						Incu	rred			Inci	итед		ı	Incu	wed			ince	pried	
Aggregate Stop Loss					5%				5%		í		5%				5%			
Specific Stop Loss				İ		\$30,	000			\$30.	.000			\$30,	000			\$30	.000	
Estimated Enrollment Count					Emp 13	EE+\$p	EE+Ch	Family 15	Emp 13	EE+Sp 9	EE+Ch 8	Family 15	8mp 13	EE+Sp 9	EE+Ch 8	Family 15	Етр 13	EE+3 p	EE+Ch 8	Family 15
FIXED COSTS													ı							
General Operating Expenses					\$49.43	\$49.43	\$49.43	\$49.43	549 43	\$49 43	549 43	349 43	\$49.43	\$49.43	\$49.43	\$49 43	\$49.43	\$49.43	\$49 43	\$49.43
Stop Lose ISL @ \$30,000, ASL @ 1251	M w/M	A			\$287-62	\$616.37	\$583 68	\$913.82	\$287 62	\$818.37	\$583 08	\$913.82	384 18	\$825 99	\$778 25	\$1,220 03	\$384.18	\$825 99	\$778 25	\$1,220.03
Total Fixed Costs					\$337.05	\$667.80	\$632 51	\$963 25	\$337 05	\$667 80	\$632 51	\$963.25	\$433.61	\$875.42	\$827 68	\$1,269 48	\$433.61	\$875.42	\$627.68	\$1,269 46
FIXED COSTS MONTHLY TOTAL			- 11	\$29,1	89.00			\$29,1	900.66			\$39,	179.05	- 1		\$39,	79.05			
CLAIMS COSTS	Emp	689	E/Ch	Fam																
Proposed Option 1 - \$500 Ded	3	4	3	a	\$436 57	\$935 13	\$888 91	\$1,390.43	\$545.71	\$1,172.66	\$1,111.14	\$1,738.04	\$476 88	\$1,024.74	\$971 17	\$1,519 00	\$598 10	\$1,260 93	\$1,213.96	\$1,69675
Proposed Option 2 - \$1,000 Ded	0	0	1	2	\$427.67	\$916 94	\$870 83	\$1,362.07	\$534 59	\$1,148.68	\$1,088 54	\$1,702 59	\$466 97	\$1,003 65	\$951 33	\$1,487.98	\$583 71	\$1,254.56	\$1,189.16	\$1,859.98
Proposed Option 3 - \$1,500 Ded	0	0	0	0	\$420.40	\$903.45	\$856 42	\$1,339 45	\$525 50	\$1,129.31	\$1,070 53	\$1,674 31	\$459 55	\$987 39	\$936 02	\$1,464 13	\$574 44	\$1,234 24	\$1,170 03	\$1,630 16
Proposed Option 4 - \$3,000 Ded	10	5	4	5	\$398 69	\$852 04	\$807 97	\$1,263.56	\$495.86	\$1,065.05	\$1,009.96	\$1,579 45	\$438.06	\$940 93	\$892.26	\$1,395.56	\$547 58	\$1,176 16	\$1,115 33	\$1,744.45
CLAIM COSTS MONTHLY TOTAL					- 6	\$40,	224.15			\$50,	280.19			\$44,	154.49			\$55,1	93.11	
COMBINED TOTAL COSTS	E	ESp	5	Fam																
Proposed Option 1 - \$500 Ded	3	4	3	8	\$773 62	\$1,805 93	\$1,521.42	\$2,353 68	\$882.76	\$1,840.46	\$1,743.65	\$2,701 29	\$910 49	\$1,900 16	\$1,798 85	\$2,788 46	\$1,029 71	\$2,156.35	\$2,041.64	\$3,168.21
Proposed Option 2 - \$1,000 Ded	0	0	1	2	\$764 72	\$1,586 74	\$1,503.34	\$2,325 32	\$871 64	\$1,816.48	\$1,721 05	\$2,665 84	\$900 58	\$1,879 07	\$1,779.01	\$2,757.44	\$1,017.32	\$2 129 98	\$2,016.84	\$3,129 44
Proposed Option 3 - \$1,500 Ded	0	0	0	0	\$757.45	\$1,571 25	\$1,488 93	\$2,302 70	\$862 55	\$1,797 11	\$1,703.04	\$2,637 56	\$893 16	\$1,862 81	\$1,763 70	\$2,733 59	\$1,008.05	\$2,109 66	51,997 71	\$3,099 62
Proposed Option 4 - \$3,000 Ded	10	5	4	5	\$733.74	\$1,519.64	\$1,440.48	\$2,228 81	\$832 91	\$1,732.85	\$1,642.47	\$2,542 70	\$871 67	\$1,810 35	\$1,719 94	\$2,665 02	\$981 19	\$2,051.58	\$1,943.01	\$3,013.91
COMBINED MONTHLY TOTAL				5	0 III	\$70,	124.83		11:=	\$80,	180.07	11/2	11	\$83,	333.54			\$94,	172.16	
ANNUALIZED TOTAL						\$841,	197.96			\$962,	170.41		- 1	\$1,000	002.48				465.95	

6-6/2023

IMPORTANT. This summary is for Mustration purposes only. Please see the Disclosures page for additional information



City of Beloit Medical Plan Benefit Summary September 1, 2023

Blue Cross	e Dine	Silleid	OI	nansa	s - A30	
Blo	zeEdge	Quad	- C	urrent		
Ontion B			-		Option	C

	BlueEdge Quad - Current										
MEDICAL BENEFITS	Option A	Option B	Option C	HDHP							
Deductible											
Single	\$500	\$1,000	\$1,500	\$3,000							
Family	\$1,000	\$2,000	\$3,000	\$6,000							
Coinsurance	80% / 20%	80% / 20%	80% / 20%	100% / 0%							
Single Maximum	N/A	N/A	N/A	N/A							
Family Maximum	N/A	N/A	N/A	N/A							
Out-of-Pocket Maximum	Out of Pocket Ma	aximum includes Copays, Coinsurance	and Deductibles	Out of Pocket Maximum includes Copays and Deductibles							
Single	\$5,000	\$5,000	\$5,000	\$6,350							
Family	\$10,000	\$10,000	\$10,000	\$12,700							
Accumulation Period	Plan Year	Plan Year	Plan Year	Plan Year							
Preventive Care	100%	100%	100%	100%							
Primary Care Office Visit	\$35 copay	\$35 copay	\$35 copay	Subject to Deductible							
Telehealth	\$35 copay	\$35 copay	\$35 copay	Subject to Deductible							
Specialist Office Visit	\$70 copay	\$70 copay	\$70 copay	Subject to Deductible							
Outpatient Lab/Imaging Benefits	1st \$300 paid 100%, then subject to	1st \$300 paid 100%, then subject to	1st \$300 paid 100%, then subject to	Subject to Deductible							
Complex Imaging Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Subject to Deductible							
Urgent Care	Subject to Office Visit Copay	Subject to Office Visit Copay	Subject to Office Visit Copay	Subject to Deductible							
Emergency Room	\$250 copay plus Deductible & Coinsurance	\$250 copay plus Deductible & Coinsurance	\$250 copay plus Deductible & Coinsurance	Subject to Deductible							
Hospital Benefits	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible							
Accident Benefits	Subject to Plan Provisions	Subject to Plan Provisions	Subject to Plan Provisions	Subject to Deductible							
Prescription Drugs	Deductible does not apply	Deductible does not apply	Deductible does not apply	Subject to Deductible then							
Prescription Drug List (PDL)	ResultsRx	ResultsRx	ResultsRx	ResultsRx							
Retail - Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay							
Retail - Tier 2	\$50 copay	\$50 copay	\$50 copay	\$50 copay							
Retail - Tier 3	\$75 copay	\$75 copay	\$75 copay	\$75 copay							
Retail - Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay							
Retail - Tier 5	20% to \$250	20% to \$250	20% to \$250	20% to \$250							
Mail Order	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail							

(MPORTANT: This summary is for illustration purposes only. Please see the Disclosures page for additional information.



City of Beloit

Dental Benefit/Cost Summary September 1, 2023

	Blue Cross Blue Shield of Kansas					
BENEFITS	Current	Renewai				
Deductible						
Individual	\$0)				
Family	\$1	0				
Benefit Maximum, per covered person	N/	Α				
Benefit Accumulation Period	Plan	Year				
Out of Network Reimbursement	Non-Network Maxim	ium Plan Allowance				
Diagnostic	100	1%				
Preventive	100%					
Basic						
Oral Surgery	50	%				
Regular Restorative	100%					
Endodontics	100%					
Periodontics - Non Surgical	100%					
Periodontics - Surgical	100)%				
Major						
Waiting Period	N/A					
Inlays/Onlays/Crowns	Inlays - 100% / Onla	ys & Crowns - 50%				
Prosthodontics	50	%				
Implants	50% to \$1,000 lifetime m	ax per insured, per arch				
Orthodontics	100% to a 3-yea	r max of \$1,500				
Child / Adult Coverage	To ag	je 21				

IMPORTANT: This summary is for illustration purposes only. Please see the Disclosures page for additional information.

ASO Current vs. Renewal Comparison

Group Name: BELOIT CITY EMPLOYEES

MPN: 96366

EARLY FINAL

Contract Counts

Health & Rx - Opt A: 3 EMP - 3 ECH - 4 ESP - 8 FAM
Health & Rx - Opt 8: 0 EMP - 1 ECH - 0 ESP - 2 FAM
Health & Rx - Opt C: 0 EMP - 0 ECH - 0 ESP - 0 FAM
Health & Rx - HDMP: 10 EMP - 4 ECH - 5 ESP - 5 FAM
Dental: 13 EMP - 8 ECH - 9 ESP - 15 FAM

Renewal Benefit Summary - See Summary of Charges

Expected Claims Opt A Health and Drugs Dental	INCURRED BASIS Current (9/1/2022 - 8/31/2023) EMP	INCURRED BASIS Proposed (9/1/2023 - 8/31/2024) EMP ECH ESP FAM \$439.59 \$80.25 \$944.72 \$1,395.38 \$37.29 \$80.92 \$80.02 \$123.52	% Adjusted 9.10% 10.93%
Total	\$436.57 \$888.91 \$938.13 \$1,390.43	\$476.88 \$971.17 \$1,024.74 \$1,519.00	9.24%
Opt B Health and Drugs Dental	EMP ECH ESP FAM \$394.03 \$797.93 \$846.75 \$1,250.65 \$33.64 \$72.90 \$72.19 \$111.42 \$427.67 \$870.83 \$918.94 \$1,362.07	EMP ECH ESP FAM \$429.68 \$870.41 \$923.63 \$1,364.36 \$37.29 \$80.92 \$80.02 \$123.62 \$466.97 \$951.33 \$1,003.65 \$1,487.98	9.09% 10.96% 9.24%
Total	\$427.67 \$870.83 \$918.94 \$1,362.07	\$400.91 \$951.55 \$1,005.05 \$1,401.95	9.24%
<u>Qpt €</u> Health and Drugs Dental	EMP ECH ESP FAM \$386.76 \$783.52 \$831.26 \$1,228.03 \$33.64 \$72.90 \$72.19 \$111.42	EMP ECH ESP FAM \$422.26 \$855.10 \$907.37 \$1,340.51 \$37.29 \$80.92 \$80.02 \$123.62	N/A N/A
Total	\$420.40 \$856.42 \$903.45 \$1,339.45	\$459.55 \$936.02 \$987.39 \$1,464.13	N/A
<u>HDHP</u> Health and Drugs Dental Total	EMP ECH ESP FAM \$383.05 \$735.07 \$779.85 \$1,152.14 \$33.64 \$72.90 \$72.19 \$111.42 \$396.69 \$807.97 \$852.04 \$1,263.56	EMP ECH ESP FAM \$400.77 \$811.34 \$860.91 \$1,271.94 \$37.29 \$80.92 \$80.02 \$123.62 \$438.06 \$892.26 \$940.93 \$1,395.56	10.39% 10.91% 10.44%
Annualized Expected Claims	\$482,689.80	\$529,853.88	9.77%
Administration Expense Stop-Loss: ISL @ \$30,000. ASL @ 125% w/ M A. Total Billed Costs (All products subject to stoploss)	\$49.43 \$49.43 \$49.43 \$49.43 \$287.62 \$583.08 \$618.37 \$913.82 \$337.05 \$632.51 \$667.80 \$963.25	\$49.43 \$49.43 \$49.43 \$49.43 \$384.18 \$778.25 \$825.99 \$1,220.03 \$433.61 \$827.68 \$875.42 \$1,269.46	0.00% 33.52% 31.03%
Total cost @ 100% expected level - Opt A Total cost @ 100% expected level - Opt B Total cost @ 100% expected level - Opt C Total cost @ 100% expected level - HDHP Percent of Increase @ 100% expected level - Opt A Percent of Increase @ 100% expected level - Opt B Percent of Increase @ 100% expected level - Opt C Percent of Increase @ 100% expected level - HDHP	\$773.62 \$1,521.42 \$1,605.93 \$2,353.68 \$764.72 \$1,503.34 \$1,586.74 \$2,325.32 \$757.45 \$1,488.93 \$1,571.25 \$2,302.70 \$733.74 \$1,440.48 \$1,519.84 \$2,226.81	\$910.49 \$1,798.85 \$1,800.16 \$2,788.46 \$900.58 \$1,779.01 \$1,879.07 \$2,757.44 \$893.16 \$1,763.70 \$1,862.81 \$2,733.59 \$871.67 \$1,719.94 \$1,816.35 \$2,565.02 \$17.69% \$18.23% \$18.32% \$18.47% \$17.77% \$18.34% \$18.42% \$18.98% \$18.98% \$19.89% \$19.89% \$19.51% \$19.58%	18.35% 18.52% N/A 19.38%

Early Final

BELOIT CITY EMPLOYEES Group Name: Effective Period: 9/1/2023 - 8/31/2024

MPN: 96366

** Renewal Benefit **

1. Benefit Summary

** Opt A **

BlueEdge Comprehensive Major Medical \$500/\$1,000 deductible; 80/20 to MOOP; No deductible carryover; \$35 Primary OVC/\$70 Specialist OVC; First routine eye exam subject to primary copay; others subject to specialist copay; \$300 Lab/Xray rider; \$250 ER copay (then subject to deductible and coins.); Telemedicine; Accidents subject to copay, deductible and coins.: HCR Full Preventive Care; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity: Embedded Home Social Work Visits/Hospice Unlimited; Excludes Elective Abortions; Includes Autism Coverage; BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 copay with Mail Order (21/2 x Copay) with ResultsRx formulary; Generic Mandatory, doctor can override, no penalty for brand drugs on the NTI list; Mandatory Designated Specialty Pharmacy; Extended Supply Network; Combined Health/Drug Out-of-Pocket Maximum is \$5,000/\$10,000; Building Block Dental 100/50/50/100 with \$1,500 Benefit Maximum Ortho Rider, No Waiting Period on Major Services (Rider A & B), Unlimited **Annual Benefit Maximum**

MH/SUD office visit claims must take the primary copay.

Monthly Expected Claims Incurred Basis A) Health and Drugs	EMP 439.59	<u>ECH</u> 890.25	<u>ESP</u> 944.72	<u>FAM</u> 1,395.38	
Includes Estimated Value Based Serv				,	
B) Dental	37.29 \$476.88	<u>80.92</u> \$971.17	<u>80.02</u> \$1,024.74	123.62 \$1,519.00	Rate ID Type 18
2A. Annualized Expected Claims*		\$529,8	53.88		
2B. Aggregate Attachment Point @ 125%* * Initial Aggregate Attachment Point will be based on fir	st month's enrollment	\$662,3	17.35		
3. Monthly Billed Charges					
A) Administration Expense	49.43	49.43	49.43	49.43	
B) Aggregate Stop-Loss @ 125% w/ Monthly Aggregate	22.71	45.95	48.83	72.06	
C) Individual Stop-Loss @ \$30,000	361.47	732.30	777.16	1,147.97	
5, 5 5 V V V	\$433.61	\$827.68	\$875.42	\$1,269.46	
3A. Annualized Billed Charges*		\$470,1	148.60		
4. Total Monthly Liability at Expected 4A. Annualized Liability at Expected*	\$910.49	\$1,798.85 \$1,000 ,	\$1,900.16 , 002.48	\$2,788.46	
5. Total Monthly Liability at 125% 5A. Annual Liability at 125%	\$1,029.71	\$2,041.64 \$1,132 ,	\$2,156.35 ,465.95	\$3,168.21	
	Agreemer	nt to return 80%	of the 2023 con	tract	7
*Based On Contract Counts of	year re	bates to be dist	ributed quarterly	<i>ı</i>	_

Health & Rx - Opt A: 3 EMP - 3 ECH - 4 ESP - 8 FAM Health & Rx - Opt B: 0 EMP - 1 ECH - 0 ESP - 2 FAM Health & Rx - Opt C: 0 EMP - 0 ECH - 0 ESP - 0 FAM Health & Rx - HDHP: 10 EMP - 4 ECH - 5 ESP - 5 FAM

Dental: 13 EMP - 8 ECH - 9 ESP - 15 FAM

*** Annualized Figures are a Total of all Options ***

Copay Maximization Program: Program processing fee of \$125-150 per claim will be assessed via quarterly billing on the ASO cover letter.

^{***} HCR GRANDFATHERED GROUP: NO ***

^{***} MEETS MINIMUM VALUE: Y ***

ASO - Summary of Charges

Early Final

Group Name: Effective Period: BELOIT CITY EMPLOYEES

9/1/2023 - 8/31/2024

MPN: 96366

** Renewal Benefit **

1. Benefit Summary

** Opt B **

BlueEdge Comprehensive Major Medical \$1,000/\$2,000 deductible; 80/20 to MOOP; No deductible carryover; \$35 Primary OVC/\$70 Specialist OVC; First routine eye exam subject to primary copay; others subject to specialist copay; \$300 Lab/Xray rider; \$250 ER copay (then subject to deductible and coins.); Telemedicine; Accidents subject to copay, deductible and coins.; HCR Full Preventive Care; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity; Embedded Home Social Work Visits/Hospice Unlimited; Excludes Elective Abortions; Includes Autism Coverage; BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 copay with Mail Order (2½ x Copay) with ResultsRx formulary; Generic Mandatory, doctor can override, no penalty for brand drugs on the NTI list; Mandatory Designated Specialty Pharmacy; Extended Supply Network; Combined Health/Drug Out-of-Pocket Maximum is \$5,000/\$10,000; Building Block Dental 100/50/50/100 with \$1,500 Benefit Maximum Ortho Rider, No Waiting Period on Major Services (Rider A & B), Unlimited Annual Benefit Maximum

MH/SUD office visit claims must take the primary copay.

Monthly Expected Claims Incurred Basis A) Health and Drugs	<u>EMP</u> 429.68	<u>ECH</u> 870.41	ESP 923.63	<u>FAM</u> 1,364.36	
Includes Estimated Value Based Services of \$	0.35 CPC.				
B) Dental	37.29	80.92	80.02	123.62	
	\$466.97	\$951.33	\$1,003.65	\$1,487.98	Rate ID Type 18
2A. Annualized Expected Claims*		\$529,8	53.88		
2B. Aggregate Attachment Point @ 125%*		\$662,3	17.35		
* Initial Aggregate Attachment Point will be based on first month	h's enrollment				
3. Monthly Billed Charges					
A) Administration Expense	49.43	49.43	49.43	49.43	
B) Aggregate Stop-Loss @ 125% w/ Monthly Aggregate	22.71	45,95	48.83	72.06	
C) Individual Stop-Loss @ \$30,000	361.47	732.30	777.16	1,147.97	
, , ,	\$433.61	\$827.68	\$875.42	\$1,269.46	
3A. Annualized Billed Charges*	\$470,148.60				
4. Total Monthly Liability at Expected 4A. Annualized Liability at Expected*	\$900.58	\$1,779.01 \$1,000 ,	\$1,879.07 002.48	\$2,757.44	
5. Total Monthly Liability at 125% 5A. Annual Liability at 125%	\$1,017.32	\$2,016.84 \$1,132 ,	\$2,129.98 465.95	\$3,129.44	
	Agreement to return 80% of the 2023 contract				

*Based On Contract Counts of

Health & Rx - Opt A: 3 EMP - 3 ECH - 4 ESP - 8 FAM Health & Rx - Opt B: 0 EMP - 1 ECH - 0 ESP - 2 FAM Health & Rx - Opt C: 0 EMP - 0 ECH - 0 ESP - 0 FAM Health & Rx - HDHP: 10 EMP - 4 ECH - 5 ESP - 5 FAM

Dental: 13 EMP - 8 ECH - 9 ESP - 15 FAM

year rebates to be distributed quarterly.

Copay Maximization Program: Program processing fee of \$125-150 per claim will be assessed via quarterly billing on the ASO cover letter.

^{***} Annualized Figures are a Total of all Options ***

^{***} HCR GRANDFATHERED GROUP: NO ***
*** MEETS MINIMUM VALUE: Y ***

ASO - Summary of Charges

Early Final

Group Name: Effective Period: **BELOIT CITY EMPLOYEES**

9/1/2023 - 8/31/2024

MPN: 96366

** Renewal Benefit **

** Opt C **

1. Benefit Summary

BlueEdge Comprehensive Major Medical \$1,500/\$3,000 deductible; 80/20 to MOOP; No deductible carryover; \$35 Primary OVC/\$70 Specialist OVC; First routine eye exam subject to primary copay; others subject to specialist copay; \$300 Lab/Xray rider; \$250 ER copay (then subject to deductible and coins.); Telemedicine; Accidents subject to copay, deductible and coins.; HCR Full Preventive Care; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity: Embedded Home Social Work Visits/Hospice Unlimited; Excludes Elective Abortions; Includes Autism Coverage; BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 copay with Mail Order (21/2 x Copay) with ResultsRx formulary; Generic Mandatory, doctor can override, no penalty for brand drugs on the NTI list; Mandatory Designated Specialty Pharmacy; Extended Supply Network; Combined Health/Drug Out-of-Pocket Maximum is \$5,000/\$10,000; Building Block Dental 100/50/50/100 with \$1,500 Benefit Maximum Ortho Rider, No Waiting Period on Major Services (Rider A & B), Unlimited Annual Benefit Maximum

MH/SUD office visit claims must take the primary copay.

Monthly Expected Claims Incurred Basis A) Health and Drugs	<u>EMP</u> 422.26	ECH 855.10	<u>ESP</u> 907.37	<u>FAM</u> 1,340.51	
Includes Estimated Value Based Service	es of \$0.35 CPC.				
B) Dental	37.29	80.92	80.02	123.62	
	\$459.55	\$936.02	\$987.39	\$1,464.13	Rate ID Type 18
2A. Annualized Expected Claims*		\$529,8	53.88		
2B. Aggregate Attachment Point @ 125%* * Initial Aggregate Attachment Point will be based on first month's enrollment \$662,317.35					
3. Monthly Billed Charges					
A) Administration Expense	49.43	49.43	49.43	49.43	
B) Aggregate Stop-Loss @ 125% w/ Monthly Aggregate	22.71	45.95	48.83	72.06	
C) Individual Stop-Loss @ \$30,000	361.47	732.30	777.16	1,147.97	
	\$433.61	\$827.68	\$875.42	\$1,269.46	
3A. Annualized Billed Charges* \$470,148.60					
4. Total Monthly Liability at Expected 4A. Annualized Liability at Expected*	\$893.16	\$1,763.70 \$1,000 ,	\$1,862.81 002.48	\$2,733.59	
5. Total Monthly Liability at 125% 5A. Annual Liability at 125%	\$1,008.05	\$1,997.71 \$1,132 ,	\$2,109.66 465.95	\$3,099.62	
*Based On Contract Counts of	Agreement to return 80% of the 2023 contract year rebates to be distributed quarterly.				

Health & Rx - Opt A: 3 EMP - 3 ECH - 4 ESP - 8 FAM Health & Rx - Opt B: 0 EMP - 1 ECH - 0 ESP - 2 FAM Health & Rx - Opt C: 0 EMP - 0 ECH - 0 ESP - 0 FAM Health & Rx - HDHP: 10 EMP - 4 ECH - 5 ESP - 5 FAM

Dental: 13 EMP - 8 ECH - 9 ESP - 15 FAM

*** Annualized Figures are a Total of all Options ***

Copay Maximization Program: Program processing fee of \$125-150 per claim will be assessed via quarterly billing on the ASO cover letter.

^{***} HCR GRANDFATHERED GROUP: NO *** *** MEETS MINIMUM VALUE: Y ***

** HDHP **

Early Final

Group Name: Effective Period: BELOIT CITY EMPLOYEES 9/1/2023 - 8/31/2024

MPN: 96366

** Renewal Benefit **

1. Benefit Summary

Blue Edge HDHP Comprehensive Major Medical \$3,000/\$6,000 deductible; coins. @ 100%; No deductible carryover; Telemedicine; Accidents subject to deductible; HCR Full Preventive Care; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity; Embedded Home Social Work Visits/Hospice Unlimited; Excludes Elective Abortions; Includes Autism Coverage; Integrated Drugs (Pharmacy submit) until deductible met then BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 with copay Mail Order (2½ x Copay) with ResultsRx formulary; Generic Mandatory, doctor

can override, no penalty for brand drugs on the NTI list; Mandatory Designated Specialty Pharmacy; Extended Supply Network; Combined Health/Drug Out-of-Pocket Maximum is \$6,350/\$12,700; Building Block Dental 100/50/50/100 with \$1,500 Benefit Maximum Ortho Rider, No Waiting Period on Major Services (Rider A & B), Unlimited Annual Benefit Maximum

EMP	ECH	ESP	FAM	
	811.34	860.91	1,271.94	
	00.00	00.00	400.00	
				0.1.10 7 .40
\$438.00	\$892.20	\$940.93	\$1,395.56	Rate ID Type 18
	\$529,8	53.88		
	\$ 662,3°	17.35		
enrollment				
49.43	49,43	49.43	49.43	
22,71	45.95	48.83	72.06	
\$433,61	\$827.68	\$875.42	\$1,269.46	
3A. Annualized Billed Charges* \$470,148.60				
\$871.67	\$1.719.94	\$1 816 35	\$2 665 02	
401 1101			V = V = V	
\$981.19	\$1,943.01	\$2,051.58	\$3,013.91	
\$1,132,465.95				
Agreemer	nt to return 80% o	of the 2023 cont	tract	٦
	400.77 35 CPC. 37.29 \$438.06 enrollment 49.43 22.71 361.47 \$433.61 \$871.67 \$981.19	400.77 811.34 35 CPC. 37.29 80.92 \$438.06 \$892.26 \$529,83 \$662,33 enrollment 49.43 49.43 22.71 45.95 361.47 732.30 \$433.61 \$827.68 \$470,1 \$871.67 \$1,719.94 \$1,000,0 \$981.19 \$1,943.01 \$1,132,6	400.77 811.34 860.91 35 CPC. 37.29 80.92 80.02 \$438.06 \$892.26 \$940.93 \$529,853.88 \$662,317.35 enrollment 49.43 49.43 49.43 22.71 45.95 48.83 361.47 732.30 777.16 \$433.61 \$827.68 \$875.42 \$470,148.60 \$871.67 \$1,719.94 \$1,816.35 \$1,000,002.48 \$981.19 \$1,943.01 \$2,051.58 \$1,132,465.95	400.77 811.34 860.91 1,271.94 35 CPC. 37.29 80.92 80.02 123.62 \$438.06 \$892.26 \$940.93 \$1,395.56 \$529,853.88 \$662,317.35 enrollment 49.43 49.43 49.43 49.43 22.71 45.95 48.83 72.06 \$361.47 732.30 777.16 1,147.97 \$433.61 \$827.68 \$875.42 \$1,269.46 \$470,148.60 \$871.67 \$1,719.94 \$1,816.35 \$2,665.02 \$1,000,002.48 \$981.19 \$1,943.01 \$2,051.58 \$3,013.91

*Based On Contract Counts of

Health & Rx - Opt A: 3 EMP - 3 ECH - 4 ESP - 8 FAM Health & Rx - Opt B: 0 EMP - 1 ECH - 0 ESP - 2 FAM Health & Rx - Opt C: 0 EMP - 0 ECH - 0 ESP - 0 FAM Health & Rx - HDHP: 10 EMP - 4 ECH - 5 ESP - 5 FAM

Dental: 13 EMP - 8 ECH - 9 ESP - 15 FAM

year rebates to be distributed quarterly.

^{***} Annualized Figures are a Total of all Options ***

^{***} HCR GRANDFATHERED GROUP: NO ***

^{***} MEETS MINIMUM VALUE: Y ***

ASO Operating Expense / Stop-Loss Rates

Group Name: Effective Period:

BELOIT CITY EMPLOYEES 9/1/2023 - 8/31/2024

Early Final

MPN: 96366

DSY2

FINANCIAL CODE: 005

Cover Letter Type: 1 - MPN Only

** Renewal Benefit **

	M C) N 1	TH L	.YR	AT	ES
--	-----	-------	------	-----	----	----

	GOE le	GOE less Vend Adm (Rate ID Type 03)				Traditional Pricing (Rate ID Type 20)			
	Admin	Administration Expense w/Vend Adm				Cohort C			
	EMP	<u>ECH</u>	ESP	FAM		<u>EMP</u>	<u>ECH</u>	<u>ESP</u>	FAM
Health and Drugs	51.65	51.65	51.65	51.65		(5.00)	(5.00)	(5.00)	(5.00)
Dental	2.78	2.78	2.78	2.78					
	\$54.43	\$54.43	\$54.43	\$54.43	•	(\$5.00)	(\$5.00)	(\$5.00)	(\$5.00)

Hold Admins for 2023 & 2024

Health and Drugs

Dental

Type Benefit 096/496 (Rate ID Type 08)

Individual S-L @ \$30,000 ESP EMP ECH FAM 360.10 729.57 774.22 1,143.67 2.73 2.94 4.30 1.37 \$732.30 \$361.47 \$777.16 \$1,147.97 Type Benefit 096/496 (Rate ID Type 07)

Aggregate S-L @ 125% w/ M.A. **EMP** ESP ECH FAM 66.06 20.80 42.14 44.72 4.11 6.00 1.91 3.81 \$22.71 \$45.95 \$48.83 \$72.06

(All products subject to stoploss)

COUNCIL MEMO

DATE: 6/21/2023

SUBJECT: Ray's Apple Market Electric Upgrade

ORIGINATING DEPARTMENT: Administration

DISCUSSION:

Director of System Operations Steve Krier is needing to purchase a transformer for Ray's Apple Market for their electrical upgrades. The transformer will be the same size as their existing transformer and is approximately \$48,000.00. Since this is not new construction and considered maintenance this would typically fall at the expense of the city. Staff would like feed back from the governing body before it is brought back to council for approval.

Respectfully submitted, Amanda Lomax City Clerk

COUNCIL MEMO PAGE 1 OF 1