



## **FINANCE AND BUDGET COMMITTEE**

Monday, May 17, 2021 at 5:30 PM

### **AGENDA**

*In compliance with the Americans with Disabilities Act, individuals needing special accommodations / during this meeting should notify the City of Dillingham at 907-842-5212 at least three working days before the meeting.*

#### **Virtual Information**

Attend by joining Zoom [www.zoom.us](http://www.zoom.us) :  
<https://us02web.zoom.us/j/87440935681?pwd=UXlJMzJSakQ3R3o2MkFoUFpIRm40UT09>  
Meeting ID 874 4093 5681, participant #, passcode 286013;  
Or dial one of the numbers listed below:  
(346)248-7799 or (669)900-6833

#### **CALL TO ORDER**

#### **ROLL CALL**

#### **APPROVAL OF MINUTES**

- [1.](#) March 22, 2021 Finance & Budget Meeting
- [2.](#) March 26, 2021 Finance & Budget Meeting

#### **APPROVAL OF AGENDA**

#### **STAFF REPORTS**

- [3.](#) April 30, 2021 Financial Report

#### **NEW BUSINESS**

- [4.](#) FY22 Salary Schedule
- [5.](#) Alaska Municipal Health Trust
- [6.](#) AML Sales Tax Collection
7. FY22 Budget

#### **PUBLIC/COMMITTEE COMMENT(S)**

#### **ADJOURNMENT**



## FINANCE AND BUDGET COMMITTEE

Monday, March 22, 2021 at 6:30 PM

### MINUTES

#### CALL TO ORDER

The Finance and Budget Committee met on Monday, March 22, 2021, via Zoom video conference call. Andy Anderson called the meeting to order at 6:30 p.m.

#### ROLL CALL

Committee members present and establishing a quorum (a quorum being four):

Curt Armstrong	Gregg Brelsford	Andy Anderson
Bill Rodawalt	Anita Fuller	Alice Ruby

#### APPROVAL OF MINUTES

1. Adopt Minutes of February 22, 2021, Regular Finance & Budget Committee Meeting

MOTION: Alice Ruby moved and Bill Rodawalt seconded the motion to approve the minutes of February 22, 2021.

VOTING Yea: Alice Ruby, Andy Anderson, Curt Armstrong, Anita Fuller, Gregg Brelsford, Bill Rodawalt

#### APPROVAL OF AGENDA

MOTION: Alice Ruby moved and Curt Armstrong seconded the motion to approve the agenda.

Item 3. FY21 Budget Revision will be moved to the last new business item.

VOTING Yea: Alice Ruby, Andy Anderson, Curt Armstrong, Anita Fuller, Gregg Brelsford, Bill Rodawalt

#### STAFF REPORTS

2. Staff Report

- Audit status, completion proposed next week. State of Alaska has been contacted regarding an extension date.
- Health insurance review opportunity AML AMHT plan, provides different opportunities for health insurance. Research other options with broker to determine if this will be beneficial.
- Property tax assessment notices were mailed March 15. Personal property tax force file fee, option for extended file date being offered.
- Revenue and Expense report reviewed.

#### NEW BUSINESS

3. DCSD FY22 Budget

- State tax levy requirement of 2.65 mils confirmed.
- It was clarified the tax roll referred to is the last certified roll, not the current tax year being worked on. Total obligation for FY22 \$445,413.
- Sales tax city obligation 1%, projected obligation for FY22 \$500,000.

- DCSD increased request based on fund balance transfer, which takes from reserves. Lower attendance, needed salary increases, impact aid and reduced funding has impacted revenues. Cost and expenditures continue to increase, funding has been flat from state and local government.

MOTION: Alice Ruby moved and Anita Fuller seconded the motion to recommend to the council we approve the school appropriation at 1.3 million with the intent to look at that number as we prepare the FY22 budget to consider whether it can be increased.

VOTING Yea: Alice Ruby, Andy Anderson, Curt Armstrong, Anita Fuller, Gregg Brelsford, Bill Rodawalt

4. AML Sales, Alcohol and Lodging Tax collection services

- AML online sales tax program has been successful showing increased revenue.
- AML services have increased and offer to manage all sales tax at 2.5% of collected sales tax. The service includes management of business licenses, and online payment option.
- Consider workshop to delve into the numbers. Invite AML to present program.

5. AML Online Alcohol Tax

- Additional service offered by AML to existing online services, just need to alert AML we wish to add this to the online services.
- We are currently not collecting this tax.

MOTION: Alice Ruby moved and Gregg Brelsford seconded the motion to direct staff to move forward to work with AML on the alcohol tax.

VOTING Yea: Alice Ruby, Andy Anderson, Curt Armstrong, Anita Fuller, Gregg Brelsford, Bill Rodawalt

6. Proposed Investment Procedure

- Formalized process on how to handle investments. Improve how reporting to council cash and investment balances.
- Indicate investment maturity dates, market conditions, and liquidation timing, for reinvestment consideration.
- Current investment accounts reviewed. Scope and range of city cash.
- Who decides what / where to invest? A narrative on the process with a flow chart was recommended.

7. FY21 Budget Revision

- Spreadsheet layout updated, shows budget as adopted, current financials, comparison to FY20, and proposed revisions.
- Shared fisheries tax process to be reviewed for clarification.
- FY21 revenue and expenses reviewed.

A Finance & Budget Committee meeting will be scheduled for Friday, March 26<sup>th</sup> at 1:00 p.m. to finalize the FY21 Budget Revision.

**PUBLIC/COMMITTEE COMMENT(S)**

Alice: Thank you. Stated Anchorage is working toward next round of COVID money. Hoping we have more information regarding potential funding.

Gregg: Noted the great job done by Anita presenting so much information.

Andy: Thanks to Anita.

Bill: Thanked Anita for being helpful.

**ADJOURNMENT**

The meeting adjourned at 8:43 p.m.

\_\_\_\_\_  
Andy Anderson, Chair

ATTEST:

\_\_\_\_\_  
Lori Goodell, City Clerk

Approved: \_\_\_\_\_



## FINANCE AND BUDGET COMMITTEE

Monday, March 26, 2021 at 1:00 PM

### MINUTES

#### CALL TO ORDER

The Finance and Budget Committee met on Friday, March 26, 2021, via Zoom video conference call. Andy Anderson called the meeting to order at 1:00 p.m.

#### ROLL CALL

Committee members present and establishing a quorum (a quorum being four):

Curt Armstrong

Gregg Brelsford

Andy Anderson

Alice Ruby

Anita Fuller

Bill Rodawalt – excused

#### APPROVAL OF AGENDA

MOTION: Anita Fuller moved and Alice Ruby seconded the motion to approve the agenda.

MOTION: Anita Fuller moved and Alice Ruby seconded the motion to add discuss the City Obligation for the City School District appropriation to the agenda.

VOTING the motion to amend passed by unanimous roll call vote.

VOTING the motion to adopt the agenda as amended passed by unanimous roll call vote.

#### UNFINISHED BUSINESS

1. City Obligation for the City School District appropriation
  - Documentation for the 1/6 sales tax obligation was researched.
  - The Alaska Constitution cautions against dedicated funds.
  - The City can appropriate more than the Alaska Statute requirement.
  - The 2001 vote to increase sales tax by 1% language was to generate additional revenues for basic budgetary needs and additional contributions to education.
2. FY21 Budget Revision
  - FY21 Budget Revision No. 1 was reviewed.
  - One update will be made to the ordinance.

MOTION: Alice Ruby moved and Alice Ruby seconded the motion to recommend adoption of Ordinance 2021-05 to the City Council.

MOTION: Anita Fuller moved and Alice Ruby seconded to amend Section 7 to Ambulance Reserve Fund balance will be drawn down by \$225,000 for purchase of major equipment. Go Bond funds of \$270,000 will support the CIP Water Improvement expenditures. General Fund balance will be drawn down by \$155,643.

VOTING the motion to amend passed by unanimous roll call vote.

VOTING the motion to recommend Ordinance 2021-05 as amended passed by unanimous roll call vote.

**PUBLIC/COMMITTEE COMMENT(S)**

A FY21 Budget Revision workshop will be scheduled prior to the April 1, 2021 council meeting.

**ADJOURNMENT**

The meeting adjourned at 2:05 p.m.

\_\_\_\_\_  
Andy Anderson, Chair

ATTEST:

\_\_\_\_\_  
Lori Goodell, City Clerk

Approved: \_\_\_\_\_

City of Dillingham  
 Unaudited Revenues and Expenditures As of April 30, 2021  
 Report does not reflect normal JE postings

Data Collected on:  
 5/14/2021

Section . Item 3.

	<u>Budget - FY21</u>	<u>04/30/21</u> YTD	<u>Percent</u>	<u>04/29/20</u> YTD	<u>INC/(DEC)</u>	Uncollected	% Adj
<b>General Fund Revenues</b>							
General Sales Tax	\$ 3,200,000	\$ 2,198,409	73%	\$ 2,247,766	\$ (49,357)	(4,023.80)	69%
General Sales Tax - Remote	-	143,669		0			
Alcohol Sales Tax	260,000	189,194	73%	232,467	(43,273)		73%
Transient Lodging Sales Tax	85,000	52,695	62%	50,236	2,458	-	62%
Gaming Sales Tax	65,000	47,005	72%	48,756	(1,751)		72%
Tobacco Excise Tax	370,000	248,089	67%	238,391	9,698		67%
Penalty & Interest - Sales Tax	20,000	14,128	71%	14,353	(224)		71%
<b>Total Sales Tax</b>	<b>4,000,000</b>	<b>2,893,188</b>	<b>72%</b>	<b>2,831,968</b>	<b>(82,449)</b>		<b>72%</b>
Real Property Tax	2,119,000	2,121,041	100%	2,101,391	19,650	(131,470.51)	94%
Personal Property Tax	508,000	508,046	100%	514,544	(6,498)	(35,355.41)	93%
Penalty & Interest - Property Tax	65,000	67,529	104%	58,103	9,426		104%
<b>Total Property Taxes</b>	<b>2,692,000</b>	<b>2,696,616</b>	<b>100%</b>	<b>2,674,038</b>	<b>22,578</b>		<b>94%</b>
Telephone Gross Receipts State Tax	65,000	65,065	100%	-	65,065		100%
Raw Fish Tax	475,000	483,876	102%	772,264	(288,388)		102%
Shared Fisheries	9,000	-	0%	110,378	(110,378)		0%
Community Sharing	75,700	78,307	0%	108,732	(30,426)		0%
Payment in Lieu of Taxes (PILT)	484,000	484,325	100%	478,044	6,282		100%
State Jail Contract	535,367	416,525	78%	416,429	97		78%
Ambulance Fees	40,000	17,871	45%	32,800	(14,929)		45%
Lease & Rental Income	35,000	11,070	32%	13,330	(2,260)		32%
Admin Overhead	205,776	149,020	72%	161,964	(12,944)		72%
PERS on Behalf	174,058	184,882	106%	140,609	44,273		106%
PERS Forfeiture Fund	95,000	81,480	86%	78,603	2,877		86%
Other Revenues	204,200	123,135	60%	595,041	(471,906)	-	60%
<b>Total</b>	<b>2,398,101</b>	<b>2,095,557</b>	<b>87%</b>	<b>2,908,194</b>	<b>(812,638)</b>		<b>87%</b>
<b>Total</b>	<b>\$ 9,090,101</b>	<b>\$ 7,685,360</b>	<b>85%</b>	<b>\$ 8,414,200</b>	<b>\$ (872,508)</b>		<b>83%</b>
<b>Special Revenue &amp; Other Funds Revenue</b>							
	9,186,382						
Water	228,744	186,816	82%	193,064	(6,248)	(25,640.56)	70%
Sewer	464,244	372,969	80%	340,708	32,261	(34,614.76)	73%
Landfill	323,675	245,171	76%	188,019	57,152	(4,465.00)	74%
Port - Dock	780,186	553,115	71%	696,612	(143,497)	(11,764.23)	69%
Port - Harbor	142,762	57,627	40%	80,443	(22,816)	-	40%
Asset Forfeiture Fund	-	34		11,874	(11,840)		0%
E-911 Service	75,000	49,560	66%	56,470	(6,910)		66%
Senior Center (Non-Grant)	34,119	28,896	85%	31,533	(2,636)		85%
Senior Center (Grant)	149,245	111,127	74%	91,417	19,710		74%
Library (Grants)	82,052	64,392	78%	70,218	(5,826)		78%
Debt Service	50,000	53,742	107%	313,497	(259,755)		
Mary Carlson Estate	4,000	3,386	85%	13,859	(10,473)		85%
<b>Total</b>	<b>\$ 2,334,027</b>	<b>\$ 1,726,836</b>	<b>74%</b>	<b>\$ 2,087,715</b>	<b>\$ (360,879)</b>		<b>71%</b>

City of Dillingham  
 Unaudited Revenues and Expenditures As of April 30, 2021  
 Report does not reflect normal JE postings

Data Collected on:  
 5/14/2021

Section . Item 3.

	<u>Budget - FY21</u>	<u>04/30/21</u> YTD	<u>Percent</u>	<u>04/29/20</u> YTD	<u>INC/(DEC)</u>
<b>Transfers</b>					
<i>From General Fund to Other Funds</i>					
Water	-	-		-	-
Landfill	314,584	128,356	41%	356,699	(228,344)
Senior Center	147,413	114,191	77%	104,214	9,977
Ambulance Reserve	40,000	17,871	45%	60,000	(42,129)
Equipment Replacement	-	8,247		-	
Capital Projects	377,000	373,987	99%	228,916	145,071
Debt Service SRF Loans	68,000	-	0%	-	
Debt Service School Bond	1,061,550	854,433	80%	578,878	275,555
Debt Service Firehall Bond	47,000	47,000	100%	13,798	33,202
Debt Service Streets Bond	186,500	236,500	127%	72,594	163,906
<i>From Dock Fund to Harbor Funds</i>					
Port - Harbor	78,786	86,470	110%	74,268	12,202
Port - Harbor - Ice Machine	-	-	0%	-	-
Port - Harbor - Bathhouse	13,500	11,002	81%	9,958	1,044
<i>From Department to Department</i>					
Transfer from E911	51,000	25,500	50%	-	25,500
<b>Total</b>	<b>\$ 2,385,333</b>	<b>\$ 1,903,557</b>	<b>80%</b>	<b>\$ 1,499,325</b>	<b>\$ 395,984</b>
<b>Total Revenues &amp; Transfers</b>	<b>\$ 13,809,461</b>	<b>\$ 11,315,753</b>	<b>82%</b>	<b>\$ 12,001,240</b>	<b>\$ (837,403)</b>



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<b>EXPENDITURES:</b>					
<b>General Fund Expenditures</b>					
City Council	\$ 32,950	\$ 26,071	79%	\$ 26,067	\$ 4
City Clerk	125,413	90,954	73%	101,443	(10,489)
Administration	334,659	258,382	77%	226,081	32,301
Finance	665,770	521,452	78%	510,723	10,730
Legal	60,000	25,906	43%	30,647	(4,741)
Insurance	277,057	220,133	79%	171,715	48,418
Non-Departmental	112,700	66,608	59%	93,904	(27,296)
Planning	248,934	156,232	63%	116,238	39,994
Foreclosures	2,000	873	44%	6,926	(6,053)
IT	189,303	118,123	62%	130,175	(12,052)
Meeting Hall above Fire Station	800	584	73%	2,033	(1,449)
Public Safety Administration	140,580	112,040	80%	13,807	98,232
Dispatch	443,738	329,974	74%	422,297	(92,323)
Patrol	895,270	535,667	60%	648,140	(112,472)
Corrections	627,058	476,233	76%	517,674	(41,441)
DMV	48,152	41,910	87%	37,038	4,872
Animal Control Officer	107,201	86,144	80%	83,243	2,901
Fire	302,918	136,128	45%	220,638	(84,510)
EOC	40,000	32,542		5,712	26,830
Fire Department Checking	0	105		106	
Public Works Administration	219,326	161,046	73%	174,391	(13,345)
Building and Grounds	305,780	193,550	63%	218,867	(25,317)
Shop	557,440	402,077	72%	342,621	59,457
Street	451,017	335,020	74%	301,386	33,634
Library	111,144	96,585	87%	93,455	3,130
City School	1,300,000	1,300,000	100%	1,300,000	-
Transfers to Other Funds	2,242,047	1,780,584	79%	1,342,475	438,109
<b>Total</b>	<b>\$ 9,841,257</b>	<b>\$ 7,504,927</b>	<b>76%</b>	<b>\$ 7,137,804</b>	<b>\$ 367,124</b>
<b>Special Revenue Funds Expenditures</b>					
Water	214,964	171,881	80%	179,836	(7,955)
Sewer	256,057	179,762	70%	195,189	(15,427)
Landfill	638,259	373,526	59%	583,793	(210,266)
Port - Dock	756,494	539,826	71%	593,116	(53,290)
Port - Harbor	235,048	155,066	66%	196,102	(41,035)
Asset Forfeiture Fund	-	-		-	-
E-911 Service	51,000	25,500	50%	-	25,500
Senior Center (Non-Grant)	181,532	142,839	79%	149,351	(6,512)
Senior Center (Grant)	149,245	121,892	82%	114,191	7,701
Library (Grants)	82,052	68,049	83%	72,520	(4,471)
Debt Service SRF Loans	68,000	-		-	-

**City of Dillingham**  
**Unaudited Revenues and Expenditures As of April 30, 2021**  
**Report does not reflect normal JE postings**

**Data Collected on:**  
 5/14/2021

Section . Item 3.

	<u>Budget - FY21</u>	<u>04/30/21</u> YTD	Percent	<u>04/29/20</u> YTD	INC/(DEC)
Debt Service School Bond	1,061,550	908,175	86%	892,375	15,800
Debt Service Firehall Bond	47,000	47,000	100%	42,673	4,327
Debt Service Streets Bond	236,500	236,500	100%	235,594	906
Ambulance Reserve Fund	267,000	261,715	98%	14,617	247,099
Equipment Replacement	-	8,247		-	
Mary Carlson Estate	2,146	2,083	97%	1,521	562
<b>Total</b>	<b>\$ 4,246,847</b>	<b>\$ 3,242,061</b>	<b>76%</b>	<b>\$ 3,270,876</b>	<b>\$ (37,062)</b>
	<b>\$ 14,088,104</b>	<b>\$ 10,746,988</b>	<b>76%</b>	<b>\$ 10,408,680</b>	<b>\$ 330,062</b>
<b>Net Increase (Decrease) to Fund Balances</b>	<b>\$ (278,643)</b>	<b>\$ 568,765</b>		<b>\$ 1,592,560</b>	<b>\$ (1,167,465)</b>

City of Dillingham  
 Unaudited Revenues and Expenditures As of April 30, 2021  
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 5/14/2021

Section . Item 3.

	<u>Budget - FY21</u>	<u>04/30/21</u> <u>YTD</u>	<u>Percent</u>	<u>04/29/20</u> <u>YTD</u>	<u>INC/(DEC)</u>
<b>Grant &amp; Bond Revenues</b>					
Grants					
ANTHC-Lagoon	-	6,679		6,679	
State Public Safety	-	-		-	
CARES	-	2,844,435		-	
State MMG 28308-Water Imp	-	479,188		265,687	213,501
SRF Loan - Water	-	431,399		-	
SRF Loan - Landfill	-	28,249		-	
State CARES Public Safety	-	12,986		-	
State SART	-	1,600		800	800
Southern Region EMS	-	360		360	-
Curyung-Ice Machine	-	3,204		719	2,485
VEEP	-	50,000		-	50,000
Alaskan Leaders Fisheries PS Camera Repair	-	2,000		2,000	
BBEDC Intern Program	-	9,818		23,788	(13,970)
BBEDC Training Reimb	-	8,526		3,184	5,342
Bond Investment Income	2,000	-	0%	34,315	(34,315)
Streets	2,900,000	2,000,000	69%	-	2,000,000
FireHall	600,000	-	0%	-	-
<b>Total</b>	<b>\$ 3,502,000</b>	<b>\$ 5,878,443</b>		<b>\$ 337,531</b>	<b>\$ 2,223,843</b>
<b>Grant &amp; Bond Expenditures</b>					
Grants					
ANTHC-Lagoon	-	11,457		-	11,457
State Public Safety	-	4,338		-	
CARES	-	2,371,651		15,954	2,355,697
State MMG 28308-Water Imp	-	693,200		269,229	423,971
SRF Loan - Water	-	431,399		1,518	429,881
SRF Loan - Landfill	-	50,492		227,287	(176,795)
State CARES Public Safety	-	12,986		-	12,986
State SART	-	1,600		2,400	(800)
Southern Region EMS	-	-		-	-
Curyung-Ice Machine	-	3,797		1,145	2,653
VEEP	-	50,000		-	50,000
Alaskan Leaders Fisheries PS Camera Repair	-	2,000		-	2,000
BBEDC Intern Program	-	8,222		22,765	(14,543)
BBEDC Training Reimb	-	8,526		4,010	4,516
Streets	2,900,000	2,977,726	103%	-	2,977,726
FireHall	600,000	613,390	102%	6,885	606,505
<b>Total</b>	<b>\$ 3,500,000</b>	<b>\$ 7,240,784</b>		<b>\$ 551,191</b>	<b>\$ 6,685,255</b>
	<b>\$ 7,002,000</b>	<b>\$ 13,119,227</b>	<b>187%</b>	<b>\$ 888,722</b>	<b>\$ 8,909,098</b>

City of Dillingham  
 Unaudited Revenues and Expenditures As of  
 Report does not reflect normal JE postings

April 30, 2021

Data Collected on:  
 5/14/2021

Section . Item 3.

	<u>Budget - FY21</u>	<u>04/30/21</u> YTD	<u>Percent</u>	<u>04/29/20</u> YTD	<u>INC/(DEC)</u>
<b>Capital Project Funds Revenues</b>					
<b>Total</b>	\$ -	\$ -		\$ -	\$ -
<b>Capital Project Funds Expenditures</b>					
Public Safety Building	5,000	-	0%	-	-
Streets	-	-		14,405	(14,405)
Water Improvements	374,000	373,987	0%	113,866	260,121
Sewer Lagoon Relocation	-	-		20,727	(20,727)
Landfill Groundwater Well	-	-		(55,531)	55,531
Bingman-Harbor cleanup	-	-		129,703	(129,703)
<b>Total</b>	<b>\$ 379,000</b>	<b>\$ 373,987</b>	<b>99%</b>	<b>\$ 223,170</b>	<b>\$ 150,817</b>
	<b>\$ 379,000</b>	<b>\$ 373,987</b>	<b>99%</b>	<b>\$ 223,170</b>	<b>\$ 150,817</b>

	<b>Budget</b>	<b>Actual</b>
General Fund Revenue	\$ 9,090,101	\$ 7,685,360
Special Fund Revenue	\$ 2,334,027	\$ 1,726,836
Transfers In	\$ 2,385,333	\$ 1,903,557
Grant and Bond Revenue	\$ 3,502,000	\$ 5,878,443
CIP Revenue	\$ -	\$ -
	<b>\$ 17,311,461</b>	<b>\$ 17,194,195</b>
General Fund Expenditures	\$ 9,841,257	\$ 7,504,927
Special Fund Expenditures	\$ 4,246,847	\$ 3,242,061
Grant and Bond Expenditures	\$ 3,500,000	\$ 7,240,784
CIP Expenditures	\$ 379,000	\$ 373,987
	<b>\$ 17,967,104</b>	<b>\$ 18,361,759</b>
<b>Net Increase (Decrease) to Fund Bal</b>	<b>\$ (655,643)</b>	<b>\$ (1,167,563)</b>
Amount that will be recoved from Bond investments		\$ 1,591,116
<b>Net Increase (Decrease) to Fund Bal</b>		<b>\$ 423,553</b>

**City of Dillingham  
FY2022 Salary Schedule**

Section . Item 4.

Dillingham City Salary Schedule: 2% increase effective July 1, 2021													Every 2 yrs. Over 10	
Level	Job Title	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	
I	Cooks Helper	11.81	12.05	12.29	12.53	12.78	13.04	13.30	13.57	13.84	14.11	14.40	14.68	
II	Library Aide/Clerk	13.13	13.39	13.66	13.93	14.21	14.50	14.79	15.08	15.38	15.69	16.01	16.33	
III	Sr. Center Cook	14.60	14.89	15.19	15.49	15.80	16.12	16.44	16.77	17.11	17.45	17.80	18.15	
IV	Library Assistant - Seasonal Receptionist Temporary Harbor Intern	16.28	16.61	16.94	17.28	17.62	17.97	18.33	18.70	19.07	19.46	19.85	20.24	
V	Accounting Technician I Senior Center Driver	18.20	18.56	18.94	19.31	19.70	20.09	20.50	20.91	21.32	21.75	22.19	22.63	
VI A	Accounting Technician II Buildings & Grounds Assistant Buildings & Grounds Laborer- Seasonal Dock Assistant Fire Dept Office Assistant Landfill Attendant Seasonal PW Office Asst/Landfill Attendant Harbor Assistant Temporary Laborer Assistant Librarian - Part Time	20.39	20.80	21.21	21.64	22.07	22.51	22.96	23.42	23.89	24.37	24.86	25.35	
VI B	Dispatcher I	20.58	20.99	21.41	21.84	22.28	22.72	23.18	23.64	24.11	24.60	25.09	25.59	
VII A	Accounting Technician III Executive Asst/HR Asst Heavy Equipment Operator Office Supervisor/Heavy Equip Op Dock Asst/Heavy Equipment Op Landfill Operator Water/Wastewater Operator I Fleet Mechanic	22.88	23.34	23.80	24.28	24.77	25.26	25.77	26.28	26.81	27.34	27.89	28.45	
VII B	Animal Control Officer Corrections Officer Dispatcher II DMV Agent/Admin Asst	23.10	23.56	24.03	24.51	25.00	25.50	26.01	26.53	27.07	27.61	28.16	28.72	
VIII A	Bldg & Grounds Foreman Dock Supervisor Landfill Supervisor Librarian - Part Time Water/Wastewater Operator II	25.76	26.28	26.80	27.34	27.88	28.44	29.01	29.59	30.18	30.79	31.40	32.03	
VIII C	Corrections Sergeant Dispatch Supervisor	26.01	26.53	27.06	27.60	28.15	28.72	29.29	29.88	30.47	31.08	31.71	32.34	
VIII B	Police Officer	28.44	29.01	29.59	30.18	30.78	31.40	32.03	32.67	33.32	33.99	34.67	35.36	
IX	Accounting Tech IV Fire Department Coordinator Public Works Foreman Sr. Center Director	29.03	29.61	30.20	30.81	31.42	32.05	32.69	33.35	34.01	34.69	35.39	36.10	
X A	Asst. Finance Director Port Director City Clerk Planning Director	32.80	33.46	34.13	34.81	35.50	36.21	36.94	37.68	38.43	39.20	39.98	40.78	
X B	Police Sergeant	33.12	33.78	34.46	35.15	35.85	36.57	37.30	38.04	38.81	39.58	40.37	41.18	
XI	Finance Director Police Chief Public Works Director	37.14	37.88	38.64	39.41	40.20	41.01	41.83	42.66	43.52	44.39	45.27	46.18	

# Highlights of your Health Care Coverage

City of Dillingham

Group Number: 1039935

Effective Date: 01/01/2021

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

<b>MEDICAL PLAN</b>		<b>PREMERA PREFERRED CHOICE - HP \$3000/20%/\$6000/\$30/\$65</b>	
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<b>MEDICAL COST SHARE OPTIONS</b>			
<b>Individual Deductible PCY</b> (Family embedded deductible 2X Individual)	\$3,000 PCY	\$6,000 PCY	
<b>Coinsurance (Member's percentage of costs after deductible based on allowable charges)</b>	20% Preferred/40% Participating	Hospital and Professional: 60%	
<b>Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable</b> (Family embedded OOP max 2X Individual)	\$6,000 PCY	\$45,000 PCY	
<b>Office Visit Cost Share</b>	\$30 Copay Non Specialist, applies to the Out of Pocket Maximum; \$65 Copay Specialist, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION</b>			
<b>Preventive Office Visit</b> (Unlimited, subject to standard medical guidelines)	Covered in Full	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Immunizations</b> (Unlimited, subject to standard medical guidelines)	Covered in Full	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Health Education (HE)</b> (Unlimited)	Covered in Full	Covered In Full	
<b>Diabetes Health Education (DE)</b> (Unlimited)	Covered in Full	Covered In Full	
<b>PROFESSIONAL CARE</b>			
<b>Professional Office Visit (Includes TeleMedicine)</b>	\$30 Copay Non Specialist, applies to the Out of Pocket Maximum; \$65 Copay Specialist, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>VIRTUAL CARE SERVICES</b>			
<b>Telemedicine - General Medical (Virtual Care Only)</b>	Covered in Full	Not Covered	
<b>Telemedicine - Mental Health (Virtual Care Only)</b>	Subject to Mental Health Outpatient Professional Care In-Network Cost Share	Not Covered	
<b>Telemedicine - Chemical Dependency (Virtual Care Only)</b>	Subject to Chemical Dependency Outpatient Office Visit	Not Covered	
<b>DIAGNOSTIC SERVICE OPTIONS</b>			
<b>Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA</b>	Covered in Full	Out of Network Deductible, then Hospital and Professional: 60%	

<b>MEDICAL PLAN</b>		<b>PREMERA PREFERRED CHOICE - HP \$3000/20%/\$6000/\$30/\$</b>	
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<b>Other Professional Diagnostic Imaging</b>	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Other Professional Diagnostic Laboratory/Pathology</b>	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Diagnostic Mammography</b>	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>FACILITY CARE OPTIONS</b>			
<b>Inpatient Facility</b>	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Inpatient Professional Services</b>	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Outpatient Surgery Facility</b>	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Skilled Nursing Facility</b> (60 days PCY)	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>HOSPICE &amp; HOME HEALTH CARE</b>			
<b>Hospice Inpatient Facility</b> (10 days Inpatient; within the 6 month lifetime maximum)	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Hospice Care (Home Health and Respite)</b> (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Home Health Visits</b> (130 visits PCY)	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>MATERNITY &amp; REPRODUCTIVE CARE</b>			
<b>Contraceptive Management Services</b> (Unlimited)	Covered in Full	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Sterilization - Female</b> (Unlimited)	Covered in Full	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Sterilization - Male</b> (Unlimited)	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>PREMERA DESIGNATED CENTERS OF EXCELLENCE</b>			
<b>Centers of Excellence Packaged Services</b> (Eligible Services Include: Total Joint Replacement (Knee & Hip Replacement), Spine & Gynecology)	Covered in Full	Covered as any other service	
<b>Travel and Care Coordination</b> (See Elective Procedure Travel)	See Elective Procedure Travel	See Elective Procedure Travel	
<b>ALASKA MEDICAL TRANSPORTATION BENEFITS</b>			
<b>Medical Access Transportation</b> (High Option 3 round trips PCY for patient (includes 3 round trips PCY for parent or guardian if pt. under 19 yrs of age))	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred	

<b>MEDICAL PLAN</b>		<b>PREMERA PREFERRED CHOICE - HP \$3000/20%/\$6000/\$30/\$</b>	
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<b>Elective Procedure Travel</b> (Prior Approval Required: Member & Medically Necessary Companion - Air: 1 round-trip per episode; Surface Transportation & Parking: \$35/day; Ferry Transportation \$50 per person each way; Lodging \$50/day per person)	Covered in Full	Travel: Covered In Full; Medical Procedures: covered as any other service	
<b>EMERGENCY CARE</b>			
<b>Emergency Care (If applicable, waive copay if admitted to inpatient facility)</b>	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	
<b>Emergency Room Physician</b>	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred	
<b>Urgent Care Center</b>	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Ambulance Transportation</b> (Unlimited)	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	
<b>Non-Emergent Ground Ambulance</b> (Unlimited)	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	
<b>Air Ambulance</b> (Unlimited)	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	\$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred	
<b>Non-Emergent Air Ambulance</b> (Unlimited)	\$100 Copay, applies to the Out of Pocket Maximum; then In Network Deductible, 20% Preferred/40% Participating	Out of Network Deductible, then 60%	
<b>ALTERNATIVE CARE</b>			
<b>Acupuncture</b> (12 visits PCY)	\$30 Copay Non Specialist, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Manipulations (Spinal and other)</b> (12 visits PCY)	\$30 Copay Non Specialist, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>CHEMICAL DEPENDENCY &amp; MENTAL HEALTH</b>			
<b>Chemical Dependency Inpatient Facility Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Chemical Dependency Outpatient Professional Care</b> (Unlimited)	\$30 Copay Non Specialist, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Mental Health Inpatient Facility Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Mental Health Outpatient Professional Care</b> (Unlimited)	\$30 Copay Non Specialist, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>REHABILITATION &amp; NEURO</b>			



<b>MEDICAL PLAN</b>		<b>PREMERA PREFERRED CHOICE - HP \$3000/20%/\$6000/\$30/\$</b>	
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<b>Rehab Inpatient Facility</b> (30 days PCY)	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac &amp; Pulmonary Rehab.; and Chronic Pain</b> (45 visits PCY)	\$65 Copay Specialist, applies to the Out of Pocket Maximum	Out of Network Deductible, then Hospital and Professional: 60%	
<b>OTHER SERVICES</b>			
<b>Allergy/Therapeutic Injections</b>	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Medical Supplies, Equipment, Prosthetics</b> (MS: Unlimited, ME: Unlimited, Pro: Unlimited)	In Network Deductible, then 20% Preferred/40% Participating	Out of Network Deductible, then Hospital and Professional: 60%	
<b>Transplants</b> (Unlimited; \$75,000 donor and \$7,500 travel and lodging limits)	Covered as any other service	Not Covered	
<b>SUPPLEMENTAL BENEFITS</b>			
<b>Routine Vision Exam</b> (1 PCY; \$350 PCY, shared with Vision Hardware)	Waive In Network Deductible, then 10%	Waive In Network Deductible, then 10%	
<b>Vision Hardware</b> (1 set of frames every 2 consecutive years, \$90 max; 1 pair of lenses PCY; contacts \$170 PCY max; Vision Exam/Test and Hardware \$350 PCY max)	Covered in Full	Covered In Full	
<b>Pediatric Vision Exam</b> (1 PCY Under age 19)	Subject to Office Visit Cost Share Non-Specialist	Subject to Office Visit Cost Share Non-Specialist	
<b>Pediatric Vision Hardware</b> (Under age 19: One pair of glasses PCY (frames & lenses). 12 month supply of contacts PCY, in lieu of glasses (frames & lenses).)	Covered in Full	Covered in Full	
<b>Routine Hearing Exam</b> (1 every 2 calendar years)	Waive In Network Deductible, then 20%	Waive In Network Deductible, then 20%	
<b>Hearing Hardware</b> (\$3,000 every 3 calendar years)	Waive In Network Deductible, then 20%	Waive In Network Deductible, then 20%	
<b>ANNUAL PLAN MAXIMUM</b>			
<b>Annual Plan Maximum</b>	Unlimited	Unlimited	

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

Seasonal immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.

Massage therapy must be billed by a licensed physician.

Autism: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

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# Highlights of your Health Care Coverage

City of Dillingham

Group Number: 1039935

Effective Date: 01/01/2021

Below is a brief overview of your Pharmacy Benefits. For more information on your benefits, please refer to your benefit booklets. To find out what tiers apply to a specific medication, refer to our Preferred Drug List in your Pharmacy Packet or at [www.premera.com](http://www.premera.com)

PHARMACY PLAN	PREMERA PREFERRED CHOICE - RX \$10/\$25/\$45/30% - ESSENTIALS
<b>PRESCRIPTION DRUGS</b>	
<b>Drug List</b>	E4 Essentials Formulary Tier 1 = preferred generic Tier 2 = preferred brand Tier 3 = preferred specialty Tier 4 = non-preferred all drugs
<b>Retail Cost Shares</b>	\$10/\$25/\$45/30%
<b>Mail Cost Shares</b>	\$25/\$62.50/\$45/30%
<b>Day Supply</b>	Retail: 90 Days; Mail: 90 Days; Specialty: 30 Days
<b>Individual Deductible PCY</b>	\$0
<b>Family Deductible PCY</b>	No Family Deductible
<b>Out of Network (Non-participating retail pharmacies)</b>	Same as in-network cost share
<b>Out of Pocket Maximum</b>	Applies to the medical out of pocket maximum
<b>Annual Benefit Maximum</b>	Unlimited
<b>Specialty Pharmacy</b>	Mandatory - Exclusive

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

Seasonal immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.

Massage therapy must be billed by a licensed physician.

Autism: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

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# Highlights of your Health Care Coverage

City of Dillingham

Group Number: 1039935

Effective Date: 01/01/2021

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PHARMACY PLAN	PREMERA PREFERRED CHOICE - RX \$15/\$30/\$50/30% - ESSENTIALS
<b>PRESCRIPTION DRUGS</b>	
<b>Drug List</b>	E4 Essentials Formulary Tier 1 = preferred generic Tier 2 = preferred brand Tier 3 = preferred specialty Tier 4 = non-preferred all drugs
<b>Retail Cost Shares</b>	\$15/\$30/\$50/30%
<b>Mail Cost Shares</b>	\$37.50/\$75/\$50/30%
<b>Day Supply</b>	Retail: 90 Days; Mail: 90 Days; Specialty: 30 Days
<b>Individual Deductible PCY</b>	\$0
<b>Family Deductible PCY</b>	No Family Deductible
<b>Out of Network (Non-participating retail pharmacies)</b>	Same as in-network cost share
<b>Out of Pocket Maximum</b>	Applies to the medical out of pocket maximum
<b>Annual Benefit Maximum</b>	Unlimited
<b>Specialty Pharmacy</b>	Mandatory - Exclusive

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

Seasonal immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.

Massage therapy must be billed by a licensed physician.

Autism: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

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# Highlights of your Dental Coverage

City of Dillingham

Group Number: 1039935

Effective Date: 01/01/2021

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

<b>DENTAL PLAN</b>		<b>2020 DOPT \$50-0%/20%/50%/\$1500 BER</b>	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<b>Dental Cost Share</b>			
<b>Individual Deductible</b>	\$50	Shared with In Network	
<b>Family Deductible</b>	\$150	Shared with In Network	
<b>Preventive Cost Share</b>	Covered in Full	Covered In Full	
<b>Basic Cost Share</b>	Deductible, then 20%	Deductible, then 20%	
<b>Major Cost Share</b>	Deductible, then 50%	Deductible, then 50%	
<b>Dental Annual Maximum</b>	\$1,500 PCY	Shared with In Network	
<b>Benefit Enhancement Rider</b>			
<b>Benefit Enhancement Rider</b>	Endodontics & Periodontal Treatment (In Basic)	Endodontics & Periodontal Treatment (In Basic)	

Diagnostic and Preventive Care Services aren't subject to the calendar year deductible. PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

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# City of Dillingham

Based on Current Enrollment  
Effective 7/1/2021.



		Medical	Dental	Vision	Total Monthly	Total Annual
<b>Pref Choice HS \$3,000 PPO</b>	20%	<b>\$63,418.07</b>	<b>\$3,212.65</b>	<b>Included</b>	<b>\$66,630.72</b>	<b>\$799,568.64</b>
<b>AMHT</b>						
Fairweather \$250 PPO	20%	\$80,237.49	\$3,293.50	Included	\$83,530.99	\$1,002,371.88
LeConte \$500 PPO	20%	\$76,968.63	\$3,293.50	Included	\$80,262.13	\$963,145.56
Matanuska \$1,500 PPO	20%	\$71,640.75	\$3,293.50	Included	\$74,934.25	\$899,211.00
Tustamena \$3,000 PPO	30%	\$64,988.46	\$3,293.50	Included	\$68,281.96	\$819,383.52
Aurora \$3,000 H S A	20%	\$62,359.17	\$3,293.50	Included	\$65,652.67	\$787,832.04
Columbia \$5,000 H S A	30%	\$56,050.65	\$3,293.50	Included	\$59,344.15	\$712,129.80

## City of Dillingham

Effective 7/1/2021



Medical Plan Options	CURRENT PLAN	Alaska Municipal Health Trust Plans			
	Premiera Preferred Choice HS \$3,000	Fairweather \$250 PPO	LeConte \$500 PPO	Matanuska \$1,500 PPO	Tustamena \$3,000 PPO
<b>MEDICAL COST SHARES</b>					
Individual Deductible (2x Family)	\$3,000	\$250	\$500	\$1,500	\$3,000
Coinsurance	20%	20%	20%	20%	30%
Individual Out-of-Pocket Maximum (2x Family)	\$6,000	\$2,000	\$3,500	\$5,000	\$8,000
Office Visit - Non Specialist and Specialist	Non-Specialist: \$35 Specialist: \$65	Non-Specialist: \$25 Specialist: \$50	Non-Specialist: \$35 Specialist: \$70	Non-Specialist: \$40 Specialist: \$80	Non-Specialist: \$50 Specialist: \$100
<b>PREVENTIVE CARE &amp; HEALTH EDUCATION</b>					
Preventive Care (Immunizations, Preventative Office Visits, Health Education)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
<b>PROFESSIONAL CARE</b>					
Professional Office Visit	Non-Specialist: \$35 Specialist: \$65	Non-Specialist: \$25 Specialist: \$50	Non-Specialist: \$40 Specialist: \$80	Non-Specialist: \$40 Specialist: \$80	Non-Specialist: \$50 Specialist: \$100
Teladoc	Covered in full	Covered in Full	Covered in full	Covered in full	Deductible, then 30%
<b>DIAGNOSTIC SERVICES</b>					
Preventive X-Ray and Labs - Including Mammogram & PAP	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Professional X-Ray and Labs	20% Deducible Waived	20% Deducible Waived	20% Deducible Waived	20% Deducible Waived	Deductible, then 30%
<b>FACILITY CARE</b>					
Includes Inpatient, Skilled Nursing, and Outpatient Surgery Facilities	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
<b>EMERGENCY CARE</b>					
Emergency Care	\$100, Deductible, then 20%	\$300, Deductible, then 20%	\$300, Deductible, then 20%	\$300, Deductible, then 20%	\$300, Deductible, then 30%
<b>OTHER SERVICES</b>					
Mental Health + Chemical Dependency Inpatient Facility Care	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Mental Health + Chemical Dependency + Office Visit	Non-Specialist: \$35	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$40	Non-Specialist: \$50
Maternity	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Rehab Inpatient Facility 30 days	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Rehab Outpatient Care - ( Occupational Therapy, Physical Therapy, Massage Therapy, etc..) 45 visits	Specialist: \$65	Specialist: \$50	Specialist: \$70	Specialist: \$80	Specialist: \$100



## City of Dillingham

Effective 7/1/2021

Medical Plan Options		CURRENT PLAN	Alaska Municipal Health Trust Plans			
		Premera Preferred Choice HS \$3,000	Fairweather \$250 PPO	LeConte \$500 PPO	Matanuska \$1,500 PPO	Tustamena \$3,000 PPO
<b>ALTERNATIVE CARE</b>						
Manipulations - Spinal and other (12 visits)		Non-Specialist: \$35	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$25	Non-Specialist: \$50
Acupuncture (12 visits)		Non-Specialist: \$35	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$25	Non-Specialist: \$50
Naturopathic		Non-Specialist: \$35	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$25	Non-Specialist: \$50
<b>PHARMACY</b>						
Preventive Rx		Covered in Full	Covered in full	Covered in Full	Covered in Full	Covered in Full
Preferred Generic		\$10	Deductible waived, then 10%	Deductible waived, then 10%	Deductible waived, then 10%	Deductible waived, then 10%
Preferred Brand		\$25	Deductible waived, then 20%	Deductible waived, then 20%	Deductible waived, then 20%	Deductible waived, then 20%
Non-Preferred Drugs		\$45	Deductible waived, then 30%	Deductible waived, then 30%	Deductible waived, then 30%	Deductible waived, then 30%
Preferred Specialty		30%	Deductible waived, then 10% with a \$250 per script maximum	Deductible waived, then 10% with a \$250 per script maximum	Deductible waived, then 10% with a \$250 per script maximum	Deductible waived, then 10% with a \$250 per script maximum
<b>VISION</b>						
<b>ADULT VISION PLAN - MEMBERS 19+</b>			<b>*Note- Exam and hardware limits are separate</b>			
Vision Exams		10% Deductible Waived 1 Exam PCY Max benefit \$350 PCY Frames every 2 yrs	Covered in Full up to \$150 per Calendar Year	Covered in Full up to \$150 per Calendar Year	Covered in Full up to \$150 per Calendar Year	Covered in Full up to \$150 per Calendar Year
Vision Hardware			Covered in Full up to \$300 per Calendar Year	Covered in Full up to \$300 per Calendar Year	Covered in Full up to \$300 per Calendar Year	Covered in Full up to \$300 per Calendar Year
<b>PEDIATRIC VISION PLAN - MEMBERS UNDER 19</b>						
Vision Exam		Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Vision Hardware		1 Pair of Lenses or Frames Covered In Full per Calendar Year	1 Pair of Lenses or Frames Covered In Full per Calendar Year	1 Pair of Lenses or Frames Covered In Full per Calendar Year	1 Pair of Lenses or Frames Covered In Full per Calendar Year	1 Pair of Lenses or Frames Covered In Full per Calendar Year
Employee Only	27	\$971.47	\$1,202.06	\$1,152.90	\$1,073.27	\$973.61
Employee + Spouse	6	\$2,001.26	\$2,704.63	\$2,594.02	\$2,414.85	\$2,190.62
Employee + Child(ren)	3	\$1,797.25	\$2,103.61	\$2,021.77	\$1,878.23	\$1,703.82
Family	7	\$2,827.01	\$3,606.18	\$3,458.70	\$3,219.81	\$2,920.83
<b>Monthly Medical Premium</b>		<b>\$63,418.07</b>	<b>\$80,237.49</b>	<b>\$76,968.63</b>	<b>\$71,640.75</b>	<b>\$64,988.46</b>
<b>Annual Medical Premium</b>		<b>\$761,016.84</b>	<b>\$962,849.88</b>	<b>\$923,623.56</b>	<b>\$859,689.00</b>	<b>\$779,861.52</b>
<b>Percentage Change From Current Medical</b>			<b>27%</b>	<b>21%</b>	<b>13%</b>	<b>2%</b>
<b>Annual Dollar Change From Current Medical</b>			<b>\$201,833.04</b>	<b>\$162,606.72</b>	<b>\$98,672.16</b>	<b>\$18,844.68</b>

## City of Dillingham

Effective 7/1/2021



Medical Plan Options	CURRENT PLAN		
	Premera Preferred Choice HS \$3,000	Aurora \$3,000 HSA	Columbia \$5,000 HSA
<b>MEDICAL COST SHARES</b>			
Individual Deductible (2x Family)	\$3,000	\$3,000	\$5,000
Coinsurance	20%	20%	30%
Individual Out-of-Pocket Maximum (2x Family)	\$6,000	\$6,000	\$7,000
Office Visit - Non Specialist and Specialist	Non-Specialist: \$35 Specialist: \$65	Deductible, then 20%	Deductible, then 30%
<b>PREVENTIVE CARE &amp; HEALTH EDUCATION</b>			
Preventive Care (Immunizations, Preventative Office Visits, Health Education)	Covered in full	Covered in full	Covered in full
<b>PROFESSIONAL CARE</b>			
Professional Office Visit	Non-Specialist: \$35 Specialist: \$65	Deductible, then 20%	Deductible, then 30%
Teladoc	Covered in full	Deductible, then 20%	Deductible, then 30%
<b>DIAGNOSTIC SERVICES</b>			
Preventive X-Ray and Labs - Including Mammogram & PAP	Covered in full	Covered in full	Covered in full
Professional X-Ray and Labs	20% Deductible Waived	Deductible, then 20%	Deductible, then 30%
<b>FACILITY CARE</b>			
Includes Inpatient, Skilled Nursing, and Outpatient Surgery Facilities	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
<b>EMERGENCY CARE</b>			
Emergency Care	\$100, Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
<b>OTHER SERVICES</b>			
Mental Health + Chemical Dependency Inpatient Facility Care	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Mental Health + Chemical Dependency + Office Visit	Non-Specialist: \$35	Deductible, then 20%	Deductible, then 30%
Maternity	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Rehab Inpatient Facility 30 days	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Rehab Outpatient Care - ( Occupational Therapy, Physical Therapy, Massage Therapy, etc..) 45 visits	Specialist: \$65	Deductible, then 20%	Deductible, then 30%



## City of Dillingham

Effective 7/1/2021



		CURRENT PLAN		
Medical Plan Options		Premiera Preferred Choice HS \$3,000	Aurora \$3,000 HSA	Columbia \$5,000 HSA
<b>ALTERNATIVE CARE</b>				
Manipulations - Spinal and other (12 visits)		Non-Specialist: \$35	Deductible, then 20%	Deductible, then 30%
Acupuncture (12 visits)		Non-Specialist: \$35	Deductible, then 20%	Deductible, then 30%
Naturopathic		Non-Specialist: \$35	Deductible, then 20%	Deductible, then 30%
<b>PHARMACY</b>				
Preventive Rx		Covered in Full	Covered in Full	Covered in Full
Preferred Generic		\$10	Deductible, then 20%	Deductible, then 30%
Preferred Brand		\$25	Deductible, then 20%	Deductible, then 30%
Non-Preferred Drugs		\$45	Deductible, then 20%	Deductible, then 30%
Preferred Specialty		30%	Deductible, then 20%	Deductible, then 30%
<b>VISION</b>				
<b>ADULT VISION PLAN - MEMBERS 19+</b>				
Vision Exams		10% Deductible Waived 1 Exam PCY Max benefit \$350 PCY Frames every 2 yrs	Covered in Full up to \$150 per Calendar Year	Covered in Full up to \$150 per Calendar Year
Vision Hardware			Covered in Full up to \$300 per Calendar Year	Covered in Full up to \$300 per Calendar Year
<b>PEDIATRIC VISION PLAN - MEMBERS UNDER 19</b>				
Vision Exam		Covered in Full	Covered in Full	Covered in Full
Vision Hardware		1 Pair of Lenses or Frames Covered In Full per Calendar Year	1 Pair of Lenses or Frames Covered In Full per Calendar Year	1 Pair of Lenses or Frames Covered In Full per Calendar Year
Employee Only	27	\$971.47	\$934.22	\$839.71
Employee + Spouse	6	\$2,001.26	\$2,101.99	\$1,889.35
Employee + Child(ren)	3	\$1,797.25	\$1,634.89	\$1,469.49
Family	7	\$2,827.01	\$2,802.66	\$2,519.13
<b>Monthly Medical Premium</b>		<b>\$63,418.07</b>	<b>\$62,359.17</b>	<b>\$56,050.65</b>
<b>Annual Medical Premium</b>		<b>\$761,016.84</b>	<b>\$748,310.04</b>	<b>\$672,607.80</b>
<b>Percentage Change From Current Medical</b>			<b>-2%</b>	<b>-12%</b>
<b>Annual Dollar Change From Current Medical</b>			<b>-\$12,706.80</b>	<b>-\$88,409.04</b>

# City of Dillingham

Effective 7/1/2021



Family Dental Options				
		Premera Dopt \$50-0%/20%/50%/\$1500 BER	AMHT Foraker Base Plan	AMHT Denali Buy Up Plan
<b>Deductible (only applies to Basic and Major)</b>		\$50 Indiv / \$150 Family	\$50 Indiv / \$150 Family	\$50 Indiv / \$150 Family
<b>Diagnostic &amp; Preventive (Class I)</b> <i>(e.g. cleanings, oral exams, bitewing x-rays)</i>		Covered in Full	Covered in Full	Covered in Full
<b>Basic (Class II)</b> <i>(e.g. fillings, periodontal maintenance, simple extractions)</i>		Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Major (Class III)</b> <i>(e.g. crowns, dentures (Optima only), bridges (Optima only))</i>		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
<b>Maximum Allowance</b>		\$1,500	\$1,500	\$2,000
<b>Enhanced</b>		Periodontal/ Endodontic in Major	Periodontal/ Endodontic in Major	Periodontal/ Endodontic in Basic
<b>Preventive Waived (Class I) from Max Allowance</b>		No	No	Yes
<b>Orthodontia Coverage</b>		No	No	Yes - \$1,500 Lifetime
Employee Only	27	\$46.16	\$47.32	\$52.60
Employee + Spouse	6	\$99.24	\$101.74	\$112.86
Employee + Child(ren)	3	\$101.55	\$104.10	\$128.92
Family	7	\$152.32	\$156.16	\$186.63
<b>Monthly Dental Premium</b>		<b>\$3,212.65</b>	<b>\$3,293.50</b>	<b>\$3,790.53</b>
<b>Annual Dental Premium</b>		<b>\$38,551.80</b>	<b>\$39,522.00</b>	<b>\$45,486.36</b>
<b>Percentage Change From Current Dental</b>			3%	18%
<b>Annual Dollar Change From Current</b>			\$970.20	\$6,934.56



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Member of the National League of Cities and the National Association of Counties

## Overview of AML's Sales Tax Collection Service (STCS)

### Benefits to members

- Frees up member staffing resources to focus on other important duties.
- Competitive 2.5% fee may represent cost savings to members when compared to staffing expenses.
- May result in increased compliance and overall tax collection.
- Program will be managed by experienced sales tax professionals with a background in municipal sales tax administration.

### Services Provided by AML

- Online filing and remittance portal.
- Processing of physical returns and payments as needed.
- Business licensing / registration on behalf of city including issuing renewal notices.
- Access to online portal for city to view monthly / quarterly / annual reported data including:
  - Registered sellers.
  - Gross sales and exempted sales reported by businesses.
  - Sales tax reported & collected.
- Monthly delinquency notices sent to sellers who have failed to file and or pay.
- ACH payment to city from AML of amounts received from sellers, less applicable fees.

### Fees Breakdown

**Fees payable to AML** – these fees will be applied to total municipality receivables including sales tax, late fees, penalties and interest as determined by seller filings processed by AML.

Fee Description	Fee amount
AML Administrative Fee	0.5%
Software Processing & Support Fee	2.0%
<b>Total monthly fee:</b>	<b>2.5%</b>

**Implementation fees** – these fees are payable to AML's 3<sup>rd</sup> party software provider and are one-time costs specific to implementation. Can be paid by AML and spread out within monthly fees.

Fee Description	Fee Amount
Customization of one tax form & workflow	\$2,000
Customization of one licensing form & workflow	\$2,000