



**CITY COUNCIL WORKSESSION AGENDA  
MONDAY, JUNE 15, 2020**

**SPRING LAKE PARK CITY HALL, 1301 81ST AVE NE at 5:30 PM**

- 1. CALL TO ORDER**
- 2. DISCUSSION ITEMS**
  - A. Calls for Service at Legends of Spring Lake Park (*Goodboe-Bisschoff*)
  - B. Rental Housing Regulation Discussion (*Nelson*)
  - C. 2020-21 Health Insurance Renewal (*Buchholtz*)
  - D. SBM JPA Discussion Update (*Buchholtz*)
- 3. REPORT**
  - A. Administrator Report
- 4. ADJOURN**



# Anoka County Central Records

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**Advanced Incident Search for**

**Part 1 & 2 Crimes Search**

**Date Range**

From	To
<input type="text" value="01/01/2020"/>	<input type="text" value="05/27/2020"/>

**Offense Categories**

- ALL OFFENSES
- AGGRAVATED ASSAULT ^
- ARSON v
- ASSAULT - OTHER v
- BURGLARY



**Location (optional)**

**City**

**Officer**

- All Officers
- HAGEN, TERINA ^
- 911 AUDIO, v
- AASE, A.

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# Anoka County Central Records

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**No results found**

# Anoka County Central Records

[Admin](#) [Sign Out](#)

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**Advanced Incident Search for**

**Part 3, 4, & 5 Crimes Search**

**Date Range**

From

To

**Offense(s)**

Filter

**ALL OFFENSES**

- (9833) ALARM - BUSINESS - CHARGEABLE FEE
- (9835) ALARM - RESIDENTIAL - CHARGEABLE FEE
- 2 AM - 6 AM PARKING BAN
- 2-6 AM WINTER PARKING

**Location (optional)**

**City**

**Officer**

**All Officers**

- HAGEN, TERINA
- 911 AUDIO,
- AASE, A.

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## Anoka County Central Records

Advanced Search | Inmate Locator | Public Court Access | Imaging

CASE #	DEPT	LOCATION OF INCIDENT	DATE OF INCIDENT	OFFENSE	OFFICER
<a href="#">20001502</a>	SLP	1066 COUNTY ROAD 10 NE	01/02/2020	MEDICAL	ANTOINE, JOSH D WPD00001
<a href="#">20002119</a>	SLP	1066 COUNTY ROAD 10 NE	01/03/2020	JUVENILE - RUNAWAY	FISKE, KAREN J WPD00010
				FOLLOW UP	FISKE, KAREN J WPD00010
<a href="#">20002672</a>	SLP	1066 COUNTY ROAD 10 NE	01/04/2020	MEDICAL	KRAMER, RICHARD J WPD00019
<a href="#">20003129</a>	SLP	1066 COUNTY ROAD 10 NE	01/04/2020	ALARM - ALL OTHER	LEMKE, DUSTIN M WPD00032
<a href="#">20003146</a>	SLP	1066 COUNTY ROAD 10 NE	01/04/2020	ALARM - ALL OTHER	LEMKE, DUSTIN M WPD00032
<a href="#">20008091</a>	SLP	1066 COUNTY ROAD 10 NE	01/10/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20009472</a>	SLP	1066 COUNTY ROAD 10 NE	01/11/2020	MEDICAL	BROWN, RANDY L WPD00005
<a href="#">20010440</a>	SLP	1066 COUNTY ROAD 10 NE	01/12/2020	DISPUTE - CIVIL	BONESTEEL, MARK A WPD00004
<a href="#">20013072</a>	SLP	1066 COUNTY ROAD 10 NE	01/15/2020	ALARM - FIRE ALARM	IMIG, AARON R WPD00021
<a href="#">20014000</a>	SLP	1066 COUNTY ROAD 10 NE	01/16/2020	COMPLAINTS - NARCOTICS	IMIG, AARON R WPD00021
<a href="#">20015743</a>	SLP	1066 COUNTY ROAD 10 NE	01/18/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20016437</a>	SLP	1066 COUNTY ROAD 10 NE	01/19/2020	MISCELLANEOUS OFFICER	LEMKE, DUSTIN M WPD00032
<a href="#">20019220</a>	SLP	1066 COUNTY ROAD 10 NE	01/23/2020	LIFT ASSIST	LEMKE, DUSTIN M WPD00032
<a href="#">20019554</a>	SLP	1066 COUNTY ROAD 10 NE	01/23/2020	CHECK WELFARE	BROWN, RANDY L WPD00005
				FOLLOW UP	BROWN, RANDY L WPD00005
<a href="#">20019795</a>	SLP	1066 COUNTY ROAD 10 NE	01/23/2020	CHECK WELFARE	IMIG, AARON R WPD00021
<a href="#">20020893</a>	SLP	1066 COUNTY ROAD 10 NE	01/24/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20021324</a>	SLP		01/25/2020	CHECK WELFARE	

<b>CASE #</b>	<b>DEPT</b>	<b>LOCATION OF INCIDENT</b>	<b>DATE OF INCIDENT</b>	<b>OFFENSE</b>	<b>OFFICER</b>
		1066 COUNTY ROAD 10 NE			LONG, MIKE A WPD00013
<a href="#">20021483</a>	SLP	1066 COUNTY ROAD 10 NE	01/25/2020	CHECK WELFARE	LONG, MIKE A WPD00013
				MENTAL HEALTH	LONG, MIKE A WPD00013
<a href="#">20022994</a>	SLP	1066 COUNTY ROAD 10 NE	01/27/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20027457</a>	SLP	1066 COUNTY ROAD 10 NE	02/01/2020	MISCELLANEOUS OFFICER	BROWN, RANDY L WPD00005
<a href="#">20028176</a>	SLP	1066 COUNTY ROAD 10 NE	02/02/2020	MEDICAL	BROWN, RANDY L WPD00005
<a href="#">20028277</a>	SLP	1066 COUNTY ROAD 10 NE	02/02/2020	SUSPICIOUS - PERSON	BROWN, RANDY L WPD00005
<a href="#">20028954</a>	SLP	1066 COUNTY ROAD 10 NE	02/03/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20029265</a>	SLP	1066 COUNTY ROAD 10 NE	02/03/2020	CHECK WELFARE	LEMKE, DUSTIN M WPD00032
<a href="#">20030408</a>	SLP	1066 COUNTY ROAD 10 NE	02/05/2020	SUICIDE THREAT (NO ACTUAL ATTEMPT)	CHLEBECK, DAVID L WPD00007
<a href="#">20031489</a>	SLP	1066 COUNTY ROAD 10 NE	02/06/2020	ALARM - RESIDENTIAL	CHLEBECK, DAVID L WPD00007
<a href="#">20031849</a>	SLP	1066 COUNTY ROAD 10 NE	02/06/2020	MENTAL HEALTH	BROWN, RANDY L WPD00005
				MEDICAL	BROWN, RANDY L WPD00005
<a href="#">20033808</a>	SLP	1066 COUNTY ROAD 10 NE	02/08/2020	911 HANG UP	LEMKE, DUSTIN M WPD00032
<a href="#">20036348</a>	SLP	1066 COUNTY ROAD 10 NE	02/12/2020	DEATH (DOA)	CHLEBECK, DAVID L WPD00007
				DEATH - NATURAL	AKER, MATTHEW R ZPD00002
<a href="#">20036768</a>	SLP	1066 COUNTY ROAD 10 NE	02/12/2020	CHECK WELFARE	LONG, MIKE A WPD00013
<a href="#">20037884</a>	SLP	1066 COUNTY ROAD 10 NE	02/14/2020	INFORMATION	KRAMER, RICHARD J WPD00019
<a href="#">20038131</a>	SLP	1066 COUNTY ROAD 10 NE	02/14/2020	MEDICAL	LONG, MIKE A WPD00013



<b>CASE #</b>	<b>DEPT</b>	<b>LOCATION OF INCIDENT</b>	<b>DATE OF INCIDENT</b>	<b>OFFENSE</b>	<b>OFFICER</b>
<a href="#">20039354</a>	SLP	1066 COUNTY ROAD 10 NE	02/15/2020	ALARM - ALL OTHER	BROWN, RANDY L WPD00005
				SUSPICION - ALL OTHER ACTIVITY	BROWN, RANDY L WPD00005
<a href="#">20041712</a>	SLP	1066 COUNTY ROAD 10 NE	02/18/2020	CHECK WELFARE	LEMKE, DUSTIN M WPD00032
<a href="#">20042186</a>	SLP	1066 COUNTY ROAD 10 NE	02/19/2020	MEDICAL	LONG, MIKE A WPD00013
<a href="#">20042546</a>	SLP	1066 COUNTY ROAD 10 NE	02/19/2020	ALARM - ALL OTHER	BONESTEEL, MARK A WPD00004
<a href="#">20042928</a>	SLP	1066 COUNTY ROAD 10 NE	02/20/2020	MEDICAL	CHLEBECK, DAVID L WPD00007
<a href="#">20043387</a>	SLP	1066 COUNTY ROAD 10 NE	02/20/2020	SUSPICIOUS - VEHICLE	BONESTEEL, MARK A WPD00004
<a href="#">20043491</a>	SLP	1066 COUNTY ROAD 10 NE	02/20/2020	911 HANG UP	KRAMER, RICHARD J WPD00019
<a href="#">20045130</a>	SLP	1066 COUNTY ROAD 10 NE	02/22/2020	MEDICAL	BROWN, RANDY L WPD00005
<a href="#">20046005</a>	SLP	1066 COUNTY ROAD 10 NE	02/23/2020	DISPUTE - CIVIL	IMIG, AARON R WPD00021
<a href="#">20046153</a>	SLP	1066 COUNTY ROAD 10 NE	02/24/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20047043</a>	SLP	1066 COUNTY ROAD 10 NE	02/25/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20048948</a>	SLP	1066 COUNTY ROAD 10 NE	02/27/2020	CHECK WELFARE	CHLEBECK, DAVID L WPD00007
<a href="#">20049944</a>	SLP	1066 COUNTY ROAD 10 NE	02/28/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20050116</a>	SLP	1066 COUNTY ROAD 10 NE	02/28/2020	ACCIDENT - MV PD	IMIG, AARON R WPD00021
<a href="#">20050162</a>	SLP	1066 COUNTY ROAD 10 NE	02/28/2020	MISCELLANEOUS OFFICER	IMIG, AARON R WPD00021
<a href="#">20050608</a>	SLP	1066 COUNTY ROAD 10 NE	02/29/2020	MEDICAL	KRAMER, RICHARD J WPD00019
<a href="#">20051032</a>	SLP	1066 COUNTY ROAD 10 NE	02/29/2020	SUSPICIOUS - PERSON	IMIG, AARON R WPD00021

<b>CASE #</b>	<b>DEPT</b>	<b>LOCATION OF INCIDENT</b>	<b>DATE OF INCIDENT</b>	<b>OFFENSE</b>	<b>OFFICER</b>
<a href="#">20052759</a>	SLP	1066 COUNTY ROAD 10 NE	03/02/2020	MISSING ADULT	IMIG, AARON R WPD00021
<a href="#">20053189</a>	SLP	1066 COUNTY ROAD 10 NE	03/03/2020	JUVENILE - RUNAWAY	LONG, MIKE A WPD00013
<a href="#">20053431</a>	SLP	1066 COUNTY ROAD 10 NE	03/03/2020	ACCIDENT - MV PD	BROWN, RANDY L WPD00005
<a href="#">20053812</a>	SLP	1066 COUNTY ROAD 10 NE	03/03/2020	911 OPEN LINE	LEMKE, DUSTIN M WPD00032
<a href="#">20054233</a>	SLP	1066 COUNTY ROAD 10 NE	03/04/2020	ASSIST OTHER AGENCY - NON LAW ENFORCEMENT	LONG, MIKE A WPD00013
				ALARM - FIRE ALARM	LONG, MIKE A WPD00013
<a href="#">20054711</a>	SLP	1066 COUNTY ROAD 10 NE	03/04/2020	HARASSMENT REPORT	LEMKE, DUSTIN M WPD00032
<a href="#">20054909</a>	SLP	1066 COUNTY ROAD 10 NE	03/05/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20057257</a>	SLP	1066 COUNTY ROAD 10 NE	03/07/2020	PUBLIC NUISANCE - EXCESSIVE NOISE	BONESTEEL, MARK A WPD00004
<a href="#">20057503</a>	SLP	1066 COUNTY ROAD 10 NE	03/08/2020	CHECK WELFARE	CHLEBECK, DAVID L WPD00007
<a href="#">20057885</a>	SLP	1066 COUNTY ROAD 10 NE	03/08/2020	MISCELLANEOUS OFFICER	BROWN, RANDY L WPD00005
<a href="#">20058022</a>	SLP	1066 COUNTY ROAD 10 NE	03/08/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20058636</a>	SLP	1066 COUNTY ROAD 10 NE	03/09/2020	PHONE CALL - DOMESTIC QUESTIONS	IMIG, AARON R WPD00021
<a href="#">20063149</a>	SLP	1066 COUNTY ROAD 10 NE	03/14/2020	DOMESTIC - FAMILY	BONESTEEL, MARK A WPD00004
<a href="#">20063668</a>	SLP	1066 COUNTY ROAD 10 NE	03/15/2020	LIFT ASSIST	LONG, MIKE A WPD00013
<a href="#">20064272</a>	SLP	1066 COUNTY ROAD 10 NE	03/16/2020	FOLLOW UP	KRAMER, RICHARD J WPD00019
<a href="#">20064371</a>	SLP	1066 COUNTY ROAD 10 NE	03/16/2020	MEDICAL	BROWN, RANDY L WPD00005
<a href="#">20065962</a>	SLP	1066 COUNTY ROAD 10 NE	03/18/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20066262</a>	SLP	1066 COUNTY ROAD 10 NE	03/18/2020	LIFT ASSIST	BROWN, RANDY L WPD00005

<b>CASE #</b>	<b>DEPT</b>	<b>LOCATION OF INCIDENT</b>	<b>DATE OF INCIDENT</b>	<b>OFFENSE</b>	<b>OFFICER</b>
<a href="#">20066308</a>	SLP	1066 COUNTY ROAD 10 NE	03/18/2020	VEHICLE - REPOSSESSION	BROWN, RANDY L WPD00005
<a href="#">20067082</a>	SLP	1066 COUNTY ROAD 10 NE	03/20/2020	DOMESTIC - FAMILY	KRAMER, RICHARD J WPD00019
<a href="#">20068512</a>	SLP	1066 COUNTY ROAD 10 NE	03/22/2020	ASSIST - PUBLIC	LONG, MIKE A WPD00013
<a href="#">20069414</a>	SLP	1066 COUNTY ROAD 10 NE	03/23/2020	SUSPICIOUS - PERSON	IMIG, AARON R WPD00021
<a href="#">20069488</a>	SLP	1066 COUNTY ROAD 10 NE	03/24/2020	SUSPICION - ALL OTHER ACTIVITY	KRAMER, RICHARD J WPD00019
				CHECK WELFARE	KRAMER, RICHARD J WPD00019
<a href="#">20069512</a>	SLP	1066 COUNTY ROAD 10 NE	03/24/2020	CHECK WELFARE	KRAMER, RICHARD J WPD00019
<a href="#">20070459</a>	SLP	1066 COUNTY ROAD 10 NE	03/25/2020	MENTAL HEALTH	FISKE, KAREN J WPD00010
<a href="#">20070772</a>	SLP	1066 COUNTY ROAD 10 NE	03/25/2020	CHECK WELFARE	BROWN, RANDY L WPD00005
				MENTAL HEALTH	BROWN, RANDY L WPD00005
				MEDICAL	BROWN, RANDY L WPD00005
<a href="#">20072658</a>	SLP	1066 COUNTY ROAD 10 NE	03/28/2020	MISCELLANEOUS OFFICER	BONESTEEL, MARK A WPD00004
<a href="#">20075141</a>	SLP	1066 COUNTY ROAD 10 NE	04/01/2020	MEDICAL	CHLEBECK, DAVID L WPD00007
<a href="#">20076138</a>	SLP	1066 COUNTY ROAD 10 NE	04/02/2020	ALARM - ALL OTHER	BROWN, RANDY L WPD00005
<a href="#">20078544</a>	SLP	1066 COUNTY ROAD 10 NE	04/05/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20078919</a>	SLP	1066 COUNTY ROAD 10 NE	04/06/2020	MEDICAL	CHLEBECK, DAVID L WPD00007
<a href="#">20080264</a>	SLP	1066 COUNTY ROAD 10 NE	04/08/2020	INFORMATION	KRAMER, RICHARD J WPD00019
<a href="#">20082054</a>	SLP	1066 COUNTY ROAD 10 NE	04/10/2020	MEDICAL	

<b>CASE #</b>	<b>DEPT</b>	<b>LOCATION OF INCIDENT</b>	<b>DATE OF INCIDENT</b>	<b>OFFENSE</b>	<b>OFFICER</b>
					BONESTEEL, MARK A WPD00004
<a href="#">20082126</a>	SLP	1066 COUNTY ROAD 10 NE	04/10/2020	ALARM - RESIDENTIAL	BONESTEEL, MARK A WPD00004
<a href="#">20084909</a>	SLP	1066 COUNTY ROAD 10 NE	04/14/2020	CHECK WELFARE	LONG, MIKE A WPD00013
<a href="#">20085290</a>	SLP	1066 COUNTY ROAD 10 NE	04/15/2020	INFORMATION	KRAMER, RICHARD J WPD00019
<a href="#">20085302</a>	SLP	1066 COUNTY ROAD 10 NE	04/15/2020	INFORMATION	KRAMER, RICHARD J WPD00019
<a href="#">20086931</a>	SLP	1066 COUNTY ROAD 10 NE	04/17/2020	MEDICAL	FISKE, KAREN J WPD00010
<a href="#">20088133</a>	SLP	1066 COUNTY ROAD 10 NE	04/18/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20088958</a>	SLP	1066 COUNTY ROAD 10 NE	04/19/2020	DISPUTE - CIVIL	LEMKE, DUSTIN M WPD00032
<a href="#">20089062</a>	SLP	1066 COUNTY ROAD 10 NE	04/19/2020	DISPUTE - CIVIL	LEMKE, DUSTIN M WPD00032
<a href="#">20090020</a>	SLP	1066 COUNTY ROAD 10 NE	04/20/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20093410</a>	SLP	1066 COUNTY ROAD 10 NE	04/24/2020	MEDICAL	FISKE, KAREN J WPD00010
<a href="#">20095601</a>	SLP	1066 COUNTY ROAD 10 NE	04/26/2020	LIFT ASSIST	LEMKE, DUSTIN M WPD00032
				CHECK WELFARE	LEMKE, DUSTIN M WPD00032
<a href="#">20096788</a>	SLP	1066 COUNTY ROAD 10 NE	04/28/2020	MISCELLANEOUS OFFICER	BONESTEEL, MARK A WPD00004
<a href="#">20096866</a>	SLP	1066 COUNTY ROAD 10 NE	04/28/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20097079</a>	SLP	1066 COUNTY ROAD 10 NE	04/28/2020	SUSPICION - ALL OTHER ACTIVITY	LONG, MIKE A WPD00013
<a href="#">20097555</a>	SLP	1066 COUNTY ROAD 10 NE	04/29/2020	MEDICAL	LONG, MIKE A WPD00013
<a href="#">20098837</a>	SLP	1066 COUNTY ROAD 10 NE	04/30/2020	MEDICAL	BONESTEEL, MARK A WPD00004

<b>CASE #</b>	<b>DEPT</b>	<b>LOCATION OF INCIDENT</b>	<b>DATE OF INCIDENT</b>	<b>OFFENSE</b>	<b>OFFICER</b>
<a href="#">20102671</a>	SLP	1066 COUNTY ROAD 10 NE	05/05/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20103415</a>	SLP	1066 COUNTY ROAD 10 NE	05/06/2020	MEDICAL	KRAMER, RICHARD J WPD00019
<a href="#">20103788</a>	SLP	1066 COUNTY ROAD 10 NE	05/06/2020	LIFT ASSIST	BONESTEEL, MARK A WPD00004
<a href="#">20105245</a>	SLP	1066 COUNTY ROAD 10 NE	05/07/2020	INFORMATION	KRAMER, RICHARD J WPD00019
<a href="#">20105311</a>	SLP	1066 COUNTY ROAD 10 NE	05/08/2020	COMPLAINTS - NARCOTICS	KRAMER, RICHARD J WPD00019
<a href="#">20105735</a>	SLP	1066 COUNTY ROAD 10 NE	05/08/2020	NARCOTICS INFORMATION	BROWN, RANDY L WPD00005
<a href="#">20107740</a>	SLP	1066 COUNTY ROAD 10 NE	05/11/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20109742</a>	SLP	1066 COUNTY ROAD 10 NE	05/13/2020	VEHICLE - TOWED/IMPOUND	BONESTEEL, MARK A WPD00004
<a href="#">20110593</a>	SLP	1066 COUNTY ROAD 10 NE	05/14/2020	ASSIST OTHER AGENCY - LAW ENFORCEMENT	IMIG, AARON R WPD00021
<a href="#">20111841</a>	SLP	1066 COUNTY ROAD 10 NE	05/15/2020	MEDICAL	LONG, MIKE A WPD00013
<a href="#">20112359</a>	SLP	1066 COUNTY ROAD 10 NE	05/15/2020	MEDICAL	IMIG, AARON R WPD00021
<a href="#">20112964</a>	SLP	1066 COUNTY ROAD 10 NE	05/16/2020	MEDICAL	CHLEBECK, DAVID L WPD00007
<a href="#">20113539</a>	SLP	1066 COUNTY ROAD 10 NE	05/17/2020	LIFT ASSIST	CHLEBECK, DAVID L WPD00007
<a href="#">20114003</a>	SLP	1066 COUNTY ROAD 10 NE	05/17/2020	MEDICAL	LEMKE, DUSTIN M WPD00032
<a href="#">20114491</a>	SLP	1066 COUNTY ROAD 10 NE	05/18/2020	PHONE CALL - DOMESTIC QUESTIONS	BROWN, RANDY L WPD00005
<a href="#">20115855</a>	SLP	1066 COUNTY ROAD 10 NE	05/20/2020	MISCELLANEOUS OFFICER	BONESTEEL, MARK A WPD00004
				SOCIAL SERVICES REFERRAL	BONESTEEL, MARK A WPD00004
<a href="#">20119138</a>	SLP		05/23/2020	LIFT ASSIST	

<b>CASE #</b>	<b>DEPT</b>	<b>LOCATION OF INCIDENT</b>	<b>DATE OF INCIDENT</b>	<b>OFFENSE</b>	<b>OFFICER</b>
		1066 COUNTY ROAD 10 NE			CHLEBECK, DAVID L WPD00007
<a href="#">20119358</a>	SLP	1066 COUNTY ROAD 10 NE	05/23/2020	MEDICAL	BONESTEEL, MARK A WPD00004
<a href="#">20119717</a>	SLP	1066 COUNTY ROAD 10 NE	05/23/2020	CHECK WELFARE	KRAMER, RICHARD J WPD00019

Records found: 129

**ORDINANCE NO. 468**

**AN ORDINANCE ESTABLISHING A MORATORIUM ON THE CONVERSION OF RESIDENTIAL PROPERTY TO RENTAL PROPERTY IN THE CITY OF SPRING LAKE PARK**

The Spring Lake Park City Council ordains as follows:

**Section 1. Purpose**

The question of the impact the conversion of residential properties to rental properties has been raised; the Spring Lake Park City Council finds that a moratorium should be placed on the issuance of licenses and/or certificates of occupancy for the conversion of residential properties to rental properties until the City Council can review and establish appropriate standards for rental properties in the City of Spring Lake Park.

**Section 2. Moratorium on issuance of permits or certificates of occupancy**

The Spring Lake Park City Council hereby declares a moratorium, under the authority of Minn. Stat. §462.355, subd. 4, on the issuance of licenses and/or certificates of occupancy for the conversion of residential properties to rental properties within the City.

The moratorium created under this section shall be for 6 months from the adoption of this Ordinance until the City completes its work relating to the purpose of the moratorium; the moratorium may be extended, by ordinance, if the City is not complete with its review within the 6 month period.

**Section 3. Effective date**

This ordinance shall have full force and effect upon its passage and publication.

Passed by the Council of the City of Spring Lake Park, Anoka County, Minnesota, this 15th day of June, 2020.

APPROVED BY:

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Robert Nelson, Mayor

ATTEST:

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Daniel Buchholtz, Administrator, Clerk/Treasurer



# Memorandum

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**To:** Mayor Nelson and Members of the City Council

**From:** Daniel R. Buchholtz, MMC, Administrator, Clerk/Treasurer

**Date:** June 10, 2020

**Subject:** Interim Ordinance Establishing Moratorium on the Conversion of Residential Property to Rental Property

Mayor Nelson requested that an Interim Ordinance be drafted and presented to the City Council placing a 6 month moratorium on the conversion of residential properties to rental within the City limits.

This ordinance would prevent any existing property that has not been previously registered as rental property in the City from becoming a rental property for a period of 6 months. During the next six months, staff will study the impact of rental housing conversions on single family neighborhoods to inform the Council on this issue and to determine if any new regulation is needed.

Because this ordinance deals with residential property, the City Attorney has advised that a public hearing on the proposed ordinance be held prior to adoption.

Staff will provide additional information on the proposed study at the June 15 work session prior to the City Council meeting. If you have any questions, please don't hesitate to contact me at 763-784-6491.





# Memorandum

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**To:** Mayor Nelson and Members of the City Council  
**From:** Daniel R. Buchholtz, MMC, Administrator, Clerk/Treasurer  
**Date:** June 10, 2020  
**Subject:** 2020-21 Health Insurance Renewal

Staff is seeking direction from the City Council on the 2020-21 Health Insurance Renewal.

As you are aware, health insurance is an issue that was brought up during union negotiations this year. The City has an opportunity to switch coverage that could result in a savings for both the City and the employees.

The City currently has its health insurance plans through Health Partners. The current plan design is as follows:

Single: \$3,600 deductible/100% non-embedded HSA plan  
Family: \$3,850/\$7,700 deductible/100% embedded HSA plan

Due to Federal ACA requirements, the deductible will be increasing to \$3,900 for the single plan and \$4,100/\$8,200 for the family plan. Due to language recently negotiated with our three bargaining units, the City splits the increase in deductible and premium on a 50/50 basis with the employees. As such, the City contributes \$3,000/yr to the employee's HSA and between \$550-\$625/year (depending on the selected plan) to an HRA for employees to access. In addition to the deductible, the premium is increasing by 3.6%.

Our insurance broker, AT Group, has identified a plan with Preferred One that would reduce the rate of increase for 2020/21 to 1% and reduce the deductible to \$3,000 individual/\$6,000 family. The provider network is essentially the same. In addition, the plan also has a "Super Tier Connect" that should an employee utilize a more limited network of providers, the deductible would drop to \$1,400 per individual/\$2,800 per family.

We are anticipating this plan change will save the City approximately \$9,500 in premium savings over the plan year and reduce the City's HRA exposure by \$16,500. Employees will see their deductible be reduced by \$900-1,100 (depending on plan). Those with family coverage will also see their premiums held flat, rather than increase by 3.6%.


Because there is no reduction in aggregate value due to this change, the City can make this change without re-opening the contract with the three bargaining units. If the City Council agrees with this change, we will inform the union stewards of the change and hold an employee meeting on the new plan (similar to what we do on an annual basis at the time of renewal).

Information on the current plan and the proposed plan is included with this memorandum. If you have any questions, please don't hesitate to contact me at 763-784-6491.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services


HealthPartners:3900-100 HSA Silver - Perform

Coverage for: Single/Family | Plan Type: PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-883-2177 or visit us at [www.healthpartners.com](http://www.healthpartners.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-883-2177 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	In-network: \$3,900 Individual/\$7,800 Family contract Out-of-network: \$10,000 Individual/\$20,000 Family contract	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Coinsurance</u> marked with * under What You Will Pay and benefits with no charge are not subject to <u>deductible</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	In-network medical/pharmacy: \$3,900 Individual/\$7,800 Family contract Out-of-network medical/pharmacy: \$30,000 Individual/\$60,000 Family contract	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premium</u> , balance-billed charges (unless <u>balanced billing</u> is prohibited), and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.healthpartners.com/performance">http://www.healthpartners.com/performance</a> or call 1-800-883-2177 for a list of <u>in-network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a <b>referral</b> to see a <b>specialist</b> ?	No.	You can see the in-network <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	Primary Office Visit: 0% <u>coinsurance</u> Convenience Care: 0% <u>coinsurance</u> virtuwell: 0% <u>coinsurance</u>	Primary Office Visit: 50% <u>coinsurance</u> Convenience Care: 50% <u>coinsurance</u>	None
	Specialist visit	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition  More information about <u>prescription drug coverage</u> is available at <a href="http://www.healthpartners.com/genericsadvantagerx">www.healthpartners.com/genericsadvantagerx</a>	Generic drugs	Formulary: 0% <u>coinsurance</u> Non-formulary: Not covered	Formulary: 50% <u>coinsurance</u> at retail, mail not covered Non-formulary: Not covered	31 day supply retail/ 93 day supply mail order
	Formulary brand drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u> at retail, mail not covered	
	Non-formulary brand drugs	Not covered	Not covered	
	Specialty drugs	0% <u>coinsurance</u>	Not covered	None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network services apply to the in-network deductible.
	Emergency medical	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network services apply to the in-

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>transportation</u>			network deductible.
	<u>Urgent care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network services apply to the in-network deductible.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance use disorder services</b>	Outpatient services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Inpatient services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you are pregnant</b>	Office visits	No charge	50% <u>coinsurance</u>	Depending on the type of services, a copayment, coinsurance, or deductible may apply.
	Childbirth/delivery professional services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery facility services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	120 visit limit
	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Habilitation services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 120 day maximum
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Hospice services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Respite care is limited to 5 days per episode and respite care and continuous care combined are limited to 30 days.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	50% <u>coinsurance</u>	None
	Children's glasses	0% <u>coinsurance</u>	Not covered	Limit of one pair of eyeglasses or contact lenses per year.
	Children's dental check-up	No charge	50% <u>coinsurance</u>	None

## Excluded Services & Other Covered Services:

### **Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery with the exception of port wine stain removal and reconstructive surgery</li><li>• Dental care (Adult)</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids(Adult)</li><li>• Infertility treatment</li><li>• Long-term care</li></ul> | <ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul> |
|---|--|---|

### **Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Chiropractic care</li></ul> | <ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li></ul> | <ul style="list-style-type: none"><li>• Routine eye care (Adult)</li></ul> |
|---|--|--|

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Your plan at 1-800-883-2177, or the MN Dept of Health at 651-201-5100 / 1-800-657-3916, or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Your plan at 1-800-883-2177 or the MN Dept of Health at 651-201-5100 / 1-800-657-3916.

### **Does this plan provide Minimum Essential Coverage? Yes.**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### **Does this plan meet Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

### **Language Access Services:**


Spanish (Español): Para obtener asistencia en Español, llame al 1-866-398-9119.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-883-2177.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-883-2177.

Navajo (Dine): DineK'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-883-2177.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-883-2177 or visit us at www.healthpartners.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-883-2177 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-network: \$4,100 Individual/\$8,200 Family Out-of-network: \$10,000 Individual/\$20,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Coinsurance marked with * under What You Will Pay and benefits with no charge are not subject to deductible	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-network medical/pharmacy: \$4,100 Individual/\$8,200 Family Out-of-network medical/pharmacy: \$30,000 Individual/\$60,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premium, balance-billed charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.healthpartners.com/performse">http://www.healthpartners.com/performse</a> or call 1-800-883-2177 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the in-network specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	Primary Office Visit: 0% <u>coinsurance</u> Convenience Care: 0% <u>coinsurance</u> virtuwell: 0% <u>coinsurance</u>	Primary Office Visit: 50% <u>coinsurance</u> Convenience Care: 50% <u>coinsurance</u>	None
	Specialist visit	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need drugs to treat your illness or condition</b>  More information about <u>prescription drug coverage</u> is available at <a href="http://www.healthpartners.com/genericsadvantagerx">www.healthpartners.com/genericsadvantagerx</a>	Generic drugs	<u>Formulary</u> : 0% <u>coinsurance</u> Non-formulary: Not covered	<u>Formulary</u> : 50% <u>coinsurance</u> at retail, mail not covered Non-formulary: Not covered	31 day supply retail/ 93 day supply mail order
	Formulary brand drugs	0% <u>coinsurance</u>	50% <u>coinsurance</u> at retail, mail not covered	
	Non-formulary brand drugs	Not covered	Not covered	
	<u>Specialty drugs</u>	0% <u>coinsurance</u>	Not covered	None
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network services apply to the in-network deductible.
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network services apply to the in-network deductible.
	<u>Urgent care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network services apply to the in-network deductible.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance use disorder services	Outpatient services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Inpatient services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you are pregnant	Office visits	No charge	50% <u>coinsurance</u>	Depending on the type of services, a copayment, coinsurance, or deductible may apply.
	Childbirth/delivery professional services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery facility services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need help recovering or have other special health needs	Home health care	0% <u>coinsurance</u>	50% <u>coinsurance</u>	120 visit limit
	Rehabilitation services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Habilitation services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Skilled nursing care	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 120 day maximum
	Durable medical equipment	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Hospice services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Respite care is limited to 5 days per episode and respite care and continuous care combined are limited to 30 days.
If your child needs dental or eye care	Children's eye exam	No charge	50% <u>coinsurance</u>	None
	Children's glasses	0% <u>coinsurance</u>	Not covered	Limit of one pair of eyeglasses or contact lenses per year.
	Children's dental check-up	No charge	50% <u>coinsurance</u>	None

**Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Cosmetic surgery with the exception of port wine stain removal and reconstructive surgery</li> <li>Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids(Adult)</li> <li>Infertility treatment</li> <li>Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing</li> <li>Routine foot care</li> <li>Weight loss programs</li> </ul>

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Your plan at 1-800-883-2177, or the MN Dept of Health at 651-201-5100 / 1-800-657-3916, or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Your plan at 1-800-883-2177 or the MN Dept of Health at 651-201-5100 / 1-800-657-3916.

**Does this plan provide Minimum Essential Coverage? Yes.**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**


Spanish (Español): Para obtener asistencia en Español, llame al 1-866-398-9119.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-883-2177.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-883-2177.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-883-2177.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [PreferredOne.com/policy/22742](http://PreferredOne.com/policy/22742). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [PreferredOne.com/glossary](http://PreferredOne.com/glossary) or call 763.847.4477 / 800.997.1750 to request a copy. You can view the policy for this product by visiting [PreferredOne.com/policy/22742](http://PreferredOne.com/policy/22742).

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In-network providers: <b>\$3,000/\$6,000</b> (individual/family- <b>\$2,800</b> per family member) In-network family <u>deductible</u> is embedded. SuperTier Connect providers: <b>\$1,400/\$2,800</b> (individual/family) Out-of-network providers: <b>\$7,500/\$15,000</b> (individual/family)	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>deductible</u> . See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In-network providers: <b>\$3,000/\$6,000</b> (individual/family- <b>\$3,000</b> per family member) In-network family <u>out-of-pocket limit</u> is embedded. SuperTier Connect providers: <b>\$1,400/\$2,800</b> (individual/family) Out-of-network providers: <b>\$24,000/\$48,000</b> (individual/family)	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket</u> limits until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , balance-billing charges from out-of-network <u>providers</u> , penalties on <u>preauthorization</u> services and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . A <u>network provider</u> is prohibited from billing an enrollee for any amount in excess of the allowable amount the health carrier has contracted for with the <u>provider</u> as total payment for the health care service.

Important Questions	Answers	Why This Matters:
<p>Will you pay less if you use a <a href="#">network provider</a>?</p>	<p>Yes. See <a href="http://PreferredOne.com/find-a-doctor">PreferredOne.com/find-a-doctor</a> or call 763.847.4477/1.800.997.1750 for a list of <a href="#">network providers</a>.</p>	<p>This <a href="#">plan</a> uses a tiered <a href="#">provider network</a>. You will pay the least if you use a <a href="#">provider</a> in the <a href="#">Connect network</a>. You pay more if you use an in-network <a href="#">provider</a>. You will pay the most if you use an <a href="#">out-of-network provider</a>, and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays (balance billing). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.</p>
<p>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</p>	<p>No.</p>	<p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>

\* For more information about limitations and exceptions, see the plan or policy document at PreferredOne.com.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	50% coinsurance	Includes in-network online and convenience care. 15 out-of-network chiropractic visits per year combined with rehabilitation and habilitation visits.
	Specialist visit	0% coinsurance	50% coinsurance	----- None -----
	Preventive care/screening/immunization	No charge (deductible does not apply)	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. Some over-the-counter (OTC) drugs can be obtained with a prescription at the preventive level of coverage.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	50% coinsurance	----- None -----
	Imaging (CT/PET scans, MRIs)	0% coinsurance	50% coinsurance	----- None -----
If you need drugs to treat your illness or condition  More information about <a href="#">prescription drug coverage</a> is available at <a href="#">PreferredOne.com/pharmacy-information/formulary</a>	Generic drugs	Retail: 0% coinsurance Mail: 0% coinsurance	Retail: 50% coinsurance Mail: Not covered	Retail: 31 day supply per prescription. Mail: 93 day supply per prescription. Charges which you are not legally obligated to pay (e.g. manufacturer coupons) cannot be used to satisfy deductible, coinsurance, copays or out-of-pocket amounts.
	Preferred brand drugs	Retail: 0% coinsurance Mail: 0% coinsurance	Retail: 50% coinsurance Mail: Not covered	Retail: 31 day supply per prescription. Mail: 93 day supply per prescription. Charges which you are not legally obligated to pay (e.g. manufacturer coupons) cannot be used to satisfy deductible, coinsurance, copays or out-of-pocket amounts.
	Non-preferred brand drugs	Retail: 0% coinsurance Mail: Not covered	Retail: 50% coinsurance Mail: Not covered	Applies to non-formulary prescriptions. Retail: 31 day supply per prescription. Charges which you are not legally obligated to pay (e.g. manufacturer coupons) cannot be used to satisfy deductible, coinsurance, copays or out-of-pocket amounts.
	Specialty drugs	0% coinsurance	Not covered	31 day supply per prescription. Self administered injectable specialty drugs must be obtained from Fairview Specialty Pharmacy. Prior authorization is recommended. Charges which you are not legally obligated to pay (e.g. manufacturer coupons) cannot be used to satisfy deductible, coinsurance, copays or out-of-pocket amounts.

\* For more information about limitations and exceptions, see the plan or policy document at PreferredOne.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider	Out-of-Network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	50% coinsurance	----- None -----
	Physician/surgeon fees	0% coinsurance	50% coinsurance	----- None -----
If you need immediate medical attention	Emergency room services	0% coinsurance	0% coinsurance	Out-of-network services apply to in-network deductible.
	Emergency medical transportation	0% coinsurance	0% coinsurance	Out-of-network services apply to in-network deductible.
	Urgent care	0% coinsurance	50% coinsurance	----- None -----
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	50% coinsurance	120 days per member, per year for all out-of-network inpatient services combined. Pre-certification required--penalty applies.
	Physician/surgeon fees	0% coinsurance	50% coinsurance	----- None -----
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	0% coinsurance	50% coinsurance	----- None -----
	Inpatient services	0% coinsurance	50% coinsurance	120 days per member, per year for all out-of-network inpatient services combined. Pre-certification required--penalty applies. Includes residential treatment.
If you are pregnant	Office visits	No charge (deductible does not apply)	No charge (deductible does not apply)	Cost sharing does not apply for preventive services. Depending on the type of services, copayment, coinsurance, or deductible may apply.
	Childbirth/delivery professional services	0% coinsurance	50% coinsurance	----- None -----
	Childbirth/delivery facility services	0% coinsurance	50% coinsurance	Pre-certification required--penalty applies.

\* For more information about limitations and exceptions, see the plan or policy document at PreferredOne.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider	Out-of-Network Provider	
<b>If you need help recovering or have other special health needs</b>	Home health care	0% coinsurance	50% coinsurance	120 visits per member, per year.
	Rehabilitation services	0% coinsurance	50% coinsurance	15 out-of-network visits per year combined with chiropractic and habilitation visits.
	Habilitation services	0% coinsurance	50% coinsurance	15 out-of-network visits per year combined with chiropractic and rehabilitation visits.
	Skilled nursing care	0% coinsurance	50% coinsurance	120 days per member, per year for all out-of-network inpatient services combined. Pre-certification required—penalty applies.
	Durable medical equipment	0% coinsurance	50% coinsurance	Limits apply.
	Hospice service	0% coinsurance	50% coinsurance	----- None -----
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge (deductible does not apply)	50% coinsurance	Limit 1 visit per child per year.
	Children's glasses	0% coinsurance	Not covered	Limit 1 set of glasses or conventional contact lenses per child per year.
	Children's dental check-up	0% coinsurance	Not covered	Limit 1 visit per child every 6 months.

\* For more information about limitations and exceptions, see the plan or policy document at PreferredOne.com.

## Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover** (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic Surgery (unless determined to be reconstructive)</li></ul> | <ul style="list-style-type: none"><li>• Dental care (Adults)</li><li>• Infertility treatment</li><li>• Long-term care</li></ul> | <ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li><li>• Private-duty nursing (except ventilator dependents)</li><li>• Routine foot care (except certain conditions)</li><li>• Weight loss programs (except preventive obesity counseling/screening)</li></ul> |
|---|---|--|

**Other Covered Services** (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Chiropractic care</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids (every 3 years, up to age 19)</li></ul> | <ul style="list-style-type: none"><li>• Routine eye care (Adult)</li></ul> |
|---|--|--|

## Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is the Department of Labor's Employee Benefits Security Administration at 1.866.444.EBSA (3272) /[www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Minnesota Department of Commerce at 651.539.1600 / 1.800.657.3602. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1.800.318.2596.

## Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, you can contact PreferredOne Customer Service at 763.847.4477 / 800.997.1750, the Department of Labor's Employee Benefits Security Administration at 1.866.444.EBSA (3272) /[www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Minnesota Department of Commerce at 651.539.1600 / 1.800.657.3602.

## Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

## Does this Coverage Meet the Minimum Value Standard? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

## Language Access Services:

Spanish (Español) Para obtener asistencia en español llame al 763.847.4477 / 800.997.1750





# Memorandum

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**To:** Mayor Nelson and Members of the City Council  
**From:** Daniel R. Buchholtz, MMC, Administrator, Clerk/Treasurer  
**Date:** June 10, 2020  
**Subject:** SBM JPA Update

As you are aware, the three partners of the SBM Fire Department Joint Powers Agreement have been discussing looking at transitioning to a fixed formula to ensure the continued participation of the Fire Department

The City of Blaine has made a preliminary proposal to allocate the formula as follows:

Blaine	75%
Mounds View	15%
Spring Lake Park	10%

The 2020 and 2021 allocations are as follows:

	<u>2020</u>	<u>2021</u>
Blaine	76.093%	77.142%
Mounds View	15.998%	14.839%
Spring Lake Park	7.963%	8.019%

Adjusting to Blaine's proposed formula would have a detrimental impact to the City's finances. Shifting from the 2020 allocation to the proposed Blaine allocation for 2021 would result in a budget increase of \$59,014.

Staff does not believe Blaine's proposal was meant create a significant cost increase, but rather to have the formula end with 5's and 0's, for rounding purposes.

Staff would recommend sending a counter offer as follows:

Blaine	76.0%
Mounds View	15.5%
Spring Lake Park	8.5%

Staff is seeking direction from the City Council on this matter. If you have any questions, please don't hesitate to contact me at 763-784-6491.

