



**Riverdale City Council
Strategic Planning Agenda
Riverdale City Senior Center
4433 S 900 W Riverdale, Utah 84405
Saturday - May 11, 2019**

8:00 a.m. Welcome and Opening Comments

Mayor Searle

8:05 a.m. Budgeting Process

Cody Cardon & Rodger Worthen

Final Budget Public Hearing.....June 18, 2019

Adoption of FY 2019-2020 Budget June 18, 2019

8:10 a.m. Tentative Budget Enterprise Funds Review

Cody Cardon & Shawn Douglas

- Water Fund
- Storm Water Fund
- Sewer Fund
- Garbage Fund
- Capital Projects Fund

9:15 a.m. Break

9:30 a.m. Tentative Budget Review Continued

- Internal Service Funds
- General Fund:
 - Budget Revenues
 - City Council
 - Court and Legal
 - City Admin
 - Business Administration
 - Police
 - Fire
 - Community Development
 - Public Works
 - Community Services
- RDA Fund

Cody Cardon

All Dept Heads & Rodger

Cody, Mike, and Rodger

11:00 a.m. Discussion of future budgets and economic outlook

All

- MIDA Agreement

12:00 p.m. Adjourn meeting

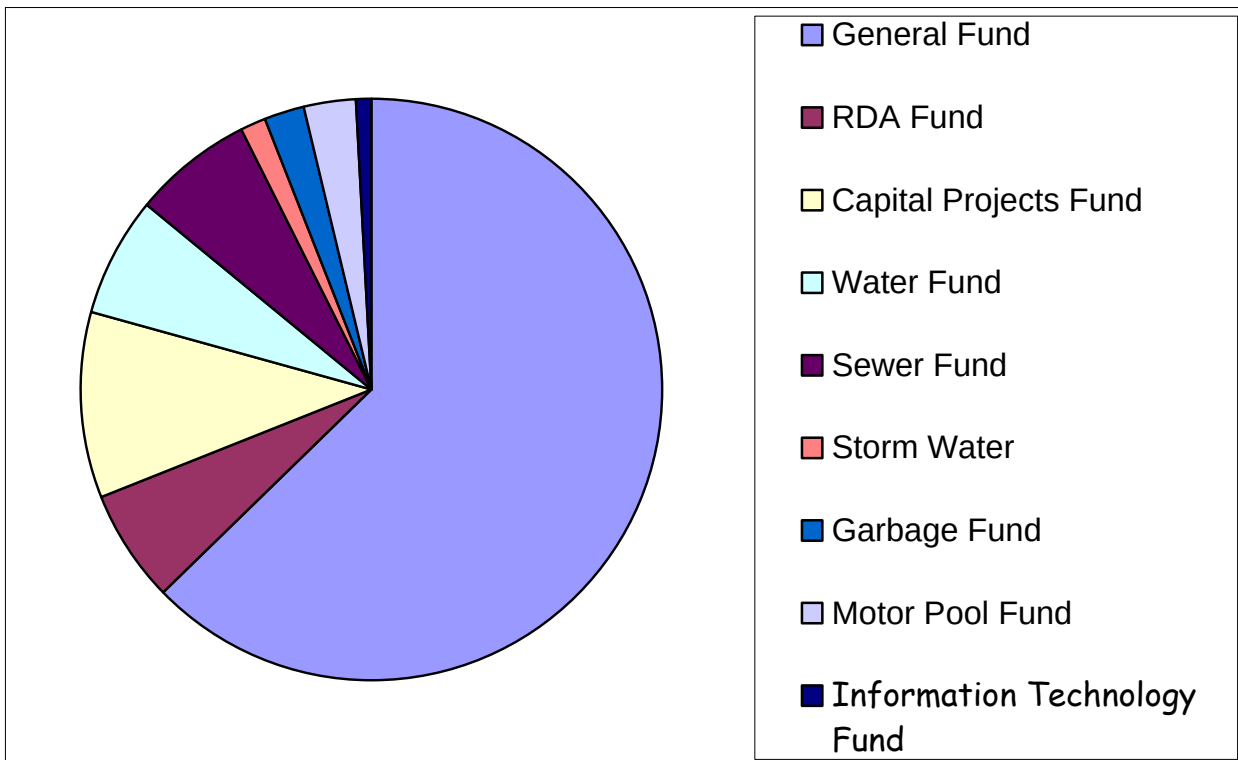
In compliance with the Americans with Disabilities Act, persons in need of special accommodation should contact the City Offices (801) 394-5541 at least 48 hours in advance of the meeting.

Certificate of Posting

The undersigned, duly appointed City Recorder, does hereby certify that the above agenda was posted within the Riverdale City limits on this 9th day of May, 2019 at the following locations: 1) Riverdale City Hall Noticing Board 2) the City website at <http://www.riverdalecity.com/> 3) the Public Notice Website: <http://www.utah.gov/pmn/index.html> and 4) A copy was provided to the Standard-Examiner. Jackie Manning, Riverdale City Recorder

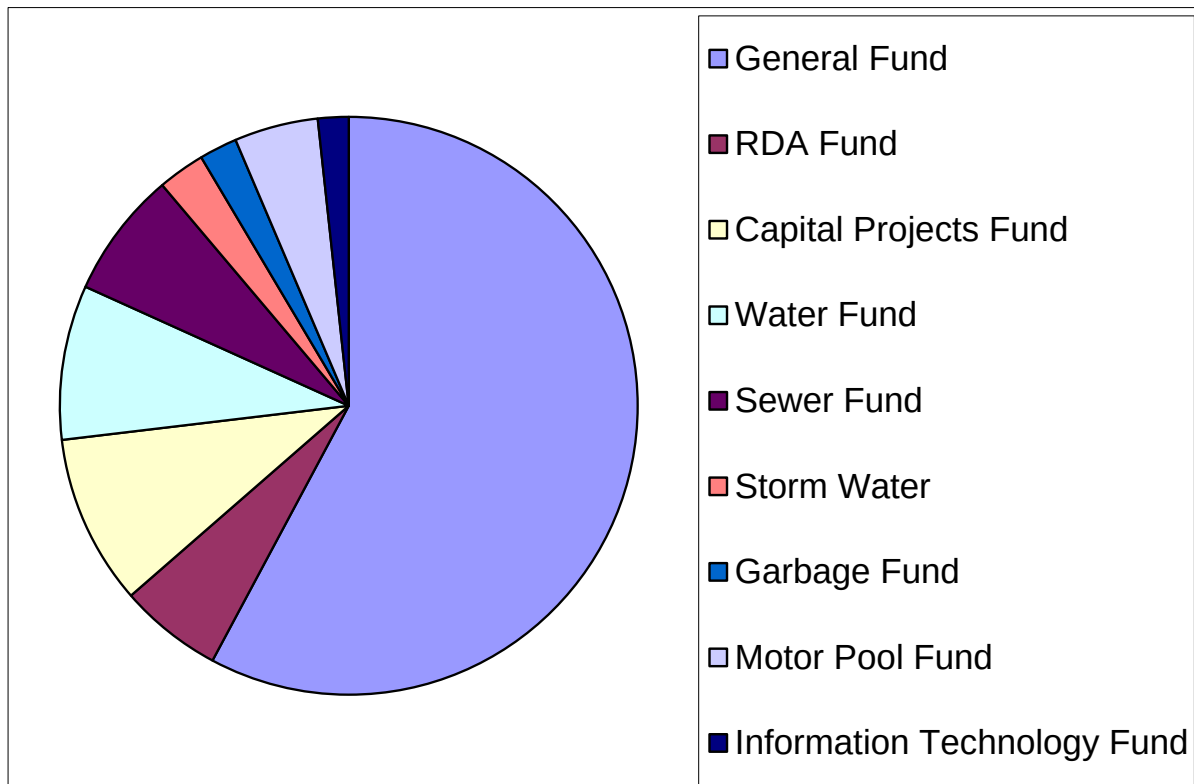
FY 2020 - Budget Summary Comparative Revenue by Fund

	<u>FY 2020</u>	<u>FY 2019</u>	<u>\$ Change</u>	<u>% Change</u>
General Fund	\$11,347,250	\$10,734,250	\$613,000	5.7%
RDA Fund	\$1,133,175	\$1,218,850	(\$85,675)	-7.0%
Capital Projects Fund	\$1,869,000	\$1,579,000	\$290,000	18.4%
Water Fund	\$1,204,000	\$1,184,500	\$19,500	1.6%
Sewer Fund	\$1,206,000	\$1,182,350	\$23,650	2.0%
Storm Water	\$256,500	\$244,000	\$12,500	5.1%
Garbage Fund	\$402,000	\$395,800	\$6,200	1.6%
Motor Pool Fund	\$523,250	\$569,139	(\$45,889)	-8.1%
Information Technology Fund	\$154,168	\$125,380	\$28,788	23.0%
Total	\$18,095,343	\$17,233,269	\$862,074	5.0%



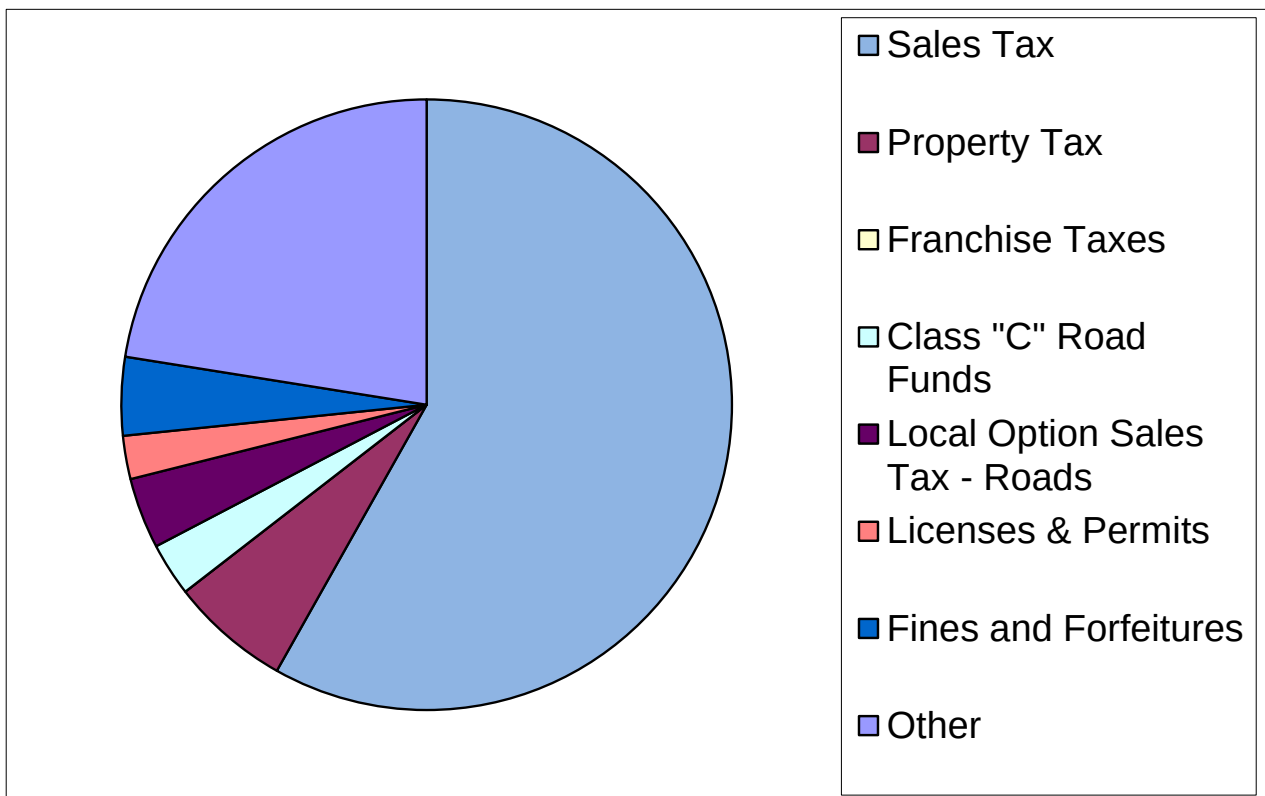
FY 2020 - Budget Summary Comparative Expenditures by Fund

	<u>FY 2020</u>	<u>FY 2019</u>	<u>\$ Change</u>	<u>% Change</u>
General Fund	\$11,347,250	\$10,734,250	\$613,000	5.7%
RDA Fund	\$1,133,175	\$1,218,850	(\$85,675)	-7.0%
Capital Projects Fund	\$1,869,000	\$1,579,000	\$290,000	18.4%
Water Fund	\$1,696,378	\$2,584,676	(\$888,298)	-34.4%
Sewer Fund	\$1,388,724	\$2,710,780	(\$1,322,056)	-48.8%
Storm Water	\$518,156	\$586,417	(\$68,261)	-11.6%
Garbage Fund	\$416,308	\$398,688	\$17,620	4.4%
Motor Pool Fund	\$920,750	\$1,052,250	(\$131,500)	-12.5%
Information Technology Fund	\$336,500	\$197,000	\$139,500	70.8%
Total	\$19,626,241	\$21,061,911	(\$1,435,670)	-6.8%



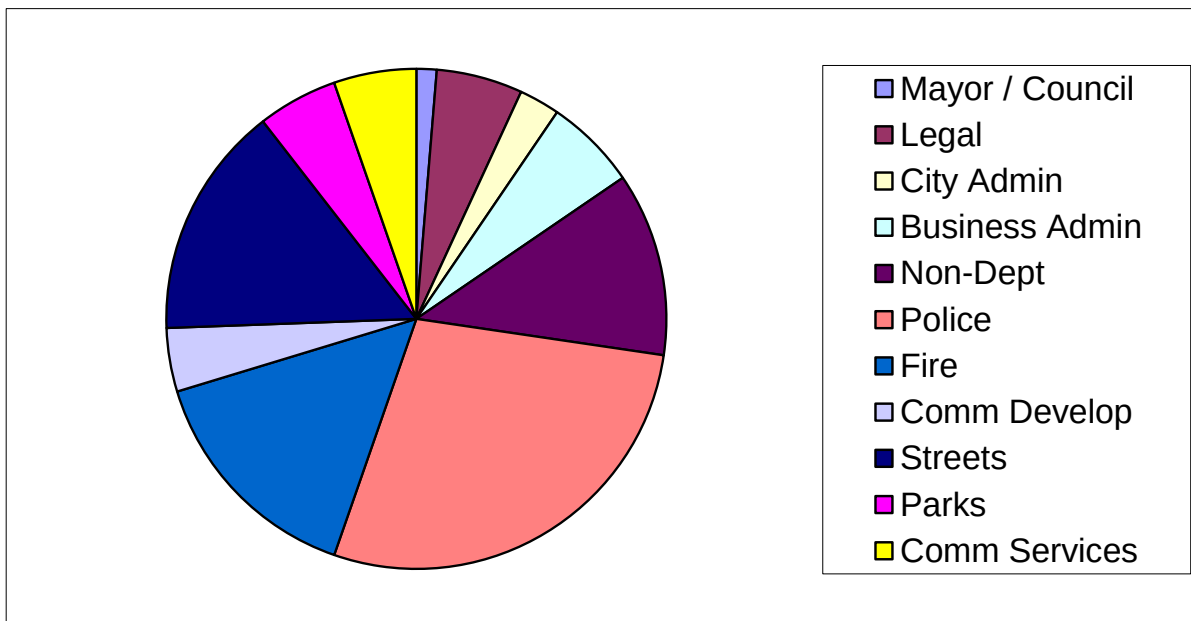
FY 2020 - Budget Detail Comparative General Fund Revenues

	<u>FY 2020</u>	<u>FY 2019</u>	<u>\$ Change</u>	<u>% Change</u>	<u>% of Total</u> <u>FY 2019</u>	<u>% of Total</u> <u>FY 2018</u>
Sales Tax	\$6,600,000	\$6,393,407	\$206,593	3.2%	58.2%	59.6%
Property Tax	\$720,000	\$671,593	\$48,407	7.2%	6.3%	6.3%
Franchise Taxes	\$0	\$0	\$0			
Class "C" Road Funds	\$320,000	\$320,000	\$0	0.0%	2.8%	3.0%
Local Option Sales Tax - Roads	\$426,000	\$414,000	\$12,000	2.9%	3.8%	3.9%
Licenses & Permits	\$260,000	\$260,000	\$0	0.0%	2.3%	2.4%
Fines and Forfeitures	\$470,200	\$470,200	\$0	0.0%	4.1%	4.4%
Other	\$2,551,050	\$2,205,050	\$346,000	15.7%	22.5%	20.5%
Total	\$11,347,250	\$10,734,250	\$613,000	5.7%	100.0%	100.0%



FY 2020 - Budget Detail Comparative General Fund - Expenditures by Department

	<u>FY 2020</u>	<u>FY 2019</u>	<u>\$ Change</u>	<u>% Change</u>	<u>% of Total</u> <u>FY 2020</u>	<u>% of Total</u> <u>FY 2019</u>
Mayor / Council	\$148,187	\$133,807	\$14,380	10.7%	1.3%	1.2%
Legal	\$632,861	\$707,729	(\$74,868)	-10.6%	5.6%	6.6%
City Admin	\$299,092	\$288,272	\$10,820	3.8%	2.6%	2.7%
Business Admin	\$674,344	\$630,827	\$43,517	6.9%	5.9%	5.9%
Non-Dept	\$1,346,405	\$1,350,851	(\$4,446)	-0.3%	11.9%	12.6%
Police	\$3,177,507	\$3,028,244	\$149,263	4.9%	28.0%	28.2%
Fire	\$1,699,266	\$1,637,795	\$61,471	3.8%	15.0%	15.3%
Comm Develop	\$466,841	\$437,085	\$29,756	6.8%	4.1%	4.1%
Streets	\$1,709,983	\$1,397,714	\$312,269	22.3%	15.1%	13.0%
Parks	\$587,906	\$530,863	\$57,043	10.7%	5.2%	4.9%
Comm Services	\$604,858	\$591,063	\$13,795	2.3%	5.3%	5.5%
Total	\$11,347,250	\$10,734,250	\$613,000	5.7%	100.0%	100.0%



Report Criteria:

Budget note year end periods: Current year
 Print Fund Titles
 Page and Total by Fund
 Print Source Titles
 Total by Source
 Print Department Titles
 Page and Total by Department
 All Segments Tested for Total Breaks

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
GENERAL FUND						
TAX REVENUE						
10-31-1000	CURRENT YEAR GENERAL PROPERT	652,120.85	671,593.00	623,461.34	671,593.00	720,000.00
Budget notes:						
No increase in tax levy.						
10-31-2000	REDEMPTIONS - PROPERTY TAXES	5,664.43	10,000.00	4,263.38	2,731.00	10,000.00
10-31-3000	GENERAL SALES TAX	6,456,006.65	6,393,407.00	5,051,303.57	6,775,268.00	6,600,000.00
10-31-4000	FRANCHISE TAXES	.00	.00	.00	.00	.00
10-31-5000	911 EMERGENCY TAX	.00	.00	.00	.00	.00
10-31-7000	VEHICLE FEE-IN-LIEU	47,009.48	48,000.00	34,653.63	44,811.00	48,000.00
10-31-8000	TRANSIENT ROOM TAX	14,839.18	12,000.00	11,826.87	16,868.00	14,000.00
Total TAX REVENUE:		7,175,640.59	7,135,000.00	5,725,508.79	7,511,271.00	7,392,000.00
LICENSES AND PERMITS						
10-32-1000	BUSINESS LICENSES	138,153.34	135,000.00	134,776.45	135,500.00	135,000.00
10-32-2100	BUILDING PERMITS	77,612.60	75,000.00	127,930.83	140,000.00	75,000.00
10-32-2200	BUILDING PLAN/DEV FEES	48,454.62	40,000.00	62,344.61	65,000.00	40,000.00
10-32-2500	ANIMAL LICENSES & IMPOUND FEES	7,654.00	10,000.00	6,359.00	7,000.00	10,000.00
Total LICENSES AND PERMITS:		271,874.56	260,000.00	331,410.89	347,500.00	260,000.00
INTERGOVERNMENTAL REVENUE						
10-33-2000	GRANTS	15,820.00	119,250.00	12,108.20	12,500.00	110,750.00
Budget notes:						
TAP Planning Grant (Riverdale, South Ogden, Washington Terrace) \$90,000						
JAG (Police) \$5,500						
Live Fit Grant (Community Services) \$2,000						
State of Utah Medical Grant (Fire) \$1,500						
RAMP Populations Grants \$8,500						
ULGT TAP Grant \$1,250						
10-33-2100	LLEBG GRANT	.00	.00	.00	.00	.00
10-33-3000	CDBG	.00	.00	.00	.00	.00
10-33-3100	CONTR FRO OTH LOCAL ST 15HB362	433,851.65	414,000.00	340,279.98	415,000.00	426,000.00
10-33-3200	ALLOC OF INT TO COUNTY OPT HWY	10,392.53	7,500.00	8,356.73	10,168.00	15,000.00
10-33-5600	CLASS "C" ROAD FUNDS	316,854.20	320,000.00	267,624.87	325,000.00	320,000.00
10-33-5700	ALLOC OF INT TO CLASS C ROADS	2,639.25	2,500.00	2,336.83	2,500.00	5,000.00
10-33-5800	STATE LIQUOR FUND ALLOTMENT	18,675.25	18,500.00	18,631.42	18,632.00	18,500.00
10-33-5900	DUI/SEATBELT OT REIMBURSEMENT	.00	.00	.00	.00	.00
Total INTERGOVERNMENTAL REVENUE:		798,232.88	881,750.00	649,338.03	783,800.00	895,250.00
CHARGES FOR SERVICES						
10-34-1500	ZONING & SUB. FEES	4,285.00	1,500.00	387.00	400.00	1,500.00
10-34-3100	STREETS, SIDEWALK/CURB REPAIR	.00	.00	.00	.00	.00
10-34-3700	INTERFUND SERVICES	40,000.00	40,000.00	30,000.00	40,000.00	40,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
Budget notes:						
	RDA - Reimbursement for facility support services	\$40,000				
10-34-5500	STREET CUTS	5,280.50	2,500.00	972.80	1,256.00	2,500.00
10-34-7100	VOLLEYBALL	1,020.00	800.00	850.00	1,406.00	.00
10-34-7200	BASEBALL/SOFTBALL	6,145.00	8,000.00	4,950.00	8,000.00	8,000.00
10-34-7300	SOCCER	1,890.00	2,000.00	2,430.00	2,600.00	2,000.00
10-34-7400	FOOTBALL	2,025.00	2,000.00	1,480.00	1,500.00	2,000.00
10-34-7500	ADULT BASKETBALL	.00	.00	.00	.00	.00
10-34-7550	YOUTH BASKETBALL	6,490.00	5,500.00	6,490.00	6,500.00	8,000.00
10-34-7600	OLD GLORY DAYS	3,595.00	3,500.00	792.00	3,500.00	5,000.00
10-34-7700	INTRAMURAL FEES	6,816.00	5,500.00	4,637.00	5,500.00	5,500.00
10-34-7900	RENT-COMMUNITY CTR FACILITIES	10,532.50	7,500.00	11,082.50	12,000.00	7,500.00
10-34-8000	PARK PAVILION RENTAL	11,354.00	10,000.00	5,750.00	9,000.00	10,000.00
10-34-8100	USER FEES - COMM CTR	15,273.70	14,000.00	11,014.62	14,000.00	14,800.00
10-34-8200	CROSSING GUARD SERVICES	.00	.00	.00	.00	.00
10-34-8300	AMBULANCE TRANSPORT FEES	185,924.22	210,000.00	211,112.09	275,000.00	240,000.00
10-34-8400	ROY COMPLEX	5,017.00	4,000.00	3,454.45	4,000.00	4,000.00
10-34-9000	SENIORS PROGRAMS	44,857.89	45,000.00	31,008.46	44,000.00	45,000.00
Total CHARGES FOR SERVICES:		350,505.81	361,800.00	326,410.92	428,662.00	395,800.00
FINES AND FORFEITURES						
10-35-1000	FINES	487,366.60	470,000.00	344,254.17	460,000.00	470,000.00
10-35-2000	SMALL CLAIMS FILING FEES	.00	200.00	.00	.00	200.00
10-35-3000	SECURITY SURCHARGES	13,429.77	.00	.00	.00	.00
Total FINES AND FORFEITURES:		500,796.37	470,200.00	344,254.17	460,000.00	470,200.00
MISCELLANEOUS REVENUE						
10-36-1000	INTEREST EARNINGS	315,295.44	260,000.00	360,515.47	450,000.00	430,000.00
10-36-1500	INTEREST ALLOC. TO OTHER FUNDS	286,167.52	230,000.00	326,563.00	415,000.00	390,000.00
10-36-2000	USE OF CLASS C ROAD FUNDS	.00	100,000.00	.00	.00	.00
10-36-3000	USE OF LOCAL OPTION HWY FUNDS	.00	250,000.00	.00	.00	625,000.00
Budget notes:						
FY2019 (Partial) Rollover						
10-36-4000	SALE OF FIXED ASSETS	481.50	2,000.00	1,663.50	2,000.00	2,000.00
10-36-5000	LEASE REVENUE	.00	.00	15,855.84	17,000.00	.00
10-36-7500	CASH OVER/SHORT	5.00	.00	1.00	1.00	.00
10-36-8000	TRANSFER FROM OTHER FUNDS	.00	.00	.00	.00	.00
10-36-9000	SUNDRY REVENUE	25,058.29	25,000.00	67,577.49	72,000.00	25,000.00
10-36-9010	HAZMAT RECEIPTS	4,324.65	2,500.00	.00	.00	2,500.00
10-36-9100	USE OF FUND BALANCE	.00	1,215,000.00	.00	.00	1,238,500.00
Budget notes:						
Budgeted Transfer of Surplus to CP offset						
RAMP Population Grant Rollover \$23,500						
LYRB Revenue Diversification Study Rollover \$15,000						
10-36-9200	DONATIONS	50.00	1,000.00	2,000.00	.00	1,000.00
10-36-9210	DONATIONS - BIKE PARK	.00	.00	.00	.00	.00
10-36-9300	WOODS PROPERTY PARK REVENUE	.00	.00	.00	.00	.00
Total MISCELLANEOUS REVENUE:		59,047.36	1,625,500.00	121,050.30	126,001.00	1,934,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
MAYOR/COUNCIL						
10-41-1100	SALARIES/WAGES	65,539.68	68,188.00	54,616.40	65,000.00	69,033.00
	Budget notes:					
	Increase of approximately 5.33%					
10-41-1300	EMPLOYEE BENEFITS	13,846.76	21,847.00	12,262.16	15,342.00	22,094.00
10-41-2100	SUBSCRIPTIONS AND MEMBERSHIPS	11,690.08	12,000.00	11,580.53	12,000.00	12,000.00
	Budget notes:					
	ULCT dues \$8,400					
	Chamber of Commerce membership \$2,500					
	Pathways \$1,000					
10-41-2200	PUBLIC NOTICES	2,694.00	2,000.00	1,887.25	2,000.00	2,500.00
10-41-2300	TRAVEL AND TRAINING	5,662.95	6,500.00	3,852.96	5,000.00	7,000.00
	Budget notes:					
	ULCT Spring - April - St. George					
	ULCT Annual - Sept. - SLC					
10-41-2350	TRAVEL EXPENSES	.00	.00	.00	.00	.00
10-41-2850	MOBILE PHONE	.00	.00	.00	.00	.00
10-41-3200	ELECTIONS	2,762.50	.00	.00	.00	10,000.00
10-41-3300	PARTNERS IN EDUCATION	.00	.00	.00	.00	.00
10-41-4500	SPECIAL DEPARTMENT EXPENSES	3,258.48	16,200.00	.00	2,500.00	18,500.00
10-41-4600	MISCELLANEOUS	2,854.86	2,800.00	302.94	398.00	2,800.00
10-41-4700	SPECIAL PROJECTS	1,328.92	1,500.00	1,082.50	1,500.00	1,500.00
	Budget notes:					
	Lunch with the Mayor					
10-41-5600	INFO TECHNOLOGY PAYMENTS	1,500.00	2,772.00	2,079.00	2,772.00	2,760.00
10-41-6200	CAPITAL OUTLAY	.00	.00	.00	.00	.00
Total MAYOR/COUNCIL:		111,138.23	133,807.00	87,663.74	106,512.00	148,187.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
LEGAL						
10-42-1100	SALARIES/WAGES - FULL TIME	271,978.76	334,865.00	277,406.87	334,000.00	278,905.00
10-42-1110	SICK LEAVE PAID	.00	1,381.00	.00	.00	978.00
10-42-1150	OVERTIME WAGES	.00	.00	86.33	148.00	.00
10-42-1200	SALARIES/WAGES - PART TIME	106,716.36	127,796.00	96,460.17	116,598.00	125,780.00
10-42-1300	EMPLOYEE BENEFITS	124,374.30	137,859.00	111,027.11	136,497.00	128,461.00
10-42-1500	PERFORMANCE INCENTIVES	3,723.07	4,169.00	3,309.38	3,310.00	3,396.00
10-42-2100	SUBSCRIPTIONS AND MEMBERSHIPS	365.83	1,500.00	236.94	329.00	1,500.00
10-42-2300	TRAVEL AND TRAINING	2,558.91	6,765.00	3,577.24	5,000.00	6,765.00
10-42-2400	OFFICE SUPPLIES	3,618.27	5,000.00	2,630.86	3,149.00	5,000.00
10-42-2800	TELEPHONE	4,113.99	4,750.00	3,811.91	4,873.00	5,000.00
10-42-3100	PROFESSIONAL SERVICES	1,950.85	5,000.00	1,358.27	1,540.00	5,000.00
10-42-3200	PUBLIC DEFENDER	13,000.00	12,000.00	9,000.00	10,286.00	12,000.00
10-42-3300	WARRANT PROSECUTION	2,660.60	10,080.00	2,364.40	3,500.00	10,080.00
10-42-3600	WITNESS AND JURY FEES	1,202.50	2,000.00	240.50	1,000.00	2,000.00
10-42-3700	BAILIFF WAGES	15,323.00	20,850.00	9,250.50	16,000.00	20,850.00
10-42-4100	MISC LEGAL EXPENSE	1,680.72	15,000.00	1,538.02	2,637.00	15,000.00
10-42-4200	ON-LINE SERVICES (BCI)	.00	.00	.00	.00	.00
10-42-4500	SPECIAL DEPARTMENT EXPENSES	1,068.77	6,000.00	.00	.00	1,000.00
10-42-4600	MISCELLANEOUS	2,674.96	2,750.00	2,632.43	3,577.00	2,750.00
10-42-5000	GRANT EXPENDITURES	526.88	.00	.00	570.00	.00
10-42-5100	RSAC EXPENDITURES	.00	.00	364.11	500.00	5,000.00
10-42-5600	INFO TECHNOLOGY PAYMENTS	1,572.00	1,464.00	1,098.00	1,464.00	3,396.00
10-42-6200	CAPITAL OUTLAY	.00	8,500.00	.00	.00	.00
Total LEGAL:		559,109.77	707,729.00	526,393.04	644,978.00	632,861.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
CITY ADMINISTRATION						
10-43-1100	SALARIES/WAGES - FULL TIME	257,138.35	174,625.00	143,589.20	174,625.00	184,131.00
10-43-1110	SICK LEAVE PAID	.00	.00	.00	.00	.00
10-43-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
10-43-1200	SALARIES/WAGES - PART TIME	.00	.00	.00	.00	.00
10-43-1300	EMPLOYEE BENEFITS	98,166.41	75,432.00	61,797.48	73,994.00	78,826.00
10-43-1400	CAR ALLOWANCE	5,400.00	5,400.00	4,500.00	5,400.00	5,400.00
10-43-1500	PERFORMANCE INCENTIVES	2,733.75	1,723.00	2,128.33	2,129.00	1,817.00
10-43-2100	SUBSCRIPTIONS AND MEMBERSHIPS	2,358.68	3,000.00	2,223.94	3,000.00	3,000.00
Budget notes:						
City Admin UCMA						
City Admin APA \$600						
City Admin ICMA \$300						
City Recorder UMCA						
Standard Examiner						
10-43-2300	TRAVEL AND TRAINING	6,193.09	6,000.00	4,190.36	5,500.00	6,000.00
Budget notes:						
ULCT Conference - Spring & Fall - \$300						
UCMA Conference - Spring & Fall - \$1,000						
Recorder Training Conference - \$1,000						
BCI Conference - Annual - \$500						
City-Wide Staff Training - Quarterly - \$1,500						
Leadership Training						
10-43-2350	EDUCATION ASSISTANCE	4,818.13	9,500.00	3,262.50	4,000.00	8,000.00
Budget notes:						
No graduate degrees						
50% tuition and fees						
50% books						
10-43-2400	OFFICE SUPPLIES	1,121.46	900.00	478.02	500.00	750.00
10-43-2800	TELEPHONE	468.00	500.00	390.00	468.00	500.00
10-43-2900	FUEL	.00	.00	.00	.00	.00
10-43-3300	PROFESSIONAL SERVICES	1,028.75	2,000.00	844.00	1,447.00	2,000.00
Budget notes:						
Sterling Codifiers						
10-43-4100	INSURANCE	.00	.00	.00	.00	.00
10-43-4400	ECONOMIC DEVELOPMENT	.00	.00	.00	.00	.00
10-43-4500	SPECIAL DEPARTMENT EXPENSES	.00	800.00	60.49	104.00	500.00
10-43-4600	MISCELLANEOUS	1,747.88	2,000.00	1,115.46	1,297.00	1,500.00
10-43-4700	EMERGENCY MANAGEMENT	1,528.90	5,000.00	2,750.00	4,714.00	5,000.00
10-43-5600	INFO TECHNOLOGY PAYMENTS	1,608.00	1,392.00	1,044.00	1,392.00	1,668.00
10-43-5700	MOTOR POOL PAYMENTS	.00	.00	.00	.00	.00
10-43-6200	CAPITAL OUTLAY	.00	.00	.00	.00	.00
Total CITY ADMINISTRATION:		384,311.40	288,272.00	228,373.78	278,570.00	299,092.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
BUSINESS ADMINISTRATION						
10-44-1100	SALARIES/WAGES - FULL TIME	240,979.12	259,910.00	180,200.90	220,000.00	274,811.00
10-44-1110	SICK LEAVE PAID	1,121.60	1,159.00	1,158.80	1,159.00	1,203.00
10-44-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
10-44-1200	SALARIES/WAGES - PART TIME	91,361.26	92,846.00	71,924.58	90,000.00	98,392.00
10-44-1300	EMPLOYEE BENEFITS	121,429.98	141,333.00	90,854.86	120,000.00	154,163.00
10-44-1500	PERFORMANCE INCENTIVES	3,363.64	3,507.00	2,629.13	2,630.00	3,711.00
10-44-2100	SUBSCRIPTIONS AND MEMBERSHIPS	1,310.94	1,200.00	813.94	1,000.00	1,500.00
10-44-2300	TRAVEL AND TRAINING	3,601.55	4,500.00	2,422.68	3,000.00	4,500.00
10-44-2400	OFFICE SUPPLIES	1,459.96	2,000.00	1,064.35	1,379.00	2,000.00
10-44-2500	EQUIPMENT	.00	1,500.00	.00	1,000.00	1,500.00
10-44-2600	BLDG AND GROUNDS MAINTENANCE	3,678.81	12,000.00	5,578.58	8,000.00	12,000.00
10-44-2700	UTILITIES	15,841.26	17,000.00	11,798.49	15,000.00	17,000.00
10-44-2800	TELEPHONE	468.00	1,200.00	585.00	1,000.00	1,200.00
10-44-2900	FUEL	.00	.00	.00	.00	.00
10-44-3300	PROFESSIONAL SERVICES	.00	.00	26,465.00	26,500.00	.00
10-44-3400	AUDIT	6,960.00	7,500.00	7,076.00	7,076.00	8,000.00
10-44-3600	SAFETY INCENTIVE PROGRAM	230.00	4,500.00	2,170.00	3,000.00	4,500.00
10-44-4100	INSURANCE	36,603.88	40,000.00	35,386.16	36,000.00	45,000.00
10-44-4500	SPECIAL DEPARTMENT EXPENSES	29,803.03	33,000.00	24,458.34	33,000.00	35,000.00
Budget notes:						
Primarily bank and credit card fees						
10-44-4600	MISCELLANEOUS	3,274.70	4,000.00	2,433.72	3,000.00	4,000.00
10-44-4800	POSTAGE	2,695.86	3,000.00	1,738.68	3,000.00	3,200.00
10-44-5600	INFO TECHNOLOGY PAYMENTS	1,536.00	672.00	504.00	672.00	2,664.00
10-44-5700	MOTOR POOL PAYMENTS	.00	.00	.00	.00	.00
10-44-6200	CAPITAL OUTLAY	21.26	.00	.00	.00	.00
Total BUSINESS ADMINISTRATION:		565,740.85	630,827.00	469,263.21	576,416.00	674,344.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
Department: 46						
10-46-1100	SALARIES/WAGES - FULL TIME	.00	.00	.00	.00	.00
10-46-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
10-46-1200	SALARIES/WAGES - PART TIME	.00	.00	.00	.00	.00
10-46-1500	PERFORMANCE INCENTIVES	.00	.00	.00	.00	.00
10-46-2300	TRAVEL AND TRAINING	.00	.00	.00	.00	.00
10-46-2500	EQUIPMENT	.00	.00	.00	.00	.00
10-46-2900	FUEL	.00	.00	.00	.00	.00
10-46-3300	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
10-46-4100	INSURANCE	.00	.00	.00	.00	.00
10-46-4150	INSURANCE DEDUCTIBLE	.00	.00	.00	.00	.00
10-46-4500	MISCELLANEOUS	.00	.00	.00	.00	.00
10-46-5700	MOTOR POOL PAYMENTS	.00	.00	.00	.00	.00
10-46-6100	EQUIPMENT RENTAL	.00	.00	.00	.00	.00
Total Department: 46:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
NON DEPARTMENTAL						
10-49-4100	INSURANCE	.00	.00	.00	.00	.00
10-49-4810	TRANSFER TO OTHER FUNDS	656,150.00	1,200,000.00	.00	.00	1,200,000.00
Budget notes:						
Capital Projects Fund Transfer \$1,200,000						
10-49-5600	INFO TECHNOLOGY PAYMENTS	69,000.00	70,000.00	52,497.00	69,996.00	70,000.00
Budget notes:						
Payments for IT support/maintenance/equipment.						
10-49-5700	MOTOR POOL PAYMENTS	.00	.00	.00	.00	.00
10-49-5800	TRANSFER TO WATER FUND	.00	.00	.00	.00	.00
10-49-5900	CITY-WIDE EXPENDITURES	.00	.00	.00	.00	.00
10-49-8000	INCREASE IN CLASS C RESERVES	.00	.00	.00	.00	.00
10-49-8100	INCREASE IN LOCAL OPTION RESER	.00	.00	.00	.00	.00
10-49-9000	INCREASE IN RESERVES	.00	80,851.00	.00	.00	76,405.00
Total NON DEPARTMENTAL:		725,150.00	1,350,851.00	52,497.00	69,996.00	1,346,405.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
POLICE						
10-54-1100	SALARIES/WAGES - FULL TIME	1,465,657.81	1,476,733.00	1,176,716.20	1,413,392.00	1,563,546.00
Budget notes:						
Retirement payout for one 20+ year officer						
10-54-1110	SICK LEAVE PAID	10,171.60	10,544.00	6,935.36	7,000.00	9,828.00
10-54-1150	HOLIDAY OVERTIME WAGES	30,753.66	31,170.00	24,863.86	31,000.00	33,000.00
10-54-1155	OTHER OVERTIME WAGES	49,990.78	58,000.00	43,420.60	47,835.00	60,000.00
10-54-1160	LLEBG GRANT EXPENDITURES	.00	.00	.00	.00	.00
10-54-1200	SALARIES/WAGES - XING GUARDS	19,060.00	20,475.00	17,795.00	19,706.00	21,207.00
10-54-1250	PART TIME OFFICERS WAGES	.00	.00	.00	.00	.00
10-54-1300	EMPLOYEE BENEFITS	886,637.72	950,022.00	758,108.23	910,914.00	973,320.00
10-54-1400	CLOTHING ALLOWANCE	.00	.00	.00	.00	.00
10-54-1500	PERFORMANCE INCENTIVES	15,114.01	14,518.00	14,489.05	14,500.00	15,310.00
10-54-2100	SUBSCRIPTIONS AND MEMBERSHIPS	2,277.97	3,000.00	1,572.13	2,260.00	3,000.00
10-54-2300	TRAVEL AND TRAINING	7,856.00	14,000.00	10,962.16	14,000.00	14,000.00
10-54-2400	OFFICE SUPPLIES	1,540.57	3,000.00	1,965.39	2,182.00	3,000.00
10-54-2500	EQUIPMENT SUPPLY & MAINTENANC	28,126.25	41,000.00	15,712.74	25,000.00	41,000.00
10-54-2520	NAP	2,938.80	3,000.00	2,546.12	3,000.00	3,000.00
10-54-2530	LEXIPOL	5,391.00	5,800.00	5,785.00	5,785.00	6,000.00
10-54-2540	EQUIP WARRANTY - L3	.00	.00	.00	.00	.00
10-54-2600	BUILDING AND GROUNDS	1,781.34	5,000.00	5,486.49	8,427.00	5,000.00
10-54-2700	UTILITIES	8,168.58	9,500.00	5,770.94	8,000.00	9,500.00
10-54-2800	TELEPHONE	4,482.68	4,150.00	4,044.93	5,000.00	5,100.00
10-54-2850	MOBILE PHONE	15,173.70	19,000.00	15,005.38	17,595.00	19,000.00
10-54-2900	FUEL	53,237.15	60,000.00	44,169.25	56,913.00	60,000.00
10-54-3000	DISPATCHING	.00	.00	.00	.00	.00
10-54-3200	ANIMAL SHELTER	15,691.00	16,250.00	16,208.00	16,208.00	17,000.00
10-54-3700	OTHER PROF & TECH SERVICE, CSI	23,248.00	25,250.00	25,125.00	25,125.00	25,700.00
10-54-4100	INSURANCE	2,356.75	4,000.00	2,350.40	3,684.00	4,000.00
10-54-4150	INSURANCE DEDUCTIBLE	.00	2,000.00	2,630.00	3,000.00	4,000.00
10-54-4200	BCI, ULEIN, UCA - ACCESS FEES	.00	.00	.00	.00	.00
10-54-4300	GRAFITTI REMOVAL	860.00	2,000.00	400.00	480.00	2,000.00
10-54-4500	SPECIAL DEPARTMENT EXPENSES	5,435.62	9,500.00	6,307.11	7,643.00	9,500.00
10-54-4510	DUTY & TRAINING AMMUNITION	.00	4,000.00	.00	.00	4,000.00
10-54-4550	UNIFORM EXPENSE	14,003.88	16,000.00	9,823.54	15,837.00	16,000.00
10-54-4600	MISCELLANEOUS	10,203.10	9,000.00	4,826.73	6,858.00	9,000.00
10-54-4700	DRUG TASK FORCE & SWAT	2,610.00	3,100.00	2,996.00	2,996.00	11,900.00
10-54-4800	POSTAGE	295.49	500.00	200.27	263.00	500.00
10-54-4900	SCHOOL RESOURCE OFFICER	.00	.00	.00	.00	.00
10-54-5000	GRANT EXPENDITURES	.00	7,500.00	3,072.00	5,266.00	5,500.00
Budget notes:						
JAG \$5,500 no match						
10-54-5010	STATE LIQUOR/BEER EXPENDITURES	30,000.00	18,500.00	4,000.00	18,500.00	18,500.00
Budget notes:						
Communities That Care (CTC) \$2,000						
10-54-5500	PREVENTION	2,417.40	4,000.00	1,901.44	3,081.00	4,000.00
Budget notes:						
Bonneville High School Drug Free Activity \$500						
Nova, block parties \$2,500						
10-54-5600	INFO TECHNOLOGY PAYMENTS	84,480.00	41,052.00	30,789.00	41,052.00	53,220.00
10-54-5700	MOTOR POOL PAYMENTS	124,380.00	136,680.00	102,510.00	136,680.00	147,876.00
Budget notes:						
New Items: Unmarked (Admin) Vehicles and Animal Control Vehicle						
10-54-6200	CAPITAL OUTLAY	.00	.00	.00	.00	.00

Account Number	Account Title	2017-18	2018-19	2018-19	2018-19	2019-20
		Prior year	Current year	Current year	Current year	Future year
		Actual	Budget	Actual	Projected actual	Budget
	Total POLICE:	2,924,340.86	3,028,244.00	2,368,488.32	2,879,182.00	3,177,507.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
FIRE						
10-57-1100	SALARIES/WAGES - FULL TIME	567,034.48	617,275.00	494,449.62	609,958.00	617,720.00
10-57-1110	SICK LEAVE PAID	.00	.00	.00	.00	1,516.00
10-57-1150	OVERTIME WAGES	91,696.02	79,627.00	81,105.43	101,902.00	83,465.00
10-57-1200	SALARIES/WAGES - PART TIME	38,642.50	40,686.00	33,662.38	40,686.00	41,772.00
10-57-1250	SHIFT COVERAGE WAGES	147,396.03	170,000.00	140,970.75	172,371.00	171,700.00
10-57-1300	BENEFITS	339,425.98	373,279.00	296,155.33	357,375.00	395,192.00
10-57-1400	CLOTHING ALLOWANCE	11,992.50	13,201.00	10,383.28	12,642.00	13,201.00
10-57-1500	PERFORMANCE INCENTIVES	7,378.25	8,159.00	8,088.18	8,089.00	8,191.00
10-57-2100	SUBSCRIPTIONS AND MEMBERSHIPS	3,046.95	2,300.00	5,803.40	6,000.00	8,815.00
10-57-2300	TRAVEL AND TRAINING - EMS	3,910.50	3,050.00	1,555.82	2,231.00	3,350.00
Budget notes:						
EMS Instructor Seminars						
EMS Training Officer Seminars						
CPR Certification						
EMT Recertification						
PALS Training						
ACLS Training						
Training Supplies						
10-57-2301	TRAVEL AND TRAINING - FIRE	1,539.37	6,350.00	335.00	6,000.00	7,350.00
Budget notes:						
UFRA Certification						
Wildland Recert Fees						
10-57-2400	OFFICE SUPPLIES	1,242.10	1,400.00	2,014.16	2,834.00	1,900.00
10-57-2500	EQUIP OPERATION	24,120.84	25,000.00	14,129.85	20,712.00	26,800.00
10-57-2501	EQUIP REPLACEMENT & MAINTENAN	5,018.59	.00	2,098.19	2,098.00	.00
10-57-2510	VEHICLE MAINTENANCE	25,870.83	25,000.00	14,573.21	21,503.00	25,000.00
10-57-2600	BLDG AND GROUNDS MAINTENANCE	5,415.57	5,000.00	5,972.64	6,000.00	9,760.00
10-57-2700	UTILITIES	10,101.13	11,000.00	7,716.02	10,000.00	11,000.00
10-57-2800	TELEPHONE	7,529.86	7,000.00	6,221.54	7,713.00	7,000.00
10-57-2900	FUEL	12,679.42	12,000.00	10,223.41	12,000.00	13,000.00
10-57-3300	PROFESSIONAL SERVICES	7,000.00	7,000.00	.00	7,000.00	7,000.00
Budget notes:						
Doctor						
10-57-4100	INSURANCE	2,998.02	4,500.00	3,701.15	3,702.00	4,500.00
10-57-4200	UCAN	.00	.00	.00	.00	.00
10-57-4500	SPECIAL DEPARTMENT EXPENSES	6,029.65	5,200.00	4,893.26	5,200.00	5,200.00
10-57-4520	PROTECTIVE EQUIP	14,297.62	15,000.00	4,175.32	10,000.00	15,000.00
10-57-4530	AMBULANCE SUPPLIES	9,552.75	10,000.00	10,253.45	10,000.00	10,000.00
10-57-4540	UNIFORM ALLOWANCE - FULL TIME	.00	.00	.00	.00	.00
10-57-4550	UNIFORM ALLOWANCE - PART TIME	99.99	.00	.00	.00	.00
10-57-4600	MISCELLANEOUS	13,789.83	10,200.00	9,270.99	9,000.00	10,200.00
10-57-4700	AMBULANCE FEES	69,047.72	60,000.00	35,136.04	42,895.00	60,000.00
10-57-5000	GRANT EXPENDITURES	.00	1,500.00	.00	.00	1,500.00
10-57-5500	PUBLIC EDUCATION	560.00	1,000.00	1,282.12	1,283.00	1,000.00
10-57-5510	FIRE PREVENTION OPEN HOUSE	806.82	500.00	319.28	320.00	650.00
10-57-5600	INFO TECHNOLOGY PAYMENTS	4,452.00	3,432.00	2,574.00	3,432.00	8,916.00
10-57-5700	MOTOR POOL PAYMENTS	80,136.00	80,136.00	60,102.00	80,136.00	128,568.00
10-57-6200	CAPITAL OUTLAY	.00	39,000.00	29,999.30	30,000.00	.00
Total FIRE:		1,512,811.32	1,637,795.00	1,297,165.12	1,603,082.00	1,699,266.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
COMMUNITY DEVELOPMENT						
10-58-1100	SALARIES/WAGES - FULL TIME	226,676.08	239,094.00	197,686.60	237,224.00	253,044.00
10-58-1110	SICK LEAVE PAID	.00	.00	.00	.00	.00
10-58-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
10-58-1200	SALARIES/WAGES - PART TIME	4,150.00	4,200.00	3,100.00	3,514.00	4,200.00
10-58-1300	EMPLOYEE BENEFITS	115,558.94	125,667.00	103,051.29	124,974.00	127,738.00
10-58-1400	CLOTHING ALLOWANCE	540.00	600.00	450.00	540.00	600.00
10-58-1500	PERFORMANCE INCENTIVES	2,389.06	2,372.00	2,627.31	2,628.00	2,511.00
10-58-2100	SUBSCRIPTIONS AND MEMBERSHIPS	672.94	1,300.00	796.94	800.00	1,100.00
10-58-2300	TRAVEL AND TRAINING	4,505.81	6,500.00	5,652.30	6,500.00	6,500.00
10-58-2350	PLANNING COMMISSION/BOA	325.00	3,000.00	250.00	400.00	3,000.00
10-58-2400	OFFICE SUPPLIES	786.97	800.00	280.37	315.00	1,000.00
10-58-2500	EQUIPMENT	780.20	1,500.00	1,039.83	1,500.00	1,000.00
10-58-2850	MOBILE PHONE	2,099.24	2,200.00	1,528.39	2,098.00	3,000.00
10-58-2900	FUEL	2,402.45	2,500.00	1,923.48	2,387.00	2,500.00
10-58-3200	ENGINEERING	2,115.25	1,000.00	7,116.66	8,000.00	1,000.00
10-58-3300	PROFESSIONAL SERVICES	22,586.45	30,000.00	13,601.16	17,000.00	30,000.00
10-58-4100	INSURANCE	164.15	1,000.00	77.64	133.00	1,000.00
10-58-4500	SPECIAL DEPARTMENT EXPENSES	2,041.94	3,500.00	2,401.00	4,116.00	3,500.00
10-58-4600	MISCELLANEOUS	6,313.63	5,000.00	1,337.65	1,608.00	5,000.00
10-58-5600	INFO TECHNOLOGY PAYMENTS	1,620.00	1,332.00	999.00	1,332.00	2,532.00
10-58-5700	MOTOR POOL PAYMENTS	12,708.00	5,520.00	4,140.00	5,520.00	17,616.00
10-58-6200	CAPITAL OUTLAY	7,476.96	.00	.00	.00	.00
Total COMMUNITY DEVELOPMENT:		415,913.07	437,085.00	348,059.62	420,589.00	466,841.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
STREETS						
10-61-1100	SALARIES/WAGES - FULL TIME	78,431.57	82,937.00	68,988.81	83,015.00	90,308.00
Budget notes:						
Public Works Director's Salary - 30% Streets, 15% Sewer, 45% Storm Water, 10% Garbage						
10-61-1110	SICK LEAVE PAID	643.20	683.00	683.40	684.00	1,723.00
10-61-1150	OVERTIME WAGES	2,669.35	5,000.00	1,198.80	2,026.00	4,000.00
10-61-1200	SALARIES/WAGES - PART TIME	.00	.00	.00	.00	.00
10-61-1300	EMPLOYEE BENEFITS	33,603.65	34,931.00	29,192.58	35,088.00	44,232.00
10-61-1400	CLOTHING ALLOWANCE	540.00	540.00	450.00	540.00	540.00
10-61-1500	PERFORMANCE INCENTIVES	762.32	823.00	875.73	876.00	896.00
10-61-2100	SUBSCRIPTIONS AND MEMBERSHIPS	.00	.00	.00	.00	.00
10-61-2300	TRAVEL AND TRAINING	.00	1,000.00	85.00	146.00	1,000.00
10-61-2500	EQUIPMENT & MAINTENANCE	4,204.91	11,500.00	6,536.59	7,500.00	11,500.00
10-61-2850	MOBILE PHONE	869.43	1,000.00	765.73	898.00	1,000.00
10-61-2900	FUEL	6,145.60	9,000.00	5,335.72	6,500.00	9,000.00
10-61-3000	STREETS LIGHTS	43,036.23	49,000.00	34,203.63	44,000.00	49,000.00
10-61-3100	CDL TESTING	.00	.00	.00	.00	.00
10-61-3200	ENGINEERING	.00	3,000.00	1,648.05	2,500.00	3,000.00
10-61-3300	PROFESSIONAL SERVICES	14,190.00	25,000.00	14,454.00	25,000.00	25,000.00
10-61-4100	INSURANCE	933.15	2,000.00	892.95	1,531.00	2,000.00
10-61-4200	CLASS "C" ROADS	546,908.71	422,500.00	2,249.54	400,000.00	325,000.00
10-61-4300	LOCAL OPTION ROAD EXPENDITURE	590,050.54	671,500.00	69,904.58	150,000.00	1,066,000.00
Budget notes:						
Local Option Sales Tax Highway Money						
Sidewalk Additions \$10,000						
Sidewalk Maintenance \$20,000						
10-61-4400	STORM DRAIN EXPENSES	.00	.00	.00	.00	.00
10-61-4500	SPECIAL DEPARTMENT EXPENSES	11,618.27	20,500.00	7,278.59	12,000.00	20,500.00
Budget notes:						
Road Base Shoulders \$2,500						
New signs \$2,000						
Sign posts \$1,600						
10-61-4510	ROAD SALT	2,411.68	12,000.00	10,785.12	11,000.00	20,000.00
10-61-4600	MISCELLANEOUS	750.53	3,000.00	509.34	2,000.00	3,000.00
Budget notes:						
Includes \$500 for PPE						
Emergency preparedness \$500						
10-61-5600	INFO TECHNOLOGY PAYMENTS	432.00	.00	.00	.00	444.00
10-61-5700	MOTOR POOL PAYMENTS	46,044.00	36,300.00	27,225.00	36,300.00	29,340.00
10-61-6100	EQUIPMENT RENTAL	.00	2,500.00	.00	.00	2,500.00
10-61-6200	CAPITAL OUTLAY	2,535.96	3,000.00	.00	.00	.00
Total STREETS:		1,386,781.10	1,397,714.00	283,263.16	821,604.00	1,709,983.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
PARKS						
10-70-1100	SALARIES/WAGES - FULL TIME	177,316.50	185,932.00	158,337.22	188,140.00	209,082.00
10-70-1110	SICK LEAVE PAID	1,263.60	1,308.00	1,308.40	1,309.00	1,422.00
10-70-1150	OVERTIME WAGES	4,326.62	9,000.00	4,250.16	5,000.00	9,000.00
10-70-1200	SALARIES/WAGES - TEMPORARY	10,026.11	28,000.00	7,474.82	20,000.00	28,000.00
Budget notes:						
2 people x 40 hours/week 29 weeks (April 15 - October 31)						
10-70-1300	EMPLOYEE BENEFITS	77,735.69	81,208.00	67,618.84	79,620.00	92,015.00
10-70-1400	CLOTHING ALLOWANCE	2,160.00	2,160.00	1,755.00	2,083.00	2,160.00
10-70-1500	PERFORMANCE INCENTIVES	1,196.18	1,859.00	1,771.11	1,771.00	2,091.00
10-70-2300	TRAVEL AND TRAINING	368.00	1,000.00	1,277.00	1,300.00	1,500.00
10-70-2500	EQUIPMENT & MAINTENANCE	5,381.22	5,000.00	1,195.63	5,000.00	5,000.00
10-70-2600	BUILDINGS & GROUNDS	686.56	1,500.00	337.10	1,000.00	1,500.00
10-70-2650	SPLASHPAD EXPENSES	10,198.33	20,000.00	5,076.61	15,000.00	20,000.00
10-70-2700	UTILITIES	1,718.49	2,200.00	1,219.04	1,800.00	2,200.00
10-70-2850	MOBILE PHONE	2,066.74	2,200.00	1,446.11	2,200.00	2,200.00
10-70-2900	FUEL	5,926.93	7,000.00	3,532.58	6,000.00	7,000.00
10-70-3200	ENGINEERING	944.75	1,000.00	.00	.00	1,000.00
10-70-3300	PROFESSIONAL SERVICES	.00	500.00	.00	.00	20,500.00
Budget notes:						
Wetlands Study \$20,000;						
10-70-3700	OTHER PROF & TECHNICAL SERVICE	.00	90,000.00	.00	.00	90,000.00
Budget notes:						
TAP Grant Expenditures						
10-70-4100	INSURANCE	286.16	1,000.00	294.70	491.00	1,000.00
10-70-4150	INSURANCE DEDUCTIBLE	.00	1,000.00	.00	.00	1,000.00
10-70-4200	FERTILIZER AND WEED CONTROL	4,025.00	5,100.00	1,186.47	4,500.00	6,000.00
10-70-4500	SPECIAL DEPARTMENT EXPENSES	13,568.42	21,400.00	10,303.92	15,000.00	21,000.00
Budget notes:						
Mulch \$2,500						
Portable Restroom \$1,200						
Blower \$5500						
Trimmer \$350						
10-70-4600	MISCELLANEOUS	2,163.99	2,800.00	1,821.91	2,500.00	2,800.00
10-70-5010	RAMP GRANT EXPENDITURES	16,361.73	23,500.00	.00	23,500.00	23,500.00
Budget notes:						
RAMP Population Grant Expenditures						
10-70-5600	INFO TECHNOLOGY PAYMENTS	432.00	.00	.00	.00	744.00
10-70-5700	MOTOR POOL PAYMENTS	9,984.00	9,396.00	7,047.00	9,396.00	23,892.00
10-70-6100	EQUIPMENT RENTAL	.00	1,000.00	.00	.00	1,000.00
10-70-6200	CAPITAL OUTLAY	7,882.00	25,800.00	3,023.28	15,000.00	12,300.00
Budget notes:						
Fibar \$3,300						
Tree removal \$4,000						
Playground Parts \$5,000						
Total PARKS:		356,019.02	530,863.00	280,276.90	400,610.00	587,906.00

		2017-18	2018-19	2018-19	2018-19	2019-20
		Prior year	Current year	Current year	Current year	Future year
Account Number	Account Title	Actual	Budget	Actual	Projected actual	Budget
COMMUNITY SERVICES						
10-71-1100	SALARIES/WAGES - FULL TIME	104,512.70	109,475.00	90,300.80	108,438.00	116,011.00
10-71-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
10-71-1200	SALARIES/WAGES - PART TIME	164,096.42	160,611.00	138,132.78	160,386.00	172,392.00
10-71-1300	EMPLOYEE BENEFITS	76,757.64	76,231.00	82,896.32	104,496.00	80,142.00
10-71-1500	PERFORMANCE INCENTIVES	2,209.23	2,688.00	2,945.04	2,946.00	2,870.00
10-71-2100	SUBSCRIPTIONS AND MEMBERSHIPS	431.94	250.00	41.94	72.00	465.00
10-71-2300	TRAVEL AND TRAINING	1,544.28	2,000.00	1,957.94	2,200.00	1,950.00
10-71-2400	OFFICE SUPPLIES	1,202.00	1,000.00	498.71	567.00	1,000.00
10-71-2500	EQUIPMENT & MAINTENANCE	10,613.75	10,000.00	6,708.31	10,000.00	10,000.00
10-71-2600	BLDGS AND GROUNDS MAINT.	20,869.26	23,000.00	16,646.73	23,000.00	32,000.00
Budget notes:						
Five Year Fire Sprinkler System Test \$10,000						
10-71-2700	UTILITIES	14,308.50	16,500.00	9,319.39	15,000.00	16,500.00
10-71-2800	TELEPHONE	2,545.42	2,800.00	2,264.95	2,800.00	2,800.00
10-71-2900	FUEL	411.27	400.00	205.06	400.00	400.00
10-71-3000	COMMUNITY ACTIVITIES	.00	.00	.00	.00	.00
10-71-3010	OLD GLORY DAYS	12,418.71	15,000.00	5,650.11	14,000.00	16,500.00
10-71-3011	FIREWORKS	17,000.00	17,000.00	7,120.00	17,000.00	17,000.00
10-71-3020	CHRISTMAS DECOR & EQUIP	97.31	500.00	305.20	306.00	500.00
10-71-3030	COUNTY FAIR	.00	.00	.00	.00	.00
10-71-3040	SPECIAL EVENTS & PROJECTS	.00	.00	.00	.00	.00
10-71-3100	SENIOR CITIZENS ACTIVITIES	.00	.00	.00	.00	.00
10-71-3110	PROGRAMS	515.34	1,000.00	536.67	728.00	1,800.00
10-71-3120	OPERATIONS/MATERIALS/SUPP	3,789.01	4,000.00	2,803.48	2,824.00	4,000.00
10-71-3121	SENIOR LUNCH	39,248.06	45,000.00	30,539.79	40,000.00	45,000.00
10-71-3130	EQUIPMENT	111.55	500.00	151.44	260.00	500.00
10-71-3200	ADULT ACTIVITIES	.00	.00	.00	.00	.00
10-71-3230	SOCCER	546.93	2,000.00	2,073.40	2,100.00	2,500.00
10-71-3231	BASKETBALL	.00	.00	240.20	.00	.00
10-71-3232	SOFTBALL	.00	.00	.00	.00	.00
10-71-3233	VOLLEYBALL	515.50	500.00	541.29	542.00	.00
10-71-3300	YOUTH ACTIVITIES	540.24	2,000.00	.00	.00	1,000.00
Budget notes:						
Archery						
10-71-3310	INTRAMURALS	1,468.75	2,500.00	1,945.61	2,266.00	2,500.00
10-71-3320	CRAFTS & SKILLS	1,009.20	2,000.00	.00	.00	2,000.00
10-71-3330	SPORTS PROGRAMS	.00	.00	215.64	281.00	.00
10-71-3331	BASKETBALL	4,108.81	4,000.00	2,637.14	3,000.00	6,500.00
10-71-3332	BASEBALL/SOFTBALL	4,881.52	6,300.00	250.54	5,000.00	6,000.00
10-71-3333	FLAG FOOTBALL	1,199.40	2,500.00	425.28	2,000.00	2,500.00
10-71-3340	PARTNERS IN EDUCATION	.00	.00	.00	.00	.00
10-71-3350	YOUTH COMMITTEE	2,780.79	3,700.00	2,207.98	3,000.00	3,700.00
10-71-4100	INSURANCE	48.21	200.00	52.87	91.00	200.00
10-71-4500	SPECIAL DEPARTMENT EXPENSES	2,211.52	2,200.00	2,292.12	2,300.00	2,400.00
10-71-4560	PUBLIC COMMUNICATIONS	14,461.11	15,500.00	13,168.28	15,754.00	15,500.00
10-71-4600	MISCELLANEOUS	9,478.64	10,000.00	9,504.61	9,454.00	10,000.00
10-71-4700	ROY AQUATIC CENTER & COMPLEX	16,056.40	19,000.00	13,277.10	13,746.00	19,000.00
Budget notes:						
Roy City passes and Aquatic Nights						
\$7,000 for Roy Aquatic Center fees - 10 nights						
\$12,000 for Roy Complex passes						
10-71-5600	INFO TECHNOLOGY PAYMENTS	1,212.00	144.00	108.00	144.00	1,932.00
10-71-5700	MOTOR POOL PAYMENTS	756.00	3,564.00	2,673.00	3,564.00	1,296.00
10-71-7400	CAPITAL OUTLAY	.00	27,000.00	14,224.00	25,000.00	6,000.00
Budget notes:						
Replace Furnace and/or A/C Unit (as needed)						

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
	Total COMMUNITY SERVICES:	533,957.41	591,063.00	464,861.72	593,665.00	604,858.00
	GENERAL FUND Revenue Total:	9,156,097.57	10,734,250.00	7,497,973.10	9,657,234.00	11,347,250.00
	GENERAL FUND Expenditure Total:	9,475,273.03	10,734,250.00	6,406,305.61	8,395,204.00	11,347,250.00
	Net Total GENERAL FUND:	319,175.46-	.00	1,091,667.49	1,262,030.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
RDA GENERAL FUND						
Source: 36						
21-36-1000	INTEREST	33,485.99	27,000.00	35,816.91	47,157.00	45,000.00
Total Source: 36:		33,485.99	27,000.00	35,816.91	47,157.00	45,000.00
RDA REVENUE						
21-39-2000	RIVERDALE ROAD TAX INCREMENT	.00	.00	.00	.00	.00
21-39-2050	RIVERDALE ROAD INTEREST	.00	.00	.00	.00	.00
21-39-2500	RIVERDALE ROAD REDEMPTIONS	.00	.00	.00	.00	.00
21-39-3000	1050 WEST RDA TAX INCREMENT	.00	.00	.00	.00	.00
21-39-3050	1050 WEST INTEREST	.00	.00	.00	.00	.00
21-39-3500	1050 WEST REDEMPTIONS	.00	.00	.00	.00	.00
21-39-4000	WEBER RIVER RDA TAX INCREMENT	.00	.00	.00	.00	.00
21-39-4050	WEBER RIVER INTEREST	.00	.00	.00	.00	.00
21-39-4500	WEBER RIVER REDEMPTIONS	.00	.00	.00	.00	.00
21-39-5050	HOUSING INTEREST	.00	.00	.00	.00	.00
21-39-6000	LOAN INTEREST	.00	.00	.00	.00	.00
21-39-7000	SR FACILITY-TENANT RENTS	.00	.00	.00	.00	.00
21-39-7100	SR FACILITY-MTG ROOM RENTS	.00	.00	.00	.00	.00
21-39-7200	SR FACILITY-MISC REVENUE	.00	.00	.00	.00	.00
21-39-9000	SUNDRY REVENUES	.00	.00	.00	.00	.00
21-39-9100	USE OF FUND BALANCE	.00	.00	.00	.00	.00
21-39-9200	TRANSFERS FROM 550 W.	16,920.12	15,000.00	15,864.98	16,000.00	15,000.00
Budget notes:						
5% of tax increment revenue from 550 West Project Area						
21-39-9900	SR FACILITY FINANCING CAPITAL	.00	.00	.00	.00	.00
Total RDA REVENUE:		16,920.12	15,000.00	15,864.98	16,000.00	15,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
RDA EXPENSES						
21-40-1100	SALARIES & WAGES	.00	.00	.00	.00	.00
21-40-1300	EMPLOYEE BENEFITS	.00	.00	.00	.00	.00
21-40-1500	PERFORMANCE INCENTIVES	.00	5,000.00	.00	.00	5,000.00
21-40-2000	BUSINESS & ECONOMIC DEVELOPM	.00	5,000.00	.00	.00	5,000.00
Budget notes:						
Activities, meetings, etc.						
21-40-2100	SUBSCRIPTIONS AND MEMBERSHIPS	600.00	500.00	600.00	771.00	500.00
Budget notes:						
RDA Association						
NAHRO						
21-40-2200	PUBLIC NOTICES	.00	500.00	.00	.00	500.00
21-40-2300	TRAVEL & TRAINING	89.88	750.00	65.40	112.00	750.00
21-40-2400	OFFICE SUPPLIES	.00	100.00	.00	.00	100.00
21-40-3300	ATTORNEY SERVICES	.00	3,000.00	.00	.00	3,000.00
21-40-3400	PROFESSIONAL SERVICES	4,000.00	15,000.00	7,731.25	10,000.00	25,000.00
Budget notes:						
Sewer Study						
21-40-4100	INSURANCE	.00	1,700.00	.00	.00	1,700.00
21-40-4600	MISCELLANEOUS	825.24	2,000.00	1,668.97	2,000.00	5,000.00
21-40-4710	RIVERDALE ROAD INCR. PAYMENTS	.00	.00	.00	.00	.00
21-40-4730	WEBER RIVER INCREMENT PAYMENT	.00	.00	.00	.00	.00
21-40-4900	SENIOR FACILITY FURNISHINGS	.00	.00	.00	.00	.00
21-40-5000	SENIOR FACILITY CAPITAL COSTS	.00	.00	.00	.00	.00
21-40-5100	LAND	.00	.00	.00	.00	.00
21-40-5200	BUILDINGS	.00	.00	.00	.00	.00
21-40-5300	IMPROVEMENTS-RIVERDALE RD ARE	.00	.00	.00	.00	.00
21-40-5500	IMPROVEMENTS-WEBER RIVER ARE	.00	.00	.00	.00	.00
21-40-5550	WEST BENCH AREA	.00	.00	.00	.00	.00
21-40-5560	550 WEST AREA	.00	.00	.00	.00	.00
21-40-5600	INCREASE IN RESERVE ACCOUNTS	.00	8,450.00	.00	.00	13,450.00
21-40-5700	NOT USED	.00	.00	.00	.00	.00
21-40-7000	SR FACILITY-MGMT,ADMIN, OPERAT	.00	.00	.00	.00	.00
21-40-7100	SR FACILITY-UTILITIES	.00	.00	.00	.00	.00
21-40-7200	SR FACILITY-MAINTENANCE	.00	.00	.00	.00	.00
21-40-7300	SR FACILITY-MISC. SUPPLIES	.00	.00	.00	.00	.00
21-40-7400	SR FACILITY-DEBT SVC EXTERNAL	.00	.00	.00	.00	.00
21-40-7500	SR FACILITY-DEBT SVC INTERNAL	.00	.00	.00	.00	.00
21-40-8000	AMORTIZATION EXPENSE	.00	.00	.00	.00	.00
Total RDA EXPENSES:		5,515.12	42,000.00	10,065.62	12,883.00	60,000.00
RDA GENERAL FUND Revenue Total:		50,406.11	42,000.00	51,681.89	63,157.00	60,000.00
RDA GENERAL FUND Expenditure Total:		5,515.12	42,000.00	10,065.62	12,883.00	60,000.00
Net Total RDA GENERAL FUND:		44,890.99	.00	41,616.27	50,274.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
RIVERDALE ROAD RDA FUND						
TAX REVENUE						
22-31-1000	TAX INCREMENT	1,184.27-	.00	.00	.00	.00
	Budget notes:					
	RDA Increment Expired					
22-31-1100	INCREMENT TRANSFERRED	236.85	.00	.00	.00	.00
	Budget notes:					
	20% to Housing Fund					
22-31-2000	REDEMPTIONS	.00	.00	.00	.00	.00
Total TAX REVENUE:		947.42-	.00	.00	.00	.00
MISCELLANEOUS REVENUE						
22-36-1000	INTEREST	.00	.00	.00	.00	.00
22-36-4000	SALE OF ASSETS	1,088,000.00	.00	.00	.00	.00
22-36-8100	TRANSFER FROM OTHER FUNDS	450,000.00	.00	.00	.00	.00
22-36-9100	USE OF FUND BALANCE	.00	470,000.00	.00	.00	290,000.00
Total MISCELLANEOUS REVENUE:		1,538,000.00	470,000.00	.00	.00	290,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
22-40-3400	PROFESSIONAL SERVICES	46,624.92	50,000.00	12,132.60	30,000.00	50,000.00
22-40-5300	INCREMENT PAYMENTS	.00	.00	.00	.00	.00
22-40-5400	IMPROVEMENTS	24,814.95	420,000.00	380,000.00	415,000.00	240,000.00
Budget notes:						
Project area development improvements						
22-40-5500	LAND	1,642,280.78	.00	.00	.00	.00
22-40-8200	INTERFUND LOAN TO HOUSING RDA	.00	.00	.00	.00	.00
22-40-9000	INCREASE IN RESERVES	.00	.00	.00	.00	.00
Total EXPENDITURES:		1,713,720.65	470,000.00	392,132.60	445,000.00	290,000.00
RIVERDALE ROAD RDA FUND Revenue Total:		1,537,052.58	470,000.00	.00	.00	290,000.00
RIVERDALE ROAD RDA FUND Expenditure Total:		1,713,720.65	470,000.00	392,132.60	445,000.00	290,000.00
Net Total RIVERDALE ROAD RDA FUND:		176,668.07-	.00	392,132.60-	445,000.00-	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
1050 WEST RDA FUND						
TAX REVENUE						
23-31-1000	TAX INCREMENT	247,779.08	195,000.00	253,294.13	255,000.00	250,000.00
23-31-1100	INCREMENT TRANSFERRED	246,859.82-	195,000.00-	253,819.70-	255,000.00-	250,000.00-
Budget notes:						
To Senior Facility Fund						
23-31-2000	REDEMPTIONS	.00	.00	525.57	.00	.00
Total TAX REVENUE:		919.26	.00	.00	.00	.00
MISCELLANEOUS REVENUE						
23-36-1000	INTEREST	.00	.00	.00	.00	.00
Total MISCELLANEOUS REVENUE:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
23-40-3300	ATTORNEY SERVICES	.00	.00	.00	.00	.00
23-40-3400	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
23-40-3500	ADMINISTRATIVE EXPENSES	.00	.00	.00	.00	.00
23-40-5300	INCREMENT PAYMENTS	.00	.00	.00	.00	.00
23-40-5400	IMPROVEMENTS	.00	.00	.00	.00	.00
Budget notes:						
500 West housing acquisition (to pioneer development in the 550 W. project area and also enhance the prospects of this city-owned 8 acres at 550 West project area.						
23-40-5500	LAND	.00	.00	.00	.00	.00
23-40-9000	INCREASE IN RESERVES	.00	.00	.00	.00	.00
Total EXPENDITURES:		.00	.00	.00	.00	.00
1050 WEST RDA FUND Revenue Total:		919.26	.00	.00	.00	.00
1050 WEST RDA FUND Expenditure Total:		.00	.00	.00	.00	.00
Net Total 1050 WEST RDA FUND:		919.26	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
WEBER RIVER RDA FUND						
TAX REVENUE						
24-31-1000	TAX INCREMENT	.00	.00	.00	.00	.00
24-31-1100	INCREMENT TRANSFERRED	.00	.00	.00	.00	.00
24-31-2000	REDEMPTIONS	.00	.00	.00	.00	.00
24-31-9100	USE OF FUND BALANCE	.00	.00	.00	.00	.00
Total TAX REVENUE:		.00	.00	.00	.00	.00
MISCELLANEOUS REVENUE						
24-36-1000	INTEREST	.00	.00	.00	.00	.00
Total MISCELLANEOUS REVENUE:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
24-40-3300	ATTORNEY SERVICES	.00	.00	.00	.00	.00
24-40-3400	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
24-40-3500	ADMINISTRATIVE EXPENSES	.00	.00	.00	.00	.00
24-40-5300	INCREMENT PAYMENTS	.00	.00	.00	.00	.00
24-40-5400	IMPROVEMENTS	.00	.00	.00	.00	.00
24-40-5500	LAND	.00	.00	.00	.00	.00
24-40-9000	INCREASE IN RESERVES	.00	.00	.00	.00	.00
Total EXPENDITURES:		.00	.00	.00	.00	.00
WEBER RIVER RDA FUND Revenue Total:		.00	.00	.00	.00	.00
WEBER RIVER RDA FUND Expenditure Total:		.00	.00	.00	.00	.00
Net Total WEBER RIVER RDA FUND:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
550 WEST RDA FUND						
TAX REVENUE						
25-31-1000	TAX INCREMENT	340,316.97	300,000.00	316,642.54	320,000.00	300,000.00
25-31-1100	INCREMENT TRANSFERRED	84,600.58-	75,000.00-	79,324.96-	80,000.00-	75,000.00-
Budget notes:						
20% Housing from 550 W. (\$60,000) to Statutory Housing RDA Fund						
5% Administration Fee from 550 W (\$15,000) to General RDA Fund						
25-31-2000	REDEMPTIONS	.00	.00	657.27	.00	.00
Total TAX REVENUE:		255,716.39	225,000.00	237,974.85	240,000.00	225,000.00
MISCELLANEOUS REVENUE						
25-36-1000	INTEREST	.00	.00	.00	.00	.00
25-36-2000	USE OF FUND BALANCE	.00	45,000.00	.00	.00	45,000.00
Total MISCELLANEOUS REVENUE:		.00	45,000.00	.00	.00	45,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
25-40-3300	ATTORNEY SERVICES	.00	5,000.00	.00	.00	2,500.00
25-40-3400	PROFESSIONAL SERVICES	11,947.68	15,000.00	6,682.26	12,000.00	8,000.00
25-40-3500	ADMINISTRATIVE EXPENSES	.00	.00	.00	.00	.00
25-40-4110	PROPERTY TAX EXPENDITURE	.00	.00	.00	.00	.00
25-40-5300	INCREMENT PAYMENTS	198,528.00	210,000.00	.00	205,000.00	210,000.00
Budget notes:						
Riverdale Center IV, LLC \$210,000						
25-40-5400	IMPROVEMENTS	26,616.16	40,000.00	16,654.25	25,000.00	40,000.00
Budget notes:						
550 W. Improvement Projects						
25-40-5500	LAND	.00	.00	.00	.00	.00
Budget notes:						
Property purchased by non-Statutory Housing in 550 W. RDA area:						
Parcel #06-030-0012, September 2010, House/Land \$137,584.14						
Parcel #06-030-0012, September 2010, retirement of gas line \$300						
Parcel #06-030-0012, October 2010, asbestos inspection, \$721.25						
Parcel #06-030-0012, October 2010, asbestos removal, \$550						
Parcel #06-030-0012, October 2010, demolish house, stumps, asphalt \$6,650						
Parcel #06-030-0006, March 2015, Cruz property \$180,270						
Property purchased by Statutory Housing in 550 W. RDA area:						
Bingham Property, Parcel # 06-030-0007, August 2013, House/Land \$150,290						
Bingham Property, Parcel # 06-030-0007, January 2014, Asbestos removal from house \$3,349						
Bingham Property, Parcel # 06-030-0007, January 2014, Tree removal, site clearing \$7,100						
Jensen Property, Parcel # 06-030-0011, February 2014, House/Land \$170,236						
Mann Property, Parcel #060300010, March 2014, House/Land \$125,421						
Property purchased by Capital Projects (Riverdale City) in 550 W. RDA area:						
Parcel #06-029-0002, 06-029-0003, 06-028-0004, 06-028-0006, December 2009, \$214,266.32						
25-40-9000	INCREASE IN RESERVES	.00	.00	.00	.00	9,500.00
Total EXPENDITURES:		237,091.84	270,000.00	23,336.51	242,000.00	270,000.00
550 WEST RDA FUND Revenue Total:		255,716.39	270,000.00	237,974.85	240,000.00	270,000.00
550 WEST RDA FUND Expenditure Total:		237,091.84	270,000.00	23,336.51	242,000.00	270,000.00
Net Total 550 WEST RDA FUND:		18,624.55	.00	214,638.34	2,000.00-	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
WEST BENCH RDA FUND						
TAX REVENUE						
26-31-1000	TAX INCREMENT	.00	.00	.00	.00	.00
26-31-2000	REDEMPTIONS	.00	.00	.00	.00	.00
Total TAX REVENUE:		.00	.00	.00	.00	.00
MISCELLANEOUS REVENUE						
26-36-1000	INTEREST	.00	.00	.00	.00	.00
26-36-2000	USE OF FUND BALANCE	.00	.00	.00	.00	.00
Total MISCELLANEOUS REVENUE:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
26-40-3300	ATTORNEY SERVICES	.00	.00	.00	.00	.00
26-40-3400	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
26-40-3500	ADMINISTRATIVE EXPENSES	.00	.00	.00	.00	.00
26-40-4600	MISCELLANEOUS	.00	.00	.00	.00	.00
26-40-5300	INCREMENT PAYMENTS	.00	.00	.00	.00	.00
26-40-5400	IMPROVEMENTS	.00	.00	.00	.00	.00
26-40-5500	LAND	.00	.00	.00	.00	.00
26-40-9000	INCREASE IN RESERVES	.00	.00	.00	.00	.00
Total EXPENDITURES:		.00	.00	.00	.00	.00
WEST BENCH RDA FUND Revenue Total:		.00	.00	.00	.00	.00
WEST BENCH RDA FUND Expenditure Total:		.00	.00	.00	.00	.00
Net Total WEST BENCH RDA FUND:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
STATUTORY HOUSING FUND						
TAX REVENUE						
28-31-1000	TAX INCREMENT - TRANSFERRED	67,680.46	60,000.00	63,459.98	65,000.00	60,000.00
	Budget notes:					
	From 550 West Project Area tax increment 20%					
	Total TAX REVENUE:	67,680.46	60,000.00	63,459.98	65,000.00	60,000.00
MISCELLANEOUS REVENUE						
28-36-1000	INTEREST	3,731.96	2,850.00	5,379.20	6,762.00	5,100.00
28-36-4000	SALE OF FIXED ASSETS	.00	.00	.00	.00	.00
28-36-8050	HOUSE RENT	.00	.00	.00	.00	.00
28-36-9000	SUNDRY REVENUE	.00	.00	.00	.00	.00
28-36-9100	USE OF FUND BALANCE	.00	.00	.00	.00	.00
	Budget notes:					
	Property purchased by Statutory Housing in 550 W. RDA area:					
	Bingham Property, Parcel # 06-030-0007, August 2013, House/Land \$150,290					
	Bingham Property, Parcel # 06-030-0007, January 2014, Asbestos removal from house \$3,349					
	Bingham Property, Parcel # 06-030-0007, January 2014, Tree removal, site clearing \$7,100					
	Jensen Property, Parcel # 06-030-0011, February 2014, House/Land \$170,236					
	Mann Property, Parcel #060300010, March 2014, House/Land \$125,421					
	Total MISCELLANEOUS REVENUE:	3,731.96	2,850.00	5,379.20	6,762.00	5,100.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
28-40-3300	ATTORNEY SERVICES	.00	.00	.00	.00	.00
28-40-3400	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
28-40-3500	ADMINISTRATIVE EXPENSES	950.00	.00	950.00	1,629.00	1,000.00
28-40-4100	INSURANCE	.00	1,000.00	.00	.00	1,000.00
28-40-4510	RENTAL RELATED EXPENSES	.00	1,000.00	.00	.00	1,000.00
28-40-5400	IMPROVEMENTS	.00	25,000.00	.00	.00	25,000.00
28-40-5500	LAND	.00	.00	.00	.00	.00
28-40-9000	INCREASE IN RESERVES	.00	35,850.00	.00	.00	37,100.00
Total EXPENDITURES:		950.00	62,850.00	950.00	1,629.00	65,100.00
STATUTORY HOUSING FUND Revenue Total:		71,412.42	62,850.00	68,839.18	71,762.00	65,100.00
STATUTORY HOUSING FUND Expenditure Total:		950.00	62,850.00	950.00	1,629.00	65,100.00
Net Total STATUTORY HOUSING FUND:		70,462.42	.00	67,889.18	70,133.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
HOUSING RDA FUND						
TAX REVENUE						
29-31-1000	TAX INCREMENT - TRANSFERRED	236.85-	.00	.00	.00	.00
	Budget notes:					
	Transfer 20% from Riverdale Road Project Area - Increment Expired					
29-31-1100	550 W. TAX INCR, TRANSFERRED	.00	.00	.00	.00	.00
	Total TAX REVENUE:	236.85-	.00	.00	.00	.00
Source: 34						
29-34-8050	HOUSE RENTAL	.00	.00	.00	.00	.00
	Total Source: 34:	.00	.00	.00	.00	.00
MISCELLANEOUS REVENUE						
29-36-1000	INTEREST	9,388.17	7,500.00	11,529.26	15,009.00	12,500.00
29-36-1100	LOAN INTEREST	3,672.85	5,500.00	2,833.65	3,838.00	3,500.00
29-36-2000	USE OF FUND BALANCE	.00	.00	.00	.00	.00
	Budget notes:					
	Property purchased by non-Statutory Housing in West Bench RDA area:					
	FY2007 - purchase 2 homes West Bench project area (Golden Bingham & Don Gibby) \$519,110.36 approximately 5 acres					
	Property purchased by non-Statutory Housing in 550 W. RDA area:					
	Parcel #06-030-0012, September 2010, House/Land \$137,584.14					
	Parcel #06-030-0012, September 2010, retirement of gas line \$300					
	Parcel #06-030-0012, October 2010, asbestos inspection, \$721.25					
	Parcel #06-030-0012, October 2010, asbestos removal, \$550					
	Parcel #06-030-0012, October 2010, demolish house, stumps, asphalt \$6,650					
	Parcel #06-030-0006, March 2015, Cruz property \$180,270					
29-36-4000	SALE OF ASSETS	478,905.78	.00	.00	.00	.00
29-36-8100	TRANSFER FROM OTHER FUNDS	.00	.00	.00	.00	.00
29-36-8200	INTERFUND LOAN PROCEEDS	.00	.00	.00	.00	.00
29-36-9000	SUNDRY REVENUE	.00	.00	.00	.00	.00
29-36-9100	USE OF FUND BALANCE	.00	5,000.00	.00	.00	5,000.00
	Total MISCELLANEOUS REVENUE:	491,966.80	18,000.00	14,362.91	18,847.00	21,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
29-40-1100	SALARIES & WAGES	.00	.00	.00	.00	.00
29-40-1300	BENEFITS	.00	.00	.00	.00	.00
29-40-2300	TRAVEL AND TRAINING	.00	.00	.00	.00	.00
29-40-3300	ATTORNEY SERVICES	.00	5,000.00	.00	.00	5,000.00
29-40-3400	PROFESSIONAL SERVICES	.00	8,000.00	.00	.00	5,000.00
29-40-3500	ADMINISTRATIVE EXPENSES	.00	.00	.00	.00	.00
29-40-4600	MISCELLANEOUS	396.63	5,000.00	296.80	368.00	5,000.00
29-40-5500	LAND	.00	.00	.00	.00	.00
29-40-8100	TRANSFER TO OTHER FUND	450,000.00	.00	.00	.00	.00
29-40-9000	INCREASE IN RESERVES	.00	.00	.00	.00	6,000.00
Total EXPENDITURES:		450,396.63	18,000.00	296.80	368.00	21,000.00
HOUSING RDA FUND Revenue Total:		491,729.95	18,000.00	14,362.91	18,847.00	21,000.00
HOUSING RDA FUND Expenditure Total:		450,396.63	18,000.00	296.80	368.00	21,000.00
Net Total HOUSING RDA FUND:		41,333.32	.00	14,066.11	18,479.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
SENIOR FACILITY RDA FUND						
TAX REVENUE						
30-31-1000	TAX INCREMENT - TRANSFERRED	246,859.82	195,000.00	253,819.70	255,000.00	250,000.00
30-31-2000	REDEMPTIONS	.00	.00	.00	.00	.00
Total TAX REVENUE:		246,859.82	195,000.00	253,819.70	255,000.00	250,000.00
CHARGES FOR SERVICES						
30-34-8000	TENANT RENTS	145,778.80	145,000.00	109,493.00	146,477.00	150,075.00
30-34-8050	HOUSE RENT	.00	.00	.00	.00	.00
30-34-8100	MEETING ROOM RENTS	.00	.00	.00	.00	.00
Total CHARGES FOR SERVICES:		145,778.80	145,000.00	109,493.00	146,477.00	150,075.00
MISCELLANEOUS REVENUE						
30-36-1000	INTEREST	19,334.87	16,000.00	24,143.81	30,482.00	27,000.00
30-36-9000	SUNDRY REVENUES	.00	.00	200.00	343.00	.00
30-36-9100	USE OF FUND BALANCE	.00	.00	.00	.00	.00
30-36-9900	FINANCING CAPITAL	.00	.00	.00	.00	.00
Total MISCELLANEOUS REVENUE:		19,334.87	16,000.00	24,343.81	30,825.00	27,000.00
Source: 38						
30-38-1000	CONTRIBUTIONS FROM OTHER FUND	.00	.00	.00	.00	.00
Total Source: 38:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
EXPENDITURES						
30-40-1200	SALARIES/WAGES - PART TIME	22,570.58	24,000.00	17,594.21	23,600.00	25,000.00
	Budget notes:					
	Includes:					
	Senior Housing Resident Manager					
	Part time custodian					
30-40-1300	EMPLOYEE BENEFITS	527.30	1,000.00	455.11	685.00	1,000.00
30-40-2500	EQUIPMENT/MAINTENANCE	11,587.36	17,000.00	6,578.87	15,000.00	25,000.00
30-40-2700	UTILITIES	38,718.66	42,000.00	29,441.39	36,503.00	42,000.00
30-40-2800	TELEPHONE	468.00	500.00	351.00	468.00	500.00
30-40-3300	ATTORNEY SERVICES	.00	.00	.00	.00	.00
30-40-3400	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
30-40-3500	ADMINISTRATIVE EXPENSES	.00	.00	.00	.00	.00
30-40-4100	INSURANCE	4,496.08	6,500.00	4,496.08	4,500.00	6,500.00
	Budget notes:					
	Property Insurance					
30-40-4110	PROPERTY TAXES	8,715.52	10,500.00	12,787.99	12,800.00	13,500.00
30-40-4510	MGMT, ADMIN, OPERATIONS	57,275.97	60,000.00	42,563.17	58,000.00	60,000.00
	Budget notes:					
	Other Admin/Oper \$20,000					
	General Fund reimbursement for services					
	Bldgs & Grounds, Custodial Services \$40,000					
30-40-4600	MISCELLANEOUS	1,055.68	3,000.00	.00	1,500.00	3,000.00
30-40-5000	CAPITAL COSTS	5,476.50	20,000.00	3,203.50	17,000.00	120,000.00
	Budget notes:					
	Carpeting (common areas) \$35,000					
	Painting (common areas) \$42,000					
	Camera System \$20,000					
	Various Other Repairs/Improvements					
30-40-7400	DEBT SERVICE EXTERNAL	456,349.85	.00	.00	.00	.00
30-40-8100	TRANSFER TO OTHER FUNDS	.00	.00	.00	.00	.00
30-40-9000	INCREASE IN RESERVES	.00	171,500.00	.00	.00	130,575.00
Total EXPENDITURES:		607,241.50	356,000.00	117,471.32	170,056.00	427,075.00
SENIOR FACILITY RDA FUND Revenue Total:		411,973.49	356,000.00	387,656.51	432,302.00	427,075.00
SENIOR FACILITY RDA FUND Expenditure Total:		607,241.50	356,000.00	117,471.32	170,056.00	427,075.00
Net Total SENIOR FACILITY RDA FUND:		195,268.01-	.00	270,185.19	262,246.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
CAPITAL PROJECTS FUND						
CAPITAL PROJECTS REVENUE						
45-38-1200	PROCEEDS FROM BOND ISSUE	.00	.00	.00	.00	.00
45-38-1300	GENERAL FUND TRANSFER	656,150.00	.00	.00	.00	.00
45-38-1400	TRANSFER FROM OTHER FUNDS	.00	1,200,000.00	.00	.00	1,200,000.00
45-38-2000	USE OF FUND BALANCE	.00	506,000.00	.00	.00	585,100.00
45-38-6100	INTEREST ALLOCATION	59,067.40	49,000.00	75,056.89	97,629.00	83,900.00
45-38-7800	GRANTS/DONATIONS	19,303.53	.00	11,635.00	11,750.00	.00
Total CAPITAL PROJECTS REVENUE:		734,520.93	1,755,000.00	86,691.89	109,379.00	1,869,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
CAPITAL PROJECTS EXPENDITURES						
45-47-4810	TRANSFER TO OTHER FUNDS	.00	.00	.00	.00	.00
45-47-7000	CIVIC CENTER	.00	211,000.00	2,823.75	200,000.00	94,000.00
	Budget notes:					
	Civic Center Window Treatments \$10,000					
	Civic Center Landscaping \$50,000					
	Legal Exterior Doors \$14,000					
45-47-7100	POLICE STATION	.00	75,000.00	63,788.47	65,000.00	45,000.00
	Budget notes:					
	Body Armor \$20,000					
	Camera System \$25,000					
45-47-7200	FIRE STATION	.00	39,000.00	33,517.32	38,500.00	150,000.00
	Budget notes:					
	SCBA's and Masks \$130,000					
	Radios \$20,000					
45-47-7300	COMMUNITY CENTER	.00	.00	.00	.00	.00
45-47-7400	MISC. PROJECTS	139,955.00	100,000.00	11,236.37	30,000.00	100,000.00
	Budget notes:					
	Geological Hillside Movements \$100,000					
45-47-7800	BUILDINGS/CONSTRUCTION	.00	.00	.00	.00	.00
45-47-7900	BUILDINGS/RENOVATION & REMODEL	.00	.00	.00	.00	.00
45-47-8000	STREET INFRASTRUCTURE & SYSTE	.00	.00	.00	.00	.00
45-47-8010	ROAD PROJECTS - CLASS C	.00	.00	.00	.00	.00
45-47-8100	PARKS AND TRAILS	50,469.96	130,000.00	11,660.00	100,000.00	200,000.00
	Budget notes:					
	Roundabout Improvements (partial rollover from FY2019) \$200,000					
45-47-8200	EQUIPMENT	.00	.00	.00	.00	80,000.00
	Budget notes:					
	WIFI Tower Project (partial) \$80,000					
45-47-8300	LAND ACQUISITION	.00	.00	.00	.00	.00
	Budget notes:					
	Property purchased by Capital Projects (Riverdale City) in 550 W. RDA area:					
	Parcel #06-029-0002, 06-029-0003, 06-028-0004, 06-028-0006, December 2009 \$214,266.32					
45-47-8500	TRANSFER TO OTHER FUNDS	.00	.00	.00	.00	.00
45-47-9000	INCREASE IN RESERVES	.00	1,200,000.00	.00	.00	1,200,000.00
	Budget notes:					
	Offset to tentative transfer from GF					
Total CAPITAL PROJECTS EXPENDITURES:		190,424.96	1,755,000.00	123,025.91	433,500.00	1,869,000.00
CAPITAL PROJECTS FUND Revenue Total:		734,520.93	1,755,000.00	86,691.89	109,379.00	1,869,000.00
CAPITAL PROJECTS FUND Expenditure Total:		190,424.96	1,755,000.00	123,025.91	433,500.00	1,869,000.00
Net Total CAPITAL PROJECTS FUND:		544,095.97	.00	36,334.02-	324,121.00-	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
WATER FUND						
WATER - INTEREST REVENUE						
51-36-1000	INTEREST REVENUE	36,550.56	29,500.00	53,213.59	69,148.00	49,000.00
51-36-2000	CONTRIB FROM RETAINED EARNING	.00	.00	.00	.00	.00
Total WATER - INTEREST REVENUE:		36,550.56	29,500.00	53,213.59	69,148.00	49,000.00
WATER REVENUE						
51-37-1000	WATER SALES	1,234,948.93	1,130,000.00	998,844.91	1,504,179.00	1,130,000.00
51-37-2000	CONNECTION FEES - WATER	4,850.00	2,500.00	5,550.00	5,571.00	2,500.00
51-37-3000	MISCELLANEOUS - WATER	2,842.14	5,000.00	6,497.30	7,020.00	5,000.00
51-37-3400	LATE FEES	16,170.00	10,000.00	12,680.00	18,000.00	10,000.00
51-37-3500	RECONNECT FEES	7,525.00	7,500.00	6,400.00	8,600.00	7,500.00
51-37-4000	GRANTS	.00	.00	.00	.00	.00
Total WATER REVENUE:		1,266,336.07	1,155,000.00	1,029,972.21	1,543,370.00	1,155,000.00
WATER - OTHER SOURCES						
51-39-1000	ALLOCATION FROM GARBAGE DEPT	.00	.00	.00	.00	.00
51-39-2000	ALLOCATION FROM SEWER DEPT.	.00	.00	.00	.00	.00
51-39-3000	TRANSFER FROM OTHER FUNDS	.00	.00	.00	.00	.00
51-39-3500	CONTRIBUTIONS FROM DEVELOPER	.00	.00	.00	.00	.00
51-39-4000	CONTRIBUTION FROM GENERAL FUN	.00	.00	.00	.00	.00
51-39-5000	PROCEEDS FROM LOAN	.00	.00	.00	.00	.00
Total WATER - OTHER SOURCES:		.00	.00	.00	.00	.00

		2017-18	2018-19	2018-19	2018-19	2019-20
		Prior year	Current year	Current year	Current year	Future year
Account Number	Account Title	Actual	Budget	Actual	Projected actual	Budget
WATER EXPENSES						
51-40-1100	SALARIES/WAGES - FULL TIME	169,349.31	177,636.00	148,031.40	177,638.00	187,229.00
Budget notes:						
Utility Billing Clerk's wages allocated: 34% Water, 33% Sewer, 33% Storm Water						
51-40-1110	SICK LEAVE PAID	.00	.00	.00	.00	.00
51-40-1150	OVERTIME WAGES	343.86	3,500.00	1,601.41	3,000.00	3,500.00
51-40-1200	SALARIES/WAGES - PART TIME	.00	.00	.00	.00	.00
51-40-1300	EMPLOYEE BENEFITS	72,829.80	90,577.00	73,468.89	87,706.00	94,355.00
51-40-1400	CLOTHING ALLOWANCE	1,530.00	1,620.00	1,350.00	1,620.00	1,620.00
51-40-1500	PERFORMANCE INCENTIVES	1,402.68	1,776.00	1,979.70	1,980.00	1,872.00
51-40-2100	SUBSCRIPTIONS AND MEMBERSHIPS	961.94	1,000.00	1,411.94	1,500.00	1,600.00
51-40-2200	BAD DEBT	2,447.32	3,000.00	.00	2,500.00	3,000.00
51-40-2300	TRAVEL AND TRAINING	574.00	2,000.00	510.00	771.00	2,000.00
51-40-2400	OFFICE SUPPLIES	2,628.18	4,000.00	2,346.88	3,968.00	4,500.00
Budget notes:						
Includes \$900 for utility bills, \$750 envelopes, \$600 for printer cartridges						
51-40-2500	EQUIPMENT	850.29	3,000.00	652.47	2,500.00	3,000.00
51-40-2600	BUILDING AND GROUNDS	113.14	1,000.00	1,672.82	2,020.00	1,500.00
51-40-2700	UTILITIES	2,587.33	3,500.00	2,328.89	2,897.00	3,500.00
51-40-2800	WEBER BASIN WATER	226,822.07	345,000.00	240,054.37	241,000.00	370,000.00
51-40-2850	MOBILE PHONE	2,534.75	2,500.00	2,261.69	2,682.00	2,800.00
51-40-2900	FUEL	3,881.89	5,500.00	3,026.07	3,865.00	5,500.00
51-40-3000	POWER FOR PUMPING	81,648.44	80,000.00	58,614.11	80,000.00	80,000.00
51-40-3100	SPECIAL TESTING	3,638.79	5,000.00	2,616.00	3,888.00	5,000.00
Budget notes:						
Includes \$600 for large meter testing and \$4,400 for other water tests						
51-40-3200	ENGINEERING	4,137.28	5,000.00	1,435.38	4,000.00	5,000.00
51-40-3300	PROFESSIONAL SERVICES	465.00	2,500.00	750.00	1,286.00	4,000.00
51-40-3500	WATER STOCK ASSESSMENTS	8,000.00	10,000.00	10,748.00	10,748.00	12,000.00
51-40-3600	BLUE STAKES	1,023.52	1,500.00	572.66	730.00	1,500.00
51-40-3700	OTHER PROF & TECHNICAL SERVICE	.00	.00	.00	.00	.00
51-40-4100	INSURANCE	5,002.36	7,000.00	4,995.46	5,000.00	7,000.00
Budget notes:						
Insurance on tanks						
51-40-4500	SPECIAL DEPARTMENT EXPENSES	13,265.21	32,900.00	16,273.23	20,000.00	31,000.00
Budget notes:						
Includes:						
Well Inspection \$1,000						
Water Meters \$7,500						
State Fee \$2,500						
Well Rectifier \$2,500						
Hydrant \$3,500						
51-40-4600	MISCELLANEOUS	2,974.81	3,700.00	1,559.58	3,000.00	3,700.00
Budget notes:						
Personal Protective Equipment \$700						
51-40-4700	EMERGENCY MANAGEMENT	.00	500.00	.00	.00	500.00
Budget notes:						
Emergency Preparedness \$500						
51-40-4800	POSTAGE	10,552.25	13,000.00	7,726.05	12,000.00	13,000.00
51-40-5300	DEPRECIATION EXPENSE	240,070.63	215,000.00	161,253.00	215,004.00	215,000.00
51-40-5600	INFO TECHNOLOGY PAYMENTS	552.00	120.00	90.00	120.00	1,236.00
51-40-5700	MOTOR POOL PAYMENTS	18,216.00	15,347.00	11,511.00	15,348.00	8,966.00
51-40-6100	EQUIPMENT RENTAL & LEASE	3,750.00	2,500.00	.00	.00	2,500.00
51-40-6200	CAPITAL PROJECTS	.00	1,545,000.00	3,859.27	400,000.00	510,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
	SCADA Upgrade \$50,000					
	Valve Collars \$5,000					
	3900 S. Waterline Replacement \$180,000					
	Fixed Base Meter Reading System \$45,000					
	WiFi Tower (partial) \$10,000					
51-40-6300	WATER STOCK PURCHASE	.00	.00	.00	.00	110,000.00
	Budget notes:					
	Additional Water Stock/Shares Purchase \$110,000					
	Total WATER EXPENSES:	882,152.85	2,584,676.00	762,700.27	1,306,771.00	1,696,378.00
	WATER FUND Revenue Total:	1,302,886.63	1,184,500.00	1,083,185.80	1,612,518.00	1,204,000.00
	WATER FUND Expenditure Total:	882,152.85	2,584,676.00	762,700.27	1,306,771.00	1,696,378.00
	Net Total WATER FUND:	420,733.78	1,400,176.00-	320,485.53	305,747.00	492,378.00-

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
SEWER FUND						
SEWER REVENUE						
52-38-1000	SEWER SERVICE CHARGES	1,149,355.01	1,143,000.00	876,601.21	1,168,462.00	1,143,000.00
Budget notes:						
No Rate Increase						
52-38-2000	SEWER IMPACT FEES	.00	.00	.00	.00	.00
52-38-2050	SEWER IMPACT FEE INTEREST	.00	.00	.00	.00	.00
52-38-3000	MISCELLANEOUS SEWER	.00	.00	.00	.00	.00
52-38-3500	CONTRIBUTIONS FROM DEVELOPER	.00	.00	.00	.00	.00
52-38-6100	INTEREST REVENUE	46,769.40	33,350.00	36,949.88	49,364.00	57,000.00
52-38-8900	PROCEEDS FROM LOAN	.00	.00	.00	.00	.00
52-38-9000	SEWER CONNECTION FEE	4,025.00	6,000.00	13,075.00	15,000.00	6,000.00
Total SEWER REVENUE:		1,200,149.41	1,182,350.00	926,626.09	1,232,826.00	1,206,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
SEWER EXPENSES						
52-50-1100	SALARIES/WAGES - FULL TIME	86,049.72	88,859.00	73,986.11	88,898.00	92,251.00
	Budget notes:					
	Includes 15% Public Works Director Salary					
52-50-1110	SICK LEAVE PAID	321.60	342.00	341.70	342.00	1,495.00
52-50-1150	OVERTIME WAGES	1,493.58	2,500.00	1,667.60	2,200.00	2,500.00
52-50-1300	EMPLOYEE BENEFITS	44,871.55	41,712.00	35,373.78	42,067.00	44,571.00
52-50-1400	CLOTHING ALLOWANCE	540.00	540.00	450.00	540.00	540.00
52-50-1500	PERFORMANCE INCENTIVES	893.62	885.00	987.87	988.00	919.00
52-50-2000	CENTRAL WEBER SEWER DISTRICT	626,284.00	670,000.00	471,628.00	640,000.00	670,000.00
52-50-2100	EPA PRE-TREATMENT	7,343.00	7,500.00	7,168.00	7,200.00	8,000.00
52-50-2300	TRAVEL AND TRAINING	25.00	1,000.00	.00	.00	1,000.00
52-50-2500	EQUIPMENT	130.35	3,000.00	146.49	251.00	3,000.00
52-50-2600	BUILDINGS & GROUNDS	.00	3,000.00	89.87	100.00	3,000.00
52-50-2700	UTILITIES	.00	.00	.00	.00	.00
52-50-2800	TELEPHONE	.00	.00	.00	.00	.00
52-50-2850	MOBILE PHONE	622.44	600.00	518.70	622.00	700.00
52-50-2900	FUEL	2,198.25	3,000.00	1,805.46	2,137.00	3,000.00
52-50-3000	POWER FOR PUMPING	.00	.00	.00	.00	.00
52-50-3200	ENGINEERING	8,924.76	10,000.00	.00	8,000.00	30,000.00
52-50-3300	PROFESSIONAL SERVICES	47,391.10	80,000.00	4,725.60	45,000.00	100,000.00
	Budget notes:					
	Includes camera work on three year rotation Sewer Study \$20,000					
52-50-3700	INSPECTION SERVICES	.00	.00	.00	.00	.00
52-50-4100	INSURANCE	7,934.96	2,000.00	468.40	803.00	4,000.00
52-50-4500	SPECIAL DEPARTMENT EXPENSES	1,188.64	5,000.00	44.16	2,000.00	6,000.00
52-50-4600	MISCELLANEOUS	510.60	1,250.00	767.78	1,179.00	1,500.00
	Budget notes:					
	Personal Protective Equipment \$250					
52-50-4700	EMERGENCY MANAGEMENT	.00	500.00	.00	.00	500.00
	Budget notes:					
	Emergency preparedness \$500					
52-50-5300	DEPRECIATION EXPENSE	129,664.39	145,000.00	108,747.00	144,996.00	145,000.00
52-50-5500	INSURANCE DEDUCTIBLE	.00	4,000.00	.00	.00	4,000.00
52-50-5600	INFO TECHNOLOGY PAYMENTS	.00	.00	.00	.00	156.00
52-50-5700	MOTOR POOL PAYMENTS	11,592.00	11,592.00	8,694.00	11,592.00	11,592.00
52-50-5800	TRANSFER TO WATER FUND	.00	.00	.00	.00	.00
52-50-6100	EQUIPMENT RENTAL	.00	.00	.00	.00	.00
52-50-6200	CAPITAL PROJECTS	.00	503,500.00	223,527.00	500,000.00	255,000.00
	Budget notes:					
	Manhole collars \$5,000					
	Sewer line repair \$250,000					
52-50-7400	SEWER BOND PAYMENTS	22,806.78	1,125,000.00	13,440.24	13,500.00	.00
52-50-7900	SEWER IMPACT EXPENSE	.00	.00	.00	.00	.00
Total SEWER EXPENSES:		1,000,786.34	2,710,780.00	954,577.76	1,512,415.00	1,388,724.00
SEWER FUND Revenue Total:		1,200,149.41	1,182,350.00	926,626.09	1,232,826.00	1,206,000.00
SEWER FUND Expenditure Total:		1,000,786.34	2,710,780.00	954,577.76	1,512,415.00	1,388,724.00
Net Total SEWER FUND:		199,363.07	1,528,430.00-	27,951.67-	279,589.00-	182,724.00-

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
STORM WATER FUND						
STORM WATER REVENUE						
53-39-1000	STORM WATER FEES	226,327.02	225,000.00	170,911.70	227,687.00	225,000.00
53-39-3000	TRANSFER FROM OTHER FUNDS	.00	.00	.00	.00	.00
53-39-3100	MISCELLANEOUS REVENUE	.00	.00	.00	.00	.00
53-39-3500	CONTRIBUTIONS FROM DEVELOPER	.00	.00	.00	.00	.00
53-39-6100	INTEREST REVENUE	23,108.39	19,000.00	25,837.42	33,818.00	31,500.00
Total STORM WATER REVENUE:		249,435.41	244,000.00	196,749.12	261,505.00	256,500.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
STORM WATER EXPENSES						
53-60-1100	SALARIES/WAGES - FULL TIME	62,703.60	66,958.00	56,464.31	68,100.00	71,060.00
Budget notes:						
Includes 45% Public Works Director Salary						
53-60-1110	SICK LEAVE PAID	964.80	1,025.00	1,025.10	1,025.00	1,094.00
53-60-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
53-60-1300	EMPLOYEE BENEFITS	25,052.18	23,910.00	20,669.81	24,829.00	26,437.00
53-60-1500	PERFORMANCE INCENTIVES	607.15	670.00	736.33	737.00	711.00
53-60-2500	EQUIPMENT	186.57	4,500.00	30.00	1,500.00	4,500.00
53-60-2800	TELEPHONE	.00	.00	.00	.00	.00
53-60-2850	MOBILE PHONE	154.44	250.00	128.70	154.00	250.00
53-60-2900	FUEL	806.32	2,000.00	429.86	1,200.00	2,000.00
53-60-3200	ENGINEERING	857.50	15,000.00	320.00	4,000.00	15,000.00
53-60-3300	PROFESSIONAL SERVICES	8,286.25	50,000.00	6,207.50	20,000.00	50,000.00
Budget notes:						
Street Sweeping \$25,000						
53-60-3700	INSPECTION SERVICES	.00	.00	.00	.00	.00
53-60-4100	INSURANCE	470.76	2,500.00	288.46	495.00	2,500.00
53-60-4500	SPECIAL DEPARTMENT EXPENSES	4,595.30	15,000.00	3,643.80	5,136.00	15,000.00
Budget notes:						
Coalition Costs \$2,000						
Manhole Collars \$5,000						
53-60-4600	MISCELLANEOUS	3,156.84	2,000.00	235.42	248.00	2,000.00
53-60-4700	EMERGENCY MANAGEMENT	.00	500.00	.00	.00	500.00
Budget notes:						
Emergency preparedness \$500						
53-60-5300	DEPRECIATION EXPENSE	67,710.59	65,000.00	48,753.00	65,000.00	65,000.00
53-60-5600	INFO TECHNOLOGY PAYMENTS	.00	.00	.00	.00	.00
53-60-5700	MOTOR POOL PAYMENTS	7,104.00	7,104.00	5,328.00	7,104.00	7,104.00
53-60-6100	EQUIPMENT RENTAL & LEASE	.00	5,000.00	.00	.00	5,000.00
53-60-6200	CAPITAL OUTLAY	.00	325,000.00	.00	300,000.00	250,000.00
Budget notes:						
Storm Water Improvements \$250,000						
Total STORM WATER EXPENSES:		182,656.30	586,417.00	144,260.29	499,528.00	518,156.00
STORM WATER FUND Revenue Total:		249,435.41	244,000.00	196,749.12	261,505.00	256,500.00
STORM WATER FUND Expenditure Total:		182,656.30	586,417.00	144,260.29	499,528.00	518,156.00
Net Total STORM WATER FUND:		66,779.11	342,417.00-	52,488.83	238,023.00-	261,656.00-

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
GARBAGE FUND						
GARBAGE REVENUE						
55-39-1000	GARBAGE COLLECTION	372,233.40	391,000.00	296,311.71	395,021.00	394,000.00
Budget notes:						
Includes a proposed \$0.10 increase in rates for Transfer Station increases						
\$1.11 (2,097 1st, 797 2nd, 13 3rd)						
No proposed increase for Recycling at this time.						
55-39-4000	CONTRIB. FROM GENERAL FUND	.00	.00	.00	.00	.00
55-39-6100	INTEREST REVENUE	5,873.78	4,800.00	6,965.74	9,067.00	8,000.00
Total GARBAGE REVENUE:		378,107.18	395,800.00	303,277.45	404,088.00	402,000.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
GARBAGE EXPENSES						
55-60-1100	SALARIES/WAGES - FULL TIME	11,170.16	11,846.00	10,019.47	12,100.00	12,644.00
Budget notes:						
10% of Public Works Director's Wages						
55-60-1110	SICK LEAVE PAID	214.40	228.00	227.80	391.00	243.00
55-60-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
55-60-1300	EMPLOYEE BENEFITS	4,249.40	4,446.00	3,634.71	4,365.00	4,695.00
55-60-1500	PERFORMANCE INCENTIVES	104.65	118.00	128.75	221.00	126.00
55-60-2500	EQUIPMENT	.00	300.00	.00	.00	1,100.00
55-60-2900	FUEL	1,258.90	2,500.00	849.97	2,000.00	2,500.00
55-60-3200	GARBAGE HAULER	328,323.10	360,000.00	262,989.36	301,948.00	363,500.00
Budget notes:						
Last RFP - 2009						
Includes increase from Weber County						
55-60-3300	WEBER COUNTY LANDFILL	.00	.00	.00	.00	.00
55-60-4100	INSURANCE	.00	1,250.00	.00	.00	1,000.00
55-60-4500	SPECIAL DEPARTMENT EXPENSES	13,283.98	9,000.00	7,996.50	9,000.00	25,000.00
55-60-4600	MISCELLANEOUS	.00	8,500.00	.00	.00	5,000.00
55-60-4700	EMERGENCY MANAGEMENT	.00	500.00	.00	.00	500.00
55-60-5600	INFO TECHNOLOGY PAYMENTS	.00	.00	.00	.00	.00
55-60-5700	MOTOR POOL PAYMENTS	.00	.00	.00	.00	.00
Total GARBAGE EXPENSES:		358,604.59	398,688.00	285,846.56	330,025.00	416,308.00
GARBAGE FUND Revenue Total:		378,107.18	395,800.00	303,277.45	404,088.00	402,000.00
GARBAGE FUND Expenditure Total:		358,604.59	398,688.00	285,846.56	330,025.00	416,308.00
Net Total GARBAGE FUND:		19,502.59	2,888.00-	17,430.89	74,063.00	14,308.00-

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
MOTOR POOL FUND						
MOTOR POOL REVENUE						
61-37-1000	WATER	.00	.00	.00	.00	.00
61-37-1300	GENERAL FUND	.00	.00	.00	.00	.00
61-37-1400	LEASE REVENUE	310,920.00	305,639.00	229,230.00	305,640.00	376,250.00
61-37-1500	NONLEASE REVENUE	.00	.00	.00	.00	.00
61-37-3000	SEWER	.00	.00	.00	.00	.00
61-37-4000	FIRE DEPARTMENT	.00	.00	.00	.00	.00
61-37-5000	POLICE DEPARTMENT	.00	.00	.00	.00	.00
61-37-6000	STREETS	.00	.00	.00	.00	.00
61-37-6100	ALLOCATION OF INTEREST	33,324.69	28,500.00	36,483.38	48,010.00	47,000.00
61-37-7000	PARKS	.00	.00	.00	.00	.00
61-37-8000	INTERNAL SERVICE	.00	.00	.00	.00	.00
61-37-8100	SALE OF ASSETS	26,112.13	235,000.00	68,325.00	117,129.00	100,000.00
Budget notes:						
Miscellaneous Vehicle Sales \$100,000						
61-37-9000	SUNDRY REVENUES	.00	.00	.00	.00	.00
Total MOTOR POOL REVENUE:		370,356.82	569,139.00	334,038.38	470,779.00	523,250.00
MOTOR POOL - OTHER SOURCES						
61-38-3000	TRANSFERS TO(FROM) OTHER FUND	.00	.00	.00	.00	.00
Total MOTOR POOL - OTHER SOURCES:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
MOTOR POOL EXPENSES						
61-40-1100	SALARIES & WAGES - FULL TIME	.00	.00	.00	.00	.00
61-40-1150	OVERTIME WAGES	.00	.00	.00	.00	.00
61-40-1500	PERFORMANCE INCENTIVES	.00	.00	.00	.00	.00
61-40-2100	SUBSCRIPTIONS AND MEMBERSHIPS	.00	.00	.00	.00	.00
61-40-2300	TRAVEL AND TRAINING	.00	.00	.00	.00	.00
61-40-2400	OFFICE SUPPLIES	.00	.00	.00	.00	.00
61-40-2500	EQUIPMENT MAINTENANCE	5,267.33	6,000.00	3,213.78	4,048.00	6,000.00
61-40-2700	UTILITIES	6,500.15	6,500.00	5,005.90	6,500.00	6,500.00
61-40-2800	TELEPHONE	.00	.00	.00	.00	.00
61-40-2900	FUEL	.00	.00	.00	.00	.00
61-40-4100	INSURANCE	.00	.00	.00	.00	.00
61-40-4500	SPECIAL DEPARTMENT EXPENSES	1,861.99	4,500.00	5,373.27	8,202.00	7,000.00
61-40-4600	MISCELLANEOUS	.00	250.00	.00	.00	250.00
61-40-5300	DEPRECIATION EXPENSE	261,263.24	250,000.00	187,497.00	250,000.00	250,000.00
61-40-6100	LEASE EXPENSE	.00	.00	.00	.00	.00
61-40-6200	CAPITAL EQUIPMENT PURCHASE	.00	785,000.00	604,154.19	665,690.00	651,000.00
Budget notes:						
Building Inspector Vehicle \$42,000						
Fire Inspector/Code Enforcement \$42,000						
New Ambulance \$230,000						
Fire Chief Vehicle \$42,000						
Parks Utility Side by Side \$30,000						
New Animal Control Vehicle \$45,000						
Police Unmarked Vehicles (5) \$220,000						
61-40-9000	TRANSFER TO OTHER FUNDS	.00	.00	.00	.00	.00
Total MOTOR POOL EXPENSES:		274,892.71	1,052,250.00	805,244.14	934,440.00	920,750.00
MOTOR POOL FUND Revenue Total:		370,356.82	569,139.00	334,038.38	470,779.00	523,250.00
MOTOR POOL FUND Expenditure Total:		274,892.71	1,052,250.00	805,244.14	934,440.00	920,750.00
Net Total MOTOR POOL FUND:		95,464.11	483,111.00-	471,205.76-	463,661.00-	397,500.00-

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
INFORMATION TECH. FUND						
IT REVENUE						
64-37-1300	GENERAL FUND	.00	.00	.00	.00	.00
64-37-1400	LEASE/SUPPORT REVENUE	168,396.00	122,380.00	91,782.00	122,380.00	149,668.00
64-37-1500	NONLEASE REVENUE	.00	.00	.00	.00	.00
64-37-4000	SALES OF ASSETS	8.00	500.00	.00	.00	500.00
64-37-4100	ALLOCATION OF INTEREST	3,149.92	2,500.00	4,493.36	5,784.00	4,000.00
64-37-5000	PAYMENTS FROM WATER DEPT	.00	.00	.00	.00	.00
64-37-6000	PAYMENTS FROM SEWER DEPT	.00	.00	.00	.00	.00
64-37-7000	PAYMENTS FROM STORM WATER	.00	.00	.00	.00	.00
64-37-8000	PAYMENTS FROM GARBAGE DEPT	.00	.00	.00	.00	.00
64-37-9000	SUNDRY REVENUE	.00	.00	.00	.00	.00
Total IT REVENUE:		171,553.92	125,380.00	96,275.36	128,164.00	154,168.00
IT - OTHER SOURCES						
64-38-2000	CONTRIB FROM RETAINED EARNING	.00	.00	.00	.00	.00
64-38-3000	PAYMENTS FROM POLICE DEPT	.00	.00	.00	.00	.00
64-38-3100	TRANSFERS TO(FROM) OTHER FUND	.00	.00	.00	.00	.00
Total IT - OTHER SOURCES:		.00	.00	.00	.00	.00

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
IT EXPENSES						
64-40-2500	SUPPORT/MAINTENANCE	38,106.40	55,000.00	32,961.16	48,028.00	65,000.00
	Budget notes:					
	Includes Caselle Support - \$20,000/yr					
	Includes Web site hosting - \$600/yr					
	Includes ETS Server Support - \$1,275/mo.					
64-40-2800	TELEPHONE	4,526.88	7,000.00	5,783.85	8,250.00	9,000.00
64-40-2900	DATA LINES (T-1, ETC)	.00	.00	.00	.00	.00
64-40-3000	INTERNET AND DATA	.00	.00	4,750.00	10,000.00	12,500.00
64-40-3300	PROFESSIONAL SERVICES	.00	5,000.00	3,325.00	5,700.00	5,000.00
64-40-4500	SPECIAL DEPARTMENT EXPENSES	2,585.68	25,000.00	2,564.06	15,000.00	25,000.00
64-40-4600	MISCELLANEOUS	.00	.00	.00	.00	.00
64-40-4700	OFFICE 365	.00	.00	58.04	.00	15,000.00
64-40-4800	POSTAGE	.00	.00	.00	.00	.00
64-40-5300	DEPRECIATION EXPENSE	79,731.68	65,000.00	48,753.00	65,000.00	65,000.00
64-40-5500	INTEREST EXPENSE	.00	.00	.00	.00	.00
64-40-7400	EQUIPMENT	8,623.91	40,000.00	33,024.00	37,500.00	140,000.00
	Budget notes:					
	Windows 10 Conversion \$60,000					
	Fire Laptops \$11,250					
	Police Laptops \$45,000					
	Police Copier \$8,000					
Total IT EXPENSES:		133,574.55	197,000.00	131,219.11	189,478.00	336,500.00
INFORMATION TECH. FUND Revenue Total:		171,553.92	125,380.00	96,275.36	128,164.00	154,168.00
INFORMATION TECH. FUND Expenditure Total:		133,574.55	197,000.00	131,219.11	189,478.00	336,500.00
Net Total INFORMATION TECH. FUND:		37,979.37	71,620.00-	34,943.75-	61,314.00-	182,332.00-

Account Number	Account Title	2017-18 Prior year Actual	2018-19 Current year Budget	2018-19 Current year Actual	2018-19 Current year Projected actual	2019-20 Future year Budget
LONG TERM DEBT FUND						
Department: 90						
95-90-1301	GENERAL GOVERNMENT PENSION E	5,415.00	.00	.00	.00	.00
95-90-1302	PUBLIC SAFETY PENSION EXPENSE	12,671.00	.00	.00	.00	.00
95-90-1303	PUBLIC WORKS PENSION EXPENSE	429.00	.00	.00	.00	.00
95-90-1304	PARKS & REC PENSION EXPENSE	2,382.00	.00	.00	.00	.00
95-90-1305	COMMUNITY DEVELOP PENSION EXP	1,207.00	.00	.00	.00	.00
Total Department: 90:		22,104.00	.00	.00	.00	.00
LONG TERM DEBT FUND Revenue Total:		.00	.00	.00	.00	.00
LONG TERM DEBT FUND Expenditure Total:		22,104.00	.00	.00	.00	.00
Net Total LONG TERM DEBT FUND:		22,104.00-	.00	.00	.00	.00
Net Grand Totals:		846,933.00	3,828,642.00-	1,127,900.03	229,264.00	1,530,898.00-

Report Criteria:

Budget note year end periods: Current year
 Print Fund Titles
 Page and Total by Fund
 Print Source Titles
 Total by Source
 Print Department Titles
 Page and Total by Department
 All Segments Tested for Total Breaks

**RIVERDALE CITY
GARBAGE RATE INCREASE ANALYSIS
ESTIMATED IMPACT**

	FY 2020
Weber County Transfer Station's New Rate	\$ 40.59
Current Rate	<u>39.48</u>
Net Increase	1.11
Annual Tonnage	<u>3,000</u>
Total Additional Cost @ new rate	3,330
Converted to Months	<u>12</u>
Additional Amount Per Month	278
Total Garbage Cans	<u>2,907</u>
Additional Cost Per Can, Per Month	<u><u>\$ 0.10</u></u>

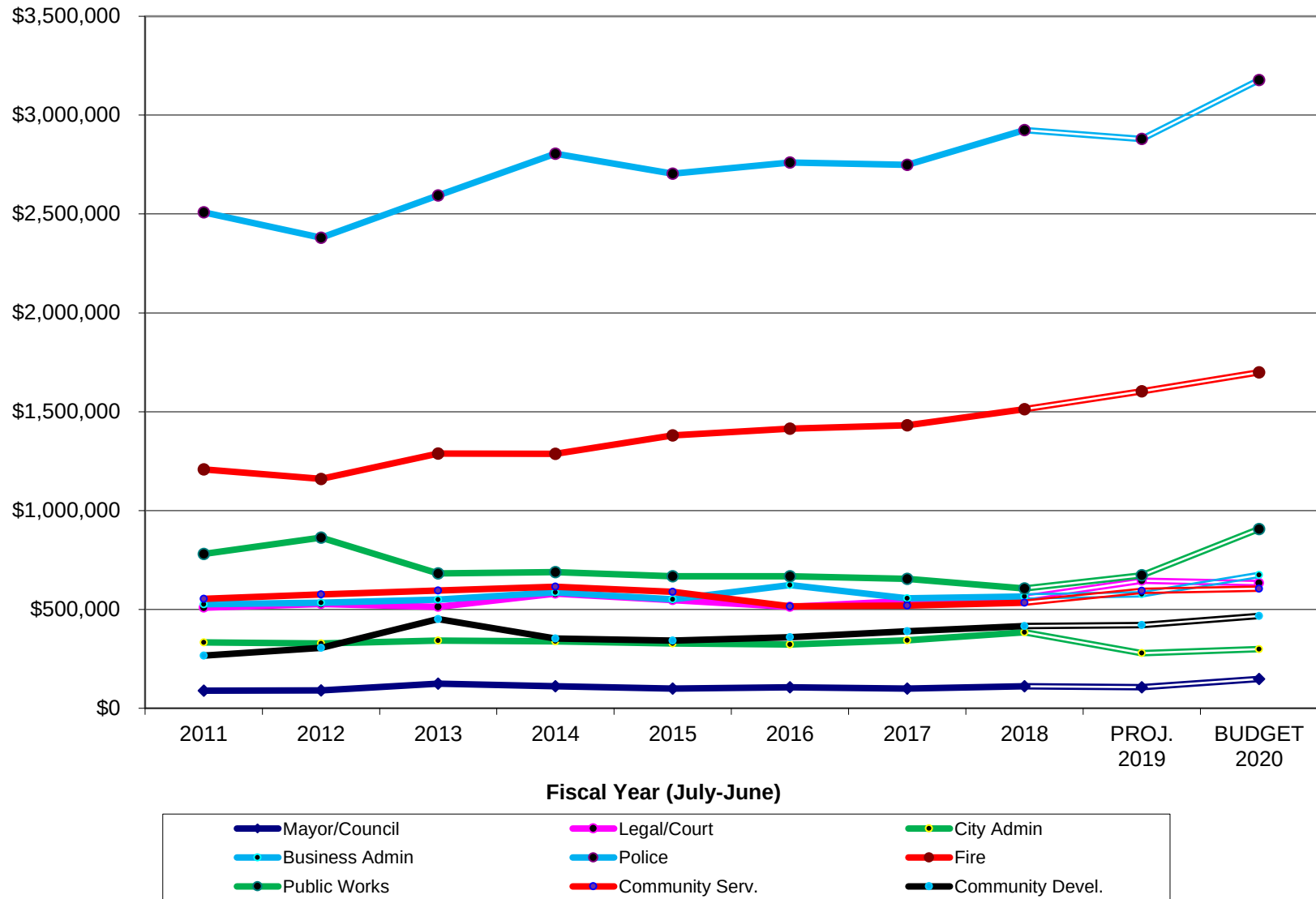
Facts	
	Current
Annual Tonnage (per Robinson)	<u>3,000</u>
Total Garbage Cans	
1st Cans	2,097
2nd Cans	797
3rd Cans	13
Total Garbage Cans	<u>2,907</u>

Rate Description	Current Rates	Proposed Increase	Proposed FY 2020 Rates
Garbage - 1st can	\$ 10.42	\$ 0.10	\$ 10.52
Garbage - each additional can	5.32	\$ 0.10	5.42
Recycling - each can	\$ 3.12	\$ -	\$ 3.12

Benchmark 4

General Fund Expenditures by Department

2011 to 2018 Actual; 2019 Projected; 2020 Tentative Budget



Summary of Benefit Changes

- The Hospice preauthorization and limitation requirements have been removed from the hospice benefit.
- HSA and FSA contribution limits have been updated for 2019.
- Overall medical premium increase is 3.8%. New monthly rates are on pg. 24. (Dental & Vision premiums did not change)



2019-2020 benefits enrollment guide





Benefits that work for your life

At Riverdale City, we believe employees are the foundation of our success.

To support you during the moments that matter most, we offer a wide range of benefits, programs and resources that are competitive, diverse, and flexible to meet your needs. It's one of the most important things we do as a company, and part of our commitment to making Riverdale City a great place to work.

This enrollment guide is designed to help you understand the comprehensive medical, prescription, dental and vision coverage available for you and your family. You'll also learn about the available life and accident insurance options, including what's provided automatically by Riverdale City.

Who is Eligible?

You and your dependents are eligible for Riverdale City benefits on the first on the month following your first day of employment. Eligible dependents include:

- » Full-time employees who actively work at least 30 hours per week;
- » Your legal spouse;
- » Your natural born children, current stepchildren, or legally adopted children up to age 26;
- » Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying change of status. If you experience a qualifying change of status, you must contact HR within 30 days.





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Have questions?



Call the insurance company or benefit provider using the contact numbers on page 4.

If your issues are still not resolved, please contact the Diversified Insurance Group employee advocate. See page 44 for more information.



Helpful contact information

Medical

PEHP

pehp.org

800.765.7347

Pharmacy

Express Scripts

Mail Order

express-scripts.com

800.282.2881

Accredo

Specialty

accredo.com

877.222.7336

Dental

PEHP

pehp.org

800.765.7347

Vision

EyeMed

eyemed.com

866.939.3633

Life and AD&D

Utah Local Government Trust

utahtrust.gov

801.936.6400

The Standard

standard.com

888.937.4783

Long-Term Disability

The Standard

standard.com

888.368.1135

Value Added Benefits

PEHPplus

pehp.org/plus

801.366.7555

Health Savings Account

HealthEquity

healthequity.com

866.346.5800

Flexible Spending Account

PEHP

pehp.org

800.753.7703

Critical Illness, Hospital, and Accident Accounts

Aflac

aflacgroupinsurance.com

800.433.3036

Retirement

Utah Retirement Systems

Defined Benefit

urs.com

801.366.7720

ICMA

Defined Contribution

icmarc.org

800.669.7400

Employee Assistance Program

The Standard

standard.com

888.293.6948

Employee Advocate

Diversified Employee Advocate

riverdale@digadvocate.com

801.325.5018



What do I need to know about the medical plans?

What comes out of my pay?



Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.

What will I pay when I begin receiving medical care?



Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.

What will I pay after I meet my annual deductible?



Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.

What's the most I'd have to pay out of my own pocket?



Out-of-pocket maximum

This is the most you'd pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care. Think of it as your safety net.

What is Riverdale City contributing?



Riverdale City contribution

Riverdale City and employee will share a premium cost with an 80/20 split which will limit your monthly cost and provide you with affordable coverage options.

Will my doctor be in-network?



Provider network

You can confirm whether your doctor is in-network by going to the carrier website. For PEHP plans, visit pehp.org and select the Summit or Advantage network.

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way - especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Riverdale City.

Through PEHP, the city provides the option for one of three plans. The city and employee will share in premium cost with an 80/20 split. As an incentive to help contain cost, the city will offer insurance savings of \$150 per eligible employee/dependent (up to a maximum of 3 people) who you opt not to cover on health insurance.

Welcome to PEHP

We want to make accessing and understanding your healthcare benefits simple. This Benefits Summary contains important information on how best to use PEHP's comprehensive benefits.

Please contact the following PEHP departments or affiliates if you have questions.

ON THE WEB

..... www.pehp.org

Create a PEHP for Members account at www.pehp.org to review your claims history, get important information through our Message Center, see a comprehensive list of your coverages, find and compare providers in your network, access Healthy Utah rebate information, check your FLEX\$ account balance, and more.

CUSTOMER SERVICE/ HEALTH BENEFITS ADVISORS

..... 801-366-7555
..... or 800-765-7347

Weekdays from 8 a.m. to 5:30 p.m.

Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

PREAUTHORIZATION

» Inpatient Hospital Preauthorization..... 801-366-7755
..... or 800-753-7754

PRESCRIPTION DRUG BENEFITS

» PEHP Pharmacy 801-366-7551
..... or 888-366-7551

SPECIALTY PHARMACY

» Accredo 800-501-7260

PEHP FLEX\$

» PEHP FLEX\$ Department 801-366-7503
..... or 800-753-7703

HEALTH SAVINGS ACCOUNTS (HSA)

» PEHP FLEX\$ Department 801-366-7503
..... or 800-753-7703

WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah 801-366-7300
..... or 855-366-7300
..... www.pehp.org/healthyutah

» PEHP Health Coaching 801-366-7300
..... or 855-366-7300

» PEHP WeeCare..... 801-366-7400
..... or 855-366-7400
..... www.pehp.org/weecare

» PEHP Integrated Care (Ask for Member Services Nurse)
..... 801-366-7555
..... or 800-765-7347

VALUE-ADDED BENEFITS

» PEHPplus..... www.pehp.org/plus

ONLINE ENROLLMENT HELP LINE

..... 801-366-7410
..... or 800-753-7410

CLAIMS MAILING ADDRESS

PEHP

560 East 200 South

Salt Lake City, Utah 84102-2004

Summit

Steward*, MountainStar, and University of Utah Health Care providers and facilities. You can also see Advantage providers on the Summit network, but your benefits will pay less.

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital

Carbon County

Castleview Hospital

Davis County

Lakeview Hospital
Davis Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Jordan Valley Hospital

Salt Lake County (cont.)

Jordan Valley Hospital - West
Lone Peak Hospital
Primary Children's Medical Center
Riverton Children's Unit
St. Marks Hospital
Salt Lake Regional Medical Center
University of Utah Hospital
University Orthopaedic Center

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

Mountain View Hospital
Timpanogos Regional Hospital
Mountain Point Medical Center

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

Advantage

Intermountain Healthcare (IHC)

providers and facilities. You can also see Summit providers on the Advantage network, but your benefits will pay less.

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital

Cache County

Logan Regional Hospital

Carbon County

Castleview Hospital

Davis County

Davis Hospital
Intermountain Layton Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Alta View Hospital
Intermountain Medical Center

Salt Lake County (cont.)

The Orthopedic Specialty Hospital (TOSH)
LDS Hospital
Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

McKay-Dee Hospital

No-Pay Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. See List of No-Pay Providers at pehp.org

*Formerly IASIS

Medical Benefits: Traditional Plan



MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Traditional Option2

YOU PAY

Summit & Advantage	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible <i>Applies to out-of-pocket maximum</i>	\$500 per individual, \$1,000 per family	
Plan year Out-of-Pocket Maximum**	\$4,000 per individual, \$8,000 per family	
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	No charge	40% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$150 co-pay after deductible per visit	\$150 co-pay after deductible per visit plus any balance billing above In-Network Rate
Urgent Care Facility	\$40 co-pay per visit	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	Applicable office co-pay per visit	40% of In-Network Rate after deductible

*You pay 20% of In-Network Rate after Out-of-Pocket Maximum is met for **Out-of-Network Providers**. They may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

**Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Office Visits	Applicable office co-pay per visit	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	Medical: \$10 co-pay per visit. Mental Health: Standard benefits apply. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Office Visits and Office Surgeries	\$20 co-pay per visit	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	\$30 co-pay per visit	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	\$30 co-pay per visit	\$30 co-pay per visit plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less</i>	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	Outpatient: Applicable office co-pay per visit. Inpatient: 20% of In-Network Rate after deductible	Not covered
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate after deductible. No maximum co-pay Tier B: 30% of In-Network Rate after deductible. No maximum co-pay	Tier A: 40% of In-Network Rate after deductible. No maximum co-pay Tier B: 50% of In-Network Rate after deductible. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered

Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	20% after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chiropractic Care <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions <i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	No charge	40% of In-Network Rate after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Injections	Under \$50: No charge Over \$50: 20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction** <i>Up to \$1,000 Lifetime Maximum</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible

Medical Benefits: Traditional Plan



MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Traditional Option 3

YOU PAY

Summit & Advantage

In-Network Provider

Out-of-Network Provider*

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

Plan Year Deductible <i>Applies to out-of-pocket maximum</i>	\$750 per individual, \$1,500 per family	
Plan year Out-of-Pocket Maximum**	\$5,000 per individual, \$10,000 per family	

INPATIENT FACILITY SERVICES

Medical and Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	No charge	40% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	Not covered

OUTPATIENT FACILITY SERVICES

Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$175 co-pay after deductible per visit	\$175 co-pay after deductible per visit plus any balance billing above In-Network Rate
Urgent Care Facility	\$45 co-pay per visit	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	Applicable office co-pay per visit	40% of In-Network Rate after deductible

*You pay 20% of In-Network Rate after Out-of-Pocket Maximum is met for **Out-of-Network Providers**. They may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

**Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Office Visits	Applicable office co-pay per visit	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	Medical: \$10 co-pay per visit. Mental Health: Standard benefits apply. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Office Visits and Office Surgeries	\$25 co-pay per visit	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	\$35 co-pay per visit	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	\$35 co-pay per visit	\$35 co-pay per visit plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less</i>	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	Outpatient: Applicable office co-pay per visit. Inpatient: 20% of In-Network Rate after deductible	Not covered
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate after deductible. No maximum co-pay Tier B: 30% of In-Network Rate after deductible. No maximum co-pay	Tier A: 40% of In-Network Rate after deductible. No maximum co-pay Tier B: 50% of In-Network Rate after deductible. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered

Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	20% after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chiropractic Care <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions <i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	No charge	40% of In-Network Rate after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Injections	Under \$50: No charge Over \$50: 20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction** <i>Up to \$1,000 Lifetime Maximum</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible

Medical Benefits: STAR HSA Plan



MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

STAR HSA Option 2

Summit & Advantage

YOU PAY

Summit & Advantage	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to out-of-pocket maximum</i>	\$1,500 per single, \$3,000 per family	
Plan year Out-of-Pocket Maximum	\$3,000 per single, \$6,000 per family	
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Urgent Care Facility	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible

*You pay 20% of In-Network Rate after Out-of-Pocket Maximum is met for **Out-of-Network Providers**. They may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

Medical Benefits: STAR HSA Plan

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Office Visits	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	Medical: \$10 co-pay per visit after deductible. Mental Health: Standard benefits apply after deductible. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	Medical: 20% of In-Network Rate after deductible	Not applicable
Primary Care Office Visits and Office Surgeries	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	20% of In-Network Rate after deductible	Not covered
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate. No maximum co-pay Tier B: 30% of In-Network Rate. No maximum co-pay	Tier A: 40% of In-Network Rate. No maximum co-pay Tier B: 50% of In-Network Rate. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered

Medical Benefits: STAR HSA Plan

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	20% after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chiropractic Care <i>Up to 20 visits per plan year</i>	20% of In-Network Rate after deductible	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions <i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Injections	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction <i>Up to \$1,000 Lifetime Maximum</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible



What are my health savings account options?

Health Savings Account (HSA)

When you enroll in the High Deductible Health Plan, you are allowed to open a Health Savings Account (HSA). This allows you to put money away tax free through payroll deductions, let it accrue interest tax free, and then use it for qualified medical, dental and vision expenses tax free.

With an HSA you own the account and it is fully portable. Balances roll over year after year, growing tax free. You never lose your contributions to your HSA, unlike other health accounts, such as an FSA. Even if you change jobs, health plans, or retire, you keep your HSA.

Flexible Spending Account (FSA)

When you enroll in the Traditional plan you can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
Which plans is this account available for?	Consumer Directed High Deductible Plan	Comprehensive PPO Consumer Directed Plan You don't need to be enrolled in a medical plan.
What would I use this account for?	» Pay for qualified medical, dental and vision expenses with tax-free dollars. » Lower health insurance premiums with an HSA qualified health plan. » Keep your contributions year after year and watch your balance grow	Eligible health care expenses, including dental, vision and prescription medication. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
What is the maximum amount that I can put in this account?	\$3,500 Employee-only coverage \$7,000 Family coverage If you'll be at least 55 years old in 2019, you can make an additional \$1,000 catch-up contribution.	\$2,700 is the IRS pretax contribution limit. You decide the annual amount you want to contribute to the FSA based on your expected healthcare account.
When are the funds available?	» Your contributions are deducted from each paycheck pretax, and deposited into your HSA account. » You decide the annual amount you want to contribute to your HSA; not to exceed the yearly IRS limits.	Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
What happens if I don't use the money during the year?	All unused funds will roll over to the next year. Also, if you have more than \$1,000 in your HSA, you can invest it, and any growth is generally tax free. You can take HSA funds with you when you leave the company or retire.	Up to \$500 in unused funds will roll over automatically to pay for eligible expenses in the following year.

Dependent Care Flexible Spending Account (DCFSA)

Your Dependent Care spending limit is **\$5,000**.

- » You can pay for eligible dependent care expenses with pretax dollars, including: Adult day care centers, Babysitters and nannies, Summer day camp, Before-and after-school programs, Child day care
- » You can use this account for dependent care expenses incurred so you and your spouse/partner can work, or attend school full time. If your spouse/partner stays home full time, you are not eligible for the tax benefit.

Consult a Doctor Remotely with Intermountain Connect Care

A Fast, Easy Way to See a Doctor »

Connect Care gives families access to care 24/7/365 (even on holidays) for urgent, low-level needs such as:

- » Allergies
- » Sore throat
- » Eye infections
- » Cough
- » Painful urination
- » Lower back pain
- » Joint pain or strains
- » Minor skin problems

Available on all PEHP networks »

- » Advantage
- » Preferred
- » Summit
- » Capital

If You're on a Traditional Plan

Each on-demand doctor consultation costs only a **\$10 co-pay**.

If You're on The STAR Plan

Each on-demand doctor consultation costs only **\$49** before you meet your deductible. After your deductible is met, you pay only a **\$10 co-pay**.



Download the app from the [Google Play Store](#) or [iTunes App Store](#).



YOU'RE COVERED



PEHP Pays for **Preventive Benefits** at 100%*

Don't put off that test or immunization. Preventive benefits are covered at no cost to you when you see a contracted provider — even before you meet your deductible.

Covered Preventive Services for Adults

(Ages 18 and older)

- » Preventive physical exam visits for adults, one time per plan year including:
 - › Blood pressure screening
 - › Basic/comprehensive metabolic panel
 - › Complete blood count
 - › Urinalysis
- » Abdominal aortic aneurysm one-time screening for men aged 65-75 who have ever smoked.
- » Alcohol misuse screening and counseling.
- » Aspirin use for men ages 45-79 and women ages 55-79, covered under the pharmacy benefit when prescribed by a physician.
- » Cholesterol screening for adults of certain ages or at higher risk.
- » Colorectal cancer screening for adults ages 50 to 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.
PEHP covers Conscious Moderate Sedation for Colonoscopy's. If you don't have an ASA score of P3 or higher, or a Mallampati score of III or higher, General Anesthesia or Monitored Anesthesia Care is not covered for those providers that bill separately for it. Check with your doctor to find out if you meet these requirements.
- » Depression screening for adults.
- » Type 2 diabetes screening for adults with high blood pressure.

- » Diet counseling for adults at higher risk for chronic disease including hyperlipidemia, obesity, diabetes, and cardiovascular disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists including registered dietitians.
 - » HIV screening for all adults at higher risk.
 - » Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:
 - › Hepatitis A
 - › Hepatitis B
 - › Herpes zoster (shingles age 60 and above)
 - › Human papillomavirus (HPV)
 - » males age 9-21 Gardasil
 - » females age 9-26 Gardasil or Cervarix
 - › Influenza (flu shot)
 - › Measles, mumps, rubella
 - › Meningococcal (meningitis)
 - › Pneumococcal (pneumonia)
 - › Tetanus, diphtheria, pertussis (Td or Tdap)
 - › Varicella (chickenpox)
- Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.*
- » Obesity screening and counseling for all adults by primary care clinicians to promote sustained weight loss for obese adults.
 - » Sexually transmitted infection (STI) prevention counseling for adults at higher risk.
 - » Tobacco use screening for all adults and cessation interventions for tobacco users.

- » Syphilis screening for all adults at higher risk.

Covered Preventive Services Specifically for Women, Including Pregnant Women

- » Preventive gynecological exam, two per plan year.
- » Anemia screening on a routine basis for pregnant women.
- » Bacteriuria urinary tract or other infection screening for pregnant women.
- » BRCA counseling about genetic testing for women at higher risk.
- » BRCA testing for women at higher risk, requires preauthorization from PEHP.
- » Breast cancer mammography screenings one time per plan year for women over 40.
- » Breast cancer chemoprevention counseling for women at higher risk.
- » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- » Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
Coverage allows for either a manual or electric breast pump within 12 months after delivery. Hospital grade breast pumps when medically necessary and preauthorized by PEHP are also included.
- » Cervical cancer screening (pap smear) for women ages 21-65.

Continued on next page

Preventive Services Coverage

Continued from previous page

- » Chlamydia infection screening for younger women and other women at higher risk.
- » Contraception: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.
 - » Covered services/devices include: One IUD every two years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphragms, cervical caps, emergency contraceptives (Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.
- » Domestic and interpersonal violence screening and counseling for all women.
- » Folic acid supplements for women who may become pregnant, covered under the pharmacy benefit when prescribed by a physician.
- » Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
- » Gonorrhea screening for all women at higher risk.
- » Hepatitis B screening for pregnant women at their first prenatal visit.
- » Human immunodeficiency virus (HIV) screening and counseling for sexually active women.
- » Human papillomavirus (HPV) DNA test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older in conjunction with cervical cancer screening (pap smear).
- » Osteoporosis screening for women over age 60 depending on risk factors.
- » Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
- » Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
- » Sexually transmitted infections (STI) counseling for sexually active women.
- » Syphilis screening for all pregnant women or other women at increased risk.

Covered Preventive Services Specifically for Children

(Younger than age 18)

- » Preventive physical exam visits throughout childhood as recommended by the American Academy of Pediatrics including:

- » Behavioral assessments for children of all ages;
 - » Blood pressure screening for children;
 - » Developmental screening for children under age 3 and surveillance throughout childhood;
 - » Oral health risk assessment for young children;
 - » Alcohol and drug use assessments for adolescents.
 - » Autism screening for children at 18 and 24 months.
 - » Cervical dysplasia (pap smear) screening for sexually active females.
 - » Congenital hypothyroidism screening for newborns.
 - » Depression screening for adolescents.
 - » Dyslipidemia screening for children at higher risk of lipid disorders.
 - » Fluoride chemoprevention supplements for children without fluoride in their water source.
 - » Gonorrhea preventive medication for the eyes of all newborns.
 - » Hearing screening for all newborns, birth to 90 days old.
 - » Height, weight, and body mass index measurements for children.
 - » Hematocrit or hemoglobin screening for children.
 - » Hemoglobinopathies or sickle cell screening for newborns.
 - » HIV screening for adolescents at higher risk.
 - » Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
 - » Diphtheria, tetanus, pertussis (Dtap);
 - » Haemophilus influenzae type b (Hib);
 - » Hepatitis A;
 - » Hepatitis B;
 - » Human papillomavirus (HPV);
 - » Males age 9-21 Gardasil;
 - » Females age 9-26 Gardasil or Cervarix;
 - » Inactivated poliovirus;
 - » Influenza (Flu Shot);
 - » Measles, mumps, rubella;
 - » Meningococcal (meningitis);
 - » Pneumococcal (pneumonia);
 - » Rotavirus;
 - » Varicella (chickenpox).
- Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.*
- » Iron supplements for children ages 6 to 12 months at risk for anemia.
 - » Obesity screening and counseling.
 - » Phenylketonuria (PKU) screening for this

genetic disorder in newborns.

- » Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk.
- » Tuberculin testing for children at higher risk of tuberculosis.
- » Vision screening for all children one time between ages 3 and 5.

Coverage for Specific Drugs

Payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered. See applicable Benefits Summary for coverage information.

- » Aspirin use for men age 45-79 and women age 55-79.
- » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- » Folic acid supplements for women who may become pregnant.
- » Fluoride chemoprevention supplements for children without fluoride in their water source.
- » Iron supplements for children ages 6 to 12 months at risk for anemia.
- » Tobacco use cessation interventions, up to the maximum approved dose and duration per plan year.

Additional Preventive Services When Enrolled in The STAR Plan

(doesn't apply to Jordan School District)

(doesn't apply to Utah Basic Plus)

Adults

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Glucose test.
- » Hearing exam.
- » Hypothyroidism screening.
- » Phenylketones test.
- » Prostate cancer screening.
- » PSA (prostate specific antigen) screening.
- » Refraction exams.
- » Blood typing for pregnant women.
- » Rubella screening for all women of child bearing age at their first clinical encounter.

Children

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Hearing exam.
- » Hypothyroidism screening.
- » Refraction exams.

* PEHP processes claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, cost sharing may apply. Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis, or treatment are not considered preventive services and are subject to the appropriate cost sharing.

Traditional Dental Care

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

Traditional Dental Care	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible Does not apply to diagnostic or preventive services	\$25 per member, \$75 maximum per family	\$25 per member, \$75 maximum per family
Annual Benefit Max	\$1,500	\$1,500
DIAGNOSTIC	YOU PAY	YOU PAY
Periodic Oral Examinations	No Charge	20% of In-Network Rate
X-rays	No Charge	20% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	No Charge	20% of In-Network Rate
Sealants Permanent molars only through age 17	No Charge	20% of In-Network Rate
RESTORATIVE		
Amalgam Restoration	20% of In-Network Rate AD*	40% of In-Network Rate AD
Composite Restoration	20% of In-Network Rate AD	40% of In-Network Rate AD
ENDODONTICS		
Pulpotomy	20% of In-Network Rate AD	40% of In-Network Rate AD
Root Canal	20% of In-Network Rate AD	40% of In-Network Rate AD
PERIODONTICS		
	20% of In-Network Rate AD	40% of In-Network Rate AD
ORAL SURGERY		
Extractions	20% of In-Network Rate AD	40% of In-Network Rate AD
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only		
General Anesthesia	20% of In-Network Rate AD	40% of In-Network Rate AD
PROSTHODONTIC BENEFITS Preauthorization may be required		
Crowns	50% of In-Network Rate AD	70% of In-Network Rate AD
Bridges	50% of In-Network Rate AD	70% of In-Network Rate AD
Dentures (partial)	50% of In-Network Rate AD	70% of In-Network Rate AD
Dentures (full)	50% of In-Network Rate AD	70% of In-Network Rate AD
IMPLANTS		
All eligible related services	50% of In-Network Rate AD	70% of In-Network Rate AD
ORTHODONTIC BENEFITS		
Maximum Lifetime Benefit per Member	\$1,500	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum AD	

* = After Deductible

If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

Premium Dental Care

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

Premium Dental Care	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible Does not apply to diagnostic or preventive services	None	None
Annual Benefit Max	\$2,000	\$2,000
DIAGNOSTIC	YOU PAY	YOU PAY
Periodic Oral Examinations	No Charge	20% of In-Network Rate
X-rays	No Charge	20% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	No Charge	20% of In-Network Rate
Sealants Permanent molars only through age 17	No Charge	20% of In-Network Rate
RESTORATIVE		
Amalgam Restoration	20% of In-Network Rate	40% of In-Network Rate
Composite Restoration	20% of In-Network Rate	40% of In-Network Rate
ENDODONTICS		
Pulpotomy	20% of In-Network Rate	40% of In-Network Rate
Root Canal	20% of In-Network Rate	40% of In-Network Rate
PERIODONTICS		
	20% of In-Network Rate	40% of In-Network Rate
ORAL SURGERY		
Extractions	20% of In-Network Rate	40% of In-Network Rate
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only		
General Anesthesia	20% of In-Network Rate	40% of In-Network Rate
PROSTHODONTIC BENEFITS Preauthorization may be required		
Crowns	50% of In-Network Rate	70% of In-Network Rate
Bridges	50% of In-Network Rate	70% of In-Network Rate
Dentures (partial)	50% of In-Network Rate	70% of In-Network Rate
Dentures (full)	50% of In-Network Rate	70% of In-Network Rate
IMPLANTS		
All eligible related services	50% of In-Network Rate	70% of In-Network Rate
ORTHODONTIC BENEFITS		
Maximum Lifetime Benefit per Member	\$1,500	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum	

If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

Vision Benefits: EyeMed Plan F



Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

PEHP Eyewear Only (Plan F)

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Frames	\$0 Copay, \$130 allowance, 80% of charge over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	Up to \$55
Standard Progressive Lens	\$75	Up to \$40
Premium Progressive Lens ^a	\$95 - \$120	
Tier 1	\$95	Up to \$40
Tier 2	\$105	Up to \$40
Tier 3	\$120	Up to \$40
Tier 4	\$75, 80% of charge less \$120 allowance	Up to \$40
Lens Options (paid by the member in addition to the price of the lenses)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate-Adults	\$40	N/A
Standard Polycarbonate-Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^a	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay, \$130 Allowance, 85% of charge over \$130	Up to \$104
Disposable	\$0 Copay, \$130 Allowance, plus off balance over \$130	Up to \$104
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Additional Discounts (Additional discounts are not insured benefits)		
Complete pair of prescription eyeglasses	40% off	
Non-prescription sunglasses	20% off	
Remaining balance beyond plan coverage	20% off	
Premium- Monthly Subscriber		
Subscriber	\$6.38	
Subscriber + 1	\$10.15	
Family	\$13.91	

Benefits are not provided from services or materials arising from: Orthopedic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered - fund as a Bifocal lens. Standard Progressive lens covered - fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. ^aPremium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.



Monthly Medical, Dental and Vision Rates

Medical - PEHP - Traditional Option 2

	Total Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$618.78	\$495.02	\$123.76
Employee + 1	\$1,280.88	\$1,024.70	\$256.18
Family	\$1,732.58	\$1,386.06	\$346.52

Medical - PEHP - Traditional Option 3

	Total Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$599.16	\$479.33	\$119.83
Employee + 1	\$1,240.24	\$992.19	\$248.05
Family	\$1,677.62	\$1,342.10	\$335.52

Medical - PEHP - High Deductible Health Plan

	Total Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$545.06	\$436.05	\$109.01
Employee + 1	\$1,128.28	\$902.62	\$225.66
Family	\$1,526.16	\$1,220.93	\$305.23

Dental - PEHP - Traditional

	Total Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$51.84	\$41.47	\$10.37
Employee + 1	\$70.90	\$56.72	\$14.18
Family	\$107.32	\$85.86	\$21.46

Dental - PEHP - Premium

	Total Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$56.00	\$44.80	\$11.20
Employee + 1	\$76.56	\$61.25	\$15.31
Family	\$115.90	\$92.72	\$23.18

Vision - EyeMed

	Total Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$6.38	\$0.00	\$6.38
Employee + 1	\$10.15	\$0.00	\$10.15
Family	\$13.91	\$0.00	\$13.91



PEHP FLEX\$

Time to Get Serious About Reducing Out-of-Pocket Costs »

At open enrollment, you agree to set aside a portion of your pre-tax salary for the year to pay eligible expenses. PEHP offers two types of FLEX\$: healthcare and dependent day care. Enroll in one or both.

Plan Year Contribution Limits

- » Up to \$2,700 for healthcare expenses
(May adjust annually for inflation)
- » Up to \$5,000 for dependent day care expenses (you and your spouse combined)

How You Contribute

- » Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
- » The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX\$.

You Can't Have an HSA

You can't contribute to a health savings account (HSA) while you're enrolled in healthcare FLEX\$. However, you may have a dependent day care FLEX\$ and/or a limited FSA and contribute to an HSA.

FLEX\$ Timeline

Eligible FLEX\$ expenses must be incurred between July 1, 2019 and June 30, 2020. You can carry over up to \$500 in your healthcare FLEX\$ into the next plan year.

Learn More

Contact PEHP FLEX\$: 801-366-7503 or 800-753-7703; email: flex@pehp.org. See instructions below to download the PEHP FLEX\$ brochure or email publications@pehp.org to request a copy.



Enroll for FLEX\$ at PEHP for Members at www.pehp.org during open enrollment. For more information about FLEX\$, such as eligible expenses and detailed terms and conditions, read the FLEX\$ Brochure and FLEX\$ Handbook. Find them in the "Benefits Information Library" under the "my Benefits" after you log in to your online personal account.

Get the Best Care by Asking 5 Questions

You have the right to know and ask questions about your care. Ask these five questions to make sure you are informed and comfortable with your treatment options.

1. How will this treatment help me?

The effectiveness of a treatment can vary. In fact, some care may even be unnecessary. According to the Institutes of Medicine, more than 30% (or \$750B) of healthcare fits this category, which is more than we spend on K-12 education as a nation. Make sure you know how care will help you.

2. What are the potential downsides?

Healthcare helps make our lives better, but it is not without risks. Even routine treatment can have risks due to infections, errors, and adverse reactions. Make sure you know about the risks of care.

3. Are there simpler, less costly options?

Healthcare providers can mistakenly assume they know what you want. This can include surgeries over therapy and medications over lifestyle changes. Make sure you know your options, including those that are less costly and less invasive, so you can decide what is best for you.

4. What would happen if I didn't get treatment?

Our bodies are amazing in their ability to heal. At times, the best option may be to let the body heal naturally or forego a treatment that potentially may do more harm than good. Make sure you know what would happen if you didn't get care.

5. How much will this cost?

No one likes to think about costs when it comes to getting the healthcare you need. But it would be a mistake to believe that expensive care is the best care in every situation or that providers who operate in a business environment are not aware of how the cost of care impacts their bottom line. Don't be afraid to ask about costs. A drug that costs \$10 can be better than one that costs \$500 and a lab that costs \$10 is no different than one that costs \$100.



PEHP Value Providers



MEDICAL

The STAR Plan » 25% discount on what you would normally pay an in-network provider

Traditional Plan » \$10 office co-pay

SALT LAKE CITY

[Health Clinics of Utah](#)

168 N 1950 W, Ste. 201 | **801-715-3500**

[Midtown Clinic](#)

230 South 500 East, Suite 510 | **801-320-5660**

[RC Willey Employee Clinic](#)

2301 South 300 West | **801-464-7900**

[WesTech Wellness Center](#)

3605 S West Temple | **801-506-0000**

NORTH SALT LAKE

[Orbit Employee Clinic](#)

845 Overland St. | **801-951-5888**

[FJM Clinic](#)

31 N Redwood Rd, Suite 2 | **801-624-1634**

CLEARFIELD

[Futura Onsite Clinic](#)

11 H Street | **801-774-3265**

LAYTON

[Onsite Care at Davis Hospital](#)

1580 W. Antelope Dr., Suite 110 | **801-807-7699**

OGDEN

[Health Clinics of Utah](#)

2540 Washington Blvd., Ste. 122 | **801-395-6499**

[FJM Clinic](#)

1104 Country Hills Dr., Ste. 110 | **801-624-1633**

PROVO

[Health Clinics of Utah](#)

150 E Center St., Ste. 1100 | **801-374-7011**

OREM

[Blendtec Health and Wellness Clinic](#)

1206 S 1680 W | **801-225-1281**

LEHI

[OnSite Care at Mountain Point Medical](#)

3000 Triumph Blvd, Ste. 320 | **801-753-4600**



INTERMOUNTAIN CONNECT CARE

Available on all PEHP networks.

The STAR Plan » \$49 per visit or \$10 per visit after deductible.

Traditional Plan » \$10 per visit

Visit a doctor online anytime, anywhere.

- » Stuffy and runny nose
- » Allergies
- » Sore throat
- » Eye infections
- » Cough
- » Painful urination
- » Lower back pain
- » Joint pain or strains
- » Minor skin problems



Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.

PEHP Value Providers



COLONOSCOPY

Get Cash Back » Get cash back* when you get your colonoscopy from one of these Value Providers. You must call PEHP prior to service to be eligible for cash back. You need to get the colonoscopy in the provider's office or at an ambulatory surgical center to be eligible for cash back as this doesn't apply to hospitals, even if your doctor determines you must do it there. Remember you'll always get the best pricing when you use a PEHP Value Provider.

Utah Gastroenterology

Advantage Network Members Note – There is one Utah Gastroenterology location at which cash back is available, noted below with **Advantage**. You may visit providers at the other locations but the cash back only applies at one location. Summit, Capital, and Preferred Network members may use any of the facilities listed below and receive cash back.

- 6360 S 3000 E Ste 310, SLC (**Advantage**)
- 620 Medical Dr Ste 205, Bountiful
- 1250 E 3900 S Ste 360, SLC
- 13953 S Bangerter Pkwy, Draper
- 12391 S 4000 W, Riverton
- 3000 N Triumph Blvd, Ste 340, Lehi

**Please note cash back is subject to income taxes.*

Granite Peaks Gastroenterology

- 1393 E Sego Lilly Dr., Sandy
- 3000 N Triumph Blvd Ste 330, Lehi

Revere Health

- 1055 N. 500 W., Provo
- 1175 E. 50 S., American Fork

Preventive Colonoscopy 50+

You must call PEHP prior to service to get cash back. The cash back applies even when it's preventive and covered at 100%.

Tip: Be sure the anesthesia is considered "moderate or conscious" sedation as general anesthesia isn't covered as part of the preventive service unless pre-authorized through PEHP. Also be aware that sometimes the colonoscopy can result in additional treatment or diagnosis where you would be responsible for some of the cost based on your benefit cost share.



PRESCRIPTION ASSISTANCE PROGRAMS

PEHP has identified several medication-assistance programs which may help to reduce the cost of your medication. See if you may qualify.

Rx Help Centers®

<http://rxhelpcenter.org/>

Patient Access Network Foundation®

<https://panfoundation.org/index.php/en/>

Patient Advocate Foundation®

<http://www.patientadvocate.org/>

HealthWell Foundation®

<https://www.healthwellfoundation.org/>

PEHP Value Providers



LABORATORIES

Visit these labs for exclusive PEHP member savings.

MULTIPLE LOCATIONS

The following laboratories have more than one location. For the location near you, visit the [Provider Lookup](http://www.pehp.org) at www.pehp.org.

Accupath Diagnostics

Advantage and Summit networks

Cedar Diagnostics LLC

Advantage and Summit networks

Esoterix

Advantage network only

Labcorp Inc

Advantage and Summit networks

Pathology Associates Medical Labs

Summit network only

Quest Diagnostics

Summit network only

BOUNTIFUL

Bountiful Health Center Lab

390 N Main St. | **801-294-1150**

Advantage network only

MURRAY

Intermountain Central Lab

5252 S Intermountain Dr. | **801-535-8163**

Summit network only

SALT LAKE CITY

IHC Health Center Salt Lake Clinic

333 S 900 E | **801-535-8163**

Advantage and Summit networks

OUT-OF-STATE

ALBUQUERQUE, N.M.

Tricare Reference Laboratories

1001 Woodward Pl. NE | **505-938-8803**

Summit network only



DENTAL

10% discount on what you would normally pay an in-network provider.

SALT LAKE CITY

Family Dental Plan

168 N 1950 W, Ste. 202 | 801-715-3400

OGDEN

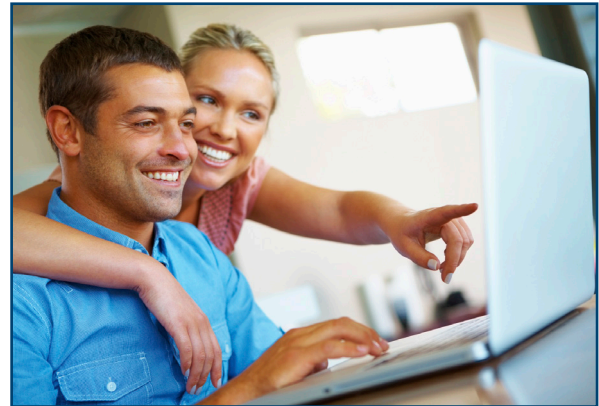
Family Dental Plan

950 25th Street, #A | 801-395-7090

Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.

Create a Personal Online Account

Find a wealth of benefit and claims information at your fingertips when you create your personal online account. Access claims history, download explanation of benefits (EOB), get cost estimates for healthcare services based on your benefits, and much more. Here's how to set up a personal account:



Step 1: Go to www.pehp.org.

Step 2: Click "Create your personal account."

Step 3: Read the PEHP Members Agreement and click "I Agree" at the bottom of the page.

You need your PEHP ID number and Social Security number to create an account. Find your ID number on your benefits card or call PEHP.

PEHP Online Tools

Help You Find Quality Care & Best Price

Finding quality care at the right place is important. PEHP has several cost comparison tools that help you shop for the best value and the best providers.

To get started, simply log in to your PEHP account, click the “Find a Provider and Costs” icon on the top right, then choose your network.

Find and Compare Providers



Under the “Find a Provider” tab, you can search for doctors and other healthcare providers in your network, see and compare cost information, and read reviews from other PEHP members. Plus, you can see how often a doctor refers lab work to a costly hospital or lower-cost independent lab.

Find and Compare Healthcare Facilities



Under the “Find a Facility” tab, you can search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network, and see and compare cost information.

Looking for Lower Drug Costs?



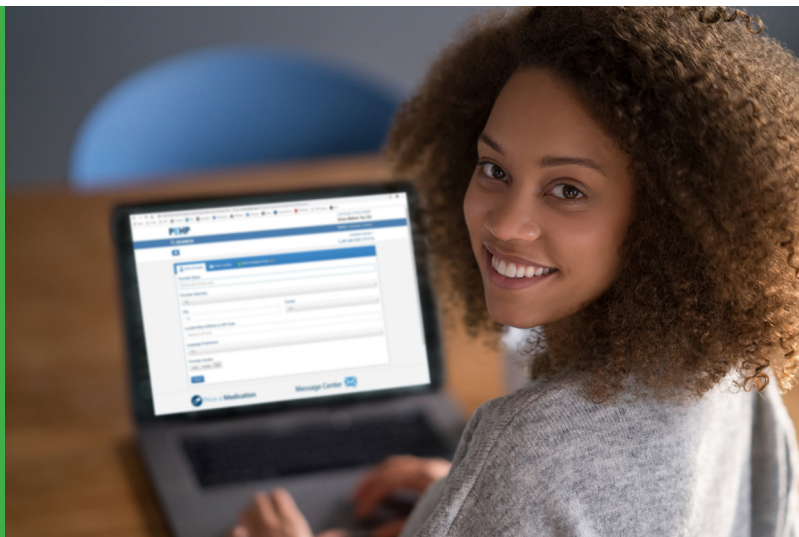
Click on “Medication Costs” under the “MyMoney” menu. You’ll be redirected to your Express Scripts Account. You’ll see medication prices from different pharmacies, including home delivery, which is often less expensive.

To get the best deal, use medications on lower tiers in the [PEHP Preferred Drug List](#) – a list of prescription medications available to members at lower costs.

Compare Costs & Find Cash Back Opportunities on the reverse side.



These cost comparison tools are just one way we strive to make healthcare costs transparent, so you decide where to go for the best care and value.





Compare Costs & Find Cash Back Opportunities

Under the “Find & Compare Costs” tab, you can search by medical services. You’ll see cost information for services based on past claims PEHP processed. Your search results will display common services based on the treatment you entered to give you a better idea of total costs at different locations where the service has been performed. For each location, you’ll see a list of providers who have performed your desired treatment. Compare providers and costs to seek quality care and great value.

Search Results for: Office or Clinic
We found 5 facilities
10 items per page

Located Near Zip Code Search Radius Submit

Provider ↓	Location ↓	Common ↓	Range
PROVIDER NAME Costs based on 10 claims or fewer	MULTIPLE	\$942	\$936 - \$948
PROVIDER NAME Costs based on 10+ claims	MULTIPLE	\$955	\$950 - \$957
PROVIDER NAME Costs based on 10 claims or fewer	LAYTON, UT	\$1,005	\$966 - \$1,043
PROVIDER NAME Costs based on 10 claims or fewer	ROY, UT	\$1,081	\$1,000 - \$1,096

PEHP pays you to save!



Not only do you get cash back, it saves you money on deductibles & co-insurance.

Look for cash back opportunities offered by PEHP for certain medical services performed by low-cost providers. The amount of cash back can range from \$50 to \$2,000. You’ll see a **cash back indicator** next to the location categories and provider names. To qualify for cash back, you must contact PEHP at 801-366-7555 or via the secure Message Center **before** receiving services.

To learn more, visit www.pehp.org/general/how-to-use-cost-saving-tools

Education

Seminars

PEHP Wellness staff conduct free on-site seminars throughout Utah on various health topics.

Webinars

Get connected online with our quarterly wellness webinar series. Join us for 30 minutes of useful health information. All webinars are archived online and can be viewed anytime.

Health Challenges

These monthly email-based educational challenges are self-guided and can assist you with setting and achieving your health goals.

For the Worksite

Wellness Council Support & Resources

A Wellness Council is a diverse team of individuals who work to improve the health and well being of employees and the organization as a whole. They support employee-focused activities and organizational changes to create a healthy workplace where employees can thrive.

Coaching

PEHP Health Coaching

For those with a Body Mass Index (BMI) of 30 or higher, this lifestyle behavior change program provides education, support, and rebates to help you succeed in meeting your health goals. By developing an action plan and working with a health coach, participants' focus goes beyond weight loss to greater benefits of lasting health and well being.



Wellness for You Know. Plan. Act.

To learn more about PEHP Wellness, visit www.pehp.org.



Biometric Screenings

Complete annual biometric testing (cholesterol, blood glucose, body composition, and blood pressure) at a Healthy Utah testing session or your annual preventive doctor office visit to earn rebates.

Rebates

Complete the biometric testing and a Health Questionnaire found at your online PEHP account to earn your \$50 **Know & Plan** rebate. If your measurements fall within predetermined criteria you will earn the \$50 **Good For You** rebate. If your biometrics don't meet the criteria, you may act to improve in the following areas: Cholesterol, Blood Pressure, Body Mass Index Improvement, Diabetes Management, and Tobacco Cessation. Rebates are taxable.

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program that helps expectant mothers have the healthiest and safest pregnancy possible. Rebates* are offered for enrolling to receive educational materials and support, and for reaching pre-pregnancy weight after delivery.

**PEHP Rebates may not apply to all plans and are taxable.*



What are my life insurance options?

Life and AD&D insurance can provide income protection for you and your family.

Basic Life and AD&D is provided automatically to you at no cost. Your beneficiaries will receive a lump-sum payment if you pass away while employed by Riverdale City.



Riverdale City provides two basic life and AD&D insurance policies to all employees as follows:

Plan 1: Insured by Utah Local Government Trust

Employee	\$50,000
Spouse	\$5,000
Unmarried Children	\$2,500
Elected Officials (no family coverage)	\$50,000

Plan 2: Insured by The Standard

The city also provides a basic life insurance for qualified employees (including Part-time Fire Department employees in the amount of \$50,000) through The Standard Insurance Company. The amount Full-time employees is roughly equivalent to the employee's salary + \$10,000. The amount for Exempt employees (excluding the Judge) is equivalent to 2x annual salary.

A third plan is offered through PEHP for eligible police officers in the amount of \$50,000. This benefit is called the Peace Officer Line-of-Duty Death Benefit.

AD&D insurance is provided through Utah Local Government Trust and The Standard. This plan provides payment to you or your beneficiaries if you lose a limb or pass away in an accident. Riverdale City provides all eligible employees and elected officials with the same benefits listed in Plan 1 and Plan 2 above.



Long-term disability (LTD) insurance

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset - your ability to earn an income. LTD coverage provides income when you have been disabled for 120 days or more. Riverdale City provides Long-term disability insurance (LTD) coverage for you at no cost.

Benefit amounts: For a Disability in the Line of Duty - 100% of pre-disability earnings. All other Disabilities - 60% of base monthly earnings.

Additional benefits you may purchase



Voluntary life insurance

In addition to the employer provided basic life, eligible employees may qualify for up to \$500,000 in increments of \$25,000. Your legal spouse may qualify for up to \$200,000. Eligible dependent children may qualify for up to \$10,000. Plan includes Waiver of Premium, Accelerated Life, and Life Planning. This option gives you the advantage of purchasing life insurance at affordable group rates. It is not a pre-tax benefit option. Premiums are paid with after-tax dollars through an automatic payroll deduction from your paycheck. These coverages are completely voluntary.



Voluntary Accidental death & dismemberment (AD&D) insurance

Employees may qualify for up to \$350,000 in increments of \$25,000. Spouse may qualify for up to \$200,000 in increments of \$25,000. Dependent Children may qualify for up to \$70,000 in increments of \$5,000.



What are my group voluntary accident insurance options?

You can't predict when or where an accident will strike. But you can make sure you have a safety net of financial protection to help if an accidental injury occurs. Accidents can happen anytime, anywhere - at home or at work, on the playground or on the road. Some of the most common injuries include broken bones, burns, concussions, lacerations, back of knee injuries, and accidental injuries that send you to the Emergency room, Urgent care, or a doctor's office. Aflac's Group Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident. Listed below is an example of the benefit payouts that are offered.

The plan has limitations and exclusions that may affect benefits payable. Below is for illustrative purposes only and is not a complete list of benefits payable. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Base Accident Benefits

After 12 months of paid premium and while coverage is in force, Aflac will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings	Wellness Benefit (per 12-month period)	» \$50
	Accidental Death	» Employee: \$50,000 » Spouse: \$25,000 » Child: \$5,000
	Common Carrier Accidental Death (plane, train, boat, or ship)	» Employee: \$100,000 » Spouse: \$50,000 » Child: \$15,000
	Dismemberment	» Employee: Up to \$25,000 » Spouse: Up to \$10,000 » Child: Up to \$5,000
Will pay the amount shown, when because of a covered accident, you are injured, require hospital confinement, and are confined to a hospital for at least 24 hours within 6 months after the accident date. Will pay this benefit once per calendar year.	Hospital Admission	» \$1,000
Will pay the amount shown, when because of a covered accident, you are injured and those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date. The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury	Hospital Confinement (per day)	» \$200

Base Accident Benefits (cont.)

Hospital Intensive Care (per day)

» \$400

Will pay the amount shown, when because of a covered accident, you are injured, and those injuries cause confinement to a hospital intensive care unit. This benefit is paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.

Paralysis

Quadruplegia » \$10,000

Paraplegia » \$5,000

Medical Fees (for each accident)

» Employee: \$125

» Spouse: \$125

» Child: \$75

Will pay up to the amount shown for X-rays and doctor services when, because of a covered accident, you are injured and those injuries cause you to receive initial treatment from a doctor within 72 hours after the accident, or as soon as reasonably possible.

Ambulance

» \$200

Air Ambulance

» \$1,000

Emergency Room Treatment

» \$200

Will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room and receive initial treatment within 72 hours after the covered accident or as soon as reasonably possible. This benefit is payable only once per 24-hour period and only once per covered accident.

Fractures (closed reduction; diagnosis and treatment within 90 days of injury)

Hip/Thigh

» \$4,000

Vertebrae (except processes)

» \$3,600

Pelvis

» \$3,200

Skull (depressed)

» \$3,000

Leg

» \$2,400

Forearm/Hand/Wrist

» \$2,000

Foot/Ankle/Kneecap

» \$2,000

Shoulder Blade/Collar Bone

» \$1,600

Dislocations (closed reduction; diagnosis and treatment within 90 days of injury)	
Hip	» \$3,000
Knee (not kneecap)	» \$1,950
Shoulder	» \$1,500
Foot/Ankle	» \$1,200
Hand	» \$1,050
Wrist	» \$750
Finger/Toe	» \$240

Specific Injuries (diagnosis and treatment within 90 days of injury)	
Concussion	» \$200
A concussion or mild traumatic brain injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head	
Coma	» \$10,000
Coma means a state of profound unconsciousness caused by a covered accident. If you are in a coma lasting 30 days or more as the result of a covered accident, we will pay the benefit shown	
Second-Degree Burns	» Up to \$1,000
Third-Degree Burns	» Up to \$20,000
Lacerations	» Up to \$400

Coverage	Monthly Premium
Employee	\$9.83
Employee + Spouse	\$14.73
Employee + Child(ren)	\$17.23
Family	\$22.13


Questions/Enrollment?
Denise Abbot
 435.213.9932
denise_abbot@us.aflac.com



What are my group voluntary critical illness insurance options?



Group Voluntary Critical Illness

Administered by Aflac

The signs pointing to critical illness are not always clear and may not be preventable, but Aflac coverage can help offer financial protection in the event you are diagnosed. Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs.

The plan has limitations and exclusions that may affect benefits payable. Below is for illustrative purposes only and is not a complete list of benefits payable. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Initial Critical Illness Benefits

Heart Attack	100%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Major Organ Transplant	100%
Renal Failure (end stage)	100%
Coronary Artery Bypass Surgery	100%
Cancer (Internal or Invasive)	100%

Critical Illness Additional Benefit

Reoccurrence Benefit	Yes
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If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we pay the full benefit again. The two dates of diagnosis must be separated by 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the insured has gone treatment free for 12 months.

Additional Benefit

Health Screening (once per year)	\$50
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Non-Tobacco for Employee & Spouse

	18-29	30-39	40-49	50-59	60-69
\$5,000	\$1.81	\$2.58	\$4.33	\$7.11	\$10.88
\$10,000	\$2.73	\$4.28	\$7.78	\$13.35	\$20.88
\$15,000	\$3.66	\$5.98	\$11.23	\$19.58	\$30.88
\$20,000	\$4.58	\$7.68	\$14.68	\$25.81	\$40.88
\$25,000*	\$5.51	\$9.38	\$18.13	\$32.05	\$50.88
\$30,000	\$6.43	\$11.08	\$21.58	\$38.28	\$60.88
\$35,000	\$7.36	\$12.78	\$25.03	\$44.51	\$70.88
\$40,000	\$8.28	\$14.48	\$28.48	\$50.75	\$80.88
\$45,000	\$9.21	\$16.18	\$31.93	\$56.98	\$90.88
\$50,000	\$10.13	\$17.88	\$35.38	\$63.21	\$100.88

*Spouse coverage may not exceed \$25,000

Tobacco for Employee & Spouse

	18-29	30-39	40-49	50-59	60-69
\$5,000	\$2.43	\$3.81	\$8.13	\$13.38	\$20.88
\$10,000	\$3.98	\$6.73	\$15.38	\$25.88	\$40.88
\$15,000	\$5.53	\$9.66	\$22.63	\$38.38	\$60.88
\$20,000	\$7.08	\$12.58	\$29.88	\$50.88	\$80.88
\$25,000*	\$8.63	\$15.51	\$37.13	\$63.38	\$100.88
\$30,000	\$10.18	\$18.43	\$44.38	\$75.88	\$120.88
\$35,000	\$11.73	\$21.36	\$51.63	\$88.38	\$140.88
\$40,000	\$13.28	\$24.28	\$58.88	\$100.88	\$160.88
\$45,000	\$14.83	\$27.21	\$66.13	\$113.38	\$180.88
\$50,000	\$16.38	\$30.13	\$73.38	\$125.88	\$200.88

*Spouse coverage may not exceed \$25,000



Questions/Enrollment?

Denise Abbot

435.213.9932

denise_abbot@us.aflac.com



What are my voluntary hospital insurance options?



Voluntary Hospital

 Administered by Aflac

Even a small trip to the hospital can present you with unexpected expenses and medical bills. And though you may have major medical insurance, your plan may only pay a portion of what your entire stay entails. Aflac pays predetermined cash directly to you for covered hospital, outpatient, nursing, transportation, or physician services.

Benefit Amounts & Details

Hospital Admission \$1,000 per admission

The benefit is paid when a covered Person is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident.

Hospital Confinement \$150 per day; up to 180 days per confinement

This benefit is paid when a Covered Person is confined to a hospital as a resident bed patient because of a Covered Sickness or as the result of injuries received in a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a hospital within six months of the date of the Covered Accident.

This benefit is payable for only one hospital confinement at a time even if caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness.

Hospital Intensive Care \$150 per day; 30 day maximum for any one period of confinement

This benefit is paid when a Covered Person is confined in a hospital intensive care unit because of a Covered Sickness or due to an injury received from a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital intensive care unit within six months of the date of the Covered Accident.

Aflac will pay benefits for only confinement in a hospital intensive care unit at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness. If benefits are paid for, confinement in a hospital intensive care unit and a Covered Person becomes confined to a hospital intensive care unit again within six months because of the same or related condition, it will be treated as the same period of confinement.

Rates Per Month

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$8.65	\$17.00	\$12.33	\$20.68



Questions/Enrollment?

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What other benefit options are available to me?

Riverdale City offers several additional benefits.

Familiarize yourself with what's available to you in terms of salary, paid time off and holiday schedules.

Benefits

Salary and Wages

» Employees are paid semi-monthly via mandatory direct deposit on the 15th and last day of the month (or the last business day prior if these dates fall on Saturday, Sunday or a legal holiday). Basic compensation for FY 2019 is a modified “Grade and Step” plan derived in part by Technology Net Compensation Survey System. Other department specific compensation is administered according to policy established by the City Council.

Leave Benefits

» **Vacation Leave:** Full-time employees accrue vacation leave hours based upon years of service with the city. Qualified part-time employees are eligible to accrue vacation hours at 50% of the full-time rate. Annual carryover is a maximum of 240 hours (full-time firefighters can carry over 312 hours). At separation of employment employees are entitled to payment at their current rate of compensation for all unused annual leave which has been accrued.

Years of Service	1-5	6-10	11-15	15+
Hours accrued per month	8	10	12	14
Hours accrued per pay period	4	5	6	7
Hours accrued per month FT Firefighters	11	14	16	19

» **Sick Leave:** Full-time employees accrue sick leave at a rate of 8 hours per month (4 per pay period). Qualified part-time employees accrue 4 hours per month (2 per pay period). Full-time Firefighters working 24 hour shifts accrue 11 hours per month (5.5 per pay period). There is no annual carry over limit. At separation of employment up to 1,000 hours of sick leave may be paid to the employee according to personnel policy 9-8 section 6.

» **Sick Leave Incentive:** Employees can receive a cash payout for 40 of the 96 hours they would receive in a year’s time. To qualify, they must have accumulated and maintained a minimum of 1,000 hours of sick leave. The remaining 56 hours of accrued sick leave will be added to the total accrued sick leave. If any sick leave has been used, the time used would be deducted from the 40 hours.

» **Comp Time:** If non-exempt employees elect in writing to do so, they may receive and accumulate comp time off work equivalent to overtime pay. Up to 80 hours of comp time may be carried over at calendar year-end. When non-exempt employees terminates employment, the employee will be fully compensated for all unused comp time.

» **Birthday:** All employees receive their birthday off work with pay (or may elect with their supervisor’s approval to use the time on another mutually agreeable day within 30 days of their birthday).

» **Funeral Leave:** All employees receive up to 3 paid days off work for participation and/or attendance at funerals of relatives according to the family relationship and the personnel policy.

» **Surviving Dependents Health Coverage Benefit:** In the event of a line of duty death of a Riverdale City Police Officer of Firefighter, Riverdale City will provide health coverage for the surviving spouse and for the children of the employee (until the child reaches age 26) in pursuant to 53-17-201 of the Utah Code. Premium is paid at 100% for the surviving dependents.

What we offer



What other benefit options are available to me?

Benefits

What we offer

Holiday Leave

- » Full-time employees shall receive a paid holiday for each of those days defined herein as legal holidays of the City. In the event the holiday falls on a Sunday, the following Monday shall be the holiday, and in the event the holiday falls on a Saturday, the preceding Friday shall be the holiday. Holiday pay will be paid based upon an 8-hour workday using employee's base rate of pay. Holidays are not considered as "hours worked" for overtime purposes, unless otherwise designated.

2019 Holiday Schedule

January 1st	New Year's Day (Tuesday)
January 21st	Martin Luther King Day (Monday)
February 18th	President's Day (Monday)
May 27th	Memorial Day (Monday)
July 4th	Independence Day (Thursday)
July 24th	Pioneer Day (Wednesday)
September 2nd	Labor Day (Monday)
November 28th	Thanksgiving Day (Thursday)
November 29th	Day after Thanksgiving (in lieu of Columbus Day)
December 24th	Christmas Eve (in lieu of Veterans Day)
December 25th	Christmas Day (Wednesday)

Out-of-Country Benefits

- » **Passport for Health Medical Travel:** Save yourself and the medical plan approximately 33% of the cost by having certain procedures performed "out of country". These benefits are administered by Passport for Health. This benefit will be available for certain elective medical procedures. Benefits will be paid at about 40% after you've met your deductible. The benefit includes flight, hotel for you and a companion/caregiver, and medical expenses. You are responsible for food expenses, as well as expense to acquire a passport, visa, etc.
- » **Elective Procedures Included:**
 - Cardiac: Coronary Artery Bypass Grafting, Cardiac Ablation, Valve Replacement, Pacemaker, Defibrillator
 - Orthopedic: Shoulder Joint Replacement, Knee Replacement, Hip Replacement, Hip Resurfacing
 - Spine: Lumbar Laminectomy, Spinal Fusions
- » **Medical Travel Destinations:** Mexico, Colombia, Costa Rica, Cayman Islands
- » You must be healthy enough to travel and provide the necessary medical records from your physician to Passport for Health. Passport for Health will then act as your concierge, and will coordinate your procedure with the provider and facility and arrange for your travel and hotel. Any prescribed medications and medications used during the procedure will be covered.
- » Please be advised when you receive medical care outside of the United States, you are subject to the host country's laws and guidelines.



To learn more contact Passport for Health at 855.761.9215



What other benefit options are available to me?

WorkHealth is an Employee Assistance Program, in partnership with The Standard, that brings fast, confidential help for you and your family 24/7.

Each eligible member of your family has access to **three** free face-to-face visits per year. Call anytime to speak with a caring, professional consultant or visit their website to find help and resources with almost any issue, including:

workhealthlife



Call Anytime 888.293.6948

www.WorkHealthLife.com/Standard3.com

Life	Family	Money	Work	Health
» Stress and overload » Addiction and recovery » Relationships » Depression » Grief and loss » Divorce and separation » Finding time for you » Moving » Home improvement » Legal issues	» Parenting » Finding child care » Adoption » Discipline and safety » Teenagers » Single parenting » Blended families » Education » Planning for college » Financial aid » Caring for older relatives » Caregiver resources	» Budgeting » Debt management » Credit and collections » Saving and investing » Basic tax planning » Buying a car » Home buying and renting » Saving for college » Bankruptcy » Estate planning	» Time management » Career development » Getting along at work » Communication » Job stress and burnout » Relocation » Networking » Retirement planning » Managing people » Handling change at work	» Exercise » Healthy eating » Managing stress » Sleep » Reducing the risk of diabetes » Quitting tobacco » Heart health » Navigating the health care system » Living with a disability » Aging well

This EAP service is not affiliated with The Standard. The EAP service is not an insurance product. The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Ore., in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 360 Hamilton Avenue, Suite 210, White Plains, NY. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.



What are my retirement plan options?



Defined Benefit

Full-time and qualified part-time employees and elected officials are eligible to participate in Riverdale City retirement program. Through URS employees are classified into two tiers funded by the city.

Defined Contribution

Through either the ICMA Retirement Corporation or the URS, employees and elected officials may participate in a Roth, 457, or 401(k) Deferred Compensation Plan by making voluntary contributions. Eligible elected officials and city staff that exempt out of the URS defined benefit pension will receive a matching contribution from the city to their Defined Contribution plan at the same rate as the Tier 1 Public Employees Noncontributory plan.

Tier 1	
Public Employee Noncontributory	18.47%
Public Safety (police) Noncontributory	35.71%
Firefighters Noncontributory	19.66%

Tier 2 (hired on or after 7.1.2011)	
Public Employee Noncontributory	16.69%
Public Safety (police) Noncontributory	24.99%
Firefighters Noncontributory	12.08%

For those problems that only money might help solve, employees who participate in the retirement programs may borrow 50% of their Roth, 401(k), or 457 plan balances. Repayment for these loans is through payroll deduction. Minimum loan amount is \$1,000.



Utah Retirement Systems

www.urs.com

801.366.7720

ICMA

www.icmarc.org

800.669.7400



How can I get help?



What is an Employee Advocate?

Diversified Insurance has a dedicated employee advocate team to help. They work with your carrier to resolve claims problems, enrollment complications, and other service related issues. They work with you and your providers to ensure that each party gets their questions answered and problems resolved. The advocate team has over 20 years of experience and knows the ins and outs of the industry.



Employee Advocacy Line

801-325-5018 or 888-244-1212 ext. 5018

riverdale@digadvocate.com

An Employee Advocate can:

- » Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- » Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- » Explain network access and payment process for in and out-of-network providers
- » Work with providers to file paperwork if claims have been denied due to lack of required authorization
- » Clarify the total and out-of-pocket cost for services provided
- » Assist with referrals and prior authorizations
- » Help with all levels of appeals
- » Ensure services are being coordinated when multiple doctors or coverages are involved
- » Help gain access to care and services
- » Define preventive care and associated guidelines
- » Assist in finding a specialist for a condition or diagnosis
- » Explain benefit plan details and coverage provisions



General participation guidelines and notices

Riverdale City recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

Who is eligible?

- » Full-time employees who actively work at least 30 hours per week;
- » Your legal spouse;
- » Your natural born children, current stepchildren, or legally adopted children up to age 26;
- » Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

General definitions

Special Enrollment Rights (Other than Open Enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

A Qualifying Change of Status Occurs for the Following:

- » You get married, legally separated, or divorced;
- » You add a dependent child through birth, adoption, or change in custody;
- » Your parent/spouse or child dies which affects your coverage;
- » Your work schedule permanently changes i.e., permanent reduction of hours;
- » You or a dependent enroll in the Exchange during the Exchange Open Enrollment;

- » Your parent/spouse begins or terminates employment which affects benefit coverage;
- » Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- » You receive a qualified medical child support order (QMCSO);
- » Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

Or

You have a 60-day special election period for the following:

- » You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- » You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

When Does Coverage Begin for New Hires?

Coverage begins on the first of the month following your first day of employment. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 14 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

When Coverage Ends

Medical, dental, and vision terminates on the last day of the month that you are employed with Riverdale City. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- » Your employment with Riverdale City ends;
- » The group policy ends;
- » You are no longer eligible under the plan;

- » Your death;
- » You retire;
- » You enter the armed forces of any country on a full-time basis.

Dependent Eligibility Verification Notice

Riverdale City reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **Who is Eligible** section.

Important Notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, accidental dental, voluntary vision, life and AD&D, long-term disability (LTD), accident insurance, critical illness, hospital insurance, Employee Assistance Program (EAP), Health Savings Account (HSA), and a Flexible Spending Account (FSA).

Riverdale City may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.



General participation guidelines and notices

Summary of Benefits Coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called “coverage examples,” similar to the Nutrition Facts label required for packaged foods. The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

Waiving Coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage. If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

Medical coverage assistance options

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or www.insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor.

Utah Medicaid and CHIP Information

<http://health.utah.gov/upp>
1-866-435-7414

Children’s medical coverage assistance

<http://health.utah.gov/chip>
1-877-KIDS-NOW

Low-income family medical coverage assistance

<https://medicaid.utah.gov>
1-801-538-6155

Health Insurance Marketplace

www.healthcare.gov
1-800-318-2596

ACA notices about eligibility and coverage periods

- » Riverdale City has adopted a 12 month “initial measurement period” and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- » You are being offered the opportunity to enroll yourself and your dependents (if any) in Riverdale City’s health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.

- » If you “waive” or “decline” coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- » If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Riverdale City’s cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

Women’s health and cancer rights act enrollment notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.



General participation guidelines and notices

Newborns' and mothers' health protection act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

Privacy policy

Summary of Privacy Practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

Our Pledge Regarding Medical Information

The company is committed to protecting your personal health information. As required by law, we (1) make sure that any medical information that identifies you is kept private; (2) provide you with rights with respect to your medical information; (3) give you a notice of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

How The Company May Use and Disclose Medical Information About You

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.

Your Rights Regarding Your Medical Information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

Michelle's law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

Genetic information nondiscrimination act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Riverdale City offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.



General participation guidelines and notices

Medicare Part D creditable coverage notice

Important Notice from Riverdale City About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Riverdale City and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- » Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- » Riverdale City has determined that the prescription drug coverage offered by the Riverdale City Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

These are only summaries.
Full statements are available from
Human Resources.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Stacey Comeau (801) 394-5541.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Riverdale City		4. Employer Identification Number (EIN) 87-6000867	
5. Employer address 4600 S. Weber River Dr.		6. Employer phone number 801-394-5541	
7. City Riverdale		8. State UT	9. ZIP code 84405
10. Who can we contact about employee health coverage at this job? Stacey Comeau			
11. Phone number (if different from above) 801-394-5541		12. Email address scomeau@riverdalecity.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

