BOARD OF SUPERVISORS

COUNTY OF MADISON

PROPOSED SUPPLEMENTAL APPROPRIATION

DATE: **11/12/2019**

FY2020

Type of Supplement	
	Interdepartmental transfer (same fund)
	Interfund transfer
x	Revenue/Expense offset
x	Use of contingency
	Other use of fund balance not in original budget

PURPOSE: To appropriate additional funds from contingency to pay for increased HI costs in FY20 with ER rate changes approved at 10/29/2019 BofS mtg

GL Account Reference	Account type	Fund Name	Department		Object Code/Source	Debit	Credit
10-01-12-12310-2310	EXP	GF	Commissioner of Revenue		Health Insurance	1,865.12	
10-01-12-12410-2310	EXP	GF	Treasurer		Health Insurance	2,177.96	
10-02-21-21700-2310	EXP	GF	Clerk of Circuit Court		Health Insurance		756.00
10-03-31-31200-2310	EXP	GF	Sheriff		Health Insurance	16,618.88	
10-03-31-31401-2310	EXP	GF	E911		Health Insurance	5,433.24	
10-03-32-32600-2310	EXP	GF	EMS		Health Insurance	4,353.92	
10-03-34-34100-2310	EXP	GF	Building		Health Insurance	491.36	
10-03-35-35103-2310	EXP	GF	Animal Control		Health Insurance	1,088.48	
10-07-71-71100-2310	EXP	GF	Parks & Recreation		Health Insurance	1,865.12	
10-08-81-81101-2310	EXP	GF	Zoning & Planning		Health Insurance	2,953.60	
10-09-91-91100-9200	EXP	GF	Contingency Reserve		Contingency- Genl		34,226.56
10-180309	REV	GF	N/A		Reimb from PRA		1,865.12
						36,847.68	36,847.68

Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.

Madison County
Projected HI Expense for FY20
Based on November 2019 ER Rates

Sum of [EXPENDITURE AMOUNT]	[PYPM DISPLAYABLE]						Estimated	Projected	Adjusted				
Dept#&Dept Name	2020-07	2020-08	2020-09	Grand Total	10/2019	11/2019 to 6/30/2019	To Go	Total	Budget	Difference			
12110 COUNTY ADMINISTRATOR Total	1,423.53	1,423.53	1,649.40	4,496.46	1,649.40	13,195.20	14,844.60	19,341.06	19,341.06	-			
12310 COMMISSIONER OF REVENUE Total	1,832.52	1,832.52	2,197.90	5,862.94	2,197.90	19,448.32	21,646.22	27,509.16	25,644.04	1,865.12			
12410 TREASURER Total	1,743.46	1,743.46	2,081.70	5,568.62	2,082.70	18,830.56	20,913.26	26,481.88	24,303.92	2,177.96			
12420 FINANCE DEPARTMENT Total	1,694.34	1,694.34	1,892.70	5,281.38	1,892.70	15,141.60	17,034.30	22,315.68	22,315.68	-			
13200 Registrar TOTAL	-	-	-	-	630.90	5,678.10	6,309.00	6,309.00	6,309.00	-			
21700 CLERK OF CIRCUIT COURT Total	1,718.90	1,718.90	1,987.20	5,425.00	1,987.20	15,141.60	17,128.80	22,553.80	23,309.80	(756.00)			
21800 SHERIFF-COURT SECURITY Total	564.78	564.78	630.90	1,760.46	630.90	5,047.20	5,678.10	7,438.56	7,438.56	-			
21900 VICTIM/WITNESS PROGRAM Total	589.34	589.34	630.90	1,809.58	630.90	5,047.20	5,678.10	7,487.68	7,487.68	-			
22100 COMMONWEALTH ATTORNEY Total	1,694.34	1,694.34	1,892.70	5,281.38	1,892.70	15,141.60	17,034.30	22,315.68	22,315.68	-			
31200 SHERIFF Total	11,123.50	11,123.50	14,218.00	36,465.00	14,218.00	137,801.44	152,019.44	188,484.44	171,865.56	16,618.88			
31401 EMERGENCY OPERATIONS CENTER Total	7,885.06	7,885.06	9,422.50	25,192.62	10,053.20	85,860.64	95,913.84	121,106.46	115,673.22	5,433.24			
32600 EMS Total	9,674.94	9,110.16	11,103.30	29,888.40	11,734.20	103,274.72	115,008.92	144,897.32	140,543.40	4,353.92			
34100 BUILDING OFFICIAL Total	1,832.52	1,814.28	2,197.90	5,844.70	3,327.46	23,877.76	27,205.22	33,049.92	32,558.56	491.36			
35103 ANIMAL CONTROL & FACILITY Total	1,154.12	1,154.12	1,356.30	3,664.54	1,356.30	11,938.88	13,295.18	16,959.72	15,871.24	1,088.48			
43200 FACILITIES & MAINTENANCE Total	1,154.12	1,737.14	1,261.80	4,153.06	1,892.70	15,141.60	17,034.30	21,187.36	21,187.36	-			
71100 PARKS & RECREATION Total	1,267.74	1,267.74	1,567.00	4,102.48	1,567.00	14,401.12	15,968.12	20,070.60	18,205.48	1,865.12			
81101 ZONING & PLANNING Total	1,292.30	1,292.30	936.10	3,520.70	936.10	16,245.60	17,181.70	20,702.40	17,748.80	2,953.60			
Grand Total	46,645.51	46,645.51	55,026.30	148,317.32	58,680.26	521,213.14	579,893.40	728,210.72	692,119.04	36,091.68			
offset from reimb from PRA										1,865.12	10-180309	PRA reimb revenue	
reallocation of grant expenditures										-	10-02-21-21900-6012	supplies	
Total from contingency										34,226.56	10-09-91-91100-9200		
Amt included in													
contigency for													
County HI adj													
Actual under provision													

The Local Choice Health (Anthem) Premiums

Madison County Board of Supervisors
Monthly Rates Effective from
October 1, 2019 Through September 30, 2020

NEW

With Comprehensive Dental

including preventive care, filings, root canals, simple extractions, periodontic services, crowns, inlays, onlays, dentures and fixed bridges

Key Advantage 500

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 734.00	$ 630.90	$ 103.10
Dual Coverage (Employee + 1)	$ 1,358.00	$ 861.46	$ 496.54
Family Coverage (Employee + 2 or more)	$ 1,982.00	$ 1,169.24	$ 812.76

Key Advantage 1000

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 701.00	$ 630.90	$ 70.10
Dual Coverage (Employee + 1)	$ 1,297.00	$ 861.46	$ 435.54
Family Coverage (Employee + 2 or more)	$ 1,893.00	$ 1,169.24	$ 723.76

High Deductible Health Plan

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 603.00	$ 630.90	$ -
Dual Coverage (Employee + 1)	$ 1,116.00	$ 861.46	$ 254.54
Family Coverage (Employee + 2 or more)	$ 1,628.00	$ 1,169.24	$ 458.76

With Preventive Dental Only

Two cleaning and exams, two fluoride treatments for dependents under 19, bitewing and full mouth x-rays, emergency treatment, space maintainers, sealants for dependents under 19

Key Advantage 500

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 718.00	$ 630.90	$ 87.10
Dual Coverage (Employee + 1)	$ 1,328.00	$ 861.46	$ 466.54
Family Coverage (Employee + 2 or more)	$ 1,939.00	$ 1,169.24	$ 769.76

Key Advantage 1000

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 685.00	$ 630.90	$ 54.10
Dual Coverage (Employee + 1)	$ 1,267.00	$ 861.46	$ 405.54
Family Coverage (Employee + 2 or more)	$ 1,850.00	$ 1,169.24	$ 680.76

High Deductible Health Plan

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 587.00	$ 630.90	$ -
Dual Coverage (Employee + 1)	$ 1,086.00	$ 861.46	$ 224.54
Family Coverage (Employee + 2 or more)	$ 1,585.00	$ 1,169.24	$ 415.76

Premiums split between two pay periods

The Local Choice Health (Anthem) Premiums

Madison County Board of Supervisors
Monthly Rates Effective from
October 1, 2019 Through September 30, 2020

Old

With Comprehensive Dental

including preventive care, filings, root canals, simple extractions, periodontic services, crowns, inlays, onlays, dentures and fixed bridges

Key Advantage 500

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 734.00	$ 630.90	$ 103.10
Dual Coverage (Employee + 1)	$ 1,358.00	$ 725.40	$ 632.60
Family Coverage (Employee + 2 or more)	$ 1,982.00	$ 936.10	$ 1,045.90

Key Advantage 1000

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 701.00	$ 630.90	$ 70.10
Dual Coverage (Employee + 1)	$ 1,297.00	$ 725.40	$ 571.60
Family Coverage (Employee + 2 or more)	$ 1,893.00	$ 936.10	$ 956.90

High Deductible Health Plan

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 603.00	$ 630.90	$ -
Dual Coverage (Employee + 1)	$ 1,116.00	$ 725.40	$ 390.60
Family Coverage (Employee + 2 or more)	$ 1,628.00	$ 936.10	$ 691.90

With Preventive Dental Only

Two cleaning and exams, two fluoride treatments for dependents under 19, bitewing and full mouth x-rays, emergency treatment, space maintainers, sealants for dependents under 19

Key Advantage 500

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 718.00	$ 630.90	$ 87.10
Dual Coverage (Employee + 1)	$ 1,328.00	$ 725.40	$ 602.60
Family Coverage (Employee + 2 or more)	$ 1,939.00	$ 936.10	$ 1,002.90

Key Advantage 1000

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 685.00	$ 630.90	$ 54.10
Dual Coverage (Employee + 1)	$ 1,267.00	$ 725.40	$ 541.60
Family Coverage (Employee + 2 or more)	$ 1,850.00	$ 936.10	$ 913.90

High Deductible Health Plan

Rating Tiers	Premium	County's Share	Employee's Responsibility
Single Coverage (Employee only)	$ 587.00	$ 630.90	$ -
Dual Coverage (Employee + 1)	$ 1,086.00	$ 725.40	$ 360.60
Family Coverage (Employee + 2 or more)	$ 1,585.00	$ 936.10	$ 648.90

Premiums split between two pay periods