

Agenda

Yankton County Commission

6:00 PM, Tuesday, October 18, 2022

Commission Chamber

Yankton County Government Center

DOCUMENTS WILL BE AVAILABLE AT AUDITOR'S OFFICE FOR REVIEW BEGINNING
October 14th. COPIES AVAILABLE FOR \$1.00 PER PAGE

Meeting chaired by: Joe Healy, Chairman

01 Call to order: 6:00 PM PLEDGE OF ALLEGIANCE

02 Roll Call: _____ Cheri Loest _____ Don Kettering _____ Wanda Howey-Fox
_____ Dan Klimisch _____ Joe Healy

AGENDA ITEMS

No.	Time	Item Description	Presenter
03	6:00 PM	Abstain Financial Conflict of Interest (SDCL 6-1-17) Non-Financial Interest-Must State Reason for Abstaining	Commissioner Healy
04	6:03 PM	Approval of Agenda Public comment is a time for persons to address this body on any subject. No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. Each person has up to three minutes to speak. There shall be no personal attacks against the members of this body, county staff, individual, or organizations. The Chair has the authority to enforce this policy. Failure to adhere to these rules may result in forfeiture of the remaining speaking time.	Public Comment
05	6:05 PM	County Health Insurance	Julie Auch
06	6:10 PM	Ambulance Quarterly Report, Change Weekend Schedule, Full Time EMT, Add Job Title	Steve Hawkins Troy Cowman
07	6:20 PM	Stone Church Bridge Bids	Mike Sedlacek

08	6:30 PM	East River Electric – Rezone 2 nd Reading	Commission
09	6:35 PM	E911 Ordinance 11 Amendment 2 nd Reading	Commission
10	6:40 PM	Definitions, Article 14, Article 15, Article 17 Amendment 2 nd Reading	Commission
11	6:45 PM	Healy – Plat East River Electric – Plat Oliver – Plat Kramer - Plat	Gary Vetter
12	6:50 PM	Extraterritorial Rezoning Request	Commission
13	6:55 PM	Veteran’s Service Office Quarterly Report	Cody Mangold
14	7:00 PM	Register of Deeds Quarterly Report	Brian Hunhoff
15	7:05 PM	Sheriff Quarterly Report	Jim Vlahakis
16	7:10 PM	October 4, 2022 Meeting Minutes	Commission
17	7:15 PM	Claims Auditor/Treasurer Report and Pooled cash Approve Local Assistance and Tribal Consistency Fund	Auditor
18	7:20 PM	County meeting livestreaming options	Commission
18	7:25 PM	Code of Conduct	Commission
19	7:30 PM	County Hand Book Holidays	Commission
20	7:35 PM	Public Comment	
21	7:40 PM	Commissioner Updates	Commission
22	7:45 PM	Executive Session/Poor Relief Issues Pursuant to SDCL 1-25-2 & 28-13 and 28-13-1.3 Items for Next Meeting	State’s Attorney



COMMISSIONER MEETING AGENDA REQUEST

321 W 3rd, Suite 100, Yankton, SD 57078

E-Mail: patty@co.yankton.sd.us or karen@co.yankton.sd.us

Submission Deadline: 3:00pm on the Wednesday before scheduled meeting

Date Request Submitted 10/4/2022

Request is for Commission Meeting Dated 10/18/2022

Name: Julie Auch

Address: 206 W. 8th St. Yankton, SD

Phone: 605-665-8657

E-Mail Address: jkauch@ft.newyorklife.com

Topic to be Addressed and Length of Presentation: Health Insurance

Specific Purpose for the Request (Please Also Attach Support Documents):

present renewal and options for health insurance.

Person(s) Making Presentation to the Board: Julie Auch

Audio/Visual Equipment Needed: none

For Office Use:

Approved _____ Denied _____ Reason(s): _____

Signature: _____

Date: _____



Wellmark Blue Cross and Blue Shield is an Independent
Licensee of the Blue Cross and Blue Shield Association.

Fully Insured Alternate Premiums

Group Name: Yankton County
Account Key: 00032751
Rating Period: 01/01/2023 to 12/31/2023

Alternate Benefit Offerings	Current Enrollment	Alternate Rates	* Alternate Rates and Consultant Fee
OBS #182221-58 / 174490-118	81 Single	\$807.84	\$825.84
Blue Select	1 Family	\$2,019.60	\$2,037.60
Deductible: \$7,500/\$15,000;\$8,000/\$16,000			
Coinsurance:0%/40%			
OPM: \$7,500/\$15,000;\$10,000/\$20,000	82 Total		
OV Copay: \$0			
BlueRx Complete			
Deductible: \$7,500/\$15,000			
Total Monthly Premium:		\$67,455	\$68,931

Employer Signature: _____ Date: _____

All rates shown are net of consultant fees unless otherwise noted.

* Consultant fees are not a contingency of obtaining insurance coverage. At your option Wellmark will collect a consultant fee on your Monthly Premiums Statement agreed to by you and your consultant/service provider and administer payment to your consultant pursuant to a Consultant Fee Collection Agreement.

These rates are Compatible Health Savings Account (HSA) Benefits and do not include the employer/employee funded HSA account funding or the cost of the administration of these accounts.

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Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105 (h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administrative Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.



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Group Name: Yankton County
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Rating Period: 01/01/2023 to 12/31/2023

Alternate Benefit Offerings	Current Enrollment	Alternate Rates	* Alternate Rates and Consultant Fee
OBS #182221-58 / 174490-119	81 Single	\$802.35	\$820.35
Blue Select	1 Family	\$2,005.88	\$2,023.88
Deductible: \$7,500/\$15,000;\$8,000/\$16,000			
Coinsurance:0%/40%			
OPM: \$7,500/\$15,000;\$10,000/\$20,000	82 Total		
OV Copay: \$0			
BlueRx Value Plus			
Deductible: \$7,500/\$15,000			
Total Monthly Premium:		\$66,996	\$68,472

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Account Key: 00032751
Rating Period: 01/01/2023 to 12/31/2023

Alternate Benefit Offerings	Current Enrollment	Alternate Rates	* Alternate Rates and Consultant Fee
OBS #174490-120 / 174490-106	81 Single	\$986.19	\$1,004.19
Blue Select	1 Family	\$2,465.48	\$2,483.48
Deductible: \$4,500/\$9,000;\$9,000/\$18,000			
Coinsurance:40%/50%			
OPM: \$7,500/\$15,000;\$16,000/\$32,000	82 Total		
OV Copay: See OBS			
BlueRx Complete			
Deductible: \$100			
Copay: \$12/\$35/\$50			
Total Monthly Premium:		\$82,347	\$83,823

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Rating Period: 01/01/2023 to 12/31/2023

Alternate Benefit Offerings	Current Enrollment	Alternate Rates	* Alternate Rates and Consultant Fee
OBS #174490-120 / 174490-121	81 Single	\$979.37	\$997.37
Blue Select	1 Family	\$2,448.43	\$2,466.43
Deductible: \$4,500/\$9,000;\$9,000/\$18,000			
Coinsurance:40%/50%			
OPM: \$7,500/\$15,000;\$16,000/\$32,000	82 Total		
OV Copay: See OBS			
BlueRx Value Plus			
Deductible: \$100 / \$200			
Copay: \$12/\$35/\$50			
Total Monthly Premium:		\$81,777	\$83,253

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Rating Period: 01/01/2023 to 12/31/2023

Alternate Benefit Offerings	Current Enrollment	Alternate Rates	* Alternate Rates and Consultant Fee
OBS #182221-52 / 174490-116	81 Single	\$858.70	\$876.70
Blue Select	1 Family	\$2,146.75	\$2,164.75
Deductible: \$5,500/\$11,000;\$10,000/\$20,000			
Coinsurance:0%/0%			
OPM: \$5,500/\$11,000;\$10,000/\$20,000	82 Total		
OV Copay: \$0			
BlueRx Value Plus			
Deductible: \$5,500/\$11,000			
Total Monthly Premium:		\$71,701	\$73,177

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OBS #182221-53 / 174490-117	81 Single	\$810.96	\$828.96
Blue Select	1 Family	\$2,027.40	\$2,045.40
Deductible: \$6,500/\$13,000;\$8,000/\$16,000			
Coinsurance: 20% / 40%			
OPM: \$7,050/\$14,100;\$10,000/\$20,000	82 Total		
OV Copay: \$0			
BlueRx Value Plus			
Deductible: \$6,500/\$13,000			
Coinsurance: 20%/20%/20%			
Total Monthly Premium:		\$67,715	\$69,191

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Explanation of Contribution Requirement

Wellmark Blue Cross and Blue Shield requires each employer to contribute 100% of the single rate or 50% of the total premium toward their employees' health care costs.

Explanation of Enrollment Fluctuation Guidelines

Wellmark Blue Cross and Blue Shield reserves the right to re-evaluate rates if enrollment fluctuates more than 10% from the enrollment assumptions. For information on change of premium notification, please see your group insurance policy.

Explanation of Updated Information Guidelines

All quotations are subject to change based on updated claims experience, health conditions, or rate information received prior to the effective date.

Explanation of Medical Claims Projection

Wellmark Blue Cross and Blue Shield uses an experience rated methodology in determining the rates for your group. A portion of the rates are based on prior claims experience of your group, or, if your group's relevant experience is not reliable, prior experience of groups of similar demographics. This experience will assist in indicating the providers your group's covered members are likely to use and the amount of claims expected to be incurred. This information is adjusted to reflect changes expected to occur for your group's contract period. The rates for your group reflect the provider contracts in place or anticipated to be in place for the new contract period.

Explanation of Participation Requirements

Wellmark Blue Cross and Blue Shield recommends at least 75% participation of the *eligible* employees without other creditable coverage enroll in a Wellmark Blue Cross and Blue Shield health and/or dental plan. Upon renewal, Wellmark Blue Cross and Blue Shield will require at least 75% participation of the *eligible* employees without other creditable coverage to be enrolled in a Wellmark Blue Cross and Blue Shield health and/or dental plan.

Important MHPAEA and ACA Disclaimer

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Blue Rx Complete to Value Plus Formulary Impact

Prescriptions Filled: 5/1/2022 - 9/30/2022

Account

00032751-YANKTON COUNTY

Group Number Billing Unit

All



*Five month rolling data updates monthly

Tier 4 Drugs

Tier 4 Drug Without Prior Authorization

1Members Affected (1.7% of utilizers)

1Prescriptions Affected (0.2% of all prescriptions)

\$5,503Tier 4 Medication Costs (3.2% of all drug spend)

Members likely to switch to alternative treatments rather than stop all treatment

Total Tier 4 Drug

1Members Affected (1.7% of utilizers)

1Prescriptions Affected (0.2% of all prescriptions)

\$5,503Tier 4 Medication Costs (3.2% of all drug spend)

Members likely to switch to alternative treatments rather than stop all treatment

Tier 4 Drug Utilization

Prior Authorization	Utilizers	Rx Count	Total Drug Cost	Plan Cost	Member Cost
No	1	1	\$5,503	\$5,503	\$0
Total	1	1	\$5,503	\$5,503	\$0

All Drugs

All Drug Utilization

59Utilizers

512Prescription Count

\$174,080Total Drug Cost

\$168,365Plan Cost

\$5,715Member Cost

Tier Breakdown*

Formulary Tier	Utilizers	Rx Count	Total Drug Cost	Plan Cost	Member Cost
TIER 4	1	1	\$5,503	\$5,503	\$0
TIER 2	13	54	\$17,991	\$17,278	\$712
TIER 1	53	397	\$9,176	\$6,066	\$3,110
PREFERRED SPECIALTY	4	16	\$137,559	\$136,109	\$1,450
NON-FORMULARY & NOT COVERED	11	13	\$562	\$526	\$36
Total	56	481	\$170,791	\$165,482	\$5,309

*Medically benefitted, not covered, non-formulary, contraceptive, substitution allowed, original drug products and narrow therapeutic index drugs removed from tier breakdown

Blue Rx Complete to Value Plus Formulary Impact

Prescriptions Filled: 5/1/2022 - 9/30/2022

Account

00032751-YANKTON COUNTY

Group Number Billing Unit

All



*Five month rolling data updates monthly

Impacted Medications Summary Table

Formulary Brand Name	Prior Authorization	Therapeutic Class	Utilizers	Rx Count	Total Drug Cost	Plan Cost	Member Cost
CRESEMBA	No	AZOLES	1	1	\$5,503	\$5,503	\$0
Total			1	1	\$5,503	\$5,503	\$0

Benefit Information	Renewal Copay	Renewal HDHP	Renewal HDHP 2	Alt 3	Alt 4	Alt 5
Group Name	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY
PLAN TYPE						
Online Benefit Summary (OBS) Health/Rx #s	174490-105☐ 174490-106	182221-52☐ 174490-107	182221-53☐ 174490-108	174490-120☐ 174490-106	174490-120☐ 174490-121	182221-52☐ 174490-116
Health Product	SD Blue Select	SD Blue Select	SD Blue Select	SD Blue Select	SD Blue Select	SD Blue Select
H.S.A. or H.R.A. Qualified	No	HSA	HSA	No	No	HSA
Pharmacy Product	BlueRX Complete (3 Tier)	BlueRX Complete (3 Tier)	BlueRX Complete (3 Tier)	BlueRX Complete (3 Tier)	BlueRx Value Plus	BlueRx Value Plus
ACA Grandfathered / Non-Grandfathered	NGF	NGF	NGF	NGF	NGF	NGF
HEALTH BENEFIT PLAN						
Deductible In-Network						
	Single \$5,500☐ Family \$11,000	Single \$5,500☐ Family \$11,000	Single \$6,500☐ Family \$13,000	Single \$4,500☐ Family \$9,000	Single \$4,500☐ Family \$9,000	Single \$5,500☐ Family \$11,000
Deductible Non-Network						
	Single \$11,000☐ Family \$22,000	Single \$10,000☐ Family \$20,000	Single \$8,000☐ Family \$16,000	Single \$9,000☐ Family \$18,000	Single \$9,000☐ Family \$18,000	Single \$10,000☐ Family \$20,000
Deductible Aggregates (In-network/Non-Network)	Yes	Yes	Yes	Yes	Yes	Yes
Ded/OPM/HRA Embedded/Non-Embedded	Yes Embedded	Yes Embedded	Yes Embedded	Yes Embedded	Yes Embedded	Yes Embedded
Deductible Waived For HSA/HRA Preventive Drugs	No	No	No	No	No	No
Coinsurance In-Network	40%	N/A	20%	40%	40%	N/A
Coinsurance Non-Network	50%	N/A	40%	50%	50%	N/A
Copay Office Visit	PCP \$35☐ Non PCP \$70	N/A	N/A	PCP \$35☐ Non PCP \$70	PCP \$35☐ Non PCP \$70	N/A
Copay Emergency Room	\$200☐ PPO	N/A	N/A	\$500☐ PPO	\$500☐ PPO	N/A
Copay ER - Deductible and/or Coinsurance Follows					Deductible Does Not Follow☐ ER Copay Applies to Services From All Providers☐ Coinsurance Does Not Follow	N/A
	Deductible Does Not Follow☐ ER Copay Applies to Services From All Providers☐ Coinsurance Does Not Follow	N/A	N/A	Deductible Does Not Follow☐ ER Copay Applies to Services From All Providers☐ Coinsurance Does Not Follow	ER Copay Applies to Services From All Providers☐ Coinsurance Does Not Follow	N/A
Copay Outpatient	N/A	N/A	N/A	N/A	N/A	N/A
Copay Urgent Care	\$35.00	N/A	N/A	\$35.00	\$35.00	N/A
Out of Pocket Maximum In-Network	Single \$7,500☐ Family \$15,000	Single \$5,500☐ Family \$11,000	Single \$7,050☐ Family \$14,100	Single \$7,500☐ Family \$15,000	Single \$7,500☐ Family \$15,000	Single \$5,500☐ Family \$11,000
Out of Pocket Maximum Non-Network	Single \$16,000☐ Family \$32,000	Single \$10,000☐ Family \$20,000	Single \$10,000☐ Family \$20,000	Single \$16,000☐ Family \$32,000	Single \$16,000☐ Family \$32,000	Single \$10,000☐ Family \$20,000
Out of Pocket Maximum Aggregates (In/Non)	Yes	Yes	Yes	Yes	Yes	Yes

Benefit Information	Renewal Copay	Renewal HDHP	Renewal HDHP 2	Alt 3	Alt 4	Alt 5
Group Name	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY
PLAN TYPE						
Online Benefit Summary (OBS) Health/Rx #s	174490-105☐ 174490-106	182221-52☐ 174490-107	182221-53☐ 174490-108	174490-120☐ 174490-106	174490-120☐ 174490-121	182221-52☐ 174490-116
PHARMACY BENEFIT PLAN						
Health OPM Aggregates With RX OPM	Yes	Yes	Yes	Yes	Yes	Yes
Drugs Covered Under Health Plan	No	No	No	No	No	No
Infertility - \$ Limit On Transfer Procedures	No	No	No	No	No	No
Deductible		Single \$5,500☐	Single \$6,500☐			Single \$5,500☐
	Single \$100	Family \$11,000	Family \$13,000	Single \$100	Single \$100	Family \$11,000
Deductible Waived For Tier 1	Yes	No	No	Yes	Yes	No
RX Deductible Aggregates With Health Deductible	No	No	No	No	No	No
Copay Tiers	Tier 1: \$12☐ Tier 2: \$35☐ Tier 3: \$50	N/A	N/A	Tier 1: \$12☐ Tier 2: \$35☐ Tier 3: \$50	Tier 1: \$12☐ Tier 2: \$35☐ Tier 3: \$50	N/A
Coinsurance		Tier 1: 0%☐ Tier 2: 0%☐ Tier 3: 0%	Tier 1: 20%☐ Tier 2: 20%☐ Tier 3: 20%			Tier 1: 0%☐ Tier 2: 0%☐ Tier 3: 0%
Copay/Coinsurance	N/A Copay	Copay Coinsurance	Copay Coinsurance	N/A Copay	N/A Copay	Copay Coinsurance
Out Of Pocket Maximum (OPM)	Single \$7,500☐ Family \$15,000	Single \$5,500☐ Family \$11,000	Single \$7,050☐ Family \$14,100	Single \$7,500☐ Family \$15,000	Single \$7,500☐ Family \$15,000	Single \$5,500☐ Family \$11,000
RX OPM Aggregates With Health OPM	Yes	Yes	Yes	Yes	Yes	Yes
Network Pharmacy Use Required	Yes	Yes	Yes	Yes	Yes	Yes
Specialty Drug Vendor Use Required	Yes	Yes	Yes	Yes	Yes	Yes
Specialty Drug Copay/Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
FULLY INSURED RATES						
Enrollment						
Type of Contract Rate Structure*	Two-Way	Two-Way	Two-Way	Two-Way	Two-Way	Two-Way
Single	81	81	81	81	81	81
Family	1	1	1	1	1	1
Total Contracts	82	82	82	82	82	82
Rates						
Single	\$ 969.40	\$ 882.75	\$ 834.45	\$ 1,004.19	\$ 997.37	\$ 876.70
Family	\$ 2,396.50	\$ 2,179.88	\$ 2,059.13	\$ 2,483.48	\$ 2,466.43	\$ 2,165.75
Monthly Cost	\$ 80,917.90	\$ 73,682.63	\$ 69,649.58	\$ 83,822.87	\$ 83,253.40	\$ 73,178.45
Annual Costs	\$ 971,014.80	\$ 884,191.56	\$ 835,794.96	\$ 1,005,874.44	\$ 999,040.80	\$ 878,141.40
Impact to Rates (compared to current plan)		-8.94%	-13.93%	3.59%	2.89%	-9.56%

Benefit Information		Alt 6	Alt 1	Alt 2
Group Name		YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY
PLAN TYPE				
Online Benefit Summary (OBS) Health/Rx #s		182221-53☐ 174490-117	182221-58☐ 174490-118	182221-58☐ 174490-119
Health Product		SD Blue Select	SD Blue Select	SD Blue Select
H.S.A. or H.R.A. Qualified		HSA	HSA	HSA
Pharmacy Product		BlueRx Value Plus	BlueRX Complete (3 Tier)	BlueRx Value Plus
ACA Grandfathered / Non-Grandfathered		NGF	NGF	NGF
HEALTH BENEFIT PLAN				
Deductible In-Network		Single \$6,500☐ Family \$13,000	Single \$7,500☐ Family \$15,000	Single \$7,500☐ Family \$15,000
Deductible Non-Network		Single \$8,000☐ Family \$16,000	Single \$8,000☐ Family \$16,000	Single \$8,000☐ Family \$16,000
Deductible Aggregates (In-network/Non-Network)		Yes	Yes	Yes
Ded/OPM/HRA Embedded/Non-Embedded		Yes Embedded	Yes Embedded	Yes Embedded
Deductible Waived For HSA/HRA Preventive Drugs		No	No	No
Coinsurance In-Network		20%	0%	0%
Coinsurance Non-Network		40%	40%	40%
Copay Office Visit		N/A	N/A	N/A
Copay Emergency Room		N/A	N/A	N/A
Copay ER - Deductible and/or Coinsurance Follows				
		N/A	N/A	N/A
Copay Outpatient		N/A	N/A	N/A
Copay Urgent Care		N/A	N/A	N/A
Out of Pocket Maximum In-Network		Single \$7,050☐ Family \$14,100	Single \$7,500☐ Family \$15,000	Single \$7,500☐ Family \$15,000
Out of Pocket Maximum Non-Network		Single \$10,000☐ Family \$20,000	Single \$10,000☐ Family \$20,000	Single \$10,000☐ Family \$20,000
Out of Pocket Maximum Aggregates (In/Non)		Yes	Yes	Yes

Benefit Information			
Group Name	Alt 6	Alt 1	Alt 2
YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY	YANKTON COUNTY
PLAN TYPE			
Online Benefit Summary (OBS) Health/Rx #s	182221-53	182221-58	182221-58
	174490-117	174490-118	174490-119
PHARMACY BENEFIT PLAN			
Health OPM Aggregates With RX OPM	Yes	Yes	Yes
Drugs Covered Under Health Plan	No	No	No
Infertility - \$ Limit On Transfer Procedures	No	No	No
Deductible	Single \$6,500	Single \$7,500	Single \$7,500
	Family \$13,000	Family \$15,000	Family \$15,000
Deductible Waived For Tier 1	No	No	No
RX Deductible Aggregates With Health Deductible	No	No	No
Copay Tiers			
Coinsurance	N/A	N/A	N/A
	Tier 1: 20%	Tier 1: 0%	Tier 1: 0%
	Tier 2: 20%	Tier 2: 0%	Tier 2: 0%
	Tier 3: 20%	Tier 3: 0%	Tier 3: 0%
	Coinsurance	Coinsurance	Coinsurance
Out Of Pocket Maximum (OPM)	Single \$7,050	Single \$7,500	Single \$7,500
	Family \$14,100	Family \$15,000	Family \$15,000
RX OPM Aggregates With Health OPM	Yes	Yes	Yes
Network Pharmacy Use Required	Yes	Yes	Yes
Specialty Drug Vendor Use Required	Yes	Yes	Yes
Specialty Drug Copay/Coinsurance	N/A	N/A	N/A
FULLY INSURED RATES			
Enrollment			
Type of Contract Rate Structure*	Two-Way	Two-Way	Two-Way
Single	81	81	81
Family	1	1	1
Total Contracts	82	82	82
Rates			
Single	\$ 828.96	\$ 825.84	\$ 820.35
Family	\$ 2,045.40	\$ 2,037.60	\$ 2,023.88
Monthly Cost	\$ 69,191.16	\$ 68,930.64	\$ 68,472.23
Annual Costs	\$ 830,293.92	\$ 827,167.68	\$ 821,666.76
Impact to Rates (compared to current plan)	-14.49%	-14.81%	-15.38%



COMMISSIONER MEETING AGENDA REQUEST

321 W 3rd, Suite 100, Yankton, SD 57078

E-Mail: patty@co.yankton.sd.us

Submission Deadline: 3:00pm on the Wednesday before scheduled meeting

Date Request Submitted _____

Request is for Commission Meeting Dated _____

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Topic to be Addressed and Length of Presentation: _____

Specific Purpose for the Request (Please Also Attach Support Documents): _____

Person(s) Making Presentation to the Board: _____

Audio/Visual Equipment Needed: _____

For Office Use:

Approved _____ Denied _____ Reason(s): _____

Signature: _____

Date: _____

Yr - 2022

Yankton County EMS Monthly Billing and Response Report.

Residents: 22696

	Billing								Monthly									YTD			
	Month			YTD					Calls						Transfers			Calls			
	Billed	Rec'd	Net	Expenses	Rec'd	Net	%	Cost/Res	1st	2nd	3rd	St-By	Supv	Total	1st	2nd	NC	Total	Billable	\$/Call	Miles
Jan	\$ 124,923	\$ 56,545	\$ (68,378)	\$ 87,666	\$ 56,545	\$ (31,121)	-35%	\$ 1.37	186	33	0	0		219	27	3		219	178	\$406	1611
Feb	\$ 42,598	\$ 68,751	\$ 26,153	\$ 107,533	\$ 125,296	\$ 17,763	17%	\$ (0.78)	132	18	1	0		151	20	0		370	119	\$712	962
Mar	\$ 184,493	\$ 25,393	\$ (159,101)	\$ 81,373	\$ 150,689	\$ 69,316	85%	\$ (3.05)	148	12	9	0		169	21	8		539	118	\$481	1651
Apr	\$ 99,228	\$ 49,559	\$ (49,668)	\$ 96,705	\$ 200,248	\$ 103,543	107%	\$ (4.56)	138	17	0	0		155	17	3		694	117	\$694	1022
May	\$ 182,775	\$ 52,057	\$ (130,718)	\$ 70,060	\$ 252,305	\$ 182,245	260%	\$ (8.03)	154	24	2	0		180	32	1		874	109	\$507	2006
Jun	\$ 92,267	\$ 37,854	\$ (54,413)	\$ 82,175	\$ 290,159	\$ 207,984	253%	\$ (9.16)	177	35	10	1	10	233	29	6		1107	173	\$475	1961
Jul	\$ 51,052	\$ 64,002	\$ 12,950	\$ 91,165	\$ 354,161	\$ 262,996	288%	\$ (11.59)	171	36	2	1	4	214	26	3		1321	133	\$467	1981
Aug	\$ 82,711	\$ 92,905	\$ 10,194	\$ 78,577	\$ 447,065	\$ 368,488	469%	\$ (16.24)	169	31	2	3		205	32	1		1526	149	\$456	1650
Sep	\$ 83,215	\$ 48,015	\$ (35,200)	\$ 88,980	\$ 495,080	\$ 406,100	456%	\$ (17.89)	151	20	8	4	2	185	14	6		1711	121	\$484	1101
Oct			\$ -			\$ -	#####	\$ -						0				1711			
Nov			\$ -			\$ -	#####	\$ -						0				1711			
Dec			\$ -			\$ -	#####	\$ -						0				1711			

YTD Points of Pickup per FR Districts							
Yankton	Gayville	Irene	Volin/MH	Lest/Utica	Lake	NE	Other
Jan	182	14	7	1	9	1	1
Feb	171	9	7	0	5	0	0
Mar	419	17	10	1	14	3	0
Apr	535	24	14	0	15	3	0
May	669	29	16	2	22	4	3
Jun	845	35	17	4	26	1	0
Jul	1031	40	9	5	28	7	
Aug	1186	42	9	10	31	8	1
Sep	1319	47	9	13	33	0	0
Oct							
Nov							
Dec							

Historic Information: Average of Last 4 years.		
Charges/Credit	Call Avg:	Billable Calls
Charges: \$ 1,706,488	Jan 171	1,670
Credits: \$ 793,771	Feb 170	
	Mar 166	Cost \$/Call
Projected Year End	Apr 135	\$546
Charges: \$ 1,454,852	May 172	
Credits: \$ 670,598	Jun 181	
	Jul 189	
	Aug 201	
	Sep 182	
	Oct 192	
	Nov 182	
	Dec 173	
	2113	

Enclosed Documents:

2nd Quarter 2022 Rpts: April-June

* Payor Adjustment Report

* Aging Report

Staffing / Scheduling

Point of Pickup Breakdown:

Irene-FR Area (west of 452 Ave) 9

Irene-within City limits 10

Nebraska: Scene 6

ALS Intercept/Mutual Aid 2

Other:

Mutual Aid Clay Co. 3

Aging Detail by Current Payor

Yankton County EMS - 07/01/2022 to 09/30/2022

Current Payor Name	OVER 180 DAYS Total Trip Balance	Grand Total Amount
Aetna - Commercial	\$99.75	\$99.75
Allied Benefits Systems/PHCS	\$890.00	\$890.00
Avera Health Plan - Sioux Falls	\$1,066.60	\$1,066.60
	\$183.95	\$183.95
Avera Health Plan - Sioux Falls Total	\$1,250.55	\$1,250.55
	\$120.13	\$120.13
BCBS SD Wellmark	\$659.00	\$659.00
	\$452.00	\$452.00
BCBS SD Wellmark Total	\$1,231.13	\$1,231.13
Childrens Hospital & Medical Center - Omaha	\$390.00	\$390.00
Federal Prison Camp Yankton	\$1,036.00	\$1,036.00
Hutchinson County Auditor	\$818.00	\$818.00
IHS/Indian Health Services - Pine Ridge	\$890.00	\$890.00
IHS/Indian Health Services - Wagner	\$1,018.00	\$1,018.00
	\$1,018.00	\$1,018.00
IHS/Indian Health Services - Wagner Total	\$2,036.00	\$2,036.00
Medica Insurance - All Members except #IFB	\$182.00	\$182.00
Medica Insurance - SD	\$82.46	\$82.46
Medicaid SD Total	\$4,176.62	\$4,176.62
Medicare SD	\$478.08	\$478.08
Private Payment Total	\$19,633.81	\$19,633.81
Total Care - NE Medicaid	\$209.73	\$209.73
	\$2,602.00	\$2,602.00
Total Care - NE Medicaid Total	\$2,811.73	\$2,811.73
Tricare For Life (7890)	\$101.21	\$101.21
UHC - Medicare	\$280.00	\$280.00
Grand Total	\$36,387.34	\$36,387.34

Activity Summary - Primay Payor

Yankton County EMS - 07/01/2022 to 09/30/2022

Payor Category	Payor	Gross Charges	Contractual Allowances	Net Charges	Revenue Adjustments	Write Offs	Refunds	Trip Balance
Commercial	Aetna	\$1,890.00	\$0.00	\$1,890.00	\$0.00	\$1,158.13	\$0.00	\$0.00
	Blue Cross	\$39,826.00	\$10,183.37	\$29,642.63	-\$161.00	\$12,127.92	\$0.00	\$0.00
	Humana	\$1,036.00	\$558.94	\$477.06	\$0.00	\$265.00	\$0.00	\$0.00
	Other Commercial	\$28,624.00	\$2,303.01	\$26,320.99	\$0.00	\$1,036.94	\$0.00	\$0.00
	United Healthcare	\$1,036.00	\$0.00	\$1,036.00	\$0.00	\$0.00	\$0.00	\$0.00
Facility	Facility	\$10,474.00	\$2,217.97	\$8,256.03	\$0.00	\$1,286.03	\$0.00	\$1,119.08
Medicaid	Medicaid	\$74,578.00	\$56,498.23	\$18,079.77	\$0.00	\$804.79	\$0.00	\$0.00
	Medicaid HMO	\$818.00	\$634.82	\$183.18	\$0.00	\$0.00	\$0.00	\$0.00
Medicare	Medicare	\$181,098.20	\$98,304.09	\$82,794.11	-\$100.00	\$3,098.88	\$96.57	\$489.90
	Medicare HMO	\$30,070.40	\$16,799.58	\$13,270.82	-\$332.50	\$1,315.00	\$0.00	\$700.00
	Indian Health Services	\$8,142.00	\$459.20	\$7,682.80	-\$872.00	\$6,270.00	\$0.00	\$1,693.60
Misc Government	Other Misc Government	\$7,166.00	\$0.00	\$7,166.00	-\$829.88	\$890.00	\$0.00	\$0.00
	Tricare	\$836.00	\$430.62	\$405.38	\$0.00	\$101.34	\$0.00	\$0.00
	Veterans Administration	\$14,846.00	\$0.00	\$14,846.00	-\$854.00	\$1,831.31	\$0.00	\$0.00
	Auto	\$836.00	\$0.00	\$836.00	\$0.00	\$836.00	\$0.00	\$0.00
Other	Hospice	\$3,088.00	\$1,702.69	\$1,385.31	\$0.00	\$0.00	\$0.00	\$505.31
	Workers Compensation	\$3,798.00	\$1,127.19	\$2,670.81	\$0.00	\$0.00	\$0.00	\$836.00
Self Pay	Self Pay Uninsured	\$51,325.00	\$326.28	\$50,998.72	\$0.00	\$46,840.00	\$0.00	\$800.00
Grand Total		\$459,487.60	\$191,545.99	\$267,941.61	-\$3,149.38	\$77,861.34	\$96.57	\$6,143.89



Yankton County Commissioners,

For the past 15 years or so, Yankton County EMS has staffed two paramedic-level ambulances around the clock. This worked well until recently, when part-time EMT staffing problems began to worsen. Over the past couple of months, there have been days when the second ambulance is partially staffed or not staffed at all. This, in combination with our ever-increasing call volume, leads to procedural and operational challenges.

The full-time paramedics have been working extra shifts to help fill the voids, which are mostly part-time EMT shifts. A couple of weeks ago, one full-time medic worked nine days in a row to fill extra shifts. I personally also worked 10 days out of an 11 day stretch to fill in EMT shifts last month.

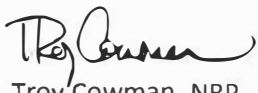
A survey was sent out to our 22 part-time employees a few weeks ago to try and figure out why they cannot cover shifts like they used to. The results of the survey are included in this packet for your review. Simply put, many of them already work enough hours in a week with their full-time job and/or do not have the availability that they used to have.

We were looking into adding another full-time paramedic to our roster next year, but the reality is that we may not find another paramedic. Sanford EMS Education in Sioux Falls reported that they have only six students enrolled in their paramedic course that will graduate in May of 2023, and there are only eight more students enrolled in their paramedic course that will not graduate until May of 2024. On the other hand, Sanford reports that they have 90 EMT students currently enrolled who will graduate in December of this year.

After looking into several scheduling options, it has become clear that the only way we can fix our scheduling issue is to hire two full-time EMT's as soon as possible. The numbers are included in this packet to show that adding the two additional staff will still be within the 2023 budget that was proposed earlier this year.

Without the addition of two full-time EMT's, we would likely have to eliminate scheduling a second ambulance and would operate with only one staffed ambulance. Adding the two full-time EMT's would create a more manageable schedule that will help ensure retention of current full-time paramedics. This is important since recruiting new paramedics could be extremely difficult, if not impossible for some time.

We are looking for your approval to hire two full-time EMT's. The process of job advertising, interviewing, performing background checks and physical agility tests and going through orientation could take up to four months or more, so the sooner we begin the process, the better. We would like to begin advertising immediately. Thank you for your consideration.



Troy Cowman, NRP
Senior Paramedic
Yankton County EMS

Statement	Yes, true	No, false	Undecided
<i>I would cover more 1st crew shifts if the hourly wage was higher</i>	9	4	2
<i>I would cover more 1st crew shifts if I wasn't required to stay at the station</i>	5	9	1
<i>I would cover more 2nd crew shifts if the on-call wage was higher</i>	11	3	1
<i>I would sign up to cover BLS transfers between 5:00 PM and 10:00 PM providing there would be a 30-minute response time allowed</i>	8	3	4
<i>I would be interested in becoming employed as a full-time EMT</i>	1	11	3
<i>I think that all part-time employees should be scheduled for a permanent shift</i>	3	12	
<i>I feel that YCEMS administrators / supervisors listen to my suggestions and consider implementing them</i>	5	7	3

Question / answers	
<i>The hourly wage for 1st crew EMT should be at least:</i>	Responses
\$15	7
\$16	3
\$17	1
\$18	2
\$19	0
\$20	1
Over \$20	0

<i>The hourly wage for 2nd crew should be at least:</i>	Responses
\$6	1
\$7	2
\$8	3
\$9	0
\$10 (SD minimum wage)	5
The same as 1st crew hourly wage	3

<i>The reason I don't cover more 1st crew shifts now is due to:</i>	Responses
Requirement to stay at the station	4
My availability is limited	11
I already work enough hours in a week	4
The hourly wage isn't enough	7
I don't get to do patient care often enough	0
I have to do patient care too often	0
I have to travel too far to get to Yankton	1
Other reason not listed	2

YCEMS PART-TIME EMPLOYEE SURVEY RESULTS

This survey was sent out to 22 part-time employees in September 2022.

15 of 22 employees completed and returned the survey and these are the results.

Not all categories add up to 15 because some employees did not answer every question and some questions allowed more than one answer to be selected.

<i>The reason I don't cover more 2nd crew shifts now is due to:</i>	Responses
My availability is limited	9
It is inconvenient to be on call	1
The on-call wage is not high enough	7
I have to travel too far to get to Yankton	2
Other reason not listed	2

<i>I think the length of a working shift should be:</i>	Responses
6 hours	0
8 hours	0
12 hours	15

<i>The best scheduled time for a working shift is:</i>	Responses
5:00 - 5:00	0
6:00 - 6:00	3
7:00 - 7:00	11
8:00 - 8:00	1
9:00 - 9:00	0
Other time not listed	0

<i>If I were a full-time EMT, I would expect an annual wage of:</i>	Responses
\$25,000 - \$30,000	0
\$30,000 - \$35,000	1
\$35,000 - \$40,000	6
\$40,000 - \$45,000	3
More than \$45,000	0

YANKTON COUNTY EMS PROPOSED 2023 PERSONNEL SERVICES BUDGET

PROPOSED WAGE	Troy	Daniel	Jean	Logan	Jerry	Leanna	FT EMT	FT EMT	PT EMT
Paid hours	160	152	152	152	152	152	152	152	528
Overtime hours	32	28	28	28	16	28	16	16	0
On call hours	0	48	48	60	24	60	72	72	552
Hourly wage	\$23.47	\$20.72	\$19.48	\$17.81	\$19.48	\$18.17	\$16.50	\$16.50	\$15.48
Overtime wage	\$35.20	\$31.07	\$29.22	\$26.71	\$29.22	\$27.25	\$24.75	\$24.75	\$23.22
On call wage	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
4 week salary	\$4,881.24	\$4,259.00	\$4,018.64	\$3,754.75	\$3,548.04	\$3,824.01	\$3,264.00	\$3,264.00	\$10,933.44
Annual salary	\$63,456.12	\$55,367.01	\$52,242.26	\$48,811.78	\$46,124.52	\$49,712.13	\$42,432.00	\$42,432.00	\$142,134.72
OASI 6.2%	\$3,934.28	\$3,432.75	\$3,239.02	\$3,026.33	\$2,859.72	\$3,082.15	\$2,630.78	\$2,630.78	\$8,812.35
Medicare 1.45%	\$920.11	\$802.82	\$757.51	\$707.77	\$668.81	\$720.83	\$615.26	\$615.26	\$2,060.95
Retirement 6%	\$3,807.37	\$3,322.02	\$3,134.54	\$2,928.71	\$2,767.47	\$2,982.73	\$2,545.92	\$2,545.92	\$0.00
Group Insurance	\$9,000.00	\$9,000.00	\$9,000.00	\$9,000.00	\$9,000.00	\$9,000.00	\$9,000.00	\$9,000.00	\$0.00
2 wks vacation	\$2,440.62	\$2,129.50	\$2,009.32	\$1,877.38	\$1,774.02	\$1,912.01	\$1,632.00	\$1,632.00	\$0.00
Total cost	\$83,558.50	\$74,054.11	\$70,382.64	\$66,351.96	\$63,194.54	\$67,409.84	\$58,855.97	\$58,855.97	\$153,008.03

	Steve	Brenda
Other salaries	\$86,000.00	\$41,715.00
OASI 6.2%	\$5,332.00	\$2,586.33
Medicare 1.45%	\$1,247.00	\$604.87
Retirement 6%	\$5,160.00	\$2,502.90
Group Insurance	\$9,000.00	\$9,000.00
Totals	\$106,739.00	\$56,409.10

Total full-time salaries
\$695,671.55

Total other salaries
\$163,148.10

Total all salaries
\$858,819.65

2023 Personnel Services budget: \$1,039,500.00

Workman's Comp Ins: \$21,544.00

HC Reimbursement: \$8,000.00

SPENT PERSONNEL SERVICES BUDGET: \$888,363.65

REMAINING PERSONNEL SERVICES BUDGET: \$151,136.35

2022 vs 2023 DIFFERENCE \$124,321.95

BID TABULATION Yankton County Str. 68-030-018 BRF 6213(00)20-1 PCN 08XM Yankton County September 29, 2022					Grangaard Construction, Inc. 705 20th Ave SW Watertown, SD 57201 Phone: (605) 886-0559		SFC Civil Constructors 4500 W 58th St Sioux Falls, SD 57108 Phone: (605) 332-5939		Kea Constructors LLC 962 238th Rd Milford, NE 68405 Phone: (402) 381-8543	
Line Item No.	Bid Item No.	Item Description	Quantity	Unit	Unit Cost	Item Total	Unit Cost	Item Total	Unit Cost	Item Total
1	009E0010	Mobilization	Lump Sum	LS	\$ 755,000.00	\$ 755,000.00	\$ 1,820,000.00	\$ 1,820,000.00	\$ 1,744,969.00	\$ 1,744,969.00
2	009E5000	Concrete Penetrating Sealer	1,545	SqYd	\$ 15.00	\$ 23,167.50	\$ 10.00	\$ 15,445.00	\$ 29.00	\$ 44,790.50
3	100E0100	Clearing	Lump Sum	LS	\$ 50,000.00	\$ 50,000.00	\$ 1,100.00	\$ 1,100.00	\$ 7,811.00	\$ 7,811.00
4	110E0500	Remove Pipe Culvert	33	Ft	\$ 100.00	\$ 3,300.00	\$ 16.00	\$ 528.00	\$ 32.00	\$ 1,056.00
5	110E1010	Remove Asphalt Concrete Pavement	3,217.5	SqYd	\$ 3.99	\$ 12,837.83	\$ 8.00	\$ 25,740.00	\$ 6.00	\$ 19,305.00
6	110E1690	Remove Sediment	1.0	CuYd	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 34.00	\$ 34.00
7	110E1693	Remove Erosion Control Wattle	120	Ft	\$ 1.00	\$ 120.00	\$ 1.00	\$ 120.00	\$ 1.00	\$ 120.00
8	110E1700	Remove Silt Fence	2,800	Ft	\$ 0.60	\$ 1,680.00	\$ 1.00	\$ 2,800.00	\$ 1.00	\$ 2,800.00
9	110E7150	Remove Sign for Reset	5	Each	\$ 10.00	\$ 50.00	\$ 11.00	\$ 55.00	\$ 10.00	\$ 50.00
10	120E0010	Unclassified Excavation	4,923	CuYd	\$ 10.00	\$ 49,230.00	\$ 6.00	\$ 29,538.00	\$ 4.00	\$ 19,692.00
11	120E0600	Contractor Furnished Borrow Excavation	12,258	CuYd	\$ 7.00	\$ 85,806.00	\$ 15.00	\$ 183,870.00	\$ 7.00	\$ 85,806.00
12	120E7000	Select Granular Backfill	14	Ton	\$ 90.00	\$ 1,260.00	\$ 200.00	\$ 2,800.00	\$ 372.00	\$ 5,208.00
13	230E0010	Placing Topsoil	1,778	CuYd	\$ 5.00	\$ 8,890.00	\$ 6.00	\$ 10,668.00	\$ 3.00	\$ 5,334.00
14	250E0030	Incidental Work, Structure	Lump Sum	LS	\$ 1,000,000.00	\$ 1,000,000.00	\$ 900,000.00	\$ 900,000.00	\$ 2,180,000.00	\$ 2,180,000.00
15	260E1010	Base Course	2,015.5	Ton	\$ 29.75	\$ 59,961.13	\$ 34.00	\$ 68,527.00	\$ 31.00	\$ 62,480.50
16	320E1200	Asphalt Concrete Composite	864.5	Ton	\$ 225.00	\$ 194,512.50	\$ 240.00	\$ 207,480.00	\$ 225.00	\$ 194,512.50
17	410E0020	Structural Steel	Lump Sum	LS	\$ 1,500,000.00	\$ 1,500,000.00	\$ 2,300,000.00	\$ 2,300,000.00	\$ 2,473,000.00	\$ 2,473,000.00
18	410E0030	Structural Steel, Miscellaneous	Lump Sum	LS	\$ 100,000.00	\$ 100,000.00	\$ 80,000.00	\$ 80,000.00	\$ 200,000.00	\$ 200,000.00
19	410E2300	Strip Seal Expansion Joint	69.0	Ft	\$ 120.00	\$ 8,280.00	\$ 920.00	\$ 63,480.00	\$ 311.00	\$ 21,459.00
20	420E0100	Structure Excavation, Bridge	1,035	CuYd	\$ 950.00	\$ 983,250.00	\$ 1,650.00	\$ 1,707,750.00	\$ 1,320.00	\$ 1,366,200.00
21	430E0200	Bridge End Embankment	1,322	CuYd	\$ 20.00	\$ 26,440.00	\$ 25.00	\$ 33,050.00	\$ 9.00	\$ 11,898.00
22	430E0300	Granular Bridge End Backfill	71.4	CuYd	\$ 120.00	\$ 8,568.00	\$ 250.00	\$ 17,850.00	\$ 300.00	\$ 21,420.00
23	430E0510	Approach Slab Underdrain Excavation	2.8	CuYd	\$ 100.00	\$ 280.00	\$ 60.00	\$ 168.00	\$ 500.00	\$ 1,400.00
24	430E0700	Precast Concrete Headwall for Drain	4	Each	\$ 500.00	\$ 2,000.00	\$ 1,100.00	\$ 4,400.00	\$ 700.00	\$ 2,800.00
25	460E0030	Class A45 Concrete, Bridge Deck	489.2	CuYd	\$ 2,000.00	\$ 978,400.00	\$ 1,700.00	\$ 831,640.00	\$ 1,700.00	\$ 831,640.00
26	460E0050	Class A45 Concrete, Bridge	372.0	CuYd	\$ 3,000.00	\$ 1,116,000.00	\$ 1,200.00	\$ 446,400.00	\$ 1,900.00	\$ 706,800.00
27	460E0150	Concrete Approach Slab for Bridge	156.8	SqYd	\$ 100.00	\$ 15,680.00	\$ 450.00	\$ 70,560.00	\$ 700.00	\$ 109,760.00
28	460E0160	Concrete Approach Sleeper Slab for Bridge	33.2	SqYd	\$ 150.00	\$ 4,980.00	\$ 400.00	\$ 13,280.00	\$ 800.00	\$ 26,560.00
29	460E0500	Deck Drain, Girder Bridge	16	Each	\$ 2,000.00	\$ 32,000.00	\$ 900.00	\$ 14,400.00	\$ 1,100.00	\$ 17,600.00
30	480E0100	Reinforcing Steel	57,661	Lb	\$ 4.00	\$ 230,644.00	\$ 2.50	\$ 144,152.50	\$ 3.00	\$ 172,983.00
31	480E0200	Epoxy Coated Reinforcing Steel	144,066	Lb	\$ 4.00	\$ 576,264.00	\$ 2.70	\$ 388,978.20	\$ 3.00	\$ 432,198.00
32	510E0100	Extract Pile	5	Each	\$ 1.00	\$ 5.00	\$ 400.00	\$ 2,000.00	\$ 2,100.00	\$ 10,500.00
33	510E0300	Preboring Pile	320	Ft	\$ 10.00	\$ 3,200.00	\$ 50.00	\$ 16,000.00	\$ 110.00	\$ 35,200.00
34	510E3421	HP 12x74 Steel Test Pile, Furnish and Drive	615	Ft	\$ 200.00	\$ 123,000.00	\$ 150.00	\$ 92,250.00	\$ 155.00	\$ 95,325.00

BID TABULATION Yankton County Str. 68-030-018 BRF 6213(00)20-1 PCN 08XM Yankton County September 29, 2022					Grangaard Construction, Inc. 705 20th Ave SW Watertown, SD 57201 Phone: (605) 886-0559		SFC Civil Constructors 4500 W 58th St Sioux Falls, SD 57108 Phone: (605) 332-5939		Kea Constructors LLC 962 238th Rd Milford, NE 68405 Phone: (402) 381-8543				
35	510E3425	HP 12x74 Steel Bearing Pile, Furnish and Drive	9,250	Ft	\$	60.00	\$ 555,000.00	\$	85.00	\$ 786,250.00	\$	125.00	\$ 1,156,250.00
36	630E0110	Straight Double Class A Thrie Beam Guardrail with Wood Posts	50.0	Ft	\$	90.00	\$ 4,500.00	\$	100.00	\$ 5,000.00	\$	90.00	\$ 4,500.00
37	630E1010	Straight Class A W Beam Guardrail with Wood Posts	100.0	Ft	\$	24.00	\$ 2,400.00	\$	25.00	\$ 2,500.00	\$	24.00	\$ 2,400.00
38	630E2000	W Beam to Thrie Beam Guardrail Transition	4	Each	\$	310.00	\$ 1,240.00	\$	320.00	\$ 1,280.00	\$	310.00	\$ 1,240.00
39	630E2015	W Beam Guardrail Flared End Terminal	4	Each	\$	3,150.00	\$ 12,600.00	\$	3,200.00	\$ 12,800.00	\$	3,150.00	\$ 12,600.00
40	632E1320	2.0"x2.0" Perforated Tube Post	22.0	Ft	\$	30.00	\$ 660.00	\$	33.00	\$ 726.00	\$	30.00	\$ 660.00
41	632E2220	Guardrail Delineator	16	Each	\$	35.00	\$ 560.00	\$	40.00	\$ 640.00	\$	35.00	\$ 560.00
42	632E3500	Reset Sign	5	Each	\$	50.00	\$ 250.00	\$	55.00	\$ 275.00	\$	50.00	\$ 250.00
43	632E3526	Install State Furnished Sign	2	Each	\$	200.00	\$ 400.00	\$	200.00	\$ 400.00	\$	200.00	\$ 400.00
44	633E1220	High Build Waterborne Pavement Marking Paint, 4" White	2,110	Ft	\$	0.50	\$ 1,055.00	\$	0.50	\$ 1,055.00	\$	0.50	\$ 1,055.00
45	633E1222	High Build Waterborne Pavement Marking Paint, 4" Yellow	1,862	Ft	\$	0.50	\$ 931.00	\$	0.50	\$ 931.00	\$	0.50	\$ 931.00
46	634E0110	Traffic Control Signs	96.5	SqFt	\$	5.00	\$ 482.50	\$	6.00	\$ 579.00	\$	5.00	\$ 482.50
47	634E0120	Traffic Control, Miscellaneous	Lump Sum	LS	\$	2,700.00	\$ 2,700.00	\$	9,500.00	\$ 9,500.00	\$	2,700.00	\$ 2,700.00
48	634E0275	Type 3 Barricade	11	Each	\$	150.00	\$ 1,650.00	\$	160.00	\$ 1,760.00	\$	150.00	\$ 1,650.00
49	634E0310	Temporary Flexible Vertical Markers	3,100	Ft	\$	0.30	\$ 930.00	\$	0.30	\$ 930.00	\$	0.30	\$ 930.00
50	634E1002	Detour and Restriction Signing	828.4	SqFt	\$	10.00	\$ 8,284.00	\$	11.00	\$ 9,112.40	\$	10.00	\$ 8,284.00
51	680E0040	4" Underdrain Pipe	285	Ft	\$	20.00	\$ 5,700.00	\$	30.00	\$ 8,550.00	\$	85.00	\$ 24,225.00
52	680E2500	Porous Backfill	20.8	Ton	\$	120.00	\$ 2,496.00	\$	70.00	\$ 1,456.00	\$	265.00	\$ 5,512.00
53	700E0110	Class A Riprap	918.4	Ton	\$	120.00	\$ 110,208.00	\$	55.00	\$ 50,512.00	\$	94.00	\$ 86,329.60
54	700E1100	Overburden Excavation for Riprap	1,892	CuYd	\$	10.00	\$ 18,920.00	\$	16.00	\$ 30,272.00	\$	18.00	\$ 34,056.00
55	734E0010	Erosion Control	Lump Sum	LS	\$	2,000.00	\$ 2,000.00	\$	2,500.00	\$ 2,500.00	\$	2,000.00	\$ 2,000.00
56	734E0102	Type 2 Erosion Control Blanket	14,800	SqYd	\$	1.52	\$ 22,496.00	\$	1.70	\$ 25,160.00	\$	1.52	\$ 22,496.00
57	734E0154	12" Diameter Erosion Control Wattle	120	Ft	\$	3.00	\$ 360.00	\$	3.00	\$ 360.00	\$	3.00	\$ 360.00
58	734E0165	Remove and Reset Erosion Control	30	Ft	\$	1.50	\$ 45.00	\$	1.50	\$ 45.00	\$	1.50	\$ 45.00
59	734E0510	Shaping for Erosion Control Blanket	2,472	Ft	\$	0.55	\$ 1,359.60	\$	0.70	\$ 1,730.40	\$	0.55	\$ 1,359.60
60	734E0604	High Flow Silt Fence	2,800	Ft	\$	3.20	\$ 8,960.00	\$	3.50	\$ 9,800.00	\$	3.20	\$ 8,960.00
61	734E0610	Mucking Silt Fence	194	CuYd	\$	10.00	\$ 1,940.00	\$	30.00	\$ 5,820.00	\$	25.00	\$ 4,850.00
62	734E0620	Repair Silt Fence	700	Ft	\$	0.50	\$ 350.00	\$	0.50	\$ 350.00	\$	0.50	\$ 350.00
63	734E0630	Floating Silt Curtain	700	Ft	\$	19.00	\$ 13,300.00	\$	22.00	\$ 15,400.00	\$	19.00	\$ 13,300.00
64	734E0635	Remove and Reset Floating Silt Curtain	175	Ft	\$	5.80	\$ 1,015.00	\$	6.00	\$ 1,050.00	\$	6.00	\$ 1,050.00
65	831E0110	Type B Drainage Fabric	1,608	SqYd	\$	4.00	\$ 6,432.00	\$	5.00	\$ 8,040.00	\$	8.00	\$ 12,864.00
66	831E1030	Perforated Geocell	399	SqFt	\$	30.00	\$ 11,970.00	\$	25.00	\$ 9,975.00	\$	25.00	\$ 9,975.00
TOTAL FOR ITEMS 1 THROUGH 66					\$8,756,100.05		\$10,499,888.50		\$12,333,336.20				

Engineers Estimate: \$6,965,798