

Tuesday, November 21, 2023
5:00PM

Tomahawk City Hall
23 N 2nd Street

**COMMITTEE
MEMBERS**

STEVEN E. TASKAY
CHAIRPERSON

MICKEY LOKA
DISTRICT 1

DALE ERNST
DISTRICT 1

JEFF KAHLE
DISTRICT 2

STEVE BARTZ
DISTRICT 3

JAMES GRAEBER
CITIZEN ADVISORY
MEMBER

“WINTER,
SPRING,
SUMMER,
FALL...
TOMAHAWK
HAS IT ALL”

AGENDA

- A. **CALL TO ORDER**
- B. **PUBLIC COMMENTS** (During this item on the agenda the Committee listens to oral comments from members of the public on non-agenda items. When speaking please state your name and limit your time to five minutes.)
- C. **MINUTES**
 - 1. November 13, 2023
- D. **OTHER BUSINESS**
 - 1. Review of City of Tomahawk Health Insurance Options
 - 2. Non-Union Employee Wages and Benefit Package
 - i. Review Longevity Pay per Section Article II Employee Benefits, Section 11 Longevity
- E. **NEXT MEETING** – Call of the Chair
- F. **ADJOURN**

Any additions to this agenda will be added to the original posted at City Hall. Any person who has a qualifying disability as defined by the Americans with Disabilities Act, that requires the meeting or materials at the meeting to be in an accessible location or format must contact the Clerk-Treasurer at City Hall, 453-4040, at least three days prior to the meeting so any necessary arrangements can be made to accommodate each request.

PLEASE TURN CELL PHONES ON SILENT DURING MEETINGS

Account Number	Department	2023 Premium	10% Increase	17.69% Renewal	Option 1 W/HRA 100%	Option 1 W/HRA 50%	Option 1 W/HRA 35%	Option 2 W/HRA 100%	Option 2 W/HRA 50%	Option 2 W/HRA 35%	
100-01-51400-154-000	Clerk/Treasurer	68,136.12	72,782.22	80,185.57	74,295.96	61,299.12	57,399.12	60,361.76	50,361.76	47,361.76	
100-01-51601-154-000	City Hall	20,441.43	22,485.54	24,055.60	20,988.12	17,739.72	16,764.72	17,108.48	14,608.48	13,858.48	
100-02-52100-154-000	Police Department	245,296.19	292,007.28	288,668.12	271,366.92	222,626.52	208,001.52	220,302.12	182,802.12	171,552.12	
100-03-53311-154-000	Mechanic	13,629.28	14,992.22	16,037.14	16,159.68	12,909.72	11,934.72	13,072.28	10,572.28	9,822.28	
100-03-53313-154-000	Street Maintenance	149,901.84	174,705.72	176,407.96	158,248.44	132,258.00	124,458.00	128,795.68	108,795.68	102,795.68	
100-05-55201-154-000	Parks	40,882.54	44,098.01	48,111.52	48,479.40	38,729.40	35,804.40	39,217.08	31,717.08	29,467.08	
Total Health Insurance in General Fund		538,287.39	621,070.99	633,465.91	589,538.52	485,562.48	454,362.48	478,857.40	398,857.40	374,857.40	
Difference from Budgeted 10% Increase in General Fund				12,394.92	(31,532.47)	(135,508.51)	(166,708.51)	(142,213.59)	(222,213.59)	(246,213.59)	
610-00-57926-000-000	Water	91,986.44	101,185.08	108,250.18	94,446.54	79,828.74	67,897.12	76,988.16	65,738.16	62,363.16	
620-00-59854-000-000	Sewer	64,727.24	82,442.75	76,176.56	75,133.50	60,509.22	50,509.55	60,843.84	49,593.84	46,218.84	
210-05-55110-154-000	Library	54,517.10	59,968.88	64,148.54	64,638.72	51,638.88	42,964.99	52,289.12	42,289.12	39,289.12	
Total Health Insurance in Other Funds		211,230.77	243,596.71	248,575.28	234,218.76	191,976.84	161,371.66	190,121.12	157,621.12	147,871.12	
				749,518.16	864,667.70	882,041.19	823,757.28	677,539.32	615,734.14	668,978.52	556,478.52
Difference from Budgeted 10% Increase				17,373.49	(40,910.42)	(187,128.38)	(248,933.56)	(195,689.18)	(308,189.18)	(341,939.18)	
		2023 Premium	10% Increase	17.69% Renewal	Option 1 W/HRA 100%	Option 1 W/HRA 50%	Option 1 W/HRA 35%	Option 2 W/HRA 100%	Option 2 W/HRA 50%	Option 2 W/HRA 35%	
	Single	13,629.28	14,992.24	16,037.14	16,159.68	12,909.72	11,934.72	13,072.28	10,572.28	9,822.28	
	Employee & Spouse	27,253.26	29,978.64	32,074.38	32,319.72	25,819.68	23,869.68	26,144.80	21,144.80	19,644.80	
	Employee & Children	27,253.26	29,978.64	32,074.38	32,319.72	25,819.68	23,869.68	26,144.80	21,144.80	19,644.80	
	Family	40,882.86	44,971.20	48,111.19	41,976.24	35,479.44	33,529.44	34,216.96	29,216.96	27,716.96	

Renewal Presentation

Group Name: CITY OF TOMAHAWK

Rate Guarantee January 1, 2024 - December 31, 2024

Group Number: 780734

Renewal Date: January 1, 2024

Agent: MICHAEL KRIEWALD

Quote ID: 674

Plan Desc: 780734

Current Plan: H01000X2

Current Benefit Highlights

Individual Deductible:	\$500	Office Visit Copay:	\$0	Current Plan Type:	HMO
Coinsurance:	100%	ER Visit Copay:	\$100	Current Rate Structure:	4
Coinsurance Limit:	\$0	Hosp Copay:	\$ 0	Current Rating:	Composite
OOP Max - Individual:	\$500	Plan Maximum:	\$ 0		
OOP Max - Family:	\$1,000	Drug Benefit:	\$10/\$30/\$60		

Check this box to keep current benefit

Age	Single Males		Single Females		Couples		Males With Children		Females With Children		Families		Premium
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
0 - 29	4	\$562.04		\$1,163.93	1	\$1,872.44		\$1,852.99		\$2,398.62	1	\$3,949.68	\$8,070.28
30 - 34	1	\$713.06	1	\$1,324.95		\$2,101.52		\$2,044.03		\$2,676.15		\$3,843.79	\$2,038.01
35 - 39		\$962.49		\$1,386.33		\$2,365.23		\$2,458.08		\$2,687.51	3	\$3,824.12	\$11,472.36
40 - 44		\$1,123.52		\$1,547.91		\$2,588.48	1	\$2,619.56		\$2,727.47	3	\$4,002.79	\$14,627.93
45 - 49		\$1,427.58		\$1,764.92		\$3,078.46		\$2,696.16		\$2,828.30	1	\$4,273.13	\$4,273.13
50 - 54		\$2,010.19	2	\$2,095.12	2	\$3,999.25		\$3,164.57		\$2,979.26	3	\$4,728.11	\$26,373.07
55 - 59		\$2,691.16	1	\$2,521.09	1	\$5,053.64	1	\$3,818.33		\$3,315.19		\$5,379.40	\$11,393.06
60 - 64	1	\$3,424.23		\$2,764.11		\$5,968.75		\$5,036.67		\$3,554.06		\$6,353.47	\$3,424.23
65 Plus		\$4,031.06		\$3,122.86		\$7,161.46		\$5,970.27		\$4,064.84		\$8,012.50	\$0.00
Total Contracts: 27		Medicare Mbrs: 0				Monthly Premium: \$81,672.07							

Composite Rates

<u>Single</u>	<u>Couple</u>	<u>Empl/Children</u>	<u>Family</u>	<u>Medicare</u>	<u>Rate Change</u>
\$1,484.92	\$2,969.85	\$2,969.85	\$4,454.74	\$0.00	17.69%

Please sign and date below as acceptance of these rates

Authorized Official (Please Print)

Authorized Official (Signature)

Date

Based on changes made after March 23, 2010, Security Health Plan has determined that your health insurance coverage no longer has grandfathered status as described in the Patient Protection and Affordable Care Act . If you have any questions please contact your Security Health Plan Account Manager .

Please return all pages of this signed document to SHP Sales Department at 715-221-9456 or email to

employersolutions@securityhealth.org

Renewal Presentation

Group Name: CITY OF TOMAHAWK

Rate Guarantee January 1, 2024 - December 31, 2024

Group Number: 780734

Renewal Date: January 1, 2024

Agent: MICHAEL KRIEWALD

Quote ID: 674

Plan Desc: 780734

Option Plan: H01130X2

Option 1

Option Benefit Highlights

Individual Deductible:	\$5,000	Office Visit Copay:	\$25	Option Plan Type:	HMO
Coinsurance:	20%	ER Visit Copay:	\$100	Option Rate Structure:	4
Coinsurance Limit:	\$10,000	Hosp Copay:	\$ 0	Option Rating:	Composite
OOP Max - Individual:	\$7,000	Plan Maximum:	\$ 0		
OOP Max - Family:	\$14,000	Drug Benefit:	\$10/\$30/\$60		

Check this box to select this option

Age	Single Males		Single Females		Couples		Males With Children		Females With Children		Families		Premium
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
0 - 29	4	\$338.55		\$701.10	1	\$1,127.88		\$1,116.17		\$1,444.83	1	\$2,379.13	\$4,861.21
30 - 34	1	\$429.52	1	\$798.10		\$1,265.87		\$1,231.24		\$1,612.01		\$2,315.34	\$1,227.62
35 - 39		\$579.77		\$835.07		\$1,424.72		\$1,480.65		\$1,618.84	3	\$2,303.49	\$6,910.47
40 - 44		\$676.76		\$932.40		\$1,559.19	1	\$1,577.91		\$1,642.92	3	\$2,411.12	\$8,811.27
45 - 49		\$859.92		\$1,063.11		\$1,854.34		\$1,624.06		\$1,703.65	1	\$2,573.96	\$2,573.96
50 - 54		\$1,210.86	2	\$1,262.01	2	\$2,408.99		\$1,906.21		\$1,794.59	3	\$2,848.02	\$15,886.06
55 - 59		\$1,621.05	1	\$1,518.60	1	\$3,044.11	1	\$2,300.01		\$1,996.94		\$3,240.33	\$6,862.72
60 - 64	1	\$2,062.62		\$1,664.99		\$3,595.33		\$3,033.88		\$2,140.82		\$3,827.07	\$2,062.62
65 Plus		\$2,428.15		\$1,881.09		\$4,313.77		\$3,596.25		\$2,448.50		\$4,826.40	\$0.00
Total Contracts: 27		Medicare Mbrs: 0				Monthly Premium: \$49,195.93							

Composite Rates

<u>Single</u>	<u>Couple</u>	<u>Empl/Children</u>	<u>Family</u>	<u>Medicare</u>	<u>Rate Change</u>
\$894.43	\$1,788.87	\$1,788.87	\$2,683.29	\$0.00	(29.11%)

Please sign and date below as acceptance of these rates

Authorized Official (Please Print)

Authorized Official (Signature)

Date

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Please return all pages of this signed document to SHP Sales Department at 715-221-9456 or email to

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Renewal Presentation

Group Name: CITY OF TOMAHAWK

Rate Guarantee January 1, 2024 - December 31, 2024

Group Number: 780734

Renewal Date: January 1, 2024

Agent: MICHAEL KRIEWARD

Quote ID: 674

Plan Desc: 780734

Option Plan: H02610X2-EMB-T

Option 2

Option Benefit Highlights

Individual Deductible:	\$5,000	Office Visit Copay:	\$0	Option Plan Type:	HMO
Coinsurance:	100%	ER Visit Copay:	\$0	Option Rate Structure:	4
Coinsurance Limit:	\$0	Hosp Copay:	\$ 0	Option Rating:	Composite
OOP Max - Individual:	\$5,000	Plan Maximum:	\$ 0		
OOP Max - Family:	\$10,000	Drug Benefit:	\$5000/\$10000		

Check this box to select this option

Age	Single Males		Single Females		Couples		Males With Children		Females With Children		Families		Premium
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
0 - 29	4	\$282.90		\$585.86	1	\$942.48		\$932.69		\$1,207.33	1	\$1,988.05	\$4,062.13
30 - 34	1	\$358.92	1	\$666.91		\$1,057.79		\$1,028.85		\$1,347.03		\$1,934.75	\$1,025.83
35 - 39		\$484.47		\$697.80		\$1,190.53		\$1,237.26		\$1,352.74	3	\$1,924.85	\$5,774.55
40 - 44		\$565.52		\$779.13		\$1,302.90	1	\$1,318.54		\$1,372.86	3	\$2,014.79	\$7,362.91
45 - 49		\$718.57		\$888.36		\$1,549.53		\$1,357.10		\$1,423.61	1	\$2,150.86	\$2,150.86
50 - 54		\$1,011.82	2	\$1,054.57	2	\$2,013.00		\$1,592.87		\$1,499.60	3	\$2,379.87	\$13,274.75
55 - 59		\$1,354.58	1	\$1,268.98	1	\$2,543.72	1	\$1,921.94		\$1,668.69		\$2,707.69	\$5,734.64
60 - 64	1	\$1,723.57		\$1,391.30		\$3,004.34		\$2,535.18		\$1,788.92		\$3,197.99	\$1,723.57
65 Plus		\$2,029.02		\$1,571.88		\$3,604.68		\$3,005.11		\$2,046.02		\$4,033.05	\$0.00

Total Contracts: 27

Medicare Mbrs: 0

Monthly Premium: \$41,109.24

Composite Rates

<u>Single</u>	<u>Couple</u>	<u>Empl/Children</u>	<u>Family</u>	<u>Medicare</u>	<u>Rate Change</u>
\$747.44	\$1,494.89	\$1,494.89	\$2,242.32	\$0.00	(40.76%)

Please sign and date below as acceptance of these rates

Authorized Official (Please Print)

Authorized Official (Signature)

Date

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Renewal Presentation HMO

Group Name: CITY OF TOMAHAWK

Rate Guarantee January 1, 2024 - December 31, 2024

Group Number: 780734
 Renewal Date: January 1, 2024
 Agent: MICHAEL KRIEWALD
 Quote ID: 674

Current Rate & Renewal Age:	\$69,394.55
Renewal Rate & Renewal Age:	\$81,670.44
Percent Rate Change*:	17.69%

Medical options include preventive benefits. The deductible/coinsurance is 2x for family. Emergency Room copay of \$100.00 with balance applied to deductible/coinsurance. No lifetime benefit limit.

**Preventive subject to frequency limits
Family Deductible 2x**

Option	Deductible	Coins	OOP	Copay	[A] RX \$5/\$25/\$50		[B] RX \$10/\$30/\$60		[C] RX \$20/\$40/\$60		[D] RX \$10 drug tier 1 only	
					Monthly Prem	Change*	Monthly Prem	Change*	Monthly Prem	Change*	Monthly Prem	Change*
H01000X2	\$500	100%	\$500	\$0	\$82,690.52	19.2%	\$81,670.44	17.7%	\$80,400.49	15.9%	\$74,037.10	6.7%
H01005X2	\$750	100%	\$750	\$0	\$79,769.09	15.0%	\$78,748.95	13.5%	\$77,479.00	11.7%	\$71,115.50	2.5%
H01010X2	\$1,000	100%	\$1,000	\$0	\$77,159.83	11.2%	\$76,139.75	9.7%	\$74,869.80	7.9%	\$68,506.30	-1.3%
H01020X2	\$250	20%	\$1,250	\$25 OV	\$78,499.14	13.1%	\$77,485.98	11.7%	\$76,209.05	9.8%	\$69,852.53	0.7%
H01030X2	\$500	20%	\$1,500	\$25 OV	\$76,049.55	9.6%	\$75,036.34	8.1%	\$73,759.52	6.3%	\$67,403.00	-2.9%
H01040X2	\$1,000	20%	\$2,000	\$25 OV	\$71,941.43	3.7%	\$70,928.12	2.2%	\$69,651.40	0.4%	\$63,294.78	-8.8%
H01050X2	\$1,500	20%	\$2,500	\$25 OV	\$68,464.67	-1.3%	\$67,451.51	-2.8%	\$66,174.68	-4.6%	\$59,818.06	-13.8%
H01055X2	\$2,000	20%	\$3,000	\$25 OV	\$65,383.51	-5.8%	\$64,363.53	-7.3%	\$63,093.58	-9.1%	\$56,736.96	-18.2%
H01060X2	\$2,500	20%	\$3,500	\$25 OV	\$62,621.68	-9.8%	\$61,601.60	-11.2%	\$60,331.65	-13.1%	\$53,968.15	-22.2%
H01070X2-T	\$5,000	20%	\$6,000	\$25 OV	\$51,872.48	-25.3%	\$50,852.34	-26.7%	\$49,582.45	-28.6%	\$43,225.93	-37.7%
H01080X2	\$250	20%	\$2,250	\$25 OV	\$75,813.60	9.3%	\$74,800.39	7.8%	\$73,523.57	6.0%	\$67,167.05	-3.2%
H01090X2	\$500	20%	\$2,500	\$25 OV	\$73,447.12	5.8%	\$72,427.08	4.4%	\$71,157.19	2.5%	\$64,793.69	-6.6%
H01100X2	\$1,000	20%	\$3,000	\$25 OV	\$69,491.73	0.1%	\$68,478.63	-1.3%	\$67,201.70	-3.2%	\$60,845.18	-12.3%
H01110X2	\$1,500	20%	\$3,500	\$25 OV	\$66,174.68	-4.6%	\$65,154.60	-6.1%	\$63,884.65	-7.9%	\$57,528.13	-17.1%
H01115X2	\$2,000	20%	\$4,000	\$25 OV	\$63,169.82	-9.0%	\$62,156.66	-10.4%	\$60,879.83	-12.3%	\$54,523.21	-21.4%
H01120X2	\$2,500	20%	\$4,500	\$25 OV	\$60,567.60	-12.7%	\$59,547.46	-14.2%	\$58,277.51	-16.0%	\$51,914.01	-25.2%
H01130X2	\$5,000	20%	\$7,000	\$25 OV	\$50,213.85	-27.6%	\$49,193.71	-29.1%	\$47,923.76	-30.9%	\$41,567.30	-40.1%

To select one of these options, circle option ID and corresponding Rx option then sign and date

Authorized Official (Please Print)

Authorized Official (Signature)

Date

* Percent change from current rates at renewal age.

Coverage is guaranteed; however, rates are subject to change based on receipt of additional or different demographic, medical, or other information.
Disclaimer: This does not constitute your health plan or insurance policy. It is only a general description of Security Health Plan coverage options.
 A complete list of benefits and exclusions is contained in the group insurance policy including the member certificate and schedule of benefits, which are provided to members upon enrollment.

Longevity Calculation

Name	HIRE DATE	Department	Years of Service as of Nov 1	2024 Payment	2024 at Current Policy \$1.50/MONTH	Difference
Bartz	5/1/2010	Clerk	14	532.00	244.50	287.50
Bergholz	6/1/2021	Police	3	54.00	-	54.00
Borem	2/3/2003	Parks	21	1,008.00	375.00	633.00
Buckwalter	1/30/2004	Police	20	760.00	358.50	401.50
Dotter	1/3/2017	Water	7	126.00	124.50	1.50
Elvins	7/30/2012	Police	12	336.00	205.50	130.50
Ernst	4/11/2019	Parks	5	90.00	76.50	13.50
Gorell	11/27/2018	Police	5	90.00	91.50	(1.50)
Hanna	1/2/2019	Water	5	90.00	88.50	1.50
Jelinek	10/17/1994	Waste Water	30	1,440.00	525.00	915.00
Krich	4/22/2016	Police	8	224.00	138.00	86.00
Lane	9/26/2022	St. Maint	2	36.00	-	36.00
Picl	9/25/2007	Police	17	646.00	292.50	353.50
Pankow	11/14/2019	Water	4	72.00	73.50	(1.50)
Rosenmeier	12/22/2016	St. Maint	7	126.00	126.00	-
Sherman, A	2/12/2001	Police Clerk	23	1,104.00	411.00	693.00
Sherman, Z	1/11/2016	St. Maint	8	224.00	142.50	81.50
Simonis	2/1/2022	Police	2	36.00	-	36.00
Susa	9/5/2006	Police	18	684.00	310.50	373.50
Swenty	12/2/2019	Clerk	4	72.00	72.00	-
Thiemer	3/26/2016	Waste Water	8	224.00	139.50	84.50
Vacho	4/5/2021	St. Maint	3	54.00	-	54.00
VanStrydonk	3/20/2023	City Hall	1	-	-	-
Watruba	5/23/2011	Police	13	494.00	226.50	267.50
Webster	7/30/2020	St. Mach.	4	72.00	-	72.00
				8,594.00	4,021.50	4,572.50

	Clerk			604.00	316.50	287.50
	City Hall			-	-	-
	St. Mach.			72.00	-	72.00
	St. Maint			440.00	268.50	171.50
	Parks			1,098.00	451.50	646.50
Contract expires 2025	Police			1,623.00	1,623.00	-
	Police Clerk			1,104.00	411.00	693.00
	Water			288.00	286.50	1.50
	Waste Water			1,664.00	664.50	999.50
				6,893.00	4,021.50	2,871.50
Fund 100				4,941.00	3,070.50	1,870.50

Longevity Calculation

Years of Service	By Year	By Month	Years of Service on			Current Policy	Difference
			Year	Nov 1	Calculated Annually by Step Scale		
0-1 Year	\$ -	\$ -	*Hire date of 5/1/2010				
2-7 Years	\$ 18.00	\$ 1.50	2010	-	-	-	-
8-12 Years	\$ 28.00	\$ 2.33	2011	1.00	-	-	-
13-20 Years	\$ 38.00	\$ 3.17	2012	2.00	36.00	-	36.00
21-30 Years	\$ 48.00	\$ 4.00	2013	3.00	54.00	-	54.00
			2014	4.00	72.00	-	72.00
			2015	5.00	90.00	-	90.00
			2016	6.00	108.00	100.50	7.50
			2017	7.00	126.00	118.50	7.50
			2018	8.00	224.00	136.50	87.50
			2019	9.00	252.00	154.50	97.50
			2020	10.00	280.00	172.50	107.50
			2021	11.00	308.00	190.50	117.50
			2022	12.00	336.00	208.50	127.50
			2023	13.00	494.00	226.50	267.50
			2024	14.00	532.00	244.50	287.50
			2025	15.00	570.00	262.50	307.50
			2026	16.00	608.00	280.50	327.50
			2027	17.00	646.00	298.50	347.50
			2028	18.00	684.00	316.50	367.50
			2029	19.00	722.00	334.50	387.50
			2030	20.00	760.00	352.50	407.50
			2031	21.00	1,008.00	370.50	637.50
			2032	22.00	1,056.00	388.50	667.50
			2033	23.00	1,104.00	406.50	697.50
			2034	24.00	1,152.00	424.50	727.50
			2035	25.00	1,200.00	442.50	757.50
			2036	26.00	1,248.00	460.50	787.50
			2037	27.00	1,296.00	478.50	817.50
			2038	28.00	1,344.00	496.50	847.50
			2039	29.00	1,392.00	514.50	877.50
			2040	30.00	1,440.00	532.50	907.50
					19,142.00	7,912.50	11,229.50

Longevity Calculation

Years of Service	By Year	By Month	Years of Service on			Current Policy	Difference
			Year	Nov 1	Calculated Annually by Step Scale		
0-1 Year	\$ -	\$ -	*Hire date of 1/13/2017				
2-7 Years	\$ 18.00	\$ 1.50	2017	-	-	-	-
8-12 Years	\$ 28.00	\$ 2.33	2018	1.00	-	-	-
13-20 Years	\$ 38.00	\$ 3.17	2019	2.00	36.00	-	36.00
21-30 Years	\$ 48.00	\$ 4.00	2020	3.00	54.00	-	54.00
			2021	4.00	72.00	-	72.00
			2022	5.00	90.00	88.55	1.45
			2023	6.00	108.00	106.55	1.45
			2024	7.00	126.00	124.55	1.45
			2025	8.00	224.00	142.55	81.45
			2026	9.00	252.00	160.55	91.45
			2027	10.00	280.00	178.55	101.45
			2028	11.00	308.00	196.55	111.45
			2029	12.00	336.00	214.55	121.45
			2030	13.00	494.00	232.55	261.45
			2031	14.00	532.00	250.55	281.45
			2032	15.00	570.00	268.55	301.45
			2033	16.00	608.00	286.55	321.45
			2034	17.00	646.00	304.55	341.45
			2035	18.00	684.00	322.55	361.45
			2036	19.00	722.00	340.55	381.45
			2037	20.00	760.00	358.55	401.45
			2038	21.00	1,008.00	376.55	631.45
			2039	22.00	1,056.00	394.55	661.45
			2040	23.00	1,104.00	412.55	691.45
			2041	24.00	1,152.00	430.55	721.45
			2042	25.00	1,200.00	448.55	751.45
			2043	26.00	1,248.00	466.55	781.45
			2044	27.00	1,296.00	484.55	811.45
			2045	28.00	1,344.00	502.55	841.45
			2046	29.00	1,392.00	520.55	871.45
			2047	30.00	1,440.00	538.55	901.45
					19,142.00	8,152.30	10,989.70