

**Administration and County Services Committee**

*David Heeres*

*Ed Boettcher, Chairman*

*Laura Stanek*

**Minutes**

**August 10, 2016 – Special Meeting**

Members: Ed Boettcher, Dave Heeres, Laura Stanek  
Members absent: None  
Others: Pete Garwood

**1. The meeting was called to order at 9:00 a.m. by Chair Ed Boettcher.**

**2. Public Comment**

None.

**3. Equalization Clerk II Interviews**

The Administration Committee, along with Pete Garwood, County Administrator, Cindy Reetz, Equalization Director, and Jamie Houserman, Assistant Equalization Director, interviewed 4 applicants for the Equalization Clerk II position.

After a short discussion, it was the consensus of the Committee to hold a Special Administration Committee meeting on August 11, 2016 at 8:45 a.m after staff has had a chance to answer questions regarding those that were interviewed.

**4. Barnes Park**

**Pest Control**

At the August 8 meeting of the Finance Committee, Commissioner Bargy had requested quotes for a spraying program at Barnes Park. It had been the consensus of the Finance Committee that it would be appropriate for the Administration Committee to discuss the spraying issue with Eileen Wallick, Parks Manager, during their upcoming special meeting, since Ms. Wallick would be present.

Documents regarding wood roaches were distributed (**see attached pgs. 3-5**). Ms. Wallick said pest control for wood roaches at Barnes Park had been attempted in 2008. The County had spent \$500 and the effort was considered unsuccessful. It was the consensus of the Committee to not take any action regarding pest control.

**Staffing**

Ms. Wallick told the Committee that the five members of the Barnes Park seasonal staff would be reduced by two in the middle of August due to employees returning to college. Park staff is maintained to October 31. Ms. Wallick said the Park had been short-staffed the entire season and the employees had been working long hours. She asked the Committee and the Board of Commissioners to consider a \$1.00 per hour raise for the seasonal employees to show appreciation. Mr. Boettcher said the 2016 increase in camping fees would more than offset the increased expenditure. An off-schedule payment instead of a wage increase was also discussed.

**Motion by Laura Stanek, seconded by Dave Heeres, to recommend the Board of Commissioners approve a \$1.00 per hour wage increase for the Barnes Park seasonal employees effective August 12, 2016, authorizing the Finance Director to make the appropriate budget amendments. Motion carried – unanimous.**

It was the consensus of the Committee to have Ms. Wallick include the \$1 per hour raise for Barnes Park seasonal employees in the 2017 budget and to add a 20 year step increase. Mr. Garwood said his office would provide a proposed wage scale.

It was the consensus of the Committee that Pete Garwood, County Administrator, should write a letter of appreciation to the Barnes Park employees, on behalf of the Board of Commissioners.

**7. Various Matters as Appropriate**

Sheriff Department Personnel Request

**Motion by Dave Heeres, seconded by Laura Stanek, to recommend the Board of Commissioners authorize the release of funds and authorize the hiring process for a 911 Dispatcher. Motion carried – unanimous.**

Health Insurance

As mentioned in the memo sent to the Committee the previous day (see attached pg. 6) Mr. Garwood presented information on the possible health insurance rates to the Committee (see attached pgs. 7-14). Mr. Garwood said the Committee could choose a plan or that he could implement alternative plans after meeting with a representatives from the various employee groups. This meeting would take place the week of August 22.

Mr. Garwood said he had received quotes from the health insurance agent who brokered insurance for Leelanau County; the rates were essentially the same as Antrim County premiums in 2016. Mr. Garwood noted that the agent had told him that Leelanau County's health insurance rates had remained stable for a number of years.

It was the consensus of the Committee that the agent should make a future presentation to the Committee, but not be considered for the upcoming benefit year.

**Motion by Laura Stanek, seconded by Dave Heeres, to recommend the Board of Commissioners authorize Administration to implement up to two additional health insurance plans as chosen by a group made up of a representative of each employee groups (six bargaining units, the general unrepresented group, the probate court unrepresented group and the elected officials). Motion carried – unanimous.**

**8. Public Comment**

None.

The meeting was adjourned at 1:10 p.m.

# WOOD COCKROACH

( **PARCOBLATTA SPP. )**

## CHARACTERISTICS

**SIZE:** An adult wood roach measures between three-quarters and 1.25 inches in length.

**COLOR:** The wood cockroach is chestnut brown with a flat, oval-shaped body, long antennae and spiny legs.

**BEHAVIOR:** Sometimes called "accidental invaders," wood cockroaches live outside but wander into or get carried inside homes. They are often confused with German, American or Smoky Brown cockroaches. The males appear tan because of the color of their wings. The females are wingless and rarely seen. Both males and females have a translucent stripe on the outside edge of their thorax and the outside edge of their wings.

This roach looks somewhat like the common German cockroach, though the degree of similarity depends on the species as their appearance varies. Examining their behavior is the best way to tell the difference between the wood roach and the household roach. Wood cockroaches aren't sensitive to light, so you can see them day or night. They aren't skittish and are less likely to scurry away when you approach. Additionally, they will wander around your house without gathering in any particular area.

## HABITATS

Native to North America, wood roaches live outdoors in moist woodland areas, including woodpiles, mulch, under the loose bark of trees, branches or decaying logs. These roaches need an environment that is consistently moist, so they don't survive long nor breed indoors. The female wood roach uses this outdoor environment to her advantage, depositing egg capsules behind the loose bark of dead trees, fallen logs or stumps, safe from the prying eyes of hungry predators.

These particular roaches aren't prone to infest houses like other cockroaches, but you may see them inside your home occasionally. They could find their way in via a bundle of firewood. The males are drawn to lights at night, so they may crawl into your home through a window frame or other opening. When they are indoors, it's a temporary situation, typically a few weeks in the spring.

The wood cockroach eats decaying organic matter such as rotting trees and leaf litter. They don't eat your home's structure or furniture. They are merely a nuisance should they find their way into your house.

## **TIPS FOR CONTROL**

Because these roaches don't breed inside the home, you seldom need to treat your home's interior. The pesticides that control household roaches aren't as effective against these types of roaches anyway. To get rid of wood roaches that have wandered inside your home, pick them up with a vacuum cleaner or broom and dustpan and discard them.

Your best approach is to take steps to keep wood cockroaches out of your house:

- Don't bring firewood inside until you're ready to burn it.
- Keep woodpiles away from your house and off the ground.
- Seal cracks and small openings so they can't slip inside.
- Keep screens and weather-stripping around windows and doors in good repair.
- Close your blinds or turn off lights at night so you don't attract the males.
- Limit using your porch light during mating season in late May and June when the males are often in flight.
- If you live near a wooded area and wood roaches frequently enter your home, contact a Terminix® specialist to help determine the most effective treatment options for the exterior of your home.

<b>MICHIGAN STATE UNIVERSITY</b>	Diagnostic Services East Lansing, MI 48824  <a href="http://www.pestid.msu.edu">www.pestid.msu.edu</a>
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Sample#	201203026
Field ID	
Host	Insect Id request
Received Date	8/8/2012
County	Antrim
State	MI

## DIAGNOSTIC REPORT

Submitter:  <b>Eileen Wallick</b> <b>Barnes Park</b> <b>P.O. Box 504</b> <b>Eastport MI 49627</b>		
Phone 231-599-2712	Fax	Email <a href="mailto:barnespark@antrimcounty.org">barnespark@antrimcounty.org</a>

### Diagnosis and Recommendations

Host/Habitat	Insect Id request (general)
<i>List of Diagnosis/ID(s)</i>	
Spotted Mediterranean Cockroach ( <i>Ectobius pallidus</i> )	

### Final Report

Ms Wallick,

The insects that were collected Barnes Park and then submitted to our lab were identified as Spotted Mediterranean Cockroaches or Tawny Cockroaches, *Ectobius pallidus* (Blattellidae). This pale-brown cockroach is smaller than the German cockroach and lacks the dark lines on the pronotum that characterize the latter. The wings have many tiny, dark spots that can be seen only with the aid of a hand lens. The nymphs are also pale brown.

This European species of cockroach is only known to occur in the US in Massachusetts, southeast Michigan, and the Grand Traverse Bay area. It was first discovered in the United States in 1948 on Cape Cod. This species is normally considered an outdoors species that does not infest household foods or goods. It can become a nuisance when attracted to dwellings by lights. This insect can be discouraged from entering homes by spraying a persistent insecticide such as permethrin (sold under a variety of brand names, cyfluthrin (sold as Bayer Advanced Garden Insect Control for homeowners or Tempo for commercial applicators) or bifenthrin (sold as Ortho Home Defense Max) around the outside of the home.

Be sure to read and follow all instructions and safety precautions found on the label before using any pesticide.

MSU Diagnostic Services 578 Wilson Rd. Room 107 CIPS East Lansing MI 48824-6469 Telephone : 517-355-4536 Fax : 517-432-0899	Diagnosed By : Howard Russell ( <a href="mailto:bugman@msu.edu">bugman@msu.edu</a> ) Completed Date: 8/8/2012
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Sample# 201203026



# Memorandum Administration Office

August 9, 2016

TO: Administration Committee

FR: Peter Garwood  
County Administrator

RE: Health Insurance Renewal

We have received our health insurance renewal rates. Antrim County has two insurance plans currently: The 100% (or "high") plan, and the 80/20 (or "low") plan. The 100% plan has a very high premium but no deductible required for services. The 80/20 plan has a \$750/1,500 deductible and once that is paid out of pocket the employee is expected to pay 20% of any invoices for services until a maximum of \$1,500/3,000 is reached; after which the plan pays 100% of the fee for services.

The rates for the 100% or high plan beginning October 1, 2016 to September 30, 2017 will increase 13.80%, while the rates for the 80/20 or low plan will increase 15.08%. This will result in a substantial increase to the employee's monthly payroll deduction.

We have requested that Dewey Insurance provide us with some less expensive alternatives to the current plans. We will review alternatives at the Special Administration Committee meeting on August 10. There are two possibilities for going forward on choosing alternatives to offer the employees:

1. Choose alternatives at the August 10 meeting to recommend to the Board of Commissioners on Thursday, August 10, or
2. Authorize Administration to implement alternative plans once meeting with employee groups. In this scenario, I would discuss the implementation with the County Clerk regarding the implications on payroll, and facilitate a meeting with employee groups that ends with the group choosing one possibly two additional health plan choices.

If you as a Committee would simply like to make a recommendation to the full Board, the following motion is presented for your consideration:

**Motion by \_\_\_\_\_, seconded by \_\_\_\_\_, to recommend the Board of Commissioners approve the \_\_\_\_\_ plan as an additional alternative to the current health insurance plans available to the Antrim County employees.**

If you as a Committee decide to choose the second option, the following motion is presented for your consideration:

**Motion by \_\_\_\_\_, seconded by \_\_\_\_\_, to recommend the Board of Commissioners authorize Administration to implement up to two additional health insurance plans as chosen by a group made up of a representative of each employee groups (six bargaining units, the general unrepresented group, the probate court unrepresented group and the elected officials).**

Tomorrow you will be given the information we have received from Priority Health through Dewey Insurance and we will go over it in the meeting.  
**Administration Committee minute attachments - 8/10/16**

<b>Antrim County HIGH PLAN</b>	<b>Current Priority Health HMO 10/01/2015— 10/01/2016</b>		
Benefits	<b>In-Network</b>		
Annual Deductible Individual / Family	\$0 / \$0		
Member Co-Insurance AD	0% Most Services		
Co-Insurance Maximum	\$0		
Annual Out of Pocket Maximum Individual / Family	\$6,350 / \$12,700		
Preventive Care	Covered 100% (Certain Payable Codes)		
Primary / Specialist / Urgent Care Visits	\$25 / \$25 / \$25 (Deductible applies to all but PCP)		
Emergency Room	\$50 (Deductible Applies )		
Prescription Drugs 1-30 Day	\$10 / \$40		
Census	Single (10) Double (7) Family (9)		
Rates <b>W/o Taxes &amp; Fees</b>	\$672.70	\$1,513.44	\$1,816.09
Premium <b>W/o Taxes &amp; Fee</b>	\$33,665.89/Month \$403,990.68/Year		
Estimated Rate <b>W/Tax &amp; Fees</b>	\$675.13	\$1,518.30	\$1,823.38
Estimated Premium <b>W/Tax &amp; Fees</b>	\$33,789.82/Month \$405,477.84/Year		

<b>Antrim County HIGH PLAN</b>	<b>Renewal Priority Health HMO 10/01/2016— 10/01/2017</b>		
Benefits	<b>In-Network</b>		
Annual Deductible Individual / Family	\$0 / \$0		
Member Co-Insurance AD	0% Most Services		
Co-Insurance Maximum	\$0		
Annual Out of Pocket Maximum Individual / Family	<b>\$6,850 / \$13,700</b>		
Preventive Care	Covered 100% (Certain Payable Codes)		
Primary / Specialist / Urgent Care Visits	\$25 / \$25 / \$25 (Deductible applies to all but PCP)		
Emergency Room	\$50 (Deductible Applies)		
Prescription Drugs 1-30 Day	\$10 / \$40		
Census	Single (10) Double (7) Family (9)		
Rates <b>W/o Taxes &amp; Fees</b>	\$765.55	\$1,722.33	\$2,066.76
Premium <b>W/o Taxes &amp; Fee</b>	\$38,312.65/Month \$459,751.80/Year		
% Change Over 2015 Plan	13.80%		
Estimated Rate <b>W/Tax &amp; Fees</b>	\$772.83	\$1,738.71	\$2,086.41
Estimated Premium <b>W/Tax &amp; Fees</b>	\$38,676.96/Month \$464,123.52Year		
% Change Over 2015 Plan	14.46%		
<b>Estimated Monthly Amount Over 2016 Hard Caps</b>	<b>\$260.99</b>	<b>\$668.29</b>	<b>\$690.47</b>

Antrim County												
Proposed HMO High - 1				Proposed HMO High - 2			Proposed HMO High - 3 HBCI (Total Replacement)			Proposed HMO High - 4 HRA—Copay Aligned		
BENEFITS	IN-NETWORK			IN-NETWORK			IN-NETWORK			IN-NETWORK		
Annual Deductible Individual / Family	\$0 / \$0			\$0 / \$0			Choice \$0 / \$0	Standard \$500 / \$1,000	\$5,000 / \$10,000			
Member Co-Insurance After Deductible	20%			10%			0%	20%	20%			
Member Co-Insurance Maximum	\$1,500 / \$3,000			\$1,000 / \$2,000			\$0	\$1,500 / \$3,000	\$1,500 / \$3,000			
Member Annual Out-of-Pocket Maximum Individual / Family (Includes Deductible, Coinsurance, Copays)	\$6,850 / \$13,700			\$6,850 / \$13,700			\$6,850 / \$13,700			\$6,850 / \$13,700		
<b>FREQUENTLY USED SERVICES</b>												
Preventive Care (Certain payable codes)	Covered 100%			Covered 100%			Covered 100%			Covered 100%		
Primary Care / Specialist / Urgent Care	\$25 / \$25 / \$25 (Deductible applies to all but PCP)			\$25 / \$25 / \$25 (Deductible applies to all but PCP)			\$15/\$15/\$15	\$20/\$20/\$20	\$25 / \$40 / \$75			
Emergency Room	\$50 Copay (Deductible Applies)			\$50 Copay (Deductible Applies)			\$150 Copay (Deductible Applies)			\$150 Copay		
Prescription Drugs 1-30 Day Supply Generic / Formulary / Non-Formulary	\$10 / \$40			\$10 / \$40			\$10 / \$40			\$10 / \$40		
Census: Single (10) Double (7) Family (9)												
<b>Rates W/o Taxes &amp; Fees</b>	\$703.79	\$1,583.39	\$1,900.02	\$726.90	\$1,635.38	\$1,962.41	\$744.03	\$1,673.92	\$2,008.66	\$520.88	\$1,171.88	\$1,406.22
Premium W/o Taxes & Fees	\$35,221.81/Mo		\$422,661.72/Yr	\$36,378.35/Mo		\$436,540.20/Yr	\$37,235.68/Mo		\$446,828.16/Yr	\$26,067.94/Mo		\$312,815.28/Yr
	4.62%			8.06%			10.60%			-22.57%		
<b>Estimated Rates W/Taxes &amp; Fees</b>	\$710.56	\$1,598.62	\$1,918.30	\$733.86	\$1,651.04	\$1,981.20	\$751.13	\$1,689.89	\$2,027.83	\$526.13	\$1,183.69	\$1,420.39
Estimated Premium W/Taxes & Fees	\$35,560.64/Mo		\$426,727.68 Yr	\$36,726.68/Mo		\$440,720.16/Yr	\$37,591.00/Mo		\$451,092.00/Yr	\$26,330.64/Mo		\$315,967.68/Yr
% Change Over Current Plan	5.24%			8.69%			11.25%			-22.08		
<b>Est. Mo. Amount Over 2016 Hard Caps</b>	\$198.72	\$528.20	\$522.36	\$222.02	\$580.62	\$585.26	\$239.29	\$619.47	\$681.89	\$14.29	\$113.27	\$24.45

<b>Antrim County LOW PLAN</b>	<b>Current Priority Health HMO 10/01/2015— 10/01/2016</b>		
Benefits	<b>In-Network</b>		
Annual Deductible Individual / Family	\$750 / \$1,500		
Member Co-Insurance AD	20% Most Services		
Co-Insurance Maximum	\$1,500 / \$3,000		
Annual Out of Pocket Maximum Individual / Family	\$6,350 / \$12,700		
Preventive Care	Covered 100% (Certain Payable Codes)		
Primary / Specialist / Urgent Care Visits	\$30 / \$45 / \$75 (No deductible)		
Emergency Room	\$150 (Deductible Applies)		
Prescription Drugs 1-30 Day	\$10 / \$50		
Census	Single (15) Double (17) Family (47)		
<b>Rates W/o Taxes &amp; Fees</b>	\$515.81	\$1,160.47	\$1,417.29
<b>Premium W/o Taxes &amp; Fee</b>	\$94,077.77/Month \$1,128,933.24/Year		
Estimated Rate <b>W/Tax &amp; Fees</b>	\$518.24	\$1,165.33	\$1,427.01
<b>Estimated Premium W/Tax &amp; Fees</b>	\$94,653.68/Month \$1,135,844.16/Year		

<b>Antrim County LOW PLAN</b>	<b>Renewal Priority Health HMO 10/01/2016—10/1/2017</b>		
Benefits	<b>In-Network</b>		
Annual Deductible Individual / Family	\$750 / \$1,500		
Member Co-Insurance AD	20% Most Services		
Co-Insurance Maximum	\$1,500 / \$3,000		
Annual Out of Pocket Maximum Individual / Family	<b>\$6,850 / \$13,700</b>		
Preventive Care	Covered 100% (Certain Payable Codes)		
Primary / Specialist / Urgent Care Visits	\$30 / \$45 / \$75 (No deductible)		
Emergency Room	\$150 (Deductible Applies)		
Prescription Drugs 1-30 Day	\$10 / \$50		
Census	Single (15) Double (17) Family (47)		
<b>Rates W/o Taxes &amp; Fees</b>	\$593.59	\$1,335.46	\$1,631.01
<b>Premium W/o Taxes &amp; Fee</b>	\$108,264.14/Month \$1,299,169.68/Year		
% Change Over 2015 Plan	15.08%		
Estimated Rate <b>W/Tax &amp; Fees</b>	\$599.43	\$1,348.60	\$1,647.06
<b>Estimated Premium W/Tax &amp; Fees</b>	\$109,329.47/Month \$1,311,953.64/Year		
% Change Over 2015 Plan	15.50%		
<b>Estimated Monthly Amount Over 2016 Hard Caps</b>	<b>\$87.59</b>	<b>\$278.18</b>	<b>\$251.12</b>

Antrim County	Proposed HMO Low - 1			Proposed HMO Low - 2			Proposed HMO Low—5 HBCI (Total Replacement)			Proposed HMO Low—3		
BENEFITS	IN-NETWORK			IN-NETWORK			IN-NETWORK			IN-NETWORK		
Annual Deductible Individual / Family	\$1,000 / \$2,000			\$750 / \$1,500			<u>Choice</u> \$1,000/\$2,000	<u>Standard</u> \$3,000/\$6,000	\$750 / \$1,500			
Member Co-Insurance After Deductible	30%			30%			20%	30%	30%			
Member Co-Insurance Maximum	\$1,500 / \$3,000			\$1,500 / \$3,000			\$2,500 / \$5,000			\$1,500 / \$3,000		
Member Annual Out-of-Pocket Maximum Individual / Family (Includes Deductible, Coinsurance, Copays)	\$6,850 / \$13,700			\$6,850 / \$13,700			\$6,850 / \$13,700			\$6,850 / \$13,700		
<b>FREQUENTLY USED SERVICES</b>												
Preventive Care (Certain payable codes)	Covered 100%			Covered 100%			Covered 100%			Covered 100%		
Primary Care / Specialist / Urgent Care	\$30 / \$45 / \$75			\$30 / \$45 / \$75			\$30/\$45/\$75	\$40/\$55/\$75	\$40 / \$55 / \$75			
Emergency Room	\$150 Copay (Deductible Applies)			\$150 Copay (Deductible Applies)			\$150 Copay (Deductible Applies)			\$150 Copay (Deductible Applies)		
Prescription Drugs 1-30 Day Supply Generic / Formulary / Non-Formulary	\$15 / \$50 / \$80			\$15 / \$50 / \$80			\$15 / \$50 / \$80			\$15 / \$50 / \$80		
Census: Single (15) Double (17) Family (47)												
<b>Rates W/o Taxes &amp; Fees</b>	\$565.90	\$1,273.16	\$1,554.92	\$576.66	\$1,301.87	\$1,589.98	\$551.55	\$1,240.88	\$1,515.49	\$571.19	\$1,285.06	\$1,569.46
Premium W/o Taxes & Fees	\$103,213.46/Mo \$1,238,561.52/Yr			\$105,540.75/Mo \$1,266,489.00/Yr			\$100,596.24/Mo \$1,207,154.88/Yr			\$104,178.49/Mo \$1,250,141.88/Yr		
% Change Over Current	9.71%			12.18%			6.93%			10.74%		
<b>Estimated Rates W/Taxes &amp; Fees</b>	\$571.51	\$1,285.78	\$1,570.33	\$584.38	\$1,314.74	\$1,605.70	\$557.05	\$1,253.25	\$1,530.60	\$575.85	\$1,297.79	\$1,585.01
Estimated Premium W/Taxes & Fees	\$104,236.42/Mo \$1,250,837.04/Yr			\$106,584.18/Mo \$1,279,010.16/Yr			\$101,599.20/Mo \$1,219,190.40/Yr			\$105,210.65/Mo \$1,262,527.80/Yr		
% Change Over Current	10.12%			12.60%			7.34%			11.15%		
<b>Est. Mo. Amount Over 2016 Hard Caps</b>	<b>\$59.67</b>	<b>\$215.36</b>	<b>\$174.39</b>	<b>\$72.54</b>	<b>\$244.32</b>	<b>\$209.76</b>	<b>\$45.21</b>	<b>\$182.83</b>	<b>\$134.66</b>	<b>\$64.01</b>	<b>\$227.37</b>	<b>\$189.07</b>

Antrim County	Proposed HMO Low - 4			Proposed HMO Low - 6			Proposed HMO Low—7			Proposed HMO Low—8		
	VALUE			HRA			H.S.A.					
BENEFITS	IN-NETWORK			IN-NETWORK			IN-NETWORK			IN-NETWORK		
Annual Deductible Individual / Family	\$1,000 / \$2,000			\$1,000 / \$2,000			\$5,000 / \$10,000			\$1,300 / \$2,600		
Member Co-Insurance After Deductible	30%			20%			20%			0%		
Member Co-Insurance Maximum	\$1,500 / \$3,000			\$2,500 / \$5,000			\$1,500 / \$3,000			N/A		
Member Annual Out-of-Pocket Maximum Individual / Family (Includes Deductible, Coinsurance, Copays)	\$6,850 / \$13,700			\$6,850 / \$13,700			\$6,850 / \$13,700			\$2,000 / \$4,000		
<b>FREQUENTLY USED SERVICES</b>												
Preventive Care (Certain payable codes)	Covered 100%			Covered 100%			Covered 100%			Covered 100%		
Primary Care / Specialist / Urgent Care	\$40 / \$55 / \$75			PCP Eval/Mgt Only—100%.; All others subject to deductible/coinsurance			\$30 / \$45 / \$75			Covered 100% After Deductible		
Emergency Room	\$150 Copay (Deductible Applies)			Deductible / Coinsurance			\$150			Covered 100% After Deductible		
Prescription Drugs 1-30 Day Supply Generic / Formulary / Non-Formulary	\$15 / \$50 / \$80			\$15 / \$50 / \$80			\$10 / \$50			\$15 / \$50 / \$80 After Deductible		
Census: Single (15) Double (17) Family (47)												
<b>Rates W/o Taxes &amp; Fees</b>	\$558.48	\$1,256.47	\$1,534.54	\$546.82	\$1,230.24	\$1,502.50	\$493.84	\$1,111.04	\$1,356.92	\$563.52	\$1,267.81	\$1,548.38
Premium W/o Taxes & Fees	\$101,860.57/Mo \$1,222,326.84/Yr			\$99,733.88/Mo \$1,196,806.56/Yr			\$90,070.52/Mo \$1,080,846.24/Yr			\$102,779.43/Mo \$1,233,353.16/Yr		
	8.27%			6.01%			-4.26% (Not incl HRA exposure)			9.25%		
<b>Estimated Rates W/Taxes &amp; Fees</b>	\$564.03	\$1,268.96	\$1,549.79	\$552.28	\$1,242.52	\$1,517.50	\$498.86	\$1,122.33	\$1,370.71	\$569.11	\$1,280.39	\$1,563.74
Estimated Premium W/Taxes & Fees	\$102,872.90Mo \$1,234,474.80/Yr			\$100,729.54/Mo \$1,208,754.48Yr			\$90,985.88/Mo \$1,091,830.56/Yr			\$103,799.06/Mo \$1,245,588.72/Yr		
	8.68%			6.42%			-4.01%			9.66%		
<b>Est. Mo Amount Over 2016 Hard Caps</b>	\$52.19	\$198.54	\$153.85	\$40.44	\$172.10	\$121.56	\$-12.98	\$51.91	\$-25.23	\$57.27	\$209.97	\$167.80

Antrim County	Proposed HMO Low - 9			Proposed HMO Low - 10			Proposed HMO Low—11			Proposed HMO Low—12		
	H.S.A.			H.S.A.			VALUE					
BENEFITS	IN-NETWORK			IN-NETWORK			IN-NETWORK			IN-NETWORK		
Annual Deductible Individual / Family	\$1,300 / \$2,600			\$2,000 / \$4,000			\$2,000 / \$4,000			\$2,000 / \$4,000		
Member Co-Insurance After Deductible	20%			20%			20%			30%		
Member Co-Insurance Maximum	N/A			N/A			\$2,500 / \$5,000			\$2,500 / \$5,000		
Member Annual Out-of-Pocket Maximum Individual / Family <small>(Includes Deductible, Coinsurance, Copays)</small>	\$2,000 / \$4,000			\$4,000 / \$8,000			\$6,850 / \$13,700			\$6,850 / \$13,700		
<b>FREQUENTLY USED SERVICES</b>												
Preventive Care (Certain payable codes)	Covered 100%			Covered 100%			Covered 100%			Covered 100%		
Primary Care / Specialist / Urgent Care	20% After Deductible			20% After Deductible			PCP Eval/Mgt Only—100%; All others subject to Deductible/Coinsurance			\$40 / \$55 / \$75		
Emergency Room	20% After Deductible			20% After Deductible			Deductible/Coinsurance			\$150 / Deductible Applies		
Prescription Drugs 1-30 Day Supply Generic / Formulary / Non-Formulary	\$15 / \$50 / \$80 After Deductible			\$15 / \$50 / \$80 After Deductible			\$10 / \$40 / \$80			\$15 / \$50 / \$80		
Census: Single (15) Double (17) Family (47)												
<b>Rates W/o Taxes &amp; Fees</b>	\$492.76	\$1,108.61	\$1,353.96	\$433.38	\$975.02	\$1,190.80	\$507.16	\$1,141.01	\$1,393.52	\$507.91	\$1,142.70	\$1,395.58
Premium W/o Taxes & Fees	\$89,873.89/Mo \$1,078,486.68/Yr			\$79,043.64Mo \$948,523.68/Yr			\$92,500.01/Mo \$1,110,000.12/Yr			\$92,636.81/Mo \$1,111,641.72/Yr		
% Change Over Current	-4.47%			-15.98 %			-1.68%			-1.53%		
<b>Estimated Rates W/Taxes &amp; Fees</b>	\$497.77	\$1,119.88	\$1,367.73	\$437.89	\$985.17	\$1,203.19	\$512.29	\$1,152.55	\$1,407.62	\$513.04	\$1,154.24	\$1,409.68
Estimated Premium W/Taxes & Fees	\$90,787.82Mo \$1,089,453.84/Yr			\$79,866.17/Mo \$958,394.04/Yr			\$93,435.84/Mo \$1,121,230.08/Yr			\$93,572.64/Mo \$1,122,871.68/Yr		
% Change Over Current	-4.08%			-15.62%			-1.29%			-1.14%		
<b>Est. Mo Amt Over/ Under 2016 HC</b>	-\$14.07	\$49.46	-\$28.21	-\$73.95	-\$85.25	-\$192.75	\$0.45	\$82.13	\$11.68	\$1.20	\$83.82	\$13.74

Plan	Deductible Individual/Family	Member Coinsurance	Coinsurance Max Individual/Family	Total Cost Sharing Out of Pocket Annual Limit Individual/Family	Primary/Specialist/Urgent Care	Emergency CoPay	Generic/Formulary/Non-Formulary (1-30 day)	Single Rate	Single Rate Over Cap (511.84) **	Two Person	Two Person Over Cap (1070.42) **	Family	Family Over Cap (1395.94)**	% Change from Current Plan
PH 100% CURRENT	0/0	0%	0/0	6850/13700	25/25/25 (deductible applies to all but PCP)	50 (deductible applies)	10/40	765.55	253.71	1,722.33	651.91	2,066.76	670.82	13.80
PH 80/20 CURRENT	750/1500	20%	1500/3000	6850/13700	30/45/75 (no deductible)	150 (deductible applies)	10/50	593.59	81.75	1,335.46	265.04	1,631.01	235.07	15.08
HMO High ???														
HMO Low1	1000/2000	30%	1500/3000	6850/13700	30/45/75	150 Copay (deductible applies)	15/50/80	565.90	54.06	1,273.16	202.74	1,554.92	158.98	9.71
HMO Low3	750/1500	30%	1500/3000	6850/13700	40/55/75	150 (deductible applies)	15/50/80	571.19	59.35	1,285.06	214.64	1,569.46	173.52	10.74
HMO Low12	2000/4000	30%	2500/5000	6850/13700	40/55/75	150 (deductible applies)	15/50/80	507.91	(3.93)	1,142.70	72.28	1,395.58	(0.36)	-1.53
HMO Low9 H.S.A.	1300/2600	20%	N/A	2000/4000	20% after deductible	20% after deductible	15/50/80 after deductible	492.73	(19.11)	1,108.61	38.19	1,353.96	(41.98)	-4.47

\*\* Monthly payroll deduction = amount over Cap + all taxes and fees from the Affordable Care Act.

**Current 100% Plan - Distribution of Affordable Care Act Fees and Taxes Starting 10-1-2016**

Family Members	Transitional Reinsurance Fee	Patient-Centered Outcomes Research Institute	Annual Fee on Health Insurance		TOTAL Monthly ALL Fees & Taxes
			Carriers	Health Insurance Claims Assessment	
	\$2.25 per member per month (10-1-16)	\$0.18 per member per month (10-1-16)	Carriers: 0.80% of premium per month (10-1-16) Health Insurance Claims Assessment: 0.63% of premium per month (10-1-16)		
1	\$2.25	\$0.18	\$6.12	\$4.82	\$13.38
2	\$4.50	\$0.36	\$13.78	\$10.85	\$29.49
3	\$6.75	\$0.54	\$16.53	\$13.02	\$36.84
4	\$9.00	\$0.72	\$16.53	\$13.02	\$39.27
5	\$11.25	\$0.90	\$16.53	\$13.02	\$41.70
6	\$13.50	\$1.08	\$16.53	\$13.02	\$44.13
7	\$15.75	\$1.26	\$16.53	\$13.02	\$46.56
8	\$18.00	\$1.44	\$16.53	\$13.02	\$48.99

**Current 80/20 Plan - Distribution of Affordable Care Act Fees and Taxes Starting 10-1-2016**

Family Members	Transitional Reinsurance Fee	Patient-Centered Outcomes Research Institute	Annual Fee on Health Insurance		TOTAL Monthly ALL Fees & Taxes
			Carriers	Health Insurance Claims Assessment	
	\$2.25 per member per month (10-1-16)	\$0.18 per member per month (10-1-16)	Carriers: 0.80% of premium per month (10-1-16) Health Insurance Claims Assessment: 0.63% of premium per month (10-1-16)		
1	\$2.25	\$0.18	\$4.75	\$3.74	\$10.92
2	\$4.50	\$0.36	\$10.68	\$8.41	\$23.96
3	\$6.75	\$0.54	\$13.05	\$10.28	\$30.61
4	\$9.00	\$0.72	\$13.05	\$10.28	\$33.04
5	\$11.25	\$0.90	\$13.05	\$10.28	\$35.47
6	\$13.50	\$1.08	\$13.05	\$10.28	\$37.90
7	\$15.75	\$1.26	\$13.05	\$10.28	\$40.33
8	\$18.00	\$1.44	\$13.05	\$10.28	\$42.76

**Current 100% Plan - Payroll Deduction (over cap): Premium share, Transitional Reinsurance Fee, Annual Insurer Fee, HICA 10-1-2016**

Family Members	100% Plan 10-1-16 Addt'l fees and taxes
1	\$267.09
2	\$681.40
3	\$707.66
4	\$710.09
5	\$712.52
6	\$714.95
7	\$717.38
8	\$719.81

**Current 80/20 Plan - Payroll Deduction (over cap): Premium share, Transitional Reinsurance Fee, Annual Insurer Fee, HICA 10-1-2016**

Family Members	80/20 Plan (non spreading) 10-1-16 Transitional Reinsurance Fee + addt'l fees and taxes	80/20 Plan (spreading) 10-1-16 Transitional Reinsurance Fee + addt'l fees and taxes	<b>Non-spreading Units:</b> Command, Deputies & Dispatchers, Corrections/Cooks/Clerical, General Unrepresented, Prosecutor Unrepresented, General, Probate/Family, Board of Commissioners. <b>Spreading Units:</b> ACT, Probate Unrepresented
	1	\$92.67	
2	\$289.00	\$311.43	
3	\$265.68	\$318.08	
4	\$268.11	\$320.51	
5	\$270.54	\$322.94	
6	\$272.97	\$325.37	
7	\$275.40	\$327.80	
8	\$277.83	\$330.23	