



Regular Meeting Agenda
October 15, 2018 – 7:00 P.M.

1. Call to order, Roll Call of Council, Pledge of Allegiance and Invocation
2. Approval of Consent Agenda: Miller
 - Approval of minutes of the September 10th, Regular Council Meeting
 - Approval of minutes of the September 17th, DDA Board Meeting
 - Approval of minutes of the October 4, 2018, Zoning Board of Appeals
 - Approval of DPW Director's Report
 - Approve the Bills to be paid
 - Accept the Sheriff's Report for August & September 2018
 - Accept the Building & Zoning Report for September 2018
3. Approval of Regular Agenda Miller
4. Manager's Report Alden
5. ICE Project Update Cherven
6. Public Acknowledgement on Agenda Items (Two minutes per speaker)
7. Unfinished Business
 - Manager's Evaluation Criteria Alden
 - Contractor's Application for Payment (2) Alden
 - Village Beautification Project Alden
 - Industrial Park Purchase Agreement Alden
8. New Business
 - Approval of Ordinance #77 Cemetery Alden
 - RMRA Jock
 - Consumers Energy Company Contract Alden
 - Burdco – Amended Exhibit A Alden
 - Budget Amendment/Adjustment Dodge
9. Discussion Items
 - Insurance Options Alden
10. Public Acknowledgement (Two minutes per speaker)
11. Council Comments
12. Items for the Next Agenda
13. Adjournment

ROSCOMMON DOWNTOWN DEVELOPMENT AUTHORITY
BOARD MINUTES
September 17, 2018

Members Present: Tammy Schwalm, Tom O'Brien, Doug Hodges, Jim Anderson, Sue Jock, Mike Walker, Roy Spangler, Andrea Weiss, Ron Alden, Phil Weiler, Lonnie Wilkerson

Excused: Doug Hodges, Cecil Scow

Absent: Tim Legg

Others Present: Diane Love-Suvada, Bob Edwards, Marci Dankert, Dan Scow, Mike Miller

Motion by Roy Spangler with support from Andrea Weiss to accept the Secretary's report. All in favor, motion carried. Motion by Tammy Schwalm Second Phil Weiler to approve the Treasurer's report with the exception of MFM payment until we discuss the payment in the meeting under new business. All in favor motion carried.

Thru 9/14/18)	Treasurer's report	
Cash on Hand		\$256,129.95
Deposit –Higgins Twp		\$20,881.72
Interest 8/30/18		\$22.43
		\$277,034.10
Bills Approved Prior Month		
Ck #1032 approved for \$600 S/B \$2200-Wolfe Co.		\$1,600.00
Ck #1040 Wolfe Company		\$600.00
Bills for Approval		
Ck #1041 Marcie Dankert		\$439.45
Ck #1042 Mark Walling		\$660.00
Ck #1043 Wolfe Company		\$2,200.00
Ending Balance		\$271,534.65

CORRESPONDENCE & PUBLIC COMMENT – MDA State wide conference October 11-12 at Frankenmuth MI
COMMITTEE REPORTS

Managers Report - October 24th RRC will meet to look over the survey results to develop goals and strategies to move forward. The 5 families are invited to attend as well the meeting is 6 to 7 at the Village Hall. Some blight issues have been resolved if we see anything that needs to be addressed let Ron Alden know. Village Hall hours are going to stay the same. Four ten-hour days Monday – Thursday's. DPW hours are five eight-hour days. The combined DDA Village website, is a work in progress it is a process and it is on track. This is the last month of the shared dumpster with the township. The Village is purchasing a used vacuum truck to replace the old one they currently have. There is a purchase agreement for lot 30 in the Industrial park. The plan is for a pole barn structure by an individual looking to create more rental houses in the area. He is looking to rent out the other half of the property. The council approved the purchase of four cameras at Wallace Park at a total cost of just under \$8,000. Ron is seeking grants for a defibulator for the entranceway of the Village. The old AuSable Drug is in the process of being purchased. The new owner is looking to convert it to weekend or week-long apartments and rent the units out for 3 to 7 days.

Façade Grant – Two Rare design has started the work. Motion by Roy Spangler, second by Jim Anderson to make a payment of \$5,000 to McKee Storage for façade grant.

Sidewalks and Streetscapes – Nothing to report.

Website – As reported in Managers report.

Sawmill – Diane Love-Suvada provided a report on the past month activities and up-coming events.

Farm market- Marci Dankert reported the new banners are up in the village. The market typically has five produce vendors and the rest are craft items. She has been seeing a total of about 20 vendors. October 6th will be the last weekend for the market. She has had a little push back from a few vendors and may consider going a little longer.

Economic Development Coordinator – Mark Walling was not present but submitted a report and invoice for the EDC.

OLD BUSINESS

Lighthouse - Pavement has been done.

Iron Bell Trail – Nothing new to report. There will be a meeting 1:30 in Gaylord Sept 24th

Dead Shrubs at Welcome sign – Completed.

Mural relocation – Currently the murals are in storage at Tom O'Brien's garage. St. Vincent DePaul has approved installation on their building. Kurtis also offered his building.

Corner Drug Store Property – **SOLD**

EXIT 239 & 244 - Ron Alden is researching. The reason we don't see additional signage off the highway is because the steps involved and the costs to do it.

NEW BUSINESS

Village resident board member replacement – Let Tom O'Brien know if we have any suggestions for a replacement.

Train Club Supporter - Revisit this request next month after Sue Jock and Bob Edwards get together and explore all options for insurance for the train rides.

Girls Night Out & Shop Small Sat. - Motion by Roy Spangler with second by Mike Walker for \$800 in advertising in the Houghton Lake Resorter and radio advertising for the Girls Night Out event in the Village. Motion approved.

Hiawatha Canoe Livery – Property is for sale. There are many possibilities for this property if the Village was interested in purchasing it. There could be the opportunity to bring in some income. Current price is \$159,000 includes the house and all four parcels. Ideas suggested were food trucks and table, the house could be a welcome center and sell merchandise. Roy Spangler suggested seeking grants from land and water conservation fund. The Michigan land trust offers a 50/50 match. Motion by Tom O'Brien, with support from Jim Anderson that the DDA support the Village pursuing the purchase of 1113 Lake Street. Motion Approved.

Billboard renew contract - Other lease options will be explored; the contract is not up until November. DDA will discuss at a future meeting prior to November whether we want to renew or have found a less expensive option.

Future projects – Ron Alden would like to consider using hanging baskets of flowers on the light poles in the future. This brings attention not just to the ground but higher up when people are going through town. NuCraft could design a bracket that we could use on the light poles to hang the baskets.

LIAISON REPORTS – Chamber is getting ready for Girls Night out and small Sat shopping. Witches are the theme.

Meeting Adjourned at 10:00. Motion by Mike Walker with support by Tammy Schwalm. All in favor.

ZONING BOARD OF APPEALS
MINUTES – OCTOBER 4TH, 2018

MEETING CALLED TO ORDER – 11:08 A.M.

ROLL CALL – JUNE KARJALAINEN – PRESENT, MIKE MILLER – PRESENT, JON SUVADA – ABSENT

PURPOSE OF HEARING: JEFF BEAUDIN, 1134 ROBINSON ST. WAS GIVEN A BUILDING PERMIT TO BUILD AN ADDITION ONTO HIS ATTACHED GARAGE. HE WAS GIVEN WRONG INFORMATION BY THE BUILDING EXPECTOR REGARDING DISTANCE THAT HE HAS TO MAINTAIN FROM THE BOUNDRY LINE. ONCE THIS WAS NOTICED, CONSTRUCTION STOPPED, HOWEVER BUILDING MATERIAL HAVE ALREADY BEEN ORDERED. HIS TRUSSES WERE SPECIAL ORDERED. HE IS SEEKING A VARANCE SO THAT HE CAN CONTINUE BUILDING HIS ADDITION ON HIS GARAGE.

DISCUSSION: JEFF BEAUDIN WAS GIVEN AN OPPROTUNITY TO EXPLAIN HIS CONSTRUCTION ISSUE. HE BROUGHT A NEIGHBOR AND SHE SHARED WITH US HER APPROVAL OF THIS PROJECT. TWO LETTERS WERE READ BY THE BOARD, ONE WAS FROM CRAIG BALL AND THE OTHER BY SHARLENE SUVADA.

THE BOARD ASKED SEVERAL QUESTIONS AND LABELED THE ERROR AS A **CREATION OF HARDSHIP**.

MOTION BY MIKE MILLER TO ALLOW JEF BEAUDIN TO CONTINUE WITH HIS BUILDING PROJECT, SECONDED BY JUNE KARJALAINEN.

ROLL CALL VOTE: MILLER – YES, KARJALAINEN – YES MOTION PASSED 2-0.

MOTION BY MILLER TO ADJOURN THE MEETING, SECONDED BY KARJALAINEN, MOTION CARRIED 2-0.

MEETING ADJOURNED AT 11:22 A.M.

MINUTES BY RON ALDEN

Activity Report to Village of Roscommon
Village Patrol Paid Hours

Village Patrol	Sep-18	
Mileage	240	
Hours	43	
Stops	8	
VW	7	
Citations	1	
Criminal	7	
Non Criminal	5	
Report Writing	0	
Accidents	0	
Arrests	2	
Contacts	118	
Prop. Check	34	
Liquor Inspec	9	
Details		
FIREMANS MEMORIAL		
RHS HOMECOMING PARADE		

Additional Activity Report to Village of Roscommon

Hours	22
Criminal Complaints	3
Non Criminal Complaints	14
Traffic Stops	6
Verbal Warnings	6
Citations	0
OWI Arrests	0
Other Arrests	0
Accidents	2
Assist EMS	1
Other Assignments	0
Arrests	3

Type of Complaints Handled	Arrests
D- HIT AND RUN PDA/ SUBWAY	OUID
D- CUSTODY DISPUTE/ BROOKS ST	POSSESSION OF ANALOGUES
D- B&E/ ROSCO BP	VIOLATION OF BOND CONDITIONS

D- CMH ASSIST/ GEORGE ST	
P- WARRANT PICKUP/ SHELLY ST	
D- SUSPICIOUS PERSON/ FORWARDS- UTL	
D- HARASSMENT COMPLAINT/ FOURTH ST	
D- PDA/ FIFTH ST AND SOUTH ST	
D- 911 HANG UP/ AREA OF LAKE ST	
D- SUSPICIOUS PERSON/ SUBWAY	
D- SUSPICIOUS SITUATION/ WALLACE PARK	
D- SUSPICIOUS TELEPHONE CALL (IRS)/ N. MAIN ST	
D- MEDICAL ASSIST/ S. FIFTH ST	
P- OUID/POSSESS ANALOGUES/VIOLATION OF BOND CONDITIONS/ FORWARDS PARKING LOT	
D- ABANDONED VEHICLE/ ST VINCENTS	
D- ATL/ ONSTAR ACTIVATION/ ADJUSTING MIRROR	
D- SUS PERSON/ BOBS BUTCHER SHOP/ SUBJ SELLING ITEMS FOR CHURCH/ HAS PERMIT FROM VILLAGE	
D- GENERAL ASSIT/ PICKUP MEDICATIONS FOR DISPOSAL/ STATE ST	
D- ARGUMENT/ N. FOURTH ST	

Arrests

POM P- Sus Activity Reported by Citizen- Poss Drug Activity Tisdale & Wallace Pk
 POSSESS ME' D- Gen Assist- N Fourth St
 D- Argument- Lake St
 P- Possession of Marijuana/Meth
 D- General Non Criminal

Complaints

P= Patrol Initiated
D= Dispatched



~ Working For a Brighter Future ~

Village of Roscommon

702 Lake Street • P.O. Box 236 • Roscommon, Michigan 48653

Telephone (989) 275-5743 • Fax (989) 275-5998

October 2, 2018

Building and Zoning Report for the month of September 2018

09/04/2018: Roxie meeting

09/12/2018: Issue permit 111 S. 4th St. [Met with homeowner on 09/07/2018 to inspect the house to determine what type of permit to issue.]

09/19/2018: Inspect the roof repairs at 111 S. 4th St.

09/26/2018: Check progress at 111 S. 4th St. [Roof ready for shingles]

Respectfully Submitted,



James R. Letts

Building Inspector and Zoning Administrator

"This institution is an equal opportunity provider"

TDD (800) 649-3777

ROSCOMMON, MICHIGAN • INC. 1885

Ron Alden
Roscommon Village Manager Evaluation Goals
2018

BUDGET

- 3. By October 15, 2018, Mr. Alden will develop a comprehensive written strategy/plan to create a budget for the 2018/2019 for the Village. The final budget is to be presented to the Council and public by December 10, 2018.**

3.1 Strategy: Gathering budget input form the Village Office Team including the Department of Public Worker employees.

3.1.1 Once a month we devote our Team Time to budget review. We go through the budget line item by line item looking for possible corrections or adjustments. By the end of September, I will have tentative numbers for each line item based upon the input from the team.

3.1.2. Lance and I will take a closer look at the budget numbers that he works with and pencil in projected amounts for the next year.

3.2 Strategy: Run the proposed budget by the Village Team before sending it to the Auditor.

3.2.1 Share our projected budget with our Village Team employees for their final input,

3.2.2 Share our projected budget with our auditor to get a second set of eyes overseeing our numbers.

3.3. Strategy: Present the board with a draft of the 2019 proposed budget at the November Budget Work session.

3.3.1. Have preliminary budget available for scheduled work session with Village Council.

3.3.2. Revise budget with changes from the work session and present the final proposed budget at a Special Meeting.

Ron Alden

Roscommon Village Manager Evaluation Goals

2018

REDEVELOPMENT READINESS

4. By October 15, 2018, Mr. Alden will complete the Redevelopment Readiness Community process for the village. Training? Planning?

4.1. Strategy: Get certified in the Redevelopment Readiness Community Program

4.1.1. Registrant with the Michigan Economic Development Corporation for RRC

4.1.2. I have completed the RRC training in Boyne City Best Practices 1-6

4.2. Strategy: Attend the 2018 MML Annual League Convention

4.2.1. Attend session on Redevelopment of Rural Areas and Villages

4.2.2. Attend sessions on Planning/Zoning for villages

4.2.3. Attended the C2AE Development Ready Reference Guide Conference

4.3. Strategy: Work with the ROXIE Committee

4.3.1. Work with to complete a new Master Plan for the Village of Roscommon by 2020

4.3.2. Work to review and update our village ordinances by 2020

APPLICATION AND CERTIFICATE FOR PAYMENT

TO: VILLAGE OF ROSCOMMON
702 LAKE ST
ROSCOMMON, MI 48653

PROJECT: SEWER & WATER IMPROVEMENTS PROJECT

APPLICATION NO.: 2

PERIOD TO: 09/30/18

ARCHITECT'S PROJECT NOS.:

FROM: ELMER'S CRANE AND DOZER, IN
3600 RENNIE SCHOOL RD
TRAVERSE CITY, MI 49685

VIA: JOB 482013
CUST 22231
VIA F&V

AIA DOCUMENT G702

PAGE ONE

Distribution to:
[] OWNER
[] ARCHITECT
[] CONTRACTOR

CONTRACT FOR: SITEWORK

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	0.00	0.00
CO #1		93,280.00
TOTALS	0.00	93,280.00
NET CHANGES by Change Order		(93,280.00)

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for Payment were issued and payments received from the Owner, and that current payment herein is now due.

CONTRACTOR: ELMER'S CRANE AND DOZER, INC.

By:  Date: 09/20/18

Dan Lalleche

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

CONTRACT DATE:

Application is made for payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$1,961,588.00
 2. NET CHANGE BY CHANGE ORDERS (\$93,280.00)
 3. CONTRACT SUM TO DATE (line 1 & 2) **\$1,868,308.00**
 4. TOTAL COMPLETED & STORED TO DATE (column G on G703) **\$616,528.00**
 5. RETAINAGE:
 - a. 10% of Completed Work (column D+E on G703) 61,652.80
 - b. 0% of Stored Material (column F on G703) 0.00
- Total Retainage (Line 5a + 5b or Total in Column I of G703) **\$61,652.80**
6. TOTAL EARNED LESS RETAINAGE (line 4 - line 5) \$554,875.20
 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$356,133.60
 8. CURRENT PAYMENT DUE **\$198,741.60**
 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) **\$1,313,432.80**

State of: MI County of: MONTMORENCY
Subscribed and sworn before me this 20th day of September, 2018

Notary Public:  Sheila McLaren

My Commission expires: 05/22/2024

SHEILA McLAREN
NOTARY PUBLIC - MICHIGAN
MONTMORENCY COUNTY
ACTING IN THE COUNTY OF
MY COMMISSION EXPIRES 05/22/2024

AMOUNT CERTIFIED \$ **198,741.60**

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:  Benjamin Kiebler

By:  Date: 9/27/18

The Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice.

Contract Totals	Total	Previous	Current	Cumulative
Roscommon ICE Grant	\$ 30,000.00	\$ 6,332.50	\$ 1,360.00	\$ 7,692.50

Respectfully Submitted,

Lindsay F. Hager

Lindsay F. Hager, President
Hager Consulting, LLC



**NEED ORDINANCE NO. 77 - CEMETERY ORDINANCE TO READ
SECTION 8-A:**

ONE ADULT CASKET BURIAL AND 2 CREMATIONS PER LOT

AND/OR

4 CREMATIONS PER LOT

THIS HAS BEEN APPROVED BY THE CEMETERY COMMITTEE

THEN TO PASS THE VILLAGE COUNCIL VOTE WITH THE

AMENDED DATE – OCTOBER 8, 2018

RESOLUTION

RESOLVED, that it is hereby deemed advisable to authorize Consumers Energy Company to make changes in the lighting service as provided in the Standard Lighting Contract between the Company and the Village of ROSCOMMON, dated 2/1/2017, in accordance with the Authorization for Change in Standard Lighting Contract dated _____,

heretofore submitted to and considered by this ☐ commission ☐ council ☐ board ;and

RESOLVED, further, that the _____ Clerk be and are authorized to execute such authorization for change on the behalf of the Village.

STATE OF MICHIGAN
COUNTY OF Roscommon

I, _____, Clerk of the Village of ROSCOMMON, do hereby certify that the foregoing resolution was duly adopted by the ☐ commission ☐ council ☐ board of said municipality, at the meeting held on _____.

Dated:

Municipal Customer Type: Village

AMENDMENT 1
OPTION TO PURCHASE REAL PROPERTY
October 9, 2018

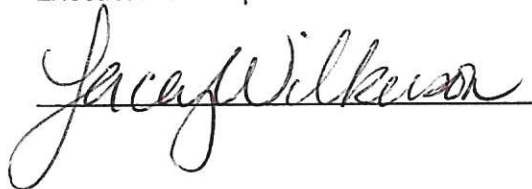
Amended Exhibit A, dated October 2, 2018, attached hereto, shall replace Exhibit A of the Option given the 15th day of December 2017, by Village of Roscommon, 702 Lake Street, P.O. Box 236, Roscommon, MI 48653 (Optionor), to Burdco Incorporated, a Michigan corporation, of 1222 Veterans Drive, Traverse City, MI 49684 (Optionee) or assigns.

All other terms and condition contained in the above described option shall remain in place.

In witness, the Optionor has executed this Amendment 1 on the day and year first written above.

Executed in the presence of:

OPTIONOR(S):





Ron Alden - Manager
Village of Roscommon

Executed in the presence of:

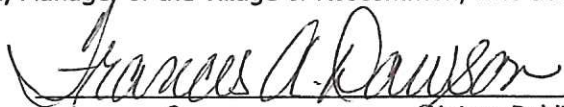
OPTIONEE:

Michael R. Brown, President
Burdco Incorporated

STATE OF MICHIGAN)

COUNTY OF Roscommon) ss.

On this 9th day of October, 2018, before me, a Notary Public, personally appeared Ron Alden, Manager of the Village of Roscommon, who acknowledged and executed the foregoing instrument.



Notary Public
Acting in Roscommon County, State of Michigan

STATE OF MICHIGAN)
) ss.
COUNTY OF GRAND TRAVERSE)

On this _____ day of _____, 2018, before me, a Notary Public, personally appeared Michael R. Brown known to me to be the President of Burdco Incorporated, who acknowledged and executed the foregoing instrument.

Rosanne M. McCaffery, Notary Public
Acting in Grand Traverse County, State of Michigan
My Commission Expires: November 25, 2024

Progressive
Progressive Associates, Inc.
Architects

Issued For:
REVISED / REVIEW
10.02.18



Project Number: 16-017
Drawn: CI
Checked: FN/PA
Date: 05.25.16
Sheet Number:
SP1

Fully Funded Plans
Benefits-at-a-Glance
\$2,500 Deductible RX 70% Coinsurance

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the Plan Document and applicable Plan Options elected. Payment amounts are based on the approved amounts as defined in the Plan Document, less any applicable deductible and/or copay amounts that the member may be required to pay.

	In-Network				Out-of-Network		
Preventative and Wellness Services							
Network Providers Only	Covered	100%	Deductible Waived		Not Covered		
Ambulatory Patient Services							
Office Visits / Consultations / Specialist Visits	Covered	100%	after copay	\$10	Covered	50%	after deductible
Urgent Care	Covered	100%	after copay	\$10	Covered	50%	after deductible
Emergency Services							
Urgent Care Facility	Covered	70%	after deductible		Covered	50%	after deductible
Hospital Emergency Room - Emergency Medical Condition	Covered	70%	after deductible		Covered	70%	after In-Network ded.
Hospital Emergency Room - All Other	Covered	70%	after deductible		Covered	50%	after deductible
Ground Ambulance Services - Medically Necessary Only	Covered	70%	after deductible		Covered	70%	after In-Network ded.
Diagnostic/Laboratory Services							
X-Ray / Lab / Testing	Covered	70%	after deductible		Covered	50%	after deductible
Maternity Services							
Routine Pre Natal and Post Natal Care	Covered	100%	Deductible Waived		Covered	50%	after deductible
Delivery	Covered	70%	after deductible		Covered	50%	after deductible
Hospital Care							
Hospital Visit / Consultation	Covered	70%	after deductible		Covered	50%	after deductible
Inpatient Stay	Covered	70%	after deductible		Covered	50%	after deductible
Surgical Services (Non-Elective)							
Inpatient / Outpatient Surgery	Covered	70%	after deductible		Covered	50%	after deductible
Mental Health & Substance Abuse Use Disorder Services							
Psychiatric Inpatient	Covered	70%	after deductible		Covered	50%	after deductible
Psychiatric Outpatient	Covered	70%	after deductible		Covered	50%	after deductible
Psychiatric Outpatient Physician Visit	Covered	100%	after copay	\$10	Covered	50%	after deductible
Substance Abuse Inpatient	Covered	70%	after deductible		Covered	50%	after deductible
Substance Abuse Outpatient Physician Visit	Covered	100%	after copay	\$10	Covered	50%	after deductible
Other Services							
Allergy Testing and Therapy	Covered	70%	after deductible		Covered	50%	after deductible
Outpatient Physical, Occupational, and Chiropractic Therapy	Covered	70%	after deductible		Covered	50%	after deductible
Combined Maximum of 30 Visits Per Contract Period							
Hospice - In Home Unlimited, In Hospital 45 Days	Covered	70%	after deductible		Covered	50%	after deductible
Home Healthcare	Covered	70%	after deductible		Covered	50%	after deductible
Skilled Care Facility - 45 Days Max	Covered	70%	after deductible		Covered	50%	after deductible
Life Insurance	\$15,000						
Prescription Drug Copay	\$ 20/40/80		Copay		Not Applicable		
Specialty Drugs Coinsurance	Covered	80%			Not Applicable		

All Plans Are PPACA compliant to cover all mandated essential health benefits (EHB).

Maximums

Medical Deductible	\$2,500 /Individual \$5,000 /Family Per Benefit Year		\$5,000 /Individual \$10,000 /Family Per Benefit Year	
Medical Coinsurance (% on Stop Loss)	70% of the first \$10,000		50% of the first \$40,000	
Medical Stop Loss Maximum	\$3,000 /Individual \$6,000 /Family		\$20,000 /Individual \$40,000 /Family	
Specialty Drugs Coinsurance	80% Coverage upto Maximum O.O.P.		Not Applicable	
Medical Copays • Fixed Dollar Copays	\$10.00 Office Visit		Subject to deductible and coinsurance	
Out of Pocket Maximums: In Network 2016 Limits	\$6,550 /Individual \$13,100 /Family		\$25,000 /Individual \$50,000 /Family	
Medical & Specialty Rx Maximum O.O.P.	\$5,550 /Individual \$11,100 /Family		Not Applicable	
Prescription Drugs Maximum O.O.P.	\$1,000 /Individual \$2,000 /Family		Not Applicable	
Psychiatric Coverage Period Maximum	Unlimited			
Substance Abuse Coverage Period Maximum	Unlimited			
Coverage Period Maximum	Unlimited			

Liberty Union Life Assurance Company THE FULLY FUNDED PLAN				ZIP CODE 48653 City ROSCOMMON County ROSCOMMON																									
VILLAGE OF ROSCOMMON																													
Presented by: HORNACEK Effective Date: December 1, 2018																													
Issue Date: 09/04/18		Marketing Rep: 0		Quoted by: 0																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Medical:</th> <th>H/C PLAN</th> <th>Deductible</th> <th colspan="2">Co-Payments</th> <th></th> </tr> <tr> <td>FF</td> <td>NO</td> <td>Medical</td> <td>Co-Insurance</td> <td>Stop Loss</td> <td>Office Visit Prescription DXL Buy Up</td> </tr> <tr> <td></td> <td>In Network >></td> <td>2500</td> <td>70% \$</td> <td>10,000 \$</td> <td>10 D NO</td> </tr> <tr> <td></td> <td>Out Network >></td> <td>5000</td> <td>50% \$</td> <td>40,000</td> <td>RX: 20/40/80/20%</td> </tr> </table>						Medical:	H/C PLAN	Deductible	Co-Payments			FF	NO	Medical	Co-Insurance	Stop Loss	Office Visit Prescription DXL Buy Up		In Network >>	2500	70% \$	10,000 \$	10 D NO		Out Network >>	5000	50% \$	40,000	RX: 20/40/80/20%
Medical:	H/C PLAN	Deductible	Co-Payments																										
FF	NO	Medical	Co-Insurance	Stop Loss	Office Visit Prescription DXL Buy Up																								
	In Network >>	2500	70% \$	10,000 \$	10 D NO																								
	Out Network >>	5000	50% \$	40,000	RX: 20/40/80/20%																								
MEDICAL & RX: FULLY FUNDED																													
Employee	Name	Birthday	Age	Sex	Family	Coverage	COSTS																						
1		5/31/1984	34	FEMALE	Employee Only	ACTIVE	\$ 231.57																						
2		5/17/1962	56	MALE	Family / 1 Child	ACTIVE	\$ 847.40																						
3		6/13/1981	37	MALE	Family / 2+ Children	ACTIVE	\$ 685.23																						
4		2/14/1962	56	MALE	Spouse & Employee	ACTIVE	\$ 761.08																						
5							\$ -																						
6							\$ -																						
7							\$ -																						
8							\$ -																						
9							\$ -																						
10							\$ -																						
11							\$ -																						
12							\$ -																						
13							\$ -																						
14							\$ -																						
15							\$ -																						
16							\$ -																						
17							\$ -																						
18							\$ -																						
19							\$ -																						
20							\$ -																						
21							\$ -																						
22							\$ -																						
23							\$ -																						
24							\$ -																						
25							\$ -																						
26							\$ -																						
27							\$ -																						
28							\$ -																						
29							\$ -																						
30							\$ -																						
31							\$ -																						
32							\$ -																						
33							\$ -																						
34							\$ -																						
35							\$ -																						
36							\$ -																						
37							\$ -																						
38							\$ -																						
39							\$ -																						
40							\$ -																						
41							\$ -																						
42							\$ -																						
43							\$ -																						
44							\$ -																						
45							\$ -																						
46							\$ -																						
47							\$ -																						
48							\$ -																						
49							\$ -																						
Medical & RX Sub Total			4	units			\$ 2,525.28																						
Dental: FULLY INSURED																													
Dental Plan:		FEE SCHEDULE: Usual & Customary																											
No Coverage																													
	Coverage	# of Units	Rate		PREMIUM & FEE																								
	Only Employee	0	\$ -		\$ -																								
	Spouse & Employee	0	\$ -		\$ -																								
	Child & Employee	0	\$ -		\$ -																								
	Family & Employee	0	\$ -		\$ -																								
	Dental Sub Total	0	units		\$ -																								
LIFE: FULLY INSURED																													
Life/ AD&D		Option A: Flat amount for all employees																											
		Volume (000)	Composite Rate		PREMIUM & FEE																								
	Basic Life	60	\$ 0.74		\$ 44.40																								
	Supplemental Life	0	\$ 0.80		\$ -																								
	Dependent Life per unit	0	\$ 1.51		\$ -																								
	Life Sub Total	60			\$ 44.40																								
Supplemental Life is amount over \$15,000 per person																													
Total Employer Cost - MONTHLY							\$ 2,569.68																						
NOTES: Fully Funded Plan includes Aggregate Factors, Administration Fees, and Aggregate Policy Premium. Transitional Reinsurance Fee and Patient-Centered This quote is based on census data received from the employer. Liberty Union Life Assurance Company reserves the right to adjust premium & fees based on actual Plan changes cannot be made after the renewal or plan effective date. All changes must be received by Underwriting 10 days in advance of the renewal or plan effective																													
Estimated Fee	Transitional Reinsurance Fee:		PM per Month	\$ -	Estimated Monthly																								
Paid by Employer Gro	Patient-Centered Outcomes Research Institute Fee:		PM per Year	\$ 2.25			1.51																						
Estimated using the Snap Shot Method & factor of 2.35 lives per non-self coverage. Consult your Accountant/ tax advisor. Fee not included in above COSTS.																													
DO NOT CANCEL CURRENT COVERAGE UNTIL YOU RECEIVE FORMAL ACCEPTANCE.																													



Your link to affordable group health and
comprehensive employee benefits

	Plan 1	Plan 2	Plan 3
Plan Name	Link 100	Link 100	Link 100
Deductible	\$0	\$0	\$0
Coinsurance	100%	100%	100%
Inpatient Benefit Max	\$3,500	\$5,000	\$5,000
Outpatient Benefit Max	\$2,800	\$3,000	\$3,500
Family Benefit Max	2x	2x	2x
HSA-Qualified	No	No	No
Benefit Selections			
Physician's Office Benefit	-	-	-
Physician's Office Visits	-	-	-
Physician's Office Max Per Visit	-	-	-
Urgent Care Max Annual Visits	Unlimited	Unlimited	Unlimited
Pregnancy	Covered	Covered	Covered
Mental Health and Substance Abuse	-	-	-
Rates*	4 Enrolled	4 Enrolled	4 Enrolled
Employee Only			
Under Age 40	\$60.20 (Enrolled: 1)	\$65.14 (Enrolled: 1)	\$69.91 (Enrolled: 1)
Ages 40 - 49	\$83.77 (Enrolled: 0)	\$90.78 (Enrolled: 0)	\$97.56 (Enrolled: 0)
Ages 50 & Above	\$132.29 (Enrolled: 0)	\$143.57 (Enrolled: 0)	\$154.48 (Enrolled: 0)
Employee & Spouse			
Under Age 40	\$121.09 (Enrolled: 0)	\$131.39 (Enrolled: 0)	\$141.33 (Enrolled: 0)
Ages 40 - 49	\$162.79 (Enrolled: 0)	\$176.74 (Enrolled: 0)	\$190.23 (Enrolled: 0)
Ages 50 & Above	\$259.91 (Enrolled: 1)	\$282.45 (Enrolled: 1)	\$304.18 (Enrolled: 1)
Employee & Child(ren)			
Under Age 40	\$129.53 (Enrolled: 0)	\$140.56 (Enrolled: 0)	\$151.23 (Enrolled: 0)
Ages 40 - 49	\$158.42 (Enrolled: 0)	\$172.01 (Enrolled: 0)	\$185.13 (Enrolled: 0)
Ages 50 & Above	\$187.31 (Enrolled: 0)	\$203.43 (Enrolled: 0)	\$219.00 (Enrolled: 0)
Family			
Under Age 40	\$199.08 (Enrolled: 1)	\$216.24 (Enrolled: 1)	\$232.80 (Enrolled: 1)
Ages 40 - 49	\$246.80 (Enrolled: 0)	\$268.15 (Enrolled: 0)	\$288.76 (Enrolled: 0)
Ages 50 & Above	\$321.82 (Enrolled: 1)	\$349.80 (Enrolled: 1)	\$376.80 (Enrolled: 1)
Monthly Total	\$841.01	\$913.63	\$983.69

Plan Selection:



Name: _____ Signature: _____ Date: _____

*Rate includes a \$4.00 marketing fee

Liberty Union Life Assurance Company THE FULLY FUNDED PLAN				ZIP CODE 48653 City ROSCOMMON County ROSCOMMON	
VILLAGE OF ROSCOMMON				Presented by: HORNACEK Effective Date: December 1, 2018	
Issue Date: 09/04/18				Marketing Rep: 0 Quoted by: 0	
Medical:	H/C PLAN	Deductible	Co-Payments		
FF	NO	Medical	Co-Insurance	Stop Loss	Office Visit Prescription
	In Network >>	2500	70% \$	10,000 \$	10 D
	Out Network >>	5000	50% \$	40,000	RX: 20/40/80/20%
MEDICAL & RX: FULLY FUNDED					
Employee	Name	Birthday	Age	Sex	Family Coverage COSTS
1		5/31/1984	34	FEMALE	Employee Only ACTIVE \$ 231.57
2		5/17/1962	56	MALE	Family / 1 Child ACTIVE \$ 847.40
3		6/13/1981	37	MALE	Family / 2+ Children ACTIVE \$ 685.23
4		2/14/1962	56	MALE	Spouse & Employee ACTIVE \$ 761.08
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12					\$ -
13					\$ -
14					\$ -
15					\$ -
16					\$ -
17					\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22					\$ -
23					\$ -
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28					\$ -
29					\$ -
30					\$ -
31					\$ -
32					\$ -
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37					\$ -
38					\$ -
39					\$ -
40					\$ -
41					\$ -
42					\$ -
43					\$ -
44					\$ -
45					\$ -
46					\$ -
47					\$ -
48					\$ -
49					\$ -
Medical & RX Sub Total			4	units	\$ 2,525.28
Dental: FULLY INSURED					
Dental Plan:		FEE SCHEDULE: Usual & Customary			
No Coverage					
	Coverage	# of Units	Rate	PREMIUM & FEE	
	Only Employee	0	\$ -	\$ -	
	Spouse & Employee	0	\$ -	\$ -	
	Child & Employee	0	\$ -	\$ -	
	Family & Employee	0	\$ -	\$ -	
	Dental Sub Total	0	units	\$ -	
LIFE: FULLY INSURED					
Life/ AD&D		Option A: Flat amount for all employees No Dependent Life			
		Volume (000)	Composite Rate	PREMIUM & FEE	
	Basic Life	60	\$ 0.74	\$ 44.40	
	Supplemental Life	0	\$ 0.80	\$ -	
	Dependent Life per unit	0	\$ 1.51	\$ -	
	Life Sub Total	60		\$ 44.40	
Supplemental Life is amount over \$15,000 per person					
				Total	
Total Employer Cost - MONTHLY				\$ 2,569.68	
NOTES: Fully Funded Plan includes Aggregate Factors, Administration Fees, and Aggregate Policy Premium. Transitional Reinsurance Fee and Patient-Centered This quote is based on census data received from the employer. Liberty Union Life Assurance Company reserves the right to adjust premium & fees based on actual Plan changes cannot be made after the renewal or plan effective date. All changes must be received by Underwriting 10 days in advance of the renewal or plan effective					
Estimated Fee	Transitional Reinsurance Fee:	PM per Month	\$ -	Estimated Monthly	
Paid by Employer Gro	Patient-Centered Outcomes Research Institute Fee:	PM per Year	\$ 2.25	\$ 1.51	
Estimated using the Snap Shot Method & factor of 2.35 lives per non-self coverage. Consult your Accountant/ tax advisor. Fee not included in above COSTS.					
DO NOT CANCEL CURRENT COVERAGE UNTIL YOU RECEIVE FORMAL ACCEPTANCE.					



Your link to affordable group health and
comprehensive employee benefits

	Plan 1	Plan 2	Plan 3
Plan Name	Link 100	Link 100	Link 100
Deductible	\$0	\$0	\$0
Coinsurance	100%	100%	100%
Inpatient Benefit Max	\$3,500	\$5,000	\$5,000
Outpatient Benefit Max	\$2,800	\$3,000	\$3,500
Family Benefit Max	2x	2x	2x
HSA-Qualified	No	No	No
Benefit Selections			
Physician's Office Benefit	-	-	-
Physician's Office Visits	-	-	-
Physician's Office Max Per Visit	-	-	-
Urgent Care Max Annual Visits	Unlimited	Unlimited	Unlimited
Pregnancy	Covered	Covered	Covered
Mental Health and Substance Abuse	-	-	-
Rates*	4 Enrolled	4 Enrolled	4 Enrolled
Employee Only			
Under Age 40	\$60.20 (Enrolled: 1)	\$65.14 (Enrolled: 1)	\$69.91 (Enrolled: 1)
Ages 40 - 49	\$83.77 (Enrolled: 0)	\$90.78 (Enrolled: 0)	\$97.56 (Enrolled: 0)
Ages 50 & Above	\$132.29 (Enrolled: 0)	\$143.57 (Enrolled: 0)	\$154.48 (Enrolled: 0)
Employee & Spouse			
Under Age 40	\$121.09 (Enrolled: 0)	\$131.39 (Enrolled: 0)	\$141.33 (Enrolled: 0)
Ages 40 - 49	\$162.79 (Enrolled: 0)	\$176.74 (Enrolled: 0)	\$190.23 (Enrolled: 0)
Ages 50 & Above	\$259.91 (Enrolled: 1)	\$282.45 (Enrolled: 1)	\$304.18 (Enrolled: 1)
Employee & Child(ren)			
Under Age 40	\$129.53 (Enrolled: 0)	\$140.56 (Enrolled: 0)	\$151.23 (Enrolled: 0)
Ages 40 - 49	\$158.42 (Enrolled: 0)	\$172.01 (Enrolled: 0)	\$185.13 (Enrolled: 0)
Ages 50 & Above	\$187.31 (Enrolled: 0)	\$203.43 (Enrolled: 0)	\$219.00 (Enrolled: 0)
Family			
Under Age 40	\$199.08 (Enrolled: 1)	\$216.24 (Enrolled: 1)	\$232.80 (Enrolled: 1)
Ages 40 - 49	\$246.80 (Enrolled: 0)	\$268.15 (Enrolled: 0)	\$288.76 (Enrolled: 0)
Ages 50 & Above	\$321.82 (Enrolled: 1)	\$349.80 (Enrolled: 1)	\$376.80 (Enrolled: 1)
Monthly Total	\$841.01	\$913.63	\$983.69

Plan Selection:



Name: _____ Signature: _____ Date: _____

*Rate includes a \$4.00 marketing fee

VILLAGE OF ROSCOMMON



Presented by:
David Bommarito

The Benefits Group

October 2, 2018

Effective Date	Tax Rate	Plan Options	Current	Renewal	BCBS	BCBS	BCBS H.S.A.	DENTAL	GAP
1/1/2019	0.00%	Plan Type	BCBSM	BCBSM	Gold \$1500 PPO	Gold \$2000 PPO	Silver \$2700 PPO H.S.A.		
		Deductible	1350/ 2700 A	1350/ 2700 A	1500/ 3000	2000/ 4000	2700/5400	ACA	\$500 deduct
		Coinsurance	20%	20%	20%-1000	20%	20%		\$1000 IN pink
		OOP	2350/ 4700 A	2350/ 4700 A	6600/ 13200	7350/ 14700	5000/10000		\$500 OUT pink
		UC/ER Copay	ded/coins	ded/coins	\$60/150	\$60/150	Ded/20%		\$20 x 8 ov
		Rx	ded/10/40/80/15%	ded/10/40/80/15%	\$15/50/50%/20%	\$15/50/50%/20%	D \$15/50/50%		reimbursement
		Office Copay	ded/coins	ded/coins	\$20/40	\$30/50	Ded/20%		
Total Cost	100.00								Plan H with GAP

EE No.	Name	Age	Plan #	1	2	3	4	5	6	7	DENTAL	OPTIMED	Total w GAP
1	MICHAEL	56	F	1,381.47	1,406.53	1,464.13	1,331.91	1,196.28	-	-	-	121.66	1,585.79
2	LACEY	34	S	379.15	361.07	375.86	341.92	307.10	-	-	-	33.87	409.73
3	GARY	56	D	1,444.13	1,418.73	1,476.83	1,343.46	1,206.66	-	-	-	94.08	1,570.91
4	LANCE	37	F	1,376.41	1,434.50	1,493.24	1,358.39	1,220.07	-	-	-	73.80	1,567.04
5				-	-	-	-	-	-	-	-	-	-
6				-	-	-	-	-	-	-	-	-	-
7				-	-	-	-	-	-	-	-	-	-
8				-	-	-	-	-	-	-	-	-	-
9				-	-	-	-	-	-	-	-	-	-
10				-	-	-	-	-	-	-	-	-	-
11				-	-	-	-	-	-	-	-	-	-
12				-	-	-	-	-	-	-	-	-	-
13				-	-	-	-	-	-	-	-	-	-
14				-	-	-	-	-	-	-	-	-	-
15				-	-	-	-	-	-	-	-	-	-
16				-	-	-	-	-	-	-	-	-	-
17				-	-	-	-	-	-	-	-	-	-
18				-	-	-	-	-	-	-	-	-	-
19				-	-	-	-	-	-	-	-	-	-
20				-	-	-	-	-	-	-	-	-	-
21				-	-	-	-	-	-	-	-	-	-
22				-	-	-	-	-	-	-	-	-	-
23				-	-	-	-	-	-	-	-	-	-
24				-	-	-	-	-	-	-	-	-	-
25				-	-	-	-	-	-	-	-	-	-
26				-	-	-	-	-	-	-	-	-	-
27				-	-	-	-	-	-	-	-	-	-
28				-	-	-	-	-	-	-	-	-	-
29				-	-	-	-	-	-	-	-	-	-
30				-	-	-	-	-	-	-	-	-	-
31				-	-	-	-	-	-	-	-	-	-
32				-	-	-	-	-	-	-	-	-	-
33				-	-	-	-	-	-	-	-	-	-
34				-	-	-	-	-	-	-	-	-	-
35				-	-	-	-	-	-	-	-	-	-
36				-	-	-	-	-	-	-	-	-	-
37				-	-	-	-	-	-	-	-	-	-
38				-	-	-	-	-	-	-	-	-	-
39				-	-	-	-	-	-	-	-	-	-
40				-	-	-	-	-	-	-	-	-	-

Handwritten note: Total with 15% Contingency 5220

Total by Plan:	4,581.15	4,620.83	4,810.06	4,375.68	3,930.11	-	-	-	-	-	-	323.41	5,133.47
----------------	----------	----------	----------	----------	----------	---	---	---	---	---	---	--------	----------

		AVERAGE PREMIUMS									
Counts:	S	1	379.15	361.07	375.86	341.92	307.10	33.87	409.73		
	D	1	1,444.13	1,418.73	1,476.83	1,343.46	1,206.66	94.08	1,570.91		
	SP	0									
	F	2	1,378.94	1,420.52	1,478.69	1,345.15	1,208.18	97.73	1,576.42		
Totals:	4		4,581.15	4,620.83	4,810.06	4,375.68	3,930.11	323.41	5,133.47		

NOTE: Rates can be different based on effective date, census, or due to rounding. Insurance companies do reserve the right to change rates and also a change in taxes may apply

ShelterPoint Dental Insurance Proposal: Plan F

Annual Max. Deductible per Person / Family	Preventive, in-network	Waived	
	Preventive, out-of-network	Waived	
	Basic & Major, in-network	\$50 / \$150	
	Basic & Major, out-of-network	\$50 / \$150	
Annual Max. per Person	In-network	\$1000	
	Out-of-network	\$1000	
Benefit Levels	In-network co-insurance	100/80/50	
	Out-of-network co-insurance	100/80/50	
Claim Allowance	In-network	negotiated fee schedule	
	Out-of-network	90th percentile of R&C	
Type of Service	Preventive	Cleanings	•
		Routine Exams	•
		Fluoride	•
		X-rays (bitewings)	•
		X-rays (other)	
		Sealants	
	Basic	Sealants	•
		X-rays (other)	•
		Space Maintainers	•
		Fillings	•
		Resin Restorations	•
		Basic Repairs	•
		Nonsurgical Endo/Perio	•
		Surgical Endo/Perio	•
		Tests & Lab Exams	•
		Emergency Treatment	•
		Professional Consultation	•
		Anesthesia	•
		Oral Surgery	•
		Extractions	•
	Major	Major Restorations (e.g. crowns)	•
		Dentures	•
		Fixed Prosthodontics	•
		Major Repairs	•
		Implants	
	Orthodontia ³	\$1,000 lifetime max./dependent (for groups of 5+ enrolled eligible employees)	NOT INCLUDED

Quote Date: 09/07/2018 03:36 PM
Desired Effective Date: 10/01/2018

Quote ID: 116609-01

Prepared For: VILLAGE OF ROSCOMMON
ROSCOMMON, MI 48653

Quotes are retrievable and effective for 60 days. Rates are governed by the effective date and change quarterly. Policy issuance and final rates are subject to Underwriting approval. This is a proposal, not a contract. All coverage extends up to policy limits. Other deductibles, maximums, co-insurance levels may apply and are available upon request. Please refer to the participation requirements on page 5. Please refer to the policy for all policy provisions, conditions, coverage details, exclusions, and terms under which the policy may be continued or cancelled.

This is a partial listing only. Please refer to the policy for details.

¹Benefits are paid based on the fee schedule for each procedure.

²For plans F-J only: R&C (Reasonable & Customary) benefits are paid on average at the 90th percentile of the R&C charges for the geographic area where the Dental service is performed. Respective co-insurance percentages and deductibles may apply.

³Ortho is only available on specified plans and requires at least 5+ enrolled eligible employees. This option may not be available in all states. If there is an average of four (4) or more children per dependent unit, the group must be referred to the Underwriting Department.

Underwritten by:
ShelterPoint Life Insurance Company
(principal office in Garden City, NY)

Desired participation: 100.00%

Desired funding option: CONTRIBUTORY

Demographics & Rates

Rate Tier	# of participating Employees	Monthly Rate
Single	1	\$41.74
EE & Spouse	1	\$99.96
EE & Child(ren)	0	\$82.01
Family	2	\$136.80
Estimated monthly Premium		\$415.30
Estimated annual Premium		\$4,983.60

NETWORK -

WWW.DENTEMAX.COM