

RESOLUTION

NO.: 23 - \_\_\_\_\_

VILLAGE OF PINCKNEY

DATE: November 13, 2023

**RESOLUTION WITH REGARD TO THE REQUIREMENTS OF PUBLIC ACT 152  
FOR THE NEXT SUCCEEDING CALENDAR YEAR**

**WHEREAS**, the Publicly Funded Health Insurance Contribution Act (being Public Act 152 of 2011, MCL 15.561) passed by the legislature and signed into law by the governor was designed to lessen the burden of employee health care costs on public employers; and

**WHEREAS**, communities are given three (3) options for complying with the requirements of Act 152, depending on the impact of the Act on the employees of each community; and

**WHEREAS**, the three (3) options available to the Village are:

- 1) Applying the hard cap (State established capped dollar amount each government employer may pay towards an employee's health care costs); or
- 2) Adopting by majority vote of the Village Council the 80%-20% cost-sharing model; or
- 3) Opting out of (exempt itself from) the cost-sharing model as set forth in the Act by a two-thirds (2/3's) vote of the Village Council and revisit it prior to the next plan year.

**WHEREAS**, the Village Council has decided to apply the hard cap for the next succeeding year; and

**NOW, THEREFORE, BE IT RESOLVED** the Village Council for Village of Pinckney hereby applies the hard cap on the portion of the employer payment toward employee health care costs of Public Act 152 of 2011 for the next succeeding year.

**BE IT FURTHER RESOLVED** that the Village Council for the Village of Pinckney acknowledges its responsibility to revisit its options and responsibility under Public Act 152 of 2011 in one year.

Village Council Member \_\_\_\_\_ offered the foregoing Resolution and moved its adoption. The motion was seconded by Village Council Member \_\_\_\_\_, and upon being put to a vote, the vote was as follows:

Linda E. Lavey, President	_____
Justin Bierman, Trustee	_____
Jeffrey Buerman, Trustee	_____
Stacey Conquest, Trustee	_____
Ted Kinczkowski, Trustee	_____
Brian Matson, Trustee	_____
Jeffrey Spencer, Trustee	_____

The President thereupon declared this Resolution approved and adopted by the Village Council of the Village of Pinckney this 13<sup>th</sup> day of November, 2023.

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Linda E. Lavey, Village President

I hereby certify that the foregoing constitutes a true and complete copy of a resolution adopted by the Village Council of the Village of Pinckney, County of Livingston, Michigan, at a meeting held on November 13, 2023.

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Jill Chapman, Village Clerk



**2024 Benefit Meeting**

# Village of Pinckney



Grace&Porta  
BENEFITS

Benefits	Blue Cross Blue Shield	
	Simply Blue PPO HSA Silver	
	Current	Renewal
Deductible	\$3,000/\$6,000	\$3,200/\$6,400
Aggregate or Embedded	Embedded	
Coinsurance	20%	
Annual Coinsurance Max	N/A	
Primary Care	20% After Ded	
Specialist	20% After Ded	
Virtual Visit	20% After Ded	
Urgent Care	20% After Ded	
Emergency Room	20% After Ded	
Inpatient	20% After Ded	
Outpatient	20% After Ded	
Imaging/CT/PET/MRI	20% After Ded	
Labs	20% After Ded	
X-Rays	20% After Ded	
Pharmacy / Rx	Rx copay applies after deductible	
Generic - Tier 1	\$15	
Preferred - Tier 2	\$50	
Non Preferred - Tier 3	\$150	
Specialty (Preferred) - Tier 4	20% (\$300 max)	
Specialty (Non Preferred) - Tier 5	25% (\$500 max)	
Out-of-Pocket Max	\$7,000/\$14,000	\$7,500/\$15,000
Out-of-Network Coverages		
Deductible	\$6,000/\$12,000	\$6,400/\$12,800
Coinsurance	40%	
Out-of-Pocket Max	\$14,000/\$28,000	\$15,000/\$30,000
Contract Premium	Current	Renewal
STOEHR JR, CONAN	\$333.97	\$353.31
BEDWELL JR, DONALD	\$1,659.08	\$1,776.68
MOMA, DUSTIN	\$1,677.67	\$2,048.06
TRENKLE, MICHAEL	\$1,448.07	\$1,552.81
HUGHES, MICHAEL	\$1,547.86	\$1,659.01
PRATER, RAYMOND	\$411.59	\$430.85
Monthly Premium	\$7,078	\$7,821
Annual Premium	\$84,939	\$93,849
Percentage Change	-	10.5%

2023: 7.7%

Benefits	Blue Cross Blue Shield	
	Non-Contributory	
	In Network	Out of Network
Deductible	\$25/\$75	\$25/\$75
Annual Maximum	\$1,000	\$1,000
Preventative (Class I)	100%	100%
Basic (Class II)	80%	80%
Class II Waiting Period	None	None
Major (Class III)	50%	50%
Class III Waiting Period	None	None
Orthodontia (Class IV)	50%	50%
Class IV Waiting Period	None	None
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Maximum Rollover	None	None
Out of Network Fee Schedule	-	Varies by class
Network	Blue Dental PPO	
Contract Premium	Current	Renewal
HARRIS, BEVERLY	\$93.37	\$97.17
FEE JR, DONALD	\$126.77	\$131.20
STOEHR JR, CONAN	\$25.25	\$26.08
BEDWELL JR, DONALD	\$102.30	\$106.21
MOMA, DUSTIN	\$166.36	\$207.51
TRENKLE, MICHAEL	\$115.43	\$117.62
HUGHES, MICHAEL	\$99.73	\$103.57
PRATER, RAYMOND	\$30.45	\$31.61
Monthly Premium	\$760	\$821
Annual Premium	\$9,116	\$9,852
Percentage Change	-	8.1%
Rate Guarantee	1 Year	

2023: 3.8%

Benefits	Blue Cross Blue Shield	
	Non-Contributory	
Exam	\$5	
Prescription Lenses and/or Frames	\$10	
Frame Allowance	\$130	
Contact Lenses		
Medically Necessary	\$10	
Elective Allowance	\$130	
Frequencies		
Exams/Lenses/Frames	24/24/24	
Network	VSP Choice	
Contract Premium	Current	Renewal
HARRIS, BEVERLY	\$8.62	\$8.49
FEE JR, DONALD	\$15.88	\$15.81
STOEHR JR, CONAN	\$3.40	\$3.38
BEDWELL JR, DONALD	\$12.22	\$12.17
MOMA, DUSTIN	\$11.09	\$11.08
TRENKLE, MICHAEL	\$8.55	\$8.58
HUGHES, MICHAEL	\$12.05	\$12.03
PRATER, RAYMOND	\$3.75	\$3.78
Monthly Premium	\$76	\$75
Annual Premium	\$907	\$904
Percentage Change	-	-0.3%
Rate Guarantee	1 Year	

2023: 5.3%

	Blue Cross Blue Shield		Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Blue Care Network	HAP	Priority Health
	Simply Blue PPO HSA Silver		PPO HSA Silver	PPO HSA Bronze	Blue Elect POS HSA Gold	Blue Elect POS HSA Silver	PPO HSA Silver	PPO HSA Silver
Benefits	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Deductible	\$3,000/\$6,000	\$3,200/\$6,400	\$4,500/\$9,000	\$7,500/\$15,000	\$2,500/\$5,000	\$3,200/\$6,400	\$3,500/\$7,000	\$3,200/\$6,400
Aggregate or Embedded	Embedded		Embedded	Embedded	Aggregate	Embedded	Aggregate	Embedded
Coinsurance	20%		0%	0%	0%	20%	30%	30%
Annual Coinsurance Max	N/A		N/A	N/A	N/A	N/A	N/A	N/A
Primary Care	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Specialist	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Virtual Visit	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	\$10 copay After Ded
Urgent Care	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Emergency Room	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Inpatient	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Outpatient	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Imaging/CT/PET/MRI	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Labs	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
X-Rays	20% After Ded		0% After Ded	0% After Ded	0% After Ded	20% After Ded	30% After Ded	30% After Ded
Pharmacy / Rx	Rx copay applies after deductible		Rx copay applies after deductible		Rx copay applies after deductible		Rx copay applies after deductible	
Generic - Tier 1	\$15		\$20	0% After Ded	\$15/\$40	\$6/\$25	30% After Ded	\$5/\$35
Preferred - Tier 2	\$50		\$60	0% After Ded	\$80	\$60	30% After Ded	\$60
Non Preferred - Tier 3	\$150		\$150	0% After Ded	\$100	\$80	30% After Ded	\$80
Specialty (Preferred) - Tier 4	20% (\$300 max)		20% (\$300 max)	0% After Ded	20% (\$200 max)	20% (\$200 max)	30% After Ded	20% (\$350 max)
Specialty (Non Preferred) - Tier 5	25% (\$500 max)		25% (\$500 max)	0% After Ded	20% (\$300 max)	20% (\$300 max)	30% After Ded	20% (\$550 max)
Out-of-Pocket Max	\$7,000/\$14,000	\$7,500/\$15,000	\$7,000/\$14,000		\$7,500/\$15,000		\$7,200/\$14,400	
Out-of-Network Coverages								
Deductible	\$6,000/\$12,000		\$9,000/\$18,000		\$5,000/\$10,000		\$7,000/\$14,000	
Coinsurance	40%		20%		20%		50%	
Out-of-Pocket Max	\$14,000/\$28,000	\$15,000/\$30,000	\$14,000/\$28,000		\$9,000/\$18,000		\$20,000/\$40,000	
Contract Premium	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
STOEHR JR, CONAN	\$333.97	\$353.31	\$357.39	\$317.91	\$343.00	\$295.46	\$406.95	\$368.58
BEDWELL JR, DONALD	\$1,659.08	\$1,776.68	\$1,797.17	\$1,598.65	\$1,724.82	\$1,485.77	\$2,046.38	\$1,853.46
MOMA, DUSTIN	\$1,677.67	\$2,048.06	\$2,071.70	\$1,842.85	\$1,988.29	\$1,712.73	\$2,358.99	\$2,136.58
TRENKLE, MICHAEL	\$1,448.07	\$1,552.81	\$1,570.74	\$1,397.23	\$1,507.50	\$1,298.57	\$1,788.55	\$1,619.93
HUGHES, MICHAEL	\$1,547.86	\$1,659.01	\$1,678.16	\$1,492.78	\$1,610.59	\$1,387.38	\$1,910.87	\$1,730.72
PRATER, RAYMOND	\$411.59	\$430.85	\$435.82	\$387.68	\$418.28	\$360.31	\$496.26	\$449.47
Monthly Premium	\$7,078	\$7,821	\$7,911	\$7,037	\$7,592	\$6,540	\$9,008	\$8,159
Annual Premium	\$84,939	\$93,849	\$94,932	\$84,445	\$91,110	\$78,483	\$108,096	\$97,905
Percentage Change	-	10.5%	11.8%	-0.6%	7.3%	-7.6%	27.3%	15.3%

2023: 7.7%

Medical, Dental and Vision are included in Contribution Strategy  
Employer pays 100% all levels, and contributes \$377.50 for single, and \$734 double/family towards HSA contribution

Contract Premium	Blue Cross Blue Shield						
	Current						
	Medical	HSA Cont	Dental	Vision	Total	Employer	Public Act 152
HARRIS, BEVERLY	\$0.00	\$0.00	\$93.37	\$8.62	\$101.99	\$101.99	\$1,289.55
FEE JR, DONALD	\$0.00	\$0.00	\$126.77	\$15.88	\$142.65	\$142.65	\$1,681.70
STOEHR JR, CONAN	\$333.97	\$31.46	\$25.25	\$3.40	\$394.08	\$394.08	\$616.62
BEDWELL JR, DONALD	\$1,659.08	\$61.17	\$102.30	\$12.22	\$1,834.77	\$1,834.77	\$1,681.70
MOMA, DUSTIN	\$1,677.67	\$61.17	\$166.36	\$11.09	\$1,916.29	\$1,916.29	\$1,681.70
TRENKLE, MICHAEL	\$1,448.07	\$61.17	\$115.43	\$8.55	\$1,633.22	\$1,633.22	\$1,681.70
HUGHES, MICHAEL	\$1,547.86	\$61.17	\$99.73	\$12.05	\$1,720.81	\$1,720.81	\$1,681.70
PRATER, RAYMOND	\$411.59	\$31.46	\$30.45	\$3.75	\$477.25	\$477.25	\$616.62
Monthly Premium	\$7,078	\$308	\$760	\$76	\$8,221	\$8,221	\$10,931
Annual Premium	\$84,939	\$3,691	\$9,116	\$907	\$98,653	\$98,653	\$131,175

	Blue Cross Blue Shield						
	Renewal						
	Medical	HSA Cont	Dental	Vision	Total	Employer	Public Act 152
	\$0.00	\$0.00	\$97.17	\$8.49	\$105.66	\$105.66	\$1,342.42
	\$0.00	\$0.00	\$131.20	\$15.81	\$147.01	\$147.01	\$1,750.65
	\$353.31	\$31.46	\$26.08	\$3.38	\$414.23	\$414.23	\$641.90
	\$1,776.68	\$61.17	\$106.21	\$12.17	\$1,956.23	\$1,956.23	\$1,750.65
	\$2,048.06	\$61.17	\$207.51	\$11.08	\$2,327.82	\$2,327.82	\$1,750.65
	\$1,552.81	\$61.17	\$117.62	\$8.58	\$1,740.18	\$1,740.18	\$1,750.65
	\$1,659.01	\$61.17	\$103.57	\$12.03	\$1,835.78	\$1,835.78	\$1,750.65
	\$430.85	\$31.46	\$31.61	\$3.78	\$497.70	\$497.70	\$641.90
	\$7,821	\$308	\$821	\$75	\$9,025	\$9,025	\$11,379
	\$93,849	\$3,691	\$9,852	\$904	\$108,295	\$108,295	\$136,554