

CITY OF SCOTTVILLE
COMMISSION MEETING AGENDA
City Hall 105 N. Main St. Scottville, MI 49454
1565th Regular Meeting Monday March 25, 2024, at 6:00 PM

1. Call to Order at 6:00 PM
2. Pledge of Allegiance
3. Roll Call
4. Additions to the Agenda
5. Approval of Agenda
6. Approval of the Consent Agenda

Consent Agenda items are considered routine by the Commission and will be enacted by one motion. There will be no separate discussion of these items. If discussion of an item is required, it will be removed from the Consent Agenda and considered separately.

- A. Approval of 1564th Regular Meeting Minutes
- B. Approval of Bills \$351,818.36

7. Public Comment

Those addressing Commission are asked to provide their name and address and will be limited to two minutes of speaking time. The Commission will hear all comments pertaining to agenda items only.

8. Correspondence- Brownfield Funding New Housing Developments

9. Department Reports

- a. City Manager
- b. Police Chief
- c. City Attorney
- d. Mayor
- e. Treasurer/Clerk
- f. Assessor
- g. Department of Public Works
- h. Committee Reports
- i. Mason County Commissioner Representative
- j. MCRFA Representative
- k. DDA Representative

10. PUBLIC HEARING- Ordinance 24-01 to Amend Section 70.24 "Parking at Boat Ramp".

- a. Close Regular Session/Open Public Hearing
- b. Public Comment
- c. Commissioner Comment
- d. Close Public Hearing/Reconvene Regular Session

11. PUBLIC HEARING-Ordinance 24-02 to Amend Chapter 70- Law Enforcement at WSCC

- a. Close Regular Session/Open Public Hearing
- b. Public Comment
- c. Commissioner Comment
- d. Close Public Hearing/Reconvene Regular Session

12. Unfinished Business

- a. Adoption of Ordinance 24-01 to Amend Section 70.24 "Parking at Boat Ramp".
- b. Resolution 24-01 to Authorize Parking Pass System at Boat Ramp
- c. Adoption of Ordinance 24-02 to Amend Chapter 70-Law Enforcement at WSCC

13. New Business

- a. Early Voting Site Agreement
- b. City Mowing Contract Bid Opening/Approval

- c. City Health Insurance Policy Renewal
- d. Refuse bag purchase approval
- e. Rental Registration 45-day extension

14. Public Comment

Those addressing Commission are asked to provide their name and address and will be limited to three minutes of speaking time. Commission will hear all comments for future consideration but will not have a response at this time. Letters submitted to Commission will not be publicly read. Thank you for your cooperation.

15. Commissioner Comment

16. Adjournment

OFFICIAL PROCEEDINGS OF THE CITY COMMISSION OF THE CITY OF SCOTTVILLE, MICHIGAN.

The 1564th Regular Commission meeting of the Scottville City Commission held at City Hall 105 N. Main St on March 11th, 2024. Called to order at 6pm by Mayor Marcy M. Spencer.

Present at Roll Call:

Copenhaver

Deering

Seiter

Spencer

Spore

Thue

Wyman

Absent: None

Also in attendance: Attorney Nettleton and Clerk Lester

Additions/Deletions to Agenda- NB; ITEM C will change to "Epoxy Floor Quote", altering item numbers in ascending order.

Approval of Agenda

Motion, by Wyman with support from Spore to approve the agenda with noted addition/changes.

Motion carried.

Approval of Consent Agenda

Motion, by Seiter with support from Copenhaver to approve the consent agenda as presented.

Motion carried.

Public Comment (*Agenda Items Only, 2 minutes*)

Jenna Morrill

Correspondence- None

Department Reports

- a. City Manager- Newkirk reported he is still working on an SRO contract with G2S Academy. Meeting with Fleis & Vandenbrink to discuss Master Plan, survey distributed to residents via Facebook & City Website requesting feedback for this purpose. Budget review with Treasurer Shafer for the last quarter of the 23/24 fiscal year moving into that of 24/25. Insurance coverage review with McGee Insurance. Working with neighboring jurisdictions to put together a budget for river patrol during the summer months. Board of Review members will be in house 3 days this week per charter/state requirements. Newkirk reiterated the need for resident interest in this board.
- b. Police Department- Statistical report provided.
- c. Mayor- None
- d. Attorney- Committee follow up.
- e. Treasurer/Clerk- Written report provided from Treasurer Shafer. Lester offered she will be attending Clerk Institute in Mt. Pleasant next week to complete her MiPMC Certification through the Michigan Association of Municipal Clerks.
- f. DPW- None
- g. Assessor- Quarterly report provided.
- h. Committee Reports-
-Building/Grounds/Infrastructure- Riverside Park upgrades/repairs. Request CM Newkirk to distribute an RFP request for LED installation. Trunkline discussion/storm drain clean out

plan for 2024. Recommendation to approve the request to host an Easter Egg hunt at the Old Engine Club.

-Finance- Money management discussion, potential hiring of an accountant.

-Planning Commission- Master Plan discussion/Presentation by Fleis&Vandenbrink.

Mason County Commissioner Representative-

John Kott, Veteran Affairs Coordinator through the County worked with more than 170 local vets in need of assistance. County received notice of award of the CHILL grant; ½ Million dollars to be put towards housing improvements facilitated through 5-Cap. Hull urged those in need to apply. County to initiate a “first offender” program for troubled youth in our area.

i. MCRFA Representative- None

j. DDA Representative- None

Unfinished Business

Timothy Lewis-Union Representative

New Business

a. Easter Egg Hunt-Old Engine Club

Motion, by Seiter with support from Copenhagen to approve the Easter Egg Hunt at the Old Engine Club.

Motion carried.

b. RFP-Demolition at McPhail Field

Request to seek bids for the demolition of 2 buildings at McPhail Field. One is the old boy scout building behind the baseball field. The other is the press box to the East of the football field. Newkirk noted the buildings were in part paid for by a 1976 Federal Grant. Rules for demolition/reimbursement may apply. Seiter questioned electrical work pre-demolition.

Motion, by Deering with support from Spore to allow Manager Newkirk to advertise an RFP for demolition of buildings at McPhail Field.

Motion carried.

c. Epoxy Floor Quote

Quote from Leading Edge Epoxy Floor Covering to upgrade the floor in the bathhouse at Riverside Park in the amount of \$4,400.00.

Motion, by Wyman with support from Copenhagen to approve the quote as presented.

Motion carried.

d. Closed Session- Review Attorney-Client Privileged Communication

Motion, by Seiter with support from Spore, to meet in a closed session pursuant to Section 12(1)(g) of Michigan’s Freedom of Information Act. The City Attorney, Mark E. Nettleton, is hereby appointed as Secretary for the purpose of taking minutes of the closed session in accordance with the Open Meetings Act.

-Roll Call Vote

Yes; MS, AS, DS, ET, AD, RW, & DC No; None Absent; None

Motion carried.

e. Closed Session- Personnel Evaluation

Motion, by Seiter with support from Wyman, to meet in a closed session pursuant to Section 8(1)(a) of the Open Meetings Act to consider a periodic

personnel evaluation of James Newkirk, who has requested this closed session. The City Attorney, Mark E. Nettleton, is hereby appointed as Secretary for the purpose of taking minutes of the closed session in accordance with the Open Meetings Act.

-Roll Call Vote

Yes; MS, AS, DS, ET, AD, RW, & DC No; None Absent; None

Motion carried.

f. Closed Session- Collective Bargaining Agreement

Motion, by Seiter with support from Wyman, to meet in a closed session pursuant to Section 8 (1)(c) of the Open Meetings Act for strategy and negotiation purposes with respect to the City's negotiation of a collective bargaining agreement with the Technical, Professional, Office Workers Association and the Scottville Public Employee's Association. The City Attorney, Mark E. Nettleton, is hereby appointed as Secretary for the purpose of taking minutes of the closed session in accordance with the Open Meetings Act.

-Roll Call Vote

Yes; MS, AS, DS, ET, AD, RW, & DC No; None Absent; None

Motion carried.

ENTER CLOSED SESSION 6:37PM

REGULAR SESSION RESUMES 8:30PM

* Motion, by Seiter with support from Copenhaver to amend the agenda to include the consideration of The Collective Bargaining Agreement between the City and the Technical, Professional, and Officeworkers Association of Michigan (TPOAM) and the Public Employees Association as New Business, Item G. Motion carried.

g. Collective Bargaining Agreement

Motion, by Seiter with support from Spencer to approve the Collective Bargaining Agreements (final draft presented 3/11/24) between the City of Scottville and the Technical, Professional, and Officeworkers Association of Michigan (TPOAM) and Scottville Public Employees Association and authorize and direct the Mayor and City Manager to execute and deliver the Collective Bargaining Agreement on behalf of the City of Scottville.

-Roll Call Vote

Yes; MS, AS, DS, ET, AD, RW, & DC No; None Absent; None

Motion carried.

Public Comment- Timothy Lewis-Union Representative

Commissioner Comment-

Spore expressed gratitude and excitement on the approval of the Easter egg hunt.

Adjournment-

Motion, by Wyman with support from Spore to adjourn.

Motion Carried 8:37pm.

Kelse Lester, Clerk

Marcy M. Spencer, Mayor

SCOTTVILLE INVOICE REGISTER FOR CITY OF SCOTTVILLE

EXP CHECK RUN DATES 03/12/2024 - 03/25/2024

POSTED AND UNPOSTED

OPEN AND PAID - CHECK TYPE: PAPER CHECK

Invoice Number	Vendor Name	Description	Bank Account	Inv Amt
3-2024	VISA	EQUIP, ELECTION	POOL	168.07
3-14-24	VISA	POLICE, CITY HALL, ELECTION	POOL	585.76
3-13-2024	VISA	DPW SUPPLIES, TRAINING	POOL	695.30
3-12-24	VISA	MANAGER TRAINING, OFFICE SUP	POOL	1,737.60
3-2024	DTE ENERGY	HEAT	POOL	959.94
RP100	LEADING EDGE EPOXY	RIVERSIDE PARK FLOORING	POOL	2,400.00
68986	FLEIS & VANDENBRINK ENGINEERING INC	WATER DESIGN	POOL	20,740.00
1ST QTR 24	DRUG SCREENS PLUS	DRUG TESTING	POOL	48.00
019048	BELL EQUIPMENT COMPANY	EQUIP REPAIR	POOL	278.42
2024-007	MASON COUNTY TREASURER	TAX DISBURSEMENT	POOL	63,720.08
2024-008	MASON COUNTY TREASURER	LIFT STATION	POOL	8,145.05
3-2024	SCRUBBING MUZZLES	SIGNAGE	POOL	1,050.00
3-2024	SCHOLTEN PLUMBING	DDA GRANTS	POOL	1,550.00
3142	LUDINGTON CONVENTION & VISITORS BUR	ADVERTSING RIVERSIDE	POOL	155.00
85857	LARSON'S ACE HARDWARE	RIVERSIDE PARK REPAIRS	POOL	19.77
551-632777	STATE OF MI -MI STATE POLICE	TOKENS	POOL	60.00
3-2024	LUDINGTON DAILY NEWS	RENEWAL NEWSPAPER	POOL	261.40
3-14-24	WESTERN LAND SERVICES	ZONING MAP	POOL	75.54
640917	KENNEDY INDUSTRIES	LIFT STATION 4	POOL	1,725.50
2024-018	AMERICAN LEGAL	BLIGHT GRANT	POOL	2,476.15
2020076296146	CONSUMERS ENERGY	105 W GREEN	POOL	78.54
551-633866	STATE OF MI -MI STATE POLICE	TOKEN FEE	POOL	33.00
2-29-2024	HOME CITY ICE COMPANY	ICE	POOL	318.00
4-2024	CITY OF SCOTTVILLE--WATER/SEWER DEP	WATER	POOL	513.18
287309977146x0319202	AT & T MOBILITY	PHONES	POOL	299.69
3-2024	WEST SHORE COMMUNITY COLLEGE	TAX DISBURSEMENT- FINAL	POOL	29,164.74
3-2024	MASON COUNTY RURAL FIRE AUTHORITY	TAX DISBURSEMENT	POOL	14,192.33
3-2024	WEST SHORE ESD	TAX DISBURSEMENT-FINAL	POOL	33,791.44
3-2024	MASON COUNTY CENTRAL SCHOOLS	TAX DISBURSEMENT-FINAL	POOL	115,188.69
3-2024	CITY OF SCOTTVILLE TAXES	FINAL TAX PAYOUT	POOL	50,050.99
6691	BARNEY'S SEWER & DRAIN CLEANERS	GRINDER PUMP AT TOMORSKY	POOL	250.00
4-2024	AFLAC	PAYROLL DEDUCTIBLE	POOL	560.88
03192441	DMC UNLIMITED	COMPUTER	POOL	525.30
Report Total:				351,818.36

NEW BROWNFIELD FUNDING FOR HOUSING DEVELOPMENTS

A recent change in Michigan's Brownfield program gives communities an unprecedented opportunity to build affordable housing and transform underutilized or abandoned property and buildings into productive spaces. The change is expected to spearhead economic activity and provide workforce housing.

A Brownfield site is a property that qualifies due to the presence of contamination, is functionally obsolete, or is blighted. The recent amendment added Housing Development to qualify a property.

Since 1996, Michigan's Brownfield program has reimbursed developers of functionally obsolete, blighted, or contaminated properties with the new taxes generated by the projects. The program now allows taxes generated to be used for housing development projects.

Legislation was signed last year, amending the Brownfield Redevelopment Financing Act (Public Act 381 of 1996), giving the Michigan State Housing Development Authority (MSHDA) new authority to approve Tax Increment Financing (TIF) for housing.

The new funding supports both home ownership and rental housing projects and can be used for rehabilitation or new construction for single family or multi-family housing. The purchasers or renters must have a household income at or below 120% of Area Median Income Households.

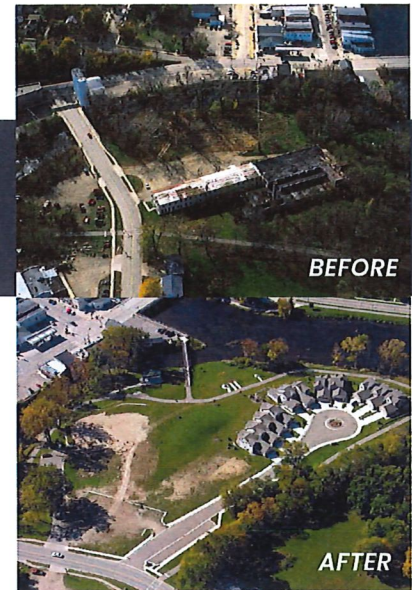
"This has lots of possibilities to provide housing that wouldn't be built otherwise," said John Bitely, president of the Rockford-based home builder Sable Homes, one of the top home builders in West Michigan. "It's a game-changer. Communities now have a method to provide attainable workforce or market rate housing."

A Brownfield Plan identifies eligible activities that will be reimbursed and estimates the tax increment that will be generated for reimbursement. Among other things, the Brownfield Plan covers how the property qualifies and what the redevelopment will look like.

The new Brownfield Housing TIF gives local governments an opportunity to provide developers an incentive to increase much needed attainable housing.

"This legislation will allow us to work hand-in-hand with a community to add housing that is desperately needed for

the average working Joe & Jane," Bitely added. "It could also be used to provide lower priced homes than market rate. I think you will see communities use this program that want to fix blighted areas, have pledged to increase this type of housing, or need an edge on pricing to compete with another community."



WHAT ACTIVITIES ARE ELIGIBLE FOR REIMBURSEMENT?

Eligible activities must be in a community that has identified a specific housing need and has absorption data or job growth data included in their Brownfield Plan. The eligible activities for reimbursement include:

- Housing development activities
- Infrastructure improvements necessary for housing property and support housing development
- Site preparation that supports housing development
- All eligible activities already available to Brownfields

Housing development activities also cover reimbursement to owners of rental units for qualified rehabilitation, costs for infrastructure both public and private, costs of demolition, and renovation of existing buildings.

Other activities that may be eligible include temporary relocation costs for an income qualified household, acquisition costs for blighted or obsolete rental units that will be rehabilitated, and reimbursement to a developer to fill a financing gap associated with the development of units.

Under the TIF, existing tax (base) continues to be collected by the community. The difference in taxes generated after development are the incremental tax (new tax - base tax = tax increment). The incremental tax is returned to the developer to reimburse for eligible activities. After the developer is fully reimbursed, all the new taxes flow to the community.

Fleis & VandenBrink (F&V) is working with municipalities and developers to take advantage of these new housing development incentives and we can help you evaluate project eligibility. Call Trevor Woollatt, F&V's Brownfield and redevelopment specialist, today at 248.885.4720 or email twoollatt@fveng.com.

IN THIS ISSUE:

NEW BROWNFIELD FUNDING FOR HOUSING DEVELOPMENTS

YES! Please send me more information or change your mailing list! Simply email us at newsletters@fveng.com or fax this sheet to F&V:

Grand Rapids	616.977.1005
Grand Blanc	810.771.7860
Farmington Hills	248.536.0079
Kalamazoo	269.382.6972
Midland	989.837.3290
Muskegon	231.726.2200
Traverse City	231.932.8700

Or mail to our corporate office at:
2960 Lucerne Drive, SE
Grand Rapids, MI 49546
www.fveng.com

Name: _____

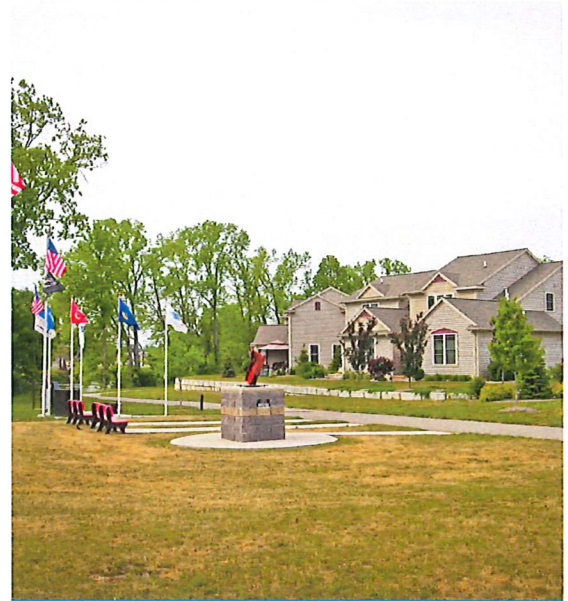
City/Town/County: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

To minimize our environmental footprint, F&V would like to provide you with future newsletters via email. If you would like to receive future newsletters electronically, email us at info@fveng.com.



"It's a game-changer. Communities now have a method to provide attainable workforce or market rate housing."

Developer John Bitely, president of home builder Sable Homes, on the impact new Brownfield legislation will have on new housing development

PERMITTED NO 848
PRESORTED STANDARD
US POSTAGE PAID
GRAND RAPIDS MI

2960 LUCERNE DR SE STE 100, GRAND RAPIDS, MI 49546
OFFICE: 616.977.1000 FAX: 616.977.1005

FLEIS & VANDENBRINK



Commission Notes 3-25-24

Ordinance 24-01 is the stand-alone ordinance establishing parking fees at the Pere Marquette Boat Launch. Previously a city parking ordinance was the basis for charging the fee and on the recommendation of our City Attorney this new ordinance was proposed and after the public hearing, ready to be voted on. This does not establish the fee amounts but only reinforces the ability to charge fees at the city-owned facility.

Resolution to establish Parking Pass System at PM Boat Launch. This resolution includes the previous envelope system at \$5 per day but also allows for the sale of “City Resident” and “Non-Resident” annual passes to be purchased. City Resident Passes will be only available at City Hall and will require proof of city residency. Residents MUST reside within the City Limits of Scottville. A Scottville mailing address does not prove residency. The Non-Resident Passes will be available at City Hall year-round, and at Riverside Park, Henry’s Landing, and possibly River Run Canoe Livery seasonally. Resident Passes are \$30 while Non-Resident Passes are \$50. If approved, the passes will be available April 1st at Scottville City Hall and other locations once they open for the season. An annual pass is good for the remainder of the calendar year. A new annual pass will be available for purchase before January 2025.

Ordinance 24-02 establishes law enforcement authority at WSCC for Scottville Police Department Officers. A similar ordinance was drafted for MCC Schools at the beginning of the SRO program. This ordinance grants SPD Officers the ability to enforce state and local laws on the Campus of WSCC.

Early Voting Site Agreement – Clerk Lester will provide information regarding this agenda item.

City Mowing Contract Bids – We received 5 bids for mowing services. The mowing contract starts with the grass mowing season. The fall and spring cleanups of the cemetery are at the end of the contract term. This is done to allow for contractors to have two opportunities to perform clean-up duties if weather conditions, such as an early snow, prevent cleanup in the fall. It also prevents bidders to bid on a spring clean-up that they may not be able to see under snow cover if winter hangs on later into the spring.

Working with Dan Bacon from Magee Insurance we were able to keep the same benefits and benefit levels for employees but have a different structured policy that will save the city significantly. Details are provided in the packet.

We were unable to contact the previous garbage bag vendor and sought a new supplier of our city refuse bags. Bad news is they are a little more expensive. Good news is we don’t need to order such a large quantity. The email with pricing is included with the packet.

Out of the Ordinance Committee is a recommendation to implement a 45-day extension on Residential Rental Registrations. There has been a good response from landlords and many registrations have been received. There have been some unique circumstances arise and this extension is to allow exploration of legal opinion without penalizing landlords at our approaching March 31st deadline. I will try to have more details on registration and inspection numbers from the Rental Inspector Monday night.

Clerks Report 3/25/24.

Last week I completed the third and final tier of my MI PMC credential at the MAMC Annual Conference in Mt. Pleasant. This is a rigorous schedule of presentations and work sessions with clerks of many shapes and sizes from across the state. I am grateful for the opportunity to further my education on behalf of the City of Scottville and look forward to applying some of the interesting concepts I've been exposed to by my fellow clerks. I cannot express enough how much I enjoy the opportunity to network with so many different jurisdictions. Being amongst those dealing with similar challenges, gathering advice (and even offering a little!) and new ideas for areas of my daily work life and responsibility scope is so beneficial to my personal growth and that of the Clerks role within the City of Scottville. Thank you for allowing me to participate!

Key Speakers & Topics

Steve Ludwig-Interpersonal Concepts, Institute Facilitator/Instructor

Kristi Dougan- Michigan Bureau of Elections-Proposal 22-2 Implementation/Preparing for the Presidential Election.

Caryn Wojcik-State of Michigan Government Records Analyst; Retention Law and Best Practices.

Christal Eason-Strategic Solutions; Emotional Intelligence and Ethics in Local Government.

Gary Sikorski- President Reasonable Force Training; Security in the Clerk's Office

Megan Burke/Kate Baldwin -Chief/Co-Chief Human Resource Officers for City of Sterling Heights; Work Life Balance; Efficient multi-tasking

Attended the Mason County Clerks Association quarterly meeting 3/13. Nominated to serve as the secretary on the MCCA board expiring 2026.

Central Michigan University
CERTIFICATE OF ACHIEVEMENT

To:

KELSE LESTER

for successfully completing the 3rd year of the

Michigan Municipal Clerks Institute

March 17-22, 2024

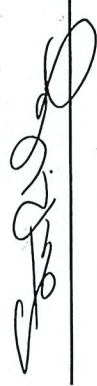
Sponsored by:

MICHIGAN ASSOCIATION OF MUNICIPAL CLERKS



Albert A. Zainea, Executive Director
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CMU
CENTRAL MICHIGAN
UNIVERSITY



Steve Ludwig
MAMC Institute Director
and Facilitator

**CITY OF SCOTTVILLE
COUNTY OF MASON, MICHIGAN**

At a regular meeting of the City Commission of the City of Scottville held at the Scottville City Hall, 105 Main Street, Scottville, Michigan, within the City, on 25th day of March 2024, at 6:00 p.m. Local Time.

PRESENT: Members: _____

ABSENT: Members: _____

The following Ordinance was offered by Commissioner _____ and was supported by Commissioner _____:

ORDINANCE NO. 24-01

AN ORDINANCE TO AMEND TITLE VII, CHAPTER 70 OF THE CITY OF SCOTTVILLE CODE OF ORDINANCES TO AMEND SECTION 70.24 RELATING TO PARKING AT THE BOAT RAMP PARKING LOT

THE CITY OF SCOTTVILLE ORDAINS:

Section 1. Amendment of Section 70.24 of Title VII, Chapter 70 of the City of Scottville Code of Ordinances. Section 70.24 of Title VII, Chapter 70 of the City of Scottville Code of Ordinances is hereby amended to read in its entirety as follows:

70.24 Boat Ramp Parking Lot.

(A) Except as otherwise provided herein, no person shall park or cause to be parked any motor vehicle, mobile home, travel trailer, recreational vehicle, trailer, or boat within the City Boat Ramp Parking Lot. The City Commission may, by resolution, establish a permit parking system for the temporary parking of motor vehicles in the Boat Ramp Parking Lot and establish fees for the purchase and issuance of such permits.

(B) No overnight parking shall be permitted in the City Boat Ramp Parking Lot.

(C) All designated and prohibited parking areas will be adequately posted as such.

Section 2. Severability. The terms and provisions of this Ordinance shall be deemed to be severable, and should any section, clause or provision hereof be declared to be invalid, the

same shall not affect the validity of any other section, clause, or provision of the ordinance, if the same may be given effect without the provisions thus declared to be invalid.

Section 3. Repeal. All resolutions or ordinances, and parts thereof, which are in conflict, in whole or in part, with any of the provisions of this Ordinance are hereby repealed.

Section 4. Effective Date; Publication. This Ordinance shall become effective fifteen days after its adoption, but not before its publication pursuant to Section 7.18 of the City Charter, by making copies of the Ordinance available for inspection by, and distribution to the public and by publishing notice of the printing and availability before the effective date herein.

The vote to adopt this Ordinance was as follows:

YEAS: Members: _____

NAYS: Members: _____

ABSTAIN: Members: _____

THE ORDINANCE IS DECLARED TO BE DULY ADOPTED.

Kelse Lester, Clerk
City of Scottville

STATE OF MICHIGAN)
) ss.
COUNTY OF MASON)

I, the undersigned, the duly qualified and acting Clerk of the City of Scottville, Mason County, Michigan, do hereby certify that the foregoing is a true and copy of an ordinance adopted by the City Commission at a regular meeting on the 25th day of March 2024, the original of which is on file in my office. Public notice of said meeting was given pursuant to and in compliance with Act No. 267, Public Acts of Michigan, 1976, as amended, including in the case of a special or rescheduled meeting, notice by posting at least eighteen (18) hours prior to the time set for the meeting.

IN WITNESS WHEREOF, I have hereto affixed my official signature on this ___ day of _____ 2024.

Kelse Lester, Clerk
City of Scottville

Ordinance introduced: February 12, 2024
Description published: March 1 and 2, 2024 (1st publication)
 March 13 and 14, 2024 (2nd publication)
Ordinance adopted: March 25, 2024
Ordinance effective: April ____, 2024

CITY OF SCOTTVILLE, MICHIGAN

**RESOLUTION TO AUTHORIZE PARKING PASS SYSTEM FOR THE TEMPORARY
PARKING OF MOTOR VEHICLES AT THE CITY BOAT RAMP PARKING LOT AND
AUTHORIZE CHARGING AND COLLECTION OF PARKING FEES**

RESOLUTION NO. 24-01

WHEREAS, the City of Scottville's (the "City") Code of Ordinances (the "Code") incorporates by reference the Uniform Traffic Code for Cities, Townships, and Villages and Amendments and Revision Adopted being Public Act 306 of 1969, MCL §§24.201 to 24.328 (the "Uniform Traffic Code"), and the State Vehicle Code, Public Act 300 of 1949, MCL §§257.1 to 257.923, in accordance with MCL §117.3(k); and

WHEREAS, Section 70.24 of the City Code proscribes parking of certain motor vehicles and other vehicles in the Boat Ramp Parking Lot; and

WHEREAS, Section 70.24 of the City Code further authorizes the City Commission to establish a permit parking system for the temporary parking of motor vehicles in the Boat Ramp Parking Lot and establish fees for the purchase and issuance of such permits; and

WHEREAS, the City Commission desires to establish a permit parking system for the temporary parking of motor vehicles in the Boat Ramp Parking Lot and the fees for such permits.

NOW, THEREFORE, BE IT RESOLVED, that in accordance with the City Code, the Scottville City Commission hereby approves the establishment of a permit parking system and fees for the temporary parking of motor vehicles in the Boat Ramp Parking Lot as follows:

1. A Daily Parking Permit of \$5.00 per day for all users that have not purchased a Seasonal Pass from the City. A Daily Parking Permit may be purchased at the self-registration kiosk.
2. A Resident Seasonal Permit of \$30.00 per year for residents of the City with a motor vehicle that is registered in the City.
3. A Nonresident Seasonal Permit of \$50.00 per year for nonresidents of the City.
4. Resident and Nonresident Seasonal Permits may be purchased at City Hall, Riverside Park, Henry's Landing and the River Run Canoe Livery.
5. A Seasonal Permit shall be valid through December 31 of the year in which the permit was issued.
6. The City Manager or his designee is authorized and directed to post any related notices and/or signs related to such permits and fees.

The above resolution was moved for adoption by Commissioner _____ and seconded by Commissioner _____.

The motion for adoption received the following vote by Roll Call:

YES:

NO:

Absent:

I certify that the forgoing is a true and complete copy of a resolution adopted by the City Commission of the City of Scottville at its Regular Meeting held Monday, _____, 2024.

Kelse Lester
City Clerk

**CITY OF SCOTTVILLE
COUNTY OF MASON, MICHIGAN**

At a regular meeting of the City Commission of the City of Scottville held at the Scottville City Hall, 105 Main Street, Scottville, Michigan, within the City, on 25th day of March 2024, at 6:00 p.m. Local Time.

PRESENT: Members: _____

ABSENT: Members: _____

The following Ordinance was offered by Commissioner _____ and was supported by Commissioner _____:

ORDINANCE NO. 24-__

AN ORDINANCE TO AMEND TITLE VII, CHAPTER 70 OF THE CITY OF SCOTTVILLE CODE OF ORDINANCES TO ADD A NEW SECTION, SECTION 70.25, RELATING TO ENFORCEMENT OF STATE AND LOCAL LAW ON WEST SHORE COMMUNITY COLLEGE PROPERTY

THE CITY OF SCOTTVILLE ORDAINS:

Section 1. Amendment of Title VII, Chapter 70 of the City of Scottville Code of Ordinances. Title VII, Chapter 70 of the City of Scottville Code of Ordinances is hereby amended to add a new section, Section 70.25, entitled “West Shore Community College Property,” to read in its entirety as follows:

70.25 West Shore Community College Property.

The City Police Department and officers, and any and all law enforcement agencies regularly enforcing State and local laws and ordinances including, but not limited to, the Code of Criminal Procedure, the Motor Vehicle Code, and the regulation of traffic flow and parking as traffic signs designate, are empowered to enforce such laws and ordinances on all areas of West Shore Community College property.

Section 2. Severability. The terms and provisions of this Ordinance shall be deemed to be severable, and should any section, clause or provision hereof be declared to be invalid, the same shall not affect the validity of any other section, clause, or provision of the ordinance, if the same may be given effect without the provisions thus declared to be invalid.

Section 3. Repeal. All resolutions or ordinances, and parts thereof, which are in conflict, in whole or in part, with any of the provisions of this Ordinance are hereby repealed.

Section 4. Effective Date; Publication. This Ordinance shall become effective fifteen days after its adoption, but not before its publication pursuant to Section 7.18 of the City Charter, by making copies of the Ordinance available for inspection by, and distribution to the public and by publishing notice of the printing and availability before the effective date herein.

The vote to adopt this Ordinance was as follows:

YEAS: Members: _____

NAYS: Members: _____

ABSTAIN: Members: _____

THE ORDINANCE IS DECLARED TO BE DULY ADOPTED.

Kelse Lester, Clerk
City of Scottville

STATE OF MICHIGAN)
) ss.
COUNTY OF MASON)

I, the undersigned, the duly qualified and acting Clerk of the City of Scottville, Mason County, Michigan, do hereby certify that the foregoing is a true and copy of an ordinance adopted by the City Commission at a regular meeting on the 25th day of March 2024, the original of which is on file in my office. Public notice of said meeting was given pursuant to and in compliance with Act No. 267, Public Acts of Michigan, 1976, as amended, including in the case of a special or rescheduled meeting, notice by posting at least eighteen (18) hours prior to the time set for the meeting.

IN WITNESS WHEREOF, I have hereto affixed my official signature on this ____ day of _____ 2024.

Kelse Lester, Clerk
City of Scottville

Ordinance introduced: February 12, 2024
Description published: March 1 and 2, 2024 (1st publication)
 March 13 and 14, 2024 (2nd publication)
Ordinance adopted: March 25, 2024
Ordinance effective: April ____, 2024

HOST SITE AGREEMENT

This Agreement is made and entered into between the Townships of Custer and The City of Scottville, hereinafter referred to as EV Site #2, the following townships at their respective addresses: Amber, Branch, Custer, Eden, Free Soil, Grant, Hamlin, Logan, Meade, Pere Marquette Charter, Riverton, Sheridan, Sherman, Summit, Victory, and the City of Scottville; hereinafter referred to as Jurisdictions, and the Custer Township, 1950 E. US-10, Custer, MI 49405, hereinafter referred to as HOST SITE.

Host Site. Host agrees to allow the Jurisdictions to use portions of the Host's building and lands located at 1950 E. US-10, Custer, MI 49405, these include boardroom, restrooms, permanent storage room for EV Election Equipment and parking lot.

1. Terms. This Agreement shall be of a continuous and indefinite term. This Agreement may be terminated as follows:
 - a. The parties by mutual written consent may agree to terminate this Agreement as of a date specified, or
 - b. A party may terminate this Agreement by written notice to the other party at least 180 days prior to the termination date.
2. Use and duration of Use of the Host Site. The Host Site shall be used as a polling place (Early Voting Site-EV Site #2) for the following State/Federal Elections: Presidential Primary, May State Special Election, August Primary, or November General election conducted by the Jurisdictions during the term of this Agreement. The Jurisdictions use of the Host Site and the conduct of any election shall comply with applicable Federal, State and County rules and regulations to polling places for elections. Generally, the duration of the Jurisdiction's use of the Host Site's premises will be nine calendar days preceding the respective Election, ending on the Sunday prior to the Tuesday election date. In the event circumstances require a longer period of use for a particular election, the Jurisdictions will advise the Host of such need which the Host will make every reasonable effort to accommodate.
3. Access. Host shall provide adequate access to the host site at the times required for the Jurisdiction's use.
4. Signs/Voter Information. During the period of use by the Jurisdictions, it shall be permitted to place such signs at parking lot entrances and other places on the Host Site property, as necessary and appropriate to direct the public to the Early Voting polling place. Jurisdictions shall also be permitted to temporarily affix to the Host Site property such notices, informational signs, sample ballots, etc., as appropriate and required for

an election. Jurisdictions placement of such signs and notices shall be accomplished to the greatest extent possible without otherwise covering or disturbing Host Site's property.

5. Insurance. Host site shall maintain general comprehensive insurance coverage that will apply to the Jurisdictions during the period of use by the Jurisdictions for election purposes.
6. Clean-Up. Jurisdictions, at end of day nine prior to the election shall remove from the Host Site all materials and equipment which the Jurisdictions brought onto or affixed to the Host Site premises and any other parts of the Host Site property. By such time, Jurisdictions shall leave the Host Site premises in as good and as clean as conditions they were prior to use.
7. Cooperation. Jurisdictions shall attempt to minimize any disruption of the use of the Host Site's property outside of the Host Site premises. Host Site understands and acknowledges that during the periods of the Jurisdiction's use of the Host Site's premises the priority must be given to the efficient and effective operation of the polling place to assure the lawful conduct and purity of the elections held there. Host Site, accordingly, will cooperate to the best of its ability to schedule and accommodate such use. The parties agree to communicate to that end.
8. Utilities/Chairs/Tables. As part of the consideration, Host Site agrees to provide during the Jurisdiction's use of the Host Site premises all necessary utilities, including without limitation, heating, air conditioning/ventilation, lighting, electricity, internet connectivity, storage of election equipment in secure server room, and rest room facilities. Host Site will also permit Jurisdiction to use tables and chairs that Host Site has available to accommodate the Jurisdiction's poll workers.
9. Adequacy of Leased Premises. Jurisdiction has inspected the Host Site and has determined their adequacy for use as a polling place. In the event Host Site alters or remodels the host site, in whole or in part, Host Site shall advise Jurisdictions of such fact to enable Jurisdictions to re-inspect the Host Site premises as to its continued adequacy for use as a polling place.

HOST SITE

Custer Township

JURISDICTIONS

Amber, Branch, Custer, Eden, Free Soil, Grant
Hamlin, Logan, Meade, Pere Marquette Charter,
Riverton, Sheridan, Sherman, Summit, Victory,
City of Scottville.

BY: _____

ITS: _____

Date: _____

BY: _____

CITY OF SCOTTVILLE - Optimized Level Funded Monthly Billed Schedule

Effective Date: April 1, 2024
 Projected Enrolled Contracts: 8
 Projected Enrolled Members: 18
 Agent: DANIEL BACON

PROPOSED *HB*

Brief Plan Design Summary - For Detailed Plan Summary Please Reference Schedule of Benefits.

Plan Design	PriorityHMO 500	PriorityHSA HMO 2350 100%
INN Coinsurance:	80%	100%
OON Coinsurance:	N/A	N/A
INN Deductible:	\$500/\$1000	\$2350/\$4700
OON Deductible:	N/A	N/A
INN Coinsurance Maximum:	\$5500/\$11000	N/A
OON Coinsurance Maximum:	N/A	N/A
INN TrOOP:	\$8500/\$17000	\$4700/\$9400
OON TrOOP:	N/A	N/A
PCP/SPEC/UC	\$30/\$50/\$85	Coins
ER/Imaging/Ambulance	\$250/\$250/\$250	Coins
Labs/Radiology Examinations (i.e. X-rays)	\$35/\$75	Coins
Therapies - Rehabilitation/Habilitation	\$50.00	Coins
Rx Plan: (Optimized Formulary)	\$5/\$35/\$80/\$95/20%/20%	\$5/\$35/\$70/\$90/20%/20%*

For Non-HSA Plans: Therapies - Rehabilitation/Habilitation for Non-Autism - deductible applies. Rehab/Habilitation for Autism- deductible does NOT apply. Deductible applies to all services for HSA plans.

Aggregate Claims Funding		
Single	\$90.05	\$82.81
EE + Spouse	\$263.91	\$242.68
EE + Child(ren)	\$174.72	\$160.66
Family	\$337.63	\$310.46

Stop-loss Premium		
Single	\$360.20	\$331.22
EE + Spouse	\$1,055.65	\$970.71
EE + Child(ren)	\$698.87	\$642.64
Family	\$1,350.51	\$1,241.85

Administrative Fees		
Single	\$46.33	\$46.33
EE + Spouse	\$69.50	\$69.50
EE + Child(ren)	\$67.18	\$67.18
Family	\$92.66	\$92.66

Monthly Billed Amount	Contracts	PriorityHMO 500	PriorityHSA HMO 2350 100%
Single	4	\$496.59	\$460.36
EE + Spouse	0	\$1,389.06	\$1,282.89
EE + Child(ren)	1	\$940.76	\$870.48
Family	3	\$1,780.80	\$1,644.98
Monthly Billed Amount		\$8,270	\$7,647
Annual Billed Amount		\$99,234	\$91,762

Proposed #2

City of Scottville

Current **April 1, 2024 - March 31, 2025 Plan Year**

Coverages	Priority HMO 500 (Current)		Priority HMO 500 (Renewal)		Priority HMO 1000 (Renewal-2)		Priority HMO 1500 (Renewal-3)		BCN HMO 500 (Renewal-4)	
	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network
Health Insurance	\$25	N/A	\$30	N/A	\$20	N/A	\$20	N/A	\$30	N/A
Office Visit Co-pay	\$500	N/A	\$500	N/A	\$1,000	N/A	\$1,500	N/A	\$500	N/A
Calendar Year Deductible	\$1,000	N/A	\$1,000	N/A	\$2,000	N/A	\$3,000	N/A	\$1,000	N/A
Family Deductible	20%	N/A	20%	N/A	20%	N/A	20%	N/A	20%	N/A
Co-Insurance	\$5,500	N/A	\$5,500	N/A	\$4,500	N/A	\$4,500	N/A	\$5,000	N/A
Co-Insurance Maximum	\$11,000	N/A	\$11,000	N/A	\$9,000	N/A	\$9,000	N/A	\$10,000	N/A
Co-Insurance Family Maximum	\$8,100	N/A	\$8,500	N/A	\$8,150	N/A	\$8,200	N/A	\$9,100	N/A
Maximum Out of Pocket	\$16,200	N/A	\$17,000	N/A	\$16,300	N/A	\$16,400	N/A	\$18,200	N/A
Family Out of Pocket	\$85	N/A	\$85	N/A	\$85	N/A	\$85	N/A	\$50	N/A
Urgent Care Copay	\$250 ded applies	\$250 ded applies	\$250 ded applies	\$250 ded applies	\$250 ded applies	\$250 ded applies	\$250 ded applies	\$250 ded applies	\$350 ded applies	\$350 ded applies
Emergency Room Copay										
Prescription Drugs	\$5/\$35/\$75/\$95/20% \$250 Max/20% \$450 Max	\$5/\$35/\$80/\$95/20% \$250 Max/20% \$450 Max	\$5/\$35/\$75/\$90/20% \$250 Max/20% \$450 Max	\$5/\$35/\$75/\$90/20% \$250 Max/20% \$450 Max	\$5/\$35/\$75/\$85/20% \$250 Max/20% \$450 Max	\$15/\$40/\$80/\$100/20% \$200 Max/20% \$300 Max				
Preventative Benefits	100%	100%	100%	100%	100%	100%				
Rate Guarantee	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year				
Monthly Total:	\$8,109.63	\$9,042.69	\$8,926.46	\$8,714.97	\$9,362.66					
Annual Total:	\$97,315.56	\$108,512.28	\$107,117.52	\$104,579.64	\$112,351.92					
% Change:		11.50%	10.10%	7.46%	15.45%					

 CURE EDU T

Summary of Benefits and Coverage: What this Plan Covers & What it Costs
PriorityHealth : PriorityHMO Gold G50

Coverage Period: Beginning on or after 01/01/2024
 Coverage for: Subscriber/Dependent | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. Note: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit us at PriorityHealth.com or call 1-800-446-5674. For definitions of common terms, such as allowed amount, balance billing, co-insurance, co-payment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-446-5674 to request a copy.

Important Questions	Answers	Why this Matters
What is the overall deductible?	\$500 person / \$1,000 family Amounts you pay toward the deductible do not count toward any co-insurance maximums.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes, the deductible doesn't apply to <u>preventive care</u> , <u>home health care</u> , certain services subject to flat dollar <u>co-pays</u> , <u>pediatric vision services</u> or <u>prescription drugs</u> . <u>Emergency room</u> , <u>ambulance</u> , <u>advanced imaging</u> and certain <u>rehabilitation services</u> are some of the services subject to the deductible and a <u>co-pay</u> .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$8,500 person / \$17,000 family Your plan also has a co-insurance maximum. \$5,500 person / \$11,000 family The co-insurance maximum limits the total amount of co-insurance you will pay for certain covered services during a coverage period. The co-insurance maximum is included in the out-of-pocket limit.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums; balance-billed charges, health care this plan doesn't cover, additional costs you may pay if you choose to receive a brand name drug when an equivalent generic drug is available or a non-preferred drug when a preferred drug is available, services that exceed an annual day/visit limit, and any <u>co-pays</u> and <u>co-insurance</u> you pay for any non-essential health benefits.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See PriorityHealth.com or call 1-800-446-5674 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do I need a referral to see a specialist?	No.	You can see the in-network specialist you choose without a referral.

All co-payment and co-insurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 co-pay/ visit	Not covered	Deductible does not apply to certain services subject to flat dollar co-pays. Prescription drug co-pay may also apply when selected injectable drugs are provided.
	Specialist visit	\$50 co-pay/ visit	Not covered	
	Other practitioner office visit	<ul style="list-style-type: none"> •\$85 co-pay/ visit for evaluation/ management services only at retail health clinics •50% co-insurance/ visit for family planning/ infertility services •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 	<ul style="list-style-type: none"> •Retail health clinics not covered •Family planning/ infertility services not covered •Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery not covered 	
If you have a test	Preventive care/screening/immunization	No charge	Not covered	Preventive care services are those listed in Priority Health's Preventive Health Care Guidelines, including women's preventive health care services. Deductible does not apply. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. Prior authorization required for genetic testing. Appropriate office visit co-pay may apply for physician office services. Deductible does not apply to flat dollar co-pays. 20% co-insurance when services provided as inpatient at a hospital facility.
	Diagnostic test (x-ray, blood work)	<ul style="list-style-type: none"> • \$35 co-pay for labs (outpatient hospital or free-standing facility) • \$75 co-pay for radiology (outpatient hospital or free-standing facility) 	Not covered	
	Imaging (CT/PET scans, MRIs)	\$250 co-pay/ service	Not covered	Prior authorization required. Co-pay waived if performed while confined in a hospital as an inpatient.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at https://www.priorityhealth.com/prog/pharmacv/pharmacy.cgi</p>	Preferred generic drugs (Tier 1A)	\$5 co-pay/ retail prescription \$10 co-pay/ mail order prescription	Not covered	<p>Costs shown in the "What You Will Pay" columns apply to drugs on the approved drug list when obtained from a Participating Provider.</p> <p>Covers up to a 31-day supply (retail prescription); Covers up to a 90-day supply (mail order prescription)</p> <p>50% co-insurance/ prescription for infertility drugs.</p> <p>Deductible does not apply.</p>
	Other generic drugs (Tier 1B)	\$35 co-pay/ retail prescription \$70 co-pay/ mail order prescription	Not covered	
	Preferred brand drugs (Tier 2)	\$80 co-pay/ retail prescription \$160 co-pay/ mail order prescription	Not covered	
	Non-preferred brand drugs (Tier 3)	\$95 co-pay/ retail prescription \$190 co-pay/ mail order prescription	Not covered	
	Preferred specialty drugs (Tier 4)	20% co-insurance/ retail prescription	Not covered	
<p>If you have outpatient surgery</p>	Non-Preferred specialty drugs (Tier 5)	20% co-insurance/ retail prescription	Not covered	<p>The maximum co-pay for preferred specialty drugs is \$250 per fill. The maximum co-pay for non-preferred specialty drugs is \$450 per fill. Deductible does not apply.</p>
	Facility fee (e.g., ambulatory surgery center)	20% co-insurance/ visit	Not covered	
	Physician/surgeon fees	20% co-insurance/ visit	Not covered	
	Certain Surgeries	50% co-insurance for each certain surgery	Not covered	
	<p>If you need immediate medical attention</p>	Emergency room services	\$250 co-pay/ visit	
Emergency medical transportation		\$250 co-pay	Covered at the in-network benefit level; R&C limitations apply	
Urgent care		\$85 co-pay/ visit	Covered at the in-network benefit level; R&C limitations apply	
				Urgent Care services received from a Non-Participating Provider who is located in our Service Area are not Covered. Deductible does not apply.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance/visit	Not covered	Prior authorization is required, except in emergencies or for Hospital stays for a mother and her Newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Notification must be provided for all admissions following emergency room care. Coverage includes physicians' fees and facility charges. Prior authorization is required for bariatric surgery, panniculectomy, rhinoplasty, and septorhinoplasty. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan. No charge for first three visits with participating provider within 90 days of discharge from a participating hospital for mental health inpatient care. Including medication management visits. Deductible does not apply.
	Physician/surgeon fee	20% co-insurance/visit	Not covered	
	Certain Surgeries	50% co-insurance for each certain surgery	Not covered	
If you need mental health, behavioral health, or substance abuse services	Mental/Behavioral health outpatient services	\$30 co-pay/visit	Not covered	Including Residential Treatment and partial hospitalization. Except in an emergency, prior authorization required. Including medication management visits. Deductible does not apply.
	Mental/Behavioral health inpatient services	20% co-insurance/visit	Not covered	
	Substance use disorder outpatient services	\$30 co-pay/visit	Not covered	
	Substance use disorder inpatient services	20% co-insurance/visit	Not covered	
If you are pregnant	Routine prenatal and postnatal care	No charge	Not covered	Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit. Medically necessary maternity services are covered when provided by participating providers only.
	Delivery professional fees	20% co-insurance/visit	Not covered	
	Delivery facility fees	20% co-insurance/visit	Not covered	-----none-----

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special needs	Home health care	No charge	Not covered	Including hospice care services; excluding rehabilitation and habilitation services. Prior authorization required, except for hospice care. Deductible does not apply.
	Rehabilitation services <i>not</i> for the treatment of Autism Spectrum Disorder	<ul style="list-style-type: none"> •\$50 co-pay/visit for Physical, Occupational & Speech Therapy; Cardiac & Pulmonary Rehabilitation •\$40 co-pay/visit for Osteopathic & Chiropractic Manipulation 	Not covered	Physical and occupational therapy limited to a combined 30 visits per contract year. Osteopathic and chiropractic manipulation limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year. Cardiac and pulmonary rehabilitation limited to a combined 30 visits per contract year. Deductible does not apply to osteopathic and chiropractic manipulation.
	Habilitation services for treatment of Autism Spectrum Disorder <i>only</i>	<ul style="list-style-type: none"> •\$50 co-pay/visit for Physical, Occupational and Speech Therapy •20% co-insurance/visit for Applied Behavior Analysis (ABA) services 	Not covered	Prior authorization required for Applied Behavior Analysis (ABA). Multiple charges may apply during one day of service. Deductible does not apply to flat dollar co-pays.
	Habilitation services not for the treatment of Autism Spectrum Disorder	\$50 co-pay/visit	Not covered	Physical and occupational therapy limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year.
	Skilled nursing care	20% co-insurance/visit	Not covered	Services received in a skilled nursing care facility, subacute facility, or inpatient rehabilitation care facility are limited to a combined 45 days per contract year. Prior authorization required, except for hospice care.
	Durable medical equipment (DME)	50% co-insurance/visit	Not covered	Including rental, purchase or repair. Prior authorization required for equipment over \$1,000, all rentals and all shoe inserts. Deductible does not apply to certain diabetes services and supplies.
	Prosthetics & orthotics	50% co-insurance/visit	Not covered	
	Hospice service	No charge	Not covered	This benefit applies to hospice services provided in the home only. Any hospice services provided in a facility will be subject to the appropriate facility benefit. Deductible does not apply.
	Child eye exam	No charge	Not covered	One exam per year. Deductible does not apply.
	Child dental check-up	No charge	Not covered	Coverage limited to one select frame and one pair of eyeglass lenses or, in lieu of eyeglasses, contact lenses are covered up to a 6 month supply for 2-week disposable lenses; a 3 month supply of daily disposable lenses or one pair of conventional lenses. Deductible does not apply.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan documents for more information and a list of any other excluded services.)

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult & Child) | <ul style="list-style-type: none">• Hearing aids• Long-term care• Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none">• Private-duty nursing• Routine foot care |
|--|--|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan documents.)

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Bariatric surgery• Chiropractic care | <ul style="list-style-type: none">• Infertility treatment - diagnostic, counseling and planning services for the underlying cause of infertility | <ul style="list-style-type: none">• Routine eye care (Adult & Child)• Weight loss programs |
|---|--|---|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov; the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or www.ccio.cms.gov; or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Priority Health at 1-800-446-5674 or www.priorityhealth.com; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or the Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) at 1-877-999-6442 or difs-HICAP@michigan.gov.

Does this plan provide Minimum Essential Coverage? Yes. Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes. If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

- Spanish (Español): Para obtener asistencia en Español, llame al 1-800-446-5674.
- Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-446-5674.
- Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-446-5674.
- Navajo (Dine): Dinekehgo shika atohwol ninisingo, kwiijigo holne' 1-800-446-5674.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section-----

RA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1146. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, co-payments, and co-insurance) and excluded services under this plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$500
- Specialist co-payment \$50
- Hospital (facility) co-insurance 20%
- Other co-insurance 20%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$500
Co-payments	\$600
Co-insurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,260

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$500
- Specialist co-payment \$50
- Hospital (facility) co-insurance 20%
- Other co-insurance 50%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$500
Co-payments	\$1,700
Co-insurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,320

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$500
- Specialist co-payment \$50
- Hospital (facility) co-insurance 20%
- Other co-insurance 50%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$500
Co-payments	\$1,300
Co-insurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

* Proposed

Summary of Benefits and Coverage: What this Plan Covers & What it Costs
SELF-FUNDED EMPLOYER PLAN: Optimized HMO 500

Coverage Period: Beginning on or after 01/01/2024
 Coverage for: Subscriber/Dependent | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. Note: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit us at PriorityHealth.com or call 1-800-956-1954. For definitions of common terms, such as allowed amount, balance billing, co-insurance, co-payment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-956-1954 to request a copy.

Important Questions	Answers	Why this Matters
What is the overall deductible?	\$500 person / \$1,000 family Amounts you pay toward the deductible do not count toward any co-insurance maximums.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes, the deductible doesn't apply to preventive care, home health care, certain services subject to flat dollar co-pays, pediatric vision services or prescription drugs. Emergency room, ambulance, advanced imaging and certain rehabilitation services are some of the services subject to the deductible and a co-pay.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$8,500 person / \$17,000 family Your plan also has a co-insurance maximum. \$5,500 person / \$11,000 family The co-insurance maximum limits the total amount of co-insurance you will pay for certain covered services during a coverage period. The co-insurance maximum is included in the out-of-pocket limit.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, health care this plan doesn't cover, and services that exceed an annual day/visit limit.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See PriorityHealth.com or call 1-800-956-1954 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do I need a referral to see a specialist?	No.	You can see the in-network specialist you choose without a referral.

All co-payment and co-insurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 co-pay/ visit	Not covered	Deductible does not apply to certain services subject to flat dollar co-pays. Prescription drug co-pay may also apply when selected injectable drugs are provided.
	Specialist visit	\$50 co-pay/ visit	Not covered	
	Other practitioner office visit	<ul style="list-style-type: none"> •\$85 co-pay/ visit for evaluation/ management services only at retail health clinics •50% co-insurance/ visit for family planning/ infertility services •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 	<ul style="list-style-type: none"> •Retail health clinics not covered •Family planning/ infertility services not covered •Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery not covered 	
If you have a test	Preventive care/screening/immunization	No charge	Not covered	Preventive care services are those listed in Priority Health's Preventive Health Care Guidelines, including women's preventive health care services. Deductible does not apply. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. Prior Certification required for genetic testing. Appropriate office visit co-pay may apply for physician office services. Deductible does not apply to flat dollar co-pays. 20% co-insurance when services provided as inpatient at a hospital facility. Prior Certification required. Co-pay waived if performed while confined in a hospital as an inpatient.
	Diagnostic test (x-ray, blood work)	<ul style="list-style-type: none"> • \$35 co-pay for labs (outpatient hospital or free-standing facility) • \$75 co-pay for radiology (outpatient hospital or free-standing facility) 	Not covered	
	Imaging (CT/PET scans, MRIs)	\$250 co-pay/ service	Not covered	

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at https://www.priorityhealth.com/prog/pharmac/v/pharmacy.cgi</p>	Preferred generic drugs (Tier 1A)	\$5 co-pay/ retail prescription \$10 co-pay/ mail order prescription	Not covered	<p>Costs shown in the "What You Will Pay" columns apply to drugs on the approved drug list when obtained from a Participating Provider.</p> <p>Covers up to a 31-day supply (retail prescription); Covers up to a 90-day supply (mail order prescription)</p> <p>50% co-insurance/ prescription for infertility drugs.</p> <p>Deductible does not apply.</p>
	Other generic drugs (Tier 1B)	\$35 co-pay/ retail prescription \$70 co-pay/ mail order prescription	Not covered	
	Preferred brand drugs (Tier 2)	\$80 co-pay/ retail prescription \$160 co-pay/ mail order prescription	Not covered	
	Non-preferred brand drugs (Tier 3)	\$95 co-pay/ retail prescription \$190 co-pay/ mail order prescription	Not covered	
	Preferred specialty drugs (Tier 4)	20% co-insurance/ retail prescription	Not covered	
<p>If you have outpatient surgery</p>	Non-Preferred specialty drugs (Tier 5)	20% co-insurance/ retail prescription	Not covered	<p>The maximum co-pay for preferred specialty drugs is \$250 per fill. The maximum co-pay for non-preferred specialty drugs is \$450 per fill. Deductible does not apply.</p> <p>Including outpatient care, observation care and ambulatory surgery center care. Prior Certification may be required.</p> <p>Coverage includes physicians' fees and facility charges. Prior Certification is required for bariatric surgery, panniculectomy, rhinoplasty, and septorhinoplasty.</p> <p>Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.</p>
	Facility fee (e.g., ambulatory surgery center)	20% co-insurance/ visit	Not covered	
	Physician/surgeon fees	20% co-insurance/ visit	Not covered	
	Certain Surgeries	50% co-insurance for each certain surgery	Not covered	
	Emergency room services	\$250 co-pay/ visit	Covered at the in-network benefit level; R&C limitations apply	
<p>If you need immediate medical attention</p>	Emergency medical transportation	\$250 co-pay	Covered at the in-network benefit level; R&C limitations apply	<p>Co-pay waived if you become confined in a Hospital as an inpatient.</p> <p>-----none-----</p>
	Urgent care	\$85 co-pay/ visit	Covered at the in-network benefit level; R&C limitations apply	
			Urgent Care services received from a Non-Participating Provider who is located in our Service Area are not Covered. Deductible does not apply.	

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance/ visit	Not covered	Prior Certification is required, except in emergencies or for Hospital stays for a mother and her Newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Notification must be provided for all admissions following emergency room care.
	Physician/surgeon fee	20% co-insurance/ visit	Not covered	
	Certain Surgeries	50% co-insurance for each certain surgery	Not covered	
If you need mental health, behavioral health, or substance abuse services	Mental/Behavioral health outpatient services	\$30 co-pay/ visit	Not covered	No charge for first three visits with participating provider within 90 days of discharge from a participating hospital for mental health inpatient care. Including medication management visits. Deductible does not apply.
	Mental/Behavioral health inpatient services	20% co-insurance/ visit	Not covered	
	Substance use disorder outpatient services	\$30 co-pay/ visit	Not covered	
	Substance use disorder inpatient services	20% co-insurance/ visit	Not covered	
If you are pregnant	Routine prenatal and postnatal care	No charge	Not covered	Including subacute Residential Treatment and partial hospitalization. Except in an emergency, Prior Certification required. Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit. Medically necessary maternity services are covered when provided by participating providers only.
	Delivery professional fees	20% co-insurance/ visit	Not covered	
	Delivery facility fees	20% co-insurance/ visit	Not covered	

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special needs	Home health care	No charge	Not covered	Including hospice care services; excluding rehabilitation and habilitation services. Prior Certification required, except for hospice care. Deductible does not apply.
	Rehabilitation services <i>not</i> for the treatment of Autism Spectrum Disorder	•\$50 co-pay/ visit for Physical, Occupational & Speech Therapy; Cardiac & Pulmonary Rehabilitation	Not covered	Physical and occupational therapy limited to a combined 30 visits per contract year. Osteopathic and chiropractic manipulation limited to a combined 30 visits per contract year.
		•\$40 co-pay/ visit for Osteopathic & Chiropractic Manipulation	Not covered	Speech therapy limited to 30 visits per contract year. Cardiac and pulmonary rehabilitation limited to a combined 30 visits per contract year. Deductible does not apply to osteopathic and chiropractic manipulation.
	Habilitation services for treatment of Autism Spectrum Disorder <i>only</i>	•\$50 co-pay/ visit for Physical, Occupational and Speech Therapy •20% co-insurance/ visit for Applied Behavior Analysis (ABA) services	Not covered	Prior Certification required for Applied Behavior Analysis (ABA). Multiple charges may apply during one day of service. Deductible does not apply to flat dollar co-pays.
	Habilitation services not for the treatment of Autism Spectrum Disorder	\$50 co-pay/ visit	Not covered	Physical and occupational therapy limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year.
	Skilled nursing care	20% co-insurance/ visit	Not covered	Services received in a skilled nursing care facility, subacute facility, or inpatient rehabilitation care facility are limited to a combined 45 days per contract year. Prior Certification required, except for hospice care.
	Durable medical equipment (DME)	50% co-insurance/ visit	Not covered	Including rental, purchase or repair. Prior Certification required for equipment over \$1,000, all rentals and all shoe inserts. Deductible does not apply to certain diabetes services and supplies.
	Prosthetics & orthotics	50% co-insurance/ visit	Not covered	This benefit applies to hospice services provided in the home only. Any hospice services provided in a facility will be subject to the appropriate facility benefit. Deductible does not apply.
	Hospice service	No charge	Not covered	One exam per year. Deductible does not apply.
	If your child needs dental or eye care	Child eye exam	No charge	Not covered
Child glasses		No charge	Not covered	
Child dental check-up		Not covered	Not covered	Not covered

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan documents for more information and a list of any other excluded services.)

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult & Child) | <ul style="list-style-type: none">• Hearing aids• Long-term care• Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none">• Private-duty nursing• Routine foot care |
|--|--|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan documents.)

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Bariatric surgery• Chiropractic care | <ul style="list-style-type: none">• Infertility treatment - diagnostic, counseling and planning services for the underlying cause of infertility | <ul style="list-style-type: none">• Routine eye care (Adult & Child)• Weight loss programs |
|---|--|---|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov; the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or www.ccio.cms.gov; or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Priority Health at 1-800-956-1954 or www.priorityhealth.com; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or the Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) at 1-877-999-6442 or difs-HICAP@michigan.gov.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

- Spanish (Español): Para obtener asistencia en Español, llame al 1-800-956-1954.
- Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-956-1954.
- Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-956-1954.
- Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-956-1954.

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next section*-----

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Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$500
- Specialist co-payment \$50
- Hospital (facility) co-insurance 20%
- Other co-insurance 20%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Co-payments	\$600
Co-insurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,260

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$500
- Specialist co-payment \$50
- Hospital (facility) co-insurance 20%
- Other co-insurance 50%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Co-payments	\$1,700
Co-insurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,320

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$500
- Specialist co-payment \$50
- Hospital (facility) co-insurance 20%
- Other co-insurance 50%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Co-payments	\$1,300
Co-insurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

CITY OF SCOTTVILLE - Terms & Conditions

Effective Date: April 1, 2024

Financial Arrangement Provisions:

- The plan sponsor will be billed monthly based on a final fee schedule, contract tier and plan selection. The monthly invoice is due on the first of the month. Employer Funding listed in this proposal will be used to fund Medical and Prescription claims.
- Aggregate only stop loss coverage is provided by Priority Health on a 12/30 basis.
- The Aggregate claims funding is calculated based on enrollment throughout the plan year. The group will be reimbursed 50% of excess Aggregate claims funding 4 months after the end of the 12-month benefit period. Reimbursement is contingent on renewal of coverage.
- Administrative Fees include plan documents, ID cards, network access, medical underwriting, claims & eligibility management, customer service, claim fund management, stop loss management and broker compensation.
- CIGNA National PPO network serves as the network for participants who reside outside the service area and as the Priority Health travel network.
- Only active full-time employees are eligible for coverage. Retirees are not eligible for coverage.
- All plans are ACA compliant.
- Priority Health reserves the right to re-rate if there is a change from assumed UW assumptions (enrollment, demographics, etc.) throughout the plan year.

Proposal assumptions and qualifications:

- Any inaccurate or incomplete information submitted to Priority Health may require changes to final rates.
- Rates for groups with 2-4 enrolled are subject to final enrollment and medical underwriting. The rates are not guaranteed issue.
- Priority Health reserves the right to re-rate if there is a change from assumed UW assumptions (enrollment, demographics, risk, etc) throughout the plan year.
- The quote provides an outline of the plan design, please consult the plan document for complete coverage details.
- Rates do NOT reflect amounts for any future taxes, fees and/or required benefits as regulated by ACA or the State of Michigan and will be adjusted as necessary to incorporate such required tax and/or benefits.

Stop-loss review and lock in provisions:

To finalize stop-loss policy pricing the group is required to submit the following information up to 90 days prior to the effective date.

- PHIC Standard Stop-loss Application.
- Completed Priority Health claims disclosure.
- Most recent MESC 1017 (Quarterly Wage Detail Report)



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Blue DentalSM PPO 100/80/50 (80/50/50) \$1000 SG - Voluntary Dental Coverage Benefits-at-a-glance Effective for groups on their plan year

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Note: Pediatric members are members who are 18 years of age or younger on the group's renewal date. They will receive pediatric dental benefits up to the group's renewal date after they turn age 19.

Dentist information

With Blue Dental PPO, you can choose any licensed dentist anywhere. However, you'll get the best coverage and save the most money when you choose a Tier 1 PPO (in-network) dentist.

You have outstanding access to thousands of Tier 1 PPO dentists across the country through the Blue Dental PPO network. Tier 1 PPO dentists agree to accept our PPO approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 1 PPO dentist near you, log into your member account at bcbsm.com or call 1-888-826-8152.

If you go to a non-PPO dentist, you can still save money by choosing a Tier 2 participating non-PPO (out-of-network) dentist. Tier 2 dentists participate with us on a "per claim" basis through our Blue Par Select (BPS) arrangement. They accept our BPS approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 2 participating non-PPO dentist near you, log into your member account at bcbsm.com. You should ask your dentist if they participate with BCBSM before every treatment.

Note: If you go to a nonparticipating dentist, you are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)

Benefits	In-network	Out-of-network
Deductibles <ul style="list-style-type: none"> Applies to Class II and Class III services only 	\$25 per member, \$50 for two members, \$75 per family per calendar year	\$50 per member, \$100 for two members, \$150 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services Class II services Class III services Class IV services 	None (covered at 100%) 20% 50% Not covered	20% 50% 50% Not covered
Dollar maximums <ul style="list-style-type: none"> Annual maximum for Class I, II and III services Lifetime maximum for Class IV services 	Combined \$1,000 per non-pediatric member per calendar year (no more than \$800 of this amount can be used for services rendered by non-PPO dentists). The annual benefit maximum does not apply to pediatric members. Not applicable	Not applicable
Benefits	In-network	Out-of-network

1008050/1000 V;BD-RCS SG;BD-SG;BDWP0/0/12/0 SG;V-DENTAL

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.
Blue DentalSM PPO 100/80/50 (80/50/50) \$1000 SG - Voluntary, Rev Date 24 Q1 V1

Out-of-pocket maximum

- The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum **does not** apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, non-covered services, or orthodontic services.

\$400 for one pediatric member or \$800 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members.

Not applicable

Note: This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).

Waiting period

12 months for Class III services. This waiting period **does not** apply to pediatric members.

Note: Your group's waiting periods may be waived with proof of prior dental coverage. However, members who enroll **after** the initial enrollment period will be subject to the group's 12-month waiting periods.

Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

Class I services

Benefits	In-network	Out-of-network
Most diagnostic and preventive services:		
• Routine oral examinations/evaluations - twice per calendar year	100% of approved amount	80% of approved amount
• Prophylaxes (cleanings) three times per calendar year for pediatric members; two times per calendar year for all other members	100% of approved amount	80% of approved amount
• Fluoride treatments or topical fluoride varnishes- twice every calendar year for members to the end of the month of their 19 th birthday	100% of approved amount	80% of approved amount
• Sealants - once per fully erupted first and second permanent molar every 36 months for members to the end of the month of their 16 th birthday	100% of approved amount	80% of approved amount
Bitewing X-rays - one set (up to four films) per calendar year	100% of approved amount	80% of approved amount
Oral brush biopsy sample collection - twice per calendar year	100% of approved amount	80% of approved amount

Class II services

Benefits	In-network	Out-of-network
Other diagnostic and preventive services:		
• Diagnostic tests and laboratory examinations	80% of approved amount after deductible	50% of approved amount after deductible
• Space maintainers - for missing posterior primary teeth for members to the end of the month of their 15 th birthday	80% of approved amount after deductible	50% of approved amount after deductible
Panoramic or full-mouth X-rays - once per 60 months	80% of approved amount after deductible	50% of approved amount after deductible
Emergency palliative treatment	80% of approved amount after deductible	50% of approved amount after deductible
Minor restorative services:		
• Amalgam and resin-based composite fillings and fillings of similar materials - once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth	80% of approved amount after deductible	50% of approved amount after deductible
Periodontal maintenance - three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members	80% of approved amount after deductible	50% of approved amount after deductible
Adjunctive general services:		
• General anesthesia or IV sedation	80% of approved amount after deductible	50% of approved amount after deductible
• Office visits for observation (during regularly scheduled hours) for non-pediatric members only	80% of approved amount after deductible	50% of approved amount after deductible

Benefits	In-network	Out-of-network
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• Office visits after regularly scheduled hours	80% of approved amount after deductible	50% of approved amount after deductible
• House and hospital calls for non-pediatric members only	80% of approved amount after deductible	50% of approved amount after deductible
• Antibiotic injections for non-pediatric members only	80% of approved amount after deductible	50% of approved amount after deductible

Class III services

Note: There is a 12-month waiting period for Class III benefits. The waiting period will be satisfied on the last day of the 12-month period with benefits becoming effective on the first day following. This waiting period **does not** apply to pediatric members.

Root canals and extractions of non-impacted teeth are not subject to the 12-month waiting period.

Benefits	In-network	Out-of-network
Major restorative services:	50% of approved amount after deductible	50% of approved amount after deductible
• Onlays, crowns and veneers - once per permanent tooth per 60 months	50% of approved amount after deductible	50% of approved amount after deductible
• Substructures, including cores and posts	50% of approved amount after deductible	50% of approved amount after deductible
Recementation or repair of posts, crowns, veneers, inlays and onlays - three times per tooth per calendar year	50% of approved amount after deductible	50% of approved amount after deductible
Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible	50% of approved amount after deductible
• Simple and surgical extractions of non-impacted teeth	50% of approved amount after deductible	50% of approved amount after deductible
• Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue	50% of approved amount after deductible	50% of approved amount after deductible
• Removal of exostoses (excess bony growths of the upper and lower jaw)	50% of approved amount after deductible	50% of approved amount after deductible
• Excision of hyperplastic tissue per arch	50% of approved amount after deductible	50% of approved amount after deductible
• Frenulectomies	50% of approved amount after deductible	50% of approved amount after deductible
Endodontic services:	50% of approved amount after deductible	50% of approved amount after deductible
• Root canal treatments - once per tooth per lifetime (retreatment of a root canal is payable once per tooth per lifetime)	50% of approved amount after deductible	50% of approved amount after deductible
• Therapeutic pulpotomies or pulpal debridement	50% of approved amount after deductible	50% of approved amount after deductible
• Vital pulpotomies on primary teeth	50% of approved amount after deductible	50% of approved amount after deductible
• Apexification	50% of approved amount after deductible	50% of approved amount after deductible
Apical surgery on permanent teeth	50% of approved amount after deductible	50% of approved amount after deductible
Periodontic services:	50% of approved amount after deductible	50% of approved amount after deductible
• Periodontal scaling and root planing - once per quadrant per 24 months for pediatric members and once per quadrant per 36 months for all other members	50% of approved amount after deductible	50% of approved amount after deductible
• Localized delivery of antimicrobial agents -one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
• Limited occlusal adjustments -up to five times per 60 months for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
• Occlusal biteguards (and relines and repairs to occlusal biteguards) - once per 60 months for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible

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Benefits	In-network	Out-of-network
• Gingivectomy and gingivoplasty	50% of approved amount after deductible	50% of approved amount after deductible
• Osseous surgery	50% of approved amount after deductible	50% of approved amount after deductible
• Gingival flap procedures	50% of approved amount after deductible	50% of approved amount after deductible
• Soft tissue grafts	50% of approved amount after deductible	50% of approved amount after deductible
• Bone replacement grafts - for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Prosthetic services:	50% of approved amount after deductible	50% of approved amount after deductible
• Complete dentures - once per 84 months	50% of approved amount after deductible	50% of approved amount after deductible
• Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics - once per 84 months for members age 16 and older only	50% of approved amount after deductible	50% of approved amount after deductible
• Relines or rebases of partial dentures or complete dentures - once per 36 months per arch	50% of approved amount after deductible	50% of approved amount after deductible
• Tissue conditioning - once per 36 months per arch	50% of approved amount after deductible	50% of approved amount after deductible
• Adjustments, repairs and recementation	50% of approved amount after deductible	50% of approved amount after deductible
• Stayplates to replace recently extracted permanent anterior (front) teeth	50% of approved amount after deductible	50% of approved amount after deductible
• Endosteal implants and implant-related services - once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible

Class IV services

Benefits	In-network	Out-of-network
Orthodontics and related services	Not covered	Not covered

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Kathy Shafer

From: murphy2800@aol.com
Sent: Wednesday, March 20, 2024 8:15 AM
To: Kathy Shafer
Subject: Fw: Scottville Trash Bag Bid

Good morning Kathy,

I forgot to mention the **\$150-\$250** one time cost for a print plate in your quote below.

Please let me know what I can do for you.

Thank you,

Mike Murphy
Shapiro Bag Company
O-616.459.4649
C-616.293.2800

----- Forwarded Message -----

From: murphy2800@aol.com <murphy2800@aol.com>
To: Kathy Shafer <treasurer@cityofscottville.org>
Sent: Monday, March 18, 2024 at 10:52:16 AM EDT
Subject: Scottville Trash Bag Bid

Hello Kathy,

Nice talking with you today.
Please find the pricing for the bag we discussed.

12,000 (60 cases) is the Minimum

30 x 36 x .0015 Royal Blue trash bag
10 bags/roll 20 rolls/case
Printed one color on one side
\$52.74/case Delivered

Please let me know if you have any question.

Thank you.

Mike Murphy
Shapiro Bag Company
O-616.459.4649
C-616.293.2800