

RESOLUTION 2002-8
REVISING PREMIUM COST-SHARE FOR HEALTH INSURANCE

WHEREAS, on February 26, 2002 the Board of Commissioners established participant contributions to the health insurance premium benefit offered under the Clinton County Board of Commissioners Amended and Restated Employee Benefit Plan payable on behalf of the participant and if applicable the participant's spouse and/or dependent(s) and;

WHEREAS, the Board of Commissioners has determined it to be in the best interest of the County to revise the contribution rates previously established and offer additional health insurance options;

THEREFORE, BE IT RESOLVED, that effective May 1, 2002 and until modified by future action of the Board of Commissioners, the monthly participant contributions to the health insurance premium benefit offered under the Clinton County Board of Commissioners Amended and Restated Employee Benefit Plan payable on behalf of the participant and if applicable, the participant's spouse and/or dependent(s) shall be as set forth below:

ACTIVE EMPLOYEES HEALTH INSURANCE COMPARISONS

Option #1 – Current Plan (Plan # 30233-311-111)

Cost Sharing:	<u>Pre Tax \$</u>	
	Single	\$24
	2-person	\$50
	Family	\$55

Option #2 (Plan # 30274-311-111)

Cost Sharing:	<u>Pre Tax \$</u>	
	Single	\$8
	2-person	\$18
	Family	\$19

Option #3 (Plan # 30275-911-101)

No Cost Sharing

RETIREES HEALTH INSURANCE COMPARISONS

Option #1 – Current Plan (Plan # 30235-311-111)

Cost Sharing:	<u>Cost</u>
Retiree, under age 65	\$31
Retiree, age 65 or over	\$29
Retiree + Spouse, both under age 65	\$64
Retiree, under age 65 + Spouse, age 65 or over	\$62
Retiree, age 65 or over + Spouse, under age 65	\$62
Retiree + Spouse, both age 65 or over	\$60

Option #2 – (Plan # 30264-311-111)

Cost Sharing:	<u>Cost</u>
Retiree, under age 65	\$15
Retiree, age 65 or over	\$14
Retiree + Spouse, both under age 65	\$31
Retiree, under age 65 + Spouse, age 65 or over	\$30
Retiree, age 65 or over + Spouse, under age 65	\$30
Retiree + Spouse, both age 65 or over	\$29

Option #3 (Plan # 30265-911-101)

No Cost Sharing

OUT-OF-AREA RETIREES HEALTH INSURANCE COMPARISONS

Option #1 – Current Plan

Cost Sharing:	<u>Cost</u>
Retiree, under age 65	\$36
Retiree, age 65 or over	\$34
Retiree + Spouse, both under age 65	\$75
Retiree, under age 65 + Spouse, age 65 or over	\$56*
Retiree, age 65 or over + Spouse, under age 65	\$56*
Retiree + Spouse, both age 65 or over	\$71

*6% variance – PHP Verifying

Option #2

Cost Sharing:	<u>Cost</u>
Retiree, under age 65	\$17
Retiree, age 65 or over	\$16
Retiree + Spouse, both under age 65	\$36
Retiree, under age 65 + Spouse, age 65 or over	\$21*
Retiree, age 65 or over + Spouse, under age 65	\$21*
Retiree + Spouse, both age 65 or over	\$34

*6% variance – PHP Verifying

Option #3

No Cost Sharing

STATE OF MICHIGAN
COUNTY OF CLINTON

I, DIANE ZUKER, Clerk of the County of Clinton do hereby certify that the foregoing resolution was duly adopted by the Clinton County Board of Commissioners at the regular meeting held March 26, 2002 and is on file in the records of this office.

Diane Zuker, Clinton County Clerk

Active Employees Health Insurance Comparisons

(Please refer to Benefit Summary Documents for complete description of Plan)

Option #1 – Current Plan

HMO benefits for **Plan “30233-311-111”** includes a \$15 office copay, a \$25 urgent care facility copay, a \$50 emergency room copay, a three-tier \$10 copay for generic drugs/\$15 copay for brand-name drugs on the Preferred Drug list (PDL)/\$30 copay for brand-name drugs not on the PDL and 100% hospitalization coverage. Coverage for active employees includes a vision services rider.

Cost Sharing:	<u>Pre Tax \$</u>	<i>Original Cost Sharing:</i>	<u>Pre-tax \$</u>
Single	\$24		\$39
2-person	\$50		\$74
Family	\$55		\$81

*The benefit derived from pre-tax payment will vary based on individual tax status.

Option #2

HMO benefits for **Plan “30274-311-111”** includes a \$20 office visit copay, a \$50 urgent care facility copay, a \$100 emergency room copay, a three-tier \$10 copay for generic drugs/\$20 copay for brand-name drugs on the Preferred Drug List (PDL)/\$30 copay for brand-name drugs not on the PDL and 80% hospitalization coverage (*maximum deductible is higher – please refer to Benefit Summary “30274-311-111”*). Coverage for active employees includes a vision services rider.

Cost Sharing:	<u>Pre Tax \$</u>
Single	\$8
2-person	\$18
Family	\$19

*The benefit derived from pre-tax payment will vary based on individual tax status.

Option #3

HMO benefits for **Plan “30275-911-101”** include a \$25 office visit copay, a \$50 urgent care facility copay, a \$150 emergency room copay, a three-tier \$10 copay for generic drugs/\$30 copay for brand-name drugs on the Preferred Drug List (PDL)/\$50 copay for brand-name drugs not on the PDL and 70% hospitalization coverage *maximum deductible is higher – please refer to Benefit Summary “30275-911-101”*). Coverage for active employees includes a vision services rider.

No Cost Sharing

*The benefit derived from pre-tax payment will vary based on individual tax status.

Retirees Health Insurance Comparisons

(Please refer to Benefit Summary Documents for complete description of Plan)

Option #1 – Current Plan

HMO benefits for **Plan “30235-311-111”** include a \$15 office visit copay, a \$25 urgent care facility copay, a \$50 emergency room copay, a three-tier \$10 copay for generic drugs/\$15 copay for brand-name drugs on the Preferred Drug List (PDL)/\$30 copay for brand-name drugs not on the PDL and 100% hospitalization coverage.

Cost Sharing:	Cost
Retiree, under age 65	\$31
Retiree, age 65 or over	\$29
Retiree + Spouse, both under age 65	\$64
Retiree, under age 65 + Spouse, age 65 or over	\$62
Retiree, age 65 or over + Spouse, under age 65	\$62
Retiree + Spouse, both age 65 or over	\$60

Option #2

HMO benefits for **Plan “30264-311-111”** include a \$20 office visit copay, a \$50 urgent care facility copay, a \$100 emergency room copay, a three-tier \$10 copay for generic drugs/\$20 copay for brand-name drugs on the Preferred Drug List (PDL)/\$30 copay for brand-name drugs not on the PDL and 80% hospitalization coverage (*maximum deductible is higher – please refer to Benefit Summary “30264-311-111”*).

Cost Sharing:	Cost
Retiree, under age 65	\$15
Retiree, age 65 or over	\$14
Retiree + Spouse, both under age 65	\$31
Retiree, under age 65 + Spouse, age 65 or over	\$30
Retiree, age 65 or over + Spouse, under age 65	\$30
Retiree + Spouse, both age 65 or over	\$29

Option #3

HMO benefits for **Plan “30265-911-101”** include a \$25 office visit copay, a \$50 urgent care facility copay, a \$150 emergency room copay, a three-tier \$10 copay for generic drugs/\$30 copay for brand-name drugs on the Preferred Drug List (PDL)/\$50 copay for brand-name drugs not on the PDL and 70% hospitalization coverage (*maximum deductible is higher – please refer to Benefit Summary “30265-911-101”*).

No Cost Sharing

Out-of-Area Retirees Health Insurance Comparisons

(Please refer to Benefit Summary Documents for complete description of Plan)

Option #1 – Current Plan

Those retirees who reside outside of PHP's service area will receive Major Medical coverage through United HealthCare Insurance Company. This coverage includes a \$100 single/\$200 family deductible, with maximum copayment costs of \$1,000 per person/\$2,000 per family per calendar year. Inpatient hospital services are covered at 100% of reasonable and customary charges. Other services are covered at 80% of reasonable and customary charges. Out-of-area coverage includes a preventive care rider and a three-tier \$10/\$15/\$30 prescription drug card.

Cost Sharing:	Cost
Retiree, under age 65	\$36
Retiree, age 65 or over	\$34
Retiree + Spouse, both under age 65	\$75
Retiree, under age 65 + Spouse, age 65 or over	\$56*
Retiree, age 65 or over + Spouse, under age 65	\$56*
Retiree + Spouse, both age 65 or over	\$71

*6% variance – PHP Verifying

Option #2

Those retirees who reside outside of PHP's service area will receive Major Medical coverage through United HealthCare Insurance Company. This coverage includes a \$300 single/\$600 family deductible, with maximum copayment costs of \$1,500 per person/\$3,000 per family per calendar year. Inpatient hospital services are covered at 80% of reasonable and customary charges. Other services are covered at 80% of reasonable and customary charges. Out-of-area coverage includes a preventive care rider and a three-tier \$10/\$20/\$30 prescription drug card.

Cost Sharing:	Cost
Retiree, under age 65	\$17
Retiree, age 65 or over	\$16
Retiree + Spouse, both under age 65	\$36
Retiree, under age 65 + Spouse, age 65 or over	\$21*
Retiree, age 65 or over + Spouse, under age 65	\$21*
Retiree + Spouse, both age 65 or over	\$34

*6% variance – PHP Verifying

Option #3

Those retirees who reside outside of PHP's service area will receive Major Medical coverage through United HealthCare Insurance Company. This coverage includes a \$500 single/\$1,000 family deductible, with maximum copayment costs of \$2,000 per person/\$4,000 per family per calendar year. Inpatient hospital services are covered at 70% of reasonable and customary charges. Other services are covered at 70% of reasonable and customary charges. Out-of-area coverage includes a preventive care rider and a three-tier \$10/\$30/\$50 prescription drug card.

No Cost Sharing