WAYS AND MEANS COMMITTEE MEETING

FRIDAY, FEBRUARY 12, 2021

9:00 A.M.

MINUTES

MEMBERS PRESENT: Commissioners Blake Mulder, Terrance Augustine, Joe Brehler, Brian Droscha, Brian Lautzenheiser, Jim Mott, Jeanne Pearl-Wright.

ALSO PRESENT: Commissioners Jeremy Whittum, Mark Mudry and Barbara Rogers; Chief Judge Janice Cunningham, Timothy Havis, Kristin Staley-MIDC Regional Manager, John Fuentes and Connie Sobie.

The Ways and Means Committee met in virtual session on February 12, 2021 in accordance with PA 228 of 2020. The members announced the location from which they are attending remotely as follows:

Commissioner Augustine, in the City of Charlotte, Eaton County, MI
Commissioner Pearl-Wright, their residence in Delta Township, Eaton County, MI
Commissioner Droscha, their residence in District 9, Eaton County, MI
Commissioner Brehler, their residence in the City of Lansing, Eaton County, MI
Commissioner Mott, their residence in Walton Township, Olivet, Eaton County, MI
Commissioner Lautzenheiser, their residence in the City of Charlotte, Eaton County, MI
Commissioner Mulder, in the City of Charlotte, Eaton County, MI

Chairman Mulder called the meeting to order at 9:01 am.

The Pledge of Allegiance was given by all.

Mr. Fuentes requested to add the Approval of the January 15, 2021 Minutes and the 2021/2022 Budget Schedule to the agenda. Commissioner Lautzenheiser moved to approve the agenda, as amended. Commissioner Augustine seconded. Motion carried unanimously.

Commissioner Lautzenheiser moved to approve the minutes of the January 15, 2021 Ways and Means Committee meeting. Commissioner Mott seconded. Motion carried unanimously.

There was no Limited Public Comment.

An update of the position vacancies was presented and discussed (attached). Commissioner Brehler moved to refill the position vacancies as presented. Commissioner Pearl-Wright seconded. Motion carried unanimously.

Mr. Fuentes discussed the creation of the Public Defender's Office and the original plan for development of an in-house indigent defense model for the County and made a recommendation to appoint Attorney Timothy Havis as the Public Defender. Mr. Fuentes discussed the transition from an appointed attorney system to a Public Defender's office as well as the grant development and transition planning by Mr. Havis. Chief Judge Janice Cunningham was present to address the Committee regarding the appointment of a Public Defender and the Court's desire to see the position posted. There was discussion held regarding the

office and its development from the inception of the grant. Kristen Staley, MIDC Regional Manager for Eaton County, was present to provide background of the MIDC and the Public Defender office model. Ms. Staley answered questions by the Committee. Further discussion held.

Commissioner Brehler moved to accept the recommendation of the Controller and appoint Attorney Timothy Havis as the Public Defender. Commissioner Augustine seconded. Discussion held. Motion carried unanimously.

The December Health Insurance Expenditure report was presented (attached). The report indicates a favorable variance of $237,146 compared to the budget projection for both the County and Health Department. The County's portion is a favorable variance of $264,490 The County's active employees' favorable variance is $492,373 and the retirees' unfavorable variance is ($227,883). Discussion held.

The 2019 Retiree Health Valuation Report was presented (attached). Mr. Fuentes discussed the report which reflects and increase in the funded ratio from 22.8 percent to 28.3 percent. This is reflective of a deposit of approximately $1 million into the fund in 2019. There was discussion regarding the valuation and the actuarial assumptions used in the development of the report.

A proposal from Gabriel, Roder, Smith and Company to provide actuarial services for an annual report for the years ending December 31, 2020 and December 30, 2021 was presented (attached). Mr. Fuentes discussed the request to provide an annual report rather than every two years as currently required. Commissioner Augustine moved to approve the proposal as presented. Commissioner Pearl-Wright seconded. Motion carried unanimously.

A request was presented from the Drain Commissioner for the pledge of the County's Full Faith and Credit for the McGilvra Drain Drainage District Bonds. Eric Deibel, Deputy Drain Commissioner, provided information regarding the request. Commissioner Brehler moved to recommend approval of full faith and credit for the John Earl Drain Drainage District in an amount not to exceed $750,000 to the Board of Commissioners. Commissioner Augustine seconded. Motion carried unanimously.

Mr. Fuentes provided an update on the Indigent Defense remodel at the Health Department building. There were four bids which were all over the budgeted expenditure of $100,000. Based on the bids provided, the cost will be approximately $60,000 more than originally anticipated. A budget line-item amendment within the current MIDC grant will requested to account for the additional costs. Mr. Fuentes and Mr. Barnett are working with the architect on the evaluation of the bid proposals within the next month to have a recommendation for awarding the project bid. Discussion held.

The budget amendments were presented and discussed (attached). Commissioner Augustine moved to recommend approval of the 2020/21 budget amendments. Commissioner Pearl-Wright seconded. Motion carried. Motion carried unanimously.

Commissioner Lautzenheiser moved to recommend approval of the payment of the claims against the County in the amount of $469,111.89 and immediate claims in the amount of $8,561,902.87 to the Board of Commissioners, as presented. Commissioner Droscha seconded. Motion carried unanimously.

The 2021/2022 Budget Schedule was presented for review. Discussion held. Commissioner Pearl-Wright moved to recommend approval of the 2021/2022 Budget Schedule as presented, to the Board of Commissioners. Commissioner Mott seconded. Motion carried unanimously.

There was no Limited Public Comment.

Chairperson Mulder adjourned the meeting at 10:20 a.m.

The next regular meeting of the Way and Means Committee will be held March 12, 2021, at 9:00 a.m.

Chairman Blake Mulder

WAYS & MEANS COMMITTEE
Positions Update
2/12/2021

DEPARTMENT	POSITION OPENING	STATUS	GRADE
Community Development	Administrative Assistant - Veterans Services (New Grant Opportunity)	Posted	Grade 3
Controller's Office	Executive Assistant	Filled	Grade 4
	Accountant	Posted	Grade 7
County Clerk	Deputy County Clerk	Interviewing	Grade 2
	Deputy Court Clerk	Interviewing	Grade 2
Drain Office	Administrative Assistant	Interviewing	Grade 3
Prosecutor's Office	Assistant Prosecuting Attorney	Filled	Grade 12
Sheriff's Office	Corrections Deputy	Interviewing	Contract
	Corrections Deputy	Interviewing	Contract
	Registered Nurse - Jail	On-Hold	Grade 9
	Deputy	Interviewing	Contract
	Deputy	Filled	Contract
Technology Services	GIS Administrator	Filled	Grade 10
Trial Court	Administrative Assistant - Friend of the Court	Filled	Grade 3

CURRENT POSITION OPENINGS:

Prosecutor's Office	Legal Assistant	Recommended	Grade 3
Sheriff's Office	Deputy	Recommended	Contract
Trial Court	Juvenile Deputy Register	Recommended	Grade 3

Eaton County

All: Blue Cross Claims Analysis -- January 1, 2020 Through December 31, 2020

ALL COUNTY AND BEDHD ACTIVE EMPLOYEES AND RETIREES

Worst Case Scenario:

Contracts at Renewal	433
Adm Fee	$62.40
Specific and Aggregate Stop Loss*	$395.99
Attachment Point	$13,772.00
TOTAL WORST CASE (MED ONLY)	

* Specific Deductible Is: $55,000

Fixed Costs	$2,381,794
Maximum Aggregate Liability:	$5,963,276
Total Worst Case Medical:	$8,345,070

Date	Blue Cross	Blue Shield	Drug	Stop Loss	Medical Total	Vision	MI Tax	Contracts	QTR Adj	Fixd Costs	Amount Pd	Qtrly Totals	
Jan-20	$145,771	$138,160	$123,288	($6,556)	$400,664	$0	$0	443		$203,067	$603,731		
Feb-20	$136,216	$123,850	$140,843	($366)	$400,543	$0	$0	444		$203,525	$604,068		
Mar-20	$94,554	$110,481	$169,016	($141)	$373,910	$0	$0	445	($75,431)	$203,984	$577,894	**$1,710,262**	**1st Qtr**
Apr-20	$70,610	$88,889	$172,727	($36,331)	$295,895	$0	$0	444		$203,525	$499,420		
May-20	$82,608	$102,545	$198,798	($52,507)	$331,445	$0	$0	443		$203,067	$534,511		
Jun-20	$126,293	$117,046	$121,338	($20,130)	$344,547	$0	$0	443	($95,703)	$203,067	$547,613	**$1,485,842**	**2nd Qtr**
Jul-20	$201,697	$127,796	$119,798	($49,889)	$399,402	$0	$0	443		$203,067	$602,469		
Aug-20	$151,740	$112,761	$147,230	($76,391)	$335,339	$0	$0	447		$204,900	$540,239		
Sep-20	$142,023	$116,160	$126,274	($51,518)	$332,938	$0	$0	451	($70,005)	$206,734	$539,672	**$1,612,376**	**3rd Qtr**
Oct-20	$254,330	$174,972	$213,468	($99,129)	$543,641	$0	$0	454		$208,109	$751,750		
Nov-20	$241,056	$138,551	$137,444	($100,626)	$416,425	$0	$0	451		$206,734	$623,159		
Dec-20	$225,005	$127,007	$149,631	($102,493)	$399,150	$0	$0	453		$207,651	$606,801	**$1,981,709**	**4th Qtr**
Totals	**$1,871,901**	**$1,478,216**	**$1,819,856**	**($596,075)**	**$4,573,898**	**$0**	**$0**			**$2,457,429**	**$7,031,327**		
% Of Total	**26.62%**	**21.02%**	**25.88%**	**-8.48%**	**65.05%**	**0.00%**	**0.00%**			**34.95%**	**100.00%**		

2020 BUDGET

Expected Cost $7,268,473

	Comp To Budg		Surp/(Def) YTD
	Budget	Surp/(Def)	
Jan-20	$605,706	$1,976	$1,976
Feb-20	$605,706	$1,638	$3,613
Mar-20	$605,706	$27,812	$31,426
Apr-20	$605,706	$106,286	$137,712
May-20	$605,706	$71,195	$208,907
Jun-20	$605,706	$58,093	$266,999
Jul-20	$605,706	$3,237	$270,236
Aug-20	$605,706	$65,467	$335,703
Sep-20	$605,706	$66,034	$401,737
Oct-20	$605,706	($146,044)	$255,693
Nov-20	$605,706	($17,452)	$238,241
Dec-20	$605,706	($1,095)	$237,146

Reconciliation		
County	BEDHD	Total
$264,490	($27,344)	$237,146

Eaton County

All: Blue Cross Claims Analysis -- January 1, 2020 Through December 31, 2020

ALL COUNTY ACTIVE EMPLOYEES AND RETIREES

Worst Case Scenario:

Contracts at Renewal	400
Adm Fee	$62.40
Specific and Aggregate Stop Loss*	$395.99
Attachment Point	$13,772.00

* Specific Deductible Is: $55,000

Date	Blue Cross	Blue Shield	Drug	Stop Loss	Medical Total	Vision	MI Tax	Contracts	Adj	Fixd Costs	Amount Pd	Qtrly Totals	
Jan-20	$142,781	$131,383	$123,011	($6,556)	$390,620	$0	$0	410		$187,940	$578,560		
Feb-20	$126,489	$120,356	$135,350	($366)	$381,830	$0	$0	414		$189,773	$571,603		
Mar-20	$94,382	$107,665	$160,644	($141)	$362,550	$0	$0	415	($70,346)	$190,232	$552,782	**$1,632,599**	**1st Qtr**
Apr-20	$70,610	$83,455	$164,073	($36,331)	$281,807	$0	$0	414		$189,773	$471,580		
May-20	$76,246	$91,104	$190,072	($52,507)	$304,916	$0	$0	414		$189,773	$494,690		
Jun-20	$100,916	$103,141	$119,143	($20,130)	$303,070	$0	$0	414	($89,438)	$189,773	$492,843	**$1,369,675**	**2nd Qtr**
Jul-20	$195,626	$111,051	$117,481	($49,889)	$374,269	$0	$0	414		$189,773	$564,043		
Aug-20	$147,100	$101,148	$145,252	($76,391)	$317,109	$0	$0	418		$191,607	$508,716		
Sep-20	$135,673	$108,920	$123,046	($51,518)	$316,121	$0	$0	420	($65,193)	$192,524	$508,645	**$1,581,403**	**3rd Qtr**
Oct-20	$239,310	$151,444	$209,635	($99,129)	$501,261	$0	$0	420		$192,524	$693,785		
Nov-20	$230,062	$121,862	$131,525	($100,626)	$382,822	$0	$0	420		$192,524	$575,346		
Dec-20	$213,270	$116,795	$149,263	($101,903)	$377,425	$0	$0	421		$192,982	$570,407	**$1,839,538**	**4th Qtr**
Totals	**$1,772,465**	**$1,348,324**	**$1,768,496**	**($595,485)**	**$4,293,799**	**$0**	**$0**			**$2,289,200**	**$6,582,999**		
% Of Total	**26.92%**	**20.48%**	**26.86%**	**-9.05%**	**65.23%**	**0.00%**	**0.00%**			**34.77%**	**100.00%**		

	2020 BUDGET Expected Cost $6,847,489		
	Comp To Budg Budget	**Surp/(Def)**	**Surp/(Def) YTD**
Jan-20	$570,624	($7,935)	($7,935)
Feb-20	$570,624	($979)	($8,915)
Mar-20	$570,624	$17,842	$8,928
Apr-20	$570,624	$99,044	$107,972
May-20	$570,624	$75,934	$183,906
Jun-20	$570,624	$77,781	$261,687
Jul-20	$570,624	$6,581	$268,268
Aug-20	$570,624	$61,908	$330,176
Sep-20	$570,624	$61,979	$392,156
Oct-20	$570,624	($123,161)	$268,995
Nov-20	$570,624	($4,722)	$264,273
Dec-20	$570,624	$217	$264,490

Eaton County

All: Blue Cross Claims Analysis -- January 1, 2020 Through December 31, 2020

EATON COUNTY ACTIVE EMPLOYEES

Worst Case Scenario:

Contracts at Renewal	264
Adm Fee	$62.40
Specific and Aggregate Stop Loss*	$395.99
Attachment Point	$13,772.00

* Specific Deductible Is: $55,000

Date	Blue Cross	Blue Shield	Drug	Stop Loss	Medical Total	Vision	MI Tax	Contracts	Adj	Fixd Costs	Amount Pd	Qtrly Totals	
Jan-20	$115,898	$106,316	$61,748	($6,556)	$277,408	$0	$0	270		$123,765	$401,173		
Feb-20	$85,381	$95,729	$63,353	($366)	$244,098	$0	$0	274		$125,599	$369,696		
Mar-20	$76,459	$87,535	$84,222	($141)	$248,075	$0	$0	274	($46,445)	$125,599	$373,674	**$1,098,098**	**1st Qtr**
Apr-20	$62,669	$70,459	$78,514	($21,694)	$189,949	$0	$0	274		$125,599	$315,547		
May-20	$64,011	$79,040	$111,697	($50,916)	$203,831	$0	$0	273		$125,140	$328,971		
Jun-20	$85,898	$87,786	$60,840	($19,691)	$214,833	$0	$0	271	($58,545)	$124,224	$339,056	**$925,030**	**2nd Qtr**
Jul-20	$162,217	$92,831	$45,478	($40,953)	$259,573	$0	$0	270		$123,765	$383,338		
Aug-20	$128,649	$83,075	$74,670	($59,722)	$226,671	$0	$0	273		$125,140	$351,812		
Sep-20	$114,981	$93,879	$62,644	($41,608)	$229,897	$0	$0	275	($42,686)	$126,057	$355,954	**$1,091,104**	**3rd Qtr**
Oct-20	$159,946	$130,399	$102,294	($72,255)	$320,385	$0	$0	276		$126,516	$446,900		
Nov-20	$195,583	$98,760	$66,634	($83,586)	$277,390	$0	$0	276		$126,516	$403,906		
Dec-20	$100,512	$104,120	$70,842	($61,962)	$213,512	$0	$0	277		$126,974	$340,486	**$1,191,292**	**4th Qtr**
Totals	**$1,352,204**	**$1,129,929**	**$882,937**	**($459,450)**	**$2,905,620**	**$0**	**$0**			**$1,504,894**	**$4,410,515**		
% Of Total	**30.66%**	**25.62%**	**20.02%**	**-10.42%**	**65.88%**	**0.00%**	**0.00%**			**34.12%**	**100.00%**		

2020 BUDGET

Expected Cost $4,902,888

	Comp To Budg		Surp/(Def)
	Budget	Surp/(Def)	YTD
Jan-20	$408,574	$7,401	$7,401
Feb-20	$408,574	$38,878	$46,279
Mar-20	$408,574	$34,900	$81,179
Apr-20	$408,574	$93,027	$174,205
May-20	$408,574	$79,603	$253,808
Jun-20	$408,574	$69,518	$323,325
Jul-20	$408,574	$25,236	$348,561
Aug-20	$408,574	$56,762	$405,323
Sep-20	$408,574	$52,620	$457,944
Oct-20	$408,574	($38,326)	$419,617
Nov-20	$408,574	$4,668	$424,285
Dec-20	$408,574	$68,088	$492,373

Eaton County

All: Blue Cross Claims Analysis -- January 1, 2020 Through December 31, 2020

EATON COUNTY RETIREES

Worst Case Scenario:

Contracts at Renewal	136
Adm Fee	$62.40
Specific and Aggregate Stop Loss*	$395.99
Attachment Point	$13,772.00

* Specific Deductible Is: $55,000

Date	Blue Cross	Blue Shield	Drug	Stop Loss	Medical Total	Vision	MI Tax	Contracts	Adj	Fixd Costs	Amount Pd	Qtrly Totals	
Jan-20	$26,883	$25,067	$61,262	$0	$113,212	$0	$0	140		$64,175	$177,387		
Feb-20	$41,108	$24,627	$71,998	$0	$137,732	$0	$0	140		$64,175	$201,907		
Mar-20	$17,923	$20,130	$76,422	$0	$114,475	$0	$0	141	($23,901)	$64,633	$179,108	**$534,500**	**1st Qtr**
Apr-20	$7,941	$12,996	$85,559	($14,637)	$91,858	$0	$0	140		$64,175	$156,033		
May-20	$12,235	$12,065	$78,376	($1,590)	$101,085	$0	$0	141		$64,633	$165,718		
Jun-20	$15,018	$15,356	$58,303	($439)	$88,237	$0	$0	143	($30,893)	$65,550	$153,787	**$444,645**	**2nd Qtr**
Jul-20	$33,409	$18,220	$72,003	($8,936)	$114,697	$0	$0	144		$66,008	$180,705		
Aug-20	$18,451	$18,073	$70,582	($16,669)	$90,437	$0	$0	145		$66,467	$156,904		
Sep-20	$20,692	$15,041	$60,402	($9,910)	$86,224	$0	$0	145	($22,507)	$66,467	$152,691	**$490,300**	**3rd Qtr**
Oct-20	$79,364	$21,045	$107,341	($26,874)	$180,877	$0	$0	144		$66,008	$246,885		
Nov-20	$34,478	$23,102	$64,891	($17,039)	$105,432	$0	$0	144		$66,008	$171,440		
Dec-20	$112,757	$12,675	$78,421	($39,941)	$163,912	$0	$0	144		$66,008	$229,921	**$648,245**	**4th Qtr**
Totals	**$420,260**	**$218,395**	**$885,559**	**($136,036)**	**$1,388,179**	**$0**	**$0**			**$784,305**	**$2,172,484**		
% Of Total	**19.34%**	**10.05%**	**40.76%**	**-6.26%**	**63.90%**	**0.00%**	**0.00%**			**36.10%**	**100.00%**		

	2020 BUDGET Expected Cost $1,944,601		
	Comp To Budg		**Surp/(Def) YTD**
	Budget	**Surp/(Def)**	
Jan-20	$162,050	($15,337)	($15,337)
Feb-20	$162,050	($39,857)	($55,193)
Mar-20	$162,050	($17,057)	($72,251)
Apr-20	$162,050	$6,017	($66,233)
May-20	$162,050	($3,668)	($69,902)
Jun-20	$162,050	$8,263	($61,638)
Jul-20	$162,050	($18,655)	($80,293)
Aug-20	$162,050	$5,146	($75,147)
Sep-20	$162,050	$9,359	($65,788)
Oct-20	$162,050	($84,835)	($150,623)
Nov-20	$162,050	($9,390)	($160,013)
Dec-20	$162,050	($67,870)	($227,883)

Eaton County

All: Blue Cross Claims Analysis -- January 1, 2020 Through December 31, 2020

BEDHD ACTIVE EMPLOYEES AND RETIREES

Worst Case Scenario:

Contracts at Renewal	33
Adm Fee	$62.40
Specific and Aggregate Stop Loss*	$395.99
Attachment Point	$13,772.00

* Specific Deductible Is: $55,000

Date	Blue Cross	Blue Shield	Drug	Stop Loss	Medical Total	MI Tax	Contracts	Adjustments	Fixd Costs	Amount Pd	Qtrly Totals	
Jan-20	$2,989	$6,778	$277	$0	$10,044	$0	33		$15,127	$25,171		
Feb-20	$9,727	$3,494	$5,493	$0	$18,713	$0	30		$13,752	$32,465		
Mar-20	$171	$2,816	$8,373	$0	$11,360	$0	30	($5,085)	$13,752	$25,112	**$77,663**	**1st Qtr**
Apr-20	$0	$5,434	$8,654	$0	$14,088	$0	30		$13,752	$27,840		
May-20	$6,362	$11,441	$8,726	$0	$26,528	$0	29		$13,293	$39,822		
Jun-20	$25,378	$13,905	$2,195	$0	$41,477	$0	29	($6,265)	$13,293	$54,770	**$116,166**	**2nd Qtr**
Jul-20	$6,071	$16,745	$2,317	$0	$25,133	$0	29		$13,293	$38,426		
Aug-20	$4,640	$11,612	$1,978	$0	$18,230	$0	29		$13,293	$31,524		
Sep-20	$6,349	$7,240	$3,228	$0	$16,817	$0	31	($4,812)	$14,210	$31,027	**$100,977**	**3rd Qtr**
Oct-20	$15,019	$23,527	$3,833	$0	$42,379	$0	34		$15,585	$57,965		
Nov-20	$10,994.12	$16,689	$5,919	$0	$33,603	$0	31		$14,210	$47,813		
Dec-20	$11,735.62	$10,212	$368	($590)	$21,726	$0	32		$14,668	$36,394	**$142,172**	**4th Qtr**
Totals	**$99,436.18**	**$129,893**	**$51,360**	**($590)**	**$280,099**	**$0**			**$168,229**	**$448,328**		
% Of Total	**22.18%**	**28.97%**	**11.46%**	-0.13%	**62.48%**	**0.00%**			**37.52%**	**100.00%**		

	2020 BUDGET Expected Cost $420,984		
	Comp To Budg		**Surp/(Def) YTD**
	Budget	**Surp/(Def)**	
Jan-20	$35,082	$9,911	$9,911
Feb-20	$35,082	$2,617	$12,528
Mar-20	$35,082	$9,970	$22,498
Apr-20	$35,082	$7,242	$29,740
May-20	$35,082	($4,740)	$25,001
Jun-20	$35,082	($19,688)	$5,313
Jul-20	$35,082	($3,344)	$1,968
Aug-20	$35,082	$3,558	$5,527
Sep-20	$35,082	$4,055	$9,581
Oct-20	$35,082	($22,883)	($13,301)
Nov-20	$35,082	($12,731)	($26,032)
Dec-20	$35,082	($1,312)	($27,344)

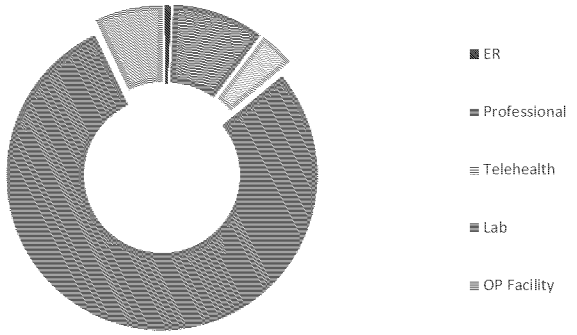
Blue Cross Blue Shield Blue Care Network of Michigan

COVID19 Medical Claims Dashboard

Medical Claims Incurred and Paid 02/01/2020 - 01/29/2021

EATON COUNTY

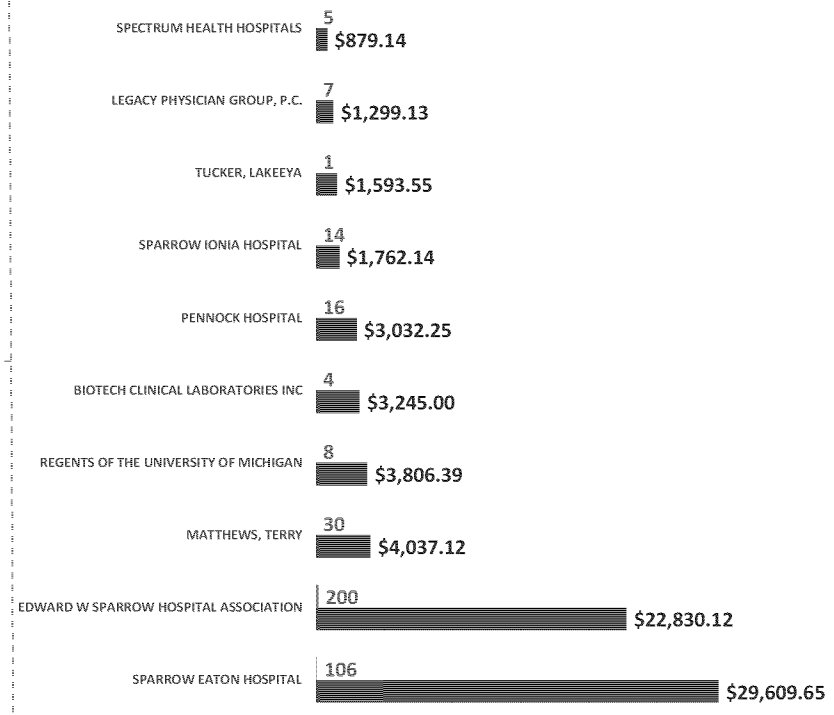
382	***$520***	***$87,246***	***774***
Unique Patients (with any COVID19 lab or Dx)	*Total Patient Payment*	*Total Group Payment*	*Unique Claim Count*



Percent of Claims by Claim Type

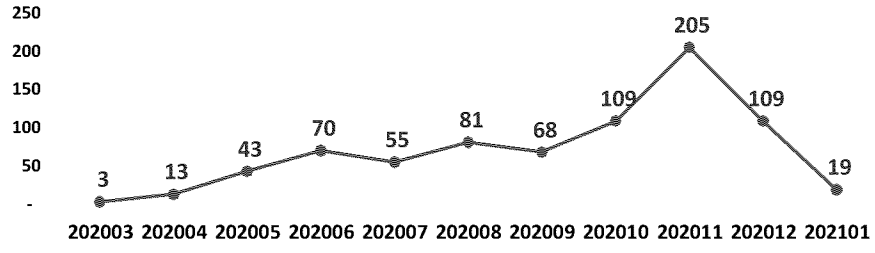
Claim Type	Claim Count	Unique Patients	Group Payment
ER	6	6	$7,756
Inpatient Facility	0	0	$0
Outpatient Facility	63	56	$3,368
Professional	84	67	$10,245
Telehealth	33	30	$2,245
COVID19 Labs	694	373	$63,631
Vaccine 1st Dose	0	0	$0
Vaccine 2nd Dose	0	0	$0

Claim Type Count and Group Payment

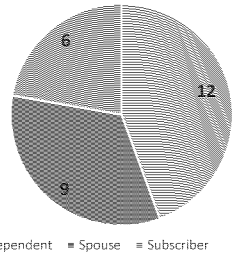


Top 10 Providers by Group Payment

(Red = Number of Patients)



Claim Count by Month of Service



Confirmed Cases by Relationship

Suspected COVID19 Patient Count

(Dx of Z20828 or Z03818)

340

Confirmed COVID19 Patient Count

(Dx of U071 or B9729)

27

*Dx1-Dx2 B9729 (1/1/2020-3/31/2020) or Dx1 Z20828, Z03818 or Dx1-Dx5 U071 or procedure codes U0001, U0002, U0003, U0004, G2023, G2024, 0001A, 0002A, 0011A, 0012A, 0202U, 0223U, 0224U, 0240U, 0241U, 86318, 86328, 86413, 87428, 86769, 87426, 87635, 87636, 87637, 87811

**Telehealth claims include Blue Cross Online Visits if applicable for the group

2/6/2021

Eaton County Retiree Health Care Plan

Actuarial Valuation Report
as of December 31, 2019

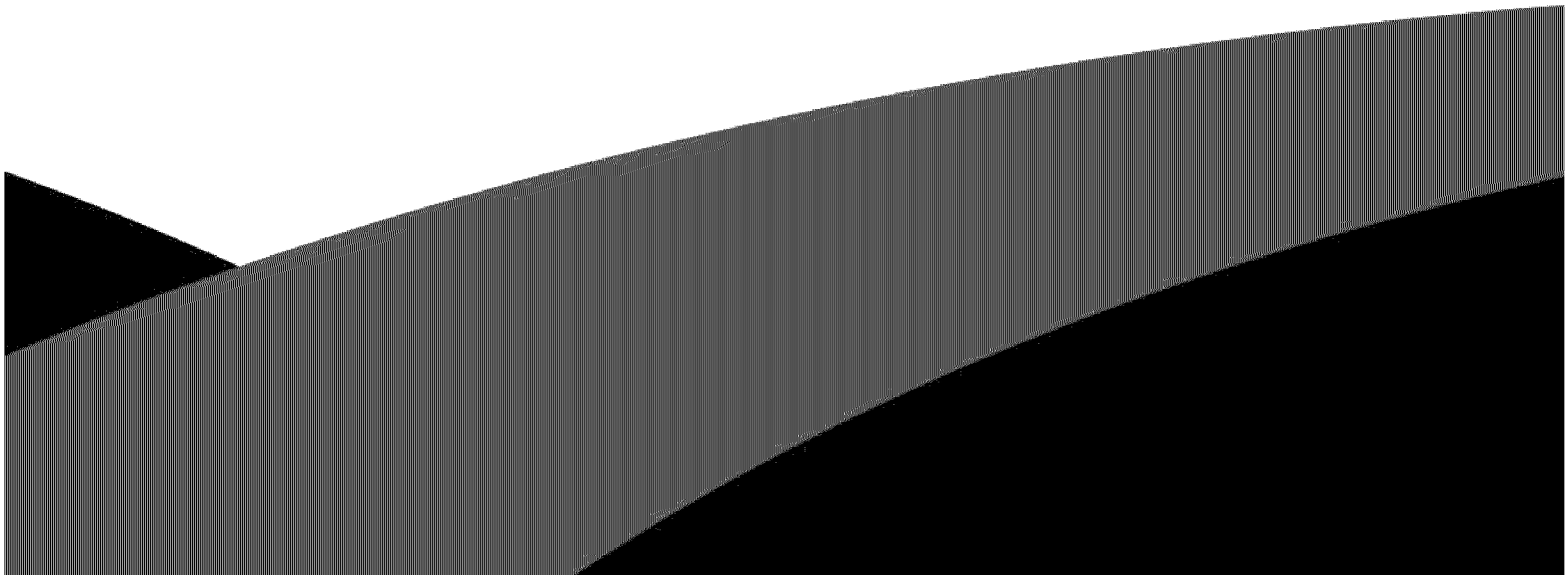


Table of Contents

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January 13, 2021

Ms. Andrea Cherwinski
Benefits Specialist
Eaton County
1045 Independence Boulevard
Charlotte, Michigan 48813

Dear Ms. Cherwinski:

The results of the December 31, 2019 Annual Actuarial Valuation of the Eaton County Retiree Health Care Plan are presented in this report.

This report was prepared at the request of Eaton County and is intended for use by the County and those designated or approved by the County. This report may be provided to parties other than Eaton County only in its entirety and only with the permission of the County. GRS is not responsible for unauthorized use of this report.

The purposes of the valuation are to measure the Plan's funding progress and to determine the Actuarial Determined Contribution for the fiscal year ending September 30, 2021. This report should not be relied on for any purpose other than the purposes described herein. Determinations of financial results, associated with the benefits described in this report, for purposes other than those identified above may be significantly different. This report does not satisfy GASB Statements No. 74 or No. 75.

The findings in this report are based on data and other information through December 31, 2019. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and changes in plan provisions or applicable law. The scope of an actuarial valuation does not include an analysis of the potential range of such future measurements.

The valuation was based upon information furnished by Eaton County concerning retiree health benefits, financial transactions, plan provisions and active members, terminated members, retirees and beneficiaries. We checked for internal reasonability and year-to-year consistency, but did not audit the data. We are not responsible for the accuracy or completeness of the information provided by Eaton County.

All actuarial assumptions used in this report are reasonable for the purposes of this valuation. All actuarial assumptions and methods used in the valuation follow the guidance in the applicable Actuarial Standards of Practice. Additional information about the actuarial assumptions is included in the section of this report entitled Actuarial Cost Method and Actuarial Assumptions.

This report was prepared using our proprietary valuation model and related software which in our professional judgment has the capability to provide results that are consistent with the purposes of the valuation. We performed tests to ensure that the model reasonably represents that which is intended to be modeled.

This report has been prepared by actuaries who have substantial experience valuing public employee retiree health plans. To the best of our knowledge, the information contained in this report is accurate and fairly presents the actuarial position of the Eaton County Retiree Health Care Plan as of the valuation date. All calculations have been made in conformity with generally accepted actuarial principles and practices and with the Actuarial Standards of Practice issued by the Actuarial Standards Board.

Shana M. Neeson and Mark Buis and are Members of the American Academy of Actuaries (MAAA) and meet the qualification standards of the American Academy of Actuaries to render the actuarial opinions contained herein.

The signing actuaries are independent of the plan sponsor.

Respectfully submitted,

Shana M Neeson
Shana M. Neeson, ASA, FCA, MAAA

Mark Buis
Mark Buis, FSA, EA, FCA, MAAA

SMN/MB:dj

C4504

EXECUTIVE SUMMARY

Executive Summary

Actuarially Determined Contribution

Please note that beginning with the fiscal year ending September 30, 2017, GASB Statement No. 43 was replaced by GASB Statement No. 74. Also, beginning with the fiscal year ending September 30, 2018, GASB Statement No. 45 was replaced by GASB Statement No. 75. It is our understanding that Eaton County is required to comply with both GASB Statement Nos. 74 and 75, and as such requires GASB Statement Nos. 74 and 75 reporting information at the completion of each fiscal year.

We have calculated the Actuarially Determined Contribution for the fiscal year ending September 30, 2021, using an interest rate assumption of 6.25%. Below is a summary of the results.

Fiscal Year Ending	Actuarially Determined Contribution	Estimated Claims Paid for Retirees
September 30, 2021	$4,032,356	$2,148,397

For additional details please see the Section titled "Valuation Results."

Liabilities and Assets – as of December 31, 2019

1. Present Value of Future Benefit Payments	$54,944,629
2. Actuarial Accrued Liability	52,108,465
3. Plan Assets	14,725,232
4. Unfunded Actuarial Accrued Liability (2) – (3)	37,383,233
5. Funded Ratio (3)/(2)	28.3%

The Present Value of Future Benefit Payments (PVFB) is the present value of all benefits projected to be paid from the Plan for past and future service to current members. The Actuarial Accrued Liability is the portion of the PVFB allocated to past service by the Plan's funding method (see the Section titled "Actuarial Cost Method and Actuarial Assumptions").

SECTION A

VALUATION RESULTS

Eaton County – Results as of December 31, 2019

A. Present Value of Future Benefits	
i) Retirees and Beneficiaries	$32,197,336
ii) Vested Terminated Members	0
iii) Active Members	22,747,293
Total Present Value of Future Benefits	$54,944,629
B. Present Value of Future Normal Costs	2,836,164
C. Actuarial Accrued Liability (A.-B.)	52,108,465
D. Actuarial Value of Assets	14,725,232
E. Unfunded Actuarial Accrued Liability (C.-D.)	$37,383,233
F. Funded Ratio (D./C.)	28.3%
G. Fiscal Year Ending September 30, 2021	
i) Employer Normal Cost	$ 461,495
ii) Amortization of Unfunded Actuarial Accrued Liability	3,570,861
Actuarially Determined Contribution	4,032,356

* *The unfunded actuarial accrued liabilities were amortized as a level dollar amount over a closed period of 18 years for the fiscal year ending September 30, 2021.*

The long-term rate of investment return used in this valuation is 6.25%.

Comments

Comment A: Overall Plan experience was more favorable than expected. Factors contributing to the favorable experience include, but are not limited to:

- More favorable claims experience than projected, primarily due to the health care plan change effective January 1, 2021 (as discussed in Comment B below);
- Assets earning more than the assumed rate of investment return (6.25%); and
- An assumption change to lower the ultimate health care cost trend rate to 3.50% (from 3.75%).

Partially offsetting these factors were liability increases due to the following assumption changes:

- Updating the health care cost trend rates; and
- Updating the mortality tables and other demographic assumptions to be consistent with the MERS pension assumptions.

The combined impact of the three assumption changes noted above resulted in an overall liability increase of approximately $3.37 million.

Comment B: Valuation results were produced reflecting the new Community Blue 12 plan which is effective January 1, 2021 for both current and future retirees. A liability adjustment was included in the valuation to account for the more expensive plans which are in place between the valuation date (December 31, 2019) and January 1, 2021.

Comment C: One of the key assumptions used in any valuation of the cost of postemployment benefits is the rate of return on the assets that will be used to pay Plan benefits. Higher assumed investment returns will result in a lower Actuarially Determined Contribution (ADC). Lower returns will tend to increase the computed ADC. We have calculated the liability and the resulting ADC using an assumed rate of investment return of 6.25%.

Comment D: The plan sponsor is required by GASB to perform actuarial valuations at least biennially or more frequent if significant changes in the OPEB are made in the interim.

Comment E: The contributions shown include amortization of the unfunded actuarial accrued liability over a closed 18-year period beginning with the fiscal year ending September 30, 2021.

Comment F: Currently, five retired members have opted-out of coverage and are reported as receiving an annual opt-out payment of $1,200 to spend as they please. As such, the opt-out benefit is not an OPEB liability and thus the cost of these as well as any future opt-out payments is not included in this report.

Comment G: On December 20, 2019, the "Further Consolidated Appropriations Act of 2020," H.R. 1865, was signed into law. The Act repeals the "Cadillac tax" which was a tax provision from the Affordable Care Act (ACA). As a result, any liability/provision analysis included as part of the prior funding valuation is no longer required. In addition, no further adjustments associated with the "Cadillac tax" are required. For purposes of the Eaton County Retiree Health Care Plan funding valuation, the repeal of the "Cadillac tax" does not have an impact on Plan liabilities because no load was applied as part of the December 31, 2018 funding valuation.

Comments

Comment H: The GASB issued Statements Nos. 74 and 75 for OPEB valuations. GASB Statement No. 74 for the plan OPEB disclosures is effective for fiscal years beginning after June 15, 2016. GASB Statement No. 75 for employer OPEB disclosures is effective for employer fiscal years beginning after June 15, 2017. The GASB implementation guides for Statement Nos. 74 and 75 provide additional clarification related to the implementation of these Statements. It is our understanding that the County has consulted with its auditor and will need to comply with GASB Statement Nos. 74 and 75 for each future fiscal year ending on September 30. The basis for the September 30, 2020 GASB information is expected to be this valuation (as of December 31, 2019), rolled forward to the measurement date.

Comment I: The Michigan State Treasurer has established uniform actuarial assumptions as required by Public Act 202 (PA 202) of 2017 for use with the annual Form 5572 (Retirement System Annual Report). The use of the uniform assumptions for reporting purposes is required for the fiscal year ending December 31, 2020. We plan to provide the County the necessary uniform assumption results as part of the December 31, 2020 GASB Statement Nos. 74 and 75 report.

Comment J: Unless otherwise indicated, a funded status measurement presented in this report is based upon the actuarial accrued liability and the market value of assets. Unless otherwise indicated, with regards to any funded status measurements presented in this report:

- The measurement is inappropriate for assessing the sufficiency of Plan assets to cover the estimated cost of settling the plan's benefit obligations;
- A funded status measurement of 100% is not synonymous with no required future contributions. If the funded status were 100%, the Plan would still require future normal cost contributions (i.e., contributions to cover the cost of the active membership accruing an additional year of service credit); and
- The measurement is inappropriate for assessing the need for or the amount of future employer contributions.

Comment K: This report does not reflect the recent and still-developing impact of COVID-19, which is likely to influence demographic and economic experience, at least in the short term. We will continue to monitor these developments and their impact on the Retiree Health Care Plan. Actual experience will be reflected in each subsequent funding valuation, as experience emerges.

SECTION B

RETIREE PREMIUM RATE DEVELOPMENT

Retiree Premium Rate Development

Rate Development

Initial premium rates were developed separately for each class (pre-65 and post-65). The rates were calculated by using actual incurred claims and exposure data for the period of January 2017 to December 2019 paid through August 2020, adjusted for catastrophic claims, plus the load for administration, and stop loss premiums. The self-insured medical and prescription drug data was provided by the County. The medical premiums are determined for the pre-65 and post-65 participants separately since Medicare is available for the post-65 participants and has a significant impact on the claim experience. Furthermore, since the prescription drug claims and the medical claims exhibit different trends and claim payment patterns, we analyzed these claims separately as well.

Age graded and sex distinct premiums are utilized in this valuation. The premiums developed by the preceding process are appropriate for the unique age and sex distribution currently existing. Over the future years covered by this valuation, the age and sex distribution will most likely change. Therefore, our process "distributes" the average premium over all age/sex combinations and assigns a unique premium for each specific age/sex combination. The age/sex specific premiums more accurately reflect the health care utilization and cost at that age.

The benefit options available to future retirees are the same benefit options available to current retirees. Blue Cross Blue Shield Group #48591 suffixes 901 (Non-Union MOS 0032), 904 (Out of Area MOS 0035) and 905 (Union MOS 0040) will be available to current and future retirees. We have developed one set of premium rates for current and future retirees.

The combined monthly one-person medical and drug premiums at select ages are shown below:

For Those Not Eligible for Medicare (Pre-65)		
	Current and Future Retirees	
Age	Male	Female
40	$ 462.64	$ 751.76
50	749.94	923.85
60	1,274.55	1,255.00
64	1,549.89	1,462.68

For Those Eligible for Medicare (Post-65)		
	Current and Future Retirees	
Age	Male	Female
65	$ 486.87	$ 459.22
75	569.64	555.84
85	602.36	609.46

Dental and vision benefits are not available to retirees.

Retiree Premium Rate Development

Health Care Trend Assumption

The health care cost trend rate is the rate of change in per capita health care claims over time as a result of factors such as medical inflation, utilization of health care services, plan design, and technological improvements. It is a crucial economic assumption that is required for measuring retiree health care benefit obligations.

Retiree health care valuations use a health care cost trend assumption (trend vector) that changes over the years. The trend vector used in this valuation begins with a near-term trend assumption and declines over time to an ultimate trend rate. The near-term rates reflect the increases in the current cost of health care goods and services. The process of trending down to a lower ultimate trend relies on the theory that premium levels will moderate over the long-term, otherwise the healthcare sector would eventually consume the entire GDP. It is on this basis that projected premium rate increases continue to exceed wage inflation, but by less each year until leveling off at an ultimate rate, assumed to be 3.50% in this valuation.

While experience is often the best starting point for future costs, GRS does not rely on a group's experience in setting the near-term trend assumptions since trends vary significantly from year to year and are not credible for most groups. Therefore, professional judgment, trends from GRS' book of business and industry benchmarks (e.g., trend reports from various Pharmacy Benefit Management (PBM) organizations and national health care benefit consulting firms) are used in conjunction with a group's historical experience to establish the trend assumptions.

The combined medical and prescription drug per capita costs are projected to increase as shown in the table below:

Year After Valuation	Health Care Trend Inflation Rates
	Medical/Drug
1	8.25%
2	7.50
3	7.00
4	6.50
5	6.00
6	5.50
7	5.00
8	4.50
9	4.00
10	3.50
11	3.50
12	3.50
13	3.50
14	3.50
15	3.50
16 +	3.50

Retiree Premium Rate Development

Actuarial Disclosures

The premium rates used in this valuation were developed using proprietary Excel models which in James E. Pranschke's professional judgment provide initial projected costs which are consistent with the purposes of the valuation. We performed tests to ensure that the models, in their entirety, reasonably represent that which is intended to be modeled.

Aging factors used in the premium development models were developed based on information and data from a 2013 study commissioned by the Society of Actuaries entitled "Health Care Costs – From Birth to Death."

James E. Pranschke is a Member of the American Academy of Actuaries (MAAA) and meets the Qualification Standards of the American Academy of Actuaries to certify the per capita retiree health care rates shown above.

James E. Pranschke

James E. Pranschke, FSA, FCA, MAAA

SECTION C

SUMMARY OF BENEFITS

Summary of the Benefit Provisions as of December 31, 2019

1. Benefit Eligibility:

25 years of service (retiree pays premium until attainment of age 55) or duty-disability retirement.

2. Benefit Provisions:

Hospitalization (includes prescription drug coverage):

- Prior to Age 65: Retirees and eligible dependents are covered on the same basis as employees.
- Age 65 or older: Retirees and eligible dependents are covered as a supplement to Medicare.

Each January 1, retirees in the General OPEB group may elect to forego health coverage and receive up to $1,200 per year from the County. This amount may be used for purposes other than healthcare.

Non-Union, Administrative Staff, and Sheriff and Undersheriffs hired after January 1, 2006 and Union members hired after April 1, 2007 are no longer eligible for County paid medical coverage in retirement. These employees also do not have access to the retiree health care plan at retirement.

3. Retiree Contributions:

None.

4. Spouse Coverage:

For all units from the date of the retiree's eligibility for County paid health insurance for the initial 12-month period, the County pays 50% of the premium difference required to include the spouse, with the employee paying the remaining 50%.

The following year, the County pays 60% of the premium difference required to include the spouse, with the employee paying 40%.

The following year, the County pays 70% of the premium difference required to include the spouse, with the employee paying 30%.

The following year, the County pays 80% of the premium difference required to include the spouse, with the employee paying 20%.

The following year, the County pays 90% of the premium difference required to include the spouse, with the employee paying 10%.

The County pays 100% of premium payments thereafter.

In the event of an employee's death, the survivor (at time of retirement) may continue coverage as described above at the County's expense.

Spouse coverage is eliminated for the following new hires:

Youth Facility, Animal Control, Non-Supervisory Sheriff members, Dispatch Supervisors, and Maintenance hired after October 1, 2000; Non-Union, Administrative Staff, and Sheriff and Undersheriff hired after January 1, 2001; Dispatchers hired after June 1, 2001; Sheriff Command hired after April 1, 2007.

5. Dental and Vision Coverage:

Retired members do not qualify for dental or vision coverage.

SECTION D

SUMMARY OF DATA

Eaton County
Eligible Active Members as of December 31, 2019
by Age and Years of Service

Age	Years of Service to Valuation Date							Totals
	0-4	5-9	10-14	15-19	20-24	25-29	30 Plus	No.
30-34								
35-39			5	1				6
40-44			3	11	6			20
45-49			1	14	16	1		32
50-54			1	8	7	5	2	23
55-59				5	8	3	1	17
60-64			3	1	3		1	8
65 & Over				1				1
Totals			**13**	**41**	**40**	**9**	**4**	**107**

While not used in the financial computations, the following group averages are computed and shown because of their general interest.

Age:	49.5	years
Service:	20.3	years

Eaton County
Total Inactive Members as of December 31, 2019
by Age

Number of Retiree and Beneficiary Contracts

	Opt-Out/ Ineligible^	One-Person Coverage	Two-Person Coverage*	Total
Male	75	33	56	164
Female	88	48	21	157
Total	163	81	77	321

^ Includes 4 members who are covered under spouse's County paid coverage.
** Includes family coverage.*

Age	Current Retirees Number of Those Covered
0-44	
45-49	4
50-54	14
55-59	19
60-64	31
65-69	27
70-74	35
75-79	12
80-84	8
85-89	8
90-94	
95 +	
Totals	158

There are no terminated members eligible for deferred Plan benefits.

Eaton County
Reported Financial Information
(Market Value)

	December 31, 2019
Additions	
Contributions	
Employer	$ 1,114,313
Nonemployer contributing entities	-
Active Employees	-
Other	-
Total Contributions	$ 1,114,313
Investment Income	
Net Appreciation in Fair Value of Investments	$ 1,809,363
Interest and Dividends	-
Less Investment Expense	-
Net Investment Income	$ 1,809,363
Other	-
Total Additions	$ 2,923,676
Deductions	
Benefit payments, including refunds of employee contributions	$ -
OPEB Plan Administrative Expense	24,035
Other	-
Total Deductions	$ 24,035
Net Increase in Net Position	$ 2,899,641
Market Value of Assets for OPEB	
Beginning of Year (January 1, 2019)	$ 11,825,591
End of Year (December 31, 2019)	$ 14,725,232

SECTION E

ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS

Actuarial Methods for Eaton County as of December 31, 2019

Actuarial Cost Method. Normal cost and the allocation of benefit values between service rendered before and after the valuation date was determined using an **Individual Entry-Age Actuarial Cost Method** having the following characteristics:

(i) The annual normal cost for each individual active member, payable from the date of employment to the date of retirement, is sufficient to accumulate the value of the member's benefit at the time of retirement; and

(ii) Each annual normal cost is a constant percentage of the member's year by year projected covered pay.

Actuarial gains (losses), as they occur, reduce (increase) the Unfunded Actuarial Accrued Liability.

Financing of Unfunded Actuarial Accrued Liabilities. Unfunded actuarial accrued liabilities (UAAL) (full funding credit if assets exceed liabilities) were amortized as a level dollar amount. The UAAL was determined using the actuarial value of assets and actuarial accrued liability calculated as of the valuation date and projected to the beginning of the fiscal year at the assumed rate of investment return.

Actuarial Value of Assets. The Actuarial Value of Assets is set equal to the reported market value of assets.

Amortization Factors. The following amortization factor was used in developing the Actuarially Determined Contribution for the fiscal year shown:

	Fiscal Year Ending September 30, 2021
Amortization Period	18
Level Dollar	10.9560

Actuarial Assumptions for Eaton County as of December 31, 2019

All assumptions are expectations of future experience, not market measures. The rationale for the rates of merit and longevity salary increase, base wage inflation, rates of mortality, normal retirement rates, early retirement rates, rates of separation from active membership, disability rates, and marriage assumption used in this valuation is included in the MERS five-year experience study for the period January 1, 2014 to December 31, 2018, issued February 14, 2020. These assumptions were first used in the December 31, 2019 OPEB Funding Valuation.

The rate of investment return was 6.25% a year, compounded annually net after investment expenses.

Rates of price inflation are not specifically used for this valuation. However, a rate of price inflation of 2.50% would be consistent with other assumptions in this report.

The rates of salary increase used for individual members are in accordance with the following table. This assumption is used to project a member's current salary to the salaries upon which future contributions will be based.

Percentage Increase in Salary at Sample Years of Service							
Sample Years of Service	Base (Wage Inflation)	Merit and Longevity	Total Percentage Increase in Pay	Sample Years of Service	Base (Wage Inflation)	Merit and Longevity	Total Percentage Increase in Pay
0	3.00 %	6.70 %	9.70 %	21	3.00 %	0.60 %	3.60 %
1	3.00	4.60	7.60	22	3.00	0.50	3.50
2	3.00	3.20	6.20	23	3.00	0.40	3.40
3	3.00	2.70	5.70	24	3.00	0.40	3.40
4	3.00	2.30	5.30	25	3.00	0.40	3.40
5	3.00	1.90	4.90	26	3.00	0.30	3.30
6	3.00	1.70	4.70	27	3.00	0.30	3.30
7	3.00	1.30	4.30	28	3.00	0.30	3.30
8	3.00	1.20	4.20	29	3.00	0.30	3.30
9	3.00	1.20	4.20	30	3.00	0.20	3.20
10	3.00	1.10	4.10	31	3.00	0.20	3.20
11	3.00	1.10	4.10	32	3.00	0.20	3.20
12	3.00	0.90	3.90	33	3.00	0.20	3.20
13	3.00	0.90	3.90	34	3.00	0.20	3.20
14	3.00	0.80	3.80	35	3.00	0.10	3.10
15	3.00	0.70	3.70	36	3.00	0.10	3.10
16	3.00	0.70	3.70	37	3.00	0.10	3.10
17	3.00	0.60	3.60	38	3.00	0.10	3.10
18	3.00	0.60	3.60	39	3.00	0.10	3.10
19	3.00	0.60	3.60	40 and Over	3.00	0.00	3.00
20	3.00	0.60	3.60				

Actuarial Assumptions for Eaton County as of December 31, 2019

The rates of mortality used for individual members are based upon the sex distinct Pub-2010 tables, as published by the Society of Actuaries, and include a margin for future mortality improvements projected using a fully generational improvement scale. The tables used were as follows:

- **Healthy Pre-Retirement Mortality:** Sex distinct Pub-2010 General Employees table without adjustment. The base year is 2010 and future mortality improvements are assumed each year using scale MP-2019, as published by the Society of Actuaries. Ninety percent (90%) of active member deaths are assumed to be non-duty deaths and 10% of the deaths are assumed to be duty related.

- **Healthy Post-Retirement Mortality:** Sex distinct Pub-2010 General Healthy Retiree tables scaled by a factor of 106%. The base year is 2010 and future mortality improvements are assumed each year using scale MP-2019, as published by the Society of Actuaries.

- **Disability Retirement Mortality:** Sex distinct PubNS-2010 Disabled tables without adjustment. The base year is 2010 and future mortality improvements are assumed each year using scale MP-2019, as published by the Society of Actuaries.

Note that the Pub-2010 tables do not include rates at all ages. For purposes of selecting mortality rates that are not otherwise published, we use the corresponding Employee or Healthy Retiree rates as applicable.

The life expectancies and mortality rates projected for employees are shown below for selected ages, based on retirements in 2019. Retirements in future years will reflect improvements in life expectancy:

	Expected Years of Life Remaining		Mortality Rates	
Age	Male	Female	Male	Female
20	69.93	72.66	0.04%	0.01%
25	64.64	67.33	0.03	0.01
30	59.36	62.01	0.05	0.02
35	54.14	56.72	0.06	0.03
40	48.95	51.46	0.08	0.04
45	43.79	46.22	0.10	0.05
50	38.65	41.00	0.14	0.08
55	33.58	35.83	0.22	0.13
60	28.63	30.75	0.33	0.20
65	23.81	25.76	0.47	0.29
70	19.09	20.85	0.66	0.45
75	14.47	16.06	1.01	0.74
80	9.95	11.42	1.60	1.26
85	6.85	8.00	8.07	5.98
90	4.78	5.55	13.92	11.07

Actuarial Assumptions for Eaton County as of December 31, 2019

The life expectancies and mortality rates projected for non-disabled retirees are shown below for selected ages, based on retirements in 2019. Retirements in future years will reflect improvements in life expectancy:

Age	Expected Years of Life Remaining		Mortality Rates	
	Male	Female	Male	Female
20	66.64	69.97	0.04%	0.01%
25	61.27	64.57	0.03	0.01
30	55.91	59.18	0.05	0.02
35	50.61	53.81	0.07	0.03
40	45.34	48.47	0.08	0.04
45	40.10	43.16	0.10	0.06
50	34.88	37.87	0.30	0.23
55	30.00	32.91	0.45	0.32
60	25.33	28.07	0.68	0.43
65	20.89	23.37	0.98	0.63
70	16.67	18.85	1.52	1.03
75	12.76	14.62	2.60	1.84
80	9.34	10.85	4.69	3.38
85	6.57	7.70	8.56	6.33
90	4.55	5.30	14.76	11.74

The life expectancies and mortality rates projected for disabled retirees are shown below for selected ages, based on retirements in 2019. Retirements in future years will reflect improvements in life expectancy:

Age	Expected Years of Life Remaining		Mortality Rates	
	Male	Female	Male	Female
20	52.06	55.82	0.43%	0.25%
25	47.26	50.65	0.33	0.20
30	42.45	45.56	0.48	0.34
35	38.00	40.85	0.63	0.52
40	33.79	36.50	0.78	0.71
45	29.72	32.37	1.01	0.96
50	25.86	28.53	1.50	1.43
55	22.40	25.11	2.08	1.83
60	19.35	21.99	2.61	2.08
65	16.52	18.82	3.07	2.18
70	13.74	15.48	3.66	2.61
75	10.99	12.21	4.77	3.69
80	8.44	9.32	6.81	5.70
85	6.28	6.99	10.16	8.99
90	4.55	5.24	15.43	13.17

Actuarial Assumptions for Eaton County as of December 31, 2019

Retirement Rates

A schedule of retirement rates is used to measure the probability of eligible members retiring during the next year. Certain retirement service amounts (normal retirement) or age (early reduced pension retirement) may not apply, depending on the benefit age of first eligibility.

Normal Retirement – Unreduced Pension Benefit
Service Based Retirement Rates

Sample Years of Service	Percent of Eligible Active Members Retiring within Next Year#	Sample Years of Service	Percent of Eligible Active Members Retiring within Next Year#
Under 5	15.00 %	23	26.00 %
5	15.00	24	30.00
6	15.00	25	34.00
7	15.00	26	25.00
8	15.00	27	25.00
9	15.00	28	25.00
10	20.00	29	25.00
11	20.00	30	25.00
12	20.00	31	28.00
13	20.00	32	28.00
14	20.00	33	28.00
15	20.00	34	28.00
16	20.00	35	25.00
17	20.00	36	25.00
18	20.00	37	25.00
19	20.00	38	25.00
20	20.00	39	25.00
21	22.00	40 and Over	25.00
22	24.00		

 # All members who reach eligibility for normal retirement pension benefits before reaching eligibility for retiree health benefits are assumed to retire at the rate of 3% per year during the period when they are not eligible for health.

Rates of retirement are set to 100% beginning at age 85.

Actuarial Assumptions for
Eaton County
as of December 31, 2019

Early Retirement - Reduced Pension Benefit
Age Based Retirement Rates

Retirement Ages	Percent of Eligible Active Members Retiring within Next Year
50	4.00 %
51	4.00
52	4.00
53	4.00
54	4.00
55	4.00
56	4.00
57	4.00
58	4.00
59	4.00

In the case a member's eligibility for early reduced pension retirement precedes eligibility for OPEB retirement, the percent of eligible active members retiring within the next year is as described in the table above or 3%, whichever is smaller.

Actuarial Assumptions for Eaton County as of December 31, 2019

Rates of separation from active membership are used to estimate the number of employees at each age that are expected to terminate employment before qualifying for retirement benefits. The rates of separation from active membership do not apply to members eligible to retire, and do not include separation on account of death or disability. The assumed rates of separation applied in the current valuation are based on years of service and different rates apply to public safety and all other groups. Sample rates of separation from active employment are shown below:

Sample Years of Service	Percent of Active Members Withdrawing within the Next Year	
	Public Safety	All Others
0	13.90 %	23.40 %
1	11.60	19.50
2	9.40	15.80
3	7.40	12.50
4	6.10	10.30
5	4.90	8.30
6	4.30	7.20
7	3.90	6.60
8	3.60	6.00
9	3.40	5.70
10	3.20	5.40
11	3.10	5.20
12	2.80	4.70
13	2.70	4.50
14	2.50	4.20
15	2.40	4.00
16	2.30	3.90
17	2.20	3.70
18	2.00	3.40
19	1.90	3.20
20	1.80	3.10
21	1.80	3.00
22	1.70	2.80
23	1.70	2.80
24	1.60	2.70
25 and Over	1.50	2.60

Actuarial Assumptions for
Eaton County
as of December 31, 2019

Disability Rates

Disability rates are used in the valuation to estimate the incidence of member disability in future years. The assumed rates of disablement at various ages are shown below:

Sample Ages	Percent Becoming Disabled within the Next Year
20	0.02%
25	0.02
30	0.02
35	0.05
40	0.08
45	0.20
50	0.29
55	0.38
60	0.39
65	0.39

80% of the disabilities are assumed to be non-duty and 20% of the disabilities are assumed to be duty related. For those plans which have adopted disability provision D-2, for pension benefit purposes, 40% of the disabilities are assumed to be non-duty and 60% are assumed to be duty related.

Miscellaneous and Technical Assumptions for Eaton County as of December 31, 2019

Administrative Expenses

No explicit assumption has been made for administrative expenses.

Decrement Operation

Disability does not operate during retirement eligibility.

Decrement Timing

Decrements of all types are assumed to occur mid-year.

Eligibility Testing

Eligibility for benefits is determined based upon the age nearest birthday and service nearest whole year on the date the decrement is assumed to occur.

Incidence of Contributions

Contributions are assumed to be received continuously throughout the year based upon the computed contribution shown in this report.

Marriage Assumption

80% of males and 80% of females are assumed to be married for purposes of death-in-service benefits. Male spouses are assumed to be three years older than female spouses for active member valuation purposes.

Medicare Coverage

Assumed to be available for all covered employees on attainment of age 65. Disabled retirees were assumed to be eligible for Medicare coverage at age 65.

Retiree Opt-Out Assumption

It was assumed, those retirees eligible for County paid coverage on the valuation date who are currently opting-out of retiree health care would continue opting-out of health care indefinitely.

It was assumed, those retirees eligible for County paid coverage upon attaining age 55 would:

a. If currently receiving coverage and paying 100% of the cost, continue to fully pay for coverage until attaining age 55; or
b. If currently opting out of coverage, continue to opt out of coverage until attaining age 55 at which time County paid coverage was assumed to commence. The future coverage type was assumed to be multiple life coverage if spousal information was provided, otherwise single life coverage was assumed.

Health Care Coverage at Retirement

The table below shows the assumed portion of future retirees electing one-person or two-person/family coverage, or opting-out of coverage entirely.

		Two-Person/Family		
	One-Person	Electing	Continuing	Opt-Out
Male	35%	65%	100%	0%
Female	35%	65%	100%	0%

APPENDIX

GLOSSARY

Glossary

Accrued Service. The service credited under the plan which was rendered before the date of the actuarial valuation.

Actuarial Accrued Liability. The difference between: (i) the actuarial present value of future plan benefits; and (ii) the actuarial present value of future normal cost. Sometimes referred to as "accrued liability" or "past service liability."

Actuarial Assumptions. Estimates of future plan experience with respect to rates of mortality, disability, turnover, retirement, rate or rates of investment income and salary increases. Decrement assumptions (rates of mortality, disability, turnover and retirement) are generally based on past experience, often modified for projected changes in conditions. Economic assumptions (salary increases and investment income) consist of an underlying rate in an inflation-free environment plus a provision for a long-term average rate of inflation.

Actuarial Cost Method. A mathematical budgeting procedure for allocating the dollar amount of the "actuarial present value of future plan benefits" between the actuarial present value of future normal cost and the actuarial accrued liability. Sometimes referred to as the "actuarial funding method."

Actuarial Equivalent. A single amount or series of amounts of equal value to another single amount or series of amounts, computed on the basis of the rate(s) of interest and mortality tables used by the plan.

Actuarial Present Value. The amount of funds presently required to provide a payment or series of payments in the future. It is determined by discounting the future payments at a predetermined rate of interest, taking into account the probability of payment.

Amortization. Paying off an interest-bearing liability by means of periodic payments of interest and principal, as opposed to paying it off with a lump sum payment.

Actuarially Determined Contribution (ADC). The ADC is the normal cost plus the portion of the unfunded actuarial accrued liability to be amortized in the current period. The ADC is an amount that is actuarially determined in accordance with the requirements so that, if paid on an ongoing basis, it would be expected to provide sufficient resources to fund both the normal cost for each year and the amortized unfunded actuarial accrued liability.

Governmental Accounting Standards Board (GASB). GASB is the private, nonpartisan, nonprofit organization that works to create and improve the rules U.S. state and local governments follow when accounting for their finances and reporting them to the public.

Implicit Rate Subsidy. It is common practice for employers to allow retirees to continue in the employer's group health insurance plan (which also covers active employees), often charging the retiree some portion of the premium charged for active employees. Under the theory that retirees have higher utilization of services, the difference between the true cost of providing retiree coverage and what the retiree is being charged is known as the implicit rate subsidy.

Glossary

Medical Trend Rate (Health Care Inflation). The increase in the cost of providing health care benefits over time. Trend includes such elements as pure price inflation, changes in utilization, advances in medical technology, and cost shifting.

Normal Cost. The annual cost assigned, under the actuarial funding method, to current and subsequent plan years. Sometimes referred to as "current service cost." Any payment toward the unfunded actuarial accrued liability is not part of the normal cost.

Other Postemployment Benefits (OPEB). OPEB are postemployment benefits other than pensions. OPEB generally takes the form of health insurance, dental, vision, prescription drugs, life insurance or other health care benefits.

Reserve Account. An account used to indicate that funds have been set aside for a specific purpose and are not generally available for other uses.

Unfunded Actuarial Accrued Liability. The difference between the actuarial accrued liability and valuation assets. Sometimes referred to as "unfunded actuarial accrued liability."

Valuation Assets. The value of current plan assets recognized for valuation purposes.

January 15, 2021
By: Gabriel, Roeder, Smith & Company

Eaton County

Proposed Fees for OPEB Actuarial Services

Table of Contents

GRS' Background in Health Care Consulting

GRS specializes in assessing complex health care and benefit issues for public sector plans. GRS has extensive experience in the design, evaluation, pricing, financing, and implementation of retiree health care benefit programs, particularly retiree health care plans sponsored by state and local governments. We have a thorough understanding and hands-on experience with the health care marketplace, both nationally and regionally. Our expertise and insight into public employee retirement systems are highlighted by the fact that our consultants and actuaries have experience in benefit design, managed care strategies, plan administration and legislative issues, as well as valuation related services.

Scope of Services

Actuarial Funding Valuation

In order to help facilitate the funding of the Plan, we will prepare annual actuarial funding valuations of the retiree health care benefits for the Eaton County Retiree Health Care Plan as of 12/31/2020 and 12/31/2021. The actuarial funding valuations will encompass the phases indicated below:

Determination of:
▪ Actuarial present value of projected benefits; ▪ Actuarial accrued liability; ▪ Actuarial value of assets; ▪ Unfunded actuarial accrued liability; ▪ Normal cost; and ▪ Actuarially Determined Contribution for the fiscal years ending 9/30/2022 (part of the 12/31/2020 actuarial funding valuation) and 9/30/2023 (part of the 12/31/2021 actuarial funding valuation).

The retiree health care funding valuation will include the following:
▪ One contribution rate with assets; ▪ One set of initial per capita costs based on up to six distinct retiree medical plans; ▪ The retiree medical and prescription drug plans are self-insured; and ▪ We will prepare our calculations using one rate of investment return assumption which is consistent with the investment policy of the Plan, and which is approved by the Plan Sponsor. For purposes of the 12/31/2019 OPEB funding valuation report, an investment return assumption of 6.25% was used.

Our fees do not include any additional meetings, additional studies for changes in benefits, or any other items not detailed in this letter. If the County would like to meet to discuss the results of the funding valuation, GRS will charge for the meetings based on time and expense. The standard hourly rate for this would range from $236-$420 per hour.

GASB Accounting Report

In order to prepare the necessary information for the fiscal years ending 9/30/2021 and 9/30/2022 (for GASB Statement Nos. 74 and 75), we will need to prepare additional accounting reports of the retiree health care benefits for the Eaton County Retiree Health Care Plan. The accounting reports will be provided following the availability of the necessary information and the end of the applicable fiscal year. Each GASB Statement Nos. 74 and 75 report will include, but is not limited to, the following information:

GASB Statement Nos. 74 and 75 Reporting
▪ Determination of the Single Discount Rate; ▪ Statement of Changes in the Net OPEB Liability and Related Ratios, using the Single Discount Rate as determined above; ▪ Schedule of Net OPEB Liability; ▪ Schedule of Actuarially Determined Contributions (and notes); ▪ Statement of Fiduciary Net Position and Changes in Fiduciary Net Position; ▪ A sensitivity analysis providing the Net OPEB Liability based on a 1% higher and 1% lower discount rate and a 1% higher and 1% lower health care trend assumption; ▪ A description of the types of benefits provided by the plan; ▪ The number and classes of employees covered by the benefit terms; ▪ An OPEB Expense calculation which separately tracks annual gains and losses due to demographic experience, asset experience, assumption changes, and plan changes; and ▪ Deferred Outflows and Inflows of Resources related to OPEBs.

Note that there is still other information not listed above that will be required in the Plan's financial statements and/or the CAFR to fully comply with GASB Statement Nos. 74 and 75. This additional information will need to be provided by the Plan's investment consultant and its accountants or other financial statement preparers. This other information includes the annual money-weighted rate of return on OPEB plan investments. If the Plan's investment consultant and its accountant are unable to provide this calculation, GRS can provide it for an additional fee. Please let us know if you require GRS to perform the calculation.

In addition, each GASB Statement Nos. 74 and 75 report will include a supplemental section which can be used to assist the County with the completion of the annual Form 5572 (Retirement System Annual Report) for purposes of compliance with PA 202 of 2017. The additional cost for including the supplemental section for PA 202 purposes is encompassed in the consulting fees listed on page 6.

Claims and Premium Rate Analysis

Calculate Per Capita Retiree Claim Costs for Medical and Prescription Drug

Calculations of current per capita retiree claim costs for a large group are usually based entirely on the group's own experience. Data is obtained from the vendor, including claims, premiums, enrollment data, and administrative expenses. The data is separated for each subgroup for which rates are required. We review the data for completeness and reasonableness. Claim completion factors are determined and applied and incurred monthly claim costs per member or per risk unit are determined. Appropriate trend rates are applied to trend the claim costs to the appropriate time period. Administrative expenses are added and any other adjustments are made as appropriate.

Professional Consulting Staff

The GRS team assigned to the actuarial funding valuation of the retiree health care benefits for the County has extensive experience and expertise in retirement plans, health care benefits, and their associated costs. The team will include members with the following credentials listed below:

- A qualified health actuary who is either an Associate of the Society of Actuaries (ASA), or a Fellow of the Society of Actuaries (FSA). This individual will be responsible for analyzing your premiums and/or claims experience, determining a per person health care cost appropriate for your Plan, and determining the appropriate health inflation assumption to be used in your actuarial funding valuation.

- A qualified OPEB actuary who is either an Associate of the Society of Actuaries (ASA), a Fellow of the Society of Actuaries (FSA), or an Enrolled Actuary (EA). This individual will be responsible for calculating the liabilities and the Actuarially Determined Contribution.

The Actuarial Standards require that any actuary providing a Statement of Actuarial Opinion (SAO) be qualified to do so. The actuaries certifying the County's actuarial funding valuation must be qualified to provide the SAO. The GRS actuaries assigned to the project satisfy the above requirements.

Consulting Fees

Gabriel, Roeder, Smith & Company's professional consulting fees are based on the time spent by our associates in performing these services for you. The table below shows our proposed fees broken down by Valuation Project:

Valuation Project	Fees[1]
1. Actuarial Funding Valuation as of 12/31/2020	$14,400
2. GASB Report (based on 12/31/2020 actuarial funding valuation) In accordance with GASB Statement Nos. 74 and 75 for FYE 9/30/2021[2] (including PA 202 Calculations and Exhibits)[3]	$ 8,000
3. Actuarial Funding Valuation as of 12/31/2021	$14,400
4. GASB Report (based on 12/31/2021 actuarial funding valuation) In accordance with GASB Statement Nos. 74 and 75 for FYE 9/30/2022[2] (including PA 202 Calculations and Exhibits)[3]	$ 8,000
Timing: Projected delivery 12-16 weeks after receiving clean and complete data for Items 1 and 3 and 4-6 weeks for Items 2 and 4.	

[1] *The fees above will be charged following the completion of each project listed.*

[2] *Additional fees may apply if there have been significant changes to the Plan since the actuarial funding valuation was completed or if there are component units.*

[3] *Please note that due to Public Act 202, all Local Units of Government must provide figures for uniform reporting on Form 5572 submissions for the State of Michigan.*

The fees provided above are based on an annual valuation cycle where roll-forward techniques will be applied to the 12/31/2020 and 12/31/2021 actuarial funding valuations for the purpose of preparing the information for GASB Statement Nos. 74 and 75 for the fiscal years ending 9/30/2021 and 9/30/2022, respectively.

A high-quality valuation must be based on accurate member data, benefit cost data and plan design information. We base all of our calculations on this information which is supplied by the plan sponsor and their designees. If, after commencement of the valuation, it is determined that some of the information is inaccurate or incomplete requiring re-work on our part, we will increase our fees based on actual time spent on the additional work.

Project Timing and Communication

We are prepared to initiate the 12/31/2020 actuarial funding valuation upon receipt of the data and following your approval of this proposal. We project that an actuarial funding valuation will be delivered 12 to 16 weeks after receipt of clean and complete data.

Work for each GASB Statement Nos. 74 and 75 report will be initiated after the completion of the applicable fiscal year and upon our receipt of the necessary data. We project that each GASB Statement Nos. 74 and 75 report will be delivered four to six weeks after receipt of clean and complete data.

The consulting fees included in this proposal are guaranteed for one year.

Please do not hesitate to contact us at 1-248-799-9000 should you need additional information or clarification. We look forward to providing an actuarial funding valuation, GASB reporting information and Form 5572 information to the Eaton County Retiree Health Care Plan.

Respectfully submitted,

Shana M Neeson

Shana M. Neeson, ASA, FCA, MAAA

SMN:ah

Acceptance of Proposal

The undersigned hereby authorizes Gabriel, Roeder, Smith & Company to commence work on the selected items below as outlined in the proposal dated January 15, 2021.

Acceptance for: Eaton County Retiree Health Care Plan	
By:	
Printed Name:	
Title:	
Date:	

Please indicate which services the Eaton County Retiree Health Care Plan would like to approve.

____ 12/31/2020 Actuarial Funding Valuation

____ 9/30/2021 GASB Statement Nos. 74 and 75 Report (including PA 202 Calculations and Exhibits)

____ 12/31/2021 Actuarial Funding Valuation

____ 9/30/2022 GASB Statement Nos. 74 and 75 Report (including PA 202 Calculations and Exhibits)

Report Distribution List

We plan to mail hard copies of the reports to the following recipient. Please indicate how many copies of each report you would like sent to the following recipient and if you would like an electronic copy of the report in the following chart:

Ms. Andrea Cherwinski
Benefits Specialist
Eaton County
Retiree Health Care Plan
1045 Independence Boulevard
Charlotte, Michigan 48813

Report Type	Number of Requested Hard Copies	If Electronic Copies are Desired, Please Supply an E-mail Address for Receipt
12/31/2020 Actuarial Funding Valuation		
9/30/2021 GASB Statement Nos. 74 and 75 Report		
12/31/2021 Actuarial Funding Valuation		
9/30/2022 GASB Statement Nos. 74 and 75 Report		

Please indicate the following information, if you wish to have a copy of any of the reports mailed to a different recipient:

Name:_____
Company:_____
Mailing Address:_____
_____

Report Type	Number of Requested Hard Copies	If Electronic Copies are Desired, Please Supply an E-mail Address for Receipt
12/31/2020 Actuarial Funding Valuation		
9/30/2021 GASB Statement Nos. 74 and 75 Report		
12/31/2021 Actuarial Funding Valuation		
9/30/2022 GASB Statement Nos. 74 and 75 Report		

Eaton County
Retiree Health Care Plan
Data Request

Upon acceptance of the Letter of Engagement, the elements included on the following pages are necessary in order to complete the actuarial funding valuation.

For security purposes, we request that all file transfers occur via the secure file transfer portion of the GRS Advantage™ Website. Information related to using GRS Advantage™ is provided below. Please follow the instructions below to register or access the GRS Advantage™ Website. The reference guide mentioned below details how to download and upload files to the site.

GRS Advantage™ Website

Access or activate your personalized account on the GRS Advantage™ Website

I. Go to https://advantage.gabrielroeder.com
   a. Register or Login as a Plan Sponsor
II. Download and open the GRS Advantage user reference guide (https://advantage.gabrielroeder.com/Documents/Help/GRSAdvantageUserReferenceGuide.pdf)
   a. Follow along with the "GRS Advantage Website - Requesting Access to the Website" help topic to activate your account and personalize your password.
   b. Read over the "GRS Advantage Website - Using the GRS Advantage™ Website" help topic, specifically item "2." which describes the navigation bar.
   c. Read over the "Secure File Transfer" section, which describes how to send and retrieve file transfers.

Demographic Data Requirements

In order to complete the funding valuation, a listing will be needed containing the necessary member census information (active, deferred vested (if applicable), and retired). Following approval of our proposal, we will provide an Excel spreadsheet requesting the necessary information. The data will be collected via the GRS Advantage™ Website.

Plan Provisions

Following approval of our proposal, we will confirm whether any plan changes have occurred since the prior valuation.

Asset Information and Pay-As-You-Go Cost

The information will be requested via a spreadsheet, following approval of our proposal.

Eaton County
Retiree Health Care Plan
Data Request

OPEB Initial Per-Capita Cost Information

Please provide all data electronically, where available.

1. Please explain which groups/divisions are available for current and future retirees. If more than one group/division is still available, please explain what would cause a retiree to choose one group/division over another. We believe the easiest way to present this information is to provide a table similar to the table below. The information in the table is an example.

   OPEB Group: **Sample**

Retiree Group/Division	Offered to Pre-65 and Post-65 Retirees?	Applicable Group	Anticipated Plan Design Changes?	Eligible Active Division(s)/Plan(s)*	Comments**
0001	Pre-65 only	Retired before Jan. 1, 2006	None	Closed to future retirees	
0002	Pre-65 only	Retired on or after Dec. 31, 1995	7/1/2008 - will change Rx Copay to $10/$40	0001, 0002 & 0003	
0015	Post-65 only	Retired any time	None	Open to all current/future retirees	

* *Please list which active division(s)/plan(s) are eligible to retire into each corresponding retiree division. Note that multiple retiree divisions/plans may be available to each active division/plan.*

** *Enter any additional information which you feel may be relevant.*

2. Please explain any major changes to the Retiree Health plan (e.g., changes in copays, deductibles, change from fully-insured to self-insured, introduction to high deductible health plans, etc.) in the past three years.

3. Please provide a summary of Health Care Coverage Plan Provisions for each health care option. For example, please list copays, and deductibles for the PPO, HMO, etc. If a summary is not available, a member booklet should suffice.

4. Please provide us with the 2021 illustrative monthly active and retiree premium rates for one-person and two-person coverage. For the retirees, we would like both pre-65 (regular premium rates) and post-65 (complementary premium rates). If available, it would be helpful to have the premium rate broken down by coverage component (i.e., medical, prescription drug, dental, and/or vision).

   Please provide the annual Rate Sheet for each group/division from your provider. For all Rate Sheets submitted, please indicate the full period these rates are effective. Billing statements do not contain the information needed; therefore, they are not necessary to send.

OPEB Initial Per-Capita Cost Information (Concluded)

For self-funded groups/divisions, please provide the following.

5. All active and retiree divisions.

    a. Monthly claims experience by group/division separately for prescription drug and all other lines of coverage combined (i.e., facility, professional, master medical, vision and hearing) for the following periods:
        i. Incurred 01/01/2018 to 12/31/2018 and paid through 3/31/2021
        ii. Incurred 01/01/2019 to 12/31/2019 and paid through 3/31/2021
        iii. Incurred 01/01/2020 to 12/31/2020 and paid through 3/31/2021

        Please note that separate claim reports for regular and comprehensive members should be provided.
    b. Monthly exposure data by group/division for the periods corresponding to the above claim experience periods.

6. A listing of all stop-loss reimbursements by group/division for the periods corresponding to the above claim experience periods. Please indicate whether the large claims are for active employees or retirees.

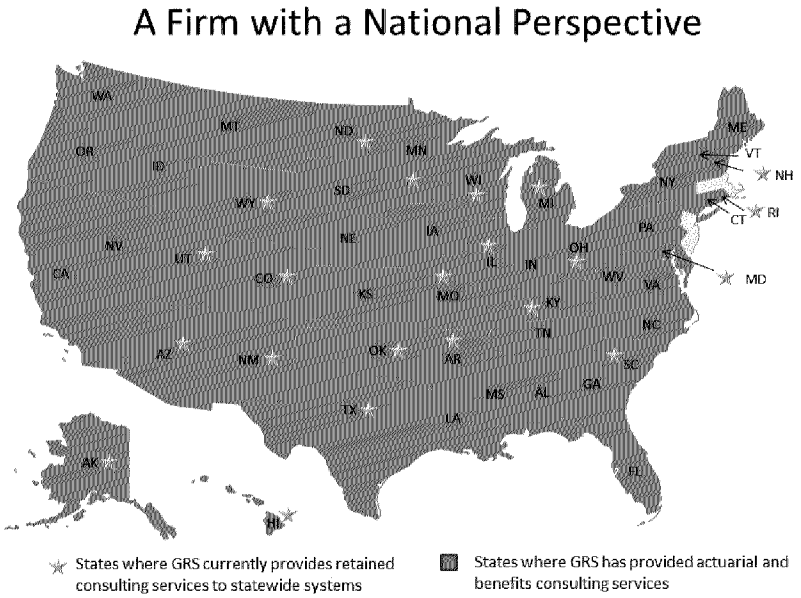
7. Monthly stop-loss premium per contract for the period of January 1, 2021 to December 31, 2021. Please indicate the specific stop-loss attachment point.

8. Please provide detail regarding what the stop-loss coverage covers (i.e., pre-65 medical, post-65 medical, pre-65 prescription drug, post-65 prescription drug, etc.). For the Stop Loss rate provided what population lines of business does it cover?

9. Monthly administrative fee per contract for the period of January 1, 2021 to December 31, 2021.

About Gabriel, Roeder, Smith & Company

GRS Client Base



1,000+ clients in nearly 50 states

35 State or Statewide Retirement Systems covering a total of over 6 million participants and over $800 billion in assets.

26 Statewide Retirement Systems with 50,000 or more participants.

Our History

Founded in 1938, Gabriel, Roeder, Smith & Company (GRS) is a national actuarial and benefits consulting firm. GRS is dedicated to bringing clients innovative, sustainable solutions that the firm helps put into action. The firm supports the long-term success of pension, OPEB, and health and welfare benefit plans. Associates deliver high-quality services that reflect GRS' core values, which include professionalism and ethics in all aspects of business. The firm attracts the best talent in the industry by providing a collaborative work environment that respects the diversity and professional aspirations of our associates.

About Gabriel, Roeder, Smith & Company

OUR MISSION

To be a trusted advisor to the public sector community; to chart a course through the risks and opportunities in retirement plan design, considering the needs of all stakeholders.

OUR VALUES

Professionalism

We exhibit professionalism and ethics in all aspects of our business.

Commitment

We commit to providing the best possible service and advice to our clients.

Education

We engage in life-long learning for ourselves, our clients, and other stakeholders.

Respect

We respect the diversity, talents, and professional aspirations of our associates.

About Gabriel, Roeder, Smith & Company

Our Services

Pension and OPEB Services

Actuarial Services

- Valuations
- Audits

Risk Management

- Funding Policy
- Experience Studies
- Asset/Liability Studies

Legislative & Regulatory

- Cost Impact Studies
- GASB Standards Consulting
- Research & Surveys

Best Practice Benefit Design

- Defined Benefit
- DB/DC Hybrid
- Cash Balance
- Adjustable Pension Plan
- Benefit Adequacy Studies
- Benefit Policy Development

Client Software

- MagVal™ Suite: Projection Software
- GRS Advantage™: Client Services Website
- GRS Foresight™
- Exclusion Ratio Calculator
- 415 Screening Tool

Compliance: While GRS does not practice law, our relationship with the Groom Law Group supports GRS consultants' and clients' understanding of compliance issues.

In addition to the above, GRS also provides a wide range of Health and Welfare Consulting Services.

About Gabriel, Roeder, Smith & Company

Quality Control at GRS

GRS serves plans ranging from the smallest – those with 100 or fewer participants to those with 500,000 or more participants. We are very aware that the services we provide directly affect the future financial well-being of large numbers of people, and that inaccurate calculations can directly affect their lives. Consequently, we have an extensive quality control program. We refer to this program as the "Peer Review Process," but it is actually much more than that.

Under the Peer Review process, at least four team members are involved in the preparation of every actuarial valuation report.

One team member develops the plan costs and another verifies each value. The supervising actuary will review everything as the valuation process continues to ensure that results not only look correct, but look reasonable. The other supervising or primary actuary will review all work completed by the other team members as a final check. At this stage our actuarial valuation report is reviewed by another actuary as a final peer review to assure that the main results and underlying causes are accurate and well communicated. We document peer review guidelines for each member of a GRS client team.

These guidelines were developed by our Professionalism Committee and are reviewed and revised as appropriate. GRS uses its Peer Review process on all services that we provide to our clients.

In completing any client assignment, it is the goal of each employee of GRS to produce the highest quality work. This practice has been an integral component of our corporate culture throughout the entire history of GRS.

The following aspects of our Peer Review process attest to the strength of the quality controls we have built for providing actuarial services.

Professionalism Committee

Quality Assurance Procedures at GRS are developed and monitored by a standing Professionalism Committee (the Chief Actuary serves as an ex-officio member). The GRS Professionalism Committee performs internal audits of the work we do for our clients and monitors compliance with quality forms. The Professionalism Committee reports to the firm's President. The following paragraphs describe how our quality assurance procedures apply to three specific types of client assignments.

About Gabriel, Roeder, Smith & Company

Actuarial Valuations

Each actuarial valuation for a defined benefit pension plan or a post-retirement health care program is supervised by a qualified consulting actuary, from the beginning of the process until the final product is sent to the client. Actuarial valuations are prepared by an actuarial analyst and are initially checked by a more senior associate.

The two associates work very closely with the consulting actuary to resolve any issues that may arise throughout the process. After completion of the initial checking, the valuation is reviewed by the consulting actuary. The actuary reviews the results for reasonableness. Once the results are finalized and a report is prepared, the report is peer reviewed by another qualified actuary. Each step of the process is documented using the quality forms and the documentation is filed with the work papers.

Special Projects

All other projects other than actuarial valuations also follow our standard quality procedures. Initial calculations are prepared by an analyst, checked by a more senior associate and reviewed and peer reviewed by a qualified actuary. Each step of the process is documented using the quality forms and the documentation is filed with the work papers.

Client Correspondence

Any substantive client correspondence (letters - hard copy or electronic, reports, presentations, etc.) prepared by one of our actuaries or consultants is peer reviewed by another actuary or consultant. Each step of the process is documented using the quality forms and the documentation is filed with a copy of the correspondence.

Internal Audit

Our internal audit process ensures that our associates follow our quality procedures and that the services provided to our clients are continuously improving. Please note this is a procedural audit. Through this process, a group of our actuaries and consultants audits the work performed for our clients. The various clients are selected randomly. A member of the Professionalism Committee begins the audit with conversations with the actuary or consultant and other client team members, and then reviews the work papers, the valuation report and other relevant files to see if quality procedures have been followed and documented. After the Committee member has completed these steps, the findings are discussed with the actuary or consultant responsible for that client. The findings are shared with the other members of the Professionalism Committee at its next quarterly meeting, after which it is forwarded to the President.

External Audit

Our work on behalf of a variety of our clients has also been audited by other actuarial firms and our work has passed their scrutiny. Of course, as serious, committed professionals, we always welcome constructive suggestions of other qualified professionals.

About Gabriel, Roeder, Smith & Company

GRS Supports its Clients and its Consultants

GRS provides support through various GRS actuarial and research resources. These resources help our consultants deliver the highest quality services to our clients.

GRS encourages its consultants to participate in activities that support public sector benefit plans. We believe that our professional development support creates an environment for service excellence, which has resulted in GRS' low employee turnover.

A few examples of this support are provided:

- **GRS' Internal Software and Programming Group** supports our internally written and maintained actuarial software and provides ongoing training for all actuarial employees on its use. Our consultants know that the work they produce uses methods that comply with the latest actuarial standards, methods, assumptions and tables required for public sector work. Many of our competitors do not place emphasis on software and training for public sector plans.

- **GRS' Research Group** provides clients and GRS consultants with in-depth analysis of public sector benefit plan issues covering plan design, Internal Revenue Code, and other legislative and regulatory issues. It also provides information on federal and state legislation, accounting rules, and other regulatory issues on topics of interest to employee benefit plans. GRS communicates the results of its research through: 1) GRS Insight, its newsletter on pension and health care related topics; 2) GRS Perspectives, our consultant authored articles; and 3) News Scan, brief news summaries produced by our Research Manager. Our current publications are available on our website at www.grsconsulting.com. Clients have access to archived publications through GRS Advantage™, our client services website.

- **GRS Client Education Syllabus** and a wealth of additional information is available at https://www.grsconsulting.com/education-and-training/

- Our consultants remain updated on benefit issues using our **internal company portal** that provides them with GRS Research group publications, benefit related publications from external sources and discussion boards for information sharing.

About Gabriel, Roeder, Smith & Company

- **GRS supports consultants' activities as speakers**, committee members, and as authors of articles for industry and public sector associations such as the National Association of Retirement Administrators (NASRA), National Council on Teacher Retirement (NCTR), National Conference of Public Employee Retirement System (NCPERS), International Foundation of Employee Benefit Plans (IFEBP), American Academy of Actuaries (AAA), the Society of Actuaries, the Conference of Consulting Actuaries, and the Government Finance Officers Association (GFOA).

- **Professionalism Committee** - Quality assurance procedures at GRS are developed and monitored by a standing Professionalism Committee consisting of six Senior Consultants. The GRS Professionalism Committee performs internal audits of the work we do for our clients.

- **GRS Chief Actuary**, David T. Kausch, FSA, EA, FCA, MAAA, PhD, has over 20 years of pension consulting experience and considerable knowledge of current issues facing public employee retirement systems. As Chief Actuary, Mr. Kausch monitors the firm's adherence to established actuarial standards, provides oversight and interpretations for the firm's actuarial methodologies, and serves as a GRS spokesperson for the company's perspectives and positions on actuarial issues.

EATON COUNTY BOARD OF COMMISSIONERS

RESOLUTION PLEDGING FULL FAITH AND CREDIT TO MCGILVRA DRAIN DRAINAGE DISTRICT BONDS

RESOLUTION # _____

Minutes of a regular meeting of the Board of Commissioners of Eaton County, Michigan, held in the County on _____, 2021, at _____ _.m., local time.

PRESENT: Commissioners _____

_____

ABSENT: Commissioners _____

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

WHEREAS pursuant to a petition filed with the Drain Commissioner of the County of Eaton, State of Michigan (the "Drain Commissioner"), proceedings have been taken under the provisions of Act 40, Public Acts of Michigan, 1956, as amended (the "Act"), for the making of certain intra-county drain improvements referred to as the McGilvra Drain Maintenance and Improvement Project (the "Project"), which is being undertaken by the McGilvra Drain Drainage District (the "Drainage District") in a Special Assessment District (the "Special Assessment District") established by the Drainage District; and

WHEREAS, the Project is necessary for the protection of the public health, and in order to provide funds to pay the costs of the Project, the Drain Commissioner intends to issue the Drainage District's bonds (the "Bonds"), in one or more series, in an amount not to exceed $750,000 pursuant to the Act; and

WHEREAS, the principal of and interest on the Bonds will be payable from assessments to be made upon public corporations and/or benefited properties in the Special Assessment District; and

WHEREAS, the Eaton County Board of Commissioners (the "Board") may, by resolution adopted by a majority of the members of the Board, pledge the full faith and credit of the County for the prompt payment of the principal of and interest on the Bonds pursuant to Section 276 of the Act; and

WHEREAS, the pledge of the full faith and credit of the County to the Bonds will reduce the cost of financing the Project and will be a benefit to the people of the County.

NOW, THEREFORE, IT IS RESOLVED as follows:

1. The County pledges its full faith and credit for the prompt payment of the principal of and interest on the Bonds in a par amount not to exceed $750,000. The County shall

immediately advance sufficient moneys from County funds, as a first budget obligation, to pay the principal of and interest on any of the Bonds should the Drainage District fail to pay such amounts when due. The County shall, if necessary, levy a tax on all taxable property in the County, to the extent other available funds are insufficient to pay the principal of and interest on the Bonds when due.

2. Should the County advance County funds pursuant to the pledge made in this Resolution, the amounts shall be repaid to the County from assessments or reassessments made upon benefited properties in the Special Assessment District as provided in the Act.

3. The Chairperson of the Board, the County Controller/Administrator, the County Clerk, the County Treasurer and any other official of the County, or any one or more of them ("Authorized Officers"), are authorized and directed to take all actions necessary or desirable for the issuance of the Bonds and to execute any documents or certificates necessary to complete the issuance of the Bonds, including, but not limited to, any applications including the Michigan Department of Treasury, Application for State Treasurer's Approval to Issue Long-Term Securities, any waivers, certificates, receipts, orders, agreements, instruments, and any certificates relating to federal or state securities laws, rules, or regulations and to participate in the preparation of a preliminary official statement and a final official statement for the Bonds and to sign such documents on behalf of the County and give any approvals necessary therefor.

4. Any one of the Authorized Officers is hereby authorized to execute a certificate of the County to comply with the continuing disclosure undertaking of the County with respect to the Bonds pursuant to paragraph (b)(5) of SEC Rule 15c2-12 issued under the Securities Exchange Act of 1934, as amended, and amendments to such certificate from time to time in accordance with the terms of such certificate (the certificate and any amendments thereto are collectively referred to herein as the "Continuing Disclosure Certificate").

5. All resolutions and parts of resolutions are, to the extent of any conflict with this resolution, rescinded to the extent of the conflict.

YEAS: Commissioners _____

_____

NAYS: Commissioners _____

ABSTAIN: Commissioners _____

RESOLUTION DECLARED ADOPTED.

_____
Diana Bosworth, Clerk
County of Eaton

CERTIFICATION

I, Diana Bosworth, the duly qualified and acting Clerk of Eaton County, Michigan (the "County") do hereby certify that the foregoing is a true and complete copy of a resolution adopted by the Board of Commissioners at a meeting held on _____, 2021, the original of which is on file in my office. Public notice of said meeting was given pursuant to and in compliance with Act 267, Public Acts of Michigan, 1976, as amended.

_____
Diana Bosworth, Clerk
County of Eaton

Date: _____, 2021

Calendar Year	Drainage District	Full Faith Pledge		September 30th, Year-End Bonds: Drainage Districts	County	Medical Care Facility	Board of Public Works	Total	Statutory Debt Limit	% of limit Total	% of limit Drainage Districts
2013	Burrell	725,000		37,319,285	12,795,000	9,494,435	8,190,000	67,798,720	361,774,677	19%	10%
2014	None			34,348,185	12,115,000	8,796,040	7,590,000	62,849,225	371,336,965	17%	9%
2015	None			27,720,642	11,410,000	8,062,646	6,700,000	53,893,288	386,904,032	14%	7%
2016	Kinnie Brook	725,000		25,432,099	11,140,000	7,299,251	6,105,000	49,976,350	396,818,259	13%	6%
2017	Guinan	475,000									
2017	Burns	2,290,000									
2017	Old Maid Relaid	2,380,000		27,048,559	10,265,000	6,655,857	5,490,000	49,459,416	413,060,102	12%	7%
2018	Loveless	269,000		24,372,267	9,355,000	5,802,462	4,865,000	44,394,729	429,340,230	10%	6%
2019	Gilbert and West Town	2,700,000									
2019	John Earl	2,900,000									
2019	Windsor	998,000									
2019	Patterson and DuBois	1,380,000									
2019	Garvey	770,000		23,923,000	8,415,000	4,899,067	4,230,000	41,467,067	448,222,168	9%	5%
2020	Fulton	1,350,000									
2020	Munson	995,000	*	27,753,000	7,450,000	3,975,673	3,585,000	42,763,673	474,533,106	9%	6%
		17,957,000									

* - Issued subsequent to fiscal year-end

PUBLIC IMPROVEMENT FUND
2020/2021

Ways and Means Committee Meeting
February 12, 2021

	2020/2021	BUDGET	ADJUSTMEN & RESERVES	ADJUSTED BUDGET	EXPENSES	BALANCE
0001.01.21	Complex - Roof Maintenance	$ 5,000		$ 5,000		$ 5,000
0001.02.21	Complex - Control Upgrade	5,000		5,000		$ 5,000
0001.03.21	Complex - Concrete	5,000		5,000		$ 5,000
0001.04.21	Complex - Parking Maintenance	5,000		5,000		$ 5,000
1025.13.21	Jail - Shower Improvements		175,000	175,000	7,672	$ 167,328
1033.08.21	Health Dept - Parking Lot Paving		70,000	70,000		$ 70,000
0551.09.21	551 Bldg - Parking Lot Paving		100,000	100,000		$ 100,000
1033.10.21	Health Dept - Indigent Defense Office Remodel		75,000	75,000	18,000	$ 57,000
1045.11.21	Courthouse - Domestic Water Heater Replacement		20,000	20,000		$ 20,000
						$ -
0822.05.21	Youth Facility - Rooftop Replacements		35,000			$ 35,000
1045.06.21	Technology Services - Generator 2019 (CH)	-	285,000			$ 285,000
1025.07.21	Sheriff Bldg - Fire Alarm Upgrade Phase II	55,000	113,500			$ 168,500
Reserves	Animal Control/Maint. - Parking Lot Paving (2nd of 4 yrs)	20,000	25,000			$ 45,000
Reserves	Central Dispatch - Parking Lot Paving (2nd of 4 yrs)	20,000	20,000			$ 40,000
Reserves	Health Dept - Window Upgrade (2nd of 5 yrs)	10,000	10,000			$ 20,000
Reserves	Sheriff/Jail - Sewage Grinder Replacement (1st of 2 yrs)	-	10,000			$ 10,000
	TOTAL PROPOSED EXPENDITURES	$ 125,000	$ 938,500	$ 460,000	25,672	$ 1,037,828
	245.901.000.970.000					

EATON COUNTY BOARD OF COMMISSIONERS

FEBRUARY 18, 2021

RESOLUTION TO APPROVE 2020/2021 BUDGET AMENDMENTS

Introduced by the Ways and Means Committee

WHEREAS, the Eaton County 2020/2021 Appropriations Act of September 16, 2020 states that any amendment to increase a salary and/or a Capital Outlay line-item in excess of $2,500.00 or any amendment to increase the total budget of any fund or department in excess of $2,500.00 shall be amended by the Board of Commissioners, except that any amendment to decrease the General Fund Contingency shall be approved by the Board of Commissioners; and

WHEREAS, such amendments are needed in order to comply with the Uniform Budgeting and Accounting Act of 1978, P.A. 621.

NOW, THEREFORE BE IT RESOLVED, that the following budget amendments be approved and added to the 2020/2021 Eaton County Budget:

GENERAL FUND

County Clerk Elections 215.262

Increase	Local Unit Contributions Revenue	$ 15,000
Increase	Elections Per Diem	$ 2,775
Increase	Elections Supplies	$ 2,000
Increase	Contractual	$ 10,000

To increase total budget for cost of election offset by revenue.

CLAIMS AUDITED BY THE BOARD OF COMMISSIONERS FEBRUARY 17, 2021

FUND#	DEPT#	DEPARTMENT	AMOUNT
101	101	BOARD OF COMMISSIONERS	$ 169.35
101	131	CIRCUIT COURT	$ 4,593.29
101	136	DISTRICT COURT	$ 25,630.67
101	141	FRIEND OF THE COURT	$ 198.32
101	148	PROBATE COURT	$ 4,902.67
101	149	JUVENILE COURT	$ 10,178.36
101	172	CONTROLLER	$ 767.01
101	215	COUNTY CLERK	$ 42.00
101	262	ELECTIONS	$ 4,112.00
101	257	EQUALIZATION	$ 15,621.00
101	265	BUILDING AND GROUNDS	$ 89,874.46
101	267.229	PROSECUTING ATTORNEY	$ 591.74
101	268	REGISTER OF DEEDS	$ 37.00
101	301	SHERIFF DEPARTMENT	$ 11,229.57
101	303	SHERIFF DELTA	$ 17,193.18
101	351	SHERIFF CORRECTIONS	$ 6,332.74
101	430	ANIMAL CONTROL	$ 2,812.06
101	648	MEDICAL EXAMINER	$ 22,354.25
101	681	VETERANS	$ 3,437.16
101	721	COMMUNITY DEVELOPMENT	$ 245.00
208	751	PARKS ADMINISTRATION	$ 747.00
245	901	PUBLIC IMPROVEMENT	$ 7,950.00
249	371	CONSTRUCTION CODE	$ 295.00
252	299	PUBLIC DEFENDER	$ 112,894.51
260	325	911 SURCHARGE	$ 810.00
261	325	CENTRAL DISPATCH	$ 3,566.76
261	101-426	EMERGENCY SERVICES	$ 600.00
261	901	CAPITAL OUTLAY	$ 21,342.66
265	301	MICHIGAN JUSTICE TRAINING	$ 795.00
277	301	SHERIFF DEPARTMENT	$ 1,400.00
298	228	COMPUTER FUND	$ 28,737.73
298	901	COMPUTER FUND CAPITAL	$ 56,014.35
515	253	FORECLOSING GVT UNIT	$ 705.00
516	253	DELINQUENT TAX REVOLVING FUND	$ 10,000.00
699	20X9	DUE TO TAXPAYERS OVERPAYMENT	$ 2,932.05
		GRAND TOTAL	**$ 469,111.89**

CLAIMS AUDITED BY THE BOARD OF COMMISSIONERS FEBRUARY 17, 2021
IMMEDIATE PAYMENTS

FUND#	DEPT#	DEPARTMENT	AMOUNT
101	040.801	STORM WATER IMPCT FEE REC'V	$ 1,138.75
101	090.004	PREPAID EXPENSE-TELEPHONE	$ 809.37
101	090.005	PREPAID EXPENSE - POSTAGE	$ 17,000.00
101	090.006	PREPAID EXPENSE-POSTAGE/PRESORT	$ 1,088.97
101	230	DUE TO OTHER GOVERNMENT UNIT	$ 175,030.59
101	273	RECEIPTS REFUNDABLE	$ 53.75
101	273.001	RECEIPTS REFUNDABLE - ECU	$ 32,253.84
101	273.002	RECEIPTS REFUNDABLE - ECU - MDHHS	$ 3,049.00
101	101.101	BOARD OF COMMISSIONERS	$ 1,283.70
101	101.426	EMERGENCY SERVICES	$ 13,404.89
101	131	CIRCUIT COURT	$ 838.90
101	136	DISTRICT COURT	$ 3,280.11
101	148	PROBATE COURT	$ 70.90
101	149	JUVENILE COURT	$ 3,668.67
101	172	CONTROLLER	$ 21,732.90
101	262	ELECTIONS	$ 381.01
101	215	COUNTY CLERK	$ 190.32
101	228	INFORMATION SYSTEMS	$ 4,735.21
101	253	COUNTY TREASURER	$ 366.10
101	257	EQUALIZATION	$ 270.34
101	265	BUILDING AND GROUNDS	$ 29,468.28
101	267-229	PROSECUTING ATTORNEY	$ 299.35
101	267-232	ECU	$ 2,714.52
101	275	DRAIN COMMISSION	$ 4,105.19
101	301	SHERIFF DEPARTMENT	$ 59,773.65
101	303	SHERIFF DELTA	$ 11,303.41
101	351	SHERIFF CORRECTIONS	$ 37,708.73
101	304	TRI COUNTY NARCOTICS	$ 32,559.00
101	430	ANIMAL CONTROL	$ 3,839.85
101	671.101.673	SALE OF FIXED ASSETS	$ (2,783.00)
101	681	VETERANS	$ 6.00
101	721	COMMUNITY DEVELOPMENT	$ 466.93
101	851	INSURANCE & BONDS	$ 7,936.00
101	906-131	994.000 PRINCIPAL	$ 244.56
101		995.000 INTEREST	$ 52.28
101	906-149	994.000 PRINCIPAL	$ 818.62
101		995.000 INTEREST	$ 191.00
101	906-228	994.000 PRINCIPAL	$ 495.25
101		995.000 INTEREST	$ 127.65
101	906-229	994.000 PRINCIPAL	$ 269.30
101		995.000 INTEREST	$ 58.70
101	906.257	994.000 PRINCIPAL	$ 711.94
101		995.000 INTEREST	$ 157.37
101	906-275	994.000 PRINCIPAL	$ 1,469.90
101		995.000 INTEREST	$ 370.29
101	906-301	994.000 PRINCIPAL	$ 7,503.49
101		995.000 INTEREST	$ 1,335.44
101	906-303	994.000 PRINCIPAL	$ 5,204.86
101		995.000 INTEREST	$ 788.70
101	906-351	994.000 PRINCIPAL	$ 420.22
101	906.351	995.000 INTEREST	$ 113.79
101	906.430	994.000 PRINCIPAL	$ 693.38
101		995.000 INTEREST	$ 140.77
201	449	ROAD COMMISSION	$ 813,312.91
208	751	PARKS ADMINISTRATION	$ 5,198.83

CLAIMS AUDITED BY THE BOARD OF COMMISSIONERS FEBRUARY 17, 2021
IMMEDIATE PAYMENTS

FUND#	DEPT#	DEPARTMENT	AMOUNT
208	752	FITZGERALD PARKS	$ 2,417.39
208	753	FOX PARK	$ 228.61
208	755	LINCOLN PARK	$ 446.84
208	906	994.000 PRINCIPAL	$ 1,268.54
208	906	995.000 INTEREST	$ 273.56
221	601	HEALTH DEPARTMENT	$ 661,123.95
228	528	RESOURCE RECOVERY	$ 403.14
228	529	COUNTY PROJECTS	$ 278.99
228	530	LOCAL UNIT GRANT PROJECTS	$ 1,466.47
228	906	994.000 PRINCIPAL	$ 584.28
228	906	995.000 INTEREST	$ 106.90
249	371	CONSTRUCTION CODE	$ 1,437.14
252	299	PUBLIC DEFENDER	$ 365.68
255	257	REMONUMENTATION	$ 19,066.98
256	268	REGISTER OF DEEDS - AUTOMATION	$ 555.05
260	325	911 SURCHARGE	$ 526.04
261	325	CENTRAL DISPATCH	$ 22,526.20
261	101-426	EMERGENCY SERVICES	$ 514.67
261	906.994.000	DEBT SERVICE- PRINCIPAL	$ 994.57
261	906.995.000	DEBT SERVICE -INTEREST	$ 236.04
263	215	CONCEALED PISTOL LICENSE	$ 46.98
268	301	BUILDING BRIDGES DOJ GRANT	$ 1,515.00
272	130-138	PRIORITY COURT	$ 1,610.00
273	130-138	SOBRIETY COURT	$ 50.00
274	130.138	SWIFT & SURE SANCTIONS	$ 2,391.50
275	130-138	VETERAN'S COURT	$ 985.00
276	130.153	COMMUNITY CORRECTIONS	$ 5,270.00
277	301	SHERIFF DEPARTMENT	$ 10,100.30
278	130-138	DRUG COURT - GRANT FUNDING	$ 1,595.00
287	301-428	AREA PLANNER	$ 9,120.03
290	670	DEPT OF HUMAN SERVICES	$ 2,660.84
292	273	RECEIPTS REFUNDABLE	$ 126.42
292	130-356	YOUTH FACILITY	$ 19,983.69
292	130-358	COMMUNITY BASED TREATMENT	$ 420.72
292	130-360	DAY TREATMENT	$ 554.85
292	130-362	IN HOME CARE	$ 1,056.46
292	130-368	CCF PREVENTION SERVICES	$ 14,505.01
292	130-650	STATE INSTITUTIONS	$ 9,945.73
292	665	CPUNTY WARD CHARGEBACKS	$ 34,896.21
292	906-356	994.000 PRINCIPAL	$ 550.65
292		995.000 INTEREST	$ 119.03
292	906-360	994.000 PRINCIPAL	$ 706.87
292		995.000 INTEREST	$ 133.64
293	689	SOLDIERS & SAILORS	$ 1,230.00
298	228	COMPUTER FUND	$ 479.94
298	901	COMPUTER FUND CAPITAL	$ 4,496.35
512	635	MEDICAL CARE FACILITY	$ 2,004,166.19
514	225.000	HOME TAX EXEMPTION AUDIT- DUE TO SCHOOLS	$ 5,956.62
514	226.000	HOME TAX EXEMPTION AUDIT- DUE TO TOWNSHIP	$ 287.75
514	228.000	HOME TAX EXEMPTION AUDIT- DUE TO STATE	$ 143.88
595	301	COMMISSARY	$ 88.00
656	861	EMPLOYER SHARED RETIREMENT	$ 323,246.90
670	090.000	HEALTH - SELF INSURANCE - PREPAID EXPENSES	$ 525,803.00
670	851-865	HEALTH INS VISION CLAIMS CURRENT EMP	$ 6,243.75

CLAIMS AUDITED BY THE BOARD OF COMMISSIONERS FEBRUARY 17, 2021
IMMEDIATE PAYMENTS

FUND#	DEPT#	DEPARTMENT	AMOUNT
670	851-866	REIREES HEALTH INS VISION CLAIMS	$ 270.12
676	852	RETIREE HEALTH HCSP	$ 49,680.00
677	871	WORKERS COMPENSATION	$ 75,226.87
679	853	LIFE & DISABILITY	$ 4,192.50
680	854	DENTAL INSURANCE	$ 31,383.66
690	20X0	DELINQUEST TAX FUND	$ 1,324.57
698	20X8 300.000	BONDS PAYABLE	$ 82,000.00
698	906.000	DEBT SERVICE INTEREST	$ 42.44
699	20X9.224.000	DUE TO ROAD COMMISSION	$ 318.30
699	20X9.225.000	DUE TO SCHOOLS	$ 2,577.46
699	20X9.226.000	DUE TO TOWNSHIPS	$ 806.36
699	20X9.230.001	DUE TO OTHER GOVERNMENTAL UNIT - EATRAN	$ 53.05
699	20X9.234.000	DUE TO INTERMEDIATE SCHOOLS	$ 822.83
699	20X9.275.000	DUE TO TAXPAYERS TAX OVERPYMT	$ 18.41
699	20X9.300.000	BONDS PAYABLE	$ 355,000.00
699	20X9.906.000	DEBT SERVICE	$ 2,352.57
701	228-001	DUE TO STATE EDUCATION TAX	$ 135,433.62
701	228-006	T/A-DUE TO STATE PROBATE CRT SHARED FEES	$ 3,255.04
701	228-016	T/A-DUE TO STATE PISTOL PERMITS	$ 8,556.00
701	228-028	T/A-DUE TO STATE PROBATE CRT ORDERED PYMT	$ 313.43
701	228-037	T/A-DUE TO STATE CRIME VICTIMS RIGHTS	$ 969.44
701	228.040	DUE TO STATE REMONUMENTATION	$ 21,729.10
701	228-042	T/A-DUE TO STATE STATE COURT FEES	$ 1,145.00
701	228.044	T/A0DUE TO STATE TSFR TAX	$ 399,401.25
701	228-046	T/A-DUE TO STATE TRAILER COACH PARK SPECIFI	$ 5,847.20
701	228-055	T/A-DUE TO STATE DNA SPECIMEN FEE	$ 39.00
701	228-056	T/A-DUE TO STATE ELECTRONIC FILING FEE	$ 1,625.00
701	228-058	T/A-DUE TO STATE CIVIL FILING FEE FUND	$ 8,908.00
701	228-059	T/A-DUE TO STATE JUSTICE SYSTEM FUND	$ 1,070.59
701	228-062	T/A-DUE TO STATE NOTARY TRAINING & EDUCATIC	$ 28.00
701	230.000	DUE TO OTHER GOVERNMENT UNIT	$ 30.00
701	230.010	PAYROLL DEDUCTIONS PAYABLE AMERICAN FIDEL	$ 2,899.86
701	268.002	ESCHEATABLE MONIES	$ 18.20
701	271-002	T/A-RESTITUTION PAYABLE PROBATION	$ 43,559.37
701	271-004	T/A-RESTITUTION PAYABLE JUVENILE	$ 1,864.03
701	273.000	RECEIPTS REFUNDABLE	$ 79.00
701	274.001	UNDISTRIBUTIED TAX COLLECTION STATE TAX API	$ 48,954.01
701	274.010	UNDISTRIBUTED TAX COLLECTIONS GENERAL TAX	$ 250,000.00
701	300-003	T/A-BONDS PAYABLE DRAIN CONTRACT BONDS	$ 1,000.00
702	083.00	DUE FROM EMPLOYEES	$ 3.66
702	221.004	DUE TO CITIES LANSING	$ 700.71
702	228.002	DUE TO STATE MI WITHHOLDING TAX	$ 55,688.70
702	229.001	DUE TO FEDERAL GOV'T FED WITHHOLDING	$ 136,813.41
702	229-002	T/A-PAYROLL DUE TO FED GOVT SS TAXES	$ 93,054.31
702	229-003	T/A-DUE TO FED GOVT MEDICARE TAXES	$ 21,762.71
702	231.000	T/A - PAYROLL DEDUCTIONS PAYABLE	$ 18,062.37
702	231-002	T/A-PAYROLL DEDUCTIONS PAYABLE HGB WELLNE	$ 1,333.20
702	231.008	PYRL DEDUCTIONS PBLE FLEXIBLE SPENDING ACC	$ 10,863.46
702	231.009	PYRL DEDUCTIONS PBLE DEF COMP	$ 30,803.36
702	231.011	PYRL DEDUCTION PBLE HEALTH CARE SAVING PLA	$ 23,796.46
702	231.015	PYRL DEDUCTIONS PBLE MERS	$ 122,606.23
702	258.000	ACCRUED TAXES PAYABLE	$ 114,817.43
720	301	SHERIFF DEPT DONATIONS	$ 40.63
768	130-356	DONATIONS - YOUTH FACILITY	$ 272.34

CLAIMS AUDITED BY THE BOARD OF COMMISSIONERS FEBRUARY 17, 2021
IMMEDIATE PAYMENTS

FUND#	DEPT#	DEPARTMENT	AMOUNT
801	901	DRAIN FUND	$ 328,177.62
802	101.000	REVOVLING DRAIN FUND - INVENTORY	$ 4,101.32
851	906.996.000	DRAIN BOND ISSUANCE COSTS	$ 4,925.00
		TOTAL CHECKS	$ 7,523,649.03
CATEGORY		**WIRE TRANSFERS**	
PAYROLL AND BENEFITS			
INVESTMENTS			$ 1,038,253.84
		TOTAL WIRE TRANSFERS	$ 1,038,253.84
		GRAND TOTAL IMMEDIATE PAYMENTS	**$ 8,561,902.87**

February 12, 2021

2021/2022 BUDGET SCHEDULE

Wednesday, March 3, 2021	Budget Documents to Elected Officials/Department Heads	
Friday, March 12, 2021	Present Personnel Expenditure Estimates	Ways & Means Committee
Friday, March 19, 2021	Technology and Building Requests Due	
Friday, March 26, 2021	Budget Forms Returned by Elected Officials/ Department Heads	
Friday, April 16, 2021	Review Revenue Estimates and Departmental Expenditure Requests	Ways & Means Committee
Friday, May 14, 2021	Review Revised Revenue Estimates and Controller's Office Expenditure Recommendations	Ways & Means Committee
Friday, May 14, 2021	Recommendations to Departments	
Friday, June 11, 2021	Work Session (a.m. and **p.m.** if necessary) * Budget Hearings (If necessary)	Ways & Means Committee
Wednesday, June 16, 2021	Adoption of Operating Millage	Board
Friday, June 18, 2021	* Budget Hearings (If necessary) (a.m. and **p.m.** if necessary)	Ways & Means Committee
Friday, July 16, 2021	Work Session (a.m. and **p.m.** if necessary)	Ways & Means Committee
Friday, August 13, 2021	Work Session (a.m. and **p.m.** if necessary)	Ways & Means Committee
Tuesday, September 7, 2021	Truth in Budgeting Hearing	Board
Friday, September 10, 2021	Work Session (a.m. and **p.m.** if necessary)	Ways & Means Committee
Wednesday, September 15, 2021	Adoption of Budget and Tax Rates	Board

* **Tentative, will be cancelled if unnecessary.**

p.m. **Indicates work session may cause meeting to continue into the afternoon**.