CITY OF MACKINAC ISLAND

AGENDA

REGULAR CITY COUNCIL MEETING

Monday, November 24, 2025 at 3:00 PM
City Hall – Council Chambers, 7358 Market St., Mackinac Island, Michigan

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I. Call to Order

II. Roll Call

III. Pledge of Allegiance

IV. Additions to / Adoption of Agenda

V. Approval of Minutes

a. Minutes of the Regular Meeting, held on November 12, 2025

VI. Approval of the Treasurer's Report

VII. Approval of Payments for:

VIII. Committee Reports

IX. Correspondence

X. Old Business

XI. New Business

a. Discussion and / or action regarding the renewal of the City's dental and health insurance

b. Request for approval of an Off-Island Business License application, submitted by GRass, Inc.

XII. Miscellaneous / General Council Discussion / Additional Agenda Items

XIII. Adjournment

City Clerk

From: Stefanie Blaisdell <sblaisdell@acrisure.com>
Sent: Friday, October 31, 2025 9:48 AM
To: City Clerk; Mayor's Assistant
Subject: 01/01/2026 City of Mackinac Island Medical Renewal -13.04 Increase
Attachments: City of Mackinac Island Medical Renewal Exhibit.pdf

Good morning,

City of Mackinac Island Medical renewal was received with a 13.04% increase in premium. Please see attached for the current vs. renewal comparison as well as the comparable plan designs quoted.

Dental renewal received with 7% increase in rate and no changes in benefits.

Coverage	Current Rate(s)	Renewal Rate(s)	Lives	Renewal Annual Premium	% Change
Voluntary Dental				$19,154.28	7.0%
Employee Only	$29.60	$31.67	15		
Employee + 1 Dependent	$71.03	$76.00	6		
Employee + Family	$88.80	$95.02	7		
Total Lives			28		

Please take a moment to review and let me know a good time to discuss.

Thank you,

Stefanie Blaisdell
Sr. Account Manager
Midwest Division

1406 N Mitchell Street
Cadillac, MI 49601
Direct: 231-306-1017
Cell: 231-878-4440

ACRISURE

UPCOMING OUT OF OFFICE: October 27th – October 31st

Customer Name: City of Mackinac Island - CITY
Contract/Group #: 007003463 - 0002
Renewal Date: 1/1/2026

RENEWAL SUMMARY

ACRISURE

Group Health Options:			Current/Renewal Plan	Reimbursed Plan
	Deductible		$5,000/$10,000	$1,000/$2,000
	Coinsurance %		30%	0%
	Coinsurance Max		$1,350/$2,700	$0/$0
	Prescription		$20/$60/$100/20%/25%	$20/$60/$100/20%/25%
	90 Day Supply		MOPD3x-$10	MOPD3x-$10
	OV/SP/CH/UC/ER		$30/$50/$30 (30)/$60/$150	$25/$25/$0 (30)/$0/$50
	Out of Pocket Max		$6,350/$12,700	$6,350/$12,700
	Notes:			
	Plan Design:		Simply Blue HRA PPO Platinum $5000	Acrisure Seamless HRA
			simplyblue℠	ACRISURE
MEDICAL		Total# / #	Current Rates	Renewal Rates
	Single	7 / 7	$673.97	$763.17
	Double	4 / 4	$1,617.53	$1,831.61
	Family	5 / 5	$2,021.91	$2,289.51
		16 / 16		
	Total Annual Cost:		**$255,570**	**$289,394**
	Cost Change from Current:			*$33,825*
	% Difference from Current:			*13.24%*
HRA		Total# / #	Current Rates	Renewal Rates
	Single	7 / 7	$81.57	$54.62
	Double	4 / 4	$155.03	$103.80
	Family	5 / 5	$186.51	$124.88
		16 / 16		
	Total Annual Cost:		**$25,484**	**$17,063**
	Cost Change from Current:			*($8,421)*
	% Difference from Current:			*-33.04%*
			Tier 4: Max $200 Tier 5: Max $300	
	Rates include Fully Insured Premium & HRA Illustrative Rates.	Total # / #	Current Illustrative Cost	Renewal Illustrative Cost
COMBINED	Single	7 / 7	$755.54	$817.79
	Double	4 / 4	$1,772.56	$1,935.41
	Family	5 / 5	$2,208.42	$2,414.39
		16 / 16		
	Annual Total Cost:		$281,053	$306,458
	Cost Change from Current:			*$25,404*
	% Difference from Current:			*9.04%*

COMBINED CURRENT COST	**$281,053**
COMBINED RENEWAL COST	**$306,458**
COST CHANGE	**$25,404**
% CHANGE	**9.04%**

2026 PA152 Calculations
Annual Hard Cap:
Single $7,942.09
Two Person $16,609.38
Family $21,660.30

	Hard Cap	20% Cost
Single	$200.75	$163.56
Double	$481.80	$387.08
Family	$602.25	$482.88

DISCLAIMERS < Please read prior to making any decision >

- Rates do include estimated federal and state taxes, fees and assessments.
- All carriers reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
- All carriers reserve the right to adjust rates if there is a +/- 10% change in enrollment, demographics or contract mix, or change in benefits.
- Final rates are determined by the underwriting carrier based on actual group enrollment and participation. This is only a brief summary of benefits, it is not a contract.
- Additional limitations and exclusions may apply. If there is a discrepancy between this document and any applicable plan document, the plan document will control.
- Census based on most current membership numbers available.
- Administrative fees may apply.
- Pre-existing conditions, participation rules, and medical underwriting rules may apply prior to final rates (not included above).
- Plan design above shows In-Network comparisons only. See specific plan benefit summary sheets for out of network.
- All benefit changes are subject to underwriting approval. Exceptions may apply with prior underwriting approval of union contract.
- Michigan public employers must comply with PA 152, Publicly Funded Health Insurance Act. Assistance with PA 152 calculations available upon request. Public employers who opt out of PA 152 should notify their representative
- Please allow a minimum of 45-60 days for a benefit change (varies based on carriers)
- This is not a binder of coverage, please do not cancel current coverage until final approval is given by new carrier.
- HRA and/or Rx Illustrative rates are not a guarantee of performance. Results may vary.
- Employee cost share cannot be higher than actual medical premium
- Acrisure is not responsible for typographical errors.

Original Date: 11/13/2025 SL

Modified Date:

Customer Name: City of Mackinac Island - DPW
Contract/Group #: 007003463 - 0003
Renewal Date: 1/1/2026

RENEWAL SUMMARY

ACRISURE

Group Health Options:	Current/Renewal Plan	Reimbursed Plan
Deductible	$5,000/$10,000	$500/$1,000
Coinsurance %	30%	0%
Coinsurance Max	$1,350/$2,700	$0/$0
Prescription	$20/$60/$100/20%/25%	$20/$60/$100/20%/25%
90 Day Supply	MOPD3x-$10	MOPD3x-$10
OV/SP/CH/UC/ER	$30/$50/$30 (30)/$60/$150	$25/$25/$0/$0/$50
Out of Pocket Max	$6,350/$12,700	$6,350/$12,700
Notes:		
Plan Design:	Simply Blue HRA PPO Platinum $5000	Acrisure Seamless HRA
	simplyblue℠	ACRISURE

MEDICAL	Total#	#	Current Rates	Renewal Rates
Single	7	7	$692.24	$780.15
Double	2	2	$1,661.38	$1,872.36
Family	2	2	$2,076.72	$2,340.45
	11	11		
Total Annual Cost:			**$147,863**	**$166,640**
Cost Change from Current:				*$18,777*
% Difference from Current:				*12.70%*

HRA	Total#	#	Current Rates	Renewal Rates
Single	7	7	$98.76	$66.12
Double	2	2	$196.28	$131.42
Family	2	2	$238.07	$159.40
	11	11		
Total Annual Cost:			**$18,720**	**$12,534**
Cost Change from Current:				*($6,186)*
% Difference from Current:				*-33.05%*

Tier 4: Max $200
Tier 5: Max $300

Rates Include Fully Insured Premium & HRA Illustrative Rates.	Total #	#	Current Illustrative Cost	Renewal Illustrative Cost
COMBINED				
Single	7	7	$791.00	$846.27
Double	2	2	$1,857.66	$2,003.78
Family	2	2	$2,314.79	$2,499.85
	11	11		
Annual Total Cost:			$166,583	$179,174
Cost Change from Current:				*$12,591*
% Difference from Current:				*7.56%*

COMBINED CURRENT COST	**$166,583**
COMBINED RENEWAL COST	**$179,174**
COST CHANGE	**$12,591**
% CHANGE	**7.56%**

2026 PA152 Calculations
Annual Hard Cap:
Single $7,942.09
Two Person $16,609.38
Family $21,660.30

	Hard Cap	20% Cost
Single	$220.23	$169.25
Double	$528.55	$400.76
Family	$660.69	$499.97

DISCLAIMERS < Please read prior to making any decision >

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- Final rates are determined by the underwriting carrier based on actual group enrollment and participation. This is only a brief summary of benefits, it is not a contract.
- Additional limitations and exclusions may apply. If there is a discrepancy between this document and any applicable plan document, the plan document will control.
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- Please allow a minimum of 45-60 days for a benefit change (varies based on carriers)
- This is not a binder of coverage, please do not cancel current coverage until final approval is given by new carrier.
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- Employee cost share cannot be higher than actual medical premium

Original Date: 11/13/2025 SL
Modified Date:

Group Name: City of Mackinac Island - CITY
Effective Date: 1/1/2026

Broker Name: Acrisure
Proposal Created Date: 10/27/2025

Option Name	Current		Renewal		Option 1		Option 2		Option 3	Option 4		Option 5	
Plan Name	2025 Simply Blue HRA PPO Platinum		2026 Simply Blue HRA PPO Platinum		2026 Simply Blue HRA PPO Gold Option 3		2026 Simply Blue HRA PPO Gold Option 4		2026 BCN HRA Platinum Option 3	PriorityPPO Gold G10		UHC Choice Plus Platinum EN8K - EN8K	
Carrier Network	BlueCross BlueShield of PPO		BlueCross BlueShield of PPO		BlueCross BlueShield of PPO		BlueCross BlueShield of PPO		Blue Care Network of Blue Care Network	Priority Health Priority PPO		UnitedHealthcare Choice Plus POS	
Carrier Logo	simplyblue℠		simplyblue℠		simplyblue℠		simplyblue℠		Blue Care Network of Michigan	Priority Health		UnitedHealthcare	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	IN	OUT	IN	OUT
HRA Deductible - EE/Family	$1,000/$2,000		$1,000/$2,000		$1,000/$2,000		$1,000/$2,000		$1,000/$2,000				
Deductible - Individual	$5,000	$10,000	$5,000	$10,000	$4,000	$8,000	$7,000	$14,000	$5,000	$1,000	$2,000	$1,000	$15,000
Deductible - Family	$10,000	$20,000	$10,000	$20,000	$8,000	$16,000	$14,000	$28,000	$10,000	$2,000	$4,000	$2,000	$30,000
OOPM - Individual	$6,350	$12,700	$6,350	$12,700	$9,100	$18,200	$9,100	$18,200	$6,350	$8,700	$17,400	$4,000	$30,000
OOPM - Family	$12,700	$25,400	$12,700	$25,400	$18,200	$36,400	$18,200	$36,400	$12,700	$17,400	$34,800	$8,000	$60,000
Co-insurance	30%	50%	30%	50%	20%	40%	20%	40%	20%	20%	40%	0%/10%	30%
Coinsurance Max - Individual	1350	2700	1350	2700	5100	10200	2100	4200	1350	$4,500 ECM	$9,000 ECM	3000	15000
Coinsurance Max - Family	2700	5400	2700	5400	10200	20400	4200	8400	2700	$9,000 ECM	$18,000ECM	6000	30000
PCP	$30	50% aft ded	$30	50% aft ded	$30	40% aft ded	$20	40% aft ded	$20	$20	40% aft ded	$5	30% aft ded
Specialist	$50	50% aft ded	$50	50% aft ded	$50	40% aft ded	$40	40% aft ded	$40	$60	40% aft ded	$30	30% aft ded
Inpatient Hospital	30% aft ded	50% aft ded	30% aft ded	50% aft ded	20% aft ded	40% aft ded	20% aft ded	40% aft ded	20% aft ded	20% aft ded	40% aft ded	$0 aft ded	30% aft ded
Outpatient Surgery	30% aft ded	50% aft ded	30% aft ded	50% aft ded	20% aft ded	40% aft ded	20% aft ded	40% aft ded	20% aft ded	20% aft ded	40% aft ded	$0 aft ded	30% aft ded
Emergency Room	$150	$150	$150	$150	$250	$250	$250	$250	$150 aft ded	$350 aft ded	$350 aft ded	$500	$500
Urgent Care	$60	50% aft ded	$60	50% aft ded	$60	40% aft ded	$60	40% aft ded	$50	$85	40% aft ded	$30	30% aft ded
Rx													
Rx Individual Deductible	$0		$0		$0		$0		$0	$0		$0	
Rx Family Deductible	$0		$0		$0		$0		$0	$0		$0	
Member Copay Tier 1/2	$20 per script / Not Applicable		$20 / Not Applicable		$20 / Not Applicable		$20 / Not Applicable		$6 / $25	$5 per script / $35 per script		$10 per script / $40 per script	
Member Copay Tier 3	$60 per script		$60		$60		$60		$50	$75 per script		$105 per script	
Member Copay Tier 4	$100 per script		$100		$125		$125		$80	$90 per script		$250 per script	
Member Copay Tier 5/6	20%, up to $200 per script / 25%, up to $300 per script		20%, up to $200 / 25%, up to $200		20%, up to $200 / 25%, up to $200		20%, up to $200 / 25%, up to $200		20%, up to $200 / 20%, up to $300	20%, up to $250 / 20%, up to $450		$10-$500 per script / $20-$1,000 per script	
Mail Order	3x - $10		3x - $10		3x - $10		3x - $10		3x - $10	2.0x		2.5x	
							Enrollment & Cost						
Employee Enrollment	16 / 27		16 / 27		16 / 27		16 / 27		16 / 27	16 / 27		16 / 27	
Monthly HSA/HRA funding	**$2,182.94**		**$1,461.60**		**$2,047.39**		**$3,533.52**		**$1,423.60**				
Monthly Total	**$23,481**		**$25,578**		**$25,017**		**$25,825**		**$24,036**	**$24,988**		**$33,832**	
Annual Total	**$281,766**		**$306,933**		**$300,202**		**$309,898**		**$288,428**	**$299,854**		**$405,986**	
$ Change from Current			**$25,167**		**$18,435**		**$28,132**		**$6,662**	**$18,088**		**$124,220**	
% Change from Current			**8.93%**		**6.54%**		**9.98%**		**2.36%**	**6.42%**		**44.09%**	

pg. 1 of 2

Group Name: City of Mackinac Island - CITY
Effective Date: 1/1/2026

Broker Name: Acrisure
Proposal Created Date: 10/27/2025

Option Name	Current		Renewal		Option 1		Option 2		Option 3	Option 4		Option 5	
Plan Name	2025 Simply Blue HRA PPO Platinum		2026 Simply Blue HRA PPO Platinum		2026 Simply Blue HRA PPO Gold Option 3		2026 Simply Blue HRA PPO Gold Option 4		2026 BCN HRA Platinum Option 3	PriorityPPO Gold G50		UHC Choice Plus Platinum EN8N - EN8N	
Carrier Network	**BlueCross BlueShield of PPO**		**BlueCross BlueShield of PPO**		**BlueCross BlueShield of PPO**		**BlueCross BlueShield of PPO**		**Blue Care Network of Blue Care Network**	**Priority Health Priority PPO**		**UnitedHealthcare Choice Plus POS**	
Carrier Logo	simplyblue℠		simplyblue℠		simplyblue℠		simplyblue℠		Blue Care Network of Michigan	Priority Health		UnitedHealthcare	
Carrier Logo	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**IN**	**OUT**	**IN**	**OUT**
HRA Deductible - EE/Family	$500/$1,000		$500/$1,000		$500/$1,000		$500/$1,000		$500/$1,000				
Deductible - Individual	$5,000	$10,000	$5,000	$10,000	$4,000	$8,000	$7,000	$14,000	$5,000	$500	$1,000	$500	$5,000
Deductible - Family	$10,000	$20,000	$10,000	$20,000	$8,000	$16,000	$14,000	$28,000	$10,000	$1,000	$2,000	$1,000	$10,000
OOPM - Individual	$6,350	$12,700	$6,350	$12,700	$9,100	$18,200	$9,100	$18,200	$6,350	$9,600	$19,200	$3,000	$10,000
OOPM - Family	$12,700	$25,400	$12,700	$25,400	$18,200	$36,400	$18,200	$36,400	$12,700	$19,200	$38,400	$6,000	$20,000
Co-insurance	30%	50%	30%	50%	20%	40%	20%	40%	20%	20%	40%	20%/30%	50%
Coinsurance Max - Individual	1350	2700	1350	2700	5100	10200	2100	4200	1350	$5,500 ECM	$11,000 ECM	2500	5000
Coinsurance Max - Family	2700	5400	2700	5400	10200	20400	4200	8400	2700	$11,000 ECM	$22,000ECM	5000	10000
PCP	$30	50% aft ded	$30	50% aft ded	$30	40% aft ded	$20	40% aft ded	$20	$30	40% aft ded	$0	50% aft ded
Specialist	$50	50% aft ded	$50	50% aft ded	$50	40% aft ded	$40	40% aft ded	$40	$60	40% aft ded	$50	50% aft ded
Inpatient Hospital	30% aft ded	50% aft ded	30% aft ded	50% aft ded	20% aft ded	40% aft ded	20% aft ded	40% aft ded	20% aft ded	20% aft ded	40% aft ded	20% aft ded	50% aft ded
Outpatient Surgery	30% aft ded	50% aft ded	30% aft ded	50% aft ded	20% aft ded	40% aft ded	20% aft ded	40% aft ded	20% aft ded	20% aft ded	40% aft ded	20% aft ded	50% aft ded
Emergency Room	$150	$150	$150	$150	$250	$250	$250	$250	$150 aft ded	$350 aft ded	$350 aft ded	20% aft ded	20% aft ded
Urgent Care	$60	50% aft ded	$60	50% aft ded	$60	40% aft ded	$60	40% aft ded	$50	$85	40% aft ded	$50	50% aft ded
Rx													
Rx Individual Deductible	$0		$0		$0		$0		$0	$0		$0	
Rx Family Deductible	$0		$0		$0		$0		$0	$0		$0	
Member Copay Tier 1/2	$20 per script / Not Applicable		$20 / Not Applicable		$20 / Not Applicable		$20 / Not Applicable		$6 / $25	$5 per script / $35 per script		$10 per script / $40 per script	
Member Copay Tier 3	$60 per script		$60		$60		$60		$50	$80 per script		$105 per script	
Member Copay Tier 4	$100 per script		$100		$125		$125		$80	$95 per script		$250 per script	
Member Copay Tier 5/6	20%, up to $200 per script / 25%, up to $300 per script		20%, up to $200 / 25%, up to $200		20%, up to $200 / 25%, up to $200		20%, up to $200 / 25%, up to $200		20%, up to $200 / 20%, up to $300	20%, up to $250 / 20%, up to $450		$10-$500 per script / $20-$1,000 per script	
Mail Order	3x - $10		3x - $10		3x - $10		3x - $10		3x - $10	2.0x		2.5x	
							Enrollment & Cost						
Employee Enrollment	11 / 27		11 / 27		11 / 27		11 / 27		11 / 27	11 / 27		11 / 27	
Monthly HSA/HRA funding	**$1,500.77**		**$1,004.85**		**$1,466.63**		**$2,658.18**		**$1,124.61**				
Monthly Total	**$13,823**		**$14,892**		**$14,693**		**$15,494**		**$14,145**	**$14,530**		**$18,927**	
Annual Total	**$165,873**		**$178,699**		**$176,317**		**$185,930**		**$169,743**	**$174,359**		**$227,122**	
$ Change from Current			**$12,827**		**$10,444**		**$20,057**		**$3,871**	**$8,486**		**$61,250**	
% Change from Current			**7.73%**		**6.30%**		**12.09%**		**2.33%**	**5.12%**		**36.93%**	

City of Mackinac Island
P.O. Box 455
Mackinac Island, MI 49757

Telephone: (
Fax: (
Email: clerk@cityofmi.org

APPLICATION FOR BUSINESS LICENSE

Please indicate the type of business license you are applying for. Check only one:

- [ ] New Business (A business located within the City which was not licensed the previous year.)
- [ ] Renewal Business (A business licensed the previous year and identical to previously approved license.)
- [x] Off-Island Business (A business operating within the City but not physically located within the City.)

Name of Business: GRaas Inc.

Name of Owner, Agent, or Manager: Gilbert Figueroa

Location of Business: 7280 Stahl Rd. Orient OH 43146

Mailing Address: 964 Marcon Blvd. Ste 100 Telephone No: 484-892-2403

City, State, & Zip: Allentown, PA 18109 Fax No. 866-418-2420

Type of Business: Cell Tower Upgrades & Maintenance Email Address: rfigueroa@graascorp.com

State of Michigan Sales Tax Number / Social Security or FEIN: 26-4390948

Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) Yes [ ] No [x]
(If yes, please include a copy of your state license certificate)

Horse or bicycle related businesses please include a copy of your certificate of liability insurance.

SIGNAGE: **NUMBER OF SIGNS** 0

List the number and describe the type and location of all signs. (Refer to the City's Sign and Outdoor Merchandise Display Ordinance for guidance.) Also, check whether each sign is new or existing.

NEW	EXISTING	TYPE & LOCATION
[ ]	[ ]	
[ ]	[ ]	
[ ]	[ ]	
[ ]	[ ]	

The following information is required for all businesses. If there are any changes to existing signage or new signage, please fill out a Sign Permit Application and provide drawings, sketches, and/or photos for each sign; showing all pertinent signage details.

I affirm that the information provided in this application is true and I have the authority to provide such information.

Gilbert Figueroa
Applicant's Signature

11/12/2025
Date Signed

Make checks payable to the City of Mackinac Island

DO NOT WRITE IN THIS AREA – CITY USE ONLY

Date Rec'd: November 12, 2025 Fee Rec'd: _____ Check No. _____

Council Action Date: 11·25·25 Approved _____ Denied _____ License No. 25-375

1/18