

KANDIYOHI COUNTY AND CITY OF WILLMAR ECONOMIC DEVELOPMENT COMMISSION (EDC)
JOINT POWERS BOARD OF COMMISSIONERS SPECIAL MEETING
MINUTES
December 3, 2015
EDC Office, Willmar, MN

Present: Denis Anderson, Ron Christianson, Roger Imdieke, Harlan Madsen and Doug Reese

Excused: Marv Calvin

Staff: Steven Renquist, Executive Director

Media: Carolyn Lange, West Central Tribune

Secretarial: Nancy Birkeland, Legal & Administrative Assistants, Inc. (LAA)

Chairperson Harlan Madsen called the meeting to order at approximately 2:01 p.m.

Employee Health Insurance. Madsen directed the board's attention to information on the proposals for staff health insurance (see attached). Steve Renquist gave additional background information on health insurance provided for EDC staff. The board reviewed possible plans for 2016 and Renquist noted all three proposals are under the \$850 per month presently allocated by the board. The board discussed whether the health insurance premium is pre-tax to the employees. It is believed the EDC must pay more than 50% of the premium to qualify for a pre-tax benefit.

IT WAS MOVED BY Roger Imdieke, SECONDED BY Denis Anderson, that the Kandiyohi County and City of Willmar Economic Development Commission open a group health insurance plan under BlueAccess HSA Gold \$2,000 Plan 653 and leave the EDC's contribution toward the premium at \$850 per month, per employee.
MOTION CARRIED BY ROLL CALL.

Executive Director search update. Chairperson Madsen reviewed with the board a December 1, 2015 Memorandum from Sharon Klumpp (see attached). It was initially felt the search committee would present candidates for the board to interview at this meeting; however, additional candidates applied and the search committee felt there was merit in pursuing the new candidates and allowing time to obtain additional information from them. The search committee will interview one candidate on December 7. Madsen reported the search committee will interview four to five candidates and possibly more when the new candidates are reviewed. The consultant interviewed four applicants by telephone. The potential dates for this board to interview candidates are January 4-8, 2016. Anderson complimented Donna Boonstra and Gary Gilman, the Joint Operations Board members who serve on the search committee. The search committee has done their due diligence and are

very pleased and excited about the candidates thus far. Because of other commitments, it was the board's consensus to hold interviews on January 4, 7 or 8, 2016. Nancy Birkeland will inform the consultant.

Renquist requested the board set his final day of employment as he needs to notify some agencies 30 days in advance.

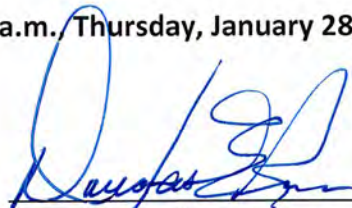
IT WAS MOVED BY Harlan Madsen, SECONDED BY Denis Anderson, that Steve Renquist's retirement date and last day of employment with the Kandiyohi County and City of Willmar Economic Development Commission will be December 31, 2015. MOTION CARRIED BY ROLL CALL.

Chairperson Madsen and the board thanked Renquist for his years of service to the EDC and the many projects he spearheaded.

It is believed an offer of employment will be made to an applicant within ten days of the interviews and a start date could be within the two weeks that follow. Board members recommended a strategic planning date be determined as soon as possible after a new Executive Director is hired. Madsen and Anderson stated three of the candidates indicated strategic planning would be their first priority and questioned if the existing boards would be open to a complete review of the overall structure of the EDC.

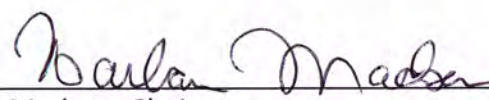
ADJOURNMENT—There being no further business, the meeting was adjourned at approximately 2:32 p.m.

NEXT MEETING—The annual board meeting is **11:30 a.m., Thursday, January 28, 2016**, at the EDC office.



Doug Reese, Secretary

APPROVED: 1/28/2016:



Harlan Madsen, Chairperson

EDC Health Insurance Information

2013 group insurance under Kandiyohi County—EDC paid \$722.50 per month toward Jean Spaulding's VEBA premium plus a one-time fee of \$2,400

2014 EDC paid a maximum of \$722.50 per month per employee

2015 EDC paid a maximum of \$850 per month per employee (Connie's premium is \$536.19 and her husband's is \$597.14 for a total monthly cost of \$1,133.33)

2016

Bill Chukuske, insurance representative, recommends setting up a small group health plan, which can be done with one employee as long as the person is not an owner. He recommends:

BlueAccess HSA Silver \$2,700 Plan 632 (see attached pages 2 and 8)

Connie's premium	\$ 672.23
Husband's premium	\$ <u>741.35</u>
Total monthly cost:	\$1,413.58

Steve indicates Connie understands the decision will be the board's, but her preferences are:

1) BlueAccess HSA Gold \$2,000 Plan 653 (see attached page 14)

Connie's premium	\$ 756.19
Husband's premium	\$ <u>833.94</u>
Total monthly cost:	\$1,590.13

OR

2) BlueAccess HSA Gold \$1,000 Plan 637 (see attached page 10)

Connie's premium	\$ 784.92
Husband's premium	\$ <u>865.63</u>
Total monthly cost:	\$1,650.55

Per Jim Ruff, he states: It appears an organization needs a group health plan to allow full tax free treatment for employees. Having employees buy their own single plan coverage and getting reimbursed is allowed, but the reimbursement would be treated as additional taxable income versus a tax-free fringe benefit. That being said I think the employer needs to provide for 50% of the policy cost at a minimum for a qualified group plan. The employee can be assessed the balance of the cost. The employee cost can be pretax, if a flex plan is part of the benefit program. I think your payroll treats the health reimbursement as pretax and that may not be currently acceptable under the new law, it was acceptable under prior law.

If the \$850 and or \$950 reaches the 50% of cost for group coverage, then the plan would be a tax-free fringe and allow employees to pretax their share. I would suggest a review of the existing health plan or your reimbursement arrangement, to see if it qualifies under ACA (Obama care). if the reimbursement is taxable to the employees, then a differing plan may be better, etc.

See information provided on the City of Willmar's and Kandiyohi County's health insurance plans.

BlueAccess HSA Silver \$2,700 Plan 632



Aware® Network

Benefit highlights for small businesses

January 1, 2016 – December 31, 2016

Key benefits	In network	Out of network
Your deductible The amount you pay per calendar year before your health plan starts to pay. Amounts paid out of network DO NOT apply to the in-network deductible. Embedded: The plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.	\$2,700 per person \$5,400 family	\$10,000 per person \$20,000 family
Your coinsurance The percent you pay after your deductible is met.	15%	50%
Your out-of-pocket maximum The maximum amount you pay per calendar year in medical and prescription drug deductibles and coinsurance. Amounts paid out of network DO NOT apply to the in-network out-of-pocket maximum.	\$4,000 per person \$8,000 family	\$30,000 per person \$60,000 family
Visits to: <ul style="list-style-type: none"> • health care provider's office • specialist • retail health clinic • urgent care • e-visits 	15% after deductible 15% after deductible 15% after deductible 15% after deductible 15% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
Other professional services in the office <ul style="list-style-type: none"> • lab and diagnostic imaging/X-ray services 	15% after deductible	50% after deductible
Prescription drugs GenRx with open formulary	15% after deductible	50% after deductible
Preventive care (including vision exam)	0% (no deductible)	50% after deductible
Preventive drugs Preferred drugs on the GenRx preventive drug list for the following selected categories: diabetes medication, diabetic supplies, high blood pressure and high cholesterol	0% (no deductible)	50% after deductible
Well child care (ages 0 to 6, including vision exam)	0% (no deductible)	0% (no deductible)
Prenatal care	0% (no deductible)	0% (no deductible)
Maternity (labor, delivery and post-delivery care)	15% after deductible	50% after deductible
Emergency care <ul style="list-style-type: none"> • physician • facility 	15% after deductible 15% after deductible	15% after deductible 15% after deductible
Ambulance	15% after deductible	15% after deductible
Ambulatory surgical center	0% after deductible	50% after deductible
Hospital (outpatient) <ul style="list-style-type: none"> • physician • facility • lab and diagnostic imaging/X-ray services 	15% after deductible 15% after deductible 15% after deductible	50% after deductible 50% after deductible 50% after deductible
Hospital visit (inpatient) <ul style="list-style-type: none"> • physician • facility 	15% after deductible 15% after deductible	50% after deductible 50% after deductible
Chiropractic, physical, occupational and speech therapy	15% after deductible	50% after deductible
Eyewear for members under age 19 <ul style="list-style-type: none"> • lenses and one pair of standard collection frames or contact lenses 	15% after deductible	No Coverage

Your out-of-pocket costs depend on the network status of your provider. To check status, use the "Find a doctor" web tool on bluecrossmn.com.

Lowest out-of-pocket costs: in-network providers

Higher out-of-pocket costs: out-of-network participating providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the DIFFERENCE between what Blue Cross would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.

This is only a summary. Your contract will provide a detailed description of what is and is not covered. Services not covered include custodial care or rest cures, bariatric surgery, infertility, adult eyewear, adult dental services, services that are experimental, not medically necessary or received while on military duty and certain services for the treatment of autism.

Each health care provider in the network is an independent contractor and is not our agent.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

This information is available in other ways for people with disabilities or who need it translated into another language by calling **1-800-382-2000** (toll free).

For TTY call **711**.

Hours: 8 a.m. to 6 p.m., Central Time, Monday through Friday.

Attention. If you want free help translating this information, call the above number.

Atencion. Si desea recibir asistencia gratuita para traduca esta informacion, llame al numero que aparece mas arriba.

For more information, visit bluecrossmn.com.

Blue Cross may change premium rates: on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Cross plan. Factors that may affect changes in premium rates include the age of covered members, where you reside and whether a member uses tobacco.

ABFG

CM7410R01 (10/15)

**Benefit selection**

Before enrolling in one of the plans, you must validate that the plan you are selecting has doctors in the service area your employees want to use.

I. Blue Cross and Blue Shield of Minnesota and Blue Plus Coverage

BlueAccess (Blue Cross)	BluePrint (Blue Plus)	BlueConnect (Blue Plus)	Blue Plus with St. Luke's
Single/family coverage	Single/family coverage	Single/family coverage	Single/family coverage
Aware Network	Allina Health Network	Sanford Health Network	St. Luke's Network
60% Plan <input type="checkbox"/> \$1,800 Plan 625 (ABF4) 70% Plans <input type="checkbox"/> \$500 Plan 636 (ABFJ) <input type="checkbox"/> \$2,000 Plan 630 (ABFF) <input type="checkbox"/> HSA \$4,500 Plan 620 (ABF2) 75% Plans <input type="checkbox"/> \$1,000 Plan 638 (ABFK) <input type="checkbox"/> \$2,000 Plan 623 (ABF3) <input type="checkbox"/> HRA \$2,000 Plan 627 (ABF5) <input type="checkbox"/> HRA \$3,000 Plan 634 (ABFH) 80% Plans <input type="checkbox"/> \$300 Plan 643 (ABFA) <input type="checkbox"/> \$500 Plan 635 (ABF7) <input type="checkbox"/> \$750 Plan 641 (ABF9) <input type="checkbox"/> \$1,000 Plan 637 (ABF8) <input type="checkbox"/> HRA \$1,000 Plan 647 (ABFB) <input type="checkbox"/> HSA \$5,000 Plan 622 (ABF1) 85% Plan <input type="checkbox"/> HSA \$2,700 Plan 632 (ABFG) 90% Plans <input type="checkbox"/> HSA \$1,500 Plan 629 (ABF6)* <input type="checkbox"/> No Deductible Plan 655 (ABFD) 100% Plans <input type="checkbox"/> HSA \$2,000 Plan 653 (ABFC)* <input type="checkbox"/> HSA \$3,200 Plan 642 (ABJ3)* <input type="checkbox"/> HSA \$3,500 Plan 645 (ABFE) <input type="checkbox"/> HSA \$4,000 Plan 640 (ABFL) <input type="checkbox"/> HSA \$6,550 Plan 624 (ABEZ)	70% Plan <input type="checkbox"/> HSA \$4,500 Plan 684 (ABFP) 80% Plans <input type="checkbox"/> \$1,500 Plan 687 (ABFN) <input type="checkbox"/> \$2,000 Plan 688 (ABFM) 100% Plan <input type="checkbox"/> \$1,000 Plan 686 (ABFO) <i>Connie Tony</i> <i>750. 836.</i> <i>642 - 716</i> <i>723 805</i> <i>641.20 - 714.84</i>	70% Plan <input type="checkbox"/> HSA \$4,500 Plan 694 (ABFT) 80% Plans <input type="checkbox"/> \$1,500 Plan 697 (ABFR) <input type="checkbox"/> \$2,000 Plan 698 (ABFQ) 100% Plan <input type="checkbox"/> \$1,000 Plan 696 (ABFS)	70% Plan <input type="checkbox"/> HSA \$4,500 Plan 674 (ABFU) 80% Plans <input type="checkbox"/> \$1,500 Plan 672 (ABFW) <input type="checkbox"/> HSA \$2,700 Plan 673 (ABFV) 100% Plan <input type="checkbox"/> \$1,000 Plan 670 (ABFX)
			Blue Plus with Mayo Clinic
			Single/family coverage
			Mayo Clinic Network
			70% Plan <input type="checkbox"/> HSA \$4,500 Plan 616 (ABFY) 80% Plans <input type="checkbox"/> \$1,500 Plan 612 (ABG1) <input type="checkbox"/> HSA \$2,700 Plan 614 (ABFZ) 100% Plan <input type="checkbox"/> \$1,000 Plan 610 (ABG2)

*These plans are eligible for an HSA/HRA Wrap. If you would like to use SelectAccount® as your administrator, contact your Sales Lead or Agent. MII Life, Inc., d.b.a. SelectAccount, is an independent company providing account administration services.

Pediatric dental coverage is an essential health benefit and is not included in the medical plan. Pediatric dental coverage is available for purchase through a separate contract. For additional information on available pediatric dental plans, please visit www.mnsure.org.

AGE	BlueAccess HSA Bronze \$4,500 Plan 620	BlueAccess HSA Bronze \$5,000 Plan 622	BlueAccess Silver \$2,000 Plan 623	BlueAccess HSA Bronze \$6,550 Plan 624	BlueAccess Silver \$1,800 Plan 625
0 - 20	\$192.62	\$193.27	\$239.83	\$184.68	\$233.26
21	\$216.42	\$217.16	\$269.47	\$207.51	\$262.10
22	\$216.42	\$217.16	\$269.47	\$207.51	\$262.10
23	\$216.42	\$217.16	\$269.47	\$207.51	\$262.10
24	\$216.42	\$217.16	\$269.47	\$207.51	\$262.10
25	\$217.29	\$218.03	\$270.54	\$208.34	\$263.14
26	\$221.62	\$222.37	\$275.93	\$212.49	\$268.39
27	\$226.81	\$227.58	\$282.40	\$217.47	\$274.68
28	\$235.25	\$236.05	\$292.91	\$225.56	\$284.90
29	\$242.18	\$243.00	\$301.53	\$232.20	\$293.28
30	\$245.64	\$246.47	\$305.84	\$235.52	\$297.48
31	\$250.83	\$251.69	\$312.31	\$240.50	\$303.77
32	\$256.03	\$256.90	\$318.78	\$245.48	\$310.06
33	\$259.27	\$260.15	\$322.82	\$248.59	\$313.99
34	\$262.74	\$263.63	\$327.13	\$251.91	\$318.18
35	\$264.47	\$265.37	\$329.29	\$253.57	\$320.28
36	\$266.20	\$267.10	\$331.44	\$255.23	\$322.38
37	\$267.93	\$268.84	\$333.60	\$256.89	\$324.47
38	\$269.66	\$270.58	\$335.76	\$258.55	\$326.57
39	\$273.13	\$274.05	\$340.07	\$261.87	\$330.76
40	\$276.59	\$277.53	\$344.38	\$265.19	\$334.96
41	\$281.78	\$282.74	\$350.85	\$270.17	\$341.25
42	\$286.76	\$287.73	\$357.04	\$274.95	\$347.28
43	\$293.69	\$294.68	\$365.67	\$281.59	\$355.66
44	\$302.34	\$303.37	\$376.44	\$289.89	\$366.15
45	\$312.51	\$313.58	\$389.11	\$299.64	\$378.47
46	\$324.63	\$325.74	\$404.20	\$311.26	\$393.14
47	\$338.27	\$339.42	\$421.18	\$324.33	\$409.65
48	\$353.85	\$355.05	\$440.58	\$339.27	\$428.53
49	\$369.22	\$370.47	\$459.71	\$354.01	\$447.13
50	\$386.53	\$387.84	\$481.27	\$370.61	\$468.10
51	\$403.63	\$405.00	\$502.56	\$387.00	\$488.81
52	\$422.46	\$423.89	\$526.00	\$405.05	\$511.61
53	\$441.50	\$443.00	\$549.71	\$423.31	\$534.67

Rates for children (age 0-20) are capped at three per family.

Counties in Area 5 include: SIBLEY, LAC QUI PARLE, LYON, MCLEOD, MEEKER, RENVILLE, BIG STONE, CHIPPEWA, KANDIYOH, SWIFT, YELLOW MEDICINE

Blue Cross includes the following health management programs in all plans: utilization management, care management, disease management, stop smoking support, nurse advice line, online health assessment, online lifestyle coaching and fitness center discounts.



Small Employer 1 - 100 Rates

Effective: January 01, 2016 - March 31, 2016

Area 5

AGE	BlueAccess HSA Bronze \$4,500 Plan 620	BlueAccess HSA Bronze \$5,000 Plan 622	BlueAccess Silver \$2,000 Plan 623	BlueAccess HSA Bronze \$6,550 Plan 624	BlueAccess Silver \$1,800 Plan 625
54	\$462.06	\$463.63	\$575.31	\$443.03	\$559.57
55	\$482.62	\$484.26	\$600.91	\$462.74	\$584.47
56	\$504.91	\$506.63	\$628.67	\$484.11	\$611.47
57	\$527.42	\$529.21	\$656.69	\$505.69	\$638.73
58	\$551.45	\$553.32	\$686.60	\$528.73	\$667.82
59	\$563.35	\$565.26	\$701.42	\$540.14	\$682.23
60	\$587.37	\$589.36	\$731.33	\$563.17	\$711.33
61	\$608.15	\$610.21	\$757.20	\$583.09	\$736.49
62	\$621.78	\$623.89	\$774.18	\$596.16	\$753.00
63	\$638.88	\$641.05	\$795.47	\$612.56	\$773.70
64	\$649.26	\$651.48	\$808.41	\$622.53	\$786.30
65+	\$649.26	\$651.48	\$808.41	\$622.53	\$786.30

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AGE	BlueAccess HRA Silver \$2,000 Plan 627	BlueAccess HSA Gold \$1,500 Plan 629	BlueAccess Silver \$2,000 with 6 Free Plan 630	BlueAccess HSA Silver \$2,700 Plan 632	BlueAccess HRA Silver \$3,000 Plan 634
0 - 20	\$239.83	\$262.57	\$241.51	\$234.81	\$228.92
21	\$269.47	\$295.03	\$271.36	\$263.83	\$257.21
22	\$269.47	\$295.03	\$271.36	\$263.83	\$257.21
23	\$269.47	\$295.03	\$271.36	\$263.83	\$257.21
24	\$269.47	\$295.03	\$271.36	\$263.83	\$257.21
25	\$270.54	\$296.21	\$272.45	\$264.88	\$258.24
26	\$275.93	\$302.11	\$277.87	\$270.16	\$263.39
27	\$282.40	\$309.19	\$284.39	\$276.49	\$269.56
28	\$292.91	\$320.69	\$294.97	\$286.78	\$279.59
29	\$301.53	\$330.13	\$303.65	\$295.22	\$287.82
30	\$305.84	\$334.85	\$308.00	\$299.44	\$291.94
31	\$312.31	\$341.93	\$314.51	\$305.78	\$298.11
32	\$318.78	\$349.02	\$321.02	\$312.11	\$304.28
33	\$322.82	\$353.44	\$325.09	\$316.06	\$308.14
34	\$327.13	\$358.16	\$329.43	\$320.29	\$312.26
35	\$329.29	\$360.52	\$331.60	\$322.40	\$314.31
36	\$331.44	\$362.88	\$333.78	\$324.51	\$316.37
37	\$333.60	\$365.24	\$335.95	\$326.62	\$318.43
38	\$335.76	\$367.60	\$338.12	\$328.73	\$320.49
39	\$340.07	\$372.32	\$342.46	\$332.95	\$324.60
40	\$344.38	\$377.04	\$346.80	\$337.17	\$328.72
41	\$350.85	\$384.12	\$353.31	\$343.50	\$334.89
42	\$357.04	\$390.91	\$359.55	\$349.57	\$340.81
43	\$365.67	\$400.35	\$368.24	\$358.01	\$349.04
44	\$376.44	\$412.15	\$379.09	\$368.57	\$359.33
45	\$389.11	\$426.02	\$391.85	\$380.97	\$371.41
46	\$404.20	\$442.54	\$407.04	\$395.74	\$385.82
47	\$421.18	\$461.13	\$424.14	\$412.36	\$402.02
48	\$440.58	\$482.37	\$443.68	\$431.36	\$420.54
49	\$459.71	\$503.31	\$462.94	\$450.09	\$438.80
50	\$481.27	\$526.92	\$484.65	\$471.19	\$459.38
51	\$502.56	\$550.22	\$506.09	\$492.04	\$479.70
52	\$526.00	\$575.89	\$529.70	\$514.99	\$502.08
53	\$549.71	\$601.85	\$553.58	\$538.21	\$524.71

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AGE	BlueAccess HRA Silver \$2,000 Plan 627	BlueAccess HSA Gold \$1,500 Plan 629	BlueAccess Silver \$2,000 with 6 Free Plan 630	BlueAccess HSA Silver \$2,700 Plan 632	BlueAccess HRA Silver \$3,000 Plan 634
54	\$575.31	\$629.88	\$579.36	\$563.27	\$549.15
55	\$600.91	\$657.91	\$605.14	\$588.33	\$573.58
56	\$628.67	\$688.30	\$633.09	\$615.51	\$600.08
57	\$656.69	\$718.98	\$661.31	\$642.95	\$626.83
58	\$686.60	\$751.73	\$691.43	\$672.23	\$655.38
59	\$701.42	\$767.95	\$706.36	\$686.74	\$669.52
60	\$731.33	\$800.70	\$736.48	\$716.03	\$698.07
61	\$757.20	\$829.02	\$762.53	\$741.35	\$722.77
62	\$774.18	\$847.61	\$779.62	\$757.97	\$738.97
63	\$795.47	\$870.92	\$801.06	\$778.82	\$759.29
64	\$808.41	\$885.09	\$814.08	\$791.49	\$771.63
65+	\$808.41	\$885.09	\$814.08	\$791.49	\$771.63

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AGE	BlueAccess Gold \$500 Plan 635	BlueAccess Gold \$500 with 6 Free Plan 636	BlueAccess Gold \$1,000 Plan 637	BlueAccess Gold \$1,000 with 6 Free Plan 638	BlueAccess HSA Silver \$4,000 Plan 640
0 - 20	\$273.74	\$276.68	\$274.17	\$264.63	\$222.77
21	\$307.58	\$310.87	\$308.05	\$297.34	\$250.31
22	\$307.58	\$310.87	\$308.05	\$297.34	\$250.31
23	\$307.58	\$310.87	\$308.05	\$297.34	\$250.31
24	\$307.58	\$310.87	\$308.05	\$297.34	\$250.31
25	\$308.81	\$312.12	\$309.28	\$298.53	\$251.31
26	\$314.96	\$318.33	\$315.45	\$304.47	\$256.32
27	\$322.34	\$325.79	\$322.84	\$311.61	\$262.32
28	\$334.34	\$337.92	\$334.85	\$323.20	\$272.09
29	\$344.18	\$347.87	\$344.71	\$332.72	\$280.10
30	\$349.10	\$352.84	\$349.64	\$337.48	\$284.10
31	\$356.48	\$360.30	\$357.03	\$344.61	\$290.11
32	\$363.86	\$367.76	\$364.43	\$351.75	\$296.12
33	\$368.48	\$372.43	\$369.05	\$356.21	\$299.87
34	\$373.40	\$377.40	\$373.98	\$360.97	\$303.87
35	\$375.86	\$379.89	\$376.44	\$363.34	\$305.88
36	\$378.32	\$382.37	\$378.90	\$365.72	\$307.88
37	\$380.78	\$384.86	\$381.37	\$368.10	\$309.88
38	\$383.24	\$387.35	\$383.83	\$370.48	\$311.88
39	\$388.16	\$392.32	\$388.76	\$375.24	\$315.89
40	\$393.08	\$397.30	\$393.69	\$380.00	\$319.89
41	\$400.47	\$404.76	\$401.08	\$387.13	\$325.90
42	\$407.54	\$411.91	\$408.17	\$393.97	\$331.66
43	\$417.38	\$421.85	\$418.03	\$403.48	\$339.67
44	\$429.69	\$434.29	\$430.35	\$415.38	\$349.68
45	\$444.14	\$448.90	\$444.83	\$429.35	\$361.45
46	\$461.37	\$466.31	\$462.08	\$446.00	\$375.46
47	\$480.74	\$485.89	\$481.49	\$464.74	\$391.23
48	\$502.89	\$508.28	\$503.67	\$486.14	\$409.25
49	\$524.73	\$530.35	\$525.54	\$507.25	\$427.03
50	\$549.33	\$555.22	\$550.18	\$531.04	\$447.05
51	\$573.63	\$579.78	\$574.52	\$554.53	\$466.83
52	\$600.39	\$606.82	\$601.32	\$580.40	\$488.60
53	\$627.46	\$634.18	\$628.43	\$606.57	\$510.63

Rates for children (age 0-20) are capped at three per family.

Counties in Area 5 include: SIBLEY, LAC QUI PARLE, LYON, MCLEOD, MEEKER, RENVILLE, BIG STONE, CHIPPEWA, KANDIYOHI, SWIFT, YELLOW MEDICINE

Blue Cross includes the following health management programs in all plans; utilization management, care management, disease management, stop smoking support, nurse advice line, online health assessment, online lifestyle coaching and fitness center discounts.

AGE	BlueAccess Gold \$500 Plan 635	BlueAccess Gold \$500 with 6 Free Plan 636	BlueAccess Gold \$1,000 Plan 637	BlueAccess Gold \$1,000 with 6 Free Plan 638	BlueAccess HSA Silver \$4,000 Plan 640
54	\$656.68	\$663.71	\$657.69	\$634.81	\$534.41
55	\$685.90	\$693.25	\$686.96	\$663.06	\$558.19
56	\$717.58	\$725.27	\$718.69	\$693.68	\$583.97
57	\$749.57	\$757.60	\$750.72	\$724.61	\$610.00
58	\$783.71	\$792.10	\$784.92	\$757.61	\$637.79
59	\$800.62	\$809.20	\$801.86	\$773.97	\$651.55
60	\$834.76	\$843.71	\$836.06	\$806.97	\$679.34
61	\$864.29	\$873.55	\$865.63	\$835.51	\$703.37
62	\$883.67	\$893.14	\$885.04	\$854.25	\$719.14
63	\$907.97	\$917.70	\$909.37	\$877.74	\$738.91
64	\$922.74	\$932.61	\$924.15	\$892.02	\$750.93
65+	\$922.74	\$932.61	\$924.15	\$892.02	\$750.93

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Blue Cross includes the following health management programs in all plans; utilization management, care management, disease management, stop smoking support, nurse advice line, online health assessment, online lifestyle coaching and fitness center discounts.

AGE	BlueAccess Gold \$750 Plan 641	BlueAccess HSA Silver \$3,200 Plan 642	BlueAccess Gold \$300 Plan 643	BlueAccess HSA Silver \$3,500 Plan 645	BlueAccess HRA Gold \$1,000 Plan 647
0 - 20	\$269.67	\$234.17	\$277.56	\$229.34	\$274.17
21	\$302.99	\$263.11	\$311.87	\$257.68	\$308.05
22	\$302.99	\$263.11	\$311.87	\$257.68	\$308.05
23	\$302.99	\$263.11	\$311.87	\$257.68	\$308.05
24	\$302.99	\$263.11	\$311.87	\$257.68	\$308.05
25	\$304.21	\$264.16	\$313.12	\$258.71	\$309.28
26	\$310.27	\$269.43	\$319.35	\$263.86	\$315.45
27	\$317.54	\$275.74	\$326.84	\$270.05	\$322.84
28	\$329.36	\$286.00	\$339.00	\$280.10	\$334.85
29	\$339.05	\$294.42	\$348.98	\$288.34	\$344.71
30	\$343.90	\$298.63	\$353.97	\$292.47	\$349.64
31	\$351.17	\$304.95	\$361.46	\$298.65	\$357.03
32	\$358.44	\$311.26	\$368.94	\$304.84	\$364.43
33	\$362.99	\$315.21	\$373.62	\$308.70	\$369.05
34	\$367.84	\$319.42	\$378.61	\$312.82	\$373.98
35	\$370.26	\$321.52	\$381.10	\$314.89	\$376.44
36	\$372.68	\$323.63	\$383.60	\$316.95	\$378.90
37	\$375.11	\$325.73	\$386.09	\$319.01	\$381.37
38	\$377.53	\$327.84	\$388.59	\$321.07	\$383.83
39	\$382.38	\$332.05	\$393.58	\$325.19	\$388.76
40	\$387.23	\$336.26	\$398.57	\$329.32	\$393.69
41	\$394.50	\$342.57	\$406.05	\$335.50	\$401.08
42	\$401.47	\$348.62	\$413.23	\$341.43	\$408.17
43	\$411.16	\$357.04	\$423.21	\$349.67	\$418.03
44	\$423.28	\$367.57	\$435.68	\$359.98	\$430.35
45	\$437.52	\$379.93	\$450.34	\$372.09	\$444.83
46	\$454.49	\$394.67	\$467.80	\$386.52	\$462.08
47	\$473.58	\$411.24	\$487.45	\$402.75	\$481.49
48	\$495.40	\$430.19	\$509.91	\$421.31	\$503.67
49	\$516.91	\$448.87	\$532.05	\$439.60	\$525.54
50	\$541.15	\$469.92	\$557.00	\$460.22	\$550.18
51	\$565.09	\$490.70	\$581.64	\$480.57	\$574.52
52	\$591.45	\$513.59	\$608.77	\$502.99	\$601.32
53	\$618.11	\$536.75	\$636.21	\$525.67	\$628.43

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Blue Cross includes the following health management programs in all plans; utilization management, care management, disease management, stop smoking support, nurse advice line, online health assessment, online lifestyle coaching and fitness center discounts.

AGE	BlueAccess Gold \$750 Plan 641	BlueAccess HSA Silver \$3,200 Plan 642	BlueAccess Gold \$300 Plan 643	BlueAccess HSA Silver \$3,500 Plan 645	BlueAccess HRA Gold \$1,000 Plan 647
54	\$646.89	\$561.74	\$665.84	\$550.15	\$657.69
55	\$675.68	\$586.74	\$695.47	\$574.63	\$686.96
56	\$706.89	\$613.84	\$727.59	\$601.17	\$718.69
57	\$738.40	\$641.20	\$760.03	\$627.97	\$750.72
58	\$772.03	\$670.41	\$794.64	\$656.57	\$784.92
59	\$788.70	\$684.88	\$811.80	\$670.74	\$801.86
60	\$822.33	\$714.08	\$846.41	\$699.34	\$836.06
61	\$851.42	\$739.34	\$876.35	\$724.08	\$865.63
62	\$870.50	\$755.92	\$896.00	\$740.32	\$885.04
63	\$894.44	\$776.70	\$920.64	\$760.67	\$909.37
64	\$908.97	\$789.33	\$935.61	\$773.04	\$924.15
65+	\$908.97	\$789.33	\$935.61	\$773.04	\$924.15

Rates for children (age 0-20) are capped at three per family.

Counties in Area 5 include: SIBLEY, LAC QUI PARLE, LYON, MCLEOD, MEEKER, RENVILLE, BIG STONE, CHIPPEWA, KANDIYOHI, SWIFT, YELLOW MEDICINE

Blue Cross includes the following health management programs in all plans; utilization management, care management, disease management, stop smoking support, nurse advice line, online health assessment, online lifestyle coaching and fitness center discounts.

AGE	BlueAccess HSA Gold \$2,000 Plan 653	BlueAccess Platinum No Deductible Plan 655	BluePrint HSA Bronze \$4,500 Plan 684	BluePrint Platinum \$1,000 Plan 686	BluePrint Gold \$1,500 Plan 687
0 - 20	\$264.13	\$305.15	\$177.74	\$279.53	\$250.60
21	\$296.78	\$342.87	\$199.70	\$314.08	\$281.58
22	\$296.78	\$342.87	\$199.70	\$314.08	\$281.58
23	\$296.78	\$342.87	\$199.70	\$314.08	\$281.58
24	\$296.78	\$342.87	\$199.70	\$314.08	\$281.58
25	\$297.96	\$344.24	\$200.50	\$315.33	\$282.70
26	\$303.90	\$351.10	\$204.50	\$321.61	\$288.33
27	\$311.02	\$359.32	\$209.29	\$329.15	\$295.09
28	\$322.60	\$372.70	\$217.08	\$341.40	\$306.07
29	\$332.09	\$383.67	\$223.47	\$351.45	\$315.08
30	\$336.84	\$389.15	\$226.66	\$356.48	\$319.59
31	\$343.96	\$397.38	\$231.46	\$364.02	\$326.35
32	\$351.09	\$405.61	\$236.25	\$371.55	\$333.10
33	\$355.54	\$410.76	\$239.25	\$376.26	\$337.33
34	\$360.29	\$416.24	\$242.44	\$381.29	\$341.83
35	\$362.66	\$418.98	\$244.04	\$383.80	\$344.09
36	\$365.03	\$421.73	\$245.64	\$386.31	\$346.34
37	\$367.41	\$424.47	\$247.23	\$388.83	\$348.59
38	\$369.78	\$427.21	\$248.83	\$391.34	\$350.84
39	\$374.53	\$432.70	\$252.03	\$396.37	\$355.35
40	\$379.28	\$438.18	\$255.22	\$401.39	\$359.85
41	\$386.40	\$446.41	\$260.01	\$408.93	\$366.61
42	\$393.23	\$454.30	\$264.61	\$416.15	\$373.09
43	\$402.73	\$465.27	\$271.00	\$426.20	\$382.10
44	\$414.60	\$478.99	\$278.99	\$438.77	\$393.36
45	\$428.55	\$495.10	\$288.37	\$453.53	\$406.60
46	\$445.16	\$514.30	\$299.56	\$471.12	\$422.36
47	\$463.86	\$535.90	\$312.14	\$490.90	\$440.10
48	\$485.23	\$560.59	\$326.52	\$513.52	\$460.38
49	\$506.30	\$584.93	\$340.69	\$535.82	\$480.37
50	\$530.04	\$612.36	\$356.67	\$560.94	\$502.89
51	\$553.49	\$639.45	\$372.45	\$585.75	\$525.14
52	\$579.31	\$669.28	\$389.82	\$613.08	\$549.64
53	\$605.42	\$699.45	\$407.40	\$640.72	\$574.41

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Blue Cross includes the following health management programs in all plans; utilization management, care management, disease management, stop smoking support, nurse advice line, online health assessment, online lifestyle coaching and fitness center discounts.

AGE	BlueAccess HSA Gold \$2,000 Plan 653	BlueAccess Platinum No Deductible Plan 655	BluePrint HSA Bronze \$4,500 Plan 684	BluePrint Platinum \$1,000 Plan 686	BluePrint Gold \$1,500 Plan 687
54	\$633.62	\$732.02	\$426.37	\$670.55	\$601.16
55	\$661.81	\$764.59	\$445.34	\$700.39	\$627.91
56	\$692.38	\$799.91	\$465.91	\$732.74	\$656.92
57	\$723.24	\$835.57	\$486.68	\$765.41	\$686.20
58	\$756.19	\$873.63	\$508.85	\$800.27	\$717.46
59	\$772.51	\$892.48	\$519.83	\$817.54	\$732.94
60	\$805.45	\$930.54	\$542.00	\$852.40	\$764.20
61	\$833.94	\$963.46	\$561.17	\$882.56	\$791.23
62	\$852.64	\$985.06	\$573.75	\$902.34	\$808.97
63	\$876.08	\$1,012.14	\$589.53	\$927.15	\$831.21
64	\$890.34	\$1,028.61	\$599.10	\$942.24	\$844.74
65+	\$890.34	\$1,028.61	\$599.10	\$942.24	\$844.74

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Blue Cross includes the following health management programs in all plans; utilization management, care management, disease management, stop smoking support, nurse advice line, online health assessment, online lifestyle coaching and fitness center discounts.

AGE	BluePrint Silver \$2,000 Plan 688	BlueConnect HSA Bronze \$4,500 Plan 694	BlueConnect Platinum \$1,000 Plan 696	BlueConnect Gold \$1,500 Plan 697	BlueConnect Silver \$2,000 Plan 698
0 - 20	\$222.17	\$173.23	\$273.96	\$244.25	\$207.00
21	\$249.63	\$194.64	\$307.82	\$274.44	\$232.59
22	\$249.63	\$194.64	\$307.82	\$274.44	\$232.59
23	\$249.63	\$194.64	\$307.82	\$274.44	\$232.59
24	\$249.63	\$194.64	\$307.82	\$274.44	\$232.59
25	\$250.63	\$195.42	\$309.05	\$275.54	\$233.52
26	\$255.62	\$199.31	\$315.21	\$281.03	\$238.17
27	\$261.61	\$203.99	\$322.60	\$287.62	\$243.75
28	\$271.35	\$211.58	\$334.60	\$298.32	\$252.82
29	\$279.34	\$217.81	\$344.45	\$307.10	\$260.26
30	\$283.33	\$220.92	\$349.38	\$311.49	\$263.99
31	\$289.32	\$225.59	\$356.76	\$318.08	\$269.57
32	\$295.31	\$230.26	\$364.15	\$324.67	\$275.15
33	\$299.06	\$233.18	\$368.77	\$328.78	\$278.64
34	\$303.05	\$236.30	\$373.69	\$333.17	\$282.36
35	\$305.05	\$237.85	\$376.16	\$335.37	\$284.22
36	\$307.04	\$239.41	\$378.62	\$337.57	\$286.08
37	\$309.04	\$240.97	\$381.08	\$339.76	\$287.94
38	\$311.04	\$242.53	\$383.54	\$341.96	\$289.80
39	\$315.03	\$245.64	\$388.47	\$346.35	\$293.52
40	\$319.03	\$248.75	\$393.40	\$350.74	\$297.24
41	\$325.02	\$253.43	\$400.78	\$357.32	\$302.83
42	\$330.76	\$257.90	\$407.86	\$363.64	\$308.18
43	\$338.75	\$264.13	\$417.71	\$372.42	\$315.62
44	\$348.73	\$271.92	\$430.03	\$383.40	\$324.92
45	\$360.47	\$281.06	\$444.49	\$396.30	\$335.85
46	\$374.44	\$291.96	\$461.73	\$411.66	\$348.88
47	\$390.17	\$304.23	\$481.12	\$428.95	\$363.53
48	\$408.15	\$318.24	\$503.29	\$448.71	\$380.28
49	\$425.87	\$332.06	\$525.14	\$468.20	\$396.79
50	\$445.84	\$347.63	\$549.77	\$490.16	\$415.40
51	\$465.56	\$363.01	\$574.09	\$511.84	\$433.77
52	\$487.28	\$379.94	\$600.87	\$535.71	\$454.01
53	\$509.25	\$397.07	\$627.95	\$559.86	\$474.48

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AGE	BluePrint Silver \$2,000 Plan 688	BlueConnect HSA Bronze \$4,500 Plan 694	BlueConnect Platinum \$1,000 Plan 696	BlueConnect Gold \$1,500 Plan 697	BlueConnect Silver \$2,000 Plan 698
54	\$532.96	\$415.56	\$657.20	\$585.94	\$496.57
55	\$556.67	\$434.05	\$686.44	\$612.01	\$518.67
56	\$582.39	\$454.10	\$718.15	\$640.28	\$542.62
57	\$608.35	\$474.34	\$750.16	\$668.82	\$566.81
58	\$636.06	\$495.95	\$784.33	\$699.28	\$592.63
59	\$649.79	\$506.66	\$801.26	\$714.38	\$605.42
60	\$677.50	\$528.26	\$835.43	\$744.84	\$631.24
61	\$701.46	\$546.95	\$864.98	\$771.19	\$653.57
62	\$717.19	\$559.21	\$884.37	\$788.48	\$668.22
63	\$736.91	\$574.59	\$908.69	\$810.16	\$686.59
64	\$748.89	\$583.92	\$923.46	\$823.32	\$697.77
65+	\$748.89	\$583.92	\$923.46	\$823.32	\$697.77

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Board

MEMORANDUM

TO: Kandiyohi County and City of Willmar EDC

FROM: Sharon Klumpp

DATE: December 1, 2015

SUBJECT: Executive Director Search Update

Working closely with the EDC's Search Committee, we have identified six potential candidates for the Executive Director position from a field of 14 applicants. The candidates have interesting backgrounds that reflect a combination of public, private and non-profit experience. The Executive Director position fulfills an important role, serving as a catalyst, a collaborator and a results-oriented professional who helps the EDC achieve economic growth and continued job creation in Kandiyohi County and the City of Willmar.

We have been collecting information from the candidates to assess their qualifications for the Executive Director position. In addition to their cover letters and resumes, the candidates were asked to complete a questionnaire detailing their work in economic development and providing some insight into their management, organizational and communication skills. Candidates were also asked to complete a management style assessment and schedule a 30-minute interview with the search consultant. Some of the candidates were not available during the Thanksgiving holiday and needed additional time to complete these materials. All outstanding candidate materials will be submitted to the Search Committee before the end of this week.

Because of the number of candidates under consideration and the importance of conducting a throughout vetting process, the Search Committee will hold first round interviews with the candidates selected to advance in this process on December 16 (one candidate who will be out of the country on that date will interview on an earlier time). Following the first round interviews, the Search Committee will recommend final candidates to the EDC to interview during the week of January 4. The interviews will be conducted by the EDC; however members of the Joint Operations Board are encouraged to attend the interviews and share their observations and input. The identity of the final candidates will become public when the names are forwarded to the full EDC.

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A recap of the search process and the timeline for remaining tasks are provided below:

October 7	Position is advertised
November 6	Review of resumes begins, position is open until filled
November 16 and 30	Meetings with the Search Committee
December 2	Deadline for all candidate information to be submitted
December 3	Search Committee receives candidate information
December 7	Search Committee selects candidates invited to attend first round interviews
December 16	First round interviews
December 17	Search Committee forwards finalist names and application materials to the EDC; Candidate names become public
January 4-8	EDC interviews
January 11 – 15	Offer made/accepted

Based on this timeline, a start date of January 25 through February 15 is projected.