
BOARD OF HEALTH – FINANCE COMMITTEE

Agenda for November 4, 2024 at 9:00 AM

1. Call to Order
 - a. Roll Call
 - b. Approval of the Agenda*
2. Public Comment
3. New Business
 - a. Hillsdale Water Softener* - pg 2
 - b. PA 152 Public Employer Contributions to Medical Benefit Plans* - pg 9
 - c. Employer Sponsored Health Insurance Plan* - pg 10
4. Public Comment
5. Adjournment - Next meeting: Full Board meets on November 14, 2024, next Finance Committee Meeting December 2, 2024.

Public Comment:
For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.



Express Proposal

Proposal #: 092724

Date: 09/27/2024

Prepared By: Justin Rupert
Rupert's Culligan – Albion/Hillsdale
26950 W. Michigan Ave.
Albion, MI 49224
Phone: (517) 425-0328
E-Mail: justingr0404@gmail.com

Quoted To: Hillsdale Health Dept. – Randy
20 Care Drive
Hillsdale, MI 49242
517-437-9786
r.finley@co.hillsdale.mi.us

Notes: 2" Plumbing, existing 3 valve bypass, existing standpipe drain
Price includes tax, installation, removal of old equipment

Project Name: Water Softener Replacement

We are pleased to provide the following proposal per your request:

Qty	PN	Description	Price
1		Culligan CTM Softener – 120 DF	
1		24x50 900 lb brine system/salt storage	
		Total	\$3,945.00

Pricing Notes:

- All prices quoted are in U.S. Dollars.
- Prices include freight, taxes, permits, fees, labor and materials
- Start up - start-up services are included.
- This proposal supersedes all previous proposals and correspondence.

Validity:

- This quotation is for budget purposes only
- 30 days from the date of this proposal

Payment Terms:

- 100% net 20 days from delivery

Schedule

- Submittals are not included in the scope of supply. Standard product literature, drawings are included.
- Expected shipment of equipment to be approximately **2-weeks** from our receipt and acceptance of purchase order.
- Installation piping of three valve bypass and water softeners to be done by others.



Express Proposal

We have read and agree to this Proposal, dated **09/27/2024**, and the terms and conditions within.

Accepted _____

Title

Date

P.O. # _____



The Culligan® Top Mount Series WATER SOFTENER SYSTEM

Superior Flow. Superior Savings. Superior Water
for Commercial and Industrial Needs.

The Culligan® Top Mount (CTM) Series softener models use the latest control valve technology to offer superior flow rates and long-lasting performance for commercial and industrial applications. The top-mounted control minimizes the system's footprint and is constructed of a corrosion-resistant, heavy duty plastic tested in extreme operating conditions to service all types of problem water (high chloramines, heavy iron, etc.). The CTM valve and system also carry certification for testing and passing the highest drinking water standards. The CTM includes integrated vacuum breakers and pressure relief valves to protect the system in addition to possessing an integrated flow meter for highly accurate reporting. Each CTM operates with a Culligan® Smart Controller which provides users access to the Culligan® technology platform of intercommunicating systems, remote monitoring and water and energy saving accessories.

The CTM Softener Series forms part of the Culligan® Commercial and Industrial product portfolio that has been offering durable, high-quality equipment to the world for over 80 years. For those customers who need a more customized solution Culligan's application engineering and project management team will provide professional, technical expertise through the initial project scope to the expedited delivery and start-up process. Our expansive dealership network will provide aftermarket support and technical expertise and trusted service to users in every market. Contact Culligan® today to learn more about the CTM and other water treatment products.

Markets Served:

Clinics
Educational Facilities
Energy / Power
Food / Beverage Production
Food Service / Restaurants
Grocery
Healthcare / Hospitals / Bio-Pharmaceutical
Hospitality / Lodging
Manufacturing
Municipal Drinking Water
Oil / Gas

CULLIGAN® ADVANTAGES:

- Global Product Platform with Flexible Modular Configurations
- Simple Integration into Existing Systems
- Quick Delivery & Installation
- Exclusive Culligan Features
 - Universal Electronic Controller
 - Aqua-Sensor®, Progressive Flow and Other Operational Cost-Saving Technology
 - Remote Monitoring Capabilities with Multiple Alarm Recognitions
 - Cloud Storage for Historical Data
 - U.S. Standard and Metric Readings with Multiple Interface Languages for Programming Interface



PRE-TREATMENT SOLUTIONS.

SYSTEM SPECIFICATIONS

Warranty

Culligan's CTM Water Softeners are backed by a limited **2-year warranty** against defects in material, workmanship and corrosion. In addition, softener tanks are warranted for a period of 5 years.[†]

[†] See printed warranty for details. Culligan® will provide a copy of the warranty upon request.

Some localities have corrosive water. A softener cannot correct this condition, so its printed warranty disclaims liability for corrosion of plumbing lines, fixtures, or water-using equipment. If you suspect corrosion, your independently operated Culligan® dealer has equipment to help control the problem.

System Specifications

Specification	US	Metric
Inlet Pressure (dynamic)	35–125 psig	240–860 kPa
Power Voltage Frequency	120 Volts ¹ 50/60Hz	
Feed Water Temperature	40–120° F	4–49° C
Vacuum	None ²	None ²
Turbidity Chlorine Iron	5 NTU, max. ³ 1 mg/L, max. ³ 5 mg/L, max. ³	

¹ 120 Volt/24 Volt CUL/UL listed Transformer Included.

² FRP tank warranty is void if subject to vacuum

³ See media specification for details.



Tested and Certified by WQA to NSF/ANSI 61 and 372

Examples of Softener Applications

- Food and Beverage—Improved taste
- Educational Facilities—Boiler and cooling tower make-up water for scale reduction and improved energy costs
- Restaurants—For dishwashing, cleaning material savings, scale reduction
- RO / DI Pretreatment
- Car washes—Quality results, detergent and water heating savings, scale reduction
- Apartment buildings, assisted living facilities and hotels—Quality water for laundry, dishwashers, boilers
- Grocery / Retail—Quality water for aesthetics and help extend equipment life

Standard Features

- Single or Multiple Tank Configurations available for hardness removal capacities up to 450,000 grains per tank*
- Continuous flow rates up to 76 gpm per tank. Peak flow rates up to 104 gpm per tank
- Corrosion-resistant control valve body certified to drinking water applications
- Integrated flow meter, vacuum breaker and pressure relief valve*
- Downflow and upflow (Counter-current) regeneration-type controllers available with your choice of initiation (time clock, meter or Aqua-Sensor® inputs)*
- Telemetric data capabilities with remote monitoring

* Multi-tank, upflow configurations and integrated components are not available for time clock models.

Optional Features & Accessories

- 1.5" or 2" Flow adapters are available to provide every CTM unit the flexibility to use different inlet pipe sizes with minimal impact to flow rates
- Patented Progressive Flow—Culligan's Smart Controller can monitor flow demands bringing additional softening tanks on-line or offline as flows increase or decrease
- Brine Reclaim—reduces operating costs by recycling and making efficient use of brine during regeneration
- Aqua-Sensor® Control—initiates regeneration only when needed based upon water hardness, automatically adjusts to changes in raw water hardness and water consumptions
- No special tools required for servicing
- Robust piston-valve technology uses retained, radial seals in the body for improved longevity and reliability. Ideal for challenging water conditions
- Control complies with CUL, CE, UL 50/50E and UL 746C standards for NEMA 3R enclosure rating
- Remote Display
- RS232, RS485, Modbus PLC Output

Culligan® Top Mount (CTM) Water Softener System

CTM Family Group *	Media Qty.	Pipe Size**	Service Flow Rates		Tank Size***	
			Continuous*	Peak**	Softener	Brine****
	(ft ³ / liters)	(in / mm)	gpm @ 15 psi drop lpm @ 103 kPa drop	gpm @ 25 psi drop lpm @ 172 kPa drop	(in / mm)	(in / mm)
CTM-60	2	1.5" & 2"	51	69	14 x 47	24 x 40
	57	25.4 & 50.8	193	261	356 x 1194	610 x 1016
CTM-90	3	1.5" & 2"	57	75	16 x 53	24 x 50
	85	25.4 & 50.8	216	284	406 x 1346	610 x 1016
CTM-120	4	1.5" & 2"	55	72.5	16 x 65	24 x 50
	113	25.4 & 50.8	208	274	406 x 1651	610 x 1270
CTM-150	5	1.5" & 2"	59	76	18 x 65	24 x 50
	142	25.4 & 50.8	223	288	457 x 1651	610 x 1270
CTM-210	7	1.5" & 2"	65	85	21 x 62	24 x 50
	198	25.4 & 50.8	246	322	553 x 1575	610 x 1270
CTM-300	10	1.5" & 2"	70	95	24 x 72	30 x 50
	283	25.4 & 50.8	265	360	610 x 1829	762 x 1270
CTM-450	15	1.5" & 2"	76	104	30 x 72	30 x 50
	425	25.4 & 50.8	288	394	762 x 1829	762 x 1270

*Each Family Group includes the following control type options:
- Timed-clock-only units
- Downflow & Upflow with hard water or no hard water bypass
- Multi-tank with no hard water bypass

** Depending on choice of 1.5" or 2" flow adapter

*** Dimensions are diameter by tank height

**** Brine Systems are optional. Size shown is size most commonly selected

Flow rates shown are per tank using a 2" flow adapter. Flow rates may be slightly lower when using the 1.5" flow adapter. Low flow channeling (flow rates less than 0.5 gpm per cubic foot of resin) may cause hardness leakage into effluent

Culligan®

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For 80 years, Culligan® has made better water. Our global network, comprised of 800+ dealers and international licensees in over 90 countries, is dedicated to addressing your water-related problems. As a worldwide leader in water treatment, our sales representatives and service technicians are familiar with the local water conditions in your area. Being global and local position us to deliver customized solutions to commercial and industrial water issues that affect your business and your bottom line.

All trademarks used herein are registered trademarks of Culligan International Company.

Products manufactured or marketed by Culligan® and its affiliates are protected by patents issued or pending in the United States and other countries.

Culligan® reserves the right to change the specifications referred to in this literature at any time, without prior notice.

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Part No. 39010



WORK ORDER

Jackson, MI Location 2701 Wildwood Avenue Jackson, MI. 49202 (517) 787-6515
Kendallville, IN Location 700 S. Orchard Street Kendallville, IN 46755 (260) 347-2081
Hillsdale, MI Location 3275 W. Carleton Road Hillsdale, MI 49242 (517) 437-2628

NAME: My Comm. Dental DATE: 9-23-24
EMAIL ADDRESS: _____ PHONE: _____
ADDRESS: 20 Care Dr. CITY: Hillsdale STATE: MI ZIP: 49242

QUANTITY	DESCRIPTION	AMOUNT	TOTAL
1	EWS 1000 Duplex System		\$14,300.00
	Extra Plumbing For Copper		\$1,500.00
	2" Header & 2-1" Supply to Header		
	to maintain flow rate		

PROJECTED INSTALLATION
ORDER NUMBER: _____
Installation: _____
Day _____ Date _____
E.T.A. _____
Delivery Date (if different) _____

TERMS

☐ COD ☐ Lease ☐ Invoice Total \$ _____
Finance with _____ Sales Tax \$ N/A
Down payment \$ _____ Installation \$ N/A
Balance Due \$ _____ TOTAL COST \$ 7,800.00

The PURCHASER agrees that the title to the equipment covered in his order shall remain with Tri County Water until equipment is fully paid for by the purchaser.

The PURCHASER further agrees that there is no written agreement or verbal understanding with Tri County Water or its representatives, whereby the within agreement or any part thereof is altered or modified in any manner from the conditions above mentioned.

YOU, THE BUYER MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION.

Sale Representative: X [Signature] Purchaser's Signature: X _____

INSTALLATION INFORMATION:

X _____

WATER ANALYSIS Hardness/g.p.g. <u>22</u> Iron <u>5</u> p.p.m. x3= <u>30</u> Compensated Hardness <u>30</u> Manganese _____ p.p.m. Tannins _____ p.p.m. When first drawn, water is <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Colored Other: _____ Iron: Ferric: _____ Ferrous: _____ Organic: _____ Sulfur _____ p.p.m. T.D.S. _____ p.p.m.	WATER/ELECTRIC SUPPLY <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Community Well <input type="checkbox"/> Private Well Piping Size <u>2"</u> Amount needed <u>15</u> Feet <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> CPVC <input type="checkbox"/> PEX Is there 115V, 60 Hz A.C. Electrical outlet within 5 feet? Yes / No (circle one) If no, give details: _____
DRAIN DETAIL <input type="checkbox"/> Floor/Slump <input type="checkbox"/> Clean out/size _____ in. <input type="checkbox"/> Laundry Sink <input checked="" type="checkbox"/> Stand pipe/size _____ in. <input type="checkbox"/> Other: _____ Distance away _____ Ft. <input type="checkbox"/> Leave As-Is	SILL COCK DETAIL (Outside Water) All now bypassed Number to be bypassed <u>N/A</u> Piping size _____ Amount needed _____ Feet <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> CPVC <input type="checkbox"/> PEX
WARRANTY INFORMATION <u>1 yr Parts</u> <u>1 yr - LABOR</u>	SPECIAL INSTRUCTIONS <u>2" main</u> <u>3 handel Bypass (copper)</u>

SERIAL NUMBER: _____

This is a special order and is subject to Manufacturer's Restocking Fees

EWS: 070S, 100S, 130S, 190S, 250S, 320S

Commercial Heavy Duty Water System

COMMERCIAL SERIES • WATER SOFTENERS

All systems are available in single, duplex, triplex, and quadplex operation.

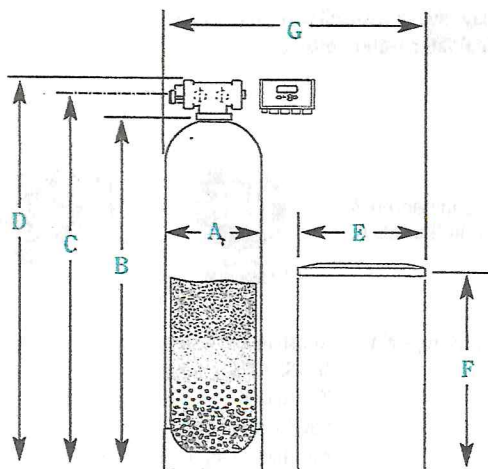


Clean water.
Green future.™

Effective and Efficient Water Softeners

- Electronic Demand Control Module
- Six-Cycle Valve with Easy-Clamp Ring
- Dynamic Brine-Making System
- Counter-Current Brining
- Washed Quartz Underbedding
- Automatic Bypass during Regeneration
- Easy Install Bypass Prevention Kits for Multiple Units
- Fiberglass Reinforced Resin Tank
- Turbine Flow Meter
- Safe 24-Volt Electronics
- Self-Cleaning Upper and Lower Distributors
- High-Density Salt Storage Tank
- Exceptional Flow Rates
- NSF 61 Certified Resin Tank

DIMENSIONS



Duplex = 1 Brine Tank
Triplex = 2 Brine Tanks
Quadplex = 2 Brine Tanks

Model	A	B	C	D	E	F	G			
							Single	Twin	Triplex	Quadplex
EWS070	12.3"	55"	58"	63.75"	17"	38.5"	36"	49"	95"	113"
EWS100, EWS130	17.6"	59.5"	62.5"	68.25"	24"	50.5"	48"	71"	125"	148"
EWS190, EWS250, EWS320	24"	76"	79.8"	85.5"	31"	51"	61"	91"	158"	188"

Note: Dimensions for duplex, triplex, and quadplex are calculated using the number of brine tanks listed above.



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EWS: 070S, 100S, 130S, 190S, 250S, 320S

SPECIFICATIONS

All systems are available in single, duplex, triplex, and quadplex operation.

	Salt Dosage*	EWS070S	EWS100S	EWS130S	EWS190S	EWS250S	EWS320S
Grains Capacity at Salt Dosage	4 lbs./cu. ft.	37,000	54,000	72,000	108,000	144,000	180,000
	6 lbs./cu. ft.	50,000	72,000	96,000	144,000	192,000	240,000
	8 lbs./cu. ft.	61,000	84,000	112,000	168,000	224,000	280,000
	10 lbs./cu. ft.	67,000	93,000	124,000	186,000	248,000	310,000
	12 lbs./cu. ft.	71,000	99,000	132,000	198,000	264,000	330,000
Resin Tank Size (in.)		12.3" x 55"	17.6" x 59.5"	17.6" x 59.5"	24" x 76"	24" x 76"	24" x 76"
Resin Quantity (cu. ft.)		2	3	4	6	8	10
Connecting Pipe Size		1"	1"	1"	1"	1"	1"
Optional Adapters ¹		1.5"	1.5"	1.5"	1.5"	1.5"	1.5"
Salt Tank Capacity (lbs.)		340	1000	1000	1,500	1,500	1,500
Operating Pressure		30 - 125 psi	30 - 125 psi	30 - 125 psi	30 - 125 psi	30 - 125 psi	30 - 125 psi
Operating Temperature		35 - 100°F	35 - 100°F	35 - 100°F	35 - 100°F	35 - 100°F	35 - 100°F
Operating Ambient Temperature Range		35 - 150°F	35 - 150°F	35 - 150°F	35 - 150°F	35 - 150°F	35 - 150°F
Maximum Drain Flow (gpm)		5	7	7	10	10	10
Recharge Water Use (gal.)		108	166	180	286	293	302
Maximum Clear Water Iron ²		20 ppm	20 ppm	20 ppm	20 ppm	20 ppm	20 ppm
Electrical Rating		24V / 60 Hz	24V / 60 Hz	24V / 60 Hz	24V / 60 Hz	24V / 60 Hz	24V / 60 Hz

*Salt dosages can be set to maintain desired efficiencies or changed to auto adjusting, salt-efficient demand, or boiler operation. See manual for details.

**Grains capacity is for counter-current regeneration sizing purposes. The actual capacity could be 5% - 10% greater than shown for each salt dosage.

¹The optional adapters provide for direct connection of 1.5" copper tube to the 1" service valve.

OPERATIONAL FLOWS*

Model	Flow Rate (GPM) and Pressure (PSI) Loss (ΔP)							
	5 gpm	10 gpm	15 gpm	20 gpm	25 gpm	30 gpm	35 gpm	40 gpm
EWS070S	2.6 ΔP	6.6 ΔP	11.8 ΔP	18.3 ΔP	26.0 ΔP	34.8 ΔP	-	-
EWS100S	1.3 ΔP	3.8 ΔP	7.3 ΔP	11.8 ΔP	17.4 ΔP	24.1 ΔP	31.8 ΔP	-
EWS130S	1.4 ΔP	4.0 ΔP	7.8 ΔP	12.7 ΔP	18.6 ΔP	25.7 ΔP	33.7 ΔP	-
EWS190S	1.2 ΔP	3.1 ΔP	6.3 ΔP	10.5 ΔP	16.3 ΔP	21.9 ΔP	29.1 ΔP	37.3 ΔP
EWS250S	1.2 ΔP	3.3 ΔP	6.6 ΔP	10.9 ΔP	16.8 ΔP	22.6 ΔP	30.0 ΔP	38.4 ΔP
EWS320S	1.2 ΔP	3.5 ΔP	6.9 ΔP	11.3 ΔP	17.3 ΔP	23.3 ΔP	30.9 ΔP	39.5 ΔP

Key:

- System design flow rates
- For intermittent use only
- Not for use on these flow rates

*Data obtained from tests run by the University of Minnesota St. Anthony Falls Engineering Lab and is based on a non-fouled filter.

All specifications listed are for SINGLE unit operation.

The EcoWater Commercial Series Heavy Duty Water Softener is subject to a limited warranty that may give you specific rights. A copy of the warranty is printed in the installation manual. Please read the warranty carefully before installing or using an EcoWater water softener.



A Marmon Water/Berkshire Hathaway Company



Designed, Engineered & Assembled in the U.S.A.



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www.ecowater.com

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Canada L4W 1G7

EcoWater Systems Europe N.V.
Geelseweg 56
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Development Zone
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Printed in the U.S.A.

0602517 (Rev. H) 09/11

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PA-152 – Public Employer Contributions to Medical Benefit Plans

BHSJ should continue to utilize the hard cap option for PA-152, Public Employer Contributions to Medical Benefit Plans. Utilizing the hard cap option standardizes the amount BHSJ pays for insurance, keeps BHSJ compliant with PA-152, and provides the ability to contribute funds to the HSA accounts for employees who select a lower cost option.

MCL 15.563, as last amended by 2018 Public Act 477, sets a limit on the amount that a public employer may contribute to a medical benefit plan. For medical benefit plan coverage years beginning on or after January 1, 2025, the limit on the amount that a public employer may contribute to a medical benefit plan as a hard cap is:

- \$7,718.26 single
- \$16,141.28 couple
- \$21,049.85 family

The employer's governing body may elect to limit its health insurance coverage contributions differently than what is described above. In recent years, the agency had set its own hard cap amount (lower than that allowable under PA 152), using the 80%/20% methodology, based on the cost of the traditional PPO \$1,500 deductible plan. Unfortunately, the costs of health insurance increased by 7%, while the PA 152 hard cap limits increased by only 0.2%; therefore, the agency must make a change to its methodology to maintain compliance with PA 152.

The agency recommends utilizing the hard cap amounts released by the Michigan Department of Treasury in March of 2024. This will allow the agency to continue offering a traditional BCBS PPO \$1,500 plan, but also allow employees the option to select a lower cost HSA plan. This provides flexibility for the employee. If the employee selects a plan costing more than the hard cap, they will pay the difference, but if they select a plan that costs less than the hard cap allowable under the PA 152, the agency will contribute the difference to the employee's HSA account.

BHSJ should continue to pay 80% of the cost for Dental and Vision benefits, as these benefits are not considered Medical benefits under PA 152, and are therefore not included in the PA 152 hard cap maximum amounts. Maintaining the current Delta Dental 100%/80%/50% \$1,000 plan and Principal with VSP, the agency would contribute the following amounts annually:

- \$439.30 single
- \$824.64 couple
- \$1,433.57 family

In summary, BHSJ should utilize the hard cap option for PA-152, Public Employer Contributions to Medical Benefit Plans and pay 80% of the cost of dental and vision coverage, which is not part of the PA-152 legislation. This will allow for the maximum flexibility for the agency to select health insurance options to best meet the diverse needs of staff members from different age groups and with unique healthcare needs.

Employer Sponsored Health Insurance Recommendation

BHSJ should continue to offer multiple insurance options, allowing employees to select the option that best meets their needs. The agency should eliminate the traditional PPO buy-up option, but continue to offer the traditional \$1,500 PPO plan. It should also offer 2 slightly higher deductible 80% HSA plans, as well as a high deductible 100% HSA plans. Switching to the slightly higher deductible HSA plans will create some continuity and eliminate the yearly change to plan deductibles, as the IRS allowable deductible increases every year. Additionally, the agency should continue with Delta Dental and Principal with VSP for vision.

Utilizing this methodology and maximums, the employee bi-weekly deduction for health insurance would be:

- SB PPO \$1,500 deductible – dental and vision separate
 - biweekly employee cost for a single employee \$68.26
 - biweekly employee cost for two persons \$163.81
 - biweekly employee cost for family \$204.77
- SB HSA \$2,000 deductible – dental and vision separate
 - biweekly employee cost for a single employee \$2.65
 - biweekly employee cost for two persons \$97.98
 - biweekly employee cost for family \$88.89
- SB HSA \$3,500 deductible – dental and vision separate
 - biweekly employee cost for a single employee \$0 with a \$38.12 agency contribution to employee's HSA account.
 - biweekly employee cost for two persons \$0.15 with no agency contribution to employee's HSA account.
 - biweekly employee cost for a family \$0 with a \$33.40 agency contribution to employee's HSA account.
- SB HSA \$6,350 deductible – dental and vision separate
 - biweekly employee cost for a single employee \$0 with a \$49.70 agency contribution to employee's HSA account.
 - biweekly employee cost for two persons \$0 with a \$27.63 agency contribution to employee's HSA account.
 - biweekly employee cost for a family \$0 with a \$68.12 agency contribution to employee's HSA account.

Dental & Vision

- Delta Dental 100%/80%/50% \$1,000 and Principal with VSP
 - biweekly employee cost for a single employee \$4.22
 - biweekly employee cost for two persons \$7.93
 - biweekly employee cost for family \$13.78

Respectfully,



Theresa Fisher,
Administrative Services Director

Group Name: Branch Hillsdale St Joeseph
HEALTH, DENTAL & VISION
Plan renewal effective: 1/1/2025

MEDICAL						Proposed Renewal with PA 150 Hard Cap					



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TREASURY

RACHAEL EUBANKS
STATE TREASURER

March 19, 2024

**PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS
ANNUAL COST LIMITATIONS – CALENDAR YEAR 2025**

For a medical benefit plan coverage year beginning on or after January 1, 2012, MCL 15.563, as last amended by 2018 Public Act 477, sets a limit on the amount that a public employer may contribute to a medical benefit plan.

For medical benefit plan coverage years beginning on or after January 1, 2013, MCL 15.563 provides that the dollar amounts that are multiplied by the number of employees with each coverage type be adjusted annually. Specifically, the dollar amounts shall be adjusted, by October 1 of each year after 2011 and before 2019, by the change in the medical care component of the United States consumer price index for the most recent 12-month period for which data are available. By April 1 of each year after 2018, the dollar amounts shall be adjusted by the change in the medical care component of the U.S. consumer price index for the most recent 12-month period for which data are available. For calendar year 2024, the limit on the amount that a public employer may contribute to a medical benefit plan was set to the sum of the following:

- \$7,702.85 times the number of employees and elected public officials with single-person coverage
- \$16,109.06 times the number of employees and elected public officials with individual-and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$21,007.83 times the number of employees and elected public officials with family coverage.

The limits for 2025 equal the 2024 limits increased by **0.2 percent**. The 0.2 percent is the percentage change in the medical care component from the period March 2022-February 2023 to the period March 2023-February 2024.

Thus, for medical benefit plan coverage years beginning on or after January 1, 2025, the limit on the amount that a public employer may contribute to a medical benefit plan equals the sum of the following:

- \$7,718.26 times the number of employees and elected public officials with single-person coverage
- \$16,141.28 times the number of employees and elected public officials with individual -and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$21,049.85 times the number of employees and elected public officials with family coverage.

Rachael Eubanks

Rachael Eubanks
State Treasurer

March 19, 2024

A background image showing three people in an office setting. A man in a dark shirt is smiling and looking towards a woman on the left. Another woman with glasses and a black shirt is smiling and looking towards the camera. The image is overlaid with a geometric pattern of blue and green triangles.

Branch Hillsdale St. Joseph Community Health Agency

Renewal Meeting

Employee Benefits – Renewal 1/1/2025

October 7, 2024

Agenda

01 Renewal Summary

02 Medical Renewal

03 Ancillary Renewal

04 Benchmarking

05 Next Steps

2024/2025

Line of Coverage	Carrier	2024	2025 Renewal
Medical	BCBSM	7% Increase	7% Increase Market Options: BCBS – alternate Options Blue Care Network - HMO & POS Priority Health – not competitive United Health Care – not competitive
Dental	Delta	Initial 12.6% increase (decided to enhance benefit and move to Delta)	11.5% Increase Market Options: Delta Dental Principal Humana Mutual of Omaha AFLAC
Vision	Principal	Rate Hold	Rate Hold
Group Life/AD&D, STD	Principal	Rate Hold	Rate Hold

Medical Renewal

Renewal

Insurance Company					Blue Cross Blue Shield												
					SB PPO 80% \$1,000/\$2,000		SB PPO 80% \$1,500/\$3,000		SB PPO HSA 80% \$1,650/\$3,300		SB PPO HSA 80% \$3,300/\$6,600						
Type of Plan					Deductible	\$1,000/\$2,000		\$1,500/\$3,000		\$1,650/\$3,300**		\$3,300/\$6,600**					
					Coinsurance Maximum	\$2,500/\$5,000		\$2,500/\$5,000		N/A		N/A					
					Out of Pocket Maximum (TROOP)	\$6,350/\$12,700		\$6,350/\$12,700		\$4,000/\$8,000		\$6,900/\$13,800					
					Office Visit	\$30 Copay		\$30 Copay		80%*		80%*					
					Virtual Visit	\$30 Copay		\$30 Copay		80%*		80%*					
					Preventive	100%		100%		100%		100%					
					Specialist Visit	\$30 Copay		\$30 Copay		80%*		80%*					
					Urgent Care	\$30 Copay		\$30 Copay		80%*		80%*					
					Inpatient & Outpatient Hospital	80%*		80%*		80%*		80%*					
					Advanced Imaging	80%*		80%*		80%*		80%*					
					Emergency Room	\$150 copay		\$150 copay		80%*		80%*					
					Prescription Drug	\$20/\$60/50% (\$80min /\$100max)		\$20/\$60/50% (\$80min /\$100max)		\$20/\$60/50% (\$80min /\$100max) *after deductible		\$20/\$60/50% (\$80min /\$100max) *after deductible					
					Premiums		P1	P2	P3	P4	Current	Renewal	Current	Renewal	Current	Renewal	Current
Single		5	5	4	3	\$717.37	\$768.55	\$689.89	\$739.43	\$633.07	\$674.78	\$531.12	\$566.11				
Double		4	5	1	2	\$1,721.69	\$1,844.51	\$1,655.73	\$1,774.63	\$1,519.38	\$1,619.47	\$1,274.66	\$1,358.67				
Family		2	12	3	1	\$2,152.11	\$2,305.64	\$2,069.66	\$2,218.29	\$1,899.22	\$2,024.35	\$1,593.33	\$1,698.35				
ESTIMATED MONTHLY		\$14,777.83		\$15,832.07		\$36,564.02		\$39,189.78		\$9,749.32		\$10,391.64		\$5,736.01		\$6,114.02	
ESTIMATED YEARLY		\$177,333.96		\$189,984.84		\$438,768.24		\$470,277.36		\$116,991.84		\$124,699.68		\$68,832.12		\$73,368.24	
% DIFFERENCE				7.1%				7.2%				6.6%				6.6%	
Combined CURRENT PREMIUMS		\$801,926															
Combined RENEWAL PREMIUMS		\$858,330															
\$\$ Difference		\$56,404															
% Difference		7.0%															

*After Deductible

**IRS Minimum allowable deductible for HSA

BCBS - Deductible Options

Insurance Company					Blue Cross Blue Shield				Blue Cross Blue Shield			
Type of Plan					SB PPO 80% \$1,000/\$2,000	SB PPO 80% \$1,500/\$3,000	SB PPO HSA 80% \$1,650/\$3,300	SB PPO HSA 80% \$3,300/\$6,600	SB PPO 80% \$1,500/\$3,000	SB PPO 80% \$2000/\$4000	SB PPO HSA 80% \$2,000/\$4,000	SB PPO HSA 80% \$3,500/\$7,000
Deductible					\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300**	\$3,300/\$6,600**	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,500/\$7,000
Coinsurance Maximum					\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A	\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A
Out of Pocket Maximum (TROOP)					\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800
Office Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$30 Copay	\$30 Copay	80%*	80%*
Virtual Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$30 Copay	\$30 Copay	80%*	80%*
Preventive					100%	100%	100%	100%	100%	100%	100%	100%
Specialist Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$30 Copay	\$30 Copay	80%*	80%*
Urgent Care					\$30 Copay	\$30 Copay	80%*	80%*	\$30 Copay	\$30 Copay	80%*	80%*
Inpatient & Outpatient Hospital					80%*	80%*	80%*	80%*	80%*	80%*	80%*	80%*
Advanced Imaging					80%*	80%*	80%*	80%*	80%*	80%*	80%*	80%*
Emergency Room					\$150 copay	\$150 copay	80%*	80%*	\$150 copay	\$150 copay	80%*	80%*
Prescription Drug					\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)*	\$20/\$60/50% (\$80min /\$100max)*	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)
Premiums	P1	P2	P3	P4	Renewal	Renewal	Renewal	Renewal	Renewal	Rates	Rates	Rates
Single	5	5	4	3	\$768.55	\$739.43	\$674.78	\$566.11	\$739.43	\$716.27	\$648.92	\$560.59
Double	4	5	1	2	\$1,844.51	\$1,774.63	\$1,619.47	\$1,358.67	\$1,774.63	\$1,719.05	\$1,557.40	\$1,345.43
Family	2	12	3	1	\$2,305.64	\$2,218.29	\$2,024.35	\$1,698.35	\$2,218.29	\$2,148.81	\$1,946.75	\$1,681.78
ESTIMATED MONTHLY					\$15,832.07	\$39,189.78	\$10,391.64	\$6,114.02	\$15,232.25	\$37,962.32	\$9,993.33	\$6,054.41
ESTIMATED YEARLY					\$189,984.84	\$470,277.36	\$124,699.68	\$73,368.24	\$182,787.00	\$455,547.84	\$119,919.96	\$72,652.92
% DIFFERENCE					7.1%	7.2%	6.6%	6.6%	3.1%	3.8%	2.5%	5.6%
Combined CURRENT PREMIUMS					\$801,926							
Combined RENEWAL PREMIUMS					\$858,330				\$830,908			
\$\$ Difference					\$56,404				\$28,982			
% Difference					7.0%				3.6%			

*After Deductible

** IRS Minimum allowable deductible for HSA

Blues- POS Options

Insurance Company						Blue Cross Blue Shield				Blue Care Network				
						SB PPO 80% \$1,000/\$2,000	SB PPO 80% \$1,500/\$3,000	SB PPO HSA 80% \$1,650/\$3,300	SB PPO HSA 80% \$3,300/\$6,600	SB POS 80% \$1,000/\$2,000	SB POS 80% \$1,500/\$3,000	BCN POS HSA 80% \$1,650/\$3,300	BCN POS HSA 80% \$3,300/\$6,600	
Type of Plan						Deductible	\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300**	\$3,300/\$6,600**	\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300**	\$3,300/\$6,600**
						Coinsurance Maximum	\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A	\$3,500/\$7,000	\$2,500/\$5,000	N/A	N/A
Out of Pocket Maximum (TROOP)						\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	
						Office Visit	\$30 Copay	\$30 Copay	80%*	80%*	\$30 Copay	\$30 Copay	80%*	80%*
Virtual Visit						\$30 Copay	\$30 Copay	80%*	80%*	\$30 Copay	\$30 Copay	80%*	80%*	
						Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Specialist Visit						\$30 Copay	\$30 Copay	80%*	80%*	\$50 Copay	\$50 Copay	80%*	80%*	
						Urgent Care	\$30 Copay	\$30 Copay	80%*	80%*	\$50 Copay	\$50 Copay	80%*	80%*
Inpatient & Outpatient Hospital						80%*	80%*	80%*	80%*	80%*	80%*	80%*	80%*	
						Advanced Imaging	80%*	80%*	80%*	80%*	\$150 copay	\$150 copay	80%*	80%*
Emergency Room						\$150 copay	\$150 copay	80%*	80%*	\$250 copay	\$250 copay	80%*	80%*	
						Prescription Drug	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)*	\$20/\$60/50% (\$80min /\$100max)*	\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)
Premiums		P1	P2	P3	P4	Renewal	Renewal	Renewal	Renewal	Rates	Rates	Rates	Rates	
Single		5	5	4	3	\$768.55	\$739.43	\$674.78	\$566.11	\$721.61	\$707.59	\$622.75	\$539.20	
Double		4	5	1	2	\$1,844.51	\$1,774.63	\$1,619.47	\$1,358.67	\$1,731.87	\$1,698.20	\$1,494.61	\$1,294.09	
Family		2	12	3	1	\$2,305.64	\$2,218.29	\$2,024.35	\$1,698.35	\$2,164.84	\$2,122.75	\$1,868.26	\$1,617.61	
ESTIMATED MONTHLY						\$15,832.07	\$39,189.78	\$10,391.64	\$6,114.02	\$14,865.21	\$37,501.95	\$9,590.39	\$5,823.39	
ESTIMATED YEARLY						\$189,984.84	\$470,277.36	\$124,699.68	\$73,368.24	\$178,382.52	\$450,023.40	\$115,084.68	\$69,880.68	
% DIFFERENCE						7.1%	7.2%	6.6%	6.6%	0.6%	2.6%	-1.6%	1.5%	
Combined CURRENT PREMIUMS						\$801,926								
Combined RENEWAL PREMIUMS						\$858,330				\$813,371				
\$\$ Difference						\$56,404				\$11,445				
% Difference						7.0%				1.4%				

*After Deductible

** IRS Minimum allowable deductible for HSA

Blues- HMO Options

Insurance Company						Blue Cross Blue Shield				Blue Care Network			
Type of Plan						SB PPO 80% \$1,000/\$2,000	SB PPO 80% \$1,500/\$3,000	SB PPO HSA 80% \$1,650/\$3,300	SB PPO HSA 80% \$3,300/\$6,600	BCN HMO 80% \$1,000/\$2,000	BCN HMO 80% \$1,500/\$3,000	BCN HMO HSA 80% \$1,650/\$3,300	BCN HMO HSA 80% \$3,300/\$6,600
Deductible						\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300**	\$3,300/\$6,600**	\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300	\$3,300/\$6,600
Coinsurance Maximum						\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A	\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A
Out of Pocket Maximum (TROOP)						\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	\$8,150/\$16,300	\$8,150/\$16,300	\$4,000/\$8,000	\$6,900/\$13,800
Office Visit						\$30 Copay	\$30 Copay	80%*	80%*	\$20 Copay	\$30 Copay	80%*	80%*
Virtual Visit						\$30 Copay	\$30 Copay	80%*	80%*	\$20 Copay	\$30 Copay	80%*	80%*
Preventive						100%	100%	100%	100%	100%	100%	100%	100%
Specialist Visit						\$30 Copay	\$30 Copay	80%*	80%*	\$40 Copay	\$50 Copay	80%*	80%*
Urgent Care						\$30 Copay	\$30 Copay	80%*	80%*	\$50 Copay	\$60 Copay	80%*	80%*
Inpatient & Outpatient Hospital						80%*	80%*	80%*	80%*	80%*	80%*	80%*	80%*
Advanced Imaging						80%*	80%*	80%*	80%*	\$150 Copay*	\$150 Copay*	80%*	80%*
Emergency Room						\$150 copay	\$150 copay	80%*	80%*	\$250 Copay*	\$250 Copay*	80%*	80%*
Prescription Drug						\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)*	\$20/\$60/50% (\$80min /\$100max)*	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)
Premiums		P1	P2	P3	P4	Renewal	Renewal	Renewal	Renewal	Rates	Rates	Rates	Rates
Single		5	5	4	3	\$768.55	\$739.43	\$674.78	\$566.11	\$732.78	\$698.91	\$618.06	\$533.09
Double		4	5	1	2	\$1,844.51	\$1,774.63	\$1,619.47	\$1,358.67	\$1,758.68	\$1,677.38	\$1,483.35	\$1,279.42
Family		2	12	3	1	\$2,305.64	\$2,218.29	\$2,024.35	\$1,698.35	\$2,198.35	\$2,096.72	\$1,854.19	\$1,599.26
ESTIMATED MONTHLY						\$15,832.07	\$39,189.78	\$10,391.64	\$6,114.02	\$15,095.32	\$37,042.09	\$9,518.16	\$5,757.37
ESTIMATED YEARLY						\$189,984.84	\$470,277.36	\$124,699.68	\$73,368.24	\$181,143.84	\$444,505.08	\$114,217.92	\$69,088.44
% DIFFERENCE						7.1%	7.2%	6.6%	6.6%	2.1%	1.3%	-2.4%	0.4%
Combined CURRENT PREMIUMS						\$801,926							
Combined RENEWAL PREMIUMS						\$858,330				\$808,955			
\$\$ Difference						\$56,404				\$7,029			
% Difference						7.0%				0.9%			

*After Deductible

** IRS Minimum allowable deductible for HSA

Blues- HMO/ PPO Options

Insurance Company					Blue Cross Blue Shield				Blue Cross Blue Shield / Blue Care Network				
					SB PPO 80% \$1,000/\$2,000	SB PPO 80% \$1,500/\$3,000	SB PPO HSA 80% \$1,650/\$3,300	SB PPO HSA 80% \$3,300/\$6,600	BCN HMO 80% \$1,000/\$2,000	SB PPO 80% \$1,500/\$3,000	BCN HMO HSA 80% \$1,650/\$3,300	SB PPO HSA 80% \$3,300/\$6,600	
Type of Plan					Deductible	\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300**	\$3,300/\$6,600**	\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300	\$3,300/\$6,600**
					Coinsurance Maximum	\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A	\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A
Out of Pocket Maximum (TROOP)					\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	\$8,150/\$16,300	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	
Office Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$20 Copay	\$30 Copay	80%*	80%*	
Virtual Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$20 Copay	\$30 Copay	80%*	80%*	
Preventive					100%	100%	100%	100%	100%	100%	100%	100%	
Specialist Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$40 Copay	\$30 Copay	80%*	80%*	
Urgent Care					\$30 Copay	\$30 Copay	80%*	80%*	\$50 Copay	\$30 Copay	80%*	80%*	
Inpatient & Outpatient Hospital					80%*	80%*	80%*	80%*	80%*	80%*	80%*	80%*	
Advanced Imaging					80%*	80%*	80%*	80%*	\$150 Copay*	80%*	80%*	80%*	
Emergency Room					\$150 copay	\$150 copay	80%*	80%*	\$250 Copay*	\$150 copay	80%*	80%*	
Prescription Drug					\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)*	\$20/\$60/50% (\$80min /\$100max)*	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$20/\$60/50% (\$80min /\$100max)	\$6/\$25/\$50/\$80 20% (max \$200) 20% (max \$300)	\$20/\$60/50% (\$80min /\$100max)*	
Premiums		P1	P2	P3	P4	Renewal	Renewal	Renewal	Renewal	Rates	Renewal	Rates	Renewal
Single		5	5	4	3	\$768.55	\$739.43	\$674.78	\$566.11	\$732.78	\$739.43	\$618.06	\$566.11
Double		4	5	1	2	\$1,844.51	\$1,774.63	\$1,619.47	\$1,358.67	\$1,758.68	\$1,774.63	\$1,483.35	\$1,358.67
Family		2	12	3	1	\$2,305.64	\$2,218.29	\$2,024.35	\$1,698.35	\$2,198.35	\$2,218.29	\$1,854.19	\$1,698.35
ESTIMATED MONTHLY						\$15,832.07	\$39,189.78	\$10,391.64	\$6,114.02	\$15,095.32	\$39,189.78	\$9,518.16	\$6,114.02
ESTIMATED YEARLY						\$189,984.84	\$470,277.36	\$124,699.68	\$73,368.24	\$181,143.84	\$470,277.36	\$114,217.92	\$73,368.24
% DIFFERENCE						7.1%	7.2%	6.6%	6.6%	2.1%	7.2%	-2.4%	6.6%
Combined CURRENT PREMIUMS						\$801,926							
Combined RENEWAL PREMIUMS						\$858,330				\$839,007			
\$\$ Difference						\$56,404				\$37,081			
% Difference						7.0%				4.6%			

*After Deductible

** IRS Minimum allowable deductible for HSA

Priority Health Options

Insurance Company					Blue Cross Blue Shield				Priority Health				
					SB PPO 80% \$1,000/\$2,000	SB PPO 80% \$1,500/\$3,000	SB PPO HSA 80% \$1,650/\$3,300	SB PPO HSA 80% \$3,300/\$6,600	PPO 80% \$1,000/\$2,000	PPO 80% \$1,500/\$3,000	PPO HSA 80% \$1,650/\$3,300	PPO HSA 80% \$3,200/\$6,400	
Type of Plan													
Deductible					\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300**	\$3,300/\$6,600**	\$1,000/\$2,000	\$1,500/\$3,000	\$1,650/\$3,300**	\$3,200/\$6,400**	
Coinsurance Maximum					\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A	\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A	
Out of Pocket Maximum (TROOP)					\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$6,900/\$13,800	
Office Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$30 Copay	\$30 Copay	80%*	80%*	
Virtual Visit					\$30 Copay	\$30 Copay	80%*	80%*	100%	100%	100%*	100%*	
Preventive					100%	100%	100%	100%	100%	100%	100%	100%	
Specialist Visit					\$30 Copay	\$30 Copay	80%*	80%*	\$45 Copay	\$45 Copay	80%*	80%*	
Urgent Care					\$30 Copay	\$30 Copay	80%*	80%*	\$40 Copay	\$40 Copay	80%*	80%*	
Inpatient & Outpatient Hospital					80%*	80%*	80%*	80%*	80%*	80%*	80%*	80%*	
Advanced Imaging					80%*	80%*	80%*	80%*	\$150 Copay*	\$150 Copay*	80%*	80%*	
Emergency Room					\$150 copay	\$150 copay	80%*	80%*	\$150 copay	\$150 copay	80%*	80%*	
Prescription Drug					\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)	\$20/\$60/50% (\$80min /\$100max)*	\$20/\$60/50% (\$80min /\$100max)*	\$20/\$60/\$80 20%/20%*	\$20/\$60/\$80 20%/20%*	\$20/\$60/\$80 20%/20%*	\$20/\$60/\$80 20%/20%*	
Premiums		P1	P2	P3	P4	Renewal	Renewal	Renewal	Renewal	Rates	Rates	Rates	Rates
Single		5	5	4	3	\$768.55	\$739.43	\$674.78	\$566.11	\$893.21	\$857.24	\$708.09	\$573.94
Double		4	5	1	2	\$1,844.51	\$1,774.63	\$1,619.47	\$1,358.67	\$2,143.71	\$2,057.38	\$1,699.42	\$1,377.46
Family		2	12	3	1	\$2,305.64	\$2,218.29	\$2,024.35	\$1,698.35	\$2,679.63	\$2,571.72	\$2,124.27	\$1,721.82
ESTIMATED MONTHLY						\$15,832.07	\$39,189.78	\$10,391.64	\$6,114.02	\$18,400.15	\$45,433.74	\$10,904.59	\$6,198.56
ESTIMATED YEARLY						\$189,984.84	\$470,277.36	\$124,699.68	\$73,368.24	\$220,801.80	\$545,204.88	\$130,855.08	\$74,382.72
% DIFFERENCE						7.1%	7.2%	6.6%	6.6%	24.5%	24.3%	11.8%	8.1%
Combined CURRENT PREMIUMS						\$801,926							
Combined RENEWAL PREMIUMS						\$858,330				\$971,244			
\$\$ Difference						\$56,404				\$169,318			
% Difference						7.0%				21.1%			

*After Deductible

** IRS Minimum allowable deductible for HSA

Ancillary Renewal

Dental

Insurance Company		DELTA DENTAL		PRINCIPAL	HUMANA	MOO	AFLAC (Dentemax)	
Plan Type		Contributory		Contributory - (99th)	Contributory (90th)	Contributory (90th)	Contributory (95th)	
Benefits -In Network								
Class I - Preventive		100% Diagnostic & Preventive exams, cleanings, bitewing x-rays		100% Diagnostic & Preventive exams, cleanings, bitewing x-rays	100% Diagnostic & Preventive exams, cleanings, bitewing x-rays	100% Diagnostic & Preventive exams, cleanings, bitewing x-rays	100% Diagnostic & Preventive exams, cleanings, bitewing x-rays	
Class II - Basic		80% Basic Services fillings, oral surgery, root canals		80% Basic Services fillings, oral surgery, root canals	80% Basic Services fillings, oral surgery, root canals	80% Basic Services fillings, oral surgery, root canals	80% Basic Services fillings, oral surgery, root canals	
Class III - Major		50% Major Services implants; dentures, bridges		50% Major Services implants; dentures, bridges	50% Major Services implants; dentures, bridges	50% Major Services implants; dentures, bridges	50% Major Services implants; dentures, bridges	
Class IV - Orthodontia		Not Covered		Not Covered	Not Covered	Not Covered	Not Covered	
Deductible		No Deductible		No Deductible	No Deductible	No Deductible	\$50/\$150	
Benefit Waiting Periods		N/A		None	None	12 Month on Basic and Major for late entrant	None	
Annual Maximum		\$1,000		\$1,000	\$1,000	\$1,000	\$1,000	
Premiums		CURRENT	RENEWAL	Rates		Rates	Enrolled	Rates
Employee	19	\$36.70	\$40.92	\$33.75		\$36.73	EE	19 \$33.34
Two Person	12	\$68.38	\$76.24	\$62.88		\$73.46	EE+Spouse	9 \$65.94
Family	19	\$119.54	\$133.29	\$109.92		\$130.39	EE+1	3 \$76.72
Estimated Monthly Premium		\$3,789	\$4,225	\$3,484		\$4,057	EE+Family	19 \$109.33
Estimated Annual Premium		\$45,469	\$50,698	\$41,811		\$48,682		\$3,534
% Increase from Current			11.5%	-8.0%		7.1%		\$42,412
Participation Requirement		50%		50%		50%		-6.7%
Rate Guarantee		1/1/2026		1/1/2026		1/1/2026		20%
								1/1/2027

Vision

Insurance Company		PRINCIPAL (VSP)
Type of Plan		12/12/12
Benefits In-Network		
Vision Analysis		\$10 Copay once every 12 months
Single, Bifocal, Trifocal Lenses		\$10 Copay once every 12 months
Contact Lenses		\$10 Copay \$130 Allowance once every 12 Months
Frames		\$25 Copay \$130 Allowance once every 12 Months
Premiums		Monthly Rates
Employee	17	\$4.84
Two Person	15	\$9.66
Family	16	\$16.04
Estiamted Monthly Premium		\$483.82
Estiamted Annual Premium		\$5,805.84
Rate Guarantee		1/1/2026

Principal Rate Hold includes to age 27 for vision effective 9/1/2024

Life/AD&D & STD

Insurance Company	PRINCIPAL
Benefits	
All Full Time Employees	\$15,000
Guaranteed Issue	Full Benefit
Age Reduction	65% at Age 70; 45% at Age 75; benefits will terminate upon retirement
Premiums	Monthly Rates
Life & A&D Volume	\$915,000
Life Rate per \$1,000	\$0.179
AD&D Rate per \$1,000	\$0.025
Estimated Monthly Premium	\$186.66
Estimated Annual Premium	\$2,239.92
Rate Guarantee	1/1/2026

Insurance Company	PRINCIPAL
Benefits	
Weekly Benefit	70% to \$750
Elimination Period	Accident - 29 days Injury - 29 days
Benefit Duration	26 Weeks
Premiums	Monthly Rates
Volume	\$38,583
Rates per \$10 of Weekly Benefit	\$0.340
Estimated Monthly Premium	\$1,311.82
Estimated Annual Premium	\$15,741.86
Rate Guarantee	1/1/2026

Voluntary Life/AD&D & Accident - Options

Insurance Company	PRINCIPAL
	Life Rates per \$1,000 Benefit
Age Brackets	Employee and Spouse Life
0-29	\$0.062
30-34	\$0.080
35-39	\$0.106
40-44	\$0.172
45-49	\$0.258
50-54	\$0.419
55-59	\$0.700
60-64	\$0.958
65-69	\$1.606
70+	\$2.824
	Employee and Spouse AD&D
All Ages	\$0.025
Child Life	Children Dependents
	\$5,000 - \$1.00 per family \$10,000 - \$2.00 per family
Guarantee Issue Amounts	
Employee	\$150,000 under age 70 \$10,000 age 70+
Spouse	\$30,000 under age 70 \$10,000 age 70+
Child(ren)	\$10,000
Benefit Guidelines	
Employee	\$10,000 Increments not to exceed \$300,000
Spouse	\$5,000 Increments not to exceed the lesser of 100% of employee life amount or \$150,000
Child(ren)	\$5,000 or \$10,000 - 14 days to age 19 or 25 if FTS.
Participation Requirement	Greater of 5 employees or 20%
Rate Guarantee	1/1/2027

Insurance Company	PRINCIPAL
Benefits	Benefit
Burn	Up to \$5,000
Coma	\$15,000
Concussion	\$500
Dental Injury	\$500
Dislocation	Up to \$7,500
Eye Injury w/ Surgical Repair	\$500
Fracture	Up to \$10,000
Injuries Not Specifically Listed	\$100
Internal Injury	\$1,500
Knee Cartilage Injury w/ Surgical Repair	\$1,500
Ruptured Disc w/ Surgical Repair	\$1,500
Tendon/ Ligament Injury w/ Surgical Repair	\$1,500
Premiums	Monthly Rates
Employee	\$6.93
Employee + Spouse	\$11.12
Employee + Child(ren)	\$13.59
Employee + Family	\$21.09
Participation Requirement	Greater of 10% or 5 lives
Rate Guarantee	1/1/2026

Voluntary Hospital & Critical Illness- Options

Insurance Company	PRINCIPAL
Benefits	Benefit
First Day Hospital - Sickness	\$1,500 - 1 Day
First Day Hospital - Injury	\$1,000 - 1 Day
First Day ICU	\$1,000 - 1 Day
Daily Hospital	\$100 - 30 Days
Daily ICU	\$200 - 30 Days
Newborn Nursery	\$100 - 1 Day
Pre-Existing Conditions	3/12
Premiums	Monthly Rates
Employee	\$22.63
Employee + Spouse	\$44.69
Employee + Child(ren)	\$33.53
Employee + Family	\$57.63
Participation Requirement	Greater of 10% or 5 lives
Rate Guarantee	1/1/2026

Insurance Company	PRINCIPAL
Benefits	Benefit
Increments	Employee: \$5,000 Spouse: \$2,500
Maximum	Employee: \$50,000 Spouse: \$25,000
Guarantee Issue	Employee: \$20,000 Spouse: \$10,000
Child(ren)	Automatically covered for 25% of employee benefit
Pre-Existing Condition	6/12
Covered Illness	Benefit % - First Occurrence
	100% Alzheimer's Disease, Amyotrophic Lateral Sclerosis, Benign Brain Tumor, Coma, Heart Attack, Invasive Cancer, Loss of Hearing, Loss of Sight, Loss of Speech, Major Organ Failure, Multiple Sclerosis, Occupational Infectious Disease, Paralysis, Parkinson's Disease, Stroke
	25% Carcinoma in Situ, Coronary Artery Disease
	\$250 Skin Cancer
Infectious Disease	Benefit % - First Occurrence
	25% COVID-19, Diptheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Meningitis, MRSA, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Sepsis, Tetanus, Tuberculosis
Childhood Conditions	Benefit % - First Occurrence
	100% Cerebral Palsy, Cleft Palate, Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Spina Bifida
Premiums	Monthly Rates per \$1,000
Age	Employee
24 & Under	\$0.257
25-29	\$0.474
30-34	\$0.533
35-39	\$0.620
40-44	\$0.870
45-49	\$1.253
50-54	\$1.798
55-59	\$2.446
60-64	\$3.461
65-69	\$4.847
70 & Over	\$7.154
Participation Requirement	Greater of 10% or 5 lives
Rate Guarantee	1/1/2026

Employee / Employer Contributions

Employee Contributions

Group Name: Branch Hillsdale St Joseph
HEALTH, DENTAL & VISION
Plan renewal effective: 1/1/2025

		PREMIUM	ER MONTHLY	EE WEEKLY	EE MONTHLY
MEDICAL OPTION 1		CURRENT PLAN / Contributions			
BCBS PPO 80% \$1,000/\$2,000					
EE	5	\$717.37	\$551.92	\$76.36	\$165.45
DOUBLE	4	\$1,721.69	\$1,324.58	\$183.28	\$397.11
FAMILY	2	\$2,152.11	\$1,655.73	\$229.10	\$496.38
MONTHLY		\$14,778	\$11,369		\$3,408
MEDICAL OPTION 2					
BCBS PPO 80% \$1,500/\$3,000					
EE	5	\$689.89	\$551.92	\$63.68	\$137.97
DOUBLE	5	\$1,655.73	\$1,324.58	\$152.84	\$331.15
FAMILY	12	\$2,069.66	\$1,655.72	\$191.05	\$413.94
MONTHLY		\$36,564	\$29,251		\$7,313
MEDICAL OPTION 3					
BCBS HSA 80% \$1,600/\$3,200					
EE	4	\$633.07	\$551.91	\$37.46	\$81.16
DOUBLE	1	\$1,519.38	\$1,324.58	\$89.91	\$194.81
FAMILY	3	\$1,899.22	\$1,655.71	\$112.39	\$243.51
MONTHLY		\$9,749	\$8,499		\$1,250
MEDICAL OPTION 4					
BCBS HSA 80% \$3,200/\$6,400					
EE	3	\$531.12	\$531.12	\$0.00	\$0.00
ES	2	\$1,274.66	\$1,274.66	\$0.00	\$0.00
FAMILY	1	\$1,593.33	\$1,593.33	\$0.00	\$0.00
MONTHLY		\$5,736	\$5,736		\$0
COMBINED MONTHLY		47	PREMIUMS	ER COST	EE COST
			\$66,827	\$54,856	\$11,971
COMBINED ANNUAL			\$801,926	\$658,270	\$143,656
% OF COST				82.1%	17.9%
PA152 MEDICAL COSTS ONLY					
Premiums				\$801,926.16	
HSA Contributions				\$2,695.42	
Gross Costs				\$804,621.58	
Employee Contributions				\$143,656.24	
Employer Contributions				\$660,965.34	
Hard Cap				\$702,398.11	
				-\$41,432.77	
80/20				80%	
				\$643,697.26	
				\$17,268.08	

				2024	2025
Active		Hard Cap		Hard Cap	
Single	17	\$ 7,702.85		\$ 7,718.26	
Double	12	\$ 16,109.06		\$ 16,141.28	
Family	18	\$ 21,007.83		\$ 21,049.85	
TOTAL	47	\$ 702,398		\$ 703,803	
0.20%					
PREMIUM	ER MONTHLY	EE WEEKLY	EE MONTHLY		
RENWAL PLAN / Contributions					
\$768.55	\$603.10	\$76.36	\$165.45		
\$1,844.51	\$1,447.40	\$183.28	\$397.11		
\$2,305.64	\$1,809.26	\$229.10	\$496.38		
\$15,832.07	\$12,424		\$3,408		
\$739.43	\$601.46	\$63.68	\$137.97		
\$1,774.63	\$1,443.48	\$152.84	\$331.15		
\$2,218.29	\$1,804.35	\$191.05	\$413.94		
\$39,190	\$31,877		\$7,313		
BCBS HSA 80% \$1,650/\$3,300					
\$674.78	\$593.62	\$37.46	\$81.16		
\$1,619.47	\$1,424.67	\$89.91	\$194.81		
\$2,024.35	\$1,780.84	\$112.39	\$243.51		
\$10,392	\$9,142		\$1,250		
BCBS HSA 80% \$3,300/\$6,600					
\$566.11	\$566.11	\$0.00	\$0.00		
\$1,358.67	\$1,358.67	\$0.00	\$0.00		
\$1,698.35	\$1,698.35	\$0.00	\$0.00		
\$6,114	\$6,114		\$0		
PREMIUMS	ER COST	EE COST			
\$71,528	\$59,556	\$11,971			
\$858,330	\$714,674	\$143,656			
7.0%	83.3%	16.7%			
PA152 MEDICAL COSTS ONLY					
Premiums		\$858,330			
HSA Contributions		\$2,695.42			
Gross Costs		\$861,026			
Employee Contributions		\$143,656			
Employer Contributions		\$717,369			
Hard Cap		\$703,803			
		\$13,566			
80/20	80%	\$688,820			
		\$28,549			

PREMIUM	ER MONTHLY	EE WEEKLY	EE MONTHLY
OPTION / Contributions			
		10.0%	
\$768.55	\$586.56	\$84.00	\$181.99
\$1,844.51	\$1,407.69	\$201.61	\$436.82
\$2,305.64	\$1,759.62	\$252.01	\$546.02
\$15,832	\$12,083		\$3,749
		10.0%	
\$739.43	\$587.66	\$70.05	\$151.77
\$1,774.63	\$1,410.36	\$168.12	\$364.27
\$2,218.29	\$1,762.95	\$210.16	\$455.34
\$39,190	\$31,146		\$8,044
		9.0%	
\$674.78	\$586.31	\$40.83	\$88.47
\$1,619.47	\$1,407.13	\$98.00	\$212.34
\$2,024.35	\$1,758.92	\$122.51	\$265.43
\$10,392	\$9,029		\$1,362
		9.0%	
\$566.11	\$566.11	\$0.00	\$0.00
\$1,358.67	\$1,358.67	\$0.00	\$0.00
\$1,698.35	\$1,698.35	\$0.00	\$0.00
\$6,114	\$6,114		\$0
PREMIUMS	ER COST	EE COST	
\$71,528	\$58,372	\$13,156	
\$858,330	\$700,458	\$157,872	
7.0%	81.6%	18.4%	
PA152 MEDICAL COSTS ONLY			
Premiums		\$858,330	
HSA Contributions		\$2,695.42	
Gross Costs		\$861,026	
Employee Contributions		\$157,872	
Employer Contributions		\$703,154	
Hard Cap		\$703,803	
		-\$649	
80/20	80%	\$688,820	
		\$14,333	

		PREMIUM	ER MONTHLY	EE WEEKLY	EE MONTHLY
OPTION / Contributions					
				10.0%	
		\$768.55	\$586.56	\$84.00	\$181.99
		\$1,844.51	\$1,407.69	\$201.61	\$436.82
		\$2,305.64	\$1,759.62	\$252.01	\$546.02
		\$15,832	\$12,083		\$3,749
				10.0%	
		\$739.43	\$587.66	\$70.05	\$151.77
		\$1,774.63	\$1,410.36	\$168.12	\$364.27
		\$2,218.29	\$1,762.95	\$210.16	\$455.34
		\$39,190	\$31,146		\$8,044
				9.0%	
		\$674.78	\$586.31	\$40.83	\$88.47
		\$1,619.47	\$1,407.13	\$98.00	\$212.34
		\$2,024.35	\$1,758.92	\$122.51	\$265.43
		\$10,392	\$9,029		\$1,362
				9.0%	
		\$566.11	\$566.11	\$0.00	\$0.00
		\$1,358.67	\$1,358.67	\$0.00	\$0.00
		\$1,698.35	\$1,698.35	\$0.00	\$0.00
		\$6,114	\$6,114		\$0

HSA Contribution	NO Dental Bi-weekly	Annual
Single	\$9.60	\$249.60
Double	\$23.04	\$599.04
Family	\$28.79	\$748.54

Benchmarking

Healthcare & Employee Benefits Benchmarking Tool

Select Company:

Branch Hillsdale St. Jospeh Community Mental Health

Peer Group 1

Industry

91-99 All Public Administration

Employer Size

All

State

All

Agency

All

Region

All

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry

91-99 All Public Administration

Employer Size

50-99

State

All

Agency

All

Region

All

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry

91-99 All Public Administration

Employer Size

All

State

Michigan

Agency

All

Region

All

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

The below tables should be used when defining your peer group. Be mindful of counts to ensure reliability in the data.

Number of Completed Surveys

Subject	National	Peer Group 1	Peer Group 2	Peer Group 3	Company
Medical	6,525	211	28	8	1
Dental	5,665	176	28	8	1
Vision	4,771	129	24	8	1
Life	4,257	129	23	8	1
LTD	2,975	69	10	4	
STD	2,540	66	13	5	1

Number of Insurance Plans

Subject	National	Peer Group 1	Peer Group 2	Peer Group 3	Company
Medical	15,403	398	54	20	4
Dental	7,230	198	31	8	1
Vision	4,845	129	24	8	1
Life	4,257	129	23	8	1
LTD	2,975	69	10	4	
STD	2,540	66	13	5	1

Select Measure

☐ 75th Percentile

☐ 90th Percentile

☐ Average

☒ Median

Peer Group 1

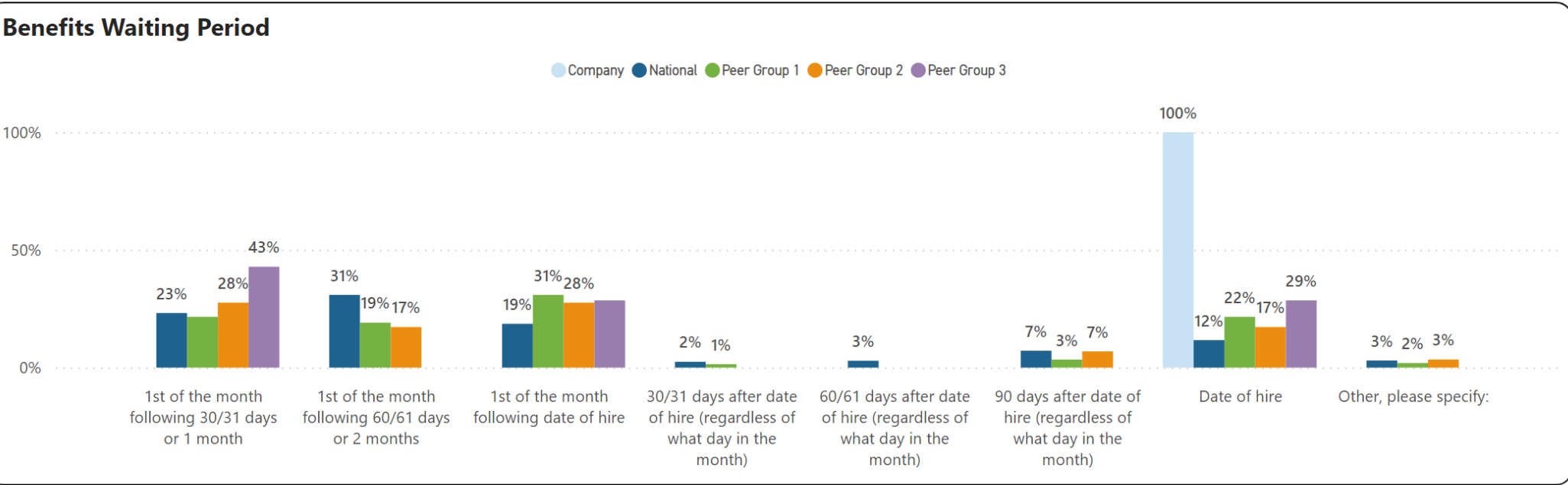
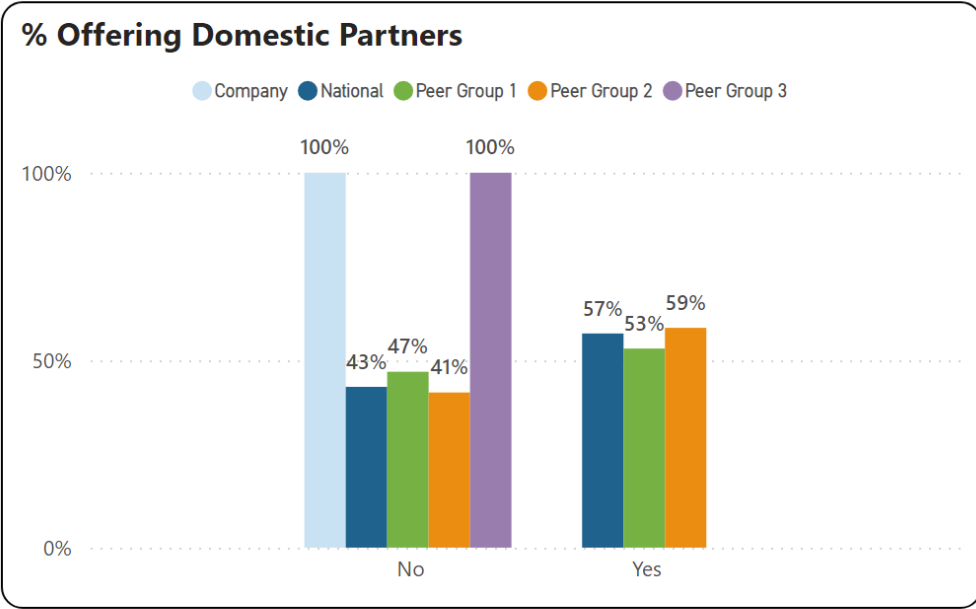
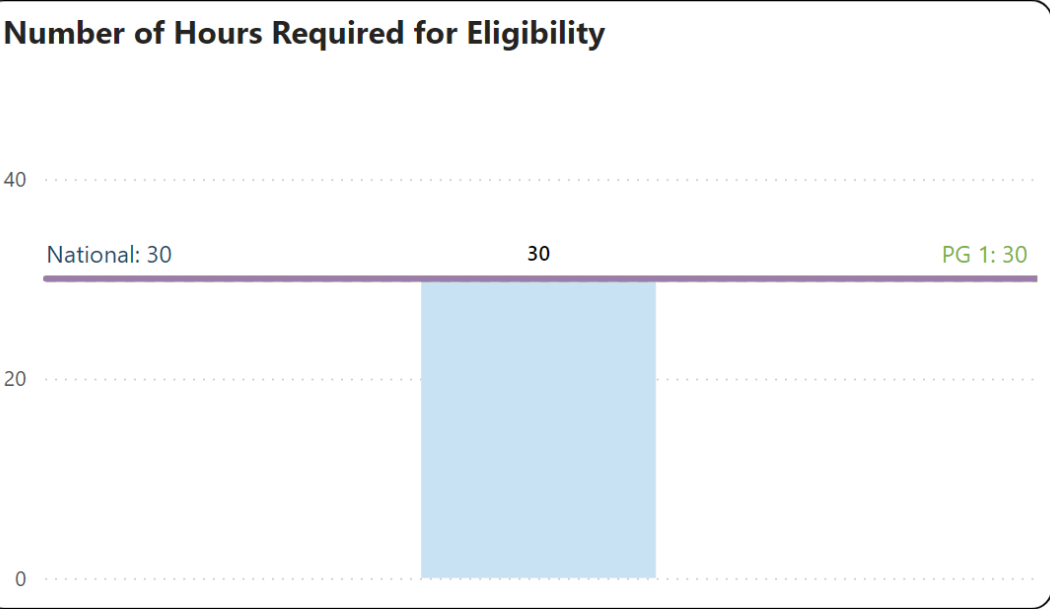
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



Benefits Offered & Eligibility

Select Measure

☐ 75th Percentile

☐ 90th Percentile

☐ Average

☒ Median

Peer Group 1

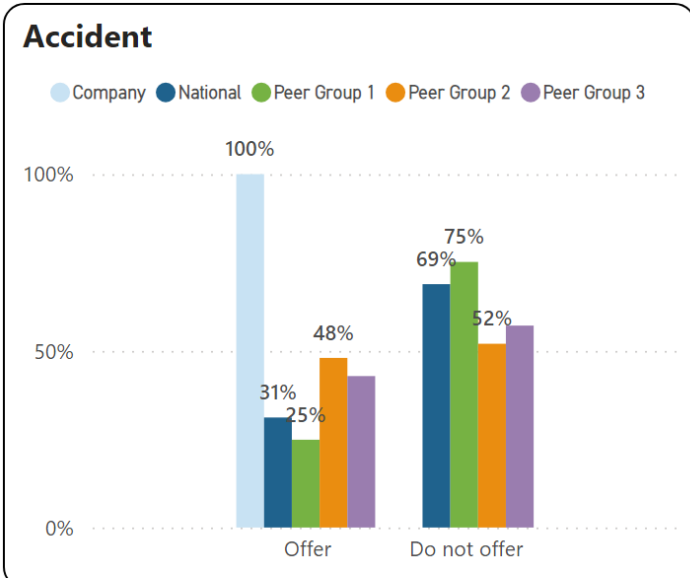
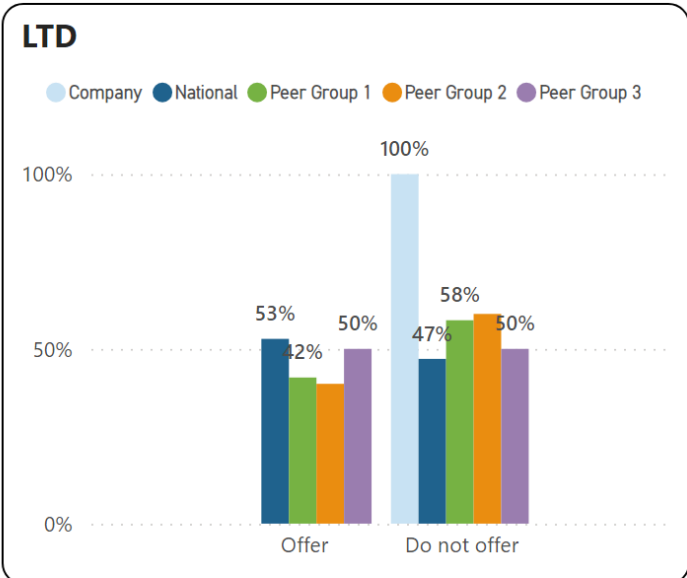
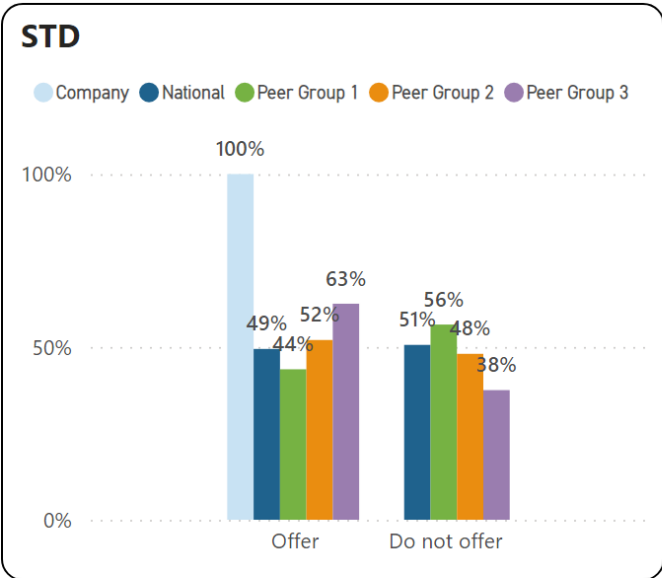
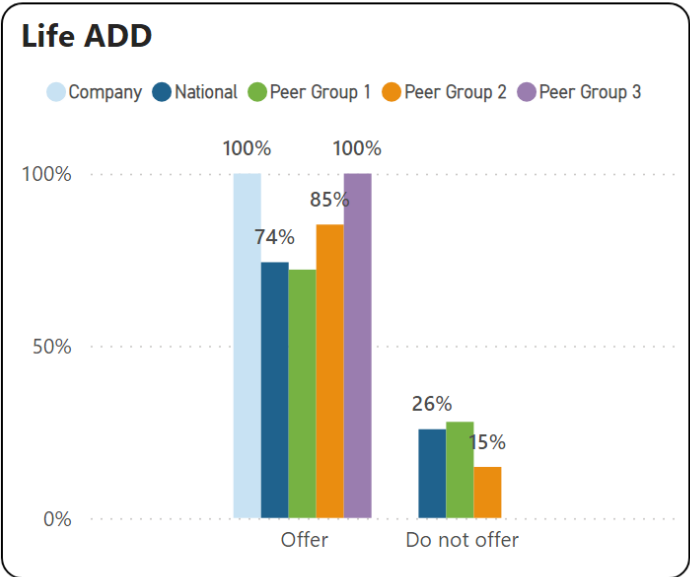
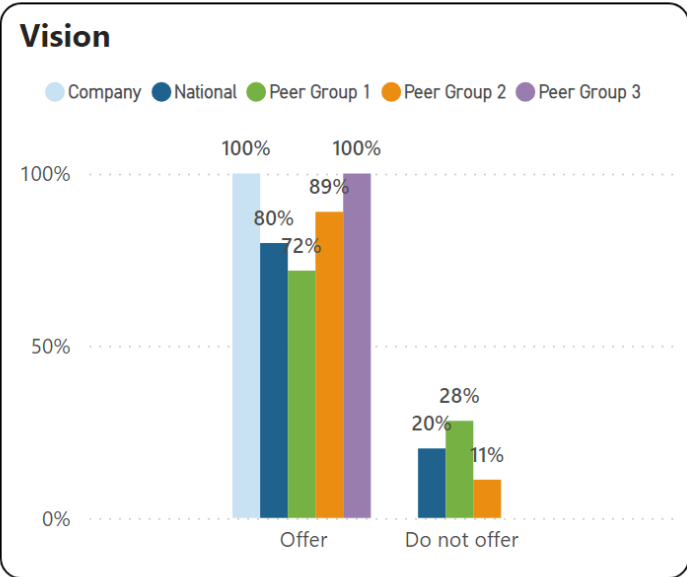
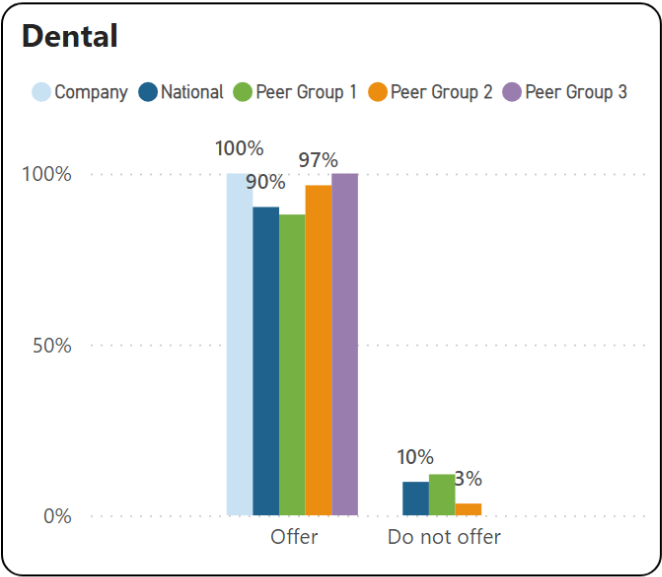
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



Benefits Offered & Eligibility

Select Measure

☐ 75th Percentile

☐ 90th Percentile

☐ Average

☒ Median

Peer Group 1

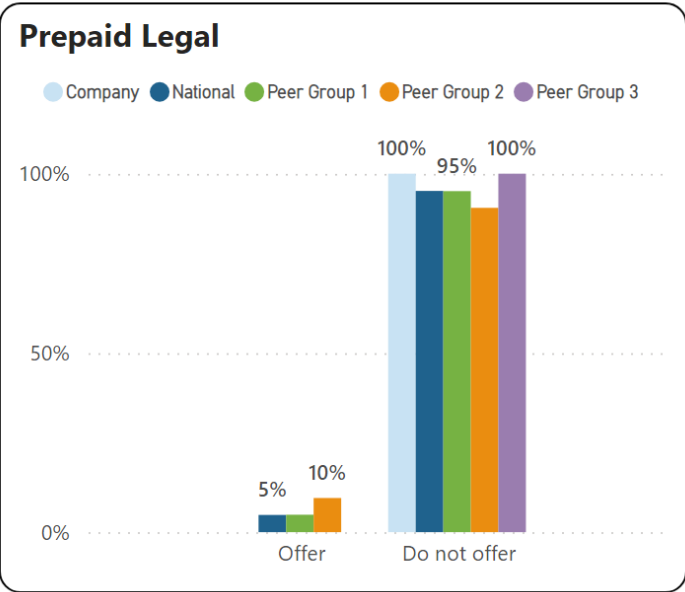
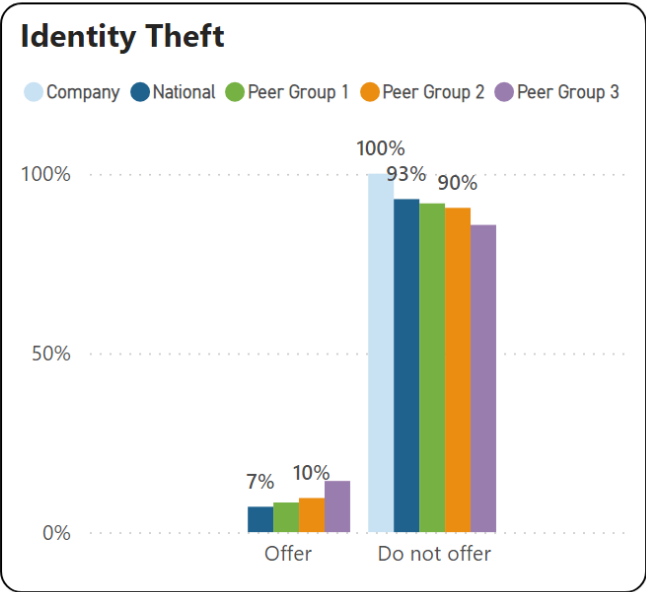
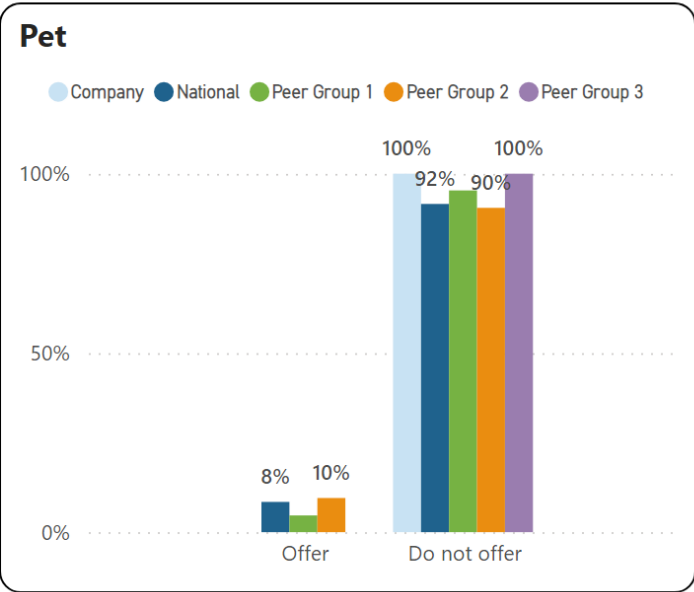
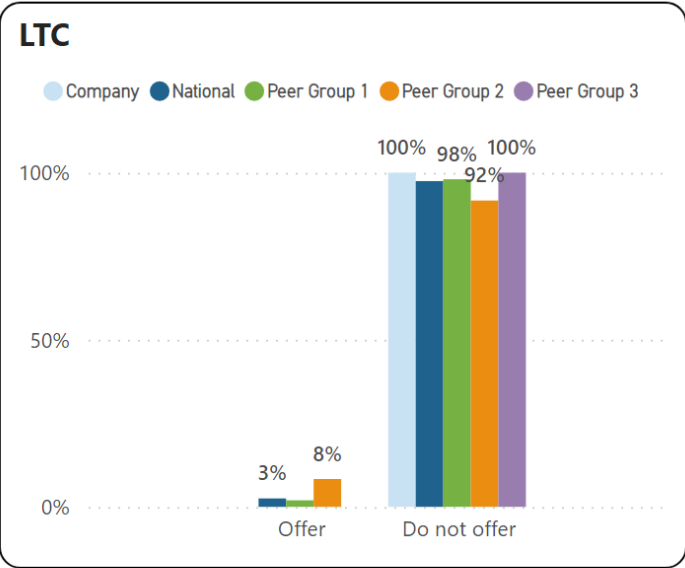
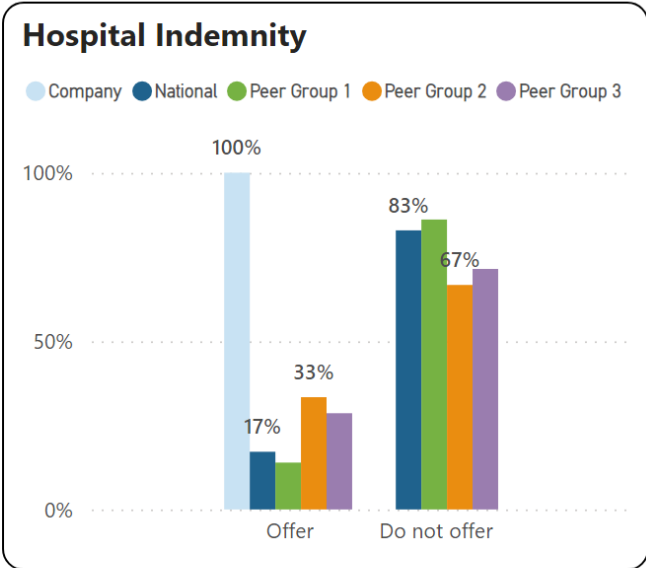
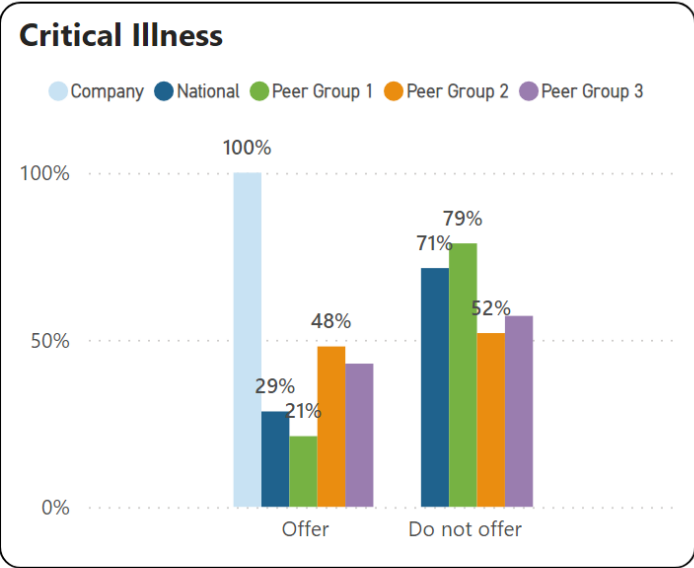
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



Medical Plan Overview

Select Measure

☐ 75th Percentile

☐ 90th Percentile

☐ Average

☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

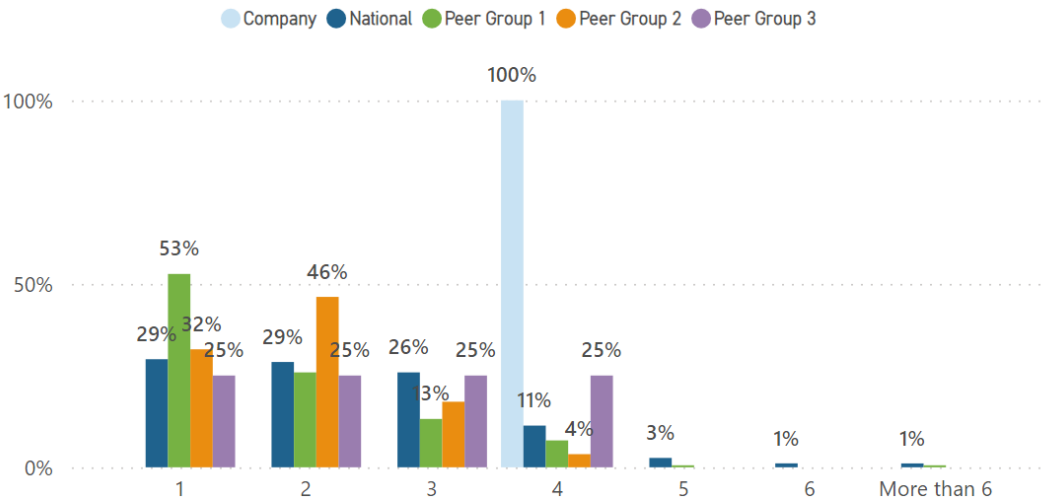
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

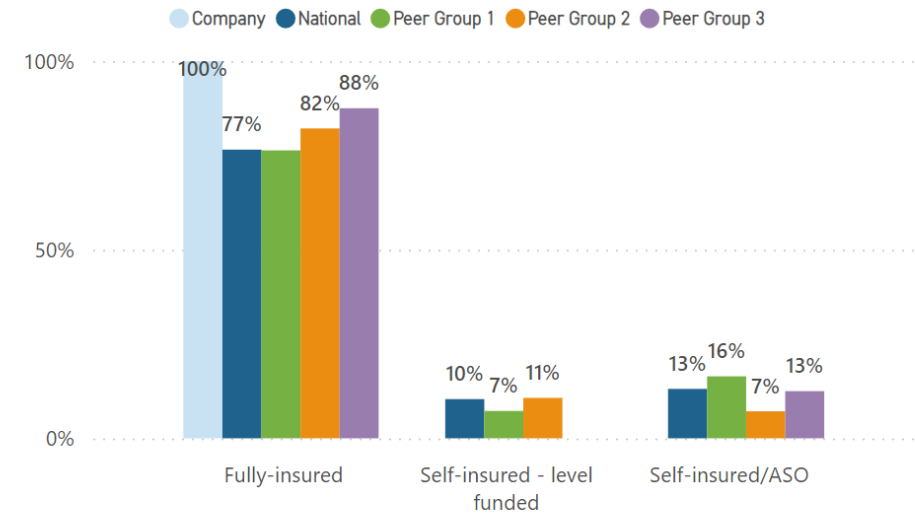
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

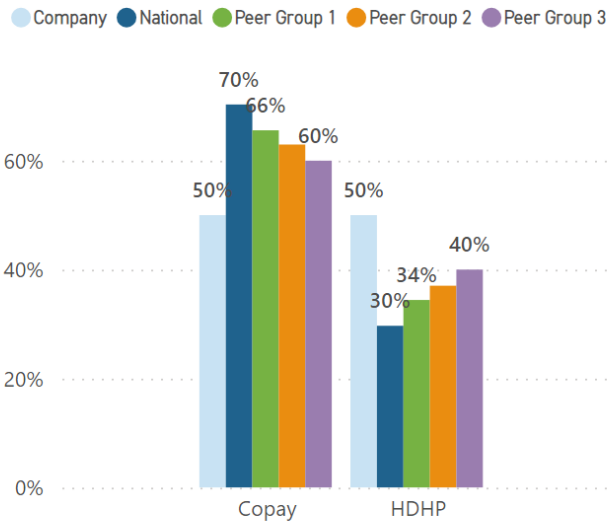
Number of Medical Plans Offered



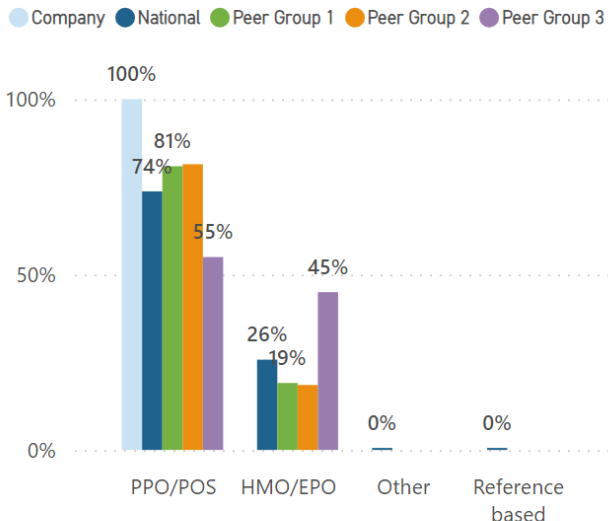
Funding of Medical



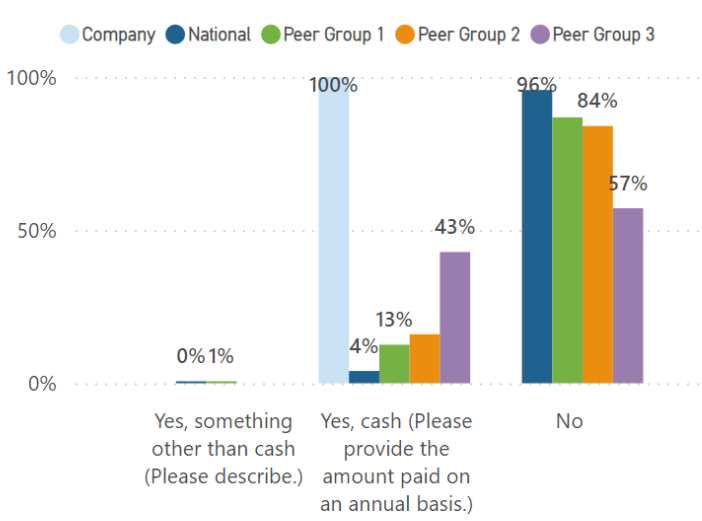
Copay vs. HDHP



Plan Type Offered



Monetary Incentive



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry 91-99 All Public Administration

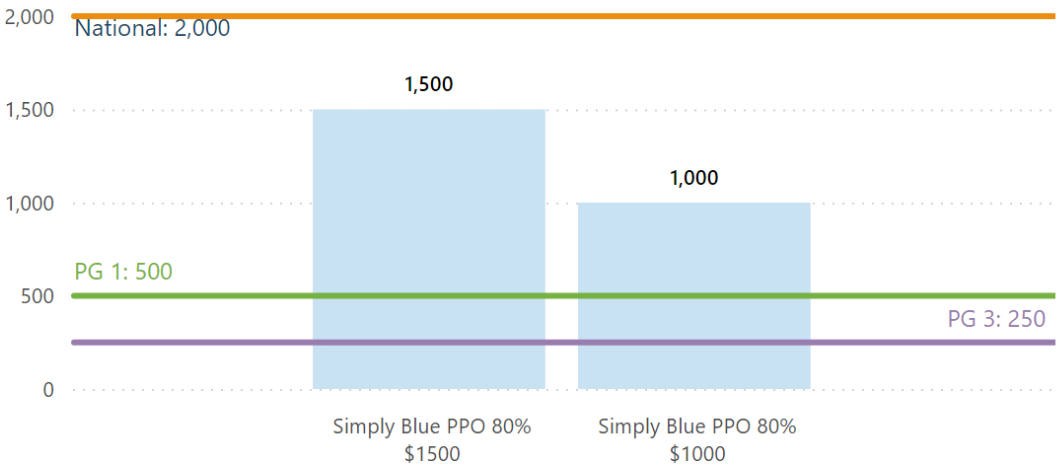
Size All

State All

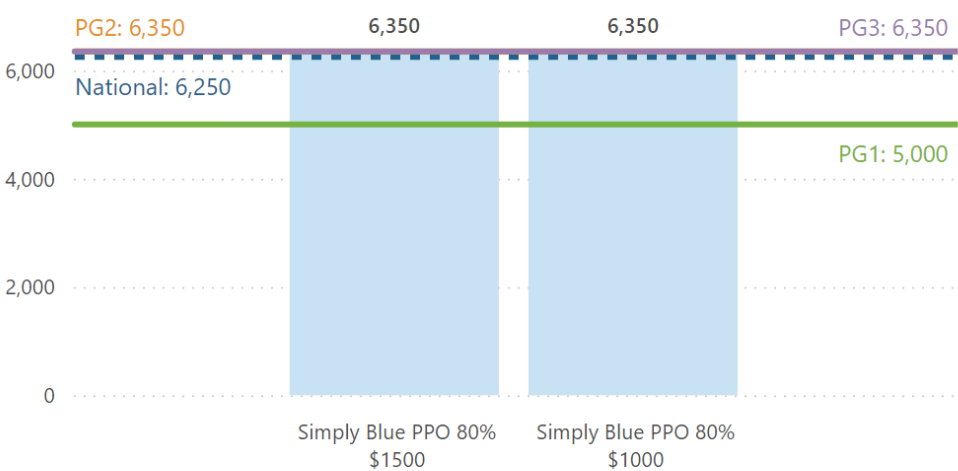
Agency All

Region All

Deductible - Individual



OOP Max - Individual



Peer Group 2

Industry 91-99 All Public Administration

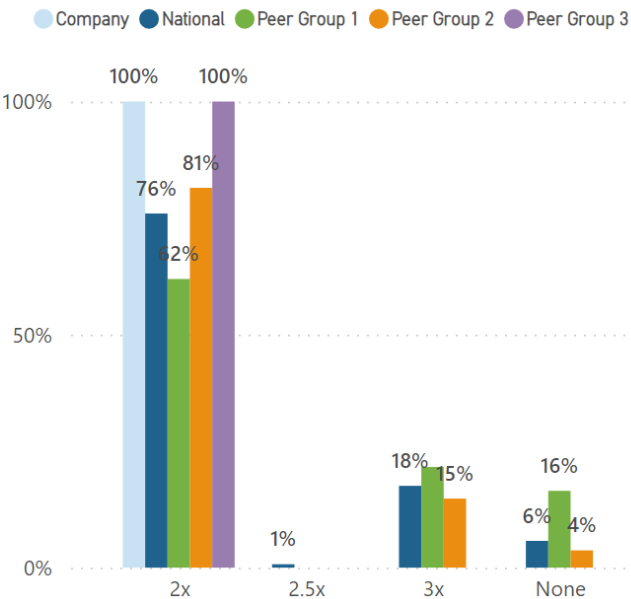
Size 50-99

States All

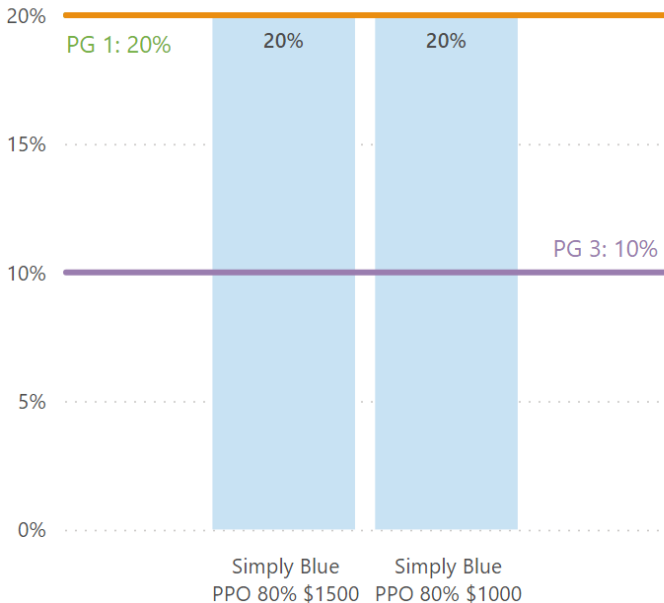
Agency All

Region All

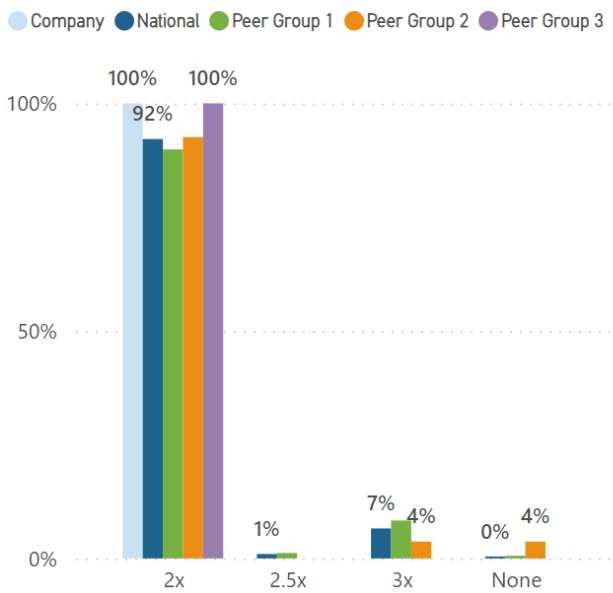
Deductible Multiplier - Family



Coinsurance % - Individual



OOP Max - Family



Peer Group 3

Industry 91-99 All Public Administration

Size All

State Michigan

Agency All

Region All

PPO/POS Plans: Copays

Select Plan (Company)

All

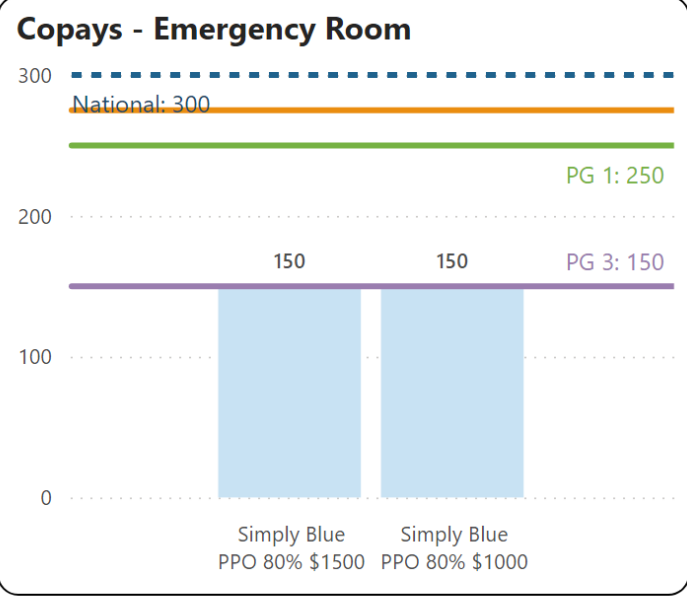
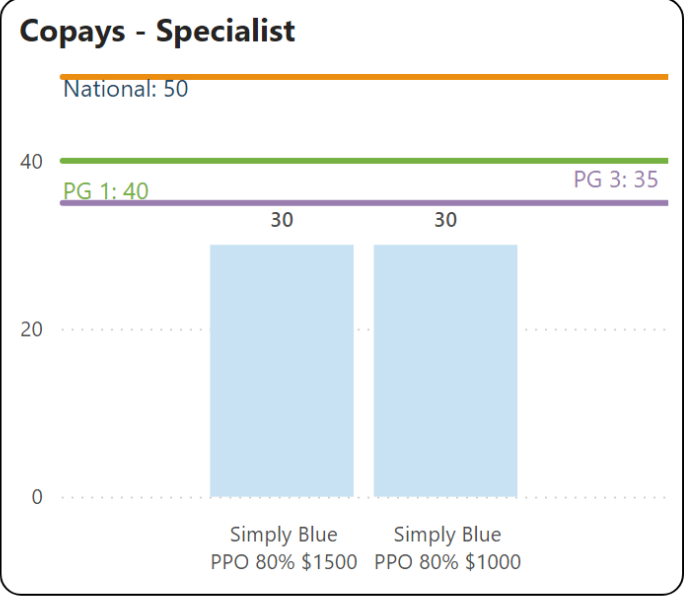
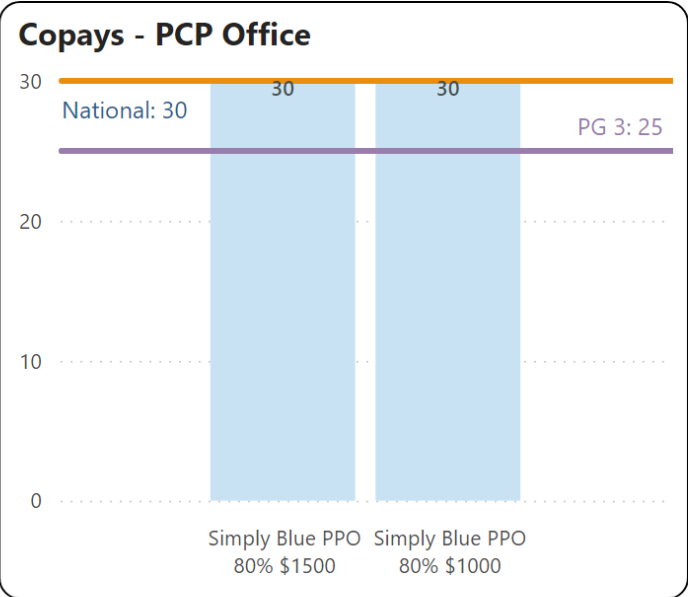


Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

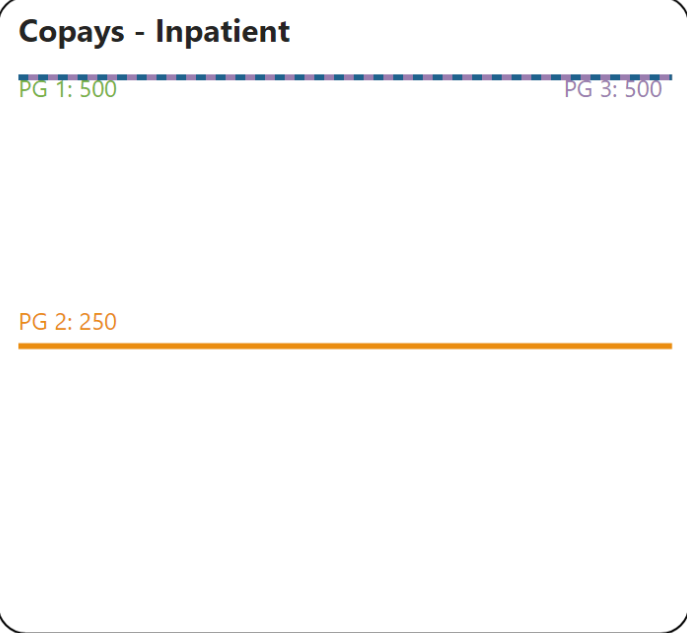
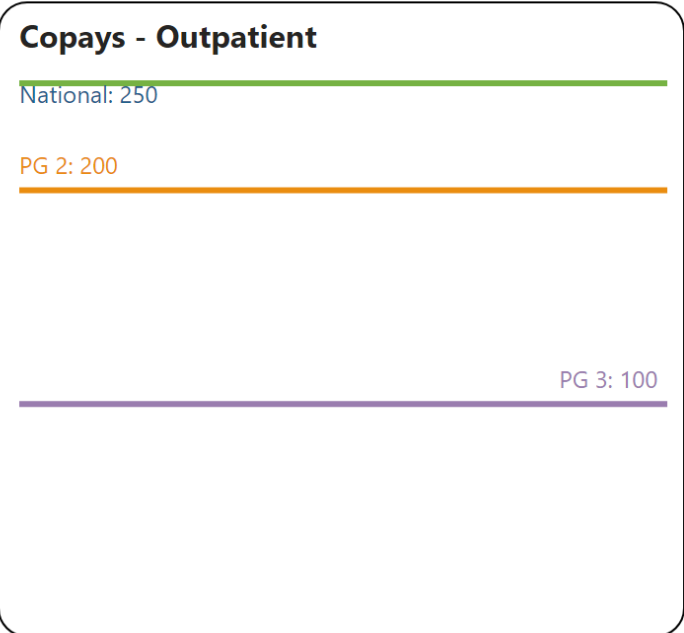
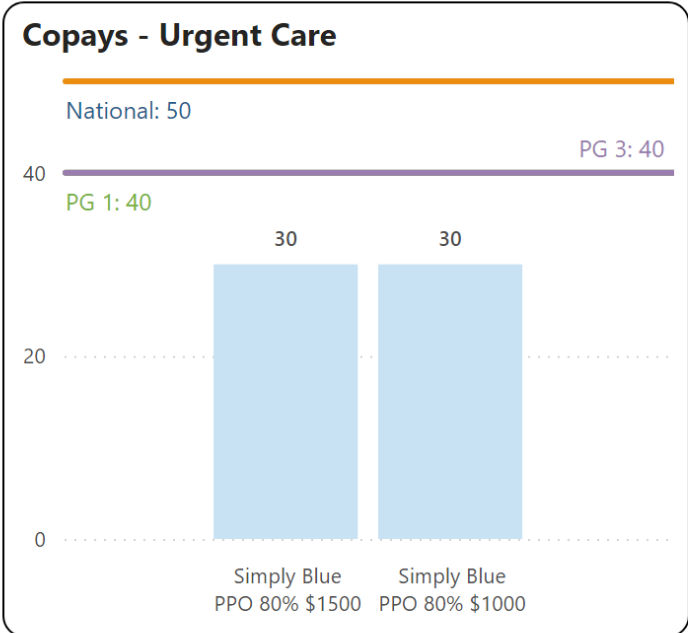
Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All



Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All



Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

PPO/POS Plans: Pharmacy (Rx) Overview

Select Plan (Company)

All



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

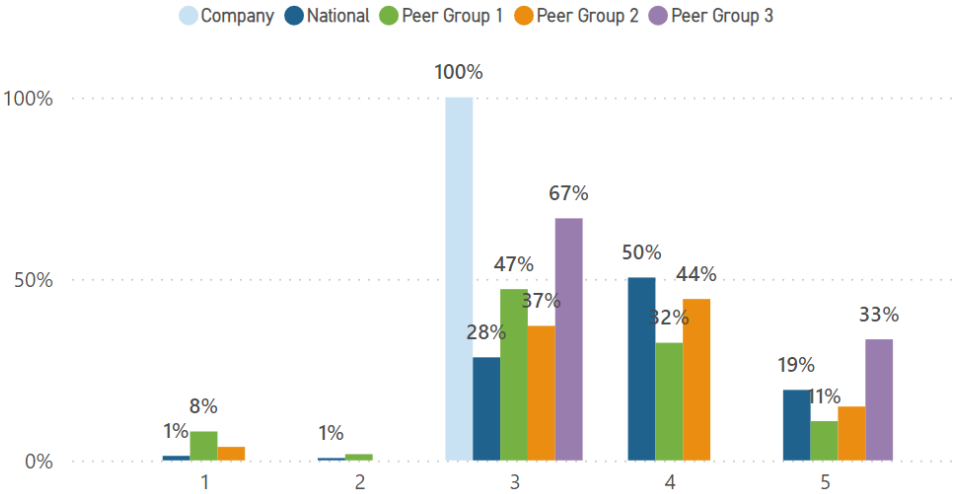
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

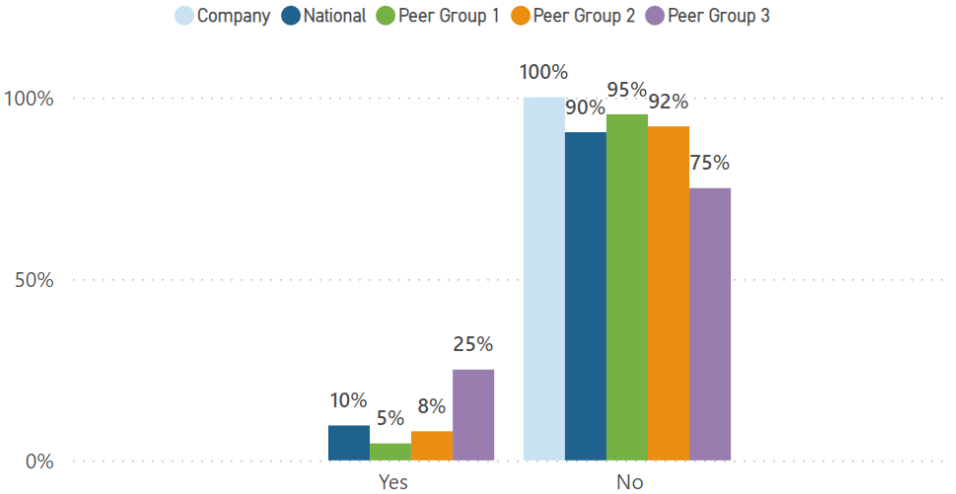
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

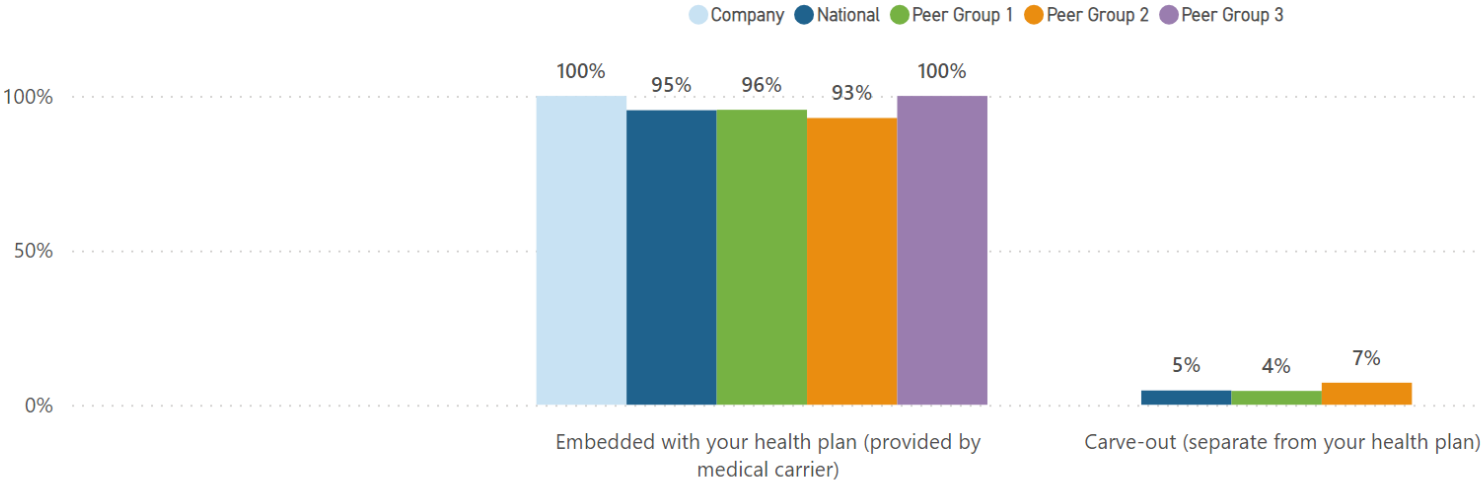
Number of Tiers



Separate Deductible



Rx Program for the Active Medical Program



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

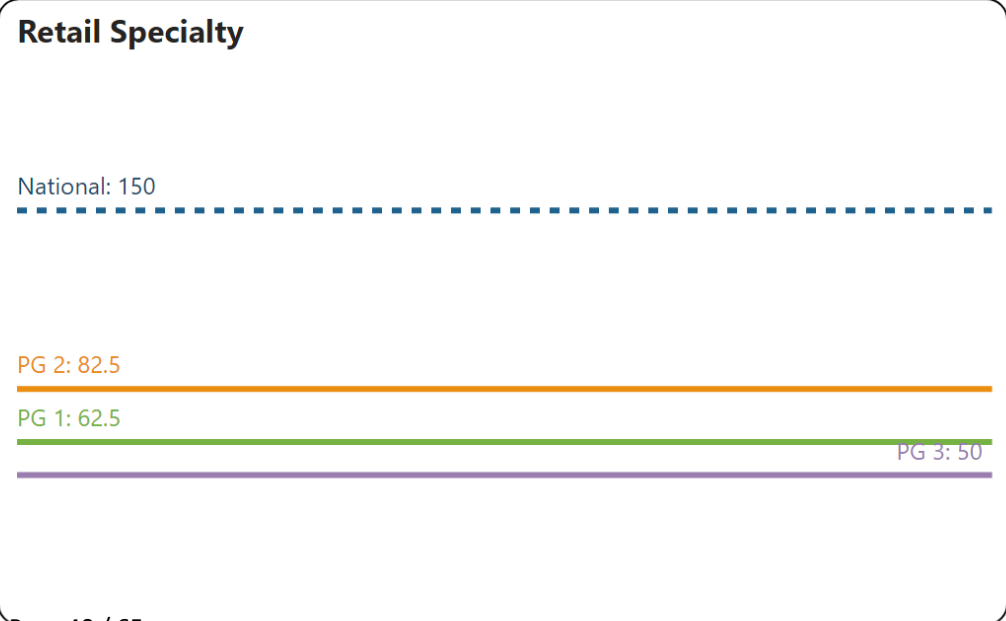
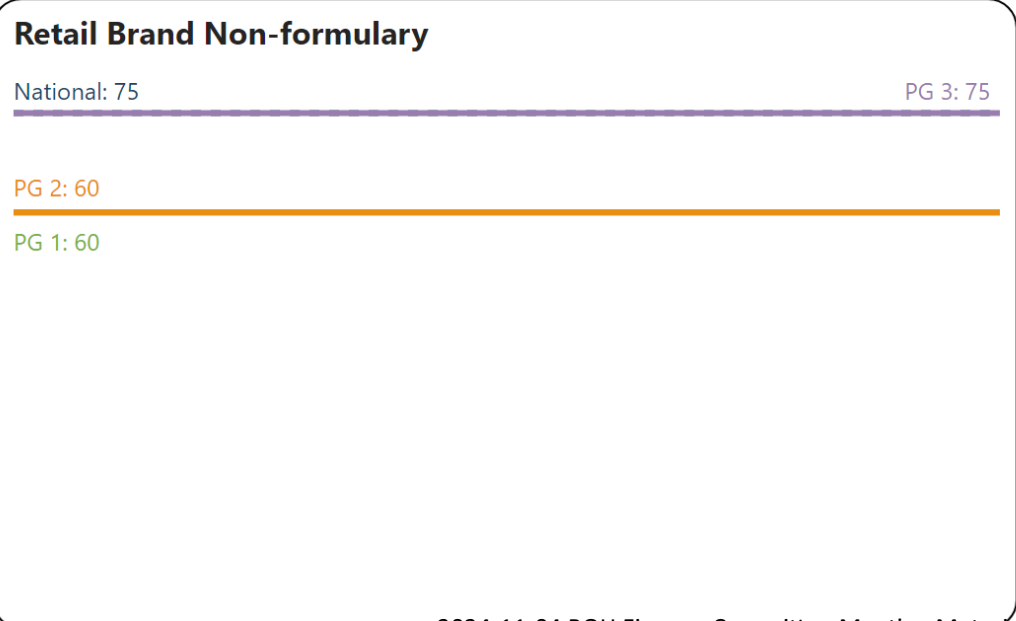
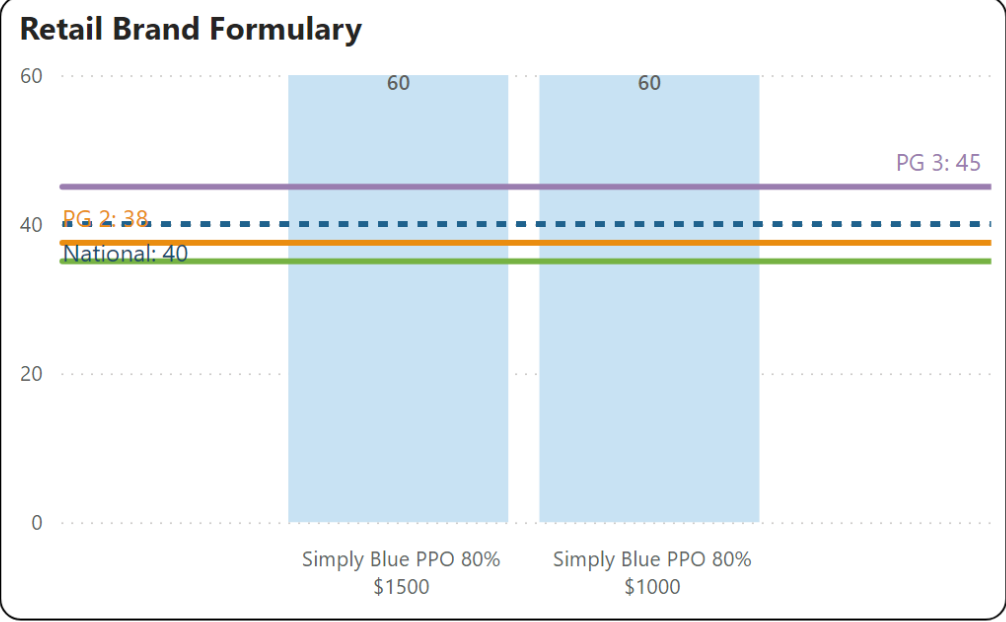
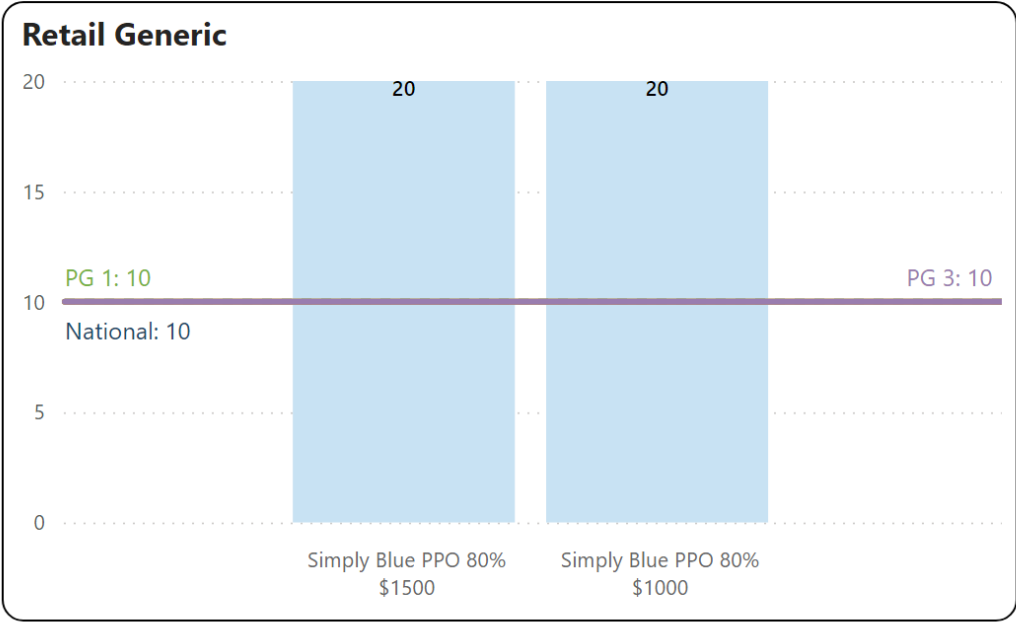
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



PPO/POS Plans: Total Premiums

Select Plan (Company)

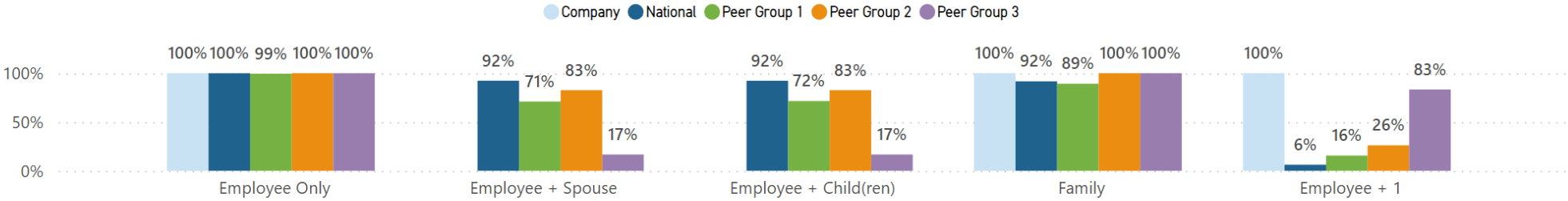
All



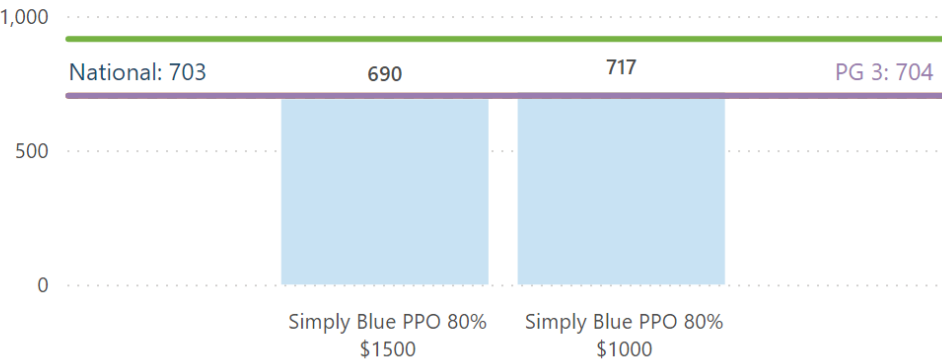
Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

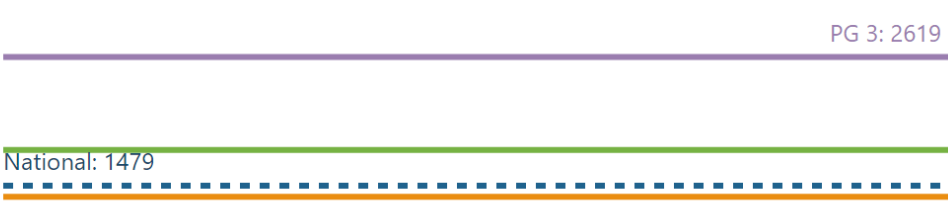
Rate Tiers Offered



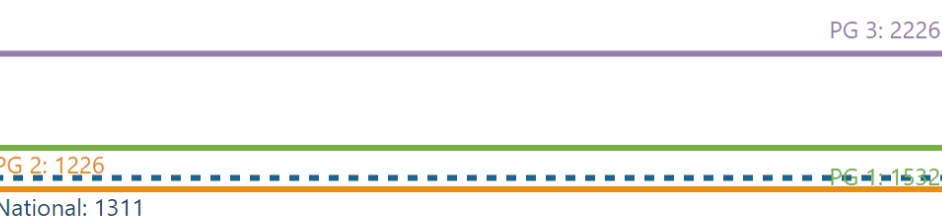
Employee Only Premium



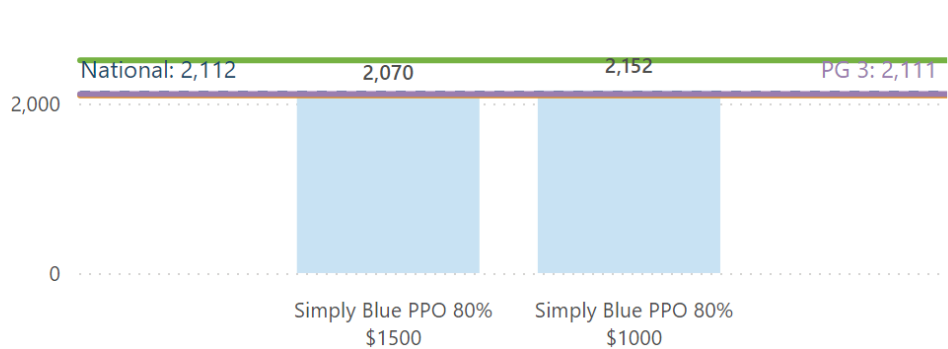
Employee Plus Spouse Premium



Employee Plus Children Premium



Family Premium



Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

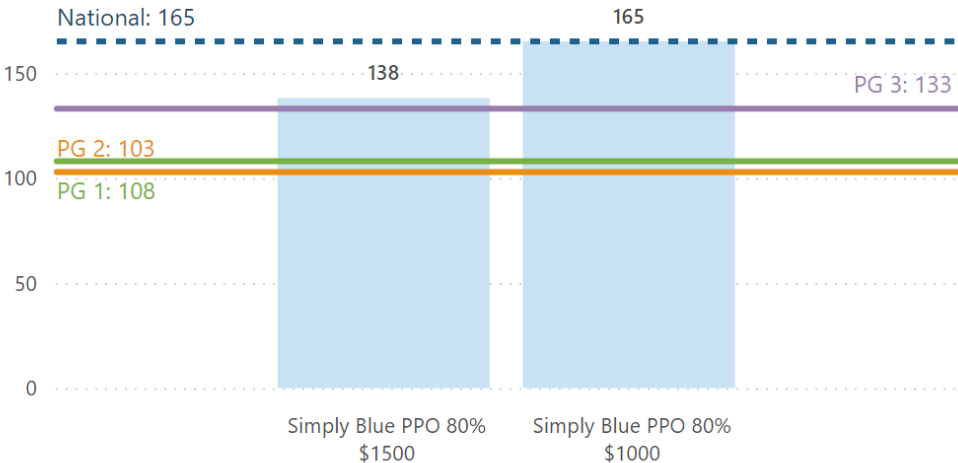
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

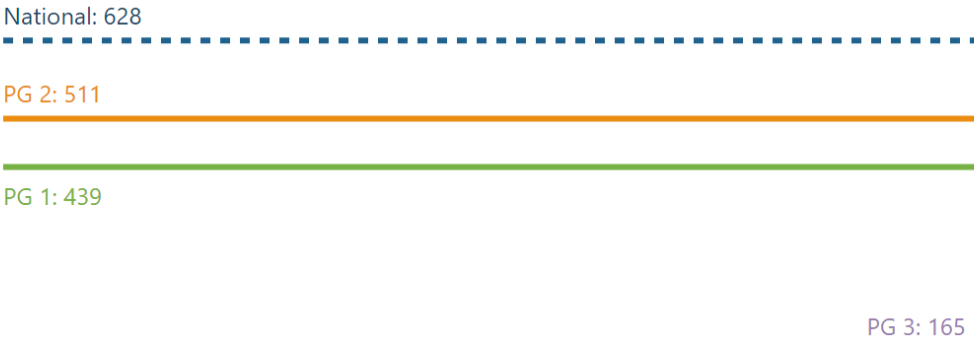
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

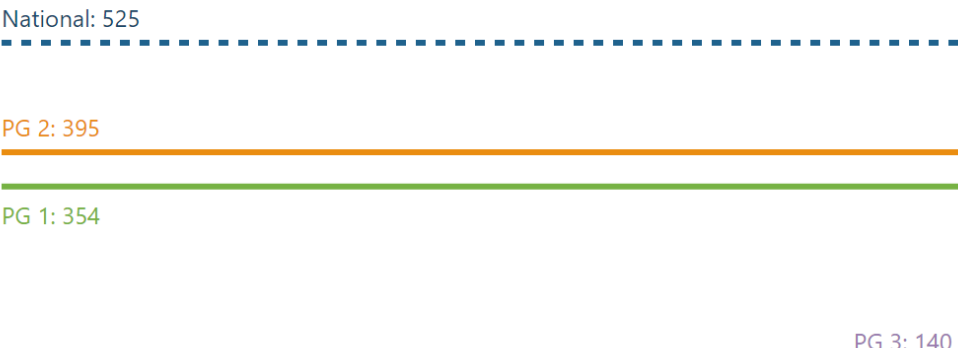
Employee Only Contributions



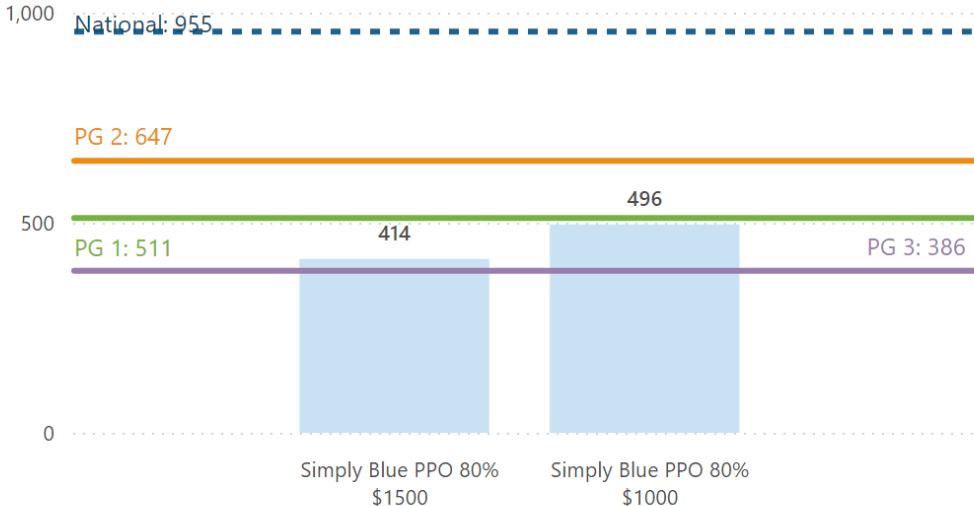
Employee Plus Spouse Contributions



Employee Plus Children Contributions



Family Contributions



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

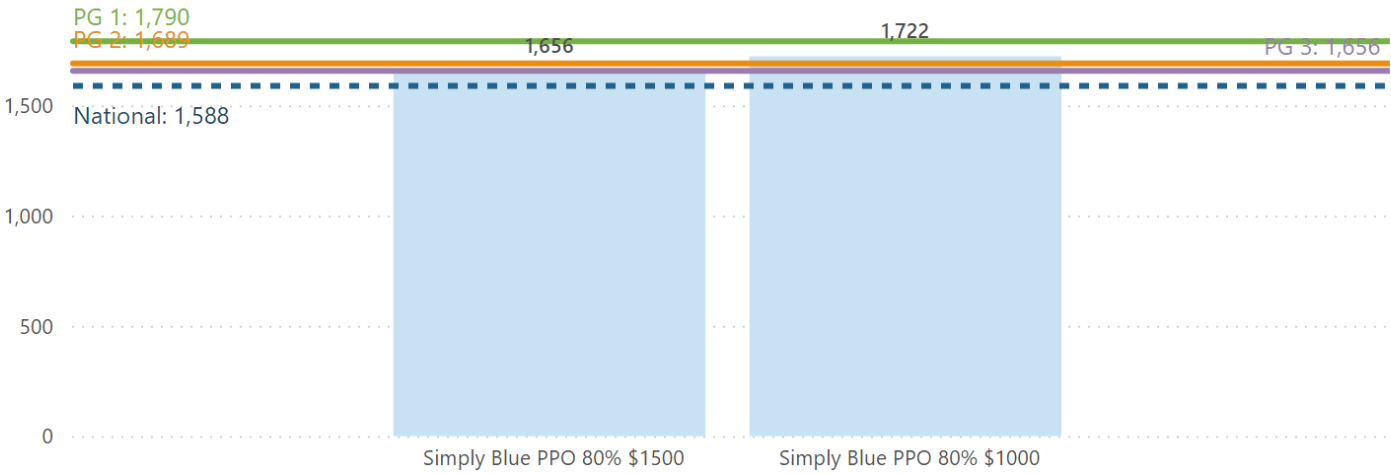
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

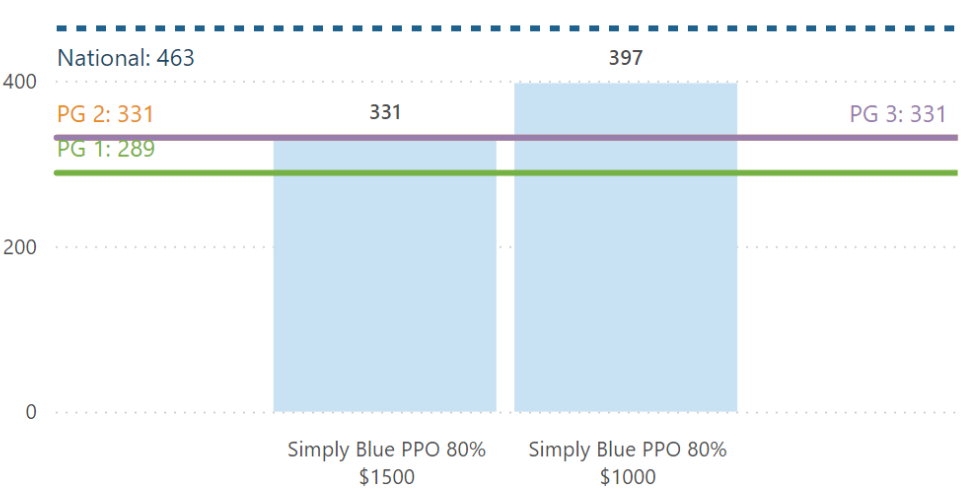
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

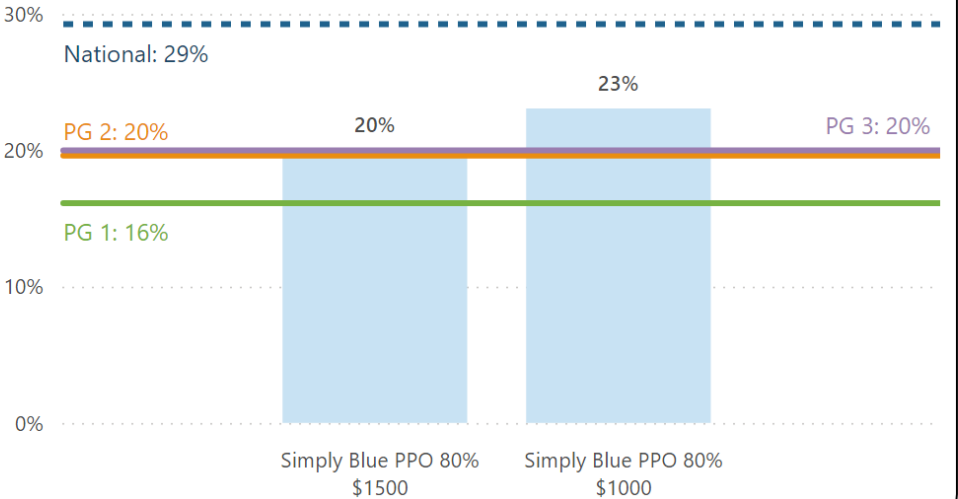
Employee Plus One Total Premium



Employee Plus One Employee Contribution



Employee Plus One Employee Contribution %



HDHP: In Network Deductible

Select Plan (Company)

All

Plan Type

PPO/POS



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

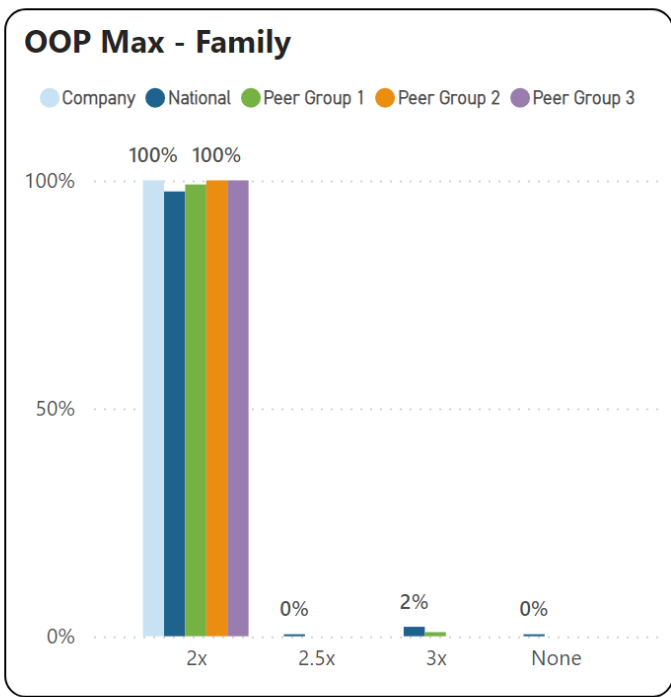
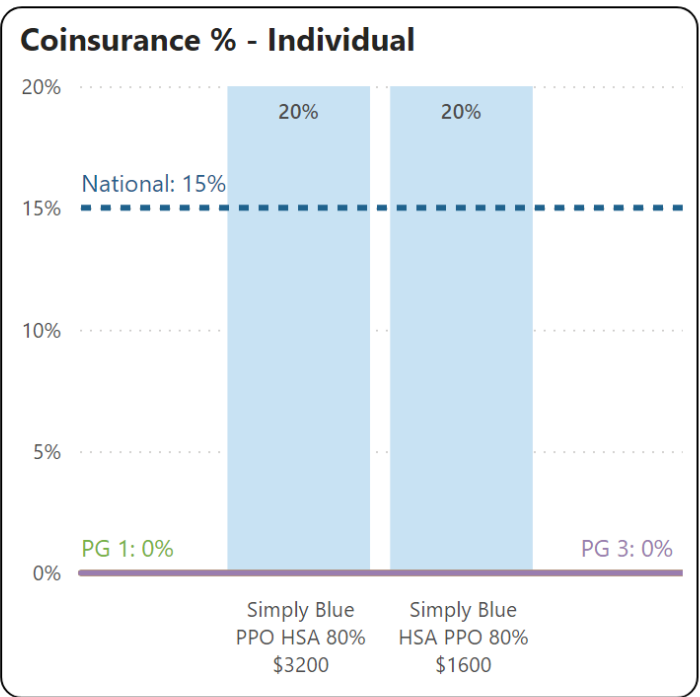
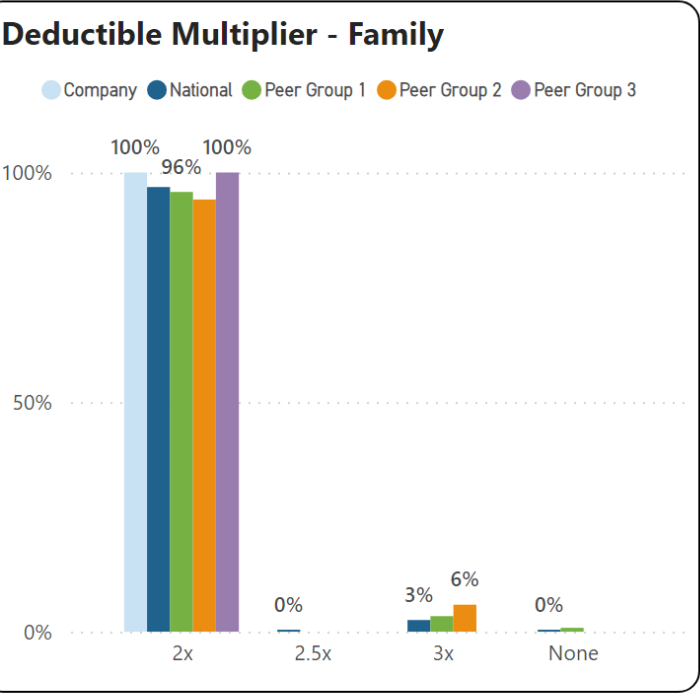
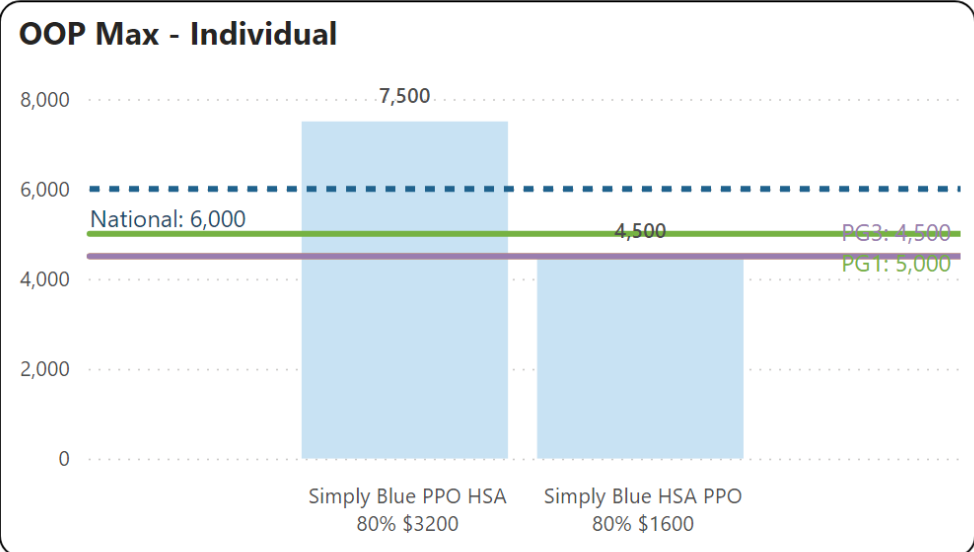
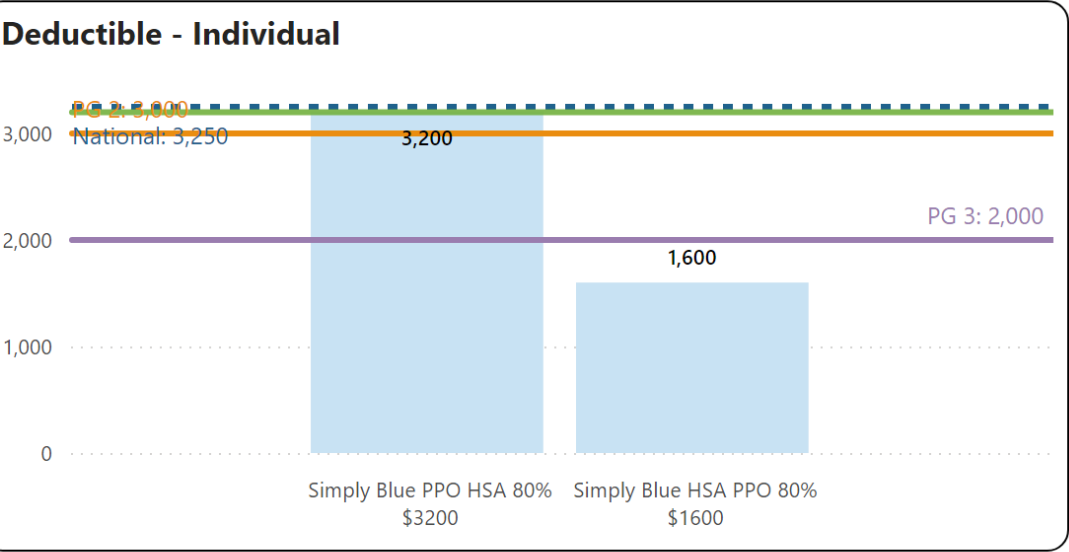
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Adminis
Size	All
State	All
Agency	All
Region	All

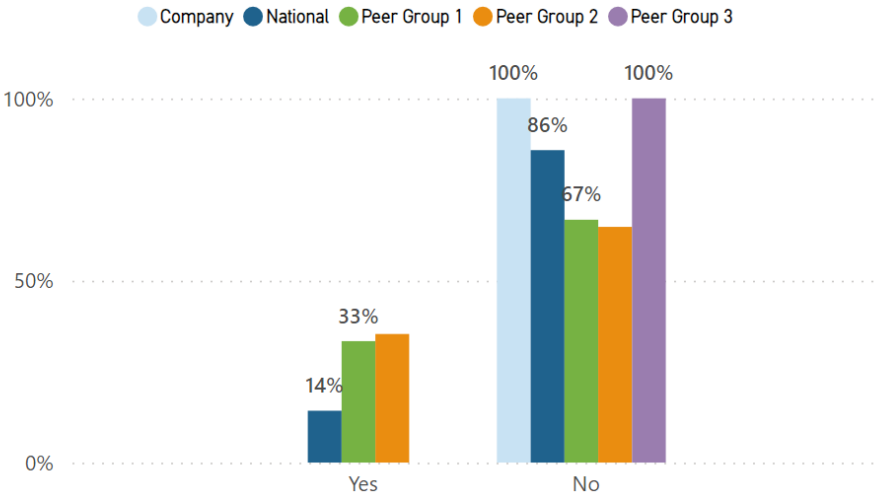
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

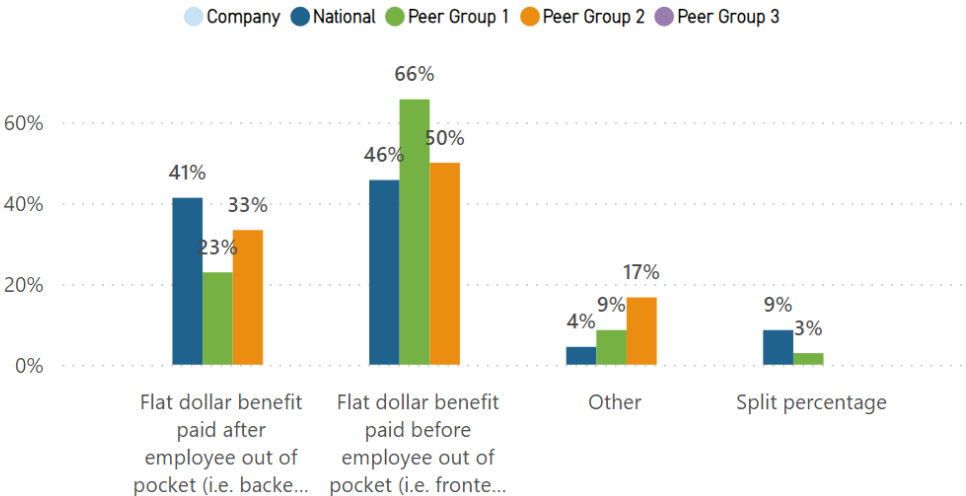
Peer Group 3

Industry	91-99 All Public Administra
Size	All
State	Michigan
Agency	All
Region	All

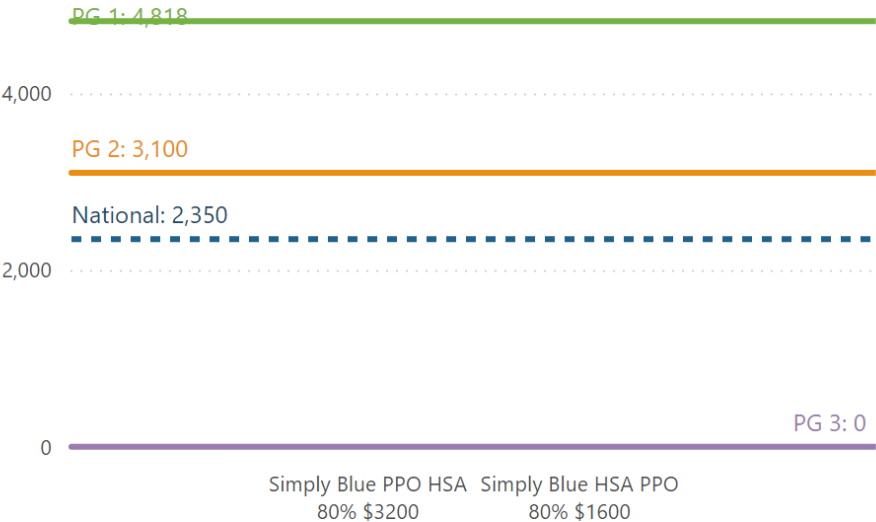
Is HRA Offered?



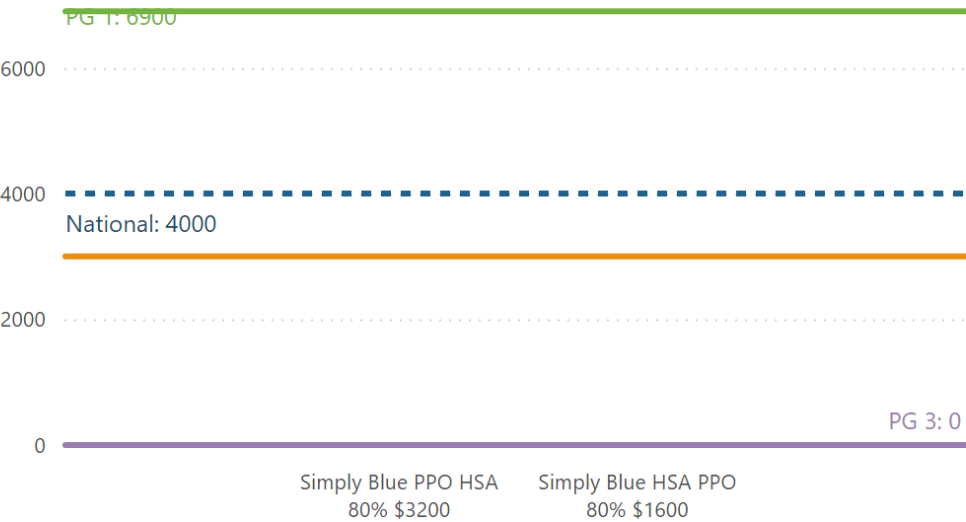
HRA Structure



HRA Employer Contribution - Employee



HRA Employer Contribution - Family



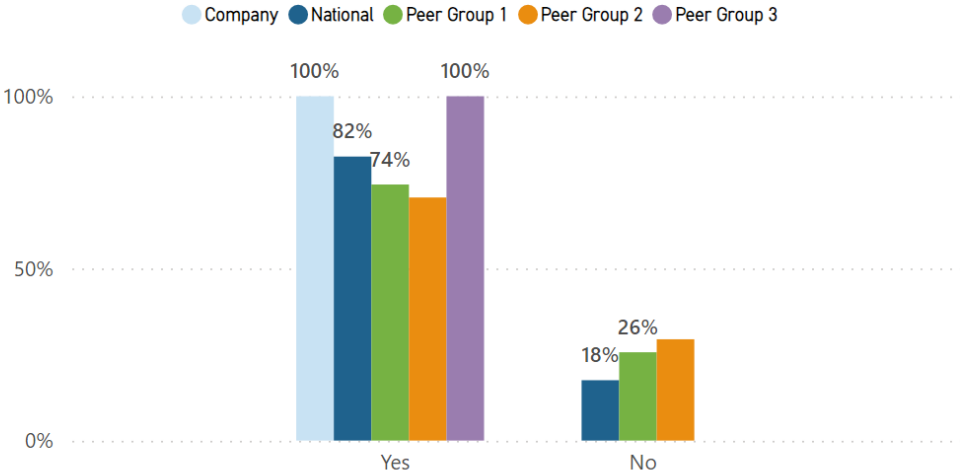
Select Measure

- 75th Percentile
- 90th Percentile
- Average
- Median

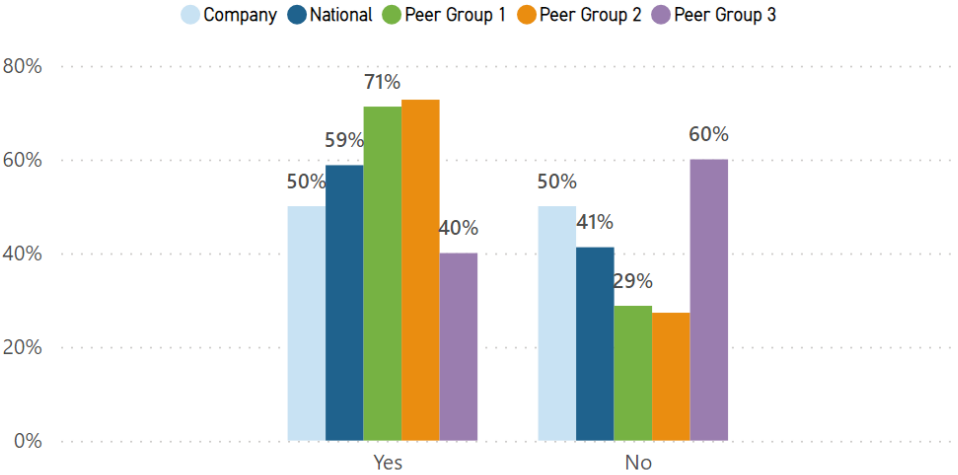
Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Is HSA Offered?



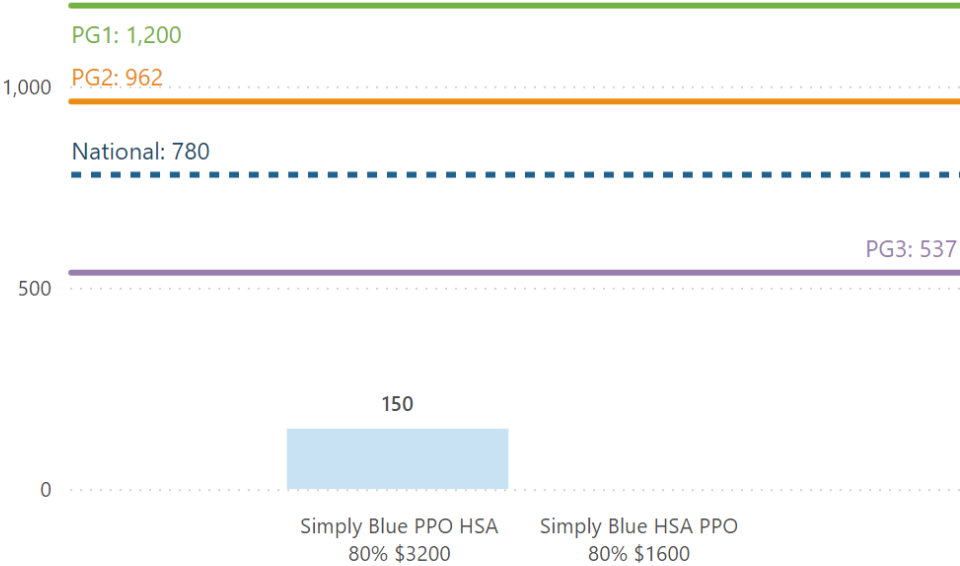
% of Plans with an Employer Contribution



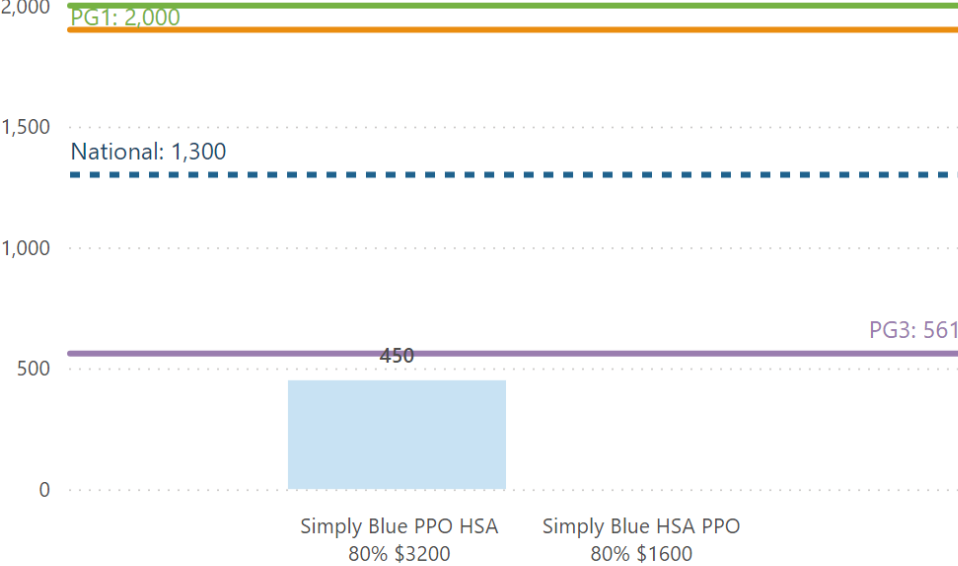
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

HSA Employer Contribution - Employee



HSA Employer Contribution - Family



Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

HDHP: Total Premiums

Select Plan (Company)

All

Plan Type

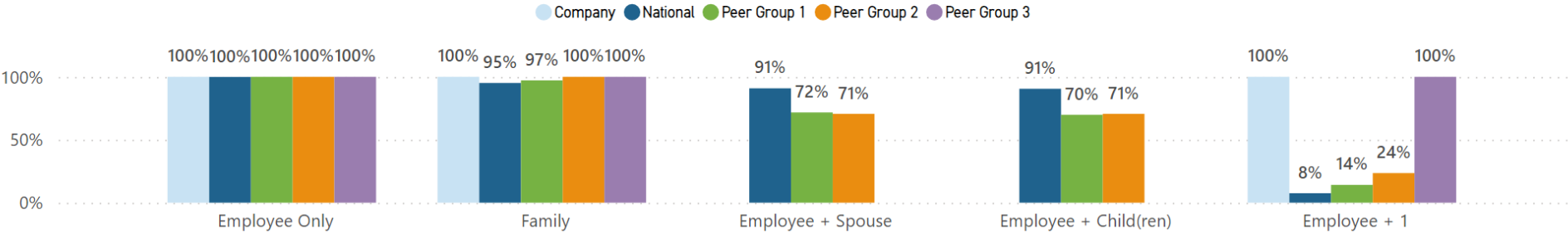
PPO/POS



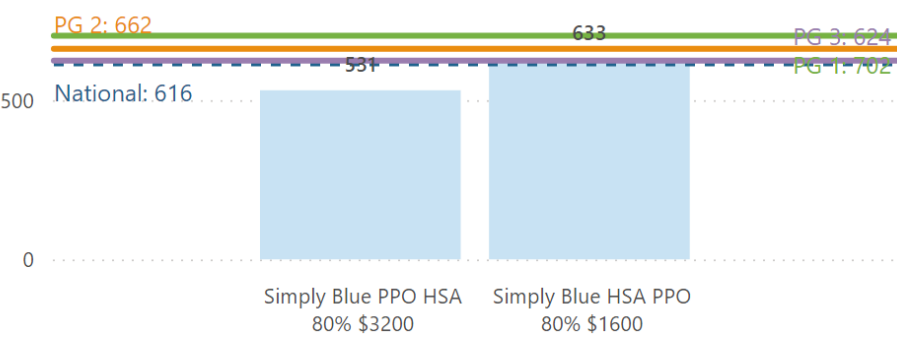
Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

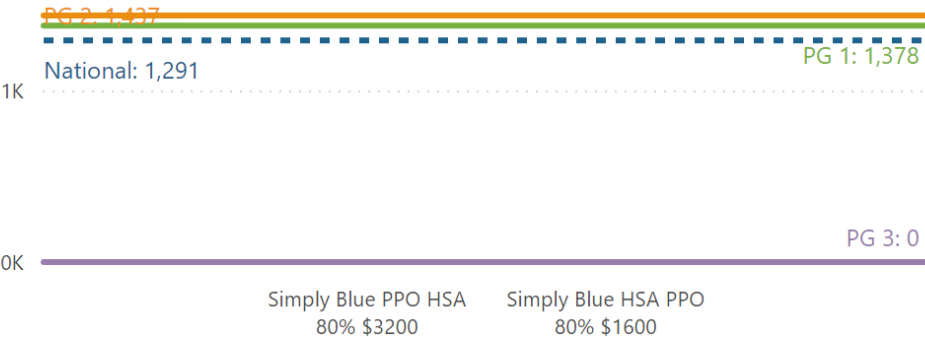
Rate Tiers Offered



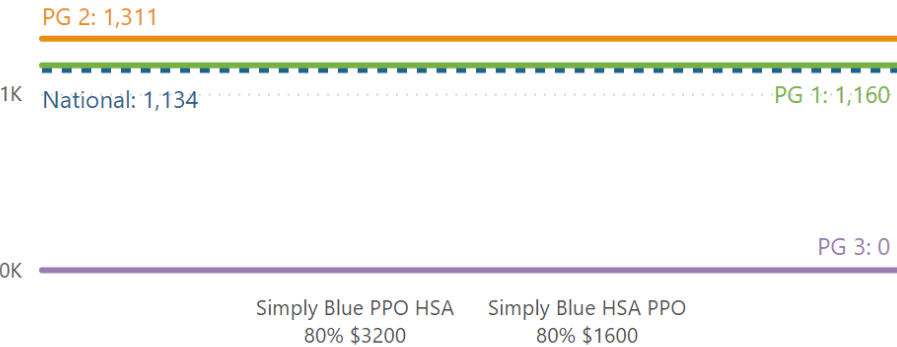
Employee Only Premium



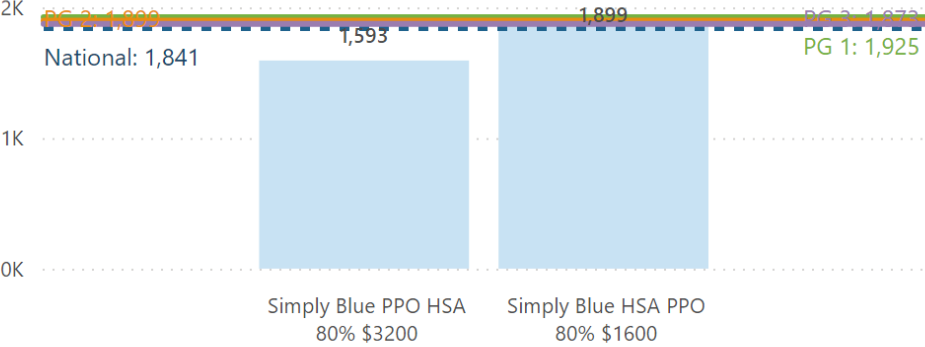
Employee Plus Spouse Premium



Employee Plus Children Premium



Family Premium



Peer Group 1

Industry 91-99 All Public Administration
Size All
State All
Agency All
Region All

Peer Group 2

Industry 91-99 All Public Administration
Size 50-99
States All
Agency All
Region All

Peer Group 3

Industry 91-99 All Public Administration
Size All
State Michigan
Agency All
Region All

HDHP: Employee Contributions

Select Plan (Company)

All

Plan Type

PPO/POS



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

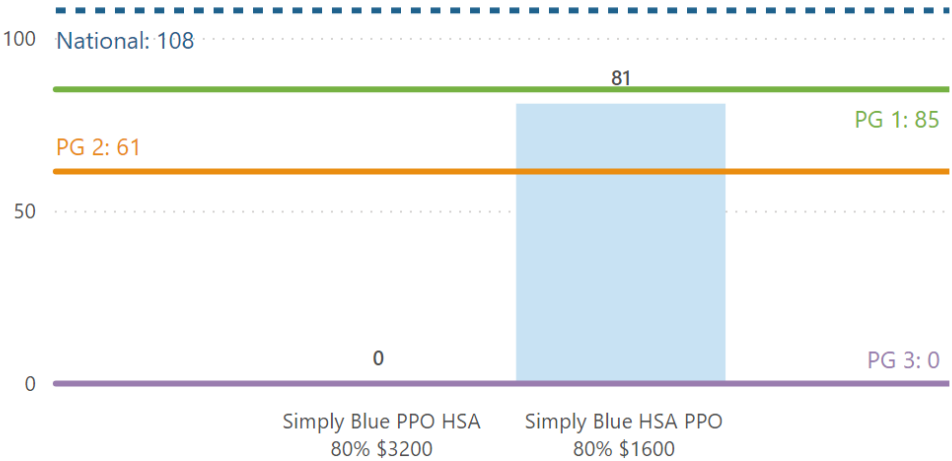
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

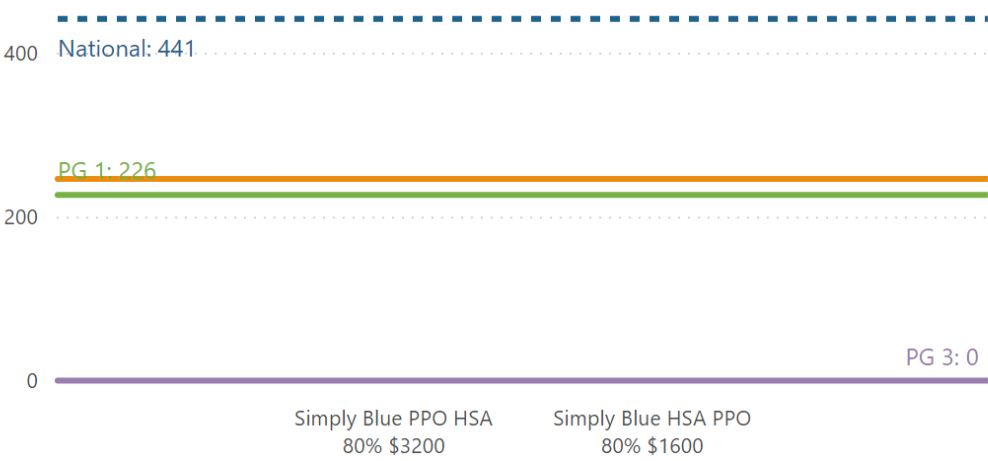
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

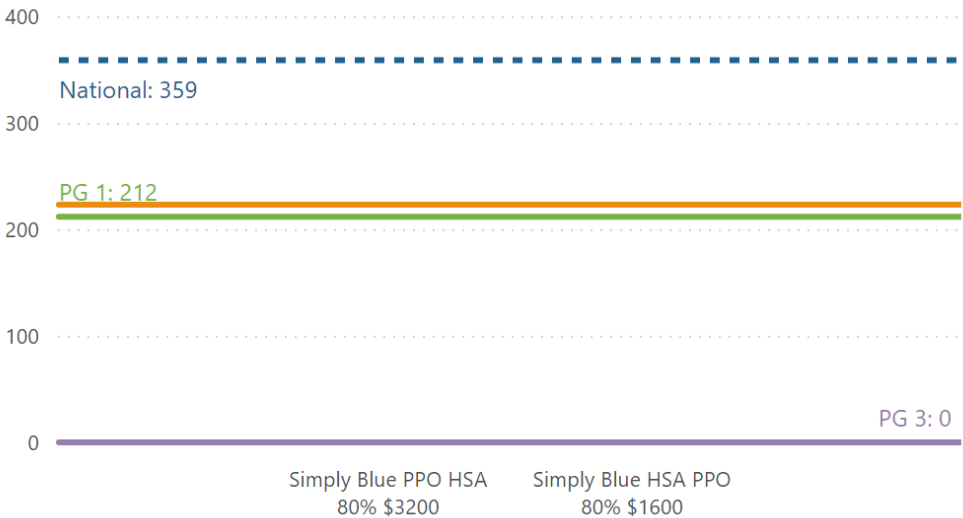
Employee Only Contributions



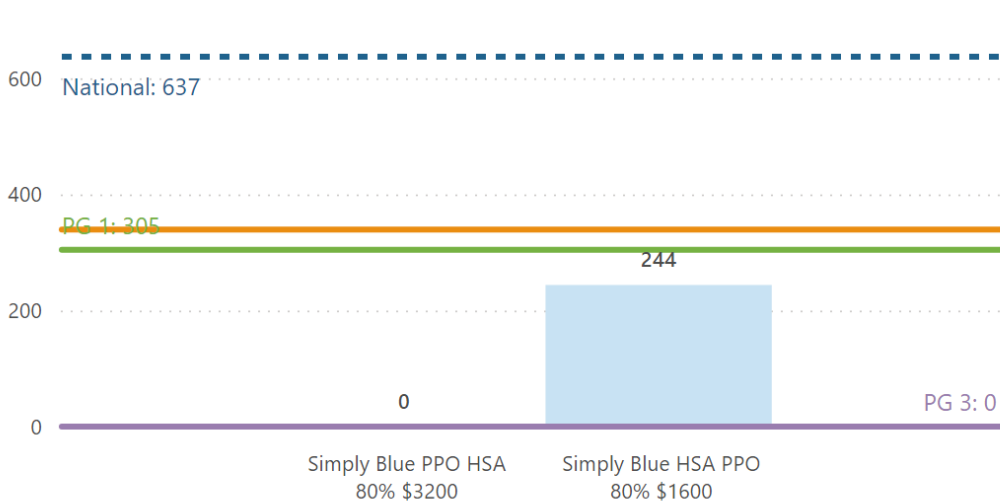
Employee Plus Spouse Contributions



Employee Plus Children Contributions



Family Contributions



HDHP: Employee Plus One Premiums

Select Plan (Company)

All

Plan Type

PPO/POS



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

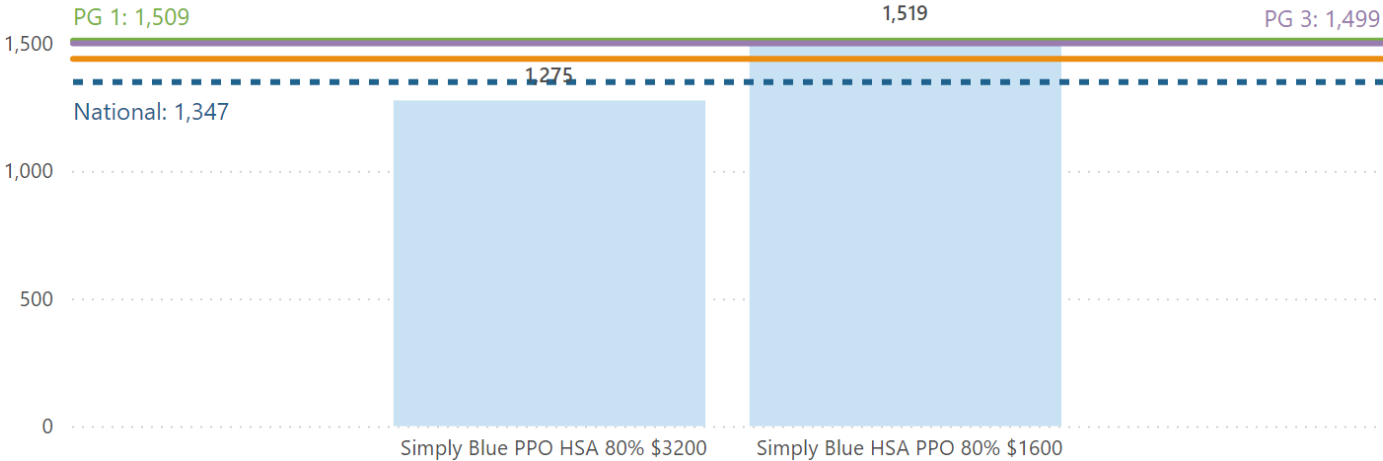
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

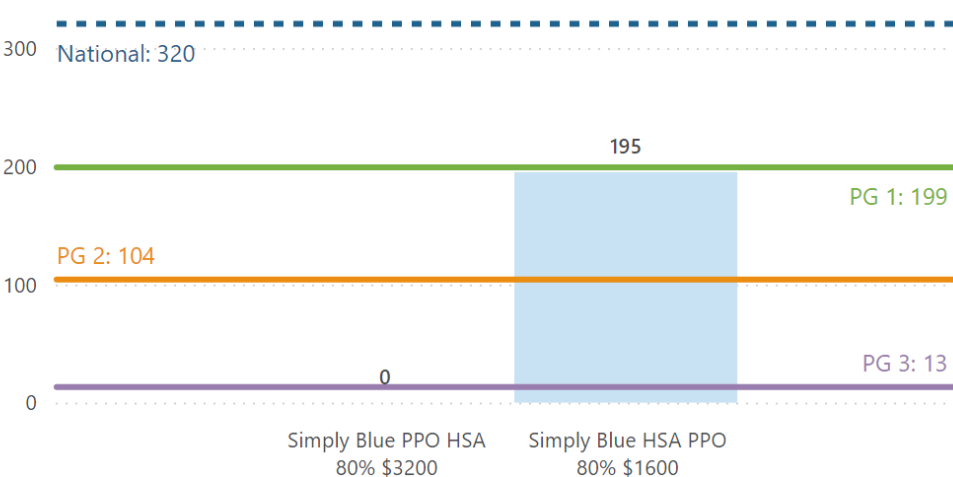
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

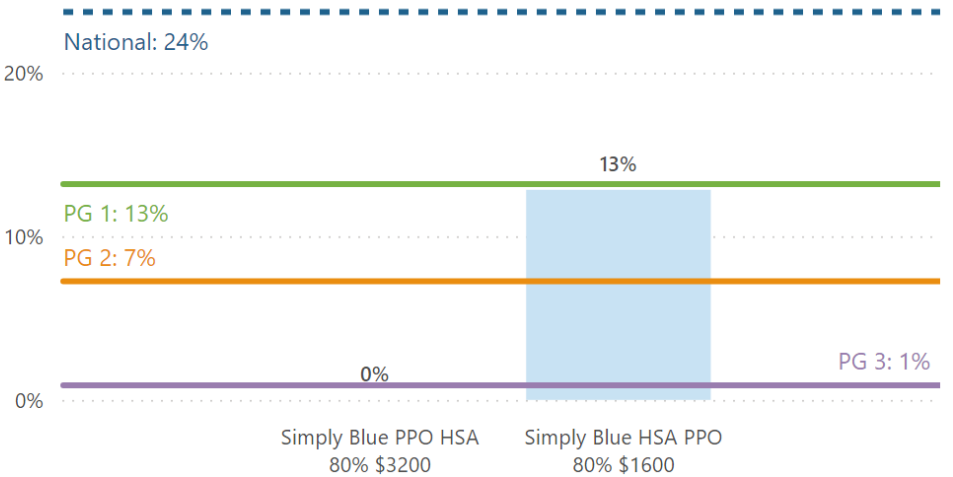
Employee Plus One Total Premium



Employee Plus One Employee Contribution



Employee Plus One Employee Contribution %



Select Measure

☐

75th Percentile

☐

90th Percentile☐

☒

Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

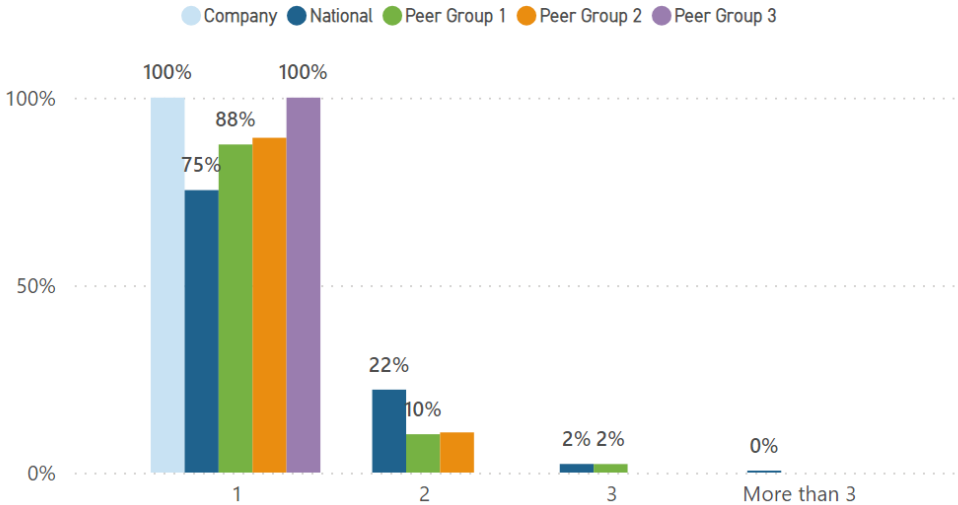
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

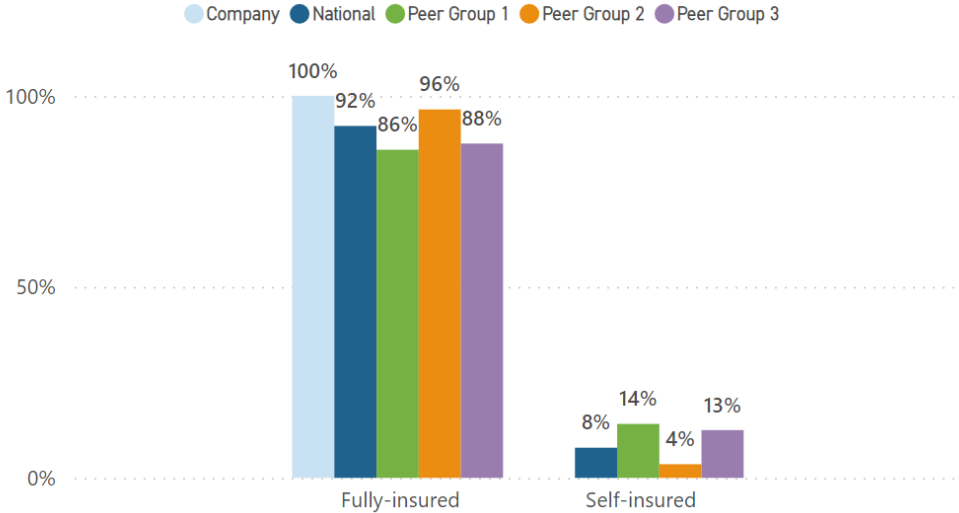
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

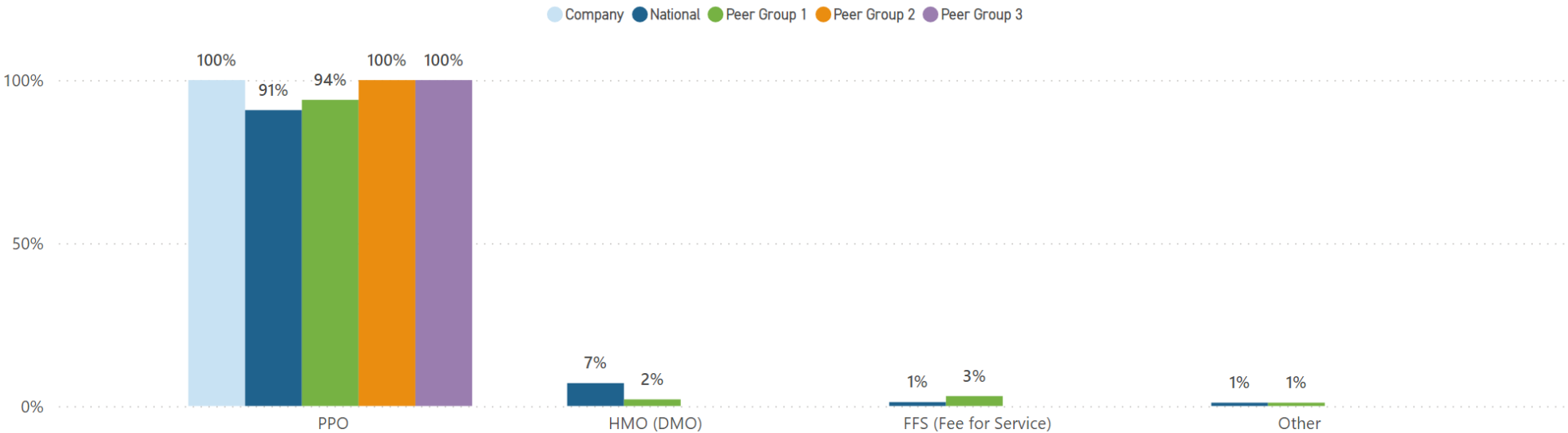
Number of Plans Offered



Dental Plan Funding



Dental Plan Type



Dental Benefits

Select Plan (Company)

All

Plan Type

PPO



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

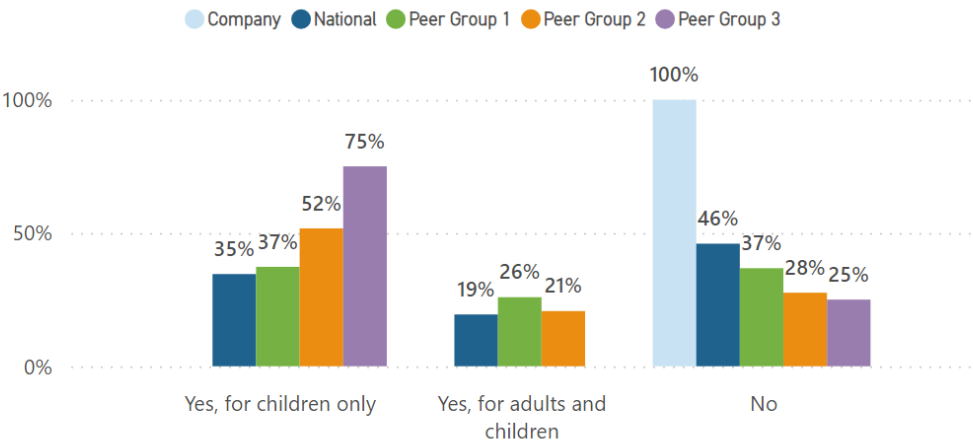
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

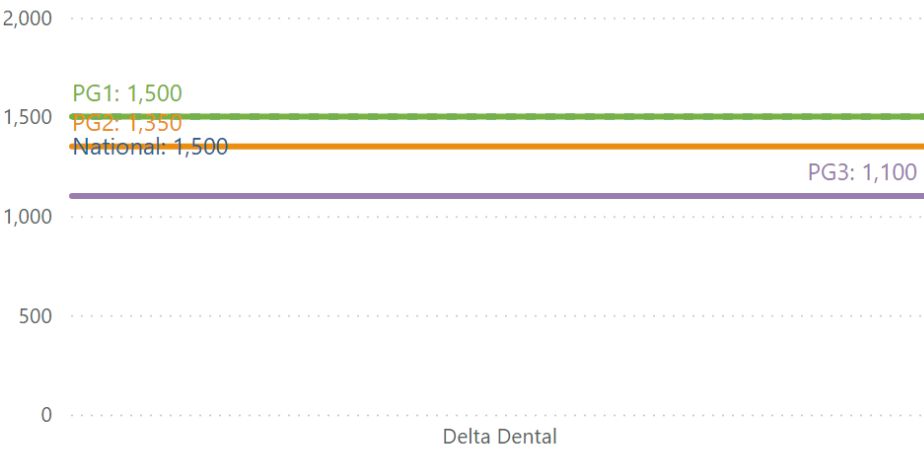
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

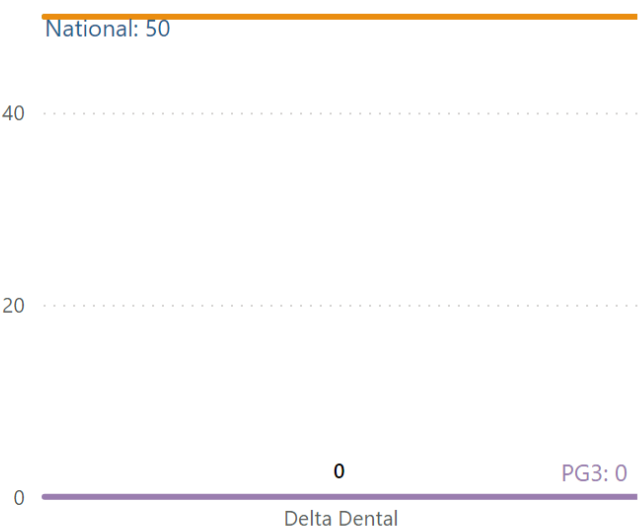
Is Ortho Offered?



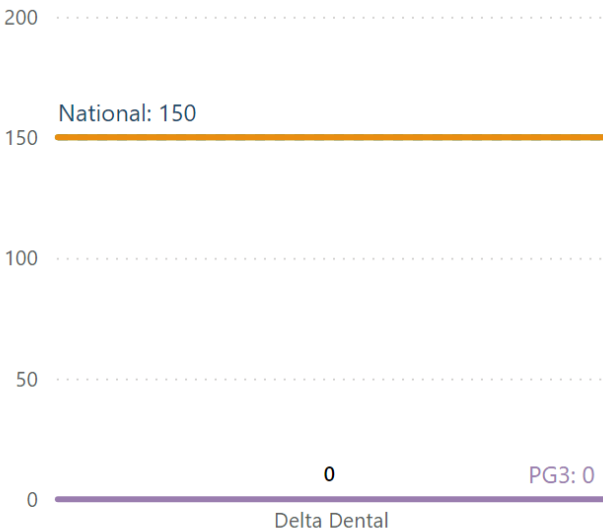
Lifetime Maximum



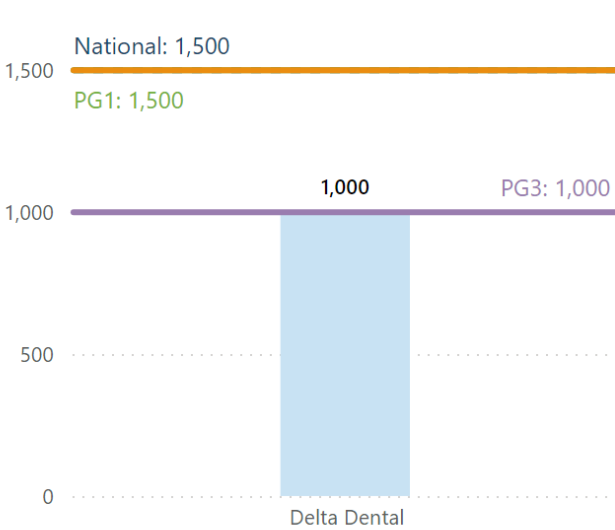
Deductible - Individual In Network



Deductible - Family In Network



In Network Annual Max



Dental Coinsurance In Network

Select Plan (Company)

All

Plan Type

PPO



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

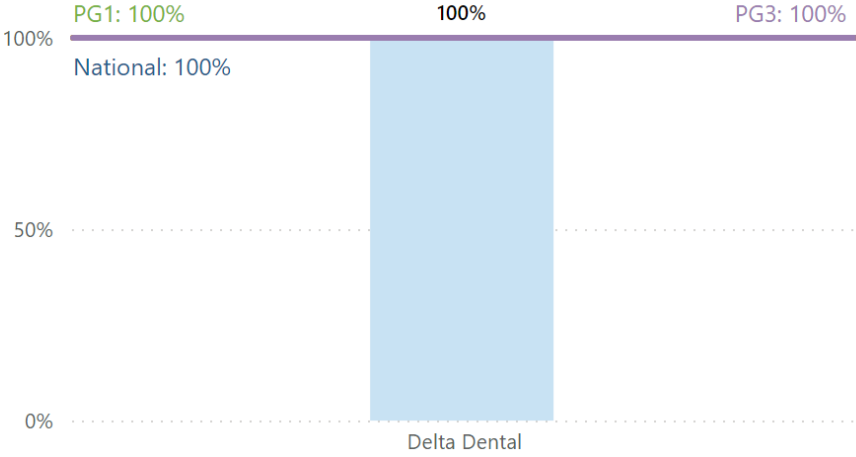
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

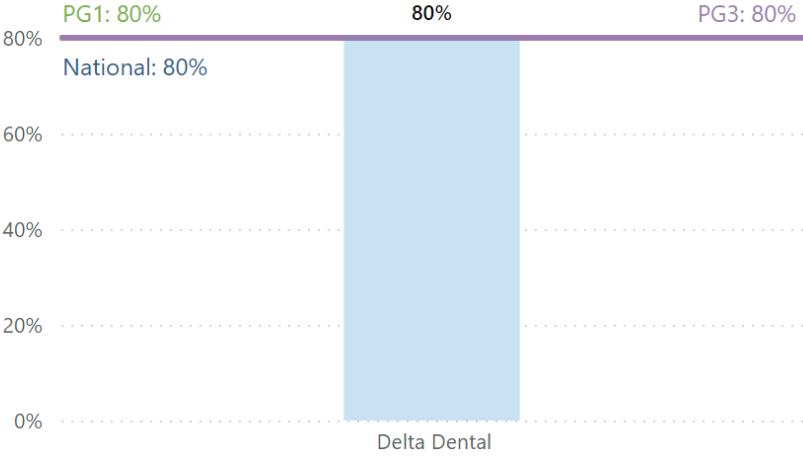
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

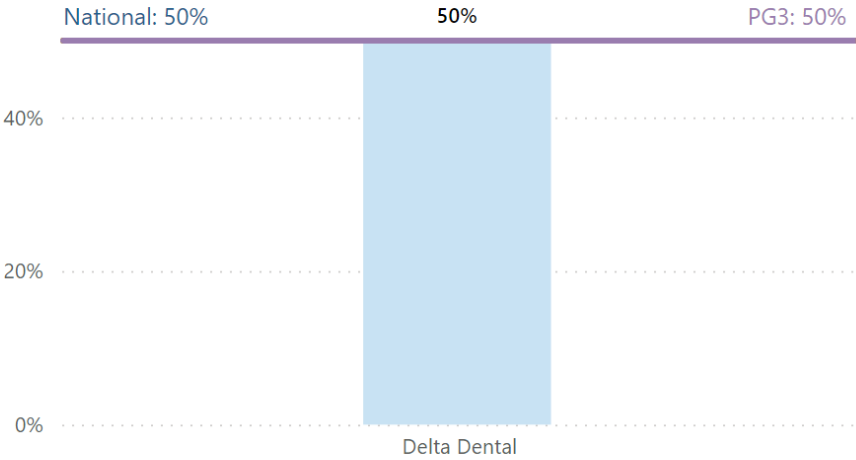
Preventative



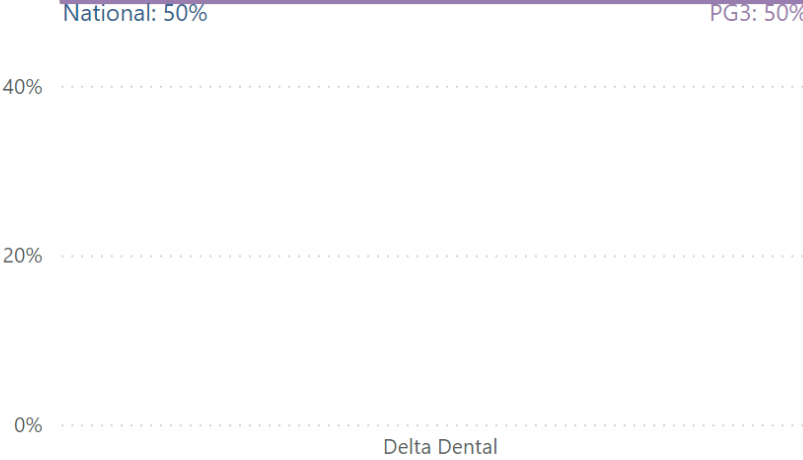
Basic



Major



Ortho



Dental Total Premiums

Select Plan (Company)

All

Plan Type

PPO



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

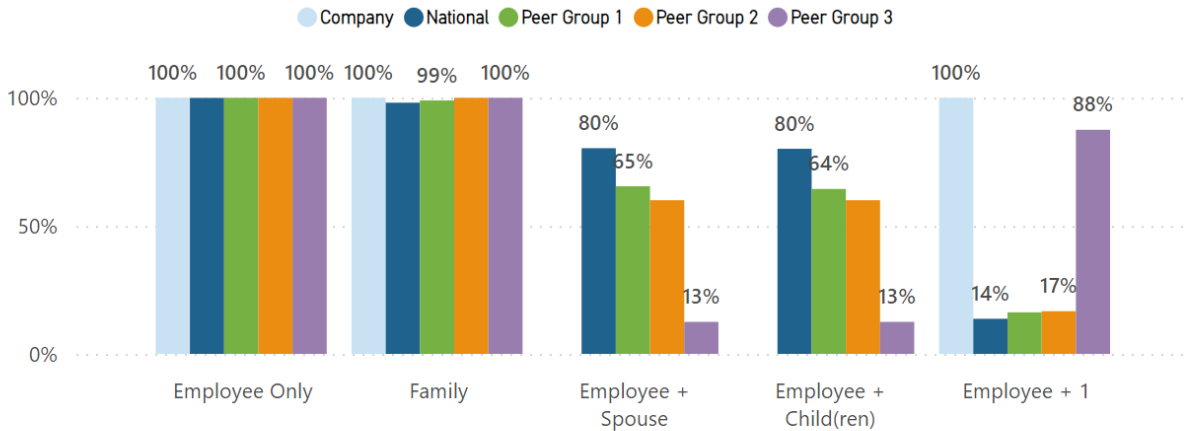
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

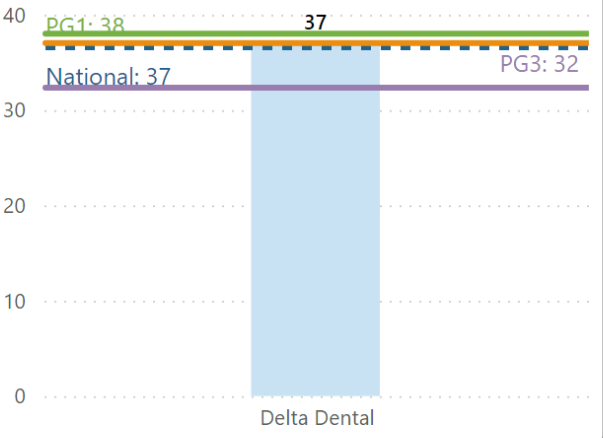
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

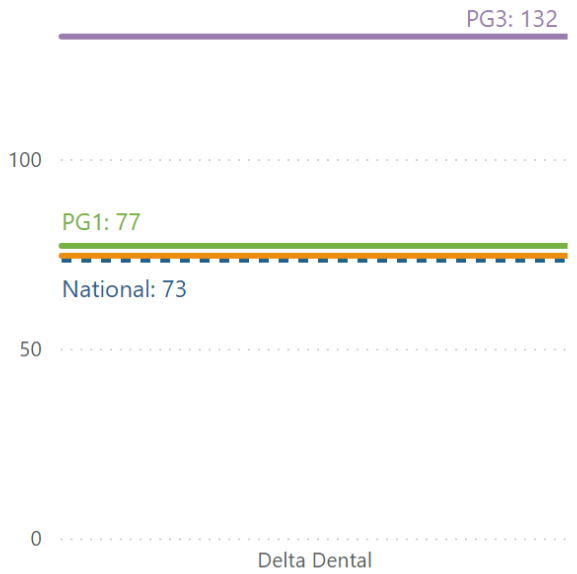
Rate Tiers



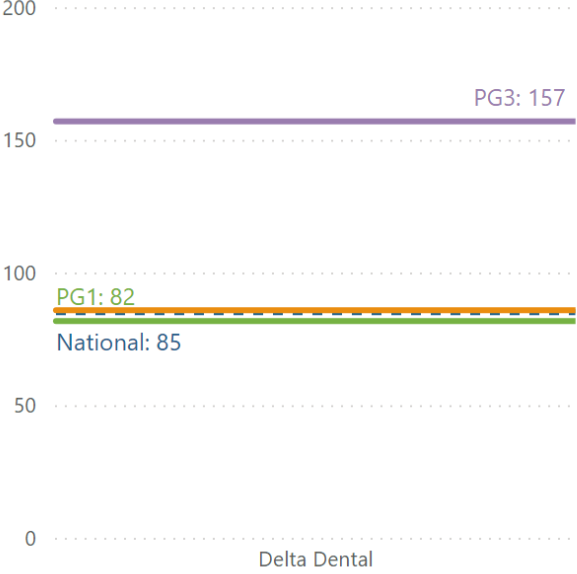
Employee Only



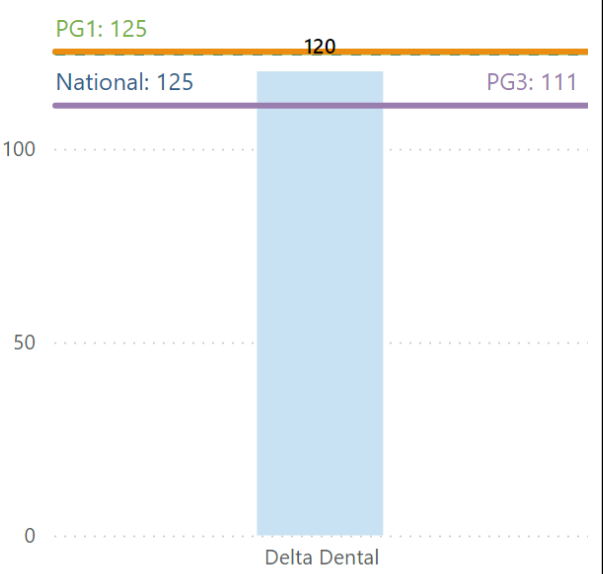
Employee + Spouse



Employee + Children



Family



Dental Employee Contribution

Select Plan (Company)

All

Plan Type

PPO



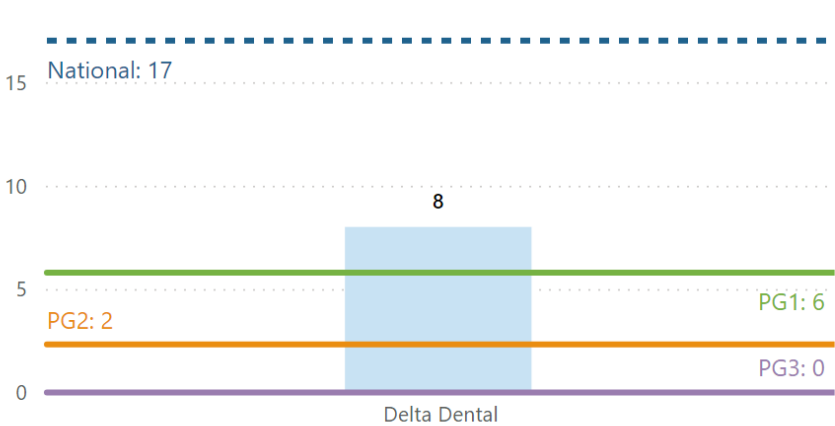
Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

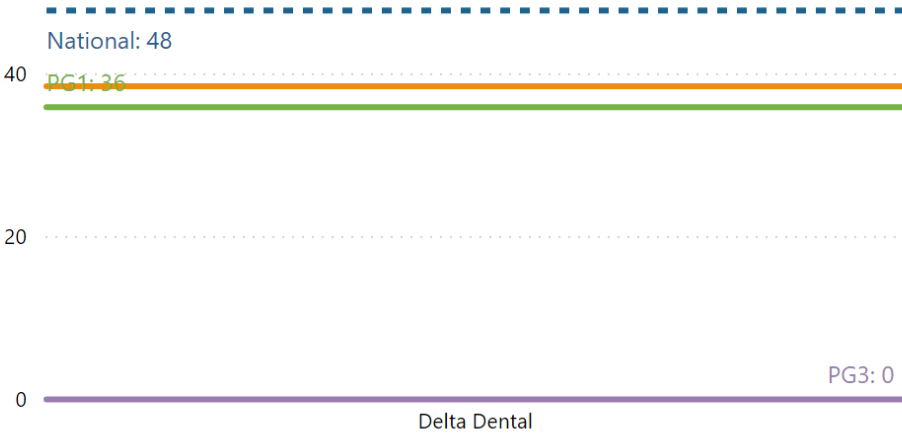
Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Employee Only



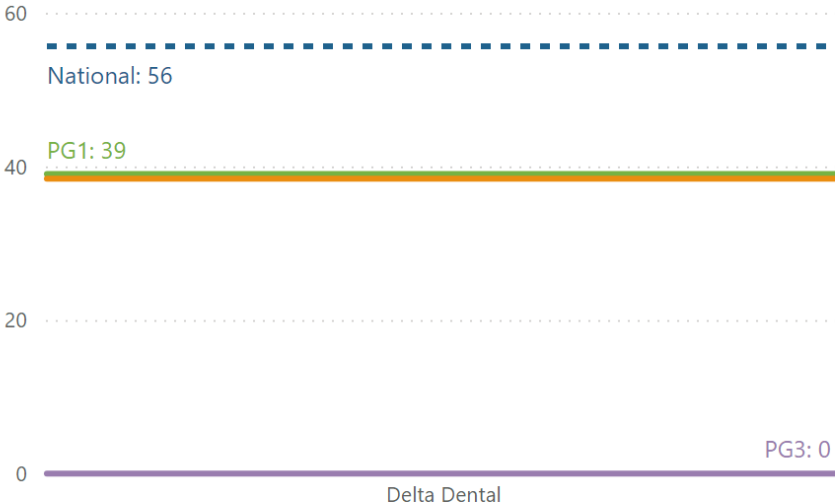
Employee + Spouse



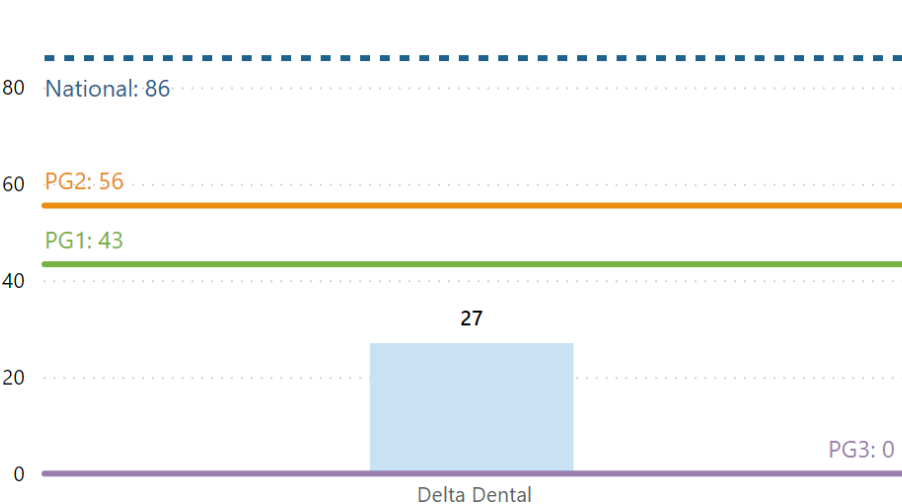
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Employee + Children



Family



Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

Dental Employee Plus One Premiums

Select Plan (Company)

All

Plan Type

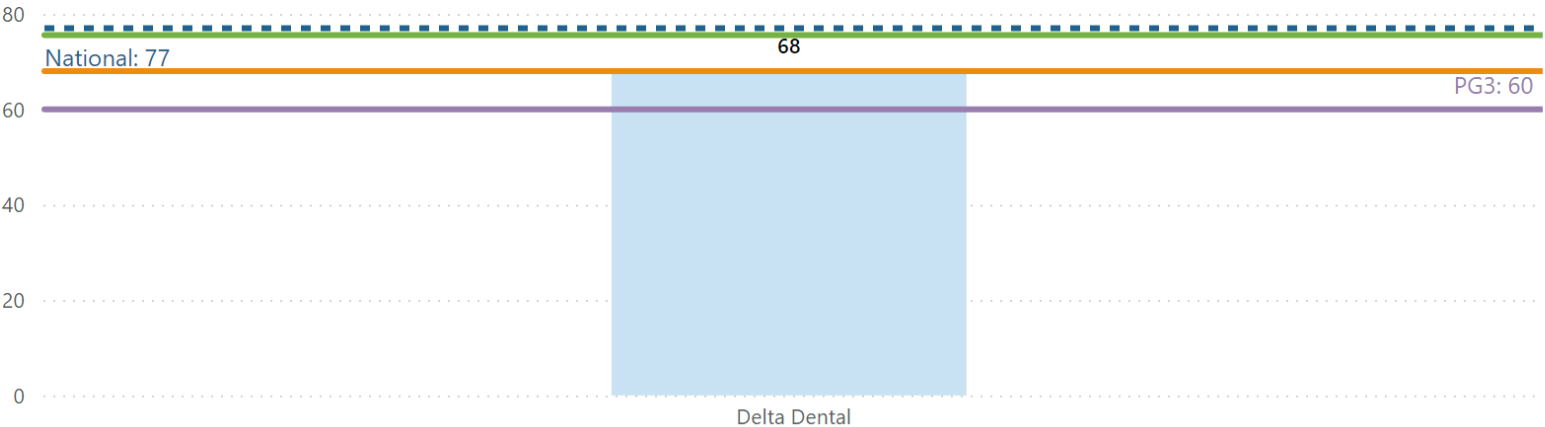
PPO



Select Measure

- ☐ 75th Percentile
- ☐ 90th Percentile
- ☐ Average
- ☒ Median

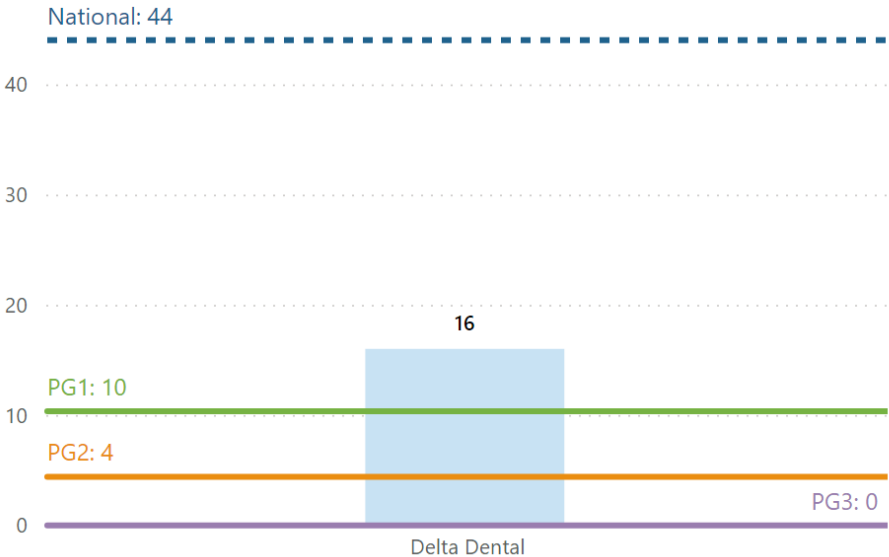
Employee Plus One Total Premium



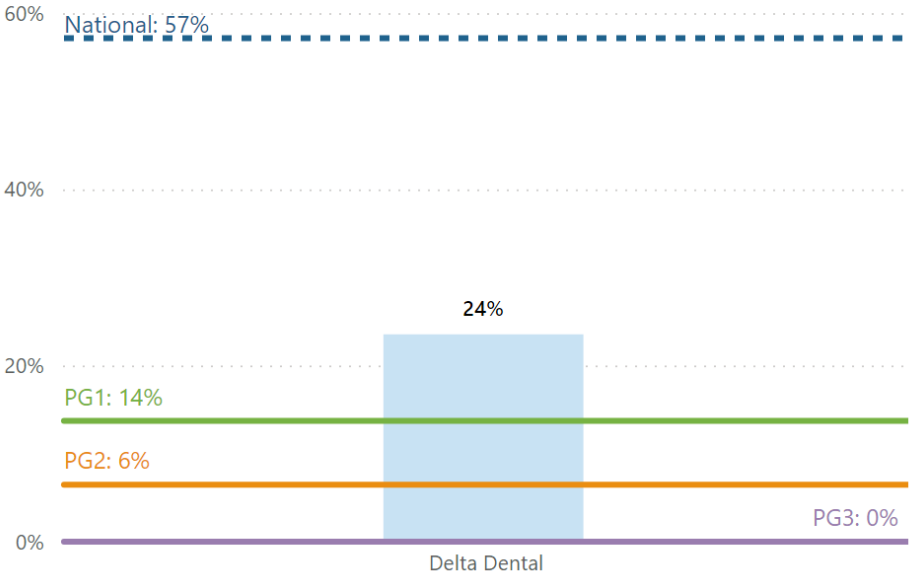
Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Employee Plus One Employee Contribution



Employee Plus One Employee Contribution %



Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

Dental Summary

Select Plan (Company)

All

Plan Type

PPO



Select Measure

☐ 75th Percentile

☐ 90th Percentile

☐ Average

☒ Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

	Company	National	Peer Group 1	Peer Group 2	Peer Group 3
	Delta Dental				
Deductible Individual	\$0	\$50	\$50	\$50	\$0
Deductible Family	\$0	\$150	\$150	\$150	\$0
Annual Max	\$1,000	\$1,500	\$1,500	\$1,500	\$1,000
Ortho Lifetime Max		\$1,500	\$1,500	\$1,350	\$1,100
Coinsurance Preventative	100%	100%	100%	100%	100%
Coinsurance Basic	80%	80%	80%	80%	80%
Coinsurance Major	50%	50%	50%	50%	50%
Coinsurance Ortho		50%	50%	50%	50%
Total Dental Premium					
Employee Only	\$37	\$37	\$38	\$37	\$32
Employee + Spouse		\$73	\$77	\$74	\$132
Employee + Child(ren)		\$85	\$82	\$86	\$157
Family	\$120	\$125	\$125	\$125	\$111
Employee Premium Contribution					
Employee Only (EE Cost)	\$8	\$17	\$6	\$2	\$0
Employee + Spouse (EE Cost)		\$48	\$36	\$38	\$0
Employee + Children (EE Cost)		\$56	\$39	\$48	\$0
Family (EE Cost)	\$27	\$86	\$43	\$56	\$0
Employee Contribution %					
Employee Only	22%	46%	15%	6%	0%
Employee + Spouse		65%	46%	52%	0%
Employee + Child(ren)		65%	48%	56%	0%
Family	23%	69%	35%	44%	0%

Select Measure

☐

75th Percentile

☐

90th Percentile☐

☒

Median

Peer Group 1

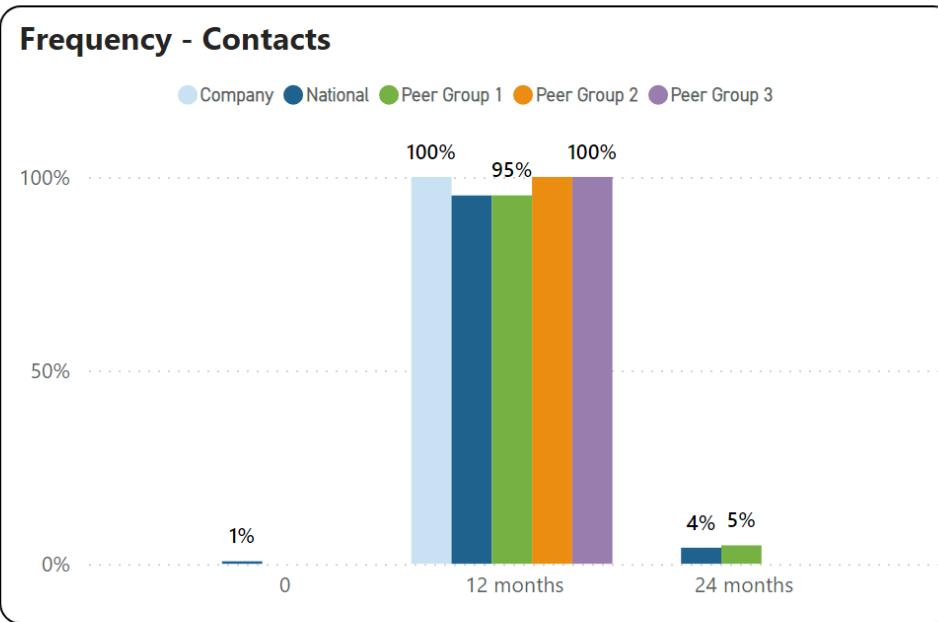
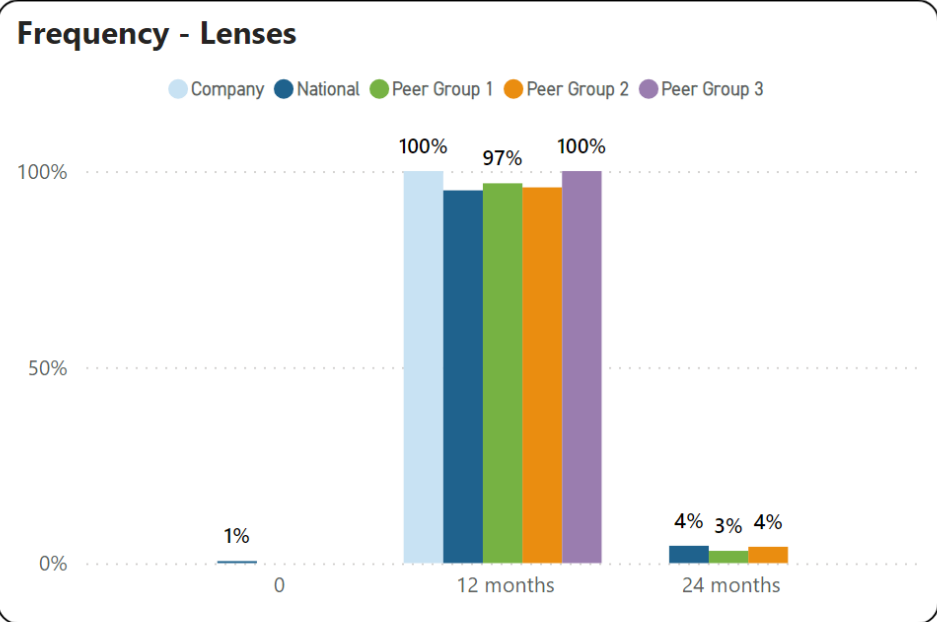
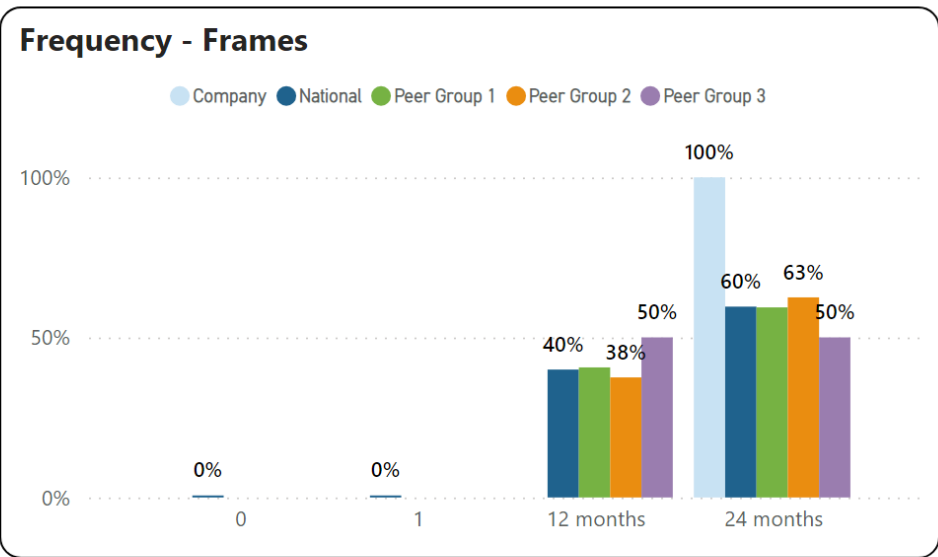
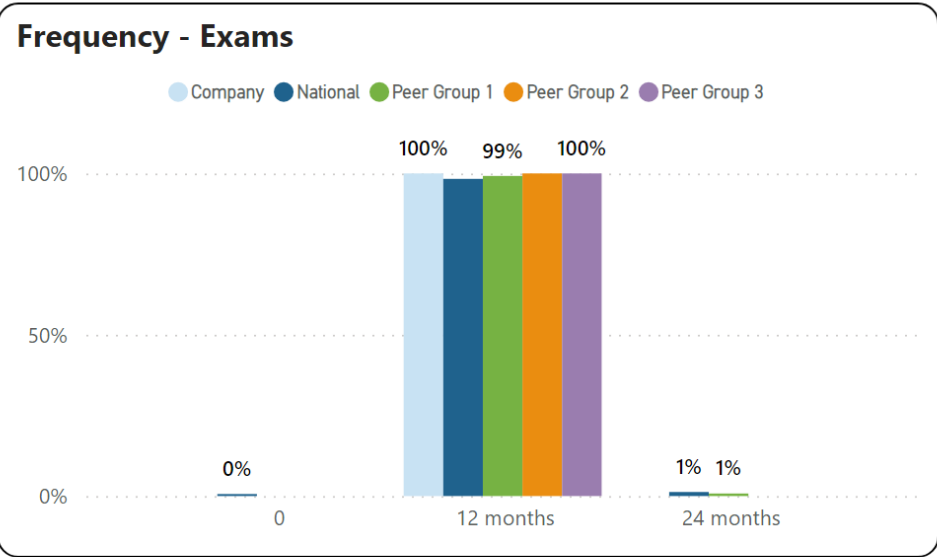
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



Select Measure

☐ 75th Percentile

☐ 90th Percentile

☐ Average

☒ Median

Peer Group 1

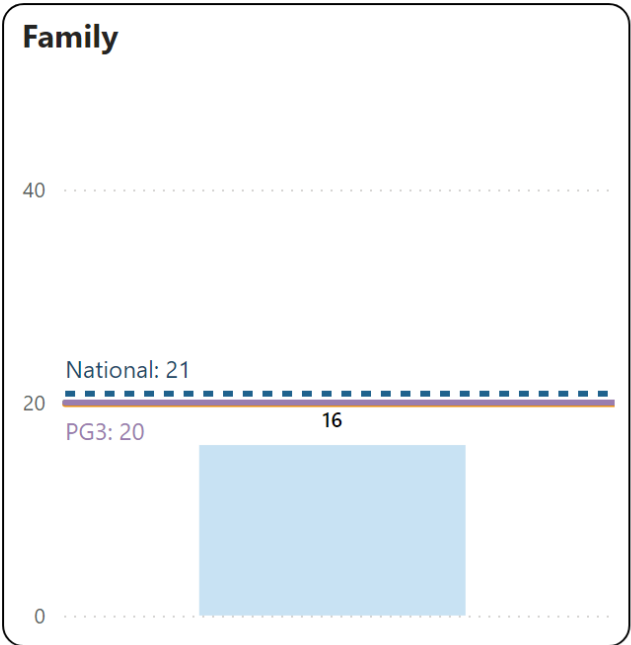
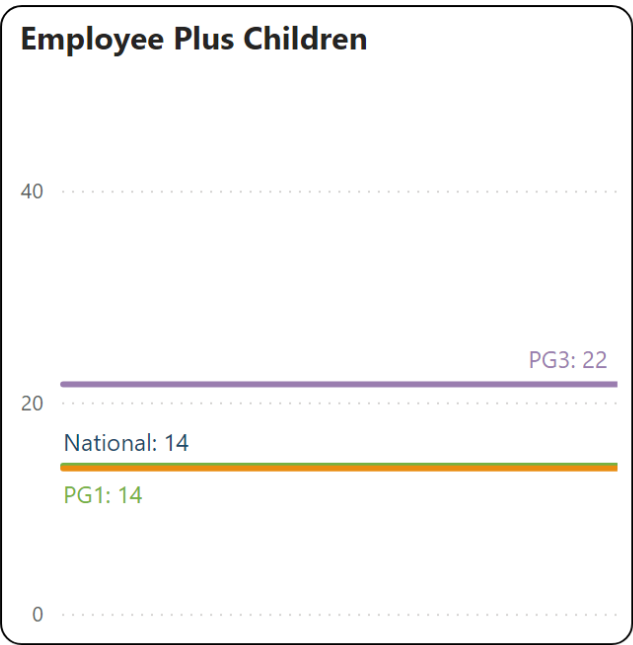
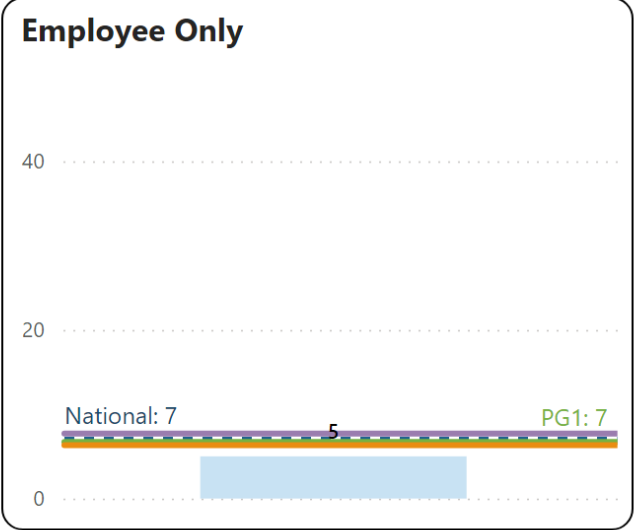
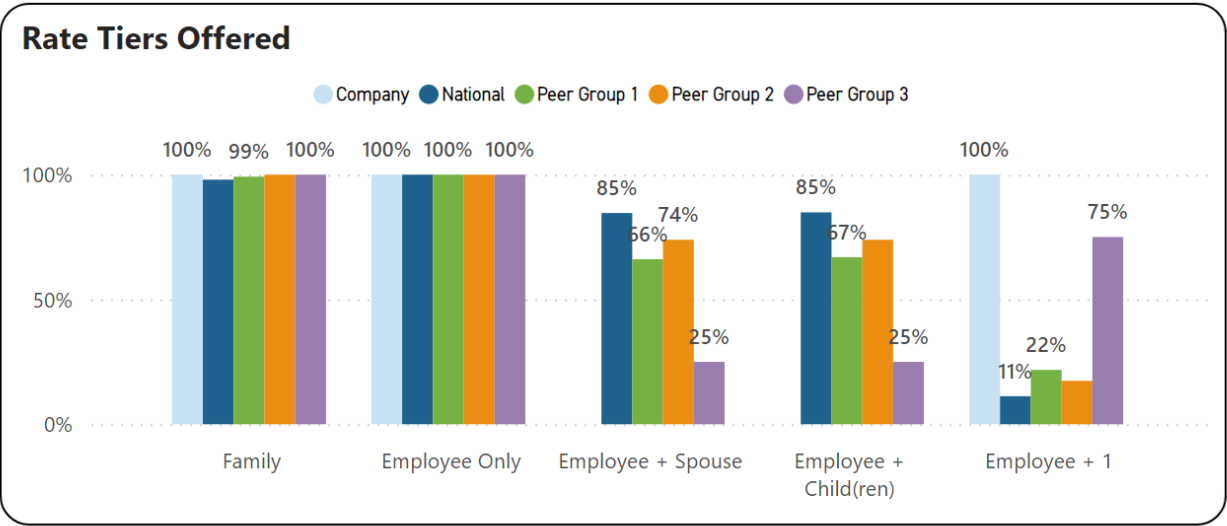
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



Select Measure

☐ 75th Percentile

☐ 90th Percentile

☐ Average

☒ Median

Peer Group 1

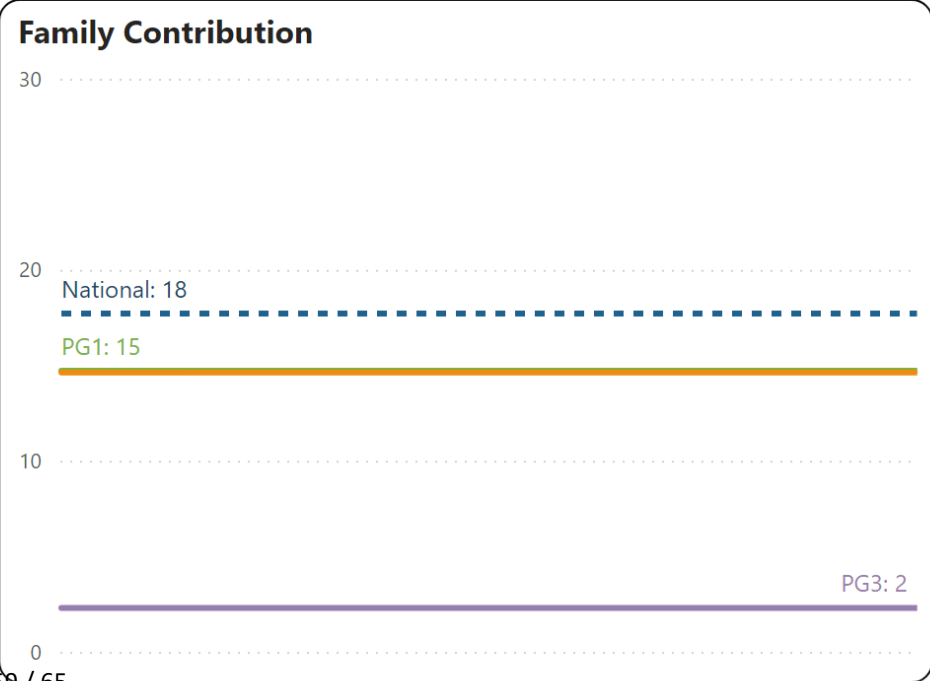
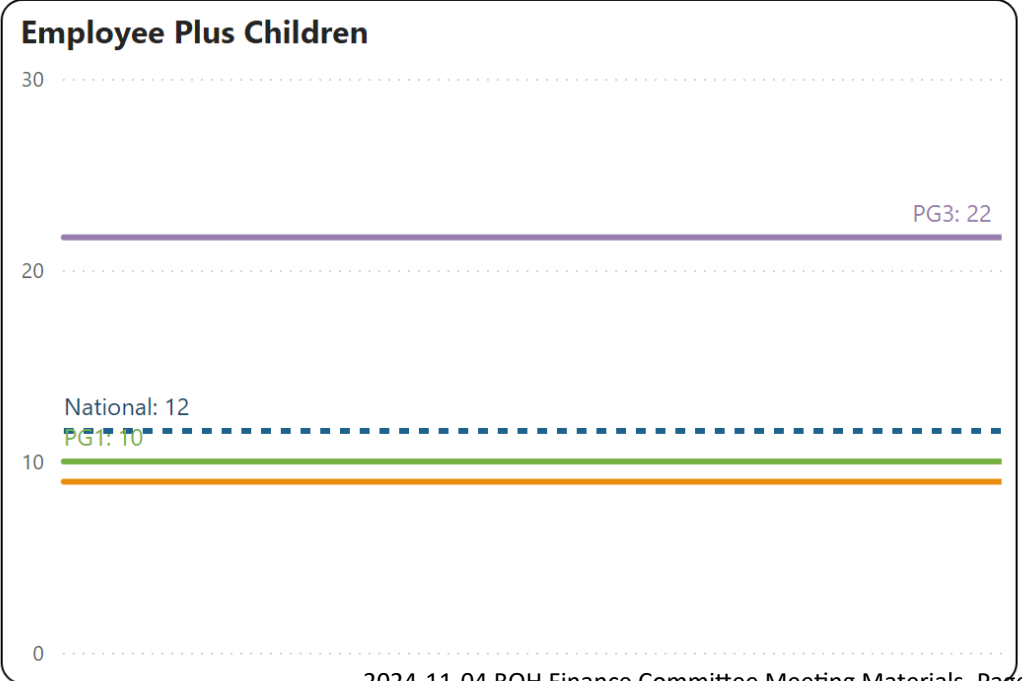
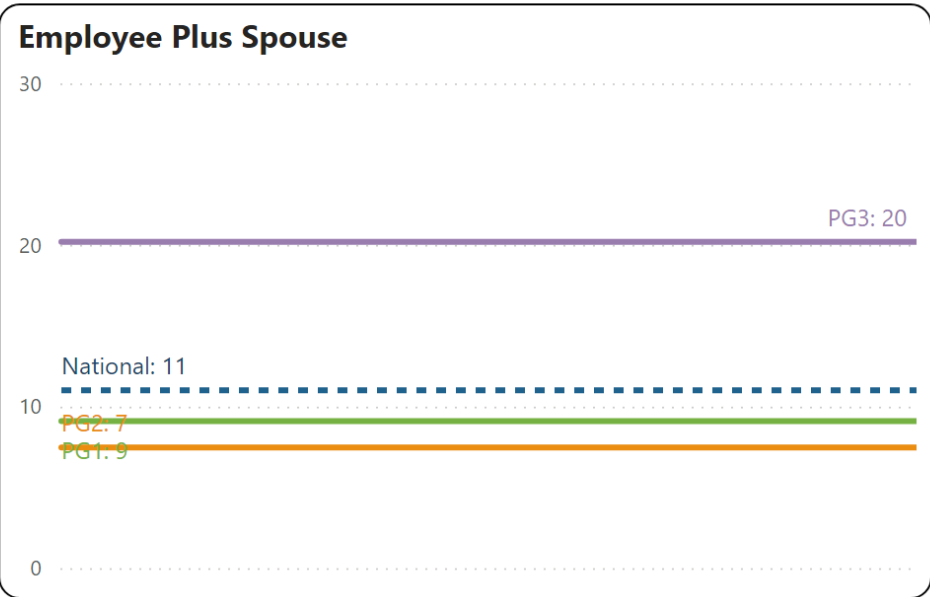
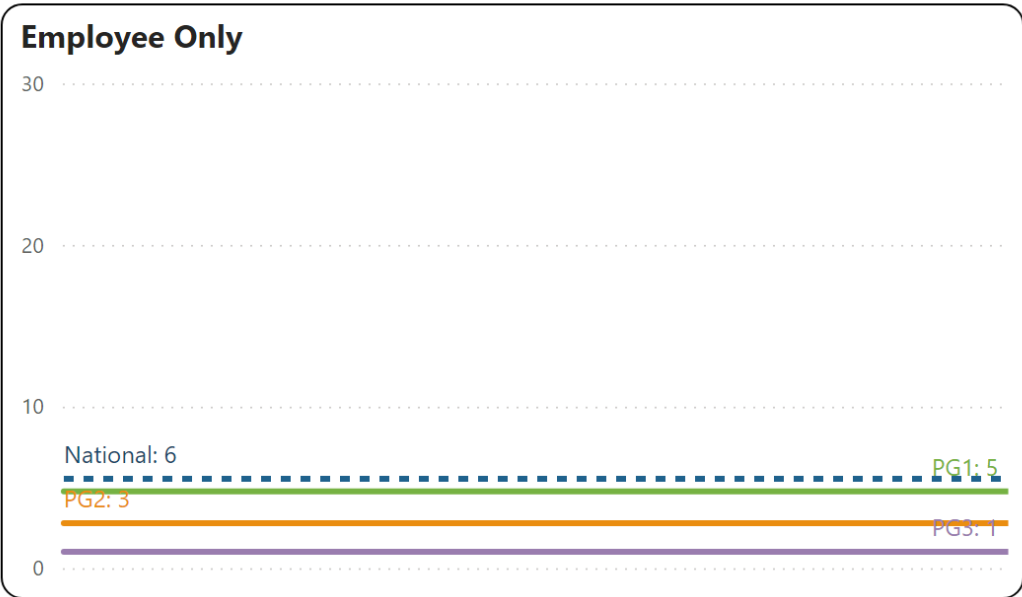
Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All



Short-Term Disability - Benefits

Select Measure

☐

75th Percentile

☐

90th Percentile

☐

Average

☒

Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

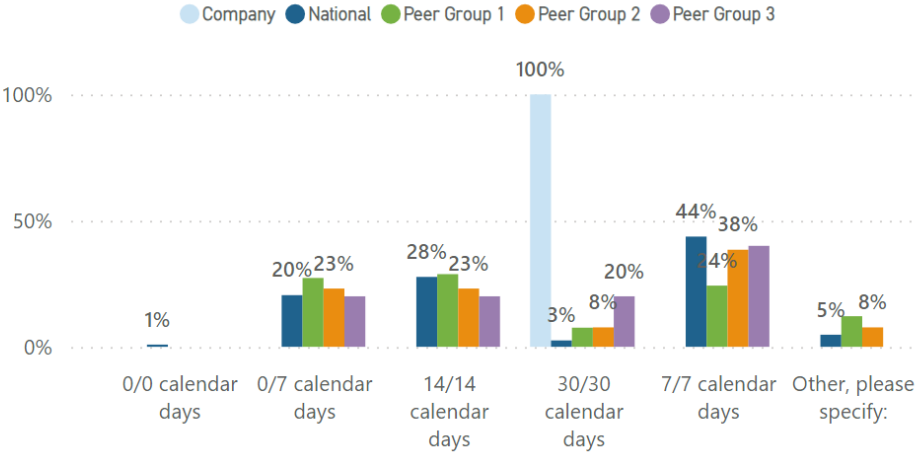
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

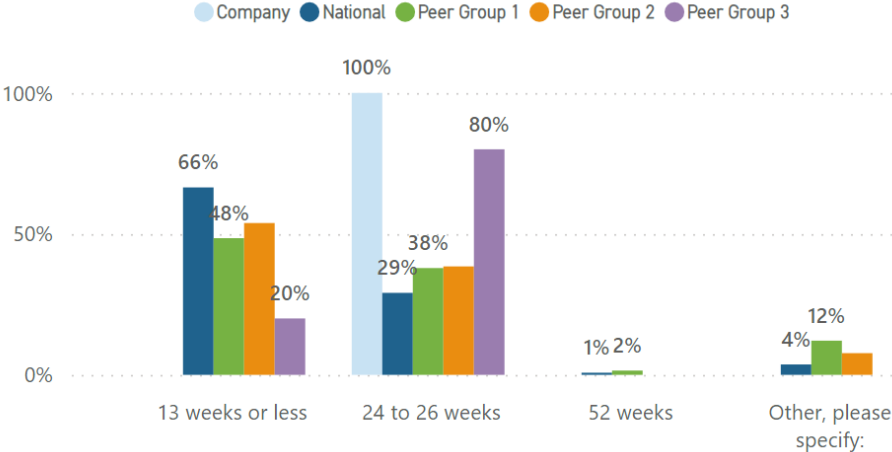
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

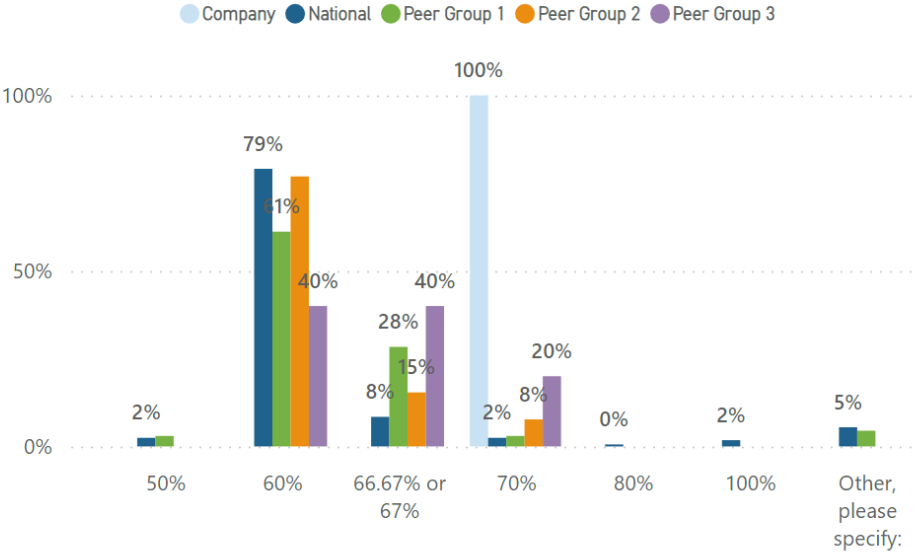
Elimination Period (Accident/Sickness)



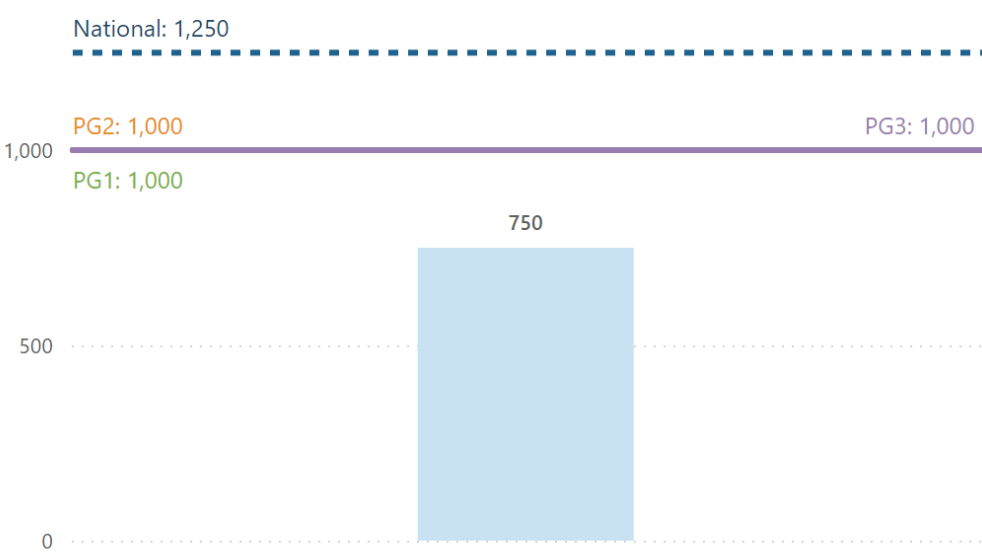
Duration of Benefits



Benefit Amount



Weekly Benefit Amt



Select Measure

- 75th Percentile
- 90th Percentile
- Average
- Median

Peer Group 1

Industry	91-99 All Public Administration
Size	All
State	All
Agency	All
Region	All

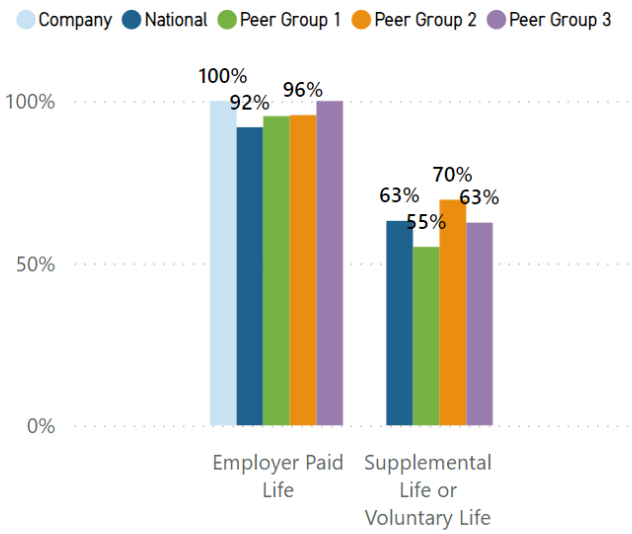
Peer Group 2

Industry	91-99 All Public Administration
Size	50-99
States	All
Agency	All
Region	All

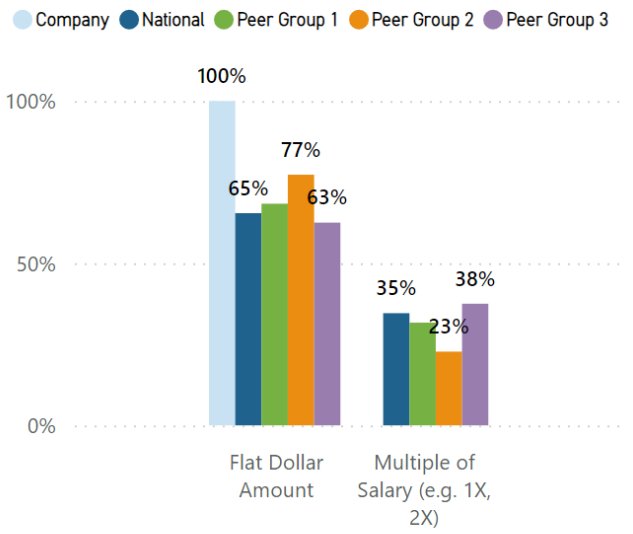
Peer Group 3

Industry	91-99 All Public Administration
Size	All
State	Michigan
Agency	All
Region	All

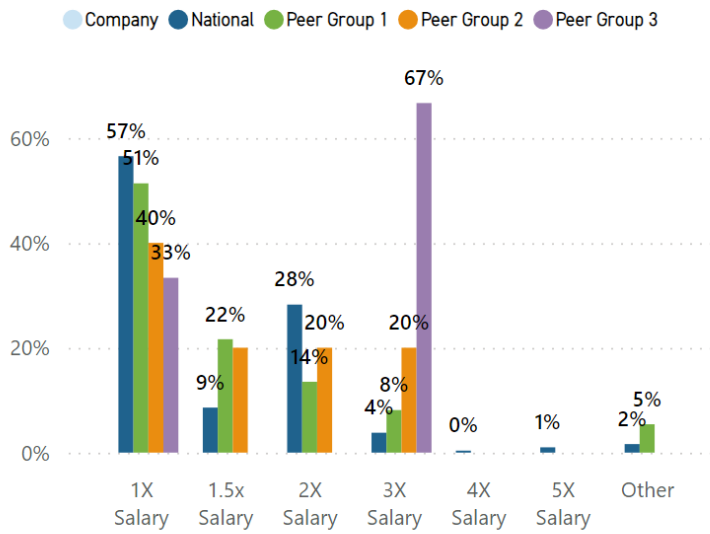
Type of Life Insurance Offered



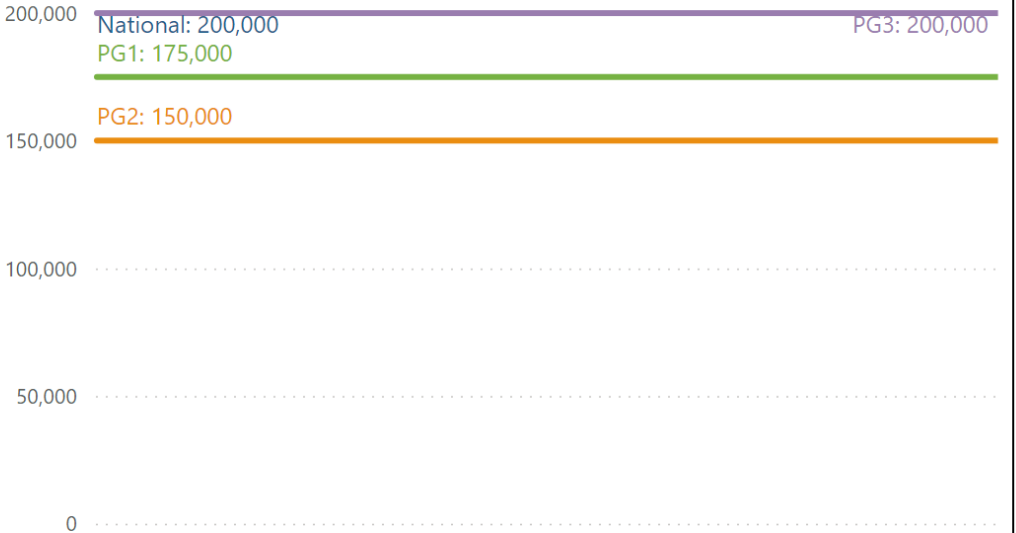
Type of ER Paid



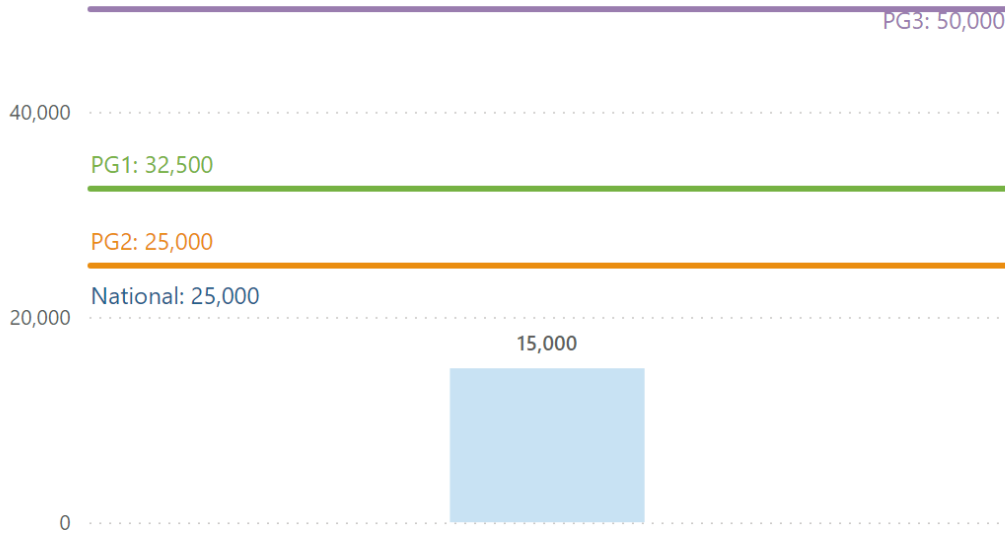
Basic Life Maximum



ER Paid - Max Multiple Amt



ER Paid - Flat \$ Amt



Next Steps

Next Steps:

- Finalize Plan Decisions
- Aflac on Employee Navigator?
- Employee Contributions
- Open Enrollment Decisions
 - Dates
 - Materials

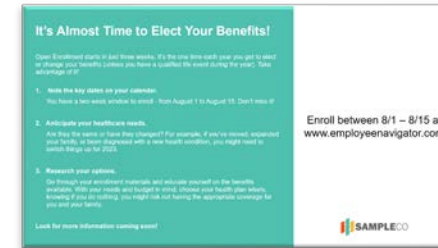
Notes

Lighthouse Enroll

A data-backed approach to open enrollment.

Branded enrollment materials include:

- Pre-Enrollment Notices: E-cards/Postcards/Office Flyers
- Newsletter from Leadership
- Evergreen Benefit Guide
- Plan Education Event
- Benefits Landing Page



E-Card



Mailed Postcard



Printable Office Flyer

