
BOARD OF HEALTH – FINANCE COMMITTEE
Agenda for October 26, 2023 at 8:00 AM

1. Call to Order
 - a. Roll Call
 - b. Approval of the Agenda*
2. Public Comment
3. New Business
 - a. Employer Sponsored Health Insurance*
 - b. PA 152 Public Employers' Contribution to Medical Benefit Plan*
4. Public Comment
5. Adjournment - Next meeting: November 20, 2023

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.

Group Name: Branch Hillsdale St Joseph
 HEALTH, DENTAL & VISION
 Plan renewal effective: 1/1/2024

		PREMIUM	ER MONTHLY	EE WEEKLY	EE MONTHLY
MEDICAL OPTION 1		CURRENT PLAN / Contributions			
BCBS PPO 80% \$1,000/\$2,000					
EE	7	\$668.05	\$513.46	\$71.35	\$154.59
DOUBLE	2	\$1,603.31	\$1,232.33	\$171.22	\$370.98
FAMILY	1	\$2,004.15	\$1,540.40	\$214.04	\$463.75
MONTHLY		\$9,887	\$7,599		\$2,288
MEDICAL OPTION 2 (BASE)		CURRENT PLAN / Contributions			
BCBS PPO 80% \$1,500/\$3,000					
EE	10	\$641.83	\$513.45	\$59.25	\$128.38
DOUBLE	5	\$1,540.41	\$1,232.33	\$142.19	\$308.08
FAMILY	13	\$1,925.51	\$1,540.41	\$177.74	\$385.10
MONTHLY		\$39,152	\$31,321		\$7,830
MEDICAL OPTION 3		CURRENT PLAN / Contributions			
BCBS HSA 80% \$1,500/\$3,000					
EE	2	\$596.22	\$513.47	\$38.19	\$82.75
DOUBLE	0	\$1,430.94	\$1,232.34	\$91.66	\$198.60
FAMILY	0	\$1,788.68	\$1,540.40	\$114.59	\$248.28
MONTHLY		\$1,192	\$1,027		\$165
MEDICAL OPTION 4		CURRENT PLAN / Contributions			
BCBS HSA 80% \$3,000/\$6,000					
EE	3	\$500.84	\$513.45	\$0.00	-\$12.61
ES	2	\$1,202.01	\$1,232.33	\$0.00	-\$30.32
FAMILY	1	\$1,502.52	\$1,540.41	\$0.00	-\$37.89
MONTHLY		\$5,409	\$5,545		-\$136
DENTAL & VISION		CURRENT PLAN / Contributions			
BCBS DENTAL PRINCIPAL VISION					
EE	23	\$24.80	\$19.84	\$2.29	\$4.96
ES	11	\$49.59	\$39.67	\$4.58	\$9.92
FAMILY	16	\$85.92	\$68.74	\$7.93	\$17.18
MONTHLY		\$2,491	\$1,992		\$498
46	PREMIUMS	\$58,131	\$47,486		\$10,646
	COMBINED MONTHLY				
	COMBINED ANNUAL	\$697,575	\$569,827		\$127,747
	% OF COST		81.7%		18.3%

Switching to Comperable Delta Dental

		PREMIUM	ER MONTHLY	EE WEEKLY	EE MONTHLY
RENWAL PLAN / Contributions		RENWAL PLAN / Contributions			
PA152 Cap Set to 80% of this plan					
		\$717.37	\$551.92	\$76.36	\$165.45
		\$1,721.69	\$1,324.58	\$183.28	\$397.11
		\$2,152.11	\$1,655.72	\$229.10	\$496.39
		\$10,617.08	\$8,168		\$2,449
		7.38%			
BCBS HSA 80% \$1,600/\$3,200					
		\$633.07	\$551.92	\$37.46	\$81.15
		\$1,519.38	\$1,324.58	\$89.91	\$194.80
		\$1,899.22	\$1,655.72	\$112.39	\$243.50
		\$1,266	\$1,104		\$162
		6.18%			
BCBS HSA 80% \$3,200/\$6,400					
		\$531.12	\$551.92	\$0.00	-\$20.80
		\$1,274.66	\$1,324.58	\$0.00	-\$49.92
		\$1,593.33	\$1,655.72	\$0.00	-\$62.39
		\$5,736	\$5,961		-\$225
		6.04%			
DELTA Dental 50%/50%/50% \$800, Principal Vision					
		\$24.40	\$19.52	\$2.25	\$4.88
		\$45.97	\$36.78	\$4.24	\$9.19
		\$77.40	\$61.92	\$7.14	\$15.48
		\$2,305	\$1,844		\$461
		-7.44%			
	PREMIUMS	\$62,008	\$50,743		\$11,264
		\$744,092	\$608,920		\$135,171
		6.7%	81.8%		18.2%

Switch to Delta 100%/80%/50% \$1,000

		PREMIUM	ER MONTHLY	EE WEEKLY	EE MONTHLY
RENWAL PLAN / Contributions		RENWAL PLAN / Contributions			
		\$717.37	\$551.92	\$76.36	\$165.45
		\$1,721.69	\$1,324.58	\$183.28	\$397.11
		\$2,152.11	\$1,655.72	\$229.10	\$496.39
		\$10,617.08	\$8,168		\$0
		7.38%			
		\$689.89	\$551.92	\$63.68	\$137.97
		\$1,655.73	\$1,324.58	\$152.84	\$331.15
		\$2,069.66	\$1,655.72	\$191.05	\$413.94
		\$42,083	\$33,666		\$0
		7.49%			
BCBS HSA 80% \$1,600/\$3,200					
		\$633.07	\$551.92	\$37.46	\$81.15
		\$1,519.38	\$1,324.58	\$89.91	\$194.80
		\$1,899.22	\$1,655.72	\$112.39	\$243.50
		\$1,266	\$1,104		\$0
		6.18%			
BCBS HSA 80% \$3,200/\$6,400					
		\$531.12	\$551.92	\$0.00	-\$20.80
		\$1,274.66	\$1,324.58	\$0.00	-\$49.92
		\$1,593.33	\$1,655.72	\$0.00	-\$62.39
		\$5,736	\$5,961		\$0
		6.04%			
DELTA Dental 100%/80%/50% \$1,000, Principal Visio					
		\$36.70	\$29.36	\$3.39	\$7.34
		\$68.38	\$54.70	\$6.31	\$13.68
		\$119.54	\$95.63	\$11.03	\$23.91
		\$3,509	\$2,807		\$702
		40.89%			
	PREMIUMS	\$63,211	\$51,706		\$702
		\$758,535	\$620,475		\$8,421
		8.7%	81.8%		1.1%

\$39,093
 Projected employer cost increase

\$14,444
 Projected cost increase for dental upgrade

Lighthouse Insurance Group, Inc.

Branch Hillsdale St. Joseph Community Health Agency

Medical Insurance Fully Insured Benefits & Cost Analysis

Renewal January 1, 2024

Insurance Company		Blue Cross Blue Shield										
Type of Plan	SB PPO 80% \$1,000/\$2,000 Deductible		SB PPO 80% \$1,500/\$3,000 Deductible		SB HSA 80% \$1,600/\$3,200 Deductible		SB HSA 80% \$3,200/\$6,400 Deductible					
In Network												
Deductible	\$1,000/\$2,000		\$1,500/\$3,000		\$1,500/\$3,000		\$1,600/\$3,200**		\$3,000/\$6,000		\$3,200/\$6,400	
Coinsurance Maximum	\$2,500/\$5,000		\$2,500/\$5,000		N/A		N/A		N/A			
Out of Pocket Maximum (TROOP)	\$6,350/\$12,700		\$6,350/\$12,700		\$4,000/\$8,000		\$4,000/\$8,000		\$6,900/\$13,800			
Office Visit	\$30 Copay		\$30 Copay		80% after deductible		80% after deductible		80% after deductible			
Virtual Visit	\$30 Copay		\$30 Copay		80% after deductible		80% after deductible		80% after deductible			
Preventive	100%		100%		100%		100%		100%			
Specialist Visit	\$30 Copay		\$30 Copay		80% after deductible		80% after deductible		80% after deductible			
Urgent Care	\$30 Copay		\$30 Copay		80% after deductible		80% after deductible		80% after deductible			
Inpatient & Outpatient Hospital	80% after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible			
Advanced Imaging	80% after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible			
Emergency Room	\$150 copay per visit (copay waived if admitted)		\$150 copay per visit (copay waived if admitted)		80% after deductible		80% after deductible		80% after deductible			
Ambulance	80% after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible			
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		\$20/\$60/50% (\$80min /\$100max) *after deductible			
Premium	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal
Single	7	\$668.05	\$717.37	10	\$641.83	\$689.89	2	\$596.22	\$633.07	3	\$500.84	\$531.12
Double	2	\$1,603.31	\$1,721.69	5	\$1,540.41	\$1,655.73	0	\$1,430.94	\$1,519.38	2	\$1,202.01	\$1,274.66
Family	1	\$2,004.15	\$2,152.11	13	\$1,925.51	\$2,069.66	0	\$1,788.68	\$1,899.22	1	\$1,502.52	\$1,593.33
ESTIMATED MONTHLY		\$9,887.12	\$10,617.08		\$39,151.98	\$42,083.13		\$1,192.44	\$1,266.14		\$5,409.06	\$5,736.01
ESTIMATED YEARLY		\$118,645.44	\$127,404.96		\$469,823.76	\$504,997.56		\$14,309.28	\$15,193.68		\$64,908.72	\$68,832.12
% DIFFERENCE			7.38%			7.49%			6.18%			6.04%
Combined CURRENT PREMIUMS	\$667,687											
Combined RENEWAL PREMIUMS	\$716,428											
\$\$ Difference	\$48,741											
% Difference	7.30%											

** IRS Minimum allowable deductible for HSA

DENTAL RATES - NOT INCLUDED!!!

Lighthouse , An Alera Group Company
Branch Hillsdale St Joseph Community Health Agency
Dental Insurance - Benefits and Cost Analysis
January 1, 2024

Insurance Company	BCBSM		PRINCIPAL Option 1	DELTA DENTAL Option 3	DELTA DENTAL Option 4
Plan Type	Contributory		Contributory	Contributory	Contributory
Benefits -In Network					
Class I - Preventive	50% Diagnostic & Preventive exams, cleanings, bitewing x-rays		50% Diagnostic & Preventive exams, cleanings, bitewing x-rays	50% Diagnostic & Preventive exams, cleanings, bitewing x-rays	100% Diagnostic & Preventive exams, cleanings, bitewing x-rays
Class II - Basic	50% Basic Services Anesthesia, oral surgery, root canals		50% Basic Services Anesthesia, oral surgery, root canals	50% Basic Services Anesthesia, oral surgery, root canals	80% Basic Services Anesthesia, oral surgery, root canals
Class III - Major	50% Major Services crowns; dentures, bridges		50% Major Services crowns; dentures, bridges	50% Major Services crowns; dentures, bridges	50% Major Services crowns; dentures, bridges
Class IV - Orthodontia	Not Covered		Not Covered	Not Covered	Not Covered
Benefit Waiting Periods	N/A		None	N/A	N/A
Annual Calendar Maximum	\$800		\$750	\$800	\$1,000
Enrolled	CURRENT	RENEWAL	Rates	Rates	Rates
Employee	24	\$19.96	\$22.49	\$16.64	\$19.56
Two Person	10	\$39.93	\$44.98	\$33.29	\$36.31
Family	16	\$69.88	\$78.71	\$58.25	\$61.36
Monthly Premium	\$1,996	\$2,249	\$1,664	\$1,814	\$3,477
Annual Premium	\$23,957	\$26,987	\$19,971	\$21,772	\$41,727
% Increase from Current		12.6%	-16.6%	-9.1%	54.6%
Participation Req	N/A		50%	50%	50%
Rate Guarantee	1 year		1 year	1 year	1 year

Lighthouse, An Alera Group Company
Branch Hillsdale St Joseph Community Health Agency
 Group Life/AD&D - Benefits and Cost Analysis
 1/1/2024

Insurance Company	PRINCIPAL
Type of Plan	Employee Life & AD&D
All Full Time Employees	\$15,000
Employee Life Rate per \$1,000	\$0.179
Employee AD&D Rate per \$1,000	\$0.025
Guaranteed Issue	Full Benefit
Age Reduction	65% at Age 70; 45% at Age 75; benefits will terminate upon retirement
	Monthly Rates □
Life & A&D Volume	\$915,000
Estimated Monthly Premium	\$186.66
Estimated Annual Premium	\$2,239.92
Rate Guarantee Period	1/1/2025

Disclaimer: This is a rate illustration, not a contract and is an estimation given by the insurance carrier. Rates are quoted based on the requested effective date, and are subject to verification at time of submission. Final Rates and premiums are determined by the insurance carrier and may be subject to change without notice.

Lighthouse, An Alera Group Company
Branch Hillsdale St Joseph Community Health Agency
 Short Term Disability - Benefits and Cost Analysis
 1/1/2024

Insurance Company	PRINCIPAL
Type of Plan	Employer Paid STD
All Full Time Employees Weekly Benefit	70% to \$750
Elimination Period	Accident - 29 days Injury - 29 days
Benefit Duration	26 Weeks
	Monthly Rates □
Rates per \$10 of Weekly Benefit□	\$0.340
Volume	\$35,361
Estimated Monthly Premium	\$1,202.27
Estimated Annual Premium	\$14,427.29
Rate Guarantee Period	1/1/2025

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Lighthouse, An Alera Group Company
Branch Hillsdale St Joseph Community Health
 Voluntary Vision- Benefits and Cost Analysis
 January 1, 2024

Insurance Company		PRINCIPAL (VSP)
Type of Plan		12/12/12
Benefits		Contributory
Vision Schedule:		
Vision Analysis - M.D.		\$10 Copay once every 12 months
Vision Analysis - O.D.		\$10 Copay once every 12 months
Single vision Lenses		\$10 Copay once every 12 months
Bifocal Lenses		\$10 Copay once every 12 months
Trifocal Lenses		\$10 Copay once every 12 months
Contact Lenses		\$10 Copay \$130 Allowance once every <u>12</u> Months
Frames		\$25 Copay \$130 Allowance once every <u>12</u> Months
Enrollment		Monthly Rates
Employee	25	\$4.84
Two Person	8	\$9.66
Family	15	\$16.04
Monthly Premium		\$438.88
Annual Premium		\$5,266.56
Rate Guarantee		1/1/2025

Lighthouse, An Alera Group Company
Branch Hillsdale St Joseph Community Health Agency
 Voluntary Life - Benefits and Cost Analysis
 1/1/2024

Insurance Company	PRINCIPAL
	Life Rates per \$1,000 Benefit
Age Brackets	Employee and Spouse Life
0-29	\$0.074
30-34	\$0.087
35-39	\$0.139
40-44	\$0.210
45-49	\$0.317
50-54	\$0.520
55-59	\$0.832
60-64	\$1.262
64-69	\$2.142
70+	\$3.854
Child Life	Children Dependents
	\$5000 - \$1.00 per family \$10,000 - \$2.00 per family
Guarantee Issue Amount:	
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 \$500,000
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	1/1/2026



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TREASURY

RACHAEL EUBANKS
STATE TREASURER

March 21, 2023

**PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS
ANNUAL COST LIMITATIONS – CALENDAR YEAR 2024**

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 2023, the limit on the amount that a public employer may contribute to a medical benefit plan was set to the sum of the following:

- \$7,399.47 times the number of employees and elected public officials with single-person coverage
- \$15,474.60 times the number of employees and elected public officials with individual-and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$20,180.43 times the number of employees and elected public officials with family coverage.

The limits for 2024 equal the 2023 limits increased by **4.1 percent**. The 4.1 percent is the percentage change in the medical care component from the period March 2021-February 2022 to the period March 2022-February 2023.

Thus, for medical benefit plan coverage years beginning on or after January 1, 2024, the limit on the amount that a public employer may contribute to a medical benefit plan equals 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.

Rachael Eubanks

Rachael Eubanks
State Treasurer

March 21, 2023