

<u>Finance Committee Members:</u>
Commissioner Hoffmaster (Chair)
Commissioner Houtz
Commissioner Collins

BOARD OF HEALTH – FINANCE COMMITTEE Agenda for September 15, 2025 at 9:00 AM

- 1. Call to Order
 - a. Roll Call
 - b. Approval of the Agenda
- 2. Public Comment
- 3. <u>Unfinished Business</u>

a.

- 4. New Business
 - a. Public Employer Contributions to Medical Plan Benefits (PA 152) pg 2
 - b. Employer Sponsored Health Insurance pg 4
 - c. Medical Director Contract pg 23
 - d. Local Appropriations Increase pg 27
 - e. Government Shutdown Planning pg 28
- 5. Public Comment
- 6. Commissioner Comments
- 7. <u>Adjournment</u> Next meeting: Full Board meets on September 25, 2025, next Finance Committee Meeting November 3, 2025.

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.



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. This approach:

- Standardizes the agency's contribution toward insurance.
- Ensures compliance with PA 152 requirements.
- Provides flexibility to support employees who choose lower-cost plans by contributing excess funds to their HSA accounts.

Background

MCL 15.563, as last amended by 2018 Public Act 477, establishes a limit on the amount a public employer may contribute to medical benefit plans. For plan years beginning on or after January 1, 2026, the hard cap limits are as follows:

- \$7,942.09 Single
- \$16,609.38 Couple
- \$21,660.30 Family

Although employers may use alternative cost-sharing methods (e.g., 80%/20%), BHSJ has adopted the hard cap methodology in recent years. This approach provides greater employee flexibility while controlling agency costs.

Recommendation

The agency recommends adopting the official hard cap amounts released by the Michigan Department of Treasury in March 2025. This approach will:

- Maintain the option for employees to select a traditional BCBS PPO \$1,500 plan.
- Allow employees to choose a lower-cost HSA plan and receive the remaining cap amount as a contribution to their HSA.
- Require employees who select plans above the hard cap to pay the difference out-of-pocket.

This method provides flexibility for employees while keeping BHSJ compliant with state requirements.

Dental and Vision Benefits

PA 152 applies only to medical benefits; dental and vision coverage are excluded. BHSJ should continue paying 80% of the cost for dental and vision coverage, maintaining the current Delta Dental 100%/80%/50% \$1,000 plan and Principal with VSP vision. The rates for Vision insurance are in a rate hold for the current year and the agency has not yet received the renewal from Delta Dental

Conclusion

BHSJ should:

- Use the PA 152 hard cap option for medical benefits.
- Continue to pay 80% of dental and vision coverage costs.

This strategy maximizes flexibility, ensures compliance, and supports employees in choosing the health coverage that best fits their individual needs.

Respectfully,

Theresa Fisher,

Administrative Services Director



Employer Sponsored Health Care Plan Recommendation

Medical Insurance

After reviewing 2026 medical plan renewal options, we **recommend adopting the Alternative-Value HSA plans provided by the Pool**. While this change does not affect the Agency's contribution to the overall cost of health insurance, it meaningfully reduces the burden on the employee's cost. This should strengthen our ability to retain current staff and to recruit new staff.

Key Benefits:

- Preserves choices for employees to keep the traditional plan, or take advantage of premium savings and tax-advantaged HSA accounts
- Maintains the PPO option at a price point similar to current coverage
- Allows for HSA options that are cost-free with tax-advantaged savings opportunities

	Total Annual Cost	Employer Cost	Employee Cost
Current (2025)	\$847,256	\$726,259	\$120,997
Renewal – Traditional	\$977,293	\$750,311	\$226,982
Renewal – Self-Funded	\$885,030	\$750,311	\$134,719

Dental Insurance

Renewal rates for the agency's existing dental coverage are not yet available. For planning purposes, the attached chart reflects a 10% increase; however, in recent years actual increases have been well below this level. We **recommend continuing with Delta Dental, provided the renewal increase does not exceed 10%**.

Ancillary Plans (minus Dental)

All other ancillary benefits (Vision, Short-Term Disability, Life, and Accidental Death & Dismemberment), provided through Principal, are locked in at current rates until January 1, 2027. We **recommend maintaining these plans without change**.

							-			itionally F	unded Ins	urance Pla	ns		1		lf-Funded	l Pool (Simi	lar) Plans	
MEDICAL			Curren	t Year C	Costs				MEDICAL		d Renewa 52 Hard C					MEDICAL		ed Renewal 52 Hard Ca		
		PREMIUM	ER MNTH	EE WEEK	EE MNTH	ER HSA CONT			PREMIUM	ER MNTH	EE WEEK	EE MNTH	ER HSA CONT			PREMIUM	ER MNTH	EE WEEK	EE MNTH	ER HSA CONT
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			0% \$1,500/\$	3.000			1		BCBS PPO 80%)					Alternative Valu		1.000/\$2.000		
EE	10		\$643.19	•	\$96.24	N/A	EE	10		\$661.84	\$87.40	\$189.37	N/A	EE	10	\$820.41	\$661.84	\$73.19	\$158.57	N/A
DOUBLE	6	\$1,774.63			\$429.52		DOUBLE	6		\$1,384.12	\$304.06	\$658.80	N/A	DOUBLE	6	\$1,845.90	\$1,384.12	\$213.13	\$461.79	N/A
FAMILY	12	\$2,218.29	\$1,754.15	\$214.22	\$464.14	N/A	FAMILY	12	\$2,553.63	\$1,805.03	\$345.51	\$748.61	N/A	FAMILY	12	\$2,297.12	\$1,805.03	\$227.12	\$492.10	N/A
		\$44,662	\$35,552		\$9,109				\$51,413	\$36,583		\$14,830				\$46,845	\$36,583		\$10,262	
									15.12%				\$51,413.12			4.89%				\$46,844.94
		MEDICAL O							MEDICAL OPTIC							MEDICAL OPTIC				
			0% \$2,000/\$	•					BCBS HSA 80% \$							Alternative Valu				
EE	5	70.000	\$643.19	\$2.65	\$5.73			5	\$761.39	\$661.84	\$45.95	\$99.55	\$0.00	EE	5	\$611.46	\$661.84	\$0.00	\$0.00	\$50.38
DOUBLE	1	\$1,557.40		\$97.98	\$212.29		DOUBLE	1		\$1,384.12	\$204.57	\$443.23	\$0.00	DOUBLE	1		\$1,384.12	\$0.00	\$0.00	\$8.34
FAMILY	3	\$1,946.75	\$1,754.15	\$88.89	\$192.60	\$0.00	FAMILY	3	7-/	\$1,805.03	\$221.15	\$479.17	\$0.00	FAMILY	3	\$1,712.08		\$0.00	\$0.00	\$92.94
		\$10,642	\$9,824		\$819				\$12,487	\$10,108		\$2,378	\$0			\$9,569	\$10,108		\$0	\$539
		AAFDICAL O	OTION 2						17.33%	2			\$12,486.86			-10.08%				\$10,108.39
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DOUBLE	1		\$1,345.11	\$0.00	\$0.00		DOUBLE	1	\$1,559.58	\$1,384.12	\$80.98	\$175.47	\$0.00	DOUBLE	1	\$1,304.28	\$1,384.12	\$0.00	\$0.00	\$79.84
FAMILY	3		\$1,754.15	\$0.13	\$0.32	,	FAMILY	2	\$1,949.49	\$1,805.03	\$66.68	\$173.47	\$0.00	FAMILY	2			\$0.00	\$0.00	\$181.93
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			00% \$6,350/	\$12.700			1		BCBS HAS 100%		'00					Alternative Valu		\$6.350/\$12.700)	
EE	2	\$535.51	\$643.19	\$0.00	\$0.00	\$107.68	EE	2	\$615.22	\$661.84	\$0.00	\$0.00	\$46.62	EE	2	\$516.02	\$661.84	\$0.00	\$0.00	\$145.82
DOUBLE	1	\$1,285.24	\$1,345.11	\$0.00	\$0.00	-	DOUBLE	1	\$1,476.53	\$1,384.12	\$42.65	\$92.42	\$0.00	DOUBLE	1	\$1,161.04	\$1,384.12	\$0.00	\$0.00	\$223.08
FAMILY	1	\$1,606.55	\$1,754.15	\$0.00	\$0.00	\$147.60	FAMILY	1	\$1,845.66	\$1,805.03	\$18.75	\$40.64	\$0.00	FAMILY	1	\$1,444.86	\$1,805.03	\$0.00	\$0.00	\$360.17
		\$3,962.81	\$4,386		\$0	\$423			\$4,553	\$4,513		\$133	\$93			\$3,638	\$4,513		\$0	\$875
									14.88%				\$4,645.87			-8.20%				\$4,512.82
DENTAL 8	VISIO	ON							DENTAL & VISIO	ON						DENTAL & VISIO	ON			
		DELTA Dent	al, Principal	Vision					DELTA Dental, F	rincipal Vision	n - Dental Rate	es not availab	le +10%			DELTA Dental, P	rincipal Vision	n - Dental Rate	not available	+10%
EE	23	\$45.76	\$36.61	\$4.22	\$9.15	N/A		23	\$50.34	\$40.27	\$4.65	\$10.07	N/A		23	\$50.34	\$40.27	\$4.65	\$10.07	N/A
DOUBLE	11	700.00	\$68.72	\$7.93	\$17.18			11	70	\$75.59	\$8.72	\$18.90	N/A		11	\$94.49	\$75.59	\$8.72	\$18.90	N/A
FAMILY	16	\$149.33	\$119.46	\$13.78	\$29.87	N/A	1	16		\$131.41	\$15.16	\$32.85	N/A		16	\$164.26	\$131.41	\$15.16	\$32.85	N/A
MO	NTHLY	\$4,387	\$3,509		\$877				\$4,825	\$3,860		\$965				\$4,825	\$3,860		\$965	
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COMBIN		\$847,256	\$726,259 85.7%		\$129,667 15.3%				\$977,293 15.3%	\$750,311 76.8%		\$226,982 23.2%	Annually			\$885,030 4.5%	\$750,311 84.8%		\$134,719 A 15.2%	innually
% OF CO	31		85.7%		15.3%]			\$24,052	76.8%		23.2%			Į	\$24,052	84.8%		15.2%	
									Projected employ	er cost increase						Projected employe	er cost increase			
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	13							13		\$208.33		\$32,500.00			13		\$208.33		\$32,500.00	
						-														
									2026 Hard Cap		Monthly					2026 Hard Cap		Monthly		
									7942.09		\$661.84					7942.09	-	\$661.84		

\$1,384.12

\$1,805.03

16609.38 Couple

21660.3 Family

\$1,384.12

\$1,805.03

16609.38 Couple

21660.3 Family



Branch-Hillsdale-St. Joseph CHA - 2026 Rates

	Current	Alternative	Current	Alternative
	SB \$1500 - 0003	VALUE 1000 165	SB \$3500 - 0006	VALUE HSA 3500 155
	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$1,500	\$1,000	\$3,500	\$3,500
Family Deductible	\$3,000	\$2,000	\$7,000	\$7,000
Embedded or Agg deductible?	Embedded	Embedded	Embedded	Embedded
Coinsurance (Insurance Pays)	100%	100%	80%	80%
Individual Coinsurance Max	\$2,500	N/A	None	\$1,000
Family Coinsurance Max	\$5,000	N/A	None	\$2,000
Individual Out of Pocket Max	\$6,350	\$3,000	\$6,900	\$4,500
Family Out of Pocket Max	\$12,700	\$6,000	\$13,800	\$9,000
Preventative Care	100% covered	100% covered	100% covered	100% covered
Online Visit	\$30	\$20 copay	80% after deductible	80% after deductible
Online Mental Health Visit	\$30	\$20 copay	80% after deductible	80% after deductible
Primary Care Physician Office Visit	\$30	\$20 copay	80% after deductible	80% after deductible
Specialist Office Visit	\$30	\$40 copay	80% after deductible	80% after deductible
Urgent Care Visit	\$30	Facility: 100% after \$60 copay Physician: 100% after \$60 copay	80% after deductible	80% after deductible
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)	80% after deductible	80% after deductible
Chiropractic	\$30 copay 12 visits max	100% limited to 12 visits PMPY	80% after deductible, limited to 12 visits PMPY	80% after deductible, limited to 12 visits PMPY
PT/OT/Speech combined	\$30 copay 30 visits max	100% after deductible, limited to 30 combined visits PMPY	80% after deductible, limited to 30 combined visits PMPY	80% after deductible, limited to 30 combined visits PMPY
Generic	\$20	\$10 copay	\$20	\$20 copay after deductible
Preferred Brand	\$60	20% (\$80 max)	\$60	\$60 copay after deductible
Non-Preferred Brand	50% (\$100 max)	20% (\$100 max)	50% (\$100 max)	50% after deductible (\$100 max)
Preferred Specialty	\$60	20% (\$80 max)	\$60	\$60 copay after deductible
Non-Preferred Speciaty	50% (\$100 max)	20% (\$100 max)	50% (\$100 max)	50% after deductible (\$100 max)
Mandatory Mail	N	N	N	N
Mail Order Prescriptions (90 Days)	2x, Specialty not available	2x	2x, Specialty not available	2x
Private Duty Nursing	70% after deductible	90% after deductible	80% after deductible	80% after deductible
Monthly Premiums	Renewal 2026	2026 Pool Rates	Renewal 2026	2026 Pool Rates
Single	\$851.21	\$820.41	\$649.84	\$579.68
2-Person	\$2,042.91	\$1,845.90	\$1,559.58	\$1,304.28
Family	\$2,553.63	\$2,297.12	\$1,949.49	\$1,623.10
Enrollment				
Single	10	10	1	1
2-Person	4	4	2	2
Family	15	15	2	2
Total				
Estimated Monthly	\$54,988	\$50,044	\$7,668	\$6,434
Estimated Yearly	\$659,858	\$600,534	\$92,016	\$77,213
Estimated Yearly Change \$		-\$59,325		-\$14,802
Estimated Yearly Change %		-9%		-16%



Branch-Hillsdale-St. Joseph CHA - 2026 Rates

	Current	Alternative	Current	Alternative
	SB \$2000 - 0005	VALUE HSA 2000 153/154	SB \$6350 - 0004	VALUE HSA 6350 157
	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$2,000	\$2,000	\$6,350	\$6,350
Family Deductible	\$4,000	\$4,000	\$12,700	\$12,700
Embedded or Agg deductible?	Aggregate	Aggregate	Embedded	Embedded
Coinsurance (insurance Pays)	80%	80%	100%	100%
Individual Coinsurance Max	None	\$1,000	N/A	N/A
Family Coinsurance Max	None	\$2,000	N/A	N/A
individual Out of Pocket Max	\$4,000	\$3,000	\$6,350	\$6,350
Family Out of Pocket Max	\$8,000	\$6,000	\$12,700	\$12,700
	- 6			
Preventative Care	100% covered	100% covered	100% covered	100% covered
Online Visit	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Online Mental Health Visit	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Primary Care Physician Office Visit	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Specialist Office Visit	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Urgent Care Visit	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Emergency Room	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Chiropractic	80% after deductible, limited to 12 visits PMPY	80% after deductible, limited to 12 visits PMPY	100% after deductible, limited to 12 Visits PMPY	100% after deductible, limited to 12 visits PMPY
PT/OT/Speech combined	80% after deductible, limited to 30 combined visits PMPY	80% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 30 combined visits PMPY
				f and the second
Generic	\$20	\$10 copay after deductible	100% after deductible	100% after deductible
Preferred Brand	\$60	20% after deductible (\$80 max)	100% after deductible	100% after deductible
Non-Preferred Brand	50% (\$100 max)	20% after deductible (\$100 max)	100% after deductible	100% after deductible
Preferred Specialty	\$60	20% after deductible (\$80 max)	100% after deductible	100% after deductible
Non-Preferred Speciaty	50% (\$100 max)	20% after deductible (\$100 max)	100% after deductible	100% after deductible
Mandatory Mail	N	N	N	N
Mail Order Prescriptions (90 Days)	2x, Specialty not available	2x	100% after deductible	2x
Private Duty Nursing	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Monthly Premiums	Renewal 2026	2026 Pool Rates	Renewal 2026	2026 Pool Rates
Single	\$761.39	\$611.46	\$615.22	\$516.02
2-Person	\$1,827.34	\$1,375.78	\$1,476.53	\$1,151.04
Family	\$2,284.19	\$1,712.08	\$1,845.66	\$1,444.86
Enrollment	ACCOUNT.		A-AA-STATE	5624253555
Single	5	5	2	2
2-Person	0	0	0	0
Family	4	4	1	1
Total				
Estimated Monthly	\$12,944	\$9,906	\$3,076	\$2,477
Estimated Yearly	\$155,325	\$118,868	\$36,913	\$29,723
Estimated Yearly Change \$	3	-\$36,457		-\$7,190
Estimated Yearly Change %		-23%		-19%
S 50	70		Total Percent Savings	-12%
			Total Savings	-\$117,774.12



Large Group Community Rated Renewal Package

for

BRANCH-HILLSDALE-ST JOS D

Customer ID: 187258

For Renewal Period Beginning: January, 2026

August 11, 2025

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

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600 E. Lafayette Blvd. Detroit, MI 48226-2998 bcbsm.com

It's time to renew your company's health care coverage.

As you review the enclosed renewal package, please don't hesitate to ask your trusted Blue Cross agent any questions. Our commitment for 83 years remains stronger than ever to be your employees' trusted partner. We proactively guide you and your organization to smarter, better health care by helping you achieve four key needs:

Right access

Our broad network offerings, benefit designs and value-based provider programs balance your cost, quality and access priorities, and encourage your employees to choose care thoughtfully.

Improved care

From population health to specific conditions, our solutions pro-actively address and meet the individual whole-health needs of your employees.

Plan understanding and engagement

To make the most of your benefits investment through the plan year, we personalize your employees' experience and help them better understand and use their health plan throughout the year.

Informed decisions

We know you need a strategic partner so you can make informed decisions for your organization. With Blue Cross, you'll continue to get ongoing counsel, service, data, analytics and helpful resources.

Also, Blue Cross can help you create a total benefits package to protect your employees' well-being and financial security through:

- Dental and vision care through our BlueDentalSM and BlueVisionSM plans
- Group financial protection products underwritten by Dearborn Life Insurance Company¹

Sincerely,

Jeffrey Connolly Senior Vice President

President, West Michigan and Upper Peninsula

Sandy Fester Vice President Michigan Business



How to access your Summary of Benefits and Coverage online

For Blue Cross groups:

- Go to bcbsm.com and click the LOGIN tab.
- 2. Log in as an Employer.
 - If you need to register, click on Register Now.
 - If you're already registered, enter your username and password and click LOGIN.

If you would like a paper copy, contact your Blue Cross agent.

Note: Self-funded customers will only receive a draft version, since they are solely responsible for compliance with the federal SBC rules, including SBC creation and distribution.

For BCN groups:

Prior to your renewal's start date, you can email a copy of your benefit and rate sheet to the BCNSBCRequests@bcbsm.com mailbox to request an SBC.

You can also contact your sales representative or agent for a copy of your SBC.

If you're an underwritten customer, your employees can:

Access their own Summary of Benefits and Coverage through their member account at bcbsm.com once their plans start.*

To receive a copy by mail, they can call the Customer Service number on the back of their Blue Cross member ID card.

*Self-funded customers are solely responsible for providing SBCs to their employees.

Groups are solely responsible for ensuring any account-based plans the group may have, such as flexible spending, health reimbursement and health savings accounts, are compliant with the SBC requirements.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Dearborn Life Insurance Company is independent company and does not provide Blue Cross Blue Shield of Michigan products or services

Rate Renewal Change

BRANCH-HILLSDALE-ST JOS D

CID: 187258 Rate Effective: 01/01/2026

Rate Renewal Change	

	BCBSM
Total Contracts ¹	44
Total Annual Current Premium	\$ 782,229
Total Annual Renewal Premium	\$ 903,395
Rate Change	15.49%

Factors Affecting Rate Change

	Current Period ²	Renewal Period ¹
Rating Type	Community Rated	Community Rated
Member-to-Contract Ratio	2.33	2.34
Composite Demographic Factor ³	1.0130	1.0321
Participation Adjustment	No	No
Carriers Offered	BCBSM	BCBSM

- 1. Total Contracts and Renewal premiums are based on enrollment as of February 2025
- 2. Current Period calculations are based on prior renewal development
- 3. Includes age, area, industry, and participation factors

What's next for your retiring employees?





Most likely, your employees who are 65 or older and nearing retirement are wondering about their future health care coverage.

They have questions, such as:

- What are my health plan options?
- Will I still have coverage through my employer once I retire?
- How do I enroll in a Medicare plan?
- What are the important Medicare enrollment milestones?
- What if I'm not yet eligible for Medicare?

Explaining the ins and outs of Medicare can be hard, and supporting retiring employees' health care needs when they leave your organization shouldn't be another task on your to-do list. We're ready to help.

Let us help you bridge the gap for your retiring employees so they can transition smoothly from their employer health care coverage to our individual Medicare plans. Your employees may not know they can purchase a Blue Cross Blue Shield of Michigan individual Medicare plan once they retire.

To learn more, contact a Blue Cross-authorized independent agent or email the Blue Cross dedicated individual Medicare sales team at **G2ISales@bcbsm.com**.

Short on time? We've got you covered.

You have access to digital resources to share with your employees planning to retire at 65. Visit our Employer Toolkit webpage at **bcbsm.com/engage-retire** for materials to empower future retirees to make confident decisions about Medicare.

You also have the option to direct employees who will need a Medicare option to our call center. Our Customer Service representatives are dedicated to supporting eligible individuals transition from group coverage to an individual Medicare Advantage plan.

Employee direct line to Blue Cross Medicare Advantage:

1-855-996-1788 from 8 a.m. to 9 p.m. Monday through Friday and seven days a week October through March TTY users, call 711

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BCBSM BENEFIT AND RATE SCHEDULE



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0003

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Certificates:

SB LG SIMPLY BLUE GROUP BENEFITS CERTIFICATE LG
PDRX LG PREFERRED RX PROGRAM CERTIFICATE LG

BC-COMP GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE

BS 65 OPTION 1 BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)

Medical Riders:		Medicare Compleme	entary Medical Riders:
ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY	ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
SB BHOV LG	RIDER SB-BH-OV LG - SIMPLY BLUE BEHAVIORAL HEALTH OFFICE VISITS	ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
			21252 222 2
SBDIN1.5K/3K LG	RIDER SBD-IN \$1500/\$3000 LG SIMPLY BLUE DEDUCTIBLE REQUIREMENT	GCP-D	RIDER GCP-D
CDD ON SWICK LO	FOR IN-NETWORK SERVICES	CDC CAT 3	DIDED CDC CAT 3. CUDCTANICE ADUCE TREATMENT DDCCDANA
SBD-ON 3K/6K LG	RIDER SBD-ON \$3000/\$6000 LG SIMPLY BLUE DEDUCTIBLE	GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM
	REQUIREMENT FOR OUT-OF-NETWORK SERVICES		BENEFITS
SB-ECM-IN\$2.5KL	RIDER SB-ECM-IN \$2500 LG - SIMPLY BLUE EMBEDDED COINSURANCE	GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE
	MAXIMUM FOR IN-NETWORK SERVICES		TREATMENT MENTAL HEALTH PARITY
SB-ECM-ON \$5K L	RIDER SB-ECM-ON \$5000 LG - SIMPLY BLUE EMBEDDED COINSURANCE	HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL
	MAXIMUM FOR OUT-OF-NETWORK SERVICES		PREVENTIVE CARE BENEFITS
SB-MTC \$30 LG	RIDER SB-MTC \$30 LG SIMPLY BLUE MANIPULATIVE THERAPY	HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE
			SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS
SBOPMIN 6350 LG	RIDER SB-OPM-IN \$6350 LG SIMPLY BLUE ANNUAL OUT-OF-POCKET		
	MAXIMUM FOR IN-NETWORK SERVICES		
SBOPMON12.7K LG	RIDER SB-OPM-ON \$12700 LG SIMPLY BLUE ANNUAL OUT-OF-POCKET		
	MAXIMUM FOR OUT-OF-NETWORK SERVICES		
SB-OV \$30 LG	RIDER SB-OV \$30 LG - SIMPLY BLUE OFFICE VISIT COPAYMENT		
• • • •	REQUIREMENT		
SB-UC \$30 LG	RIDER SB-UC \$30 LG - SIMPLY BLUE URGENT CARE VISIT COPAYMENT		
	REQUIREMENT		
	negoment.		

Pharmacy Riders:		Medicare Complementary Pharmacy Riders:			
206050%CRXCMLG	RIDER PD-TTC \$20/\$60/50%/\$80/\$100-RXCM LG - PRESCRIPTION DRUG	206050%CRXCMLG	RIDER PD-TTC \$20/\$60/50%/\$80/\$100-RXCM LG - PRESCRIPTION DRUG		
	TRIPLE TIER COPAYMENT WITH MINIMUM AND MAXIMUM AMOUNTS		TRIPLE TIER COPAYMENT WITH MINIMUM AND MAXIMUM AMOUNTS		
	AND A COST MANAGEMENT PROGRAM		AND A COST MANAGEMENT PROGRAM		
PD-XED-MHP LG	RIDER PD-XED-MHP LG PRESCRIPTION DRUG - EXCLUDES ELECTIVE	ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG		
	DRUGS - MENTAL HEALTH PARITY				
		PD-XED-MHP LG	RIDER PD-XED-MHP LG PRESCRIPTION DRUG - EXCLUDES ELECTIVE		
			DRUGS - MENTAL HEALTH PARITY		



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0003

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Rates:							
Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drug	Dental	Vision
One Person Regular	0000 B8TG	\$851.21	\$413.65	\$244.64	\$192.92		
Two Person Regular	0000 B8TG	\$2,042.91	\$992.76	\$587.14	\$463.01		
Family Regular	0000 B8TG	\$2,553.63	\$1,240.95	\$733.92	\$578.76		
One Complementary	0000 7H9V	\$1,425.04	\$442.70	\$193.31	\$789.03		
Two Complementary	0000 7H9V	\$2,850.08	\$885.40	\$386.62	\$1,578.06		
Three Complementary	0000 7H9V	\$4,275.12	\$1,328.10	\$579.93	\$2,367.09		
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1 Person & 1 Complementary	0000 7H9V	\$2,276.25	\$856.35	\$437.95	\$981.95		
2 Person & 1 Complementary	0000 7H9V	\$3,467.95	\$1,435.46	\$780.45	\$1,252.04		
Family & 1 Complementary	0000 7H9V	\$3,978.67	\$1,683.65	\$927.23	\$1,367.79		
1 Person & 2 Complementary	0000 7H9V	\$3,701.29	\$1,299.05	\$631.26	\$1,770.98		
2 Person & 2 Complementary	0000 7H9V	\$4,892.99	\$1,878.16	\$973.76	\$2,041.07		
Family & 2 Complementary	0000 7H9V	\$5,403.71	\$2,126.35	\$1,120.54	\$2,156.82		
1 Person & 3 Complementary	0000 7H9V	\$5,126.33	\$1,741.75	\$824.57	\$2,560.01		
2 Person & 3 Complementary	0000 7H9V	\$6,318.03	\$2,320.86	\$1,167.07	\$2,830.10		
Family & 3 Complementary	0000 7H9V	\$6,828.75	\$2,569.05	\$1,313.85	\$2,945.85		
Taminy and accompliance of	000071151	70,020.73	\$2,505.05	71,313.03	\$2,545.05		
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RRLS	<u> </u>		4.7011	4.2995	11.4901		

 ${\tt BCBSM}\ reserves\ the\ right\ to\ adjust\ rate\ if\ any\ of\ the\ assumptions\ or\ calculations\ used\ to\ develop\ the\ rates\ are\ incorrect.$

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BCBSM BENEFIT AND RATE SCHEDULE



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0004

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Certificates:	
SBD HSA-E LG	SIMPLY BLUE HEALTH SAVINGS ACCOUNT WITH PRESCRIPTION DRUGS EMBEDDED COST-SHARING GROUP BENEFITS CERTIFICATE LG
BC-COMP	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE
BS 65 OPTION 1 PDRX LG	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1) PREFERRED RX PROGRAM CERTIFICATE LG

Medical Riders:		Medicare Compleme	entary Medical Riders:
ADM MVP LG	ADMINISTRATIVE FORM MVP LG - MINIMUM VALUE PLAN	ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY	ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CDH-HSA	ADMINISTRATIVE FORM CDH-HSA - CONSUMER DIRECTED HEALTHCARE	GCP-D	RIDER GCP-D
	HEALTH SAVINGS ACCOUNT		
HEQ	ADMINISTRATIVE FORM HEQ - HEALTHEQUITY	GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM
			BENEFITS
HSA-OP-E6350IN	RIDER SBD-HSA-OPM-E \$6350-IN \$15000-ON LG - SIMPLY BLUE HEALTH	GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE
	SAVINGS ACCOUNT ANNUAL OUT-OF-POCKET MAXIMUMS		TREATMENT MENTAL HEALTH PARITY
SBDHSAC0IN20ONL	RIDER SBD-HSA-C 0%-IN 20%-ON LG - SIMPLY BLUE HEALTH SAVINGS	HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL
	ACCOUNT COINSURANCE REQUIREMENT FOR IN-NETWORK AND OUT-		PREVENTIVE CARE BENEFITS
	OF-NETWORK SERVICES		
SBDHSA-D-E 6350	RIDER SBD-HSA-D-E 6350/12700-IN 12700/25400-ON LG - SIMPLY BLUE	HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE
	HEALTH SAVINGS ACCOUNT DEDUCTIBLE REQUIREMENT		SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS

Pharmacy Riders:		Medicare Complem	nentary Pharmacy Riders:
PD-RX-CM LG	RIDER PD-RX-CM LG - PRESCRIPTION DRUG COST MANAGEMENT	ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
		PD-RX-CM LG	RIDER PD-RX-CM LG - PRESCRIPTION DRUG COST MANAGEMENT



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0004

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Rates:	, ,	en renewed at the follo					
	Dan Ci ID	Tarid	Divo C	Dive Chi Li	D	Da	V.
Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drug	Dental	Vision
One Person Regular	0000 9NLN	\$615.22	\$328.09	\$163.38	\$123.75		
Two Person Regular	0000 9NLN	\$1,476.53	\$787.42	\$392.11	\$297.00		
Family Regular	0000 9NLN	\$1,845.66	\$984.27	\$490.14	\$371.25		
One Complementary	0000 7V3J	\$1,682.76	\$442.70	\$193.31	\$1,046.75		
Two Complementary	0000 7V3J	\$3,365.52	\$885.40	\$386.62	\$2,093.50		
Three Complementary	0000 7V3J	\$5,048.28	\$1,328.10	\$579.93	\$3,140.25		
					. ,		
1 Person & 1 Complementary	0000 7V3J	\$2,297.98	\$770.79	\$356.69	\$1,170.50		
2 Person & 1 Complementary	0000 7V3J	\$3,159.29	\$1,230.12	\$585.42	\$1,343.75		
Family & 1 Complementary	0000 7V3J	\$3,528.42	\$1,426.97	\$683.45	\$1,418.00		
1 Person & 2 Complementary	0000 7V3J	\$3,980.74	\$1,213.49	\$550.00	\$2,217.25		
2 Person & 2 Complementary	0000 7V3J	\$4,842.05	\$1,672.82	\$778.73	\$2,390.50		
Family & 2 Complementary		\$5,211.18					
1 Person & 3 Complementary	0000 7V3J		\$1,869.67	\$876.76	\$2,464.75		
2 Person & 3 Complementary	0000 7V3J	\$5,663.50	\$1,656.19	\$743.31	\$3,264.00		
	0000 7V3J	\$6,524.81	\$2,115.52	\$972.04	\$3,437.25		
Family & 3 Complementary	0000 7V3J	\$6,893.94	\$2,312.37	\$1,070.07	\$3,511.50		
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RRLS			4.7011	4.2995	11.4901		

 ${\tt BCBSM}\ reserves\ the\ right\ to\ adjust\ rate\ if\ any\ of\ the\ assumptions\ or\ calculations\ used\ to\ develop\ the\ rates\ are\ incorrect.$

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BCBSM BENEFIT AND RATE SCHEDULE



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0005

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Certificates:

SBD HSA LG SIMPLY BLUE HEALTH SAVINGS ACCOUNT GROUP BENEFITS CERTIFICATE

WITH PRESCRIPTION DRUGS LG

BC-COMP GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE

BS 65 OPTION 1 BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)

PDRX LG PREFERRED RX PROGRAM CERTIFICATE LG

Medical Riders:		Medicare Compleme	entary Medical Riders:
ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY	ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
CDH-HSA	ADMINISTRATIVE FORM CDH-HSA - CONSUMER DIRECTED HEALTHCARE HEALTH SAVINGS ACCOUNT	ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
DHSAD2KIN4KONLG	RIDER SBD-HSA-D 2000/4000-IN 4000/8000-ON LG SIMPLY BLUE HSA DEDUCTIBLE REQUIREMENT	GCP-D	RIDER GCP-D
DHSAOPM4KIN8KOL	RIDER SBD-HSA-OPM \$4000-IN \$8000-ON LG - SIMPLY BLUE HSA ANNUAL OUT-OF-POCKET MAXIMUMS	GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
HEQ	ADMINISTRATIVE FORM HEQ - HEALTHEQUITY	GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE TREATMENT MENTAL HEALTH PARITY
		HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL PREVENTIVE CARE BENEFITS
		HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS

Pharmacy Riders:		Medicare Complem	nentary Pharmacy Riders:
206050 80/100LG	RIDER PD-CR \$20/\$60/50%-\$80-\$100 LG - PRESCRIPTION DRUGS COST-	206050 80/100LG	RIDER PD-CR \$20/\$60/50%-\$80-\$100 LG - PRESCRIPTION DRUGS COST-
	SHARING LG		SHARING LG
PD-PDL-PA-2xLG	RIDER PD-PDL-PA-2x LG - PRESCRIPTION DRUG PREFERRED DRUG LIST	ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
	WITH PRIOR AUTHORIZATION - 2x		
		PD-PDL-PA-2xLG	RIDER PD-PDL-PA-2x LG - PRESCRIPTION DRUG PREFERRED DRUG LIST
			WITH PRIOR AUTHORIZATION - 2x



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0005

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Rates:			-				
Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drug	Dental	Vision
One Person Regular	0000 COML	\$761.39	\$391.93	\$226.41	\$143.05		
Two Person Regular	0000 C0ML	\$1,827.34	\$940.63	\$543.39	\$343.32		
Family Regular	0000 C0ML	\$2,284.19	\$1,175.79	\$679.24	\$429.16		
One Complementary	0000 7QH4	\$1,421.59	\$442.70	\$193.31	\$785.58		
Two Complementary	0000 7QH4	\$2,843.18	\$885.40	\$386.62	\$1,571.16		
Three Complementary	0000 7QH4	\$4,264.77	\$1,328.10	\$579.93	\$2,356.74		
1 Person & 1 Complementary	0000 7QH4	\$2,182.98	\$834.63	\$419.72	\$928.63		
2 Person & 1 Complementary	0000 7QH4	\$3,248.93	\$1,383.33	\$736.70	\$1,128.90		
Family & 1 Complementary	0000 7QH4	\$3,705.78	\$1,618.49	\$872.55	\$1,214.74		
1 Person & 2 Complementary	0000 7QH4	\$3,604.57	\$1,277.33	\$613.03	\$1,714.21		
2 Person & 2 Complementary	0000 7QH4	\$4,670.52	\$1,826.03	\$930.01	\$1,914.48		
Family & 2 Complementary	0000 7QH4	\$5,127.37	\$2,061.19	\$1,065.86	\$2,000.32		
1 Person & 3 Complementary	0000 7QH4	\$5,026.16	\$1,720.03	\$806.34	\$2,499.79		
2 Person & 3 Complementary	0000 7QH4	\$6,092.11	\$2,268.73	\$1,123.32	\$2,700.06		
Family & 3 Complementary	0000 7QH4	\$6,548.96	\$2,503.89	\$1,259.17	\$2,785.90		
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RRLS			4.7011	4.2995	11.4901		

 ${\tt BCBSM}\ reserves\ the\ right\ to\ adjust\ rate\ if\ any\ of\ the\ assumptions\ or\ calculations\ used\ to\ develop\ the\ rates\ are\ incorrect.$

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BCBSM BENEFIT AND RATE SCHEDULE



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0006

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Certificates:	
SBD HSA-E LG	SIMPLY BLUE HEALTH SAVINGS ACCOUNT WITH PRESCRIPTION DRUGS EMBEDDED COST-SHARING GROUP BENEFITS CERTIFICATE LG
BC-COMP	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE
BS 65 OPTION 1 PDRX LG	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1) PREFERRED RX PROGRAM CERTIFICATE LG

Medical Riders:		Medicare Compleme	entary Medical Riders:
ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY	ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
CDH-HSA	ADMINISTRATIVE FORM CDH-HSA - CONSUMER DIRECTED HEALTHCARE	ADM PLANYR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
	HEALTH SAVINGS ACCOUNT		
HEQ	ADMINISTRATIVE FORM HEQ - HEALTHEQUITY	GCP-D	RIDER GCP-D
HSADOPME\$69KLG	RIDER SBD-HSA-OPM-E-\$6900 IN/\$13800 ON LG - SIMPLY BLUE HSA	GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM
	WITH PRESCRIPTION DRUGS EMBEDDED ANNUAL OUT-OF-POCKET		BENEFITS
	MAXIMUMS		
SBDHSA-D-E3500	RIDER SBD-HSA-D-E \$3500/\$7000 IN/ \$7000/\$14000 ON LG - SIMPLY	GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE
	BLUE HEALTH SAVINGS ACCOUNT EMBEDDED COST-SHARING		TREATMENT MENTAL HEALTH PARITY
	DEDUCTIBLE REQUIREMENT		
		HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL
			PREVENTIVE CARE BENEFITS
		HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE
			SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS

Pharmacy Riders:		Medicare Complem	nentary Pharmacy Riders:
206050 80/100LG	RIDER PD-CR \$20/\$60/50%-\$80-\$100 LG - PRESCRIPTION DRUGS COST-	206050 80/100LG	RIDER PD-CR \$20/\$60/50%-\$80-\$100 LG - PRESCRIPTION DRUGS COST-
	SHARING LG		SHARING LG
PD-PDL-PA-2xLG	RIDER PD-PDL-PA-2x LG - PRESCRIPTION DRUG PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION - 2x	ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
		PD-PDL-PA-2xLG	RIDER PD-PDL-PA-2x LG - PRESCRIPTION DRUG PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION - 2x



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0006

Your benefit package has been renewed at the following rates and are effective from 01/01/26 through 12/31/26.

Motesty Personal Russes Horizon Street Horizon Stre	Rates:							
One Person Regular OXXX (CMM)								
Two Person Regular (2000 COMM S) 53:958-8 \$520.02 \$427.70 \$312.58 \$427.00 \$312.69 \$427.00 \$312.60 \$427.00 \$427		Benefit ID	Total	Blue Cross	Blue Shield	Drug	Dental	Vision
Two Person Regular (2000 COMM S) 5390-58 \$500.02 \$457.740 \$312.16 \$1.000 COMM \$5.1,996.08 \$1,000.00 \$31.000 COMM \$5.1,996.08 \$1,000.00 \$1,000 COMM \$5.1,996.08 \$1,000.00 \$1,000 COMM \$5.1,996.08 \$1,000 COMM \$1,000 COMM \$5.1,996.08 \$1,000 COMM \$5.1,996.08 \$1,000 COMM \$5.1,		0000 C0MM	\$649.84	\$341.68	\$178.09	\$130.07		
Family Regular	Two Person Regular			\$820.02				
One Complementary		0000 C0MM	\$1,949.49	\$1,025.03	\$534.26	\$390.20		
Two Complementary 0000 7094								
Three Complementary						\$785.58		
1 Pressu & Complementary 2 Press & Complementary 2 Press & Complementary 3 (2007) 44 \$2,981.2 \$3,881.7 \$3,882.7 \$3,983.8 \$3,97.99 \$1,375.8 \$1,97.91	Two Complementary	0000 7QH4	\$2,843.18	\$885.40	\$386.62	\$1,571.16		
2 Person & I. Complementary 0000 7014 52,381.17 5272.77 5272.77 51.77.78 1	Three Complementary	0000 7QH4	\$4,264.77	\$1,328.10	\$579.93	\$2,356.74		
2 Person & I. Complementary 0000 7014 52,381.17 5272.77 5272.77 51.77.78 1								
Family & 1 Complementary 0000 7014 53,371.08 51,467.78 51,175.78 1 Promo & 2 Complementary 0000 7014 53,493.00 51,272.09 5364.71 51,70.13 51,			\$2,071.43	\$784.38				
1 Person & 2 Complementary 0000 7094	2 Person & 1 Complementary		\$2,981.17	\$1,262.72	\$620.71	\$1,097.74		
2 Person & 2 Complementary (000 7014 54,002.76 13,104.24 502.88 13,163.45 (13,164.25 13,164.25 13,164.25 13,164.25 13,164.25 13,164.25 13,164.25 (13,164.25 13,164.25		0000 7QH4	\$3,371.08	\$1,467.73	\$727.57	\$1,175.78		
2 Person & 2 Complementary Coop 7094	1 Person & 2 Complementary	0000 7QH4	\$3,493.02	\$1,227.08	\$564.71	\$1,701.23		
1 Person & 3 Complementary 0000 70;14 \$4,93.61 \$1,666.78 \$756.02 \$9,86.81 \$76.02 \$1,000 \$1,00		0000 7QH4	\$4,402.76	\$1,705.42	\$814.02	\$1,883.32		
1 Person & 3 Complementary		0000 7QH4	\$4,792.67	\$1,910.43	\$920.88	\$1,961.36		
Family & 3 Complementary 0000 70H4 \$6.214.26 \$2,333.13 \$1,114.19 \$2,746.94	1 Person & 3 Complementary	0000 7QH4	\$4,914.61	\$1,669.78	\$758.02	\$2,486.81		
Family & 3 Complementary 0000 70H4 \$6,214.26 \$2,353.13 \$3,114.19 \$2,746.94 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0000 7QH4						
	Family & 3 Complementary	0000 7QH4	\$6,214.26	\$2,353.13	\$1,114.19	\$2,746.94		
RRIS 4.7011 4.2995 11.4901								
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 ${\tt BCBSM}\ reserves\ the\ right\ to\ adjust\ rate\ if\ any\ of\ the\ assumptions\ or\ calculations\ used\ to\ develop\ the\ rates\ are\ incorrect.$

If you have questions or wish to discuss other BCBSM benefit plans, please contact your BCBSM Regional Sales Office or Agent. We at BCBSM appreciate your business and look forward to providing your continuing health benefit needs.

Alera Group

Branch Hillsdale St Joseph Community Health Voluntary Vision- Benefits and Cost Analysis January 1, 2026

Insurance Company		PRINCIPAL (VSP Network)		
Type of Plan		Contri	butory	
Benefits In-Network:		¢10 Canay anao	over 12 menths	
Vision E	xam	\$10 Copay once every 12 months		
Single, Bifocal, Trif	focal	¢10 Canay anao	over 12 months	
Lei	nses	\$10 Copay once	every 12 months	
0		\$10 C	Copay	
Contact Lenses		\$130 Allowance once every 12 Months		
_		\$25 Copay		
ra 	mes	\$130 Allowance once every 24 Months		
Premiums		Current	Renewal	
Employee	14	\$4.84	\$4.84	
Two Person	16	\$9.66	\$9.66	
Family	18	\$16.04	\$16.04	
Estiamted Monthly Premium		\$511.04	\$511.04	
Estiamted Annual Premium		\$6,132.48	\$6,132.48	
% Increase from Cu	rrent		0%	
Rate Guarantee		1/1/:	2027	

Alera Group Branch Hillsdale St Joseph Community Health Agency

Group Life/AD&D - Benefits and Cost Analysis 1/1/2026

Insurance Company	PRINCIPAL		
Type of Plan	Employer Paid		
Benefits:			
All Full Time Employees	\$15,000		
Guaranteed Issue	Full Benefit		
	65% at Age 70;		
Age Reduction	45% at Age 75;		
	benefits will terminate upon retirement		
Premiums	Monthly Rates		
Life & A&D Volume	\$865,000		
Life Rate per \$1,000	\$0.179		
AD&D Rate per \$1,000	\$0.025		
Estimated Monthly Premium	\$176.46		
Estimated Annual Premium	\$2,117.52		
Rate Guarantee	1/1/2027		

Alera Group

Branch Hillsdale St Joseph Community Health Agency

Short Term Disability - Benefits and Cost Analysis 1/1/2025

Insurance Company	PRINCIPAL	
Type of Plan	Employer Paid	
Benefits:		
Weekly Benefit	70% to \$750	
Elimination Period	Accident - 30 days	
Euiiiiiatioii Feilou	Injury - 30 days	
Benefit Duration	26 Weeks	
Premiums	Monthly Rates	
Volume	\$38,041	
Rates per \$10 of Weekly Benefit	\$0.340	
Estimated Monthly Premium	\$1,293.39	
Estimated Annual Premium	\$15,520.73	
Rate Guarantee	1/1/2027	

Contractual Agreement for Public Health Medical Direction between the Branch-Hillsdale-St. Joseph Community Health Agency and Dr. Karen Luparello, D.O.

I. Purpose

This contract is executed by and between the Branch-Hillsdale-St. Joseph Community Health Agency (Agency) and Dr. Karen Luparello (Medical Director) for the purpose of providing qualified Public Health Medical Direction to the Agency as required by the Public Health Code (Act 368 of Public Acts of 1978). The term of this Agreement shall be for one (1) year beginning October 1, 2025 through September 30, 2026.

II. Responsibilities of the Branch-Hillsdale-St. Joseph Community Health Agency

The Agency shall supply the following accommodations and personnel for the Medical Director.

- a. Access to office space in the Agency's buildings;
- b. Office supplies and materials necessary to discharge responsibilities as the Agency's Medical Director:
- c. Technical assistance in the form of data collection, research, and report preparation.

III. Responsibilities of the Medical Director

The Medical Director is responsible for developing and reviewing policies, providing advice, and issuing medical orders to Agency's personnel with reference to public health medical concerns.

The Medical Director will serve as the medical consultant for the Board of Health and the Agency's Administrative team and the direct service personnel. The Medical Director will also be a resource for communication with other health care providers.

Specifically, the Medical Director shall:

- a. Function as part of the administrative team by providing appropriate medical input to the administrative decision-making process as it relates to the health of the community and the functioning of the Agency. Collaborate with and be responsible to the Health Officer.
- b. Review, revise and update medical policies and procedures and sign guidelines, protocols, and standing orders for services provided by the Agency; including Communicable Disease Control, Immunizations, etc.
- c. Evaluate medical components of clinical programs and make recommendations to Health Officer.
- d. Will be a medical liaison for the Agency with the physician community; provide advice and consultation on public health issues, respond to inquiries from physicians on medical matters.
- Assist administrative personnel in assessing continuing education needs of professional staff; provide necessary training and/or make recommendations for meeting continuing education needs.
- f. Serve in the capacity as Lab Director for Agency for CLIA/Accreditation purposes.

Page **1** of **4**

- g. Assist the Agency personnel in determining public health trend analysis.
- h. Maintain reliable contact methods such that the Agency personnel are able to establish contact at all times.
- i. Provide for a qualified back-up in the event that reliable contact is not possible.
- j. Pursue continuing medical education to maintain licensure.
- k. Maintain current Drug Control licenses for each the Agency's sites.
- Function as an integral member of the Agency's Emergency Preparedness Team addressing the medical and health components of an All Hazards plan, which includes, but is not limited to, WMD, CBRNE and other public health threats.

The above list of job areas is intended to describe the general nature and level of work performed by the Medical Director and is not intended to be an exclusive list of responsibilities.

IV. Time Commitment of Medical Director to Agency

The Medical Director shall commit such time and effort as may be required to discharge medical director duties as described above in a professional and competent manner.

It is understood by the parties to this Agreement that the average documented direct and indirect medical direction time committed to the Agency shall be no less than sixteen (16) hours per week. Indirect time refers to those medical direction activities which apply to development of a communicable disease control policy, attending Public Health related meeting, attending the Board of Health meeting, and completing and maintaining educational courses necessary to comply with the requirements of a local public health Medical Director. It is specifically understood and agreed that a minimum of four hours per week will be performed on-site at one of the Agency's facilities.

V. Professional Liability Insurance

The Medical Director shall be covered by the Agency's malpractice liability insurance while performing duties & activities as the Agency's Medical Director. The insurance coverage shall be in effect for the term of this Agreement.

VI. Compensation

Compensation to the Medical Director shall be \$52,500 per fiscal year. During the terms of this contract the Medical Director shall be granted any percentage increase in pay as approved by the Board of Health for employees of this agency. The Agency shall process payment on a monthly basis. Reimbursement for travel that is necessary to perform the duties as the Agency's Medical Director shall be paid at the Agency's mileage rate as set by the Agency's Board of Health. Mileage will be calculated from the Medical Director's residence. The amount of the mileage reimbursement paid to the Medical Director may not exceed \$6,000 in any fiscal year. A cell phone allowance of \$20.00 per month will be paid to the Medical Director.

VII. Changes in the Agreement

Any changes which will significantly affect the provision of medical direction services shall be agreed upon, in writing, by the parties prior to implementation of the changes with an appropriate addendum attached to this Agreement.

VIII.. Independent Contractor Status.

The parties agree that Medical Director is an independent contractor. In her capacity as an independent contractor, Medical Director agrees to and represents the following:

- Medical Director has the right and does fully intend to perform services for third parties during the term of this Agreement.
- Medical Director has the sole right to control and direct the means, manner, and method by which
 the services required by this Agreement will be performed.
- Subject to the limitations set forth in this agreement, Medical Director has the right to perform the services required by this Agreement at any place or location and at such times as she may determine.

The parties acknowledge and agree that Health Department is entering into this Agreement with reliance on the representations made by the Medical Director relative to its independent contractor status.

IX. With Holding of State and Federal Taxes.

Health Department will not withhold FICA (Social Security and Medicare taxes) from Medical Director's payments or make FICA payments on his behalf, or make state or federal unemployment compensation contributions on Medical Director's behalf, or withhold state or federal income tax from his payments. Medical Director shall pay all taxes incurred while performing services under this Agreement.

X Fringe Benefits.

Medical Director is not eligible to participate in the Agency's employee pension, health, vacation pay, sick pay, or other fringe benefit plan the Agency may offer.

XI. Insurance.

Medical Director, as an independent contractor, agrees to indemnify, defend, and hold harmless Health Department from any and all liability arising out of or in any way related to Medical Director's performance of services during the term of this Agreement.

XII. Termination

It is agreed upon by both parties that the Medical Director shall meet all Federal, State and local license authorization requirements to practice medicine. Failure to obtain and or maintain said license and authorization requirements to practice medicine and or loss of the same shall result in the immediate termination of this agreement.

It is agreed upon by both parties that the Medical Director shall be approved by the Michigan Department of Health & Human Services to serve as the Medical Director for this agency.

This Agreement may be terminated by either party by giving sixty (60) days written notice of the intention to terminate.

The individual or officer signing this Agreement to sign on behalf of the responsible governing be	certifies by his/her signature that he/she is authorized oard, individual, official, or agency.
Agency Rebecca A. Burns, MPH, RS, Health Officer	Date
Medical Director Karen Luparello, D.O., MPH	 Date

Branch-Hillsdale-St.Joseph Community Health Agency Appropriations History

				-	-			Р	rior Year
	Per Capita - Based					Total Agency		ı	ncrease
Year	on Calendar Year	Branch	Hillsdale	St. Joseph	Total	Budget	% to Budget	([Decrease)
2005		273,608	278,231	372,514	\$924,353	\$5,869,966	15.75%	\$	11,411
2006		277,028	281,708	377,172	\$935,908	\$6,600,370	14.18%	\$	11,555
2007		281,877	286,635	383,772	\$952,284	\$6,865,897	13.87%	\$	16,376
2008		284,871	293,592	390,487	\$968,950	\$7,205,684	13.45%	\$	16,666
2009		293,417	302,392	402,201	\$998,010	\$7,739,501	12.90%	\$	29,060
2010		275,812	284,255	378,069	\$938,136	\$7,131,289	13.16%	\$	(59,874)
2011		248,241	268,655	340,262	\$857,158	\$7,210,148	11.89%	\$	(80,978)
2012	5.15	219,482	240,443	324,470	\$784,395	\$5,991,536	13.09%	\$	(72,763)
2013	4.42	188,371	206,360	270,923	*\$665,654	\$6,000,892	10.93%	\$	(128,741)
2014	4.42	188,371	206,360	270,923	*\$665,654	\$6,174,625	10.62%	\$	-
2015	4.42	188,371	206,360	270,923	*\$665,654	\$6,031,609	10.87%	\$	-
2016	4.57	194,764	213,364	280,118	\$688,246	\$5,926,003	11.61%	\$	22,592
2017	4.72	201,157	220,367	289,312	\$710,836	\$6,052,032	11.75%	\$	22,590
2018	4.87	207,550	227,371	298,506	\$733,427	\$6,081,668	12.06%	\$	22,591
2019	5.02	213,943	234,374	307,700	\$756,017	\$7,020,445	10.77%	\$	22,590
2020	5.02	213,942	234,374	307,700	\$756,016	\$7,765,083	9.74%	\$	-
2021	5.02	213,942	234,374	307,701	\$756,017	\$8,366,875	9.04%	\$	-
2022	5.15	223,711	235,592	313,836	\$773,139	\$8,309,241	9.30%		\$17,122
2023	5.30	230,227	242,454	322,977	\$795,657	\$8,372,787	9.50%	\$	22,519
2024	5.30	230,227	242,454	322,977	\$795,657	\$8,611,127	9.24%	\$	-
2025	5.30	230,227	242,454	322,977	\$795,657	\$9,051,356	8.79%	\$	=
2026	5.30	230,227	242,454	322,977	\$795,657	\$9,103,276	8.74%	\$	-

^{*} Maintenance of Effort (Minimum State Allowed set in FY92/93 is \$664,834)

⁺ Increase of \$22,590 must be spent on unfunded pension liability until pension plan is fully funded

No Proposed Per Capita Increases for 2026 (Due to passage of MERS Surplus draw down proposal)										
Population					Increase					
	*Based on 2020 Current Per		Current		Increase	(Total \$		Proposed		
County	Census*	Capita	Allocation		(Per Capita)	P	Amount)	Allocation		Increase
Branch*	43,439	5.30	\$	230,227		\$	-	\$	230,227	0.00%
Hillsdale	45,746	5.30	\$	242,454		\$	-	\$	242,454	0.00%
St.Joseph	60,939	5.30	\$	322,977		\$	=	\$	322,977	0.00%
Total	150,124		\$	795,657		\$	=	\$	795,657	

^{*}Census Data adjusted to remove persons incarcerated in prison. (44,862 - 1,423 = 43,439)



Contingency Planning in the Event of a State Government Shutdown

As of July 1st, the State Legislature did not pass the budget for the upcoming fiscal year, which begins on October 1st. Currently, there are significant differences between the versions proposed by the Governor and those passed by the House and Senate.

MDHHS has advised that if a budget is not finalized by October 1st, a state government shutdown should be expected. In that event, contracts with the state—including those funding our agency—will not be executed. Furthermore, MDHHS has indicated that while contracts were backdated in previous shutdowns, they cannot guarantee that this will happen again.

In response, I have been working closely with the Directors to develop a contingency plan to ensure continuity of operations and minimize disruption to services and staff. I propose the following approach:

1. Initial Two-Week Period: Continued Operations

The agency will continue normal operations for up to two weeks, utilizing our fund balance to temporarily cover expenses. This approach ensures the continuity of essential public health services required under the Public Health Code and protects the stability of our workforce. At present, the agency has reserves sufficient to cover more than two months of operating expenses.

2. If the Shutdown Extends Beyond Two Weeks: Targeted Furloughs
Should the budget impasse persist beyond this initial period, we would begin a phased furlough
of the majority of staff, retaining only those necessary to continue providing required essential
services. Furloughing, as opposed to layoffs, is a temporary measure that allows staff to return
once the budget is approved. It also offers cost savings in salary while reinforcing our
commitment to the workforce.

This plan is designed to balance fiscal responsibility with our duty to protect public health and preserve our experienced staff during a time of uncertainty. Our goal is to maintain operational integrity while allowing time for state leadership to reach a resolution.