BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

Program, Policy, & Appeals Committee Members:
Commissioner Stoll (Chair)
Commissioner Shaffer
Commissioner Leininger

BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE

Agenda for September 16, 2026 at 8:30 AM

1. Call to Order
   a. Roll Call
   b. Approval of the Agenda

2. 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.

3. Unfinished Business
   a.

4. New Business
   a. Community Health Improvement Plan 2026-2031 – pg 2
   b. PA 152 Public Employer Contributions to Medical Benefit Plans – pg 12
   c. Employer Sponsored Health Insurance – pg 13

5. Public Comment

6. Adjournment - Next meeting: Full Board meets September 24, 2026.
   PPA next meeting is scheduled for November 4, 2026



Community Health Improvement Plan

2026–2031

Approved by the Branch-Hillsdale-St. Joseph Community Health Agency

Board of Health and its Health Officer

September 24, 2026

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Executive Summary

The 2026–2031 Community Health Improvement Plan (CHIP) identifies a focused set of community priorities, objectives, and shared strategies intended to improve health across Branch, Hillsdale, and St. Joseph counties. The plan was developed from the 2026 Community Health Needs Assessment (CHNA) process and from discussion with community collaborative networks in each county.

The CHIP is intentionally narrower than an agency strategic plan. It is not a list of everything the local health department or individual organizations do. Instead, it identifies a manageable number of actions that community partners can advance together and monitor over time.

Three priority areas were selected because they were consistently identified across the tri-county area and because there are meaningful opportunities for community partners to influence them:

- Access to Care
- Maternal, Child, and Family Health
- Behavioral Health and Substance Use Prevention

The plan emphasizes measurable improvement while recognizing that community health conditions can change because of funding, workforce availability, policy, economic conditions, and other factors outside the control of local partners. For that reason, progress will be reviewed regularly and strategies may be refined when evidence, community needs, or available resources change.

1. Community Health Improvement Planning

The CHIP was developed as part of the Branch, Hillsdale, St. Joseph Community Health Needs Assessment conducted between January and June 2026. The Branch, Hillsdale, St. Joseph Community Health Agency (BHSJCHA) facilitated the process and worked with community partners throughout the tri-county jurisdiction.

The CHNA used a hybrid approach. Branch County had not completed a comprehensive local CHNA in several years, while Hillsdale and St. Joseph counties had completed other needs assessments during the preceding 12–24 months. Rather than duplicate recent work, the BHSJCHA completed a CHNA for Branch County, reviewed available information for all three counties, and engaged local human-service collaborative networks to identify the health needs most consistently affecting their communities.

Community input was an essential part of selecting the final priorities. The process included review and discussion with the Branch County Community Network (BCCN), Hillsdale Human Services Network (HSN), and St. Joseph Human Services Commission (HSC). These partners helped identify areas in which community organizations could build on existing work, strengthen coordination, or develop new collaborative approaches.

How This CHIP Is Intended to Work

A community health improvement plan is most useful when it leads to action. This plan therefore focuses on shared community strategies rather than creating an additional work plan for BHSJCHA.

- Community partners will assist in identifying the organizations best positioned to support each strategy.
- The county collaboratives will periodically review CHIP objectives and progress as part of their regular work.
- Partners will use available community health data to monitor progress and identify gaps.
- Measures will emphasize meaningful changes in access, participation, connection to services, and health outcomes—not simply the number of activities completed.
- Strategies may be adjusted when circumstances, resources, evidence, or community needs change.

Terminology

For purposes of this plan, a priority is a major health issue identified through the CHNA; a goal describes the desired direction of change; an objective identifies a specific result the community intends to pursue; and a strategy describes a collaborative action intended to achieve the objective.

2. Priority Areas

Priority 1: Access to Care

Goal: Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to affordable, high-quality health care and supportive services.

Why this priority: Access to care was consistently identified as a concern across the tri-county area. Community partners identified barriers related to provider availability, transportation, specialty care, behavioral health services, insurance coverage, and navigation of the health system. Changes in local healthcare capacity also have the potential to create additional barriers to care, particularly for specialty and obstetrical services.

Priority 2: Maternal, Child, and Family Health

Goal: Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to programs and services that support healthy pregnancies, healthy children, and healthy families.

Why this priority: Community partners identified concerns related to prenatal care, access to obstetrical and gynecological services, childhood immunizations, parenting and family supports, food insecurity, housing, childcare, and preventive health services. Strengthening connections among healthcare providers, families, schools, and community organizations provides opportunities to improve outcomes.

Priority 3: Behavioral Health and Substance Use Prevention

Goal: Communities in Branch, Hillsdale, and St. Joseph counties promote positive mental health, resilience, and prevention of substance misuse.

Why this priority: Behavioral health and substance use were identified as significant concerns across the tri-county area. Partners identified needs related to access to behavioral health treatment, suicide prevention, substance use prevention, youth vaping and substance use, and supports that build resilience and protective factors.

3. Cross-Cutting Strategies

The following strategies support all three priority areas and should be considered whenever partners develop or implement CHIP activities:

- Expand and strengthen Community Health Worker services to address social needs, care navigation, transportation, food security, housing, and insurance barriers.
- Use culturally responsive, accessible, and multilingual communication to reach residents who experience barriers to information and services.
- Strengthen partnerships among hospitals, federally qualified health centers, behavioral health providers, schools, childcare providers, community organizations, and social service agencies.
- Use shared community health data to identify disparities, guide interventions, and monitor progress.
- Increase health literacy through clear, evidence-based, and actionable communication.

- Reduce barriers related to income, geography, language, disability, transportation, and other social determinants of health.
- Engage residents and people with lived experience, when appropriate, in planning, implementation, and evaluation.
- Share successful practices across the three counties so that effective approaches can be adapted locally.

4. Implementation, Accountability, and Evaluation

Implementation of the CHIP is a shared responsibility. BHSJCHA will support coordination, data review, communication, and follow-up, while community partners will support strategies that align with their missions, resources, and areas of expertise.

Each objective should have supporting partners who are willing to contribute resources, expertise, referrals, outreach, data, or other agreed-upon support.

Where a reliable baseline is not currently available, the first year of implementation should establish the baseline and confirm a realistic target. Targets should be reviewed with the organizations responsible for implementation rather than assigned without partner input.

Annual Review

- Review progress at least annually through the county collaborative networks.
- Document progress, barriers, emerging opportunities, and partner commitments.
- Review available population-level data when updated data are released.
- Adjust strategies when an approach is not producing the intended result or when community conditions change.
- Communicate major accomplishments and challenges to the BHSJCHA Board of Health and participating community partners.

5. Goals, Objectives, Strategies, and Measures

Priority Area 1: Access to Care

Goal: Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to affordable, high-quality health care and supportive services.

Objective 1.1: Increase the percentage of residents who have an ongoing source of primary care.

Strategies	• Expand Community Health Worker referral and care coordination services. • Strengthen referral pathways among community organizations, primary care providers, federally qualified health centers, and health systems. • Connect uninsured and underinsured residents with insurance enrollment and navigation assistance. • Promote preventive care and routine primary care visits.
Measures of Progress	• Percentage of residents reporting an ongoing source of primary care. • Number of residents connected to primary care through navigation or referral. • Percentage of tracked referrals successfully completed. • Number of residents receiving insurance navigation or coverage assistance.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with partners after baseline review.
Supporting Partners	Lead: To be identified with the appropriate county collaborative. Supporting partners: To be identified based on strategy ownership and capacity.

Objective 1.2: Improve residents' ability to access needed specialty healthcare services.

Strategies	• Identify and strengthen referral pathways for priority specialty services. • Increase awareness of regional specialty providers and available services. • Promote tele-specialty services when clinically appropriate. • Provide navigation for residents experiencing barriers to completing specialty referrals.
Measures of Progress	• Number of priority specialty referral pathways established or strengthened. • Number of residents receiving specialty-care navigation. • Percentage of tracked specialty referrals successfully completed. • Number of tele-specialty options available through participating partners.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with participating healthcare partners.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Objective 1.3: Improve residents' ability to obtain transportation needed to access health care.

Strategies	• Strengthen partnerships with transportation providers and community organizations. • Promote available transportation resources through healthcare, social service, and community partners. • Increase awareness of transportation benefits available through insurance providers and other programs. • Integrate transportation screening and referral into care navigation and CHW workflows.
Measures of Progress	• Number of transportation referrals. • Percentage of tracked referrals successfully connected to transportation. • Community awareness of available transportation resources. • Number of organizations actively providing or promoting transportation information.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with partners after baseline review.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Objective 1.4: Increase awareness and use of available health and supportive services.

Strategies	• Develop and distribute culturally responsive and multilingual health resource information. • Promote community resource directories and coordinated referral systems. • Use schools, employers, libraries, faith communities, healthcare organizations, and community events to share information. • Promote telehealth and other appropriate service-access options.
Measures of Progress	• Community awareness of available health services. • Use of community resource directories or referral systems. • Number of community outreach locations/partners. • Use of telehealth or other access options where reliable data are available.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with partners.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Priority Area 2: Maternal, Child, and Family Health

Goal: Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to programs and services that support healthy pregnancies, healthy children, and healthy families.

Objective 2.1: Increase early connection to prenatal care and maternal support services.

Strategies	• Strengthen referral partnerships among obstetric providers, hospitals, WIC, home visiting programs, and community organizations. • Increase early referrals to prenatal care and supportive services. • Promote WIC eligibility, benefits, breastfeeding support, and other maternal resources. • Provide navigation to address transportation, food, housing, childcare, and other barriers that may affect healthy pregnancy.
Measures of Progress	• Percentage of pregnant people entering prenatal care during the first trimester, when reliable data are available. • First-trimester WIC enrollment. • Number of referrals to prenatal care and maternal support services. • Number/percentage of clients successfully connected to requested support.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with partners.

Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Objective 2.2: Increase childhood immunization coverage and reduce barriers to vaccination.

Strategies	• Provide evidence-based, accessible immunization education for parents and caregivers. • Use reminder and recall systems and other proven approaches to reduce missed vaccinations. • Strengthen coordination among healthcare providers, schools, and childcare providers. • Promote timely immunization and assistance for families experiencing access or scheduling barriers.
Measures of Progress	• Childhood immunization coverage for selected age groups. • Number of reminder/recall contacts or outreach efforts. • Number of families connected to vaccination services through navigation or referral.
Baseline / Target	Baseline: Establish using the most reliable available immunization data. Target: Set with partners.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Objective 2.3: Increase awareness and use of maternal, child, and family support services.

Strategies	• Expand community outreach about parenting, home visiting, early childhood, and family support resources. • Develop culturally and linguistically appropriate materials. • Strengthen referral relationships among pediatric providers, schools, childcare providers, and family resource organizations. • Promote developmental screening and early intervention services.
Measures of Progress	• Participation in parenting education and family support programs. • Number of referrals to home visiting and family support services. • Percentage of tracked referrals successfully connected. • Community awareness of available family support resources.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with participating programs.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Objective 2.4: Increase use of recommended women's preventive health services.

Strategies	• Promote recommended cervical and breast cancer screening. • Increase awareness of BC3NP and other available women's health services. • Partner with healthcare providers and community organizations to reduce financial, transportation, scheduling, and information barriers. • Promote preventive health services through culturally responsive community outreach.
Measures of Progress	• Cervical cancer screening rate. • Breast cancer screening rate. • Number of residents connected to BC3NP or other preventive health resources. • Number of outreach/referral partnerships supporting women's preventive health.
Baseline / Target	Baseline: Establish from the most reliable available population or program data. Target: Set with partners.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Priority Area 3: Behavioral Health and Substance Use Prevention

Goal: Communities in Branch, Hillsdale, and St. Joseph counties promote positive mental health, resilience, and prevention of substance misuse.

Objective 3.1: Increase community knowledge and implementation of protective factors and trauma-informed practices.

Strategies	• Provide ACEs, resilience, and protective-factor education for parents, caregivers, educators, and community partners. • Expand trauma-informed care education and resources. • Promote positive childhood experiences and protective factors.

Measures of Progress	• Number of participants completing ACEs/resilience or trauma-informed training. • Pre/post measures of knowledge when available. • Number of participating organizations implementing trauma-informed practices.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with training and community partners.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Objective 3.2: Increase awareness, access, and successful connection to behavioral health services.

Strategies	• Promote available behavioral health, crisis, and suicide prevention resources. • Strengthen behavioral health referral and care coordination among healthcare, behavioral health, and community organizations. • Integrate behavioral health navigation into CHW and other care-navigation services where appropriate. • Promote tele-mental health and other access options when appropriate.
Measures of Progress	• Rate of suicides and suicide attempts within the jurisdiction. • Number of behavioral health referrals or navigation contacts. • Percentage of tracked referrals successfully connected.
Baseline / Target	Baseline: Establish in Year 1. Target: Set with behavioral health partners.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

Objective 3.3: Reduce youth substance use through evidence-based prevention, resilience, and early intervention.

Strategies	• Promote evidence-based prevention programming for youth and families. • Strengthen parent and caregiver education related to vaping, cannabis, alcohol, opioids, and other substances. • Expand youth resiliency, mentoring, and protective-factor opportunities. • Promote safe medication storage and disposal and youth cessation resources. • Coordinate prevention messaging among schools, prevention coalitions, healthcare providers, and other community partners.
Measures of Progress	• Youth substance use prevalence and/or perception-of-harm measures from available surveys. • Participation in evidence-based prevention programming. • Parent/caregiver knowledge of youth substance use prevention. • Participation or reach of safe medication storage/disposal initiatives. • Number of youth connected to cessation or early-intervention resources.
Baseline / Target	Baseline: Establish using the most reliable youth survey/program data. Target: Set with prevention partners.
Supporting Partners	Supporting partners: To be identified based on strategy ownership and capacity.

6. Roles and Responsibilities

Partner	Role
BHSJCHA	Facilitate CHIP implementation and coordination; support data collection, monitor measures, and provide interpretation; communicate progress and barriers; connect and engage supporting partners when appropriate; and help maintain alignment between the CHIP, CHNA findings, and public health priorities.
County Collaboratives	Provide a forum for shared accountability; review progress; identify barriers and opportunities; and elevate issues requiring broader community action.
Supporting Organizations	Contribute agreed-upon services, outreach, referrals, expertise, data, funding, or other resources necessary to implement strategies.
Community Members	Provide input on priorities, barriers, communication needs, and the effectiveness of strategies, particularly when lived experience can improve implementation.

7. Measurement and Continuous Improvement

The CHIP will use a combination of population-level indicators, program-level measures, and implementation measures. Population indicators are preferred when reliable and timely data are available, but program and process measures are important for understanding whether community strategies are reaching residents.

- Population measures: changes in health outcomes, service utilization, screening rates, immunization rates, or other community indicators.
- Reach measures: number or percentage of residents, families, providers, or organizations reached.
- Connection measures: referrals made, referrals completed, and residents successfully connected to services.
- Implementation measures: organizations participating, strategies implemented, trainings completed, or systems changed.
- Equity measures: differences in access, participation, or outcomes among populations experiencing greater barriers, when data are available.

No single organization is expected to control every outcome in this plan. The purpose of measurement is to determine whether collective action is moving the community in the intended direction and to identify where strategies need to change.

8. CHIP Review and Revision

This plan covers 2026–2031, but it is not intended to remain unchanged for five years. Community health improvement requires ongoing assessment and adaptation. Partners should review the plan at least annually and consider revisions when new data, changes in healthcare capacity, funding changes, emerging health concerns, or community feedback indicate that a strategy should be strengthened, replaced, or discontinued.

At the end of the CHIP period, BHSJCHA and community partners should evaluate progress, document lessons learned, and use the findings to inform the next CHNA and CHIP cycle.

9. Conclusion

The 2026–2031 CHIP provides a focused framework for collective action across Branch, Hillsdale, and St. Joseph counties. Its success will depend not on the number of activities listed, but on whether community partners work together on a small number of meaningful strategies, monitor progress, listen to residents, and adapt when circumstances change.

BHSJCHA is committed to supporting this collaborative process and to working with community partners to improve access to care, strengthen maternal and family health, promote behavioral health and resilience, and prevent substance misuse.

Appendix A: Recommended Annual CHIP Scorecard

The following one-page scorecard format can be used for annual reporting to the county collaboratives and Board of Health.

Priority / Objective	Baseline	Current Value	Target	Status	Key Update / Barrier
Access to Care 1.1	TBD	TBD	TBD	Not yet measured	
Access to Care 1.2	TBD	TBD	TBD	Not yet measured	
Access to Care 1.3	TBD	TBD	TBD	Not yet measured	
Access to Care 1.4	TBD	TBD	TBD	Not yet measured	
Maternal/Child 2.1	TBD	TBD	TBD	Not yet measured	
Maternal/Child 2.2	TBD	TBD	TBD	Not yet measured	
Maternal/Child 2.3	TBD	TBD	TBD	Not yet measured	
Maternal/Child 2.4	TBD	TBD	TBD	Not yet measured	
Behavioral Health 3.1	TBD	TBD	TBD	Not yet measured	
Behavioral Health 3.2	TBD	TBD	TBD	Not yet measured	
Behavioral Health 3.3	TBD	TBD	TBD	Not yet measured	

STATE OF MICHIGAN
DEPARTMENT OF TREASURY

GRETCHEN WHITMER
GOVERNOR

RACHAEL EUBANKS
STATE TREASURER

March 27, 2026 – (Updated March 30, 2026)

PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS ANNUAL COST LIMITATIONS – CALENDAR YEAR 2027

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 2026, the limit on the amount that a public employer may contribute to a medical benefit plan was set to the sum of the following:

- $7,942.09 times the number of employees and elected public officials with single-person coverage
- $16,609.38 times the number of employees and elected public officials with individual -and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- $21,660.30 times the number of employees and elected public officials with family coverage.

The limits for 2027 equal the 2026 limits increased by **3.0 percent**. The 3.0 percent is the percentage change in the medical care component from the period March 2024-February 2025 to the period March 2025-February 2026.

Thus, for medical benefit plan coverage years beginning on or after January 1, 2027, the limit on the amount that a public employer may contribute to a medical benefit plan equals the sum of the following:

- $8,180.35* times the number of employees and elected public officials with single-person coverage
- $17,107.66 times the number of employees and elected public officials with individual -and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- $22,310.11 times the number of employees and elected public officials with family coverage.

Rachael Eubanks
State Treasurer

* There was a typo in the original notice for single-person coverage which listed $8,108.35 instead of $8,180.35.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

2027 Health Insurance Renewal Summary

The agency's medical, dental, and vision benefits renew for the 2027 plan year on January 1, 2027. To ensure the online portal is ready for open enrollment, a decision must be made on which plans the agency will offer. Medical coverage continues to be offered through three BCBS high-deductible health plan (HDHP/HSA) options, and the agency's long-standing practice has been to contribute 80% of the cost of Plan Option 1 toward whichever plan an employee selects. In 2026 the agency also made a one-time deposit to each employee's Health Savings Account (HSA). Four contribution strategies for 2027 were modeled and are compared below.

The agency recommends Scenario 2: keep the agency's premium contribution at 80% of Plan Option 1 (unchanged from current practice) and set the agency's HSA contribution at half of the current amount — $1,000 (single), $1,700 (couple), and $2,000 (family). This approach holds the employee's premium increase to the same modest level as the plans that preserve full 80% premium support, continues meaningful (if reduced) HSA assistance toward the plans' deductibles, keeps the year-over-year cost increase to a modest 3.1%, and leaves the agency comfortably under the PA 152 hard cap in every tier for future flexibility.

Background

- The agency currently pays 80% of the cost of Plan Option 1 (BCBS HSA 80% $2,000/$4,000) toward whichever medical plan an employee chooses — not 80% of the plan the employee actually picks — in 2026 the agency made a one-time HSA deposit of $2,000 (single), $3,400 (couple), and $4,000 (family).
- Three medical plan options are again available for 2027 (renewal premiums below); two additional plan options were explored but are not part of this recommendation.
- Michigan's Publicly Funded Health Insurance Contribution Act (PA 152) caps the total amount — premium contribution plus any HSA/HRA deposit — a public employer may contribute per employee per year. The applicable 2027 hard caps are $8,180.35 (single), $17,107.66 (couple), and $22,310.11 (family).

2027 Renewal Premiums (Monthly)

Plan Option	Single	Couple	Family
Option 1 — BCBS HSA 80% $2,000 / $4,000	$696.45	$1,567.01	$1,950.06
Option 2 — BCBS HSA 80% $3,500 / $7,000	$660.26	$1,485.57	$1,848.71
Option 3 — BCBS HSA 100% $6,350 / $12,000	$587.75	$1,322.42	$1,645.70

Scenarios Modeled

Scenario 1: 80% of Plan Option 1 premium; no agency HSA contribution.

Scenario 2 (Recommended): 80% of Plan Option 1 premium; agency HSA contribution reduced to half of the current amount ($1,000 / $1,700 / $2,000).

Scenario 3: 80% of Plan Option 1 premium; agency HSA contribution increased to the maximum allowed under the PA 152 hard cap ($1,488 / $2,064 / $3,588).

Scenario 4: Agency premium share reduced to 70% of Plan Option 1; agency HSA contribution held at the current amount ($2,000 / $3,400 / $4,000).

All figures are per employee, annually, and are added on top of the agency's 80% (or 70%, in Scenario 4) premium contribution.

Financial Comparison — Total Annual Agency Cost

Figures reflect Medical plus Dental & Vision combined, based on current enrollment.

	Medical	Dental & Vision	Grand Total	$ Change	% Change
Current (2026, Actual)	$703,889	$49,543	**$753,432**	—	—
Scenario 1	$646,862	$55,438	$702,300	-$51,132	-6.8%
Scenario 2 (Recommended)	**$721,562**	**$55,438**	**$777,000**	**+$23,568**	**+3.1%**
Scenario 3	$765,134	$55,438	$820,572	+$67,140	+8.9%
Scenario 4	$715,405	$55,438	$770,843	+$17,411	+2.3%

Medical Agency Cost by Tier

Tier	Current	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Single	$149,530	$106,975	**$122,975**	$130,783	$125,603
Couple	$166,075	$165,476	**$184,176**	$188,180	$182,192
Family	$388,283	$374,412	**$414,412**	$446,172	$407,610
Total	**$703,889**	**$646,862**	**$721,562**	**$765,134**	**$715,405**

Impact on Employees — Bi-Weekly Premium

Because Scenarios 1, 2, and 3 all keep the agency's premium share at 80%, the employee's share of the premium is identical across those three scenarios — they differ only in the HSA deposit. Scenario 4's lower 70% agency share results in a substantially larger employee premium increase. Figures below use Plan Option 1 as the representative example; the percentage change is the same for employees enrolled in Options 2 or 3.

Tier	Current (2026)	Scenarios 1 3 (2027, 80%)	Increase	Scenario 4 (2027, 70%)
Single	$56.44	$64.29	+$7.85 (+13.9%)	$96.43 (+$39.99, +70.9%)
Couple	$127.00	$144.65	+$17.65 (+13.9%)	$216.97 (+$89.97, +70.8%)
Family	$158.04	$180.01	+$21.97 (+13.9%)	$270.01 (+$111.97, +70.9%)

Under Scenario 4, an employee's out-of-pocket premium cost roughly increases 5x more than under Scenarios 1–3, even though the agency's HSA deposit is unchanged from today.

PA 152 Compliance — Scenario 2

Scenario 2 keeps the agency's total per-employee contribution (premium share plus HSA deposit) comfortably below the PA 152 statutory hard cap in every tier, preserving room for future increases:

Tier	Total Agency Cost (2027)	PA 152 Hard Cap	Margin	Status
Single	$7,685.92	$8,180.35	$494.43 under	**OK**
Couple	$16,743.30	$17,107.66	$364.36 under	**OK**
Family	$20,720.58	$22,310.11	$1,589.53 under	**OK**

No plan, tier, or year combination under Scenario 2 comes close to the applicable PA 152 hard cap, leaving the Board room to revisit the HSA contribution upward in a future year without an immediate compliance concern.

Recommendation

The agency recommends the Board adopt Scenario 2 for the 2027 plan year, for the following reasons:

- Employee affordability: Employees' premium contribution rises by the same modest ~13.9% seen under Scenarios 1 and 3 — not the roughly 71% increase employees would face under Scenario 4.
- Balanced cost control: The total agency cost increase is a modest 3.1% ($23,568) — far below Scenario 3's 8.9% ($67,140) increase — while still providing meaningful HSA support, unlike Scenario 1, which eliminates HSA contributions altogether.
- Continues meaningful HSA support: Employees still receive an agency deposit toward their HSA — half of the current amount — which continues to help offset the plans' $2,000–$12,000 deductibles, rather than shifting that full burden onto employees.
- Preserves future flexibility: Scenario 2's total per-employee cost remains below the PA 152 hard cap in every tier.
- Predictable, unchanged cost-sharing formula: The 80%/20% premium split does not change from current practice, so the change is limited to a reduction in the HSA line rather than a structural change to how premiums are shared.

Trade-Offs for the Board to Weigh

- Reduced support vs. current year: Employees will receive half the HSA deposit they received this year ($1,000/$1,700/$2,000 vs. $2,000/$3,400/$4,000 today), which increases their effective out-of-pocket exposure to the deductible even though their premium share is unchanged.
- Cost vs. Scenario 1: Scenario 2 costs $74,700 more than Scenario 1 ($777,000 vs. $702,300); the agency should weigh that added cost against the value of preserving some employer HSA support rather than eliminating it.
- Higher-support alternative: Scenario 3 provides the maximum HSA support allowed under PA 152, more fully offsetting the deductible, but at a materially higher cost (+8.9%, $67,140) that may not fit current budget capacity.
- Lower-cost alternative: Scenario 4 achieves a lower cost increase (+2.3%) than Scenario 2, but it does so by reducing the agency's premium share to 70%, which shifts far more cost onto employees (a roughly 71% jump in bi-weekly premiums) — not recommended.

Requested Action

The agency requests the Board approve Scenario 2 — an 80% agency premium contribution toward Plan Option 1, applied to whichever plan an employee selects, together with HSA contributions of $1,000 (single), $1,700 (couple), and $2,000 (family) — as the agency's health insurance contribution strategy for the 2027 plan year.

Source: Agency 2027 health insurance renewal quotes (BCBS) and internal contribution-scenario modeling workbook; PA 152 hard-cap figures per the agency's current PA 152 Limits schedule.

Health Insurance Benefits — Annual Agency Cost Summary

Description: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA $2000/$4000), regardless of which plan the employee chooses. No contribution to employee HSA accounts.

Medical Insurance — Agency Cost by Tier

Tier	Current Year Premium (ER) Cost	Current Year HSA Cost	Current Year Total	New Year Premium (ER) Cost	New Year HSA Cost	New Year Total	$ Change	% Change
Single	$111,530	$38,000	$149,530	$106,975	$0	$106,975	-$42,556	-28.5%
Couple	$132,075	$34,000	$166,075	$165,476	$0	$165,476	-$599	-0.4%
Family	$312,283	$76,000	$388,283	$374,412	$0	$374,412	-$13,872	-3.6%
Medical Total	**$555,889**	**$148,000**	**$703,889**	**$646,862**	**$0**	**$646,862**	**-$57,026**	**-8.1%**

Dental & Vision — Agency Cost by Tier

Tier	Current Year Agency Cost		Current Year Total	New Year Agency Cost		New Year Total	$ Change	% Change
Single	$7,662		$7,662	$8,924		$8,924	$1,262	16.5%
Couple	$10,996		$10,996	$9,304		$9,304	-$1,692	-15.4%
Family	$30,885		$30,885	$37,209		$37,209	$6,324	20.5%
Dental & Vision To	**$49,543**		**$49,543**	**$55,438**		**$55,438**	**$5,894**	**11.9%**

Grand Total — All Benefits

Category	Current Year Total			New Year Total			$ Change	% Change
Medical + Dental &	**$753,432**			**$702,300**			**-$51,132**	**-6.8%**

PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:	0
New Year — plan/tier rows over the PA 152 hard cap:	0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

Medical Insurance Plan Comparison — Options 1-5

Agency (ER) Contribution Method: Percent of Plan 1 (Reference)

Global Agency Contribution %: 80.0%

"Percent of Own Plan" = the % below applies to whichever plan the employee selects. "Percent of Plan 1 (Reference)" = the agency always pays that % of Plan 1's premium for the tier, no matter which plan is chosen. Change to 1.00 for 100%, or any other %. Each plan row below defaults to this value but can be overridden individually (type over column F on any row).

Plan Option	Tier	Plan Year	Monthly Total Premium	Annual Total Premium	Agency Contribution %	ER Monthly Cost	ER Annual Cost	EE Monthly Cost	EE Bi Weekly Cost	Agency HSA Contribution (Annual)	Total Annual Agency (ER) Cost	PA 152 Hard Cap (Annual)	PA 152 Status
Option 1: BCBS HSA 80% $2,000/$4,000	Single	Current	$611.46	$7,337.52	80.0%	$489.17	$5,870.02	$122.29	$56.44	$2,000.00	$7,870.02	$7,942.09	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Single	New	$696.45	$8,357.40	80.0%	$557.16	$6,685.92	$139.29	$64.29	$0.00	$6,685.92	$8,180.35	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	Current	$1,375.78	$16,509.36	80.0%	$1,100.62	$13,207.49	$275.16	$127.00	$3,400.00	$16,607.49	$16,609.38	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	New	$1,567.01	$18,804.12	80.0%	$1,253.61	$15,043.30	$313.40	$144.65	$0.00	$15,043.30	$17,107.66	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	Current	$1,712.08	$20,544.96	80.0%	$1,369.66	$16,435.97	$342.42	$158.04	$4,000.00	$20,435.97	$21,660.30	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	New	$1,950.06	$23,400.72	80.0%	$1,560.05	$18,720.58	$390.01	$180.01	$0.00	$18,720.58	$22,310.11	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	Current	$579.68	$6,956.16	80.0%	$489.17	$5,870.02	$90.51	$41.77	$2,000.00	$7,870.02	$7,942.09	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	New	$660.26	$7,923.12	80.0%	$557.16	$6,685.92	$103.10	$47.58	$0.00	$6,685.92	$8,180.35	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	Current	$1,304.28	$15,651.36	80.0%	$1,100.62	$13,207.49	$203.66	$94.00	$3,400.00	$16,607.49	$16,609.38	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	New	$1,485.57	$17,826.84	80.0%	$1,253.61	$15,043.30	$231.96	$107.06	$0.00	$15,043.30	$17,107.66	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	Current	$1,623.10	$19,477.20	80.0%	$1,369.66	$16,435.97	$253.44	$116.97	$4,000.00	$20,435.97	$21,660.30	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	New	$1,848.71	$22,184.52	80.0%	$1,560.05	$18,720.58	$288.66	$133.23	$0.00	$18,720.58	$22,310.11	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	Current	$516.02	$6,192.24	80.0%	$489.17	$5,870.02	$26.85	$12.39	$2,000.00	$7,870.02	$7,942.09	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	New	$587.75	$7,053.00	80.0%	$557.16	$6,685.92	$30.59	$14.12	$0.00	$6,685.92	$8,180.35	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	Current	$1,161.04	$13,932.48	80.0%	$1,100.62	$13,207.49	$60.42	$27.88	$3,400.00	$16,607.49	$16,609.38	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	New	$1,322.42	$15,869.04	80.0%	$1,253.61	$15,043.30	$68.81	$31.76	$0.00	$15,043.30	$17,107.66	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	Current	$1,444.86	$17,338.32	80.0%	$1,369.66	$16,435.97	$75.20	$34.71	$4,000.00	$20,435.97	$21,660.30	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	New	$1,645.70	$19,748.40	80.0%	$1,560.05	$18,720.58	$85.65	$39.53	$0.00	$18,720.58	$22,310.11	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	Current	$550.69	$6,608.32	80.0%	$489.17	$5,870.02	$61.53	$28.40	$0.00	$5,870.02	$7,942.09	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	New	$627.24	$7,526.88	80.0%	$557.16	$6,685.92	$70.08	$32.34	$0.00	$6,685.92	$8,180.35	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	Current	$1,239.07	$14,868.83	80.0%	$1,100.62	$13,207.49	$138.45	$63.90	$0.00	$13,207.49	$16,609.38	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	New	$1,411.30	$16,935.60	80.0%	$1,253.61	$15,043.30	$157.69	$72.78	$0.00	$15,043.30	$17,107.66	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	Current	$1,541.95	$18,503.39	80.0%	$1,369.66	$16,435.97	$172.29	$79.52	$0.00	$16,435.97	$21,660.30	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	New	$1,756.28	$21,075.36	80.0%	$1,560.05	$18,720.58	$196.23	$90.57	$0.00	$18,720.58	$22,310.11	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	Current	$568.66	$6,823.88	80.0%	$489.17	$5,870.02	$79.49	$36.69	$0.00	$5,870.02	$7,942.09	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	New	$647.70	$7,772.40	80.0%	$557.16	$6,685.92	$90.54	$41.79	$0.00	$6,685.92	$8,180.35	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	Current	$1,279.47	$15,353.68	80.0%	$1,100.62	$13,207.49	$178.85	$82.55	$0.00	$13,207.49	$16,609.38	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	New	$1,457.32	$17,487.84	80.0%	$1,253.61	$15,043.30	$203.71	$94.02	$0.00	$15,043.30	$17,107.66	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	Current	$1,592.23	$19,106.76	80.0%	$1,369.66	$16,435.97	$222.57	$102.72	$0.00	$16,435.97	$21,660.30	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	New	$1,813.55	$21,762.60	80.0%	$1,560.05	$18,720.58	$253.50	$117.00	$0.00	$18,720.58	$22,310.11	OK

Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.

Health Insurance Benefits — Annual Agency Cost Summary

Description: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA $2000/$4000), regardless of which plan the employee chooses. Agency contributes $1,000 for single, $1,700 for couple, or $2,000 for family (half of what it did last year)

Medical Insurance — Agency Cost by Tier

Tier	Current Year Premium (ER) Cost	Current Year HSA Cost	Current Year Total	New Year Premium (ER) Cost	New Year HSA Cost	New Year Total	$ Change	% Change
Single	$111,530	$38,000	$149,530	$106,975	$16,000	$122,975	-$26,556	-17.8%
Couple	$132,075	$34,000	$166,075	$165,476	$18,700	$184,176	$18,101	10.9%
Family	$312,283	$76,000	$388,283	$374,412	$40,000	$414,412	$26,128	6.7%
Medical Total	**$555,889**	**$148,000**	**$703,889**	**$646,862**	**$74,700**	**$721,562**	**$17,674**	**2.5%**

Dental & Vision — Agency Cost by Tier

Tier	Current Year Agency Cost		Current Year Total	New Year Agency Cost		New Year Total	$ Change	% Change
Single	$7,662		$7,662	$8,924		$8,924	$1,262	16.5%
Couple	$10,996		$10,996	$9,304		$9,304	-$1,692	-15.4%
Family	$30,885		$30,885	$37,209		$37,209	$6,324	20.5%
Dental & Vision To	**$49,543**		**$49,543**	**$55,438**		**$55,438**	**$5,894**	**11.9%**

Grand Total — All Benefits

Category	Current Year Total			New Year Total			$ Change	% Change
Medical + Dental &	**$753,432**			**$777,000**			**$23,568**	**3.1%**

PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:	0
New Year — plan/tier rows over the PA 152 hard cap:	0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

Medical Insurance Plan Comparison — Options 1-5

Agency (ER) Contribution Method: Percent of Plan 1 (Reference)

Global Agency Contribution %: 80.0%

"Percent of Own Plan" = the % below applies to whichever plan the employee selects. "Percent of Plan 1 (Reference)" = the agency always pays that % of PLAN 1's premium for the tier, no matter which plan is chosen. Change to 1.00 for 100%, or any other %. Each plan row below defaults to this value but can be overridden individually (type over column F on any row).

Plan Option	Tier	Plan Year	Monthly Total Premium	Annual Total Premium	Agency Contribution %	ER Monthly Cost	ER Annual Cost	EE Monthly Cost	EE Bi Weekly Cost	Agency HSA Contribution (Annual)	Total Annual Agency (ER) Cost	PA 152 Hard Cap (Annual)	PA 152 Status
Option 1: BCBS HSA 80% $2,000/$4,000	Single	Current	$611.46	$7,337.52	80.0%	$489.17	$5,870.02	$122.29	$56.44	$2,000.00	$7,870.02	$7,942.09	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Single	New	$696.45	$8,357.40	80.0%	$557.16	$6,685.92	$139.29	$64.29	$1,000.00	$7,685.92	$8,180.35	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	Current	$1,375.78	$16,509.36	80.0%	$1,100.62	$13,207.49	$275.16	$127.00	$3,400.00	$16,607.49	$16,609.38	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	New	$1,567.01	$18,804.12	80.0%	$1,253.61	$15,043.30	$313.40	$144.65	$1,700.00	$16,743.30	$17,107.66	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	Current	$1,712.08	$20,544.96	80.0%	$1,369.66	$16,435.97	$342.42	$158.04	$4,000.00	$20,435.97	$21,660.30	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	New	$1,950.06	$23,400.72	80.0%	$1,560.05	$18,720.58	$390.01	$180.01	$2,000.00	$20,720.58	$22,310.11	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	Current	$579.68	$6,956.16	80.0%	$489.17	$5,870.02	$90.51	$41.77	$2,000.00	$7,870.02	$7,942.09	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	New	$660.26	$7,923.12	80.0%	$557.16	$6,685.92	$103.10	$47.58	$1,000.00	$7,685.92	$8,180.35	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	Current	$1,304.28	$15,651.36	80.0%	$1,100.62	$13,207.49	$203.66	$94.00	$3,400.00	$16,607.49	$16,609.38	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	New	$1,485.57	$17,826.84	80.0%	$1,253.61	$15,043.30	$231.96	$107.06	$1,700.00	$16,743.30	$17,107.66	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	Current	$1,623.10	$19,477.20	80.0%	$1,369.66	$16,435.97	$253.44	$116.97	$4,000.00	$20,435.97	$21,660.30	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	New	$1,848.71	$22,184.52	80.0%	$1,560.05	$18,720.58	$288.66	$133.23	$2,000.00	$20,720.58	$22,310.11	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	Current	$516.02	$6,192.24	80.0%	$489.17	$5,870.02	$26.85	$12.39	$2,000.00	$7,870.02	$7,942.09	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	New	$587.75	$7,053.00	80.0%	$557.16	$6,685.92	$30.59	$14.12	$1,000.00	$7,685.92	$8,180.35	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	Current	$1,161.04	$13,932.48	80.0%	$1,100.62	$13,207.49	$60.42	$27.88	$3,400.00	$16,607.49	$16,609.38	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	New	$1,322.42	$15,869.04	80.0%	$1,253.61	$15,043.30	$68.81	$31.76	$1,700.00	$16,743.30	$17,107.66	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	Current	$1,444.86	$17,338.32	80.0%	$1,369.66	$16,435.97	$75.20	$34.71	$4,000.00	$20,435.97	$21,660.30	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	New	$1,645.70	$19,748.40	80.0%	$1,560.05	$18,720.58	$85.65	$39.53	$2,000.00	$20,720.58	$22,310.11	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	Current	$550.69	$6,608.32	80.0%	$489.17	$5,870.02	$61.53	$28.40	$2,000.00	$7,870.02	$7,942.09	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	New	$627.24	$7,526.88	80.0%	$557.16	$6,685.92	$70.08	$32.34	$1,000.00	$7,685.92	$8,180.35	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	Current	$1,239.07	$14,868.83	80.0%	$1,100.62	$13,207.49	$138.45	$63.90	$3,400.00	$16,607.49	$16,609.38	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	New	$1,411.30	$16,935.60	80.0%	$1,253.61	$15,043.30	$157.69	$72.78	$1,700.00	$16,743.30	$17,107.66	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	Current	$1,541.95	$18,503.39	80.0%	$1,369.66	$16,435.97	$172.29	$79.52	$4,000.00	$20,435.97	$21,660.30	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	New	$1,756.28	$21,075.36	80.0%	$1,560.05	$18,720.58	$196.23	$90.57	$2,000.00	$20,720.58	$22,310.11	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	Current	$568.66	$6,823.88	80.0%	$489.17	$5,870.02	$79.49	$36.69	$2,000.00	$7,870.02	$7,942.09	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	New	$647.70	$7,772.40	80.0%	$557.16	$6,685.92	$90.54	$41.79	$1,000.00	$7,685.92	$8,180.35	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	Current	$1,279.47	$15,353.68	80.0%	$1,100.62	$13,207.49	$178.85	$82.55	$3,400.00	$16,607.49	$16,609.38	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	New	$1,457.32	$17,487.84	80.0%	$1,253.61	$15,043.30	$203.71	$94.02	$1,700.00	$16,743.30	$17,107.66	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	Current	$1,592.23	$19,106.76	80.0%	$1,369.66	$16,435.97	$222.57	$102.72	$4,000.00	$20,435.97	$21,660.30	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	New	$1,813.55	$21,762.60	80.0%	$1,560.05	$18,720.58	$253.50	$117.00	$2,000.00	$20,720.58	$22,310.11	OK

Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.

Health Insurance Benefits — Annual Agency Cost Summary

Description: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA $2000/$4000), regardless of which plan the employee chooses. Agency contributes $1,488 for single, $2,064 for couple, or $3,588 for family (max amount to stay under PA 152)

Medical Insurance — Agency Cost by Tier

Tier	Current Year Premium (ER) Cost	Current Year HSA Cost	Current Year Total	New Year Premium (ER) Cost	New Year HSA Cost	New Year Total	$ Change	% Change
Single	$111,530	$38,000	$149,530	$106,975	$23,808	$130,783	-$18,748	-12.5%
Couple	$132,075	$34,000	$166,075	$165,476	$22,704	$188,180	$22,105	13.3%
Family	$312,283	$76,000	$388,283	$374,412	$71,760	$446,172	$57,888	14.9%
Medical Total	**$555,889**	**$148,000**	**$703,889**	**$646,862**	**$118,272**	**$765,134**	**$61,246**	**8.7%**

Dental & Vision — Agency Cost by Tier

Tier	Current Year Agency Cost		Current Year Total	New Year Agency Cost		New Year Total	$ Change	% Change
Single	$7,662		$7,662	$8,924		$8,924	$1,262	16.5%
Couple	$10,996		$10,996	$9,304		$9,304	-$1,692	-15.4%
Family	$30,885		$30,885	$37,209		$37,209	$6,324	20.5%
Dental & Vision To	**$49,543**		**$49,543**	**$55,438**		**$55,438**	**$5,894**	**11.9%**

Grand Total — All Benefits

Category	Current Year Total			New Year Total			$ Change	% Change
Medical + Dental &	**$753,432**			**$820,572**			**$67,140**	**8.9%**

PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:	0
New Year — plan/tier rows over the PA 152 hard cap:	0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

Medical Insurance Plan Comparison — Options 1-5

Agency (ER) Contribution Method: Percent of Plan 1 (Reference)

Global Agency Contribution %: 80.0%

"Percent of Own Plan" = the % below applies to whichever plan the employee selects. "Percent of Plan 1 (Reference)" = the agency always pays that % of Plan 1's premium for the tier, no matter which plan is chosen. Change to 1.00 for 100%, or any other %. Each plan row below defaults to this value but can be overridden individually (type over column F on any row).

Plan Option	Tier	Plan Year	Monthly Total Premium	Annual Total Premium	Agency Contribution %	ER Monthly Cost	ER Annual Cost	EE Monthly Cost	EE Bi Weekly Cost	Agency HSA Contribution (Annual)	Total Annual Agency (ER) Cost	PA 152 Hard Cap (Annual)	PA 152 Status
Option 1: BCBS HSA 80% $2,000/$4,000	Single	Current	$611.46	$7,337.52	80.0%	$489.17	$5,870.02	$122.29	$56.44	$2,000.00	$7,870.02	$7,942.09	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Single	New	$696.45	$8,357.40	80.0%	$557.16	$6,685.92	$139.29	$64.29	$1,488.00	$8,173.92	$8,180.35	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	Current	$1,375.78	$16,509.36	80.0%	$1,100.62	$13,207.49	$275.16	$127.00	$3,400.00	$16,607.49	$16,609.38	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	New	$1,567.01	$18,804.12	80.0%	$1,253.61	$15,043.30	$313.40	$144.65	$2,064.00	$17,107.30	$17,107.66	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	Current	$1,712.08	$20,544.96	80.0%	$1,369.66	$16,435.97	$342.42	$158.04	$4,000.00	$20,435.97	$21,660.30	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	New	$1,950.06	$23,400.72	80.0%	$1,560.05	$18,720.58	$390.01	$180.01	$3,588.00	$22,308.58	$22,310.11	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	Current	$579.68	$6,956.16	80.0%	$489.17	$5,870.02	$90.51	$41.77	$2,000.00	$7,870.02	$7,942.09	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	New	$660.26	$7,923.12	80.0%	$557.16	$6,685.92	$103.10	$47.58	$1,488.00	$8,173.92	$8,180.35	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	Current	$1,304.28	$15,651.36	80.0%	$1,100.62	$13,207.49	$203.66	$94.00	$3,400.00	$16,607.49	$16,609.38	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	New	$1,485.57	$17,826.84	80.0%	$1,253.61	$15,043.30	$231.96	$107.06	$2,064.00	$17,107.30	$17,107.66	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	Current	$1,623.10	$19,477.20	80.0%	$1,369.66	$16,435.97	$253.44	$116.97	$4,000.00	$20,435.97	$21,660.30	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	New	$1,848.71	$22,184.52	80.0%	$1,560.05	$18,720.58	$288.66	$133.23	$3,588.00	$22,308.58	$22,310.11	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	Current	$516.02	$6,192.24	80.0%	$489.17	$5,870.02	$26.85	$12.39	$2,000.00	$7,870.02	$7,942.09	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	New	$587.75	$7,053.00	80.0%	$557.16	$6,685.92	$30.59	$14.12	$1,488.00	$8,173.92	$8,180.35	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	Current	$1,161.04	$13,932.48	80.0%	$1,100.62	$13,207.49	$60.42	$27.88	$3,400.00	$16,607.49	$16,609.38	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	New	$1,322.42	$15,869.04	80.0%	$1,253.61	$15,043.30	$68.81	$31.76	$2,064.00	$17,107.30	$17,107.66	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	Current	$1,444.86	$17,338.32	80.0%	$1,369.66	$16,435.97	$75.20	$34.71	$4,000.00	$20,435.97	$21,660.30	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	New	$1,645.70	$19,748.40	80.0%	$1,560.05	$18,720.58	$85.65	$39.53	$3,588.00	$22,308.58	$22,310.11	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	Current	$550.69	$6,608.32	80.0%	$489.17	$5,870.02	$61.53	$28.40	$2,000.00	$7,870.02	$7,942.09	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	New	$627.24	$7,526.88	80.0%	$557.16	$6,685.92	$70.08	$32.34	$1,488.00	$8,173.92	$8,180.35	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	Current	$1,239.07	$14,868.83	80.0%	$1,100.62	$13,207.49	$138.45	$63.90	$3,400.00	$16,607.49	$16,609.38	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	New	$1,411.30	$16,935.60	80.0%	$1,253.61	$15,043.30	$157.69	$72.78	$2,064.00	$17,107.30	$17,107.66	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	Current	$1,541.95	$18,503.39	80.0%	$1,369.66	$16,435.97	$172.29	$79.52	$4,000.00	$20,435.97	$21,660.30	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	New	$1,756.28	$21,075.36	80.0%	$1,560.05	$18,720.58	$196.23	$90.57	$3,588.00	$22,308.58	$22,310.11	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	Current	$568.66	$6,823.88	80.0%	$489.17	$5,870.02	$79.49	$36.69	$2,000.00	$7,870.02	$7,942.09	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	New	$647.70	$7,772.40	80.0%	$557.16	$6,685.92	$90.54	$41.79	$1,488.00	$8,173.92	$8,180.35	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	Current	$1,279.47	$15,353.68	80.0%	$1,100.62	$13,207.49	$178.85	$82.55	$3,400.00	$16,607.49	$16,609.38	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	New	$1,457.32	$17,487.84	80.0%	$1,253.61	$15,043.30	$203.71	$94.02	$2,064.00	$17,107.30	$17,107.66	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	Current	$1,592.23	$19,106.76	80.0%	$1,369.66	$16,435.97	$222.57	$102.72	$4,000.00	$20,435.97	$21,660.30	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	New	$1,813.55	$21,762.60	80.0%	$1,560.05	$18,720.58	$253.50	$117.00	$3,588.00	$22,308.58	$22,310.11	OK

Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.

Health Insurance Benefits — Annual Agency Cost Summary

Description: Agency pays 70% of the cost of Plan Option 1 (BCBS 80% HSA $2000/$4000), regardless of which plan the employee chooses. Agency contributes $2,000 for single, $3,400 for couple, or $4,000 for family (employee pays more premium)

Medical Insurance — Agency Cost by Tier

Tier	Current Year Premium (ER) Cost	Current Year HSA Cost	Current Year Total	New Year Premium (ER) Cost	New Year HSA Cost	New Year Total	$ Change	% Change
Single	$111,530	$38,000	$149,530	$93,603	$32,000	$125,603	-$23,927	-16.0%
Couple	$132,075	$34,000	$166,075	$144,792	$37,400	$182,192	$16,117	9.7%
Family	$312,283	$76,000	$388,283	$327,610	$80,000	$407,610	$19,327	5.0%
Medical Total	**$555,889**	**$148,000**	**$703,889**	**$566,005**	**$149,400**	**$715,405**	**$11,516**	**1.6%**

Dental & Vision — Agency Cost by Tier

Tier	Current Year Agency Cost		Current Year Total	New Year Agency Cost		New Year Total	$ Change	% Change
Single	$7,662		$7,662	$8,924		$8,924	$1,262	16.5%
Couple	$10,996		$10,996	$9,304		$9,304	-$1,692	-15.4%
Family	$30,885		$30,885	$37,209		$37,209	$6,324	20.5%
Dental & Vision To	**$49,543**		**$49,543**	**$55,438**		**$55,438**	**$5,894**	**11.9%**

Grand Total — All Benefits

Category	Current Year Total			New Year Total			$ Change	% Change
Medical + Dental &	**$753,432**			**$770,843**			**$17,411**	**2.3%**

PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:	0
New Year — plan/tier rows over the PA 152 hard cap:	0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

Medical Insurance Plan Comparison — Options 1-5

Agency (ER) Contribution Method: Percent of Plan 1 (Reference)

Global Agency Contribution %: 70.0%

"Percent of Own Plan" = the % below applies to whichever plan the employee selects. "Percent of Plan 1 (Reference)" = the agency always pays that % of Plan 1's premium for the tier, no matter which plan is chosen. Change to 1.00 for 100%, or any other %. Each plan row below defaults to this value but can be overridden individually (type over column F on any row).

Plan Option	Tier	Plan Year	Monthly Total Premium	Annual Total Premium	Agency Contribution %	ER Monthly Cost	ER Annual Cost	EE Monthly Cost	EE Bi Weekly Cost	Agency HSA Contribution (Annual)	Total Annual Agency (ER) Cost	PA 152 Hard Cap (Annual)	PA 152 Status
Option 1: BCBS HSA 80% $2,000/$4,000	Single	Current	$611.46	$7,337.52	70.0%	$428.02	$5,136.26	$183.44	$84.66	$2,000.00	$7,136.26	$7,942.09	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Single	New	$696.45	$8,357.40	70.0%	$487.52	$5,850.18	$208.94	$96.43	$2,000.00	$7,850.18	$8,180.35	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	Current	$1,375.78	$16,509.36	70.0%	$963.05	$11,556.55	$412.73	$190.49	$3,400.00	$14,956.55	$16,609.38	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Couple	New	$1,567.01	$18,804.12	70.0%	$1,096.91	$13,162.88	$470.10	$216.97	$3,400.00	$16,562.88	$17,107.66	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	Current	$1,712.08	$20,544.96	70.0%	$1,198.46	$14,381.47	$513.62	$237.06	$4,000.00	$18,381.47	$21,660.30	OK
Option 1: BCBS HSA 80% $2,000/$4,000	Family	New	$1,950.06	$23,400.72	70.0%	$1,365.04	$16,380.50	$585.02	$270.01	$4,000.00	$20,380.50	$22,310.11	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	Current	$579.68	$6,956.16	70.0%	$428.02	$5,136.26	$151.66	$70.00	$2,000.00	$7,136.26	$7,942.09	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Single	New	$660.26	$7,923.12	70.0%	$487.52	$5,850.18	$172.75	$79.73	$2,000.00	$7,850.18	$8,180.35	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	Current	$1,304.28	$15,651.36	70.0%	$963.05	$11,556.55	$341.23	$157.49	$3,400.00	$14,956.55	$16,609.38	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Couple	New	$1,485.57	$17,826.84	70.0%	$1,096.91	$13,162.88	$388.66	$179.38	$3,400.00	$16,562.88	$17,107.66	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	Current	$1,623.10	$19,477.20	70.0%	$1,198.46	$14,381.47	$424.64	$195.99	$4,000.00	$18,381.47	$21,660.30	OK
Option 2: BCBS HSA 80% $3,500/$7,000	Family	New	$1,848.71	$22,184.52	70.0%	$1,365.04	$16,380.50	$483.67	$223.23	$4,000.00	$20,380.50	$22,310.11	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	Current	$516.02	$6,192.24	70.0%	$428.02	$5,136.26	$88.00	$40.61	$2,000.00	$7,136.26	$7,942.09	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Single	New	$587.75	$7,053.00	70.0%	$487.52	$5,850.18	$100.24	$46.26	$2,000.00	$7,850.18	$8,180.35	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	Current	$1,161.04	$13,932.48	70.0%	$963.05	$11,556.55	$197.99	$91.38	$3,400.00	$14,956.55	$16,609.38	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Couple	New	$1,322.42	$15,869.04	70.0%	$1,096.91	$13,162.88	$225.51	$104.08	$3,400.00	$16,562.88	$17,107.66	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	Current	$1,444.86	$17,338.32	70.0%	$1,198.46	$14,381.47	$246.40	$113.72	$4,000.00	$18,381.47	$21,660.30	OK
Option 3: BCBS HSA 100% $6,350/$12,000	Family	New	$1,645.70	$19,748.40	70.0%	$1,365.04	$16,380.50	$280.66	$129.53	$4,000.00	$20,380.50	$22,310.11	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	Current	$550.69	$6,608.32	70.0%	$428.02	$5,136.26	$122.67	$56.62	$2,000.00	$7,136.26	$7,942.09	OK
Option 4: Priority HSA 80% $3,500/$7,000	Single	New	$627.24	$7,526.88	70.0%	$487.52	$5,850.18	$139.73	$64.49	$2,000.00	$7,850.18	$8,180.35	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	Current	$1,239.07	$14,868.83	70.0%	$963.05	$11,556.55	$276.02	$127.40	$3,400.00	$14,956.55	$16,609.38	OK
Option 4: Priority HSA 80% $3,500/$7,000	Couple	New	$1,411.30	$16,935.60	70.0%	$1,096.91	$13,162.88	$314.39	$145.10	$3,400.00	$16,562.88	$17,107.66	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	Current	$1,541.95	$18,503.39	70.0%	$1,198.46	$14,381.47	$343.49	$158.54	$4,000.00	$18,381.47	$21,660.30	OK
Option 4: Priority HSA 80% $3,500/$7,000	Family	New	$1,756.28	$21,075.36	70.0%	$1,365.04	$16,380.50	$391.24	$180.57	$4,000.00	$20,380.50	$22,310.11	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	Current	$568.66	$6,823.88	70.0%	$428.02	$5,136.26	$140.63	$64.91	$2,000.00	$7,136.26	$7,942.09	OK
Option 5: Priority HSA 80% $2,000/$4,000	Single	New	$647.70	$7,772.40	70.0%	$487.52	$5,850.18	$160.19	$73.93	$2,000.00	$7,850.18	$8,180.35	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	Current	$1,279.47	$15,353.68	70.0%	$963.05	$11,556.55	$316.43	$146.04	$3,400.00	$14,956.55	$16,609.38	OK
Option 5: Priority HSA 80% $2,000/$4,000	Couple	New	$1,457.32	$17,487.84	70.0%	$1,096.91	$13,162.88	$360.41	$166.34	$3,400.00	$16,562.88	$17,107.66	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	Current	$1,592.23	$19,106.76	70.0%	$1,198.46	$14,381.47	$393.77	$181.74	$4,000.00	$18,381.47	$21,660.30	OK
Option 5: Priority HSA 80% $2,000/$4,000	Family	New	$1,813.55	$21,762.60	70.0%	$1,365.04	$16,380.50	$448.51	$207.00	$4,000.00	$20,380.50	$22,310.11	OK

Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.