
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. Unfinished Business
 - 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. Adjournment - 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,

A handwritten signature in black ink, appearing to read 'Theresa Fisher', is positioned above the printed name.

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.**

MEDICAL

Current Year Costs

		PREMIUM	ER MNTH	EE WEEK	EE MNTH	ER HSA CONT
		CURRENT PLAN / Contributions				Monthly
		MEDICAL OPTION 1				
		BCBS PPO 80% \$1,500/\$3,000				
EE	10	\$739.43	\$643.19	\$44.42	\$96.24	N/A
DOUBLE	6	\$1,774.63	\$1,345.11	\$198.24	\$429.52	N/A
FAMILY	12	\$2,218.29	\$1,754.15	\$214.22	\$464.14	N/A
		\$44,662	\$35,552		\$9,109	
		MEDICAL OPTION 2				
		BCBS HSA 80% \$2,000/\$4,000				
EE	5	\$648.92	\$643.19	\$2.65	\$5.73	\$0.00
DOUBLE	1	\$1,557.40	\$1,345.11	\$97.98	\$212.29	\$0.00
FAMILY	3	\$1,946.75	\$1,754.15	\$88.89	\$192.60	\$0.00
		\$10,642	\$9,824		\$819	
		MEDICAL OPTION 3				
		BCBS HSA 80% \$3,500/\$7,000				
EE	1	\$560.59	\$643.19	\$0.00	\$0.00	\$82.60
DOUBLE	1	\$1,345.43	\$1,345.11	\$0.15	\$0.32	\$0.00
FAMILY	3	\$1,681.78	\$1,754.15	\$0.00	\$0.00	\$72.37
		\$6,951	\$7,251		\$0	\$300
		MEDICAL OPTION 4				
		BCBS HAS 100% \$6,350/\$12,700				
EE	2	\$535.51	\$643.19	\$0.00	\$0.00	\$107.68
DOUBLE	1	\$1,285.24	\$1,345.11	\$0.00	\$0.00	\$59.87
FAMILY	1	\$1,606.55	\$1,754.15	\$0.00	\$0.00	\$147.60
		\$3,962.81	\$4,386		\$0	\$423
DENTAL & VISION						
		DELTA Dental, Principal Vision				
EE	23	\$45.76	\$36.61	\$4.22	\$9.15	N/A
DOUBLE	11	\$85.90	\$68.72	\$7.93	\$17.18	N/A
FAMILY	16	\$149.33	\$119.46	\$13.78	\$29.87	N/A
MONTHLY		\$4,387	\$3,509		\$877	

46	PREMIUMS	ER COST	EE COST
COMBINED MEDICAL	\$70,605	\$60,522	\$10,806
COMBINED ALL	\$847,256	\$726,259	\$129,667
% OF COST		85.7%	15.3%

Cash in Leiu - Receive \$2500	
13	\$208.33

Traditionally Funded Insurance Plans

MEDICAL						
Proposed Renewal with PA 152 Hard Cap						
PREMIUM	ER MNTH	EE WEEK	EE MNTH	ER HSA CONT		
RENEWAL PLAN / Contributions				Monthly		
MEDICAL OPTION 1						
BCBS PPO 80% \$1,500/\$3,000						
\$851.21	\$661.84	\$87.40	\$189.37	N/A		
\$2,042.91	\$1,384.12	\$304.06	\$658.80	N/A		
\$2,553.63	\$1,805.03	\$345.51	\$748.61	N/A		
\$51,413	\$36,583		\$14,830			
15.12%				\$51,413.12		
MEDICAL OPTION 2						
BCBS HSA 80% \$2,000/\$4,000						
\$761.39	\$661.84	\$45.95	\$99.55	\$0.00		
\$1,827.34	\$1,384.12	\$204.57	\$443.23	\$0.00		
\$2,284.19	\$1,805.03	\$221.15	\$479.17	\$0.00		
\$12,487	\$10,108		\$2,378	\$0		
17.33%				\$12,486.86		
MEDICAL OPTION 3						
BCBS HSA 80% \$3,500/\$7,000						
\$649.84	\$661.84	\$0.00	\$0.00	\$12.00		
\$1,559.58	\$1,384.12	\$80.98	\$175.47	\$0.00		
\$1,949.49	\$1,805.03	\$66.68	\$144.47	\$0.00		
\$8,058	\$7,461		\$609	\$12		
15.92%				\$8,069.89		
MEDICAL OPTION 4						
BCBS HAS 100% \$6,350/\$12,700						
\$615.22	\$661.84	\$0.00	\$0.00	\$46.62		
\$1,476.53	\$1,384.12	\$42.65	\$92.42	\$0.00		
\$1,845.66	\$1,805.03	\$18.75	\$40.64	\$0.00		
\$4,553	\$4,513		\$133	\$93		
14.88%				\$4,645.87		
DENTAL & VISION						
DELTA Dental, Principal Vision - Dental Rates not available +10%						
\$50.34	\$40.27	\$4.65	\$10.07	N/A		
\$94.49	\$75.59	\$8.72	\$18.90	N/A		
\$164.26	\$131.41	\$15.16	\$32.85	N/A		
\$4,825	\$3,860		\$965			

46	PREMIUMS	ER COST	EE COST
COMBINED MEDICAL	\$81,441	\$62,526	\$18,915
COMBINED ALL	\$977,293	\$750,311	\$226,982
% OF COST	15.3%	76.8%	23.2%

\$24,052
Projected employer cost increase

Cash in Leiu - Receive \$2500		Annual Cost
13	\$208.33	\$32,500.00

2026 Hard Cap	Monthly
7942.09 Single	\$661.84
16609.38 Couple	\$1,384.12
21660.3 Family	\$1,805.03

Self-Funded Pool (Similar) Plans

MEDICAL						
Proposed Renewal with PA 152 Hard Cap						
PREMIUM	ER MNTH	EE WEEK	EE MNTH	ER HSA CONT		
RENWAL PLAN / Contributions				Monthly		
MEDICAL OPTION 1						
Alternative Value PPO 80% \$1,000/\$2,000						
\$820.41	\$661.84	\$73.19	\$158.57	N/A		
\$1,845.90	\$1,384.12	\$213.13	\$461.79	N/A		
\$2,297.12	\$1,805.03	\$227.12	\$492.10	N/A		
\$46,845	\$36,583		\$10,262			
4.89%				\$46,844.94		
MEDICAL OPTION 2						
Alternative Value HSA 80% \$2,000/\$4,000						
\$611.46	\$661.84	\$0.00	\$0.00	\$50.38		
\$1,375.78	\$1,384.12	\$0.00	\$0.00	\$8.34		
\$1,712.08	\$1,805.03	\$0.00	\$0.00	\$92.94		
\$9,569	\$10,108		\$0	\$539		
-10.08%				\$10,108.39		
MEDICAL OPTION 3						
Alternative Value HSA 80% \$3,500/\$7,000						
\$579.68	\$661.84	\$0.00	\$0.00	\$82.16		
\$1,304.28	\$1,384.12	\$0.00	\$0.00	\$79.84		
\$1,623.10	\$1,805.03	\$0.00	\$0.00	\$181.93		
\$6,753	\$7,461		\$0	\$708		
-2.85%				\$7,461.03		
MEDICAL OPTION 4						
Alternative Value HSA 100% \$6,350/\$12,700						
\$516.02	\$661.84	\$0.00	\$0.00	\$145.82		
\$1,161.04	\$1,384.12	\$0.00	\$0.00	\$223.08		
\$1,444.86	\$1,805.03	\$0.00	\$0.00	\$360.17		
\$3,638	\$4,513		\$0	\$875		
-8.20%				\$4,512.82		
DENTAL & VISION						
DELTA Dental, Principal Vision - Dental Rates not available +10%						
\$50.34	\$40.27	\$4.65	\$10.07	N/A		
\$94.49	\$75.59	\$8.72	\$18.90	N/A		
\$164.26	\$131.41	\$15.16	\$32.85	N/A		
\$4,825	\$3,860		\$965			

46	PREMIUMS	ER COST	EE COST
COMBINED MEDICAL	\$73,753	\$62,526	\$11,227
COMBINED ALL	\$885,030	\$750,311	\$134,719
% OF COST	4.5%	84.8%	15.2%

\$24,052
Projected employer cost increase

Cash in Leiu - Receive \$2500		Annual Cost
13	\$208.33	\$32,500.00

2026 Hard Cap	Monthly
7942.09 Single	\$661.84
16609.38 Couple	\$1,384.12
21660.3 Family	\$1,805.03



Branch-Hillsdale-St. Joseph CHA - 2026 Rates

	Current SB \$1500 - 0003	Alternative VALUE 1000 165	Current SB \$3500 - 0006	Alternative 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 Specialty	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 SB \$2000 - 0005	Alternative VALUE HSA 2000 153/154	Current SB \$6350 - 0004	Alternative 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
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
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 Specialty	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	\$1,161.04
Family	\$2,284.19	\$1,712.08	\$1,845.66	\$1,444.86
Enrollment				
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 \$		-\$36,457		-\$7,190
Estimated Yearly Change %		-23%		-19%
			Total Percent Savings	-12%
			Total Savings	-\$117,774.12



BLUE CROSS
BLUE SHIELD
OF MICHIGAN



Large Group Community Rated Renewal Package

for

BRANCH-HILLSDALE-ST JOS D

Customer ID: 187258

For Renewal Period Beginning: January, 2026

August 11, 2025

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:

1. 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.

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**

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:

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
SB BHOV LG	RIDER SB-BH-OV LG - SIMPLY BLUE BEHAVIORAL HEALTH OFFICE VISITS
SBDIN1.5K/3K LG	RIDER SBD-IN \$1500/\$3000 LG SIMPLY BLUE DEDUCTIBLE REQUIREMENT FOR IN-NETWORK SERVICES
SBD-ON 3K/6K LG	RIDER SBD-ON \$3000/\$6000 LG SIMPLY BLUE DEDUCTIBLE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
SB-ECM-IN\$2.5KL	RIDER SB-ECM-IN \$2500 LG - SIMPLY BLUE EMBEDDED COINSURANCE MAXIMUM FOR IN-NETWORK SERVICES
SB-ECM-ON \$5K L	RIDER SB-ECM-ON \$5000 LG - SIMPLY BLUE EMBEDDED COINSURANCE MAXIMUM FOR OUT-OF-NETWORK SERVICES
SB-MTC \$30 LG	RIDER SB-MTC \$30 LG SIMPLY BLUE MANIPULATIVE THERAPY
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

Medicare Complementary Medical Riders:

ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
GCP-D	RIDER GCP-D
GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
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:

206050%CRXCMLG	RIDER PD-TTC \$20/\$60/50%/\$80/\$100-RXCM LG - PRESCRIPTION DRUG TRIPLE TIER COPAYMENT WITH MINIMUM AND MAXIMUM AMOUNTS AND A COST MANAGEMENT PROGRAM
PD-XED-MHP LG	RIDER PD-XED-MHP LG PRESCRIPTION DRUG - EXCLUDES ELECTIVE DRUGS - MENTAL HEALTH PARITY

Medicare Complementary Pharmacy Riders:

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

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CID: 187258 GROUP/DIVISION: 007016029-0003

Rates:

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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:

ADM MVP LG	ADMINISTRATIVE FORM MVP LG - MINIMUM VALUE PLAN
ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CDH-HSA	ADMINISTRATIVE FORM CDH-HSA - CONSUMER DIRECTED HEALTHCARE HEALTH SAVINGS ACCOUNT
HEQ	ADMINISTRATIVE FORM HEQ - HEALTHEQUITY
HSA-OP-E6350IN	RIDER SBD-HSA-OPM-E \$6350-IN \$15000-ON LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT ANNUAL OUT-OF-POCKET MAXIMUMS
SBDHSAC0IN20ONL	RIDER SBD-HSA-C 0%-IN 20%-ON LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT COINSURANCE REQUIREMENT FOR IN-NETWORK AND OUT- OF-NETWORK SERVICES
SBDHSA-D-E 6350	RIDER SBD-HSA-D-E 6350/12700-IN 12700/25400-ON LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT DEDUCTIBLE REQUIREMENT

Medicare Complementary Medical Riders:

ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
GCP-D	RIDER GCP-D
GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
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-EC5	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS

Pharmacy Riders:

PD-RX-CM LG	RIDER PD-RX-CM LG - PRESCRIPTION DRUG COST MANAGEMENT
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Medicare Complementary Pharmacy Riders:

ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
PD-RX-CM LG	RIDER PD-RX-CM LG - PRESCRIPTION DRUG COST MANAGEMENT

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BCBSM BENEFIT AND RATE SCHEDULE



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0005

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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 PDRX LG	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1) PREFERRED RX PROGRAM CERTIFICATE LG

Medical Riders:		Medicare Complementary Medical Riders:	
ADM PLANR JAN CDH-HSA	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY ADMINISTRATIVE FORM CDH-HSA - CONSUMER DIRECTED HEALTHCARE HEALTH SAVINGS ACCOUNT	ADM MOS816 MED ADM PLANR JAN	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL 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 Complementary Pharmacy Riders:	
206050 80/100LG	RIDER PD-CR \$20/\$60/50%- \$80-\$100 LG - PRESCRIPTION DRUGS COST-SHARING LG	206050 80/100LG	RIDER PD-CR \$20/\$60/50%- \$80-\$100 LG - PRESCRIPTION DRUGS COST-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

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BCBSM BENEFIT AND RATE SCHEDULE



BRANCH-HILLSDALE-ST JOS D

CID: 187258 GROUP/DIVISION: 007016029-0006

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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	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)
PDRX LG	PREFERRED RX PROGRAM CERTIFICATE LG

Medical Riders:		Medicare Complementary Medical Riders:	
ADM PLANR 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 PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
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 WITH PRESCRIPTION DRUGS EMBEDDED ANNUAL OUT-OF-POCKET MAXIMUMS	GCP-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
SBDHSA-D-E3500	RIDER SBD-HSA-D-E \$3500/\$7000 IN/ \$7000/\$14000 ON LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT EMBEDDED COST-SHARING DEDUCTIBLE REQUIREMENT	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 Complementary Pharmacy Riders:	
206050 80/100LG	RIDER PD-CR \$20/\$60/50%-80-\$100 LG - PRESCRIPTION DRUGS COST-SHARING LG	206050 80/100LG	RIDER PD-CR \$20/\$60/50%-80-\$100 LG - PRESCRIPTION DRUGS COST-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

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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		Contributory	
Benefits In-Network:		\$10 Copay once every 12 months	
Vision Exam			
Single, Bifocal, Trifocal Lenses		\$10 Copay once every 12 months	
Contact Lenses		\$10 Copay \$130 Allowance once every 12 Months	
Frames		\$25 Copay \$130 Allowance once every 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 Current			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
Age Reduction	65% at Age 70; 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 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.
- e. 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.

- 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.
- l. 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 certifies by his/her signature that he/she is authorized to sign on behalf of the responsible governing board, 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

Year	Per Capita - Based on Calendar Year	Branch	Hillsdale	St. Joseph	Total	Total Agency Budget	% to Budget	Prior Year Increase (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)

County	Population *Based on 2020 Census*	Current Per Capita	Current Allocation	Increase (Per Capita)	Increase (Total \$ Amount)	Proposed 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.