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Supervisor Pat Hohl Clerk Mike Dolan Treasurer Jason Negri Trustees Chuck Menzies, Patricia Hughes, Nick Miller, Joanna Hardesty

BOARD OF TRUSTEES SPECIAL MEETING

Wednesday, August 13, 2025 at 1:00 PM
Hamburg Township Hall Board Room

AGENDA

CALL TO ORDER

PLEDGE TO THE FLAG

ROLL CALL OF THE BOARD

CALL TO THE PUBLIC

CONSENT AGENDA

1. Closed Session Meeting Minutes

APPROVAL OF THE AGENDA

UNFINISHED BUSINESS

CURRENT BUSINESS

2. Closed Session - Union Negotiations
3. Employee Health Insurance
4. HR
5. Policy & Procedure 3.0
6. Personnel Committee

CALL TO THE PUBLIC

BOARD COMMENTS

ADJOURNMENT

TO: Board of Trustees

FROM: Michael Dolan, Clerk

DATE: August 12, 2025

AGENDA ITEM TOPIC: Employee Health Insurance

Requested Action

- Decide to renew current plan or change the plan prior to renewal date of October 1, 2025.
- Decide between HRA or HSA and set amounts.

Background

We were previously notified that our current Blue Cross Blue Shield plan will face a 31.1% increase at time of our next renewal which is October 1, 2025. The Board asked the executive team to work with our partners at Acrisure to identify other health insurance options. Additionally, the Board created a Health Care Committee, working with our employee groups. The Health Care Committee met on August 11th with our representative from Acrisure to discuss 4 different Simply Blue plans and how they compare to our current Community Blue plan. Two of the plans are Health Reimbursement Account type plans and 2 are Health Savings Account plans with different deductibles. Additionally, a 2nd option was given to our vision and dental plans.

Fiscal Considerations

Does the agenda item require the expenditure of funds? Yes ☒ No ☐




Are funds budgeted? Yes ☒ No ☐

Fiscal year affected: 2025/2026




Is a budget amendment required? Yes ☐ No ☒

General Ledger numbers affected: _____



Medical Side-by-side

	Current / Renewal		SB HRA \$2500		SB HRA \$5000		
ALTERNATIVE							
MEDICAL PLANS	CB PPO HRA \$2,500/0%		SB PPO HRA \$2,500/20%		SB PPO HRA \$5,000/20%		
NETWORK	PPO		PPO		PPO		
	IN	OUT	IN	OUT	IN	OUT	
HRA Funding	\$2,500 / \$5,000		\$2,500 / \$5,000		\$5,000 / \$10,000		
Deductible - Individual	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	
Deductible - Family	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	
OOPM - Individual	\$5,000	\$10,000	\$8,150	\$16,300	\$8,150	\$16,300	
OOPM - Family	\$10,000	\$20,000	\$16,300	\$32,600	\$16,300	\$32,600	
Co-insurance	0%	20%	20%	40%	20%	40%	
PCP	\$40	20% after deductible	\$30	40% after deductible	\$30	40% after deductible	
Specialist	\$40	20% after deductible	\$30	40% after deductible	\$30	40% after deductible	
X-Ray	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Lab	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Inpatient Hospital	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Outpatient Surgery	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Emergency Room	\$250	\$250	\$150	\$150	\$150	\$150	
Urgent Care	\$40	20% after deductible	\$30	40% after deductible	\$30	40% after deductible	
Rx							
Member Copay Tier 1/2	\$10		\$10		\$10		
Member Copay Tier 3	\$40		\$40		\$40		
Member Copay Tier 4	\$80		\$80		\$80		
Mail Order	2.0x		2.0x		2.0x		
Enrollment							
EE / EO / EF	18 / 8 / 31		18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		57		
Monthly Rates	CURRENT	RENEWAL	SB HRA \$2500		SB HRA \$5000		
Employee Only	\$699.61	\$917.11	\$793.94		\$714.98		
Two Person	\$1,679.05	\$2,201.07	\$1,905.46		\$1,715.95		
Family	\$2,098.82	\$2,751.34	\$2,381.81		\$2,144.94		
ARORx (expected annual spend)							
Monthly Total	\$91,089	\$119,408	\$103,371		\$93,090		
Annual Total	\$1,093,066	\$1,432,897	\$1,240,449		\$1,117,085		
Change from Current - \$		\$339,831	\$147,383		\$24,019		
Change from Current - %		+31.1%	+13.5%		+2.2%		
HRA Maximum Risk	\$240,000		\$240,000		\$480,000		
HRA Projected Utilization (35%)	\$84,000		\$84,000		\$168,000		



Medical Side-by-side

	Renewal		SB HSA \$1650 20%		SB HSA \$2000 20%		
ALTERNATIVE							
MEDICAL PLANS	CB PPO HRA \$2,500/100%		SB HSA \$1650/20%		SB HSA \$2000/20%		
NETWORK	PPO		PPO		PPO		
	IN	OUT	IN	OUT	IN	OUT	
Deductible - Individual	\$2,500	\$5,000	\$1,650	\$3,300	\$2,000	\$4,000	
Deductible - Family	\$5,000	\$10,000	\$3,300	\$6,600	\$4,000	\$8,000	
OOPM - Individual	\$5,000	\$10,000	\$4,000	\$8,000	\$4,000	\$8,000	
OOPM - Family	\$10,000	\$20,000	\$8,000	\$16,000	\$8,000	\$16,000	
Co-insurance	0%	20%	20%	40%	20%	40%	
PCP	\$40	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Specialist	\$40	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
X-Ray	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Lab	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Inpatient Hospital	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Outpatient Surgery	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Emergency Room	\$250	\$250	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Urgent Care	\$40	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Rx							
Rx Individual / Family Deductible	- / -		Included in Medical / Included in Medical		Included in Medical / Included in Medical		
Member Copay Tier 1/2	\$10		\$10 after deductible		\$10 after deductible		
Member Copay Tier 3	\$40		\$40 after deductible		\$40 after deductible		
Member Copay Tier 4	\$80		\$80 after deductible		\$80 after deductible		
Member Copay Tier 5/6	-		-		-		
Mail Order	2.0x		2.5x after deductible		2.5x after deductible		
Enrollment							
EE / EO / EF	18 / 8 / 31		18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		57		
Monthly Rates	CURRENT	RENEWAL	SB HSA \$1650 20%		SB HSA \$2000 20%		
Employee Only	\$699.61	\$917.11	\$752.54		\$718.64		
One more	\$1,679.05	\$2,201.07	\$1,806.12		\$1,724.74		
Family	\$2,098.82	\$2,751.34	\$2,257.65		\$2,155.92		
Monthly Total	\$91,089	\$119,408	\$97,982		\$93,567		
Annual Total	\$1,093,066	\$1,432,897	\$1,175,782		\$1,122,803		
Change from Current - \$		\$339,831	\$82,716		\$29,738		
Change from Current - %		+31.1%	+7.6%		+2.7%		
HRA/HSA Maximum Risk	\$240,000		\$158,400		\$192,000		
HRA Projected Utilization (35%)	\$84,000		Fully Funded		Fully Funded		

Dental Side-by-side

	Current / Renewal		Option 1		
ALTERNATIVE					
DENTAL PLANS	100/75/50/50		100/75/50/50		
NETWORK	DPPO Network		DPPO Network		
	IN	OUT	IN	OUT	
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000	
Individual Deductible	\$0	\$0	\$0	\$0	
Family Deductible	\$0	\$0	\$0	\$0	
Waived for Preventive	-	-	-	-	
Class I - Preventive	100%	100%	100%	100%	
Class II - Basic	75%	75%	75%	75%	
Class III - Major	50%	50%	50%	50%	
Class IV - Orthodontia	50%	50%	50%	50%	
Orthodontia Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000	
Ortho Eligibility	Up to age 19	Up to age 19	Up to age 19	Up to age 19	
Enrollment					
EE / EO / EF	18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		
Monthly Rates	CURRENT	RENEWAL	OPTION 1		
Employee Only	\$36.69	\$39.61	\$33.02		
One more	\$73.38	\$79.23	\$66.04		
Family	\$128.42	\$138.65	\$115.58		
Monthly Total	\$5,228	\$5,645	\$4,706		
Annual Total	\$62,742	\$67,740	\$56,468		
Change from Current - \$		\$4,998	-\$6,274		
Change from Current - %		+8.0%	-10.0%		
Rate Guarantee		1 year	2 years		

Vision Side-by-side

	Current / Renewal	Option 1		
ALTERNATIVE				
VISION PLANS	24/24/24	12/12/24		
NETWORK	VPPO Network	VPPO Network		
	IN-NETWORK ONLY	IN-NETWORK ONLY		
Exams Frequency	1x every other calendar year	1x every 12 months		
Lenses Frequency	1x every other calendar year	1x every 12 months		
Frames Frequency	1x every other calendar year	1x every 24 months		
Contacts Frequency	1x every other calendar year	1x every 12 months		
Exam Copay	\$5	\$10		
Materials Copay	\$10	\$10		
Contacts Allowance	\$130	\$130		
Frame Allowance	\$130	\$130		

Enrollment

EE / EO / EF	18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		
Monthly Rates	CURRENT	RENEWAL	OPTION 1		
Employee Only	\$4.52	\$4.85	\$4.85		
One more	\$9.03	\$9.70	\$9.70		
Family	\$14.99	\$16.10	\$16.10		
Monthly Total	\$618	\$664	\$664		
Annual Total	\$7,419	\$7,968	\$7,968		
Change from Current - \$		\$549	\$549		
Change from Current - %		+7.4%	+7.4%		
Rate Guarantee		1 year	2 years		



Community Blue vs. Simply Blue

	Community Blue PPO	Simply Blue PPO
Emergency room copay	Copay waived for accidental injury or if admitted to the hospital	Copay waived if admitted to the hospital
Physical, speech and occupational therapy	60 visits per calendar year	30 visits per calendar year
Chiropractic spinal manipulation	24 visits per covered member per calendar year	12 visits per covered member per calendar year
Referrals	With a referral, out-of-network provider services are applicable to in-network out-of-pocket costs	All out-of-network provider services are applicable to out-of-network cost sharing regardless of a referral
Behavioral health services	Deductible may be waived for: <ul style="list-style-type: none"> Covered services performed at an in-network provider's office Covered mental health and substance use disorder services that are equivalent to an office visit and performed at an in-network provider's office 	Deductible and coinsurance apply





STATE OF MICHIGAN
DEPARTMENT OF TREASURY

GRETCHEN WHITMER
GOVERNOR

RACHAEL EUBANKS
STATE TREASURER

March 28, 2025

**PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS
ANNUAL COST LIMITATIONS – CALENDAR YEAR 2026**

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 2025, the limit on the amount that a public employer may contribute to a medical benefit plan was set to the sum of the following:

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

The limits for 2026 equal the 2025 limits increased by **2.9 percent**. The 2.9 percent is the percentage change in the medical care component from the period March 2023-February 2024 to the period March 2024-February 2025.

Thus, for medical benefit plan coverage years beginning on or after January 1, 2026, the limit on the amount that a public employer may contribute to a medical benefit plan equals 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.

Rachael Eubanks

Rachael Eubanks
State Treasurer

March 28, 2025