



## BOARD OF DIRECTORS SPECIAL MEETING

Thursday, September 26, 2024 at 5:00 pm  
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

### AGENDA

- Page
1. CALL TO ORDER & ROLL CALL
  2. PUBLIC INPUT (3 Minute Maximum Per Person)
  3. PUBLIC HEARING & PRESENTATION OF THE FISCAL YEAR (FY) 2025 OPERATING BUDGET  
2-6, 7 3.1 Consideration of a motion to approve resolution 24-09-011 to adopt the annual operating budget for FY ending September 30, 2025 – *See pages 2-6 & resolution on page 7*
  4. SPECIAL PERSONNEL & COMPENSATION COMMITTEE, 9/23/2024  
8-22 4.1 Res# 2409012: Approve the 2025 health insurance and benefit renewals as follows:
    - 1) Vision Insurance:  
Eye Med – rate increase of 2.93%
    - 2) Dental Insurance:  
Blue Cross Blue Shield Dental – no change
    - 3) Life & Disability Insurance:  
Change to Blue Cross Blue Shield Dearborn – rate decrease of 15.57%
    - 4) Medical & Prescription Insurance for Active Staff & Early Retirees:  
Blue Cross Blue Shield – rate increases in premiums based on plan design chosen by individual
    - 5) Medical & Prescription Insurance for Medicare Eligible Retirees:  
Blue Cross Blue Shield Medicare Advantage Plan – rate increases in premiums based on plan design chosen by individual
  - 23-31, 32 4.2 Res# 2409013: Approve resolution to adopt the annual exemption option as set forth in Public Act 152 of 2011, The Publicly Funded Health Insurance Contribution Act – *See pages 23-31 & resolution on page 32*
  - 21-22 4.3 Consideration of a motion to approve the 2025 medical and prescription insurance rates for Retiree PPO and Retiree HMO options based on plan design chosen by individual – *See pages 21-22*
  5. FY2025 PROVIDER CONTRACTS  
33-40 5.1 Consideration of motion to approve the special Board meeting September 2024 contract list – *See pages 33-40*
  6. ADJOURNMENT

**Bay-Arenac Behavioral Health Authority**  
**Report to Board of Directors**  
**September 26, 2024**  
**Original Budget - Fiscal Year 2024/25**

<b>FY 23/24 Final Revenue Budget</b>	<b>\$ 73,904,336</b>	<b>FY 23/24 Final Expense Budget</b>	<b>\$ 73,157,070</b>	
Net Increase in Medicaid Subcontract Revenue	181,377	Net Increase in Personnel Costs	387,803	Health insurance increase, full year of 2024 salary adjustmnet
Decrease in GF Revenue (FY24 236 Transfer)	(50,000)	Decrease in External Healthcare Claim Costs	(548,321)	Adjustments related to FY24 final budget
		Increase in Out of County Placements	209,000	Rate increases
		Increase for Inpatient hospital costs	224,640	Average 3% rate increase
		Decrease in Inpatient hospital costs	(200,000)	New Crisis Residential Unit
		Increase in Software License Fees	32,556	Software rate increase
		Increase in vehicle leases	121,200	New vehicle leases (up to 20)
<b>FY 24/25 ORIGINAL Revenue Budget</b>	<b><u>\$ 74,035,713</u></b>	<b>FY 24/25 ORIGINAL Expense Budget</b>	<b><u>\$ 73,383,948</u></b>	

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY**  
**Fiscal Year 2024-2025 Operating Budget**  
**Original Budget**

<b>ACCOUNT</b>	<b>DESCRIPTION</b>	<b>FY 24-25 Original Budget</b>	<b>Percent of Total</b>	<b>FY 23-24 Final Budget</b>
44100	OBRA.....	286,073	0.4%	286,073
40220	General Fund .....	1,626,053	2.2%	1,676,053
42110	P.A. 423/Client Fees.....	389,779	0.5%	389,779
43910	SSI.....	75,090	0.1%	75,090
40110	Medicaid - PIHP.....	68,802,311	92.9%	68,620,934
44000	Grants.....	214,725	0.3%	214,725
47106-47206	County of Arenac - General.....	104,812	0.1%	104,812
47109-47209	County of Bay - General.....	682,242	0.9%	682,242
48000	Interest.....	316,577	0.4%	316,577
49600-49700	Miscellaneous Revenue.....	463,440	0.6%	463,440
45000-46000	Miscellaneous Revenue From Partnership.....	1,074,610	1.5%	1,074,610
<b>TOTAL REVENUE</b>		<b>74,035,713</b>	<b>100.0%</b>	<b>\$73,904,336</b>

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY**  
**Fiscal Year 2024-2025 Operating Budget**  
**Original Budget**

<b>ACCOUNT</b>	<b>DESCRIPTION</b>	<b>FY 24-25 Original Budget</b>	<b>Percent of Total</b>	<b>FY 23-24 Final Budget</b>
60000	Salary (Direct & Indirect).....	14,726,348	20.1%	14,568,328
61000	Fringe Benefits.....	<u>4,928,991</u>	6.7%	<u>4,699,208</u>
60000-61000	Salary (direct & Indirect) + Fringe Benefits	19,655,339	26.8%	19,267,536
80100	Board Per Diem.....	33,548	0.0%	33,548
80120	Board conference and travel.....	20,893	0.0%	20,893
	<b>TOTAL PERSONNEL SERVICES</b>	<b>\$19,709,779</b>	<b>26.9%</b>	<b>\$19,321,976</b>
71200	Consumer food, clothing, etc.....	2,899	0.0%	2,899
71210	Consumer activities.....	3,873	0.0%	3,873
71220	Public Transportation.....	24,852	0.0%	24,852
72100	Contract physician costs.....	1,479,605	2.0%	1,479,605
72800	Staff travel, service related.....	94,871	0.1%	94,871
73200	Transportation.....	225,551	0.3%	104,351
74200	Grant specific cost.....	11,896	0.0%	11,896
74300	Nongrant expense.....	0	0.0%	0
75100	Professional Services - Other.....	144,523	0.2%	144,523
78000	Facility Allocation.....	0		0
78100	Rental Space.....	233,445	0.3%	233,445
78200	Rental Equipment.....	4,434	0.0%	4,434
78300	R & M Supplies.....	101,461	0.1%	101,461
78400	Janitorial services.....	95,434	0.1%	95,434
78500	Public Utilities.....	98,625	0.1%	98,625
78700	Communications.....	136,120	0.2%	136,120
79200	Prior Fiscal Year Expense.....	3,327	0.0%	3,327
80300	Consumer compensation.....	2,710	0.0%	2,710
80320	Consumer conference and travel.....	329	0.0%	329
81000	Temporary staffing cost.....	9,672	0.0%	9,672
81200	Staff conference and travel.....	96,827	0.1%	96,827
81220	Staff development and training.....	61,214	0.1%	61,214
81240	Staff recruitment expenses.....	8,013	0.0%	8,013
81260	Employee health services.....	6,948	0.0%	6,948
81900	Supply Allocation.....	24,011	0.0%	24,011
82000	Operating Supplies.....	81,121	0.1%	81,121
82100	Mobile communications.....	110,383	0.2%	110,383
82200	Office Supplies.....	122,614	0.2%	122,614
82300	Postage.....	14,706	0.0%	14,706
82900	Computer/Communication Related Exp.....	0	0.0%	0
83000	Community Education.....	1,176	0.0%	1,176
83100	Consumer info and printing.....	0	0.0%	0
83300	Public relations and advert.....	7,026	0.0%	7,026
84000	Legal and consulting.....	18,051	0.0%	18,051
84100	Accounting and audit.....	28,147	0.0%	28,147
85000	Purchased services.....	53,205	0.1%	53,205
86000	Software license maintenance.....	764,915	1.0%	732,359
87000	Subscriptions and publications.....	76	0.0%	76
87100	Memberships and Dues.....	20,854	0.0%	20,854
88000	Licensing and accreditation.....	5,303	0.0%	5,303
89100	General & Professional liab insurance.....	120,224	0.2%	120,224
92100	Local Funds Paid to State.....	214,872	0.3%	214,872
93000	Interest Expense.....	8,237	0.0%	8,237
94000	Gain/Sale on Capital Asset.....	(10,652)	0.0%	(10,652)
	BABH Contractual Healthcare Costs	49,019,065	66.8%	49,333,746
	<b>SUBTOTAL EXPENDITURES</b>	<b>\$53,449,963</b>	<b>72.8%</b>	<b>\$53,610,888</b>
95000	DEPRECIATION EQUIPMENT.....	216,474	0.3%	216,474
78250	MINOR EQUIPMENT.....	7,732	0.0%	7,732
	<b>TOTAL EXPENDITURES</b>	<b>\$73,383,948</b>	<b>100%</b>	<b>\$73,157,070</b>

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY**  
**Fiscal Year 2024-2025 Operating Budget**  
**Original Budget**

<b>SETTLEMENT ACTIVITY</b>	<b>FY 24-25 Original Budget</b>
<b>NET SURPLUS BEFORE SETTLEMENT</b>	<b>\$ 651,765</b>
<u>Current Year Savings</u>	
Net Medicaid	-
General Fund Savings	-
General Fund Lapse	-
<b>TOTAL FUND BALANCE INCREASE/(DECREASE)</b>	<b>\$ 651,765</b>
Restricted	-
Unrestricted, FY24 Increase	1,285,942
Unrestricted, FY24 usage	(634,177) *
<b>TOTAL FUND BALANCE INCREASE/(DECREASE)</b>	<b>\$ 651,765</b>
<b>\$637,116 related to usage of general fund services, the remaining related to balancing to the MSHN, Board approved budget</b>	
<b>UNRESTRICTED FUND BALANCE 10/1/23</b>	<b>\$ 6,138,610</b>
Budgeted Increase to Unrestricted Fund Balance	1,285,942
Budgeted Usage of Unrestricted Fund Balance	(634,177)
Requested Usage of Funds Restricted for Capital Purposes	
<b>TOTAL UNRESTRICTED FUND BALANCE 9/30/24</b>	<b>\$ 6,790,375</b>





BEHAVIORAL HEALTH

BAY ARENAC BEHAVIORAL HEALTH AUTHORITY  
BOARD OF DIRECTORS

Resolution #24-09-011

RESOLUTION TO ADOPT THE ANNUAL OPERATION BUDGET FOR FISCAL YEAR ENDING  
SEPTEMBER 30, 2025

- WHEREAS,** The Uniform Budgeting and Accounting Act, Public Act 621 of 1978, requires that each local unit of government adopt a balanced budget for all required funds, and;
- WHEREAS,** Pursuant to section VII of the Bay Arenac Behavioral Health Authority Bylaws and section 230 of the Mental Health Code, Public Act 258 of 1974, the Chief Executive Officer has full managerial control of the agency, and;
- WHEREAS,** It is implied that the Chief Executive Officer has full control of the operating budget of the Authority, and;
- WHEREAS,** The Chief Executive Officer has submitted to the Bay Arenac Behavioral Health Authority Board of Directors an estimate of revenues, transfers, and expenditures for the fiscal year ending September 30, 2025, and;
- WHEREAS,** It is the opinion of the Bay Arenac Behavioral Health Authority Board of Directors that the operating budget as adopted complies with the Uniform Budget and Accounting Act as amended;

**THEREFORE, BE IT RESOLVED THAT:**

The Bay Arenac Behavioral Health Authority Board of Directors adopts the following schedule of operating revenues, transfers, and expenditures:

<u>General Operating Budget</u>	
Beginning Unrestricted Fund Balance:	\$ 6,138,610
Projected Revenues and Transfers-In:	\$ 74,035,713
Projected Expenses and Transfers-Out	\$ 73,383,948
Projected Ending Unrestricted Fund Balance	\$ 6,790,375

This resolution was adopted at a special meeting of the Bay Arenac Behavioral Health Authority Board of Directors held on September 26, 2024 pursuant to the Open Meetings Act, Public Act 267 of 1976 as amended on a motion by XXX and supported by XXX with the following votes:

- Yeas:
- Nays:
- Excused:

\_\_\_\_\_  
Richard Byrne, Board Chair

\_\_\_\_\_  
Christopher Girard, Board Secretary



September 23, 2024

Ms. Jennifer Lasceski, HR Director  
Bay Arenac Behavioral Health  
201 Mulholland  
Bay City, MI. 48708

Re: 2025 Insurance Renewal

Dear Ms. Lasceski:

Brown & Brown has received Bay Arenac Behavioral Health's (BABH) 2025 renewals. It is important to note that claims experience continues to rise as we see an increase in specialty trend and access to providers continues to cause delays in receiving healthcare increasing spend. It is also important to note that Public Act 152 for 2025 is only increasing the hard cap by 0.2%, while Commercial Medical plans are increasing 9.32%.

The combination of the above items has forced BABH's cost for health care (medical and pharmacy for actives and early retirees) to \$3,459,425.04 for 2025 from \$3,197,396.04 in 2024 based upon current census. This is a \$262,029 increase or 8.2% higher than the previous year. This difference includes no more HRA contributions and no HSA contributions.

The Inflation Reduction Act had a huge impact on the Medicare Advantage renewal increasing it \$94,556 annually from \$160,097 to \$254,653 across 64 enrolled members. The Inflation Reduction Act (IRA) which goes into effect Jan. 1, 2025, lowers the Part D Out-of-pocket maximum to \$2,000 and shifting more financial liability onto carriers. In addition, BCBSMA is experiencing low CMS funding, with 2025 being the second consecutive year of negative funding which causes the inability to offset healthcare trend, in combination with high post-pandemic trend in both medical and pharmacy spaces.

Pursuant to your request, Brown and Brown solicited proposals from other insurance companies for Bay Arenac Behavioral Health, Medical, Pharmacy, and Vision for both active and retired employees. For Medical, all carriers declined to quotes due to current claims being higher than projected renewal trends. A total of twenty-four (24) companies were solicited. Dental (Blue Cross Blue Shield) was in a rate hold, meaning no increase on those rates for another year.

Based upon the results and limitations put on BABH by the claims experience and renewal trend, I am recommending BABH consider alternate options with Blue Cross Blue Shield, keep Vision with EyeMed with an annual increase of \$722 for a total premium of \$25,363. For BCBS and BCN Commercial and Medicare Advantage, we are recommending alternate options that modifies existing benefits.

For the 2025 plan year, BCBS is giving an approximate \$12,000 implementation credit to switch to BCBS Dearborn for life and disability to Bay Arenac Behavioral Health that isn't included in the table above and guaranteeing the rates for 3 years with a savings of 15.57% annually reducing current rates from \$159,046.01 to \$134,279.

Additional material is presented within this document for your review. Please note that all taxes and fees are estimates. Final amounts may not be available until the first invoice received by the



carriers and after elections of plan choices are made by members. Please review those invoices to ensure they correlate with the renewal information provided. We remain committed to giving you the highest level of service and look forward to working with you during the coming year. Please feel free to contact me if you have any questions. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Angela Garner". The signature is written in a cursive, flowing style.

Angela Garner, MBA, CEBS

Executive Vice President

# BAY ARENAC BEHAVIORAL HEALTH



Prepared by: Angela Garner  
Effective Date: January 1, 2025

## 2025 Comparison to 2024 Monthly Rates PA 152 Analysis

2025					2024					
ACTIVES	Census	SB 2000 - 0008	12% Premium Sharing	EMPLOYER PORTION	PA 152	SB 2000 - 0008	HRA	2024 TOTAL	12% Premium Sharing	EMPLOYER PORTION
Single	66	\$718.22	\$86.19	\$632.03	\$643.19	\$655.32	\$12.50	\$667.82	\$80.14	\$587.68
2 Person	38	\$1,723.71	\$206.85	\$1,516.86	\$1,345.11	\$1,572.78	\$25.00	\$1,597.78	\$191.73	\$1,406.05
Family	55	\$2,154.65	\$258.56	\$1,896.09	\$1,754.15	\$1,965.96	\$25.00	\$1,990.96	\$238.92	\$1,752.04
	159	\$231,409.25	\$27,769.11	\$203,640.14	\$190,042.96	\$211,144.56	\$3,150.00	\$214,294.56	\$25,715.35	\$188,579.21
ACTIVES	Census	HMO 1500 - 0002	10% Premium Sharing	EMPLOYER PORTION	PA 152	HMO 1500 - 0002	HRA	2024 TOTAL	10% Premium Sharing	EMPLOYER PORTION
Single	6	\$662.39	\$66.24	\$596.15	\$643.19	\$605.22	\$12.50	\$617.72	\$61.77	\$555.95
2 Person	1	\$1,589.75	\$158.98	\$1,430.78	\$1,345.11	\$1,452.53	\$25.00	\$1,477.53	\$147.75	\$1,329.78
Family	4	\$1,987.19	\$198.72	\$1,788.47	\$1,754.15	\$1,815.67	\$25.00	\$1,840.67	\$184.07	\$1,656.60
	11	\$13,512.85	\$1,351.29	\$12,161.57	\$12,220.85	\$12,346.53	\$200.00	\$12,546.53	\$1,254.65	\$11,291.88
ACTIVES	Census	SB HDHP 2000 w HSA - 0007	5% Premium Sharing	EMPLOYER PORTION	PA 152	SB HDHP 2000 w HSA - 0007	EMPLOYER PAID HSA	TOTAL	5% Premium Sharing	EMPLOYER PORTION
Single	5	\$641.03	\$32.05	\$608.98	\$643.19	\$586.16	\$16.67	\$586.16	\$29.31	\$573.52
2 Person	2	\$1,538.50	\$76.93	\$1,461.58	\$1,345.11	\$1,406.79	\$33.33	\$1,406.79	\$70.34	\$1,369.78
Family	4	\$1,923.12	\$96.16	\$1,826.96	\$1,754.15	\$1,758.48	\$33.33	\$1,758.48	\$87.92	\$1,703.89
	11	\$13,974.63	\$698.73	\$13,275.90	\$12,922.77	\$12,778.30	\$283.33	\$12,778.30	\$638.92	\$12,422.72

Monthly	181	\$258,896.73	\$29,819.13	\$229,077.60	\$215,186.59	\$236,269.39	\$3,633.33	\$239,619.39	\$27,608.92	\$212,293.81
Annually		\$3,106,760.76	\$357,829.52	\$2,748,931.24	\$2,582,239.05	\$2,835,232.68	\$43,600.00	\$2,875,432.68	\$331,306.98	\$2,547,525.70
				amount over	\$166,692.19					

RETIREES	Census	SB \$500 - 0009	Retiree Premium Sharing	EMPLOYER PORTION
Single	26	\$865.25	VARIES	VARIES
2 Person	3	\$2,076.60		
Family	0	\$2,595.76		
Monthly	29	\$28,726.30		
RETIREES	Census	HMO 1500 - 0003	Retiree Premium Sharing	EMPLOYER PORTION
Single	1	\$662.39	VARIES	VARIES
2 Person	0	\$1,589.75		
Family	0	\$1,987.19		
Monthly	1	\$662.39		

SB \$500 - 0009	Retiree Premium Sharing
\$789.91	VARIES
\$1,895.80	
\$2,595.76	
\$26,225.06	
HMO 1500 - 0003	Retiree Premium Sharing
\$605.22	VARIES
\$1,452.53	
\$1,815.67	
\$605.22	

Monthly	30	\$29,388.69
Annually		\$352,664.28

\$26,830.28
\$321,963.36

Monthly	211	\$288,285.42
Annually		\$3,459,425.04

\$266,449.67
\$3,197,396.04

\$ Increase	\$262,029.00
% Increase	8.20%

# BAY ARENAC BEHAVIORAL HEALTH

Prepared by: Angela Garner  
 Effective Date: January 1, 2025

## 2025 Comparison to 2024 Monthly Rates

### PA 152 Analysis

ACTIVES	2025				PA 152	2024				
	Census	SB 2500	12% Premium Sharing	EMPLOYER PORTION		SB 2000 - 0008	HRA	2024 TOTAL	12% Premium Sharing	EMPLOYER PORTION
Single	66	\$696.54	\$83.58	\$612.96	\$643.19	\$655.32	\$12.50	\$667.82	\$80.14	\$587.68
2 Person	38	\$1,671.71	\$200.61	\$1,471.10	\$1,345.11	\$1,572.78	\$25.00	\$1,597.78	\$191.73	\$1,406.05
Family	55	\$2,089.64	\$250.76	\$1,838.88	\$1,754.15	\$1,965.96	\$25.00	\$1,990.96	\$238.92	\$1,752.04
Monthly	159	\$224,426.82	\$26,931.22	\$197,495.60	\$190,042.96	\$211,144.56	\$3,150.00	\$214,294.56	\$25,715.35	\$188,579.21

ACTIVES	2025				PA 152	2024				
	Census	HMO 2000	10% Premium Sharing	EMPLOYER PORTION		HMO 1500 - 0002	HRA	2024 TOTAL	10% Premium Sharing	EMPLOYER PORTION
Single	6	\$644.37	\$64.44	\$579.93	\$643.19	\$605.22	\$12.50	\$617.72	\$61.77	\$555.95
2 Person	1	\$1,546.49	\$154.65	\$1,391.84	\$1,345.11	\$1,452.53	\$25.00	\$1,477.53	\$147.75	\$1,329.78
Family	4	\$1,933.11	\$193.31	\$1,739.80	\$1,754.15	\$1,815.67	\$25.00	\$1,840.67	\$184.07	\$1,656.60
Monthly	11	\$13,145.15	\$1,314.52	\$11,830.64	\$12,220.85	\$12,346.53	\$200.00	\$12,546.53	\$1,254.65	\$11,291.88

ACTIVES	2025				PA 152	2024				
	Census	SB HDHP 2500	5% Premium Sharing	EMPLOYER PORTION		SB HDHP 2000 w HSA - 0007	EMPLOYER PAID HSA	TOTAL	5% Premium Sharing	EMPLOYER PORTION
Single	5	\$626.19	\$31.31	\$594.88	\$643.19	\$586.16	\$16.67	\$602.83	\$30.14	\$572.69
2 Person	2	\$1,502.85	\$75.14	\$1,427.71	\$1,345.11	\$1,406.79	\$33.33	\$1,440.12	\$72.01	\$1,368.12
Family	4	\$1,878.55	\$93.93	\$1,784.62	\$1,754.15	\$1,758.48	\$33.33	\$1,791.81	\$89.59	\$1,702.22
Monthly	11	\$13,650.85	\$682.54	\$12,968.31	\$12,922.77	\$12,778.30	\$283.33	\$13,061.63	\$653.08	\$12,408.55
Monthly	181	\$251,222.82	\$28,928.28	\$222,294.54	\$215,186.59	\$236,269.39	\$3,633.33	\$239,902.72	\$27,623.08	\$212,279.64
Annually		\$3,014,673.84	\$347,139.31	\$2,667,534.53	\$2,582,239.05	\$2,835,232.68	\$43,600.00	\$2,878,832.68	\$331,476.98	\$2,547,355.70

amount over **\$85,295.48**

RETIREES	Census	SB \$1500 (Waiting on Rates)	Retiree Premium Sharing	EMPLOYER PORTION
Single	26	\$789.91	VARIES	VARIES
2 Person	3	\$1,895.80		
Family	0	\$2,595.76		
Monthly	29	\$26,225.06		

SB \$500 - 0009	Retiree Premium Sharing
\$789.91	VARIES
\$1,895.80	
\$2,595.76	
\$26,225.06	

RETIREES	Census	HMO 2000	Retiree Premium Sharing	EMPLOYER PORTION
Single	1	\$644.37	VARIES	VARIES
2 Person	0	\$1,546.49		
Family	0	\$1,933.11		
Monthly	1	\$644.37		

HMO 1500 - 0003	Retiree Premium Sharing
\$605.22	VARIES
\$1,452.53	
\$1,815.67	
\$605.22	

Monthly	30	\$26,869.43	\$0.00	\$0.00
Annually		\$322,433.16	\$0.00	\$0.00

Monthly	\$26,830.28
Annually	\$321,963.36

Monthly	211	\$278,092.25
Annually		\$3,337,107.00

Monthly	\$266,733.00
Annually	\$3,200,796.04

<b>\$ Increase</b>	<b>\$136,310.96</b>	*Waiting on Rates for \$1500 HMO Option for Retirees
<b>% Increase</b>	<b>4.26%</b>	

# BAY ARENAC BEHAVIORAL HEALTH



Prepared by: Angela Garner

Effective Date: January 1, 2025

MA PPO Medical - All	
<b>Benefit Comparison</b>	
Annual Deductible	
Coinsurance	
Annual Out of Pocket Medical Maximum	
Annual Out of Pocket Rx Maximum	
Office Visit/Exam	
Specialist Visit	
Emergency Room	
Urgent Care Facility	
Ambulance	
Foreign Travel Emergency	
DME	

CURRENT BCBSM PPO	
In-Network	
Annual Deductible	\$500
Coinsurance	0%
Annual Out of Pocket Medical Maximum	\$1,000
Annual Out of Pocket Rx Maximum	NA
Office Visit/Exam	\$10
Specialist Visit	\$15
Emergency Room	\$50
Urgent Care Facility	\$15
Ambulance	Ded., Coin., OOPM
Foreign Travel Emergency	Included
DME	Ded., Coin., OOPM

RENEWAL BCBSM PPO	
In-Network	
Annual Deductible	\$500
Coinsurance	0%
Annual Out of Pocket Medical Maximum	\$1,000
Annual Out of Pocket Rx Maximum	\$2,000
Office Visit/Exam	\$10
Specialist Visit	\$15
Emergency Room	\$50
Urgent Care Facility	\$15
Ambulance	Ded., Coin., OOPM
Foreign Travel Emergency	Included
DME	Ded., Coin., OOPM

PPO OPTION 6 BCBSM \$1,000 / \$1,500 0%	
In-Network	
Annual Deductible	\$1,000
Coinsurance	0%
Annual Out of Pocket Medical Maximum	\$1,500
Annual Out of Pocket Rx Maximum	\$2,000
Office Visit/Exam	\$10
Specialist Visit	\$15
Emergency Room	\$50
Urgent Care Facility	\$15
Ambulance	Ded., Coin., OOPM
Foreign Travel Emergency	Included
DME	Ded., Coin., OOPM

Prescription Drug Benefits	
<b>Formulary</b>	
Preferred Generic	
Generic	
Brand (Formulary/Preferred)	
Brand (Non-Formulary/Non-preferred)	
Specialty	
Number of Days Supply	
90 Day Supply	

Standard	Preferred
Comprehensive Enchanced	
Preferred Generic	\$0
Generic	\$10
Brand (Formulary/Preferred)	\$40
Brand (Non-Formulary/Non-preferred)	\$70
Specialty	\$70
Number of Days Supply	30 Days
90 Day Supply	2x MOPD

Standard	Preferred
Comprehensive Enchanced	
Preferred Generic	\$0
Generic	\$10
Brand (Formulary/Preferred)	\$40
Brand (Non-Formulary/Non-preferred)	\$70
Specialty	\$70
Number of Days Supply	30 Days
90 Day Supply	2x MOPD

Standard	Preferred
Comprehensive Enchanced	
Preferred Generic	\$0
Generic	\$10
Brand (Formulary/Preferred)	\$40
Brand (Non-Formulary/Non-preferred)	\$70
Specialty	\$70
Number of Days Supply	30 Days
90 Day Supply	2x MOPD

Rates	
<b>Cost Comparison</b>	
Total Monthly Premium	
Total Annualized Cost	
Dollar Difference from Current	
Percentage Difference from Current	

Rates Table		
MA Rate	PD Rate	MAPD Rate
\$72.46	\$136.00	\$208.46
<b>CURRENT</b>		
\$13,341.44		
\$160,097.28		

Rates Table		
MA Rate	PD Rate	MAPD Rate
\$97.58	\$234.00	\$331.58
<b>RENEWAL</b>		
\$21,221.12		
\$254,653.44		
\$94,556.16		
59.06%		

Rates Table		
MA Rate	PD Rate	MAPD Rate
\$88.58	\$234.00	\$322.58
<b>\$1,000 / \$1,500 0%</b>		
\$20,645.12		
\$247,741.44		
\$87,644.16		
54.74%		

64

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.

# BAY ARENAC BEHAVIORAL HEALTH

Prepared by: Angela Garner

Effective Date: January 1, 2025



MA HMO Medical - All	
Benefit Comparison	
Annual Deductible	
Coinsurance	
Annual Out of Pocket Medical Maximum	
Annual Out of Pocket Rx Maximum	
Office Visit/Exam	
Specialist Visit	
Emergency Room	
Urgent Care Facility	
Ambulance	
Foreign Travel Emergency	
DME	

CURRENT BCNA HMO		RENEWAL BCNA HMO	
In-Network		In-Network	
	\$500		\$500
	0%		0%
	\$1,000		\$1,000
	NA		\$2,000
	\$10		\$10
	\$15		\$15
	\$50		\$50
	\$15		\$15
	Ded., Coin., OOPM		Ded., Coin., OOPM
	Included		Included
	Ded., Coin., OOPM		Ded., Coin., OOPM

HMO OPTION 5 BCNA \$1,000 / \$2,000 0% \$35	
In-Network	
	\$1,000
	0%
	\$2,000
	\$2,000
	\$35
	\$35
	\$90
	\$50
	Ded., Coin., OOPM
	Included
	Ded., Coin., OOPM

Prescription Drug Benefits	
Formulary	
Preferred Generic	
Generic	
Brand (Formulary/Preferred)	
Brand (Non-Formulary/Non-preferred)	
Specialty	
Number of Days Supply	
90 Day Supply	

Standard		Preferred		Standard		Preferred	
HMO/Open				HMO/Open			
	\$10		\$5		\$10		\$5
	\$10		\$5		\$10		\$5
	\$35		\$30		\$35		\$30
	\$70		\$65		\$70		\$65
	\$70		\$65		\$70		\$65
	30 Days		30 Days		30 Days		30 Days
	2x MOPD		2x MOPD		2x MOPD		2x MOPD

Standard		Preferred	
HMO/Open			
	\$20		\$10
	\$20		\$10
	\$60		\$45
	50% (min\$80/max \$100)		50% (min\$80/max \$100)
	50% (min\$80/max \$100)		50% (min\$80/max \$100)
	30 Days		30 Days
	2x MOPD		2x MOPD

Rates	
Cost Comparison	
Total Monthly Premium	
Total Annualized Cost	
Dollar Difference from Current	
Percentage Difference from Current	

Rates Table			Rates Table		
MA Rate	PD Rate	MAPD Rate	MA Rate	PD Rate	MAPD Rate
\$50.27	\$126.90	\$177.17	\$118.04	\$246.70	\$364.74
CURRENT			RENEWAL		
\$177.17			\$364.74		
\$2,126.04			\$4,376.88		
			\$2,250.84		
			105.87%		

Rates Table		
MA Rate	PD Rate	MAPD Rate
\$49.86	\$191.10	\$240.96
\$1,000 / \$2,000 0% \$35		
\$240.96		
\$2,891.52		
\$765.48		
36.00%		

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.



## Inflation Reduction Act Impact on Drug Cost Responsibility

By restructuring the Medicare Part D model, the IRA shifts more liability to Medicare Advantage organizations and employer-sponsored MA plans with Part D prescription drug benefit plans.

Of all responsible parties – health plans, members, federal reinsurance and manufacturers – health plans will see the largest rise in the share of prescription drug cost increases. While CMS revenue will offset a portion of the increase, this change in funding will pose a challenge for health plans and groups, with premiums expected to go up.

### Beginning with the 2025 plan year:

- Enrollees' out-of-pocket drug costs will be capped at \$2,000.
- The coverage gap phase will be eliminated, resulting in a new three-phase benefit (deductible, initial coverage, and catastrophic). Your employer group plan tracks members' prescription drug costs based on the Medicare Part D model. While the changes won't impact your member co-pays substantially, they will impact the development of your prescription drug rates.
- A new Manufacturer Discount Program will require participating manufacturers to provide discounts on applicable drugs in the initial coverage and catastrophic phases, although the actual overall liability of manufacturers will decrease.
- Catastrophic phase plan liability increases from 20% to 60% and federal reinsurance decreases from 80% to 20% for applicable drugs and 40% for non-applicable drugs.
- Members will have the ability to "smooth" prescription drug costs across the plan year with a new Medicare Prescription Payment Plan.

### How will this impact employer group plans and members?

- All Medicare Advantage prescription drug enrollees will have a new limit for out-of-pocket costs, capped at \$2,000. This limit may be lower than your 2024 prescription drug benefit.
- Members will be notified of the change in their Annual Notice of Change and Benefit Summaries.
- The Medicare Prescription Payment Plan (M3P) will smooth costs for members by allowing them to budget costs and spread payments out. Information on this option will be provided in members' Annual Notice of Change.
- CMS also notably finalized its proposal to count amounts paid by employer group plans (and supplemental coverage in enhanced alternative plans) toward an individual's true out-of-pocket costs, meaning that individuals in plans with generous coverage will move more quickly through the phases of the benefit.

### 2025 CMS Rate Announcement

CMS announces and provides details on the development of revenue rates passed to Medicare Advantage organizations each year. This year, CMS medical revenue is trending down from previous years and medical utilization costs are trending up. Across all plans, we will look closely at how formulary design, utilization management, plan premium and benefit design, and risk coding accuracy can help mitigate costs.

As you think about these factors that will impact 2025 Medicare Advantage plan rates, please know we are ready to help you understand the flexibility in your retiree plan design to keep rising costs in check.

# BAY ARENAC BEHAVIORAL HEALTH



Prepared by: Angela Garner

Effective Date: January 1, 2025

Vision - All	CURRENT EyeMed	RENEWAL EyeMed																																
<b>Benefit Comparison</b>	<b>In-Network</b>	<b>In-Network</b>																																
<b>Copay</b>																																		
Examination	\$10	\$10																																
<b>Benefit Frequency</b>																																		
Examination	12	12																																
Lenses	12	12																																
Frames	24	24																																
<b>Lenses</b>																																		
Single Vision Lens	\$25	\$25																																
Bifocal Lens	\$25	\$25																																
Trifocal Lens	\$25	\$25																																
<b>Contact Lenses</b>																																		
Medically Necessary	\$0	\$0																																
Elective	\$130	\$130																																
<b>Frames</b>	\$130	\$130																																
<b>Rate Guarantee</b>	Year 4 of 4 Guarantee	4 Year Rate Guarantee																																
<b>Rates - Active</b>	<b>Rates Table</b>	<b>Rates Table</b>																																
	<table border="1"> <thead> <tr> <th>Counts</th> <th>Tier</th> <th>Monthly Premium</th> <th>Rates</th> </tr> </thead> <tbody> <tr> <td>78</td> <td>EE Only</td> <td>\$356.46</td> <td>\$4.57</td> </tr> <tr> <td>44</td> <td>Two Person</td> <td>\$382.36</td> <td>\$8.69</td> </tr> <tr> <td>75</td> <td>EE + Fam</td> <td>\$958.50</td> <td>\$12.78</td> </tr> </tbody> </table>	Counts	Tier	Monthly Premium	Rates	78	EE Only	\$356.46	\$4.57	44	Two Person	\$382.36	\$8.69	75	EE + Fam	\$958.50	\$12.78	<table border="1"> <thead> <tr> <th>Counts</th> <th>Tier</th> <th>Monthly Premium</th> <th>Rates</th> </tr> </thead> <tbody> <tr> <td>78</td> <td>EE Only</td> <td>\$367.38</td> <td>\$4.71</td> </tr> <tr> <td>44</td> <td>Two Person</td> <td>\$393.80</td> <td>\$8.95</td> </tr> <tr> <td>75</td> <td>EE + Fam</td> <td>\$985.50</td> <td>\$13.14</td> </tr> </tbody> </table>	Counts	Tier	Monthly Premium	Rates	78	EE Only	\$367.38	\$4.71	44	Two Person	\$393.80	\$8.95	75	EE + Fam	\$985.50	\$13.14
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<b>Rates - Retiree/Cobra</b>	<b>Rates Table</b>	<b>Rates Table</b>																																
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<b>Cost Comparison</b>	<b>CURRENT</b>	<b>RENEWAL</b>																																
<b>Total Monthly Premium</b>	<b>\$2,053.40</b>	<b>\$2,113.60</b>																																
<b>Total Annualized Premium</b>	<b>\$24,640.80</b>	<b>\$25,363.20</b>																																
<b>Annual Dollar Change From Current</b>		<b>\$722.40</b>																																
<b>Percent Change From Current</b>		<b>2.93%</b>																																

# BAY ARENAC BEHAVIORAL HEALTH

Prepared by: Angela Garner

Effective Date: January 1, 2025



Dental - All	CURRENT		RENEWAL	
	BCBS ACTIVE	BCBS RETIREE	BCBS ACTIVE	BCBS RETIREE

Benefit Comparison	In-Network	In-Network	In-Network	In-Network
Annual Deductible/Individual	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0
Annual Plan Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Orthodontia Plan Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period	FOM following 60 days	FOM following 60 days	FOM following 60 days	FOM following 60 days
<b>Diagnostic and Preventive Services</b>	100%	100%	100%	100%
<b>Basic Services</b>	50%	50%	50%	50%
<b>Major Services</b>	50%	50%	50%	50%
<b>Orthodontia Services</b>	50%	50%	50%	50%
Dependent Children	up to age 19	up to age 19	up to age 19	up to age 19
<b>Rate Guarantee</b>	Year 1 of 2 yr rate gurantee	Year 1 of 2 yr rate gurantee	Year 2 of 2 yr rate gurantee	Year 2 of 2 yr rate gurantee

Rates	Active				Retiree				Active				Retiree			
	Counts	Tier	Monthly Premium	Rates	Counts	Tier	Monthly Premium	Rates	Counts	Tier	Monthly Premium	Rates	Counts	Tier	Monthly Premium	Rates
	75	EE Only	\$1,500.00	\$20.00	56	EE Only	\$1,120.00	\$20.00	75	EE Only	\$1,500.00	\$20.00	56	EE Only	\$1,120.00	\$20.00
	44	Two Person	\$1,759.56	\$39.99	11	Two Person	\$439.89	\$39.99	44	Two Person	\$1,759.56	\$39.99	11	Two Person	\$439.89	\$39.99
	75	EE + Fam	\$5,249.25	\$69.99	0	EE + Fam	\$0.00	\$69.99	75	EE + Fam	\$5,249.25	\$69.99	0	EE + Fam	\$0.00	\$69.99

Cost Comparison - Rates	CURRENT		RENEWAL	
<b>Total Monthly Premium</b>	\$8,508.81	\$1,559.89	\$8,508.81	\$1,559.89
<b>Total Annualized Premium</b>	\$120,824.40		\$120,824.40	
<b>Annual Dollar Change From Current</b>			\$0.00	
<b>Percent Change From Current</b>			0.00%	

*Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.*



# BAY ARENAC BEHAVIORAL HEALTH



Prepared by: Angela Garner

Effective Date: January 1, 2025

<b>Life/AD&amp;D/STD/LTD - All</b>	<b>CURRENT STANDARD</b>	<b>RENEWAL STANDARD</b>	<b>OPTION BCBS/DEARBORN</b>
<b>Monthly Premiums</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>
Group Life	\$981.00	\$981.00	\$824.04
STD	\$8,494.35	\$10,713.28	\$6,587.45
LTD	\$3,778.49	\$4,598.96	\$3,778.49
<b>Cost Comparison</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>BCBS/DEARBORN</b>
Total Monthly Premium	\$13,253.83	\$16,293.24	\$11,189.98
Total Annualized Premium	\$159,046.01	\$195,518.84	\$134,279.76
Annual Dollar Change From Current		\$36,472.83	-\$24,766.25
Percent Change From Current		22.93%	-15.57%

\*BCBSMI multi-line imp cr of \$12,000 if they elect to add Life, Short Term and Long Term Disability under BCBSM/ Dearborn.

2025 BABH Active Employee Simply Blue \$2,500 Healthcare plan with 12% Premium Sharing

Medical -	CURRENT BCBSM SIMPLY BLUE PPO \$2,000/ \$4,000 0008 - ACTIVE	RENEWAL BCBSM SIMPLY BLUE PPO \$2,000/ \$4,000 0008 - ACTIVE	OPTION I BCBSM Simple Blue \$2,500/20% AIPEXI - 0008
<b>Benefit Comparison</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Annual Deductible/Individual	\$2,000	\$2,000	\$2,500
Annual Deductible/Family	\$4,000	\$4,000	\$5,000
Coinsurance	20% Max: \$2,500 / \$5,000	20% Max: \$2,500 / \$5,000	20% Max: \$2,500 / \$5,000
Office Visit/Exam	\$30	\$30	\$30
Outpatient Specialist Visit	\$30	\$30	\$30
Telemedicine	\$0	\$0	\$0
Chiropractic	\$30 ; 30 Visits	\$30 ; 24 Visits	\$30 ; 24 Visits
Annual Out-of-Pocket Limit/Individual	\$8,150	\$8,150	\$8,150
Annual Out-of-Pocket Limit/Family	\$16,300	\$16,300	\$16,300
Emergency Room	\$150	\$150 waived if admitted	\$150 waived if admitted
Urgent Care Facility	\$30	\$30	\$30
Inpatient Hospitalization - Substance Abuse/M	20% after deductible	20% after deductible	20% after deductible
Outpatient Services - Substance Abuse/Mental	\$30	\$30	\$30

	In-Network	In-Network	In-Network
<b>Prescription Drug Benefits</b>			
Generic	\$15	\$15	\$20
Brand (Formulary/Preferred)	\$50	\$50	\$60
Brand (Non-Formulary/Non-preferred)	\$70 or 50% but no more than \$100	\$70 or 50% but no more than \$100	\$70 or 50% coinsurance of the approved amount, but no more than \$100
Generic Speciality	NA	\$70 or 50% but no more than \$100	\$20
Preferred Speciality	NA	\$70 or 50% but no more than \$100	\$60
Non-preferred Speciality	NA	\$70 or 50% but no more than \$100	\$70 or 50% coinsurance of the approved amount, but no more than \$100
Number of Days Supply	30 Days	30 Days	30 Days
<b>Mail Order</b>			
Generic	\$35	\$35	\$40
Brand (Formulary/Preferred)	\$140	\$140	\$120
Brand (Non-Formulary/Non-preferred)	\$200 or 50% but no more than \$290	\$200 or 50% but no more than \$290	\$100 or 50% of the approved amount, whichever is greater, but no more than \$200
Generic Speciality and Preferred Speciality	NA	NA	NA
Non-preferred Speciality	NA	NA	NA
Number of Days Supply for Mail Order	90 Days	90 Days	90 Days

Rates	Rates Table				Rates Table				Rates Table			
	Counts	Tier	Premium	Medical / Rx Rate	Counts	Tier	Premium	Medical / Rx Rate	Counts	Tier	Premium	Medical / Rx Rate
	71	EE Only	\$46,527.72	\$655.32	71	EE Only	\$50,993.62	\$718.22	71	EE Only	\$49,454.34	\$696.54
	40	Two Per	\$62,911.20	\$1,572.78	40	Two Person	\$68,948.40	\$1,723.71	40	Two Person	\$66,868.40	\$1,671.71
	59	Family	\$115,991.64	\$1,965.96	59	Family	\$127,124.35	\$2,154.65	59	Family	\$123,288.76	\$2,089.64

Cost Comparison	0008 - ACTIVE	0008 - ACTIVE	OPTION I
Total Monthly Premium	\$225,430.56	\$247,066.37	\$239,611.50
Total Annualized Cost	\$2,705,166.72	\$2,964,796.44	\$2,875,338.00
Annualized Dollar Change From Current			\$170,171.28
Annualized Percentage Change From Current		9.60%	6.291%

\*options compared to current base plan (majority of enrollment)

This proposal is a brief summary of benefits and is not

2024 Per Pay	12.00%				12.00%			
	Premium Sharing	PA 152	Over Under PA 152	PS plus Over	Premium Sharing	PA 152	Over Under PA 152	PS plus Over
\$36.99	\$86.19	\$643.19	\$11.15	\$75.03	\$83.58	\$643.19	\$30.23	\$53.35
\$88.49	\$206.85	\$1,345.11	-\$171.76	\$378.60	\$200.61	\$1,345.11	-\$126.00	\$326.60
\$110.27	\$258.56	\$1,754.15	-\$141.94	\$400.50	\$250.76	\$1,754.15	-\$84.73	\$335.49
	Per Pay		Per Pay	Per Pay	Per Pay		Per Pay	Per Pay
	\$39.78	\$632.03	\$34.63	\$38.58	\$39.78	\$612.96	\$24.62	\$39.78
	\$95.47	\$1,516.86	\$174.74	\$92.59	\$95.47	\$1,471.10	\$150.74	\$95.47
	\$119.33	\$1,896.09	\$184.84	\$115.73	\$119.33	\$1,838.88	\$154.84	\$119.33

2025 BABH Active Employee BCN Healthcare plan with 10% Premium Sharing

Medical - 0002	CURRENT BCN BCN HMO \$1,500/\$3,000 0002 - ACTIVE	RENEWAL BCN BCN HMO \$1,500/\$3,000 0002 - ACTIVE	OPTION BCN HMO \$2,000/\$4,000																																																
<b>Benefit Comparison</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>																																																
Annual Deductible/Individual	\$1,500	\$1,500	\$2,000																																																
Annual Deductible/Family	\$3,000	\$3,000	\$4,000																																																
Coinsurance	20% Max: \$2,500 / \$5,000	20% Max: \$2,500 / \$5,000	20% Max: \$2,500 / \$5,000																																																
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Annual Out-of-Pocket Limit/Individual	\$8,150	\$8,150	\$8,150																																																
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Emergency Room	\$250 after deductible	\$250 after deductible	\$250 after deductible																																																
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<b>Prescription Drug Benefits</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>																																																
Preferred Generic	\$10	\$10	\$10																																																
Generic	\$30	\$30	\$30																																																
Preferred Specialty	20% after deductible (max \$200)	20% after deductible (max \$200)	20% after deductible (max \$200)																																																
Non-preferred Specialty	20% after deductible (max \$300)	20% after deductible (max \$300)	20% after deductible (max \$300)																																																
Brand (Formulary/Preferred)	\$60	\$60	\$60																																																
Brand (Non-Formulary/Non-preferred)	\$80	\$80	\$80																																																
Number of Days Supply	30 Days	30 Days	30 Days																																																
Preferred Generic	\$20	\$20	\$20																																																
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Non-preferred Specialty	NA	NA	NA																																																
Brand (Formulary/Preferred)	\$170	\$170	\$170																																																
Brand (Non-Formulary/Non-preferred)	\$230	\$230	\$230																																																
Number of Days Supply for Mail Order	90 Days	90 Days	90 Days																																																
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<b>Cost Comparison</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>OPTION</b>																																																
Total Monthly Premium	\$12,346.53	\$13,512.85	\$13,145.15																																																
Total Annualized Cost	\$148,158.36	\$162,154.20	\$157,741.80																																																
Annualized Dollar Change From Current		\$13,995.84	\$9,583.44																																																
Annualized Percentage Change From Current		9.45%	6.47%																																																

Volume and Counts are for illustrative purposes only.

2024 Per Pay	10.00%				10.00%			
	Premium Sharing	PA 152	Over Under PA 152	PS plus Over	Premium Sharing	PA 152	Over Under PA 152	PS plus Over
\$27.93	\$66.24	\$643.19	-\$47.04	\$66.24	\$64.44	\$643.19	-\$63.26	\$64.44
\$67.04	\$158.98	\$1,345.11	\$85.67	\$244.64	\$154.65	\$1,345.11	\$46.73	\$201.38
\$83.80	\$198.72	\$1,754.15	\$34.32	\$233.04	\$193.31	\$1,754.15	-\$14.36	\$178.96
<b>Per Pay</b>	<b>\$30.57</b>	<b>\$596.15</b>		<b>\$30.57</b>	<b>\$29.74</b>	<b>\$579.93</b>		<b>\$29.74</b>
	<b>\$73.37</b>	<b>\$1,430.78</b>		<b>\$112.91</b>	<b>\$71.38</b>	<b>\$1,391.84</b>		<b>\$92.95</b>
	<b>\$91.72</b>	<b>\$1,788.47</b>		<b>\$107.56</b>	<b>\$89.22</b>	<b>\$1,739.80</b>		<b>\$82.60</b>

11

2025 BABH Active Employee High Deductible Health Plan with 5% Premium Sharing

Medical -	CURRENT BCBSM Simple Blue HSA PPO \$2,000/\$4,000 0007 - ACTIVE	RENEWAL BCBSM Simple Blue HSA PPO \$2,000/\$4,000 0007 - ACTIVE	OPTION 5 BCBSM Simple Blue HSA PPO \$2,500/20% AIPFE2
<b>Benefit Comparison</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Annual Deductible/Individual	\$2,000	\$2,000	\$2,500
Annual Deductible/Family	\$4,000	\$4,000	\$5,000
Coinsurance	20%	20%	20%
Office Visit/Exam	20% after deductible	20% after deductible	20% after deductible
Outpatient Specialist Visit	20% after deductible	20% after deductible	20% after deductible
Telemedicine	20% after deductible	20% after deductible	20% after deductible
Chiropractic	20% after deductible	20% after deductible	20% after deductible
Annual Out-of-Pocket Limit/Individual	\$4,000	\$4,000	\$4,000
Annual Out-of-Pocket Limit/Family	\$8,000	\$8,000	\$8,000
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Urgent Care Facility	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospitalization - Substance Abuse/Mental	20% after deductible	20% after deductible	20% after deductible
Outpatient Services - Substance Abuse/Mental	20% after deductible	20% after deductible	20% after deductible

Prescription Drug Benefits	In-Network	In-Network	In-Network
Generic	\$15 copay after deductible	\$15 copay after deductible	\$20 copay after deductible
Brand (Formulary/Preferred)	\$50 copay after deductible	\$50 copay after deductible	\$60 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$70 or 50% but no more than \$100 copay after deductible	\$70 or 50% but no more than \$100 copay after deductible	\$80 or 50% but no more than \$100 copay after deductible
Generic Specialty	\$70 or 50% but no more than \$100 copay after deductible	\$70 or 50% but no more than \$100 copay after deductible	\$20 copay after deductible
Preferred Specialty	\$70 or 50% but no more than \$100 copay after deductible	\$70 or 50% but no more than \$100 copay after deductible	\$60 copay after deductible
Non-preferred Specialty	\$70 or 50% but no more than \$100 copay after deductible	\$70 or 50% but no more than \$100 copay after deductible	\$80 or 50% but no more than \$100 copay after deductible
Number of Days Supply	30 Days	30 Days	30 Days
Mail Order			
Generic	\$35 after deductible	\$35 after deductible	\$40 after deductible
Brand (Formulary/Preferred)	\$140 after deductible	\$140 after deductible	\$120 copay or 50% of approved amount, whichever is great but no more than \$200, after deductible
Brand (Non-Formulary/Non-preferred)	\$200 or 50% after ded, (whichever is greater) no more than \$290 copay after deductible	\$200 or 50% after ded, (whichever is greater) no more than \$290 copay after deductible	\$160 copay or 50% of approved amount, whichever is great but no more than \$200, after deductible
Generic Specialty and Preferred Specialty	NA	NA	NA
Non-preferred Specialty	NA	NA	NA
Number of Days Supply for Mail Order	90 Days	90 Days	90 Days

Rates	Rates Table				Rates Table				Rates Table			
	Counts	Tier	Premium	Medical / Rx Rate	Counts	Tier	Premium	Medical / Rx Rate	Counts	Tier	Premium	Medical / Rx Rate
	71	EE Only	\$41,617.36	\$586.16	71	EE Only	\$45,513.13	\$641.03	71	EE Only	\$44,459.49	\$626.19
	40	Two Person	\$56,271.60	\$1,406.79	40	Two Person	\$61,540.00	\$1,538.50	40	Two Person	\$60,114.00	\$1,502.85
	59	Family	\$103,750.32	\$1,758.48	59	Family	\$113,464.08	\$1,923.12	59	Family	\$110,834.45	\$1,878.55

Cost Comparison	0007 - ACTIVE	0007 - ACTIVE	OPTION 5
Total Monthly Premium	\$201,639.28	\$220,517.21	\$215,407.94
Total Annualized Cost	\$2,419,671.36	\$2,646,206.52	\$2,584,895.28
Annualized Dollar Change From Current			\$165,223.92
Annualized Percentage Change From Current		9.36%	6.83%

This proposal is a brief summary of benefits and is not

2024 Per Pay	5.00%				5.00%			
	Premium Sharing	PA 152	Over Under PA 152	PS plus Over	Premium Sharing	PA 152	Over Under PA 152	PS plus Over
\$13.53	\$32.05	\$643.19	\$34.21	\$32.05	\$31.31	\$0.00	-\$594.88	\$31.31
\$32.46	\$76.93	\$1,345.11	-\$116.47	\$193.39	\$75.14	\$0.00	-\$1,427.71	\$1,502.85
\$40.58	\$96.16	\$1,754.15	-\$72.81	\$168.97	\$93.93	\$0.00	-\$1,784.62	\$1,878.55
	Per Pay			Per Pay	Per Pay			Per Pay
	\$14.79	\$608.98		\$14.79	\$14.45	\$594.88		\$14.45
	\$35.50	\$1,461.58		\$89.26	\$34.68	\$1,427.71		\$34.68
	\$44.38	\$1,826.96		\$77.98	\$43.35	\$1,784.62		\$43.35

2025 BABH Retiree PPO Health Plan with Various Levels of Premium Sharing

Medical - 0009	CURRENT SIMPLY BLUE PPO \$500 / \$1,000 BCBSM 0009 - RETIREE	RENEWAL SIMPLY BLUE PPO \$500 / \$1,000 BCBSM 0009 - RETIREE	RETIREE PROPOSAL BCBSM SB 1500																																																
<b>Benefit Comparison</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>																																																
Annual Deductible/Individual	\$500	\$500	\$1,500																																																
Annual Deductible/Family	\$1,000	\$1,000	\$3,000																																																
Coinsurance	20% Max \$1,500/\$3,000	20% Max \$1,500/\$3,000	20% coinsurance up to \$2500/\$5000																																																
Office Visit/Exam	\$20	\$20	\$30																																																
Outpatient Specialist Visit	20% after deductible	20% after deductible	20% after deductible																																																
Telemedicine	\$0	\$0	\$0																																																
Chiropractic	\$20 ; 24 Visits	\$20 ; 24 Visits	\$30 ; 24 Visits																																																
Annual Out-of-Pocket Limit/Individual	\$6,350	\$6,350	\$8,150																																																
Annual Out-of-Pocket Limit/Family	\$12,700	\$12,700	\$16,300																																																
Emergency Room	\$150	\$150	\$250 waived if admitted or accidental injury																																																
Urgent Care Facility	\$20	\$20	\$30																																																
Inpatient Hospitalization - Substance Abuse/Mental Health	20% after deductible	20% after deductible	20% after deductible																																																
Outpatient Services - Substance Abuse/Mental Health	\$20	\$20	\$30																																																
<b>Prescription Drug Benefits</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>																																																
Generic	\$20	\$10	\$15																																																
Brand (Formulary/Preferred)	\$60	\$40	\$50																																																
Brand (Non-Formulary/Non-preferred)	\$60	\$80	\$70 or 50% up to \$100																																																
Preferred Specialty	\$80	\$80	\$50																																																
Non-preferred Specialty	\$80	\$80	\$70 or 50% up to \$100																																																
Number of Days Supply	30 Days	30 Days	30 Days																																																
Mail Order																																																			
Generic	\$20	\$20	\$35																																																
Brand (Formulary/Preferred)	\$80	\$80	\$140																																																
Brand (Non-Formulary/Non-preferred)	\$160	\$160	\$200 or 50% up to \$290																																																
Number of Days Supply for Mail Order	90 Days	90 Days	90 Days																																																
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<b>Cost Comparison</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<b>RETIREE PROPOSAL</b>																																																
Total Monthly Premium	\$26,225.06	\$28,726.30	\$24,587.86																																																
Total Annualized Cost	\$314,700.72	\$344,715.60	\$295,054.32																																																
Annualized Dollar Change From Current		\$30,014.88	-\$19,646.40																																																
Annualized Percentage Change From Current		9.54%	-6.24%																																																

2025 BABH Retiree HMO Health Plan with Various Levels of Premium Sharing

Medical - 0003	CURRENT BCN BCN HMO \$1,500/\$3,000 0003 - RETIREE	RENEWAL BCN BCN HMO \$1,500/\$3,000 0003 - RETIREE	OPTION BCN HMO \$2,000/\$4,000									
<b>Benefit Comparison</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>									
Annual Deductible/Individual	\$1,500	\$1,500	\$2,000									
Annual Deductible/Family	\$3,000	\$3,000	\$4,000									
Coinsurance	20% Max: \$2,500 / \$5,000	20% Max: \$2,500 / \$5,000	20% Max: \$2,500 / \$5,000									
Office Visit/Exam	\$30	\$30	\$30									
Outpatient Specialist Visit	\$50 after deductible	\$50 after deductible	\$50 after deductible									
Chiropractic	\$50 after deductible ; 30 Visits	\$50 after deductible ; 30 Visits	\$50 after deductible ; 30 Visits									
Annual Out-of-Pocket Limit/Individual	\$8,150	\$8,150	\$8,150									
Annual Out-of-Pocket Limit/Family	\$16,300	\$16,300	\$16,300									
Emergency Room	\$250 after deductible	\$250 after deductible	\$250 after deductible									
Urgent Care Facility	\$60	\$60	\$60									
Outpatient Services - Substance Abuse/Mental Health	\$30	\$30	20% after deductible									
Outpatient Services - Substance Abuse/Mental Health	\$30	\$30	\$30									
<b>Prescription Drug Benefits</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>									
Preferred Generic	\$10	\$10	\$10									
Generic	\$30	\$30	\$30									
Preferred Specialty	20% after deductible (max \$200)	20% after deductible (max \$200)	20% after deductible (max \$200)									
Non-preferred Specialty	20% after deductible (max \$300)	20% after deductible (max \$300)	20% after deductible (max \$300)									
Brand (Formulary/Preferred)	\$60	\$60	\$60									
Brand (Non-Formulary/Non-preferred)	\$80	\$80	\$80									
Number of Days Supply	30 Days	30 Days	30 Days									
Preferred Generic	\$20	\$20	\$20									
Generic	\$80	\$80	\$80									
Preferred Specialty	NA	NA	NA									
Non-preferred Specialty	NA	NA	NA									
Brand (Formulary/Preferred)	\$170	\$170	\$170									
Brand (Non-Formulary/Non-preferred)	\$230	\$230	\$230									
Number of Days Supply for Mail Order	90 Days	90 Days	90 Days									
<b>Rates</b>	<b>Rates Table</b>				<b>Rates Table</b>				<b>Rates Table</b>			
	Counts	Tier	Premium	Medical / Rx Rate	Counts	Tier	Premium	Medical / Rx Rate	Counts	Tier	Premium	Medical / Rx Rate
	1	EE Only	\$605.22	\$605.22	1	EE Only	\$662.39	\$662.39	1	EE Only	\$644.37	\$644.37
	0	Two Person	\$0.00	\$1,452.53	0	Two Person	\$0.00	\$1,589.75	0	Two Person	\$0.00	\$1,546.49
	0	Family	\$0.00	\$1,815.67	0	Family	\$0.00	\$1,987.19	0	Family	\$0.00	\$1,933.11
<b>Cost Comparison</b>	<b>CURRENT</b>				<b>RENEWAL</b>				<b>OPTION</b>			
Total Monthly Premium	\$605.22				\$662.39				\$644.37			
Total Annualized Cost	\$7,262.64				\$7,948.68				\$7,732.44			
Annualized Dollar Change From Current					\$686.04				\$469.80			
Annualized Percentage Change From Current					9.45%				6.47%			



# Public Employer Contributions to Medical Benefit Plans aka PA 152 of 2011

September, 2024

# Agenda

- ❑ PA 152 of 2011, Employer Caps or 80/20 on Healthcare Cost
- ❑ Executive Summary of Benefit Options, Plans and Costs



# 2011 Public Act 152 - Publicly Funded Health Insurance Contribution Act

- Adopted by the Legislature and signed into law by the Governor as Act 152 of 2011.
- The Act caps the amount a public employer, including Behavioral Health Systems, may pay for employee health care insurance.
- Required public employees to be responsible for a larger portion of their health care cost after September 1, 2012.

# History of PA 152 Increases

BCBSM Small Group Rate Increases - Annual	
2014	6.4%
2015	-0.3%
2016	0.7%
2017	0.6%
2018	3.9%
2019	1.3%
2020	3.7%
2021	0.9%
2022	7.9%
2023	3.2%
2024	7.8%
2025	11.9%

	BCBS	Family Rate
2013		\$1,293.75
2014	6.4%	\$1,376.55
2015	-0.3%	\$1,372.46
2016	0.7%	\$1,381.41
2017	0.6%	\$1,390.33
2018	3.9%	\$1,444.65
2019	1.3%	\$1,463.50
2020	3.7%	\$1,517.65
2021	0.9%	\$1,531.91
2022	7.9%	\$1,652.78
2023	3.2%	\$1,705.96
2024	7.8%	\$1,839.47
2025	11.9%	\$2,058.00

PA 152 Increase	PA 152 Allowance	Dollar Difference	% Difference
3.50%	\$1,293.75	\$0.00	
2.90%	\$1,331.27	(\$45.28)	-3.40%
2.30%	\$1,361.89	(\$10.57)	-0.78%
2.50%	\$1,395.94	\$14.53	1.04%
3.30%	\$1,442.00	\$51.67	3.58%
3.40%	\$1,491.03	\$46.38	3.11%
1.90%	\$1,519.36	\$55.86	3.68%
2.00%	\$1,549.75	\$32.10	2.07%
3.30%	\$1,600.89	\$68.97	4.31%
3.70%	\$1,660.12	\$7.34	0.44%
1.30%	\$1,681.70	(\$24.26)	-1.44%
4.10%	\$1,750.65	(\$88.82)	-5.07%
0.20%	\$1,754.15	(\$303.85)	-17.32%

Increases prior to 2019 represent a enrollment weighted average.



# PA 152 Components

- BABH has three options:
  - Comply with PA 152 and limit expenditures on health care cost based on a schedule of dollars provided in the Act using the Hard Cap as updated annually every April; or
  - Limit expenditures on health care cost based on an 80/20 percentage split, requiring a majority vote; or
  - Exempt itself entirely from the Act & choose some other percentage of Premium sharing, requiring a 2/3 vote.

# 2025 Renewal Rates impacted by PA 152 AS IS

## 2025 Comparison to 2024 Monthly Rates

### PA 152 Analysis

2025						2024	
ACTIVES	Census	SB 2000 - 0008	12% Premium Sharing	EMPLOYER PORTION	New Premium Sharing	PA 152	12% Premium Sharing
Single	66	\$718.22	\$86.19	\$632.03	\$86.19	\$643.19	\$80.14
2 Person	38	\$1,723.71	\$206.85	\$1,516.86	\$378.60	\$1,345.11	\$191.73
Family	55	\$2,154.65	\$258.56	\$1,896.09	\$400.50	\$1,754.15	\$238.92

  

ACTIVES	Census	HMO 1500 - 0002	10% Premium Sharing	EMPLOYER PORTION	New Premium Sharing	PA 152	10% Premium Sharing
Single	6	\$662.39	\$66.24	\$596.15	\$66.24	\$643.19	\$61.77
2 Person	1	\$1,589.75	\$158.98	\$1,430.78	\$244.64	\$1,345.11	\$147.75
Family	4	\$1,987.19	\$198.72	\$1,788.47	\$233.04	\$1,754.15	\$184.07

  

ACTIVES	Census	SB HDHP 2000 w HSA - 0007	5% Premium Sharing	EMPLOYER PORTION	New Premium Sharing	PA 152	5% Premium Sharing
Single	5	\$641.03	\$32.05	\$608.98	\$32.05	\$643.19	\$29.31
2 Person	2	\$1,538.50	\$76.93	\$1,461.58	\$193.39	\$1,345.11	\$70.34
Family	4	\$1,923.12	\$96.16	\$1,826.96	\$168.97	\$1,754.15	\$87.92

# 2025 Renewal Rates impacted by PA 152 with changes

		2025					2024
ACTIVES	Census	SB 2500	12% Premium Sharing	EMPLOYER PORTION	PA 152	New Premium Sharing	12% Premium Sharing
Single	66	\$696.54	\$83.58	\$612.96	\$643.19	\$83.58	\$80.14
2 Person	38	\$1,671.71	\$200.61	\$1,471.10	\$1,345.11	\$326.60	\$191.73
Family	55	\$2,089.64	\$250.76	\$1,838.88	\$1,754.15	\$335.49	\$238.92

  

ACTIVES	Census	HMO 2000	10% Premium Sharing	EMPLOYER PORTION	PA 152	New Premium Sharing	10% Premium Sharing
Single	6	\$644.37	\$64.44	\$579.93	\$643.19	\$64.44	\$61.77
2 Person	1	\$1,546.49	\$154.65	\$1,391.84	\$1,345.11	\$201.38	\$147.75
Family	4	\$1,933.11	\$193.31	\$1,739.80	\$1,754.15	\$178.96	\$184.07

  

ACTIVES	Census	SB HDHP 2500	5% Premium Sharing	EMPLOYER PORTION	PA 152	New Premium Sharing	5% Premium Sharing
Single	5	\$626.19	\$31.31	\$594.88	\$643.19	\$31.31	\$30.14
2 Person	2	\$1,502.85	\$75.14	\$1,427.71	\$1,345.11	\$157.74	\$72.01
Family	4	\$1,878.55	\$93.93	\$1,784.62	\$1,754.15	\$124.40	\$89.59

# 2011 Public Act 152 - Publicly Funded Health Insurance Contribution Act

- BABH may consider Opting Out of PA 152 for 2025
- Some draft language is being worked on that increase the 2025 Hard Cap to 7.2%, but it hasn't hit yet and may not hit in lame duck.
- Resolution must be passed by a majority vote in order to be considered valid for 2025 plan year prior to January 1, 2025.
- Resolution needs to be passed annually and certified prior to the upcoming benefit plan year.

# Thank you



BEHAVIORAL HEALTH

**BOARD OF DIRECTORS**

Resolution #24-09-013

**RESOLUTION TO ADOPT THE ANNUAL EXEMPTION OPTION AS SET FORTH IN PUBLIC ACT 152 OF 2011,  
THE PUBLICLY FUNDED HEALTH INSURANCE CONTRIBUTION ACT**

**WHEREAS,** Public Act (PA) 152 of 2011, passed by the State Legislature and signed by the Governor on September 24, 2011; was designed to reduce the burden of employee health care costs on public employers; and

**WHEREAS,** Public employers are given three options for complying with the requirements of PA 152 of 2011; and

**WHEREAS,** The three options are:

- 1) Section 3 "Hard Cap" Option – limits a public employer's total annual health care costs for employees based on coverage levels as defined in the Act;
- 2) Section 4 "80%/20%" Option – limits a public employer's share of total annual health care costs to not more than 80%. This option requires an annual majority vote of the public employer;
- 3) Section 8 "Exemption" Option – a local unit of government as defined in the act, may exempt itself from the requirements of the Act by an annual 2/3 majority vote of the public employer;

**WHEREAS,** The Bay Arenac Behavioral Health Authority has decided to adopt the annual Exemption option as its choice of compliance under PA 152 of 2011; and

**WHEREAS,** The Bay Arenac Behavioral Health Board of Directors recognizes the PA 152 Exemption option requires a 2/3 majority vote; and

**WHEREAS,** The Bay Arenac Behavioral Health Board of Directors acknowledges its responsibility to revisit its options and responsibility under PA 152 of 2011 in one year.

**THEREFORE, BE IT RESOLVED:**

That Bay Arenac Behavioral Health Authority elects to comply with the requirements of PA 152 of 2011, The Publicly Funded Health Insurance Contribution Act, by adopting the annual Exemption option for the medical benefit plan coverage year from January 1, 2025 through December 31, 2025.

This resolution was adopted at a special meeting of the Bay Arenac Behavioral Health Authority Board of Directors held on September 26, 2024 pursuant to the Open Meetings Act, Public Act 267 of 1976 as amended on a motion by XXX and supported by XXX with the following votes:

Yeas:

Nays:

Excused:

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Richard Byrne, Board Chair

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Christopher Girard, Board Secretary



**Bay-Arenac Behavioral Health  
Special Board Meeting  
Summary of Proposed Contracts  
September 26, 2024**

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
<b>SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES</b>						
<i>Clinical Services</i>						
1	S	<b>Linda Wunningham</b> Dietary services: <i>Nutritional counseling</i> <i>Nutritional assessment</i> <i>Nutritional re-assessment</i> <i>Treatment plan</i> <i>Treatment plan monitoring</i>	\$91/event \$49/unit \$46/unit \$110/event \$85/event	Same	10/1/24 - 9/30/25	Y N
2	S	<b>Carla Barron</b> Infant Mental Health staff supervision	2 hours every month @ \$80/hour	Same	10/1/24 - 9/30/25	Y N
3	S	<b>Stephanie Laird, MA, LLP, BCBA</b> Autism Evaluations Annual Reevaluations	\$95.00/hour; \$47.50 for each addl. 30 mins.	Same	10/1/24 - 9/30/25	Y N
4	R	<b>ABA Pathways</b> Single Case Agreement arrangement for 2 BABHA individuals receiving ABA, OT and Speech services. Applied Behavioral Analysis Services  OT services: <i>OT Evaluation</i> <i>OT Re-evaluation</i> <i>OT Individual Therapy</i> <i>Treatment planning</i> <i>Wheelchair mgt/propulsion training</i> <i>OT Sensory</i> <i>OT Massage Therapy</i>  Speech therapy services: <i>Individual speech therapy</i> <i>Group speech therapy</i> <i>Evaluation of speech fluency</i> <i>Evaluation of speech sound production</i> <i>Evaluation of speech sound production w/ eval of language</i> <i>Behavioral and qualitative analysis of voice and resonance</i> <i>Tx of swallowing dysfunction</i> <i>Eval of oral and pharyngeal swallowing function</i>	State rates eff. 10/1/22 with exception of codes 0373T at \$28.40/unit, 97153 at \$14.03/unit and 97154 at \$4.83/unit for COVID rates)  \$165/event \$150/event \$26/unit \$80/event \$26.25/unit \$26.25/unit \$25/unit  \$88/event \$24/event \$165/event \$165/event \$165/event \$90/event \$95/event \$88/event	State rates eff. 10/1/22 with exception of codes 0373T at \$28.46/unit, 97153 at \$14.09/unit and 97154 at \$4.89/unit for COVID rates)  Same  Same	10/1/24 - 9/30/25	Y N
5	R	<b>Pal's Place</b> Residential services to 1 BABH consumers; *Residential per diem for first consumer (rate includes 24 hrs 1:1 staff and 12 hrs 2:1 staff) Per diem once reduced to 1:1 staff only	*\$1,191.48/day w/COVID increase \$956.52/day w/COVID increase	*\$1,202.04/day w/COVID increase \$964.44/day w/COVID increase	10/1/24 - 9/30/25	Y N
6	R	<b>Closer to Home LLC</b> Residential services for two BABHA individuals	1 @ \$256.40/day 1 @ \$361.40/day	1 @ \$259.04/day 1 @ \$364.04/day	10/1/24 - 9/30/25	Y Y
7	R	<b>Pine Rest Christian Mental Health Services</b> Inpatient Psychiatric Services: Increase to rates for FY25 Child & Adolescent unit Adult & Older Adult unit Partial Hospitalization ECT (inpatient/outpatient)	\$1,314/day \$1,240/day \$554/day \$845/\$1,092/day (all inclusive)	\$1,393/day \$1,269/day \$582/day \$879/\$1,136/day (all inclusive)	10/1/24 - 9/30/25	Y N
8	R	<b>North Shores Center, LLC</b> Crisis Residential	\$441.40/day	\$444.04/day	10/1/24 - 9/30/25	Y N
9	R	<b>Harbor Oaks Hospital</b> Inpatient Psychiatric Services: Increase to rates for FY25 Specialized Inpatient Pediatric Unit	\$830/day \$1,300/day	\$850/day \$1,400/day	10/1/24 - 9/30/25	Y N
10	R	<b>Beacon Specialized Living Services, Inc. - Beacon at Sandhurst</b> Children's Crisis Residential	\$652.25/day	\$672/day	10/1/24 - 9/30/25	Y N
11	R	<b>HealthSource</b> Inpatient Psychiatric Services: Increase to rates for FY25	\$1,026/day	\$1,080/day	10/1/24 - 9/30/25	Y N
12	R	<b>Cedar Creek Hospital</b> Inpatient Psychiatric Services: Increase to rates for FY25	\$1,054.75/day	\$1,129	10/1/24 - 9/30/25	Y N
13	S	<b>Stuart Wilson</b> 1 month contract extension: Fiscal intermediary services: <i>Self-Determination</i> <i>Respite only</i>	\$138.58 per consumer per month \$11.19 per consumer per month	Same	10/1/24 - 10/31/24	Y N
14	S	<b>The Arc of Bay County</b> Independent Facilitation Services	\$150	Same	10/1/24 - 9/30/25	Y N

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
15	R/S	<b>Encompass Therapy Center</b> OT services: <i>OT Evaluation</i> \$170/event <i>OT Re-evaluation</i> \$155/event <i>OT Individual Therapy</i> \$35/unit <i>Treatment planning</i> \$95/event <i>OT Therapeutic Activities</i> \$38/unit <i>Therapeutic Proc(s), Group of 2+ individuals</i> \$20/unit Speech therapy services: <i>Individual speech therapy</i> \$92/event <i>Group speech therapy</i> \$24/event <i>Evaluation of speech fluency</i> \$165/event <i>Evaluation of speech sound production</i> \$165/event <i>Evaluation of speech sound production w/ eval of language</i> \$200/event <i>Behavioral and qualitative analysis of voice and resonance</i> <i>Tx of swallowing dysfunction</i> \$90/event <i>Eval of oral and pharyngeal swallowing function</i> \$95/event . . .	Same	10/1/24 - 9/30/25	Y	N
16	S	<b>Game Changer Pediatric Therapy Services</b> OT services for children: <i>OT Evaluation</i> \$165/event <i>OT Re-evaluation</i> \$150/event <i>OT Individual Therapy</i> \$26/unit <i>Treatment planning</i> \$95/event <i>Wheelchair mgt/propulsion training</i> \$23.25/unit <i>OT Sensory</i> \$38/unit <i>OT Massage Therapy</i> \$29/unit . Speech therapy services: <i>Individual speech therapy</i> \$88/event <i>Group speech therapy</i> \$24/event <i>Evaluation of speech fluency</i> \$165/event <i>Evaluation of speech sound production</i> \$165/event <i>Evaluation of speech sound production w/ eval of language</i> \$200/event <i>Behavioral and qualitative analysis of voice and resonance</i> <i>Tx of swallowing dysfunction</i> \$90/event <i>Eval for prescription of speech-generating AAC device (1st hour)</i> \$95/event <i>-Each additional 30m</i> \$150/hour <i>Therapeutic services for use of speech-generating device</i> \$32/half hour <i>Eval of oral and pharyngeal swallowing function</i> \$110/event \$88/event	Same	10/1/24 - 9/30/25	Y	N
17	S	<b>Mercy Plus Healthcare Services LLC</b> OT services for children: <i>OT Evaluation</i> \$180-\$260/event <i>OT Re-evaluation</i> \$150/event <i>OT Individual Therapy</i> \$26.25/unit <i>Treatment planning</i> \$115/event <i>Wheelchair mgt/propulsion training</i> \$26.25/unit <i>OT Sensory</i> \$26.25/unit <i>OT Massage Therapy</i> \$25/unit . Speech therapy services: <i>Individual speech therapy</i> \$88/event <i>Group speech therapy</i> \$24/event <i>Evaluation of speech fluency</i> \$165/event <i>Evaluation of speech sound production</i> \$165/event <i>Evaluation of speech sound production w/ eval of language</i> \$200/event <i>Behavioral and qualitative analysis of voice and resonance</i> <i>Tx of swallowing dysfunction</i> \$90/event <i>Eval for prescription of speech-generating AAC device (1st hour)</i> \$95/event <i>-Each additional 30m</i> \$100/hour <i>Therapeutic services for use of speech-generating device</i> \$50/half hour <i>Eval of oral and pharyngeal swallowing function</i> \$200/event	Same	10/1/24 - 9/30/25	Y	N

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
18	S	<b>Paramount Rehabilitation Services</b> OT/PT/Speech for children and adults: OT/PT Evaluation OT/PT Re-evaluation OT/PT Individual Therapy Speech Evaluation Speech Individual Therapy Therapy for function of swallowing Treatment plan monitoring	\$165/event \$150/event \$34/unit \$165/event \$107.12/event \$126/event \$80/event	Same	10/1/24 - 9/30/25	Y	N
19	ES	<b>MPA</b> <b>3 Month Contract Extension:</b> OPT Assessment Brief Screen OPT Treatment Plan Treatment Plan Development & Monitoring Indiv therapy 16-37m Indiv therapy 38-52m Indiv therapy 53+m Psychotherapy for crisis - first 60m Psychotherapy for crisis - each addl. 30m Family therapy Group therapy DBT therapy 16-37m (adolescent) DBT therapy 38-52m (adolescent) DBT therapy 53+m (adolescent) DBT group therapy (adolescent) DBT therapy per 15m (adult) DBT group therapy per 15m (adult) Family Skills Training Targeted case management SED Childrens case management ABA Childrens case management IDD Childrens case management Stand-alone LOCUS Assessment	\$107.63/event 87.55/event \$87.52/event \$84.97/event \$44.93/event \$96.25/event \$134.80/event \$84.97/event \$39.66/event \$93.50/event \$37.51/event \$54.38/event \$108.77/event \$163.15/event 89.73/event \$26.40/15m \$13.20/15m \$31/event \$46.87/unit \$49.34/unit \$91/unit \$53.05/unit \$22/event	Same	10/1/24 - 12/31/24	Y	N
20	R	<b>Saginaw Psychological Services, Inc.</b> OPT Assessment Psychiatric Evaluation E&M Established Patient - Level 2 E&M Established Patient - Level 3 E&M Established Patient - Level 4 E&M Established Patient - Level 5 E&M New Patient - Level 2 E&M New Patient - Level 3 E&M New Patient - Level 4 E&M New Patient - Level 5 Medication Administration OPT Treatment Plan Treatment Plan Development & Monitoring Indiv therapy 16-37m Indiv therapy 38-52m Indiv therapy 53+m Psychotherapy for crisis - first 60m Psychotherapy for crisis - each addl. 30m Family therapy Group therapy DBT therapy 16-37m (adolescent) DBT therapy 38-52m (adolescent) DBT therapy 53+m (adolescent) DBT group therapy (adolescent) DBT therapy per 15m (adult) DBT group therapy per 15m (adult) Phone Coaching Targeted case management Psychological Testing Stand-alone LOCUS Assessment ABA Evaluation and Reevaluation Services	\$104.50/event \$195.96/event \$42.50/event \$70/event \$105/event \$140/event \$42.50/event \$70/event \$105/event \$140/event \$33/event \$84.98/event \$77/event \$44.94/event \$96.25/event \$134.81/event \$84.98/event \$39.66/event \$93.50/event \$37.51/event 52.80/event \$105.60/event \$158.40/event \$87.12/event \$26.40/15m \$13.20/15m \$11/shift \$46.87/unit \$95/hour \$22/event \$95.00/hour; \$47.50 for each addl. 30 mins.	Same	10/1/24 - 9/30/25	Y	N
21	R	<b>List Psychological Services</b> FY25 Rates: OPT Assessment OPT Treatment Plan Treatment Plan Development & Monitoring Indiv therapy 16-37m Indiv therapy 38-52m Indiv therapy 53+m Psychotherapy for crisis - first 60m Psychotherapy for crisis - each addl. 30m Family therapy Group therapy Stand-alone LOCUS Assessment	\$104.50/event \$84.98/event \$77/event \$44.94/event \$96.25/event \$134.81/event \$84.98/event \$39.66/event \$93.50/event \$37.51/event \$22/event	Same	10/1/24 - 9/30/25	Y	N
22	R	<b>ABA Providers (12 Total)</b> Renewal contracts for FY25  Autism Centers of MI, Autism Systems, BHS Bay City and Saginaw Plus, Centria, Encompass Therapy, Flourish Therapy, GameChanger, Mercy Plus, Milestones ABA Clinic of Michigan, LLC, Paramount, Positive Behavior Supports Corporation, Spectrum Autism Center	See attached spreadsheet	See attached spreadsheet	10/1/24 - 9/30/25	Y	N

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
23	R	<b>Residential Providers (8 Total)</b> See attached spreadsheet for home total(s)  <i>AuGres Care Center, Bay Human Services, Central State Community Services, Hope Network Southeast, Liberty Living, Fitzhugh House LLC, Michigan Community Services, Valley Residential Services</i>	See attached spreadsheet	See attached spreadsheet	10/1/24 - 9/30/25	Y	N
24	R	<b>CLS In-Home Providers (8 Total)</b> See attached spreadsheet for rate(s)  <i>Aidaly Care, Arnold Center, *Bay Human Services, CareBuilders at Home, Disability Network, MCSI, PAO**, Samaritas</i>	See attached spreadsheet	See attached spreadsheet	10/1/24 - 9/30/25	Y	N Y**
25	M	<b>Vocational and Clubhouse</b> 3 month contract extension:  <i>Arenac Opportunities, Inc. Do-All, Inc. New Dimensions, Inc. Touchstone Services, Inc.</i>	Cost settled contract	Cost settled contract	10/1/24 - 12/31/24	Y	N
26	S	<b>Nutrition for Wellness</b> Dietary services: <i>Nutritional counseling</i> <i>Nutritional assessment</i> <i>Nutritional re-assessment</i> <i>Treatment plan</i> <i>Treatment plan monitoring</i>	\$62.50/event \$34.50/unit \$31.20/unit \$125.00/event \$83.20/event	Same	10/1/24 - 9/30/25	Y	N
27	S	<b>Dr. Mukesh Lathia</b> Med reviews to 3 BABH consumers	\$195/hour	Same	10/1/24 - 9/30/25	Y	N
28	S	<b>Recovery Pathways/Dr. William Morrone</b> Consulting Addictionologist services: <i>Organizational consultation</i> <i>Prescriber to Prescriber consultation</i> <i>Chart reviews</i> <i>Evaluation and Recommendations</i>	\$100/hour \$100/hour \$50/hour \$80/hour	Same	10/1/24 - 9/30/25	Y	N
29	R	<b>Arnold Center</b> Supported employment services for 1 BABHA individual	\$4.51/unit	\$4.57/unit	10/1/24 - 9/30/25	Y	N
30	R	<b>BCA Stonecrest of Detroit</b> Inpatient Psychiatric Services: Increase to rates for FY25	\$835/day	\$880/day	10/1/24 - 9/30/25	Y	N
31	R	<b>Havenwyck Hospital</b> Inpatient Psychiatric Services: Increase to rates for FY25 Partial Hospitalization	\$904.05/day \$430/day	\$940.21/day \$447.20/day	10/1/24 - 9/30/25	Y	N
32	R	<b>Beaumont Behavioral Health</b> Inpatient Psychiatric Services: Increase to rates for FY25 Partial Hospitalization	\$1,099/day \$575/day	\$1,155/day \$592.25/day	10/1/24 - 9/30/25	Y	N
33	R	<b>Beacon Specialized Living Services</b> Specialized Residential Treatment services to 2 consumers: Lodge per diem Ypsilanti per diem  Psychiatric Assessment Mental Health Assessment by Non-Physician Med Reviews Group Therapy	\$300.55/day \$300.55/day  \$455/event \$105/event \$230/event \$80/event	\$361/day \$310/day  \$480/event \$110/event \$245/event \$85/event	10/1/24-9/30/25	Y	N
34	R	<b>Hope Network Behavioral Health</b> FY25 rate increases: Harbor Point Lapeer (2 placements) Meadows at Grandview (1 placement) Alpine Grove (1 placement) Westlake VIII (1 placement)  Ancillary Services: Targeted Case Management Psychiatric Assessment E&M/Medication Reviews E&M/Domiciliary or Rest Home Visit Health Assessment Health Services Group Therapy Injection Administration Patient Education NOC Indv. Patient Education NOC Group Psychotherapy Self Help/Peer Support Services	\$494.06 \$362.72 \$358.01 \$542.27  \$84.65/unit \$227.44 - \$304.52/event \$44.72 - \$432.89/event \$120.92 - \$362.80/event \$277.99/event \$55.15/unit \$6.95 - \$8.90/event \$63.18/event \$109.09/event \$54.55/event \$85.92 - \$202.42/event \$8.49/unit - indiv.; \$6.23 - \$7.98/unit - group	\$534.07 \$381.48 \$376.20 \$560.59  \$87.10/unit \$234.03 - \$313.35/event \$45.50 - \$445.45/event \$124.43 - \$373.32/event \$286.04/event \$55.15/unit \$7.15 - \$9.16/event \$65/event \$112.25/event \$56.12/event \$88.42 - \$208.29/event \$8.73/unit - indiv.; \$6.41 - \$8.21/unit - group	10/1/24-9/30/25	Y	N
35	R	<b>Forest View Hospital</b> Inpatient Hospitalization	\$1,057.50/day Inpatient	\$1,100/day Inpatient	10/1/24 - 9/30/25	Y	N
36	S	<b>Usha Movva, M.D.</b> Contract for psychiatric services at Madison (hours as agree upon)	\$200/hour	Same	10/1/24 - 9/30/25	Y	N
37	R	<b>Flatrock Manor, Inc.</b> Residential services for one BABHA individual residing at Burton East	\$539.24/day	\$542.39/day	10/1/24 - 9/30/25	Y	N
38	R	<b>Mid-Michigan Specialized Residential LLC</b> Residential services for one BABHA individual	\$550/day	\$555.28/day	10/1/24 - 9/30/25	Y	N

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
39	R	<b>Rose Hill</b> Residential services for one BABHA individual residing at Kelly Community Center	\$713/day	\$718.28/day	10/1/24 - 9/30/25	Y N
40	R	<b>Safehaus, Inc.</b> Children's Crisis Residential	\$495/day	\$497.64/day	10/1/24 - 9/30/25	Y N
41	R	<b>Bay City CRU, operated by Dr. Ibrahim</b> Crisis Residential Services	\$0	Daily Per Diem - \$539 Contract Maximum: \$1,181,496	10/1/24 - 9/30/25	Y New Provider
42	N/M	<b>Game Changer Pediatric Therapy Services</b> New Single Case Agreement for CLS and Respite for one individual  Rate increase due to DCW State mandated increase for FY25 eff. 10/1/24 for the above new Single Case Agreement and two existing Single Case Agreements for CLS and Respite	CLS \$10/unit, CLS 2:1 \$16.50/unit, Respite \$10/unit	Eff. 9/23/2024: CLS \$10/unit, CLS 2:1 \$16.50/unit, Respite \$10/unit  Eff. 10/1/2024: CLS \$10.06/unit, CLS 2:1 \$16.56/unit, Respite \$10.06/unit	9/23/24 - 9/23/25  5/11/24 - 11/11/24 5/14/24 - 12/10/24	Y N
43	M	<b>Superior Care of Michigan</b> Residential services to 1 BABHA consumer - Increase to rate to add DCW mandated increase eff. 10/1/24	\$274.40/day	\$276.60/day	10/1/24 - 1/24/25	Y N
<b>Admin/Other Services</b>						
44	N	<b>Ulliance</b> Employee assistance program	\$0	\$2.40/month per employee; total estimated annual cost of \$7,500 for 261 employees	10/1/24 - 9/30/25	Y N
<b>SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)</b>						
45	R	<b>Huron Behavioral Health</b> Administrative Services Agreement: Access Customer Services	\$150,400/year \$30,000/year	\$157,168/year \$31,350/year	10/1/24-9/30/25	Y N
46	R	<b>Tuscola Behavioral Health Systems</b> Administrative Services Agreement: Access Customer Services	\$227,500/year \$30,000/year	\$237,738/year \$31,350/year	10/1/24-9/30/25	Y N
47	R	<b>Shiawassee County CMH Authority</b> Pre-Admission Screening Services	\$38,732/year	\$40,475/year	10/1/24 - 9/30/25	Y N
48	R	<b>Tuscola Behavioral Health Systems</b> Telephone Crisis Intervention Pre-Admission Screening Services	\$41,040/yr \$504.50/screen	\$42,887/year \$650/screen	10/1/24 - 9/30/25	Y N
49	R	<b>MyMichigan formerly Ascension Standish Hospital</b> Pre-Admission Screening Services	\$470/screen	\$606/screen	10/1/24 - 9/30/25	Y N
50	R	<b>McLaren Bay Region</b> Pre-Admission Screening Services	\$534.75/screen	\$650/screen	10/1/24 - 9/30/25	Y N
<b>SECTION III. STATE OF MICHIGAN GRANT CONTRACTS</b>						
51	R	<b>Mid-State Health Network</b> FY25 Medicaid Subcontract	\$61,737,986	\$68,802,315	10/1/24-9/30/25	Y N/A
52	R	<b>MDHHS: PASARR</b> FY25 funding for OBRA	\$311,669	\$358,430	10/1/24 - 9/30/25	Y N/A
53	R	<b>MDHHS: Infant Grant</b> FY25 funding	\$83,950	\$117,440	10/1/24 - 9/30/25	Y N/A
54	R	<b>MDHHS: AOT Grant</b> FY25 funding	\$83,000	\$87,000	10/1/24 - 9/30/25	Y N/A
55	R	<b>MDHHS: Workforce Stabilization Grant</b> FY25 funding	\$69,969	\$68,000	10/1/24 - 9/30/25	Y N/A
56	R	<b>MDHHS: MI Kids Now Grant</b> FY25 funding	\$200,000	\$200,000	10/1/24 - 9/30/25	Y N/A
<b>SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL</b>						

R = Renewal with rate increase since previous contract  
D = Renewal with rate decrease since previous contract  
S = Renewal with same rate as previous contract  
ES = Extension

M = Modification  
N = New Contract/Provider  
NC = New Consumer  
T = Termination

**Footnotes:**

**Residential Providers**

	<u>Daily Home Per</u>	
	<u>Diems as of</u>	<u>Daily Home Per</u>
	<u>10/1/23</u>	<u>Diems as of 10/1/24</u>
<b>A Bay Human Services</b>		
Almont	\$ 1,366.86	\$ 1,382.66
Bangor	\$ 1,421.64	\$ 1,438.00
Brookwood	\$ 1,215.42	\$ 1,231.22
Georgetown	\$ 1,517.70	\$ 1,534.06
Grove	\$ 1,296.78	\$ 1,312.58
Jean Road	\$ 1,081.26	\$ 1,094.82
Kasemeyer	\$ 1,300.68	\$ 1,316.48
Mason	\$ 1,230.54	\$ 1,246.34
<b>B Central State</b>		
Willow	\$ 1,370.16	\$ 1,386.19
<b>C Fitzhugh House LLC</b>		
Fitzhugh	\$ 765.78	\$ 772.96
<b>D Hope Network</b>		
Bay House	\$ 1,467.30	\$ 1,483.26
Bay Valley	\$ 1,436.00	\$ 1,451.00
Harbor House	\$ 1,335.24	\$ 1,350.08
<b>E Liberty Living</b>		
Independence	\$ 903.60	\$ 912.20
Jefferson	\$ 929.04	\$ 937.34
Jefferson North	\$ 1,035.24	\$ 1,043.54
Liberty	\$ 863.64	\$ 871.94
Wilson	\$ 914.10	\$ 922.40
<b>F MCSI</b>		
Beechwood	\$ 1,031.52	\$ 1,039.66
Candlestick	\$ 1,396.80	\$ 1,411.45
Fisher	\$ 1,538.70	\$ 1,554.69
Knight	\$ 1,226.76	\$ 1,240.00
Nebobish	\$ 1,364.46	\$ 1,380.51
Parker	\$ 796.45	\$ 805.23
<b>G Valley Residential</b>		
Elm	\$ 1,393.86	\$ 1,411.73
Orchard	\$ 1,352.10	\$ 1,369.94
Rose	\$ 1,526.25	\$ 1,543.00
<b>H AuGres Care Center</b>		
	\$ 123.94	\$ 123.94

**CLS Providers**

	<u>Rate as of</u> <u>10/1/23</u>	<u>Rate as of 10/1/24</u>
<b>A Bay Human Services*</b>		
H2015 A1/T2027/H2015 A1:UJ	\$ 8.98	9.05
H2015 A2/T2027/H2015 A2: UJ	\$ 7.66	7.73
H2015 A3/T2027/H2015 A3:UJ	\$ 7.54	7.61
H2015 A6/T2027/H2015 A6:UJ	\$ 10.28	10.35
*CLS contract is cost settled		
<b>B Carebuilders at Home</b>		
H2015/T2027/H2015 UJ	\$ 6.52	\$ 6.59
H2015/T2027/H2015 UJ S2	\$ 11.31	\$ 11.38
<b>C Disability Network MM</b>		
H2015/T2027/H2015 UJ	\$ 6.52	\$ 6.59
H2015 A2/T2027/H2015 A2: UJ	\$ 7.72	\$ 7.79
<b>D MCSI</b>		
H2015/T2027/H2015 UJ	\$ 10.94	\$ 11.01
H2015 UN/ T2027/ H2015 UN:UJ	\$ 5.47	\$ 5.50
<b>E MCSI-SIAP</b>		
Transitional H2015/T2027/H2015 UJ	\$ 46.52	\$ 46.59
Community H2015/T2027/H2015 UJ	\$ 13.29	\$ 13.36
<b>F PAO</b>		
H2015 A1/T2027/H2015 A1:UJ	\$ 7.72	\$ 7.79
H2015 A2/T2027/H2015 A2: UJ	\$ 6.52	\$ 6.59
T1005	\$ 5.96	\$ 6.03
<b>G Samaritas</b>		
H2015/T2027/H2015 UJ	\$ 6.52	\$ 6.59
<b>H Stuart Wilson, CPA</b>		
H2015/T2027/H2015 UJ	*Variable	*Variable
H2015 UN/ T2027/ H2015 UN:UJ	*Variable	*Variable
T1005	*Variable	*Variable
*Due to self-determination arrangements, various rates are paid.		
<b>I Aidaly Care</b>		
H2015/T2027/H2015 UJ	\$ 6.00	\$ 6.07
<b>J Arnold Center</b>		
H2015/T2027	\$ 6.52	\$ 6.59
H2015 A1	\$ 7.72	\$ 7.79
<b><u>Indirect Code for CLS providers</u></b>		
<b>IND18</b>	\$ 6.52	\$ 6.59
Used for when CLS staff are assisting consumers during medical appointments.		
<b><u>BHS - Training Contract</u></b>		
Training for one BABH individual - max 80 hrs per staff		
Rate per hour	\$ 26.08	\$ 26.30

<u>ABA Provider</u>	<u>Service Code</u>	<u>FY24 Rate</u>	<u>FY25 Rate</u>
Autism Centers of Michigan / Acorn Health	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Autism Systems LLC	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
BHS Bay City and Saginaw Plus	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Centria Healthcare	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Encompass Therapy Center	97153	\$14.31	\$14.37
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Flourish Therapy	97153	\$13.13	\$13.19
	97154	\$3.93	\$3.99
	0373T	\$27.50	\$27.56
Game Changer Pediatric Therapy Services	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Mercy Plus Healthcare Services LLC	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Milestones ABA Clinic of Michigan, LLC	97153	\$13.13	\$13.19
	97154	\$3.93	\$3.99
	0373T	\$27.50	\$27.56
Paramount Rehabilitation Services	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Positive Behavior Supports Corporation	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46
Spectrum Autism Center, LLC	97153	\$14.03	\$14.09
	97154	\$4.83	\$4.89
	0373T	\$28.40	\$28.46

\*Note: All rates are the State rates with the exception of service codes requiring the DCW passthrough (97153, 97154 & 0373T).