

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PERSONNEL & COMPENSATION COMMITTEE MEETING

Thursday, October 1, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
Patrick Conley, Ch	_____	_____	_____	Kathy Niemiec	_____	_____	_____	BABH: Jennifer Lasceski and Chris Pinter
Carole O'Brien, V Ch	_____	_____	_____	Staci Tuggle	_____	_____	_____	
Richard Byrne	_____	_____	_____	Patrick McFarland, Ex Off	_____	_____	_____	Legend: M-Motion; S-Support; MA-
Shelley King	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Personnel & Change Vacancy Reports from July 2026 – September 2026 4.2) 2027 Health Insurance & Benefit Renewals		4.1) No action necessary 4.2) Consideration of a motion to refer the BABH 2027 Health Insurance and Benefits renewal as follows to the full board for approval: • Vision Insurance: Eye-Med – No change • Dental Insurance: Blue Cross Blue Shield Dental – No change • Life & Disability Insurance: Blue Cross Blue Shield Dearborn – No change

AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
PERSONNEL & COMPENSATION COMMITTEE MEETING

Thursday, October 1, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

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	4.3) Public Act 152 Compliance 4.4) Dashboard Review		• Medical & Prescription Insurance for Active Staff & Early Retirees: Blue Cross Blue Shield – Rate increases based on plan design chosen by individual • Flexible Spending Account (FSA), Limited Purpose FSA, Health Savings Account (HSA): Flex Administrator – Increase contribution limits to the IRS allowable maximums for FSA plans • Employee Assistance Program (EAP) Ulliance – No change 4.3) Consideration of a motion to approve the resolution to opt out of PA 152 4.4) No action necessary
5.	Adjournment	M -	S - pm MA

**Bay-Arenac Behavioral Health
Personnel Change and Vacancy Report
July 2026**

New Hires

Name	Title	Program	Start Date	New Position (N) Replacement (R)
Jessica Estabrook	Accounting Manager	Finance	06/29/2026	R
Lawrence Choyce	Residential Technician – Full-time 2 nd Shift	Specialty Care	07/02/2026 – NEO/Training 07/20/2026 – Horizon Home	R
Marcion Garrett	Residential Technician – Full-time 3 rd Shift	Specialty Care	07/02/2026 – NEO/Training 07/23/2026 – Horizon Home	R

Transfers/Reclassification

Name	Position Previous/New	Program Prior/New	Effective Date

Departure

Name	Title	Program	Hire Date	Departure Date
Dean Deshaw	Direct Support Professional	Specialty Care	04/01/2019	07/08/2026
Jasmine Tinsley	Residential Technician – Full-time 3 rd Shift	Specialty Care	02/09/2026	07/12/2026

Posted Vacancies

Position	Program	Posting Date	New Position (N) Replacement (R) On Hold (H)
Psychologist (on-hold)	Psych Services	February 2023	H
Client Services Specialist – Arenac Center (1) (on-hold)	Arenac Center	May 2024	H
Mental Health Nurse – Community-based (on-hold)	Psychiatric Services	December 2025	H
Clinical Supervisor – Community Based Crisis	Primary Care	July 2026	R
Clinical Specialist – Outpatient Therapist (1)	Primary Care	February 2023	N
Access/Emergency Services Specialist – Casual	Primary Care	May 2023	R
Psychiatrist	Psychiatric Services	June 2023	R
Medical Assistant	Psychiatric Services	June 2026	R
Residential Technician – Full-time 2 nd (1), Full-time 3 rd (1)	Specialty Care	July 2026	R

**Bay-Arenac Behavioral Health
Personnel Change and Vacancy Report
August 2026**

New Hires

Name	Title	Program	Start Date	New Position (N) Replacement (R)
Alexandria Chevalier	Co-Op Secretary – Madison (PM)	Psychiatric Services	08/06/2026 – NEO 08/25/2026 – Madison Clinic	R
Jose Costilla	Co-Op Secretary – Madison (AM)	Psychiatric Services	08/06/2026 – NEO 08/25/2026 – Madison Clinic	R
Christine Dietz	Medical Assistant	Psychiatric Services	08/12/2026	R

Transfers/Reclassification

Name	Position Previous/New	Program Prior/New	Effective Date
Bradley Parker	From: Clinical Team Lead – Master's To: Client Services Specialist - Adult DD	Both positions within Specialty Care	08/10/2026
Cherise Morrison	From: Residential Technician – Full-time 2 nd Shift To: Residential Technician – Part-time 2 nd Shift	Both positions within Specialty Care	08/24/2026

Departure

Name	Title	Program	Hire Date	Departure Date
Karl White	Accounting Manager	Finance	07/02/2018	08/03/2026
MicKayla Miller	Intensive Case Management Specialist – Adult MI	Primary Care	05/04/2026	08/03/2026
Ny'Taizjah McKether	Client Services Specialist – Adult MI	Primary Care	02/04/2026	08/17/2026
Jennifer Dodge	Intensive Case Management Specialist – Adult MI	Primary Care	12/01/2025	08/17/2026
Dequindre Davis	Residential Technician – Full-time	Specialty Care	08/05/2024	08/23/2026

Posted Vacancies

Position	Program	Posting Date	New Position (N) Replacement (R) On Hold (H)
Psychologist (on-hold)	Psych Services	February 2023	H
Client Services Specialist – Arenac Center (1) (on-hold)	Arenac Center	May 2024	H
Mental Health Nurse – Community-based (on-hold)	Psychiatric Services	December 2025	H
Clinical Supervisor – Community Based Crisis	Primary Care	July 2026	R
Clinical Specialist – Outpatient Therapist (1)	Primary Care	February 2023	N
Access/Emergency Services Specialist – Casual	Primary Care	May 2023	R
Psychiatrist	Psychiatric Services	June 2023	R
Residential Technician – Full-time 2 nd (3)	Specialty Care	July 2026	R
Intensive Case Management Specialist – Adult MI (2)	Primary Care	July 2026	R
Client Services Specialist – Adult MI	Primary Care	August 2026	R
Clinical Team Lead – Master's Adult DD	Specialty Care	August 2026	R

**Bay-Arenac Behavioral Health
Personnel Change and Vacancy Report
September 2026**

New Hires

Name	Title	Program	Start Date	New Position (N) Replacement (R)
Renee Morris	Janitorial – Temporary, North Bay	Specialty Care	08/27/2026	R
Jacob Cavazos	Residential Technician – Full-time 2 nd Shift	Specialty Care	09/07/2026 – GHC Training 09/22/2026 – Horizon Home	R
Steve Croisant	Client Services Specialist – Adult MI	Primary Care	09/08/2026	R
Jesika Ferris-Struve	Intensive Case Management Specialist – Adult MI	Primary Care	09/21/2026	R
Alissa Varner	Intensive Case Management Specialist – Adult MI	Primary Care	09/21/2026	R

Transfers/Reclassification

Name	Position Previous/New	Program Prior/New	Effective Date
Maria Hewtty	From: Assistant Residential Supervisor To: Residential Technician – 1 st Shift	Both positions within Specialty Care	09/01/2026
Brian Mitchell	From: Residential Technician – FT 3 rd Shift To: Residential Technician – Casual	Both positions within Specialty Care	09/16/2026
Teri Rosa	From: Clinical Assessment Specialist To: Clinical Supervisor – Community Based Crisis	Both positions with Primary Care	09/28/2026

Departure

Name	Title	Program	Hire Date	Departure Date
Lisa McAlister	Direct Support Professional	Specialty Care	06/05/2014	09/04/2026
Amy Ricker	Client Services Specialist – Adult DD	Specialty Care	02/07/1990	09/04/2026
Shannon Layton	CSS – Crisis Stab/Mobile Response – 4P–12A	Primary Care	01/15/2020	09/15/2026

Posted Vacancies

Position	Program	Posting Date	New Position (N) Replacement (R) On Hold (H)
Psychologist (on-hold)	Psych Services	February 2023	H
Client Services Specialist – Arenac Center (1) (on-hold)	Arenac Center	May 2024	H
Mental Health Nurse – Community-based (on-hold)	Psychiatric Services	December 2025	H
Clinical Specialist – Outpatient Therapist (1)	Primary Care	February 2023	N
Access/Emergency Services Specialist – Casual	Primary Care	May 2023	R
Psychiatrist	Psychiatric Services	June 2023	R
Residential Technician – Full-time 2 nd (3)	Specialty Care	July 2026	R
Clinical Team Lead – Master's Adult DD	Specialty Care	August 2026	R
Clinical Assessment Specialist	Primary Care	August 2026	R
CSS – Crisis Stab/Mobile Response – 4P–12A	Primary Care	August 2026	R
Assistant Residential Supervisor (1 st shift)	Specialty Care	September 2026	R

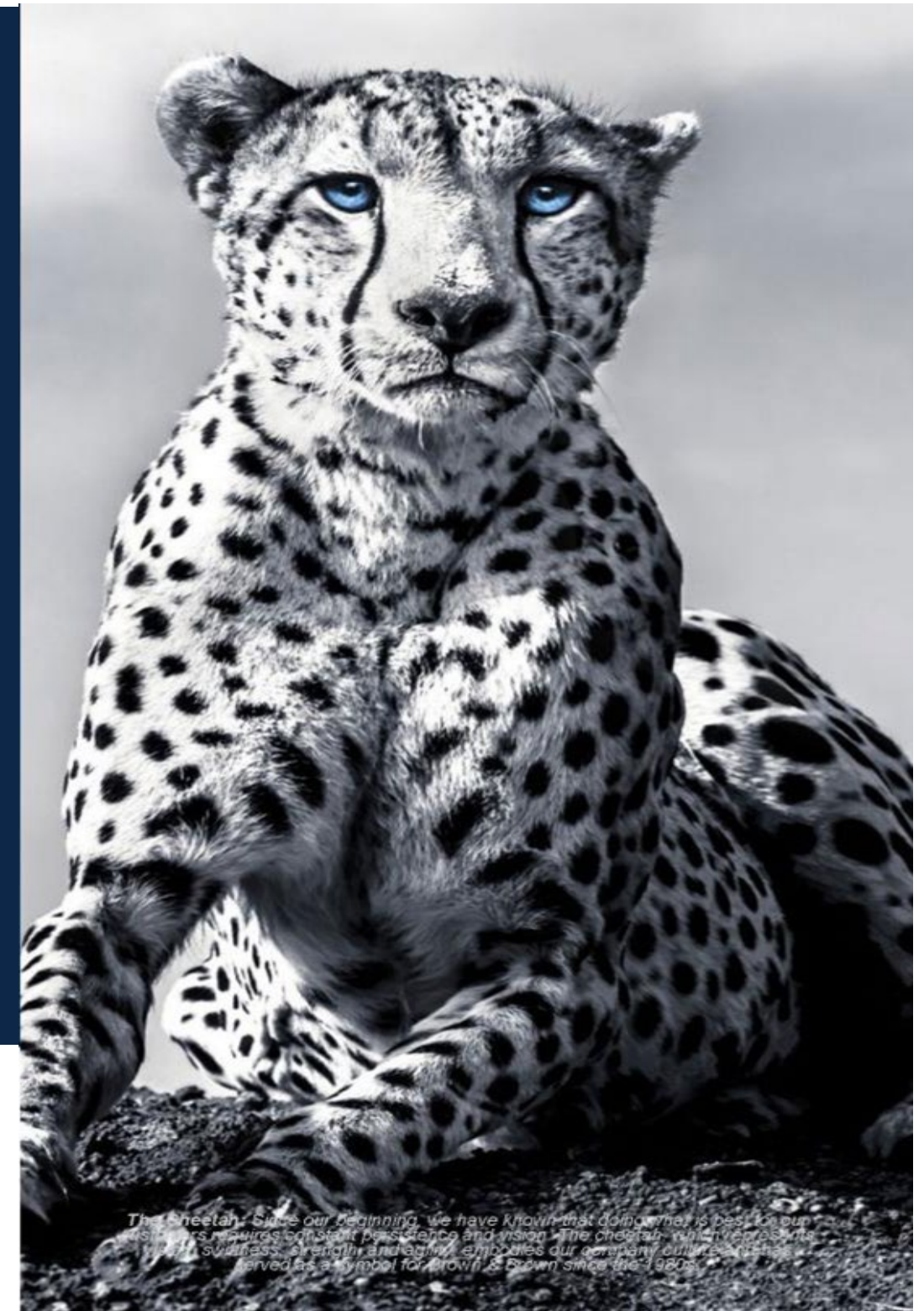
Bay Arenac Behavioral Health

2027 Renewal Presentation

Presented By:

Tara Guerrero

Brown & Brown Insurance Services, Inc
1605 Concentric Blvd Suite 2
Saginaw MI 48604



The cheetah. Since our beginning, we have known that doing what is best for our clients requires constant persistence and vision. The cheetah, which represents swiftness, strength and agility, embodies our company culture and has served as a symbol for Brown & Brown since the 1980s.

Bay Arenac Behavioral Health

Presented by Tara Guerrero

Renewal Date: 1/1/2027



Market Summary

Product Line	Carrier	Renewal Date	Renewal Status	Results
Group Medical				
	Blue Cross Blue Shield of Michigan	1/1/2027		Current / Quoting
	Priority Health	1/1/2027		Quoted
Group MAPD				
	Blue Cross Blue Shield of Michigan	1/1/2027	-28.74%	Current / Quoting
	Humana Insurance Company, Inc.	1/1/2027	-9.42%	Quoted
	Priority Health	1/1/2027	-4.62%	Quoted
Group Dental, Vision				
	Blue Cross Blue Shield of Michigan	1/1/2028	0.00%	Current Dental
	EyeMed	1/1/2029	0.00%	Current Vision
Life / AD&D / DI - All				
	Dearborn / Symetra	1/1/2028	0.00%	Current
EAP				
	Ulliance	1/1/2027		Current

Medical Renewal BCBSM - OPTION

Bay Arenac Behavioral Health

1/1/2026 Renewal History	Plan 1	Plan 2	Plan 3	Plan 4
Original Increase :	30.42%	32.75%	41.65%	30.96%
Plan Changes :				
Final Increase :				

Renewal Date: January 1, 2027	Current (Plan Year)							
	Blue Cross Blue Shield SB PPO \$2,500 20%		Blue Cross Blue Shield SB HSA \$2,500 20%		Blue Care Network HMO \$2,000 20%		Blue Cross Blue Shield SB PPO \$1,500 20%	
	Enrollment ¹	Rates	Enrollment ¹	Rates	Enrollment ¹	Rates	Enrollment ¹	Rates
Single	75	\$775.90	3	\$699.58	4	\$464.90	17	\$826.43
Two Person	33	\$1,862.17	4	\$1,679.00	3	\$1,115.77	4	\$1,983.45
Family	46	\$2,327.71	5	\$2,098.78	4	\$1,394.70	0	\$2,479.31
Premium	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
	\$226,718.77	\$2,720,625.24	\$19,308.64	\$231,703.68	\$10,785.71	\$129,428.52	\$21,983.11	\$263,797.32
Combined Premium	Monthly \$278,796.23				Annual \$3,345,554.76			

	Renewal (Plan Year)							
	Blue Care Network POS \$2,500 20%		Blue Cross Blue Shield SB HSA \$2,500 20%		Blue Care Network HMO \$2,000 20%		Blue Cross Blue Shield SB PPO \$1,500 20%	
	<u>Enrollment</u> ¹	<u>Rates</u>	<u>Enrollment</u> ¹	<u>Rates</u>	<u>Enrollment</u> ¹	<u>Rates</u>	<u>Enrollment</u> ¹	<u>Rates</u>
Single	75	\$666.88	3	\$922.53	4	\$658.55	17	\$1,082.33
Two Person	33	\$1,600.53	4	\$2,214.08	3	\$1,580.51	4	\$2,597.59
Family	46	\$2,000.66	5	\$2,767.59	4	\$1,975.63	0	\$3,246.98
Premium	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
	\$194,863.85	\$2,338,366.20	\$25,461.86	\$305,542.32	\$15,278.25	\$183,339.00	\$28,789.97	\$345,479.64
Dollar Change	-\$31,854.92	-\$382,259.04	\$6,153.22	\$73,838.64	\$4,492.54	\$53,910.48	\$6,806.86	\$81,682.32
Percent Change	-14.1%		31.9%		41.7%		31.0%	
Combined Premium	Monthly				Annual			
	\$264,393.93				\$3,172,727.16			
	-\$14,402.30				-\$172,827.60			
Percent Change	-5.17%							

¹ Enrollment taken from June BCBS Membership Listing and includes COBRA if applicable.
Total Enrolled Contracts: 198

Medical Renewal BCBSM

Bay Arenac Behavioral Health

1/1/2026 Renewal History	Plan 1	Plan 2	Plan 3	Plan 4
Original Increase :	30.42%	32.75%	41.65%	30.96%
Plan Changes :				
Final Increase :				

Renewal Date: January 1, 2027	Current (Plan Year)							
	Blue Cross Blue Shield SB PPO \$2,500 20%		Blue Cross Blue Shield SB HSA \$2,500 20%		Blue Care Network HMO \$2,000 20%		Blue Cross Blue Shield SB PPO \$1,500 20%	
	Enrollment ¹	Rates	Enrollment ¹	Rates	Enrollment ¹	Rates	Enrollment ¹	Rates
Single	75	\$775.90	3	\$699.58	4	\$464.90	17	\$826.43
Two Person	33	\$1,862.17	4	\$1,679.00	3	\$1,115.77	4	\$1,983.45
Family	46	\$2,327.71	5	\$2,098.78	4	\$1,394.70	0	\$2,479.31
Premium	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
	\$226,718.77	\$2,720,625.24	\$19,308.64	\$231,703.68	\$10,785.71	\$129,428.52	\$21,983.11	\$263,797.32
Combined Premium	Monthly \$278,796.23				Annual \$3,345,554.76			

	Renewal (Plan Year)							
	Blue Cross Blue Shield SB PPO \$2,500 20%		Blue Cross Blue Shield SB HSA \$2,500 20%		Blue Care Network HMO \$2,000 20%		Blue Cross Blue Shield SB PPO \$1,500 20%	
	<u>Enrollment</u> ¹	<u>Rates</u>	<u>Enrollment</u> ¹	<u>Rates</u>	<u>Enrollment</u> ¹	<u>Rates</u>	<u>Enrollment</u> ¹	<u>Rates</u>
Single	75	\$1,011.90	3	\$928.70	4	\$658.55	17	\$1,082.33
Two Person	33	\$2,428.56	4	\$2,228.87	3	\$1,580.51	4	\$2,597.59
Family	46	\$3,035.69	5	\$2,786.09	4	\$1,975.63	0	\$3,246.98
Premium	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
	\$295,676.72	\$3,548,120.64	\$25,632.03	\$307,584.36	\$15,278.25	\$183,339.00	\$28,789.97	\$345,479.64
Dollar Change	\$68,957.95	\$827,495.40	\$6,323.39	\$75,880.68	\$4,492.54	\$53,910.48	\$6,806.86	\$81,682.32
Percent Change	30.4%		32.7%		41.7%		31.0%	
Combined Premium	Monthly				Annual			
	\$365,376.97				\$4,384,523.64			
	\$86,580.74				\$1,038,968.88			
Percent Change	31.06%							

¹ Enrollment taken from June BCBS Membership Listing and includes COBRA if applicable.
 Total Enrolled Contracts: 198

Simply Blue \$2,500 20%

Active

Bay Arenac Behavioral Health

Quote# A1WIX8

Quote# 199252

Renewal Date: January 1, 2027

	Current (Plan Year) Simply Blue PPO \$2,500	Renewal (Plan Year) Simply Blue PPO \$2,500	SB PPO Option Simply Blue PPO \$2,500	BCN BEP POS Option BEP POS \$2,500 20%
Individual Deductible	\$2,500	\$2,500	\$2,500	\$2,500
Family Deductible	\$5,000	\$5,000	\$5,000	\$5,000
Coinsurance	20%	20%	20%	20%
Individual Maximum	\$2,500	\$2,500	\$2,500	\$2,500
Family Maximum	\$5,000	\$5,000	\$5,000	\$5,000
Deductible + Coinsurance Total				
Individual	\$5,000	\$5,000	\$5,000	\$5,000
Family	\$10,000	\$10,000	\$10,000	\$10,000
Total Out of Pocket	Ded., Coins. & Copays	Ded., Coins. & Copays	Ded., Coins. & Copays	Ded., Coins. & Copays
Individual Maximum	\$8,150	\$8,150	\$8,150	\$8,150
Family Maximum	\$16,300	\$16,300	\$16,300	\$16,300
PCP / Spec. Copays	\$30 / \$30	\$30 / \$30	\$30 / \$30	\$30 / \$50
Virtual Visit	\$30	\$30	\$30	\$30
Urgent Care	\$30	\$30	\$30	\$50
Emergency Room	\$150, waived if admitted	\$150, waived if admitted	\$150, waived if admitted	\$250, waived if admitted
Chiro. Copays	\$30	\$30	\$30	\$50
# of Chiro Visits (per year)	24 Visits	24 Visits	24 Visits	30 Visits
Rx Formulary	Preferred Drug	Preferred Drug	Custom Select	Custom Select
Non-Specialty Rx ⁽¹⁾	\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)	\$10 / \$30 / \$60 / \$80
Specialty Rx ⁽²⁾	\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)	20% (\$200 - \$300)
90 Day Supply / Mail Order ⁽³⁾	2x copay	2x copay	3x copay - \$10	3x copay - \$10
Total Enrolled: 154	Rates	Rates	Rates	Rates
Retiree(Div#) Retiree(Div#) Active(Div#) Active(Div#)				
0 0 0 75 75 Single	\$775.90	\$1,011.90	\$997.64	\$666.88
0 0 0 33 33 Two Person	\$1,862.17	\$2,428.56	\$2,394.33	\$1,600.53
0 0 0 46 46 Family	\$2,327.71	\$3,035.69	\$2,992.90	\$2,000.66
Monthly Premium Total	\$226,718.77	\$295,676.72	\$291,509.29	\$194,863.85
Annual Premium Total	\$2,720,625.24	\$3,548,120.64	\$3,498,111.48	\$2,338,366.20
Annual Dollar Change from Current		\$827,495.40	\$777,486.24	-\$382,259.04
Percent Change from Current		30.42%	28.58%	-14.05%

⁽¹⁾ Preferred generic / non-preferred generic / preferred brand / non-preferred brand

⁽²⁾ Preferred specialty / non-preferred specialty ⁽³⁾ Specialty medications are not available for a 90 day supply.

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts

Simply Blue HSA \$2,500 20%

Active Div 0008

Bay Arenac Behavioral Health						Quote: A1WIZ2		
Renewal Date: January 1, 2027						Current (Plan Year)	Renewal (Plan Year)	SB PPO HSA Option
						Simply Blue PPO HSA \$2,500 20%	Simply Blue PPO HSA \$2,500 20%	Simply Blue PPO HSA \$2,5000 20%
Individual Deductible						\$2,500	\$2,500	\$2,500
Family Deductible						\$5,000	\$5,000	\$5,000
Coinsurance						20%	20%	20%
Individual Maximum						N/A	N/A	N/A
Family Maximum						N/A	N/A	N/A
Deductible + Coinsurance Total								
Individual						\$2,500	\$2,500	\$2,500
Family						\$5,000	\$5,000	\$5,000
Total Out of Pocket						Ded., Coins. & Copays	Ded., Coins. & Copays	Ded., Coins. & Copays
Individual Maximum						\$4,000	\$4,000	\$4,000
Family Maximum						\$8,000	\$8,000	\$8,000
PCP / Spec. Copays						\$20% after ded. / \$20% after ded.	\$20% after ded. / \$20% after ded.	\$20% after ded. / \$20% after ded.
Virtual Visit						20% after ded.	20% after ded.	20% after ded.
Urgent Care						20% after ded.	20% after ded.	20% after ded.
Emergency Room						20% after ded.	20% after ded.	20% after ded.
Chiro. Copays						20% after ded.	20% after ded.	20% after ded.
# of Chiro Visits (per year)						24 Visits	24 Visits	24 Visits
Rx Formulary						Preferred Drug	Preferred Drug	Custom Select
Non-Specialty Rx ⁽¹⁾						\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)
Specialty Rx ⁽²⁾						\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)	\$20 / \$60 / 50%(min \$80, max \$100)
90 Day Supply / Mail Order ⁽³⁾						2x copay	2x copay	3x copay - \$10
Total Enrolled: 12						Rates	Rates	Rates
Retiree(Div#)	Retiree(Div#)	Active(Div#)	Active(Div#)					
0	0	0	3	3	Single	\$699.58	\$928.70	\$922.53
0	0	0	4	4	Two Person	\$1,679.00	\$2,228.87	\$2,214.08
0	0	0	5	5	Family	\$2,098.78	\$2,786.09	\$2,767.59
Monthly Premium Total						\$19,308.64	\$25,632.03	\$25,461.86
Annual Premium Total						\$231,703.68	\$307,584.36	\$305,542.32
Annual Dollar Change from Current							\$75,880.68	\$73,838.64
Percent Change from Current							32.75%	31.87%

⁽¹⁾ Preferred generic / non-preferred generic / preferred brand / non-preferred brand

⁽²⁾ Preferred specialty / non-preferred specialty ⁽³⁾ Specialty medications are not available for a 90 day supply.

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qual

Bay Arenac Behavioral Health

Renewal Date: January 1, 2027

						Current (Plan Year)	Renewal (Plan Year)
						BCN HMO \$2000 - 20% - \$2500 ECM	BCN HMO \$2000 - 20% - \$2500 ECM
Individual Deductible						\$2,000	\$2,000
Family Deductible						\$4,000	\$4,000
Coinsurance						20%	20%
Individual Maximum						\$2,500	\$2,500
Family Maximum						\$5,000	\$5,000
Deductible + Coinsurance Total							
Individual						\$4,500	\$4,500
Family						\$9,000	\$9,000
Total Out of Pocket						Ded., Coins. & Copays	Ded., Coins. & Copays
Individual Maximum						\$8,150	\$8,150
Family Maximum						\$16,300	\$16,300
PCP / Spec. Copays						\$30 / \$50	\$30 / \$50
Virtual Visit						\$30	\$30
Urgent Care						\$60	\$60
Emergency Room						\$250 after ded., waived if admitted	\$250 after ded., waived if admitted
Chiro. Copays						\$50	\$50
# of Chiro Visits (per year)						30 Visits	30 Visits
Rx Formulary						Custom Select	Custom Select
Non-Specialty Rx ⁽¹⁾						\$10 / \$30 / \$60 / \$80	\$10 / \$30 / \$60 / \$80
Specialty Rx ⁽²⁾						20%(max \$200) / 20%(max \$300)	20%(max \$200) / 20%(max \$300)
90 Day Supply / Mail Order ⁽³⁾						3x copay, less \$10	3x copay, less \$10
Total Enrolled: 11						Rates	Rates
Retiree(Div#)	Retiree(Div#)	Active(Div#)	Active(Div#)				
0	0	0	4	4	Single	\$464.90	\$658.55
0	0	0	3	3	Two Person	\$1,115.77	\$1,580.51
0	0	0	4	4	Family	\$1,394.70	\$1,975.63
Monthly Premium Total						\$10,785.71	\$15,278.25
Annual Premium Total						\$129,428.52	\$183,339.00
Annual Dollar Change from Current							\$53,910.48
Percent Change from Current							41.65%

⁽¹⁾ Preferred generic / non-preferred generic / preferred brand / non-preferred brand

⁽²⁾ Preferred specialty / non-preferred specialty ⁽³⁾ Specialty medications are not available for a 90 day supply.

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Retiree Div 0010

Renewal Date: January 1, 2027

(1) Preferred generic / non-preferred generic / preferred brand / non-preferred brand

(2) Preferred specialty / non-preferred specialty (3) Specialty medications are not available for a 90 day supply.

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Med, Dental, Vision, Life/AD&D and Disability

Bay Arenac Behavioral Health

1/1/2027

MEDICAL ACTIVE	CURRENT	RENEWAL
Total Monthly Premium	\$256,813.12	\$336,587.00
Total Annualized Cost	\$3,081,757.44	\$4,039,044.00
Annualized Dollar Change From Current		\$957,286.56
Annualized Percent Change From Current		31.06%
Total Active Enrolled	177	177
MEDICAL RETIREE	CURRENT	RENEWAL
Total Monthly Premium	\$21,983.11	\$28,789.97
Total Annualized Cost	\$263,797.32	\$345,479.64
Annualized Dollar Change From Current		\$81,682.32
Annualized Percent Change From Current		30.96%
Total Retiree Enrolled	21	21
DENTAL	CURRENT	RENEWAL
Total Monthly Premium	\$12,367.54	\$12,367.54
Total Annualized Cost	\$148,410.48	\$148,410.48
Annualized Dollar Change From Current		\$0.00
Annualized Percent Change From Current		0.00%
Total Enrolled	264	264
VISION	CURRENT	RENEWAL
Total Monthly Premium	\$2,059.30	\$2,059.30
Total Annualized Cost	\$24,711.60	\$24,711.60
Annualized Dollar Change From Current		\$0.00
Annualized Percent Change From Current		0.00%
Total Enrolled	266	266
LIFE/AD&D	CURRENT	RENEWAL
Total Monthly Premium	\$824.04	\$824.04
Total Annualized Cost	\$9,888.48	\$9,888.48
Annualized Dollar Change From Current		\$0.00
Annualized Percent Change From Current		0.00%
STD	CURRENT	RENEWAL
Total Monthly Premium	\$6,587.45	\$6,587.45
Total Annualized Cost	\$79,049.42	\$79,049.42
Annualized Dollar Change From Current		\$0.00
Annualized Percent Change From Current		0.00%
TOTAL	CURRENT	RENEWAL
Total Monthly Premium	\$304,413.05	\$390,993.79
Total Annualized Cost	\$3,652,956.60	\$4,691,925.48
Annualized Dollar Change From Current		\$1,038,968.88
Annualized Percent Change From Current		28.44%

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.

Contribution Analysis - Current Medical

Bay Arenac Behavioral Health

1/1/2026 Current Rates & PA 152 Premium

Number of pay deductions:				26			
SB PPO \$2,500 20%							
Enrolled		Tier	Monthly Rate - Medical	Monthly Contribution ER EE		Per Pay Contribution	Annual Cost
75	Single		\$775.90	\$661.84	\$114.06	\$52.64	Premium \$2,720,625.24
33	Two Person		\$1,862.17	\$1,384.12	\$478.06	\$220.64	EE Contributions <u>\$580,485.15</u>
46	Family		\$2,327.71	\$1,805.03	\$522.69	\$241.24	Net ER Cost \$2,140,140.09
SB HSA \$2,500 20%							
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE		Per Pay Contribution	Annual Cost
3	Single		\$699.58	\$661.84	\$37.74	\$17.42	Premium \$231,703.68
4	Two Person		\$1,679.00	\$1,384.12	\$294.89	\$136.10	EE Contributions <u>\$33,138.39</u>
5	Family		\$2,098.78	\$1,805.03	\$293.76	\$135.58	Net ER Cost \$198,565.29
HMO \$2,000 20%							
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE		Per Pay Contribution	Annual Cost
4	Single		\$464.90	\$661.84	\$0.00	\$0.00	Premium \$129,428.52
3	Two Person		\$1,115.77	\$1,384.12	\$0.00	\$0.00	EE Contributions <u>\$0.00</u>
4	Family		\$1,394.70	\$1,805.03	\$0.00	\$0.00	Net ER Cost \$129,428.52
							TOTAL
							Annual Cost
Total Enrolled Contracts: 177							Premium \$3,081,757.44
							19.91% EE Contributions <u>\$613,623.54</u>
							80.09% Net ER Cost \$2,468,133.90

Contribution Analysis - Renewal Medical

Bay Arenac Behavioral Health

1/1/2027 Renewal Rates & PA 152 Premium

Number of pay deductions:				26				
BCN BEP POS \$2,500 20%								
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE		Per Pay Contribution	Per Pay Change	Annual Cost
75	Single		\$666.88	\$681.70	\$0.00	\$0.00	-\$52.64	Premium \$2,338,366.20
33	Two Person		\$1,600.53	\$1,425.64	\$174.89	\$80.72	-\$139.92	EE Contributions <u>\$147,356.36</u>
46	Family		\$2,000.66	\$1,859.18	\$141.48	\$65.30	-\$175.94	Net ER Cost \$2,191,009.84
SB HSA \$2,500 20%								
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE		Per Pay Contribution	Per Pay Change	Annual Cost
3	Single		\$928.70	\$681.70	\$247.00	\$114.00	\$96.58	Premium \$307,584.36
4	Two Person		\$2,228.87	\$1,425.64	\$803.23	\$370.72	\$234.62	EE Contributions <u>\$103,062.12</u>
5	Family		\$2,786.09	\$1,859.18	\$926.91	\$427.81	\$292.23	Net ER Cost \$204,522.24
HMO \$2,000 20%								
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE		Per Pay Contribution	Per Pay Change	Annual Cost
4	Single		\$658.55	\$681.70	\$0.00	\$0.00	\$0.00	Premium \$183,339.00
3	Two Person		\$1,580.51	\$1,425.64	\$154.87	\$71.48	\$71.48	EE Contributions <u>\$11,165.18</u>
4	Family		\$1,975.63	\$1,859.18	\$116.45	\$53.75	\$53.75	Net ER Cost \$172,173.82
TOTAL								Annual Cost
Total Enrolled Contracts: 177								Premium \$2,829,289.56
								9.25% EE Contributions <u>\$261,583.66</u>
								90.75% Net ER Cost \$2,567,705.90
								Dollar Change \$99,572.00
								Percent Change 4.03%

Contribution Analysis - Current Medical

Bay Arenac Behavioral Health

1/1/2026 Current Rates & Contributions

Number of pay deductions:			26									
SB PPO \$2,500 20%												
Enrolled		Tier	Monthly Rate - Medical	Percentage		Monthly Contribution		Per Pay Contribution	Annual Cost			
				ER	EE	ER	EE					
75	Single		\$775.90	88.00%	12.00%	\$682.79	\$93.11	\$42.97	Premium	\$2,720,625.24		
33	Two Person		\$1,862.17	88.00%	12.00%	\$1,638.71	\$223.46	\$103.14	EE Contributions	<u>\$326,475.03</u>		
46	Family		\$2,327.71	88.00%	12.00%	\$2,048.38	\$279.33	\$128.92	Net ER Cost	\$2,394,150.21		
SB HSA \$2,500 20%												
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Annual Cost			
				ER	EE	ER	EE					
3	Single		\$699.58	95.00%	5.00%	\$664.60	\$34.98	\$16.14	Premium	\$231,703.68		
4	Two Person		\$1,679.00	95.00%	5.00%	\$1,595.05	\$83.95	\$38.75	EE Contributions	<u>\$11,585.18</u>		
5	Family		\$2,098.78	95.00%	5.00%	\$1,993.84	\$104.94	\$48.43	Net ER Cost	\$220,118.50		
HMO \$2,000 20%												
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Annual Cost			
				ER	EE	ER	EE					
4	Single		\$464.90	86.14%	13.86%	\$400.46	\$64.44	\$29.74	Premium	\$129,428.52		
3	Two Person		\$1,115.77	86.14%	13.86%	\$961.12	\$154.65	\$71.37	EE Contributions	<u>\$17,938.79</u>		
4	Family		\$1,394.70	86.14%	13.86%	\$1,201.39	\$193.31	\$89.22	Net ER Cost	\$111,489.73		
										TOTAL		
										Annual Cost		
Total Enrolled Contracts: 177										Premium	\$3,081,757.44	
										11.55%	EE Contributions	<u>\$355,999.01</u>
										88.45%	Net ER Cost	\$2,725,758.43

Contribution Analysis - Medical Options

Bay Arenac Behavioral Health

1/1/2027 Renewal Rates & Contributions

Number of pay deductions:			26								
BCN BEP POS \$2,500 20%											
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Per Pay Change	Annual Cost	
				ER	EE	ER	EE				
75	Single		\$666.88	88.00%	12.00%	\$586.85	\$80.03	\$36.93	-\$6.04	Premium	\$2,338,366.20
33	Two Person		\$1,600.53	88.00%	12.00%	\$1,408.47	\$192.06	\$88.64	-\$14.49	EE Contributions	<u>\$280,603.94</u>
46	Family		\$2,000.66	88.00%	12.00%	\$1,760.58	\$240.08	\$110.81	-\$18.11	Net ER Cost	\$2,057,762.26
SB HSA \$2,500 20%											
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Per Pay Change	Annual Cost	
				ER	EE	ER	EE				
3	Single		\$922.53	95.00%	5.00%	\$876.40	\$46.13	\$21.29	\$5.15	Premium	\$305,542.32
4	Two Person		\$2,214.08	95.00%	5.00%	\$2,103.38	\$110.70	\$51.09	\$12.35	EE Contributions	<u>\$15,277.12</u>
5	Family		\$2,767.59	95.00%	5.00%	\$2,629.21	\$138.38	\$63.87	\$15.43	Net ER Cost	\$290,265.20
HMO \$2,000 20%											
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Per Pay Change	Annual Cost	
				ER	EE	ER	EE				
4	Single		\$658.55	90.00%	10.00%	\$592.70	\$65.86	\$30.39	\$0.66	Premium	\$183,339.00
3	Two Person		\$1,580.51	90.00%	10.00%	\$1,422.46	\$158.05	\$72.95	\$1.57	EE Contributions	<u>\$18,333.90</u>
4	Family		\$1,975.63	90.00%	10.00%	\$1,778.07	\$197.56	\$91.18	\$1.97	Net ER Cost	\$165,005.10
TOTAL											
Annual Cost											
Total Enrolled Contracts: 177											
Premium											\$2,827,247.52
11.11% EE Contributions											<u>\$314,214.96</u>
88.89% Net ER Cost											\$2,513,032.56
Dollar Change											-\$212,725.87
Percent Change											-7.80%

Contribution Analysis - Current Medical

Bay Arenac Behavioral Health

1/1/2026 Current Rates & Contributions

Number of pay deductions:			26							
SB PPO \$2,500 20%										
Enrolled		Tier	Monthly Rate - Medical	Percentage		Monthly Contribution		Per Pay Contribution	Annual Cost	
				ER	EE	ER	EE			
75	Single		\$775.90	88.00%	12.00%	\$682.79	\$93.11	\$42.97	Premium	\$2,720,625.24
33	Two Person		\$1,862.17	88.00%	12.00%	\$1,638.71	\$223.46	\$103.14	EE Contributions	<u>\$326,475.03</u>
46	Family		\$2,327.71	88.00%	12.00%	\$2,048.38	\$279.33	\$128.92	Net ER Cost	\$2,394,150.21
SB HSA \$2,500 20%										
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Annual Cost	
				ER	EE	ER	EE			
3	Single		\$699.58	95.00%	5.00%	\$664.60	\$34.98	\$16.14	Premium	\$231,703.68
4	Two Person		\$1,679.00	95.00%	5.00%	\$1,595.05	\$83.95	\$38.75	EE Contributions	<u>\$11,585.18</u>
5	Family		\$2,098.78	95.00%	5.00%	\$1,993.84	\$104.94	\$48.43	Net ER Cost	\$220,118.50
HMO \$2,000 20%										
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Annual Cost	
				ER	EE	ER	EE			
4	Single		\$464.90	86.14%	13.86%	\$400.46	\$64.44	\$29.74	Premium	\$129,428.52
3	Two Person		\$1,115.77	86.14%	13.86%	\$961.12	\$154.65	\$71.37	EE Contributions	<u>\$17,938.79</u>
4	Family		\$1,394.70	86.14%	13.86%	\$1,201.39	\$193.31	\$89.22	Net ER Cost	\$111,489.73
										TOTAL
										Annual Cost
Total Enrolled Contracts: 177										Premium
										\$3,081,757.44
										11.55%
										EE Contributions
										<u>\$355,999.01</u>
										88.45%
										Net ER Cost
										\$2,725,758.43

Contribution Analysis - Renewal Medical

Bay Arenac Behavioral Health

1/1/2027 Renewal Rates & Contributions

Number of pay deductions:			26									
SB PPO \$2,500 20%												
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Per Pay Change	Annual Cost		
				ER	EE	ER	EE					
75	Single		\$1,011.90	88.00%	12.00%	\$890.47	\$121.43	\$56.04	\$13.07	Premium	\$3,548,120.64	
33	Two Person		\$2,428.56	88.00%	12.00%	\$2,137.13	\$291.43	\$134.50	\$31.37	EE Contributions	<u>\$425,774.48</u>	
46	Family		\$3,035.69	88.00%	12.00%	\$2,671.41	\$364.28	\$168.13	\$39.21	Net ER Cost	\$3,122,346.16	
SB HSA \$2,500 20%												
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Per Pay Change	Annual Cost		
				ER	EE	ER	EE					
3	Single		\$928.70	95.00%	5.00%	\$882.27	\$46.44	\$21.43	\$5.29	Premium	\$307,584.36	
4	Two Person		\$2,228.87	95.00%	5.00%	\$2,117.43	\$111.44	\$51.44	\$12.69	EE Contributions	<u>\$15,379.22</u>	
5	Family		\$2,786.09	95.00%	5.00%	\$2,646.79	\$139.30	\$64.29	\$15.86	Net ER Cost	\$292,205.14	
HMO \$2,000 20%												
Enrolled		Tier	Monthly Rate	Percentage		Monthly Contribution		Per Pay Contribution	Per Pay Change	Annual Cost		
				ER	EE	ER	EE					
4	Single		\$658.55	90.00%	10.00%	\$592.70	\$65.86	\$30.39	\$0.66	Premium	\$183,339.00	
3	Two Person		\$1,580.51	90.00%	10.00%	\$1,422.46	\$158.05	\$72.95	\$1.57	EE Contributions	<u>\$18,333.90</u>	
4	Family		\$1,975.63	90.00%	10.00%	\$1,778.07	\$197.56	\$91.18	\$1.97	Net ER Cost	\$165,005.10	
TOTAL												
										Annual Cost		
Total Enrolled Contracts: 177										Premium	\$4,039,044.00	
										11.38%	EE Contributions	<u>\$459,487.59</u>
										88.62%	Net ER Cost	\$3,579,556.41
											Dollar Change	\$853,797.97
											Percent Change	31.32%

Contribution Analysis - Current Medical

Bay Arenac Behavioral Health

1/1/2026 Current Rates & PA 152 Premium

Number of pay deductions:					26		
SB PPO \$2,500 20%							
Enrolled		Tier	Monthly Rate - Medical	Monthly Contribution ER EE		Per Pay Contribution	Annual Cost
75	Single		\$775.90	\$661.84	\$114.06	\$52.64	Premium \$2,720,625.24
33	Two Person		\$1,862.17	\$1,384.12	\$478.06	\$220.64	EE Contributions \$580,485.15
46	Family		\$2,327.71	\$1,805.03	\$522.69	\$241.24	Net ER Cost \$2,140,140.09
SB HSA \$2,500 20%							
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE		Per Pay Contribution	Annual Cost
3	Single		\$699.58	\$661.84	\$37.74	\$17.42	Premium \$231,703.68
4	Two Person		\$1,679.00	\$1,384.12	\$294.89	\$136.10	EE Contributions \$33,138.39
5	Family		\$2,098.78	\$1,805.03	\$293.76	\$135.58	Net ER Cost \$198,565.29
HMO \$2,000 20%							
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE		Per Pay Contribution	Annual Cost
4	Single		\$464.90	\$661.84	\$0.00	\$0.00	Premium \$129,428.52
3	Two Person		\$1,115.77	\$1,384.12	\$0.00	\$0.00	EE Contributions \$0.00
4	Family		\$1,394.70	\$1,805.03	\$0.00	\$0.00	Net ER Cost \$129,428.52
							TOTAL
							Annual Cost
Total Enrolled Contracts: 177							Premium \$3,081,757.44
							19.91% EE Contributions \$613,623.54
							80.09% Net ER Cost \$2,468,133.90

Contribution Analysis - Renewal Medical

Bay Arenac Behavioral Health

1/1/2027 Renewal Rates & PA 152 Premium

Number of pay deductions: 26									
SB PPO \$2,500 20%									
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE	Per Pay Contribution	Per Pay Change	Annual Cost		
75	Single		\$1,011.90	\$681.70 \$330.20	\$152.40	\$99.76	Premium	\$3,548,120.64	
33	Two Person		\$2,428.56	\$1,425.64 \$1,002.92	\$462.89	\$242.25	EE Contributions	<u>\$1,343,776.55</u>	
46	Family		\$3,035.69	\$1,859.18 \$1,176.51	\$543.01	\$301.77	Net ER Cost	\$2,204,344.09	
SB HSA \$2,500 20%									
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE	Per Pay Contribution	Per Pay Change	Annual Cost		
3	Single		\$928.70	\$681.70 \$247.00	\$114.00	\$96.58	Premium	\$307,584.36	
4	Two Person		\$2,228.87	\$1,425.64 \$803.23	\$370.72	\$234.62	EE Contributions	<u>\$103,062.12</u>	
5	Family		\$2,786.09	\$1,859.18 \$926.91	\$427.81	\$292.23	Net ER Cost	\$204,522.24	
HMO \$2,000 20%									
Enrolled		Tier	Monthly Rate	Monthly Contribution ER EE	Per Pay Contribution	Per Pay Change	Annual Cost		
4	Single		\$658.55	\$681.70 \$0.00	\$0.00	\$0.00	Premium	\$183,339.00	
3	Two Person		\$1,580.51	\$1,425.64 \$154.87	\$71.48	\$71.48	EE Contributions	<u>\$11,165.18</u>	
4	Family		\$1,975.63	\$1,859.18 \$116.45	\$53.75	\$53.75	Net ER Cost	\$172,173.82	
TOTAL									
							Annual Cost		
Total Enrolled Contracts: 177							Premium	\$4,039,044.00	
							36.10%	EE Contributions	<u>\$1,458,003.85</u>
							63.90%	Net ER Cost	\$2,581,040.15
								Dollar Change	\$112,906.25
								Percent Change	4.57%

MAPD Renewal

Bay Arenac Behavioral Health

2027 Renewal History

Original Increase : -28.74%
 Plan Changes :
 Final Increase :

		Current 2026	Renewal 2027
		Blue Cross Blue Shield PPO \$1,000 0%	Blue Cross Blue Shield PPO \$1,000 0%
Renewal Date	January 1, 2027		
		<u>Enrollment</u> ¹ <u>Rates</u>	<u>Enrollment</u> ¹ <u>Rates</u>
Single		76 \$336.39	76 \$239.71
Premium		Monthly Annual	Monthly Annual
Dollar Change		\$25,565.64 \$306,787.68	\$18,217.96 \$218,615.52
Percent Change			-\$7,347.68 -\$88,172.16 -28.7%

¹ Enrollment taken from BCBS Membership Listing.
 Total Enrolled Contracts: 76

MAPD Option

Bay Arenac Behavioral Health

	Alternate #1		Alternate #2			
	Current 2026	Renewal 2027	Option 1 - BCBS	Option 2 - BCBS	Option 3 - Priority Health	Option 4 - Humana
Renewal Date January 1, 2027	PPO \$1,000 0%	PPO \$1,000 0%	PPO \$500 0%	PPO \$0 0%	PPO \$1,000 0%	LPPO for Standard Plan 079 Opt 826
Individual Deductible	\$1,000	\$1,000	\$500	\$0	\$1,000	\$0
Coinsurance	0%	0%	0%	0%	0%	0%
Individual Maximum	N/A	N/A	N/A	N/A	N/A	N/A
Deductible + Coinsurance Total						
Individual	\$1,000	\$1,000	\$500	\$0	\$1,000	\$0
Total Out of Pocket						
Medical Maximum	\$1,500	\$1,500	\$1,500	\$1,000	\$1,500	\$1,000
Rx Maximum	\$2,100	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400
Employer Funding						
Individual						
PCP / Spec. / Chiro. Copays	\$10 / \$15 / \$10	\$10 / \$15 / \$10	\$10 / \$15 / \$10	\$10 / \$20 / \$10	\$10 / \$15	\$10 / \$20 / \$20
Virtual Visit						
Urgent Care	\$15	\$15	\$15	\$15	\$15, not subject to deductible	100% covered
Emergency Room	\$50, not subject to deductible	\$50, not subject to deductible	\$50	\$50	\$50, not subject to deductible	100% covered
Lab & Pathology Services	Covered up to 100% after deductible	Covered up to 100% after deductible			Covered up to 100% after deductible	100% covered
Diagnostic Tests & X-Rays	Covered up to 100% after deductible	Covered up to 100% after deductible			Covered up to 100% after deductible	100% covered
High Tech Imaging (MRI, CT.)	Covered up to 100% after deductible	Covered up to 100% after deductible			Covered up to 100% after deductible	100% covered
Rx Formulary	Comprehensive Enhanced Formulary	Comprehensive Enhanced Formulary	Comprehensive Enhanced Formulary	Healthy Value Enhanced Formulary		Group Plus Formulary
Non-Specialty Rx ⁽¹⁾ - Standard	\$0 / \$10 / \$40 / \$70	\$0 / \$10 / \$40 / \$70	\$0 / \$10 / \$40 / \$70	\$10 / \$10 / \$20 / \$40	\$0 / \$10 / \$40 / \$70	\$10 / \$20 / \$40
Specialty Rx ⁽²⁾	\$70	\$70	\$70	\$80	\$70	\$80
90 Day Supply / Mail Order ⁽³⁾	MOPD 2x	MOPD 2x	MOPD 2x	MOPD 2x	MOPD 3x	MOPD Retail 3x, Mail Order \$0/\$40/\$80
Non-Specialty Rx ⁽¹⁾ - Preferred	\$0 / \$5 / \$35 / \$65	\$0 / \$5 / \$35 / \$65	\$0 / \$5 / \$35 / \$65	\$5 / \$5 / \$15 / \$35	\$0 / \$5 / \$35 / \$65	
Specialty Rx ⁽²⁾	\$65	\$65	\$65	\$75	\$65	
90 Day Supply / Mail Order ⁽³⁾	MOPD 2x	MOPD 2x	MOPD 2x	MOPD 2x	MOPD 3x	
Total Enrolled: 76	Rates	Rates	Rates	Rates	Rates	Rates
76 MAPD-Single	\$336.39	\$239.71	\$277.30	\$308.93	\$320.85	\$304.69
Monthly Premium	\$25,565.64	\$18,217.96	\$21,074.80	\$23,478.68	\$24,384.60	\$23,156.44
Annual Premium	\$306,787.68	\$218,615.52	\$252,897.60	\$281,744.16	\$292,615.20	\$277,877.28
Maximum Employer Funding	\$0.00	\$0.00				
Total Cost	\$306,787.68	\$218,615.52				
Annual Dollar Change		-\$88,172.16	-\$53,890.08	-\$25,043.52	-\$14,172.48	-\$28,910.40
Percent Change		-28.7%	-17.6%	-8.2%	-4.6%	-9.4%

12 month Renewal

⁽¹⁾ Preferred generic / non-preferred generic / preferred brand / non-preferred brand ⁽²⁾ Preferred specialty / non-preferred specialty ⁽³⁾ Specialty medications are not available for a 90 day supply.

Benefit levels illustrated include in-network only. For complete schedule of both in and out of network benefits, please refer to the plan document.

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

“We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.”

Dental Renewal

Bay Arenac Behavioral Health

1/1/2027 Renewal History

Original Increase :

0%

Plan Changes :

None

Final Increase :

0%

Rate Basis: ER / EE PAID Renewal Date: January 1, 2028		Current (Plan Year) Blue Cross Blue Shield 100/50/50/%50 \$1,000/\$1,000		Renewal (Plan Year) Blue Cross Blue Shield 100/50/50/%50 \$1,000/\$1,000	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible					
Individual		None	None	None	None
Family		None	None	None	None
Waived for Type 1?		\$0	\$0	0	0
Type 1 (Preventive)		100%	100%	100%	100%
Type 2 (Basic)		50%	50%	50%	50%
Type 3 (Major)		50%	50%	50%	50%
Type 4 (Orthodontia)		50%	50%	50%	50%
Annual Maximum		\$1,000	\$1,000	\$1,000	\$1,000
Preventive Accumulates to Max?					
Lifetime Orthodontia Maximum		\$1,000	\$1,000	\$1,000	\$1,000
Total Enrolled ¹ :		Rates		Rates	
141 Employee Only		\$25.37		\$25.37	
56 2 Person		\$50.74		\$50.74	
67 Family		\$88.79		\$88.79	
Premium		Monthly	Annual	Monthly	Annual
Dollar Change		\$12,367.54	\$148,410.48	\$12,367.54	\$148,410.48
Percent Change		\$0.00		\$0.00	\$0.00
Rate Guarantee		0.00%		0.00%	
		Year 1 of 2 until 1/1/2028		Year 2 of 2 until 1/1/2028	

¹ Enrollment taken from Delta Dental and includes COBRA if applicable.

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

Vision No Change Renewal

Bay Arenac Behavioral Health

1/1/2027 Renewal History

Original Increase : 0.00%
 Plan Changes : None
 Final Increase : 0.00%

		Current (Plan Year)	Renewal (Plan Year)
		EyeMed	EyeMed
Rate Basis:	ER / EE PAID	12 / 12 / 24 \$130	12 / 12 / 24 \$130
Renewal Date:	January 1, 2029		
Benefit Frequency			
Exams		Every 12 Months	Every 12 Months
Lenses		Every 12 Months	Every 12 Months
Frames		Every 24 Months	Every 24 Months
Copays			
Exams		\$10	\$10
Materials *		\$25	\$25
Total Enrolled ¹ :	266		
143	Employee Only	\$4.71	\$4.71
55	2 Person	\$8.95	\$8.95
68	Family	\$13.14	\$13.14
0	0	\$0.00	\$0.00
Premium		Monthly Annual	Monthly Annual
Dollar Change		\$2,059.30 \$24,711.60	\$2,059.30 \$24,711.60
Percent Change			0.00%
Rate Guarantee		4 Year until 1/1/2029	4 Year until 1/1/2029

¹ Enrollment taken from Delta Dental and includes COBRA if applicable.

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

Life and STD No Change Renewal

Bay Arenac Behavioral Health

Rate Basis: ER PAID

Renewal Date: 1/1/2028

	Current (Plan Year) Dearborn	Renewal (Plan Year) Dearborn
Life / AD&D **		
Volume	\$13,080,000	\$13,080,000
Life Rate (per \$1,000)	\$0.048	\$0.048
AD&D Rate (per \$1,000)	\$0.015	\$0.015
Monthly Premium	\$824.04	\$824.04
Annual Premium	\$9,888.48	\$9,888.48
Annual Dollar Change		\$0.00
Percent Change		0.0%
Rate Guarantee	Year 2 of 3 until 1/1/2028	Year 3 of 3 until 1/1/28
STD		
<i>Class 1</i>		
Volume (weekly benefit)	\$173,354.00	\$173,354.00
STD Rate (per \$10)	\$0.38	\$0.38
Monthly Premium	\$6,587.45	\$6,587.45
Annual Premium	\$79,049.42	\$79,049.42
Annual Dollar Change		\$0.00
Percent Change		0.0%
Rate Guarantee	Year 2 of 3 until 1/1/2028	Year 3 of 3 until 1/1/28
LTD		
<i>Class 1</i>		
Volume (covered monthly payroll)	\$1,079,568	\$1,079,568
LTD Rate (per \$100)	\$0.350	\$0.350
Monthly Premium	\$3,778.49	\$3,778.49
Annual Premium	\$45,341.86	\$45,341.86
Annual Dollar Change		\$0.00
Percent Change		0.0%
Rate Guarantee	Year 2 of 3 until 1/1/2028	Year 3 of 3 until 1/1/28
Package Total		
Monthly Premium	\$11,189.98	\$11,189.98
Annual Premium	\$134,279.76	\$134,279.76
Annual Dollar Change		\$0.00
Percent Change		0.00%

*** Voluntary Life Rates are renewing as is with no change in the age banded rates.**

If your policy includes Conversion and/or Portability it is the employer's responsibility to notify the employee of these benefits at the time of termination.

If you have any employees who work in one of the following states, (New York, New Jersey, Rhode Island, California, Hawaii & Puerto Rico) there are state mandated disability benefits that are required by law.

Volumes were taken from Renewal Notice.

Voluntary Life Renewal

Bay Arenac Behavioral Health

Rate Basis: EE Paid

Renewal Date: 1/1/2028

	Current (Plan Year) Dearborn	Renewal (Plan Year) Dearborn
Voluntary Life - Employees and Spouses		
Age Banded Rates:	Rates per \$1,000	Rates per \$1,000
00-29	\$0.109	\$0.109
30-34	\$0.110	\$0.110
35-39	\$0.145	\$0.145
40-44	\$0.201	\$0.201
45-49	\$0.320	\$0.320
50-54	\$0.491	\$0.491
55-59	\$0.802	\$0.802
60-64	\$1.280	\$1.280
65-69	\$2.246	\$2.246
70-74	\$4.054	\$4.054
75+	\$8.208	\$8.208
AD&D Rate:	\$0.02	\$0.015
Rate Guarantee	Year 2 of 3 until 1/1/2028	Year 3 of 3 until 1/1/2028
Percent Change		0.00%
Voluntary Life - Child(ren)		
Rate: <i>(includes AD&D)</i>	Rates per \$1,000	Rates per \$1,000
	\$0.067	\$0.067
Rate Guarantee	Year 2 of 3 until 1/1/2028	Year 3 of 3 until 1/1/2028
Percent Change		0.00%

If your policy includes Conversion and/or Portability it is the employer's responsibility to notify the employee of these benefits at the time of termination.

Volumes were taken from Renewal Notice.



BOARD OF DIRECTORS

Resolution #26-10-0XX

RESOLUTION TO ADOPT THE ANNUAL EXEMPTION OPTION AS SET FORTH IN PUBLIC ACT 152 OF 2011, THE PUBLICALLY 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,** These three options are in PA 152 of 2011:
- 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, 2027 through December 31, 2027.

This resolution was adopted at a regular Board meeting of the Bay Arenac Behavioral Health Authority Board of Directors held on October 15, 2026 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:

Robert Pawlak, Board Chair

Pamela Schumacher, Board Secretary

Behavioral Health Center, 201 Mulholland, Bay City, MI 48708

