City Clerk

From: Stefanie Blaisdell <sblaisdell@acrisure.com>
Sent: Friday, October 31, 2025 9:48 AM
To: City Clerk; Mayor's Assistant
Subject: 01/01/2026 City of Mackinac Island Medical Renewal -13.04 Increase
Attachments: City of Mackinac Island Medical Renewal Exhibit.pdf

Good morning,

City of Mackinac Island Medical renewal was received with a 13.04% increase in premium. Please see attached for the current vs. renewal comparison as well as the comparable plan designs quoted.

Dental renewal received with 7% increase in rate and no changes in benefits.

Coverage	Current Rate(s)	Renewal Rate(s)	Lives	Renewal Annual Premium	% Change
Voluntary Dental				$19,154.28	7.0%
Employee Only	$29.60	$31.67	15		
Employee + 1 Dependent	$71.03	$76.00	6		
Employee + Family	$88.80	$95.02	7		
Total Lives			28		

Please take a moment to review and let me know a good time to discuss.

Thank you,

Stefanie Blaisdell
Sr. Account Manager
Midwest Division

1406 N Mitchell Street
Cadillac, MI 49601
Direct: 231-306-1017
Cell: 231-878-4440

ACRISURE

UPCOMING OUT OF OFFICE: October 27th – October 31st

Customer Name: City of Mackinac Island - CITY
Contract/Group #: 007003463 - 0002
Renewal Date: 1/1/2026

RENEWAL SUMMARY

ACRISURE®

Group Health Options:			Current/Renewal Plan	Reimbursed Plan
	Deductible		$5,000/$10,000	$1,000/$2,000
	Coinsurance %		30%	0%
	Coinsurance Max		$1,350/$2,700	$0/$0
	Prescription		$20/$60/$100/20%/25%	$20/$60/$100/20%/25%
	90 Day Supply		MOPD3x-$10	MOPD3x-$10
	OV/SP/CH/UC/ER		$30/$50/$30 (30)/$60/$150	$25/$25/$0 (30)/$0/$50
	Out of Pocket Max		$6,350/$12,700	$6,350/$12,700
	Notes:			
	Plan Design:		Simply Blue HRA PPO Platinum $5000	Acrisure Seamless HRA
			simplyblue℠	ACRISURE®
MEDICAL		Total# / #	Current Rates	Renewal Rates
	Single	7 / 7	$673.97	$763.17
	Double	4 / 4	$1,617.53	$1,831.61
	Family	5 / 5	$2,021.91	$2,289.51
		16 / 16		
	Total Annual Cost:		**$255,570**	**$289,394**
	Cost Change from Current:			*$33,825*
	% Difference from Current:			*13.24%*
HRA		Total# / #	Current Rates	Renewal Rates
	Single	7 / 7	$81.57	$54.62
	Double	4 / 4	$155.03	$103.80
	Family	5 / 5	$186.51	$124.88
		16 / 16		
	Total Annual Cost:		**$25,484**	**$17,063**
	Cost Change from Current:			*($8,421)*
	% Difference from Current:			*-33.04%*
			Tier 4: Max $200 Tier 5: Max $300	
	Rates include Fully Insured Premium & HRA Illustrative Rates.	Total # / #	Current Illustrative Cost	Renewal Illustrative Cost
COMBINED	Single	7 / 7	$755.54	$817.79
	Double	4 / 4	$1,772.56	$1,935.41
	Family	5 / 5	$2,208.42	$2,414.39
		16 / 16		
	Annual Total Cost:		$281,053	$306,458
	Cost Change from Current:			*$25,404*
	% Difference from Current:			*9.04%*

COMBINED CURRENT COST	**$281,053**
COMBINED RENEWAL COST	**$306,458**
COST CHANGE	**$25,404**
% CHANGE	**9.04%**

2026 PA152 Calculations
Annual Hard Cap:
Single $7,942.09
Two Person $16,609.38
Family $21,660.30

	Hard Cap	20% Cost
Single	$200.75	$163.56
Double	$481.80	$387.08
Family	$602.25	$482.88

DISCLAIMERS < Please read prior to making any decision >

- Rates do include estimated federal and state taxes, fees and assessments.
- All carriers reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
- All carriers reserve the right to adjust rates if there is a +/- 10% change in enrollment, demographics or contract mix, or change in benefits.
- Final rates are determined by the underwriting carrier based on actual group enrollment and participation. This is only a brief summary of benefits, it is not a contract.
- Additional limitations and exclusions may apply. If there is a discrepancy between this document and any applicable plan document, the plan document will control.
- Census based on most current membership numbers available.
- Administrative fees may apply.
- Pre-existing conditions, participation rules, and medical underwriting rules may apply prior to final rates (not included above).
- Plan design above shows In-Network comparisons only. See specific plan benefit summary sheets for out of network.
- All benefit changes are subject to underwriting approval. Exceptions may apply with prior underwriting approval of union contract.
- Michigan public employers must comply with PA 152, Publicly Funded Health Insurance Act. Assistance with PA 152 calculations available upon request. Public employers who opt out of PA 152 should notify their representative
- Please allow a minimum of 45-60 days for a benefit change (varies based on carriers)
- This is not a binder of coverage, please do not cancel current coverage until final approval is given by new carrier.
- HRA and/or Rx Illustrative rates are not a guarantee of performance. Results may vary.
- Employee cost share cannot be higher than actual medical premium
- Acrisure is not responsible for typographical errors.

Original Date: 11/13/2025 SL

Modified Date:

Customer Name: City of Mackinac Island - DPW

Contract/Group #: 007003463 - 0003

Renewal Date: 1/1/2026

RENEWAL SUMMARY

ACRISURE

Group Health Options:	Current/Renewal Plan	Reimbursed Plan
Deductible	$5,000/$10,000	$500/$1,000
Coinsurance %	30%	0%
Coinsurance Max	$1,350/$2,700	$0/$0
Prescription	$20/$60/$100/20%/25%	$20/$60/$100/20%/25%
90 Day Supply	MOPD3x-$10	MOPD3x-$10
OV/SP/CH/UC/ER	$30/$50/$30 (30)/$60/$150	$25/$25/$0/$0/$50
Out of Pocket Max	$6,350/$12,700	$6,350/$12,700
Notes:		
Plan Design:	Simply Blue HRA PPO Platinum $5000	Acrisure Seamless HRA
	simplyblue℠	ACRISURE

MEDICAL	Total#	#	Current Rates	Renewal Rates
Single	7	7	$692.24	$780.15
Double	2	2	$1,661.38	$1,872.36
Family	2	2	$2,076.72	$2,340.45
	11	11		
Total Annual Cost:			**$147,863**	**$166,640**
Cost Change from Current:				*$18,777*
% Difference from Current:				*12.70%*

HRA	Total#	#	Current Rates	Renewal Rates
Single	7	7	$98.76	$66.12
Double	2	2	$196.28	$131.42
Family	2	2	$238.07	$159.40
	11	11		
Total Annual Cost:			**$18,720**	**$12,534**
Cost Change from Current:				*($6,186)*
% Difference from Current:				*-33.05%*

Tier 4: Max $200
Tier 5: Max $300

Rates Include Fully Insured Premium & HRA Illustrative Rates.	Total #	#	Current Illustrative Cost	Renewal Illustrative Cost
COMBINED				
Single	7	7	$791.00	$846.27
Double	2	2	$1,857.66	$2,003.78
Family	2	2	$2,314.79	$2,499.85
	11	11		
Annual Total Cost:			$166,583	$179,174
Cost Change from Current:				*$12,591*
% Difference from Current:				*7.56%*

COMBINED CURRENT COST	**$166,583**
COMBINED RENEWAL COST	**$179,174**
COST CHANGE	**$12,591**
% CHANGE	**7.56%**

2026 PA152 Calculations

Annual Hard Cap:

Single $7,942.09

Two Person $16,609.38

Family $21,660.30

	Hard Cap	20% Cost
Single	$220.23	$169.25
Double	$528.55	$400.76
Family	$660.69	$499.97

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