

City Clerk

From: Mayor's Assistant
Sent: Wednesday, November 20, 2024 10:53 AM
To: City Clerk
Subject: FW: City DPW Health Plan Renewal
Attachments: City of Mackinac Island 1.1.2025 Renewal - City and DPW.pdf

Good afternoon Danielle,

Agenda Item Please and Thank you for the November 25th meeting.

2025 Medical and Dental increases*

City of Mackinac Island health insurance increase of (12.40%)

DPW health insurance increase of (15.31%)

METLIFE Dental combined increase of (5%)

2024 Medical and Dental increases for comparison*

City of Mackinac Island health insurance increase of (9.09%)

DPW health insurance increase of (8.24%)

METLIFE Dental combined increase of (5%)

I have checked with our accountant and her other clients are saying the same about their rates. I have also talked with the City Clerk, there was a post on her MML page that insurances are going up for everyone. It is the recommendation of the Mayor's office to accept the above 2025 rates for medical and dental. I have heard from the DPW and they are on board to accept the rates as presented.

***To the City's budget what that looks like is an increase for the first quarter of roughly \$8,000.00 that is not budgeted.

Thank you,

Trista L. France

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RENEWAL SUMMARY - DPW

Customer Name: **City of Mackinac Island**

Contract/Group #: 007003463-0003

Renewal Date: 1/1/2025

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Group Health Options:

	Current Plan	Reimbursed Plan
Deductible	5000/10000	500/1000
Coinsurance %	30%	0%
Coinsurance Max	1350/2700	0
Prescription	20/60/100/20%/25%	20/60/100/20%/25%
90 Day Supply	MOPD 3x-\$10	MOPD 3x-\$10
OV/SP/CH/UC/ER	30/50/30/60/150	25/25/0/0/50
Out of Pocket Max	6350/12700	6350/12700
Notes:		
Plan Design:	Simply Blue HRA PPO Platinum	Acrisure Seamless HRA
	simplyblueSM	ACRISURE®

MEDICAL		Total#	#	Current Rates	Renewal Rates
	Single	8	8	\$652.76	\$751.71
	Double	1	1	\$1,566.62	\$1,804.10
	Family	2	2	<u>\$1,958.28</u>	<u>\$2,255.13</u>
		11	11		
	Total Annual Cost:			\$128,463	\$147,936
	Cost Change from Current:				\$19,473
	% Difference from Current:				15.16%
HRA		Total#	#	Current Rates	Renewal Rates
	Single	8	8	\$84.69	\$98.76
	Double	1	1	\$168.31	\$196.28
	Family	2	2	<u>\$204.16</u>	<u>\$238.07</u>
		11	11		
	Total Annual Cost:			\$15,049	\$17,550
	Cost Change from Current:				\$2,500
	% Difference from Current:				16.61%
Rates Include Fully Insured Premium & HRA Illustrative Rates.		Total #	#	Current Illustrative Cost	Renewal Illustrative Cost
COMBINED	Single	8	8	\$737.45	\$850.47
	Double	1	1	\$1,734.93	\$2,000.38
	Family	2	2	\$2,162.44	\$2,493.20
		11	11		
	Annual Total Cost:			\$143,513	\$165,486
	Cost Change from Current:				\$21,974
	% Difference from Current:				15.31%

COMBINED CURRENT COST	\$143,513
COMBINED RENEWAL COST	\$165,486
COST CHANGE	\$21,974
% CHANGE	15.31%

2025 PA152 Calculations

Annual Hard Cap:

Single \$7,718.26

Two Person \$16,141.28

Family \$21,049.85

Hard

Cap

20%

Cost

Single

\$231.19

\$170.09

Double

\$554.85

\$400.08

Family

\$693.57

\$498.64

DISCLAIMERS

< Please read prior to making any decision >

- Rates 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.

Authorized independent agent for Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan

Renewal Date: 1/1/2025



Group Health Options:				Current Plan	Reimbursed Plan
Deductible				5000/10000	1000/2000
Coinsurance %				30%	0%
Coinsurance Max				1350/2700	0
Prescription				20/60/100/20%/25%	20/60/100/20%/25%
90 Day Supply				MOPD 3x-\$10	MOPD 3x-\$10
OV/SP/CH/UC/ER				30/50/30/60/150	25/25/0/0/50
Out of Pocket Max				6350/12700	6350/12700
Notes:					
Plan Design:				Simply Blue HRA PPO Platinum	Acisure Seamless HRA
				simplyblueSM	ACRISURE[®]
MEDICAL		Total#	#	Current Rates	Renewal Rates
	Single	8	8	\$624.08	\$698.98
	Double	3	3	\$1,497.79	\$1,677.55
	Family	5	5	<u>\$1,872.24</u>	<u>\$2,096.94</u>
		16	16		
	Total Annual Cost:			\$226,167	\$253,310
Cost Change from Current:				\$27,144	
% Difference from Current:				12.00%	
HRA		Total#	#	Current Rates	Renewal Rates
	Single	8	8	\$69.95	\$81.57
	Double	3	3	\$132.94	\$155.03
	Family	5	5	<u>\$159.94</u>	<u>\$186.51</u>
		16	16		
	Total Annual Cost:			\$21,098	\$24,603
Cost Change from Current:				\$3,505	
% Difference from Current:				16.61%	
Rates Include Fully Insured Premium & HRA Illustrative Rates.		Total#	#	Current Illustrative Cost	Renewal Illustrative Cost
COMBINED	Single	8	8	\$694.03	\$780.55
	Double	3	3	\$1,630.73	\$1,832.58
	Family	5	5	\$2,032.18	\$2,283.45
		16	16		
	Annual Total Cost:			\$247,264	\$277,913
	Cost Change from Current:				\$30,649
% Difference from Current:				12.40%	
COMBINED CURRENT COST		\$247,264			
COMBINED RENEWAL COST		\$277,913			
COST CHANGE		\$30,649			
% CHANGE		12.40%			
2025 PA152 Calculations					
Annual Hard Cap:					
Single \$7,718.26			Single	Hard Cap	20% Cost
Two Person \$16,141.28			Double	\$172.45	\$156.11
Family \$21,049.85			Family	\$413.88	\$366.52
				\$517.35	\$456.69
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DENTAL SUMMARY

Customer Name: **City of Mackinac Island**


Contract/Group #: 7003463

Renewal Date: 1/1/2025



Group Options:

Current Plan

Dental			
Class I		80%	
Class II		50%	
Class III		50%	
Class IV		50% (\$1,000 Lifetime Max)	
Annual Maximum		\$1,000	
Deductible		\$25 / \$75	
Notes:			
		Pediatric \$375 / \$750	
Plan Design:		MetLife	
			
	Total Enrolled	Current Monthly Cost	Renewal Monthly Cost
Single	17	\$28.19	\$29.60
Two Person	4	\$67.65	\$71.03
Family	7	\$84.57	\$88.80
	28		
Total Annual Cost:		\$16,102	\$16,907
Cost Change From Current:			\$805
% Change from Current:			5.00%
DISCLAIMERS			
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- Rates 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.
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