

**TYRONE TOWNSHIP  
BOARD MEETING AGENDA  
FEBRUARY 4, 2025 - 7:00 P.M.  
(810) 629-8631**

**CALL TO ORDER – PLEDGE OF ALLEGIANCE – 7:00 P.M.**

**ROLL CALL**

**APPROVAL OF AGENDA – OR CHANGES**

**APPROVAL OF CONSENT AGENDA**

Regular Board Meeting Minutes – January 21, 2025  
Clerk’s Warrants and Bills – January 28, 2025

**COMMUNICATIONS**

**PUBLIC REMARKS**

**UNFINISHED BUSINESS**

**NEW BUSINESS**

1. Employee medical insurance policy and comparisons.
2. Historical Society request to use township hall and property for Pioneer Day.
3. Closed session to discuss pending litigation pursuant to Section 8(e) of the 1976 Open Meetings Act.

**MISCELLANEOUS BUSINESS**

**PUBLIC REMARKS**

**ADJOURNMENT**

\* \* \* \* \*

**Supervisor Greg Carnes                      Clerk Pam Moughler**

Please note: Anyone wishing to address the Township Board may do so during Public Remarks. The Tyrone Township Board of Trustees has established a policy limiting the time a person may address the Township Board at a regular or at a special meeting during the Public Remarks section of the agenda to three minutes. The Board reserves the right to place an issue under the New Business section of the agenda if additional discussion is warranted or to respond later either verbally or in writing through an appropriately appointed Township Official. Individuals with disabilities requiring auxiliary aids or services should contact the Tyrone Township Clerk at (810) 629-8631 at least seven days prior to the meeting.

# **CONSENT AGENDA**

Regular Board Meeting Minutes – January 21, 2025  
Clerk's Warrants and Bills – January 28, 2025

**TYRONE TOWNSHIP  
REGULAR BOARD MEETING  
APPROVED MINUTES – JANUARY 21, 2025 – PAGE 1**

**CALL TO ORDER**

Supervisor Carnes called the meeting of the Tyrone Township Board to order with the Pledge of Allegiance on January 21, 2025 at 7:00 p.m. at the Tyrone Township Hall.

**ROLL CALL**

Present: Supervisor Greg Carnes, Clerk Pam Moughler, Trustees Sara Dollman-Jersey, Herman Ferguson, Dean Haase, and Chris Ropeta. Absent: Treasurer Jennifer Eden.

**APPROVAL OF AGENDA – OR CHANGES**

Trustee Ropeta moved to add a discussion of his attorney’s letter to rescind censures of Trustee Ropeta, Trustee Haase, and Supervisor Carnes. (Trustee Haase seconded.) The motion failed; 3 ayes, 3 nays (Ferguson, Dollman-Jersey, Moughler).

Trustee Haase moved to remove the closed session due to wording on the agenda. (Trustee Ropeta seconded.) The motion carried; all ayes.

Trustee Haase moved to approve the agenda as amended. (Trustee Ferguson seconded.) The motion carried; all ayes.

**APPROVAL OF CONSENT AGENDA**

**Regular Board Meeting Minutes – January 7, 2025  
Treasurer’s Report- December 2024  
Clerk’s Warrants and Bills – January 15, 2025**

Trustee Ropeta moved to approve the consent agenda as presented. (Trustee Ferguson seconded.) The motion carried; all ayes.

**COMMUNICATIONS**

- 1. Monthly Financial Report- December 2024**
- 2. Planning Commission Meeting Synopsis- January 14, 2025**
- 3. Planning Commission Approved Meeting Minutes- December 18, 2024**
- 4. Livingston County Sheriff Report- December 2024**

Trustee Haase moved to receive and place on file Communications #1-4 as presented. (Trustee Ferguson seconded.) The motion carried; all ayes.

**PUBLIC REMARKS**

Several public comments were heard.

**UNFINISHED BUSINESS**

None.

**TYRONE TOWNSHIP  
REGULAR BOARD MEETING  
APPROVED MINUTES – JANUARY 21, 2025 – PAGE 2**

**NEW BUSINESS**

**1. Workshop for board members to learn to work together as a team.**

Trustee Haase moved to table deciding on the workshop for board members to learn to work together. (Trustee Dollman-Jersey seconded.) The motion carried; all ayes.

**2. Discussion about Hogan Road.**

Attorney Gerald Fisher, via Zoom, provided a possible strategy of eliminating Hogan Road as a truck route. Township Attorney Chuck Widmaier said changing the truck route status should involve road studies and getting all the parties involved—Tyrone Township, Deerfield Township, GBM Sand & Gravel, and the Livingston County Road Commission—to agree before potential court litigation. Trustee Ropeta moved to engage township planning consultants McKenna Associates to explore options. (Trustee Haase seconded.) The motion carried; all ayes.

**3. Resolution to establish guidelines for granting poverty exemptions from property taxes.**

RESOLUTION #250104  
TYRONE TOWNSHIP, LIVINGSTON COUNTY

ESTABLISHING GUIDELINES FOR GRANTING OF POVERTY EXEMPTIONS FROM  
PROPERTY TAXES

WHERE AS, the adoption of guidelines for poverty exemptions is required of the Township Board; and

WHERE AS, the principal residence of persons, who the Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7u); and

WHERE AS, pursuant to P.A. 390 of 1994, the Township of Tyrone, Livingston County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year;

THEREFORE, BE IT RESOLVED THAT to be eligible, a person shall do all of the following on an annual basis:

1. Be an owner of and occupy as a principal residence the property for which an exemption is requested.
2. Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services shown in Attachment A.

**TYRONE TOWNSHIP  
REGULAR BOARD MEETING  
APPROVED MINUTES – JANUARY 21, 2025 – PAGE 3**

3. File a claim with the Assessor or Board of Review, accompanied by federal and state income tax returns for the current or immediately preceding year, including any property tax credits, for all persons residing in the principal residence. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return. Instead, Form 4988, Poverty Exemption Affidavit may be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current or immediately preceding year.
4. File a claim reporting that the combined assets of all persons do not exceed the current guidelines shown in Attachment B. Assets include but are not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc.
5. Produce a valid driver's license or other form of identification if requested.
6. Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
7. The application for an exemption shall be filed after January 1, but one day prior to the last day of the December Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

BE IT FURTHER RESOLVED THAT that the Board of Review shall follow the above stated policy and federal guidelines in granting or denying an exemption.

**ATTACHMENT A**

<b>POVERTY LEVEL GUIDELINE FOR 2024 TAX YEAR</b>	
Size of Family Unit	Household Income
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For each additional person	\$5,380

**TYRONE TOWNSHIP  
REGULAR BOARD MEETING  
APPROVED MINUTES – JANUARY 21, 2025 – PAGE 4**

**ATTACHMENT B**

Asset Test

The Township of Tyrone’s cumulative value of assets allowed for a Poverty Exemption shall be \$10,000. The purpose of an asset test is to determine the resources available: cash, fixed assets or other property that could be converted to cash and used to pay property taxes in the year the poverty exemption is filed. A list of "assets" includes, but is not limited to:

- A second home, land, vehicles.
- Recreational vehicles such as campers, motor-homes, boats, and ATV's.
- Buildings other than the residence.
- Jewelry, antiques, artwork.
- Equipment, other personal property of value.
- Bank accounts (over \$1,000), stocks.
- Money received from the sale of property, such as stocks, bonds, a house, or car (unless a person is in the specific business of selling such property).
- Withdrawals from bank deposits and borrowed money (including reverse mortgage's).
- Gifts, loans, lump-sum inheritances, and one-time insurance payments.
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
- Federal non-cash benefits programs such as Medicare, Medicaid, food stamps, and school lunches.

“Assets” do not include the value of the principal residence and do not include the homestead property tax credit as it is not to be considered income for poverty exemptions purposes. Assets exempt from consideration are the homesteaded property with furnishings, bank accounts up to \$1,000, and one motor vehicle. That motor vehicle shall be valued no greater than \$10,000.

RESOLVED BY: Clerk Moughler

SUPPORTED BY: Trustee Haase

VOTE: Ferguson, yes; Carnes, yes; Dollman-Jersey, yes; Haase, yes; Ropeta, yes; Moughler, yes; Eden, absent.

ADOPTION DATE: January 21, 2025

**CERTIFICATION OF THE CLERK**

The undersigned, being the duly qualified and acting Clerk of Tyrone Township, Livingston County, Michigan, hereby certifies that (1) the foregoing is a true and complete copy of a resolution adopted by the Township Board at a regular meeting, held on January 21, 2025, at which meeting a quorum was present and remained throughout, (2) the original thereof is on file in the records in my office, (3) the meeting was conducted, and public notice thereof was given,

**TYRONE TOWNSHIP  
REGULAR BOARD MEETING  
APPROVED MINUTES – JANUARY 21, 2025 – PAGE 5**

pursuant to and in full compliance with the Open Meetings Act (Act No. 267, Public Acts of Michigan, 1976, as amended) and (4) minutes of such meeting were kept and will be or have been made available as required thereby.



\_\_\_\_\_  
Pamela Moughler  
Township Clerk

**4. Quotes for carpet cleaning in the meeting room.**

Trustee Ferguson moved to accept the quote of \$450.00 from Fenton Carpet Cleaning to clean the meeting room carpet. (Clerk Moughler seconded.) The motion carried; all ayes.

**5. Closed session to discuss pending litigation pursuant to Section 8(e) of the 1976 Open Meetings Act.**

Removed from the agenda.

**MISCELLANEOUS BUSINESS**

None.

**PUBLIC REMARKS**

Several public comments were heard.

**ADJOURNMENT**

Trustee Ferguson moved to adjourn. (Trustee Haase seconded.) The motion carried; all ayes. The meeting adjourned at 8:37 p.m.

01/28/2025 11:35 AM  
User: PMOUGHLER  
DB: Tyrone

CHECK REGISTER FOR TYRONE TOWNSHIP  
CHECK DATE FROM 01/16/2025 - 01/28/2025

Check Date	Bank	Check	App	Vendor	Vendor Name	Amount
Bank 001 STATE BANK COMMON ACCOUNT						
01/28/2025	001	24433	AP	AFLAC	AFLAC	1,074.82
01/28/2025	001	24434	AP	12	BURNHAM & FLOWER OF MICHIGAN	30.00
01/28/2025	001	24435	AP	108	CHARTER COMMUNICATIONS	134.98
01/28/2025	001	24436	AP	41	CONSUMERS ENERGY	864.27
01/28/2025	001	24437	AP	FISHER	FISHER CONSULTING	9,400.00
01/28/2025	001	24438	AP	GRIFFIN	GRIFFIN PEST SOLUTIONS, INC	89.00
01/28/2025	001	24439	AP	472	KCI	4,356.80
01/28/2025	001	24440	AP	PRECISION	PRECISION DATA PRODUCTS	152.22
01/28/2025	001	24441	AP	RICOH LEAS	RICOH USA INC	196.28
01/28/2025	001	24442	AP	VOYA	VOYA INSTITUTIONAL TRUST COMPANY	965.00
Total of 10 Checks:						17,263.37
Less 0 Void Checks:						0.00
Total of 10 Disbursements:						17,263.37



# **NEW BUSINESS #1**

Employee medical insurance policy and comparisons.



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# Small Group Renewal Package

for

## TYRONE TOWNSHIP

Customer ID: 260744

For Renewal Period Beginning: April, 2025

Publication Date: 12/16/2024

## Rate Renewal Change

### TYRONE TOWNSHIP

CID: 260744 Rate Effective: 4/1/2025  
 Agent: JOHN P SCHMITZ Agency: BURNHAM & FLOWER AGENCY

#### BCBSM Rate Renewal Change Current Premium<sup>1</sup> Renewal Premium<sup>1</sup>

Total Billable Members <sup>2</sup>	10	10
Total Medical & Pharmacy Premium <sup>3</sup>	\$10,271.95	\$11,734.10
Total Dental Premium	\$372.58	\$372.97
Total Vision Premium	\$60.08	\$60.27
Total Monthly Premium	\$10,704.61	\$12,167.34
Total Annual Premium	\$128,455.32	\$146,008.08

**Projected Change in Monthly Premium 13.66%**

#### BCBSM Components of Rate Change

Components	Medical <sup>3</sup> & Pharmacy	Dental	Vision
Index to Current rate	13.00%	0.99%	0.00%
Aggregate Product Differences	-0.66%	-2.60%	-0.01%
Area	-1.09%	0.00%	0.00%
Age	2.88%	1.77%	0.33%
Age Factor Change	0.00%	0.00%	0.00%
Dependent Cap	0.00%	0.00%	0.00%
<b>Total Rate Change</b>	<b>14.23%</b>	<b>0.10%</b>	<b>0.32%</b>

1. Premiums are based on enrollment at the time of renewal development.
2. Count based on snapshot as of 12/16/2024.
3. Medical includes Pediatric Vision.
4. The figures reflect commercial plans only.
5. Percent changes due to members aging out of pediatric dental, members aging into adult vision plans, and/or changes in Taxes & Fees are accounted for in the Aggregate Product Differences

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.

# Benefit Summary Description

## TYRONE TOWNSHIP

DIV: 007019899\_0000

	Current Benefits	Renewal Compliant Benefit Conversion
<b>Medical</b>	<b>2024 Community Blue PPO Platinum Option 3 W/Elective Abortion</b>	<b>2025 Community Blue PPO Platinum Option 3 W/Expanded Abortion</b>
Deductible (individual) <sup>1</sup>	\$500	\$500
Coinsurance <sup>1</sup>	20%	20%
Office Visit Copay <sup>1</sup>	20 Copay	20 Copay
Emergency Room Copay <sup>1</sup>	150 Copay	150 Copay
Out-of-Pocket Maximum <sup>1</sup>	\$8700	\$8700
<b>Drug</b>	<b>\$10/\$40/\$100</b>	<b>\$10/\$40/\$100</b>
Metal Level <sup>1</sup>	Platinum	Platinum
<b>Dental</b>	<b>Blue Dental PPO Plus 100/80/50 1000 SG</b>	<b>Blue Dental PPO Plus 100/80/50-1000 SG</b>
Annual Max <sup>1</sup>	\$1000	\$1000
Contribution Type	Non-Voluntary	Non-Voluntary
<b>Vision</b>	<b>Blue Vision 12/12/12 \$5/\$10</b>	<b>Blue Vision 12/12/12 \$5/\$10</b>
Contribution Type	Non-Voluntary	Non-Voluntary
<b>Total Monthly Premium</b>	<b>\$10,704.61</b>	<b>\$12,167.34</b>

For a more detailed description of benefits, please refer to the Agent Portal.<sup>2</sup>

1. BCBSM plans will display values to represent "in-Network"

2. BAAGs and SBCs can be found on the Agent Portal.

Reference Number: 008

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.

# Small Group Glossary



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## Age (Component of Rate Change)

This represents changes due to members aging since the prior renewal.

- Example: If a group has one member who aged from 21 to 22 since the prior renewal, and the age factors are 1.00 and 1.01, respectively, the percentage change due to age is 1%.

## Age Factor

These factors are used to provide rates based on members' ages.

## Age Factor Changes (Component of Rate Change)

This represents changes from the prior renewal period due to revisions to the age factors used to provide age-based member rates. Since the age factors used do not change often, this component's value is normally zero.

- Example: In 2018, CMS stipulated changes to child medical age bands that increased the age factors for members under 21. Groups that had a higher than average proportion of children less than 21 years had a positive percentage change for Age Factors.

## Aggregate Product Differences (Component of Rate Change)

This represents the aggregate of changes to all benefits and/or product pricing relativity from the prior renewal period. This component also includes the rating impact of any plan benefit being mapped to Health Care Reform compliant products from the prior year. Changes due to members aging out of pediatric dental and/or members aging into adult vision plans are also included.

- Example: If projected claims cost increases compared to the prior year were higher for high deductible plans than for other plans, then this percentage will be positive for high deductible plans. If there is more than 1 plan per carrier, the change will be the aggregate change for all renewing plans of each carrier.

## Area (Component of Rate Change)

This represents the change in area factors from the prior renewal period due to relatively higher or lower projected claims costs in a rating area.

- Example: This percentage will be positive for an area where projected claims cost increases were higher than average.

## Billable Member

A subscriber, spouse, or eligible dependents of the subscriber entitled to benefits under the subscriber's certificate. Only the three oldest children under the age of 21 are included as billable members.

## Dependent Cap (Component of Rate Change)

This component represents the effect of children turning 21 for the upcoming renewal when other children were not Billable Members for the prior renewal.

- Example: A family with four children under the age of 21 on their prior renewal would have only been charged for the three oldest children. If one of the children is 21 for the upcoming renewal, the family premium will include rates for all 4 children, and this component will be positive.



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### Full Time Equivalent (FTE)

A method to count employees that determines the group size, using an average count from each month of the prior calendar year. Employees working 120 hours or more in a month each count as one full-time employee, while employees working less than that are pro-rated. The average is rounded down to the nearest whole number. Seasonal employees working fewer than 120 days per year and employees who have medical coverage under TRICARE or certain Veterans Administration programs are excluded from this count.

### Index to Current Rate (Component of Rate Change)

This represents the overall change of rate levels from the prior renewal period. Trends, and their favorable/unfavorable results, are reflected in this component.

- Example: If the overall pool is expected to see increased claims costs from the prior year, then this percentage will be positive.

### Rating Area

A group's rating area will be determined based on the employer's primary Michigan location.

### Renewal Compliant Benefit

Health Care Reform regulations require all small groups have Health Care Reform compliant products. Small Groups will be mapped to Health Care Reform compliant products at each renewal.

### Small Group Rating Type

Groups with a count of 50 or fewer FTEs and with at least one eligible employee enrolling.

### Summary of Benefits and Coverage (SBC)

Document available to subscribers describing their covered benefits, cost sharing, and coverage limitations and exceptions.



# Renewal highlights

What you need to know for 2025

2025

THE BLUE CROSS® DIFFERENCE

50 or fewer full-time equivalent employees | fully insured groups

## MEDICAL

### Out-of-pocket maximum decrease

The OOPM is decreasing from \$9,450/\$18,900 to \$9,200/\$18,400 on five, small-group HMO and PPO plans. To see all plan changes, refer to the 2025 product menus.

### Autism spectrum disorders

As part of a federal mandate, the in-network copayment for applied behavior analysis, or ABA, treatment will now be paid at the behavioral health office visit copay. This will apply to all small group plans, except HSA and Simply Blue<sup>SM</sup> Routine Care plans. There is no change to out-of-network coverage.

### Blue Elect Plus<sup>SM</sup> POS expands and improves for 2025

Blue Care Network's popular point-of-service product family is expanding from four plans to nine with **five new plan options**. Additionally, **two new POS plans are available that come paired with our BCN-administered HRA**; bringing cost savings, tax advantages and more. Also new in 2025, **member experience improves** as a result of better benefit understanding, more convenient access and, for in- and out-of-state providers, improved clarity on member eligibility.

### BCN Virtual Primary Care<sup>SM</sup> HMO

Blue Care Network is discontinuing all BCN Virtual Primary Care HMO health care plan products due to changes in market demand. Groups are preferring our standard BCN HMO<sup>SM</sup> plans with the Virtual Option<sup>SM</sup> rider. This doesn't affect Virtual Primary Care PPO, which remains part of PPO benefits.

### BCN HMO Fixed Cost<sup>SM</sup> | a simple, copay-only product

For 2025, we've added a new Gold plan to this innovative product family. It's perfect for customers who want simpler, more affordable coverage. There's no deductible or coinsurance and predictable, easy-to-understand copays.

### New HSA plan designs for PPO, HMO and POS

Based on market demand, we've developed new, unique HSA plan designs for each of our networks — PPO, HMO and POS. The out-of-pocket maximum is equal to the deductible and coupled with a 0% coinsurance to create a simple, easy-to-understand option for members. Look for them in our [Consumer-directed health care brochure](#).

## MEMBER EXPERIENCE

### WebMD® migration to Virgin Pulse\*

New in 2025, Virgin Pulse's\* best-in-class holistic health platform will support our Blue Cross Well-Being<sup>SM</sup> online resources. The elevated experience will help employees make achievable steps that lead to improved health. All medical plans will include features, such as a health assessment, virtual coaching journeys, sleep and nutrition guides, healthy habit trackers and tobacco cessation coaching.

With this migration, our HMO's wellness incentive product, **BCN Healthy Blue Living<sup>SM</sup> HMO**, gains more value with improved member experience. Virgin Pulse will provide a single destination for completing well-being requirements and engagement. Employees will enjoy more modern, personalized support while still getting broad provider access and lower out-of-pocket costs.

\*Virgin Pulse is changing its name to Personify Health on Jan. 1, 2025.

### HSA indexing

Effective with 2025 renewals, Blue Cross and BCN fully insured small groups will see the high-deductible health plan minimum deductible increase. We'll crosswalk all current \$1,600 aggregate and \$3,200 embedded high-deductible plans to \$1,650 and \$3,300 deductible plans respectively. This is due to the annual IRS HSA indexing of the minimum deductible.

### Pharmacy

On Aug. 1, 2024, AllianceRx Walgreens Pharmacy is changing its name to Walgreens Specialty Pharmacy. **Reminder:** Custom Select drug plans don't include coverage for weight-loss treatment medications.

### Dental and vision

There are no changes to vision plans for 2025. The pediatric OOPM for small group dental plans is increasing from \$400 for one member and \$800 for two or more members, to \$425 for one member and \$850 for two or more.

Virgin Pulse is an independent company that provides health and well-being services on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

Walgreens Specialty Pharmacy, an independent company, provides specialty pharmacy services to Blue Cross Blue Shield of Michigan and Blue Care Network members.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and well-being services.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.





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# APPENDIX A

## Benefit & Rate Schedules



**TYRONE TOWNSHIP**

CID: 260744 GROUP/DIVISION:007019899\_0000

Funding Type: **Small Group Rated**

Rating Area: **D**

Your benefit package has been renewed at the following rates and is effective from **04/01/2025** through **03/31/2026**.

**Medical: 2025 Community Blue PPO Platinum Option 3 W/Expanded Abortion**      **Complementary Medical: BS 65 OPTION 1**

<b>A SG ABORTION</b>	RIDER A SG ABORTION	<b>BC-COMP</b>	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE
<b>CB PPO Plat OP3</b>	RIDER COMMUNITY BLUE PPO PLATINUM OPTION 3 - 2025 SG COMMUNITY BLUE COST-SHARING REQUIREMENTS	<b>BS 65 OPTION 1</b>	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)
<b>CB SG</b>	COMMUNITY BLUE GROUP BENEFITS CERTIFICATE SG	<b>CMS SG</b>	ADMINISTRATIVE FORM SG - COMP MEDICAL SERVICES (placeholder)
		<b>GCP-D</b>	RIDER GCP-D
		<b>GPC-SAT 2</b>	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
		<b>GPC-SAT-MHP-2</b>	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE TREATMENT MENTAL HEALTH PARITY
		<b>HCR MS PCB</b>	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL PREVENTIVE CARE BENEFITS
		<b>HCR-MS-WCB-ECS</b>	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS

**Pharmacy: PDRX SG**      **Complementary Pharmacy: PDRX SG**

<b>PDRX SG</b>	PREFERRED RX PROGRAM CERTIFICATE SG	<b>ADM MOS816 RX</b>	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
		<b>PDC \$20/60/80</b>	RIDER PDC \$20/\$60/\$80 Prescription Drugs Copayment Rider
		<b>PDRX SG</b>	PREFERRED RX PROGRAM CERTIFICATE SG
		<b>RX-MC-VCP SG</b>	RIDER RX-MC-VCP SG - PRESCRIPTION DRUG MEDICARE COMPLEMENTARY VARIABLE COST-SHARING PROGRAM

**Dental: Blue Dental PPO Plus 100/80/50-1000 SG**      **Complementary Dental: BD-SG**

<b>100/80/50-1000</b>	RIDER BD PPO PLUS 100/80/50-1000-2022 SG BLUE DENTAL	<b>100/80/50-1000</b>	RIDER BD PPO PLUS 100/80/50-1000-2022 SG BLUE DENTAL
<b>BD PED OPM \$425</b>	RIDER BD PED OPM \$425/\$850 SG BLUE DENTAL PEDIATRIC OUT-OF-POCKET MAXIMUM	<b>ADM MOS816 DNTL</b>	ADMINISTRATIVE RIDER COMP BENEFITS - DENTAL
<b>BD-SG</b>	BLUE DENTAL GROUP BENEFITS CERTIFICATE SG	<b>BD PED OPM \$425</b>	RIDER BD PED OPM \$425/\$850 SG BLUE DENTAL PEDIATRIC OUT-OF-POCKET MAXIMUM
		<b>BD-SG</b>	BLUE DENTAL GROUP BENEFITS CERTIFICATE SG

**Vision: Blue Vision 12/12/12 \$5/\$10**      **Complementary Vision: BV-ADULT**

<b>BV-ADULT</b>	BLUE VISION ADULT-ONLY GROUP BENEFITS CERTIFICATE SG	<b>ADM MOS816 VIS</b>	ADMINISTRATIVE RIDER COMP BENEFITS - VISION
<b>BV-PEDS</b>	BLUE VISION PEDIATRIC GROUP BENEFITS CERTIFICATE SG	<b>BV-ADULT</b>	BLUE VISION ADULT-ONLY GROUP BENEFITS CERTIFICATE SG
<b>BVFL SG</b>	RIDER BVFL-SG - BLUE VISION FREQUENCY LIMITS (12-12-12)	<b>BVFL SG</b>	RIDER BVFL-SG - BLUE VISION FREQUENCY LIMITS (12-12-12)

\*\*\*\*RATES ARE SUBJECT TO CHANGE BASED ON DEPT. OF INSURANCE & FINANCIAL SERVICES APPROVAL\*\*\*\*

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, [www.bcbsm.com/healthcarereform/](http://www.bcbsm.com/healthcarereform/). You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan. BCBS of Michigan rates are guaranteed for the period stated above; however, BCBS reserves the right to adjust rates if any of the assumptions or calculations used to calculate the rates are incorrect. Please remember that BCBS is a prepaid health plan and payment is due on or before the date noted on your billing statement. If you have questions or wish to discuss other BCBS benefit plans, please contact your BCBS Regional Sales Office or Agent. We at BCBS appreciate your business and look forward to providing your continuing health benefit needs.



**TYRONE TOWNSHIP**

CID: 260744 GROUP/DIVISION:007019899\_0000

Funding Type: **Small Group Rated**

Rating Area: **D**

Your benefit package has been renewed at the following rates and is effective from **04/01/2025** through **03/31/2026**.

Age	Total	Medical + Pharmacy	Dental	Vision
0	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
1	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
2	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
3	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
4	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
5	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
6	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
7	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
8	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
9	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
10	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
11	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
12	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
13	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
14	\$ 496.84	\$ 459.82	\$ 37.02	\$ 0.00
15	\$ 537.71	\$ 500.69	\$ 37.02	\$ 0.00
16	\$ 553.34	\$ 516.32	\$ 37.02	\$ 0.00
17	\$ 568.97	\$ 531.95	\$ 37.02	\$ 0.00
18	\$ 585.80	\$ 548.78	\$ 37.02	\$ 0.00
19	\$ 595.17	\$ 565.61	\$ 24.19	\$ 5.37
20	\$ 612.60	\$ 583.04	\$ 24.19	\$ 5.37
21	\$ 630.55	\$ 601.07	\$ 24.19	\$ 5.29
22	\$ 630.69	\$ 601.07	\$ 24.40	\$ 5.22
23	\$ 630.89	\$ 601.07	\$ 24.65	\$ 5.17
24	\$ 631.11	\$ 601.07	\$ 24.91	\$ 5.13
25	\$ 633.78	\$ 603.47	\$ 25.21	\$ 5.10
26	\$ 646.08	\$ 615.50	\$ 25.50	\$ 5.08
27	\$ 660.79	\$ 629.92	\$ 25.79	\$ 5.08
28	\$ 684.56	\$ 653.36	\$ 26.12	\$ 5.08
29	\$ 704.15	\$ 672.60	\$ 26.46	\$ 5.09
30	\$ 714.14	\$ 682.21	\$ 26.82	\$ 5.11
31	\$ 728.97	\$ 696.64	\$ 27.19	\$ 5.14
32	\$ 743.83	\$ 711.07	\$ 27.58	\$ 5.18
33	\$ 753.30	\$ 720.08	\$ 27.99	\$ 5.23
34	\$ 763.38	\$ 729.70	\$ 28.40	\$ 5.28

Age	Total	Medical + Pharmacy	Dental	Vision
35	\$ 768.67	\$ 734.51	\$ 28.83	\$ 5.33
36	\$ 774.02	\$ 739.32	\$ 29.30	\$ 5.40
37	\$ 779.33	\$ 744.12	\$ 29.75	\$ 5.46
38	\$ 784.70	\$ 748.93	\$ 30.24	\$ 5.53
39	\$ 794.89	\$ 758.55	\$ 30.74	\$ 5.60
40	\$ 805.10	\$ 768.17	\$ 31.26	\$ 5.67
41	\$ 820.14	\$ 782.59	\$ 31.79	\$ 5.76
42	\$ 834.60	\$ 796.42	\$ 32.34	\$ 5.84
43	\$ 854.45	\$ 815.65	\$ 32.89	\$ 5.91
44	\$ 879.16	\$ 839.69	\$ 33.48	\$ 5.99
45	\$ 908.09	\$ 867.95	\$ 34.08	\$ 6.06
46	\$ 942.42	\$ 901.61	\$ 34.68	\$ 6.13
47	\$ 980.99	\$ 939.47	\$ 35.32	\$ 6.20
48	\$ 1024.99	\$ 982.75	\$ 35.97	\$ 6.27
49	\$ 1068.38	\$ 1025.43	\$ 36.62	\$ 6.33
50	\$ 1117.20	\$ 1073.51	\$ 37.30	\$ 6.39
51	\$ 1165.44	\$ 1121.00	\$ 38.00	\$ 6.44
52	\$ 1218.48	\$ 1173.29	\$ 38.70	\$ 6.49
53	\$ 1272.14	\$ 1226.18	\$ 39.43	\$ 6.53
54	\$ 1330.02	\$ 1283.28	\$ 40.18	\$ 6.56
55	\$ 1387.90	\$ 1340.39	\$ 40.92	\$ 6.59
56	\$ 1450.60	\$ 1402.30	\$ 41.70	\$ 6.60
57	\$ 1513.92	\$ 1464.81	\$ 42.50	\$ 6.61
58	\$ 1581.44	\$ 1531.53	\$ 43.30	\$ 6.61
59	\$ 1615.30	\$ 1564.59	\$ 44.12	\$ 6.59
60	\$ 1682.83	\$ 1631.30	\$ 44.96	\$ 6.57
61	\$ 1741.36	\$ 1689.01	\$ 45.82	\$ 6.53
62	\$ 1780.03	\$ 1726.87	\$ 46.68	\$ 6.48
63	\$ 1828.36	\$ 1774.36	\$ 47.58	\$ 6.42
64	\$ 1858.02	\$ 1803.21	\$ 48.47	\$ 6.34
65+	\$ 1857.93	\$ 1803.21	\$ 48.47	\$ 6.25

Medicare Supplemental Benefit Rates				
Age	Total	Medical + Pharmacy	Dental	Vision
All	\$ 1353.06	\$ 1298.34	\$ 48.47	\$ 6.25

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of the Blue Cross and Blue Shield Association

**PROPOSAL**  
**TYRONE TOWNSHIP**

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April 1, 2025



# Financial Summary (Monthly Premiums)

Current vs. Renewal



	EMPLOYEES	ENROLLMENT	EMPLOYER	\$ CHANGE	% CHANGE	MONTHLY TOTAL	\$ CHANGE	% CHANGE
 <b>Medical</b> Current (BlueCross BlueShield of Michigan) Renewal	10	10	\$10,315	-	-	\$10,315	-	-
	10	10	\$11,734	\$1,419	13.8%	\$11,734	\$1,419	13.8%
	<b>Medical Total Program Monthly Costs - All Plans</b>							
 <b>Dental</b> Current (BlueCross BlueShield of Michigan) Renewal	10	10	\$373	-	-	\$373	-	-
	10	10	\$373	-\$1	-0.1%	\$373	-\$1	-0.1%
	<b>Dental Total Program Monthly Costs - All Plans</b>							
 <b>Vision</b> Current (BlueCross BlueShield of Michigan) Renewal	10	10	\$60	-	-	\$60	-	-
	10	10	\$60	\$0	0.4%	\$60	\$0	0.4%
	<b>Vision Total Program Monthly Costs - All Plans</b>							
<b>Current Total Program Monthly Costs - All Plans</b>			\$10,748	-	-	\$10,748	-	-
<b>Renewal Total Program Monthly Costs - All Plans</b>			\$12,167	\$1,419	13.2%	\$12,167	\$1,419	13.2%



# Medical Snapshot

## Monthly Premiums



### Current



TOTAL MONTHLY PREMIUM

**\$10,315**

TOTAL DIFFERENCE

-

### Renewal



TOTAL MONTHLY PREMIUM

**\$11,734**

TOTAL DIFFERENCE

**13.8%**  
(\$1,419)

### CB PPO \$1000



TOTAL MONTHLY PREMIUM

**\$11,489**

TOTAL DIFFERENCE

**11.4%**  
(\$1,174)

### SB PPO \$250



TOTAL MONTHLY PREMIUM

**\$11,778**

TOTAL DIFFERENCE

**14.2%**  
(\$1,463)

### SB PPO \$500



TOTAL MONTHLY PREMIUM

**\$9,678**

TOTAL DIFFERENCE

**-6.2%**  
(-\$636)

### SB PPO \$1000



TOTAL MONTHLY PREMIUM

**\$9,588**

TOTAL DIFFERENCE

**-7.0%**  
(-\$727)

# Medical Snapshot

## Monthly Premiums



### SB HSA \$1650



TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$9,983	-3.2% (-\$331)

### HMO \$500



TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$9,979	-3.3% (-\$336)

### HMO HSA \$1650



TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$8,119	-21.3% (-\$2,196)

### POS \$475



TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$10,772	4.4% (\$457)

### POS \$500



TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$9,265	-10.2% (-\$1,050)

### POS \$1000



TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$9,135	-11.4% (-\$1,179)



# Medical Snapshot

Monthly Premiums



## POS HSA \$1650



TOTAL MONTHLY PREMIUM

**\$8,400**

TOTAL DIFFERENCE

**-18.6%**  
(-\$1,914)

## POS HSA \$2000



TOTAL MONTHLY PREMIUM

**\$8,686**

TOTAL DIFFERENCE

**-15.8%**  
(-\$1,629)

## HMO \$475



TOTAL MONTHLY PREMIUM

**\$9,844**

TOTAL DIFFERENCE

**-4.6%**  
(-\$471)

## HMO \$500



TOTAL MONTHLY PREMIUM

**\$8,502**

TOTAL DIFFERENCE

**-17.6%**  
(-\$1,812)

## HMO HSA \$1650



TOTAL MONTHLY PREMIUM

**\$7,695**

TOTAL DIFFERENCE

**-25.4%**  
(-\$2,619)

## HMO HSA \$2000



TOTAL MONTHLY PREMIUM

**\$8,006**

TOTAL DIFFERENCE

**-22.4%**  
(-\$2,309)

# Medical Snapshot

Monthly Premiums



PPO \$500



TOTAL MONTHLY PREMIUM

\$12,881

TOTAL DIFFERENCE

24.9%  
(\$2,566)

HMO \$500



TOTAL MONTHLY PREMIUM

\$10,625

TOTAL DIFFERENCE

3.0%  
(\$310)

VEBA PPO \$500

Other

TOTAL MONTHLY PREMIUM

\$12,990

TOTAL DIFFERENCE

25.9%  
(\$2,675)

# Medical Side-by-side



	Current		Renewal		CB PPO \$1000		SB PPO \$250	
ALTERNATIVE								
MEDICAL PLANS	2024 Community Blue PPO Platinum Option 3 AR Con		2025 Community Blue PPO Platinum Option 3 W/Elective Abortion		2025 Community Blue PPO Platinum Option 4 W/Elective Abortion		2025 Simply Blue PPO Platinum W/Elective Abortion	
NETWORK	PPO		PPO		PPO		PPO	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000	\$250	\$500
Deductible - Family	\$1,000	\$2,000	\$1,000	\$2,000	\$2,000	\$4,000	\$500	\$1,000
OOPM - Individual	\$8,700	\$17,400	\$8,700	\$17,400	\$7,350	\$14,700	\$6,600	\$13,200
OOPM - Family	\$17,400	\$34,800	\$17,400	\$34,800	\$14,700	\$29,400	\$13,200	\$26,400
Co-insurance	20%	40%	20%	40%	10%	30%	20%	40%
PCP	\$20	40% after deductible	\$20	40% after deductible	\$10	30% after deductible	\$20	40% after deductible
Specialist	\$30	40% after deductible	\$30	40% after deductible	\$20	30% after deductible	\$40	40% after deductible
X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Lab	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Emergency Room	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Urgent Care	\$60	40% after deductible	\$60	40% after deductible	\$60	30% after deductible	\$60	40% after deductible
<b>Rx</b>								
Rx Individual / Family Deductible	\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0	
Member Copay Tier 1/2	\$10 per script		\$10 per script		\$10 per script		\$10 per script	
Member Copay Tier 3	\$40 per script		\$40 per script		\$40 per script		\$40 per script	
Member Copay Tier 4	\$100 per script		\$100 per script		\$100 per script		\$80 per script	
Member Copay Tier 5/6							15%, up to \$150 per script / 25%, up to \$300 per script	
Mail Order	2.0x		2.0x		2.0x		2.5x	
<b>Enrollment &amp; Cost</b>	<b>CURRENT</b>		<b>RENEWAL</b>		<b>CB PPO \$1000</b>		<b>SB PPO \$250</b>	
Employee Enrollment	10 / 10		10 / 10		10 / 10		10 / 10	
Employer Total	\$10,314.72		\$11,734.10		\$11,488.70		\$11,777.81	
Monthly Total	\$10,315		\$11,734		\$11,489		\$11,778	
Annual Total	\$123,777		\$140,809		\$137,864		\$141,334	
<b>Change from Current - \$</b>			<b>\$17,033</b>		<b>\$14,088</b>		<b>\$17,557</b>	
<b>Change from Current - %</b>			<b>+13.8%</b>		<b>+11.4%</b>		<b>+14.2%</b>	

# Medical Side-by-side



	Renewal		SB PPO \$500		SB PPO \$1000		SB HSA \$1650			
ALTERNATIVE										
MEDICAL PLANS	<a href="#">2025 Community Blue PPO Platinum Option 3 W/Elective Abortion</a>		<a href="#">2025 Simply Blue PPO Gold Option 1 W/Elective Abortion</a>		<a href="#">2025 Simply Blue PPO Gold Option 2 W/Elective Abortion</a>		<a href="#">2025 Simply Blue HSA PPO Platinum W/Elective Abortion</a>			
NETWORK	PPO		PPO		PPO		PPO			
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
Deductible - Individual	\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000	\$1,650	\$3,300		
Deductible - Family	\$1,000	\$2,000	\$1,000	\$2,000	\$2,000	\$4,000	\$3,300	\$6,600		
OOPM - Individual	\$8,700	\$17,400	\$8,150	\$16,300	\$8,150	\$16,300	\$1,650	\$5,300		
OOPM - Family	\$17,400	\$34,800	\$16,300	\$32,600	\$16,300	\$32,600	\$3,300	\$10,600		
Co-insurance	20%	40%	30%	50%	20%	40%	0%	20%		
PCP	\$20	40% after deductible	\$30	50% after deductible	\$30	40% after deductible	\$0 after deductible	20% after deductible		
Specialist	\$30	40% after deductible	\$50	50% after deductible	\$50	40% after deductible	\$0 after deductible	20% after deductible		
X-Ray	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$0 after deductible	20% after deductible		
Lab	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$0 after deductible	20% after deductible		
Inpatient Hospital	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$0 after deductible	20% after deductible		
Outpatient Surgery	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$0 after deductible	20% after deductible		
Emergency Room	\$150	\$150	\$250	\$250	\$250	\$250	\$0 after deductible	\$0 after deductible		
Urgent Care	\$60	40% after deductible	\$60	50% after deductible	\$60	40% after deductible	\$0 after deductible	20% after deductible		
<b>Rx</b>										
Rx Individual / Family Deductible	\$0 / \$0		\$0 / \$0		\$0 / \$0		Included in Medical / Included in Medical			
Member Copay Tier 1/2	\$10 per script		\$20 per script		\$20 per script		\$0 after deductible			
Member Copay Tier 3	\$40 per script		\$60 per script		\$60 per script		\$0 after deductible			
Member Copay Tier 4	\$100 per script		\$100 per script		\$100 per script		\$0 after deductible			
Member Copay Tier 5/6			20%, up to \$200 per script / 25%, up to \$300 per script		20%, up to \$200 per script / 25%, up to \$300 per script		\$0 after deductible / \$0 after deductible			
Mail Order	2.0x		2.5x		2.5x		\$0 after deductible			
<b>Enrollment &amp; Cost</b>	<b>CURRENT</b>		<b>RENEWAL</b>		<b>SB PPO \$500</b>		<b>SB PPO \$1000</b>		<b>SB HSA \$1650</b>	
Employee Enrollment	10 / 10		10 / 10		10 / 10		10 / 10		10 / 10	
Employer Total	\$10,314.72	\$11,734.10	\$9,678.40	\$9,678.40	\$9,588.03	\$9,588.03	\$9,983.35	\$9,983.35		
Monthly Total	\$10,315	\$11,734	\$9,678	\$9,678	\$9,588	\$9,588	\$9,983	\$9,983		
Annual Total	\$123,777	\$140,809	\$116,141	\$116,141	\$115,056	\$115,056	\$119,800	\$119,800		
<b>Change from Current - \$</b>		<b>\$17,033</b>	<b>-\$7,636</b>	<b>-\$7,636</b>	<b>-\$8,720</b>	<b>-\$8,720</b>	<b>-\$3,976</b>	<b>-\$3,976</b>		
<b>Change from Current - %</b>		<b>+13.8%</b>	<b>-6.2%</b>	<b>-6.2%</b>	<b>-7.0%</b>	<b>-7.0%</b>	<b>-3.2%</b>	<b>-3.2%</b>		

# Medical Side-by-side



	Renewal		HMO \$500	HMO HSA \$1650	POS \$475	
ALTERNATIVE						
MEDICAL PLANS	<a href="#">2025 Community Blue PPO Platinum Option 3 W/Elective Abortion</a>		<a href="#">2025 BCN Platinum W/Elective Abortion</a>	<a href="#">2025 BCN HSA Platinum W/Elective Abortion</a>	<a href="#">PriorityPOS Platinum P47</a>	
NETWORK	PPO		Blue Care Network	Blue Care Network	POS A	
	IN	OUT	IN-NETWORK ONLY	IN-NETWORK ONLY	IN	OUT
Deductible - Individual	\$500	\$1,000	\$500	\$1,650	\$475	\$950
Deductible - Family	\$1,000	\$2,000	\$1,000	\$3,300	\$950	\$1,900
OOPM - Individual	\$8,700	\$17,400	\$1,500	\$1,650	\$2,000	\$4,000
OOPM - Family	\$17,400	\$34,800	\$3,000	\$3,300	\$4,000	\$8,000
Co-insurance	20%	40%	0%	0%	10%	30%
PCP	\$20	40% after deductible	\$20	\$0 after deductible	\$15	30% after deductible
Specialist	\$30	40% after deductible	\$30	\$0 after deductible	\$40	30% after deductible
X-Ray	20% after deductible	40% after deductible	\$0 after deductible	\$0 after deductible	\$45	30% after deductible
Lab	20% after deductible	40% after deductible	\$0	\$0 after deductible	\$20	30% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	\$0 after deductible	\$0 after deductible	10% after deductible	30% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	\$0 after deductible	\$0 after deductible	10% after deductible	30% after deductible
Emergency Room	\$150	\$150	\$150 after deductible	\$0 after deductible	\$250 after deductible	\$250 after deductible
Urgent Care	\$60	40% after deductible	\$35	\$0 after deductible	\$75	30% after deductible

## Rx

Rx Individual / Family Deductible	\$0 / \$0		\$0 / \$0	Included in Medical / Included in Medical	\$0 / \$0	
Member Copay Tier 1/2	\$10 per script		\$4 / \$15	\$0 after deductible / \$0 after deductible	\$5 per script / \$15 per script	
Member Copay Tier 3	\$40 per script		\$40	\$0 after deductible	\$40 per script	
Member Copay Tier 4	\$100 per script		\$80	\$0 after deductible	\$80 per script	
Member Copay Tier 5/6			20%, up to \$200 / 20%, up to \$300	\$0 after deductible / \$0 after deductible	20%, up to \$200 / 20%, up to \$300	
Mail Order	2.0x		3x - \$10	\$0 after deductible	2.0x	

## Enrollment & Cost

	CURRENT	RENEWAL	HMO \$500	HMO HSA \$1650	POS \$475
Employee Enrollment	10 / 10		10 / 10	10 / 10	10 / 10
Employer Total	\$10,314.72	\$11,734.10	\$9,978.87	\$8,119.01	\$10,771.84
Monthly Total	\$10,315	\$11,734	\$9,979	\$8,119	\$10,772
Annual Total	\$123,777	\$140,809	\$119,746	\$97,428	\$129,262
<b>Change from Current - \$</b>		<b>\$17,033</b>	<b>-\$4,030</b>	<b>-\$26,349</b>	<b>\$5,485</b>
<b>Change from Current - %</b>		<b>+13.8%</b>	<b>-3.3%</b>	<b>-21.3%</b>	<b>+4.4%</b>

# Medical Side-by-side



	Renewal		POS \$500		POS \$1000		POS HSA \$1650	
ALTERNATIVE								
MEDICAL PLANS	<a href="#">2025 Community Blue PPO Platinum Option 3 W/Elective Abortion</a>		<a href="#">PriorityPOS Gold G50</a>		<a href="#">PriorityPOS Gold G10</a>		<a href="#">PriorityHSA POS Gold G16</a>	
NETWORK	PPO		POS A		POS A		POS A	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000	\$1,650	\$3,300
Deductible - Family	\$1,000	\$2,000	\$1,000	\$2,000	\$2,000	\$4,000	\$3,300	\$6,600
OOPM - Individual	\$8,700	\$17,400	\$9,100	\$18,200	\$8,150	\$16,300	\$4,500	\$9,000
OOPM - Family	\$17,400	\$34,800	\$18,200	\$36,400	\$16,300	\$32,600	\$9,000	\$18,000
Co-insurance	20%	40%	20%	40%	20%	40%	20%	40%
PCP	\$20	40% after deductible	\$30	40% after deductible	\$20	40% after deductible	20% after deductible	40% after deductible
Specialist	\$30	40% after deductible	\$50	40% after deductible	\$50	40% after deductible	20% after deductible	40% after deductible
X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Lab	20% after deductible	40% after deductible	\$35	40% after deductible	\$35	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	\$150	\$150	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	20% after deductible	20% after deductible
Urgent Care	\$60	40% after deductible	\$85	40% after deductible	\$85	40% after deductible	20% after deductible	40% after deductible

## Rx

Rx Individual / Family Deductible	\$0 / \$0		\$0 / \$0		\$0 / \$0		Included in Medical / Included in Medical	
Member Copay Tier 1/2	\$10 per script		\$5 per script / \$35 per script		\$5 per script / \$35 per script		\$5 per script after deductible / \$35 per script after deductible	
Member Copay Tier 3	\$40 per script		\$80 per script		\$75 per script		\$65 per script after deductible	
Member Copay Tier 4	\$100 per script		\$95 per script		\$90 per script		\$85 per script after deductible	
Member Copay Tier 5/6			20%, up to \$250 / 20%, up to \$450		20%, up to \$250 / 20%, up to \$450		20% after deductible, up to \$250 / 20% after deductible, up to \$450	
Mail Order	2.0x		2.0x		2.0x		2.0x after deductible	

Enrollment & Cost	CURRENT		RENEWAL		POS \$500		POS \$1000		POS HSA \$1650	
Employee Enrollment	10 / 10				10 / 10		10 / 10		10 / 10	
Employer Total	\$10,314.72	\$11,734.10			\$9,264.76			\$9,135.32	\$8,400.31	
Monthly Total	\$10,315	\$11,734			\$9,265			\$9,135	\$8,400	
Annual Total	\$123,777	\$140,809			\$111,177			\$109,624	\$100,804	
<b>Change from Current - \$</b>		<b>\$17,033</b>			<b>-\$12,600</b>			<b>-\$14,153</b>	<b>-\$22,973</b>	
<b>Change from Current - %</b>		<b>+13.8%</b>			<b>-10.2%</b>			<b>-11.4%</b>	<b>-18.6%</b>	

# Medical Side-by-side



	Renewal 		POS HSA \$2000 PriorityHealth		HMO \$475 PriorityHealth	HMO \$500 PriorityHealth
ALTERNATIVE						
MEDICAL PLANS	<a href="#">2025 Community Blue PPO Platinum Option 3 W/Elective Abortion</a>		<a href="#">PriorityHSA POS Gold G201</a>		<a href="#">PriorityHMO Platinum P47</a>	<a href="#">PriorityHMO Gold G50</a>
NETWORK	PPO		POS A		Priority HMO	Priority HMO
	IN	OUT	IN	OUT	IN-NETWORK ONLY	IN-NETWORK ONLY
Deductible - Individual	\$500	\$1,000	\$2,000	\$4,000	\$475	\$500
Deductible - Family	\$1,000	\$2,000	\$4,000	\$8,000	\$950	\$1,000
OOPM - Individual	\$8,700	\$17,400	\$6,950	\$13,900	\$2,000	\$9,100
OOPM - Family	\$17,400	\$34,800	\$13,900	\$27,800	\$4,000	\$18,200
Co-insurance	20%	40%	0%	30%	10%	20%
PCP	\$20	40% after deductible	\$0 after deductible	30% after deductible	\$15	\$30
Specialist	\$30	40% after deductible	\$0 after deductible	30% after deductible	\$40	\$50
X-Ray	20% after deductible	40% after deductible	\$0 after deductible	30% after deductible	\$45	20% after deductible
Lab	20% after deductible	40% after deductible	\$0 after deductible	30% after deductible	\$20	\$35
Inpatient Hospital	20% after deductible	40% after deductible	\$0 after deductible	30% after deductible	10% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	\$0 after deductible	30% after deductible	10% after deductible	20% after deductible
Emergency Room	\$150	\$150	\$0 after deductible	\$0 after deductible	\$250 after deductible	\$250 after deductible
Urgent Care	\$60	40% after deductible	\$0 after deductible	30% after deductible	\$75	\$85

## Rx

Rx Individual / Family Deductible	\$0 / \$0		Included in Medical / Included in Medical		\$0 / \$0	\$0 / \$0
Member Copay Tier 1/2	\$10 per script		\$5 per script after deductible / \$40 per script after deductible		\$5 per script / \$10 per script	\$5 per script / \$35 per script
Member Copay Tier 3	\$40 per script		\$80 per script after deductible		\$40 per script	\$80 per script
Member Copay Tier 4	\$100 per script		\$100 per script after deductible		\$80 per script	\$95 per script
Member Copay Tier 5/6			20% after deductible, up to \$250 / 20% after deductible, up to \$450		20%, up to \$200 / 20%, up to \$300	20%, up to \$250 / 20%, up to \$450
Mail Order	2.0x		2.0x after deductible		2.0x	2.0x

## Enrollment & Cost

	CURRENT	RENEWAL	POS HSA \$2000	HMO \$475	HMO \$500
Employee Enrollment	10 / 10		10 / 10	10 / 10	10 / 10
Employer Total	\$10,314.72	\$11,734.10	\$8,685.54	\$9,844.18	\$8,502.24
Monthly Total	\$10,315	\$11,734	\$8,686	\$9,844	\$8,502
Annual Total	\$123,777	\$140,809	\$104,226	\$118,130	\$102,027
<b>Change from Current - \$</b>		<b>\$17,033</b>	<b>-\$19,550</b>	<b>-\$5,646</b>	<b>-\$21,750</b>
<b>Change from Current - %</b>		<b>+13.8%</b>	<b>-15.8%</b>	<b>-4.6%</b>	<b>-17.6%</b>

# Medical Side-by-side



	Renewal		HMO HSA \$1650	HMO HSA \$2000	PPO \$500	
ALTERNATIVE						
MEDICAL PLANS	<a href="#">2025 Community Blue PPO Platinum Option 3 W/Elective Abortion</a>		<a href="#">PriorityHSA HMO Gold G16</a>	<a href="#">PriorityHSA HMO Gold G201</a>	<a href="#">HAP PPO Platinum A050</a>	
NETWORK	PPO		Priority HMO	Priority HMO	PPO	
	IN	OUT	IN-NETWORK ONLY	IN-NETWORK ONLY	IN	OUT
Deductible - Individual	\$500	\$1,000	\$1,650	\$2,000	\$500	\$3,000
Deductible - Family	\$1,000	\$2,000	\$3,300	\$4,000	\$1,000	\$6,000
OOPM - Individual	\$8,700	\$17,400	\$4,500	\$6,950	\$2,500	\$20,000
OOPM - Family	\$17,400	\$34,800	\$9,000	\$13,900	\$5,000	\$40,000
Co-insurance	20%	40%	20%	0%	0%	50%
PCP	\$20	40% after deductible	20% after deductible	\$0 after deductible	\$20	50% after deductible
Specialist	\$30	40% after deductible	20% after deductible	\$0 after deductible	\$40	50% after deductible
X-Ray	20% after deductible	40% after deductible	20% after deductible	\$0 after deductible	\$30 per procedure	50% after deductible
Lab	20% after deductible	40% after deductible	20% after deductible	\$0 after deductible	\$30 per procedure	50% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	20% after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Emergency Room	\$150	\$150	20% after deductible	\$0 after deductible	\$200	\$200
Urgent Care	\$60	40% after deductible	20% after deductible	\$0 after deductible	\$65	\$65

## Rx

Rx Individual / Family Deductible	\$0 / \$0		Included in Medical / Included in Medical	Included in Medical / Included in Medical	\$0 / \$0	
Member Copay Tier 1/2	\$10 per script		\$5 per script after deductible / \$35 per script after deductible	\$5 per script after deductible / \$40 per script after deductible	\$5 per script / \$15 per script	
Member Copay Tier 3	\$40 per script		\$65 per script after deductible	\$80 per script after deductible	\$30 per script	
Member Copay Tier 4	\$100 per script		\$85 per script after deductible	\$100 per script after deductible	\$60 per script	
Member Copay Tier 5/6			20% after deductible, up to \$250 / 20% after deductible, up to \$450	20% after deductible, up to \$250 / 20% after deductible, up to \$450	20%, up to \$200 per script / 50%, up to \$500 per script	
Mail Order	2.0x		2.0x after deductible	2.0x after deductible	1.0x	

Enrollment & Cost	CURRENT		RENEWAL	HMO HSA \$1650	HMO HSA \$2000	PPO \$500
Employee Enrollment	10 / 10			10 / 10	10 / 10	10 / 10
Employer Total	\$10,314.72	\$11,734.10		\$7,695.39	\$8,005.78	\$12,880.75
Monthly Total	\$10,315	\$11,734		\$7,695	\$8,006	\$12,881
Annual Total	\$123,777	\$140,809		\$92,345	\$96,069	\$154,569
<b>Change from Current - \$</b>		<b>\$17,033</b>		<b>-\$31,432</b>	<b>-\$27,707</b>	<b>\$30,792</b>
<b>Change from Current - %</b>		<b>+13.8%</b>		<b>-25.4%</b>	<b>-22.4%</b>	<b>+24.9%</b>




# Medical Side-by-side



	Renewal		HMO \$500	PPO \$500	
ALTERNATIVE				VEBA	
MEDICAL PLANS	<a href="#">2025 Community Blue PPO Platinum Option 3 W/Elective Abortion</a>		<a href="#">HAP HMO Platinum A050</a>	PPO \$500	
NETWORK	PPO		HMO	PPO	
	IN	OUT	IN-NETWORK ONLY	IN	OUT
Deductible - Individual	\$500	\$1,000	\$500	\$500	\$1,000
Deductible - Family	\$1,000	\$2,000	\$1,000	\$1,000	\$2,000
OOPM - Individual	\$8,700	\$17,400	\$2,500	\$8,700	\$17,400
OOPM - Family	\$17,400	\$34,800	\$5,000	\$17,400	\$34,800
Co-insurance	20%	40%	0%	20%	40%
PCP	\$20	40% after deductible	\$20	\$20	40% after deductible
Specialist	\$30	40% after deductible	\$40	\$30	40% after deductible
X-Ray	20% after deductible	40% after deductible	\$30 per procedure	20% after deductible	40% after deductible
Lab	20% after deductible	40% after deductible	\$30 per procedure	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	\$0 after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	\$0 after deductible	20% after deductible	40% after deductible
Emergency Room	\$150	\$150	\$200	\$150	\$150
Urgent Care	\$60	40% after deductible	\$65	\$60	40% after deductible
<b>Rx</b>					
Rx Individual / Family Deductible	\$0 / \$0		\$0 / \$0	\$0 / \$0	
Member Copay Tier 1/2	\$10 per script		\$5 per script / \$15 per script	\$10 per script	
Member Copay Tier 3	\$40 per script		\$30 per script	\$40 per script	
Member Copay Tier 4	\$100 per script		\$60 per script	\$100 per script	
Member Copay Tier 5/6			20%, up to \$200 per script / 50%, up to \$500 per script		
Mail Order	2.0x		2.0x	2.0x	
<b>Enrollment &amp; Cost</b>					
	CURRENT	RENEWAL	HMO \$500	VEBA PPO \$500	
Employee Enrollment	10 / 10		10 / 10	10 / 10	
Employer Total	\$10,314.72	\$11,734.10	\$10,624.71	\$12,989.70	
Monthly Total	\$10,315	\$11,734	\$10,625	\$12,990	
Annual Total	\$123,777	\$140,809	\$127,497	\$155,876	
<b>Change from Current - \$</b>		<b>\$17,033</b>	<b>\$3,720</b>	<b>\$32,100</b>	
<b>Change from Current - %</b>		<b>+13.8%</b>	<b>+3.0%</b>	<b>+25.9%</b>	


# Dental Renewal Analysis



CURRENT	 <a href="#">Blue Cross Blue Shield of Michigan Dental</a> <a href="#">PPO Plus 100/80/50 1000 SG</a> DPPO Network						
DENTAL PLANS NETWORK	IN	OUT					
Calendar Year Maximum	\$1,000	\$1,000					
Individual Deductible	\$25	\$25					
Family Deductible	\$75	\$75					
Waived for Preventive	Yes	Yes					
Class I - Preventive	100%	100%					
Class II - Basic	80%	80%					
Class III - Major	50%	50%					
Class IV - Orthodontia	Not Covered	Not Covered					
Enrollment & Cost	CURRENT	RENEWAL					
Employee Enrollment	10 / 10						
Employer Total	\$373.49	\$372.97					
Monthly Total	\$373	\$373					
Annual Total	\$4,482	\$4,476					
<b>Change from Current - \$</b>		<b>-\$6</b>					
<b>Change from Current - %</b>		<b>-0.1%</b>					
<b>Rate Guarantee</b>		<b>1 year</b>					

# Vision Renewal Analysis



CURRENT								
VISION PLANS	<a href="#">Blue Cross Blue Shield of Michigan Mutual Insurance Company VisionSM 12-12-12-</a>							
NETWORK	<a href="#">\$5/\$10</a> <b>VPPO Network</b>							
	<b>IN-NETWORK ONLY</b>							
Exams Frequency	1x every 12 months							
Lenses Frequency	1x every 12 months							
Frames Frequency	1x every 12 months							
Contacts Frequency	1x every 12 months							
Exam Copay	\$5							
Materials Copay	\$10							
Contacts Allowance	\$130							
Frame Allowance	\$130							
<b>Enrollment &amp; Cost</b>	<b>CURRENT</b>	<b>RENEWAL</b>						
Employee Enrollment	10 / 10							
Employer Total	\$60.02	\$60.27						
Monthly Total	\$60	\$60						
Annual Total	\$720	\$723						
<b>Change from Current - \$</b>		<b>\$3</b>						
<b>Change from Current - %</b>		<b>+0.4%</b>						
<b>Rate Guarantee</b>		<b>1 year</b>						

## Disclaimers

The information contained herein is intended to serve only as a brief outline of the various insurance coverages. To avoid misunderstanding or misinterpretation as to the full scope of protection afforded, reference must be made to the respective policies for complete coverage details.

# **NEW BUSINESS #2**

Historical Society request to use township hall and property for Pioneer Day.

## Terri Medor

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**From:** Pam Moughler  
**Sent:** Tuesday, January 28, 2025 11:25 AM  
**To:** Terri Medor  
**Subject:** FW: Pioneer Day 2025

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**From:** kayla hayes <kaylahayes172@gmail.com>  
**Sent:** Friday, January 17, 2025 6:24 PM  
**To:** SUPERVISOR <SUPERVISOR@tyronetownship.us>; Pam Moughler <pmoughler@tyronetownship.us>; Jennifer Eden <jeden@tyronetownship.us>; herm.ferguson72@gmail.com; Tyrone Township Historical Society <tyronehistory@gmail.com>  
**Subject:** Pioneer Day 2025

Hello Tyrone Township Board ,

My name is Kayla Ferguson from the Tyrone Historical Society. I'm emailing you to request to use the township hall and property for our 3rd Pioneer day event. This has become a great event that the community looks forward to and was missed last year by the community. The event would be held July 19th from 10:00-4:00, set up would be Friday July 18th and tear down would be July 19th after Pioneer Day. We will be getting our insurance from Hartland Insurance for the event. We are really hopeful that the board will consider this event for our community!

Thank you for your time,

Kayla Ferguson

# NEW BUSINESS #3

Closed session to discuss pending litigation pursuant to Section 8(e) of the 1976 Open Meetings Act.

*No documents attached.*