



**TO:** Plymouth District Library Board      **DATE:** May 9, 2023  
**RE:** Medical Insurance Renewal,      **FROM:** Shauna Anderson,  
Approval      Director

To continue supporting our full time employees with Medical Insurance coverage, we must renew that coverage starting July 1, 2023. We received proposals from our insurance broker, Kapnick that indicates changes to our current offerings.

Since we carry a retiree medical pool alongside our employee pool (through the VEBA plan), very few carriers will bid on our group. In fact, for the past few years, only Blue Cross Blue Shield will consider us. Each year, our costs increase by a significant amount, because we are not competitive in the insurance marketplace. This is also the first year that this is impacting the quality of our coverage in addition to our costs.

Kapnick has provided us with three proposals from Blue Cross Blue Shield which are attached to this memo. The first option, and my recommendation for the board to move forward in approving, maintains equivalent coverage with higher Out-Of-Pocket Maximums for all employees. The other options significantly degrade the quality of our coverage—moving us from a platinum level account to Gold.

The recommended option increases our annual premiums by 7.29% (\$16,208.40 total). Since we are a government agency, we are mandated by PA 152 to cap our insurance premiums for our employee pool to \$209,891.01 (see attached for more information). At our current employee coinsurance rates, we achieve this standard, therefore I am recommending that we maintain the same employee coinsurance rates below. Due to the increased cost to PDL as an employer, the costs for 10 year VEBA participants will also increase, as noted below.

I suggest that the board approve moving forward with the BCN Healthy Living HMO Platinum 500 insurance with the coinsurance rates listed below:

Individual Employee/20 year VEBA	\$65
Spouse Employee/20 year VEBA	\$127
Employee + Child	\$121
Employee Family	\$190
Individual 10 year VEBA	\$229
Spouse 10 year VEBA	\$458

Resolved by Trustee \_\_\_\_\_, seconded by Trustee \_\_\_\_\_, to approve the Plymouth District Library's moving forward with the BCN Healthy Living HMO Platinum 500 insurance option along with the above listed coinsurance rates.

ROLL CALL:

# Medical Renewal | Plymouth District Library

Renewal Period: 07/01/2023 - 06/30/2024

	CURRENT PLAN		RENEWAL PLAN		
	00235032-0001-0001, -0002 Healthy Blue Living HMO Platinum 500		00235032-0001-0001, -0002 Healthy Blue Living HMO Platinum 500		
	<u>Enhanced</u>	<u>Standard</u>	<u>Enhanced</u>	<u>Standard</u>	
Deductible:	\$500/1000	\$1250/2500	\$500/1000	\$1250/2500	
Coinsurance:	100%	80/20%	100%	80/20%	
Coinsurance Maximum:	None	\$2500/5000	None	<b>None</b>	
Out of Pocket Maximum: <sup>1</sup>	\$1500/3000	\$6600/13,200	<b>\$2000/4000</b>	<b>\$4000/8000</b>	
Office Visit Copay:	\$20	\$30	\$20	\$30	
Specialist Office Visit Copay:	\$30	\$40	\$30	\$40	
Chiropractic Office Visit Copay:	\$30; when referred 30 visits max	\$40; when referred 30 visits max	\$30; when referred 30 visits max	\$40; when referred 30 visits max	
Urgent Care Copay:	\$35	\$50	\$35	\$50	
Emergency Room Copay:	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	
Voluntary Abortion:	Included	Included	Included	Included	
Pediatric Vision:	Included	Included	Included	Included	
Prescription Drug Benefit: <sup>3</sup>	\$4 Val. Generic/ \$15 Generic/ \$40 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpref. Spec. max. \$300/ Mail Order 3x less \$10	\$6 Val. Generic/ \$25 Generic/ \$50 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpref. Spec. max. \$300/ Mail Order 3x less \$10	\$4 Val. Generic/ \$15 Generic/ \$40 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpref. Spec. max. \$300/ Mail Order 3x less \$10	\$6 Val. Generic/ \$25 Generic/ \$50 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpref. Spec. max. \$300/ Mail Order 3x less \$10	
<b>Medical, Rx</b>	<u>Current Rates<sup>2</sup></u>		<u>Renewal Rates<sup>2</sup></u>		<u>% Difference</u>
Single	9	Age Banded		Age Banded	
Two Person	8	Age Banded		Age Banded	
Family	3	Age Banded		Age Banded	
<b>Enrolled Employees</b>	20				
<b>Enrolled Members</b>	38				
<b>Monthly Cost</b>					
Premium		\$18,528.45		\$19,879.15	
<b>Total Monthly Cost</b>		\$18,528.45		\$19,879.15	
<b>Annual Cost</b>					
Premium		\$222,341.40		\$238,549.80	7.29%
<b>Total Annual Cost</b>		\$222,341.40		\$238,549.80	
<b>Difference</b>				\$16,208.40	7.29%

A.M.Best Rating: A (Excellent)

<sup>1</sup> Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

<sup>2</sup> Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

<sup>3</sup> Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.



# HMO Medical Renewal with Options | Plymouth District Library

Renewal Period: 07/01/2023 - 06/30/2024

	Current/Renewal				Option 1	
<b>CARRIER</b>	Blue Care Network				Blue Care Network	
<b>Benefit Plan</b>	Healthy Blue Living HMO Platinum 500				Healthy Blue Living HMO Gold 1000	
Deductible <i>In-Network</i>	<u>Enhanced</u> \$500/1000	<u>Standard</u> \$1250/2500	<u>Enhanced</u> \$500/1000	<u>Standard</u> \$1250/2500	<u>Enhanced</u> <b>\$1000/2000</b>	<u>Standard</u> <b>\$3000/6000</b>
Coinsurance <i>In-Network</i>	100%	80/20%	100%	80/20%	<b>80/20%</b>	<b>70/30%</b>
Coinsurance Maximum <i>In-Network</i>	None	\$2500/5000	None	<b>None</b>	<b>\$3500/7000</b>	<b>\$4000/8000</b>
Out-of-Pocket Maximum <i>In-Network</i>	\$1500/3000	\$6600/13,200	<b>\$2000/4000</b>	<b>\$4000/8000</b>	<b>\$8150/16,300</b>	<b>\$8150/16,300</b>
Office Visit Copay	\$20	\$30	\$20	\$30	<b>\$30</b>	<b>\$40</b>
Specialist Office Visit Copay	\$30	\$40	\$30	\$40	<b>\$40</b>	<b>\$60</b>
Chiropractic Copay	\$30; 30 visits max. (when referred)	\$40; 30 visits max. (when referred)	\$30; 30 visits max. (when referred)	\$40; 30 visits max. (when referred)	<b>\$40;</b> 30 visits max. (when referred)	<b>\$60;</b> 30 visits max. (when referred)
Urgent Care Copay	\$35	\$50	\$35	\$50	<b>\$50</b>	<b>\$60</b>
Emergency Room Copay	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	<b>\$250;</b> subject to ded.
Voluntary Abortion	Included		Included		Included	
Prescription Drugs	\$4 Generic/ \$15 Generic/ \$40 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$6 Generic/ \$25 Generic/ \$50 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$4 Generic/ \$15 Generic/ \$40 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$6 Generic/ \$25 Generic/ \$50 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	<b>\$10</b> Generic/ <b>\$30</b> Generic/ <b>\$60</b> Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	<b>\$15</b> Generic/ <b>\$40</b> Generic/ <b>\$60</b> Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10
Pediatric Vision: A.M. Best Rating	Included		Included		Included	
<b>Rate</b>	A (Excellent)				A (Excellent)	
	Employee	9	Age	Age	Age	Age
	Employee + One	8	Banded	Banded	Banded	Banded
	Family	3	Rates	Rates	Rates	Rates
		20				
<b>Total Monthly Cost</b>		<b>\$18,528.45</b>		<b>\$19,879.15</b>		<b>\$16,853.77</b>
<b>Total Annual Cost</b>		<b>\$222,341.40</b>		<b>\$238,549.80</b>		<b>\$202,245.24</b>
<b>Difference</b>				<b>\$16,208.40</b>		<b>-\$20,096.16</b>
<b>% Difference</b>				<b>7.29%</b>		<b>-9.04%</b>

Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

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# HMO Medical Renewal with Options | Plymouth District Library

Renewal Period: 07/01/2023 - 06/30/2024

	Current/Renewal				Option 2	
<b>CARRIER</b>	Blue Care Network				Blue Care Network	
<b>Benefit Plan</b>	Healthy Blue Living HMO Platinum 500				Healthy Blue Living HMO Gold 1500	
Deductible <i>In-Network</i>	<u>Enhanced</u> \$500/1000	<u>Standard</u> \$1250/2500	<u>Enhanced</u> \$500/1000	<u>Standard</u> \$1250/2500	<u>Enhanced</u> <b>\$1500/3000</b>	<u>Standard</u> <b>\$4000/8000</b>
Coinsurance <i>In-Network</i>	100%	80/20%	100%	80/20%	<b>80/20%</b>	<b>70/30%</b>
Coinsurance Maximum <i>In-Network</i>	None	\$2500/5000	None	<b>None</b>	<b>\$2500/5000</b>	<b>None</b>
Out-of-Pocket Maximum <i>In-Network</i>	\$1500/3000	\$6600/13,200	<b>\$2000/4000</b>	<b>\$4000/8000</b>	<b>\$6600/13,200</b>	\$6600/13,200
Office Visit Copay	\$20	\$30	\$20	\$30	<b>\$30</b>	<b>\$40</b>
Specialist Office Visit Copay	\$30	\$40	\$30	\$40	<b>\$40</b>	<b>\$60</b>
Chiropractic Copay	\$30; 30 visits max. (when referred)	\$40; 30 visits max. (when referred)	\$30; 30 visits max. (when referred)	\$40; 30 visits max. (when referred)	<b>\$40;</b> 30 visits max. (when referred)	<b>\$60;</b> 30 visits max. (when referred)
Urgent Care Copay	\$35	\$50	\$35	\$50	<b>\$50</b>	<b>\$60</b>
Emergency Room Copay	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	<b>\$250;</b> subject to ded.
Voluntary Abortion	Included		Included		Included	
Prescription Drugs	\$4 Generic/ \$15 Generic/ \$40 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$6 Generic/ \$25 Generic/ \$50 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$4 Generic/ \$15 Generic/ \$40 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$6 Generic/ \$25 Generic/ \$50 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	<b>\$6 Generic/ \$25 Generic/ \$50 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10</b>	<b>\$10 Generic/ \$30 Generic/ \$60 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10</b>
Pediatric Vision: A.M. Best Rating	Included		Included		Included	
<b>Rate</b>	A (Excellent)		A (Excellent)		A (Excellent)	
	Employee	9	Age Banded Rates	Age Banded Rates	Age Banded Rates	Age Banded Rates
	Employee + One	8				
	Family	3				
		20				
<b>Total Monthly Cost</b>	<b>\$18,528.45</b>		<b>\$19,879.15</b>		<b>\$16,750.33</b>	
<b>Total Annual Cost</b>	<b>\$222,341.40</b>		<b>\$238,549.80</b>		<b>\$201,003.96</b>	
<b>Difference</b>			<b>\$16,208.40</b>		<b>-\$21,337.44</b>	
<b>% Difference</b>			<b>7.29%</b>		<b>-9.60%</b>	

Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

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# HMO Medical Renewal with Options | Plymouth District Library

Renewal Period: 07/01/2023 - 06/30/2024

	Current/Renewal				Option 3
<b>CARRIER</b>	Blue Care Network				Blue Care Network
<b>Benefit Plan</b>	Healthy Blue Living HMO Platinum 500				HSA HMO Gold 1500
Deductible <i>In-Network</i>	<u>Enhanced</u> \$500/1000	<u>Standard</u> \$1250/2500	<u>Enhanced</u> \$500/1000	<u>Standard</u> \$1250/2500	<b>\$1500/3000</b>
Coinsurance <i>In-Network</i>	100%	80/20%	100%	80/20%	<b>80/20%</b>
Coinsurance Maximum <i>In-Network</i>	None	\$2500/5000	None	<b>None</b>	None
Out-of-Pocket Maximum <i>In-Network</i>	\$1500/3000	\$6600/13,200	<b>\$2000/4000</b>	<b>\$4000/8000</b>	<b>\$4000/8000</b>
Office Visit Copay	\$20	\$30	\$20	\$30	<b>Subject to ded./coins.</b>
Specialist Office Visit Copay	\$30	\$40	\$30	\$40	<b>Subject to ded./coins.</b>
Chiropractic Copay	\$30; 30 visits max. (when referred)	\$40; 30 visits max. (when referred)	\$30; 30 visits max. (when referred)	\$40; 30 visits max. (when referred)	<b>Subject to ded./coins.;</b> 30 visits max. (when referred)
Urgent Care Copay	\$35	\$50	\$35	\$50	<b>Subject to ded./coins.</b>
Emergency Room Copay	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	\$150; subject to ded.	<b>Subject to ded./coins.</b>
Voluntary Abortion	Included		Included		Included
Prescription Drugs	\$4 Generic/ \$15 Generic/ \$40 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$6 Generic/ \$25 Generic/ \$50 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$4 Generic/ \$15 Generic/ \$40 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	\$6 Generic/ \$25 Generic/ \$50 Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10	<b>Subject to deductible, then:</b> <b>\$10</b> Generic/ <b>\$30</b> Generic/ <b>\$60</b> Pref./ \$80 Nonpref./ 20% Spec. (max. \$200)/ 20% Nonpref. Spec. (max. \$300)/ Mail Order 3x less \$10
Pediatric Vision: A.M. Best Rating	Included		Included		Included
<b>Rate</b>	A (Excellent)				A (Excellent)
	Employee	Age	Age	Age	Age
	Employee + One	Banded	Banded	Banded	Banded
	Family	Rates	Rates	Rates	Rates
	9				
	8				
	3				
	20				
<b>Total Monthly Cost</b>	<b>\$18,528.45</b>		<b>\$19,879.15</b>		<b>\$15,656.34</b>
<b>Total Annual Cost</b>	<b>\$222,341.40</b>		<b>\$238,549.80</b>		<b>\$187,876.08</b>
<b>Difference</b>			<b>\$16,208.40</b>		<b>-\$34,465.32</b>
<b>% Difference</b>			<b>7.29%</b>		<b>-15.50%</b>

Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

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STATE OF MICHIGAN  
DEPARTMENT OF TREASURY

GRETCHEN WHITMER  
GOVERNOR

RACHAEL EUBANKS  
STATE TREASURER

**March 22, 2022**

**PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS  
ANNUAL COST LIMITATIONS – CALENDAR YEAR 2023**

For a medical benefit plan coverage year beginning on or after January 1, 2012, MCL 15.563, as last amended by 2018 Public Act 477, sets a limit on the amount that a public employer may contribute to a medical benefit plan.

For medical benefit plan coverage years beginning on or after January 1, 2013, MCL 15.563 provides that the dollar amounts that are multiplied by the number of employees with each coverage type be adjusted annually. Specifically, the dollar amounts shall be adjusted, by October 1 of each year after 2011 and before 2019, by the change in the medical care component of the United States consumer price index for the most recent 12-month period for which data are available. By April 1 of each year after 2018, the dollar amounts shall be adjusted by the change in the medical care component of the U.S. consumer price index for the most recent 12-month period for which data are available. For calendar year 2022, the limit on the amount that a public employer may contribute to a medical benefit plan was set to the sum of the following:

- \$7,304.51 times the number of employees and elected public officials with single-person coverage
- \$15,276.01 times the number of employees and elected public officials with individual-and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$19,921.45 times the number of employees and elected public officials with family coverage.

The limits for 2023 equal the 2022 limits increased by **1.3 percent**. The 1.3 percent is the percentage change in the medical care component from the period March 2020-February 2021 to the period March 2021-February 2022.

Thus, for medical benefit plan coverage years beginning on or after January 1, 2023, the limit on the amount that a public employer may contribute to a medical benefit plan equals the sum of the following:

- \$7,399.47 times the number of employees and elected public officials with single-person coverage
- \$15,474.60 times the number of employees and elected public officials with individual -and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$20,180.43 times the number of employees and elected public officials with family coverage.

*Rachael Eubanks*

Rachael Eubanks  
State Treasurer

March 22, 2022

9.2



**TO:** Plymouth District Library Board     **DATE:** May 9, 2023  
**RE:** Life/Disability Insurance             **FROM:** Shauna Anderson,  
Renewal, Approval     Director

It is time to renew our Life and Disability Insurance Coverage. This year, Kapnick provided us with a quote for the same coverage from Mutual of Omaha along with a quote from One America for comparison. Since the renewal from MOO does not carry any additional costs, and we are very happy with their service, I recommend that we move forward with their proposal, totaling \$13,690.44 annually.

Resolved by Trustee \_\_\_\_\_, seconded by Trustee \_\_\_\_\_, to approve renewing the Plymouth District Library's Life and Disability Insurance Coverage with Mutual of Omaha, totaling \$13,690.44 annually.

ROLL CALL:



## Life/AD&D Renewal | Plymouth District Library

Renewal Period: 07/01/2023 - 06/30/2024

	Current/Renewal	
<b>CARRIER</b>	<b>Mutual of Omaha</b>	
<b>Life/AD&amp;D</b>		
Benefit	2x Salary to \$150,000	
Guarantee Issue Maximum	Full Benefit	
Reduction Schedule	65% at age 70; 50% at age 75	
Accelerated Death Benefit	50% to \$75,000	
	<b><u>Current</u></b>	<b><u>Renewal</u></b>
Employees	19	19
Volume	2,226,000	2,226,000
Rate	\$0.185	\$0.185
<b>Total Monthly Premium</b>	<b>\$411.81</b>	<b>\$411.81</b>
<b>Total Annual Premium</b>	<b>\$4,941.72</b>	<b>\$4,941.72</b>
<b>Annual Difference</b>		<b>\$0.00</b>
<b>% Difference from Current</b>		<b>0.00%</b>

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# Short Term Disability Renewal | Plymouth District Library

Renewal Period: 07/01/2023 - 06/30/2024

	Current/Renewal	
<b>CARRIER</b>	<b>Mutual of Omaha</b>	
<b>Short Term Disability</b>		
Benefit	60% to \$800 weekly maximum	
Waiting Period	8 days illness/1 day injury	
Benefit Duration	13 weeks	
	<u>Current</u>	<u>Renewal</u>
Employees	19	19
Covered Benefit (Volume)	\$12,600	\$12,600
Rate	\$0.310	\$0.310
<b>Total Monthly Premium</b>	<b>\$390.61</b>	<b>\$390.61</b>
<b>Total Annual Premium</b>	<b>\$4,687.34</b>	<b>\$4,687.34</b>
<b>Annual Difference</b>		<b>\$0.00</b>
<b>% Difference from Current</b>		<b>0.00%</b>

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

## Long Term Disability Renewal | Plymouth District Library

Renewal Period: 07/01/2023 - 06/30/2024

	Current/Renewal	
<b>CARRIER</b>	<b>Mutual of Omaha</b>	
<b>Long Term Disability</b>		
Benefit	66 2/3% to \$5000 monthly maximum	
Elimination Period	90 days	
Benefit Duration	If disabled prior to age 62, benefits are payable to age 65, SSNRA, or 3.5 years, whichever is longest	
Own Occupation Period	24 month	
	<u>Current</u>	<u>Renewal</u>
Employees	19	19
Covered Payroll (Volume)	\$94,013	\$94,013
Rate	\$0.360	\$0.360
<b>Total Monthly Premium</b>	<b>\$338.45</b>	<b>\$338.45</b>
<b>Total Annual Premium</b>	<b>\$4,061.35</b>	<b>\$4,061.35</b>
<b>Annual Difference</b>		<b>\$0.00</b>
<b>% Difference from Current</b>		<b>0.00%</b>

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.



## OneAmerica Life & Disability Solutions

As your trusted Insurance Broker, we strongly feel it's our responsibility to bring insight into industry needs, trends and options associated with ways to help attract and retain your most important asset - YOUR EMPLOYEES!

Group Life/AD&D, Short-Term and Long-Term Disability are all important components to an Employee Benefit package. We have collaborated with OneAmerica®, one of the nations' leading insurance carriers to provide you and your employees with very attractive pricing, generous benefits while being offered on a Guarantee Issue basis - meaning no health questions are asked, in most instances.

### Employer Paid Group Life/AD&D:

- \$10,000 benefit- **\$3.00** per month per insured (rate .28/.02)
- \$25,000 benefit- **\$7.50** per month per insured (rate .28/.02)
- \$50,000 benefit- **\$15.00** per month per insured (rate .28/.02)

### Employer Paid Short-Term Disability:

- Benefits begin after 30 calendar days of Sickness or Injury and paid for up to 13 weeks with a \$500 weekly maximum benefit- **\$7.50** per month per insured (rate .15/\$10)
- Benefits begin after 14 calendar days of Sickness or Injury and paid for up to 13 weeks with a \$500 weekly maximum benefit- **\$11.00** per month per insured (rate .22/\$10)
- Benefits begin after 7 calendar days of Sickness or Injury and paid for up to 13 weeks with a \$500 weekly maximum benefit- **\$13.50** per month per insured (rate .27/\$10)

### Employer Paid Long-Term Disability:

- Benefits begin after 90 calendar days or when STD ends, if in place, and paid for up to 2 Years in most instances for qualifying disabilities with a \$6,000 monthly maximum benefit- **\$8.75** per month per insured (rate .21%)
- Benefits begin after 90 calendar days or when STD ends, if in place, and paid for up to 5 Years in most instances for qualifying disabilities with a \$6,000 monthly maximum benefit- **\$10.42** per month per insured (rate .25%)
- Benefits begin after 90 calendar days or when STD ends, if in place, and paid for up to insured's 67<sup>th</sup> Birthday in most instances for qualifying disabilities with a \$6,000 monthly maximum benefit- **\$15.00** per month per insured (rate .36%)

When at least two of the above coverages are offered, an Employee Assistance Program (EAP) is included at NO additional cost. This provides your insured employees with counseling on an unlimited telephonic/web basis and up to 3 face-to-face working sessions with a local counselor. Travel Resource Services are also extended on the Group Life/AD&D program. Offering a wide range of concierge type services anytime your insured employee is traveling more than 100 miles from their main residence - both domestically and internationally.

Contact us for more information and next steps on implementing Group Life/AD&D, Short-Term Disability, and Long-Term Disability.

OneAmerica also offers the above products on a Voluntary basis, meaning the employee pays the full cost of the benefit programs.

The above premiums are for illustrative purposes only based on 10+ insureds. Pricing for 2-9 insureds is based on age banded rates and vary from the above sample pricing. To obtain exact pricing based on the demographics of your group, please consult with your broker on specifics.

OneAmerica® is the marketing name for the companies of OneAmerica. Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company. Not available in all states or may vary by state. Kapnick is not an affiliate of the companies of OneAmerica.

**PREFERRED**

9.3



**TO:** Plymouth District Library Board  
**RE:** Dental & Vision Contract  
Extension, Approval

**DATE:** May 5, 2023  
**FROM:** Shauna Anderson,  
Director

To align our open enrollment dates for all insurance coverage, our broker is recommending that we extend our current contract with Delta Dental/Vision for another 6 months. Delta is amenable to the extension with no additional costs or plan changes at this time. I recommend that we move forward with this extension to capitalize on the almost 5% cost-savings realized at our last dental renewal in 2022.

Resolved by Trustee \_\_\_\_\_, seconded by Trustee \_\_\_\_\_, to approve extending the Plymouth District Library's current contract with Delta Dental/Vision for another 6 months.

AYES \_\_\_\_\_

NAYS \_\_\_\_\_



**TO:** Plymouth District Library Board      **DATE:** May 9, 2023  
**RE:** Collection Audit Overview            **FROM:** Shauna Anderson,  
Director

Adult Services Coordinator, Holly Hibner, will be joining us for a presentation on the library's upcoming collection audit. The audit process was designed in coordination with a team of graduate students at University of Michigan School of Information. It is designed to help us understand the level of diverse representation present in our current collection, using the benchmarks created from last year's objectives.

Holly has already completed a sample audit of the Adult Biography collection, and the results are tremendously helpful in understanding areas where we need to supplement and correct in order to provide a broad range of perspectives that represents the demographics of our community.