9.1

PLYMOUTH DISTRICT LIBRARY

TO:	Plymouth District Library Board	**DATE:**	May 14, 2025
RE:	Medical Insurance Renewal, Approval	**FROM:**	Shauna Anderson, Library Director

To continue supporting our full time employees with Medical Insurance coverage, we must renew that coverage starting July 1, 2024. We received proposals from our insurance broker, Kapnick that increases our premiums in order to maintain our current offerings.

Kapnick has provided us with varied proposals from multiple insurers which are attached to this memo. The first option, and my recommendation for the board to move forward in approving, maintains equivalent coverage for all employees. The other options significantly degrade the quality of our coverage or are cost prohibitive.

The recommended option increases our annual premiums by 15.79%. This is the largest annual increase I have ever seen. Kapnick highlighted the following reasons for the immense rate increases in the insurance marketplace overall:

- Increased costs for inpatient and outpatient services, driven by surgical and medical spend categories.
- Increased utilization of professional services, including psychiatric services and office administered drugs.
- Increase in the overall utilization and price of specialty and brand drugs. Specific categories driving trend include GLP-1 agonists (for diabetic therapy) and auto-immune drugs.

Since we are a government agency, we are mandated by PA 152 to cap our insurance premiums for our employee pool. 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/reimbursement rates for 10 year VEBA participants under the age of 65 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:

Employee Individual	20 year VEBA Individual	$65
Employee + Spouse	20 year VEBA + Spouse	$127
Employee + Child	-	$121
Employee + Family	-	$190
-	10 year VEBA Individual	$325
-	10 year VEBA + Spouse	$650

RESOLVED BY TRUSTEE _____, SECONDED BY TRUSTEE _____, TO APPROVE THE PLYMOUTH DISTRICT LIBRARY MOVING FORWARD WITH THE BCN HEALTHY LIVING HMO PLATINUM 500 INSURANCE OPTION ALONG WITH THE ABOVE LISTED COINSURANCE RATES.

ROLL CALL:

Kapnick

Medical Benefit Comparison for Plymouth District Library
Prepared by Chloe Cramer
48170 (Plymouth, MI, Wayne), Medical #1: 00235032_0001_0001; _0002

	Current Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2024	Renewal Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2025	Alternate 1 Blue Cross Blue Shield Community Blue PPO Platinum Option 3 EA 7/1/2025		Alternate 2 Blue Cross Blue Shield Simply Blue PPO Gold Option 1 EA 7/1/2025	
	HMO	HMO	PPO		PPO	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	$500	$500	$500	**$1,000**	$500	**$1,000**
Family	$1,000	$1,000	$1,000	**$2,000**	$1,000	**$2,000**
Coinsurance						
Coinsurance	0%	0%	**20%**	**40%**	**30%**	**50%**
Individual Max	Not Applicable	Not Applicable	**$2,000**	**$4,000**	**$5,000**	**$10,000**
Family Max	Not Applicable	Not Applicable	**$4,000**	**$8,000**	**$10,000**	**$20,000**
Annual Out of Pocket Max						
Individual	$2,000	$2,000	**$8,700**	**$17,400**	**$8,150**	**$16,300**
Family	$4,000	$4,000	**$17,400**	**$34,800**	**$16,300**	**$32,600**
Physician Office Services						
Primary Care	$10	$10	**$20**	**40% after deductible**	**$30**	**50% after deductible**
Specialist	$30	$30	$30	**40% after deductible**	**$50**	**50% after deductible**
Virtual Visit	$0	$0	**$20**	**Not Covered**	**$30**	**Not Covered**
Rehabilitative Care						
Chiropractic	$30	$30	**$20**	**40% after deductible**	$30	**50% after deductible**
Number of Chiropractic Visits	30	30	30		30	
Hospital Services						
Urgent Care	$35	$35	**$60**	**40% after deductible**	**$60**	**50% after deductible**
Emergency Room	$150 Copay after deductible	$150 Copay after deductible	**$150**	**$150**	**$250**	**$250**
Prescription Drugs						
Generic	$4/$15	$4/$15	**$10**	**$10+25%**	**$20**	**$20+25%**
Preferred Brand	$40	$40	$40	**$40+25%**	**$60**	**$60+25%**
Non-Preferred Brand	$80	$80	**$100**	**$100+25%**	**$100**	**$100+25%**
Preferred Specialty	20%/$200 max	20%/$200 max	**$40**	**$40+25%**	20%/$200 max	**20%/$200 max+25%**
Non-Preferred Specialty	20%/$300 max	20%/$300 max	**$100**	**$100+25%**	**25%/$300 max**	**25%/$300 max+25%**
Pediatric Vision						
	Included	Included	Included		Included	
A.M. Best Rating						
	A (Excellent)	A (Excellent)	A (Excellent)		A (Excellent)	
Employee Count	15	15	15		15	
Employee + Spouse Count	6	6	6		6	
Employee + Children Count	0	0	0		0	
Family Count	2	2	2		2	
Total Number of Employees	23	23	23		23	
Monthly Total Premium	$21,249.06	$24,603.64	$32,637.99		$26,919.10	
Annual Total Premium	**$254,988.72**	**$295,243.68**	**$391,655.88**		**$323,029.20**	
Change From Current (%)		15.79%	53.60%		26.68%	
Change From Current ($)		$40,254.96	$136,667.16		$68,040.48	

Kapnick

Medical Benefit Comparison for Plymouth District Library
Prepared by Chloe Cramer
48170 (Plymouth, MI, Wayne), Medical #1: 00235032_0001_0001; _0002

	Current Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2024	Renewal Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2025	Alternate 3 Blue Cross Blue Shield Simply Blue PPO Gold Option 4 EA 7/1/2025		Alternate 4 Blue Cross Blue Shield Simply Blue PPO Gold Option 7 EA 7/1/2025	
	HMO	HMO	PPO		PPO	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	$500	$500	**$2,000**	**$4,000**	**$4,000**	**$8,000**
Family	$1,000	$1,000	**$4,000**	**$8,000**	**$8,000**	**$16,000**
Coinsurance						
Coinsurance	0%	0%	**20%**	**40%**	**20%**	**40%**
Individual Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Family Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Annual Out of Pocket Max						
Individual	$2,000	$2,000	**$7,350**	**$14,700**	**$6,600**	**$13,200**
Family	$4,000	$4,000	**$14,700**	**$29,400**	**$13,200**	**$26,400**
Physician Office Services						
Primary Care	$10	$10	**$30**	**40% after deductible**	**$30**	**40% after deductible**
Specialist	$30	$30	**$50**	**40% after deductible**	**$50**	**40% after deductible**
Virtual Visit	$0	$0	**$30**	**Not Covered**	**$30**	**Not Covered**
Rehabilitative Care						
Chiropractic	$30	$30	$30	**40% after deductible**	$30	**40% after deductible**
Number of Chiropractic Visits	30	30	30		30	
Hospital Services						
Urgent Care	$35	$35	**$60**	**40% after deductible**	**$60**	**40% after deductible**
Emergency Room	$150 Copay after deductible	$150 Copay after deductible	**$150**	**$150**	**$150**	**$150**
Prescription Drugs						
Generic	$4/$15	$4/$15	**$20**	**$20+25%**	**$15**	**$15+25%**
Preferred Brand	$40	$40	**$60**	**$60+25%**	**$50**	**$50+25%**
Non-Preferred Brand	$80	$80	**$100**	**$100+25%**	**$100**	**$100+25%**
Preferred Specialty	20%/$200 max	20%/$200 max	20%/$200 max	**20%/$200 max+25%**	20%/$200 max	**20%/$200 max+25%**
Non-Preferred Specialty	20%/$300 max	20%/$300 max	**25%/$300 max**	**25%/$300 max+25%**	**25%/$300 max**	**25%/$300 max+25%**
Pediatric Vision						
	Included	Included	Included		Included	
A.M. Best Rating						
	A (Excellent)	A (Excellent)	A (Excellent)		A (Excellent)	
Employee Count	15	15	15		15	
Employee + Spouse Count	6	6	6		6	
Employee + Children Count	0	0	0		0	
Family Count	2	2	2		2	
Total Number of Employees	23	23	23		23	
Monthly Total Premium	$21,249.06	$24,603.64	$25,505.87		$24,601.80	
Annual Total Premium	**$254,988.72**	**$295,243.68**	**$306,070.44**		**$295,221.60**	
Change From Current (%)		15.79%	20.03%		15.78%	
Change From Current ($)		$40,254.96	$51,081.72		$40,232.88	

Kapnick

Medical Benefit Comparison for Plymouth District Library
Prepared by Chloe Cramer
48170 (Plymouth, MI, Wayne), Medical #1: 00235032_0001_0001; _0002

	Current Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2024	Renewal Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2025	Alternate 5 Blue Care Network Blue Elect Plus POS Gold Option 1 EA 7/1/2025	
	HMO	HMO	**POS**	
	In-Network	In-Network	In-Network	Out-of-Network
Deductible				
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded
Individual	$500	$500	$500	**$1,000**
Family	$1,000	$1,000	$1,000	**$2,000**
Coinsurance				
Coinsurance	0%	0%	**20%**	**40%**
Individual Max	Not Applicable	Not Applicable	**$5,000**	**$10,000**
Family Max	Not Applicable	Not Applicable	**$10,000**	**$20,000**
Annual Out of Pocket Max				
Individual	$2,000	$2,000	**$9,100**	**$18,200**
Family	$4,000	$4,000	**$18,200**	**$36,400**
Physician Office Services				
Primary Care	$10	$10	**$30**	**40% after deductible**
Specialist	$30	$30	**$50**	**40% after deductible**
Virtual Visit	$0	$0	$0	**40% after deductible**
Rehabilitative Care				
Chiropractic	$30	$30	**$50**	**100%**
Number of Chiropractic Visits	30	30	30	
Hospital Services				
Urgent Care	$35	$35	**$50**	**$50**
Emergency Room	$150 Copay after deductible	$150 Copay after deductible	**$250**	**$250**
Prescription Drugs				
Generic	$4/$15	$4/$15	**$10/$30**	**100%**
Preferred Brand	$40	$40	**$60**	**100%**
Non-Preferred Brand	$80	$80	$80	**100%**
Preferred Specialty	20%/$200 max	20%/$200 max	20%/$200 max	**100%**
Non-Preferred Specialty	20%/$300 max	20%/$300 max	**20%/$300 max**	**100%**
Pediatric Vision				
	Included	Included	Included	
A.M. Best Rating				
	A (Excellent)	A (Excellent)	A (Excellent)	
Employee Count	15	15	15	
Employee + Spouse Count	6	6	6	
Employee + Children Count	0	0	0	
Family Count	2	2	2	
Total Number of Employees	23	23	23	
Monthly Total Premium	$21,249.06	$24,603.64	$22,103.18	
Annual Total Premium	**$254,988.72**	**$295,243.68**	**$265,238.16**	
Change From Current (%)		15.79%	4.02%	
Change From Current ($)		$40,254.96	$10,249.44	

Kapnick

Medical Benefit Comparison for Plymouth District Library
Prepared by Chloe Cramer
48170 (Plymouth, MI, Wayne), Medical #1: 00235032_0001_0001; _0002

	Current Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2024	Renewal Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 7/1/2025	Alternate 6 Priority Health PriorityPPO Gold G50 7/1/2025		Alternate 7 HAP HAP PPO Platinum A050 7/1/2025	
	HMO	HMO	PPO		PPO	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	$500	$500	$500	**$1,000**	$500	**$3,000**
Family	$1,000	$1,000	$1,000	**$2,000**	$1,000	**$6,000**
Coinsurance						
Coinsurance	0%	0%	**20%**	**40%**	0%	**50%**
Individual Max	Not Applicable	Not Applicable	**$5,500**	**$11,000**	Not Applicable	Not Applicable
Family Max	Not Applicable	Not Applicable	**$11,000**	**$22,000**	Not Applicable	Not Applicable
Annual Out of Pocket Max						
Individual	$2,000	$2,000	**$9,100**	**$18,200**	**$2,500**	**$20,000**
Family	$4,000	$4,000	**$18,200**	**$36,400**	**$5,000**	**$40,000**
Physician Office Services						
Primary Care	$10	$10	**$30**	**40% after deductible**	**$20**	**50% after deductible**
Specialist	$30	$30	**$50**	**40% after deductible**	**$40**	**50% after deductible**
Virtual Visit	$0	$0	**$10**	**40% after deductible**	$0	**100%**
Rehabilitative Care						
Chiropractic	$30	$30	**$40**	**50% after deductible**	$30	**50% after deductible**
Number of Chiropractic Visits	30	30	30		**20**	
Hospital Services						
Urgent Care	$35	$35	**$85**	**40% after deductible**	**$65**	**$65**
Emergency Room	$150 Copay after deductible	$150 Copay after deductible	**$250 Copay after deductible**	**$250 Copay after in network deductible**	**$200**	**$200**
Prescription Drugs						
Generic	$4/$15	$4/$15	**$5/$35**	**100%**	**$5/$15**	**100%**
Preferred Brand	$40	$40	**$80**	**100%**	**$30**	**100%**
Non-Preferred Brand	$80	$80	**$95**	**100%**	**$60**	**100%**
Preferred Specialty	20%/$200 max	20%/$200 max	**20%/$250 max**	**100%**	20%/$200 max	**100%**
Non-Preferred Specialty	20%/$300 max	20%/$300 max	**20%/$450 max**	**100%**	**50%/$500 max**	**100%**
Pediatric Vision						
	Included	Included	Included		Included	
A.M. Best Rating						
	A (Excellent)	A (Excellent)	A (Excellent)		**Not Rated**	
Employee Count	15	15	15		15	
Employee + Spouse Count	6	6	6		6	
Employee + Children Count	0	0	0		0	
Family Count	2	2	2		2	
Total Number of Employees	23	23	23		23	
Monthly Total Premium	$21,249.06	$24,603.64	$29,728.63		$32,492.40	
Annual Total Premium	**$254,988.72**	**$295,243.68**	**$356,743.56**		**$389,908.80**	
Change From Current (%)		15.79%	39.91%		52.91%	
Change From Current ($)		$40,254.96	$101,754.84		$134,920.08	

9.2

PLYMOUTH DISTRICT LIBRARY

TO: Plymouth District Library Board

DATE: May 14, 2025

RE: Dental/Vision Insurance Renewal, Approval

FROM: Shauna Anderson, Library Director

We received renewal information for our current dental and vision insurance that we receive through Delta of Michigan. This renewal is subject to a 3.4% increase in our dental premiums alongside a 7.04% increase in vision premiums. Additional information is attached to this memo. An increase was expected and accounted for in our benefit budgets for FY 2024, however the vision increase is more significant than we anticipated. Thankfully, this is not a serious concern for our budget.

We allow part-time employees to participate in the library's dental plan, however they pay the full cost of their premiums. Current full-time employees pay a small coinsurance rate to participate. Vision insurance is only available to full-time employees with no coinsurance to participate.

I suggest that the board approve moving forward with the renewal of our current Dental and Vision Insurance coverage from Delta with the Dental coinsurance rates listed below:

Employee Individual	$1.85
Employee + Spouse	$2.63
Employee + Child	$2.63
Employee + Family	$3.77

RESOLVED BY TRUSTEE _____, SECONDED BY TRUSTEE _____, TO APPROVE THE PLYMOUTH DISTRICT LIBRARY MOVING FORWARD WITH THE DELTA DENTAL AND VISION RENEWAL WITH THE ABOVE LISTED COINSURANCE RATES.

ROLL CALL:

Dental Renewal | Plymouth District Library

Renewal Period: 07/01/2025 - 06/30/2026

	Current / Renewal	
CARRIER	**Delta**	
Class of Service	In-Network	Out-of-Network
I. Preventive	100%	100%
II. Basic	80%	80%
III. Major	50%	50%
IV. Orthodontia	50%; $1,000 lifetime max.	
Office Visit Copay	None	
Deductible	$50/150 (waived for preventive)	
Annual Maximum	$1,000	
Endodontics & Periodontics	Covered as Major	
Waiting Period	None	
Pediatric Dental	Included	
Network	Delta Dental PPO and Premier	
A.M. Best Rating	A (Excellent)	
Rate Guarantee	**1 Year**	
Rates	**Current Rates**	**Renewal Rates**
Employee	19 $41.87	$43.29
Employee + One	5 $79.87	$82.59
Family	2 $151.74	$156.90
	26	
Monthly Premium	**$1,498.36**	**$1,549.26**
Annual Premium	**$17,980.32**	**$18,591.12**
Annual Difference		***$610.80***
% Difference from Current		***3.40%***

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

Kapnick

Vision Renewal | Plymouth District Library

Renewal Period: 07/01/2025 - 06/30/2026

	Current / Renewal		
CARRIER	**Delta**		
Annual Exam	$10 Copay		
Material Copay[1]	$25 Copay		
Frames/Lenses	$130 Allowance		
Contact Lenses	Up to $60 Copay		
Benefit Frequency			
Exams	12 months		
Lenses	12 months		
Frames	24 months		
Deductible	None		
Network	VSP Signature		
A.M. Best Rating	A (Excellent)		
Rate Guarantee		**1 Year**	
Rates		**Current Rates**	**Renewal Rates**
Employee	16	$5.82	$6.23
Employee + Spouse	4	$11.65	$12.47
Employee + Child(ren)	0	$12.47	$13.34
Family	2	$19.93	$21.33
	22		
Monthly Premium		**$179.58**	**$192.22**
Annual Premium		**$2,154.96**	**$2,306.64**
Annual Difference			***$151.68***
% Difference from Current			***7.04%***

[1] *Copay applies to frame, lenses, or contact lenses if applicable.*

9.3

PLYMOUTH DISTRICT LIBRARY

TO:	Plymouth District Library Board	**DATE:**	May 14, 2025
RE:	Life/Disability Insurance Renewal, Approval	**FROM:**	Shauna Anderson, Library Director

It is time to renew our Life and Disability Insurance Coverage. Since the renewal from Mutual of Omaha does not carry any additional rate increases, and we are very happy with their service, I recommend that we move forward with their proposal, totaling $18,770.09 annually.

RESOLVED BY TRUSTEE _____, SECONDED BY TRUSTEE _____, TO APPROVE THE PLYMOUTH DISTRICT LIBRARY RENEWING CURRENT LIFE AND DISABILITY COVERAGE WITH MUTUAL OF OMAHA.

ROLL CALL:

Life/AD&D Renewal | Plymouth District Library

Renewal Period: 07/01/2025 - 06/30/2026

	Current / Renewal	
CARRIER	**Mutual of Omaha**	
Life/AD&D		
Benefit	2x Annual Salary, $150,000 max.	
Guarantee Issue Maximum	Full Benefit	
Reduction Schedule	Reduces to 65% at Age 70, 50% at Age 75	
Accelerated Death Benefit	50% of Benefit Amount, $75,000 max.	
Waiver of Premium	Included	
A.M. Best Rating	A (Excellent)	
Rate Guarantee	**1 Year**	
	Current Rates	**Renewal Rates**
Employees	27	27
Volume	$3,045,000	$3,045,000
Rate	$0.185	$0.185
Total Monthly Premium	**$563.33**	**$563.33**
Total Annual Premium	**$6,759.90**	**$6,759.90**
Annual Difference		***$0.00***
% Difference from Current		***0.00%***

Enrollment based on April invoices

Short Term Disability Renewal | Plymouth District Library

Renewal Period: 07/01/2025 - 06/30/2026

	Current / Renewal	
CARRIER	**Mutual of Omaha**	
Short Term Disability		
Benefit	60% up to $800 weekly max.	
Elimination Period	8 days illness/0 days injury	
Benefit Duration	13 weeks	
Waiver of Premium	Included	
A.M. Best Rating	A (Excellent)	
Rate Guarantee	**1 Year**	
	Current Rates	**Renewal Rates**
Employees	27	27
Covered Benefit (Volume)	$17,261.84	$17,261.84
Rate	$0.310	$0.310
Total Monthly Premium	**$535.12**	**$535.12**
Total Annual Premium	**$6,421.40**	**$6,421.40**
Annual Difference		***$0.00***
% Difference from Current		***0.00%***

Enrollment based on April invoices

Long Term Disability Renewal | Plymouth District Library

Renewal Period: 07/01/2025 - 06/30/2026

	Current / Renewal	
CARRIER	**Mutual of Omaha**	
Long Term Disability		
Benefit	66.66% up to $5,000 monthly max.	
Elimination Period	90 days	
Benefit Duration	SSNRA	
Own Occupation Period	24 months	
Pre-Existing Condition	3/12	
Waiver of Premium	Included	
A.M. Best Rating	A (Excellent)	
Rate Guarantee	**1 Year**	
	Current Rates	**Renewal Rates**
Employees	27	27
Covered Payroll (Volume)	$129,370.10	$129,370.10
Rate	$0.360	$0.360
Total Monthly Premium	**$465.73**	**$465.73**
Total Annual Premium	**$5,588.79**	**$5,588.79**
Annual Difference		***$0.00***
% Difference from Current		***0.00%***

Enrollment based on April invoices

##

PLYMOUTH DISTRICT LIBRARY

TO: Plymouth District Library Board
RE: TBD
DATE: TBD
FROM: Shauna Anderson, Director

The library currently holds 3 CD's at Community Financial Credit Union (CFCU) totaling $825,232.45 that recently matured. We were given a short window to decide what to do with the cash, so I invested it in a 90 CD on 4/29/25 to give us more time to decide what to do. This will mature on July 28, 2025. With the current building projects planned to dip into our savings, it is essential that we migrate a significant portion of these funds to a more liquid situation.

If we want to maintain a local, FDIC-insured investment account, I would suggest either migrating to a Money Market setup (where rates are currently hovering above 3%) or making use of a special 8 month certificate of deposit with a 3.5% dividend rate. With a Money Market account, we expect our rates to fluctuate, and this positions our investments in a situation more apt to the whims of a volatile market. The shorter-term CD, keeps our investment stable with an opening every few months. However, this does require that we keep adjusting our strategy at each maturation interval.

If we are amenable, I would like to suggest investing a significant portion of these funds in MI Class. Despite market fluctuations, our MI Class account continues to earn over 4% and provides us with same-day liquidity.

Liquidity and reliability are two priorities for our funds, but I also recognize the role that CFCU plays in our community and the value in leveraging tax-payer funds in support of local institutions. I ask that the board weigh these suggestions and determine next steps for this money.

9.5

PLYMOUTH DISTRICT LIBRARY

TO:	Plymouth District Library Board	**DATE:**	May 14, 2025
RE:	2025 Budget Amendment, Approval	**FROM:**	Shauna Anderson, Director

With the penal fine issue coming closer to resolution, and to address a number of pre-paid expenditures moved over by our accountants from FY2024 to FY2025, I would like to propose the attached amendments to the 2025 budget.

BATCH ADD BUDGET AMENDMENT REPORT FOR PLYMOUTH DISTRICT LIBRARY

GL Number	Description	2025 Activity	2025 Original Budget	2025 Amended Budget	New Amended	Change	Overbudget
101-000-691.000	PRIOR YEAR FUND BALA	0.00	1,500,000.00	1,500,000.00	2,000,000.00	500,000.00	N
101-790-716.000	HOSPITALIZATION/DENT	97,826.12	275,000.00	275,000.00	300,000.00	25,000.00	Y
101-790-818.000	CONTRACTUAL SERVICES	83,710.84	100,000.00	100,000.00	150,000.00	50,000.00	N
101-790-956.000	MISCELLANEOUS	115.20	0.00	0.00	275,000.00	275,000.00	Y
101-790-976.000	BLDG ADDITIONS & IMP	163,806.45	1,100,000.00	1,100,000.00	1,250,000.00	150,000.00	N
Total Revenues:		0.00	0.00	0.00	6,590,000.00	0.00	
Total Expenditures:		0.00	0.00	0.00	6,590,000.00		
Net Rev/Exp:		0.00	0.00	0.00	0.00		