

9.1



**TO:** Plymouth District Library Board      **DATE:** April 10, 2026  
**RE:** Payroll Updates                              **FROM:** Shauna Anderson,  
Director

In February, our payroll company made us aware of an issue with our payroll calendar this year: due to the dates for our pay periods, we were set to have 27 instead of the regular 26 pay periods this year. This does not affect hourly staff, but this would impact salaried staff whose biweekly pay is calculated based on a 26 pay period year.

We met with affected employees and discussed a number of options recommended by our payroll company and our auditors before asking staff to vote on how best to fix this problem. Voting totals are attached to this memo.

Salaried staff voted to forgo the last pay period of 2026 and begin a new salary payroll calendar going forward. Starting in January 2027, salaried staff selected to be paid on the 1<sup>st</sup> and 15<sup>th</sup> of every month going forward. This update will make sure that this problem never happens again, while maintaining consistency in our procedures. This does not affect current pay schedules and procedures for hourly staff members.

We would like to make this recommendation to the board to make this change to our payroll calendar as requested by the effected staff and amend our Employee Handbook to include this update, starting in 2027.

MOTION BY\_\_\_\_, SECONDED BY \_\_\_\_, TO SKIP THE LAST PAY PERIOD OF 2026 FOR SALARIED STAFF AND IMPLEMENT A BI-MONTHLY PAY SCHEDULE FOR SALARIED STAFF STARTING IN 2027.

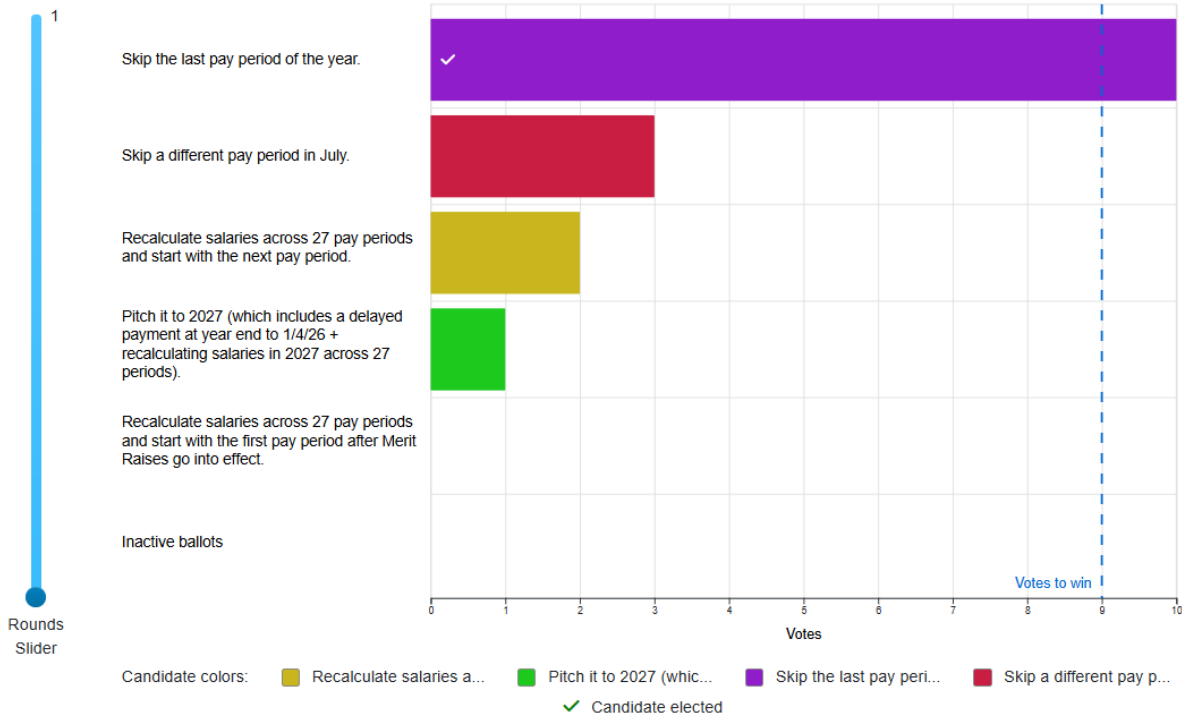
## 2026 Pay Period Debacle

How should we handle the situation this year? (contest 1 of 2)

16 votes cast, voting open

Voting is ongoing with no scheduled end date. Elected and eliminated candidates may change as more votes are cast.

Winner: Skip the last pay period of the year.



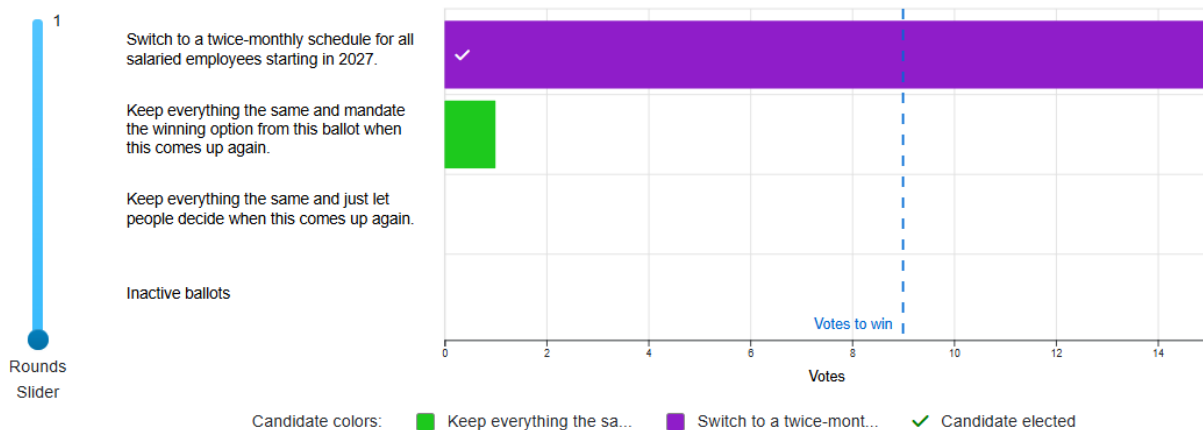
## 2026 Pay Period Debacle

How should we handle this situation in the future (contest 2 of 2)

16 votes cast, voting open

Voting is ongoing with no scheduled end date. Elected and eliminated candidates may change as more votes are cast.

Winner: Switch to a twice-monthly schedule for all salaries



9.2



**TO:** Plymouth District Library Board      **DATE:** April 9, 2026  
**RE:** 2025 VEBA Actuarial Report          **FROM:** Shauna Anderson,  
Director

This year, actuaries at Watkins Ross conducted a full actuarial assessment of our VEBA funding. This assessment, like last year's, unfortunately recommends a significant Actuarially-Defined Contribution (ADC) to the VEBA Trust.

Increases to the number of retired staff in recent years alongside the increases to medical insurance costs for those under the age of Medicare enrollment, has produced a significant burden on the plan. I will be reviewing our budgets in the coming weeks to recommend an offset for this ADC, and we will discuss the whole situation in greater detail at the May VEBA committee meeting.

April 3, 2026

PERSONAL & CONFIDENTIAL

Shauna Anderson  
Plymouth District Library  
223 South Main Street  
Plymouth, MI 48170-1687

RE: Plymouth District Library Voluntary Employees Beneficiary Association

Dear Shauna:

Transmitted via email, this is a copy of your OPEB accounting report for the fiscal year ending December 31, 2025. This information is intended to assist you in complying with Governmental Accounting Standards Board Statement No. 74 (GASB 74) Financial Reporting for Postemployment Benefit Plans Other than Pension Plans, and Statement No. 75 (GASB 75) Accounting and Financial Reporting for Postemployment Benefits Other than Pensions.

If you have any questions about this report, please call me at (616) 742-9244.

Sincerely,



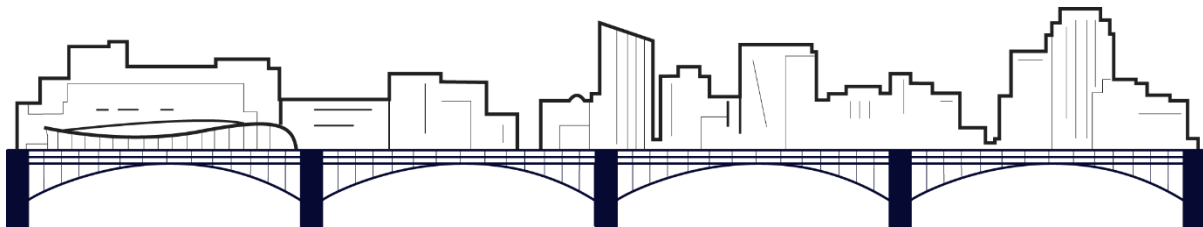
Christian R. Veenstra, FCA, ASA, MAAA  
President / Enrolled Actuary

Enclosure

# Plymouth District Library Voluntary Employees Beneficiary Association

## Accounting Report

for the Period Ending December 31, 2025  
under GASB Statement 74 & 75



Report presented by:



April 2026

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## INTRODUCTION AND CERTIFICATION

The schedules included in this report have been prepared to provide the information necessary to comply with Governmental Accounting Standards Board (GASB) Statement Nos. 74 and 75. This information may, at the discretion of the management of the plan sponsor and its auditor, be used for the preparation of its financial statements. The calculations herein have been made based on our understanding of GASB 74 and 75 and may be inappropriate for other purposes.

The calculations summarized in this report involve actuarial calculations that require assumptions about future events. We believe that the assumptions used in the report are within the range of possible assumptions that are reasonable and appropriate for the purposes for which they have been used. However, other assumptions are also reasonable and appropriate, and their use would produce different results.

This report contains additional information and details related to plan provisions and recommended contribution calculations.

This report was prepared based on participant data and asset values as reported to us by the plan sponsor. Watkins Ross relied upon the data as submitted and has no reason to believe that any information which would have a material effect on the results of this valuation was not considered in the preparation of the report.

The actuary certifying this report represents herself as meeting the Qualification Standards of the American Academy of Actuaries to render actuarial opinions contained in the report.

**Prepared by:**

**Certified by:**



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Shane Gladinus  
Actuarial Analyst



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Leah A. Dudley, FCA, ASA, MAAA  
Health Actuary

## COMMENTS

### **Purpose of Governmental Accounting Standards Board (GASB) Reporting**

The objective of GASB is to provide guidelines and requirements for accounting and financial reporting by state and local governments for postemployment benefits other than pensions (OPEB). This statement establishes standards for recognizing and measuring liabilities, deferred inflows and outflows of resources and methods and assumptions that are required to be used to project benefit payments and discount those payments to their actuarial present value.

### **State of Michigan Public Act 202**

Public Act 202 (PA 202) was drafted to address the underfunded status of pension and retiree healthcare plans of local governments in Michigan. Accordingly, PA 202 included transparency and funding requirements. In addition, in order that the plans' funded status be reported on a consistent basis, Uniform Assumptions were published. While all of the Uniform Assumptions have a sound and reasonable basis, some might not be appropriate for each plan and therefore may be different than what is used for funding. Additionally, some of the assumptions may differ from what is required for reporting under GASB.

### **Changes in Actuarial Assumptions, Plan Changes and Actuarial Experience**

- Actuarial Experience: There was an actuarial gain (decrease in liability) of \$761,423, due to demographics and changes in premiums – in particular lower post 65 costs than previous years and no trend being applied to these costs.
- Actuarial Assumptions: The combination of actuarial assumption changes, described in the "Assumptions and Methods for Calculation of Actuarially Determined Contribution" section of this report, generated an increase in liability of \$25,520.
- Plan Changes: There was a gain to the plan of \$513,513 due to plan change where actives with fewer than ten years of service as of July 1, 2025 are no longer eligible for benefits.

## PLAN DESCRIPTION

### Summary of Significant Accounting Policies

For purposes of measuring the net Other Post-Employment Benefits (OPEB) liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expenses, information about the fiduciary net position of the Plymouth District Library Voluntary Employees Beneficiary Association and additions to/deductions from the Employer's fiduciary net position have been determined on the same basis as they are reported by the Plymouth District Library. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

### Plan Description

**Plymouth District Library Voluntary Employees Beneficiary Association** is a single employer plan established and administered by **Plymouth District Library** and can be amended at its discretion.

### Benefits Provided

A summary of the benefits provided is available in the Plan Provisions section of the report.

### Summary of Plan Participants

As of December 31, 2025, Retirement Plan membership consisted of the following:

	12/31/2023	12/31/2025
Active members	20	3
Inactive members	1	0
Retirees and beneficiaries	15	14
Total members	36	17

### Contributions

The Plymouth District Library Voluntary Employees Beneficiary Association (VEBA) was established and is funded pursuant to the employer's authority. The plan's funding policy stipulates that employer contributions are determined based on an annual actuarial valuation; however, these valuations serve as a guide rather than a strict mandate. Due to the plan's current funded status, benefit payments are disbursed directly from the plan's trust assets. There are no contractual obligations for future employer contributions.

## ASSUMPTIONS AND METHODS

The Plymouth District Library's OPEB liability was measured as of December 31, 2025.

### Actuarial Assumptions

The total OPEB liability was determined by an actuarial valuation as of December 31, 2025. The following actuarial assumptions were used in the measurement:

Inflation	Included in the rate of return
Salary increases	3.75% (for purpose of allocating liability)
Investment rate of return	5.74% (including inflation)
20-year Aa Municipal bond rate	4.43%
Mortality	Public General 2016 Employee and Healthy Retiree, Headcount weighted
Improvement Scale	IRS 2024 Adjusted Scale MP-2021

The long-term expected rate of return on retirement plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of retirement plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of arithmetic real rates of return for each major asset class included in the retirement plan's target asset allocation are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Rate of Return
Domestic Equity Large-cap	45.9%	6.00%
Domestic Equity Small-cap	10.5%	6.30%
International Equity	14.1%	6.90%
Investment-grade bonds	27.5%	4.70%
Cash & Money Market Funds	2.1%	3.30%

The sum of each target allocation times its long-term expected real rate, plus inflation, is 5.74%.

### Discount Rate

The discount rate used to measure the total OPEB liability was **5.74%**. The projection of cash flows used to determine the discount rate assumed that the Employer will make no further contributions to the trust. Based on this assumption, the retirement plan's fiduciary net position was projected to be sufficient to make all projected future benefit payments of current plan members. Therefore, the single equivalent discount rate was calculated to be equivalent to the investment rate of return. This discount rate is used to determine the Total OPEB Liability. As of December 31, 2024 the discount rate used to value OPEB liabilities was 6.10%.

## RECONCILIATION AND RECOGNITION OF NET OPEB LIABILITY

### Changes in the Net OPEB Liability

	Total OPEB Liability (a)	Plan Fiduciary Net Position (b)	Net OPEB Liability (a) - (b)
<b>Balance at December 31, 2024</b>	\$2,248,414	\$3,057,448	\$(809,034)
<b>Changes during the Year</b>			
Service Cost	131,733		131,733
Interest	142,457		142,457
Experience (Gains)/Losses	(761,423)		(761,423)
Change in plan terms	(513,513)		(513,513)
Change in actuarial assumptions	25,520		25,520
Contributions to OPEB trust		0	0
Contributions/benefit from general operating funds		1,560	(1,560)
Employee Contributions		0	0
Net Investment Income		486,114	(486,114)
Benefit Payments;			
Including Refunds of Employee Contributions	(89,560)	(89,560)	0
Administrative Expenses		(19,475)	19,475
Other Changes		0	0
<b>Total Changes</b>	<b>(1,064,786)</b>	<b>378,639</b>	<b>(1,443,425)</b>
<b>Balance at December 31, 2025</b>	<b>\$1,183,628</b>	<b>\$3,436,087</b>	<b>\$(2,252,459)</b>

### Net OPEB Liability – Discount and Trend Rate Sensitivities

The following presents the net OPEB liability (NOL) of the Employer, calculated using trend and discount rates 1% higher and lower than base assumptions:

Discount	1% Decrease	Current Rate	1% Increase
Total OPEB Liability	\$1,271,052	\$1,183,628	\$1,106,505
Plan Fiduciary Net Position	3,436,087	3,436,087	3,436,087
Net OPEB Liability	\$(2,165,035)	\$(2,252,459)	\$(2,329,582)
Trend	1% Decrease	Current Rate	1% Increase
Total OPEB Liability	\$1,147,796	\$1,183,628	\$1,223,404
Plan Fiduciary Net Position	3,436,087	3,436,087	3,436,087
Net OPEB Liability	\$(2,288,291)	\$(2,252,459)	\$(2,212,683)

## RECONCILIATION AND RECOGNITION OF NET OPEB LIABILITY

### OPEB Expense

Below are the components of the Total OPEB Expense:

	Fiscal Year Ending 12/31/2025
Service Cost	\$131,733
Interest on Total OPEB Liability	142,457
Experience (Gains)/Losses	(725,452)
Changes in Plan Terms	(513,513)
Changes in Assumptions	77,860
Employee Contributions	0
Projected Earnings on OPEB Plan Investments	(185,767)
Investment Earnings (Gains)/Losses	(65,676)
Administrative Expenses	19,475
Other Changes in Fiduciary Net Position	0
<b>Total OPEB Expense</b>	<b>\$(1,118,883)</b>

### OPEB Plan Fiduciary Net Position

The OPEB Plan Fiduciary Net Position as of December 31, 2025 is \$3,436,087.

### Deferred Inflows and Outflows of Resources Related to OPEB Plan

	Deferred Outflows Of Resources	Deferred Inflows Of Resources
Experience (Gains)/Losses	193,390	43,437
Changes of Assumptions	247,795	41,133
Investment Earnings (Gains)/Losses	0	335,002
<b>Total</b>	<b>\$441,185</b>	<b>\$419,572</b>

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Year Ended December 31,	Amount Recognized
2026	\$69,715
2027	(65,443)
2028	3,601
2029	10,737
2030	3,003
Thereafter	0

## RECONCILIATION AND RECOGNITION OF NET OPEB LIABILITY

### Reconciliation of Net OPEB Liability

	Net OPEB Liability
Net OPEB Liability December 31, 2024	\$(809,034)
Total OPEB expense	(1,118,883)
Contributions	(1,560)
Change in deferred outflows of resources	(123,373)
Change in deferred inflows of resources	(199,609)
<b>Net OPEB Liability December 31, 2025</b>	<b>\$(2,252,459)</b>

### Total OPEB Liability by Participant Status

	Total OPEB Liability
Active participants	\$476,130
Inactive participants	0
Retirees and beneficiaries	707,498
<b>Total OPEB Liability</b>	<b>\$1,183,628</b>

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### Description of Actuarially Determined Contributions

Although not required as part of GASB reporting, we have included an Actuarially Determined Contribution in order to provide information for funding. This recommended contribution is designed to eventually fund your plan enough that you can pay retiree benefits directly from the trust instead of general operating funds. The amortization period is based on average future working years for active employees.

Actuarially Determined Contribution (ADC) <sup>1</sup>	Fiscal Year Ending December 31,	
	2026	2025
Discount rate	5.74%	6.10%
Amortization period	5 years	9 years
Amortization method	Level \$	Level % of pay
Service cost	16,564	131,733
Amortization of Net OPEB Liability	(502,127)	(99,068)
Interest to end of year	(27,871)	1,993
Total ADC, not less than \$0	\$0	\$34,658

PA 202 was issued by the State of Michigan and requires the calculation of other “contribution” amounts. These are

1. The Actuarially Determined Contribution (ADC) using Assumptions for financial reporting and
2. The minimum required amount to be deposited into an OPEB trust

The first of these contributions as shown above, \$34,658, is an amount required to be reported to the State of Michigan and may be used to determine whether a Corrective Action Plan (CAP) must be adopted if one hasn't yet been implemented. *It is not a required contribution.*

The second of these numbers is the actual minimum amount the State of Michigan requires you to deposit into a trust and it is based on the service cost (actuarially calculated) for those covered by your plan and hired after June 30, 2018. This requirement is not applicable because the plan is closed to employees hired after July 1, 2025.

Plan funds are sufficient to make benefit payments from the OPEB trust.

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<sup>1</sup> ADC for 2025 and 2026 is based on actuarial assumptions consistent with reporting as of December 31, 2024, and December 31, 2025, respectively.

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### State of Michigan Public Acts 530 and 202 Information

<b>Financial information</b>	<b>2025</b>
Assets (Fiduciary net position)	3,436,087
Liabilities (Total OPEB Liability)	1,183,628
Funded ratio for the Plan Year	290.30%
Actuarially Determined Contribution	\$34,658
Is ADC calculated in compliance with No. Letter 2018-3?	Yes

<b>Membership</b>	<b>2025</b>
Number of active members	3
Number of inactive members	0
Number of retirees and beneficiaries	14
Premiums paid on behalf of the retirants	\$89,560

<b>Investment Performance</b>
This information is available from the Investment Manager

<b>Actuarial Assumptions</b>	<b>2025</b>
Actuarially assumed rate of investment return	5.74%
Discount rate	5.74%
Amortization method used for funding unfunded liability	Level % of Pay
Amortization period used for funding unfunded liability	9 years
Is each division closed to new employees	Yes
Healthcare inflation assumption next year	7.50%
Healthcare inflation assumption - long term	4.50%

<b>Uniform Assumptions</b>	<b>2025</b>
Actuarial value of assets using uniform assumptions	3,436,087
Actuarial accrued liability using uniform assumptions	1,186,937
Funded ratio using uniform assumptions	289.49%
Actuarially Determined Contribution (ADC) using uniform assumptions	\$34,658

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### Changes in Net OPEB Liability and Related Ratios

Fiscal Year Ending	12/31/2025	12/31/2024	12/31/2023	12/31/2022	12/31/2021
<b>Total OPEB Liability</b>					
Service Cost	\$131,733	\$124,515	\$66,418	\$72,848	\$53,832
Interest	142,457	128,682	105,933	96,879	102,602
Changes of Benefit Terms	(513,513)	0	(30,816)	0	0
Difference between Expected and Actual Experience	(761,423)	69,684	209,841	80,758	(140,832)
Change of Assumptions	25,520	83,247	354,715	(80,019)	(27,209)
Benefit Payments (Including Refunds of Employee Contributions)	(89,560)	(151,572)	(116,515)	(138,938)	(80,457)
Net Change in Total OPEB Liability	(1,064,786)	254,556	589,576	31,528	(92,064)
Total OPEB Liability – Beginning	2,248,414	1,993,858	1,404,282	1,372,754	1,464,818
Total OPEB Liability – Ending (a)	\$1,183,628	\$2,248,414	\$1,993,858	\$1,404,282	\$1,372,754
<b>Plan Fiduciary Net Position</b>					
Contributions to OPEB trust	\$0	\$0	\$0	\$0	\$0
Contributions/benefit payments made from general operating funds	1,560	91,572	58,515	50,243	58,153
Net Investment Income	486,114	389,277	423,943	(466,460)	413,689
Benefit Payments (Including Refunds of Employee Contributions)	(89,560)	(151,572)	(116,515)	(138,938)	(80,457)
Administrative Expenses	(19,475)	(16,085)	(15,013)	(15,136)	(15,575)
Other	0	0	0	0	0
Net Change in Fiduciary Net Position	378,639	313,192	350,930	(570,291)	375,810
Plan Fiduciary Net Position – Beginning	3,057,448	2,744,256	2,393,326	2,963,617	2,587,807
Plan Fiduciary Net Position – Ending (b)	3,436,087	3,057,448	2,744,256	2,393,326	2,963,617
<b>Net OPEB Liability – Ending (a)-(b)</b>	<b>\$(2,252,459)</b>	<b>\$(809,034)</b>	<b>\$(750,398)</b>	<b>\$(989,044)</b>	<b>\$(1,590,863)</b>
Plan Fiduciary Net Position as a Percentage of Total OPEB Liability	290.30%	135.98%	137.64%	170.43%	215.89%
Covered Employee Payroll	\$291,434	\$1,530,964	\$780,417	Not available	Not available
Net OPEB Liability as Percentage of Payroll	(772.9)%	(52.8)%	(96.2)%	Not available	Not available
<b>Actuarially Determined Contribution</b>	<b>\$34,658</b>	<b>\$42,675</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Employer Contribution/benefit payments	(1,560)	(91,572)	(58,515)	(50,243)	(58,153)
Contribution Deficiency/(Excess)	\$33,098	\$(48,897)	\$(58,515)	\$(50,243)	\$(58,153)
ADC as a Percentage of Covered Payroll	11.9%	2.8%	0.0%	Not available	Not available
Employer Contribution as a Percentage of Covered Payroll	0.5%	6.0%	7.5%	Not available	Not available

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### Changes in Net OPEB Liability and Related Ratios

Fiscal Year Ending	12/31/2020	12/31/2019	12/31/2018	12/31/2017
<b>Total OPEB Liability</b>				
Service Cost	\$52,819	\$75,405	\$94,042	\$97,344
Interest	95,954	103,600	92,131	85,860
Changes of Benefit Terms	0	0	0	(148,180)
Difference between Expected and Actual Experience	43,964	(257,855)	(11,433)	(13,595)
Change of Assumptions	0	(194,336)	(438,433)	133,476
Benefit Payments (Including Refunds of Employee Contributions)	(91,210)	(40,593)	(24,539)	(19,003)
Net Change in Total OPEB Liability	101,257	(313,779)	(288,232)	135,902
Total OPEB Liability – Beginning	1,363,561	1,677,340	1,965,572	1,829,670
Total OPEB Liability – Ending (a)	\$1,464,818	\$1,363,561	\$1,677,340	\$1,965,572
<b>Plan Fiduciary Net Position</b>				
Contributions to OPEB trust	\$62,723	\$117,100	\$118,216	\$38,000
Contributions/benefit payments made from general operating funds	47,391	0	0	0
Net Investment Income	321,137	400,655	(91,637)	245,450
Benefit Payments (Including Refunds of Employee Contributions)	(91,210)	(40,593)	(24,539)	(19,003)
Administrative Expenses	(13,545)	(12,814)	(11,321)	(11,207)
Other	0	0	0	0
Net Change in Fiduciary Net Position	326,496	464,348	(9,281)	253,240
Plan Fiduciary Net Position – Beginning	2,261,311	1,796,963	1,806,244	1,553,004
Plan Fiduciary Net Position – Ending (b)	2,587,807	2,261,311	1,796,963	1,806,244
<b>Net OPEB Liability – Ending (a)-(b)</b>	<b>\$(1,122,989)</b>	<b>\$(897,750)</b>	<b>\$(119,623)</b>	<b>\$159,328</b>
Plan Fiduciary Net Position as a Percentage of Total OPEB Liability	176.66%	165.84%	107.13%	91.89%
Covered Employee Payroll	\$1,680,051	\$924,565	Not available	Not available
Net OPEB Liability as Percentage of Payroll	(66.6)%	(97.1)%	Not available	Not available
<b>Actuarially Determined Contribution</b>	<b>\$0</b>	<b>\$62,723</b>	<b>\$118,615</b>	<b>\$131,652</b>
Employer Contribution/benefit payments	(62,723)	(117,100)	(118,216)	(38,000)
Contribution Deficiency/(Excess)	\$(62,723)	\$(54,377)	\$399	\$93,652
ADC as a Percentage of Covered Payroll	(3.2)%	6.8%	Not available	Not available
Employer Contribution as a Percentage of Covered Payroll	6.6%	12.7%	Not available	Not available

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### Assumptions and Methods for Calculation of Actuarially Determined Contribution

**Valuation date** December 31, 2025

**Measurement date** December 31, 2025

**Reporting date** December 31, 2025

#### Actuarial Methods

Cost method Entry Age Normal (level percentage of compensation)

Asset valuation method Market value

#### Actuarial Assumptions

**Discount Rate** – 6.10% for 2025 contribution; 5.74% for 2025 Liability and 2026 contribution  
Rationale – Blended rate based on long term expected return and the 20-year Aa Municipal Bond rate

**20-year Aa Municipal Bond Rate** – 4.43%  
Rationale – Based on information from the S&P High Grade Municipal Bond index as of December 31, 2025

**Salary Scale** – 3.75% (for purpose of allocating liability)  
Rationale – Per employer expectations

**Return on Plan Assets** – 5.74% (including inflation)  
Rationale – Provided by investment manager

**Mortality Rates** – Public General 2016 Employee and Healthy Retiree, Headcount weighted, IRS 2024 Adjusted Scale MP-2021  
Rationale – Most current mortality rates available for municipalities

**Utilization** – 100% of eligible future retirees will elect coverage  
Rationale – Historical

**Termination Rates** – None  
Rationale – Small active population

**Retirement Rates** – 100% assumed to retire at the earliest eligibility  
Rationale – Consistent with experience

**Marital Assumption** – Actual spouse data used for current and future retirees  
Rationale – Consistent with experience

**Claims Costs** – See rates (monthly) below:

Age	Rate	Age	Rate
55	\$907.30	60	\$1,104.22
56	949.20	61	1,143.28
57	991.52	62	1,168.91
58	1,036.68	63	1,201.05
59	1,059.06	64	1,220.58

Rationale – Actual age-graded premiums

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### **Monthly Retiree Contribution for Pre-65 Retirees and Spouses**

Single: \$263 for 10-19 years of service; \$65 for 20+ years of service

Double: \$526 for 10-19 years of service; \$127 for 20+ years of service

Rationale – Per plan provisions, as provided by the Library

### **Monthly HCSP Rates for Medicare Eligible Retirees**

Single: \$200 for 10-19 years of service; \$300 for 20+ years of service

Double: \$400 for 10-19 years of service; \$600 for 20+ years of service

Rationale – Per plan provisions

**Implicit Subsidy** – Not applicable; premiums are age-graded

**Medical Trend** – Pre-Medicare 7.50% then graded down to 4.5% by 0.25% per year

Rationale – Based on State of Michigan trend survey

### **Data Collection**

Date and form of data – All personnel and asset data was prepared by the plan sponsor or a representative and was generally relied upon as being correct and complete without audit by Watkins Ross

### **Assumption changes since prior valuation**

- Discount rate updated from 6.10% to 5.74%
- Salary Scale changed from 3.5% to 3.75%
- Mortality updated from Public General 2010 Employee and Healthy Retiree, Headcount weighted to Public General 2016 Employee and Healthy Retiree, Headcount weighted
- Pre-65 trend rates updated such that second-year trend increases by 0.25% rather than decreasing by the anticipated 0.25%
- Trend rates no longer apply on post-65 costs
- Actual marital status now used for active records
- Removed termination rates

## **Assumptions used for PA 202 Reporting**

**Mortality** – Public General and Public Safety 2010 Employee and Healthy Retiree

All other assumptions are the same as used for GASB

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### Schedule of Difference between Actual and Expected Experience

Year	Difference between expected and actual Experience	Recognition period (years)	Amount Recognized in Year Ended December 31,								Deferred Outflow of Resources	Deferred Inflow of Resources
			2025	2026	2027	2028	2029	2030	2031+			
2017	(13,595)	6.27										
2018	(11,433)	4.68										
2019	(257,855)	5.29									-	-
2020	38,845	4.29									-	-
2021	(140,832)	7.23	(19,479)	(19,479)	(19,479)	(4,479)					-	(43,437)
2022	80,758	6.77	11,929	11,929	11,929	9,184					33,042	-
2023	209,841	6.53	32,135	32,135	32,135	32,135	17,031				113,436	-
2024	69,684	6.12	11,386	11,386	11,386	11,386	11,386	1,368			46,912	-
2025	(761,423)	1.00	(761,423)	-	-	-	-	-	-	-	-	-
Net recognized in OPEB expense			\$ (725,452)	\$ 35,971	\$ 35,971	\$ 48,226	\$ 28,417	\$ 1,368	\$ -	\$ -	\$ 193,390	\$ (43,437)

### Schedule of Changes in Assumptions

Year	Changes in Assumptions	Recognition period (years)	Amount Recognized in Year Ended December 31,								Deferred Outflow of Resources	Deferred Inflow of Resources
			2025	2026	2027	2028	2029	2030	2031+			
2017	133,476	6.27										
2018	(438,433)	4.68										
2019	(194,336)	5.29									-	-
2020	-	4.29									-	-
2021	(27,209)	7.23	(3,763)	(3,763)	(4,631)						-	(8,394)
2022	(80,019)	6.77	(11,820)	(11,820)	(11,820)	(9,099)					-	(32,739)
2023	354,715	6.53	54,321	54,321	54,321	54,321	28,789				191,752	-
2024	83,247	6.12	13,602	13,602	13,602	13,602	13,602	1,635			56,043	-
2025	25,520	1.00	25,520	-	-	-	-	-	-	-	-	-
Net recognized in OPEB expense			\$ 77,860	\$ 52,340	\$ 51,472	\$ 58,824	\$ 42,391	\$ 1,635	\$ -	\$ -	\$ 247,795	\$ (41,133)

### Schedule of Differences between Projected and Actual Earnings on OPEB Plan Investments

Year	Difference between expected and actual earnings on OPEB assets	Recognition period (years)	Amount Recognized in Year Ended December 31,								Deferred Outflow of Resources	Deferred Inflow of Resources
			2025	2026	2027	2028	2029	2030	2031+			
2021	(235,409)	5.00	(47,081)								-	-
2022	671,444	5.00	134,289	134,288							134,288	-
2023	(247,182)	5.00	(49,436)	(49,436)	(49,438)						-	(98,874)
2024	(216,896)	5.00	(43,379)	(43,379)	(43,379)	(43,380)					-	(130,138)
2025	(300,347)	5.00	(60,069)	(60,069)	(60,069)	(60,069)	(60,071)				-	(240,278)
Net recognized in OPEB expense			\$ (65,676)	\$ (18,596)	\$ (152,886)	\$ (103,449)	\$ (60,071)				\$ 134,288	\$ (469,290)

## SCHEDULES OF REQUIRED SUPPLEMENTARY INFORMATION

### Total Deferred Outflow/(Inflow) of Resources

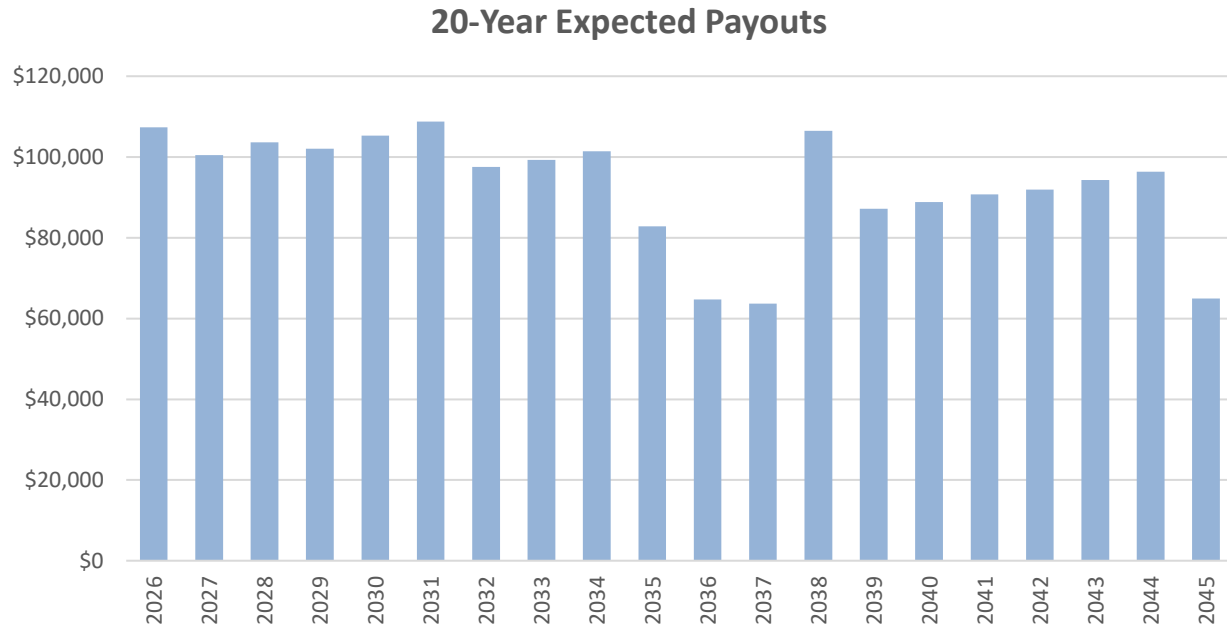
	Amount Recognized in Year Ended December 31,					
	2026	2027	2028	2029	2030	2031+
Total Deferred Outflow/(Inflow) of Resources	69,715	(65,443)	3,601	10,737	3,003	-

## TRUSTEE INFORMATION

### Projected benefit payments

A graphic illustration of 20 years of projected benefit payments for the current group of covered lives is shown below.

The chart below reflects expected cash flows to pay benefits for current plan participants.



## SUMMARY OF PLAN PROVISIONS

<b>Plan name</b>	Plymouth District Library Voluntary Employees Beneficiary Association
<b>Benefit eligibility</b>	Age 55 and completion of at least 10 years of Credited Service with the Library before July 1, 2025
<b>Employer benefits</b>	
Pre-65 Medical Benefits	Pre-65 medical benefits for retirees and their dependents
Post-65 HCSP Contributions	
10-19 years of service	\$200/month single, \$400/month double
20 or more years of service	\$300/month single, \$600/month double
<b>Retiree contribution towards Pre-65 Benefits</b>	
10-19 years of service	Retirees pay the difference between the premium rate and 50% of the average cost that the Library pays towards active coverage
20 or more years of service	Retirees make the same contribution towards health insurance as active employees
<b>Changes since prior valuation</b>	Closed the VEBA for unvested employees as of July 1, 2025. Vested employees can continue to gain service credit until retirement. Eligibility requirements changed to attained age 55 and 10 years of service.

## GLOSSARY

A number of special terms and concepts are used in connection with OPEB plans and the OPEB accounting report. The following list reviews a number of these terms and provides a brief discussion of their meaning.

**Actuarially Determined Contribution (ADC)** – A target or recommended contribution for the reporting period, determined in conformity with Actuarial Standards of Practice based on the most recent measurement available when the contribution for the reporting period was adopted.

**Actuarial Cost Method** – This is a mathematical formula which is used to allocate the present value of projected benefits to past and future plan years.

**Amortization** – The difference between actual and expected investment returns, the difference between actual and expected experience, and the impact of any plan or assumption changes will be amortized and paid over future years.

**Depletion Date (Cross-over Point)** – The projected date (if any) where plan assets, including future contributions, are no longer sufficient to pay Projected Benefit Payments to current members.

**Long-term expected rate of return** – The rate of return based on the nature and mix of current and expected plan investments and over the time period from when an employee is hired to when all benefits to the employee have been paid.

**Market Value of Assets** – The market value of all assets in the fund including any accrued contribution for the previous plan year, which was not paid by the end of the year.

**Measurement Date** – The date the Total OPEB Liability, Fiduciary Net Position, and Net OPEB Liability are determined.

**Net OPEB Liability (NOL)** – The Total OPEB Liability less the Plan Fiduciary Net Position.

**Normal Cost** – For GASB 74/75 purposes, normal cost is the equivalent of service cost (see definition of service cost).

**Other Post-Employment Benefits (OPEB)** – Benefits (such as death benefits, life insurance, disability, and long-term care) that are paid in the period after employment and that are provided separately from a pension plan, as well as healthcare benefits paid in the period after employment, regardless of the manner in which they are provided. OPEB does not include termination benefits or termination payments for sick leave.

**OPEB Expense (OE)** – The change in the Net OPEB Liability (NOL) recognized in the current measurement period. Changes to the NOL not fully recognized in a given year's OPEB expense will be maintained as deferred inflows and deferred outflows. These will be recognized incrementally in the OPEB expense over time.

## GLOSSARY

**Plan assets** – Stocks, bonds and other investments that have been segregated and restricted (usually in a trust) to provide for post-retirement benefits. Assets not segregated in a trust, or otherwise effectively restricted so that they cannot be used by the employer for other purposes, are not plan assets, even though it may be intended that those assets be used to provide post-retirement benefits.

**Plan Fiduciary Net Position** – The market value of plan assets as of the measurement date.

**Present Value** – The present value of a future payment or a series of payments is the amount of each payment, discounted to recognize the time value of money, and further reduced for the probability that the payment might not be made because of death, disability or termination of employment.

**Projected Benefit Payments** – All benefits projected to be payable to current active and inactive participants as a result of their past service and their expected future service.

**Real Rate of Return** – The rate of return on an investment after the adjustment to eliminate inflation.

**Reporting Date** – The date that represents the fiscal year end for the plan or employer.

**Service Cost** – The value of portion of Total OPEB Liability earned during the current year computed in accordance with GAAP accounting rules.

**Single Equivalent Discount Rate** – The single rate that gives the same total present value as discounting the Projected Benefit Payments with the long-term expected rate of return until the Depletion Date and discounting any remaining Projected Benefit Payments with the yield on a 20-year AA/Aa tax-exempt municipal bond index.

**Total OPEB Liability (TOL)** – The actuarial present value of the accrued benefit determined under the Entry Age actuarial cost method calculated using the blended Single Equivalent Discount Rate.

**Valuation Date** – The date as of which an actuarial valuation is performed.

9.3



**TO:** Plymouth District Library Board  
**RE:** Medical Insurance &  
PA 152 Opt-Out, Approval

**DATE:** April 17, 2026  
**FROM:** Shauna Anderson,  
Library Director

To continue supporting our full time employees with Medical Insurance coverage, we must put new coverage starting July 1, 2026. We received a number of proposals from our insurance broker, Kapnick, to help us navigate significant cost increases to maintaining our current plan.

After reviewing the options, I suggest we move forward with two options for staff to choose between BCN plans:

- **Alternate 3 – BCN Gold Option 1 EA HMO** plan that would allow us to maintain similar monthly premiums on the staff side
- **Alternate 4 – Blue Elect Plus POS Platinum Option 2 EA** that provides more benefits to make up for increased monthly premiums

As a government agency, we are mandated by PA 152 to cap our insurance premiums for our employee pool. Unfortunately, the PA 152 cap only went up by 3% while our premiums increased almost 20%. I do not feel comfortable passing that much of an increase on to our staff, therefore I am recommending the board officially opt-out of the annual PA 152 requirements for the 2026-2027 plan year. This is something that we can handle in the budget to support our employees.

I have amended our current employee coinsurance rates to align with our budgetary restraints. Due to the significantly increased cost to PDL as an employer, the costs/reimbursement rates for 10 year VEBA participants under the age of 65 have also increased, as noted below.

I suggest that the board approve moving forward with Alternate 3 & 4 plans with the coinsurance rates listed below:

<b>Contribution Levels</b>	<b>Proposed</b>	<b>Current</b>
HMO Individual 20 year VEBA Individual	\$70.00	\$65.00
HMO Employee + Spouse 20 year VEBA + Spouse	\$130.00	\$127.00
HMO Employee + Family	\$200.00	\$190.00
POS Individual	\$100.00	-
POS Employee + Spouse	\$180.00	-
POS Employee + Family	\$240.00	-
10 year VEBA Individual	\$335	\$325
10 year VEBA + Spouse	\$670	\$650

RESOLVED BY TRUSTEE \_\_\_\_\_, SECONDED BY TRUSTEE \_\_\_\_\_, TO APPROVE THE PLYMOUTH DISTRICT LIBRARY MOVING FORWARD WITH THE **ALTERNATE 3 – BCN GOLD OPTION 1 EA HMO AND ALTERNATE 4 – BLUE ELECT PLUS POS PLATINUM OPTION 2 EA** INSURANCE OPTIONS ALONG WITH THE ABOVE LISTED COINSURANCE RATES.

ROLL CALL:

RESOLVED BY TRUSTEE\_\_\_\_\_, SECONDED BY TRUSTEE \_\_\_\_\_, TO OFFICIALLY OPT PLYMOUTH DISTRICT LIBRARY OUT OF THE PA 152 MEDICAL INSURANCE CAPS FOR PLAN YEAR 2026.



**Medical Benefit Comparison for Plymouth District Library**  
 Prepared by Jennah Murphy  
 48170 (Plymouth, MI, Wayne), Medical #1: 00235032\_0001\_0001/\_0002

	<b>Current Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2025</b>	<b>Renewal Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2026</b>	<b>Alternate 1 Blue Care Network BCN Healthy Blue Living Gold Option 1 (Enhanced) EA 07/01/2026</b>	<b>Alternate 2 Blue Care Network BCN Platinum EA 07/01/2026</b>	<b>Alternate 3 Blue Care Network BCN Gold Option 1 EA 07/01/2026</b>
	HMO	HMO	HMO	HMO	HMO
	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Deductible</b>					
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	\$500	\$500	<b>\$1,000</b>	\$500	\$500
Family	\$1,000	\$1,000	<b>\$2,000</b>	\$1,000	\$1,000
<b>Coinsurance</b>					
Coinsurance	0%	0%	<b>20%</b>	0%	<b>20%</b>
Individual Max	Not Applicable	Not Applicable	<b>\$3,500</b>	Not Applicable	<b>\$5,000</b>
Family Max	Not Applicable	Not Applicable	<b>\$7,000</b>	Not Applicable	<b>\$10,000</b>
<b>Annual Out of Pocket Max</b>					
Individual	\$2,000	\$2,000	<b>\$8,150</b>	\$2,000	<b>\$9,100</b>
Family	\$4,000	\$4,000	<b>\$16,300</b>	\$4,000	<b>\$18,200</b>
<b>Physician Office Services</b>					
Primary Care	\$10	\$10	<b>\$30</b>	<b>\$20</b>	<b>\$30</b>
Specialist	\$30	\$30	<b>\$40</b>	\$30	<b>\$50</b>
Virtual Visit	\$0	\$0	\$0	\$0	\$0
<b>Rehabilitative Care</b>					
Chiropractic	\$30	\$30	<b>\$40</b>	\$30	<b>\$50</b>
Number of Chiropractic Visits	30	30	30	30	30
<b>Hospital Services</b>					
Urgent Care	\$35	\$35	<b>\$50</b>	\$35	<b>\$50</b>
Emergency Room	\$150 Copay after deductible	\$150 Copay after deductible	\$150 Copay after deductible	\$150 Copay after deductible	<b>\$350 Copay after deductible</b>
<b>Prescription Drugs</b>					
Generic	\$4/\$15	\$4/\$15	<b>\$10/\$30</b>	\$4/\$15	<b>\$15/\$40</b>
Preferred Brand	\$40	\$40	<b>\$60</b>	\$40	<b>\$80</b>
Non-Preferred Brand	\$80	\$80	\$80	\$80	<b>\$100</b>
Preferred Specialty	20%/\$200 max	20%/\$200 max	20%/\$200 max	20%/\$200 max	20%/\$200 max
Non-Preferred Specialty	20%/\$300 max	20%/\$300 max	20%/\$300 max	20%/\$300 max	20%/\$300 max
<b>Employee Count</b>	16	16	16	16	16
<b>Employee + Spouse Count</b>	6	6	6	6	6
<b>Employee + Children Count</b>	0	0	0	0	0
<b>Family Count</b>	2	2	2	2	2
<b>Total Number of Employees</b>	24	24	24	24	24
<b>Monthly Total Premium</b>	\$24,829.45	\$29,816.53	\$23,989.55	\$30,992.04	\$25,056.36
<b>Annual Total Premium</b>	<b>\$297,953.40</b>	<b>\$357,798.36</b>	<b>\$287,874.60</b>	<b>\$371,904.48</b>	<b>\$300,676.32</b>
% Change From Current		20.09%	-3.38%	24.82%	0.91%
\$ Change From Current		\$59,844.96	-\$10,078.80	\$73,951.08	\$2,722.92
	Standard plan includes higher member cost share	Standard plan includes higher member cost share	Standard plan includes higher member cost share		

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



**Medical Benefit Comparison for Plymouth District Library**  
 Prepared by Jennah Murphy  
 48170 (Plymouth, MI, Wayne), Medical #1: 00235032\_0001\_0001/\_0002

	Current	Renewal	Alternate 4		Alternate 5	
	Blue Care Network	Blue Care Network	Blue Care Network		Blue Care Network	
	BCN Healthy Blue Living Platinum (Enhanced) EA	BCN Healthy Blue Living Platinum (Enhanced) EA	Blue Elect Plus POS Platinum Option 2 EA		Blue Elect Plus POS Gold Option 1 EA	
	07/01/2025	07/01/2026	07/01/2026		07/01/2026	
	HMO	HMO	POS		POS	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	\$500	\$500	<b>\$250</b>	<b>\$500</b>	\$500	<b>\$1,000</b>
Family	\$1,000	\$1,000	<b>\$500</b>	<b>\$1,000</b>	\$1,000	<b>\$2,000</b>
<b>Coinsurance</b>						
Coinsurance	0%	0%	<b>20%</b>	<b>40%</b>	<b>20%</b>	<b>40%</b>
Individual Max	Not Applicable	Not Applicable	Not Applicable	<b>Not Applicable</b>	<b>\$5,000</b>	<b>\$10,000</b>
Family Max	Not Applicable	Not Applicable	Not Applicable	<b>Not Applicable</b>	<b>\$10,000</b>	<b>\$20,000</b>
<b>Annual Out of Pocket Max</b>						
Individual	\$2,000	\$2,000	<b>\$4,500</b>	<b>\$9,000</b>	<b>\$9,100</b>	<b>\$18,200</b>
Family	\$4,000	\$4,000	<b>\$9,000</b>	<b>\$18,000</b>	<b>\$18,200</b>	<b>\$36,400</b>
<b>Physician Office Services</b>						
Primary Care	\$10	\$10	<b>\$20</b>	<b>40% after deductible</b>	<b>\$30</b>	<b>40% after deductible</b>
Specialist	\$30	\$30	\$30	<b>40% after deductible</b>	<b>\$50</b>	<b>40% after deductible</b>
Virtual Visit	\$0	\$0	\$0	<b>40% after deductible</b>	\$0	<b>40% after deductible</b>
<b>Rehabilitative Care</b>						
Chiropractic	\$30	\$30	\$30	<b>100%</b>	<b>\$50</b>	<b>100%</b>
Number of Chiropractic Visits	30	30		30		30
<b>Hospital Services</b>						
Urgent Care	\$35	\$35	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>
Emergency Room	\$150 Copay after deductible	\$150 Copay after deductible	<b>\$150</b>	<b>\$150</b>	<b>\$250</b>	<b>\$250</b>
<b>Prescription Drugs</b>						
Generic	\$4/\$15	\$4/\$15	\$4/\$15	<b>100%</b>	<b>\$15/\$40</b>	<b>100%</b>
Preferred Brand	\$40	\$40	\$40	<b>100%</b>	<b>\$80</b>	<b>100%</b>
Non-Preferred Brand	\$80	\$80	\$80	<b>100%</b>	\$100	<b>100%</b>
Preferred Specialty	20%/\$200 max	20%/\$200 max	20%/\$200 max	<b>100%</b>	20%/\$200 max	<b>100%</b>
Non-Preferred Specialty	20%/\$300 max	20%/\$300 max	20%/\$300 max	<b>100%</b>	20%/\$300 max	<b>100%</b>
<b>Employee Count</b>	16	16		16		16
<b>Employee + Spouse Count</b>	6	6		6		6
<b>Employee + Children Count</b>	0	0		0		0
<b>Family Count</b>	2	2		2		2
<b>Total Number of Employees</b>	24	24		24		24
<b>Monthly Total Premium</b>	\$24,829.45	\$29,816.53		\$30,069.62		\$26,123.77
<b>Annual Total Premium</b>	<b>\$297,953.40</b>	<b>\$357,798.36</b>		<b>\$360,835.44</b>		<b>\$313,485.24</b>
% Change From Current		20.09%		21.10%		5.21%
\$ Change From Current		\$59,844.96		\$62,882.04		\$15,531.84
	Standard plan includes higher member cost share	Standard plan includes higher member cost share				

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



**Medical Benefit Comparison for Plymouth District Library**  
**Prepared by Jennah Murphy**  
**48170 (Plymouth, MI, Wayne), Medical #1: 00235032\_0001\_0001/\_0002**

	Current	Renewal	Alternate 6		Alternate 7		Alternate 8	
	Blue Care Network	Blue Care Network	Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield	
	BCN Healthy Blue Living Platinum (Enhanced) EA	BCN Healthy Blue Living Platinum (Enhanced) EA	Simply Blue PPO Gold Option 1 EA		Simply Blue PPO Gold Option 6 EA		Simply Blue PPO Silver Option 1 EA	
	07/01/2025	07/01/2026	07/01/2026		07/01/2026		07/01/2026	
	HMO	HMO	PPO		PPO		PPO	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	\$500	\$500	\$500	\$1,000	\$3,000	\$6,000	\$4,000	\$8,000
Family	\$1,000	\$1,000	\$1,000	\$2,000	\$6,000	\$12,000	\$8,000	\$16,000
<b>Coinsurance</b>								
Coinsurance	0%	0%	30%	50%	20%	40%	50%	70%
Individual Max	Not Applicable	Not Applicable	\$5,000	\$10,000	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Family Max	Not Applicable	Not Applicable	\$10,000	\$20,000	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Annual Out of Pocket Max</b>								
Individual	\$2,000	\$2,000	\$8,150	\$16,300	\$6,600	\$13,200	\$10,150	\$20,300
Family	\$4,000	\$4,000	\$16,300	\$32,600	\$13,200	\$26,400	\$20,300	\$40,600
<b>Physician Office Services</b>								
Primary Care	\$10	\$10	\$30	50% after deductible	\$30	40% after deductible	\$40	70% after deductible
Specialist	\$30	\$30	\$50	50% after deductible	\$50	40% after deductible	\$70	70% after deductible
Virtual Visit	\$0	\$0	\$30	Not Covered	\$30	Not Covered	\$40	Not Covered
<b>Rehabilitative Care</b>								
Chiropractic	\$30	\$30	\$30	50% after deductible	\$30	40% after deductible	\$40	70% after deductible
Number of Chiropractic Visits	30	30	30	30	30	30	30	30
<b>Hospital Services</b>								
Urgent Care	\$35	\$35	\$60	50% after deductible	\$60	40% after deductible	\$70	70% after deductible
Emergency Room	\$150 Copay after deductible	\$150 Copay after deductible	\$250	\$250	\$150	\$150	\$350	\$350
<b>Prescription Drugs</b>								
Generic	\$4/\$15	\$4/\$15	\$20	\$20+25%	\$20	\$20+25%	\$25	\$25+25%
Preferred Brand	\$40	\$40	\$60	\$60+25%	\$60	\$60+25%	\$75	\$75+25%
Non-Preferred Brand	\$80	\$80	\$100	\$100+25%	\$100	\$100+25%	\$175	\$175+25%
Preferred Specialty	20%/\$200 max	20%/\$200 max	20%/\$200 max	20%/\$200 max+25%	20%/\$200 max	20%/\$200 max+25%	20%/\$300 max	20%/\$300 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%	25%/\$500 max	25%/\$500 max+25%
<b>Employee Count</b>	16	16	16	16	16	16	16	16
<b>Employee + Spouse Count</b>	6	6	6	6	6	6	6	6
<b>Employee + Children Count</b>	0	0	0	0	0	0	0	0
<b>Family Count</b>	2	2	2	2	2	2	2	2
<b>Total Number of Employees</b>	24	24	24	24	24	24	24	24
<b>Monthly Total Premium</b>	\$24,829.45	\$29,816.53	\$31,070.19	\$31,070.19	\$28,659.77	\$28,659.77	\$24,598.92	\$24,598.92
<b>Annual Total Premium</b>	<b>\$297,953.40</b>	<b>\$357,798.36</b>	<b>\$372,842.28</b>	<b>\$372,842.28</b>	<b>\$343,917.24</b>	<b>\$343,917.24</b>	<b>\$295,187.04</b>	<b>\$295,187.04</b>
% Change From Current		20.09%	25.13%	25.13%	15.43%	15.43%	-0.93%	-0.93%
\$ Change From Current		\$59,844.96	\$74,888.88	\$74,888.88	\$45,963.84	\$45,963.84	-\$2,766.36	-\$2,766.36
	Standard plan includes higher member cost share	Standard plan includes higher member cost share						

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



**Medical Benefit Comparison for Plymouth District Library**  
**Prepared by Jennah Murphy**  
**48170 (Plymouth, MI, Wayne), Medical #1: 00235032\_0001\_0001/\_0002**

	<b>Current Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2025</b>	<b>Renewal Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2026</b>	<b>Alternate 9 Priority Health PriorityHMO Platinum P47 07/01/2026</b>	<b>Alternate 10 Priority Health PriorityHMO Gold G50 07/01/2026</b>
	HMO	HMO	HMO	HMO
	In-Network	In-Network	In-Network	In-Network
<b>Deductible</b>				
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded
Individual	\$500	\$500	<b>\$475</b>	\$500
Family	\$1,000	\$1,000	<b>\$950</b>	\$1,000
<b>Coinsurance</b>				
Coinsurance	0%	0%	<b>10%</b>	<b>20%</b>
Individual Max	Not Applicable	Not Applicable	Not Applicable	<b>\$5,500</b>
Family Max	Not Applicable	Not Applicable	Not Applicable	<b>\$11,000</b>
<b>Annual Out of Pocket Max</b>				
Individual	\$2,000	\$2,000	<b>\$2,250</b>	<b>\$9,600</b>
Family	\$4,000	\$4,000	<b>\$4,500</b>	<b>\$19,200</b>
<b>Physician Office Services</b>				
Primary Care	\$10	\$10	<b>\$15</b>	<b>\$30</b>
Specialist	\$30	\$30	<b>\$45</b>	<b>\$60</b>
Virtual Visit	\$0	\$0	<b>\$10</b>	<b>\$10</b>
<b>Rehabilitative Care</b>				
Chiropractic	\$30	\$30	<b>\$40</b>	<b>\$40</b>
Number of Chiropractic Visits	30	30	30	30
<b>Hospital Services</b>				
Urgent Care	\$35	\$35	<b>\$75</b>	<b>\$85</b>
Emergency Room	\$150 Copay after deductible	\$150 Copay after deductible	<b>\$300 Copay after deductible</b>	<b>\$350 Copay after deductible</b>
<b>Prescription Drugs</b>				
Generic	\$4/\$15	\$4/\$15	<b>\$5/\$15</b>	<b>\$5/\$35</b>
Preferred Brand	\$40	\$40	\$40	<b>\$80</b>
Non-Preferred Brand	\$80	\$80	\$80	<b>\$95</b>
Preferred Specialty	20%/\$200 max	20%/\$200 max	20%/\$200 max	<b>20%/\$250 max</b>
Non-Preferred Specialty	20%/\$300 max	20%/\$300 max	20%/\$300 max	<b>20%/\$450 max</b>
<b>Employee Count</b>	16	16	16	16
<b>Employee + Spouse Count</b>	6	6	6	6
<b>Employee + Children Count</b>	0	0	0	0
<b>Family Count</b>	2	2	2	2
<b>Total Number of Employees</b>	24	24	24	24
<b>Monthly Total Premium</b>	\$24,829.45	\$29,816.53	\$29,972.74	\$25,849.43
<b>Annual Total Premium</b>	<b>\$297,953.40</b>	<b>\$357,798.36</b>	<b>\$359,672.88</b>	<b>\$310,193.16</b>
% Change From Current		20.09%	20.71%	4.11%
\$ Change From Current		\$59,844.96	\$61,719.48	\$12,239.76
	Standard plan includes higher member cost share	Standard plan includes higher member cost share		

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



**Medical Benefit Comparison for Plymouth District Library**  
**Prepared by Jennah Murphy**  
**48170 (Plymouth, MI, Wayne), Medical #1: 00235032\_0001\_0001/\_0002**

	Current	Renewal	Alternate 11		Alternate 12		Alternate 13	
	Blue Care Network	Blue Care Network	Priority Health		Priority Health		Priority Health	
	BCN Healthy Blue Living	BCN Healthy Blue Living	PriorityPOS Platinum P47		PriorityPOS Gold G50		PriorityPOS Silver S30	
	Platinum (Enhanced) EA	Platinum (Enhanced) EA	07/01/2026		07/01/2026		07/01/2026	
	HMO	HMO	POS		POS		POS	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	\$500	\$500	<b>\$475</b>	<b>\$950</b>	\$500	<b>\$1,000</b>	<b>\$3,050</b>	<b>\$6,100</b>
Family	\$1,000	\$1,000	<b>\$950</b>	<b>\$1,900</b>	\$1,000	<b>\$2,000</b>	<b>\$6,100</b>	<b>\$12,200</b>
<b>Coinsurance</b>								
Coinsurance	0%	0%	<b>10%</b>	<b>30%</b>	<b>20%</b>	<b>40%</b>	<b>30%</b>	<b>50%</b>
Individual Max	Not Applicable	Not Applicable	Not Applicable	<b>Not Applicable</b>	<b>\$5,500</b>	<b>\$11,000</b>	Not Applicable	<b>Not Applicable</b>
Family Max	Not Applicable	Not Applicable	Not Applicable	<b>Not Applicable</b>	<b>\$11,000</b>	<b>\$22,000</b>	Not Applicable	<b>Not Applicable</b>
<b>Annual Out of Pocket Max</b>								
Individual	\$2,000	\$2,000	<b>\$2,250</b>	<b>\$4,500</b>	<b>\$9,600</b>	<b>\$19,200</b>	<b>\$9,700</b>	<b>\$19,400</b>
Family	\$4,000	\$4,000	<b>\$4,500</b>	<b>\$9,000</b>	<b>\$19,200</b>	<b>\$38,400</b>	<b>\$19,400</b>	<b>\$38,800</b>
<b>Physician Office Services</b>								
Primary Care	\$10	\$10	<b>\$15</b>	<b>30% after deductible</b>	<b>\$30</b>	<b>40% after deductible</b>	<b>\$45</b>	<b>50% after deductible</b>
Specialist	\$30	\$30	<b>\$45</b>	<b>30% after deductible</b>	<b>\$60</b>	<b>40% after deductible</b>	<b>\$95</b>	<b>50% after deductible</b>
Virtual Visit	\$0	\$0	<b>\$10</b>	<b>30% after deductible</b>	<b>\$10</b>	<b>40% after deductible</b>	<b>\$10</b>	<b>50% after deductible</b>
<b>Rehabilitative Care</b>								
Chiropractic	\$30	\$30	<b>\$40</b>	<b>50% after deductible</b>	<b>\$40</b>	<b>50% after deductible</b>	<b>\$40</b>	<b>50% after deductible</b>
Number of Chiropractic Visits	30	30		30		30		30
<b>Hospital Services</b>								
Urgent Care	\$35	\$35	<b>\$75</b>	<b>30% after deductible</b>	<b>\$85</b>	<b>40% after deductible</b>	<b>\$85</b>	<b>50% after deductible</b>
Emergency Room	\$150 Copay after deductible	\$150 Copay after deductible	<b>\$300 Copay after deductible</b>	<b>\$300 Copay after in network deductible</b>	<b>\$350 Copay after deductible</b>	<b>\$350 Copay after in network deductible</b>	<b>\$400 Copay after deductible</b>	<b>\$400 Copay after in network deductible</b>
<b>Prescription Drugs</b>								
Generic	\$4/\$15	\$4/\$15	<b>\$5/\$15</b>	<b>100%</b>	<b>\$5/\$35</b>	<b>100%</b>	<b>\$5/\$35</b>	<b>100%</b>
Preferred Brand	\$40	\$40	\$40	<b>100%</b>	<b>\$80</b>	<b>100%</b>	<b>\$100</b>	<b>100%</b>
Non-Preferred Brand	\$80	\$80	\$80	<b>100%</b>	<b>\$95</b>	<b>100%</b>	<b>\$150</b>	<b>100%</b>
Preferred Specialty	20%/\$200 max	20%/\$200 max	20%/\$200 max	<b>100%</b>	<b>20%/\$250 max</b>	<b>100%</b>	<b>20%/\$350 max</b>	<b>100%</b>
Non-Preferred Specialty	20%/\$300 max	20%/\$300 max	20%/\$300 max	<b>100%</b>	<b>20%/\$450 max</b>	<b>100%</b>	<b>20%/\$550 max</b>	<b>100%</b>
<b>Employee Count</b>	16	16		16		16		16
<b>Employee + Spouse Count</b>	6	6		6		6		6
<b>Employee + Children Count</b>	0	0		0		0		0
<b>Family Count</b>	2	2		2		2		2
<b>Total Number of Employees</b>	24	24		24		24		24
<b>Monthly Total Premium</b>	\$24,829.45	\$29,816.53		\$32,885.60		\$28,273.51		\$23,750.87
<b>Annual Total Premium</b>	<b>\$297,953.40</b>	<b>\$357,798.36</b>		<b>\$394,627.20</b>		<b>\$339,282.12</b>		<b>\$285,010.44</b>
% Change From Current		20.09%		32.45%		13.87%		-4.34%
\$ Change From Current		\$59,844.96		\$96,673.80		\$41,328.72		-\$12,942.96
	Standard plan includes higher member cost share	Standard plan includes higher member cost share						

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



**Medical Benefit Comparison for Plymouth District Library**  
**Prepared by Jennah Murphy**  
**48170 (Plymouth, MI, Wayne), Medical #1: 00235032\_0001\_0001/\_0002**

	<b>Current Blue Care Network</b> BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2025	<b>Renewal Blue Care Network</b> BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2026	<b>Alternate 14 HAP</b> HAP HMO Platinum A050 07/01/2026	<b>Alternate 15 HAP</b> HAP HMO Gold B1 07/01/2026
	HMO	HMO	HMO	HMO
	In-Network	In-Network	In-Network	In-Network
<b>Deductible</b>				
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded
Individual	\$500	\$500	\$500	<b>\$1,000</b>
Family	\$1,000	\$1,000	\$1,000	<b>\$2,000</b>
<b>Coinsurance</b>				
Coinsurance	0%	0%	0%	<b>20%</b>
Individual Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Family Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Annual Out of Pocket Max</b>				
Individual	\$2,000	\$2,000	<b>\$2,500</b>	<b>\$8,200</b>
Family	\$4,000	\$4,000	<b>\$5,000</b>	<b>\$16,400</b>
<b>Physician Office Services</b>				
Primary Care	\$10	\$10	<b>\$20</b>	<b>\$35</b>
Specialist	\$30	\$30	<b>\$40</b>	<b>\$60</b>
Virtual Visit	\$0	\$0	\$0	\$0
<b>Rehabilitative Care</b>				
Chiropractic	\$30	\$30	\$30	\$30
Number of Chiropractic Visits	30	30	<b>20</b>	<b>20</b>
<b>Hospital Services</b>				
Urgent Care	\$35	\$35	<b>\$65</b>	<b>\$65</b>
Emergency Room	\$150 Copay after deductible	\$150 Copay after deductible	<b>\$200</b>	<b>\$300</b>
<b>Prescription Drugs</b>				
Generic	\$4/\$15	\$4/\$15	<b>\$5/\$15</b>	<b>\$5/\$25</b>
Preferred Brand	\$40	\$40	<b>\$30</b>	\$40
Non-Preferred Brand	\$80	\$80	<b>\$60</b>	\$80
Preferred Specialty	20%/\$200 max	20%/\$200 max	20%/\$200 max	20%/\$200 max
Non-Preferred Specialty	20%/\$300 max	20%/\$300 max	<b>50%/\$500 max</b>	<b>50%/\$500 max</b>
<b>Employee Count</b>	16	16	16	16
<b>Employee + Spouse Count</b>	6	6	6	6
<b>Employee + Children Count</b>	0	0	0	0
<b>Family Count</b>	2	2	2	2
<b>Total Number of Employees</b>	24	24	24	24
<b>Monthly Total Premium</b>	\$24,829.45	\$29,816.53	\$32,832.96	\$25,439.29
<b>Annual Total Premium</b>	<b>\$297,953.40</b>	<b>\$357,798.36</b>	<b>\$393,995.52</b>	<b>\$305,271.48</b>
% Change From Current		20.09%	32.23%	2.46%
\$ Change From Current		\$59,844.96	\$96,042.12	\$7,318.08
	Standard plan includes higher member cost share	Standard plan includes higher member cost share		

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**Medical Benefit Comparison for Plymouth District Library**  
 Prepared by Jennah Murphy  
 48170 (Plymouth, MI, Wayne), Medical #1: 00235032\_0001\_0001/\_0002

	<b>Current Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2025</b>	<b>Renewal Blue Care Network BCN Healthy Blue Living Platinum (Enhanced) EA 07/01/2026</b>	<b>Alternate 16 HAP HAP EPO Platinum A050 07/01/2026</b>	<b>Alternate 17 HAP HAP EPO Gold B12 07/01/2026</b>	<b>Alternate 18 HAP HAP EPO Silver E45 07/01/2026</b>
	HMO	HMO	EPO	EPO	EPO
	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Deductible</b>					
Aggregate or Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual	\$500	\$500	\$500	<b>\$1,200</b>	<b>\$4,500</b>
Family	\$1,000	\$1,000	\$1,000	<b>\$2,400</b>	<b>\$9,000</b>
<b>Coinsurance</b>					
Coinsurance	0%	0%	0%	0%	<b>35%</b>
Individual Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Family Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Annual Out of Pocket Max</b>					
Individual	\$2,000	\$2,000	<b>\$2,500</b>	<b>\$8,200</b>	<b>\$10,000</b>
Family	\$4,000	\$4,000	<b>\$5,000</b>	<b>\$16,400</b>	<b>\$20,000</b>
<b>Physician Office Services</b>					
Primary Care	\$10	\$10	<b>\$20</b>	<b>\$35</b>	<b>\$50</b>
Specialist	\$30	\$30	<b>\$40</b>	<b>\$60</b>	<b>\$80</b>
Virtual Visit	\$0	\$0	\$0	\$0	\$0
<b>Rehabilitative Care</b>					
Chiropractic	\$30	\$30	\$30	\$30	\$30
Number of Chiropractic Visits	30	30	<b>20</b>	<b>20</b>	<b>20</b>
<b>Hospital Services</b>					
Urgent Care	\$35	\$35	<b>\$65</b>	<b>\$65</b>	<b>\$65</b>
Emergency Room	\$150 Copay after deductible	\$150 Copay after deductible	<b>\$200</b>	<b>\$300</b>	<b>\$300 Copay after deductible</b>
<b>Prescription Drugs</b>					
Generic	\$4/\$15	\$4/\$15	<b>\$5/\$15</b>	<b>\$5/\$30</b>	\$8/\$30
Preferred Brand	\$40	\$40	<b>\$30</b>	\$40	<b>\$75</b>
Non-Preferred Brand	\$80	\$80	<b>\$60</b>	\$80	<b>\$100</b>
Preferred Specialty	20%/\$200 max	20%/\$200 max	20%/\$200 max	20%/\$200 max	20%/\$200 max
Non-Preferred Specialty	20%/\$300 max	20%/\$300 max	<b>50%/\$500 max</b>	<b>50%/\$500 max</b>	<b>50%/\$500 max</b>
<b>Employee Count</b>	16	16	16	16	16
<b>Employee + Spouse Count</b>	6	6	6	6	6
<b>Employee + Children Count</b>	0	0	0	0	0
<b>Family Count</b>	2	2	2	2	2
<b>Total Number of Employees</b>	24	24	24	24	24
<b>Monthly Total Premium</b>	\$24,829.45	\$29,816.53	\$35,432.87	\$29,227.00	\$22,392.57
<b>Annual Total Premium</b>	<b>\$297,953.40</b>	<b>\$357,798.36</b>	<b>\$425,194.44</b>	<b>\$350,724.00</b>	<b>\$268,710.84</b>
% Change From Current		20.09%	42.71%	17.71%	-9.81%
\$ Change From Current		\$59,844.96	\$127,241.04	\$52,770.60	-\$29,242.56
	Standard plan includes higher member cost share	Standard plan includes higher member cost share			

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**TO:** Plymouth District Library Board

**DATE:** April 17, 2026

**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. There were no increases for Dental premiums, but there was a slight (2.92%) increase in vision premiums. This is a minor increase that the budget can easily accommodate.

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: 07/01/2026 - 06/30/2027

CARRIER		Current / Renewal	
CARRIER		Delta	
<u>Class of Service</u>		<u>In-Network</u>	<u>Out-of-Network</u>
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	
Rate Guarantee		1 Year	
Rates		<u>Current Rates</u>	<u>Renewal Rates</u>
Employee		18	\$43.29
Employee + One		5	\$82.59
Family		2	\$156.90
		25	\$156.90
<b>Monthly Premium</b>		<b>\$1,505.97</b>	<b>\$1,505.97</b>
<b>Annual Premium</b>		<b>\$18,071.64</b>	<b>\$18,071.64</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.

## Vision Renewal | Plymouth District Library

Renewal Period: 07/01/2026 - 06/30/2027

		Current / Renewal	
CARRIER		Delta	
Annual Exam		\$10 Copay	
Material Copay <sup>1</sup>		\$25 Copay	
Frames/Lenses		\$130 Allowance	
Contact Lenses		\$130 Allowance	
Benefit Frequency			
Exams		12 months	
Lenses		12 months	
Frames		24 months	
Deductible		None	
Network		VSP Choice	
<b>Rate Guarantee</b>		<b>1 Year</b>	
<b>Rates</b>		<b>Current Rates</b>	<b>Renewal Rates</b>
Employee	16	\$6.23	\$6.41
Employee + Spouse	4	\$12.47	\$12.84
Employee + Child(ren)	0	\$13.34	\$13.74
Family	2	\$21.33	\$21.96
	22		
<b>Monthly Premium</b>		<b>\$192.22</b>	<b>\$197.84</b>
<b>Annual Premium</b>		<b>\$2,306.64</b>	<b>\$2,374.08</b>
<b>Annual Difference</b>			<b>\$67.44</b>
<b>% Difference from Current</b>			<b>2.92%</b>

<sup>1</sup> Copay applies to frame, lenses, or contact lenses if applicable.

9.5



**TO:** Plymouth District Library Board

**DATE:** April 17, 2026

**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 \$18,622.68 annually.

RESOLVED BY TRUSTEE \_\_\_\_\_, SECONDED BY TRUSTEE \_\_\_\_\_, TO APPROVE PLYMOUTH DISTRICT LIBRARY RENEWING CURRENT LIFE AND DISABILITY COVERAGE WITH MUTUAL OF OMAHA FOR \$18,622.68.

ROLL CALL:

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

Renewal Period: 07/01/2026 - 06/30/2027

	Current / Renewal	
<b>CARRIER</b>	Mutual of Omaha	
<b>Life/AD&amp;D</b>		
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	
<b>Rate Guarantee</b>	<b>2 Years</b>	
	<b><u>Current Rates</u></b>	<b><u>Renewal Rates</u></b>
Employees	27	27
Volume	\$3,021,000	\$3,021,000
Rate	\$0.185	\$0.185
<b>Total Monthly Premium</b>	<b>\$558.89</b>	<b>\$558.89</b>
<b>Total Annual Premium</b>	<b>\$6,706.62</b>	<b>\$6,706.62</b>
<b>Annual Difference</b>		<b>\$0.00</b>
<b>% Difference from Current</b>		<b>0.00%</b>

Enrollment based on April invoices

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

## Short Term Disability Renewal | Plymouth District Library

Renewal Period: 07/01/2026 - 06/30/2027

	Current / Renewal	
<b>CARRIER</b>	Mutual of Omaha	
<b>Short Term Disability</b>		
Benefit	60% up to \$800 weekly max.	
Elimination Period	8 days illness/0 days injury	
Benefit Duration	13 weeks	
Waiver of Premium	Included	
<b>Rate Guarantee</b>	<b>2 Years</b>	
	<b><u>Current Rates</u></b>	<b><u>Renewal Rates</u></b>
Employees	27	27
Covered Benefit (Volume)	\$17,124.23	\$17,124.23
Rate	\$0.310	\$0.310
<b>Total Monthly Premium</b>	<b>\$530.85</b>	<b>\$530.85</b>
<b>Total Annual Premium</b>	<b>\$6,370.21</b>	<b>\$6,370.21</b>
<b>Annual Difference</b>		<b>\$0.00</b>
<b>% Difference from Current</b>		<b>0.00%</b>

Enrollment based on April invoices

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: 07/01/2026 - 06/30/2027

	Current / Renewal	
CARRIER	Mutual of Omaha	
<b>Long Term Disability</b>		
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	
<b>Rate Guarantee</b>	<b>2 Years</b>	
	<b><u>Current Rates</u></b>	<b><u>Renewal Rates</u></b>
Employees	27	27
Covered Payroll (Volume)	\$128,376.26	\$128,376.26
Rate	\$0.360	\$0.360
<b>Total Monthly Premium</b>	<b>\$462.15</b>	<b>\$462.15</b>
<b>Total Annual Premium</b>	<b>\$5,545.85</b>	<b>\$5,545.85</b>
<b>Annual Difference</b>		<b>\$0.00</b>
<b>% Difference from Current</b>		<b>0.00%</b>

Enrollment based on April invoices