



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

FINANCE COMMITTEE

Meeting Minutes

Wednesday, December 12th, 2018

5:30 p.m.

812 E. Jolly Rd, Conference Room G11-C

Lansing, MI 48910

Committee Members Present:

Joe Brehler, Kam Washburn, Kay Randolph-Back, Jim Rundborg, Raul Gonzales

Committee Members Absent:

Chris Swope, Carol Koenig

Staff Present:

Stacia Chick, Darby Vermeulen, Joanne Holland, Sara Lurie, Ericanne Spence, Shana Badgley, Karla Block, Jana Baylis, John Peiffer, Kinnith Gibbs

Public Present:

Naudia Fisher – Local 459, Jeff Fleming – Local 459

Other Board Members Present:

Dianne Holman

Call to Order:

The meeting was called to order by Chairperson Joe Brehler at 5:30 p.m.

Previous Meeting Minutes:

MOVED by Raul Gonzales and SUPPORTED by Dianne Holman to approve the meeting minutes of November 14th, 2018.

MOTION CARRIED unanimously.

Adoption of Agenda:

MOVED by Jim Rundborg and SUPPORTED by Dianne Holman to adopt the

amended agenda, removing agenda item #8, Expense Contract Renewal: Janitorial Contract 812 Jolly and 1305 Jolly Road Locations, and adding Expense Contract Amendment: Elder Ridge Manor II, LLC as agenda item #5.

MOTION CARRIED unanimously.

Public Comment on Agenda Items:

None.

BUSINESS ITEMS:

Expense Contract Amendment: Elder Ridge Manor II, LLC

Shana Badgley presented an amendment to an existing contract for an increased rate for one specific consumer. Kay Randolph-Back asked about the rate tables, and whether vary due to a consumer's specific level of care. Shana said only this particular individual has an increased rate, and the others in the home remain at the same rate as previously shared. Kay then asked about the revenue and expense of the contract, and asked if SSI is listed because this particular person has SSI and not SSDI, and Shana said she believes this to be the case, although others at the home may has SSDI.

ACTION:

MOVED by Raul Gonzales and SUPPORTED by Kam Washburn that the Finance Committee recommends that the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties authorize CMHA-CEI to enter into renewal contract with Elder Ridge Manor II (license number AL330380274) to purchase specialized residential services for the period of December 1, 2018 through September 30, 2019, and pay a per diem rate specific to an identified consumer of \$129.03, independent of any amount paid to the home for room and board as calculated in the consumer's ability to pay. For all other consumers in the home the previously Board approved amount will remain \$81.37.

MOTION CARRIED unanimously.

Expense Contract Amendment: Homelife Inc.

Karla Block presented an amendment to an existing contract. She said this amendment is to reflect the new per diem, as well as to adjust the contract term so that it aligns with the renewal date of other similar contracts.

ACTION:

MOVED by Kam Washburn and **SUPPORTED** by Dianne Holman that the Finance Committee recommends that the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties authorize CMHA-CEI to amend its current contract with Homelife, Inc. to reflect the per diem of \$224.72 to be paid from January 1, 2019 through September 30, 2019.

MOTION CARRIED unanimously.

New Expense Contract: OnSolve – Mass Notification Services

John Peiffer and Kinnith Gibbs presented a contract for an electronic push notification system. John explained this is an emergency response system that sends messages over several mediums, including cell phones, email, etc. He said this system would be invaluable to staff and the people CEI serves. Kinnith went on to explain that within the CMS emergency preparedness standard, one of four standards currently not being met by CEI is having a communication plan. He went on to say that in the past, there have been issues with supervisors and managers being able to reach employees in the event of an emergency. This system will be set up with community partners as well, so that CEI's notifications would be pushed out to the community, and not solely CEI employees.

Joe Brehler asked about a multi-year contract, and John explained he would like to try out the system for a year before signing a longer term contract.

Raul Gonzales asked if these messages would be sent to our clients, as well, and Kinnith explained that this would be more complex because of new clients as well as those CEI no longer serves, and would result in an increased cost. Kay asked why a business in Florida was chosen over a business in Michigan, and John said this particular model matched up with CEI's needs, one need being ease of use. Kinnith went on to say that for disaster purposes, a similar company in the region could also be affected by those events, which could result in a disruption in service for CEI.

ACTION:

MOVED by Raul Gonzales and **SUPPORTED** by Kam Washburn that the Finance Committee recommends that the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties authorize CMHA-CEI to enter into a new contract with OnSolve to purchase the mass notification services product Send Word Now from OnSolve for the period of January 1, 2019 to December 31, 2019 and pay \$14,750 for those services.

MOTION CARRIED unanimously.

Contract Renewals

Stacia Chick brought ten benefit contract renewals to the committee.

ACTION:

MOVED by Kay Randolph-Back and SUPPORTED by Raul Gonzales that the Finance Committee recommends that the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties authorize CMHA-CEI to enter into the following contract renewals based on the fact that the information has been reviewed and the proposals are in line with agency responsibilities:

Expense Contract Renewal: Aflac Continental American Insurance Company 2019 Plan Year

Contract renewal with Aflac Continental American Insurance Company (CAIC) to purchase employee supplemental accident and critical illness insurance benefits from Aflac Continental American Insurance Company (CAIC) for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

Accident:

CAIC GROUP ACCIDENT ADVANTAGE - PLAN Series 7700 With High Option - 24 Hour Plan With Wellness Benefit

Coverage	Premium
Employee	\$7.48
Employee & Spouse	\$10.69
Employee & Child	\$14.26
Family	\$17.47

Critical Illness:

CAIC GROUP CRITICAL ILLNESS Series 2800 - Additional Benefits Rider Occupational HIV Rider Heart Event Rider UNI-TOBACCO for Employee

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.31	\$3.81	\$5.31	\$6.81	\$8.31	\$9.81	\$11.31	\$12.81	\$14.31	\$15.81
30-39	\$3.26	\$5.70	\$8.15	\$10.59	\$13.04	\$15.49	\$17.93	\$20.38	\$22.83	\$25.27
40-49	\$6.33	\$11.84	\$17.36	\$22.87	\$28.39	\$33.90	\$39.42	\$44.93	\$50.45	\$55.96
50-59	\$9.86	\$18.90	\$27.95	\$36.99	\$46.04	\$55.09	\$64.13	\$73.18	\$82.23	\$91.27
60-64	\$15.21	\$29.61	\$44.01	\$58.41	\$72.81	\$87.21	\$101.61	\$116.01	\$130.41	\$144.81

CAIC GROUP CRITICAL ILLNESS Series 2800 - Additional Benefits Rider Occupational HIV Rider Heart Event Rider UNI-TOBACCO for Spouse

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.31	\$3.06	\$3.81	\$4.56	\$5.31	\$6.06	\$6.81	\$7.56	\$8.31
30-39	\$3.26	\$4.48	\$5.70	\$6.93	\$8.15	\$9.37	\$10.59	\$11.82	\$13.04
40-49	\$6.33	\$9.08	\$11.84	\$14.60	\$17.36	\$20.11	\$22.87	\$25.63	\$28.39
50-59	\$9.86	\$14.38	\$18.90	\$23.43	\$27.95	\$32.47	\$36.99	\$41.52	\$46.04
60-64	\$15.21	\$22.41	\$29.61	\$36.81	\$44.01	\$51.21	\$58.41	\$65.61	\$72.81

Expense Contract Renewal: Advanced Benefit Solutions D/B/A ARORx 2019-2020 Plan Year

Contract renewal with Advanced Benefit Solutions D/B/A ARORx to purchase employee pharmacy benefits from Advanced Benefit Solutions D/B/A ARORx for the period of January 1, 2019 to December 31, 2020 and pay fees per the rate schedule below.

Financial Terms and Conditions

Traditional Offering		Year 1	Year 2
Retail			
Brand	Discount	16.50%	16.50%
GER includes SSG	Discount	81%	81.1%
	Dispensing Fee	\$1.00/net paid claim	\$1.00/net paid claim
Retail 90			
Brand	Discount	22.50%	22.50%
GER includes SSG	Discount	81%	81.10%
	Dispensing Fee	\$1.00/net paid claim	\$1.00/net paid claim
Mail			
Brand	Discount	24%	24%
GER includes SSG	Discount	83%	83%
	Dispensing Fee	\$1.00/net paid claim	\$1.00/net paid claim
Specialty			
Brand	Discount	13.50%	13.50%
Generic	Discount	See Discount Sheet	See Discount Sheet
Rebates			
	Retail Brand	\$50.74/brand	\$56.48/brand
	Mail/Retail 90 Brand	\$140.29/brand	\$155.25/brand
	Exclusive Specialty 30 day	\$393.75/rebateable brand	\$447.97/rebateable brand
Fees			
	Appeals First Level	Included	Included
	Independent Review	\$375	\$375

The following claims are excluded from Rebate Guarantees: claims with a member cost share 100% after deductibles have been satisfied, claims adjudicated through a government sponsored program or pharmacy, OTC claims, 340B claims, COB claims, Discount Card claims, LTC/HI/ITU pharmacy claims, cosmetics, cosmetic drugs, appliances, devices, bandages, heat lamps, braces, splints, and artificial appliances, health and beauty aids, cosmetics and dietary supplements, biosimilar drugs, vaccines, claims older than 180 days, claims through Sponsor-owned, university, pharmacies located on premises of a Sponsor, claims that are reversed, and claims with invalid identifiers.

- The following claims are excluded from Discount Guarantees: claims adjudicated through a government sponsored program or pharmacy, 340B claims, COB claims, Discount Card claims, LTC/HI/ITU pharmacy claims, Compound drugs, Limited Distribution Specialty Drugs, OTC, Manual claims, Medical Supplies claims, Vaccines and out of network claims.
- The Drug Classification determination is made based on indicators from a single nationally recognized source such as MediSpan. Single source generics fall under the generic guarantee.
- Discounts are guaranteed at the client level and cannot be offset.

Expense Contract Renewal: CIGNA 2019-2020 Plan Year

Contract renewal with CIGNA (Life Insurance Company of North America) to purchase employee Life, Short Term Disability (STD), Long Term Disability (LTD), Voluntary Life and Voluntary AD&D insurance coverage from CIGNA (Life Insurance

Company of North America) for the period of January 1, 2019 to December 31, 2020 and pay fees per the rate schedule below.

Renewal Rate Summary

Community Mental Health Authority of Clinton, Eaton and Ingham Counties

Product	Policy #'s	Inforce Rate	Renewal Rate	Rate Basis	% Change
Basic Life	FLX 966179	\$0.139	\$0.139	per \$1,000 of coverage	0%
Basic AD&D	OK 967724	\$0.015	\$0.015	per \$1,000 of coverage	0%
Voluntary Life- Employee*	FLX 966179	step rates	step rates	per \$1,000 of coverage	0%
Voluntary Life- Spouse*	FLX 966179	step rates	step rates	per \$1,000 of coverage	0%
Voluntary Life- Child	FLX 966179	.20	.20	per \$1,000 of coverage	0%
Long-Term Disability	LK 964237	\$0.35	0.35	per \$100 of covered payroll	0%
Short Term Disability	LK 751631	Class 1: .29 Class 2: .46	Class 1: .29 Class 2: .46	per \$1,000 of coverage	0%
Rate Guarantee Period	All lines to renew on 1/1/2021				

Cigna reserves the right to change premium rates if any of the following occurs:

- The policy terms change
- A division, subsidiary, eligible company, or class is added/deleted
- There is a change of more than 10% in the number of eligible employees since the last census was provided
- Please see appendix for proposed renewal step rates

Appendix I: Age-Banded and Class Level Rates

VOLUNTARY TERM LIFE RATE SUMMARY	
Coverage	Premium Rate
Voluntary Term Life <i>Employee</i>	See Step Rates Table below
Voluntary Dependent Life <i>Spouse</i> <i>Child</i>	See Step Rates Table below \$0.20 per \$1,000

VOLUNTARY LIFE INSURANCE STEP RATES FOR EMPLOYEE AND SPOUSE		
Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
<20-24	\$0.115	\$0.154
25-29	\$0.100	\$0.129
30-34	\$0.115	\$0.134
35-39	\$0.164	\$0.175
40-44	\$0.238	\$0.245
45-49	\$0.380	\$0.386
50-54	\$0.596	\$0.609
55-59	\$0.904	\$0.936
60-64	\$1.286	\$1.649
65-69	\$2.186	\$2.875
70-74	\$3.893	\$5.133
75-99	\$7.849	\$9.997


Expense Contract Renewal: Delta Dental 2019 Plan Year

Contract renewal with Delta Dental of Michigan to purchase employee dental benefits from Delta Dental of Michigan for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

Service Fees	Rates per subscriber per month
Composite Administrative Fee	\$4.87
Enrollee only	\$39.45
Enrollee with one dependent	\$72.55
Enrollee with two or more dependents	\$123.41

Expense Contract Renewal: The Hartford Group 2019 Plan Year

Contract renewal with The Hartford Group to purchase retiree health benefits from The Hartford Group for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

			
NOTES: **Rates shown are proposed, FINAL rates are based on actual enrollment & underwriting approval. ** Rates are Medical Fully Insured/Rx Self funded Illustrative *Taxes not included*			
Type of Group	Total Enrolled	Current Monthly Cost	Renewal Monthly Cost
65-69	14	\$344.69	\$351.69
70-74	23	\$374.04	\$381.04
75-79	6	\$404.03	\$411.03
80+	6	\$414.28	\$421.28
Total Members	49		
Monthly Total		\$18,338	\$18,681
Annual Total Cost:		\$220,061	\$224,177
Difference vs Current			\$4,116
DISCLAIMERS		< Please read prior to making any decision >	

Expense Contract Renewal: Midwestern Dental 2019 Plan Year

Contract renewal with Midwestern Dental to purchase employee dental benefits from Midwestern Dental for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

MIDWESTERN	
Single	
25.70	/MO
Double	
50.14	/MO
Family	
85.69	/MO

Expense Contract Renewal: Michigan Group Benefits 2019 Plan Year

Contract renewal with Michigan Group Benefits to purchase FSA, LPFSA, and Dependent Care from Michigan Group Benefits for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

Monthly Fee per Participant without Debit Card Reimbursement \$4.00

Claims Administration, with frequency determined by the employer. This fee is charged for each participant in the Flexible Spending Account and/or the Dependent Care Benefit Account. There is no charge for employees who only participate in the Premium Only Account.

Monthly Fee Per Participant with Debit Card Reimbursement \$5.00

Note: A one-time \$100.00 fee will be charged for a Signature Scan to enable printing of Employer-signed claim reimbursement checks that may be mailed directly to each claimant's home.

Annual Base Fee \$500.00

This fee covers the enrollment of new plan participants, re-enrollment meetings with current participants, and updates and changes due to legislative regulations, employer plan design modifications, or administrative experience. It also includes preparation of Form 5500 annually, if required, and quarterly discrimination testing

Expense Contract Renewal: Infinisource 2019 Plan Year

Contract renewal with Infinisource to purchase COBRA administration services and COBRA compliance notices from Infinisource for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

**COMMUNITY MENTAL HEALTH AUTHORITY-CEI
2019 COBRA RATES**

Health Insurance Monthly Premiums 2019

INSURANCE CARRIER	SINGLE	DOUBLE	FAMILY
PHP High Deductible Health Plan- \$1,350/2,700 Deductible	437.84	1050.78	1313.48
PHP HRA 1A- No Deductible	604.26	1438.08	1795.44
PHP HRA 1B- \$250/\$500 Deductible	560.47	1332.99	1664.07

Dental Insurance Monthly Premiums 2019

INSURANCE CARRIER	SINGLE	DOUBLE	FAMILY
Delta Dental	40.24	74.00	125.88
Midwestern	25.20	49.17	84.04

Vision Insurance Monthly Premiums 2019

INSURANCE CARRIER	SINGLE	DOUBLE	FAMILY
VSP	4.83	9.65	15.41

*** Includes a 2% Administrative Fee**

**** PHP HRA includes HRA Factor**

Expense Contract Renewal: VSP 2019 Plan Year

Contract renewal with VSP to purchase employee vision benefits from VSP for the period of January 1, 2018 to December 31, 2019 and pay fees per the rate schedule below.

VISION	VSP
SINGLE	4.74 /MO
DOUBLE (2 Persons)	9.46 /MO
FAMILY (More than 2 persons)	15.11 /MO

MOTION CARRIED unanimously.

Expense Contract Renewal: MaxorPlus, Ltd. 2019-2020 Plan Year

Contract renewal with MaxorPlus, Ltd. to purchase employee pharmacy benefits from MaxorPlus, Ltd. for the period of January 1, 2019 to December 31, 2020 and pay fees per the rate schedule below.

**EXHIBIT C
Financial Terms**

1. Retail Prescriptions. For each Covered Drug dispensed by a Participating Pharmacy to a Member, Client shall reimburse MaxorPlus an amount equal to (1) the lesser of the Participating Pharmacy's Usual and Customary Price or the applicable rate plus dispensing fee listed in the Section 1, (2) plus any applicable sales or use taxes, (3) less the Member's Co-Payment. Client is responsible for the payment of any applicable sales or use taxes, and CLIENT shall reimburse MaxorPlus for all taxes paid on its behalf by Participating Pharmacies.

The actual amount paid to the Participating Pharmacy may be more or less than the amount paid to MaxorPlus by Client.

Discount Rates and Dispensing Fees

Category	Year 1	Year 2
Brand Drugs		
Retail 30-Day Discount Rate	AWP-16.50%	AWP-16.50%
Retail 30-Day Dispensing Fee	\$1.00	\$1.00
Retail 90-Day Discount Rate	AWP-22.50%	AWP-22.50%
Retail 90-Day Dispensing Fee	\$1.00	\$1.00
Generic Drugs		
Retail 30-Day Discount Rate	AWP-81.00%	AWP-81.10%
Retail 30-Day Dispensing Fee	\$1.00	\$1.00
Retail 90-Day Discount Rate	AWP-81.00%	AWP-81.10%
Retail 90-Day Dispensing Fee	\$1.00	\$1.00

"Retail" means Covered Drugs filled by Participating Pharmacies to Members.

"30-Day" means all prescriptions filled at Participating Pharmacies with a days' supply of 1 to 83 days.

"90-Day" means prescriptions filled at Participating Pharmacies with a days' supply of 84 to 90 days.

Usual and Customary Claims (U&C) are included in the brand & generic discount guarantees.

2. Mail Order Pharmacy. For Covered Drugs dispensed by Maxor Mail to Members, Client shall pay (1) the minimum effective guarantees listed in the chart below (2) plus any applicable sales or use taxes or fees, (3) less any Co-Payment.

Maxor Mail Aggregate Effective Guarantees

Category	Year 1	Year 2
Brand Discount Rate	AWP-24.00%	AWP-24.00%
Brand Dispensing Fee	\$1.00	\$1.00
Generic Discount Rate	AWP-83.00%	AWP-83.00%
Generic Dispensing Fee	\$1.00	\$1.00

Usual and Customary Claims (U&C) are included in the brand & generic discount guarantees.

3. Chronic Injectable/Specialty Pharmacy. For each Prescription dispensed by Maxor Specialty to a Member, Client shall pay MaxorPlus the applicable amount as follows:

Category	Year 1	Year 2
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30-Day Specialty Brand Discount Rate	AWP-13.50%	AWP-13.50%
Specialty Brand Dispensing Fee	\$1.00	\$1.00
30-Day Specialty Generic Discount	See attached schedule	See attached schedule
Specialty Generic Dispensing Fee	\$1.00	\$1.00

4. **Special Reimbursement for Certain Drugs.** Certain drugs that become available on the market from time to time will be priced separately from, and thus not subject to the reduced contracted reimbursement rate, due to, among other things, specialized manufacturer processes, limited availability or extraordinary shipping requirements. Such drugs might include compounds. MaxorPlus shall provide Client with a list of such drugs, and their corresponding reimbursement rates (which are generally no less than full AWP), upon request. Participating Pharmacies may dispense these drugs to Members unless the Benefit Plan design would otherwise exclude these drugs or the Client notifies MaxorPlus in writing of its objections. Compounds will require Client approval if the plan cost exceeds \$300.

5. **Administrative Services and Fees.**

Ad hoc reports	Included
Administrative Prior Authorizations such as vacation override, refill too soon, etc.	Included
Appeals Level One	Included
Clinical Prior Authorization & other benefit coverage rules	Included
Quantity and dosing limits	Included
Step Therapy Program	Included
Connectivity charges to online system	Included
ID Cards (initial cards)	Included
Mailed to Members	Included
ID Cards (additional or replacement)	Included
Paper Claims Processing	Included
Appeals Level Two (Medical Determinations/Physician Review)	Cost of services with a maximum of \$ 375 per appeal

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Participating Pharmacy Audit

Cost of services not to exceed the amount recovered

6. Rebates

MAXORPLUS will provide the following minimum guarantees for each applicable year. All rates listed in this Section 6 are on a per brand Rx basis.

Category	Year 1	Year 2
Retail 1-83 Day Supply	\$50.74	\$56.48
Retail 84+ Day Supply	\$140.29	\$155.25
Mail	\$140.29	\$155.25
Specialty	\$393.75	\$447.97

Rebate guarantees listed in this Section 6 are contingent upon using the MaxorPlus Advantage or Preferred Formulary in its entirety.

Rebated Brand Claims exclude (i) cosmetic drugs, (2) appliances, devices, bandages, heat lamps, braces, splints, and artificial appliances, (iii) health and beauty aids, cosmetics, and dietary supplements, (iv) over the counter products, other than the diabetic supplies, and other than any over the counter products that are covered by the Plan as communicated to MaxorPlus during the bidding process, (v) Claims submitted directly by Members, (vii) Medicaid subrogation Claims, (viii) Claims older than 180 days, (ix) Claims through Sponsor-owned, university, long term care, or 340B pharmacies, (x) Medicaid fee-for-services Claims, (xi) Claims that are reversed, (xii) Claims with invalid identifiers (i.e. provider identifiers), and (xiii) Claims pursuant to a 100% Member Copayment Plan.

Rebates are also contingent on Plan sponsor funding 50% or greater of the aggregate annual costs of all covered drugs dispensed for all Members within the applicable plan.

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MOTION CARRIED unanimously.

New Expense Contracts

Stacia Chick brought two new expense contracts to the committee.

ACTION:

MOVED by Kam Washburn and SUPPORTED by Jim Rundborg that the Finance Committee recommends that the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties authorize CMHA-CEI to enter into the following new contracts:

New Expense Contract: Rx Reins Stop Loss 2019 Plan Year

This is a new contract with Rx Reins to purchase aggregate stop loss insurance for prescription drug benefits from Maxor ARORx for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

Monthly Attachment Factors:	No. of Employees	Option A
Employee Only	220	208.50
Employee + One	82	500.00
Employee + Family	116	625.00
Minimum Aggregate Attachment Point (MAAP)		1,912,440.00
Maximum Annual Benefit Amount		2,000,000.00
Aggregate Premium:		
Premium (PEPM)	418	9.00
Premium % of MAAP		2.35%
Estimated Annual Premium		45,144.00
Minimum Annual Premium		43,000.00
Semi Annual Premium		21,500.00

New Expense Contract: Physicians Health Plan 2019 Plan Year

Dianne Holman asked about the large decrease in the rates, and Stacia said this is partially because of the move from BCN to PHP. This is a new contract with Physicians Health Plan to purchase employee healthcare benefits from Physicians Health Plan for the period of January 1, 2019 to December 31, 2019 and pay fees per the rate schedule below.

PHP Plan only rates:

		Med Premium Per Month
PHP HRA	Single	307.36
B	Double	737.66
	Family	922.08

	Sponsored Dependent	0.00
PHP HRA	Single	307.36
A	Double	737.66
	Family	922.08
	Sponsored Dependent	0.00
PHP HDHP	Single	429.25
	Double	1030.18
	Family	1287.73
	Sponsored Dependent	0.00

MOTION CARRIED unanimously

Old Business:

None.

New Business:

Kay said she is concerned about the timeline of the Board meeting versus when the Governor may vote on the issue. She is wondering if the Board meeting can be moved to earlier in the week next week. Jana said she isn't sure if this would help because the Union is still out for vote until next Wednesday. Jeff said he doesn't believe the bill has passed the other chamber yet.

Closed Session

MOVED by Jim Rundborg and SUPPORTED by Raul Gonzales to move into closed session to discuss union negotiations.

A roll-call vote was taken on the motion to move into closed session.

Yes: Brehler, Gonzales, Randolph-Back, Washburn

MOTION CARRIED unanimously

The Finance Committee returned to open session at 6:14 p.m.

Public Comment:

Jeff Fleming thanked HR and the administration for allowing the committee to enter into closed session to discuss labor negotiations.

Adjournment:

The meeting was adjourned at 6:18 p.m. The next regularly scheduled Finance Committee meeting is January 9th, 2018, 5:30 p.m., 812 E. Jolly Rd, Lansing, Conference Room G11-C.

Minutes Submitted by:

**Darby Vermeulen
Finance Secretary**