

**Agenda for the Board of Lowell Light & Power
Special Called Board Meeting on
May 27 @ 6:00 p.m. at the LL&P Energy Center (625 Chatham St.)**

- I. CALL TO ORDER AND ROLL CALL**
- II. APPROVAL OF AGENDA**
- III. PUBLIC COMMENT (for items not on the agenda)**
- IV. ACTION ITEM(S)**
 - a. Benefits Renewal for FY 26
 - b. PA 152 Resolution
- V. NEXT REGULAR LL&P BOARD MEETING: June 18, 2025**
- VI. BOARD COMMENT**
- VII. ADJOURNMENT**

NOTE: Any person who wishes to speak on an item included on the printed meeting agenda may do so. Speakers will be recognized by the Chair, at which time they will be required to state their name and will be allowed five (5) minutes maximum to address the Board.

Memorandum



To: Lowell Light & Power Board
From: Charlie West/ Julie Stewart
Date: May 23, 2025
Re: Employee Insurance Renewal

Background:

Our benefit year for our Health, Dental, Vision, Life & AD&D, short-term disability, and long-term disability runs from July 1 through June 30. We work with our broker, Charley Schlosser of BHS, each year to evaluate a renewal, including potential alternative coverages. During the regular May meeting, staff provided an update indicating a significant increase in the health insurance renewal.

We have included a copy of the full insurance renewal presentation from BHS. There are many options, and I have included some commentary on each line of service below. During the special called board meeting, we can review our options in more detail and discuss long-term strategies for managing our insurance renewals.

Health (90% LLP/ 10% Employee)

The insurance renewal for our two health insurance offerings came in at a combined 16.7%, which equates to a \$22,120.08 increase in premiums. The increases presented are based on employees renewing their current plans. If employees decide to change plans, the final increase will change.

After reviewing the alternative plans presented by BHS, staff did not identify a viable alternative plan. Any change in plan that would meaningfully reduce the cost increase would result in significant disruptions to the employee.

The budget that was approved by the board included a 10% estimated increase in premiums, which creates an underbudgeting of \$7,978.12. While this is a significant increase, the budget can support absorbing the additional premiums.

Recommendation: Based on established board priorities related to insurance, staff recommends renewing our current health insurance plans.

Dental (90% LLP/ 10% Employee)

The dental insurance renewal included a 3.4% increase, equating to a total premium increase of \$509.40. The budget included an estimated 10% increase, resulting in an overbudgeting of \$889.02. BHS presented alternative carriers, but the alternatives would result in significant changes to coverage and networks.

Recommendation: Based on established board priorities related to insurance, staff recommends renewing our current dental insurance plan.

Vision (100% Employee)

The vision insurance renewal included a 7.03% increase. As a reminder, we can only provide Delta Vision insurance because we offer Delta Dental insurance. In the past, we have not had enough interest in this coverage to reach participation requirements for stand-alone vision offerings.

Recommendation: It is staff's recommendation to renew our current vision plan.

Life/ AD&D, Short-Term Disability, Long-Term Disability (100% LLP)

The package of coverages for life/AD&D, STD, and LTD renewal included an overall increase of 12%, which equates to a \$1,206.82 increase in premiums. One America provided a compelling alternative offering. The One America quote represents an overall increase of 2.6%, or \$257.34. While this is not a huge savings, it does represent an opportunity to reduce our expenses.

We have asked our broker to verify that the One America plan provides the same benefits as our current coverage.

Recommendation: Pending confirmation that the One America plan is comparable to our current plan, staff recommends moving our Life/AD&D, STD, and LTD coverages to One America.



Lowell Light & Power 2025 Benefits Renewal

Presented By:
Charley Schlosser
Bethany Bogen

YOUR PARTNERSHIP WITH **BHS INSURANCE**

Let's research this business together
so you can learn the truth.



SUMMARY

✓ MEDICAL

Lowell Light & Power offers two medical plans with Priority Health –

1. HMO 500 – 17.7% increase.
2. HMO HSA 1600 – 14.6% increase.

✓ DENTAL & VISION

Lowell Light & Power offers dental and vision insurance through Delta Dental of Michigan –

1. Dental – 3.4% increase.
2. Vision – 7.03% increase.

✓ LIFE AND DISABILITY

Lowell Light & Power offers life insurance, short-term disability, and long-term disability through UNUM.

1. Life – 12.5% increase.
2. STD – 10.53% increase.
3. LTD – 11.3% increase.



MEDICAL



Medical Plan Group	Current				Proposed Renewal					
	132,555 ⁰⁰ Total Premium				154,675 ⁰⁸ Total Premium +16.7%					
Medical Plan Design	Priority Health PriorityHMO 500 HMO - PRIORITYHM...		Priority Health PriorityHSA HMO 1600 HMO - PRIORITYHM...		Priority Health PriorityHMO Gold G50 HMO - PRIORITYHM...		Priority Health PriorityHSA HMO Gold G16 HMO - PRIORITYHM...			
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out		
Deductible	\$ 500 / Embedded	\$ 1,000 / Embedded	\$ 1,600 / Non-Embedded	\$ 3,200 / Non-Embedded	\$ 500 / Embedded	\$ 1,000 / Embedded	\$ 1,650 / Non-Embedded	\$ 3,300 / Non-Embedded		
Employee Coinsurance	20% / 100%	20% / 100%	20% / 100%	20% / 100%	20% / 100%	20% / 100%	20% / 100%	20% / 100%		
Out-of-Pocket Max	\$ 8,500 /	\$ 17,000 /	\$ 4,000 /	\$ 8,000 /	\$ 9,100 /	\$ 18,200 /	\$ 4,500 /	\$ 9,000 /		
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays		
Primary Care	\$ 30	--	\$ -- 20% after deductible	--	\$ 30	--	\$ -- 20% after deductible	--		
Specialty Care	\$ 50	--	\$ -- 20% after deductible	--	\$ 50	--	\$ -- 20% after deductible	--		
Urgent Care	\$ 85	85	\$ -- 20% after deductible	--	\$ 85	85	\$ -- 20% after deductible	--		
Emergency	\$ 250 \$250 after deductible	250	\$ -- 20% after deductible	--	\$ 250 \$250 after deductible	250	\$ -- 20% after deductible	--		
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--		
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--		
In-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--		
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--		
Tele-Medicine										
Diagnostic Test	\$ 75	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--		
Lab Test	\$ 35	--	\$ -- 20% after deductible	--	\$ 35	--	\$ -- 20% after deductible	--		
Imaging	\$ 250 \$250 per procedure after dedu...	--	\$ -- 20% after deductible	--	\$ 250 \$250 per procedure after dedu...	--	\$ -- 20% after deductible	--		
Rx	No Deductible		Integrated with Medical		No Deductible		Integrated with Medical			
	Single	Family	Single	Family	Single	Family	Single	Family		
Deductible	\$ 0	0	\$ --	--	\$ 0	0	\$ --	--		
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--	\$ --	--		
Tiers 1/2/3/4/5/6	\$5 [†] / \$35 [†] / \$80 [†] / \$95 [†] / 20% [†] / 20% [†]		\$5 [†] / \$35 [†] / \$65 [†] / \$85 [†] / 20% [†] / 20% [†]		\$5 [†] / \$35 [†] / \$80 [†] / \$95 [†] / 20% [†] / 20% [†]		\$5 [†] / \$35 [†] / \$65 [†] / \$85 [†] / 20% [†] / 20% [†]			
Mail Order	\$10 [†] / \$70 [†] / \$160 [†] / \$190 [†] / 20% [†] / 20% [†]		\$10 [†] / \$70 [†] / \$130 [†] / \$170 [†] / 20% [†] / 20% [†]		\$10 [†] / \$70 [†] / \$160 [†] / \$190 [†] / 20% [†] / 20% [†]		\$10 [†] / \$70 [†] / \$130 [†] / \$170 [†] / 20% [†] / 20% [†]			
Notes	Coinsurance max: \$5,500/\$11,000; Pediatric dental is in place with Delta Dental, rates not incl'.		Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not incl'.		Coinsurance max: \$5,500/\$11,000; Pediatric dental is in place with Delta Dental, rates not incl'.		Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not incl'.			
Enrollment	Premium		Premium		Premium		Premium			
Employee Only	2	\$ 971 ⁶⁶	0	\$ 0 ⁰⁰	2	\$ 1,160 ⁹⁸	0	\$ 0 ⁰⁰		
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰		
Employee + Children	1	\$ 1,020 ⁴⁵	0	\$ 0 ⁰⁰	1	\$ 1,180 ³¹	0	\$ 0 ⁰⁰		
Family	3	\$ 1,545 ⁹⁰	2	\$ 1,722 ⁴⁰	3	\$ 1,813 ⁷⁷	2	\$ 1,973 ⁰¹		
Monthly/Annual Prem	6	\$ 7,601 ⁴⁶ / 91,217 ⁵²	2	\$ 3,444 ⁷⁹ / 41,337 ⁴⁸	6	\$ 8,943 ⁵⁷ / 107,322 ⁸⁴	+17.7%	2	\$ 3,946 ⁰² / 47,352 ²⁴	+14.6%



Medical Plan Group	Current		Proposed		Proposed		
	91,217 ⁵² Total Premium		106,010 ⁶⁴ Total Premium		103,390 ⁸⁰ Total Premium		
Medical Plan Design	Priority Health PriorityHMO 500 HMO - PRIORITYHM...		Priority Health PriorityHMO Gold G10 HMO - PRIORITYHM...		Priority Health PriorityHMO Gold G15 HMO - PRIORITYHM...		
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out	
Deductible	\$ 500 /	1,000 /	\$ 1,000 /	2,000 /	\$ 1,500 /	3,000 /	
	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	
Employee Coinsurance	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	
Out-of-Pocket Max	\$ 8,500 /	17,000 /	\$ 8,150 /	16,300 /	\$ 8,200 /	16,400 /	
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays	
Primary Care	\$ 30	--	\$ 20	--	\$ 20	--	
Specialty Care	\$ 50	--	\$ 50	--	\$ 50	--	
Urgent Care	\$ 85	85	\$ 85	85	\$ 85	85	
Emergency	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250	
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	
In-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	
Tele-Medicine							
Diagnostic Test	\$ 75	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	
Lab Test	\$ 35	--	\$ 35	--	\$ 35	--	
Imaging	\$ 250 \$250 per procedure after dedu...	--	\$ 250 \$250 per procedure after dedu...	--	\$ 250 \$250 per procedure after dedu...	--	
Rx	No Deductible		No Deductible		No Deductible		
	Single	Family	Single	Family	Single	Family	
Deductible	\$ 0	0	\$ 0	0	\$ 0	0	
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--	
Tiers 1/2/3/4/5/6	\$5* / \$35* / \$80* / \$95* / 20%* / 20%*		\$5* / \$35* / \$75* / \$90* / 20%* / 20%*		\$5* / \$35* / \$75* / \$85* / 20%* / 20%*		
Mail Order	\$10* / \$70* / \$160* / \$190* / 20%* / 20%*		\$10* / \$70* / \$150* / \$180* / 20%* / 20%*		\$10* / \$70* / \$150* / \$170* / 20%* / 20%*		
Notes	Coinsurance max: \$5,500/\$11,000; Pediatric dental is in place with Delta Dental, rates not incl.		Coinsurance max: \$4,500/\$9,000; Pediatric dental is in place with Delta Dental, rates not incl.		Coinsurance max: \$4,500/\$9,000		
Enrollment	Premium		Premium		Premium		
Employee Only	2	\$ 971 ⁶⁶	2	\$ 1,146 ⁷⁸	2	\$ 1,118 ⁴⁵	
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	
Employee + Children	1	\$ 1,020 ⁴⁵	1	\$ 1,165 ⁸⁹	1	\$ 1,137 ⁰⁷	
Family	3	\$ 1,545 ⁹⁰	3	\$ 1,791 ⁵⁹	3	\$ 1,747 ³¹	
Monthly/Annual Prem	6	\$ 7,601 ⁴⁶ / 91,217 ⁵²	6	\$ 8,834 ²² / 106,010 ⁶⁴	+16.2%	6	\$ 8,615 ⁹⁰ / 103,390 ⁸⁰
						+13.3%	



Medical Plan Group	Current		Proposed		Proposed		Proposed				
	91,217 ⁵² Total Premium		114,012 ¹² Total Premium		114,262 ⁴⁴ Total Premium		96,415 ⁵⁶ Total Premium				
Medical Plan Design	Priority Health PriorityHMO 500 HMO - PRIORITYHM...		Priority Health PriorityHMO Platinum P20 - WMP HMO - WEST MI PAR...		Priority Health PriorityHMO Platinum P47 - WMP HMO - WEST MI PAR...		Priority Health PriorityHMO Gold G10 - WMP HMO - WEST MI PAR...				
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out			
Deductible	\$ 500 / Embedded	1,000 / Embedded	\$ 200 / Embedded	400 / Embedded	\$ 475 / Embedded	950 / Embedded	\$ 1,000 / Embedded	2,000 / Embedded			
Employee Coinsurance	20% / 100%	20% / 100%	10% / 100%	10% / 100%	10% / 100%	10% / 100%	20% / 100%	20% / 100%			
Out-of-Pocket Max	\$ 8,500 /	17,000 /	\$ 3,500 /	7,000 /	\$ 2,000 /	4,000 /	\$ 8,150 /	16,300 /			
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays			
Primary Care	\$ 30	--	\$ 10	--	\$ 15	--	\$ 20	--			
Specialty Care	\$ 50	--	\$ 30	--	\$ 40	--	\$ 50	--			
Urgent Care	\$ 85	85	\$ 75	75	\$ 75	75	\$ 85	85			
Emergency	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250			
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 10% after deductible	--	\$ -- 10% after deductible	--	\$ -- 20% after deductible	--			
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 10% after deductible	--	\$ -- 10% after deductible	--	\$ -- 20% after deductible	--			
In-Patient Physician	\$ -- 20% after deductible	--	\$ -- 10% after deductible	--	\$ -- 10% after deductible	--	\$ -- 20% after deductible	--			
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 10% after deductible	--	\$ -- 10% after deductible	--	\$ -- 20% after deductible	--			
Tele-Medicine											
Diagnostic Test	\$ 75	--	\$ 45	--	\$ 45	--	\$ -- 20% after deductible	--			
Lab Test	\$ 35	--	\$ 15	--	\$ 20	--	\$ 35	--			
Imaging	\$ 250 \$250 per procedure after dedu...	--	\$ 150 \$150 per procedure after dedu...	--	\$ 150 \$150 per procedure after dedu...	--	\$ 250 \$250 per procedure after dedu...	--			
Rx	No Deductible		No Deductible		No Deductible		No Deductible				
	Single	Family	Single	Family	Single	Family	Single	Family			
Deductible	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0			
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--	\$ --	--			
Tiers 1/2/3/4/5/6	\$5* / \$35* / \$80* / \$95* / 20%* / 20%*		\$5* / \$15* / \$40* / \$80* / 20%* / 20%*		\$5* / \$15* / \$40* / \$80* / 20%* / 20%*		\$5* / \$35* / \$75* / \$90* / 20%* / 20%*				
Mail Order	\$10* / \$70* / \$160* / \$190* / 20%* / 20%*		\$10* / \$30* / \$80* / \$160* / 20%* / 20%*		\$10* / \$30* / \$80* / \$160* / 20%* / 20%*		\$10* / \$70* / \$150* / \$180* / 20%* / 20%*				
Notes	Coinsurance max: \$5,500/\$11,000; Pediatric dental is in place with Delta Dental, rates not incl.		Coins max: N/A; Tier 2 \$600/\$1200 Ded, 40% Coins, \$3500/\$7000 OOP, \$30 OV, \$90 Spec, \$150 UC, \$250 after ded ER		Coins max: N/A; Tier 2 \$1425/\$2850 Ded, 40% Coins, \$2000/\$4000 OOP, \$45 OV, \$120 Spec, \$150 UC, \$250 after ded ER		Coins max: \$4500/\$9000; Tier 2 \$4000/\$8000 Ded, 40% Coins, \$8150/\$16300 OOP, \$60 OV, \$150 Spec, \$170 UC, \$250 after ded ER				
Enrollment	Premium		Premium		Premium		Premium				
Employee Only	2	\$ 971 ⁶⁶	2	\$ 1,233 ³⁵	2	\$ 1,236 ⁰⁵	2	\$ 1,042 ⁹⁸			
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Employee + Children	1	\$ 1,020 ⁴⁵	1	\$ 1,253 ⁸⁸	1	\$ 1,256 ⁶³	1	\$ 1,060 ³⁶			
Family	3	\$ 1,545 ⁹⁰	3	\$ 1,926 ⁸¹	3	\$ 1,931 ⁰⁵	3	\$ 1,629 ⁴³			
Monthly/Annual Prem	6	\$ 7,601 ⁴⁶ / 91,217 ⁵²	6	\$ 9,501 ⁰¹ / 114,012 ¹²	+25.0%	6	\$ 9,521 ⁸⁷ / 114,262 ⁴⁴	+25.3%	6	\$ 8,034 ⁶³ / 96,415 ⁵⁶	+5.7%



Medical Plan Group	Proposed Priority HMO WMP Alternative 94,102 ⁰⁸ Total Premium			Proposed Priority HMO WMP Alternative 92,054 ⁴⁰ Total Premium				
Medical Plan Design	Priority Health PriorityHMO Gold G15 - WMP HMO - WEST MI PAR...			Priority Health PriorityHMO Gold G20 - WMP HMO - WEST MI PAR...				
	Single In / Out		Family In / Out		Single In / Out		Family In / Out	
Deductible	\$ 1,500 /		3,000 /		\$ 2,000 /		4,000 /	
	Embedded		Embedded		Embedded		Embedded	
Employee Coinsurance	20 % / 100 %		20 % / 100 %		20 % / 100 %		20 % / 100 %	
Out-of-Pocket Max	\$ 8,200 /		16,400 /		\$ 8,200 /		16,400 /	
Medical Services	In Network		Out Of Network Copays		In Network		Out Of Network Copays	
Primary Care	\$ 20		--		\$ 20		--	
Specialty Care	\$ 50		--		\$ 50		--	
Urgent Care	\$ 85		85		\$ 85		85	
Emergency	\$ 250	\$250 after deductible	250		\$ 250	\$250 after deductible	250	
In-Patient Hospital	\$ -- 20% after deductible		--		\$ -- 20% after deductible		--	
Out-Patient Hospital	\$ -- 20% after deductible		--		\$ -- 20% after deductible		--	
In-Patient Physician	\$ -- 20% after deductible		--		\$ -- 20% after deductible		--	
Out-Patient Physician	\$ -- 20% after deductible		--		\$ -- 20% after deductible		--	
Tele-Medicine								
Diagnostic Test	\$ -- 20% after deductible		--		\$ -- 20% after deductible		--	
Lab Test	\$ 35		--		\$ 35		--	
Imaging	\$ 250	\$250 per procedure after dedu...	--		\$ 250	\$250 per procedure after dedu...	--	
Rx	No Deductible		No Deductible		No Deductible		No Deductible	
	Single		Family		Single		Family	
Deductible	\$ 0		0		\$ 0		0	
Out-of-Pocket Max	\$ --		--		\$ --		--	
Tiers 1/2/3/4/5/6	\$5 [†] / \$35 [†] / \$75 [†] / \$85 [†] / 20% [†] / 20% [†]				\$5 [†] / \$35 [†] / \$70 [†] / \$85 [†] / 20% [†] / 20% [†]			
Mail Order	\$10 [†] / \$70 [†] / \$150 [†] / \$170 [†] / 20% [†] / 20% [†]				\$10 [†] / \$70 [†] / \$140 [†] / \$170 [†] / 20% [†] / 20% [†]			
Notes	Coins max: \$4500/\$9000; Tier 2 \$5500/\$11000 Ded, 40% Coins, \$8200/\$16400 OOP, \$60 OV, \$150 Spec, \$170 UC, \$250 after ded ER				Coins max: \$4500/\$9000; Tier 2 \$7000/\$14000 Ded, 50% Coins, \$8200/\$16400 OOP, \$60 OV, \$150 Spec, \$170 UC, \$250 after ded ER			
Enrollment	Premium			Premium				
Employee Only	2	\$ 1,017 ⁹⁶		2	\$ 995 ⁸²			
Employee + Spouse	0	\$ 0 ⁰⁰		0	\$ 0 ⁰⁰			
Employee + Children	1	\$ 1,034 ⁹²		1	\$ 1,012 ³⁹			
Family	3	\$ 1,590 ³³		3	\$ 1,555 ⁷³			
Monthly/Annual Prem	6	\$ 7,841 ⁸⁴ / 94,102 ⁰⁸	+3.2%	6	\$ 7,671 ²⁰ / 92,054 ⁴⁰	+0.9%		



Medical Plan Group	Current		Proposed		Proposed	
	91,217 ⁵² Total Premium		97,929 ⁷² Total Premium		93,946 ³² Total Premium	
Medical Plan Design	Priority Health PriorityHMO 500 HMO - PRIORITYHM...		Priority Health PriorityHRA HMO Gold G2010 HMO - PRIORITYHM...		Priority Health PriorityHRA HMO Gold G5026 HMO - PRIORITYHM...	
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out
Deductible	\$ 500 /	1,000 /	\$ 2,000 /	4,000 /	\$ 5,000 /	10,000 /
	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Employee Coinsurance	20 % / 100 %	20 % / 100 %	30 % / 100 %	30 % / 100 %	30 % / 100 %	30 % / 100 %
Out-of-Pocket Max	\$ 8,500 /	17,000 /	\$ 8,150 /	16,300 /	\$ 8,150 /	16,300 /
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays
Primary Care	\$ 30	--	\$ 30	--	\$ 30	--
Specialty Care	\$ 50	--	\$ 60	--	\$ 60	--
Urgent Care	\$ 85	85	\$ 85	85	\$ 85	85
Emergency	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--
In-Patient Physician	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--
Tele-Medicine						
Diagnostic Test	\$ 75	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--
Lab Test	\$ 35	--	\$ 30	--	\$ 30	--
Imaging	\$ 250 \$250 per procedure after dedu...	--	\$ 250 \$250 per procedure after dedu...	--	\$ 250 \$250 per procedure after dedu...	--
Rx	No Deductible		No Deductible		No Deductible	
	Single	Family	Single	Family	Single	Family
Deductible	\$ 0	0	\$ 0	0	\$ 0	0
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--
Tiers 1/2/3/4/5/6	\$5* / \$35* / \$80* / \$95* / 20%* / 20%*		\$5* / \$30* / \$60* / \$80* / 20%* / 20%*		\$5* / \$30* / \$65* / \$85* / 20%* / 20%*	
Mail Order	\$10* / \$70* / \$160* / \$190* / 20%* / 20%*		\$10* / \$60* / \$120* / \$160* / 20%* / 20%*		\$10* / \$60* / \$130* / \$170* / 20%* / 20%*	
Notes	Coinsurance max: \$5,500/\$11,000; Pediatric dental is in place with Delta Dental, rates not incl.		Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not incl.		Coinsurance max: N/A	
Enrollment	Premium		Premium		Premium	
Employee Only	2	\$ 971 ⁶⁶	2	\$ 1,059 ³⁷	2	\$ 1,016 ²⁸
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰
Employee + Children	1	\$ 1,020 ⁴⁵	1	\$ 1,077 ⁰²	1	\$ 1,033 ²⁰
Family	3	\$ 1,545 ⁹⁰	3	\$ 1,655 ⁰²	3	\$ 1,587 ⁷⁰
Monthly/Annual Prem	6	\$ 7,601 ⁴⁶ / 91,217 ⁵²	6	\$ 8,160 ⁸¹ / 97,929 ⁷²	6	\$ 7,828 ⁸⁶ / 93,946 ³²
				+7.4%		+3.0%



	Current		Proposed		Proposed		
Medical Plan Group	91,217 ⁵² Total Premium		106,077 ⁰⁰ Total Premium		101,353 ⁰⁸ Total Premium		
Medical Plan Design	Priority Health PriorityHMO 500 HMO - PRIORITYHM...		Priority Health PriorityHRA POS Gold G2010 POS - PRIORITYHM...		Priority Health PriorityHRA POS Gold G5026 POS - PRIORITYHM...		
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out	
Deductible	\$ 500 /	1,000 /	\$ 2,000 / 4,000	4,000 / 8,000	\$ 5,000 / 10,000	10,000 / 20,000	
	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	
Employee Coinsurance	20 % / 100 %	20 % / 100 %	30 % / 50 %	30 % / 50 %	30 % / 50 %	30 % / 50 %	
Out-of-Pocket Max	\$ 8,500 /	17,000 /	\$ 8,150 / 16,300	16,300 / 32,600	\$ 8,150 / 16,300	16,300 / 32,600	
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays	
Primary Care	\$ 30	--	\$ 30	--	\$ 30	--	
Specialty Care	\$ 50	--	\$ 60	--	\$ 60	--	
Urgent Care	\$ 85	85	\$ 85	--	\$ 85	--	
Emergency	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250	
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--	
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--	
In-Patient Physician	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--	
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--	
Tele-Medicine							
Diagnostic Test	\$ 75	--	\$ -- 30% after deductible	--	\$ -- 30% after deductible	--	
Lab Test	\$ 35	--	\$ 30	--	\$ 30	--	
Imaging	\$ 250 \$250 per procedure after dedu...	--	\$ 250 \$250 per procedure after dedu...	--	\$ 250 \$250 per procedure after dedu...	--	
Rx	No Deductible		No Deductible		No Deductible		
	Single	Family	Single	Family	Single	Family	
Deductible	\$ 0	0	\$ 0	0	\$ 0	0	
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--	
Tiers 1/2/3/4/5/6	\$5* / \$35* / \$80* / \$95* / 20%* / 20%*		\$5* / \$30* / \$60* / \$80* / 20%* / 20%*		\$5* / \$30* / \$65* / \$85* / 20%* / 20%*		
Mail Order	\$10* / \$70* / \$160* / \$190* / 20%* / 20%*		\$10* / \$60* / \$120* / \$160* / 20%* / 20%*		\$10* / \$60* / \$130* / \$170* / 20%* / 20%*		
Notes	Coinsurance max: \$5,500/\$11,000; Pediatric dental is in place with Delta Dental, rates not incl.		Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not incl.		Coinsurance max: N/A		
Enrollment	Premium		Premium		Premium		
Employee Only	2	\$ 971 ⁶⁶	2	\$ 1,147 ⁵⁰	2	\$ 1,096 ⁴¹	
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	
Employee + Children	1	\$ 1,020 ⁴⁵	1	\$ 1,166 ⁶²	1	\$ 1,114 ⁶⁵	
Family	3	\$ 1,545 ⁹⁰	3	\$ 1,792 ⁷¹	3	\$ 1,712 ⁸⁸	
Monthly/Annual Prem	6	\$ 7,601 ⁴⁶ / 91,217 ⁵²	6	\$ 8,839 ⁷⁵ / 106,077 ⁰⁰	+16.3%	6	\$ 8,446 ⁰⁹ / 101,353 ⁰⁸
						+11.1%	



Medical Plan Group	Current		Proposed BCN HMO Alternative		Proposed BCN HMO Alternative		Proposed BCN HMO Alternative				
	91,217 ⁵² Total Premium		108,441 ⁰⁰ Total Premium		107,636 ⁷⁶ Total Premium		106,950 ⁰⁰ Total Premium				
Medical Plan Design	Priority Health PriorityHMO 500 HMO - PRIORITYHM...		BlueCross BlueShield of Michigan BCN Gold Opt 1 HMO - BLUE CARE N...		BlueCross BlueShield of Michigan BCN Gold Opt 2 HMO - BLUE CARE N...		BlueCross BlueShield of Michigan BCN Gold Opt 3 HMO - BLUE CARE N...				
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out			
Deductible	\$ 500 /	1,000 /	\$ 500 /	1,000 /	\$ 1,000 /	2,000 /	\$ 1,500 /	3,000 /			
	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded			
Employee Coinsurance	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %			
Out-of-Pocket Max	\$ 8,500 /	17,000 /	\$ 9,100 /	18,200 /	\$ 8,150 /	16,300 /	\$ 8,150 /	16,300 /			
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays			
Primary Care	\$ 30	--	\$ 30	--	\$ 20	--	\$ 20	--			
Specialty Care	\$ 50	--	\$ 50	--	\$ 40	--	\$ 40	--			
Urgent Care	\$ 85	85	\$ 50	50	\$ 50	50	\$ 50	50			
Emergency	\$ 250 \$250 after deductible	250	\$ 350 \$350 after deductible	350	\$ 250 \$250 after deductible	250	\$ 250 \$250 after deductible	250			
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--			
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--			
In-Patient Physician	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--			
Tele-Medicine			Covered	Covered	Covered	Covered	Covered	Covered			
Diagnostic Test	\$ 75	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--			
Lab Test	\$ 35	--	\$ 0	--	\$ 0	--	\$ 0	--			
Imaging	\$ 250 \$250 per procedure after dedu...	--	\$ 150 \$150 after deductible	--	\$ 150 \$150 after deductible	--	\$ 150 \$150 after deductible	--			
Rx	No Deductible		No Deductible		No Deductible		No Deductible				
	Single	Family	Single	Family	Single	Family	Single	Family			
Deductible	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0			
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--	\$ --	--			
Tiers 1/2/3/4/5/6	\$5* / \$35* / \$80* / \$95* / 20%* / 20%*		\$15/ \$40/ \$80/ \$100/ 20%* / 20%*		\$15/ \$40/ \$80/ \$100/ 20%* / 20%*		\$10/ \$30/ \$60/ \$80/ 20%* / 20%*				
Mail Order	\$10* / \$70* / \$160* / \$190* / 20%* / 20%*		--/ --/ --/ --/ --*		--/ --/ --/ --/ --*		--/ --/ --/ --/ --*				
Notes	Coinsurance max: \$5,500/\$11,000; Pediatric dental is in place with Delta Dental, rates not inc'l.		Coinsurance max: \$5,000/\$10,000; Pediatric dental is available with BCBS for an est add'l rate of \$138.00, rates not inc'l.		Coinsurance max: \$3,500/\$7,000		Coinsurance max: \$2,500/\$5,000				
Enrollment	Premium		Premium		Premium		Premium				
Employee Only	2	\$ 971 ⁶⁶	2	\$ 1,173 ⁰⁸	2	\$ 1,164 ³⁸	2	\$ 1,156 ⁹⁵			
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Employee + Children	1	\$ 1,020 ⁴⁵	1	\$ 1,192 ⁶¹	1	\$ 1,183 ⁷⁷	1	\$ 1,176 ²¹			
Family	3	\$ 1,545 ⁹⁰	3	\$ 1,832 ⁶⁶	3	\$ 1,819 ⁰⁷	3	\$ 1,807 ⁴⁷			
Monthly/Annual Prem	6	\$ 7,601 ⁴⁶ / 91,217 ⁵²	6	\$ 9,036 ⁷⁵ / 108,441 ⁰⁰	+18.9%	6	\$ 8,969 ⁷³ / 107,636 ⁷⁶	+18.0%	6	\$ 8,912 ⁵⁰ / 106,950 ⁰⁰	+17.2%



Medical Plan Group	Current		Proposed Priority HMO HSA Alternative 49,261 ⁵⁶ Total Premium		Proposed Priority HMO HSA Alternative 47,342 ²⁸ Total Premium		Proposed Priority HMO HSA Alternative 42,599 ¹⁶ Total Premium				
Medical Plan Design	Priority Health PriorityHSA HMO 1600 HMO - PRIORITYHM...		Priority Health PriorityHSA HMO Gold G201 HMO - PRIORITYHM...		Priority Health PriorityHSA HMO Gold G251 HMO - PRIORITYHM...		Priority Health PriorityHSA HMO Silver S22 HMO - PRIORITYHM...				
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out			
Deductible	\$ 1,600 / Non-Embedded	3,200 / Non-Embedded	\$ 2,000 / Non-Embedded	4,000 / Non-Embedded	\$ 2,500 / Non-Embedded	5,000 / Non-Embedded	\$ 2,200 / Non-Embedded	4,400 / Non-Embedded			
Employee Coinsurance	20 % / 100 %	20 % / 100 %	0 % / 100 %	0 % / 100 %	0 % / 100 %	0 % / 100 %	30 % / 100 %	30 % / 100 %			
Out-of-Pocket Max	\$ 4,000 /	8,000 /	\$ 6,950 /	13,900 /	\$ 5,000 /	10,000 /	\$ 7,500 /	15,000 /			
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays			
Primary Care	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Specialty Care	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Urgent Care	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Emergency	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
In-Patient Hospital	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
In-Patient Physician	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Out-Patient Physician	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Tele-Medicine											
Diagnostic Test	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Lab Test	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Imaging	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--	\$ -- 30% after deductible	--			
Rx	Integrated with Medical		Integrated with Medical		Integrated with Medical		Integrated with Medical				
	Single	Family	Single	Family	Single	Family	Single	Family			
Deductible	\$ --	--	\$ --	--	\$ --	--	\$ --	--			
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--	\$ --	--			
Tiers 1/2/3/4/5/6	\$5 ⁺ / \$35 ⁺ / \$65 ⁺ / \$85 ⁺ / 20% ⁺ / 20% ⁺		\$5 ⁺ / \$40 ⁺ / \$80 ⁺ / \$100 ⁺ / 20% ⁺ / 20% ⁺		\$5 ⁺ / \$35 ⁺ / \$70 ⁺ / \$90 ⁺ / 20% ⁺ / 20% ⁺		\$5 ⁺ / \$35 ⁺ / \$80 ⁺ / \$125 ⁺ / 20% ⁺ / 20% ⁺				
Mail Order	\$10 ⁺ / \$70 ⁺ / \$130 ⁺ / \$170 ⁺ / 20% ⁺ / 20% ⁺		\$10 ⁺ / \$80 ⁺ / \$160 ⁺ / \$200 ⁺ / 20% ⁺ / 20% ⁺		\$10 ⁺ / \$70 ⁺ / \$140 ⁺ / \$180 ⁺ / 20% ⁺ / 20% ⁺		\$10 ⁺ / \$70 ⁺ / \$160 ⁺ / \$250 ⁺ / 20% ⁺ / 20% ⁺				
Notes	Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not incl'.		Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not incl'.		Coinsurance max: N/A		Coinsurance max: N/A				
Enrollment	Premium		Premium		Premium		Premium				
Employee Only	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Employee + Children	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Family	2	\$ 1,722 ⁴⁰	2	\$ 2,052 ⁵⁷	2	\$ 1,972 ⁵⁹	2	\$ 1,774 ⁹⁷			
Monthly/Annual Prem	2	\$ 3,444 ⁷⁹ / 41,337 ⁴⁸	2	\$ 4,105 ¹³ / 49,261 ⁵⁶	+19.2%	2	\$ 3,945 ¹⁹ / 47,342 ²⁸	+14.5%	2	\$ 3,549 ⁹³ / 42,599 ¹⁶	+3.1%



	Current		Proposed		Proposed			
Medical Plan Group	41,337 ⁴⁸ Total Premium		42,624 ⁰⁰ Total Premium		38,276 ⁴⁰ Total Premium			
Medical Plan Design	Priority Health PriorityHSA HMO 1600 HMO - PRIORITYHM...		Priority Health PriorityHSA HMO Gold G16 - WMP HMO - WEST MI PAR...		Priority Health PriorityHSA HMO Silver S22 - WMP HMO - WEST MI PAR...			
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out		
Deductible	\$ 1,600 /	3,200 /	\$ 1,650 /	3,300 /	\$ 2,200 /	4,400 /		
	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded		
Employee Coinsurance	20 % / 100 %	20 % / 100 %	20 % / 100 %	20 % / 100 %	30 % / 100 %	30 % / 100 %		
Out-of-Pocket Max	\$ 4,000 /	8,000 /	\$ 4,500 /	9,000 /	\$ 7,500 /	15,000 /		
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays		
Primary Care	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Specialty Care	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Urgent Care	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Emergency	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
In-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Tele-Medicine								
Diagnostic Test	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Lab Test	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Imaging	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ -- 30% after deductible	--		
Rx	Integrated with Medical		Integrated with Medical		Integrated with Medical			
	Single	Family	Single	Family	Single	Family		
Deductible	\$ --	--	\$ --	--	\$ --	--		
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--		
Tiers 1/2/3/4/5/6	\$5 ⁺ / \$35 ⁺ / \$65 ⁺ / \$85 ⁺ / 20% ⁺ / 20% ⁺		\$5 ⁺ / \$35 ⁺ / \$65 ⁺ / \$85 ⁺ / 20% ⁺ / 20% ⁺		\$5 ⁺ / \$35 ⁺ / \$80 ⁺ / \$125 ⁺ / 20% ⁺ / 20% ⁺			
Mail Order	\$10 ⁺ / \$70 ⁺ / \$130 ⁺ / \$170 ⁺ / 20% ⁺ / 20% ⁺		\$10 ⁺ / \$70 ⁺ / \$130 ⁺ / \$170 ⁺ / 20% ⁺ / 20% ⁺		\$10 ⁺ / \$70 ⁺ / \$160 ⁺ / \$250 ⁺ / 20% ⁺ / 20% ⁺			
Notes	Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not inc'l.		Coins max: N/A; Tier 2 \$4950/\$9900 Ded, 50% Coins, \$8050/\$16100 OOP, 50% after ded OV/Spec/UC, 20% after ded ER		Coins max: N/A; Tier 2 \$6600/\$13200 Ded, 50% Coins, \$7500/\$15000 OOP, 50% after ded OV/Spec/UC, 30% after ded ER			
Enrollment	Premium		Premium		Premium			
Employee Only	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰		
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰		
Employee + Children	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰		
Family	2	\$ 1,722 ⁴⁰	2	\$ 1,776 ⁰⁰	2	\$ 1,594 ⁸⁵		
Monthly/Annual Prem	2	\$ 3,444 ⁷⁹ / 41,337 ⁴⁸	2	\$ 3,552 ⁰⁰ / 42,624 ⁰⁰	+3.1%	2	\$ 3,189 ⁷⁰ / 38,276 ⁴⁰	-7.4%



Medical Plan Group	Current		Proposed BCN HMO HSA Alternative 45,486 ⁶⁰ Total Premium		Proposed BCN HMO HSA Alternative 46,911 ⁸⁴ Total Premium		Proposed BCN HMO HSA Alternative 45,091 ⁹² Total Premium				
Medical Plan Design	Priority Health PriorityHSA HMO 1600 HMO - PRIORITYHM...		BlueCross BlueShield of Michigan BCN HSA Gold Opt 1 HMO - BLUE CARE N...		BlueCross BlueShield of Michigan BCN HSA Gold Opt 2 HMO - BLUE CARE N...		BlueCross BlueShield of Michigan BCN HSA Gold Opt 3 HMO - BLUE CARE N...				
	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out	Single In / Out	Family In / Out			
Deductible	\$ 1,600 /	3,200 /	\$ 1,650 /	3,300 /	\$ 2,500 /	5,000 /	\$ 3,300 /	6,600 /			
	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Embedded	Embedded			
Employee Coinsurance	20% / 100%	20% / 100%	20% / 100%	20% / 100%	0% / 100%	0% / 100%	0% / 100%	0% / 100%			
Out-of-Pocket Max	\$ 4,000 /	8,000 /	\$ 4,500 /	9,000 /	\$ 4,500 /	9,000 /	\$ 3,300 /	6,600 /			
Medical Services	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays	In Network	Out Of Network Copays			
Primary Care	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Specialty Care	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Urgent Care	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Emergency	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
In-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Out-Patient Hospital	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
In-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Out-Patient Physician	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Tele-Medicine			Covered	Covered	Covered	Covered	Covered	Covered			
Diagnostic Test	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Lab Test	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Imaging	\$ -- 20% after deductible	--	\$ -- 20% after deductible	--	\$ 0 \$0 after deductible	--	\$ 0 \$0 after deductible	--			
Rx	Integrated with Medical		Integrated with Medical		Integrated with Medical		Integrated with Medical				
	Single	Family	Single	Family	Single	Family	Single	Family			
Deductible	\$ --	--	\$ --	--	\$ --	--	\$ --	--			
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --	--	\$ --	--			
Tiers 1/2/3/4/5/6	\$5 ⁺ / \$35 ⁺ / \$65 ⁺ / \$85 ⁺ / 20% ⁺ / 20% ⁺		\$10 ⁺ / \$30 ⁺ / \$60 ⁺ / \$80 ⁺ / 20% ⁺ / 20% ⁺		\$15 ⁺ / \$40 ⁺ / \$80 ⁺ / \$100 ⁺ / 20% ⁺ / 20% ⁺		\$0 ⁺				
Mail Order	\$10 ⁺ / \$70 ⁺ / \$130 ⁺ / \$170 ⁺ / 20% ⁺ / 20% ⁺		-- ⁺ / -- ⁺ / -- ⁺ / -- ⁺ / -- ⁺		-- ⁺ / -- ⁺ / -- ⁺ / -- ⁺ / -- ⁺		-- ⁺				
Notes	Coinsurance max: N/A; Pediatric dental is in place with Delta Dental, rates not inc'l.		Coinsurance max: N/A; Pediatric dental is available with BCBS for an est add'l rate of \$138.00, rates not inc'l.		Coinsurance max: N/A		Coinsurance max: N/A				
Enrollment	Premium		Premium		Premium		Premium				
Employee Only	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Employee + Spouse	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Employee + Children	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰	0	\$ 0 ⁰⁰			
Family	2	\$ 1,722 ⁴⁰	2	\$ 1,895 ²⁸	2	\$ 1,954 ⁶⁶	2	\$ 1,878 ⁸³			
Monthly/Annual Prem	2	\$ 3,444 ⁷⁹ / 41,337 ⁴⁸	2	\$ 3,790 ⁵⁵ / 45,486 ⁶⁰	+10.0%	2	\$ 3,909 ³² / 46,911 ⁸⁴	+13.5%	2	\$ 3,757 ⁶⁶ / 45,091 ⁹²	+9.1%



Medical Plan Group	Proposed BCN HMO HSA Alternative 39,636 ⁷² Total Premium		
Medical Plan Design	BlueCross BlueShield of Michigan BCN HSA Silver Opt 1 HMO - BLUE CARE N...		
	Single In / Out	Family In / Out	
Deductible	\$ 3,300 /	6,600 /	
	Embedded	Embedded	
Employee Coinsurance	20 % / 100 %	20 % / 100 %	
Out-of-Pocket Max	\$ 7,500 /	15,000 /	
Medical Services	In Network	Out Of Network Copays	
Primary Care	\$ -- 20% after deductible	--	
Specialty Care	\$ -- 20% after deductible	--	
Urgent Care	\$ -- 20% after deductible	--	
Emergency	\$ -- 20% after deductible	--	
In-Patient Hospital	\$ -- 20% after deductible	--	
Out-Patient Hospital	\$ -- 20% after deductible	--	
In-Patient Physician	\$ -- 20% after deductible	--	
Out-Patient Physician	\$ -- 20% after deductible	--	
Tele-Medicine	Covered	Covered	
Diagnostic Test	\$ -- 20% after deductible	--	
Lab Test	\$ -- 20% after deductible	--	
Imaging	\$ -- 20% after deductible	--	
Rx	Integrated with Medical		
	Single	Family	
Deductible	\$ --	--	
Out-of-Pocket Max	\$ --	--	
Tiers 1/2/3/4/5/6	\$6* / \$25* / \$60* / \$80* / 20%* / 20%*		
Mail Order	--* / --* / --* / --* / --* / --*		
Notes	Coinsurance max: N/A		
Enrollment	Premium		
Employee Only	0	\$ 0 ⁰⁰	
Employee + Spouse	0	\$ 0 ⁰⁰	
Employee + Children	0	\$ 0 ⁰⁰	
Family	2	\$ 1,651 ⁵³	
Monthly/Annual Prem	2	\$ 3,303 ⁰⁶ / 39,636 ⁷²	-4.1%

ANCILLARY

DENTAL

BENEFIT	DELTA DENTAL		HUMANA	PACIFIC LIFE	UNUM	
	Current 7/1/2024 - 7/1/2024	Renewal 7/1/2024 - 7/1/2025				
DENTAL (IN-NETWORK)						
Rate Guarantee	12 Months		24 Months	24 Months	12 Months	
Co-Insurance Levels: Preventive	100%		100%	100%	100%	
Basic	80%		80%	80%	80%	
Major	50%		50%	50%	50%	
Orthodontia	50%		50%	50%	50%	
Annual Deductible	\$25 ind/\$75 fam		\$25 ind/\$75 fam	\$25 per person	\$25 ind/\$75 fam	
Deductible Waived on Preventive & Ortho	Yes		Yes	Yes	Yes	
U & C Percentage	Fee Schedule		90%	90%	90%	
Endo & Perio Benefit Class	Basic Services		Basic Services	Basic Services	Basic Services	
Implants	Major Services		Major Services	Major Services	Major Services	
Annual Maximum Benefit	\$1,000		\$1,000	\$1,000	\$1,000	
Lifetime Ortho Maximum Benefit	\$1,500		\$1,500	\$1,500	\$1,500	
Waiting Periods	Basic - None Major - None Ortho - None		Basic - None Major - None Ortho - None	Basic - None Major - None Ortho - None	Basic - None Major - None Ortho - None	
Late Entrant Waiting Periods	No		Yes	Yes	Yes	
Pediatric Dental	Included		Not Included	Not Included	Not Included	
Contribution Structure	Contributory		Contributory	No Requirement	No Requirement	
Participation Requirement	Current Enrollment		Minimum 5 enrolled	65% of eligible employees	73% of eligible employees	
Single	1	\$34.59	\$35.77	\$29.19	\$32.74	\$42.02
Employee + Spouse	2	\$64.97	\$67.18	\$58.37	\$61.48	\$78.93
Employee + Child(ren)	1	\$95.58	\$98.83	\$83.67	\$90.44	\$116.11
Family	7	\$141.08	\$145.88	\$114.86	\$133.48	\$171.39
Monthly Dental Total		\$1,247.67	\$1,290.12	\$1,033.62	\$1,180.50	\$1,515.72
Total Annual Premium		\$14,972.04	\$15,481.44	\$12,403.44	\$14,166.00	\$18,188.64
% Change from Current		3.40%	-17.16%	-5.38%	21.48%	

Humana includes Extended Max, which will pay 30% coinsurance on services that occur after the annual max has been met.

VISION

BENEFIT		DELTAVISION		HUMANA	PACIFIC LIFE	UNUM	VSP
		Current 7/1/2024 - 7/1/2025	Renewal 7/1/2025 - 7/1/2026				
VISION (IN-NETWORK)							
Rate Guarantee		12 Months		24 Months	24 Months	24 Months	48 Months
Network		VSP		EyeMed	EyeMed	EyeMed	VSP
Frequency:	Exam	1 per 12 Months		1 Per 12 Months	1 Per 12 Months	1 Per 12 Months	1 Per 12 Months
	Lenses	1 per 12 Months		1 Per 12 Months	1 Per 12 Months	1 Per 12 Months	1 Per 12 Months
	Frames	1 per 24 Months		1 Per 24 Months	1 Per 24 Months	1 Per 12 Months	1 Per 24 Months
Copays:	Eye Exam	\$10		\$10	\$10	\$10	\$10
	Lenses & Frames or Contacts	\$25		\$25	\$25	\$25	\$25
	Contact Lenses Necessary	Covered w/Copay		Covered in Full	Covered in Full	Covered in Full	Covered w/Copay
	Contact Lenses Cosmetic	\$130 allowance		\$130 allowance 15% off balance over allowance	\$130 allowance	\$130 allowance	\$130 allowance
	Frames	\$130 allowance 20% off balance over allowance		\$130 allowance 20% off balance over allowance	\$130 allowance 20% off balance over allowance	\$130 allowance	\$130 allowance 20% off balance over allowance
Contribution Structure		Voluntary		No Requirement	No Requirement	No Requirement	Voluntary
Participation Requirement		Current Enrollment		No Requirement if sold with dental	50% of eligible employees	Greater of 60% or 2 eligible employees	Minimum 10 enrolled
Single	2	\$5.82	\$6.23	\$5.76	\$4.64	\$7.34	\$8.56
Employee + Spouse	3	\$11.65	\$12.47	\$11.52	\$9.30	\$14.70	\$14.43
Employee + Child(ren)	1	\$12.47	\$13.34	\$12.41	\$9.94	\$15.73	\$14.73
Family	3	\$19.93	\$21.33	\$18.66	\$15.90	\$25.15	\$23.74
Monthly Vision Total		\$118.85	\$127.20	\$114.47	\$94.82	\$149.96	\$146.36
Total Annual Premium		\$1,426.20	\$1,526.40	\$1,373.64	\$1,137.84	\$1,799.52	\$1,756.32
% Change from Current		7.03%		-3.69%	-20.22%	26.18%	23.15%

Humana requires 5 enrolled if not bundled with dental.

LIFE INSURANCE

BENEFIT	UNUM		HUMANA	ONEAMERICA	PACIFIC LIFE
	Current 7/1/2024 - 7/1/2025	Renewal 7/1/2025 - 7/1/2027			
LIFE/AD&D					
Rate Guarantee	24 Months		24 Months	24 Months	24 Months
Life Benefit Amounts	1x salary/\$100,000		1x salary/\$100,000	1x salary/\$100,000	1x salary/\$100,000
Guarantee Issue Amount	\$100,000		\$100,000	\$100,000	\$100,000
Life/AD&D Benefits Reduce to	65% at age 65 50% at age 70		65% at age 65 50% at age 70	65% at age 65 50% at age 70	65% at age 65 50% at age 70
Minimum Participation	100% of all Eligible		50% of all Eligible	100% of all Eligible	100% of all Eligible
Rate per \$1000	\$0.160	\$0.180	\$0.210	\$0.160	\$0.162
Total Volume	\$1,197,000.00		\$1,197,000.00	\$1,197,000.00	\$1,197,000.00
Total Monthly Premium	\$191.52	\$215.46	\$251.37	\$191.52	\$193.91
Total Annual Premium	\$2,298.24	\$2,585.52	\$3,016.44	\$2,298.24	\$2,326.97
% Change from Current	12.50%		31.25%	0.00%	1.25%

SHORT-TERM DISABILITY

BENEFIT	UNUM		HUMANA	ONEAMERICA	PACIFIC LIFE
	Current 7/1/2024 - 7/1/2025	Renewal 7/1/2025 - 7/1/2027			
SHORT TERM DISABILITY					
Rate Guarantee	24 Months		24 Months	24 Months	24 Months
Weekly Benefit Percentage	60%		60%	60%	60%
Maximum Weekly Benefit	\$1,250		\$1,250	\$1,250	\$1,250
Minimum Weekly Benefit	\$25		\$25	\$25	\$25
Elimination Period: Injury	0 days		0 days	0 days	0 days
Sickness/Illness	7 days		7 days	7 days	7 days
Maximum Benefit Period	13 weeks		26 weeks	13 weeks	13 weeks
Pre-Ex Condition Exclusion	None		None	None	None
Minimum Participation	100% of all eligible		100% of all eligible	100% of all eligible	100% of all eligible
Rate per \$10	\$0.190	\$0.210	\$0.370	\$0.205	\$0.228
Total Weekly Volume	\$14,297.00		\$14,297.00	\$14,297.00	\$14,297.00
Total Monthly Premium	\$271.64	\$300.24	\$528.99	\$293.09	\$325.97
Total Annual Premium	\$3,259.72	\$3,602.84	\$6,347.87	\$3,517.06	\$3,911.66
% Change from Current	10.53%		94.74%	7.89%	20.00%

LONG-TERM DISABILITY

BENEFIT	UNUM		HUMANA	ONEAMERICA	PACIFIC LIFE
	Current 7/1/2024 - 7/1/2025	Renewal 7/1/2025 - 7/1/2027			
LONG TERM DISABILITY					
Rate Guarantee	24 Months		24 Months	24 Months	24 Months
Monthly Benefit Percentage	60%		60%	60%	60%
Maximum Monthly Benefit	\$6,000		\$6,000	\$6,000	\$6,000
Minimum Monthly Benefit	\$100/10%		\$100/10%	\$100	\$100/10%
Elimination Period	90 days		90 days	90 days	90 days
Maximum Benefit Period	SSNRA		ADEA 1 w/SSNRA	SSNRA	SSNRA
Own Occupation Definition	24 months		24 months	24 months	24 months
Alcohol/Drug Abuse Substance Abuse Limitation	24 months		24 months	24 months	24 months
Mental Disorder Limitation	24 months		24 months	24 months	24 months
Pre-Ex Condition Exclusion	3/12		3/12	3/12	3/12
Minimum Participation	100% of all eligible		100% of all eligible	100% of all eligible	100% of all eligible
Rate per \$100	\$0.350	\$0.390	\$0.472	\$0.350	\$0.287
Total Monthly Volume	\$107,679.00		\$107,679.00	\$107,679.00	\$107,679.00
Total Monthly Premium	\$376.88	\$419.95	\$508.24	\$376.88	\$309.04
Total Annual Premium	\$4,522.52	\$5,039.38	\$6,098.94	\$4,522.52	\$3,708.46
% Change from Current	11.43%		34.86%	0.00%	-18.00%

HSA/HDHP LIMITS

The following chart shows the HSA and HDHP limits for 2025 as compared to 2024. It also includes the catch-up contribution limit that applies to HSA-eligible individuals age 55 and older, which is not adjusted for inflation and stays the same from year to year.

Type of Limit		2024	2025	Change
HSA Contribution Limit	Self-only	\$4,150	\$4,300	Up \$150
	Family	\$8,300	\$8,550	Up \$250
HSA Catch-up Contributions <i>(not subject to adjustment for inflation)</i>	Age 55 and older	\$1,000	\$1,000	No change
HDHP Minimum Deductible	Self-only	\$1,600	\$1,650	Up \$50
	Family	\$3,200	\$3,300	Up \$100
HDHP Maximum Out-of-Pocket Expense Limit <i>(deductibles, copayments and other amounts, but not premiums)</i>	Self-only	\$8,050	\$8,300	Up \$250
	Family	\$16,100	\$16,600	Up \$500

ACA UPDATES

- May 4, 2017: House Passes GOP Bill to Repeal ACA
- July 26, 2017: Clean Repeal of ACA Fails Senate
- July 28, 2017: GOP Health Care Bill Fails in Senate Vote
- December 15, 2018: Federal Judge in Texas strikes down ACA
- January 1, 2019: The Individual Mandate is removed
- March 25, 2019: DOJ says whole ACA Unconstitutional
- July 17, 2019: Preventive Care Benefits Expanded for HSA's
- July 27, 2019: House votes to repeal "Cadillac Tax"
- 1094/1095 ACA Reporting remains in place
- Medicare Part D Notices due to employees by Oct. 15th
- PCORI Fee's are renewed for another 10 years
- Health Plan Cost Transparency Provisions in CAA

EMPLOYEE BENEFITS TRENDS

- High Performance Provider Networks
- Metro Care
- Health Insurance Captives
- Pareto, Roundstone, EverLong
- Rx Help Center (Specialty Drugs)
- Diabetic Population Management
- Pharmacy Benefit Manager Carve- Outs
- Stop Loss Insurance Carve-Outs
- Telemedicine
- HealthJoy
- Predictive Claims Modeling Tools
- Jellyvision (ALEX)
- Virtual Benefits Counselor
- FMLA/ADA/ASO STD Coordination
- Private Marketplace Exchanges
- Pricing Transparency Tools
- Concierge Medicine
- Membership Based Primary Care
- On-Site + Nearsite Clinics
- Incent In-Home Dialysis
- Centers of Excellence (Cancer)
- Reference Based Pricing
- Transplant Carve-Out Insurance
- Pharmacy Tourism
- Cayman Islands (Price MD)
- Pharmacy Savings Program
- 2nd Opinion Programs
- Health Bridge



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THANK YOU

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3055 44th St. SW
Grandville, MI 49418

Memorandum



To: Lowell Light & Power Board

From: Charlie West

Date: May 23, 2025

Re: Public Act 152 Resolution

Public Act 152 regulates and controls public employers' permitted expenditures for medical benefit plans. The public act also states that the LL&P board is responsible for revisiting the options for compliance with PA 152 on an annual basis. The public act allows for three options to comply with the law:

1. apply the hard cap (a fixed dollar amount a government employer may pay toward an employee's health care costs) as set by the Act;
2. adopt by majority vote the 80%-20% cost-sharing model;
3. opt out of (exempt itself from) the requirements of the Act

The board packet includes a resolution prepared by our labor attorney to meet our responsibilities for the upcoming benefit year (July 1 – June 30). The resolution included in the board packet is based on our legal counsel's recommendation to select option 3 and opt out of PA152. While we historically remained under the state's hard cap, opting out of the requirements of PA 152 ensures the board retains the flexibility to consider all the factors which could impact the level of benefits that the board feels are in the best interest of LL&P.

Recommendation: It is my recommendation to approve the resolution included in your board packet, which opts LL&P out of the requirements of Public Act 152.

**LOWELL LIGHT & POWER
CITY OF LOWELL
KENT COUNTY, MICHIGAN**

**A RESOLUTION TO EXEMPT LOWELL LIGHT & POWER FROM THE
REQUIREMENTS OF PUBLIC ACT 152 FOR THE NEXT SUCCEEDING MEDICAL
BENEFIT PLAN COVERAGE YEAR**

Board member _____ offered the following resolution and moved for its adoption, seconded by Board member _____:

WHEREAS, Act No. 152 of the Public Acts of 2011, as amended (the “Act”) regulates and controls public employers’ permitted expenditures for medical benefit plans; and

WHEREAS, under the Act, communities are given several options for complying with the Act’s requirements; and

WHEREAS, included in those options are:

- 1) apply the hard cap (a fixed dollar amount a government employer may pay toward an employee’s health care costs) as set by the Act;
- 2) adopt by majority vote the 80%-20% cost-sharing model;
- 3) opt out of (exempt itself from) the requirements of the Act; and

WHEREAS, the Lowell Light & Power Board strives to be a good steward of the public’s funds, which requires a balancing of interests; and

WHEREAS, good stewardship can also require that the Lowell Light & Power Board retain a degree of flexibility in the benefits it can offer; and

WHEREAS, based on the foregoing, the Lowell Light & Power Board has determined to exempt itself from the requirements of the Act for the next succeeding medical benefit plan coverage year; and

WHEREAS, the Lowell Light & Power Board recognizes that such exemption requires a two-thirds vote of the Board.

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. The recitals set forth above are affirmed as accurate and are incorporated herein as if fully set forth.
2. The Lowell Light & Power Board hereby exempts Lowell Light & Power from the requirements of the Act for the next succeeding medical benefit plan coverage year.

3. The Lowell Light & Power Board acknowledges its responsibility to annually revisit its options and responsibilities under the Act.

4. All resolutions and parts of resolutions that conflict with the provisions of this Resolution are rescinded.

YEAS: Board Member(s): _____

NAYS: Board Member(s): _____

ABSTAIN: Board Member(s): _____

ABSENT: Board Member(s): _____

ADOPTED this ____ day of _____, 2025

Perry Beacham, Board Chairperson

CERTIFICATION

I hereby certify that the foregoing is a true and complete copy of a resolution adopted by the Board of Light and Power of the City of Lowell, at a meeting held on May 27, 2025, and that public notice of said meeting was given pursuant to, and in compliance with, Act 267 of the Public Acts of Michigan of 1976, as amended.

Dated: _____

Charlie West, Manager
Lowell Light and Power