

WELCOME

Open Enrollment presentation will begin shortly

Open Enrollment 2026 Taylor School District

Present by:

Kim Nicholson

DSEHP Plan Administrator

John McElligatt

John@dsehp.com

K&M President



Taylor School District Health Care Committee

Organizational Chart



DSEHP Board of Trustees

TFT – Terry Devlin

Alternate – David Beddingfield

TSSSA 26 M – Erik Bardram

Alternate – Lynn Clarey

TPA – Michele Marshall

Alternate – Stacy Vespremi

TASCA- Matt Hall

Alternate – Michelle Hernandez

K&M Facilitators

John McElligatt
Heather Sartor

DSEHP Support

Kim Nicholson
Kathryn Straith-Johnson

Wellness = Saves Benefit Dollars

Get Involved

Only you can control premium rates.

Lower Claim Cost =

Better Plan Benefits

+

**Lower Employee
Contributions**





2026 Benefits Guide



**Benefit Guides
will be
Available
Online @
TaylorSD.com**

Effective 01-01-2026



All employees must complete their enrollment through PlanSource Benefit Administration System. Failure to complete by December 19th will result in NO BENEFITS effective January 1st, 2025.



Refer to Benefit Guide for Details

Open Enrollment - Timeframe

- ❑ **October 29, 2025, Open Enrollment Presentations**
- ❑ **December 5, 2025, OE Postcards will be mailed out.**
- ❑ **December 8th through the 19th is the period you can enroll in benefits. Enrollment can be completed by one of two ways, either by calling (888)222-4309 or Online at <https://benefits.plansource.com/>**
- ❑ **December 8th – John McElligatt with K&M will be presenting at 3:30 p.m. and 5:00 p.m. open enrollment and will also have HAP her for questions at Board Office**
- ❑ **December 8th – K&M staff will be here to enroll individuals from noon to 6:30 p.m.**
- ❑ **December 9th – K&M staff will be here to enroll individuals from 9:00 a.m. to 2:30 p.m.**
- ❑ **December 22, 2025, Updated Benefit Confirmation Statements will be emailed to all employees to verify benefits you have enrolled for 01-01-26 through 12-31-26.**
- ❑ **December 22nd through the 31st is the period, if enrolled by the enrollment date, in which you can modify your benefits if you find an error while reviewing the updated Benefit Confirmation Statement. Call PlanSource at (888)222-4309 to make that change.**
- ❑ **Eligible Members must enroll if you desire benefits for medical, dental vision, CIL or voluntary benefits on 01-01-26.**

“The contents of this presentation is intended for use as an easy-to-read summary only. It does not constitute a contract. Additional limitations and exclusions may apply. For an official description of benefits, please refer to each carrier’s official certificate/benefit guide.” 5

Employee Post Card



15250 Mercantile Dr.
Dearborn, MI 48120

IMPORTANT!!!

OPEN ENROLLMENT NOTIFICATION

Employee open enrollment period is December 8, 2025 – December 19, 2025

This is an ACTIVE enrollment for your insurance benefits. ALL Coverage terminates as of 12-31-25 unless you enroll during open enrollment.

You will receive an email on or before **December 5, 2025**. The DSEHP SAR, Employee Notifications and Employee Benefit Guides are available upon request. If you do not receive an email by December 9, 2025, please call the DSEHP Benefit Center at **(888) 222-4309** to check the email that you have on file.

Watch your email for your link to enroll!

Medical Plans – HAP

Changes are necessary

Dental Plan – BCBS

No Changes

Vision Plan – NVA

No Changes

Voluntary Benefits – Guardian

Some Changes

TSD - Plan Offerings for 01-01-26

•Medical

- Plan Offerings – January 2026
 - \$2,500/\$5,000 HAP H.S.A.
 - \$2,500/\$5,000 Henry Ford Select H.S.A.
- Terminated Plans
 - \$1,200/\$2,400 HAP HMO
 - \$1,700/\$3,400 HAP H.S.A.

•HSA Savings Account from all sources

- Single \$4,400
 - Over age 55 an additional \$1,000
- Two Person/Family \$8,550
 - Over age 55 an additional \$1,000

•Voluntary Benefits

- Age Rated
- No Evidence of Insurability Required

•Vision

- No Change in Benefits

•Dental

- No Change in Benefits

•Cash in Lieu (CIL)

- No Change

Refer to Benefit Guide for Details

Why did you eliminate the HAP \$1200 HMO and HAP \$2,500 H.S.A. HMO?

2025 vs 2026 – Employee Pay Plan Comparison and Analysis

HAP HMO \$1,200/\$2,400					
26 Pays	2025	2026-1	2026-2	2026-3	
Single	\$2,082.08	\$2,806.32	\$2,600.76		
Two Person	\$4,341.22	\$5,854.68	\$5,425.08		
Family	\$5,410.86	\$7,360.32	\$6,805.32		
HAP HMO HSA \$1,700/\$3,400 (Was \$1,650/\$3,300)					
26 Pays	2025	2026-1	2026-2	2026-3	
Single	\$ 907.14	\$1,520.88	\$1,317.00		
Two Person	\$1,886.04	\$3,168.24	\$2,661.96		
Family	\$2,239.12	\$3,889.80	\$3,339.12		
HAP HMO HSA \$2,500/\$5,000					
26 Pays	2025	2026-1	2026-2	2026-3	Final
Single	\$ 5.72	\$ 536.52	\$ 374.52	\$ 297.48	\$ 120.00
Two Person	\$ 1.82	\$1,110.96	\$ 772.32	\$ 611.16	\$ 240.00
Family	\$ -	\$1,232.04	\$ 794.64	\$ 586.44	\$ 480.00
Henry Ford Select HMO HSA \$2,500/\$5,000					
26 Pays					Final
Single			\$ -	\$ -	\$ (500.00)
Two Person			\$ -	\$ -	\$ (1,000.00)
Family			\$ -	\$ -	\$ (1,000.00)
Increase in Premium vs State of Michigan Hard Cap					
Plan Inc.	4.50%	9.61%	7.50%	6.58%	
St of MI HC	0.20%	2.90%	2.90%	2.90%	
Variance	4.30%	6.71%	4.60%	3.68%	

Plan Provisions	HAP HMO HSA Plan	Henry Ford Select HSA Plan
	PCP Required	PCP Required
Deductible		
Based on a Calendar Year	\$2,500 / \$5,000	\$2,500 / \$5,000
MOOP = Maximum Out of Pocket		
Based on a Calendar Year	\$3,500 / \$7,000	\$3,500 / \$7,000
Physician Office Services		
Office Visit	100% AFTER Deductible	100% AFTER Deductible
Specialist Office Visit	100% AFTER Deductible	100% AFTER Deductible
Emergency Medical Care		
Emergency Room	100% AFTER Deductible	100% AFTER Deductible
Urgent Care Visits	100% AFTER Deductible	100% AFTER Deductible
Prescription Drugs		
All Copays apply AFTER deductible		
Tier 1-Preferred Generic	Tier 1—\$10	Tier 1—\$10
Tier 2-Non-Preferred Generic	Tier 2—\$30	Tier 2—\$30
Tier 3-Preferred Brand	Tier 3—\$60	Tier 3—\$60
Tier 4-Non-Preferred Brand	Tier 4—\$80	Tier 4—\$80
Tier 5-Preferred Specialty	Tier 5—20% (\$200 Max)	Tier 5—20% (\$200 Max)
Tier 6-Non-Preferred Specialty	Tier 6—20% (\$300 Max)	Tier 6—20% (\$300 Max)

HENRY FORD HEALTH[®]

Select

powered by 

Members have access to renowned Henry Ford Health and other participating providers within the high-performing network, including:



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Acute care hospitals



550+

Sites of Care



9,400+

PCPs & Specialists

Henry Ford Health Select plan offers:

up to a **15%**
reduction in
premium costs.



HENRY FORD HEALTH

*Commercial product effective 1/1/26.

Select

powered by hap

Medicare Advantage product active



PROVIDERS

- Henry Ford Medical Group (HFMG)
- Jackson Health Network (JHN)
- Genesys Provider Health Organization (PHO)
- United Physicians (UP)
- Providers of Henry Ford Providence Southfield and St. John's Hospitals (*Formally Ascension*)
- Additional independent providers



HOSPITALS

1. Henry Ford Hospital (Detroit)
2. Henry Ford Genesys Hospital
3. Henry Ford Jackson Hospital
4. Henry Ford Macomb Hospital
5. Henry Ford Madison Heights Hospital
6. Henry Ford Providence Novi Hospital
7. Henry Ford Providence Southfield Hospital
8. Henry Ford River District Hospital
9. Henry Ford Rochester Hospital
10. Henry Ford St. John Hospital
11. Henry Ford Warren Hospital
12. Henry Ford West Bloomfield Hospital
13. Henry Ford Wyandotte Hospital



ANCILLARY SERVICES

– FULL HMO NETWORK

- Labs, Radiology, Durable Medical Equipment
- Physical, Occupational, Speech Therapy
- Behavioral Health
- Emergency Room
- Urgent Care
- Ambulance
- Vision and Hearing Venc

* Individual, small, and large group offering

A disruption report showed that 75.67% of TSD employees services are in the Henry Ford Select Network

Why would we be interested in the Henry Ford Select HMO HSA?

DISRUPTION REPORT

In Network	Total records	% Total Records
Yes	5,562	75.67%
No	1,788	24.33%
Adjusted Total	7,350	
Excluded Records (based on HCP* type)	448	
Total Records	7,798	100.00%

A disruption report says of all the doctors and facilities used how many are in the Henry Ford Select Network.

EXCLUDED RECORDS:

HCP Type	Providers	Total Records
RX	48	48
Ambulance	37	37
Lab	23	23
Nonpar for Incumbent	120	120
Not a HCP	8	8
Missing Information	2	2
Out of State	210	210
Total	448	448

PR Deduct	Deductible	Total	Pay Raise
HAP HMO \$1,200/\$2,400			
\$ 2,600.76	\$ 1,200.00	\$ 3,800.76	\$ -
\$ 5,425.08	\$ 2,400.00	\$ 7,825.08	\$ -
\$ 6,805.32	\$ 2,400.00	\$ 9,205.32	\$ -
HAP HMO HSA \$2,500/\$5,000			
\$ 120.00	\$ 2,500.00	\$ 2,620.00	\$ 1,180.76
\$ 240.00	\$ 5,000.00	\$ 5,240.00	\$ 2,585.08
\$ 480.00	\$ 5,000.00	\$ 5,480.00	\$ 3,725.32
Henry Ford Select HMO HSA \$2,500/\$5,000			
\$ (500.00)	\$ 2,500.00	\$ 2,000.00	\$ 1,800.76
\$ (1,000.00)	\$ 5,000.00	\$ 4,000.00	\$ 3,825.08
\$ (1,000.00)	\$ 5,000.00	\$ 4,000.00	\$ 5,205.32

I'm on the
HAP HMO \$1,200/\$2,400.
How much will I save?

I'm on the
HAP HMO \$1,700/\$3,400.
How much will I save?

PR Deduct	Deductible	Total	Pay Raise
HAP HMO HSA \$1,700/\$3,400 (Was \$1,650/\$3,300)			
\$ 1,317.00	\$ 1,700.00	\$ 3,017.00	\$ -
\$ 2,661.96	\$ 3,300.00	\$ 5,961.96	\$ -
\$ 3,339.12	\$ 3,300.00	\$ 6,639.12	\$ -
HAP HMO HSA \$2,500/\$5,000			
\$ 120.00	\$ 2,500.00	\$ 2,620.00	\$ 397.00
\$ 240.00	\$ 5,000.00	\$ 5,240.00	\$ 721.96
\$ 480.00	\$ 5,000.00	\$ 5,480.00	\$ 1,159.12
Henry Ford Select HMO HSA \$2,500/\$5,000			
\$ (500.00)	\$ 2,500.00	\$ 2,000.00	\$ 1,017.00
\$ (1,000.00)	\$ 5,000.00	\$ 4,000.00	\$ 1,961.96
\$ (1,000.00)	\$ 5,000.00	\$ 4,000.00	\$ 2,639.12

PR Deduct	Deductible	Total	Pay Raise
HAP HMO HSA \$2,500/\$5,000			
\$ 120.00	\$ 2,500.00	\$ 2,620.00	\$ (120.00)
\$ 240.00	\$ 5,000.00	\$ 5,240.00	\$ (240.00)
\$ 480.00	\$ 5,000.00	\$ 5,480.00	\$ (480.00)
Henry Ford Select HMO HSA \$2,500/\$5,000			
\$ (500.00)	\$ 2,500.00	\$ 2,000.00	\$ 620.00
\$ (1,000.00)	\$ 5,000.00	\$ 4,000.00	\$ 1,240.00
\$ (1,000.00)	\$ 5,000.00	\$ 4,000.00	\$ 1,480.00

I'm on the HAP HMO
H.S.A. \$2,500/\$5,000.
How much will I save?

PLUS: *

**We have added the Amwell Telehealth
for doctor visits at no cost and is not
subject to deductibles or co-pays**

Effective 01-01-26

***Telehealth calls with providers outside of the Amwell program are subject to deductible**

How PA 152 affects your rates.

	2025	2026	Difference
HAP HMO \$2,500/\$5,000 H.S.A. @ 6.58%			
Single	\$643.66	\$686.63	\$42.97
Two Person	\$1,345.26	\$1,435.05	\$89.79
Family	\$1,754.15	\$1,853.89	\$99.74

PA 152 with State Allowed of 2.9% Increase

	2025	2026	Difference	Months	Annual Cost	Final Employee Annual
Single	\$643.19	\$661.84	\$18.65			
Two Person	\$1,345.11	\$1,384.12	\$39.01			
Family	\$1,754.15	\$1,805.02	\$50.87			
			\$24.32	12	\$291.84	\$ 120.00
			\$50.78	12	\$609.36	\$ 240.00
			\$48.87	12	\$586.49	\$ 480.00

Okay..... Okay..... What will I pay per payroll?

Employees on 26 pays per year - 2026 HEALTHCARE PAYROLL DEDUCTIONS					
Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000 *	BCBSM Dental	NVA Vision	Cash in Lieu \$1,920/year
Single	(\$4.62)	\$0.00 Plus \$500.00/year or \$19.23 into your HSA Account	\$0.00	(\$0.77)	\$73.85
Two Person	(\$9.24)	\$0.00 Plus \$1,000.00/year or \$38.46 into your HSA Account	\$0.00	(\$1.45)	\$73.85
Family	(\$18.48)	\$0.00 Plus \$1,000.00/year or \$38.46 into your HSA Account	\$0.00	(\$2.04)	\$73.85
Employees on 20 pays per year - 2026 HEALTHCARE PAYROLL DEDUCTIONS					
Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000 *	BCBSM Dental	NVA Vision	Cash in Lieu \$1,920/year
Single	(\$6.00)	\$0.00 Plus \$500.00/year or \$25.00 into your HSA Account	\$0.00	(\$1.00)	\$96.00
Two Person	(\$12.00)	\$0.00 Plus \$1,000.00/year or \$50.00 into your HSA Account	\$0.00	(\$1.88)	\$96.00
Family	(\$24.00)	\$0.00 Plus \$1,000.00/year or \$50.00 into your HSA Account	\$0.00	(\$2.66)	\$96.00

**Medical
Dental
Vision
CIL**

Optional Maximum Deposit for H.S.A. on **26** pays per year - 2026 Employee Paid

Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000	Catch Up Age 55 or Older
Single	(\$169.23)	(\$150.00)	(\$38.46)
Two Person	(\$336.53)	(\$298.07)	(\$38.46)
Family	(\$336.53)	(\$298.07)	(\$38.46)

Optional Maximum Deposit for H.S.A. on **20** pays per year - 2026 Employee Paid

Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000	Catch Up Age 55 or Older
Single	(\$220.00)	(\$195.00)	(\$50.00)
Two Person	(\$437.50)	(\$387.50)	(\$50.00)
Family	(\$437.50)	(\$387.50)	(\$50.00)

**H.S.A.
Voluntary
Savings
Encouraged**



Taylor School District Voluntary Benefits



Short-Term Disability
Life Insurance for Employee, Spouse and Children
Accident Insurance
Critical Illness
Hospital Indemnity

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer provided benefits or your Collective Bargaining Agreement.

VERIFY * VERIFY * VERIFY

**ANYONE THAT HAS NOT ENROLLED BY 12-19-2025 WILL HAVE
THEMSELVES AND ANY DEPENDENTS**

**CANCELLED FOR MEDICAL, DENTAL AND VISION INSURANCE
EFFECTIVE 01-01-26 THROUGH 12-31-26,**

UNLESS THEY HAVE A QUALIFYING LIFE EVENT.

**TSD CANNOT BE RESPONSIBLE FOR MISSING DEPENDENTS OR
COVERAGE.**

ONLY YOU ARE.

Don't Forget to Update Your Beneficiaries!

Why It's Important

Ensure	Ensure your loved ones are protected and the right people receive benefits.
Avoid	Avoid legal complications & delays for your beneficiaries
Reflect	Reflect Life Changes marriage, children, divorce and other events may require adjustment of beneficiaries.

When to Review

- **During Open Enrollment:**
A great time to review or make updates
- **Anytime:**
You can update your beneficiaries at any time. Life changes happen, so adjust as needed.

Need Help?

Contact DSEHP Benefits Center
(888) 222-4309

Reminder: Life Events

Reminder:

The employee is responsible that all changes are completed within 30 days of the event.

Untimely notification will make the employee ineligible to add a dependent.

If the DSEHP is not notified of dependents that should be removed from the policy, the employee can be liable for all claims and premium for the dependent that should not have had coverage.

Qualifying Household Changes that Qualify for a Special Enrollment

- Adoption
 - Birth
 - Death
 - Divorce
- Gain of Health insurance and/or Medicaid/Medicare
- Loss of Health insurance and/or Medicaid/Medicare

You must notify PlanSource by logging on to <https://benefits.plansource.com/logon> or calling (888) 222-4309 within 30 days

Medical & Prescription Drug	HAP	(800) 422-4641 www.hap.org
H.S.A. (Health Savings Accounts)	Health Equity	(866) 346-5800 www.healthequity.com
Dental	BCBSM Dental	(313) 225-9000 www.bcbsm.com
Vision	National Vision Administrators (NVA)	(800) 672-7723 www.e-nva.com
Voluntary Life Insurance Short Term Disability Critical Illness Accident Coverage Hospital Indemnity	Guardian	(888) 600-1600 www.guardianlife.com
Telehealth	HAP by Amwell®	(866) 884-0528 HAPTelehealth@amwell.com
EAP	ACI Specialty Benefits	(855) 775-4357 http://rsli.acieap.com

Confidentiality Statement & Disclosure Statement

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As such, all information provided in this report and associated materials is proprietary and confidential. It is intended solely for use by DSEHP.

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The intent of this presentation is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Q&A

