



## DEPARTMENTAL SUBMISSION

DEPARTMENT: 100  
FILE NUMBER: Human Resources - Administration -  
0014

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**\* RE:**

Submitting report related to: 2026 Health Benefit Rate Approval

**\* SUMMARY:**

Submitting the City of Detroit Benefits Board approval and summary of the 2026 health benefit rates that now require final City Council Approval

**\* RECOMMENDATION:**

Seeking City Council final approval of the 2026 Health Benefit Rates.

**\* DEPARTMENTAL CONTACT:**

Name: Ayanna Jackson  
Position: GM Head of Benefits Administration

**\*=REQUIRED**