



2025 Employee Benefits Renewal

April 21, 2025



**A Strategic Partner for Planning, Designing and Implementing
Your Employee Benefits Program:**



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Integrity
Service & Accountability
Respect

John Leggett, Sr. Benefits Consultant

Monthly Healthcare Detail Experience Report (Mar 2023 – Feb 2025)

MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	TOTAL CLAIMS	BILLED PREMIUM	LOSS RATIO	TOTAL SUBS	TOTAL MBRS
Mar-23	(\$222)	\$166,824	\$3,598	\$108,977	\$279,178	\$383,329	73%	243	550
Apr-23	\$3,450	\$215,095	\$396	\$147,680	\$366,621	\$387,220	95%	244	552
May-23	\$3,465	\$195,049	\$915	\$107,586	\$307,015	\$385,205	80%	247	550
Jun-23	\$3,354	\$178,989	\$319	\$74,400	\$257,061	\$376,244	68%	240	531
Jul-23	\$3,440	\$166,833	\$341	\$68,896	\$239,510	\$371,816	64%	241	519
Aug-23	\$2,630	\$192,913	\$0	\$57,269	\$252,812	\$379,813	67%	253	552
Sep-23	\$3,892	\$148,045	\$1,273	\$145,095	\$298,304	\$397,538	75%	262	570
Oct-23	\$2,882	\$282,124	\$128	\$84,325	\$369,458	\$409,406	90%	267	579
Nov-23	\$3,065	\$277,076	\$200	\$117,372	\$397,713	\$417,627	95%	271	595
Dec-23	\$6,555	\$398,556	\$884	\$85,871	\$491,865	\$422,074	117%	273	599
Jan-24	\$3,647	\$204,973	\$637	\$78,812	\$288,069	\$427,835	67%	277	609
Feb-24	\$3,807	\$272,909	\$0	\$57,911	\$334,627	\$431,486	78%	275	601
Total	\$39,963	\$2,699,385	\$8,692	\$1,134,192	\$3,882,232	\$4,789,593	81%	3,093	6,807
				PMPM:	\$570	\$704		258	567
Mar-24	\$3,032	\$146,087	\$389	\$125,369	\$274,878	\$421,331	65%	271	589
Apr-24	\$3,813	\$253,053	\$0	\$71,201	\$328,066	\$416,619	79%	276	598
May-24	\$3,897	\$218,099	\$264	\$126,276	\$348,536	\$428,601	81%	279	592
Jun-24	\$4,587	\$216,765	\$0	\$77,054	\$298,407	\$422,591	71%	274	583
Jul-24	\$3,894	\$195,818	\$663	\$89,118	\$289,493	\$449,198	64%	280	601
Aug-24	\$4,070	\$557,724	\$0	\$104,570	\$666,364	\$460,961	145%	283	604
Sep-24	\$3,984	\$374,342	\$0	\$99,703	\$478,029	\$461,060	104%	281	601
Oct-24	\$4,670	\$247,127	\$0	\$133,424	\$385,221	\$455,701	85%	279	599
Nov-24	\$4,202	\$366,007	\$0	\$122,623	\$492,832	\$449,958	110%	280	607
Dec-24	\$4,692	\$373,476	\$247	\$104,176	\$482,592	\$451,617	107%	275	599
Feb-25	\$6,203	\$389,932	\$0	\$109,243	\$505,378	\$467,790	108%	287	618
Jan-25	\$3,819	\$372,814	\$0	\$102,618	\$479,251	\$454,607	105%	281	610
Total	\$50,864	\$3,711,245	\$1,562	\$1,265,376	\$5,029,047	\$5,340,033	94%	3,346	7,201
					24%				
				PMPM:	\$698	\$742		279	600
					22%	5%		8%	6%
Total Period	\$90,827	\$6,410,630	\$10,254	\$2,399,569	\$8,911,279	\$10,129,626	88%	9,790	21,382

Cigna Renewal – Marketing Offer



		LocalPlus Plan v - Option 1		OAPin Plan - Option 2		OAP Plan - Option 3			
		Current	Renewal	Current	Renewal	Current	Renewal		
Employee	80	865.29	969.12	27	934.79	1,046.96	17	970.85	1,087.35
Employee + 1 Dependent	33	1,873.36	2,098.16	22	2,023.81	2,266.67	8	2,101.90	2,354.13
Employee + Family	25	2,473.87	2,770.73	48	2,672.54	2,993.24	17	2,775.67	3,108.75
Monthly Total	138	192,890.83	216,037.73	97	198,045.07	221,810.48	42	80,506.04	90,166.76
Percentage of Change			12.00%			12.00%			12.00%
In-Network		LocalPlus Plan		OAPin		OAP			
Plan Deductible (Individual / Family)		\$500 / \$1,500		\$1,000 / \$3,000		\$500 / \$1,500			
HRA Amount:		\$500 / \$1,500		\$500 / \$1,500		\$500 / \$1,500			
Employee Deductible after HRA:		\$0		\$500 / \$1,500		\$0			
Coinsurance		100%		100%		100%			
PCP Copay		\$20		\$25		\$15			
Preventive Care		100%		100%		100%			
Specialist Copay		\$40		\$50		\$25			
ER Copay		\$250		\$250		\$100			
Urgent Copay		\$60		\$60		\$60			
Outpatient Surgery		Deductible		Deductible		Deductible			
Inpatient Surgery		Deductible		Deductible		Deductible			
Out-of-pocket (Individual / Family) (Includes Prescription)		\$6,600 / \$13,200		\$6,600 / \$13,200		\$6,600 / \$13,200			
Level 1		\$10		\$10		\$10			
Level 2		\$25		\$25		\$25			
Level 3		\$50		\$50		\$50			
Level 4		20% up to a \$200		20% up to a \$200		20% up to a \$200			
Out-of-Network									
Deductible (Individual / Family)		Emergency		Emergency		\$1,000 / \$3,000			
Coinsurance		Only		Only		70%			
Out-of-pocket (Individual / Family)						\$6,600 / \$13,200			
EMPLOYEE WEEKLY DEDUCTIONS									
Employee	80	0.00	0.00	27	10.00	10.00	17	24.00	24.00
Employee + 1 Dependent	33	10.50	10.50	22	17.00	17.00	8	62.00	62.00
Employee + Family	25	13.00	13.00	48	20.00	20.00	17	81.50	81.50
		Current	Renewal						
Combined Monthly Total		\$471,442	\$528,015						
Combined Annual Total		\$5,657,303	\$6,336,180	12.00%					
Combined Monthly Net Cost		\$451,660	\$508,233						
Combined Annual Net Cost		\$5,419,923	\$6,098,800	Annual Net Increase \$678,876.39					
Percentage of Change			12.53%						

Cigna Renewal – Non-Marketing Offer



		LocalPlus Planv - Option 1		OAPin Plan - Option 2		OAP Plan - Option 3			
		Current	Renewal	Current	Renewal	Current	Renewal		
Employee	80	865.29	925.86	27	934.79	1,000.23	17	970.85	1,038.81
Employee + 1 Dependent	33	1,873.36	2,004.50	22	2,023.81	2,165.48	8	2,101.90	2,249.03
Employee + Family	25	2,473.87	2,647.04	48	2,672.54	2,859.62	17	2,775.67	2,969.97
Monthly Total	138	192,890.83	206,393.19	97	198,045.07	211,908.22	42	80,506.04	86,141.46
Percentage of Change			7.00%			7.00%			7.00%
In-Network		LocalPlus Plan		OAPin		OAP			
Plan Deductible (Individual / Family)		\$500 / \$1,500		\$1,000 / \$3,000		\$500 / \$1,500			
HRA Amount:		\$500 / \$1,500		\$500 / \$1,500		\$500 / \$1,500			
Employee Deductible after HRA:		\$0		\$500 / \$1,500		\$0			
Coinsurance		100%		100%		100%			
PCP Copay		\$20		\$25		\$15			
Preventive Care		100%		100%		100%			
Specialist Copay		\$40		\$50		\$25			
ER Copay		\$250		\$250		\$100			
Urgent Copay		\$60		\$60		\$60			
Outpatient Surgery		Deductible		Deductible		Deductible			
Inpatient Surgery		Deductible		Deductible		Deductible			
Out-of-pocket (Individual / Family) (Includes Prescription)		\$6,600 / \$13,200		\$6,600 / \$13,200		\$6,600 / \$13,200			
Level 1		\$10		\$10		\$10			
Level 2		\$25		\$25		\$25			
Level 3		\$50		\$50		\$50			
Level 4		20% up to a \$200		20% up to a \$200		20% up to a \$200			
Out-of-Network									
Deductible (Individual / Family)		Emergency Only		Emergency Only		\$1,000 / \$3,000			
Coinsurance						70%			
Out-of-pocket (Individual / Family)						\$6,600 / \$13,200			
EMPLOYEE WEEKLY DEDUCTIONS									
Employee	80	0.00	0.00	27	10.00	10.00	17	24.00	24.00
Employee + 1 Dependent	33	10.50	10.50	22	17.00	17.00	8	62.00	62.00
Employee + Family	25	13.00	13.00	48	20.00	20.00	17	81.50	81.50
		Current	Renewal						
Combined Monthly Total		\$471,442	\$504,443						
Combined Annual Total		\$5,657,303	\$6,053,315	7.00%					
Combined Monthly Net Cost		\$451,660	\$484,661						
Combined Annual Net Cost		\$5,419,923	\$5,815,935						
Percentage of Change			7.31%						
								Annual Net Increase	\$396,011.23

City Contributions

		Current Contributions					
		Option 1		Option 2		Option 3	
Employee	80	865.29	27	934.79	17	970.85	
Employee + 1 Dependent	33	1,873.36	22	2,023.81	8	2,101.90	
Employee + Family	25	2,473.87	48	2,672.54	17	2,775.67	
Monthly Total	138	192,890.83	97	198,045.07	42	80,506.04	
EMPLOYEE WEEKLY DEDUCTIONS							
Employee	80	0.00	27	10.00	17	24.00	
Employee + 1 Dependent	33	10.50	22	17.00	8	62.00	
Employee + Family	25	13.00	48	20.00	17	81.50	
CITY MONTHLY CONTRIBUTION							
Employee		865.29		891.46		866.85	
Employee + 1 Dependent		1,827.86		1,950.14		1,833.23	
Employee + Family		2,417.54		2,585.87		2,422.50	
CITY MONTHLY CONTRIBUTION							
Employee		100.00%		95.36%		89.29%	
Employee + 1 Dependent		95.49%		97.21%		85.44%	
Employee + Family		96.50%		97.51%		86.19%	
Current							
Combined Monthly Total		\$471,442					
Combined Annual Total		\$5,657,303					
Combined Monthly Net Cost		\$451,660					
Combined Annual Net Cost		\$5,419,923					
Annual Net Increase							
Percentage of Change							

Cost Neutral		
Option 1	Option 2	Option 3
925.86	990.67	1,060.02
2,004.50	2,144.81	2,294.95
2,647.04	2,832.33	3,030.60
206,393.19	209,885.94	87,900.02
EMPLOYEE WEEKLY DEDUCTIONS		
0.00	14.96	30.96
10.50	42.88	77.53
13.00	55.76	101.51
CITY MONTHLY CONTRIBUTION		
925.86	925.86	925.86
1,959.00	1,959.00	1,959.00
2,590.71	2,590.71	2,590.71
CITY MONTHLY CONTRIBUTION		
100.00%	93.46%	87.34%
95.78%	89.52%	83.66%
96.73%	90.40%	84.49%
Proposed		
504,179		
6,050,150		
471,387		
5,656,645		
\$237,122		
4.38%		

- If the City elected to change the contribution model to “Cost Neutral” where all deductions were based on Option 1 premiums, the Non-Marketing Offer proposed annual net increase of \$396K would be reduced by \$159K. This would result in increased deductions for employees enrolled in Option 2 and Option 3.

Public Sector Group Health Benchmark Report

	Current	Renewal	56	26	30	SHBP	
	City of Forest Park		All	County	City	Anthem	UHC
	HMO	HMO	Average	Average	Average	HMO	HMO
Effective Date	7/1/2024	7/1/2025				1/1/2025	1/1/2025
Active Employees	298	298	246	329	166	625,000	625,000
Monthly Premium							
Employee	\$865	\$926	\$906	\$944	\$873	\$1,022	\$1,061
Employee + Spouse	\$1,873	\$2,005	\$1,918	\$1,991	\$1,854	\$2,146	\$2,228
Employee + Child(ren)	\$1,873	\$2,005	\$1,837	\$1,915	\$1,769	\$1,737	\$1,803
Employee + Family	\$2,474	\$2,647	\$2,693	\$2,809	\$2,594	\$2,861	\$2,970
Employee Monthly Cost							
Employee	\$0	\$0	\$43	\$58	\$31	\$158	\$197
Employee + Spouse	\$46	\$46	\$394	\$418	\$374	\$405	\$487
Employee + Child(ren)	\$46	\$46	\$358	\$390	\$330	\$292	\$359
Employee + Family	\$56	\$56	\$633	\$620	\$645	\$539	\$649
Employer Contribution							
Employee	100%	100%	95%	94%	96%	85%	81%
Add Spouse	95%	96%	67%	66%	67%	78%	75%
Add Child(ren)	95%	96%	67%	66%	67%	81%	78%
Add Family	96%	97%	69%	69%	68%	79%	76%
Health Plan Design							
HRA Included	Yes	Yes	20%	15%	23%	No	No
HRA Amount	\$500	\$500	\$397	\$423	\$375	\$0	\$0
Deductible	\$500	\$500	\$2,087	\$2,362	\$1,848	\$1,300	\$1,300
Coinsurance	100%	100%	86%	83%	89%	80%	80%
Out of Pocket	\$6,600	\$6,600	\$5,573	\$6,250	\$4,987	\$4,000	\$4,000
PCP Copay	\$20	\$20	\$29	\$28	\$31	\$35	\$35
Specialist Copay	\$40	\$40	\$51	\$54	\$49	\$45	\$45
Rx Deductible	No	No	Yes - 39%	Yes - 38%	Yes - 40%	No	No
Generic Copay	\$10	\$10	\$12	\$11	\$13	\$20	\$20
Brand Copay	\$25	\$25	\$40	\$43	\$37	\$50	\$50

Cigna Dental Renewal



				100% EE / 50% Dep	100% EE / 0% Dep
		Current	Renewal	Option 1	Option 2
Employee Only	128	31.48	38.09	38.09	38.09
Employee +1 Dependent	61	67.99	82.27	82.27	82.27
Employee + Family	92	89.67	108.50	108.50	108.50
Monthly Premium	281	16,426.47	19,876.03	19,876.03	19,876.03
Deductible	\$50 Indiv. (\$150 Family)				
Preventive	100%				
Basic	80%				
Major	60%				
Annual Maximum Benefit	\$2,000				
Fillings	80%				
Simple Extractions	80%				
Oral Surgery	80%				
Periodontics	80%				
Endodontics (Root Canals)	80%				
Crowns	60%				
Dentures / Bridges	60%				
Implants	60%				
Orthodontia Coverage	50% up to \$2,000 max				
WEEKLY DEDUCTIONS					
Employee		0.00		0.00	0.00
Employee + 1 Dependent		0.00		5.10	10.20
Employee + Family		0.00		8.12	16.25
Annual Premium		\$197,117.64	\$238,512.34	\$183,477.26	\$128,442.18
Annual Net Cost Impact			\$41,394.70	-\$13,640.38	-\$68,675.46
Annual Net Change			21.00%	-6.92%	-34.84%

Annual Net Cost PEY	\$701.49	\$848.80	\$652.94	\$457.09
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Notes:

- Pending official renewal (projected at +21%)
- RFPs sent out to market (MetLife, Standard, and Guardian)
- 266 enrolled during the 2024 renewal period (6% growth)
- City covers 100% of overall cost for employees and dependents
- Consider unbundling from medical

Option 1 – City pays 100% of Employee and 50% of Family

Option 2 – City pays 100% of Employee and nothing towards Family

Proposals:

- Standard +50.07%
- MetLife +25.20%

Cigna Vision Renewal



			Current	Renewal	100% EE / 0% Dep Option 1
Employee	130		6.92	7.27	7.27
Employee + 1 Dependent	59		12.10	12.71	12.71
Employee + Family	91		19.37	20.33	20.33
Monthly Total	280		3,376.56	3,545.39	3,545.39
Eye Exam Frequency		\$10 Every 12 months			
Lenses Single, Bifocal, Trifocal Frequency		\$20 Every 12 months			
Contacts Elective Medically Necessary Frequency		Up to \$150 Allowance Included Every 12 months			
Frames Frequency		Up to \$150 Allowance plus 20% discount on Every 12 months			
WEEKLY DEDUCTIONS					
Employee		0.00	0.00	0.00	
Employee + 1 Dependent		1.00	1.00	1.25	
Employee + Family		2.56	2.56	3.01	
Annual Premium		\$40,519	\$42,545	42,544.63	
Annual Net Cost		\$25,337	\$27,363	24,431.35	
Annual Net Change			\$2,026	-905.43	
Percent of Change			8.00%	-3.57%	

Notes:

- 273 enrolled during the 2024 renewal period
- City covers 63% of overall cost for employees and dependents
- Option 1 – 100% EE / 0% FAM

Basic Life Insurance - Options

	<i>Current / Renewal - No Chg</i>	<i>Bundled with Vol Life</i>	<i>Proposal</i>	<i>Proposal</i>
Basic Life and AD&D Insurance				
Basic Life Benefits and AD&D Amount:				
Class 1: All Full-Time Upper Management Employees:	\$150,000	\$150,000	\$150,000	\$150,000
Class 2: All Full-Time Middle Management Employees:	\$40,000	\$40,000	\$40,000	\$40,000
Class 3 All Other Full-Time Employees:	\$20,000	\$20,000	\$20,000	\$20,000
Reduction Schedule:	No Reduction	No Reduction	No Reduction	35% at Age 65, 50% at Age 70
Life Rate:	0.330	0.297	0.230	0.264
AD&D Rate:	0.035	0.035	0.025	0.028
			Includes Line of Duty Benefit	
Projected Volume:	\$7,970,000	\$7,970,000	\$7,970,000	\$7,970,000
Covered Lives:	280	280	280	280
Basic Life Monthly Premium:	\$2,909	\$2,646	\$2,032	\$2,327
Annual Cost:	\$34,909	\$31,752	\$24,388	\$27,927
Rate Guarantee:	7/1/2027	7/1/2027	7/1/2027	7/1/2027
Percentage Change:		-9.04%	-30.14%	-20.00%

Notes:

- LFG to reduce basic life rates if Voluntary Life is added

City 2025 Renewal Options

	<i>Current</i>	Renewal <i>Option 1</i>	NM Renewal <i>Option 2</i>	NM Renewal <i>Option 3</i>	NM Renewal <i>Option 4</i>	NM Renewal <i>Option 5</i>
MEDICAL	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>
Annual Billed Premium	\$5,657,303	\$6,336,180	\$6,053,315	\$6,053,315	\$6,053,315	\$6,053,315
Employee Annual Deductions	\$237,380	\$237,380	\$237,380	\$396,670	\$396,670	\$396,670
City Annual Net Cost	\$5,419,923	\$6,098,800	\$5,815,935	\$5,656,645	\$5,656,645	\$5,656,645
DENTAL	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna - Opt 1</i>	<i>Cigna - Opt 2</i>
Annual Billed Premium	\$197,117	\$238,512	\$238,512	\$238,512	\$238,512	\$238,512
Employee Annual Deductions	\$0	\$0	\$0	\$0	\$55,035	\$110,070
City Annual Net Cost	\$197,117	\$238,512	\$238,512	\$238,512	\$183,477	\$128,442
VISION	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna - Opt 1</i>	<i>Cigna - Opt 1</i>	<i>Cigna - Opt 1</i>
Annual Billed Premium	\$40,519	\$42,454	\$42,454	\$42,454	\$42,454	\$42,454
Employee Annual Deductions	\$15,182	\$15,091	\$15,091	\$18,023	\$18,023	\$18,023
City Annual Net Cost	\$25,337	\$27,363	\$27,363	\$24,431	\$24,431	\$24,431
BASIC LIFE	<i>Lincoln</i>	<i>Lincoln</i>	<i>Lincoln</i>	<i>Standard</i>	<i>Standard</i>	<i>Standard</i>
Expected Annual Cost	\$34,909	\$34,909	\$34,909	\$24,388	\$24,388	\$24,388
Total Expected Annual Cost	\$5,677,286	\$6,399,584	\$6,116,719	\$5,943,976	\$5,888,941	\$5,833,906

Percentage of Change

12.7%

7.7%

4.7%

3.7%

2.8%

Annual Budget Impact

\$722,298

\$439,433

\$266,690

\$211,655

\$156,620

Option 1 – Renewal rates if City doesn't accept Cigna Non-Marketing Offer / No Changes to Employee Deductions

Option 2 – Cigna Non-Marketing Offer / No Change to Employee Deductions

Option 3 – Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City

Option 4 – Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City / Change Dental Contributions to 50% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard

Option 5 – Cigna Non-Marketing Offer / Set Plan 2 & 3 to be Cost Neutral to the City / Change Dental Contributions to 0% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard

Tentative Open Enrollment Timeline

Major Action Items	Owner	Target Date
→ Conduct Pre-Renewal Meeting	MSI / COFP	✓
→ Obtain Renewals	MSI	✓
→ Initiate Marketing	MSI	April
→ Conduct Renewal Meeting	MSI / COFP	✓
→ Finalize Benefit Offerings and Contributions	COFP	April/May
→ Initiate Benefits Build-out in Enrollment Platform (ADP or Zevo)	MSI	April/May
→ Test Benefits Build-out in Enrollment Platform (ADP or Zevo)	MSI	April/May
→ Provide Open Enrollment Letter and Benefits Guide for Review	MSI	May
→ Provide Benefit Packets for Distribution (Townhall Meeting)	MSI	May/June
Target Open Enrollment: late May / early June		
→ Benefit Counselor Onsite Enrollments (2024 Dates: Mon/Tue – 6/10 & 6/11)	MSI	May/June

City 2025 Renewal Options Summarized

	Total Budget	Budget Impact	% Change	Summary
Option 1	\$6,399,584	\$722,298	12.7%	Renewal rates if City elects to market the group health
Option 2	\$6,116,719	\$439,433	7.7%	Cigna Non-Marketing Offer / No Change to Employee Deductions
Option 3	\$5,943,976	\$266,690	4.7%	Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City / Change Basic Life to The Standard
Option 4	\$5,888,941	\$211,655	3.7%	Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City / Change Dental Contributions to 50% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard
Option 5	\$5,833,906	\$156,620	2.8%	Cigna Non-Marketing Offer / Set Plan 2 & 3 to be Cost Neutral to the City / Change Dental Contributions to 0% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard