

National Insurance Services

City of Marshall Benefits Recap for 2023

Medical:

August 2021 conducted RFP (request for proposal) effective January 1, 2022

- Reduction in rates from PEIP to BCBS by 12%
- Second year rate cap of 11% (Not to Exceed)
 - Renewal formulary for 2023 calculated **17.8%**
 - Based on 8 months of claims and Manual Rate
 - Renewal Cap **11.0%**
 - Negotiated increase for 2023 **8.8%**
- Two-year savings from 2021 **15.7%**
 - \$516,622.00 (based on PEIP renewal numbers)

Renewals and rates past six years:

- 2018 Coop \$692.50/\$1852.00 7.1% Increase
- 2019 Coop \$638.50/\$1698.50 12.3% Increase
- 2020 PEIP \$673.82/\$1782.36 6.3% Increase
- 2021 PEIP \$718.32/\$1901.10 6.6% Increase
- 2022 BCBS \$632.33/\$1673.51 11.9% Decrease
- 2023 BCBS \$687.98/\$1820.78 8.8% Increase
 - 4.22% less than 2021

Dental:

- 2019 \$45.22/\$125.64
- 2020 \$46.12/\$128.16 1.9% Increase
- 2021 \$46.12/\$128.16 0.0% Increase
- 2022 \$47.96/\$133.28 3.9% Increase
- 2023 \$47.96/\$133.28 0.0% Increase

Renewal Package for

City of Marshall

283978

from Blue Cross and Blue Shield of Minnesota

Effective Date : January 1, 2023



*This renewal and all attachments are confidential
Quote date 08/03/2022*

City of Marshall

Projected Renewal Year Claims

Coverage Effective Date: 01/01/2023

	(Most Recent)	
	<u>Rating Period 1</u>	<u>Rating Period 2</u>
Total incurred claims	\$376,788	\$1,338,536
Remove Claims Above Pooling Level (at \$85,000)	(\$39,731)	\$0
Projection Year Adjustments*	\$22,127	(\$55,978)
Total Completed Claims	\$359,184	\$1,282,558
Cost Trend Factor	11.6%	19.6%
01/2022 - 06/2022: 15 months at 0.73% per month (9.1% annual trend)		
01/2021 - 12/2021: 24 months at 0.75% per month (9.4% annual trend)		
Trended Claims	\$400,984	\$1,533,940
Pooling Charge	\$226,023	\$450,315
Projected Renewal Year Claims	\$627,007	\$1,984,255
Member Months	1,697	3,381
PMPM	\$369.48	\$586.88
Weight	67%	33%
Weighted Projected Renewal Year Claims (PMPM)	\$246.63	\$195.13

*Includes IBNR, settlements, withholds, benefit adjustments and other adjustments based on expectations of projected year experience.



Rating Period 1 = 1/1/2022 - 6/30/2022, Paid Through 7/31/2022
 Rating Period 2 = 1/1/2021 - 12/31/2021, Paid Through 7/31/2022

Renewal Development Summary Coverage Effective Date: 01/01/2023

	Period PMPM	Period Weight	Adjusted PMPM
Weighted Experience Claims Projection			
Period 1 weighted projected renewal year claims	\$369.48	66.8%	\$246.63
Period 2 weighted projected renewal year claims	\$586.88	33.2%	\$195.13
Total projected renewal year claims			\$441.76
Manual Incurred Claims Projection (Experience to Manual: 0.808)	\$546.63		
Credibility Weighted Claims			
50% applied to weighted experience claims projection	\$220.88		
50% applied to manual claims projection	\$273.31		\$494.20

Administrative Expenses

General Administrative Expense	\$17.10		
MN Taxes/Assessments	\$5.40		
ACA Taxes/Assessments	\$0.27		
Contribution to Reserves	\$23.23		
Network Access Fee (No additional fee)	\$0.00		
Agent Commission	\$8.10		\$54.11
Total Administrative Expense: 10.0%			

Total Projected Renewal Year Premiums

	Member Counts		
\$2000 non-embedded H S A, Classic Rx, Key Rx,Aware	283		
Needed Income, with commission, if applicable		\$548.30	
Current Income, with commission, if applicable		\$465.47	
Total Needed Income, with commission, if applicable - All Plans			\$1,862,038
Total Current Income, with commission, if applicable			\$1,580,729

Calculated change in rates	17.8%
Recommended change in rates, effective 01/01/2023	11.0%



Rating Period 1 = 1/1/2022 - 6/30/2022, Paid Through 7/31/2022
 Rating Period 2 = 1/1/2021 - 12/31/2021, Paid Through 7/31/2022

Renewal Rates

Coverage Effective Date: 01/01/2023

Renewal Months 12

Min Value

			Current Rates	Renewal Rates	Change in Rates
PLAN 1	\$2000 non-embedded H S A, Classic Rx, Key Rx,Aware				
	Single	31	\$632.33	\$701.89	
	Family	67	\$1,673.51	\$1,857.60	
		Annual Total Premium	\$1,580,729	\$1,754,609	
Group Total	98		\$1,580,729	\$1,754,609	11.0%

- Rates include 1.5% commission



Rating Period Report

Coverage Effective Date: 01/01/2023

PAID DATA					INCURRED DATA		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			(= A - B - C)				(= D + E - F + G)

PERIOD 1 (MOST RECENT)

Year / Month	Contracts	Mbrs	Eligible Billed Charges	Provider Savings	Member Liability & Other Ins	Plan Paid Amount	Variable Blue Card Fees	Amt Pd in Current Mo for Prior Mos	Amt Pd in Later Mos for Current Mo	Total Incurred Claims	Income
202206	98	279	\$ 128,951	\$ 62,358	\$ 27,699	\$ 38,894	\$ 177	\$ 16,955	\$ 26,108	\$ 48,224	\$ 132,360
202205	101	286	\$ 210,808	\$ 115,362	\$ 26,978	\$ 68,468	\$ 132	\$ 56,231	\$ 16,383	\$ 28,752	\$ 135,298
202204	100	286	\$ 162,898	\$ 71,611	\$ 37,153	\$ 54,134	\$ 105	\$ 45,409	\$ 60,885	\$ 69,715	\$ 135,651
202203	100	285	\$ 233,424	\$ 73,851	\$ 36,742	\$ 122,831	\$ 98	\$ 15,853	\$ 56,858	\$ 163,933	\$ 135,707
202202	99	281	\$ 129,955	\$ 50,221	\$ 38,439	\$ 41,295	\$ 31	\$ 6,518	\$ 18,270	\$ 53,077	\$ 134,033
202201	98	280	\$ 47,447	\$ 22,215	\$ 19,193	\$ 6,039	\$ 11	\$ -	\$ 7,036	\$ 13,086	\$ 133,401
202112	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202111	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202110	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202109	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202108	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202107	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals	596	1,697	\$ 913,484	\$ 395,620	\$ 186,204	\$ 331,660	\$ 553	\$ 140,966	\$ 185,540	\$ 376,788	\$ 806,450

PERIOD 2

Year / Month	Contracts	Mbrs	Eligible Billed Charges	Provider Savings	Member Liability & Other Ins	Plan Paid Amount	Variable Blue Card Fees	Amt Pd in Current Mo for Prior Mos	Amt Pd in Later Mos for Current Mo	Total Incurred Claims	Income
202106	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202105	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202104	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202103	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202102	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202101	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202012	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202011	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202010	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202009	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202008	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
202007	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

This report excludes IBNR and is for projection purposes only.



Rating Period High Claimants Report

Coverage Effective Date: 01/01/2023

Members Exceeding \$61,000 for Period 1		Total Dollars
Case 1	Active	\$100,731

Members Exceeding \$85,000 for Period 2		Total Dollars
There were no cases that exceeded this limit		

Active: At the time of the report, the member is receiving benefits through the group's health plan.

Inactive: At the time of the report, the member is no longer receiving benefits through the group's health plan.



Contingencies & Assumptions

We base rates on group makeup, including age and area, employer contribution assumptions, historic claims costs, a forecast of future claims costs, administrative costs, taxes and assessments.

- 1) Rates are contingent upon the Blue Cross plans being the only health plans you offer.
- 2) Rates are based upon the benefit description and expected enrollment shown for each plan.
We reserve the right to make changes to the rates if you request different benefits,
if your actual enrollment varies from expected by more than 10%,
or if there is a change to age or area mix of greater than 5%.
- 3) Minimum enrollment is 50% of all eligible employees regardless of waivers.
- 4) Employees who work a normal work week of less than 30 hours per week are not eligible for coverage unless Blue Cross provides the group an exception to the 30 hour requirement.
In no case will an exception be granted for employees working less than 20 hours per week.
- 5) You must contribute at least 50 percent of the single rate for the lowest cost health plan offered to each employee.
- 6) Quoted rates are subject to change if released more than 120 days before the proposed effective date of the plan.
- 7) If you choose more than one benefit option, each plan must have a minimum enrollment of 1 contract.
- 8) Consulting / service fees, if applicable, are reflected on the rate display.
- 9) An electronic Summary of Benefits (SBC) document will be provided by Blue Cross. You must finalize your benefit design at least 30 days prior to open enrollment or 60 days prior to the effective date in order to have SBC's available by the due date. You are responsible for any penalties associated with noncompliance if your benefit plan is not finalized in a timely manner.
- 10) For HRA and HSA plans, an additional fee to administer the personal spending account may be charged by the selected vendor.

This proposal expires on the last day of the month before the effective date.

If you furnished us with incomplete or inaccurate information, we may revise our proposal at any time before the Effective Date, even though you may have already accepted our proposal offer.

Please note these requirements constitute material terms of our offer.

All assumptions must remain valid throughout the term of your contract.

Failure to comply with any of the requirements may result in cancellation, non-renewal, or change in rates or benefits.



Renewal Rates

Coverage Effective Date: 01/01/2023

Renewal Months 12

Min Value

PLAN 1

\$2000 non-embedded H S A, Classic Rx, Key Rx,Aware

Single 31

Family 67

Annual Total Premium

Current Rates

Renewal Rates

Change in Rates

\$632.33

\$687.98

\$1,673.51

\$1,820.78

\$1,580,729

\$1,719,833

Group Total

98

\$1,580,729

\$1,719,833

8.8%

- Rates include 1.5% commission

City of Marshall
\$2,000 Non-embedded H SA
1/1/2023

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums cross apply. No fourth quarter carryover	Medical and prescription combined \$2,000 individual \$4,000 family	Medical and prescription combined \$4,000 individual \$8,000 family
Coinsurance Level – What the member pays	Deductible then 25% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$3,000 individual \$6,000 family	Medical and prescription combined \$6,000 individual \$12,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> well-child care to age 6 prenatal care preventive medical evaluations age 6 and older cancer screening preventive hearing and vision exams immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Omada® diabetes and cardiovascular disease prevention program (Generic Program)	0%	No coverage
Physician services <ul style="list-style-type: none"> e-visits retail health clinic (office visit) physician office visit office and outpatient lab diagnostic imaging allergy injections and serum specialist office visits specialist office and outpatient lab services Urgent Care professional services 	Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Other professional services <ul style="list-style-type: none"> chiropractic manipulation (office visit) chiropractic therapy home health care physical therapy, occupational therapy, speech therapy (office visit) physical therapy, occupational therapy, speech therapy (therapy) 	Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Hospital Inpatient services	Deductible then 25% coinsurance	Deductible then 50% coinsurance
Hospital outpatient services <ul style="list-style-type: none"> facility lab services facility diagnostic imaging chemotherapy and radiation therapy scheduled outpatient surgery urgent care services (facility services) 	Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)		Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance
Durable Medical Equipment	Deductible then 25% coinsurance	Deductible then 50% coinsurance
Bariatric surgery	Deductible then 25% coinsurance	No coverage
Assisted fertilization	No coverage	No coverage
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Prescription drugs – Classic Network • retail (31-day limit) KeyRx drug list • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands Specialty drug list • Tier 1 • Tier 2 • Tier 3 • Tier 4 • 90dayRx – Mail order/Retail pharmacy (90-day limit) KeyRx drug list • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands	Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmnonline.com and select "Prescriptions," then see "frequently asked questions."	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.com.

***Lowest out-of-pocket costs:** in-network providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is Medicare Part D creditable.

Non-embedded deductible – The plan begins paying benefits that require cost sharing when the entire family deductible is met. The deductible can be met by one or a combination of several family members. The individual deductible applies to single coverage only.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association





**REVISED RENEWAL CALCULATION
24 MONTH CONTRACT**

Group Name: City of Marshall
 Group Number: 310748
 Renewal Period: January 1, 2022 through December 31, 2023
 Experience Period: June 1, 2020 through May 31, 2021

Earned Premium: \$130,419
 Incurred Claims: \$91,651
 Estimated Unpaid Claim Liability*: \$23
 * EUCL has already been added to the incurred claim total

Average Experience Period Enrollment:	Single	31
	Family	74
	Total	<hr/> 105

Trend Factor: 5.60%
 Trend is calculated from the mid-point of the experience period to the midpoint of the renewal period.

Current Corporate Trend: 3.50%

Benefit Adjustment Factor (BAF): 0.00%
 BAF is needed if any benefit changes are proposed for the upcoming contract period.

Covid Factor: 19.64%
 Calculated for each group individually based on pre-Covid usage

Projected Incurred Claims: \$115,792

Needed Increase: 14.90%
 Proposed Increase: 4.00%

Rates:		Current Rates	New Rates
	Single	\$46.12	\$47.96
	Family	\$128.16	\$133.28

Revised Renewal reflects decreasing the rates, effective January 1, 2022.

Delta Dental reserves the right to re-evaluate the rates/fees and restrict funding options if during the contract period:

- * the number of enrolled employees deviates from the above enrollment by 10% or more
- * any changes are made to the plan design, contractual benefits or networks that are utilized

This renewal is valid only if the contract is issued in the state of Minnesota.

Enrollment and Paid Claims
City of Marshall
310748



Delta Dental of Minnesota

MONTHS	CLAIMS*	PAID CLAIMS	% OF PAID CLAIMS	ADMIN/ PREMIUM	SUBSCRIBER	SUBSCRIBER AND SPOUSE	SUBSCRIBER AND CHILD	SUBSCRIBER AND CHILDREN	SUBSCRIBER, SPOUSE, CHILD(REN)	TOTAL SUBSCRIBERS
JUL-2021	50	\$7,815.44	7.26%	\$10,913.56	33	18	0	2	54	107
AUG-2021	57	\$9,916.30	9.21%	\$11,041.72	33	18	0	2	54	107
SEP-2021	61	\$10,303.96	9.57%	\$10,959.68	33	18	0	2	54	107
OCT-2021	39	\$8,262.80	7.67%	\$10,959.68	33	19	0	2	53	107
NOV-2021	39	\$6,524.05	6.06%	\$10,959.68	34	19	0	2	53	108
DEC-2021	56	\$10,422.93	9.68%	\$11,005.80	33	18	0	2	53	106
JAN-2022	40	\$5,301.11	4.92%	\$12,718.28	28	17	0	2	57	104
FEB-2022	46	\$9,011.34	8.37%	\$9,783.36	29	17	0	2	57	105
MAR-2022	55	\$10,206.67	9.48%	\$11,738.72	30	17	0	2	57	106
APR-2022	46	\$8,708.25	8.09%	\$11,568.08	30	17	0	2	58	107
MAY-2022	32	\$5,934.50	5.51%	\$11,520.12	33	16	0	2	58	109
JUN-2022	72	\$15,261.95	14.17%	\$11,807.88	33	16	0	2	58	109
TOTAL	593	\$107,669.30	100.0%	\$134,976.56						
AVERAGE	49	\$8,972.44	100.0%	\$11,248.05	32	18	0	2	56	107

*Adjusted claims can be counted in more than one month

Payment by Service Category: By Member Type
 City of Marshall
 310748

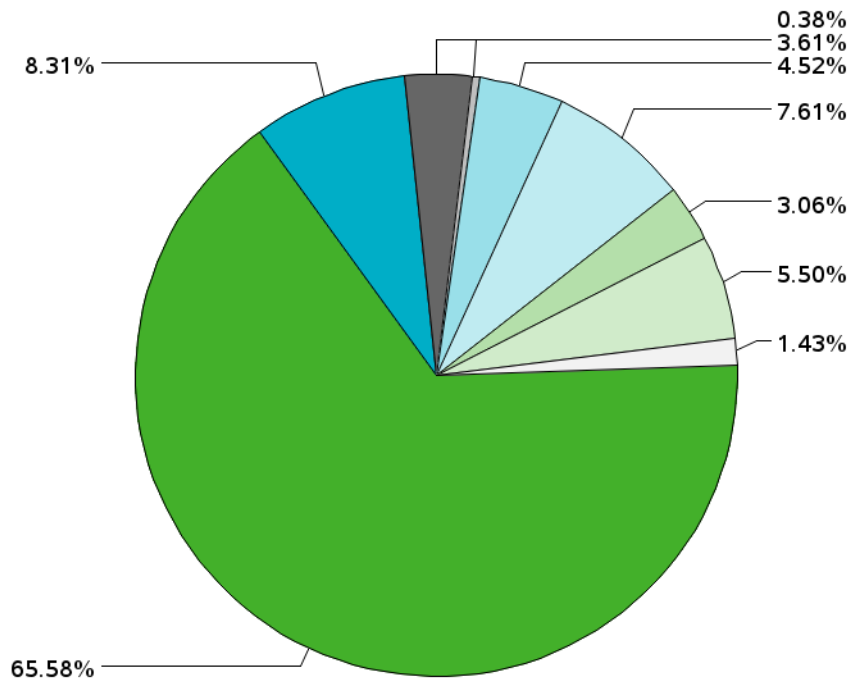


Delta Dental of Minnesota

SERVICE CATEGORY	CURRENT PERIOD (07-01-2021 to 06-30-2022)					DDMN	PRIOR PERIOD (07-01-2020 to 06-30-2021)			
	Subscriber	Spouse	Child	ALL			Subscriber	Spouse	Child	ALL
	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	TOTAL CLAIMS PAID	% OF TOTAL	AVG % OF TOTAL	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	TOTAL CLAIMS PAID
Diagnostic & Preventive	\$24,425	\$16,617	\$29,564	\$70,605	65.58%	46.97%	\$19,500	\$13,827	\$24,408	\$57,735
Cleanings	\$11,687	\$7,600	\$11,084	\$30,372	28.21%	19.34%	\$9,180	\$6,547	\$9,497	\$25,224
Exams	\$6,408	\$4,846	\$8,405	\$19,659	18.26%	12.87%	\$5,715	\$4,281	\$7,578	\$17,573
Sealants	\$0	\$0	\$1,943	\$1,943	1.80%	0.96%	\$0	\$0	\$1,562	\$1,562
Basic Restorative	\$2,648	\$2,610	\$3,690	\$8,947	8.31%	12.47%	\$3,748	\$1,901	\$3,538	\$9,188
Endodontics	\$2,758	\$732	\$397	\$3,887	3.61%	4.36%	\$1,880	\$0	\$0	\$1,880
Periodontics	\$412	\$0	\$0	\$412	0.38%	2.47%	\$1,971	\$164	\$0	\$2,135
Oral Surgery	\$734	\$1,124	\$3,011	\$4,869	4.52%	7.08%	\$1,054	\$1,436	\$472	\$2,963
Oral Surgery - Surgical	\$631	\$1,124	\$1,664	\$3,419	3.18%	4.66%	\$638	\$821	\$0	\$1,459
Oral Surgery - Simple	\$103	\$0	\$1,347	\$1,450	1.35%	1.75%	\$416	\$318	\$472	\$1,206
Major Restorative	\$5,174	\$2,388	\$632	\$8,194	7.61%	11.54%	\$4,546	\$2,815	\$0	\$7,361
Prosthodontics	\$1,571	\$930	\$797	\$3,298	3.06%	5.57%	\$1,290	\$1,978	\$0	\$3,268
Bridges	\$0	\$0	\$0	\$0	0.00%	0.92%	\$781	\$0	\$0	\$781
Dentures	\$0	\$0	\$0	\$0	0.00%	1.95%	\$509	\$0	\$0	\$509
Implants	\$1,571	\$930	\$797	\$3,298	3.06%	2.51%	\$0	\$1,978	\$0	\$1,978
Orthodontics	\$0	\$0	\$5,920	\$5,920	5.50%	7.53%	\$0	\$0	\$4,469	\$4,469
Adjunctive General	\$717	\$0	\$820	\$1,537	1.43%	2.01%	\$324	\$285	\$50	\$659
TOTAL	\$38,438	\$24,401	\$44,830	\$107,669	100.00%	100.00%	\$34,312	\$22,406	\$32,937	\$89,655

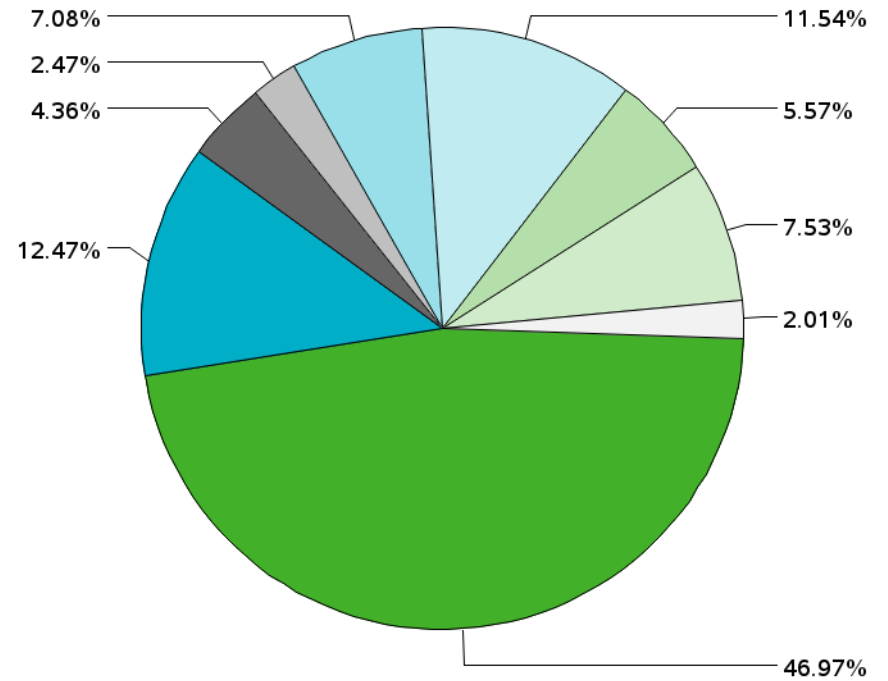


PAID SERVICE CATEGORY DISTRIBUTION FOR GROUP



- Diagnostic & Preventive
- Basic Restorative
- Endodontics
- Periodontics
- Oral Surgery
- Major Restorative
- Prosthodontics
- Orthodontics
- Adjunctive General

PAID SERVICE CATEGORY DISTRIBUTION FOR CARRIER



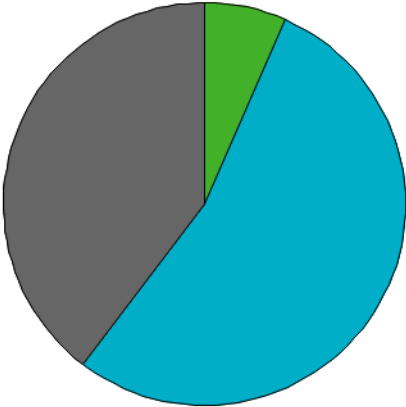
- Diagnostic & Preventive
- Basic Restorative
- Endodontics
- Periodontics
- Oral Surgery
- Major Restorative
- Prosthodontics
- Orthodontics
- Adjunctive General



Delta Dental of Minnesota

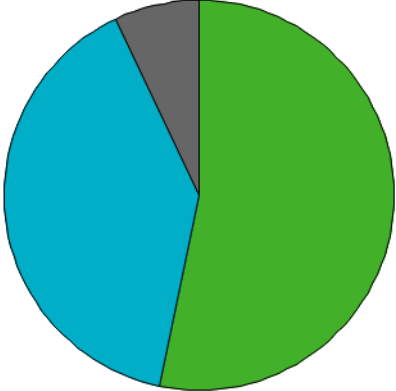
NETWORK	UNIQUE PATIENTS	% OF UNIQUE PATIENTS	UNIQUE PROVIDERS	% OF UNIQUE PROVIDERS	CLAIMS PROCESSED	% OF CLAIMS PROCESSED	PLAN PAID	% OF PAID CLAIMS
Delta Dental PPO	21	7.58%	12	27.91%	42	7.05%	\$10,479.27	9.73%
Delta Dental Premier	144	51.99%	23	53.49%	306	51.34%	\$53,157.96	49.37%
Total Delta Dental Providers	165	59.57%	35	81.40%	348	58.39%	\$63,637.23	59.10%
Out of Network Providers	112	40.43%	8	18.60%	248	41.61%	\$44,032.07	40.90%
TOTAL	277	100.00%	43	100.00%	596	100.00%	\$107,669.30	100.00%

PAID CLAIMS



■ Delta Dental PPO ■ Delta Dental Premier
■ Out of Network

DELTA DENTAL'S AVG PAID CLAIMS



■ Delta Dental PPO ■ Delta Dental Premier
■ Out of Network

Dental Action Report

Kevin Janasik

Account Manager
kjanasik@deltadentalmn.org

296 Members were continuously enrolled Q2 2021 - Q1 2022

National Benchmark

Your Oral Health Score: **64/100**

71st Percentile
National benchmark data comes from Healthentic's database of over 50 million members from all 50 states

Peer Comparison

Your peers are 14 groups similar to your own, statewide:

- High percentage of visits in MN (your group has 94%)
- Executive, Legislative, and Other General Government Support
- 100 - 499 members

Healthy



Peers 39%
3% above peers

These members had preventive care only

Moderate



Peers 18%
11% above peers

These members primarily had preventive care and treatment

Serious



Peers 10%
same as peers

These members had emergency care only or extensive care

No Visit



Peers 29%
3% above peers

These members had no dental claims

Oral Health Indicators Type of Service % of Members With Care

Healthy Behaviors

Oral Exams	67	
Cleanings	60	
• Perio Maintenance*	24	
• Sealants**	17	
• Fluoride	34	

Tooth Decay

Fillings	19	
• Crowns	5	
• Root Canals	1	

Gum Disease

• Non-Surgical Perio*	1	
• Surgical Perio*	0	

Tooth Loss

• Implants*	2	
• Dentures***	1	

Age % of Members

0-1	NA(<4 members)	
• 2-5	7	
6-8	5	
9-11	4	
• 12-15	6	
• 16-19	9	
20-34	19	
35-49	23	
50-64	20	
• 65-74	5	
• 75+	NA(<4 members)	

Your Group Peers
 • Indicates ≥ 20% above or below peers
 *Age 20+ **Age 6-19 ***Age 50+

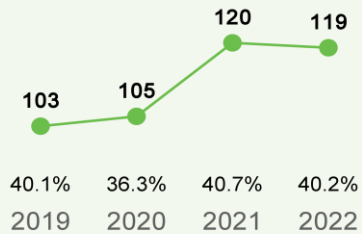


Oral Health Changes

One year reporting period ending Q1 2022

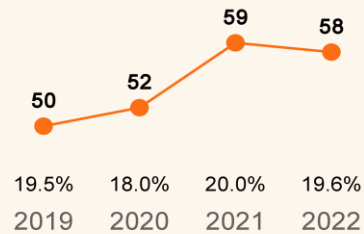
Healthy 40%

119 Members



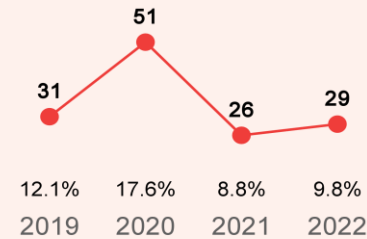
Moderate 20%

58 Members



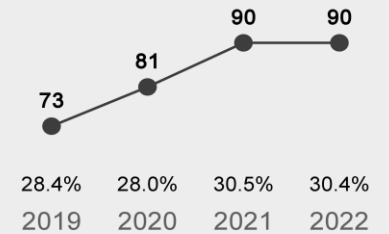
Serious 10%

29 Members



No Visit 30%

90 Members



Changes in the No Visit Category



Positive

9 previously *No Visit* saw a dentist and are *Healthy*

9 previously *No Visit* saw a dentist and are *Moderate*



Concerning

9 previously *Healthy* have not seen a dentist.

5 previously *No Visit* saw a dentist and are *Serious*.

8 *No Visit* are new enrollees.



Negative

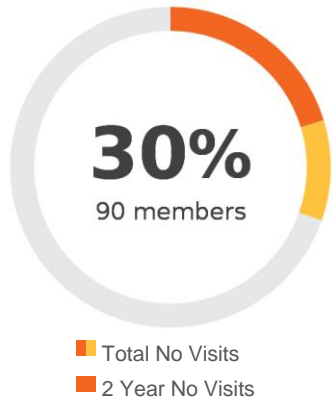
60 *No Visit* for two years in a row

5 previously *Serious* have not seen a dentist

8 previously *Moderate* have not seen a dentist

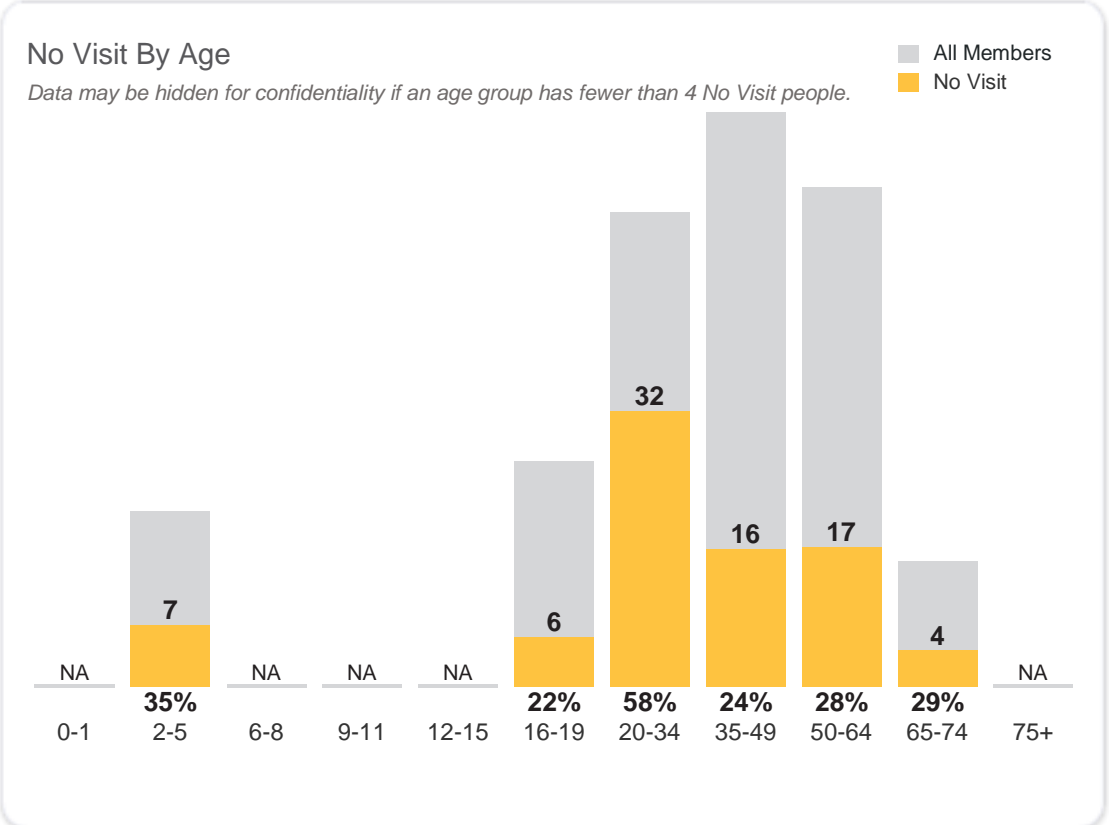
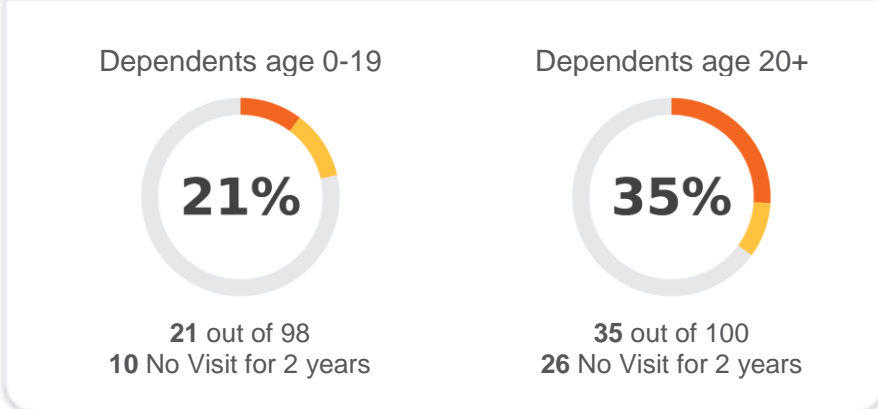
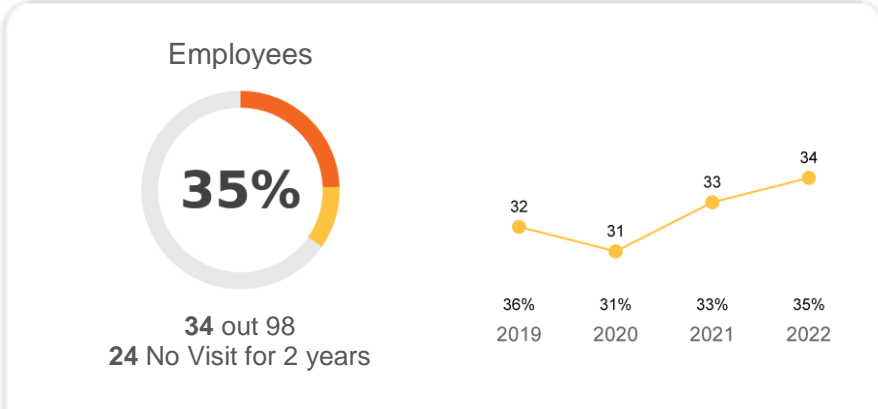


No Visit Members



60 members have not seen a dentist for two years and may be at increased risk

- **24** are employees
- **50** are adults
- **10** are children



Note: Age-specific metrics do not include members of an unknown age

The Cost of No Visits

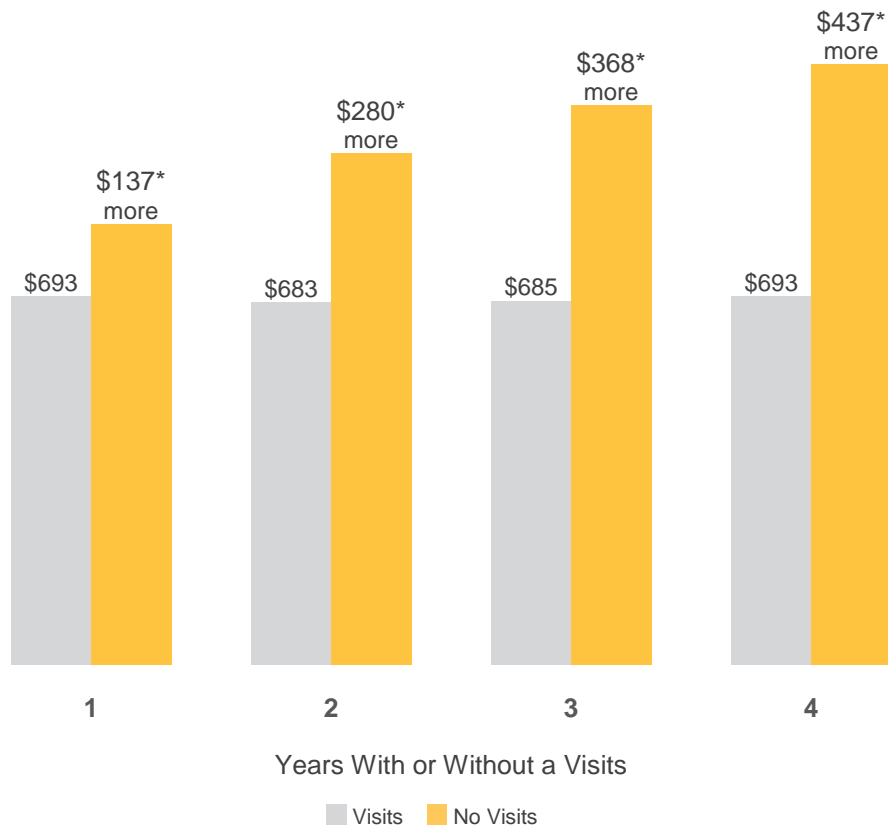
It is estimated that over \$45 billion is lost in productivity each year due to untreated dental disease¹. In addition, members who delay care also tend to require more expensive treatment for oral health problems when they finally return to the dentist. The five-year analysis below compares members with routine visits to members who did not see a dentist until this year.

Source: (1) <https://www.cdc.gov/chronicdisease/programs-impact/pop/oral-disease.htm>

How Much Do No Visits Cost?

Compared to members with routine visits, the cost of previous No Visit members in the current year often increases with each additional year of no visit.

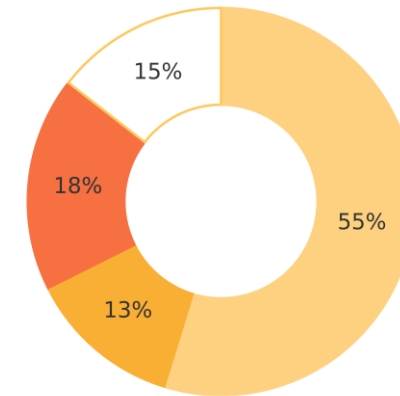
The graph below shows the average cost per member in the current year after 1 or more years of visits or no visits.



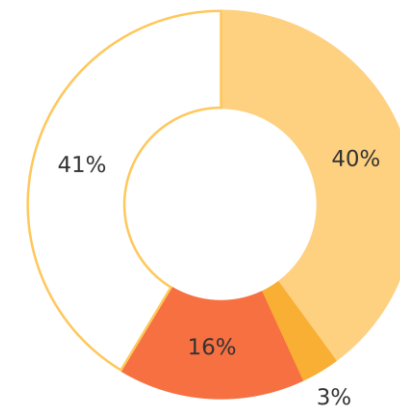
What Types of Procedures Are Driving Costs?*

Distribution of procedure costs in the current year after 4 years of no visits or visits

No Visits



Visits



- Tooth Decay
- Gum Disease
- Tooth Loss
- Healthy Behaviors

*There was not enough data to make a meaningful comparison within your group. Data reflects national benchmark.

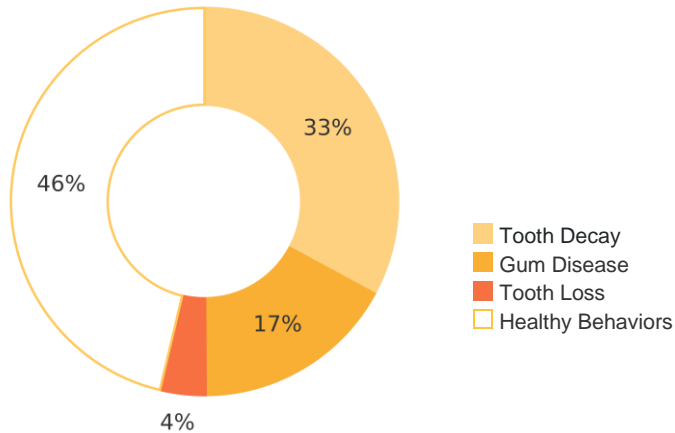
The Cost of No Visits

Previous No Visit members tend to require more extensive treatment for oral health issues in the current year compared to members with routine visits. The Centers for Disease Control and Prevention says this can lead to lost productivity and hours at work. The five-year analysis below compares members with routine visits to members who did not see a dentist until this year.

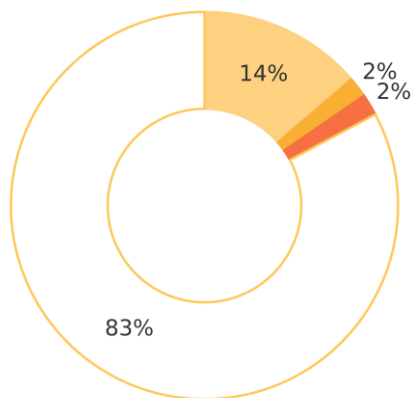
What Type of Care Do They Need?*

Distribution of procedure counts in the current year after 4 years of no visits or visits

No Visits



Visits



What Are Their Oral Health Outcomes?*

Delaying care may increase the risk of oral health problems that have been linked to whole health concerns such as diabetes, heart disease, and Alzheimer's disease.

Distribution of members in the current year after 4 years of no visits or visits

No Visits



Visits



■ Healthy ■ Moderate ■ Serious

*There was not enough data to make a meaningful comparison within your group. Data reflects national benchmark.

The Case For Prevention

Do Healthy Behaviors Reduce Overall Costs?

For most organizations, members who get preventive care tend to have better oral health and cost less than people who don't get preventive care. The members included below regularly see a dentist (at least once a year for the last two years). This compares costs for those who received preventive care with those who did not.

Oral Exams



Total Cost Per Member with Oral Exams

These members had at least one exam in the previous reporting period

\$666



\$376 Less*



Total Cost Per Member with No Oral Exams

These members had no exams in the previous reporting period

\$1,042



*There was not enough data to make a meaningful comparison within your group. Data reflects national benchmark.

Sealants



Restorative Cost Per Member Aged 6-19 with Sealant Visits

These members had at least one sealant visit and one restorative visit in the previous reporting period

\$121



\$71 Less*



Restorative Cost Per Member Aged 6-19 with No Sealant Visits

These members had no sealant visits but at least one restorative visit in the previous reporting period

\$192



*There was not enough data to make a meaningful comparison within your group. Data reflects national benchmark.

Healthy Behaviors

Preventive procedures help reduce the development of tooth decay, tooth loss, and gum disease.

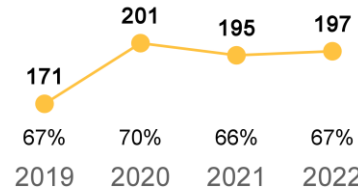
■ Your Group
■ Peers

Oral Exams

67%

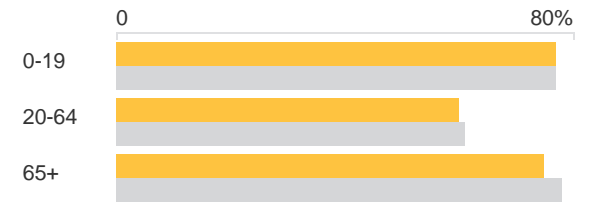
had oral exams

197 of 296 members | <1% above peers



Routine check-ups help dentists catch early signs of tooth decay and gum disease before they become serious conditions.

All Ages

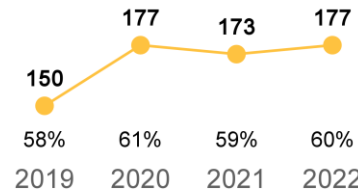


Cleanings

60%

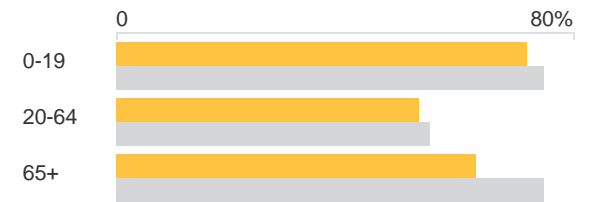
had cleanings

177 of 296 members | 3% below peers



Professional cleanings help remove tartar and other build-up that a toothbrush can't reach.

All Ages

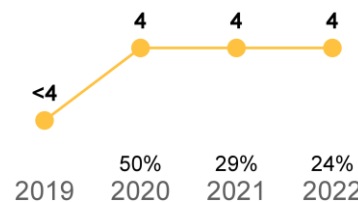


● Perio Maintenance

24%

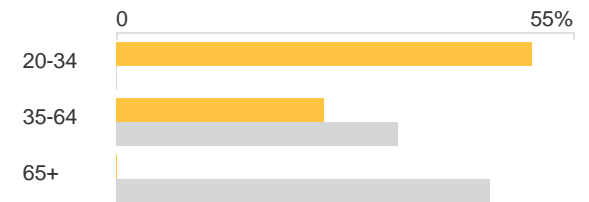
had maintenance

4 of 17 members | 29% below peers



Periodontitis, or advanced gum disease, can lead to tooth loss without proper routine maintenance.

Age 20+ with Previous Perio Treatment



● Indicates ≥20% above or below peers

Healthy Behaviors

Preventive procedures help reduce the development of tooth decay, tooth loss, and gum disease.

■ Your Group
■ Peers

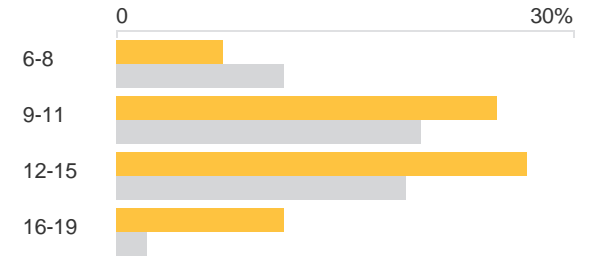
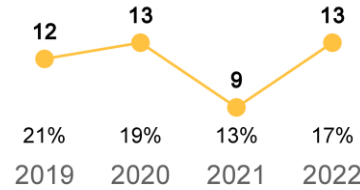
● Sealants (Children)

Age 6-19

17%

had sealants

13 of 76 members | 45% above peers



Sealants save time and money by avoiding fillings, crowns and caps to fix decayed teeth.

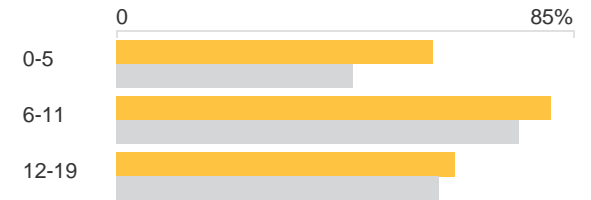
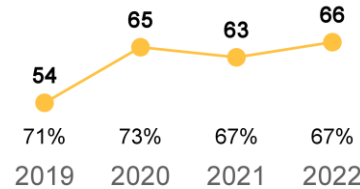
● Fluoride (Children)

Age 0-19

67%

had fluoride

66 of 98 members | 9% above peers



Dentists may use topical fluoride to help prevent tooth decay.

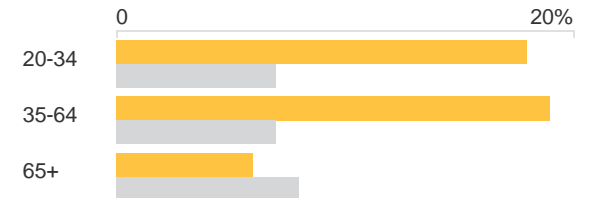
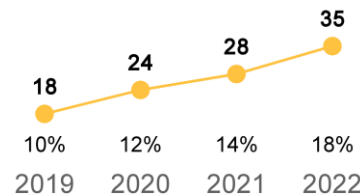
● Fluoride (Adults)

Age 20+

18%

had fluoride

35 of 198 members | 141% above peers



Dentists may use topical fluoride to help prevent tooth decay.

● Indicates ≥20% above or below peers

Tooth Decay

Preventive procedures help reduce the development of tooth decay, tooth loss, and gum disease.

■ Your Group
■ Peers

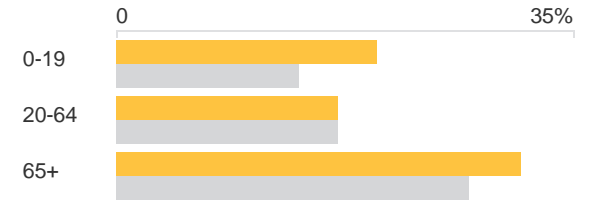
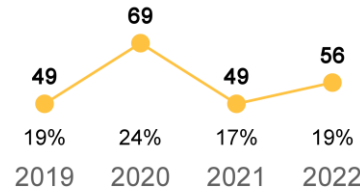
Fillings

All Ages

19%

had fillings

56 of 296 members | 7% above peers



Fillings replace lost tooth structure with a suitable restorative material such as amalgam or composite.

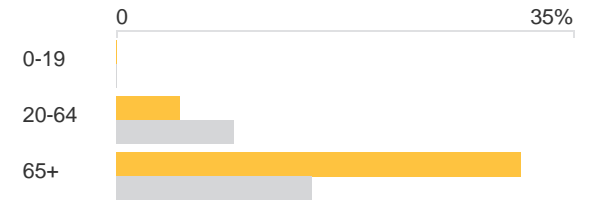
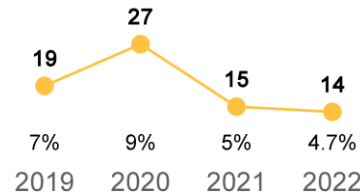
• Crowns

All Ages

4.7%

had crowns

14 of 296 members | 39% below peers



Crowns replace the visible portion of a tooth's surface. They are often used to replace broken down fillings or repair fractured teeth.

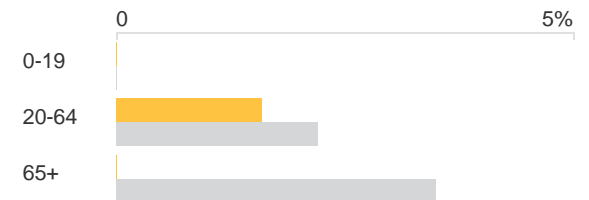
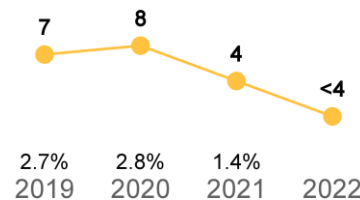
• Root Canals

All Ages

1%

had root canals

<4 members | 55% below peers



This procedure involves removing a tooth's pulp or nerve from the canal inside the root, and replacing it with an inert filling material.

• Indicates ≥20% above or below peers

Tooth Loss

Risk of tooth loss increases with age. Tooth loss may also result from untreated gum disease.

■ Your Group
■ Peers

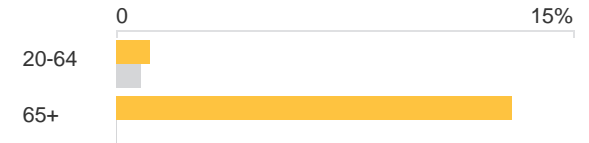
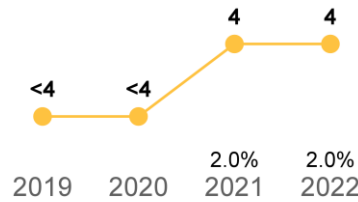
Implants

Age 20+

2%

had implants

4 of 198 members | 153% above peers



Implants are an alternative to bridges and dentures for replacing lost teeth. People with implants still need routine care to maintain good oral health.

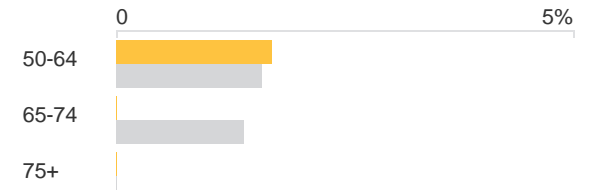
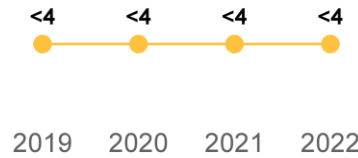
Dentures

Age 50+

1.3%

had dentures

<4 members | 21% below peers



Members with dentures still need routine care to maintain good oral health.

● Indicates ≥20% above or below peers

Gum Disease

Risk of gum disease increases with age and can lead to tooth loss if not treated.

■ Your Group
■ Peers

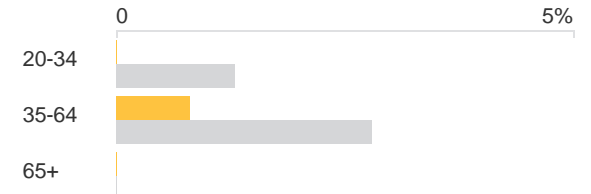
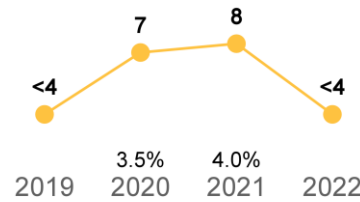
• Non-Surgical Perio Treatment

Age 20+

0.5%

had non-surgical treatment

<4 members | 82% below peers



Hard deposits on root surfaces and under gums are removed to promote healing and reduce the depth of the periodontal pocket.

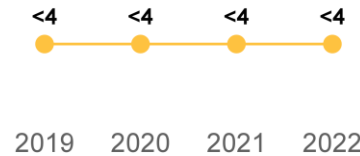
• Surgical Perio Treatment

Age 20+

0%

had surgical treatment

<4 members | 100% below peers



Severe gum disease requires surgical treatment of the diseased teeth and their supporting structures.

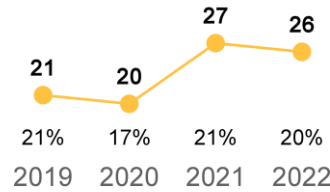
● Indicates ≥20% above or below peers

No Follow-up

Restorative Members Without a Follow-up Visit

20%

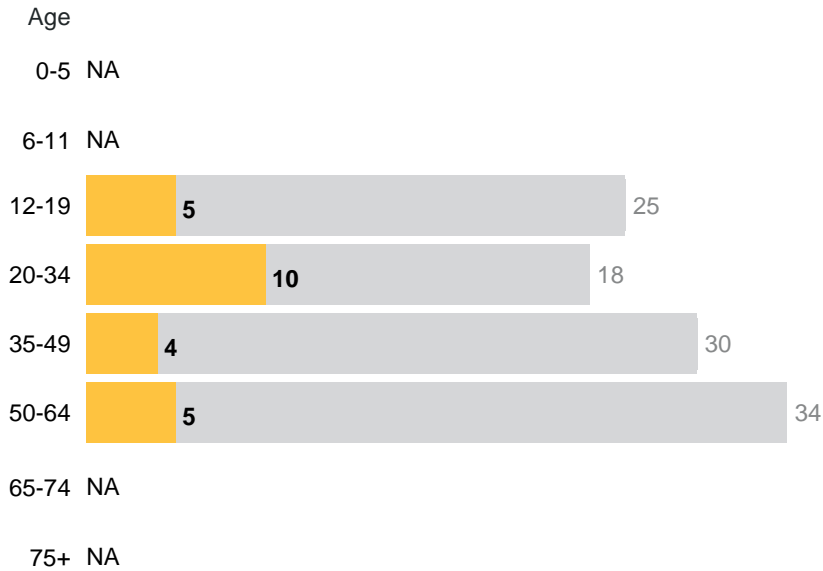
had at least one restorative visit in the previous 3 years, and no follow-up in the most recent year.



2022 Benchmark: National Data 24%

26 Members Had Restorative Treatment and No Follow-up Visit

Data may be hidden for confidentiality if an age group has fewer than 4 no follow-up members.

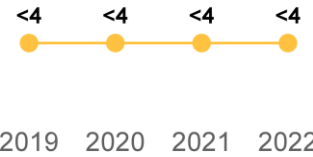


Restorative Members With Follow-up
Restorative Members Without Follow-up

Perio Members Without a Follow-up Visit

18%

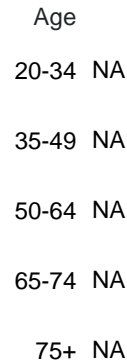
age 20+ had at least one perio visit in the previous 4 years, and no follow-up visit in the most recent year.



2022 Benchmark: National Data 34%

<4 Members Had Perio Treatment and No Follow-up Visit

Data may be hidden for confidentiality if an age group has fewer than 4 no follow-up members.



Perio Members With Follow-up
Perio Members Without Follow-up

Data may be hidden for confidentiality if an age group has fewer than 4 members.

Understanding Whole Health Risks

Gum Disease May Be Linked to a Number of Medical Conditions

Periodontal (gum) diseases are mainly the result of infections and inflammation of the gums and bone that surround and support the teeth. In its early stage, gingivitis, the gums can become swollen and bleed. In its more serious form, periodontitis, the gums can pull away from the tooth, bone can be lost, and the teeth may loosen or fall out. Gum disease and tooth decay are the two biggest threats to dental health. Gum disease is mostly seen in adults. Nearly 50% of all adults aged 30 or older have signs of gum disease¹.

Members should be educated about the complex interplay between bacterial infection and the body's immune response to infection. Studies have linked oral health infections with diabetes, heart disease, stroke, and premature, low-weight births². Severe/progressive periodontitis is also associated with cancer, Alzheimer's disease, and dozens of other serious diseases³.

Diabetes

Adults 45 years or older with poorly controlled diabetes were 2.9 times more likely to have gum disease than those without diabetes⁴. The likelihood was 4.6 times higher among smokers with poorly controlled diabetes⁴. Oral manifestations of uncontrolled diabetes can include xerostomia, burning sensation in the mouth (which may possibly be related to neuropathy), impaired/delayed wound healing, increased incidence and severity of infections, secondary infection with candidiasis; parotid salivary gland enlargement; gingivitis and/or periodontitis⁵.

Other Chronic Diseases

Having a chronic disease, such as arthritis, heart disease, stroke, emphysema, hepatitis C, a liver condition, or being obese may increase an individual's risk of having missing teeth and poor oral health⁶. Patients with weakened immune systems, such as those infected with HIV and other medical conditions (organ transplants) and who use some medications (e.g. steroids) are at higher risk for oral problems⁶.

Pregnancy

The medical and dental communities concur that maintaining periodontal health is an important part of a healthy pregnancy. Clinical recommendations released by the AAP and the EFP state that non-surgical periodontal therapy is safe for pregnant women and can result in improved periodontal health⁷.

Cancer and Tobacco Use

Cancer patients undergoing chemotherapy suffer from oral problems such as painful mouth ulcers, impaired taste, and dry mouth. A dentist can help relieve some of this discomfort⁸.

In addition to the risk of developing lung cancer, smokers have twice the risk of developing gum disease compared to non-smokers⁹. Half of severe gum disease cases in the United States result from cigarette smoking¹⁰.

Sources:

- (1) <https://www.cdc.gov/oralhealth/conditions/periodontal-disease.html>
- (2) <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general>
- (3) <https://pubmed.ncbi.nlm.nih.gov/32844419/>
- (4) http://www.diabetesincontrol.com/wp-content/uploads/PDF/ndep_diabetes_facts_2011.pdf
- (5) <http://www.ada.org/en/member-center/oral-health-topics/diabetes>
- (6) <https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html>
- (7) <https://www.sciencedaily.com/releases/2013/08/130828092310.htm>
- (8) <https://www.nidcr.nih.gov/oralhealth/Topics/CancerTreatment/OralComplicationsCancerOral.htm>
- (9) <https://www.cdc.gov/tobacco/campaign/tips/diseases/periodontal-gum-disease.html>
- (10) <https://pubmed.ncbi.nlm.nih.gov/10872955/>



Definitions

How are the four oral health categories defined?

Healthy - Received routine, preventive dental care, did not have periodontal disease, and required no further treatment.

Moderate - Received routine, preventive dental care, but had minor oral health conditions that were taken care of. Members with periodontal maintenance visits are in this category.

Serious - Had claims for either severe periodontal procedures or major restorative work like crowns and root canals. Often, Serious members had not received routine preventative care.

No Visit - Had no dental claims submitted of any kind for the given reporting period.

How many lives and which states have contributed to the Healthentic data pool?

We have a national database that contains more than 50 million lives total, and more than 24 million lives during the most recent year. Data represents claims from across all 50 states and includes some of the biggest corporations in the world.

What is a member?

Members are unique individuals who have been continuously enrolled for the 12-month reporting period. The report measures the number of people who have received any service, as well as people who received no service during that time. The report counts each person once for each service received. If they received the same service multiple times, they still count as just one person in the measure.

Why is 20% higher to 20% lower considered typical when comparing against peers?

20% higher to 20% lower than peers highlights pronounced differences for evaluation.

What does the Oral Health Score mean?

The Oral Health Score reflects changes in population oral health when viewed over time. The number of members in each of the four oral health categories determines the annual score. Generally, healthier populations have higher scores.

How are restorative No Follow-up members identified?

The measure looks for people who had fillings, crowns or root canals sometime in the prior 3 years. Once they are flagged, we see if they have gone back to the dentist for a routine check-up in the current year. If they have not gone back for a routine check-up in the current year, they are counted as No Follow-up.

How are periodontal No Follow-up members identified?

The measure looks for people who had periodontal treatment sometime in the prior 4 years. Once they are flagged, we see if they have gone back to the dentist for a periodontal maintenance visit or a cleaning in the current year. If they have not gone back for a maintenance visit or a cleaning in the current year, they are counted as No Follow-up.

How do you define adults and children?

An adult is any member age 20 or older, and a child is any member age 19 or younger.



Notes

City of Marshall

Group #310748

Plan Benefit Highlights			
Network(s)	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Participating*
Calendar Year Plan Maximum Per person	\$1,000	\$1,000	\$1,000
Lifetime Ortho Maximum <i>Per eligible covered person</i>	\$1,000	\$1,000	\$1,000
Deductible Per person / per family per Calendar year <i>No deductible for diagnostic and preventive services or orthodontics</i>	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family
Eligible Dependents	Spouse Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space maintainers Sealants	100%	100%	100%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	80%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
Major Restorative Crowns Composite resin restorations (white fillings) on posterior (back) teeth	50%	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repair	50%	50%	50%
Prosthetics Dentures (full and partial) Bridges Limited Implant Coverage	50%	50%	50%
Orthodontics Treatment for the prevention/ correction of malocclusion <i>Available for dependent children only, through the age 18</i>	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

Thank you for choosing Delta Dental of Minnesota as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventive care, such as cleanings and x-rays, and helps cover extensive dental procedures such as crowns and fillings.



Online Tools for Members: www.DeltaDentalMN.org



Save Money, Go In-Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.



Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.



Oral Health Resources:

Preventive care is critical. Access dental and health information, through the ages including a section dedicated to Kids' Oral Health.



Cost Estimator:

Compare costs for top oral health procedures.



Prefer to Speak to Someone Contact customer service

Toll Free: 1-800-553-9536

Local: 651-406-5916

Monday –Friday: 7am-7pm C.S.T.



Tools Available in the Secure Member Portal



Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



Claims Inquiry:

View claim status, procedure details, dates of service and applied deductibles.



Request ID Cards:

Order duplicate or replacement ID cards.

Registration

1. On www.DeltaDentalMN.org, go to the member page and click "Create Account."
2. Read the Privacy Notice, click Continue and follow the steps to register.
3. Remember your user name and password because you will need them each time you log in.

Visit Our Website
DeltaDentalMN.org

Administered by: Delta Dental of Minnesota
P.O. Box 59238
Minneapolis, MN 55459



**2022 Comparable Cities Survey--Health and Dental
Combined Employer Contribution
SINGLE PLANS**

TOTAL EMPLOYER CONTRIBUTION Rank High to Low			Deductible	Monthly Premium	Monthly Employer Contribution	Monthly Employer Contribution %	Monthly Employee Contribution	Annual VEBA/HSA Employer Contribution	Total Annual Employer Contribution	TOTAL COMBINED EMPLOYER CONTRIBUTION
SINGLE									SINGLE	SINGLE
1	Waseca	Medical	4000/6400	\$ 755.94	\$ 755.94	100.00%	\$ -	\$ 4,254.00	\$ 13,325.28	\$ 13,325.28
		Dental		\$ 29.58	\$ -	0.00%	\$ 29.58		\$ -	
2	St Peter	Medical	1850	\$ 862.50	\$ 862.50	100.00%	\$ -	\$ 1,200.00	\$ 11,550.00	\$ 11,964.48
		Dental		\$ 34.54	\$ 34.54	100.00%	\$ -		\$ 414.48	
3	Albert Lea	Medical	3250/6500	\$ 856.96	\$ 753.96	87.98%	\$ 103.00	\$ 1,200.00	\$ 10,247.52	\$ 10,247.52
		Dental		\$ 30.20	\$ -	0.00%	\$ 30.20		\$ -	
4	Fairmont	Medical	5000/1000	\$ 780.71	\$ 780.71	100.00%	\$ -	\$ 500.00	\$ 9,868.52	\$ 10,168.52
		Dental		\$ 25.00	\$ 25.00	100.00%	\$ -		\$ 300.00	
5	Willmar	Medical	2000/3000	\$ 581.93	\$ 579.22	99.53%	\$ 2.71	\$ 3,000.00	\$ 9,950.64	\$ 9,950.64
		Dental		\$ 31.01	\$ -	0.00%	\$ 31.01		\$ -	
6	Northfield	Medical	3000/6000	\$ 685.68	\$ 655.34	95.58%	\$ 30.34	\$ 1,750.00	\$ 9,614.08	\$ 9,808.48
		Dental		\$ 32.00	\$ 16.20	50.63%	\$ 15.80		\$ 194.40	
7	Worthington	Medical	2000/4000	\$ 675.74	\$ 675.74	100.00%	\$ -	\$ 750.00	\$ 8,858.88	\$ 9,474.00
		Dental		\$ 62.38	\$ 51.26	82.17%	\$ 11.12		\$ 615.12	
8	New Ulm	Medical	3250/6500	\$ 647.48	\$ 647.48	100.00%	\$ -	\$ 1,371.12	\$ 9,140.88	\$ 9,357.60
		Dental		\$ 36.12	\$ 18.06	50.00%	\$ 18.06		\$ 216.72	
9	Faribault	Medical	2800	\$ 731.72	\$ 673.18	92.00%	\$ 58.54	\$ 660.00	\$ 8,738.16	\$ 8,738.16
		Dental		\$ 30.73	\$ -	0.00%	\$ 30.73		\$ -	
10	North Mankato	Medical	3500/7000	\$ 722.88	\$ 578.30	80.00%	\$ 144.58	\$ 1,750.00	\$ 8,689.60	\$ 8,689.60
		Dental		\$ 31.01	\$ -	0.00%	\$ 31.01		\$ -	
11	Hutchinson	Medical	2000	\$ 723.47	\$ 578.78	80.00%	\$ 144.69	\$ 1,000.00	\$ 7,945.36	\$ 8,560.48
		Dental		\$ 62.38	\$ 51.26	82.17%	\$ 11.12		\$ 615.12	
12	MARSHALL	Medical	4000	\$ 632.33	\$ 543.80	86.00%	\$ 88.53	\$ 1,500.00	\$ 8,025.60	\$ 8,486.04
		Dental		\$ 47.96	\$ 38.37	80.00%	\$ 9.59		\$ 460.44	
13	Owatonna	Medical	3375/6750	\$ 692.16	\$ 526.00	75.99%	\$ 166.16	\$ 1,225.00	\$ 7,537.00	\$ 7,537.00
		Dental		\$ 35.29		0.00%	\$ 35.29		\$ -	

**2022 Comparable Cities Survey--Health and Dental
Combined Employer Contribution
FAMILY PLANS**

TOTAL EMPLOYER CONTRIBUTION Rank High to Low			Deductible	Monthly Premium	Monthly Employer Contribution	%	Monthly Employee Contribution	Annual VEBA/HSA Employer Contribution	Total Annual Employer Contribution	TOTAL COMBINED EMPLOYER CONTRIBUTION
FAMILY									FAMILY	FAMILY
1	St Peter	Medical	1850	\$ 2,845.88	\$ 2,568.88	90.27%	\$ 277.00	\$ 2,250.00	\$ 33,076.56	\$ 34,181.76
		Dental		\$ 92.10	\$ 92.10	100.00%	\$ -	\$ 1,105.20	\$ 1,105.20	
2	Albert Lea	Medical	3250/6500	\$ 2,524.02	\$ 2,070.02	82.01%	\$ 454.00	\$ 1,900.00	\$ 26,740.24	\$ 26,740.24
		Dental		\$ 101.75	\$ -	0.00%	\$ 101.75	\$ -	\$ -	
3	Waseca	Medical	6400/8000	\$ 2,076.98	\$ 1,661.58	80.00%	\$ 415.40	\$ 6,158.00	\$ 26,096.96	\$ 26,096.96
		Dental		\$ 116.28	\$ -	0.00%	\$ 116.28	\$ -	\$ -	
4	Willmar	Medical	4000/6000	\$ 1,533.49	\$ 1,526.26	99.53%	\$ 7.23	\$ 6,000.00	\$ 24,315.12	\$ 24,315.12
		Dental		\$ 102.66	\$ -	0.00%	\$ 102.66	\$ -	\$ -	
5	North Mankato	Medical	3500/7000	\$ 2,105.82	\$ 1,684.66	80.00%	\$ 421.16	\$ 3,500.00	\$ 23,715.92	\$ 23,715.92
		Dental		\$ 102.61	\$ -	0.00%	\$ 102.61	\$ -	\$ -	
6	Faribault	Medical	2800	\$ 2,341.59	\$ 1,920.11	82.00%	\$ 421.48	\$ 660.00	\$ 23,701.32	\$ 23,701.32
		Dental		\$ 125.56	\$ -	0.00%	\$ 125.56	\$ -	\$ -	
7	Fairmont	Medical	5000/10000	\$ 1,929.14	\$ 1,743.38	90.37%	\$ 185.76	\$ 2,000.00	\$ 22,920.56	\$ 23,554.64
		Dental		\$ 75.49	\$ 52.84	70.00%	\$ 22.65	\$ 634.08	\$ 634.08	
8	New Ulm	Medical	3250/6500	\$ 1,977.52	\$ 1,582.02	80.00%	\$ 395.50	\$ 3,062.76	\$ 22,047.00	\$ 22,830.60
		Dental		\$ 130.60	\$ 65.30	50.00%	\$ 65.30	\$ 783.60	\$ 783.60	
9	Hutchinson	Medical	4000	\$ 1,808.26	\$ 1,446.61	80.00%	\$ 361.65	\$ 2,000.00	\$ 19,359.32	\$ 20,553.68
		Dental		\$ 122.71	\$ 99.53	81.11%	\$ 23.18	\$ 1,194.36	\$ 1,194.36	
10	MARSHALL	Medical	4000	\$ 1,673.51	\$ 1,405.75	84.00%	\$ 267.76	\$ 2,000.00	\$ 18,869.00	\$ 20,148.44
		Dental		\$ 133.28	\$ 106.62	80.00%	\$ 26.66	\$ 1,279.44	\$ 1,279.44	
11	Owatonna	Medical	3375/6750	\$ 1,914.94	\$ 1,467.00	76.61%	\$ 447.94	\$ 2,500.00	\$ 20,104.00	\$ 20,104.00
		Dental		\$ 101.88	\$ -	0.00%	\$ 101.88	\$ -	\$ -	
12	Northfield	Medical	3000/6000	\$ 1,830.68	\$ 1,340.34	73.22%	\$ 490.34	\$ 3,500.00	\$ 19,584.08	\$ 19,778.48
		Dental		\$ 121.62	\$ 16.20	13.32%	\$ 105.42	\$ 194.40	\$ 194.40	
13	Worthington	Medical	2000/4000	\$ 1,892.07	\$ 1,513.65	80.00%	\$ 378.42	\$ 1,500.00	\$ 19,663.80	\$ 19,663.80
		Dental						\$ -	\$ -	

2023 Health Insurance Cost-Share Proposal
 BCBS Renewal is 8.8%

8.8% increase to Both ER and EE

	Past 2021 PEIP				Current 2022 BCBS				Renewal Option--Recommended 2023 BCBS			
	Low Plan 1 - HSA/VEBA				\$2,000/\$4000 Deductible Non-Embedded HSA/VEBA				\$2,000/\$4000 Deductible Non-Embedded HSA/VEBA			
	Single		Family		Single		Family		Single		Family	
Monthly Premium	\$718.32		\$1,901.10		\$632.33		\$1,673.51		\$687.98		\$1,820.78	
Employer Contribution	\$624.84	87%	\$1,618.79	85%	\$543.80	86%	\$1,405.75	84%	\$591.66	86%	\$1,529.46	84%
Employee Contribution	\$93.48	13%	\$282.31	15%	\$88.53	14%	\$267.76	16%	\$96.32	14%	\$291.32	16%
ER Annual Premium	\$7,498.08		\$19,425.48		\$6,525.60		\$16,869.00		\$7,099.92		\$18,353.52	
EE Annual Premium	\$1,121.76		\$3,387.72		\$1,062.36		\$3,213.12		\$1,155.84		\$3,495.84	
ER HSA/VEBA contribution	\$1,500.00		\$2,000.00		\$1,500.00		\$2,000.00		\$1,500.00		\$2,000.00	
Total Annual ER contribution	\$8,998.08		\$21,425.48		\$8,025.60		\$18,869.00		\$8,599.92		\$20,353.52	

Continued annual increase (savings) to the City over 2021:

\$ (20,422.08) \$ (158,501.76) \$ (8,361.36) \$ (66,461.52)

of contracts (as of 09/30/22):

21 62 21 62

Estimated 2023 increase based on current contracts:

\$12,060.72 \$ 92,040.24

Total \$104,100.96

2023 Dental Insurance Proposal
 Delta Dental Renewal-----0.00% Rate Increase

	CURRENT		RECOMMENDED		ALTERNATE	
	80-20% Cost Share 2022 Delta Dental		Option A 80-20% Cost Share 2023 Delta Dental		Option B 75-25% Cost Share 2023 Delta Dental	
	Single	Family	Single	Family	Single	Family
Delta Dental Premium cost (monthly)	\$47.96	\$133.28	\$47.96	\$133.28	\$47.96	\$133.28
ER contribution (monthly)	\$38.37	\$106.62	\$38.37	\$106.62	\$35.97	\$99.96
EE contribution (monthly)	\$9.59	\$26.66	\$9.59	\$26.66	\$11.99	\$33.32
ER contribution (annual)	\$460.44	\$1,279.44	\$460.44	\$1,279.44	\$431.64	\$1,199.52
EE contribution (annual)	\$115.08	\$319.92	\$115.08	\$319.92	\$143.88	\$399.84
# of employee contracts (as of 09/30/2022)	19	66	19	66	19	66
Annual Employer	\$8,748.36	\$84,443.04	\$8,748.36	\$84,443.04	\$8,201.16	\$79,168.32
Annual Employee	\$2,186.52	\$21,114.72	\$2,186.52	\$21,114.72	\$2,733.72	\$26,389.44

TOTAL EMPLOYER COST \$ 93,191.40

\$ 93,191.40

\$ 87,369.48

Estimated 2023 increase (savings) based on current contracts:

\$0.00

\$ (5,821.92)