

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

City of Marshall

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

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.



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



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.

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**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	New
		<u>Rates</u>	<u>Rates</u>
	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

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.

**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	2000	\$ 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 Proposals

Recommendation--Option A					8.8% increase to Both ER and EE				Maintain 80/20% cost share				
Past 2021 PEIP					Current 2022 BCBS				2023 BCBS		2023 Delta Dental		
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			Single	Family	Single	Family	
Monthly Premium	\$718.32	\$1,901.10			\$632.33	\$1,673.51			\$687.98	\$1,820.78	\$47.96	\$133.28	
Employer Contribution	\$624.84	87% \$1,618.79	85%		\$543.80	86% \$1,405.75	84%		\$591.66	86% \$1,529.46	84%	\$38.37	\$106.62
Employee Contribution	\$93.48	13% \$282.31	15%		\$88.53	14% \$267.76	16%		\$96.32	14% \$291.32	16%	\$9.59	\$26.66
ER Annual Premium	\$7,498.08	\$19,425.48			\$6,525.60	\$16,869.00			\$7,099.92	\$18,353.52	\$460.44	\$1,279.44	
EE Annual Premium	\$1,121.76	\$3,387.72			\$1,062.36	\$3,213.12			\$1,155.84	\$3,495.84	\$115.08	\$319.92	
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	\$8,748.36	\$84,443.04	
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	19	66	
Estimated 2023 increase based on current contracts:									\$12,060.72	\$ 92,040.24	\$ 0.00	\$ 0.00	
									Total	\$104,100.96	Total	\$0.00	

Alternative--Option B					8.8% increase to Both ER and EE				75/25% cost share				
Past 2021 PEIP					Current 2022 BCBS				2023 BCBS		2023 Delta Dental		
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			Single	Family	Single	Family	
Monthly Premium	\$718.32	\$1,901.10			\$632.33	\$1,673.51			\$687.98	\$1,820.78	\$47.96	\$133.28	
Employer Contribution	\$624.84	87% \$1,618.79	85%		\$543.80	86% \$1,405.75	84%		\$591.66	86% \$1,529.46	84%	\$35.97	\$99.96
Employee Contribution	\$93.48	13% \$282.31	15%		\$88.53	14% \$267.76	16%		\$96.32	14% \$291.32	16%	\$11.99	\$33.32
ER Annual Premium	\$7,498.08	\$19,425.48			\$6,525.60	\$16,869.00			\$7,099.92	\$18,353.52	\$431.64	\$1,199.52	
EE Annual Premium	\$1,121.76	\$3,387.72			\$1,062.36	\$3,213.12			\$1,155.84	\$3,495.84	\$143.88	\$399.84	
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	\$8,201.16	\$79,168.32	
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	19	66	
Estimated 2023 increase (savings) based on current contracts:									\$12,060.72	\$92,040.24	\$ (547.20)	\$ (5,274.72)	
									Total	\$104,100.96	Total:	\$ (5,821.92)	