



City of Mills

Melissa Bilby

melissa.bilby@hubinternational.com

307-233-8591

Effective Date: 7/1/2025

Group Medical Insurance		Current	Appealed Renewal	Option 1	Option 2	Option 3		Current	Appealed Renewal	Option 1	Option 2	Option 3
Insurance Company		Cigna	Cigna	Crumdale	United	Mountain Health Co-Op		Cigna	Cigna	Crumdale	United	Mountain Health Co-Op
Network		Cigna	Cigna	Aetna	Choice+	High Plains		Cigna	Cigna	Aetna	Choice+	High Plains
Plan Type		HSA	HSA	HSA	HSA	HSA		OAP	OAP	PPO	OAP	PPO
Deductible In/Out		\$3,200/\$10,000	\$3,300/\$10,000	\$3,300/\$5,000	\$3,500/\$10,000	\$3,200/\$10,000		\$2,000/\$10,000	\$2,000/\$10,000	\$2,000/\$4,000	\$2,000/\$5,000	\$2,000/\$10,000
Family Deductible In/Out		\$6,400/\$20,000	\$6,400/\$20,000	\$6,600/\$10,000	\$7,000/\$20,000	\$6,400/\$20,000		\$4,000/\$20,000	\$4,000/\$20,000	\$4,000/\$8,000	\$4,000/\$10,000	\$4,000/\$20,000
Co-Insurance In/Out		80%/50%	80%/50%	80%/50%	80%/50%	80%/50%		80%/50%	80%/50%	80%/50%	100%/50%	80%/50%
Annual Out of Pocket MAX		\$5,000/\$20,000	\$5,000/\$20,000	\$6,750/\$10,000	\$6,000/\$20,000	\$5,000/\$20,000		\$3,000/\$20,000	\$3,000/\$20,000	\$6,000/\$12,000	\$3,000/\$10,000	\$3,000/\$20,000
Family Max Out of Pocket		\$10,000/\$40,000	\$10,000/\$40,000	\$13,500/\$20,000	\$12,000/\$40,000	\$10,000/\$40,000		\$6,000/\$40,000	\$6,000/\$40,000	\$12,000/\$24,000	\$6,000/\$20,000	\$6,000/\$40,000
Copay- Office visit Primary		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$35	\$35	\$20	\$25	\$35
Copay- Office visit Specialist		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$35	\$35	\$50	\$50	\$35
Copay- Urgent Care		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$50	\$50	\$40	\$75	\$50
Copay- Emergency Room		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$150	\$150	\$300	\$500	\$150
Prescription Deductible		Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combine with medical		none	none	none	none	none
Prescription Card Co-Pays		Ded & Coins	Ded & Coins	\$10/\$25/50%/\$200	\$10/\$35/\$70	Ded & Coins		\$5/\$10/\$20	\$5/\$10/\$20*	\$10/\$25/50%/\$200	\$10/\$35/\$70	\$5/\$10/\$20/\$100
Preventive		100%	100%	100%	100%	100%		100%	100%	100%	100%	100%
Plan Type-funding		Level Funded	Level Funded	Level Funded	Fully Insured	Fully Insured		Level Funded	Level Funded	Level Funded	Fully Insured	Fully Insured
Specific Deductible		\$27,500	\$27,500	\$30,000				\$27,500	\$27,500	\$30,000		
Return Share		50%	50%	100%				50%	50%	100%		
Run Out		12/27	12/27	12/18				12/27	12/27	12/18		
Fixed Costs												
Employee Only	16	\$427.76	\$472.51	\$440.78			21	\$469.26	\$496.88	\$460.06		
EE + Spouse	2	\$898.31	\$992.29	\$651.22			2	\$985.42	\$1,043.40	\$674.51		
EE + Child(ren)	3	\$812.77	\$897.80	\$609.14			2	\$891.55	\$944.02	\$631.63		
Family	6	\$1,283.32	\$1,417.58	\$809.04			0	\$1,407.74	\$1,490.56	\$835.34		
Sub Total		\$18,779.01	\$20,743.62	\$15,036.58				\$13,608.40	\$21,812.30	\$12,273.54		
Claims Costs			10%	-20%					60%	-10%		
Employee Only	16	\$272.46	\$343.44	\$456.16			21	\$477.62	\$518.61	\$526.10		
EE + Spouse	2	\$572.18	\$721.23	\$912.33			2	\$1,002.96	\$1,089.03	\$1,052.22		
EE + Child(ren)	3	\$517.69	\$652.55	\$821.10			2	\$907.44	\$985.31	\$946.98		
Family	6	\$817.41	\$1,030.35	\$1,254.45			0	\$1,432.80	\$1,555.76	\$1,446.79		
Sub Total		\$11,961.25	\$15,077.25	\$19,113.22				\$13,850.82	\$15,039.49	\$15,046.50		
Annual "pool"		\$143,535.00	\$180,927.00	\$229,358.64				\$166,209.84	\$180,473.88	\$180,558.00		
Maximum Costs			26%	60%					9%	9%		
Employee Only	16	\$700.22	\$815.95	\$896.94	\$755.51	\$785.65	21	\$946.88	\$1,015.49	\$986.16	\$1,010.56	\$981.91
EE + Spouse	2	\$1,470.49	\$1,713.52	\$1,563.55	\$1,662.12	\$1,649.89	2	\$1,988.38	\$2,132.43	\$1,726.73	\$2,223.23	\$2,061.95
EE + Child(ren)	3	\$1,330.46	\$1,550.35	\$1,430.24	\$1,359.92	\$1,492.78	2	\$1,798.99	\$1,929.33	\$1,578.61	\$1,819.01	\$1,865.55
Family	6	\$2,100.73	\$2,447.93	\$2,063.49	\$2,493.18	\$2,357.02	0	\$2,840.54	\$3,046.32	\$2,282.13	\$3,334.85	\$2,945.64
Total		\$30,740.26	\$35,820.87	\$34,149.80	\$34,451.24	\$34,490.64		\$27,459.22	\$29,448.81	\$27,320.04	\$29,306.24	\$28,475.11
Renewal Adjustment %			17%	11%	12%	12%			7.25%	-0.51%	7%	4%
Notes				\$6,000/yr engagement fee; can add lasers		\$60 vision/\$100 dental reimbursement; non-embedded deductible			*\$1800 pharmacy max out of pocket per person	\$6,000/year engagement fee; can add lasers		\$60 vision/\$100 dental reimbursement
Total Current Premium: \$58,199.48												
Total Renewal Premium: \$65,269.68												
Total Blended Renewal Adjustment: 12.15%												
This is a brief outline of benefits and does not include coverage details, limitations or exclusions. Rates are subject to change based on final enrollment.												



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Group Dental Insurance		Current	Renewal	OPTION 1	OPTION 2
Carrier		Delta Dental	Delta Dental	Principal	The Standard
Network		Delta Dental	Delta Dental	99th UCR	90th UCR
Deductible		\$50/\$100	\$50/\$100	\$50/\$150	\$50/\$100
Family Limit					
Waived for		preventive	preventive	preventive	preventive
Orthodontia- Lifetime Max		\$1,000	\$1,000	\$1,000	\$1,000
Annual Maximum Benefit		\$1,000	\$1,000	\$1,000	\$1,000
Preventive		100%	100%	100%	100%
Basic		80%	80%	80%	80%
Major		50%	50%	50%	50%
Orthodontia		50%	50%	50%	50%
Notes					
Enrollment					
EE	44	\$32.75	\$38.65	\$28.03	\$30.02
EE + 1	6	\$81.40	\$96.05	\$69.66	\$60.96
EE & CH					\$91.55
FAMILY	8	\$131.35	\$155.00	\$112.41	\$122.50
Monthly Total		\$2,980.20	\$3,516.90	\$2,550.56	\$2,635.33

Group Vision Insurance		Current	OPTION 1	OPTION 2	
Carrier		VSP	Principal	The Standard	
Network		VSP Choice	VSP Choice	VSP Choice	
Office Visit Copay		\$10	\$10	\$20	
Materials Copay		\$20	\$25	\$20	
Frequency Exam/Lenses/Frames		12/12/24	12/12/24	12/12/12	
Frames		\$160	\$200	\$130	
Contact Lenses (instead of glasses)		\$160	\$200	\$130	
Notes					
Enrollment					
EE	41	\$7.40	\$7.04	\$7.46	
EE & SPS	6	\$10.43	\$10.43	\$14.59	
EE & CH	2	\$18.69	\$18.69	\$12.45	
FAMILY	7	\$18.69	\$18.69	\$19.58	
Monthly Total		\$534.19	\$519.43	\$555.36	

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Group Life Insurance	Current	OPTION 1
Carrier	Principal	The Standard
Plan	Employer Paid	Employer Paid
Employee Base Life Amount	\$15,000	\$15,000
Accidental Death & Dismemberment	\$15,000	\$15,000
Guarantee Issue Amount	\$15,000	\$15,000
Employee Rate per \$1,000	\$0.213	\$0.204
Employee AD&D Rate per \$1,000	\$0.031	\$0.025
Estimated Group Monthly Premium	\$215.94	\$198.00
Notes	Life rate will decrease to \$.202 by bundling dental & vision	
Rate Guarantee	1 Year	3 Years

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