



2025 Financial Summary Overview

Program Overview

- City of Needles– overall renewal came in at an estimated annual increase of 3.8% or \$44,919

MEDICAL

- SDRMA Medical renewal came in at a 4.22% increase with a 1 year rate guarantee through 12/31/2025
- Rates are based on the most recent 12 months of available claims. The 2025 renewal was developed using claims data from March 2023-February 2024
- SDRMA was not eligible for a CPRA (Claims Performance Risk Adjustment) and therefore received the overall pool renewal. The CPRA applies to groups within the pool every other year.
- Overall pool and SDRMA renewals were favorable. The program has nearly experienced a full rebound from COVID and claims are almost back to normalized. The rise of GLP-1 usage is being monitored closely.



2025 Financial Overview

| LINE OF COVERAGE | EE's | Current | Renewal | % Δ | \$ Δ | Rate Guarantee |
|--|------|--------------------|--------------------|-------|----------|--|
| SDRMA - Blue Shield PPO (GOLD) | 41 | \$958,048 | \$998,552 | 4.2% | \$40,504 | 1/1/2025 - 12/31/2025 |
| SDRMA - Blue Shield PPO (SILVER) | 8 | \$139,174 | \$145,032 | 4.2% | \$5,859 | 1/1/2025 - 12/31/2025 |
| Delta Dental PPO (PRISM) | 48 | \$41,072 | \$39,629 | -3.5% | -\$1,444 | 1/1/2025 - 12/31/2025 |
| VSP Vision | 48 | \$10,471 | \$10,471 | 0% | \$0 | Rate Guarantee 1/1/2023 - 12/31/2026 |
| Mutual of Omaha Basic Life / AD&D | 53 | \$26,333 | \$26,333 | 0% | \$0 | 1/1/2025 - 12/31/2026 |
| Mutual of Omaha STD | 12 | \$2,660 | \$2,660 | 0% | \$0 | 1/1/2025 - 12/31/2026 |
| Mutual of Omaha LTD | 53 | \$18,438 | \$18,438 | 0% | \$0 | 1/1/2025 - 12/31/2026 |
| TOTAL ANNUAL PREMIUM | | \$1,196,196 | \$1,241,115 | | | |
| ANNUAL DOLLAR CHANGE | | \$44,919 | | | | |
| ANNUAL PERCENT CHANGE | | 3.8% | | | | |

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan



Renewal Overview - Medical PPO

| City of Needles Medical PPO Renewals Over the Past 8 Years | | |
|---|-------------|---|
| Renewal Year | Renewal | CA Average Marketplace Insurance Increases |
| 2017 | -1.2% | 9.0% - 12.0% |
| 2018 | 4.7% | 9.0% - 12.0% |
| 2019 | 3.0% | 9.0% - 12.0% |
| 2020 | 3.3% | 9.0% - 12.0% |
| 2021 | 10.5% | 9.0% - 12.0% |
| 2022 | 3.3% | 9.0% - 12.0% |
| 2023 | 9.5% | 10.0% - 15.0% |
| 2024 | 15.4% | 10.0% - 15.0% |
| 2025 | 4.2% | 10.0% - 15.0% |
| 8 Year Avg | 6.1% | 11.2% |



Renewal Overview - Medical PPO

| Medical Plan Benefits | | SDRMA - Blue Shield PPO (GOLD) Current / Renewal | | SDRMA - Blue Shield PPO (SILVER) Current / Renewal | | |
|---|----|--|--|--|--|------------|
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Calendar Year Deductible Individual / Family Embedded / Aggregate | | \$500 / \$1,000 Embedded | | \$2,000 / \$4,000 Embedded | | |
| Annual Out-of-Pocket Maximum Individual / Family | | \$2,000 / \$4,000 | | \$5,000 / \$10,000 | | |
| | | | | | | |
| Physician Office Visit | | \$20 (ded waived) | 50% | \$30 (ded waived) | 50% | |
| Specialist Copay | | \$20 (ded waived) | 50% | \$30 (ded waived) | 50% | |
| Preventative Care | | No Charge (ded waived) | Not Covered | No Charge (ded waived) | Not Covered | |
| Lab and X-Ray | | | | | | |
| CT, MRI, PET scans | | 20% (\$100 + 20% if at Hospital) | 50% (limit \$800/day) | 20% (\$100 + 20% if at Hospital) | 50% (limit \$800/day) | |
| Other lab and x-ray tests | | \$0 (ded waived) (\$25 + 20% if at Hospital) | 50% (up to \$350/day in Hospital) | \$0 (ded waived) (\$25 + 20% if at Hospital) | 50% (up to \$350/day in Hospital) | |
| Hospitalization | | | | | | |
| Inpatient | | 20% | 50%(limit \$600/ day) | 20% | 50%(limit \$600/ day) | |
| Outpatient | | ASC: 10% (ded waived) Hospital: 20% | 50% (limit \$350/day) | ASC: 10% (ded waived) Hospital: 20% | 50% (limit \$350/day) | |
| Emergency Room | | \$100 + 20% (Copay waived if admitted) | | \$100 + 20% (Copay waived if admitted) | | |
| Urgent Care Services | | \$20 (ded waived) | 50% | \$30 (ded waived) | 50% | |
| Chiropractic Care | | 20% (limit \$50 / visit) (26 visits/yr combined w/ Acupuncture) | 50% (limit \$25 / visit) (26 visits/yr combined w/ Acupuncture) | 20% (limit \$50 / visit) (26 visits/yr combined w/ Acupuncture) | 50% (limit \$25 / visit) (26 visits/yr combined w/ Acupuncture) | |
| Acupuncture Care | | 20% (26 visits/year combined w/Chiro) | | 20% (26 visits/year combined w/ Chiro) | | |
| PRESCRIPTION DRUGS | | Generic / Brand / Non Formulary | | Generic / Brand / Non Formulary | | |
| Deductible | | None | | \$200 / \$500 | | |
| Rx Copay Out-of-Pocket Maximum | | \$4,600 / \$9,200 | | \$1,600 / \$3,200 | | |
| Retail - 30 day supply | | \$5 / \$30 / \$45 | | \$10 / \$20 / \$45 | | |
| Mail Order - 90 day supply | | \$10 / \$75 / \$112.50 | | \$20 / \$40 / \$90 | | |
| Specialty Drugs | | 30% (up to \$150) | | 30% (up to \$150) | | |
| Specialty Drugs Mail | | 30% (up to \$300) | | 30% (up to \$300) | | |
| | | | | | | |
| RATE GUARANTEE | | 1 Year (1/1/2024 - 12/31/2024) | 1 Year (1/1/2025 - 12/31/2025) | 1 Year (1/1/2024 - 12/31/2024) | 1 Year (1/1/2025 - 12/31/2025) | |
| MONTHLY RATES | | Current | Renewal | Current | Renewal | |
| EE Only | 14 | \$1,065.02 | \$1,110.34 | 2 | \$769.41 | \$802.37 |
| EE + 1 | 15 | \$2,121.80 | \$2,211.41 | 4 | \$1,523.37 | \$1,587.23 |
| EE + Family | 12 | \$2,758.34 | \$2,874.73 | 2 | \$1,982.75 | \$2,066.18 |
| | 41 | | | 8 | | |
| MONTHLY PREMIUM | | \$79,837 | \$83,213 | \$11,598 | \$12,086 | |
| ANNUAL PREMIUM | | \$958,048 | \$998,552 | \$139,174 | \$145,032 | |
| ANNUAL DOLLAR CHANGE | | \$40,504 | | \$5,859 | | |
| ANNUAL PERCENT CHANGE | | 4.2% | | 4.2% | | |

Enrollment as of February 2024

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