



2025 Medical Renewal

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2025 Medical Renewal - Sourcewell

- City of New Prague Medical Renewal
 - Rate Cap = 15.0%
 - Medical Renewal Delivered: 14.9%
 - 2026 Rate Cap: 19.0%
 - 2026 Rate Cap Smart Plans Only: 17.0%
- Collective Renewal Information
 - Average Overall Increase: 9.0%
 - Collective's Minimum Increase: 3.0%
 - Collective's Maximum Increase: 15.0%
 - Rate Caps for 2026: 12.0% - 19.0%

2025 Medical Renewal - Sourcewell



Carrier Name Plan Name		CURRENT Sourcewell \$2,250 HSA Rx Plus	RENEWAL Sourcewell \$2,250 HSA Rx Plus
PLAN DESIGN*			
In-Network Benefits		Open Access	Aware
Deductible Type		Aggregate	Aggregate
Calendar Year (CY) Deductible (Individual / Family)		\$2,250 / \$4,500	\$2,250 / \$4,500
Out-of-Pocket Max Type		Aggregate	Aggregate
CY Out-of-Pocket Max (Individual / Family)		\$2,250 / \$4,500	\$2,250 / \$4,500
Coinsurance (member pays after deductible)		0%	0%
Preventive Care		Covered 100%	Covered 100%
Primary Care Visit		0% after deductible	0% after deductible
Specialist Visit		0% after deductible	0% after deductible
Urgent Care		0% after deductible	0% after deductible
Emergency Room		0% after deductible	0% after deductible
Inpatient Hospital		0% after deductible	0% after deductible
Outpatient Surgery		0% after deductible	0% after deductible
Chiropractic (visit limits may apply)		0% after deductible	0% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)		0% after deductible	0% after deductible
Diagnostic Test (X-ray, blood work)		0% after deductible	0% after deductible
Imaging (CT/PET scan, MRI)		0% after deductible	0% after deductible
Prescription Drug Benefit		Combined with medical	Combined with medical
Deductible (Individual / Family)			
Out-of-Pocket Maximum (Individual / Family)			
Preventive Drug			
Retail		Retail: \$0 / \$50;	Retail: \$0 / \$50;
Tier I / Tier II / Tier III		Mail: \$0 / \$150	Mail: \$0 / \$100
Specialty		31 Days	31 Days
Mail Order		0% after deductible	0% after deductible
Tier I / Tier II / Tier III		0% after deductible	0% after deductible
Out-of-Network Benefits			
Deductible Type		Aggregate	Aggregate
CY Deductible (Individual / Family)		\$2,250 / \$4,500	\$2,250 / \$4,500
Out-of-Pocket Max Type		Aggregate	Aggregate
CY Out-of-Pocket Max (Individual / Family)		\$3,500 / \$6,500	\$3,500 / \$6,500
Coinsurance (member pays after deductible)		20%	20%
COST ANALYSIS			
PEPM Rates - Enrollment per 2025 Renewal		\$2,250 HSA Rx Plus	\$2,250 HSA Rx Plus
Enrollment			
Employee (EE) Only		14	\$638.89
EE + Family		37	\$1,938.64
Total Enrollment		51	
Estimated Monthly Premium		\$80,674	\$92,675
Estimated Annual Premium		\$968,090	\$1,112,100
Dollar Difference from Current			\$144,010
Percent Change from Current			14.9%

*NOTE: Benefit deviations from Current are identified in blue font

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2025 Medical Renewal alternates - Sourcewell



		CURRENT	RENEWAL OPTION 1	RENEWAL OPTION 2	RENEWAL OPTION 3
Carrier Name		Sourcewell	Sourcewell	Sourcewell	Sourcewell
Plan Name		\$2,250 HSA Rx Plus	Smart Plan SHSA6 Aware	Smart Plan SHSA4 Aware	Smart Plan SHSA3 Aware
PLAN DESIGN*					
In-Network Benefits					
Deductible Type		Open Access	Aware	Aware	Aware
Calendar Year (CY) Deductible (Individual / Family)		Aggregate	Embedded	Embedded	Embedded
Out-of-Pocket Max Type		\$2,250 / \$4,500	\$4,300 / \$8,600	\$3,300 / \$6,600	\$3,300 / \$6,600
CY Out-of-Pocket Max (Individual / Family)		Aggregate	Embedded	Embedded	Embedded
Coinsurance (member pays after deductible)		\$2,250 / \$4,500	\$6,300 / \$12,600	\$5,300 / \$10,600	\$3,300 / \$6,600
		0%	20%	20%	0%
Preventive Care		Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Specialist Visit		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Urgent Care		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Emergency Room		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Inpatient Hospital		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Outpatient Surgery		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Chiropractic (visit limits may apply)		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Diagnostic Test (X-ray, blood work)		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Imaging (CT/PET scan, MRI)		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Prescription Drug Benefit					
Deductible (Individual / Family)		Combined with medical	Combined with medical	Combined with medical	Combined with medical
Out-of-Pocket Maximum (Individual / Family)		Combined with medical	Combined with medical	Combined with medical	Combined with medical
Preventive Drug		Retail: \$0 / \$50; Mail: \$0 / \$150	Retail: \$0 / \$50; Mail: \$0 / \$150	Retail: \$0 / \$50; Mail: \$0 / \$150	Retail: \$0 / \$50; Mail: \$0 / \$150
Retail		31 Days	31 Days	31 Days	31 Days
Tier I / Tier II / Tier III		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Specialty		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Mail Order		93 Days	93 Days	93 Days	93 Days
Tier I / Tier II / Tier III		0% after deductible	20% after deductible	20% after deductible	0% after deductible
Out-of-Network Benefits					
Deductible Type		Aggregate	Embedded	Embedded	Embedded
CY Deductible (Individual / Family)		\$2,250 / \$4,500	\$8,600 / \$17,200	\$6,600 / \$13,200	\$6,600 / \$13,200
Out-of-Pocket Max Type		Aggregate	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)		\$3,500 / \$6,500	\$12,600 / \$25,200	\$10,600 / \$21,200	\$9,900 / \$19,800
Coinsurance (member pays after deductible)		20%	40%	40%	20%
COST ANALYSIS					
PEPM Rates - Enrollment per 2025 Renewal	Enrollment	\$2,250 HSA Rx Plus	Smart Plan SHSA6 Aware	Smart Plan SHSA4 Aware	Smart Plan SHSA3 Aware
Employee (EE) Only	14	\$638.89	\$585.00	\$622.00	\$669.00
EE + Family	37	\$1,938.64	\$1,773.00	\$1,887.00	\$2,029.00
Total Enrollment	51				
Estimated Monthly Premium		\$80,674	\$73,791	\$78,527	\$84,439
Estimated Annual Premium		\$968,090	\$885,492	\$942,324	\$1,013,268
Dollar Difference from Current			-\$82,598	-\$25,766	\$45,178
Percent Change from Current			-8.5%	-2.7%	4.7%

*NOTE: Benefit deviations from Current are identified in blue font

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Things to Remember

- Important Timelines
 - Renewal and Open Enrollment Meetings
 - October 15: Renewal decisions & Required Blue Cross paperwork due
 - November 15: Group census with employee plan elections due
 - December 3, February 4: Employer Portal Group Leader Training
- Items Needed Back
 - October 15
 - Client Checklist
 - Signed Rate Sheet
 - Employer Portal
 - PHI from 90 Degrees Billing
 - MA Healthcare Reform Form
 - November 15
 - ELFS spreadsheet
 - Census spreadsheet for member enrollment with plan selections
 - Send to Suzanne
 - Suzanne.Lindsay@sourecewell-mn.gov

2024 Benchmarking

Plan Design

Organization Name	Single Deductible	Single Out-Of-Pocket	Family Deductible	Family Out-Of-Pocket
City of Belle Plaine				
City of Credit River	\$850.00	\$2,600.00		
City of Elko New Market	\$2,400.00		\$4,800.00	
City of Elysian	\$2,000.00	\$3,000.00	\$4,000.00	\$6,000.00
City of Jordan	\$4,500.00	\$4,500.00	\$9,000.00	\$9,000.00
City of Kasota				
City of Kilkenny				
City of Montgomery	\$2,800.00		\$5,600.00	
City of Prior Lake	\$3,200.00	\$3,200.00	\$6,400.00	\$6,400.00
City of New Prague	\$2,250.00	\$2,250.00	\$4,500.00	\$4,500.00
Comparable City Average	\$2,571.43	\$3,110.00	\$5,716.67	\$6,475.00

2024 Benchmarking

Premium/Contributions

Organization Name	Total Monthly Premium (Single coverage)	Total Monthly Premium (Family coverage)	Employer Monthly Contribution (Single coverage)	Employer Monthly Contribution (Family coverage)	Employee Monthly Cost (Single coverage)	Employee Monthly Cost (Family coverage)	% Premium Employee pays (Single coverage)	% Premium Employee pays (Family coverage)
City of Belle Plaine	\$509.71	\$3,529.27	\$509.71	\$3,529.27	\$0.00	\$0.00	0%	10%
City of Credit River	\$1,135.34		\$965.04		\$170.30		15%	
City of Elko New Market							1%	15%
City of Elysian	\$579.64	\$1,541.52	\$579.64	\$960.96	\$0.00	\$580.56	0%	37%
City of Jordan	\$618.00	\$1,817.00	\$900.00	\$1,400.00	\$0.00	\$417.00	0%	23%
City of Kasota	\$960.00		\$836.00		\$129.00		13%	
City of Kilkenny								
City of Montgomery		age based			\$0.00	\$275.00	0%	15%
City of Prior Lake	\$723.76	\$1,987.34	\$713.76	\$1,375.00	\$10.00	\$612.34	1%	30%
City of New Prague	\$638.89	\$1,938.64	\$511.11	\$1,550.91	\$127.78	\$387.73	20%	20%
Comparable City Average	\$737.91	\$2,162.75	\$716.47	\$1,763.23	\$54.64	\$378.77	6%	21%

2024 Benchmarking

HSA Contributions



Organization Name	Annual employer HSA contribution (Single coverage)	Annual employer HSA contribution (Family coverage)
City of Belle Plaine		
City of Credit River		
City of Elko New Market	\$1,500-\$1,749	\$2,500-\$2,749
City of Elysian	\$3,000+	\$3,750-\$3,999
City of Jordan	\$1,500-\$1,749	\$3,000-\$3,249
City of Kasota		
City of Kilkenney		
City of Montgomery	\$2,000-\$2,249	\$4,000+
City of Prior Lake	\$1,750-\$1,999	N/A
City of New Prague	\$500-\$999	\$1,000-\$1,249
Comparable City Average		



2025 Dental Marketing Results

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2025 Dental Marketing Results

Marketing Summary

- Requested proposals and received the following Responses:

Delta Dental	MetLife	Guardian	HealthPartners
8.0%	-15.6%	-12.0%	-12.6%
	1 year rate guarantee, 2 nd year rate cap of 7%	2 year rate guarantee ending 12/31/2026	

2025 Delta Dental Renewal



		CURRENT			RENEWAL		
Carrier Name		Delta Dental of Minnesota			Delta Dental of Minnesota		
Plan Name		Pathfinder 4			Pathfinder 4		
PLAN DESIGN*							
Network	INN [Delta Dental PPO™ Dentist]	INN [Delta Dental Premier® Dentist]	OON	INN [Delta Dental PPO™ Dentist]	INN [Delta Dental Premier® Dentist]	OON	
Calendar Year (CY) Deductible (Individual / Family)	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$50 / \$150; Diagnostic and Preventive services \$50 per person	
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
Coinsurance	100%	100%	100%	100%	100%	100%	
Preventive Services	2 times per calendar year	2 times per calendar year	2 times per calendar year	2 times per calendar year	2 times per calendar year	2 times per calendar year	
Cleaning Frequency	Yes	Yes	Yes	Yes	Yes	Yes	
Deductible Waived?	80%	80%	80%	80%	80%	80%	
Basic	80%	80%	80%	80%	80%	80%	
Periodontics	80%	80%	80%	80%	80%	80%	
Endodontics	55%	55%	50%	55%	55%	50%	
Major	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	
Major Waiting period	55%	55%	50%	55%	55%	50%	
Implants	50%	50%	50%	50%	50%	50%	
Orthodontics	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	
Maximum Age	No	No	No	No	No	No	
Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	
Lifetime Max	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	
Ortho Waiting Period							
OON Reimbursement Level		Dentist Fee			Dentist Fee		
COST ANALYSIS							
PEPM Rates	Plan 1	Pathfinder 4			Pathfinder 4		
Employee (EE) Only	15	\$46.27			\$49.97		
EE + Spouse	7	\$88.77			\$95.87		
EE + Child(ren)	1	\$108.91			\$117.62		
EE + Family	33	\$169.18			\$182.71		
Total Enrollment	56						
Estimated Monthly Premium		\$7,007			\$7,568		
Estimated Annual Premium		\$84,087			\$90,812		
Dollar Difference from Current					\$6,725		
Percent Change from Current					8.0%		

*NOTE: Benefit deviations from Current are identified in blue font

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2025 Guardian and MetLife Options



		CURRENT			MARKET OPTION 1		MARKET OPTION 2		MARKET OPTION 3	
Carrier Name		Delta Dental of Minnesota			Guardian		MetLife		MetLife	
Plan Name		Pathfinder 4			Plan #1		Dental Option 1		Dental Option 2	
PLAN DESIGN*										
Network	INN [Delta Dental PPO™ Dentist]	INN [Delta Dental Premier® Dentist]	OON	INN [DentalGuard Preferred]	OON	INN [PDP Plus Network]	OON	INN [PDP Plus Network]	OON	
Calendar Year (CY) Deductible (Individual / Family)	\$50 / \$150*; Diagnostic and Preventive services \$50 per person \$1,500	\$50 / \$150*; Diagnostic and Preventive services \$50 per person \$1,500	\$50 / \$150*; Diagnostic and Preventive services \$50 per person \$1,500	\$50 / \$100*	\$50 / \$100*	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	
Annual Maximum				\$1,500	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	
Coinsurance										
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Cleaning Frequency	2 times per calendar year	2 times per calendar year	2 times per calendar year	twice/12 mos	twice/12 mos	2 times in 1 calendar year	2 times in 1 calendar year	2 times in 1 calendar year	2 times in 1 calendar year	
Deductible Waived?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Basic	80%	80%	80%	80%	80%	80%	80%	85%	65%	
Periodontics	80%	80%	80%	80%	80%	80%	80%	85%	65%	
Endodontics	80%	80%	80%	80%	80%	80%	80%	85%	65%	
Major	55%	55%	50%	55%	55%	55%	50%	60%	40%	
Major Waiting period	12 Months	12 Months	12 Months	None	None	None	None	None	None	
Implants	55%	55%	50%	55%	55%	55%	50%	60%	40%	
Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Maximum Age	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Children	Children	Children to age 19	Children to age 19	Children to age 19	Children to age 19	
Deductible	No	No	No	No	No	No	No	No	No	
Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	
Ortho Waiting Period	12 Months	12 Months	12 Months	None	None	None	None	None	None	
OON Reimbursement Level		Dentist Fee			90th		R&C 90th Percentile		R&C 90th Percentile	
COST ANALYSIS										
PEPM Rates	Plan 1	Pathfinder 4			Plan #1		Dental Option 1		Dental Option 2	
Employee (EE) Only	15	\$46.27			\$40.72		\$39.07		\$39.95	
EE + Spouse	7	\$88.77			\$78.12		\$74.96		\$76.65	
EE + Child(ren)	1	\$108.91			\$95.84		\$91.97		\$94.03	
EE + Family	33	\$169.18			\$148.88		\$142.87		\$146.07	
Total Enrollment	56									
Estimated Monthly Premium		\$7,007			\$6,167		\$5,917		\$6,050	
Estimated Annual Premium		\$84,087			\$73,998		\$71,009		\$72,602	
Dollar Difference from Current					-\$10,089		-\$13,078		-\$11,486	
Percent Change from Current					-12.0%		-15.6%		-13.7%	

- Delta Dental Deductible –\$50 is applicable per person per *lifetime* on oral exams, prophylaxis, fluoride treatment, X-rays, and periodontal maintenance.
- Guardian offer will takeover lifetime deductibles.

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2025 Health Partners Options



		CURRENT			MARKET OPTION 4			MARKET OPTION 5		
Carrier Name		Delta Dental of Minnesota			HealthPartners			HealthPartners		
Plan Name		Pathfinder 4			Distinctions 5			Distinctions 6		
PLAN DESIGN*										
Network	INN [Delta Dental PPO™ Dentist]	INN [Delta Dental Premier® Dentist]	OON	INN BENEFIT LEVEL 1	INN BENEFIT LEVEL 2	OON	INN BENEFIT LEVEL 1	INN BENEFIT LEVEL 2	OON	
Calendar Year (CY) Deductible (Individual / Family)	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$50 / \$150; Diagnostic and Preventive services \$50 per person	\$0 / \$0	\$25 / \$75	\$50 / \$150	\$0 / \$0	\$25 / \$75	\$50 / \$150	
Annual Maximum	\$1,500	\$1,500	\$1,500	\$2,500	\$2,000	\$1,000	\$3,000	\$2,500	\$1,500	
Coinurance										
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Cleaning Frequency	2 times per calendar year	2 times per calendar year	2 times per calendar year	No limit	2 times per calendar year	2 times per calendar year	No limit	2 times per calendar year	2 times per calendar year	
Deductible Waived?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Basic	80%	80%	80%	100%	80%	80%	100%	80%	80%	
Periodontics	80%	80%	80%	80%	80%	50%	80%	80%	50%	
Endodontics	80%	80%	80%	80%	80%	50%	80%	80%	50%	
Major	55%	55%	50%	50%	50%	50%	50%	50%	50%	
Major Waiting period	12 Months	12 Months	12 Months	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period	
Implants	55%	55%	50%	50%	50%	50%	50%	50%	50%	
Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Maximum Age	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	To age 19	To age 19	To age 19	To age 19	To age 19	To age 19	
Deductible	No	No	No	No	No	No	No	No	No	
Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$750	\$1,000	\$1,000	\$750	
Ortho Waiting Period	12 Months	12 Months	12 Months	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period	
OON Reimbursement Level		Dentist Fee			Fee Schedule			Fee Schedule		
COST ANALYSIS										
PEPM Rates	Plan 1	Pathfinder 4			Distinctions 5			Distinctions 6		
Employee (EE) Only	15	\$46.27			\$43.81			\$45.15		
EE + Spouse	7	\$88.77			\$92.10			\$94.79		
EE + Child(ren)	1	\$108.91			\$92.10			\$94.79		
EE + Family	33	\$169.18			\$143.42			\$147.41		
Total Enrollment	56									
Estimated Monthly Premium		\$7,007			\$6,127			\$6,300		
Estimated Annual Premium		\$84,087			\$73,522			\$75,601		
Dollar Difference from Current					-\$10,566			-\$8,486		
Percent Change from Current					-12.6%			-10.1%		

*NOTE: Benefit deviations from Current are identified in blue font HealthPartners Quoted 3-tier rates (Employee, Employee + 1 and Family)
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Networks and Specialty Programs

- **HealthPartners –**

- 100% have access to 2 general dentists within 15 miles (Tier 1)
- 99% have access to 2 specialty dentists within 15 miles (Tier 1)
- Benefit level 1: Features highly respected clinics within the Twin Cities and St. Cloud that deliver quality and cost savings. This tier includes more than 300 dentists, including the HealthPartners Dental Group.
- Benefit Level 2: Includes more than 2,600 dentists throughout Minnesota and bordering communities and more than 130,000 PPO providers nationwide.
 - Little Partners, Mouthwise Matters Programs

- **MetLife –**

- 100% of employees have access to a provider within 10 miles
- 3% platform credit and 3% enrollment credit

- **Guardian –**

- 100% of employees have access to a provider within 10 miles
- Tobacco Cessation Program

HealthPartners:

- ❖ Little Partners covers in-network services for children 12 and under at 100%(except implants and orthodontia), even if annual maximum has already been met.
- ❖ Mouthwise Matters covers in-network periodontal cleaning services for diabetic or pregnant members at 100%, even if annual maximum has already been met.