




2025 City of Sandpoint Employee Benefit Renewal

 **Taylor Insurance Inc.**



On behalf of everyone at Taylor Insurance, we thank you for allowing us to administer your health plan benefits this year. Being an advocate – for you, your employees and your families – is a responsibility that we take very seriously.

Your renewal date is approaching and this packet includes your 2025 renewal calculations, information about your renewal and possible benefit changes.

Again, we thank you for your partnership and look forward to continuing to work with your organization to provide a quality, cost effective healthcare plan.

Regence Financial Facts 2022



Regence BlueShield of Idaho is an Independent
Licensee of the Blue Cross and Blue Shield Association

Group Utilization Overview

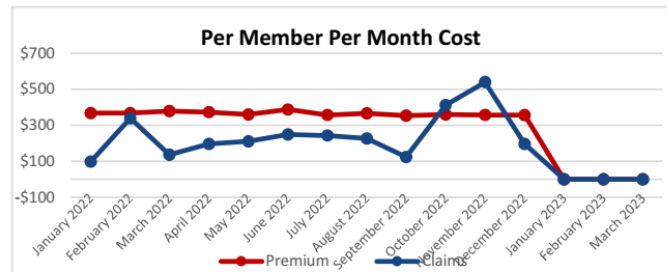
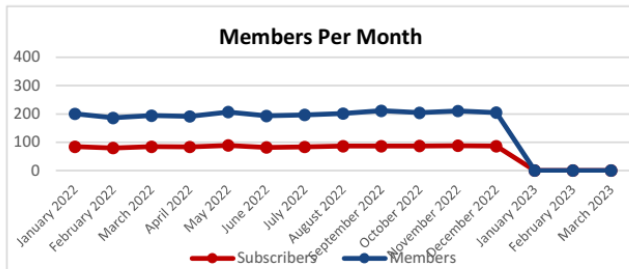
10003131 - City Of Sandpoint

Paid Date: January 2022 - March 2023

Incurred Date: January 2022 - December 2022

Pooling Level \$75,000

Month	Subscribers	Members	Premium	Total Paid	Total Paid PMPM	Premium PMPM	Loss Ratio
January 2022	85	201	73,854	19,650	\$97.76	\$367.43	26.6%
February 2022	80	186	68,480	63,219	\$339.89	\$368.17	92.3%
March 2022	85	194	73,470	26,483	\$136.51	\$378.71	36.0%
April 2022	84	192	71,614	37,749	\$196.61	\$372.99	52.7%
May 2022	89	207	74,547	43,762	\$211.41	\$360.13	58.7%
June 2022	82	193	74,926	48,054	\$248.98	\$388.22	64.1%
July 2022	84	197	70,546	48,094	\$244.13	\$358.10	68.2%
August 2022	86	202	74,046	45,733	\$226.40	\$366.56	61.8%
September 2022	86	212	75,116	26,243	\$123.79	\$354.32	34.9%
October 2022	87	204	73,538	84,131	\$412.40	\$360.48	114.4%
November 2022	88	211	75,572	113,917	\$539.89	\$358.16	150.7%
December 2022	86	205	73,216	40,426	\$197.20	\$357.15	55.2%
January 2023	0	0	0	27,104			
February 2023	0	0	0	2,069			
March 2023	0	0	0	711			
April 2023	0	0	0	0			
May 2023	0	0	0	0			
June 2023	0	0	0	0			
Total	1,022	2,404	\$878,925	\$627,345	\$260.96	\$365.61	71.4%



There is 1 high claimant for this reporting period.

Regence Financial Facts 2023



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Group Utilization Overview

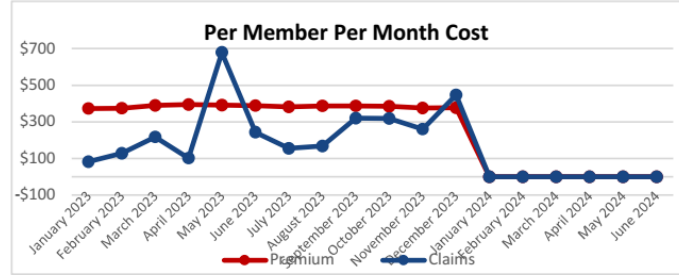
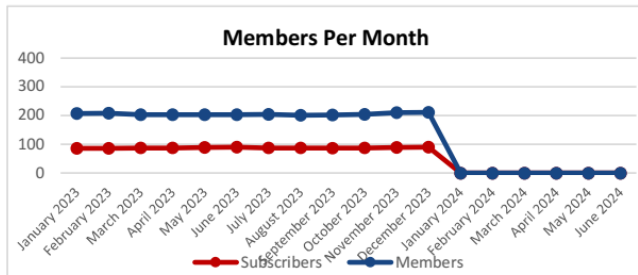
City Of Sandpoint

Paid Date: January 2023 - June 2024

Incurred Date: January 2023 - December 2023

Pooling Level \$75,000

Month	Subscribers	Members	Premium	Total Paid	Total Paid PMPM	Premium PMPM	Loss Ratio
January 2023	86	207	\$77,079	\$16,994	\$82.10	\$372.36	22.0%
February 2023	86	208	\$77,732	\$26,570	\$127.74	\$373.71	34.2%
March 2023	88	203	\$79,090	\$44,263	\$218.05	\$389.61	56.0%
April 2023	88	203	\$80,067	\$20,790	\$102.41	\$394.42	26.0%
May 2023	89	203	\$79,400	\$137,791	\$678.77	\$391.13	173.5%
June 2023	90	203	\$78,911	\$49,380	\$243.25	\$388.72	62.6%
July 2023	88	204	\$77,902	\$31,580	\$154.80	\$381.87	40.5%
August 2023	88	201	\$77,933	\$33,717	\$167.74	\$387.73	43.3%
September 2023	87	202	\$78,340	\$64,692	\$320.26	\$387.82	82.6%
October 2023	88	204	\$78,466	\$65,125	\$319.24	\$384.64	83.0%
November 2023	89	210	\$78,992	\$54,613	\$260.06	\$376.15	69.1%
December 2023	90	211	\$79,480	\$94,236	\$446.62	\$376.68	118.6%
January 2024	0	0	\$0	\$42,532			
February 2024	0	0	\$0	\$4,236			
March 2024	0	0	\$0	\$771			
April 2024	0	0	\$0	\$6,403			
May 2024	0	0	\$0	\$87,515			
June 2024	0	0	\$0	\$373			
Total	1,057	2,459	\$943,393	\$781,578	\$317.84	\$383.65	82.8%



There is 1 high claimant for this reporting period.

This report does not include all costs for a settlement such as plan administration, pooling and other fees nor does it include claims runoff.

Regence Financial Facts through June 2024



Regence BlueShield of Idaho is an Independent
Licensee of the Blue Cross and Blue Shield Association

Group Utilization Overview

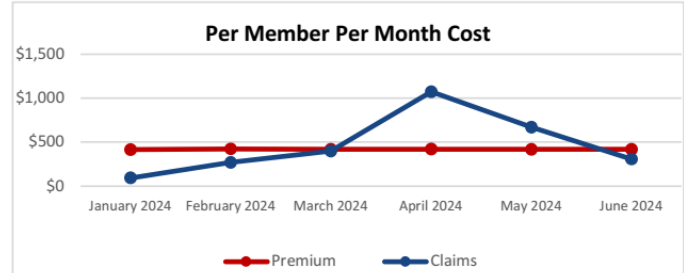
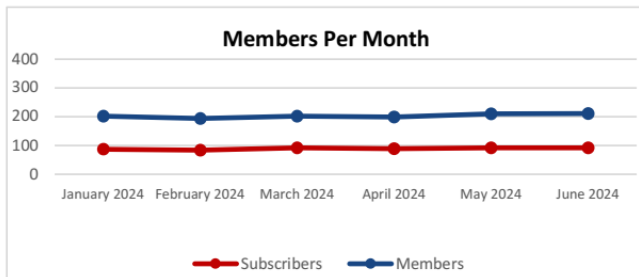
City Of Sandpoint

Paid Date: January 2024 - June 2024

Incurred Date: January 2024 - June 2024

Pooling Level \$125,000

Month	Subscribers	Members	Premium	Total Paid	Total Paid PMPM	Premium PMPM	Loss Ratio
January 2024	88	202	83,711	18,479	\$91.48	\$414.41	22.1%
February 2024	84	194	81,811	51,929	\$267.67	\$421.71	63.5%
March 2024	92	202	83,912	80,781	\$399.90	\$415.41	96.3%
April 2024	89	199	83,444	213,387	\$1,072.30	\$419.32	255.7%
May 2024	92	210	87,268	140,406	\$668.60	\$415.56	160.9%
June 2024	92	211	87,714	64,980	\$307.96	\$415.71	74.1%
July 2024	0	0	0	0			
August 2024	0	0	0	0			
September 2024	0	0	0	0			
October 2024	0	0	0	0			
November 2024	0	0	0	0			
December 2024	0	0	0	0			
January 2025	0	0	0	0			
February 2025	0	0	0	0			
March 2025	0	0	0	0			
April 2025	0	0	0	0			
May 2025	0	0	0	0			
June 2025	0	0	0	0			
Total	537	1,218	\$507,860	\$569,962	\$467.95	\$416.96	112.2%





Recent History with Regence

June 2019 - Entered a 19-month contract with an increase of 6%

January 2021 - 10% Reduction in Rates

January 2022 - 2% Reduction in Rates

Received a premium refund via the 50/50 SharePlan in the amount of \$74,861 based on performance of 2021 plan year.

January 2023 - 4% Increase in Rates

January 2024 - 8.5% Increase in Rates

Recent Usage (deductible and OOP)

2023: 30 members met their deductible and 11 met their out-of-pocket maximum.

YTD 2024: 31 members have met their deductible and 9 have met their out-of-pocket maximum.



2025 Regence Renewal

- ❖ Original Regence Renewal offer – 32.5% after negotiations the renewal offer is 24.81%
- ❖ Pooling Point with Regence will remain constant at \$125,000 this year. It had been increased in our 2024 contract year. No claims are being pooled at this point in time.
- ❖ Retain the 50/50 Share Plan (Draft contract for 2025 will not be available till Mid to Late-October for review)
 - The 50/50 Share Plan did not result in a refund for the 2023 contract year due to higher utilization.
- ❖ HSA Plan must increase deductible from \$3,200 to \$3,300 due to IRS guidelines.

Regence Renewal without Employee Assistance Program

Fully Insured Retrospective Renewal

Group Name: City of Sandpoint
Group ID: 10003131
Sales Representative: Sheryl Orton
Producer/Agency: Daniel Taylor / Taylor Insurance

Effective January 1, 2025

Medical

	Plan 1	Plan 2	Plan 3
Plan Type	Current	Current	Current
Network	Classic	HSA 3.0	Classic
Deductible	Preferred	Preferred	Preferred
Max OOP	\$1,500	\$3,300	\$500
Coinsurance	\$7,150	\$5,000	\$5,000
Primary Copay	70%	80%	70%
Specialist Copay	\$30	N/A	\$30
	\$0	N/A	\$0

Pharmacy

Deductible	\$0	Shared w/ Medical	\$0
Tier 1	\$10	20%	\$5
Tier 2	\$40	20%	\$35
Tier 3	\$75	20%	\$60
Tier 4	\$100	N/A	N/A
Tier 5	N/A	N/A	N/A
Tier 6	N/A	N/A	N/A

Programs

Program(s) Included: None

Enrollment

Employee	39	22	28
Spouse	22	7	14
One Child	6	3	5
Multiple Children	13	5	4
	0	0	0

Renewal Rates

Employee	\$659.40	\$582.10	\$722.90
Spouse	\$750.10	\$662.60	\$822.10
One Child	\$314.60	\$278.00	\$344.90
Multiple Children	\$499.00	\$440.80	\$546.90

Selected Plans

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Renewal Increase: 24.81%

Estimated Retention: \$171.35 PEPM

- Group will receive 50% of eligible gains.
- Eligible gains are defined as Premium, less Completed Claims (Incurred Claims plus IBNR) less Retention.
- Retention is defined as Administration Fees, Commission, Taxes and Mandated Fees, and any Ancillary Service Fees as selected.
- Settlement shall occur in the seventh (7th) month after the final date of the contract to allow for six (6) months of runoff. IBNR will be included in the settlement calculation.
- Groups that do not renew, or terminate mid-contract, will forfeit any gains.
- Groups that renew, but opt out of this arrangement cannot choose this funding option for three (3) years.

HealthEquity

- ❖ HealthEquity continues to be our HSA banking partner.
 - No Change in Administration Charges
 - \$2.70 PEPM

HSA Contribution Limits

The following chart shows the health savings account (HSA) limits that will apply for 2025, along with the 2024 limits for comparison purposes.

Type of Limit		2024	2025	Change
HSA Contribution Limit	<i>Self-only</i>	\$4,150	\$4,300	Up \$150
	<i>Family</i>	\$8,300	\$8,550	Up \$250
HSA Catch-up Contributions <i>(not subject to adjustment for inflation)</i>	<i>Age 55 or older</i>	\$1,000	\$1,000	No change

Delta Dental of Idaho

Financials - 12 Month Comparison Summary



Delta Dental is pleased to offer no renewal increase for a one-year contract.

A 34.6% savings of total claims submitted is realized as a result of Delta Dental's unique contracts with providers. These procedures are non-billable to your account.



There were 4.5% more employees covered under the dental plan.

There were 6.1% fewer claims and 10.1% fewer dollars paid in claims.

The cost-per-subscriber decreased 13.9% to \$63.57.



Oral surgery and periodontia have the highest increase in utilization.

City of Sandpoint

Delta Dental Group No. 0764

For Period: 07-2022 to 06-2023

07-2023 to 06-2024

Month	Subscribers			Administrative Income			NO. Claims			Paid Claims			Cost/Claim			Cost/Subscriber		
	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.
Jul	81	86	6.2%	\$721.71	\$781.74	8.3%	23	48	108.7%	\$5,472.00	\$6,684.30	22.2%	\$237.91	\$139.26	-41.5%	\$67.56	\$77.72	15.1%
Aug	82	86	4.9%	\$730.62	\$781.74	7.0%	49	38	-22.4%	\$7,973.20	\$6,782.90	-14.9%	\$162.72	\$178.50	9.7%	\$97.23	\$78.87	-18.9%
Sep	84	86	2.4%	\$748.44	\$781.74	4.4%	31	32	3.2%	\$5,394.30	\$9,374.30	73.8%	\$174.01	\$292.95	68.4%	\$64.22	\$109.00	69.7%
Oct	84	87	3.6%	\$748.44	\$790.83	5.7%	36	23	-36.1%	\$5,382.40	\$3,142.90	-41.6%	\$149.51	\$136.65	-8.6%	\$64.08	\$36.13	-43.6%
Nov	85	88	3.5%	\$757.35	\$799.92	5.6%	38	26	-31.6%	\$8,207.70	\$3,961.20	-51.7%	\$215.99	\$152.35	-29.5%	\$96.56	\$45.01	-53.4%
Dec	83	89	7.2%	\$739.53	\$809.01	9.4%	38	31	-18.4%	\$7,773.80	\$4,593.70	-40.9%	\$204.57	\$148.18	-27.6%	\$93.66	\$51.61	-44.9%
Jan	83	87	4.8%	\$754.47	\$814.32	7.9%	37	37	0.0%	\$8,591.90	\$4,427.60	-48.5%	\$232.21	\$119.66	-48.5%	\$103.52	\$50.89	-50.8%
Feb	83	85	2.4%	\$754.47	\$795.60	5.5%	20	28	40.0%	\$2,374.30	\$4,747.60	100.0%	\$118.72	\$169.56	42.8%	\$28.61	\$55.85	95.3%
Mar	85	90	5.9%	\$772.65	\$842.40	9.0%	43	20	-53.5%	\$8,321.00	\$3,964.80	-52.4%	\$193.51	\$198.24	2.4%	\$97.89	\$44.05	-55.0%
Apr	86	88	2.3%	\$781.74	\$814.32	4.2%	31	44	41.9%	\$4,573.60	\$7,703.20	68.4%	\$147.54	\$175.07	18.7%	\$53.18	\$87.54	64.6%
May	86	91	5.8%	\$772.65	\$851.76	10.2%	52	35	-32.7%	\$7,614.00	\$4,567.81	-40.0%	\$146.42	\$130.51	-10.9%	\$88.53	\$50.20	-43.3%
Jun	87	91	4.6%	\$790.83	\$851.76	7.7%	25	35	40.0%	\$2,826.50	\$7,057.40	149.7%	\$113.06	\$201.64	78.3%	\$32.49	\$77.55	138.7%
Total:	1,009	1,054	4.5%	\$9,072.90	\$9,715.14	7.1%	423	397	-6.1%	\$74,504.70	\$67,007.71	-10.1%	\$176.13	\$168.79	-4.2%	\$73.84	\$63.57	-13.9%

Proposed Renewal

Plans & Rates

	Current	
	PPO	Premier
Preventive & Diagnostic Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Deductible	\$25	\$25
Family Maximum Deductible	\$75	\$75
Annual Maximum Benefit	\$1,250	\$1,250
Maximum Rollover Benefit	\$3,050	\$3,050
Annual Threshold Amount	\$600	\$600
Annual Rollover Amount	\$300	\$300
<i>Child Orthodontia</i>	50%	50%
<i>Orthodontia Lifetime Maximum</i>	\$1,500	\$1,500

	Current Rates	Renewal Rates
Administrative Rate (<i>Per Employee Per Month</i>)	\$9.36	\$9.36

Rate Classification	2025 Suggested Premiums for Funding
Employee	\$40.58
Employee & Spouse	\$81.16
Employee & One Child	\$64.52
Employee & Two or More Children	\$89.27
Family	\$121.74



USable Life – Life, AD&D and Voluntary Life

Current Life Benefits

- Class 1 - Elected Official: \$12,000 and Dependents: \$1,000
- Class 2: 1X annual salary rounded to next \$1,000, plus \$2,000 to a max of \$100,000. Dependents: \$1,000

Current Life Premiums

- No increase – Currently in a Rate Guarantee till 01/2026
- Basic Life per \$1,000: \$.228
- Basic AD&D per \$1,000: \$.030
- Basic Dependent Life: \$.220 PEPM

Current Voluntary Life: No change in premium – age rated



USable Life – Long Term Disability

NO CHANGES

- No increase – Currently in a Rate Guarantee until 01/2026
 - Per \$100 of covered payroll: \$.420
 - Elimination Period: 90 days
 - Benefit: 60% of monthly pre-disability earnings to a maximum of \$5,000 per month. Minimum benefit is the greater of \$100 or 10% of the gross monthly benefit.
-



VSP – Vision

- Voluntary vision product
 - No increase – Currently in a Rate Guarantee until 01/2026
-
- Employee: \$8.20
 - Employee & Spouse: \$16.40
 - Employee & Children: \$17.56
 - Employee & Family: \$28.05
-
- Members can join or cancel at renewal
-



Employee Assistance Program

- Regence BlueShield of Idaho continues to partner with ComPsych for EAP—Premiums are included in the medical rate (approx. \$2.50 PEPM) – provides a 6 session model.
 - It is recommended to carve the EAP out of the Regence contract and partner with BPA. A direct contract with BPA will allow for wider network and easier access for care. Premium for a 6 session model is \$2.43 PEPM. Additional details included in the appendix.
- USABLE will be providing EAP as well, with a 4-session model with vendor New Directions.
 - Value added benefits with USABLE include the following:
 - Travel Assistance
 - Dignity Planner
 - Beneficiary Assistance Program
 - Identity Theft Protection



Regence Renewal



City of Sandpoint

Renewal Effective Date: January 1, 2025

Daniel Taylor / Taylor Insurance

Fully Insured Retrospective Renewal

Group Name: City of Sandpoint
 Group ID: 10003131
 Sales Representative: Sheryl Orton
 Producer/Agency: Daniel Taylor / Taylor Insurance

Effective January 1, 2025

Medical

	Plan 1	Plan 2	Plan 3
Current	Current	Current	Current
Plan Type	Classic	HSA 3.0	Classic
Network	Preferred	Preferred	Preferred
Deductible	\$1,500	\$3,300	\$500
Max OOP	\$7,150	\$5,000	\$5,000
Coinsurance	70%	80%	70%
Primary Copay	\$30	N/A	\$30
Specialist Copay	\$0	N/A	\$0

Pharmacy

Deductible	\$0	Shared w/ Medical	\$0
Tier 1	\$10	20%	\$5
Tier 2	\$40	20%	\$35
Tier 3	\$75	20%	\$60
Tier 4	\$100	N/A	N/A
Tier 5	N/A	N/A	N/A
Tier 6	N/A	N/A	N/A

Programs

Program(s) Included: None

Enrollment

Employee	39	22	28
Spouse	22	7	14
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Multiple Children	13	5	4
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Renewal Rates

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Selected Plans

☐
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☐

Renewal Increase: 24.81%

Estimated Retention: \$171.35 PEPM

- Group will receive 50% of eligible gains.
- Eligible gains are defined as Premium, less Completed Claims (Incurred Claims plus IBNR) less Retention.
- Retention is defined as Administration Fees, Commission, Taxes and Mandated Fees, and any Ancillary Service Fees as selected.
- Settlement shall occur in the seventh (7th) month after the final date of the contract to allow for six (6) months of runout. IBNR will be included in the settlement calculation.
- Groups that do not renew, or terminate mid-contract, will forfeit any gains.
- Groups that renew, but opt out of this arrangement cannot choose this funding option for three (3) years.

Employer Acceptance

I agree to the rates listed above, along with all rating assumptions and corresponding benefit designs listed on the Blueprint.

Signature: _____

Date: _____

Rate Renewal Calculation for CITY OF SANDPOINT

Plan: Regence BlueShield of Idaho Inc.
Group Id: 10003131
Renewal Period: January 1, 2025 to December 31, 2025
Experience Period: July 1, 2023 to June 30, 2024 , claims paid through August 31, 2024
Funding Arrangement: Retro 50/50

				<u>Med/Vis/Rx</u>	<u>Prior Year Medical Total</u>
Enrollment					
1. Current Subscribers				86	#NUM!
2. Current Members				200	#NUM!
3. Experience Period Employee Months				1,067	1,044
4. Experience Period Member Months				2,450	2,458
5. Experience Period Average Members per Employee				2.33	2.35
Claims					
6. Incurred Claims				\$1,084,100	\$662,568
7. Claim \$ Exceeding Pooling Point of \$125,000				(\$729)	(\$30,411)
8. Incurred but not Paid				\$39,527	\$0
9. Total Incurred Claims				\$1,122,898	\$632,157
10. Total Incurred Claims PMPM				\$458.33	\$257.18
Adjusted Incurred Claims					
11. Benefit Adjustment				(\$0.34)	(\$0.30)
12. Product Mix Adjustment				\$1.59	\$0.00
13. Age/Gender Adjustment				\$4.50	\$0.00
14. Adjusted Incurred Claims PMPM				\$464.08	\$256.88
Projected Claim Costs (PMPM)					
15. Months of Trend				18.0	30.0
16. Annual Trend				10.24%	9.73%
17. Applied Trend Factor				1.1574	1.2613
18. Trended Incurred Claims PMPM				\$537.12	\$324.00
19. Health Care Reform Mandate				\$2.63	
20. Pool Charge @ \$125,000				\$68.46	
21. Total Adjusted Incurred Claims				\$608.21	
22. Prior Year Claims Projection	Weighting	40%		\$392.46	
23. Adjustment for Prior Year Blend				(\$86.30)	
24. Total Projected Credible Incurred Claims				\$521.91	
25. Manual Claims	Weighting	30%		\$532.85	
26. Adjustment for Credibility Blend				\$3.28	
27. Total Projected Credible Claims				\$525.19	
Projected Retention Costs (PMPM)					
28. Administration				\$49.98	
29. Producer Commission	Percent	2.00%		\$11.95	
30. Total Retention Cost				\$61.93	
31. Projected Cost PMPM				\$587.12	
32. Increase Before Taxes/Fees				41.66%	
State and Federal Taxes/Fees (PMPM)					
33. Immunization Assessment				\$1.31	
34. Premium Tax	Percent/PEPM	1.50%		\$8.97	
35. Patient Centered Outcome Tax				\$0.27	
36. Total Government Taxes/Fees				\$10.55	
37. Projected Cost with Taxes/Fees PMPM				\$597.67	
38. Current Premium PMPM				\$421.52	
39. Rate Adjustment Needed with Taxes/Fees				41.79%	
40. Rate Adjustment Recommended				25.00%	

Fully Insured - Retro 50/50

Effective January 1, 2025 to December 31, 2025

Group Name: CITY OF SANDPOINT

Group Number: 10003131

Account Executive: Sheryl Orton

Producer/Brokerage: TAYLOR, DANIEL W, TAYLOR INSURANCE INC

Renewal Assumptions and Conditions

1. All rates are guaranteed for the twelve month period beginning January 1, 2025 through December 31, 2025, except in the case of:
 - * Government mandated benefit change;
 - * New or revised government taxes;
 - * An amendment of the benefit plan or contract;
 - * A business reorganization (e.g., acquiring, merging or selling a portion of the business operation) resulting in a +/- 10% enrollment change; or
 - * Any change in employer contribution, employee eligibility, or probationary period.
2. The census used in the rate calculation follows:
Medical 86 Subscribers, 200 Members
3. Dependent eligibility must flow through the enrolled subscriber.
4. Effective January 1, 2014, Affordable Care Act (ACA) requires that probationary period does not exceed 90 days.
5. The Group maintains the current contribution schedule. Regence has the right to non-renew any group that does not meet the standard minimum employer contribution at time of renewal: 50% of the employee rate.
6. Regence has the right to non-renew any group that does not meet the standard minimum participation at the time of renewal: 75% of eligible employees or 50% of all employees, whichever is greater.
7. All rates released in this renewal assume Regence is the sole carrier for the Group's healthcare coverage.
8. Rates within this offer are based on at least 50% of the enrolled employees residing in the Regence and its affiliated service areas. "Affiliates service areas" refers to geographic areas served by Asuris Northwest Health, Regence BlueCross BlueShield of Oregon, Regence BlueShield of Idaho, Inc., Regence BlueCross BlueShield of Utah, and /or Regence BlueShield.
9. Rates include a flat 2.00% medical producer commission.
10. No member is allowed to opt off coverage in lieu of compensation.
11. The quoted rates assume that Regence will not be subject to the benefit or administrative mandates of any other state. In the event that a benefit or administrative mandate is applicable or imposed upon us, we reserve the right to immediately re-evaluate our underwriting position.
12. The rates assume a true employee/employer relationship and that Regence would be contracting with one legal entity. Prior to enrollment, proof may be required documenting that this group is one legal contracting entity.
13. Rates assume standard reporting. Any customized reporting required by the Producer/Group may result in additional fees.
14. Employer must disclose to Regence any policies that would offset the member's deductible and/or coinsurance. Regence reserves the right to adjust rates accordingly.
15. Minimum enrollment on any one option for dual option benefits is 15% of total enrollment.
16. If multiple options are implemented without a qualified HDHP, the high option rate can be no more than 15% higher than the low option rate.

Fully Insured - Retro 50/50

Effective January 1, 2025 to December 31, 2025

Group Name: CITY OF SANDPOINT

Group Number: 10003131

Account Executive: Sheryl Orton

Producer/Brokerage: TAYLOR, DANIEL W, TAYLOR INSURANCE INC

Renewal Assumptions and Conditions

17. If multiple options are implemented with a qualified HDHP, the high option rate can be no more than 30% higher than the HDHP rate.
18. Regence Underwriting guidelines apply.
19. Acceptance of this offer (with or without changes) is required no later than 15 days prior to the effective date. No retroactive changes are allowed. Our offer expires 30 days from the release date. The Group's master application must be completed, signed by the Group or group representative, and submitted to Underwriting for review no later than 15 days prior to the effective date of the contract. Failure to provide complete, signed paperwork in a timely manner will result in non-issuance of the contract.
20. Regence reserves the right to re-rate if any of these assumptions are changed.
21. Effective September 23, 2010, the Patient Protection and Affordable Care Act prohibits employers from discriminating in favor of highly compensated individuals as set forth in Internal Revenue Code section 105(h) and implementing regulations. Regence is unable to determine whether a plan discriminates in a way that violates the new law because it does not have access to information such as corporate structure, employee salaries, stock ownership, length of service, percentage of premiums paid by the employer, etc. Because the new law imposes fines on employers with discriminatory plans, Regence recommends that employers obtain tax and/or legal advice to ensure they comply with nondiscrimination requirements.
22. SharePlan contract shall be from January 1, 2025 Through December 31, 2025
23. Group may receive up to 50% of eligible gains. Eligible gains are defined as Premium, less Completed Claims (Incurred Claims plus IBNR), less Retention.
24. Claims plus IBNR, less Retention.
25. Settlement shall occur in July, 2026 to allow for 6 months of claims run-out. IBNR will be included in the settlement calculation.
26. Groups that do not renew with Regence, or terminate mid-contract, will forfeit any gains.
27. Group must be over 65 enrolled employees to be eligible for this product.

EMPLOYER ACCEPTANCE

I acknowledge that this document includes all selected benefit options and rates associated with these benefits. Furthermore, I agree to the effective date of coverage, contingencies and assumptions listed in this document.

Authorized Signature: _____

Date: _____

SUMMARY OF CHANGES: Idaho Group 101+ Fully-Insured

This comparison summarizes the substantive revisions that will be made to products effective with the first renewal on or after January 1, 2025 (unless specifically noted otherwise). If there is any inconsistency between this Summary of Changes and the Booklet, Policy, Plan or Endorsement the terms of the Booklet, Policy, Plan or Endorsement will prevail.

- Changes below are subject to change pending applicable regulatory rulemaking.

FEDERAL MANDATED CHANGES – applies to all plans unless otherwise specified

Benefits	1/2024	1/2025	Mandate
2025 Federal Benefit and Payment Parameters - Non-HSA Out-of-Pocket Maximum (OOPM) Only applies to CareVia	<u>2024 Non-HSA maximum OOPM amount as mandated by the U.S Department of Health and Human Services (HHS):</u> \$9,450 Individual / \$18,900 Family	<u>2025 Non-HSA maximum OOPM amount as mandated by the HHS:</u> \$9,200 Individual / \$18,400 Family	ACA regulations through the final NBPP federal rules (section 1302 (c)(4) of ACA).
2025 Internal Revenue Service (IRS) High Deductible Health Plan (HDHP) Deductible and Out-of-Pocket Maximum (OOPM) <i>Only Applies to HSA 2.0, HSA 3.0</i>	<u>2024 HSA Deductible and OOPM as mandated by the IRS:</u> Minimum Deductible: \$1,600 Individual / \$3,200 Family Maximum Out-of-Pocket Maximum: \$8,050 Individual / \$16,100 Family	<u>2025 HSA Deductible and OOPM as mandated by the IRS:</u> The IRS released the final guidance on updated Deductible and OOPM amounts on HSA plans. Cost share amounts updated to the following: Minimum Deductible: \$1,650 Individual / \$3,300 Family Maximum Out-of-Pocket Maximum: \$8,300 Individual / \$16,600 Family	Section 223 of the Internal Revenue Code
Dental Option General Anesthesia or IV Sedation	Covered services for General Anesthesia or IV Sedation were covered for members up to age seven.	Due to the final mandate rules, removed age limit for General Anesthesia or IV Sedation services. Services covered regardless of age.	Affordable Care Act's Section 1557 Nondiscrimination in Health Programs and Activities
Hearing Aids and Evaluations	For Classic, HSA 3.0, Preferred and Virtual Value products: One hearing device per ear, every calendar year, covered up to age 26. For Innova, Engage and HSA2.0 products: \$4,000 limit for all covered services, every three calendar years, covered up to age 26.	Due to the final mandate rules, removed age limit for covered services.	Affordable Care Act's Section 1557 Nondiscrimination in Health Programs and Activities

SUMMARY OF CHANGES: Idaho Group 101+ Fully-Insured

FEDERAL MANDATED CHANGES – applies to all plans unless otherwise specified

Benefits	1/2024	1/2025	Mandate
<p>Neurodevelopmental Therapy</p> <p><i>Only applies to Classic, HSA 2.0, HSA 3.0, Innova, Preferred, Virtual Value</i></p>	<p>Covered services for Neurodevelopmental Therapy were provided up to age 6, when the services restored or improved function for these members with a neurodevelopmental delay.</p> <p>For the purpose of this benefit, "neurodevelopmental delay" means a delay in normal development that is not related to any documented illness or injury. Covered services include only physical therapy, occupational therapy and speech therapy and maintenance services, if significant deterioration of the member's condition would result without the service. Members are not eligible for both the Rehabilitation Services benefit and this benefit for the same services for the same condition.</p>	<p>Due to the final mandate rules, removed age limit for Neurodevelopmental Therapy services. Services covered regardless of age.</p>	<p>Affordable Care Act's Section 1557 Nondiscrimination in Health Programs and Activities</p>
<p>Orthodontia Option</p>	<p>If the age limit option was elected, covered services provided for members up to age 26.</p>	<p>Due to the final mandate rules, removed age limit for Orthodontia services on optional benefit. Services covered regardless of age.</p>	<p>Affordable Care Act's Section 1557 Nondiscrimination in Health Programs and Activities</p>

SUMMARY OF CHANGES: Idaho Group 101+ Fully-Insured

STATE MANDATED CHANGES – applies to all plans unless otherwise specified

Benefits	1/2024	1/2025	Mandate
Forced Organ Harvesting Transplants	Benefit booklet language was silent.	Benefit booklet language updated to reflect this mandate that was effective July 1, 2024: Any organ or tissue which is procured outside the United States and any transplant procedure performed outside the United States are not covered. This reflects no change to our administration.	IDAHO HB670
Pharmacy: Contraceptives Six-month Dispensing	Six-month coverage of contraceptives was not mandated.	As mandated, the member may receive up to a six-month supply of prescription contraceptives at one dispensing from a Pharmacy, Home Delivery Supplier or Provider's office.	IDAHO SB 1234

BENEFIT, LANGUAGE AND ADMINISTRATIVE CHANGES – applies to all plans unless otherwise specified

Benefits	1/2024	1/2025
Balance Billing for Services Outside of the United States <i>Language Change only</i>	Balance billing from providers outside of the United States was not specifically addressed in the benefit booklet.	Benefit booklet updated to the following: Covered services received from providers outside the United States may not be subject to state or federal protections from surprise or balance billing, and therefore the member may be billed for balances beyond any Deductible, Copayment and/or Coinsurance. No benefit changes have been made.
BlueCard Language <i>Language Change only</i>	Healthcare services received outside of the geographic area are paid when seen by a Host Blue provider.	BlueCard language has been simplified and made clearer. No benefit changes have been made.
Complex Outpatient Imaging Only applies to CareVia	When Complex Outpatient Imaging services are received in an Ambulatory Surgical Center (ASC) setting, benefit booklet language was silent if coverage was under the ASC benefit or the Complex Outpatient Imaging benefit.	Benefit booklet language updated to indicate when Outpatient Complex Imaging services are received in an ASC setting, coverage is under the Outpatient Complex Imaging benefit, which includes an additional copay. Booklet language updated to: Radiology services may otherwise be covered in the Radiology and Laboratory Services benefit. No change to administration.

SUMMARY OF CHANGES: Idaho Group 101+ Fully-Insured

BENEFIT, LANGUAGE AND ADMINISTRATIVE CHANGES – applies to all plans unless otherwise specified

Benefits	1/2024	1/2025
Dental: Bridges, Crowns, Dentures, Inlays and Onlays	Frequency for services was every seven-years.	Frequency for services revised to every five-years.
Dental: Dental4Health (D4H)	Coverage for enhanced dental benefits if member has these certain medical diagnoses shown to affect oral health: Coronary Atherosclerosis / Coronary Artery Disease (CAD), Hypertensive Heart Disease, Diabetes, Pregnancy, Stroke, Head & Neck Cancers (including Oral Cancers), Sjogren's Syndrome, Chronic Obstructive Pulmonary Disease (COPD), End-Stage Renal Disease (ESRD), and Metabolic Syndrome (MetS).	Removed Coronary Atherosclerosis and Hypertensive Heart Disease conditions. Regardless of network, a combined total of up to four (4) cleanings / periodontal maintenance will be covered with the following cost shares applying for visits 1-4: In-Network: Covered at 0% member cost share but all cleanings / periodontal maintenance would not apply to annual maximum. Out-of-Network: Covered at the regular dental plan Coinsurance amount but all cleanings / periodontal maintenance would not apply to the annual maximum
Dental: Silver Diamine Fluoride (SDF)	Benefit was not available.	Covered at two services per tooth per calendar year. No age limitation. Silver Diamine Fluoride is a chemical used to arrest caries. By arresting them, dental providers may prevent complex treatments in children, people with intellectual/developmental disabilities and older adults.
Detoxification <i>Language Change only</i> <i>Only applies to Classic, HSA 2.0, HSA 3.0, Innova, Preferred, Virtual Value</i>	This separate benefit category was stated in the member benefit booklet, but administration was applied under the Mental Health and Substance Use Disorder (MHSUD) or Emergency Room benefit categories.	Removed this separate benefit category as benefits continue to be covered under the MHSUD or Emergency Room benefit categories. No benefit changes have been made.
Dialysis <i>Language Change only</i>	Dialysis services stated as covered in both inpatient and outpatient settings.	Removed specific reference to inpatient setting, as a member is not admitted for a Dialysis service alone. Services are covered while inpatient when admitted for another condition. No benefit changes have been made.

SUMMARY OF CHANGES: Idaho Group 101+ Fully-Insured

BENEFIT, LANGUAGE AND ADMINISTRATIVE CHANGES – applies to all plans unless otherwise specified

Benefits	1/2024	1/2025
Durable Medical Equipment (DME) / Preventive Care for Chronic Conditions: Continuous Glucose Monitors (CGM)	Non-Therapeutic CGMs and supplies were not covered.	<p>Non-Therapeutic CGMs and supplies are covered.</p> <p>Non-HSA Eligible plans: CGMs covered under DME. Regular plan cost shares apply. Also covered under Pharmacy benefits at the applicable tier level, if on the Drug List.</p> <p>HSA Eligible plans: CGMs covered under Preventive Care for Chronic Conditions. Deductible waived, Coinsurance applies. Also covered under Pharmacy benefits at the applicable tier level, if on the Drug List.</p> <p>Both plans: CGM supplies to be covered under DME and Pharmacy benefits at the applicable cost shares listed above.</p>
Exclusions: Liposuction for the Treatment of Lipedema	Liposuction for the Treatment of Lipedema was not covered.	Treatment is now covered when medical policy criteria is met.
<p>Exclusions: Subscription, Membership and Access-Related Fees</p> <p><i>Language Change only</i></p>	Exclusion was not specifically stated.	<p>Fees for accessing care, treatment, or advice are not covered, whether the access is for virtual or in-person care. Excluded fees include, but are not limited to:</p> <ul style="list-style-type: none"> • concierge fees; • subscription fees; • membership fees; • retainer fees; • VIP or priority access fees; and • any other access-related fees. <p>No benefit changes have been made.</p>
<p>Hinge Health - Joint, Spine and Muscle Program</p> <p><i>Only applies to Classic, HSA 3.0, Preferred, Virtual Value</i></p>	Program was not available.	<p>Added program.</p> <p>Hinge Health is a joint, spine and muscle Value-Added Services program designed to coach and educate members on their health conditions to improve lifestyles and reduce costs.</p>
Internal Appeal Language	Response timing for Post-Service appeal was 30-days and for Pre-Service appeal for preauthorization the response timing was 15-days.	Response timing for Post-Service appeal has been changed from 30 to 35-days and for Pre-Service appeal for preauthorization the response timing changed from 15 to 35-days. Removed the following language, "When we receive an appeal request, we will send you a written acknowledgement."

SUMMARY OF CHANGES: Idaho Group 101+ Fully-Insured

BENEFIT, LANGUAGE AND ADMINISTRATIVE CHANGES – applies to all plans unless otherwise specified

Benefits	1/2024	1/2025
myStrength <i>Only applies to Classic, HSA 2.0, HSA 3.0, Innova, Preferred, Virtual Value</i>	myStrength is an interactive, digital health tool that delivers evidence-based, self-care behavioral health resources that offer health plan members self-management tools to improve mental health outcomes. This solution complements and enhances traditional behavioral health care.	Program name changed to Mental Health (Digital).
Pharmacy: Opioid Rescue Medication Value List	List was referred to as Naloxone Value List.	The reference to Naloxone Value List changed to Opioid Rescue Medication Value List as new opioid antagonists are coming into the market where naloxone is not the primary ingredient.
Pharmacy: Prescription Refill Synchronization	Language in benefit booklet was silent on prescription refill synchronization.	Booklet language updated to match our administration: Members receiving maintenance medications for chronic conditions may qualify for “refill synchronization” which allows refilling Prescription medications on the same day of the month.
VSP Vision: VSP LightCare <i>Only applies to Regence Choice</i>	Benefit was not available.	Encourages members without a prescription to visit their VSP doctor to receive an eye exam and use their vision benefit to receive a pair of non-prescription ready-made sunglasses or blue light filter glasses.

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service

1-800-541-8981 (TTY: 711)

Customer Service for all other plans

1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service

Civil Rights Coordinator

MS: B32AG, PO Box 1827

Medford, OR 97501

1-866-749-0355, (TTY: 711)

Fax: 1-888-309-8784

medicareappeals@regence.com

Customer Service for all other plans

Civil Rights Coordinator

MS CS B32B, P.O. Box 1271

Portland, OR 97207-1271

1-888-344-6347, (TTY: 711)

CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटाइप: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ប្រៃសណីយ៍: ថ្នាំថា វាមានជ័យជោគ ១១, ការបំបិទការឆ្លងច្រើនចំណងជានា, ដោយបំបិទឆ្លង, ឈប់បិទឆ្លងបិទបិទបិទបិទបិទ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)



Delta Dental of Idaho Renewal

August 2, 2024

Elsis Ellison
City of Sandpoint
1123 Lake Street
Sandpoint, ID 83864

Dear Elsis,

Thank you for your continued trust. The partnership between Delta Dental of Idaho and City of Sandpoint is a valuable tool in the improvement of the oral health—and therefore the overall health—of your employees.

We've completed our renewal analysis and have determined that the City of Sandpoint warrants no increase to the current \$9.36 per employee per month Administration Rate for a one-year contract. Assuming no change in plan design, the rate for the contract period January 1, 2025, through December 31, 2025, will remain:

Administrative Rate: \$9.36 per employee per month

Over the past 12 months, City of Sandpoint has enjoyed a savings of 34.6%, or \$57,301, of the total amount of claims submitted, as a result of working with Delta Dental of Idaho. To learn about your contractual savings with Delta Dental of Idaho, please review the enclosed Cost Management Savings Report.

Besides great savings, Delta Dental of Idaho members also enjoy value-added programs such as:

- **HOW®**

A healthy mouth is a vital part of your overall health, and Delta Dental of Idaho cares about yours. That's why we created Health *through* Oral Wellness® (HOW®). HOW is a unique, patient-centered program that adds additional preventive benefits to your dental plan based on the individual oral health needs of your members.

- **Amplifon Hearing Health Care**

All Delta Dental of Idaho members have access to a high-quality affordable hearing program offered through Amplifon Hearing Health Care. The program includes discounts on hearing aids and services, including testing, virtual screenings, top brands, a nationwide provider network, and more.

- Jet Dental

Delta Dental of Idaho has partnered with Jet Dental, a mobile, on-site dental service. Jet Dental brings the dentist to your workplace, so your employees don't have to take time off for an appointment – the appointment comes to them! We're not replacing dentists; we're providing better access to preventive services for our members!

As a reminder, per Section 11 of your contract, the renewal is automatic unless you notify Delta Dental of Idaho no less than 60 days prior to your renewal date, that you do not wish to renew your contract. If we have not received notification of termination by November 1, 2024, your contract will be renewed. Please note the renewal is for a 12-month contract. A month-to-month contract is not available.

Elsis, Delta Dental of Idaho values the relationship we have with City of Sandpoint, and we look forward to another great year of championing oral health. Your benefits consultant, Dan Taylor, and I are always available to answer your questions, or provide you with additional information.

Thank you again for your continued trust in Delta Dental of Idaho!

Sincerely,



Pete Schureman
Senior Account Manager

Enclosures:

Daniel Taylor – Taylor Insurance Inc.



City of Sandpoint

Renewal Presentation

August 2, 2024

We value the opportunity to be your dental carrier and look forward to providing your dental coverage for years to come. Please let us know how we may assist you with the renewal process.

Executive Summary *using a 12-month comparison*



Delta Dental is pleased to offer no renewal increase for a one-year contract.

A 34.6% savings of total claims submitted is realized as a result of Delta Dental's unique contracts with providers. These procedures are non-billable to your account.



There were 4.5% more employees covered under the dental plan.

There were 6.1% fewer claims and 10.1% fewer dollars paid in claims.

The cost-per-subscriber decreased 13.9% to \$63.57.



Oral surgery and periodontia have the highest increase in utilization.

Account Summary

Benefit Differences from Standard Plan

- None

Eligibility Differences from Standard Plan

- None

Administration Rate

The Administration Rate includes:

- Claims Processing
- Coordination of Benefits Processing
- Explanation of Benefits (EOB) Statements to Subscribers
- Benefit Booklets
- ID Cards
- On-site technical assistance for online billing and eligibility reports
- 3% Commission

Reports

- Distribution of Fee Paid Report
- Experience Comparison Summary
- Cost Management Savings Report

Reports are available at deltadentalid.com



HEALTH *through* ORAL WELLNESS® (HOW®)

Our Health *through* Oral Wellness program (HOW) is a patient-centered program that adds additional benefits to a member's dental plan based on their individual oral health needs. By having a network dentist perform a simple risk assessment, high-risk patients may have access to additional benefits.

Some of the benefits that may be added for patients based on their risk score include:

- Additional cleanings
- Additional sealants
- Fluoride
- Periodontal maintenance
- Oral hygiene instruction, nutritional counseling, and tobacco cessation counseling

Learn more at <https://www.deltadentalid.com/how/>



MOBILE, ON-SITE DENTAL SERVICES

Delta Dental of Idaho has partnered with Jet Dental, a mobile, on-site dental service. Jet Dental brings the dentist to you, so your employees don't have to take time off for an appointment—the appointment comes to them! We're not replacing dentists, we're providing better access to preventive services for our members!

Learn more at <https://www.jetdental.com/how-it-works>



DELTA DENTAL VIRTUAL VISITS - TELEDENTISTRY

Dental emergencies happen, and not always during office hours. We've partnered with Teledentistry.com to ensure members are covered when needed. Instead of waiting for hours and spending hundreds of dollars at an ER, Teledentistry.com provides members with an immediate virtual consultation.

Learn more at <https://teledentistry.com/delta-dental-idaho/>



AMPLIFON DISCOUNT HEARING PROGRAM

Delta Dental of Idaho has partnered with Amplifon Hearing Health Care to provide our members with discounts on hearing services. The program includes discounts on hearing aids and related services, hearing tests, virtual screenings, personalized coaching, a 60-day trial period, access to the industry's top brands, a nationwide provider network, and more. Call 888-601-8593 and an Amplifon patient care advocate will assist you in finding a hearing healthcare provider near you.

Learn more at <https://www.deltadentalid.com/amplifon-hearing-discount>

This is a value-added service and is not insurance.



KEEP YOUR GRIN UP

The Delta Dental of Idaho blog covers the importance of a healthy smile. Topics include preventive care, the latest oral health research, guidance on understanding your dental benefits, and more.

Learn more at <https://blog.deltadentalid.com/>



THE DELTA DENTAL MOBILE APP

Members can search for dentists, look up their benefits, estimate costs, and access their virtual ID card on our free mobile app. It even has a handy toothbrush timer to help maintain a healthy brushing routine.

Delta Dental of Idaho

Experience Comparison Summary

By Subscriber

All Providers

For Sub-groups: ALL

City of Sandpoint

Delta Dental Group No. 0764

For Period: 07-2022 to 06-2023

07-2023 to 06-2024

Month	Subscribers			Administrative Income			NO. Claims			Paid Claims			Cost/Claim			Cost/Subscriber		
	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.	22/23	23/24	% Diff.
Jul	81	86	6.2%	\$721.71	\$781.74	8.3%	23	48	108.7%	\$5,472.00	\$6,684.30	22.2%	\$237.91	\$139.26	-41.5%	\$67.56	\$77.72	15.1%
Aug	82	86	4.9%	\$730.62	\$781.74	7.0%	49	38	-22.4%	\$7,973.20	\$6,782.90	-14.9%	\$162.72	\$178.50	9.7%	\$97.23	\$78.87	-18.9%
Sep	84	86	2.4%	\$748.44	\$781.74	4.4%	31	32	3.2%	\$5,394.30	\$9,374.30	73.8%	\$174.01	\$292.95	68.4%	\$64.22	\$109.00	69.7%
Oct	84	87	3.6%	\$748.44	\$790.83	5.7%	36	23	-36.1%	\$5,382.40	\$3,142.90	-41.6%	\$149.51	\$136.65	-8.6%	\$64.08	\$36.13	-43.6%
Nov	85	88	3.5%	\$757.35	\$799.92	5.6%	38	26	-31.6%	\$8,207.70	\$3,961.20	-51.7%	\$215.99	\$152.35	-29.5%	\$96.56	\$45.01	-53.4%
Dec	83	89	7.2%	\$739.53	\$809.01	9.4%	38	31	-18.4%	\$7,773.80	\$4,593.70	-40.9%	\$204.57	\$148.18	-27.6%	\$93.66	\$51.61	-44.9%
Jan	83	87	4.8%	\$754.47	\$814.32	7.9%	37	37	0.0%	\$8,591.90	\$4,427.60	-48.5%	\$232.21	\$119.66	-48.5%	\$103.52	\$50.89	-50.8%
Feb	83	85	2.4%	\$754.47	\$795.60	5.5%	20	28	40.0%	\$2,374.30	\$4,747.60	100.0%	\$118.72	\$169.56	42.8%	\$28.61	\$55.85	95.3%
Mar	85	90	5.9%	\$772.65	\$842.40	9.0%	43	20	-53.5%	\$8,321.00	\$3,964.80	-52.4%	\$193.51	\$198.24	2.4%	\$97.89	\$44.05	-55.0%
Apr	86	88	2.3%	\$781.74	\$814.32	4.2%	31	44	41.9%	\$4,573.60	\$7,703.20	68.4%	\$147.54	\$175.07	18.7%	\$53.18	\$87.54	64.6%
May	86	91	5.8%	\$772.65	\$851.76	10.2%	52	35	-32.7%	\$7,614.00	\$4,567.81	-40.0%	\$146.42	\$130.51	-10.9%	\$88.53	\$50.20	-43.3%
Jun	87	91	4.6%	\$790.83	\$851.76	7.7%	25	35	40.0%	\$2,826.50	\$7,057.40	149.7%	\$113.06	\$201.64	78.3%	\$32.49	\$77.55	138.7%
Total:	1,009	1,054	4.5%	\$9,072.90	\$9,715.14	7.1%	423	397	-6.1%	\$74,504.70	\$67,007.71	-10.1%	\$176.13	\$168.79	-4.2%	\$73.84	\$63.57	-13.9%

Delta Dental of Idaho

Distribution of Fee Paid Report

Group Contract Comparison

All Providers

Group Name : City of Sandpoint

Group Number: 0764

For the period: JULY 2022 to JUNE 2023

Against the period: JULY 2023 to JUNE 2024

Class	Service Types	Plan %	Times Done	JUL 2022 - JUN 2023			Times Done	JUL 2023 - JUN 2024			Difference		% Difference	
				Paid	% of Total			Paid	% of Total		JUL 2022 - JUN 2023	JUL 2023 - JUN 2024	JUL 2022 - JUN 2023	JUL 2023 - JUN 2024
I	DIAGNOSTIC SERVICES		501	\$19,926.00	25.2%		532	\$20,262.31	28.5%		\$336.31		1.7%	
I	PREVENTIVE SERVICES		327	\$19,129.00	24.2%		319	\$17,070.00	24.0%		-\$2,059.00		-10.8%	
II	ANESTHESIA		17	\$1,396.40	1.8%		26	\$1,318.40	1.9%		-\$78.00		-5.6%	
II	ENDODONTIC SERVICES		11	\$2,075.40	2.6%		19	\$2,993.20	4.2%		\$917.80		44.2%	
II	GENERAL ADJUNCTIVE SERVICES		10	\$106.80	0.1%		7	\$0.00	0.0%		-\$106.80		-100.0%	
II	IMPACTED THIRD MOLARS		24	\$5,929.60	7.5%		6	\$1,411.20	2.0%		-\$4,518.40		-76.2%	
II	INLAYS		0	\$0.00	0.0%		0	\$0.00	0.0%		\$0.00		-	
II	ORAL SURGERY		6	\$579.90	0.7%		20	\$2,345.20	3.3%		\$1,765.30		304.4%	
II	PERIODONTIA SERVICES		63	\$4,232.20	5.4%		59	\$5,432.70	7.6%		\$1,200.50		28.4%	
II	RESTORATIVE SERVICES		117	\$11,668.40	14.8%		79	\$9,183.60	12.9%		-\$2,484.80		-21.3%	
III	BRIDGES		6	\$2,132.70	2.7%		0	\$0.00	0.0%		-\$2,132.70		-100.0%	
III	CROWN		34	\$8,964.90	11.3%		31	\$7,888.50	11.1%		-\$1,076.40		-12.0%	
III	DENTURES & PARTIALS		0	\$0.00	0.0%		1	\$0.00	0.0%		\$0.00		-	
III	IMPLANTS		2	\$312.50	0.4%		0	\$0.00	0.0%		-\$312.50		-100.0%	
III	MISC PROSTHESIS		2	\$294.00	0.4%		1	\$0.00	0.0%		-\$294.00		-100.0%	
III	ONLAYS		0	\$0.00	0.0%		0	\$0.00	0.0%		\$0.00		-	
IV	ORTHODONTIA SERVICES		25	\$2,270.00	2.9%		20	\$3,115.00	4.4%		\$845.00		37.2%	
Total Paid Claims:				\$79,017.80				\$71,020.11			-\$7,997.69		-10.1%	
Total COB Payments:				\$4,513.10				\$4,012.40			-\$500.70		-11.1%	
Total Delta Paid Amounts:				\$74,504.70				\$67,007.71			-\$7,496.99		-10.1%	

Delta Dental of Idaho

Cost Management Savings Report

Your savings from the Delta Dental Difference and additional cost containment efforts

July 01, 2023 - June 30, 2024

City of Sandpoint - 0764

	Total Claims Submitted		PPO Claims Submitted		Premier Claims Submitted		Out of Network Claims	
	Dollar Amount	Percentage	Dollar Amount	Percentage	Dollar Amount	Percentage	Dollar Amount	Percentage
Billed Charges	\$ 165,819		\$ 135,901		\$ 16,831		\$ 13,087	
Paid Claims	\$ 67,008	40.4%	\$ 54,545	40.1%	\$ 7,918	47.0%	\$ 4,545	34.7%
Cost Management Savings (See detail below)	\$ 57,301	34.6%	\$ 47,964	35.3%	\$ 4,815	28.6%	\$ 4,522	34.6%
Plan Design Savings (See detail below)	41,510	25.0%	33,393	24.6%	4,098	24.3%	4,020	30.7%
Total Savings	\$ 98,811	59.6%	\$ 81,356	59.9%	\$ 8,913	53.0%	\$ 8,542	65.3%
Total Subscriber Count	91							
Average Savings per Subscriber	\$ 1,086		\$		\$		\$	
Claim Usage by Network	403	100.0%	321	79.7%	40	9.9%	42	10.4%
Member usage by network	168	100.0%	137	81.5%	17	10.1%	14	8.3%
Cost Management Savings								
Fee Savings	\$ 42,331	25.5%	\$ 35,689	26.3%	\$ 3,719	22.1%	\$ 2,923	22.3%
Eligibility Verification	2,131	1.3%	2,131	1.6%	0		0	
Coordination of Benefits	4,012	2.4%	3,374	2.5%	350	2.1%	288	2.2%
Non-Billable Procedures	8,827	5.3%	6,770	5.0%	746	4.4%	1,311	10.0%
Total Cost Management Savings	\$ 57,301	34.6%	\$ 47,964	35.3%	\$ 4,815	28.6%	\$ 4,522	34.6%
Plan Design Savings								
Non-Covered Procedures	\$ 22,421	13.5%	\$ 19,408	14.3%	\$ 2,233	13.3%	\$ 780	6.0%
Not Fully Covered Procedures	0		0		0		0	
Deductible Savings	1,450	0.9%	1,200	0.9%	200	1.2%	50	0.4%
Coinsurance Savings	15,312	9.2%	10,457	7.7%	1,665	9.9%	3,190	24.4%
Plan Maximum Savings	2,328	1.4%	2,328	1.7%	0		0	
Total Plan Design Savings	\$ 41,510	25.0%	\$ 33,393	24.6%	\$ 4,098	24.3%	\$ 4,020	30.7%
Total Savings	\$ 98,811	59.6%	\$ 81,356	59.9%	\$ 8,913	53.0%	\$ 8,542	65.3%

Plans & Rates

	Current	
	PPO	Premier
Preventive & Diagnostic Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Deductible	\$25	\$25
Family Maximum Deductible	\$75	\$75
Annual Maximum Benefit	\$1,250	\$1,250
Maximum Rollover Benefit	\$3,050	\$3,050
Annual Threshold Amount	\$600	\$600
Annual Rollover Amount	\$300	\$300
<i>Child Orthodontia</i>	50%	50%
<i>Orthodontia Lifetime Maximum</i>	\$1,500	\$1,500

	Current Rates	Renewal Rates
Administrative Rate (<i>Per Employee Per Month</i>)	\$9.36	\$9.36

Renewal: Assumes no plan design changes with no renewal increase to the current \$9.36 PEPM Administration Rate for a one-year contract.



BPA for EAP Option

Plan Guide & Proposal

Employee Assistance Program



Prepared For:

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SEPTEMBER 27 2024



Why an Employee Assistance Program?

An Employee Assistance Program (EAP) is an investment in your team's well-being beyond physical health. It offers easy access to essential support in navigating individual and family mental health and total well-being. An EAP fosters a positive workplace environment, builds a stronger and more engaged workforce, and ultimately boosts overall business performance.



Enhance employee well-being



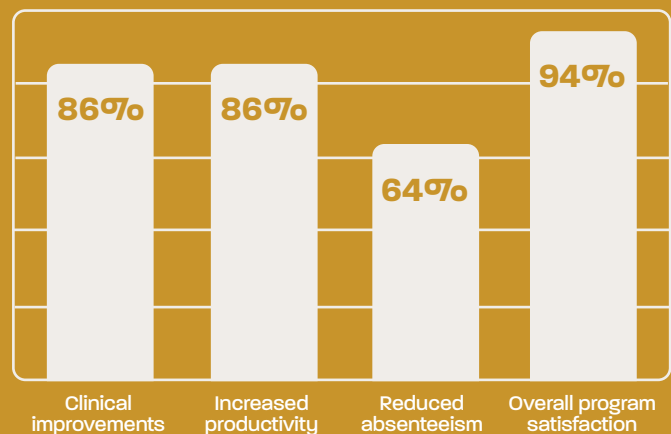
Improve employee productivity



Build positive workplace culture

Employee Assistance Programs continuously prove their effectiveness, from average cost savings to reduced absenteeism.

Source: EAPA Employee Benefit News (2/2021)



The BPA Health Difference

Founded on the principles of compassion, trust, and stewardship, BPA Health has pioneered the mental and behavioral health space in Idaho and the Northwest for over 40 years. What first began as a single program to help local families get accessible care is now a leading behavioral health organization. We are dedicated to partnering with you to provide solution-focused support, helping employees get the resources they need to live happier, healthier lives.

**< 10
seconds**

for a live person
to answer your call

2 days

to first appointment with
a licensed therapist

4.8/5

customer
satisfaction score

High-touch

dedicated Service
Navigator assistance

620+

employers trust
BPA Health



Superior Network

Our superior network of more than 36,000 high-quality in-person and virtual therapists with verified availability offer a range of specialties, broad cultural backgrounds, diversity and language capabilities. Whether face-to-face or over video, text, or chat, your employees get ease of access to confidential mental and behavioral health support.



Exceptional Service

It's plain and simple: we are real people who give real help in real-time. We know that people want access in various ways, so we provide live answer and tech-enabled services to make it easy. We're here to elevate your employees' well-being and in turn, support your organizational success. Our expert and caring Service Navigators help your employees get matched and connected with the support they need when and where they need it – including follow-up check-ins and access to a crisis counselor 24/7.



Proven Partner

We believe collaborative partnership is how great things happen. As your trusted partner, we're big enough to deliver a superior program and small enough to be agile and highly responsive to your requests. With us you get a best-in-class account team including access to tools and organizational trainings that boost engagement and ultimately feed your success.

What our customers are saying...

"My experience with BPA Health has been wonderful. The staff who I called to start my counseling services were amazing. I was in a sensitive state, and their kindness and compassion were just what I needed!"

"I appreciated talking to a person and not having to go through a series of automated prompts. Genius on your part, real human connection. I also loved the calm, personable, and professional voice on the other end, gently guiding me through this process."

"Quick and informative. It was a good experience to speak to another human."

Program Benefits

Employer

✓ DEDICATED ACCOUNT TEAM

You will have a responsive and collaborative account team to help you promote the program and troubleshoot issues, should they arise. Your team works with you to increase employee engagement, improve employee well-being, and support your management. You have a solid partner you can rely on to make your program a success.

✓ MONTHLY ORGANIZATIONAL TRAININGS

From Specialized trainings for managers to monthly *Understanding Your EAP Benefit* trainings and life skill webinars such as parenting and stress management for employees, BPA Health offers up to three free online training classes each month.

✓ CRITICAL INCIDENT RESPONSE (CIR)

From a catastrophic event such as a fire or flood to on-site accidents or the death of an employee, our CIR service provides an on-site counselor within 72 hours of the event to provide transition and coping skills to your team.

✓ MANDATORY MANAGEMENT REFERRALS

Employees sometimes need intervention to maintain their employment. BPA Health offers Mandatory Management Referrals for counseling and will walk that employee through the process, providing progress reports throughout.

✓ ENGAGEMENT AND UTILIZATION REPORTING

We want your employees to engage in the program. While maintaining employee anonymity we track their activity to help you understand how they're engaging. Utilization reports detail everything from inbound calls, counseling requests, sessions started, presenting issues, modalities engaged, to training attended and more.

✓ PROMOTIONAL MATERIALS AND MONTHLY COMMUNICATION

It takes good communication to achieve success. We offer a wide range of materials to assist you in promoting your EAP, including posters, wallet cards, flyers, a customized website log-in page, monthly tips, and training.

Employee

✓ **CONFIDENTIAL COUNSELING SESSIONS WITH HIGH-QUALITY LICENSED THERAPISTS**

We offer a variety of plans ranging from 3 to 10 sessions per incident per year. Our therapists provide confidential support to individuals and their immediate families. Through our partnership with BetterHelp, sessions are available across various modalities, including in-person, phone, video, text, and chat. Employees have access to a network of over 36,000 providers who have diverse specialties, cultural backgrounds, and language proficiencies. Our provider credentialing adheres to strict NCOA guidelines, and we monitor national databases to ensure providers are actively licensed, certified, and in good standing. Our superior network ensures accessible and diverse mental health care options for those seeking professional assistance.

✓ **PROFESSIONAL SERVICE NAVIGATION ASSISTANCE AND 24/7 CRISIS HOTLINE**

Our Service Navigators are committed to serving as a dedicated guide and single point of contact for employees in times of need. From locating an available provider to accessing the right resources or follow-up outreach, our caring staff answers calls, texts, or chats live Monday through Friday, with a 24/7 crisis hotline available for immediate support.

✓ **LEGAL ASSISTANCE**

Life events such as auto accidents, medical issues, divorce, or child custody matters may require legal advice, and our service ensures employees can consult an attorney. They have access to a free 30-minute legal consultation per incident per year that does not count towards EAP counseling sessions. Should there be a need to retain an attorney, legal fee discounts are available. We also offer a large selection of free digital forms available for download, including Quicken Will Maker.

✓ **FINANCIAL CONSULTATIONS**

Employees can access on-demand financial consultations Monday through Friday during regular business hours for inquiries about debt reduction, 401K options, W-2 withholdings, mortgage refinancing, and more. Free financial calculators for how to estimate home or car affordability to helping to reduce debt accumulation are also included.

✓ **SAVINGS CENTER**

Perks at Work, a nationwide savings network, is offered at no cost to your employees. A simple registration gives them access to significant discounts on a wide range of items, including local movie tickets, events, travel, electronics, household items, food services and more.

✓ **RESOURCE LOCATOR**

The resource locator assists employees in finding agencies and information to support various needs, including eldercare, pet sitting, childcare, education, fertility, and more in their local area.

✓ **MONTHLY NEWSLETTER AND TRAININGS**

Employees can opt-in to receive a monthly e-newsletter or webinar featuring available benefit services and other valuable life tips and resources.



Summary of Benefits

Employer

- ✓ Peace of mind knowing your team is receiving professional & caring support
- ✓ Dedicated account team
- ✓ Unlimited Critical Incident Response (CIR) services
- ✓ Unlimited Mandatory Management Referral services
- ✓ Engagement and utilization reports and consults
- ✓ Monthly organizational trainings
- ✓ Promotional materials & monthly e-tips

Employee

- ✓ Confidential counseling sessions and referrals
- ✓ Easy access to 36,000+ licensed therapists
- ✓ In-person, virtual, night, and weekend availability
- ✓ Live answer Service Navigators and crisis clinicians
- ✓ Coverage for immediate family members
- ✓ Health & well-being educational resources
- ✓ Resource locator assistance
- ✓ Legal assistance
- ✓ Unlimited financial consultations
- ✓ Savings center
- ✓ Monthly live training sessions and tips
- ✓ 24/7 Crisis Hotline

Employee Assistance Program Preferred Partner Proposal



City of Sandpoint

PROPOSAL DATE	EFFECTIVE DATE	CONTRACT LENGTH
September 26, 2024	January 1, 2025	12 months

PRICING	
Four (4) sessions per incident per benefit year	\$2.05 PEPM
Five (5) sessions per incident per benefit year	\$2.20 PEPM
Six (6) sessions per incident per benefit year	\$2.43 PEPM

**Thank you for the opportunity to
share the BPA Health difference with you.**

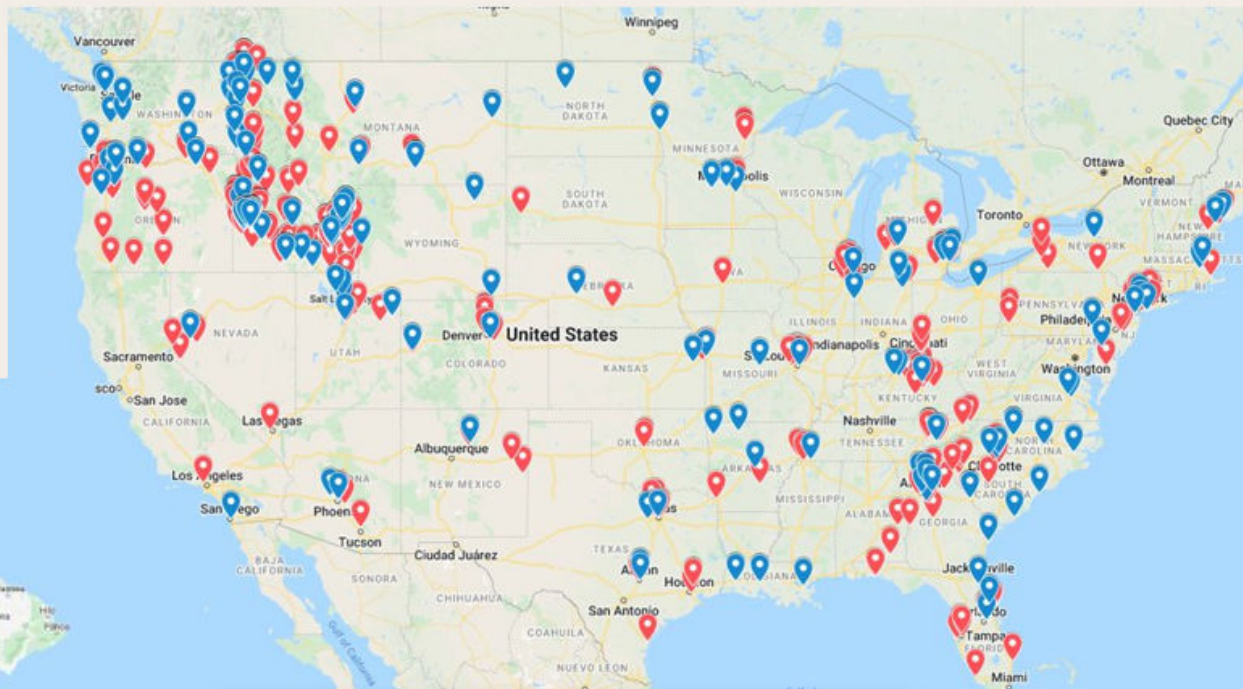
Our Coverage



**In-person
Providers**



**Virtual
Providers**





bpahealth.com

Questions / Action Items

