



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
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

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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

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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: _____