Action Requested/Required:

- [x] Vote/Action Requested
- [ ] Discussion or Presentation Only
- [ ] Public Hearing

Report Date: _____
Hearing Date: _____
Voting Date: _____

Department: Human Resources **Presenter(s) & Title:** Amy Thomas, HR Manager

Agenda Item Title:

Discussion and Possible Approval of the 2025-2026 Health Insurance Renewal for the City of Canton

Summary:

Mark III presented the City with a final renewal quote to remain with Anthem for the city's medical insurance. The quote received reflected a 3% overall increase in the City's Health Insurance which is lower than the budgeted amount and lower than expected market increases.

Mark III also presented a renewal quote to remain with Anthem for the city's dental insurance. The quote received reflected a 9% increase. The original proposal was a 20% increase.

Budget Implications:

Budgeted? [x] Yes [ ] No [ ] **N/A**

Total Cost of Project: _____ Check if Estimated [ ]

Fund Source: General Fund [ ] Water & Sewer [ ] Sales Tax [ ] Other: _____

Staff Recommendations:

Motion to Approve the 2025-2026 Health Insurance Renewal as Presented by Mark III and approve the Mayor to sign said renewal quotes.

Reviews:

Has this been reviewed by Management and Legal Counsel, if required? [ ] Yes [ ] No

Attachments:

Renewal Rate Proposals from Mark III

Proposed fully insured benefit rates (FI)

CITY OF CANTON
Group Number: L07744
Effective April 1, 2025 through March 31, 2026

Quote highlights
Funding type: Fully Insured
Commission level : 5.00%

		Selected Plan	Renewal Plan Designs	
		(Custom) Anthem Blue Open Access POS HSAOAP8 3300/0%/3600 AE (Med Ded, $15/$35/$60/25% to $350, Prev Rx) Essential	(Custom) Anthem Blue Open Access POS OAP5 3000/20%/7900 AE ($15/$35/$60/25% to $350) Essential
		Blue Open Access POS	Blue Open Access POS
		Custom	Custom
Benefits	Deductible (individual/family)	$3,300 / $6,600	$3,000 / $6,000
	Coinsurance	0%	20%
	Out-of-pocket maximum (individual/family)	$6,900 / $13,800	$6,000 / $12,000
	Office visit (primary care physician/specialist) copay	Ded & Coins/Ded & Coins	$30/$60
	Inpatient/Outpatient hospital copay (Surgery)	Ded & Coins/Ded & Coins	Ded & Coins/Ded & Coins
	Emergency room/urgent care copay	Ded & Coins/Ded & Coins	$500 + Coins/$60
	Prescription drugs – retail	Med Ded $10/$30/$60/25% to $350	$20/$50/$90/25% to $350
	Prescription drugs – mail order	$25/$75/$150	$50/$125/$225
	OON Deductible (individual/family)	$10,000 / $20,000	$6,000 / $12,000
	OON Coinsurance	50%	40%
	OON Out-of-pocket maximum (individual/family)	$20,000 / $40,000	$12,000 / $24,000
	Commission (Percent)	5.00%	5.00%

Benefit categories reflect In-network benefits unless noted as Out-Of-Network (OON)

		Monthly Rates, Assumed Enrollment and Total Premium					
		Employees	Current rates	Renewal rates	Employees	Current rates	Renewal rates
Total	Employee	22	$742.30	***$765.93***	45	$776.15	***$798.83***
	Employee + Spouse	4	$1,640.07	***$1,692.28***	7	$1,714.86	***$1,764.97***
	Employee + Children	5	$1,399.22	***$1,443.76***	13	$1,463.02	***$1,505.77***
	Employee + Family	5	$2,275.16	***$2,347.59***	13	$2,378.91	***$2,448.42***
	Total Employees/Monthly Premium	36	$41,263	***$42,576***	78	$96,876	***$99,707***
	Annual Premium		$495,153	***$510,916***		$1,162,510	***$1,196,479***
	Premium Action		***3.18%***			***2.92%***	

Overall Total Annual Premium	Current Premium	Renewal Premium
	$ 1,657,664	***$ 1,707,395***
Overall Premium Action	***3.00%***	

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____

Date: _____

Proposed fully insured benefit rates (FI)

CITY OF CANTON
Group Number: L07744
Effective April 1, 2025 through March 31, 2026

Quote highlights
Funding type: Fully Insured
Commission level : 5.00%

Selected Plan

Renewal dental rate sheet

City Of Canton

Group Number: L07744
Fully Insured
Effective April 1, 2025 through March 31, 2026

Commission level: 10.00%

Plan Name		Monthly rates			
		Employee Only	Employee + One	Employee + Family	Total
Renewal Plan Designs					
Dental PPO	Enrollment	70	28	31	129
	Current	$31.93	$67.88	$119.77	$7,848.61
	Renewal	***$35.09***	***$74.60***	***$131.63***	***$8,625.63***
				Required Rate Action	20.14%
				Proposed Rate Action	**9.90%**

Renewal of your contract is predicated upon the assumption that your group continues to meet Anthem's underwriting guidelines. Payment of the renewal rates listed constitutes acceptance of this renewal offer. If you wish to cancel your contract with Anthem for any reason, we must have notification 15 days prior to the renewal date. It is not necessary to complete any paperwork or forms to continue your plan.

Anthem Blue Cross and Blue Shield reserves the right to revise the premiums or charges should the group request changes in their benefits, networks, or service level, or should the total enrollment or enrollment distribution by product, membership type, or location differ by 10% or more from the ending of the enrollment noted above. Minimum participation and contribution requirements must be maintained at all times to continue coverage.

This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Anthem.

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____
Date: _____

Jim Sewell 1/28/2025