



**Action Requested/Required:**

- Vote/Action Requested
  - Discussion or Presentation Only
  - Public Hearing
- Report Date: 2/19/26  
Hearing Date: \_\_\_\_\_  
Voting Date: 2/19/26

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

**Agenda Item Title:**

Review and Possible Approval of the 2026-2027 Health Insurance Renewal for the City of Canton.

**Summary:**

Mark III, the City's insurance broker, presented the final renewal quote to remain with Anthem for the city's medical insurance coverage. The proposed renewal reflects a 19% increase in overall health insurance premiums. The cost-sharing percentages between the City and employees have been slightly adjusted to even percentage amounts with the split ranging from 80%/20% for family on the Traditional Plan to 95%/5% for employee only coverage on the High-Deductible Plan.

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 cost-sharing percentages will remain the same with the increase being absorbed by the City as well as employees who cover dependents on the dental plan.

**Budget Implications:**

Budgeted?  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 2026-2027 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, 2026 through March 31, 2027

### Quote highlights

Funding type: Fully Insured

Commission level : \$50.59 PCPM

Selected Plan		Renewal Plan Designs					
		(Custom) Anthem Blue Open Access POS HSAOAP8 3400/0%/6900 AE (Med Ded, \$10/\$30/\$60/25% to \$350, Prev Rx) Essential	(Custom) Anthem Blue Open Access POS OAP5 3000/20%/6000 AE (\$20/\$50/\$90/25% to \$350) Essential				
Network		Blue Open Access POS	Blue Open Access POS				
		Custom	Custom				
Benefits	Deductible (individual/family)	\$3,400 / \$6,800	\$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 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)	\$13,800 / \$27,600	\$12,000 / \$24,000				
	Commission (PCPM)	\$50.59	\$50.59				
<i>Benefit categories reflect In-network benefits unless noted as Out-Of-Network (OON)</i>							
<i>Benefit amounts reflect member cost-share unless otherwise noted</i>							
Monthly Rates, Assumed Enrollment and Total Premium							
		Employees	Current rates	Renewal rates	Employees	Current rates	Renewal rates
Total	Employee	23	\$765.93	<b>\$915.43</b>	41	\$798.83	<b>\$958.98</b>
	Employee + Spouse	3	\$1,692.28	<b>\$2,022.59</b>	12	\$1,764.97	<b>\$2,118.81</b>
	Employee + Child	1	\$1,443.76	<b>\$1,725.56</b>	5	\$1,505.77	<b>\$1,807.65</b>
	Employee + Children	4	\$1,443.76	<b>\$1,725.56</b>	6	\$1,505.77	<b>\$1,807.65</b>
	Employee + Family	5	\$2,347.59	<b>\$2,805.80</b>	15	\$2,448.42	<b>\$2,939.28</b>
	Total Employees/Monthly Premium	36	\$41,650	<b>\$49,779</b>	79	\$107,221	<b>\$128,717</b>
	Annual Premium		\$499,800	<b>\$597,354</b>		\$1,286,657	<b>\$1,544,607</b>
	Premium Action			<b>19.52%</b>			<b>20.05%</b>
		Overall Total Annual Premium		Current Premium	Renewal Premium		
				\$ 1,786,457	\$ 2,141,961		
		Overall Premium Action				<b>19.90%</b>	

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: \_\_\_\_\_

## Renewal dental rate sheet

### City Of Canton

Group Number: L07744

Fully Insured

Effective April 1, 2026 through March 31, 2027

Commission level: 10.00%

Plan Name	Monthly rates				Total
	Employee Only	Employee + One	Employee + Family		
<b>Renewal Plan Designs</b>					
Dental PPO	Enrollment	71	30	34	135
	Current	\$35.09	\$74.60	\$131.63	\$9,204.81
	<b>Renewal</b>	<b>\$38.25</b>	<b>\$81.32</b>	<b>\$143.48</b>	<b>\$10,033.67</b>
Required Rate Action					20.99%
<b>Proposed Rate Action</b>					<b>9.00%</b>

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: \_\_\_\_\_