

CITY OF VALDEZ 2025 RENEWAL MEETING

FEBRUARY 24, 2025



Benefits



City of Valdez

Renewal Projection Summary - Effective Date April 1, 2025

Claims Comparison	Medical/Rx	Dental	Vision	Total
Current Claim Liability	\$2,341.37	\$145.82	\$36.51	\$2,523.70
Projected Claim Liability	\$2,742.00	\$150.09	\$46.25	\$2,938.35
% Difference (renewal impact)	17.1%	2.9%	26.7%	16.4%

Fixed Fees	Medical/Rx	Dental	Vision	Total
Current Fixed Costs	\$319.59	\$2.35	\$1.05	\$322.99
Projected Fixed Costs	\$372.35	\$2.35	\$1.05	\$375.75
% Difference (renewal impact)	16.5%	0.0%	0.0%	16.3%

Total Liability Comparison	Medical/Rx	Dental	Vision	Total
Current Total Liability	\$2,660.96	\$148.17	\$37.56	\$2,846.69
Projected Total Liability	\$3,114.35	\$152.44	\$47.30	\$3,314.10
% Difference (renewal impact)	17.0%	2.9%	25.9%	16.4%

Notes:


MEDICAL SUMMARY for City of Valdez for April 1, 2025



In-Network Benefits			Current	Renewal
Cost Sharing	Ded (single family)		\$100 \$300	\$100 \$300
	Coins (plan pays member pays)		90% 10%	90% 10%
	Embedded Ded & OOP Max		No	No
	Total OOP (single family)		\$488 per person	\$488 per person
Benefits	Office Visit (primary specialist)		10% 10%	10% 10%
	Telehealth Visit		10%	10%
	Preventive Care		10%	10%
	Diagnostic Lab		10%	10%
	Diagnostic X-Ray		10%	10%
	Advanced Imaging		10%	10%
	Urgent Care Facility		10%	10%
	Emergency Room		10%	10%
	Inpatient Hospital		10%	10%
	Outpatient Facility		10%	10%
	Inpatient MH/SUD		10%	10%
	Outpatient MH/SUD		10%	10%
	Spinal Manipulation		10%, 40 visits/yr	10%, 40 visits/yr
Out of Network	OON Ded (single family)		\$100 \$300	\$100 \$300
	OON Coins (plan pays member pays)		90% 10%	90% 10%
	OON Total OOP (single family)		\$488 per person	\$488 per person
Prescription Drugs	Ded (single family) (if separate)		N/A	N/A
	OOP Max (single family) (if separate)		N/A	N/A
	Generic (retail mail)		\$5	\$5
	Brand Formulary (retail mail)		\$10	\$10
	Brand Non-Formulary (retail mail)		N/A	N/A
	Specialty (retail mail)		N/A	N/A



TPA FIXED COSTS SUMMARY for City of Valdez for April 1, 2025


	Meritain	Meritain	Moda	Premera
Enrollment & Total Est. TPA Fixed Costs	Current	Renewal	Moda	Premera
Composite Est. of PEPM TPA Fees	\$71.94	\$70.94	\$95.01	\$58.97

135	Est. Total/Mo	\$9,712	\$9,577	\$12,826	\$7,961
	Est. Total/Yr	\$116,543	\$114,923	\$153,916	\$95,531
	Est. Annual Change from Current		(\$1,620) -1.4%	\$37,373 +32.1%	(\$21,011) -18.0%
	Est. Annual Change from Renewal			\$38,993 +33.9%	(\$19,391) -16.9%



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STOP LOSS FIXED COSTS SUMMARY for City of Valdez for April 1, 2025

	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Moda	Premera
	Current	Renewal	Option 2	Option 3	Moda Option	Premera Option

Specific Stop Loss	Specific Deductible	\$175,000	\$175,000	\$200,000	\$225,000	\$175,000	\$175,000
	Contract Term (Incurred Paid)	Paid	Paid	Paid	Paid	Paid	24/12
	Contract Coverage (Med, Rx, etc.)	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
	27 Employee Only	\$241.78	\$334.48	\$292.50	\$256.98	\$301.57	\$370.23
	27 Employee + Spouse	\$241.78	\$334.48	\$292.50	\$256.98	\$301.57	\$370.23
	21 Employee + Child(ren)	\$241.78	\$334.48	\$292.50	\$256.98	\$301.57	\$370.23
	60 Employee + Family	\$241.78	\$334.48	\$292.50	\$256.98	\$301.57	\$370.23
	135 PEPM Est. of Spec Premium	\$241.78	\$334.48	\$292.50	\$256.98	\$301.57	\$370.23
	Est. Total/Mo	\$32,640	\$45,155	\$39,488	\$34,692	\$40,712	\$49,981
	Est. Total/Yr	\$391,684	\$541,858	\$473,850	\$416,308	\$488,543	\$599,773
	Est. Annual Change from Current		+\$150,174 +38.3%	+\$82,166 +21.0%	+\$24,624 +6.3%	+\$96,860 +24.7%	+\$208,089 +53.1%
	Est. Annual Change from Renewal			(\$68,008) -12.6%	(\$125,550) -23.2%	(\$53,314) -9.8%	\$57,915 +10.7%


Aggregate Corridor	Aggregate Corridor	125%	125%	125%	125%	125%	125%
	Contract Term (Incurred Paid)	Paid	Paid	Paid	Paid	Paid	24/12
	Contract Coverage (Med, Rx, etc.)	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
	Max Reimbursement (Contract)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Minimum Attachment %	100%	100%	100%	100%	100%	100%
	27 Employee Only	\$9.27	\$12.05	\$12.31	\$12.53	\$12.30	\$13.97
	27 Employee + Spouse	\$9.27	\$12.05	\$12.31	\$12.53	\$12.30	\$13.97
	21 Employee + Child(ren)	\$9.27	\$12.05	\$12.31	\$12.53	\$12.30	\$13.97
	60 Employee + Family	\$9.27	\$12.05	\$12.31	\$12.53	\$12.30	\$13.97
	135 PEPM Est. of Agg Premium	\$9.27	\$12.05	\$12.31	\$12.53	\$12.30	\$13.97
	Est. Total/Mo	\$1,251	\$1,627	\$1,662	\$1,692	\$1,661	\$1,886
	Est. Total/Yr	\$15,017	\$19,521	\$19,942	\$20,299	\$19,926	\$22,631
	Est. Annual Change from Current		+\$4,504 +30.0%	+\$4,925 +32.8%	\$5,281 +35.2%	\$4,909 +32.7%	\$7,614 +50.7%
Est. Annual Change from Renewal			\$421 +2.2%	\$778 +4.0%	\$405 +2.1%	\$3,110 +15.9%	

Enrollment & Total Est. Stop Loss Premiums	Tokio Marine HCC - Current	Tokio Marine HCC - Renewal	Tokio Marine HCC - Option 2	Tokio Marine HCC - Option 3	Moda - Moda Option	Premera - Premera Option
135 PEPM Est. of Spec & Agg Premium	\$251.05	\$346.53	\$304.81	\$269.51	\$313.87	\$384.20
Est. Total/Mo	\$33,892	\$46,782	\$41,149	\$36,384	\$42,372	\$51,867
Est. Total/Yr	\$406,701	\$561,379	\$493,792	\$436,606	\$508,469	\$622,404
Est. Annual Change from Current		+\$154,678 +38.0%	\$87,091 +21.4%	\$29,905 +7.4%	\$101,768 +25.0%	\$215,703 +53.0%
Est. Annual Change from Renewal			(\$67,586) -12.0%	(\$124,772) -22.2%	(\$52,909) -9.4%	\$61,025 +10.9%



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STOP LOSS CLAIMS SUMMARY for City of Valdez for April 1, 2025

	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Moda	Premera
	Current	Renewal	Option 2	Option 3	Moda Option	Premera Option

Carrier's Expected Claims	Specific Deductible	\$175,000	\$175,000	\$200,000	\$225,000	\$175,000	\$175,000
	Contract Term (Incurred Paid)	Paid	Paid	Paid	Paid	Paid	24/12
	Contract Coverage (Med, Rx, etc.)	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
	27 Employee Only	\$2,173.52	\$2,531.29	\$2,607.22	\$2,669.74	\$2,683.82	\$2,943.06
	27 Employee + Spouse	\$2,173.52	\$2,531.29	\$2,607.22	\$2,669.74	\$2,683.82	\$2,943.06
	21 Employee + Child(ren)	\$2,173.52	\$2,531.29	\$2,607.22	\$2,669.74	\$2,683.82	\$2,943.06
	60 Employee + Family	\$2,173.52	\$2,531.29	\$2,607.22	\$2,669.74	\$2,683.82	\$2,943.06
	135 PEPM Est. of Expected Claims	\$2,173.52	\$2,531.29	\$2,607.22	\$2,669.74	\$2,683.82	\$2,943.06
	Est. Total/Mo	\$293,425	\$341,724	\$351,975	\$360,415	\$362,315	\$397,314
	Est. Total/Yr	\$3,521,102	\$4,100,687	\$4,223,703	\$4,324,985	\$4,347,782	\$4,767,764
	Est. Annual Change from Current		\$579,584 +16.5%	\$702,600 +20.0%	\$803,883 +22.8%	\$826,680 +23.5%	\$1,246,661 +35.4%
Est. Annual Change from Renewal			\$123,016 +3.0%	\$224,299 +5.5%	\$247,095 +6.0%	\$667,077 +16.3%	


IMA Expected Claims	IMA's PEPM Est. of Expected Claims	\$2,545.41	\$2,938.35	\$2,938.35	\$2,938.35	\$2,938.35	\$2,938.35
	Est. Total/Mo	\$343,631	\$396,677	\$396,677	\$396,677	\$396,677	\$396,677
	Est. Total/Yr	\$4,123,572	\$4,760,127	\$4,760,127	\$4,760,127	\$4,760,127	\$4,760,127
	Difference from Current Budgeted		\$393 +15.4%	\$393 +15.4%	\$393 +15.4%	\$393 +15.4%	\$393 +15.4%
	% Difference from Carrier's Expected	+17.1%	+16.1%	+12.7%	+10.1%	+9.5%	-0.2%

Max Claims	Aggregate Corridor	125%	125%	125%	125%	125%	125%
	Contract Term (Incurred Paid)	Paid	Paid	Paid	Paid	Paid	24/12
	Contract Coverage (Med, Rx, etc.)	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
	27 Employee Only	\$2,716.90	\$3,164.11	\$3,259.03	\$3,337.18	\$3,354.77	\$3,678.83
	27 Employee + Spouse	\$2,716.90	\$3,164.11	\$3,259.03	\$3,337.18	\$3,354.77	\$3,678.83
	21 Employee + Child(ren)	\$2,716.90	\$3,164.11	\$3,259.03	\$3,337.18	\$3,354.77	\$3,678.83
	60 Employee + Family	\$2,716.90	\$3,164.11	\$3,259.03	\$3,337.18	\$3,354.77	\$3,678.83
	135 PEPM Est. of Max Claims	\$2,716.90	\$3,164.11	\$3,259.03	\$3,337.18	\$3,354.77	\$3,678.83
	Est. Total/Mo	\$366,782	\$427,155	\$439,969	\$450,519	\$452,894	\$496,642
	Est. Total/Yr	\$4,401,378	\$5,125,858	\$5,279,629	\$5,406,232	\$5,434,727	\$5,959,705
	Est. Annual Change from Current		\$724,480 +16.5%	\$878,251 +20.0%	\$1,004,854 +22.8%	\$1,033,349 +23.5%	\$1,558,327 +35.4%
Est. Annual Change from Renewal			\$153,770 +3.0%	\$280,373 +5.5%	\$308,869 +6.0%	\$833,846 +16.3%	



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SELF FUNDED FIXED COSTS & CLAIMS SUMMARY for City of Valdez for April 1, 2025

	Meritain - Tokio Marine HCC	Meritain - Tokio Marine HCC	Meritain - Tokio Marine HCC	Meritain - Tokio Marine HCC	Moda - Moda	Premera - Premera
	Current	Renewal	Option 2	Option 3	Moda Option	Premera Option

Fixed Costs w/o Claims	PEPM of TPA & Network Fees	\$71.94	\$70.94	\$70.94	\$70.94	\$91.01	\$58.97
	PEPM of Stop Loss Premium	\$251.05	\$346.53	\$304.81	\$269.51	\$313.87	\$384.20
	PEPM of Other Fixed Costs						
	PEPM Est. of Total Fixed Costs	\$322.99	\$417.47	\$375.75	\$340.45	\$404.88	\$443.17
	Est. Monthly Total Fixed Costs	\$43,604	\$56,358	\$50,726	\$45,961	\$54,659	\$59,828
	135 Est. Annual Total Fixed Costs	\$523,244	\$676,301	\$608,715	\$551,529	\$655,906	\$717,935
	Est. Annual Change from Current		\$153,058 +29.3%	\$85,471 +16.3%	\$28,285 +5.4%	\$132,662 +25.4%	\$194,692 +37.2%
	Est. Annual Change from Renewal			(\$67,586) -10.0%	(\$124,772) -18.4%	(\$20,396) -3.0%	\$41,634 +6.2%

Fixed Costs & Claims at IMA's Expected	Specific Deductible	\$175,000	\$175,000	\$200,000	\$225,000	\$175,000	\$175,000
	Contract Term (Incurred Paid)	Paid	Paid	Paid	Paid	Paid	24/12
	Contract Coverage (Med, Rx, etc.)	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
	Aggregating Specific Deductible						
	PEPM of Fixed Costs	\$322.99	\$417.47	\$375.75	\$340.45	\$404.88	\$443.17
	PEPM of Expected Claims	\$2,545.41	\$2,938.35	\$2,938.35	\$2,938.35	\$2,938.35	\$2,938.35
	PEPM of Lasers/Other Claims Costs						
	PEPM Plan Costs at Expected	\$2,868.40	\$3,355.82	\$3,314.10	\$3,278.80	\$3,343.23	\$3,381.52
	Monthly Plan Costs at Expected	\$387,235	\$453,036	\$447,404	\$442,638	\$451,336	\$456,505
	135 Annual Plan Costs at Expected	\$4,646,816	\$5,436,428	\$5,368,842	\$5,311,656	\$5,416,033	\$5,478,062
	Est. Annual Change from Current		\$789,613 +17.0%	\$722,026 +15.5%	\$664,840 +14.3%	\$769,217 +16.6%	\$831,247 +17.9%
	Est. Annual Change from Renewal			(\$67,586) -1.2%	(\$124,772) -2.3%	(\$20,396) -0.4%	\$41,634 +0.8%

Fixed Costs & Claims at Max	Aggregate Corridor	125%	125%	125%	125%	125%	125%
	Contract Term (Incurred Paid)	Paid	Paid	Paid	Paid	Paid	24/12
	Contract Coverage (Med, Rx, etc.)	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
	PEPM of Fixed Costs	\$322.99	\$417.47	\$375.75	\$340.45	\$404.88	\$443.17
	PEPM of Max Claims	\$2,716.90	\$3,164.11	\$3,259.03	\$3,337.18	\$3,354.77	\$3,678.83
	PEPM of Lasers/Other Claims Costs						
	PEPM Plan Costs at Max	\$3,039.89	\$3,581.58	\$3,634.78	\$3,677.63	\$3,759.65	\$4,122.00
	Monthly Plan Costs at Max	\$410,385	\$483,513	\$490,695	\$496,480	\$507,553	\$556,470
	135 Annual Plan Costs at Max	\$4,924,622	\$5,802,160	\$5,888,344	\$5,957,761	\$6,090,633	\$6,677,640
	Est. Annual Change from Current		\$877,538 +17.8%	\$963,722 +19.6%	\$1,033,139 +21.0%	\$1,166,011 +23.7%	\$1,753,018 +35.6%
	Est. Annual Change from Renewal			\$86,184 +1.5%	\$155,601 +2.7%	\$288,473 +5.0%	\$875,480 +15.1%




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STOP LOSS DEDUCTIBLE REVIEW

Client Responsibility				Annual Specific Deductible Cost			
Claims > Indicated	Current ISL \$175,000	Proposed ISL \$200,000	Proposed ISL \$225,000		Current ISL Premium	Proposed ISL Premium	Proposed ISL Premium
April 1, 2024 - January 31, 2025				Current Stop Loss Costs			
\$665,810	\$175,000	\$200,000	\$225,000	Proposed ISL Premiums	\$175,000	\$200,000	\$225,000
\$375,676	\$175,000	\$200,000	\$225,000	Tokio Marine HCC	\$955,275	\$835,380	\$733,935
\$180,098	\$175,000	\$200,000	\$225,000				
				Annual Premium Difference from Incumbent Renewal ISL to Proposed Higher ISL			
				Tokio Marine HCC		(\$119,895)	(\$221,340)
\$1,221,584				Cost Neutral Ratio (Premium vs. Liability)			
Client's Total Difference	\$525,000	\$600,000	\$675,000	Tokio Marine HCC	N/A	▲ 4.80	▲ 4.43
	N/A	\$75,000	\$150,000				
April 1, 2023 - March 31, 2024				Number of Claimants in Excess of Stop Loss Level			
\$514,119	\$175,000	\$200,000	\$225,000	Period	\$125,000	\$200,000	\$225,000
\$396,611	\$175,000	\$200,000	\$225,000	April 1, 2024 - January 31, 2025	3	3	3
\$274,991	\$175,000	\$200,000	\$225,000	April 1, 2023 - March 31, 2024	4	3	3
\$193,398	\$175,000	\$193,398	\$193,398				
				Net Effect			
\$1,379,119				Tokio Marine HCC			
Client's Total Difference	\$700,000	\$793,398	\$868,398	April 1, 2024 - January 31, 2025	N/A	(\$44,895)	(\$71,340)
	N/A	\$93,398	\$168,398	April 1, 2023 - March 31, 2024	N/A	(\$26,497)	(\$52,942)

DENTAL SUMMARY for City of Valdez for April 1, 2025

	Meritain	Meritain	Moda	Premera
	Current	Renewal	Moda Option	Premera Option

Cost Sharing	Ded (single family)	\$25 \$75	\$25 \$75	\$25 \$75	\$25 \$75
	Max Benefits/year	\$2,500	\$2,500	\$2,500	\$2,500


In-Network Benefits	I - Diagnostic & Preventive (Plan Pays)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
	◦ Frequency of Exams/Cleanings	2 visits per year	2 visits per year	2 visits per year	2 visits per year
	II - Basic (Plan Pays)	90% 10%	90% 10%	90% 10%	90% 10%
	III - Major (Plan Pays)	50% 50%	50% 50%	50% 50%	50% 50%
	IV - Ortho (Plan Pays)	50% 50%	50% 50%	50% 50%	50% 50%
	Periodontics	II	II	II	II
	Endodontics	II	II	II	II
	Dental Implants	III	III	III	III

Misc	Dependent Child Age Limit	19	19	19	Up to age 20
	Ortho Age Limit	19	19	19	50% up to lifetime max; 20 years
	Non-Contrib/Contrib/Voluntary	Voluntary	Voluntary	Voluntary	Voluntary

Self Funded Costs	Meritain - Current	Meritain - Renewal	Moda	Premera
Dental/Vision PEPM Admin Costs	\$2.35	\$2.35	\$6.84	\$2.50
Dental PEPM Claims Funding	\$145.82	\$150.09	\$161.45	\$161.45

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VISION SUMMARY for City of Valdez for April 1, 2025

	Meritain	Meritain	Moda	Premera
	Current	Renewal	Moda Option	Premera Option

Cost Sharing	Exam Coinsurance	10%	10%	10%	10%
	Exam Frequency	12 Months	12 Months	12 Months	12 Months
	Materials Coinsurance	100%	100%	100%	100%
	Lens Frequency	12 Months	12 Months	12 Months	12 Months
	Frame Frequency	24 Months	24 Months	24 Months	24 Months
	Contacts Frequency	1 pair hard lenses or 12 month supply disposable per calendar year	1 pair hard lenses or 12 month supply disposable per calendar year	1 pair hard lenses or 12 month supply disposable per calendar year	1 pair hard lenses or 12 month supply disposable per calendar year

In-Network Benefits	Elective (Cosmetic) Contact Lenses	50%	50%	50%	50%
	Standard Frames	10% coinsurance, benefit paid up to \$200	10% coinsurance, benefit paid up to \$200	10% coinsurance, benefit paid up to \$200	10% coinsurance, benefit paid up to \$200
	Single Vision Lenses	10%	10%	10%	10%
	Bifocal Lenses	10%	10%	10%	10%
	Trifocal Lenses	10%	10%	10%	10%

Out-of-Network Benefits	Elective (Cosmetic) Contact Lenses	50%	50%	50%	50%
	Standard Frames	10% coinsurance, benefit paid up to \$200	10% coinsurance, benefit paid up to \$200	10% coinsurance, benefit paid up to \$200	10% coinsurance, benefit paid up to \$200
	Single Vision Lenses	10%	10%	10%	10%
	Bifocal Lenses	10%	10%	10%	10%
	Trifocal Lenses	10%	10%	10%	10%

Misc	Lasik	\$2,000 Lifetime Maximum	\$2,000 Lifetime Maximum	\$2,000 Lifetime Maximum	\$2,000 Lifetime Maximum

Self Funded Costs	Meritain - Current	Meritain - Renewal	Moda - Moda Option	Premera - Premera Option
Dental/Vision PEPM Admin Costs	\$1.05	\$1.05	\$2.18	\$1.00
Vision PEPM Claims Funding	\$36.51	\$46.25	\$71.52	\$71.52

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CONTRIBUTION SUMMARY for City of Valdez for April 1, 2025



	Assumed Current Enrollment	2024 (Current) Plan year Budget Rates	2025 (Renewal) Plan year Budget Rates
Employee	27	\$1,302.49	\$1,459.10
Employee + Spouse	27	\$2,696.15	\$3,020.32
Employee + Child(ren)	21	\$2,526.83	\$2,830.65
Family	60	\$3,972.61	\$4,450.26
Total Enrolled	135		
PEPM Composite:	135	\$2,958.39	\$3,314.10
Monthly:		\$399,383	\$447,404
Annual Cost:		\$4,792,600	\$5,368,842
Annual Change:			\$576,242
Annual Percent Change:			12.0%