

Open Enrollment 2025



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What drives Medical Premiums?

- Claims Experience
- Medical Inflation
- Demographic Changes
- Plan Design Changes
- Regulatory Requirements
- Industry Trends
- Group size



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2025 Medical Renewal Rates

Medical Carrier	2025 Increase
Kaiser HMO	5.65%
UHC Signature Value	8.9%
UHC Signature Value Advantage	8.9%

Kaiser

The renewal rate came in lower than expected, primarily due to the following factors:

- Reduced claims experience
- Internal cost cutting measures
- Kaiser's business was performing better than expected

UHC

- The initial proposal came in at 19.11%.
- After negotiations and a commitment from the county, they successfully reduced the increase by 10%

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Monthly Medical Premiums (2024/2025)

2024 Monthly HMO Premiums

2025 Monthly HMO Premiums

Plan	Coverage	Premium	Plan	Coverage	Premium	Difference
Kaiser HMO	EE	\$986.78	Kaiser HMO	EE	\$1,042.54	\$55.76
	EE + 1	\$1,973.56		EE + 1	\$2,085.08	\$111.52
	EE + Family	\$2,792.60		EE + Family	\$2,950.40	\$157.80
UHC Signature	EE	\$1,464.90	UHC Signature	EE	\$1,594.36	\$129.46
	EE + 1	\$2,929.64		EE + 1	\$3,189.80	\$260.16
	EE + Family	\$4,145.40		EE + Family	\$4,514.06	\$368.66
Advantage	EE	\$957.68	Advantage	EE	\$1,042.48	\$84.80
	EE + 1	\$1,915.18		EE + 1	\$2,085.04	\$169.86
	EE + Family	\$2,709.92		EE + Family	\$2,950.20	\$240.28

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Employee Contributions

2024 (\$2094.45 month)

Plan	Coverage	Contribution
Kaiser HMO	EE	0
	EE + 1	0
	Family	\$698.15
UHC Signature	EE	0
	EE + 1	\$835.19
	Family	\$2050.95
UHC Advantage	EE	0
	EE + 1	0
	Family	\$615.47

2025 (\$2212.80 month)

Plan	Coverage	Contribution	Difference
Kaiser	EE	0	0
	EE + 1	0	0
	Family	\$737.60	\$39.45
UHC Sign	EE	0	0
	EE + 1	\$976.40	\$141.21
	Family	\$2301.26	\$250.31
UHC Adv	EE	0	0
	EE + 1	0	0
	Family	\$737.40	\$121.93

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Monthly Impact

Health Plan	Coverage Level	Number of Enrolled Employees	2024 Monthly Cost	EE Monthly Cost	2025 Monthly Cost	EE Monthly Cost
Kaiser HMO	EE Only	33	\$986.78	\$0.00	\$1,042.54	\$0.00
	EE + 1 Dep	39	\$1,973.56	\$0.00	\$2,085.08	\$0.00
	EE+ Family	14	\$2,792.60	\$698.15	\$2,950.40	\$737.60
UHC Signature Value HMO	EE Only	11	\$1,464.90	\$0.00	\$1,594.36	\$0.00
	EE + 1 Dep	0	\$2,929.64	\$835.19	\$3,189.20	\$976.40
	EE+ Family	0	\$4,145.40	\$2,050.95	\$4,514.06	\$2,301.26
UHC Signature Value Advantage HMO	EE Only	0	\$957.68	\$0.00	\$1,042.48	\$0.00
	EE + 1 Dep	3	\$1,915.18	\$0.00	\$2,085.04	\$0.00
	EE+ Family	1	\$2,709.92	\$615.47	\$2,950.20	\$737.40
Totals		101	\$173,198.34	\$10,389.57	\$183,770.82	\$11,063.80

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2025 Dental Renewal

- Delta Dental DHMO has a rate lock until 02/01/2027
- Delta Dental PPO has not had a rate increase in 10 years
- Delta Dental PPO has increased the provider URC's (amounts paid out for cleanings, filings, annual exams, etc.)

Dental Carrier	2025 Renewal Rate
Delta Dental DHMO	0%
Delta Dental PPO	34%

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Delta Dental Monthly Premiums (2024/2025)

2024 Monthly Rates

Plan	Coverage	Rate
Delta PPO	EE	\$42.76
	EE + 1	\$81.11
	EE+Family	\$123.88
DHMO	EE	\$28.86
	EE + 1	\$48.78
	EE + Family	\$74.76

2025 Monthly Rates

Plan	Coverage	Rate	Difference
Delta PPO	EE	\$57.12	\$14.36
	EE + 1	\$105.52	\$24.41
	EE + Family	\$165.22	\$41.34
DHMO	EE	\$28.86	0
	EE + 1	\$48.78	0
	EE + Family	\$74.76	0

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Delta Dental Employee Contribution

2024			2025			
Plan	Coverage	Employee Contribution	Plan	Coverage	Employee Contribution	Difference
Delta PPO	EE	0	Delta PPO	EE	0	0
	EE +1	0		EE +1	\$5.52	\$5.52
	Family	\$23.88		Family	\$65.22	\$41.34

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Monthly Impact

Dental Plan	Coverage Level	Number of Enrolled Employees	2024 Monthly Cost	EE Monthly Cost	2025 Monthly Cost	EE Monthly Cost
Delta Dental PPO	EE Only	39	\$42.76	\$0.00	\$57.12	\$0.00
	EE + 1 Dep	38	\$81.11	\$0.00	\$105.52	\$5.52
	EE+ Family	18	\$123.88	\$23.88	\$165.22	\$65.22
Delta Dental HMO	EE Only	2	\$28.86	\$0.00	\$28.86	\$0.00
	EE + 1 Dep	1	\$48.78	\$0.00	\$48.78	\$0.00
	EE+ Family	1	\$74.76	\$0.00	\$74.76	\$0.00
Totals		99	\$7,160.92	\$429.84	\$9,392.66	\$1,383.72

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Delta Dental Comparison

Plan Design	Delta Dental PPO	Delta Dental DHMO
Annual Deductible	\$45.00 per person	\$0
Annual Maximum	\$1500.00	Fee Schedule
Orthodontia	\$2500.00 Lifetime Max	\$1,600.00 Lifetime Max

DELTA DENTAL Insurance products Member tools For dentists E

Find in-network dentists in your area by using your current location or entering a ZIP code manually.

Delta Dental Patient Direct coverage are not available in all 50 states.

Specialty:

Any specialty x v

Plan network:

DeltaCare USA x v

Dentist last name:

Dentist's last name (optional)

Search by current location:

Yes No

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Health Reimbursement Account (HRA)

- Part-time Benefited Employees receive \$560 a year
- Full-time Benefited Employees receive \$750 a year

2023 Annual Benefit	Total Disbursements	Balance
\$88,430.00	\$35,179.99	\$53,250.01
2024 Annual Benefit (as of 9/5/2024)		
\$89,670.00	\$21,931.23	\$67,738.77

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HRA vs. VSP

Coverage Tier	Choice Plus Premium Plan	Choice Premium Plan
EE	\$7.98	\$20.28
EE + 1	\$16.02	\$38.48
Family	\$25.16	\$57.14

- The frame allowance is \$150.00 every other year under the Choice Plus Plan
- The frame allowance is \$250.00 every year under the Choice Premium Plan
- The annual cost would be \$16,816.32 based on medical enrollment for the Choice Plus Plan
- The annual cost would be \$40,386.96 under the Choice Premium Plan

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HRA Benefits

- Majority of employees use Kaiser for their eye exam
- The employees that need it, use it
- HRA is a richer benefit for those that need it and cheaper than the Choice Premium Plan

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New York Life (Life, AD&D, STD, & LTD)

- NYL gave us a rate pass for January 1, 2025 through December 31, 2027
- There was a 6.9% reduction in premiums

New York Life	2024	2025
Basic Life	.248 per \$1,000.00	.21 per \$1000.00
AD&D	.022 per \$1,000.00	.02 per \$1,000.00
STD	.467 per \$10 of weekly benefit	.41 per \$10.00 of weekly benefit
LTD	.525 per \$100 covered payroll	.43 per \$100 of covered payroll

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Total Compensation

- Full-time employee, Single Coverage
- Hourly rate: \$49.81
- Total benefit cost: \$26,643 annually

	Annual Costs
Medical*	\$17,578.86
Dental*	\$513.24
Vision	\$750.00
EAP	\$31.80
LTD	\$486.94
STD	\$609.67
AD&D	\$41.03
Basic Life	\$419.60
457 Contribution	\$6,216.29

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Things to Consider

- We are part of a larger group, benefiting from group pricing based on a pool of 20,000 insured individuals
- Our medical plan is comprehensive offering rich benefits with low out of pocket expenses.
- If an employee with a family were to seek coverage outside of an employer plan, then it will cost them on average \$1,400-\$2,000 a month

Quick Quote

✓

\$1,417
per month

for a Silver plan.

Additional financial help from: Covered California

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Changes in 2025

- Healthcare FSA annual amount will increase from \$3200 to \$3300
- LARPD will move from a grace period to a rollover for funds not used in the healthcare FSA
- Employees will now be able to rollover \$660 into the new plan year

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