

Canyon County Health Trust

FY 2025 Funding Recommendations

RECEIVED

JAN 27 2025

CANYON COUNTY COMMISSIONERS

December 11, 2024

Based on our projections for the 2025 fiscal year, we anticipate a \$2,651,684 deficit between revenues and expenditures for the health trust in 2025. This would result in ending net assets of \$130,850, and -\$1,317,641 when HRA and IBNR liability is considered.

Based on our experience, as well as DOI regulations for self-insured plans that they oversee, we would recommend that the health trust maintain a surplus balance of between \$3.4 million and \$4.2 million. This is to ensure that there are adequate reserves to cover a worst-case scenario.

As we plan for 2025-2026, following are some considerations to help move the trust into a positive position:

- Increase revenues
 - One-time infusion of \$2 \$2.8 million. This gets the trust balance to an adequate minimum balance.
 - Establish adequate funding rates for the 2025 fiscal year. This keeps the trust from running at a deficit.
 - Recommended county contribution for medical \$1,256 per employee per month (up from \$970)
 - Recommended county contribution for dental \$83 per employee per month (no change)
- Decrease expenditures in the 2025-2026 plan year
 - Consider plan design changes
 - Consider alternative provider networks
 - Consider new plan administrators for all lines of coverage, with a focus on medical and pharmacy

We welcome the opportunity to present our findings to the trust and any other county officials. We especially look forward to working together to improve the position of the trust while continuing to offer a valuable benefit to county employees.

Sincerely,

Scott Howell

Area Vice President – Benefits Consultant
Gallagher Benefit Services

9 2024 Arthur J Gallagher & Co



Insurance | Risk Management | Consulting

				Idaho	Public Entities				
2024 - 2025 Benefit Plans	City of Meridian	City of Nampa	City o	f Boise	City of Post Falls	City of Moscow	Canyon County	State o	of Idaho
MEDICAL PPO OPTIONS	PPO	PPO	PI	0	PPO	PPO	PPO	PPO	Traditional
Deductible	\$750 / \$1,500	\$1,500 / \$3,000	\$350	/\$700	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$350 / \$950	\$500 / \$1,400
Out-of-Pocket	\$2,250 / \$4,500	\$2,500 / \$4,000	\$2,500	/\$5,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$3,250 / \$6,750	\$4,350 / \$8,700
Coinsurance	20%	20%	20	0%	20%	20%	0%	20%	30%
Office Visit Copay - PCP	\$0	\$20	\$:	20	\$20	\$25	\$25	\$0	30%
Office Visit Copay - Specialist	\$20	\$20	\$4	10	\$40	\$25	\$25	\$20	30%
Rx/Pharmacy	Generic \$10 Pref Brand \$30 Non-Perf Brand \$45 Speciality \$100	Generic \$10 Pref Brand \$25 Non-Perf Brand \$60 Speciality Refer to Above	Pref Br Non-Perf	ric \$10 and \$30 Brand \$60 lity \$75	Generic \$10 Pref Brand \$30 Non-Perf Brand \$50 Speciality 20%	25% to max of \$40 25% to max \$40 50% to max of \$80 Speciality Refer to Above	Generic \$15 Pref Brand \$50 Non-Perf Brand \$75	Generic \$10 Pref Brand \$30 Non-Perf Brand \$60 Speciality \$100	Generic \$10 Pref Brand \$30 Non-Perf Brand \$6 Speciality \$100
HRA VEBA - Buydown availble for use while an active employee	N/A	Buy down \$1,000yr.	N	/A	Buydown \$1,500yr single / \$2,400yr family. Medical plan opt out \$7,800yr. Dental only \$6,600yr.	Flat \$600 PPPY	EE Only: \$400, EE+SP & EE+CHRN \$600, Family \$800	N/A	N/A
Monthly EE Contributions									
EE	\$0	\$21	\$	50	\$40	\$0	\$0	\$65	\$90
EE + Spouse	\$177	\$125	\$1	.00	\$147	\$333	\$240	\$198	\$279
EE + Child	\$71	\$50	\$	70	\$100	\$181	\$52	\$112	\$155
EE + Children	\$112	\$111	\$	35	\$120	\$273	\$108	\$177	\$250
EE + Spouse + Child	\$242	\$216	\$1	50	\$177	\$514	\$356	\$242	\$343
Family	\$242	\$216	\$1	50	\$177	\$606	\$356	\$324	\$460
Medical Funding Rates									
EE	\$745	\$825	\$8	33	\$913	\$757	\$970	\$1,134	\$1,159
EE + Spouse	\$1,628	\$1,587	\$1,	645	\$1,959	\$1,589	\$1,210	\$1,266	\$1,348
EE + Child	\$1,100	\$1,021	\$1,	012	\$1,336	\$1,209	\$1,022	\$1,181	\$1,224
EE + Children	\$1,307	\$1,476	\$1,	573	\$1,605	\$1,441	\$1,078	\$1,246	\$1,319
EE + Spouse + Child	\$1,956	\$2,259	\$2,	304	\$2,360	\$2,041	\$1,326	\$1,311	\$1,411
Family	\$1,956	\$2,259	\$2,	304	\$2,360	\$2,273	\$1,326	\$1,393	\$1,529
DENTAL PPO OPTIONS	PPO	Incentive PPO	Core PPO	Comp PPO	PPO	PPO	PPO	PI	
Deductible	\$50 / \$150	N/A	\$25	\$25	\$50	\$25	\$25 / \$75		member
Annual Max	\$2,000	\$1,500	\$1,500	\$2,000	\$1,250	\$1,000	\$1,000	\$1,500	
Preventive	100%	Incentive 30% - 0%	100%	100%	100%	100%	100%	100%	
Basic	80%	Incentive 30% - 0%	80%	80%	80%	80%	80%	80%	
Major	50%	50%	No Benefit	70%	50%	50%	50%	50%	
Orthodontia	Discount Program	Yes, 50%	None	\$2,500 max	N/A	Not Covered	Not Covered	50% Ki	ds only
Monthly EE Contributions		A SHARWAY COLUMN TO MAKE		De la participa de					
EE	\$0	\$0	\$21	\$35	See above	\$0	\$0		12
EE + Spouse	\$9	\$0	\$41	\$68		\$15	\$0		38
EE + Child	\$5	\$0	\$25	\$42		\$15	\$0		37
EE + Children	\$9	\$0	\$39	\$65		\$15	\$0		73
Family	\$17	\$0	\$58	\$95		\$31	\$0	\$1	.07



Benefit Strategy

2025 Plan Year

Pharmacy Benefit

- Exclusive Specialty
 - \$80,000 savings
- Cost Relief
 - \$120,000 savings
- Humira Biosimilars
 - \$140,000 claims savings

Medical Benefit

- Smart Shopper
 - Unknown savings

2026 Plan Year

Medical Plan

- Narrow Networks
 - \$375,000 savings St. Lukes
 - \$150,000 savings St.
 Als
- Plan design options
- RFP

Pharmacy Benefit

- RFP
 - Similar size client saved \$600,000 moving away from the BCI model

Evaluate:

- Onsite clinic
 - Similar size client \$700,000 savings opportunity

ADDOOR ARTHUR LIGALLAGHER & CO

1/22/2025 04:49:14 PM

Canyon County Income Statement

Gallagher Projections

July	1/1/2023 -	1/1/2024-		10/1/2024-	1/1/2025-
	12/31/2023	12/31/2024	Change	9/30/2025	12/31/2025
REVENUES					
Premiums					
Medical premiums	\$10,682,954	\$10,950,736	\$267,782 2.5%	\$10,461,672	\$10,461,672
Dental premiums	\$812,118	\$896,831	\$84,714 10.4%	\$789,493	\$789,493
Total Medical premiums	\$11,495,071	\$11,847,567	\$352,496 3.1%	\$11,251,165	\$11,251,165
Other					
Interest on savings	\$133,039	\$188,738	\$55,699 41.9%	\$101,798	\$101,798
Drug rebate	\$559,572	\$815,393	\$255,821 45.7%	\$812,816	\$812,816
Stop loss reimbursement	\$1,197,448	\$1,310,763	\$113,315 9 _{.5} %	Included in Claims	Included in Claims
Unrealized gain (loss)	\$38,868	\$255,152	\$216,285 556.5%		-
Total Miscellaneous	\$1,928,927	\$2,570,046	\$641,119 33.2%	\$914,614	\$914,614
Total REVENUES	\$13,423,998	\$14,417,613	\$993,614 7.4%	\$12,165,779	\$12,165,779
EXPENDITURES					
Claims					
HRA claims	\$513,412	\$559,379	\$45,967 9.0%	\$444,266	\$444,266
Medical claims	\$8,279,172	\$10,579,777	\$2,300,605 _{27.8} %	\$8,255,578	\$8,381,635
Vision claims	\$143,240	\$138,951	(\$4,289) -3.0%	\$145,899	\$148,127
Dental claims	\$514,273	\$498,790	(\$15,483) _{-3.0%}	\$462,248	\$469,306
Pharmacy claims	\$2,756,731	\$3,096,384	\$339,653 12.3%	\$3,402,860	\$3,502,990
Willamette fees	\$341,793	\$330,903	(\$10,890) -3.2%	\$314,502	\$314,502
Total Medical claims	\$12,548,623	\$15,204,185	\$2,655,562 21.2%	\$13,025,353	\$13,260,826
Administration					
Medical admin	\$1,688,855	\$1,949,858	\$261,003 15.5%	\$1,722,702	\$1,722,702
Vision admin	\$25,482	\$26,490	\$1,008 4.0%	\$25,280	\$25,280
Dental admin	\$35,270	\$46,269	\$10,999 31.2%	\$37,012	\$37,012
Trustees fiduciary ins.	\$4,413	\$7,116	\$2,703 61.3%	\$7,116	\$7,116
Misc	(\$35,051)	\$0	\$35,051 _100.0%	\$0	\$0
Total Medical admin fees	\$1,718,969	\$2,029,733	\$310,763 18.1%	\$1,792,110	\$1,792,110
Total EXPENDITURES	\$14,267,592	\$17,233,918	\$2,966,326 20.8%	\$14,817,463	\$15,052,936
BEGINNING NET ASSETS	\$6,207,136	\$5,363,542	(\$843,594) -13.6%	\$2,547,238	\$2,547,238
NET SURPLUS/(DEFICIT)	(\$843,594)	(\$2,816,305)	(\$1,972,711)	(\$2,651,684)	(\$2,887,157)
ENDING NET ASSETS	\$5,363,542	\$2,547,238	(\$2,816,305) -52.5%	-\$104,446	-\$339,919
HRA Liability		\$747,638		\$747,638	\$747,638
IBNR Liability		\$700,853		\$700,853	\$700,853
1211112111111					
TOTAL		\$1,098,747	_	(\$1,552,937)	(\$1,788,410)
			Deficit as % of Medical Premium:	25.3%	27.6%
		Recommended M	edical Premium to Eliminate Deficit:	\$13,113,356	\$13,348,829

	2024 Monthly Med	ical Rates	
Current	County Contribution	Employee Contribution	Total
Employee Only	\$970.00	\$0.00	\$970.00
Employee/Spouse	\$970.00	\$240.00	\$1,210.00
Employee/Child	\$970.00	\$52.00	\$1,022.00
Employee/Children	\$970.00	\$108.00	\$1,078.00
Employee/Family	\$970.00	\$356.00	\$1,326.00
Estimated Annual Premium	\$9,183,960.00	\$1,277,712.00	\$10,461,672.00
	87.8%	12.2%	
20	025 Monthly Medical	Rate Option 1	
Same Employee Contribution	County Contribution	Employee Contribution	Total
Employee Only	\$1,250.10	\$0.00	\$1,250.10
Employee/Spouse	\$1,250.10	\$240.00	\$1,490.10
Employee/Child	\$1,250.10	\$52.00	\$1,302.10
Employee/Children	\$1,250.10	\$108.00	\$1,358.10
Employee/Family	\$1,250.10	\$356.00	\$1,606.10
Estimated Annual Premium	\$11,835,946.80	\$1,277,712.00	\$13,113,658.80
	90.3%	9.7%	25.3%
20	025 Monthly Medical	Rate Option 2	
Same % Split	County Contribution	Employee Contribution	Total
Employee Only	\$1,216.00	\$34.10	\$1,250.10
Employee/Spouse	\$1,216.00	\$274.10	\$1,490.10
Employee/Child	\$1,216.00	\$86.10	\$1,302.10
Employee/Children	\$1,216.00	\$142.10	\$1,358.10
Employee/Family	\$1,216.00	\$390.10	\$1,606.10
Estimated Annual Premium	\$11,513,088.00	\$1,600,570.80	\$13,113,658.80
	87.8%	12.2%	25.3%

	2024 Monthly Medic	al Rates	
Current	County Contribution	Employee Contribution	Total
Employee Only	\$970.00	\$0.00	\$970.00
Employee/Spouse	\$970.00	\$240.00	\$1,210.00
Employee/Child	\$970.00	\$52.00	\$1,022.00
Employee/Children	\$970.00	\$108.00	\$1,078.00
Employee/Family	\$970.00	\$356.00	\$1,326.00
Estimated Annual Premium	\$9,183,960.00	\$1,277,712.00	\$10,461,672.00
	87.8%	12.2%	
2028	Monthly Medical Ra	ite Option 1	
Same Employee Contribution	County Contribution	Employee Contribution	Total
Employee Only	\$1,275.00	\$0.00	\$1,275.00
Employee/Spouse	\$1,275.00	\$240.00	\$1,515.00
Employee/Child	\$1,275.00	\$52.00	\$1,327.00
Employee/Children	\$1,275.00	\$108.00	\$1,383.00
Employee/Family	\$1,275.00	\$356.00	\$1,631.00
Estimated Annual Premium	\$12,071,700.00	\$1,277,712.00	\$13,349,412.00
	90.4%	9.6%	27.6%
2029	5 Monthly Medical Ra	ite Option 2	
Same % Split	County Contribution	Employee Contribution	Total
Employee Only	\$1,238.00	\$37.00	\$1,275.00
Employee/Spouse	\$1,238.00	\$277.00	\$1,515.00
Employee/Child	\$1,238.00	\$89.00	\$1,327.00
Employee/Children	\$1,238.00	\$145.00	\$1,383.00
Employee/Family	\$1,238.00	\$393.00	\$1,631.00
Estimated Annual Premium	\$11,721,384.00	\$1,628,028.00	\$13,349,412.00
mar according to a state of the	87.8%	12.2%	27.6%