

Canyon County
Medical Plan Design Options - Calender Year 1/1 - 12/31

			Projected 2026 spend with current plan design	Dual Option - Plan Design 1								
Carrier Name Plan Name			BCI GemPlan ASC PPO	BCI GemPlan ASC PPOHSA								
PLAN DESIGN*												
In-Network Benefits												
Calendar Year (CY) Deductible (Individual / Family)			\$2,000 / \$4,000	\$1,500 / \$3,000				\$3,400 / \$6,800				
CY Out-of-Pocket Max (Individual / Family)			\$2,000 / \$4,000	\$3,500 / \$7,000				\$5,000 / \$10,000				
Coinsurance (member pays after deductible)			0%	20%				20%				
Pharmacy Benefits												
Generic			\$15 Copay	\$15 Copay				Deductible & Coinsurance				
Preferred Brand			\$50 Copay	\$50 Copay				Deductible & Coinsurance				
Non-Preferred Brand			\$75 Copay	\$75 Copay				Deductible & Coinsurance				
Speciality			Refer to copays above	Refer to copays above				Deductible & Coinsurance				
HRA												
Current plan design <i>Unused funds roll over; not to exceed medical plan deducitble EE \$2,000 Family \$4,000</i>			EE: \$400 ES & ECHN: \$600 Family: \$800	Freeze HRA Contributions				N/A				
COST ANALYSIS												
Med & Rx Claims			\$13,098,301	\$13,098,301				\$13,098,301				
Fixed Costs			\$1,731,826	\$1,731,826				\$1,731,826				
Relative Value			1.00	0.9218				0.7508				
Estimated Savings with Plan Design Changes			\$0	\$1,024,287				\$3,264,097				
Cost Relief Savings			N/A	-\$200,000				N/A				
Projected Funding with New Plan Design			\$14,830,127	\$13,605,840				\$11,566,030				
Enrollment	Apr-25	Employee Only EE + Spouse EE + Child EE + Child(ren) EE + Family	Current funding with Infusion			PPO Contribution Option 1			HSA Contribution Option 1			
			County	Employee	Total	County	Employee	Total	County	Employee	Total	HSA Cont.
\$1,287	\$0		\$1,287	\$1,225	\$94	\$1,319	\$1,225	\$0	\$1,225	\$75		
\$1,287	\$240		\$1,527	\$1,225	\$340	\$1,565	\$1,225	\$240	\$1,465	\$150		
\$1,287	\$52		\$1,339	\$1,225	\$147	\$1,372	\$1,225	\$52	\$1,277	\$150		
\$1,287	\$108		\$1,395	\$1,225	\$205	\$1,430	\$1,225	\$108	\$1,333	\$150		
\$1,287	\$356		\$1,643	\$1,225	\$459	\$1,684	\$1,225	\$356	\$1,581	\$150		

07.14.25

Canyon County

Delta Dental | Contribution Options | Effective 01.01.2026

CURRENT 2025 Delta Dental				
Enrollment	2025 PPO	Canyon Contribution	Employee Contribution	Total
198	Employee Only	\$37.99	\$0.00	\$37.99
91	Employee/Spouse	\$83.57	\$0.00	\$83.57
51	Employee/Child	\$53.18	\$0.00	\$53.18
46	Employee/Children	\$75.97	\$0.00	\$75.97
211	Family	\$113.96	\$0.00	\$113.96
597	Monthly Cost	\$45,379	\$0	\$45,379
	Annual Cost	\$544,551	\$0	\$544,551

100% EE; 50% Dep Delta Dental				
Enrollment	2026 PPO	Canyon Contribution	Employee Contribution	Total
198	Employee Only	\$32.99	\$5.00	\$37.99
91	Employee/Spouse	\$60.78	\$22.79	\$83.57
51	Employee/Child	\$45.59	\$7.60	\$53.18
46	Employee/Children	\$56.98	\$18.99	\$75.97
211	Family	\$75.98	\$37.99	\$113.96
597	Monthly Cost	\$33,040	\$12,340	\$45,379.25
	Annual Cost	\$396,476	\$148,075	\$544,551

Notes and Assumptions



Insurance | Risk Management | Consulting

100% EE; 50% Dep Delta Dental

2026 Canyon Premium Contributions	\$396,476
2026 Employee Premium Contributions	\$148,075
Total Funding	\$544,551
\$ Savings from EE Contribution Adj	-\$148,075

Canyon County
Willamette Dental | Contribution Options | Effective 01.01.2026



Insurance | Risk Management | Consulting

CURRENT 2025 Willamette Dental				
Enrollment	2025 PPO	Canyon Contribution	Employee Contribution	Total
44	Employee Only	\$39.08	\$10.00	\$49.08
57	Employee +1	\$78.16	\$20.00	\$98.16
84	Employee +2 or more	\$166.05	\$45.00	\$211.05
185	Monthly Cost	\$20,123	\$5,360	\$25,483
	Annual Cost	\$241,474	\$64,320	\$305,794

Based on PPO plan Contribution 100% EE; 50% Dep				
Enrollment	2026 PPO	Canyon Contribution	Employee Contribution	Total
44	Employee Only	\$32.99	\$16.09	\$49.08
57	Employee +1	\$60.78	\$37.38	\$98.16
84	Employee +2 or more	\$75.98	\$135.08	\$211.05
185	Monthly Cost	\$11,298	\$14,185	\$25,482.84
	Annual Cost	\$135,575	\$170,219	\$305,794

Notes and Assumptions

Based on PPO plan Contribution 100% EE; 50% Dep	
2026 Canyon Premium Contributions	\$135,575
2026 Employee Premium Contributions	\$170,219
Total Funding	\$305,794
\$ Savings from EE Contribution Adj	-\$105,899

Canyon County
Vision | In-Network Options Summary | Effective 01/01/2026

		CURRENT [SF]	FI RENEWAL
Carrier Name		Vision Service Plan	VSP
Plan Name		VSP 20-200	VSP 20-200
PLAN DESIGN*			
In-Network Benefits		[VSP Signature]	[VSP Signature]
Eye Exam [Frequency]		\$20 Copay 12 Months	\$20 Copay 12 Months
Single Vision Lenses		\$20 Copay	\$20 Copay
Bifocal Lenses		\$20 Copay	\$20 Copay
Trifocal Lenses		\$20 Copay	\$20 Copay
Frames [Frequency]		\$200 Allowance 12 Months	\$200 Allowance 12 Months
Contact Lenses [Frequency]		\$200 Allowance 12 Months	\$200 Allowance 12 Months
COST ANALYSIS			
PEPM Rates	Enrollment	VSP 20-200 [Admin Fees]	VSP 20-200
Employee (EE) Only	307	\$1.68	\$11.54
EE + Spouse	83	\$2.61	\$17.93
EE + Children	176	\$2.68	\$18.41
EE + Family	202	\$4.31	\$29.62
Projected Monthly Claim Cost (PEPM)	768	\$14.18	
Total Enrollment	768		
Estimated Monthly Premium		\$12,965	\$14,254
Estimated Annual Premium		\$155,579	\$171,052
Dollar Difference from Current			\$15,473
Percent Change from Current			9.9%
Dollar Difference from FI Renewal			
Percent Change from FI Renewal			
PLAN PROVISIONS			
Rate Guarantee		3 year rate guarantee ending 12/31/2025	2 year rate guarantee ending 12/31/2027

*NOTE: Benefit deviations from Current are identified in blue font

Canyon County

Life & Disability | Options Summary | Effective 01/01/2026



	CURRENT			NEGOTIATED RENEWAL		
Carrier Name	Lincoln			Lincoln		
COST ANALYSIS						
	Basic Life	STD	LTD	Basic Life	STD	LTD
Monthly Premium	\$11,972	\$9,548	\$5,542	\$9,657	\$7,161	\$4,486
Annual Premium	\$143,666	\$114,578	\$66,503	\$115,882	\$85,934	\$53,836
Dollar Difference from Current				-\$27,784	-\$28,644	-\$12,667
Percent Change from Current				-19.34%	-25.00%	-19.05%
Total Combined Annual Cost						
Annual Premium	\$324,748			\$255,652		
Dollar Difference from Current				-\$69,096		
Percent Change from Current				-21.28%		

*NOTE: Benefit deviations from Current are identified in blue font

Disclaimers

Prepared for Canyon County

Coverage Disclaimer

This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

Renewal / Financial Disclaimer

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Legal

The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.