

RESOLUTION NO. 25-151

A RESOLUTION OF THE CANYON COUNTY BOARD OF COUNTY COMMISSIONERS ADOPTING UPDATED HEALTH PLAN CONTRIBUTION RATES

The following resolution and order was considered and adopted by the Canyon County, Idaho Board of Commissioners ("Board") on this 31st day of July, 2025.

Upon the motion of Commissioner Van Beek and the second by Commissioner Brooks, the Board resolves as follows:

WHEREAS, Idaho Code § 31-801 grants general powers and duties, subject to the restrictions of law, to the boards of county commissioners in their respective counties; and

WHEREAS, Idaho Code § 31-828 grants the Board authority "to do and perform all other acts . . . which may be necessary to the full discharge of the duties of the chief executive authority of the county government"; and

WHEREAS, the Board has certain budget responsibilities, which include appropriating funds for county employee salaries and benefits; and

WHEREAS, the Board entered into an agreement with Gallagher Benefit Services, Inc. on February 18, 2025, to provide professional consulting and/or brokerage services; and

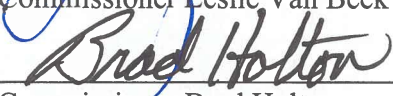
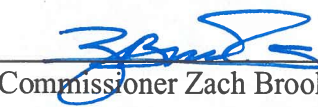
WHEREAS, based on information produced by Gallagher Benefit Services, Inc. and upon recommendation of the Canyon County Health Benefits Trustees, as well as the Human Resources Director, the Board finds it in the best interest of the County to update the health plan contribution rates.

NOW THEREFORE, THE BOARD HEREBY RESOLVES, that the health plan contribution rates identified in the 2026 Renewal and Marketing Analysis, attached hereto as Exhibit A, are adopted by the Board and will be effective January 1, 2026.

IT IS FURTHER RESOLVED BY THE BOARD, that this resolution shall be effective
this 31st day of July, 2025.

CANYON COUNTY BOARD OF COMMISSIONERS

☒ Motion Carried Unanimously
☐ Motion Carried/Split Vote Below
☐ Motion Defeated/Split Vote Below

	Yes	No	Did Not Vote
 _____ Commissioner Leslie Van Beek	☒	_____	_____
 _____ Commissioner Brad Holton	☒	_____	_____
 _____ Commissioner Zach Brooks	☒	_____	_____

ATTEST: RICK HOGABOAM, CLERK

By: UROSS

Deputy Clerk

2026 Renewal and Marketing Analysis

Canyon County

Presented By:

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Gallagher

Insurance | Risk Management | Consulting

Gallagher Benefit Services, Inc.

EXHIBIT A

Canyon County

Medical Plan Design Options - Calendar Year 1/1 - 12/31

		Projected 2026 spend with current plan design	Dual Option - Plan Design 1			
Carrier Name		BCI GemPlan	ASC PPO		HSA	
Plan Name		ASC PPO				
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		
Specialty		Refer to copays above	Refer to copays above	Deductible & Coinsurance		
HRA						
Current plan design Unused funds roll over; not to exceed medical plan deductible EE \$2,000 Family \$4,000		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	Current funding with Infusion		PPO Contribution Option 1		
		County	Employee	County	Employee	County
Employee (EE) Only	309	\$1,287	\$0	\$1,287	\$1,319	\$1,225
EE + Spouse	85	\$1,287	\$240	\$1,527	\$1,565	\$1,465
EE + Child	87	\$1,287	\$52	\$1,339	\$1,372	\$1,277
EE + Child(ren)	90	\$1,287	\$108	\$1,395	\$1,430	\$1,333
EE + Family	205	\$1,287	\$356	\$1,643	\$1,684	\$1,581

EXHIBIT A

Canyon County

Delta Dental | Contribution Options | Effective 01.01.2026



Insurance | Risk Management | Consulting

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

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



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	\$11.68	\$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

EXHIBIT A



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

COST ANALYSIS	Carrier Name	CURRENT			NEGOTIATED RENEWAL		
		Lincoln			Lincoln		
		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

EXHIBIT A

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.

EXHIBIT A