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	X		
Commissioner Zach Brooks	X		

ATTEST: RICK HOGABOAM, CLERK

By: JR088
Deputy Clerk

Gallagher

2026 Renewal and Marketing Analysis

Canyon County

Presented By:

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Gallagher

Insurance | Risk Management | Consulting

Gallagher Benefit Services, Inc.

EXHIBIT A

Note: The information contained herein is subject to the disclosures and disclaimers on the Disclaimers page of this presentation.

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	**BCI GemPlan**	**BCI GemPlan**	
Plan Name	**ASC PPO**	**ASC PPO**	**HSA**
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 *Unused funds roll over; not to exceed medical plan deducitble EE $2,000 Family $4,000*	EE: $400 ES & ECHN: $600 Family: $800	Freeze HRA Contirbutions	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			HSA Contribution Option 1			
			County	Employee	Total	County	Employee	Total	County	Employee	Total	HSA Cont.
Employee (EE) Only	309	**Employee Only**	$1,287	$0	$1,287	$1,225	$94	$1,319	$1,225	$0	$1,225	$75
EE + Spouse	85	**EE + Spouse**	$1,287	$240	$1,527	$1,225	$340	$1,565	$1,225	$240	$1,465	$150
EE + Child	87	**EE + Child**	$1,287	$52	$1,339	$1,225	$147	$1,372	$1,225	$52	$1,277	$150
EE + Child(ren)	90	**EE + Children**	$1,287	$108	$1,395	$1,225	$205	$1,430	$1,225	$108	$1,333	$150
EE + Family	205	**Family**	$1,287	$356	$1,643	$1,225	$459	$1,684	$1,225	$356	$1,581	$150

EXHIBIT A

Canyon County

Delta Dental | Contribution Options | Effective 01.01.2026

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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**

EXHIBIT A

Canyon County
Willamette Dental | Contribution Options | Effective 01.01.2026

Gallagher

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**

EXHIBIT A

Gallagher

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*

EXHIBIT A

Canyon County

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

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	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

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