

RESOLUTION 2023-30

**RESOLUTION APPROVING THE ANNUAL RENEWAL RATES WITH
WELLMARK BLUE CROSS BLUE SHIELD THROUGH THE IOWA
COMMUNITY TRUST FOR HEALTH INSURANCE.**

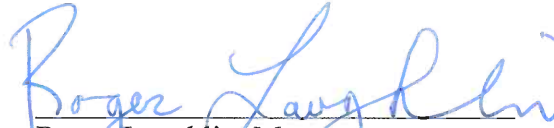
WHEREAS, the City of West Branch, Iowa received insurance renewal rates from the Wellmark Blue Cross Blue Shield through the Iowa Community Trust for health insurance; and

WHEREAS, after reviewing the insurance renewal rates and deemed acceptable, the City Council has decided to accept the renewal rates effective July 1, 2023; and

NOW, THEREFORE BE IT RESOLVED, by the Council of the City of West Branch, Iowa, that the insurance renewal with Wellmark Blue Cross Blue Shield through the Iowa Community Trust are hereby approved.

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Passed and approved this 3rd day of April, 2023



Roger Laughlin, Mayor

ATTEST:



Heidi Van Auken, Deputy Clerk



City of West Branch

ICT Partially Self-Funded Program Summary
Effective Date: July 2023 - June 30, 2024

9/1/2022 - 6/30/2023		Single	EE+Child(ren)	EE+Spouse	Family	Annualized
Employee Counts		4	0	1	6	
Wellmark Premium		\$576.12	\$1,440.31	\$1,440.31	\$1,440.31	\$ 148,640
ICT Trust Fee		\$10.00	\$10.00	\$10.00	\$10.00	\$ 1,320
Total Fully Insured Cost		\$586.12	\$1,450.31	\$1,450.31	\$1,450.31	\$ 149,960
Partial Self-Fund Claims Estimate		\$100.92	\$263.54	\$263.54	\$263.54	\$ 26,982
SISCO TPA Administration Fee		\$7.75	\$7.75	\$7.75	\$7.75	\$ 1,023
Wellmark EOB Fee		\$0.83	\$0.83	\$0.83	\$0.83	\$ 110
C&B Broker Fee		\$50.00	\$50.00	\$50.00	\$50.00	\$ 6,600
Total Monthly Split-Funding Cost		\$159.50	\$322.12	\$322.12	\$322.12	\$ 34,714
Total Monthly Fixed + Claims Est.		\$745.62	\$1,772.43	\$1,772.43	\$1,772.43	\$ 184,674
4 Tier Equivalency		\$745.62	\$1,350.28	\$1,154.98	\$1,875.34	\$ 184,674

7/1/2023 - 6/30/2024		Single	EE+Child(ren)	EE+Spouse	Family	Annualized	% of Change
Employee Counts		4	0	1	6		
Wellmark Premium		\$613.18	\$1,532.96	\$1,532.96	\$1,532.96	\$ 158,201	
ICT Trust Fee		\$10.00	\$10.00	\$10.00	\$10.00	\$ 1,320	
Total Fully Insured Cost		\$623.18	\$1,542.96	\$1,542.96	\$1,542.96	\$ 159,521	6.4%
Partial Self-Fund Claims Estimate		\$100.92	\$263.54	\$263.54	\$263.54	\$ 26,982	
SISCO TPA Administration Fee		\$7.75	\$7.75	\$7.75	\$7.75	\$ 1,023	
Wellmark EOB Fee		\$0.83	\$0.83	\$0.83	\$0.83	\$ 110	
C&B Broker Fee		\$50.00	\$50.00	\$50.00	\$50.00	\$ 6,600	
Total Monthly Split-Funding Cost		\$159.50	\$322.12	\$322.12	\$322.12	\$ 34,714	
Total Monthly Fixed + Claims Est.		\$782.68	\$1,865.08	\$1,865.08	\$1,865.08	\$ 194,235	5.2%
4 Tier Equivalency		\$782.68	\$1,420.86	\$1,215.36	\$1,973.37	\$ 194,235	

Signature: Roger Langdon Date: 4-3-23