

**RESOLUTION 2026-41**

**RESOLUTION APPROVING THE ANNUAL RENEWAL RATES WITH METLIFE FOR BASIC LIFE, AD&D, SHORT TERM DISABILITY, LONG TERM DISABILITY, DENTAL AND VISION INSURANCE.**

**WHEREAS**, the City of West Branch, Iowa received insurance renewal rates from the MetLife for basic life, AD&D, short term disability, long term disability, dental and vision insurance (See Exhibit A); and

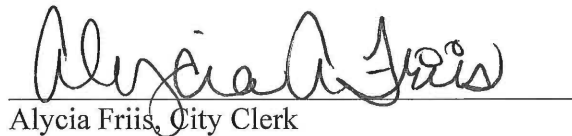
**WHEREAS**, after reviewing the insurance renewal rates and deemed acceptable, the City Council has decided to accept the renewal rates effective July 1, 2026; and

**NOW, THEREFORE BE IT RESOLVED**, by the Council of the City of West Branch, Iowa, that the insurance renewal with MetLife is hereby approved.

**Passed and approved this 4th day of May, 2026.**

  
\_\_\_\_\_  
Roger Laughlin, Mayor

ATTEST:

  
\_\_\_\_\_  
Alycia Friis, City Clerk



City of West Branch

ICT Partially Self-Funded Program Summary  
Effective Date: July 2025 - June 30, 2026

9/1/2025 - 6/30/2026		Single	Family	Annualized
Employee Counts	5	9		
Wellmark Premium	\$698.83	\$1,747.07	\$	230,613
ICT Trust Fee	\$10.00	\$10.00	\$	1,680
<b>Total Fully Insured Cost</b>	<b>\$708.83</b>	<b>\$1,757.07</b>	<b>\$</b>	<b>232,293</b>
Partial Self-Fund Claims Estimate	\$100.92	\$263.54	\$	34,518
SISCO TPA Administration Fee	\$8.00	\$8.00	\$	1,344
Wellmark EOB Fee	\$0.83	\$0.83	\$	139
C&B Broker Fee	\$50.00	\$50.00	\$	8,400
<b>Total Monthly Split-Funding Cost</b>	<b>\$159.75</b>	<b>\$322.37</b>	<b>\$</b>	<b>44,401</b>
<b>Total Monthly Fixed + Claims Est.</b>	<b>\$868.58</b>	<b>\$2,079.44</b>	<b>\$</b>	<b>276,694</b>

7/1/2026 - 6/30/2027		Single	Family	Annualized	% of Change
Employee Counts	5	9			
Wellmark Premium	\$753.35	\$1,883.37	\$	248,605	
ICT Trust Fee	\$10.00	\$10.00	\$	1,680	
<b>Total Fully Insured Cost</b>	<b>\$763.35</b>	<b>\$1,893.37</b>	<b>\$</b>	<b>250,285</b>	<b>7.7%</b>
Partial Self-Fund Claims Estimate	\$100.92	\$263.54	\$	34,518	
SISCO TPA Administration Fee	\$8.00	\$8.00	\$	1,344	
Wellmark EOB Fee	\$0.83	\$0.83	\$	139	
C&B Broker Fee	\$60.00	\$60.00	\$	10,080	
<b>Total Monthly Split-Funding Cost</b>	<b>\$169.75</b>	<b>\$332.37</b>	<b>\$</b>	<b>46,081</b>	
<b>Total Monthly Fixed + Claims Est.</b>	<b>\$933.10</b>	<b>\$2,225.74</b>	<b>\$</b>	<b>296,366</b>	<b>7.1%</b>

Signature: Roger Fay R. Baker 5-4-26

		Lives / Volume	Current Rates	Current Annual Premium	Adjusted Rate	Annual Premium	Rate Action
<b>Dental:</b>	EE Only	6	\$43.90	\$3,160.80	\$50.49	\$3,635.28	15.01%
	EE + Family	9	\$126.56	\$13,668.48	\$145.54	\$15,718.32	15.00%
<b>Vision:</b>	EE Only	2	\$8.87	\$212.88	\$8.87	\$212.88	0.00%
	EE + Spouse	2	\$17.79	\$426.96	\$17.79	\$426.96	0.00%
	EE + Child(ren)	1	\$15.06	\$180.72	\$15.06	\$180.72	0.00%
	EE + Family	4	\$24.84	\$1,192.32	\$24.84	\$1,192.32	0.00%
<b>Basic Life:</b>		\$800,000.00	\$0.156	\$1,497.60	\$0.164	\$1,574.40	5.13%
	<b>AD&amp;D:</b>	\$800,000.00	\$0.028	\$268.80	\$0.028	\$268.80	0.00%
<b>LTD:</b>		\$94,018.550	\$0.389	\$4,388.79	\$0.350	\$3,949.91	-10.00%
<b>STD:</b>		\$12,699.530	\$0.231	\$3,520.31	\$0.231	\$3,520.31	0.00%
<b>TOTAL:</b>				<b>\$28,517.66</b>		<b>\$30,679.90</b>	<b>7.58%</b>