

RESOLUTION 2026-42

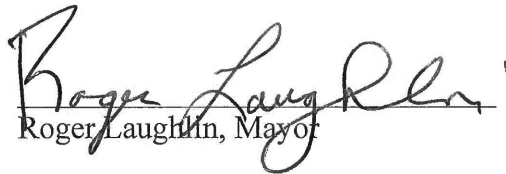
**RESOLUTION APPROVING THE ANNUAL RENEWAL RATES WITH
WELLMARK BLUE CROSS BLUE SHIELD THROUGH THE IOWA
COMMUNITY TRUST FOR HEALTH INSURANCE.**

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 (See Exhibit A); and

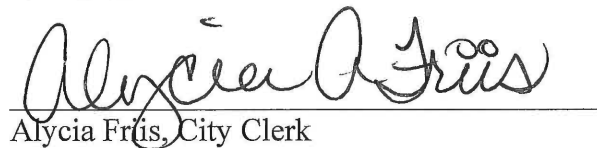
WHEREAS, after reviewing the insurance renewal rates and deemed acceptable, the City Council has decided to accept the renewal rates effective July 1, 2026; and

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

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


Roger Laughlin, Mayor

ATTEST:


Alycia Fris, City Clerk



City of West Branch
 Account Key: 00057353
 Grp/Billing Unit: 56719-0800

Fully Insured Trust Options - Net of Consultant Fees
 Rating Period: 07/01/2026 - 06/30/2027

Iowa Community Trust

Enrollment

Single	Family
6	6

Renewal Benefits and Rates

Plan	Health OBS	Drug OBS	E/NE	Health Ded	Health Coins	Health OPM	Health Copay	Drug Copay	Single	Family	Monthly Premium
<input type="checkbox"/>	1	216175-244	216176-213	E	\$7,900 / \$15,800	\$7,900 / \$15,800	\$25	\$10 / \$20 / \$20 / \$85	\$730.33	\$1,825.81	\$15,337
<input type="checkbox"/>	2	216175-245	216176-214	E	\$3,400 / \$5,200	\$3,400 / \$5,200	-	0% - HDHP	\$836.59	\$2,091.49	\$17,568
<input type="checkbox"/>	3	216175-246	216176-215	E	\$2,600 / \$5,200	\$5,000 / \$10,000	\$10	\$0 / \$15 / \$30 / \$85	\$881.43	\$2,203.57	\$18,510
<input type="checkbox"/>	4	216175-247	216176-216	E	\$2,600 / \$5,200	\$5,000 / \$10,000	\$15	\$0 / \$15 / \$30 / \$85	\$877.65	\$2,194.11	\$18,431
<input type="checkbox"/>	5	427210-1	216176-217	E	\$6,000 / \$12,000	\$8,500 / \$17,000	\$20	\$10 / \$25 / \$40 / \$85	\$722.37	\$1,805.91	\$15,170
<input type="checkbox"/>	6	216175-249	216176-218	E	\$2,600 / \$5,200	\$5,000 / \$10,000	\$15	\$10 / \$25 / \$40 / \$85	\$815.41	\$2,038.51	\$17,124
<input type="checkbox"/>	7	216175-250	216176-219	E	\$5,000 / \$10,000	\$6,500 / \$13,000	\$20	\$10 / \$25 / \$40 / \$85	\$746.74	\$1,866.86	\$15,682
<input type="checkbox"/>	8	216175-251	216176-220	E	\$5,000 / \$10,000	\$6,500 / \$13,000	\$25	\$10 / \$25 / \$40 / \$85	\$743.26	\$1,858.16	\$15,609
<input type="checkbox"/>	9	216175-252	216176-221	E	\$5,000 / \$10,000	\$6,450 / \$12,900	-	30% - HDHP	\$636.74	\$1,591.84	\$13,371
<input type="checkbox"/>	11	216175-254	216176-223	E	\$6,000 / \$12,000	\$8,500 / \$17,000	\$20	\$10 / \$25 / \$40 / \$85	\$722.15	\$1,805.39	\$15,165
<input type="checkbox"/>	12	216175-255	216176-224	E	\$6,000 / \$12,000	\$8,500 / \$17,000	\$25	\$10 / \$25 / \$40 / \$85	\$718.63	\$1,796.57	\$15,091
<input type="checkbox"/>	13	423637-1	216176-225	E	\$6,000 / \$12,000	\$7,050 / \$14,100	-	30% - HDHP	\$619.41	\$1,548.53	\$13,008
<input type="checkbox"/>	15	423639-1	216176-226	E	\$2,600 / \$5,200	\$5,000 / \$10,000	\$15	\$10 / \$25 / \$40 / \$85	\$773.56	\$1,933.90	\$16,245
<input type="checkbox"/>	16	423643-1	216176-227	E	\$5,000 / \$10,000	\$6,500 / \$13,000	\$20	\$10 / \$25 / \$40 / \$85	\$669.75	\$1,674.39	\$14,065
<input type="checkbox"/>	17	423646-1	216176-228	E	\$6,000 / \$12,000	\$8,500 / \$17,000	\$20	\$10 / \$25 / \$40 / \$85	\$648.13	\$1,620.33	\$13,611
<input type="checkbox"/>	19	423648-1	216176-229	N	\$2,600 / \$5,200	\$5,200 / \$6,850	-	30% - HDHP	\$760.38	\$1,900.94	\$15,968
<input type="checkbox"/>	20	423650-1	216176-230	E	\$6,000 / \$12,000	\$8,500 / \$17,000	\$20	\$10 / \$25 / \$40 / \$85	\$658.82	\$1,647.04	\$13,835
<input checked="" type="checkbox"/>	21	423652-1	216176-231	E	\$5,000 / \$10,000	\$6,500 / \$13,000	\$10	\$10 / \$25 / \$40 / \$85	\$753.35	\$1,883.37	\$15,820
<input type="checkbox"/>	22	423637-2	216176-232	E	\$6,000 / \$12,000	\$8,000 / \$14,100	-	30% - HDHP	\$604.16	\$1,510.40	\$12,687

All rates shown are net of consultant fees.

Column "E/NE" identifies if the noted plan benefits are embedded or non-embedded.

The Premium quoted includes the Health Insurer Fee (HIF).

Wellmark Blue Cross and Blue Shield reserves the right to re-evaluate rates if overall trust enrollment fluctuates more than 10% from the enrollment assumptions.

Wellmark is not providing any legal or professional advice with regard to compliance of any federal or state law, regulations, or guidance. Law, regulations and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.

Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administrative Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.

Employer Signature: *Ray Jay De* Date: 5-4-26