

WORK SESSION MEETING
May 13, 2025
6:00 PM
City Hall



CITY OF MILLS
EST. 1921

Mayor:
Leah Juarez
Council President:
Brad Neumiller
Council Members:
Cherie Butcher
Sara McCarthy
Tim Sutherland

AGENDA

CALL TO ORDER

AGENDA ITEMS

- [1.](#) City Planner: El Rod Addition
- [2.](#) City Clerk - Insurance Pricing
3. City Administrator - Budget

ADJOURNMENT

AGENDA SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the Americans with Disabilities Act, persons who need accommodation in order to attend or participate in this meeting should contact City Hall at 307-234-6679 within 48 hours prior to the meeting in order to request such assistance.



CITY OF MILLS
EST. 1921

704 Fourth Street
P.O. Box 789
Mills, WY 82644

Phone: 307-234-6679
Fax: 307-234-6528

Item #1.

Memorandum

TO: Mills City Council
FROM: Megan Nelms, AICP, City Planner
DATE: May 13, 2025
SUBJECT: Final Plat – Elrod Addition

Case Number: 25.04 FSP

Summary: The applicant is proposing to resubdivide Lot 1, Elrod Addition into two (2) lots, one being .72-acres in size and the other .14-acres in size. Both lots meet the minimum lot size requirements for the applicable zone district, however, the applicant has indicated the purpose of the resubdivision is to provide access across proposed Lot 2 from Falcon St. to the adjacent Lot 20, Peterson Addition No. 2.

Current Zoning: I-1 (Light Industrial) *no change of zoning is requested or required.

Planning Commission Recommendation: At their May 1, 2025, meeting the Planning & Zoning Commission made a “DO PASS” recommendation on the subdivision request, pending completion of all planning considerations.

Staff Recommendation: The applicant has completed all the required planning considerations and staff recommends APPROVAL of the subdivision final plat.

Elrod Addition No. 2
Final Plat

Planning Commission Meeting
May 1, 2025

City Council Meeting

Applicants: Elrod Living Trust

Case Number: 25.04 FSP

Agent: ECS Engineers

Summary: The applicant is proposing to resubdivide Lot 1, Elrod Addition into two (2) lots, one being 31,781 sq. ft. and the other 6,185 sq. ft in size.

Legal Description: Lot 1, Elrod Addition

Location: The property is located on the northeast corner of the intersection of Poison Spider Rd and Falcon Ave.

Current Zoning: I-1 (Light Industrial) *no change of zoning is requested or required.

Existing Land Use: There is an existing shop building on the property. *It is noted that the existing structure is considered non-conforming for setbacks

Adjacent Land Use: North: Industrial uses/Peterson Addition No. 3 (C-1)
South: Industrial uses/Peterson Subdivision No. 2 (I-1)
East: Industrial uses/Peterson Subdivision No. 2 (I-1)
West: Various commercial businesses (I-1)

Planning Considerations:

1. Add the size of each lot in acres to the plat face.
2. Cosmetic changes to the plat:
 - a. In the 2nd line of the first paragraph of the Dedication, add a space between Lot and the number 1.
 - b. In the Acknowledgement, for each signer of the plat, add “Elrod Living Trust 12/5/23” after Trustee
 - c. Update the vicinity map to reflect the nearby resubdivision of Natrona Business Park No. 2
 - d. Re-label Roosevelt St. as 35’ wide
 - e. Add a ‘date’ field for each sig under City Engineer, Planner & Surveyor

3. Survey Reviews:

- a. The last two calls in the legal description bound to Poison Spider Road and they should bound to Falcon Street.

Staff Recommendation:

Staff recommends APPROVAL of the final plat upon all planning considerations being completed and for the Planning Commission make a “Do Pass” recommendation on the Final Plat application.

Planning Commission Recommendation:

City Council Decision:



CITY OF MILLS
APPLICATION FOR PLAT/REPLAT
Pursuant to the City of Mills Zoning Ordinance

PAID
APR 10 2025

Item #1.



City of Mills, Wyoming
704 4th Street (Physical Address)
P.O. Box 789 (Mailing Address)
Mills, Wyoming 82644

Date: _____
Return by: _____
(Submittal Deadline)
For Meeting on: _____

PLEASE PRINT

SINGLE POINT OF CONTACT: Dan Elrod (307) 797-3041

APPLICANT/PROPERTY OWNER(S) INFORMATION:

Print Owner Name:
Elrod Living Trust and CCR LLC
Owner Mailing Address:
2971 Robertson Road
City, State, Zip: Casper, WY 82604
Owner Phone: [REDACTED]
Applicant Email: [REDACTED]

AGENT INFORMATION:

Print Agent Name:
Dan Elrod
Agent Mailing Address:
2971 S. Robertson Road
City, State, Zip: Casper, WY 82604
Agent Phone: [REDACTED]
Agent Email: [REDACTED]

PROPERTY INFORMATION:

Subject property legal description (attach separate page if long legal): 1136 Falcon Lot 1 Elrod Living Trust
Physical address of subject property if available: 1136 Falcon
Size of lot(s) 37,642 sq ft sq. ft/ acres:
Current zoning: I-1 Current use: Commercial
Intended use of the property: Same
Zoning within 300 feet: I-1 Land use within 300 feet: Same

ATTACHMENTS (REQUIRED):

1. **Proof of ownership:** _____ (such as deed, title certification, attorney's title opinion)
2. **One (1) full sized copy of the plat/replat:** _____
3. **One reproducible 11 x 17 plat/replat hard copy:** _____
4. **One plat/replat electronic copy (pdf):** _____

RIGHT-OF-WAY / EASEMENT INFORMATION:

Right-of-Way / Easement Location: N/A
(Example: along west property line, running north & south)
Width of Existing Right-of-Way / Easement: _____ Number of Feet to be Vacated: _____
Please indicate the purpose for which the Right-of-Way / Easement is to be vacated / Abandoned

SIGNATURE(S):

The following owner's signature signifies that all information on this application is accurate and correct to the best of the owner's knowledge; and that the owner has thoroughly read and understands all application information and requirements. [In addition to the owner's signature(s), if an agent of the owner is also to be notified and/or contacted for all communications relating to this application, please have the agent sign below.]

I (We) the undersigned owner(s) of the property described above do hereby make application to the City of Mills as follows:
Replat of Lot 1 Elrod Family Trust and Lot 20 Peterson #2

Surveying by ECS Shawn Gustufson (307) 267-6215

OWNER Signature _____

OWNER Signature _____

AGENT Signature _____

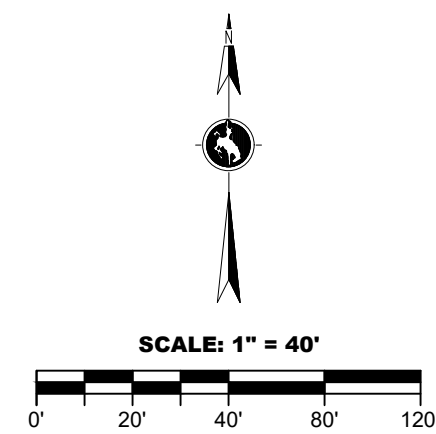
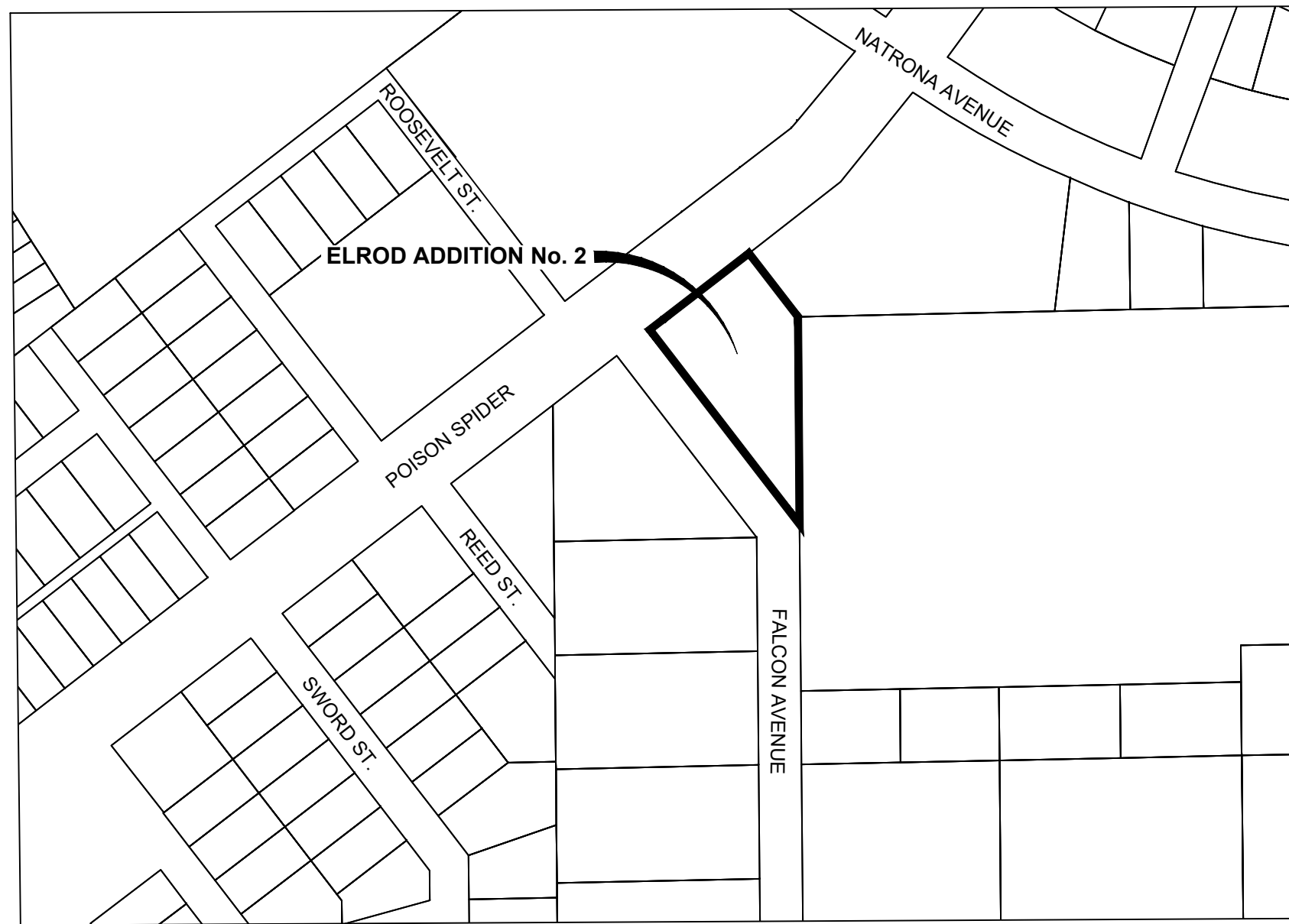
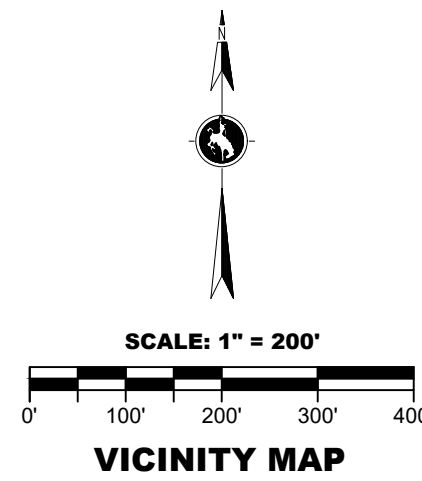
FEES (Plat/Replat): \$10.00 per lot (\$250.00 minimum and a \$1,000.00 maximum), **plus \$150.00 recording fee.**

For Office Use Only: Signature verified: _____ Proof of ownership provided: _____ Fee Paid: \$ _____

A VACATION AND REPLAT OF LOT 1, ELROD ADDITION
AS

ELROD ADDITION No. 2

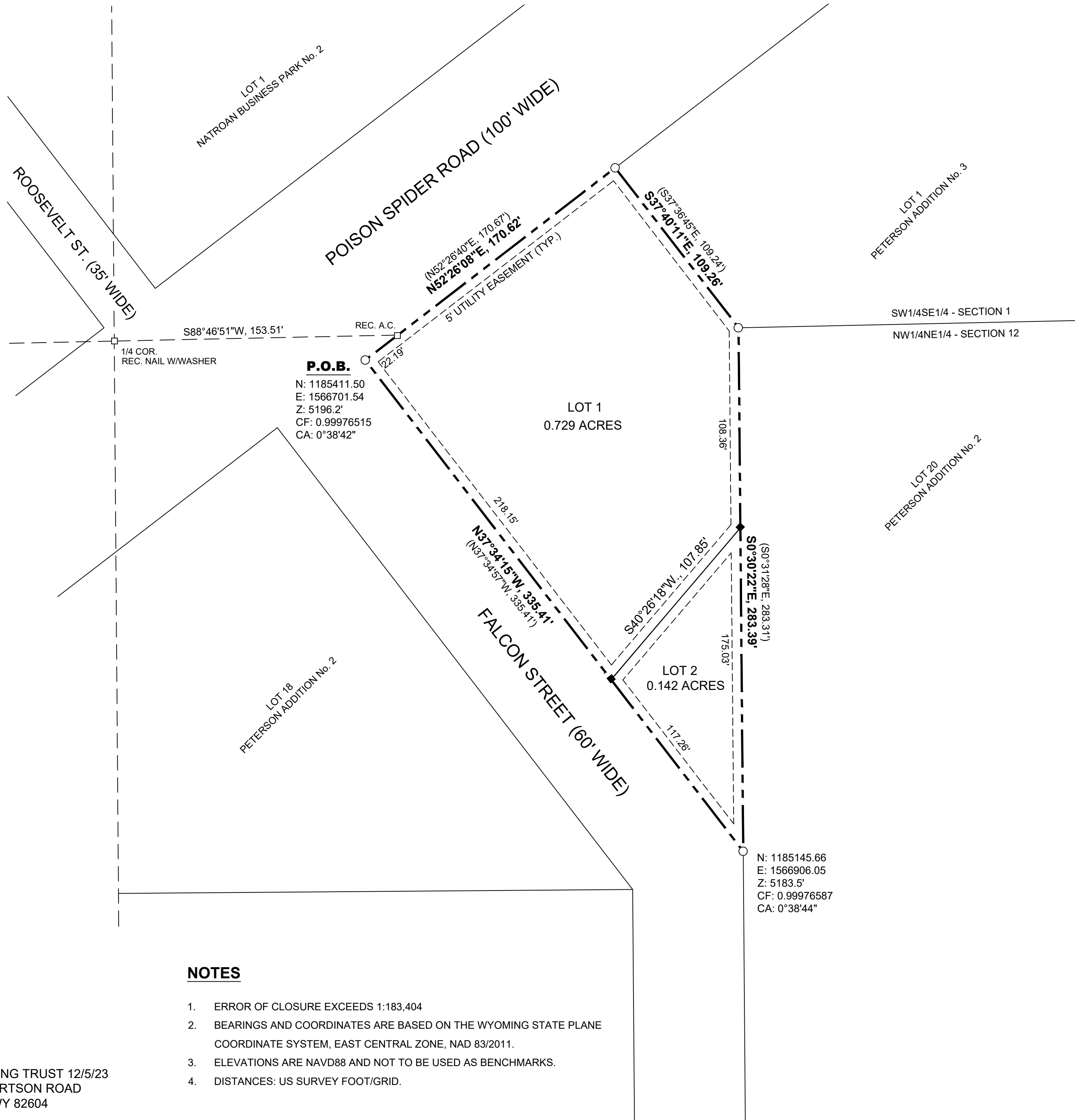
AN ADDITION TO THE CITY OF MILLS, WYOMING
LOCATED IN PORTIONS OF THE SW1/4SE1/4, SECTION 1 AND NW1/4NE1/4, SECTION 12
T.33N., R.80.W, 6TH P.M.,
NATRONA COUNTY, WYOMING



LEGEND

- RECOVERED BRASS CAP
- RECOVERED CORNER (AS NOTED)
- SET ALUMINUM CAP
- W.C. WITNESS CORNER

- SUBDIVISION BOUNDARY
- LOT LINE
- EASEMENT LINE
- SECTION LINES
- MEASURED BEARING & DISTANCE
- RECORD BEARING & DISTANCE



NOTES

- ERROR OF CLOSURE EXCEEDS 1:183,404
- BEARINGS AND COORDINATES ARE BASED ON THE WYOMING STATE PLANE COORDINATE SYSTEM, EAST CENTRAL ZONE, NAD 83/2011.
- ELEVATIONS ARE NAVD88 AND NOT TO BE USED AS BENCHMARKS.
- DISTANCES: US SURVEY FOOT/GRID.

OWNER:
ELROD LIVING TRUST 12/5/23
2971 ROBERTSON ROAD
CASPER, WY 82604

DATE DRAWN:
4.9.2025



Environmental and Civil Solutions, LLC
111 West 2nd Street, Suite 600
Casper, WY 82604
Phone: 307.337.2883
www.ecsengineers.net

PROJECT NO. 2500

CERTIFICATE OF DEDICATION

STATE OF WYOMING
COUNTY OF NATRONA

THE UNDERSIGNED, DANIEL R. ELROD AND MELISSA A. ELROD, TRUSTEES OF THE ELROD LIVING TRUST 12/5/23, DO HEREBY CERTIFY THAT THEY ARE THE OWNERS AND PROPRIETORS OF LOT 1, ELROD ADDITION, LOCATED IN A PORTION OF THE SW1/4SE1/4, SECTION 1, AND THE NW1/4NE1/4, SECTION 12, T.33N., R.80W., 6TH P.M., CITY OF MILLS, NATRONA COUNTY, WYOMING, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE WESTERLY CORNER OF THE PARCEL BEING DESCRIBED AND A POINT IN THE INTERSECTION OF THE NORTHEASTERLY LINE OF FALCON STREET WITH THE SOUTHEASTERLY LINE OF POISON SPIDER ROAD; THENCE FROM SAID POINT OF BEGINNING AND ALONG THE NORTHWESTERLY LINE OF SAID PARCEL AND THE SOUTHEASTERLY LINE OF SAID POISON SPIDER ROAD, N.52°26'08"E., 170.62 FEET TO THE NORTHERLY CORNER OF SAID PARCEL AND THE WESTERLY CORNER OF LOT 1, PETERSON ADDITION No. 3; THENCE ALONG THE NORTHEASTERLY LINE OF SAID PARCEL AND THE SOUTHWESTERLY LINE OF SAID LOT 1, PETERSON ADDITION No. 3, S.37°40'11"E., 108.26 FEET TO THE EASTERLY CORNER OF SAID PARCEL, THE SOUTHWEST CORNER OF SAID LOT 1, PETERSON ADDITION No. 3 AND THE NORTHWEST CORNER OF LOT 20, PETERSON ADDITION No. 2; THENCE ALONG THE EASTERLY LINE OF SAID PARCEL AND THE WESTERLY LINE OF SAID LOT 20, PETERSON ADDITION No. 2, S.0°30'22"E., 283.39 FEET TO THE SOUTHERLY CORNER OF SAID PARCEL AND A POINT IN THE NORTHEASTERLY LINE OF SAID FALCON STREET; THENCE ALONG THE SOUTHWESTERLY LINE OF SAID PARCEL AND THE NORTHEASTERLY LINE OF SAID FALCON STREET, N.37°34'15"W., 335.41 FEET TO THE POINT OF BEGINNING;

THE ABOVE-DESCRIBED PARCEL OF LAND CONTAINS 0.871 ACRES, MORE OR LESS, AND IS SUBJECT TO ANY RIGHTS-OF-WAY AND/OR EASEMENTS, RESERVATIONS, AND ENCUMBRANCES WHICH HAVE BEEN LEGALLY ACQUIRED.

THE VACATION, REPLAT AND SUBDIVISION OF THE FOREGOING DESCRIBED LANDS, LOT 1, ELROD ADDITION, AS IT APPEARS ON THIS PLAT, IS DEDICATED WITH THE FREE CONSENT AND IN ACCORDANCE WITH THE DESIRES OF THE ABOVE NAMED OWNERS AND PROPRIETORS. THE NAME OF THE SUBDIVISION SHALL BE KNOWN AS "ELROD ADDITION No. 2", TO THE CITY OF MILLS, NATRONA COUNTY, WY. ALL STREETS SHOWN HEREON ARE HEREBY OR WERE PREVIOUSLY DEDICATED TO THE USE OF THE PUBLIC.

EASEMENTS SHOWN HEREON, ARE HEREBY DEDICATED TO THE CITY OF MILLS AND TO THE PUBLIC AND PRIVATE UTILITY COMPANIES FOR THE PURPOSES OF CONSTRUCTION, OPERATION AND MAINTENANCE OF UTILITY LINES, CONDUITS, DITCHES, DRAINAGE AND ACCESS.

ELROD LIVING TRUST 12/5/23
2971 ROBERTSON ROAD
CASPER, WY 82604

ELROD LIVING TRUST 12/5/23
2971 ROBERTSON ROAD
CASPER, WY 82604

DANIEL R. ELROD, TRUSTEE ELROD LIVING TRUST 12/5/223

MELISSA A. ELROD, TRUSTEE ELROD LIVING TRUST 12/5/23

ACKNOWLEDGEMENTS

STATE OF WYOMING)
) SS
COUNTY OF NATRONA)

THIS THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 2025,
BY DANIEL R. ELROD - TRUSTEE.
WITNESS MY HAND AND OFFICIAL SEAL.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC

STATE OF WYOMING)
) SS
COUNTY OF NATRONA)

THIS THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 2025,
BY MELISSA A. ELROD - TRUSTEE.
WITNESS MY HAND AND OFFICIAL SEAL.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC

APPROVALS

CITY OF MILLS:

APPROVED BY THE CITY COUNCIL OF THE CITY OF MILLS, WYOMING BY RESOLUTION NUMBER _____ DULY PASSED, ADOPTED AND
APPROVED ON THIS _____ DAY OF _____, 2025.

ATTEST: MAYOR _____

ATTEST: CITY CLERK _____

CITY ENGINEER _____

CITY SURVEYOR _____

CITY PLANNER _____

_____, 2025.

_____, 2025.

_____, 2025.

CERTIFICATE OF SURVEYOR

I, **STEVEN J. GRANGER**, DO HEREBY CERTIFY THAT I AM A PROFESSIONAL LAND SURVEYOR, REGISTERED UNDER THE LAWS OF THE STATE OF WYOMING, THAT THIS PLAT IS A TRUE, CORRECT AND COMPLETE PLAT OF "ELROD ADDITION No.2", AS LAID OUT, PLATTED, DEDICATED AND SHOWN HEREON, AND THAT THIS PLAT WAS MADE FROM NOTES DURING AN ACTUAL SURVEY MADE BY ME OR OTHERS UNDER MY DIRECT SUPERVISION DURING THE MONTH OF APRIL, 2025 AND THAT THE PHYSICAL AND MATHEMATICAL DETAILS SHOWN HEREON ARE CORRECT AT THE TIME OF SAID SURVEY.

STATE OF WYOMING)
) SS
COUNTY OF NATRONA)

THIS THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 2025,
BY STEVEN J. GRANGER

WITNESS MY HAND AND OFFICIAL SEAL.

MY COMMISSION EXPIRES: _____














NOTARY PUBLIC



Elrod Addition No. 2 – Final Plat



Mills Zoning Districts

	Mills, C-1: General Commercial		Mills, O-B: Office Business District
	Mills, C-3: Business Service District		Mills, R-1: Single Family Dwelling District
	Mills, I-1: Light Industrial		Mills, R-2: One and Two Family Dwelling District
	Mills, I-2: Heavy Industrial		Mills, R-3: Multiple Family Dwelling District
	Mills, M-H: Manufactured Home District		Mills, UA: Urban Agriculture
	Mills, M-P: Manufactured Home Park		Mills, UR: Urban Agriculture Residential
	Mills, PLI: Public Land Institutions		

TRUSTEE'S SPECIAL WARRANTY DEED

DANIEL ROBERT ELROD, Successor Trustee of the Elrod Family Trust, dated September 26, 1990, Grantor, of Natrona County, State of Wyoming, for and in consideration of TEN DOLLARS (\$10.00) and other good and valuable consideration, in hand paid, the receipt of which is hereby acknowledged, CONVEY and SPECIALLY WARRANT against all who claim by, through, or under the Grantor, but against none other, to DANIEL R. ELROD and MELISSA A. ELROD, Trustees of the Elrod Living Trust, dated December 5, 2023 whose address is 2971 S. Robertson Rd, Casper, Wyoming 82604, Grantee, all his right, title and interest in and to the following described real estate, situate in Natrona County, State of Wyoming, hereby releasing and waiving all rights under and by virtue of the homestead exemption laws of the State, to-wit:

SEE EXHIBIT A ATTACHED HERETO

Together with all buildings and improvements located thereon or appurtenant thereto and all rights, privileges, hereditaments and tenements appertaining or belonging thereto; SUBJECT to all prior easements, restrictions, reservations, conveyances, conditions, covenants and rights-of-way of record.

WITNESS his hand this 4th day of April, 2024.

ELROD FAMILY TRUST,
dated September 26, 1990

By [Signature]

DANIEL ROBERT ELROD,
SUCCESSOR TRUSTEE

[ACKNOWLEDGMENT PAGE TO FOLLOW]



4/4/2024 9:56:13 AM

NATRONA COUNTY CLERK

Pages: 3

Tracy Good
Recorded: CC
Fee: \$18.00
DANIEL ELROD

EXHIBIT A

TRACT I:

LOTS 7, 8, 9, 10 AND 11, "PETERSON ADDITION NO. 2" TO THE TOWN OF MILLS,
NATRONA COUNTY, WYOMING
ADDRESS: 1114 FALCON AVENUE, MILLS, WY 82644

TRACT II:

LOT 19, "PETERSON ADDITION NO. 2" AND LOT 2, "PETERSON ADDITION NO. 3" TO
THE TOWN OF MILLS, NATRONA COUNTY, WYOMING
ADDRESS: 1136 FALCON AVENUE, MILLS, WY 82644



City of Mills

Item #2.

Melissa Bilby

melissa.bilby@hubinternational.com

Effective Date: 7/1/2025

307-233-8591

Group Medical Insurance		Current	Appealed Renewal	Option 1	Option 2	Option 3		Current	Appealed Renewal	Option 1	Option 2	Option 3
Insurance Company		Cigna	Cigna	Crumdale	United	Mountain Health Co-Op		Cigna	Cigna	Crumdale	United	Mountain Health Co-Op
Network		Cigna	Cigna	Aetna	Choice+	High Plains		Cigna	Cigna	Aetna	Choice+	High Plains
Plan Type		HSA	HSA	HSA	HSA	HSA		OAP	OAP	PPO	OAP	PPO
Deductible In/Out		\$3,200/\$10,000	\$3,300/\$10,000	\$3,300/\$5,000	\$3,500/\$10,000	\$3,200/\$10,000		\$2,000/\$10,000	\$2,000/\$10,000	\$2,000/\$4,000	\$2,000/\$5,000	\$2,000/\$10,000
Family Deductible In/Out		\$6,400/\$20,000	\$6,400/\$20,000	\$6,600/\$10,000	\$7,000/\$20,000	\$6,400/\$20,000		\$4,000/\$20,000	\$4,000/\$20,000	\$4,000/\$8,000	\$4,000/\$10,000	\$4,000/\$20,000
Co-Insurance In/Out		80%/50%	80%/50%	80%/50%	80%/50%	80%/50%		80%/50%	80%/50%	80%/50%	100%/50%	80%/50%
Annual Out of Pocket MAX		\$5,000/\$20,000	\$5,000/\$20,000	\$6,750/\$10,000	\$6,000/\$20,000	\$5,000/\$20,000		\$3,000/\$20,000	\$3,000/\$20,000	\$6,000/\$12,000	\$3,000/\$10,000	\$3,000/\$20,000
Family Max Out of Pocket		\$10,000/\$40,000	\$10,000/\$40,000	\$13,500/\$20,000	\$12,000/\$40,000	\$10,000/\$40,000		\$6,000/\$40,000	\$6,000/\$40,000	\$12,000/\$24,000	\$6,000/\$20,000	\$6,000/\$40,000
Copay- Office visit Primary		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$35	\$35	\$20	\$25	\$35
Copay- Office visit Specialist		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$35	\$35	\$50	\$50	\$35
Copay- Urgent Care		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$50	\$50	\$40	\$75	\$50
Copay- Emergency Room		Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins		\$150	\$150	\$300	\$500	\$150
Prescription Deductible		Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combine with medical		none	none	none	none	none
Prescription Card Co-Pays		Ded & Coins	Ded & Coins	\$10/\$25/50%/\$200	\$10/\$35/\$70	Ded & Coins		\$5/\$10/\$20	\$5/\$10/\$20*	\$10/\$25/50%/\$200	\$10/\$35/\$70	\$5/\$10/\$20/\$100
Preventive		100%	100%	100%	100%	100%		100%	100%	100%	100%	100%
Plan Type-funding		Level Funded	Level Funded	Level Funded	Fully Insured	Fully Insured		Level Funded	Level Funded	Level Funded	Fully Insured	Fully Insured
Specific Deductible		\$27,500	\$27,500	\$30,000				\$27,500	\$27,500	\$30,000		
Return Share		50%	50%	100%				50%	50%	100%		
Run Out		12/27	12/27	12/18				12/27	12/27	12/18		
Fixed Costs												
Employee Only	16	\$427.76	\$472.51	\$440.78			21	\$469.26	\$496.88	\$460.06		
EE + Spouse	2	\$898.31	\$992.29	\$651.22			2	\$985.42	\$1,043.40	\$674.51		
EE + Child(ren)	3	\$812.77	\$897.80	\$609.14			2	\$891.55	\$944.02	\$631.63		
Family	6	\$1,283.32	\$1,417.58	\$809.04			0	\$1,407.74	\$1,490.56	\$835.34		
Sub Total		\$18,779.01	\$20,743.62	\$15,036.58				\$13,608.40	\$21,812.30	\$12,273.54		
Claims Costs			10%	-20%					60%	-10%		
Employee Only	16	\$272.46	\$343.44	\$456.16			21	\$477.62	\$518.61	\$526.10		
EE + Spouse	2	\$572.18	\$721.23	\$912.33			2	\$1,002.96	\$1,089.03	\$1,052.22		
EE + Child(ren)	3	\$517.69	\$652.55	\$821.10			2	\$907.44	\$985.31	\$946.98		
Family	6	\$817.41	\$1,030.35	\$1,254.45			0	\$1,432.80	\$1,555.76	\$1,446.79		
Sub Total		\$11,961.25	\$15,077.25	\$19,113.22				\$13,850.82	\$15,039.49	\$15,046.50		
Annual "pool"		\$143,535.00	\$180,927.00	\$229,358.64				\$166,209.84	\$180,473.88	\$180,558.00		
Maximum Costs			26%	60%					9%	9%		
Employee Only	16	\$700.22	\$815.95	\$896.94	\$755.51	\$785.65	21	\$946.88	\$1,015.49	\$986.16	\$1,010.56	\$981.91
EE + Spouse	2	\$1,470.49	\$1,713.52	\$1,563.55	\$1,662.12	\$1,649.89	2	\$1,988.38	\$2,132.43	\$1,726.73	\$2,223.23	\$2,061.95
EE + Child(ren)	3	\$1,330.46	\$1,550.35	\$1,430.24	\$1,359.92	\$1,492.78	2	\$1,798.99	\$1,929.33	\$1,578.61	\$1,819.01	\$1,865.55
Family	6	\$2,100.73	\$2,447.93	\$2,063.49	\$2,493.18	\$2,357.02	0	\$2,840.54	\$3,046.32	\$2,282.13	\$3,334.85	\$2,945.64
Total		\$30,740.26	\$35,820.87	\$34,149.80	\$34,451.24	\$34,490.64		\$27,459.22	\$29,448.81	\$27,320.04	\$29,306.24	\$28,475.11
Renewal Adjustment %			17%	11%	12%	12%			7.25%	-0.51%	7%	4%
Notes				\$6,000/yr engagement fee; can add lasers		\$60 vision/\$100 dental reimbursement; non-embedded deductible			*\$1800 pharmacy max out of pocket per person	\$6,000/year engagement fee; can add lasers		\$60 vision/\$100 dental reimbursement
Total Current Premium: \$58,199.48												
Total Renewal Premium: \$65,269.68												
Total Blended Renewal Adjustment: 12.15%												



City of Mills

Item #2.

Melissa Bilby

melissa.bilby@hubinternational.com

Proposed Effective Date: 7/1/2025

307-233-8591

Group Dental Insurance		Current	Renewal	OPTION 1	OPTION 2
Carrier		Delta Dental	Delta Dental	Principal	The Standard
Network		Delta Dental	Delta Dental	99th UCR	90th UCR
Deductible		\$50/\$100	\$50/\$100	\$50/\$150	\$50/\$100
Family Limit					
Waived for		preventive	preventive	preventive	preventive
Orthodontia- Lifetime Max		\$1,000	\$1,000	\$1,000	\$1,000
Annual Maximum Benefit		\$1,000	\$1,000	\$1,000	\$1,000
Preventive		100%	100%	100%	100%
Basic		80%	80%	80%	80%
Major		50%	50%	50%	50%
Orthodontia		50%	50%	50%	50%
Notes					
	Enrollment				
	EE 44	\$32.75	\$38.65	\$28.03	\$30.02
	EE + 1 6	\$81.40	\$96.05	\$69.66	\$60.96
	EE & CH				\$91.55
FAMILY 8		\$131.35	\$155.00	\$112.41	\$122.50
Monthly Total		\$2,980.20	\$3,516.90	\$2,550.56	\$2,635.33

Group Vision Insurance		Current	OPTION 1	OPTION 2
Carrier		VSP	Principal	The Standard
Network		VSP Choice	VSP Choice	VSP Choice
Office Visit Copay		\$10	\$10	\$20
Materials Copay		\$20	\$25	\$20
Frequency Exam/Lenses/Frames		12/12/24	12/12/24	12/12/12
Frames		\$160	\$200	\$130
Contact Lenses (instead of glasses)		\$160	\$200	\$130
Notes				
	Enrollment			
	EE 41	\$7.40	\$7.04	\$7.46
	EE & SPS 6	\$10.43	\$10.43	\$14.59
	EE & CH 2	\$18.69	13 3.69	\$12.45
FAMILY 7		\$18.69	3.69	\$19.58
Monthly Total		\$534.19	\$519.43	\$555.36

This is a brief outline of benefits and does not include coverage details, limitations or exclusions. Rates are subject to change based on final enrollment.



City of Mills

Melissa Bilby

melissa.bilby@hubinternational.com

307-233-8591

Proposed Effective Date: 7/1/2025

Group Life Insurance	Current	OPTION 1
Carrier	Principal	The Standard
Plan	Employer Paid	Employer Paid
Employee Base Life Amount	\$15,000	\$15,000
Accidental Death & Dismemberment	\$15,000	\$15,000
Guarantee Issue Amount	\$15,000	\$15,000
Employee Rate per \$1,000	\$0.213	\$0.204
Employee AD&D Rate per \$1,000	\$0.031	\$0.025
Estimated Group Monthly Premium	\$215.94	\$198.00
Notes	Life rate will decrease to \$.202 by bundling dental & vision	
Rate Guarantee	1 Year	3 Years

This is a brief outline of benefits and does not include coverage details, limitations or exclusions. Rates are subject to change based on final enrollment.



2025 Benefits Renewal

Presented by Melissa Bilby

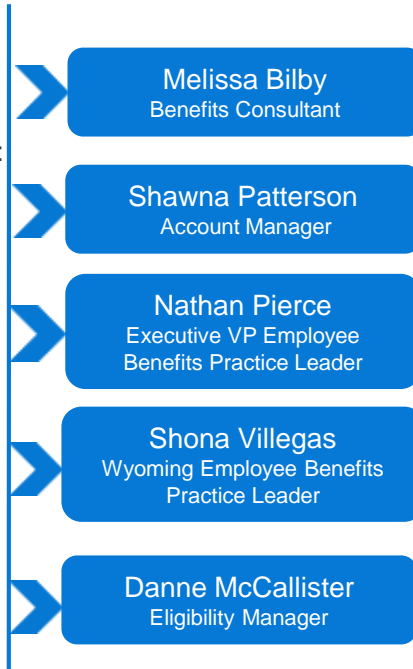
Agenda

- 1 HUB Products
- 2 Cigna Claims History
- 3 Renewal Pricing and Market Listing
- 4 Ancillary Products
- 5 Next Steps / Open Enrollment

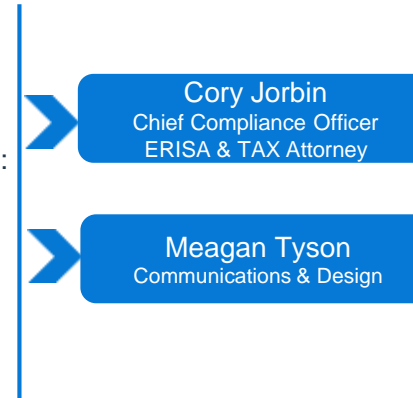
Your HUB Team

Proven Leadership – Industry Expertise – Sound Results

Client Services Team:



Specialty Practices:



Additional Services

Mineral™

Mineral brings together tools, resources and best practices no matter what a client's level of HR expertise is. From an HR Assessment to identify gaps and action items to HR compliance library with thousands of regulatory updates, guides, checklists and templates all created by certified HR and legal experts.

In addition, turn-key foundations like Smart Employee Handbook with continuous updates, compliance calendar, and To Dos help ensure clients know what to expect and work to stay ahead.

Wellbeing resources at your fingertips!

Employers are realizing the benefits of making employee health a priority. When employees make healthy lifestyle changes, they are more productive.

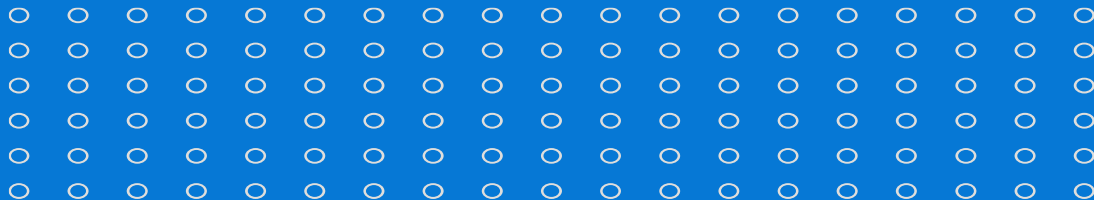
ChooseWell Online, HUB's proprietary and free wellbeing resource portal for the HR professional, helps you deliver the information and resources you need to launch a sustainable employee wellbeing program including:

- Planning tools and calendars
- Turnkey awareness campaigns and challenges
- Employer guides & surveys
- Monthly live new user trainings

HUB Workforce Persona Analysis™

- Better understand your population.
- Deep dive into your demographics.
- Confirm your workforce strategy supports every corner of your population.

2



Cigna Claims History



Aggregate Statement Jul 2023-May 2024



Date Printed: 05/01/2024

STATEMENT FOR THE MONTH OF MAY 2024
SUMMARY STATEMENT FOR THE ACCOUNTING PERIOD BEGINNING JUL 2023
 Group: 00621648 City of Mills

Month	[1] Monthly Claim Funding	[2] Cumulative Claim Funding	[3] Monthly Claim Payments	[4] Cumulative Claim Payments	[5] Cumulative Surplus*	[6] Claims Funding Transfer Amount	[7] Cumulative Claims Funding Transfer Amount	[8] Premium / Fee	[9] Total Transfer	[10] Change Indicator
JUL 2023	\$26,277.54	\$26,277.54	\$26,828.39	\$26,828.39	\$0.00	\$24,830.34	\$24,830.34	\$30,986.62	\$55,816.96	
AUG 2023	\$24,886.30	\$51,163.84	\$40,253.01	\$67,081.40	\$0.00	\$25,536.84	\$50,367.18	\$31,293.99	\$56,830.83	
SEP 2023	\$24,131.98	\$75,295.82	\$8,805.86	\$75,887.26	\$0.00	\$25,712.70	\$76,079.88	\$31,443.58	\$57,156.28	
OCT 2023	\$24,301.52	\$99,597.34	\$17,836.25	\$93,723.51	\$5,873.83	\$24,140.45	\$100,220.33	\$21,921.24	\$46,061.69	
NOV 2023	\$25,208.42	\$124,805.76	\$17,365.16	\$111,088.67	\$13,547.55	\$24,415.89	\$124,636.22	\$30,473.66	\$54,889.55	
DEC 2023	\$24,896.10	\$149,701.86	\$13,019.51	\$124,108.18	\$25,593.68	\$25,038.88	\$149,675.10	\$30,953.29	\$55,992.17	
JAN 2024	\$23,251.84	\$172,953.70	\$14,786.15	\$138,894.33	\$34,059.37	\$24,906.15	\$174,581.25	\$30,164.33	\$55,070.48	
FEB 2024	\$24,158.74	\$197,112.44	\$50,427.54	\$189,321.87	\$8,074.48	\$22,798.39	\$197,379.64	\$28,358.55	\$51,156.94	
MAR 2024	\$25,065.64	\$222,178.08	\$35,831.78	\$225,153.65	\$0.00	\$25,349.55	\$222,729.19	\$30,984.47	\$56,334.02	
APR 2024	\$25,065.64	\$247,243.72	\$24,564.65	\$249,718.30	\$0.00	\$24,497.82	\$247,227.01	\$29,761.46	\$54,259.28	
MAY 2024	\$25,065.64	\$272,309.36	\$0.00	\$249,718.30	\$0.00	\$25,065.64	\$272,292.65	\$30,576.80	\$55,642.44	

Terminal Fund On Account** \$30,384.79
 Level Funding Arrangement*** 50%

Loss Ratio 110%

* Cumulative surplus will be adjusted at period end to account for changes in the required terminal funds. When group is in a cumulative deficit, surplus is displayed as \$0.

Deficit of \$22,591.06 (May claims not pd yet)



Date Printed: 04/01/2025

STATEMENT FOR THE MONTH OF APR 2025
SUMMARY STATEMENT FOR THE ACCOUNTING PERIOD BEGINNING JUL 2024

Group: 00621648 City of Mills

Month	[1] Monthly Claim Funding	[2] Cumulative Claim Funding	[3] Monthly Claim Payments	[4] Cumulative Claim Payments	[5] Cumulative Surplus*	[6] Claims Funding Transfer Amount	[7] Cumulative Claims Funding Transfer Amount	[8] Premium / Fee	[9] Total Transfer	[10] Change Indicator
JUL 2024	\$26,202.78	\$26,202.78	\$16,067.54	\$16,067.54	\$10,380.47	\$25,065.64	\$25,065.64	\$30,576.80	\$55,642.44	
AUG 2024	\$25,657.86	\$51,860.64	\$65,088.06	\$81,155.60	\$0.00	\$27,830.38	\$52,896.02	\$34,455.24	\$62,285.62	
SEP 2024	\$24,449.74	\$76,310.38	\$43,960.99	\$125,116.59	\$0.00	\$25,697.93	\$78,593.95	\$31,619.00	\$57,316.93	
OCT 2024	\$25,199.82	\$101,510.20	\$28,726.48	\$153,843.07	\$0.00	\$26,448.01	\$105,041.96	\$32,516.02	\$58,964.03	
NOV 2024	\$25,199.82	\$126,710.02	\$48,894.92	\$202,737.99	\$0.00	\$23,166.67	\$128,208.63	\$29,132.00	\$52,298.67	
DEC 2024	\$25,812.07	\$152,522.09	\$26,763.92	\$229,501.91	\$0.00	\$24,791.08	\$152,999.71	\$27,935.42	\$52,726.50	
JAN 2025	\$25,812.07	\$178,334.16	\$14,808.00	\$244,309.91	\$0.00	\$26,289.69	\$179,289.40	\$32,856.67	\$59,146.36	
FEB 2025	\$25,539.61	\$203,873.77	\$33,598.36	\$277,908.27	\$0.00	\$24,584.37	\$203,873.77	\$31,021.13	\$55,605.50	
MAR 2025	\$26,017.23	\$229,891.00	\$25,071.06	\$302,979.33	\$0.00	\$25,994.41	\$229,868.18	\$32,428.91	\$58,423.32	
APR 2025	\$27,319.91	\$257,210.91	\$0.00	\$302,979.33	\$0.00	\$27,319.91	\$257,188.09	\$33,884.88	\$61,204.79	

Terminal Fund On Account** \$31,332.05
Level Funding Arrangement*** 50%

Loss Ratio 21 118%



Executive Summary

City of Mills

Item #2.

Medical & Rx Spend



Medical & Rx Trend



	Current PMPM	Trend	Variance from Norm
Total Plan Spend	\$666.86	79.4%	8.4%
Total Employer Paid	\$568.39	98.2%	5.7%
Total Member Paid	\$98.47	15.9%	27.0%
Medical Spend PMPM	\$598.44	78.9%	31.4%
Employer Paid - Medical	\$506.34	96.6%	29.7%
Pharmacy Spend PMPM	\$68.42	83.5%	-57.1%
Employer Paid - Pharmacy	\$62.05	112.8%	-57.8%

Demographics & Financial

	Base	Current	Trend	Norm
Members				
Average Number of Employees	51	51	-0.2%	
Average Number of Members	88	84	-4.1%	
Average Employee Age	43.7	43.1	-1.4%	
Demographic Factor	0.77	0.75	-1.7%	0.87
Cost Trend				
Plan Spend - Medical	\$351,844	\$603,826	71.6%	
Plan Spend - Pharmacy	\$39,230	\$69,031	76.0%	
Total Plan Spend	\$391,074	\$672,857	72.1%	
Medical Plan Spend PMPM	\$334.45	\$598.44	78.9%	\$455.45
Pharmacy Plan Spend PMPM	\$37.29	\$68.42	83.5%	\$159.64
Total Plan Spend PMPM	\$371.74	\$666.86	79.4%	\$615.09
Performance Indicators				
Cat Claimants in Excess Per K	22.8	71.4	212.8%	40.8
Cat Plan Spend PMPM(Med+Rx)	\$182.60	\$401.55	119.9%	\$343.20
Non-Cat Plan Spend PMPM(Med + Rx)	\$189.15	\$265.31	40.3%	\$271.89
Network Penetration	97.7%	99.2%	1.5%	97.7%

Population Health & Pharmacy

	Base	Current	Trend	Norm
Population Health Measures				
Chronic Percent of Population	17.4%	21.9%	4.5%	33.7%
Chronic Percent of Cost	39.7%	25.4%	-14.3%	71.1%
Total Health Engagement - % of Pop	26.0%	22.4%	-3.6%	26.4%
Preventive Care Utilization	45.6%	53.5%	7.9%	45.6%
Well Visit Completions	38.8%	50.0%	11.2%	37.6%
Health Assessment Completions	1.6%	0.0%	-1.6%	2.7%
Gaps in Care Rule Compliance	69.6%	72.6%	3.0%	75.6%
Pharmacy Indicators				
Generic Dispensing Rate	94.3%	94.4%	0.2%	94.1%
Generic Substitution Rate	98.1%	99.0%	1.0%	97.9%
Specialty Plan Spend PMPM (Rx Only)	\$4.57	\$25.90	466.7%	\$91.40
Specialty Plan Spend PMPM (Med Only)	\$1.62	\$0.59	-63.4%	\$34.15
Non-Specialty Plan Spend PMPM (Rx only)	\$32.72	\$42.51	29.9%	\$68.24
Prescriptions PMPY(Retail adjusted)	8.54	10.51	23.1%	11.86

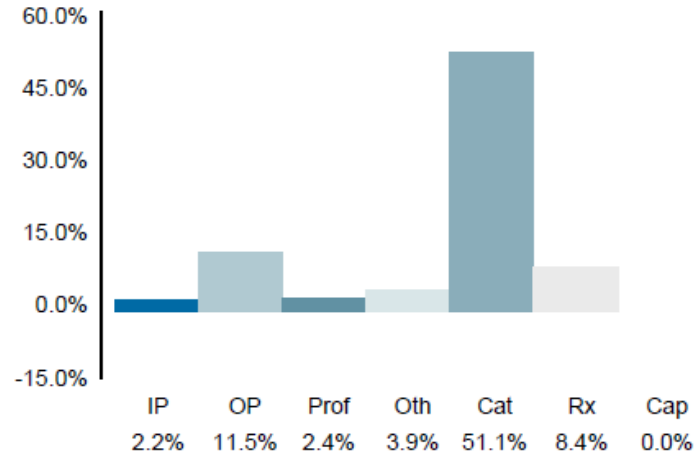


Medical Service Category Trend Analysis

City of Mills

Item #2.

Trend contribution



Account summary (PMPM basis)

	Base	Current	Trend	Trend Contribution	Norm
Non-Catastrophic Plan					
Inpatient	\$5	\$13	160.4%	2.2%	\$12
Outpatient	\$61	\$103	70.2%	11.5%	\$78
Professional	\$98	\$107	9.0%	2.4%	\$83
Other	\$5	\$20	266.6%	3.9%	\$17
Total Non-Cat Plan	\$170	\$244	43.7%	19.9%	\$191
Capitation	\$0	\$0	0.0%	0.0%	\$26
Catastrophic Plan					
	\$165	\$355	115.2%	51.1%	\$239
Total Plan Spend - Medical	\$334	\$598	78.9%	71.0%	\$455
Cost Share - Medical	\$77	\$92	19.8%	4.1%	\$65
Net Employer Paid - Medical	\$258	\$506	96.6%	66.9%	\$390
Pharmacy					
Total Plan Spend - Pharmacy	\$37	\$68	83.5%	8.4%	\$160
Cost Share - Pharmacy	\$8	\$6	-21.7%	-0.5%	\$12
Net Employer Paid - Pharmacy	\$29	\$62	112.8%	8.8%	\$147
Medical and Pharmacy Plan Spend	\$372	\$667	79.4%		

Comments

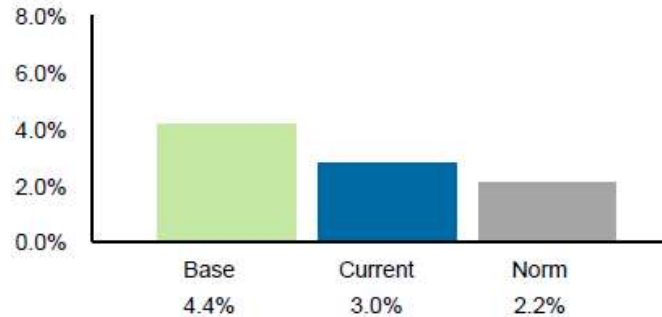
- Plan spend increased from \$372 PMPM to \$667 PMPM, an increase of 79.4%
- Net employer paid increased from \$287 PMPM to \$568 PMPM, an increase of 98.2% while member cost share increased from \$85 PMPM to \$98 PMPM, an increase of 15.9%
- Catastrophic Plan was the largest contributor to trend, contributing 51.1% of the overall 79.4% plan trend
- Trend contribution is a measure of each individual line item's impact on the overall cost change. It is calculated by subtracting the current period result for the item minus the base period result, and dividing this amount by the base period total plan spend



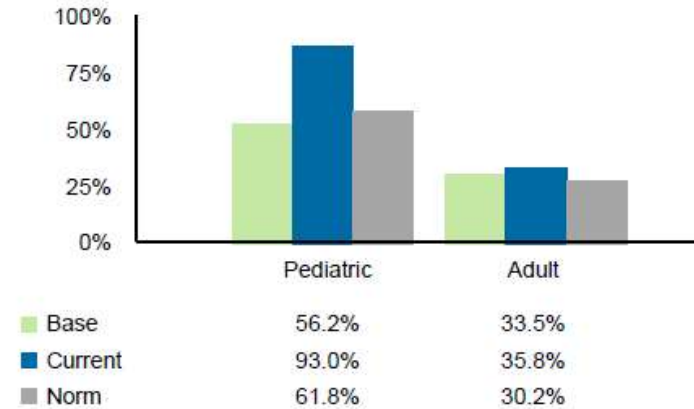
Preventive Care Summary City of Mills

Item #2.

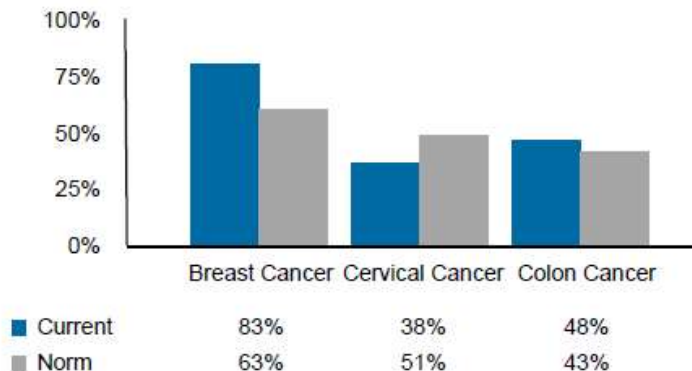
Preventive care as % of total spend



Well visit completion rates



Cancer screening rates



Comments

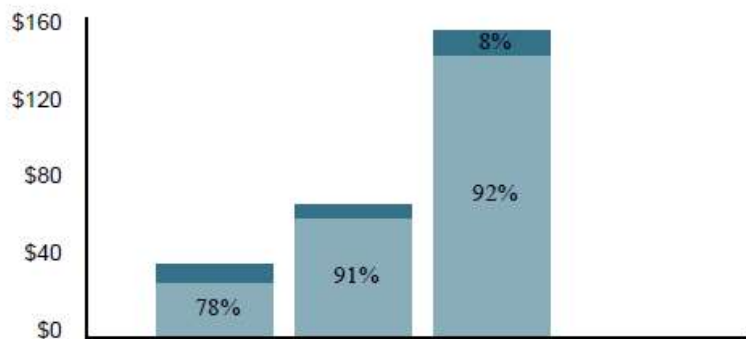
- Preventive care as a percent of total spend decreased from 4.4% to 3.0%, and compares to a norm of 2.2%
- Well visit completion rate for adults increased from 33.5% to 35.8%, and compares to a norm of 30.2%
- Breast cancer screening rate was 83%, 20% greater than the norm of 63%
- Cervical cancer screening rate was 38%, 13% less than the norm of 51%
- Colon cancer screening rate was 48%, 5% greater than the norm of 43%

*Results are based on HEDIS ® technical specifications, but some variance will exist due to differences in claims data availability compared with specification criteria
-Breast Cancer Age Criteria: 50-74 24 Month Eligibility
-Cervical Cancer Age Criteria: 21-64 24 Month Eligibility
-Colon Cancer Age Criteria: 45-75 24 Month Eligibility

Claims Summary

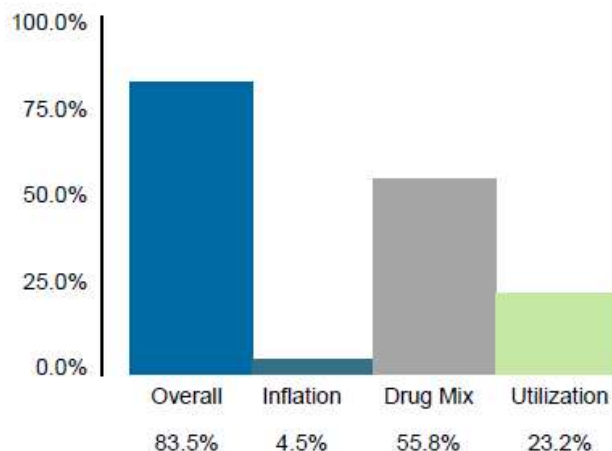
- Total Claims 2/2024 – 2/2025: \$437,049.41
 - Claims funding per year ~\$230,000
 - 6 members appear on the large claimant report (over \$27,500 in claims)
- Catastrophic claims increased by 51.1%
- 4 ongoing health conditions
- Cost of prescriptions increased by 76%

Plan cost & trend



	Base	Current	Norm	Trend
Cost Share PMPM	\$8.12	\$6.36	\$12.43	-21.7%
Paid Amount PMPM	\$29.17	\$62.05	\$147.21	112.8%
Plan Spend PMPM	\$37.29	\$68.42	\$159.64	83.5%

Trend impact



Pharmacy performance

	Base	Current	Trend	Norm
Members				
Average Number of Employees	51	51	-0.2%	
Average Number of Members	88	84	-4.1%	
Average Utilizers	62.7%	67.8%	5.1%	
Average Member Age	32.8	33.2	1.2%	33.5
Cost Trend				
Plan Spend	\$39,230	\$69,031	76.0%	
Employer Paid	\$30,683	\$62,610	104.1%	
Member Cost Share	\$8,547	\$6,421	-24.9%	
Drug Mix				
Generic Dispensing Rate	94.3%	94.4%	0.2%	94.1%
Preferred Brand	5.3%	5.6%	0.3%	4.5%
Non-Preferred Brand	0.4%	0.0%	-0.4%	1.4%
Generic Substitution Rate	98.1%	99.0%	1.0%	97.9%
Formulary Brand Compliance Rate	59.5%	50.8%	-8.7%	87.0%
Utilization				
Total Prescriptions	495	555	12.1%	
Retail Adjusted Scripts	749	884	18.0%	
% Mail Order	6.4%	18.0%	11.6%	17.1%
% Retail	47.8%	43.8%	-4.0%	46.3%
% Retail 90	45.8%	38.2%	-7.6%	36.7%
Days Supply PMPM	18.43	22.72	23.2%	25.62
Specialty Pharmacy				
Pharmacy Plan Spend PMPM	\$4.57	\$25.90	466.7%	\$91.40
Medical Plan Spend PMPM	\$1.62	\$0.59	-63.4%	\$34.15
Pharmacy Plan Spend as % of Total	12.3%	37.9%	25.6%	57.3%
Specialty Utilizers	3	9	200.0%	
Specialty Scripts PMPY	0.07	0.10	39.0%	0.16

Cost of RX's are climbing!

Generic stayed the same
Brand and Formulary
Drugs increased!

Utilization increased.

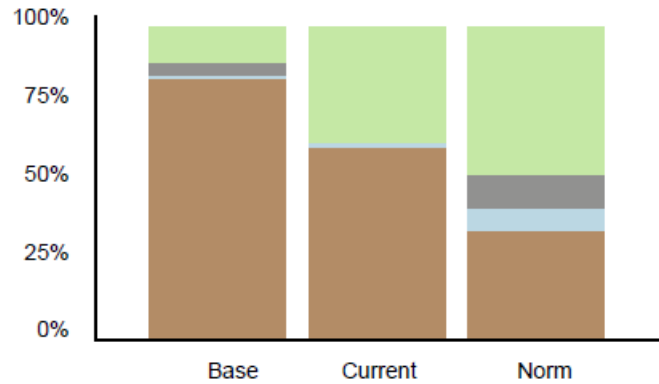


Specialty Pharmacy Executive Summary

City of Mills

Item #2.

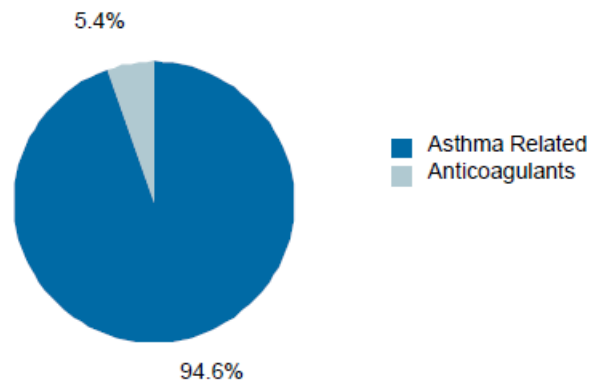
Pharmacy and medical drug plan spend



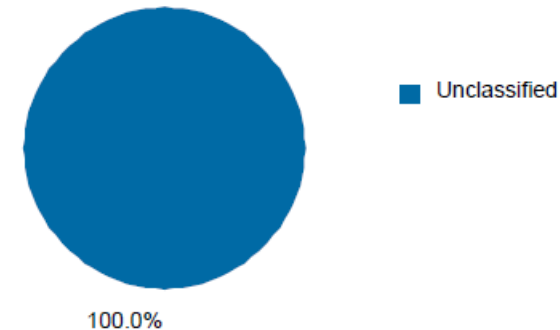
Account summary(PMPM basis)

Plan Spend	Base	Current	Trend	Norm
Pharmacy Specialty Rx	\$4.57	\$25.90	466.7%	\$91.40
Medical SRx HCP/Home Infusion	\$1.41	\$0.00	-100.0%	\$20.77
Medical SRx Outpatient/Inpatient	\$0.21	\$0.59	181.0%	\$13.38
Total Specialty Rx	\$6.19	\$26.50	328.1%	\$125.55
Other Pharmacy	\$32.72	\$42.51	29.9%	\$68.24

Pharmacy Specialty Rx - Percent of current plan spend by condition



Medical Specialty Rx-HCP / Home Infusion & OP/IP Percent of current plan spend by condition





High Cost Prescriptions

City of Mills

Item #2.

High cost prescriptions ranking

Rank		Drug Name	Condition	Plan Spend PMPM				Cost per Script	Unique Members		Scripts	
Base	Current			Base	Current	Trend	Norm	Current	Base	Current	Base	Current
-	1	Dupixent Pen (SRx)	Asthma	\$0.00	\$24.49	0.0%	\$4.15	\$8,238	0	1	0	3
1	2	Rybelsus	Diabetes	\$10.29	\$12.32	19.7%	\$0.41	\$956	1	1	12	13
-	3	Trelegy Ellipta	COPD	\$0.00	\$2.62	0.0%	\$0.48	\$660	0	1	0	4
3	4	Farxiga	Diabetes	\$1.07	\$0.58	-46.3%	\$1.14	\$581	1	1	2	1
-	5	Linzess	Irritable Bowel	\$0.00	\$5.34	0.0%	\$0.37	\$539	0	1	0	10
-	6	Arexvy	Vaccine	\$0.00	\$0.30	0.0%	\$0.20	\$300	0	1	0	1
-	7	enoxaparin sodium (SRx)	Blood thinner	\$0.00	\$1.41	0.0%	\$0.10	\$237	0	2	0	6
-	8	Shingrix	Vaccine	\$0.00	\$1.31	0.0%	\$0.25	\$221	0	3	0	6
-	9	fluticasone-salmeterol	Asthma	\$0.00	\$2.10	0.0%	\$0.37	\$176	0	1	0	12
-	10	Spikevax 2024-2025	Vaccine	\$0.00	\$0.17	0.0%	\$0.01	\$170	0	1	0	1
10	11	Comimaty 2023-2024	Vaccine	\$0.26	\$0.17	-35.0%	\$0.72	\$168	2	1	2	1
-	12	Comimaty 2024-2025	Vaccine	\$0.00	\$0.99	0.0%	\$0.02	\$167	0	6	0	6
7	13	Sutab	Laxative	\$0.61	\$0.33	-46.4%	\$0.09	\$164	4	2	4	2
8	14	Spikevax 2023-2024	Vaccine	\$0.57	\$0.15	-73.0%	\$0.75	\$155	4	1	4	1
6	15	ciprofloxacin-dexamethasone	Ear Infection	\$0.19	\$0.65	231.1%	\$0.05	\$130	1	2	1	5
-	16	etodolac	Arthritis / Pain	\$0.00	\$0.09	0.0%	\$0.01	\$93	0	1	0	1
-	17	Flublok Trivalent 2024-2025	Vaccine	\$0.00	\$0.36	0.0%	\$0.00	\$90	0	4	0	4
20	18	rosuvastatin calcium	Cholesterol	\$1.05	\$2.79	165.9%	\$0.59	\$80	3	3	17	35
12	19	venlafaxine hcl er	Depression	\$0.77	\$1.03	32.6%	\$0.14	\$80	1	1	8	13
14	20	sod sulf-potass sulf-mag sulf	Laxative	\$0.08	\$0.07	-13.5%	\$0.03	\$73	1	1	1	1

Comments

- The top 20 high cost drugs accounted for 14.3% (126 scripts) of the overall prescription volume, and 83.7% (\$57.25) of total plan spend PMPM in the current period

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Top Drugs by Volume

City of Mills

Item #2.

Top drugs by volume

Rank		Drug Name	Condition	Prescriptions Dispensed			Unique Members		Cost per Script
Base	Current			Base	Current	Trend	Base	Current	Current
1	1	lisinopril	Hypertension	58	44	-24.1%	5	5	\$3.97
2	2	levothyroxine sodium	Thyroid	48	43	-10.4%	5	5	\$8.84
13	3	rosuvastatin calcium	Cholesterol	17	35	105.9%	3	3	\$80.41
9	4	escitalopram oxalate	Depression	20	29	45.0%	4	3	\$7.23
3	5	tamsulosin hcl	Benign Prostatic Hyperplasia	34	28	-17.6%	5	3	\$7.83
6	6	atorvastatin calcium	Cholesterol	24	27	12.5%	3	3	\$25.88
5	7	amlodipine besylate	Hypertension	30	24	-20.0%	3	2	\$3.93
32	8	metformin hcl	Diabetes	7	23	228.6%	1	2	\$5.72
48	9	montelukast sodium	Asthma	4	23	475.0%	1	2	\$9.26
8	10	hydrochlorothiazide	Hypertension	21	21	0.0%	2	2	\$2.33
18	11	sertraline hcl	Depression	12	20	66.7%	2	2	\$6.37
41	12	spironolactone	Hypertension	6	20	233.3%	1	2	\$13.77
11	13	medroxyprogesterone acetate	Hormone Replacement	18	18	0.0%	2	2	\$11.54
4	14	estradiol	Vaginal Atrophy	33	17	-48.5%	4	3	\$36.87
22	15	prednisone	Inflammation	10	17	70.0%	4	3	\$4.13
34	16	albuterol sulfate hfa	Asthma	6	16	166.7%	5	5	\$15.78
-	17	vitamin d2	Vitamin D Supplement	0	15	0.0%	0	1	\$2.04
31	18	mercaptopurine	Cancer	7	14	100.0%	1	1	\$70.96
28	19	metoclopramide hcl	Nausea / Vomiting	8	14	75.0%	2	1	\$4.57
23	20	trazodone hcl	Depression	10	14	40.0%	1	1	\$8.54

Comments

- The top 20 drugs by volume accounted for 52.3% (462) of all prescriptions dispensed but 1.2% (\$69,031) of total plan spend in the current period

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Top Therapeutic Class Trend

City of Mills

Item #2.

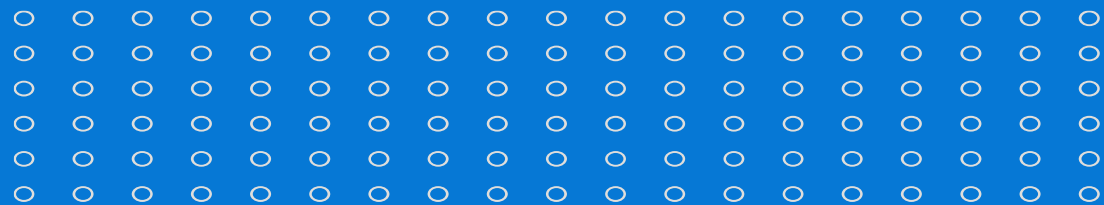
Therapeutic class trend driver analysis by plan spend

Rank	Base	Current	Therapeutic Class	Condition	Plan Spend PMPM				Unique Members	Utilizing Members	Days Supply PMPM	Inflation
					Base	Current	Trend	Norm	Current	Trend	Trend	Trend
20	1		Asthma Related	Asthma	\$0.25	\$29.67	11690.6%	\$11.76	7	0.0%	528.5%	2.1%
1	2		Hypoglycemics	Diabetes	\$11.54	\$13.26	14.9%	\$15.92	3	0.0%	169.3%	3.4%
34	3		GI Other	Irritable Bowel	\$0.04	\$5.41	13702.3%	\$0.93	2	0.0%	245.9%	0.0%
4	4		Lipid Lowering	Cholesterol	\$2.11	\$4.32	105.2%	\$2.37	8	0.0%	49.4%	-0.0%
7	5		Vaccines	Vaccine	\$1.30	\$3.88	197.7%	\$2.83	12	33.3%	101.6%	0.0%
5	6		Antidepressants	Depression	\$1.73	\$1.69	-2.3%	\$3.07	10	11.1%	25.4%	0.0%
3	7		Anticoagulants	Blood thinner	\$4.71	\$1.41	-70.1%	\$2.95	2	100.0%	-36.7%	0.0%
2	8		Antineoplastics	Cancer	\$5.36	\$1.14	-78.7%	\$11.67	4	0.0%	8.8%	8.4%
13	9		Estrogenic/Androgenic/Progest	Hormone Replacement	\$0.66	\$0.95	45.0%	\$1.25	5	25.0%	10.5%	0.0%
9	10		Beta Blockers	Heart/Hypertension	\$0.78	\$0.86	10.4%	\$0.31	4	-33.3%	6.9%	0.0%
17	11		Ear	Ear Infection	\$0.28	\$0.69	151.6%	\$0.08	2	0.0%	29.7%	114.3%
8	12		Vaginal	Vaginal Atrophy	\$1.25	\$0.54	-57.2%	\$0.30	1	-50.0%	-50.9%	0.0%
18	13		Diuretics	Hypertension	\$0.27	\$0.49	77.1%	\$0.29	5	0.0%	36.5%	0.0%
10	14		Thyroid/Parathyroid	Thyroid	\$0.75	\$0.44	-42.3%	\$0.61	5	-16.7%	-10.6%	-0.0%
12	15		Antivirals	Antivirals	\$0.68	\$0.41	-39.8%	\$1.10	5	-16.7%	-50.0%	-1.7%
			All Other		\$5.57	\$3.26	-41.4%	\$104.18	49	6.5%	0.5%	13.3%
Total					\$37.29	\$68.42	83.5%	\$159.64	61	10.9%	23.2%	4.5%

Comments

- The top 15 therapy classes accounted for 95.2% (\$65.15) of total plan spend PMPM \$68.42 in the current period

3



Renewal Pricing



Marketing List

Carriers	Response	Results	Notes
ATA	Declined	Declined to quote due to being a municipality	
United Level Funded	Declined	Declined to quote due to being municipality	
Crumdale	Quoted	Blended 5.6% increase	Firm rates; \$6,000/year engagement fee; can laser individual employees
Mountain Health Co-op	Quoted	Blended 8.1% increase	Firm rates
United Fully Insured	Quoted	Blended 9.5% increase	Firm rates

Dental Plan



Delta Dental of Wyoming	
Key Dental Benefits	
In-Network/Out of Network*	
Deductible (Individual/Family)	\$50/\$150
Benefit Maximum (per Individual)	\$1,000
Covered Services	
Preventive Services	100% Oral Exams, Dental Cleanings, Bitewing X-rays and Fluoride Treatment & Space Maintainers for dependents under the age of 19
Basic Services	80% Fillings, Oral Surgery, Periodontic Treatment, Endodontic Treatment, Root Canals
Major Services	50% Crowns, Bridges, Dentures
Orthodontic Services For dependent children under the age of 19	50% \$1,000 Lifetime Maximum

2024 – 17.5% Increase

Employee:	\$ 32.75
Employee plus one:	\$ 81.40
Employee and family:	\$ 131.35

2025 – 18% Increase

Employee:	\$ 38.65
Employee plus one:	\$ 96.05
Employee and family:	\$ 155.00

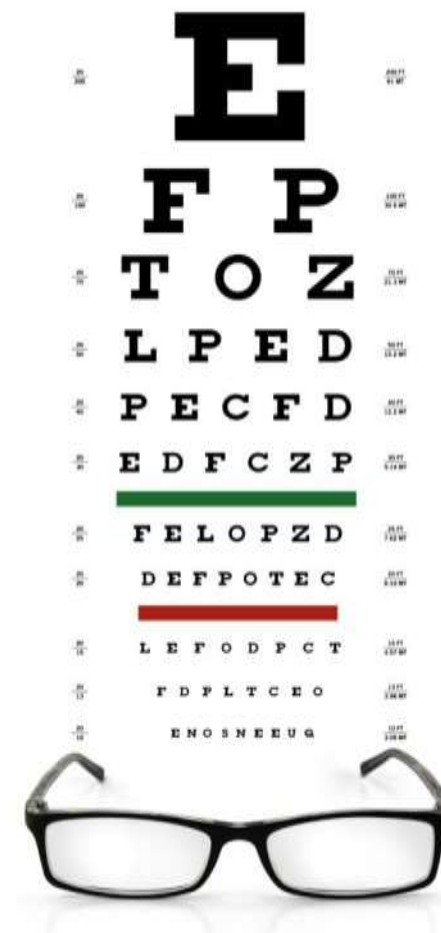


*Out of Network of dentists do not accept Delta Dental’s pre-approved fees. 33 means you are responsible for any difference between their charge and what Delta Dental pays.

Vision Plan Highlights

Item #2.

Key Vision Benefits	VSP Plan
Exam (once every 12 months)	\$10 Co-pay
Lenses (once every 12 months) Single Vision Bifocal Trifocal Lenticular	\$25 Co-pay
Frames (once every 24 months)	\$25 Co-pay with \$160 Allowance 20% discount of amount of over the Allowance
Contact Lenses (once every 12 months; instead of prescription glasses)	\$160 Allowance for contact fitting and evaluation 15% off contact lens exam



rates guaranteed
through
6/30/2026

	Rates
Employee	\$7.40
Employee + child	\$10.43
Employee + children	\$18.69
Family	\$18.69

Life Insurance

Item #2.

Group term life for all members	
Life benefit	\$15,000 benefit
Accidental Death and Dismemberment	\$15,000 benefit Coverage for employees on and off the job.
Benefit age reduction	35% reduction at age 65 and an additional 15% reduction at age 70 Age reductions apply to the benefit amount after proof of good health.
Proof of good health	Required for life insurance amounts greater than \$15,000 Persons age 70 and over shall have an amount that is the lesser of the amount shown or the amount with the prior carrier. Proof of good health is required if on the date the member becomes eligible for coverage there are fewer than five members insured.



Group term life (per \$1,000)	
	Employee monthly rate
Group term life	\$.213
AD&D	\$.031



Recommendations-Medical

Cigna

- Pros: strong provider network; good customer service; will get 50% of surplus back; does not laser
- Cons: rate increase, negotiated down from 15.15% to 12.15%

Crumdale

- Pros: rates; will get 100% of surplus back
- Cons: weak provider network; \$6,000 yearly engagement fee; can add lasers to employees with health conditions (City of Mills will pay more for employees with known health conditions before insurance starts paying, more risk for the City; example an employee needing a liver transplant could get a \$1 million laser & and the City would have to pay \$1 million before Crumdale would start paying)

United Healthcare

- Pros: rates; does not laser
- Cons: weak provider network (no physical therapy providers in-network, would need to purchase a separate physical therapy plan); poor customer service; does not return any surplus

Mountain Health Co-op

- Pro: rates; does not laser
- Cons: weak provider network; does not return any surplus

Our recommendation is to stay with Cigna. They offer a strong provider network, no chance of lasers meaning less risk for the City and good customer service.

Recommendations-ancillary

Delta Dental

- Pros: provider network; providers will bill insurance
- Cons: rate increase

VSP through WEBT

- Pros: steady rates
- Cons: don't have control of plan details

Principal

- Pros: rates; offer several lines of business, bundling lowers premiums; dental pays at 99th percentile of usual & customary; can see any dental provider you prefer; higher allowances on frames & contacts
- Cons: may have to pay at time of service for dental & wait for reimbursement

The Standard

- Pros: rates; offer several lines of business, bundling lowers premiums
- Cons: may have to pay at time of service for dental & wait for reimbursement; lower allowance for frames and contacts

Our recommendation is to move to Principal. The City will see significant costs savings in dental premiums and improved vision benefits. Dental and vision have a 2 year rate guarantee.

HUB Services

Consolidated Billing – Tom Clapp

Eligibility Administration - Danne McCallister
EASE Portal

Account Management – Shawna Patterson
Benefit Guides
Renewal Marketing – All Lines of Coverage
Compliance Packets
Assist HR and Employees with questions!

Consultant – Melissa Bilby
Review Legislation Updates
Analysis Markets and Evaluate Claims
Assist with Education Meetings
Compliance Education and Reviews

The screenshot displays the 'ease' logo and the title 'Enrollment Guide at a Glance'. It contains a numbered list of 9 steps for the enrollment process, each with a corresponding visual element from the portal interface.

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use or as your browser.
2. Click to begin your enrollment.
3. Follow the prompts on each page to complete your benefit enrollment. Click to proceed to the next section.
4. Verify your personal information is correct and enter in any of your dependent information.
5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.
6. your benefit by selecting or for each plan. Click to proceed to the next benefit.
7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device.
8. Before you review your forms

Create your signature

Your Name Here

type your name.

THEN

Sign your signature

Trish

and follow the prompts to finish.
9. If you have questions, reach out to your HR administrator or Broker.

Thank you.

We appreciate your business!

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