



City of Homer
 Cost Summary
 July 1, 2026 Renewal Date

Carriers	Current	12-Month Contract Current Benefits Renewal	6-Month Contract Current Benefits Scenario A	18-Month Contract Current Benefits Scenario B	12-Month Contract Option 1 Benefits Scenario C	18-Month Contract Option 1 Benefits Scenario D
Medical	Moda	Moda	Moda	Moda	Moda	Moda
Dental	Moda (Delta Dental)	Moda (Delta Dental)	Moda (Delta Dental)	Moda (Delta Dental)	Moda (Delta Dental)	Moda (Delta Dental)
Vision	VSP	VSP	VSP	VSP	VSP	VSP
Life / AD&D	Prudential	Prudential	Prudential	Prudential	Prudential	Prudential
FSA Administration	BenefitHelp Solutions	BenefitHelp Solutions	BenefitHelp Solutions	BenefitHelp Solutions	BenefitHelp Solutions	BenefitHelp Solutions
Total Annual Cost						
Medical	\$2,242,989	\$2,687,103 19.8%	\$2,512,147 12.0%	\$2,823,923 25.9%	\$2,352,895 4.9%	\$2,494,204 11.2%
Dental	\$108,731	\$108,731 0.0%	\$108,731 0.0%	\$108,731 0.0%	\$108,731 0.0%	\$108,731 0.0%
Vision	\$11,946	\$11,946 0.0%	\$11,946 0.0%	\$11,946 0.0%	\$11,946 0.0%	\$11,946 0.0%
Life/AD&D	\$10,478	\$10,478 0.0%	\$10,478 0.0%	\$10,478 0.0%	\$10,478 0.0%	\$10,478 0.0%
FSA Administration	\$1,115	\$1,115 0.0%	\$1,115 0.0%	\$1,115 0.0%	\$1,115 0.0%	\$1,115 0.0%
Annual Total	\$2,375,259	\$2,819,373	\$2,644,417	\$2,956,193	\$2,485,165	\$2,626,473
Change from Current		\$444,114	\$269,159	\$580,934	\$109,906	\$251,215
Percentage Change		18.7%	11.3%	24.5%	4.6%	10.6%

- Moda initially proposed a 19.8% increase to the medical premiums for the 2026-27 plan year
 - They also offered a 6-month and 18-month contract to move to a January plan year
 - The 6-month renewal would be a 12.0% increase
 - The 18-month renewal would be a 25.9% increase
- Moda also included a new option (Moda Select) with multiple tiers of coverage - (see attached benefit summary)
 - Tier 1 coverage would match the current plan (\$1000/\$2000 deductible)
 - Tier 2 coverage would increase the annual deductible to \$2000/\$4000 (costs would cross-accumulate)
 - Tier 1 out of pocket would increase to \$7000/\$14,000 compared to current (\$4500/\$9000)
 - Rx copays would increase from current \$5/\$10/\$30/\$50 to \$5/\$15/\$45/\$75
 - Specialty Rx copay would increase from \$150 to \$180
- The new Moda options would lower the overall 12-month renewal to 4.6% (from 18.7%) and the 18-month renewal to 10.6% (from 24.5%)
- Premera quote came in 42.9% over current
- Aetna quote came in over 40% over current
- AMHT declined to quote



**City of Homer
Medical Plan
Benefit Outline and Cost Summary
July 1, 2026 Renewal Date**

Benefit Outline	Current	12 Month Renewal	6 Month Renewal	18 Month Renewal	Option 1 - 12 Month	Option 1 - 18 Month
Carrier	Moda	Moda	Moda	Moda	Moda	Moda
Plan Type, Network	PPO, Connexus	PPO, Connexus	PPO, Connexus	PPO, Connexus	PPO, Select	PPO, Select
Deductible (Ind / Fam)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	Tier 1: \$1,000 / \$2,000 Tier 2: \$2,000 / \$4,000 Tier 3: \$4,000 / \$8,000	Tier 1: \$1,000 / \$2,000 Tier 2: \$2,000 / \$4,000 Tier 3: \$4,000 / \$8,000
Non-Network Deductible (Ind / Fam)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000		
Deductible Embedded / Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Ind / Fam)	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,500 / \$9,000	Tier 1: \$7,000 / \$14,000 Tier 2: \$8,550 / \$17,100 Tier 3: \$20,000 / \$40,000	Tier 1: \$7,000 / \$14,000 Tier 2: \$8,550 / \$17,100 Tier 3: \$20,000 / \$40,000
Non-Network OOP Max (Ind / Fam)	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000		
Prescription OOP Max (Ind / Fam)	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical
Coinsurance (In / Out)	80% / 50%	80% / 50%	80% / 50%	80% / 50%	Tier 1: 80% Tier 2: 60% Tier 3: 40%	Tier 1: 80% Tier 2: 60% Tier 3: 40%
Wellness / Preventive Care	100% (dw)	100% (dw)	100% (dw)	100% (dw)	100% (dw)	100% (dw)
Primary Care Office Visit	First 3 Visits: \$5 Copay (dw) 4+ Visits: \$25 Copay (dw)	First 3 Visits: \$5 Copay (dw) 4+ Visits: \$25 Copay (dw)	First 3 Visits: \$5 Copay (dw) 4+ Visits: \$25 Copay (dw)	First 3 Visits: \$5 Copay (dw) 4+ Visits: \$25 Copay (dw)	First 3 Visits: \$5 Copay (dw) 4+ Visits: \$25 Copay (dw)	First 3 Visits: \$5 Copay (dw) 4+ Visits: \$25 Copay (dw)
Specialist Office Visit	\$25 Copay (dw)	\$25 Copay (dw)	\$25 Copay (dw)	\$25 Copay (dw)	\$50 Copay (dw)	\$50 Copay (dw)
Walk-In / Urgent Care Visit	\$25 Copay (dw)	\$25 Copay (dw)	\$25 Copay (dw)	\$25 Copay (dw)	\$50 Copay (dw)	\$50 Copay (dw)
Emergency Room	\$100 Copay / 80%	\$100 Copay / 80%	\$100 Copay / 80%	\$100 Copay / 80%	\$100 Copay / 80%	\$100 Copay / 80%
Outpatient Lab / X-Ray	80% (dw)	80% (dw)	80% (dw)	80% (dw)	80% (dw)	80% (dw)
Complex Imaging (MRI, CAT, PET, et al.)	80%	80%	80%	80%	80%	80%
Outpatient Surgical Facility	80%	80%	80%	80%	80%	80%
Inpatient Hospital Facility	80%	80%	80%	80%	80%	80%
Retail Prescription Drug Copays	\$0 / \$10 / \$30 / \$50 (dw)	\$5 / \$10 / \$30 / \$50 (dw)	\$5 / \$10 / \$30 / \$50 (dw)	\$5 / \$10 / \$30 / \$50 (dw)	\$5 / \$15 / \$45 / \$75 (dw)	\$5 / \$15 / \$45 / \$75 (dw)
Mail Order Prescription Drug Copays	3x Retail	3x Retail	3x Retail	3x Retail	3x Retail	3x Retail
Specialty Prescription Drugs	\$10 / \$150 / 30% (dw)	\$10 / \$150 / 30% (dw)	\$10 / \$150 / 30% (dw)	\$10 / \$150 / 30% (dw)	\$15 / \$180 / 30% (dw)	\$15 / \$180 / 30% (dw)

Rates & Total Cost

Employee	24	\$1,252.87	\$1,500.94	\$1,403.21	\$1,577.36	\$1,313.74	\$1,392.56
Employee + Spouse	12	\$2,878.62	\$3,448.59	\$3,224.05	\$3,624.18	\$3,018.48	\$3,199.59
Employee + Child(ren)	11	\$2,379.59	\$2,850.75	\$2,665.14	\$2,995.90	\$2,495.21	\$2,644.92
Employee + Family	24	\$4,005.33	\$4,798.39	\$4,485.97	\$5,042.71	\$4,199.94	\$4,451.94
Total Employees	71						
Annual Total		\$2,242,989	\$2,687,103	\$2,512,147	\$2,823,923	\$2,351,969	\$2,493,087
Change from Current			\$444,114	\$269,159	\$580,934	\$108,980	\$250,098
Percentage Change			19.8%	12.0%	25.9%	4.9%	11.2%

Notes

- Deductible applies unless otherwise noted by (dw) = deductible waived.
- Enrollment provided by Moda, March 2026.
- Tier 1 & 2 are cross accumulated for deductible, coinsurance and out of pocket maximum.

Dental Plan
Benefit Outline and Cost Summary
July 1, 2026 Renewal Date

Benefit Outline	Current / Renewal
Carrier	Moda (Delta Dental)
Plan Type	PPO
Deductible (Individual / Family)	PPO: \$25 / \$75 Premier: \$50 / \$150
Waived For Preventive	Yes
Annual Maximum	PPO: \$2,100 Premier: \$2,000
Preventive Services	100%
Basic Services	80%
Major Services	50%
Endodontics / Periodontics	Basic
Implants	Major
Orthodontia	50% (dw)
Eligibility	Adult and Child
Lifetime Maximum	\$1,500
Waiting Periods (Prev. / Basic / Major / Ortho)	0 / 0 / 0 / 0
Non-Network	MAC
Deductible (Individual / Family)	\$50 / \$150
Annual Maximum	\$2,000
Rate Guarantee	To 7/1/2027

Rates & Total Cost

Employee	23	\$57.96
Employee + Spouse	16	\$115.17
Employee + Child(ren)	11	\$132.49
Employee + Family	23	\$192.51
Total Employees	73	
Annual Total		\$108,731

Vision Plan
Benefit Outline and Cost Summary
July 1, 2027 Renewal Date

Benefit Outline	Current
Carrier	VSP
Exam Copay	\$10
Materials Copay	\$25
Lenses	100%
Frames	100% to \$130; 20% Off Balance
Elective Contacts	100% to \$130
Lasik Surgery Discount	Included
Benefit Frequencies (E / L / F / C)	12 / 12 / 24 / 12
Rate Guarantee	To 7/1/2027

Rates & Total Cost

Employee	22	\$8.17
Employee + Spouse	16	\$13.07
Employee + Child(ren)	10	\$13.34
Employee + Family	22	\$21.51
Total Employees	70	
Annual Total		\$11,946

Notes

1. Enrollment provided by VSP, January 2026.
2. Contacts are covered in lieu of lenses and frames.

Life / AD&D Plan
Benefit Outline and Cost Summary
July 1, 2027 Renewal Date

Benefit Outline	Current
Carrier	Prudential
Definition of Earnings	Base Salary Only
Contributory / Non-Contributory	Non-Contributory
Eligibility	FTE Working ≥ 40 HPW
Benefit Amount	1x Earnings to \$100,000
Guarantee Issue	Full Benefit Amount
Benefit Reductions	Reduces To: 65% at Age 65; 50% at Age 70
Waiver of Premium	9 Mo. Elimination Period
Benefits Extend To	Age 65
If Disabled Prior To	Age 60
Accelerated Benefits	90%
Portability	Not Included
Conversion	Included
Rate Guarantee	To 7/1/2027

Volumes, Rates & Total Cost

Number of Employees	104
Benefit Volume	\$7,866,450
Life Rate Per \$1,000	\$0.092
AD&D Rate Per \$1,000	\$0.019
Annual Total	\$10,478

Flexible Spending Account
Benefit Outline and Cost Summary
January 1, 2026 Renewal Date

Benefit Outline	Current
Administrator	BenefitHelp Solutions
Annual Contribution Maximum	Enrollment
Section 125 Health Care	6 \$3,400
Section 129 Dependent Care	\$7,500
Reimbursement Method	Paper*, Direct Deposit
Web Based Administration	Included
Preparation of Plan Document & SPD	Included
IRS Form 5500 Preparation	Included
Discrimination Testing	Included
Carry-Over	Included
Rate Guarantee	To 1/1/2027

Fees & Total Cost

Per Participant/Account Per Month Fee	\$4.10
Debit Card Fee	Included**
Renewal or Annual Fee	\$155
Minimum Monthly Fee	\$80
Estimated Total Annual Cost	\$1,115

Notes

- *Paper checks are subject to a \$5 minimum reimbursement requirement.
- **There is a fee of \$5 for any replacement or additional debit card sent to participating employees of employer group.