



UNIFIED FIRE AUTHORITY BOARD BENEFITS & COMPENSATION COMMITTEE AGENDA

March 13, 2025, 8:00 a.m.

NOTICE IS HEREBY GIVEN THAT THE UNIFIED FIRE AUTHORITY BENEFITS AND COMPENSATION COMMITTEE SHALL ASSEMBLE BOTH ELECTRONICALLY AND IN-PERSON FOR A MEETING AT
3380 SOUTH 900 WEST, SLC, UT 84119

THE PUBLIC MAY ATTEND ELECTRONICALLY VIA ZOOM WEBINAR AT:
<https://zoom.us/j/91681046879?pwd=MEtoVmtwRG95ZFYrV0J3TUZtZUNBdz09>

Webinar ID: 916 8104 6879

Passcode: 8675309

-
1. Call to Order – Chair Silvestrini
 2. Public Comment

Please limit comments to three minutes each. The UFA Benefits and Compensation Committee typically will not engage directly but may direct staff to address comments following the meeting.

There are three options for comments during this meeting:

 - a. In-Person.
 - b. Live during the Webinar by logging in as described above. If you wish to make a comment, select the “Raise Hand” button at the bottom of the screen. You will then be added to the queue and invited to speak.
 - c. EMAIL: Public comments will be accepted prior to the meeting via email at publiccomment@unifiedfire.org until 7:00 a.m. March 12, 2025. Emailed comments submitted prior to 7:00 a.m. March 12, 2025, will be read or summarized into the record, comments received after the deadline will be forwarded to the UFA Benefits and Compensation Committee, but not read into the meeting record or addressed during the meeting.
 3. Minutes Approval – Chair Silvestrini
 - February 13, 2025
 4. FY25/26 Part-Time EMS Pay Plan – CFO Hill
 5. FY25/26 Seasonal Wildland Firefighter Pay Scale – CFO Hill
 6. Paramedic II Compression – Chief Burchett
 7. Member Fee Chart – Chief Burchett

8. Insurance Review & Recommendation – HR Director Day/Gallagher

- a. Health Insurance
- b. Dental Insurance

9. Possible Closed Session

The UFA Benefits and Compensation Committee may consider a motion to enter into Closed Session. A closed meeting described under Utah Code Section 52-4-205 may be held for specific purposes including, but not limited to:

- a. discussion of the character, professional competence, or physical or mental health of an individual;
- b. strategy sessions to discuss pending or reasonably imminent litigation;
- c. strategy sessions to discuss the purchase, exchange, or lease of real property;
- d. discussion regarding deployment of security personnel, devices, or systems; and
- e. investigative proceedings regarding allegations of criminal misconduct.

A closed meeting may also be held for attorney-client matters that are privileged pursuant to Utah Code § 78B-1-137, and for other lawful purposes that satisfy the pertinent requirements of the Utah Open and Public Meetings Act.

10. Adjournment – Chair Silvestrini

THE PUBLIC IS INVITED TO PARTICIPATE IN ALL UFA MEETINGS.

In accordance with the Americans with Disabilities Act, UFA will make reasonable accommodation for participation in the meetings. Please call the clerk at least three working days prior to the meeting at 801-743-7213. Motions relating to any of the foregoing, including final action, may be taken at the meeting. This meeting will also be held electronically to allow members of the UFA Benefits & Compensation Committee to participate. This agenda is subject to change with a minimum 24-hour notice.

CERTIFICATE OF POSTING

The undersigned, does hereby certify that the above agenda notice was posted on this 12th day of March 2025 on the UFA bulletin boards, the UFA website www.unifiedfire.org, posted on the Utah State Public Notice website <http://www.utah.gov/pmn/index.html> and was emailed to at least one newspaper of general circulation with the jurisdiction of the public body.

Cyndee Young, UFA Board Clerk



**UNIFIED FIRE AUTHORITY BOARD
BENEFITS AND COMPENSATION COMMITTEE MEETING MINUTES**

February 13, 2025 at 8:00 a.m.

This meeting was held both in-person and electronically via ZOOM

Committee Members Present:

Mayor Silvestrini
Council Member Buroker
Mayor Overson

Council Member Henderson
Mayor Weichers
Council Member Fotheringham

Committee Members Absent:

Council Member Hull

Staff:

Chief Burchett
CLO Roberts
CFO Hill

Kiley Day
Cyndee Young
Kiyoshi Young, Local 1696

Guests:

AC Dern
AC Pilgrim
AC Robinson
Aaron Whitehead
Anthony Widdison
Barrett LaJeunesse
Ben Porter
Ben Reeves
Bryan Case
Cal Ricotta
Chandler Kingsbury
Chrystal Butterfield, UFA Board
Cliff Burningham
Dan DeVoogd

Debbie Cigarroa
Embret Fossum
Eric VanDuren
Erica Langenfass
Jake Dodds
Jay Torgersen
Jon Wilde
Kate Turnbaugh
Kelly Long
Kelly Millard
Kyle Maurer
Lana Burningham
Michael Conn
Michelle Morse, Gallagher

Molly Swenson
Nate Bogenschutz
Nile Easton
Rebecca Norfleet, Gallagher
Rian Andrus
Richard Rich
Rob Ayres
Sam Christensen
Shelli Fowlks
Station115
Steve Prokopis
Val Greensides
Wade Russell

Call to Order

Meeting called to order by Chair Silvestrini at 8:02 a.m.

Public Comments

None

Public comment made available live and with a posted email address

Minutes Approval

Council Member Henderson moved to approve the minutes from the January 23, 2025 Benefits & Compensation Committee Meeting as submitted

Council Member Fotheringham seconded the motion

All in favor, none opposed

FY25/26 URS Rate Update – CFO Hill

- ◆ There is good news with the URS rates
- ◆ Tier I rates are reducing
 - Tier II rates are not changing for Firefighters, public safety and public employees are seeing a savings as well
 - The total anticipated savings are \$561,000
 - There is currently legislation for consideration for the employer to pick up the employee portion as this is not allowed currently
 - If approved, the possible cost would be just over \$12,000
- ◆ No questions

Health Insurance Update – HR Director Day/Gallagher

- ◆ Michelle Morse presented the current status of insurance with SelectHealth
 - SelectHealth released an 9.87% increase for the coming year
 - This is due to large claims and overall usage
 - Comparing the rolling 12-month average, UFA is utilizing SelectHealth exactly as expected, no monies were left on the table
 - Gallagher is working on the market with bids coming back in the coming weeks, which should help with negotiations with SelectHealth
- ◆ Mayor Silvestrini noted that the SelectHealth percentage is consistent with other insurers
- ◆ Local President Young asked if there are any investigations done with large claimants to possibly address issues earlier
 - Michelle Morse replied that much of the preventative exams lapsed during COVID and those cancers are now stage 3/4 vs 1/2 on a normal preventative exam year
 - Gallagher is working with UFA HR on getting some information out to employees on the importance of preventative care for their families
- ◆ CFO Hill stated that this increase would cost UFA \$581,000, .82% to the member fee

COLA Comparison/Sworn Market Comparison – Chief Burchett

- ◆ For consideration is a 10-Year average and 7-year average and the West, Mountain, and All City CPI history
- ◆ Local 1696 is in favor of the West CPI and in order to balance predictability and responsiveness to the market, they are looking at the 7-year average as a compromise between the originally suggested 5-year and 10-year
- ◆ Council Member Henderson recommends the 10-year using the West with the higher average
- ◆ Council Member Fotheringham stated that in the end, the COLA number is the most easily compared to the outside and the more the number is softened the more adjustable the market amount
- ◆ Council Member Henderson explained that the longer the term, the more stable and predictable the number, therefore easier for external comparison
 - The market being the reactionary piece
 - Council Member Fotheringham disagrees
 - If the scope for COLA is narrower, then it is more volatile and the goal is predictability, per Council Member Henderson
- ◆ President Young stressed that the COLA average is a lot less important than remaining in the Top 3

- ◆ Mayor Silvestrini stated that compromising on the 7-year is appropriate as a first step toward stability, for entities to better predict taxing needs
- ◆ Council Member Henderson stated that the unspent funds will go toward the Fund Balance and then the monies are there to pay any increase necessary to remain competitive
 - Thereby reaching the Top 3 goal in a sustainable way
- ◆ Council Member Henderson wishes to present both options again to the UFA Board next week
 - Mayor Silvestrini would like to choose one
 - Chief Burchett would like a consensus as well

Council Member Henderson moved to recommend the 10-year COLA, and West CPI and market adjustment as discussed

Council Member Fotheringham seconded the motion

Roll call vote taken

Buroker	N	Hull	-
Fotheringham	N	Overson	N
Henderson	Y	Silvestrini	N
		Weichers	Y

Motion did not pass

Council Member Fotheringham moved to recommend the 7-year COLA, and All City CPI and market adjustment as discussed

Council Member Henderson seconded the motion

Roll call vote taken

Buroker	Y	Hull	-
Fotheringham	Y	Overson	Y
Henderson	Y	Silvestrini	Y
		Weichers	Y

- ◆ Chief Burchett pointed to pages 41-43
 - This is detailed data on each sworn position and step
 - Each position is reviewed for market and how the compression between ranks looks
 - This compression is important for advancement encouragement and the market has kept the position progression where Chief Burchett desires it to be
 - There is a concern between entry level paramedic and senior paramedic as the gap is just under 2%
 - Chief Burchett will continue working on the impact internally
 - This is a rank with a significant number of personnel and his focus is to make sure they are comfortable with the gap
 - The total increase for sworn is a 3.27% member fee increase, just over \$2.3M

Civilian Market Comparison – HR Director Day

- ◆ There are 79 total civilian positions, 16 are proposed for reclassification
- ◆ This will result in a \$43,000 member fee increase, .06%
- ◆ President Young stated that labor is in support for the mechanic increases
- ◆ Chief Burchett pointed out that the COLA agreed upon for sworn is also applied to the civilian personnel
 - This would be a \$180,000 increase, .25% of the member fee

Council Member Fotheringham moved to recommend the civilian market as discussed

Mayor Overson seconded the motion

All voted in favor, none opposed

Firefighter II Final Discussion – Chief Burchett

- ◆ Chief introduced this concept at the last meeting, the replacement of the AEMT rank with the Firefighter II rank
- ◆ The cost is approximately \$4,000 per person, anticipating that 15 per year move into this rank
 - This would provide incentive for entry level firefighters to begin advancement in the department, which in turn helps with retention

Council Member Fotheringham moved to recommend the Firefighter II rank as discussed
Mayor Weichers seconded the motion
All voted in favor, none opposed

Closed Session

None

Adjournment

Council Member Fotheringham moved to adjourn the February 13, 2025 Benefits & Compensation Committee Meeting
Mayor Weichers seconded the motion
All voted in favor, none opposed

**UNIFIED FIRE AUTHORITY
PART-TIME EMS PAY PLAN
FY24/25**

EMT	Hourly Rate
Starting	\$17.16
6 Months	\$17.72
1.5 Years	\$18.28
2.5 Years	\$18.84
Paramedic	\$28.12

AEMT	Hourly Rate
Starting	\$18.28
6 Months	\$18.84
1.5 Years	\$19.41
2.5 Years	\$19.96
Paramedic	\$28.12

**UNIFIED FIRE AUTHORITY
PART-TIME EMS PAY PLAN
FY25/26**

EMT/AEMT	Hourly Rate
Starting	\$18.28
6 Months	\$18.84
1.5 Years	\$19.41
2.5 Years	\$19.96

Paramedic	Hourly Rate
Starting	\$29.13

**UNIFIED FIRE AUTHORITY
SEASONAL WILDLAND FIREFIGHTERS PAY SCALE
FY25/26 (7/1/25 through 6/30/26)**

		Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
Grade 4 (Crew Member) Firefighter Type 2 (FFT2) Qualified	Basic	18.00	18.25	18.50	18.75	19.00	19.25	19.50	19.75	20.00	20.25
	Overtime	27.00	27.38	27.75	28.13	28.50	28.88	29.25	29.63	30.00	30.38
Grade 5 (Squad Boss 2 Trainee, Sawyer) Minimum one year of documented fire experience Firefighter Type 1 (FFT1) Trainee Incident Commander Type 5 (ICT5) Trainee Faller 2 (FAL2) Trainee	Basic	19.00	19.25	19.50	19.75	20.00	20.25	20.50	20.75	21.00	21.25
	Overtime	28.50	28.88	29.25	29.63	30.00	30.38	30.75	31.13	31.50	31.88
Grade 6 (Squad Boss Type 2) (7 Personnel) Firefighter Type 1 (FFT1) Qualified Incident Commander Type 5 (ICT5) Qualified	Basic	20.25	20.75	21.25	21.75	22.25	22.75	23.25	23.75	24.25	24.75
	Overtime	30.38	31.13	31.88	32.63	33.38	34.13	34.88	35.63	36.38	37.13
Grade 7 (Engine Boss) (2 Personnel) Engine Boss (ENGB) Qualified Incident Commander Type 5 qualified (ICT5) Commercial Driver License	Basic	23.50	24.00	24.50	25.00	25.50	26.00	26.50	27.00	27.50	28.00
	Overtime	35.25	36.00	36.75	37.50	38.25	39.00	39.75	40.50	41.25	42.00

EFFECTIVE 07/01/2024

Steps are not years of service, but based on years in role/grade

When moving grades you will move into the step that is .25 higher than the previous year (Ex: Grade 4, Step 5 to Grade 5, Step 2)

SERVICE DEMAND PROPORTIONING AMONG UFA MEMBERS

STATION - MEMBER	SERVICE DEMAND (2022-2024)		SERVICE DEMAND (2021-2023)		Percentage Difference
	INCIDENTS	PERCENTAGE	INCIDENTS	PERCENTAGE	
103 - Herriman	3,050	95.02%	2,902	94.44%	0.58%
103 - UFSA	160	4.98%	171	5.56%	-0.58%
TOTAL	3,210	100%	3,073	100%	
104 - Holladay	5,029	67.83%	4,844	68.35%	-0.52%
104 - UFSA	2,385	32.17%	2,243	31.65%	0.52%
TOTAL	7,414	100%	7,087	100%	
110 - Cottonwood Heights	4,321	85.90%	4,412	86.63%	-0.72%
110 - Holladay	684	13.60%	658	12.92%	0.68%
110 - UFSA	25	0.50%	23	0.45%	0.05%
TOTAL	5,030	100%	5,093	100%	
112 - UFSA	3,198	82.91%	3,266	84.24%	-1.33%
112 - Holladay	654	16.96%	606	15.63%	1.33%
112 - Cottonwood Heights	5	0.13%	5	0.13%	0.00%
TOTAL	3,857	100%	3,877	100%	
116 - Cottonwood Heights	2,332	83.85%	2,387	83.08%	0.77%
116 - UFSA	282	10.14%	310	10.79%	-0.65%
116 - Holladay	167	6.01%	176	6.13%	-0.12%
TOTAL	2,781	100%	2,873	100%	
121 - Riverton	2,950	94.10%	2,883	93.57%	0.53%
121 - Herriman	185	5.90%	198	6.43%	-0.53%
TOTAL	3,135	100%	3,081	100%	
123 - Herriman	2,352	83.05%	2,301	83.13%	-0.08%
123 - Riverton	480	16.95%	467	16.87%	0.08%
TOTAL	2,832	100%	2,768	100%	

UFA MEMBER FEE BREAKDOWN BY STATION - FY 24-25 (ADJUSTED with Updated Proportion Among UFA Members)

	STAFFING	REGIONAL COSTS				UFSA		COTTONWOOD HEIGHTS		HOLLADAY		HERRIMAN		RIVERTON	
STATION	ENGINES/TRUCKS	SERVICE DELIVERY	SUPPORT	CAPITAL FUND TRANSFER	TOTAL COST	FY23/24 %	AMOUNT	FY23/24 %	AMOUNT	FY23/24 %	AMOUNT	FY23/24 %	AMOUNT	FY23/24 %	AMOUNT
101	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
102	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
103	1,952,050	409,894	567,207	178,308	3,107,459	4.98%	154,751		0		0	95.02%	2,952,707		0
104	1,952,050	409,894	567,207	178,308	3,107,459	32.17%	999,669		0	67.83%	2,107,789		0		0
106	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
108	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
109	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
110	1,952,050	409,894	567,207	178,308	3,107,459	0.50%	15,537	85.90%	2,669,307	13.60%	422,614		0		0
111	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
112	1,952,050	409,894	567,207	178,308	3,107,459	82.91%	2,576,394	0.13%	4,040	16.96%	527,025		0		0
113	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
115	1,496,992	409,894	567,207	178,308	2,652,401	100.00%	2,652,401		0		0		0		0
116	1,496,992	409,894	567,207	178,308	2,652,401	10.14%	268,953	83.85%	2,224,038	6.01%	159,409		0		0
117A	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
117B	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
118	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
119	1,496,992	409,894	567,207	178,308	2,652,401	100.00%	2,652,401		0		0		0		0
121	1,952,050	409,894	567,207	178,308	3,107,459	0.00%	0		0		0	5.90%	183,340	94.10%	2,924,119
123	1,952,050	409,894	567,207	178,308	3,107,459	0.00%	0		0		0	83.05%	2,580,744	16.95%	526,714
124	1,952,050	409,894	567,207	178,308	3,107,459	0.00%	0		0		0		0	100.00%	3,107,459
125	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
126	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
251	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
252	1,952,050	409,894	567,207	178,308	3,107,459	100.00%	3,107,459		0		0		0		0
TOTAL:	45,484,019	9,837,456	13,612,968	4,279,392	73,213,835										
						UFSA		COTTONWOOD HEIGHTS		HOLLADAY		HERRIMAN		RIVERTON	
Total Number of Fire Stations with a First Due area serving Member						21		3		4		3		3	
Proportional number of stations member is financially responsible for						24	17.31	1.70		1.04		1.84		2.11	
Member Fee before credit						\$73,213,835	\$52,824,529	\$4,897,385		\$3,216,838		\$5,716,792		\$6,558,291	
Percent of total Member Fee						100.00%	72.15%	6.69%		4.39%		7.81%		8.96%	
Fund Balance Credit (Under expend from previous FY)						\$2,355,409	\$1,699,452	\$157,557		\$103,491		\$183,919		\$210,991	
ADJUSTED Member fee with credit						70,858,426	\$51,125,077	\$4,739,828		\$3,113,347		\$5,532,873		\$6,347,301	
FY24/25 Actual Member Fee						70,858,426	51,182,063	4,742,016		3,071,616		5,533,776		6,328,955	
Increase (decrease) from current fee						0	-56,986	-2,188		41,731		-903		18,346	
Percentage adjustment from FY24/25 Actual						0.00%	-0.11%	-0.05%		1.36%		-0.02%		0.29%	

⁽¹⁾ REGIONAL COST = Total member fee costs (including station operating costs) minus engine and truck staffing divided by 24 Engine and Truck Companies

⁽²⁾ The actual functions that support service delivery. Administration, Finance, Human Resources, Training, Medical, and parts of Logistics, Information Outreach, and Information Technology

Unified Fire Authority Renewal Discussion

Michelle Morse and Rebecca Norfleet

March 13, 2025



Gallagher

Insurance | Risk Management | Consulting

Discussion Guide

1

Medical Utilization Review

2

Renewal & Market Analysis

3

Appendix & Disclosures

Claim Experience Executive Summary - Rolling 12 Months

Medical Plan Summary

	Feb 2024 - Jan 2025	Feb 2023 - Jan 2024	% Change
Avg. Employees	461	450	2.5%
Avg. Members	1494	1490	0.2%
Avg. Contract Size	3.24	3.31	-2.2%
Gross Claims PMPM	\$341.79	\$304.74	12.2%
Net Claims PMPM	\$340.34	\$304.74	11.7%
Fixed Costs PMPM	\$54.54	\$51.97	5.0%
Premium PMPM	\$381.86	\$365.37	4.5%
Gross Loss Ratio	103.8%	97.6%	6.2%
Net Loss Ratio	103.4%	97.6%	5.8%

Utilization and Trends by Cost Category

Category	Feb 2024 - Jan 2025			Feb 2023 - Jan 2024			% Change		
	Paid	Paid PMPM	Benchmark	Paid	Paid PMPM	Benchmark	Paid	Paid PMPM	Benchmark
IP Facility	\$891,482	\$49.73	\$88.37	\$766,944	\$42.88	\$88.37	16.2%	16.0%	0.0%
OP Facility	\$1,284,626	\$71.67	\$87.09	\$875,540	\$48.96	\$87.09	46.7%	46.4%	0.0%
ER	\$437,540	\$24.41	\$36.88	\$450,531	\$25.19	\$36.88	-2.9%	-3.1%	0.0%
Office Visits	\$648,176	\$36.16	\$36.62	\$629,671	\$35.21	\$36.62	2.9%	2.7%	0.0%
Prof & Other	\$1,645,607	\$91.81	\$141.61	\$1,570,273	\$87.80	\$141.61	4.8%	4.6%	0.0%
Medical	\$4,907,430	\$273.78	\$390.57	\$4,292,959	\$240.04	\$390.57	14.3%	14.1%	0.0%
Pharmacy	\$1,219,141	\$68.01	\$109.07	\$1,156,943	\$64.69	\$109.07	5.4%	5.1%	0.0%
Total	\$6,126,570	\$341.79	\$499.64	\$5,449,902	\$304.74	\$499.64	12.4%	12.2%	0.0%

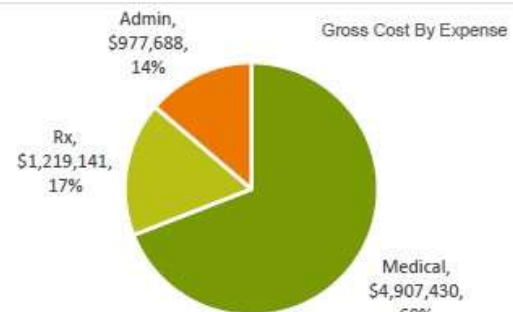
Claims By Plan

Plan	Feb 2024 - Jan 2025						Feb 2023 - Jan 2024					
	Curr. Mbrs.	Premium	Med Claims	Rx Claims	Admin	Loss Ratio	Avg. Mbrs.	Premium	Med Claims	Rx Claims	Admin	Loss Ratio
Select Med	1364	\$6,063,927	\$4,020,750	\$902,110	\$876,892	95.6%	1331	\$5,773,451	\$3,737,588	\$959,792	\$830,104	95.7%
Select Care	154	\$781,002	\$886,679	\$317,030	\$100,796	167.0%	159	\$760,764	\$555,371	\$197,151	\$99,255	112.0%
Total	1518	\$6,844,929	\$4,907,430	\$1,219,141	\$977,688	103.8%	1490	\$6,534,215	\$4,292,959	\$1,156,943	\$929,358	97.6%

Plan	Feb 2024 - Jan 2025				Feb 2023 - Jan 2024				% Change			
	Mbr Mths	Prem. PMPM	Med. PMPM	Rx PMPM	Mbr Mths	Prem. PMPM	Med. PMPM	Rx PMPM	Avg. Mbrs.	Prem PMPM	Med PMPM	Rx PMPM
Select Med	16077	\$377.18	\$250.09	\$56.11	15974	\$361.43	\$233.98	\$60.08	0.6%	4.4%	6.9%	-6.6%
Select Care	1848	\$422.62	\$479.80	\$171.55	1910	\$398.31	\$290.77	\$103.22	-3.2%	6.1%	65.0%	66.2%
Total	17925	\$381.86	\$273.78	\$68.01	17884	\$365.37	\$240.04	\$64.69	0.2%	4.5%	14.1%	5.1%

Top 10 Large Claimants - Rolling 12 Months

Diagnosis	Pooling Point = \$250,000	Paid Claims	Pooled Claims
1) Diseases of the circulatory system \$210,472; 2) Diseases of the respiratory system \$20,272; 3) Symptoms, signs and		\$275,887	\$25,887
1) Pharmacy \$200,689; 2) Diseases of the musculoskeletal system and connective tissue \$12,180; 3) Diseases of the b		\$219,095	\$0
1) Factors influencing health status and contact with health services \$88,099; 2) Congenital malformations, deformation;		\$123,566	\$0
1) Neoplasms \$49,373; 2) Injury, poisoning and certain other consequences of external causes \$16,831; 3) Factors infl		\$89,714	\$0
1) Pharmacy \$80,466; 2) Diseases of the nervous system \$1,409; 3) Symptoms, signs and abnormal clinical and labora		\$85,110	\$0
1) Factors influencing health status and contact with health services \$71,067; 2) Certain conditions originating in the per		\$77,156	\$0
1) Injury, poisoning and certain other consequences of external causes \$37,831; 2) Pharmacy \$31,387; 3) Diseases of i		\$76,561	\$0
1) Injury, poisoning and certain other consequences of external causes \$20,874; 2) Diseases of the genitourinary syster		\$75,796	\$0
1) Congenital malformations, deformations and chromosomal abnormalities \$51,845; 2) Injury, poisoning and certain of		\$73,601	\$0
		\$71,495	\$0



July 2025 Renewal

Line of Coverage	Carrier/ Vendor	EE/ER Paid	2025 Proposed Renewal	Notes
Medical	SelectHealth	EE / ER	9.9%	Contingent Funding Option (down 10 up 5)
Dental	SelectHealth	EE / ER	5.9%	
Vision	EyeMed	EE	0%	Entering 3 rd year of 4-year rate guarantee ending 06.30.2027
Basic Life and AD&D	PEHP	ER	0%	
Voluntary Life and Voluntary AD&D	PEHP	EE	0%	
Accident Weekly Indemnity	PEHP	EE	0%	
Accident Medical Expense	PEHP	EE	0%	
Long Term Disability	PEHP	ER	0%	
Hospital Indemnity	Aflac	EE	0%	
Critical Illness	Aflac	EE	0%	
Identity Protection	Allstate Identity Protection	EE	0%	Offering enhanced plan design that includes Cyber protection at no additional cost for this renewal
EAP	Blomquist Hale	ER	0% \$4 PEPM FT & \$2 PEPM PT	
FSA & HRA	APA Benefits	ER	0% \$4 PEPM FSA & \$2 PEPM HRA	

2025 Market Analysis - Medical

	Carrier	Funding	2025 Proposal	Notes
Option 1	UHC	Fully-Insured	-2.3%	• Surest: Plan design is copayment based and uses high quality providers to drive lower cost • Network: Choice Plus (Intermountain & MountainStar)
Option 2	Aetna	Fully-Insured	8.3%	• Offering a \$20,000 wellness credit • Network: Aetna Whole Health Network (AWH) (Intermountain)
Option 3	UHC	Fully-Insured	12.9%	• Network: Choice Plus (Intermountain & MountainStar)
Option 4	Regence BCBS	Contingent (+5 / -10 Plan)	13.4%	• Network: Preferred Blue Option (PBO) (Intermountain)
Option 5	PEHP	Fully-Insured	13.8%	• Network: Advantage (Intermountain)
Option 6	EMI Health	Fully-Insured	13.9%	• 1% bundling discount if bundled with EMI dental • Network: EMI Health Care Plus (Intermountain)
Option 7	MotivHealth	Level-Funded	-0.5%	• Requires a HDHP option to be offered • Estimated claims saving \$957k 1st year • Network: Motiv (Non-Intermountain)
Option 8	Regence BCBS	Contingent (+5 / -10 Plan)	0.1%	• Network: Focal Point (Non-Intermountain)
Option 9	University of Utah	Fully-Insured w/ retro refund	4.8%	• Network: Healthy Premier (Non-Intermountain)
Option 10	Aetna	Fully-Insured	8.3%	• Offering a \$20,000 wellness credit • Network: Aetna Choice (Non-Intermountain)
N/A	Cigna	Declined to Quote	N/A	-

2025 Market Analysis - Dental

	Carrier	Carrier Response	2025 Proposal	Notes
Option 1	PEHP	Provided Proposal	3.8%	Gain of 69 providers and loss of 63
Option 2	EMI Health	Provided Proposal (Fully-Insured)	4.1%	1% medical rate discount when bundled with dental - Gain of 26 providers and loss of 113 - Network outside of UT is Dentemax
Option 3	Delta Dental	Provided Proposal	13.9%	2-year rate guarantee - Proposal includes a one-time \$1,500 implementation credit - Gain of 58 providers and loss of 13
Option 4	EMI Health	Provided Proposal (ASO)	\$8.75 PEPM	1% medical rate discount when bundled with dental - Gain of 26 providers and loss of 113 - Network outside of UT is Dentemax
Option 5	Delta Dental	Provided Proposal (ASO)	\$7.50 PEPM	2-year rate guarantee - Proposal includes a one-time \$1,500 implementation credit
Dental	Cigna	Declined to Quote	N/A	
Dental	Aetna	Declined to Quote	N/A	
Dental	United Healthcare	Declined to Quote	N/A	

Appendix, Disclaimers and Disclosures



July 2025 Medical Renewal

			CURRENT		RENEWAL	
Carrier Name			SelectHealth		SelectHealth	
Plan Name			Med / Value Tier \$1,000	Care / Value Tier \$1,000	Med / Value Tier \$1,000	Care / Value Tier \$1,000
PLAN DESIGN*						
In-Network Benefits			Med / Value Network	Care / Value Network	Med / Value Network	Care / Value Network
Deductible Type			Embedded	Embedded	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)			\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Out-of-Pocket Max Type			Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)			\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Coinsurance (member pays after deductible)			20%	20%	20%	20%
Preventive Care			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit			\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Specialist Visit			\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Urgent Care			\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Emergency Room			\$75 Copay after deductible	\$75 Copay after deductible	\$75 Copay after deductible	\$75 Copay after deductible
Inpatient Hospital			20% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery			20% after deductible	20% after deductible	20% after deductible	20% after deductible
			Ambulatory Surgical: 10% after deductible	Ambulatory Surgical: 10% after deductible	Ambulatory Surgical: 10% after deductible	Ambulatory Surgical: 10% after deductible
Chiropractic (visit limits may apply)			\$15 Copay (20 Visits)	\$15 Copay (20 Visits)	\$15 Copay (20 Visits)	\$15 Copay (20 Visits)
Diagnostic Test (X-ray, blood work)			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Imaging (CT/PET scan, MRI)			Diagnostic Tests Major: 20% after deductible	Diagnostic Tests Major: 20% after deductible	Diagnostic Tests Major: 20% after deductible	Diagnostic Tests Major: 20% after deductible
			Imaging: 10% after deductible	Imaging: 10% after deductible	Imaging: 10% after deductible	Imaging: 10% after deductible
Prescription Drug Benefit						
Retail			30 Days	30 Days	30 Days	30 Days
Tier I / Tier II / Tier III			\$10 / \$25 / \$45	\$10 / \$25 / \$45	\$10 / \$25 / \$45	\$10 / \$25 / \$45
Specialty			\$100	\$100	\$100	\$100
Mail Order			90 Days	90 Days	90 Days	90 Days
Tier I / Tier II / Tier III			\$10 / \$50 / \$135	\$10 / \$50 / \$135	\$10 / \$50 / \$135	\$10 / \$50 / \$135
Out-of-Network Benefits						
Deductible Type			Embedded	Embedded	Embedded	Embedded
CY Deductible (Individual / Family)			\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Pocket Max Type			Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)			\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Coinsurance (member pays after deductible)			40%	40%	40%	40%
COST ANALYSIS						
PEPM Rates	Med/ Value	Care/ Value	Med / Value Tier \$1,000	Care / Value Tier \$1,000	Med / Value Tier \$1,000	Care / Value Tier \$1,000
Employee (EE) Only	93	14	\$525.40	\$539.60	\$577.40	\$593.00
EE + 1 Dep	75	17	\$1,156.20	\$1,187.40	\$1,270.70	\$1,305.00
EE + Family	262	22	\$1,576.80	\$1,618.90	\$1,732.90	\$1,779.20
Total Enrollment	430	53				
Estimated Monthly Premium			\$548,699	\$63,356	\$603,021	\$69,629
Estimated Annual Premium			\$6,584,386	\$760,272	\$7,236,246	\$835,553
Dollar Difference from Current					\$651,860	\$75,281
Percent Change from Current					9.9%	9.9%
Total Combined Annual Cost						
			CURRENT		RENEWAL	
Estimated Annual Premium			\$7,344,658		\$8,071,799	
Dollar Difference from Current					\$727,141	
Percent Change from Current					9.9%	
PLAN PROVISIONS						
Rate Guarantee			1 Year rate guarantee ending 06/30/2025		1 Year rate guarantee ending 06/30/2026	
Eligibility			FTE 30HRS/WK		FTE 30HRS/WK	

July 2025 Dental Renewal

		CURRENT		RENEWAL	
Carrier Name		Select Health Inc.		Select Health Inc.	
Plan Name		Dental Plan		Dental Plan	
PLAN DESIGN*					
Network		INN Classic Network	OON	INN Classic Network	OON
Calendar Year (CY) Deductible (Individual / Family)		\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Annual Maximum		\$1,500	\$1,500	\$1,500	\$1,500
Coinsurance					
Preventive Services		100%	80%	100%	80%
Cleaning Frequency		2 per year	2 per year	2 per year	2 per year
Deductible Waived?		Yes	Yes	Yes	Yes
Basic		80%	60%	80%	60%
Periodontics		80%	60%	80%	60%
Endodontics		80%	60%	80%	60%
Major		50%	30%	50%	30%
Major Waiting period		None	None	None	None
Implants		50%	30%	50%	30%
Orthodontics		50%	50%	50%	50%
Maximum Age		Children and Adult	Children and Adult	Children and Adult	Children and Adult
Deductible		No	No	No	No
Lifetime Max		\$1,500	\$1,500	\$1,500	\$1,500
Ortho Waiting Period		None	None	None	None
OON Reimbursement Level		MAC		MAC	
COST ANALYSIS					
PEPM Rates	Enrollment	Dental Plan		Dental Plan	
Employee (EE) Only	105	\$49.10		\$52.00	
EE + 1 Dep	108	\$67.10		\$71.10	
EE + Family	293	\$101.50		\$107.50	
Total Enrollment	506				
Estimated Monthly Premium		\$42,142		\$44,636	
Estimated Annual Premium		\$505,702		\$535,636	
Dollar Difference from Current				\$29,934	
Percent Change from Current				5.9%	
PLAN PROVISIONS					
Rate Guarantee		1 Year rate guarantee ending 06/30/2025		1 Year rate guarantee ending 06/30/2026	
Premium Paid Basis		Contributory (Employee pays all or a portion of the premium)		Contributory (Employee pays all or a portion of the premium)	
Eligibility		FTE 30HRS/WK		FTE 30HRS/WK	

July 2025 Vision Renewal

		CURRENT / RENEWAL	
CarrierName		EyeMed	
Plan Name		Vision Plan	
PLAN DESIGN*			
Network Name	INN	Insight	OON
Exam (including eyewear exam)			
Frequency	12 Months		12 Months
Benefit	\$10 Copay; Plus Provider: \$0 Copay		Reimburse up to \$40
Lenses			
Frequency	12 Months		12 Months
Single	\$25 Copay		Reimburse up to \$30
Bifocal	\$25 Copay		Reimburse up to \$50
Trifocal	\$25 Copay		Reimburse up to \$70
Standard Progressive	\$90 Copay		Reimburse up to \$50
Frames			
Frequency	12 Months		12 Months
Allowance	Up to \$130 plus 20% off balance; Plus provider: Up to \$180 plus 20% off balance		Reimburse up to \$91
Contact Lenses			
Frequency	12 Months		12 Months
Allowance	Up to \$130		Reimburse up to \$130
Medically Necessary	Covered in full		Reimburse up to \$300
COST ANALYSIS			
PEPM Rates	Enrollment	Vision Plan	
Employee (EE) Only	74	\$6.03	
EE + Spouse	46	\$11.45	
EE + Child(ren)	26	\$12.05	
EE + Family	131	\$17.71	
Total Enrollment	277		
Estimated Monthly Premium		\$3,606	
Estimated Annual Premium		\$43,275	
Dollar Difference from Current			
Percent Change from Current			
PLAN PROVISIONS			
Rate Guarantee		Entering 3rd year of 4-year rate guarantee ending 06/30/2027	
Premium Paid Basis		Contributory (Employee pays all or a portion of the premium)	
Eligibility		FTE 30HRS/WK	

Medical | Fully-Insured Marketing Activity Summary | Effective 07/01/2025

Line of Coverage	Carrier Name	Response	Rate Guarantee	Commission	Direct Fees
Medical	SelectHealth	Current	1 Year	0%	N/A
Medical	SelectHealth	Renewal	1 Year	0%	N/A
Medical	UnitedHealthcare	Quote	1 Year	0%	N/A
Medical	EMI Health	Quote	1 Year	0%	N/A
Medical	Regence BlueCross BlueShield of Utah	Quote	1 Year	0%	N/A
Medical	University of Utah	Quote	1 Year	0%	N/A
Medical	Aetna	Quote	1 Year	0%	N/A
Medical	Cigna	DTQ			

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

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Health Lines of Coverage: Including Medical, Dental, Vision and EAPs					
Line of Coverage	Carrier Name	Response	Rate Guarantee	Commission	Direct Fees
Dental	Select Health Inc.	Current	1 Year	3%	N/A
Dental	Select Health Inc.	Renewal	1 Year	3%	N/A
Dental	EMI Health	Quote	1 Year	3%	N/A
Dental	PEHP Health & Benefits	Quote	1 Year	\$6 PEPM	N/A
Dental	Delta Dental Fully Insured	Quote	1 Year	3%	N/A
Dental	Delta Dental ASO	Quote	1 Year	\$4 PEPM	N/A
Dental	EMI Health ASO	Quote	1 Year	\$4 PEPM	N/A
Dental	Aetna	DTQ			
Dental	Cigna	DTQ			
Dental	United Healthcare	DTQ			
Vision	EyeMed	Current / Renewal	4 Year	0%	N/A
<i>While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.</i>					

Non-Health Lines of Coverage						
Line of Coverage	Carrier Name	Response	**AM Best Rating	Rate Guarantee	Commission	Direct Fees
Basic Life AD&D	Public Employer's Health Plan (PEHP)	Current	NR	1 Year	3%	N/A
Voluntary Life AD&D	Public Employer's Health Plan (PEHP)	Current	NR	1 Year	3%	N/A
Long Term Disability	Public Employer's Health Plan (PEHP)	Current	NR	1 Year	3%	N/A

**A.M. Best Rating	
Required Standards for Gallagher Benefit Services	
Group 1 A - to A++	Recommended
Group 2 B + to B ++ and/or financial rating under "VI", or any of Best's "NR" group. This would apply to Best's "A- or higher" rated companies with a financial size under "VI".	Acceptable with signed client acknowledgement letter
Financial Strength Ratings	
Secure A++, A+ (Superior) A, A -, A U (Excellent) B++, B+ (Very Good)	Vulnerable B, B - (Fair) C++, C+ (Marginal) C, C - (Weak)
Supplemental Compensation	
<i>Gallagher may receive supplemental compensation from insurance carriers and vendors, normally calculated at the end of each calendar year, that are contingent on a number of factors including the overall number of employer plans represented, plan retention rates, and overall premium growth. Historically, supplemental compensation has ranged, on average, between 0-3% based on specific carrier programs. These plans have no effect on premiums. Further, Gallagher may receive non-cash compensation from plan vendors or service providers that are not in connection with any particular client. If you have any questions regarding direct or indirect compensation received by Gallagher, please contact your dedicated Gallagher advisor or refer to the Gallagher Global Standards of Business Conduct (https://www.ajg.com/us/about-us/global-standards).</i>	

General Disclaimers



Coverage Disclaimer

This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

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