Lithographers and Photoengravers Local 285

Benefit Plan Renewal Strategy

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Lithographers and Photoengravers Local 285

Benefit Plan Overview

- Lithographers and Photoengravers Local 285 Welfare Fund currently provides its members with medical insurance (Kaiser Permanente), dental insurance (CIGNA), vision insurance (National Vision Administrators) as well as life/AD&D and short- term disability insurance (Mutual of Omaha). These fully insured benefits renew March 1, 2025

- The Fund will be reviewing alternate carrier options to ensure the membership is being provided with a strong network of physicians and hospitals while achieving the best possible pricing for the coverage provided.

Data Collection and Carrier Survey/Review

- Historically, Kaiser Permanente has released renewal information less than 90 days prior to the March 1st renewal date. Kaiser has committed to providing the Fund the March 1, 2025 renewal in October 2024. If the group medical and prescription drug renewal is obtained at that time, a survey of alternate medical insurance carriers can be completed well in advance of the plan renewal date.

- Fully insured and level-funded group medical and prescription drug options will be reviewed.

- A survey of dental insurance carriers will also be conducted.

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Trends

Monthly Medical Premium Rate History

	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
DHMO Select $2,500					
Single	$525.48	$557.00	$586.22	$624.32	$677.38
Single Plus One	$1,050.95	$1,114.00	$1,172.44	$1,248.64	$1,354.75
Family	$1,518.62	$1,609.73	$1,694.17	$1,804.29	$1,957.62
Increase from prior year (%)		6.0%	5.2%	6.5%	8.5%
Increase over last five years (%)					28.9%
DHMO Select $750					
Single	$576.01	$610.57	$642.57	$684.33	$742.49
Single Plus One	$1,152.02	$1,221.14	$1,285.13	$1,368.66	$1,484.98
Family	$1,664.67	$1,764.55	$1,857.02	$1,977.72	$2,145.79
Increase from prior year (%)		6.0%	5.2%	6.5%	8.5%
Increase over last five years (%)					28.9%
HMO Signature $15/$25					
Single	$705.53	$747.86	$787.14	$838.30	$909.54
Single Plus One	$1,411.05	$1,495.72	$1,574.28	$1,676.60	$1,819.08
Family	$2,038.97	$2,161.31	$2,274.84	$2,422.69	$2,628.57
Increase from prior year (%)		6.0%	5.3%	6.5%	8.5%
Increase over last five years (%)					28.9%
Flex					
Single	$868.13	$920.22			
Single Plus One	$1,736.26	$1,840.44			
Family	$2,508.89	$2,659.42			
Increase from prior year (%)		6.0%			

Monthly Employer Contribution History

Employers	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Doyle Printing and Offset - BB	$860.00	$860.00	$865.00	$875.00	$875.00
Mosaic - BB	$910.00	$915.00	$920.00	$925.00	$930.00
Kelly Press - L	$920.00	$920.00	$920.00	$940.00	$950.00
Mosaic - L	$910.00	$915.00	$920.00	$925.00	$930.00
Waivers	$544.00	$544.00	$544.00	$544.00	$544.00

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Annual Enrollment History (Subscribers)

	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2024-2025 census
DHMO Select $2,500						
Single	3	1	5	13	15	14
Single Plus One	1	1	2	1	2	2
Family	1	1	2	2	1	1
Total	5	3	9	16	18	17
Increase from prior year (#)		-2	6	7	2	1
Increase over last five years (#)					13	12
DHMO Select $750						
Single	14	20	14	16	17	16
Single Plus One	13	12	7	9	8	6
Family	5	3	5	7	8	8
Total	32	35	26	32	33	30
Increase from prior year (#)		3	-9	6	1	-2
Increase over last five years (#)					1	-2
HMO Signature $15/$25						
Single	32	33	22	18	14	11
Single Plus One	26	25	18	10	14	9
Family	14	16	9	4	4	4
Total	72	74	49	32	32	24
Increase from prior year (#)		2	-25	-17	0	-8
Increase over last five years (#)					-40	-48
Flex PPO						
Single	1	0				
Single Plus One	0	0				
Family	0	0				
Total	1	0				
Increase from prior year (#)						
Total Enrollment	110	112	84	80	83	71
Increase from prior year (#)		2	-28	-4	3	-9
Increase over last five years (#)					-27	-39

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Reserves and Contribution Strategy

Monthly Member Contribution History (w/ DHMO dental)

	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	Member Contribution to 2024-2025 Medical Premium (%)
DHMO Select $2,500						
Single	$5.52	$23.76	$50.72	$80.96	$101.80	15.0%
Single Plus One	$10.48	$43.00	$96.72	$155.32	$195.36	14.4%
Family	$14.92	$60.16	$137.68	$221.52	$278.60	14.2%
DHMO Select $750						
Single	$29.88	$77.32	$107.04	$146.04	$166.92	22.5%
Single Plus One	$59.76	$150.16	$209.40	$285.56	$325.56	21.9%
Family	$86.36	$188.76	$300.52	$409.68	$466.80	21.8%
HMO Signature $15/$25						
Single	$150.72	$214.60	$251.64	$313.12	$333.96	36.7%
Single Plus One	$301.40	$424.72	$498.56	$631.64	$659.68	36.3%
Family	$435.52	$611.72	$718.32	$892.48	$949.56	36.1%
Flex PPO						
Single	$302.24					
Single Plus One	$604.52					
Family	$873.52					

- The welfare plan reserves for Lithographers and Photoengravers Local 285 Welfare Fund are currently $2,251,344. This is an estimated 18.1 month reserve as of February 29, 2024.

- The estimated annual benefit cost effective March 1, 2024 was $1,118,859 (based on 71 subscribers). Employer contributions (including 2 waivers) was estimated at $805,236. Employer contributions represent roughly 72% of the annual benefit cost. These figures do not include administrative costs.

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Supplemental Trend Information

Enhancing medical benefits while preparing to manage higher costs

No doubt, healthcare premiums are rising, but that hard fact leaves many employers undeterred in their efforts to enhance medical benefits as they prepare for increasing costs. About 2 in 5 have committed to this path in 2023, which is part of a focus on investing in total rewards to strengthen organizational attachment. After base salary (78%) and variable compensation or bonus programs (40%), medical benefits are receiving the most attention from employers (39%), up by 6 points from 2022.

Median health plan premium increases at the most recent renewal were 5%–5.9%, up from 4%–4.9% in 2022. A recent actuarial consensus forecasts cost trends of 5.7%–7.1% for medical, depending on the level of plan member cost sharing. Combined medical and pharmacy projections are 6.3%–7.9% in 2023, up from 5.5%–6.9% a year earlier.[1] Overall, double-digit increases were experienced by 21%, including 24% of small, 21% of lower midsize, 24% of upper midsize and 14% of large employers.

Beyond increasing costs related to mental health, COVID catch-up and prescription drugs, growing healthcare sector wages, labor shortages and consolidation are contributing to higher prices. And healthcare delivery system challenges raise costs in real time while actual price increases typically lag. These trends, now rippling through the carrier base and entering the employer-sponsored healthcare space, show up as increasing medical premiums.

MEDIAN HEALTH PLAN PREMIUM INCREASE AT THE MOST RECENT RENEWAL

2023	5%–5.9%
2022	4%–4.9%

TECHNOLOGY & INNOVATION INSIGHT

Carriers continue to pursue a more powerfully integrated plan for improving healthcare and containing costs. Through coordinated efforts with digital leaders, they've started to shift from an enrollment focus to comprehensive HR technology solutions that offer far more range and flexibility. **Data systems** can capture information across multiple sources to enable more precise communications targeting and improved healthcare navigation. Far beyond identifying the origin of claims, they're able to predict costs based on clusters, which allows them to recommend appropriate actions. **Data optimization** further supports the evolution of benefits structure and implementation, enhancing the employee experience.

Increase in the health plan premium at the most recent renewal (final)

Category	Base	Decreased	0%–0.9%	1%–1.9%	2%–2.9%	3%–3.9%	4%–4.9%	5%–5.9%
ALL	3,372	7%	14%	4%	6%	8%	8%	9%
North Central	1,117	8%	14%	3%	5%	9%	7%	9%
Northeast	474	7%	11%	4%	7%	8%	8%	10%
South Central	604	9%	18%	4%	6%	8%	7%	8%
Southeast	513	7%	15%	5%	5%	8%	8%	9%
West	664	6%	11%	5%	6%	8%	9%	11%
For Profit	1,996	8%	13%	4%	5%	10%	8%	9%
Nonprofit	1,271	7%	15%	4%	7%	7%	8%	10%
Under 100 FTEs	1,043	10%	10%	4%	3%	8%	8%	9%
100 to 499 FTEs	1,361	8%	15%	4%	7%	6%	7%	9%
500 to 999 FTEs	359	4%	13%	5%	7%	10%	7%	11%
1,000 or more FTEs	559	4%	16%	4%	8%	13%	9%	11%

Category	Base	6%–6.9%	7%–7.9%	8%–8.9%	9%–9.9%	10%–10.9%
ALL	3,372	6%	6%	6%	5%	6%
North Central	1,117	6%	6%	6%	5%	5%
Northeast	474	7%	5%	5%	5%	7%
South Central	604	5%	5%	5%	4%	6%
Southeast	513	4%	7%	5%	3%	7%
West	664	6%	7%	6%	7%	5%
For Profit	1,996	6%	6%	5%	5%	6%
Nonprofit	1,271	5%	6%	6%	6%	6%
Under 100 FTEs	1,043	5%	7%	7%	5%	6%
100 to 499 FTEs	1,361	6%	6%	5%	5%	5%
500 to 999 FTEs	359	6%	3%	6%	5%	8%
1,000 or more FTEs	559	6%	7%	5%	5%	6%

Category	Base	11%–11.9%	12%–12.9%	13%–13.9%	14%–14.9%	15% or more
ALL	3,372	2%	3%	1%	2%	7%
North Central	1,117	2%	2%	2%	2%	8%
Northeast	474	2%	3%	1%	1%	7%
South Central	604	2%	3%	1%	2%	7%
Southeast	513	1%	2%	2%	1%	10%
West	664	2%	3%	1%	2%	5%
For Profit	1,996	2%	3%	1%	2%	8%
Nonprofit	1,271	3%	2%	1%	2%	6%
Under 100 FTEs	1,043	2%	3%	2%	2%	9%
100 to 499 FTEs	1,361	2%	3%	1%	1%	9%
500 to 999 FTEs	359	3%	2%	2%	3%	6%
1,000 or more FTEs	559	1%	1%	0%	2%	4%

Increase in the health plan premium one year prior to the most recent renewal (final)

Category	Base	Decreased	0%–0.9%	1%–1.9%	2%–2.9%	3%–3.9%	4%–4.9%	5%–5.9%
ALL	3,118	7%	18%	4%	6%	10%	8%	9%
North Central	1,052	6%	19%	4%	6%	11%	6%	9%
Northeast	431	8%	15%	4%	8%	8%	9%	7%
South Central	562	7%	22%	4%	6%	9%	9%	8%
Southeast	472	8%	20%	5%	3%	10%	7%	8%
West	601	6%	14%	5%	7%	10%	8%	13%
For Profit	1,840	7%	18%	4%	5%	10%	7%	10%
Nonprofit	1,196	6%	18%	5%	7%	10%	9%	9%
Under 100 FTEs	970	7%	14%	4%	5%	9%	8%	11%
100 to 499 FTEs	1,251	8%	19%	4%	7%	9%	8%	8%
500 to 999 FTEs	335	6%	21%	5%	6%	10%	7%	8%
1,000 or more FTEs	527	4%	22%	5%	7%	13%	8%	11%

Category	Base	6%–6.9%	7%–7.9%	8%–8.9%	9%–9.9%	10%–10.9%
ALL	3,118	6%	6%	5%	4%	6%
North Central	1,052	5%	6%	5%	5%	6%
Northeast	431	7%	7%	5%	4%	7%
South Central	562	4%	6%	5%	4%	6%
Southeast	472	6%	4%	4%	3%	7%
West	601	8%	5%	5%	4%	6%
For Profit	1,840	6%	6%	4%	4%	7%
Nonprofit	1,196	6%	6%	5%	4%	5%
Under 100 FTEs	970	7%	6%	5%	5%	8%
100 to 499 FTEs	1,251	5%	6%	4%	5%	6%
500 to 999 FTEs	335	5%	5%	6%	2%	6%
1,000 or more FTEs	527	6%	6%	5%	3%	4%

Category	Base	11%–11.9%	12%–12.9%	13%–13.9%	14%–14.9%	15% or more
ALL	3,118	2%	2%	1%	1%	5%
North Central	1,052	2%	2%	1%	1%	6%
Northeast	431	1%	1%	1%	1%	6%
South Central	562	1%	2%	1%	1%	5%
Southeast	472	3%	3%	0%	1%	6%
West	601	1%	2%	1%	1%	3%
For Profit	1,840	2%	2%	1%	1%	5%
Nonprofit	1,196	1%	2%	1%	1%	5%
Under 100 FTEs	970	2%	3%	1%	1%	6%
100 to 499 FTEs	1,251	1%	2%	1%	1%	6%
500 to 999 FTEs	335	2%	2%	1%	1%	5%
1,000 or more FTEs	527	1%	1%	1%	1%	2%

TRENDS REPORT

TREND 1 HEALTH PLAN DESIGN & COST

INFLATION

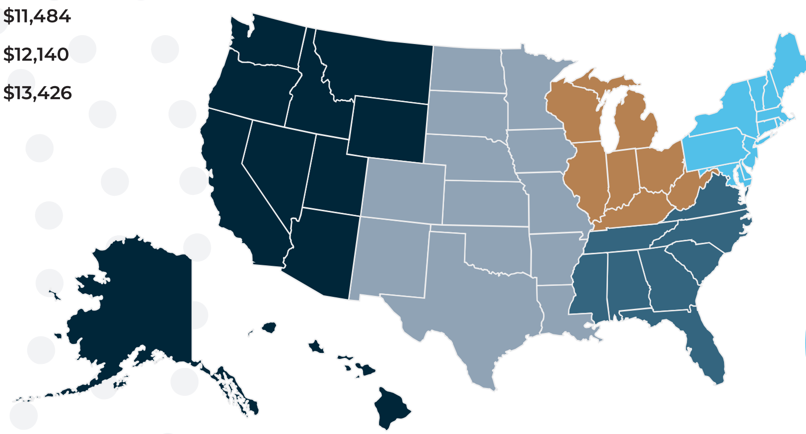
THE 2022 UBA employee benefits benchmarking finds that health plan premiums rose approximately 5.7%, ending a three-year trend of more manageable increases between 4% and 5%. As predicted, health care costs have increased more than usual due to a wide range of pandemic-related causes but are well below the record high of nearly 10% in 2018. UBA Partner Firms have leveraged highly specialized benchmarking, careful plan design, and informed negotiation to help employers manage rising costs.

TOTAL AVERAGE ANNUAL COST PER EMPLOYEE (all plans)

ACROSS ALL PLANS, the average total annual cost per employee is $12,024 and reflects both the employer and employee contributions.

REGION

SOUTHEAST	**$11,667**
CENTRAL	**$11,633**
WEST	**$11,484**
NORTH CENTRAL	**$12,140**
NORTHEAST	**$13,426**



Plans in the Northeast continue to cost the most, largely due to more state-mandated benefits

GROUP SIZE

1 - 50 EMPLOYEES	$11,829
51 - 500 EMPLOYEES	$12,243
501+ EMPLOYEES	$12,795

TREND 6 HMO/EPO PLANS

IN GENERAL, 18% of employers offer health maintenance organization (HMO)/exclusive provider organization (EPO) plans, which reflects a 14.2% decrease in prevalence from 2021. However, this national trend can be misleading since some regions and local markets are wholly devoted to these plans.

TOTAL COST

ON AVERAGE, HMO/EPO plans cost $12,221 per employee per year, inclusive of both employer and employee contributions.

AVERAGE HMO/EPO PLAN COST PER EMPLOYEE PER YEAR

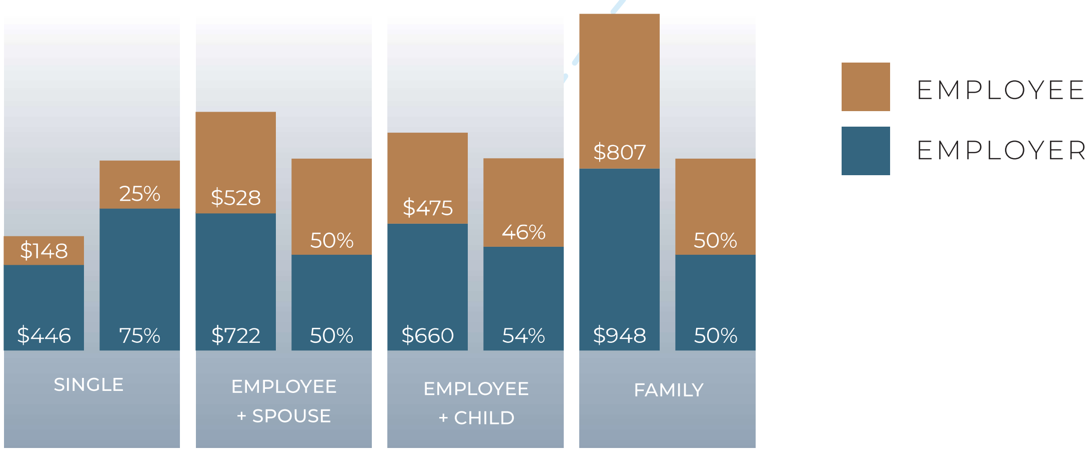
REGION	
SOUTHEAST	**$12,511**
CENTRAL	**$10,848**
WEST	**$11,997**
NORTH CENTRAL	**$11,080**
NORTHEAST	**$13,582**

GROUP SIZE	
1 - 50 EMPLOYEES	**$11,988**
51 - 100 EMPLOYEES	**$12,172**
101 - 250 EMPLOYEES	**$12,831**
251 - 500 EMPLOYEES	**$12,527**
501 - 1,000 EMPLOYEES	**$13,509**
1,001+ EMPLOYEES	**$13,155**

KEY BENCHMARKS

- Small businesses as well as those in the central U.S. have the lowest HMO/EPO plan premiums.
- HMO/EPO plans in the Northeast—as well as those offered by large groups—cost the most.

AVERAGE MONTHLY PREMIUM CONTRIBUTIONS



TRENDS REPORT

TREND 6 **MEDIAN** SINGLE DEDUCTIBLES AND OUT-OF-POCKET COSTS

GROUP SIZE	DEDUCTIBLE	OOP MAXIMUM
1 - 50 EMPLOYEES	$2,000	$7,000
51 - 100 EMPLOYEES	$1,750	$6,000
101 - 250 EMPLOYEES	$1,500	$4,000
251 - 500 EMPLOYEES	$1,500	$3,500
501 - 1,000 EMPLOYEES	$1,000	$3,300
1,001+ EMPLOYEES	$550	$2,500
ALL GROUPS	**$1,500**	**$6,350**

EMPLOYERS TYPICALLY CONTRIBUTE 75% OF HMO/EPO PREMIUMS FOR SINGLES AND 50% OF FAMILY PREMIUMS.

REGION	DEDUCTIBLE	OOP MAXIMUM
SOUTHEAST	$2,000	$6,350
CENTRAL	$3,000	$7,150
WEST	$250	$4,500
NORTH CENTRAL	$1,200	$6,150
NORTHEAST	$2,000	$6,500
ALL REGIONS	**$1,500**	**$6,350**

Other out-of-pocket costs for employees on HMO/EPO plans usually include office visit copays and prescription drug copays. Across all companies, regular office visit copays are $25 on average, while specialty visit copays are approximately $50. Prescription drug copays are typically $10 for generic drugs, $40 for formulary drugs, $70 for non-formulary drugs, and $150 for specialty drugs.

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