WOODBURY COUNTY
AGENDA ITEM(S) REQUEST FORM

Date: 11/12/2026 **Weekly Agenda Date:** 11/17/2026

Elected Official / Department Head / Citizen: Melissa Thomas, Human Resources Director

Wording for Agenda Item:

Approval of the 2027 COBRA and retiree health insurance rates.

Action Required:

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☒

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

Reviewed by County Attorney's Office: ☐

Background & Financial Impact:

COBRA and retiree premiums are based on Woodbury County employer contribution rates. Attached is a spread sheet with the newly suggested rates and information on current rates. If approved, these changes will take effect January 1, 2027.

Recommendation:

Motion to approve the COBRA and retiree rates effective January 1, 2027.

Approved by Board of Supervisors on March 17, 2026

Woodbury County
County Health Fund Contribution Rates
New Rate Effective Jan 1, 2027

$500 PPO

Plan	Per Pay Period	New Monthly	2027 Retiree Rates	2027 COBRA Rates	**2026 Retiree Rates**	**2026 COBRA rates**
Employee Only No Wellness	383.90	767.80	$ 862.80	$ 880.06	$ 976.59	996.12
EE with $10 discount	393.90	787.80				
Library	383.90	767.80				
Library with $10 discount	393.90	787.80				
Employee and Spouse	786.98	1,573.96	$ 1,768.96	$ 1,804.34	$ 2,000.06	2040.06
EE and Spouse with $10 discount	796.98	1,593.96				
EE and Spouse with $15 discount	801.98	1,603.96				
Employee and Children	725.03	1,450.06	$ 1,635.06	$ 1,667.76	$ 1,848.68	1885.65
EE and Children with $10 discount	735.03	1,470.06				
EE and Family	1,182.92	2,365.84	$ 2,650.84	$ 2,703.86	$ 2,997.15	3057.09
EE and Family with $10 discounty	1,192.92	2,385.84				
EE and Family with $15 discounty	1,197.92	2,395.84				

$500 HMO

Plan	Per Pay Period	New Monthly				
Employee Only No Wellness	349.38	698.76	$ 773.76	$ 789.24	$ 883.60	901.27
EE with $10 discount	359.38	718.76				
Library	349.38	698.76				
Library + $10 Discount	359.38	718.76				
Employee and Spouse	707.33	1,414.66	$ 1,584.66	$ 1,616.35	$ 1,809.61	1845.8
EE and Spouse with $10 discount	717.33	1,434.66				
EE and Spouse with $15 discount	722.33	1,444.66				
Employee and Children	649.87	1,299.74	$ 1,464.74	$ 1,494.03	$ 1,672.65	1706.1
EE and Children with $10 discount	659.87	1,319.74				
EE and Family	1,062.07	2,124.14	$ 2,304.14	$ 2,350.22	$ 2,711.77	2766.01
EE and Family with $10 discounty	1,072.07	2,144.14				
EE and Family with $15 discounty	1,077.07	2,154.14				

$2000 HDHP

Plan	Per Pay Period	New Monthly		
Employee Only No Wellness	328.55	657.10	$ 722.10	$ 736.54
EE with $10 discount	338.55	677.10		
Library	328.55	657.10		
Library + $10 Discount	338.55	677.10		
Employee and Spouse	665.66	1,331.32	$ 1,491.32	$ 1,521.15
EE and Spouse with $10 discount	675.66	1,351.32		
EE and Spouse with $15 discount	680.66	1,361.32		
Employee and Children	608.20	1,216.40	$ 1,371.40	$ 1,398.83
EE and Children with $10 discount	618.20	1,236.40		
EE and Family	1,020.40	2,040.80	$ 2,220.80	$ 2,265.22
EE and Family with $10 discounty	1,030.40	2,060.80		
EE and Family with $15 discounty	1,035.40	2,070.80		