WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 10/30/2025 Weekly Agenda Date: 11/04/2025

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Supervisor Daniel Bittinger

WORDING FOR AGENDA ITEM:

2026 Employee Healthcare Plan Discussion

ACTION REQUIRED:

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☐

Public Hearing ☐ Other: Informational ☑ Attachments ☑

EXECUTIVE SUMMARY:

This agenda item is for the BOS to discuss new healthcare plan options for calendar year 2026.

BACKGROUND:

While presenting proposed new healthcare plan options on October 28, 2025, the Board of Supervisors received concerns from employees about desiring more options and lower deductibles.

FINANCIAL IMPACT:

None

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes ☐ **No** ☑

RECOMMENDATION:

n/a

ACTION REQUIRED / PROPOSED MOTION:

n/a

Approved by Board of Supervisors April 5, 2016.

Woodbury County
Health Care Cost - Actual
FY 2025

	Contributions			Wellmark Monthly Statement						
Month	County	Employee	Total	Claims	Stop Loss	Direct Pay	Pharm Rebate	Fixed	Total	Inc/(Dec)
July	506,553	47,358	553,911	880,505	(368,317)	(16,638)	-	94,466	590,016	(36,105)
Aug	485,793	47,285	533,078	683,835	(92,880)	(13,079)	-	93,414	671,290	(138,212)
Sep	483,884	46,927	530,811	562,252	(56,871)	(16,186)	(242,583)	92,908	339,520	191,291
Oct	484,657	47,162	531,819	769,994	(276,003)	(14,762)	-	91,476	570,705	(38,886)
Nov	486,497	47,387	533,884	786,359	(131,619)	(14,762)	-	96,505	736,483	(202,599)
Dec	484,898	47,206	532,104	837,361	(96,451)	(17,254)	(246,814)	94,105	570,947	(38,843)
Jan	491,238	47,435	538,673	627,364	-	(14,373)	-	119,602	732,593	(193,920)
Feb	478,506	46,155	524,661	686,266	-	(16,973)	-	121,112	790,405	(265,744)
Mar	472,856	45,633	518,489	640,783	(33,180)	(18,682)	-	121,862	710,783	(192,294)
Apr	474,048	45,740	519,788	823,706	(115,569)	(17,960)	(302,854)	115,777	503,100	16,688
May	473,095	45,627	518,722	767,053	(45,777)	(18,686)	-	114,414	817,004	(298,282)
Jun	480,378	63,793	544,171	653,021	(57,288)	(16,969)	(152,658)	117,840	543,946	225
Additional	725,000	-	725,000	-	-	-	-	-	-	725,000
Total	6,527,403	577,708	7,105,111	8,718,499	(1,273,955)	(196,324)	(944,909)	1,273,481	7,576,792	(471,681)
	91.9%	8.1%								
Monthly Avg	483,534	48,142	531,676	726,542	(106,163)	(16,360)	(78,742)	106,123	631,399	(99,723)

Woodbury County
Health Care Cost Estimate - Using Current Year Averages
FY 2026

Month	Contributions			Wellmark Monthly Statement						Inc/(Dec)
	County	Employee	Total	Claims	Stop Loss	Direct Pay	Pharm Rebate	Fixed	Total	
July	495,496	61,070	556,566	544,685	(101,680)	(19,629)		117,368	540,744	15,823
Aug	499,102	61,398	560,500	708,468	(122,465)	(23,029)		118,248	681,222	(120,722)
Sep	495,308	60,970	556,278	684,566	(84,472)	(19,768)	(175,905)	117,368	521,788	34,490
Oct	490,495	60,363	550,858	*646,000*	*(103,000)*	*(21,000)*		*118,000*	*640,000*	(89,142)
Nov	*495,000*	*61,000*	*556,000*	*646,000*	*(103,000)*	*(21,000)*		*118,000*	*640,000*	(84,000)
Dec	*495,000*	*61,000*	*556,000*	*646,000*	*(103,000)*	*(21,000)*	*(175,000)*	*118,000*	*465,000*	91,000
Jan	*527,175*	*61,000*	*588,175*	*646,000*	*(103,000)*	*(21,000)*		*141,010*	*663,010*	(74,835)
Feb	*527,175*	*61,000*	*588,175*	*646,000*	*(103,000)*	*(21,000)*		*141,010*	*663,010*	(74,835)
Mar	*527,175*	*61,000*	*588,175*	*646,000*	*(103,000)*	*(21,000)*	*(175,000)*	*141,010*	*488,010*	100,165
Apr	*527,175*	*61,000*	*588,175*	*646,000*	*(103,000)*	*(21,000)*		*141,010*	*663,010*	(74,835)
May	*527,175*	*61,000*	*588,175*	*646,000*	*(103,000)*	*(21,000)*		*141,010*	*663,010*	(74,835)
Jun	*527,175*	*61,000*	*588,175*	*646,000*	*(103,000)*	*(21,000)*	*(175,000)*	*141,010*	*488,010*	100,165
Total	6,133,451	731,802	6,865,253	7,751,718	(1,235,618)	(251,426)	(700,905)	1,553,044	7,116,814	(251,561)
	89.3%	10.7%								
Monthly Avg	511,121	60,983	572,104	645,977	(102,968)	(20,952)	(175,226)	129,420	593,068	(20,963)

Contributions for County and Employee are actual numbers for July - Oct.
Contirbutions for Employee for Nov - Jun is a monthly average.
Contributions for County for Nov & Dec is a monthyly average. For the months of Jan - Jun were increased by 6.5% to cover increase in fixed costs.

Wellmark data is actual for Jul - Sept. Monthly averages were used for Oct - Jun.
Fixed costs are increasing by 19.5% in Jan 2026

Woodbury County
Health Care Cost Estimate - Using Prior Year Actuals
FY 2026

	Contributions			Wellmark Monthly Statement						
Month	County	Employee	Total	Claims	Stop Loss	Direct Pay	Pharm Rebate	Fixed	Total	Inc/(Dec)
July	495,496	61,070	556,566	544,685	(101,680)	(19,629)		117,368	540,744	15,823
Aug	499,102	61,398	560,500	708,468	(122,465)	(23,029)		118,248	681,222	(120,722)
Sep	495,308	60,970	556,278	684,566	(84,472)	(19,768)	(175,905)	117,368	521,788	34,490
Oct	490,495	60,363	550,858	769,994	(276,003)	(14,762)	-	118,000	597,229	(46,371)
Nov	*495,000*	*61,000*	*556,000*	*786,359*	*(131,619)*	*(14,762)*	-	*118,000*	*757,978*	(201,978)
Dec	*495,000*	*61,000*	*556,000*	*837,361*	*(96,451)*	*(17,254)*	*(246,814)*	*118,000*	*594,842*	(38,842)
Jan	*527,175*	*61,000*	*588,175*	*627,364*	-	*(14,373)*	-	*141,010*	*754,001*	(165,826)
Feb	*527,175*	*61,000*	*588,175*	*686,266*	-	*(16,973)*	-	*141,010*	*810,303*	(222,128)
Mar	*527,175*	*61,000*	*588,175*	*640,783*	*(33,180)*	*(18,682)*	-	*141,010*	*729,931*	(141,756)
Apr	*527,175*	*61,000*	*588,175*	*823,706*	*(115,569)*	*(17,960)*	*(302,854)*	*141,010*	*528,333*	59,842
May	*527,175*	*61,000*	*588,175*	*767,053*	*(45,777)*	*(18,686)*	-	*141,010*	*843,600*	(255,425)
Jun	*527,175*	*61,000*	*588,175*	*653,021*	*(57,288)*	*(16,969)*	*(152,658)*	*141,010*	*567,116*	21,059
Total	6,133,451	731,802	6,865,253	8,529,625	(1,064,505)	(212,847)	(878,231)	1,553,044	7,927,087	(1,061,834)
Monthly Avg	511,121	60,983	572,104	710,802	(88,709)	(17,737)	(87,823)	129,420	660,591	(88,486)

Contributions for County and Employee are actual numbers for July - Oct.
Contirbutions for Employee for Nov - Jun is a monthly average.
Contributions for County for Nov & Dec is a monthyly average. For the months of Jan - Jun were increased by 6.5% to cover increase in fixed costs.

Wellmark data is actual for Jul - Sept. Oct - Jun numbers used are from FY25 monthly statements for everything but fixed costs.
Fixed costs are increasing by 19.5% in Jan 2026

Medical – Self Funded Wellmark of Iowa – Renewal Rates vs. Alternatives

Gallagher

	Renewal		Alternative Plan Design		
Carrier Name	Wellmark Blue Cross / Blue Shield				Deputies Only
Plan Name	PPO $250	HMO $250	PPO $1,000	HMO $500	HMO $250
PLAN DESIGN*					
In-Network Benefits					
Calendar Year (CY) Deductible (Individual / Family)	$250 / $500	$250 / $500	**$1,000 / $2,000**	**$500 / $1,000**	$250 / $500
CY Out-of-Pocket Max (Individual / Family)	$750 / $1,250	$750 / $1,250	**$3,000 / $6,000**	**$1,500 / $3,000**	$750 / $1,250
Coinsurance (member pays after deductible)	10%	10%	**20%**	**20%**	**20%**
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	$20 Copay	$20 Copay	$20 Copay	$20 Copay	$20 Copay
Specialist Visit	$20 Copay	$20 Copay	$20 Copay	$20 Copay	$20 Copay
Urgent Care	$20 Copay	$20 Copay	$20 Copay	$20 Copay	$20 Copay
Emergency Room	$20 Copay	$20 Copay	$20 Copay	$20 Copay	$20 Copay
Inpatient Hospital	10% after deductible	10% after deductible	**20% after deductible**	**20% after deductible**	**20% after deductible**
Outpatient Surgery	10% after deductible	10% after deductible	**20% after deductible**	**20% after deductible**	**20% after deductible**
Chiropractic (visit limits may apply)	$20 Copay	$20 Copay	$20 Copay	$20 Copay	$20 Copay
Phys/Occ/Speech Therapy (visit limits may apply)	$20 Copay	$20 Copay	$20 Copay	$20 Copay	$20 Copay
Diagnostic Test (X-ray, blood work)	10% after deductible	10% after deductible	**20% after deductible**	**20% after deductible**	**20% after deductible**
Imaging (CT/PET scan, MRI)	10% after deductible	10% after deductible	**20% after deductible**	**20% after deductible**	**20% after deductible**
Prescription Drug Benefit	Blue Rx Complete	Blue Rx Value Plus	Blue Rx Complete	Blue Rx Value Plus	Blue Rx Value Plus
Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum (Individual / Family)	Aggregates with Medical	Aggregates with Medical	Aggregates with Medical	Aggregates with Medical	Aggregates with Medical
Retail	30 Days	30 Days	30 Days	30 Days	30 Days
Tier I / Tier II / Tier III	Greater of $6 or 20% Coinsurance Greater of $25 or 20% Coinsurance Greater of $50 or 20% Coinsurance	Greater of $6 or 20% Coinsurance Greater of $25 or 20% Coinsurance Greater of $50 or 20% Coinsurance	Greater of $6 or 20% Coinsurance Greater of $25 or 20% Coinsurance Greater of $50 or 20% Coinsurance	Greater of $6 or 20% Coinsurance Greater of $25 or 20% Coinsurance Greater of $50 or 20% Coinsurance	Greater of $6 or 20% Coinsurance Greater of $25 or 20% Coinsurance Greater of $50 or 20% Coinsurance
Specialty	Same as listed above	Same as listed above	Same as listed above	Same as listed above	Same as listed above
Mail Order	90 Days	90 Days	90 Days	90 Days	90 Days
Tier I / Tier II / Tier III	3 Copayments or Coinsurance	3 Copayments or Coinsurance	3 Copayments or Coinsurance	3 Copayments or Coinsurance	3 Copayments or Coinsurance
Out-of-Network Benefits					
CY Deductible (Individual / Family)	$250 / $500	N/A	**$1,000 / $2,000**	N/A	N/A
CY Out-of-Pocket Max (Individual / Family)	$750 / $1,250	N/A	**$3,000 / $6,000**	N/A	N/A
Coinsurance (member pays after deductible)	20%	N/A	**30%**	N/A	N/A
COST ANALYSIS					
PEPM Rates - Enrollment per [source name]	PPO $250		PPO $1,000	HMO $500	HMO $250
Employee (EE) Only					
EE + Spouse (EE+1 on Alternative HMO $250)					
EE + Child(ren)					
EE + Family					

NOTE: Benefit deviations from Current are identified in blue font

Gallagher

Insurance | Risk Management | Consulting

Woodbury County

Seth Major | 10/27/2025

Agenda

1 Thought Leadership

2 Benchmarking Analysis

3 Recommendations

4 Remove if not needed

Thought Leadership & Benchmarking

Staying ahead of the curve

Thought Leadership – *What should we do?*

- Gallagher Better Works Insights Magazine
- Monthly Town Hall Webinars
- Niche specific roundtables
- Women's Leadership Series
- Considerations Guides

Benchmarking – *What are others doing?*

- National Strategy & Benchmarking Survey
- Best In Class Report
- Salary Planning Survey
- Communications State of The Sector Survey
- Organizational Wellbeing Quarterly Polls

Compliance – *What do I need to do?*

- Timely federal and state legislative updates
- Frequently asked questions
- Webinars
- Employer Compliance Guidebook

Market Trends: People

1. **Employee Engagement**
2. **Turnover Rate**
3. **Trust in Leadership**

This is the 4th year in a row that these metrics rank as the top indicators of future business success

Gallagher Organizational Wellbeing Poll: January 2025

2025 Benchmarking with Gallagher

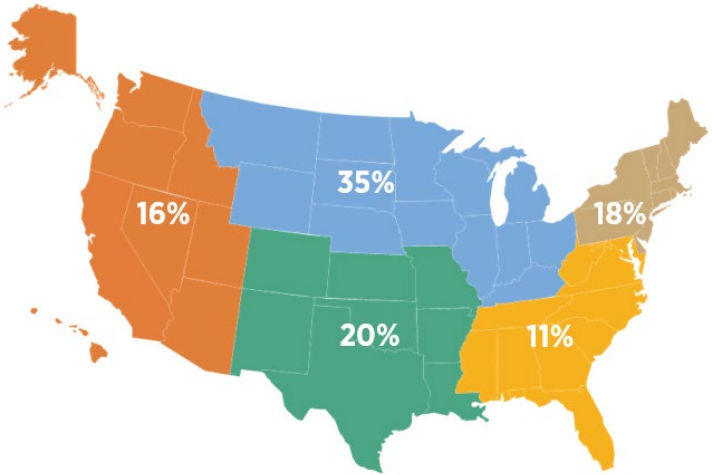
Iowa Participants: 143

Public entity Participants: 281

250–499 FTEs Participants: 631

National (All) Participants: 4,035

All Survey Participants: 4,035



2025 Median Compensation and Benefits Costs

$12,000 - $12,999
Average annual cost of employer-paid benefits per eligible employee

20.0% - 21.9%
Total cost of employer-paid benefits - % of total compensation and benefits

30% - 34.9%
Total cost of compensation and benefits - % of total operating revenue

Benchmarking Analysis

2025 Gallagher Benefits Strategy & Benchmarking Survey

Gallagher

Medical/Rx Benchmarking

HMO Plans

Schedule of Benefits	HMO $250	HMO $500	Iowa	Public entity	250–499 FTEs	National (All)
Deductible (Median)	$250 / $500	$500 / $1,000	$3,000 / $6,000	$1,000 / $2,750	$2,000 / $4,000	$2,000 / $4,000
Out-of-Pocket Maximum (Median)	$750 / $1,250	$1,500 / $3,000	$5,600 / $11,200	$3,000 / $7,750	$4,000 / $8,000	$4,500 / $9,000
Coinsurance	EE pays 20%	EE pays 20%	EE pays 30%	EE pays 20%	EE pays 20%	EE pays 20%
Office Visits PCP/Specialist	$20 / $20 copay	$20 / $20 copay	$25 / $60 copay	$25 / $40 copay	$25 / $40 copay	$25 / $40 copay
Urgent Care	$20 copay	$20 copay	$30 copay	$40 copay	$30 copay	$35 copay
Emergency Room	Deductible / Coinsurance	Deductible / Coinsurance	$400 copay	$200 copay	$175 copay	$200 copay
Telemedicine Copay	$0 copay	$0 copay	$25 copay	$23 copay	$25 copay	$25 copay
Pharmacy	copays	copays	copays	copays	copays	copays
(Generic, Preferred, Non-preferred, Specialty)	$6 / $25 / $50 / $50 - Great of corresponding copay or 20%	$6 / $25 / $50 / $50 - Great of corresponding copay or 20%	$15 / $40 / $75 / $150	$10 / $30 / $50 / $100	$10 / $35 / $60 / $100	$10 / $35 / $60 / $100
Monthly Total Plan Cost						
Individual Rate	$983	$1,018	$588	$792	$666	$684
Family Rate	$2,528	$2,541	$1,677	$2,276	$1,957	$2,018
Comparison to Benchmark Average			Iowa	Public entity	250–499 FTEs	National (All)
Actuarial Value (81.5%)	-81.5 points	-81.5 points	-5.3 points	+4.7 points	+1.0 points	-0.4 points
Individual Rate ($682)	+$301 (44.1%)	+$335 (49.1%)	-$94 (-13.8%)	+$109 (16.0%)	-$16 (-2.4%)	+$1 (0.2%)
Family Rate ($1,982)	+$545 (27.5%)	+$559 (28.2%)	-$305 (-15.4%)	+$294 (14.8%)	-$25 (-1.3%)	+$36 (1.8%)
Monthly EE Cost Share						
Individual Cost Share	6% / $57	7% / $75	25% / $147	11% / $87	20% / $133	22% / $150
Family Cost Share	5% / $136	7% / $172	38% / $629	18% / $410	30% / $587	31% / $626

*Preventative Care is covered at 100% under all plans according to HHS guidelines. Benchmark data based on median values from the 2025 Gallagher National Benchmarking Survey results.

Medical/Rx Benchmarking

PPO Plans

Schedule of Benefits	PPO $1000	Iowa	Public entity	250–499 FTEs	National (All)
Deductible (Median)	$1,000 / $2,000	$1,750 / $4,000	$1,000 / $2,000	$1,500 / $3,000	$1,500 / $3,000
Out-of-Pocket Maximum (Median)	$3,000 / $6,000	$4,000 / $8,000	$3,500 / $7,000	$4,025 / $9,000	$4,500 / $9,000
Coinsurance	EE pays 20%	EE pays 20%	EE pays 20%	EE pays 20%	EE pays 20%
Office Visits PCP/Specialist	$20 / $20 copay	$25 / $50 copay	$25 / $40 copay	$25 / $48 copay	$25 / $50 copay
Urgent Care	$20 copay	$35 copay	$50 copay	$50 copay	$50 copay
Emergency Room	Deductible / Coinsurance	$250 copay	$188 copay	$200 copay	$250 copay
Telemedicine Copay	$0 copay	$25 copay	$20 copay	$25 copay	$25 copay
Pharmacy	copays	copays	copays	copays	copays
(Generic, Preferred, Non-preferred, Specialty)	$6 / $25 / $50 / $50 - Great of corresponding copay or 20%	$15 / $40 / $75 / $150	$10 / $30 / $50 / $100	$10 / $35 / $60 / $100	$10 / $35 / $60 / $100
Monthly Total Plan Cost					
Individual Rate	$935	$716	$829	$790	$783
Family Rate	$2,880	$2,096	$2,176	$2,307	$2,299
Comparison to Benchmark Average		Iowa	Public entity	250–499 FTEs	National (All)
Actuarial Value (83.2%)	-83.2 points	-1.4 points	+1.5 points	+0.6 points	-0.7 points
Individual Rate ($779)	+$156 (20.0%)	-$64 (-8.2%)	+$50 (6.4%)	+$11 (1.4%)	+$3 (0.4%)
Family Rate ($2,219)	+$661 (29.8%)	-$123 (-5.5%)	-$44 (-2.0%)	+$87 (3.9%)	+$79 (3.6%)
Monthly EE Cost Share					
Individual Cost Share	10% / $96	25% / $175	11% / $91	20% / $158	20% / $157
Family Cost Share	8% / $220	30% / $629	22% / $468	27% / $611	28% / $644

*Preventative Care is covered at 100% under all plans according to HHS guidelines. Benchmark data based on median values from the 2025 Gallagher National Benchmarking Survey results.

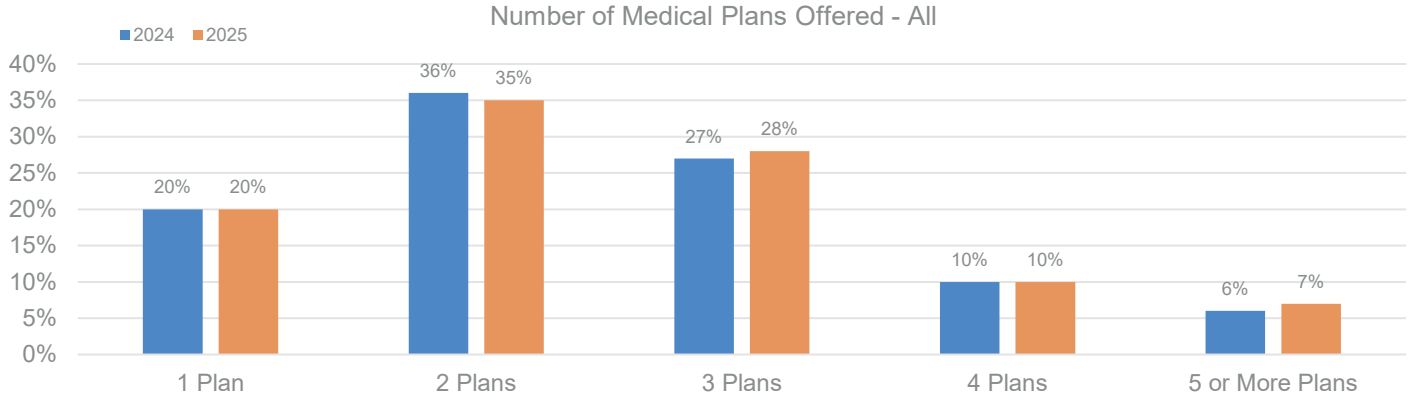
Medical/Rx Benchmarking

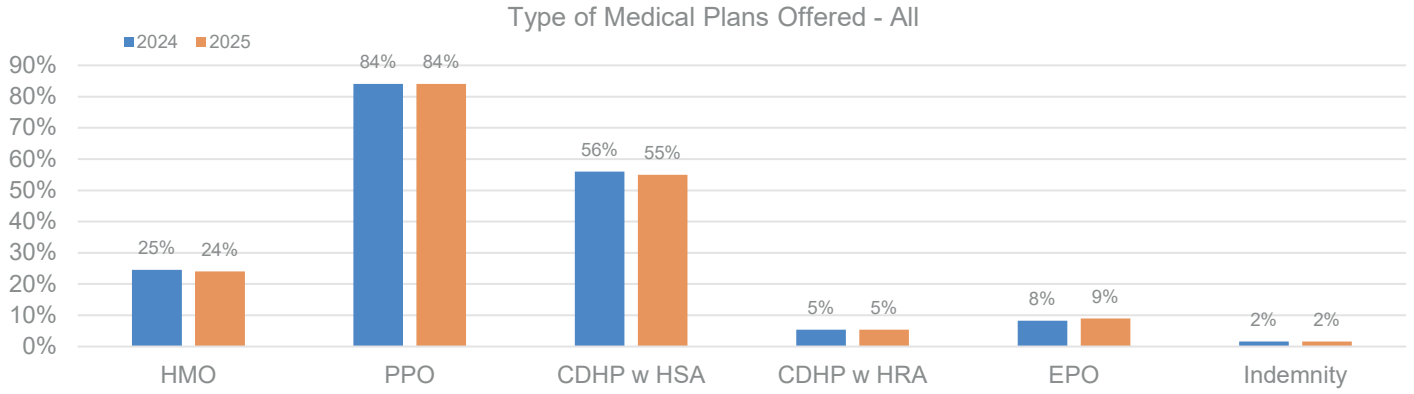
HDHP + HSA

Schedule of Benefits	Iowa	Public entity	250–499 FTEs	National (All)
Deductible (Median) Individual/Family	$3,300 / $6,600	$2,500 / $5,000	$3,200 / $6,000	$3,200 / $6,000
Out-of-Pocket Maximum (Median) Individual/Family	$3,650 / $7,300	$3,300 / $6,600	$4,500 / $8,000	$4,500 / $9,000
Coinsurance	EE pays ***	EE pays 20%	EE pays 20%	EE pays 20%
Pharmacy	copays	copays	copays	copays
(Generic, Preferred, Non-preferred, Specialty)	$15 / $40 / $75 / $150	$10 / $30 / $50 / $100	$10 / $35 / $60 / $100	$10 / $35 / $60 / $100
Employer HSA Contribution	Individual: $500–$599 Family: $500–$649	Individual: $1,100 or more Family: $2,000 or more	Individual: $500–$599 Family: $2,000 or more	Individual: $500–$599 Family: $2,000 or more
% of Employers who Contribute to the HSA	62.0%	71.1%	73.7%	66.4%
Monthly Total Plan Cost				
Individual Rate	$679	$736	$694	$676
Family Rate	$1,756	$2,148	$2,038	$1,996
Comparison to Benchmark Average	**Iowa**	**Public entity**	**250–499 FTEs**	**National (All)**
Actuarial Value (76.9%)	***	+2.8 points	-1.4 points	-1.4 points
Individual Rate ($696)	-$17 (-2.4%)	+$40 (5.7%)	-$2 (-0.3%)	-$20 (-2.9%)
Family Rate ($1,985)	-$229 (-11.5%)	+$163 (8.2%)	+$53 (2.7%)	+$12 (0.6%)
Monthly EE Cost Share				
Individual Cost Share	14% / $92	10% / $74	15% / $104	17% / $115
Family Cost Share	24% / $421	18% / $387	24% / $489	25% / $499

*Preventative Care is covered at 100% under all plans according to HHS guidelines. Benchmark data based on median values from the 2025 Gallagher National Benchmarking Survey results.

Medical Plan Offerings





Thank You!

Insurance | Risk Management | Consulting