10-28-25 7a.

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

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Thought Leadership & Benchmarking

Staying ahead of the curve

Thought Leadership – *What should we do?*

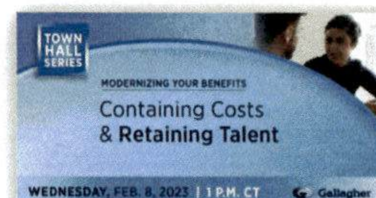
- Gallagher Better Works Insights Magazine
- Monthly Town Hall Webinars
- Niche specific roundtables
- Women's Leadership Series
- Considerations Guides

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

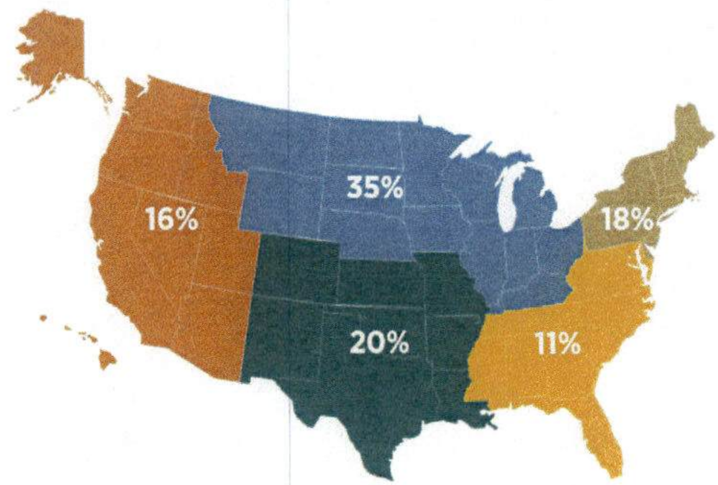
Iowa Participants: 143

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

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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**

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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**

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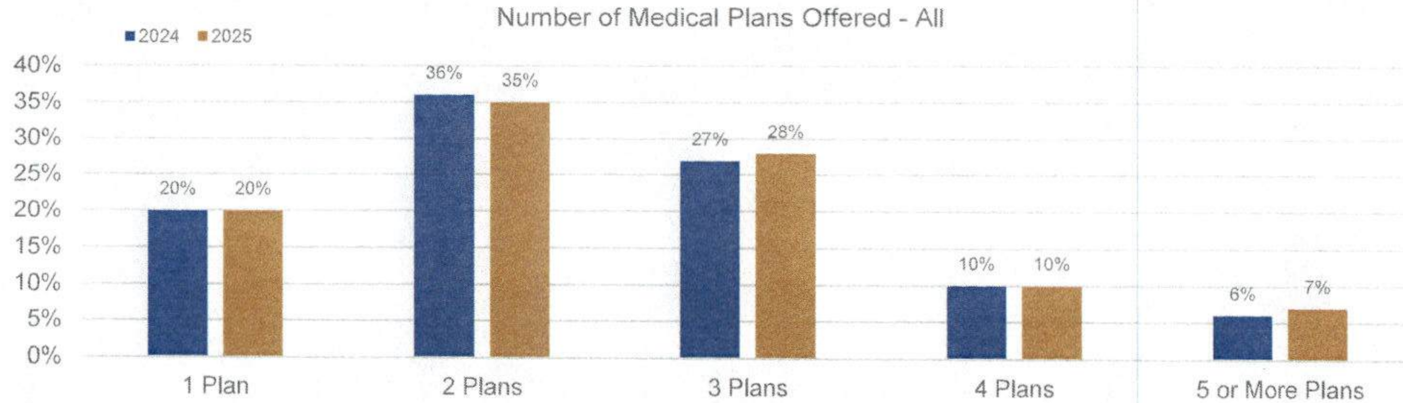
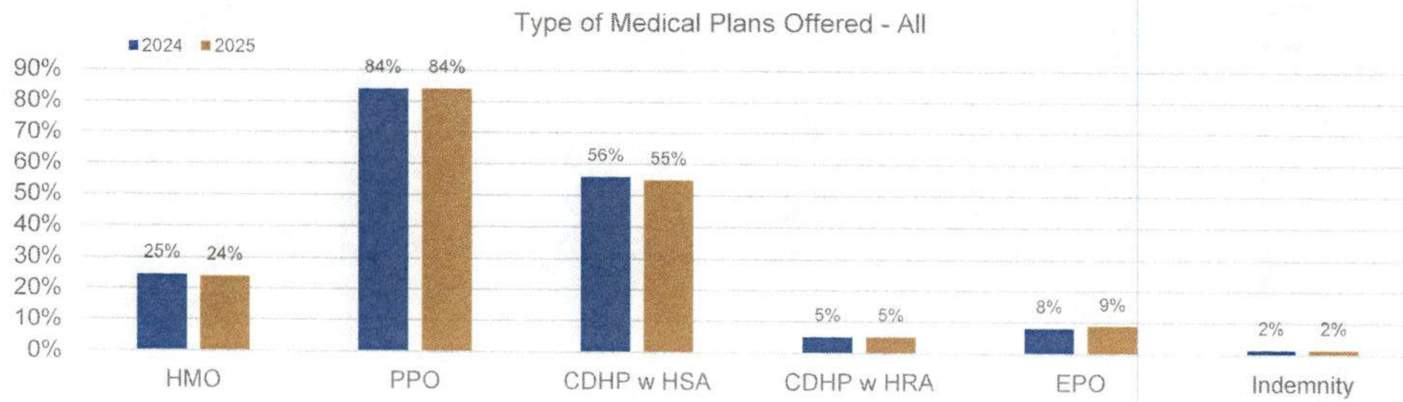
Medical Plan Offerings





Thank You!

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