

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

Date: 06/13/2025

Weekly Agenda Date: 06/17/2025

**ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN:** Melissa Thomas HR Director

**WORDING FOR AGENDA ITEM:**

Approval to Raise the Health Fund Employee Contribution Rates effective July 1, 2025

**ACTION REQUIRED:**

Approve Ordinance ☐

Approve Resolution ☐

Approve Motion ☒

Public Hearing ☐

Other: Informational ☐

Attachments ☒

**EXECUTIVE SUMMARY:**

Due to the changing landscape of the health care and pharmaceutical industry, the employee health insurance rates need to be increased effective July 1, 2025. The suggested increases are \$20 per month for single plan and \$40 per month per family plan.

**BACKGROUND:**

On June 11, 2025 Governor Kim Reynolds signed into law Senate File 383. This new law includes a \$10.68 dispensing fee for every prescription. This fee will be paid by the self-funded insurance plan, not the insured. The exact amount of increase to the plan is yet to be determined and will change annually, but if we would have paid the dispensing fee last year, it would have been an additional cost of \$138,000 to our self-funded health plan.

The proposed rates are as follows:

**HMO**

Employee single per month \$74.56 Woodbury County contribution per month \$627.96

Employee family per month \$172.20 Woodbury County contribution per month \$1473.44

**Deputies**

Employee single per month \$56.98 Woodbury County contribution per month \$645.54

Employee family per month \$136.36 Woodbury County contribution per month \$1509.28

**PPO**

Employee single per month \$95.94 Woodbury County Contribution per month \$671.82

Employee family per month \$219.66 Woodbury County Contribution per month \$1588.98

**Deputies**

Employee single per month \$76.40 Woodbury County Contribution per month \$691.36

Employee family per month \$179.24 Woodbury County Contribution per month \$1629.40

**FINANCIAL IMPACT:**

The financial impact to the county would be the additional contribution for the deputy sheriff's insurance portion in accordance to their collective bargaining agreement, approximately \$12,200.000 annually.

**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:**

Pass the motion

**ACTION REQUIRED / PROPOSED MOTION:**

Pass the health fund contribution rates as stated in the back up.