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

[Date: <u>1</u>	10/19/2023		Weekly Agenda Date: 10/26/2023			
	WORDI	NG FOR AC	SEND				
	Approval to increase the employee contribution of the PPO medical plan by 3%						
ACTION REQUIRED:							
Approve Ordinance □ Approve Resolution □ Approve Motion ☑							
	Pul	blic Hearing		Other: Informational Attachments			
E	EXECUT	IVE SUMM	ARY:				
		t, Woodb crease.	ury C	County increased their contribution to the medical fund by 3%. This increase will ma	atch		
BACKGROUND:							
Woodbury County is a self-funded health plan thus the rates and contributions are set by the Board of Supervisors. The county has not raised the employee portion of the health plan for 6 years, so by raising the PPO 3% the fund would increase by approximately \$20,500.00 and the employee rates will still remain low.							
F	INANCI	AL IMPACT	:				
0							
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?							
Υ	′es □	l No		1			
RECOMMENDATION:							
Appro	ove the	e motion					
Δ.	CTION	REQUIRED	/ PRO	OPOSED MOTION:			
Motio 1, 202		ocrease th	ne W	Voodbury County employee contribution of the PPO health plan 3% effective Janua	ıry		

Approved by Board of Supervisors April 5, 2016.