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

Date: 10/23/2025 Weekly Agenda Date: 10/28/2025

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

WORDING FOR AGENDA ITEM:

Approval of the new Woodbury County health insurance plan designs

ACTION REQUIRED:

Approve Ordinance ☐	Approve Resolution ☐	Approve Motion ☑
Public Hearing ☐	Other: Informational ☐	Attachments ☑

EXECUTIVE SUMMARY:

A review of comparable employer plans indicates that our current deductible level is below market averages. Increasing the deductible aligns us more closely with industry standards while keeping our plan competitive.

BACKGROUND:

Over the past several years, Woodbury County's self-insured health plan has experienced a steady rise in medical and prescription claim costs. Our health plan expenses have begun to outpace both employee and county contributions. By raising the deductibles and increasing the coinsurance percentage for our HMO and PPO plan designs, effective 01/01/2026, we are helping to ensure continued financial stability of our self-funded plan and minimizing the impact on premiums for our employees.

Below are the requested changes, with the complete plan design shown in the back up materials

Current PPO deductible is $250 single $500 family, with an out of pocket max $750/1250. Proposed changes for the PPO plan are to increase the deductible to $1000 single and $2000 family with an out of pocket max of $3000/$6000.

Current HMO deductible is $250 single $500 family, with an out of pocket max $250/500. Proposed changes for the HMO plan are to increase the deductible to $500 single and $1000 family with an out of pocket max of $1500/$3000. The coinsurance, the amount the member pays after deductible, will change from 10% to 20%.

FINANCIAL IMPACT:

The changes will increase the fund balance and help Woodbury County remain in self-funded status for their health plan.

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:

Motion to pass the new health insurance plan designs effective 01/01/2026.

Approved by Board of Supervisors April 5, 2016.

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