

RESOLUTION #2026-60

**POWESHIEK COUNTY BENEFITS PREMIUM ANALYSIS
FOR THE PLAN YEAR BEGINNING 07/01/2026**

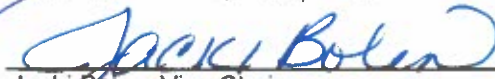
	Single	Family
Fixed Costs:		
Claim Fee - Medical, RX, Vision	\$ 59.00	\$ 59.00
Claim Fee - Dental	\$ 5.06	\$ 5.06
PBM Fee	\$ 2.10	\$ 2.10
PPO Fee	\$ 6.95	\$ 6.95
Consultant Fee	\$ 16.50	\$ 16.50
Specific Stop Loss Premium	\$ 329.12	\$ 329.12
Aggregate Stop Loss Premium	\$ 9.07	\$ 9.07
Life	\$ 4.10	\$ 4.10
A. D. & D.	\$ 0.74	\$ 0.74
Total Fixed Costs	\$ 432.64	\$ 432.64
Claims Costs:		
Medical	\$377.29	\$1,187.31
Dental	\$37.84	\$102.56
Vision	\$8.25	\$8.25
Total Claims Costs:	\$ 423.38	\$ 1,298.12
HMO Premium + Fixed	\$ 856.02	\$ 1,730.76
11.6% network premium swing PPO Premium + Fixed	\$ 955.31	\$ 1,931.53
HMO & PPO COUNTY SHARE	\$ 856.02	\$ 1,494.52
HMO EMPLOYEE SHARE	\$ -	\$ 236.24
PPO EMPLOYEE SHARE	\$ 99.29	\$ 437.01

Adopted this 29 day of June, 2026.

POWESHIEK COUNTY BOARD OF SUPERVISORS



Jason Roudabush, Chairperson



Jacki Bolen, Vice Chairperson



Jeff Tindle, Member



Melissa Eilander, Poweshiek County Auditor