

RESOLUTION #2025-33

**POWESHIEK COUNTY BENEFITS PREMIUM ANALYSIS
FOR THE PLAN YEAR BEGINNING 07/01/2025**

	Single	Family
Fixed Costs:		
Claim Fee - Medical, RX, Vision	\$ 57.08	\$ 57.08
Claim Fee - Dental	\$ 5.06	\$ 5.06
PBM Fee	\$ 1.10	\$ 1.10
PPO Fee	\$ 6.95	\$ 6.95
Consultant Fee	\$ 16.50	\$ 16.50
Specific Stop Loss Premium	\$ 306.04	\$ 306.04
Aggregate Stop Loss Premium	\$ 9.07	\$ 9.07
Life	\$ 4.10	\$ 4.10
A. D. & D.	\$ 0.74	\$ 0.74
Total Fixed Costs	\$ 406.64	\$ 406.64
Claims Costs:		
Medical	\$398.19	\$1,199.47
Dental	\$42.94	\$116.40
Vision	\$8.25	\$8.25
Total Claims Costs:	\$ 449.38	\$ 1,324.12
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 19 day of ~~June~~^{May}, 2025.

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