

Agenda

Executive Committee

Tuesday September 12, 2023 – 5:30 pm Conference Call 1-312-626-6799

Zoom Meeting ID: 883 4888 7561

Passcode: 454700 https://us02web.zoom.us/j/88348887561

Health & Human Services Center - Community Room
303 W Chapel St

Dodgeville, Wisconsin

lowa County Wisconsin

	Dodgeville, Wisconsin
	For information regarding access for the disabled, please call 935-0399.
	Any subject on this agenda may become an action item.
1	Call to order.
2	Roll Call.
3	Approve the agenda for this September 12, 2023 meeting.
4	Approve the minutes of the August 8, 2023 meeting.
5	Opportunity for members of the audience to address the committee.
6	Senior United for Nutrition Updates.
7	Consider the 2024 Health Insurance.
8	Consider Health Insurance Opt-Out Arrangement Payment.
9	Consider the 2024 Dental Insurance.
10	Consider Resolution Amending the 2023 Capital Projects Fund Budget.
11	Consider Resolution Notice of Intent to Issue Financing for Capital Projects.
12	Consider Resolution Notice of Intest to Issue Financing for Highway Equipment and Projects.
13	County Administrator's Report.
14	Set date and time for next meeting. (October 10, 2023 at 5:30 p.m.)
15	Adjournment.
	Posting verified by the County Clerk's Office: Kris Spurley County Clerk Date: 9-8-2023 @ 1:00 pm

Send Result Report

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- 2 Roll Call.
- 3 Approve the agenda for this September 12, 2023 meeting.
- 4 Approve the minutes of the August 8, 2023 meeting.
- 5 | Opportunity for members of the audience to address the committee.
- 6 Senior United for Nutrition Undates

No.	Date/Time	Destination	Times	Туре	Result	Resolution/ECM
001	09/08/23 13:05 09/08/23 13:07	Dodge Chronicle WDMP	0°00'08" 0°00'45"		OK OK	200x100 Normal/On 200x100 Normal/Off



Draft Minutes Executive Committee Tuesday August 8, 2023 – 5:30 pm Health & Human Services Center – Community Room 303 W Chapel St Dodgeville, Wisconsin

lowa County Wisconsin

	Call to order.
1	The August 8, 2023, Executive Committee meeting was called to order by Chairman John Meyers at 5:30 p.m.
	Roll Call.
	Present at roll call: Supervisors: John Meyers, Dave Gollon, Mike Peterson, Mel Masters, Kevin Butteris (seated for Dan Nankee), and Curt Peterson (arrived at 5:31 p.m.)
	Supervisors Present via Zoom: Supervisor Kim Alan
2	Excused Absence: Supervisor Dan Nankee
	Others present: Supervisor Joan Davis, Larry Bierke, Dave Morzenti, Jamie Gould, and Nikki Mumm.
	Others present via Zoom: Allison Leitzinger, Bruce Paull, and Pat Reilly
	Approve the agenda for this August 8, 2023 meeting.
3	Motion by Sup. Gollon seconded by Sup. Butteris to approve the agenda for the August 8, 2023 meeting. Motion carried.
	Approve the minutes of the July 11, 2023 meeting.
4	Motion by Sup. Masters seconded by Sup. M. Peterson to approve the minutes for the July 11, 2023, meeting.
	Opportunity for members of the audience to address the committee.
5	Supervisor Davis is advocating to increase supervisors per diem and increase committee chair per diem.
	Supervisor Butteris provided the committee with a report on the updates that have been made to the lowa County Fairgrounds.
,	Senior United for Nutrition Update on Improvements.
6	Nikki Mumm provided the committee with an update.
	Consider Resolution Establishing Per Diem Compensation for Iowa County Board of Supervisors.
	Motion by Sup. C. Peterson seconded by Sup. Gollon to increase meeting per diem to \$75
7	per meeting, increase the per diem for committee chairs to \$20 and pay all committee chairs \$20 per meeting, and increase the County Board Chair stipend to \$700 per month.
	Yay – 4 Nay –3 Butteris, Masters, and M. Peterson. Motion carried

	Consider Resolution Discontinuing the Opioid Settlement Task Force.
8	Motion by Sup. Gollon seconded by Sup. M. Peterson to approve Resolution Discontinuing the Opioid Settlement Task Force. Motion carried.
	Consider Reclassification of Emergency Management Department Assistant.
9	Motion by Sup. Masters seconded by Sup. C. Peterson to approve Reclassification of Emergency Management Department Assistant. Motion carried.
	County Administrator's Report.
10	County Administrator Bierke informed the committee there is a vacancy on the airport commission and the library committee. Mineral Point is creating a second TID. A Bloomfield Committee is being formed to determine future improvements for the County Farm.
	Set date and time for next meeting.
11	The next Executive Committee meeting will be held on September 12, 2023 at 5:30 p.m.
	Adjournment.
12	Motion by Sup. M. Peterson seconded by Sup. Gollon to adjourn at 6:20 p.m.
	Prepared by Jamie Gould.

Title: 2024 Employee Trust Funds Health Insurance	○ Original	• Update			
TO BE COMPLETED BY COUNTY DEPARTMENT HEAD					
DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including of	deadline):				
lowa County has received the 2024 Health Insurance rates for the Local Deductible Platental. ETF offers four program options: -Traditional Plan -Local Deductible (\$500 single/\$1000 family) **CURRENT PROGRAM -Local Health Plan (\$250 single/\$500 family Deductible, Co-pay and Co-insurance) -Local High Deductible Plan (\$1,500 single/\$3,000 family Deductible, Co-pays and Co-insurance) All four plans have the option to include dental insurance or without dental.		amily) without			
lowa County Administration is recommending the County pay 87% of the average of to qualifying plan for lowa County) for non-represented employees - on the Local Deduction is part of the Collective Bargaining Agreement (County pays 85% of the average agreement expires December 31, 2023.	tible plan The Sheriff	s Office County			
From ETF: "The overall health insurance premium increase will be 11.8% for state government employees."	rnment employees and	d 14.6% for local			
lowa County's average increase was 8.4% for Single coverage and 8.2% for Family coverage	erage on the lowest qu	alifying plan.			
It's Your Choice Open Enrollment period is from September 25 - October 20 It is crucial to have rates set before Open Enrollment so employees are aware and can make an informed decisions during IYC Open Enrollment.					
RECOMMENDATIONS (IF ANY):					
87% of the average of the qualifying plans. UPDATE: the 87% presented at General Go	vernment reflected 88	% costing.			
ANY ATTACHMENTS? (Only 1 copy is needed) • Yes No If yes, p	lease list below:				
Page H1: Resolution to adopt 87% of the average of the qualifying plans on the Local (I Page H2: 2023 Adopted Health Insurance Rates Page H3: 2024 Proposed Health Insurance - 87% Employer Cost Page H3a: 2024 Proposed Health Insurance - 88% Employer Cost Page H4: 2024 Proposed Health Insurance - 87% Employee Cost Page H4a: 2024 Proposed Health Insurance - 88% Employee Cost Page H5: Comparison on Lowest Qualified Plans 2023 to 2024 Employee Cost and Emp		vithout dental.			
FISCAL IMPACT:					
\$111,861.72(Page H3 of the Health Insurance handouts); total cost of \$10368.60 with SI \$131,466.24 (Page H3 of the Health Insurance handouts); total cost of \$141,834.83 with					
FGAL REVIEW PERFORMED: C Yes C No DURI ICATION PEOUL	PED: (Vos	© No			

COMPLETED BY: Allison Leitzinger DEPT: Employee Relations

PRESENTATION?: (Yes No How much time is needed? 10 minutes

TO THE HONORABLE IOWA COUNTY BOARD OF SUPERVISORS:

WHEREAS, the Iowa County General Government Committee has evaluated the Wisconsin Public Employers Group (ETF) Health Insurance premium rate scheduled to be implemented January 1, 2024; and

WHEREAS, current law states that local governments such as Iowa County who subscribe to the ETF health insurance plan are prohibited from paying more than 88% of the average cost of their respective qualified ETF plans, which began with premiums from January 2012 coverage forward; and

WHEREAS, Iowa County must comply with the requirements of current law based upon an average cost assessment, while at the same time providing reasonably-priced health insurance coverage with multiple options to qualified employees; and

WHEREAS, with the recognition that the average cost of the qualified Iowa County ETF plans presents a mandated solution that must consider equity in the contributions toward health care options across all plans.

NOW THEREFORE, BE IT RESOLVED, the Committee recommends for fiscal year 2024 premiums, Iowa County as employer will pay the equivalent of 87% of the average cost of the qualifying ETF Local Deductible plans (without dental) in the County toward the cost of the ETF family or single plan selected by the employee.

BE IT FURTHER RESOLVED, that this resolution applies to all staff except for the Sheriff's Office employees covered under the Collective Bargaining Agreement and Sheriff's Office management staff (Sheriff, Chief Deputy and Lieutenant).

Respectfully submitted by the Iowa County Executive Committee:

Dated this 12th day of September 2023.

A	В	C			4		-	-		
-	ADO	PTED - low	ADOPTED - Iowa County - 2023 Health Insurance Rates	23 Health Ir	nsurance	Rates		_		×
Adopted at the September 20, 2022 County Board Meeting	20, 2022 Coun	ity Board Mee	ting							
Please Note: GHC South Central WI is the lowest qualified plan for 2023	Central WI is	the lowest	All Rates are Monthly Rates qualified plan for 2023	nthly Rates r 2023						
Covers all eligible lowa County Employees except Sheriff's Department Represented Employees & Sheriff Management	wa County Er	mployees ex	cept Sheriff's De	partment Re	presented l	Employees &	Sheriff Man	agement		
	lowa County e rates apply	/ contributes to all Full-Tim	lowa County contributes 83% of the average premium cost of qualified plans. These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pro-rated.	ge premium ates for Part-1	cost of qua Fime Employ	lified plans /ees are pro-n	ated.			
12 LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan	V - \$500 Singl	le Plan and §	1,000 Family Pla	띠						
Plan Plan Plan Bean Health GHC of Eau Claire Greater WI GHC of South Central WI Medical Associates Wartz Central Quartz UW	Single Monthly Premium 800.28 808.76 691.50 734.26 1,148.60	Family Monthly Premium 1,967.76 1,988.96 1,695.80 1,802.70 2,838.56 1,887.70	Employee Share Single Plan Monthly Premium (Deduction) 184.40 192.88 75.62 118.38	Employer Share Single Monthly Premium (Benefit) 615.88 615.88 615.88 615.88	Employee Share Share Monthly Premium (Deduction) 455.42 476.62 183.46 290.36 1,326.22	Employer Share Family Monthly Premium (Benefit) 1,512.34 1,512.34 1,512.34 1,512.34	Employee % of Single Monthly Premium Rate 23.04% 23.85% 10.94% 16.12% 46.38%		1/2 of single ded. 92.20 96.44 37.81 59.19	1/2 of family ded. 227.71 238.31 91.73 145.18 663.11
21						1,0,1	0/00.67	9.00%	76.19	187.68

_	Α	В	С	D	E	F G	Н	T	
4								Prepared Augu	ıst 2023
2		Proje	ected 2024	Health Insu	rance Rate	s - Low Deductible	Plan		
7				1					
1									
4	2024 - 87% if the Average	Cost of the	Average of	the qualific	ed Plans for	lowa County			
				tilo qualifi	ca i ians ioi	lowa oddinty			
\neg	CIAL DEDITION E DI ANI							Ţ- ·	
5	LOW DEDUCTIBLE PLAN	- \$500 single	plan & \$1,0	000 family p	lan				
8		It was a page		lo	owa County				
		Compare 2	024 (87% of A			Monthly Health Insur	rance Rates		METERS AND THE MANAGEMENT OF THE PARTY OF
7	Please Note: Medical Associates is the			I				1.1	
	riease Note, Medical Associates is the	lowest qualified p	ian for 2024					T	
-			2024				2024		
-		2023 Single	Projected				Projected		
		Plan	Single Plan				Family Plan		
		Monthly	Monthly	Amount of	% of	2023 Family Plan	Monthly	Amount of	
3	Plan	Premium	Premium	Increase	Increase	Monthly Premium	Premium	Increase	% of Increase
$\overline{}$	Dean Health	800.28		(800.28)	-100.0%	1,967.76		(1,967.76)	-100.0%
_	GHC of South Central WI	691.50		(691.50)	-100.0%	1,695.80		(1,695.80)	-100.0%
7	Medical Associates	734.26	758.86	24.60	3.4%	1,802.70	1,859.86	57.16	3.29
4									
	Average Cost of the Qualified								
8 1	Plans for Iowa County	745.89	758.86	12.97	1.7%	1,831.78	1,859.86	28.08	1.5%
4		0.00					- 19 4 045 - 15 - 15 - 15		Benefit Book of
1								1	
	Monthly County Contribution 83%								
	pased on average premiums of the qualified plans for 2023 & 87% on								
	Average of plans for 2024	615.88	660.21	44.33	7.2%	1.512.34	1,618.08	105.74	7.0%
		1							
2 0	Current # of Plans for the September :	2023 Health Insura	nce Invoice:	29				76	
		1							
1									
	Projected Increase County Co.	st per Month for En	nployees	1,285.57			entire entire description of sections). It	8,036.24	
7	to see a	1	I manual basic a						
	Total Projected Increase in Annual	1 2024 County Co	et - EE's other						
	than Sh	ACTUAL SECTION OF THE SECTION	st - EE's outer	15,426.84				96,434.88	\$ 111,861.72
1									
T	otal Projected Increase in Annual 2	2024 County Cost	- Sheriff						
	Department	4							\$ 10,368.60
3	s grande	1							
17	otal Projected Increase in An	inual 2024 Cou	nty Cost						\$ 122,230.32

A	В	С	D	E	F G	Н	1	J
1	Droi	noted 2024	l la altha laas				Prepared Augu	ust 2023
2 3	Proje	ected 2024	Health Inst	irance Rate	s - Low Deductible	Plan	100	, ·
		,			'		1	
2024 - 88% if the Average	Cost of the	Average of	the qualific	ed Plans for	Iowa County			
5								
LOW DEDUCTIBLE PLAN	- \$500 single	plan & \$1.0	000 family p	lan				ECH C 1000
3	1	L		L		1		E STORTE
	Compare 2	024 (87% of 4		owa County	Monthly Health Insu	rance Dates		Declarica (V) V/ V/ V/ V/
			(verage) and	ZUZS Adopted	i wonthly nealth insu	rance Rates	T	
Please Note: Medical Associates is the	lowest qualified p	lan for 2024	T					
		2024				2024		
	2023 Single	Projected				Projected		
	Plan	Single Plan				Family Plan		
	Monthly	Monthly	Amount of	% of	2023 Family Plan	Monthly	Amount of	
Plan	Premium	Premium	Increase	Increase	Monthly Premium	Premium	Increase	% of Increase
Dean Health	800.28		(800.28)	-100.0%	1,967.76		(1,967.76)	-100.0%
GHC of South Central WI	691.50		(691.50)	-100.0%	1,695.80		(1,695.80)	-100.0%
Medical Associates	734.26	758.86	24.60	3.4%	1,802.70	1,859.86	57.16	3.2%
		restrict and the						
	1							
Average Cost of the Qualified Plans for Iowa County								
Plans for Towa County	745.89	758.86	12.97	1.7%	1,831.78	1,859.86	28.08	1.5%
Monthly County Contribution 83%								
based on average premiums of the								
qualified plans for 2023 & 87% on								
Average of plans for 2024	615.88	667.80	51.92	8.4%	1,512.34	1,636.68	124.34	8.2%
							[
Current # of Blane for the Sentember 2	000 11							
Current # of Plans for the September 2	023 Health Insura	nce Invoice:	29	Ĭ	1	,	76	
* * 1		w a name in agreement			* *** /- *** *** /- *** /- *** /- ***			
Projected Increase County Cost	ner Month for Em	nlovees	1,505.68				0.440.04	
rejected marades esting est	per Month for Ell	pioyees	1,303.66			entrantico de la secono dela secono de la secono dela secono de la secono dela secono de la secono dela secono de la secono de la secono dela secono de la secono dela secono dela secono de la secono dela secono de la secono de la secono de la secono dela secono de la secono dela secono de la secono de la secono de la secono de l	9,449.84	20 g = 4 5
Total Projected Increase in Annual		t - EE's other						
than She	eriπ		18,068.16				113,398.08	131,466.24
Total Projected Increase in Annual 20	024 County Cost	- Sheriff						
Department	county cost	Cilcilii						10,368.60
								10,000.00
Total Projected Increase in Ann	nual 2024 Cour	nty Cost						141,834.84

	A A Commence of the commence o	В		Q	Ε		9	T			\times
-120	For the September 19, 2023 County Board Meeting	Proposes 23 County Boar	osed - low	Proposed - Iowa County - 2024 Health Insurance Rates y Board Meeting	4 Health In	surance	Rates				
4 50	4 All Rates are Monthl 5 Please Note: Medical Associates is the lowest qualified plan for 2024	ssociates is th	ne lowest qu	All Rates are Monthly Rates alified plan for 2024	onthly Rates 024						
<u>ν</u> α	Covers all eligible lowa County Employees except Sheriff's Department Represented Employees & Sheriff Management	owa County Er	nployees ex	cept Sheriff's De	partment Re	presented	Employees 8	Sheriff Man	lagement		
6 2 7		lowa County	/ contributes to all Full-Tim	lowa County contributes 87% of the average premium cost of qualified plans. These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pro	ge premium ates for Part-	cost of qua	rage premium cost of qualified plans Rates for Part-Time Employees are pro-rated.	ated.			
12 2	12 LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan	AN - \$500 Sing	le Plan and	\$1,000 Family PI	an						
1	ı					Employee					
				Employee Share	Employer Share Single	Share Family Plan	Employer Share Family	Employee % of Single	Employee %		
		Single Monthly	Family Monthly	Single Plan Monthly Premium	Monthly Premium	Monthly Premium	Monthly	Monthly	of Family Monthly	1/2 of	1/2 of family
-	Plan Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction)	(Benefit)	Rate	Premium Rate single ded	single ded.	ded.
	15 Dean Health	943.40	2,321.22	283.19	660.21	703.14	1,618.08	30.02%	30.29%	141.60	351.57
	16 GHC - Neighbors	855.40	2,101.22	195.19	660.21	483.14	1,618.08	22.82%	22.99%	97.60	241.57
	17 Medical Associates	758.86	1,859.86	98.65	660.21	241.78	1,618.08	13.00%	13.00%	49.33	120.89
	18 Quartz Central	1,230.00	3,037.72	569.79	660.21	1,419.64	1,618.08	46.32%	46.73%	284.90	709.82
7	19 GHC - Dane Choice	855.40	1,904.02	195.19	660.21	285.94	1,618.08	22.82%	15.02%	97.60	142.97
2 2	20 Quartz UW	842.94	2,070.06	182.73	660.21	451.98	1,618.08	21.68%	21.83%	91.37	225.99
1											

<u> </u>			1/2 of 1/2 of family gle ded. ded.		45.53 111.59	281.10 700.52	
	lagement	%	Monthly 1/2 of Premium Rate single ded.	29.49%	12.00%	46.12%	20.94%
т	S. Sheriff Mar rated.	Employee % of Single Monthly	Premium Rate	29.21%	12.00%	45.71%	20.78%
Rates	Employees alified plans	Employer Share Family Monthly	Premium (Benefit)	1,636.68	1,636.68	1,636.68	1,636.68
Insurance	lepresented n cost of quarements	- ш	(Deduction)	684.54	,	1,401.04	433.38
24 Health	epartment R age premiun tates for Part	lan Employer Share Single Monthly	(Benefit)	667.80	667.80	667.80	667.80
Proposed - Iowa County - 2024 Health Insurance Rates y Board Meeting All Rates are Monthly Rates sis the lowest qualified plan for 2024	le Iowa County Employees except Sheriff's Department Represented Employees & She lowa County contributes 88% of the average premium cost of qualified plans. These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pro-rated.	\$1,000 Family Pl	(Deduction)	275.60 187.60	91.06	187.60	175.14
oosed - low ard Meeting the lowest qu	imployees ex y contributes to all Full-Tim	gle Plan and Family Monthly	Premium	2,101.22	1,859.86	1,904.02	2,070.06
Prok	owa County E lowa Count	AN - \$500 Sing	Premium 943.40	855.40	758.86	855.40	842.94
For the September 19, 2023 County Board Meeting All Rates are Month! Please Note: Medical Associates is the lowest qualified plan for 2024	Covers all eligib	LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan Employee Share	Plan Health	16 GHC - Neighbors	17 Medical Associates 18 Quartz Central	19 GHC - Dane Choice	20 Quartz UW
- 2h 4 50	7 8 8 9 110	13 13	15	16	18	-L	F 0

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- 0	lowa County Compare EF Premium for 2023 to Pronosed 2024 for	83%. 85%. 86% & 87%	8 87%								
J W Z	*GHC of South Central MI is the Lowest Oualifuing Pl	in in 2023: Med	ical Associate	s in 2024							
2		Dean Health	lealth	*GHC of Sout	*GHC of South Central WI	Medical Associates	ssociates	Quart	Quartz Central		
9	2023	Single	Family	Single	Family	Single	Family	Single	Family		
7	Employee Premium for 2023 - Monthly Cost	\$184.41	\$455.43	\$75.63	\$183.47	\$118.39	\$290.37	\$532.73	\$1,326.23		
ωσ		\$2,212.92	\$5,465.16	\$907.56	\$2,201.64	\$1,420.68	\$3,484.44	\$6,392.76	\$15,914.76		
10											
12				Employee's	Monthly and A	Employee's Monthly and Annual Premium - 2024 Proposed	2024 Proposed				
5		Dean Health	lealth	GHC of South	GHC of South Central WI	Medical Associates	ssociates	Quart	Quartz Central	Annual County's Cost for General employees	
14	2024 Plans	Single	Family	Single	Family	Single	Family	Single	Family		
15	Premium for 83% - Monthly	\$ 313.55	\$ 777.54	\$ 225.55	\$ 557.54	\$ 129.01	\$ 316.18	\$ 600.15	\$ 1,543.68	\$33,443.64	
16				149.92	374.07	53.38	132.71	67.42	217.45		
17		1,549.68	3,865.32	1,799.04	4,488.84	640.56	1,592.52	809.04	2,609.40		
18											
20	Annual Cost for Employee	\$ 3,762.60	\$ 9,330.48	\$ 2,706.60	\$ 6,690.48	\$ 1,548.12	\$ 3,794.16	08.102,7	\$ 18,524.15		
22		\$ 200.37	\$ 740.34	\$ 210.37	\$ 52034	\$ 113.83	\$ 278 98	\$ 584.97	\$ 1.456.84	\$72.652.68	
2 2	$\overline{}$						l				
25	Annual Increase	1,367.52	3,418.92	1,616.88	4,042.44	458.40	1,146.12	626.88	1,567.32		
26						50.51%	52.06%				
28	Annual Cost for Employee	\$ 3,580.44	\$ 8,884.08	\$ 2,524.44	\$ 6,244.08	\$ 1,365.96	\$ 3,347.76	\$ 7,019.64	\$ 17,482.08		
30											
31	Premium for 86% - Monthly	\$ 290.78	\$ 721.74	\$ 202.78	\$ 501.74	\$ 106.24	\$ 260.38	\$ 577.38	\$ 1,438.24	\$92,257.20	
32	Monthly Increase	106.37	266.31	127.15	318.27	30.61	76.91	44.65	112.01		
33		1,276.44	3,195.72	1,525.80	3,819.24	367.32	922.92	235.80	1,344.12		
34	% of Increase	\$ 3.489.36	\$ 8.660.88	\$ 2.433.36	\$ 6.020.88	40.47%	41.92% \$ 3,124.56	\$ 6,928.56	\$ 17,258.88		
8 6 8											
8 8		\$ 702.10	¢ 702 14	\$ 105.10	\$ 483.14	\$ 98.65	\$ 241.78	\$ 569.79	\$ 1.419.64	\$111.861.72	
8 Q				>	,			37.06			
4		1,185.36	2,972.52	1,434.72	3,596.04	276.24	699.72	444.72	1,120.92		
42						30.44%	31.78%				
44		\$ 3,398.28	\$ 8,437.68	\$ 2,342.28	\$ 5,797.68	\$ 1,183.80	\$ 2,901.36	\$ 6,837.48	\$ 17,035.68		
446											
	Previously titled: Premium for 87% - Monthly										
47	Premium for 88%- Monthly	\$ 275.60	\$	\$	\$ 464.54	\$ 91.06	\$ 223.18	\$ 562.20	\$ 1,4	\$131,466.24	
48	Monthly Increase	(37.95)			281.07	15.43	39.71	29.47			
49		(455.40)	(1,116.00)	1,343.64	3,372.84	185.16	4/6.52	353.64	897.72		
20	% of Increase		0 0 0 1 4 40	·		20.40%	21.64% \$ 2 678 16	\$ 6.746.40	\$ 16.812.48		
79	62 Annual Cost for Employee	\$ 3,307.20	3,307.20 \$ 8,214.48	7 2,231.20	٥	1		1	2		



Health Insurance Opt-Out Arrangement Payment

Date Originated:
Date of Modifications:

9/??/2022 09/01/2023

Policy Number:

???

1. PURPOSE:

The purpose of this policy is to establish a process for compensating Iowa County employees who are eligible for Health insurance, but chose not to participate in County sponsored plans.

2. ORGANIZATIONS AFFECTED:

This policy applies to all Iowa County employees who are eligible for health insurance coverage, beginning January 1, 2024.

3. POLICY:

- A. Any Iowa County employee who is eligible to participate in the Iowa County Health Insurance coverage program, but chooses not to participate shall be offered a Health Insurance Opt-Out Arrangement Payment.
 - i. To be eligible for the Health Insurance Opt-Out Arrangement Payment, employees must meet all of the following criteria:
 - a. Be employed in a full-time or part-time benefit eligible positon;
 - b. Waiver Health Insurance coverage under the Iowa County health Insurance Plan; and
 - c. Provide reasonable evidence and documentation that the employee and all of employee's dependents have alternative Health Insurance coverage that meets federal standards for minimum essential coverage under the Affordable Cares Acts and employee may not obtained through the individual marketplace regardless of whether it is obtained through a State of Federally ran insurance exchanged.
- B. This payment shall be distributed through said employee's payroll and be considered taxable income and will appear on employee's W-2 statement. The Health Insurance Opt-Out Arrangement Payment is not considered Wisconsin State Retirement System earnings. In addition, the payment amount is considered an eligible wage for FLSA overtime compensation purposes.
 - Participating employees who are in a full-time status (.8 FTE -1.0 FTE) who elect family coverage will receives a \$192 bi-weekly Health Insurance opt-out arrangement payment.
 - ii. Participating employees who are in a full-time status (,8 FTE -1.0 FTE) who elect single coverage will receive a \$96.15 bi-weekly Health Insurance opt-out arrangement payment.
 - iii. Participating employees who are in a part-time status (less than .8 FTE) who elect family coverage will receive a \$96.15 bi-weekly Health Insurance opt-out arrangement payment.

iv. Participating employees who are in a part-time status less than .8 FTE) who elect family coverage will receive a \$48.07 bi-weekly Health Insurance opt-out arrangement payment.

4. REFERENCES:

5. PROCEDURES:

- A. Employees will be required to fill out a Health Insurance Enrollment Application opting out (waiving) of cover and provide supporting documentation of alternative coverage that meets federal standards for minimum essential coverage under the Affordable Cares Act.
- B. Employees will receive the Opt-Out Arrangement Incentive Payment on the last pay check of the month.
- C. Employees desiring to add or drop Iowa County health insurance must notify the Employee Relations Office within 30 days of the qualifying event of waiving or adding coverage.
- D. Employees will receive the Health Insurance Opt-Out Arrangement Incentive Payment on the next pay period following the waiver of Health Insurance coverage.
 - i. Since Iowa County takes premiums for the month before coverage; an Employee who waives coverage will receive the adjustment of the Health Insurance Opt-Out Arrangement Payment on the next pay period following the waiver of Health Insurance Coverage.
- E. Employees who add Health Insurance mid-year will be required to provide a reimbursement (payroll adjustment) back to Iowa County for any Health Insurance Opt-Out Arrangement Payments received for the period employee is adding coverage.
 - i. Since Iowa County takes premiums for the month before coverage; an Employee who adds coverage may have already received the Health Insurance Opt-Out Arrangement.

Title: 2024 Dental Insurance

Original

(Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Dental Insurance is with Delta Dental and we offer a Low/High Plan with an individual max of \$500/low plan and \$1,200/high plan. Renewal rates for 2024 came in at a 19.5% increase, but Delta Dental is willing to do a 7% increase. Increase is based upon current utilization of the plan.

Currently, Iowa County pays 100% of Single Low Plan and 85% of Family Low Plan. Employees pays the difference in the high plan.

RECOMMENDATIONS (IF ANY):	
Recommend to continue with Delta Dental with a 7% increas the Family Low Plan.	ee, with lowa County paying 100% of Single Low Plan and 85% of
ANY ATTACHMENTS? (Only 1 copy is needed)	○ No If yes, please list below:
Cost Analysis	
FISCAL IMPACT:	
Annual cost increase: \$5242.56	
LEGAL REVIEW PERFORMED: Yes • No	PUBLICATION REQUIRED: Yes No
STAFF PRESENTATION?: Yes • No	How much time is needed?
COMPLETED BY: Allison Leitzinger	DEPT: Employee Relations
2/3 VOTE REQUIRED: Yes No	
TO BE COMPLETED BY COMMITTEE CHAIR	

AGENDA ITEM #

COMMITTEE ACTION:

MEETING DATE:

Dental Insurance Analysis - 2024

Cost per plan			en.		
	Low Plan 1	lan 1	Total Plans	Higl	High Plan 1
•	Single	Family		Single	Family
Total Premium	22.71	70.93		45.41	133.40
Employee Share of Premium		10.64		22.70	73.11
County Share of Premium	22.71	60.29		22.71	60.29
Total # of Plans	42.00	95.00	137.00		
Proposed 2024 - County's Cost per month	953.82	5,727.55	6,681.37		
Current Cost for Dental					
Total Premium	21.22	66.29		42.44	124.67
Employee Share of Premium		9.94		21.22	68.32
County Share of Premium	21.22	56.35		21.22	56.35
Total # of Plans	42.00	95.00	137.00		
Current 2023 - County's Cost per month	891.24	5,353.25	6,244.49		
Monthly Increase for 2024 on proposed plan					
changes	62.58	374.30	436.88		
Proposed 2024 Annual Increase	750.96	4,491.60	5,242.56		

Title: Resolution- Amending the 2023 Capital Projects Fund Budget

Original

○ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

The transfers will be within the Capital Projects Fund budget accounts. At the August 30, 2023 Long Range Planning meeting, the committee made adjustments to the 2023 CIP. The transfers of funds is needed in order to align the Capital Projects budget with the Capital Improvement Plan.
RECOMMENDATIONS (IF ANY):
The Long Range Planning Committee is recommending the approval of the budget transfers within the Capital Projects Fund.
ANY ATTACHMENTS? (Only 1 copy is needed)
Resolution Amending the 2023 Capital Projects Fund Budget
FISCAL IMPACT:
The CIP is being increased by \$1,611,000
LEGAL REVIEW PERFORMED: Yes No PUBLICATION REQUIRED: Yes No
PRESENTATION?:
COMPLETED BY: Jamie Gould DEPT: Finance Department
2/3 VOTE REQUIRED: • Yes No
TO BE COMPLETED BY COMMITTEE CHAIR
MEETING DATE: AGENDA ITEM #
COMMITTEE ACTION:

Resolution Amending the 2023 Capital Projects Fund Budget

WHEREAS, due to the increase in the 2023 Equalized Values and the delay to the County Highway Trunk T project, the Long Range Planning Committee amended the 2023 Capital Improvement Plan; and

WHEREAS, the Long Range Planning Committee approved to move the County Highway Trunk T project road construction project from 2023 Capital Improvement Plan to the 2024 Capital Improvement Plan; and

WHEREAS, the Long Range Planning Committee approved additions to the 2023 Capital Improvement Plan for the purchase of a concrete coring drill, furniture and carpet for the Register of Deeds office, courthouse sconce light upgrades, Sheriff's Department drones, new condenser units at courthouse, Hollandale facility design and property purchase, design of County Highway Trunk ID and County Highway Trunk P for future construction, new highway culverts, and wedging of county highways; and

THEREFORE, BE IT RESOLVED THAT, the Long Range Planning Committee does hereby recommend to the Iowa County Board of Supervisors to amend the 2023 Capital Projects Fund budget as follows:

Concrete Coring Drill	\$	27,000.00
Furniture and Carpet for Register of Deeds Office	\$	15,000.00
Courthouse Sconce Light Upgrades	\$	5,000.00
Sheriff's Department Drones	\$	25,000.00
Condenser Units at Courthouse	\$	115,000.00
Hollandale Facility Design and Property Purchase	\$	250,000.00
Design of CTH ID and CTH P	\$	148,000.00
Road Culverts and Wedging	\$1	,026,000.00

NOW, THEREFORE, BE IT FURTHER RESOLVED THAT: The Iowa County Board of Supervisors adopts the recommendations of the Long Range Planning Committee and approves the budget amendment of the Capital Projects Funds. The Board further directs the County Clerk to publish this Resolution pursuant to Wisconsin State Statute number 65.90 (5)(a) for the statutory requirement:

Respectfully submitted by the Iowa County Long Range Planning Committee

Title: Resolution Notice on Intent to Issue Financing for Capital Projects	Original	○ Update			
TO BE COMPLETED BY COUNTY DEPARTMENT HEAD					
DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including	deadline):				
The borrowing will be used for the purchase of equipment and complete projects in money will be borrowed in 2023 and repaid in 2024. The loan will be for a term of six	various Iowa County c months.	lepartments. The			
RECOMMENDATIONS (IF ANY):					
Recommend to Approve					
ANY ATTACHMENTS? (Only 1 copy is needed) • Yes No If yes,	please list below:				
Resolution for the Notice on Intent to Issue Financing Regarding the Purchase of Cap	ital Equipment & Proje	ects			
FISCAL IMPACT:					
The funds will be borrowed in 2023 and the impact to the 2024 Debt Levy to pay back the short-term borrowing. Amount depends on the interest rate the funds are borrowed at.					
LEGAL REVIEW PERFORMED: Yes No PUBLICATION REQU	JIRED: Yes	○ No			
STAFF PRESENTATION?: (• Yes	ded? 5 minutes				
COMPLETED BY: Jamie Gould DEPT: Finance	Department				
2/3 VOTE REQUIRED: Yes No					
TO BE COMPLETED BY COMMITTEE CHAIR					
MEETING DATE: AGENDA ITEM #					

COMMITTEE ACTION:

Notice on Intent to Issue Financing Regarding the Purchase of Capital Projects - Revised Amount from Resolution Number 14-1122

WHEREAS, Resolution 14-1122 was adopted November 15, 2022, by the Iowa County Board and the Long Range Planning Committee approved to amend the 2023 Capital Improvement Plan at their August 30, 2023 meeting which resulted in a decrease in the amount to be financed from \$855,583 to \$680,000; and

WHEREAS, the County of Iowa, Wisconsin (the "Issuer") plans to purchase equipment and capital projects for use by various Iowa County Departments; and

WHEREAS, Iowa County adopts a capital improvement plan each year for multiple departments that includes capital equipment and projects; and

WHEREAS, the Issuer expects to finance the Project on a short-term basis by issuing financing through the State Trust Fund Loan Program (STFL), promissory notes, or through a financial institution (collectively, the "Financing"); and

WHEREAS, because the financing will not be issued prior to commencement of the project, the Issuer must provide interim financing to cover costs for the Project incurred prior to receipt of the proceeds of the Financing; and

WHEREAS, the County of Iowa (the "Governing Body") of the Issuer deems it to be necessary, desirable, and in the best interests of the Issuer to advance moneys from its funds on hand on an interim basis to pay the costs of the Project until the Financing is issued;

WHEREAS, the Executive Committee recommends to the Iowa County Board to finance up to \$680,000 to purchase capital equipment and projects in 2023 for a time period of six months to one year; and

NOW, THEREFORE, BE IT RESOLVED the Iowa County Board approves the recommendation of the Iowa County Executive Committee and authorizes the financing up to \$680,000 for the purchase of equipment and capital projects for the Capital Projects Fund; and

NOW, THEREFORE, BE IT FURTHER RESOLVED by the Governing Body of the Issuer that:

<u>Section 1. Expenditure of Funds.</u> The Issuer shall make expenditures as needed from its funds on hand to pay the cost of the Project until proceeds of the Financing become available.

<u>Section 2. Declaration of Official Intent.</u> The Issuer hereby officially declares its intent under Treas. Reg. Section 1.150-2 to reimburse said expenditures with proceeds of the Financing, the principal amount of which is not expected to exceed \$680,000.

<u>Section 3. Unavailability of Long-Term Funds.</u> No funds for payment of the Project from sources other than the Financing are, or are reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside by the Issuer pursuant to its budget or financial policies.

Section 4. Public Availability of Official Intent Resolution. The Resolution shall be made available for public inspection at the office of the Issuer's County Clerk within 30 days after its approval in compliance with applicable State law governing the availability of records of official acts including Subchapter II of Chapter 19 and shall remain available for public inspection until the Financing is issued.

Section 5. Effective Date. This Resolution shall be effective upon its adoption and approval.

Original ○ Update **Title:** Resolution-Notice on Intent to Issue Financing (Highway) TO BE COMPLETED BY COUNTY DEPARTMENT HEAD DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline): The borrowing will be used for the purchase of equipment and complete road construction projects for lowa County Highway Department. The money will be borrowed in 2023 and repaid in 2024. The loan will be for a term of six months. **RECOMMENDATIONS (IF ANY):** Recommend to Approve If yes, please list below: ANY ATTACHMENTS? (Only 1 copy is needed) Yes (No Resolution -Notice on Intent to Issue Financing Regarding the Purchase of Highway Equipment and Projects – Revised Amount from Resolution Number 15-1122 **FISCAL IMPACT:** Impact to the 2024 Debt Levy to pay back the short-term borrowing. Amount depends on the interest rate the funds are borrowed at. LEGAL REVIEW PERFORMED: (Yes (No **PUBLICATION REQUIRED:** ○ No Yes Yes C No **STAFF PRESENTATION?:** How much time is needed? 5 minutes **COMPLETED BY: Jamie Gould DEPT:** Finance Department 2/3 VOTE REQUIRED: (Yes No TO BE COMPLETED BY COMMITTEE CHAIR

AGENDA ITEM #

COMMITTEE ACTION:

MEETING DATE:

Notice on Intent to Issue Financing Regarding the Purchase of Highway Equipment and Projects – Revised Amount from Resolution Number 15-1122

WHEREAS, Resolution 15-1122 was adopted November 15, 2022, by the Iowa County Board and the equalized value is higher than projected in the original calculations and results in an increase in the amount to be financed from \$1,470,000 to \$3,051,000; and

WHEREAS, the County of Iowa, Wisconsin (the "Issuer") plans to purchase equipment and complete road construction projects (the "Project") for the Highway Department; and

WHEREAS, Iowa County adopts a capital improvement plan each year and the equipment and projects were included in the approved plan; and

WHEREAS, the Issuer expects to finance the Project on a short-term basis by issuing financing through the State Trust Fund Loan Program (STFL), promissory notes, or through a financial institution (collectively, the "Financing"); and

WHEREAS, because the financing will not be issued prior to commencement of the project, the Issuer must provide interim financing to cover costs for the Project incurred prior to receipt of the proceeds of the Financing; and

WHEREAS, the County of Iowa (the "Governing Body") of the Issuer deems it to be necessary, desirable, and in the best interests of the Issuer to advance moneys from its funds on hand on an interim basis to pay the costs of the Project until the Financing is issued;

WHEREAS, the Executive Committee recommends to the Iowa County Board to finance \$3,051,000 to purchase equipment and complete road construction projects in 2023 for the Highway Department for a time period of six months to one year; and

NOW, THEREFORE, BE IT RESOLVED the Iowa County Board approves the recommendation of the Iowa County Executive Committee and authorizes the financing of \$3,051,000 for the purchase of equipment and complete road construction projects for the Highway Department; and

NOW, THEREFORE, BE IT FURTHER RESOLVED by the Governing Body of the Issuer that: Section 1. Expenditure of Funds. The Issuer shall make expenditures as needed from its funds on hand to pay the cost of the Project until proceeds of the Financing become available.

<u>Section 2. Declaration of Official Intent.</u> The Issuer hereby officially declares its intent under Treas. Reg. Section 1.150-2 to reimburse said expenditures with proceeds of the Financing, the principal amount of which is not expected to exceed \$2,721,000.

<u>Section 3. Unavailability of Long-Term Funds.</u> No funds for payment of the Project from sources other than the Financing are, or are reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside by the Issuer pursuant to its budget or financial policies.

<u>Section 4. Public Availability of Official Intent Resolution.</u> The Resolution shall be made available for public inspection at the office of the Issuer's County Clerk within 30 days after its approval in compliance with applicable State law governing the availability of records of official acts including Subchapter II of Chapter 19 and shall remain available for public inspection until the Financing is issued.

Section 5. Effective Date. This Resolution shall be effective upon its adoption and approval.