

## \*Agenda\*

General Government Committee
Thursday, September 4, 2025 – 5:00 pm
Conference Call 1-312-626-6799
Zoom Meeting ID: 89996258699

**Passcode: 163823** 

https://us02web.zoom.us/j/89996258699

Community Room 303 W. Chapel St

Dodgeville, Wisconsin 53533

lowa County Wisconsin

	Dougevine, Wisconsin 3333					
	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 4, 2025 meeting.					
4	Approve the minutes of the August 7, 2025 meeting.					
5	Report from committee members and an opportunity for members of the audience to address the committee. No action will be taken.					
6	Discuss and consider revisions to Policy 401 Section 5.4 Performance Evaluations.					
7	Consider and Discuss 2026 Health Insurance.					
8	Consider and Discuss 2026 Wage Structure Adjustment.					
9	Employment Activity Report.					
10	Discuss and Consider Dispatch Seniority and Shift Bidding Policy.					
11	Discuss and Consider Therapy Comfort Canine Policy.					
12	Set date and time for next meeting, October 9, 2025 at 5:00 pm.					
13	Adjournment.					
	Posted by the County Clerks Office on 08-29-2025, Megan Currie – County Clerk					



# \*DRAFT Minutes\* General Government Committee Thursday, August 7, 2025 – 5:00 pm Community Room 303 W. Chapel St Dodgeville, Wisconsin 53533

lowa County Wisconsin

1	Call to order by Curt Peterson at 5:00pm.
2	Roll Call.  Members in Attendance: Joan Davis, Don Gander, Tim Lease, Curt Peterson, Mike Peterson  Members on ZOOM: None  Excused: None  Others on ZOOM: Allison Leitzinger, Bruce Paull  Others in Attendance: Jamie Gould, Barb Weinbrenner, Katie Abbott, Craig Hardy
3	Approve the agenda for this August 7, 2025 meeting.  Sup. Tim Lease motioned to approve the agenda.  Sup. Mike Peterson seconded the motion.  No discussion. Motion carried unanimously.
4	Approve the minutes of the July 3, 2025 meeting.  Sup. Joan Davis motioned to approve the minutes.  Sup. Don Gander seconded the motion.  No discussion. Motion carried. M Peterson abstains.
5	Report from committee members and an opportunity for members of the audience to address the committee. No action will be taken.  No comments.
6	2024 Q4 and 2025 Q1 financial report.  Report given by Finance Director Jamie Gould.  Discussion followed.
7	Discuss and consider revisions to Policy 401 Section 5.4 Performance Evaluations and 5.4a Star Performer Program.  Explanation given by Employee Relations Director Allison Leitzinger.  Discussion followed.  Sup. Mike Peterson motioned not to move the 5.4a Star Performer Program forward to the County Board.  Sup. Tim Lease seconded the motion.

	Motion carried unanimously.
	·
	Sup. Mike Peterson motioned to table 5.4 Performance Evaluations until next month.
	Sup. Tim Lease seconded the motion.
	No Discussion. Motion carried unanimously.
	Consider and Discuss 2026 Health Insurance.
0	Explanation given by Leitzinger.
8	Discussion followed.
	No action taken.
	Consider and Discuss 2026 Wage Structure Adjustment.
	Explanation given by Leitzinger.
9	Discussion followed.
	No action taken.
10	Employment Activity Report.
11	Next meeting, September 4, 2025, at 5:00 pm.
	Adjourn. 6:43 PM
40	Sup. Tim Lease motioned to adjourn to next month.
12	Sup. Mike Peterson seconded the motion.
	No discussion. Motion carried unanimously.
	Minutes by Barb Weinbrenner, Deputy County Clerk

# **AGENDA ITEM COVER SHEET**

<b>Title:</b> Consider Revisions to Policy 401 Section 5.4 Performance Evaluations	(	Original	(• Opdate
TO BE COMPLETED BY COUNTY DEPARTMENT HEAD			
DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including dead	dlin	<u>e):</u>	
A group of Department Heads worked together to revamp the Performance Evaluation for 5.4.	rm :	and updated P	olicy 401 Section
A couple of things to note: we changed the wording of the ratings - Does Not Meets is bei Gaps Identified", Meets Expectations is being recommended to "Strong Performer" and Exrecommend to "Distinguished Honors".			
The evaluation form was also revised to recommend removing core competency "Goals" a evaluation form on more communication of what worked well and what are the areas for Year in Review and Year Ahead sections. In the Year Ahead section, we do ask for goals, b rating.	gro	wth including (	overall sections of
Another thing changed in the policy is the rating factors. Currently, employees who receive Distinguished Honors. Recommend Policy has Distinguished Honors as a rating of a 90-91			essified as
In July and August; Strong Performer merit pay was discussed for employees beyond Step Merit pay into the pay structure and policy by adding Steps 7 and 8 - and employees movinave had three years of consecutive "Strong Performer" reviews.			
RECOMMENDATIONS (IF ANY):			
Move forward Policy 401 Section 5.4			

Yes

**ANY ATTACHMENTS? (Only 1 copy is needed)** 

**Evaluation Form** 

**FISCAL IMPACT:** 

**Graph of Distinguished Honors** 

**LEGAL REVIEW PERFORMED:** 

**STAFF PRESENTATION?:** 

401 Policy Section 5.4 Performance Evaluations and Pay for Performance

Yes

No

○ No

Draft section of pay structure to show the Strong Performer Merit Pay

No

**PUBLICATION REQUIRED:** 

How much time is needed? 10 mins

If yes, please list below:

 ☐ Yes

No

COMPLETED BY: Allison Leitzinger			DEPT: Employee Relations Director	
2/3 VOTE REQUIRED:	<b>○</b> Yes	( No		
TO BE COMPLETED B	Y COMMIT	TEE CHAIR		
MEETING DATE:			AGENDA ITEM #	
COMMITTEE ACTION:				

#### 5.4 Performance Evaluation Reviews and Pay for Performance

Iowa County provides annual performance evaluations with all employees. Performance evaluations are designed to acknowledge employees' achievements and assist employees in improving their job performance.

Managers and Department Heads are responsible for conducting annual performance evaluations with employees whom they supervise.

Employee performance is evaluated annually on employee's date of hire. Management employees who were promoted into a management position prior to October 5, 2014 will use their status date instead of hire date. All employees are evaluated on the following core competencies:

- Attendance
- Job Knowledge
- Job Performance
- Communication and Customer Service
- Attitude, Professionalism, and Teamwork
- Safety and Following Policies and Procedures
- Goal Setting

In addition to the above core competencies, management employees are evaluated on the following leadership core competencies:

- Coaching and Delegation
- Team Leadership and Facilitating Change
- Budget Management

Employees shall complete a self-evaluation and submit to their manager no more than a month prior, but at least two weeks before evaluation date. Failure to complete self-evaluation is reflected in performance review. Managers complete and review a separate performance evaluation with the employee. The manager submits the completed evaluation and status change form to Employee Relations before the end of the payroll week in which the evaluation date occurred. Employee Relations provides the status change form to Finance/Payroll.

Status change forms are not processed until Employee Relations receives the completed performance evaluation review.

#### **Performance Factor Rating**

#### Step Process (Minimum- Step 1 up to Control Point-Step 6):

#### Non-Management Employees:

Employees within the step portion of the Iowa County Wage Structure receiving a rating of 20 points to 28 points get a "Meets Expectations" rating, which includes a pay increase to the next step. Employees receiving a rating of 19 points or below get a "Does not Meet Expectation" rating, which provides no step increase. Employees receiving a rating of 29 points or more get an "Exceeds Expectation" rating, which results in a pay increase of two steps.

Employees within the step portion of the Iowa County Wage Structure receiving a rating of 19 points to 26.5 points receive an "Strong Performer" rating, which includes a pay increase to the next step. Employees receiving

a rating of 18.5 points or below receive a <u>"Performance Gaps Identified"</u> rating, which provides no step increase. Employees receiving a rating of 27 point or more receive a <u>"Distinguished Honor"</u> rating, which results in a pay increase of two steps.

#### Managers that do not have Budget responsibilities:

Employees within the step portion of the Iowa County Wage Structure receiving a rating of 26 points to 37 points get a "Meets Expectations" rating, which includes a pay increase to the next step. Employees receiving a rating of 25 points or below get a "Does not Meet Expectation" rating, which provides no step increase. Employees receiving a rating of 38 points or more get an "Exceeds Expectation" rating, which result in a pay increase of two steps.

Employees within the step portion of the Iowa County Wage Structure receiving a rating of 26 points to 36 points receive an "<u>Strong Performer</u>" rating, which includes a pay increase to the next step. Employees receiving a rating of 25.5 points or below receive a "<u>Performance Gaps Identified</u>" rating, which provides no step increase. Employees receiving a rating of 36.5 point or more receive a "<u>Distinguished Honor</u>" rating, which results in a pay increase of two steps.

#### Management Employees:

Employees within the step portion of the Iowa County Wage Structure receiving a rating of 28 points to 41 points get a "Meets Expectations" rating, which includes a pay increase to the next step. Employees receiving a rating of 27 points or below get a "Does not Meet Expectation" rating, which provides no step increase. Employees receiving a rating of 42 points or more get an "Exceeds Expectation" rating, which result in a pay increase of two steps.

Employees within the step portion of the Iowa County Wage Structure receiving a rating of 28 points to 39.5 points receive an "<u>Strong Performer</u>" rating, which includes a pay increase to the next step. Employees receiving a rating of 29 points or below receive a "<u>Performance Gaps Identified</u>" rating, which provides no step increase. Employees receiving a rating of 41 point or more receive a "<u>Distinguished Honor</u>" rating, which results in a pay increase of two steps.

All performance evaluations including management and non-management reviews that get an "<u>Distinguished Honor</u>" rating must be discussed and approved by the County Administrator before Manager goes over the review with the employee.

#### Pay for Performance (Control Point - Step 6 to Maximum):

Employees who receive a rating of <u>"Distinguished Honor"</u> are eligible for Pay for Performance. An <u>"Distinguished Honor"</u> rating is 27 points or more for non-management employees, 36.5 points for management employees with no budget responsibilities and 41 points or more for management employees.

Employees will receive a two (2%) performance bonus of the current base rate in a lump sum payment plus a two (2%) base wage increase. \*

When an employee is on Step 5 and receives an "Exceeds Expectations", employee will receive a one and a half (1.5%) performance bonus of current base rate in a lump sum payment plus a one (1%) base wage increase of Step 6. \*

All pay including base wage and bonus payment cannot exceed the maximum step, unless approved by County Board. If an employee is near maximum, they will earn the base wage increase before the performance bonus pay.

All performance evaluations including management and non-management reviews that receive a "<u>Distinguished</u> <u>Honor</u>" rating must be discussed and approved by the County Administrator before Manager goes over the review with the employee.

\*Lump Sum payment is not added to the base wage and is a one time payment

#### Strong Performer Merit Pay (Step 7 and Step 8):

Consecutive Strong Performer Merit Pay has been incorporated into the Iowa County pay structure. Once an employee is at Step 6 (Control Point) and receives three consecutive "Strong Performer" evaluation ratings, employee will move to Step 7 on the third consecutive "Strong Performer" evaluation rating.

An employee will move to Step 8 once he/she receives three consecutive "Strong Performer" evaluation ratings while at Step 7, employee will then move to Step on the third consecutive "Strong Performer" evaluation rating.

#### Market Adjustments:

Every year, the County Board will review recommendations from the Employee Relations Director on shifts in the market. County Board will decide if the Iowa County Pay Structure needs to be adjusted based on the market.

If County Board adopts a market adjustment:

Employees within Step 1 – Step 6 will receive the new market adjustment to the Step they are currently being paid at.

Employees in the Pay for Performance section of the Pay Structure will remain at the current rate of pay. Instances where an employees received a <u>Distinguished Honor</u> review within the last fiscal year January – December and the market adjusts, exceeds expectations review employees will receive half of the market adjustment rate added to employee's base rate of pay.

## **Competency Ratings**

After completing and going over the evaluation with employee; Managers will provide a rating to each of the Core Competencies on a scale of 1-5 (half increments can be used). This form will be submitted to the Employee Relations Office.

#### Rating Factor Scale Definitions:

- 1: Needs Improvement Performance does not yet meet expectations and requires significant development. Additional effort, guidance, and support are necessary to improve skills and effectiveness.
- 2: Progressing Demonstrates growth and effort but has not yet fully met expectations. Shows improvement and developing capabilities, but further refinement is needed to reach higher levels of competence.
- 3: Satisfactory Meets basic expectations and performs at an acceptable level. Completes tasks adequately with some room for improvement, but overall performance is reliable and consistent.
- 4: Proficient Exceeds basic expectations with a strong grasp of required skills and responsibilities. Demonstrates confidence, efficiency, and a high level of competence in performance.
- 5: Exceptional Consistently exceeds expectations with outstanding performance. Demonstrates mastery, leadership, and innovation in tasks, serving as a model of excellence in their role.

Overall Core Competency Ratings:		Management Competency Ratings:	
Attendance	/5	Coaching and Delegation	/5
Safety and Following Policies and Procedures	/5	Team Leadership and Facilitating Change	/5
Job Knowledge:	/5	Budget	/5
Job Performance	/5		
Communication and Customer Service:	/5		
Attitude, Professionalism, Teamwork	/5		

Total Core Competency Rating:

#### Distinguished Honors Ratings



Current policy states ratings of 29 out of 35 points for non-exempt employees, 38 out of 45 for managers that do not have any budget responsibilities, and 42 out of 50 for management employees receive "exceeds expectations" ratings.

Proposed policy states ratings of 27 out of 30 points for non-exempt employees, 36.5 out of 40 for managers that do not have any budget responsibilities, and 41 out of 45 for management employees receive "distinguished honors" ratings.

Adjustment: Could consider deducting one point to each of the proposed "distinguished honors" rating policy. Example: 26 out of 30 points for non-exempt employees, 35.5 out of 40 for managers that do not have any budget responsibilities, and 40 out of 45 for management employees receive "distinguished honors" ratings.

# **DRAFT**

#### **Iowa County Pay Plan Structure**

Pay Plan was Adopted by County Board on April 18, 2023 with an implementation date of February 25, 2023

3.5% Market Adjustment adopted by County Board on October 17, 2023 with an implementation date of January 1, 2024

3.0% Market Adjustment adopted by County Board on September 17, 2024 with an implementation date of January 1, 2025

									Control Point	Pay for Peri	ormance	
				Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Max.
RADE	JOB TITLE	DEPARTMENT	FLSA	87.5%	90%	92.5%	95%	97.5%	100%	103%	106%	120%
K	PUBLIC HEALTH NURSE	PUBLIC HEALTH	EXEMPT	\$33.00	\$33.95	\$34.89	\$35.83	\$36.78	\$37.72	\$38.85	\$39.98	\$45.20
	SOCIAL WORKER LEAD	SOCIAL SERVICES	NON-EXEMPT									
	SHOP OPERATIONS LEAD	HIGHWAY	NON-EXEMPT									
	EMERGENCY MANAGEMENT SPECIALIST	SHERIFF'S OFFICE	NON-EXEMPT									
										CENTER LENGTH CHECK CONTROL	(United Section of the Control of th	$\Rightarrow$
J	REGISTER IN PROBATE/JUDICIAL ASSISTANT	CIRCUIT COURT	EXEMPT	\$30.46	\$31.33	\$32.20	\$33.07	\$33.94	\$34.81	\$35.86	\$36.90	\$41.78
	VETERAN SERVICE OFFICER	VETERANS SERVICES	NON-EXEMPT									
	SOCIAL WORKER	SOCIAL SERVICES	NON-EXEMPT									
	MECHANIC	HIGHWAY DEPT.	NON-EXEMPT									
	GIS COORDINATOR	PLANNING AND DEVELOPMENT	NON-EXEMPT									
	CREW LEAD	HIGHWAY DEPT.	NON-EXEMPT									
	COMMUNITY COORDINATOR/EDUCATOR	PUBLIC HEALTH	NON-EXEMPT									
	ADRC SPECIALIST LEAD	SOCIAL SERVICES	NON-EXEMPT									
												$\Rightarrow$
1	SANITARIAN/ASSISTANT ZONING ADMINISTRA	A" PLANNING AND DEVELOPMENT	NON-EXEMPT	\$27.94	\$28.74	\$29.54	\$30.33	\$31.13	\$31.93	\$32.89	\$33.85	\$38.3
	IT TECHNICAL SUPPORT SPECIALIST	INFORMATION TECHNOLOGY	NON-EXEMPT				15112131313131	10.52000100100	10.00 (chance)	II (1990) - 1990	100000000	
	GIS ENGINEERING TECHNICIAN	HIGHWAY	NON-EXEMPT									
	EQUIPMENT OPERATOR	HIGHWAY	NON-EXEMPT									
	DRUG TREATMENT COORDINATOR	DISTRICT ATTORNEY	NON-EXEMPT									
	CONSERVATION TECHNICIAN	LAND CONSERVATION	NON-EXEMPT									
	CONSERVATION SPECIALIST	LAND CONSERVATION	NON-EXEMPT									
	BENEFIT SPECIALIST	SOCIAL SERVICES	NON-EXEMPT									
	ADRC SPECIALIST	SOCIAL SERVICES	NON-EXEMPT									
		DO SINTE DENTINCES									artini are nama antana antana antana da	<b>⇒</b>
Н	VICTIM WITNESS COORDINATOR	DISTRICT ATTORNEY	NON-EXEMPT	\$25.40	\$26.12	\$26.85	\$27.57	\$28.30	\$29.03	\$29.90	\$30.77	\$34.8
	SECTION MAINTENANCE PATROL	HIGHWAY	NON-EXEMPT	\$25.40	PLOILE	\$20.03	\$27.57	\$20.50	\$23.03	\$23.30	\$30.77	\$51.0
	LEGAL SECRETARY	DISTRICT ATTORNEY	NON-EXEMPT									
	FINANCE AND PAYROLL SPECIALIST	FINANCE	NON-EXEMPT									
	FACILITIES MAINTENANCE COORDINATOR	FACILITIES AND GROUNDS	NON-EXEMPT									
	ECONOMIC SUPPORT SPECIALIST LEAD	SOCIAL SERVICES	NON-EXEMPT									
	DISPATCHER	SHERIFF'S OFFICE	NON-EXEMPT									
	DEPUTY TREASURER/TAX DESCRIPTION SPECIA		NON-EXEMPT									
	DEPUTY REGISTER OF DEED	REGISTER OF DEEDS	NON-EXEMPT									
	DEPUTY COUNTY CLERK	COUNTY CLERK	NON-EXEMPT									
	DEPUTY CLERK OF COURT	CLERK OF CIRCUIT COURT	NON-EXEMPT									
	CHILD SUPPORT SPECIALIST	CHILD SUPPORT	NON-EXEMPT									
	AUXILIARY MAINTENANCE PATROL	HIGHWAY	NON-EXEMPT									



absences, flexibility adjustments and compliance.

identification, emergency preparedness, accident reporting, equipment safety and workplace

Safety & Following Policies and Procedures:

The ability to adhere to workplace safety protocols, regulations and County policies and procedures.

cleanliness.

Following safety protocols, compliance with policies and procedures, hazard and risk

Employee Na	me:		
Position:			

MISSION SECTION: "This mission of lowa County is to prot and the environm	tect and promote the health, safety, and economic well-being of it's residents ent in a fiscally responsible manner."
Does the employee know and understand the importa	nt role they have in the County's Mission? Yes No
	INSTRUCTIONS
Managers: Complete each competency with comments and General Employee Competencies are areas where you and t	d examples on performance throughout the employee's evaluation year. The he employee shall have conversation regarding employee's performance.
TOPIC TO DISCU	JSS TOGETHER with Employee
What are you expectations of work? What materials and equipment do you need to do your job? How do you like to be recognized? What are opportunities you would like to learn and grow in the last you do you feel your progress of work has been in the last you would motivate you to do your best at work every day? How can you incorporate creativity/innovation into your job	year?
General Employee Competencies	
Competency	Comments/Examples
Attendance: The ability to consistently report to work on time and be present for scheduled shifts or tasks. This reflects an employee's reliability and commitment to their job responsibilities.  > Punctuality, consistency, reliability, adherence to work schedules, timely notifications to work schedules, preparation for scheduled absences, adherence to leave policies, attendance records, impact on team and workflow, unscheduled	What is working well:  Areas for growth:

What is working well:

Areas for growth:

Job Knowledge:	
The expertise and understanding an employee possess	What is working well:
regarding the tasks, duties, tools and processes needed to	Wildt is Working well.
perform their role effectively. This includes familiarity	
with job specific technical knowledge and the ability to	
apply it in practical situations.	
> Understanding of job functions, technical	
expertise, knowledge of industry standards,	
problem solving and critical thinking, product	Areas for growth:
and service knowledge, training and	
development awareness, training and mentor	Annual Activities and
others, regulatory and compliance knowledge,	
operational knowledge and strategic knowledge.	
	A control of the cont
Job Performance:	
The quality and efficiency which an employee completes	What is working well:
assigned tasks and duties. It includes the quality of	
productivity, accuracy and overall contribution to the	
organization's objective and position responsibilities and	
functions.	
<ul> <li>Quality of work, productivity, efficiency,</li> </ul>	The state of the s
consistency, meeting deadlines, adaptability,	
initiative, creativity, problem solving and critical	Areas for growth:
thinking, collaboration, technical proficiency,	Alexandra de la companya del companya de la companya del companya de la companya
time management and integrity.	
The state of the s	
Communication & Customer Service:	
The ability to effectively convey information, ideas and	What is working well:
instructions to others in writing and verbally along with	
listening to customers, understanding their needs and	With the second
providing effective solutions.	
> Active listening, clear and concise	
communication, empathy and emotional	
intelligence, patience, professional tone	₹ <u>₩</u>
etiquette, adaptability in communication,	Areas for growth:
responsiveness, knowledgeable customer service,	Areas for growth.
customer interaction, problem solving and de-	
escalation and relationship building.	
100 A	
Attitude, Professionalism & Teamwork:	
An employee's approach to work and demeanor includes	
enthusiasm, positivity and willingness to engage. The way	What is working well:
an employee conducts themselves in the workplace	
demonstrates respect, integrity and ethical behavior.	
> Positive attitude, work ethics, adaptability,	
accountability, integrity, professional	Areas for growth:
appearance and demeanor, respect for diversity, conflict resolution, collaboration and	1,1,000,101,011,111
cooperation, workplace disposition, and respect.	
cooperation, workplace disposition, and respect.	

Coaching & Delegation (Management Employees)  The ability to guide and support individuals in developing their skills and achieving their potential while effectively assigning tasks and responsibilities.	What is working well:
Active listening, providing constructive feedback, guidance and support, building confidence, development planning, empowering team members, monitoring and accountability, encouraging independence and task assignment.	Areas for growth:
Team Leadership & Facilitating Change: (Management Employees) The ability to guide and inspire a group toward achieving	What is working well:
goals and performance.  ➤ Vision and goal setting, motivation and inspiration, decision-making and problem	
solving, building trust and relationships, conflict resolution, adaptability and flexibility, engaging stakeholders, strategic planning and execution,	Areas for growth:
monitoring and feedback, advocacy and fostering collaboration and change.	
Budget: (Management Employees)	
The ability to effectively plan, manage and monitor	Whates working well:
financial resources to achieve County objectives.	
> Creating accurate and realistic budgets,	
allocating resources efficiently, ensuring compliance, monitoring and maintaining	Areas for growth:
accountability.	
Describe what employee's level of engagement is with	Lowa County?
Describe what employee's level of engagement is with	i lowa County:
How do you feel about the working relationship between	een us (employee and manager)?
Comments on the year in review:	
	YEAR AHEAD
Comments on the manches de	
Comments on the year ahead:	
List as least <u>one</u> S.M.A.R.T goals for accomplishment/i (S – Specific, M – Measurable, A – Assignable, R – Reali	mprovement/development. stic, T – Time based)

Performance Factor Rating Definitions	
Performance Gaps Identified: The recognition of opportunities to enhance performance by comparing current standards. These gaps highlight areas for growth, improvement, or optimization, serving as a roadmap to achieve greate performance gaps, it will help refine where action is needed to enhance quality and efficiency and build on strengths to refine the comparing current performance gaps.	r success. By identifying
Strong Performer: The recognition of high standards and culture of excellence within a team, organization or en of achievement, skill, dedication and reflects a positive environment where strong results are the norm, fostering a cultur continuous improvement.	
<u>Distinguished Honor:</u> The recognition of performance that is consistently exceptional and far exceeds all expect standard for excellence, significantly advance team, organizational goals and inspire or guide others. Consistently deliver initiative beyond their responsibilities and are recognized as a key contributor to success.	
REQUIRED SIGNATURES:	
Employee:	Date:
Direct Manager:	Date:
Department Head:	Date:

# AGENDA ITEM COVER SHEET

Title: 2026 Health Insurance Discussion

C Original

Update

#### TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

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

2026 Health Insurance Discussions and Presentation:

Iowa County currently is on the State Plan: Local Deductible Plan (\$500 single/\$1000 family) without Dental. 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 (\$1,650 single/\$3,300 family Deductible, Co-pays and Co-insurance)

All four plans have the option to include dental insurance or without dental.

Iowa does need to report any changes to ETF by October 1.

It's Your Choice Open Enrollment period is from October 6 - October 31. 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):**

77% of Low Deductible or 82% of High Deductible for discussion

ANY ATTACHMENTS? (Only 1 copy is needed)

**(€**: Yes)

If yes, please list below:

Page H1: ETF Program Options of Local (Low) Deductible and Local High Deductible

Page H2: Current Health Insurance Rates

Page H3: Data Graphs comparing 2025 with the 2026 Plan Options of Low and High Deductible

Page H4: Data Graphs comparing annual employee increase or decrease of premiums over 2025 with 2026 Low and High plans.

C No

Page H5: Data Graphs comparing increase or decrease in County's cost over 2025 (in addition or decrease from 2025).

Page H6: Represented (Sheriff's Office) 2026 85% Low Deductible costing and premiums.

Page H7: 75% Low Deductible costing and premiums

Page H8: 76% Low Deductible costing and premiums

Page H9: 77% Low Deductible costing and premiums

Page H10: 78% Low Deductible costing and premiums

Page H11: 79% Low Deductible costing and premiums

Page H12: Represented (Sheriff's Office) 2026 85% High Deductible costing and premiums.

Page H13: 75% High Deductible costing and premiums

Page H14: 76% High Deductible costing and premiums

Page H15: 78% High Deductible costing and premiums

Page H16: 79% High Deductible costing and premiums

Page H17: 82% High Deductible costing and premiums

Page H18: 85% High Deductible costing and premiums

Page H19: Resolution

#### **FISCAL IMPACT:**

77% - Low Deductible: \$270,919.20 plus \$68,219.88 Sheriff's Office; grand total of \$339,139.08

82% - High Deductible: \$113,271.60 plus (16944.65) Sheriff's Office plus HSA contributions of \$250,700; grand total of

\$347,026.95

LEGAL REVIEW PERFORMED:	<b>○</b> Yes	<b>⊙</b> No	PUBLICATION REQUIRED:	<u>O</u> Yes	<b>●</b> No
STAFF PRESENTATION?:	∩Yes	<b>€</b> No	How much time is needed?		
COMPLETED BY: Allison Leitzinge	r		<b>DEPT:</b> Employee Relation	ns	
2/3 VOTE REQUIRED:	s <b>©</b> No	1			
TO BE COMPLETED BY COM	MITTEE CH	<u>IAIR</u>			
MEETING DATE:			AGENDA ITEM #		

**COMMITTEE ACTION:** 

# Wisconsin Public Employers (WPE) Group Health Insurance Program (Local Government) – Program Options

## Program Option #4/#14 -Local Deductible (CURRENT PLAN OPTION)

\$500 Individual/\$1,000 Family deductible

\$60 Emergency Room Copay

No Co-Insurance except on the following adult services:

Medical Out-of-Pocket limit (OOPL): \$9,100 Single/\$18,200 Family - Only applied to Durable Medical Equipment and Emergency room copays

#### Program Option #7/#17 –Local High Deductible Health Plan

\$1,650 Individual/\$3,300 Family deductible

Once deductible is met: \$15 copay for primary care office visits; \$25 copay for specialty care

office visits and urgent care

Once deductible is met: 10% coinsurance after copay \$75 Emergency Room Copay, plus 10% coinsurance

Medical Out-of-Pocket limit (OOPL): \$2,500 Single/\$5,000 Family

# Example of Plans:

Comparison of costs that employee would pay

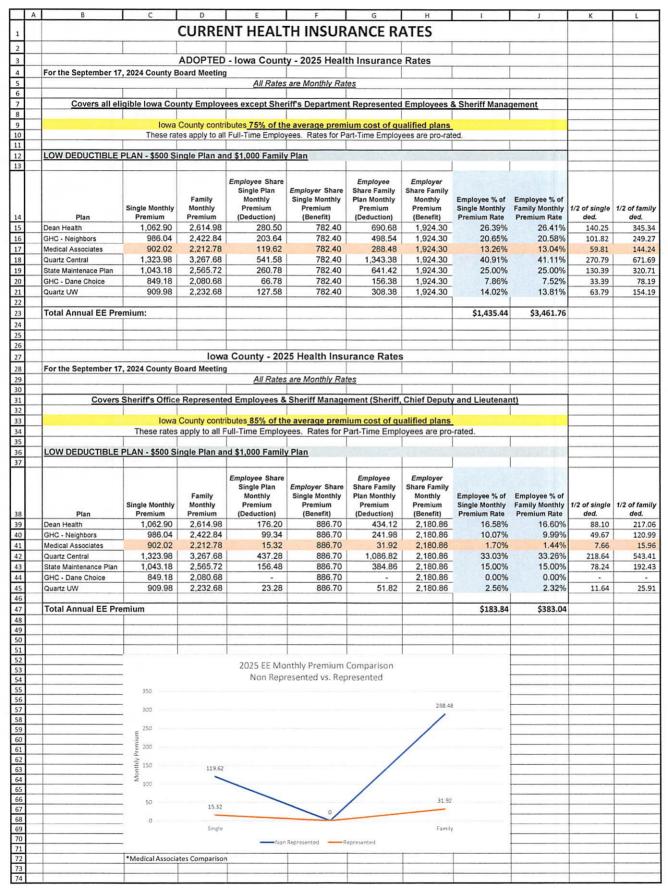
Service Example:	Local Deductible	High Deductible
\$12, 00 (Pregnancy)	\$500.00	\$2,680.00
\$5,600 (DME))	\$900.00	\$2,650.00
\$2, 800 (ER and DME)	\$600.00	\$1,720.00
\$300 - Deductible Met	\$0.00	\$45.00

<sup>\*</sup>DME - Durable Medical Equipment

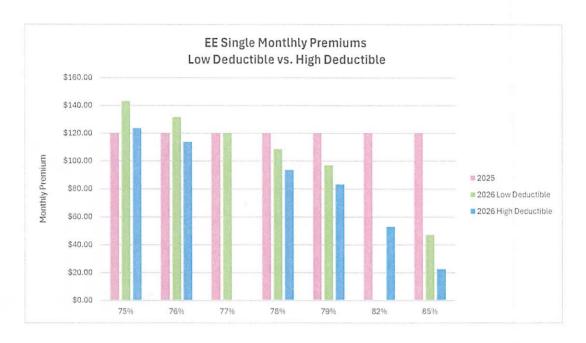
<sup>\*</sup>Durable Medical Equipment – 20% up to \$500 per person

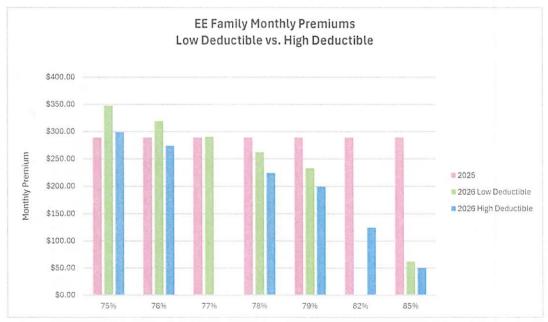
<sup>\*</sup>Hearing Aid – 20% until plan pays \$1000, then EE 100%

<sup>\*</sup>ER - Emergency Room

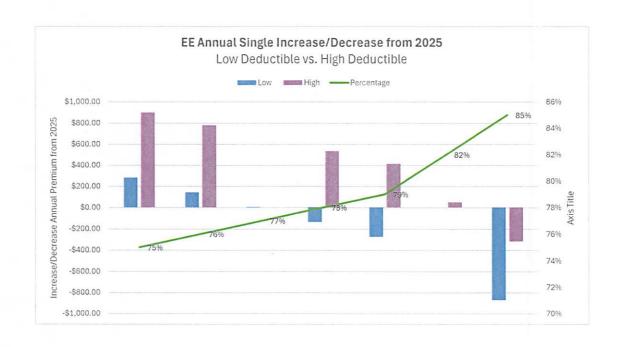


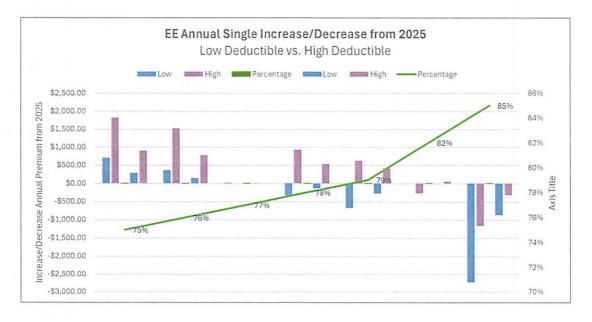
# Employee Monthly Premium Comparison Between 2025 and 2026 Plan Options





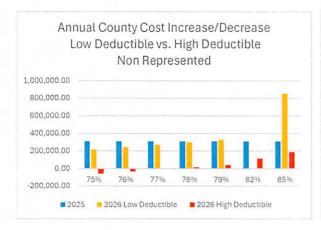
# **Employee Annual Premium Increase/Decrease Comparison Between 2025 and 2026 Plan Options**

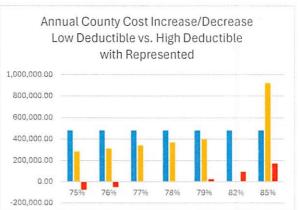


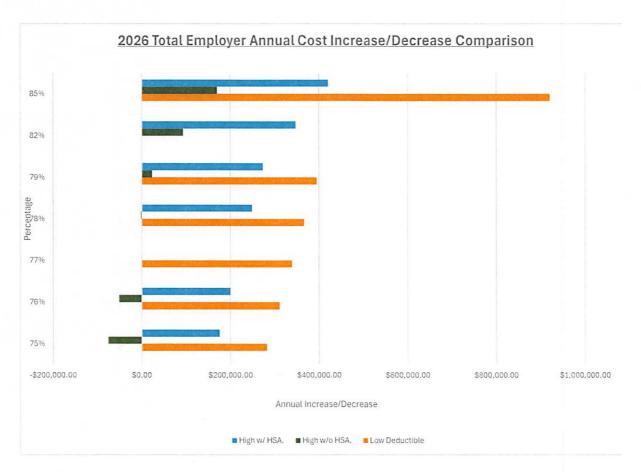


# 2026 Annual County Cost

(Increase/Decrease over 2025)









	A	В	С	D	E	F	16		1		К
1				-			7		Prepared July 202		K
2		20	26 Health In	surance Ra	tes - Low D	Deductible	Plan - Sheriff's				
3											
4	2026 - 85% of the SMP										
5											
6	LOW DEDUCTIBLE PLA	N - \$500 sin	ale plan & \$	1 000 family	nlan						
7	EGVI DEDGGTIDEE 1 D	11	gic plan a ¢	1,000 idililiy							
8					Iowa Co						
9		Con	npare 2026 (8	% of Average	) and 2025 A	dopted Mon	thly Health Insuran	ce Rates			
11	Please Note: SMP for 2026										
13	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of	% of Increase		2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of Increase	% of Increase	
	SMP	1,043.18	1,159.86				2,565.72	2,856.32	morcusc	70 Or moreuse	
15		1,0 10.10	., 700.00				2,000.72	2,000.02			
	Average Cost of the Qualified Plans for Iowa County	1,043.18	1,159.86	116.68	11.2%		2,565.72	2,856.32	290.60	11.3%	
	Monthly County Contribution 85% based on average premiums of the qualified plans for 2025 & 85% on Average of plans for 2026 (Sheriff's Office)	886.70	985.88	99.18	11.2%		2,180.86	2,427.87	247.01	11.3%	
	Current # of Plans for the August 2	2025 Health Insura	nce Invoice:	10					19		
21											
22 23	Projected Increase County C	ost per Month for	Employees	991.80					4,693.19		
24	Total Projected Increase in S County	heriff's Contract y Cost:	Annual 2026	11,901.60					56,318.28	68,219.88	
26				All	Sheriff		Difference				
27			Single	29	10		19				
28 29			Family	96 125	17 27		79				
30				125	21		30				
31									ALL SOME SET IN COLUMN		
32							f qualified plans				
33					ffice Employe	es. Rates for	Part-Time Employe	es are pro-rated.			
	LOW DEDUCTIBLE PLAN -	\$500 Single P	lan and \$1,000	Family Plan							
35	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family dec
37	Dean Health	1,269.20	3,129.62	283.32	985.88	701.75	2,427.87	22.32%	22.42%	141.66	350.8
38	GHC - Neighbors	1,211.20	2,984.62	225.32	985.88	556.75	2,427.87	18.60%	18.65%	112.66	278.3
39	Medical Associates	1,012.98	2,489.08	27.10	985.88	61.21	2,427.87	2.68%	2.46%	13.55	30.6
40	Quartz Central	1,435.46	3,545.28	449.58	985.88	1,117.41	2,427.87	31.32%	31.52%	224.79	558.7
41	GHC - Dane Choice	943.02	2,314.18		985.88		2,427.87	0.00%	0.00%		-
42	Quartz UW	978.10	2,401.88		985.88		2,427.87	0.00%	0.00%		
	SMP	1,159.86	2,856.32	173.98	985.88	428.45	2,427.87	15.00%	15.00%	86.99	214.2
44 45	**Total EE Annual Increase/De **Includes annual premium increas		25					\$141.36	\$351.48		
46											
47											



П	A	В	С	D	E	F	G	Н	1	J	К	L
2			202	6 Hoalth Inc	urance Rat	tes - Low De	ductible Plan		Prepared July/Aug 20	025 AL		-
3			202	o riealtii iiis	urance iva	ies - Low De	ductible riali					
4	2026 - 75% of the SMP											
5												
6	LOW DEDUCTIBLE PLA	N - \$500 sing	gle plan & \$1	,000 family p	lan							
7						County						
8			ompara 2026	ITEN of Average			thly Health Insuran	co Patos				-
U			ompare 2026	(75% Of Averag	ge) and 2025	Adopted Mor	thly riealth insuran	ce Rates				
1	Please Note: SMP for 2026											
13	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of Increase	% of Increase		2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of Increase	% of Increase		
	SMP	1,043.18	1,159.86				2,565.72	2,856.32				1
15												-
16 17	Average Cost of the Qualified Plans for Iowa County	1,043.18	1,159.86	116.68	11.2%		2,565.72	2,856.32	290.60	11.3%		
18	Monthly County Contribution 75% based on average premiums of the qualified plans for 2025 & 75% on Average of plans for 2026	782.39	869.90	87.51	11.2%		1,924.29	2,142.24	217.95	11.3%		
19	Current # of Diago for the August 5	OOF Health Incur	anas Invelor	30					70			-
20	Current # of Plans for the August 2	025 Health Insur	ance invoice:	30					70			-
22	Projected Increase County Co	st per Month for	Employees	2,625.30					15,256.50			
24	Total Projected Increase in An other tha Total Projected Increase in Annu	n Sheriff		31,503.60					183,078.00	\$ 214,581.60		
25	Department			11,901.60					56,318.28	\$ 68,219.88		-
26 27	Total Projected Increase in	Appual 2026 (	County Cost							\$ 282,801.48		-
28	Total Projected increase in	Annual 2026 C	Jounty Cost							\$ 282,801.48		-
29				All	Sheriff		Difference					
30			Single	40	10		30					
31			Family	89 129	19 29		70 100					-
33				129	29		100					
34												
35		Iowa C	ounty contribut	es 75% of the a	average prer	mium cost of o	ualified plans					
36		These rates a	pply to all Full-	Time Employee			oloyees are pro-rated	1.				
37	LOW DEDUCTIBLE PLAN -	\$500 Single P	lan and \$1,000	Family Plan		195540						
38		Single Monthly	Family Monthly	Employee Share Single Plan Monthly Premium	Employer Share Single Monthly Premium	Employee Share Family Plan Monthly Premium	Employer Share Family Monthly	Employee % of Single Monthly	Employee % of Family Monthly		1/2 of	
39	Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction)		Premium Rate	Premium Rate	1/2 of single ded.	family ded.	
10	Dean Health	1,269.20	3,129.62	399.30	869.90	987.38	2,142.24	31.46%	31.55%	199.65	493.69	
11	GHC - Neighbors	1,211.20	2,984.62	341.30	869.90	842.38	2,142.24	28.18%	28.22%	170.65	421.19	
2	Medical Associates	1,012.98	2,489.08	143.08	869.90	346.84	2,142.24	14.12%	13.93%	71,54	173.42	_
3	Quartz Central	1,435.46	3,545.28	565.56	869.90	1,403.04	2,142.24	39.40%	39.57%	282.78	701.52	
4	GHC - Dane Choice	943.02	2,314.18	73.12	869.90	171.94	2,142.24	7.75%	7.43%	36.56	85.97	
15	Quartz UW	978.10	2,401.88	108.20	869.90	259.64	2,142.24	11.06%	10.81%	54.10	129.82	
16	SMP	1,159.86	2,856.32	289.96	869.90	714.08	2,142.24	25.00%	25.00%	144.98	357.04	
17	**Total EE Annual Increase/De							\$281.52	\$700.32	250	237.104	
		e/decrease										+



	A	В	С	D	E	F	G	Н		J	К	L
2				2026 Health	Insurance Ra	tes - Low Ded	uctible Plan		Prepared July/Aug	2025 AL		
5			2,542,552,60									
1												
4	2026 - 76% of the SMP											
5												
6	LOW DEDUCTIBLE PLA	N - \$500 sin	gle plan & \$	1,000 family pla	an							
8					lowa (	County						
9			Compare	2026 (76% of Av			ly Health Insurance	Rates				
11	Please Note: SMP for 2026											
13	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of	% of Increase		2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of	% of Increase		
14	SMP	1,043.18	1,159.86				2,565.72	2,856.32				
15												
	Average Cost of the Qualified Plans for Iowa County Monthly County Contribution	1,043.18	1,159.86	116.68	11.2%		2,565.72	2,856.32	290.60	11.3%		
18	Monthly County Contribution 75% based on average premiums of the qualified plans for 2025 & 76% on Average of plans for 2026	782.39	881.49	99.10	12.7%		1,924.29	2,170.80	246.51	12.8%		
19												
20 21	Current # of Plans for the August	2025 Health Insur	rance Invoice:	30					70			
22	Projected Increase County Co	ost per Month for	Employees	2,973.00					17,255.70			
23												
24	Total Projected Increase in An other tha		ty Cost - EE's	35,676.00					207,068.40	\$ 242,744.40		
25	Total Projected Increase in Annu Department	al 2026 County	Cost - Sheriff	11,901.60					56,318.28	\$ 68,219.88		
26	Department			11,501.00					30,310.20	3 00,219.00		
27	Total Projected Increase in	Annual 2026 C	County Cost							\$ 310,964.28		
28 29				All	Sheriff		Difference					
30			Single	40	10		30					
31			Family	89			70					
32				129	29		100					
34												
35				tributes 76% of th								
36					ees. Rates for F	Part-Time Employ	rees are pro-rated.		-			
37 38	LOW DEDUCTIBLE PLAN -	Sout Single P	ian and \$1,000	Family Plan								
39	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.	
	Dean Health	1,269.20	3,129.62	387.70	881.50	958.82	2,170.80	30.55%	30.64%	The second secon	479.41	
	GHC - Neighbors	1,211.20	2,984.62	329.70	881.50	813.82	2,170.80	27.22%	27.27%	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	406.91	
42	Medical Associates	1,012.98	2,489.08	131.48	881.50	318.28	2,170.80	12.98%	12.79%		159.14	
	Quartz Central	1,435.46	3,545.28	553.96	881.50	1,374.48	2,170.80	38.59%	38.77%		687.24	
_	GHC - Dane Choice	943.02	2,314.18	61.52	881.50	143.38	2,170.80	6.52%	6.20%		71.69	
45	Quartz UW SMP	978.10 1.159.86	2,401.88 2,856.32	96.60 278.36	881.50	231.08 685.52	2,170.80	9.88%	9.62%		115.54	
46 47	**Total EE Annual Increase/De			2/8.36	881.50	685.52	2,170.80	24.00% \$142.32	24.00% \$357.60		342.76	
18	"Includes annual premium increase		123					\$142.32	\$357.60			
9												

	А	В	С	D	E	F	G	Н	1	J	К	L
2				2026 Hoalth	Insurance Rat	oe - Low Don	luctible Blan		Prepared July/Aug 20	025 AL		
5				2026 Health	insurance Ka	tes - Low Ded	luctible Plan					
1												
4	2026 - 77% of the SMP											
+	2020 - 11 /6 OI LITE SINIT											
7	OW DEDUCTION E DI A											
6	LOW DEDUCTIBLE PLA	N - \$500 sin	gle plan & \$	1,000 family pla	an							
8					lowa (	County						
9			Compare	2026 (77% of Av	erage) and 2025	Adopted Monti	hly Health Insuranc	e Rates			3///	
11	Please Note: SMP for 2026											
13	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of Increase	% of Increase	8	2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of Increase	% of Increase		
14 15	SMP	1,043.18	1,159.86				2,565.72	2,856.32				
	Average Cost of the Qualified Plans for Iowa County	1,043.18	1,159.86	116.68	11.2%		2,565.72	2,856.32	290.60	11.3%		
	Monthly County Contribution 75% based on average premiums of the qualified plans for 2025 & 77% on Average of plans for 2026	782.39	893.09	110.70	14.1%		1,924.29	2,199.37	275.08	14.3%		
19	pians for 2020	702.33	033.03	110.70	14.170		1,524.25	2,199.57	275.00	14.576		
	Current # of Plans for the August 2	025 Health Insur	rance Invoice:	30					70			
21	Projected Increase County Co	est per Month for	Employees	3,321.00					19,255.60			
22 23	Tiojected mercuse dounty de	or per monar for	Linpioyees	5,521.00					19,200.00			
24	Total Projected Increase in An other than	Sheriff		39,852.00					231,067.20	\$ 270,919.20		
	Total Projected Increase in Annu Department	al 2026 County 0	Cost - Sheriff	11,901.60					56,318.28	\$ 68,219.88		
26	Department			11,301.00					50,510.20	00,215.00		
	Total Projected Increase in A	Annual 2026 C	County Cost	tomatic and a second						\$ 339,139.08		
28 29				All	Chadill		Difference					
30			Single	<u>All</u>	Sheriff 10		Difference 30					
31			Family	89	19		70					
32 33				129	29		100					
34												
35				tributes 77% of the								
36 37 38	LOW DEDUCTIBLE PLAN -				yees. Rates for I	Part-Time Emplo	yees are pro-rated.					
39	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.	
	Dean Health	1,269.20	3,129.62	376.11	893.09	930.25	2,199.37	29.63%	29.72%	188.06	465.13	
	GHC - Neighbors	1,211.20	2,984.62	318.11	893.09	785.25	2,199.37	26.26%	26.31%	159.06	392.63	
_	Medical Associates	1,012.98	2,489.08	119.89	893.09	289.71	2,199.37	11.84%	11.64%	59.95	144.86	
	Quartž Central	1,435.46	3,545.28	542.37	893.09	1,345.91	2,199.37	37.78%	37.96%		672.96	
	GHC - Dane Choice	943.02	2,314.18	49.93	893.09	114.81	2,199.37	5.29%	4.96%		57.41	
	Quartz UW	978.10	2,401.88	85.01	893.09	202.51	2,199.37	8.69%	8.43%		101.26	
	SMP	1,159.86	2,856.32	266.77	893.09	656.95	2,199.37	23.00%	23.00%	133.39	328.48	
47 48	**Total EE Annual Increase/De **Includes annual premium increas		123					\$3.24	\$14.76			
49	morades armuai premiurif increas	- Godiease										

H9

H	Α	В	С	D	E	F	G	Н	1	J	K	ı
1				2026 Health II	Isurance Rat	es - Low Dec	luctible Plan		Prepared July/Aug	2025 AL		_
ł	And the second second second	1		LOZO HEARTH	Surance ival	es - Low Dec	luctible Flati					
١												
ı	2026 - 78% of the SMP											
ł	2020 - 18 % Of the SMP											_
4		La same										
4	LOW DEDUCTIBLE PLA	N - \$500 sin	gle plan & \$	1,000 family p	lan							
1					lowa C	ounty						_
1			Compare 20	126 (78% of Ave			nly Health Insuranc	o Patoe				_
7	Please Note: SMP for 2026		Compare 2	20 (10 % 01 740	luge/ und 2020	Adopted Mont	Iny ricalar mourance	e Nates				
싁	Please Note: SMP for 2026											
3	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of Increase	% of Increase		2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of	% of Increase		
4	SMP	1,043.18	1,159.86				2,565.72	2,856.32		70 07 111010400		
5												
١	Average Cost of the Qualified Plans for Iowa											
	County	1,043.18	1,159.86	116.68	11.2%		2,565.72	2,856.32	290.60	11.3%		
	Monthly County Contribution 75% based on average premiums of the qualified plans for 2025 & 78% on Average of plans for 2026	782.39	904.69	122.30	15.6%		400400	0.007.00		45.00/		
9	plans for 2026	782.39	904.69	122.30	15.5%		1,924.29	2,227.93	303.64	15.8%		_
1	Current # of Plans for the August 2	2025 Health Insura	ince Invoice:	30					70			
1		- I - I - I - I - I - I - I - I - I - I		30					70			
2	Projected Increase County C	ost per Month for I	Employees	3,669.00					21,254.80			
3												
4	Total Projected Increase in Annu than S	al 2026 County C heriff	ost - EE's other	44,028.00					255,057.60	\$ 299,085.60		
5	Total Projected Increase in Annu Department	al 2026 County C	ost - Sheriff	11,901.60			5		56,318.28	\$ 68,219.88		
	Total Projected Increase in	Annual 2026 (	County Cost							\$ 367,305.48		_
7 8	rotal Projected increase in	Ainiuai 2026 C	Journey Cost							\$ 307,305.48		
9				All	Sheriff		Difference					
0			Single	40			30					
2			Family	89 129			70					
1				129	29		100					_
ī												
5				outes 78% of the								
5		These rate	s apply to all F	ull-Time Employe	ees. Rates for P	art-Time Employ	ees are pro-rated.					
4	LOW DEDUCTIBLE PLAN -	\$500 Single P	lan and \$1,00	0 Family Plan								
В			Family	Employee Share Single Plan Monthly	Employer Share Single Monthly	Employee Share Family Plan Monthly	Employer Share	Employee % of				
٦		Single Monthly	Monthly	Premium	Premium	Premium	Family Monthly	Single Monthly	Family Monthly		1/2 of	
2	Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction)	Premium (Benefit)	Premium Rate	Premium Rate	1/2 of single ded.	family ded.	
	Dean Health	1,269.20	3,129.62	364.50	904.70	901.68	2,227.94	28.72%	28.81%		450.84	
	GHC - Neighbors	1,211.20	2,984.62	306.50	904.70	756.68	2,227.94	25.31%	25.35%		378.34	
	Medical Associates	1,012.98	2,489.08	108.28	904.70	261.14	2,227.94	10.69%	10.49%		130.57	
	Quartz Central	1,435.46	3,545.28	530.76 38.32	904.70 904.70	1,317.34	2,227.94	36.97%	37.16%		658.67	
4	GHC - Dane Choice	943.02	2,314.18			86.24	2,227.94	4.06%	3.73%		43.12	-
	Quartz UW SMP	978.10	2,401.88 2.856.32	73.40 255.16	904.70 904.70	173.94 628.38	2,227.94	7.50% 22.00%	7.24% 22.00%		86.97	_
5	AND DESCRIPTION OF THE PARTY OF	1,159.86		255,16	904.70	028.38	2,227.94	(\$136.08)	(\$328.08)	127.58	314.19	_
7	**Total EE Annual Increase/D **Includes annual premium increas		120					(\$136.08)	(\$328.08)			
	modulos annual premium increas	0.00010030										



+	A	В	С	D	E	F	G	Н		J	K	L
				2026 Hoalth In	curanco Do	toe Low F	Deductible Plan		Prepared July/Aug 20	25 AL		
Ⅎ				2026 Health In	surance Ra	tes - Low L	Jeductible Plan					
١										HE WEST STATE		
1												
_	2026 - 79% of the SMP											
<u>.</u>												
5	LOW DEDUCTIBLE PLA	N - \$500 sin	gle plan & \$	1.000 family pla	in							
◻			5.5 P	Light Talling Pic								
3						County						
			Compare 2	026 (79% of Aver	age) and 202	Adopted Mo	onthly Health Insura	ance Rates				
1	Please Note: SMP for 2026											
3	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of Increase	% of Increase		2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of Increase	% of Increase		
4	SMP	1,043.18	1,159.86				2,565.72	2,856.32				
5												
1	Average Cost of the Qualified Plans for Iowa County	1,043.18	1,159.86	116.68	11.2%		2,565.72	2,856.32	290.60	11.3%		
7												
	Monthly County Contribution 75% based on average premiums of the qualified plans for 2025 & 79% on Average of plans for 2026	782.39	916.29	133.90	17.1%		1,924.29	2,256.49	332.20	17.3%		
9	plans for 2020	102.00	310.23	100.00	17.170		1,524.25	2,230.43	332.20	17.570		
	Current # of Plans for the August 2	025 Health Insura	ance Invoice:	30					70			
1												
2	Projected Increase County Co	ost per Month for I	Employees	4,017.00					23,254.00			
3											-	
4	Total Projected Increase in Annu than S		ost - EE's other	48,204.00					279,048.00	\$ 327,252.00		
	Total Projected Increase in Annu Department	al 2026 County C	ost - Sheriff	11,901.60					56,318.28	\$ 68,219.88		
	Total Projected Increase in	Annual 2026 C	County Cost							\$ 395,471.88		
8												-
9				All	Sheriff		Difference					
0			Single	40 89	10 19		30 70					
2			Family	129	19		100					_
3				123	25		100					
4			THE STATE OF THE S	Control of the Control	ATALON CONTRACT							
5				butes 79% of the								
6					es. Rates for F	Part-Time Emp	oloyees are pro-rated	i.				
7	LOW DEDUCTIBLE PLAN -	\$500 Single P	lan and \$1,00	0 Family Plan	(15 mg/K) la 90			SOFten Super-				
8			Family	Employee Share Single Plan	Employer Share Single Monthly	Employee Share Family Plan Monthly	Employer Share	Employee % of	Employee % of			
9	Plan	Single Monthly Premium	Monthly Premium	Monthly Premium (Deduction)	Premium (Benefit)	Premium (Deduction)	Family Monthly Premium (Benefit)	Single Monthly Premium Rate	Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.	
	Dean Health	1,269.20	3,129.62	352.91	916.29	872.82	2,256.80	27.81%	27.89%	176.46	436.41	
	GHC - Neighbors	1,211.20	2,984.62	294.91	916.29	727.82	2,256.80	24.35%	24.39%		363.91	
	Medical Associates	1,012.98	2,489.08	96.69	916.29	232.28	2,256.80	9.55%	9.33%	48.35	116.14	
	Quartz Central	1,435.46	3,545.28	519.17	916.29	1,288.48	2,256.80	36.17%	36.34%		644.24	
	GHC - Dane Choice	943.02	2,314.18	26.73	916.29	57.38	2,256.80	2.83%	2.48%		28.69	
	Quartz UW	978.10	2,401.88	61.81	916.29	145.08	2,256.80	6.32%	6.04%		72.54	
5	SMP	1,159.86	2,856.32	243.57	916.29	599.52	2,256.80	21.00%	20.99%	121.79	299.76	
			25					(\$275.16)	(\$674.40)			
	**Total EE Annual Increase/De **Includes annual premium increas		020					102.0.10	(4014.40)			

4	Α	В	С	D	E	F	G	Н	1	J	К
ł		2	026 Health	nsurance D	atos "High	Deductible P	lan Sheriff's O		Prepared July/Aug	2025 AL	
ł			ozo neann i	naurance Ra	ates -mign	Deductible P	an Johernis O	ince			
ı							-				
١	2026 - 85% of the SMP										
┨	2026 - 85 % OF THE SIMP										
끡											
5	HIGH DEDUCTIBLE PLA	N - \$1,600 s	ingle plan &	\$3,200 family	/ plan						
В					lowa C	ountv					
9		Co	mpare 2026 (8	5% of Average			ly Health Insurance	e Rates			
1	Please Note: SMP for 2026										
-											
13	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of Increase	% of Increase		2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of Increase	% of Increase	
4	Medical Associates										
	SMP	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
6											
- 1	Average Cost of the Qualified Plans for Iowa										
	County	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
8											
	Monthly County Contribution 85% based on average premiums of the qualified plans for 2025 & 85% on Average of plans for 2026 (Sheriff's Office)	886.70	860.12	(26.59)	-3.0%		2,180.86	2,113.44	(67.42)	-3.1%	
21	Current # of Plans for the August 2	2025 Health Insur	ance Invoice:	10					17		
22		7.8									
23	Projected Increase County Co	ost per Month for	Employees	(265.88)					(1,146.17)		
25	Total Projected Increase in SI County		Annual 2026	(3,190.56)					(13,754.09)	(16,944.65)	
26 27											Single H.S.A Family H.S.A
28										35,855.35	ranning 11.5.A
29				All	Sheriff		Difference			· ·	
30			Single	40	10 19		30				
2			Family	89 129	29		70 100				
33				.20			100				
34	CONTRACTOR OF THE PERSON NAMED IN CONTRA	1		to - 050/ - 54			wallflad what				
35						mium cost of o	lualified plans loyees are pro-rated				-
7	HIGH DEDUCTIBLE PLAN -					i i ait-iille EME	noyees are pro-rated				
8	INC. I DEDUCTION FEATURE	V.,ooo onigle	, ian and \$3,0	oo ranniy 11d	The second secon						
39	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
	Dean Health	1,108.14	2,726.96	248.02	860.12	613.52	2,113.44	22.38%	31.54%	124.01	306.76
1	GHC - Neighbors	1,057.08	2,599.32	196.96	860.12	485.88	2,113.44	18.63%	33.09%	98.48	242.94
	Medical Associates	882.56	2,163.02	22.44	860.12	49.58	2,113.44	2.54%	39.76%	11.22	24.79
	Quartz Central	1,254.52	3,092.92	394.40	860.12	979.48	2,113.44	31.44%	27.81%	197.20	489.74
_	GHC - Dane Choice	820.96	2,009.02		860.12		2,113.44	0.00%	42.81%		-
	Quartz UW	851.86	2,086.26		860.12		2,113.44	0.00%	41.23%		
	SMP	1,011.90	2,486.40	151.78	860.12	372.96	2,113.44	15.00%	34.59%		186.48
17	**Total EE Annual Increase/De							\$935.44	\$1,911.92		
18	**Includes annual premium increas	e/decrease plus	additional OOP ex	opense minus High	Deductible Pl	an's deductible (\$1)	550 and \$3000)				

H12

1	A	В	С	D	E	F	G	н	1 1	J	K
1			2026 He	alth Insurance	e Rates -	ligh Deduc	tible Plan		Prepared July/Aug 20	25 AL	
뉙			2020110		oc reacco i	ngn beauc	The Francisco	T			
1											
١١	2026 - 75% of the SMP										
,											
┪	LUCU DEDUCTION E DI	N 04 050 -	!! 0 00 000 f				MESING VENTOR		T		
1	HIGH DEDUCTIBLE PLA	N - \$1,650 S	ingle plan & \$3,300 fan	nily plan							
3		·			Iowa Count	у		-			
9			Compare 2026 (75%	of Average) an	d 2025 Adop	ted Monthly	Health Insurance Ra	ates			
1	Please Note: SMP for 2026										
Ħ								2020			
١		2025 Single						2026 Projected			
- 1		Plan						Family Plan			
١		Monthly	2026 Projected Single	Amount of	% of		2025 Family Plan	Monthly	Amount of		
3	Plan	Premium	Plan Monthly Premium	Increase	Increase		Monthly Premium	Premium	Increase	% of Increase	
_	SMP	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
5		1,0.101.10	.,,,,,,,,,	(01120)	3.0.0		2,000.72	2,	(, 0.02)	0.1.70	
1	Average Cost of the										
	Qualified Plans for Iowa										
	County	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
7				1							
	Monthly County Contribution 75% based on average										
	premiums of the qualified plans										
١	for 2025 & 75% on Average of										
	plans for 2026	782.40	758.93	(23.47)	-3.0%		1,924.30	1,864.80	(59.50)	-3.1%	
9	Correct # of Plane for the August 2	1025 Health Incurs	nee levelee	30					70		
0	Current # of Plans for the August 2	1025 Health Insura	ince invoice.	30					70		
2	Projected Increase C	ounty Cost per Mo	onth for Employees	(704.10)					(4,165.00)		
3											
١											
4	Total Projected Increase in Ann	ual 2026 County	Cost - EE's other than Sheriff	(8,449.20)					(49,980.00)	\$ (58,429.20)	
┪	•			1					, , , , , , , , , ,		
_									***************************************	5000 WWW00040000000	
5	Total Projected Increase in Annu	al 2026 County C	ost - Sheriff Department	(3,190.56)					(13,754.09)	\$ (16,944.65)	
7	Total Projected Increase in	Annual 2026 C	County Cost							\$ (75,373.85)	1
8	Total i Tojecteu iliciease ili	Aillidai 2020 C	Jounty Gost								Single H.S
9											Family H.S
0	Total Projected Increase in	Annual 2026 C	County Cost w/ H.S.A							\$ 175,326.15	
1					OL ""		0.4				0.000
3		-	Single	All 40	Sheriff 10		<u>Difference</u> 30				
4			Family	89	19		70				
5				129	29		100				
6 7		-									
8			Iowa County contributes 75	% of the average	e premium	cost of qualif	ied plans				
9		These	rates apply to all Full-Time								
0	HIGH DEDUCTIBLE PLAN -								William India		
1											
				Employee Share	Employer	Employee					
				Single Plan	Share Single	Share Family					
				Monthly	Monthly	Plan Monthly	Employer Share	Employee % of	Employee % of		
إ	D.	Single Monthly	Comits Month to Donat	Premium	Premium	Premium	Family Monthly	Single Monthly	Family Monthly	1/2 of alm -11 - 1	1/2 of fam
3	Plan Deep Health	1,108.14	Family Monthly Premium 2,726.96	(Deduction) 349.20	(Benefit) 758.94	(Deduction) 862.16	Premium (Benefit) 1,864.80	Premium Rate 31.51%	Premium Rate 27.83%	1/2 of single ded. 174.60	ded. 431.0
_	Dean Health							The state of the s		149.07	
	GHC - Neighbors Medical Associates	1,057.08	2,599.32 2,163.02	298.14 123.62	758.94 758.94	734.52	1,864.80 1,864.80	28.20% 14.01%	29.20% 35.09%	61.81	367.2 149.3
	Quartz Central	1,254.52	3,092.92	495.58	758.94	1,228.12		39.50%	24.54%	247.79	614.
_	GHC - Dane Choice	820.96	2,009.02	62.02	758.94	144.22		7.55%	37.78%	31.01	72.
	Quartz UW	851.86	2,086.26	92.92	758.94	221.46		10.91%	36.38%	46.46	110.
	SMP	1,011.90	2,486.40	252.96	758.94	621.60		25.00%	30.52%	126.48	310.8
	**Total EE Annual Increase/D	ecrease over 20	025					\$898.00	\$1,816.88		
0				1							
0	**Includes annual premium increas	e/decrease plus a	dditional OOP expense minus Hi	gh Deductible Plan	s deductible (\$	1650 and \$3000)					

٠ŀ	A	В	С	D	E	F	G	н	1	J	К
2			20001		L				Prepared July/Aug	2025 AL	
2			2026 F	lealth Insuran	ce Rates -	High Deduct	ible Plan				
						30 A 30 LUB				CONTRACTOR OF STREET	
4	2026 - 76% of the SMP										
5	2020 - 70 % Of the SIMP										
	HIGH DEDUCTIONS DU										
6	HIGH DEDUCTIBLE PLA	N - \$1,650 s	single plan & \$3,300 fan	nily plan							
8					Iowa Count	ty					
9			Compare 2026 (76	% of Average) ar	nd 2025 Ado	pted Monthly H	lealth Insurance Ra	tes			
11	Please Note: SMP for 2026										
12	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of	% of		2025 Family Plan	2026 Projected Family Plan Monthly	Amount of		
14	SMP	1,043.18	1,011.90	Increase	Increase -3.0%		Monthly Premium	Premium	Increase	% of Increase	
15		1,045.10	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
16	Average Cost of the Qualified Plans for Iowa County	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
17	Monthly County Contribution 75% based on average						-1-30112	2,153170	(10.02)	-5.170	
	premiums of the qualified plans for 2025 & 76% on Average of plans for 2026	782.40	769.04	(13.36)	-1.7%		1,924.30	1,889.66	(34.64)	-1.8%	
	Current # of Plans for the August 2	2025 Health Insur	ance Invoice:	30					70		
21									70		
22	Projected Increase Co	ounty Cost per Mo	onth for Employees	(400.80)					(2,424.80)		
25	Total Projected Increase in Annu	al 2026 County C	Cost - Sheriff Department	(3,190.56)						\$ (33,907.20) \$ (16.944.65)	
27	Total Projected Increase in A	Annual 2026 C	ounty Cost							\$ (50,851.85)	
28										46000	Single H.S.
	Total Projected Increase in A	Annual 2026 C	ounty Cost w/ H S A								Family H.S.
1			ounly oost in those							\$ 199,848.15	
3			Single	All	Sheriff		Difference				
4			Single Family	40 89			30 70				
15				129	29		100				
16											
8			Iowa County contributes 76	% of the averag	e premium c	ost of qualifier	Inlans				
19		These	rates apply to all Full-Time	Employees. Rat	es for Part-Ti	ime Employees	are pro-rated				
	HIGH DEDUCTIBLE PLAN -	\$1,650 Single	Plan and \$3,300 Family Plan	an		Zp.c, 500			Mark Hill		
1											
12	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium	Employer Share Family Monthly	Employee % of Single Monthly	Employee % of Family Monthly		1/2 of
3 [	Dean Health	1,108.14	2,726.96	339.10	769.04	(Deduction) 837.30	Premium (Benefit) 1,889.66	Premium Rate 30.60%	Premium Rate 28.20%	1/2 of single ded.	family dec
	GHC - Neighbors	1,057.08	2,599.32	288.04	769.04	709.66	1,889.66	27.25%	29.59%	169.55 144.02	418.65 354.83
	Medical Associates	882.56	2,163.02	113.52	769.04	273.36	1.889.66	12.86%	35.55%	56.76	136.6
	Quartz Central	1,254.52	3,092.92	485.48	769.04	1,203.26	1,889.66	38.70%	24.86%	242.74	601.6
	GHC - Dane Choice	820.96	2,009.02	51.92	769.04	119.36	1,889.66	6.32%	38.28%	25.96	59.6
8 (	Quartz UW	851.86	2,086.26	82.82	769.04	196.60	1,889.66	9.72%	36.86%	41.41	98.3
	SMP	1,011.90	2,486.40	242.86	769.04	596.74	1,889.66	24.00%	30.93%	121.43	298.3
	**Total EE Annual Increase/De	crease over 202	25					\$776.80	\$1,518.56		
	"Includes annual premium increase							4110100	\$1,510.50		

- 1	Α	В	C	D	E	F	G	Н		J	K
t									Prepared July/Aug	2025 AL	
1			2026 He	ealth Insuranc	e Rates -H	iah Deductik	ole Plan				
t				The state of the s	-	.g.,					
1											
I.											
ŀ	2026 - 78% of the SMP									SINCE AND PROPERTY.	
4											
ı	HIGH DEDUCTIBLE PLA	N - \$1,650 s	ingle plan & \$3,300 famil	ly plan							
7					Iowa County						
+			Compare 2026 (78%				alth Incurance Date	20			
7			Compare 2026 (78%	or Average) and	2025 Adop	tea Monthly He	aith insurance Kat	25			
1	Please Note: SMP for 2026										
		2025 Single Plan Monthly	2026 Projected Single	Amount of	% of		2025 Family Plan	2026 Projected Family Plan Monthly	Amount of	W - 6 lancas	
3	Plan	Premium	Plan Monthly Premium	Increase	Increase		Monthly Premium	Premium	Increase	% of Increase	
4	SMP	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
	Average Cost of the Qualified Plans for Iowa	1.043.18	1.011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
6 7	County	1,043.18	1,011.90	(31.20)	-3.0%		2,565.72	2,486.40	(19.32)	*3.176	
8	Monthly County Contribution 75% based on average premiums of the qualified plans for 2025 & 78% on Average of plans for 2026	782.40	789.28	6.88	0.9%		1,924.30	1,939.39	15.09	0.8%	
9		202511 111		30					70		
	Current # of Plans for the August :	2025 Health Insur	ance invoice:	30					70		
1		County Cost per M	onth for Employees	206.40					1.056.30		
1 2 3	Projected Increase (	County Cost per M	onth for Employees	206.40					1,056.30		
1 2 3	Projected Increase (	nual 2026 County	Cost - EE's other than Sheriff	2,476.80					12,675.60		
1 2 3 4	Projected Increase of Total Projected Increase in Annual Projected Increase Increa	nual 2026 County	Cost - EE's other than Sheriff							\$ (16,944.65)	
1 2 3 4 4	Projected Increase (	nual 2026 County	Cost - EE's other than Sheriff	2,476.80					12,675.60	\$ (16,944.65) \$ (1,792.25)	
1 2 3 4 4 5 7 8	Projected Increase of Total Projected Increase in Annual Projected Increase Increa	nual 2026 County	Cost - EE's other than Sheriff	2,476.80					12,675.60	\$ (16,944.65) \$ (1,792.25) 48000	Single H.
1 2 3 4 4 5 7 8 9	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost	2,476.80					12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H. Family H
1 2 3 3 4 4	Projected Increase of Total Projected Increase in Annual Projected Increase Increa	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost	2,476.80					12,675.60	\$ (16,944.65) \$ (1,792.25) 48000	Single H Family H
1 2 3 3 3 5 5 7 7 7 7 3 3 9 9 1 1	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A	2,476.80 (3,190.56)	Sheriff		Difference		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family H
3 9 0 1	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A	2,476.80 (3,190.56)	10		30		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family H
1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A	2,476.80 (3,190.56) All 40 89	10 19		30 70		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family H
1 2 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A	2,476.80 (3,190.56)	10		30		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family H
1 2 3 4 5 5 6	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A	2,476.80 (3,190.56) All 40 89	10 19		30 70		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family F
1 2 3 3 4 4 5 5 7 7 7 8 9	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County ual 2026 County ( Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A	2,476.80 (3,190.56) All 40 89 129	10 19 29	ost of qualified	30 70 100		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family F
1 2 3 3 4 5 7 7 8 9 9 9	Projected Increase ( Total Projected Increase in Annu Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in	nual 2026 County of Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A Single Family  Lowa County contributes 78 Le rates apply to all Full-Time	2,476.80 (3,190.56)  All 40 89 129 % of the average	10 19 29 premium co		30 70 100		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family F
1 1 2 2 3 3 3 5 5 7 7 3 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Projected Increase ( Total Projected Increase in Anno Total Projected Increase in Anno Total Projected Increase in	nual 2026 County of Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A Single Family  Lowa County contributes 78 Le rates apply to all Full-Time	2,476.80 (3,190.56)  All 40 89 129 % of the average	10 19 29 premium co		30 70 100		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single H Family H
1 2 3 3 4 5 7 7 8 9 9 9	Projected Increase ( Total Projected Increase in Annu Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in	nual 2026 County of Annual 2026 C	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A Single Family  Lowa County contributes 78 Le rates apply to all Full-Time	2,476.80 (3,190.56)  All 40 89 129 % of the average	10 19 29 premium co		30 70 100		12,675.60	\$ (16,944.65) \$ (1,792.25) 46000 204700	Single F Family I
1 2 3 3 4 5 5 7 7 8 9 9 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Total Projected Increase in Total Projected Increase in	Annual 2026 County of	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Iowa County contributes 78 e rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium	2,476.80  (3,190.56)  All  40 89 129 % of the average Employees. Rate Single Plan Monthly Premium (Deduction)	e premium co es for Part-Tir Employer Share Single Monthly Premium (Benefit)	Employees and Employee Share Family Plan Monthly Premium (Deduction)	plans are pro-rated.  Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	12,975.60 (13.754.09)  Employee % of Family Monthly Premium Rate	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75	1/2 of family is
11 11 11 11 11 11 11 11 11 11 11 11 11	Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Increase in Total Projected Increase in Increase i	Annual 2026 County of	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Lowa County contributes 78 Le rates apply to all Full-Time Plan and \$3,300 Family Plan  Family Monthly Premium 2,726,96	2,476.80  (3,190.56)  All  40  89  129  % of the average Employees. Rate Single Plan Monthly Premium (Deduction) 318.86	e premium co es for Part-Tir Employer Share Single Monthly Premium (Benefit) 789.28	Employees and Employee Share Family Plan Monthly Premium (Deduction) 787.57	Jans plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,939.39	Single Monthly Premium Rate 28.77%	12,975.60 (13,754.09) Employee % of Family Monthly Premium Rate 28.94%	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159.43	1/2 of family of 393
11 11 11 11 11 11 11 11 11 11 11 11 11	Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Total Projected Increase in Total Projected Increase in	Annual 2026 County of	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Lowa County contributes 78 e rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium	2,476.80  (3,190.56)  All  40 89 129 % of the average Employees. Rate Single Plan Monthly Premium (Deduction)	e premium co es for Part-Tir Employer Share Single Monthly Premium (Benefit)	Employees and Employee Share Family Plan Monthly Premium (Deduction)	plans are pro-rated.  Employer Share Family Monthly Premium (Benefit)	Single Monthly Premium Rate	12,975.60 (13.754.09)  Employee % of Family Monthly Premium Rate	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159.43	1/2 o family c 393
	Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Increase in Total Projected Increase in Increase i	Thes \$1,650 Single Monthly Premium 1,108.14 1,057.08 882.56	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Iowa County contributes 78 re rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium 2,726.96 2,599.32 2,163.02	2,476.80  (3,190.56)  All  40  89  129  % of the average Employees. Rate of the average Employees and the single Plan Monthly Premium (Deduction)  318.86 267.80  93.28	Employer Share Single Monthly Premium (Benefit) 789.28 789.28	Employees a  Employee Share Family Plan Monthly Premium (Deduction) 787.57 659.93 223.63	Jans plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,939.39	Single Monthly Premium Rate 28.77%	12,975.60 (13,754.09) Employee % of Family Monthly Premium Rate 28.94%	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159.43 133.90	1/2 of family of 393
	Projected Increase in Ann Total Projected Increase in Ann Total Projected Increase in Incr	Thes \$1,650 Single  Monthly Premium 1,108.14 1,057.08 882.56 1,254.52	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Lowa County contributes 78 Le rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium 2,726.96 2,599.32	2,476.80  (3,190.56)  All  40  89  129  % of the average Employees. Rate Single Plan Monthly Premium (Deduction)  318.86 267.80  93.28 465.24	Employer Share Single Monthly Premium (Benefit) 789.28 789.28 789.28	Employees a Employee Share Family Plan Monthly Premium (Deduction) 787.57 659.93	plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,939.39 1,939.39 1,939.39	Single Monthly Premium Rate 28.77% 25.33%	12,975.60 (13,754.09) Employee % of Family Monthly Premium Rate 28,94% 30,36%	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159,43 133,90 45,64	1/2 of family of 393 329
	Projected Increase in Anii Total Projected Increase in Anii Total Projected Increase in Anii Total Projected Increase in Total Projected Increase in Total Projected Increase in  Plan Dean Health GHC - Neighbors Medical Associates	Thes \$1,650 Single Monthly Premium 1,108.14 1,057.08 882.56	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Iowa County contributes 78 re rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium 2,726.96 2,599.32 2,163.02	2,476.80  (3,190.56)  All  40  89  129  % of the average Employees. Rate of the average Employees and the single Plan Monthly Premium (Deduction)  318.86 267.80  93.28	Employer Share Single Monthly Premium (Benefit) 789.28 789.28	Employees a  Employee Share Family Plan Monthly Premium (Deduction) 787.57 659.93 223.63	Jans plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,939,39 1,939,39	Single Monthly Premium Rate 28.77% 25.33% 10.57%	12,675.60 (13,754.09) Employee % of Family Monthly Premium Rate 28.94% 30.36%	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159.43 133.90 45.64 232.62	1/2 o family c 393 329 111
1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Total Projected Increase in Total Projected Increase in  Dean Health GHC - Neighbors Medical Associates Quartz Central	Thes \$1,650 Single  Monthly Premium 1,108.14 1,057.08 882.56 1,254.52	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Iowa County contributes 78 e rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92	2,476.80  (3,190.56)  All  40  89  129  % of the average Employees. Rate Single Plan Monthly Premium (Deduction)  318.86 267.80  93.28 465.24	Employer Share Single Monthly Premium (Benefit) 789.28 789.28 789.28	Employees a Share Family Plan Monthly Premium (Deduction) 787.57 659 93 223 63 1,153.53	plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,939.39 1,939.39 1,939.39	Single Monthly Premium Rate 28.77% 25.33% 10.57% 37.09%	12,975.60 (13.754.09) (13.754.09) (13.754.09) (13.754.09) (13.754.09) (13.754.09) (13.754.09) (13.754.09) (13.754.09) (13.754.09)	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159.43 133.90 45.64 232.62 15.84	1/2 o family c 393 329 111 576 34
L 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Anni Total Projected Increase in Total Projected Increase in Total Projected Increase in  Plan Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dane Choice	Thes \$1,650 Single Monthly Premium 1,108.14 1,057.08 882.56 820.96	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Lowa County contributes 78 Le rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92 2,009.02	2,476.80  (3,190.56)  All  40  89  129  % of the average Employees. Rate Single Plan Monthly Premium (Deduction)  318.86  267.80  93.88  465.24  31.68	Employer Share Single Monthly Premium (Benefit) 789.28 789.28 789.28 789.28	Employees and Employees Share Family Plan Monthly Premium (Deduction) 787.57 659.93 223.63 1,153.53 69.63	300 707 100  plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,939.39 1,939.39 1,939.39 1,939.39 1,939.39	Single Monthly Premium Rate 28.77% 25.33% 10.57% 37.09% 3.86%	Employee % of Family Monthly Prenium Rate 28.94% 30.36% 35.49% 25.52% 39.29%	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159,43 133.90 45,64 232,62 151,844 31,29	1/2 of family c 393 329 111 544 73
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Projected Increase in Anii Total Projected Increase in Anii Total Projected Increase in Anii Total Projected Increase in Total Projected Increase in Total Projected Increase in  Plan Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dane Choice Quartz UW	Thes \$1,650 Single Monthly Premium 1,108.14 1,057.08 882.56 1,254.52 820.96 851.86 1,011.90	Cost - EE's other than Sheriff Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Iowa County contributes 78 e rates apply to all Full-Time Plan and \$3,300 Family Pla  Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92 2,009.02 2,086.26 2,486.40	2,476.80  (3,190.56)  All  40  89  129  36 of the average Employees. Rate Single Plan Monthly Premium (Deduction) 318.86 267.80 93.26 465.24 31.68 62.58	Employer Share Single Monthly Premium (Benefit) 789.28 789.28 789.28 789.28 789.28	Employees a Employees Share Family Plan Monthly Premium (Deduction) 787.57 659.93 223.63 1,153.53 69.63 146.87	300 707 100 100  plans. are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,939,39 1,939,39 1,939,39 1,939,39 1,939,39 1,939,39	Single Monthly Premium Rate 28.77% 25.33% 10.57% 37.09% 3.86% 7.35%	Employee % of Family Monthly Premium Rate 28.94% 30.36% 36.49% 25.52% 39.29% 37.83%	\$ (16,944.65) \$ (1,792.25) 46000 204700 \$ 248,907.75  1/2 of single ded. 159.43 133.90 46.64 232.62 15.84 31.29 111.31	1/2 o 2 family H

H15

	A	В	С	D	E	F	G	Н		J	K
L							L		Prepared July/Aug 2	2025 AL	
			2026 He	ealth Insuran	ce Rates -l	High Deducti	ble Plan				
-		Control of the Control			STATE STATE						
	2026 - 79% of the SMP										
	ZOZO - 75 /6 OF THE SIMI										
	NAME OF TAXABLE PARTY AND TAXABLE	MINISTER OF THE PERSON NAMED IN									li i i i i i i i i i i i i i i i i i i
,	HIGH DEDUCTIBLE PLA	N - \$1,650 s	single plan & \$3,300 fam	nily plan							
					!						
3					Iowa Count						
)		,	Compare 2026 (79%	of Average) an	d 2025 Ador	oted Monthly H	ealth Insurance Ra	tes			
1	Please Note: SMP for 2026										
-					/						
		0005 0: 1						2026			
		2025 Single						Projected			
		Plan						Family Plan			
		Monthly	2026 Projected Single	Amount of	% of		2025 Family Plan	Monthly	Amount of	201900 2000	
3	Plan	Premium	Plan Monthly Premium	Increase	Increase		Monthly Premium	Premium	Increase	% of Increase	
4	SMP	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
5											
	Average Cost of the										
	Qualified Plans for Iowa										
-		4.040.40	4 044 00	(24.20)	2.00/		0.505.70	0.400.40	(70.20)	2.40/	
6 7	County	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
′	Monthly County Contribution	-									
	79% based on average										
	premiums of the qualified plans										
	for 2025 & 76% on Average of		1								
8	plans for 2026	782.40	799.40	17.00	2.2%		1,924.30	1,964.26	39.96	2.1%	
9											
0	Current # of Plans for the August 2	2025 Health Insura	ance Invoice:	30					70		
1											
2	Projected Increase C	ounty Cost per Mo	onth for Employees	510.00					2,797.20		
24	Total Projected Increase in Ann	ual 2026 County	Cost - FF's other than Sheriff	6,120.00					33,566.40	\$ 39,686.40	
	Total Flojected increase in Ain	dai 2020 County	COST - EL S OTHER THAN SHERM	0,120.00					33,366.40	3 33,000.40	
5	Total Projected Increase in Annu	al 2026 County C	ost - Sheriff Department	(3,190.56)					(13,754.09)	\$ (16,944.65)	
6			ost onem ocparanent	(0,100.00)					(13,734.03)	(10,544.03)	
7	Total Projected Increase in	Annual 2026 (	County Cost						7	\$ 22,741,75	
8											Single H.S
9										204700	Family H.S
0	Total Projected Increase in	Annual 2026 (	County Cost w/ H.S.A							\$ 273,441.75	
1											
2				All	Sheriff		Difference				
			Single	40			30				
3											
3 4			Family	89	19		70				
5			Family	89 129	19						
4 5			Family		19		70				
4 5 7				129	19 29		70 100				
4 5 7 8			lowa County contributes 79	129 % of the average	19 29 ge premium	cost of qualifie	70 100				
4 5 7 8			lowa County contributes 79 e rates apply to all Full-Time	% of the average	19 29 ge premium	cost of qualifie	70 100				
4 5 7 8 9			lowa County contributes 79 e rates apply to all Full-Time	% of the average	19 29 ge premium	cost of qualifie	70 100				
3 4 5 6 7 8 9			lowa County contributes 79 e rates apply to all Full-Time	% of the average	19 29 ge premium	cost of qualifie	70 100				
4 5 7 8 9			lowa County contributes 79 e rates apply to all Full-Time	% of the average Employees. Ralan	19 29 ge premium tes for Part-T	cost of qualifie	d plans are pro-rated.				
4 5 7 8 9			lowa County contributes 79 e rates apply to all Full-Time	% of the average Employees. Railan Employee Share	ge premium of tes for Part-T	cost of qualifie	d plans are pro-rated.				
4 5 7 8 9			lowa County contributes 79 e rates apply to all Full-Time	% of the average Employees. Ralan Employee Share Single Plan	ge premium of tes for Part-T	cost of qualifie ime Employees Employee Share Family Plan	d plans are pro-rated.	Employee % of	Employee % of		
4 5 7 8 9			lowa County contributes 79 e rates apply to all Full-Time e Plan and \$3,300 Family P	% of the average Employees. Railan Employee Share	ge premium of tes for Part-T	cost of qualifie	d plans are pro-rated.  Employer Share	Employee % of Single Monthly	Employee % of Family Monthly		1/2 of fam
4 5 7 8 9		\$1,650 Single Single Monthly Premium	lowa County contributes <u>79</u> e rates apply to all Full-Time Plan and \$3,300 Family Pl	% of the average Employees. Ralan  Employee Share Single Plan Monthly	tes for Part-T  Employer Share Single Monthly	cost of qualifierime Employees  Employee Share Family Plan Monthly	d plans are pro-rated.  Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of fam ded.
4 5 7 8 9 0	HIGH DEDUCTIBLE PLAN -	\$1,650 Single	lowa County contributes 79 e rates apply to all Full-Time e Plan and \$3,300 Family P	% of the average Employees. Ralan  Employee Share Single Plan Monthly Premium	ge premium of tes for Part-T  Employer Share Single Monthly Premium	cost of qualifie ime Employees Employee Share Family Plan Monthly Premium	d plans are pro-rated.  Employer Share Family Monthly Premium (Benefit)	Single Monthly	Family Monthly		ded.
4 5 6 7 8 9 0 1	HIGH DEDUCTIBLE PLAN -	Single Monthly Premium 1,108.14	lowa County contributes 79 e rates apply to all Full-Time e Plan and \$3,300 Family P  Family Monthly Premium 2,726.96	% of the averace Employees. Ralan  Employee Share Single Plan Monthly Premium (Deduction) 308.74	e premium of tes for Part-T  Employer Share Single Monthly Premium (Benefit) 799.40	cost of qualifie ime Employees  Employee Share Family Plan Monthly Premium (Deduction) 762.70	d plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,964.26	Single Monthly Premium Rate 27.86%	Family Monthly Premium Rate 29.31%	154.37	ded. 381.
4 5 7 8 9 0	HIGH DEDUCTIBLE PLAN -  Plan  Dean Health  GHC - Neighbors	Single Monthly Premium 1,108.14 1,057.08	lowa County contributes 79 e rates apply to all Full-Time e Plan and \$3,300 Family P	% of the averac Employees. Ra lan  Employee Share Single Plan Monthly Premium (Deduction)  08.74 257.68	Employer Share Single Monthly Premium (Benefit) 799.40	Employee Share Family Plan Monthly Premium (Deduction) 762.70 635.06	d plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,964,26 1,964,26	Single Monthly Premium Rate 27.86% 24.38%	Family Monthly Premium Rate 29.31% 30.75%	154.37 128.84	ded. 381. 317.
4 5 7 8 9 0 1	Plan Dean Health GHC - Neighbors Medical Associates	\$ingle Monthly Premium 1,108.14 1,057.08 882.56	lowa County contributes 79 e rates apply to all Full-Time e Plan and \$3,300 Family P  Family Monthly Premium 2,726.96 2,599.32 2,163.02	% of the average Employees. Ralan  Employee Share Single Plan Monthly Premium (Deduction) 308.74 257.68 83.16	e premium etes for Part-T  Employer Share Single Monthly Premium (Benefit) 799.40 799.40	Employees Employees Share Family Plan Monthly Premium (Deduction) 762.70 635.06	d plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 1,964.26 1,964.26 1,964.26	Single Monthly Premium Rate 27.86% 24.38% 9.42%	Family Monthly Premium Rate 29.31% 30.75% 36.96%	154.37 128.84 41.58	ded. 381. 317. 99.
4 5 6 7 8 9 0 1	Plan  Dean Health GHC - Neighbors Medical Associates Quartz Central	\$1,650 Single  Single Monthly Premium  1,108.14  1,057.08  882,56  1,254.52	Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92	"% of the average Employees. Ralan  Employee Share Single Plan Monthly Premium (Deduction) 308.74 257.68 83.16 455.12	e premium tes for Part-T  Employer Share Single Monthly Premium (Benefit) 799.40 799.40 799.40	Employee Share Family Plan Monthly Premium (Deduction) 762.70 635.06 198.76 1,128.66	Employer Share Family Monthly Premium (Benefit) 1,964.26 1,964.26 1,964.26	Single Monthly Premium Rate 27.86% 24.38% 9.42% 36.28%	Family Monthly Premium Rate 29.31% 30.75% 36.96% 25.85%	154.37 128.84 41.58 227.56	ded. 381. 317. 99. 564.
4 5 6 7 8 9 0 1 2 3 4 5	Plan Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dane Choice	Single Monthly Premium 1,108.14 1,057.08 882.56 1,254.52 820.96	lowa County contributes 79 e e rates apply to all Full-Time e Plan and \$3,300 Family P  Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92 2,009.02	% of the average Employees. Ralan  Employee Share Single Plan Monthly Premium (Deduction) 308.74 257.68 83.16 455.12 21.56	19 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Employee Share Family Plan Monthly Premium (Deduction) 762.70 635.06 198.76 1.128.66 44.76	Employer Share Family Monthly Premium (Benefit) 1,964.26 1,964.26 1,964.26 1,964.26	Single Monthly Premium Rate 27.86% 24.38% 9.42% 36.28% 2.63%	Family Monthly Premium Rate 29.31% 30.75% 36.96% 25.85% 39.79%	154.37 128.84 41.58 227.56 10.78	ded. 381. 317. 99. 564.
4 5 6 7 8 9 0 1	Plan  Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dane Choice Quartz UW	Single Monthly Premium 1,108.14 1,057.08 882.56 1,254.52 820.96 851.86	Family Monthly Premium 2,726,96 2,599,32 2,163,092,92 2,009,02 2,086,26	% of the averac Employees. Ra lan  Employee Share Single Plan Monthly Premium (Deduction) 308.74 257.68 83.16 455.12 21.56 52.46	Employer Share Single Monthly Premium (Benefit) 799.40 799.40 799.40 799.40 799.40	Employee Share Family Plan Monthly Premium (Deduction) 762.70 635.06 198.76 1,128.66 44.76	### To 100	Single Monthly Premium Rate 27.86% 24.38% 9.42% 36.28% 2.63% 6.16%	Family Monthly Premium Rate 29.31% 30.75% 36.96% 25.85% 39.79% 38.32%	154.37 128.84 41.58 227.56 10.78 26.23	ded. 381. 317. 99. 564. 22. 61.
4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	Plan  Plan  Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dane Choice Quartz UW SMP	Single Monthly Premium 1,108.14 1,057.08 882.56 1,254.52 820.96 851.86 1,011.90	Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92 2,009.02 2,086.26 2,486.40	% of the average Employees. Ralan  Employee Share Single Plan Monthly Premium (Deduction) 308.74 257.68 83.16 455.12 21.56	19 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Employee Share Family Plan Monthly Premium (Deduction) 762.70 635.06 198.76 1.128.66 44.76	Employer Share Family Monthly Premium (Benefit) 1,964.26 1,964.26 1,964.26 1,964.26	Single Monthly Premium Rate 27.86% 24.38% 9.42% 36.28% 2.63% 6.16% 21.00%	Family Monthly Premium Rate 29.31% 30.75% 36.96% 25.85% 39.79% 38.32% 32.15%	154.37 128.84 41.58 227.56 10.78 26.23 106.25	1/2 of fam ded. 381.1 317.1 99. 564.2 61.1 261.1
1 5 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Plan  Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dane Choice Quartz UW SMP **Total EE Annual Increase/D	Single Monthly Premium 1,108.14 1,057.08 882.56 1,254.52 820.96 851.86 1,011.90 ecrease over 20	Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92 2,009.02 2,086.26 2,486.40	## of the averace ### Employee Share ### Single Plan Monthly Premium (Deduction) 308.74 257.68 83.16 455.12 21.56 52.46 212.50	Employer Share Single Monthly Premium (Benefit) 799.40 799.40 799.40 799.40 799.40 799.40	Employee Share Family Plan Monthly Premium (Deduction) 762.70 635.06 1,128.66 44.76 122.00 522.14	### To 100	Single Monthly Premium Rate 27.86% 24.38% 9.42% 36.28% 2.63% 6.16%	Family Monthly Premium Rate 29.31% 30.75% 36.96% 25.85% 39.79% 38.32%	154.37 128.84 41.58 227.56 10.78 26.23 106.25	ded. 381. 317. 99. 564. 22. 61.



	A	В	С	D	E	F	G	Н	l December 1 1 1 1	J	K
1			2026 Hoa	Ith Insurance	Rates -Hi	igh Deductih	la Plan		Prepared July/Aug	2025 AL	
Ⅎ		İ .	2020 1168	iui iiisurance	rates -i ii	gii Deductio	le Fiaii				
1											
١	2026 - 82% of the SMP										
-	2020 - 82 % Of the SWF										
4										T	
<u>.</u>	HIGH DEDUCTIBLE PLA	N - \$1,650 s	single plan & \$3,300 family	plan							
3				I.	owa County		1				
9			Compare 2026 (82% of			ed Monthly He	alth Insurance Rate	S			
v	Please Note: SMP for 2026			3-/			I				
	Flease Note, SMF 101 2020										
		2025 Single Plan Monthly	2026 Projected Single Plan	Amount of	% of		2025 Family Plan	2026 Projected Family Plan Monthly	Amount of		
13	Plan	Premium	Monthly Premium	Increase	Increase		Monthly Premium	Premium	Increase	% of Increase	
4	SMP	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
5											
6	Average Cost of the Qualified Plans for Iowa County	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
- 1	Monthly County Contribution 79% based on average premiums of the qualified plans for 2025 & 82% on Average of										
	plans for 2026	782.40	829.76	47.36	6.1%		1,924.30	2,038.85	114.55	6.0%	
9							1,024.00	2,000.00	114.00	0.070	
	Current # of Plans for the August 2	2025 Health Insu	rance Invoice:	30					70		
1	Brojected Increase	County Coat nos	Month for Employees	1,420.80					8,018.50		
2	Projected increase	County Cost per	Worth for Employees	1,420.00					8,018.50		
14	Total Projected Increase in Ar		nty Cost - EE's other than Sheriff  Cost - Sheriff Department	17,049.60 (3,190.56)					96,222.00 (13,754.09)		
24		ual 2026 County	Cost - Sheriff Department								
24 25 26 27	Total Projected Increase in Annu	ual 2026 County	Cost - Sheriff Department							\$ (16,944.65) \$ 96,326.95	Single H.S
4 5 6 7 8	Total Projected Increase in Annu Total Projected Increase in	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost							\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
25 26 27 88 99	Total Projected Increase in Annu	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost							\$ (16,944.65) \$ 96,326.95	Single H.S Family H.S
4 5 6 7 8 9	Total Projected Increase in Annu Total Projected Increase in	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost	(3,190.56)	Sheriff		Difference			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
4 5 6 7 8 9 0 1 2	Total Projected Increase in Annu Total Projected Increase in	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost	(3,190.56)  All			Difference 30			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
4 5 6 7 8 9 0 1 2 3 4	Total Projected Increase in Annu Total Projected Increase in	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost County Cost w/ H.S.A	(3,190.56)  All 40 89	10 19		30 70			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
24 25 26 27 28 29 30 31 31 33	Total Projected Increase in Annu Total Projected Increase in	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost County Cost w/ H.S.A Single	(3,190.56)  All	10 19		30			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
24 25 26 27 28 29 30 31 32 33 34 35 36 37	Total Projected Increase in Annu Total Projected Increase in	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost County Cost w/ H.S.A Single	(3,190.56)  All 40 89	10 19		30 70			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
24 25 26 27 28 29 30 31 31 35 36 37 38	Total Projected Increase in Annu Total Projected Increase in	aal 2026 County Annual 2026 C	Cost - Sheriff Department County Cost County Cost w/ H.S.A Single	(3,190.56)  All  40  89  129	10 19 29		30 70 100			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
24 25 26 27 28 29 30 31 31 33 34 35 36 37	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in	Annual 2026 County  Annual 2026 C  Annual 2026 C	Cost - Sheriff Department County Cost County Cost w/ H.S.A Single Family lowa County contributes 82% ese rates apply to all Full-Time E	(3,190.56)  All  40  89  129	10 19 29 premium co	ost of qualified	30 70 100			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in	Annual 2026 County  Annual 2026 C  Annual 2026 C	Cost - Sheriff Department County Cost County Cost w/ H.S.A Single Family Lowa County contributes 82%	(3,190.56)  All  40  89  129	10 19 29 premium co	ost of qualified	30 70 100			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S Family H.S
24 25 26 27 28 29 30 31 31 31 31 31 31 31 31 31 31 31 31 31	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in	Annual 2026 County  Annual 2026 C  Annual 2026 C	Cost - Sheriff Department County Cost County Cost w/ H.S.A Single Family lowa County contributes 82% ese rates apply to all Full-Time E	(3,190.56)  All  40  89  129	10 19 29 premium co	ost of qualified	30 70 100			\$ (16,944.65) \$ 96,326.95 46000 204700	Single H.S.
24 25 26 27 28 29 30 31 31 33 34 35 36 37	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in HIGH DEDUCTIBLE PLAN	Annual 2026 County  Annual 2026 County  The \$1,650 Single  Monthly	Cost - Sheriff Department County Cost County Cost w/ H.S.A Single Family  lowa County contributes 82% are rates apply to all Full-Time E Plan and \$3,300 Family Plan	All 40 89 129 of the average mployees. Rate Employee Share Single Plan Monthly Premium	premium cc s for Part-Tin	e Employees a  Employee Share Family Plan Monthly Premium	plans re pro-rated.  Employer Share Family Monthly	Employee % of Single Monthly	(13,754.09)  Employee % of Family Monthly	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95	1/2 of fam
4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in  HIGH DEDUCTIBLE PLAN -	Annual 2026 County  Annual 2026 Co  Annual 2026 Co  The \$1,650 Single  Monthly Premium	Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  lowa County contributes 82% ese rates apply to all Full-Time E Plan and \$3,300 Family Plan  Family Monthly Premium	All  40 89 129 of the average mployees. Rate  Employee Share Single Plan Monthly Premium (Deduction)	premium cc s for Part-Tin Employer Share Single Monthly Premium (Benefit)	est of qualified ne Employees a Employee Share Family Plan Monthly Premium (Deduction)	plans are pro-rated.  Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	(13,754.09)  Employee % of Family Monthly Premium Rate	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95	1/2 of fam ded.
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4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in  HIGH DEDUCTIBLE PLAN -  Plan Dean Health GHC - Neighbors	Annual 2026 County  Annual 2026 County  The \$1,650 Single  Monthly Premium 1,108,14 1,057.08	Cost - Sheriff Department  County Cost  County Cost w/ H.S.A  Single Family  Iowa County contributes 82% ase rates apply to all Full-Time E Plan and \$3,300 Family Plan  Family Monthly Premium  2,726.96 2,599.32	All 40 89 129 of the average mployees. Rate Employee Share Single Plan Monthly Premium (Deduction) (Deduction) 278.38 227.32	premium cc s for Part-Tin Employer Share Single Monthly Premium (Benefit) 829.76	est of qualified the Employees a  Employee Share Family Plan Monthly Premium (Deduction) 688.11 560.47	plans are pro-rated.  Employer Share Family Monthly Premium (Benefit) 2,038.85 2,038.85	Employee % of Single Monthly Premium Rate 25.12% 21.50%	Employee % of Family Monthly Premium Rate 30.43% 31.92%	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95  1/2 of single ded. 139.19 113.66	1/2 of fam ded. 344.4 280.2
4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in  HIGH DEDUCTIBLE PLAN -  Plan Dean Health GHC - Neighbors Medical Associates	Annual 2026 County  Annual 2026 County  The \$1,650 Single  Monthly Premium  1,108.14  1,057.08  882.56	Cost - Sheriff Department County Cost County Cost w/ H.S.A  Single Family  Iowa County contributes 82% ese rates apply to all Full-Time E Plan and \$3,300 Family Plan  Family Monthly Premium 2,726.96 2,599.32 2,163.02	(3,190.56)  All  40 89 129 of the average mployees. Rate  Employee Share Single Plan Monthly Premium (Deduction) 278.38 227.32 52.80	premium cc s for Part-Tin Employer Share Single Monthly Premium (Benefit) 829.76 829.76	est of qualified ne Employees a Employee Share Family Plan Monthly Premium (Deduction) 688.11 550.47 124.17	plans re pro-rated.  Employer Share Family Monthly Premium (Benefit) 2,038.85 2,038.85 2,038.85	Employee % of Single Monthly Premium Rate 25.12% 21.50% 5.98%	Employee % of Family Monthly Premium Rate 30.43% 31.92% 38.36%	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95  1/2 of single ded. 139.19 113.66 26.40	1/2 of fam ded. 344., 280., 62.
4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 6 7 7 8 9 0 1 1 1 1 2 3 3 4 4 5 7 8 9 1 1 1 1 2 3 3 4 4 5 5 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in  Total Projected Increase in  HIGH DEDUCTIBLE PLAN -  Plan  Plan Dean Health GHC - Neighbors Medical Associates Quartz Central	The S1,650 Single Monthly Premium 1,108.14 1,057.08 882.56 1,254.52	Cost - Sheriff Department County Cost  County Cost w/ H.S.A  Single Family  lowa County contributes 82% ese rates apply to all Full-Time Est Plan and \$3,300 Family Plan  Family Monthly Premium 2,726,96 2,599,32 2,183,02 3,092,92	All 40 89 129 of the average mployees. Rate Single Plan Monthly Premium (Deduction) 278.38 227.32 52.80 424.76	premium cc s for Part-Tin Employer Share Single Monthly Premium (Benefit) 829.76 829.76 829.76 829.76	est of qualified ene Employees a Employee Share Family Plan Monthly Premium (Deduction) 688.11 550.47 124.17 1,054.07	Employer Share Family Monthly Premium (Benefit) 2,038.85 2,038.85 2,038.85 2,038.85	Employee % of Single Monthly Premium Rate 25.12% 21.50% 5.98% 33.86%	Employee % of Family Monthly Premium Rate 30.43% 31.92% 38.36% 26.83%	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95  1/2 of single ded. 139.19 113.66 26.40 212.38	1/2 of fam ded. 344.4 280. 62.2 527.4
4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 4 5 6 7 7 8 8 9 0 1 1 1 1 1 1 1 2 3 4 4 7 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in Total Projected Increase in  HIGH DEDUCTIBLE PLAN -  Plan Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dane Choice	Annual 2026 County  Annual 2026 County  Annual 2026 County  The \$1,650 Single  Monthly Premium 1,108,14 1,057.08 882.56 1,254.52 820.96	Cost - Sheriff Department  County Cost  County Cost w/ H.S.A  Single Family  Iowa County contributes 82% see rates apply to all Full-Time E Plan and \$3,300 Family Plan  Family Monthly Premium  2,726,96 2,599,32 2,163,02 3,092,92 2,009,02	All 40 89 129 of the average mployees. Rate Employee Share Single Plan Monthly Premium (Deduction) 278 38 227.32 52 80 424.76 (8.80)	premium cc s for Part-Tin Employer Share Single Monthly Premium (Benefit) 829.76 829.76 829.76 829.76 829.76	est of qualified ne Employees a Employee Share Family Plan Monthly Premium (Deduction) 688.11 550.47 124.17 1,054.07 (29.83)	### 100 months	Employee % of Single Monthly Premium Rate 25.12% 21.50% 5.98% 33.86% -1.07%	Employee % of Family Monthly Premium Rate 30.43% 31.92% 38.36% 26.83% 41.30%	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95  1/2 of single ded. 139.19 113.66 26.40 212.38 (4.40)	1/2 of fam ded. 344, 280. 527. (14.
4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 4 5 6 7 8 8 9 9 0 1 1 1 1 2 1 2 8 8 9 0 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in  Total Projected Increase in  HIGH DEDUCTIBLE PLAN -  Plan  Plan Dean Health GHC - Neighbors Medical Associates Quartz Central	Annual 2026 County  Annual 2026 County  The \$1,650 Single  Monthly Premium 1,108.14 1,057.08 882.56 1,254.52 820.96 851.86	Cost - Sheriff Department County Cost  County Cost w/ H.S.A  Single Family  Iowa County contributes 82% ase rates apply to all Full-Time E Plan and \$3,300 Familty Plan  Family Monthly Premium 2,726,96 2,599,32 2,163,02 3,092,92 2,009,02 2,086,26	All 40 89 129 of the average mployees. Rate Single Plan Monthly Premium (Deduction) 278.38 227.32 52.80 424.76 (8.80) 22.10	Employer Share Single Monthly Premium (Benefit) 829.76 829.76 829.76 829.76 829.76	Employees and Employees and Employees and Employees and Employees and Employees and Employee Share Family Premium (Deduction) 688.11 550.47 124.17 1,054.07 (29.83) 47.41	### 100 miles   ### 100 miles	Employee % of Single Monthly Premium Rate 25.12% 5.98% 33.86% -1.07% 2.59%	Employee % of Family Monthly Premium Rate 30.43% 31.92% 38.36% 41.30% 39.77%	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95  1/2 of single ded. 139.19 113.66 26.40 212.38 (4.40) 11.05	1/2 of fam ded. 344.4, 280 527.4 (14.5, 23
44 55 65 77 78 88 99 90 11 11 12 22 23 33 34 44 44 55 56 57 77 77 78 78 78 79 79 79 79 79 79 79 79 79 79	Total Projected Increase in Annu Total Projected Increase in Total Projected Increase in Total Projected Increase in  Plan Dean Health GHC - Neighbors Medical Associates Quartz Central GHC - Dace Choice Quartz UW	The \$1,650 Single Monthly Premium 1,108.14 1,057.08 882.56 1,254.52 820.96 851.86 1,011.90	Cost - Sheriff Department County Cost  County Cost w/ H.S.A  Single Family  Iowa County contributes 82% ese rates apply to all Full-Time E Plan and \$3,300 Family Plan  Family Monthly Premium 2,726.96 2,599.32 2,163.02 3,092.92 2,009.02 2,086.26 2,486.40	All 40 89 129 of the average mployees. Rate Employee Share Single Plan Monthly Premium (Deduction) 278 38 227.32 52 80 424.76 (8.80)	premium cc s for Part-Tin Employer Share Single Monthly Premium (Benefit) 829.76 829.76 829.76 829.76 829.76	est of qualified ne Employees a Employee Share Family Plan Monthly Premium (Deduction) 688.11 550.47 124.17 1,054.07 (29.83)	### 100 months	Employee % of Single Monthly Premium Rate 25.12% 21.50% 5.98% 33.86% -1.07%	Employee % of Family Monthly Premium Rate 30.43% 31.92% 38.36% 26.83% 41.30%	\$ (16,944.65) \$ 96,326.95 46000 204700 \$ 347,026.95  1/2 of single ded. 139.19 113.66 26.40 212.38 (4.40) 11.05 91.07	1/2 of fan ded. 344, 280, 62, 527, (14.



$\perp$	A	В	С	D	E	F	G	Н		J	К
2			20	026 Health Ir	euranco F	Pates -High D	eductible Plan		Prepared July/Aug 2	025 AL	
			20	JZO HEARLITH	isurance i	tates -i ligil D	eductible Flaii				
1 20	026 - 85% of the SMP										
5											
6 HI	IGH DEDUCTIBLE PLA	N - \$1.650 s	ingle plan &	\$3,300 famil	v plan						
7					20,110,0010,00	County					
9			Compare 202	6 (85% of Ave		a County	onthly Health Insura	nco Patos			
· ·			Compare 202	0 (03 % OI AVE	lage) and 20	723 Adopted Wio	Tuny riediui ilisura	ince Rates			
11 Ple	ease Note: SMP for 2026										
13	Plan	2025 Single Plan Monthly Premium	2026 Projected Single Plan Monthly Premium	Amount of Increase	% of Increase		2025 Family Plan Monthly Premium	2026 Projected Family Plan Monthly Premium	Amount of Increase	% of Increase	
14 SN		1,043.18	1,011.90	mcrease	Increase		2,565.72	2,486.40	Iliciease	76 Of HICIERSE	
5		.,5-10.10	.,011.00				2,000.72	2,400.40			
Qu 16 Cc	verage Cost of the ualified Plans for Iowa ounty	1,043.18	1,011.90	(31.28)	-3.0%		2,565.72	2,486.40	(79.32)	-3.1%	
75° pre for	onthly County Contribution % based on average emiums of the qualified plans r 2025 & 85% on Average of										
18 <b>pla</b>	ans for 2026	782.40	860.12	77.72	9.9%		1,924.30	2,113.44	189.14	9.8%	
	rrent # of Plans for the August 2	2025 Health Insur	ance Invoice:	30					70		
21											
22	Projected Increase County Co	ost per Month for	Employees	2,331.45					13,239.80		
24	Total Projected Increase in An other tha	n Sheriff		27,977.40					158,877.60	\$ 186,855.00	
	tal Projected Increase in Annu partment	al 2026 County C	Cost - Sheriff	(3,190.56)					(13,754.09)	\$ (16,944.65)	
	otal Projected Increase in	Annual 2026	County Cost							\$ 169,910.35	
28											Single H.S
30											Family H.S
31										\$ 420,610.35	
32				All	Sheriff		Difference				
34			Single Family	40 89			30 70				
35				129			100				
36 37											
38		lowa (	County contribu	ites 85% of the	average pr	emium cost of o	qualified plans				
39							ployees are pro-rate	d.			
10 HI	GH DEDUCTIBLE PLAN -										
1											
12	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of fam ded.
	an Health	1,108.14	2,726.96	248.02	860.12	613.52	2,113.44	22.38%	31.54%	124.01	306.7
	HC - Neighbors	1,057.08	2,599.32	196.96	860.12	485.88	2,113.44	18.63%	33.09%	98.48	242.9
_	edical Associates	882.56	2,163.02	22.44	860.12	49.58	2,113.44	2.54%	39.76%	11.22	24.7
	uartz Central	1,254.52	3,092.92	394.40	860.12	979.48	2,113.44	31.44%	27.81%	197.20	489.7
	HC - Dane Choice	820.96	2,009.02		860.12		2,113.44	0.00%	42.81%	•	
	artz UW	851.86	2,086.26		860.12		2,113.44	0.00%	41.23%	-	
19 SN		1,011.90	2,486.40	151.78	860.12	372.96	2,113.44	15.00%	34.59%	75.89	186.4
50 **T	Total EE Annual Increase/De ncludes annual premium increas			L			L	(\$316.16)	(\$1,166.80)		
1 **lr											



#### RESOLUTION NO.

#### 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, 2026; 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 2026 premiums, Iowa County as employer will pay the equivalent of \_\_\_\_% of the average cost of the qualifying ETF \_\_\_\_\_ plan(s) (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 General Government Committee:

Dated this 4th day of September 2025.

+19

# **AGENDA ITEM COVER SHEET**

Title: Discussions on 2026 Wage Structure Adjustments

Original

○ Update

#### TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

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

With having a Pay Structure - it is important to maintain the structure to make sure accurate compensation is being provided.

Each year Cottingham and Butler Total Rewards Consulting, formerly known as Carlson Dettmann Consulting does a Upper Midwest Market Survey to gauge what private sector employers and public sector employers are projecting up the upcoming year. At this time, the Survey has not been received.

lowa County Employee Relations Director did reach out to Cottingham and Butler Total Rewards Consulting on their recommendation to maintain market and the 50-75% blend. Wisconsin Public Sector Structure Adjustment Projections for 2026 are 2.7%.

Total Rewards Consulting would recommend a 2.75% adjustment to the structure to maintain market and 50-75% blend.

RECOMMENDATIONS (IF ANY):						
Adjusting/increasing wage struct	ure by 3%					
ANY ATTACHMENTS? (Only 1 co	py is needed	<u>))</u> (• Ye:	S (No	If yes, please list	below:	
Resolution	•					
FISCAL IMPACT:						
2.75% = \$283,186.61 with fringe ber						
LEGAL REVIEW PERFORMED:		No	<u>PUBLICATIO</u>	N REQUIRED:	( Yes	No
STAFF PRESENTATION?:	← Yes	♠ No	How much tim	ne is needed?		<u></u>
COMPLETED BY: Allison Leitzinge	r		DEPT: E	mployee Relation	ns	
2/3 VOTE REQUIRED: Ye	s (• No	•				
TO BE COMPLETED BY COM	MITTEE CH	<u>IAIR</u>				
MEETING DATE:			AGENDA I	TEM #		

#### RESOLUTION NO.

#### TO THE HONRABLE IOWA COUNTY BOARD OF SUPERVISORS:

WHEREAS, Iowa County Board of Supervisors adopted an updated classification and compensation pay plan (resolution no 6-0423) for non-represented employees in April of 2023; and

WHEREAS, Iowa County Board of Supervisors are committed to annually monitoring and updating pay plan structure to maintain current market wages, and

WHEREAS, Iowa County Administration has received market index information and recommendation from Cottingham & Butler Total Rewards Consulting formerly known as Carlson Dettmann Consulting.

**NOW THEREFORE, BE IT RESOLVED,** that the General Government Committee recommends to the Iowa County Board of Supervisors to adjust the classification and compensation pay plan structure (Step 1 – Step 6 and Maximum) by 3.0%, effective January 1, 2026.

**BE IT FURTHER RESOLVED**, that Iowa County employees' that are currently on Step 1 – Step 6 and Maximum receive the adjustment to the pay structure on January 1, 2026.

Dated this 4th day of September, 2025 Respectfully submitted by the Iowa County General Government Committee



#### **Iowa County Employee Relations**

222 N Iowa Street - Dodgeville, WI 53533 - 608.935.0374 - Fax: 608.935.0325 Allison.leitzinger@iowacounty.org

TO: General Government Committee

FROM: Allison Leitzinger, Employee Relations Director

DATE: August 28, 2025

RE: Employment Activity Report

#### Outlined below is the employment activity:

- ADRC Meal Site Coordinator (Arena) Interviews held July 30; ongoing recruitment.
- Nutrient Management and Conservation Internship New hire started August 18.
- Sheriff's Office Cook New recruitment.
- Benefit Specialist Candidates selected and offer will be made soon.
- Sheriff's Office Correctional Officer (4 vacancies) 2 New hires starting September 1 and September 15. 1 candidate in law enforcement background.
- Lead Social Worker First review scheduled for July 28, 2025.
- Dispatcher Internal hire starting September 1, 2025.
- LTE Public Health Nurse First review scheduled for September 8, 2025.
- PT Drug Treatment Court Coordinator First review scheduled for September 15.

# **AGENDA ITEM COVER SHEET**

Title: Dispatch Seniority and Shift Bidding Policy

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

This policy establishes the guidelines for the use seniority, defined as an employee's continuous full-time length of service in the lowa County Sheriff's Office, as means of creating an impartial system for management to award shift bids from employees. The same system will be used to create an "order-in" to work list to fill open shifts.

Currently, the patrol and corrections divisions of the lowa County are operating under similar policy. Adoption of this policy would create uniformity in our agency. It also removes any claim of favoritism in the shift bidding or "order-in" process. Furthermore, it removes any delays that could be caused by a merit base process. Any delays in filling an open shift could cause the lowa County Sheriff's Office to incur unnecessary overtime costs.

This is not a county wide policy. This is an internal operating a policy that has been shared by lowa County Sheriff's Office Administration for transparency and input.

#### RECOMMENDATIONS (IF ANY):

Recommends the General Government Committee to move and approve to the County Board for adoption.

ANY ATTACHMENTS:	XYES	NO	If yes, please list below:				
Copy of the Dispatch Seniority and Shift Bidding Policy for review.							
FISCAL IMPACT:							
None							
LEGAL REVIEW PERFORMED:	YES	NO					
PUBLICATION REQUIRED:	YES	NO					
PRESENTATION: minutes	X_YES	NO	If yes, how much time?5				
2/3 VOTE REQUIRED:	YES	N	0				
Completed by:		Dept:					



## IOWA COUNTY SHERIFF'S OFFICE

109 East Leffler Street, Dodgeville, Wisconsin, 53533 Phone: 608.930.9500 | Fax: 608.471.1075 | Crime Stoppers: 608.319.6703



Chief Deputy

#### Michael W. Peterson Sheriff

#### DISPATCH SENIORITY AND SHIFT BIDDING POLICY

#### 1. Policy

- A. This department must protect and preserve life, liberty, and property of the citizens of Iowa County through efficient and effective operation of the Iowa County Sheriff's Office, by maintaining adequate and necessary staffing levels of its various divisions on shifts.
- B. The administration of the Iowa County Sheriff's Office must endeavor to provide the highest level of law enforcement to serve the citizens of Iowa County without jeopardizing the safety and well-being of its employees through constructive management of shift assignments and scheduling.

#### 2. Seniority

- A. Seniority shall be defined as an employee's continuous length of service in the Iowa County Sheriff's Office. Seniority is continuous from the employee's most recent date of hire into a full-time position.
- B. Dispatch seniority shall apply to lay off from work, and recall after layoff from work, considering that employee is qualified for the open position.
- C. County wide seniority shall apply to accrual of MTO.

#### 3. Shift Bid Procedure

- A. Employee(s) designate shift preference bi-yearly. Requests for a change in shift must be submitted to the attention of the Operations Lieutenant no later than 4:00 PM by November 15<sup>th</sup> and May 15<sup>th</sup>, respectively. Shift pick preference is effective January 1<sup>st</sup> for the November 15h bid and July 1<sup>st</sup> for the May 15<sup>th</sup> bid cycle.
- B. Shift Change With Mutual Consent
  - A change of shift may occur at any time with the mutual consent between (2) employees within Dispatch with acknowledgement and approval of either the Operations Lieutenant, Chief Deputy, or the Sheriff of Iowa County.

	·
Sheriff Michael Peterson	Effective Date

"Serving with Competence, Confidence, and Courtesy"

# **AGENDA ITEM COVER SHEET**

**Title: Therapy Comfort Canine Policy** 

<u>DESCRIPTION OF AGENDA ITEM</u> (Please provide detailed information, including deadline):

The policy establishes guidelines for the use of therapy comfort canines to help office employees, victims and witnesses cope with exposure to traumatic incidents, support the office's wellness program to improve members' resiliency, overall well-being, and participate in community outreach. The therapy comfort canines will be used to help inmates cope with mental health stress caused by drug dependency.

Cost associated with animal care and food will be taken care of via donations similar to the current K-9 program.

The Iowa County Sheriff's Office will be writing grants to cover the wages associated with employee care of the animal.

This project will not commence until the required funding is secured. Unlikely to happen in 2026 unless grants are secured. The purpose of implementing the policy now is to have it in place when funding is available.

RECOMMENDATIONS (IF ANY):
Recommends the General Government Committee to move and approve to the County Board for adoption.
ANY ATTACHMENTS:X_ YES NO If yes, please list below:  Copy of the Therapy Comfort Canine Policy for review.
FISCAL IMPACT:  Canine will be donated. Food and bills will be paid via donations.

Following the current practices for the other K-9 handlers, the therapy handler will be compensated ½ hour a day of overtime which will come out to roughly \$6,000 and \$7,000 annually. It is planned to write an Opioid Grant and Alerrt Grant to cover the first two years wages, giving the program time to build up sustainable funding via active fund raising and donations. Hence having no budgetary impact.

LEGAL REVIEW PERFORMED:	YES	NO
PUBLICATION REQUIRED:	YES	NO

PRESENTATION:	X_ YES	NO	If yes, how much time?5
minutes			
2/3 VOTE REQUIRED:	YES	N	IO
Completed by:		Dept:	

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Michael W. Peterson, Sheriff Austin L. Durst, Chief Deputy

#### **Therapy Comfort Canine Policy**

#### **PURPOSE AND SCOPE**

This policy establishes guidelines for the use of therapy comfort canines to help office employees, victims and witnesses cope with exposure to traumatic incidents, support the office's wellness program to improve members' resiliency, overall well-being, and participate in community outreach.

#### **POLICY**

It is the policy of the Iowa County Sheriff's Office that therapy comfort canines and handlers regularly train to maintain the appropriate proficiency to reasonably carry out the objectives of the program.

#### **ASSIGNMENT**

Therapy comfort canines may be assigned to any full-time employee of the Sheriff's Office. Therapy comfort canine teams will primarily be responsible for their normal job assignments. Therapy comfort canine handlers will be expected to make the therapy comfort canines regularly available to staff throughout their normal work hours. Use of the therapy comfort canine following critical incidents, for special event, or any other request outside of their normal assignment will be reviewed and approved by the Therapy Comfort Canine Coordinator.

#### THERAPY COMFORT CANINE COODINATOR

Along with all applicable responsibilities described under section – the Therapy Comfort Canine Coordinator will have the following additional responsibilities related to the therapy comfort canine program:

- a) Ensuring that the therapy comfort canine and handler meet the minimum training and performance standards as set by the agency.
- b) Ensuring the health and well-being of the therapy comfort canine and handler.

#### REQUESTS FOR THERAPY COMFORT AND CANINE TEAMS

While the primary focus of Iowa County Sheriff's Office's therapy comfort canine program is internal staff wellness; the teams can be utilized to help individuals exposed to trauma, those who experience vicarious trauma, investigators requesting assistance during interviews, and other instances where the use of the therapy comfort canine would be suitable under this policy to achieve an office goal.

At all times, consideration of the therapy comfort canines and handler's health and safety will be the guiding principle utilized to determine the best method of response to provide service in the safest atmosphere for all involved. This response is left to the discretion of the Therapy Comfort Canine Coordinator. The therapy comfort canine handler at the scene can terminate the response if the handler feels that the situation is not safe the canine or handler. If there is a dispute about the manner of response, the handler will confer with the Therapy Comfort Canine Coordinator or on-duty Supervisor to resolve the conflict. Therapy comfort canine teams shall not respond or be utilized during active scenes.



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When the therapy comfort canine is deployed, the handler will be focused on ensuring the therapy comfort canine is responding appropriately; therefore, safety considerations must include the presence of loose or aggressive dogs, suspects who could pose a threat to the handler and therapy comfort canine, and any other environmental concern that could be present.

Therapy comfort canines should typically not be intermingled with the canines in the K9 unit due to the vast differences in their functional roles and temperaments, and to avoid adverse interactions between the animals.

#### THERAPY COMFORT AND CANINE DEPLOYMENTS

In the absence of a scheduled request for service or appearance, teams will visit units within the Sheriff's Office, as their regular work assignment allows. These visits should not interfere with normal operations and should not extend beyond approximately 30 minutes. Care should be taken if someone who is working does not want to interact with the canine.

#### REPORTING BITES OR INJURIES

Any bite or injury caused by a canine, whether on or off-duty, shall be promptly reported to the Therapy Comfort Canine Supervisor. The Therapy Comfort Canine Coordinator, on-duty supervisor, or local law enforcement officer, should respond to the scene of the incident. Unintended bites or injuries caused by a canine should be documented in an administrative report.

If an individual alleges an injury, either visible or non-visible, a supervisor shall be notified, and both the individuals injured and uninjured areas shall be photographed as soon as practicable, after tending to the immediate needs of the injured party. Photographs shall be retained as evidence in accordance with the current office evidence procedures. The photographs shall be retained until the time any related civil proceeding has expired.

Canines used by law enforcement agencies are generally exempt from impoundment and reporting requirements; however, the canine shall be made available for examination at any reasonable time if requested by the local health office. The canine handler shall also notify the local health office if the canine exhibits any abnormal behavior after a bite.

#### HANDLER SELECTION

The minimum qualifications for the assignment of canine handler include:

- a) A full-time member of the Iowa County Sheriff's Office with a minimum of two years of service.
- b) Lives in a location that is suitable for keeping and kenneling a canine.
- c) Lives within 10 miles of Iowa County, County limits.
- d) Agreeing to be assigned to the position for a minimum of two years.

#### HANDLER RESPONSIBITILITES

The canine handler shall ultimately be responsible for the health and welfare of the canine and shall ensure that the canine receives proper nutrition, grooming, training, medical care, affection, and living conditions.



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Then canine handler will be responsible for the following:

- a) The canine will be bathed as necessary.
- b) The canine will be brushed to remove excess hair and reduce any shedding.
- c) Nails will be clipped to prevent injury to the canine or those whom the canine will make contact.
- d) The handler will feed the canine the supplied food on a routine schedule and provide fresh water at all times. Food and water bowls will be cleaned regularly.
- e) Medication for flea and parasite control will be given as directed by the veterinarian.
- f) The handler will transport the canine to veterinarian appointments as required.
- g) The handler will remove animal feces from his/her yard daily.
- h) The canine should be treated as part of the family when off-duty, as it will be residing in the handler's home. While off-duty, the canine will wear a collar and will be required to have a rabies tag and license if the canine is separated from the handler. It also should be noted that each canine will be microchipped. The contracted veterinarian will maintain the microchip number.
- i) A crate will be provided to each handler to secure the canine inside the home when the handler is not home, or the canine is left alone.
- j) Therapy comfort canines are chosen carefully based on their temperament; therefore, it is imperative that the canine be protected from significant adverse interactions with aggressive dogs, other animals, or individuals that could harm the dog.
- k) The handler should not expose the canine to any foreseeable or unreasonable risk of harm.
- 1) The handler shall maintain all office equipment under his/her control in a clean and serviceable condition.
- m) Handlers shall permit the Therapy Comfort Canine Coordinator to conduct spontaneous on-site inspections of affected areas of their home and their vehicles to verify conditions and equipment conform to this policy.
- n) Any changes in the handlers living status that may affect lodging or environment of the canine shall be reported to the Therapy Comfort Canine Coordinator as soon as possible.
- o) The canine should be permitted to socialize in the home with the handler's family under the handler's direct supervision.
- Under no circumstance will the canine be lodged at another location unless approved by the Therapy Comfort Canine Coordinator or Supervisor.
- q) When off-duty, the handler shall not involve the canine in any official conduct unless approved in advance by the Therapy Comfort Canine Coordinator or Supervisor.



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r) Whenever the canine handler is on vacation or traveling for an extended number of days, it may be necessary to relocate the canine temporarily. In those situations, the handler shall give reasonable notice to the Therapy Comfort Canine Coordinator to make the appropriate arrangements.

#### **CANINE IN PUBLIC AREAS**

The canine should be kept on a leash when in areas that allow access to the public. Exceptions to this rule would include specific law enforcement operations for which the canine is trained.

- a) A therapy comfort canine shall not be left unattended in any area to which the public may have access.
- b) If the therapy comfort canine needs to be secured in a vehicle, the vehicle shall be secured in a manner as to prevent unauthorized access to the canine. The handler should also ensure that the unattended vehicle remains inhabitable for the canine.

#### HANDLER COMPENSATION

The Therapy Comfort Canine Handler shall receive ½ hours of overtime every day for maintenance and care of the therapy comfort canine. The Office will cover the costs associated with the feeding, grooming, supplies, required equipment, and veterinary care for the therapy comfort canine. All other expenses will require approval of the Therapy Comfort Canine Coordinator for reimbursement.

#### **CANINE INJURY AND MEDICAL CARE**

If a canine is injured, or there is an indication that the canine is not in good physical condition, the injury or condition will be reported to the Therapy Comfort Canine Coordinator or Supervisor as soon as practicable, and appropriately documented. All medical attention shall be rendered by the designated canine veterinarian, except during an emergency where the treatment should be obtained from the nearest available veterinarian. All records of medical treatment shall be maintained in the canine file.

#### TRAINING

Training for the therapy canine will be provided through the Sheriff's Office. All training records will be maintained by the handler and reviewed by the training coordinator.

#### SEPERATION OF A THERAPY COMFORT CANINE HANDLER

The lowa County Sheriff's Office has ownership of the canine. The therapy comfort canine handler serves at the pleasure of the Sheriff and may be removed from the assignment at any time.

All equipment purchased through office funds will be returned to the Therapy Comfort Canine Coordinator.