

RESOLUTION #2024-1

POWESHIEK COUNTY BENEFITS PREMIUM ANALYSIS
FOR THE PLAN YEAR BEGINNING 07/01/2023


	Single	Family
Fixed Costs:		
Claim Fee - Medical, RX, Vision	\$ 51.98	\$ 51.98
Claim Fee - Dental	\$ 5.06	\$ 5.06
PBM Fee	\$ 1.10	\$ 1.10
PPO Fee	\$ 6.95	\$ 6.95
Consultant Fee	\$ 15.50	\$ 15.50
Specific Stop Loss Premium	\$ 264.25	\$ 264.25
Aggregate Stop Loss Premium	\$ 9.07	\$ 9.07
Life	\$ 4.10	\$ 4.10
A. D. & D.	\$ 0.74	\$ 0.74
Total Fixed Costs	<u>\$ 358.75</u>	<u>\$ 358.75</u>
Claims Costs:		
Medical	\$396.06	\$1,146.24
Dental	\$42.94	\$116.40
Vision	\$8.25	\$8.25
Total Claims Costs:	<u>\$ 447.25</u>	<u>\$ 1,270.89</u>
HMO Premium + Fixed	<u>\$ 806.00</u>	<u>\$ 1,629.64</u>
8.9% network premium swing PPO Premium + Fixed	<u>\$ 877.77</u>	<u>\$ 1,774.68</u>
HMO & PPO COUNTY SHARE	\$ 806.00	\$ 1,393.40
HMO EMPLOYEE SHARE	\$ -	\$ 236.24
PPO EMPLOYEE SHARE	\$ 71.77	\$ 381.28

Adopted this 3 day of July 2023.

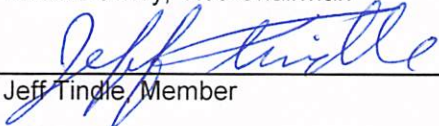
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