RESOLUTION # 27-11/26 **TO: HONORABLE MEMBERS OF THE LA CROSSE COUNTY BOARD OF SUPERVISORS**	**ITEM # 11-10** **BOARD ACTION** Adopted: ✓ For: 30 Against: 0 Abstain: 0 Abs/Excd: 0 Vote Req: ____ Other Action: —	**EXECUTIVE COMMITTEE ACTION** Adopted: ✓ For: 7 Against: 0 Abstain: 0 Abs/Excd: 2

RE: ADOPTION OF RATES FOR THE 2027 HEALTH PLAN AND DENTAL PLAN

WHEREAS, it is necessary to establish the premium for county Health and Dental insurance for those eligible non-union and union employees and continued compliance with the Affordable Health Care Act; and,

WHEREAS, it is necessary to confirm third party administrators (TPA) for the county health and dental plans and to establish the county's portion of contribution to the Health and Dental rates for those eligible non-union and union employees, and to fund the Health and Dental benefit plan at appropriate levels considering the recommendations of insurance advisors; and,

WHEREAS, the county is authorized under law, past practice and precedent and the requirements of good fiscal management to establish plan design for cost efficient health programs for county employees, and the health benefit is a major cost item in the county budget.

WHEREAS, Health and Dental insurance claim costs and prescription drug costs continue to increase, surpassing the total premiums paid by employees and the county. To ensure adequate fund balance levels, Health and Dental insurance premium increases and health plan design changes will be implemented in 2027.

WHEREAS, the county continues to explore and offer low-cost health care alternatives to employees.

NOW THEREFORE BE IT RESOLVED, that annual deductibles and annual max out of pocket costs are changing. The Health plan in-network coverage deductible will be $2,850 for single and $5,700 for family; with a maximum out of pocket expense of $5,000 single and $10,000 family.

	2026	2027
In Network Deductible (Single/Family)	$1,350/ $2,700	$2,850/ $5,700
In Network Out of Pocket (Single/Family)	$3,350/ $6,700	$5,000/ $10,000

BE IT FURTHER RESOLVED, Health and Dental insurance will be offered only to those employees working 30 or more hours per week.

BE IT FURTHER RESOLVED, that La Crosse County Board does hereby approve the contract with Point C for third party administration of the county's Health plan and with Delta Dental for the Dental plan for the calendar year 2027.

BE IT FURTHER RESOLVED, that the La Crosse County Board does hereby adopt the following rates for the Health Insurance plan, for all eligible employees effective for the 2027 plan year with coverage dates beginning January 1, 2027.

	Medical Family Plan 2026		
	Per Pay	Per Month	Per Year
County Share 88%	877.80	1,755.60	21,067.20
EE Share 12%	119.70	239.40	2,872.80
Total Premium	997.50	1,995.00	23,940.00

	Medical Single Plan 2026		
	Per Pay	Per Month	Per Year
County Share 88%	358.05	716.10	8,593.20
EE Share 12%	48.83	97.65	1,171.80
Total Premium	406.88	813.75	9,765.00

	Medical Family Plan 2027		
	Per Pay	Per Month	Per Year
County Share 88%	1,141.14	2,282.28	27,387.36
EE Share 12%	155.61	311.22	3,734.64
Total Premium	1,296.75	2,593.50	31,122.00

	Medical Single Plan 2027		
	Per Pay	Per Month	Per Year
County Share 88%	465.47	930.94	11,171.28
EE Share 12%	63.47	126.94	1,523.28
Total Premium	528.94	1,057.88	12,694.56

Increase to Medical Family Plan for 2027			
$ Increase	Per Pay	Per Month	Per Year
County Share	263.34	526.68	6,320.16
EE Share	35.91	71.82	861.84
Total Increase	299.25	598.50	7,182.00

Increase to Medical Single Plan for 2027			
$ Increase	Per Pay	Per Month	Per Year
County Share	107.42	214.84	2,578.08
EE Share	14.64	29.29	351.48
Total Increase	122.06	244.13	2,929.56

BE IT FURTHER RESOLVED, that the La Crosse County Board does hereby adopt the following rates for the Dental Insurance plan for all eligible employees effective for the 2027 plan year with coverage dates beginning January 1, 2027.

	Dental Family Plan 2026		
	Per Pay	Per Month	Per Year
County Share 78%	44.07	88.14	1,057.68
EE Share 22%	12.43	24.86	298.32
Total Premium	56.50	113.00	1,356.00

	Dental Single Plan 2026		
	Per Pay	Per Month	Per Year
County Share 78%	16.77	33.54	402.48
EE Share 22%	4.73	9.46	113.52
Total Premium	21.50	43.00	516.00

	Dental Family Plan 2027		
	Per Pay	Per Month	Per Year
County Share 78%	48.48	96.96	1,163.52
EE Share 22%	13.67	27.34	328.08
Total Premium	62.15	124.30	1,491.60

	Dental Single Plan 2027		
	Per Pay	Per Month	Per Year
County Share 78%	18.45	36.90	442.80
EE Share 22%	5.20	10.40	124.80
Total Premium	23.65	47.30	567.60

Increase to Dental Family Plan for 2027			
$ Increase	Per Pay	Per Month	Per Year
County Share	4.41	8.82	105.84
EE Share	1.24	2.48	29.76
Total Increase	5.65	11.30	135.60

Increase to Dental Single Plan for 2027			
$ Increase	Per Pay	Per Month	Per Year
County Share	1.68	3.36	40.32
EE Share	0.47	0.94	11.28
Total Increase	2.15	4.30	51.60

RE: ADOPTION OF RATES FOR THE 2027 HEALTH PLAN AND DENTAL PLAN

BE IT FURTHER RESOLVED, that the County Administrator, the County Clerk and the County Human Resources Director are hereby authorized to sign any and all necessary documents for effectuating the above plans for 2027 on behalf of La Crosse County.

FISCAL NOTE: There are sufficient funds budgeted in the 2027 budget to cover all the changes listed above.

Date: 11-4-26

EXECUTIVE COMMITTEE CHAIR

Date: 11-4-26

RECORDING CLERK

	Reviewed Only	Recommended	Not Recommended
Co. Admin.			
Fin. Director			
Corp. Counsel			
Board Chair			

Requested By: Jane Klekamp
Date Requested: October 20, 2026
Drafted By: Stephen Conrad

Adopted by the La Crosse County Board this 9 Day of November, 2026

STATE OF WISCONSIN
COUNTY OF LA CROSSE
I, Ginny Dankmeyer, County Clerk of La Crosse County do hereby certify that this document is a true and correct copy of the original resolution required by law to be in my custody and which the County Board of Supervisors of La Crosse County adopted at a meeting held on the 9th day of November 2026.

Ginny Dankmeyer, La Crosse County Clerk