

Board of County Commissioners Agenda Request



Requested Meeting Date: May 9, 2023

Title of Item: Settlement in Lieu of Health Insurance Premiums

✓ REGULAR AGENDA	Action Requested:		Direction Requested
CONSENT AGENDA	Approve/Deny Motion		Discussion Item
INFORMATION ONLY	Adopt Resolution (attach dra *provide		Hold Public Hearing* aring notice that was published
Submitted by: Bobbie Danielson, HR Director		Departme	ent:
Presenter (Name and Title): Bobbie Danielson, HR Director			Estimated Time Needed: 3-5 Minutes
Summary of Issue:			
Background: We are paying health ins premiums to end.	urance for a former employee and wo	uld like to pi	ropose a settlement for these
Alternatives, Options, Effects on Others/Comments:			
Recommended Action/Motion: Motion to authorize the County Administrator to determine an appropriate settlement cap. A recommendation will be brought to the County Board for final approval if the individual chooses a settlement in lieu of health insurance. Financial Impact: Is there a cost associated with this request? Yes No			
What is the total cost, with tax and shipping? \$ To be determined			
Is this budgeted? Yes No Please Explain:			
Estimated cost to age 65 without a settlement \$153,757 (assumes 7% premium increase per year).			