

RESOLUTION 2009-08

1-14-09

RESOLUTION BY THE ADMINISTRATION, PERSONNEL, POLICY AND LEGAL COMMITTEE AUTHORIZING THE RENEWAL OF THE CONTRACT WITH DIVERSIFIED BENEFIT SERVICES INC. FOR THIRD PARTY ADMINISTRATOR TO THE HEALTH INSURANCE PROGRAM FOR VILLAGE EMPLOYEES

WHEREAS, the Village's Health Insurance Program relies on the administration by a third party administrator; and

WHEREAS, the Board of Trustees is satisfied with the present third party administrator which is Diversified Benefit Services Inc.

NOW THEREFORE, the Village Board of the Village of Sturtevant, Racine County, Wisconsin does hereby resolve:

1. That the execution of an agreement with Diversified Benefit Services Inc. for health insurance third party administration for the village for the year 2009 and 2010 is authorized and approved subject to final review by the Village Administrator.
2. That the annual cost shall be \$4.75 per month per employee.
3. That the authorized Health Reimbursement Arrangement for the Village is set forth in Exhibit A which is attached hereto and incorporated herein.
4. The Village President and the Village Clerk are authorized to sign any agreements or other documents necessary to carry out the intent of this resolution;

Adopted by the Village Board of the Village of Sturtevant, Racine County, Wisconsin, this 20th day of January, 2009.

Village of Sturtevant

By _____
Steven Jansen, President

Attest _____
Mary Hanstad, Village Clerk

**EXHIBIT A
AMENDMENT TO THE
Village of Sturtevant
HEALTH REIMBURSEMENT ARRANGEMENT**

The Plan Sponsor Section of the Adoption Agreement is revised to read as follows:

Available Benefits

Health Insurance Deductibles
Health Plan Coinsurance
Health Insurance Copayments

Maximum Plan Year Reimbursement Amount

Single In-Network Deductible:	\$ 2,050
Employee Plus One In-Network Deductible:	\$ 4,100
Family In-Network Deductible:	\$ 6,600
Single Out-of-Network Deductible:	\$ 4,000
Employee Plus One Out-of-Network Deductible:	\$ 8,000
Family Out-of-Network Deductible:	\$ 12,000
In-Network Office Visit Copayments (PCP):	\$ 20
In-Network Office Visit Copayments (Specialist):	\$ 35
In-Network Office Visit Copayments (Emergency Room):	\$ 25
Generic Prescription Drug Copayments:	\$ 10
Generic Mail Order	\$ 20
Brand Prescription Drug Copayments:	\$ 10
Brand Mail Order	\$ 25
Non-Preferred Prescription Drug Copayments:	\$ 20
Non-Preferred Mail Order	\$ 50
Single In-Network Dental Deductible:	\$ 25
Employee Plus One In-Network Dental Deductible:	\$ 50
Family In-Network Dental Deductible:	\$ 75
Single Out-of-Network Dental Deductible:	\$ 25
Employee Plus One Out-of-Network Dental Deductible:	\$ 50
Family Out-of-Network Dental Deductible:	\$ 75
Orthodontic Services	\$ 500
Dental Reimbursement for Basic Services	* Up to \$1,000 per covered person
Dental Reimbursement for Major Services	* Up to \$1,000 per covered person
<i>*HRA reimbursements are capped at \$1,000 per covered person for Basic and Major Dental Services combined.</i>	
Vision Examinations Co-pay:	\$ 10
Lenses Co-pay:	\$ 20
Frames Co-pay:	\$ 20
Contact Lenses Co-pay:	\$ 20