

**RESOLUTION 2022-42
(06-07-22)**

**RESOLUTION BY THE ADMINISTRATION, PERSONNEL, POLICY & LEGAL
COMMITTEE OF THE VILLAGE OF STURTEVANT AUTHORIZING A CONTRACT WITH
UNITED HEALTHCARE AND DELTA DENTAL FOR MEDICAL, DENTAL AND VISION
COVERAGE.**

WHEREAS, there is a need to obtain Medical, Dental and Vision insurance for the Village; and;

WHEREAS, it would be in the best interests of the Village to continue Medical insurance coverage with United Healthcare; and

WHEREAS, it would be in the best interests of the Village to continue Dental and Vision insurance coverage with Delta Dental and Delta Vision; and

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

1. That the annual premium and the coverage for said insurance is set forth in Exhibit A which is attached hereto and incorporated herein.
2. 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 7th day of June 2022.

Village of Sturtevant

By


Michael Rosenbaum, President

Attest


Cheryl Zamecnik, Village Clerk

Village of Sturtevant 5/1/2022 Renewal

Medical Premiums

	Total Premium	Employer Contribution	Employee Contribution - 12%	Employee Payroll Deductions
Employee Only	\$820.63	\$722.15	\$98.48	\$49.24
Employee & Spouse	\$1,641.27	\$1,444.32	\$196.95	\$98.48
Employee & Child	\$1,477.14	\$1,299.88	\$177.26	\$88.63
Family*90% contb.	\$2,461.90	\$2,215.71	\$246.19	\$123.10

Dental Premiums

	Total Premium	Employer Contribution	Employee Contribution - 12%	Employee Payroll Deductions
Employee Only	\$33.60	\$29.57	\$4.03	\$2.02
Employee & Spouse	\$67.20	\$59.14	\$8.06	\$4.03
Employee & Child	\$71.56	\$62.97	\$8.59	\$4.29
Family*90% contb.	\$116.21	\$104.59	\$11.62	\$5.81

Vision Premiums

	Total Premium	Employer Contribution	Employee Contribution - 12%	Employee Payroll Deductions
Employee Only	\$9.68	\$8.52	\$1.16	\$0.58
Employee & Spouse	\$19.36	\$17.04	\$2.32	\$1.16
Employee & Child	\$19.76	\$17.39	\$2.37	\$1.19
Family*90% contrb	\$29.44	\$26.50	\$2.94	\$1.47

Total Benefit Costs

	Total Premium	Employer Contribution	Employee Contribution - 12%	Employee Payroll Deductions
Employee Only	\$863.91	\$760.24	\$103.67	\$51.83
Employee & Spouse	\$1,727.83	\$1,520.49	\$207.34	\$103.67
Employee & Child	\$1,568.46	\$1,380.24	\$188.22	\$94.11
Family	\$2,607.55	\$2,346.80	\$260.76	\$130.38

2021
~~\$~~46.31
 92.61
 84.16
 116.56

United Healthcare Renewal Rates - 05/01/2022

Village of Sturtevant

Monthly Premium: Current/ Renewal Plans

	Current		Renewal		Renewal Alt 1
Select Carrier (Hidden Row) -->	United_Healthcare		United_Healthcare		Humana
Carrier	United Healthcare		United Healthcare		Humana
Network					
Plan Name	2021 CFRU 253		CPS7 K62Y		
Plan Type	Traditional		Tradictional		Traditional
Metal Level	Gold		Gold		Gold
Deductible †	\$1250/\$2500		\$1250/\$2500		\$1500/\$3000
Max. Out-of-Pocket (MOoP) †	\$7500/\$15,000		\$7750/\$15,500		\$5000/\$10000
Family Ded./ MOoP Accumulator	Embedded		Embedded		Embedded
Coinsurance †	80%		80%		80%
Monthly Premium	\$	27,110.26	\$	29,378.65	\$ 38,149.17
Increase from Current		--		8.4%	40.7%

† In-network benefits shown

Monthly Premium: Employee Detail

			Current		Renewal		Renewal Alt 1
			United Healthcare		United Healthcare		Humana
			2021 CFRU 253		CPS7 K62Y		0
	37	F	\$	1,971.74	\$	2,136.72	
	29	ES	\$	1,124.61	\$	1,218.71	
	41	F	\$	2,049.20	\$	2,220.66	
	41	EC	\$	1,432.97	\$	1,552.87	
	38	E	\$	618.68	\$	670.45	
	31	F	\$	1,542.29	\$	1,671.34	
	22	EE	\$	490.24	\$	531.26	
	54	F	\$	2,248.74	\$	2,436.89	
	56	F	\$	3,134.10	\$	3,396.35	
	29	ES	\$	1,105.00	\$	1,197.46	
	50	F	\$	2,346.78	\$	2,543.14	
	30	E	\$	568.19	\$	615.73	
	40	F	\$	2,577.68	\$	2,793.36	
	33	ES	\$	595.15	\$	644.95	
	28	E	\$	548.58	\$	594.48	
	50	F	\$	3,709.65	\$	4,020.04	
	54	E	\$	1,046.66	\$	1,134.24	
Monthly Billing Fee			\$	-	\$	-	\$
Monthly Premium			\$	27,110.26	\$	29,378.65	\$ 38,149.17
Increase from Current				2021 --		2022 8.4%	40.7%

The Renewal carrier's premiums are guaranteed and do not require medical underwriting. However, an individual's rate may increase based on changes to their age, ZIP code, and/ or tobacco use status.