

**RESOLUTION 2023-19
(04-05-23)**

**RESOLUTION BY THE ADMINISTRATION, PERSONNEL, POLICY & LEGAL
COMMITTEE OF THE VILLAGE OF STURTEVANT AUTHORIZING A CONTRACT WITH
UNITED HEALTHCARE FOR MEDICAL COVERAGE AND DELTA DENTAL FOR 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 5th day of April 2023

Village of Sturtevant

By 
Michael Rosenbaum, President

Attest 
Cheryl Zamecnik, Village Clerk

Village of Sturtevant 5/1/2023 Renewal

Medical Premiums

	Total Premium	Employer Contribution	Employee Contribution - 12%	Employee Payroll Deductions
Employee Only	\$746.64	\$657.04	\$89.60	\$44.80
Employee & Spouse	\$1,493.29	\$1,314.10	\$179.19	\$89.60
Employee & Child	\$1,343.96	\$1,182.68	\$161.28	\$80.64
Family*90% contb.	\$2,239.93	\$2,015.94	\$223.99	\$112.00

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	\$789.92	\$695.13	\$94.79	\$47.40	2022 \$51.83
Employee & Spouse	\$1,579.85	\$1,390.27	\$189.58	\$94.79	\$103.67
Employee & Child	\$1,435.28	\$1,263.05	\$172.23	\$86.12	\$94.11
Family	\$2,385.58	\$2,147.02	\$238.56	\$119.28	\$130.38

Exhibit A