

# COUNTY OF DODGE (#1770BQ4)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2023 - December 31, 2023

## Alternates for PPO Plan

<u>Enrollment</u>	<u>Subscribers</u>	<u>Members</u>
Subscriber Only	0	0
Subscriber + Family	1	3
Subtotal Active	1	3

### Medicare Eligible Enrollment

Subscriber Only, Medicare	0	0
Subscriber + One, 2 w/ Medicare	0	0
Subscriber + One, 1 w/ Medicare	0	0
Subscriber + Family, 1 w/ Medicare	0	0
Subscriber + Family, 2 or more w/ Medicare	0	0
Subtotal Medicare Eligible	0	0

Total  
**Monthly Premium** \$2,207.12  
**Annual Premium** \$26,485

### Change from Current Rates

14.5%

### RENEWAL ACCEPTANCE

Please select one of the following:

Renew with renewing plan indicated above

Renew with a plan change

Circle desired alternative above

Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To ensure a correct January billing statement and correct SBC information is mailed to your insured employees, return this renewal acceptance no later than Friday, November 18, 2022

All plans noted as Focus include only Dean Clinic & SSM Affiliates locations in Dane, Rock & Sauk counties.

To view your SBC information please visit our website at <https://app.deancare.com/sites/sbc/employergroup>

If you cannot locate your SBC, please contact your Account Manager for assistance.

<u>Renewal Rates</u>	<u>Over Current</u>	<u>Increase</u>
Plan 5 - 0	\$1,058.51	19.9%
	\$2,646.28	19.9%
Plan 5 - 1	\$1,010.65	19.9%
	\$2,526.62	19.9%
	\$960.12	19.9%
	\$1,920.24	19.9%
	\$1,970.77	19.9%
	\$2,425.56	19.9%
	\$2,223.43	19.9%
	\$2,646.28	19.9%
	\$31,755	19.9%

Medical code  
 Pharmacy code

PPO03190  
 PHA01729

PPO04194  
 PHA03014

Please return this page to:

Heather McDonald

Account Manager

Dean Health Plan

Direct: 608-827-4062

Fax: 608-252-0834

E-Mail: [heather.mcdonald@deancare.com](mailto:heather.mcdonald@deancare.com)



## Health Plan Premium Rates for Employees and Retirees without Medicare

2022 Plan Year

Local High Deductible Health Plan

Form Number: et-2169pr

The employee and non-Medicare retiree health plan rates reflect total monthly premium rates for each health plan.

Members of new participating employers may have a surcharge added to their rates. Your employer will inform you. Contact your payroll office with questions.

Health Plan	Individual	Family
<u>Access Plan<sup>1</sup> by WEA Trust</u>	\$996.36	\$2,455.60
<u>Aspirus Health Plan</u>	\$896.44	\$2,205.78
<u>Dean Health Insurance</u>	\$681.82	\$1,669.24
<u>Dean Health Insurance-Prevea360</u>	\$675.54	\$1,653.54
<u>Group Health Cooperative of Eau Claire</u>	\$692.90	\$1,696.94
<u>Group Health Cooperative of South Central Wisconsin</u>	\$583.50	\$1,423.44
<u>HealthPartners Health Plan</u>	\$917.22	\$2,257.74
<u>Medical Associates Health Plan</u>	\$635.70	\$1,553.94
<u>MercyCare Health Plan</u>	\$600.06	\$1,464.84
<u>Network Health</u>	\$709.34	\$1,738.04
<u>Quartz Central</u>	\$873.12	\$2,147.48
<u>Quartz - UW Health</u>	\$618.98	\$1,512.14
<u>Quartz West</u>	\$732.80	\$1,796.68
<u>Robin with HealthPartners Health Plan</u>	\$955.14	\$2,352.54
<u>State Maintenance Plan (SMP)<sup>1</sup> by WEA Trust</u>	\$792.70	\$1,946.46
<u>WEA Trust - East</u>	\$831.62	\$2,043.74
<u>WEA Trust West - Chippewa Valley</u>	\$946.90	\$2,331.94
<u>WEA Trust West - Mayo Clinic Health System</u>	\$932.70	\$2,296.44

Wisconsin Feedback

<sup>1</sup>Members with Local Access Plan or SMP coverage who enroll in Medicare Parts A and B will automatically be moved to the IYC Medicare Plus plan. All other non-Medicare family members remain covered under the Local Access Plan or SMP.

Thank you for the budgeting information. Just for clarification, this is the maximum surcharge and it could possibly be lower after the underwriting process is complete?

Have a great weekend,

*Stephanie Justmann*

Purchasing Agent

Dodge County Finance Department

127 E. Oak Street

Juneau, WI 53039

920-386-4224

[sjustmann@co.dodge.wi.us](mailto:sjustmann@co.dodge.wi.us)

**From:** Stenner, Beth - ETF <[Beth.Stenner@etf.wi.gov](mailto:Beth.Stenner@etf.wi.gov)>

**Sent:** Friday, May 13, 2022 1:16 PM

**To:** Justmann, Stephanie <[sjustmann@co.dodge.wi.us](mailto:sjustmann@co.dodge.wi.us)>

**Cc:** Mielke, James <[jmielke@co.dodge.wi.us](mailto:jmielke@co.dodge.wi.us)>; Immel, Suzanne <[simmel@co.dodge.wi.us](mailto:simmel@co.dodge.wi.us)>; Mindemann, Tonia <[tmindemann@co.dodge.wi.us](mailto:tmindemann@co.dodge.wi.us)>

**Subject:** RE: Inquiry: Dodge County (0927-000) ETF Insurance

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**EXTERNAL EMAIL:** Verify sender before opening links and attachments.

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Hi!

My apology for the delay and for not responding to your 5/9/22 inquiry.

I have reached out to the underwriters.

For budgeting purposes, if participating on January 1, the current maximum surcharges would be \$320.00 per month per single contract and \$800.00 per month per family contract for the first 12 months. The surcharge for the 2<sup>nd</sup> 12 months then reduces to \$160.00 per month per single contract and \$400.00 per month per family contract. The surcharge then ends after the 24 months.

Hoping this assists.

Thank you much!!!



**Beth Stenner**

Case Manager

Employer Services Insurance Unit

Wisconsin Department of Employee Trust Funds | [etf.wi.gov](http://etf.wi.gov)

877 533-5020, Option 2, Ext. 32 | Fax 608 267-4549



Know your [WRS Benefits](#) and how they work! [#WRSbenefits](#)

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Effective January 1, 2022 ~~2021~~, the Employer will pay eighty-eight and one-half percent (88.5%) ~~eighty-nine and one-half percent (89.5%)~~ of the premium rate of the lowest cost qualified health care coverage plan offered by the Employer to the employees for either single or family coverage.

Effective January 1, 2023, the Employer will pay eighty-seven and one-half percent (87.5%) of the premium rate of the lowest cost qualified health care coverage plan offered by the Employer to the employees for either single or family coverage.

Effective January 1, 2024, the Employer will pay eighty-five and one-half percent (85.5%) of the premium rate of the lowest cost qualified health care coverage plan offered by the Employer to the employees for either single or family coverage.

b. **Section 9.2 Dental Insurance:** Revise language as follows

~~The Employer will continue dental insurance with a maximum limit of \$1,000.00 per participant per calendar year; no deductibles; 100% payment of diagnostic, preventative, ancillary and regular restorative; 80% payment of oral surgery, endodontics, periodontics; and 50% payment of precious metal, prosthodontics and orthodontics with a separate \$1,000.00 lifetime maximum per participant.~~ The Employer agrees to pay a flat payment that reflects the same amount paid by all eligible employees for dental insurance offered by the Employer for either single or family coverage.

8. **Article X, Holidays:** Revise to language

a. **Section 10.2**

Holiday pay shall be based upon eight (8) hours pay for each day, however employees will be permitted to take holiday time in one (1) hour ~~four (4) hour~~ increments with the prior approval of management. For the purposes of this section, 'holiday time' refers to the holiday hours made available for the employee at the beginning of the calendar year.

b. **Section 10.3**

Employees required to work on a holiday will be paid time and one-half (1 ½) for hours worked plus a compensatory day off or eight (8) hours pay at the Employee's option. The compensatory day is to be selected by the Employee, subject to the approval of the Sheriff or designee ~~his/her delegated assistant~~.

9. **Article XI Vacations:** Revise as follows:

a. **Section 11.1**

YEARS OF SERVICE	ANNUAL HOURS OF VACATION
Hire to 4 years	80 hours
5 years to 9 years	120 hours
10 years to 14 years	160 hours
15 years to 19 years	200 hours
20 years to 24 years	220 hours

a. **Section 22.1 Starting on Line 14**

Current law enforcement certification is a pre-requisite and requirement for this position. The Employer will provide for, and the employee is required to successfully participate in, minimum training as set forth by Wisconsin State Statutes. ~~The employee will also be required to successfully participate in firearms training as determined by the Sheriff.~~ Inability to satisfactorily participate in any training required by the sheriff will be cause for termination of employment.

b. **Section 22.1 Starting on Line 29**

Employees are eligible for pro-rated uniform allowance in relation to regularly scheduled hours, payable on the second pay roll or before January 7 of the following year. Employees are eligible for a prorated amount as described in Section 17.7. Employees are not eligible for new-hire uniform allowance (17.3). The Employer will provide a ~~gun, gun-belt, walkie-talkie, and a badge for use by the Court Security Officers~~ badge, leather goods, handcuffs, gun and other equipment as determined by the sheriff. ~~This position does not require a vehicle assignment.~~

16. Revise dates throughout agreement as determined by length of the finalized agreement.

17. **Wages.**

**Appendix "A"**

Add \$1.00 to each step of the Sergeant Pay Grade.

Cost of Living:

Effective January 1, 2022: 3%

Effective January 1, 2023: 3.5%

Effective January 1, 2024: 3.75%

18. **Notice of Discontinuance of Past-Practice**

The County will discontinue the past practice of paying employees on average 75 hours or 80 hours per pay period.



2022 Health Plan Options

Dean Health Plan	Plan 2-3: 2022 High Deductible H.S.A \$2000/\$4000 Plan				Monthly Premiums	
	Total Deductible	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
Single	\$2,000.00	\$1,000.00	\$1,000.00	\$604.02	\$510.40	\$93.62
Family	\$4,000.00	\$2,000.00	\$2,000.00	\$1,510.05	\$1,275.99	\$234.06
w/H.S.A Contribution \$593.73 w/H.S.A Contribution \$1,442.66						
Plan 2-3: 2022 PPO High Deductible H.S.A \$2000/\$4000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$2,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$842.98	\$510.40	\$332.58
\$4,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,107.45	\$1,275.99	\$831.46
w/H.S.A Contribution \$593.73 w/H.S.A Contribution \$1,442.66						
Plan 2-0: 2022 High Deductible H.S.A \$1500/\$3000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$1,500.00	\$750.00	\$750.00	\$750.00	\$632.83	\$510.40	\$122.43
\$3,000.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,582.08	\$1,275.99	\$306.09
w/H.S.A Contribution \$572.90 w/H.S.A Contribution \$1,400.99						
Plan 2-0: 2022 PPO High Deductible H.S.A \$1500/\$3000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$1,500.00	\$750.00	\$750.00	\$750.00	\$882.85	\$510.40	\$372.45
\$3,000.00	\$1,500.00	\$1,500.00	\$1,500.00	\$2,207.12	\$1,275.99	\$931.13
w/H.S.A Contribution \$572.90 w/H.S.A Contribution \$1,400.99						
Grandfathered						
2022 Low Deductible \$500/\$1000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$500.00	\$264.89	\$264.89	\$510.40	\$354.49	\$354.49	\$0.00
\$1,000.00	\$2,162.22	\$2,162.22	\$1,275.99	\$886.23	\$886.23	\$0.00
2022 PPO Low Deductible \$500/\$1000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$500.00	\$1,227.86	\$1,227.86	\$510.40	\$717.46	\$717.46	\$0.00
\$1,000.00	\$3,069.65	\$3,069.65	\$1,275.99	\$1,793.66	\$1,793.66	\$0.00

2023 Health Plan Options

Dean Health Plan	Plan 2-3: 2023 High Deductible H.S.A \$2000/\$4000 Plan				Monthly Premiums	
	Total Deductible	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
Single	\$2,000.00	\$1,000.00	\$1,000.00	\$724.23	\$611.97	\$112.26
Family	\$4,000.00	\$2,000.00	\$2,000.00	\$1,810.58	\$1,529.94	\$280.64
w/H.S.A Contribution \$695.31 w/H.S.A Contribution \$1,696.61						
Plan 2-3: 2023 PPO High Deductible H.S.A \$2000/\$4000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$2,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,010.71	\$611.97	\$398.74
\$4,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,526.78	\$1,529.94	\$996.84
w/H.S.A Contribution \$695.31 w/H.S.A Contribution \$1,696.61						
Plan 2-0: 2023 High Deductible H.S.A \$1500/\$3000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$1,500.00	\$750.00	\$750.00	\$750.00	\$758.76	\$611.97	\$146.79
\$3,000.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,896.90	\$1,529.94	\$366.96
w/H.S.A Contribution \$674.47 w/H.S.A Contribution \$1,654.94						
Plan 2-0: 2023 PPO High Deductible H.S.A \$1500/\$3000 Plan						
Total Deductible		H.S.A. Funding		Monthly Premiums		
Deductible	Funded	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
\$1,500.00	\$750.00	\$750.00	\$750.00	\$1,058.51	\$611.97	\$446.54
\$3,000.00	\$1,500.00	\$1,500.00	\$1,500.00	\$2,646.28	\$1,529.94	\$1,116.34
w/H.S.A Contribution \$674.47 w/H.S.A Contribution \$1,654.94						

Account	2022 Revised Budget	2023 Budget Projections				Total Variance
		3.5% Wage Inc	HI 19.9% Inc	Var w/o HI	HI Variance	
511000 Total	50,685,693.00	52,459,692		1,773,999		
512000 Total	273,000.00	282,555		9,555		
513000 Total	3,882,413.00	4,018,297		135,884		
513100 Total	3,517,625.00	3,640,742		123,117		
513200 Total	9,247,015.00		11,087,171		1,840,156	
513201 Total	956,022.00					
513400 Total	290,728.00	300,903		10,175		
				2,052,731	1,840,156	3,892,887

Employer Share Health Insurance		2022	2023	Increase	
Family		15,312.00	18,359.09	3,047.09	
Single		6,124.80	7,343.64	1,218.84	
Employee Share Health Insurance		2022	2023	Increase	Inc/hr
Family - \$2000/4000		2,808.72	3,367.66	558.94	0.27
Single - \$2000/4000		1,123.44	1,347.00	223.56	0.11
Family - \$1500/3000		3,672.96	4,403.88	730.92	0.35
Single - \$1500/3000		1,469.04	1,761.38	292.34	0.14
Average Salary/hr		3.5% Increase			
15.00		0.53			
20.00		0.70			
25.00		0.88			
30.00		1.05			



**Consumer Price Index Calculation Chart** (updated last on 05-12-22)

The Wisconsin Department of Revenue (DOR) has advised the Wisconsin Employment Relations Commission (WERC) that the CPI-U increase applicable to one-year collective bargaining agreements with a term beginning on the following dates is as noted in the corresponding column in the chart below.

\*Revised 11/4/2016.

Beginning date of one-year collective bargaining agreement	Applicable CPI-U as determined by WI Department of Revenue
October 1, 2022	6.56%
September 1, 2022	5.72%
August 1, 2022	5.21%
July 1, 2022	4.70%
June 1, 2022	4.23%
May 1, 2022	3.76%
April 1, 2022	3.33%
March 1, 2022	3.00%
February 1, 2022	2.67%
January 1, 2022	2.30%
December 1, 2021	1.65%
November 1, 2021	1.50%
October 1, 2021	1.18%
September 1, 2021	1.09%
August 1, 2021	1.15%
July 1, 2021	1.23%
June 1, 2021	1.31%
May 1, 2021	1.38%
April 1, 2021	1.43%
March 1, 2021	1.46%
February 1, 2021	1.50%
January 1, 2021	1.56%
December 1, 2020	1.65%
November 1, 2020	1.79%
October 1, 2020	1.93%
September 1, 2020	1.96%
August 1, 2020	1.89%
July 1, 2020	1.81%
June 1, 2020	1.78%
May 1, 2020	1.79%
April 1, 2020	1.85%
March 1, 2020	1.90%
February 1, 2020	1.98%
January 1, 2020	2.07%
December 1, 2019	2.17%
November 1, 2019	2.26%
October 1, 2019	2.30%
September 1, 2019	2.34%
August 1, 2019	2.40%
July 1, 2019	2.44%
June 1, 2019	2.46%
May 1, 2019	2.46%
April 1, 2019	2.42%
March 1, 2019	2.42%
February 1, 2019	2.36%
January 1, 2019	2.25%

ACTIVE

	FAMILY		SINGLE		TWO PARTY		Total	
	Subscribers	Members	Subscribers	Members	Subscribers	Members	Subscribers	Members
	179PK00	3	12	9	9	0	0	12
179PK0S	141	556	77	77	78	156	296	789
179PK0Z	0	0	3	3	1	2	4	5
179PK34	1	3	0	0	0	0	1	3
17FK6HD	150	594	70	70	45	90	265	754
17FK6HN	0	0	2	2	0	0	2	2
17FK6J9	1	3	0	0	0	0	1	3
<b>Sum:</b>	<b>296</b>	<b>1,168</b>	<b>161</b>	<b>161</b>	<b>124</b>	<b>248</b>	<b>581</b>	<b>1,577</b>

Retiree

	FAMILY		SINGLE		TWO PARTY		Total	
	Subscribers	Members	Subscribers	Members	Subscribers	Members	Subscribers	Members
17A4DHY	4	12	45	45	3	6	52	63
Sum:	4	12	45	45	3	6	52	63