

Dental Renewal

Dental Benefit Summary

Current		
Plan: P2375 ¹ / Type: DPPO		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,500 / \$1,000
	Ortho Lifetime	\$1,500 / \$1,000
Deductible	Individual/Family	\$50 / \$150
Waiting Period	Major Services	NO WAIT
Coinsurance	Preventive	100% / 90%
	Minor Restore	80% / 70%
	Endo/Perio/Oral [†]	50% / 50%
	Major Services	50% / 50%
	Orthodontia	50% / 50%

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Monthly Rates/Premiums

	Enrollment	Rate
Employee	2	\$45.58
Empl + Spouse	2	\$91.15
Empl + Child	0	\$91.99
Empl + Fam	1	\$141.80
Monthly Premium		\$415.26

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Change in Rate: 0.0%

- * The rates displayed in this package will be effective through 12/31/2025. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- * Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.
- ¹ Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

Vision options

	Quote 1		Quote 2		Quote 3		Quote 4	
	Plan S1006		Plan S1008		Plan S1010		Plan S1012	
	Type VOLUNTARY		Type VOLUNTARY		Type 100% ER PAID/0% DEP PAID		Type 100% ER PAID/0% DEP PAID	
	Benefit	Amount	Benefit	Amount	Benefit	Amount	Benefit	Amount
In-Network Copay	Exam	\$10	Exam	\$10	Exam	\$10	Exam	\$10
	Materials	\$25	Materials	\$25	Materials	\$25	Materials	\$25
Allowances	Frame	\$130	Frame	\$130	Frame	\$130	Frame	\$130
	Contact Lens	\$105	Contact Lens	\$105	Contact Lens	\$105	Contact Lens	\$105
Frequencies	Exam	1 x per 12 mos	Exam	1 x per 12 mos	Exam	1 x per 12 mos	Exam	1 x per 12 mos
	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos
	Frame	1 x per 12 mos	Frame	1 x per 24 mos	Frame	1 x per 12 mos	Frame	1 x per 24 mos
Enrollment Rates	Tiers	Monthly Rate	Tiers	Monthly Rate	Tiers	Monthly Rate	Tiers	Monthly Rate
	Employee	\$7.67	Employee	\$7.14	Employee	\$6.75	Employee	\$6.28
	Empl + Spouse	\$14.56	Empl + Spouse	\$13.54	Empl + Spouse	\$14.18	Empl + Spouse	\$13.19
	Empl + Child	\$17.08	Empl + Child	\$15.88	Empl + Child	\$16.64	Empl + Child	\$15.47
	Empl + Family	\$24.04	Empl + Family	\$22.36	Empl + Family	\$24.56	Empl + Family	\$22.84
Monthly Premium	\$77.91		\$72.46		\$76.31		\$70.97	

- * Vision plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- * To complement the pediatric vision coverage included as an Essential Health Benefit in UnitedHealthcare medical plans, four vision options are included as part of this renewal package. Your Renewal Account Executive (RAE) or Renewal Account Consultant (RAC) is available to review your options to provide a consistent and comprehensive family vision experience. If you choose to offer an employer-paid plan, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.

Basic Life AD&D options

	Enrollment	Benefit	Volume	Rate per \$1,000	Total	Monthly Premium
Life Insurance				\$0.12	\$15.00	
AD&D Insurance	5	\$25,000	\$125,000	\$0.02	\$2.50	\$17.50

- * Basic Life/AD&D plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- * All coverage terminates at retirement.
- * If you choose to offer \$25,000 or more in base life insurance, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.
- * The benefits will be reduced to 65% of original amount at age 65 and to 50% of the original amount at age 70.

Consider (continued)

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
WI MC New 54 / WI054 (continued)								
Open Access HSA	EB-FS / RX K62S ^{1,2}	G	\$1,700/\$3,300	\$3,000/\$6,000	\$7,500/\$8,000	\$12,900/\$25,800	\$35/\$70	CHOICE PLUS
Open Access w/Care Cash	EB-FE / RX K62S ¹	P	\$1,000/\$3,000	\$7,000/\$14,000	\$2,000/\$4,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-FC / RX K62S ¹	P	\$1,000/\$3,000	\$7,000/\$14,000	\$2,000/\$4,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-E4 / RX K62S ¹	P	\$1,500/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$10/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-E5 / RX K62S ¹	P	\$1,500/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$10/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-EY / RX K62S ¹	P	\$1,000/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FI / RX K62S ¹	P	NONE/NONE	\$5,000/\$10,000	\$3,000/\$6,000	\$10,000/\$20,000	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-E9 / RX K62S ¹	P	\$1,000/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FA / RX K62S ¹	P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
Open Access w/Care Cash	EB-E2 / RX K62S ¹	P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
Open Access w/Care Cash	EB-FH / RX K62S ¹	P	NONE/NONE	\$15,000/\$30,000	\$2,500/\$5,000	\$30,000/\$60,000	\$15/\$45	CHOICE PLUS
Open Access w/Care Cash	EB-F4 / RX K62S ¹	P	NONE/NONE	\$10,000/\$20,000	\$4,500/\$9,000	\$20,000/\$40,000	\$35/\$75	CHOICE PLUS
Open Access w/Care Cash	EB-F3 / RX K62S ¹	P	NONE/NONE	\$10,000/\$20,000	\$3,500/\$7,000	\$20,000/\$40,000	\$35/\$75	CHOICE PLUS

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
- Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
- Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
- This premium may include state and federal taxes and fees.
- ¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.
- ² The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

Coinsurance		Legal Entity/ License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium (Renewal)	Relative Pricing (at 100% Enrollment; for comparison only. Rates available in Appendix A)
Network	Non-Network							
100%	80%	INS	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$150	\$5,271.90	
80%	50%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,314.00	
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,343.37	
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,374.24	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,403.50	
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,466.70	
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,482.49	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,496.00	
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,541.84	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E	4	\$5,571.22	\$5,571.22	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,684.71	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,747.13	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,762.20	

Employee plan selection form

Group number: 1573571
 Renewal date: 01/01/2025
 Employer name: VILLAGE OF KRONENWETTER
 1582 KRONENWETTER DRIVE
 KRONENWETTER, WI 54455

2 If your employees are offered more than one medical option, please complete and submit this form to report the option they've selected. For each medical plan selected, write the plan code name under the appropriate column headings; ("Renewal Plan 1-4"). Mark the box for each employee's name that corresponds to the medical plan they've elected. If you offer more than 4 plans, use the last column marked "Other Renewal" to write in the additional plan code on the same row as the employee's name.

Covered Employee	Member #	Current Medical Plan	Medical plans must match those selected on the renewal change form				
			Renewal Plan 1	Renewal Plan 2	Renewal Plan 3	Renewal Plan 4	Other Renewal (Write plan code on the same row as the employee's name, if the employee is selecting a plan other than Renewal Plans 1 - 4)
[REDACTED]		CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* New Enrolled Employees Write In: The blank lines provided allow you to "write-in" an employee who is currently enrolled with a member ID, but may have been missed due to the timing of our renewal data pull. Please include their member ID along with their plan selection. These lines SHOULD NOT be used to add new employees who haven't had their enrollment form received and processed.

3 Sign and send:

I understand that non-medical coverage, if any, will be insured by UnitedHealthcare Insurance Company or one of its affiliates.

Full legal name of employer/firm: _____

Date signed: _____
 (month/day/year)

Signed by: _____
 (Employer signature)

- Indicate employee plan selections and submit your employee plan selection form by fax to 1-855-208-8348 by 12/12/2024, or e-mail us at plan_changes@uhc.com.
- If you have questions or wish to discuss your coverage options contact your broker or UnitedHealthcare representative at 1-866-432-5992 .

Submit
 Enrollment Forms

Appendix

Appendix A: Employee enrollment detail and rates

*Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.

Covered Employee	Age	Sex	Dep Cov [†]	Empl Status	Spo Age	Child Count	Current		Renewal	
							Plan Name	Premium	Plan Name	Premium
							CX-EM / RX K62S	\$1,515.78	EB-E2 / RX K62S	\$1,650.26
							CX-EM / RX K62S	\$1,466.61	EB-E2 / RX K62S	\$1,596.73
							CX-EM / RX K62S	\$1,279.30	EB-E2 / RX K62S	\$1,392.81
							CX-EM / RX K62S	\$855.52	EB-E2 / RX K62S	\$931.42
Total Premium								\$5,117.21		\$5,571.22

Covered Employee	WI MC New 54 / WI054										
	EB-F6 / RX K62S	EB-F5 / RX K62S	EB-ET / RX K62S	EB-ES / RX K62S	EB-FJ / RX K62S	EB-EU / RX K62S	EB-FK / RX K62S	EB-FQ / RX K62S	EB-FP / RX K62S	EB-FR / RX K62S	
	\$1,255.56	\$1,265.14	\$1,280.98	\$1,288.54	\$1,291.20	\$1,297.88	\$1,300.56	\$1,317.28	\$1,326.62	\$1,326.62	
	\$1,214.84	\$1,224.10	\$1,239.41	\$1,246.73	\$1,249.30	\$1,255.78	\$1,258.37	\$1,274.53	\$1,283.58	\$1,283.58	
	\$1,059.69	\$1,067.76	\$1,081.12	\$1,087.51	\$1,089.75	\$1,095.40	\$1,097.66	\$1,111.76	\$1,119.65	\$1,119.65	
	\$708.65	\$714.06	\$722.99	\$727.26	\$728.76	\$732.54	\$734.05	\$743.48	\$748.76	\$748.76	
Total Premium	\$4,238.74	\$4,271.06	\$4,324.50	\$4,350.04	\$4,359.01	\$4,381.60	\$4,390.64	\$4,447.05	\$4,478.61	\$4,478.61	

Covered Employee	EB-FY / RX K62S	EB-FL / RX K62S	EB-FM / RX K62S	EB-F2 / RX K62S	EB-FW / RX K62S	EB-EZ / RX K62S	EB-FZ / RX K62S	EB-EW / RX K62S	EB-GB / RX K62S	EB-GC / RX K62S
		\$1,329.96	\$1,339.32	\$1,348.90	\$1,355.80	\$1,358.02	\$1,363.16	\$1,365.14	\$1,372.50	\$1,372.50
	\$1,286.81	\$1,295.88	\$1,305.14	\$1,311.81	\$1,313.96	\$1,318.93	\$1,320.86	\$1,327.98	\$1,327.98	\$1,333.79
	\$1,122.47	\$1,130.38	\$1,138.45	\$1,144.28	\$1,146.15	\$1,150.49	\$1,152.17	\$1,158.38	\$1,158.38	\$1,163.45
	\$750.64	\$755.93	\$761.33	\$765.22	\$766.48	\$769.38	\$770.50	\$774.65	\$774.65	\$778.05
Total Premium	\$4,489.88	\$4,521.51	\$4,553.82	\$4,577.11	\$4,584.61	\$4,601.96	\$4,608.67	\$4,633.51	\$4,633.51	\$4,653.81

• Premium amount listed for each subscriber is the sum of the Appendix B rates for the subscriber and the applicable covered family members. Each applicable covered family member will be assigned the rate corresponding to his or her age. A maximum of 3 children under 21 will be included in the premium calculation completed for each subscriber. If there are more than 3 children under age 21, individual rates for only the 3 oldest are included in the subscriber's premium calculation. Employees and spouses under age 21, and children age 21 or over, are rated separately and not subject to the cap of 3.

• The medical premiums above are based on the family members who are covered for medical, and the premiums for each ancillary product are based on the family members who are covered for each specific ancillary product.

† E = Employee only, S = Employee + Spouse, C = Employee + Child, F = Employee + Family