

VII

R. C. No. 111 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.
October 17, 2022.

Your Committee to whom was referred Res. No. 78-22-23 by Alderpersons Mitchell and Filicky-Peneski adopting certain changes to the City's Medical Benefit Plan and Dental Benefit Plan effective for calendar year 2023 coverage and establishing the monthly premium equivalent rates effective for January 2023 coverage and thereafter; recommends adopting the Resolution.

_____	_____
_____	_____
_____	_____
	Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

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Res. No. 78 - 22 - 23. By Alderpersons Mitchell and Filicky-Peneski.
October 3, 2022.

A RESOLUTION adopting certain changes to the City's Medical Benefit Plan and Dental Benefit Plan effective for calendar year 2023 coverage and establishing the monthly premium equivalent rates effective for January 2023 coverage and thereafter.

RESOLVED: That the following changes to the City of Sheboygan's Medical Benefit Plan and Dental Benefit Plan effective for calendar year 2023 are hereby adopted*:

1) 2023 Health Insurance Monthly Premium Rates

- a) The monthly premium for health insurance in 2023 shall be as follows:

Coverage

Single	\$ 914.90
Employee with spouse	\$1,740.56
Employee with children	\$1,577.78
Family	\$2,405.16

- b) The monthly employee premium equivalent rates for full-time employees who participate in the annual physical exam shall be:

Coverage

Single	\$ 80.04
Employee with spouse	\$ 152.30
Employee with children	\$ 138.06
Family	\$ 210.44

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* Nothing in this Resolution shall be interpreted as contradicting any approved collective bargaining agreement. Part-time employees will generally pay 50% of the total monthly premium. However, for example, the City's collective bargaining agreement with Amalgamated Transit Union Local 998 provides that certain part-time employees will pay a lower amount of the total monthly premium.

- c) The monthly employee premium equivalent rates for full-time employees who do not participate in the annual physical exam shall be:

Coverage

Single	\$ 137.24
Employee with spouse	\$ 261.08
Employee with children	\$ 236.67
Family	\$ 360.77

- d) The monthly employee premium equivalent rates for part-time, eligible employees shall be:

Coverage

Single	\$ 457.44
Employee with spouse	\$ 870.28
Employee with children	\$ 788.90
Family	\$1,202.58

- e) The monthly employee premium equivalent rates for retirees shall be:

Coverage

Single	\$ 914.90
Employee with spouse	\$1,740.56
Employee with children	\$1,577.78
Family	\$2,405.16

2) 2023 Dental Insurance Monthly Premium Rates

- a) The monthly premium for dental insurance in 2023 shall be as follows:

Coverage

Single	\$ 47.52
Employee with spouse	\$ 95.88
Employee with children	\$ 107.14
Family	\$ 157.42

- b) The monthly employee premium equivalent rates for full-time employees shall be:

Coverage

Single	\$ 7.14
Employee with spouse	\$ 14.38
Employee with children	\$ 16.08
Family	\$ 23.62

- c) The monthly employee premium equivalent rates for part-time, eligible employees shall be:

Coverage

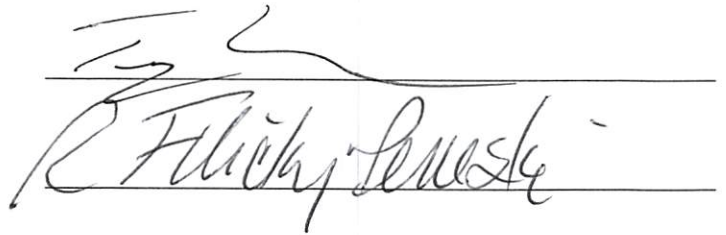
Single	\$ 23.76
Employee with spouse	\$ 47.94
Employee with children	\$ 53.57
Family	\$ 78.71

- 3) In 2023, the City will partially fund a Health Savings Account (HSA) for employees and/or family members (eligibility follows IRS guidelines) on the City's Health Insurance Plan as of January 1, 2023. Except in the case of a collective bargaining agreement that states otherwise, the maximum City funding amounts will total \$750 for those with single coverage and \$1,500 for those with employee plus spouse, employee plus child(ren), and full family coverage. Additionally:

- a) The City Administrator shall have the authority to determine the schedule on which the City's HSA contributions will be made, so long as at least half of the total contribution is made in January 2023.
- b) HSA contributions are issued to an employee and/or family member based on eligibility of the employee on January 1. Mid-year changes for an active plan participant after January 1 are not eligible for HSA contributions. COBRA-only and retiree participants are not eligible for the City contribution to the HSA.
- c) For the avoidance of doubt, no contributions will be made for those new to the Plan after January 1, 2023.
- d) Employees/retirees who are eligible for the HSA are responsible for notifying the Human Resources Department if the employee/retiree is or will be an active participant of a secondary government-issued health insurance, such as

Medicare or Tricare, as of January 1 of the Plan year. Following IRS guidelines, neither the City nor the employee may contribute to an HSA account if the employee is also participating in the government plan.

- e) Employees and eligible retirees who elect the family plan, employee plus child(ren) plan, or the employee plus spouse plan remain eligible for the applicable HSA contributions, even if their dependent is on a government issued plan, so long as their spouse is not listed on the employee's HSA account. Once an employee is not eligible for the HSA contributions, no HSA contribution will be provided to spouse and/or dependents on the Plan.
- 4) For the sake of clarity, other items relating to the Medical Benefit Plan and the Dental Benefit Plan which are not changed by this Resolution, such as the deductible amount, the co-insurance amount, the maximum out-of-pocket amount, the spousal surcharge, and the opt-out incentive are unchanged for calendar year 2023 coverage. The current status of these items is found in Res. No. 67-20-21.



A handwritten signature in cursive script, appearing to read "R. Fitch", is written over a horizontal line.

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor