



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
SECRETARY

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

September 5, 2024

Sent via email: mquest@ci.lake-mills.wi.us
MISTY QUEST
CITY OF LAKE MILLS
200D WATER ST
LAKE MILLS WI 53551-1632

EIN: 0053-000

Dear Misty Quest

The City of Lake Mills' (0053-000) request for underwriting into the Wisconsin Public Employers (WPE) Group Health Insurance Program is complete.

RESULTS

Surcharge: 40% for the first 12 months beginning 1/1/2025
20% for the next 12 months
No surcharge after 24 months

Reason: Claims experience and risk of your group is much higher than the average of our program.

IMPACT TO PREMIUM

Surcharge amounts are based on a percentage of the average premium rates for the plan year. Premium rates are subject to change each year and are published on our [website](#). **The surcharge for the second-year of participation in the program is subject to change.**

You will add the surcharge amount for any health plan your employees and eligible annuitants select. Eligible annuitants who have Medicare as primary (e.g., Single Medicare or Medicare Family All) do not have the surcharge applied to the rates.

Monthly Surcharge Amount (\$45:)
\$ 400 per single contract
\$ 1,000 per family contract

2025 premium rates are posted to our website. If you would like to know the monthly premium amount for a program option you are considering before they are posted, please contact us.

EMPLOYER AND EMPLOYEE COST

Employer contributions toward health insurance coverage are limited by Statute. Most commonly, the employer pays between 50-88% of the average premium cost of qualified tier one health plans in the county the employer is located in. The employee pays the balance.

Employees and annuitants may enroll in *any* health plan they choose and are not limited to plans in the county they are employed in.

NEXT STEPS

To join the program, please complete and submit following forms:

- [Resolution for Inclusion Under the WPE Group Health Insurance Program](#) (ET-1324)
- [Online Network for Employers Security Agreement](#) (ET-8928)
- [Designation of Agent](#) (ET-1313) Name employee(s) authorized to represent the Employer for ETF-related matters

If you are considering joining the WPE Group Health Insurance Program on January 1, 2025, the resolution must be received by ETF on or before October 1, 2024.

If you have any questions, please email ETFMBESSNewEmployer@etf.wi.gov or dial 877-533-50220, Option 2 for Employer Services.

Sincerely,

Larissa Brown-Esqueda
Employer and Retiree Insurance Services Unit 1
Department of Employee Trust Funds