Village Of Cambridge
Personnel Committee Meeting
Amundson Community Center, Senior Room
200 Spring St, Cambridge
Thursday, October 3, 2024
Upon Completion of the Public Works Committee

1. Call To Order/Roll Call
2. Proof Of Posting
3. Approval of Minutes from Meeting: August 26, 2024
4. Public Appearances/Citizen Input
5. Discussion and Possible Action Regarding:
    a. Dean Health Care Renewal
    b. Convene into Closed Session per 19.85(1)(c) of the Wisconsin Statutes to consider the employment, promotion, compensation or performance evaluation data of Village employees: Public Works; Administrator Review
    c. Reconvene into Open Session
    d. Possible action taken on closed session items
6. Any Other Business to be Brought Before the Committee
7. Adjournment

NOTE:
1. Persons needing special accommodations should call 423-3712 at least 24 hours prior to the meeting.
2. A quorum of the Village Board may attend this meeting for the purpose of gathering information relevant to their responsibilities as Village Trustees. No matters shall be considered by said Village Board members nor shall any action be taken by said Village Board members at this meeting.
3. More specific information about agenda items may be obtained by calling 423-3712.

Village Of Cambridge
Personnel Committee Meeting
Amundson Community Center, Senior Room
200 Spring St, Cambridge
Monday, August 26, 2024
Upon Completion of the Public Works Committee

1. **Call To Order/Roll Call**: Chairman Breunig called the meeting to order at 7:05 p.m. Members present: Trustees Franklin, Blackwood and Breunig. Others present: Lisa Moen, Administrator/Clerk; Tod Lord, Public Works Director; Cody Garcia, Mary Cebertowicz

2. **Proof of Posting**: The agenda was posted in the upper and lower levels of the Amundson Community Center, Badger Bank, Cambridge Post Office and the Village Website.

3. **Approval of Minutes from Meeting: March 26, 2024**:

Trustee Franklin made a motion to approve the minutes as presented, seconded by Trustee Blackwood. Motion carried.

4. **Public Appearances/Citizen Input**: None

5. **Discussion and Possible Action Regarding:**

   a. **Convene into Closed Session** per 19.85(1)(f) Considering financial, medical, social or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of charges against specific persons except where par. (b) applies which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person referred to in such histories or data, or involved in such problems or investigations. Public works, employees*: Trustee Franklin made a motion to adjourn into closed session per 19.85(1)(f) Considering financial, medical, social or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of charges against specific persons except where par. (b) applies which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person referred to in such histories or data, or involved in such problems or investigations. Public works, employees, seconded by Trustee Blackwood. Motion carried on a unanimous roll call vote.*

   b. **Reconvene into Open Session:** *Trustee Franklin made a motion to reconvene into Open Session, seconded by Trustee Blackwood. Motion carried on a unanimous roll call vote.*

   c. **Possible action taken on closed session items**: None

6. **Any Other Business to be Brought Before the Committee**:
   - Budget

7. **Adjournment**: *Trustee Blackwood made a motion to adjourn the meeting, seconded by Trustee Franklin. Motion carried. Chairman Breunig adjourned the meeting at 8:13 p.m.*

Respectfully submitted, Lisa Moen, Administrator/Clerk

VILLAGE OF CAMBRIDGE (1272)
Dean Health Plan
Rate Sheet
Renewal Rates Effective: December 1, 2024 - November 30, 2025

Plan Features	Current Plan	Renewal Plan	Alternate Plan 1	Alternate Plan 2	Alternate Plan 3
Product Type	HMO	HMO	HMO	None	None
Medical Code	HMO05969	HMO06194	HMO06314	None	None
Pharmacy Code	PHA03657	PHA04523	PHA03606	None	None
Metal Tier	Platinum	Platinum	Gold	None	None
Medical Deductible	$1,250 single / $2,500 family	$1,250 single / $2,500 family	$1,500 single / $3,000 family		
Max Out-of-Pocket	$1,750 single / $3,500 family	$1,850 single / $3,700 family	$6,150 single / $12,300 family		
Coinsurance	10%	10%	20%		
Primary Care Visit	$30 copay	$30 copay	$30 copay		
Specialist Visit	$60 copay	$60 copay	$60 copay		
Prescription (Rx) Drug					
Tier 1	$10 copay	$10 copay	$10 copay		
Tier 2	$40 copay	$40 copay	$40 copay		
Tier 3	50% coinsurance	50% coinsurance	50% coinsurance		
Tier 4	50% coinsurance	50% coinsurance	50% coinsurance		
Hospital	10% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible		
Urgent Care Visit	$30 copay	$30 copay	$30 copay		
Emergency Room Visit	$500 copay	$500 copay	$500 copay		
Pediatric Dental not included					
Monthly Premium	$8,006.33	$9,820.98	$8,687.79		
Annual Premium	$96,075.96	$117,851.76	$104,253.48		
Change from Current Rates		22.67%	8.51%		
	This new plan includes prescription drug coverage that is creditable.	This new plan includes prescription drug coverage that is creditable.	This new plan includes prescription drug coverage that is creditable.		

Please select one of the following:

☐ Renew with renewing plan indicated above

☐ Renew with a plan change. Circle desired alternative above.

- For HRA Vendor Information please contact your Account Manager.
- Plan changes made less than 45 days prior to the renewal date will result in a second SBC mailing.

Please return this page to:

FSGRenewal@deancare.com

Please provide your group's renewal contact information.

Name: _____

Title: _____

Email/Phone: _____

Signature: _____

Date: _____

- Unless otherwise noted, all benefits are based on a Contract Year
- The above information is a highlight of your in-network benefits and should not be relied upon to fully disclose your coverage. Additional plan benefit details can be found in the Summary of Benefits and Coverage (SBC) document located at https://app.deancare.com/sites/sbc/employergroup

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

*****PLEASE NOTE*****

This renewal acceptance will need to be returned no later than Thursday, October 17, 2024, to ensure a correct December billing statement and to assure correct SBC information is mailed to your insured employees. If this form is not returned by the above date, we will renew your group with the current or closest available ACA compliant plan design, and the December billing will reflect the 2023 renewal rates.

DeanHealthPlan by Medica.

VILLAGE OF CAMBRIDGE

Benefit Summary

Effective: 12/01/2024

Plan Code: HMO06194 / PHA04523 **Plan Type:** Copay Plus 1250 **Network:** HMO **Contract:** Contract Year

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Embedded Deductible*	$1,250 single / $2,500 family	Not Applicable
Coinsurance	10% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	$30 copay	Not Covered
Specialist Office Visit Charge	$60 copay	Not Covered
Preventive Services	$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	$1,850 single / $3,700 family	Not Applicable

The plan begins making payments as soon as one family member has reached their individual deductible

***Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted*

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select ACA

Rx Deductible	$0 single / $0 family			Not Applicable
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max			No Separate Rx Out-of-Pocket Max
Mail Order	90-day supply (Tier 1) for 2 copays; 90-day supply (Tier 2) for 3 copays; (Tier 3) coinsurance as listed in Tier 3 above; Tier 4 Not Covered			
	Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
In-Network	$10 copay	$40 copay	50% coinsurance	50% coinsurance
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

This new plan includes prescription drug coverage that is creditable

Diagnostic Services	Plan Providers - You Pay	Non-Plan Providers - You Pay
Diagnostic Services (Xrays/Labs)	10% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	10% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	10% coinsurance after deductible	Not Covered
Outpatient Hospital	10% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	$30 copay and/or 10% coinsurance after deductible	$30 copay and/or 10% coinsurance after deductible
Emergency Room Services*	$500 copay and/or 10% coinsurance after deductible	$500 copay and/or 10% coinsurance after deductible
Ambulance	10% coinsurance after deductible	10% coinsurance after deductible

** copay is waived if admitted*

Additional Plan Design Attributes

Dean Copay Plus 1250 (10/40/50/50)

This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at https://app.deancare.com/sites/sbc/employergroup

Quote ID# 0535129-01

Date Prepared: 8/2/2024 11:34:58 AM

DeanHealthPlan by Medica.

VILLAGE OF CAMBRIDGE

Benefit Summary

Effective: 12/01/2024

Plan Code: HMO06314 / PHA03606 **Plan Type:** Copay Plus 1500 **Network:** HMO **Contract:** Contract Year

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Embedded Deductible*	$1,500 single / $3,000 family	Not Applicable
Coinsurance	20% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	$30 copay	Not Covered
Specialist Office Visit Charge	$60 copay	Not Covered
Preventive Services	$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	$6,150 single / $12,300 family	Not Applicable

The plan begins making payments as soon as one family member has reached their individual deductible

***Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted*

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select ACA

Rx Deductible	$0 single / $0 family			Not Applicable
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max			No Separate Rx Out-of-Pocket Max
Mail Order	90-day supply (Tier 1) for 2 copays; 90-day supply (Tier 2) for 3 copays; (Tier 3) coinsurance as listed in Tier 3 above; Tier 4 Not Covered			
	Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
In-Network	$10 copay	$40 copay	50% coinsurance	50% coinsurance
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

This new plan includes prescription drug coverage that is creditable

Diagnostic Services	Plan Providers - You Pay	Non-Plan Providers - You Pay
Diagnostic Services (Xrays/Labs)	20% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	20% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	20% coinsurance after deductible	Not Covered
Outpatient Hospital	20% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	$30 copay and/or 20% coinsurance after deductible	$30 copay and/or 20% coinsurance after deductible
Emergency Room Services*	$500 copay and/or 20% coinsurance after deductible	$500 copay and/or 20% coinsurance after deductible
Ambulance	20% coinsurance after deductible	20% coinsurance after deductible

** copay is waived if admitted*

Additional Plan Design Attributes

Dean Copay Plus 1500 (10/40/50/50)

This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at https://app.deancare.com/sites/sbc/employergroup

Quote ID# 0535129-01

Date Prepared: 8/2/2024 11:34:58 AM