

Personnel Committee

To the Honorable Mayor and members of the Nekoosa Common Council:

A Personnel Committee meeting was held on Monday September 30, 2024 at 5:00p.m. in the Nekoosa Council Chambers. Members present were: Brad Hamilton - *Chairman*, Larry Krubsack - *Secretary*, Anthony Carlson and Mike Kumm.

Also in attendance were Rick Schmidt, DPW Bill Kaberle Jr. lead water operator .

Meeting Minutes:

1. Motion by Carlson second by Kumm to go into closed session pursuant to Wis. Statutes 19.85 (1) © to interview candidates for the position of Wastewater/Water Operator. All members voted yes
2. Motion by Kumm second by Carlson to go into open session pursuant to Wis. Statutes 19.85 (2) to make possible recommendations on matters discussed in closed session. All members voted yes
3. Recommend offering Jorden McGregor Water/Waste water Operator position pending background
4. check
- 5.

Respectfully submitted,

Larry Krubsack, *Secretary*



Property, Recreation and Human Affairs Committee

To the Honorable Mayor and members of the Nekoosa Common Council:

A Property, Recreation and Human Affairs Committee meeting was held on Tuesday October 1, 2024 at 5:00 p.m. in the Nekoosa Council Chambers. Members present were: Mike Kumm - *Chairman*, Brad Hamilton - *Secretary*, Brian Krubsack and Dan Downing.

Also in attendance were Mayor Dan Carlson , Dan Downing, Rick Schmidt DPW Director, Police Chief Shawn Woods, Fire Chief Mike Hartje, Anthony Carlson, and Kortni Wolf from S.C. Swiderski (via Zoom) .

Meeting Minutes:

1. Recommend final plat for Lynn Creek Village subje~~t~~ to comments by Vierbicher.

B

Respectfully submitted,

Brad Hamilton, *Secretary*

Brad Hamilton

Mike Kumm

D. Downing

Brian Krubsack

Public Safety Committee

To the Honorable Mayor and members of the Nekoosa Common Council:

A Public Safety Committee meeting was held on Tuesday October 1, 2024 at 5:30p.m. in the Nekoosa Council Chambers. Members present were: Brian Krubsack - *Chairman*, Brad Hamilton - *Secretary*, Dan Downing, and Mike Kumm.

Also in attendance were Mayor Dan Carlson, Police Chief Shawn Woods, Fire Chief Mike Hartje, Asst. Fire Chief Dave Rheinschmidt, Rick Schmidt DPW, Bill Kaberle Jr., Garret Kuhn, Larry Krubsack and Anthony Carlson .

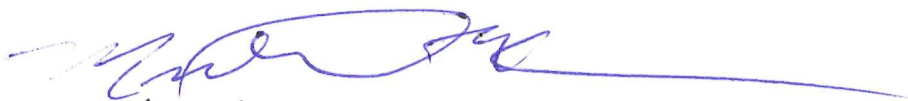
Meeting Minutes:

1. Reviewed Fire Department monthly report.
2. Recommend replacing window in the Fire Chief's office for approx. \$3000.00.
3. Review Police Department monthly report.
4. Recommend renewing Axon body cam/fleet cam/taser software.
5. Discuss 2025 equipment needs.
6. Discuss police department staffing

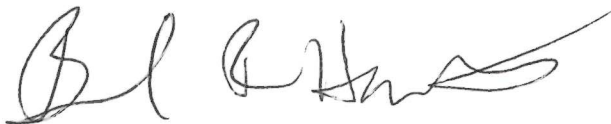
0.

Respectfully submitted,

Larry Krubsack, *Secretary*



D. Downing



Public Works Committee

To the Honorable Mayor and members of the Nekoosa Common Council:

A Public Works Committee meeting was held on Tuesday October 1, 2024 at 6:00p.m. in the Nekoosa Council Chambers. Members present were: Larry Krubsack - *Chairman*, Anthony Carlson - *Secretary*, Garrett Kuhn, Mike Kumm.

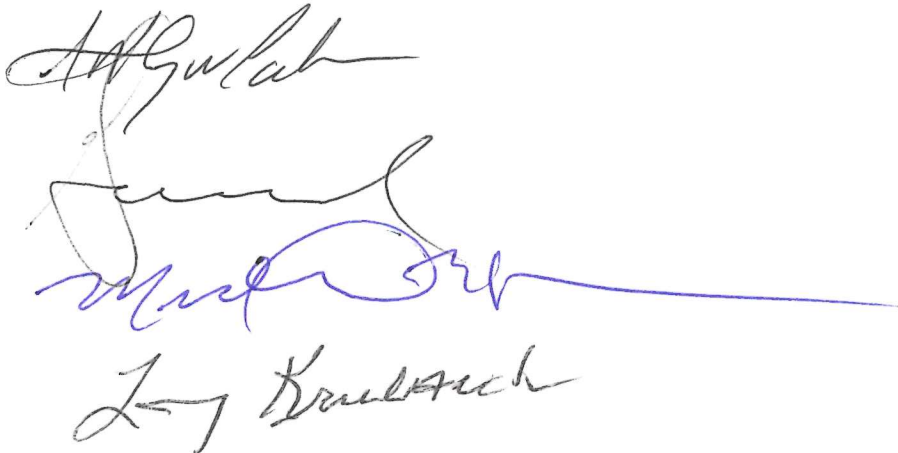
Also in attendance were Brad Hamilton Mayor Dan Carlson Police Chief Shawn Woods, Dan Downing, Bill Kaberly Jr. .

Meeting Minutes:

1. Discussed sidewalk ordinance and replacement program.
2. Recommend hiring ADCI Architects and General Engineering to perform an inspection and provide the council with a structural report on Shelter #1 at Riverside Park. Cost not to exceed \$1600.00
3. Recommend applying for the America in Bloom grant sposed by CN Transportation.
4. Took a tour of the Wastewater Treatment Facility
- 5.

Respectfully submitted,

Anthony Carlson, *Secretary*



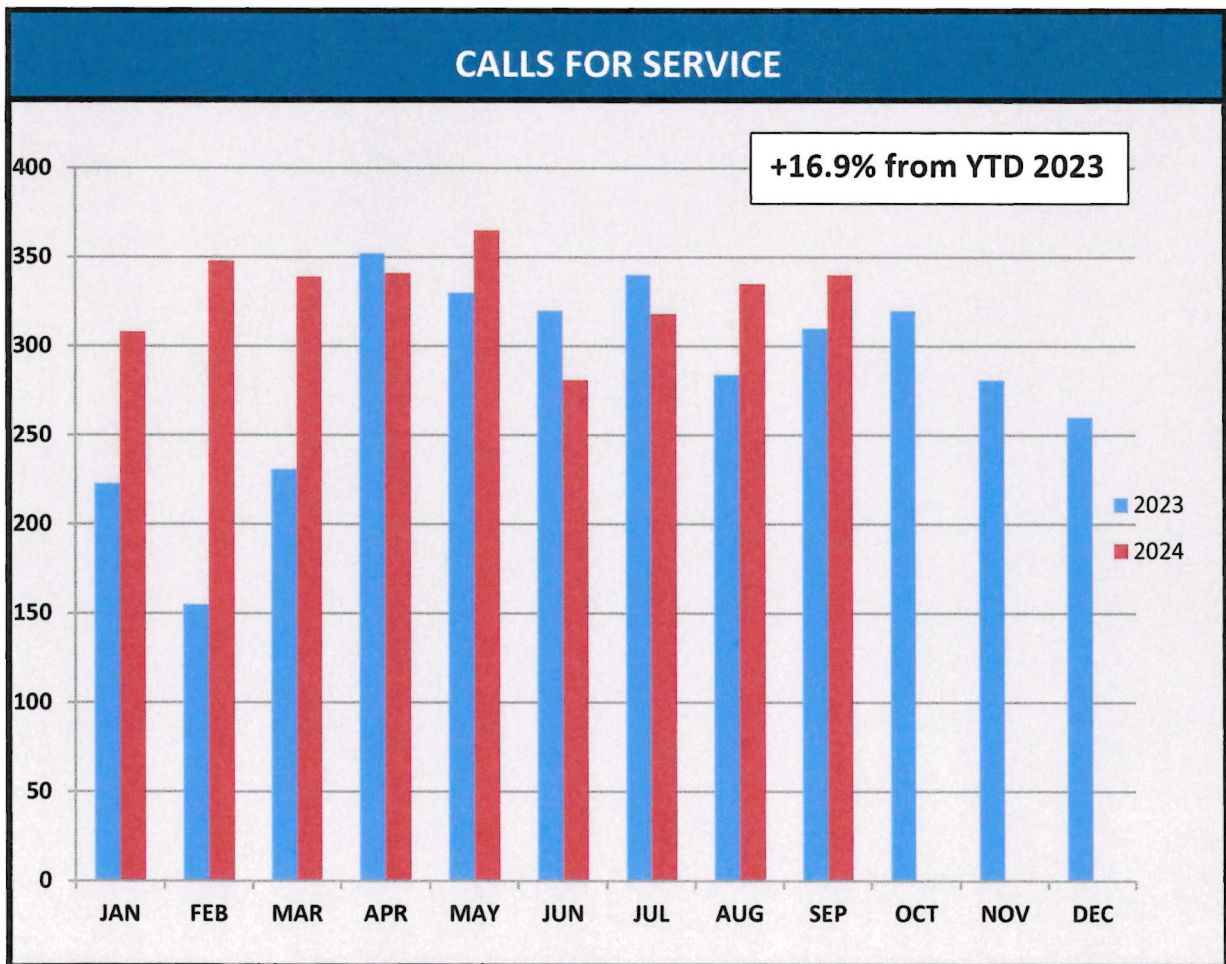
The block contains four handwritten signatures. The first signature is in black ink and appears to be 'A. Carlson'. The second signature is in black ink and is more stylized. The third signature is in blue ink and is also stylized. The fourth signature is in black ink and appears to be 'L. Krubsack'.

NEKOOSA POLICE DEPARTMENT

**Monthly Report
September 2024**



ACTIVITY	CURRENT MONTH
TRAFFIC CONTACTS	128
TRAFFIC CITATIONS	37
ORDINANCE CITATIONS	1
CRIMINAL OFFENSES	10
DRUG OFFENSES	7
TRAFFIC CRASHES	5
CALLS FOR SERVICE	340

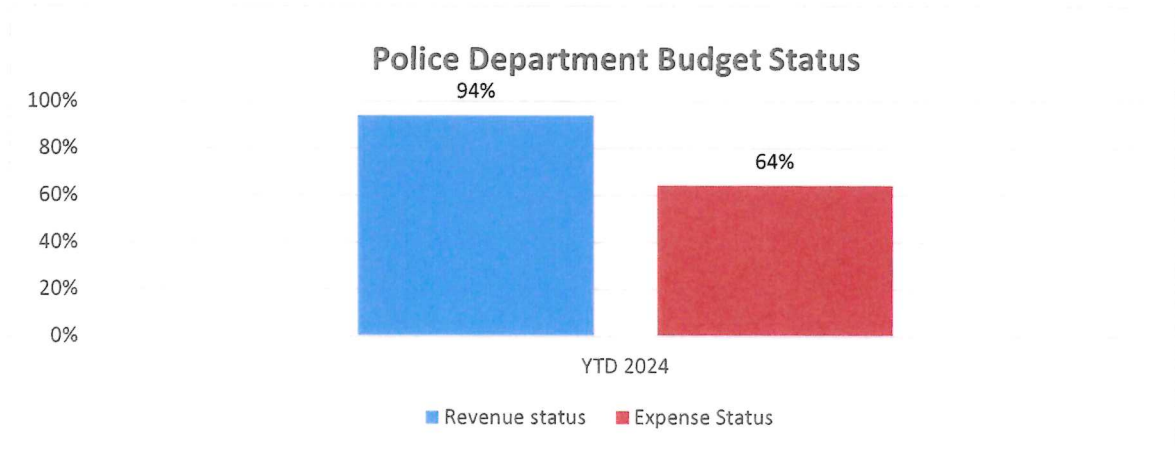


CALLS FOR SERVICE

All Other	5
Ambulance Call	6
Animal Complaint	8
Assist Citizen	9
Assist Motorist	1
Assist Other Agency	33
Battery/assault	1
Civil Matter	2
Computer Crimes	1
Criminal Damage	1
Disturbances	12
Drugs-sale/mnfc/poss	2
Escort	4
Follow Up	6
Liquor/Tobacco Violation	1
Lost & Found	2
Lost or Found Animals	1
Motor Vehicle Theft	2
Ordinance Violation	2
Project Lifesaver check	1
Property Protection	61
Prowler/suspicious Person/vehicle	2
School Zones	4
Sexual Offense	1
Special Detail	3
Telephone Abuse	1
Theft	8
Traffic Accident - Deer	3
Traffic Accident - Property damage	2
Traffic Stop	128
Traffic/Parking Complaint	12
Warrant Pick-up	3
Welfare Check	12
Total	340

ARRESTS & CITATIONS

341.04(1) Non-Registration of Vehicle, Etc.	1
343.05(3)(A) Operate without Valid License	2
343.43(1)(D) Violate Driving License Restrictions	1
343.44(1)(A) Operating While Suspended	8
343.44(1)(B) Operating While Revoked	2
344.62(1) Operating a motor vehicle w/o insurance	4
344.62(2) Operating motor vehicle w/o proof of insurance	2
346.04(3) Vehicle Operator Flee/Elude Officer	1
346.46(1) Fail/Stop at Stop Sign	1
346.57(4)(E) Speeding on City Highway	5
346.57(4)(F) Speeding in Outlying District	4
346.63(1)(B) Operating with PAC	2
346.935(2) Possess Open Intoxicants in MV	1
347.13(1) No Tail Lamp/Defective Tail Lamp-Night	1
347.48(2M)(B) Vehicle Operator Fail/Wear Seat Belt	1
343.45 Permit Unauthorized Person to Operate Motor Vehicle	1
9.19(4) Minor Possess/Buying Tobacco Prohibited	1
946.49(1)(B) Bail Jumping-Felony	2
948.03(2)(B) Child Abuse-Intentionally Cause Harm	1
961.41(3G)(E) Possession of THC	2
961.41(3G)(G) Possession of Methamphetamine	2
961.573(1) Possess Drug Paraphernalia	3
Total	48



ADDITIONAL INFO./ACTIVITY

- Asst. Chief Kolo and Det. Machon attended week two of the three-week 'Leadership in Police Organizations' training in Wausau.
- Flock cameras assisted in two recent incidents.
 - ✓ A significant Nekoosa storage unit theft suspect was arrested near WI Dells after a vehicle description and license plate was entered into the Flock system.
 - ✓ A stolen vehicle from Madison was entered into the Flock system and officers were alerted when it traveled through Nekoosa. Officer Meyer attempted to stop the vehicle and a high-speed pursuit ensued into WI Rapids. The driver, who also had warrants for his arrest, was apprehended after a short foot chase.

These cameras and system have become a significant tool in crime investigation and prevention.

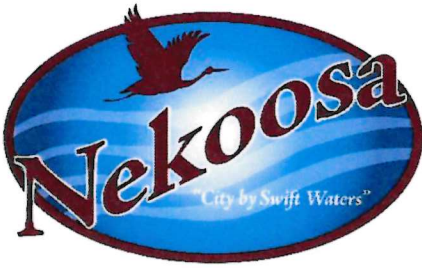
- Officer Maher reported his intention to resign following accepting a conditional offer of employment at Oconto, WI Police Department. This transition will take place in October. Efforts began immediately to post for the position and begin the hiring process.
- Officers participated in the Physical Fitness Incentive assessments proctored by Officer Meyer - a certified Physical Readiness Instructor.
- Chief Woods attended the Northcentral Chiefs of Police monthly meeting in WI Rapids.
- Chief Woods participated as an "outside agency sworn officer" for the WI Rapids Police Department on a Use of Force Review Board. This was for an internal investigation of the recent officer involved shooting in WI Rapids.
- Chief Woods met with Nekoosa School District Administrator Nathan Black to review the School Resource Officer position and MOU. The police department and school district have an excellent relationship and continue to partner to complement each other's efforts.
- Chief Woods met with the new HR Director for Domtar to discuss our partnership and any potential needs.
- Chief Woods attended two webinars, including "public records" and "managing the unionized workforce."
- All fixed and portable radar units were certified as conducted annually.
- Officer Berg and K9 Ivo participated in monthly training with the area agencies.
- The 2024 K9 golf scramble fundraiser at The Ridges was a huge success not only financially but also for our public relations. 38 teams of four participated and approximately \$15,000 was raised for the self-funded program. Officer Berg and Ivo continue to be a rock-stars for this program!

PERSONNEL

<i>Shawn Woods</i>	<i>Chief of Police</i>
<i>Josh Kolo</i>	<i>Asst. Chief, S.R.O</i>
<i>Brian Machon</i>	<i>Detective</i>
<i>Chris Meyer</i>	<i>Patrolman</i>
<i>Andrew Berg</i>	<i>K9 Officer</i>
<i>Tim Resheske</i>	<i>Patrolman</i>
<i>Luke Maher</i>	<i>Patrolman</i>
<i>Kolton Kessler</i>	<i>Patrolman</i>

Respectfully submitted,

 - Chief of Police



NEKOOSA PUBLIC WORKS

MONTHLY REPORT

October 2024

Streets

- Setting up Pumpkin Fest is in full swing. By the end of the day on October 2, public works staff will have completed all the setup we are responsible for. This includes hauling bleachers to the park and setup, haul and place ticket booths, mow all park grass and cleanup all areas, assist with fencing install for the park, set up the beams and scale for pumpkin weighing and provide barricades for use throughout the weekend.
- The week after Pumpkin Fest will be clean-up and haul away all the items. Depending on the grass areas, we may need to repair the grass if needed.
- The streets crew weekly continues removal of grass and brush pickup along with mowing operations on city property.

Public Works Fleet

- We will begin focusing efforts to prepare all equipment for winter

operations. This usually takes about two weeks with all the equipment. In addition, we also prepare the summer equipment for winter storage in late October and early November.

Water Utility

- As of October 3, the water tower is still down for repairs. Starting on September 23 the painting contractor started sandblasting the interior of the water tower, and by Thursday September 26 completed all new paint coats on the interior of the tower. We need to wait one week for the coatings to dry before filling. Starting on October 3 we started filling the tower. This is expected to take two days to fill. To place the tower in use, we need to collect two safe water samples 24 hours apart. We are expecting if all goes well to place the tower back in operation early next week.

Sewer Utility

- All work has been completed on the heat exchanger and it is up and running. This completes all the planned work on the plant for this year.
- We ordered the furniture for the office area at the wastewater plant. We anticipate the furniture to be installed on October 9.

Director Updates

- American asphalt has completed the N Section Street project. The road surface turned out very well and was a success. The contractor American Asphalt was very timely in the work progress.
- We Energies is still in the process of installing the new gas main at Moccasin Creek at Wilhorn Road. They have run into a very difficult rock

formation and have a difficult time drilling in this area. They plan to have the project completed in mid-to-late October.

- The city owns the old fire station building downtown. The police and public works share this building for storage throughout the year. Domtar has approached me a few times to see if they can get this building back since it sits on Domtar property. I plan to ask Domtar to release the land around this building to the city.

Training & Staff Activity

- None to report



NEKOOSA FIRE DEPARTMENT

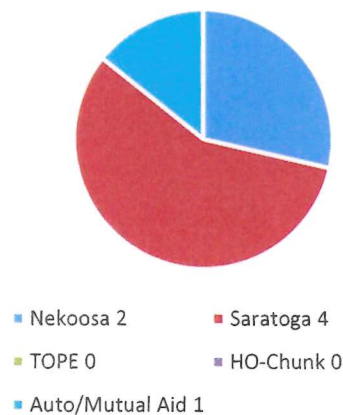
MIKE HARTJE
Chief

Monthly Report September 2024

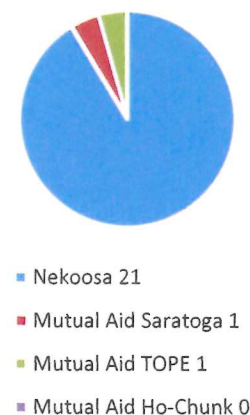
Activities:

- 🔥 Fire Training – Ladders
- 🔥 Fundraiser at Ho-Chunk Casino we sold food at the Josh Turner concert
- 🔥 EMS training-Lifting patients and equipment review
- 🔥 Met with Alliant Energy and Town of Saratoga on solar farm
- 🔥 Chief Hartje attended the Common Council meeting
- 🔥 Fire Department Annual Meeting
- 🔥 Chief Hartje attended the budget meeting
- 🔥 We participated in Nekoosa Coated Safety Fair
- 🔥 We participated in the Nekoosa Homecoming roast, parade and bonfire
- 🔥 EMS Stand-by at the Nekoosa football games

September Fire Calls



September EMS Calls



Type	Nekoosa	Saratoga	Township	Ho-Chunk	Mutual Aid	September Total	YTD Total
Fire	2	4			1	7	105
EMS	21	1	1			23	221
Totals							326

951 Market Street, Nekoosa WI 54457

O: (715) 886-7893 | F: (715) 886-7901 | www.nekoosafire.org

Quote ID: 10900

501442
Non - Compliant Plan

	Premier/HMO HDHP Umbrella							
Benefits								
Deductible (Single/Family)	\$1,600/\$3,200							
Coinsurance	100%							
Maximum Out-of-Pocket (Single/Family)	\$3,200/\$6,400							
Emergency Room Copayment	Ded/Coins/\$0							
Urgent Care Copayment	Ded/Coins/\$0							
Office Visit Copayment	Ded/Coins/\$0							
Specialist Office Visit Copayment	Ded/Coins/\$0							
Preventive Benefit	Paid at 100%*							
Laboratory/Radiology Benefit	Subject to deductible/coinsurance							
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%							
Mail Order	x 2 Copay(s)							
	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change
EE Only	1	\$759.29	\$759.29	0.0%	0	\$0.00	\$0.00	0.0%
ES	7	\$1,898.22	\$1,898.22	0.0%	0	\$0.00	\$0.00	0.0%
EE + 1 child	0	\$1,898.22	\$1,898.22	0.0%	0	\$0.00	\$0.00	0.0%
EE + 2 or more children	2	\$2,277.87	\$2,277.87	0.0%	0	\$0.00	\$0.00	0.0%
Family	11	\$2,277.87	\$2,277.87	0.0%	0	\$0.00	\$0.00	0.0%
Medicare Single	0	\$531.50	\$531.50	0.0%	0	\$0.00	\$0.00	0.0%
Medicare Couple	0	\$1,063.01	\$1,063.01	0.0%	0	\$0.00	\$0.00	0.0%
Medicare Split	0	\$1,290.79	\$1,290.79	0.0%	0	\$0.00	\$0.00	0.0%
Total	21	\$43,659.14	\$43,659.14	0.0%	0	\$0.00	\$0.00	0.0%

*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).
Deductibles are based on calendar year. Rates have been calculated for the period 1/1/2025 through 12/31/2025.

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

Acceptance Signature _____ Date _____

Quote ID: 10900

Product Options

Renewal Option 1
501442

	Premier/HMO HDHP Umbrella				
Benefits					
Deductible (Single/Family)	\$1,650/\$3,300				
Coinsurance	100%				
Maximum Out-of-Pocket (Single/Family)	\$3,300/\$6,600				
Emergency Room Copayment	Ded/Coins				
Urgent Care Copayment	Ded/Coins/\$0				
Office Visit Copayment	Ded/Coins/\$0				
Specialist Office Visit Copayment	Ded/Coins/\$0				
Preventive Benefit	Paid at 100%*				
Laboratory/Radiology Benefit	Subject to deductible/coinsurance				
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%				
Mail Order	x 2 Copay(s)				
	Contracts	Rates	Contracts	Rates	Contracts
EE Only	1	\$756.94	0	\$0.00	0
ES	7	\$1,892.35	0	\$0.00	0
EE +1 child	0	\$1,892.35	0	\$0.00	0
EE +2 or more children	2	\$2,270.82	0	\$0.00	0
Family	11	\$2,270.82	0	\$0.00	0
Medicare Single	0	\$529.86	0	\$0.00	0
Medicare Couple	0	\$1,059.72	0	\$0.00	0
Medicare Split	0	\$1,286.80	0	\$0.00	0
Total	21	\$43,524.05	0	\$0.00	0

*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).
Deductibles are based on calendar year. Rates have been calculated for the period 1/1/2025 through 12/31/2025.

Benefits and rates as shown (circle choice(s) - add comments as necessary)

Acceptance Signature _____ Date _____



Delta Dental of Wisconsin
www.deltadentalwi.com

Kallee Dhein
City Of Nekoosa
951 Market St
Nekoosa WI 54457-0000

Thank you for choosing Delta Dental of Wisconsin as your dental benefits company. A summary of your benefit plan renewal is below.

The new premium will automatically go into effect on the renewal date listed below. However, if you would like to explore plan design or premium options, or if we can be of further assistance, please contact your agent Lisa Reiter or call us at 800-236-3713 or email sales@deltadentalwi.com.

Group Number: 23808-838

Renewal Date: January 1, 2025

<u>Current Plan Design</u>	<u>PPO</u>	<u>Premier or Non-Network</u>
Deductible – Individual/Family	\$25 \$75	\$25 \$75
Individual Annual Maximum	\$2,000	\$2,000
Diagnostic & Preventive	100%	100%
Basic Restorative	80% *	80% *
Major Restorative	50% *	50% *
Orthodontic Services	50% *	50% *
Lifetime Orthodontic Maximum	\$2,000	\$2,000

**=Deductible Applies (wp)=Waiting Period may apply – please reference your group contract*

<u>Coverage Type</u>	<u>Enrollment</u>	<u>Monthly Premium</u>	
		<u>Current</u>	<u>Renewal</u>
Employee		\$41.86	\$43.53
Family	19	\$125.64	\$130.67
Totals	19	\$2,387.16	\$2,482.73

Thank you for allowing Delta Dental to serve your dental benefits needs.

Joe Kottke
Account Representative

cc: Spectrum Benefit Solutions of
Lisa Reiter
Ste A-1
Rothschild WI 54474-0000



DeltaVision [®] FULL PLAN	
Network	Insight
Benefit Plan	A
Frame/Contact Allowance	\$150/\$150
Copay (exams/standard plastic lenses)	\$20/\$20
Frequency (exams/lenses or contacts/frames); <i>Based on calendar year</i>	12/12/24
Dependent Age Limit	To age 26

BENEFIT DETAILS	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays copay, plan pays balance	\$35
Retinal Imaging	Member pays up to \$39	None
Standard Contact Lens* Fit and Follow-Up	Paid in full	\$40
Premium Contact Lens** Fit and Follow-Up	10% off retail price plus \$55 allowance	\$40
Frames (<i>any available frame at provider location</i>)	Plan pays frame allowance, then 20% off balance	50% of the selected in-network allowance
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None
Diabetic Eye Care Benefits included that provide an additional office visit and diagnostic testing for those who have diabetes.		
Standard Plastic Lenses		
Single Vision	Member pays copay, plan pays balance	\$25
Bifocal	Member pays copay, plan pays balance	\$40
Trifocal	Member pays copay, plan pays balance	\$55
Standard Progressive	Member pays \$85	\$40
Premium Progressive	See next page for benefit information	\$60
Lens Options		
UV Coating	Member Pays \$15	None
Tint (<i>solid & gradient</i>)	Member Pays \$15	None
Standard Scratch Resistance	Member Pays \$15	None
Standard Polycarbonate	Member Pays \$40	None
Standard Anti-Reflective Coating	Member Pays \$45	None
Premium Anti-Reflective Coating	See next page for benefit information	None
Other Add-Ons and Services	20% off Retail Price	None
Contact Lenses - In lieu of spectacles (<i>Contact lens allowance covers materials only</i>)		
Conventional	Plan pays contact allowance, then 15% off balance	80% of the selected allowance amount for contacts
Disposable	Plan pays contact allowance	80% of the selected allowance amount for contacts
Medically Necessary***	Paid in full	\$200

*Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.

**Includes all lens powers and designs other than spherical powers (i.e. toric, multifocal, etc.), modes of wear that are extended or overnight schedules and rigid or gas-permeable materials.

***Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

This is not a complete description of benefits, exclusions, or limitations.



BENEFIT DETAILS - continued

	Member Cost In-Network	Non-Network Reimbursement
Progressive Lens		
Standard Progressive	\$85 copay	\$40
Premium Progressive as follows:		
Tier 1	\$105 copay	\$60
Tier 2	\$115 copay	\$60
Tier 3	\$130 copay	\$60
Tier 4	\$85 copay, 80% of charge less \$120 allowance	\$60
Anti-Reflective Coating		
Standard Anti-Reflective Coating	\$45	None
Premium Anti-Reflective Coating as follows:		
Tier 1	\$57	None
Tier 2	\$68	None
Tier 3	80% of charge	None

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at www.glasses.com.
- Members can purchase contact lenses online and apply their in-network contact benefits at www.contactsdirect.com.
- Discounts do not apply for benefits provided by other group benefit plans.

How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go farther at participating providers.
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance; the benefit allowance must be used on a single purchase day.
- Frequency of benefits: your benefit frequency is based on a calendar year benefit accumulation period.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Non-Network Reimbursement.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers - ask your vision provider.
- Your vision benefits include both a frame allowance and a lens allowance. The lens allowance will cover either eye glass lenses or contact lenses. If you purchase both glasses and contacts, you will be responsible for the cost of either the eye glass lens or the contacts, depending upon which was purchased first. Your provider can assist you on making the best choice to maximize your vision benefit.

Plan Limitations/Exclusions

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Allowances are one-time use benefits; there is no remaining balance if entire allowance is not used after initial purchase.
- Lost or broken materials are not covered.



Premiums
Based on
Coverage

City of Nekoosa

Prepared by
Spectrum Benefit Solutions of CW
Quote Number 00134439
Valid through 01/30/2025

Quote Number 00134439

RATING ASSUMPTIONS

Employer Contribution (Single/Family)	0-25%/0-25%
Broker Commission	8%

MONTHLY PREMIUMS

	Without Delta Dental Plan	With Delta Dental Plan
TWO-TIER		
Employee	\$5.98	\$5.81
Family	\$14.89	\$14.47
THREE-TIER		
Employee	\$5.98	\$5.81
Employee + One Dependent	\$11.39	\$11.07
Employee + Two or More Dependents	\$17.87	\$17.36
FOUR-TIER		
Employee	\$5.98	\$5.81
Employee + Spouse	\$11.96	\$11.62
Employee + Child(ren)	\$12.21	\$11.86
Employee + Spouse + Child(ren)	\$18.19	\$17.67

This is not a complete description of benefits, exclusions, or limitations. This proposal is not a guarantee of coverage. A group application is required. Rates subject to change based on actual employer contribution, participation, plan selection and approval by Delta Dental of Wisconsin Underwriting. Final rates are guaranteed for 48 months from the effective date of coverage unless otherwise specified.



DeltaVision [®] FULL PLAN	
Network	Insight
Benefit Plan	A
Frame/Contact Allowance	\$200/\$200
Copay (exams/standard plastic lenses)	\$20/\$20
Frequency (exams/lenses or contacts/frames); <i>Based on calendar year</i>	12/12/24
Dependent Age Limit	To age 26

BENEFIT DETAILS	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays copay, plan pays balance	\$35
Retinal Imaging	Member pays up to \$39	None
Standard Contact Lens* Fit and Follow-Up	Paid in full	\$40
Premium Contact Lens** Fit and Follow-Up	10% off retail price plus \$55 allowance	\$40
Frames <i>(any available frame at provider location)</i>	Plan pays frame allowance, then 20% off balance	50% of the selected in-network allowance
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None
Diabetic Eye Care Benefits included that provide an additional office visit and diagnostic testing for those who have diabetes.		
Standard Plastic Lenses		
Single Vision	Member pays copay, plan pays balance	\$25
Bifocal	Member pays copay, plan pays balance	\$40
Trifocal	Member pays copay, plan pays balance	\$55
Standard Progressive	Member pays \$85	\$40
Premium Progressive	See next page for benefit information	\$60
Lens Options		
UV Coating	Member Pays \$15	None
Tint <i>(solid & gradient)</i>	Member Pays \$15	None
Standard Scratch Resistance	Member Pays \$15	None
Standard Polycarbonate	Member Pays \$40	None
Standard Anti-Reflective Coating	Member Pays \$45	None
Premium Anti-Reflective Coating	See next page for benefit information	None
Other Add-Ons and Services	20% off Retail Price	None
Contact Lenses - In lieu of spectacles <i>(Contact lens allowance covers materials only)</i>		
Conventional	Plan pays contact allowance, then 15% off balance	80% of the selected allowance amount for contacts
Disposable	Plan pays contact allowance	80% of the selected allowance amount for contacts
Medically Necessary***	Paid in full	\$200

*Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.

**Includes all lens powers and designs other than spherical powers (i.e. toric, multifocal, etc.), modes of wear that are extended or overnight schedules and rigid or gas-permeable materials.

***Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

This is not a complete description of benefits, exclusions, or limitations.



BENEFIT DETAILS - continued

	Member Cost In-Network	Non-Network Reimbursement
Progressive Lens		
Standard Progressive	\$85 copay	\$40
Premium Progressive as follows:		
Tier 1	\$105 copay	\$60
Tier 2	\$115 copay	\$60
Tier 3	\$130 copay	\$60
Tier 4	\$85 copay, 80% of charge less \$120 allowance	\$60
Anti-Reflective Coating		
Standard Anti-Reflective Coating	\$45	None
Premium Anti-Reflective Coating as follows:		
Tier 1	\$57	None
Tier 2	\$68	None
Tier 3	80% of charge	None

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at www.glasses.com.
- Members can purchase contact lenses online and apply their in-network contact benefits at www.contactsdirect.com.
- Discounts do not apply for benefits provided by other group benefit plans.

How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go farther at participating providers.
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance; the benefit allowance must be used on a single purchase day.
- Frequency of benefits: your benefit frequency is based on a calendar year benefit accumulation period.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Non-Network Reimbursement.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers - ask your vision provider.
- Your vision benefits include both a frame allowance and a lens allowance. The lens allowance will cover either eye glass lenses or contact lenses. If you purchase both glasses and contacts, you will be responsible for the cost of either the eye glass lens or the contacts, depending upon which was purchased first. Your provider can assist you on making the best choice to maximize your vision benefit.

Plan Limitations/Exclusions

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Allowances are one-time use benefits; there is no remaining balance if entire allowance is not used after initial purchase.
- Lost or broken materials are not covered.



Premiums
Based off
Coverage

City of Nekoosa

Prepared by
Spectrum Benefit Solutions of CW
Quote Number 00134438
Valid through 01/30/2025

Quote Number 00134438

RATING ASSUMPTIONS

Employer Contribution (Single/Family)	0-25%/0-25%
Broker Commission	8%

MONTHLY PREMIUMS

	Without Delta Dental Plan	With Delta Dental Plan
TWO-TIER		
Employee	\$7.89	\$7.66
Family	\$19.65	\$19.07
THREE-TIER		
Employee	\$7.89	\$7.66
Employee + One Dependent	\$15.03	\$14.59
Employee + Two or More Dependents	\$23.58	\$22.89
FOUR-TIER		
Employee	\$7.89	\$7.66
Employee + Spouse	\$15.78	\$15.32
Employee + Child(ren)	\$16.11	\$15.64
Employee + Spouse + Child(ren)	\$24.00	\$23.30

This is not a complete description of benefits, exclusions, or limitations. This proposal is not a guarantee of coverage. A group application is required. Rates subject to change based on actual employer contribution, participation, plan selection and approval by Delta Dental of Wisconsin Underwriting. Final rates are guaranteed for 48 months from the effective date of coverage unless otherwise specified.