Village of Hales Corners

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James R. Ryan Municipal Building

VILLAGE BOARD - BOARD OF TRUSTEES MEETING

Special Meeting Notice/Agenda

July 25, 2025 (Friday) – 5:00 p.m.

Notice is hereby given that the Village Board will meet as a Board of Trustees (BOT) at the above date and time, at the James R. Ryan Municipal Building (5635 S. New Berlin Rd).

Pursuant to Resolution 20-61, members of the Board of Trustees may attend this meeting in an electronic platform. The meeting electronic platform link is: https://meet.goto.com/984742341 or you may dial in at +1 (571) 317-3122 access code: 984-742-341. Requests to access the meeting must be 48 hours in advance of the meeting.

A G E N D A

1.0 ROLL CALL
2.0 COMMITTEE OF THE WHOLE
2.1 **Discussion and Possible Action on Whitnall Rotary Grant submission**
3.0 VILLAGE OFFICIALS REPORT
3.1 **Recommendation for Health, Dental, Vision 2025-26 Renewal**
4.0 ADJOURNMENT

Sandra M. Kulik, Administrator
July 23, 2025

NOTE: Issues that require public input or for which citizens are present will receive priority on the agenda. Hearing or speech impaired persons who require special services should notify the Village staff in advance of the meeting.

Village of Hales Corners

Memo

To: Village Board

From: Sandy Kulik, Village Administrator

Date: July 23, 2025

Re: Agenda Item : 3.1 Health Dental Vision Renewal

I and our Broker have been negotiating with our Insurance carrier on the 9/1/25 to 8/30/26 renewal. The initial rate proposed was 11.5% for Health Insurance, 15.5% Dental and 0% for Vision for our plan coverages as they currently exist. We were able to get them down to 6.5% for Health Insurance, however, that is still a $38,927 increase in Village costs. With the anticipation that our net new construction figure is likely at or below 1%, we cannot afford an increase like this that is 4 times what we could levy for on just this one item.

The proposal from United Health Care included an option to change our current plan coverage deductibles and max out of pocket. The current plan is $2,000/$4,000 for single coverage and $5,000/$10,000 for member/spouse, member/dependent and family plan selections. UHC has proposed a $3,000/$6,000 and a $6,000/$12,000 plan. This would result in a premium reduction of 0.1% or $725 less in Village costs. Further, they will allow us to have two plan levels, the current and the new rate. The $3k/6K option would be our basic coverage and any employee who wants the $2k/4k levels that currently exist, can opt into that coverage. In order to offer this as an option, the "buy up" amount for premiums would be 100% of the difference between our basic plan and the higher coverage option. Below is a chart indicating how much additional premium would be the employee's responsibility under a buy up arrangement. For example, a single coverage plan selection would result in an additional $675 in employee out of pocket costs to have the $2,000 deductible/ $4,000 out of pocket max. (See red font below for other coverage costs.)

		Buy Up Option				
	Monthly	Buy Up Monthly	Total Monthly	Total Annual	Current Annual	Increase over Current
Single	84.95	56.31	141.26	1,695.08	1,020.60	674.48
Mem/Sp	186.88	123.89	310.77	3,729.29	2,245.33	1,483.96
Mem/Dep	161.40	106.99	268.39	3,220.64	1,939.12	1,281.53
Family	271.83	180.20	452.03	5,424.37	3,265.93	2,158.44

As our plan renews on 9/1, we need to get our employee enrollment paperwork distributed beginning on 8/1. I am recommending this plan and if approved by the Board, I will gather our employees quickly to go over this coverage. This same option will need to apply to our retirees as our base plan would affect them as well.

Village of Hales Corners

Medical Plan Options, Dental & Vision - Effective: 9/1/2025

Designated Network & In Network	UHC Renewal Plan EKII RX 01 NEXUS ACO OAP Tiered			UHC Buy-up Option EKIG RX 01 NEXUS ACO OAP Tiered		
	Designated Network	*In-Network*	*Out of Network*	*Designated Network*	*In-Network*	*Out of Network*
ACA Preventive Care Services		No co-pay	Ded + 30%		No co-pay	Ded + 30%
Deductible (Ind/Fam) per Calendar year		$3,000/$6,000	$7,500/$15,000		$2,000/$4,000	$5,000/$10,000
Co-insurance		20%	30%		20%	30%
Out of Pocket (Ind/Fam)		$6,000/$12,000	$15,000/$30,000		$5,000/$10,000	$10,000/$20,000
Office Co-pay - Primary	$10	$40	Ded + 30%	$10	$40	Ded + 30%
Office Co-pay - Specialist	$40	$100	Ded + 30%	$40	$100	Ded + 30%
Urgent Care		$50 co-pay	Ded + 30%		$50 co-pay	Ded + 30%
Emergency Room (per occurrence)		Ded + 20%	Ded + 30%		Ded + 20%	Ded + 20%
Inpatient Care (per occurrence)	No co-pay	$500 + Ded +20%	$500 + Ded + 30%	No co-pay	$500 + Ded +20%	$500 + Ded + 30%
Outpatient Care (per occurrence)		$10	30%		$10	Ded + 30%
Outpatient Lab, X-Ray & Diagnostic		Ded + 20%	Ded + 30%		Ded + 20%	Ded + 30%
Outpatient Physician Fees for Surgical & Medical Services		Ded + 20%	30%		Ded + 20%	Ded + 30%
Outpatient Scopic Procedures (per ocuurance)	No co-pay	$250 +Ded + 20%	$250 +Ded + 30%	No co-pay	$250 +Ded + 20%	$250 +Ded + 30%
Outpatient Surgery	No co-pay	$250 +Ded + 20%	$250 +Ded + 30%	No co-pay	$250 +Ded + 20%	$250 +Ded + 30%
Outpatient Mental Health/Substance/Addictive		Ded + 20%	Ded + 30%		Ded + 20%	Ded + 30%
Essential*** RX Co-pay Tiers		$10/$35/$70	$10/$35/$70		$10/$35/$70	$10/$35/$70

Enrollment Type	*Monthly Employee Contribution*	*Monthly Employee Contribution*
Employee:	**$84.95**	$141.26
Employee + Spouse:	**$186.88**	$310.77
Employee + Child(ren):	**$161.40**	$268.39
Family:	**$271.83**	$452.03

*In Office diagnostic subject to deductible and coinsurance

Outpatient lab services, listed as Minor Lab Services:
Covered at the highest benefit level for members when delivered by a DDP provider. When outpatient lab services are performed by a non-DDP provider, but still a in-network provider, the benefit will be 20% coinsurance
If a member goes to an OON lab, standard OON benefits appy.

Designated (Tier 1) Network: Advocate Aurora Health Care, Froedtert & Medical College of Wisconsin, Children's Hospital of Wisconsin
In-Network: UHC Choice + Network (including Ascension Wisconsin, ProHealth)
Those who live outside the 8 counties, Sheboygan, Ozaukee, Washington, Waukesha, Milwaukee, Racine, Kenosha, and Walworth, the Premium Designation providers they use will be paid at a tier 1 benefit.
All Employees must choose a Primary Care Doctor

UHC Dental X4884 (PPO) *In or Out of Network*	
Annual Max	$1,500
Ded	$50/$150
Prev	100%
Basic	80%
Endo/Perio	80%
Oral surgery	80%
Major	50%
No waiting periods on Major services	yes
Max Multiplier*	yes
Child Ortho	50%
Ortho Max	$1,500.00

*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.

Monthly Employee Contribution
$ 4.32
$ 8.84
$ 10.96
$ 16.27

UHC Vision S1072 *In-Network*	
Exam Co-pay:	$10
Material Co-pay:	$25
Exam:	1 per 12 mo
Lenses:	1 per 12 mo
Frames:	1 per 12 mo
Frame Allowance:	$130
Contacts Allowance:	$125
Contacts or Glasses	
Hearing Aid discount program	
Out of Network:	
Exam:	$40
Lenses:	$80
Frames:	$45

Monthly Employee Contribution
$ 0.64
$ 1.22
$ 1.43
$ 2.01

Enrollment Election: Please circle the "Monthly Employee Contribution" rate for each plan you wish to enroll in. Sign, date & return to Sandy Kulik by August 20, 2025.

Signature: Date:

Print Name:

Questions? Please call us at: Broker Resources, Inc. | Robert Dalla Santa | 414.766.9470