

CITY OF WEST ALLIS
MONTHLY HEALTH INSURANCE RATES
For the Years Beginning Mar 1, 2022 and 2023

		2022				2023			
ACTIVES						0%			
Plan	Description	Total ER+EE	Gen 12%	Dec Union 15%	No HRA 20%	Total ER+EE	Gen 12%	Union 15%	No HRA 20%
PPO									
1	Single (Under 65)	815.00	97.80	122.25	163.00	815.00	97.80	122.25	163.00
2	Family (2-Person)	1,596.00	191.52	239.40	319.20	1,596.00	191.52	239.40	319.20
3	Family (under 65) (3/more)	2,339.00	280.68	350.85	467.80	2,339.00	280.68	350.85	467.80
HDHP									
1	Single (Under 65)	1,041.00	124.92	156.15	208.20	1,041.00	124.92	156.15	208.20
2	Family (2-Person)	2,042.00	245.04	306.30	408.40	2,042.00	245.04	306.30	408.40
3	Family (under 65) (3/more)	2,987.00	358.44	448.05	597.40	2,987.00	358.44	448.05	597.40
RETIREES (before 3/1/2013)						0%		0%	
Plan Description		Standard		Option 1 **		Standard		Option 1 **	
		ER+EE	50%	ER+EE	50%	ER+EE	50%	ER+EE	50%
PPO									
1	Single (Under 65)	1,168.00	n/a	1,053.00	n/a	1,168.00	n/a	1,053.00	n/a
2	Family (2-Person)	2,292.00	n/a	2,065.00	n/a	2,292.00	n/a	2,065.00	n/a
3	Family (under 65) (3/more)	3,356.00	n/a	3,023.00	n/a	3,356.00	n/a	3,023.00	n/a
HDHP									
1	Single (Under 65)	1,226.00	n/a	n/a	n/a	1,226.00	n/a	n/a	n/a
2	Family (2-Person)	2,401.00	n/a	n/a	n/a	2,401.00	n/a	n/a	n/a
3	Family (under 65) (3/more)	3,517.00	n/a	n/a	n/a	3,517.00	n/a	n/a	n/a
MEDICARE *									
4	Single	499.86	249.93	n/a	n/a	479.66	239.83	n/a	n/a
5	Family (2-Person)	999.72	499.86	n/a	n/a	959.32	479.66	n/a	n/a
6	Split	1,563.36	781.68	n/a	n/a	1,543.16	771.58	n/a	n/a
7	Split with Dependents	2,585.86	1,292.93	n/a	n/a	2,565.66	1,282.83	n/a	n/a
8	Two Medicare w/ Depnd	2,063.22	1,031.61	n/a	n/a	2,022.82	1,011.41	n/a	n/a
RETIREES (on/after 3/1/2013)						0%		0%	
Plan Description		Standard		Option 1 **		Standard		Option 1 **	
		ER+EE	50%	ER+EE	50%	ER+EE	50%	ER+EE	50%
PPO									
1	Single (Under 65)	959.00	n/a	923.00	n/a	959.00	n/a	923.00	n/a
2	Family (2-Person)	1,880.00	n/a	1,813.00	n/a	1,880.00	n/a	1,813.00	n/a
3	Family (under 65) (3/more)	2,753.00	n/a	2,654.00	n/a	2,753.00	n/a	2,654.00	n/a
HDHP									
1	Single (Under 65)	1,226.00	n/a	n/a	n/a	1,226.00	n/a	n/a	n/a
2	Family (2-Person)	2,401.00	n/a	n/a	n/a	2,401.00	n/a	n/a	n/a
3	Family (under 65) (3/more)	3,517.00	n/a	n/a	n/a	3,517.00	n/a	n/a	n/a
MEDICARE *									
4	Single	499.86	249.93	n/a	n/a	479.66	239.83	n/a	n/a
5	Family (2-Person)	999.72	499.86	n/a	n/a	959.32	479.66	n/a	n/a
6	Split	1,458.86	729.43	n/a	n/a	1,438.66	719.33	n/a	n/a
7	Split with Dependents	2,379.86	1,189.93	n/a	n/a	2,359.66	1,179.83	n/a	n/a
8	Two Medicare w/ Depnd	1,958.72	979.36	n/a	n/a	1,918.32	959.16	n/a	n/a

* Medicare single and family rates effective 1/1, split rates effective 3/1

** Option 1 was offered (with concessions) starting in 2020 as an alternative to the standard retiree increase

**CITY OF WEST ALLIS
OTHER BENEFIT RATES**

	2022			2023		
DENTAL (March 1st)						
				<i>no change</i>		
Standard						
Single	37.00	---	---	37.00	---	---
Family	105.00	---	---	105.00	---	---
Care-Plus						
Single	35.96	---	---	35.96	---	---
Family	110.62	---	---	110.62	---	---
VISION (March 1st)						
				<i>no change</i>		
Single	5.95	---	---	5.95	---	---
Family	16.21	---	---	16.21	---	---
WRS (January 1st)						
	ER	EE	Total	ER	EE	Total
General	6.50%	6.50%	13.00%	6.80%	6.80%	13.60%
Elected	6.50%	6.50%	13.00%	6.80%	6.80%	13.60%
Police	12.08%	6.50%	18.58%	13.24%	6.80%	20.04%
Fire	16.48%	6.50%	22.98%	18.14%	6.80%	24.94%
Life Insurance (July 1st)						
	Basic	Supp'l	Add'l	Basic	Supp'l	Add'l
Under 30	0.05	0.05	0.05	0.05	0.05	0.05
30-34	0.06	0.06	0.06	0.06	0.06	0.06
35-39	0.07	0.07	0.07	0.07	0.07	0.07
40-44	0.08	0.08	0.08	0.08	0.08	0.08
45-49	0.12	0.12	0.12	0.12	0.12	0.12
50-54	0.22	0.22	0.22	0.22	0.22	0.22
55-59	0.39	0.39	0.39	0.39	0.39	0.39
60-64	0.49	0.49	0.49	0.49	0.49	0.49
65-69	0.57	0.57	0.57	0.57	0.57	0.57
Spouse/depnd (per mo)		---	1.60		---	1.60

CITY OF WEST ALLIS
PART-TIME INSURANCE ALLOCATIONS
For the Year Beginning Mar 1, 2023

	Total Premium	Employee Premium Share								
		%	1 FTE	0.95 FTE	0.9 FTE	0.8 FTE	0.75 FTE	0.7 FTE	0.6 FTE	0.5 FTE
HEALTH - PPO w/ HRA (Non-Union)										
Employee Only	815.00	12%	97.80	133.66	169.52	241.24	277.10	312.96	384.68	456.40
Employee + 1	1,596.00	12%	191.52	261.74	331.97	472.42	542.64	612.86	753.31	893.76
Family	2,339.00	12%	280.68	383.60	486.51	692.34	795.26	898.18	1,104.01	1,309.84
HEALTH - PPO w/ HRA (Union)										
Employee Only	815.00	15%	122.25	156.89	191.53	260.80	295.44	330.08	399.35	468.63
Employee + 1	1,596.00	15%	239.40	307.23	375.06	510.72	578.55	646.38	782.04	917.70
Family	2,339.00	15%	350.85	450.26	549.67	748.48	847.89	947.30	1,146.11	1,344.93
HEALTH - PPO w/o HRA										
Employee Only	815.00	20%	163.00	195.60	228.20	293.40	326.00	358.60	423.80	489.00
Employee + 1	1,596.00	20%	319.20	383.04	446.88	574.56	638.40	702.24	829.92	957.60
Family	2,339.00	20%	467.80	561.36	654.92	842.04	935.60	1,029.16	1,216.28	1,403.40
HEALTH - HDHP w/ HRA (Non-Union)										
Employee Only	1,041.00	12%	124.92	170.72	216.53	308.14	353.94	399.74	491.35	582.96
Employee + 1	2,042.00	12%	245.04	334.89	424.74	604.43	694.28	784.13	963.82	1,143.52
Family	2,987.00	12%	358.44	489.87	621.30	884.15	1,015.58	1,147.01	1,409.86	1,672.72
HEALTH - HDHP w/ HRA (Union)										
Employee Only	1,041.00	15%	156.15	200.39	244.64	333.12	377.36	421.61	510.09	598.58
Employee + 1	2,042.00	15%	306.30	393.09	479.87	653.44	740.23	827.01	1,000.58	1,174.15
Family	2,987.00	15%	448.05	575.00	701.95	955.84	1,082.79	1,209.74	1,463.63	1,717.53
HEALTH - HDHP w/o HRA										
Employee Only	1,041.00	20%	208.20	249.84	291.48	374.76	416.40	458.04	541.32	624.60
Employee + 1	2,042.00	20%	408.40	490.08	571.76	735.12	816.80	898.48	1,061.84	1,225.20
Family	2,987.00	20%	597.40	716.88	836.36	1,075.32	1,194.80	1,314.28	1,553.24	1,792.20
DENTAL - Standard (Anthem)										
Employee Only	37.00	0%	-	1.85	3.70	7.40	9.25	11.10	14.80	18.50
Family	105.00	0%	-	5.25	10.50	21.00	26.25	31.50	42.00	52.50
DENTAL - Optional (Care Plus)										
Employee Only	35.96	0%	-	1.80	3.60	7.19	8.99	10.79	14.38	17.98
Family	110.62	0%	-	5.53	11.06	22.12	27.66	33.19	44.25	55.31
VISION - Optional (Superior Vision)										
Employee Only	5.95	100%	5.95	5.95	5.95	5.95	5.95	5.95	5.95	5.95
Family	16.21	100%	16.21	16.21	16.21	16.21	16.21	16.21	16.21	16.21