CITY OF WEST ALLIS
MONTHLY HEALTH INSURANCE RATES
For the Years Beginning Mar 1, 2025 and 2026

		2025				2026			
ACTIVES						3.83%			
Plan	Description	Total ER+EE	Total Ben Pkg 12%	Legacy & Union 15%	No HRA 20%	Total ER+EE	Total Ben Pkg 12%	Legacy & Union 15%	No HRA 20%
PPO									
1	Single (Under 65)	883.03	105.96	132.45	176.61	916.86	110.02	137.53	183.37
2	Family (2-Person)	1,725.89	207.11	258.88	345.18	1,792.01	215.04	268.80	358.40
3	Family (under 65) (3/more)	2,578.10	309.37	386.72	515.62	2,676.87	321.22	401.53	535.37
HDHP									
1	Single (Under 65)	1,129.43	135.53	169.41	225.89	1,172.70	140.72	175.91	234.54
2	Family (2-Person)	2,215.46	265.86	332.32	443.09	2,300.34	276.04	345.05	460.07
3	Family (under 65) (3/more)	3,305.83	396.70	495.87	661.17	3,432.48	411.90	514.87	686.50

RETIREES (before 3/1/2013)						3.83%		3.83%	
		Standard		Option 1 **		Standard		Option 1 **	
Plan	Description	ER+EE	50%	ER+EE	50%	ER+EE	50%	ER+EE	50%
PPO									
1	Single (Under 65)	1,304.08	n/a	1,175.97	n/a	1,354.03	n/a	1,221.01	n/a
2	Family (2-Person)	2,559.98	n/a	2,305.96	n/a	2,658.03	n/a	2,394.28	n/a
3	Family (under 65) (3/more)	3,748.00	n/a	3,375.72	n/a	3,891.55	n/a	3,505.01	n/a
HDHP									
1	Single (Under 65)	1,369.78	n/a	1,232.91	n/a	1,422.24	n/a	1,280.13	n/a
2	Family (2-Person)	2,681.52	n/a	2,416.55	n/a	2,784.22	n/a	2,509.10	n/a
3	Family (under 65) (3/more)	3,927.57	n/a	3,537.77	n/a	4,078.00	n/a	3,673.27	n/a
MEDICARE *									
4	Single	497.88	248.94	n/a	n/a	512.13	256.07	n/a	n/a
4a	Single (low income)	453.42	226.71	n/a	n/a	481.43	240.72	n/a	n/a
5	Family (2-Person)	995.76	497.88	n/a	n/a	1,024.26	512.13	n/a	n/a
6	Split	1,685.35	842.68	n/a	n/a	1,745.08	872.54	n/a	n/a
7	Split with Dependents	2,827.93	1,413.97	n/a	n/a	2,931.42	1,465.71	n/a	n/a
8	Two Medicare w/ Depnd	2,183.23	1,091.62	n/a	n/a	2,257.21	1,128.61	n/a	n/a

RETIREES (on/after 3/1/2013)						3.83%		3.83%	
		Standard		Option 1 **		Standard		Option 1 **	
Plan	Description	ER+EE	50%	ER+EE	50%	ER+EE	50%	ER+EE	50%
PPO									
1	Single (Under 65)	1,070.86	n/a	1,030.34	n/a	1,111.87	n/a	1,069.80	n/a
2	Family (2-Person)	2,100.11	n/a	2,024.55	n/a	2,180.54	n/a	2,102.09	n/a
3	Family (under 65) (3/more)	3,074.61	n/a	2,964.02	n/a	3,192.37	n/a	3,077.54	n/a
HDHP									
1	Single (Under 65)	1,369.78	n/a	1,319.41	n/a	1,422.24	n/a	1,369.94	n/a
2	Family (2-Person)	2,681.52	n/a	2,585.17	n/a	2,784.22	n/a	2,684.18	n/a
3	Family (under 65) (3/more)	3,927.57	n/a	3,786.32	n/a	4,078.00	n/a	3,931.34	n/a
MEDICARE *									
4	Single	497.88	248.94	n/a	n/a	512.13	256.07	n/a	n/a
4a	Single (low income)	453.42	226.71	n/a	n/a	481.43	240.72	n/a	n/a
5	Family (2-Person)	995.76	497.88	n/a	n/a	1,024.26	512.13	n/a	n/a
6	Split	1,568.74	784.37	n/a	n/a	1,624.00	812.00	n/a	n/a
7	Split with Dependents	2,597.99	1,299.00	n/a	n/a	2,692.67	1,346.34	n/a	n/a
8	Two Medicare w/ Depnd	2,066.62	1,033.31	n/a	n/a	2,136.13	1,068.07	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

	2025			2026		
OTHER HEALTH BENEFITS (March 1st)				*0%*		
Family Savings Plan	Per Month		Per Check	Per Month		Per Check
Family (2 or more)	890.00	---	445.00	890.00	---	445.00
DENTAL (March 1st)				*no change*		
Standard	Per Month		Per Check	Per Month		Per Check
Single	38.11	---	19.06	38.11	---	19.06
Family	117.26	---	58.63	117.26	---	58.63
Care-Plus						
Single	37.03	---	18.52	37.03	---	18.52
Family	113.94	---	56.97	113.94	---	56.97
VISION (March 1st)				*no change*		
	Per Month		Per Check	Per Month		Per Check
Single	5.95	---	2.98	5.95	---	2.98
Family	16.21	---	8.11	16.21	---	8.11
WRS (January 1st)						
	ER	EE	Total	ER	EE	Total
General	6.95%	6.95%	13.90%	7.20%	7.20%	14.40%
Elected	6.95%	6.95%	13.90%	7.20%	7.20%	14.40%
Police	15.19%	6.95%	22.14%	14.90%	7.20%	22.10%
Fire	19.19%	6.95%	26.14%	18.70%	7.20%	25.90%
Life Insurance (July 1st)				*$0.35 incr for spouse/dependant*		
	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/dpnd (per mo)*		---	1.60		---	1.95

* Rates are estimated and may change after ETF makes their official posting.

CITY OF WEST ALLIS
PART-TIME INSURANCE ALLOCATIONS
For the Year Beginning Mar 1, 2026

	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 (TBP)										
Employee Only	**916.86**	12%	110.02	150.36	190.70	271.39	311.73	352.07	432.76	513.44
Employee + 1	**1,792.01**	12%	215.04	293.89	372.74	530.43	609.28	688.13	845.83	1,003.53
Family	**2,676.87**	12%	321.22	439.00	556.79	792.35	910.13	1,027.92	1,263.48	1,499.05
HEALTH - PPO w/ HRA (Legacy)										
Employee Only	**916.86**	15%	137.53	176.50	215.46	293.40	332.36	371.33	449.26	527.20
Employee + 1	**1,792.01**	15%	268.80	344.96	421.12	573.44	649.60	725.76	878.08	1,030.41
Family	**2,676.87**	15%	401.53	515.30	629.06	856.60	970.37	1,084.13	1,311.67	1,539.20
HEALTH - PPO w/o HRA										
Employee Only	**916.86**	20%	183.37	220.04	256.72	330.07	366.74	403.42	476.77	550.12
Employee + 1	**1,792.01**	20%	358.40	430.08	501.76	645.12	716.80	788.48	931.84	1,075.21
Family	**2,676.87**	20%	535.37	642.45	749.52	963.67	1,070.75	1,177.82	1,391.97	1,606.12
HEALTH - HDHP w/ HRA (TBP)										
Employee Only	**1,172.70**	12%	140.72	192.32	243.92	347.12	398.72	450.31	553.51	656.71
Employee + 1	**2,300.34**	12%	276.04	377.26	478.47	680.90	782.12	883.33	1,085.76	1,288.19
Family	**3,432.48**	12%	411.90	562.93	713.96	1,016.02	1,167.05	1,318.07	1,620.13	1,922.19
HEALTH - HDHP w/ HRA (Legacy)										
Employee Only	**1,172.70**	15%	175.91	225.75	275.59	375.27	425.11	474.95	574.63	674.31
Employee + 1	**2,300.34**	15%	345.05	442.81	540.58	736.11	833.87	931.64	1,127.17	1,322.70
Family	**3,432.48**	15%	514.87	660.75	806.63	1,098.39	1,244.27	1,390.15	1,681.91	1,973.68
HEALTH - HDHP w/o HRA										
Employee Only	**1,172.70**	20%	234.54	281.45	328.36	422.17	469.08	515.99	609.80	703.62
Employee + 1	**2,300.34**	20%	460.07	552.08	644.10	828.12	920.14	1,012.15	1,196.18	1,380.21
Family	**3,432.48**	20%	686.50	823.80	961.10	1,235.70	1,373.00	1,510.29	1,784.89	2,059.49
DENTAL - Standard (Anthem)										
Employee Only	**38.11**	0%	-	1.91	3.81	7.62	9.53	11.43	15.24	19.06
Family	**117.26**	0%	-	5.86	11.73	23.45	29.32	35.18	46.90	58.63
DENTAL - Optional (Care Plus)										
Employee Only	**37.03**	0%	-	1.85	3.70	7.41	9.26	11.11	14.81	18.52
Family	**113.94**	0%	-	5.70	11.39	22.79	28.49	34.18	45.58	56.97
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