CITY OF WEST ALLIS
MONTHLY HEALTH INSURANCE RATES
For the Years Beginning Mar 1, 2023 and 2024

		2023				2024			
ACTIVES						0% to 2%			
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	2,386.00	286.32	357.90	477.20
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	3,047.00	365.64	457.05	609.40

RETIREES (before 3/1/2013)						2%		2%	
		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)	1,168.00	n/a	1,053.00	n/a	1,191.00	n/a	1,074.00	n/a
2	Family (2-Person)	2,292.00	n/a	2,065.00	n/a	2,338.00	n/a	2,106.00	n/a
3	Family (under 65) (3/more)	3,356.00	n/a	3,023.00	n/a	3,423.00	n/a	3,083.00	n/a
HDHP									
1	Single (Under 65)	1,226.00	n/a	1,104.00	n/a	1,251.00	n/a	1,126.00	n/a
2	Family (2-Person)	2,401.00	n/a	2,164.00	n/a	2,449.00	n/a	2,207.00	n/a
3	Family (under 65) (3/more)	3,517.00	n/a	3,168.00	n/a	3,587.00	n/a	3,231.00	n/a
MEDICARE *									
4a	Single	479.66	239.83	n/a	n/a	488.12	244.06	n/a	n/a
4b	Single (low income)	446.96	223.48	n/a	n/a	453.42	226.71	n/a	n/a
5	Family (2-Person)	959.32	479.66	n/a	n/a	976.24	488.12	n/a	n/a
6	Split	1,543.16	771.58	n/a	n/a	1,572.62	786.31	n/a	n/a
7	Split with Dependents	2,565.66	1,282.83	n/a	n/a	2,616.12	1,308.06	n/a	n/a
8	Two Medicare w/ Depnd	2,022.82	1,011.41	n/a	n/a	2,060.74	1,030.37	n/a	n/a

RETIREES (on/after 3/1/2013)						2%		2%	
		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)	959.00	n/a	923.00	n/a	978.00	n/a	941.00	n/a
2	Family (2-Person)	1,880.00	n/a	1,813.00	n/a	1,918.00	n/a	1,849.00	n/a
3	Family (under 65) (3/more)	2,753.00	n/a	2,654.00	n/a	2,808.00	n/a	2,707.00	n/a
HDHP									
1	Single (Under 65)	1,226.00	n/a	1,181.00	n/a	1,251.00	n/a	1,205.00	n/a
2	Family (2-Person)	2,401.00	n/a	2,315.00	n/a	2,449.00	n/a	2,361.00	n/a
3	Family (under 65) (3/more)	3,517.00	n/a	3,390.00	n/a	3,587.00	n/a	3,458.00	n/a
MEDICARE *									
4a	Single	479.66	239.83	n/a	n/a	488.12	244.06	n/a	n/a
4b	Single (low income)	446.96	223.48	n/a	n/a	453.42	226.71	n/a	n/a
5	Family (2-Person)	959.32	479.66	n/a	n/a	976.24	488.12	n/a	n/a
6	Split	1,438.66	719.33	n/a	n/a	1,466.12	733.06	n/a	n/a
7	Split with Dependents	2,359.66	1,179.83	n/a	n/a	2,406.12	1,203.06	n/a	n/a
8	Two Medicare w/ Depnd	1,918.32	959.16	n/a	n/a	1,954.24	977.12	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

	2023			2024		
OTHER HEALTH BENEFITS (March 1st)				*15%*		
Family Savings Plan						
Family (2 or more)	920.00	---	---	1,060.00	---	---
DENTAL (March 1st)				*3% to 11.6%*		
Standard						
Single	37.00	---	---	38.11	---	---
Family	105.00	---	---	117.26	---	---
Care-Plus						
Single	35.96	---	---	37.03	---	---
Family	110.62	---	---	113.94	---	---
VISION (March 1st)				*no change*		
Single	5.95	---	---	5.95	---	---
Family	16.21	---	---	16.21	---	---

WRS (January 1st)

	ER	EE	Total	ER	EE	Total
General	6.80%	6.80%	13.60%	6.90%	6.90%	13.80%
Elected	6.80%	6.80%	13.60%	6.90%	6.90%	13.80%
Police	13.24%	6.80%	20.04%	14.39%	6.90%	21.29%
Fire	18.14%	6.80%	24.94%	19.19%	6.90%	26.09%

Life Insurance (July 1st) *no change*

	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		---	1.60

CITY OF WEST ALLIS
PART-TIME INSURANCE ALLOCATIONS
For the Year Beginning Mar 1, 2024

	Total	Employee Premium Share								
	Premium	%	*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	**2,386.00**	12%	286.32	391.30	496.29	706.26	811.24	916.22	1,126.19	1,336.16
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	**2,386.00**	15%	357.90	459.31	560.71	763.52	864.93	966.33	1,169.14	1,371.95
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	**2,386.00**	20%	477.20	572.64	668.08	858.96	954.40	1,049.84	1,240.72	1,431.60
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	**3,047.00**	12%	365.64	499.71	633.78	901.91	1,035.98	1,170.05	1,438.18	1,706.32
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	**3,047.00**	15%	457.05	586.55	716.05	975.04	1,104.54	1,234.04	1,493.03	1,752.03
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	**3,047.00**	20%	609.40	731.28	853.16	1,096.92	1,218.80	1,340.68	1,584.44	1,828.20
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