CITY OF WEST ALLIS
MONTHLY HEALTH INSURANCE RATES
For the Years Beginning Mar 1, 2024 and 2025

		2024				2025			
ACTIVES						8% to 8.5%			
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	883.03	105.96	132.45	176.61
2	Family (2-Person)	1,596.00	191.52	239.40	319.20	1,725.89	207.11	258.88	345.18
3	Family (under 65) (3/more)	2,386.00	286.32	357.90	477.20	2,578.10	309.37	386.72	515.62
HDHP									
1	Single (Under 65)	1,041.00	124.92	156.15	208.20	1,129.43	135.53	169.41	225.89
2	Family (2-Person)	2,042.00	245.04	306.30	408.40	2,215.46	265.86	332.32	443.09
3	Family (under 65) (3/more)	3,047.00	365.64	457.05	609.40	3,305.83	396.70	495.87	661.17

RETIREES (before 3/1/2013)						9.5%		9.5%	
		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)	1,191.00	n/a	1,074.00	n/a	1,304.08	n/a	1,175.97	n/a
2	Family (2-Person)	2,338.00	n/a	2,106.00	n/a	2,559.98	n/a	2,305.96	n/a
3	Family (under 65) (3/more)	3,423.00	n/a	3,083.00	n/a	3,748.00	n/a	3,375.72	n/a
HDHP									
1	Single (Under 65)	1,251.00	n/a	1,126.00	n/a	1,369.78	n/a	1,232.91	n/a
2	Family (2-Person)	2,449.00	n/a	2,207.00	n/a	2,681.52	n/a	2,416.55	n/a
3	Family (under 65) (3/more)	3,587.00	n/a	3,231.00	n/a	3,927.57	n/a	3,537.77	n/a
MEDICARE *									
4	Single	488.12	244.06	n/a	n/a	497.88	248.94	n/a	n/a
5	Family (2-Person)	976.24	488.12	n/a	n/a	995.76	497.88	n/a	n/a
6	Split	1,572.62	786.31	n/a	n/a	1,685.35	842.68	n/a	n/a
7	Split with Dependents	2,616.12	1,308.06	n/a	n/a	2,827.93	1,413.97	n/a	n/a
8	Two Medicare w/ Depnd	2,060.74	1,030.37	n/a	n/a	2,183.23	1,091.62	n/a	n/a

RETIREES (on/after 3/1/2013)						9.5%		9.5%	
		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)	978.00	n/a	941.00	n/a	1,070.86	n/a	1,030.34	n/a
2	Family (2-Person)	1,918.00	n/a	1,849.00	n/a	2,100.11	n/a	2,024.55	n/a
3	Family (under 65) (3/more)	2,808.00	n/a	2,707.00	n/a	3,074.61	n/a	2,964.02	n/a
HDHP									
1	Single (Under 65)	1,251.00	n/a	1,205.00	n/a	1,369.78	n/a	1,319.41	n/a
2	Family (2-Person)	2,449.00	n/a	2,361.00	n/a	2,681.52	n/a	2,585.17	n/a
3	Family (under 65) (3/more)	3,587.00	n/a	3,458.00	n/a	3,927.57	n/a	3,786.32	n/a
MEDICARE *									
4	Single	488.12	244.06	n/a	n/a	497.88	248.94	n/a	n/a
5	Family (2-Person)	976.24	488.12	n/a	n/a	995.76	497.88	n/a	n/a
6	Split	1,466.12	733.06	n/a	n/a	1,568.74	784.37	n/a	n/a
7	Split with Dependents	2,406.12	1,203.06	n/a	n/a	2,597.99	1,299.00	n/a	n/a
8	Two Medicare w/ Depnd	1,954.24	977.12	n/a	n/a	2,066.62	1,033.31	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

	2024			2025		
OTHER HEALTH BENEFITS (March 1st)				*-16%*		
Family Savings Plan						
Family (2 or more)	1,060.00	---	---	890.00	---	---
DENTAL (March 1st)				*no change*		
Standard						
Single	38.11	---	---	38.11	---	---
Family	117.26	---	---	117.26	---	---
Care-Plus						
Single	37.03	---	---	37.03	---	---
Family	113.94	---	---	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	6.90%	6.90%	13.80%	6.95%	6.95%	13.90%
Elected	6.90%	6.90%	13.80%	6.95%	6.95%	13.90%
Police	14.39%	6.90%	21.29%	15.19%	6.95%	22.14%
Fire	19.19%	6.90%	26.09%	19.19%	6.95%	26.14%

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, 2025

	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	**883.03**	12%	105.96	144.81	183.67	261.37	300.23	339.08	416.79	494.50
Employee + 1	**1,725.89**	12%	207.11	283.05	358.99	510.87	586.81	662.74	814.62	966.50
Family	**2,578.10**	12%	309.37	422.81	536.24	763.12	876.55	989.99	1,216.86	1,443.74
HEALTH - PPO w/ HRA (Union)										
Employee Only	**883.03**	15%	132.45	169.98	207.51	282.57	320.10	357.62	432.68	507.74
Employee + 1	**1,725.89**	15%	258.88	332.23	405.58	552.28	625.63	698.98	845.68	992.39
Family	**2,578.10**	15%	386.72	496.29	605.86	825.00	934.57	1,044.13	1,263.27	1,482.41
HEALTH - PPO w/o HRA										
Employee Only	**883.03**	20%	176.61	211.93	247.25	317.89	353.22	388.54	459.18	529.82
Employee + 1	**1,725.89**	20%	345.18	414.22	483.25	621.32	690.36	759.39	897.46	1,035.54
Family	**2,578.10**	20%	515.62	618.74	721.87	928.12	1,031.24	1,134.36	1,340.61	1,546.86
HEALTH - HDHP w/ HRA (Non-Union)										
Employee Only	**1,129.43**	12%	135.53	185.23	234.92	334.31	384.01	433.70	533.09	632.48
Employee + 1	**2,215.46**	12%	265.86	363.34	460.82	655.78	753.26	850.74	1,045.70	1,240.66
Family	**3,305.83**	12%	396.70	542.16	687.61	978.53	1,123.98	1,269.44	1,560.35	1,851.27
HEALTH - HDHP w/ HRA (Union)										
Employee Only	**1,129.43**	15%	169.41	217.41	265.41	361.41	409.42	457.42	553.42	649.42
Employee + 1	**2,215.46**	15%	332.32	426.48	520.63	708.95	803.11	897.26	1,085.58	1,273.89
Family	**3,305.83**	15%	495.87	636.37	776.87	1,057.86	1,198.36	1,338.86	1,619.85	1,900.85
HEALTH - HDHP w/o HRA										
Employee Only	**1,129.43**	20%	225.89	271.07	316.24	406.60	451.78	496.95	587.31	677.66
Employee + 1	**2,215.46**	20%	443.09	531.71	620.33	797.56	886.18	974.80	1,152.04	1,329.28
Family	**3,305.83**	20%	661.17	793.40	925.64	1,190.10	1,322.34	1,454.57	1,719.03	1,983.50
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