

# Exhibit A - Resolution 2019-23



Village of Sturtevant  
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Plan Group Comparison - 5/1/19 - 4/30/20  
For illustrative purposes, refer to carrier proposal for full details  
\* = Additional details available

|                               | Current   | Proposed<br>Rnwl w/Varied Contribution                       | Proposed<br>Rnwl w/Varied less Dnt/Vis                       |  |  |
|-------------------------------|---|--|--|--|--|
| <b>Medical Plan Group</b>     | <b>\$ 337,903<sup>48</sup></b>                                | <b>\$ 362,878<sup>57</sup> +7.4%</b>                         | <b>\$ 365,514<sup>72</sup> +8.2%</b>                         |  |  |
| <b>Medical Plan Design</b>    | UHC<br>\$250/80%/\$6600                                       | UHC<br>\$250/80%/\$6600                                      | UHC<br>\$250/80%/\$6600                                      |  |  |
|                               | Single      Family  | Single      Family   | Single      Family   |  |  |
| <b>Deductible</b>             | \$ 250      \$ 500  | \$ 250      \$ 500   | \$ 250      \$ 500   |  |  |
| Employee Coinsurance          | 20 %      20 %  | 20 %      20 %   | 20 %      20 %   |  |  |
| Out-of-Pocket Max             | \$ 6,600      \$ 13,200                                       | \$ 4,000      \$ 8,000                                       | \$ 4,000      \$ 8,000                                       |  |  |
| Employer Funding              | \$ - 3,500      \$ - 7,000                                    | \$ - 900      \$ - 1,800                                     | \$ - 900      \$ - 1,800                                     |  |  |
| <b>Net Out-of-Pocket Max</b>  | \$ 3,100      \$ 6,200  | \$ 3,100      \$ 6,200                                       | \$ 3,100      \$ 6,200                                       |  |  |
| Employee Annual Prem          | \$ + 1,101      \$ + 2,700                                    | \$ + 1,165      \$ + 2,913                                   | \$ + 1,103      \$ + 2,703                                   |  |  |
| Employee Max Ann. Cost        | \$ 4,201      \$ 8,900  | \$ ▲4,265      \$ ▲9,113                                     | \$ ▲4,203      \$ ▲8,903                                     |  |  |
| <b>Medical Copays</b>         | Copay   | Copay  | Copay  |  |  |
| Primary Care                  | \$ 30   | \$ 15  | \$ 15  |  |  |
| Specialty Care                | \$ 60   | \$ 30  | \$ 30  |  |  |
| Urgent Care                   | \$ --   | \$ --  | \$ --  |  |  |
| Emergency                     | \$ --   | \$ --  | \$ --  |  |  |
| Out-Patient Hospital          | \$ --   | \$ --  | \$ --  |  |  |
| In-Patient Hospital           | \$ --   | \$ --  | \$ --  |  |  |
| <b>Rx</b>                     | No Deductible   | No Deductible  | No Deductible  |  |  |
| Tiers                         | \$15, \$40, \$80, \$250                                       | \$15, \$40, \$80, \$250                                      | \$15, \$40, \$80, \$250                                      |  |  |
| <b>Enrollment</b>             | 19      Prem      ER      EE                                  | 19      Prem      ER      EE                                 | 19      Prem      ER      EE                                 |  |  |
| Employee Only                 | 4      \$ 663 <sup>30</sup> 86 %      \$ 917 <sup>4</sup>     | 4      \$ 809 <sup>22</sup> 88 %      \$ 971 <sup>11</sup>   | 4      \$ 809 <sup>22</sup> 89 %      \$ 919 <sup>2</sup>    |  |  |
| Employee + Spouse             | 0      \$ 0 <sup>00</sup> 0 %      \$ 0 <sup>00</sup>         | 8      \$ 1,618 <sup>44</sup> 88 %      \$ 194 <sup>21</sup> | 8      \$ 1,618 <sup>44</sup> 89 %      \$ 183 <sup>83</sup> |  |  |
| Employee + Children           | 0      \$ 0 <sup>00</sup> 0 %      \$ 0 <sup>00</sup>         | 1      \$ 1,456 <sup>59</sup> 88 %      \$ 174 <sup>79</sup> | 1      \$ 1,456 <sup>59</sup> 89 %      \$ 163 <sup>83</sup> |  |  |
| Family                        | 15      \$ 1,857 <sup>23</sup> 88 %      \$ 224 <sup>96</sup> | 6      \$ 2,427 <sup>65</sup> 90 %      \$ 242 <sup>76</sup> | 6      \$ 2,427 <sup>65</sup> 91 %      \$ 225 <sup>28</sup> |  |  |
| <b>Ann. Insurance Premium</b> | \$ 366,139 <sup>80</sup>                                      | \$ 386,482 <sup>68</sup> ▲                                   | \$ 386,482 <sup>68</sup> ▲                                   |  |  |
| Employer Prem Contribution    | \$ 321,243 <sup>48</sup>                                      | \$ 343,600 <sup>57</sup>                                     | \$ 346,236 <sup>72</sup>                                     |  |  |
| Budgeted HRA + HSA            | \$ + 16,660 <sup>00</sup> + 0 <sup>00</sup>                   | \$ + 19,278 <sup>00</sup> + 0 <sup>00</sup>                  | \$ + 19,278 <sup>00</sup> + 0 <sup>00</sup>                  |  |  |
| <b>Employer Ann. Cost</b>     | <b>\$ 337,903<sup>48</sup></b>                                | <b>\$ ▲362,878<sup>57</sup></b>                              | <b>\$ ▲365,514<sup>72</sup></b>                              |  |  |



Vision Plan Group **Proposed**  
**\$ 4,331<sup>29</sup>**

Vision Plan Design **Delta Dental**  
**\$150 150 \$0 \$0**

**Eye Exam** \$0 copay  
every 12 months

**Materials** \$150 allowance

**Contacts Allowance** N/A  
every 12 months

Fitting N/A

**Frames Allowance** \$150 allowance  
every 12 months

**Lenses Allowance** every 12 months

Single \$0 copay

Bifocal \$0 copay

Trifocal \$0 copay

Progressive N/A

| Enrollment          | 20 | Prem                | ER   | EE                 |
|---------------------|----|---------------------|------|--------------------|
| Employee Only       | 6  | \$ 9 <sup>68</sup>  | 88 % | \$ 1 <sup>16</sup> |
| Employee + Spouse   | 5  | \$ 19 <sup>36</sup> | 88 % | \$ 2 <sup>32</sup> |
| Employee + Children | 1  | \$ 19 <sup>76</sup> | 88 % | \$ 2 <sup>37</sup> |
| Family              | 8  | \$ 29 <sup>44</sup> | 88 % | \$ 3 <sup>53</sup> |

**Annual Insurance Premium** \$4,922 @ 12 month guarantee

**Employer Annual Cost** \$ **4,331<sup>29</sup>**



Dental Plan Group

Proposed

**\$ 15,569<sup>88</sup>**

Dental Plan Design

Delta Dental  
MAC \$25 \$2000 100% 80%/50%

|                   | Single              | Family              |
|-------------------|---------------------|---------------------|
| <b>Deductible</b> | \$ 25 <sup>00</sup> | \$ 50 <sup>00</sup> |

|                           |                    |           |           |
|---------------------------|--------------------|-----------|-----------|
| <b>Annual Max Benefit</b> | \$2,000 per person |           |           |
| <b>Coinsurance</b>        | Prev 100%          | Basic 80% | Major 50% |
| Preventive                | --                 |           |           |
| Basic                     | --                 |           |           |
| Major                     | --                 |           |           |
| Not Covered               | --                 |           |           |

**Orthodontia (Lifetime)** N/A  
**Dependent Eligibility** Any age

|                     | Enrollment | Prem                 | ER   | EE                  |
|---------------------|------------|----------------------|------|---------------------|
| Employee Only       | 5          | \$ 33 <sup>60</sup>  | 88 % | \$ 4 <sup>03</sup>  |
| Employee + Spouse   | 8          | \$ 67 <sup>20</sup>  | 88 % | \$ 8 <sup>06</sup>  |
| Employee + Children | 1          | \$ 71 <sup>56</sup>  | 88 % | \$ 8 <sup>59</sup>  |
| Family              | 6          | \$ 116 <sup>21</sup> | 88 % | \$ 13 <sup>95</sup> |

**Annual Insurance Premium** \$17,693 @ 12 month guarantee

**Employer Annual Cost** \$ **15,569<sup>88</sup>**