



2018 OPEN ENROLLMENT

Open enrollment will be held from November 1st through December 1st, 2017. **The annual Benefits Fair will be held Wednesday, November 1st, 2017 at Two Rivers Convention Center from 7:30 a.m. to 3:30 p.m.**

All forms are due to Human Resources by **Friday, December 1, 2017.**

Benefit elections will become effective January 1, 2018.

PROPOSED CHANGES FOR 2018

HEALTH INSURANCE

- Health care rates will increase an average 10.2% (net) across all plans in 2018 for all plans.
- The Appleton DPC Plan will be discontinued.
- Employer and Employee contribution percentages will remain the same as 2017.
- The current City plans will include plan modifications. These changes will be reviewed in employee Q&A sessions and some division meetings.
- Health Savings account maximum deferral limits for 2018 increase \$50 for self-only to \$3,450 (net \$2,700) and an increase of \$150 for family to \$6,900 or (net \$6,150). The net amount reflects the IRS maximum allowed reduced by the \$750 matching employer contribution.

RETIREE HEALTH

- For retirees using the retiree health benefit, there will be no change for 2018 in the percentage of premium currently being paid. While the premium for the retiree health plan is increasing 18.6% in 2018, the retiree share of premium will remain at 0%, 10% or 22%, depending upon your percent of contribution upon retirement.
- The employee per pay period deduction will increase from \$18.48 to \$19.04.
- Other program modifications will be communicated in 2018 as more information is available.

VOLUNTARY VISION

There is a slight increase in the rates for VSP Vision Coverage as listed below:

Employee Only: \$6.85 per month (increased .15 per pay period/.30 per month)

Employee plus Spouse: \$14.40 per month (increased .32 per pay period/.64 per month)

Employee plus Child(ren): \$13.00 per month (increased .27 per pay period/.54 per month)

Family: \$20.55 month (increased .45 per pay period/.90 per month)

VOLUNTARY BENEFIT CHANGE

Starting in January 2018, LifeLock will be replacing ID Shield as the City's new identity theft provider. Employees may maintain coverage with ID Shield by making direct payment arrangements through their bank.

Single Rate \$13.99 / \$6.99 per pp (increase \$2.51 pp)

Family Rate \$27.98 / \$13.99 per pp (increase \$4.51 pp)

HOLIDAYS

Martin Luther King Day will be added to the list of City observed holidays. Effective January 1, 2018 PTO accrual levels will be increased accordingly.

Calculations are estimates – rounding differences may occur once premiums are uploaded to the payroll system.

Proposed 2018 Health Insurance Rates – WITHOUT Wellness Credit

GH HMO Classic 50/75	Total Monthly Premiums	City Pays	Monthly Employee Rate	Per 24 Pay Period Employee Rate
Employee Only	\$660.57	\$519.68	\$140.89	\$70.45
Employee + 1	\$1,321.14	\$1,039.35	\$281.79	\$140.89
Family	\$1,750.50	\$1,377.12	\$373.38	\$186.69
Monument HDHP	Total Monthly Premiums	City Pays	Monthly Employee Rate	Per 24 Pay Period Employee Rate
Employee Only	\$488.25	\$417.21	\$71.04	\$35.52
Employee +1	\$976.50	\$834.42	\$142.08	\$71.04
Family	\$1,293.88	\$1,105.63	\$188.25	\$94.13
Monument PPO	Total Monthly Premiums	City Pays	Monthly Employee Rate	Per 24 Pay Period Employee Rate
Employee Only	\$620.50	\$488.15	\$132.35	\$66.18
Employee +1	\$1,241.02	\$976.32	\$264.70	\$132.35
Family	\$1,644.35	\$1,293.62	\$350.73	\$175.37

Proposed 2018 Health Insurance Rates – WITH Wellness Credit

GH HMO Classic 50/75	Total Monthly Premiums	City Pays, Including \$25 Wellness Credit	Monthly Employee Rate	Per 24 Pay Period Employee Rate
Employee Only	\$660.57	\$544.68	\$115.89	\$57.95
Employee + 1	\$1,321.14	\$1,064.35	\$256.79	\$128.40
Family	\$1,750.50	\$1,402.12	\$348.39	\$174.19
Monument HDHP	Total Monthly Premiums	City Pays, Including \$25 Wellness Credit	Monthly Employee Rate	Per 24 Pay Period Employee Rate
Employee Only	\$488.25	\$442.21	\$46.04	\$23.02
Employee +1	\$976.50	\$859.42	\$117.08	\$58.54
Family	\$1,293.88	\$1,130.63	\$163.25	\$81.63
Monument PPO	Total Monthly Premiums	City Pays, Including \$25 Wellness Credit	Monthly Employee Rate	Per 24 Pay Period Employee Rate
Employee Only	\$620.50	\$513.15	\$107.35	\$53.68
Employee +1	\$1,241.02	\$1,001.32	\$239.70	\$119.85
Family	\$1,644.35	\$1,318.62	\$325.73	\$162.87

Proposed 2018 Dental Insurance Rates

	Total Monthly Premiums	City Pays	Monthly Employee	Per 24 Pay Period Employee Rate
Employee Only	\$42.95	\$25.77	\$17.18	\$8.59
Employee + Spouse	\$75.46	\$45.28	\$30.18	\$15.09
Employee + Child(ren)	\$101.46	\$60.88	\$40.58	\$20.29
Employee + Family	\$134.01	\$80.41	\$53.60	\$26.80

Proposed 2018 Vision Insurance

	Total Monthly Premiums	City Pays	Monthly Employee Rate	Per 24 Pay Period Employee
Employee Only	\$6.85	\$0.00	\$6.85	\$3.43
Employee + Spouse	\$14.40	\$0.00	\$14.40	\$7.20
Employee + Child(ren)	\$13.00	\$0.00	\$13.00	\$6.50
Employee + Family	\$20.55	\$0.00	\$20.55	\$10.28