



Agenda
Administration and Personnel Meeting
Tuesday, September 10, 2024 at 4:00 PM
City Hall Council Chambers, 100 E Fountain St,
Dodgeville, WI

I. CALL TO ORDER AND ROLL CALL

II. APPROVAL OF MINUTES

1. Approval of Minutes from September 9, 2024.

III. NEW BUSINESS

2. Discussion and recommendation to set 2025 Cost of Living Increases.
3. Discussion and recommendation to approve the 2025 Health Insurance Plan and Benefit Rates.
4. Discussion and possible recommendation of a Health Reimbursement Account or Health Savings Account administrator.
5. Discussion and possible recommendation to approve a new flex plan administrator for 2025.

IV. OLD BUSINESS

6. Discussion and possible action to recommend to Council an amendment to the Delta Dental Plan Design for 2025.

V. CLOSED SESSION

7. Adjourn to Closed Session - Pursuant to Wis. Stat. Sec. 19.85 (1)(c) for employment, promotion, compensation, or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility for the purpose of: Conducting Emergency Medical Service position interviews.

VI. OPEN SESSION

8. Reconvene to Open Session
9. Any Action Needed as a Result of Closed Session

VII. ADJOURN

10. Motion to Adjourn

Any person who has a qualifying disability, as defined by the Americans with Disabilities Act, that requires the meeting or material at the meeting to be in an accessible location or format, must contact the City Clerk at the address listed above or call 930-5228, prior to the meeting so that any necessary arrangements can be made to accommodate each request.

Employee
Benefits
Corporation



Proposal for City of Dodgeville

07/30/2024

www.ebcflex.com |  

Proposed Services



Aaron Gowan
Regional Sales Director

Phone
(608) 609-6182
(800) 346-2126 x 204

Email
aaron.gowan@ebcflex.com

This proposal is for the services selected below:

- COBRA
- Flexible Spending Accounts (FSAs)
- Health Savings Account (HSA)
- Health Reimbursement Arrangement (HRA)
- Lifestyle Spending Account (LSA)
- Commuter Benefits
- Billing Services
- Premium Only Plan

Who We Are

With roots dating back more than 35 years, Employee Benefits Corporation (EBC) is an experienced third-party administrator of consumer driven benefits. We're a dynamic company of employee owners who strive to empower organizations to help their employees live healthier, more secure lives.

We are committed to simplifying and enhancing benefits administration and making it more accessible for our clients and consumers. By educating our consumers, clients, and partners and leveraging technology we deliver solutions that make benefits easier to understand and use. Our commitment to continuously evolving and anticipating the demands of the market drives us to work relentlessly to launch new products and features that meet the needs of the organizations and individuals we serve.

We cultivate lasting relationships with employers and insurance professionals by building trust. Our culture empowers employees to make responsible decisions and do what it takes to get things done right. Clients are supported by team members who have an in-depth understanding of their plan(s) and are readily accessible to assist them. Beyond addressing inquiries as they arise, we proactively engage with clients and partners to keep them informed and ensure each interaction is a positive experience.

FSA

Proposed Pricing



Annual Fee <i>Includes one nondiscrimination test at plan year's end; includes all 9 IRS-required tests.</i>	\$450.00	
Monthly Administration Fee	\$5.00	per participant
Minimum Fee	\$60.00	per month
Benefits Card Option	\$0.00	
Electronic Enrollment Toolkits <i>All electronic information and enrollment materials are available at no additional cost.</i>	\$0.00	
Electronic Data Integration (EDI) <i>\$0 when provided in EBC format. \$150 per hour will be charged if provided in a different format. May not be applicable to all employers.</i> <i>Fees quoted include charges from third-party vendors for ongoing data integration services. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</i>	\$0.00	

Projected Expenses

Total Number of Employees	65
Expected Number of Participants	10
Total Monthly Cost	\$60.00
Total Annual Cost	\$1,170.00

Plan Features

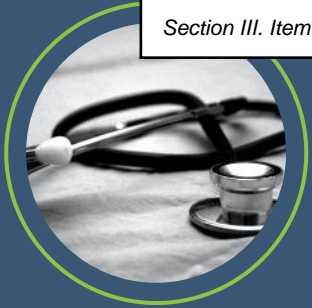
- HSA-compatible FSA plan designs
- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Claim submission via mobile app, online account, fax, and U.S. mail
- Secure employer and employee web portals
- Nondiscrimination testing at the end of the plan year, including all 9 required tests
- Runout, grace period, and/or rollover support for mid-year takeovers
- Annual Form 5500 filing (if required)
- Plan year runout, grace period, and/or rollover administration
- Multiple claim funding options

Benefits Card

The Benefits Card lets participants pay for eligible expenses directly from their health care FSA instead of waiting to be reimbursed.

- Provides easier access for quick payment
- Allows multiple products to be used on one card
- Compatible with digital wallets and use wherever Apple Pay, Samsung Pay, and Google Pay are accepted
- Benefits Cards can be managed online or within EBC Mobile
- Additional and replacement cards available at no cost
- Participant Services contact information on the back of the card





HRA

Proposed Pricing

Annual Fee	\$300.00
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Total Number of Employees	65
Expected Number of Participants	~25
Total Monthly Cost	\$112.50
Total Annual Cost	\$1,650.00

Additional Services

Compliance Services
Wrap Document, 5500 Form Filing and Nondiscrimination Testing Services [Learn More](#)

Plan Features

- Compatible with flexible spending accounts (FSAs) and health savings accounts (HSAs)
- Included Compliance Support:
 - Customized HRA Plan Document and Summary Plan Description
 - Required Summary of Benefits and Coverage (SBC)
 - Medicare Secondary Payer reporting for Centers for Medicare and Medicaid Services (CMS), when required
 - Report to assist with filing Patient Centered Outcomes Research Initiative (PCORI) fee
 - Nondiscrimination testing worksheet made available for self-testing

Plan Design Examples [Video Overview](#)

EBC has helped employers design thousands of plans to meet their organization's specific needs, including plans like the ones in the video overview that help offset rising health care costs, encourage employment longevity, and more.

Technology Features

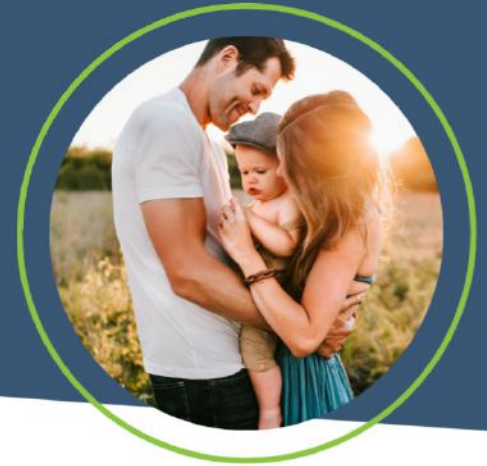
Employer administration and participant account management is available all day, every day with our online accounts and mobile app, EBC Mobile. Participants have online and mobile claims processed within 2 business days and can have reimbursements sent electronically to their bank via direct deposit.

Flexible Spending Accounts

Help employees save on eligible health and dependent care expenses.



A flexible spending account (FSA) is a benefit that offers money-saving, tax-advantaged funds for participants to use on their everyday health and dependent care expenses. Employers choose from **health care, limited health, and/or dependent care** FSA options.



FSA Options

When choosing to offer an FSA, employers can offer one or more of the following account types:

Health Care FSA | Pay for eligible medical, vision, and dental expenses that are not covered by another health plan, including prescriptions and over-the-counter medications and products.

Limited Health FSA | Pay for eligible vision and dental expenses that are not covered by another health plan.

Dependent Care FSA | Pay for eligible dependent care expenses for children or other eligible dependents.



Plan Design Options

Customize your plan to fit your benefits offering.

Rollover is a popular plan option that allows up to a specified amount of unused funds to roll from one plan year to the next. Rollover is not available for dependent care FSAs.

Grace Period gives an additional period of time to incur claims after the end of the plan year when rollover is not offered.

Runout allows extra time after the end of the plan year to submit claims for eligible expenses incurred during the plan year.



Benefits Card

The Benefits Card lets participants pay for eligible expenses directly from their health care FSA or limited health FSA rather than needing to submit a claim and wait for reimbursement.

- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Additional and replacement cards available at no cost
- Primary cardholders can add the Benefits Card to their digital wallet and use wherever Apple Pay, Samsung Pay, and Google Pay are accepted
- Benefits Card management available online and through *EBC Mobile*
- Participant Services contact information on the back of the card

The Benefits Card is available for the health care and limited health FSAs. Dependent care FSA participants can conveniently submit claims online or through the mobile app.



Technology Features

Employer administration and participant account management is available all day, every day with our online accounts and mobile app, *EBC Mobile*. Claims submitted through the online account or mobile app are processed within 2 business days and electronically deposited in the participant's bank account when direct deposit is set up.

Plan Features

- Runout, grace period, and/or rollover support for mid-year takeovers
- Multiple claim funding options
- Compatible with health savings account (HSA) and limited health reimbursement arrangement (HRA)
- Auto-convert feature available for participants with a standard health FSA who are interested in enrolling in an EBC HSA. Funds in the standard health FSA are automatically converted to a limited health FSA to maintain HSA-eligibility.

Included Compliance Support

- Nondiscrimination testing at the end of the plan year, including all 9 required tests for FSAs and cafeteria plans
- FSA Plan Document and Summary Plan Description
- Annual Form 5500 filing (if required)

Health Reimbursement Arrangement (HRA)

Your organization is unique, your benefit plan should be too.



An HRA is an employer-funded benefit plan where employees are reimbursed, tax-free, for qualified medical expenses up to a fixed dollar amount per year. An HRA allows you to design a benefit plan that complements your health insurance plan by covering your employees' out-of-pocket health care costs.

Flexible Design Options

An HRA offers flexible design options so you can customize each part of your plan, including:

- **Who** the benefit is for
- **What** the benefit will cover
- **When** participants have access to the benefits
- **How** the coverage will be broken down

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Data Integration

Employee Benefits Corporation (EBC) will work with employers to establish an electronic file feed.

Plan Features

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Deductible Coverage

Insured Plan Begins



Benefit Scenario | An employer is adjusting their health plan from a \$3,500 deductible to a \$5,000 deductible to help meet rising health coverage costs. They are looking for an HRA plan design to help their participants with this increased deductible.

Selected Plan Design | A two-tier HRA with aggregate coverage for the \$5,000 deductible. The participants pay the first \$3,500 of the deductible. The HRA then pays for the remaining \$1,500.

Eligible Expenses | Deductible

Additional Features | This plan design can also be set up to have an aggregate or embedded deductible.

Specific Coverage

Insured Plan Begins



Benefit Scenario | An employer is looking to offer specific coverage, in this case dental, without enrolling in a specific dental insurance plan. They plan to offer this coverage alongside a health care FSA.

Selected Plan Design | A one-tier plan design where the HRA pays up to \$1,000 for eligible dental expenses.

Additional Features | The participant can choose to contribute to the health care FSA, which they can use to pay for dental expenses above the \$1,000 covered by the HRA or other Section 213-eligible expenses. The Benefits Card can be structured to use HRA dollars first for eligible dental expenses and then pull funds from the health care FSA for remaining qualified health care expenses.

Retiree Benefit



Start Date

Benefit Scenario | A public sector employer is looking to provide funds for health care coverage to their employees after they retire.

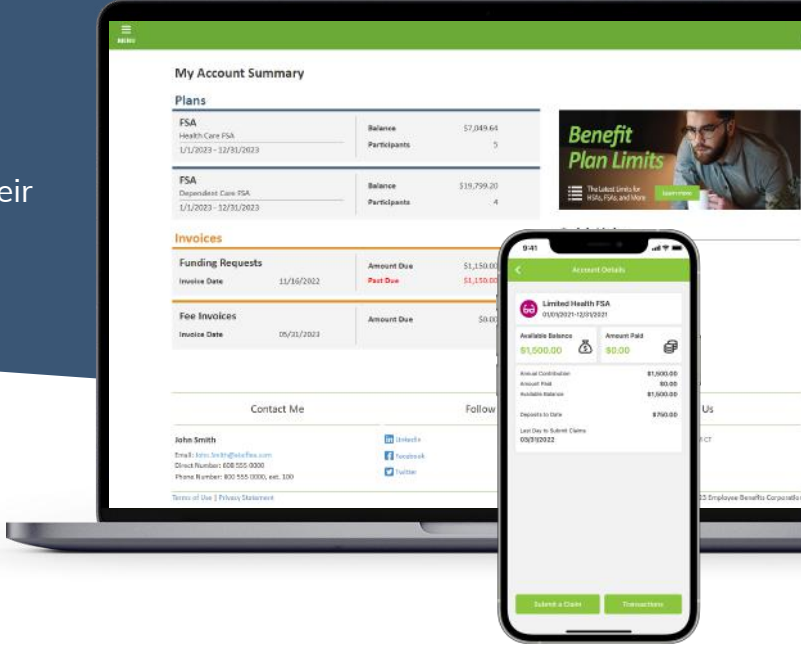
Selected Plan Design | A two-tier plan design for retirees who are at least 55 years old and have worked at the company for at least 10 years. Retirees that meet these requirements receive a lump sum of \$20,000 that they can use towards their health insurance premiums.

Eligible Expense | Health Insurance Premiums

Online and Mobile Experience



EBC Mobile gives participants everything they need to manage their benefit accounts, all in one place.



Employer Online Account

- Displays details of accounts and provides participant management, allowing you to add and terminate coverage for a participant in real-time during the plan year
- Access to in-depth reporting
- Ability to view all plan information and download forms and materials
- View fee and funding invoices
- See claims activity and payments

Participant Online Account

- Dashboard with active account and balance information
- Account details with plan design information, deposit data, payroll deduction schedule, plan year details, claim submission instructions, when claims can be submitted, and access to plan documents
- Online claim submission for eligible expense reimbursement
- Benefits Card management, including the ability to submit proof that a pending card transaction was for an eligible expense or requesting a secondary card
- Direct deposit enrollment to receive funds quicker
- Transaction details for viewing processed claims, payment details, upcoming reimbursement payments, recent transactions, and more
- Customization options for managing profile, security, and communication settings
- Forms and other materials, including an employee-friendly Summary Plan Description that provides plan details in accessible language
- Links to third-party, beneficial sites, such as Health Shopper and the FSA Store

EBC Mobile Features



View balance and transaction details

View balances, deposit details, funds used to date, important deadlines, and more.



Submit claims* and documentation

Quickly and securely submit claims for eligible expenses for reimbursement and track the status of submitted claims.



Manage your Benefits Cards

Quickly request additional cards, replace lost cards, lock/unlock a card for security purposes, and more!



Receive communications and support

Directly send us questions through a secure channel, view all communications from EBC in a centralized hub, and receive timely push notifications when additional documentation is required, ensuring participants never miss a communication.



Google Play and the Google Play logo are trademarks of Google LLC.

*Not available to commuter benefit or HSA participants

Sample Implementation Timeline

Step 1



Preparation

- Service Agreement
- Completion and Approval
- Initial Set-up in EBC Systems

Step 2



Implementation

- Regular Communication and Status Updates
- EDI Preparation and Testing (if applicable)
- Collect Current and Future Plan Design Information
- Employee Communications
- Employer Conducts Open Enrollment
- Enrollment Date Due
- Benefits Cards Mailed (if applicable)

Step 3



Completion

- Employer Online Account Training
- Transition to Client Account Representative

Our Team



Aaron Gowan
Regional Sales Director

 [Biography](#)



Client Account Representative

Every client is assigned a Client Account Representative who is supported by a team leader, product specialists, partner integration, compliance, and others to ensure we are providing thoughtful and accurate service to our clients.



Participant Services

Participant Services Specialists are trained on all administrative products that we offer and respond to all participant calls and emails.

Employee Benefits Corporation

Flexible Spending Accounts (FSA)

Health Savings Account (HSA)

Health Reimbursement Arrangement (HRA)

Lifestyle Spending Account (LSA)

Commuter Benefits

COBRA

Billing Services

Premium Only Plan

In the states of Arizona, California, Florida, Kentucky, Massachusetts, Montana, North Carolina, Nebraska, New York, Ohio, Rhode Island, Tennessee, Virginia, and Washington, Employee Benefits Corporation is registered under the "doing business as" (DBA) name EBC Benefits Administration Corporation. In the state of New Hampshire, Employee Benefits Corporation is registered under the DBA name Employee Benefits Administrators of WI. In the state of Vermont, Employee Benefits Corporation is registered under the DBA name EBC Benefits Administration.

How to Use your HRA



Your HRA (Health Reimbursement Arrangement) is an IRS-approved health care benefit plan that allows your employer to reimburse you for your eligible expenses, helping to soften the financial impact of today's commonly high out-of-pocket expenses. Your reimbursements from an HRA are tax-free.

My Company Plan, which you will receive with your Summary Plan Description (SPD), details the expenses that can be reimbursed through your HRA.

If your HRA reimburses out-of-pocket medical expenses such as deductible, coinsurance, or copays, follow the steps below to submit your claims and get reimbursed through your HRA.

If your HRA reimburses other expenses that would not be eligible under your medical insurance, please follow the steps on the Submitting Claims flyer that is available on your participant online account.

Step 3

You submit a claim with each EOB.

Submit a claim online or through the EBC Mobile app and attach each EOB. On the claim, enter the full amount shown on your Explanation of Benefits (EOB) [A], the type of service (deductible, coinsurance, medical copay, or prescription), and the date of service. We will automatically make any calculations necessary in accordance with your plan design.

Step 4

We reimburse you.

If your claim qualifies as an eligible expense under your company's HRA plan design, we issue your reimbursement check according to the terms of your HRA. Use this reimbursement to pay the bill from your health care provider. **(Direct deposit is also available.)**

Step 1

Present your insurance card

When receiving a service, you present your insurance carrier card to your health care provider. Your health care provider submits the expense to your insurance carrier.

Step 2

You receive an EOB.

Your insurance carrier reviews the expense, negotiates charges, awards discounts, and creates an *Explanation of Benefits (EOB)*, which is sent to you and your health care provider.

Example EOB:

Date of Service	Total Charges	Amount Allowed	Non-covered Charges	Deductible	Coinsurance	Copay	Total Patient Responsibility
01/17/2014	\$1,000.00	\$1,000.00	--	\$495.38	\$504.62	\$0.00	\$1,000.00
02/09/2014	\$365.98	\$365.98	--	\$0.00	\$365.98	\$0.00	\$365.98
03/01/2014	\$154.62	\$154.62	--	\$104.62	\$0.00	\$50.00	\$154.62

Example Claim:

Date of Service	Type of Service	Amount
01/17/2014	Deductible	\$495.38
01/17/2014	Coinsurance	\$504.62
02/09/2014	Coinsurance	\$365.98
03/01/2014	Deductible	\$104.62
03/01/2014	Copay	\$50.00

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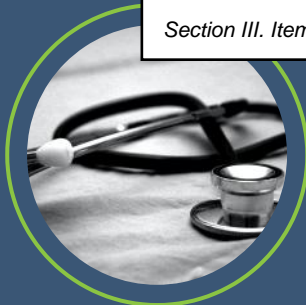
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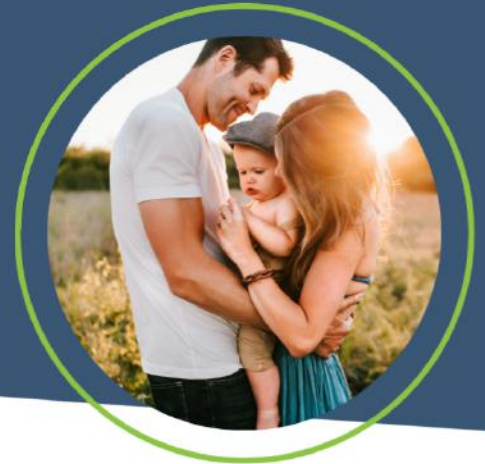
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Additional Features | The participant can choose to contribute to the health care FSA, which they can use to pay for dental expenses above the \$1,000 covered by the HRA or other Section 213-eligible expenses. The Benefits Card can be structured to use HRA dollars first for eligible dental expenses and then pull funds from the health care FSA for remaining qualified health care expenses.

Retiree Benefit



Benefit Scenario | A public sector employer is looking to provide funds for health care coverage to their employees after they retire.

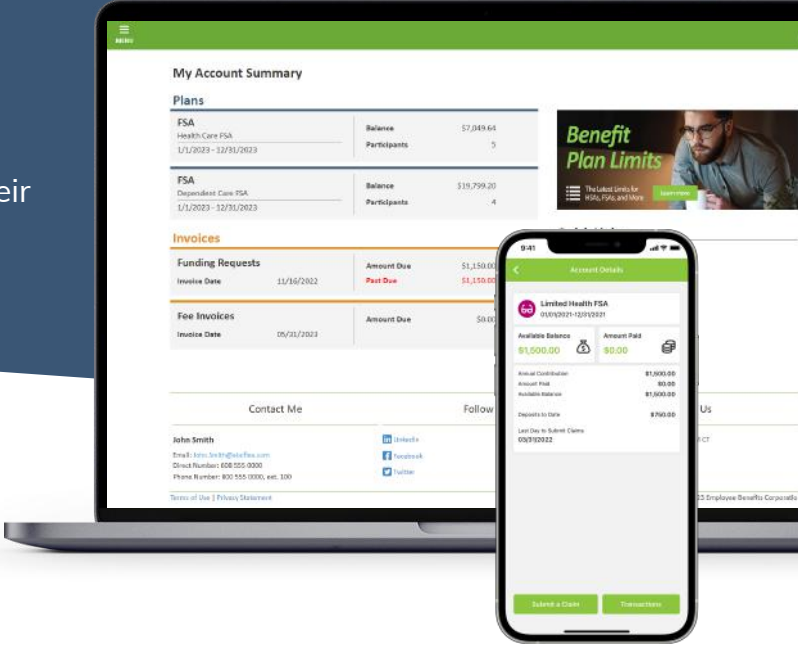
Selected Plan Design | A two-tier plan design for retirees who are at least 55 years old and have worked at the company for at least 10 years. Retirees that meet these requirements receive a lump sum of \$20,000 that they can use towards their health insurance premiums.

Eligible Expense | Health Insurance Premiums

Online and Mobile Experience



EBC Mobile gives participants everything they need to manage their benefit accounts, all in one place.



Employer Online Account

- Displays details of accounts and provides participant management, allowing you to add and terminate coverage for a participant in real-time during the plan year
- Access to in-depth reporting
- Ability to view all plan information and download forms and materials
- View fee and funding invoices
- See claims activity and payments

Participant Online Account

- Dashboard with active account and balance information
- Account details with plan design information, deposit data, payroll deduction schedule, plan year details, claim submission instructions, when claims can be submitted, and access to plan documents
- Online claim submission for eligible expense reimbursement
- Benefits Card management, including the ability to submit proof that a pending card transaction was for an eligible expense or requesting a secondary card
- Direct deposit enrollment to receive funds quicker
- Transaction details for viewing processed claims, payment details, upcoming reimbursement payments, recent transactions, and more
- Customization options for managing profile, security, and communication settings
- Forms and other materials, including an employee-friendly Summary Plan Description that provides plan details in accessible language
- Links to third-party, beneficial sites, such as Health Shopper and the FSA Store

EBC Mobile Features



View balance and transaction details

View balances, deposit details, funds used to date, important deadlines, and more.



Submit claims* and documentation

Quickly and securely submit claims for eligible expenses for reimbursement and track the status of submitted claims.



Manage your Benefits Cards

Quickly request additional cards, replace lost cards, lock/unlock a card for security purposes, and more!



Receive communications and support

Directly send us questions through a secure channel, view all communications from EBC in a centralized hub, and receive timely push notifications when additional documentation is required, ensuring participants never miss a communication.



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*Not available to commuter benefit or HSA participant

Sample Implementation Timeline

Step 1



Preparation

- Service Agreement
- Completion and Approval
- Initial Set-up in EBC Systems

Step 2



Implementation

- Regular Communication and Status Updates
- EDI Preparation and Testing (if applicable)
- Collect Current and Future Plan Design Information
- Employee Communications
- Employer Conducts Open Enrollment
- Enrollment Date Due
- Benefits Cards Mailed (if applicable)

Step 3



Completion

- Employer Online Account Training
- Transition to Client Account Representative

Our Team



Aaron Gowan
Regional Sales Director

 [Biography](#)



Client Account Representative

Every client is assigned a Client Account Representative who is supported by a team leader, product specialists, partner integration, compliance, and others to ensure we are providing thoughtful and accurate service to our clients.



Participant Services

Participant Services Specialists are trained on all administrative products that we offer and respond to all participant calls and emails.

Employee Benefits Corporation

Flexible Spending Accounts (FSA)

Health Savings Account (HSA)

Health Reimbursement Arrangement (HRA)

Lifestyle Spending Account (LSA)

Commuter Benefits

COBRA

Billing Services

Premium Only Plan

In the states of Arizona, California, Florida, Kentucky, Massachusetts, Montana, North Carolina, Nebraska, New York, Ohio, Rhode Island, Tennessee, Virginia, and Washington, Employee Benefits Corporation is registered under the "doing business as" (DBA) name EBC Benefits Administration Corporation. In the state of New Hampshire, Employee Benefits Corporation is registered under the DBA name Employee Benefits Administrators of WI. In the state of Vermont, Employee Benefits Corporation is registered under the DBA name EBC Benefits Administration.

Prepared for
City of Dodgeville
June 12, 2024

65 Eligible Employees

Submitted by: Caleb Schultz

Flexible Spending Account

- Health Reimbursement Arrangement
- Health Savings Account
- COBRA
- ERISA Wrap Documents

*****Quote expires 6 months after date of proposal***



DIVERSIFIED
BENEFIT SERVICES, INC.

Excellence in Benefit Management Solutions

DBSbenefits.com

P.O. Box 260
Hartland, WI 53029
(800) 234-1229

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Diversified Benefit Services, Inc.

The Company

Diversified Benefit Services, Inc. (DBS) is a third party administration (TPA) firm dedicated to excellence in the design and third party administration of tax preferred account based reimbursement plans. Located in Hartland, Wisconsin, DBS is a privately held company with approximately 70 employees. DBS takes pride in its plan design and plan administration expertise as well as excellent customer service. Since 1987, DBS has provided extraordinary service to various employers including manufacturers, health systems, school districts, financial institutions, municipalities, and non-profit organizations. Our clients are located from coast to coast and range in size from 20 employees to over 25,000.

Services

DBS specializes in the design, communication, enrollment, compliance testing and third party administration of Section 125 Flexible Spending Accounts (125-FSAs), Section 105 Health Reimbursement Arrangements (105-HRAs), Section 132 Pre-tax Parking Plans (132-PPPs), Section 223 Health Savings Accounts (223-HSAs) and other customized reimbursement plans. Pre-tax Premium Only Plans (POPs) and comprehensive plan enrollment services are offered as well in addition to COBRA administration. DBS reimburses either participants or providers directly - which is a unique service offered to clients with 105-HRAs. DBS also administers retiree and other customized reimbursement plans.

Experience and Knowledge

DBS is a leader in the industry with over 30 years of experience in designing, communicating and administering account based reimbursement plans. Our knowledgeable staff has assisted thousands of clients in implementing and administering their programs. Utilizing thoughtful listening, effective planning, and clear communication, the DBS team offers clients peace of mind and high levels of satisfaction with our services. DBS has conducted educational seminars on FSAs, HRAs, HSAs and other programs for Benefit Consulting firms, professional HR groups, Chambers of Commerce, and trade organizations. DBS is a member of ECFC (Employers Council on Flexible Compensation) which is a premier Washington D.C. based lobbying organization that promotes the most favorable regulatory environment for tax preferred benefit plans.

Communication

One of our most important value added services is our dedication to educating employees on the benefit services being provided. As an example, with our FSA program, DBS' effective communication allows many of our clients to achieve participation results in the 25%-50% range (the national average is 12%-20%). Our crystal clear education process can include employee announcement letters and interactive group informational meetings, individual enrollment sessions and online enrollment. There are several enrollment methods available for employers to choose from.

Technology

Along with our highly trained team, DBS utilizes state-of-the-art computer servers & systems as well as a robust software program known as **AS.A.P.®**

Advanced Strategic Administration Program®

Our administration software is a proprietary system owned and developed by DBS and has helped position DBS as an industry leader in 125-FSA, 105-HRA, 132-PPP and 223-HSA administration. **AS.A.P.®** allows employers and employees secure encrypted online account access to view transactions, balances, file claims and generate various reports. **AS.A.P.®** is programmed to accept insurance carrier electronic claim data. The seamless claim processing has several options for reimbursements paid to participants and providers.

Section 125 - Flexible Benefit Plans

Group Insurance Premiums

Most employees share in the cost of group premiums for health and/or dental insurance. In 1978, Congress passed legislation providing a tax break for the employee's portion of insurance premiums.

Under Section 125 of the Internal Revenue Code, employees can deduct their share of premiums from their paycheck **pre-tax** (before Federal, State, and FICA taxes). This pre-tax deduction reduces the amount of gross income that is taxed and employees save approximately 20-30% in taxes on their expenses. The employer saves the matching FICA tax (approximately 7.65%).

Most employees can participate in the program. However, owners and highly compensated employees that are eligible to participate may be limited on the amount of their insurance deduction that could be deducted pre-tax. Owners of an S-corporation and their family members, partners in a partnership (i.e. LLP, LLC, etc.) and sole proprietors are not eligible to participate.

Types of Qualifying Group Insurance Premiums

	Health	Dental	Vision
	Accidental Death and Dismemberment		
Cancer*	Group Term Life (up to \$50,000)**		Disability ***

If a Premium Only Plan is currently in place, then it will be incorporated into the Flexible Spending Account plan document.

Employer Benefits	Employee Benefits
FICA Tax Savings	Federal, State & FICA Tax Savings
FUTA & SUTA Tax Savings	Increases Spendable Income
Softens Impact of Health Care Costs	Softens Impact of Health Care Costs
Enhances Employee Benefit Package	Enhances Employee Benefit Package

Estimated Employer FICA Tax Savings Formula

$$\begin{array}{ccccccc}
 \$ & & \times & & 7.65\% & = & \$ \\
 \hline
 & \text{Annualized Employee} & & \text{FICA} & & & \text{Annualized Employer} \\
 & \text{Premium Contribution} & & \text{Taxes} & & & \text{Tax Savings}
 \end{array}$$

- * Policies with Premium Refund provisions are not allowed.
- ** Only coverage for the employee is allowable (no spouse or dependent coverage). Other limits apply.
- *** When Disability premiums are deducted pre-tax, the benefit payout becomes taxable income. Policies with Premium Refund provisions are not allowed.

Dependent Care Flexible Spending Account (DCFSA)

The Dependent Care Flexible Spending Account is for employees who have qualifying dependents that require supervision while the employee and/or their spouse works or attends school full time. Employees conservatively estimate what they expect to spend for dependent care during the Flexible Spending Account plan year. In most cases, the annual maximum contribution in the Dependent Care Reimbursement Account is \$5,000 per family.

The employee's annual election is divided by the number of payroll deductions for the plan year. That amount would be deducted from the employee's paycheck on a pre-tax basis. The employee deductions are not subject to Federal, State, or Social Security taxes. The participant periodically submits a claim verifying dependent care expenses. DBS reviews the claim and reimburses the participant. With dependent care expenses, participants can only be reimbursed the dollar amounts that have been deducted from their paychecks as of the date of the claim. Any excess amount claimed will be placed into a "pending account." The "pending" amount will be paid as the participant's payroll deductions are credited to their account.

When properly communicated, very few people leave money in the plan. At the end of the plan year, any unused funds left in the account are forfeited and may be used by the employer to offset plan administration expenses.

By utilizing the Dependent Care Flexible Spending Account, a participant can save approximately 20-30% in taxes on their expenses. Employers save the matching FICA tax. In most cases, this is 7.65% of all dependent care contributions.

Health Care Flexible Spending Account (HCFSA)

The Health Care Flexible Spending Account is very popular because most employees and their family members have out of pocket medical expenses that are not covered by insurance plans. These out of pocket reimbursable expenses include but are not limited to deductibles, coinsurance, copays for office visits or prescription drugs, eye glasses, contact lenses, and many dental expenses.

Employees enroll in the plan by carefully calculating how much money will be needed in their account for the coming plan year and commit to that amount. The annual maximum contribution is set by the employer. The employee's annual election is divided by the number of payroll deductions for the plan year. That amount would be deducted from the employee's paycheck on a pre-tax basis (Federal, State, and FICA taxes). The participant periodically submits a claim verifying medical expenses. DBS reviews the claim and reimburses the participant. Unlike the Dependent Care Flexible Spending Account, participants have access to their annual elected amount at any time.

When properly communicated, very few people leave money in the plan. At the end of the plan year, any unused funds left in the account are forfeited and may be used by the employer to offset plan administration expenses.

By utilizing the Health Care Flexible Spending Account, a participant can save approximately 20-30% in taxes on their expenses. Employers save the matching FICA tax. In most cases, this is 7.65% of all medical expense contributions.

Note: Employers may also contribute dollars into the account on behalf of the employees.

Communication Process

DBS is known in the benefits industry for our highly effective communication process. Our educational approach results in participation levels that exceed the national averages. The following is a brief overview of each step.

Initial Communication

The first step is to introduce Flexible Spending Accounts (FSAs) to all eligible employees. DBS sends materials that explain the pre-tax concept, list the many qualifying expenses and review the numerous benefits of participation. Materials are designed to educate and create interest and are for distribution to all eligible employees.

Group Communication

After the Initial Communication is completed, the second step is to communicate the program to employees via group informational meetings. DBS staff, well versed in Section 125, conduct educational sessions which explain the rules and regulations of the Flexible Spending Account Plan. The presenters thoroughly discuss the program in an easy to understand manner. Employers are encouraged to make these meetings mandatory to help increase the employees' understanding of the benefit. DBS recommends holding a group meeting for department managers and/or union leadership in advance of the other group meetings. Their support is helpful to the plan's success as their co-workers may turn to them with questions.

Collateral material is provided including materials that explain the advantages of the program. A worksheet is distributed to assist employees with planning their estimated expenses. Each meeting typically lasts 30-45 minutes. DBS can conduct these presentations at multiple sites and at various times to accommodate employees. Another communication option that may be utilized is webinars.

Enrollment Communication

After the Flexible Spending Account has been explained to employees in a group setting, employees have the opportunity to decide their Plan Year election. There are various methods DBS offers for enrolling employees into the program. Options include self-enrollment packets, electronic file enrollment and Internet enrollment.

Enrollment Options

Internet Enrollment

The employer receives an instruction letter for employees to enroll via the Internet. The letter includes passwords that allow employees access to the secure DBS web site enrollment system. An online calculator is used to assist employees with their election amounts. An e-mail confirmation is sent to employees verifying their elections once the employee submits their enrollment.

Self-Enrollment

DBS provides the employer with self-enrollment packets that include a worksheet and enrollment form. An introductory enrollment letter and plan information sheet is also provided. The employer is responsible for distributing the materials and collecting the completed enrollment forms.

Electronic File (E-File) or Employer Eligibility File Sent to FTP Server

The employer receives the self-enrollment packet via e-mail. An enrollment letter and plan information sheet is also provided. The employer prints the materials and distributes the information to employees. Enrollment forms are then returned to DBS or the client may provide an eligibility file that is sent to the DBS FTP server and employees can be automatically imported.

Claim Filing

DBS believes filing claims should be easy and secure. Participants can select the method that works best for them:

- Phone App
- Online Claims
- Mailed / Faxed Claims

In addition, employers can add the following options:

- Debit Cards
- Insurance Carrier Feeds (If the carrier has a connection with DBS).

125 - Flexible Spending Account Services and Fees

DBS Standard FSA Services

Service	Fee
<p>I. Plan Design (First Year Only)</p> <ul style="list-style-type: none"> • Completion of plan design guide • Preparation of the Plan Document 'as is' • Summary Plan Description • HIPAA Privacy Notice draft 	Included
<p>II. Group Meetings</p> <ul style="list-style-type: none"> • Group informational meetings onsite (per meeting fee) (Travel & lodging extra when applicable) • Webinar sessions No Charge 	Included
<p>III. Annual Plan Set-Up/Renewal (Example: \$3.50 x 50 FSA participants = \$175)</p> <ul style="list-style-type: none"> • Set-up client demographics in A.S.A.P.® • Set-up FSA plans and limits • Create posting schedules • Prepare communication materials • Set-up participants and plan year elections in A.S.A.P.® • Non-Discrimination testing <p><i>*Travel and lodging expenses when applicable</i></p> <p><u>Enrollment Options:</u> An employer may choose the enrollment options.</p> <ul style="list-style-type: none"> • Enrollment Packets • Electronic File (Employer prints materials) • Eligibility File • Online Enrollment 	\$3.50/Participant/Year (\$115 Minimum/ \$500 Maximum)
<p>IV. Monthly Administration Services</p> <ul style="list-style-type: none"> • Set-up participants and plan year elections in A.S.A.P.® • Claims screening, adjudication, and entry or claim file import • Preparation & distribution of FSA reimbursements • Check and/or direct deposit / Account reconciliation • Processing of new hires, status changes and terminations • Toll-free customer service number • On-Line A.S.A.P.® - employer and employee account viewing & claim filing 	\$4.55/pppm (\$100 Minimum) (plus postage reimbursement)

Rates are guaranteed for two years with a two-year contract.

Optional Package Services on following page

DBS Optional FSA Services

Service	Fee
<p>I. <u>Direct Deposit of FSA Reimbursements</u></p> <ul style="list-style-type: none"> • Set-up of participant account information in A.S.A.P.® • ACH transfer of funds to cover claims • Reimbursement to participant savings/checking account (if elected by employer) 	<p>Included</p>
<p>II. <u>Annual 5500 preparation (if applicable*)</u></p> <ul style="list-style-type: none"> • Data gathering and preparation of IRS 5500 form 	<p>\$375*</p>
<p>III. <u>A.S.A.P. ® On-Line Account Viewing/Reports</u></p> <ul style="list-style-type: none"> • Claims & Reimbursements • Online claims module • Reports / Balances • Secure payroll transfer to DBS • Status change and termination processing • Customer support • Plan materials 	<p>Included</p>
<p>IV. <u>Debit Cards</u></p> <ul style="list-style-type: none"> • Set-up of participant account information in A.S.A.P.® • Communication and implementation of debit cards 	<p>Included (\$5.00 card replacement fee)</p>
<p>V. <u>Summary Plan Description</u></p> <ul style="list-style-type: none"> • Employer receives a final copy and makes copies to distribute to employees 	<p>No Charge</p>
<p>VI. <u>Electronic Data Download</u></p> <ul style="list-style-type: none"> • Accept FTP transfer for eligibility file from enrollment software carriers 	<p>No Charge</p>
<p>VI. <u>Employee Navigator Data File Exchange</u></p> <ul style="list-style-type: none"> • Accept FTP transfer for eligibility file from Employee Navigator 	<p>\$0.22/pppm</p>

****Quote expires 6 months after date of proposal**



Your Dental Benefits

Specially Prepared for the Employees of *City of Dodgeville*

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Benefit Plan Design	Delta Dental PPO <small>When you see a Delta Dental PPO dentist</small>	Delta Dental Premier <small>When you see a Delta Dental Premier or any other dentist</small>
Individual Annual Maximum	\$1,000	\$1,000
Deductible	Individual Family	
	\$25 \$75	\$25 \$75
Dependent Eligibility		
Dependents are eligible through the end of the year in which they attain age 26; except as noted for orthodontics		
Diagnostic & Preventive Services		
Exams	80%	80%
Cleanings	80%	80%
Fluoride treatments	80%	80%
X-rays	80%	80%
Space maintainers	80%	80%
Sealants	80%	80%
Emergency treatment to relieve pain	80%	80%
Deductible applies	No	No
Basic & Major Services		
Fillings	80%	80%
Endodontics – nonsurgical	80%	80%
Endodontics – surgical	80%	80%
Periodontics – nonsurgical	80%	80%
Periodontics – surgical	80%	80%
Extractions - nonsurgical	80%	80%
Extractions - surgical and other oral surgery	80%	80%
Crowns, inlays, onlays	80%	80%
Bridges and dentures	80%	80%
Repairs and adjustments to bridges and dentures	80%	80%
Implants	80%	80%
Deductible applies	Yes	Yes
Orthodontic Services		
Coverage copayment	50%	50%
Individual lifetime maximum	\$1,000	\$1,000
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult ortho	No	No
Deductible applies	Yes	Yes
Special Plan Provisions (see following pages for more information)		
Evidence-Based Integrated Care Plan	Yes	Yes

Specially prepared for the employees of City of Dodgeville

A Better PPO from Delta Dental

Delta Dental is the nation's largest and oldest dental-benefits specialist built on the guiding principle that dental benefits should be simple and hassle-free. Delta Dental of Wisconsin was founded in 1962 with the same goal. Combined, member companies of the Delta Dental Plans Association serve more than 59 million people in nearly 97,000 groups nationwide.

With some PPO plans, you don't get much choice of providers. And if you go out of network, your provider may balance-bill you. But your Delta Dental PPO plan is different. The Delta Dental PPO network, with more than 165,000 dentist locations nationwide, is backed by the Delta Dental Premier network, with more than 247,000 dentist locations nationwide – almost 80% of the nation's dentists. Your lowest out-of-pocket costs come from seeing a Delta Dental PPO dentist, but you'll also enjoy cost advantages if you see a Delta Dental Premier dentist. That means savings on out-of-pocket costs **and** better choice. Here's an example:

Your Delta Dental PPO		
PPO Network	Delta Dental Premier "Safety Net"	Non-network
Other PPOs		
PPO Network	Non-network	No protection from balance-billing

PPO Savings, With A "Safety Net"	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Dentist's Normal Fee	\$720	\$720	\$720
Allowed Amount	\$590	\$680	\$680
Dentist Fee Adjustment Due to Delta Dental Agreement	\$130	\$40	None
50% Benefit Paid by Plan	\$295	\$340	\$340
Patient Responsibility	\$295	\$340	\$380

Advantages of Delta Dental Network Dentists	Noncontracted Dentists		
	Delta Dental Premier Network Dentists		
	Delta Dental PPO Network Dentists		
Agreed-to fee ceilings (no balance-billing): <i>Dentist agrees to fee ceilings. If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to you.</i>	✓	✓	
Additional fee schedule savings: <i>Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you.</i>	✓		
Convenient claims processing: <i>Dentist is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the dentist.</i>	✓	✓	
Treatment guarantees: <i>Examples -- Repair or replace dental restorations should they fail within 24 months.</i>	✓	✓	

Confirming Your Coverage

If you are not sure of the effective date of your coverage, please call Delta Dental at 800-236-3712 before you have any dental work done.

Also, before scheduling appointments for extensive dental care, you may ask your dentist to send the treatment plan to Delta Dental. The plan will be reviewed by Delta Dental and you and your dentist will receive a **Predetermination of Benefits** form. You and your dentist may then discuss the treatment and your out-of-pocket costs. Delta Dental encourages you to be informed about your dental care.

Delta Dental's Website

www.deltadentalwi.com has a lot to offer. You can use it to obtain coverage information under your plan, check the status of a claim, find a network dentist, evaluate your oral health and learn ways to improve and protect it.

Visit www.deltadentalwi.com for eligibility, claims or dentist information.

Also, our Benefit Advisors are available every weekday from 7:30 a.m. to 5 p.m. (Central Time) to answer your questions. Call us at 800-236-3712. We look forward to talking with you!

Specially prepared for the employees of City of Dodgeville

Special Plan Provisions

Your group dental plan from Delta Dental of Wisconsin includes one or more special features designed to encourage good oral health and promote overall health. Details of these provision(s) are addressed in the policy amendments provided with your dental plan handbook. Below is a brief summary.

Evidence-Based Integrated Care Plan: Expanded benefits for persons with medical conditions that have oral health implications

- Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP) option is included in your plan. It provides additional benefits for persons with medical conditions that have oral-health implications. Conditions include:
 - Diabetes
 - Pregnancy
 - Specific heart conditions that pose a risk of certain types of infection
 - Kidney failure or dialysis
 - Suppressed immune system
 - Cancer therapy
 - Periodontal disease
- EBICP's unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her dentist at www.deltadentalwi.com, or by calling 800-236-3712.
- Learn more at www.deltadentalwi.com/your-health/medical-conditions.



Date: 08/16/2024

Proposal valid through: 01/01/2025

Underwriting Considerations

This dental plan proposal has been prepared with the following considerations:

- **The group consists of:**
 all eligible full-time employees

- **Employees are located in:**
 WI

- **Enrollment is based on:**
 Eligible employees... 33

Proposal Q08D03 represents your current benefits with a change to the Diagnostic & Preventive Services copay.

The rates in this proposal include 3% agent commission.

Plan design number: Q08D03 (please refer to this number for inquiries about this plan design).

Date: 08/16/2024 Proposal valid through: 01/01/2025

Plan Design

	PPO Benefit	Non-PPO Benefit
Individual Annual Maximum	\$1,000	\$1,000
Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Diagnostic and Preventive Services		
Exams	100%	100%
Cleanings	100%	100%
Fluoride treatments	100%	100%
X-rays	100%	100%
Space maintainers	100%	100%
Sealants	100%	100%
Emergency treatment to relieve pain	100%	100%
Deductible applies	N	N
Basic Restorative Services		
Fillings	80%	80%
Endodontics – nonsurgical	80%	80%
Endodontics – surgical	80%	80%
Periodontics – nonsurgical	80%	80%
Periodontics – surgical	80%	80%
Extractions - nonsurgical	80%	80%
Extractions - surgical and other oral surgery	80%	80%
Deductible applies	Y	Y
Major Restorative Services		
Crowns, inlays, onlays	80%	80%
Bridges and dentures	80%	80%
Repairs and adjustments to bridges and dentures	80%	80%
Implants	80%	80%
Deductible applies	Y	Y
Orthodontic Services		
Coverage coinsurance	80%	80%
Individual lifetime maximum	\$1,000	\$1,000
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult ortho	N	N
Deductible applies	Y	Y
Dependent Eligibility		
Dependents eligible to age	26	26
Full-time students eligible to age	26	26

Employer Contribution Participation Minimum

Single	100%	Single	100%
Family	100%	Family	100%

Plan Costs (Rates guaranteed from 01/01/2025 to date(s) noted)

Insured rates (monthly premium)	12/31/2025
Single Coverage (employee, 1 Party)	\$49.69
Family Coverage (employee and spouse, 2 Party)	\$133.40
Family Coverage (employee and child(ren))	\$133.40
Family Coverage (full family, 3+ Party)	\$133.40