



**Agenda**  
**Administration and Personnel Meeting**  
**Monday, August 26, 2024 at 5:00 PM**  
**City Hall Council Chambers, 100 E Fountain St,**  
**Dodgeville, WI**

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**I. CALL TO ORDER AND ROLL CALL**

**II. APPROVAL OF MINUTES**

1. Approval of Minutes from May 23, 2024.

**III. NEW BUSINESS**

2. Discussion and possible action regarding proposed EMS staffing changes.
3. Discussion and possible to action to make a recommendation to Council to offer an optional employee paid vision plan in 2025.
4. Discussion and possible action to recommend to Council an amendment to the Delta Dental Plan Design for 2025.
5. Discussion and possible action regarding the Recreation Director position.

**IV. OLD BUSINESS**

6. Discussion and possible action regarding the Assistant Director of Public Works position.

**V. ADJOURN**

7. 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.*

## Minutes



### Administration and Personnel Meeting Thursday, May 23, 2024 at 5:00 PM

#### I. CALL TO ORDER AND ROLL CALL

Present: Meuer, Sersch, Reynolds-Lair

Others Present: DPW Lee, Mayor Hottmann

#### II. APPROVAL OF MINUTES

1. Approval of Minutes from February 29, 2024

Motion by Reynolds-Lair, Second by Sersch to approve the minutes. Motion carried 3-0.

#### III. NEW BUSINESS

2. Discussion and possible action regarding the Building Inspector/Assistant Director of Public Works position. Motion by Sersch, second by Reynolds-Lair to go with Assistant DPW. Salary range \$60k-\$80k. Motion carried 3-0.
3. Discussion and possible recommendation to Council regarding City Owned property. The Armory building was discussed.

#### IV. ADJOURN

4. Motion to Adjourn

Motion by Sersch, second by Reynolds-Lair to adjourn the meeting.

Time: 6:45pm



Prepared by  
 Internal Community Users  
 Quote Number 00134587  
 Valid through 01/30/2025

Quote Number 00134587

RATING ASSUMPTIONS	
Employer Contribution (Single/Family)	0-25%/0-25%
Broker Commission	8%

MONTHLY PREMIUMS	Without Delta Dental Plan	With Delta Dental Plan
<b>TWO-TIER</b>		
Employee	\$7.18	\$6.97
Family	\$17.88	\$17.36
<b>THREE-TIER</b>		
Employee	\$7.18	\$6.97
Employee + One Dependent	\$13.68	\$13.28
Employee + Two or More Dependents	\$21.46	\$20.83
<b>FOUR-TIER</b>		
Employee	\$7.18	\$6.97
Employee + Spouse	\$14.36	\$13.94
Employee + Child(ren)	\$14.66	\$14.23
Employee + Spouse + Child(ren)	\$21.84	\$21.20

*This is not a complete description of benefits, exclusions, or limitations. This proposal is not a guarantee of coverage. A group application is required. Rates subject to change based on actual employer contribution, participation, plan selection and approval by Delta Dental of Wisconsin Underwriting. Final rates are guaranteed for 48 months from the effective date of coverage unless otherwise specified.*

# YOUR VISION BENEFITS

Prepared for the employees of City of Dodgeville

The summary below does not cover all plan details. Further information can be found in the vision benefit handbook, which provides a thorough explanation of your vision 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.

## DeltaVision® Full Plan

<b>Network</b>	Insight
<b>Frame/Contact Allowance</b>	\$150/\$150
<b>Copay (exams/standard plastic lenses)</b>	\$10/\$10
<b>Frequency (exams/lenses or contact/frames)</b> Based on calendar year	12 months/12 months/12 months
<b>Dependent Age Limit</b>	To age 26

Benefit Details	Network Benefit	Out-of-Network Reimbursement
<b>Comprehensive Glasses Exam</b>	Member pays \$10, plan pays balance	\$35
<b>Retinal Imaging</b>	Member pays up to \$39	None
<b>Standard Contact Lens* Fit and Follow-Up</b>	Member pays up to \$40	None
<b>Premium Contact Lens** Fit and Follow-Up</b>	10% discount off retail	None
<b>Frames (any available frame at provider location)</b>	\$150 allowance, then 20% off balance	\$75
<b>Laser Vision Correction (Lasik or PRK)</b>	15% off retail price or 5% off promotional price	None

Includes Diabetic Eye Care Benefits that provide an additional office visit and diagnostic testing for those who have diabetes.

Standard Plastic Lenses		
Single Vision	Member pays \$10, plan pays balance	\$25
Bifocal	Member pays \$10, plan pays balance	\$40
Trifocal	Member pays \$10, plan pays balance	\$55
Standard Progressive	Member pays \$75	\$40
Premium Progressive	See next page for benefit details	
Lens Options		
UV Coating	Member pays \$15	None
Tint (solid and gradient)	Member pays \$15	None
Standard Scratch Resistance	Member pays \$15	None
Standard Polycarbonate	Member pays \$40	None
Standard Anti-Reflective Coating	Member pays \$45	None
Premium Anti-Reflective Coating	See next page for benefit details	
Other Add-Ons and Services	20% off retail	None

\*Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.

\*\*Includes all lens powers and designs other than spherical powers (i.e. toric, multifocal, etc.), modes of wear that are extended or overnight schedules, and rigid or gas-permeable materials.

Benefit Details (continued)	Network Benefit	Out-of-Network Reimbursement
<b>Contact Lenses – In lieu of glasses (Contact lens allowance covers materials only)</b>		
Conventional	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance	\$120
Medically Necessary***	Paid in full	\$200
<b>Premium Progressive Lens</b>		
Tier 1	\$95 copay	\$60
Tier 2	\$105 copay	\$60
Tier 3	\$120 copay	\$60
Tier 4	\$75 copay, 80% of charge less \$120 allowance	\$60
<b>Premium Anti-Reflective Coating</b>		
Tier 1	\$57	None
Tier 2	\$68	None
Tier 3	80% of charge	None

### Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at [www.glasses.com](http://www.glasses.com), [lenscrafters.com](http://lenscrafters.com), [targetoptical.com](http://targetoptical.com), or [rayban.com](http://rayban.com).
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at [www.contactsdirect.com](http://www.contactsdirect.com).
- Discounts do not apply for benefits provided by other group benefit plans.

### How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go farther at participating providers. For an up-to-date listing of EyeMed providers in your area, visit our website at <https://www.deltadentalwi.com/vision> or call EyeMed's Customer Care Center at 844-848-7090.
- For laser vision correction, LASIK*Plus* is the network provider offering members additional benefits. Additional information can be obtained by calling 1-800-988-4221 or visiting [eyemedlasik.com](http://eyemedlasik.com).
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance. **The benefit allowance must be used on a single day purchase; there is no remaining balance if entire allowance is not used after initial purchase.**
- Frequency of benefits: your benefit frequency is based on calendar year. For example, you'll be covered for another pair of glasses as of January 1 of the next calendar year.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Out-of-Network Reimbursement.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers — ask your vision provider.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

\*\*\*Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.



DeltaVision®

### Plan Limitations/Exclusions

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Lost or broken materials are not covered.

DeltaVision is underwritten by Wyssta Insurance Company.

### Proposed Changes to Delta Dental Plan for Employees

	# of Employees	2024 Monthly \$	2025 Proposed Monthly \$	2024 Monthly Cost to City	2025 Monthly Cost to City	Monthly Difference	Annual Difference
Single	9	\$44.67	\$49.69	\$402.03	\$447.21	\$45.18	\$542.16
Family	25	\$118.29	\$133.40	\$2,957.25	\$3,335.00	\$377.75	\$4,533.00
<b>Total</b>	<b>34</b>	<b>\$162.96</b>	<b>\$183.09</b>	<b>\$3,359.28</b>	<b>\$3,782.21</b>	<b>\$422.93</b>	<b>\$5,075.16</b>

#### Primary Proposed Plan Changes

1. Diagnostic and preventative services are covered 100% (vs. 80%)
2. Orthodontics is covered at 80% (vs 50%)



**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.







Delta Dental of Wisconsin  
www.deltadentalwi.com

Grace Gervasi  
City Of Dodgeville  
100 E Fountain St  
Dodgeville WI 53533-0000

Thank you for choosing Delta Dental as your dental benefits company. Your renewal for the upcoming year is enclosed.

Group number: 12610-0                      Renewal date: January 1, 2025

<u>Coverage Type</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>Change</u>
Single Coverage (employee, 1 Party)	\$44.67	\$44.67	.00%
Family Coverage (employee and spouse, 2 Party)	\$118.29	\$118.29	.00%
Family Coverage (employee and child(ren))	\$118.29	\$118.29	.00%
Family Coverage (full family, 3+ Party)	\$118.29	\$118.29	.00%

Provider costs, claims experience, and plan design changes (if applicable) influence the rates for your dental plan. As your dental carrier, we are committed to controlling these costs and helping you incorporate plan innovations that deliver the best value for your benefits investment.

Delta Dental’s leadership in dental benefits provides you with:

- The largest dental networks across the United States, with agreed-to fee schedules and treatment guarantees that save money for you and your employees.
- Cost management strategies that save groups over \$100 million annually.

***If you are satisfied with your current plan and renewal rates, no action is required. The new rates will automatically go into effect on your renewal date.***

However, if you have concerns about your renewal, would like to explore options for changing your plan, or if we can be of further assistance, please contact your agent who is listed below or call us at 800-236-3713 or email [sales@deltadentalwi.com](mailto:sales@deltadentalwi.com).

Thank you for allowing Delta Dental to serve your dental benefits needs.

Suzie Hoag  
Senior Account Manager

cc: Elizabeth Dannenberg  
T.I.C. Inc  
PO Box 57  
Mineral Point WI 53565-0000

**POLICY ENDORSEMENT NO. 12610 - 0 - 08142024**

Attached to and forming a part of the Contract to Provide Dental Care Benefits between City Of Dodgeville and Delta Dental of Wisconsin, Inc.

It is agreed and understood that Declarations, Section 7, Monthly Premium will be replaced with the following, effective January 1, 2025 and ending on December 31, 2025:

Single Coverage (employee, 1 Party)	\$44.67
Family Coverage (employee and spouse, 2 Party)	\$118.29
Family Coverage (employee and child(ren))	\$118.29
Family Coverage (full family, 3+ Party)	\$118.29

DentalRateEndorse 10.08



# 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		Delta Dental Premier	
	When you see a Delta Dental PPO dentist		When you see a Delta Dental Premier or any other dentist	
<b>Individual Annual Maximum</b>		\$1,000		\$1,000
<b>Deductible</b>	<b>Individual</b>	\$25		\$25
	<b>Family</b>	\$75		\$75
<b>Dependent Eligibility</b>				
Dependents are eligible through the end of the year in which they attain age 26; except as noted for orthodontics				
<b>Diagnostic &amp; Preventive Services</b>				
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
<b>Basic &amp; Major Services</b>				
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
<b>Orthodontic Services</b>				
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
<b>Special Plan Provisions (see following pages for more information)</b>				
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		
<b>Agreed-to fee ceilings (no balance-billing):</b> <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>	✓	✓	
<b>Additional fee schedule savings:</b> <i>Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you.</i>	✓		
<b>Convenient claims processing:</b> <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>	✓	✓	
<b>Treatment guarantees:</b> <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](http://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](http://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](http://www.deltadentalwi.com), or by calling 800-236-3712.
- Learn more at [www.deltadentalwi.com/your-health/medical-conditions](http://www.deltadentalwi.com/your-health/medical-conditions).